

# Big Splash

Interim Management and Support



Information for NHS IMAS pool members

Welcome to the June edition of **Big Splash**, the newsletter for NHS IMAS pool members.

**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.

In this edition:

- NHS IMAS Evaluation
- Intensive Support Team
- Who's in the core team?
- NHS IMAS supports the Swine Flu Epidemic
- Praise for NHS IMAS
- News in brief
- Life on a NHS IMAS Assignment – Neda Hormozi
- Professor John Benington – Adaptive Leadership
- Leadership in the NHS and the Royal Navy
- NHS IMAS Corporate Brochure
- Progress with assignments

## NHS IMAS Evaluation

NHS IMAS recently commissioned an independent evaluation of the SHA Chief Exec's perception of the programme to ensure that it continues to meet the needs of the NHS.

This feedback will be used to develop the next steps of the NHS IMAS programme.

We are now in the process of working through the different options with the SHA Chief Execs.

### The key themes from the evaluation were:

- The original concept of NHS IMAS is clear, and the SHA Chief Exec's are generally happy with progress in first year.
- The matching process has generally been successful with the ability to seek informal assurance on occasions very useful.
- NHS IMAS could consider building its knowledge and expertise in matching by specialising in different aspects of its work (e.g. finance, interim management, development etc).
- NHS IMAS should look to consolidate and grow but at a rate which does not compromise on quality.
- SHAs can envisage using NHS IMAS an integral part of their leadership development activities providing stretch assignments in a range of settings.
- SHA Chief Exec's felt they could do more to promote NHS IMAS to organisations and individuals.

We will provide an update on the future plan of NHS IMAS in a future issue of Big Splash.



# The Intensive Support Team

IST Director, Nigel Coomber explains more...

The Intensive Support Team (IST) exists to support delivery of patient access targets within local health communities (LHCs) that are facing particular challenges in this area. This involves both the 18 weeks referral to treatment standard and more recently emergency care access. At the beginning of April, the IST transferred from the Department of Health to NHS IMAS.

The IST comprises a team of experienced NHS managers with a sound understanding of operational delivery. The team has consciously adopted a style and values that are supporting, enabling and constructive. We aim to provide effective and timely practical advice and support to all Trusts, PCTs, and SHAs with which we work.

Having been asked to support a specific LHC or organisation the IST will undertake an initial assessment using a variety of diagnostic tools. This enables the LHC to identify key risks and to prioritise the key issues for delivery and sustainability.

Thereafter, the IST will, if appropriate, agree a programme of tailored support, which will be delivered over a period of months. Typically a member of the team will spend one day per week with an individual organisation while this work is underway, but more or less intensive intervention can also be arranged, as necessary. In addition to the above model, the IST has successfully



Nigel Coomber

provided support in a variety of other ways, over the last two years:

- One-off assessments and reviews
- SHA –wide reviews or workshops on specific topics e.g., audiology, demand and capacity, PCT provider reporting requirements
- One-hour informal interactive workshops where staff can discuss the application of 18-week rules in their particular specialities,
- Practical guidance on how to develop a patient tracking list
- Coaching executive and managerial leads in measurement and data interpretation

In 2009/10, the focus of the IST will be the sustained delivery of 18 weeks and delivery of the emergency care access targets.

If you would like assistance with either of these, or more details about the team, please contact IST Director Nigel Coomber  
[nigel.coomber@dh.gsi.gov.uk](mailto:nigel.coomber@dh.gsi.gov.uk)

## 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

Nigel Coomber  
Director, 18 Weeks Intensive  
Support Team

Russell Emeny  
Programme Director -  
Emergency Services Review

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

By email:  
[CFH.NHSIMASenquiries@nhs.net](mailto:CFH.NHSIMASenquiries@nhs.net)

# NHS IMAS supports the Swine Flu Epidemic

NHS IMAS have recently been approached to support the swine flu efforts, working on a high-level, short-term piece of work that was commissioned by Ian Dalton, Chief Executive NE SHA.

The assignment was to work with the Health Protection Agency to support them in ensuring their systems and processes met their needs.

This work was undertaken by Richard Clayton, Deputy Director Operational Services at South Tees Hospitals NHS Foundation Trust. This assignment was well-received and is now completed.

