Strategy and delivery plan for Involvement and Engagement (I&E) in the
NIHR Greater Manchester Patient Safety Translational Research Centre

Prof Stephen Campbell, Dr Sally Giles: July 2018

This document relates to involvement and engagement including patient and public involvement and stakeholder involvement in the Greater Manchester PSTRC.

Patients, members of the public, health and care providers are integral to the work of the PSTRC. Each of our projects has an I&E plan. We have adhered to but augmented NIHR INVOLVE’s definition of patient and public involvement/engagement (PPI/E) and participation to take a broader approach by including all stakeholders (such as clinicians) in our research as required by projects, rather than patients and the public alone whilst maintaining focus on the importance of PPI.

Development of the I&E Strategy
This strategy has been developed by the Involvement and Engagement Group of the Greater Manchester PSTRC (details are contained within this document). This group includes members of the public who are lay non-executive members of the PSTRC Executive Management Board. The strategy will be reviewed on an annual basis by this group who feed in any comments or suggestions raised via the theme I&E meetings.

Background
NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre (Greater Manchester PSTRC) was funded for 5 years from August 2012 – July 2017. The current Greater Manchester PSTRC is funded for 5 years from August 2017.

The 2017-2022 PSTRC focuses on four key themes:
- Safety Informatics
- Medication Safety
- Safer Care Systems and Transitions
- Safety in Marginalised Groups
  - Mental Health
  - Patients and Carers
The PSTRC aims to:

1. Develop and test evidence-based digital and behavioural interventions to improve patient safety in their interactions with primary care and at transitions between care-settings;
2. Deliver a world-first facility for early translational research in a unique devolved ‘Learning Health System’, creating a translation pipeline from GMPSTRC to CLAHRCs/ARCs, NHS and local authority partners and Health Innovation Manchester and Patient Safety Collaboratives, so that early translational research has regional and national impact;
3. Further build capacity in primary care safety research at early stages of translation within and between research and practice communities.

The 2012-2017 Greater Manchester PSTRC had a well-developed involvement and engagement agenda, supported by a comprehensive PPI/E structure (Figure 1)

![Figure 1 – Greater Manchester PSTRC 2012-2017 PPI/E structure](image)

This structure included a core Research User Group (RUG), Associate Research User Group members who worked on projects, Friends of the PSTRC, a dissemination strategy and research priorities that were reviewed by members of the public and GM PSTRC partners. A major part of the 2012-2017 Greater Manchester PSTRC was an extensive PPI evaluation (both external and internal) and an annual review/reflection cycle. This process has informed the development of the involvement and engagement strategy/plan for the Greater Manchester PSTRC 2017-2022. As part of the ongoing review, a RUG meeting chaired by the Chair of NIHR INVOLVE took place in April 2017. At this meeting it was agreed that a revised I&E structure should be created. This was a direct result of the key lessons learnt from the 2012-2017 PSTRC, which were:

- The need for a more balanced and broader approach towards PPI/E, with a focus on stakeholder involvement/engagement (which includes PPI/E and all other stakeholders such as clinicians), as appropriate to the needs of the PSTRC, theme and individual research projects

The NIHR Greater Manchester Patient Safety Translational Research Centre is funded by The National Institute for Health Research (NIHR) and is a partnership between Salford Royal NHS Foundation Trust and The University of Manchester
That there were many examples of effective research project level involvement and engagement, but it was less clear what the function of the governance RUG was.

Involvement and engagement should be bottom-up responding to and meeting the needs of individual research projects and PSTRC activities

There needs to be a multi-faceted approach to both involvement and engagement, reflecting the breadth and complexity of the areas of activity

Involvement and engagement activities should be reviewed on a continuous basis

There is a need to align PSTRC involvement and engagement to wider NIHR infrastructure approaches and activities, as well as University of Manchester and GM Devolution activities.

