

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

NHS IMAS Senior Partner to head up specialised commissioning for NHS England

NHS IMAS Senior Partner, Richard Jeavons, has started an assignment with NHS England as the new, interim Director of Specialised Commissioning. Richard is reporting to Dame Barbara Hakin, National Director: Commissioning Operations, and his first objective is to work on establishing the new, larger-scale national specialised commissioning function that has been proposed as part of NHS England's Organisational Alignment and Capability Programme (OACP).

Richard will be on assignment to NHS England for nine months initially, where he will be taking forward the work of the specialised commissioning task force that was set up earlier this year.

In addition, NHS IMAS have recently been approached to support a national project; providing senior facilitation support for the Better Care Fund planning process on behalf of the Joint Programme Office of NHS England, the Department of Health and the Local Government Association.

The Joint Programme Office asked NHS IMAS to provide highly experienced pool members to work with local Health and Wellbeing Boards to support them in meeting the challenging deadline of 19 September 2014 to submit their Better Care Fund implementation plans. NHS IMAS pool members facilitated several one-day, stakeholder workshops across

the country to enable the local areas to discuss the local barriers, and to help them get to a position where they could submit their plans. NHS IMAS pool members have played a key role in leading interviews and interface with the local NHS services and health sector stakeholders, as well as playing a full role in the diagnostic exercise and workshops. We continue to support this programme as the Better Care Fund plans develop.



IN THIS EDITION:

NHS IMAS Senior Partner to head up specialised commissioning for England

Richard Jeavons on the Better Care Fund

Life on assignment: a client's perspective

Partner focus... Anthony Marsh

Going interim and how to make it work: Top tips for Pool Members

Life on assignment: Gareth Senior

From Perfect Week to Perfect System – delivering a sustainable and resilient emergency care service, an ECIST master class

NHS IMAS core team changes

BIG Splash

Richard Jeavons on the Better Care Fund

I recently had the opportunity to make a small contribution to the support package, provided jointly with the Local Government Association, for planning the Better Care Fund. Depending where in the country you are, the Better Care Fund is probably at different stages, with varying challenges locally. However it has the opportunity to become a welcome accelerator of an established direction for integrated care, of high need and vulnerable groups, within society.

So, when the invitation arrived to spend one day with a senior colleague from local government supporting a local health and social care community in the run up to their submission of a plan on 19 September, the possibilities seemed too curious to resist. We were provided with a short written brief

in advance and the day itself involved a series of one hour interviews with senior leaders before we all reconvened for feedback and discussion.

What are my reflections on the experience? First, in terms of practice, that the co-consulting model works for this type of support – negotiating up front the terms of working together, putting yourself in the clients' place, being curious, listening and being authentic in reflecting back – and that you do not need mountains of background information to get to the heart of the issues quickly.

Second, in terms of the Better Care Fund itself, whatever the local circumstances, there is a significant asymmetry in the stakeholder management required by the two

principal parties. The local authority has the power to act whilst CCGs are circumscribed by a plethora of external NHS relationships and expectations to manage and convince.

Finally, progress depends on people as much as plans so nurturing motivation and leadership are vital to achieve the goals of the Better Care Fund.



BIG Splash

Life on Assignment: a client's perspective

Penny Storr, Programme Director at the East Midlands Picture Archiving and Communications System (PACS) Procurement Consortium, describes her experience of using NHS IMAS.



Earlier this year we wanted to secure investment in a replacement Picture Archiving and Communication System (PACS) / Radiology Information System (RIS) across the East Midlands. In order to support this we requested the expertise of an NHS IMAS pool member who would be able to develop a Full Business Case (FBC) template for us, within extremely tight timescales, that would be used across all of the seven East Midlands Radiology Procurement Consortium (EMRAD) Trusts.

NHS IMAS was able to find us an individual to work efficiently alongside our local business case analyst and deliver to an excellent level. The pool member was an expert in writing business cases and just what we needed. The NHS IMAS pool member was also able to assist other Trusts taking part in the collaborative PACS/RIS procurement,

by developing a generic version of the FBC, in addition to providing support developing the FBC for our Trust. The work the pool member completed has helped EMRAD save over 40% on its current PACS cost of service, as well as ensuring the service is fit for purpose for the next 10 years.

The NHS IMAS core team provided professional and efficient support at every stage of the assignment. At the beginning of the assignment the team ensured the clear definition of objectives and throughout they contacted us to ensure the pool member was progressing well towards these. After such a positive experience of NHS IMAS I would recommend their services to any NHS organisation requiring immediate interim support and our Trust would definitely use them in future.

