NIHR | **HealthTech Research Centre**
Emergency and acute care

NIHR HealthTech Research Centre in Emergency and Acute Care

Public and Patient Involvement and Engagement (PPIE) Strategy (2024 – 2029)

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Executive Summary

The NIHR HealthTech Research Centre in Emergency and Acute Care (NIHR HRC) is committed to transforming health outcomes through the development of innovative commercial health technologies (HealthTech).

At the heart of this transformation is our emphasis on Public and Patient Involvement and Engagement (PPIE). We firmly believe that collaboration with patients and the public throughout the technology development pipeline leads to more effective, inclusive, and impactful healthcare solutions. I have seen this in my own work and in colleagues' work across research and industry.

This strategy puts in place practice and governance to involve and prioritise the input of patients, especially those from under-served communities and facing digital exclusion. Through meaningful collaboration, we aim to create sustainable technologies together that ensure better access and outcomes for everyone.

To achieve this, our PPIE strategy builds on co-created principles to ensure public contributors are integral across our Centre's governance and projects.

Over the next five years, our aims are:

1. **Everyone Matters:** Forge partnerships with under-served communities to co-develop technologies that address diverse needs, demonstrating inclusivity in our priorities and outcomes.

2. **Working Together:** Embed public contributors in every stage of our projects, fostering a culture of mutual respect and demonstrating the tangible impact of collaboration.

3. **Innovating:** Co-create solutions that drive patient-centred innovation across emergency and acute care, using this to support challenges in the development pipeline such as informed consent, inclusive trial design and exploring unmet needs.

4. **Driving Excellence:** Develop and share best practices in PPIE through targeted training, evaluation, and continuous learning, ensuring all partners feel empowered to work together.

We expect industry partners to embrace PPIE as a core and meaningful component of their innovation journey. Companies working with the NIHR HRC will be required to involve public contributors from the outset, ensuring co-designed technologies that meet the real-world patient and clinical needs.

To support this, we will provide industry-led guidance and training, facilitate partnerships with public contributors, and promote industry-specific evaluation and learning.

This is delivered in collaboration with the nationally recognised team at Vocal, with a specialist embedded within our centre. Working alongside our PPIE External Advisory Board, they will establish and oversee the delivery and governance of this strategy. This will be aligned to the NIHR strategic commitments, UK Standards for Patient Involvement and MFT Principles for PPIE in Innovation.

Our vision is to set a national example of how PPIE can elevate technology design and implementation, creating health technologies that meet the needs of the NHS and improve emergency and acute care outcomes.

Together, our goal is to achieve a future where public partnerships are embedded in innovation, supporting every patient to receive the right care, at the right time, in the right place.

Professor Tim Felton
Director
NIHR HealthTech Research Centre in Emergency and Acute Care

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Introduction

The vision of the NIHR HealthTech Research Centre in Emergency and Acute Care (NIHR HRC) is to transform emergency and acute care by driving the development of commercial health technologies (HealthTech).

HealthTech informs clinical decision making, improves diagnosis and optimises treatments ensuring patients get the right care, in the right place, at the right time.

The centre will be a national example of how collaborations between patients and the public, NHS staff, researchers and technology companies can support the development and assessment of new health technologies, improving their design and implementation for patient benefit.

Two **clinical themes** will determine and prioritise which technologies we support and two **methodological themes** will develop a process for working with industry projects and support evaluation to create evidence of technology's fitness for application in the NHS.

In doing this we will ensure the technologies we develop are sustainable and beneficial to all communities, to reduce inequalities in access to healthcare and ultimately improve public health and wellbeing for all.

Abbreviations

Organisations

- **NIHR –** The National Institute for Health and Care Research, who fund the centre through Government funding.

- **MFT -** Manchester University NHS Foundation Trust, a group of ten hospitals in Greater Manchester and North West England.

- **Manchester BRC –** The Manchester Biomedical Research Centre is funded by NIHR to support collaborations between MFT and The University of Manchester.

- **NIHR HRC –** Our centre's abbreviation, short for NIHR HealthTech Research Centre in Emergency and Acute Care.

Terminology

- **Public and Patient Involvement and Engagement (PPIE) –** An active partnership between patients, carers and members of the public with researchers that influences and shapes research (more detail below).

- **HRC-led Projects –** Individual technology projects with both the NIHR HRC and an industry partner named as collaborators.

