

Value Management Collaborative

End of collaborative impact report

Version 1.0

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Section 1: Introduction

Value Management is the application of [Quality Management Systems](#) at the microsystem-level. It provides practical interventions for clinical, care and finance teams to identify their key opportunities for improving quality and value and apply quality improvement methods to act on these.

The aim of the Value Management Collaborative was to test and spread a Value Management Approach within NHS Scotland. The collaborative supported six NHS Scotland boards from November 2019 to October 2022. It was led by Healthcare Improvement Scotland's ihub, in partnership with NHS Education for Scotland (NES) and the Institute for Healthcare Improvement (IHI).

The ihub coordinated delivery of the collaborative and the national Value Management learning system, providing programme management, coaching and quality improvement support. NES delivered a capacity and capability building programme alongside regular improvement coaching, whilst IHI provided Value Management content expertise, collaborative support and connections to international partners.

This report outlines the activities, learning and impact of the Value Management Collaborative. It includes key findings from the evaluation, and the experiences of participating teams. An [interim impact and learning report](#) sharing learning from the collaborative was published in April 2021, which this report builds on.

Evaluation approach:

This evaluation has been developed by the National Value Management Team within Healthcare Improvement Scotland, with support from the Evidence and Evaluation for Improvement Team, and NHS Education for Scotland. [For more information, see Appendix 1.](#)

Section 2: Executive Summary

Context:

The collaborative was delivering during COVID-19. This resulted in programme hibernation for six months due to pressures on services and workforce absences followed by mostly virtual delivery by the National Value Management Team. Due to lack of ongoing funding, the collaborative ended 17 months early. Despite these challenges, the collaborative delivered a range of impacts.

Examples of Impact:

In participating services the Value Management Approach has provided a practical mechanism for achieving the ambition of better quality care for reduced cost. Participants highlight how it brought clinical, financial and managerial staff together, to align behind a common vision of improving quality whilst reducing costs.

↓£69k	NHS Forth Valley's Day Medicine Unit helped patients to receive care closer to home, and also reduced the cost of its provision by £69,720.		
20	Coaches trained	61	Teams using Value Management Approach
↓15% (£10,185)	NHS Tayside catering team improved efficiency in the supply of milk at Ninewells Hospital, resulting in savings of 15% (£10,185) while ensuring that people received enough.		
↓	NHS Highland Easter Ross Community Mental Health team reduced referrals returned to GPs from 31% to 15% through engaging with GP practices and providing appropriate signposting information.		
↑90%	NHS Forth Valley Adult Mental Health Admissions improved staff Joy in Work and sustained over 90% responding staff feeling supported and feeling safe.		

"We saw first-hand the positive influence the introduction of Value Management has had for staff and indirectly for patients... We were impressed with the ongoing commitment to supporting a learning culture in the ward and [multidisciplinary team] and the commitment to clinical supervision."

– Mental Welfare Commission for Scotland,
Report on announced visit to Ward 3, Forth Valley Royal Hospital

"I wanted to get a staff team that had a better grasp of quality improvement and [now] I've got that."

– Service Manager

- Participation in the collaborative enabled boards to embed quality improvement in a way they had not been able to achieve before by building local quality improvement capacity and expertise
- Automating data collection and collation processes allowed more time for data and finance colleagues to actively contribute to team understanding of quality, capacity and cost
- Leaders have played a crucial role, acting as ambassadors for the work and supporting an increase in staff motivation and 'giving permission' to staff to take ownership of issues and continually improve services
- Three participating boards achieved the aim of spreading the value management approach.
- Ten of the coaches reported career progression following being part of the collaborative.

The Value Management Approach:

- Enables autonomy and sense of agency amongst frontline staff, supporting workforce wellbeing and individual and collective ownership of improving services
- Supports multidisciplinary teams to collectively identify and prioritise areas for improvement via the use of data and shared intelligence
- Offers a mechanism for teams/organisations to streamline approaches to various quality improvement programmes
- Enables teams/organisations to evidence and track improvements for quality control, and
- Supports alignment of improvement priorities with service need and strategic priorities.

Resources:

Learning from the collaborative informed the development of a [Value Management Resource Pack](#) which can be used to support future adoption of the approach within health and care.

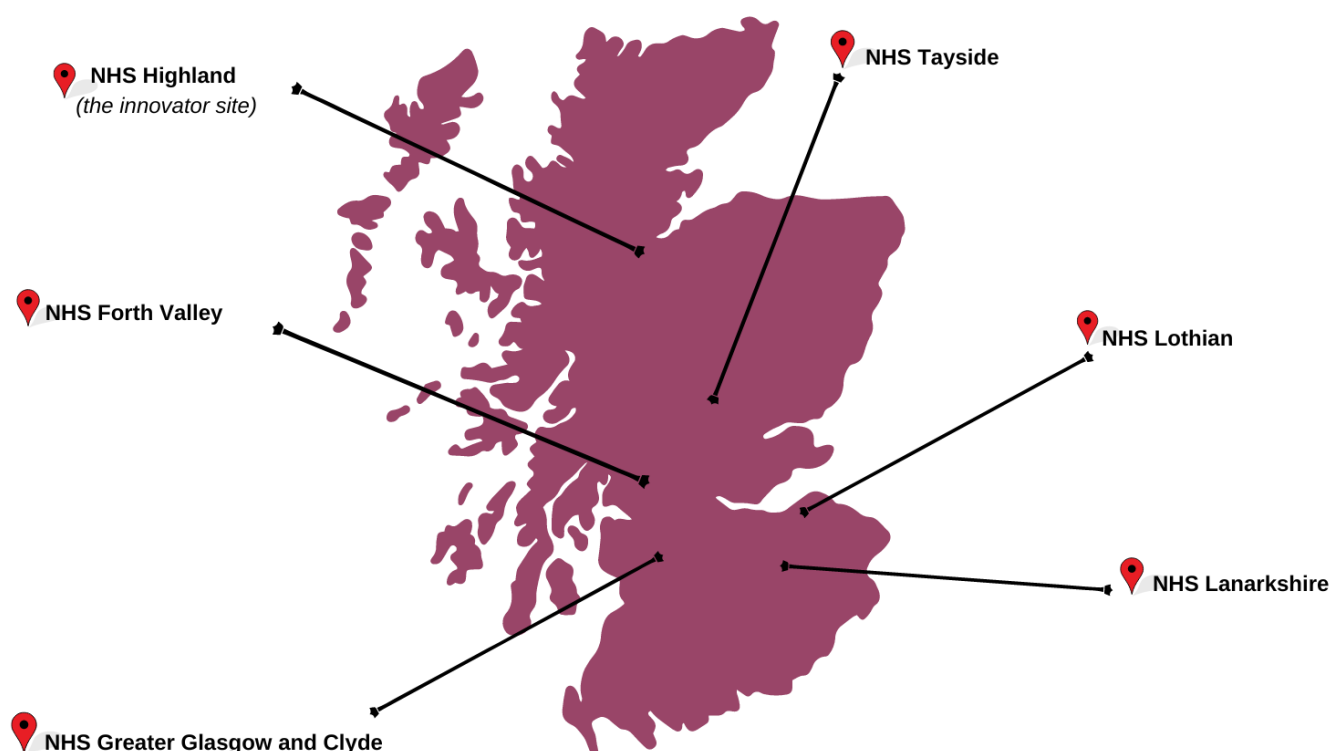
Section 3: Overview of the Collaborative

