

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



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A double century for NHS IMAS!

During December 2013, NHS IMAS has celebrated a double 100 landmark. So far this financial year, NHS IMAS pool members have completed 100 assignments and started the 100th new assignment. The team at NHS IMAS are delighted that they are able to support patient care across the NHS and continue to source high quality pool members for our clients. The feedback we receive remains exceptional as demand continues to grow.

The 100th completed assignment was undertaken at Lancashire Care NHS Foundation Trust (LCFT) and was undertaken by Jeanette Hall, an experienced independent NHS IMAS pool member. The assignment was initially to support the Director of Nursing in reviewing the governance arrangements across the Trust and

supporting the Trust to design new and improved governance structures.

As part of our NHS IMAS assignment process, a closure call was held with Janet Walter, NHS IMAS Managing Partner, and the client, Colin Dugdale, Acting Director of Nursing, Lancashire Care NHS Foundation Trust. The feedback was positive and Colin felt that Jeanette fulfilled the scope of the assignment and was very flexible.

He said, "It was a pleasure to work with Jeanette who brought with her a wealth of experience working in a variety of roles across a number of NHS organisations across the country."

In addition to closing our 100th assignment, NHS IMAS is also celebrating the opening of its 100th



new assignment this year. Mark Ellis and Pete Gordon, both Intensive Support Managers for the Emergency Care Intensive Support Team at NHS IMAS have started an assignment at the Heart of England NHS Foundation Trust this month.

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Richard Jeavons on... Business Planning

Richard Jeavons, NHS IMAS Senior Partner, shares his thoughts with pool members and Partners.

We have recently finalised the NHS IMAS Business Plan for 2014/15. The business planning cycle reassesses the overall strategies and efficiency of an organisation to help it achieve its main objective. A 'business plan' is essentially a living document. To produce the Business Plan a series of workshops were held with all NHS IMAS core team members and key elements were discussed with the NHS IMAS Programme Board.

NHS IMAS uses a wide range of information and outputs to inform its Business Plan including information gathered from our recent external evaluation and our Quality Management System (ISO 9000), business analysis and analysis of emerging priorities.

The feedback from the external evaluation was overwhelmingly positive as covered in the previous edition of Big Splash.

NHS IMAS also retained accreditation for its Quality Management System to ISO 9001:2008 standards in March 2013. The ISO 9001:2008 standard provides a framework for taking a systematic approach to managing processes to ensure that it consistently meets customers' expectations and we are finding it an incredibly useful tool to help us improve.

Demand for NHS IMAS services continues to grow and the team are pro-actively increasing the number of pool members with the skills that are required by the NHS, post transition, including experience of taking an organisation to Foundation Trust status, running a business focused organisation, support to Commissioning Support Units (CSUs) and commissioning services and the infrastructure required to support Clinical Commissioning Groups (CCGs). In particular, the team are

looking for Agenda for Change band 8d programme managers and directors, operational managers and directors with a focus on improvement within cancer and urgent care services, informatics, performance managers and finance specialists.

If you are interested in joining the NHS IMAS pool or would like more information, please contact the NHS IMAS team on 0113 825 0801 / 0802 or email us at nhs.imas@nhs.net.



May I end by wishing everyone a wonderful Christmas and Happy New Year!

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At the Chief Executive's request, Mark and Pete will support the Trust to run an initiative called 'The Perfect Week'. This is a Trust-wide initiative that aims to deliver a perfect week of care and make improvements to the system through a number of co-ordinated activities and initiatives. It is a short seven day assignment to be completed in December 2013.

NHS IMAS is currently managing over 130 live assignments

throughout the NHS and has completed over 330 assignments since being established in 2008. We are pleased that demand for our services continues to grow as it shows that the NHS believe we offer high quality, sustainable support to their organisations and we would like to take this opportunity to say thank you to all our pool members, clients and Partners for your continued support.

