

Organisational Learning Policy

Item 3.6a

policy

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POLICY STATEMENT

Liverpool Heart & Chest Hospital NHS Foundation Trust needs to learn from its experiences to continuously improve the care it provides to its patients, carers and families. This policy provides a standardised framework for the collation of information from a prescribed set of experiences, synthesis of this information into component themes, extraction of the relevant learning and subsequent dissemination across the organisation to promote improvement.

1 Role and Responsibilities

The Director of Research & Informatics has responsibility for development and implementation of this policy.

Managers of Quality & Safety functions within the Trust have responsibility to identify experiences from which the Trust could usefully learn. At present, the policy includes the following functions:

- Risk Management
- Patient & Family Experience
- Clinical Audit
- Patient & Family Support
- Mortality Review
- Safety Huddle

The Clinical Lead for Thoracic Surgery (Confidential Reporting System for Surgery Representative) supports the Director of Research & Informatics in identifying themes to prioritise for organisational learning.

Medical, Surgical and Clinical Service Divisional Teams have responsibility to engage in the organisational learning process, extract the learning from experiences and disseminate lessons learned and implement associated improvements in care. At present, the Divisional Teams consist of:

- The Associate Medical Director
- The Head of Nursing
- The Divisional Head of Operations

The Senior Library Assistant has responsibility to support the organisational learning process and connect staff, organisational learning themes and evidence for improvement.

2 Protocol

This version of the policy integrates the following sources for organisational learning:

- Incidents (source – Risk Manager)
- Claims (source – Claims Manager)
- Patient Friends and Family Test (source – Assistant Director of Nursing Patient and Family Experience)
- Clinical Audits; national and local (source – Clinical Audit & Effectiveness Manager)

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- Complaints & Concerns (source - Patient & Family Support Manager)
- Mortality Reviews (source – Mortality Review Administrator drawing on actionable items reported from mortality reviews)
- Safety Huddle (source – Support Secretary to Heads of Nursing drawing on text mined output from the Safety Huddle meetings)

The above Managers meet with the Director of Research and Informatics and the Trust representative on the Confidential Reporting System for Surgery (CORESS; presently the Clinical Lead for Thoracic Surgery) to distil the issues occurring over the previous quarter into those that are regarded as most important for the organisation to learn from. These would then be captured into a very simple template that presents:

- The source of the issue (so that integration can be evidenced when the same issue arises from multiple sources)
- The issue itself

The template is then presented by the Director of Research & Informatics at a quarterly meeting of the three Divisions, specifically convened as part of the governance structure to promote organisational learning. Here the issues are discussed, and the learning captured and in doing so, integration across the whole clinical function of the Trust is achieved.

The template is then completed with:

- What the organisation has learned
- What the organisation has done, or is doing, or plans to do to improve

The templates will be maintained by the Senior Library Assistant who will work with Divisional teams to source evidence underpinning planned improvements.

Improvement plans would be built into the Divisions business planning and follow up on progress would take place at each Divisions monthly governance meetings.

The new learning and progress against previously identified issues is then presented by all three Divisions together as part of their routine report at Operations Board on a quarterly basis. A copy will also be shared with the Risk Management & Corporate Governance Committee as evidence of the Trusts commitment to organisational learning.

Thereafter, organisational learning resulting from this process is shared across the entire Trust by the Senior Library Assistant using our standard corporate communications. This would be done for information purposes, not for action as the Divisions will be responsible for engaging relevant staff in improvement work directly.

The information flow is presented in appendix 1.

3 Policy Implementation Plan

The Director of Research & Informatics is responsible for implementation of this policy.

Oversight of the implementation of this policy and resultant learning will be achieved via the Risk Management & Corporate Governance Committee.

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The Policy will be shared with the Divisions via their Governance meetings. The policy will be made available to staff via the Trusts policy intranet site. Communications regarding the policy being adopted by the Trust will be shared via corporate communications.