## Praise for NHS IMAS

*"I just wanted to put on record my sincere thanks for agreeing to be seconded at such short notice to support the management of the project. I am convinced that you made an excellent contribution to their work.*

*The project has developed into an excellent example of the NHS working together and your input was undoubtedly helpful in making this the case."*

### **An SHA Chief Executive to an NHS IMAS Pool Member**

*"We were delighted with our outcome from World Class Commissioning – one of the highest scores in the country – due in no small measure to the input and preparation that NHS IMAS conducted on our behalf last year. So thank you!"*

### **tPCT Director of Commissioning**

## News in brief

### NHS IMAS in the news!

HSJ featured an article of NHS IMAS on 28 May. If you haven't already seen it, it can be viewed at:

<http://www.hsj.co.uk/resource-centre/best-practice/interim-nhs-managers-help-solve-long-term-crises/5001053.article>

### NHS Confederation Annual Conference

Antony Sumara, Janet Walter and Neda Hormozi will be at this year's NHS Confederation annual conference via the Breaking Through exhibition stand and elsewhere at the venue.

The event is taking place at the ACC in Liverpool from 10 – 12 June. For further details please visit [www.nhsconfed2009.org](http://www.nhsconfed2009.org)

### Enquires Mailbox

NHS IMAS now has a dedicated mailbox for all enquiries.

Any questions regarding the programme or how to join our pools can be sent to: [can@CFH.NHSIMASEnquiries@nhs.net](mailto:can@CFH.NHSIMASEnquiries@nhs.net)

## Life on a NHS IMAS Assignment

**This month Neda Hormozi, Director – Leadership Development at NHS IMAS, talks about the two NHS IMAS assignments she has been part of.**

“Last December I started two, four month long assignments simultaneously and I was a Partner on one and an assignment team member on the other. In both cases, the NHS IMAS assignment team were expected to work with and alongside senior managers and executives. We weren’t there to do their job, but help them solve a problem.

I found there were some obvious and some less obvious differences between working in a substantive NHS post and working in a consultancy type model. There were also key differences between working as an assignment team member or Partner. Here, I’d like to share with you my observations of what it was like to be a partner or team member on an NHS IMAS assignment. Working alongside one of the large consultancy firms on an assignment was again a different experience.

### **Assignment team member’s role**

As an assignment team member, I had to establish my credibility quickly.

The biggest challenges for an assignment team member is gaining the respect of the organisation, avoiding ‘scope creep’ by pushing back on requests that take you away from your assigned task and avoiding doing someone else’s job for them. Additionally it is vital to keep the Partner informed at all times.

### **The Partner’s role**

As a Partner, my first responsibility was to agree, regularly review and evaluate the work we had undertaken with our sponsor, to ensure we were on track to deliver and avoid or manage any scope creep. The risk with scope creep is that you will get distracted from the work you were called in to do, or agreed to do it without having agreed resources to do the work.

It was my job to make sure the assignment stayed on track and at times this meant supporting the team members and doing a relatively routine task.

### **Large consultancies and the Programme Management Office (PMO)**

Working alongside one of the large consultancies, I noticed how they religiously utilised a PMO which had a dedicated project manager assigned to it.

As well as meeting with the Trust’s individual teams, the project manager kept a record of the progress of the NHS IMAS workstream against milestones. I found this approach very useful for two reasons, firstly, it removed the guess work from any scope creep and secondly, it gave me and the assignment team a weekly view of overall progress.

To conclude I found these experiences both challenging and beneficial to my personal development, learning skills I can use elsewhere and having the knowledge that the assignments added value to the NHS organisations.”



Neda Hormozi

# 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 second of a two part special, Professor Benington continues to outline his thoughts on how we can improve leadership in the NHS.

Over the past 5 years or so, I and other colleagues at Warwick University have been testing out and developing this model of “adaptive leadership” with participants on the Warwick MPA degree (our public sector MBA) and our other Diploma and Masters programmes, and with policymakers and managers from all levels of government (local, regional, national and European) and across the public and voluntary service sector (e.g in the health service, the police and the fire service).

We have found this approach to adaptive leadership to be effective in practice in some very complex decision-making situations, including for example the policing of the annual demonstrations at Drumcree in Northern Ireland. The chief superintendent of police for Craigavon District in Northern Ireland became interested in this approach after taking part in Warwick MPA modules on leadership (For a full account see Benington J and Turbitt I, Policing the Drumcree Demonstrations, Leadership Vol 3 number 4, Nov 2007). His testing out of adaptive leadership as an alternative approach to policing Drumcree, over a three period, has involved, for example:

- Actively promoting discussions with religious, political and community leaders involved in Drumcree about their shared responsibility for the outcomes in terms of lawful demonstration,

disorder and violence.

