







# Value Management Collaborative

Interim Learning and Impact Report November 2019 – April 2021

August 2021

Improvement Hub

Enabling health and social care improvement

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# 1.1 Overview of the Value Management 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 Value Management Collaborative was launched in November 2019 and is currently planned to complete in March 2022.

The six participating boards of the Value Management Collaborative are:

- NHS Highland (the innovator site)
- **NHS Forth Valley**
- NHS Greater Glasgow and Clyde
- NHS Lanarkshire
- NHS Lothian, and
- NHS Tayside.

The impact of COVID-19 on delivery of the Value Management Collaborative has been significant and is represented in Figure 1.

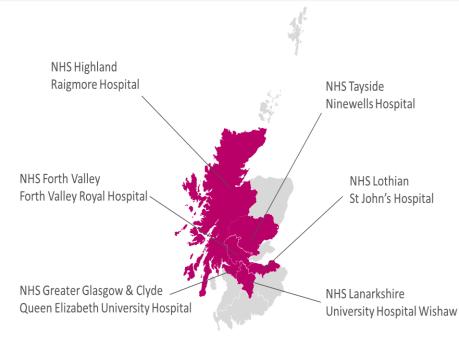


Figure 1: Changes to Collaborative Delivery in Response to COVID-19



- Programme Launch hibernation
- Board Engagement
- Remobilisation
   Reduced scope and rephasing

# 1.1 Summary and Purpose of this Report



This report outlines the activities of the Value Management Collaborative, the evaluation strategy, and the experiences of participating teams, while outlining learning from the value management national team's experience to date (up to the end of April 2021).

### **Summary of Progress**

- Overall, teams have successfully introduced the value management approach.
- Four teams have demonstrated quantifiable impacts in terms of value improvement, with the remaining teams showing progress in building improvement capability, and improving team communication and morale.
- Further detail about progress can be found in <u>Impact: Progress in participating NHS boards</u>



### **Next Steps**

- Given improving conditions with respect to COVID-19, the value management national team will continue with a blended approach to collaborative delivery as described in <u>Collaborative Set Up</u>. Remaining pilot teams who have not yet fully implemented the value management method will be supported to do this in a sustainable way before engaging in spread.
- The value management national team will start to build the foundation for further spread of the approach within the participating boards, while transitioning successful teams to greater independence in implementing this approach.

# 1.2 The Value Management Method



A Value Management method provides a structure that brings real-time data on quality and cost to the point of care. This approach to data collection, analysis, and problem solving serves to organise all improvement activities at team level to support quality management and sustained improvement over time.

# A structured approach to value management at the point of care

### The Box Score

Organises real time data on one sheet that includes performance (quality), capacity and cost

### **Visual Management**

Display of data over time, linked analyses and related improvement work

- Performance include a range of quality metrics including safety and efficiency
- Capacity the availability of staff time for direct patient care
- Cost financial measures within team control such as additional staff costs, drugs or sundries
- Includes the box score and process maps
- Engages teams in continuous improvement where multiple improvement projects are running at the same time
- Can be displayed in many ways; the principle being that they are easy to update and change
- Content drives weekly huddles

### **Weekly Huddles**

Multidisciplinary huddles where teams meet to discuss data, share learning and plan improvement work

- Not more than 15 minutes, once per week
- Led by consistent person
- Engages full point-of-care team
- Multidisciplinary
- Operational managers attend and provide coaching

# 1.3 Overall Approach to Collaborative Delivery



Aim: By March 2022, six NHS boards will have embedded a Value Management approach at team level within identified care settings.

The collaborative was initially designed across three core components:



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



- supporting an NHS board strategic level self assessment against the key conditions, resources and infrastructure that are required to enable a consistent and systematic approach to managing value and quality,
- providing coaching for organisational leaders to develop an improvement plan to address gaps identified through the self-assessment process, and
- supporting NHS boards to align strategic and team goals in relation to value management.



Supporting teams with quality and value improvement interventions



- visual management and analytical tools
- a box score that presents real-time metrics on performance, capacity and cost in one place, and
- engagement of teams, leadership, operational and finance managers in weekly huddles to support access to data and improvement plans.



Building quality improvement and coaching capacity and capability



- funding for an **improvement coach** in each participating NHS board,
- providing training for coaches in quality improvement and value management methodology to enable them to train teams in both, and
- supporting local and national learning networks that connect people and enable shared learning.

## 1.4 Impact of COVID-19 on the Overall Approach



In March 2020 a decision was made to hibernate all collaborative activity to avoid placing additional pressure on boards at a time when they were heavily involved in preparing for and responding to COVID-19. This decision was communicated to boards on 17 March 2020. See below for further information about how the collaborative was remobilised.



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

Creating the conditions for managing quality is a core theme for the ihub. In the context of this, and the pressures on boards for resilience and planning as a result of COVID-19, **this component of the Value Management Collaborative was not remobilised in September 2020** but incorporated within the development of the creating the conditions theme.



