

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

Great feedback for NHS IMAS

NHS IMAS has commissioned its second independent evaluation of services. This involved a series of telephone interviews with 20 clients.

Overall the independent evaluator said:

“The evaluation of NHS IMAS is overwhelmingly positive with no significant complaints about the service offered.”

Client comments given to the independent evaluator included:

- “NHS IMAS is still considered highly competitive both in terms of value for money and service.
- The NHS IMAS team were generally regarded as highly personable, efficient, and responsive with excellent knowledge of NHS networks and how to access them.

- The quality, knowledge and experience of pool members remains a vital unique selling point (USP) for NHS IMAS primarily because they can engage with organisations quickly, with credibility and trust.
- NHS IMAS gives us a choice about who we have rather than being ‘given’ someone.
- I think it’s a great organisation and want to see it grow from strength to strength.
- Really like the process of agreeing objectives and a post project review call; not many private companies do this.
- Your USP is real live NHS staff.”

There were some suggestions to developing our services that the core team is following up and we will keep you up to date on developments throughout Big Splash!



It has been a busy period for the NHS IMAS core team. We are currently managing over 120 live assignments. To date this year we have started over 50 new assignments and have completed nearly 80. The team are also providing support to the establishment of NHS IQ with over 80 people on assignment to both the corporate and commissioning structures and the delivery structures.

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Richard Jeavons on... engagement

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

After the Francis review, came the Berwick review. Don Berwick had a different remit, a different method and a different style to Robert Francis QC but at the core there are similar messages for the NHS to digest. The quality and safety of patient care are paramount; the NHS should continuously engage patients and carers and act on their views, staff should be developed to enable them to improve what they do for patients, and the NHS should be open and honest.

It's all too easy in the current maelstrom of urgent reviews, failing hospitals and A&E crises to generalise about the NHS. The challenge from the Berwick review on patient safety, is not to miss the opportunity to adopt a culture of continuous feedback and learning as a route to safety and improvement.

We all have experience of seeking, receiving and giving feedback – the good, the bad, and the avoided! So what makes

feedback productive? In the one to one environment, the literature points to simple common characteristics such as feeling safe, balancing the positive and the negative, being specific, immediate and straightforward. And surely equivalent characteristics are meaningful and necessary for productive feedback at the team, organisation or system level.

In the relatively straightforward world of NHS IMAS, client feedback is an integral element of the organisation's quality management system. This is backed up with a periodic independent evaluation. You can read more about our evaluation in our front page article. The point is that there is a well understood and meaningful method in place to capture feedback and act upon it. More widely, the NHS needs to ensure it embeds feedback into how we deliver our services. The more we learn from patients, staff and partner

organisations, the more the NHS can do to deliver a service that meets the needs of patients. Let's not forget those special words in the NHS Constitution, 'The NHS belongs to the people'.

And if that is not enough, I am about to walk the talk and get out on assignment again. I will be going on assignment to

NHS Improving Quality as Interim Managing Director for the next three months. I am looking forward to that feedback in three months time!

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NHS IMAS offers NHS organisations that need short or medium term support, the means to access the management expertise that exists throughout the NHS.

Links with the NHS Trust Development Agency (NHS TDA), Health Education England (HEE) and Public Health England (PHE) have been developed further and NHS IMAS will provide support for their flexible approach to staffing challenges.

The Elective Care and Emergency Care Intensive Support Teams (ISTs) are currently undertaking over 100 live assignments working across the country.

In addition, the ISTs have been supporting NHS road shows and health economy events. In response to the current health challenges, the ISTs have developed close working relationships with the NHS TDA, NHS England Regional and Area Teams and Monitor, all of which consistently recommend support from the team to their constituent organisations.

If you would like to contact NHS IMAS to discuss how we could support your organisation, please do not hesitate to contact the team on 0113 825 0801/0802 or by email at: nhs.imas@nhs.net

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Current challenges in elective care: why are waiting lists increasing?

Nigel Coomber, National Director and Nikki Waddie, Intensive Support Manager, Elective Care Intensive Support Team, NHS IMAS, write their thoughts on the current challenges in Elective Care.