Healthcare Improvement Scotland (HIS), in partnership with the Institute for Healthcare Improvement (IHI) and NHS Education for Scotland (NES) were commissioned by the Scottish Government to deliver the Value Management Collaborative to test and spread a value management approach across NHS Scotland.

The aim of the collaborative was to embed the Value Management Approach at team level in identified care settings within six NHS boards by March 2024.

The Value Management Collaborative launched in November 2019 and ended in October 2022. It was delivered during a global pandemic and ended earlier than originally planned (March 2024) due to early cessation of central funding. This had a significant impact on the collaborative's ability to achieve its overall aim.

Six participating boards were selected through an application process:



The Value Management Approach

The approach was initially developed and tested within NHS Highland working in collaboration with IHI. This testing informed the case for a wider collaborative as it demonstrated a range of quality, productivity and efficiency improvements within the test teams. These included:

- Cost per patient per week improvements of between 10 and 21%.
- Of the Value Management teams who identified falls as a key safety measure, a comparison with similar non-Value Management teams demonstrated that those using a Value Management approach had a 25.9% reduction in falls during 2017-2018, compared to a 2.5% reduction among comparison teams.
- Productivity improvement through number of patients seen per week of between 2 – 115%

The Value Management Approach supports teams to deliver services using data to drive the continuous improvement of safety, quality, experience, cost and capacity. It can help manage quality by bringing together a range of improvement and assurance programmes and initiatives teams or boards may be involved in. This may include Access QI, Realistic Medicine, the Scottish Patient Safety Programme or Excellence in Care.

“Value Management contributed to a positive culture looking at quality and safety at team level” – Improvement Coach

The Value Management Approach consists of three components underpinned by coaching, quality improvement and project management methodology:

- **Box score:** a spreadsheet that includes measures of quality, safety, experience, capacity and cost. It is populated with data relevant to the team and organisation’s priorities and helps provide an understanding of clinical and financial data.
- **Visual management board:** a communication tool to allow teams to keep track of continuous improvement when multiple, complex improvement projects are running.
- **Weekly huddles:** a communication tool to help proactively manage quality and safety within a team.

[Find out more about the Value Management Approach.](#)

Section 4: What the collaborative set out to do

The health and care system in Scotland plays a key role in shaping the health and wellbeing of the population, and yet is facing substantial financial and demographic challenges (more people, living longer, with multiple complex long-term conditions). Given this and learning from Scotland's improvement journey to date, there is increased acknowledgement of the need for empowerment of front-line staff to drive improvement forward and ensure services deliver improved value.

The collaborative aimed to test and spread a Value Management Approach within NHS Scotland to support health and care staff to improve quality and value.

The collaborative design addressed three core components:



Creating the conditions for managing quality through organisational culture, leadership and infrastructure interventions



Supporting teams with quality and value improvement interventions



Building quality improvement and coaching capacity and capability

The creating the conditions strand of the collaborative was hibernated in March 2020 in response to COVID-19 and system pressures and the impact on leaders' ability to participate.

Read the [interim impact and learning report](#) for further detail on the three components and information on how the COVID-19 pandemic affected collaborative delivery and timescales.

Section 5: What we delivered

A capacity and capability programme was designed and delivered by NHS Education for Scotland. This supported learning within and between boards and national and international partners. The collaborative delivered events in a variety of formats. These were to provide education, share technical expertise and enable the sharing of learning.



“Excellent opportunity to feedback our good work and to meet people who shared their time with us in order to take ideas to their own areas”

– **Attendee**

“The enthusiasm of the speakers and the acknowledgement that the entire team have to be on board. The recording of this session will be fantastic to share with those needing ‘encouragement’” - **Attendee**

Role of the Coach

Coaches were embedded within boards to work directly with frontline teams and enhance their local quality improvement capacity.

The coach was pivotal in working with teams: delivering coaching sessions to team leads, supporting teams to interpret, analyse and understand their data to plan improvement activities and monitor progress. Interviewees frequently spoke of how coaches were essential to supporting their teams to implement the Value Management Approach.

“Value Management’s really well valued but the biggest support undoubtedly is [the coach] so I don’t think this would have been successful without [the coach] at all... all of that support, encouragement and good feedback; help with data, which a lot of people aren’t confident with at first. [The coach is] really the driving force in this.”

– **Operations Manager**

Education

To increase knowledge, skills and confidence in using and teaching the Value Management Approach, quality improvement, the use of data including Excel, and coaching and team building, the capacity and capability programme delivered:

- **6 tripartite workshops** (a mixture of virtual and face-to-face events)
- **21 modules** via MS Teams.

