



Public and Community Involvement and Engagement (PCIE) *Strategy 2023-2028*



Foreword

This document sets out the Public and Community Involvement and Engagement (PCIE) strategy for the NIHR Greater Manchester Patient Safety Research Collaboration (GM PSRC) between April 2023 and March 2028.

GM PSRC is one of six collaborations located across England, which are all designed to address strategic patient safety challenges set out by NHS England. We aim to put patients, service users, carers and communities at the centre of everything that we do. We will achieve this by building on our expertise in PCIE and by working closely with patients (and carers), communities, and health and social care staff in the co-production of research and patient safety improvements. Our expertise extends to working with people from marginalised and underserved communities, resulting in safer health and social care for all and working towards a reduction in the gap in inequalities in patient safety.

This PCIE strategy has been co-developed with Public Contributors and researchers from each research theme from within the collaboration. This strategy will be reviewed by our workforce and Public and Community Involvement and Engagement (PCIE) Advisory Group, and a mid-point action plan review to inform the ongoing strategy will take place at 30 months.



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Section 1: Introduction

1.1 Background and Context

The National Institute for Health and Care Research (NIHR) Greater Manchester Patient Safety Research Collaboration (NIHR GM PSRC) is one of six NIHR Patient Safety Research Collaborations across England that constitutes a £25 million investment by the NIHR to bring patient safety research directly to frontline services.

The GM PSRC has been funded for five years from 1st April 2023 to 31st March 2028 and is a collaboration between the Northern Care Alliance (NCA) NHS Foundation Trust, the University of Manchester, the University of Nottingham and the University of Leicester. Our website can be accessed here: <https://www.psrc-gm.nihr.ac.uk/>

We have four themes of patient safety research:

- Improving medication safety to prevent patients from being harmed by medicines
- Enhancing cultures of safety so that people and organisations are continually improving ways of working
- Developing safer health and care systems to improve how multiple health and care providers work together to deliver care safely
- Preventing suicide and self-harm by identifying and developing innovative interventions to reduce these risks

Our objective is to develop, test and deploy sustainable safety innovations that reduce avoidable patient harm, improve patient experience, and ensure that the best evidence is available to inform safer delivery of care. The GM PSRC aims to be a national leader in carrying out high quality research to improve patient safety for the whole population, especially those who have the greatest needs, problems in accessing services, or who have poor experiences and outcomes when they do. The North West and East Midlands regions have diverse populations with greater health and social needs and inequities than many other regions, with 13 of England's 20 most deprived local authority areas.

Our partnerships with the public and communities are crucial to our delivery of patient safety research at the GM PSRC. Patients', service users', carers', communities' and practitioners' voices and experiences will be central to everything that we do to ensure our research is relevant and leads to meaningful service improvement.



1.2. Our Vision and Definitions

1.2.1 Our vision

The vision of the GM PSRC is to provide the best possible evidence to ensure safe delivery of care. Our aim is to deliver leading research to make health and care systems safe, especially for those people, families, and communities with the greatest needs for improvement in patient safety. This will enhance outcomes and patient experience and save the NHS money. We will achieve this by working in partnership with patients, carers, and service users to ensure that their Lived Experience is embedded in all of our research, throughout the research cycle.

Our approach will align with the Future of UK Clinical Research Delivery Policy Paper¹ and the work of the NIHR Centre for Engagement and Dissemination by creating a “patient-centred, pro-innovation and data-enabled research environment” which aims to empower public involvement and research participation.

Inclusive research involvement and engagement is a key priority across our related NIHR infrastructure. We will work with the PCIE leads across the other PSRCs and our national networks of infrastructure leads for NIHR Applied Research Collaborations (ARCs), NIHR School for Primary Care Research (SPCR), and NIHR School for Social Care Research (SSCR) to ensure we share learning, resources, and joint projects. We will also work with wider local and national PCIE communities including Health Innovation East Midlands and national voluntary/charity groups with a key focus on addressing health inequalities and inclusion of diverse groups.

