NHS Highland's Value Management Experience

September 2021

Easter Ross Community Mental Health Team share their experiences implementing the value management approach:

- **Driven by** a determined team leader and coach working to raise the team's profile
- **Supported by** an engaged team willing to take ownership, and a clinical governance platform, and
- **Leading to** changes including reduced returned referrals from GPs and wider improvement conversations between hospital and primary care staff.

The Easter Ross Community Mental Health Team (CMHT) provides mental health services to people in the community, taking referrals from local GPs as well as supporting people who have been discharged from hospital. Disciplines include psychiatric nursing, occupational therapy, social work, psychology and psychiatry.

Easter Ross CMHT was recognised among the interviewees as a **cohesive team with good people, and a strong leader with an existing interest in value management.** Their coach had a dual role as a team lead of a local mental health hospital ward already using value management.

Value management uses real time data on quality and cost at the point-of-care.

Value management ambitions for the team included:

- To help promote an increase in standardisation across community mental health services, and
- To pioneer value management in a community setting.

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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"Because we started recording the reason why we're sending them back, we had a narrative […] rather than just "oh, this is three referrals from that practice we've sent back again this week." […]

Just sharing that with the team […] having a brief discussion every week as to, 'what can we do about this?' Instead of "oh, we've got another seven inappropriate referrals this week.."

Team Lead

Value Management: A way of working

Initial concerns in the team about starting something new at a time of change (and then pandemic) were overcome by the enthusiasm and commitment of the team lead and coach. Team members reflected that the coach's practical examples from a hospital ward team were particularly persuasive.

Working with the coach and despite a lack of consistent medical representation, the team have **incorporated value management methods** into their way of working, including:

- Using the **visual management board** – both physically and digitally – **to display data over time, linked analyses and related improvement work**
- Populating the **box score to organise real time data on performance, capacity and cost**
- Taking a whole team approach with **regular multidisciplinary huddles and an emphasis on fun** enabling the team to discuss data, share learning, identify and agree areas for improvement and make plans to take these forward.
- Testing different ways to encourage submission of **staff and patient experience information**.
- **Providing regular updates to the wider organisation** including clinical governance meetings (with primary care representation) as well as other community and hospital team leads.

Example: Reducing returned referrals

At the huddles an early issue was identified – the number of referrals from GPs coming in that had to be returned as inappropriate or with inadequate information.

The team **collected data** to understand the scale of the issue, key **reasons** for it and the GP practices from **where most issues arise**.

This demonstrated this was a significant issue entailing considerable extra work for the team and GPs as well as delaying patients access to appropriate services.

The team **used the data to engage** with the local lead GP and engagement in relation to improving the referral process is ongoing.