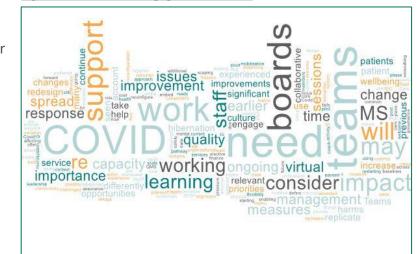


Supporting teams with quality and value improvement interventions



Building quality improvement and coaching capacity and capability

Following a period of stakeholder engagement in August 2020 a decision was reached to resume collaborative activity from September 2020, focusing on team level quality and value improvement and capacity and capability building. Figure 2 represents the themes arising from stakeholder engagement.



### 2.1 Collaborative Set Up





### Recruitment and contracting

Prior to the launch of the collaborative, six NHS boards were selected through a competitive application process with each participating board receiving funding for an improvement coach for the duration of the collaborative.

A partnership agreement was set up between national partners and participating boards to clarify shared expectations and outline the role and responsibilities of the improvement coach.

### Impact of COVID-19 on collaborative phases

The collaborative was designed in three phases. As a result of the COVID-19 pandemic the work of the collaborative was hibernated from March to September 2020 when delivery was re-phased as described in Figure 3.

In January 2021, it was necessary to respond to pressures on NHS Boards by reducing the pace of content delivery. Progress of all boards has been impacted by COVID-19 thus they will remain in phase one until they are ready to spread.

As a result, a blended approach to the delivery of phase one and phase two of the collaborative will be taken going forward.

Figure 3: Impact of COVID-19 on collaborative phases

April 2019 - November 2019 November 2019 - March April 2021 - March 2022 2021\* BLENDED APPROACH Phase One Phase Two Set-up Recruit national team & Build capacity & capability Sustain gains in 3 pilot boards with coaches & team leads teams Develop interventions Deliver VM competencies Support design & delivery Develop evaluation of board spread plans for site leaders Establish learning systems framework Develop and maintain local Launch collaborative Establish VM approach in 3 and national learning pilot teams system Develop a spread pack of Complete transfer of knowledge & skills to Support development of boards board spread plans Evaluate and publish the Evaluate the impact of impact of the collaborative phase one and generate learning for phase two Hibernation for COVID-19 \*Collaborative activity was reduced in January 2021 to respond

to COVID-19 pressures on NHS Boards.

March - September 2020

### 2.1 Collaborative Set Up



### **Capacity and Capability Building**

A capacity and capability programme was designed to support transfer of knowledge from national partners to improvement coaches and boards. The content included:

- Value Management methods
- Team working and Joy in Work
- Measurement tools
- Coaching skills
- Online facilitation, and
- Scale up and spread.

### **Learning Network**

A learning network was designed and delivered to provide a structure for initial knowledge building and ongoing peer support and collaboration. As part of this we delivered:

- Learning sessions and webinars
- Project surgeries
- Coaching calls, and
- Site visits.

### **Toolkit**

A pack of resources was created to support coaches and teams to test and implement a value management approach in their context. This included tools to support:

- Quality improvement
- Project management, and
- Capacity and finance measurement.

### **Evaluation**

We developed a framework to guide evaluation of impact that includes:

- · Quantitative data
- Qualitative data
- · Case studies, and
- Focus groups.

# 2.2 Capacity and Capability Programme



The collaborative includes a programme of capacity and capability building which is led by NHS Education for Scotland (NES). This programme aims to build improvement coaching capability to support and embed a sustainable model across the participating NHS Boards.

The capacity and capability programme was designed to address a range of skills related to value management and Quality Improvement to ensure knowledge transfer from national partners (IHI, HIS and NES) to improvement coaches and teams in NHS boards. In response to requests from NHS Boards, team leads were invited to participate in a number of workshops and modules.



### Impact of COVID-19 on capacity and capability programme

Along with all other collaborative activity, the capacity and capability programme was hibernated between March and September 2020 with content being delivered online following remobilisation. In January 2021, we responded to pressure on boards by deferring some of the outstanding content of the programme until April onwards.

#### **Delivered content**

- · Value Management methodology
  - · Aligning team and strategic aims
  - · Box score and visual management
  - Multidisciplinary huddles
- Quality Improvement
  - · Process mapping
  - Analysing data using pareto, run charts and medians and using qualitative data
  - Human factors and reliability
  - Testing to implementation
  - Sustainability, scale-up and spread
- Supporting teams
  - · Coaching, facilitation and delegation skills
  - Establishing an effective team and building consensus
  - Joy in Work
  - Transitioning teams to independence

### **Outstanding modules**

- Team Coaching skills
- · Sustaining change, daily huddles and management

### 2.3 Toolkit



Building on learning from the innovator site and elsewhere, the value management national team developed a suite of resources that would support coaches and teams to test and implement a value management approach in their context. These were published on a shared platform as the <u>Value Management Pack</u> and have been refined over phase one of the collaborative.

The Value Management Pack was designed to help coaches and teams sequence the testing and implementation of interventions in alignment with the capacity and capability programme.

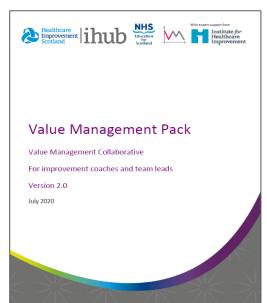
The pack was organised into themes covering:

- Team preparation including assessment of readiness
- Building visual management and preparing for huddles
- Measurement for improvement
- Reporting including milestones for guidance and assessment
- PDSAs planning, testing and tracking
- Keeping teams on track including prioritisation of measures, and
- Technical tools and resources linked to NHS Education for Scotland's QI zone.

