

# Life as an NHS Interim Professional

---

How to Survive and Thrive



# Life as an NHS Interim Professional

A "How to..." Guide

- 1. How to Protect One's Interests**
- 2. How to Recognise Red Flags**
- 3. How to Identify Key Relationships**
- 4. How to Counter "Not Invented Here" (NIH) Resistance**
- 5. How to be Different**
- 6. How to Deliver**
- 7. How to Manage Concurrent Assignments**

# Life as an NHS Interim Professional

A "How to..." Guide

# 1

## How to Protect One's Interests

... and those of the End-Client



# How to Protect One's Interests

... and those of the End-Client

- **Embrace IR35 – create a contractual framework**
  - Perform Key IR35 Status Tests
    - Personal Service/Substitution
    - Supervision, Direction or Control
    - Mutuality of Obligation
- **Don't neglect Commercial Terms & Conditions**
- **Agree a counter-signed "Statement of Work"**
- **Obtain end-client Purchase Order before starting work**

# How to Protect One's Interests – Action Points

## Critical (Pre-emptive) Success Factors

- Have contract of engagement and “Ways of Working” supporting documents been signed off?
- Has the Purchase Order been raised and approved? “No PO, No Pay!”
- Have the project budget holder and authorising signatories been confirmed?
- Do you have all the detailed information you need to raise invoices? Don't give the end-client any excuse to delay or withhold payment!

# Life as an NHS Interim Professional

A "How to..." Guide

## 2

# How to Recognise Red Flags

... and when to "bail out"



# How to Recognise Red Flags

## Common warning signs

- **Has access to key data, systems and people been restricted?**
- **Are there conflicting objectives from key end-client stakeholders?**
- **Is stakeholder engagement waning over time?**
- **Is there resistance to the project from operational staff?**
- **Has invoice payment been delayed and/or withheld?**

# How to Recognise Red Flags – Action Points

## Critical Success Factors



Notify end-client stakeholders earlier rather than later of (potential) problems



Ensure goal congruence from all stakeholders – does everyone have a common purpose and direction of travel?



Ensure “Buy In” – inform and educate operational staff of project benefits



Don't be afraid to bail out! (whilst complying with contract)



# Life as an NHS Interim Professional

A "How to..." Guide

## 3

# How to Identify Key Relationships

... and how to exploit them!



# How to Identify Key Relationships

What positions do they hold?

- **Apart from key end-client stakeholders...**
  - The Accounts Payable Officer responsible for processing your payments
  - Your engager's Personal/Executive Assistant
  - Site Reception/Security/Cleaning staff
  - Site Catering Manager
- **Your mentor/sounding board/advisor/guru**

# Life as an NHS Interim Professional

A "How to..." Guide

## 4

# How to Counter NIH Resistance

... and influence others' behaviours



# How to Counter “Not Invented Here” Resistance

... and influence others' behaviours

- **“We’ve always done it this way here!”**
  - “How will my job change?”
  - “This is our Trust, not yours!”
  - “You can’t apply generic best practice here – we’re different!”
- **Obstacles to change will be higher than any you’ve experienced as an employee**
- **Leverage your existing experience of internal change projects to find the best approach**

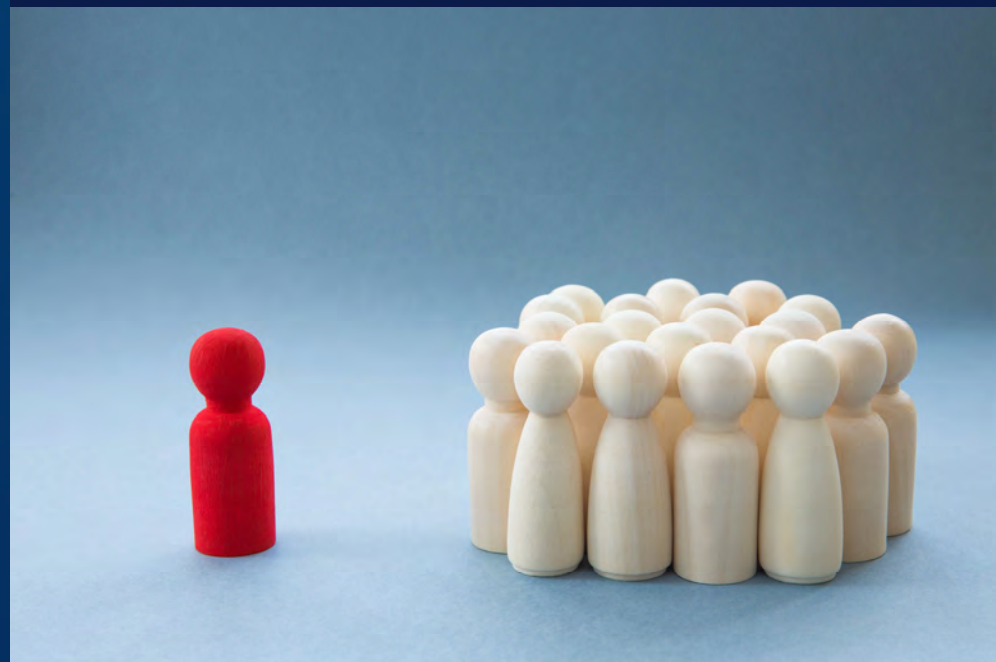
# Life as an NHS Interim Professional

A "How to..." Guide

# 5

## How to be Different

... and why working differently is a  
must



# How to be Different

... and why working differently is a must

- **Typically, in house, “conventional” methods have failed**
  - otherwise, you wouldn't have been engaged!
- **Analyse what didn't work in the past...**
  - and consider doing the polar opposite!
- **Make the most of your “outsider” status**
  - You should have licence to disregard line management constraints and consult freely

# Life as an NHS Interim Professional

A "How to..." Guide

## 6

### How to Deliver

... and why sometimes it's better that the assignment "fails"



# How to Deliver

... and why sometimes it's better that the assignment "fails"

- **Sometimes, drop methodology and protocol to "Get The Job Done"**
- **Assess the cost (to you and the end-client) of taking precipitous action**
  - key question: is the end-client's requirement recurrent or one-off?
- **Has "busting a gut" resulted in**
  - dissatisfaction/resentment/reputational damage on your part and
  - unrealistic future expectations from the end-client
- **Is "assignment failure" preferable?**
  - if wider end-client benefits result



# Life as an NHS Interim Professional

A "How to..." Guide

## 7 How to Manage Concurrent Assignments

... and why it's a "Good Thing"



# How to Manage Concurrent Assignments

... and why it's a "Good Thing"

- **Not recommended for newbies**
- **Effective time and resource management critical**
  - coordinating diaries
  - segregating and securing different clients' data
- **"A Change Is As Good As A Rest"**
- **The more diverse the assignments the better (for your sanity)**
- **Commercial security – not reliant on a single income stream**

# Life as an NHS Interim Professional

Any further questions?

**George Applegate**  
**Managing Consultant**

[george@systrans.co.uk](mailto:george@systrans.co.uk)

**(07375) 119734**

<https://www.linkedin.com/in/systrans-george-applegate>

