

# Big Splash

Information for NHS IMAS pool members



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

**Big Splash** has 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 on the ground

In this edition of Big Splash we share details of one of our biggest assignments in a specialist Acute Trust to provide you with insight into the types of assignments we are involved in. Two NHS IMAS pool members will also tell you about their personal experiences of being part of that NHS IMAS assignment team.

NHS IMAS was invited to support a specialist Acute Trust on a range of projects mainly focused around demand and capacity planning.

Following an initial scope an NHS IMAS assignment team of experts was pulled together to provide bespoke support in four key areas:

- Elective capacity and demand focusing on theatres
- Day care capacity and organisation
- Transplant services
- Long term care

The work on capacity and demand was wide ranging. The first phase of engagement was focused on getting a sound understanding of the data available, and the previous work undertaken by the Trust.

It was clear that there were some major shortfalls in capacity, and recommendations were made to start preparing for the build of a new day case unit, while

more detailed specialty level analysis was carried out.

The NHS IMAS team was then able to use and develop some capacity planning tools in conjunction with specialty management teams and the Trust's service improvement lead. Specific outcomes include:

- Detailed demand information to support a theatre business case
- Provision of OP and IP planning tools that will be used to inform business plans for 2010/11
- Establishment of an operational forward planning group to oversee utilisation of the Trust's capacity
- A clear plan for reorganisation of the Trust's day care facilities

An improved understanding of the Trust's ability to deliver access targets in some key specialties

## Life on a NHS IMAS Assignment

This month, we hear from two pool members who were part of the same NHS IMAS assignment team at a Specialist Acute Trust.

In this first article, Jon Schick, Project Director at Sutton & Merton PCT tells us about his experience working as part of the NHS IMAS assignment team at the Specialist Acute Trust

Previous “Big Splash” features from other team members have provided excellent advice on the role of NHS IMAS team members and some of the discipline required to deliver a successful project. In fact, my first advice to new members is to go on the NHS IMAS website ([nww.imas.nhs.uk](http://nww.imas.nhs.uk)) and find those old copies of the newsletter – the information in there is every bit as valid today as it was when it was written.

However, what I had not specifically expected was how working as a team member on my first NHS IMAS assignment would reconfirm to me, in a very powerful way, some of the reasons why I was motivated to pursue a career in the NHS in the first place.

The first thing that struck me on my first assignment – providing support to a pressurised service in a specialist acute trust – was how refreshing it was to leave behind some of the day to day disturbances of the substantive job, not least the emails and Blackberry (turned off – mostly - whilst on assignment!), and carve out some dedicated time to focus on the job in hand.

Being able to focus not only meant making the time to do proper research in advance into best practice related to this particular service and find out the lessons learnt elsewhere; it also meant taking time to talk to a variety of front line clinicians (of many disciplines) and service users, to find out how things were really experienced on the ground. By being visible “on the shop floor”, we are able to lead by example and illustrate how, when we leave our offices behind for a short while, it is

sometimes relatively easy to find out what some of the key problems are facing the people working in (and receiving) a service – and often hear some practical solutions from them about how they could be resolved. And on this assignment, I found that a group of highly dedicated professional staff and the patients they were caring for were only too pleased to find that there was somebody there – and by implication the organisation too – who was taking the time to find out their views.

In fact, many of these staff already knew some of the things that needed to happen; they just needed a bit of additional support and on occasion push from me, to turn their ideas into action.

Without exception, everyone I spoke to was impressed with the NHS IMAS concept, and clearly valued the idea of people with substantial and relevant NHS experience from elsewhere coming in to offer some assistance. Being welcomed in as a critical friend rather than an unwelcome spy is a great benefit.

Working with colleagues from the NHS IMAS team was enormously helpful too. Regular telephone conference calls of the whole team – supported by a regular written log and update on progress - enabled us to keep each other briefed on our work, swap thoughts and ideas about how the project should be taken forward, ask for help on occasion, and make connections across the different parts of the organisation we were working with. Working as a consultant in an organisation you’ve never been to before, in a part of the country

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Jon Schick

*“Being welcomed in as a critical friend rather than an unwelcome spy is a great benefit.”*

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you've never visited, is certainly exciting but could be quite a lonely business. Ensuring there is excellent communication, sharing of knowledge and coordination across the team goes a very long way towards making sure that everyone is confident about what they need to achieve.