### Impact of COVID-19 on the toolkit

The content of the pack was revised during phase one to reflect learning on the most useful content and presentation for teams. Following remobilisation in August 2020, the content was further refined and a shorter addendum published.

All of these revisions are informing the content of a Toolkit for Value Management that will support boards as they spread the interventions of value management beyond pilot teams.



## 2.4 Learning Network



To support the six participating boards to learn from each other, we designed a national learning network which delivered:

- Pre-launch webinars with coaches and leaders to introduce collaborative aims and orient participants to delivery methods
- A **launch event** in November 2019 which presented resources and provided learning on value management methodology to leaders, coaches and teams. A learning session developed for May 2020 was deferred in response to COVID-19 pressures.
- **Site visits** to each board in December 2019 and February 2020 to provide on-site coaching and support development of visual management and huddles
- Monthly coaching calls with coaches to provide coaching support and feedback
- Five online project surgeries to facilitate peer support, and
- Webinars for management accountants in October 2020 and February 2021 to support cross board learning on the establishment of data flows for box scores.

In addition to funding for an improvement coach, participating boards received a small amount of funding to facilitate their own learning systems so that their pilot teams could learn from each other and prepare for scale up and spread.

There were two boards who made unsuccessful applications to join the collaborative. While this means that they did not have funded posts for improvement coaches, they were invited to participate in the national learning system and took up this offer.

### Impact of COVID-19 on the learning network

Following re-mobilisation in September 2020, all collaborative activity has been delivered online using MS Teams. This is also the platform on which resources are published and shared. In January 2021, we again deferred the planned learning session in response to limited capacity of boards to participate. A Reflecting, Learning and Looking to the Future session took place in March 2021.

### 2.5 Evaluation



Evaluation of the Value Management Collaborative is underpinned by a logic model and an evaluation framework which focuses on four key questions set out in Figure 4.

In order to answer these questions, the evaluation aims to gather data from the following sources:

- 1. Review of application forms submitted by NHS boards during the selection process
- 2. Data collected from attendance and evaluation of workshops and events
- 3. Assessments of coach and team readiness, capability and confidence
- 4. Data and narrative submitted by participating boards as part of routine reporting against milestones
- 5. Case studies undertaken with a number of participating boards
- 6. Focus groups undertaken with improvement coaches.

Figure 4: Value Management Collaborative Evaluation Framework - Key Questions for Phase One

- 1. To what extent have the interventions worked to embed a Value Management approach at team/unit level?
- 2. How were the key components of the Value Management approach embedded at unit or operational level? What hindered or enabled sustainable implementation and spread?
- 3. To what extent did the collaborative design and delivery contribute to the outcomes achieved by the Value Management approach?
- 4. Does the Value Management approach improve the value of care by reducing costs per patient seen, item processed or procedure undertaken?

### Impact of COVID-19 on the evaluation

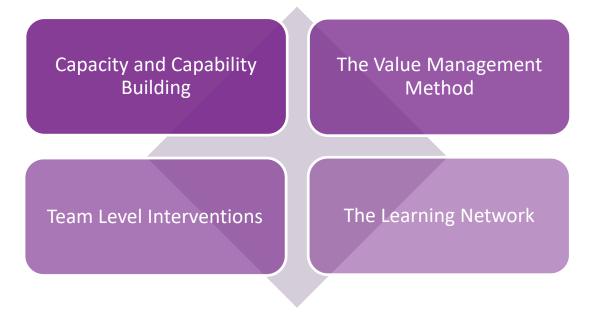
The need to stop or reduce collaborative activity during outbreaks of COVID-19 has reduced the capacity of many teams to engage and progress with testing and implementation to varying degrees. In some instances, redeployment of coaches in boards impacted on their ability to submit monthly reports.

# 3.1 Impact



As a result of system pressures arising from COVID-19, the ability to answer the key questions of the evaluation has been reduced.

However, there is evidence of positive impact across four domains which align with the key questions of the collaborative evaluation:



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# 3.2 Impact: Capacity and Capability Building





To assess the impact of the content of the capacity and capability programme we measured changes in coaches' confidence in critical elements of value management implementation (Figure 5). This data represents averages of self-assessment scores submitted by six improvement coaches in August 2019 and repeated in December 2020. The data demonstrates an **increase in average coach confidence of between 0.5 – 2.5** across the various elements. It should be noted that not all of the programme content had been delivered at this point, and subsequent modules were delivered to address spread and implementation.

In response to stakeholder engagement during August 2020, we increased the focus of programme content on learning that would support staff and team resilience.