“As a newbie I have enjoyed the level of training offered and the coaching sessions; coming together, learning from others and the [national] team support. Knowing you have those dates in diary to take any questions/problems or celebrations to... You can really feel the positive energy from the national team and things start to click into place”

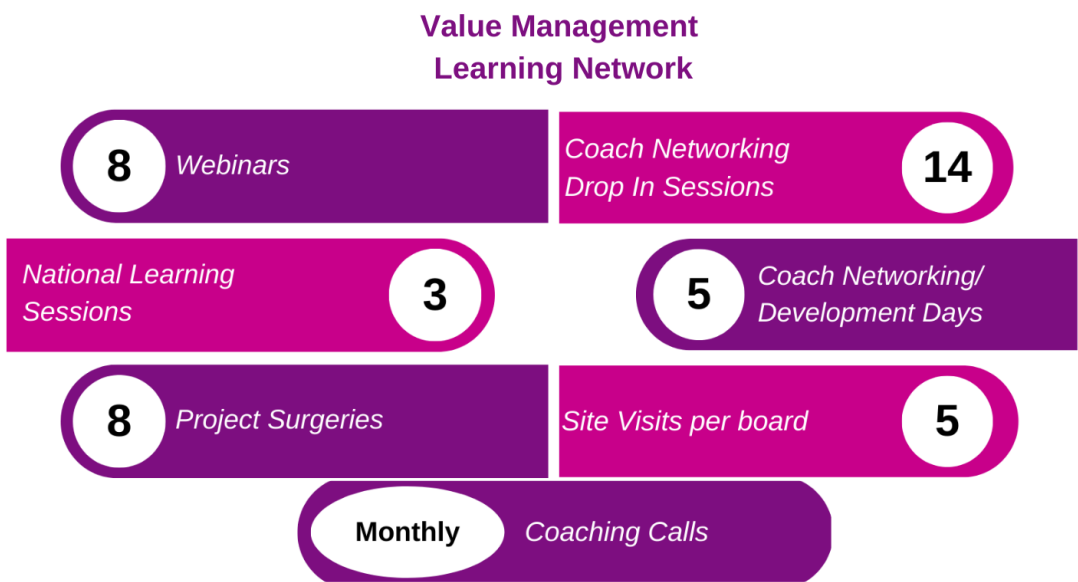
– **Improvement Coach reflecting on how participation in the collaborative enhanced and built local QI capacity**

Learning Network

A national learning network was established to share learning between the six participating boards. This provided a structure for knowledge building and ongoing peer support and collaboration.

A unique component of the collaborative was the partnership between the ihub and NHS Education for Scotland, with support from the Institute for Healthcare Improvement. This enabled access to Value Management expertise, education, improvement coaching and connections to international partners. This helped strengthen the national learning network of participants in the Value Management Collaborative.

Over the course of the collaborative the Learning Network delivered the following:



As well as funding for an improvement coach, participating boards received a small amount of funding to help their own internal learning systems. This was to enable pilot teams to learn from each other and prepare for scale up and spread. This funding was used for information and communications technology equipment and the delivery of local engagement events.

Resource Pack

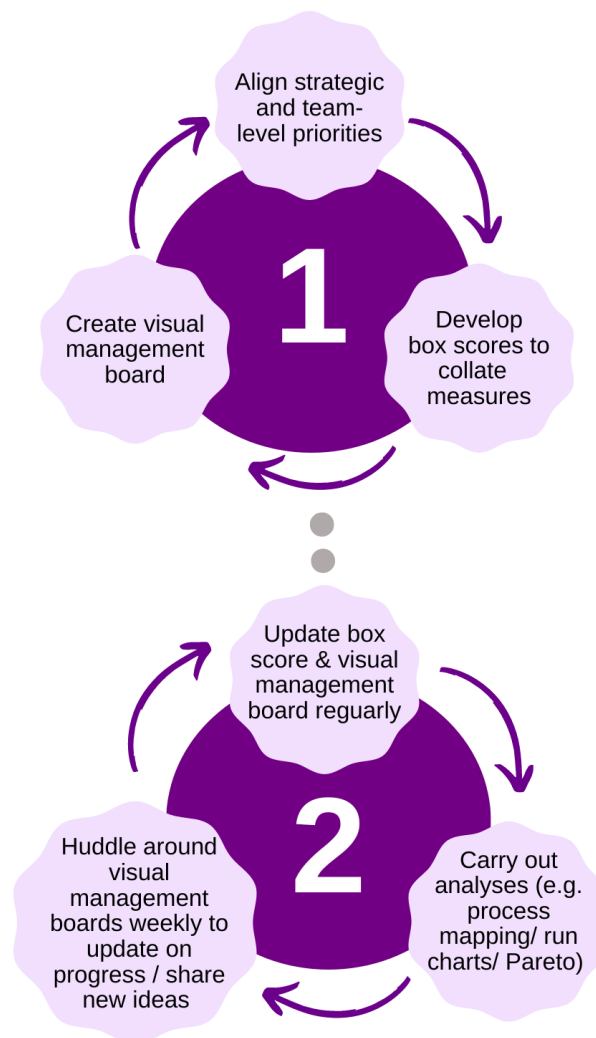
Throughout the course of the collaborative, the national team – in partnership with board representatives and the Institute for Healthcare Improvement – developed a suite of resources to support coaches and teams to test and put in place a Value Management Approach locally.

In May 2022, an online [resource pack](#) launched to support boards and teams with implementation and spread of the Value Management Approach. The resource pack includes a step-by-step guide to implementing Value Management. It also includes an e-learning module, animations, tools, templates, examples and other resources. The resource pack will continue to support sustainability of the method within the identified care settings, as well as the ongoing spread of a Value Management Approach within the health and care system.

Section 6: Implementation and sustainability of the approach

Teams followed a structured approach to implementing the Value Management Approach within their service. Figure 2 outlines a simplified overview of the core steps.

Figure 2: Value Management Implementation Steps



To learn more about how boards implemented the approach and progressed against milestones within their pilot teams, [read the interim impact and learning report.](#)

Areas of focus for improvement

For teams within the collaborative, common improvement areas included:

- staff experience
- access/exit from services (e.g. number of patients seen, length of stay, discharge times, referrals, Did Not Attends, numbers on waiting lists), and
- capacity (time spent on administrative tasks, time spent in meetings, time lost).

Adaptability of the collaborative

Originally designed for face-to-face delivery, the collaborative adapted its approach due to COVID-19 to deliver its capacity and capability programme and events virtually. Coaches and team leads were enthusiastic and positive about virtual sessions in the feedback.

[The interim report](#), acknowledged peer support and networking were impacted by the lack of face-to-face events. As conditions allowed, more in-person events were delivered by the Value Management National Team, further strengthening the interconnectedness of the group. Coaches spoke about how important these were for them in generating momentum and enthusiasm, facilitating shared learning and in giving them the confidence to approach each other directly for support.