- **PPIE Specialist –** Our Involvement and Engagement Specialist, responsible for leading and supporting Public and Patient Involvement and Engagement.

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Public and Patient Involvement Engagement (PPIE)

Purpose

The NIHR HealthTech Research Centre in Emergency and Acute Care will focus on serving the needs of patients and the public, with emphasis on groups under-served in research and/or digitally excluded to ensure that outputs benefit all.

Public contributors will be central to both the running of the centre and every collaborative project.

Strategic Aims

Our strategy is delivered in collaboration with Vocal, a not-for-profit organisation, hosted by Manchester University NHS Foundation Trust in partnership with The University of Manchester (read more about our links to Vocal below).

The strategic aims build on Vocal's four values co-created with over 300 people – researchers, staff, communities, patients and carers – including a majority of public partners from areas of Greater Manchester (GM) with the highest levels of deprivation indicators. This strategy has been developed with direct collaboration from seven public contributors with NIHR HRC-relevant experiences.

All PPIE practice will align with the standards set by the UK Standards for Patient Involvement and MFT PPIE Principles for Innovation, co-created with public contributors. These frameworks will be embedded through our project support, delivery and reporting.

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Aim 1: Everyone Matters

We will take a proactive approach to engaging with groups under-served in research and/or currently facing barriers to technology to co-develop patient-centred technologies that can benefit as many people as possible.

Where we want to be in 5yrs

We have built partnerships and capacity for involvement with identified under-served communities experiencing and/or at risk of inequalities in emergency and acute care, including through digital exclusion.

We can demonstrate our PPIE is inclusive across different protected characteristics and geographies, and that our work and the projects we support address inequalities in their priorities, design, recruitment and dissemination.

Action Plan (more detail in our full objectives below)

- Take steps to improve the understanding of inclusive PPIE approaches amongst our staff and project partners.

- Support wider NIHR HRC work to identify under-served groups in emergency and acute care and embed results in approaches to address representation gaps in PPIE representation, monitoring and recruitment.

- Develop partnerships and actions that support the representation of identified under-served groups in the centre's PPIE through recruitment and accessibility.
- Collect evidence of inclusive PPIE approaches to share learning with internal and external stakeholders.

Aim 2: Working Together

Public contributors will be central to the running of NIHR HRC and involved in every HRC-led project. Everyone we work with can articulate how they've worked together, the value this has brought to projects and the potential benefit this will bring to emergency and acute care. As a result of collaborations, people feel valued, important and included.

Where we want to be in 5yrs

We'll have a diverse pool of contributors and partners relevant to emergency and acute care who are involved meaningfully in the centre's governance, themes, delivery and capacity building.

PPIE will be integrated throughout all stages of our project support pipeline – with all HRC-led projects given the support to include PPIE practices that co-design new technologies in collaboration with public contributors. There are tangible examples of the impact this has had on people and projects.

Everyone we work with can articulate how they've worked together in public and patient – commercial – clinical - academic collaborations and the potential benefits this will bring to partners and project outcomes. As a result of working together, people feel included, important and valued, including through remuneration in line with NIHR guidance.

Action Plan (more detail in our full objectives below)

- Develop a growing Vocal Advisory Network of public contributors affected by acute and emergency care to shape work at centre, theme and project level, with members feeling valued, important and included.

- Embed PPIE and public contributors throughout the NIHR HRC pipeline for prioritising and supporting industry projects, with advice given to 100% of HRC-led projects.

- Embed PPIE within each of our four themes, with specific PPIE objectives developed, delivered across the centre lifespan, led by and reported on by theme-leads.

- Develop a PPIE External Advisory Board, to oversee and review the PPIE strategy and approach, meeting 2-3 times annually.

- Include defined public contributor roles at governance level, sitting on governance boards with the support to feel able to meaningfully contribute.

- Take steps to understand and communicate the impact of NIHR HRC PPIE practice on partners and project outcomes, using this to identify gaps and develop practice.

Aim 3: Innovating

We will bring public, industry and research partners together to collaboratively address challenges to developing and implementing patient-centred Healthcare innovation. Together we will generate evidence that can generate recommendations for patient-led activity to support different stages of the innovation pipeline.

Where we want to be in 5yrs

The centre will have generated new partnerships and information around cross-cutting NIHR HRC topics through public and patient – commercial – clinical - academic collaboration.

