

**VOCAL** Bringing people & research together

# Have your say in our Strategy for 2022 - 2027



[wearevocal.org](https://wearevocal.org)

## Introduction

Vocal's **vision** is to bring people and health research together for mutual benefit. Ultimately, we want to improve the health and lives of people through relevant and inclusive research, that includes the voices of everyone, equitably.

Our **values** are:

- Everyone Matters
- Working Together
- Driving Excellence
- Innovating

We are developing our strategy for the next 5 years and we'd really appreciate your thoughts and perspectives on this. After you've read this document please complete a short survey [here](#) and let us know:

- What you like about the strategy?
- What could be improved?
- What would you like to see more of?
- What would you like to see less of?

## What's happened so far to develop our strategy?

Our emerging strategy for the next 5 years has been co-created in partnership with our [Black, Asian, Minority Ethnic Research Advisory Group](#), and through a series of workshop-based discussions, with over 60 public and community partners; and over 35 researchers and research staff from:

- [The NIHR Manchester Biomedical Research Centre \(MBRC\)](#)
- [The NIHR Clinical Research Facility \(MCRF\)](#)
- Other [National Institute of Health and Care Research \(NIHR\)](#) research infrastructure in Greater Manchester (for example the [Applied Research Collaboration](#))
- The University of Manchester
- NHS Hospital Trust staff in Greater Manchester, Preston and Blackpool.

We've drawn on the learning from our work over the last five years, including as part of the MBRC and MCRF, which has supported a move to more inclusive research by:

- Integrating public, patient and community voices into health research priorities, design and delivery – through creative and equitable practices of working together
- Developing and implementing a strong focus on equality, diversity and inclusion – by establishing close work relationships with minoritised people and groups, and as allies to amplify their voices in research
- Increasing capacity and confidence amongst researchers, research staff and public partners – through training, learning initiatives and peer support
- Stimulating innovation and generating evidence about the value and impact of working together in research, inclusively – for example, one of our major funders, the NIHR has highlighted aspects of our work as good practice
- Raising awareness of health research and having a say in health research – including through our large scale engagement campaigns
- Influencing strategy and governance of large scale programmes of research, and as part of research institutions.

Guidance provided by the NIHR, as one of our major funders, the [UK Standards for Public Involvement](#) and the [NIHR Race Equality Framework](#) have all informed this 5-year plan.

Vocal's strategy has been designed to be applicable to everyone that we work with and aligns with Vocal's values. We present our overall ambition, what will be different in 5 years' time and activity plans for our major partnership with the MBRC and MCRF to help us get there!

## **1. EVERYONE MATTERS**

Our collective aim is to work together inclusively so that health research can address health and social inequalities, ultimately providing the best evidence to inform better health and social care.

We adopt a social justice/change approach: partnership working in research should be fair, respect human rights and seek to shift existing power dynamics and hierarchies of knowledge to produce inclusive research.

Our priority is to promote and demonstrate inclusion in working together in research.

Our approach acknowledges that everyone has their own unique experiences of discrimination and oppression, and we must consider everything and anything that can marginalise people, including gender, ethnicity, class, sexual orientation, physical ability, geographical location.

### **What will be different in 5 years?**

We can demonstrate that our work is inclusive across different protected characteristics and geographies, and that the research we support addresses inequalities in its priorities, design, recruitment and dissemination.

### **Activity plan for the NIHR Manchester BRC & CRF**

- Working with the MBRC and MCRF Inclusive Research Oversight Board and building on our evaluation strategy (see Driving Excellence), we'll establish ways of assessing how fair and just (how equitable) we are in how we work together in health research.
- We'll proactively identify and address where inclusion in working together in research needs to be strengthened.
- We'll influence and enable the Greater Manchester (GM) health research ecosystem to deepen its learning about equity in research, through partnerships established through working together.
- Our Black Asian Minority Ethnic Research Advisory Group (BRAG), meeting monthly, will maintain our focus on race equality, including through refreshed and expanded membership and integration into strategic and governance functions of the MBRC and MCRF.



- We'll take forward Manchester's Race Equality Framework actions for change as they relate to MBRC and MCRF organisations and working with the 9 GM-based NIHR research organisations and host institutions Manchester University NHS Foundation Trust (MFT) and University of Manchester. We'll continue to report against our actions for change through the NIHR Oversight Board.
- [We already work with a wide variety of people in research](#) and will continue to monitor and report on the demographics of who we're working with, to inform our strategic focus and approach.
- We'll hold regular insight sessions and directed learning about intersectionality, marginalisation and health inequalities, including through support and learning activities (for example, briefing notes and case studies produced with public contributors) for MBRC and MCRF researchers and research staff.
- With the MBRC and MCRF's Inclusive Research Oversight Board (IROB), we'll marry data-driven approaches and lived experience to understand how MBRC and MCRF research can better address inequalities and inclusive methods for prioritisation of research activities.



