

# Interim Executive CV

## Wari Orumbie MBA

Interim Executive | Transformation & Turnaround | Programme Recovery & Governance

*"I deliver rapid, measurable impact in organisations facing transformation crisis."*

### The Interim Value Proposition

Organisations engage interim executives when they need immediate impact, not long-term planning. The board has lost confidence. The programme is failing. The team is in disarray. The governance is broken. There is no time for a gradual approach.

I am engaged to deliver rapid, measurable outcomes in a defined timeframe. My role is to diagnose, intervene, stabilise, and transition — leaving the organisation stronger than when I arrived.

**Typical interim engagements:** 3-12 months. **Typical outcomes:** Programme recovery, governance stabilisation, team realignment, benefits acceleration, capability build, and transition to permanent leadership.

**I am currently available for interim roles.** Following redundancy from NHS England in April 2023, I took a planned career break to focus on family, wellbeing, and professional development. I founded Wicco Ltd and Tiny Mic Big Wisdom, mastering AI innovation and digital strategy. This period refreshed my leadership toolkit. I am now fully committed to returning to NHS or public sector transformation leadership.

### The Interim Problems I Solve

Condition	The Crisis	The Response	Typical Timeline
<b>Programme in freefall</b>	Programme is months behind, budget overrun, board has lost confidence, benefits not materialising	Rapid diagnostic, immediate intervention, recovery plan, stabilisation	2-6 weeks to stabilise; 3-6 months to recover
<b>Governance collapse</b>	Decision-making has stopped, accountability is unclear, multiple competing priorities, no strategic focus	Governance redesign, priority clarification, decision authority, reporting rationalisation	4-8 weeks to redesign; 2-4 months to embed
<b>Team in crisis</b>	High turnover, low morale, unclear roles, poor performance, no leadership	Team restructuring, leadership development, culture change, communication architecture	2-4 weeks to stabilise; 3-6 months to rebuild
<b>Clinical-Operational breakdown</b>	Clinical and operational teams are in conflict, change is being resisted, patient care is at risk	Clinical leadership embedding, co-design, integrated governance, front-line engagement	4-8 weeks to align; 3-6 months to integrate

Condition	The Crisis	The Response	Typical Timeline
<b>No evidence of value</b>	The organisation cannot demonstrate outcomes to funders, regulators, or the board	Benefits framework, live tracking, independent validation, evidence-based reporting	2-4 weeks to establish; 3-6 months to demonstrate
<b>Capability vacuum</b>	The organisation is dependent on external resource, no internal leadership pipeline, no succession plan	Capability build, leadership development, knowledge transfer, transition design	3-6 months to build; 6-12 months to transition

## Interim Evidence of Rapid Impact

### Week 1-2: Diagnostic & Stabilisation

- **Within 10 days of the PMO transformation engagement**, completed a diagnostic across the urgent care, cancer, and workforce portfolios, identified critical blockers, and stabilised governance with an emergency steering committee meeting. The PMO was repositioned from a reporting function to a strategic partner within 4 weeks.
- **Within 6 weeks of the Carter Review engagement**, completed deep-dive diagnostics across 5 challenged NHS Trusts, identified workforce productivity blockers, and implemented rapid improvement workshops that delivered immediate wins.

### Month 1-2: Recovery & Realignment

- **Within 6 weeks of the PMO engagement**, restructured reporting from manual to automated dashboards, renegotiated analyst workload, and implemented a fortnightly executive review cycle. The PMO returned to strategic status within 8 weeks and delivered a 15% productivity increase.
- **Within 8 weeks of the Elective Surgical Hubs engagement**, developed national accreditation framework, aligned Trust CEOs and Clinical Directors, and established governance with clear authority. The first hubs were accredited and operational within 10 weeks.

### Month 3-6: Delivery & Acceleration

- **Delivered £97.5m in quantified NHS productivity savings** within 24 months of Carter Review intervention — savings that were tracked, validated, and sustained.
- **Delivered 128% increase in surgical hubs and 60% reduction in patient wait times** within 18 months of Elective Surgical Hubs programme launch — all within the £1.5bn budget and on schedule.
- **Improved workforce productivity by ~20%** within 18 months of e-rostering/e-job planning implementation, with national standards adopted and sustained.

### Month 6-12: Capability Build & Transition

- **Built internal leadership capability** across the regional PMO, promoting analysts to programme managers and reducing external dependency on consultancy support.
- **Developed and handed over the Levels of Attainment framework** to NHS England national teams, who sustained and expanded the framework beyond the programme closure.
- **Trained and transitioned** the NHSBT manufacturing team to self-sustaining Lean improvement capability, with continuous improvement embedded in daily operations.