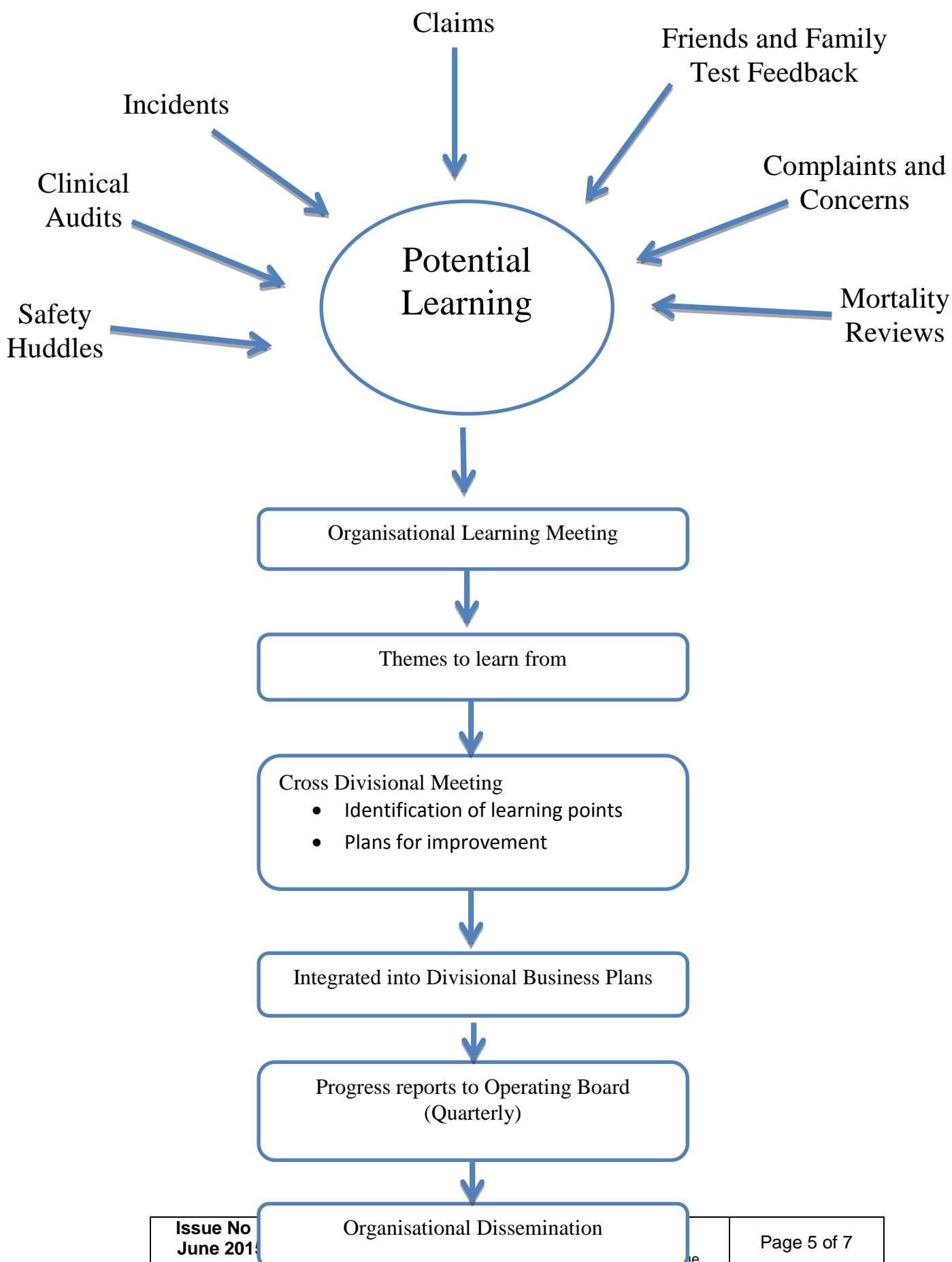
This policy will be fully implemented by September 2015.

4. Monitoring of Compliance

The effectiveness of this policy will be measured by:

1. The production of learning from experiences (quarterly)
2. Evidence of incorporation of this learning into Divisional business plans (Operations Board – quarterly)
3. Improvements in quality & safety (performance reports - longer term)

Appendix One



Endorsed by:

[illegible]

Record of Changes to Document - Issue number:				
Changes approved in this document:			Date:	
Section Number	Amendment (<i>shown in bold italics</i>)	Deletion	Addition	Reason