Elective care in the NHS is under increasing scrutiny as the numbers of patients waiting for treatment has risen to new levels. The NHS Constitution (2010) makes it clear all patients have a right to treatment within 18 weeks of referral by their General Practitioner, and while overall performance against the national referral to treatment (RTT) standards is being maintained, the growth in waiting lists and clearance times may well cause future challenges in some parts of the NHS.

As the total numbers of patients increases, there is a risk those waiting beyond 18 weeks for treatment will also rise, leading to potentially compromised clinical outcomes. Whilst the growth in waiting lists is not yet impacting on

delivery of the 92 percent incomplete pathway standard, Intensive Support Team (IST) experience suggests a clear link between list growth and admitted and non-admitted performance. At the time of writing, 28 Trusts had failed the 90 percent admitted standard in June 2013 compared to the December 2012 figure of 15 Trusts (NHS England, 2013).

Ultimately, an increase in waiting list size will also impact on the wait times of those not yet treated, (incomplete pathways), particularly where clearance times exceed 12 weeks (see below) and where capacity remains unaltered. Enlarged waiting lists are more difficult to manage and place pressure on services. There are multiple reasons for this growth



and in supporting organisations to achieve the RTT standards, the IST has encountered some common themes.

Trust data quality is a key factor. Accurate and contemporaneous recording of changes to patients RTT status is vital if high quality information is to be reported. This should be founded on the need for proactive management of pathways for those still awaiting treatment. It also requires compliance with processes designed to record patient RTT status.

Many changes occur in outpatient departments where completion of Clinic Outcome Forms is necessary, followed by subsequent updating of patient administration systems. A failure in either of these stages will mean that clock stops are missed and patients remain on the waiting list. These same systems should be robustly pursued in all situations where a change in patient RTT status may occur, including wards, diagnostic departments, clinician offices and secretariats.

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There is also a need to ensure validation occurs on a regular basis and forms part of organisational 'normal working' patterns. This retrospective review of patients who have been treated, or are thought to have been treated, is one element of ensuring patients have a correct RTT clock status, and that reported waiting list numbers are accurate.

Clearance times provide a useful means for Trusts and commissioners to measure the relative size and manageability of a waiting list, and they can be an important indicator of unsustainable growth in the number of incomplete pathways. They are calculated by dividing the total number of incomplete pathways by the average number of weekly clock stops, admitted and non-admitted combined. It has been observed that Trusts that are sustainably meeting the RTT standards have clearance times of eight to ten weeks.

Finally, getting demand and capacity planning right is also essential to good waiting list management. Increases in demand, a loss of capacity, or a combination of both can impact on waiting list size and clearance times. Organisations must assess capacity and demand at least at specialty level, and make sure they have sufficient flexibility to manage variations in both. They should also ensure they regularly review key performance indicators having a direct impact on list size, such as numbers of weekly additions and removals from each part of the waiting list.

The Elective Care Intensive Support Team works directly with Trusts and commissioners to support those facing challenges with elective access. The team is part of NHS IMAS and is composed of experienced performance improvement experts with senior operational and clinical backgrounds. Assignments typically

include working with local health communities to diagnose areas for performance improvement. The team also provides on-going support with planning and implementation, and with the transfer of knowledge to produce sustainable and resilient solutions.

For further information including the IST Elective Care Guide, capacity and demand tools, or to seek support for your organisation in managing waiting lists, visit the NHS IMAS website at: www.nhsimas.nhs.uk/ist

References:

Department of Health (2010) 'The NHS Constitution.' HMSO. London NHS England (2013)

'NHS England Referral to Treatment (RTT) Waiting Times Report: June 2013' available at www.england.nhs.uk/statistics/rtt-waiting-times
Accessed 15 August 2013

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NHS IMAS needs you

Do you know anyone who is looking for an exciting challenge within the NHS?

NHS IMAS are looking for NHS managers who can share their knowledge and experience with other Trusts. In return, we can offer exciting development opportunities.

NHS IMAS work with the full range of NHS organisations including the Department of Health, national and regional bodies and local commissioning and Trust organisations that need short or medium term support.

We need to continually grow our pools with quality pool members in order to successfully meet demand from the NHS. In particular, we are looking for people with the following skills:

- experienced operational managers, particularly around urgent and emergency care;
- senior nurse leaders across all health sectors;
- transformation programme managers;



- finance experts of middle and senior level.

