

# NHS Forth Valley's Value Management Experience

August 2021

NHS Forth Valley Day Medicine Unit successfully implemented the Value Management approach:

- **Driven by** a multidisciplinary core group around the team lead, including finance
- **Supported by** an enabling management culture, and
- **Leading to** changes including better, safer discharge communications, reduced need for patients to attend hospital for treatment, and reduced Did Not Attends.

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

The core components of the value management method are:

1. **a box score** which organises real time data on performance, capacity and cost
2. **a visual management board** which displays data over time, linked analyses and related improvement work, and
3. **weekly multidisciplinary huddles** where teams meet to discuss data, share learning and plan improvement work.



This team is one of a number across Scotland who are taking part in a collaborative led by [Healthcare Improvement Scotland](#), working in partnership with [NHS Education for Scotland](#) and the [Institute for Healthcare Improvement](#). To read more about the collaborative, please see their [interim learning and impact report](#).

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



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“[Value management] is about improving the experience of care both of patients and staff, and it differs from other types of projects [...] it’s actually a flipped model [...] They identify those areas they want to work on and they’re being given the support within that team to actually solve their own problems.”

**Consultant**

“It’s probably just changed the way I think about things – I see something that’s not working –

*‘so right ok, so what can we do to improve that? Let’s collect some information and have a wee look to see’*

**Team lead**

## Putting Value Management into practice



### Day Medicine Unit

The Day Medicine Unit provides patient treatment services for several hospital specialities. For some procedures it relies on GPs providing some services such as preparatory blood tests.

Recognition locally as a **well-functioning team with good nurse leadership and low staff turnover** influenced their selection as one of three Forth Valley pilot teams for this collaborative. Other advantages the unit brought to the collaborative included:

- established links with other departments and clinical teams
- good existing relationship with finance, and
- less variation in working patterns compared to ward-based teams.

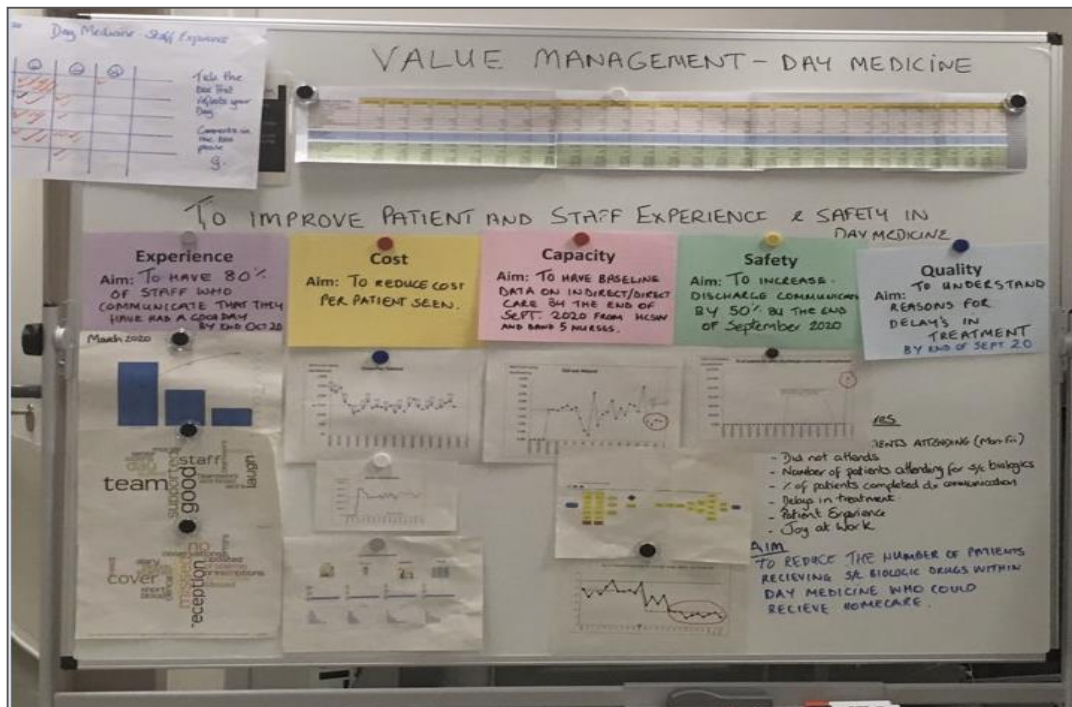
### A way of working

To begin implementing value management, the team prioritised understanding more about both staff and patient experience to identify potential areas for improvement. COVID-19 has made staff wellbeing even more of a priority.

