

Big Splash

Information for NHS IMAS pool members



Welcome to the April edition of **Big Splash**, the newsletter for NHS IMAS partners.

Big Splash will give you news about progress with the NHS IMAS programme and assignments as well as the support that's available to you.

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NHS IMAS goes from strength to strength

After a very successful year, NHS IMAS is now actively seeking to recruit NHS staff to the 'talent pool', in anticipation of the increased number of NHS IMAS assignments we are expecting. A 'News in Brief' article has already appeared in the Health Service Journal (26th March) which highlighted the success of the programme. This short article will be followed by a one page feature in the new 'Resource Centre' section of HSJ on 7th May, and as a result we expect the number of assignments to significantly increase.

In readiness for the demand, we are communicating the criteria for the level of assignment NHS IMAS will undertake. These are listed below and may be useful for you to share with colleagues.

- NHS IMAS will support NHS organisations that ask for short or medium term help. These assignments may be because the organisation is facing challenges or equally because they are successful, but want to improve even further.
- NHS IMAS assignments engage at Board level with a Partner working as a member of the NHS organisation's Executive team. Additional support, in the form of Team Members, will assist the Partner, and will be one or two levels below the Board.

- NHS IMAS has a bias towards action, but in addition, its role is to act on a consultancy basis, defining an assignment scope, agreeing clear objectives and a defined timescale.
- In addition NHS IMAS will help to find interim solutions to Board level vacancies.

Who should apply to be part of the talent pool?

We welcome expressions of interest from all expert and experienced senior NHS staff. At present, we are particularly keen to hear from individuals with strong operational and/or performance management experience, those with excellent analytical skills and project managers, from all NHS settings.

Benefits of membership of the talent pool

The benefits of being in the pool will be the ability to work on different assignments, and to use experience and skills in a different environment from the normal place of work. The talent pool will also provide excellent networking and career development opportunities, as well as the prospect to shadow senior NHS managers.

The application process

If you know of anyone who will be interested in joining the pool, please ask them to contact Suzanne Whitham for more details.

Suzanne.Whitham@nhs.net

New Emergency Care Intensive Support Team to be created

A new Emergency Care Intensive Support Team (ECIST) has been created, as part of the NHS IMAS Programme. The team will support the NHS in delivering the outcomes from the Emergency Services Review work that NHS IMAS are currently undertaking on behalf of OSHA. All 10 SHAs Chief Executives have given their support and funding.

ECIST values

The Emergency Care Intensive Support Team (ECIST) will work with the most challenged local health communities and will add value by improving local capability to deliver national emergency care targets.

The ECIST will have a performance management function and will reinforce the principle that delivery of emergency care targets should be commissioner-driven.

The principles of ECIST engagement will be to

- identify the most challenged local health communities using both quantitative and qualitative information,
- use diagnostic tools to systematically assess the quality and performance of local emergency care programmes
- agree a plan of engagement, with clear actions and deliverables, with the local health community or specific organisation.

- intervene by invitation only, when organisations feel that external help will be beneficial or essential.

ECIST model

The ECIST model builds on that developed by the cancer and 18 Weeks ISTs. It involves experienced strategic, operational and specialist NHS managers, using a working style and approach that is widely acknowledged to be appropriate and effective. ECIST will respond rapidly when invited to support a particular local health community.

The ECIST will regularly monitor and assess progress with local health communities, reporting progress to SHAs and other stakeholders as required.

The team will be developed as an arm of the current 18 Weeks IST, within NHS IMAS. This will enable the 18 weeks and emergency care ISTs to avoid unnecessary duplication and to make best and most effective use of shared resources.

Who's in the NHS IMAS core team?

