



The University of Bradford Institutional Repository

<http://bradscholars.brad.ac.uk>

This work is made available online in accordance with publisher policies. Please refer to the repository record for this item and our Policy Document available from the repository home page for further information.

To see the final version of this work please visit the publisher's website. Available access to the published online version may require a subscription.

Link to publisher's version: <http://www.magonlinelibrary.com/loi/bjhc?expanded=21>

Citation: Pascoe P and McIntosh B (2016) Learning from mistakes: What leagues won't do. *British Journal of Healthcare Management*, 22 (4): 110-111

Copyright statement: © 2016 MA Healthcare Ltd. Reproduced in accordance with the publisher's self-archiving policy.



Learning from mistakes: What leagues won't do

Polly Pascoe, PhD. Candidate, University of Bradford and Bryan McIntosh, Senior Lecturer, University of Bradford

In March, the Department of Health (DH) released the *Learning from Mistakes League*, in which NHS organisations are ranked by levels of openness and transparency (DH, 2016). While a welcome first step toward the centralised and open promotion of learning since the publication of the Francis and Berwick reports three years earlier, unfortunately, the league can be considered misleading for a number of reasons.

Most importantly, it should be noted that *Learning from Mistakes League* fails to indicate levels of actual learning within organisations. Openness and transparency, while indicators of a culture that promotes learning (Reason, 1998), does not always translate into applied knowledge and action. Recognising there has been a breach in the quality of care does not always mean action will subsequently be taken to ensure it won't be repeated.

The league, therefore, fails to paint a clear picture as to what extent and affect organisations learn; it also neglects to demonstrate how robust an organisation's learning activities are, or which learning activities they partake in. While the league uses staff-reported data regarding involvement in improvements, positive staff perceptions provide no indication as to whether the improvements being made are the correct improvements, or how effective these improvements may be in promoting both the quality

‘Promoting greater openness and transparency has long been an objective for the NHS and even now still evidently requires further effort’

and efficiency of NHS services. While the introduction of the league is likely to promote incident reporting, by introducing additional targets by proxy, there is a high risk that reporting will increase—systematic and targeted learning may remain static.

Promoting greater openness and transparency has long been an objective for the NHS and even now still evidently requires further effort (reference). Promoting systematic learning in action, on the other hand, has been largely ignored by the system; the extent to which this needs to improve is therefore generally unknown and is not revealed within the league. While national improvement organisations have pledged to support trusts to improve their levels of openness and transparency, there has yet to be a clear line on the support

that will be offered once mistakes have been uncovered that are then required to be learned from. This support is so urgently needed—too many years have passed in which NHS staff have existed in a ‘fix and forget’ culture (Hewitt et al, 2015) and learning requires dedicated time, effort and perseverance—valuable organisational and personal resources currently severely overstretched within the NHS.

Without a dedicated learning support function, the propensity of an organisation to be able to effectively learn is dramatically reduced. While personal learning frequently occurs unprompted within the NHS, systematic organisational learning is a beast of different proportions and requires a multi-faceted approach that organisations are currently failing to implement (Voyer and McIntosh, 2013). A risk of introducing the *Learning from Mistakes League* is the ease by which ‘learning’ could be wrongly translated from a complex multi-faceted process into a simple tick-box exercise.

Since the introduction of the *Health and Care Act 2012*, the paradigm of competition within the NHS has refused to desist and the use of league tables such as the *Learning from Mistakes League* simply promotes more engaged and active competition. While competition can be argued to provide many benefits, the damage it can have on the basic learning

principles required to reduce variance in quality of care has the ability to overshadow the benefits ranking openness and honesty may have on promoting behaviour that supports learning.

Learning from mistakes

While organisations are likely to take a more focused approach to reporting, and hopefully, action, the likelihood they will share their learning decreases. Successful learning occurs not only within organisations, but across systems, and requires reciprocal knowledge sharing across boundaries, both physical and psychological (McIntosh and Voyer, 2012).

By ranking organisations in this manner, the Department of Health is reinforcing psychological barriers to knowledge sharing within the NHS. Ultimately, increasing adoption and spread of best practice should be the NHS' end-goal, and by failing to identify and spread pockets of positive deviance, this goal will not be met. Instead efforts will be duplicated, mistakes will continue to be made, and variances in quality of care will remain. It could, therefore, be suggested that instead of ranking organisations on how effectively learning occurs internally, consideration should also be given to how frequently knowledge is shared externally—whether this is through an innovative central learning hub, or through more traditional methods such as communities of practice.

Additionally, learning from mistakes requires mistakes to be made. While a sensible place to begin to build a culture of learning, this reactive learning continues to place patients at unnecessary risk. Instead, a culture of continuous and pre-emptive learning should be promoted and additionally measured. NHS organisations need to

‘The league provides such a minimal amount of information that it fails to openly enable academics or practitioners to attempt to better understand which factors promote openness’

not only learn from the past mistakes (by both themselves and other organisations in the system), but also incorporate present research findings and horizon scanning activities in a timely and effective manner. The wider NHS' ability to translate and apply scientific findings both in clinical and managerial fields must improve to ensure those managing services and serving patients are less frequently putting out fires and are instead empowered to proactively improve. The NHS must be moved out of the Stone Age and, unfortunately, simply shining a light on how productively an organisation talks about its past will fail to do this.

The league provides such a minimal amount of information that it fails to openly enable academics or practitioners to attempt to better understand which factors promote openness and honesty and in so, apparently, a learning culture. Those organisations that aim to continue to develop the learning agenda within the NHS must consider it an imperative that they partner with academic institutions and institutions of learning excellence to quicker implement impactful learning for the health system.

Conclusion

The league is a welcome step in the right direction and should promote the increase in incident reporting and in so ethical practice; whether this was

the right first step however, will only be determined in time. The nature of organisational learning is complex and multi-faceted and ultimately the release of the league fails to publicly recognise that. Transparency and learning have not been demonstrated to have a direct causal relationship, and they should not be considered so to appease political pressure. The measurement and subsequent ranking of learning are admittedly complex and intricate affairs, however, with a system that is so unfamiliar with joined-up and centralised learning efforts, it is what is required at this time. [BJHCM](#)

References

- Department of Health (2016) Learning from mistakes league. Available at: <https://www.gov.uk/government/publications/learning-from-mistakes-league> (accessed 31 March 2016)
- Hewitt T, Chreim S, Forster A, Vanderloo S, Backman C (2015) Fix and forget or fix and report: a qualitative study of tensions at the front line of incident reporting. *BMJ Qual Saf* **24**(1): 303–10. doi:10.1136/bmjqs-2014-003279
- McIntosh B, Voyer, B (2012), A Perverse psychological contract. *British Journal of Healthcare Management* **18**(6): 290–91
- Reason J (1998) Achieving a safe culture: theory and practice. *Work and Stress* **12**(3): 293–306
- Voyer B, McIntosh B (2013) The psychological consequences of power on the self-perception of leaders and followers—implications for leadership research. *Leadership and Organization Development Journal* **34**(7): 639–60