Engagement and involvement activity will have complimented each other, supporting recruitment to each.

Our supported partners feel more confident using PPIE as a method for effective innovation development and study design, with PPIE contributors meaningfully included across stages of study design.

Action Plan (more detail in our full objectives below)

- Deliver stakeholder activities to collaboratively prioritise and address cross-cutting topics relevant to the NIHR HRC scope, supporting public contributors to move from engagement with these to being 'actively involved in' research.

- Develop practice and evidence that can improve patient-led approaches at different stages of the innovation pipeline.
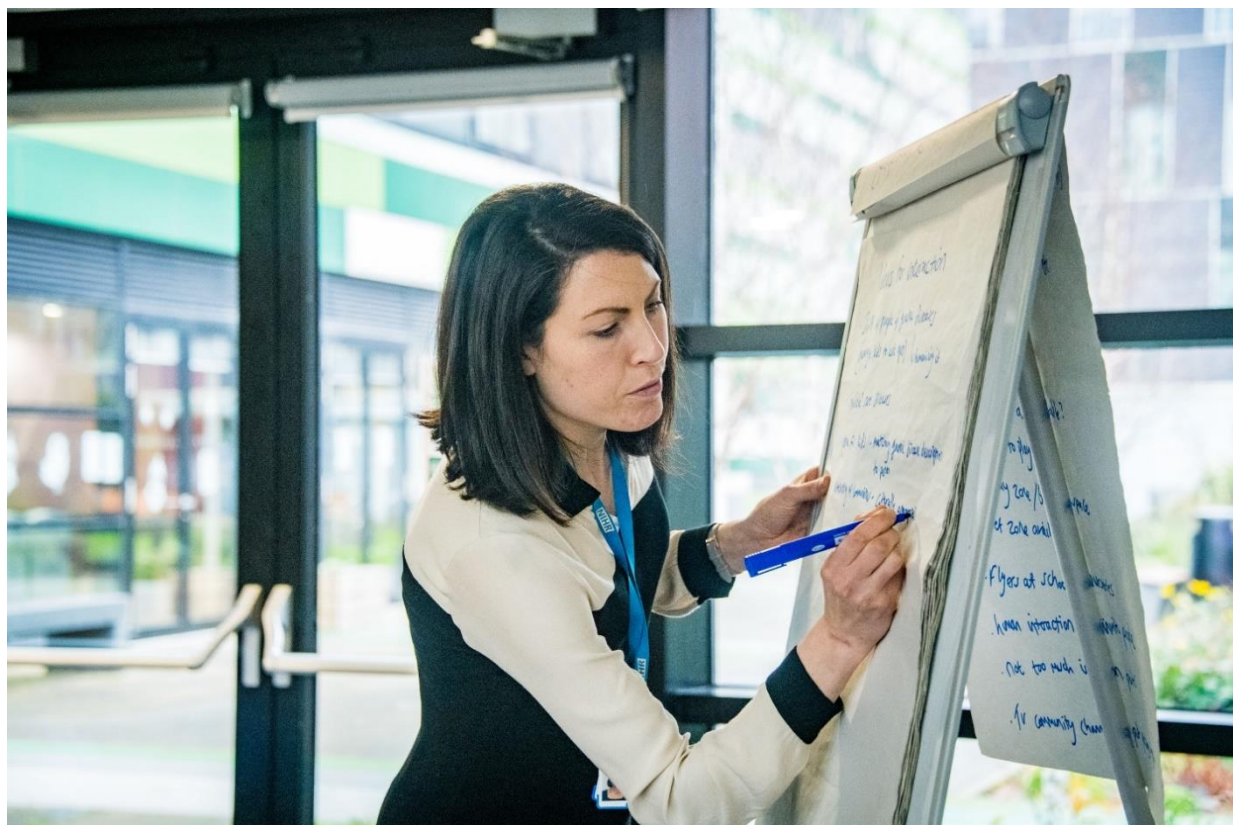
Aim 4: Driving Excellence

We will confidently demonstrate the difference working together can make to HealthTech and public and patient – commercial – clinical - academic partners, using this to improve approaches. We support all our partners to work together effectively, through HealthTech-specific co-created learning and development activities, online and in-person.

Where we want to be in 5yrs

We have taken steps to understand and showcase the impact of PPIE on projects and partners, using evaluation and learning to continuously develop our approach to embedding PPIE culture and practice.

