

# **NIHR Central London Patient Safety Research Collaboration**

## **Patient and Public Involvement and Engagement Strategy**

**September 2023 updated March 2024**

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## Introduction

The Central London Patient Safety Research Collaboration (CL-PSRC) was launched in April 2023. The CL-PSRC will deliver an ambitious programme of research spanning a wide range of acute healthcare services including Emergency care, Acute and Critical Care, Surgery and Perioperative Medicine. Its overarching aim is to conduct research across these services to develop and test novel methods to improve patient safety and reduce avoidable harm.

## Team

| Name                              | PSRC Role                                   | Academic/NHS role(s)  |
|-----------------------------------|---|---|
| Professor Ramani Moonesinghe      | Director                                    | Professor of Perioperative Medicine<br>Consultant in anaesthesia, perioperative and critical care<br>NHS England National Clinical Director for critical and perioperative care                                       |
| Dr Laura Saucedo-Cuevas           | Operations manager                          | Operations manager  |
| Professor Naomi Fulop             | Safer Services theme lead                   | Professor of Health Care Organisation and Management<br>NIHR Senior Investigator  |
| Professor Cecilia Vindrola-Padros | Safer Organisations theme lead              | Professorial Research Fellow<br>Director of the Rapid Research Evaluation and Appraisal Lab (RREAL)   |
| Dr Steve Harris                   | Safer Innovation theme lead                 | Principal Research Fellow in Translational Data Science, Honorary Consultant in Critical Care, UCLH<br>Chief Clinical Research Information Officer, UCLH  |
| Dr Yogini Jani                    | Safer Innovation theme co-lead and EDI lead | Consultant Pharmacist<br>Clinical Safety Lead & Director CMORE  |
| Dr David Brealey                  | Safer Scoring theme lead                    | Consultant in Anaesthesia and Intensive Care Medicine   |
| Mr John Welch                     | Safer Scoring theme co-lead                 | Consultant Nurse, Critical Care & Critical Care Outreach, University College London Hospitals<br>Honorary Clinical Lecturer, University College London<br>National Clinical Advisor, Acute Deterioration, NHS England |
| Ms Jenny Dorey                    | PPIE lead                                   |   |
| Dr Oliver Boney                   | PPIE co-lead                                | Consultant Anaesthetist   |
| Dr Zoe Brummell                   | Academy lead                                | Consultant in ICM   |
| Professor David Walker            | Academy co-lead                             | Professor of Perioperative Medicine, Consultant Anaesthetist/ICM  |

