Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

Report Title	**we**learn implementation plan 2019-20		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance		
Meeting	Trust Board	Date	6th June 2019

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

The Board has agreed to prioritise this programme on organisation wide learning, which is "soft" launched more widely at the Leadership Conference. It is recognised that this work will take more than a single year to embed, but that we can get all of the key components of the programme in place during 2019-20. Leadership roles are being appointed to support the programme and sustain after initial implementation.

The Board may wish to consider the implementation plan and comment on which facets of work it considers most important. As with **we**connect, our employee engagement plan, we are trying to balance bottom up and top down learning. As with our work on productivity and efficiency, a key enabler to learning will be the creation of time in the working life of individuals and teams to participate and engage. Our 40 hours per year of QIHD time is a significant investment and needs to be well used. As we re-examine mandatory training necessities and approaches we may release time in the organisation for more developmental learning.

Near misses have been a feature of Board discussions, and QIHD in May focused on proposals from teams about how they wished to approach this topic – with both clinical and non-clinical teams getting engaged. That will be assimilated into the **we**learn programme and presented to the Quality and Safety Committee at the end of July. At this stage we are not proceeding with ideas to 'pay' for reported near misses, but we will review that position later in 2019-20 in light of experience.

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

Safety Plan	x	Public Health Plan		People Plan & Education Plan	x
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	x

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

January and February 2019 Trust Board meetings

4. Recommendation(s)

The Trust Board is asked to:

a.	**ACCEPT** the planned implementation approach outlined
b.	**RECOGNISE** that the work is resourced within our 2019-20 budgets
c.	**CONFIRM** the role that the Board itself wishes to play in this work

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

Trust Risk Register						
Board Assurance Framework	x	SBAF 5				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
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: 6th June 2019

welearn implementation plan 2019-20

1.   Introduction and background

1.1   **we**learn is a key enabling programme for the organisation over the next two years. It arises directly from our own self-assessment against the Care Quality Commission KLOEs, undertaken in late 2018. The programme recognises the distinctive scale of our QIHD endeavours and the impact and enthusiasm generated by our QIHD poster competition. In looking to go further we identified that we needed to make progress on:

- What needed to be learnt, noting the wealth of learning material already available (**Annex 1**); and
- How it was shared

In considering what needed to be learnt we were clear that this included learning from excellence as well as from error, and sharing good practice drawn from national programmes like GIRFT and from in particular our audit programme.

1.2   It is too early in the development of our alliance partnerships for us to merge our efforts with those in primary care. We will work through with our three practices in H2 how their learning time and the QIHD process are integrated or aligned.

1.3   The **we**learn programme is the dominant feature of the June Leadership Conference, as we look to give directorates and Groups chance to influence how the programme comes to life, whilst being clear that there are certain fixed points. The programme will go forward alongside our work on policy dissemination, which will create a policy portfolio for each employee where they are personally prompted to look at the policies that best apply to their role. The facets of the welearn programme are illustrated in **Annex 3**.

2.   Implementation deliverables

2.1   ***Annex 1 sets out what is to be done by when***. It arises from a series of working group meetings held since March to socialise the work agreed with the Board. That, as the response within Group Reviews, has illustrated considerable enthusiasm for the programme. It will be important to balance pushed central learning with shared local learning. It will also be important that the programme incorporates Human Factors work as well as more factual knowledge. There remains work to do to develop that strand of the programme with a view to deployment in 2020-2021. Some neighbouring organisations, including UHB, have well developed projects in this field from which we will seek to learn. Our own simulation reputation is strong and the Board invested further in that in 2018-19.

2.2 It is clear from QIHD work, and from our poster work, that a proportion of employees are hugely committed to the learning offer that we have. A small number have bypassed by it, through work pattern, and a smaller number still may exempt themselves from the opportunities presented. During Q2 we will work through within the Clinical Leadership Executive the balance of voluntary-ism and compulsion needed and the consequences in support of the latter. The Board and CLE have previously decided that 8/10 session per annum attendance at QIHD by consultants was mandated and that will be reported and enforced during 2019-20.

