

Report Title	welearn: creating a learning focused organisation – programme update		
Sponsoring Executive	Kam Dhami, Director of Governance		
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Meeting	Trust Board (Public)	Date	2 nd April 2020

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

This paper outlines the progress taken to date in relation to the **welearn** programme. The past four weeks has seen the organisation-wide launch of learning GEMS, with **welearn from excellence** being formally introduced across the Trust in April 2020. These initiatives, together with the development of a learning pack, have been prioritised for delivery by the end of May because they are seen as core elements in providing the focus on learning that is desired.

The current challenges faced by the organisation in dealing with COVID-19 will inevitably impact on the time available to staff to devote to learning. The thinking behind the design of the **welearn** programme is to not place additional burden on colleagues but for the learning opportunities to emerge from our everyday business.

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 the next 12 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?]*

Quality and Safety Committee: 27th March 2020

4. Recommendation(s)

The Trust Board is asked to:

- NOTE** the progress made in relation to the priority **welearn** programme deliverables
- CONFIRM** bi-monthly sight of the scorecard by the Quality and Safety Committee will provide adequate assurance of programme delivery
- EVALUATE** implementation of the **welearn** programme formally at the October 2020 and February 2021 Board meetings

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

Trust Risk Register	x				
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: 2nd April 2020

welearn: creating a learning focused organisation – programme update

1. Introduction or background

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 the same year, with a shared learning topic, and an accreditation programme. Page 3 of heartbeat 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 the *Learning from Excellence* strapline. Whilst our Board self-assessment for the CQC Well-Led framework remains 'requires Improvement' for this domain, we suspect the CQC see these efforts more positively.

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 contest 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.

1.3 With Group Directors present, we discussed this approach at the private Trust Board, and spent time on it during an executive away day. The Clinical Leadership Executive, in February 2019, devoted time to fine-tuning the **welearn** programme. The commencement of Claire Hubbard in the newly created post of Deputy Director of Governance: Knowledge and Learning has provided the programme with the direction and momentum needed to drive the key organisation-wide deliverables.

1.4 This paper revisits the **welearn** model agreed and discusses the mobilisation and progress made to deliver the priority areas in advance of the Leaders' Conference in June, namely **learning GEMS**, **Learning from Excellence** the **Learning Pack**, and **sharing** methods. The approach for evaluating that learning is taking place across the organisation will be included for further discussion.

2. The welearn approach

- 2.1 Attached at **Annex A** is the **welearn** programme model developed following Trust Board and Clinical Leadership Executive discussions in 2019. The approach focuses on the key principles of '**knowledge**': what to learn, and '**sharing**': time and opportunity.
- 2.2 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.
- 2.3 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.
- 2.4 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).
- 2.5 At Trust Board, in February 2019, we identified that the **welearn** programme would allow the organisation to become smarter at:
 - Synthesis of internal data to identify our improvement opportunity
 - Create time for our employees to share their insights into the improvement opportunity

The **welearn** programme pulls together the learning opportunities from across the Trust, building a culture that is open to change and improvement; one that is curious, ambitious, does not simply accept the status quo and upholds the promises.

3. Knowledge: what to learn

- 3.1 **welearn GEMS** were formally discussed at the Leadership Conference, June 2019. Leaders from across the organisation participated in discussion and debate as to the importance of learning and sharing the knowledge to generate overall improvement, whether that is to experience, engagement or outcomes.
 - 3.1.1 The QIHDs, on 13th March 2020, saw the Trust-wide launch of **welearn GEMS**, with learning being available in the learning GEMS store and accessible to all staff. Each directorate will identify a minimum of 25 GEMS per annum, equalling 2 to 3 valuable pieces of learning per month. The Directorates submit their potential GEMS, via a bespoke email address, with information to meet the certification requirements. These are:

