

A LEADERSHIP FRAMEWORK FOR HEALTHCARE

Well Led

Character, knowledge and action: the leadership behaviours that keep care safe, kind and improving, in every role, every profession and every setting.

VERSION 1.0 · 2026

MAPPED TO THE NATIONAL LEADERSHIP FRAMEWORK

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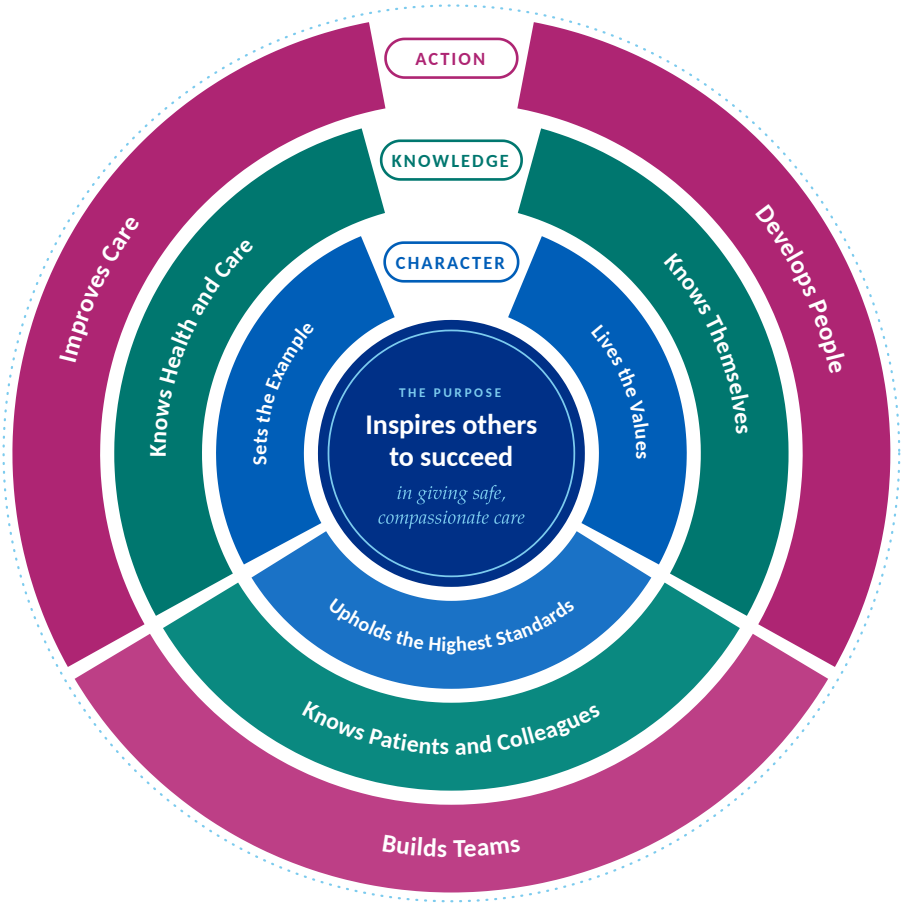

ABOUT THIS FRAMEWORK

This framework describes the leadership that patients, families and colleagues can expect of everyone who works in health and care: the character leaders bring, the knowledge they apply and the actions they take, shown in observable behaviours at every level. It is written for every profession and every role, clinical and non-clinical, in the NHS, in primary care, in social care and in independent and voluntary providers, because leadership is not a grade. It is how people conduct themselves and how they enable others, so that care is safe and compassionate.

It is designed to be used, not filed: in recruitment and appraisal, in supervision and the conversations leaders have about practice, in development programmes, in learning from incidents, in board development, and in the evidence an organisation gives patients, regulators and commissioners that it is well led. Any organisation may adopt it as it stands or make it its own; page 47 shows how.

National Leadership Framework®

ALIGNED TO THE NATIONAL LEADERSHIP FRAMEWORK

This framework is mapped, dimension by dimension and competency by competency, to the National Leadership Framework (NLF), a comprehensive, research- and evidence-informed standard for leadership. The NLF was developed from a comparative review of leadership frameworks across sectors and more than a thousand academic and practitioner sources. Health and care was among those sectors: the frameworks reviewed included the Healthcare Leadership Model, the NHS Leadership Framework, the Medical Leadership Competency Framework, the Leadership Qualities Framework for adult social care and the NHS leadership competency framework for board members. Their concepts are part of the NLF's foundations, which is why each of them, and the NHS Leadership and Management Framework and Code published in 2026, maps into this framework in full (pages 15 and 16). This framework complements them; it does not replace them. The NLF's framework, wording and logo are the intellectual property of the National Leadership Framework CIC; the alignment annex on page 45 shows the mapping.