Everyone we collaborate with will have received NIHR HRC specific training and/or support to effectively collaborate through PPIE, understanding what constitutes best practice PPIE.

Industry, research and public partners feel confident of their skills and agency to work together and apply best practice.

Action Plan (more detail in our full objectives below)

- Develop a PPIE evaluation plan for the NIHR HRC, capturing information at centre, theme and project level, including annual review points.

- Develop and signpost to relevant PPIE training and support to improve industry and clinical partners feelings of having skills and agency to deliver PPIE in HealthTech industry partnerships.

- Develop training and support for public partners based on their needs for improving feelings of skills and agency to confidently take part in PPIE in HealthTech industry partnerships.

- Collect and showcase practice case studies, using these to improve others' practice.

Strategic Links

Our Public and Patient Involvement Engagement Strategy (PPIE) strategy is delivered in close collaboration with Vocal, a not-for-profit organisation, hosted by Manchester University NHS Foundation Trust in partnership with The University of Manchester.

Vocal's vision is to bring people and health research together for mutual benefit and has pioneered a joined-up approach to PPIE across Greater Manchester, ensuring a collaborative community of practice, economies of scale, and tailored approaches.

The strategic aims build on the Vocal values co-created in 2019 with over 300 people – researchers, staff, communities, patients and carers – including a majority of public partners from areas of GM with the highest levels of deprivation indicators.

Practice will align with standards set by the UK Standards for Patient Involvement, MFT PPIE Principles for Innovation co-created with public contributors and NIHR Strategic Commitments for Public Partnerships. These will be embedded through support, delivery and reporting.

We use NIHR definitions of Involvement, Engagement, Participation, Patients and the Public.

*"(Involvement in research is…) research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them. **It is an active partnership between patients, carers and members of the public with researchers that influences and shapes research**."*

- *National Institute for Health and Care Research (NIHR)*

We use the term under-served to describe groups that the research community needs to provide a better service for in accordance with NIHR-INCLUDE guidance.

Monitoring, review and reporting

A PPIE Evaluation Strategy will be developed to support this strategy, building on the Vocal Evaluation Strategy 2022-27 and adapted to the NIHR HRC.

This strategy will evaluate PPIE at governance, operations and project level. Responsibility for capturing and reporting information will be shared and stated in the evaluation strategy.

We will conduct annual reviews and a detailed mid-point review, led by the PPIE External Advisory Board.

Leadership and Lines of Reporting

The strategy and programme will be overseen and accountable to a PPIE External Advisory Board, which includes public contributors, centre leadership, research/industry representatives and PPIE professionals, including the NIHR HRC Director. They will meet 2-3 times per year.

The External Advisory Board will be co-chaired by the PPIE Specialist and an experienced public contributor. Separate public contributors will also sit on the Governance Board and Strategic Executive. Co-chairs will have a role profile and support to take part fully.

NIHR HRC theme leads and co-leads will be directly accountable for PPIE delivery and outcomes within theme delivery plans. They will be expected to provide annual reporting, feeding into the PPIE External Advisory Board and Strategic Executive.

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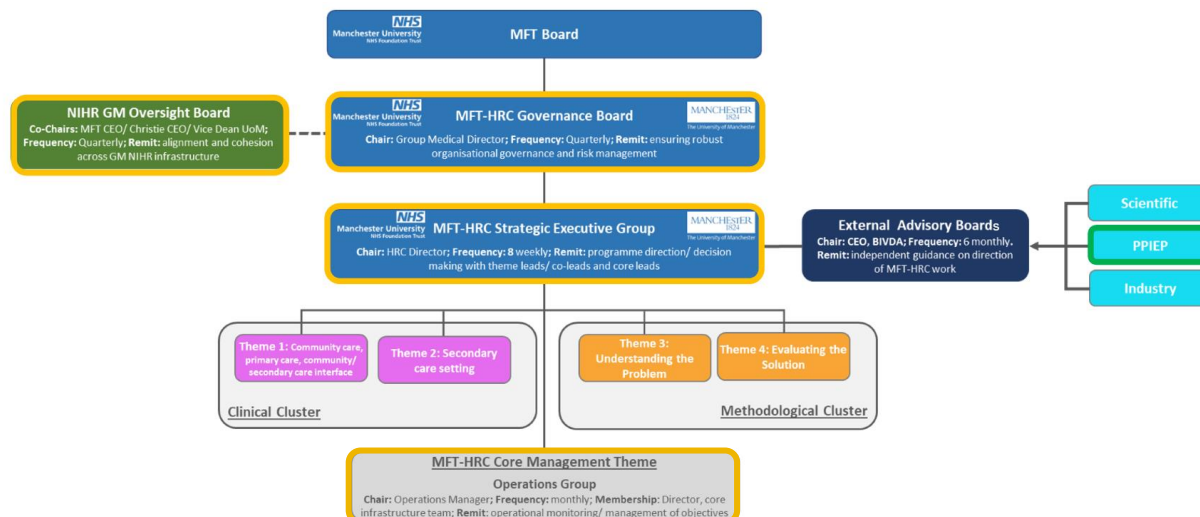
Key: *Green outline – Primary PPIE board*   *Orange outline – PPIE representation on board/group*

