The meeting was attended by representatives from the University Hospitals of Leicester (UHL), Clinical Commissioning Groups, Leicester Partnership NHS Trust, University of Leicester, Loughborough University, De Montfort University and included PPI representation.

The meeting was chaired by Professor Graham Martin (University of Leicester) with the help of Professor Susan Corr, Head of Research and Development, Leicestershire Partnership NHS Trust and Dr Damian Roland, Consultant (Children’s Emergency Medicine), UHL and Honorary Senior Lecturer Leicester University. Susan and Damian will be co-leads for the interest group.

CONNECTIONS AROUND TOPICS AND INDIVIDUALS

After introductions and discussion about what each individual hoped to gain from the meeting and what improvement, innovation and patient safety topics interested them, the meeting split into
three groups to discuss the topics that had been identified as areas of common interest which might lead to project ideas: service user involvement; health and wellbeing of older people; translation and impact of research.

Service user involvement discussion
There is a requirement from funders to involve PPI throughout the research process from concept to dissemination. The PPI representative at the table reported that there are PPI groups who meet regularly but who feel underused and could be more involved in a number of research activities including advising on how to support people in self-help programmes, recruiting trial participants, setting research priorities and providing patient perspectives throughout the research project. Researchers may not always know how to include PPI in their research, and research language and terminology can be a barrier to effective PPI participation.

LIIPS could provide a resource to introduce researchers to PPI groups and signpost other resources such as INVOLVE, SUCRAN research process at DMU and the James Lind Alliance. Workshops on PPI might be useful.

Older patients discussion
The group discussed how LIIPS might interact with other initiatives in the area, most notably the proposed Leicester Academy for the Study of Ageing (LASA), which involves De Montfort University, the University of Leicester, Leicestershire Partnership Trust, University Hospitals of Leicester, Age UK and others. It was agreed that there were synergies in this area, with LIIPS' interest in building on local good practice and innovation, and LASA's brief for developing a programme of high-quality research on health and social care for older people, highly complementary. More broadly, working to improve the quality and safety of healthcare in general can have particular benefits for older people, as the largest patient group and one that is often subject to comorbidities, and therefore at greater risk of harm from sub-optimal care.

Translation & Impact discussion
Discussed the issue of feeding back the results of research in order to make a difference or to have an impact. Challenges include lack of an established process for feedback of research findings to those who need to use the findings and also to those who helped in the research. The need to provide the findings in an accessible (one pager) format was stressed. Work needed to look at the whole system flow of evidence.
Suggestion - identify one piece of research and make it meaningful for each component and level (from patient to chief commissioner) in the health system i.e. which this means for you.

Other general comments about the role of the Research & Evaluation Group
- The role of the group is not to evaluate LIIPS itself – an evaluation has already been commissioned by East Midlands Patient Safety Collaborative.
- The group might consider mapping research & evaluation activities in the geographic area and finding out what the concerns of the provider organisations are and what the impact of research and evaluation could be. The LIIPS Steering Group will be asked to discuss how the
priorities of partner organisations might feed into LIIPS’ work at their strategy meeting later in the month.

**PROCESS FOR COLLABORATIVE BIDDING**

Details were circulated about The Health Foundation’s Innovating for Improvement programme which provides funding up to £75,000 for ‘proof of concept’ projects (and which is likely to issue a call for proposals later this year). The application form asks for three things: a problem, a putative solution and a plan for how the funding would be used.

Each table was asked: how could LIIPS facilitate an application to this scheme? How could LIIPS add value? Ideas were jotted down on post-it notes.