2.3 Evaluation was covered in the prior Board paper and will progress as outlined. For existing nodes of delivery like QIHD our evaluative focus in now largely qualitative. For other strands such as Schwartz rounds and simulation quantity over the coming year will be an important step. It is recognised that this work must operate in tandem with the Optimisation project that sits behind the Unity deployment.

3. Programme governance

3.1 The Clinical Leadership Executive will be the responsible body for this programme. Monthly reports will be provided from June as a standing item to that meeting as we work to make this topic routine business for leaders and managers in our Trust. A core team will meet fortnightly until the end of 2019, and the governance team have been restructured to release weekly dedicated time to support the programme.

3.2 We will update the Board not less than quarterly on the work being done. The paper provides for stocktakes at the Board which will now take place in December 2019 and March 2020, which is two months behind the schedule previously advised. Board members will be involved, as last year, in the QIHD poster competition which is timed to be part of the December Board meeting.

3.3 In addition to the oversight role that the Board will wish to play, we will want to set a cultural tone around organisational learning. That must include permission to try and to fail, or to experiment. We need too to set an expectation around data and evidence in how we work, if we are to ensure that the learning that becomes part of how the Trust operates is grounded with some rigour.

4. Recommendations

4.1 The Trust Board is asked to:

 a. **ACCEPT** the planned implementation approach outlined
 b. **RECOGNISE** that the work is resourced within our 2019-20 budgets
 c. **CONFIRM** the role that the Board itself wishes to play in this work

Kam Dhami
Director of Governance
30th May 2019

Annex 1: welearn implementation plan
Annex 2: Existing SWBH learning material
Annex 3: The **we**learn platform

welearn Programme Deliverables

To be achieved by September 2019:

Programme element	Planned work	Status
1. **QIHDs**	a. Support all QIHD team to reach their potential and recognise this through **accreditation**. Applications submitted are currently being considered by the Executive. Non-responders are being targeted through the Group triumvirate and progress monitored at the bi-monthly Group performance reviews. All QIHD teams are to gain accreditation by March 2020 [at entry level, bronze, silver or gold]	**A**
	b. Increase overall QIHD **participation** from the 1200 colleagues typically attending to 2000 by the end of March 2020. A more robust method of capturing attendance is being developed.	**A**
	c. Review **Consultant attendance at QIHDs** against the requirement for them to participate in 8 out of 10 half-days per annum. All elective work is cancelled during these sessions so the opportunities to take part have been made available. Agree a process for addressing persistent non-attendance.	**R**
	d. Capture and **communciate widely the feedback gained** from the monthly shared learning topics and the quality improvement work undertaken within directorates.	**A**
2. **QIHD poster contest**	a. Deliver the 2019 **QIHD poster contest**, which launches on 24th June 2019 via Heartbeat, TeamTalk, Staff Communications and the July QIHD. The presentation ceremony is being held on 5th December 2019.	**G**
	b. Follow-up the 2018 shortlisted entries to check on the progress with their **quality improvement projects**, and share the learning. Encourage the deployment of QI approaches across the Trust.	**A**

