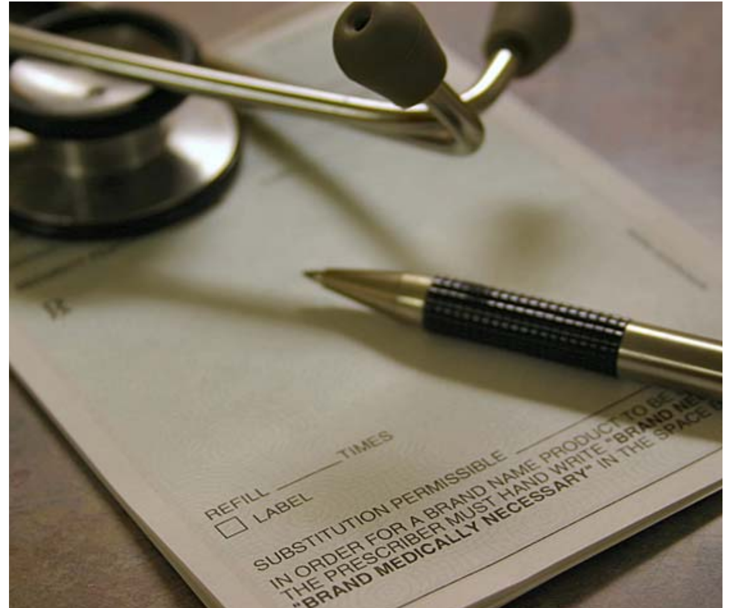
AT-Learning™

ikonami®

# White Paper:

## AT-Learning™
## Using Learning Management Systems to Facilitate Compliance Monitoring and Reporting in Healthcare




## Executive Summary

Compliance monitoring and reporting is not only an organisational need but a legal necessity for today's healthcare organisations. Requirements range from statutory compliance with health and safety standards to mandatory compliance with infection control measures. Compliance is driven by national directives as well as local initiatives to reduce insurance premiums, improve processes and provide better patient care.

Though the situation is improving slightly[2] in terms of the number of claims, the cost of paying for those claims has only increased[2], so the job of risk management teams within healthcare organisations is not getting any easier. The public sector is already cash-strapped and facing future cutbacks, so the challenge is to reduce the cost of insurance premiums, fines and payments arising from potential litigation. To reduce potential claims made by patients and staff, more needs to be done to mitigate risk – meaning more compliance training, monitoring and reporting.

In an NHS where service commissioning and provision are separate, there can also be serious implications for service providers who fail to comply with relevant standards. Service commissioners could amend their purchasing decisions and acquire services from a different provider, leading to a loss of revenue for service providers who are not compliant.

In addition to ensuring employee competence levels meet regulatory requirements, compliance can also lead to greater efficiencies. A trained and competent member of staff is better able to make better use of the organisation's resources, thus facilitating savings.

This paper explains how a Learning Management System, designed to address the specific challenges and needs of healthcare organisations, can be used to manage compliance, minimise exposure to litigation and reduce costs.

1.
In 2007/08, the NHSLA received 5,470 claims (including potential claims) under its clinical negligence schemes and 3,380 claims (including potential claims) in respect of its non-clinical schemes. The figures for 2006/07 were 5,426 for clinical claims and 3,293 for non-clinical claims; in 2005/06 the figures were 5,697 and 3,497 respectively. In 2007/08 the NHSLA received 3.8% fewer claims than it did in 2005/06. Source: The NHS Litigation Authority Fact sheet 3: information on claims
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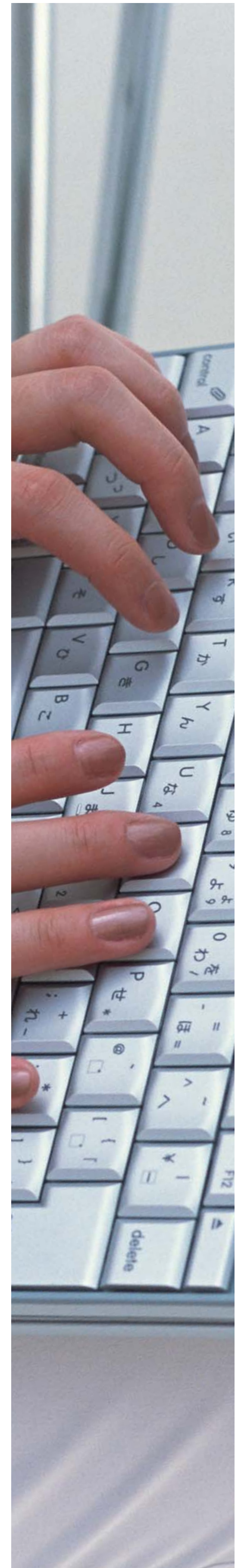
2.
The NHS Litigation Authority Factsheet 2: financial information

