

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

## NHS IMAS attains new ISO quality standards

**Following a successful external audit, NHS IMAS has been recommended for the 2015 standards for Quality Management Systems (QMS) and Environmental Management Systems (EMS) - ISO 9001: 2015 and ISO 14001: 2015.**

NHS IMAS has held the International Standards Organisation (ISO) 9001:2008 (QMS) and ISO 14001:2004 (EMS) since the financial year 2013/14. The ISO certification confirms that NHS IMAS has recognised and reliable Business Management Systems (BMS) in place that focus on continuous improvement to support its clients in delivering services to patients.

However, the ISO standards have recently been revised and NHS IMAS has spent the past year working towards achieving the revised standards ISO 9001:2015 and ISO 14001:2015.

The main changes to the standards have included:

- Alignment of the standards, to reduce duplication and inefficiency;
- Defining the context of the organisation in relation to ISO 9001, including the requirements and expectations of interested parties;
- Explicit commitment from the leadership team;
- Documentation of actions to address risks and opportunities;
- Life cycle thinking in terms of the environment; and

- An emphasis on the need to improve environmental performance in line with environmental objectives.

The assessors report states that the 'Commitment to the QMS is total from senior management down in a department of competent and enthusiastic people.' The report goes on to say that the transition has been 'relatively straight forward' as NHS IMAS was 'already in compliance with most of the requirements especially stake holder involvement and support, leadership and risk analysis'.

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### Richard Jeavons' thoughts

**As the NHS is challenged to work collaboratively to achieve sustainability and transformation, what part should independent evaluation play in supporting what will be major programmes of change?**

This was the question behind my recent assignment for the Leeds Academic Health Partnership (LAHP), a strategic collaboration between the city's universities, NHS and local authority.

The assignment was triggered by a recurring observation that the universities were being approached by the NHS for independent advice and help but at the same time, the local NHS appeared to be spending significant resources with other third parties for independent evaluation and analysis.

The assignment sought to answer two questions:

- Is a formal service offering from the universities a viable proposition for all parties?
- What action is needed to put an offering in place?

The assignment engaged the full range of interested parties and, through analysis of the information collected, exposed the critical gaps in capability and capacity as well as the opportunities for an offer. The working hypothesis that the NHS already spends significantly in this area was unfounded. It was replaced by finding that the local health and care system knows it needs to undertake more analysis and evaluation but does not have the necessary in-house capacity, common framework or approach to execute. Equally, the universities have the relevant capabilities but not the business model to respond effectively with capacity.

The emerging proposition and next steps and actions were formulated accordingly, taking account of the existing strength of the local partnership and the experience of successful models of working elsewhere.

Reflecting on the assignment, there seemed to be some simple points of learning for the NHS as a whole. Firstly, that without the discipline of semi-structured dialogue, there could be no common understanding of what the needs for evaluation and analysis might be. Secondly, that the case for evaluation as part of major change programmes such as those envisaged as part of sustainability and transformation plans (STPs) is well documented but turning theory into effective and productive practice needs both leadership and the application of relevant expertise.



## Developing Executive Talent in the Midlands and East Region

**NHS IMAS is currently supporting a pilot programme within the Midlands and East region to assist the coordinated management of talent development and to reduce the reliance on private agencies.**

The programme is being led by NHS Improvement (Midlands and East) in partnership with NHS IMAS, the NHS Leadership Academy's NHS Executive Search team and Health Education England.

Executive level posts can be challenging to recruit to and can result in a dependency on the interim market with high day rates creating additional pressure on an organisation's finances. By developing talent within the region, the programme will provide the opportunity for individuals to progress their career whilst reducing the cost incurred through the private sector.

The programme is taking a new approach to identifying, managing, growing and securing talent by offering development and stretch assignments for aspiring leaders who are alumni of NHS Leadership Academy development programmes. Individuals that are currently on stretch assignments and are 'acting up' into Executive Director posts will also benefit from the initiative. To ensure that individuals have access to the support they need whilst on a stretch assignment, coaching and mentoring will be offered to all candidates.

