

Welcome to Big Splash, the NHS IMAS quarterly newsletter for pool members, Partners and stakeholders. We hope you enjoy reading our latest edition.



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## NHS IMAS sends its first Tweet!



Our new Twitter account has just been launched to encourage NHS managers to join the NHS IMAS pool and for NHS organisations to use our services.

We will also share details about learning and development opportunities, key areas of work we're supporting across the NHS and current opportunities and assignments – all anonymised of course. If you're on Twitter and want to keep updated with NHS IMAS news, you can follow us at [@NHSIMAS](https://twitter.com/NHSIMAS).

## ECIP - Safer, faster, better care for patients

The Emergency Care Improvement Programme (ECIP) was established to help address the challenges patients and urgent and emergency care systems face, especially through the winter months. ECIP is a clinically led programme designed to offer intensive practical help to 28 systems under the most pressure.

To help deliver improvements in quality, safety and patient flow, as well as generating wider learning, the Emergency Care Intensive Support Team has been enhanced and

expanded and is now integrated with ECIP.

The programme is supported by the NHS Trust Development Authority, Monitor, NHS England and the Department of Health and the success of ECIP will be measured against better patient outcomes and experiences overall, as well as improvements to the emergency care four hour waiting time standard.

The programme will provide effective tools and resources for the 28 systems,

from attendance at bespoke masterclasses, to use of proven delivery tools. Participants have access to a huge range of resources and benefit from the considerable experience of the wider network. The programme will also facilitate organised buddying arrangements to foster additional shared learning across the network.

For more information about ECIP please visit their website at [www.ecip.nhs.uk](http://www.ecip.nhs.uk)

# BIG Splash

Richard Jeavons



**Richard Jeavons, NHS IMAS Senior Partner, reflects on the year to date including his 15 month assignment as Director of Commissioning Specialised Services at NHS England, which comes to an end this month.**

It's been a busy and successful year for NHS IMAS. We have opened 93 new assignments, closed 63 and are currently managing almost 150 assignments. We continue to get excellent feedback from clients with 100% saying that they would use our services again. It's also a period of change for the Intensive Support Teams as they move to NHS Improvement from 1 April 2016, where I'm sure they will continue the excellent work providing improvement support for elective and emergency care.

My assignment is ending this month and I thought it would be an appropriate time to reflect on what I've learnt.

The practical reality of delivering the role in a new environment at a time of major organisational change was challenging and underestimated. For all assignments, particularly ones of this scale and potential complexity, the scoping stage and agreement of objectives is hugely important. The role was clearly scoped with the client with specific attention on deliverables for the first 90 days and the resources needed to achieve this. Knowing the NHS IMAS team were there to call on for support when needed at this stage, and throughout the assignment, made the difference. Regular and close review with the client throughout the assignment is also a critical success factor to ensure the scope and objectives of the assignment are still relevant and achievable.

This assignment combined organisational change, organisational development and operational delivery objectives with the aim of sustainable improvement. This meant investing in people and building good teams with

common purpose and shared habits. I also learnt that you can only get so far without access to subject matter expertise – and that comes from patients, their carers and clinicians. I have learned a lot on this assignment and it's made me realise I still have a lot to learn; personal development is not an optional extra for creating success in these types of assignment. The last month will see me handing over to the successor and ensuring a successful exit, which is just as important as how you enter an assignment.

It's been a challenging yet enjoyable assignment and I'd like to take this opportunity to thank all the staff, patients and stakeholders I've worked with. Finally, Merry Christmas and Happy New Year!



# BIG Splash

## Back to the Future - we introduce a new NHS IMAS Partner



**Chris Butler,  
Chief Executive  
at Leeds and  
York  
Partnership  
NHS  
Foundation**

**Trust, introduces himself as the  
newest Partner to join NHS IMAS.**

I want to take you back to the 2nd of January 1978, my very first day in the NHS. I was part of a group of people coming together for the first time, many were from other countries from Jamaica to Malaysia and points in between. It was our very first day as student nurses to be trained as Registered Mental Nurses.

At the time, the country and the NHS was in a financial crisis, with public services being seen as outdated and struggling to provide the help people needed. People working in the NHS wanted to do their best to help the ill and vulnerable and for many it was a life-long vocation. I remember being excited about a new era in my life and

my role in helping people, but also being concerned about the future as the big mental health hospitals were steadily shrinking and no-one, either patients or the professionals, really knew what the future looked like.

Writing this, 37 years later, all this sounds a bit like what we are facing today in the NHS, social care, and across the public sector. The 'Five Year Forward View' offers a reality check on the money and touches on what 'different' could look like. However, we are in year two of five and there is an urgent need to move from ideas to actions.