## 2. WORKING TOGETHER

### 2.1. RESEARCHING TOGETHER

[Working together is the bedrock of all that we do.](#)

Our ambition is that all home-grown Greater Manchester and North West research is developed in partnership with people and communities, and its outcomes are invested back into the population through better health and social care.

We create and nurture a variety of working relationships and ways of working together towards common goals.

We avoid working in separate silos. We collaborate and share learning across the vibrant and rich research, health and social care, community, civic and cultural heritage and assets in Greater Manchester and the North West, as well as with national and international partners.

Our work centres on developing and flourishing communities of practice – that is groups of people, including researchers, public contributors and creative practitioners - who share a common concern and goal to create inclusive research.

#### What will be different in 5 years?

People can articulate how they've worked together in research and the potential benefit that this will bring to health and social care. As a result of working together, people feel valued, important and included (across all our partnerships). In 5 years, Vocal will have worked with a greater number, and in more depth, across a variety of people and organisations.

#### Activity plan for the NIHR Manchester BRC & CRF

- We'll grow Vocal's Research Advisory Groups and Networks, focused on lived experience of health conditions, and specific characteristics, working across the research portfolios of the MBRC and MCRF. The number of public and community partners working with us will increase significantly over 5 years.
- Drawing on the initial development of an ICS Research Engagement Network in GM, we'll co-develop with GM research (including across all 9 NIHR Manchester-based infrastructure) and the VCSE sector, a 'community charter' for working strategically, equitably and coherently with community and voluntary sectors, by the beginning of year 2.

- Building on our experience of working in localities with community organisations between 2017 and 2022, we'll further establish deep and strategic community partnerships with partners in at least 3 other localities (for example, North Lancashire, Salford and North Manchester) to reflect the expanded footprints of the MBRC and MCRF.
- We embody our shared values in all our work and expect our partners to sign up to them, and to respect and abide by our co-created 'ground rules' for inclusive partnership working.
- Our methods for working together will include a variety of virtual and face to face approaches (for example, lived experience insight meetings, citizen's juries, creative sessions), and will be elaborated and defined at the outset with researchers and public contributors.
- We'll work with MFT and other research host institutions, to finalise processes and support systems for public contributor co-applicants on research grants (*MBRC specific*).
- All new MBRC priority projects between 2022 and 2027 will benefit from comprehensive and meaningful public involvement (*MBRC specific*).
- We'll conduct at least one, in year 2, specialist and influencer sessions with industry, public and community partners, about working together in research. This will include identifying ways of enabling and deepening partnership working in commercial studies hosted by the MCRF.
- We cascade opportunities for researching together across our GM networks (for example, with the GM Applied Research Collaboration's [Public and Community Involvement and Engagement Forum](#)) and encourage our partners to do the same.
- Effective communication is vital to working together. We'll:
  - Send quarterly newsletters to MBRC/MCRF and other GM research infrastructure staff, public and community partners about Vocal's activities, opportunities, learning and training
  - Send bi-monthly newsletters to public contributors and researchers in Vocal networks with more detailed information about activities and the difference they have made to research
  - Share case studies (at least 2 per year from MBRC and MCRF portfolios) highlighting Researching Together activities and our learning from them, one Vocal, MBRC and MCRF websites (and via newsletters)

- Publish case by public contributors involved in Governing Research on the Vocal, MBRC and MCRF websites to highlight their experience of the role, in years 2 and 4.



## 2.2. GOVERNING RESEARCH TOGETHER

Shared decision-making is integrated at strategic, executive and governance functions of health research, as well as operational project and programme level.

We commit to shared decision-making to enhance flexible, purposeful and appropriate involvement, through non-tokenistic co-leadership which values varied expertise.



In these forums, professional and public contributors can confidently articulate their expertise and how it adds value to research.

We promote greater accountability, relevant research and mutual trust through inclusion of a diversity of expertise, reciprocal respect and effective partnership working in research strategy, governance and executive roles.

There is no expectation of “representativeness” in governing together: a breadth of voices is important, and everyone brings their own relevant experience, context and background.

### **What will be different in 5 years?**

People feel that decision making at all levels is transparent and have evidence of a range of accessible examples of collaborative decision-making.

