

Scale Up 4 Safety



Wessex Patient Safety Collaborative

Connecting and sharing across Wessex to improve patient safety





Wessex PSC is looking to partner with up to 5 teams in 17/18 to support **patient safety scale up projects** across Wessex

Partners will bring:

- A tested innovation
- Organisational support for scale up
- Agreement to test the template

Wessex PSC will bring:

- The Scale Up template being tested
- Dedicated resource to support the partner scale up team

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The aim of **Scale up 4 Safety**:

- To support health staff in Wessex
- To move from single unit good practice
- To a much wider geography
- So patient safety is improved
- And more patients and staff benefit



To Spread or to Scale Up?? That is the question.....

The general principles of Scale Up:

- Planned series of activities
- Structured around Scale Up units
- For a defined target population
- With the aim to scale to a minimum of 60% of the target population



The WPSC Scale Up Template – is in the TESTING phase

Content and ideas taken in part from the following papers:

- *Planning for scale - Institute of Healthcare Improvement, 2008
- *A framework for spread - Institute of Healthcare Improvement, 2006
- *Myths and Mechanisms - David Albury, 2015
- *A Framework for scaling up health interventions - Barker, Reid et al, 2016

The template can be used by the scale up team in 3 ways:

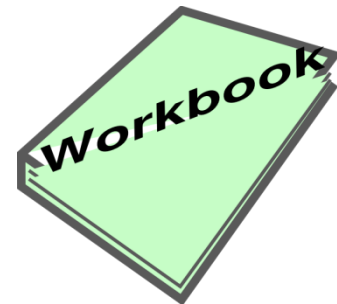
As a guide on your gadget



As a wall planner



As a printed workbook



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How do I use the Scale Up template?

- Your aim is to move from the left [localised effective innovation] to the right [innovation is business as usual across a wider geography]
- You move through a series of PROCESS steps [columns 1 – 12] – some occur at the same time
- In each process step you look at the aim [what you want to achieve], some suggested actions [pick & mix style and you can add to this] and the outcome [what success looks like]
- Process 1 is at **organisational level**, processes 2-11 are at **scalable unit level** and process 12 is where you replicate steps 2-11 across the other planned scalable units

E F F E C T I V E I N N O V A T I O N	Key process steps for scaling up	TEST SCALE UP - AT A UNIT LEVEL												GO TO FULL SCALE	B U S I N E S S A S U S U A L
		P l a n n i n g - some sections will occur concurrently								S C A L E U P	Customisation to scalable unit				
		1. Organisational Planning: Define the aim, the scalable unit and the scale up plan [SUP]	2. Benefits and challenges	3. Data, intelligence and champions	4. Connect with the unit leaders and prepare for scale up	5. Connect with the staff and prepare for scale up	6. Unit level environmental preparation	7. Plan for evaluation	8. Communication		9. Momentum	10. Continual learning and sharing	11. Embed [its normal here]		
AIM															
ACTION															
OUTCOME															
SMALL TEST/S OF CHANGE	A D A P T - BUILD THE WILL / MEASURE THE IMPACT / SHARE THE SUCCESS UNIT SCALE UP												SCALED - BUSINESS AS NORMAL		



The 12 process steps

1. Organisation planning – with the partner scale up team
2. Benefits and challenges
3. Data, intelligence and champions
4. Connect with the unit leaders and prepare for Scale Up
5. Connect with the unit staff and prepare for Scale Up
6. Unit level environmental preparation
7. Plan for evaluation
8. Communication

UNIT SCALE UP

9. Momentum
10. Continual learning and sharing
11. Embed [it's normal practice here]
12. Repeat the cycle [process steps 2-11] in the next scale up units



An example of a Scale Up process step

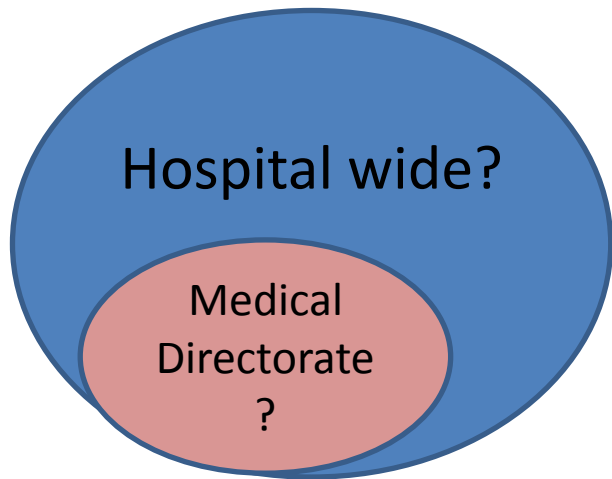
Process 1	Organisational Planning: Define the aim, the scalable unit and the scale up plan [SUP]
AIM	Define the aim and timescale of the scale up project; for example, all WARDS in CITY HOSPITAL will have implemented NEWS by AUG 18.
	You need to define your target population.
	This is part of the scale up plan [SUP] and NOT done in isolation. The SUP will demonstrate how you will move to a minimum of 60% scale up for your target population. Try to plan a continuous path leading to full scale up from the outset so you know which scalable units are next and so do they.
	Develop a culture of urgency and persistence.