Partner focus... Anthony Marsh

Dr Anthony Marsh is Chief Executive of both the West Midlands Ambulance Service NHS Trust and East of England Ambulance Service NHS Trust.



When I was asked to take on the role of Chief Executive of two Ambulance Trusts I could not have foreseen the level of challenge I

there was a lack of paramedics, the wrong mix of skills of other front-line staff as well as dated and unreliable equipment and emergency ambulances. The staff knew what was wrong, but felt no one had listened to them.

would face both organisationally and personally. I say this despite having undertaken a governance review of East of England Ambulance Service (EEAST) less than nine months before. I have been Chief Executive of West Midlands Ambulance Service since it was established in July 2006. I took up the joint role with the East of England on 1 January 2014.

For me, the solutions were not difficult, in theory:

- engage with staff, both face to face and through an open door policy, and effective communications;
- address the key issues to make their job easier;
- set out a clear strategy for taking the organisation forward and achieving improvements in patient care.

It would be fair to say that EEAST had been challenged for some time and needed a root and branch review of the way it operated. Staff were working incredibly hard but

[continued on page 4 »](#)

BIG Splash

continued from page 3 »

In the West Midlands, the culture of the organisation is firmly focused on patients and providing the most efficient service so that the maximum level of resource can be ploughed into the frontline. In E EAST, almost the exact opposite was in place with ballooning back office functions, excessive use of management consultants and a top heavy management structure.

My key initial action was to negotiate additional funding to implement the transformation of the service. This included:

- recruiting over 400 student paramedics. Previously recruitment campaigns had been largely ineffectual. Over 4,000 people applied for these new roles;
- ordering a further 120 emergency ambulances for this year. All came fully equipped with brand new medical equipment on board. Staff were involved in developing them which brought 'buy in' from the frontline clinicians;
- reducing the excessive levels of management and administrative staff numbers.

Longer term, it is vital to instil a different way of thinking. I am absolutely clear that it is not 'my' Trust, it is 'our' Trust and each and every member of staff can play a role in making the improvements necessary to improve patient care, something I know the staff are determined to do. By making the short term changes, we have given ourselves the opportunity to build on this start to make further improvements. To assist in this process, I have implemented a number of key actions:

- created formal buddying arrangements between the two Trusts on a managerial and individual level in front line, operational and corporate functions;
- made staff engagement a key priority with senior and local management meeting staff and their representatives on a regular basis;
- instituted some short-term, joint appointments so that staff from the West Midlands provide their experience to teams that have not had strong leadership for a considerable time.

Although I have a track record of turning organisations around, this has been by far the hardest challenge I have faced. With 'buddying' and joint working arrangements clearly the way the NHS is moving forward, there are some very real positives for your own Trust. There is an opportunity to support a challenged organisation and spread best practice and improved patient care, which is hugely rewarding. For West Midlands Ambulance Service there is the potential for development opportunities for senior staff and the financial gains being used to further benefit our patients.

However, there are also obvious lessons that anyone thinking of doing something similar should consider. Firstly, I would strongly advise having a formal signed agreement on sharing Chief Executive time. Formalising senior buddy appointments is also helpful. There should also be a thorough 'due diligence process' on time demands and risk to the buddy organisation.

Be prepared to undergo a huge level of media and stakeholder scrutiny of what you are doing; how you are working and the arrangements that have been put in place to enable you to carry out the role. Given the size of our ambulance services, distance is a consideration and the potential cost implications of expenses need to be considered.

I firmly believe that buddying arrangements are an efficient and effective way of helping challenged organisations move forward, but anyone going into such a position should do so with their eyes wide open.

BIG Splash

Interim Management and Support

Going interim and how to make it work: Top tips for Pool Members

NHS IMAS Pool Member Jude Goddard gives some top tips for how to get the best out of interim management roles.

In 2007 I left the NHS as a Director of Planning in a Primary Care Trust after 17 years' working in the NHS system. At the time it was exactly the right move for me and registering with NHS IMAS was a huge help.

I am currently undertaking interim work at NHS Improving Quality as well as undertaking other roles in health and social care. NHS IMAS invited me to share some potentially useful tips on joining the pool, here goes:

1. Decide on the area of work you would like to focus on or gain experience in. Do you need to develop yourself in a particular area or sector of the NHS? Target

your efforts accordingly, and tell the NHS IMAS core team so they can contact you with the right assignments.

