

The new NHS Leadership and Management Framework

Q&A

This Q&A details answers to questions raised during the Do OD webinar - The new NHS Leadership and Management Framework – held on 15 July 2025 and delivered with colleagues from NHS England the Chartered Management Institute (CMI).

Question themes:

- [Framework content and structure](#)
- [Governance](#)
- [Implementation and delivery](#)
- [Inclusion, EDI and anti-racism](#)
- [Learning and development](#)
- [Quality assurance and oversight](#)
- [Stakeholder engagement, partnerships and collaboration](#)
- [Theoretical foundations and methodologies](#)
- [Miscellaneous](#)

Framework content and structure

Some elements from the previous framework draft (e.g. 'developing others') are not in the current version. Will these be included following feedback and consultation?

Feedback showed that the original framework felt overwhelming due to the high number of standards and competencies. In response, the framework has been streamlined - standards have been reduced from 12 to 9 and competencies from 36 to 27. While it may seem that areas like 'Developing others' have been removed, they've been thoughtfully integrated into other relevant competencies. The theme of developing self and others continues to appear throughout the framework, including within 'commit to continuing professional development', 'manage performance' and 'drive continuous improvement and innovation'.

How does this framework define a leader and manager?

A leader influences and guides others toward a shared vision or goal, showing integrity, clarity of purpose and the ability to inspire. Their role involves setting direction, building trust, and fostering engagement - empowering colleagues and stakeholders to contribute meaningfully and drive long-term success.

A manager is responsible for planning, organising and overseeing operations within a team or organisation. Their focus is on delivering services effectively and efficiently, ensuring alignment with organisational goals. They manage people, resources and processes to achieve specific outcomes, such as implementing policies, maintaining standards, embedding improvements and meeting deliverables.

Will all three categories of standards be required as competencies for individuals at all stages of leadership, including aspirational leaders and supervisors?

Yes, the three categories of standards are required as competencies for individuals with formal management and leadership responsibilities.

For the nine competencies in the framework, will there be examples of how these are demonstrated at each of the five leadership stages (from core to executive leader)?

Yes. Competency statements have been developed for each leadership stage. These can be shared upon request.

Where does the NHS 10 Year Plan commitment stating that ‘each staff member will have their own coaching and development plan’ fit within this broader strategy?

Staff will continue to have access to the regional coaching and mentoring registers as part of ongoing support for development.

How do the framework and standards relate to the new Leadership and Management Framework for colleagues in partner organisations in other sectors (social services, civil service)?

We reviewed a range of public sector leadership and management frameworks - including those from the fire service, local government, military, civil service, education, and police - in developing the NHS Leadership and Management Standards. While there is strong alignment and clear commonalities across these frameworks in key areas, their application and context vary depending on the specific sector in which leaders and managers operate.

Will the NHS Graduate Management Training Scheme (GMTS) competencies be aligned with the new framework, and how will it support the GMTS as part of the NHS's long-term talent pipeline?

The leadership and management educational components of the Graduate Management Training Scheme will be reviewed and refreshed in line with the new standards, competencies and curriculum.

What are the plans for oversight from the centre to ensure organisations are adopting the standards and aligning them to their value streams, assessment and delivery frameworks?

During the socialisation phase, we'll work with organisations to understand how they currently use or intend to use the framework. After the formal launch, all managers and leaders will be expected to complete a self-assessment, usually as part of their appraisal. This will be supported by access to free, modular online training aligned with the standards. Both the self-assessment and training will be available via single sign-on, allowing for anonymised, aggregated reporting to support monitoring and assurance.

Will the framework link to the NHS Staff Survey, and will there be any new measurables to align with expected outcomes?

We will work with the NHS Staff Survey team to explore options for aligning appropriate survey data with the impact measures of the framework over time.

Governance

What national governance will be in place for organisations to follow the framework? Is there a system being procured to support this process?

Currently, NHS England is working in partnership with DHSC to set the expectation that all organisations - and their managers and leaders - will adopt the framework. This includes completing self-assessments aligned to the standards and participating in relevant training and development to build the required competencies. Progress will be tracked through multiple reporting channels, such as single sign-on uptake data, evaluations, feedback and impact assessments. Once manager regulation is introduced, those within scope will take on further responsibilities.