In addition, we also have opportunities available for carefully selected independent consultants. We can provide pool members with interesting secondments and interim assignments. Please encourage your NHS and independent colleagues to talk to us about joining NHS IMAS. Application forms are available on our website: www.nhsimas.nhs.uk Please pass on our details to your colleagues and ask them to call us on 0113 825 0801 / 0802.

NHS IMAS team changes

Nicola Walker has recently joined the team as Personal Assistant to the Managing Partner, Janet Walter, and to the Programme Director, Andrew Cratchley.

Nicola joins NHS IMAS from ASDA where she was an International Executive Personal Assistant for Wal-Mart in London. Nicola worked for ASDA for over 19 years and started as a Produce Assistant before progressing in different store roles.



Nicola is an experienced Personal Assistant and brings to the role a wealth of administration and project management skills.

Life on assignment: a client's perspective

Jan Sobieraj, Managing Director at NHS Leadership Academy, describes his experience of using NHS IMAS.

NHS IMAS has been an important partner in the development of the NHS Leadership Academy since we were established on 1 June 2012.

Since that time, NHS IMAS has provided a number of interim senior managers and professionals to fill crucial appointments. This has enabled the Academy to continue to provide the highest quality of leadership development interventions and implement important programmes and project management within the NHS system. Through their speedy processing and wide network of skilled practitioners, they have provided us with interim staff with the technical skills required to manage large scale organisational change. Since 1 June 2012, NHS IMAS interim managers have made a significant contribution to our operation through the transitional period.

Working with the NHS IMAS Core Team, the Academy has received a consistently excellent level of customer care. Markedly, NHS IMAS has taken the time to invest in and forge excellent relationships with the Academy managers and HR staff, and also to understand the nuances related to the job design of each interim assignment. NHS IMAS has consistently provided a credible shortlist of candidates that have been suitable for each assignment, enabling the Academy to select the most appropriate candidate.

The experience of the NHS Leadership Academy is that NHS IMAS is a very consistent source for securing experienced interim staff to fill senior interim roles. Importantly, the interim managers that we have secured via NHS IMAS have not required much time to fully understand our fast moving environment,

how we are connected to other organisations and stakeholders within the health system, and most importantly, the key deliverables of their assignment – they have invariably hit the ground running.

The polite insistence for feedback and assessment on interim staff performance on completed assignments, assures me that NHS IMAS is continuously seeking to improve its services, and is always working to ensure that each client organisation is fully satisfied. They manage this aspect professionally and diligently.

As the NHS continues to go through these periods of change and transition, I can unreservedly recommend NHS IMAS to any NHS organisation requiring immediate interim support.



Jan Sobieraj

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Partner focus...

Stephen Childs, Managing Director at North of England Commissioning Support and NHS IMAS Partner, shares his thoughts on the opportunities and challenges facing commissioning support in the NHS.

The NHS is battling hard to deliver the best health outcomes in the world. It is fighting on two major fronts; one of these is meeting the increasing healthcare needs and expectations of the people it serves and the other alongside this, is improving quality whilst in challenging economic conditions. The NHS must evolve rapidly in order to modernise the way services are delivered. Our clinically-led, professional and streamlined commissioners, underpinned by customer-focused commissioning support services, must consistently reach levels of excellence that have been achieved only intermittently in the past.

NHS England's recently published strategy for developing and managing the commissioning support market is entitled Towards Commissioning Excellence:
www.england.nhs.uk/wp-content/uploads/2013/06/towa-commisexc.pdf

The strategy has a simple goal - to ensure that all commissioners, (Clinical Commissioning Groups or NHS England itself), can access excellent and affordable commissioning support be it sourced in-house, shared, or outsourced.