### **Activity plan for the NIHR Manchester BRC & CRF**

- Public voices are included in governance structures, as full members of the:
  - MBRC Strategic Executive (at least two public contributors + Vocal Director (or Deputy Director),
  - MBRC Governance Board (at least two public contributors, including a partner from the Community and Voluntary sector),
  - MBRC Scientific Advisory Board (at least one public contributor)
  - MBRC and MCRF Inclusive Research Oversight Board (at least two public contributors + Vocal Director and Deputy Director).
  - MCRF Executive Group (at least one public contributor + Vocal Director)
  - MBRC Governance Board (at least one public contributor)
- Public contributors on the MBRC Strategic Executive Group, MCRF Executive Group and IROB will represent BRAG, to support the MBRC's commitment to race equality.
- The MCRF will establish a Study Review Group with public partners, to regularly inform and review the portfolio of MFT and academic research hosted by the MCRF. (*MCRF-specific*)
- Initially, the same public contributor will attend both the MBRC and MCRF Governance Boards, to enable synergies.
- The Vocal Director is a member of the MFT Research and Innovation NIHR Oversight Board, which brings together all NIHR infrastructure based in GM.

- MBRC and MCRF governance structures will address the actions for change as elaborated through the pilot of the [NIHR Race Equality Framework](#) in Manchester: at least two public contributors with experience of racial inequalities will be part of MBRC and MCRF governance structures.
- Professional and public contributors in governance roles are supported through 1:1 support from Vocal Directors and staff (for example, presentation of expertise, understanding of meetings and their purpose, including through clear and agreed terms of reference, clarity on scope for decision-making, i.e. What is and isn't possible to influence or change).
- A diversity of voices in governance is ensured through additional methods, where required, for example to gain additional perspectives, regularly refreshing committee membership (professional and public), reflecting and sharing learning across governance personnel. Professional and public membership of governance committees is regularly reviewed and refreshed to ensure diversity of voice, while maintaining continuity of learning.
- Public contributors on Governance functions across the MBRC/MCRF and other Vocal collaborations meet regularly (at least once per year), facilitated by Vocal staff to share learning, intelligence, and for peer support. We'll pilot mechanisms to enable 360 degree feedback about working together in governance: this will both ensure effective working relationships and contribute to personal and professional development. We'll further draw on this group to provide insight, advice and strategic direction to the Vocal team.
- Where trial steering committees operate, we strongly encourage the inclusion of public voices on these and can offer support to make this happen.
- We'll run reflection sessions throughout the grant period (end of year 1, year 2.5 and year 4) of MBRC/MCRF 2022 2027 on Researching Together and Governing Together (how has it worked, what difference has it made, what could be done better, relationship to trust).
- Throughout Researching and Governing Together, we trust each other to maintain confidentiality of sensitive personal, governance and executive discussions and information.



### 3. INNOVATING

#### 3.1. INNOVATING ENGAGEMENT & ACTIVE INVOLVEMENT IN RESEARCH

Our imaginative engagement campaigns inspire and interest, building relationships between people and research. We focus on the assets of the people we're aiming to reach, and take proactive steps to connect with them, where they are.

We co-create accessible, clear and relevant engagement campaigns and communications about research and how to have a say in research.

Our communications to professional audiences raise awareness of the value, principles and practice of actively involving people in health research.

## What will be different in 5 years?

As a result of relevant and effective engagement, people feel valued, included and informed (“yes, that’s for me!”). The Vocal brand and how to work together in health research are increasingly recognised.

## Activity plan NIHR Manchester BRC & CRF

- Throughout all our work, we support public contributors to move from being ‘engaged with’ to ‘actively involved in’ research, and from being actively involved to further engaging others about research and having a say in research. In this way, we ‘close the loop’ between engagement and involvement and operate within a cycle of continuous improvement. This builds on our approach from 2017-2022 (Holmes et al 2019).
- We involve public partners in developing all our engagement campaigns. Building on our practice and strength in co-created communications and engagement campaigns during 2017-2022, we’ll co-deliver at least 3 large scale engagement campaigns during 2022-2027 to support awareness, involvement and participation in experimental medicine research as part of the MBRC and MCRF. These campaigns will tie in with learning and development programmes for researchers and research staff. These engagement campaigns will cut across all the work of the MBRC and MCRF. Through the process of developing this strategy and listening to our community and research partners, areas of focus for these campaigns might include:
  - How do we work together in non-clinical research (for example, data-driven research, laboratory-based research)?
  - Experimental medicine - is it for me?
  - Developing new therapies: working across the NHS and industry
  - Time is of the essence: working together in acute and time-sensitive research settings
  - Opt in, opt out – or other options? Consent and translational research.
- We’ll work with MBRC Themes, Clusters and MCRF colleagues to support more specific, subject-based engagement with research at community-based events within GM, Blackpool and North Lancashire.
- We’ll publish stories (2 per year, on Vocal, MBRC and MCRF websites) about why people become involved in research; and about the difference involvement makes to research and people’s lives.