A central part of our strategy is to build on our previous work in the Greater Manchester Patient Safety Translational Research Centre (GMPSTRC). We have an established PCIE Advisory Group of public contributors and people with Lived Experience that works with the collaboration and feeds into governance structures, and Research Advisory Groups comprised of people from diverse communities and backgrounds with Lived Experience working directly with each research theme.

We will achieve our aims by working in collaboration with:

- GM PSRC PCIE Advisory Group and individual theme Research Advisory Groups (RAGs)
- The University of Manchester; The University of Nottingham; The University of Leicester
- Local NIHR infrastructure, such as NIHR Clinical Research Network Greater Manchester; NIHR Manchester Biomedical Research Centre; Greater Manchester Applied Research Collaboration, NIHR School for Primary Care Research (NIHR SPCR); NIHR Clinical Research Network East Midlands;

¹ Future of UK Clinical Research Delivery Policy Paper <https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery#>



NIHR Leicester Biomedical Research Centre; NIHR Nottingham Biomedical Research Centre.

- Health Innovation Manchester (incorporating the Manchester Academic Health Science Network and the Manchester Academic Health Science Centre); Health Innovation East Midlands (formerly East Midlands Academic Health Science Network).
- Voluntary Community and Social Enterprise organisations (VCSE) representing our areas of focus, such as Pathways Associates CIC, the Greater Manchester Centre for Voluntary Organisation, Samaritans, UK Kidney Association (UKKA), Caribbean and African Health Network (CAHN), 42nd Street.
- The network of NIHR PSRCs located across England: Yorkshire and Humber, Midlands, Central London, Northwest London, and Newcastle
- National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)
- Northern Care Alliance, Integrated Care System Nottingham and Nottinghamshire; Greater Manchester Integrated Care Partnership; Leicester, Leicestershire and Rutland Integrated Care System and NHS Trusts

1.2.2 Definitions

We use the NIHR/INVOLVE definitions as defined in *Going the extra mile: Improving the nation's health and wellbeing through public involvement in research*².

Involvement: *where members of the public are actively involved in research projects and research organisations.* For GM PSRC this means people with Lived Experience contributing throughout the research project, from the very beginning when a study is designed.

Participation: *where people take part in a research study.*

Engagement: *where information and knowledge about research is provided and disseminated.* For GM PSRC this means sharing research and outcomes with the public through informing, consulting, or discussing research with the public, carers, and communities. Engagement activities include public talks, workshops, exhibitions, or social media campaigns.

Public contributor: patients, carers and people who use health and social care services involved in patient and public involvement activities. This will include health and social care staff for our 'enhancing cultures of safety' theme.

² NIHR: *Going the extra mile: Improving the nation's health and wellbeing through public involvement in research*



1.3. Structure and Governance

There are several governance boards in place to help us meet our objectives. The PCIE manager, Chair and Deputy chair of the PCIE Advisory Group will report to the boards on progress towards delivering the strategy.

Public and Community Involvement and Engagement (PCIE) Advisory Group

Our PCIE Advisory Group currently involves 10 patients and members of the public, communities, and voluntary sectors. The PCIE Advisory Group has Public Contributor representation from each of the PSRC research themes. The group meet every four months and feed into governance reporting throughout the wider PSRC structure. We will appoint a chair and deputy chair of the GM PSRC PCIE Advisory Group who will meet regularly with the PCIE manager and PCIE lead. We will continue to include representation in the PCIE Advisory Group from local community networks and voluntary sector (GM VCSE leadership group) and we will expand on membership of this group throughout the next five years to ensure that the PCIE Advisory Group reflects the relevant patient and community groups as our research evolves, and to maximise diversity and inclusion in our research culture. The group will provide PCIE representation on the PSRC Governance Board. This will be followed across our themes and projects where nominated public contributors from each theme will attend Theme review meetings and comment on reports on design and progress of PCIE, in addition to project level public involvement in decision-making.

Governance Board

The GM PSRC Governance Board meets three times a year to help us work effectively with stakeholders and ensure our research has the maximum impact on patient safety.

The PCIE Advisory Group Chair and Deputy Chair will attend the Governance Board meetings and provide an update on PCIE activities to the board.