• Colour:	The story
• Clarity:	The doing
• Cut:	The spread
• Carat:	The benefits

- 3.1.2 Each GEMS submission will pass through a quality check, prior to going for final certification with a bespoke multi-professional panel. Upon certification, Directorate's will be awarded a certificate, whilst the GEMS appear in the learning GEMS store on Connect. They will also be celebrated within Heartbeat, and via the Trust Quality Improvement welearn twitter page.
- 3.1.3 GEMS will emerge from a variety of sources, for example incidents, complaints, feedback, and risk. To support the emergence and sharing of GEMS, and to enable staff to feel confident in identifying what could be done differently, the Trust will be providing quality improvement (QI) training.
- 3.1.4 The first learning GEMS panel will be sitting in April 2020, and all activity will be captured in the **w**learn scorecard, discussed within section 5.
- 3.2 The **Quality Improvement** Academy, Walsall Healthcare NHS Trust, has been approached to deliver QI Fundamentals study days within the Trust. These study days are QSIR accredited, and can accept up to 30 attendees. The initial dates are being planned for the second half of June 2020, however we acknowledge that these may need to change dependent upon infection control and public health advice and guidance. The benefit of having staff trained in QI approaches is the generation of a culture that identifies improvement opportunities more readily, with a skill set and knowledge base that can be shared with others.
- 3.2.1 As an organisation, we are entering into a reciprocal agreement with Walsall in lieu of any charge for the training. The benefits are already being felt with joint working to support an event around QI in anaesthesia and intensive care at Manor Hospital.
- 3.2.2 As part of this agreement, Trust staff will also have the opportunity to attend a more in-depth course which will enable them to progress to become QI trainers. This would subsequently allow the Trust to become self-sufficient in meeting an anticipated growing demand of QI training requirements.
- 3.3 **w**learn from excellence, based on Learning from Excellence, a concept of appreciation developed at Birmingham Children's Hospital (BCH), has been available within the Trust for a number of years. The approach was to gently introduce the idea through select teams, followed by the introduction of the Learning from Excellence slot at TeamTalk. The use of excellence reporting has gradually expanded through the **w**connect Pioneer Teams.
- 3.3.1 The observation of the Learning from Excellence reporting to date has been:
- The overlap between positive Shout-Outs and Learning from Excellence
 - Lack of identifiable learning within the excellence reporting

- Staff wanting a portal to express their gratitude and appreciation
- 3.3.2 The current process for excellence reporting is via our Safeguard. Access to this requires a member of staff to: 1. log on to a computer, 2. click on Connect, 3. click on corporate systems, 4. Click on Safeguard, 5. Log on to Safeguard, 6. Select Excellence Reporting from the left hand column, 7. Complete the form. Currently a monthly range of Learning from Excellence submissions range from 10 to 100 per month. The latter number has been the result of one single team on the Pioneer programme.
- 3.3.3 The principle of **welearn** from excellence is to positively report examples where staff have done something that has made a positive impact. It is appreciation of what they have done, and identification that learning can take place from the event and be shared; therefore doing more of what we do well.
- 3.3.4 To enhance ease of reporting, the Governance and Communication teams has been collaborating to identify a one-click approach. The questions asked reflect those that have been implemented by the Learning from Excellence team at BCH. A visit has been arranged for April to discuss any challenges faced when introducing excellence reporting and any learning that can be shared.
- 3.3.5 To support the introduction of positive reporting, the **welearn** from excellence model will also introduce IRIS (**I**mproving **R**esilience, **I**nspiring **S**uccess) events, which are the reverse of SIRIs (**S**erious **I**ncident **R**eport **I**nterview). An IRIS meeting will focus on a **welearn** from excellence submission which identifies learning that can be shared widely across the Trust. This learning will be shared through learning packs, the Connect page, and GEMS. Staff involved may also receive a Shout-out or star of the week nomination, alongside the formal recognition from **welearn** from excellence. **Annex 2** demonstrates the flow from Shout-outs through to Learning success.
- 3.3.6 **welearn** from excellence will be formally launched within the Trust on 20 April 2020, however submissions can still be received via the existing route from Safeguard. This approach adds emphasis and value to what is done well, changes questioning to a positive experience, and enables others to learn from what has gone well.
- 3.4 The **Learning Pack** is evolving as **welearn** becomes enwoven in the fabric of who we are, how we learn, and how we respond, change and improve. The learning pack will require the commitment of different sources to streamline our data and to enable it to become meaningful learning for us as an organisation. The timeline for delivery is to be agreed in collaboration with partners required to build this platform. An update will be available in May 2020.

4. Sharing: time and opportunity

- 4.1 **Quality Improvement Half Days (QIHD)** have been an underpinning factor to growing a culture of curiosity and learning since their introduction in 2015. This protected time for learning has become embedded into SWB's way and is valued by the teams participate each month. The time is now right to build on these well-established foundations and take QIHDs to the next level.