Implementation and delivery

What is the new 360° feedback tool and what is the associated cost for trusts?

A new 360° feedback tool is in development to align with leadership standards across all levels. Currently in the discovery phase, its design will be shaped through engagement with both experts and users. The tool is anticipated to launch in autumn 2026. Until then, the existing Healthcare Leadership Model 360° tool will continue to be available.

Please provide more information about the appraisal framework currently being developed.

A standardised all-staff appraisal was a key recommendation of the Messenger Review, highlighting the importance of consistent evaluation across the NHS using common standards. This approach enables comparative assessment and supports data capture that links appraisal outcomes to talent management. The new appraisal framework will play a central role in embedding the leadership standards for 2025/26, helping to identify areas for targeted

development. A phased strategy for engagement, deliverables and implementation is currently being developed to lay the groundwork for more transformational change in the years ahead.

Will the new appraisal framework be aligned with the workforce solution, considering that ESR is currently not fit for purpose and many trusts use Totara Learning Management Systems?

We're contributing to the development of the new Future Workforce Solution, which is set to replace ESR in 2030. In the meantime, implementation from 2026 onwards will be delivered using the current infrastructure, ensuring continuity while laying the groundwork for future integration.

Will individuals need to complete a portfolio of evidence to demonstrate competency attainment?

Yes, to meet the standards individuals are expected to provide demonstrable evidence as part of their appraisal conversation. This may include examples of work completed, roles undertaken or development activities - such as participation in the new modular online learning.

When will the NHS England Leadership Academy courses be updated and will there be a bridging course for those just starting or who have previously completed the courses?

Programme refreshes are scheduled for Q1 and Q2 next year, with courses prioritised in a phased sequence. Once updated, they will reopen for application and enrolment. Leadership Academy programmes have undergone regular refresh cycles for over 12 years, and this round will be fully aligned with the new standards. Participants and alumni pursuing or holding Academy awards will continue to be recognised as relevant. At present, there are no plans to introduce a bridging course.

What is the timeframe for the roll out of the framework and when leaders and managers are expected to complete it?

The framework products - including the code, standards, competencies, and curriculum - remain in draft and are scheduled for launch in autumn 2025. Self-assessment tools and modular development resources will follow in early 2026, with additional elements such as the 360° feedback tool expected later that year. Organisations and individuals will be encouraged to complete the self-assessment during the 2026 appraisal round, typically held in early spring. Initially, this will be voluntary, with a clear timeline for full compliance to be established thereafter. The rollout will also be closely tied to the phased introduction of manager regulation over time.

One of the new competencies is 'improving patient outcomes'. How does this apply to non-clinical leaders who do not have patient-facing roles?

Patient 'line of sight' has been embedded throughout the standards to ensure that the needs and experiences of patients remain central - regardless of whether managers and leaders have direct contact or operate at a distance from frontline care. This approach reinforces the principle that every role within the system contributes to patient outcomes, and that leadership accountability extends across all levels of influence.

Will there be a requirement for non-clinical staff who hold chartered manager status to go through this framework?

The CMI Professional Standard and the new NHS Management and Leadership Standards and Competencies are closely aligned. Chartered Manager or Chartered Fellow, awarded by CMI, independently assesses an individual's management and leadership expertise and experience, and this assessment is underpinned by the CMI Professional Standard. Therefore, someone working in healthcare who already holds the designation of Chartered Manager or Chartered Fellow will be well prepared to achieve the new standards, and may already have evidence for their portfolio which they previously used as part of their assessment to demonstrate competence.

How will this be delivered at a board level for executive leaders/managers?

Discussions are underway to determine how the framework will be applied at board level across a range of roles, including non-executives, chairs, executives and CEOs. While implementation approaches may vary depending on governance and strategic responsibilities, it's important to note that some board members - particularly executive directors - will be directly subject to the standards, such as stage 4, through their operational leadership roles.

Are there plans to integrate the framework into recruitment processes at all leadership levels?