## Assessing the problem

The scale of the problem can be gauged through analysis of data from the NHS Litigation Authority (NHSLA), which handles negligence claims made against NHS bodies in England. In 2007/08, the NHSLA received 5,470 claims (including potential claims) under its clinical negligence schemes and 3,380 claims (including potential claims) in respect of its non-clinical schemes. The figures for 2006/07 were 5,426 for clinical claims and 3,293 for non-clinical; in 2005/06 the figures were 5,697 and 3,497 respectively[1].

In addition to the normal problems that can happen on a daily basis, there have also been several serious outbreaks of superbugs within acute care trusts in recent years. When these incidents are investigated, the cause is invariably found to be poor health and safety or infection control practices. Even if the right training has been delivered, procedures have not been followed. This underlines the importance of reinforcing core skills training on a regular basis, to drive home the need for good infection control practices and so reduce risk.



## Cost of non-compliance has risen ten-fold in a decade

The NHSLA handles negligence claims on behalf of the NHS under five different schemes. In 2007/08, the NHSLA made payments totalling £661.04 Million in respect of all five schemes. It should be noted that this figure only relates to expenditure from the NHSLA itself; additional costs will have been incurred by the healthcare organisations involved. Moreover, the cost of payments made by the NHSLA in respect of negligence claims against the NHS has risen nearly ten-fold over the past decade, from £70.08 million in 1998-99, to £661.04 million in 2007-2008[2].

As at 31 March 2008, the NHSLA estimated that it has potential liabilities of £12.06 billion, of which £11.9 billion relate to clinical negligence claims (the remainder being non-clinical liabilities under PES and LTPS). This figure represents the estimated value of all known claims, together with an actuarial estimate of those incurred but not yet reported (IBNR), which may settle or be withdrawn over future years[2].

What is clear is that the rising financial burden of settling negligence claims will invariably result in ever–increasing risk premiums being charged to healthcare organisations under the Clinical Negligence Scheme for Trusts (CNST) – taking vital resources away from front-line health services and patient care. Those premiums are based upon the organisation's risk profile, which is determined through auditing and reporting of its achievements against defined NHSLA standards.

## The Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the new independent regulator of all health and adult social care in England, which has replaced the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. The CQC has the authority to inspect services whether they're provided by the NHS, local authorities, private companies or voluntary organisations and deploy a range of enforcement powers including issuing warning notices, fines, prosecution or even forcing closure in extreme circumstances.

Service providers may register with the CQC to provide care only after carrying out an assessment of whether they meet government regulations for managing infection. To carry out the assessment, the CQC asks that trusts declare whether they were compliant with the regulations and cross-check this with other performance information, including patient and staff surveys, findings from previous hygiene inspections, trusts' declarations against core standards for infection control, and rates of MRSA and Clostridium difficile infection. Where problems are identified, provision of infection control courses and other relevant training is deemed to be a key strategy for delivering improvements. So once again, there is a further imperative to provide and monitor training interventions. This is the first step towards full CQC registration on all basic standards, a regime that will come into force from April 2010.

## How compliance can lead to savings: NHSLA premiums

The NHSLA Standards are divided into three "***levels***". Organisations which achieve success at level one receive a 10% discount on their CNST and RPST contributions, with discounts of 20% and 30% available to those passing the higher levels. The CNST Maternity Standards are also divided into three levels and organisations successful at assessment receive a discount of 10%, 20% or 30% from the maternity portion of their CNST contribution. The progression of organisations through the standards (such as "***Learning from Experience***" and "***Competent and Capable Workforce***") is logical and follows the development, implementation, monitoring and review of policies and procedures. Reduced premiums can be achieved by providing training to develop a competent and capable workforce and being able to demonstrate the learning interventions and training completions that led to the achievement of that standard.

