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To:	Trust Board										
From:	Kevin Harris, Medical Director										
Date:	25 September 2014										
CQC regulation:	As applicable										
Title:	The Leicester Improvement, Innovation and Patient Safety Unit (LIIPS)										
Author/Responsible Director:	Dr Kevin Harris – Medical Director										
Purpose of the Report:	To inform the Trust Board of a new local collaborative initiative - LIIPS										
The Report is provided to the Board for:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 40%; text-align: center;">x</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td style="text-align: center;">x</td> </tr> </table>			Decision		Discussion	x	Assurance		Endorsement	x
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Assurance		Endorsement	x								
Summary / Key Points:	<p>Following extensive scoping a collaborative unit between the NHS and academia focused on Improvement, Innovation and Patient Safety has commenced its first year in a pilot form.</p>										
Recommendations:	<p>To endorse and support this new initiative.</p>										
Previously considered at another corporate UHL Committee?	<p>Quality Assurance Committee</p>										
Board Assurance Framework:	Performance KPIs year to date:										
Improving and maintaining quality											
Resource Implications (eg Financial, HR):	Commitment of UHL staff time to the project										
Assurance Implications:											
Patient and Public Involvement (PPI) Implications:											
Stakeholder Engagement Implications:	Wide stakeholder engagement with the project has been undertaken										
Equality Impact:											
Information exempt from Disclosure:											
Requirement for further review?	Update in 6 months										

UHL Trust Board paper – September 2014

The Leicester Improvement, Innovation and Patient Safety Unit (LIIPS)

Background

A comment made that we are “missing a trick here in Leicester”, sums up the missed opportunity for linking together the great improvement work, energy and enthusiasm that exists locally. There are many enthusiastic and well trained individuals across the NHS and academia but there is a need to coordinate and integrate better to obtain the best value.

The idea of a collaborative unit was first raised three years ago and discussions between the University Hospitals of Leicester NHS Trust (UHL) and the University of Leicester (UoL) have followed. During the past year it has become clear that there is a critical mass of expertise and enthusiasm for setting up such a unit now. At the same time there has been a greater national focus on improvement and safety following publication of key reports (Berwick, Keogh, Francis etc.). As such it was felt now was the right time to initiate such a collaborative unit (LIIPS).

Scoping stage

A Steering Group, with senior representation from UHL and UoL, met in March this year and initiated a scoping study to include a wide range of people across a number of disciplines and organisations. The study aimed to identify the level of interest and support for the concept of the unit and to ask what the unit should focus on and provide. Forty six people interviewed locally across the NHS and academia gave a consistent message of support. The perceived offers and benefits of participation differ depending on the organisation and individual but are complementary. Findings included that the unit should focus on the interlinking facets of service improvement, research and evaluation and education and training all in the context of improvement and patient safety. LIIPS should work to strengthen integration and alignment of these facets within and across the organisations. The unit should provide support in terms of knowledge, resources (not direct funding), coordination and sharing / networking. LIIPS should aim to build on the ongoing good work and maximise use of current resources allowing more to be done, better, all within existing resource. In addition, LIIPS should increase resource obtained from external funders by enabling greater agility through maximised collaboration, increased preparation and prior awareness of opportunities. For example, the Health Foundation ‘Scaling up Improvement’ programme offers over £3million to support seven project teams each year. The first round opened in May 2014 and had a maximum application window of 6 weeks which was too short for many interested staff. Knowledge of the timing of future rounds and opportunities will allow preparation ahead of such calls, increasing quality and quantity of applications.

The findings of the scoping exercise were shared at a successful stakeholder engagement event held at LRI Clinical Education Centre on June 23rd. Seventy four people attended from academia (Leicester, De Montfort and Loughborough Universities) and the NHS (University Hospitals of Leicester, Leicester Partnership Trust, CCG and HEEM - Health Education East Midlands).

Plans

The plan is to develop LIIPS in two stages. The first stage is a developmental 'piloting' year from September 2014. During this year the governance structure, business and operating models will be developed and tested and will include consultation on how best to involve patients and the public. Knowledge will be gathered and shared through two knowledge banks. The first will focus on ongoing improvement work including by undergraduates, trainees and staff. The second will identify staff and their relevant skills and experience which they are willing to utilise and share. Demonstrator projects will help inform how LIIPS should function and will identify the added value that LIIPS offers in the pilot year and its future potential. Learning gained in this year will inform the final operational model.

Provided stage one is successful, the second stage commences with a full launch of the unit in September 2015 to coincide with the opening of the Centre for Medicine at the University of Leicester and new courses on quality and safety.

Some principles

Although there is much to test and develop there are some things that are known. The unit will provide support, coordination and collaboration and will not take over local initiatives and will not have accountability or performance management or monitoring responsibilities. Participation requires explicit contribution to the unit with anticipated benefits for all partner organisations.

Supporting key local initiatives

There has been discussion on how LIIPS could support important local improvement initiatives such as implementing actions from the 'Learning Lessons to Improve' report and possibly the Better Care Together programme. This is the subject of ongoing discussion with the leads for those programmes.

Next steps

The Steering Group meets on 29/9/14 to discuss and agree the governance structure and core partners for the setup year. Working groups are being formed to focus on the development of specific aspects and to lead the demonstrator projects.

Conclusion

The formation of LIIPS, a collaboration of NHS and academic partners, offers timely and much wanted and needed additional support to enable staff to improve the quality of care and increase patient safety in our community.

The Board is invited to endorse this approach.