2. Don't be frightened of turning work down and don't undersell yourself. Make sure you take on work that is in your area of expertise rather than anything that is offered. Ask yourself what a piece of work would really be like if you took it on.

3. Learn something new by maybe joining a network, a course or learning programme. Remember the psychological satisfaction you gain from work and the hungers it fulfills e.g. structure, content, recognition. I personally undertook training in psychotherapy to fulfill such hungers and to considerably broaden my skill base.

4. Choose a buddy, someone who does similar work to you and with whom you feel comfortable sharing your feelings, ideas and experiences. Keep close on the good days as well as the harder days.

5. Be brave and follow your heart – try it out!

If you are an independent pool member it's also worth bearing in mind the following as well:

- Get a good accountant and shop around, if necessary. Get advice from them about which business model you are going to embark on i.e. sole trader, partnership or limited company. Decide on your best model.

Jude Goddard



- Think carefully about sending your details to recruitment companies. They may be helpful but they can often send you inappropriate leads, often inviting you to work for less than the rate you think you deserve and they may sell your details onto other companies without telling you.

BIG Splash

Life on assignment: Gareth Senior

Gareth Senior has been working on assignment with NHS England as Head of Corporate IT for the past two years and has just accepted the permanent position of Head of Corporate IT and Deputy Corporate Chief Information Officer (CIO).

I have spent several years working on Programme and Project assignments within the NHS and private sector and this was my first assignment via NHS IMAS.

The benefits of working with NHS IMAS included the clear scope agreed, with defined objectives, before the assignment started and the “catch up” calls with the NHS IMAS programme manager throughout the assignment. The clarity and focus this gives helps in measuring your personal delivery and it is also useful to know that the client, in this case NHS England, is having the chance to feed back on your performance and raise any issues with a third party, if they don’t feel able to do so direct. Fortunately there were no such issues on this assignment, but being aware of that is good in itself.

The assignment itself has been challenging. Working with the NHS Commissioning Board Authority through transition, from a “green field” site to the inception and development of NHS England, has been a huge journey and not always smooth for our IT users. We have to work within a contract agreed via the Department of Health (DH), prior to the inception of NHS England, which has meant working with the DH and suppliers to “retro fit” our requirements and develop the service for over 6,000 users across 61 sites. No mean feat and there have been issues along the way, which are gradually reducing as we settle into a more steady state.

The high points have been working with a highly skilled professional team of colleagues, seeing the progress of

the open service rollout and being an integral part of a new organisation which adopted an “agile” working style and committed to ensuring that the infrastructure was in place to support that. It has also been refreshing working closely with some of the large suppliers, such as BT, who have approached the programme of work in a flexible and supportive manner and contributed to the success of our delivery.

Those high points convinced me to apply for the permanent post and I hope we can continue to build on the foundations in place to further improve the service to our staff.



BIG Splash

Interim Management and Support

From Perfect Week to Perfect System – delivering a sustainable and resilient emergency care service, an ECIST master class

As part of the NHS IMAS series of pool member development events a workshop was held for NHS IMAS Partners and NHS pool members in Leeds recently. The workshop looked at the key issues that NHS trusts and the wider local health economy should consider in developing a safe, resilient and sustainable urgent and emergency care system. It provided an opportunity for participants to discuss real issues that were affecting their organisation and to discuss implementing a 'perfect week' and sustaining its benefits.

The keynote speakers included Richard Jeavons, NHS IMAS Senior Partner, Russell Emeny, Director of the Emergency Care Intensive Support Team (ECIST) and members of the Emergency Care Intensive Support Team.

The feedback from the event was very positive with participants saying they found the workshop useful, informative and interesting and a good opportunity to network.

Presentations from the conference are available via the links below:
<http://www.nhsimas.nhs.uk/members/members-home>

For further information on the conference, please contact the team on nhs.imas@nhs.net.

NHS IMAS core team changes

We are pleased to announce that Sabrina Armstrong has now been appointed as permanent NHS IMAS Programme Director.

NHS IMAS Intensive Support Team Business Manager Harpreet Uppal has recently left the team. She will be working as Office Manager and Case Worker to a local MP. We wish Harpreet luck in her new role.

Becky Green's university work placement with us as PA to the Intensive Support Team has recently finished and Becky has returned to university to complete her final year. We wish Becky luck in her final year of university.

We are also pleased to welcome Jordan Scott to the team. Jordan



Jordan Scott

has joined as the new PA to the Intensive Support Team on a work placement from the University of Huddersfield where he is studying Business and Management.