Within the application for the 2017-2022 PSTRC, several streams of PPI and PE were proposed:

- The formation of a Research User Group (RUG) with a governance function, as in the 2012-2017 PSTRC.
- Appointment of patient and public members from the governance RUG to the Strategic Advisory Group and Executive Management Board
- Involvement in the activities of the Research Themes of Associate RUG Members

The PPI and PE proposal for the 2017-2022 PSTRC was revised as a result of the above PPI evaluation and the meeting with Simon Denegri. It consists of:

- Two non-executive lay members of the Executive Management Board. As part of their governance role, they take part in research theme review meetings, theme engagement and involvement meetings and the I&E Group meetings
- An Involvement & Engagement Group with an oversight of I&E activity in the PSTRC.
- Associate RUG members (e.g. patients, members of the public, carers, practitioners, pharmacists, nurses, managers etc) who are involved in the activities of the research themes and their individual research projects, as appropriate.
- An I&E plan for each named PSTRC research project, which will be completed by the lead researcher in collaboration with the PPI/Stakeholder lay lead for the project. These plans are reviewed and updated at quarterly research theme I&E meetings.
- Quarterly I&E Support meetings with researchers from all themes, chaired by the PPI Lead with the support of the non-executive lay members.
- A review of the NIHR PPI standards and how the PSTRC meets them (Table 1)
- Linking in with other NIHR PPI structures, such as PRIMER and H@PPI.

Priorities for Involvement and Engagement in the Greater Manchester PSTRC 2017-2022

Vision:
To embed I&E (PPI & stakeholder) within all research and dissemination carried out in the GM PSTRC.

Mission:
Ensure that public, patient and stakeholder views are an integral part of the research and dissemination undertaken within the GM PSTRC, so that the interventions developed meet the needs of the end users (patients and healthcare professionals alike as well as providers and commissioners). This will use innovative methods and novel ways to engage with a wide range of
stakeholders covering diversity of age, gender, ethnicity and reaching out to those members of the community who are seldom heard.

Aims:
1. To continue to develop I&E as integral part of the patient safety research pipeline, in accordance with Greater Manchester PSTRC contracted core aim 1.
2. To build capacity in I&E as well as research, in accordance with Greater Manchester PSTRC contracted core aim 3.
3. To work in partnership, in accordance with Greater Manchester PSTRC contracted core aim 2
4. To evaluate I&E and create new evidence
5. To work with diverse public and patient contributors
6. To remain linked up with the other two PSTRCs, to share learnings on PPIE in a patient safety context
   a. We will have teleconferences every four months and one joint face-to-face meeting per year
   b. We will deliver at least one joint activity per year e.g. events or communications.

This will be conducted with a focus on:
- The improvement and enhancement of primary care and transitional patient safety
- Increasing research capacity in primary care and transitional patient safety
- The imperative of building on the work of the 2012-2017 Greater Manchester PSTRC and link into existing and established PPI and PE work already carried out at the University of Manchester and within Greater Manchester (e.g. FBMH Social Responsibility Team, NIHR Manchester BRC and Public Programmes Team, Health eResearch Centre (HeRC), Citizen Scientist etc, CPC) and other existing groups such as patient panels.
- The need to work with existing University of Manchester strategies and frameworks for PPI including assessing the ‘added value’ and impact of PPI on outcomes of Greater Manchester PSTRC; for example, working with the University of Manchester Faculty of Biology, Medicine and Health; and the Primary Care Research in Manchester Engagement Resource (PRIMER) framework for assessing PPI
- The need to make best use of available skills, resources, staff and collaborations/networks.

Definitions

Involvement
The Greater Manchester PSTRC (2012-2017) used the INVOLVE definition of involvement:
“Research being carried out ‘with’ or ‘by’ members of the public rather than ‘to’, ‘about’ or ‘for’ them”

The 2017-2022 Greater Manchester PSTRC will adhere to but augment this definition to reflect the emphasis on Involvement and Engagement with members of the public, patients, carers and stakeholders, to:
“Research being carried out ‘with’ or ‘by’ members of the public, patients, carers or stakeholders rather than ‘to’, ‘about’ or ‘for’ them”
**Engagement**

The National Co-ordinating Centre for Public Engagement (NCPE) use the following definition of public engagement:

“Public engagement describes the myriad of ways in which the activity and benefits of higher education and research can be shared with the public. Engagement is by definition a two-way process, involving interaction and listening, with the goal of generating mutual benefit”.

