

**NIHR Central Commissioning Facility:
Patient and Public Involvement and Engagement Plan 2016/18
(Revised: April 2017)**

Contents

Section	Title	Page
A	Background	2
B	Purpose	3
C	Objectives	
	1. Reach	4
	2. Support	4
	3. Knowledge	5
	4. Integration	5
	5. Communication and accessibility	6
D	Working together	6
E	Resources and capacity	7
F	Continuous improvement	7
G	Accountability	8
H	Further information	8
I	Action Plan 2017/18	
	1. Reach	9
	2. Support	10
	3. Knowledge	11
	4. Integration	13
	5. Communication and accessibility	14
	Appendix A	16

A. Background

The National Institute for Health Research (NIHR) is the research arm of the NHS. The NIHR spends the equivalent of around 1% of the NHS budget on improving the health and wealth of the nation through research. It funds more than 10,000 researchers in the NHS, universities, industry and elsewhere. Last year, more than 600,000 people took part in NIHR hosted research studies¹ and more than 1,000 members of the public were involved in shaping NIHR research².

The Central Commissioning Facility (CCF) is one of five NIHR national coordinating centres³ that work with the NIHR National Director for Patients and the Public in Research to oversee and coordinate delivery of the NIHR's vision and goals for patient and public involvement (PPI) in research⁴. This plan aligns with those goals (see [Appendix A](#)). It builds on [progress made during 2016/17](#) and on all that we continue to learn from working with colleagues across the NIHR, the Department of Health (DH), NHS trusts and commissioners, research charities, universities, voluntary organisations, community groups and others.

There are a few terms used in this document which can be defined in different ways. For clarity, we provide the following definitions⁵:

'Patient and public involvement in research' or 'PPI' or 'Involvement'	Research carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them.
'Public engagement' or 'Engagement'	Where information and knowledge about research is provided and disseminated to the public.
'Research participation' or 'Participation'	Where people take part in a research study.
'Public contributors'	A general term we use to describe members of the public involved in CCF's work: <ul style="list-style-type: none">• as public reviewers of research applications; and/or• as public members of our research programme decision-making panels and/or• in other activities such as developing guidance, sitting on interview panels

¹ See <http://www.nihr.ac.uk/about-us/documents/CRN%20Key%20statistics%202015-16.pdf>.

² See <http://www.one.nihr.ac.uk/home/facts-and-figures> for facts and figures about the NIHR.

³ The other coordinating centres are the Clinical Research Network Coordinating Centre (CRNCC), the INVOLVE Coordinating Centre (INVOLVE), the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) and the Trainees Coordinating Centre (TCC).

⁴ See *Going the extra mile: Improving the nation's health and wellbeing through public involvement in research*: <http://www.nihr.ac.uk/documents/about-NIHR/NIHR-Publications/Extra%20Mile2.pdf>

⁵ See definitions <http://www.invo.org.uk/posttypresource/what-is-public-involvement-in-research/>