This knowledge sharing of what was going on across the team, and through that finding out about what was happening not only across the Trust but also with some of its key partners in the wider community, enabled me to make more connections for the service area I was working with too. The end result was that within six weeks, a draft business case had been prepared to take forward a proposal that had broad sign up within the service, an action plan had been prepared to make further

significant changes in the future, and the whole direction and underlying care pathway for the service now had much more clarity and greater support and ownership across the Trust, and from a range of local partner organisations.

For me, not only was the experience interesting in its own right, it also reinforced the importance of leaving the office behind as an important part of my substantive day job. And it provided the satisfaction of feeling that after a relatively limited period of time, the work I had been involved with could unblock seemingly intractable problems that had existed for a while, significantly improve patient services and support front line staff to deliver the best care. There are not many other jobs I can think of that can provide that type of reward.

***“Excellent communication, sharing of knowledge and coordination across the team goes a very long way towards making sure that everyone is confident about what they need to achieve.”***

**Elaine Criddle, Associate director of clinical support services at North Tees and Hartlepool NHS Foundation Trust was part of the same assignment team as Jon Schick. In this second article, she tells us about her work on renal transplant pathway.**

Spending one day a week from May to August I worked with the medical, clinical and managerial team to look at the current pathway and assisted with the updating and development of a robust policy and process that clearly defined the roles and responsibilities within the pathway for all stakeholders.

At Durham and Tees SHA. I was instrumental in the acute services review work for Hartlepool and Stockton and am used to bringing people together to work through complex issues, which was good experience for this assignment.

At the end of three months my team and I had:

- an agreed model of care that was, supported by the

Specialist Commissioning Group

- documented renal transplant pathways of care
- clinical governance and operational management in place to deliver a safe, high level quality and sustainable service

While these were my objectives I wouldn't have achieved them without the commitment and co-operation of the team at the hospital.

The first lesson I learned was to ensure the projects are appropriately scoped. It's easy to get drawn into other elements of service change if you don't do this at the outset because organisations tend to have a range of bespoke and in house developments running in

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Elaine Criddle

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tandem.

It sounds fundamental and in many ways it is but this learning has helped me back in my workplace. Scoping brings a clarity and shared understanding which is extremely helpful as you work through the project and it stops people getting side tracked.

One of the biggest challenges I faced was to arrive in the organisation, somewhat unannounced. While conversations had taken place at a senior level it sometimes hadn't reached the parts it needed to so a bit of my time was spent smoothing the way and explaining I was there to help, not criticise or hinder. It's about trust really, and if I were to do this type of project again I'd be a bit more particular about asking if the people I'm working with know I'm coming and understand my role.

Working with the hospital team one day a week posed an extra challenge for me as basic things like being able to get to see people on that day and making sure I

spent the day adding value to the team was a major hurdle.

Getting into people's diaries can be a challenge in your own workplace but when you're miles away with just one day to pack everything in it becomes fairly crucial. We got over that as the time went on though and I think the success of the project speaks for itself.

I'm extremely grateful to have had the opportunity to be involved in a piece of work like this. Giving a fresh pair of eyes to an issue in another organisation has helped me look at issues in the trust in a different way.

It was also a great opportunity to use my skills and abilities to help someone else. I'm incredibly grateful to the team at the Trust and for my director for supporting me. I'd have no hesitation in recommending an NHS IMAS assignment as part of a manager's personal and professional development.

***“Everyone’s a winner. The organisation you’re working with gets a helping hand and your own organisation benefits from the project because you come back with new ideas and learning.”***

## Changes to the NHS IMAS core team!

The NHS IMAS core team said goodbye to Steve Bridge, Programme Manager, at the end of September. Steve had been seconded to NHS IMAS from the Department of Health and everyone at NHS IMAS would like to thank him for all his hard work on the programme and wish him all the best for the future. Steve has returned to the Department of Health as Policy Manager for Education, Training and Development.

Neda Hormozi, Director – Leadership Development has joined the NHS IMAS assignment team at Mid Staffordshire NHS Foundation Trust on a full time secondment.



Suzanne Kirwan & Fliss Wood

And finally, NHS IMAS welcomes three new members to the core team, Suzanne Kirwan, Fliss Wood and Lydia Whiteoak. They join as Programme Director, Team Leader and Programme Manager respectively.