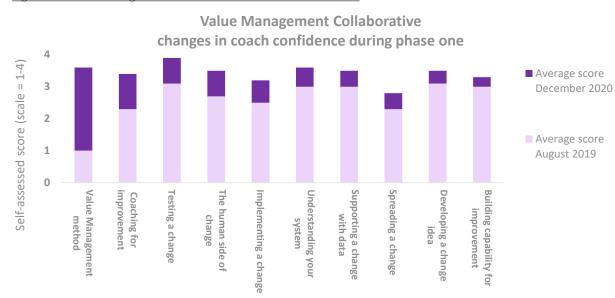
The self assessment is based on a 4 point scale where a score of 1 = Low confidence

2= Making progress

3= Strong confidence

4= Can teach

Figure 5: Value Management Collaborative – Coach Confidence



# 3.3 Impact: Implementation of the value management method







To track progress with implementation of the value management method, we developed milestones (Figure 6) that set out expectations and supported assessment of individual team progress. These milestones were used as part of monthly self-assessments submitted by boards and formed the basis of coaching and feedback.

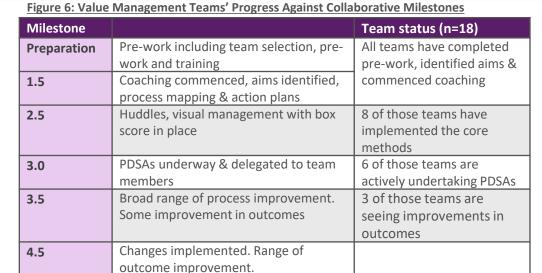
Based on experience in innovator sites, our theory was that a team could expect to achieve these milestones within 15 months of engaging with value management. The impact of COVID-19 on progress varies across boards and teams and relates to changes in service delivery and staffing pressures.



Easter Ross Community Mental Health Team, NHS Highland



Catering Team, NHS Tayside





Phillipshill Spinal Unit, NHS Greater Glasgow and Clyde



Mental health team, NHS Forth Valley

# 3.3 Impact: Implementation of the value management method





Some benefits have been identified through the qualitative evaluation which were hard to measure or may not have been predicted. **27 interviews and a focus group with the coaches** helped us understand some of these impacts:

Improved team cohesion, morale and/or wellbeing

Value management is seen as a holistic framework enabling teams to take ownership of their improvement agenda. Managers have supported and enabled that in these teams

A shift in mindset where concerns or "pebbles in shoes" become improvement ideas. The coaches played a key role in this in all teams, helping to change conversations

Data/feedback providing assurance and reassurance to managers about current performance

Perceived improvements in communication outside the team because of having data

Ripple effects outside the teams with several examples of improvement conversations in other areas, catalysed by either the approach being applied or their data being reviewed (for example, within a clinical governance meeting)

"I've noticed a big change in staff morale. Not that it was bad before it was just more the engagement—[now] having the confidence to speak up [...] that I'm going to be heard.'" (Finance lead)

"It's about letting a team decide what the issues and challenges are, letting them decide what they want to tackle first" (Deputy Medical Director)

"It's improved my understanding of my staff, [...] of the system, and probably understanding my patients as well; the feedback from them has really helped me understand what a fantastic job my team do regardless of improvements" (Team Lead)

"...if you don't have the data to back up your story then your story doesn't really mean anything. And I never thought I would say that!"

(Team Lead)







A team's box scores and visual management will include a range of data across the domains of:

**Performance** (or quality): these measures include a range of quality, safety or efficiency issues

**Capacity**: these measures relate to time that staff spend on direct and indirect care (non-patient facing activities such as documentation or team communication)

**Cost**: these are financial measures that include variable costs incurred by care or service delivery, such as staff costs, sundries and drugs

In practice, capacity and cost measures do not vary a great deal across different teams and services. However, performance measures relate to a particular service or team and are defined by the team in collaboration with organisational leaders.

The measurement plan for the collaborative was designed to offer a range of suggested performance measures that are likely to be common to many teams, for example 'count of falls'. We worked with coaches and team leads to develop **bespoke measures for each team** that were informed by their in-depth knowledge of their service and strategic aims of the organisation.

For teams that were able to progress during the pandemic, the value management approach has helped them to identify ideas for improvement and use data to inform their tests of change and track progress over time.

During stakeholder engagement in August 2020, staff wellbeing was identified as an important measure that would **support team resilience** during COVID-19. For this reason, **Joy in Work became a core performance measure** that teams worked on over the winter of 2020/21. Teams developed a range of methods for collecting data and interventions that will support them.







# Continuously Improving Value by Reducing Cost and Improving Quality (with Joy in Work as a Core Measure)

A focus on Joy in Work has been found to be a powerful enabler of the value management approach by some teams. It appears to build team cohesion and helps people become familiar with the value management method using data they can easily relate to and that is meaningful to them.

Various teams within the collaborative felt it was important to improve staff experience by collecting and reflecting on data in a way that staff feel is meaningful and safe, in a supportive team environment.

"I'm back in love with my job again. I was off quite a lot through stress and things like that, and it's really helped me fall back in love with my role. [...] it just feels like since [Value Management] started, everyone just values each other, values each other's role and values each other's job.[...] it's just created a sense of positivity in the ward that you're being listened to and you're being included in the ward and the running of the ward as well." (Staff Nurse)











### Supporting clinical, care and finance teams to apply quality improvement methods

Finance leads in boards we spoke with are consistently of the view that the main driver for value management is improved quality but that cost savings will generally follow. They consider the real benefits of the approach as enhancing relationships with teams, enabling better understanding of the reality behind the numbers they deal with, and facilitating more informed discussions about finance.

