Report of LIIPS working group meeting – 12/12/14

Summary

Thirty-seven people from six organisations met to develop the LIIPS model of working and to initiate the LIIPS network. The three workstreams of education and training, research and evaluation and service improvement all with a focus on improvement, innovation and patient safety were agreed. Criteria for the demonstrator projects were discussed. Detailed group work focused on what needs to happen next, what offers are available and what support is needed to develop the workstreams. A request for ‘commitments to action’ produced a great response and all will be followed up on. Feedback after the event offered helpful suggestions on prioritisation of tasks.

The LIIPS working group meeting held on 12th December was a great success with thirty-seven people from three NHS organisations (LPT, UHL, and West Leicestershire CCG) and three academic organisations (Universities of Leicester, Loughborough and De Montfort) in Leicestershire attending to help inform the development of LIIPS. Many others were not able to attend on the day but were keen to receive this report and contribute to the planning.

The aims of the meeting were to:

- Co-create LIIPS’ model of working for the pilot year
- Identify actions to make the model happen
- Initiate the LIIPS network

Mary Dixon-Woods was unable to join us, she sent a recorded presentation to remind us all of the importance and reasons for creating LIIPS.

A quick recap of progress so far was given using an adapted Pecha Kucha style presentation. Working descriptions of the aim of LIIPS, its working principles and draft demonstrator project criteria (appendix 1) were shared.
LIIPS
Our aim is to connect and share expertise, knowledge and support in service improvement across Leicestershire.

Working principles
• Shared purpose and values
• Openness and transparency
• Shared decision making
• Collaboration
• Learning
• Accountability
• Complementarity

LIIPS

It won’t be about
• taking over local initiatives (though it will be able to offer help where it’s needed)
• monitoring or managing performance
• duplicating work of other units
• doing the work of improvement for people – that will remain the responsibility of the organisations involved.
• taking over the responsibility for making improvement.
• a “free” service nor will it be unlimited in capacity.
• promoting or endorsing any particular method or approach for undertaking improvement, instead encouraging the most apt strategy for the problem being tackled.
• addressing issues that don’t (ultimately) have a bearing on quality of patient care?
Co-creating the model of working

Next was time focused on ‘co-creating the model of working’. The current thinking of three workstreams with demonstrator projects was shared and agreed. It was acknowledged that the initial model of working will need to evolve. Attendees were asked to discuss the questions below for each of the workstreams in turn. Sticky notes were added to the workstream flipcharts so as to build on the previous contributions. Each workstream then fed back on their top answers.

Workstreams:
- Education and training
- Research and evaluation
- Service improvement

At each work station answer the question

What needs to happen to develop this work stream?

Skills    Priorities    People

Resources

Full details of the suggestions are in appendix 2. Emerging themes include:

- Access to specific expertise – stats, health economics, measurement, evaluation, quantitative methods
- Access to expertise outside NHS and academic departments traditionally associated with health improvement including non-medical health groups
- Individuals need time to do improvement or help others to
- Capacity building
- Patient and service user involvement
- LIIPS needs to provide information and coordination
- LIIPS needs a business plan
- LIIPS can:
  - Set priorities/identify barriers to change/actively seek QI opportunities
  - Provide information repository/signposting
  - Enable networking/ partnering/ speed dating
  - Facilitate sharing of resources, expertise and learning– importing best practice
  - Support for permanent independent faculty
  - Showcase work and projects – celebrating & spreading success
After a festive break of mince pies and drinks (tea and coffee!) attendees were asked to go to the workstream that interests them most. Input was sought round the questions below with feedback to the whole group on the top three answers for each question.

**Developing the work streams**

1. **What can you / your organisation potentially offer?**
   - e.g. membership of work streams, key leadership role within it, expertise, demonstrator projects (criteria available)

2. **What support do you need to do so?**

3. **What do you want from LIIPS?**

Details of the suggestions are in appendix 3 with a summary of the feedback here.

**Education and training**

**What can you / your organisation potentially offer?**
- Access to students
- Academic framework
- Training the trainers
- Links with other non-health departments doing QI e.g. chartered quality institute

**What support do you need to do so?**
- Time!!!!
- Health economics impact assessment to show we have had an impact
- Patience and encouragement

**What do you want from LIIPS?**
- Credibility
- Transparency
- Coordination
- Permanent long term faculty
- Overarching badge for publishing and knowing how to teach QI at scale
Research and evaluation

What can you / your organisation potentially offer?
- Existing external networks
- Free support from RDS East Midlands
- QI expertise in various organisations
- Quantitative, qualitative and other methodologies to help evaluate
- Lots of patients and examples of good practice
- Lots of clinicians

There is a tension – initial resources are limited so focus on a small number of projects.