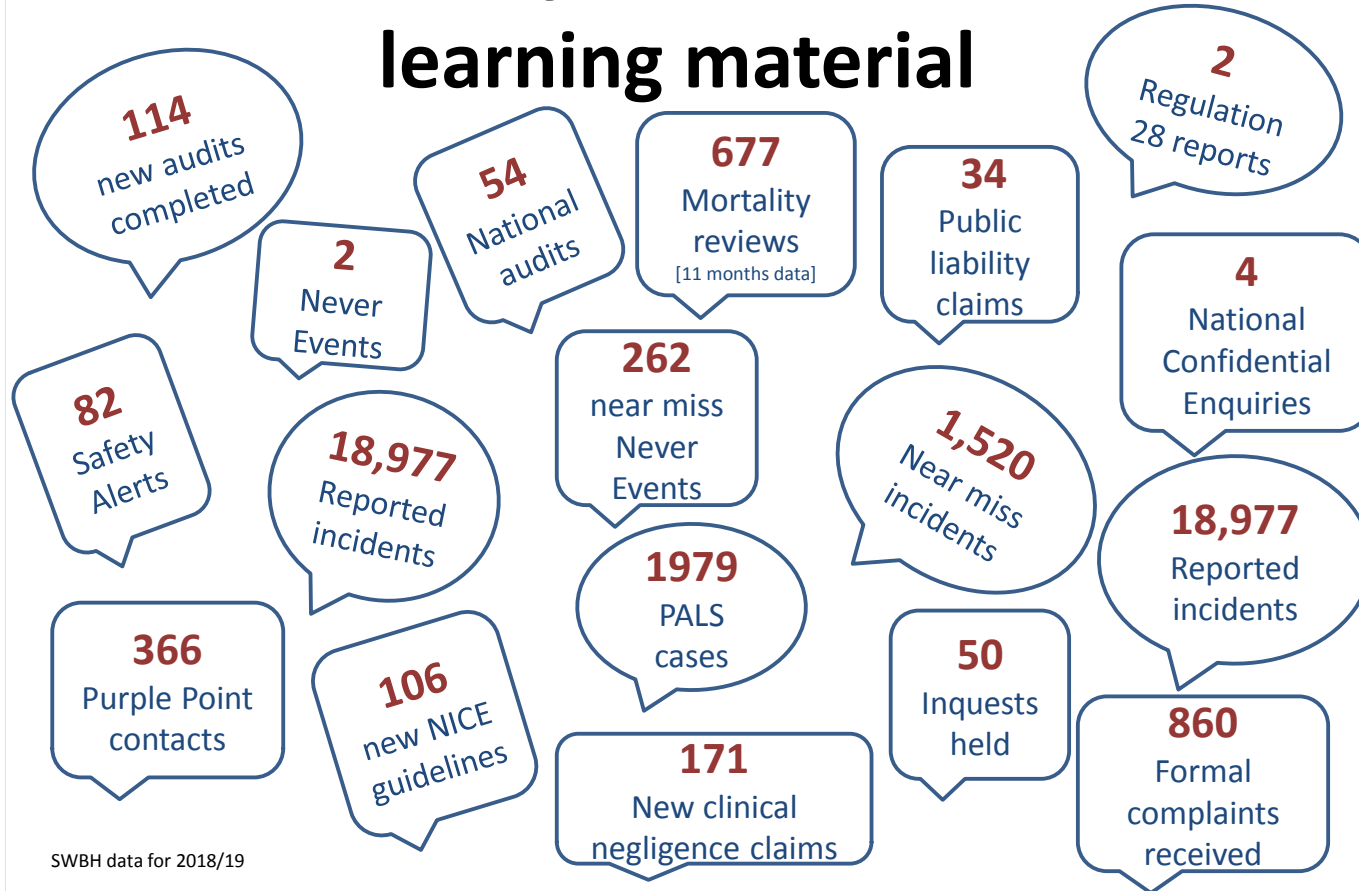| Programme element		Planned work	Status
		c. Identify 2018 Posters to put forward for national awards.	A
3.	**Clinical Audit**	a. Clinical Groups to agree their **2019/20 Clinical Audit Plans** and put forward for approval to the July Clinical Leadership Executive. 222 Group or Local priority audits [arising from incidents, complaints, re-auditing] are currently registered on Safeguard (our internal audit database). Multi-professional time will be devoted to projects which can offer detailed learning to specialities or the wider organisation.	A
		b. Increase the **visibility of National Audits** within the organisation to learn from the findings. The Trust is currently registered to participate in 61 National Audits There is mixed knowledge across directorates, Groups and the Board of the findings from these national audits and limited evidence that changes result where current practice is shown to fall below acceptable standards. All external links for the National Audits will now communicate with the corporate Clinical Effectiveness Department, not just the Consultant in the relevant speciality, who in turn will liaise with clinical Groups.	A
		c. Develop a programme of work to **audit the improvements made,** or otherwise**,** in response to the CQC's inspections findings. This will provide assurance to the Board of the successful delivery of implementation plans.	R
		d. On a note less than quarterly basis, the Clinical Effectiveness function will contribute specific learning to the Wall (see below) and develop a much more visible link between national audit outcomes, local re-audited outcomes and outcome improvements.	
4.	**Learning wall**	Create a **Learning Wall** within the relocated corporate Governance Department, planned to open in September 2019. This will bring together the knowledge from complaints, Purple Point, litigation, incidents, surveys, clinical and internal audits, and make it easily accessible to colleagues.	R
5.	**Learning pack**	Produce a distilled monthly **Learning Pack** for the organisation, divided into Clinical Groups. This will cover three improvement opportunities: simplifying national datasets, synthesising internal data and creating time for	A