## NHSLA Standards

| | Aim | Measure of Success |
|---|---|---|
| **Level 1** | Documenting (Policy) | Demonstrating that the process for managing risks has been described and documented. |
| **Level 2** | Implementing (Practice) | Demonstrating that the process for managing risks, described in the approved documentation, is in use. Evidence should be provided for a number of departments and/or staff groups and/or patient types etc and may include risk assessments and records, e.g. training, medical device inventories, incident reports, completed proformas, evaluations, etc. |
| **Level 3** | Monitoring (Performance) | Demonstrating whether or not the process for managing risk, described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process. |

## The need for audit reports in delivering compliance

The kind of audits and reports required by NHSLA and CQC vary according to the type and function of the healthcare organisation involved.  For example, NHS organisations which provide labour ward services are subject to assessment against both the NHSLA Acute (or PCT) Standards and CNST Maternity Standards.  So organisations need to be able to report on whatever topics are applicable to their activities.

Compliance monitoring needs to be translated into audit reports that can clearly demonstrate the Trust / Board's ability and / or inability to comply with statutory and mandatory policies. Training reports form the backbone of any such audit, as the human element is the most significant risk that needs to be controlled through effective training. Of course, efficient processes also need to be in place; it is the combination of good training and efficient processes that will determine the organisation's ability to maintain compliance.

## The type of system needed to deliver compliance

With this in mind, the starting point for any audit (whether it is a general compliance audit, a CNST audit or an NHSLA Risk Management Standards audit) is the training history for the organisation's staff. To interrogate this training history, the learning and development department needs to supply specific and ad hoc reports in real time. These various compliance standards are stringent in their need for evidence, so it is no longer feasible to use several in-house databases and spreadsheets to gather the required information. That approach simply leaves too much opportunity for human and other errors to creep into the process.

Similarly, a training administration system in itself is not capable of delivering the functionality and business intelligence that is required to fulfil the needs of today's risk management. What is required is a system that manages the entire learning and development process - a learning management system that is competence based and linked to the organisation's appraisal/review systems. This helps to identify whether staff are compliant on an individual basis – or if not when they are likely to be competent, which could make the difference between a warning and a fine for non-compliance.

Moreover, any system needs to be future-proof enough to cope with the changing demands these compliance standards and audits place on the organisation's risk management and learning and development teams. Therefore, the organisation needs a smart system that can meet current needs and evolve to meet future acompliance requirements.

### The reports that can demonstrate compliance

**The most common types of reports that are used to demonstrate compliance are:**

- Completion reports - that highlight the staff members who have completed a given activity / course
- Refresher reports - that highlight the status and expiration dates for various perishable skills / competences that need to be periodically refreshed, and most importantly
- Exception or Negative reports - that highlight who has not completed a given activity / course and whether they are booked on a future schedule to fulfil that requirement.

A comprehensive and robust learning management system is the easiest, fastest, most accurate and most cost effective way of generating and delivering these reports.

# How can a learning management system facilitate compliance?

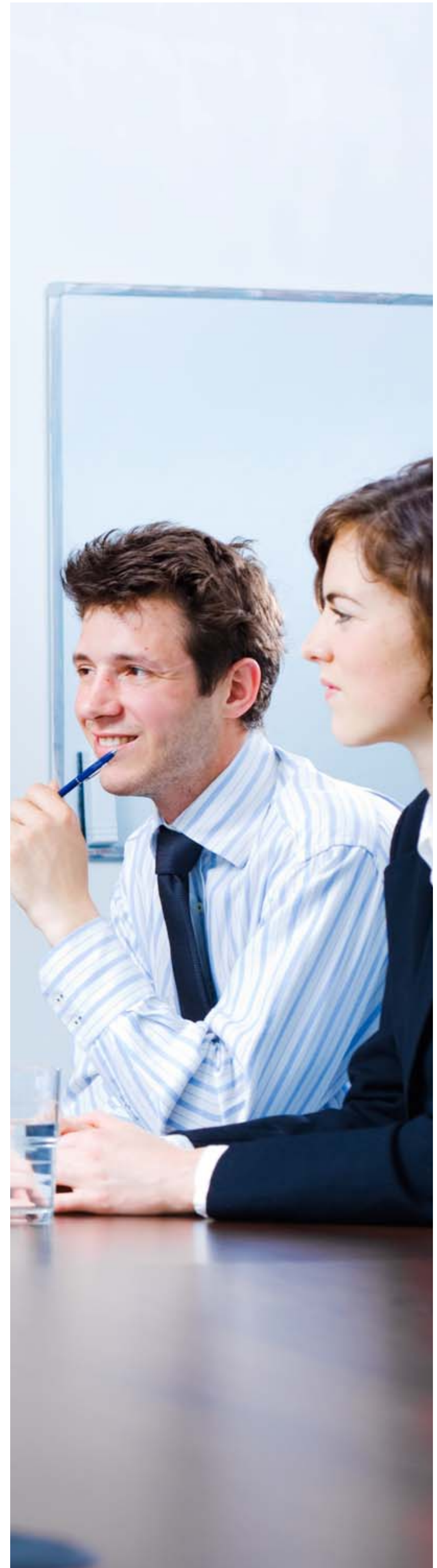
**A Learning Management System (LMS) can help to deliver compliance in a number of ways; by ensuring staff have the right skills at the right time, by identifying staff who have not gained the right learning or competence as a risk to the organisation and by generating robust reports with accurate data for auditing purposes.**