NHS IMAS is lending its expertise and quality assured systems and processes to the programme. NHS IMAS will manage the discrete pool of individuals and will work with NHS Improvement and its partners to scope, match and support individuals throughout the assignment. NHS Executive Search will support the individuals within the pool to ensure they have the skills to

undertake Executive Board Level roles and that assignments are supporting their development and career aspirations.

All chief executives of provider organisations within the region have been contacted by the programme to make them aware of the programme and to ask for their support. The feedback has been positive and there is a strong commitment to fostering talent in the region. A high number of applications from individuals have already been received and interviews are currently taking place to ensure applicants meet the requirements to be part of the discrete pool.

We will continue to keep you updated on the initiative but if you have any queries or are currently in a stretch assignment and would like to access support, please contact NHS IMAS in the first instance at [nhs.imas@nhs.uk](mailto:nhs.imas@nhs.uk).



# BIG Splash

## Winning Partner

**Katherine Sheerin, Accountable Officer at NHS Liverpool Clinical Commissioning Group and NHS IMAS Partner, tells Big Splash about winning HSJ's 'CCG of the Year' award**



### What was your reaction to winning the award and why do you think the HSJ chose Liverpool?

I was, and continue to be, absolutely delighted and very proud. It reflects the hard work and dedication of all staff and partners and shows the commitment to providing a health service that works for all the residents of Liverpool.

I think a key factor to Liverpool CCG winning the award was the really strong culture of clinical leadership and engagement. This is led by the CCG and this approach helps us solve problems in different ways. We also have a fortnightly leadership meeting, which is attended by all partner chief executives, to take forward delivery plans so there's a real shared responsibility across the system.

### Are there any examples of good practice that you are particularly proud of?

I'm particularly proud of 'Healthy Liverpool'. Healthy Liverpool is transforming the city's health and health services to meet the needs of the people who use them. It forms the basis of the Sustainability and Transformation Plan (STP) and is being delivered in partnership with Liverpool City Council, our provider trusts and general practice.

As part of this plan we have the Living Well programme to help the whole city move more to improve wellbeing and prevent disease. We're making great progress and Liverpool has gone from the least active core city to being fourth in just two years. That's fantastic but there's still more work to be done!

I'm also really proud of the Digital Care and Innovation programme. This is the biggest telehealth programme in the country and we have currently shared over 14 million patient records across the system. We are using the latest technology to help people stay well and allowing staff in different health and care organisations to share information. This enables better working together to provide outstanding care.

There are a large number of hospitals in Liverpool and we are looking at a number of solutions which we think will improve standards of care including the relocation of Clatterbridge onto the new Royal University Teaching Hospital site.

### What is the key thing to help achieve success?

The most important thing is engagement. Understanding perspectives from various stakeholders such as patients, carers and providers etc., helps develop our understanding and helps us make better commissioning decisions. The only way to do that is to talk to people and bring people together.

We have an extensive engagement strategy with other 30,000 local people involved through a variety of engagement activities.

### What is the biggest challenge facing the CCG and the wider NHS?

Unsurprisingly, the main challenge facing the CCG and the wider NHS is funding. The Local Authority's budget will have halved from 2012 to 2018 which presents a massive challenge in delivering adult and children social care and in prevention and wellbeing.

As well as this, we have a growing ageing population and their needs exceed financial growth and resourcing.

This means that we have to be more innovative in how we work. Working in partnership is going to be more important than ever before but this is something that NHS Liverpool CCG is good at!

More information about Healthy Liverpool can be found at: [www.liverpooltalkshealth.info](http://www.liverpooltalkshealth.info)

# BIG Splash

## Pool member development

**NHS IMAS has offered a range of training and development opportunities for its pool members throughout 2016/17.**

We have completed cohort two of our blended learning package to introduce consultancy and facilitation skills for our NHS pool members. This is a flexible and robust package for our NHS pool members (those employed within the NHS) who are either new to working in a consultancy style or would like to improve their understanding. If you are interested in being part of cohort three, or would like any further information, please contact Daniel Wood at [daniel.wood7@nhs.net](mailto:daniel.wood7@nhs.net).