Suzanne, Fliss and Lydia can be contacted on:  
[Suzanne.kirwan@nhs.net](mailto:Suzanne.kirwan@nhs.net)  
[flisswood@nhs.net](mailto:flisswood@nhs.net)  
[Lydia.whiteoak@nhs.net](mailto:Lydia.whiteoak@nhs.net)

# NHS IMAS supporting Urgent Care delivery

Russell Emeny, Programme Director – Emergency Services Review updates us about the Emergency Care Intensive Support Team.

The Emergency Care Intensive Support Team (ECIST) was formed to work with local health communities to support the delivery of efficient, effective and safe urgent and emergency care within the national A&E four hour and ambulance service standards.

ECIST was set up by NHS IMAS at the request of the Strategic Health Authorities. Recruitment began in April this year and the team became fully operational in July. ECIST is based on the 18 Weeks intensive support team model.

The team is directed by Russell Emeny from the intensive support team who is also responsible for OSHA's Emergency Services Review. NHS IMAS Partner, Dr Ian Sturgess is the clinical lead and Stephen Duncan, of the intensive support team, is the operational head. They are supported by five experienced intensive support managers.

ECIST will only work with organisations that directly invite support. SHAs and Monitor may signpost local health communities to seek support, but visits are not imposed.

Typically, two team members will visit a local health community for a day to carry out a 'diagnostic', with further follow-up as necessary. The visit consists of 'walking the urgent care pathway' at the main acute site, sometimes supplemented by short visits to other key local providers of emergency and urgent care. This is followed by a diagnostic meeting.

The aim of the visit is to help local managers and clinicians explore the extent to which their provision and commissioning of urgent and emergency care



corresponds with known good practice. ECIST helps focus the meeting on priorities for improvement and also suggest ways of moving from 'good to great'. A report of findings is given, with prioritised suggestions and recommendations for improvement. An intensive support manager also offers to work with the local health community on the delivery of agreed priorities.

The best performing local health communities work collaboratively. Effective use of information is an important success factor, as is an understanding that the national four hour and ambulance standards are a collective responsibility and not just down to Trusts or their EDs.

ECIST is an example of an NHS IMAS programme that provides cost effective support from the service to the service. Previous emergency care support teams had been stood down and had received a mixed reception from the service. ECIST has so far been well received with hugely positive feedback from users.

For more information, email: [russell.emeny@southwest.nhs.uk](mailto:russell.emeny@southwest.nhs.uk)

ECIST's diagnostic tools are available for download from [www.osha.nhs.uk](http://www.osha.nhs.uk)

## Who's in the NHS IMAS core team?

The NHS IMAS core team consists of:

Richard Jeavons  
Senior Partner

Janet Walter  
Managing Partner

Suzanne Kirwan  
Programme Director, NHS IMAS

Nigel Coomber  
Director, 18 Weeks Intensive Support Team

Russell Emeny  
Programme Director -  
Emergency Services Review

Fliiss Wood  
Team Leader

Heather Sheard  
Programme Manager

Lydia Whiteoak  
Programme Manager

Gemma Jones  
Business Support Manager

Sarah Thackeray  
PA / Team Administrator

### How to contact us

By phone: 0113 254 6424

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

### Well done!

Congratulations to one of our pool members, Hardev Virdee, on securing the role of Director of Finance at NHS Hounslow. Hardev was on an NHS IMAS assignment as interim Director of Finance from June 2009 and following an external recruitment exercise secured the post permanently.



Hardev Virdee

Hardev says “having spent two years at NHS London working with NHS IMAS was an ideal opportunity to build on my experience. Working at NHS Hounslow during the interim period proved to be invaluable in helping me secure the post of Director of Finance and Contract Management at the PCT.”

## Progress with assignments

We are currently working on 20 assignments in 16 NHS organisations. The scope of current assignments includes;

- Interim Chief Executive for large PCT
- Providing Foundation Trust application support
- Patient safety and Board development
- Organisational renewal at a Foundation Trust
- Interim Director of Finance for a PCT
- HR support for an Acute Trust

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

### Enquires Mailbox

Please direct any questions regarding the NHS IMAS programme to:  
[CFH.NHSIMASEnquiries@nhs.net](mailto:CFH.NHSIMASEnquiries@nhs.net)

### NHS IMAS Partners Day

The next NHS IMAS Partners day will take place on Tuesday 3 November in London. If you have received an invitation for this event, please respond to Sarah Thackeray ([sarah.thackeray@nhs.net](mailto:sarah.thackeray@nhs.net)), if you haven't already done so.

### Big Splash distribution list

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