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CONTENTS

What is inside

	Foreword	**4**
1.0	**Purpose of the Framework**	**6**
1.1	Why Leadership Matters in Health and Care	8
1.2	Leading Under Pressure	9
1.3	What the Inquiries Keep Finding	10
1.4	What Health and Care Is Held Accountable To	11
1.5	What Leadership Is, and Is Not	12
2.0	**The Definition and the Framework**	**13**
2.1	Built on What Health and Care Already Has	15
2.2	Using the Framework	17
3.0	**A Leader's Character**	**19**
3.1	Where the Values of Health and Care Sit	20
3.2	Lives the Values	21
3.3	Upholds the Highest Standards	23
3.4	Sets the Example	24
4.0	**A Leader's Knowledge**	**25**
4.1	Knows Themselves	26
4.2	Knows Patients and Colleagues	27
4.3	Knows Health and Care	28
5.0	**A Leader's Actions**	**29**
5.1	Develops People	30
5.2	Builds Teams	31
5.3	Improves Care	32
6.0	**Levels of Leadership**	**34**
6.1	Leading Yourself	35
6.2	Leading Teams	36
6.3	The First-Line Leader	37
6.4	Leading Services	38
6.5	Leading the System	39
6.6	Boards, Governance and Oversight	40
6.7	Across Health and Care	41
7.0	**Leadership in Practice**	**42**
7.1	Leadership and the Well-Led Question	43
7.2	Leadership and the Duties of Health and Care	44
7.3	Alignment to the National Leadership Framework	45
8.0	**Sources and Acknowledgements**	**46**
9.0	**Making This Framework Your Own**	**47**

How to read the behaviours. Every behaviour in this framework begins with an active verb and describes conduct another person could observe. Where the law, regulation, governance, targets, data, records or grade appear, the behaviour is always what the leader does as a person in that context: explains, reports, thanks, backs, role-models, weighs, steps in only when. The duties and the processes belong to law and policy; the leadership belongs to the people.

A note on words. "The organisation" means the trust, board, practice, network, care provider, hospice or company the reader works in. "Patients" means everyone who receives care, including service users, residents, clients and people who draw on care and support. "Colleagues" means everyone who works in health and care, clinical and non-clinical, employed, contracted or volunteering.

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FOREWORD

Care is only as safe, and as kind, as the leadership around it

Nobody comes to work in health and care to do a bad job. People join to look after others, and most of them do so with skill and generosity that the public rarely sees. Whether they are able to give the care they came to give depends, more than on anything else, on how they are led: by the person in charge of the shift, by the colleague beside them, and by the board they may never meet.

The evidence has been the same for years. Where staff are listened to, supported and treated fairly, patients are safer and more satisfied. Where staff are frightened, ignored or exhausted, care suffers, however good the policies are. Every public inquiry into a failure of care has ended in the same place: people who knew something was wrong and did not feel able to say so, or said so and were not heard.

Health and care does not lack leadership frameworks. The Healthcare Leadership Model, the Leadership Qualities Framework for adult social care, the board competency framework and now the NHS Leadership and Management Framework and its Code have each done serious work, and many thousands of people have developed through them. This framework is not offered in place of any of them. It is offered as a way of holding them together: a single, behavioural description of leadership for every profession and every setting, mapped to a cross-sector standard, into which the sector's own frameworks fit.

It is called Well Led because that is the question every organisation in health and care is already asked, formally by its regulator and less formally by every patient and every member of staff. The answer is not found in a governance structure or a rating. It is found in behaviour: what a leader does when a healthcare assistant raises a worry at three in the morning, when a family says something is wrong, when the numbers are bad, when a talented colleague is rude. Everyone who works in health and care is invited to read this framework, to find themselves in it, and to hold every leader, at every level, to it.

An organisation adopting this framework may replace this foreword with its own.

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Well led is not a rating. It is what happens when a healthcare assistant raises a worry at three in the morning, when a family says something is wrong, and when the numbers are bad.

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1.0 Purpose of the Framework

This framework gives everyone who works in health and care a shared language and a clear standard for leadership. It rests on the belief that the quality of leadership decides the culture of an organisation, that culture decides the care patients receive, and that leadership exists at every level: at the bedside, at the reception desk, in the community, in the laboratory and in the boardroom.

The framework has been shaped by leadership research, by the values and standards health and care already works to, and by the public evidence of what has gone wrong where leadership failed. It recognises that leadership is a career-long journey, asking for adaptability, reflection and continuous learning. Each stage brings different demands, shaped by role, profession and an operating environment under constant pressure. No two careers are the same, and much of what is described here will already be familiar: leadership begins long before anyone is given a team or a title.