What support do you need to do so? and What do you want from LIIPS?
Not really explored but there is a tension in the criteria for the demonstrator projects – if resources are used to support a big project that delivers a quick win it might be at the expense of smaller projects.

Service improvement

What can you / your organisation potentially offer?
Each organisation has an improvement department - distributed leadership and the spreading of good ideas throughout the organisations.

What support do you need to do so?
Everyone needs more time. It will be a major undertaking to get people to volunteer more time.

What do you want from LIIPS?
LIIPS can offer connectivity. It needs a physical presence (an office, somewhere to go)
Needs to be looking at QI at scale, big cross organisational projects not small ones.

Additional point: Criteria for QI projects – what is the nature of the transaction between the person doing the project and LIIPS? What will LIIPS get out of it?

Commitments to Action

Finally attendees were asked to commit to some actions, either personal or organisational, which produced a great response of 33 separate commitments, including:

- Can advise on evaluation on measuring impact
- Case studies on delivering QI projects in practice via collaboration to create win/win
- Host placements/opportunities to work on improvement projects
- Raise awareness of UHL audit/QI training expertise that already exists
- Support in delivering training (materials created, etc.)
- RDS can circulate details of its work and free offer to members of this network
Full details are in appendix 4. These offers will be followed up on.

Feedback was sought after the event and is listed in appendix 5. Discussions at the event repeatedly focused on the need to have impact, both for each activity and for the unit itself.

Next steps

<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>When</th>
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</thead>
<tbody>
<tr>
<td>Share event report via LIIPS update email and LIIPS website</td>
<td>LIIPS admin team</td>
<td>By end of January 15</td>
</tr>
<tr>
<td>Report content used to inform discussions and plans</td>
<td>Core Development Group</td>
<td>23/1/15 meeting and subsequent meetings</td>
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<tr>
<td>Follow up on ‘commitments to action’</td>
<td>Workstream leads</td>
<td>January and February 15</td>
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<td></td>
<td>Core Development Group</td>
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<tr>
<td>Demonstrator projects selected</td>
<td>Core Development Group</td>
<td>By 2/3/15</td>
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<tr>
<td>LIIPS networking event</td>
<td></td>
<td>Spring 2015</td>
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</tbody>
</table>

If you have any questions or would like to discuss this report please contact LIIPS at LIIPS@le.ac.uk.

More information, including useful resources, on LIIPS available at http://www2.le.ac.uk/partnership/liips

APPENDICES

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<th>Draft demonstrator project criteria</th>
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<td>Co-creating the model of working – ‘What needs to happen to develop this workstream?’</td>
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<tr>
<td>Appendix 3</td>
<td>Co-creating the model of working - part 2</td>
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<tr>
<td>Appendix 4</td>
<td>Commitments to action</td>
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<td>Appendix 5</td>
<td>Feedback</td>
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Appendix 1 – Draft Demonstrator Project Criteria

LIIPS – criteria for demonstrator projects (draft) – part 1

The project
• will gain added value by working with LIIPS
• has anticipated improvement benefits clarified
• has clarified expected benefits of collaborating with LIIPS
• has identified and committed resources / key people with required skills, multi-professional
• involves at least 2 organisations
• crosses LIIPS work streams (ideally)
• has high likelihood of success (judged by added value LIIPS delivers, not necessarily based on success of the project)
• focuses on a local health priority
• will focus on improvement for patients (see definition of Quality Improvement)
• can be at any stage in the improvement process

LIIPS – criteria for demonstrator projects (draft) – part 2

LIIPS
• will gain learning to inform its development
• learning gained will identify the benefits of collaboration with LIIPS and be demonstrated within timescale (≈ 6 months)
• can resource the required support (knowledge, resources, coordination, sharing) with an identified lead
• [support offered involves staff from more than one organisation]
• learning capture process / approach is agreed

Support from LIIPS may be requested for any stage(s) of a project – inception to dissemination – as needed and not necessarily for all stages
### Appendix 2 – Co-Creating The Model Of Working – ‘What Needs To Happen To Develop This Workstream?’