Resources

- The PPIE delivery plan will be supported by 50% time from an Involvement and Engagement Specialist, based at Vocal.

- There is a protected budget for PPIE activities, with HRC-led project's PPIE costed into collaborative bids and a named PPIE Lead at industry partners.

- There will be an unfunded voluntary research PPIE Lead allocated from each theme to support delivery and planning within these.

- Further capacity can be bought out from the Vocal team or associates for involvement and additional expertise such as engagement where there is capacity.

- The NIHR HealthTech Research Centre in Emergency and Acute Care will contribute to and benefit from activity across the Greater Manchester NIHR infrastructure.

Partners and Collaborators

- Vocal have extensive PPIE experience and public partnerships, supporting the NIHR HRC to develop ethical, sustainable relationships with community partners.

- We will support and link to existing PPIE networks and collaborators developed by theme leads, including a wide range of networks across condition areas.

- Relationships with infrastructure across the Greater Manchester NIHR infrastructure such as the Biomedical Research Centre and Clinical Research Facility will link the centre to partners such as expertise in Inclusive Research and Capacity Building.

- The NIHR HRC Director serves on the Greater Manchester NIHR Oversight Board, which plays a key role in ensuring strategic alignment and fostering collaboration across all NIHR investments and NHS partners in the region.

  The PPIE Lead will participate in their PPIE subgroup, working alongside other NIHR infrastructure to promote joint efforts and optimise the impact of resources.

- Seven public contributors contributed directly to the development of this strategy, two have given their interest in continuing as governance co-chairs.

Full Objectives Table

Aim 1: Everyone Matters

We will take a proactive approach to engaging with groups under-served in research and/or currently facing barriers to technology to co-develop patient-centred technologies that can benefit as many people as possible.

Where we want to be in 5yrs

We have built partnerships and capacity for involvement with identified under-served communities experiencing and/or at risk of inequalities in emergency and acute care, including through digital exclusion.

We can demonstrate our PPIE is inclusive across different protected characteristics and geographies, and that our work and the projects we support address inequalities in their priorities, design, recruitment and dissemination.

	Objectives 'We will…'	Measures (timescales from May 2024)
Short term (1-2 years)	1.1. Take steps to improve the understanding of inclusive PPIE approaches amongst our staff and project partners.	**WITHIN 12 MONTHS:** (i) at least 50% of NIHR HRC funded staff have undertaken the MFT Inclusive Research online course **WITHIN 24 MONTHS:** (ii) relevant guidance and frameworks are embedded in support and training, including NIHR - INCLUDE guidance on inclusion of under-served groups in clinical research and guidance for researchers on inclusive language developed by the Manchester BRC <u>Black Asian and Minority Ethnic Research Advisory Group</u>, community leaders representing communities with experience of racial inequalities (iii) 100% of NIHR HRC funded staff have undertaken the Manchester BRC Inclusive Research online course **WITHIN 48 MONTHS:** (iv) inclusive PPIE case studies are publicly available to support partner understanding of practical approaches