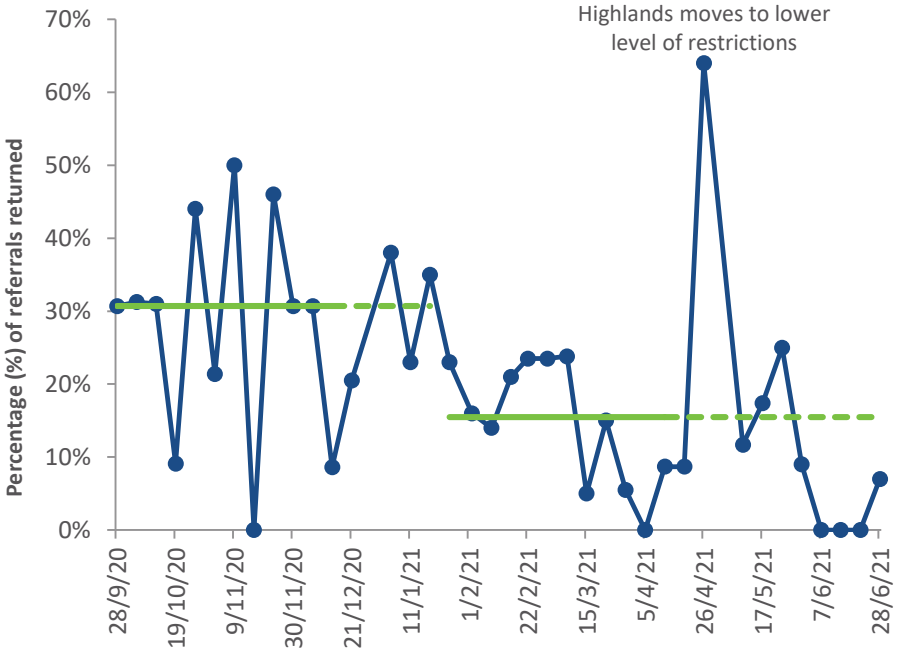


Figure 1: Easter Ross CMHT percentage (%) of referrals returned

Value management method

Weekly Value Management Huddles

Method

The weekly huddle (or "report out") drives the whole team approach.

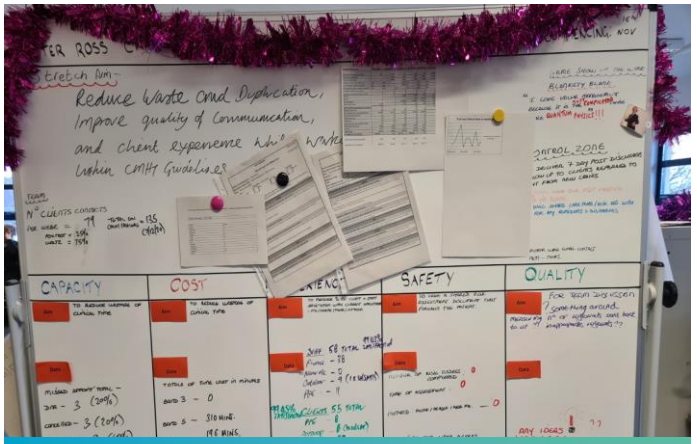
Nursing, social work, and occupational therapy team members usually attend and their administrator is increasingly involved. Psychology and psychiatry will attend when permanent staff are in post. Managers occasionally attend.

Outcome

Team members have engaged and taken ownership, overcoming early scepticism.

The huddle generates ideas and plans for improvement, facilitating common goals and an increase in the team's sense of cohesion.

> "It's made us look at how we function as a team… it's made all of us work towards the same goal… There's a bit more peer support… a bit more banter"
>
> **Team Member**



Visual Management Boards

Method

Accessible to the whole team, the board displays the team's current improvement activity and priorities, and related data.

East Ross CMHT maintain two versions: a white board, and a digital version for those attending virtually.

Outcome

The digital and physical visual management boards work together, with some using the digital version to take a deeper look at the data, in particular on costs – the coach remarking, "*I don't know if they would have done that… had it just been the box score on the board*".

> "That whiteboard makes it. One of the team actually said, 'this board needs to mean something to us and our patients'."
>
> **Coach**

Box Score

Method

The box score is populated with data relevant to the team and organisation's current priorities.

Team lead and coach manage the process of populating the box score (with finance support) and updating this on the visual management board.

Outcome

Team members are taking increasing interest in the data and what it means, particularly the visual representations.

Issues explored included hospital discharge process, GP referrals, travel time (pre-COVID-19), staff and patient experience, and missed appointments.

For some issues data collection and review enabled quality planning and control by assuring the team of their performance, and supporting decisions that improvement was not currently a priority.

Organisational context and ripple effects

Although managers have only occasionally attended this team's huddles they facilitate **platforms for wider discussions, in particular clinical governance** meetings where the presentation of data generated by this systematic approach has facilitated constructive discussions between partners.

The coach has also done much to ensure **two-way communication between the team and wider organisation**, both through presenting and discussing at clinical governance meetings (and reporting back to the team) and making use of wider internal communication channels, such as newsletters.