Strategic Advisory Group

Our GM PSRC Strategic Advisory Group provides independent feedback while assessing our research strategy, ambitions, and progress, giving feedback and advice where necessary. We will ensure PCIE representation at the Strategic Advisory Group meetings.

Research Leads Group

The Collaboration's Research Leads Group, includes the theme leads, plus our leads for operations, communications, and academic career development. The PCIE and EDI leads and PCIE manager attend the Research Leads meetings and provide updates. In addition, each research theme has a named person PPIE lead for that theme.



Involvement in other Greater Manchester-based boards

Our PSRC Director and PCIE lead are members of the Manchester Academic Health Science Centre (MAHSC) Executive and Leadership Forum. Our PCIE lead is also MAHSC lead for PCIE. This includes research and development directors from universities and NHS organisations across Greater Manchester, as well as the Academic Director for Health Innovation Manchester

Manchester Research and Innovation NIHR Oversight Board

Our director and PCIE lead are members of the NIHR oversight Board. The main purpose of the Manchester Research and Innovation NIHR Oversight Board is to bring together all the elements of Greater Manchester's research and innovation infrastructure, making sure we are working in the same way to deliver our agreed objectives.

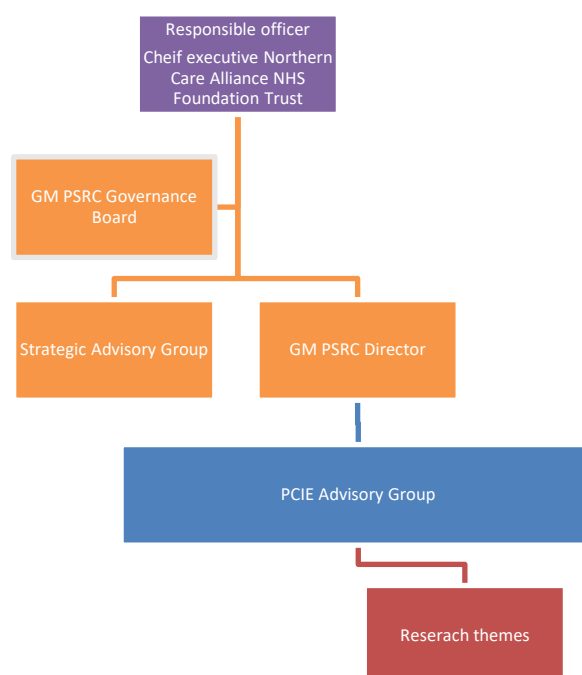


Figure: Governance structure of Greater Manchester PSRC



1.4. Our resources

The research undertaken at GM PSRC is situated within diverse populations with greater health and social needs and inequities. The Public and Community Involvement and Engagement has been resourced to enable wider strategies and working with VCSE and community champions to improve engagement with the communities the Collaboration serves.

We have an overall core PCIE budget and a dedicated budget to each of the research themes. To support this, the GM PSRC has a dedicated PCIE lead and PCIE manager, and an Equity, Diversity and Inclusion lead to support the research teams and public contributors involved in work within the Collaboration. The purpose of these roles is to support and develop PCIE activity with a focus on meaningful involvement, engagement and participation. Additionally, we will combine resources with other NIHR infrastructure where appropriate; for instance, the PCIE lead is also the PCIE lead for MAHSC, ARC-GM, and the NIHR SPCR. The PCIE manager is a member of the GM PCIE forum hosted by ARC GM, and is a member of the NHSE ICS Research Engagement Network Development (REND) programme working group led by the PCIE lead, which has a working team from across the GM conurbation. We are working to establish collaboration with Health Innovation East Midlands and the Centre for Ethnic Health Research.

PCIE staff:

- Caroline Sanders, Professor of Medical Sociology, PCIE lead for Greater Manchester PSRC
- Penny Lewis, Senior Clinical Lecturer in Pharmacy Practice, EDI lead for Greater Manchester PSRC
- Louise Gorman, Public and Community Involvement and Engagement Manager for Greater Manchester PSRC.