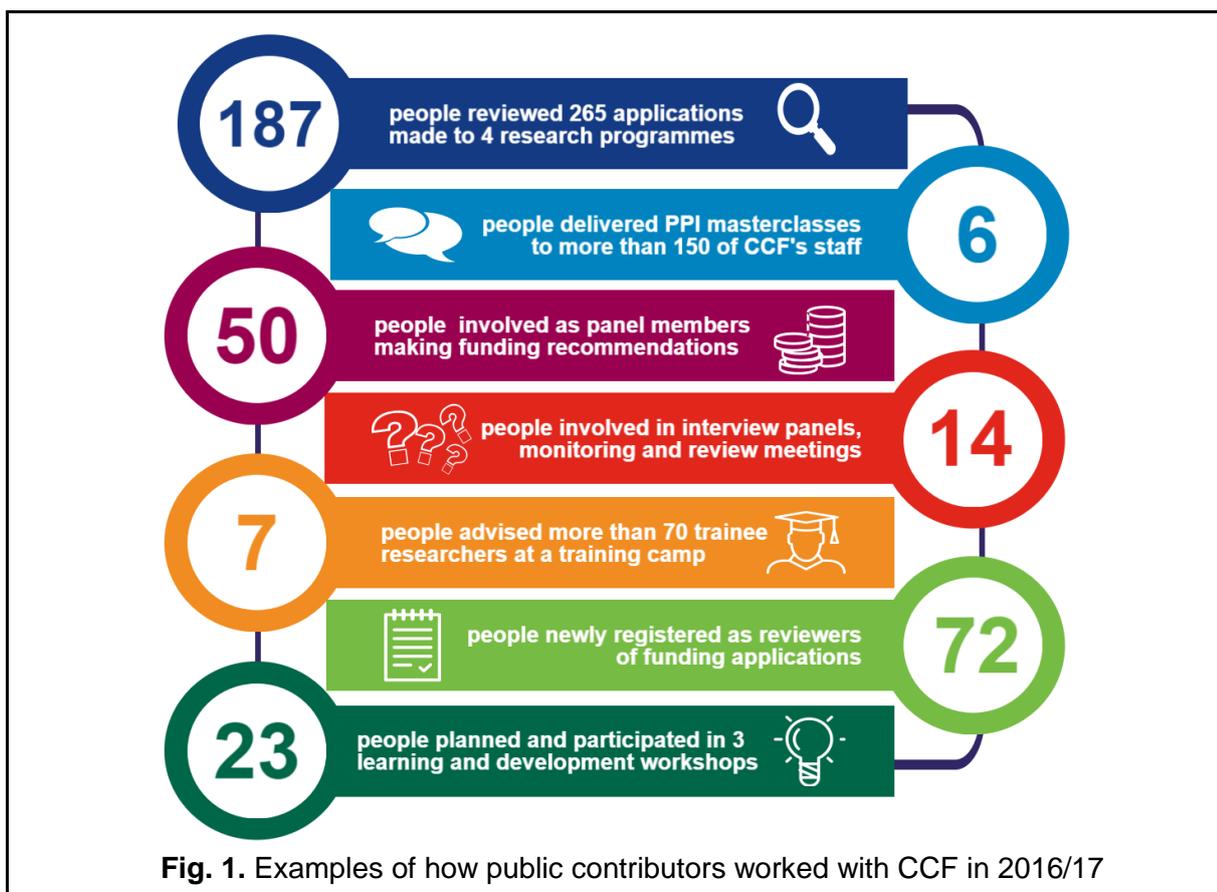
B. Purpose

Public contributors bring a wealth of knowledge and insights to research based on their personal experiences as users of health and social care services and treatments. For example, who better to ask if a research question is relevant and important to patients and carers, than its potential beneficiaries? Or whether the frequency and timing of a series of tests proposed by researchers would actually be acceptable to the patients and carers that they plan to invite to take part in the research?

Our purpose in working with patients, carers and the public is to improve the quality and relevance of the research that we commission and other research activities that we manage and to raise public awareness of research.

This plan for 2016/18 was reviewed and updated in April 2017 and helps us to achieve that purpose.

If you are unfamiliar with the CCF you can read more about [how we work with public contributors](#) and also about the scale and scope of the work strands that the [CCF manages for the NIHR](#). Figure 1 below, briefly summarises some of the ways that public contributors were involved in our work during 2016/17.



C. Objectives

Each of our objectives - reach, support, knowledge, integration and communication and accessibility - are summarised below and our Action Plan (see [section I](#)) describes key projects and activities we will undertake during 2017/18 to deliver these objectives.

1. Reach: To involve a diverse community of public contributors providing knowledge, experience and insight from a wide range of perspectives.

We want our research management activities to reflect the fact that research touches everyone's lives. We currently involve over 300 public contributors, who apply their own knowledge, experience and insight as patients, service users and carers to review research funding applications. Approximately 50 public contributors are also involved in making funding recommendations as public members of NIHR research programme panels. Every research programme funding application is assessed by one or more public contributors. In 2016/17, 265 funding applications were assessed by both a public reviewer and two or more public panel members.

In 2016, we identified and [reported](#) that we involve very few young adults and no children and young people in CCF activities. In 2017/18 therefore, our focus will be on developing and testing out ways of involving younger people (under 25 year olds in the first instance) as reviewers of funding applications. This will include collaborating with the [Centre for Public Engagement](#) at Kingston University London and St George's University of London to encourage the involvement of some of their students.

2. Support: To provide information, resources, learning and support that enables public contributors and CCF staff to work together competently and confidently.

In 2016, we developed and published our [CCF Policy: Learning and support for PPI](#). We now use this as a framework to monitor, review and improve the learning and support opportunities that we provide to CCF's staff and public contributors.

We routinely work together with all participants to plan and deliver PPI learning and support activities. In 2017/18, this will include events that:

- focus on learning and support needs identified by research programmes
- explore how PPI can enrich the communication of research
- support the development, delivery, monitoring and reporting of organisational plans for PPI and engagement.

