NHS Greater Glasgow & Clyde's Value Management Experience

August 2021

Philipshill, the rehabilitation ward within The Queen Elizabeth National Spinal Injuries Unit, share their experience of Value Management.

- **driven by** a widely respected team leader with the wellbeing of her staff and wider team at the heart of her approach.

- **supported by** a closely collaborating group of senior team members and an enabling ethos maintained by key senior managers.

- **leading to** multiple improvement projects and an increased sense of individual and team wellbeing.

Value Management uses real time data on quality and cost at the point-of-care. This approach to data collection, analysis, and problem-solving organises all improvement activities at a team level to support quality management and sustained improvements over time.

The core components of the Value Management method are:

1. **The box score** which organises real time data on performance, capacity and cost.

2. **A visual management board** which displays data over time, linked analyses and related improvement work.

3. **Weekly multidisciplinary huddles** where teams meet to discuss data, share learning and plan improvement work.

This team is one of a number across Scotland who are taking part in a collaborative led by Healthcare Improvement Scotland, working in partnership with NHS Education for Scotland and the Institute for Healthcare Improvement.

To read more about the collaborative, please see the interim learning and impact report.

This case study is one in a series that looks at how teams have implemented the value management approach.

About the team – Philipshill

Philipshill is a 36 bedded Spinal Rehabilitation Ward, serving the population of Scotland who have sustained a traumatic spinal cord injury. The ward is managed by Senior Charge Nurse Helena Richmond and divided into 2 teams, with 4 dedicated beds in the Respiratory Care Unit, and a dedicated and experienced team including discharge co-ordinators, charge nurses, staff nurses and experienced healthcare support workers.

The team are dedicated to a patient and family centred care approach and patients and their families and friends are instrumental in the goal planning process, and are guided to set realistic goals. Patient stays can vary from a few months to a year within which time they are supported to get their life back and to be as independent as possible.

During the Value Management journey the staff appreciated what a difference could be made by cost savings that could be redirected to make a difference elsewhere in their own ward.

A focus on Joy at Work

Preventing the bad days – a central part of the Value Management agenda

After a pause during the first wave of the COVID-19 pandemic, the team recognised the impact on staff and the intense stress being experienced, the SCN decided to focus on Joy at Work and tested various approaches to gathering information on staff experience at work and wellbeing.

The first step was to create a safe space for staff to honestly express how they were feeling at the end of a day/night and encourage them to let management know so that they could make positive changes that would make a difference to staff experience and wellbeing. Following many tests of change they settled on a simple locked box where staff could post cards with green, yellow or red faces to rate their day as good, okay, or bad and provide qualitative feedback.

Engagement was mixed but sustained with perseverance and the positive impacts felt from staff expressing their feelings, and recognising that positive steps would be taken to acknowledge and support staff to embed changes that would improve their day/night. Slowly more comments were added to the cards, allowing the Senior Charge Nurse to address concerns in real time, confidentially.

Staff felt listened to and supported as a result. There was also an acknowledgement that not everything could be solved but the ability to share and off load proved a positive experience. Engagement with the process increased with positive feedback. Staff who had previously been disengaged from the process became engaged and empowered. Staff started to take ownership of their own comments and sign the cards.

> "We've used this time to speak about what's important to staff, the wellbeing of staff, Joy At Work. And we've created a lot of feedback. So, staff are actually feeling valued and listened to"

Team Lead

> "in a year of COVID, you can feel that people are happy and satisfied with their work. You don't hear low-level grumblings. It's a nice atmosphere to work in."

Consultant

Visual management board (VMB)

Methodology

What do they do?

The visual management board displays key information about the team's current improvement priorities and related projects and data. It is on a mobile stand and provides a focus for the huddles.

It is also kept visible outside this time so that staff not able to attend the huddles can review and also add ideas to it. It has a section – 'Tell a buddy' – to capture any frustrations or improvement ideas that might normally only arise in informal conversation between colleagues.

Outcomes

What has happened as a result?

- **Increased interest in cost, waste and efficient use of staff capacity.** Although not emphasised when Value Management was introduced, the display of cost data flows and results of staff capacity measurement on the board, has led to an increased appreciation about costs and how improvement work can impact them. Savings in one area can be redirected to make improvements elsewhere.

"[The Visual Management Board is…] a visual aid. We're not just gathering around here for a greeting meeting, […] there's a purpose. And if there are pebbles in the shoe, we can actually do something about them. […] Actually speaking it out you realise you're not alone and somebody else feels the same, that's helpful … "

Education Nurse

Box score

Methodology

Involvement of finance colleagues

Finance have invested considerable time in creating automation for systems to populate finance aspects of the weekly box scores for the 3 pilot teams.