*We are in the process of appointing a chair and deputy chair of the PSRC PCIE Advisory Group

1.5. Recognition for involvement

Rates of payment will be reflected in the GM PSRC PCIE Advisory Group working together agreement (terms of reference) which will be co-developed at the PCIE Advisory Group induction meeting. Rates of payment will also be reflected in the workforce induction information.

For payment structure for types of activities, we use guidance from the NIHR Centre for Engagement and Dissemination (NIHR CED), which can be found here: <https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392?pr=#payment-rates>.



Section 2: Defining our priorities - Co-development of this PCIE Strategy

We have driven the establishment of a joined-up approach to PCIE, involving NIHR infrastructure, the NHS and care system, voluntary sector and universities within Greater Manchester (GM) and East Midlands (EM). In preparing this strategy, we have built on existing and ongoing work. This strategy is a continuation of the work built in the Greater Manchester PSTRC (2012-2023), where Public Contributors were involved at several points in the development of the PSRC funding application for every theme as well as throughout the wider plans. These Public Contributors have formed the basis of the PSRC PCIE Advisory Group and have been integral to developing the PCIE priorities for the next five years.

In developing this strategy we held a joint researcher and Public Contributor EDI and PCIE strategy priorities setting meeting on 27th July 2023 and additional individual meetings throughout August 2023. We followed a focus group approach to our meeting, allowing everyone to provide their views on PCIE and EDI priorities using an online whiteboard. The group identified priorities and plans for implementation as well as challenges, therefore allowing us to co-develop priorities that are realistic and practical.

From these meetings we developed the PCIE and EDI priorities for the centre. Draft strategies were reviewed and approved by the GM PSRC research theme leads, the Director and operational management team, and the GM PSRC PCIE Advisory Group members. The strategy will be reviewed at 30 months with the GM PSRC PCIE Advisory Group.



2.1. Meeting the UK Standards for public and community involvement

We will support best practice by reviewing our priorities against the UK Standards for Public Involvement³ and aligning them with the recommendations given in the NIHR report - Going the extra mile: Improving the nation's health and wellbeing through public involvement in research⁴.



Figure 1: NIHR UK Standards for Public Involvement

³ NIHR UK Standards for Public Involvement <https://sites.google.com/nihr.ac.uk/pi-standards/home>

⁴ NIHR: Going the extra mile: Improving the nation's health and wellbeing through public involvement in research



Section 3: The GM PSRC Public and Community Involvement and Engagement (PCIE) Strategy

GM PSRC will be working with four priority objectives for PCIE. The exact goals of these priorities will be flexible and will evolve as our involvement and engagement, research themes and planned projects develop. We will have a mid-point action plan review to inform the ongoing strategy at 30 months.

Priority 1: Creating meaningful relationships and inclusive research culture

The first priority area of *creating meaningful relationships and inclusive research culture* aims to actively involve people with Lived Experience and their representatives in the research being conducted within GM PSRC. This means seeking out and incorporating the voices of patients, service users, carers, and health and social care staff throughout the work of the collaboration, at an individual project level and throughout governance. We will aim to work as inclusively as possible so that we can better inform evidence to improve health and social inequities in safety.

We will achieve this aim by building our public involvement and building our network.

Building public involvement

The GM PSRC will be guided by a central PCIE group consisting of people with Lived Experience and their representatives from across the four themes of the PSRC and VCSE partners. Each theme will work with its own dedicated public and community contributors and Research Advisory Groups.

We will provide a safe space for public contributors to work with us. We will achieve this by creating a mutually supportive and respectful environment for patients, carers, and the public to develop collaborative relationships with researchers. We will create a range of ways for public contributors to contribute to the work of the Collaboration, which goes beyond formal meetings. We will provide opportunity for public contributors to feed into governance of the GM PSRC, to build openness, trust, and meaningful involvement.

We will recognise the individual skills and expertise of our public contributors. The initial work of the GM PSRC specifically includes people with mental illness, Lived



Experience of self-harm and suicidality, people with learning disabilities and/or autism, acute kidney injury, and NHS workforce. Involvement activities will be tailored to the task and need of the public contributors and will evolve as research projects, themes, and funding applications develop. Payments will be made for all involvement activities, and we will work across local infrastructure to improve payment processes.

