

Welcome to the newly improved Big Splash, the NHS IMAS bi-monthly newsletter for pool members, partners and stakeholders. We hope you like our new design and layout and enjoy reading our latest edition.

## How NHS IMAS is supporting urgent and emergency care

With the recent pressures on urgent and emergency care, the Emergency Care Intensive Support Team (ECIST) which is part of NHS IMAS, has seen its workload increase as the team continue their work supporting trusts as well as providing additional support to NHS England and the NHS Trust Development Authority (NHS TDA).

ECIST provide support to all providers and commissioners of urgent and emergency care for NHS patients in England. They are currently running over 60 assignments throughout the NHS. Assignments can vary from whole system diagnostic to supporting improvement programmes and providing assurance.

In addition, the team have featured at the NHS England Regional Emergency Care events. These conference and workshop events have been taking place across the country with regional leaders, experts, clinicians, area teams and CCGs.

The events have included a variety of workshops on emergency care with a focus on discussing best practice in delivering great care along emergency care pathways and reducing the mortality rate. Russell Emeny, National Director of ECIST and other members of the team have also spoken at the events.

ECIST were also invited by the NHS TDA to support them in designing and



delivering a national event with 25 trusts on urgent and emergency care which took place recently. Following the successful event, ECIST and the NHS TDA are discussing ways they can continue to work closely in the future.

At the Regional Emergency Care events, Russell has discussed the [continued on page 2 »](#)

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## Richard Jeavons on... the new NHS

**In our new look  
Big Splash,  
Richard Jeavons,  
NHS IMAS**

**Senior Partner, shares his thoughts  
with pool members and Partners.**

“It’s been four months since the NHS underwent the biggest restructure in its history and we have seen many changes. The one thing that remains a constant, however, is the passion and dedication shown by staff across the NHS for high quality, safe patient care.

We have provided support during transition that included managing over 160 assignments at the NHS Commissioning Board whilst it became NHS England. We are also working closely with the NHS Trust Development Authority (NHS TDA) to establish a relationship to maximise the support offered to aspirant foundation trusts.

Following this transition, I’m pleased to see that the number of enquiries we receive from newly established organisations such as CCGs, CSUs, NHS England and national organisations such as the NHS TDA are increasing week by week. We are currently managing over 50 assignments within these organisations and providing a Programme Management Office service to NHS Improving Quality managing over 50 assignments. This provides me with the encouragement that we are able to change and adapt with the NHS and as these new organisations find their feet and emerge, we will continue to provide senior, highly experienced individuals to provide the necessary interim support. I’m also reassured that we are heading in the right direction following newly appointed members to the NHS IMAS Programme Board from the new NHS architecture including CCGs, CSUs and NHS England.

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eight principles for delivering successful urgent and emergency care whilst Stephen Duncan, Head of ECIST, has spoken on metrics and measurements for improvement. Dr Vincent Connolly, Clinical Lead at ECIST, has spoken on the need for securing clinical engagement whilst Jennifer Walker, Intensive Support Manager, has discussed seasonal

planning. Feedback so far on these events has been very positive. Please go to page three for an article by Russell Emeny on how to stabilise emergency care in England.

If you would like to contact ECIST to discuss how they could support your organisation, please do not hesitate to contact the NHS IMAS team on 0113 825 0801/0802 or at [nhs.imas@nhs.net](mailto:nhs.imas@nhs.net)

I also wanted to take this opportunity to say what a fantastic job the Emergency Care and Elective Care Intensive Support Teams (IST) are doing. There has been increasingly high profile discussion in the previous months about planned and unplanned care in the NHS. The ISTs are currently delivering over 100 assignments throughout the NHS in approximately 80 organisations. The feedback we receive from clients continues to be positive.

If you are looking for senior interim or consultancy support within your organisation, please don’t hesitate to contact the core team. I would also like

to ask you to recommend any colleagues who you think would be a good addition to the NHS IMAS resource pool; we can only continue to support the NHS if we have a constantly growing pool of highly experienced, delivery focused NHS leaders.

