

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

NHS IMAS Business Plan demonstrates a growing demand for its service

In the last edition of Big Splash, we brought you the news that NHS IMAS have recently been receiving some positive feedback from its clients. This reflects the growing demand for its service, as highlighted in the organisation's business plan for the next financial year.

The Business Plan objectives build on the excellent progress that NHS IMAS has made over recent years. The services provided by NHS IMAS, core team and both Intensive Support Teams (ISTs) have been independently evaluated during 2013/14 and suggestions have been included in the business planning process.

The assessment from the clients interviewed is overwhelmingly positive with the majority of points raised

relating to whether or not NHS IMAS can increase the support we provide. NHS IMAS have consistently met the business plan target of managing 120-140 assignments at any one time during 2013/14 and in addition have managed 100 assignments for NHS Improving Quality. The objectives in the 2014/15 Business Plan relate to how we can continue to meet this demand with the same level of core resource in the new financial year.

These objectives include increasing the number of pool members available for assignment and in particular growing the pool of NHS members available for assignment. To support this we have objectives to provide more opportunities for NHS pool member development and for Partners to develop new, and



contribute existing, skills and knowledge to NHS IMAS assignments.

NHS IMAS currently support assignments at Band 8d and above. A business planning assessment of the opportunity to support assignments at Band 7 to Band 8c indicated that this would not be feasible within the current resource base and with the current operating model.

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Richard Jeavons - 'Trust me, I'm a doctor' - clinical leadership in action

Richard Jeavons, NHS IMAS Senior Partner, shares his thoughts with pool members and Partners

In the last Big Splash, I reflected briefly on business planning and three months later many find themselves still working through the process.

Most of what is important to do is self-evident, business as usual, needing continuous focus and leadership to make improvement along a path framed by a few longer term goals and supporting large scale change strategies.

Twelve months after the implementation of a devolved, clinically led commissioning system and in the midst of the NHS's annual planning, the pressure on clinical leaders to make a visible difference never seemed greater – and this time there are no administrators to go over the top first.

For clinical leaders, sustaining credibility with their constituents, peers, the public and

patients is a critical success factor, particularly when difficult decisions need to be made about the future of local services. In the sphere of major service change (reconfiguration), the role of clinicians has become increasingly explicit over many years and it is possible to detect a shift in context and approach which is worth reflection. The informed public are more questioning about the clinical case for change and of clinicians presenting the case – probably part of a wider change in attitudes towards authority figures fuelled by the near zero cost of obtaining information/evidence from the internet. The consequence is a necessary shift in style for clinical leaders from the evidence based, technical and transactional to the engaging, enabling and transformational.

Now there are three adjectives to adopt in designing a different style of planning good for credibility.

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The ISTs are similarly on track to exceed 2013/14 Business Plan objectives and through next year's objectives aim to build on another excellent year. This year the NHS IMAS ISTs have provided direct support to Trusts and health communities, and advice to many organisations such as NHS England, NHS Trust Development Authority, Monitor, the Department of Health and the Cabinet Office.

All areas of NHS IMAS are looking at ways to add more value through the services we provide and this objective features across the Business Plan.

NHS IMAS has maintained high standards through the use of our Quality Management System and

achieved a further objective of introducing an Environmental Management System that is compliant with international standards. More on this can be found on page 8.

We would like to thank everyone who has supported the programme, undertaken assignments and used our services during the past year.

The full business plan is available to view on the members section of the NHS IMAS website, www.nhsimas.nhs.uk.

Life on assignment

NHS IMAS pool member Fiona Wood talks about her NHS IMAS assignment within a large Clinical Commissioning Group (CCG).

I am currently nearing the end of my fourth NHS IMAS assignment with a large CCG in the South West. I worked in the NHS for 24 years, which included posts of Director of Service Development in a large NHS Trust followed by two national roles, as Director of Operations for the Commission for Patient and Public Involvement in Health and then Head of Improvement Reviews for the Healthcare Commission. I became an independent consultant six years ago and have been on the NHS IMAS register for about two years.

The CCG and the NHS Trust providing maternity services had jointly agreed to a maternity pathways project as a result of concerns regarding increases in unscheduled antenatal care, increasing levels of complexity in the profile of maternity cases and the Trust's benchmark position in comparison to peers in relation to activity profiles.

The aim of the review was to ensure that the service commissioned was capable of delivering the CCG's objectives of increased midwifery led care and birth, providing services as locally as possible and reducing the occurrence of complications across maternity services. The CCG had a shortfall in capacity to lead the project.

I was approached by the CCG directly but I suggested that they should contact NHS IMAS as I believe it is an excellent model providing a very solid governance arrangement for the client, given the rigorous selection process and on-going quality assurance processes that NHS IMAS insist upon.

At the beginning of the assignment, there was a sense amongst stakeholders that they had been through these processes before but had failed to achieve change. As with all such projects there was also a level of anxiety. It was therefore important to

develop an approach to the project that united people in an enthusiasm to achieve change. We did this by ensuring that the project was rooted in the values of commissioners, providers and women and families by establishing a clear link to improving outcomes and developing a set of service principles and an outcomes framework.

