

Supporting NHS organisations throughout the pandemic

Since the Spring edition of Big Splash, NHS IMAS has focused on supporting the NHS' Covid-19 response and enabling resource to be flexibly deployed where it is needed most at a national, regional and local level; whilst continuing to respond to other requests for interim support from the wider NHS across England.

In this uncertain and challenging period, NHS IMAS has focused on being a **dependable source** for NHS organisations to meet their short or medium term interim and consultancy needs.

Supporting the National response to Covid-19

The NHS IMAS team continue to lead on staffing of the National Incident Coordination Centre (ICC) for NHS England and Improvement (NHSE/I), which includes ensuring adequate staffing levels seven days a week, identifying individuals' skillsets, matching staff to specific roles and providing on-hand support and guidance to ICC staff and the Emergency Preparedness Resilience and Response (EPRR) function.

This is a critical operational role requiring flexibility and forward planning for the next phase of the pandemic.

Sustaining NHS IMAS' Core Business

Alongside providing resource to support the Covid-19 response, the NHS IMAS team recognise that there are now additional pressures and challenges faced by all NHS organisations. Our unique core offer of providing **high-quality** and short-term support is ongoing and involves working with clients to meet a broad spectrum of challenges and understand their needs.

NHS IMAS has recently placed its pool members in a range of organisations including Foundation Trusts, ambulance trusts and arm's length bodies.

System response to Covid-19 from NHS IMAS pool members

A number of NHS IMAS pool members are on assignment supporting the Covid-19 response across the system, in 'Life on Assignment' Jeremy Pease outlines his support to Arrowse Park hospital leading on the Covid-19 isolation unit.



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Learning from the Covid-19 experience

As the NHS and society start to emerge from the pandemic, the questions and debates about learning from the experience have started in earnest already. The inevitable inquiry about events and the country's response will eventually produce its verdict. In the meantime – which history suggests will be quite a long time – the real impact on everyday life, the economy and the health and social care system will have happened.

The pandemic can be described as a unique but unwanted natural experiment for the health and social care system. Large scale changes to the delivery of many services have been implemented quickly. There have been **significant shifts in the behaviours and practices** of both patients and clinicians. Under the huge strain imposed, the

strengths and weaknesses of the system have been exposed to renewed scrutiny. There is talk about working in the endemic state, along with some enthusiasm and optimism about consolidating positive changes into permanent features. Equally, there is legitimate concern about health needs that have gone unmet and the unsustainability of adult social care.

How is all this rapidly created experience and emerging evidence to be assimilated and used to improve the delivery and sustainability of health and social care? Whatever else it may be, this situation does not look like a typical, public services, top down planning exercise. All the usual interdependencies between services, localities and organisations are in play along with the potentially conflicting interests of the economy, workforce, service users and politics.

The guiding light on this journey is the **involvement of patients, carers**

and the public in three distinct ways. Firstly, having observed pandemic induced changes in their behaviour and use of NHS services, facilitating reflection on their experience and its impact on their health needs. Secondly, with many routine services having necessarily been stopped, delayed or reorganised, involving patients and users directly in how they are reintroduced (or not). Finally, notwithstanding the current popularity of the NHS, there is the continuous need to **create and sustain a shared understanding** of the new normal and confidence that our health and social care will be fit to respond to future challenges.



Richard Jeavons

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Life on Assignment - Jeremy Pease

NHS IMAS pool member, Jeremy Pease, describes his experience of supporting the Isolation Unit at Arrowe Park Hospital at the start of the Covid-19 pandemic.

“It was February and I had just walked off the golf course when my phone rang. It’s always good to talk to Janet Walter, Director of System Capability and Operations, particularly when less than 24 hours later you are deployed as Tactical Commander for the Isolation Unit at Arrowe Park Hospital on the Wirral. The unit was set up to accommodate passengers and crew from the Diamond Princess cruise ship.