([https://www.publicengagement.ac.uk/about-engagement/what-public-engagement](https://www.publicengagement.ac.uk/about-engagement/what-public-engagement))

Examples of engagement are:

- science festivals open to the public with debates and discussions on research
- open day at a research centre where members of the public are invited to find out about research
- raising awareness of research through media such as television programmes, newspapers and social media
- dissemination to research participants, colleagues or members of the public on the findings of a study.

**Involvement and Engagement Planning Group**

An Involvement & Engagement Group has been set up.

- The current membership of this group is:
  - Angela Ruddock (non-executive lay member of the PSTRC Executive Management Board [EMB])
  - Non-executive lay member of PSTRC Executive Management Board – to be appointed
  - Stephen Campbell (PSTRC Director)
  - Sally Giles (PSTRC PPI Lead)
  - Karen Considine (PSTRC Centre Manager)
  - Jess Zadik (Engagement in Research Manager, Salford Royal NHS FT)
  - Bella Starling (Public Programmes Team, Manchester University NHS FT)
  - Hawys Williams (Social Responsibility and Public Engagement Manager, Faculty of Biological Medical and Health Sciences)/Stephanie Snow
  - Sarah Rodgers (University of Nottingham)
  - SRFT NHS Engagement & Communications Manager (TBA)

This group meets every 2 months, to review and develop the Involvement and Engagement strategy and to review and govern involvement and engagement within the Greater Manchester PSTRC. The terms of reference of the group are included as Appendix 1. The Group also monitors whether the Greater Manchester PSTRC is meeting the NIHR Standards for Public Involvement in Research (Table 1).

**Monitoring and review**

**PSTRC governance**

- Two non-executive lay members of the EMB
- Involvement & Engagement Group
• Involvement and Engagement theme meetings
• Theme review meetings.

Project level monitoring

• Each project has a named researcher I&E lead
• Each project has a named I&E stakeholder project member lead
• Each project has project-specific Involvement and Engagement review criteria to track objectives, milestones and budgets.

Every project has a plan for I&E input, worked out as early as possible by project researcher and stakeholder I&E leads, and I&E PSTRC leads (Campbell and Giles) and non-executive lay members; as well as project I&E partners as appropriate. This will be reviewed three times a year and any other times felt necessary. It is the responsibility of theme / project staff to develop appropriate impact/contribution criteria relevant to their project and theme context as opposed to a top-down “magic bullet” approach.

Evaluation
This consists of internal evaluation processes using the I&E project pro formas, as well as any I&E input from theme review meetings.

Additional structures

Involvement and Engagement Support meetings
Held three times a year
Chaired by PPI Lead (Dr Sally Giles)
All researchers within the research theme are invited to attend these meetings to discuss and review their I&E plans for individual projects. The lay non-Executive members of the EMB are also invited to be present at these meetings and Professor Stephen Campbell (where possible). The meetings review and develop the I&E plans for each project and monitor progress. Both what has worked well and less well is discussed and highlighted.

I&E feedback forms
Feedback forms for both project level lay/stakeholder leads and researchers are completed prior to Involvement and Engagement Advice & Support meetings. These forms are reviewed by SC, SG and the non-executive lay members to highlight any issues that need addressing within the themes/projects.

The Greater Manchester PSTRC I&E strategy aims to enable its staff to populate all of the rings of the “PPI Onion” model of the spectrum of engagement and involvement, as appropriate. (Figure 1)
This includes:
• Dissemination of activities and findings
• Will be public led
• Will make decisions
• Will have a role in collaboration/co-production

**Project I&E partners**
• The main role will be to partner with researchers on individual projects and agree appropriate involvement activities for the individual projects.
• There will be no expectation that project I&E partners will attend any other meeting unless agreed with researchers.

‘Friends of the Greater Manchester PSTRC’
These could be members of the public, patients, carers, health professionals or any stakeholder who wishes to register to be kept in the loop and to receive newsletters etc.