Short term (1-2 years)	1.2. Support wider NIHR HRC work to identify under-served groups in emergency and acute care and embed results in approaches to address representation gaps in PPIE representation, monitoring and recruitment.	**WITHIN 12 MONTHS:** (i) the NIHR HRC PPIE evaluation strategy includes appropriate reporting criteria and requirements on public contributor demographics (ii) PPIE has been factored into in an initial NIHR HRC mapping exercise with partners to understand whose voices and experiences we are missing, informing PPIE recruitment and monitoring **WITHIN 24 MONTHS:** (iii) patient contributors included in shaping a data-driven project to identify groups in high need who are potentially under-served by current treatment pathways within MFT emergency and acute care **WITHIN 36 MONTHS:** (iv) the PPIE strategy involves targeted objectives to improve the representation of and accessibility to identified under-represented groups in PPIE going forward **WITHIN 48 MONTHS:** (v) evaluation data can demonstrate an increase / maintenance of representative inclusion of identified under-served groups in the diversity of PPIE contributors

Medium term (3-4 years)	1.3. Develop partnerships and actions that support the representation of identified under-served groups in the centre's PPIE through recruitment and accessibility.	**WITHIN 24 MONTHS:** (i) we have established at least one partnership to improve understanding of barriers and links for PPIE recruitment in centre and project activity **WITHIN 36 MONTHS:** (ii) we have run an accessibility / diversity audit of the Vocal Advisory Network (network described in aim 2) to identify barriers, implementing recommendations for improving accessibility **WITHIN 48 MONTHS:** (iii) we have established at least three partnerships with community organisations linked to key identified under-served populations **WITHIN 60 MONTHS:** (iv) we have taken steps to ensure the sustainability of partnerships beyond the current funding by linking these to Vocal partnerships work and relationships with a relevant clinical lead for each (v) we have evaluated approaches with partners to develop recommendations for future practice
Long term (4-5 years)	1.4. Collect evidence of inclusive PPIE approaches to share learning with internal and external stakeholders.	**WITHIN 48 MONTHS:** (i) at least two case studies produced demonstrating inclusive PPIE practice **WITHIN 60 MONTHS:** (ii) inclusive PPIE case studies feature as part of the centre's capacity building offer e.g. training sessions (iii) examples of inclusive PPIE practice have been shared with other HRCs

Aim 2: Working Together

Public contributors will be central to the running of NIHR HRC and involved in every HRC-led project. Everyone we work with can articulate how they've worked together, the value this has brought to projects and the potential benefit this will bring to emergency and acute care. As a result of collaborations, people feel valued, important and included.

Where we want to be in 5yrs

We'll have a diverse pool of contributors and partners relevant to emergency and acute care who are involved meaningfully in the centre's governance, themes, delivery and capacity building.

PPIE will be integrated throughout all stages of our project support pipeline – with all HRC-led projects given the support to include PPIE practices that co-design new technologies in collaboration with public contributors. There are tangible examples of the impact this has had on people and projects.

Everyone we work with can articulate how they've worked together in public and patient – commercial – clinical - academic collaborations and the potential benefits this will bring to partners and project outcomes. As a result of working together, people feel included, important and valued, including through remuneration in line with NIHR guidance.

	Objectives 'We will…'	Measures
Short term (1-2 years)	2.1. Develop a growing Vocal Advisory Network of public contributors affected by acute and emergency care to shape work at centre, theme and project level, with members feeling valued, important and included.	**WITHIN 12 MONTHS:** (i) have developed a group description and started recruitment, with at least 15 members (ii) reporting is in place for Vocal Advisory Network activities to monitor project impact and members' feelings of being valued, important and included (iii) Vocal payment policy put in place to implement transparent and acceptable processes for public contributors **WITHIN 24 MONTHS:** (iv) have recruited Vocal Advisory Network members for two supported projects (v) Vocal Advisory Network members involved in each theme and over 50% of HRC-led projects, with evidence of impact (vi) Vocal Advisory Network has increased in size and diversity, with over 25 members **WITHIN 36 MONTHS:** (vii) Vocal Advisory Network members' experiences and use of the group is included as part of mid-point review (viii) Vocal Advisory Network members involved in over 75% of HRC-led projects, with evidence of impact

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| Short term (1-2 years) | 2.2. Embed PPIE and public contributors throughout the NIHR HRC pipeline for prioritising and supporting industry projects, with advice given to 100% of HRC-led projects. | **WITHIN 12 MONTHS:**

(i) public contributors have informed an initial industry support document (proforma) to collect project information and prioritise support, with PPIE-specific questions included

(ii) suite of existing resources developed to support industry partners with initial PPIE planning and development in HealthTech