Working with the coach, the team have incorporated value management methods into their way of working:

- Use of the visual management board, and data collection for the box score, working closely with finance.
- A whole team approach, with regular multidisciplinary huddles helping the team collaborate on areas for improvement, change ideas and plans to take these forward.
- Testing different approaches to collecting staff and patient experience information.
- Collecting data and reviewing financial flows regularly, which has helped capture information on savings made.
- The team made an indicative cost reduction of £69, 720 by changing how a type of drug was administered.
- Key enablers and top tips for implementing value management have been identified.
- The Value Management Collaborative design has contributed to the successful implementation of the approach.

# Visual management board



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“It’s a very visual reminder with the boards that they use to chart their progress and their success. So it’s something that even as a new person arriving in the middle of the pandemic was very visible and they were very proud of, and as part of day-to-day work they were happy to chat about it.”

Deputy Medical Director

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“I can go and ask any member of the team about the visual management board and what’s going well, and anybody can talk to that. It feels really easy to take somebody in [...] I took one of our heads of nursing down there [...] and he’s now raving about it and wants to take it everywhere in the hospital.”

Consultant

## Methodology



### Helps with understanding processes and engaging others

Through collection and review of both staff experience and patient related measures the team **noticed that when patient delays increased, staff experience worsened.**

Knowing that this is important to both staff and patients, they decided to prioritise a **systematic approach to understanding the reasons for patient delays.**

### Visibility is essential

Visibility of the board was cited by most people as **absolutely key to the success of the huddles** including maintaining the profile of improvement activity between huddles.

## Outcomes



### Facilitates wider communication

The visibility of the work done by the team shown on the board has **helped facilitate wider communication with other teams.** Senior managers have noted the **confidence (and pride)** with which any team member will explain the visual management board to anyone passing who asks.

### Engages service users

The board has not just been noticed by colleagues but also by patients. One interviewee commented that the team also now **talk to their patients about the board because it is visible to all.**

This helps ensure that the team can **actively engage with service users** and show how their feedback is actioned by the team and can help inform improvement work undertaken by the team.



# Multidisciplinary team huddles around the visual management board

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“From my perspective in day medicine it has turned into tangible results. I think that’s given people the reassurance that it actually is worthwhile investing some time in it... Honestly, improvement ideas as a manager are fantastic.”

Operations manager

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“I’ve noticed a big change in staff morale in Day Medicine. 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

## Methodology



### Creates the time and space for discussion and encourages understanding and ownership

From the start, the team leader (with support from the coach) focussed on **enabling a whole team approach** including encouraging and supporting all to contribute to and shape huddle discussions. This has **helped to build understanding of value management processes** and has **created opportunities for team members to lead tests of change and data collection**.

### Regularity of meetings fosters collaboration

The team has **established regular, well-attended multidisciplinary huddles** around the visual management board. The unit’s consultant and finance lead usually attend; the local operational manager often does and senior managers occasionally do.

There has been a **real willingness to participate among the whole team**.

## Outcomes



Local managers have been key to supporting the process, facilitating action beyond the team’s direct control.

They **keep other service and nurse managers informed of relevant progress and proposed changes** as appropriate.

Day Medicine’s consultant also has a Clinical Director role which has been instrumental in **raising other senior managers’ awareness of the team’s progress and in clinical governance structures**.

### Creating a space to identify and test change ideas as a team

Ideas for improvement arise and evolve in the value management huddle, and can also be brought from elsewhere.

