AGENDA ITEM 2.2.

LEADING IMPROVEMENT IN PATIENT SAFETY (LIPS)

Executive Lead: Nurse Director

Author: Quality and Safety Improvement Manager joy.whitlock@wales.nhs.uk
Phone 029 2074 5099

Financial impact £70k

Quality, Safety, Patient Experience impact – aim to enable teams to deliver improvements throughout the UHB.

Healthcare Standard Number: Standard 6, Participate in quality improvement activities. Standard 7, Safe and Clinically Effective Care.

CRAF Reference Numbers
5 - Operational and Clinical Excellence - High quality services will be delivered sustainably through a committed and engaged workforce which meets targets within available resources.

10 - Benefits Realisation - To realise benefit in everything that is done through a culture that drives delivery and improvement at the required pace.

Equality Impact Assessment Completed: Not Applicable

RECOMMENDATION

The Committee is asked to:

• NOTE progress and future plans of LIPS

SITUATION

Leading Improvement in Patient Safety (LIPS) forms a critical pillar of delivering Organising for Excellence (O4E). The aim is to build capacity and capability to lead and deliver improvements aligned to the quality and safety agenda in Cardiff and Vale University Health Board (UHB).

Cohort 1 was completed in July 2014 with over 100 delegates working in clinical teams on 23 improvement projects.

114 people working on 18 projects commenced Cohort 2 in September and will finish with a celebration event on 19th December. Invitations to join Cohort 2 extended to all teams across the UHB. In addition to clinical teams we currently have delegates from estates, facilities and corporate nursing services.

Cohort 3 is in the planning stage which we aim to run from the end of March to July 2015. Teams with senior leaders are already requesting places.
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Significant investment has been made by the UHB in terms of funding the LIPS 8-day programme and enabling staff to attend. A return on investment is predicted in terms of delivering safe, effective, efficient, timely and person centred services.

BACKGROUND

Previous large scale improvement programmes failed to engage effectively with managers and senior clinical staff who are critical to delivering sustained improvements.

The LIPS programme has been developed by the steering group by combining content from a variety of other tried and tested programmes including the all-Wales Improving Quality Together (IQT) silver level, leadership and safety sciences. It is aligned to support the delivery of UHB and Clinical Board improvement priorities.

ASSESSMENT

The LIPS programme is evaluating well. Evidence comes from the written evaluations at the end of each session and sustained enthusiasm and attendance at all 8 days of the programme. Comments include the benefit of time and team networking and building opportunities to make the improvements along with the content and delivery of the programme. Delegates have promoted the quality of LIPS resulting in teams with very senior leaders requesting to join cohort 3 before it has been advertised.

Some changes have been made to cohort 2 specifically to the Human Factors and Reliability days 6 and 7 to improve the content and delivery. Further improvements will be made for the delivery of cohort 3 taking in to consideration the quality of the programme and the cost of delivery.

There is interest from other organisations in our LIPS programme not least from Public Health Wales 1000 Lives which is developing a wider team based working approach to improvement.

There are some significant predictions in financial savings from some of the cohort 1 projects. For example:

- Radiology - Reducing cancelled procedures = improved use of resources, improved patient experience, reduced Inpatient Patient length of stay. Estimated savings £34,000 pa.
- Nephrology and Transplant – reduced line infections. Each infection costs about £8,000. Potential annual saving £120,000
- Cardiac wound infections - Potential £192,000 per year saving
- District nursing team - Cost of pressure damage varies from about £1000 for grade 1 and £10,000 grade 4 – most cost is nurse time. Estimated 4% of NHS budget.
Ongoing support and team feedback is required to increase the probability of delivering and sustaining improvements. Some teams have benefitted from additional coaching on which diagnostic and improvement tools to use, measurement, analysis, planning and generating ideas.

Cohort 1 requested another event to share their progress and learn from others. This is still to be negotiated.

Return on investment will need monitoring. The Committee will be informed of progress via regular progress reports.