**And finally, I hope you all enjoy this un-English weather I believe is called ‘summer’! “**

# BIG Splash

## How to stabilise emergency care in England

**Russell Emeny, National Director, Emergency Care Intensive Support Team, NHS IMAS has written the following thoughts about how to support urgent and emergency care:**



“The performance issues that the NHS recently experienced have been caused by the combined effect of long term trends and many smaller stimuli. The emergency care system in England has become increasingly fragile and vulnerable to small impacts. During 2012/13, the system lost equilibrium, causing many health communities to struggle to provide prompt emergency care. Recovery has been slow.

There were numerous signs that the system had become stressed: four-hour arrival to departure performance in emergency departments reached its lowest level in ten years and the number of patients waiting on trolleys for over

12-hours increased. Time from initial assessment to start of treatment grew, along with time from start of treatment to decision to admit. Hospital occupancy, length of stay and waits for admission all increased. Ambulance hand-over times were sometimes measured in hours rather than minutes.

It seems clear that the combined effect of long term trends, financial pressures, medical practice and many small stimuli has created a fragile system and may explain the decline in performance over winter and into spring. However, we are not helpless. The NHS has an array of tactical solutions that if delivered

systematically will reduce variation and optimise performance. While not directly addressing longer term pressures, these solutions can help re-stabilise systems and increase their resilience.

We know that tackling avoidable hospitalisation, focusing on home-based rather than bed-based solutions and improving patient flow along the pathway and particularly through hospitals all work. The emergency care intensive support team has encouraged acute hospitals to focus on improving patient flow as a key to sustainable delivery of national standards.

The principles for improving patient flow are clear. Of particular importance is daily senior review of all admitted patients. The benefits are considerable. In one study, twice weekly consultant ward rounds in two general medical wards were compared with twice daily ward rounds. Average length of stay on study wards fell from 10.4 to 5.3 days with no

deterioration in other indicators (readmissions, mortality, bed occupancy). However, only 50 per cent of acute medical units (AMUs) have twice daily ward rounds, so there is considerable potential for improvement nationally. The evidence suggests that mortality rates are improved where there is continuity of care on AMUs. However, only nine percent of AMUs have consultants on-take in blocks of greater than one day (Royal College of Practitioners, 2012), suggesting that there is considerable scope to reduce mortality by adopting good practice guidance.

We also need to focus on discharge. A simulation study at Warwick Medical School showed that consistently prioritising discharge activities can significantly reduce length of stay in elective or emergency clinical care pathways. In contrast, prioritising discharge activities only when beds are full has little impact on patient throughput or average length of stay.

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# BIG Splash

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Paradoxically, increasing beds may actually increase length of stay with no overall benefit to patient throughput.

The principle of speedy, experienced medical assessment should also be applied in primary care. GP visits to fragile patients need to be brought forward into the morning so that those who

are referred to hospital can be assessed early, treated and potentially returned home.

To make a real impact, we need to focus on key groups: the frail elderly at home; terminally ill patients; people in nursing and residential homes; and some specific groups with particular chronic conditions such as heart failure.

We need to apply known good practice systematically. We also need to understand complex trends and the impact of small effects on complex systems in order to achieve sustainable improvement.”

For further information and to read the full length article please visit the NHS IMAS website at:

[www.nhsimas.nhs.uk/what-we-can-offer/intensive-support-team/how-to-stabilise-emergency-care-in-england/](http://www.nhsimas.nhs.uk/what-we-can-offer/intensive-support-team/how-to-stabilise-emergency-care-in-england/)

## NHS IMAS Team changes

**We are very pleased to welcome Debbie Baker to NHS IMAS.**

Debbie joins the core team as a programme manager from the Health and Social Care Information Centre where she worked for five years as a project manager on various projects and programmes. Her experience includes working within nurse recruitment in the NHS, change management and

stakeholder management. We look forward to working with Debbie.

Two members of the NHS IMAS core team are going on assignments to NHS Improving Quality (NHS IQ). Rebecca Wootton's assignment will be focusing on communications and events and Ash Ahmed, Project Manager will be acting as HR Business Partner.



Debbie Baker

# BIG Splash

## Life on assignment: a client's perspective

**Paul Ronald, Deputy Director of Finance at Hertfordshire Partnership University NHS Foundation Trusts describes his experience of using NHS IMAS**

When I joined the Trust in March 2012, I was concerned over our progress in preparing for Payment by Results (PbR) and in particular that it was largely seen as a 'finance thing' within the Trust.