At its core, the framework exists to strengthen leadership practice by making clear the values, knowledge and behaviours that enable individuals and teams to lead well. It establishes a shared understanding of what good leadership looks like in health and care, and a consistent approach to developing it at every stage of a career, for clinical and non-clinical colleagues alike.

At the individual level, it supports growth through reflection, feedback, supervision, coaching and mentoring. It helps leaders at every stage recognise their strengths, identify areas to develop and strengthen their practice over time.

At the organisational level, it gives a board, a practice or a provider a deeper understanding of its leadership culture. By identifying strengths, patterns and gaps across the workforce, leaders can target development where it is needed, understand readiness for change, and show patients, regulators and commissioners how leadership serves the people the organisation exists for.

It is also a bridge. Health and care has several leadership frameworks, written at different times for different groups. Because this one is mapped to the National Leadership Framework, which drew on those frameworks in its own development, it shows how they fit together and lets an organisation use one set of behaviours for everyone it employs.

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THE FRAMEWORK IS INTENDED TO GIVE AN ORGANISATION

1. **Shared understanding** of effective leadership across every profession, grade, team and setting
2. **Common values** and expectations, in the same words everywhere, so that culture is strengthened
3. **Reflection and growth** through self-assessment, supervision, coaching and feedback at every career stage
4. **Recruitment to succession** informing how organisations recruit, appraise, develop and plan for the future
5. **Clarity** about the behaviours expected of leaders, and the behaviours that undermine leadership
6. **Safety and candour** shown as leadership conduct, not only as policy, regulation or process
7. **One language** for clinical and non-clinical leaders, bridging the sector's existing frameworks
8. **Evidence** for patients, regulators and commissioners that the organisation is well led

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1.1 Why Leadership Matters in Health and Care

Health and care is delivered by people, to people, at moments when a great deal is at stake. Nothing decides how well they do it more than the quality of leadership around them, at every level.

The evidence is consistent. Research on the experience of NHS staff has repeatedly linked how people are led and engaged with patient satisfaction, with the quality of care and with outcomes. Studies of clinical teams show that rudeness measurably damages diagnosis and performance, and that teams which feel safe to admit error report more, learn more and harm fewer people. Leadership shapes culture, and culture shapes everything a patient experiences: whether they are listened to, whether a mistake is admitted, whether the person caring for them has the time and the confidence to do it well.

The most powerful leadership in health and care does not take place in headquarters. It takes place at handover, on the ward round, in the practice meeting, in the car between visits and in the hundreds of small decisions that leaders make every day about what to notice, what to say and what to expect.

Patients are cared for well when staff are led well. A colleague who is trusted, developed, listened to and treated fairly brings those same things to the bedside. A colleague who is micromanaged, blamed or ignored cannot, however hard they try. That is why this framework attends as carefully to how leaders treat their teams as to how teams treat patients, and why it names the behaviours that undermine leadership as plainly as those that build it.

Leadership in health and care is also a public trust. The sector spends public and charitable money, holds the most private information there is, and is trusted with people at their most vulnerable. Being well led means earning that trust every day, and most carefully with the people and communities who have been served least well.

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1.2 Leading Under Pressure

This framework is not written for ideal conditions. It is written for health and care as it is: stretched, scrutinised and changing. Pressure does not excuse poor leadership. It is the reason good leadership matters, and it is where character shows.

Demand that outruns capacity

More people living longer with more conditions, long waits, crowded departments and a social care system under strain. Leaders are asked to keep care safe when there is not enough of it.

A tired workforce

Vacancies, sickness, burnout and moral distress: the pain of not being able to give the care one was trained to give. Staff who are not cared for cannot go on caring.

Money

Deficits, savings plans and productivity targets. Every financial decision is also a decision about quality, and leaders carry both.

Constant change

A ten-year plan, new operating models, mergers and reorganisation, new technology. Leaders are asked to transform services while running them.

Scrutiny from every side

Regulators, commissioners, auditors, coroners, the media, elected representatives, and patients and families who have every right to ask. Scrutiny can teach, or it can frighten people into defensiveness.

Hierarchy and tribe

Old divides between professions, between clinicians and managers, and between organisations. Care falls through the gaps that leaders do not bridge.

None of these pressures is solved by a framework. What a framework can do is describe how leaders behave within them, because the same pressure produces very different cultures under different leaders. In one department a bad night ends with a debrief and a thank you. In another it ends with blame. The staffing was the same.

