

Learning from Experience Policy

Document Reference No.	KMPT.CorG.011.08
Replacing document	KMPT.CorG.011.07
Target audience	All staff and volunteers Trust wide
Author	Compliance and Assurance Manager
Group responsible for developing document	Trust Wide Patient Safety and Mortality Review Group
Status	Authorised
Authorised/Ratified By	Trust Wide Patient Safety and Mortality Review Group
Authorised/Ratified On	May 2019
Date of Implementation	May 2019
Review Date	May 2022
Review	This document will be reviewed prior to review date if a legislative change or other event otherwise dictates.
Distribution date	June 2019
Number of Pages	14
Contact Point for Queries	kmpt.policies@nhs.net
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DOCUMENT TRACKING SHEET

Learning from Experience Policy

Version	Status	Date	Issued to	Comments
0.1	Draft	3 Oct 2007	Internal review	Draft documents current practices
0.2	Draft	10 Oct 2007	Risk Management Group	Incorporated comments received
1.0	Approved	11 Oct 2007	Risk Management Group	
1.1	Draft	24 Aug 09	Internal	Updated to reflect changes in organisation and governance group structures
1.2	Draft	15 Sept 09	Internal	New EIA completed
1.3	Draft	22 Sept 09	Staff with defined responsibilities	Revised to reflect changes to duties
2.0	Approved	27 Oct 2009	Trust wide Clinical Governance Group	
2.1	Draft	22 Feb 2010	Trust wide Clinical Governance Group	Minor amendments to monitoring to explicitly comply with NHSLA requirements
3.0	Approved	23 Feb 2010	Trust wide Clinical Governance Group	Changes accepted without further amendment
4.1	Draft	24 Jul 2013	Learning from experience group	Changes to the role and structure of the group have now been incorporated
5.0	Approved	August 2013	Patient Safety Group	Ratified
5.1	Draft	26 Nov 2014	Learning from experience group	New process incorporated
6.0	Approved	27 Jan 2015	Patient Safety Group	Ratified
6.1	Draft	25 Nov 2015	Learning from experience group	Changes made following TIAA review
7.0	Approved	22 Dec 2015	Patient safety group	Ratified
7.1	Draft	24 Jan 2019	Learning from experience group	Reviewed and updated
7.2	Final	27 Feb 2019	Trust wide Patient Safety and Mortality Review Group	Recommendations to come back to the meeting for ratification
8.0	Final	28 May 2019	Trust wide Patient Safety and Mortality Review Group	Ratified

RELATED POLICIES/PROCEDURES/PROTOCOLS/FORMS/LEAFLETS

	Reference
Risk Management Strategy	KMPT.CorG.012
Duty of Candour - Being Open Policy	KMPT.CorG.018

NICE Implementation Policy	KMPT.CliG.028
Concerns and Complaints Policy	KMPT.CorG.019
Claims Management Policy and process	KMPT.CorG.014
Management of Serious Incidents, Incidents, Accidents and Near Misses Policy	KMPT.CorG.017
Investigation of Serious Incidents, Incidents, Complaints and Claims	KMPT.CorG.020
Whistleblowing Policy	KMPT.HR.002
Quality Strategy	KMPT.CliG.050

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)

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1 INTRODUCTION

- 1.1 The Trust recognises that learning can come from a variety of sources and so it is useful to routinely review all types of learning to ensure that this is embedded into local practice and to prevent recurrence of events that led to the learning in the first place.
- 1.2 Learning can also be shared from events that have taken place in other organisations and to that end the Trust is committed to working effectively with other bodies, whether external agencies who undertake assessments and reviews or other Trusts, to learn from these experiences. Best practice can also be obtained from other organisations which in turn avoids “reinventing the wheel”.
- 1.3 A learning culture is promoted within the trust and any investigation is not intended to blame individuals but to seek the causal factors and share the lessons learned to prevent a reoccurrence of an incident or other negative event.
- 1.4 Patients and their carers/families for inpatient settings are informed of learning via notice boards which communicate where feedback has had a positive impact on the care in which they receive. The learning from experience page on KMPT’s website is used as a communication forum for those patients and their carers/families based in the community.

