

Results of MiP's survey of senior manager members in March 2021 – further evidence for the NHS Pay Review Body

Managers in Partnership (MiP) represents 6,000 senior managers in the health and care system. Our members are employed in Agenda for Change 8A to chief executive level. They work in the full range of managerial disciplines: operational, clinical, corporate services and regulation. Most work in the NHS in England.

In late February and early March we surveyed our members on pay. They were asked to consider both their own position as employees but also that of the staff that they manage. We believe that as senior managers these members offer an important perspective to the NHS Pay Review Body.

We received 828 responses to the survey, almost 15% of the total membership. The distribution across the bands we represent was representative (8A 25%, 8B 21%, 8C 19%, 8D 12.5%, 9 7%, other 15%). Eleven per cent of respondents had worked in their band for less than a year, 13% for 1 – 2 years, 25% for 3 – 4 years, 28% for 5 – 9 years, and 23% for 10 or more years.

A significant pay rise is a reasonable response to the past 12 months

The response from our members on the question of a pay rise has been significant and consistent.

When we asked our members how satisfied they are with the overall arrangements for their pay, almost 60% are dissatisfied with their pay (41% dissatisfied, 16% very dissatisfied). When asked to compare their pay with the private sector, 65% said they believed their pay to be worse than similar roles in the private sector.

When asked if a significant pay increase would make them more likely to remain working in the NHS, 80% said yes.

In giving reasons for their answers, the most common was the importance of recognising their efforts—not only for keeping the health system functioning during a pandemic, but in recognition of other aspects of their work, also. Many responses raised the loss of time with their families, huge amounts of unpaid overtime worked, and additionally exhaustion, stress and traumatic experiences during the pandemic as significant factors as to why they feel that staff deserve to be awarded a significant pay rise above inflation.

These conditions have applied to many members. When surveyed during the first wave of the pandemic, 24% of MiP members said they were working more than 20 to 25 hours of unpaid overtime per week, and 60% worked between 5 and 20 hours of unpaid overtime a week.

Managers must be treated fairly and consistently

There is a concern in our members' responses that managers and senior staff are not always treated fairly and consistently when it comes to pay and other terms and

conditions. They point to differential approaches on overtime and the structure of pay awards and frameworks.

These differences undermine confidence in overall pay arrangements. They are an ongoing risk to the morale of a group of staff with critical responsibilities. These include planning and delivering the operational response to the pandemic, supporting the health and well-being of other staff, especially those at most risk, and working on the recovery of the NHS as it stands up the fuller range of services again.

Managers are gravely concerned for their staff

The main theme running through the responses to our survey was the grave concern of our members for the staff they manage. Nearly all our respondents have line and senior management responsibility for other members of NHS staff.

When asked if a significant pay increase would make their staff more likely to remain working in the NHS, 92% of respondents said yes.

Our members reported that they do not feel that anything other than a significant pay rise could properly reward the work they have witnessed from their staff over the past twelve months. They are also concerned that a sense of not feeling valued by a pay award will amplify feelings of burnout and stress, creating further conditions for leaving the service, which we explore below.

There was also repeated mention of how our members believe a pay rise could help close the economic generational gap and help younger staff members achieve increasingly difficult goals such as home ownership.

There was also a pronounced concern for the position of lower paid colleagues with 49% of members supporting a percentage increase with a minimum cash award and 18% a flat cash award across all bands. A third favoured a percentage increase only.

Recruitment and retention of NHS staff is critical in the next two years

The threat to the future functioning of the NHS from recruitment and retention difficulties cannot be overstated in the responses from our members. The consequences of the mass exodus which many members describe as a distinct and perhaps even likely possibility could leave key parts of the health system on the brink of collapse.

Forty-six per cent of respondents to our survey were aware of recruitment difficulties in their organisation for managers and other senior professionals in bands 8 and 9, and 51% were aware of retention difficulties. Seventy-one per cent were aware of recruitment difficulties for other staff, and 63% were aware of retention difficulties for other staff.

There were pre-pandemic estimates of 100,000 vacancies already in the NHS, and if these vacancies increase because of retention issues, the situation will become untenable in many areas and services.

More concerning are the high percentages of our members who are considering leaving the service altogether. Forty per cent of our members strongly agreed that they had seriously considered leaving the NHS in the last 12 months, and 28% agreed. Eighteen per cent strongly agreed with the statement, "I would like to leave the NHS as soon as possible", and 19% agreed.

Sadly, only 58% of our members would now recommend a career in NHS management to a family member or a friend. From a group of dedicated NHS professionals this should ring alarm bells, given the demands and expectations on managers and other staff will be sustained and even grow over the next two years.

When it came to their own colleagues, 23% strongly agreed with "staff in my organisation are more inclined to look for a job outside the NHS than they were 12 months ago", and 38% agreed.

Fifty-one per cent of respondents said that they were considering bringing forward their own retirement, and 42% said that staff that they manage are considering bringing forward their retirement.