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Preparing for Winter

Jennifer Walker, Intensive Support Manager with the NHS IMAS Emergency Care Intensive Support Team (ECIST) looks at the winter planning cycle and key issues that NHS Trusts and local health organisation's should consider in planning for winter.



As a senior operational manager in busy acute trusts, I've been involved in leading winter planning and chairing whole system winter planning forums. I have used this experience, my time with ECIST and research on good practice across the UK to provide my thoughts on tackling winter pressures.

1. When to start preparing?

Preparing for winter should begin at the end of last winter. It's really important to have a multi-disciplinary and organisational team briefing (hospital staff, social care, community teams, mental health and ambulance services are all groups who could be included) as soon as possible after winter to reflect on what worked well, what didn't work as well and what you'd do differently next year.

It's important to use as much information as possible, both numerical and qualitative (patient and staff feedback on their experience), to provide evidence for what did and didn't work.

Document what has been learnt and use this to develop the improvement programme for the coming year. This debriefing session gives teams a great chance to think about what they'd like to improve during the summer months when the pressure eases slightly. Summer should be the time when teams try to embed as much good practice as possible before the pressures of winter begin.

2. What should be in a good winter plan?

Listed below are ten key areas that we think should be covered in a good winter plan.

- Elective inpatient activity (both short and medium-term) should be scheduled across winter to ensure that surgery does not need to be cancelled because of lack of beds. The plan should take into account the potential increase in activity through the Emergency Department in early January and the potential for reduced bed availability due to reduction in discharges over the post-Christmas and New Year period.



- There must be a comprehensive staffing plan that takes particular account of the busy two to three weeks that build after Christmas day. Plans should include services that support the management of inpatient pathways, including diagnostics, pharmacy, phlebotomy, and therapists. All organisations in the health economy must have plans.

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- Local health economies should use available or locally designed predictive tools so that slow but steady increases in activity, as well as short-term demand surges, can be managed effectively.
- Contingency plans must be in place. They must contain clear actions and align with demand and capacity plans. Where a short fall in beds is predicted, it is important to remember that if planning for additional beds, they need to be supported by appropriate staffing. 'Capacity' is not beds. 'Capacity' is people and the actions and decisions they take.
- There must be robust governance and communications arrangements across the health economy. It is important that local operational groups report effectively into the urgent care governance structure and that there are effective daily situation reporting arrangements linked to senior decision making.
- All parts of the local health community must be aligned to support each other, as well as 'consuming their own smoke'. The plan should include what each organisation in the health community is going to do differently to manage the pressures predicted over the winter period. For example, how will community bed capacity be released to expedite acute hospital discharges?
- Consideration should be given to times when patient safety could be compromised. The plan should include the exceptional measures that will be taken if patient safety is at risk and how the risk will be identified. For example, if the Emergency Department is overcrowded, what actions will be taken across the health economy to create space to decongest it?
- All plans should contain a risk analysis and detail the mitigating actions that will be implemented. Staffing issues are likely to feature prominently.
- Local health systems should self-assess using good practice checklists and tools. A useful paper to support this is ECIST's "Effective approaches in urgent and emergency care, available on the NHS IMAS website, www.nhsimas.nhs.uk/ist

3. Supporting and testing the plan

It's important that all plans are tested, preferably through a whole system table top exercise. This should involve all organisations practicing the different responses to the increasing stages of the system escalation plan (what will happen when red escalation is reached and there is no more room in ED?). Winter plans must be supported by an up to date cold weather plan, an outbreak of infection policy, robust escalation plan and flu vaccination programme for staff.

Finally, it can be really valuable to pose some high level questions:

- In real terms, what is each organisation going to do differently or additionally over the winter period? If it's just more talk, it may not work well.
- Are all plans realistic? It's easy to mislead ourselves.
- Have we really addressed the things that went wrong last winter? If we haven't, we will get more of the same.

To find out more about the ECIST team please visit the NHS IMAS website, www.nhsimas.nhs.uk/ist



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Life on assignment: a client's perspective

Bryan Millar, Chief Executive at Bradford Teaching Hospitals NHS Foundation Trust, describes his experience of using NHS IMAS.