2 PURPOSE

- 2.1 This policy outlines how the Trust ensures that there is a systematic approach to learning from all types of events and that this is disseminated through a number of different mechanisms.
- 2.2 There are a number of policies which relate to this one and these are referenced where applicable.

3 EXPLANATION OF TERMS

- 3.1 The following terms are used within this policy;
 - 3.1.1 **Incident** – an event or circumstance which could have resulted or did result in unnecessary damage, loss or harm to patients, staff, visitors or members of the public.
 - 3.1.2 **Combined data analysis** – brings together information from serious incidents, complaints and claims to identify trends enabling a much larger dataset to find root causes and areas for improvement
 - 3.1.3 **Risk profile** – the risk to which an organisation is exposed, identified through proactive risk assessment and reactive incident analysis, enabling a proactive action to take place.
 - 3.1.4 **Complaint** – an expression of dissatisfaction that requires a response.
 - 3.1.5 **Claim** – is the legal demand or assertion by a claimant for compensation, payment, reimbursement for a loss under a contract or an injury due to negligence.
 - 3.1.6 **Root cause analysis** – is a structured process that uncovers the physical, human and latent causes of any undesirable event in the workplace.

- 3.1.7 **Learning** – is acquiring new or modifying existing knowledge, behaviors, skills, values, or preferences and may involve synthesizing different types of information.

4 DUTIES

4.1 Duties within the organisation

4.1.1 **The Chief Executive** is responsible for ensuring that:

- a) The safety of patients, visitors and staff within the organisation is viewed as a high priority,
- b) There are robust systems in place to identify trends and themes from incidents, complaints and claims at the earliest opportunity,
- c) Measures are taken to ensure that the safety of patients, staff and visitors is not compromised,
- d) There are robust systems in place to learn lessons across the organisation and cross organisationally where possible,
- e) This policy is implemented within all areas of the Organisation through responsible Executive Directors and other senior leaders. Learning is everybody's responsibility.

4.1.2 **The Executive Director of Nursing and Quality** is responsible for:

- a) Supporting the Chief Executive, Trust Board other Executive Directors and Service Directors in their responsibilities in implementing this policy across the Trust,
- b) Ensuring that processes, procedures and facilities are provided for the retention, management and coordination of evidence to demonstrate compliance with this policy,
- c) Producing appropriate highlight reports for the Quality Committee and Trust board which describes how learning is being disseminated across the Trust.

4.1.3 **The Directors and Senior Managers** have a joint responsibility to ensure that:

- a) Action plans are discussed regularly and that themes and learning are identified and disseminated on a directorate basis,
- b) Local services reflect on lessons learned across the organisation and make changes to practice as appropriate,
- c) The principles outlined within this policy are implemented within their respective services/areas.

4.1.4 **The Trust Risk Manager** is responsible for:

- a) Ensuring that there is a robust process for identifying risks from learning,
- b) Ensuring that action plans are reviewed regularly and evaluated by the nominated committee/group,
- c) Meeting regularly with the appropriate designated managers to discuss lessons learned.

4.1.5 **The Compliance and Assurance Manager** is responsible for:

- a) Ensuring that the trust wide learning bulletins are populated and disseminated

- throughout the organisation
- b) Uploading key information to the learning from experience page on I-connect such as care group learning bulletins and slide decks from learning events
 - c) Ensuring that a programme of themed learning events are planned and delivered across the organisation through various media.

4.1.6 **All Staff** are responsible for:

- a) Ensuring that all types of learning is captured and shared via local governance structures,
- b) Embedding into practice any learning identified from other organisations and from within the trust,
- c) Generating and implementing action plans as a result of an event and to record any learning so that this can be shared Trust wide.

4.2 **Committees and Groups with overarching responsibilities**

4.2.1 **The Trust Board** has a responsibility:

- a) To ensure that an analysis of all incidents, complaints and claims is undertaken on an aggregated basis to optimise the recognition of trends and themes and enable a swift response to such,
- b) For ensuring that trends and themes are acted upon and managed effectively and that any lessons learnt through the investigation of such incidents, complaints and claims are learnt across the organisation,
- c) To receive the aggregated data on a quarterly basis and monitor actions taken as a result of the analysis,
- d) To support the implementation of this policy.