Over time, the aim is for the management and leadership standards to be embedded throughout the entire employee lifecycle. NHS England is working with the Agenda for Change team and Staff Council to explore how these standards can be integrated into job descriptions and other key workforce processes.

If we have our own local leadership frameworks and standards, should we continue using them and align with the new NHS framework over time?

The management and leadership framework is designed to establish national consistency in leadership and management competence across the NHS. Where local frameworks are already in place and working well, they will not be replaced. Instead, they should be mapped to the new standards to ensure alignment while preserving existing good practice.

Given current targets to reduce corporate functions, how are organisations expected to resource and fund this framework? Is there recognition that this may slow down implementation?

NHS England is preparing a range of support materials to assist with the implementation of the management and leadership framework. These include a national appraisal framework, a digital toolkit, a self-assessment tool and free online training modules. The aim is to help

organisations embed the framework consistently across all managers and leaders, both clinical and non-clinical, ensuring alignment with the new standards and supporting professional development throughout the system.

What is the approach to protected learning time within the framework to support its implementation?

We strongly encourage organisations to ensure staff have adequate protected time for development activities.

Will all organisations be expected to adopt the new appraisal framework, or can they continue using their own?

The current approach is for the new appraisal framework to act as a flexible template for organisations. It can be used to design new appraisal processes or to align and enhance existing systems, ensuring consistency with the national standards while allowing for local adaptation.

Can you explain how Talent Management connects to the wider talent lifecycle, and are there plans to incorporate the standards into job descriptions and person specifications?

The standards and competencies provide a clear expectation of what is required at every level and therefore individuals seeking progression can openly see what development areas they need to focus on to achieve the expectations at a higher level.

The new framework promotes radical change in leadership behaviours and thinking, how will the online modules ensure that virtual, self-directed learners can effectively challenge themselves? Will there be opportunities for reflective practice, peer challenge and support?

The new modular training suite will include self-reflection and encourage applying learning in real-time to their work. Participants will critically reflect on their experiences, journal their learning and be

assessed against the standards to demonstrate achievement and build a portfolio of evidence.

Inclusion, EDI and anti-racism

EDI will be integral to the curriculum. Will it also include anti-racism leadership competency?

Our intention has always been to ensure the framework is fully inclusive. We have therefore taken care not to prioritise or single out any one group over another. Our commitment to equity, diversity and inclusion inherently includes antiracism, alongside all other forms of anti-discrimination and inclusive practice.

How does the EDI agenda and competencies link to this framework?

Equality, diversity and inclusion are core principles of the code and are embedded throughout the standards and competencies at every level. This commitment is reflected in behaviours such as encouraging open dialogue and feedback, managing with civility and compassion, communicating with mindfulness, using data and evidence critically, prioritising people-centred care and leading collaborative teams.

Learning and development

Will a catalogue of learning content or learning materials be provided as part of the framework?

Yes. Over time all NHS-funded management and leadership training will be quality assured against the new leadership curriculum, with a 'kitemark' introduced to signal compliance with the standards. Free online training will be made available to all staff. Organisations will continue to have the flexibility to design and deliver their own learning and development programmes, provided they align with the standards. In addition, both the Leadership Academy programmes and the

Graduate Management Training Scheme will be refreshed to reflect and support the new framework.

Is there an opportunity to work with the Leadership and Management Centre of Excellence to develop bitesize learning on specialist topics, such as working with people and communities?

Yes. We are developing modular online content covering all nine leadership standards at each level and would welcome input into this work. If you are interested in contributing - particularly around specialist topics like working with people and communities - please contact us and we will connect you with the team leading this work (gill.rooke@nhs.net).

Are organisations expected to design detailed programmes based on the framework, or should it be used as a guideline to inform self-directed learning and outcome-focused training?

The standards define clear expectations for managers and leaders across healthcare, while the curriculum provides a structured developmental pathway to support them. For each competency, there are three learning outcomes that outline the required content for all NHS-funded management and leadership development activities. The curriculum also offers examples of both facilitator-led and self-directed learning approaches, which serve as advisory guidance for potential content and delivery methods.