- With other GM infrastructure, we'll develop a patient and public involvement 'Lab' to identify and collectively take forward and seek funding for innovations in working together across our GM footprint.
- We'll work with our colleagues in MFT to make sure that MBRC, MCRF and Vocal Communications strategies are congruent and effectively cross reference each other. We'll make effective use of digital and traditional marketing approaches and materials, to raise awareness of research, and how to have a say in research, (for example, have leaflets ready for use, continued social media presence, effective targeting of communications).
- We model use of inclusive language by avoiding the jargon and acronyms used in both science and public involvement (and in line with Vocal brand guidelines).



### 3.2. INNOVATING RECRUITMENT TO RESEARCH (RESEARCH PARTICIPATION)

We consider that effective recruitment to research studies cannot be considered in isolation and is dependent on a complexity of personal, systems-based and contextual factors.

We offer our expertise to teams wanting to work together to help develop more inclusive recruitment practices, for example by analysing existing research processes and suggesting areas for development.

We aim to better understand the effect that working together in research can have on recruitment to research studies.

#### What will be different in 5 years?

We can better articulate the difference that working together makes to recruitment to research studies, our research partners feel more confident in inclusive recruitment practice, and we observe a greater diversity of people recruited to MBRC/MCRF research.

#### Activity plan for the NIHR Manchester BRC & CRF

- We work with the Inclusive Research Oversight Board to integrate inclusive recruitment into MBRC and MCRF research, including how to capture diversity data and analyse it meaningfully across diverse research portfolios and how to integrate lived experience into research portfolios.
- Our research advisory groups input to the recruitment strategies of MBRC and MCRF studies.
- Working with the Inclusive Research Oversight Board, we'll work towards identifying and implementing a minimum 'inclusion standard' for recruitment to MBRC and MCRF research studies.
- Our evaluation strategy and practice specifically asks questions related to the effect of involvement and engagement on recruitment to research.
- We offer shared learning sessions on working with the [NIHR-INCLUDE](#) framework (*MBRC specific*).
- Through learning and development opportunities, we work with research delivery staff to deepen their understanding and practice related to recruiting patients to studies, with a focus on working sensitively and inclusively with

those who might previously have been minoritised by society and/or excluded from research.

- We co-develop systematic methods to effectively feedback the results of research studies to those who took part in them.



## 4. DRIVING EXCELLENCE

### 4.1. SHARING OUR LEARNING

We confidently demonstrate the difference that working together can make to research and to everyone involved.

We develop and apply robust ways to understand the changes that working together makes to research and to people's lives. We understand that these changes can occur in multiple and interlinked ways, for example:

- In relation to individual targeted research projects and studies

- Across broad and large scale programmes of research,
- As part of research culture and environments
- At a personal level amongst researchers and research staff
- At a personal level amongst public contributors including changes in confidence, agency and skills.

We show leadership in applying methods to assess change, and sharing our learnings, contributing to the evidence-base and legacy for future collaborative relationships in health research.

We avoid using the word 'impact' as we've heard that this term is off-putting to everyone we work with. Instead, we seek to understand the change(s) that working together in research makes.

### **What will be different in 5 years?**

Everyone associated with Vocal can articulate, and point to evidence showing, the differences that working together in research has made or can make.

### **Activity plan:**

- Vocal publishes its evaluation strategy and processes in year 1, which will apply to all of its work. We assess and communicate change as related to the difference working together in research makes to:
  - Research priorities, design, delivery and communication of research
  - Attitudes, skills and learning amongst researchers and research staff
  - Agency, skills and confidence amongst public contributors
  - People's willingness to further get involved, hear about, or be recruited to research
  - Addressing health inequalities through research (working with the IROB).
- During 2022-2027, every Vocal activity is evaluated, and the difference it makes recorded from the point of view of all those who were involved. We'll continue to develop and deepen our systems and processes for understanding change.
- At the outset of working together, we mutually agree and understand the difference that we hope collaboration will bring. We also understand the need to be flexible and adaptive, and to record the consequences of public involvement that might not have been anticipated.