3. Knowledge: To contribute to developing and sharing knowledge about patient and public involvement, engagement and participation and to putting it into practice.

CCF makes its own [plans and annual reports](#) publicly available on the NIHR website. We are also starting to share reports about the [PPI data that we collect](#) and how that is shaping our work.

We will continue to publish the involvement, engagement and participation sections of annual progress reports from more than 100 NIHR initiatives that report to the CCF each year. All these initiatives provide a summary of progress being made in implementing their strategies for involvement, engagement and participation and these reports are a rich source of learning and effective practice. The [reports for 2014/15 and 2015/16](#) have been downloaded over 11,000 times.

Knowledge sharing is a key aspect of CCF staff development and we will offer a range of opportunities that extend well beyond initial PPI induction and on-the-job learning. For example, this will include a series of lunchtime talks where we invite public contributors, researchers and others, who offer alternative perspectives and ways of understanding what PPI is and the difference it can make to research.

4. Integration: To ensure that patient and public involvement, engagement and participation are integrated strategically and effectively across the NIHR.

CCF is part of the NIHR PPI Senior Leadership Team, led by the [NIHR National Director for Patients and the Public in Research](#) that supports the development of PPI across and beyond the NIHR. The work of this Team includes delivery of recommendations from the [Going the Extra Mile](#) report. In 2017/18, CCF has responsibility for the development of the following two projects:

- we will continue our work with INVOLVE, Health and Care Research Wales, the Chief Scientist Office Scotland and the Public Health Agency in Northern Ireland to develop, launch and pilot [a set of national standards for PPI in England and Wales](#) with the aims of improving the quality and consistency of PPI in research. We will consult widely on a draft set of standards over the summer of 2017, launch them by the end of the year and test them out with a small number of groups and organisations during 2018
- following on from an [exploratory PPI impact workshop](#) in December 2016, we will also focus our attention on supporting the development of an NIHR-wide approach to assessing the impact of *Going the Extra Mile*.

5. Communication and accessibility: To raise public awareness of research, to encourage people to get involved and make research more accessible to the public.

The NHS Constitution created a pledge committing the NHS 'to inform you of research studies in which you may be eligible to participate'⁶. Working with colleagues across the NIHR, the CCF raises awareness of publicly funded research through the media, the NIHR website, newsletters, events and social media. We also signpost people to information about how members of the public can get involved in research, should they wish to do so, such as [Join dementia research](#).

We will take local action to support national campaigns that promote research and encourage people to consider how they might choose to get involved. For example, the [I am research](#) campaign (formerly 'OK to ask') both raises awareness of research and signposts the [UK Clinical Trials Gateway](#), which is an information resource about taking part in research. [Two sides of health research](#) is a new NIHR campaign that aims to make opportunities to get involved more visible and accessible to members of the public.

D. Working together

A small group of public contributors has worked with us to shape our strategic objectives and to align them with the NIHR's strategic goals for 2025 (see [Appendix A](#)). They have reviewed and improved both our [Annual Report 2016/17](#) and our Action Plan 2017/18. For example, by prioritising areas of work that build on knowledge and learning that CCF has gained in previous years. The group also identified projects that were highly unlikely to fit within the timescale, it encouraged the PPI team to be explicit about the need to plan for the unexpected, challenged the use of jargon and offered plain English alternatives.

Whilst our work focuses on the Department of Health and the NIHR, we actively seek to work with a wide range of organisations, groups and individuals, such as research charities, patient and community groups, the NHS, research funders, higher education institutions, research councils, industry and others. For example, the CCF PPI team regularly holds informal news and exchange meetings with colleagues in research charities.

We view working in partnership and collaboration across the NIHR and beyond as essential to ensure that:

- available resources are well targeted and used efficiently
- effective practice, knowledge and skills are shared and coordinated

⁶ The NHS Constitution for England: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

- unnecessary duplication is avoided
- working with public contributors makes a demonstrable difference.

E. Resources and capacity

This is an ambitious plan. We need to build some flexibility into how we go about achieving our objectives. Delivering previous plans has taught us that in a rapidly changing environment we will need to respond to unexpected opportunities and newly emerging organisational priorities.