"Being involved meant you felt part of the team. They got to know me, and I got to know [...] more of the team. They have come and asked questions or my opinion and opened up avenues of discussion not just necessarily this." "I think that will then help me support other areas that are not doing the collaborative. I'm thinking more about "there's all those drugs there, why has that changed in cancer drugs? I'm going to speak to that manager. Has something changed in your ward?". Whereas before, I would send out their finance reports and say "oh, you've spent a lot more this month on whatever type of drug, can you tell me why?"

"...You get a feel for what goes on, what kind of patients, the nurses [...] I think learning [...] to appreciate the other areas I do accounting for, that there's a service there at the end of that. [...]"





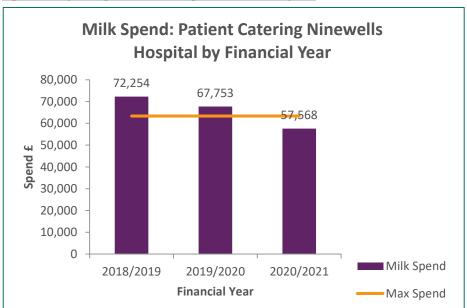


### Supporting clinical, care and finance teams to apply quality improvement methods

### **Catering Team at NHS Tayside:**

By taking a value management approach, the catering department at Ninewells hospital implemented a standardised process for milk allocation and delivery across inpatient areas, reducing waste whilst ensuring patients had access to milk.

Figure 7: Improving Value: Catering Team at NHS Tayside



Access to milk: During testing of the new process, 89% of patients surveyed reported liking milk and knew to ask for this, with 75% knowing to ask for this as a refreshment

**Max Spend** is the maximum expected spend based on 650 patients having 600mls milk per day (the amount specified by Food In Hospitals, Scottish Government (2016))

In 2018/2019 and 2019/2020 the spend was higher than anticipated, based on 600mls of milk per day. In 2020/21 the spend was £57, 568 which is within the maximum spend expected based on 650 patients.







### **Providing Care Closer to Home and Improving Value**

Day Medicine Unit at NHS Forth Valley – An area of focus was the potential value in reducing the number of patients having to attend hospital, given that their treatment involved the use of subcutaneous (rather than intravenous) biologic medicines. Taking a value management approach and collecting data enabled the team to understand systems and variations and to justify prioritising a focus on these medicines.

These medicines can be provided within community settings, and in some cases treatment can be self-administered.[1] From a patient perspective, this can be beneficial as it can potentially save time including the journey to and from hospital. As implementation took place between the end of March 2020 and November 2020, there was also a need to try and reduce avoidable visits to hospital settings to minimise the spread of COVID-19. The change also creates the potential for cost savings (to the acute sector at least) given that hospital dispensed medicines incur VAT at 20% which is not the case for community dispensed prescriptions.[2]

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6182494/

[2] https://www.gov.uk/hmrc-internal-manuals/vat-health/vathlt6000







### <u>Providing Care Closer to Home and Improving Value (continued)</u>

Upon implementation, patient numbers attending the Day Medicine unit to receive subcutaneous biologic medicines was reduced from 24 patients to 5 patients over the 8 month period. Although these patient numbers are small, biologic medicines incur considerably high costs. Based on three medicines (omalizumab, mepolizumab and adalimumab) for this unit, the indicative cost reduction was £69,720.[3]

The team experienced challenges in measuring the amount of money saved due to the potential for confounding in the data. It is also important to note that the saving may not be recurring once all potentially eligible patients receiving subcutaneous medicines have been transferred to a community setting. There may also be cost transfers to community health and social care providers if they subsequently see a sustained increase in the number of patients receiving subcutaneous medicines outwith a Day Medicine setting.

Nevertheless, for the Value Management Collaborative this example highlights a considerable potential cost saving that can occur in tandem with improving the efficiency of clinical care and providing care closer to home.

[3] Finance Webinar 2. Presentation by Claudine Macmurdo. NHS Forth Valley

## 3.5 Impact: The Learning Network





A learning network enables people to come together to learn about a particular topic, build knowledge and accelerate improvement in outcomes. The Value Management Collaborative was designed to include a range of structured activities that support people to share their successes and challenges and identify generalisable learning.

The learning network for the Value Management Collaborative also provides a foundation for informal networking between improvement coaches and team leads to connect with each other, develop relationships and offer peer support.

Got some reassurance that it is not just our team that is struggling to collate data and keep teams engaged. Got some great ideas especially around Joy at Work.

Please don't put all of us in one room for discussion groups couldn't hear large group or contribute. Otherwise great day. Session gave good opportunity to discuss... Loved hearing from some of the others.

Hosting the meeting via MS TEAMS worked well and entering in and out of chat rooms was useful.

Great flow and especially liked the 'cameras on and chat' part.

Would be good if it was a bit more interactive during the information sessions but recognise how difficult this is with so many on the call.

Engagement with the learning network following remobilisation in September 2020 is described in Figure 8.

There was a reduction in the number of delegates between December 2020 and February 2021 related to pressures in the system as a result of COVID-19 resulting in a lack of capacity for team leads to attend sessions.