The NHS IMAS core team consists of:

Antony Sumara,
Chief Executive

Janet Walter,
Programme Director

Neda Hormozi,
Director, Leadership
Development

Heather Sheard,
Programme Manager

Steve Bridge,
Programme Manager

Gemma Jones,
Business Coordinator

Suzanne Whitham
PA / Team Administrator

How to contact us

By phone: 0113 254 6424

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Celebrating NHS IMAS's first year

David Nicholson, David Flory and Sir Ian Carruthers were among the guests who recently attended a NHS IMAS event which marked the first anniversary of the programme. The event was also an opportunity to reflect on the achievements to date and to discuss the challenges and priorities that lay ahead. The event was also attended by colleagues from the NHS IMAS programme and Breaking Through programme.

In his speech David Nicholson reinforced the importance of NHS IMAS in relation to the national leadership agenda, performance agenda and its part in the innovation agenda. He went on to say "Everyone in the NHS has a responsibility for leadership, starting with individuals taking their own development seriously, local organisations supporting that, regional organisations creating the right conditions for leadership development to flourish, and at the centre, ensuring that the system supports high quality leadership and to challenge it where it does not.



David Nicholson

"It is great that NHS IMAS is working to build that leadership culture, providing staff with

valuable on-the-job experience. I really look forward to seeing NHS IMAS grow and more people recognising the opportunities it offers."

Sir Ian then went on to set the context and history of the programme and how the original pilot was to undertake just six assignments in the first year, but through the efforts, dedication and achievements of those involved in the programme NHS IMAS had run over 20 assignments in the same period.



Sir Ian Carruthers OBE

Sir Ian had the following to say "the work that NHS IMAS has undertaken has already achieved significant savings and has helped develop sustainable change in the organisations involved. In addition it has helped grow and develop our local talent. Without the dedication and hard work of those involved, NHS IMAS would not be the success it is today, and my personal thanks go out to everyone involved"

News in brief

New team member

NHS IMAS has welcomed a new member to the core team. Suzanne Whitham joins us as personal assistant to Antony Sumara and team administrator.



Suzanne.Whitham@nhs.net
Tel: 0113 254 6464

Big Splash distribution list

If you wish to be included on the Big Splash distribution list, please contact Suzanne:

Suzanne.Whitham@nhs.net
Tel: 0113 254 6464

Life on a NHS IMAS Assignment

This month Andy Graham, NHS East of England's Head of Performance, talks about his NHS IMAS assignment at an acute hospital in the Midlands looking at strengthening the hospital's performance management arrangements.



Andy Graham

"The first thing to do was to agree the assignment brief. Keeping this well defined was important as it would have been very easy for my remit to expand rapidly. It was also important to have a manageable list of things I could make a difference to in the three months.

Having free reign to approach whoever I wanted during the first week was important. This gave me an opportunity to dig deep in the organisation, seeking views and experiences from frontline staff as well as senior managers and executives.

The first area I looked at was strengthening the performance management arrangements. I put new arrangements in place at individual and directorate level. Directorate Managers rapidly became clear what they and their teams needed to achieve in the short term and were held to account for its delivery as well as supported to achieve.

I have come to realise over the years that performance management is not always popular. You don't get away with not doing the things that may have gone in the 'too difficult box'. It takes a while to understand the impact you can make by making simple changes to the way you do things. Coming with an SHA perspective I was able to bring a good understanding of how actions fit into the 'big picture' and some different experience to solving problems.

It was clear to me from early on that the way the information was presented would make identifying the challenges and performance managing progress difficult. With some excellent support from the Trusts information team, we developed and presented a small number of key metrics that would tackle the underlying issues – no more big spreadsheets. Having got the basics right we could then move forward with the bigger challenges.

We removed some of the risks on 18 Weeks. This included validating the Patient Tracking Lists; setting up good information flows on cancelled operations and reducing these, and improving the notice period that patients get of a TCI date.

We also took a fresh look at A&E. The target had been missed for the year, but performance has started to improve. It was a boost for the team to be recognised as 9th best performing Trust for that period. They also know that more needs to be done to ensure improvements in performance are sustained.

The highlight for me was the 'sleeves rolled up' experience of working in a hospital under challenging circumstances. It has brought me more of an insight into the challenges faced at the front end. This, in turn, has helped me to do my job as SHA head of performance better".