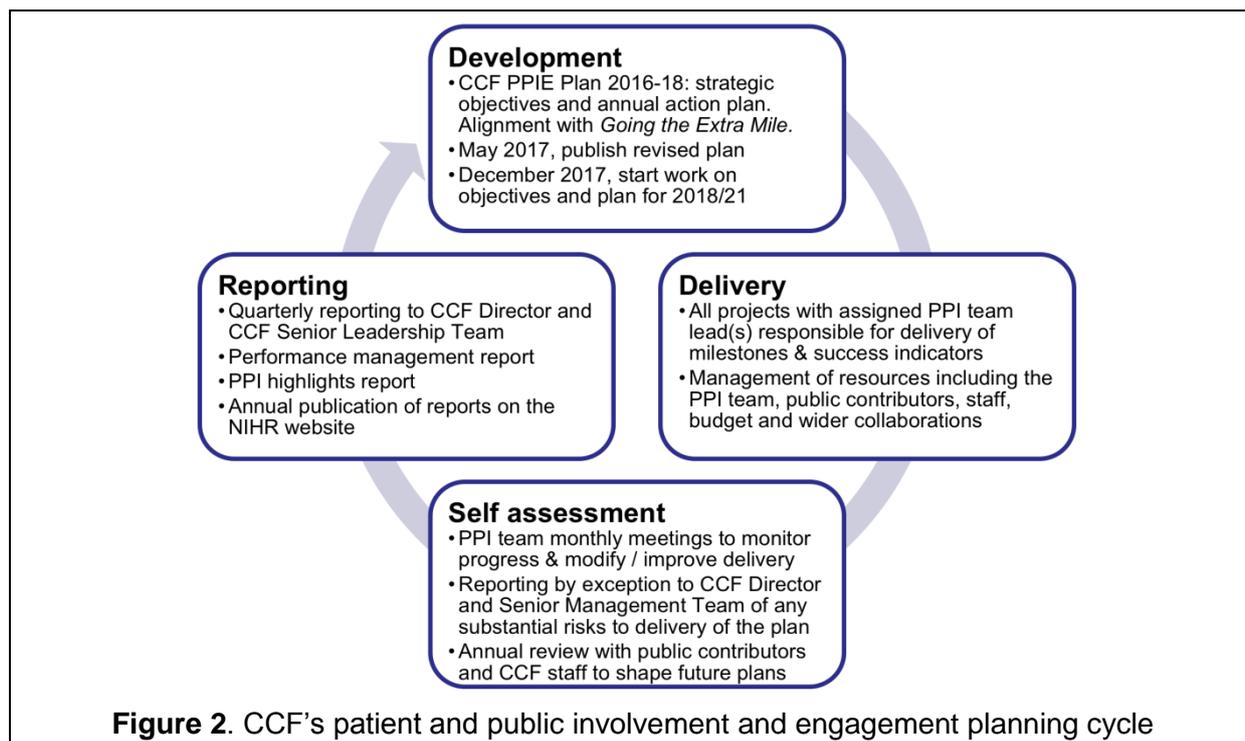
Our main focus is on delivering and improving our core activities, such as recruiting and supporting a large number of public contributors to provide reviews of research funding applications. However, we also need to have the capacity and resources to ensure that our work is fully integrated as part of a coordinated, NIHR-wide approach to involvement, engagement and participation. For example, this includes contributing to NIHR's [Push the Pace](#) project, CCF's involvement in the NIHR PPI Senior Leadership Team and our involvement in delivering a number of recommendations in *Going the Extra Mile* being led by others, such as:

- NIHR website (Recommendation 1)
- Organisational approaches to learning and development (Recommendation 4)
- Co-production (Recommendation 6).

At CCF, PPI is everyone's business. We plan, deliver, monitor and review capacity development for both staff and public contributors through delivering the [CCF Policy: Learning and support for PPI](#). All staff are expected to have or to acquire a depth of knowledge and understanding of PPI that is relevant to their role. We have a dedicated [PPI team](#) tasked with developing and delivering this Plan. For staff who have specific responsibilities for PPI in their own teams there is a [PPI Working Group](#) (see 3.2 in the Action Plan). CCF's public contributors are also critical to our success. In addition to the different insights and perspectives on research that they bring, they also offer a wealth of other knowledge and skills that make them valuable collaborators and critical friends. We will involve public contributors in developing and delivering all projects in the Plan.

F. Continuous improvement

In delivering our work we will promote a culture of continuous improvement. Our monitoring and review processes require us to regularly reflect on, learn from, report and implement improvements. Figure 2 below, briefly summarises our annual cycle.



In 2018, we will review and report on progress in delivering of our current Action Plan against agreed milestones and indicators of success. We will also conduct a wider consultation process as part of the development of our PPIE Plan for 2018/21.