<table>
<thead>
<tr>
<th>LIIPS R&amp;E group could help with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature and scoping reviews</td>
</tr>
<tr>
<td>Peer review of applications</td>
</tr>
<tr>
<td>Feasibility advice</td>
</tr>
<tr>
<td>☑ professionals</td>
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<tr>
<td>☑ technical experts</td>
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<tr>
<td>Independent evaluation</td>
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<tr>
<td>Provide templates/examples of successful applications</td>
</tr>
<tr>
<td>Dissemination and publication</td>
</tr>
<tr>
<td>Project facilitation</td>
</tr>
<tr>
<td>☑ novel collaborations</td>
</tr>
<tr>
<td>☑ maximise resource</td>
</tr>
<tr>
<td>☑ maximise input</td>
</tr>
<tr>
<td>Identifying relevant team members with the relevant profiles</td>
</tr>
<tr>
<td>A forum for identifying themes and interests for a bid</td>
</tr>
<tr>
<td>Being ready to roll and respond to short deadlines for applications</td>
</tr>
<tr>
<td>Facilitating patient and public involvement</td>
</tr>
</tbody>
</table>
Identifying and developing skills in measurement
Developing criteria and principles for selecting a good project
Prioritising lots of brilliant ideas
Social media as a means of sourcing solutions
Facilitating “weak ties”
Facilitating assembly of team and conversations that need to take place
Facilitating sandpits etc. to identify suitable innovations
Facilitating a pilot or testing of the intervention before submission
LIIPS R&E should not do:
Project management
Write the grant

General discussion about what LIIPS could do to support bids for funding
LIIPS should complement what RDS does.
There is information overload – LIIPS could signpost to key information like funding opportunities, deadlines etc.
It should sponsor and assist one promising bid for funding.
Take care not to become too elitist – clarity is required about what the funders are looking for and how LIIPS can help the bid.
LIIPS will not be able to support every bid and will not prevent people from applying or triage applications before submission to the funders.
Catalogue successes and share them so that others can see what a successful bid looks like.
LIIPS can help to spot gaps in expertise, methodology etc.
LIIPS support for a bid can be provided at 3 levels:
- Providing information and signposting
- Informal advice at the start of the process
- Find the right horse to back
The Health Foundation fund improvement projects, not research – LIIPS can help to understand the distinction

**REVIEW OF THE ROLE AND PURPOSE OF THE GROUP**

The role and purpose of the group was originally envisaged as:

**The role of the group is to:**
Lead the development of Research and Evaluation in the context of LIIPS in consultation with the Core Development Group (and other LIIPS Groups).

**The purpose of the group is to:**
- Develop Research and Evaluation by building on the existing resources and good practice locally and beyond.
- Act as a resource for advice and guidance within LIIPS and across the core partner organisations
- Generate enthusiasm, interest and action
- Build relationships internally and externally
Collect and collate the learning, including from the demonstrator projects, and communicate this to other parts of LIIPS and beyond

Lead a demonstrator project focused on the area but involving at least one other

The following changes were suggested:

- The group should facilitate rather than lead the development of research and evaluation in LIIPS
- References to demonstrator projects can now be dropped, and the last bullet point could be adapted to refer to supporting bid to a major funder.
- The purposes are too generic – make them more specific such as: host a forum for identifying collaborators and sharing information; facilitate structures for putting together bids; ensuring bids are the best they can be before submission.
- There are a mix of aims and objectives – be more specific about what ‘generating enthusiasm’ means e.g. to generate bids and what ‘building relationships’ means
- What are the measures of success – what metrics could be used?

The following should remain:

- The Core Development Group (CDG) was there to operationalise strategy and the relationship with the CDG was needed to coordinate activities with other LIIPS groups (such as Education & Training) and avoid silo working.

The following points were made for clarification:

- The role was concerned with research and evaluation of improvement and of projects, not of LIIPS itself.

**NEXT STEPS**

- A draft report of the meeting will be circulated.
- The revised role and purpose of the group will be circulated.
- Emails will be shared amongst the group and with some people who were unable to attend this meeting but would like to be involved.
- A two hour meeting will be arranged in the next 4–6 weeks to talk about a possible bid to a funding organisation e.g. The Health Foundation.