Quality assurance and oversight

Is this framework accredited by CMI, and does it align with any CMI certificates or diplomas?

CMI is a key partner in developing the standards. CMI does accredit some learning and development as well as providing chartered status for managers and leaders who wish to apply for it. However, at this stage we are not considering mandatory external accreditation as part of the quality assurance against the curriculum.

What is the long-term plan for the training packages? Will CMI be endorsing it as qualification, and can apprenticeship levy funding support employers?

The online modular suite will be free to access for everyone at all levels. CMI is a key partner in developing the standards, competencies and curriculum, but the modular training will be a standalone product. Apprenticeships with a leadership and management component will need to align with the new curriculum and continuation of optimisation of the apprenticeship levy at all levels will continue.

Will managers/leaders be expected to evidence their capabilities against the competencies? What is the self-assessment method, will it need to be shared with anyone?

Yes, from early 2026 managers and leaders will be able to complete a self-assessment aligned to the standards at the appropriate level. The results can be used as part of their appraisal discussions. Additionally, individuals will be directed to online modular training to enhance their understanding and demonstrate achievement of the standards. Over time, a 360° feedback tool will also be available to provide further insight into their performance and identify areas for development.

How will implementation of the framework be monitored to ensure all trusts are complying appropriately? Will managers receive any formally recognised certification for meeting the competencies?

We are currently exploring how quality assurance will be implemented, who will lead it, and what recognition (e.g. a 'kitemark') will be given for meeting standards. The process will aim to be simple yet robust, with achievement likely evidenced through the appraisal process. Benchmarking may be introduced later.

Will there be Quality Assurance for the central C&M hub?

Coaching and mentoring registers are owned by each of the regional teams and the quality assurance of the coaches on the registers is a matter for each region. You can [contact the regional teams here](#).

Stakeholder engagement, partnerships and collaboration

Has the framework been developed with NHS Wales, Scotland, and Northern Ireland? Is there interest in adopting a shared set of standards and competencies across the NHS?

We are in close collaboration with the devolved administrations and are aligning work across all the countries. However, the formal expectation of adoption and implementation can only be for England at this time.

Is the framework aligned with other key NHS England groups, such as NHS England Nursing and Midwifery, to ensure consistency with this code and competencies?

We are connected with all clinical and non-clinical regulated professions to ensure that any management and leadership components of existing regulation align with the new framework over time.

Will the framework be aligned with leadership and management apprenticeship standards? Has Skills England been consulted, and could the apprenticeship levy be used to fund training?

All Leadership Academy programmes will be fully aligned with the newly developed Standards. As a result, apprenticeships that embed these programmes will also meet the alignment criteria.

Apprenticeships that do not currently incorporate our programmes will need to undergo a kite-marking process once the standard is formally available, ensuring consistent quality and relevance across the sector.

We are actively collaborating with a broad range of apprenticeship providers who have successfully integrated the Jenner, Seacole and Franklin frameworks into their delivery models. This integration helps contextualise leadership learning within the health and care environment, enhancing its relevance and impact.

Throughout the development of the framework, the leadership and management trailblazer chairs have served as key stakeholders, contributing to the discovery, development and review stages of the code, standards and curriculum.

We welcome additional suggestions and ideas to further strengthen this approach. The responsibility for kite-marking apprenticeships as part of the quality assurance process is still being determined. Early-stage discussions are underway, including exploration of potential funding models to support this work.

How can we find out which ICSs are involved in socialisation? Is the 360-tool replacing the existing HLM?

If you contact us (gill.rooke@nhs.net), we can check whether organisations in your area -including your ICB - are participating in the socialisation phase of the framework.

A new 360° feedback tool is scheduled for release in autumn 2026. This updated tool will replace the existing Healthcare Leadership Model (HLM) and is designed to better align with the new Standards and leadership expectations.

How will the programme be rolled out across general practice?

General practice will be within scope for the implementation of the framework. A number of general practice sites will actively participate in the socialisation phase, helping to support and inform the rollout over time.

What are the expectations of private organisations delivering NHS services)? Will evidence of adherence to standards and competencies look favourable when tendering?

