
CONFERENCE ABSTRACT

Delivering Value: A Holistic Approach to Health and Care Improvement Evaluation

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Introduction: NHS staff are no strangers to innovating practices or embracing new ways of working including technological, process innovations and improved competences to accommodate a variety of service demands. These pressures are increasing and combine with pressures to evidence positive changes in performance. The latter is a skill that few NHS staff possess, and few models exist to help guide professionals to conduct such assessments as to how contributed patients, staff, employer organisations, patient journeys across shifts and organisational hand overs have generated benefits.

Aims and Objectives: This paper presents a model that has been developed to allow health and care staff to conduct and validate claims of improvement success. The paper is based on over 80 case studies of improvement that were conducted in Wales (over a 3-year period). It draws from the experiences of teams that have undertaken improvements across a wide spectrum of patient facing and support processes. The research draws from an extensive literature review, and the methodology was enacted using a training session (half day to full day of exercises and application) to introduce the methods to the improvement attendees and to allow them to calculate their savings in the form of released value and cost savings. The projects also included patients as informants to help coproduce the savings claimed.

Results: The results of the practical methodology include a method of visualising the patient or service user pathway, distinguishing errors, issues and experiences of all staff, a structured project management approach and a systematic logic which relates 'time released' as the core currency of savings to a human resource constrained series of cases. Time is used to assess the combined activity cost savings for each staff member which is then converted into an annualised savings based on real demand for a service and allowing service users/staff to redirect their 'released time' towards more project and more personally rewarding higher value-added activities. The results show that no single project team (from those that voluntarily undertook the training) failed to create an output calculation of savings and typically the projects resulted in a significant payback that was many times the total annual salaries of the staff involved and have significantly improved process/patient experience performance levels as measured in terms of the 'sand cone' model (Rich et al., 2004).

Conclusions: The methodology and its application have proven robust across a wide range of health and care settings. The results of the projects undertaken have been tested and validated with finance directors and their staff in terms of the usability and validity of the approach for the justification of savings. The method is therefore transferable and a means of engaging all

stakeholders in improving a process. Significant savings have been achieved and validated at the team, patient pathway and national pathway approaches in Wales.

Implications: The applicability and transferability of this form of assessment fills a gap in the skill sets of improvements undertaken by staff and adds another capability to innovation management processes. The 'easy to follow' method captures and allows a holistic assessment of a projects results on process performance based on a realistic 'costed time saving' which quantifies efficiency gains and staff/patient gains in a less daunting approach than other forms of costing. The approach provides a meaningful addition to the Plan-Do-Check-Act (PDCA) improvement cycle by allowing the 'check stage' to be quantified and in answering the basic questions of senior executives and directorate leaders as to what 'return' can and did we make from allocating scarce staff time to improvement activities.