

An introduction to management

Analytics support management decision making.

But is it the data or the people that count?

Case evaluated: *Unlocking Hidden Capacity in Mental Health Services*

Intervention context:

1. What is the situation or problem context?

Improve mental health services planning across 65 GP clinic locations (SE England) in the face of growing demand and urgency and “persistent workforce challenges” (p50).

2. What people are involved and who do the analysts engage with during the intervention?

People from the organisational levels of policy, strategy, tactics and operations. These people produced rich pictures that demonstrated their differing perspectives and perceptions but also enabled them to agree upon a central transformation “[t]o provide the right intervention by the right professional at the right time and location.” (p51).

3. What sort of data is available?

Data on appointments, referrals and hours worked.

Translation from business problem to analytics problem:

4. What is the problem that is being addressed?

Addressing the questions:

“How is the service actually performing? p50

Are we using our current capacity as effectively as we could be?” p50

5. What sequence of methods or tools is used?

Parti-Sim (based on Soft Systems Methodology). This was used to support optimisation modelling, where previously it has been used to support discrete event simulation.

Rich pictures were produced and the service’s core transformation was agreed.

6. What is the main analytic technique?

P51 “a multi skill, multi location **optimisation model**. The model captured the complexity of the service: 12 clinicians with different skill sets, 65 GP locations with

varying demand, and constraints around travel time, working patterns, and appointment types” (emphasis added).

Delivery and evaluation:

7. Can you describe the rational, systematic approach taken?

Rational review of the data available enabled challenge to assumptions and perceptions – e.g. that appointments lasted 60 minutes and that the system was working at capacity.

Detailed work to produce an optimisation model with multiple variables (skills, locations, travel times, working contracts, appointment types). Workshops to validate and refine the model (see p51).

This is summarised at p53: “The methodology follows a clear progression: structured problem identification (what challenges do we face?), systematic translation of operational knowledge (what do we know that is not captured?), collaborative scenario testing (what if we tried this?)”.

8. What type of output is produced and what does it enable the users to do?

Rich pictures. “The tools such as rich pictures, performance measurement frameworks, systematic constraint identification, provide structure without imposing answers.” p53

An **optimisation model**. Figure 2 shows the workshop journey from initial identifying or defining the problem through to developing and validating the model (thereby gaining a shared language and metrics) and using the model to test “what if” questions.

9. How well is the output received?

At p51 the authors describe how stakeholders participated in work to validate the refine the model and “systematically tested scenarios” (p51) and how this led to recognition of the “gap between practice and assumption” (p52).

Later, the authors note that “[t]he approach works because it builds on the operational knowledge practitioners already possess while making that knowledge visible and actionable across organisational levels.” (p53).

10. How successful do you think the project was?

The section headed “from insights to impact” p52) details of the organisational learning are listed (bullet points). These benefits are summarised in figure 3 with figure 4 summarising key metrics.

Achieving engagement with participants from across the stakeholder groups may also be considered an achievement, the co-creation process supporting ownership of and commitment to solutions, alongside a new shared language and artefact (the model).

11. If you were the analyst, what might you do next or how might you improve your output?

The article identifies some of the ongoing activities to address future challenges in this specific context:

- Change from primary care to neighbourhood teams
- Potential use of AI
- How digital tool use may change workforce optimisation

The potential to transfer this approach to other NHS services is also noted (p53 provides a bullet point list of typical characteristics).