ROLE INTELLIGENCE GUIDE | APRIL 2026

# Inside NHS Project Management

*So You Want to Be an NHS Project Manager?*

## What the Role Actually Involves

Drawn from 88 NHS job pack extractions across 317 tracked PPM roles.

| 88 | 317 | 4 | 7 |
|---|---|---|---|
| Job packs | PPM roles | Role types | Terms defined |

SECTION 01

# Why NHS Project Management is Different

Project management in the NHS is not the same discipline as project management in a commercial organisation. The environment, the governance, the stakeholders and the consequences are all different. Understanding this is the most important preparation a clinician transitioning into a PPM role can do before applying for their first post.

In the NHS, you are almost always managing change that directly or indirectly affects patient care. A delayed Electronic Patient Record go-live is not a missed commercial deadline. It is a clinical risk. A cost improvement programme that runs over budget affects ward staffing. An estates capital project that slips affects infection control. This is the context in which every milestone, every risk and every stakeholder conversation takes place.

NHS organisations are deeply hierarchical, clinician-led and politically complex. As a project manager you will routinely work alongside consultant surgeons, nurses, finance directors, IT specialists, external contractors and NHS England national teams, often on the same project. Your job is to get all of them moving in the same direction without any of them reporting to you.

> *Work with partners to manage formal and informal partnerships within the Hub, including cross-sector and cross-organisational projects.*
>
> PROJECT MANAGER (INTEGRATED NEIGHBOURHOODS) · BAND 6

**Key insight for clinicians**

*Your clinical background is not a disadvantage in NHS PPM. It is an advantage. You understand the environment your stakeholders work in. You know what a ward round is, what clinical handover means and why infection control matters. Frame it as your differentiator from the first line of your supporting statement.*

SECTION 02

# The Role is Not One Job. It is Four.

One of the most important things the job pack data reveals is that NHS project manager describes four substantially different roles. Understanding which type you are applying for, and which type your background best fits, will significantly improve your application and your likelihood of success.

## Digital and EPR

BAND 5 TO 8A

Managing the implementation of clinical systems including Electronic Patient Records, diagnostic imaging platforms and patient administration systems. Requires knowledge of information governance, clinical safety processes for IT systems, and the ability to work with clinical and technical teams simultaneously. EPR programmes are the largest single source of PPM roles in the NHS and are expected to remain so through 2027.

## Capital and Estates

BAND 7 TO 8B

Managing new builds, refurbishments and infrastructure projects from a new outpatient unit to a hospital programme worth over a billion pounds. A completely different skillset from digital PM. Requires knowledge of RIBA stages of work, Health Technical Memoranda, Health Building Notes, CDM Regulations 2015 and forms of contract including JCT and NEC. Often requires professional body membership such as RICS, CIOB or APM. Not a natural transition for most clinical professionals without additional training.

## Research

BAND 5 TO 7

Managing clinical research projects from grant preparation through to publication. Requires Good Clinical Practice training, knowledge of research ethics, NHS Research Governance and experience coordinating clinical trial sites. Appears most commonly in academic medical centres and research-active trusts. A strong pathway for doctors and allied health professionals with research backgrounds.

## Transformation and Service Improvement

BAND 6 TO 8A

Managing organisational change including service redesigns, pathway improvements, Cost Improvement Programmes and system-level integration projects across Integrated Care Boards. The most clinically intuitive type of NHS PM for healthcare professionals. Requires change management methodology, strong stakeholder management and the ability to engage clinical staff who are sceptical of management-driven change.

SECTION 03

# What You Actually Do: Band by Band

The job pack descriptions tell a consistent story about how responsibilities expand as you move up the pay scale. The core mechanics, RAID logs, stakeholder engagement and governance reporting, are present at every level. What changes is the scope, the seniority of stakeholders and the degree of autonomy expected.