NHS IMAS has also delivered four Webinars for its pool members, which have all been well attended and received positive feedback. These have included:

- Breaking the Cycle – a series of tools to help NHS providers improve a patient's journey
- Overview of the Emergency Care Improvement Programme

- Overview of NHS England's Demand and Capacity Programme
- An Introduction to Consultancy Skills.

NHS IMAS would like to thank all the facilitators who have delivered these Webinars to our pool members.

The first Webinar of 2017/18 will take place on 6 April 2017. This is being delivered by Chelsea and Westminster NHS Foundation Trust who will introduce pool members to a case study of their Perfect Day initiative. More information about this initiative can be found on page 8 of this edition of Big Splash. If you would like to register your interest in this webinar, please contact [daniel.wood7@nhs.net](mailto:daniel.wood7@nhs.net).

If you would like to discuss working with NHS IMAS to deliver a Webinar to our pool members, please contact [daniel.wood7@nhs.net](mailto:daniel.wood7@nhs.net).

NHS IMAS continues to offer training opportunities through our membership with NHS Elect to NHS pool members. In 2016/17 30 pool members attended courses as diverse as leadership skills, career planning and an introduction to social media in the NHS. We make all our NHS pool members aware of these opportunities as they arise but please note, we only have two spaces available per course so you will need to be quick to reply!

**Congratulations to NHS IMAS Partner Jacqueline Totterdell on her appointment as Chief Executive of St George's University Hospitals NHS Foundation Trust**

# BIG Splash

## Life on assignment: Mike Savage

### **NHS IMAS pool member, Mike Savage, tells Big Splash about his experience on an NHS IMAS assignment**

Previously a Chief Finance Officer in the NHS, I recently completed a 12 month NHS IMAS assignment to lead the programme management of the NHS England Urgent and Emergency Care Vanguard (UECV) strategic transformational analytical programme.

This follows the review of Emergency and Urgent Care Services by NHS Medical Director, Professor Sir Bruce Keogh, who set out national interventions for urgent and emergency care. The aim was to develop intervention models that would help commissioners and others think about their plans in a structured way by looking at the impact and assessing the financial costs and savings for each intervention.

The programme sets out to evaluate the economic impact of 'channel shifts' and help answer the question, "can shifting activity between different channels or types of provider deliver savings?"

For the Vanguard, it is helping them to think differently about how they might develop services to support some of the activity shift, and what to expect from national urgent and emergency care interventions. The dynamic model toolkit and user guide includes 16 intervention models as well as a pan-aggregation model.

The delivery phase of the programme lasted 36 weeks. Key issues experienced were difficulties getting data sharing agreements signed by providers and commissioners across the UECVs, UECV engagement and timeliness of responses to requests for information and validation of intervention models due to

competing priorities, and the fact that UECVs themselves were less progressed than expected in developing the interventions.

As a result, the supplier (North of England Commissioning Support working with Capita) had to change its approach from production of a 'straw man' model and co-creating the intervention models with UECVs, to production of intervention models based on the best possible available evidence, and validation with at least two UEC Vanguard for each intervention.

The supplier evaluated the local impact of the interventions using local reference costs and two key parameters: local thresholds to set activity levels where semi-fixed costs start to be addressed; and local determination factors to describe the extent to which local managers are confident they can act to make cashable savings. In summary, there is no single intervention that makes



a dramatic change to the system rather it is the cumulative effect of a number of smaller initiatives that together make an impact.

Feedback on the models from the UEC Vanguard and key stakeholders has been positive, with the modelling analysis being well received, and the programme delivering a good end product which strikes the right balance between complexity and usability. The model toolkit and user guide is due for national publication in quarter four of 2016/17.

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My commercial and financial skillset and wide ranging expertise proved valuable in managing the complexities of this financial and economic modelling programme, ensuring the programme progressed well given its challenging remit.

NHS IMAS provides access to a talent pool of quality assured professionals, and for pool members like myself, it provides a variety of interesting and challenging opportunities. I am currently engaged on a NHS IMAS assignment to capture and calculate the exact costs to the NHS of establishing the infrastructures to mainstream genomic medicine, which will contribute to the 100,000 Genomes Project.