There are still some manual tasks which currently take about 10-20 minutes a week for each team.

Outcomes

What has happened as a result?

- **Increased understanding of finance colleagues and enthusiasm about contributing directly to front line quality improvement.** Finance became keen to work more closely with teams.
- Finance gained increased insight into the practical realities behind the data and considered this facilitated communication with other front line teams.

"They're actually getting prices from the likes of pharmacy – if we've got to send stuff back to pharmacy, how much that stuff would have cost just sitting there […] whereas it could go to something more important. […] [Because of VM] everybody sees it, "well, do we really need that, or that? Because that could really go towards that." You know? So, yeah, I think it's very helpful."

Health Care Support Worker

"[Capacity measurement] highlighted dayshift from nightshift, healthcare support worker to trained nurse […] There was a lot of focus on how much of [the SCN's] day was taken up with tasks that do they really need a SCN to do? So, could that then generate support for them that's […] more administrative?"

Education Nurse

Multidisciplinary team huddles – a way of working

Methodology

Supportive multidisciplinary huddles

Several people are willing and able to lead the weekly huddle.

Usually around ten people have been attending the huddles, mostly nurses but also allied health professionals, medics, clinical support workers, and occasionally a domestic and ward clerk. The finance lead had not yet attended but this was planned and the team lead has updated them on huddle discussions and plans.

A key part of the huddle is considering the issues arising from staff "Joy at Work" comment cards which most of the team complete at the end of their shifts.

Outcomes

A team approach and a way of working

Interviewees reported that Value Management – the huddle in particular – is now a way of working in this team: ideas and suggestions come from many people, ranging in grade and in discipline.

Numerous improvement ideas were generated and there are several projects ongoing using the Value Management approach and led by different team members.

Team members report looking forward to the huddle, with a nurse and clinical support worker both describing aspects relating to feeling valued, valuing each other and being listened to.

One interviewee observed that whilst there had been an increase in staff turnover, this has not undermined the team's commitment to the approach, and indeed suggested that Value Management has probably helped the team cope.

Enthusiasm!

Team members will often initiate the meeting by bringing out the visual management board without being asked and go and find the Team Lead if late!

Unprompted, 2 interviewees reported they had enthused about the approach to colleagues in the neighbouring High Dependency Ward (Edenhall).

Ideas generated

Recycling/waste project – 2 more junior members of staff with aim of reducing waste and increasing recycling (also involving patients).

Patient education – training patients to self-administer drugs (which they will need to do at home) to help free up nursing time as well as potentially improve care experience for patients.

Supporting rehab – nurses observed patients are more likely to go to the gym (for rehab exercises) if they sleep well, so tested ideas such as adjusting the gym schedule to better facilitate sleep times.

Helpful rehabilitation activities suggested by therapists during multidisciplinary huddles that nurses could support over weekends.

Philipshill's finance lead gave an example of initiating an improvement conversation in a different team as a result of being more curious about their financial data from his involvement.

A different team within the remit of the same Lead Nurse started testing their own approach to Joy at Work.

Potential cost savings that could be achieved by reducing the amount of medicine stock stored in the cupboards. For example, better assessing amount required or centralising stock allocation between wards/floor.

Improvement ideas and implementation – managed through the huddle

Patient notes

Improving ease of use of patient notes. Complaints from a consultant and others about difficulties in finding things in patient notes were brought to a Value Management huddle. A systematic approach was taken to improving file organisation, starting with timing someone unfamiliar with the files to find something as a baseline measure. Now a new system is being trialled in one of the patient rooms with feedback request to users.

Reduced drug stocks

The team **reviewed medicines use** and identified they were holding excess stock of drugs, in particular controlled drugs contributing to the risk of medicines errors as well as representing unnecessary costs. They have reduced the stocks they hold which the data on their controlled drugs costs bears out.

Practice workshops

Regular workshops on patient safety and other aspects of practice, brought in as a result of Value Management discussions. Topics have included spinal disreflexia and catheter care, … *"where we all sit together and they just give us a scenario. I've been here seven years and there are people who have been here a month, but you don't feel silly, you feel you can share your ideas"*.

"[The benefits are] the changes in the staff. To be able to see the difference the implementation of Value Management has made to the team. I would say that I've recognised a change in their motivation to do things. I think it's been valuable to help them as a team and their resilience, to be honest, during this period of time. But also the other things that have come out, the patient outcomes that have changed, the cost savings that have changed for pharmacy…

Manager (Lead Nurse)

"I don't think [Value Management] does differ from quality improvement because it is quality improvement.