4.2.2 **The Quality Committee** will:

- a) Assure the Board that where there are risks and issues that may jeopardise the Trust's ability to deliver excellent quality health and social care that these are being managed in a controlled and timely way,
- b) Review the meaning, significance and learning from trends in complaints, incidents and serious incidents outlined in the Quality Digest,
- c) Review the learning from internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality and safety with the Trust,
- d) Receive reports from the patient safety group, patient experience group and the clinical effectiveness and outcomes group on a quarterly basis which highlights the key learning points which have been discussed.

4.2.3 **The Patient Safety Group** will:

- a) Ensure that the Trust identifies lessons for improvement and ensures these are implemented in relevant areas
- b) Provide assurance to the Board by providing reports to the Quality Committee on a quarterly basis which highlight the key learning points that have been discussed
- c) Receives a report three times a year on the work of the learning from experience group including key risks and issues identified.

4.2.4 **The Patient Experience Group** will:

- a) Ensure lessons for improvement are identified and that these are implemented in relevant areas,
- b) Provide assurance to the Board by providing reports to the Quality Committee on a quarterly basis which highlight the key learning points that have been discussed.

4.2.5 **The Clinical Effectiveness and Outcomes Group** will:

- a) Ensure lessons for improvement are identified and that these are implemented in relevant areas,
- b) Provide assurance to the Board by providing reports to the Quality Committee on a quarterly basis which highlight the key learning points that have been discussed.

4.2.6 **All Trust wide committees and sub groups** will ensure that:

- a) Actions Plans are in place and being monitored and risks identified, monitored and minimised,
- b) Any learning which needs to be considered by the learning from experience group is shared.

4.3 **Committees and groups with responsibility for sharing learning**

4.3.1 **The Learning from Experience Group** will (see appendix C for terms of reference):

- a) Provide a trust wide forum where all types of learning and good practice can be captured and shared across care groups/trust wide. A key function of the group is to identify thematic learning from across care groups for onward sharing trust wide. The key duties of the group include:
 - Best practice/improvements are identified from incidents, complaints, audits etc. and highlighted/disseminated across the trust.
 - All types of learning are both captured and shared across the trust in the form of bulletins and shared at themed learning events.
 - There is a strong emphasis in identifying themes from the care groups which can then be shared trust wide.
 - Learning from national reports/reviews or any other relevant sources are reviewed to ensure that all applicable learning is captured.
 - Examples of good practice are also shared at the group, via bulletins and via the learning events.
- b) Membership consists of representatives from each of the care groups and key corporate functions such as; clinical audit, health and safety, patient safety, complaints, legal services (claims, inquests and Mental Health Act)

5 **ORGANISATIONAL APPROACH TO SHARING OF INFORMATION, LEARNING AND IMPROVEMENT**

- 5.1 Table 1 highlights the reporting processes in place that promote the sharing of information, learning and areas for improvement across the organisation.