Removing the administrative overhead of maintaining a paper based or spreadsheet based system to monitor statutory and mandatory compliance means Learning and Development staff are freed up to ensure that the quality and variety of training provision helps to deliver real compliance. More importantly, they can put greater effort into ensuring that individual training schedules meet the personal development plans associated with the individual, their job role and career path, reducing risk on an individual and organisational basis.

In this respect, it also helps to have an LMS like AT-Learning™, that is fully integrated with the Electronic Knowledge and Skills Framework (e-KSF), so training completions can be logged automatically on an individual's personal development plans to track their progress towards developing the right knowledge and competence to be compliant in their job role.

The healthcare sector also has a particular issue in that many skills and competences are best learned in informal situations, such as discussions with colleagues or by attempting procedures on the ward, under supervision. This informal learning is just as valid a contribution to the learning process as classroom based training or e-learning, yet traditionally it has been very hard to capture. Access to an LMS can be rolled out to line managers or other nominated individuals, so they can capture and record such informal learning as and when it happens, in the individual's personal record, leading to a more accurate assessment of the individual's level of competence and risk profile.

A good quality LMS with exception or negative reporting capabilities can also be used to track and identify DNA's (Did Not Attends), people who represent a risk to the organisation and whose training needs must be addressed in order to achieve compliance. The ability to monitor and track exceptions/ negative training histories for individual members of staff means specific training programmes can be developed to suit that individual's needs. In healthcare organisations, many staff work remotely or on a shift basis, making scheduling of training and communication particularly difficult, resulting in more DNA's. An LMS with email notification and reminder capabilities can help to overcome that challenge.



## A call to action

In terms of auditing and reporting, having organisation-wide information on one LMS helps to minimise the risk of incorrect information being generated through the collation of data from a number of different systems or sources. In addition, proof lies at the heart of auditing, so it is beneficial to have an LMS on which completion histories and certifications for individual members of staff may be stored, where applicable – meaning there is always easy access to supporting information that validates basic training data.

Similarly, because healthcare organisations need to demonstrate competence in every area in which they deliver services, there is a difference in the data that is used to evaluate each organisation. This is why it is essential to be able to report on any and all training activity, with an LMS that can provide both standardised and flexible (ad hoc) reports that are fit for the organisation's specific audit purposes. Ad hoc reports can also be used to track the organisation's progress towards compliance at any given point in time, enabling the organisation to continue on the same path or change strategy as necessary. In addition, organisations have to comply with equality legislation, so an LMS that enables ethnicity reporting, like AT-Learning, is of considerable benefit.

The automation of report generation also helps to minimise the risk of human error in terms of which reports are generated, using what criteria, and at what time, helping to ensure timeliness and data quality. Conversely, ad hoc reports can help line managers to identify the actions they need to take in order to deliver compliance within their own team.

Where organisations are found wanting, regulatory bodies wish to see a commitment and strategy to plugging any gaps in compliance. For this reason, an LMS needs to be able to produce data that demonstrates whether staff are booked on future schedules for mandatory and statutory training activities or courses, which can help to mitigate possible negative outcomes imposed by the regulatory body.

# About Ikonami

**ikonami is a provider of bespoke learning software systems for government, independent healthcare and other organisations seeking learning and development efficiency.**

ikonami was founded in 1999 and originally provided project management consultancy to help organisations exploit the benefits of technology. In response to client demand, ikonami evolved into a full-service technology company that combines its specialised software offerings with a variety of service capabilities, including full Learning Process Outsourcing (LPO). This is currently the fastest-growing area in the training sector, increasing by 32% per annum compared to 6% growth in overall training spend.

ikonami's solutions enable its customers to increase productivity and performance, align resources more closely with business goals and maximise and manage human capital. Millions of people benefit from ikonami's offering, through deployments such as the National Health Service's Electronic Knowledge and Skills Framework (e-KSF).

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