## Band 5: Supporting and coordinating

At Band 5, the NHS is not asking you to lead projects. It is asking you to support them. The work is administrative in nature but intellectually demanding. You are the person who keeps the project running while the project manager focuses on stakeholders and decisions.

Multiple Band 5 job descriptions explicitly list RAID log management, minute taking, meeting coordination and maintaining project documentation as core duties. One role at a Welsh health board describes the postholder as someone who will support and carry out a variety of project-related activities including managing RAID logs, minute taking, business change and analysis, training and engagement, procurement and testing. Another at NICE describes coordinating workloads, maintaining databases and filing systems, supporting meeting arrangements and providing secretarial support.

This is entry-level NHS PM. It is also where most successful PPM careers begin. The discipline of RAID log management, progress reporting and governance documentation learned at Band 5 becomes the foundation everything else is built on.

> *The post holder will assist project sponsors in overall project design and implementation phases, arranging and leading relevant meetings throughout projects. Monitor project progress ensuring timelines are met and risks are identified and escalated appropriately.*
>
> PROJECT LEAD · BAND 5

## Band 6: Managing defined projects end to end

Band 6 is the first level at which you own a project rather than support one. You are accountable for delivery. The plan is yours, the risks are yours and the stakeholder relationships are yours to manage.

The job descriptions at Band 6 are the most varied in the dataset because this is where the four types of NHS PM diverge most sharply. A digital Band 6 is managing small and medium-sized projects throughout their lifecycle using PRINCE2 methodology on clinical system implementations. A transformation Band 6 at an Integrated Care Board is leading project lifecycles for community projects associated with system change. A research Band 6 is responsible for ensuring the smooth management of research projects from grant preparation through to project completion.

What is consistent across all Band 6 roles is the expectation of independent delivery. You do not wait to be told what to do next. You identify the next action, escalate the right risks and keep stakeholders informed without being asked.

> *The post holder will deliver PMO activities to support the Trust's annual Cost Improvement Programme. They will drive, support, monitor and analyse project progress to ensure continuous improvement of Trust efficiency. The post holder acts as a catalyst for implementing project plans whilst being the intermediary between Project Managers, Operational Managers and the PMO.*
>
> **PROGRAMME PROJECT MANAGER · BAND 6**

## Band 7: Senior specialist and programme lead

Band 7 is the largest hiring volume in NHS PPM with 225 tracked roles. It is also where the nature of the work changes fundamentally. At Band 7 you are no longer just managing a project. You are managing multiple interdependent workstreams, leading other project staff and presenting to programme governance boards at senior and executive level.

The governance layer becomes central at Band 7. You are producing exception reports, highlight reports and board papers. You are the person in the room when a programme board asks why a milestone has been missed. You are expected to have a clear, structured answer and a credible recovery plan.

Band 7 also introduces formal line management in many roles, managing Band 5 and 6 project coordinators and managers, conducting appraisals and supporting professional development. For clinicians, this is often familiar territory. Clinical leadership of junior staff translates directly.

## Band 8A and above: Programme leadership and strategic delivery

At Band 8A you are managing programmes, not projects. The distinction matters. A programme is a collection of related projects managed in a coordinated way to obtain benefits that would not be available from managing them individually. You are overseeing multiple project managers, managing budgets of millions of pounds and reporting to directors and boards.

One capital estates Band 8A role describes the postholder as someone who will lead project management services for delivery of the Capital Programme, managing and delivering complex clinical and non-clinical refurbishment and new build projects. At this level the job is as much about leadership as delivery. You are setting direction, removing blockers for your team, managing board-level relationships and making decisions that have significant financial and operational consequences.