## Interim Engagement Track Record

Engagement	Organisation	Role	Duration	Challenge	Outcome
Elective Surgical Hubs	NHS England	Senior Programme Manager	18 months (Oct 2021 – Apr 2023)	£1.5bn national programme with no operating model, no accreditation framework, and 91 sites to coordinate	128% hub increase, 60% wait time reduction, national accreditation framework adopted, delivered on time and budget
Carter Review Workforce Productivity	NHS Improvement	Implementation Lead	30 months (Apr 2017 – Sep 2019)	National workforce productivity improvement across 30+ Trusts with no common framework	£97.5m savings, 10% productivity increase, Levels of Attainment framework adopted nationally
Regional PMO Transformation	NHS England & Improvement	Head of Transformation	7 months (Sep 2019 – Mar 2020)	PMO operating as bureaucratic reporting function, not strategic partner	80% admin reduction, 15% productivity increase, 20% response time reduction, PMO repositioned as strategic asset
Workforce Digital Transformation	NHS England & Improvement	Clinical Workforce Productivity Senior Manager	18 months (Apr 2020 – Oct 2021)	E-rostering and e-job planning implementation stalled, clinical and operational teams not aligned	~20% productivity improvement, Meaningful Use Standards adopted nationally, COVID-19 workforce resilience delivered

Engagement	Organisation	Role	Duration	Challenge	Outcome
Manufacturing Operational Improvement	NHS Blood & Transplant	Manufacturing Team Manager	7 years (Feb 2010 – Mar 2017)	Manufacturing team operating with inefficiency, no structured improvement, recurring quality issues	33% efficiency increase, 25% lead time reduction, digital systems implemented, MHRA/FDA compliance maintained

## The Interim Methodology: Rapid ASCEND

For interim engagements, I apply an accelerated version of the ASCEND framework:

Phase	Week	Actions	Deliverables
<b>Assess</b>	1-2	Rapid diagnostic across all workstreams, stakeholder mapping, data audit, current state assessment	Diagnostic report (10 pages, board-ready), stakeholder map, critical blocker list, quick win identification
<b>Simplify</b>	2-4	Portfolio rationalisation, governance redesign, priority clarification, reporting simplification	Simplified programme plan, redesigned governance structure, 2-page board pack, decision authority matrix
<b>Collaborate</b>	2-6	Executive alignment, team restructuring, clinical-operational integration, communication architecture	Aligned executive team, restructured programme team, integrated governance model, communication plan
<b>Execute</b>	4-12	Milestone delivery, benefits tracking, vendor management, change control, board reporting	Programme plan with milestones, live benefits register, vendor performance dashboard, fortnightly board pack
<b>Nurture</b>	8-12	Leadership development, capability transfer, knowledge management, succession planning	Leadership development plan, capability transfer schedule, knowledge repository, succession plan
<b>Demonstrate</b>	12+	Outcome measurement, benefits validation, sustainability assessment, transition	Outcome report, validated benefits statement, sustainability assessment, handover documentation

# Why Interim, Not Permanent

I choose interim roles because they offer three things that permanent roles cannot:

1. **Immediate impact.** No onboarding curve, no political positioning, no gradual build-up. I am brought in to fix a specific problem, and I am measured on whether I fix it. 2. **Objective perspective.** I have no history, no loyalties, no future in the organisation. I can tell the truth, challenge the board, and make difficult decisions without political constraint. 3. **Defined accountability.** The engagement has a clear scope, a clear timeline, and clear outcomes. Success is unambiguous.

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## Interim Leadership Principles

1. **Speed is a strategy.** The first 48 hours set the tone. The first 2 weeks establish credibility. The first month delivers evidence. 2. **Truth is non-negotiable.** I tell the board what the data says, not what they want to hear. This is why I am hired. 3. **Simplify ruthlessly.** In crisis, complexity is fatal. The first act is to reduce to essentials. 4. **Build while you deliver.** Even in a 3-month engagement, the organisation must be stronger when I leave than when I arrived. 5. **Transition is the deliverable.** The last month is about handover, not acceleration. The internal team must own the outcome.

## Values

My leadership is grounded in respect, compassion, and inclusion. I listen before acting, hold myself accountable for outcomes, and create environments where teams succeed together. These values are not aspirational — they are the standard by which every programme is judged.

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## Education & Professional Development

- **MBA** — Strategy, Marketing, Creative Innovation and Business Operations | The Open University | 2007
  - **BSc (Hons) Medical Biochemistry** | University of Surrey | 1995
  - **QSIR Virtual Programme** | NHS England & NHS Improvement | 2021
  - **Benefits Management Intermediate** | NHS Digital | 2022
  - **An Insight into Project Management** | Kirkwood Consulting | 2025
  - **Continuous Improvement Programme — Silver Level** | NHS Blood & Transplant | 2015
  - **BSQR Auditor Training** | NHS Blood & Transplant | 2013
  - **Mental Health First Aider** | Apex Mindset | 2024
  - **Digital Marketing Certificate Level 2** | Staff Skills Academy+ | 2026
  - **Introductory Event to Personal Coaching** | The Coaching Academy | 2009
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## Contact

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- **Phone:** +44 7956 420364
- **Location:** London, UK
- **SC Clearance:** Eligible
- **Availability:** Immediate — seeking interim / permanent NHS or public sector transformation roles
- **Notice Period:** Zero (available immediately)
- **Willing to Travel:** UK-wide

- **Website:** [www.tinymicbigwisdom.com](http://www.tinymicbigwisdom.com)
  - **Advisory Call:** [To be set up]
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*This Interim Executive CV is tailored for interim CEO, interim Programme Director, interim Transformation Director, and senior improvement roles. It is not a chronological CV. It is a rapid-impact capability document for organisations in crisis that need immediate, measurable transformation leadership.*