Benefits of regular reporting

Boards put in place arrangements to report internally on Value Management progress and many integrated reporting into clinical governance arrangements.

Reporting provided a useful opportunity to pause, celebrate successes, identify next steps, and share impact achieved – although at times could also be perceived as an added pressure.

Reporting and collaborative feedback was shared with teams, senior leaders and executive sponsors to enable learning between boards, provide encouragement and have coaching conversations in relation to the work. Each board provided a bi-monthly update to share learning, progress and challenges, which were discussed at monthly coaching calls – successfully sustained throughout the duration of the collaborative.

Benefits of regular coaching

Coaching calls provided an opportunity for NHS Education for Scotland and the ihub to provide improvement coaching, ad-hoc education, quality improvement and measurement support, signposting to other resources and connections to other coaches/teams. The Institute for Healthcare Improvement also provided expert

support either directly to coaches via coaching calls or through advice to the National Value Management Team.

Leadership and access to education

Boards with visible leadership support and direct access to organisational level support found it easier to supplement national education with locally delivered education. In these cases, improvement teams either integrated Value Management education into their current quality improvement education offering for individuals and teams or were able to signpost Value Management colleagues towards relevant local quality improvement education.

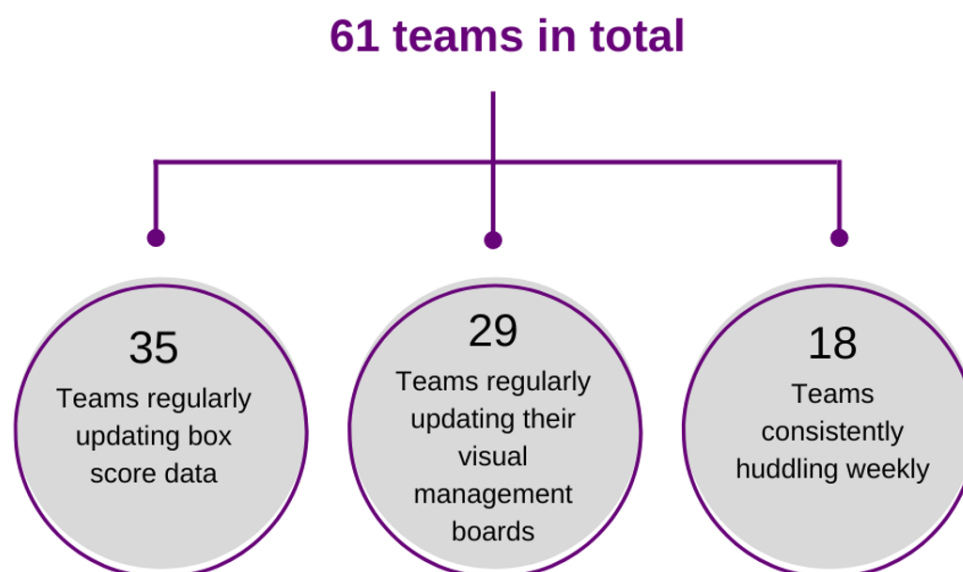
Fidelity to the approach

Teams that were able to consistently integrate all three components of the approach into their regular ways of working made the most progress in improvement activities and demonstrated impact.

Board reporting and coaching calls demonstrated that by the end of the collaborative, 13 teams in 4 boards were:

- Continuously improving and undertaking quality planning and quality control
- Capturing, analysing and discussing capacity data, and
- Networking locally and with other boards to spread learning about the approach and improvement ideas.

By the end of the collaborative, 61 teams were using all or some elements of the Value Management Approach.



10 teams were regularly updating their box scores and visual management boards and consistently huddling. These teams were more likely to demonstrate improvement, to undertake more detailed analysis to understand their systems, explore additional areas for improvement and embed a continuous improvement culture including monitoring for quality control. [*Read the case studies to find out more.*](#)

Learning from the collaborative demonstrates:

- the box score is integral to the Value Management approach and differentiates it from traditional quality improvement approaches
- coaches within boards played a critical role in supporting teams to:
 - understand the approach,
 - identify appropriate measures and
 - plan improvement activities.
- Team leads and teams benefit from
 - protected time to be able to do all three elements
 - sharing team lead responsibility with at least one other, and
 - delegating task responsibilities (e.g. updating box score, visual management, planning improvements, analysing data)

Section 7: Value Management enablers and barriers

Participating teams in the collaborative identified barriers and enablers to progressing their improvement work using the Value Management Approach. Staff reflected on the merits of taking this approach to pursuing quality improvement and implementing their change ideas to improve services.

“If we want something done, we do it through Value Management. It brings a weekly focus, brings data, and becomes the work of the team. This is how you get things done now”

– Improvement Coach

“I have worked in mental health for a lot of years and at the start of the BROSET project I was very skeptical. Having used it... I see it as one of the best developments I have used.”

– Value Management Team Member

Key enablers and barriers to progressing improvement work using the Value Management Approach are summarised below. [To find out more about the identified enablers and barriers, read Appendix 3.](#)

Enablers:

Consistent organisational support	<ul style="list-style-type: none">• Regular coaching sessions with their board improvement coach• Access to quality improvement and education• Visible and enabling senior leadership support as well as service managers• Multidisciplinary approach including medical involvement• Access to data and analysis support, and• Credible and inclusive team leadership with a focus on what matters to staff
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Working on the right things	Improvement areas: <ul style="list-style-type: none"> • Priority for that clinical area • Access to reliable up-to-date data or ability to manually collect data easily; and/or • Align with other quality improvement programmes
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Barriers:

- Access to readily usable up-to-date team-level data
- Inconsistent huddling and availability for local coaching
- Availability of a consistent multidisciplinary team within the ward/service to progress improvement projects, and
- Protected time being unavailable or staff feeling unable to avail of it to engage in improvement work (due to the demands of day-to-day activity and maintaining patient safety).