All these responses paint an alarming picture of an imminent and real threat to system function—especially the retirement statistics, as if staff leave the NHS there is at least a possibility they will return, but if staff retire in huge numbers then they are likely to be lost to the system forever.

The economic consequences within the private sector affect NHS staff

The impact of the pandemic upon the private sector in the UK has been considerable. The Office for Budget Responsibility expects 2.2 million people to be unemployed at the end of the year, or 6.5% of all workers, the vast majority of whom will work in the private sector. The outcomes for many private sector staff during the pandemic have been poor.

Our survey results show that this impact has been felt directly by NHS staff. Many NHS staff live in households where one or more adults has lost a job or been furloughed, and where economic pressure upon them as the main breadwinner has therefore increased.

The position is no different for NHS managers. Compared to 12 months ago, 39% of our members said that their NHS salary is now a larger part of their total household income, and, of those members, 62% said this was caused by changes to the earnings of others in their household.

A pay rise for NHS staff will not only give an opportunity to pump money back into local economies, allowing NHS organisations to act as anchor institutions in their local areas, it will also directly assist workers who have lost their jobs within the private sector.

Managers in Partnership (contact Mercedes Broadbent:
m.broadbent@miphealth.org.uk)

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Comments from MiP members taking part in the pay survey

1. A pay rise would be recognition of how terribly awful it has been trying to struggle through a year doing two to three jobs at the same time and risking my life and that of my family by keeping on commuting to work every day in non COVID secure environments. I have no idea yet what the long term impact will be of witnessing so much death and trauma and 1% feels particularly insulting given how many of our people are suffering for their commitment to the NHS and our communities.
2. For 12 months now I have almost not had a day when I wasn't working. I may have had days off, but these have often been populated with calls in respect to work, or spent planning the next part of the quickly evolving plan.
3. We have given everything, absolutely everything of ourselves. We have done this without any remuneration or benefit to us personally or our families who have sacrificed as well. A significant pay increase would mean recognition and acknowledgement of everything we do daily before, during and will do beyond this pandemic. It would retain the commitment of dedicated professionals and it would improve confidence in our government in their intention to support our NHS at grass roots.
4. A pay rise would mean some recognition for every evening and weekend hours worked over the last year at the expense of time with my children/partner or for me. I have never worked so intensely over such a long period of time (60+ hrs each week sometimes 10-11 consecutive days). The physical and mental health toll can never be compensated.
5. A pay rise would mean that all the thousands of extra unpaid hours I have done for the NHS since 2005 would be finally recognised and valued. I am so sick and tired of being treated like I'm worthless.
6. I have worked 3 months of overtime in a period of 10 months from March 2020 to Dec 2020. I worked weekend, nights, and I am now seeking mental health treatment and have been significantly impacted for the rest of my life.
7. Staff have been treated like canon fodder. If I didn't need the money I would've resigned, which is soul destroying because I used to love my job but now it fills me with dread and I'm permanently exhausted.
8. A pay rise would give credibility to the words the Prime Minister and others say, otherwise it's lip service. Worrying that your job could be the death of someone you love for such an extended period of time is difficult.
9. 1% is an insult, it's says that you are your teams are not worth it.
10. I absolutely love my job and i can't imagine leaving the NHS any time soon as I am really passionate about the work I get to do. However, the pay is frustrating. I ask myself 'what would we have to do to be recognised as deserving of pay that rises with inflation?'
11. This offer is being portrayed as how ungrateful we are for the crumbs when others can't have crumbs.
12. 1% is an absolute disgrace. My team and myself have all been transferred across the county to help in ITU then emergency theatres, putting our own safety at significant risk. I have seen several of my own colleagues die of covid and I am exhausted.
13. We've been worried first and foremost about taking a deadly disease home to our families and killing them. A member of my team spent several nights sleeping in his car until he could arrange alternative accommodation, because he didn't want to risk infecting his elderly parents. That dedication is worth a clap and 1%?
14. The offer from the government is derisory and a bloody disgrace. They should be ashamed but they won't be. They clearly hold the NHS and all that work in it in utter contempt.

15. This country has got through the pandemic on the backs of NHS staff - clapping doesn't feed my children.
16. A pay rise is essential for colleagues reliant on foodbanks.
17. A pay rise would likely stop my staff from seeking employment outside of the NHS. After the news of the 1% many have said that they have no choice but to seek employment outside of the NHS. They were desperately hoping that all the clapping and the rainbows would mean something material to them.
18. Morale is on the ground, 1% is a slap in the face for my team – I am embarrassed to even discuss this proposal with them.
19. I see people struggling. Many are now the single or main earner in a household. Morale is lower. For years the NHS has been powered by goodwill. We all do a bit more and work a bit longer than we should because we care. We still do because we want our local hospital succeed. But when the government is running us into the ground a breaking point will be reached.
20. My staff all attended work premises during the lockdown, worked evenings and weekends as took on any covid related activities on top of their usual (already heavy) workload. It is essential that the employer shows some level of recognition and reward for a heavy year which has taken its toll on the team, both psychologically and physically.