Building our network

We will build our network by investing in partnership working. The aim of this is to promote and demonstrate the inclusion of marginalised and underserved people and communities experiencing greater health inequalities to empower people to become involved in research. We will grow our local engagement networks across Greater Manchester and the East Midlands, working with local health and social care, VCSE sector, and local NIHR infrastructure to share learning about collaborative working. We will work to develop community engagement champions to strengthen our links with VCSE organisations.

Short-term goals (years 1 & 2):

- Build on the initial GM PSTRC PCIE Advisory Group and establish a central GM PSRC PCIE Advisory Group. The GM PSTRC PCIE Advisory Group consists of public contributors working with research themes. GM PSTRC PCIE Advisory Group members have already fed into the design and plans for the research themes for the PSRC business plans, giving us guidance for the first two years of the PSRC. We will grow and develop this group in the remaining time of the PSRC.
- Hold an induction meeting for all PCIE members.
- Co-create Terms of Reference for inclusive public involvement and partnership working
- Develop an internal communications strategy with quarterly PCIE bulletins highlighting involvement, participation, and training opportunities across our local NIHR infrastructure.
- Build governance structure and agree meeting frequency, including expanded and refreshed membership and integration of PCIE into strategic governance of the PSRC. Establish pathways for public and community contributors to feed into governance structure and for the organisation to feedback to public contributors.
- Map out GM PSRC research and communities of focus for individual projects.
- Learn from VCSE mapping across NIHR infrastructure to draw connections and involve VCSE organisations in the work of the PSRC. We will identify and generate connections with additional community groups and VCSEs working with communities of focus in PSRC projects.



- We will work with the PSRC Advisory Group and VCSE partners to explore ways to assess how fair and effective our strategy is at involving the public and community in the work of the PSRC.

Medium-term goals (years 2 & 3):

- We will hold a community engagement event to build awareness of the PSRC within local community groups and widen our reach. We look at attendance rates and feedback from the event.
- We will work closely with VCSE organisations to devise targeted engagement strategies focused on diverse communities with Lived Experience relevant to our work.
- We will identify and support community champions and/or peer researchers with Lived Experience who build relationships with underserved communities. The aim of the champions is to build on our previous successful participatory research methods and to develop trust by acting as a conduit between research teams and communities. They will help to raise awareness of research and involvement opportunities by working in partnership with local organisations.
- Identify where PCIE and inclusion in working together in research needs to be strengthened, develop peer support and wellbeing strategies building on our previous experience and learning from our PSTRC
- There has been relevant work across other NIHR funded programmes and the NHSE ICS REND programme that identified the need to build trust and respectful ways of working. This has resulted in a draft charter. We will continue to progress the NIHR Biomedical Research Centre community charter and build on the work of the NHSE ICS REND project and progress the Respectful Charter in working with VCSE when these become available.
- We will support the growth of Research Advisory Groups with specific characteristics aligned to our research themes. We will increase the number of public and community partners working with us over the 5 years as well as making new connections with communities that relevant to our research. We will assess demographics of the Research Advisory Groups to report on changes in diversity and inclusion.
- We will co-create ways to engage patients, carers and the public, and VCSE in research outputs and dissemination. In the previous GM PSTRC we produced over 20 papers co-authored with public contributors. We will build on this during the GM PSRC and increase opportunities for co-authorship of research papers with at least two peer-reviewed, co-produced journal publications for each theme at 30 months.



Long-term goals (years 4 & 5):

- We will work to create longevity in our public and community involvement through involvement in funding applications.

Aligned to NIHR UK standards for Public Involvement: Inclusive opportunities, Working together, Governance.



Priority 2: Extend and strengthen our processes and support

The second priority area of *strengthening our processes* aims to build effective and meaningful public involvement and engagement in research processes to enable us to work together better with people and communities. This priority area also acknowledges that we recognise ways to advance other ways for thinking about PCIE for themes working at the level of organisations and organisational cultures where the people with Lived Experience will be health and social care staff. Public and community and health and social care staff contributors will be embedded into research teams working within each of our research themes, and will provide the Lived Experience voice throughout the research cycle. This will enable the Lived Experience voice to directly influence our work and research process and provide meaningful involvement. We will strengthen our research process by involving public contributors from the earliest steps of project development through to the dissemination of research findings and engagement with community. Staff and students at all levels will be involved in working with public contributors to identify the focus of research and inequalities that exist within study populations. We will capitalise on our partnerships with local and regional community organisations and through our community engagement champions to engage potential research participants from underserved communities.