Collective effort

It’s not your usual NHS IMAS assignment but it certainly sounded interesting and so it proved to be! The team had three full days to prepare the unit and whilst it had been used before to accommodate guests evacuated from Wuhan, this was the first time that it was a full isolation facility. Through the collective effort of many NHS and Local Authority staff, the unit was successfully set up and the 35 guests from the cruise ship arrived at 10:30 on a Sunday night, tired and hungry after a

mammoth trip from Japan in the full glare of the national media.

From the very start the team agreed that we must develop a **routine and rhythm for the day to be efficient and safe** in our delivery to guests’ rooms and in the use of Personal Protective Equipment (PPE). My day started at around 7:15am, arriving on site at Arrowe Park and calling into the newsagent to collect morning papers for our guests. A quick catch up with the night concierge was followed by the Tactical Command Group (TCG) to discuss operational issues and agree those to be escalated to Strategic Command.

Importance of clear communications

Following TCG it was a quick walk to the Arrowe Park Communications team to agree issues to be included in the guest bulletin that day. We agreed to provide a guest bulletin every day to provide information and guidance directly, rather than guests having to speculate based on



internet groups and news channels.

After visiting Communications, I usually called in the onsite Public Health England office to check on the bigger picture in relation to Covid-19 and any local issues we needed to be aware of. From there it was back to the Unit to hold the morning huddle for all staff to brief them on actions and issues for the upcoming day.

Twice each week we tested guests for Covid-19 using throat swabs and were supported in this by additional nursing staff from local hospitals. Four guests tested positive and were transferred to

Infectious Disease Units across the North of England by North West Ambulance Service and Yorkshire Ambulance Service, through **one of the most efficient and caring processes I have experienced.**

My lasting memory of this assignment will be the positive can-do approach from all those involved and that if the NHS and other public bodies are asked to deliver, whatever it may be, we can, and we will and by heck we’ll do it right.”

Since this assignment, Jeremy has undertaken further work to produce a lessons learned report defining what is required to effectively ‘stand up’ an isolation unit at short notice based on his experiences at Arrowe Park Hospital.

BIG Splash

Interim Management and Support

Life on Assignment - Leaf Mobbs

“Hello, my name is Leaf Mobbs and my substantive role is as **Director of Urgent Care and Integration at Yorkshire Ambulance Service**. I have spent most of my NHS career in various operational and commissioning roles around the West Yorkshire system and so I was as surprised as anyone when a chance conversation with NHS IMAS led me to my first interim NHS IMAS secondment and national role as **Director of European Union (EU) Exit Transition**.

Of all the strangest reasons to be drawn away from a brilliant “day job” in the ambulance service, getting to play a key role in the NHS’s Brexit adventure was just too exciting an opportunity to miss. It was always going to be fairly unique and one way or another it was always going to be temporary so **working through NHS IMAS has given me a chance to go for it** without quite so much of the worry of “what next?”

Back in December 2018, I swapped the scenic roads of North Yorkshire for the 07:03 LNER from Leeds to Kings Cross and the rest is genuinely history! I have learned so much in the year I have had on EU Exit. First there was the culture shock; exposure to government officials, departments and ways of working. The way that NHSE/I national teams work with stakeholders and across Arms Length Bodies (ALBs) and regions is very different to the NHS organisations I recognise, and it has really opened my eyes to a world of policy, politics and yes – pressure. Every day has been a unique challenge and I

still don’t understand how briefing ministers, chairing teleconferences with devolved administrations (and no notice to prep!) or developing HM treasury business cases can be as stressful as some of the front-line operational roles I have had, but trust me – it absolutely is! There were the practical things about changing roles too – new abbreviations to get to grips with; communication protocols to observe so as not to inadvertently broadcast official sensitive information; printer PIN codes and security badges to be sorted but all of those creases were ironed out pretty fast.