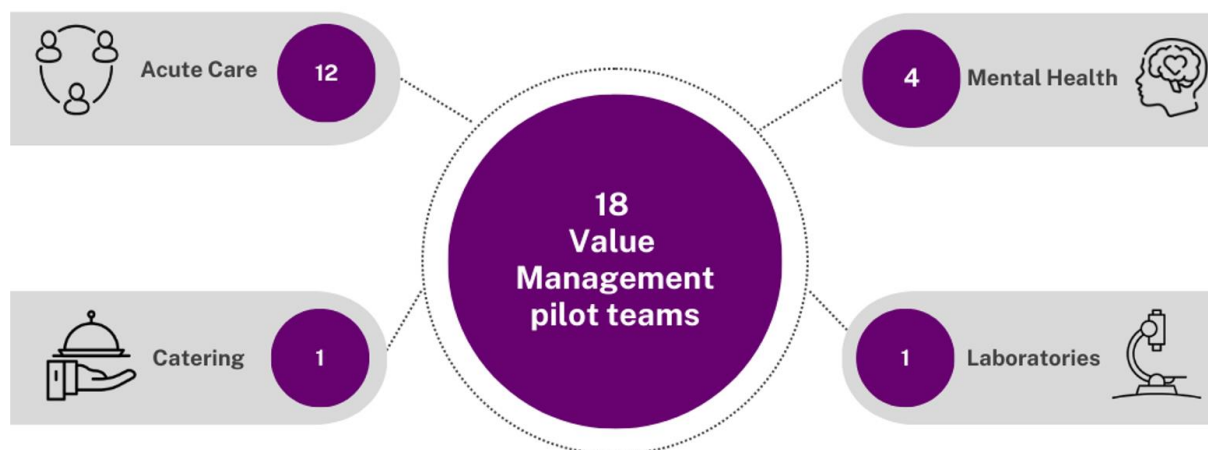
“We tend to find that it’s mostly the nursing staff that do the huddles around the visual management board. We would really like to encourage more medical staff to participate.”

– Quality Improvement Lead

Section 8: Spread of Value Management across settings

Boards initially chose three pilot teams to work with and test the Value Management Approach as part of the collaborative.

Figure 3: Value Management pilot team settings



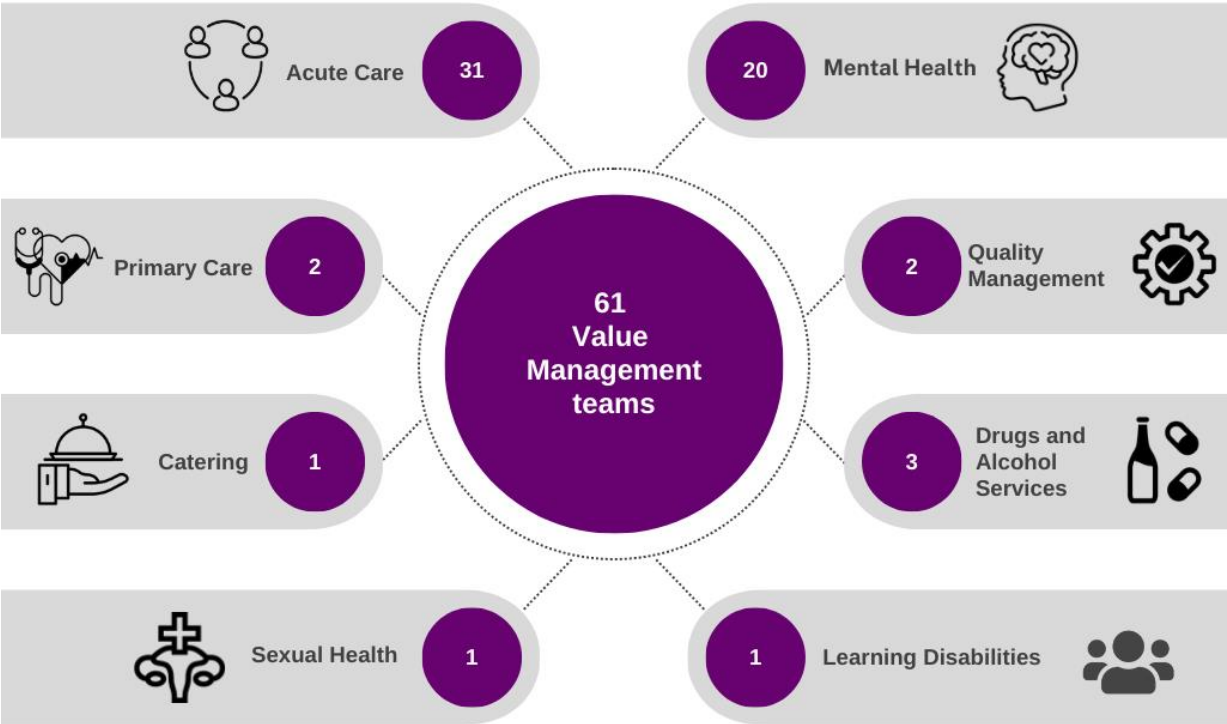
Three participating boards had successfully spread the Value Management approach by October 2022, achieving the aim of spreading the approach by March 2024. Boards that did not meet this aim due to challenges experienced with providing consistent coaching sessions to dynamic teams, accessing data and demonstrating impact focused their efforts on delivering sustained improvements within their original teams.

NHS boards engaged in board planning sessions, regularly reviewing progress against [adoption attributes](#) to determine their readiness for spread. Boards spread when they could demonstrate successfully *testing, implementing and sustaining* improvement ideas and/or use of the approach under a variety of conditions.

Spread was more advanced in those boards that focused their attention on mental health services adopting the Value Management Approach. Potential reasons for this identified by staff include: less reactive care work, greater staff continuity and more emphasis on a multidisciplinary approach compared to other specialties.

The range of settings in which Value Management was spread to and supported by the collaborative is outlined in the graphic below:

Figure 4: Number of Value Management teams in different settings in October 2022



Section 9: Impact

The Value Management Collaborative launched in November 2019 and ended in October 2022. The majority of the Collaborative was delivered in the context of COVID-19 and the programme was temporarily hibernated from March 2020 to September 2020. However despite this and the significant pressures COVID19 continued to place on services, engagement remained high and progress was promising.

Unfortunately, the early cessation of the funding meant the collaborative ended 18 months earlier than planned (Oct 22 rather than the planned March 24). This, combined with the context of COVID-19, significantly impacted on the ability of the programme to achieve its initial aim. However, it has still delivered a range of results which highlight the potential of this approach going forward to deliver improvements in quality alongside reductions in costs.