The client was also happy with Mike's work telling us: 'This was a challenging assignment due to the timescales and complexity of the programme but Mike completely fulfilled the scope. Mike's expertise was wide ranging and he was extremely professional and effective. The contact from NHS IMAS was regular and friendly and I would definitely use NHS IMAS again in the future.'

## Team changes

We have a number of changes to the NHS IMAS team this month as we welcome both Anna Firth and Jordan Scott to the team.

Anna has joined us as a Programme Manager from NHS internal audit, 360 Assurance, where she was Business Associate – Specialist Assurance for Clinical Quality. Anna brings a wealth of NHS experience to the role having worked in an acute trust in operational service management and patient experience roles.

Jordan has joined the team as Business Support Officer from NHS Improvement where he supported the Emergency Care Improvement Programme.

Anna and Jordan have joined the team for six months and we would like to wish a warm welcome to them both.



Jordan Scott

# BIG Splash

## 'Perfect Day' Initiative

**Vanessa Sloane, Director of Nursing, and Anna Miklen, Project Support Manager at Chelsea and Westminster NHS Foundation Trust tell NHS IMAS about their 'Perfect Day' initiative**

The Trust's Perfect Day initiative started in April 2016 as part of the Cost Improvement Programme for 2016/17. A substantial part of the programme was focused on reduction of temporary staffing spend. Therefore, the initial aim of the Perfect Day was to make efficiencies by reducing the need to fill shifts with agency staffing in clinical areas.

This was to be achieved by permanent staff in professional or managerial roles being deployed one day a month to clinical areas to cover shifts that would otherwise be covered by costly agency staff.

Besides efficiency, there was a quality improvement element; working alongside each other gave our staff a chance to better understand the positive things that happen every day, but also the frustrations and problems we face.



A crucial element of the Perfect Day was a 'no meetings, no emails' rule so that staff were freed up to go back to the floor and did not return to a high volume of work. Cooperation between the Staff Bank and the Senior Nursing Team was essential to ensure the process of covering shifts in-house was slick.

Initially, we planned to organise Perfect Days for the first three months of the financial year, but with the positive response from staff throughout the Trust a commitment was made to continue with the initiative on a monthly basis.

Staff engagement proved to be the most crucial element in making a success of the Perfect Day, month after month. That's why we worked very closely with the Communications team and created a full suite of tools to keep our staff engaged including calendar invites, daily noticeboards in the run up, posters, dedicated website and briefing sessions.

After six months, we launched a survey to allow staff to anonymously share their experiences. The feedback we received from both participants and hosting departments prompted us to change the focus from efficiency to quality improvement as this was seen as the most valuable aspect of the day. The initiative proved to be a medium to boost a shared sense of purpose and improve staff relations and morale. What's more, it demonstrated the passion for providing excellent

patient care. Patients also enjoy the opportunity to meet and speak with senior staff.

During the Perfect Days, the Trust has so far covered approximately 200 agency shifts and avoided around £104,000 of cost. Over 600 staff have taken part and we will soon commence the second year cycle of the Perfect Days. We plan to continue to concentrate on quality improvement, exchanging ideas and experience and shared learning.

**To find out more, the Trust has kindly agreed to host a webinar for NHS IMAS pool members on Thursday 6 April 2017. Please contact [nhs.imas@nhs.net](mailto:nhs.imas@nhs.net) for further details.**



# BIG Splash

## Life on assignment: Elaine O'Brien

**NHS IMAS pool member, Elaine O'Brien, tells Big Splash about her experience on an NHS IMAS assignment.**



I have been an NHS IMAS pool member for 18 months. Having previously retired but not wanting to give up work, I have achieved balance and flexibility through assignments that are part time and two to three months in length. I feel this benefits the NHS as I am very focussed in my working hours and I can deliver short snappy projects without additional agency costs working through NHS IMAS.

I feel lucky enough that my skills and experience of specialising in commissioning across health and social care are beneficial to the national direction. NHS Wakefield CCG were in an exciting place having gained pioneer status for their community transformation plans

'Connecting Care' and two vanguards. To move quickly, additional expertise that could 'hit the ground running' was required for initial projects alongside the Connecting Care commissioners and the Care Home Vanguard.