Experience has shown time and time again that unless you can successfully engage with the clinical teams and explain the clinical benefits that the proposed changes will bring, then you are doomed to fail.

Whilst we were doing some good work on a number of fronts, I felt we lacked the story and the focus which would raise the profile of PbR within the Trust and get the leverage and momentum necessary.

To address this, I felt it would be good to bring in some outside expertise who would support us in the following specific ways:

1. To meet with the executive team and a number of senior leaders

and develop a shared understanding of PbR within the context of our Trust and its aspirations and challenges.

2. To critically review our project plan to help ensure it was comprehensive and realistic.
3. To develop and implement with us a communications training and support plan to ensure that the requirements PbR become routine.

With Mental Health PbR still in its development, I knew it would be a hard task to find someone not only with the experience, but importantly with the credibility to work with the various groups we were targeting. I was receiving any number of CV's from various agencies offering PbR specialists but none met our requirements.

It was then that I approached NHS IMAS, who had successfully supported me before and detailed the above requirement. What is immediately obvious is the attention given to

properly scoping the role and being very precise about the skills and experience. Given the wide experience the team have, NHS IMAS are able to help shape the role and the type of candidate. This was invaluable in this particular role which was new.

The NHS IMAS core team was a great support, keeping in regular contact without being a nuisance and was very selective in putting forward only genuine credible candidates. The NHS IMAS Programme Manager introduced us to Christina Walters, an NHS pool member from South West Yorkshire Partnership NHS Foundation Trust. Christina had detailed experience in relation to PbR and clinical pathway redesign, both in her substantive role and in various senior assignments with the Department of Health's mental health currency project and the NHS Confederation. The pool member's experience and ability to work across the organisation was very evident and we were delighted with the appointment.



Paul Ronald

**“The pool member's experience and ability to work across the organisation was very evident and we were delighted with the appointment.”**

Christina joined us on a six month assignment working one or two days a month on site and providing additional support remotely. As part of the assignment set up, the objectives and outcomes were very clearly set out and this really helped all of us keep focus. We followed the above steps with the pool member first spending time in one to one interviews and group discussions to assess where we were and then ensure that the project plan and the communications and messaging were specific to our needs.

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They then worked with us on developing and delivering a series of clinical events and setting up various support and monitoring mechanisms. The NHS IMAS assignment has now been completed and we have a very vibrant group of clinical champions who are focused on ensuring that we improve our data quality and then use the rich data this provides to continue to improve our performance.

I am certain we would not have made the progress we have without the

input of Christina's experience and expertise to continue to nudge us in the right direction. It also gave us the confidence to stand on our own two feet when we could see the results.

To get that tailored experience at a price that was affordable to us, in my view, was only achievable through NHS IMAS, where the quality and experience of candidates has been excellent.

## NHS Improving Quality launches new website



*Improving Quality*

NHS Improving Quality (NHS IQ) has launched a new website with information about the organisation's work programmes, and signposts to improvement tools and resources.

NHS IQ works to improve health outcomes across England by providing improvement and change expertise. It also hosts NHS IMAS. NHS IQ will deliver improvement

programmes aligned with the priority areas set out in the NHS Outcomes Framework 2013/14, as well as programmes to develop capability and capacity within the healthcare system, including a series of practical workshops for clinical commissioning groups which is now underway.

As well as this, NHS IQ is working with the National Collaboration on

## NHS Elect training sessions



**NHS IMAS has again funded a portfolio of courses for Partners and NHS pool members to attend during this year.**

The courses, provided by NHS Elect, cover a broad range of subjects from project management to marketing. They are free to attend for fully registered partners and NHS pool members and are held across the country.

Places are currently available on the following courses:

- September 2013 - Effective Team Management, Leeds
- October 2013 - Demand and Capacity, London
- November 2013 - Health Policy - the new landscape in commissioning and regulation, Birmingham

- December 2013 - Procurement, Competition and Market Management, London
- January 2014, Advanced Marketing Tools and Techniques, London
- February 2014 - Managing Change and Dealing with Polarities, Leeds

As the number of places available are limited, they will be assigned on a first come first served basis. Details are to be finalised. To request further information on these courses or to register your interest in attending, please contact the NHS IMAS core team by email [nhs.imas@nhs.net](mailto:nhs.imas@nhs.net) or by phone on 0113 825 0801 / 0802.