## Governance

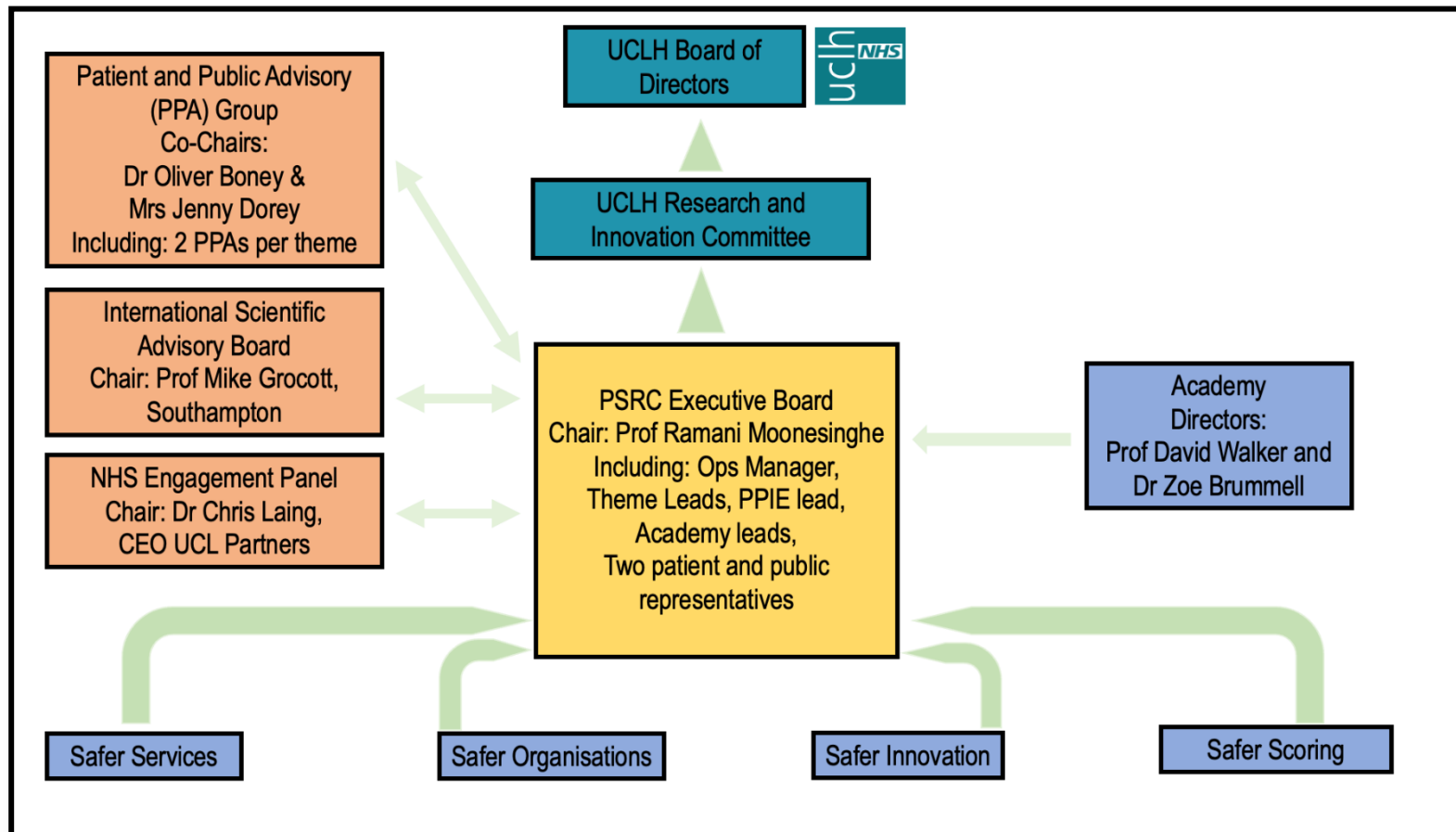


Figure 1: NIHR Central London PSRC governance structure

## Our vision, mission and aims.

### Vision

To provide world-class leadership and innovation in the evaluation and improvement of safety for Surgical, Perioperative, Acute, and Critical care (SPACE) patients and services

### Mission

To improve the health and wealth of the nation, and to reduce health inequalities, through research aimed at reducing harm in SPACE specialities, which can be translated to other clinical services.

### Aims

1. To support the NHS Patient Safety agenda and the NHS Digital Patient Safety strategy, through collaborative research which leads to safer services, systems, technologies and organisations
2. To deliver efficient, cost-effective and generalisable research across a range of scientific disciplines, using cutting edge innovative methods
3. To develop future leaders in patient safety research through our approach to training and education
4. To empower patients to improve the quality of patient safety research through coproduction
5. To address inequalities in patient safety through a collaborative, patient-centred and inclusive approach to research and development

## Patient and public involvement and engagement: overview

Our strategy for patient and public involvement and engagement (PPIE) reflects the [NIHR Standards for Public Involvement](#) (Figure 2)(1), Going the Extra Mile Strategy (5) and Race Equality Statement (6). It has been developed by our PPIE leads with support from existing PPIE experts at University College London (UCL) and University College London Hospitals NHS Trust (UCLH).