So what is going to see us through the next few years? First and foremost it's about adhering to NHS values. This is hard to do when times are tough but I personally believe that there is a very narrow gap between how leaders behave with each other and their colleagues and the experience of patients. There is also a need to be clear about the business skills needed to run and improve large complex

organisations and systems, from how the money works to information technology. Third is working in partnership with others, the NHS is one part of a complex environment, including social care. Also the best leaders find opportunities to stay directly connected to the lived experience of people who use services to learn first-hand what is going well and what needs to change.

I am very proud to have been part of the Leeds and York Partnership NHS Foundation Trust for the last 10 years. Like all organisations, it has been through its ups and downs but it is great to leave it in good shape and financially secure. Every day I have seen people doing heroic things to help patients and improve their health and their lives.

Wanting to make a positive difference in the NHS and to be of service to others are my chief motivations for joining NHS IMAS as one of its newest partners. I am looking forward to using the wealth of experience the NHS has

offered me. This includes running high pressure clinical areas; being responsible for large complex organisations; developing and seeing through complex changes and improvements to services; working in national government; participating in and sustaining city-wide partnerships including co-provision with the voluntary and third sector; and "keeping it real" by maintaining my professional registration.

I am also excited by the prospect of widening my horizons as a Partner with NHS IMAS, helping people to address the challenges they face, and continuing to work with wonderful NHS people and other partners to secure the future and transform people's lives for the better.



# BIG Splash

## Life on Assignment - Jacqui Pickles

**NHS IMAS Pool Member, Jacqui Pickles talks about her recent NHS IMAS assignment as Operational Lead for Financial Recovery at a large Teaching Trust.**

Being a member of NHS IMAS provided me with the opportunity, support and mentorship to work at one of the largest hospital trusts in the country. I have recently completed my assignment and what I enjoyed most about the experience was being able to completely focus on the outcomes set out at the onset of the assignment.

My 30 year NHS career had until this point been working full time in busy clinical and operational roles including Nursing and Operational Director for Community Services and Managing Director for Surgery, Theatres and Anaesthesia.

I have always had a particular interest in quality, efficiency and productivity, so when invited to

undertake the assignment, the fact that I could focus on this area of work without the distraction of an operational or clinical role appealed to me.

The objectives of the assignment were agreed in a face to face meeting with my line manager, the Interim Director of Financial Recovery who was also an NHS IMAS pool member. This was followed up in writing, providing me with an initial set of objectives to work to. The focus of the role was to support the management teams of the 19 Clinical Service Units (CSUs) and the aligned Associate Director of Operations for each CSU to review and identify their existing and developing cost improvement schemes (CIP).

From day one, I set about reviewing the existing and developing CIP project reports. Within a month I had met with all the CSUs and had identified a number of new schemes that required some development work to progress.

During the course of the year, I picked up a number of detailed pieces of work that emerged from reviewing the data and meetings with clinical teams and operational managers. These included:

- A detailed review of Cancer and Children's Services
- An options paper outlining different models for redesign of Acute Surgical Services
- A tracking system to monitor compliance against Best Practice Guidance for day case and same day emergency care
- A financial review of the cost opportunity related to improving theatre efficiency and productivity
- A project plan to improve elective orthopaedic throughput.

I provided monthly progress reports to the Financial Sustainability Board and presented the findings of the reviews at clinical forums and the monthly Senior Leaders meeting.

A key benefit of my role was having the time to look and see and to undertake the detailed analysis to identify the quality and financial benefits. The CSUs found this information really useful to develop the project plans to support the actions required to achieve their CIP targets and improve patient experience and the quality of patient care.

This was my first NHS IMAS assignment and I found the support provided by the NHS IMAS team, especially the mentorship sessions, really useful.



# BIG Splash

## Short Course in Demand and Capacity Planning for Elective Care

**The elective care Intensive Support Team (IST), in partnership with the University of Surrey, delivered a second successful course in demand and capacity planning for elective care in September 2015.** Students from operational, informatics and commissioning backgrounds from as far north as Newcastle and as far south as Truro, came to learn about the important factors to successful demand and capacity planning and how to apply them in their working environments.

Fascinating lectures from Professor Simon Jones (Professor of Population Health), an evening quiz from NHS Elect's Mike Davidge and end of course presentations judged by Daniel Elkeles (Chief Executive of Epsom and St. Helier University Hospitals NHS Trust) provided a rich mix of content to complement the operational input from the IST.