We will demonstrate that work is inclusive across protected characteristics and socioeconomic factors, and research will aim to address inequalities in its priorities, design, recruitment and dissemination. We will use a variety of approaches to working together and define these at the outset with researchers and public contributors in a central working together agreement. We will offer different forms of public involvement in governance and research and explore with public and community contributors formats for engagement. We will work to build effective co-production of research, engagement, and communication strategies. We will co-produce outputs such as journal articles, bulletins, blogs, the PSRC website, and podcasts. We will work with colleagues in health and social care to explore engagement with professional audiences. We will work closely with VCSE groups to understand how to better our research processes for individual communities of interest.

Short-term goals (years 1 & 2):

- Assess where gaps for involvement and engagement lie in our processes and explore solutions for development and implementation.
- Work to share learning of existing PCIE best practice from within the GM PSRC; for instance, wellbeing plans developed by the preventing suicide and self-harm theme, support for digital inclusion, and peer led research.
- Learning from existing PCIE best practice from local NIHR infrastructure. We will contribute to and share learning and best practice across our local NIHR infrastructure – for example, we will work together to ensure consistency of



payment and support processes, contribute to training and support processes, monitoring for EDI.

- Establish methods of formally recording PCIE activities across the GM PSRC; for example, in quarterly project reporting forms and feedback at theme and research leads meetings. These will be embedded in the medium term goals
- We will explore with public contributors their interests and strengths and preferences to offer them appropriate involvement activities and further personalisation of PCIE through training and support (linked to priority 3: investing in our people)
- We will work with the PSRC Network (SafetyNet) to set out our collaborative plans for PCIE activities and evaluation. We will work with public contributors, researchers, and user-interface designers to assist in developing the publicly available online resource to support researchers in meaningfully involving the public in patient safety research.

Medium term (years 2 & 3):

- By working with community champions, we will strive to explore and enable research opportunities that matter to local communities.
- We will work to create accessible opportunities to engage and participate in research and events based on need; for instance, having BSL sign language interpreters at events to strengthen our engagement processes. Accessibility needs will be identified as tasks or events arise.
- We will link researchers and leaders with public contributors to share direct learning on a one-to-one level. Pairing themes with public contributors from the PSRC PCIE Advisory Group and Diversity Working Group to enable mentorship and support capacity building for co-production. We will share our process by contributing to ongoing cross-infrastructure seminars and workshops on co-production. We will aim to embed one member of the Diversity Working Group in each research theme.
- We will assess the format of public involvement in GM PSRC governance and make changes where necessary to maximise meaningful involvement. We will achieve this by having a regular section in the PCIE Advisory Group meetings that considers the effectiveness of involvement in governance.
- Embed methods of recording PCIE activities highlighted in the short term goals.

Long term (years 4 & 5):

- We will co-develop pathways and formats to feedback research results to participants, public contributors and VCSE organisations
- We will embed statements of involvement in all publications and strive, where possible to include public contributors as authors. We will seek to increase the number of co-authored peer-reviewed publications year on year.



- We will develop case studies of PCIE examples from each research theme and publish these on our website.
- We will actively involve public contributors in the development of funding applications.

Aligned to NIHR UK standards for Public Involvement: Inclusive opportunities,
Working together, Governance



Priority 3: Investing in our people

The third priority of *investing in our people* aims to develop our workforce and public contributors through support, guidance, opportunity, and training. This priority acknowledges public contributors as a fundamental part of our ability to succeed as a Patient Safety Research Collaboration.