**Training**
To support involvement there will be a need to provide effective support and training mechanisms for I&E partners and researchers, as appropriate. The responsibility for training of I&E partners will lie with the individual project research team, as appropriate; reporting to Dr Sally Giles. The responsibility for researcher training will be the PSTRC PPI Lead (Dr Sally Giles) in collaboration with the PSTRC Training Lead (Dr Gavin Daker-White).

**Project I&E partners**
There needs to be transparency about the way in which project I&E partners are recruited, how their expectations are managed and how the PSTRC will liaise with them; as well as what information about project I&E partners will be made available to researchers in full accordance with the General Data Protection Registry (which became active on 25 May 2018). There will be an excel spreadsheet of the details of all project I&E partners (i.e. skills, which theme they have been asked to link to), which is circulated to all PSTRC staff and updated on an ongoing basis (PSTRC Administrative Secretary, Zarina Saeed reporting to Dr Sally Giles). I&E project members will be recruited in one of two ways:

- Project researchers will be enabled to recruit I&E members using various different methods (for example via existing networks, associate RUG members or specialist groups). This will be dependent on the needs of the individual projects. These members can be added to the list of associate (project level) RUG members, if they agree, and will then be available for other PSTRC researchers to contact.
- In addition, a pool of project I&E partners will be created (from existing project level I&E partners, as well as any new interest via events, conferences etc). For any new I&E partners there will be a simple application form. Potential project I&E partners will be asked at application whether researchers may contact them directly. The skills and experience of each project I&E member will be recorded and made available to the researchers. The pool of project I&E partners will be managed by the PPI Lead, who will ensure that the project members are kept engaged, understand how their information is being shared and how they will be contacted. Importantly, the PPI lead will also manage expectations that signing up as a project I&E member will not guarantee that those individuals will be involved in any Greater Manchester PSTRC research, or that opportunities for involvement may happen much later (months or years in the future).
The researchers will be clear with project I&E partners on what they can expect (amount and complexity of work, requirement at meetings, fees and expenses payable, etc.). Both researchers and project I&E partners will need to fill out I&E feedback forms.

Finances
To recognise the contribution that I&E partners make to the research process, Greater Manchester PSTRC will offer payment for time, skills and out of pocket expenses where this contributes to the work of the Greater Manchester PSTRC. The rates of payment offered vary depending on the activity, but Greater Manchester PSTRC bases payments on the National Institute for Health Research (NIHR) INVOLVE rate of £150 per day (including preparation time), or £20 per hour, as a benchmark for deciding what payment rates should apply to different situations. Greater Manchester PSTRC uses the NIHR INVOLVE rates for peer review which are £50, £125, or £200 depending on the size of document being reviewed. All I&E partners taking part as members of the public will be paid at the same rate for their involvement in projects.

Each theme has its own I&E budget. The theme lead and budget holder is accountable to the theme Lead and I&E Lead (Prof Campbell) for using this budget to best meet the aims and impact of I&E in that Theme.

Structures to support PPI
I&E leads
Dr Giles (PPI Lead) and Prof Campbell (Director and I&E Lead) act as I&E research leads working with researchers to engage and enable I&E within all projects where appropriate. Their role will be to:
• Work across all themes and projects
• Advise on I&E Theme budgets
• Help theme staff to consider impact criteria at project level
• Look at how PSTRC can deliver all of the rings of onion ring (Figure 1)
• Ensure that the PSTRC is meeting the NIHR standards (Table 1)

Prof Stephen Campbell: I&E Lead
Prof Stephen Campbell has overall responsibility for delivery of the I&E elements of the NIHR Greater Manchester PSTRC.

Dr Sally Giles: PPI Lead
Dr Sally Giles is PPI Lead, reporting to Prof Campbell, with key responsibilities to:
• Work across all research themes and projects to provide core research support on I&E
• Contribute to the development and application of a PSTRC Involvement & Engagement strategy including PPI/E
• Chair theme level Involvement & Engagement Advice & Support meetings
• Plan, manage and conduct specific projects on I&E/PPI within the PSTRC

Centre Manager
• The Centre Manager is a member of the I&E Group and supports the theme leads and Director in public engagement events and budget planning
SRFT NHS Engagement and external communications manager

- To be appointed (expected Autumn 2018)

Non-executive Lay members of the EMB

To lead and represent the patient/public voice to the PSTRC Greater Manchester by membership of the Executive Management Board and theme/project review meetings, representing the PSTRC Greater Manchester to outside bodies as required and providing a patient/public perspective to the PSTRC Greater Manchester strategic plan.