The market for commissioning support services is immature and current provision is dominated by NHS Commissioning Support Units (CSUs) – arms-length bodies, originating from Primary Care Trusts (PCTs), hosted jointly by NHS England and NHS Business Services Authority until no later than 2016 - www.england.nhs.uk/wpcontent/uploads/2012/11/csu-fact-oct.pdf

Towards Commissioning Excellence presents CSUs with a number of challenges and opportunities in equal measure. In terms of challenges:

- CSUs remain in 'start-up', mapping; re-designing and implementing processes; improving customer service delivery; refining and embedding performance management systems and driving forward the cultural change and organisational development necessary to become truly customer orientated businesses. To meet the qualifying standards of the proposed procurement framework for commissioning support services and to successfully complete the tendering process over the next 12 months will present a significant additional demand on these young organisations.
- An option for Clinical Commissioning Groups (CCGs) is to provide their commissioning support in-house and this currently represents the single greatest competitive threat to a CSUs business. There is a strong case to be made for out-sourcing and CSUs are beginning to demonstrate the added value; the benefits of scale; the resilience of workforce; the

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Stephen Childs, Managing Director at North of England Commissioning Support and NHS IMAS Partner

capability to undertake large scale transformation, and the expertise to develop and diffuse NHS best practice and innovation (for example, the Reporting Analysis and Intelligence Delivering Results business intelligence system). But there is a danger that CCGs will perceive the cost and demands of participating in procurement for commissioning support too onerous and instead elect to move more service in-house.

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The opportunities, however, are considerable and provide plenty of incentive to overcome the challenges:

- CSUs will be able to win new business through the proposed procurement framework either as a lead provider (primary contractor) or as a partner and supplier to another lead provider (be that a CSU or an independent supplier).
- Moving from the current short-term (18 month) Service Level Agreements to longer term (perhaps five year) contracts, will give greater confidence to the workforce and help recruitment.
- The introduction of quality standards and a more comprehensive, system wide commissioning support assurance process, will give CSUs the ability to benchmark, to understand what is best of class and understand where improvement efforts need to be focused. Furthermore, CCGs will be able to assess and compare the quality and cost of in-house provision compared to an out-sourced alternative, helping them to become more informed customers.

- By positively encouraging partnerships, either between CSUs themselves or between CSUs and the independent / third sector, the procurement framework has the potential to stimulate innovative and imaginative alliances that could make a massive contribution towards the rapid modernisation of health and social care services.
- By securing new contracts to provide commissioning support through an open competitive process, a CSU, with the backing of its customers could progress more quickly to an autonomous, independent organisation ahead of the 2016 deadline.

As the consultation on the market strategy for commissioning support draws to a close, a number of themes have emerged from the CSU feedback which will merit careful consideration alongside that from the CCGs and the independent sector:

- The timetable for creating a commissioning support service procurement framework and then completing the procurement itself by

October would be challenging, bordering upon heroic. As it stands in the proposed timeline, the tendering exercise to populate the framework would coincide with the 2014/15 contracting round (December '13 to March '14) and those CSUs who provide significant provider management functions to their customer CCGs can ill afford the distraction.

- The October deadline for completion of market testing is largely driven by the 18 month Service Level Agreements (SLAs) currently in place between the vast majority of CSUs and their CCG customers. If these SLAs were to be extended then market testing could be phased and managed over a longer period, avoiding the frenzy of 211 CCGs rushing to the market between April and September next year.
- The potential cost of running these procurements is very difficult to quantify but will be significant. Examples of these costs would be:
 - Securing independent procurement advice and support for CCGs;

- Legal and procurement support to NHS England to establish the framework and manage the process;
- CSU management time tendering to get onto the procurement framework;
- De-commissioning of services moving from one commissioning support supplier to another or back in-house to a CCG (redundancies, exiting leases etc)

Nevertheless, commissioning support is a Part A service according to European procurement regulations and therefore the opportunity to provide the service needs to be offered to the wider market which is entirely consistent with the objective of the market strategy 'Towards Commissioning Excellence', i.e. to ensure the highest quality of affordable commissioning support driven by choice. The question is how we achieve this whilst lessening the impact on current service delivery and minimising the opportunity costs. We should be about to find out.

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Environmental Management: A greener NHS IMAS

Following on from our successful introduction of a Quality Management System in 2012, NHS IMAS are introducing an Environmental Management System.



This will form the basis of our approach to reducing the impact of our activities on the environment. The project is being led by Programme Manager, Julie Godfrey. Our plan is to introduce the environmental management system; monitor our activities; reduce our impact on the environment, and gain accreditation to the international standard for environmental management ISO 14001:2004.

NHS IMAS retained accreditation for its Quality Management System to ISO 9001:2008 standards in March 2013. The quality management system helps the team identify areas where our services can be improved and manage the changes.

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 - we know they work as they have been tried and tested elsewhere.