Pressure also explains the particular shape of this framework. It asks leaders to look after themselves (15, Stays Composed and Well) and to show staff the compassion they are asked to show patients (06). It asks them to weigh the effect of a financial decision on care before it is taken (34), to keep teams focused on what matters to patients rather than on targets for their own sake (31), and to resist adding another form after every incident (33). These are the behaviours that keep an organisation humane when it is hardest to be.

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1.3 What the Inquiries Keep Finding

For more than a decade, public inquiries and independent reviews have examined failures of care in England. They concern different services, in different places, in different years. Their findings about leadership are almost interchangeable.

Mid Staffordshire FRANCIS, 2013	A culture that put the business of the organisation ahead of patients, tolerated poor standards and did not listen to those who complained or raised concerns.
Morecambe Bay KIRKUP, 2015	Poor working relationships between professional groups, denial that there was a problem, and repeated failure to investigate honestly and learn.
Shrewsbury and Telford OCKENDEN, 2022	Families who were not listened to, incidents that were not investigated, and an organisation that did not learn.
East Kent KIRKUP, 2022	Failures of teamworking, professionalism, compassion and listening. The report asked for attention to behaviour and culture rather than another round of policy.
Infected blood LANGSTAFF, 2024	Defensiveness, a lack of candour and the instinct of institutions to protect themselves ahead of the people they had harmed.
Countess of Chester THIRLWALL, 2026	Staff who did not feel able to raise concerns, concerns that were not acted on when raised, and a board that did not receive reports of what was happening. The report was clear that it is behaviours that need to change.

The pattern. In each case the warning signs were there, and people had seen them. What failed was not the absence of a policy. It was behaviour: leaders who did not listen, who defended the organisation before they understood what had happened, who tolerated poor conduct from valued colleagues, who let professional rivalries go unresolved, or who made it costly to speak. The same reviews found the opposite in the places that did well: curiosity, candour, kindness and teams that talked to each other.

The response so far. The sector's answer has usually been structural: new duties, new regulators, new standards, and now the regulation of managers. Each has its place. But the 2022 review of health and social care leadership found that leadership and management were not consistently trained, developed or valued, and the inquiries themselves have asked for attention to behaviour and culture rather than another layer of process.

What this framework adds. It writes the lessons as behaviours that can be seen, practised and assessed, and places them where they belong. Listening to families is in Shows Humility (10) and Reads People and Situations (17). Putting patients before reputation is in Is Loyal to Patients and Colleagues (04). Following up a concern is in Makes It Safe to Speak Up (28). Holding people to account fairly, which a just culture requires, is in Takes Accountability (11). Staying curious about a result that does not fit is in Reflects and Tests Their Thinking (16).

The findings above are summarised from the published reports, which are listed on page 46. They are cited as evidence for the whole sector and not to single out any organisation.

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1.4 What Health and Care Is Held Accountable To

Few sectors are regulated, inspected and audited as heavily as health and care. Every one of those standards is, at root, an expectation about the conduct of people. This framework is how an organisation meets them through leadership rather than through process alone.

Law, regulation, codes and policy are essential. They are the architecture of safe and accountable care. But architecture does not act. People act. A duty of candour is only as good as the clinician who sits down with the family. A speaking-up policy is only as good as the manager who hears the concern. A fit and proper person test is only as good as the chair who is honest in the appraisal. An audit is only as good as the willingness to face what it shows.

That is why this framework keeps leadership distinct from management and from authority. Running a process is management. Holding a post is authority. Explaining why a safeguard exists, modelling it, thanking the colleague who reported an incident, telling a family the truth, owning the outcome when something fails: that is leadership, and it is what turns a sound standard into safe care. The standards below are the main ones health and care in England works to; pages 43 and 44 show, competency by competency, how the behaviours in this framework support them.

The NHS Constitution

The principles, rights and pledges of the NHS in England and its six values: working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives, and everyone counts.

The fundamental standards

The regulations that every registered provider must meet, NHS or not, including safe care, dignity and respect, safeguarding, good governance, staffing, fit and proper persons and the duty of candour. The Care Quality Commission asks five questions of every service: is it safe, effective, caring, responsive and well-led?

Professional regulation

The codes of the General Medical Council, the Nursing and Midwifery Council, the Health and Care Professions Council and the other professional regulators. Each asks registrants to put patients first, raise concerns, be candid and work well with colleagues.

Leadership and management standards

The NHS Leadership and Management Framework and the Leadership and Management Code for health and social care (2026), the competency framework and fit and proper person test for board members, and the barring scheme for senior NHS managers that the Government has said it will legislate for.

Candour and speaking up

The statutory and professional duties of candour, the protection the law gives to those who make a disclosure in the public interest, and Freedom to Speak Up arrangements: speak up, listen up, follow up.

