Managers in Partnership evidence to the Senior Salaries Review Body 2027/28

Introduction

Managers in Partnership (MiP) is the specialist trade union for managers and leaders working across health and care. We represent more than 10,000 members, from Agenda for Change band 8a through to very senior managers (VSMs), executive and senior managers (ESMs) and chief executives.

Our evidence draws substantially on MiP's 2026 Senior Manager Pay Survey, which received 79 responses from current MiP VSM/ESM members. As in previous years, we also separately surveyed a group of members on senior AfC terms who indicated they are currently open to, or previously considered, applying for VSM/ESM roles – this survey received 70 responses.

Where comparable questions were asked in our 2025 survey, we have included year-on-year findings to identify changes in the experience and attitudes of senior NHS managers.

Executive summary

VSMs and ESMs are working during an exceptionally difficult period. Senior managers are being asked to deliver major reform, organisational restructuring, significant financial savings and improvements in productivity and performance, while many organisations are simultaneously reducing management capacity.

MiP's evidence points to a senior management workforce working significant additional unpaid hours and facing continued uncertainty over jobs, organisational structures and pay.

Our survey found:

- 26% of respondents work 20 or more additional unpaid hours each week, up from 17% in 2025.
- 59% often think about leaving their organisation, while 41% say they will leave as soon as they can find another job, up from 33% in 2025.
- 87% said their organisation has been impacted by organisational change in the previous 12 months.
- 85% said headcount reductions and system changes were affecting their or their organisation's ability to focus on priorities for patients and work productively, up from 73% in 2025.
- 66% were aware of pay overlap anomalies between VSM/ESM and Agenda for Change salaries.
- 80% supported VSM/ESM annual awards being at least equivalent to Agenda for Change awards.

- Among VSM respondents, the proportion saying the framework made them less willing to take a role in a challenged organisation rose by more than a quarter, from 44% in 2025 to 72% in 2026. None said the updated framework made them more willing to take on such roles.

- 88% of VSM respondents opposed extending the withholding of pay awards to organisations in segments 3 and 4 of the NHS Oversight Framework.

- 80% of senior Agenda for Change staff surveyed said board-level roles carry greater career risk than other NHS roles, while only 32% believed board-level salaries adequately reflect their greater demands and responsibilities.

Our evidence suggests that aspects of the current pay framework risk working against the NHS's recruitment and retention objectives. The overlap with Agenda for Change can mean that promotion brings little or no financial benefit, withholding annual awards makes the most challenging organisations less attractive and delays in implementing national awards undermine confidence in senior manager pay arrangements.

MiP believes the 2027/28 settlement must begin to address these structural problems, as well as provide an appropriate increase in pay.

The impact of organisational change

We noted last year how the government's reorganisation of the NHS in England was having a profound impact on the remit group. Senior managers are being asked to lead services through financial pressure, restructuring and reform while continuing to deliver safe services and improve productivity and performance. Our survey this year shows that impact is still being felt throughout the system and has in many ways worsened.

Just under 9 in 10 respondents said their organisation had been affected by organisational change in the last 12 months, compared with 8 in 10 last year. 85% agreed that headcount reductions and system changes were affecting their or their organisation's ability to focus on priorities for patients and carry out work productively, compared with 73% in 2025.

One respondent told us: "The successive and relentless restructures make it nigh impossible for managers to manage."

Similarly, 82% said change was affecting their own or their colleagues' wellbeing, up from 68%. 76% were worried about their team's job security, compared with 68% last year, while 65% were worried about their own job security.

This context is important as senior managers are being expected to lead major workforce and organisational change while maintaining services and delivering reform. Yet, 18 months on from the initial announcement, members tell us there is still too little clarity about where key roles and functions will ultimately sit across the system. This prolonged uncertainty is contributing to continued upheaval for managers, with no clear end point in sight.

As one member said:

“Too often the team is changed on repeat… thereby resetting the process leaving the organisations in perpetual churn. Lifespan in these roles is too short!”

These findings demonstrate that the demands and uncertainty associated with senior NHS leadership are increasing. The pay framework needs to recognise the additional responsibility involved in leading organisations through sustained change, particularly where managers are being asked to deliver significant workforce reductions while protecting operational performance and patient services.

