

# Taking a 'leap of faith' into a Big Room

How NHS Dumfries and Galloway were able to use a Flow Coaching Academy (FCA) methodology for pathway planning



This case study will:

- introduce what a 'Big Room' is
- describe how NHS Dumfries and Galloway used a Big Room to start redesigning a pathway, and
- share key enablers from NHS Dumfries and Galloway for creating a successful Big Room.

A **Big Room** is a multidisciplinary meeting where staff from each step of a patient's journey come together to assess, diagnose and iteratively test changes to improve patient flow.

It is a key part of the [one year FCA course](#) enabling coaches (clinicians and managers) to gain team coaching and quality improvement (QI) skills. In a Big Room co-coaches employ newly gained skills to help healthcare teams to improve specific pathways of care.

By understanding what works in these multidisciplinary meetings we can better inform future pathway design and pathway improvement programmes

**WHAT IS A BIG ROOM AND HOW CAN IT HELP MY TEAM?**



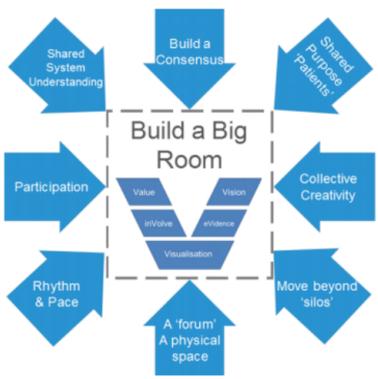
This case study was developed pre-COVID 19 in collaboration with NHS Dumfries and Galloway

## NHS Dumfries and Galloway Child and Adolescent Mental Health Services (CAMHS)

In 2019 the team joined the Scottish FCA cohort with a clinical and QI co-coaching pair. As part of their training they were introduced to the 'Big Room'.

This is a recurring meeting (recommended weekly) where key stakeholders from across a pathway are 'co-coached' by those on FCA training to build improvement habits and apply these to their pathways. Participants are asked to consider the 5Vs:

- **V**isualisation - Seeing the process.
- **eV**idence - The use of data and staff/patient stories.
- **i**nVolve - Ensure the right people are engaged.
- **V**ision - What does successful treatment look like?
- **V**alue - (Outcome + Patient Experience) ÷ Cost.



Big Room Structure

The Big Room should be a physical space and it is up to the co-coaching pair along with the team to decide:

- Who should attend?
- Where it should be?

To ensure the success of their meetings, the team at NHS took some key decisions which were vital to their success.

### Before the meeting

The co-coaches decided right from the beginning to engage and plan which pathway to improve along with the team. That meant taking several meetings to share the big room framework and decide on the pathway that all agreed to work on.

Other FCA coaches may conduct their process mapping, design patient surveys, or determine measurement plans before the initial meeting, but the co-coaching pair felt that it was important for them to listen first to ensure the most informed decisions were taken.

### During the meeting

The team agreed to use the [7 step meeting process](#) framework to ensure the meetings were efficient and effective.

The wider team decided the frequency of the meetings (weekly) not the co-coaching pair.

An open invitation to the meeting was agreed so whomever was interested could attend, and attendance was made flexible (attend when you can). Video conferencing facilities were prioritised to reach off-site team members.

### After the meeting

The co-coaching pair debrief immediately afterwards to compile a quick summary of actions. They also use this time to reflect on the successes and challenges in order to plan for the next meeting.

This reflection is key to ensure focus on the 5Vs model, remember the meeting itself is an improvement project for the co-coaching pair.

## Key learning points

**"Don't overcook it"**

- QI Adviser co-coach

### Flexibility is key

The team highlighted the importance of listening to the stakeholders attending the meeting to ensure the right decisions are made.

The coaches felt that by not being too prescriptive from the outset, the team were able to identify what was of value to them, and their patients.

They also highlighted the importance of revisiting the agreed team vision regularly as this will continue to evolve as tests of change are conducted and different parts of the pathway are explored.

### The Importance of data

Ensuring that data informed the evidence in the meetings was considered key to successful decisions being made.

The team had decided an initial pathway they wished to focus on and were planning to finalise that decision at one of the initial meetings. However, when discussing team data about the pathways most utilised by patients they were able to identify another pathway that required more immediate work.

Evidence helps moderate the assumptions of those in the room.

**"You do two thirds the work in the room before testing which is very helpful"**

- Clinical lead co-coach

### Identifying and empowering the team

Seen as critical to the success of their Big Room was getting the right people in the room. This includes administrative staff and using the 7 step effective meeting skills approach has built ownership and created a safe space with no hierarchy where people feel safe to put forward their ideas and work together to build improvements.

A number of staff in the team completed the local [Scottish Improvement Skills \(SIS\)](#) training over previous years and having [staff understand the model](#) for improvement creates a shared language and momentum to undertake this work.

The role of co-coaches, one with the specified clinical expertise, and the other having the external perspective, was also emphasised as a key strength of a Big Room. The coaches felt that the roles ensured the meeting became a safe space to challenge assumptions as the QI adviser was able to ask key questions and provide an external lens of curiosity whilst the clinical coach could provide the pathway expertise required when deciding key actions and tests of change.



**"This approach is going to support the aim of sustainability"**

- Clinical lead co-coach