For example, an idea existing in the team prior to value management was to **provide discharge information to GPs** to improve communication and patient safety. The team decided to trial a **new system seeking feedback from GPs**. Another idea, driven by COVID-19 and the need to reduce the number of patients attending hospital, was to **transfer administration of one type of drug (subcutaneous biologics) from Day Medicine to community**. Using a value management approach, the **team identified and measured the scale of the issue** among the different specialities and **monitored the effect of changes including the total cost of the drug**.

An idea arising from the value management approach and the team's developing improvement mindset, was considering whether the already low **rate of patients not attending appointments** could be further reduced. They **tested and implemented text message reminders** and the rate is now even lower.

# Reviewing financial flows regularly and data collection

## Methodology

### Integrating finance into team decision-making

Involving finance in the huddles was identified as helpful for the team's **understanding of any wider organisational impacts**, particularly wider cost implications (e.g. for community).

Outwith value management, Forth Valley health board is **adjusting its approach so that finance work in a more integrated way** with service teams, with a "business partnering" training program ongoing. This is likely to have facilitated finance participation in value management.



### Data enables prioritisation

The team has worked to understand their systems, including collecting and reviewing data.

This has **helped them prioritise improvement activities** such as subcutaneous biologic drug administration through relevant patients receiving care differently.

## Outcomes

### Improves working relationships

The finance lead's view was that, **whilst their existing working relationship with Day Medicine had been good, it had deepened** as a result of value management. They note good links with more Day Medicine team members and **increased discussion about issues outwith value management**.

The finance department are also reflecting whether they might be able to help **expand the approach to other areas**.

### Increases confidence to engage

Data collection has given the team improved understanding of their service and so ability to engage other departments in improvement conversations.

For instance, the Unit will now seek confirmation that a patient referred to them for subcutaneous biologics treatment does require hospital-based treatment (and not community) if it is not clear.

GPs have also been engaged on the development of discharge information.



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“The thing I really like about [the value management approach] is the kind of more holistic approach that it takes. So the whole ward getting to find out a bit more around costs and thinking about things like that... and having finance involved.”

Team lead

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“We are privileged: finance can be involved in quite a lot of things and can see across the different areas. We have a lot of knowledge and so can help the team make connections. For example we can ask about the impact on labs and radiology.”

Finance Lead

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“We’re collecting [data] in relation to staff experience and patient experience, numbers attending and why they’re attending. So it probably has helped me to understand the whole sort of in-depth function of Day Medicine”

Team Lead

# Improving safety, reducing cost: an example



To minimise the risk from COVID-19 there was a need to reduce any avoidable patient visits to hospital. Thus the team worked on **reducing the number of patients having to attend for administration of subcutaneous (rather than intravenous) biologic medicines**.

These can often be provided within community settings, and in some cases can be self-administered.

This can be beneficial from a patient's perspective as it can potentially save time in reduced journeys to and from hospital.

## Implementation



Patient numbers attending the unit to receive subcutaneous biologic medicines **were reduced from 24 patients to 5 patients over the 8 month period** following implementation.

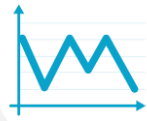
Although these numbers are small, biologic medicines incur high costs.

The team demonstrated **sustained improvements and achieved both a:**

- **reduction in numbers of patients attending hospital, and**
- **a resulting cost saving to the Day Medicine Unit.**