- At a project and programme level, we feedback the difference that working together made to everyone involved.
- We offer training (one session per year) to researchers and research staff on how to evaluate public involvement.
- We regularly share our learning through at least one case study/story of change per year published on MBRC/MCRF and Vocal websites and through regular forums across GM (for example, at Manchester Academic Health Science Centre seminars), nationally (for example, BRC PPIE Leads Network, UK Clinical Research Facility Network).
- We continue to share our learning through peer-reviewed publications (at least one per year), conferences (public involvement, CVS and research sectors) and national workshops (for example, run by the NIHR Centre for Engagement and Dissemination).
- We reflect on what didn't go so well, as well as what did go well (regular Vocal team meetings/Spotlight sessions/MBRC Theme and Cluster meetings, potentially also involving those outside of Vocal direct team who were involved in specific initiatives).



## 4.2. SUPPORTING EXCELLENT PEOPLE

We support all our partners to work together effectively, through comprehensive, personalised and co-created learning and development activities, online and in person.

We'll build on our strong foundations of working in clinical (hospital-based) research, and develop a further focus on equipping people with the skills, knowledge and networks to work together in research, with a focus on early phase, translational and non-clinical health research, that is: research that starts in the laboratory, or relies on data and/or non-clinical settings.

Our strong focus on inclusion will be integrated in our training offer (for professional and public audiences).

Dedicated Vocal staff will work with researchers and public contributors, developing and maintaining relationships, communities of practice and effective ways of working together.

### What will be different in 5 years?

Everyone we work with will have received training and/or support to work effectively together in research. People will feel more confident of their skills and agency to work together.

### Activity plan:

- Working with our community partners, cultural competency will be integrated into training offer, including guidance on inclusive language and alongside the MBRC and MCRF's Equality Diversity and Inclusion (EDI) strategy.
- As well as the 'community charter' (Working Together), with our community partners, we'll further produce guidance for researching together with specific communities, in response to research priorities and community listening activities in year 1. General principles elaborated in year 2, additional guidance for working with specific marginalised communities in years 3 and 4.
- Vocal will facilitate developing and nurturing relationships with communities building activities before any major/priority MBRC programmes of work start and identifying ways to sustain relationships beyond individual projects (*MBRC specific*).

- We'll provide support grant applications arising from MBRC and MCRF work with specialist involvement expertise and with lived experience partners.
- We'll provide regular feedback to MBRC and MCRF research partners regarding developments and initiatives (local and/or national) focused on communities and patients that will be relevant to their Themes, Clusters and programmes, including via newsletters.
- Our comprehensive induction and support for public contributors is well established, and we'll review our Welcome Packs each year. We'll further develop our co-applicant support, by working closely with MFT. All public contributors will be paid according to NIHR guidance and within 2 months of their activities.
- Within the MBRC:
  - Dedicated Vocal Specialists will support specific Clusters and Themes, working with Patient and Public Involvement and Engagement (PPIE) Theme leads to plan, budget and integrate PPIE into Theme research. Vocal Specialists will attend Theme and Cluster meetings.
  - With the MBRC Capacity Building team, we'll offer regular training:
    - Regularly updating our Inclusive Research online learning with relevant content related to working together in experimental medicine
    - Making the Inclusive Research online learning mandatory for all MBRC staff
    - Twice yearly in-person and online training sessions covering the basics of PPIE, working with communities, evaluation. One of these sessions will take place at the start of the academic year, for new students and staff
    - Yearly shared learning events on areas of interest across MBRC Themes and Clusters
    - 'Drop in' sessions for researchers and PPIE Theme leads.
  - Vocal Specialists and PPIE Theme leads will come together in peer support and learning activities, once per year.
- Within the MCRF:
  - Our focus will be on supporting those in non-clinical roles, building on our training audit from 2017-2022,
  - We'll offer regular training, including by:
    - Updating the Inclusive Research online course with content related to working together in research delivery,

- Developing and disseminating case studies of working together in MCRF-based research
- Continuing to make Inclusive Research online learning mandatory, and updating the MCRF induction programme
- 'Patient insights' sessions will take place within MCRF sites once per year.
- A Vocal Specialist working across all 7 CRF sites in Years 1-2 will develop a peer-support and learning community of CRF site-based PPIE leaders in years 2-5.
- A virtual learning resource will be established as part of Vocal, MBRC and MCRF websites, with downloadable resources and content links.

### **What happens next?**

We'd love to hear your views on this strategy and 5-year plan. Tell us what you think by Tuesday 9th May 2023, by completing our short online [survey](#) or contacting us at [vocal@mft.nhs.uk](mailto:vocal@mft.nhs.uk).