I had completed two NHS IMAS assignments at the CCG and was contacted by NHS IMAS with a new enquiry from a different directorate within the CCG. This was a 12 week assignment to support the CCG to develop a business case, on behalf of the primary care providers, to deliver urgent care access in line with the General Practice Forward View. The requirement was to plan and deliver a business case for Improving Primary Care Access which was affordable, meets local needs and national targets as NHS Wakefield CCG is also an accelerator site.

It was refreshing to work with the Clinical Leads (GPs from each of the networks across Wakefield) in agreeing a model and the rationale

for the preferred option. Timescales were tight so my first task was to agree a project plan (and stick to it!). The model had to be quickly communicated to all the GP's and I attended Committees to reach Network Chairs, Clinical Commissioners, preparing briefings for the GP's and then refining the Business Case and model with comments.

At the end of the assignment, an implementation plan was developed and an initial meeting held with the Clinical Leads to move them into the next phase. I handed over to a permanent member of the team to take the commissioning forward. My assignment was then extended for two weeks to provide consultancy support ensuring the urgent care element for the Value Based Proposition for the Multi Specialist Provider was accurate, reviewing the draft Multispecialty Provider service specification and organising electronic files for the new programme of work.

For me, working with primary care and urgent care was refreshing. I also delved into the complexities of primary care contracting which is co-commissioned with NHS England.

One of the key learning points from the assignment, and what I would advise others undertaking an NHS IMAS assignment is that building relationships quickly with colleagues is key to a successful delivery. I was in a fortunate position in that I had already established networks in the CCG from previous assignments which helped to ensure I had the communication channels and involvement to ensure the business case was comprehensive and could be communicated to wider providers and public.

I would like to thank NHS IMAS for the opportunity to work on this interesting and enjoyable assignment.

# BIG Splash

## Quick Splash - Jo Stephenson

**Hello, my name is...** Jo Stephenson.



I started working in the NHS in 2003 and since then I've worked for NHS

Connecting for Health, the Department of Health and NHS England, mostly in strategic communications and project management roles. I've recently started an NHS IMAS assignment as Head of Operational Support in the Organisational Change and Programme Delivery (OCPD) team within NHS England.

### **What's the best thing about your role?**

I'm only a few weeks in, but so far it's definitely been the team. I've been made to feel really welcome and it's very obvious that there's a huge amount of expertise and experience to draw on.

In terms of the role itself, OCPD helps NHS England in providing expert programme and project management and subject matter expertise in support of the NHS England Business Plan and organisational change objectives. I'm pleased to be contributing to an initiative that has the potential to save money, help teams to work more efficiently and give people the chance to develop their skills.

### **What have you learnt from your NHS IMAS assignment and what advice would you give others who are about to undertake one?**

I think I would advise others to just go for it. I needed a change and a different challenge but I wasn't sure how I could best go about that. Being registered with NHS IMAS gave me access to roles I possibly wouldn't have even considered and helped me to think about my skills in a different way. Talking to colleagues in NHS IMAS provided a really good sounding

board for revamping my CV and thinking more broadly about my transferable skills.

Sometimes we forget how capable we are and it's easy to get stuck in a role or find ourselves becoming even more of a niche operator. Finding the confidence to try something new and stretching, whilst remaining within familiar NHS territory and being able to consider what I wanted to get out of it, has felt like quite a luxury. I really appreciate getting the opportunity to show there's more to me than just my most recent role at NHS England.

### **What do you want to do next?**

I think I'd better deliver on this assignment first!

But if I could do anything it would probably be more in coaching and training – both areas I really enjoy getting involved in.

### **What would you do if you didn't work in the NHS?**

Before the NHS, I worked in the London wine trade as a buyer and broker for over 10 years. Quite a side step to move into the NHS! I have got a load of qualifications in all aspects of wine and I do miss it sometimes (especially the tasting), plus I speak French and I'd like to use that again at some point. Wonder if I'll ever go back.....

### **What would your colleagues be surprised to hear about you?**

I'm quite an adventurer and traveller including sky, hang and deep sea diving, white water rafting and mountain climbing. I've slept in the open in the desert and in a tree hammock in the jungle (not to be recommended if you hate spiders). And I've still got very itchy feet.