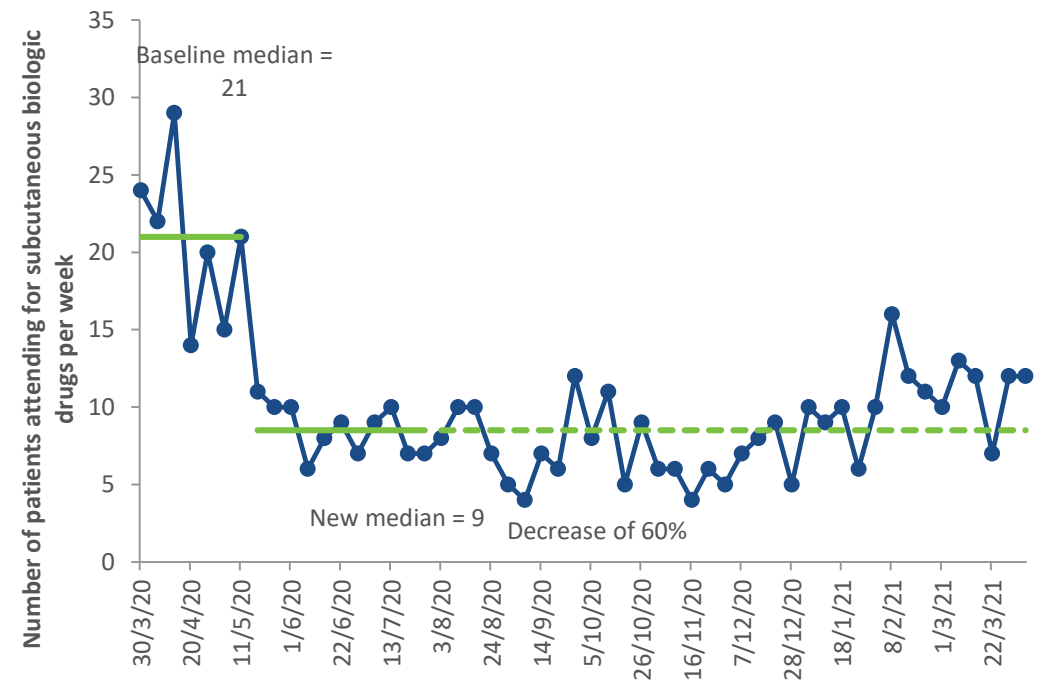
Based on three medicines the indicative cost reduction was **£69,720**.

## Key learning from the financial analysis



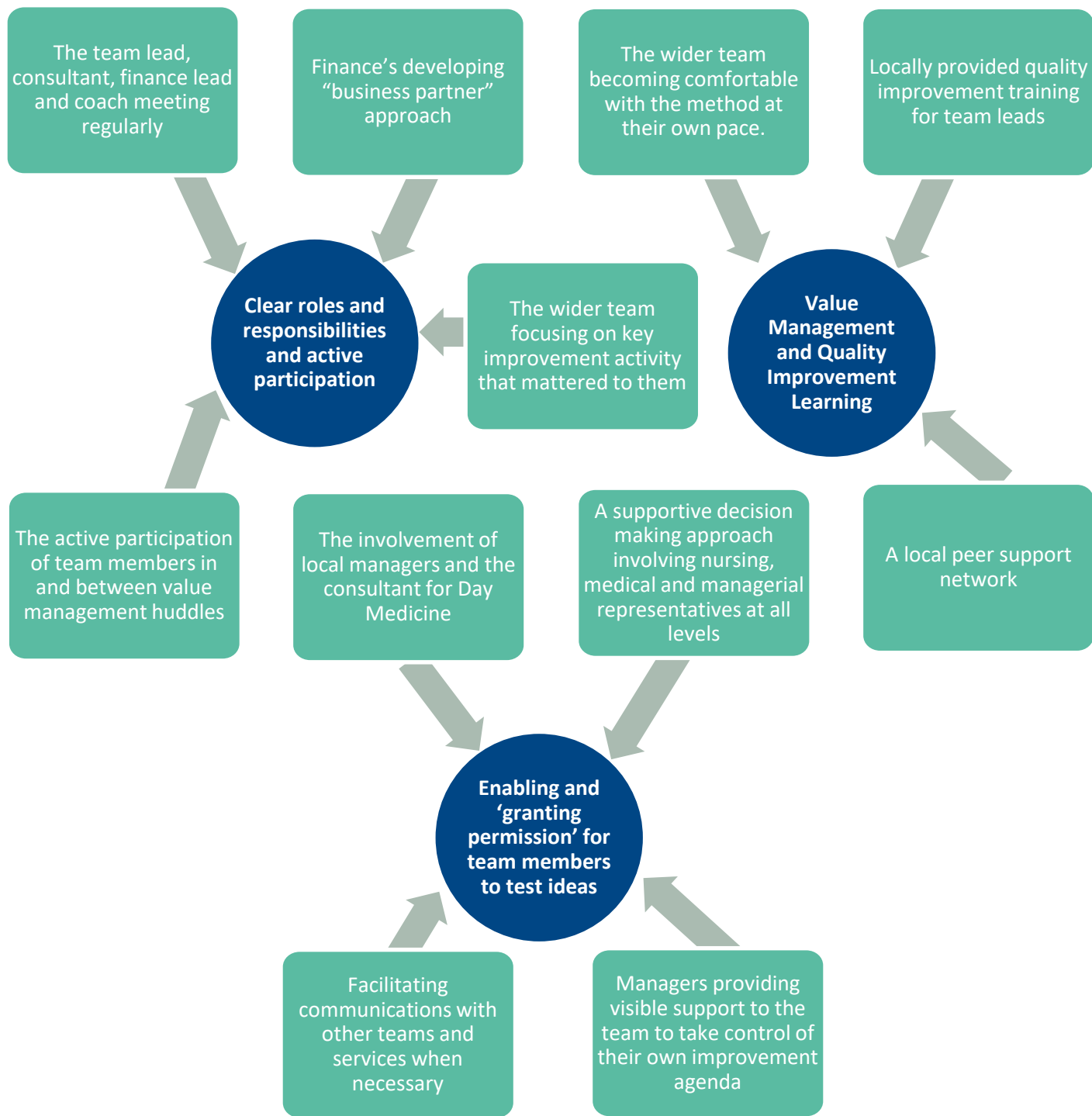
There were challenges in measuring cost savings from reduced subcutaneous biologics due to the potential for **confounding** in the data:

- Patients receiving the same biologic treatment **may not necessarily be receiving it for the same diagnosis**
- All patients are also likely to be **receiving multidisciplinary care from different specialties**
- The extent of the **saving may not be recurring** once eligible patients have been transferred
- There may be expected **cost transfers to community** health and social care providers.



**Figure 1: Number of patients attending hospital for subcutaneous biologic drugs per week**

# Key Enablers



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**“In Day Medicine we’ve done really well** because we’ve had some quick wins and that’s been fantastic and **it’s massively boosted team morale and got the engagement.**

Inevitably as you go on you’re going to pick the more difficult projects – some things that aren’t going to be as quick to solve. **The team now has the resilience to start taking those on. “**

Consultant

## Top Tips for Implementation

- The team lead is a key driver but this has to be a team effort
- Develop a committed and well-connected core planning group around the team lead
- Embed weekly value management huddles
- Adapt the pace of the work to capacity and learning needs
- Prioritise quick wins early, working with the team to address current staff frustrations
- Make staff experience/Joy in Work an early focus of the process

# The Value Management Collaborative Design

## Coach role



The Coach is seen as essential to the success of the implementation.

The expectation is that some level of coach support will still be needed in future. They:

- Shift problem focused discussions to improvement focused
- Translate knowledge and share learning, and
- Enhance communications and visibility within the organisation.

## Coaching call



**Regular calls between the value management coach and the national team have been found to be helpful.**

- The national team identifying collaborative **teams elsewhere with comparable experience was highlighted as useful.**
- This may have had the positive effect of increasing the use of, and so reinforcing, the network of value management coaches.

## National profile, learning sessions and networking



Networking and sharing with other NHS boards is considered to be helpful

- Some experienced this as an indirect benefit via the coach
- The team lead found her local value management network more useful for ideas
- Opportunities to present nationally are highly valued to raise the profile of the team's progress
- The team lead found the **national learning sessions** helpful in consolidating the local course
- For the finance lead they were what they needed

**A network between value management coaches has been established**

- The coach finds these connections particularly supportive

## Acknowledgements

The Value Management Collaborative National Team would like to extend a massive thank you to the NHS Forth Valley Day Medicine Unit and their colleagues for sharing their experiences and learning. This case study was informed by:

- **A review of data collected throughout Phase 1**
- **Initial exploratory/planning meetings** between all partners
- **Seven interviews** conducted with nursing, medical and management staff working in or closely with the Day Medicine team.

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“It's great sharing your learning – even when we did the first project surgery – see for us that's that celebrating success – I've shared that in loads of meetings – *'oh, we were asked to present in the project surgery'* – that's really putting us out there - that national recognition – it's fantastic. That was great.”

Coach