Capacity and capability



20 Coaches
Trained

61 Teams
Trained and
Using Value
Management

“Value Management enables the learning and embedding of quality improvement skills with clinical staff in a way we haven’t achieved before”

– Service Manager

“I think really what we were trying to get to was just developing that capability and capacity to do quality improvement. And I think it is delivering on that... I wanted to get a staff team that had a better grasp of quality improvement and [now] I've got that.”

– Service Manager

The capacity and capability programme was designed to increase Value Management coaches and team members' knowledge, skills and confidence. This included using and teaching the Value Management approach, quality improvement, the use of data and Excel, and coaching and team building.

Coaches self-reported gains in knowledge, skills and confidence throughout the collaborative. Further quantitative information on how coach confidence changed throughout the collaborative is included in [the interim impact and learning report](#).

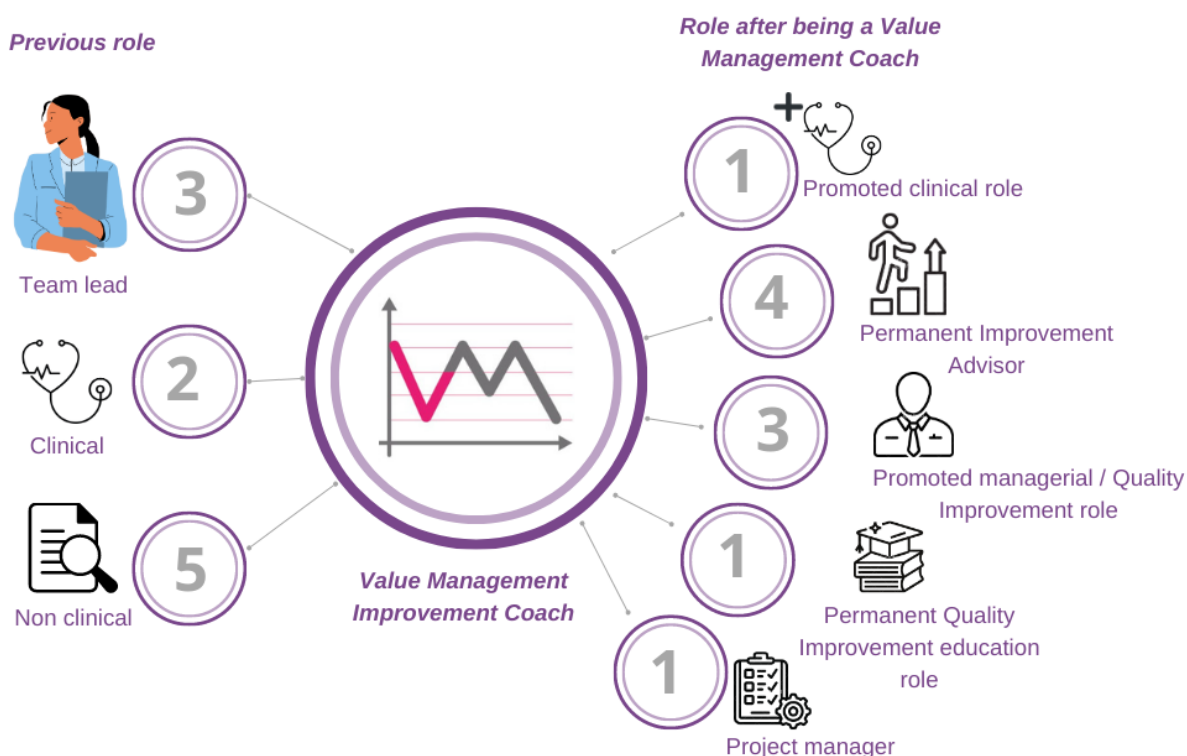
“The capacity and capability programme provided a great opportunity for learning and helped build a network of Value Management improvers across Scotland. I believe that this programme has not just shaped my technical knowledge and skills but has fundamentally improved my leadership skills.”

– Improvement Coach

Career Development of Coaches

An unintended consequence of participating in the coaching and capability programme was the career progression of coaches within NHS Scotland. Ten of the coaches reported career progression following being part of the collaborative.

Figure 5: Value Management Coaches – Prior and Subsequent Roles



Quality and value improvements

A series of case studies have been produced to spotlight the work of teams involved in Value Management. These demonstrate the benefits delivered and experienced, and capture the learning generated in these contexts. *To read the case studies for more information, click the links below.*

<p>↓15% (£10,185)</p>	<p>NHS Tayside's Catering Team improved efficiency in the supply of milk at Ninewells Hospital, resulting in savings of 15% (£10,185) while ensuring that people received enough. They adopted a Value Management Approach to implement a standardised process for milk allocation and delivery across inpatient areas thus reducing waste.</p>
<p>↓</p>	<p>NHS Highland Easter Ross Community Mental Health Team reduced referrals returned to GPs from 31% to 15% to ensure patients get the right care, in the right place, more quickly and efficiently. They achieved this through engaging with local GP practices, optimising referral processes and providing appropriate signposting information.</p>
<p>↑90%</p>	<p>NHS Forth Valley Adult Mental Health (Admissions) improved staff Joy in Work and sustained over 90% responding staff feeling supported and feeling safe</p> <p>NHS Forth Valley and NHS Highland chose mental health services as a primary focus for spread of Value Management leading to positive outcomes including prompt care planning and risk assessment upon admission leading to reduced length of stay, and sustained improvements in staff experience</p>
<p>↓£69k</p>	<p>NHS Forth Valley's Day Medicine Unit helped patients to receive care closer to home, and also reduced the cost of its provision by £69,720.</p> <p>NHS Forth Valley's Day Medicine Unit provide day-time treatments to patients under the care of a variety of specialties. Their positive experiences with Value Management included switching administration of medicines to patients from in patient to community-based administration of some drugs. This reduced the need for patients to attend hospital, and improved the information given to GPs on discharge.</p>
	<p>NHS Greater Glasgow and Clyde's Philipshill Spinal Unit provides rehabilitation following spinal injuries, with patients staying for a considerable length of time (approximately 4-5 months on average). This team focused on Joy at Work during COVID-19 and reported a change in team culture to one of valuing and listening to all, and acting to improve staff and patient experience.</p>

In addition to the quality and value improvements noted, other public bodies, such as the Mental Welfare Commission have noted the difference that taking a Value Management approach makes in staff wellbeing.