The other important consideration was to manage the scope of the project which was potentially very broad ranging. This was achieved by agreeing a set of key questions linking to the outcomes framework within the project which the Project Board would then be able to address.

The work has been supported by a small project team that has undertaken an in-depth maternity needs assessment, developed locality service profiles, clinical audit and benchmarking. We have used a highly participative and solutions-based approach to the work by holding a series of half day workshops aimed at identifying the action needed to close the outcomes gap.



Fiona Wood

It has been fantastic to see this approach generate enthusiasm and offers from various stakeholders, such as the local authority to commission new services in Children's Centres, which will support closing the outcomes gap and one provider offering to train other staff. What I think has united people is that the focus is on closing the outcomes gap and that we have taken a very holistic partnership based approach.

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Partner Event

Our Managing Partner Janet Walter has recently contacted all of our Partners to understand how we can support them in continuing to make an invaluable contribution to NHS IMAS.

The team developed a brief questionnaire and Janet explored this with the Partners, who are all senior leaders in the NHS, to gain further insight.

As Managing Partner, Janet found the process really helpful in understanding the desire of Partners to support NHS IMAS colleagues across the NHS and Pool Members. Janet said "The enthusiasm shown by our Partners was really encouraging and we will certainly be looking hard to increase the opportunities for partner involvement".

The Partners commented that many of the ways in which we involve them are good and also highlighted areas where they could add more value. Partners most valued the 'excellent networking' opportunities and 'presentations by key senior leaders within the NHS' that Partner events provide.



As a result of the survey, we have reviewed our approach and will be making changes in the new year. Partners would be happy to add to our strategic planning by taking part in focused teleconferences and would like annual Partner Day events with topical high quality guest speakers tailored to the needs of Partners in supporting NHS IMAS.

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The project commenced in October 2013 and concluded at the end of March 2014 and was then handed over to a permanent member of CCG staff who will see the project through to final report at the end of June this year and then lead on implementation.

My focus in the final weeks of the assignment was on developing a feasibility study of a redesigned unscheduled antenatal care service, developing integrated pathways for women and families who are vulnerable or at risk and looking at how in future we can commission at a much more local level, informed by improved needs assessment.

We also held discussions with the Project Board on creating the system leadership needed to improve outcomes, given the complex range of health and social factors that impact on outcomes and the multiplicity of commissioners who need to work in partnership to achieve improvement.

“ I believe NHS IMAS is an excellent model providing a very solid governance arrangement for the client. ”

I feel privileged to have had the opportunity to be involved in this work and to have met so many committed individuals. I feel that the organisation has had the benefit of my wide ranging senior NHS experience and the confidence and ability to move a project on at pace that comes with that. Having worked with, but outside the NHS for a number of years, I bring fresh perspective and also insights from having worked in other sectors.

For my part, it is really fulfilling on occasions to be more embedded in a team. By contrast, many of my independent consultancy interventions provide less opportunity to develop relationships and see the impact of your work.

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Partner focus...

Surrey and Sussex Healthcare NHS Trust have recently begun introducing Physicians Assistants (PAs) into their hospital. Michael Wilson, the Chief Executive of the Trust, has asked his clinical staff to share an article with NHS IMAS relating to this work.

Acute Hospital Trusts in the United Kingdom continue to face challenges in providing a high quality service to patients whilst also coping with a reduced junior doctor workforce^{1,2}.

Surrey and Sussex Healthcare (SASH) NHS Trust faced this challenge on the wards and from the increasing demands on Emergency care and acute medical admissions. Average waiting times, particularly for ambulatory patients had been increasing and rota changes were required to bolster the medical on-call team. Such changes could reduce ward continuity and affect patient experience. One solution was in the recruitment of Physician Assistants (PAs) working in Medicine.

“Physician Assistants are a new healthcare professional who, while not a doctor, work to the medical model with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and, or general practice team under defined levels of supervision” (Department of Health³). They are permanent staff members not assigned to medical rotations and as such can offer a continuous presence within the medical team.

Evaluations of employing PAs elsewhere, suggests that staff are often unaware of the role, skills and limitations of the PA. Successful integration requires pre-employment planning to gain positive engagement of all staff⁴. A pre-employment survey at SASH concurred with these findings with only 55 percent of staff having a clear understanding of the role.

Despite this, 63 percent and 57 percent of staff saw a potential to reduce workload on both the wards and medical take.

SASH employed six Physician Assistants in June 2013; two in Acute Medicine; two in Acute Geriatrics; one in Cardiology and one in Respiratory Medicine. Whilst their individual job plans differ within specialty, each is ward based and works a standard 40 hour working week. The PAs in Acute Medicine attend morning ward rounds and have dedicated sessions in ambulatory assessment and on the medical take. In addition to assessment, the Acute Geriatric PAs provide support to the Older People’s Advice and Liaison Service (OPALS).

A perception among doctors is that the August changeover can affect patient care and safety⁵ and indeed mortality is



Michael Wilson, Chief Executive, Surrey and Sussex Healthcare NHS Trust

higher on the first Wednesday in August⁶. Feedback from our Foundation Year One doctors suggests that the transition to working life was and could be significantly eased by the presence of PAs.