Stressful as it has been at times, it has more importantly been one of the **most amazing and fascinating years of my working life**. I have had the best opportunity to see the NHS from an entirely different perspective and gain exposure to an extraordinary network of colleagues across the country in local, regional and national roles, all working in incomparably different roles but with the same goal and values. I have had the chance to understand the variation that exists across the NHS nationally and to see the inner workings of the machinery that delivered our NHS preparations for EU Exit. This exposure to both the breadth and depth of the service has really helped me to appreciate the positives as well as the challenges in my local patch and for the NHS nationally.



As for my CV, well of course thanks to this assignment I have also had the opportunity to demonstrate and develop a **raft of skills and experience** (and dust off some old ones!), implementing a national operational response; establishing regional and national incident co-ordination centre infrastructure and testing and exercising plans. I have facilitated workshops for every region in the country from Anfield to Taunton Rugby Club; and represented the NHS amongst ALBs at a national level in stakeholder meetings with patient groups; ministers; and independent sector partners.

There have most certainly been moments where I have thought “what on earth am I doing here?” and **if knew then what I know now would I do it all over again? Absolutely. In a blink!**”

Leaf is now on an NHS IMAS assignment as Director of Elective Care Transformation within NHS England and NHS Improvement.

BIG Splash

Life on Assignment - Andrew Cratchley

NHS IMAS pool member, Andrew Cratchley, describes his experience of supporting an NHS related Charity – Leeds Cares.

"I was delighted to be approached to meet the Chairman of Leeds Cares to discuss a potential opportunity as Interim Managing Director (MD). Leeds Cares is the official charity partner of Leeds Teaching Hospitals NHS Trust (LTHT) and one of the larger hospital charities.

Whilst I have been involved with charities in the past, this was my first opportunity to work directly for an NHS related charity and one that was particularly **close to my heart** as both of our girls were born at the Leeds General Infirmary and we have been "in and out", like most families, ever since.

The role itself was largely to return the organisation, that had gone through a period of rapid change and whose Chief Executive had recently left to take up another role, to a stable position and to provide assurance to the Board of Trustees of sound underpinning governance and internal controls.

Daily contact with the Trust's Chair, executive team and with patient facing staff was a key part of the role. Meeting patients and families of patients, both past and present was also a highlight. I started the assignment in Mid-July 2019 and we celebrated our wedding anniversary that weekend by joining in the Leeds Cares Canal Walk - taking the easy way out by just walking the 4 mile family route rather than the 26 mile "slog"!

Leeds Cares were also the official charity partner of the UCI Road Cycling World Championships and this was a key area of focus for the charity and the Trust in the run up to the event last September. The highlight of that event was the "Sportive" where over 300 (of 3500) public riders rode for Leeds Cares and **raised an impressive £125,000!** Unfortunately the weather wasn't kind to Yorkshire that week and the event was a trial for everyone concerned, lifted by the visits of HRH the Countess of Wessex who met patients from Leeds Children's Hospital (where HRH is a patron), and by the British Champion cyclist Lizzie Deignan.

This week-long event, was one of many that I was privileged to attend in my role as MD of Leeds Cares. These ranged from carol concerts, meeting volunteers and fundraisers to standing on street corners collecting and raising awareness! I met Chris, the husband of the late Dr Kate Granger who was responsible for the "Hello my name is" campaign which so many of us now pledge to and wear the badges with pride. Leeds Cares supports the campaign and this is one of many initiatives funded by the charity in support of LTHT. Leeds Cares also supports the Trust's "Time to Shine Awards" and it was great to see such **recognition of outstanding individuals** from colleagues.

Interim Management and Support



On the "business side" we introduced a number of internal controls, strengthened governance and refocused the team on the core objective as the Official Charity partner of LTHT with the aim to support staff to deliver the best patient care. I met all new starters at LTHT as part of the Corporate Induction and our slot at 9:00 am on Monday was perhaps the **best start to the week I have had in any role!**

This was an assignment that gave me a lot of personal satisfaction and a lasting commitment to supporting Leeds Cares (unfortunately the lockdown has limited outdoor events!). The relationship between LTHT and charity dates back over 25 years and to be a small part of this was extremely rewarding.