The course provided students with an understanding of demand and some tools to create realistic capacity and plan activity in Elective Care. The students reviewed handling data, activity modelling and change management using practical techniques and real world scenarios. Recognising that training in demand and capacity modelling is typically delivered in a waiting time recovery scenario the course is designed to proactively teach these key skills with a 'prevention is better than cure' ethos.

At the end of the course, 81% of students provided written feedback. Students strongly agreed that participation and interaction were encouraged and also agreed that teaching quality was high with knowledgeable lecturers, able to explain complex concepts. The content, materials and learning objectives were relevant and useful



A giant Alan Turing joins teaching staff and students for an end of course photo

in their day jobs. 90% agreed that the training would be useful in their working lives.

A third course is taking place on 6 - 8 April 2016 and is available for NHS candidates. For more information about the course, please visit <http://store.surrey.ac.uk/browse/product.asp?compid=1&modid=5&catid=33>



# BIG Splash

## NHS IMAS: supporting learning and development

NHS IMAS held a Cost Improvement WebEx session on 16 October 2015. This session was held by Guy Musson, a former NHS IMAS Partner and Foundation Trust Finance Director. He presented a personal reflection on his experience of what works well and what issues he has faced, and how these challenges might be approached to ensure a successful outcome for the client. A number of NHS IMAS pool members attended the session, and we received positive feedback.

A WebEx session on 'Perfect Week: breaking the cycle' held this week, discussed hospitals and wider health and care systems that are consistently under pressure focussing for one week to 're-calibrate', to see and feel what 'good looks like' and rapidly testing and implementing change.

If implemented correctly it's a great opportunity to empower front line staff.

The session answered the following questions:

- why would you consider running a Perfect Week?
- what does good look like?
- what do you do after the week?
- what do we know from those sites and systems that have run successful weeks?

If you would like to register for future events, please email [nhs.imas@nhs.net](mailto:nhs.imas@nhs.net)

### Consultation and Facilitation Skills

In the last edition of Big Splash we talked about the blended learning package we have developed to introduce consultancy and facilitation skills for our NHS Pool Members.

This is a flexible and robust package for NHS Pool Members who are either new to working in a consultancy style or would like to improve their understanding. The first cohort of delegates have completed module one, 'An introduction to consultancy skills' and feedback has been very positive.

The group completed a series of exercises and case studies in their own time that introduced them to various models and techniques that may help them whilst undertaking consultancy based assignments. This learning was then consolidated and built on during a one day workshop that was facilitated by Val Glenny, NHS IMAS Pool Member and course author.

We are now rolling out module two, 'An introduction to facilitation skills' which will complete in February 2016. If you are interested in the next course please contact us, please note that this course is only available to NHS Pool Members.



# BIG Splash

## Life on assignment - Andrew Cratchley

**NHS IMAS pool member Andrew Cratchley talks about his recent NHS IMAS assignment within an Acute Trust in Lancashire**



I recently completed a seven month assignment at an Acute Trust in Lancashire, directing the delivery of a project to double the size of the medical assessment unit and

change the philosophy of care to one of assessment and short stay for those patients who would benefit from acute medical support.

I have undertaken assignments previously at this Trust and it was really encouraging for me as a pool member not only to be asked back, but to be warmly welcomed by those people I would be working with. I was also really pleased to see how far the previous piece of work, which was to introduce a new service, had developed and that the enthusiasm shown by the people I had worked with was still really high.

There was a challenging remit, when I joined in late March 2015 – to deliver the project by October 2015 in order that the

unit was up and running to support the Trust through the expected challenges of winter in the NHS. I developed a really good partnership with a Project Manager (a fellow NHS IMAS Pool Member) and together we worked with the acute medical team and colleagues across the Trust to deliver the project.

We established a project structure to deliver the objectives without being overly bureaucratic and recognising the everyday demands on people's time. We got really good 'buy in' from the acute medical team despite several changes to the original plan for the location of the new unit.

A Business Case was approved by the Trust Board in June 2015 to support investment in the project and it was all systems go for implementation from then onwards.

Implementation work streams were established covering clinical modelling and engagement, workforce (requirements and recruitment), estates, communications

and engagement and performance information and finance. In all, there were 15 ward moves to ensure the space could be created for the new unit and also improving the facilities for other medical directorates. In addition, there was the challenge of recruiting nearly 50 people to staff the unit, and developing a new scorecard to measure the performance of the unit and its impact on the Trust's general performance.

The most significant change however was in the philosophy of care – moving from one of assessment and then discharging or transferring the patient, to one of assessment and short stay care with in-reach support from clinical colleagues across the Trust.