Figure 8: Value Management Collaborative Events - Board Engagement

### Value Management Collaborative Sessions Board Engagement August 2020 - April 2021

- **351** Total number of delegates
- 18 Total number of sessions
- Number of sessions where not all participating boards attended
- Average number of boards at sessions
  (4 events were attended by non-participating boards)

# 3.6 Impact: Summary





Table 1 summarises the current impact of the Value Management Collaborative and aligns this to the four questions of the evaluation.

<u>Table 1: Value Management Collaborative Evaluation Framework – Impact to date</u>

<b>Evaluation question</b>	Impact to date
1. To what extent have the interventions worked to embed a Value Management approach at team/unit level?	8 teams out of 18 have implemented the core method of value management. Among these teams there is evidence of improved team working, improved collaboration with finance colleagues, enhanced Joy at Work and ownership of their improvement agenda.
2. How were the key components of the Value Management approach embedded at unit or operational level? What hindered or enabled sustainable implementation and spread?	Case studies have generated useful learning on barriers and enablers to implementation including the importance of effective team working, access to coaching support and the impact of COVID-19.
3. To what extent did the collaborative design and delivery contribute to the outcomes achieved by the Value Management approach?	There is evidence of improved skills and confidence in the use of QI and application of value management. The learning system has enabled collaborative learning and provided a supportive network of peers.
4. Does the Value Management approach improve the value of care by reducing costs per patient seen, item processed or procedure undertaken?	An 8.4% decrease in cost per patient seen between March 2020 to March 2021 in Day Medicine in NHS Forth Valley.  A cost reduction of £10,185 in milk spend between financial years 2019/2020 and 2020/2021 by the catering team in NHS Ninewells Hospital.

# 4.1 Learning: Design, Delivery and Interventions



### **Design and Delivery**

Funded improvement coaches have provided on-site support and coaching for teams and have built strong relationships both locally and nationally.

Capacity and capability building has increased local skills and confidence in QI and value management for both coaches and teams.

The Value Management pack has provided a roadmap for boards to prepare, test and implement a value management approach.

Process mapping is important for generating box score measures and ideas for improvement and should be emphasised more strongly.

Virtual delivery was required so we designed short sessions to be delivered across a number of days. A benefit of virtual delivery was that the content of the capacity and capability programme is more accessible to team leads. This has supported engagement and knowledge transfer. There is a loss in terms of peer support and networking. When appropriate, we will design a blended model of virtual and face-to-face delivery to address this.

Team milestones have helped teams to understand their progress over time and identify what their next steps could be.

### Interventions

Team selection and preparation is important to maximise chances of successful implementation. We found that selection criteria were important predictors of progress, particularly in relation to stable and engaged team leadership and visible organisational support. The work done through the linkage exercise at the launch was an important enabler of organisational support and aligned aims.

Effective team working is critical to a value management approach. In response to stakeholder feedback in August 2020 we added additional learning on coaching skills, reaching consensus, establishing and working with teams along with Joy in Work and staff well being and plan future content on team coaching. Where teams had challenges with capacity to engage, we recommended a focus on Joy in Work as a single performance measure.

Multidisciplinary huddles and visual management are core methods of a value management approach. We found that many teams were reluctant to start huddles until they had a well developed box score and visual management board. Those teams that started huddling early found it useful in building knowledge, engagement and momentum. We therefore encouraged teams to start huddling as soon as they were able.

Data flows for box scores requires time and working across disciplines.

# 4.2 Learning: Enablers and barriers to implementation





Enablers	
Organisational Context	Recognition and support from senior leaders.
	An organisational culture that enables change ideas and reduces bureaucracy.
	Sufficient time for the multidisciplinary team to establish the method and support staff to understand the purpose of value management.
	Visible and engaged medical leadership with good connections across the system.
Team Level Dynamics	A well functioning team including strong nurse leadership and low staff turnover.
	A structured approach by team leads to co-ordinating implementation.
	Early engagement of team members including generation of improvement ideas and delegation of PDSAs.
	Building and/or maintaining strong relationships between clinical and finance staff.
	Visibility of the visual management board is vital for huddles and wider engagement.
	A focus on staff experience that is supported by data and narrative and acts on change ideas.
QI Capability and Support	The role of the coach as a key person to support and coach teams.
	Local QI training to build capacity.
	Collection, display and interpretation of data that is meaningful to teams.

# 4.2 Learning: Enablers and barriers to implementation



Barriers	How this was overcome
Hibernation of the Value Management Collaborative	Engagement with boards to rephase appropriately as part of remobilisation activity. Including Joy at Work as a core performance measure.
Creating the Conditions component not being remobilised	Engaging with boards to establish what is required and what would be helpful. Development of resources to support understanding of leadership's role in value management.
Difficulties in understanding the value management method and purpose	Team leads gradually introduced different aspects of the method as they worked through ideas for improvement. Process mapping helped to generate improvement ideas from team members.
Value management language or jargon	Teams have replaced the term 'performance' with 'quality' to avoid perceptions of performance management.
Anxieties about focus on costs and potential claims about efficiencies	Team and finance leads took care to communicate that, while cost is integral to the value management method, it is not the main driver.
Limited capacity to engage due to COVID- 19	Process mapping and discussions with team to identify 2 or 3 projects at first then building on this. An early focus on quick wins.
Consistency of coach support	The role of the coach was seen as essential. As teams transition to independence they would value access to ad-hoc support to check their plans and thinking.