- 4.1.1 The QIHD on 13 March saw the launch of not only **wel**learn GEMS but also issuing of the QIHD league table. QIHDs now appear within on a list identifying their accreditation status from Gold to non-league. The accreditation process spans entry level to Gold, with non-league teams having submitted no evidence that they use the protected time to meet.
- 4.1.2 The accreditation process requires QIHD teams to submit a form which evidences that they meet, maintain records, have a quality focus, and as they progress through the levels, that they have identified QI projects and have delivered against them. Silver and Gold accreditations present to an Executive panel, where cross-specialty conversations, patient engagement and public involvement are expected. Bronze submissions are validated and approved by the Head of Clinical Effectiveness.
- 4.1.3 Each QIHD team has been tasked with becoming accredited to a minimum entry level by 30 April 2020, to ensure that the protected time remains available for learning. Having been rated bronze for a couple of years, and based on the QI Poster entries, an increase in the number of Silver rated QIHDs is expected over the next few months, with some Golds possible.
- 4.1.4 Increased structure is being developed for the QIHD programme, with annual planning for the mandated shared learning topics each month. There will be earlier distribution of data to ensure planning and preparation. Additionally, there is renewed rigour to ensure that the attendance sheets and outcome reports are received, being made available for sharing on connect.
- 4.1.5 Following the expected increase in accreditations, the next stage is to confirm multi-professional attendance is evident; suggestions to take QIHD shared learning topics 'on the road' so hard to reach groups can participate is being explored. It is acknowledged that patient engagement can be used to further enhance the QIHD process, and fact finding from other organisations is currently taking place.
- 4.1.6 The ambition is to evidence that all QIHDs are meeting and using quality and improvement as the cornerstone for their conversations. QIHDs across the Trust will have a combined monthly attendance of at least 2000 colleagues. The learning from the QIHDs will increase in prominence through the GEMS store and also **wel**learn from excellence nominations. This work will progress through to increasing submissions to the annual QI poster contest and external to the Trust, such as conferences or publications.
- 4.2 **Simulation** is currently rests within medical education in the Trust, however presents a growing opportunity as part of the **wel**learn programme as a platform for shared learning. This area has historically had higher levels of engagement from the medical workforce, which has not penetrated through other professional groups to the same extent.
- 4.2.1 The appointment of new leadership within the simulation faculty, including a multi-professional approach, is already identifying new ways of working to encourage greater

shared learning and access to the simulation resources. An initial piece of work is being undertaken by the faculty leads to benchmark against best practice, and review the current scenarios ahead of wider professional roll out. The simulation team have, to date, delivered a 54% increase over the past twelve months. Links are also being built with the universities, in particular University of Wolverhampton. Communication has taken place to review the learning spaces, including simulation resources, available for pre-registration students to see what learning we can transfer across to our own environment.

- 4.2.2 The ambition is to have simulation used as a core part of teams learning and knowledge sharing, with the ability to have bespoke scenarios based on teams' specialty requirements. This model is already being driven by services such as Critical Care, but the expectation over the next six to 12 months is to see this expanded upon.
- 4.3 **Schwartz Rounds**, affiliated by the Point of Care Foundation, have been led by the Palliative Care team. Due to changes in personnel and roles, these confidential, reflective practice forums have declined in frequency over the past six to twelve months. The contract with the Point of Care Foundation has now ceased. This provides an opportunity to define the reflective practice support that the Trust wishes to embed as part of the **welearn** programme.
- 4.3.1 A Point of Care Foundation event, taking place on 7 May, will be attended by the Trust. This will help to determine the direction of travel and if re-commencement of the contract, with a financial commitment, will be considered. Either direction will require identification and training of staff to facilitate such events; this will be done by benchmarking against Schwartz round requirements to ensure that, organisationally, we deliver the best model for our staff.
- 4.4 **Grand Rounds** form an integral part of medical education, through presenting cases and the learning of clinical reasoning skills. The pending appointment of the Director of Medical Education will provide added emphasis to re-establish this core route of learning. As part of the **welearn** programme, the ambition and progression is to agree and implement how this source of learning is shared across a wider audience.
- 4.5 The **Annual QI Poster Contest** has seen incremental increases in applications each year, from a variety of teams within the Trust. This underpins the positive move towards being curious and open to change and continuous improvement. Expressions of interest for 2020-21 submissions will be invited from June 2020 onwards. Previous poster contest winners or those highly commended will be the initial cohort of staff to be approached in relation to QI and AI training, where this has not yet been completed.
- 4.6 The **welearn Scorecard** aims to provide assurance that the key drivers of the **welearn** programme are being embedded across the Trust. The scorecard focuses on quantitative data, so will therefore determine the movement such as an increasing number of GEMS being certified, or **welearn** from excellence nominations being submitted, see **Annex 3**.

- 4.6.1 The proposal is that the scorecard data will be validated by other sources that interface with the key principles of **welearn**, such as staff engagement scores, retention rates, complaints.
- 4.6.2 The scorecard will become effective from April 2020, therefore capturing a full year's worth of data. The baseline data to inform our expectations for reporting will be based on:
- Month 12 2019-20 data
 - Agreed activity baselines, for example 25 GEMS per directorate per year
- 4.6.3 As the **welearn** programme becomes established within the Trust, we shall identify qualitative approaches to collect feedback, which will provide supplementary evidence of how the programme feels to both staff and patients. This approach will be built up over Q1 2020-21, with initial data collected during Q2.
- 4.6.4 The intention of the scorecard, alongside providing assurance, is to evidence the scale of learning that is available within the organisation. It will demonstrate what is happening every day, of every month, every year, and encourage the wider sharing and learning for all colleagues.

