

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

NHS IMAS working with regional teams to support improvement

NHS IMAS is currently working with NHS England Regional Directors to secure capacity and capability to support performance improvement and turnaround of organisations.

The work, which is being undertaken jointly with the CSU Transition Programme, has been commissioned by NHS England National Directors Matthew Swindells (Commissioning Operations and Information) and Karen Wheeler (Transformation and Corporate Operations), to support Clinical Commissioning Groups (CCGs).

It is specifically aimed at CCGs who are facing financial or performance challenges, whilst ensuring candidates' day rates meet the day rate limits detailed in the

'Strengthening Financial Performance and Accountability in 2016/17' document, published by NHS England and NHS Improvement in July.

Experience shows that turnaround support for organisations is only successful if a three stage approach is utilised: diagnosis; support and intervention. Historical evidence has shown that moving straight to the third stage, intervention, without diagnosis of the issues facing the organisation, makes it unlikely that the person leading the intervention, however competent they are, will be able to create sustainable success.

The three main stages are:

1. Diagnosis - this covers management capability and capacity, financial, performance and

the contractual position of the organisation. It looks at levels of demand, utilisation and has the ability to highlight opportunities for change, taking account of available workforce.

- 2. Support and improvement** - this usually involves supporting organisations to focus upon priorities together with improved rigour of delivery. Typically it can include making expertise available, effective project management, redesigning core processes, coaching and mentoring.
- 3. Intervention** - this involves embedding senior staff to lead and drive change.

NHS IMAS and the CSU Transition Programme can access support in all three areas in order to help achieve sustainable change within organisations.

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The teams have met with all four NHS England Regions to look at what specific support is required and is currently sourcing suitable candidates.

If you require either short or medium term interim or consultant support and would like to discuss this with NHS IMAS, please contact the team on 0113 825 1573.

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Richard Jeavons' thoughts

NHS IMAS' key strength is the quality of its pool members. The breadth of skills and experience within its talent pool covers all sectors of the NHS and is demonstrated by the variety of assignments that NHS IMAS is currently supporting.

From acute and mental health providers to Clinical Commissioning Groups and Arm's Length Bodies, assignments include everything from Board level interim roles to individuals developing and implementing service improvement, transformation and turnaround programmes.

To join the NHS IMAS pool, applicants must be able to demonstrate that not only do they have extensive experience within the NHS but also that they have the right aptitude to undertake assignments. It is this rich resource that we will be utilising to work with NHS England regional teams to support improvement.

It is also important that in preparing for the future and trying to bring about sustainable change, we continue to nurture the talent we have within the NHS to ensure we develop strong leaders for the future. NHS IMAS is playing its part with its partner organisations by working with them to provide stretch assignments for managers to extend their skills and experience in a supportive environment.

Our corporate challenge is to work as a system to anticipate, diagnose and deploy support. While NHS IMAS can bring methods, systems, resources and planning to the table, success will also depend on the will and collaboration of all parties in setting expectations, and to focus on the practicalities, to make the impact needed on the ground.



Preparing a Special Measures Trust for Re-inspection



Richard Beeken, Chief Executive at Wye Valley NHS Trust, tells us about his recent experience of using NHS IMAS.

Wye Valley NHS Trust has faced historical challenges with diseconomy of scale, rurality and providing care to modern national standards due to these challenges. Things had reached a particularly low point in June 2014, when a full organisational inspection was carried out by the Care Quality Commission (CQC) and the Trust was rated 'inadequate' and placed in special measures.

A comprehensive Patient Care Improvement Plan was pulled together, specifically aimed at tackling the individual concerns and risks raised by the CQC in their report, managed through a PMO approach.

Whilst the major risks associated with patient safety in the urgent care pathway, improving our reporting culture, and starting to tackle inconsistent clinical leadership and managerial leadership in the Trust were tackled through this plan, our re-inspection in September 2015 highlighted ongoing significant concerns with regard to a poor compliance culture, a poor learning culture and associated quality governance immaturity. This meant that the Trust was to remain in special measures and was again rated 'inadequate' at that point.

In the immediate aftermath of the September 2015 inspection and subsequent report received in January 2016, the Trust Board agreed to change tack significantly with regard to how we were to tackle our problems and developed a Quality Improvement Programme. This Programme went much more to the heart of defining what 'good' looked like from a patient safety culture perspective, improving our

cultural response to compliance with the fundamentals of modern healthcare, and performance managing our work in this regard in a far more systematic manner.

At the same time as changing our approach to planning improvements, we were very clear that the smallest District General Hospital in the country did not have the leadership or management bandwidth, nor did we have at the time the Executive team stability, to be able to manage the preparation of an organisation for re-inspection. Clearly, this third inspection in just over three years was going to be a critical one, and one which was going to define our very future as a stand-alone organisation. Public confidence in our service, through a largely historically loyal local population was at a low ebb and also, very obviously, needed restoring.