Workload and morale

The impact of these changes is now being felt across the NHS. As management posts are reduced and experienced managers leave organisations at different levels of the system, the work they previously carried out does not simply disappear. Responsibilities must either stop, be redistributed among remaining managers or fall elsewhere in the workforce.

MiP's survey suggests that this reduction in management capacity is coinciding with growing pressure on those who remain. Senior managers continue to work substantially beyond their contracted hours. In 2026, 80% of respondents reported working more than five additional unpaid hours in an average week. Most concerningly, 26% reported working 20 or more additional unpaid hours in an average week, compared with 17% in 2025.

These long working hours sit alongside continued pressure during the working day. 57% of respondents said they often or always experience unrealistic time pressures. This is an improvement on the 75% reported in 2025, but still means that a clear majority of senior managers regularly feel they do not have realistic time in which to deliver what is expected of them.

MiP is concerned that, as headcount reductions start to bite, a smaller management workforce is being asked to absorb substantial additional responsibility while continuing to deliver organisational change and maintain services. By contrast, paid additional hours remain extremely uncommon.

The qualitative responses reinforce this concern. As one senior manager told us:

“The increased pressure to deliver without the resources is unrealistic.”

Another respondent said:

“You cannot do more with less. If you want change in infrastructure you need more people who provide the infrastructure not less.”

Our survey found some improvement in wellbeing indicators compared with last year, which MiP believes is important to acknowledge. The proportion reporting that they had felt unwell because of work-related stress during the previous 12 months fell from 68% in 2025 to 59% in 2026. The proportion coming to work despite not feeling well enough to perform their duties fell

from 72% to 57%, while the proportion reporting that they always or often felt burnt out fell from 45% to 39%.

Nevertheless, these remain concerning levels of work-related ill health. Taken together with the growth in exceptionally long unpaid working hours, the findings underline the importance of ensuring that reductions in management headcount do not simply result in an unsustainable workload being transferred to those who remain.

Recruitment and retention

MiP remains concerned about the NHS's ability to retain experienced managers and leaders. Our survey suggests that intentions to leave are becoming more pronounced at precisely the point when the NHS needs experienced leadership to deliver major reform and organisational change.

59% of respondents agreed that they often think about leaving their organisation, compared with 55% in 2025. 55% said they would probably look for a job with another organisation within the next 12 months.

More significantly, 41% agreed that they would leave their organisation as soon as they could find another job, up from 33% in 2025.

Only 23% of respondents answering our question about their likely destination said they were not considering leaving their current job. Just over one in three (35%) said they would look for a role in another NHS organisation, others were considering moving outside the NHS, leaving healthcare altogether, retiring or taking a career break.

Among respondents asked specifically about the impact of headcount reductions and system change, 56% agreed that these changes made them more likely to look for another job in the next 12 months.

Last year MiP warned that continued pressure on the remit group risked encouraging experienced leaders to “vote with their feet”. This year's evidence suggests that risk has increased. One respondent with more than 20 years' NHS service, who had built their career around an ambition to become a chief executive, told us:

“I am actively pursuing a route out of the NHS… progressing my career within the NHS is no longer an option for me.”

The wider findings raise concerns not only about retention in individual organisations, but about the attractiveness of NHS management as a career. 85% of respondents said they felt government recognised and valued their role either only “a little” or “none at all”. Only 35% of VSM/ESM respondents said they would recommend NHS management as a career, the lowest level recorded among the remit group in MiP’s surveys and down from around 40% last year.

Delivery of the 2026/27 pay award

MiP is concerned about the delay and uncertainty surrounding implementation of the 2026/27 pay award for VSMs and ESMs.

Despite a 3% award having been confirmed, almost 9 in 10 VSM/ESM respondents had not received the award at the point they completed our survey. Importantly, these delays are affecting managers in organisations where there is no current prospect of the award being withheld under the VSM pay framework.

Timely payment of awards matters to managers. 69% agreed that it was important to them that their annual pay award was in their pay packet in April each year. Determining pay awards earlier is of little benefit if implementation continues to be delayed. Senior managers should have the same reasonable expectation as other NHS staff that once a national award is confirmed, that it will be implemented promptly and consistently.

The delay is particularly concerning in the context of the retention evidence set out above. Continued uncertainty over whether and when national pay awards will be received risks further weakening the incentive for experienced leaders to remain in demanding senior roles.