<table>
<thead>
<tr>
<th>THINGS WE NEED TO KNOW</th>
<th>THINGS WE NEED TO BE/ESPOUSE</th>
<th>THINGS WE NEED TO HAVE/DO</th>
<th>THINGS WE ALREADY HAVE</th>
<th>OTHER SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where funding opportunities are</td>
<td>Develop experts in group to support PREMS</td>
<td>-Seminars &amp; workshops on measurement stats techniques</td>
<td>Existing networks to exploit (CLAHRC, AHSM, CAS)</td>
<td>Speed dating – getting to know who does what</td>
</tr>
<tr>
<td>Who embeds R&amp;E to drive change?</td>
<td>Help people to identify research and the methodology to use</td>
<td>LIIPS maintained portfolio/database</td>
<td>James Lind Alliance to set priorities</td>
<td></td>
</tr>
<tr>
<td>Where the expertise is</td>
<td>Facilitate dialogue between institutions (how can it look and learn and have industry improve quality)</td>
<td>LIIPS to coordinate the sharing of skills, priorities, people</td>
<td>Dragons Den</td>
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<tr>
<td>What are we trying to support – small frontline or big?</td>
<td>Paper lite process</td>
<td>Signposting</td>
<td>Match.com service to connect people</td>
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<td></td>
<td>Patient &amp; professional involvement</td>
<td>Access to Health Economics</td>
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<td></td>
<td>Agile group to develop applications</td>
<td>Resources – people, time, skills, access, grants</td>
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<td></td>
<td>Support for multi-organisational collaborative projects</td>
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<td>THINGS WE NEED TO KNOW</td>
<td>THINGS WE NEED TO BE/ESPOUSE</td>
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<tr>
<td>Capacity building</td>
<td>Research methods</td>
<td>Start small Competencies, Faculty, learning</td>
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<tr>
<td>Reinventing the wheel USP/mapping</td>
<td>Mapping exercise &amp; signposting</td>
<td>Space, assessment transparent</td>
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<tr>
<td>Educating/educators -Engage and empower</td>
<td>Prior investment</td>
<td></td>
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<tr>
<td>See diagram below</td>
<td>Resources, capacity and gap</td>
<td></td>
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</tr>
<tr>
<td>Educate everybody – undergrad (<a href="https://www.fmlm.ac.uk/sonia-panchal">https://www.fmlm.ac.uk/sonia-panchal</a>)</td>
<td>Practical projects</td>
<td></td>
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<tr>
<td>External resources</td>
<td>Social media – balance between standardisation and ??</td>
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<tr>
<td>Resources – develop career pathway supports grow own</td>
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<tr>
<td>Measuring</td>
<td>Buddying and sharing learning across organisations</td>
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<tr>
<td>Linked to other groups</td>
<td>PPI/informal carers/service users</td>
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<tr>
<td>Raising profile</td>
<td>Reward culture</td>
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<td>Business plan</td>
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The idea is that there are a core of active folk – the top 5%, a penumbra of well-informed supporting folk (15% should be!) and 80% of folk who are aware but not necessarily active.
<table>
<thead>
<tr>
<th>THINGS WE NEED TO KNOW</th>
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<th>OTHER SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Push or pull? Telling people to improve or coalition of the willing?</td>
<td>Embrace failure – learn lessons</td>
<td>Impact analysis (so what?)</td>
<td>KAIZEN TEIAN Improvement systems</td>
<td>Carrots: MDW prize for QI</td>
</tr>
<tr>
<td>Incentives? How to encourage people to contribute? Might be different for different professions</td>
<td>Active searching for QI</td>
<td>Evaluation</td>
<td>Commonality of problems</td>
<td>Proximity to generalizability</td>
</tr>
<tr>
<td>Leadership (training in service improvement) at all levels</td>
<td>Showcase improvements</td>
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<td></td>
<td>Champions to spread the word</td>
</tr>
<tr>
<td>Celebrate and spread success</td>
<td>Learn to speak a common language</td>
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<tr>
<td>Import best practice from wherever</td>
<td>Common systems and processes to use/network</td>
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<tr>
<td>Multi-organisational</td>
<td>Database of good practice &amp; expertise</td>
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<tr>
<td>Good examples of local change</td>
<td>Signposting &amp; examples of success</td>
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<tr>
<td>Place to take ideas and be encouraged &amp; supported</td>
<td>Identify barriers to change</td>
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<tr>
<td>Creating Networks</td>
<td>Enable conferences</td>
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<tr>
<td>Coproduction (PPI)</td>
<td>Course Awareness</td>
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<td></td>
<td>Spread within LLR</td>
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<td></td>
<td>Positive culture towards service improvement, ?job plan</td>
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</table>
Appendix 3 - Co-Creating the Model of Working

- What can you / your organisation potentially offer?
- What support do you need to do so?
- What do you want from LIIPS?