Early in 2013, having changed the structure of the Executive Team at Bradford Teaching Hospitals NHS Foundation Trust, I was looking to secure interim support in advance of our substantive Chief Operating Officer taking up her position with the Trust.

Following communication between the Director of Human Resources and NHS IMAS, we were sent the CV's of candidates who it was considered might be suitable for our needs.

Having identified Sandy Spencer as somebody who met our initial person specification, I conducted a telephone discussion with Sandy to establish how her aspirations, skills, and experience might fit with our requirements, and this was followed up by a face to face discussion between one of my senior colleagues and Sandy a few days later. Through this process we were able to put our

interim arrangement in place very quickly, which was key to us given the performance challenges that we, and the rest of the NHS, were facing at the end of last winter.

Sandy's engagement with us turned out to be relatively brief for all of the right reasons: we were more successful in making an early appointment to our substantive Chief Operating Officer role, than we had anticipated and we were able to manage an effective transition from our interim to our permanent arrangements within a relatively quick timeframe. Sandy was with the Foundation Trust for around three months and during this time made real progress in improving our reported performance against a range of quality indicators and targets, and in putting in place the beginnings of systems which could be taken forward and embedded by permanent staff coming into post. In this respect it

was the ideal arrangement all round. What was particularly helpful, was the lack of complexity around the selection and engagement process. We were provided with a resource which met our needs in a timely and responsive way, and we were able to link this input to our future organisational needs in a meaningful and effective way.

Before, during, and after the appointment process we found colleagues at NHS IMAS to be helpful professional and responsive, and, overall, the experience was a very satisfactory one for me as Chief Executive. Given our experience on this occasion, I think there is no doubt that we would turn again to NHS IMAS should similar interim support requirements arise in the future.



Bryan Millar,
Chief Executive
at Bradford
Teaching
Hospitals NHS
Foundation
Trust



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Great Feedback for the ISTs

The NHS IMAS Elective Care and Emergency Care Intensive Support Teams (ISTs) have had a busy few months providing support to an increasing number of NHS Trusts and local health organisations across the country, particularly as winter demands increase.

The ISTs are currently undertaking over 120 assignments nationally.

Feedback is an important part of IST assignments. As the teams continue their work across the country they receive feedback on a regular basis and use this to improve the work they carry out. Recent feedback and comments about the teams include:

“What really impressed me about the team was their commitment to patient care backed up by statistics, not a commitment to stats before patient care.” (Senior Manager, Acute Trust)

“I am totally impressed with the clear minded sense and accurate scrutiny you have applied. I can only agree with virtually all of your report and we have been reporting the same for 24 months...But what a fabulous achievement, and in just one day of

direct vision: incredible.” (Physician, Acute Trust)

“Mortality and length of stay have both fallen since we started work with the Pilgrim Hospital and ED performance had held up over the winter.” (Consultants, Acute Trust)

“The sharing of the IST models (e.g. 2ww capacity and demand model) was invaluable, as was the sharing of information from other NHS organisations that was facilitated by our IST Lead. The IST experience for the organisation was extremely positive.” (Senior Manager, Acute Trust)

“I would like to take this opportunity of thanking you for coming and supporting our improvement plans for waiting list management and capacity planning. I have had some excellent



feedback from both clinical and managerial staff who were present.” (Senior Manager, Acute Trust)

“Thank you very much for this morning's workshop, the feedback has been universally positive. Everyone valued the content, but also the informal environment that you created and everyone felt very comfortable to ask questions.” (Senior Manager, NHS national organisation)

The teams are also contributing to national reviews and work. The ECIST team, led by Director, Russell Emeny were recently invited to join the NHS England Urgent and Emergency Care Delivery Group. The Delivery Group which is part of the Keogh Urgent and Emergency Care review will engage services, organisations, professionals and patient representatives in the practical design of a new system.