(iii) PPIE frameworks are embedded into planning and reporting frameworks for projects, including PPIE Principles for Innovation and UK Standards for Patient Involvement

WITHIN 24 MONTHS:

(iv) 50% of HRC-led projects provided PPIE advice and support

(v) PPIE has demonstrably shaped NIHR HRC theme three work to develop an industry prioritisation and support pipeline

WITHIN 36 MONTHS:

(vi) over 75% of HRC-led projects provided with advice and support, with PPIE activity underway in at least 50% of HRC-led projects

(vii) the industry prioritisation and support pipeline includes points for PPIE specialist and/or public contributor input at all 'stages', including decision making panels

WITHIN 48 MONTHS:

(viii) four successful grant applications include positive feedback on supported PPIE

(ix) 100% of HRC-led projects over the past 12 months provided advice and support, with PPIE activity having taken place in at least 75% of HRC-led projects |
| Short term (1-2 years) | 2.3. Embed PPIE within each of our four themes, with specific PPIE objectives developed, delivered across the centre lifespan, led by and reported on by theme-leads. | **WITHIN 12 MONTHS:**

(i) all theme delivery plans have PPIE objectives and a named PPIE lead in place responsible for delivery

WITHIN 24 MONTHS: |

		(ii) all themes can demonstrate involvement of public contributors in their work and tangible examples of the impact this has had on people and projects
		WITHIN 36 MONTHS:
		(iii) mid-point PPIE reporting and review within themes is led by theme leads, with recommendations generated for building on activity and learning
		WITHIN 60 MONTHS:
		(iv) each theme has created one case study to demonstrate the impact on their activity
Short term (1-2 years)	2.4. Develop a PPIE External Advisory Board, to oversee and review the PPIE strategy and approach, meeting 2-3 times annually.	**WITHIN 12 MONTHS:**
		(i) PPIE External Advisory Board Terms of Reference developed, with members recruited
		(ii) have supported one public contributor to act as co-chair
		(iii) initial PPIE Advisory Board meeting held
		WITHIN 36 MONTHS:
		(iv) group have met 2-3 times a year, with tangible outputs from meetings
		(v) second public co-chair recruited
		WITHIN 48 MONTHS:
		(vi) group membership includes representation from at least one identified under-served public identified in aim one
Short term (1-2 years)	2.5. Include defined public contributor roles at governance level, sitting on governance boards with the support to feel able to meaningfully contribute.	**WITHIN 12 MONTHS:**
		(i) role profiles developed for public contributor governance roles
		(ii) public contributor recruited for the Governance Board and Strategic Executive
		WITHIN 24 MONTHS:
		(iii) evidence of public contributors' impact on Governance Board and Strategic Executive decisions demonstrated through an impact log and reflection session statements
		(iv) review and reappraisal of roles conducted with members
		WITHIN 60 MONTHS:

		(v) PPIE contributors and items present at over 75% of board meetings
Medium term (3-4 years)	2.6. Take steps to understand and communicate the impact of NIHR HRC PPIE practice on partners and project outcomes, using this to identify gaps and develop practice.	**WITHIN 12 MONTHS:** (i) NIHR HRC PPIE evaluation plan includes required PPIE reporting for all supported projects, themes and centre activity **WITHIN 36 MONTHS:** (ii) mid-point review undertaken to review objectives and how patients and the public are influencing and participating NIHR HRC activity (iii) recommendations from the mid-point survey co-created with the PPIE External Advisory Board and started to be implemented in practice **WITHIN 48 MONTHS:** (iv) three impact case studies created, shared online and with HRC network

Aim 3: Innovating

We will bring public, industry and research partners together to collaboratively address challenges to developing and implementing patient-centred Healthcare innovation. Together we will generate evidence that can generate recommendations for patient-led activity to support different stages of the innovation pipeline.

Where we want to be in 5yrs

The centre will have generated new partnerships and information around cross-cutting NIHR HRC topics through public and patient – commercial – clinical - academic collaboration.

Engagement and involvement activity will have complimented each other, supporting recruitment to each.

Our supported partners feel more confident using PPIE as a method for effective innovation development and study design, with PPIE contributors meaningfully included across stages of study design.

