

Response ID ANON-RQ46-N59N-Q

Submitted to Survey for the Management and Leadership Framework (standards and competencies testing)
Submitted on 2025-03-14 13:34:12

Introduction

1 In what capacity are you responding to this survey?

I am responding on behalf of an organisation

Other::

Overall structure of the standards and competencies

1 To what extent do you agree or disagree that these reflect the management and leadership stages in the NHS?

Somewhat disagree

2 Please provide any further information to explain your answer.

Please provide any further information to explain your answer. Please be as specific as possible and state which stage(s) you are referring to::

We recognise that the stages are intended to incorporate leaders and managers across a very wide range of disciplines (leaders and managers working in IT, facilities, catering, HR etc) throughout NHS organisations in England.

For non-clinical managers the leadership stages seem logical (equating to service manager, general manager, Directorate manager, Exec level). However, this does not appear to fit so well for medical managers. For example, Head of a Service is the most junior level for which competencies are around stage two.

We have commented elsewhere about how the framework is high level and this appears to limit the language used. For example, the terms 'patients', 'patient safety' and 'patient care' are not mentioned. Even for those in non-patient facing roles, perhaps there could be a central thread around patients mentioned at the 'core' stage of the competencies. We say more about this at the end of the survey.

It is not clear whether the competency statements are cumulative i.e. for each competency we know that all leaders and managers should be displaying behaviours in the core statement, but is it intended that the stage four leaders and managers display all behaviours set out in stages one to three and stage four?

The competency groups

1 Thinking about the 12 competency groups, to what extent do you agree or disagree that they capture what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer.

Please provide any further information to explain your answer in the box below. Please be as specific as possible (e.g., gaps or inconsistencies, use of language, additional expectations) and state which competency group(s) you are referring to:

The competency of 'Empowering and enabling a speaking up culture' is missing.

Important areas such as safety (of patients) and the concept of accountability are not given sufficient exposure in the framework.

The wording Digital transformation does not fit as a competency (which means an ability to do something efficiently and successfully).

We have questioned whether advocacy is the correct word (especially if that section is intended to refer to speaking up).

The competencies

Competency 1: personal effectiveness

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer in the box below. Please be as specific as possible (e.g., gaps or inconsistencies, use of language, additional expectations) and state which competency(ies) and/or stage(s) you are referring to.:

When developing an updated version of our core professional standards guidance, Good medical practice, we received feedback that 'unconscious bias' is not a helpful term when considering good practice. This is because people cannot improve what they are not aware of. As a result, we removed the word 'unconscious'.

We would question whether 'social intelligence' and 'psychological safety' are sufficiently well-known and understood phrases to be included without explanation and definition.

In the stage three statement to the competency: developing resilience and wellbeing strategies, we think that perhaps addressing barriers to work/life balance would be more achievable than removing barriers.

Competency 2: decision making and prioritisation

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer in the box below. Please be as specific as possible (e.g., gaps or inconsistencies, use of language, additional expectations) and state which competency(ies) and/or stage(s) you are referring to.:

The word 'transparent' should be added to the core statement under the third competency (ensuring decisions are ethical, inclusive and fair) as transparency is fundamental to ensuring decisions are ethical, inclusive and fair.

Within stage four of the competency, Using data, evidence and critical thinking to make informed and conscious decisions, it states: 'I establish and embed a culture of intentional, evidence-based decision-making across the organisation and wider system, ensuring that all decisions made are data-driven, conscious, transparent, strategic.' This would benefit from the addition of 'and free from bias' as this a core concern when using data to inform decisions.

Within stage one of the competency Managing my time, priorities and energy effectively it states: 'I prioritise tasks to manage my workload and energy effectively, using tools including delegation...'. This would benefit from the addition of 'using tools where appropriate to do so, including delegation and....' as it would improve the wider applicability of this competency to different types of leader and manager.

Competency 3: communicating effectively

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer in the box below. Please be as specific as possible (e.g., gaps or inconsistencies, use of language, additional expectations) and state which competency(ies) and/or stage(s) you are referring to:

We note that empathy is listed at stage one level with regards to managing challenging and sensitive conversations, but feel that active listening and empathy are sufficiently critical that they should feature in the core stage here.

In the competency section encouraging open dialogue and feedback to foster an inclusive and safe environment, this could be improved by including a reference to the fact that senior leaders being prepared to share their own mistakes and learning can help to promote a culture of openness.

In the competency section on encouraging open dialogue and feedback to foster an inclusive and safe environment this should also include a requirement to ensure that action is taken on the back of that dialogue and feedback where appropriate.

Competency 4: managing and leading others

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat disagree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer in the box below. Please be as specific as possible (e.g., gaps or inconsistencies, use of language, additional expectations) and state which competency(ies) and/or stage(s) you are referring to:

This competency is about managing and leading others and whilst many important competencies are mentioned, we would expect to see more references here to the competencies required from managers and leaders when things are not going well. For example, how leaders and managers deal with more difficult issues.