Pay is not the only factor driving retention, but these delays and the uncertainty attached are entirely avoidable.

MiP believes national annual pay awards should be implemented automatically, consistently and applied to salary ranges once confirmed.

Pay overlap anomalies with Agenda for Change

The relationship between Agenda for Change and VSM/ESM pay remains one of the most significant structural problems in senior manager remuneration.

66% of VSM/ESM respondents said they were aware of pay overlap anomalies within their organisation, including situations where Agenda for Change colleagues were paid more than VSMs or ESMs.

This is particularly acute at Band 9. Respondents repeatedly raised examples of experienced Band 9 staff having little or no financial incentive to progress into VSM or ESM positions.

As one member told us:

“Band 9s on AfC (top of band) are now often paid more than ESM1s!”

Another highlighted the direct consequence for progression:

“We are now at the stage where people are refusing promotion because they can't afford to be promoted…!”

While this clearly raises questions of fairness and whether senior managers are being appropriately rewarded for the responsibilities they carry, the consequences go further. The erosion of the pay differential is affecting whether experienced managers are willing to progress into more senior roles.

Moving into a VSM or ESM role generally means taking on greater organisational responsibility and accountability, greater job and career risk and, in many cases, longer hours and the loss of Agenda for Change contractual benefits or additional payments. If this is accompanied by little or no increase in overall reward – or even leaves an individual financially worse off - there is a clear disincentive to promotion.

This has consequences for the NHS leadership pipeline. At a time when the service needs to retain and develop experienced leaders, the pay system should encourage capable managers to take on greater responsibility, not create financial reasons for them to remain in Agenda for Change roles.

MiP recognises that the SSRB has made a number of recommendations in recent years aimed at addressing this issue, which we have welcomed. However, there is little evidence that these measures have yet had a significant impact on the pay overlap between Agenda for Change and VSM/ESM roles.

MiP asked respondents how this problem should be addressed. 80% supported increasing VSM and ESM pay by at least the same percentage as Agenda for Change annual awards.

Allowing VSM/ESM awards to fall behind Agenda for Change awards further compounds this issue. The 2026/27 settlement, in which VSMs received 3% compared with 3.3% for Agenda for Change staff, has therefore moved the two structures in the wrong direction.

MiP recommends that the 2027/28 VSM/ESM award should be no lower than the equivalent Agenda for Change percentage award alongside further action to establish and maintain a meaningful differential between the top of Band 9 and entry-level VSM/ESM salaries.

VSM pay framework: two years on

MiP raised significant concerns about the updated VSM pay framework in our evidence for the previous pay round. With the framework now established, our latest survey provides an opportunity to assess whether it is delivering its stated objectives.

The framework was intended not only to strengthen accountability, but also to reward successful leadership and provide incentives to attract talented and experienced VSMs into the most challenging organisations. However, the experience of our members suggests that the balance between reward and sanction is not working as intended.

Looking specifically at VSM respondents, 53% said the framework made them less motivated in their role, up from 47% in 2025. No VSM respondent said it made them more motivated in 2026, compared with just 2% in 2025.

The deterioration is similarly pronounced when it comes to challenged organisations. The proportion saying the framework made them less willing to take a role in a challenged organisation rose by more than a quarter, from 44% in 2025 to 72% in 2026. No VSM respondent in either year said the framework made them more willing to do so.

There is also a significant gap between the framework's emphasis on rewarding success and members' experience of it in practice. The framework provides for performance payments and

incentives for taking roles in challenged organisations, yet none of the respondents to our 2026 survey reported having received a bonus payment since its introduction.

The qualitative responses suggest that this imbalance is being noticed by senior managers themselves. As one respondent told us:

“There appears to be plenty of sanctions related to not achieving but no bonus scheme attached to actually achieving.”

Others explicitly called for “bonuses for well performing trusts”, “performance related bonus” and performance-related pay linked to individual deliverables rather than overall organisational performance.

The new framework was unveiled as a fair ‘carrot and stick approach’ by then Health Secretary Wes Streeting. But so far, the approach appears much more stick than carrot. The mechanisms for withholding pay are visible and experienced by VSMs, while none of the respondents to our 2026 survey reported having received a bonus payment under the framework. There is a risk, therefore, that the framework operates as a punitive system rather than a balanced approach to reward and accountability.