### PPIE Vision

- **Maximise the impact** and relevance of CL-PSRC research activities for patients and the public
- **Embed PPIE** in all stages of CL-PSRC research
- **Publicise and champion** the CL-PSRC's activities among patients and the wider public
- **Build our approach based on inclusivity:** recruiting patients and public into PPIE activities from different geographical regions, across the socioeconomic spectrum, and with consideration of protected characteristics, including adults, children and young people.



*Figure 2: NIHR Standards for Public Involvement in Research (2019)*

## PPIE Aims and Objectives

### 1. Build and develop PPIE capacity:

- Establish a 'core' PPIE group which will meet regularly to advise, oversee and monitor PPIE activity across the CL-PSRC's four research themes
- Include a range of PPIE 'experts' (i.e. those with prior PPIE experience), PPIE 'novices' and patients with prior lived experience
- Develop and nurture working relationships with other PPIE groups across the UK PPIE community, who we can approach for PPIE input and/or advice on recruiting additional PPIE contributors, and whose PPIE work we can similarly support and facilitate

*Supporting the PSRC aim for collaborative research, and empowering patients. Informed by UK standard for Public Involvement for **Working Together and NIHR Race Equality Framework**.*

### 2. Conduct high quality, inclusive PPIE for each of the CL-PSRC's research studies

- Each study will undertake its own specific PPIE activity, contributors for each, to include a mix of experts, novices, and those with lived experience depending on the needs of the specific project.
- PPIE work for every project will span its full duration, where appropriate, from early design stages to publication and dissemination of results
- The PPIE core group will oversee this PPIE activity, to enable early identification of any problems or challenges, propose solutions (for example, where other study teams have used PPIE approaches which might be transferable)

*Supporting the PSRC aim for efficient, cost effective and generalisable research. Informed by UK standard for Public Involvement for **Inclusive Opportunities and NIHR Race Equality Framework***

### 3. Conduct PPIE for mutual benefit:

- **For PPIE contributors:** valuing their growth and development through education and training, and appropriate remuneration for their time and effort
- **For clinicians and researchers:** support and training in conducting meaningful PPIE, communicating research findings effectively to the wider public
- Promote flattening of hierarchies and use of plain English to foster productive collaboration between PPIE contributors and researchers
- Seek feedback from both PPIE contributors and researchers/clinicians about our PPIE activity, and how we could make it rewarding and/or productive for them

*Supporting the PSRC aim for developing future leaders in patient safety research and empowering patients. Informed by UK standard for Public Involvement for **Support and Learning, Going The Extra Mile and Race Equality Framework**.*

#### 4. Embed robust governance and accountability in all our PPIE activity

- In collaboration with researchers, clinicians and PPIE contributors, develop agreed processes and timeframes for conducting PPIE
- Make research theme leaders and PPIE leads accountable for conducting high quality, meaningful PPIE, ensuring involvement of under-represented groups, and reporting its impact
- Produce an annual report of PPIE activity across the CL-PSRC's themes, in which our PPIE will be appraised against the values and principles described in this strategy document

*Supporting the PSRC aim for efficient, cost effective and generalisable research. Informed by UK standard for Public Involvement for **Governance and NIHR Race Equality Framework and Going the Extra Mile.***

#### 5. Maximise equality, diversity and inclusion (EDI) in our PPIE activity

- Active outreach to seldom-heard and/or under-represented groups
- Facilitate access and participation in PPIE by minimising barriers to participation (e.g. limited research awareness, language, accessibility, internet connectivity, IT skills)
- Work closely with the UCL/UCLH Biomedical Research Centre's PPIE group, who already have established firm PPIE links with some seldom-heard patient groups
- Aim to maximise the relevance and interest of our PPIE activity to the community and/or patient group whose voices we wish to include, and avoid tokenism

*Supporting the PSRC aim to address inequalities in patient safety. Informed by UK standard for Public Involvement for **Inclusive Opportunities, Going The Extra Mile and NIHR Race Equality Framework.***

#### 6. Build links and collaborate with other PPIE groups

- Realise synergies where PPIE needs for different research studies overlap
- Not 'reinventing the wheel'
- Learn from the experiences and successes of more established PPIE groups
- Connect with PPIE groups in all regions of the UK, while leveraging our access in London to a diverse patient population
- Establish new PPIE links – for example, with other UCL PPIE networks including UCLH BRC, Healthwatch and other consumer groups, Primary Care Networks' patient participation groups, patient networks in other NHS Trusts.