In closing I would like to thank and recognise the staff and Boards of both Leeds Cares and LTHT, for their support during the assignment and also for the work they do day in day out and in particular in the recent difficult times."

Andrew has undertaken two further NHS IMAS COVID-19 related assignments; firstly supporting the National Incident Coordination Centre for NHSE/I and then London Ambulance Service NHS Trust.

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Interim Management and Support

NHS IMAS Talent Pools are well worth joining

NHS IMAS' talent pools **support personal growth** and the development of skills and experience of future NHS Leaders. They focus on **developing the best talent** in line with the **growing workforce needs** of the NHS in England. This is particularly prevalent in the current climate due to the urgent nature of senior interim management and consultancy support needs of NHS organisations.

Building relationships with pool members

NHS IMAS' talent pools maintain a balance of 'ready to be deployed at short notice' pool members, for assignments at various levels that best match their skills, to pool members looking to develop their skills and breadth of experience across the NHS.

Once registered in the NHS IMAS talent pool, we maintain contact with pool members to ascertain their availability, ongoing interests for assignments and development needs.

Accessible tools and opportunities

Here are just a few of the benefits for NHS Pool Members:

- **Being part of a large effective network of senior NHS leaders;**
- **Mentoring and coaching, where appropriate;**
- **Access to our blending learning course - Introduction to Consultancy and Facilitation Skills;**
- **Exclusive access to regular learning webinars;**
- **Access to NHS Elect courses; and**
- **Regular feedback (when on assignment).**

Interested in joining NHS IMAS?

Whether you are an experienced NHS system leader or an aspiring NHS Director, NHS IMAS provides opportunities to **take your career to the next level** while building a better NHS for local communities. If you are interested in joining NHS IMAS, but not sure where to start give us a call today on **0113 486 0132** or [visit the NHS IMAS webpage.](#)

Already an NHS IMAS pool member?

If your circumstances have recently changed please get in contact so we can update your details and keep you informed in relation to potential assignments.

We are undertaking a data refresh exercise of the NHS IMAS talent pools so please forward an up to date CV to nhs.imas@nhs.net with details of your availability.



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Ensuring the NHS IMAS website is accessible to all

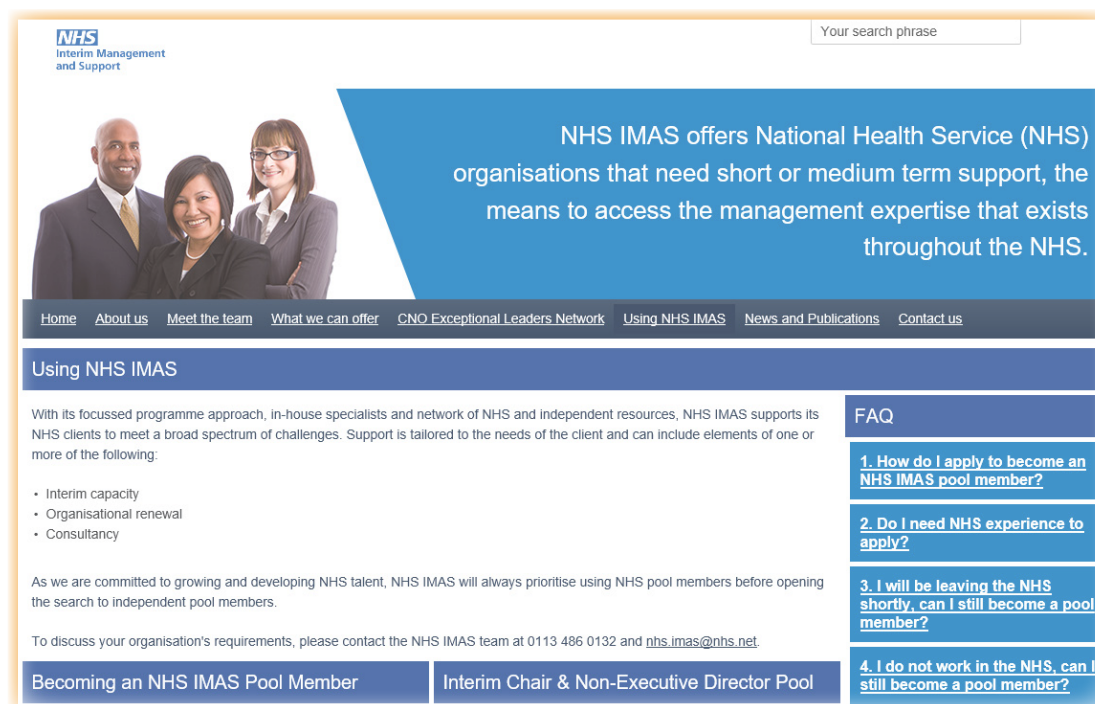
The government updated a statement at the beginning of this year stating that all public body websites must reach AA web accessibility standards by 23 September 2020. This means that websites should be built and maintained in a certain way to ensure inclusion for all. As such, meeting this standard on our website has meant we needed to make some changes.