The results raise a fundamental question about whether the framework is meeting its own objectives. The NHS needs to motivate and retain experienced leaders and attract them to its most difficult organisations. Yet two years of MiP survey data provide no evidence that the framework is increasing motivation or willingness to take on challenged roles. Instead, the proportion of VSM respondents reporting a negative impact has increased substantially.

The framework also needs to be considered in the wider context facing the remit group. Alongside the pending introduction of a statutory barring system, significant headcount reductions and the way senior NHS management has been framed during the current programme of system change, it is perhaps unsurprising that some senior managers increasingly feel they are being punished rather than supported to deliver improvement. Taken together, these measures risk reinforcing a perception that accountability for the NHS's challenges is being placed disproportionately on individual managers and leaders.

MiP believes the SSRB should undertake a formal assessment of the effectiveness of the VSM pay framework against its recruitment, retention and motivation objectives, including whether the balance between incentives and sanctions is operating as intended.

Withholding annual pay awards on the basis of organisational performance

One aspect of the updated VSM framework that remains of particular concern to MiP is the withholding of national annual pay awards from individual senior managers on the basis of their organisation’s position within the NHS Oversight Framework.

MiP remains strongly opposed to this approach, a view overwhelmingly shared by our members. Among VSM respondents, 88% opposed extending the withholding of annual pay awards to organisations in segments 3 and 4.

Members repeatedly told us that organisational performance is affected by factors beyond the control of individual VSMs, including long-standing structural and financial challenges and wider system factors. They also highlighted the time required to turn around a challenged organisation.

One respondent said:

“Recovery for long and deep rooted challenges is often not fixable within 2 years. It's hard to see how this encourages people to take up challenging roles in difficult providers / organisations.”

Another challenged the premise that withholding the annual award amounts to performance-related pay:

“It isn’t performance related pay. It is a pay cut in real terms. It will discourage talent from moving to challenged organisations creating greater challenge.”

MiP supports appropriate individual accountability. However, a national annual pay award and performance-related pay should serve different purposes. The annual award maintains the value of base salary and ensures that the national pay framework remains current; it should not be used as a proxy for assessing individual performance.

Individual performance should instead be addressed through appraisal and performance management and, where appropriate, through a separately designed mechanism for recognising and rewarding performance.

There is also an inherent contradiction within the current approach to challenged organisations. The VSM framework recognises that additional protection is needed to attract leaders to difficult roles: a newly appointed VSM taking on a role in a challenged organisation is protected from the withholding of annual pay awards for two years. However, two years is an unrealistically short period in which to expect a senior leader to turn around an organisation facing entrenched financial, operational or workforce challenges. Once that protection expires, the individual can effectively be financially penalised because the organisation they were recruited to improve remains challenged.

This risks undermining the very incentive the protection is intended to provide. A senior leader considering such a role must weigh not only the greater responsibility and career risk involved, but the possibility that after two years their national pay award could be withheld for circumstances they inherited and which may take considerably longer to resolve.

One respondent captured the problem clearly:

“I work in a recovering trust just out of special measures, as an exec I take on personal risk in doing this - but if I had stayed in my old b9 job with less responsibilities AND in a stable trust, I would be earning more this year.”

MiP believe there will be consequences for recruitment and retention. As another respondent warned:

“People will leave and then we'll have gaps and be stuck in a downward spiral.”

MiP recommends ending the link between national annual pay awards and organisational performance. It is completely opposed to extending this any further.

Encouraging senior leaders to take on challenged organisations

MiP believes that if the government is serious about encouraging experienced senior leaders to take on challenged organisations, the reward framework needs to recognise both the additional demands and the additional career risk involved.

MiP believes the starting point should be to recognise that these roles carry additional demands and career risk and that the reward package should provide a positive incentive to take them on. Challenged organisations are precisely those where the NHS most needs to attract experienced leadership. The framework should actively make these roles more attractive.

Respondents suggested a number of ways this could be achieved, including higher starting salaries, meaningful recruitment and retention premia and rewards linked to demonstrable improvement. As one respondent suggested:

“Perhaps the prospect of an incentive based on improvement rather than a penalty.”

Rather than relying predominantly on sanctions linked to an organisation's oversight position, the framework could provide additional reward where leaders can demonstrate progress against clearly defined objectives. This would recognise that turning around a challenged organisation is rarely an immediate process, while still providing a meaningful link between reward and performance.