RESEARCH AND EVALUATION

<table>
<thead>
<tr>
<th>General Suggestions For What Is Needed Next/ Questions To Be Answered</th>
<th>Specific Offers Of Help Or Where Expertise Already Exists</th>
</tr>
</thead>
<tbody>
<tr>
<td>External networks/contacts</td>
<td>QI expertise at UoL</td>
</tr>
<tr>
<td>Focussed targeting of expertise</td>
<td>Qualitative methods at DMU</td>
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<td></td>
<td>CEPOC Cochrane delivery</td>
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<tr>
<td></td>
<td>Free support from RDS</td>
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<tr>
<td></td>
<td>Research Training &amp; Literature at DMU</td>
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</tbody>
</table>

EDUCATION & TRAINING

What can you / your organisation potentially offer?

- Educational theory exp. For underpinning interventions
- Access to service user/patient advisor groups: Education; Research
- Existing modules
- Training – psychology & human factors
- How to deal with underperformance
- Train the trainer workshops
- Access to students
- Academic framework
- Access to other non-health departments with expertise
- Examples of success & failures & learning
- Access to inter-professional education
- Funding applications at DARO (Development and Alumni Relations Office)
- Mentoring and Networking at DARO
- Developmental rather than performance management solutions
- NHS Change Day!
- Links to industry & chartered quality institute
- Leadership to take account of non-medical health care groups
- Must take account of all health care professions, patients & carers

What support do you need to do so?

- Getting people to engage
- Allocated time in job role
• Money! Access to facilities
• Time & resources (people, admin, stats)
• Sharing resources, expertise
• No time like the present
• Time & recognition of importance
• Health economics/financial analysis of learners’ QI projects
• Flexibility in staffing to release staff to teach & learn & attend forums
• Clearly outlined objectives of project
• Overt support of senior leaders
• Training the Boards so they understand QI?
• Need to measure impact
• Patience and encouragement
• Time released from senior management

What do you want from LIIPS?

• Support links to others – information
• Funding & links to fellows
• Provide credibility/framework
• Clarity, transparency, support
• Coordination
• What exactly does LIIPS want from me?
• Communication & feedback
• To be a permanent long-term faculty (independent of NHS reorganisation)
• ‘Team’ for presenting/publishing the work
• Framework for ‘next steps’ personal development
• To be in it for the long haul
• Sharing networking
• Write business cases and evaluate effectiveness
• Library of information
• Business plan - plans for future

SERVICE IMPROVEMENT

• Criteria for QI projects
• What is the transaction? LIIPS vs QI lead
• LIIPS physical presence
• Time commitment?
• Individually volunteering?
• Coordinating the expertise/signposting
• Who do we report to?
• Who will lead LIIPS QI stream
• Leads from each organisation
Appendix 4 – Commitments To Action

**Service Improvement**
Action: to share learning from failed endeavours in LRI children’s ED  
By when: on asking!

Action: share/link to Change Day team #100daysofchange  
By when: on asking

Action: Have a conversation in LIIPS about involvement in planning strategy and networks  
When by: March/April

Action: Support in developing and implementing healthcare infection prevention interventions  
When by: not answered

Action: I have some skills, knowledge and expertise in PPI that I could share  
When: now

Action: Case studies on delivering QI projects in practice via collaboration to create win/win  
By when: already published

Action: We have access to date on medicines use and prescribing. We have a large service that interacts with many areas in Trust and access interface that could identify areas for improvement and be involved in service improvement work  
By when: not answered

**Training and education**
Action: transcribe/transfer my quality improvement webcast into a more user friendly format for universal distribution  
By when: March 2015

Action: Host placements/opportunities to work on improvement projects in LRI children’s ED  
By when: early 2015

Action: to continue to link NHS & UOL. Identify current training and education in both  
By when: ongoing

Action: Provide a demonstrator project – social media

Action: Provide guidance and support the integration of non-medical groups to ensure a multi-professional approach  
By when: Subject to further details from LIIPS

Action: contribute to QI teaching (I am on RCPCH). Next course in Leicester on 12 May 2015

Action: Raise awareness of UHL audit/QI training expertise that already exists  
By when: ongoing

Action: Funding applications to improve revenue and therefore resources of LIIPS, e.g. staffing, running costs, website, training courses  
By when: Summer 2015
Action: Personal link to the CQI (thecqi.org) and its tutors. Link to regional CQI (industry) branch. Happy to be involved in education workstream.