Here are a few of the changes we've made:

- Ensured all images have an alternative text which describes what each image is
- Increased the contrast ratio, spacing and visibility of text
- Ensured all links are purposeful

An audit was undertaken upon completion of this work by our website hosts and we are pleased that they felt that we have successfully completed the necessary work to a high standard.

We welcome feedback to enable us to improve even further. If you have any comments about the website or our other communications, please let us know by [emailing us at nhs.imas@nhs.net](mailto:nhs.imas@nhs.net).



BIG Splash

Interim Management and Support

NHS IMAS team update – New additions and departures



In June we said farewell to Uzma Fazal, a long-standing Programme Manager, who left NHS IMAS for a new opportunity within NHS England and Improvement, to support the Graduate Management Training Scheme. Uzma has been a core part of the team and we are extremely grateful for her contribution and wish her well for the future.

Rob Shuker joined the NHS IMAS team from the NHS Leadership Academy in March 2020 as a Programme Manager. Below he shares some thoughts on joining the team:

'Shortly after joining the NHS IMAS central team, I was asked to temporarily provide programme management support to the COVID-19 Incident Coordination Centre based in Skipton House. The role involved identifying and recruiting NHS England and NHS Improvement EPRR trained volunteers to support the COVID-19 Incident Management team. I specifically worked on Pillar 2, looking at a number of contingency roles including; Manager, Single Point of Contact (SPOC), Coordinator, Information Manager, Guidance Coordinator, Solutions Lead and Solutions Support to support strategic response between 24 hours and two weeks. The work was varied and very reactive depending on what had happened the previous day. Speaking to the volunteers about their experiences each day made me feel proud and pleased to be contributing to the national effort, all be it in a small way. I remain in awe of all of the key workers going above and beyond each day and the sacrifices they are making in doing so.'



Hello, my name is...

Alison Davies. In my substantive post I am a project manager in the Talent Pipeline team within the People Directorate at NHS England and NHS Improvement.

How I'm supporting NHS IMAS

I am currently deployed within the NHS IMAS team to help support the response to Covid-19 by ensuring the National Incident Coordination Centre (ICC) at Skipton House is fully staffed. My key responsibilities are to maintain a central database of 200 plus volunteers and match their skills and experience to a range of ICC volunteer roles, ensuring the right levels of staffing meet operating level requirements 7 days per week. A typical day involves liaising and negotiating shift patterns with Incident Managers and volunteers to ensure a number of rotas remain staffed, to support different ICC workstreams. It also includes regular meetings and updates with the NHS IMAS team to coordinate changes to demand in operating hours and staffing levels; updating calendar invites to reflect changes to rotas and responding to volunteer enquiries.