	Objectives 'We will…'	Measures
Medium term	3.1. Deliver stakeholder activities to collaboratively prioritise and	**WITHIN 24 MONTHS:**

(3-4 years)	address cross-cutting topics relevant to the NIHR HRC scope, supporting public contributors to move from engagement with these to being 'actively involved in' research.	(i) scoping work completed with public, industry and clinical partners to generate and prioritise NIHR HRC specific topics **WITHIN 36 MONTHS:** (ii) topic workshop(s) delivered bringing together multiple stakeholders including public and patients, industry and clinical researchers (iii) engagement topic report produced, including outcomes and recommendations **WITHIN 48 MONTHS:** (iv) evidence of sustained relationships with contributors as a result of the first engagement topic, with involvement in other NIHR HRC activity **WITHIN 60 MONTHS:** (v) two topic workshop series delivered based on prioritised topics, with associated reports
Medium term (3-4 years)	3.2. Develop practice and evidence that can improve patient-led approaches at different stages of the innovation pipeline.	**WITHIN 12 MONTHS:** (i) relevant objectives included within theme four delivery plan to involve PPIE throughout trial design **WITHIN 36 MONTHS:** (ii) grant application developed based on a co-developed topic related to the ethics & practice of PPIE in emergency & acute care research **WITHIN 60 MONTHS:** (iii) we will evaluate the impact that PPIE has had in shaping approaches to translation through various stages of the innovation pipeline

Aim 4: Driving Excellence

We will confidently demonstrate the difference working together can make to HealthTech and public and patient – commercial – clinical - academic partners, using this to improve approaches. We support all our partners to work together effectively, through HealthTech-specific co-created learning and development activities, online and in-person.

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Where we want to be in 5yrs

We have taken steps to understand and showcase the impact of PPIE on projects and partners, using evaluation and learning to continuously develop our approach to embedding PPIE culture and practice.

Everyone we collaborate with will have received NIHR HRC specific training and/or support to effectively collaborate through PPIE, understanding what constitutes best practice PPIE.

Industry, research and public partners feel confident of their skills and agency to work together and apply best practice.

	Objectives 'We will…'	Measures
Short term (1-2 years)	4.1. Develop a PPIE evaluation plan for the NIHR HRC, capturing information at centre, theme and project level, including annual review points.	**WITHIN 12 MONTHS:** (i) evaluation plan collaboratively developed with stakeholders, capturing information at centre, theme and project level **WITHIN 36 MONTHS:** (ii) annual reviews conducted each year, reviewed by the PPIE External Advisory Board (iii) mid-point review undertaken of progress against the PPIE strategy, reviewed by PPIE Advisory Board with recommendations co-created **WITHIN 60 MONTHS:** (iv) all recommendations from the mid-point review have been acted on
Medium term (3-4 years)	4.2. Develop and signpost to relevant PPIE training and support to improve industry and clinical partners feelings of having skills and agency to deliver PPIE in HealthTech industry partnerships.	**WITHIN 12 MONTHS:** (i) PPIE included in learning needs assessment mapping for industry **WITHIN 24 MONTHS:** (ii) PPIE included in NIHR HRC capacity building programme activity, including training (iii) HealthTech PPIE training for industry partners has been co-developed by industry and public partners and run twice **WITHIN 60 MONTHS:**

		(iv) two topic specific training sessions based on identified knowledge gaps co-developed with partners and run twice each
Medium term (3-4 years)	4.3. Develop training and support for public partners based on their needs for improving feelings of skills and agency to confidently take part in PPIE in HealthTech industry partnerships.	**WITHIN 12 MONTHS:** (i) induction sessions are available to all Vocal network contributors, collecting contributor needs for developing skills and agency as part of these (ii) dedicated support is in place for all public partners taking part in NIHR HRC business through a PPIE specialist to develop and deliver ongoing support **WITHIN 24 MONTHS:** (iii) two network events delivered to support members with information, skills and confidence **WITHIN 36 MONTHS:** (iv) training session co-developed with contributors based on identified needs, run twice **WITHIN 60 MONTHS:** (v) two training sessions co-developed with and for network members, each run twice
Long term (4-5 years)	4.4. Collect and showcase practice case studies, using these to improve others' practice.	**WITHIN 48 MONTHS:** (i) collaborated with HRC network to create a meeting to showcase and exchange practice (ii) four PPIE practice case studies created and shared publicly (iii) three NIHR HRC-specific case studies integrated into public and industry training **WITHIN 60 MONTHS:** (iv) celebration and recommendations event held featuring people and case studies from across the centre lifespan