The Service Manager sees her role as an enabling one and helping the team make connections between their priorities and local strategic aims where appropriate. She sees huddles as an opportunity for giving positive feedback as well as understanding her teams' improvement priorities.

> "I think [value management] gives a really clear direction of where the teams are going so I can then go to my line managers and say "these are the things we're working on and this is where it links in with the mental health strategy", for instance. So, I suppose I'm the kind of pin between them both".
>
> **Service Manager**

Enabling wider improvement conversations

Value Management has enabled wider improvement conversations including between hospital, community and primary care. This has been facilitated by a clinical governance platform, and the work done by the coach to engage in this forum and elsewhere in the organisation. **These have included:**

Frustrations with hospital admissions and discharges.

Whilst the coach's view is that every other team probably have the same frustrations, the value management methodology encouraged action. The coach's dual role (as hospital ward team lead) has also facilitated this wider conversation; alongside the other hospital team lead, some of the doctors and all Highland CMHT leads, they are now working together to improve the discharge process.

Reducing inappropriate GP referrals

Bringing this to the clinical governance meeting has facilitated communication with East Ross CMHT's GP partners, but also brought a focus to this across NHS Highland.

> "Today someone read out a letter that the GP representative had sent about the data, […] and they're interested to find out more. That was quite a nice thing today to actually hear […] the feedback of how it's landing, like what you're doing is being heard and it matters, it's making some sort of difference."
>
> **Team Member**

Top tips

"Making it that we're all involved rather than there's one person to lead with this and take it on. [...]

So, the fact we all do it; that has stayed, it's a team thing"

Team Member

Ensure team buy-in

Initial buy-in from the team is crucial. **Practical examples from someone with experience** of it can be motivating as well as emphasising the opportunity for the team **to change things** and work on what they see as priorities for them and their patients.

It is key to also **acknowledge concerns.**

Make it fun

The team should be encouraged to **make this fun**, whatever that means for the team.

Discussion at the huddle on how to increase staff experience returns led to the team reflecting on how they are feeling and expressing this in a type of dance.

The team agreed to use some light-hearted competition to try to increase returns on experience information - a "horse race" displayed on the visual management board was introduced. Returns rose steeply.

"...making it fun. Having it that your intention is to tangibly improve the way we work, rather than imposing extra things that don't seem relevant to our daily stuff."

Team Member

Prioritise quick wins

Prioritising quick wins early, working with the team as a whole to identify and address current staff frustrations. This also helps build understanding of the value management method (particularly reasons for collecting data), and trust that the team controls it.

Communicate

Wider communication of success in practice can help increase interest, both in trying the approach in other teams but also in engaging with the improvement initiatives arising.

Enable autonomy

Managers see their role as enabling and have allowed the team space to implement and manage the approach as they see fit.

Increased management visibility – as is the intention – would likely be beneficial.

Top tips

"I think [a key learning is] for the team to decide what we want to look at as a whole and for them to be involved in that from day one. I had some ideas about things we could look at, but it wasn't just about what I wanted to look at on the board, it was what the team wanted to look at.

So, I think from day one they were able to take some ownership of that, and their important feedback, and we tweak it and change it according to what everybody wants to do with it."

Team Lead

Huddle

Team lead and coach have maintained their enthusiasm and determination to **make weekly huddles a way of working**, and manage the data aspects of the process. **Team members have been willing to engage and take ownership** of their improvement agenda in response.

All interviewed suggested fun was an important aspect of the huddles.

Display the visual management board

The **visual management board being both visible and accessible** is key for this team. Its physical presence supports the weekly huddle dynamic and a digital version can enable individual exploration of data.

Link to governance

To build on insights generated by a team's work across the organisation**, arrangements to regularly link with organisational structures** such as clinical governance, are needed. Consider also **arrangements for feeding back** wider interest to the team.

