



Healthcare  
Improvement  
Scotland

ihub



# Value Management Collaborative

Specification

May 2019

# Contents

- Introduction ..... 2
- What is Value Management? ..... 3
- Impact ..... 5
- Collaborative ..... 7
- What will be expected from participating NHS boards?..... 8
- What can you expect from HIS, NES and IHI? ..... 9
- Benefits of joining the collaborative ..... 10
- Applying and participation ..... 11



# Introduction

Healthcare Improvement Scotland is calling for applications from NHS boards to participate within a new Value Management Collaborative commencing in autumn 2019. The collaborative aims to test and spread an innovative model developed within NHS Highland that supports clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, experience and value.

The collaborative, led by [Healthcare Improvement Scotland](#) (HIS) working in partnership with [NHS Education for Scotland](#) (NES) and the [Institute for Healthcare Improvement](#) (IHI) will run until March 2022.

Participating NHS boards will be required to develop and deliver a local value management learning network to test and spread the value management approach and share their implementation progress and learning within the national collaborative process.

The successful NHS boards will receive:

- Funds to support local improvement resources and participation within the national collaborative.
- Quality improvement capacity and capability building for teams testing the approach.
- Improvement coaching to support ongoing delivery and progress at ward, service, middle and executive leadership level.
- Improvement coaching capability building to embed a sustainable approach beyond the collaborative.

The collaborative will work with NHS Highland and five NHS Boards running from August 2019 until March 2022 with participation sought through an application and interview process.

Applications will close on Thursday 20 June 2019 with interviews being held in Edinburgh on Thursday 25 July 2019.

# What is Value Management?

NHS Highland, working in collaboration with the Institute for Healthcare Improvement (IHI), has been developing a value management approach that 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.

In doing so, teams are better equipped to quality plan through understanding the needs of the users of their service and what are their key areas for improvement informed by their data, embed processes to understand when they vary from their agreed standards or desired quality and develop the knowledge and skills to apply quality improvement methods to address these.

The overall approach has three core components:

- Creating the conditions for quality improvement through organisational culture, leadership and infrastructure interventions.
- Team, ward level quality and value improvement interventions and coaching.
- Quality improvement and coaching capacity and capability building.

## Creating the conditions for quality

- NHS board and team level self-assessment against the key conditions, resources and infrastructure that are required to enable a consistent and systematic approach to managing quality (self-assessment to link with wider HIS Quality of Care Framework).
- Improvement plan and national support to address gaps identified through self-assessment process.
- Funding to support delivery of a local value management learning network and participate within national collaborative.

## Team and or ward level interventions

- Simplified method to understand quality, cost, and workforce capacity at a ward and or team level on a weekly basis.
- Visual management system to present and analyse this data regularly, engaging the entire team and linking measures to active, ongoing efforts to make improvements to cost and quality.
- A daily, point-of-care communication method to support continuous improvement through practices such as huddles and staff coaching<sup>1</sup>

## Quality improvement and coaching capacity and capability building

- Funded quality improvement capacity, 1 WTE Band 7 Improvement Coach.
- Staff within the team and or ward who have the knowledge and skills to effectively use the Model for Improvement to test changes and embed as appropriate.
- Improvement coaching at all levels – a model that enables coaching at all levels of the system:
  - Coaches the improvement coaches (the teams working in the prototyping wards).
  - Coaches the middle managers to enable ongoing engagement and support and provide strategic alignment to organisation priorities.
  - Coaches the senior management team to develop the Board.
- Improvement coaching capability building to support and embed a sustainable model across the NHS board.

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<sup>1</sup> <https://hbr.org/2017/10/a-simple-way-to-involve-frontline-clinicians-in-managing-costs>

# Impact

12 of the 20 teams in NHS Highland have been working on value management long enough to offer an opportunity for evaluating impact. Quality, financial and productivity improvements are now being demonstrated.

## Positive financial impact

Cost per patient improvements are now being demonstrated within six teams.

- Inpatient respiratory – 21% decrease to £438.5 per patient per week.
- Cardio-endocrine – 11% decrease to £471.6 per patient per week.
- Children's ward – 10% decrease to £370.5 per patient per week.
- New Craigs Morar (inpatient psychiatry) – 12% decrease to £939.2 per patient per week.
- Cath lab – 13% decrease to £1219.5 per patient per week.
- Sleep service – 16% decrease to £49.8 per patient per week.

## Quality of care – falls analysis

- Of the value management teams who have 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

- Inpatient respiratory: 30% increase in number of patients seen per week.
- Sleep service: 115% increase in number of patients seen per week.
- Cardio-endocrine: 2% increase in number of patients seen per week.

## Return on investment

An initial return on investment (ROI) analysis has been completed with input from IHI and from HIS economists. By the very nature of the work, the ROI has to make a wide range of assumptions including what percentage of wards and or teams that the work is spread to might deliver financial benefits and at what level the benefits might be delivered.

Using fairly conservative estimates that include an assumption that only 30% of wards deliver the benefits the analysis shows a return of £2.32 for every £1 invested. If 60% of wards deliver the benefits then this increases to £5 for every £1 invested.

**This analysis was restricted to potential cash releasing savings, it did not include the wider qualitative and quantitative benefits from improvements to quality or the full value of productivity benefits.**

# Collaborative

Healthcare Improvement Scotland (HIS) working in partnership with IHI, NHS Highland and NHS Education for Scotland (NES) will deliver a breakthrough series collaborative until March 2022, supporting five NHS boards and NHS Highland.

## Aim

By March 2022, six NHS boards will have embedded a value management approach at team level within all appropriate care settings.