Table 1		
REPORT NAME (FREQUENCY)	CONTENT	RECEIVING GROUP
Quality Digest (Bi-monthly)	<ul style="list-style-type: none"> • Patient reported experience measures (PREM) • Friends and family test (FFT) • PALS, complaints and compliments • Patient safety incidents • Serious incidents (SIs) • Restrictive practice • Safeguarding • RIDDOR • Quality improvement projects • Safety alerts • Medicines management – audit results • CliQ checks results and improvement areas • Research 	Quality Committee Trust Board
Serious Incidents/Patient Safety Report (Bi-monthly)	<ul style="list-style-type: none"> • Quantitative breakdown of themes and trends 	Trust Wide Patient Safety and Mortality Review Group
Complaints Report (Bi-monthly)	<ul style="list-style-type: none"> • Quantitative breakdown of themes and trends 	Trust Wide Patient Experience and Carer Group
Claims/Inquests (when received)	<ul style="list-style-type: none"> • Breakdown of individual cases and the key learning identified 	Learning from experience group
Integrated Quality Performance Review Reports (Monthly)	<ul style="list-style-type: none"> • Breakdown of quality and performance indicators per care group 	IQPR care group meetings
Clinical Audit & Service Evaluation (Quality Improvement) Project Outcomes form (Bi-annually)	<ul style="list-style-type: none"> • Key Improvements, learning and action taken from reported CA&SE (Quality improvement) projects 	Clinical Audit and service evaluation group/clinical effectiveness & outcomes group
Annual CA&SE (Quality Improvement) Report (Annually)	<ul style="list-style-type: none"> • Key Improvements, learning and action taken from reported CA&SE (Quality improvement) projects 	Clinical Audit and service evaluation group/clinical effectiveness & outcomes group
CA&SE Snapshot Newsletter (Bi-monthly)	<ul style="list-style-type: none"> • Key Improvements, learning and action taken from reported CA&SE (Quality improvement) projects 	Clinical audit and service evaluation group
Learning/good practice report (Quarterly)	<ul style="list-style-type: none"> • Key learning identified by corporate services 	Learning from experience group
Trust wide learning bulletin/learning notes	<ul style="list-style-type: none"> • Key learning for dissemination across the organisation • In the form of a bulletin for themed information 	Care group governance groups/Learning

Table 1		
REPORT NAME (FREQUENCY)	CONTENT	RECEIVING GROUP
(Quarterly)	and as a note for individual points to be shared	from experience page on I-connect
Learning bulletins/flyers (care group specific) (Monthly)	<ul style="list-style-type: none"> Key learning for dissemination within the care group 	Care group governance groups/Learning from experience page on I-connect
Datix learning page	<ul style="list-style-type: none"> Formal and local learning topics are inputted for every serious incident and complaint Top themes are extracted and shared at the Trust wide Patient Safety and Mortality Review Group and the Learning from experience Group. 	Datix learning page and themes

6 ORGANISATIONAL PROCESS FOR DEVELOPING AND TAKING ACTION IN RELATION TO LEARNING

- 6.1 The learning from experience group is responsible for ensuring that any learning identified is acted upon and disseminated.
- 6.2 The group will agree priority areas of learning at each meeting and will then ensure this information is shared across the organisation.
- 6.3 The group will identify and agree the areas of focus for trust wide learning events.
- 6.4 The trust wide governance groups identified under duties will ensure that when information is received, appropriate action is delegated for implementation.

7 ORGANISATIONAL PROCESS FOR IMPLEMENTING CHANGE AS A RESULT OF LEARNING

- 7.1 The Trust is committed to learning lessons and promoting improvements and making changes in practice using all of the information and experience available. Information that is used derives from three main sources:
 - 7.1.1 **Learning from local events and experiences**, which involves:
 - a) Analysing individual and aggregated information relating to incidents (including, Serious Incidents), complaints, claims
 - b) Identifying trends, causes and impacts
 - c) Sharing the learning across the organisation and using it to promote improvements in practice as described in Appendix A – Learning from local events and experiences and Appendix B – Learning from external assessments, reviews, national enquiries, recognised best practice and across organisations.
 - 7.1.2 **External assessments, reviews, national enquiries and recognised best practice**; which involves:

- a) Reviewing and understanding best practice standards and requirements
- b) Allocating responsibilities for implementation
- c) Developing and implementing actions plans to address identified

7.1.3 Cross organisational learning which is facilitated by:

- a) Reporting serious adverse events through the STEIS reporting system providing a further opportunity to contribute to cross organisational learning.
- b) Peer review of Serious Incidents with local commissioners including sharing findings and lessons learned from investigations
- c) Using the information system which links to the National Patient Safety Agency (NPSA), NHS England, National Learning and Reporting System (NRLS) to ensure that incidents reported within the organisation are fed into a central system and further analysis and trend identified performed at a National level to enable National learning.
- d) Extracting key learning themes identified on Datix for serious incidents and complaints to identify where further action may be required.
- e) Membership of regional Clinical Audit Network supported by Healthcare Quality Improvement Partnership – South East Clinical Effectiveness Network (Member of National Audit and Governance Group supported by Department of Health/Quality Board)
- f) Working with organisations across the healthcare community including local authorities and CCG's.