Integrated Care and Support to find pioneering areas across the country looking to be exemplars of successful integration, and has also launched a three-year programme for seven day services across England, for both emergency services and elective care. Find out more at: [www.nhsiq.nhs.uk](http://www.nhsiq.nhs.uk)



# BIG Splash

## CAS - an accommodation service for pool members and clients

**Contract Accommodation Services (CAS) has contacted NHS IMAS to ask us to let pool members know about their services which are free of charge.**



Their bespoke accommodation booking service can save pool members both time and money, by sourcing, negotiating and managing accommodation whilst on assignment.

With negotiated discounted corporate rates nationwide, CAS can source:

- **Guest houses and B&Bs**
- **Hotels**
- **Serviced accommodation and holiday lets**
- **Private rental accommodation.**

As well as benefiting from their discounted rates, pool members can take advantage of CAS' negotiated flexible cancellation terms with accommodation providers, ensuring you are not penalised for last minute changes to your diary.

For more information on the service, please see their brochure, or for a no obligation quote, indicative costs in an area or to discuss any specific accommodation requirements, contact one of their booking agents.

## In the spotlight

A different product from the NHS IMAS toolkit is showcased in each issue of Big Splash to demonstrate the broad range of tools available to you. These products are available to our NHS pool members.

We do not claim that these tools are 'best practice', but they are good practice, that we know works as they have been tried and tested elsewhere.

This month we would like to share the Blueprint with you from the programme management toolkit. The programme's Vision Statement provides early and valuable information as a description of the desired outcomes in customer



focused terms. As it is a description at summary level, it needs to be expanded and developed into a Blueprint. The Blueprint is a model of the organisation, its working practices and processes, the information that it requires and the technology that supports its operation.

If you would like a copy of this template or further details on how to use this tool, please contact us at [nhs.imas@nhs.net](mailto:nhs.imas@nhs.net)

### Contact details

Tel: 0203 651 8227

Email: [enquiries@wedotherest.com](mailto:enquiries@wedotherest.com)

Live Chat: Chat to us online via our website

[www.wedotherest.com](http://www.wedotherest.com)

# BIG Splash

Interim Management and Support

## NHS IMAS undertakes annual pool member data refresh

In order to maintain our quality of service to the NHS, to identify the most suitable candidates for assignments, it is important to ensure that we have up-to-date information relating to our pool members experience skills and expertise.

A data refresh of pool member's information is undertaken on an annual basis. Independent pool members with CV's and references older than a year and NHS pool members with CV's and references older than two years, are contacted by the team to provide an update. The team are currently in the process of contacting pool members in this position.

If you have any questions or would like to discuss this further, please do not hesitate to contact us on 0113 825 0801 or 0113 825 0802.

## Quick Splash

**This month, NHS pool member David Boothey answers our quick fire questions.....**

**I work as...** an Intensive Support Manager within the Elective Care Intensive Support Team. I have been in the role since 2012.

**My typical day involves...** a lot of meetings with staff in trusts, either undertaking diagnostic reviews or supporting implementation of recommendations from reviews. When on NHS IMAS assignments, the pace is different, and I am often juggling urgent issues. In these roles, while I try to plan for the day, much of the time the plan goes out the window first thing which means having to think on your feet. There is a lot of variety in the job which I love – no day is the same!

**The best thing about my job is...** the opportunity to learn new things every day, as I have said before, no day is the same. I also enjoy building

rapport with staff and working with local teams to improve performance and access for patients. There is a genuine appreciation from staff of what we do; trusts are engaged and appreciate our input, which makes such a difference, and makes my role all the more enjoyable.

**What would be your perfect assignment?**

I would really like to work in a strategic role. I really enjoy strategy and planning and would like the opportunity to expand my skills and experience in this area.

**Word of advice for other pool members...** NHS IMAS assignments are a great opportunity. Once you have started an NHS IMAS assignment, you need to find your feet and establish relationships in your host organisation. You will be



learning a new role and going to a place you don't know so you need to establish suitable support locally.

**If I didn't work for the NHS...**

I would probably work in a role relating to the environment or in community development – two areas I am passionate about. Or I would possibly return to working in healthcare in Australia, my first home.

**In my spare time...** I spend lots of time in the gym working on my fitness. I also enjoy the outdoors, going to cultural events, festivals and the theatre.