## Scope and scale

The collaborative will support six NHS board level value management learning networks and will focus initially within acute care settings and spread in line with the three year plan described below.

- Year 1: five NHS boards identifying and work with three teams in one hospital site.
- Year 2: five NHS boards spread to remaining teams in that hospital site within that NHS board.
- Year 3: five NHS boards spread out with the initial hospital site to other areas within that NHS board.

As part of the scale-up work in NHS Highland the approach is being tested within primary and integrated community teams. From end of year two NHS boards will have the option to spread beyond acute care in line with their local system priorities. *(For year one – there would be a lead-in time for recruitment and set up of approximately four months).*

# What will be expected from participating NHS boards?

## Organisation and culture

- Aligning value management with the Board's strategic and corporate objectives.
- Continued support and engagement from senior management and Board executive leaders.
- Robust background in improvement methods (Lean, Model for Improvement).
- Culture where testing adaption and learning are embraced at all levels.
- Acknowledgement this is not a quick fix, time and patience is required to support the change.

## Infrastructure

- Senior management sponsorship.
- Service manager and clinical ownership vital and need to be part of the daily work.
- Quality improvement infrastructure in place from the Board to front line.
- Availability of timely data – finance and service planning support from these teams.
- Ward and or team areas have the permission to focus in their areas for improvement.
- Embedding a coaching model at all levels.

## Testing units

- Ethos of co-production and design.
- An engaged, skilled and enthusiastic clinical microsystem leader.
- Empowered to take their decisions, make mistakes and adapt.
- Teams that have had exposure to QI but not essential.
- Understanding of their system and ability to identify improvement priorities.
- Access to data sources including service planning, Datix and finance (weekly).
- Ward team participation in walk-rounds and reports out tracking progress of work.

The Institute for Healthcare Improvement has published the results of early pilot work in NHS Highland in [Harvard Business Review](#) and [New England Journal of Medicine Catalyst](#).

# What can you expect from HIS, NES and IHI?

## HIS

- National collaborative leadership and coordination.
- Improvement support at all levels within the NHS Board.
- Funding for local improvement coaches and learning networks.
- Alignment and management of interface with relevant national policies and improvement programmes (such as Scottish Patient Safety Programme, Excellence in Care, Realistic Medicine, Access QI).
- Support implementation of plan within innovator and test teams/sites, lead coaching tracks.
- Data review and monitoring progress.
- Collaborative governance.

## IHI

- Value Management content expertise.
- Collaborative support, coaching leadership level and joint delivery of national learning session in year one and two.
- Connector with international partners.

## NES

- Develop and deliver QI capability building programme for test teams including improvement coaching.
- Act as faculty to deliver content on the programme.
- Develop and deliver Board level development programme (train the trainer) to enable self-sustaining local model.

# Benefits of joining the collaborative

Equipping clinical, care and finance teams with the ability to identify and remove harm, waste and unwarranted variation resulting in improved outcomes, experience and value are central to achieving key national and local priorities.

There are a number of benefits from the application of a value management approach at team, NHS board and system level.

## Team

- Multi-disciplinary team based focus on key improvement priorities through the building of a greater understanding of the quality of their service.
- QI capacity and capability building to apply to improvement priorities
- Improvement activity agreed, owned and delivered by team.
- Simplifying complex improvement programme requirements.
- Monitoring and reporting of progress through use of a box score, visual management board and weekly report outs to peers, service managers and executive sponsors.

## NHS board and system

- Embedding improvement methodology into day to day practice through QI capacity and capability building and dedicated improvement coach funding.
- Increased effectiveness and efficiency of service delivery across pathways resulting in improved outcomes experience and value.
- A mechanism to bring together improvement initiatives into one management system, with teams no longer having multiple separate initiatives with separate measurement and evaluation systems; instead one cohesive system, aligned to Board-level strategy.
- Optimising team performance, accountability and supporting innovation.
- Improvement coaching to support ongoing delivery and progress at ward, service, middle and executive leadership level.
- Improvement coaching capability building to embed a sustainable approach beyond the collaborative.
- Bringing together leaders and teams from six NHS boards across Scotland to share learning to inform implementation of process improvements that will be applicable across settings and NHS boards.

## Applying and participation

All NHS boards in Scotland are invited to apply. We encourage interested teams to get in touch to discuss their application. The ihub will support interested teams to understand the requirements of the collaborative and how to apply. Contact us by emailing [hcis.acutecare@nhs.net](mailto:hcis.acutecare@nhs.net).

Email your completed application form to [hcis.acutecare@nhs.net](mailto:hcis.acutecare@nhs.net) between Friday 31 May 2019 and Thursday 20 June 2019. Applications will not be accepted after **5pm on Thursday 20 June 2019**.

The application assessment will involve:

- Motivation and rationale provided by NHS board to participate in this work.
- Executive level support and commitment and links to NHS board strategies/plans.
- Financial management support.
- General management support.
- Local infrastructure to support the work.
- Teams and units already participating in Value Management.
- Ability to describe plans for value management.

Interviews will be held in Edinburgh on Thursday 25 July 2019.

NHS boards selected for interview are invited to send a maximum of **three** key representatives and are asked to ensure their representatives will be free on this date as no alternative arrangements are possible.

Successful applicants will be notified by 8<sup>th</sup> August 2019 and a Memorandum of Understanding will be agreed between Healthcare Improvement Scotland and the NHS board.

## Key dates

Collaborative activity	Date
Applications open	Friday 31 May 2019
Closing date for applications	Thursday 20 June 2019
NHS board interviews (in Edinburgh)	Thursday 25 July 2019
Successful NHS boards informed	Thursday 8 August 2019
Site visits to complete pre-work and MOU	September 2019
Launch event	November 2019

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