# 4.3 Learning: Case Studies



We will shortly be publishing on our website three case studies of teams who have been successful in introducing value management into the way they work. All these teams found collecting and reviewing data on their experience (or joy) at work key to their progress both as teams and as a way of identifying priority improvements.

An impressive range of improvement activity has been undertaken by these teams:

**Day Medicine in NHS Forth Valley** provides day-time treatments to patients under the care of a variety of specialities. Among their successes with value management was using the approach to switch patients to community-based administration of some drugs reducing the need for patients to attend hospital, and improving the information given to GPs on discharge.

**Easter Ross Community Mental Health team in NHS Highland** provides adult mental health services. This team have made value management part of the way they work despite the considerable communication barriers of remote working in a rural area lacking reliable internet access. One example of how they have used the approach is to engage with local GPs on how to optimise the referral process to ensure patients get the right care in the right place more quickly and efficiently.

Philipshill Spinal Unit in NHS Greater Glasgow and Clyde provides rehabilitation following spinal injuries, with patients staying for a considerable length of time (approximately 4-5 months on average). This team decided to focus on Joy at Work during COVID-19 and there is widespread agreement that the team culture has developed markedly to one of valuing and listening to all, and acting to improve staff and patient experience. Numerous quality improvement projects have either been completed or are underway.

These <u>case studies</u> have generated useful learning in relation to the team conditions and context that have enabled or hindered their progress.

# 5.0 Summary



### What we set out to achieve

The Value Management Collaborative was launched in November 2019 with an initial completion date of March 2022. The value management national team designed an approach that would address:

- the conditions for managing quality through organisational culture, leadership and infrastructure interventions
- · resources and improvement coaching for teams to test and implement a value management approach, and
- · capacity and capability building in quality improvement and value management.

The value management national team selected six NHS boards through a competitive process and established a partnership agreement which set out expectations for testing and implementation of value management, namely:

- by November 2020 (phase one), each board would implement value management in three pilot teams
- by March 2022 (phase two), each board would spread value management throughout their organisations.

### How COVID-19 impacted our ability to deliver phase one as planned

The delivery and impact of the Value Management Collaborative has been significantly impacted by COVID-19. The value management national team have strived to respond in a way that best meets the needs of participating boards such that:

- We hibernated the collaborative for six months between March and September 2020; the end date of phase one was extended to March 2021.
- The Creating the Conditions component of the collaborative was not remobilised after hibernation.
- In January 2021, in response to ongoing pressures in boards, collaborative content was delivered at a reduced pace. This means that boards will not have reached the required milestones to support spread from April 2021.
- As a result, a blended approach to the delivery of phase one and phase two of the collaborative will be taken going forward.

# 5.0 Summary



### What we achieved in the context of COVID-19

In the context of the additional pressures on NHS boards as a result of COVID-19, the collaborative has been adapted to reflect the stated needs of individual teams and has delivered:

- a responsive capacity and capability programme that has helped teams maintain and improve staff wellbeing and team resilience
- a suite of resources that support team preparation, testing and implementation of value management
- support to embed at a team level the Quality Management System principles of quality planning, quality improvement and quality control, which underpin the overall approach
- · an approach to including finance colleagues in improving quality in an innovative way
- a learning network and coaching support enabling participants to share successes and challenges and learn from each other, and
- organisational benefits to Healthcare Improvement Scotland, including enhanced collaboration across organisations, and enhanced connections between programmes internally.

By responding to the varying needs of participating NHS boards, the collaborative has supported:

- a measurable increase in knowledge and skills required to support teams to implement a value management approach
- preparation of all teams to undertake the work of value management, and
- eight teams to implement the core method of value management, with four teams seeing improvements in outcomes.

### **Next steps**

Over the next year we will:

- develop a toolkit to support value management teams that takes into account learning from delivery to date
- move collaborative delivery to a blended model when that is possible, and
- continue our focus on effective team working and staff wellbeing as a key enabler for a successful value management approach.

# **6.0 Acknowledgements**

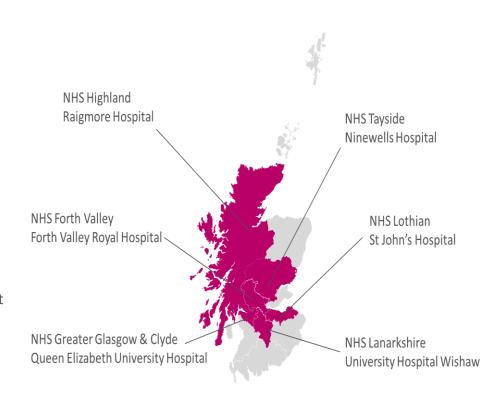


This report describes the design, delivery, impact and learning from the Value Management Collaborative since its launch in November 2019. COVID-19 has undoubtedly had a significant impact on what has been delivered and how boards and teams have been able to engage with the content of the collaborative.

The NHS Scotland staff we work with include senior leaders, coaches, management accountants, team leaders and their teams. Despite these unprecedented pressures on the healthcare system, we have seen remarkable resilience in all these individuals.