G. Accountability

CCF submits all its PPIE plans and annual reports to the Department of Health and makes them publicly available on the [NIHR website](#). The CCF Director of Involvement and Engagement is accountable for delivery of this Plan and provides regular progress reports to CCF's Director and the Senior Management Team. The PPI team is responsible for day-to-day management and delivery of the Action Plan.

H. Further information

Please contact CCF's [PPI team](#) if you would like to know more about the Plan, if you are interested in helping us to deliver it or if you would like a paper copy of this or any of the other documents and reports that we have mentioned.

Email: ccfppi@nihr.ac.uk Telephone: 020 8843 8041
 Address: NIHR Central Commissioning Facility
 Grange House, 15 Church Street, Twickenham, TW1 3NL

Visit the '[Patient and Public](#)' section of the NIHR website for more information and [INVOLVE](#) provides extensive resources and support for PPI in research.

I. Action Plan 2017/18

Objective 1: REACH

To involve a diverse community of public contributors providing knowledge, experience and insight from a wide range of perspectives.

1.1 Young people

We will recruit and support public contributors with diverse knowledge and experience as patients and/or carers to review funding applications for the funding competitions and research programmes that CCF manages. In 2017/18, our focus will be on involving young people (15-25 year olds) in these activities. This is in response to work that we carried out and [reported](#) in 2016/17 to explore the diversity of CCF public contributors. Our [PPI highlights report 2016/17](#) also summarises this work.

Milestones and success indicators

- A. By end of August 2017, explore levels of interest amongst medical research charities to partner with CCF on developing a resource pack for involving groups of young people in reviewing funding applications.
- B. By April 2018, if partners identified (see A above), work with young people to develop and test a resource pack for involving young people as reviewers.
- C. By November 2017, develop and pilot a project with the Centre for Public Engagement with the aim of recruiting 20 or more young adults to get involved as public reviewers.

1.2 Panel members

We will recruit and support public contributors with diverse knowledge and experience to sit on advisory panels for the funding competitions and research programmes that CCF manages.

Milestones and success indicators

- A. By December 2017, recruit and support the induction of 10 public contributors as standing members of research programmes' advisory panels.
- B. By January 2018, review recruitment process: identify areas that work well and need improving by getting views and ideas from Chairs and/or Programme Directors, Programme Managers, public members, CCF support staff
- C. By February 2018, we will work with young people/adults and chairs of advisory panels to review our panel processes to develop and implement a young people/adults recruitment plan for 2018. With the aim of recruiting two or more young people/adults as panel members.
- D. During 2017/18, recruit, support and review the involvement of public contributors for the following competitions: MedTech and In Vitro Diagnostic Co-operatives, Nominations to the Advisory Committee on Clinical Excellence Awards, Research Design Service, UK Clinical Research Facilities Network, Collaborations for Leadership and Applied Health Research and Care, Policy Research Programme Units and Senior Investigators' competition.

1.3 Diversity monitoring

We will continue to ask all new public contributors who have completed [Reviewer Match](#) to complete an equality and diversity monitoring form. The anonymised data that people provide, gives us information about 'protected characteristics' such as age, gender and ethnicity. By collecting and analysing this data over a number of years, we can look for evidence of the impact of our recruitment activities. For example, currently we are focussing on recruiting young people (15-25 years old) as we have identified that very few young people are currently involved in our activities.

Milestones and success indicators

- A.** By April 2018, collect and analyse equality and diversity monitoring data, comparing it with data reported in 2015/16 and using it to target and prioritise our recruitment activities.

Objective 2: SUPPORT

To provide information, resources, learning and support that enables public contributors and CCF's staff to work together competently and confidently.

2.1 Policy Research Programme

Working with workshop participants, we will plan and deliver a learning and support workshop for the Policy Research Programme (PRP) that will bring together public members, the Chair of the Programme's Advisory Panel, programme managers and the PPI team.

Milestones and success indicators

- A.** By December 2017, participants have been successfully involved in developing and delivering the workshop for PRP, according to feedback from participants
- B.** By January 2018, the aims of the PRP workshop have been met, according to feedback from participants.
- C.** By March 2018, progress on any actions from the PRP workshop have been reported and followed up, as agreed by participants.

2.2 Centres and Facilities

Working with workshop participants, we will plan and deliver a learning and support workshop to support the development, delivery, monitoring and reporting of strategic and operational plans for involvement, engagement and participation in Biomedical Research Centres, Clinical Research Facilities and Patient Safety Translational Research Centres.

