Flow Coaching Academy programme: Replication by Social Franchise

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1st March 2018
‘Another way to estimate the number of quality coaches needed is to figure that roughly 5% of employees should be developed as QI coaches.’

Building capacity and capability for improvement, NHS Improvement 2017

INTRODUCING SPRING IMPACT (formerly International Centre for Social Franchising)

Our vision and mission

**OUR VISION**
A world where social problems are addressed at scale

**OUR MISSION**
To scale up social innovations
There are now over 400 Trussell Trust food banks across the UK serving over 1 million people each year.

SPRING IMPACT’S 5 STAGE PROCESS

PROVE
- Validate social impact
- Validate business model
- Assess replication readiness

DESIGN
- Define scale objectives
- Select replication model
- Create scale strategy

SYSTEMISE
- Document all systems and processes
- Develop recruitment and support functions
- Develop legal documentation

PILOT
- Pilot in 2-4 locations
- Evaluate and iterate

SCALE
- Rapid roll out of replications
- On-going support
- Continued learning and innovation
WHY WE ARE SO EXCITED ABOUT REPLICATION....

REPLICATION SPECTRUM

FLEXIBILITY  CONTROL

DISSEMINATION  AFFILIATION  WHOLLY-OWNED

- Training
- Open Sourcing
- Consultancy
- Loose Networks
- Accreditation (Certification)
- Federation
- Strategic Partnerships
- Associations
- Social Licensing
- Joint Ventures
- Mergers / Acquisitions
- Subcontracting
- Branching
THE CHALLENGE OF SCALING INNOVATION AND IMPROVEMENT WITHIN THE NHS
THE CHALLENGE

NHS is a world leader in healthcare innovation – but historically has often failed to scale these innovations

- New and promising solutions are developing locally but typically failing to scale nationally
- This represents an expensive inefficiency, both financially and in terms of health outcome foregone

Most peer-to-peer scaling in the NHS currently uses dissemination techniques
WHY?

We see two key reasons why innovation does not replicate successfully

1. Dissemination models are not being implemented effectively
2. Dissemination is not the right model for the innovation

DISSEMINATION MODELS ARE NOT BEING IMPLEMENTED EFFECTIVELY

Some key reasons

1. Lack of skills/knowledge to use techniques

   Example: Training
   - To enable behaviour change it is recommended training:
     - Use a variety of media
     - Include practical activities and problem-solving
     - Demonstrate new techniques in practice
     - Include follow-up support
     - Use as one component among a wider range of dissemination strategies

2. Scarcity of capacity and funding - Many of those we spoke to were donating their time, or had very limited staff hours funded to work on replicating their solutions
DISSEMINATION IS NOT THE RIGHT REPLICATION MODEL

Some key reasons

- More complex interventions require more support and control to achieve fidelity
- Achieving behaviour change among implementer staff and management is difficult
- Dissemination often does not provide support to tackle the wider barriers to implementation at the implementer level e.g. limited staff time, different operating systems
- Provides limited financial incentives to originator to scale

WORKING WITH HEALTH FOUNDATION TO EXPLORE A NEW APPROACH TO SCALING HEALTHCARE INNOVATIONS - SOCIAL FRANCHISING
USING FRANCHISING MODELS TO MAXIMISE IMPACT AND REACH

- Social franchising takes commercial franchising models and applies them to social organisations to maximise their social impact and reach.
- Takes innovations that work locally and packages them up to roll out nationally.

SOCIAL FRANCHISING: KEY ELEMENTS

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<thead>
<tr>
<th>FRANCHISOR</th>
<th>FRANCHISEE</th>
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<tbody>
<tr>
<td>Brand</td>
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<td>Services/products</td>
<td>Compliance</td>
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<td>Standards</td>
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<td>Training &amp; support</td>
<td>Agreement</td>
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<td>System development</td>
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A complex system problem
2003 Toyota Corolla

The Big Room (Obeya)
Team Coaching

Dr Margie Godfrey

The Big Room in Action

Discharge to Assess (D2A)
Reduction of 6 days waiting on implementing D2A

In one year >10,000 patients discharged to home support in 1.2 days compared with 5.5 days
Replication models
Global Aim
Themes ‘Post-it Frenzy’

Pre-Phase
Coached weekly meetings
Patient stories
System data
Reflective learning

Flow Coaching Roadmap

AP SD
AP SD
AP SD

Flow

Validate
social
impact

Validate
business
model

Assess
replication
readiness

Change
Ideas
Brainstorming
Change Concepts
 Benchmarking
visits
Process/Value
Stream
Mapping
Fishbone
Spaghetti
Diagrams
Selection
criteria &
Maturity

Define
scale
objectives
Select
replication
model
Create
scale
strategy

Document
all systems
and processes
Develop
recruitment
and support
functions
Develop
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Pilot
in 2-4
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Evaluate
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Rapid roll out
of replications

On-going
support
Continued
learning and
innovation
Flow Coaching Academy Programme
Medical Patients >75yrs: Average Length of Stay

PDSA Starts

8am - 8pm

South Warwickshire NHS Foundation Trust

Acute cholecystitis: lead time days presentation to surgical intervention

PDSA 1: Common referral pathway

PDSA 2: E-referral

PDSA 3: Capacity matching

Royal United Hospitals Bath NHS Foundation Trust

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@sheffielddoc
‘The Flow Coaching Academy learning has transformed our approach to sepsis, my approach to QI, to clinical management and has led to the addition to my role – that of Transformation Chief Clinical Information Officer.’

Dr Anne Kinderlerer, Consultant Acute Physician, Imperial College Healthcare NHS Trust
This year’s theme: Leading Improvement

• Inspiring presentations by Peter Homa, Liz O’Riordan, Kirsten Major, Paula Ward, Margie Godfrey & world leaders quality improvement

• Learn about the MCA, and the Flow Coaching Academy (FCA)

• Interactive sessions, engaging workshops and real life stories from the front line

• Daytime and evening events to build your own improvement network

www.sheffieldmca.org.uk/mca-expo-18

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