We contacted NHS IMAS to seek out an individual who was going to help us prepare our staff and our organisation for re-inspection in a systematic way. We were very clear that we needed explicit clinical leadership skills, a visible and energetic presence and, ideally, senior Board leadership experience so as to understand the regulatory demands placed upon us. NHS IMAS submitted the CV of independent Pool Member, Suzie Loader, a former Director of Nursing, who had also undertaken hugely important work on quality improvement at a large Acute Trust as well as having worked extensively with the Nursing and Midwifery Council in the past. Suzie had only three months to develop and implement her work programme and prepare our Trust for re-inspection.

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Working very effectively in partnership with NHS Improvement, Suzie quickly set out not just the tasks that she would deliver and achieve but also the manner in which she would achieve them.

Immediately, she deployed a modus operandi of face to face coaching and motivation of senior and junior clinical and support service staff, not only encouraging them positively to improve their compliance with the fundamentals of care, but critically, coaching them in how to evidence to both the Board and ultimately to the CQC, that they were making those improvements on a daily basis. At times, the intensity of the approach adopted, due to the limited time available to make the necessary changes (three months), led to cause some friction with senior clinical leaders. The repetitive nature of preparing an organisation for re-inspection and repeating key messages so that staff understood how they could maximise their potential and demonstrate what they

were achieving, was a strain on both Suzie and the people working with her. However, by the beginning of the week of the re-inspection itself, there was a palpable change in the atmosphere in the organisation which had been building over time. Put simply, the organisation felt ready for re-inspection, and not just ready in a preparedness sense, but ready psychologically in a very positive way to demonstrate the improvements that we had made in our patient safety culture, our compliance culture and in our leadership. If I could 'bottle' the atmosphere in our organisation and the 'up and at them' esprit de corps that was present during that week I would sell it many times over and no doubt become very rich on the proceeds.

The CQC inspection in July 2016 went logistically very successfully, but also during the course of the week the approach we took to receiving immediate feedback on the various inspection visits to wards and departments that Suzie sponsored

was paying dividends. Our 'intelligence' about how the inspection was going was far better than in the two previous inspections we had received. Verbal feedback from the CQC at the end of the inspection was that 'demonstrable improvements' had been made and that there were no significant concerns the likes of which we had received both verbally and in writing from the two previous inspections, in the weeks that followed.

At the time of writing this piece, we still await the draft report from the CQC and the outcome of our inspection in terms of the organisational rating. However, whatever the outcome of that, I am convinced that the additional bandwidth, wisdom and longitudinal experience that Suzie brought to the task will have enhanced our ability to pass this vital test. Suzie brought credibility and senior NHS experience to the role and this is the kind of credibility and experience that often can only be provided through the NHS

IMAS route. We are continuing our quality improvement journey, revising our quality improvement programme and engaging our staff in our new quality improvement strategy and approach. This work will need to continue in the organisation, whatever the outcome of our inspection result. The people of Herefordshire and Powys that we serve deserve this.

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Pool member development

WebEx events

NHS IMAS ran a WebEx on 'The role of ECIP and the National A&E Improvement Plan' in September which was available to all NHS IMAS Pool Members.

This session was led by Peter Gordon, a senior member of the Emergency Care Improvement Programme (ECIP) Delivery Team, and received very positive feedback from attendees.

A recording of the WebEx session can be found via the [NHS IMAS website](#).

The webinar introduces the Emergency Care Improvement Programme. ECIP was created in 2015 to focus support on 28 local health and social care systems with long term challenges in delivery of the national A&E access standard.

This has now increased to 40 systems across England. The WebEx discusses how the programme has evolved, how the programme can support some of the most challenged health and social care systems, the different levels of the ECIP offer and what this means for organisations and individuals.

If anyone would like to run a WebEx session for NHS IMAS pool members, or have any requests for topics in future sessions, please contact Daniel Wood at daniel.wood7@nhs.net.

Introduction to consultancy and facilitation skills

NHS IMAS has developed a blended learning package to introduce consultancy and facilitation skills for our NHS Pool Members. This is a flexible and robust package for 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.

This blended learning package has been accredited by the Royal College of Physicians and the Royal College of Anaesthetists and, on successful completion, will award you with 12 credits towards your Continued Professional Development (CPD).

One cohort of delegates have successfully completed the course and a second cohort are about to attend the first workshop on consultancy skills. If you are interested in being part of cohort three, please contact Daniel Wood at daniel.wood7@nhs.net or visit our website at: www.nhsimas.nhs.uk for more information.

How NHS IMAS is supporting the NHS to prepare for HCIDs

Louise Marchant, HCID Programme Manager, NHS England, tells us how two NHS IMAS Pool Members are supporting the NHS' ability to prepare for high consequence infectious diseases.

The Ebola outbreak in West Africa in 2014/15 challenged the ability of the NHS in England to provide appropriate, scalable care for high consequence infectious diseases (HCID).