8 ORGANISATIONAL LEARNING AND PROMOTING IMPROVEMENTS IN PRACTICE

- 8.1 All trust wide learning that is identified for dissemination will be done so using the following communication media:
 - 8.1.1 The trust wide learning bulletin will be used as a mechanism to disseminate the key areas of learning which has been discussed at the learning from experience group.
 - 8.1.2 The trust wide learning events will focus on a specific topic and case examples from care groups will be used to facilitate table top discussions.
 - 8.1.3 The Quality Digest will be used to share the combined analysis of serious incidents, complaints and claims both at a trust wide level and at a care group level.
- 8.2 The learning from experience I-connect page will be used to communicate the work of the group and key learning for staff to be aware of including both trust wide and service line learning bulletins.

9 LOCAL LEARNING

- 9.1 Managers within care groups are responsible for investigating all incidents, complaints and claims therefore locally owning the issues that arise and feeding back the results of these investigations to staff.
- 9.2 Reflective practice sessions are also used as a way of discussing and disseminating learning, reviewing how changes can be made and implemented in practice.
- 9.3 All local learning is captured and discussed as part of individual ward/team business/team meetings and this in turn is fed into the governance reporting structure within individual care groups.

- 9.4 Each care group discusses learning within its governance structure, reporting any wider issues to the appropriate Board level committee/group. These governance groups act as the link to facilitate the dissemination of learning from the trust board down to staff and from staff to the trust board.
- 9.5 Any learning which impacts on the care of patients is disseminated;
 - 9.5.1 via learning flyers for inpatient settings and displayed on notice boards
 - 9.5.2 via the learning from experience webpage and displayed in reception areas for those based in the community.
- 9.6 Each care group has its own mechanism for disseminating and communicating learning which can be in the form of a bulletin or newsletter.

10 TRAINING AND AWARENESS

- 10.1 All staff including volunteers must be made aware of the Trust commitment to learning from experience and must be assured that the Trust operates a no blame culture.
- 10.2 It is the responsibility of the managers to ensure that new staff are aware of this policy and induct their staff appropriately.
- 10.3 Chairs of Trust-wide and Care Group Governance Groups will be made aware of their responsibilities to ensure that Groups review aggregated reporting, discuss lessons learned and then promote learning via the group membership.
- 10.4 Staff will be advised of the policy and procedures via:
 - 10.4.1 I-connect
- 10.5 The trust wide learning bulletin and themed learning events will inform staff of the key learning across the organisation and the actions that have been taken.
- 10.6 Newsletter articles, risk management and clinical audit and service evaluation annual reports will reinforce this policy.

11 STAKEHOLDER, CARER AND USER INVOLVEMENT

- 11.1 This policy was developed by Corporate Services and reviewed by the Learning from experience group and the Trust wide Patient Safety and Mortality Review Group.
- 11.2 This document will be published on the policy pages of I-connect.

12 EQUALITY IMPACT ASSESSMENT

- 12.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before

implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes. The Equality Impact Assessment for this document can be found on the Equality and Diversity pages of the trust intranet.

13 HUMAN RIGHTS

- 13.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.

14 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non compliance
Sharing learning	Bulletins/learning notes/reports to the group Datix learning themes	Learning from experience group	Quarterly	<ul style="list-style-type: none"> ▪Bulletins ▪Reports ▪Minutes 	Call for papers email circulated with reminders if templates not received.
Dissemination of learning	<ul style="list-style-type: none"> • Care group and trust wide learning bulletins/notes • Learning events 	Learning from experience group	Monthly/Quarterly Annual programme	<ul style="list-style-type: none"> ▪Bulletins ▪Learning event programme 	Standing agenda item
Promotion of improvements made and learning	<ul style="list-style-type: none"> • Trust wide learning bulletin/notes • Learning events 	Learning from experience group	Quarterly Annual programme	▪Bulletins available on I-connect and disseminated to the learning from experience group and via the one minute read	Plan of themed bulletins and annual programme for learning events
Local learning	Review of learning identified at care group governance groups.	Care group governance groups	Annual	▪Minutes of meetings	Chair of group to implement

15 EXCEPTIONS

15.1 This document does not cover the detailed process for implementing NICE requirements and associated sharing of information which are the covered in the Implementation of guidance from NICE (National Institute for Health and Clinical Excellence) Policy.