Currently, independent organisations delivering services on behalf of the NHS are out of scope for formal implementation. However, we strongly encourage all organisations providing NHS-funded care to

align with and adopt the framework as good practice, promoting consistency in management and leadership standards.

Does 'Delivering across health and care' include working with people and communities outside of organisational boundaries?

Yes, competencies within 'Delivering across health and care' include aspects such as building impactful relationships, leading collaborative teams and sharing good practice across wider system organisations and with colleagues.

Without ICBs holding a formal system workforce role, how will the framework support a collaborative approach across systems? How does the framework align with partners beyond health?

The expectation will be that all organisations and managers and leaders across the NHS will adopt the framework. However, we have been working closely with social care and other key stakeholders to ensure the framework can be accessed and is applicable across the wider health and care sector, including the joint approach for development and future adoption of the code of practice across both health and social care.

Where was the Expression of Interest (EOI) shared and how can we join the early adoption process? Who is being contacted in each organisation?

We've had an excellent response, with 111 organisations signing up as early adopters. Due to capacity, the early adopter programme is now closed to new expressions of interest. The EOI was shared with all People Promise exemplar sites, highlighted in several webinars over the past month, and circulated via our regional colleagues. If you believe your organisation should have been involved and you're leading locally, we recommend connecting with your regional workforce lead for further updates.

Is there any plan to engage current cohorts and alumni further?

Yes, we are engaging with alumni as part of the development of the framework and will continue to do so going forward.

Which stakeholders have been involved in the review process and how do we get involved?

A wide range of engagement has taken place as we have sought consultation on the code, standards and competencies and the Curricula, from stakeholders within NHSE, within the wider health and social care sectors and the education industry. We have consulted with leading sector institutions and both clinical and non-clinical partners, as well as the public, to ensure that the finished framework represents the priorities and requirements of the health sector.

How involved are the regional leadership academies going to be in rolling this out?

The regional leadership academies have been closely involved in the development of the framework from its inception. They will continue to play a key role throughout the socialisation phase and beyond.

Theoretical foundations and methodologies

Has there been any work to consider academic theories, such as Kotter and Hayes?

Development of the framework applied recognised project management methodologies, including Six Sigma DMEDI (define, measure, explore, develop, implement) and Behget et al. (2022) What, Why and How of Leadership and Management Standards in Health and Social Care - clarify, analyse, design, pilot and evaluate.

Academic theories, including Kotter, have been intentionally excluded from the Standards and Competencies but are included in the suggested facilitator-led and self-directed examples within the Curriculum.

The framework seems to focus on skills - how does it address mindset and behaviours?

Several of the standards and competencies focus not only on skills but also on mindset and mindfulness. These include communicating with mindfulness, adopting a growth mindset and - as outlined in the code - demonstrating 'a mindset of continuous and ambitious improvement'. These elements are integral to effective leadership and management within the framework.

Is there a scoring model for each area in the code around managerial appraisal, which theoretical premise is applied so far?

We are still exploring options for assessment against the standards, including any scoring methods.

How are you embedding quality improvement tools and methodology?

Quality improvement is a key theme throughout the code and the standards and as part of the modular development we will be including some improvement learning and development, as well as signposting to deeper training resources, such as NHS IMPACT.

How does the framework interact with the leadership criteria used by HR and OD colleagues?

We are linked closely with the people profession team at NHSE and with the Expectations of Line Managers guidance to ensure cross reference where appropriate.

There is mention of a 'crucial conversations' framework. Where is this model used?

We cannot find 'crucial conversations' anywhere within the most up to date Standards. There are sensitive, challenging and difficult conversations.

Miscellaneous

Are there plans to create visual tools to help people understand the framework and their place within it?

We will develop personas, guidance, and case studies to assist individuals and their line managers in selecting the appropriate level. The rationale behind the framework and instructions for using tools like self-assessment and 360° feedback will be provided in various accessible formats.

How can we find out more about licensing, now and in the future?

The Leadership Academy programmes have been delivered under licence for several years, either through NHS organisations using a 'Train the Trainer' approach or via external training providers as standalone or apprenticeship programmes. For more information, please contact the specific programme email account.