“We saw first-hand the positive influence the introduction of Value Management has had for staff and indirectly for patients... We were impressed with the ongoing commitment to supporting a learning culture in the ward and [multidisciplinary team] and the commitment to clinical supervision.”

– Mental Welfare Commission for Scotland,
Report on announced visit to Ward 3, Forth Valley Royal Hospital

How it differs from traditional quality improvement approaches: An example

Value Management encourages an extended multidisciplinary approach to quality management by including finance, data, and other non-clinical staff. Exploring capacity and cost alongside performance encourages a whole system lens to be taken.

For example, the work in NHS Forth Valley’s Day Medicine Unit required input from colleagues in finance, community pharmacy, acute and clinical care governance to redesign the pathway to reduce footfall in hospital during COVID-19 and provide care closer to home.

In addition, the board are now encouraging a teams-based approach to quality management across all of their acute sites, and are offering teams-based improvement education to teams.

Section 10: Learning: Capacity and capability

The Value Management Collaborative funded improvement coaches to create and establish capacity and capability for frontline teams to progress improvement work. Coaches were embedded within boards to work directly with frontline teams and enhance their local quality improvement capacity. This supported the transfer of knowledge from national partners to coaches and boards.

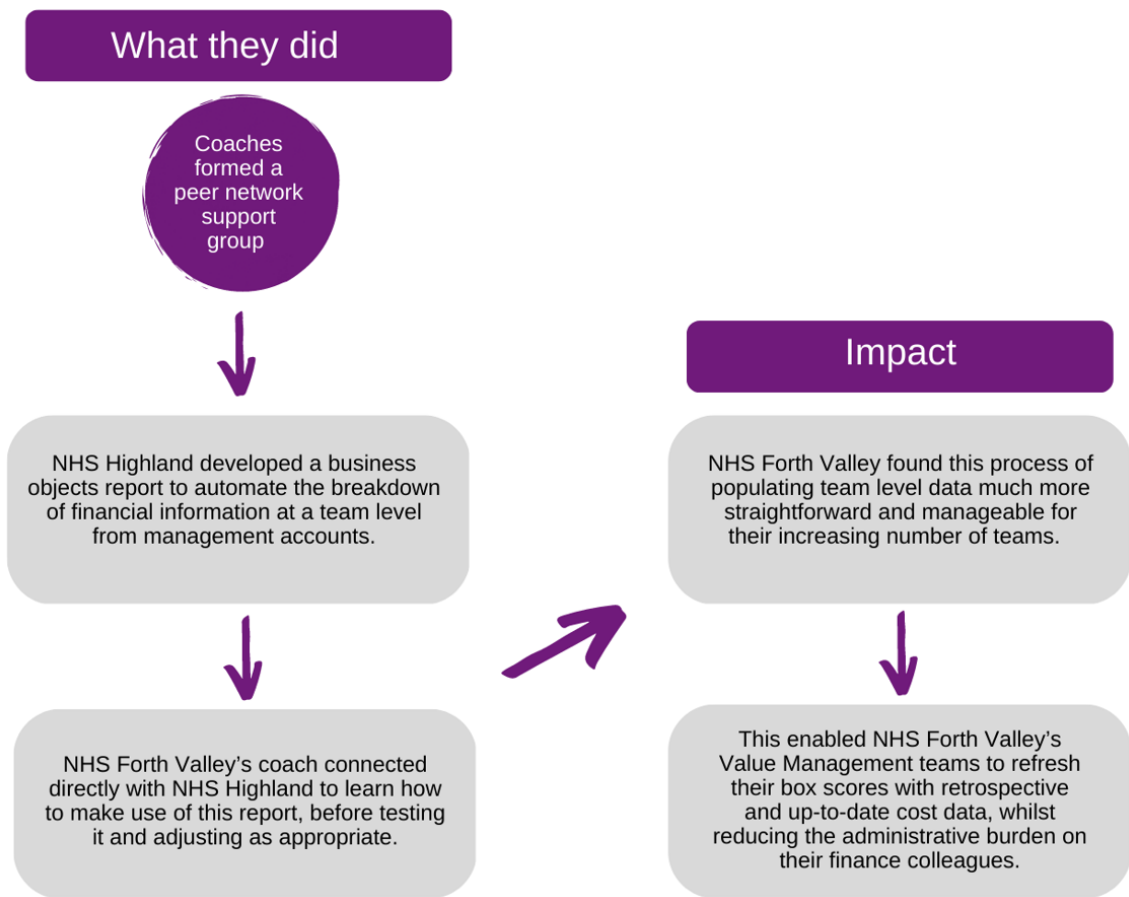
Networking and peer learning opportunities

Local and national learning events gave an opportunity for teams to share their improvement journeys and the progress they had made. Coaches reported these generated momentum within teams and enabled the celebration of success. Participating in the education and capacity and capability programme also brought team leads into contact with one another forming peer connections.

An example of the importance of peer learning

Throughout the duration of the collaborative, improvement coaches shared their learning at project surgeries and drop-in sessions as well as organically outwith learning activities arranged by the national Value Management team. An example of the impact of this type of peer support is outlined in the graphic below.

Figure 6: Peer Learning Example



Coach network

Coaches formed a cohesive peer network during the collaborative despite virtual delivery during COVID-19. Coaches who joined the collaborative as it progressed, spoke warmly and appreciatively at the in-person development sessions delivered in 2022 of the support they had received from other more experienced coaches. The Value Management improvement coaches aim to continue their network beyond the end of the collaborative.

Impact of participation in national collaboratives

Teams that participated in other national improvement collaboratives found it easier to make progress suggesting that participation in national improvement initiatives or collaboratives has a legacy effect of amplifying and/or accelerating outcomes.

“We were so engaged with the Scottish Patient Safety Programme pre-COVID, [that] we were already in the mindset of quality improvement; we’d already seen the benefit of doing it through reducing restraint work and the work around medicines – we’d been really involved in that. You know, we applied for [Value Management], so we wanted to do it!

– Team Lead/ Improvement Coach

Section 11: Summary and Acknowledgements

The Value Management Approach enables teams delivering services to use data to drive the continuous improvement of safety, quality, experience, cost and capacity. The approach can help manage quality by bringing together a range of improvement and assurance programmes and initiatives that teams and NHS boards may be involved in.