Training needs for PSRC workforce, students and public contributors will be continually assessed for the duration of the strategy to be responsive to the needs of the research. We will provide opportunities for continual learning and link in with local NIHR infrastructure to make existing training accessible to all. Local public contributor training will be offered to all public contributors and we will work to develop bespoke training to meet the needs of individuals within specific research areas. We will provide public contributors and VCSEs with introductory training in research and seek to enable the provision of training in specific areas such as data analysis and ethics (where applicable).

We will continue to invest in our public contributors by providing opportunities for involvement as public contributors or participants, cascaded through our NIHR infrastructure network.

Short-term goals (years 1 & 2):

- The PCIE manager will provide information to all public contributors on available training and will work with other NIHR infrastructure to make training accessible
- We will liaise with the Academic Career Development leads to assess what workforce and student training needs currently exist.

Medium term goals (years 2 & 3):

- We will work to co-develop bespoke training that is not available through other means. We will make this available and accessible to local NIHR infrastructure. An example of this may be how to effectively moderate PCIE meetings or reflexivity for public contributors.
- We will work to actively involve PhD students in governance, PCIE and EDI as next generation leaders in patient safety research.
- We will train and support public contributors in governance roles. We will assess governance training needs and provide support where needed.
- We will work with VCSE to develop training and support for researchers to engage with VCSEs.
- We will offer training to VCSEs on engaging with research. We will assess uptake and collect feedback.

Long term (years 4 & 5):



- We will monitor training and seek regular feedback from the PSRC workforce and public contributors on the effectiveness of training provision.
- We will report on training provision.

Aligned to NIHR UK standards for Public Involvement: Inclusive opportunities,
Support and Learning



Priority 4: Assessing the difference we make

The fourth priority of *assessing the difference we make* aims to set the GM PSRC as an active leader in public and community involvement and engagement. We will aim to evidence how PCIE has impacted our research. We will demonstrate how we work to reflect best practice. We intend to share our learning on what has and hasn't worked with the organisations and individuals involved in our work, and our wider networks. We will create examples of public involvement and community partnership working in patient safety research and share learning on co-developing successful engagement. We will work with our PSRC PCIE Advisory Group to ensure we reflect, evaluate, and continuously improve our PCIE activities. We will work with PCIE Advisory group to ensure that we tailor appropriate methods for evaluating and assessing impact of our work. We will record and monitor feedback and impact, collecting examples through our quarterly project reporting forms, recording metrics where appropriate (e.g., for EDI analysis, or changes in involvement), and evidence of the impact on research processes and outcomes. We will also seek qualitative feedback via ongoing conversations and established tools to assess the impact and efforts to maximise diversity and inclusion.

Short-term goals (years 1 & 2):

- We will work with our PCIE Advisory Group to establish our evaluation design and methodology.
- We will identify how we will monitor growth in public and community involvement and engagement and the internal processes to capture this.
- We will work with the PSRC governance to gain clarity about the benchmarks for excellence that we can measure our progress against.

Medium term goals (years 2 & 3):

- Monitoring our delivery: the delivery of the PCIE strategy will be monitored throughout the contract award through the standard annual reporting process.
- We will actively seek feedback from public contributors and VCSE partners on our work and identify areas for improvement.
- We will aim to create examples of involvement and engagement to be published on blogs, our website and through our VCSE networks. We will share these examples with local NIHR infrastructure.
- We will carry out formal evaluation of our PCIE activities within 24 months.

Long term goals (years 4 & 5):

- We will demonstrate an increase in PCIE involvement and engagement
- We will create case studies of local VCSE and PSRC partnerships
- We will co-develop an engagement event to share our learning and to showcase successful PCIE

Aligned to NIHR UK standards for Public Involvement: Impact



Abbreviations

EDI: Equality, Diversity and Inclusion

FBMH: Faculty of Biology, Medicine and Health, University of Manchester

GM PSRC: Greater Manchester Patient Safety Research Collaboration

NIHR: National Institute for Health and Care Research

NIHR CED: National Institute for Health and Care Research, Centre for Engagement and Dissemination

PCIE: Public and Community Involvement and Engagement

PSRC: Patient Safety Research Collaboration

PSTRC: Patient Safety Translational Research Centre

RAG: Research Advisory Group

R&I: Research and Innovation

VCSE: Voluntary, Community and Social Enterprise