Minor teething issues were similar to those experienced at other Trusts, including consequently unfounded concerns about reduction of training opportunities for juniors⁴. SASH has developed integrated teaching

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programmes, personal development plans and appraisal processes for each PA. We hope that this will assist them in their five yearly requirement to recertify. It may also lend support to their wish for regulation. Despite ongoing Royal College support and more recent recommendations from the Francis Inquiry, the Government is yet to change its policy on regulation of new health professionals⁷. Recent moves to regulate Health Care Assistants suggest this may be an opportune time to revisit this critical issue.

After 10 weeks, our PAs have settled into the organisation. We recently surveyed doctors and Senior nurses working alongside our PAs. Their responses were overwhelmingly positive. All of the junior doctors questioned felt that having PAs on their team has led to improvements in patient experience, continuity, team-working, patient safety and quality of care.

Nursing staff additionally highlighted the PAs' communication skills and flexibility. Consultants perceived a reduction in stress levels within their team and also praised the PAs' enthusiasm and attention to detail. Negative responses centred on the limitations applied by the lack of statutory regulation and with it the inability to prescribe.

Whilst our journey with PAs has only just begun, we are already seeing the benefits. This additional team of health professionals who work to the medical model may have the adaptability to meet the ever changing demands of the NHS.

Dr Natalie Powell
Consultant Physician

Rachel Livermore PA-R
Physician Assistant

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NHS IMAS core team changes

We are pleased to welcome Matt Friend to the team. Matt joins us as Programme Manager from his previous role within NHS England as a Communications and Branding Manager. His experience includes working on NHS communications for the Department of Health and as a Senior Events Manager at NHS Connecting for Health. Matt is looking forward to a new challenge in the NHS and a more operationally focused role.



Matt Friend

Jane Lister will be joining the team from NHS England on 7th April as a Programme Manager. Clare Helm will also be joining the team from NHS England on 28th April as a Programme Manager.

Debbie Baker, who was with us on secondment, has now returned to her post at the Health and Social Care Information Centre.

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 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 End Project Report with you. The End Project Report is concerned with how well the project fulfilled its objectives and is an output of the internal project evaluation. The aim is to determine how successful or unsuccessful the project has been and not how successful the end product is.



This is a valuable tool to evaluate the project process and to look at how and where future projects can be improved.

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.

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Double certification for NHS IMAS for quality and environmental standards

NHS IMAS has been praised for its continuing high quality service and strong processes. Our Quality and Environmental Management systems were externally approved as complying with the International Standards ISO 9001 (quality) and ISO 14001 (environmental).

This year, the scope of our award has been extended to include the work of the Intensive Support Teams after they successfully developed standardised procedures.

An important component of the quality management system is the continual review process meaning that the services provided by NHS IMAS and the Intensive Support Teams will increasingly add value to the NHS. We were assessed by the European Quality Assurance (EQA) organisation.

Over the last few months we have continued to focus on our environmental awareness and



reduce the impact that our activities have on the environment.

This has been a great team effort and we were really pleased to be recognised in this way and gain the environmental award ahead of the NHS sustainability day which took place on 27th March 2014.

Candlelighters Appeal

We are pleased to announce that the NHS IMAS core team raised £40 for Candlelighters charity in lieu of sending Christmas cards.

Candlelighters is a childhood cancer charity in Leeds, West Yorkshire and is formed and run by parents of children who have or have had cancer, ex-patients and the medical staff who treat them. It provides essential help and support to children with cancer and their families.

We will continue to provide our support to the charity each year. For more information on the fantastic work this charity does in the region, please visit www.candlelighters.org.uk



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Quick Splash

This month NHS IMAS pool member, Suzanne Kirwan, answers our quick fire questions...

I work as... Interim Corporate and Development Director for NHS Improving Quality (NHS IQ), the national service improvement organisation. I have been on this assignment since the beginning of 2013.

My typical day involves... a wide variety of activity depending on the time of the year. At the moment I am spending time on the business planning process, establishing strategic investment partnerships for NHS IQ's large transformational improvement programmes and managing the HR transition process for the NHS IQ delivery team.



The best thing about my job is... helping to set up and shape a new national improvement organisation and working with some very talented and committed staff whom are passionate about service improvement and delivering better outcomes for patients.

Have you been on an NHS IMAS assignment? I am currently on one!

What would be your perfect assignment? I would love to go on assignment to a hospital in the States (preferably Boston!)

Word of advice for other pool members... Be really clear on the scope of your assignment and the outputs you are expected to have delivered by the end of it. Going on an assignment with NHS IMAS can be a very rewarding experience and will give you the opportunity to try something different, meet new people and learn new skills. Enjoy it!

What do you want to do next? I am really enjoying my current assignment. NHS IQ is developing a number of large scale improvement programmes covering areas such as seven day services, patient safety and integrated care. It is exciting to be part of the team helping to set these up.

If I didn't work for the NHS, I'd... be an archaeologist or a museum curator.

In my spare time, I... enjoy going to the theatre, especially to see musicals.