APPENDIX A

LEARNING FROM LOCAL EVENTS AND EXPERIENCES

How lessons can be learned	What lessons	Benefits of sharing	Who is responsible for sharing	How will lessons be shared
Highlighting patient safety trends	Improved understanding of hot spots and recurring themes	<ul style="list-style-type: none"> Reducing risks in other areas Enabling resources to be focused on those areas where reoccurrence is most likely to reduce risk 	Patient Safety Team	<ul style="list-style-type: none"> Care group governance meetings SI learning reviews Quality digest
Analysis of individual incidents	Improved understanding of local issues and risks	<ul style="list-style-type: none"> Enabling other areas to understand possible risks and to take preventative action to avoid or minimise future occurrences 	Local managers Care Group Leads	Via local and trust wide governance groups
Analysis of individual complaints	Understanding source of complaints and trends	<ul style="list-style-type: none"> Giving staff a greater understanding of the implications of their actions and concerns of patients and carers 	Patient Experience Team	<ul style="list-style-type: none"> Quarterly reports Annual report
Analysis of individual claims	Improved understanding of source and reasons for claims	<ul style="list-style-type: none"> Giving staff a greater understanding of the implications of their actions and concerns of patients and carers 	Legal Services Team	<ul style="list-style-type: none"> Quarterly reports Annual report
Analysis of medication errors	Improved understanding of source and reasons for errors	<ul style="list-style-type: none"> Reducing the re-occurrence of medication errors 	Chief Pharmacist	<ul style="list-style-type: none"> Quarterly report on medication errors Quarterly Medication Incidents Newsletter
Analysis of PALs queries	Day to day issues that affect publics, patients and carers	<ul style="list-style-type: none"> High volume information provides better understanding of the day to day issues, which is addressed could potentially avoid future incident and/or complaints 	Patient Experience Team	<ul style="list-style-type: none"> Via Trust Wide Patient Experience and Carer Group Quarterly reports
Analysis of aggregated information	Possible links between incidents, complaints and claims	<ul style="list-style-type: none"> Improving staff and management understanding Providing “real” information to facilitate and improved decision making across the Trust re. service developments and improvements Enabling preventative action to be taken Improved services 	Deputy Director of Quality and Safety	Quality Digest
Clinical Audit and Service Evaluation Projects	Examples of good practice and where local action has resulted in service improvement	<ul style="list-style-type: none"> Sharing good practice – to avoid “reinventing the wheel” Improved clinical practice 	Clinical Audit and Service Evaluation Group	<ul style="list-style-type: none"> Via local/trust wide governance groups Annual report; Web site; newsletter
Monitoring Central Alerting System (CAS)	Specific information relating to equipment used across the Trust	<ul style="list-style-type: none"> Avoiding incidents and potential claims by taking prompt action 	Medical Devices Co-ordinator	E-mail notification to relevant officers across all sites
CQC unannounced inspections	Compliance with the CQC fundamental standards and lessons learned from inspections/MHA monitoring visits	<ul style="list-style-type: none"> Sharing good practice and highlighting areas for improvement with all care groups so that the learning can be embedded into practice. 	Compliance and Assurance Manager	Reports to the learning from experience group Compliance pages on I-connect

APPENDIX B LEARNING FROM EXTERNAL ASSESSMENTS, REVIEWS, NATIONAL ENQUIRIES, RECOGNISED BEST PRACTICE AND ACROSS ORGANISATIONS