Boards and teams have recognised what value management can offer healthcare staff and the people they care for and have worked tirelessly to learn about value management and test and implement the core methodology. They have supported each other and national partners to adapt the design, content and delivery of the collaborative so that it is fit for purpose in these challenging times.

The national partners are grateful for their efforts and are looking forward to the next stage of this work.













# 7.0 Appendices

Improvement Hub

Enabling health and social care improvement

# 7.1 Appendix 1: Progress in participating NHS boards





### **NHS Forth Valley**

NHS Forth Valley has worked consistently with three pilot teams in Forth Valley Royal hospital since the collaborative launch in November 2019.

Team	Progress with implementation
Day Medicine	This team have reliably implemented the core method of value management. They have improved a range of processes which has supported improvement in outcome measures.
Mental health - inpatients	This team have reliably implemented the core method of value management. They have improved a range of processes which has supported improvement in outcome measures.
Pathology	This team have reliably implemented the core method of value management. They had been working to standardise a range of processes, however, in recent months value management activity has been reduced.

The board has developed a spread plan and invested in resources to support this. Their plans include spread to other outpatient and mental health teams.

### **NHS Greater Glasgow & Clyde**

NHS Greater Glasgow & Clyde has worked consistently with three pilot teams in the Queen Elizabeth campus since the collaborative launch in November 2019. In January 2021, the board communicated that two teams were not able to progress over winter months due to system pressures resulting from COVID-19. Nevertheless supportive contact has continued throughout this period with the aim to further facilitate the teams, in line with the key principles of value management.

Team	Progress with implementation
Phillipshill Spinal Unit	This team have reliably implemented the core method of value management. They are working to standardise a range of processes.
Children's Renal Unit	This team completed pre-work and engaged with coaching sessions. They identified measures and formed data collection plans. Recent system pressures has resulted in them temporarily reducing value management activity.
Stroke Unit	This team completed pre-work and identified aims. COVID-19 resulted in periods where it was not possible to progress due to patient pathway changes, staff absence and the ward being closed to non-essential staff.

The board is considering spread within other spinal injuries teams and aligning value management to their quality strategy.

# 7.1 Appendix 1: Progress in participating NHS boards





### **NHS Highland**

As the innovator site, NHS Highland had established value management in a number of teams in Raigmore Hospital and in mental health at New Craigs Hospital. The board is utilising coach funding to support further spread in these sites and in community mental health teams (CMHTs).

Team	Progress with implementation
Mental health - inpatients	This team have reliably implemented the core method of value management. They are working to standardise a range of processes.
Easter Ross CMHT	This team have reliably implemented the core method of value management. They have improved a range of processes which has supported improvement in outcome measures.
Inverness CMHT	This team have reliably implemented the core method of value management. They are working to standardise a range of processes.

The board has developed a spread plan and is working with the national team to test an approach to reporting and assessment of spread. They have started spread within mental health and elsewhere.

#### **NHS Lanarkshire**

NHS Lanarkshire has worked with three pilot teams in University Hospital Wishaw since the collaborative launch in November 2019. In August 2020 they changed a pilot team due to ongoing COVID-19 pressures. In December 2020, the board communicated that they were not able to progress over winter months, again due to COVID-19, although engagement with value management activity has since resumed.

Team	Progress with implementation
COTE/ Stroke	These teams have completed pre-work and identified aims. COVID-19 has resulted in periods where it has not been possible to progress due to patient pathway changes, staff
Gastro/ Cardiology	absence and wards being closed to non-essential staff.
General Surgery	This team started work in September 2020 and have engaged with coaching and pre-work. They have been unable to progress further due to COVID-19 pressures.

The board submitted regular updates to the national team based on four-weekly reviews of team status, and held a local re-launch event on 26 March. They are re-engaging with their pilot teams and developing a spread plan.

# 7.1 Appendix 1: Progress in participating NHS boards



### **NHS Lothian**

NHS Lothian has worked consistently with three pilot teams in St John's Hospital since the collaborative launch in November 2019.

Team	Progress with implementation
Stroke unit	This team have implemented the core method of value management. COVID-19 has resulted in periods where it has not been possible to progress further due to staff absences and the ward being closed to non-essential staff.
COVID-19 assessment	This team have completed pre-work and engaged with coaching. Their patient cohort has changed resulting in an ongoing need to revisit aims and limitations on their capacity to progress.
General Medicine	This team have implemented the core method of value management. Their patient cohort has changed resulting in an ongoing need to revisit aims.

As a result of COVID-19, the board is currently planning for spread, allowing further testing of the methodology. They have invested in resources to support spread to other sites in NHS Lothian and plan to align this with improvement focused on Care Assurance.

### **NHS Tayside**

NHS Tayside has worked consistently with three pilot teams in Ninewells Hospital since the collaborative launch in November 2019.

Team	Progress with implementation
Cardiology	These teams had implemented the core method of value management. COVID-19 has resulted in periods where it has not been possible to maintain this due to patient acuity, staff
Gastro- enterology	absences and the wards being closed to non-essential staff.
Catering	This team have implemented box scores and visual management. They have improved processes which has supported improvement in outcome measures.

The board has experienced challenges with consistency of coaching support which, along with COVID-19 pressures, is hindering their capacity to support existing teams and plan for spread.

# Keep in touch

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