*Supporting the PSRC aim for a collaborative, patient centred and inclusive approach to research. Informed by UK standard for Public Involvement for **Working Together.***

#### 7. Monitor and report our PPIE activity and its impact

- Produce an annual report of PPIE activity across the CL-PSRC's themes
- The annual report will provide a broad overview of our PPIE successes and areas for improvement across the range of CL-PSRC research – recognising 'what's worked well and



what we can do better' – to inform and improve future PPIE activity by sharing best practice

- Assess PPIE impact using established metrics (e.g. GRIPP2, PIRIT)(2-4), while also considering the development of new methods to measure PPIE effectiveness (in view of the heterogeneity of PPIE approaches in different research settings)
- Make research theme leaders and PPIE leads accountable for conducting high quality, meaningful PPIE activity, and reporting its impact

*Supporting the PSRC aim for efficient, cost effective and generalisable research. Informed by UK standard for Public Involvement for **Governance and Impact***

## **8. Disseminate CL-PSRC research findings among patients and the wider public**

- Publicise, promote and champion our results through various media (e.g. infographics, social media, blog articles) to patient groups, the press and the public
- Assist research teams with producing plain language resources to communicate their findings outside the research community, and their significance to patients
- Build links with media channels to maximise the reach and visibility of our work
- Where appropriate, help build links with industry and/or other partners in developing collaborations arising from our research

*Supporting the PSRC aim to support the NHS Patient Safety agenda and NHS Digital Strategy Patient Safety Strategy. Informed by UK standard for Public Involvement for **Communications and Going The Extra Mile**.*

## **INVESTMENT FOR PPIE**

The CL-PSRC has allocated a generous budget from our NIHR investment to PPIE activities. We will ensure that PPIE support and resources are available to all researchers across all themes. All patient and public representatives will be offered compensation for their time and travel expenses and we will develop this in collaboration with our PPIE team to ensure we support individual needs.

We will also build our PPIE through leveraged grant funding via all grants we submit for PSRC related activities. This will enable us to develop a network of PPIE representation across themes, which can support different projects and the individual PPIE team members with their own professional development as PPIE representatives.

We recognise that a diverse core PPIE group will require investment beyond financial remuneration. We will co-develop, with our core PPIE members, an onboarding package which will be standardised for consistency with the ability to be flexible to support individual needs. We will work with our existing core PPIE member, who has substantial PPIE experience, to develop this package in the first instance and seek feedback and input from new joiners on an on-going basis. The on-boarding package will include opportunities for discussion around training and

development needs to support individual PPIE members in their role. As our core group becomes more experienced, we will offer them the opportunity to be 'peer' support to new core group members and study specific PPIE members. Study specific PPIE members will also have access to the on-boarding package and we will work with Theme PPIE leads to deliver this.