There also needs to be greater long-term certainty for those taking these roles. The existing two-year protection from the withholding of annual awards is unlikely to reflect the time required to achieve sustainable organisational turnaround. As one respondent put it:

“Just a higher starting point and no jeopardy on pay for 3 years. Turnaround takes time.”

MiP therefore believes the package for leaders taking roles in challenged organisations should combine a meaningful financial incentive on appointment, protection from financial detriment for a realistic period and the opportunity for additional reward linked to demonstrable improvement.

The NHS's most challenging organisations should be able to compete for its best leaders. The reward framework should make taking on one of those roles an attractive career choice rather than a financial and professional risk.

Future leadership pipeline

The SSRB should consider not only the retention of existing VSMs and ESMs, but whether the NHS is making its most senior roles attractive to the managers who might progress into them.

As in previous years, MiP asked a group of senior Agenda for Change members who indicated they were interested in board-level roles for their perceptions of them.

80% said board-level roles carry greater career risk than other NHS roles and 81% said the demands placed on board-level colleagues make them worried about working at this level. Despite these concerns, there has been virtually no improvement in perceptions of the reward available. Only 32% believe salaries at board level are high enough to reflect the greater demands and responsibility, compared with 31% in 2025.

There has similarly been little movement in the support available to potential future leaders. Only 27% feel they have access to the training and development needed to prepare for a board-level role, compared with 25% last year.

There has been some improvement in perceptions of recruitment: 19% now agree that appointments to board-level posts are made fairly and characterised by equality of opportunity, compared with just 9% in 2025. However, fewer than one in five potential future leaders expressing this view remains a cause for concern.

When these potential future senior leaders were asked whether the updated VSM pay framework introduced last year made jobs at this level more attractive, 67% disagreed or strongly disagreed. Only 3% agreed.

These findings reinforce the evidence elsewhere in this submission on the narrowing differential between Agenda for Change and VSM/ESM pay. For experienced senior managers considering progression, the proposition can mean substantially greater responsibility, accountability and career risk without a commensurate increase in reward.

As one band 9 manager told us:

“Currently my B9 salary is more than ESM1 which does not make sense for a role with more responsibilities and risk.”

For some, these concerns are affecting whether they want to progress at all. As another senior Agenda for Change manager told us:

“At this point, I'm not sure I want to progress to a board level any more - the demands placed on the positions, coupled with the current system pressures now and in the future... do not make it an attractive position to me.”

Transparent and sustainable framework for senior leaders

MiP continues to support the principle of a national framework that provides greater consistency and transparency in senior manager pay. However, our latest survey suggests that significant uncertainty remains about how the framework operates in practice and how individual pay is determined.

Only 28% of respondents agreed that their employer's remuneration committee makes decisions about their pay fairly and openly. Fewer than half (47%) agreed that they understood how their own pay had been set on appointment.

There is also uncertainty about how different roles are valued. Only 18% agreed that the differences between salaries for different board portfolios are fair. These findings suggest that greater transparency is needed not simply around the overall framework, but around how it translates into individual pay decisions and differences between roles.

Members continue to raise concerns about the consistency of pay arrangements between organisations and the absence of clear progression within the framework. Respondents called for "spine points" for ESM grades, greater clarity about how ESM roles map across different parts of the system, and action to address organisations developing their own pay arrangements. One respondent reported that their ICB had introduced a framework starting at £117,000, below the top of Agenda for Change Band 9.

Managers need to understand why a role attracts a particular salary, how pay can progress and how comparable roles and portfolios are treated across different NHS organisations.

The current period of structural change makes this increasingly important. Respondents raised concerns about the potential alignment of ESM pay with the civil service as NHS England functions move into DHSC, while the growth of provider groups and changes to ICB structures are increasing the scale and complexity of some senior roles. One respondent noted that the growth of provider groups was making VSM pay "more and more complex" and argued that responsibility for major operational pressures needed to be properly reflected in pay.

MiP therefore believes that steps should be undertaken to make pay-setting for VSMs/ESMs more transparent. This should include transparent national salary ranges and minima, clear mechanisms for progression within those ranges, objective approaches to assessing the size and responsibility of roles, uprating salary ranges with national pay awards automatically and clearer guidance for remuneration committees on the flexibilities available to them.

