

How interim managers are helping to transform the NHS

Contributed by Nick Robeson, Chairman, Interim Management Association

The NHS is increasingly taking on interim managers who work alongside permanent staff to speed up the delivery of change programmes. Mistakenly, some NHS organisations decline applicants because they have no public sector experience but they could be missing out as the NHS has much to learn from those with private sector experience. The Government has set out two broad challenges for the NHS – tailor care to better meet patients’ needs and improve efficiency. The expertise and experience required to bring about this level of change, while at the same time maintaining current service levels, has led to a serious capacity and capability shortfall. There are not enough people or the expertise does not exist, or both. The goals simply cannot be achieved with existing resources.

To cope with these shortfalls, health service managers have looked outside their organisation and brought in interim managers, in some cases in large numbers. Conservatively, the Department of Health alone has about 200 interims working on a range of change programmes and projects.

It’s interesting to note that the NHS was the slowest of the public sector services to embrace interim management. Now it ranks in the latest Ipsos MORI survey as the second-largest public sector user, after local government, and growth is expected to continue.

The first wave of interims arrived in the health service about four years ago. The NHS was seen as a unique environment and, initially, private sector experience was brought in through permanent placements. But once NHS staff saw that external executives could make the private-to-public transition, it paved the way for interims. Now there is a significant number of interim managers with three or four successful health service assignments behind them.

Filling in the skills gap

A key area for interims in the NHS has been in turnaround and commissioning where the skills do not exist internally. There are also large numbers involved in helping to retrieve the national computer programme, which has been beset with difficulties and delays from the outset.

An experienced interim can take a department through two, even three, years’ worth of practical change in a short timeframe. This is the key characteristic of interim managers. They work from the inside, providing the internal team with clarity of direction and a framework in which they can achieve their targets.

One senior executive in a poor-performing trust summed up what he needed. He was new in post and was aware that quick, decisive action was required. He said everything seemed to be jostling for position as the number one priority. He needed someone with comprehensive experience, who could quickly scan the situation and help him prioritise his agenda. He wanted guidance on what to do and in what order. In this case, he was able to do the work himself, or delegate to appropriate members of his team. But he needed someone on the ground to help him navigate his way through. He was searching for a route map.

This is the kind of help interims are providing across the NHS. They have literally ‘been there, done that’. It sounds flippant but it is not. They have successfully implemented major change programmes before and they can walk into difficult situations and scope what needs to be done. They diagnose and help engage the senior team, giving them the confidence to achieve what is being demanded.

Delivering change

Many of the interims working in the NHS hold senior appointments. Here, it is not about the individual contributor, it is much more to do with working with those within the organisation and helping them to bring about the change that they have not been able to realise themselves.

The most successful interims in the health service are those who can draw on their private sector experience but also have a genuine empathy with the culture and values of the NHS. They quickly adapt to the new environment.

Elisabeth Buggins, Chair of the new strategic health authority NHS West Midlands, has said of interim management: ‘Sometimes we need new skills at very short notice and interims are good at fulfilling this role. They can also help us work out if there is a skill set we need for the longer-term and then we can frame a job description and recruit a permanent employee. Interims bring broad experience. They sit within the organisation and they actually deliver things. They are not just advising as consultants might do. They know how to analyse situations very quickly and understand what they can do within the timeframe of the contract.’

How do interims work? As Elisabeth points out, they will sit inside the NHS organisation as part of the permanent management team. They will help plan the change agenda and shape the change programme. Interims will manage the change initiative, ensure full collaboration and will build internal capability. They will work towards an agreed exit strategy and provide a smooth transition on their departure.

Working from the inside

There are significant differences in the way interims and consultants operate. With consultants, change happens from the outside in. They analyse and advise and are driven by methodology. Their accountability is shared between the client and their consulting firm. There are often pressures to buy follow-on services and they cost 43 per cent more than interims. With the interim option, change happens from the inside out. The interims are there as operators and change agents. They are experience-driven, with accountability to the client alone. They leave when the assignment is complete. In recent years, there has been some dampening of enthusiasm for consultants, largely due to a few high-profile examples where the consultancy option has failed on both cost and delivery.

There is a wealth of talent in the NHS but some are suffering from change fatigue. They are punch-drunk with the extent and speed of change being demanded. Introducing interims to a department can make an immediate impact. They might be involved in establishing a new organisation or infrastructure, transforming an organisation to achieve a set of targets or returning the trust to a sustainable financial balance.

Although the figures are rising and the expectation is that they will increase still further, barriers remain. Often health departments insist on previous public sector experience. It is a comfort factor. They often question how an outsider can deal with the sensitivities of the public sector if they have had no previous experience. They almost always revert to type. The area where this is changing significantly is in commissioning. This is because the skills for this are lacking and the best way to deliver these projects is to bring in heavyweight experience from outside.

The health service does not suit all interim managers. The ones who have found it hardest are those who are ill at ease with the values that underpin the public sector. For those who enjoy health service assignments, there is enormous satisfaction delivering a project through to completion, as they see their talents being sucked up more readily than they might be within a commercial organisation.

More than problem solvers

With the current difficulties facing the NHS, there is a danger that interims are only seen as experts who can turn around a problem situation and it is true that many are there at the moment to do exactly that. But in the private sector, interims are being used more proactively. They are helping successful organisations deliver strategic programmes, which are not initiated on the basis of recovery but are about growth and development. Because interims have so often been used in the turnaround context, they should not be associated in the health service with this area of expertise alone.

Interim managers are delivering efficiencies through better management, raising levels of in-house knowledge and skills, and through implementing complex change programmes to tight deadlines. It is clear they will continue to be major contributors if the Government is to meet and maintain its targets for a better, more efficient NHS.