The idea of 'doing the right thing' in the interests of patients and staff is not coming across in these competencies. Also, it is important for leaders and managers to consider the impact of their actions on others. For example, one issue reported by resident doctors is they feel they are treated like 'hired hands' and moved around constantly without full consideration of the impact on their wellbeing.

The competencies should convey that leaders and managers are responsible for being available to staff, actively listening and taking action when concerns are raised with them, as well as role modelling good behaviours to help to create the culture they want to see. They should be challenging poor behaviours (such as bullying, incivility and so on) from others that they witness, or are made aware of.

We appreciate that these competencies may appear elsewhere in the framework, but we would expect to see them in this section.

Competency 5: creating a high-performing work environment

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer in the box below. Please be as specific as possible (e.g., gaps or inconsistencies, use of language, additional expectations) and state which competency(ies) and/or stage(s) you are referring to:

The references to communicating openly about challenges and empowering people to share vulnerabilities seem more appropriate in the communication competency section, rather than under achieving success through collaboration and inclusion.

Within the competency, managing people to perform, stage one states: 'I monitor team performance, providing constructive feedback, celebrating achievements, and addressing underperformance promptly.' This would benefit from adding 'and fairly' as this is a critical consideration in situations that are open to biased judgment.

Competency 6: managing and supporting change

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer:

The core competency, I understand my role in championing and adapting to change, responding positively and modeling flexibility to support my team(s) through transitions, could be perceived as quite rigid and lacking in nuance as though change must be championed no matter what it is.

The statements which mention demonstrating authentic leadership in supporting [staff] to improve working practices and transform services and cultivate an organisation-wide 'safe to fail' culture might be better positioned under the managing and leading or communication competencies. This is because they speak to leaders creating psychologically safe environments through their own behaviours.

We are pleased to see professional curiosity included in the framework. In stage 4 of the competency, fostering curiosity and continuous improvement, we feel this would benefit from the addition of the word 'challenge' ('I cultivate an organisation-wide 'safe to fail' culture that encourages curiosity, challenge and innovation...').

Competency 7: strategic vision and planning

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer:

The Code of Practice for NHS Leaders and Managers which is part of the framework is not mentioned in this section (yet it is mentioned elsewhere in other competency statements). If NHS core values are being mentioned here, this is a good opportunity to link up with the code of practice.

Competency 8: advocacy and policy

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Strongly disagree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer :

There is no competency section on the importance of Freedom to Speak Up and the vital role leaders and managers have in this process, including them:

- enabling a culture where staff feel able and empowered to speak up and that they will be listened to
- assessing the evidence and taking action when staff speak up; and
- supporting staff who have spoken up.

In some places in this section, it appears that the word 'advocacy' is being used when what is really needed is the phrase 'speaking up'. For example, in the stage one statement for the competency acting as an advocate, it states, 'I listen to the needs of my team(s), ensuring their voices are heard, and enabling them to speak up and raise concerns.'

In the competency subsection which relates to building relationships to support advocacy, it states that 'strong working relationships ...can enable advocacy.'

Speaking up is more recognised terminology for this specifically and, while advocacy describes the overarching theme of this competency, if the intention is to include the role of leaders and managers in supporting whistleblowing as part of this it should be explicitly acknowledged. Leaders and managers need to be open minded and must weigh up considerations before reaching reasoned, evidence-based decisions that are free from bias. Although we accept there may be times when advocacy is necessary, it does not always reflect the impartiality and fairness needed for the role of leader or manager.

We would propose changing the wording from 'I advocate on behalf of my team(s) and service users, helping to ensure fairness and equitability, and contributing to a culture of psychological safety' to 'I help to ensure fairness and equitability and contribute to a culture of psychological safety for my teams and service users.'

We think that there may be occasions when it is not appropriate to 'advocate' on behalf of your team if there are other legitimately competing issues at stake.

Competency 9: governing and maximising resources

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer :

We would suggest considering whether there should be a reference to being aware of taking action to address any conflict or perceived conflicts of interest in this section. This is particularly important as one of the values in the Code of Practice is integrity, which may be a useful addition in this section.

Statement three of the competency, sharing good practice, which states 'I use relevant media', seems at odds with the rest of the framework as here the focus is on the 'how', rather than the 'what'. We are not sure this is needed or adds any particular value. We would propose alternative wording as follows: 'I seek and share good resource practice...'

Competency 10: people outcomes and experiences

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat disagree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer:

This section contains the only reference to safety (other than psychological safety which has a different meaning) in the framework. Ensuring the safety of patients is arguably the most important thing for all staff working in the NHS, so we would recommend that the phrases 'culture of safety and accountability' and 'commitment to safety' are more prominent throughout the framework.