- A re-affirmation of the role of the police as protectors and enforcers of the law, and of their commitment to prosecute all law breakers with criminal charges (not simply with civil charges for disorder)
- A lowering in the height of the barricades, to symbolise the pushing back of responsibility for keeping within the law on to the demonstrators and their marshalls, instead of expecting the police to act as a buffer between the two warring factions.
- The building of a scaffolding “balcony” above the site of the Drumcree demonstration to allow the police and army leadership to take regular overviews of the whole battlefield and of all stakeholders ( e.g demonstrators, police, army, press) as well as direct observation from the police front-line.

The issues surrounding the health service are no less complex than those affecting Drumcree – though hopefully (currently) less violent. But what kind of leadership is needed in order to be effective in turning things round? What would it mean for Ministers, government officials, NHS managers, and NHS IMAS to develop an adaptive leadership approach to organisational change, improvement and innovation in the health service?



Professor John Benington

We at Warwick would be happy to join you in both the debate and in the action. Do keep in touch by e-mail:

[john.benington@warwick.ac.uk](mailto:john.benington@warwick.ac.uk)

*“The issues surrounding the health service are no less complex than those affecting Drumcree – though hopefully (currently) less violent”*

Professor John Benington

# Leadership in the NHS and the Royal Navy

NHS IMAS talent pool member, Simon Cook, talks about the similarities between the NHS and the Royal Navy

My day job is as Assistant Director of Strategy at the University Hospitals of Leicester NHS Trust. At present, however, I am serving the Royal Navy (RN) in the Arabian Gulf. I am working as part of a team coordinating maritime operations. I feel very privileged to serve my country in these two distinctive ways.

I have worked for the NHS for 5 years, playing a lead role in strategic planning and change. Prior to that I had an enjoyable and varied career with Barclays where I worked in front line sales, strategy and change management.

I joined the Royal Navy Reserve in 1995 and have now attained the rank of Lieutenant Commander which comes with plenty of responsibility and challenge. I have served around the globe ranging from working in major NATO exercises inside the Arctic Circle to Counter Drug Operations in the Caribbean.

The NHS and RN are very different organisations but they face many similar challenges. They both have to deal with uncertainty. They both have the prospect of ever greater demands placed upon them. The cost of delivering both healthcare and defense is rising above the rate of inflation and yet both now face significant budget pressure. So, all of this means that we need to achieve more with less. And this requires effective leadership. The leadership that we need in the NHS is to ensure that we all understand what our role is, what we need to deliver and that we are

held to account for achieving a level of excellence of which we can justifiably be proud on the worldwide stage.

There are many things which the RN does very well that I believe are readily transferable to the NHS. These have influenced how I go about my job in the NHS. Leadership training in the RN places emphasis on being clear about priorities and ensuring that everyone understands what their role is within the team. Feedback – both positive and negative - tends to be direct and immediate. This results in rapid learning and improvement. This leadership is within the context of a strong emphasis on ‘the team’. This, combined with a healthy sense of humour, provides a supportive environment which can be great fun to work in. I have introduced all of these elements into my leadership style in the NHS whilst trying to be sensitive to the fact that the organizations do have different cultures.

The RN is keen to benefit from the additional skills and experience which reservists can bring. An example of where I have drawn on my NHS experience is when I helped to improve processes within the RN to cut down waste.

I have found that my leadership experience in each organisation has been relevant for the other. We need to be constantly learning about how to improve our performance and serving in both the NHS and the Royal Navy has helped me to do just that.



Simon cook

*“We need to be constantly learning about how to improve our performance and serving in both the NHS and the Royal Navy has helped me to do just that.”*

Simon Cook

# NHS IMAS Corporate Brochure

A new NHS IMAS corporate brochure has been designed and will be available in printed format. It covers an overview of the programme, benefits and how to join our pools.



An electronic copy is attached to this issue and can be downloaded from our website - [www.imas.nhs.uk](http://www.imas.nhs.uk)

Please feel free to circulate this to any colleagues you think may be interested in using the NHS IMAS service or joining one of our pools.

## 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](mailto:gemmajones@nhs.net)

## Progress with assignments

We are currently working on 19 assignments in 14 NHS organisations. The scope of current assignments includes;

- A national piece of work looking at the emergency services and ambulance services
- Providing some diagnostic and implementation support to improve an ambulance trust performance
- Interim Chief Executive for large PCT
- Providing Foundation Trust application support
- Patient safety and Board development
- Providing capacity planning, strategic support and developing governance and operating model for transplant service for a Foundation Trust
- Providing programme management for a Public Health programme

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

## Big Splash distribution list

If you wish to be included on the Big Splash distribution list, please contact Suzanne: [Suzanne.Whitham@nhs.net](mailto:Suzanne.Whitham@nhs.net)  
Tel: 0113 254 6464