How lessons can be learned	What lessons	Benefits of sharing	Who is responsible for sharing	How will lessons be shared
Management of external enquiry recommendations	Experiences from other organisations	<ul style="list-style-type: none"> • Avoid reinventing the wheel • Preventing incidents, complaints, claims 	Senior Leaders	Reports Gap analysis
Implementing NICE and NSFs	Nationally recognised best practice	<ul style="list-style-type: none"> • Avoid need for additional Research and Development 	NICE Reference Group	See related policies
Recommendations from assessments and reviews by external agencies	Independent assessment of strengths and weaknesses of current services against recognised best practice	<ul style="list-style-type: none"> • Avoid reinventing the wheel 	Trust wide Patient Safety and Mortality Review Group	Reports from assessments Gap analysis
Using national sources of information e.g. NHS Improvement (NHSI) and National Learning and Reporting System (NRLS)	Lessons and experiences from all Trusts	<ul style="list-style-type: none"> • Possibility to avoid risks and incidents by learning from other organisations 	Deputy Director Quality and Safety	Specific issues raised at Trust wide and local governance groups
Working collaboratively with colleagues across other organisations	Experiences across other organisations	<ul style="list-style-type: none"> • Avoid reinventing the wheel • Potential risk reduction or avoidance • Possible reduction in number of complaints and claims 	All managers and staff involved	Via Trust wide and local governance groups and Care Group Management Teams

APPENDIX C LEARNING FROM EXPERIENCE GROUP TERMS OF REFERENCE

Terms of Reference

Name of Committee	Learning from experience group
Date	27/09/18
Version	1.0
Next review due	September 2019

1. Constitution

The learning from experience group meets on a quarterly basis to review and share both learning and good practice from across the trust, agreeing what action is to be taken forward.

2. Purpose

To provide a trustwide forum where all types of learning and good practice can be captured and shared across care groups/trust wide. A key function of the group is to identify thematic learning from across care groups for onward sharing trust wide.

3. Membership

- Deputy Director of Quality and Safety - **Chair**
- Representatives from corporate services to include:
- SI and Complaints Lead – **Deputy Chair**
 - Compliance and Assurance Manager – **Minute taker/trust wide learning bulletins and events**
 - Clinical Audit and Effectiveness
 - Legal Services – Claims, Inquests and Mental Health Act
 - Health and Safety and Risk
 - Complaints and PALS
 - Patient Experience Team
 - Patient Safety
 - Pharmacy
 - Safeguarding
 - Physical health/medical devices
 - Records/RiO
- Representative from operational services to include:
- Care group representative - quality lead/patient safety manager/head of nursing
 - Medical representative

4. Frequency of Attendance

Group members will be required to attend all meetings, a total of 4 meetings per year. If unable to attend a representative is to be sent who is fully briefed.

5. Attendance by Other Directors and Staff

Additional members may be requested to attend.

6. Quorum

The chair plus adequate care group and corporate representation may meet to transact business and those proceedings should be recorded as a meeting of the group.

7. Frequency of Meetings

The group meets quarterly.

8. Authority
None.
9. Duties
<ol style="list-style-type: none"> 1. Best practice/improvements are identified from incidents, complaints, audits etc and highlighted/disseminated across the trust. 2. All types of learning are both captured and shared across the trust in the form of bulletins and shared at themed learning events. 3. There is a strong emphasis in identifying themes from the care groups which can then be shared trust wide. 4. Learning from national reports/reviews or any other relevant sources are reviewed to ensure that all applicable learning is captured. 5. Examples of good practice are also shared at the group, via bulletins and via the learning events.
10. Reports from Trust wide Groups
This group reports into the Trust Wide Patient Safety and Mortality Review Group on a 6 monthly basis.
11. Annual Work plan
<ul style="list-style-type: none"> • Learning bulletins/learning notes are produced and available on I-connect • Learning/good practice is shared via learning events
12. Annual Report
Not applicable.
13. Committee rules
Those members responsible for the production of papers ensure these are shared in a timely way ahead of each meeting.
14. Administration Arrangements
The agenda and papers for discussion will be distributed in advance of the meeting. Minutes will be recorded and distributed to group members.
15. Accountability and Reporting Arrangements
This group is a sub-group of the Trust wide Patient Safety and Mortality Review Group.
16. Review and Monitoring
The terms of reference for this group will be reviewed on an annual basis.

Governance Diagram