This links to earlier comments about the role leaders and managers have in speaking up, as speaking up can be about anything (such as the behaviour of a colleague), but speaking up about patient safety must be entrenched in the culture of NHS organisations and leaders and managers are crucial to this. The commitment to safety and the role of accountability should be more visible throughout the framework.

Competency 11: digital transformation

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat disagree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer:

We are concerned that some of the statements here are not sufficiently generic to apply to all NHS leaders and managers. For example, the senior manager of the hospital grounds is, according to this, 'required to champion the strategic use of health informatics and data-driven insights'. As the framework recognises that not all leaders work with patients, so the word 'patient' does not feature in the framework, the same criteria should be applied throughout.

We are unsure if digital transformation is a sufficient description of a competency for a leader or manager to have. It seems to be an aspect of an overarching competency around technology and innovation and should be contextualised accordingly.

Technology seems over-represented in the context of the framework as a whole. It is important that NHS managers drive a culture of using data and digital competence in order to drive transformation and new ways of working but this is overstated in the context of where the NHS is at present. At a basic level ensuring the technology is fit for purpose and having basic analytic skills is important but the digital transformation skills are a 'nice to have' only at present. For example, statement one in the first core competency engaging with emerging technologies and innovation sounds very aspirational given what we know about the realistic state of NHS technology. A good first step instead would be: 'I ensure my team have the digital equipment they need and that it is in working order.'

The Stage 2 statement for the competency using data for system-wide impact states: 'I actively promote the application of data-driven insights across my team(s), ensuring they have the tools, skills, and support.' We would add: 'and time needed to analyse data and apply findings to enhance services and processes effectively.'

Competency 12: working collaboratively as a multiprofessional team

1 Thinking specifically about the competencies and competency statements within this group, to what extent do you agree or disagree that they reflect what is required of managers and leaders in the NHS?

Somewhat agree

2 Please provide any further information to explain your answer in the box below.

Please provide any further information to explain your answer:

There is a good deal of valuable content here, but similarly to the competency on Leading and Managing, this section seems to include expressions of good practice only without any reference to the more difficult aspects of working in multiprofessional teams. For example, how leaders and managers deal with issues such as confusion about who has overall accountability in a team, who supervises, trains and mentors more junior staff.

We note the reference to 'shared accountability'. We would suggest that within a team, shared responsibilities are acceptable (such as the responsibility for identifying problems and taking action to solve them), but everyone should have clarity on who is accountable for the performance of a team as a whole.

In the first core statement for the collaborating effectively as a multiprofessional team competency, we would suggest adding one word as follows: 'I understand and respect the roles and responsibilities of different disciplines and functions, building relationships to solve problems collaboratively and promote mutual learning.'

For the stage two statement, we think that the statement 'I design and implement workflows' is incorrect. We don't think all NHS managers and leaders do 'design' workflows, so the word implement is probably sufficient.

The word patient appears in this section – but nowhere else in the framework.

Final questions

1 What changes, if any, would you suggest to improve the competencies and individual competency statements?

What changes, if any, would you suggest to improve the competencies and individual competency statements?:

The order of the competencies could also be looked at. For example, leading and managing multi-professional teams appears last, when we know from reviews and inquiries that failure of leadership – especially in a team context – is one of the most substantial causative factors cited relating to failings in healthcare.

2 Do you have any additional comments on the competencies and individual competency statements?

Do you have any additional comments on the competencies and individual competency statements?:

We think it's imperative that patients and service users are incorporated into this framework. The fundamental basis for all work in the NHS is to provide the best service for patients and this should underpin the framework.

Even those in non-clinical roles will be undertaking work that in some way relates to patients and the public, and remaining mindful of this by defining competencies in this context helps to ensure that the framework is unique to the NHS and its function and ambitions rather than generic to any business.

We note that compassionate leadership is mentioned once but we think this could and should be mentioned more.

We also feel that there is a need for additional detail on how all levels of management can and should demonstrate the organisation's values (or the Code).

We note that 'kindness' does not feature anywhere in the framework. Taking a kind approach to management and leadership functions has a hugely beneficial impact on individuals, teams and ultimately patients. It features in the GMC's Good medical practice and in the NMC's standards, and threading this into a national leadership and management framework would be immensely powerful.

We could not find any reference to the role played by leaders and managers in the formal appraisal of staff, as well as the responsibilities of leaders and managers for the induction of new staff and those returning to work after long periods of absence. These are important considerations.

About you

1 Which of the following best describes you?

I would prefer not to say

Prefer to self described::

2 Is your gender identity the same as the sex you were registered at birth?

I would prefer not to say

3 What is your ethnic group?

I would prefer not to say

4 What is your age?

I would prefer not to say

5 Where do you live?

I would prefer not to say

6 If you live in England, which region do you live in?

I would prefer not to say

7 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Prefer not to say