Interim Management and Support

Russell Emeny sits on the NHS England Emergency Care Standards Group and has contributed to the Royal College of Physicians (RCP) Future Hospitals Commission. Nigel Coomber, Director of the Elective Care Intensive Support Team sits on Department of Health Joint Intelligence Group, which meets on a regular basis and focuses on Referral to Treatment at the national level.

Nigel was also asked to comment in the Health Service Journal (HSJ) on articles relating to Elective Care waiting lists. You can see the full article by clicking [here](#) and [here](#).

If you would like to contact the Intensive Support Teams to discuss how we could support your organisation, please do not hesitate to contact the team on 0113 825 0801/0802 or by email at: nhs.imas@nhs.net.

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Simon Holden, NHS Property Services' Chief Executive and NHS IMAS Partner gives an insight into the new estates service for the NHS - its background, ambitions and the importance of partnership working.

NHS Property Services came into being on 1 April 2013, with the remit for enhancing patient experience and contributing to healthcare by making the best use of NHS properties across England.

We have a unique status, as part of the NHS family but also a limited company, reporting to the Secretary of State for Health as our single shareholder.

Benefiting patients, tenants and taxpayers

Taking over responsibility for the former estates of 161 PCTs and SHAs, we inherited some 3,000 staff and 4,000 assets, covering 25 million square feet and valued at over £3 billion. By far the largest proportion of our properties is health related, and our overarching purpose is to

ensure we maximise the use of these assets for the benefit of patients, our tenants – and the taxpayer.

This involves maintaining and enhancing our existing properties and developing new and improved facilities to provide the best environment for healthcare. It also requires us to sell those properties that are no longer viable for healthcare purposes.

Partnership working is critical for all aspects of our role. Core relationships include those with NHS England, Clinical Commissioning Groups, Clinical Support Units and Community Health Partnerships, as well as the individual tenants occupying our buildings.

Unimaginable opportunities

The creation of a company with national scope offers us opportunities so we can take a truly strategic approach to managing the NHS property portfolio, optimising efficiencies and economies of scale, and share best practice for delivering services. It also opens up many more career development options for our staff.

Good progress is being made, with the opening of a number of new and refurbished health centres and hospitals, and construction work starting on others to create high-quality new facilities. During our first six months, we also sold or released 28 sites nationwide, generating over £13.1 million and freeing up land or

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facilities for 141 housing units, with the profit generated from these sales going directly to the NHS and DH.

What excites me

All of this makes being Chief Executive of NHS Property Services extremely exciting for me personally. And I'm glad to say that my excitement about the potential of the company is clearly shared by many others across the organisation, with an obvious commitment to professionalism and a desire to do the best for patients and the NHS. From meeting with staff in many different roles, I am repeatedly struck by their openness to the opportunities of doing things in new and better ways, and their ideas for how we will do this.

Together with the staff who TUPE transferred from NHS organisations into NHS Property Services, we have

an increasing number who have joined from non-NHS backgrounds, including our non-executive directors.

My own background is as an accountant – I was Finance Director at NHS Cheshire, Warrington and Wirral before joining NHS Property Services – and this fusion of public- and private-sector experience is proving to be invaluable, as well as challenging.

Building confidence

Like any new start-up company, we face a steep curve of discovery and I do not want to underestimate the challenges we face. These include the inevitable hurdles involved in bringing so many separate organisations.

As we move from our initial transition stage, I am confident that the building blocks we are putting in place will give us the strong

foundation we need for realising our ambitions. I look forward to reporting back on how much more we have achieved in a year's time.



In the spotlight

A different product from the NHS IMAS toolkit is showcased in each issue of Big Splash to demonstrate the broad range of tools available to pool members.

We do not claim that these tools are 'best practice', but they are good practice - we know they work as they have been tried and tested elsewhere.

This month, we would like to share a Stage Plan.