> *Lead a variety of projects within the MoorConnect EPR Programme, working autonomously and with the Programme Manager and Senior Responsible Officers. Produce detailed project documentation including PRINCE2 artefacts and project reports for Programme Governance Boards.*
>
> **SENIOR PROJECT MANAGER · BAND 8A**

SECTION 04

# The Governance Layer: What It Is and How It Works

NHS project governance is one of the most consistently misunderstood aspects of the role for people transitioning from clinical practice. The terminology appears in almost every job pack but is rarely explained. The table below defines the key concepts as they are used in NHS PPM.

| Term | What it means in practice |
|---|---|
| **Programme Governance Board** | The formal decision-making body for a programme. Typically chaired by the Senior Responsible Officer and attended by workstream leads, finance representatives and clinical leads. As PM you present progress reports, exception reports and risk updates. You prepare for it, present at it and action its decisions. |
| **Senior Responsible Officer** | The executive accountable for the programme. Usually a director or deputy director. The SRO is your escalation route for decisions that are outside your delegated authority. Building a strong working relationship with the SRO is one of the most important things a senior PM can do. |
| **RAID Log** | Risks, Assumptions, Issues and Dependencies. The living record of everything that could affect project delivery. At Band 5 you maintain it. At Band 6 you own it. At Band 7 and above you present it to the board and defend your risk ratings. It is not a bureaucratic document. It is your primary tool for managing uncertainty. |
| **Exception Report** | A formal report to the programme board when a project is forecast to breach its agreed tolerances on time, cost, quality, scope, risk or benefit. Writing a clear, honest exception report under pressure is one of the highest-stakes writing tasks in NHS PM. Concealing bad news is career-limiting. |
| **Benefits Realisation** | The process of measuring whether a project actually delivered what it promised. NHS organisations face increasing pressure to demonstrate return on digital investment. Benefits realisation plans are now expected from the outset of major programmes, not as an afterthought at closure. |
| **Business Case** | The formal document that justifies a project or programme, covering strategic argument, options appraisal, costs, benefits, risks and timescales. NHS business cases follow a structure derived from HM Treasury Green Book methodology. Learning to write a credible NHS business case is one of the most valuable skills a PM at Band 6 and above can develop. |
| **Cost Improvement Programme** | The annual NHS efficiency target process. Every NHS trust and integrated care board runs a CIP, identifying and delivering savings to balance budgets. Many Band 6 and 7 PM roles exist specifically to support CIP delivery, working with operational managers to turn savings ideas into delivery-ready projects. |

These terms appear across NHS PPM job packs at all band levels. Familiarity with them, and the ability to speak about them confidently at interview, is a reliable differentiator between shortlisted candidates.

SECTION 05

# What Stakeholder Management Actually Means in the NHS

Stakeholder management is the most frequently cited essential skill across all PPM job packs in the Career Co-Pilot database. It appears as a requirement in 57 percent of all extractions. But the term is almost universally misunderstood by people who have not worked in NHS project delivery.

In commercial organisations, stakeholder management often means keeping clients informed and managing expectations. In the NHS it means navigating a system in which the people you need to deliver your project do not report to you, are already overloaded and may actively resist what you are trying to do.

### Managing upward

*Executive sponsors, programme boards, directors*

You are asking for decisions, resources and air cover. Executives have limited time. Your communication needs to be concise, structured and evidence-based. They want to know whether you are on track, what the risks are and what you need from them. Board papers and exception reports are your primary tools. The ability to translate complex programme status into a clear one-page summary is a skill that takes years to develop and immediately signals seniority.

### Managing laterally

*Clinical leads, operational managers, finance, IT*

The most difficult dimension. These colleagues have their own priorities, their own pressures and no obligation to make your project their focus. A ward manager whose staff are needed for a training rollout has patients to think about. A consultant whose input is needed for a pathway redesign has a clinic list. Your job is to make engagement as easy as possible, to respect their time and to demonstrate that the project serves their interests and not just the programme.

### Managing externally

*Contractors, suppliers, NHS England, regulators, ICBs*

Particularly relevant in digital, capital and research PM. External suppliers have their own commercial interests. NHS England has its own reporting requirements. Regulators have compliance timelines that do not flex. Managing external stakeholders requires commercial awareness, contract literacy and the confidence to hold suppliers to account when they underperform.