OUTCOME	The scalable unit of spread is the optimal size; large enough to make an impact and give ground swell, small enough for you/your team to manage/support
	You have an agreed SUP for the organisation/system and within this the next units of spread are identified and starting their process prior to the end of the last spread unit [a bit like the Olympics]. You use champions from the current scalable unit to help in the next scalable unit.
	You have clear executive leadership and they are proactively involved in supporting scale up. In each scalable unit you know your champions and your sceptics and you engage actively with both groups to help support the process.

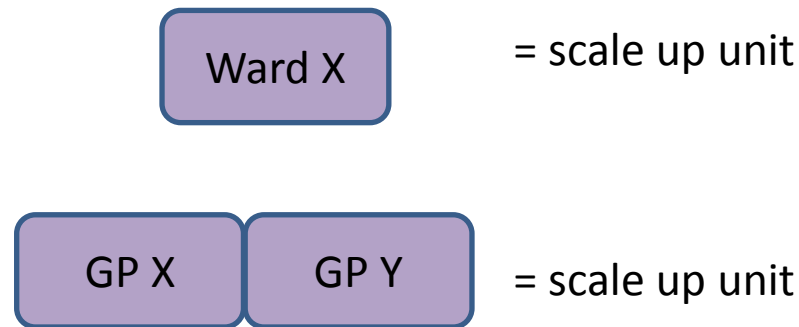
ACTION	*Write SUP with clear aim, timeframe, identification of scalable units and their proposed running order
	*Discuss, amend and agree SUP with Directors and key advisors - this gives leadership and topic expert support
	*Identify key stakeholders who own the process - supporters will help you deliver, sceptics will make you aware of the risks
	*Identify early adopters/keen individuals & teams: go first where the will is - use this to help plan the running order
	*Identify patient champions who can support and work with you - make them very visible and a meaningful part of the process
	*Identify a board/executive level sponsor - they give senior support when system blocks occur and keep scale up on the exec/board agenda
	*Identify a day to day lead for scale up across the organisation - they will be able to see the scale and pace achieved across multiple units to link success and raise challenges to the exec sponsor for resolution



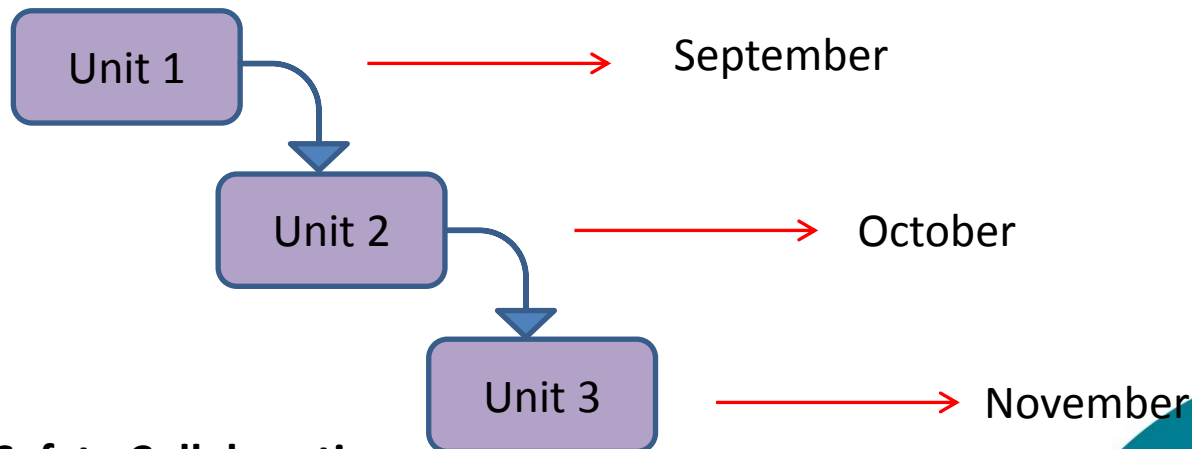
1. Identify your **target population** for Scale Up



2. Define the size of the Scale Up **units**



3. Plot the unit **order**

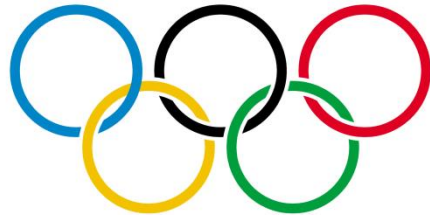


4. Add the **time frame**





Partners may already have a team who led the original testing of the innovation/change. They will not necessarily be responsible for or lead the wider scale up.



Think of it like the Olympics.

We run our distance and then pass the torch on to the next person who covers more ground. It's inclusive and involves many people



When they plan the next Olympics games, one person from the last games joins the new team.

It retains the rich learning but the team who will be delivering the next event own the process.

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**If you would like to chat about working with us on
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<http://wessexahsn.org.uk/programmes/21/patient-safety-collaborative>

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