Milestones and success indicators

- A.** By July 2017, participants have been successfully involved in the development and delivery of the workshop, according to feedback from participants.
- B.** By August 2017, the aims of workshop have been met, according to feedback from participants.
- C.** By October 2017, progress on any actions from the workshop has been reported and followed up, as agreed by participants.

2.3 Trainees

We will work with the NIHR Trainees Coordinating Centre (TCC) to plan and deliver learning and support about patient and public involvement and engagement (PPIE) in research as part of a training camp for approximately 80 NIHR doctoral research trainees. With the aim of fully handing over support of the PPIE aspect of this event to TCC in 2018.

Milestones and success indicators

- A.** By mid-July 2017, support TCC in planning the PPIE agenda and recruiting public contributors to offer advice and guidance to the trainees at the training camp.
- B.** By end of September 2017, complete a review of the PPIE aspect of the event with TCC and complete the handover of PPIE in the event to TCC.

Objective 3: KNOWLEDGE

To contribute to developing and sharing knowledge about patient and public involvement, engagement and participation and to putting it into practice.

3.1 Monitoring and feedback

We will monitor and provide feedback to parts of the NIHR managed by the CCF, such as [Research Schools](#) and [infrastructure](#), on their progress in developing and delivering their strategic plans for patient and public involvement, engagement and participation (PPIEP). We will also encourage public contributors and PPI leads to explore different and more collaborative models of monitoring and feedback that could be developed NIHR-wide.

Milestones and success indicators

- A.** By October 2017, complete reviews of the PPIEP section of annual progress reports from over 100 NIHR infrastructure initiatives, schools and units.
- B.** By November 2017, compile and publish the PPIEP sections of annual reports submitted to the CCF as a method of highlighting and sharing effective practice.
- C.** From November 2017 to April 2018, meet with groups of PPIE leads to highlight and discuss successes, good practice and areas for improvement as identified in annual progress reports.
- D.** Throughout 2017/18, the PPI team to be involved in any visits made by CCF to parts of the NIHR managed by the CCF, such as Research Schools and infrastructure, where more knowledge and understanding of PPIEP delivery is needed.

3.2 CCF Working Group

We will support the development and coordination of PPI through facilitating an internal PPI Working Group. Every six to eight weeks, this brings together all the nominated PPI leads from across CCF (research programmes, infrastructure, communications, business support) to address issues of common interest, avoid unnecessary duplication of effort, exchange ideas, develop skills and share examples of good practice.

Milestones and success indicators

- A.** By April 2018, 80+% of members participating in meetings held.
- B.** By April 2018, 40+% of members participating in PPI Reading Club sessions.
- C.** By April 2018, the group will review its Terms of Reference to determine to what extent it is achieving its aims and if any changes are needed.

3.3 CCF Talks

We will organise a series of lunchtime talks about PPI focussing on topics of interest identified by CCF staff. We will invite researchers, public contributors, PPI leads with knowledge and expertise from other areas of the NIHR or the wider health research community to talk and answer questions about their PPI activities. The talks will also be advertised and open to CCF public contributors and PPI colleagues in other Coordinating Centres.

Milestones and success indicators

- A.** By May 2017, we will collect suggestions from CCF colleagues on topics that they would like to hear about.
- B.** By April 2018, we will run four lunchtime talks for CCF staff and offer the opportunity to other colleagues across and beyond the NIHR to attend.

3.4 Planning and reporting

We will publish an annual report that summarises our progress in delivering this Action Plan. We will also consult across and beyond the NIHR as part of developing our Patient and Public Involvement and Engagement Plan for 2018/21.

Milestones and success indicators

- A.** By July 2017, publication of our annual progress report.
- B.** Once available online, we will monitor the number of times our annual progress report for 2016/17 is accessed and downloaded during 2017/18 as a way of gauging reach.
- C.** By April 2018, we will consult on the next phase of our work and draft our next Patient and Public Involvement and Engagement Plan.

Objective 4: INTEGRATION

To ensure that patient and public involvement, engagement and participation are integrated strategically and effectively across the NIHR.

4.1 National standards

We will continue to work with INVOLVE, Health and Care Research Wales, the Chief Scientist Office Scotland and the Public Health Agency in Northern Ireland to develop, launch and pilot a set of [national standards for PPI in England and Wales](#). This project addresses Recommendation 2 in the NIHR's *Going the Extra Mile* report.