"Andy was a breath of fresh air to the trust. Having come from an SHA background he was really beneficial in adding in the national context about the things we are doing and our relative performance compared to the rest of England."

"He challenged us in a way that we had not been used to but after the initial culture shock he was integral in delivering excellent outcomes. Staff and patients are seeing the benefits of this already."

Trust Chief Executive

Leadership to tackle tough problems in the health service

By Emeritus Professor John Benington, Institute of Governance and Public Management (IGPM), Warwick Business School, University of Warwick

In the first of a two part special, we ask Professor Benington to outline some of his thoughts on how we can improve leadership in the NHS.

“Leadership is in danger of becoming one of the aerosol words of this decade – a hazy notion/potion which we spray over difficult issues when we want to deodorise the dilemmas or freshen up the debate. Google currently shows over 143 million web-references to leadership (increasing at the rate of about half a million per month!), and 137 thousand to public leadership.

Airport bookstall publications tend to define leadership in terms of charismatic individuals making heroic speeches to mass audiences, or miraculously rescuing failing organisations from complete collapse. However there is little evidence that leadership of this kind is effective in helping organisations and individuals to grapple with the kind of complex and often painful choices which health care poses – for example, between short term remedies and long term prevention; between individual choice and wider public value; between local provision and centralised specialism.

An alternative approach to public leadership is being developed by colleagues at Warwick University, which focuses on how to tackle those kinds of complex dilemmas, where there is no clear agreement about the causes, and no settled consensus about the best solutions to the problem – and yet decisions have to be made in spite of the fog. The Warwick team draws on ideas developed by Ron Heifetz at the

Kennedy School of Government at Harvard University (Heifetz R, Leadership Without Easy Answers, Harvard University Press 1997), and tested in a number of real life decision-making situations in the UK.

Heifetz challenges the myth of leaders as specially gifted individuals at the top of organisations, who solve other people’s problems, in favour of an alternative model of leadership as an activity which can be (and is) carried out by people at many different levels of the organisation, and consists in jointly confronting difficult issues and taking shared responsibility for tackling them. Heifetz highlights 7 dimensions of adaptive leadership, which can be summarised briefly as follows:

- Identify the adaptive challenge
- Give the work back to the people with the problem
- Protect the voices of leadership from below
- Regulate the distress
- Create a “holding environment”
- Pay disciplined attention to the issues
- Move continuously between the balcony and the battlefield.”

In the next edition of Big Splash Professor Benington will expand on the work of Heifetz and the model of “adaptive leadership” and how it can be applied in practice in very complex decision-making situations. In particular Professor Benington will look at the policing of the annual demonstrations at Drumcree in Northern Ireland.

john.benington@warwick.ac.uk.



Professor John Benington

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Professor John Benington

Partner Database

We are now using a new database called Talent Studio (formally known as Zynap) to store our Partner's details such as contact details, skills and availability. Login details will be sent out shortly and all Partners are encouraged to check their details are correct. If you would like any further information please contact Steve or Gemma (gemmajones@nhs.net or steve.bridge@nhs.net)

Availability

The central team is continuing to update its records of your availability to carry out NHS IMAS assignments.

Please help us by letting us know of any substantial periods of time when you won't be available. Contact Gemma on: gemmajones@nhs.net

Next Issue

As well as the case study from Professor Benington, Dr Phil Barnes, Clinical Director of Neuroscience Centre at Kings College NHS Foundation Trust will update us on his NHS IMAS assignment at an acute Trust in London.

Progress with assignments

We are currently working on 16 assignments in 14 NHS organisations. The scope of current assignments includes;

- A national piece of work looking at the emergency services and ambulance services
- A whole hospital change management programme
- Providing some diagnostic and implementation support to improve an ambulance trust performance
- Programme management of a public health programme for a PCT
- Executive peer level support,
- Reviewing the governance arrangements for a learning difficulties service, on behalf of the SHA
- Clinical governance and development of a performance framework,
- Patient safety and Board development

We are continuing to talk to a number of other NHS organisations about how NHS IMAS can support them.