

Report Title	welearn: creating a learning focused organisation		
Sponsoring Executive	Kam Dhami, Director of Governance		
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Meeting	Trust Board	Date	7 th February 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board considers that we are not yet outstanding at sharing learning inside our organisation. We do many of the things done by others, but cannot satisfy ourselves that we have a culture of curiosity and innovation commonly across our teams. This is important to safety and fundamental to the quality improvement work we wish to do. Meanwhile, this cultural shift is being promoted nationally through major projects like the National Patient Safety strategy. I append material in annexes that we have previously considered. The project group to oversee implementation will start work in February and will be supported initially through the wider executive which will focus on these issues over the next 100 days.

The Board should consider:

- Is it sufficiently clear how learning will be distilled and prioritised centrally?
- Are we confident that our sharing models are comprehensive and cover all learning styles and parts of the Trust?
- Is the Board agreed on what success looks like over six, twelve and eighteen months?

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

Private Board January 2019

4. Recommendation(s)

The Trust Board is asked to:

- a. **APPROVE** the programme outlined
- b. **COMMIT** to receive the implementation plan in April 2019
- c. **EVALUATE** implementation formally at the October 2019 and February 2020 Board meetings

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register						
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y	X	N	If 'Y' date completed	Mar 19
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 7th February 2019

welearn: creating a learning focused organisation

1. Background and purpose

- 1.1 The Trust has made varied attempts to address cross organisational learning over recent years. Our longstanding *Learning Alerts* branding remains used by the Governance team. We adopted a formal model of learning in 2015/16. We introduced QIHD time in that same year, with a shared learning topic, and an accreditation programme. Page 3 of Heartbeat is, or was, devoted to learning and lessons from our quality programmes. In 2018/19 we altered TeamTalk and introduced there a chance to share best practice, under a *Learning from Excellence* strapline.

Despite this work, we have consistently taken the view that:

- i. We cannot be confident or assured about structured **learning dissemination**
 - ii. We lack certainty that we are succinctly **capturing learning** from error or excellence
 - iii. We have not made **a virtue of curiosity** and a want to learn among our teams
- 1.2 **welearn** is, therefore, our latest attempt to try and mobilise the Trust to tackle these deficits. Our QIHD **welearn** Poster competition in November 2018 began to create an awareness of this theme. It tapped into energy and excitement about improvement work taking place across the Trust, and showed what we could do to share that output. The QIHD theme for January's meetings then sought to pick up peoples' learning from those 65 posters.
- 1.3 With Group Directors present, we discussed this approach at the private Trust Board four weeks ago, and spent time on it within the Executive away day ten days ago. The Clinical Leadership Executive in February will devote time to fine-tuning the programme. In the short term (the set up phase) it will be governed weekly through the Executive core group which is leading both this work and **weconnect**. This paper outlines the mobilisation for 2019/20 and recognises both the scale of the ambition and the challenge of finding space for this.

2. Three key ideas

- 2.1 Attached at **Annex A** is the working paper that the Board debated a month ago. We raised the question then about the learning from prior attempts to stimulate learning: We asked the question – which step has not worked before? This paper presents our approach to each of three key steps:

- What should be known? In other words what is the learning?
- How best should it be shared?
- Is it making a difference? Or rather how do we ensure impact?

a. Distilling the learning:

The Trust collects and collates an enormous amount of information about quality of care. All Board members will recognise that we hold data on inputs, outputs and outcomes. We have both our own comparative peer groups and nationally mandated efforts to compare our work to others. Model Hospital, Dr Foster, GIRFT, or HEE accreditation, are just some of those programmes.

In addition to data, we assess all sorts of soft intelligence sources, which can give us an indication of excellence and certainly an insight into perceived error. This would be evident from complaints, compliments, incidents, and risks. As we move to a more pathway focused set of care models, we can also compare what happens to what we intended would happen. This would be routine practice in some other industries, many of which have led the way in creating improvement approaches.

Presently, we bring this together formally through the IQPR, and we sub-set other data through products like our ward dashboards at Performance Management Committee, or through the governance packs that drive the Executive Quality Committee (EQC).

What we need to do is to become smarter at how we do three things:

- Simplify national datasets to identify our improvement opportunity
- Synthesis internal data to identify our improvement opportunity
- Create time for our employees to share their insights into the improvement opportunity

The first is being addressed through the work of the Performance and Insight team, led by Dave Baker. The majority of the second opportunity sits within the governance unit. The third of these needs is to be addressed by ensuring that our QIHD work reaches its potential.

From April, the Governance team will take responsibility for coordinating, on not less than a monthly basis, a distilled Learning Pack for our organisation, probably to be divided into our clinical groups. This will be the product of discussion across the EQC leadership team and cover all three improvement opportunities listed.

It will not be a product which focuses on identifying error, though the identification of both excellence and error form part of the pack, but on confirming the Lessons Learned which teams will be invited to apply where they work. Lessons Learned may take the form of:

- things that must be done or

- questions that each service must ask itself.

From October we will be expecting directorate teams to produce their own **Gems**. It is these that represent the local learning to augment the central pack. Taken together the **Corporate Monthly Learning Packs and the local GEMs will** represent the minimum we want to be known in an area. Only by being this overtly structured do we believe we can begin to help the organisation to develop the curiosity and insight that our ambition requires.