This month, we would like to share the Checkpoint Report with you. The purpose of a Checkpoint report is to report the status of work carried out by each member of a team at defined frequencies or intervals as set out in a Stage Plan or Work Package. The Checkpoint Report will also include plans for future work and products during the next period.



This report helps to identify whether or not every team member is working to an agreed schedule and it also helps to identify any unresolved problems from the previous report.

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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Essentia – Services by the NHS, for the NHS

Over the past two years, staff from Essentia have undertaken NHS IMAS assignments, including providing support to NHS England. We thought it may be helpful to colleagues to know more about this NHS organisation which is hosted by Guy's and St Thomas' NHS Foundation Trust.

David Philliskirk, Group Director Asset Management, Essentia, writes below about the services Essentia can provide to NHS organisations.

Setting new standards in healthcare

Essentia is an NHS organisation which delivers services direct to acute and primary care providers from hospital transport and sustainable waste management, to significant capital projects and whole hospital developments. Essentia offers a high-quality alternative to private sector outsourcing. We believe by combining exceptionally high standards and public sector values with commercial focus, innovative

thinking and modern technology, we help our customers to create the best possible patient experience.

An integral part of two world-renowned hospitals

In 2012, Guy's and St Thomas' NHS Foundation Trust brought together their capital estates; facilities management and IT services; SW London Community Shared Services Partnership; and SE London Community Support Services under the name Essentia. Essentia now offers these same services to other NHS organisations using, what we believe, is unparalleled expertise born from years of NHS experience, to provide outsourcing solutions that are by the NHS, for the NHS.



Guy's and St Thomas' 
NHS Foundation Trust



Services

With a current list of 100 external customers in eight business sectors, Essentia is building a credible presence in the marketplace and a genuine outsourcing alternative. Essentia work with 11 trusts and provide services for 900 community properties.

NHS know-how that will maximise performance

Essentia can design and manage all aspects of a project from start to finish, or, we can offer specific services and work in partnership with

other service providers. We are passionate about delivering positive outcomes and using strategic financial management to ensure best value for money.

Excellent track record

Whether it is re-cladding the tallest hospital in the world, delivering sterile services from their facility which is widely regarded as the best of its kind, or delivering IT training and solutions, we believe Essentia is qualified to take on the most complex challenges.

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Essentia plays an integral part in Guy's and St Thomas' NHS Foundation Trust's status as one of the UK's most successful foundation trusts and brings this same dedication to our external customers. A recent customer provides their feedback on services received from the team:

"Finally, can I thank Essentia for the invaluable support you have provided to NHS England over the last year. This has been greatly appreciated as we have established our organisation. This marks a significant point for us in our development that we are now able to transition much of the business as usual support to our in-house team. Our teams have built up good relationships and I am sure we will continue to find opportunities to work together as we go forward."

Find out more

To learn more about how Essentia can help deliver exceptional services and patient environments, please visit the website, essentia.gstt.nhs.uk or email essentiaenquiries@gstt.nhs.uk

Quick Splash

This month NHS IMAS pool member, Linda White, answers our quick fire questions...

I work as... The Corporate Governance Senior Manager at NHS England. I have been in this role since 1 April 2013.

My typical day involves... I'm still waiting to have a typical day! As a new organisation, there has been a lot of focus on getting the Corporate Governance foundations in place. This has involved setting up the board and committee structures to support the business of the organisation, policy development, and providing governance advice to colleagues.

The best thing about my job is... No two days are the same. Joining NHS England has given me an exciting opportunity to help shape a new organisation and a new role.

What would be your perfect (NHS IMAS) assignment? An assignment that enables me to pass on my experience and expertise, but also helps me to learn something new.

Word of advice for other pool members... I like to have clear objectives at the start of an assignment. This enables me to structure the assignment and to know whether the assignment has been successful.

What do you want to do next? Having only just moved into a new role, I haven't thought that far ahead.

If I didn't work for the NHS... After almost 30 years working for the NHS, this is a tough question. I think I would have studied social



history and gone into an academic role. I'm fascinated by what we can learn from the past.

In my spare time... I love to trawl vintage fairs and shops and fill the house and wardrobe with 60's memorabilia! I can't wait to visit the Goodwood Revival Festival this year for inspiration.