Action: RDS are running a free course in Feb Turning Research Ideas into Proposals (TRIP)

Action: support in delivering training (materials created, etc.)
By when: when required

Action: Access to staff/student services/ service users/ particular advisor groups in nursing, midwifery, speech therapy, social work, psychology and business school
By when: can start this process now

Action: Advice on educational theory and scholarship
By when: available now

Action: Junior doctor perspective

Action: already teaching med students QI. Developing med students QI curriculum. Expertise in MCQI, CQP. Happy to help with workstream and BSc/MSc PT Safety too

**Research and evaluation**

Action: Provide a demonstrator project (or two)
By when: early 2015

Action: DMU-Explore possibility of drawing on ongoing activities from Doctoral Training Programme
By when: early Jan

Action: Happy to liaise provide topics/data for students to analyse, etc.
By when: early 2015

Action: Seminars about research methods

Action: I can recommend useful links for LIIPS website
By when: yesterday

Action: explore LIIPS with research within faculty

Action: RDS can circulate details of its work and free offer to members of this network
By when: next week

Action: Happy to collaborate via education& training and directly via SAPPHIRE

Action: Can advise on evaluation on measuring impact
By when: as required

Action: support/training in use of R (statistical software package) interrupted time series analysis

Action: time, network, energy. Some expertise (eval) specific project - urine
By when: Feb 2014
Appendix 5 – Feedback

Do you have anything you like to add to what was discussed at the meeting?

It is a clinician heavy group. Representation from other disciplines would be beneficial.

Having a clear and distinct agenda is important to distinguish from any other service offerings from within the system.

What do you think are the top three things that need to be done to ensure the success of LIIPS in year 1?

Identify demonstrator projects, commence database of expertise, identify funding outlets to ensure project is resourced with staff, learning facilities and equipment.

The unit needs to be sold to the trusts and institutes for buy in. Without buy in, some individuals will not be released nor professions represented to make things happen.

Advertise the potential benefits of LIIPS to ensure engagement, realistic aims, good momentum.

Clarify objectives, devise a realistic action plan, implement demonstrator projects.

Focus & cohesion of objectives, support with appropriate resources, ability to deliver - perhaps some early quick wins to demonstrate the units effectiveness (and then promote it).

Delivery or action on any undertaken activity. Ensured all members of the LIIPS event have a consistent idea about the role of LIIPS in year 1 and beyond. Put in the infrastructure to maintain and sustain the virtual network, without which the concept as I understand it will disappear

Any other comments or suggestions about the establishment of LIIPS?

The concept is a positive one with definite benefits if embraced, but we need to formulate a clear direction quickly so as not to lose interest. It is difficult to create momentum when we don't know where we're going with this.

Network of support throughout the system.

Money

Clarity over who is who, who does what, etc.

Clarity and conciseness as to what LIIPS does NOT do as well as reinforcement of what it does do.
Do you have any additional actions you / your organisation can offer?

I would like to be part of the group looking at education.

I have explained the resources that the Research Design Service can provide.

Academic expertise in systems thinking, expertise in change management and lean related operations improvement from the industrial sector

A programme of work using an educational intervention to improve patient safety where like-minded individuals who want to come together can do, and work on an aspect from their disciplinary interest area such as implementation science or knowledge mobilisation through to education or quality improvement.

Other thoughts / comments / suggestions offered at the event

Could sign post to resources at low cost but make sure expert time is not diluted.

Focus on high impact work.

Is there a clear objective around capacity building?

UoL Development and Alumni relations – help attract philanthropic support (i.e. funding) to help establish LIIPS as a physical, sustainable entity within the Centre for Medicine.

If you have any questions or would like to discuss this report please contact LIIPS at LIIPS@le.ac.uk.

More information, including useful resources, on LIIPS available at http://www2.le.ac.uk/partnership/liips

22nd January 2015