We also developed and delivered a significant communications plan, including face to face events and workshops as well as a weekly bulletin and targeted external communications.

The Project Board met fortnightly and we had senior consultant, nursing and managerial representation. Through this Board we were able to resolve issues

and maintain the fast pace of delivery required.

The new unit opened shortly before a CQC 'mini-visit' and the early informal feedback was really positive. The determination of people within the acute medical team and across the Trust to deliver this project was exemplary and I found the working relationships I developed very rewarding. Another NHS IMAS Pool Member was undertaking an assignment at the Trust during the summer and this was a great opportunity for me to share ideas and discuss challenges.

NHS IMAS assignments are an excellent way for the NHS to demonstrate how change can be delivered from within and provide excellent value for money. The support provided by the core team to clients and pool members is also invaluable and plays a key part in delivering projects effectively.



Interim Management and Support



# BIG Splash

## Quick Splash – Liz Watson



**Liz works as an interim CEO and consultant supporting NHS organisations, social enterprises and charities which deliver health care services and talks to Big Splash about her recent experience in Tanzania.**

One of my areas of expertise is supporting teams to develop new business models which improve health outcomes and deliver social impact. A lot of my work has been done with social enterprises in England. So far I have helped dentists, GPs, community health workers and others to transition into social enterprises.

**What are social enterprises?** They are organisations independent of state control, which aim to have a social impact by trading. They reinvest their surplus into furthering their social objectives. Some well known ones are Divine Chocolate, Jamie Olivers 15 and The Big Issue. They were very topical between 2006 and 2010 when many community health teams chose

to set up their own social enterprises under the Pathfinder and Right to Request schemes. Some of these include Your Healthcare, Bristol Community Health, Willow Bank Partnership CIC and Care Plus Group.

**Why did you go to Tanzania?** I was undertaking primary research on social enterprises in the health system. I am comparing how English and Tanzanian social enterprises aim to deliver health and social impact. Tanzania makes a distinction between not-for-profit and for-profit organisations, it is developing a health market, and is aiming to work towards providing a comprehensive health system. 40% of health facilities are not-for-profit and so I thought there might be an opportunity to learn different ways of making a health and social impact.

**What did you find?** Some of the Non-Government Organisations (NGOs) in Tanzania are in the process of 'reinventing' themselves as social enterprises. Having organisational

freedom to design innovative business models to deliver state or donor funded health services is viewed by policy makers and social enterprise leaders as an effective strategy to deliver national health targets. There were also very different organisational business models in Tanzania to those found in England:

- 'At scale' implementation on regional or national levels in different ways via use of mobile phones and networks of trained community workers to enable access to specialist services.
- Redistributing funding resources from the rich to the poor.
- Redistributing funding from urban to rural areas, or from private to public services.

- Using commercial marketing and distribution channels to change behaviours of consumers and retailers.
- Delivering 'value add' services, such as empowerment programmes for women to support informed health seeking behaviours.

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# BIG Splash

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**How could your learning be applied in the NHS?** I met some impressive health service leaders of not-for-profit organisations, whose teams had worked creatively over time to explore new ideas, building on the successful ones including negotiating with policy makers across government departments to make changes to legislation if required. I was impressed with the tenacity of some of those interviewed who worked at a system, as well as an organisational level. An emphasis on the social determinants of health was central to their measurement of success, for example:

- Negotiating a change to health and safety guidance to allow treatment of mosquito nets in the home.
- Offering expertise to government programmes, working in partnership to rebrand state funded health products to improve sexual health.
- Using the expertise in specialist clinical services to train clinicians working in general hospital services to improve referral quality.

- Investing in new private health services to demonstrate effectiveness before state funding becomes available.

**What have you gained personally from your experience?** It has given me greater clarity about the way different meanings of social enterprise are translated into organisational strategies for change and opened up a different set of professional networks. I hope that I will be able to bring a new perspective to the work I do in England. Learning from others how the benefits of social enterprise can be incorporated into health policy to achieve social and health impact must be one of the challenges for the future!



## Merry Christmas from everyone at NHS IMAS



**The NHS IMAS core team will again make a donation to charity in lieu of sending Christmas cards. Our chosen charity is Candlelighters, a childhood cancer charity in Leeds, West Yorkshire.**

Candlelighters is a charity formed and run by parents of children who have or have had cancer, ex-patients and the medical staff who treat them. It provides essential help and support to children with cancer and their families. For more information on the fantastic work they do in the region, please visit [www.candlelighters.org.uk](http://www.candlelighters.org.uk).

**We wish you all a merry Christmas and a happy new year.**