Milestones and success indicators

- A. By June 2017, finalise a set of draft standards and indicators for public consultation.
- B. Mid-June to mid-August 2017, promote and carry out a consultation on the draft standards with the expectation of receiving more than 200 hundred responses.
- C. By November 2017, working with the Research Design Service to analyse consultation responses and revise the standards and indicators.
- D. In November 2017, at the INVOLVE conference co-host a session updating and seeking further views on the standards and indicators.
- E. By March 2018, co-host a workshop for the organisations and groups that will be piloting the standards during 2018/19.

4.2 Data and impact

We will work with the CCF Impact Team and the NIHR PPI Senior Leadership Team to explore ways of identifying, capturing and assessing PPI impact in relation to the 10-year vision and strategic objectives set out in the NIHR's *Going the Extra Mile* report. We will also continue our work with other NIHR Coordinating Centres to document and share the [PPI routine data that we collect](#) and consider if/how the data could be used to assess impact and how more of this information could be put in the public domain.

Milestones and success indicators

- A. By September 2017, working with the CCF Impact team and the NIHR PPI Senior Leadership Team, develop a project plan to create an impact assessment framework for the introduction of national PPI standards in 2018 (see 4.1 above).
- B. By September 2017, work with other NIHR Coordinating Centres (CCs) to map and review all sources of PPI routine data collected by CCs, identify overlaps and consider if/how the data could be used to assess impact and how more of this information could be put in the public domain.
- C. By January 2018, establish a publicly accessible workspace for sharing the Senior Leadership Team's work on data sharing and impact.

4.3 Standardisation

Wherever possible we will standardise our processes and systems both within and beyond the CCF to make the NIHR and our PPI activities more accessible to potential public contributors, community groups, patient organisations, medical research charities and others.

Milestones and success indicators

- A.** By November 2017, develop a joint system with colleagues at NETSCC for recruiting new public reviewers.
- B.** By December 2017, as part of implementation of the revised Standard Application Form (SAF), we will review and update CCF's Reviewers' guide and Fees and expenses guide.

Objective 5: COMMUNICATION AND ACCESSIBILITY

To raise public awareness of research, to encourage people to get involved and make research more accessible to the public.

5.1 Digital engagement

Working with CCF's Communications team we will build on CCF's involvement in the NIHR Digital Engagement Group and continue to use social media and e-communications to raise awareness of research and support involvement, engagement and participation in research. We will also seek to align our work with two NIHR-wide strategies that are in development:
NIHR Communications Strategy
NIHR Digital Strategy

Milestones and success indicators

- A.** During 2017/18, we will support and promote the Two sides of health research campaign through a series of four 'behind the research' stories illustrating the impact of researchers and public contributors working together. Using and tracking our reach through social media, NIHR newsletters and other communication channels.
- B.** During 2017/18, we will develop a campaign to support and promote the involvement of younger people in NIHR research. This will be based around the Project/Activity 1.1 and 1.2 and again using and tracking our reach through social media, NIHR newsletters and other communication channels.
- C.** During 2017/18, at our office in Twickenham, we will continue to raise awareness of research and NIHR campaigns using a display screen that is visible from the street. We will canvas people's views on the value of information provided in this way.

5.2 I am research

As members of an NIHR-wide working group, CCF's Communications team will support the [I am research](#) campaign by managing I am research on Facebook and publicising the campaign via social media, newsletters, emails, staff meetings etc.

Also as part of the campaign the PPI team will work with the [NIHR National Director for Patients and the Public in Research](#) and the [Health Research Authority](#) (HRA) to commission a survey about public perceptions of research. The findings will provide a view on the range of opinions held by the public about health research and will also provide a measure of public awareness of the NIHR.

Milestones and success indicators

- A.** In May 2017, increased level of activity on Facebook compared to benchmark in 2016:
- B.** 500 page views = number of people who visited the page
- C.** 8,198 people reached = number of people who saw some part of the page content
- D.** 77 page likes = number of people who chose to endorse the page
- E.** 166 video views = number of times any videos linked to the page were viewed
- F.** By August 2017, survey data collection, analysis completed, communications plan developed and delivered with the HRA.
- G.** By July 2017, CCF will contribute to an evaluation of the I am research campaign.

Appendix A

How CCF’s Plan supports delivery of the NIHR’s strategic objectives for 2025

The [Going the Extra Mile report](#) followed an independent review of public involvement in the NIHR. It contains a vision, mission, strategic goals and principles which together aim to provide “a clear sense of direction for the next decade and to make transparent the purpose and intent of public involvement to all of the NIHR’s partners, but most especially to the public and researchers.” **Figure 1** below lists the six NIHR public involvement strategic goals.