> *Demonstrates confidence, resilience and self-belief when under pressure. Open to constructive challenge and leads by example to demonstrate and foster a learning culture. Is tenacious, resilient and with strong resolve in the face of difficulty.*

**PROJECT MANAGER (INTEGRATED NEIGHBOURHOODS) · BAND 6**

**What interview panels are actually testing**

*When an NHS interview panel asks you to describe a time you managed a complex stakeholder relationship where there were conflicting priorities, they are not looking for a description of a meeting you ran. They are testing whether you can identify who the real decision-maker was, what their underlying interests were, what approach you took to align them and what you would do differently. Clinicians with MDT experience have been doing this for years. The skill is there. It just needs to be translated into project management language.*

SECTION 06

# How Your Clinical Experience Translates

The most common mistake clinicians make when applying for NHS PPM roles is describing their clinical experience in clinical language. Interview panels are looking for project management competencies. Your job is to translate what you have done into the language and frameworks the panel expects to hear.

### MDT coordination

**Stakeholder management across disciplines**

You have been convening clinicians, nurses, allied health professionals, social workers and administrative staff around a shared goal. That is lateral stakeholder management in a complex, high-stakes environment. Frame it explicitly. Say you coordinated a twelve-person MDT across three organisations to deliver a care pathway redesign with a sixteen-week implementation timeline.

### Clinical audit

**Project planning, data analysis, benefits realisation**

A clinical audit has a defined scope, a methodology, data collection, analysis and a recommendations report. That is a project lifecycle. If you led an audit, you led a project. If your audit resulted in a change in practice, you delivered benefits. Say so explicitly in your supporting statement.

### Service change or QI project

**Change management, stakeholder engagement, delivery against milestones**

Quality improvement projects, particularly QIPs required in postgraduate medical training, are change management projects. If you redesigned a pathway, changed a clinical process or improved a patient outcome through structured intervention, describe it using project management language: scope, plan, risks, stakeholders, outcome.

### Rota management or operational responsibility

**Resource management, budget awareness, team coordination**

Managing a clinical rota is resource management. Managing a ward budget is financial accountability. Managing junior doctors through a difficult period is people management. None of these are small things. They are exactly the competencies Band 6 and 7 job packs require.

### On-call decision-making

**Risk management under pressure, escalation, problem solving**

Clinical on-call requires real-time risk assessment, prioritisation under pressure, clear escalation judgement and decisive action with incomplete information. These are project management competencies. The context is different. The skill is the same.

SECTION 07

# Key Takeaways

1

### NHS PM is not one job.

Digital, capital, research and transformation are four substantially different roles with different skillsets, qualifications and career trajectories. Know which type you are applying for before you write your supporting statement.

2

### The governance layer is specific and learnable.

Programme governance boards, RAID logs, exception reports, business cases and benefits realisation plans follow consistent NHS patterns. Learning the language and structure of NHS project governance is one of the most direct investments you can make before interview.

3

### Stakeholder management is the hardest part of the job.

It is the most cited essential skill for a reason. The NHS environment makes lateral influence genuinely difficult. Clinicians who demonstrate this capability from their clinical experience are significantly more competitive applicants than those who cannot articulate it.

4

### Your clinical background is an asset, not a liability.

Every NHS PPM role requires the ability to work with clinicians, understand clinical priorities and communicate across the clinical-management boundary. You already do this. The translation is linguistic, not experiential.

5

### Band 5 is a legitimate and strategic entry point.

Many successful NHS transformation leaders started in Band 5 project support roles. The experience of maintaining RAID logs, producing governance documentation and supporting programme boards is foundational. Do not dismiss it as too junior if it gets you into the domain.

All descriptions in this guide are drawn from NHS job pack extractions in the Career Co-Pilot database as at April 2026. Job descriptions are paraphrased and synthesised for clarity.

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