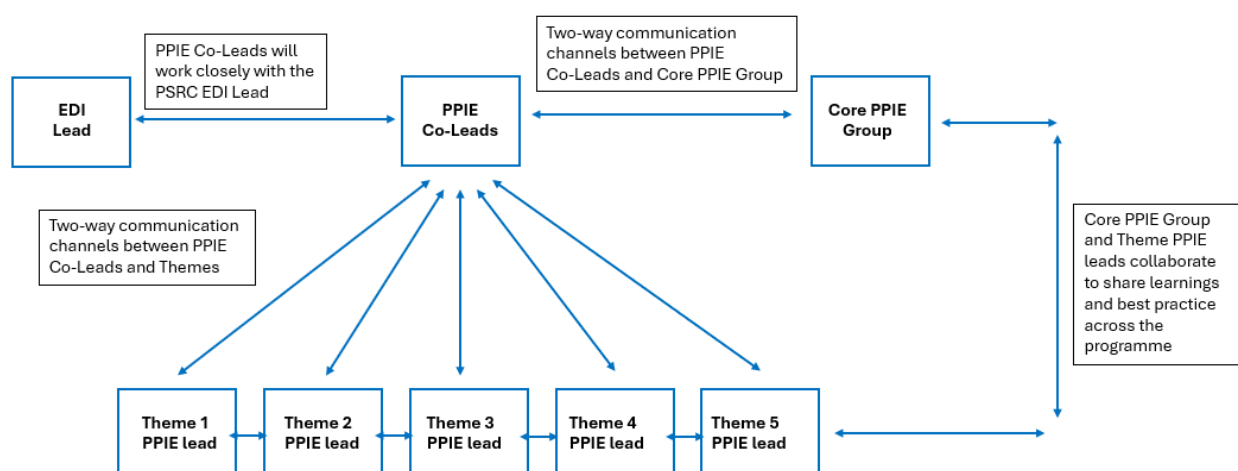
## GOVERNANCE

Our Core PPIE group, co-chaired by our two PPIE leads, will maintain oversight of PPIE delivery across the CL-PSRC. The core group will meet 3-4 times per year to review PPIE activity, specifically addressing:

- What PPIE activity has been undertaken across the four research themes?
- Does our PPIE activity support the aims and objectives described in this strategy document?
- What has worked well (and why?); what might be improved (and how?); are there examples of effective PPIE that might be applied to studies (e.g. within another theme) where PPIE has been more challenging?

We will work with the EDI lead to establish a programme of regular meetings to review PPIE activities and requirements within each Theme. Current work being carried out includes mapping PPIE activities within and across each Theme in the PSRC to identify plans, activities and gaps. PPIE mapping will include study-level timelines for PPIE activities as well as identifying PPIE leads within themes and reporting lines to the PPIE co-leads. This mapping exercise, along with the PPIE strategy will inform a detailed action plan which will be used to mobilise our PPIE programme, including relevant milestones and measures of success.

### PPIE communication and reporting channels



The core PPIE group will also (in collaboration with theme leads) address recruitment to meet the CL-PSRC's PPIE needs, resource and funding requirements to ensure adequate PPIE, and foster links with other PPIE groups.

## **SUMMARY**

The CL-PSRC will endeavour to deliver meaningful involvement and engagement of patients and members of the public at all stages of its research. However, as a 'new' PSRC, our PPIE strategy will almost certainly evolve organically over time. We will not get everything right straightaway; collaborations will take time to develop and mature, and we will likely learn important lessons from other more experienced PPIE groups as we go. To facilitate this evolution and maximise the effectiveness of our PPIE activity, we will maintain an active dialogue with PPIE leads at the NIHR, UCL, and in other PSRCs.

## GLOSSARY OF ABBREVIATIONS

|                  |  |
|------------------|--|
| BRC              | Biomedical Research Centre   |
| Clinician        | Any healthcare professional whose role involves looking after patients   |
| CL-PSRC          | Central London Patient Safety Research Collaboration   |
| EDI              | Equality, diversity and inclusion  |
| NIHR             | National Institute for Health and Care Research  |
| PPIE             | Patient and public involvement and engagement  |
| PPIE contributor | Anyone who contributes perspectives on health research in their capacity as a patient, carer or member of the 'lay' public (i.e. not as a clinician and/or researcher) |
| Researcher       | Any scientist whose professional role involves the design, conduct or dissemination of medical research studies  |
| UCL              | University College London  |
| UCLH             | University College London Hospitals NHS Foundation Trust   |

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