Diagrams and Figures:

- Diagram 1: Proposed I&E structure of the GM PSTRC
- Figure 1: Onion model of spectrum of involvement
- Table 1: NIHR Standards for public involvement in research
- Appendix 1 – Terms of reference of the I&E group
- Appendix 2 – Glossary of terms
Figure 1: Wellcome Trust’s ‘onion’ model as adapted by UoM FMHS: “spectrum of engagement and involvement” (http://www.mhs.manchester.ac.uk/public/cei/whatis/structure/)
Table 1: NIHR Standards for Public Involvement in Research

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<th>NIHR Standard</th>
<th>Examples in the PSTRC</th>
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<tr>
<td>1. Inclusive opportunities - We provide clear, meaningful and accessible</td>
<td>• Using the Wellcome Trust &quot;spectrum for I&amp;E as a guide, establish an I&amp;E plan for each research project using the PSTRC I&amp;E proforma. This will detail the PPI plan for the project, to be reviewed it at each theme I&amp;E meeting (3 per year).</td>
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<td>opportunities for involvement, for a wide range of people across all</td>
<td>• Each project to identify a researcher lead and a PPI lay/stakeholder lead.</td>
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<td>research. We do this by embracing a broad spectrum of participation and</td>
<td>• Each project to clearly define the role of the PPI lay/stakeholder lead.</td>
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<td>involvement. This helps our research to be more fully informed,</td>
<td>• Each project to outline any outreach activities (as appropriate) to encourage wider PPI.</td>
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<td>representative and relevant.</td>
<td>• Create a pool of project I&amp;E partners through an application process co-ordinated by Director’s PA. This pool of people will be accessible to all research staff within the PSTRC.</td>
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<td>2. Working together – We create and sustain respectful relationships,</td>
<td>Using the tools provided by INVOLVE, researchers should manage expectations of PPI members by agreeing roles, terms of reference (for any PPI groups), and using a PPI code of conduct (not sure about this??)</td>
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<td>policies, practices and environments for effective working in research.</td>
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<td>We do this because we deliver better research when we work well together,</td>
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<td>towards shared goals, and having complimentary but different roles and</td>
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<td>responsibilities. Working this way becomes the norm.</td>
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<td>3. Support &amp; learning - We ensure public involvement is undertaken with</td>
<td>Provide/signpost training and peer support for researchers and members of the public to enable them to carry PPI effectively. Training for I&amp;E partners will be the responsibility of individual research teams.</td>
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<td>confidence and competence by everyone. We do this so that people have access</td>
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<td>to the appropriate support, learning and skills development that enables</td>
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<td>them to involve, and be involved effectively.</td>
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<td>4. Communications - We provide clear and regular communications as part of</td>
<td>Information disseminated about the work of the Patient Safety Centre.</td>
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<td>all involvement plans and activities. We do this because full information</td>
<td>• Lay summaries of individual research projects on our website</td>
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<td>exchange and effective communication helps build positive and strong</td>
<td>• Blogs written by researchers and members of the public relating to PPI activity within the centre</td>
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<td>relationships for meaningful involvement.</td>
<td>• Concise leaflets (in hard copy and .pdf) for researchers, patients and public about the work of PSTRC.</td>
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<td>• Quarterly newsletters about the work of the PSTRC to a registered list of “Friends of the PSTRC”, including PPI activity, impact and</td>
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<td>5. Impact</td>
<td>6. Governance</td>
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<td>We assess report and act on the impact of involving the public in research. We want to capture the difference (positive or negative) public involvement makes to research, and ensure what we do is responsive.</td>
<td>We ensure the community of interest voices are heard, valued, and included in decision making. We implement, report and are accountable for our decisions. Visibility of power sharing at the highest levels gives credibility and shows a commitment to public involvement in research. Sharing our frameworks for PI structure, management and compliance within research also shows transparency.</td>
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Using the PSTRC I&E proforma, capture and assess the impact of PPIE activities for individual research projects. Encourage researchers and members of the public to write up PPI activities as journal papers, as well as using the less formal mechanisms, such as blogs and newsletter articles. | Establish an I&E committee, consisting of the Centre Director, PPI lead, Centre Manager, 2 non-executive lay members and other I&E experts. This group will meet 3-4 times per year. Ensure that the role of the non-executive lay members involves attendance and involvement at EMB meetings, theme review meetings and theme I&E meetings. Develop an I&E strategy to be reviewed by the I&E committee on an annual basis. Non-executive lay members are full members of the EMB. |
Appendix 1