A Project Manager uses a Stage Plan as a baseline for everyday project management activities. Each management stage on a project will have its own Stage Plan, describing the products and resources involved, the quality activities required, and time/cost tolerance levels assigned by the



Project Board. The Stage Plan is able to provide a lower level of detail than the Project Plan, since its range of forecast is shorter (i.e., for each subsequent stage, rather than for the project as a whole). If you would like a copy of this template or further details on how to use this tool, please contact us at nhs.imas@nhs.net.

Elective Care Intensive Support Team launches new e-bulletin

The Elective Care Intensive Support Team will be launching a new regular email bulletin for colleagues working in or with an interest in Elective Care.

The first e-bulletin will go out later this month.

The bulletin will provide regular updates regarding Elective Care models and products, plus inform colleagues of any future training programmes and conferences. It will also include an update on the work the team are carrying out and links to useful resources.

If you would like to be added to the distribution list for the Email Bulletin, please email Becky Green, IST administrator on rebecca.green10@nhs.net.



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Quick Splash



This month NHS IMAS pool member, Kim Nurse, answers our quick fire questions...

I work as.... Executive Director of Workforce and Organisational Development at West Midlands Ambulance Service NHS Foundation Trust. Our organisation was formed in July 2007 and is one of 10 Ambulance Services in England.

My typical day involves.... Despite best intentions for diary planning and forecasting, events will change the course of the day. I have a great team who are completely professional and reliable which is an enormous asset in this type of role.

I am on the Board of Directors so much of my time is spent in ensuring I am able to provide assurance that work programmes are on track, delivered to a quality standard and meet our strategic objectives. There is a great emphasis on designing our organisation in a way that attracts highly motivated and committed staff

and where everyone can contribute to improvements and initiatives especially those that impact on our patients and their care.

The best thing about my job is...

Definitely the people that I meet. Getting out and about to work alongside operational colleagues that are delivering services or corporate and head office staff, across the region, enables me to see how our organisation is working first hand.

Have you been on an NHS IMAS assignment?

Yes, I have completed two. Assignments are always interesting. There is a real satisfaction in looking at an organisational issue with fresh eyes and using your knowledge, expertise and experience to work towards a resolution that is owned by the organisation you are working for. It can also challenge my thinking and keeps my professional

competencies up to date too. So a win-win arrangement.

Word of advice for other pool members...

Be clear about the assignment by getting a really good brief from the initial meeting. This will ensure that you use your time constructively to meet priority expectations. Always have regular update sessions to particularly keep long term assignments on track or to be clear when making adjustments for changing circumstances along the way.

What do you want to do next?

There is so much to do in this type of role that it remains exciting and fresh. The NHS is a great place to work and one which we need to promote widely as a fantastic career. It is important to me that my work and assignments remain interesting challenges.



If I didn't work for the NHS, I'd....

perhaps like to travel, I never did get a "gap year!"

In my spare time, I....

am researching my family history. This, I have discovered, is a lot more difficult than I originally thought but I enjoy the "detective" nature and solving mysteries that it brings.

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NHS IMAS team take on charity hike challenge

For the second year running, NHS IMAS team members and pool members have completed the 10K Sue Ryder Starlight Charity Hike.

Stacey Harrison, Business Support Manager for NHS IMAS rose to the challenge with her twin sister, Carly and her dog, Sky. In addition, NHS IMAS pool member, Linda White and her friend Denise also braved the cold night with her dog, Bramble.

This year the hike, which took place in Temple Newsam in Leeds, started at the earlier time of 10pm! Armed with torches, the team made good progress and shaved six minutes off last year's

time, finishing in a very respectable one hour and 39 minutes.

All four participants (and Sky and Bramble!) would like to thank everyone who has sponsored them. The team have been raising money for Wheatfield Hospice. Wheatfields, Leeds, provides a specialist palliative care service; improving the quality of life for those living with, or affected by, a serious illness.

If you would like to provide a donation please use the link below. http://uk.virginmoneygiving.com/The_Midnight_Belles



Candlelighters Appeal

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



Everyone in the NHS IMAS team wishes you a very Merry Christmas and a Happy New Year.