	Programme element	Planned work	Status
		employees to share their insights. The learning pack will focus on confirming the lessons learned which teams will be invited to apply where they work. A prototype pack is under development and will be 'tested' on the clinical groups, in the first instance, to gain some feedback.	
6.	**GEMS**	Develop the **GEMS** concept and the supporting material to enable directorates to begin collecting their GEMS in order to achieve the target of 25 each year. The working definition is that a GEM represents valuable learning that gives rise to a solution which directly improves outcomes.	R
7.	**Learning from Excellence**	Adopt the **Learning from Excellence** approach, modelled on the work at Birmingham Children's Hospital that aims to identify glimpses of brilliance and other insights into what worked well, for the purposes of thanking those involved but mainly as a source of learning which can be more widely shared and adopted across the organisation. Discussions have already taken place with BCH and other organisations that have adopted this model. The Trust has piloted LfE in a few departments and established the electronic system required to support the reporting.	A

By December 2019

	Programme element	Planned work	Status
8.	**Learning portal**	Create a Learning hub or portal through which we can store a library of knowledge associated with the whole **we**learn programme. Delivery timetables are only an estimate at this stage as we are exploring products, but we would expect to have the portal in place during 2019-20	R
9.	**Sharing approaches**	Work with adherents and advocates to grow the 'brand' of some existing approaches that provide opportunities for learning, namely: Schwartz rounds, Video reflexivity, Big Room, Grand rounds, handover/huddles and simulation. The first step is to scope the work of each approach to properly understand how they operate before deciding how best to maximise impact.	R

	Programme element	Planned work	Status
10.	**Listening into Action**	The Listening into Action approach is well known and a highly regarded brand for staff. The plan is to create an 'on the shelf' capability to support such work, potentially in collaboration between the Governance, OD and Improvement teams.	R

We already have a wealth of learning material

114 new audits completed

2 Regulation 28 reports

54 National audits

677 Mortality reviews [11 months data]

34 Public liability claims

2 Never Events

82 Safety Alerts

18,977 Reported incidents

262 near miss Never Events

1,520 Near miss incidents

4 National Confidential Enquiries

18,977 Reported incidents

366 Purple Point contacts

106 new NICE guidelines

1979 PALS cases

50 Inquests held

860 Formal complaints received

171 New clinical negligence claims

SWBH data for 2018/19

The welearn Platform

What gets in the way of our learning:
Knowledge: Of all the things we need to know what really matters
Time: We are busy doing what we have always done how we have always done it
Opportunity: How do we create easy learning in styles that vary to fit

Knowledge : what to learn

Learning Pack

- Centrally generated monthly
- Hard data
- Soft intelligence
- External reports
- Clinical / internal audit
- Management view

Time and opportunity

Learning from Excellence

- Modelled on BCH approach
- Identify glimpses of brilliance and other insights into what worked well
- Praise those involved
- Share and adopt across the organisation

welearn

Sharing

- QIHDs, myConnect, QIHD Posters, LiAs
- Schwartz rounds
- Reflexivity
- Big Room
- Grand Rounds
- Handover
- Simulation
- E-learning
- Learning portal

Learning GEMS

- Representing local learning to augment the central learning pack
- 25 GEMS per directorate p.a.