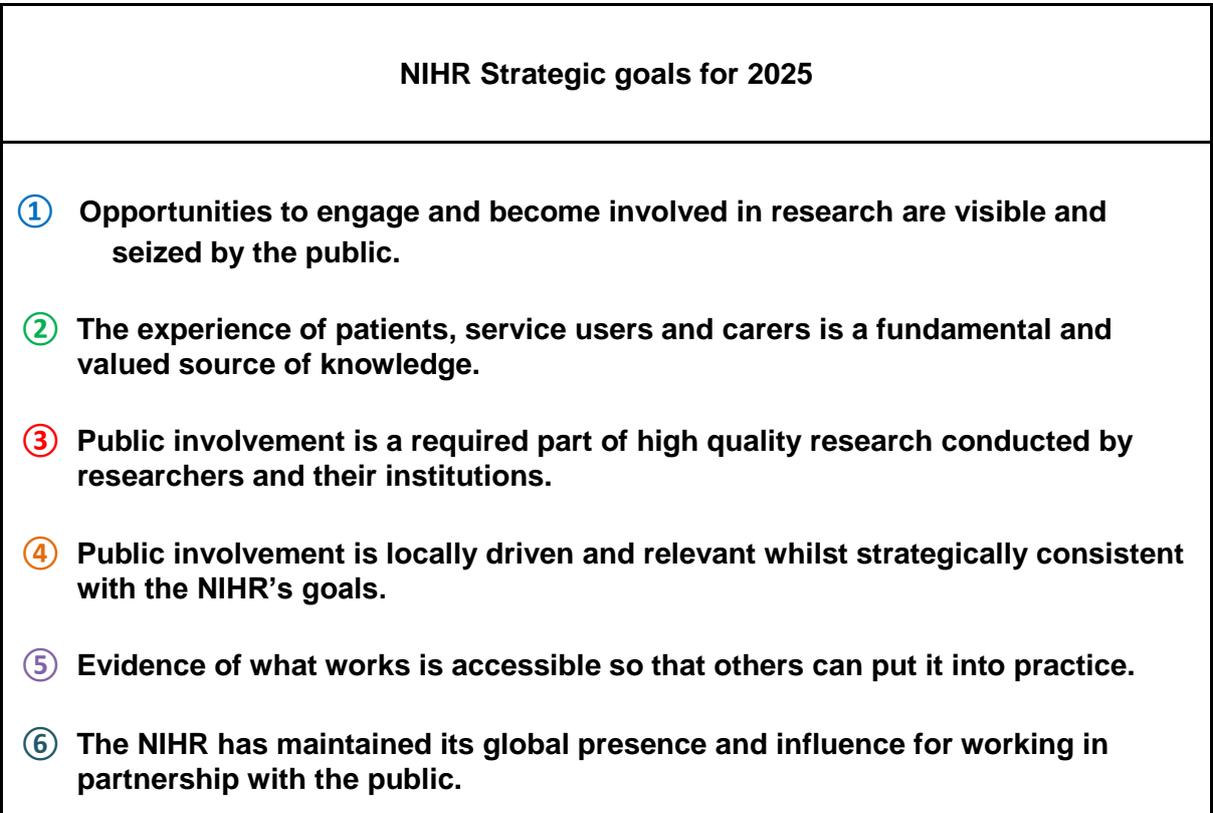


Figure 1. NIHR Public Involvement Strategic Goals for 2025

In developing our Action Plan for 2017/18, we have reviewed and aligned our activities with these NIHR-wide strategic goals. **Figure 2** below maps how individual projects and activities within the Action Plan will contribute towards the collective delivery of NIHR-wide strategic goals.

CCF Project Ref. No.	Strategic Objective ①	Strategic Objective ②	Strategic Objective ③	Strategic Objective ④	Strategic Objective ⑤	Strategic Objective ⑥
1.1	X	X		X	X	
1.2	X	X	X	X		
1.3		X		X	X	
2.1		X		X	X	
2.2	X	X	X	X	X	
2.3	X	X	X		X	
3.1		X	X	X	X	
3.2		X	X	X		
3.3		X		X	X	
3.4	X	X		X	X	
4.1	X	X	X	X	X	X
4.2		X	X	X	X	
4.3	X	X		X	X	
5.1	X	X		X		
5.2	X	X		X		

Figure 2. CCF Action Plan 2017/18 mapped to NIHR PPI strategic goals