5. Recommendations

- 5.1 The Trust Board is asked to:
- a. **NOTE** the progress made in relation to the **welearn** programme deliverables
 - b. **CONFIRM** bi-monthly sight of the scorecard by the Quality and Safety Committee will provide adequate assurance of programme delivery
 - c. **EVALUATE** implementation of the **welearn** programme formally at the October 2020 and February 2021 Board meetings

Claire Hubbard
Deputy Director of Governance: Knowledge and Learning

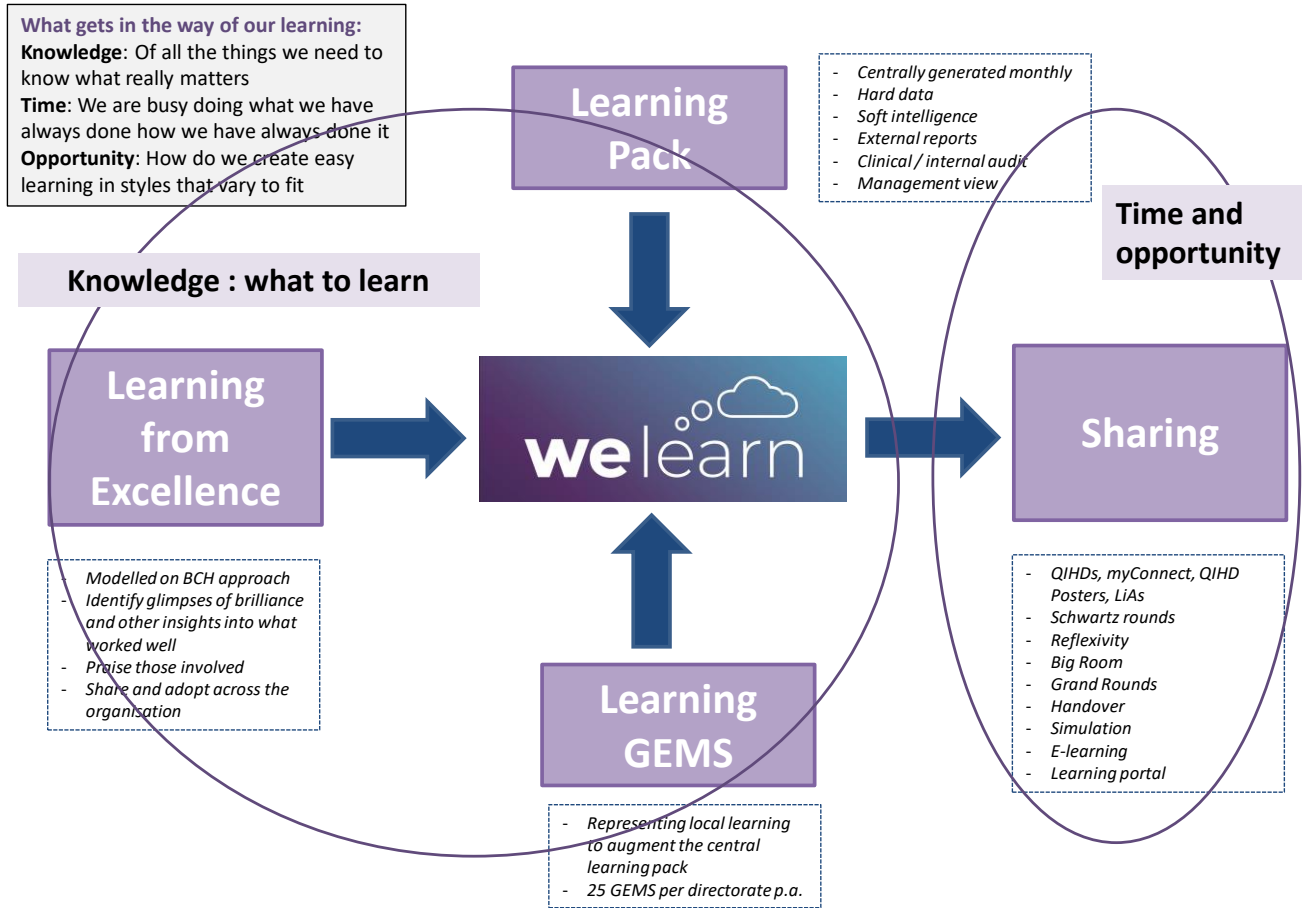
27th March 2020

Annex 1: welearn Programme

Annex 2: welearn Staff Appreciation and Recognition Options

Annex 3: welearn Scorecard

welearn Programme



How we learn GEMS fit with current staff appreciation and QI routes