Ebola-specific solutions were rapidly commissioned during the emergency, demonstrating the potential to find operational solutions within the NHS. However, such a reactive approach is not cost effective or sustainable in the longer term. Other threats, such as MERS coronavirus (CoV), continue to pose a risk to global health and require specific measures to be in place for optimal management of cases and

outbreaks. As such, NHS England recognised the importance of developing a long-term resilience plan incorporating the Ebola legacy work and lessons learned from MERS-CoV outbreaks, and prioritised this activity for 2015-17 to be clinically led. Clinical and NHS operational components of the HCID programme are being led by NHS England, and Public Health England is leading on the public health aspects.

Through NHS IMAS, Dr Michael Jacobs and Dr Jake Dunning were selected to support NHS England with this assignment due to their professional expertise and first-hand experience in this area. Mike is Consultant in Infectious Diseases at the Royal Free London and lead clinician for the NHS response during the Ebola outbreak and was awarded a knighthood for his work in the New Year's Honours 2016 list. Jake is Consultant in Infectious

Diseases at Public Health England and the Royal Free London, with clinical and research experience in Ebola, novel respiratory viruses and other high consequence infections.

Their involvement to date has included: defining the scope of the programme and setting clear deliverables; leading subject specific workstreams; designing an agreed approach to managing the end-to-end patient pathways from suspected through to confirmed cases and end of treatment dispositions for known and unknown HCIDs; and developing supporting tools (guidance, protocols etc.) and mechanisms to support the final product for the end user (health professionals/clinicians).

Dr Michael Jacobs,
Consultant in Infectious Diseases at the Royal Free London



We are now moving into an interesting period of stakeholder engagement, to ensure the proposed management approach and outputs are fit for purpose. Mike and Jake are extremely committed to this process and have a clear sense of purpose to deliver a sustainable response which is efficiently and effectively actionable should the need arise.

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Supporting talent across the NHS

NHS IMAS is working closely with NHS England, Health Education England (HEE) and NHS Improvement to develop and deliver a Talent Management Programme.

The Programme has a number of strands, one of which looks at succession planning in the NHS and how to develop the talent within the NHS so that there is a constant flow of senior managers working towards some of the top roles in NHS organisations.

Work is also underway to look at stretch assignments for managers at Agenda for Change band 8c and above, to ensure they continue to develop and are given the opportunities they need at both a national and local level.

NHS IMAS has an NHS pool which includes substantive NHS staff at Agenda for Change band 8d and above. The pool also includes some staff at Agenda for Change band 8c who are looking to

develop into a band 8d role. NHS IMAS can help by matching staff to assignments that stretch them, but ensuring they have the appropriate support and skills to carry out the role.

NHS IMAS is working closely with the NHS Leadership Academy (part of HEE) to look at how we help develop people into Board level roles. This includes people who undertake some of the top leader level programmes with the NHS Leadership Academy.

If you hold a substantive NHS role at Agenda for Change band 8c or above and are interested in finding out more about NHS IMAS, please visit our website at www.nhsimas.nhs.uk or contact us on 0113 825 1573.

NHS IMAS Tweets!



Don't forget to follow NHS IMAS on Twitter! The account has been launched to keep everyone up to date with NHS IMAS news, 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)

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Quick Splash - Donna Hadley

Hello, my name is...

Donna Hadley.

I am currently undertaking an NHS IMAS assignment as Mobilisation Director for Forward Thinking Birmingham, a new mental health service for up to 25 year olds in Birmingham.



What's the best thing about your role?

The best thing about my role is working with a great team of colleagues to mobilise and implement a brand new mental health service in Birmingham. I very much enjoy working with colleagues at all levels across organisations to help problem solve, make decisions and provide focussed support where required.

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

I have learned so many things whilst on my assignment, I could write an essay! My key learning has to be the importance of being able to assimilate information quickly and effectively. This particular assignment has been very challenging at times to deliver due to the complexities and number of stakeholders involved in the programme.

I started my current assignment two months before the service was due to go live which meant that I had to understand quickly what the programme deliverables and timescales for delivery were and what the key programme issues and risks were. I had to understand who the key stakeholders in the programme

were, as well as picking up the programme management office and ensuring a robust programme governance structure was in place. As I say, challenging but very exciting and rewarding!

My advice to others would be to understand the assignment well before you start to ensure your skills and abilities are a good fit for the assignment. Also go with an open mind, be prepared to work hard but, most of all, enjoy it as it will be a fantastic experience.

What do you want to do next?

I really enjoy working across organisations in complex environments – I think working with the implementation of the Sustainability and Transformation Plans (STPs) would be exciting.

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

If I didn't work in the NHS, I would love to do one of two things; I would love to work in a sporting environment – managing a sports exercise programme or I would love to work in a gardening environment.

What would your colleagues be surprised to hear about you?

Hmm, maybe that I can ride a motorbike? I passed my test some years ago and used to ride a CBR400. I haven't had a motorbike for a few years although I have a relative who is thinking about selling one so you never know!