The NHS Scotland staff involved in the collaborative included senior leaders, coaches, management accountants, team leaders and their teams. The national partners acknowledge the considerable effort that went into implementing the Value Management Approach during the COVID-19 pandemic, generating significant learning to support others.

Boards and teams supported each other and national partners to adapt the design, content and delivery of the collaborative and the development of a range of resources to support the implementation of Value Management.

Healthcare Improvement Scotland's ihub and NHS Education for Scotland demonstrated the merits in delivering a concurrent capacity and capability programme as part of a national improvement collaborative, in order to upskill local improvement coaches to work alongside frontline teams and enhance coaching and quality improvement capacity and capability within boards.

The Institute for Healthcare Improvement provided technical and subject matter expertise in relation to implementing the approach, and supported the development of resources through the duration of the collaborative.

The Value Management Resource Pack can support local quality improvement and clinical teams, including those involved in national collaboratives, to integrate the Value Management model into their ways of working going forward and enable the further spread of Value Management within NHS Scotland.

Given ongoing system and financial pressures within NHS Scotland, the Value Management Approach has demonstrated itself to be one way to empower front-line clinicians to work together with other administrative, finance and managerial colleagues to improve services and the value they deliver. It aligns with the strategic aims of "Delivering value based health and care: a vision for Scotland"

For more information and resources to help you get started,
[access the Value Management Resource Pack](#)

Appendix 1: Evaluation methodology

This evaluation has been developed by the National Value Management Team with support from the Evidence and Evaluation for Improvement Team at Healthcare Improvement Scotland. For more information, see Appendix 1.

A mixed-methods approach, using qualitative and quantitative data, was adopted to answer the agreed evaluation questions:

Our approach included analysing:

Quantitative and qualitative data:

- Regular reporting data from participating boards
- Event evaluation data
- Observations and records from collaborative interactions
- Existing programme information

Qualitative data:

- Virtual interviews with participants working in or closely with Value Management teams (x 34) to develop case studies and learn more about what the teams achieved, enablers and barriers, and the extent to which in their view the collaborative contributed
- Reflective focus groups with improvement coaches (x2):
- Surveys with improvement coaches to establish their self-reported competence and confidence in a range of skills and subject areas (x3)
- Anonymised data gathering with improvement coaches at coach development sessions (x2)
- Listening and observation at collaborative events (x 3): Three events were attended to understand more about peer sharing and learning and relationships within the programme.

Appendix 2: Capacity and capability programme education content

Over the course of the collaborative the capacity and capability programme delivered:

- **6 workshops** (a mixture of virtual and face-to-face events) for teams and coaches
- **21 modules** via MS Teams.

These focused on the following content:

Value Management Approach	<ul style="list-style-type: none"> • Value Management Approach • Box score and visual management • Multidisciplinary huddles
Quality improvement skills	<ul style="list-style-type: none"> • Introduction to quality improvement • Aligning team and strategic aims • Process mapping • Testing to implementation • Sustainability, scale-up and spread
Using data and Excel	<ul style="list-style-type: none"> • Analysing data using pareto, run charts and medians and using qualitative data • Human factors and reliability • Effective use of data and variation, and tools and visualisation • Effective narrative, questioning and telling a story with data • An introduction to Microsoft Excel and basic functions, formulas, sheets and charts a. Introduction to Statistical Process Charts
Coaching and team building	<ul style="list-style-type: none"> • Supporting teams • Coaching, facilitation and delegation skills • Establishing an effective team and building consensus • Joy in Work • Transitioning teams to independence • Quality improvement team coaching • Art of Reframing • Facilitation Skills & Courageous Conversations • Productive Zone of Discomfort • Coaching for improvement, and • Strategic negotiating and influencing skills.

Appendix 3: Enablers and Barriers to Value Management Spread

Enablers	
Coach support	Coach enthusiasm, credibility, subject matter expertise and relationships/networks within speciality
	Expanding coaching capacity enabled more direct support to be provided to teams
Pull factors	Integration of Value Management reporting into clinical governance structures
	Being able to demonstrate and communicate success locally with practical relatable examples
	Opportunities to showcase the work (for example, national events, conference posters, local engagement events)
	Prior history of quality improvement projects or being involved in national collaboratives within the team
Planning	Clearly identifying timelines and expected milestones for teams, as well as associated activities required, enabled optimising resources and a coordinated approach to onboarding teams and transitioning teams to independence
Structured education	Structured education enabling those with supporting roles to engage more easily (for example, joining sessions when available), and learn more about the approach and quality improvement
Leadership	Visible support from service managers, senior leadership, and senior clinical staff (for example, raising at board level and in corporate strategy discussions, direct engagement with teams, visibility at huddles, spotlighting of the work locally)
	Multiple team leads within the team enabling the approach and continuous improvement to be sustained through periods of leave or staff turnover

Value Management Approach	Introducing the approach through focusing on an area of particular relevance to staff – Joy in Work and/or an improvement area identified at team level that aligns with organisational priorities
	Making it part of day-to-day work, ensuring areas the team choose to focus on through Value Management are areas identified as needing to improve, are aligned with organisational strategy/national priorities, and/or are being scrutinised
Team factors	Positive contextual factors such as lower service demands, lower staff turnover.
	Established communication channels within teams (internally and externally across the organisation) and/or autonomy to make changes within the service
	Access to Value Management, quality improvement and project management tools, such as those in the Value Management Resource Pack, the QI Zone and TURAS.

Barriers	
Data	Access to data
	Manual data entry, collation, manipulation
	Limited accessed to computers
	Limited capacity of support staff, such as data analysts and finance colleagues
	Requirement for enhanced Excel skills and data analysis skills
Coach support	Limited coach capacity to support teams
	Difficulties in transitioning teams to independence
Organisational context	Lack of (visible) leadership support – made more difficult by increasing numbers of teams
Value Management Approach	Difficult to maintain fidelity to the approach when there are numerous teams
	Engagement with / trust in the approach
Team factors	Service busyness led many teams to continue to collect baseline data yet be unable to proceed with improvement activities, leading to disillusionment
	Team dynamics – high staff turnover, non-static teams/frequent rotations inhibiting team development and multidisciplinary working
	Dependence on a small number of staff with knowledge of the approach to take ownership