This should also include a review of ICB VSM pay ranges following the current restructuring, to ensure that salaries properly reflect the increased scale, complexity and responsibilities of reconfigured organisations.

Conclusion and recommendations

The NHS is asking a great deal of its senior leaders. VSMs and ESMs are being expected to deliver major organisational change, financial savings and improvements in productivity and performance, often while management capacity is being reduced around them and many of their own jobs are at risk.

MiP's evidence shows that these pressures are beginning to have consequences for the NHS's ability to attract, retain and motivate experienced leaders. Intentions to leave remain high, exceptionally long unpaid working hours have increased and managers report growing concern about job and career security. At the same time, experienced Agenda for Change managers considering progression increasingly see board-level roles as carrying significantly greater responsibility and career risk without sufficient additional reward.

Pay overlap means that promotion can bring little financial benefit or even leave individuals worse off. Delays in implementing national awards create unnecessary uncertainty. Linking annual awards to organisational performance risks making the most challenging organisations

less attractive to the experienced leaders those organisations need. Meanwhile, MiP's evidence suggests that the positive incentives within the VSM framework are having little tangible impact on motivation or willingness to take on difficult roles.

Senior NHS leaders should be accountable for their performance and there should be mechanisms to recognise both exceptional performance and underperformance. But the reward system needs to distinguish between individual performance, organisational circumstances and the annual adjustment required to maintain the value and competitiveness of base pay.

MiP recommends that the SSRB:

- **Recommend a 2027/28 VSM/ESM pay award that is no lower than the equivalent percentage award for Agenda for Change staff.** Further erosion of the differential between the two systems would exacerbate existing pay overlap and weaken the incentive to progress into senior leadership.
- **Recommend action to establish and maintain a meaningful differential between the top of Agenda for Change Band 9 and entry-level VSM/ESM pay.** This should recognise not only salary but the additional responsibility, accountability and career risk associated with VSM/ESM roles and the loss of some Agenda for Change benefits and payments.
- **Recommend that national annual pay awards are implemented automatically and consistently, consolidated into base pay and applied to all relevant salary ranges.** Senior managers should have a reasonable expectation that national awards will be reflected in their pay without unnecessary delay or local variation, while salary ranges should be uprated alongside the award to prevent further erosion of pay progression and differentials.
- **Recommend ending the link between national annual pay awards and organisational performance and oppose any extension of withholding to organisations in segments 3 and 4 of the NHS Oversight Framework.** Organisational performance should not determine whether an individual receives the national adjustment to their basic salary.
- **Call for a formal review of the VSM pay framework against its recruitment, retention and motivation objectives.** This should examine whether the intended balance between incentive and sanction is operating in practice, particularly given the deterioration in VSMs' reported willingness to take roles in challenged organisations.
- **Strengthen the positive incentives for experienced leaders to take roles in challenged organisations.** This should include meaningful financial incentives on appointment, protection from financial detriment for a period reflecting realistic turnaround times rather than the current two years, and the opportunity for additional reward linked to demonstrable improvement.
- **Improve transparency and consistency in senior pay-setting.** This should include transparent national salary ranges and minima, clear mechanisms for progression, objective approaches to assessing role size and responsibility, automatic uprating of ranges alongside national awards, and clearer guidance for remuneration committees.
- **Review VSM pay ranges for reconfigured ICBs and other significantly changed senior roles**, ensuring that pay reflects changes in organisational scale, complexity, responsibility and accountability.

- **Ensure senior manager pay supports recruitment, retention and a sustainable future leadership pipeline**. The SSRB should consider not only the retention of existing VSMs and ESMs, but whether the overall reward package provides sufficient incentive for experienced Agenda for Change managers to progress into board-level roles carrying significantly greater responsibility, accountability and career risk.

Taken together, these recommendations would begin to address both the immediate pressure on senior manager pay and the structural weaknesses in the current system.

The NHS cannot deliver its ambitions for reform without capable and experienced leadership. A sustainable senior pay framework should therefore be judged not only on how it remunerates the current senior leadership workforce, but on whether it supports the **recruitment and retention of experienced leaders, encourages progression into senior roles and ensures the NHS can attract suitably skilled candidates to its most challenging leadership positions.**