"

What makes it work? "Us all taking a turn at doing report outs. I like having the physical board […]. We've got the information on Teams, but the presence of the physical board and then making it visual and a bit brighter just brings it to life. Rather than it being another stale document to look at on the computer screen."

Team Member

"[Value Management] is independent from the clinical governance structure but we have parallel and related aims, so we're trying to be mutually supportive of each other… if we can align with everybody's focus and concerns, that's where everybody will win out of it."

Clinical Director

"The one that really made everybody sit up and take notice in our clinical governance discussions was about referrals being returned to primary care. Everybody fell off their seat in the meeting, "oh, wow, that's interesting [data]." […] people thought "right, we need to go away and explore this in more detail and figure out what's going on." And we've got primary care representation in the clinical governance meeting, so that was really helpful as well.

Clinical Director

The collaborative design

Learning Sessions

The team lead found the **national learning sessions** helpful.

They built on their existing knowledge and they found the interaction with participants reassuring. Others in the team attended one or two sessions which they found helpful.

National Profile and Networking

The coach found the **network between value management coaches** useful and noted the support from their fellow ½-time coach in NHS Highland.

They highlighted how accessible and responsive the national collaborative team have been. Both the coach and a team member identified being part of a national initiative as being good for profile.

Role of the Coach

Among the team and managers **the Coach is considered essential to the success of implementation.** Along with helping inspire the team, the coach has taught them the methodology.

The coach and the team lead ensure the box score and visual management board is updated for the huddles which they have regularly attended. The coach attends in person where possible as the internet connections limits the effectiveness of remote attendance.

The coach also plays a key role supporting **communications** and visibility within the organisation as well as linking in with clinical governance.

It is anticipated that some level of coach support will continue to be needed.

"The collaborative has been quite reassuring. I think people speak quite freely about what's worked well, and actually what they're struggling with.

It feels an okay place to say it as it is, rather than thinking "*this isn't going well, I'd better be quiet*." You can say "*this hasn't gone well, has anybody got any suggestions*?" So, that's been helpful. [...]

It doesn't all have to be celebrating success, it can be acknowledging sometimes it's really difficult.

Team Lead

"It's been led by [the team lead] and [coach] and their enthusiasm [...]. I think at the beginning there was quite a lot of us giving it "seriously!?" But, with their enthusiasm we saw quite early on some of the things that could be changed.... quite quickly you start to see "oh, okay, yeah".

Team Member

"I am committed to it, so I won't let it go. And I bring it up whenever I can. When people start seeing progress or seeing analysis, I think they start to become curious as to why"

Coach

"...we've been earmarked to present [to the national collaborative] and it does feel there's that wee bit more importance on it, rather than it being some kind of mundane collection of data".

Team Member

For more information

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

Read more about the Value Management Collaborative on our ihub webpages.

To contact the Value Management Collaborative National Team, email: his.valuemgt@nhs.scot.

Acknowledgements

The Value Management Collaborative National Team would like to extend a massive thank you to the NHS Highland East Ross Community Mental Health team and their colleagues for sharing their experiences and learning.

Case Study Method

This case study was prepared using information from the following sources:

- A **review of data collected throughout Phase 1** by the national team, including information such as monthly progress reports submitted by NHS Highland.
- **Initial exploratory/planning meetings** with Healthcare Improvement Scotland and NHS Education for Scotland colleagues, and with the locally based Value Management Collaborative Coach.
- **Eight interviews** conducted with the coach, East Ross CMHT (nursing, social work occupational therapy representatives) and with clinical and general management staff working closely with the team.

> I think historically, with all good intentions, a lot of improvement of services or development has come from top-down […] but [the value management approach] really encompasses the bottom-up approach, that the frontline workers know about the blockages in pathways or what could improve. So, I think that's why you get the better buy-in as well.
>
> **Service Manager**

> ...it's encouraged me to speak up more in the team about how we do things... and maybe kind of influence how we do things, rather than waiting to be told "this is how we do things."
>
> **Team Member**