But I don't think we always align what we do every day, day in, day out – the wee quick fixes that people make – to quality improvement because we're just trying to do it as quickly as possible and then get on to the next task […]

[Value management] slows you down, in a good way."

Lead Nurse

"… before [Value Management] you felt like you couldn't […] speak to the management about [bad days] […] and what I found helpful was writing it down in my comment card, putting it in the box, […] and I know someone above me is going to deal with that … but then I can **let it go**, I can leave it there and I'm not going to dwell on it….I'm back in love with my job again"

Team lead

"I've been saying to [Team Lead] since the beginning [of Value Management], "I have an idea, I'd love to do this […], this would make a real difference." […] I see an avenue for my idea to lead to improvement."

Consultant

Key enablers

Readiness for change

Value Management can boost team working and culture but it is something new for most people. To engage in it fully the team needs to be functioning well and to have both interest in, and capacity for improving.

Identifying measures

Supporting the team to understand that the box score should include the most important areas that their team want to focus on and improve.

Senior management commitment

Although not visible to all team members, the involvement of senior managers has been important to help drive implementation, and valued by the coach and senior members of the team.

Use of data

Repeated reminders that this is not just about improving, but also evidencing, with data, that there has been improvement.

The early involvement of finance colleagues helped to set up effective systems providing weekly data to teams.

Role of team lead and coach

The team lead and coach roles are critical to gaining team buy-in but also in fulfilling key communication roles between the team and their more senior managers as well as being able to reach out across disciplines. Their enthusiasm and the coach's knowledge were noted by all as key.

Early wins

Team members seeing change in things that mattered to them and because of their ideas, was thought to have helped embed the approach.

Management support and delegation

Although crucial, several reflected that a Team Lead could not deliver this alone. The Team Lead agreed support is needed from other senior team members (or those working closely with them) and from local managers to facilitate communication between the team and senior managers.

Developing knowledge of Quality Improvement

As Value Management is an approach to plan and manage quality, thus developing quality improvement skills in the team through participation in a locally run course such as Scottish Improvement Foundation Skills was seen as an important enabler.

Emphasis on team ownership

In the early stages, managers' emphasis on the team understanding they own it was key. It is for the team to set the agenda, addressing issues that are a priority for them.

Framing

The coach in particular emphasised making the language of Value Management relatable to those using it. The coach and team lead introduced Value Management with a focus on improving quality, including but not emphasising cost.

Final reflections about the Value Management Collaborative design

Coach role

- The Coach role was seen as **essential to the success of the Unit implementing Value Management** with all team members citing their enthusiasm and friendly helpfulness. They worked closely with the team taking care to build trusting relationships as well as understanding of their work.
- In helping them to understand the Value Management methods the **emphasis was on relating it to their own experience and local context**. One example was using NEWS scores to introduce the idea of using data to decide on action. As they progressed the coach worked with individuals helping them plan improvement projects.
- The key role the coach played in **facilitating involvement by senior managers** was also evident, as was their role in promoting the team's successes among them and through wider organisational communication channels. Their knowledge of what was happening in other teams and Boards was also recognised as valuable by several interviewees.

Learning sessions and national network

- The local launch event with contributions from the national partners was cited by several as important, in part as it showed the commitment of the organisation but also because, pre-COVID-19, it offered face to face networking opportunities.
- A finance lead noted that it was unusual – and very interesting – being involved in an initiative that was NHS-wide but not finance-led. Both finance interviewees found the enthusiasm of other participants in webinars and learning sessions particularly encouraging. They saw potential for gaining ideas from them, and were keen for more collaboration.
- The Team Lead also reflected that an early visit by the National Value Management Team to the ward had been very useful.

For more information

This case study is one in a series that looks at how teams have implemented the Value Management Approach. Read our case studies on our ihub webpages. For more information on the Value Management Collaborative, contact his.valuemgt@nhs.scot.

Acknowledgements

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- **A review of data collected throughout Phase 1** by the National Value Management Team, including information such as monthly progress reports submitted by NHS Greater Glasgow and Clyde.
- **Initial exploratory/planning meetings** with HIS and NES colleagues, and with the locally based (collaborative) VM coach.
- **Eleven interviews** conducted with nursing, medical and management staff working in or closely with the Philipshill team.

> "The Teams sessions have been very well done and very knowledgeable. I've gained a lot from them, actually. But I do feel the pressure is there a bit more because you want to join it but you know you're busy in the ward as well".
>
> **Team Lead**

> "Working with the wider collaborative, everybody has been really enthusiastic, and any time you get involved in the seminars […] you get this feeling that people do now want to make improvements within the NHS. […] I've never been involved in a project like this where you're getting support from an expert from America. I did feel like that was impressive."
>
> **Finance Lead**