The Greater Manchester PSTRC Involvement and Engagement (I&E) Group

Terms of Reference

Full title:
The National Institute for Health Research Greater Manchester Patient Safety Translational Research Centre

Short title:
NIHR Greater Manchester PSTRC (Greater Manchester PSTRC)

Revising the terms of reference:
- Terms of reference will be subject to an annual review (or as required).

The Greater Manchester PSTRC’s vision of I&E is to embed I&E activity in the work of the Greater Manchester PSTRC as and where appropriate.

The Involvement and Engagement (I&E) Planning Group has been set up and tasked with developing the I&E strategy for the Greater Manchester PSTRC, providing oversight of I&E activity, highlighting best practice and identifying any or issues in relation to I&E activity.

The role and purpose of the group is to:
- Develop and review the I&E strategy for the Greater Manchester PSTRC.
- Provide oversight of I&E activity across themes within the Greater Manchester PSTRC.
- Provide both a lay and expert perspective to I&E activity within the Greater Manchester PSTRC.
- Raise any concerns regarding I&E activity, identify examples of good practice and develop ways to share them.
- Feedback to the EMB on the I&E activity within the Greater Manchester PSTRC.
- Promote and publicise the Greater Manchester PSTRC and the role of I&E in patient safety research.
- Work actively towards expanding ‘Associate’ membership and ‘Friends of...’ the PSTRC.
- Help disseminate and promote I&E work within the Greater Manchester PSTRC.

Membership:
- Membership will consist of the PSTRC Director, the Centre Manager, PPI Lead, PPI Lead Nottingham, Engagement and external communications manager, 2 non-executive lay members, HeRC PPI lead, plus other appropriate members.
- Membership will be restricted to a reasonable number of core members plus additional invited members as required.
- Initial appointment and continued membership of the group is at the discretion of the Centre Director.
- Failure to comply with the ground rules and confidentiality statement may result in exclusion from the group.
- The group will be chaired by the Centre Director.
• Membership of the group will not be static and it is expected that the group will review this at in February each year.

Greater Manchester PSTRC I&E group meetings
• Meetings will be held approximately every 2 months and a meeting agenda and action points will be sent to all members in advance of the meeting.
• Meetings should be appropriately noted and action points circulated within one week of each meeting taking place.

Confidentiality
• Group members have a duty to treat anything said in meetings and any subsequent notes or documentation as confidential.
• Confidentiality extends to information shared by other members of the group, in particular people’s personal experiences of accessing health services.
### Appendix 2 Glossary of terms

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AHSN</td>
<td>Academic Health Science Networks</td>
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<tr>
<td>CLAHRC</td>
<td>Collaboration for Leadership in Applied Health Research and Care</td>
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<td>CPC</td>
<td>Centre for Primary Care</td>
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<td>EMB</td>
<td>Executive Management Board</td>
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<tr>
<td>FBMH</td>
<td>Faculty of Biological, Medical and Health Sciences</td>
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<td>HeRC</td>
<td>Health eResearch Centre</td>
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<td>I&amp;E</td>
<td>Involvement and Engagement</td>
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<td>PPI</td>
<td>Patient and Public Involvement</td>
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<td>PSTRC</td>
<td>Patient Safety Translational Research Centre</td>
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<tr>
<td>RUG</td>
<td>Research User Group</td>
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