Underpinning this work, with the relocation of the corporate Governance teams to Sandwell in June, is the creation of a *routine learning wall* within the new space. This will bring together the knowledge of our complaints, litigation, purple point, and effectiveness teams, but also needs to be a resource for corporate nursing and the medical director's function. In time the learning wall may become virtual and more widely visible, but we will begin habit forming with a low-tech model which tries to learn from what goes awry.

The second new step to support this work will be the formation of a structured *Learning from Excellence portal*, modelled on successful work at the Birmingham Children's Hospital. This aims to identify glimpses of brilliance and other insights into what worked well, partly for the purpose of thanking those involved, but mainly as a source of learning which could be more widely shared and adopted in the organisation.

Finally, we are looking again at how best to use *the skills of our Clinical Effectiveness function*. The Clinical Audit programme for 2019-20 will be developed in a similar manner to the Internal Audit programme, and the time of the team will be devoted to projects which can offer detailed learning to specialties or the wider organisation. On a not less than quarterly basis the function will contribute specific learning to the wall and develop a much more visible link between national audit outcomes, local re-audited outcomes and outcome improvement. This link will then be important in considering how our Improvement Team's resource may be deployed from Q3.

b. Sharing the learning

It is self-evident that our approach must both push and pull knowledge to our colleagues, and has to reflect learning preferences and styles among those employees. We need to meet the needs of enthusiasts, make learning easy, and also for a small minority make it an obligation even where it is resisted.

Bearing in mind that aim, and feedback received to date we will be taking 12 key approaches as follows:

- (i) To scale up further existing successful methodologies

All of our work will be grounded in the **Quality Improvement Half Day** work we have developed since 2015-16. Accreditation and participation monitoring will give us much greater visibility of the impact achievable through this approach. The learning pack and *GEMs* are intended to help us to make our shared learning topics much more precise.

More than 1000 employees have signed up already to **MyConnect**. Especially using Push notification, this represents an important platform through which to share documentary, animated and video content.

Our **welearn posters** have been a major success. Their deployment across our sites will start shortly. In April we will renew our call for entries for the November 2019 contest as we look to make developing posters a more year round activity within the organisation.

Especially for Consistency of Care, we made significant use of the **Listening into Action** approach. It is well known and highly regarded brand for staff. We will look to create an 'on the shelf' capability to support such work, potentially in collaboration between the governance, OD and improvement teams.

(ii) To 'corporatise' and support some well-loved but under used approaches

Our organisation already benefits from a series of moments and events which provide an opportunity for learning. Typically these occur in some parts of the Trust or are only known to some employees. We will work with existing adherents and advocates to grow the 'brand' of these approaches and ensure each Group is able to make good use of them. The approaches proposed for this are:

- **Schwartz rounds:** The Board is familiar with this approach which promotes reflective learning through informal case discussion. We have renewed our approach and will look to make site-based events a fixture of our calendar.
- **Video reflexivity:** This approach was helpful to addressing team dynamics in theatres around Never Events, and is an 'off the shelf' option which we will create and widely advertise. This will be supported by case studies.
- **Big Room:** This is another collective discussion approach but with a data orientated focus. We will look to make directorate or pathway events a fixture of our calendar.
- **Grand Rounds:** This is a case study and presentation format which attracts trainee doctors and specialist nurses as well as consultants. We will be creating video shorts for wider sharing and leafletting these events, as well as providing free lunches.
- **Handover/huddle:** These are the mainstay of much clinical communication on a day to day basis. Work is commencing anyway to look at standardisation of best practice, and an itinerary of such handover moments will be created. From October we will look to have one handover message a week which is passed "as a whisper" through our organisation.
- **Simulation:** The Trust has a tradition in this field, notably for medics. We have invested for 2019-20, and will create a capacity to deploy 'reactive' simulation to specific issues or learning requests from July.

(iii) To create some new approaches at scale during 2019-20

Our Learning Alerts brand has to date been paper based. We will develop it in two complimentary ways during 2019-20. Firstly to create physical display areas within our sites focused wholly on this brand, as a resource to staff. But secondly, we will develop

an e-alerts system to push specific content to employees through both email and mobile technology.

We are looking to create a Learning Hub or portal through which we can store a library of knowledge associated with the whole welearn programme. Delivery timetables are only an estimate at this stage, and we are exploring products, but we would expect to have the Hub in place during 2019-20.

c. Evaluating the learning

It is difficult to estimate how best to approach this issue until the content of the Learning Pack and the *GEMS* are identified over the coming year. However, in assessing whether welearn has been effective, we shall consider in Year One:

- Achievement of the changes outlined at (a) and (b) including the scale of participation under (b) and the spread across our six Groups.
- In-year questionnaires of employees both within and outside **weconnect** asking their sentiments and for their ideas
- Accreditation evidence in Q4 2019-20 for the QIHD programme
- Penetration of ideas from packs and *GEMS* into the **welearn** November 2019 poster competition
- *Evidence requested of all employees in their 2020 PDR, where we would expect each individual to be able to outline one changed practice through learning over the prior year. This approach is used within VA in the USA.*

In November 2019 we will return to the Board with an impact assessment proposal for January-June 2020, based on the work undertaken in the first eight months of the coming year. This will seek to identify at least five key results areas where we have identified the need for either widespread knowledge or significant change and show how success in that need can be evidenced in 2020.

3. Recommendation

3.1 The Trust Board is asked to:

- a) **APPROVE** the programme outlined
- b) **COMMIT** to receive the implementation plan in April 2019
- c) **EVALUATE** implementation formally at the October 2019 and February 2020 Board meetings

Kam Dhami
Director of Governance

26th January 2019