Patient safety and learning

The national patient safety strategy and incident response framework, a just culture, learning from deaths, and the route for patients and families to ask for an urgent review when they are worried.

Oversight, money and audit

Boards and integrated care boards, national oversight of performance and finance, internal and external audit, clinical audit, and the stewardship of public and charitable money.

Equality, safeguarding and people

The Equality Act and the public sector equality duty, the workforce race and disability equality standards, the safeguarding of children and adults, mental capacity and consent, and the promises made to staff about their working lives.

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1.5 What Leadership Is, and Is Not

Leadership, management and authority are three different functions. Most leaders in health and care perform all three, often at the same time, and they support one another. But they are not the same thing, and confusing them is how well-governed organisations end up badly led.

Leadership

Influencing people, shaping culture, developing individuals and teams, creating purpose and direction, building commitment and enabling performance. Leadership is shared across the organisation; leading is the part each person plays.

Management

Planning, organising, coordinating, monitoring and controlling resources and activities. Rotas, budgets, waiting lists, performance data, policies, risk registers and records. Essential, and not what this framework describes.

Authority

The legitimate power to decide and to direct, and the accountability that comes with it: the registered professional, the accountable officer, the board, the grade. A context in which leadership happens, not a substitute for it.

The rule applied to every line. Duties, processes and grade are contexts in which leadership happens. The leadership is the behaviour of the person in them: how they model their character, and how they influence and enable others, while doing these things. So this framework never says “monitors compliance”, “allocates resources” or “ensures targets are met”. It says “explains why a safeguard exists”, “reports incidents promptly and thanks colleagues who do the same”, “weighs the consequences of a financial decision for the quality and safety of care”.

Good management matters. Health and care needs excellent managers, and the national framework rightly sets standards for management as well as leadership. This framework does not compete with those standards. It describes the leadership that makes management humane and effective, for people who manage and for the many who lead without managing anyone.

Everyone can lead. Leadership is a function of the whole organisation, uniting people around a common purpose. It does not depend on grade or profession. The healthcare assistant who says the patient does not look right is leading. The receptionist who notices that a regular caller sounds different is leading. The porter who challenges a colleague’s language is leading. Excellent followership, contributing to the team’s leadership from within it, is itself a form of leadership this framework names and values.

Leadership is grounded in values and shown in behaviour. It can be seen, discussed, coached and developed. That is why the framework is written as observable behaviours rather than traits, and why development is lifelong and goes well beyond a course.

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2.0 The Definition and the Framework



A DEFINITION OF LEADERSHIP

Leadership is the combination of a leader's character, knowledge and action, shown through everyday behaviours, that inspires others to succeed in giving safe, compassionate care.

The definition draws on the National Leadership Framework's definition, itself adapted from one proven across the most demanding environments: leadership as the combination of character, knowledge and action that inspires others to succeed. It keeps the three parts and the insistence that leadership is displayed through behaviours, and it names what health and care is for: safe, compassionate care.

The three domains are deliberately few. Character is what patients and colleagues can trust: the values leaders live, the standards they uphold and the example they set. Knowledge is what leaders understand: themselves, patients and colleagues, and health and care. Action is what leaders do: developing people, building teams and improving care. Three domains were chosen because more would overlap; adding domains for management, governance or operational delivery would blur the line between personal disposition, professional competence and behaviour.

Each domain has three dimensions, nine in all. Beneath them sit 35 competencies and 357 observable behaviours. At the centre of the model is the purpose of all of it: to inspire others to succeed in giving safe, compassionate care.

EIGHT PRINCIPLES THAT UNDERPIN THE FRAMEWORK

1. Leadership, management and authority are separate, mutually supporting functions.
2. Leadership is shared across the organisation; leading is individual.
3. Everyone can contribute to leadership, at every level, whatever their grade or profession.
4. Leader development is lifelong, grown through experience, relationships and reflection.
5. Development goes beyond training: it needs practice, feedback and a culture that supports learning.
6. Leadership practice is informed by evidence, evaluation and proportionate assurance.
7. Effective leadership is grounded in values, which guide judgement, behaviour and relationships.
8. Leadership involves character, knowledge and action, expressed through observable behaviours.



WHY WELL LED

Every registered provider in England is asked five questions: is it safe, effective, caring, responsive and well-led? The fifth decides the other four. An organisation is not well led because its governance is tidy. It is well led when the people in it behave in ways that make care safe and kind: when concerns are welcomed, when the truth is told, when the newest member of the team is listened to. That is the golden thread of this framework, and each level of leadership in section 6 describes what well led looks like in its sphere.

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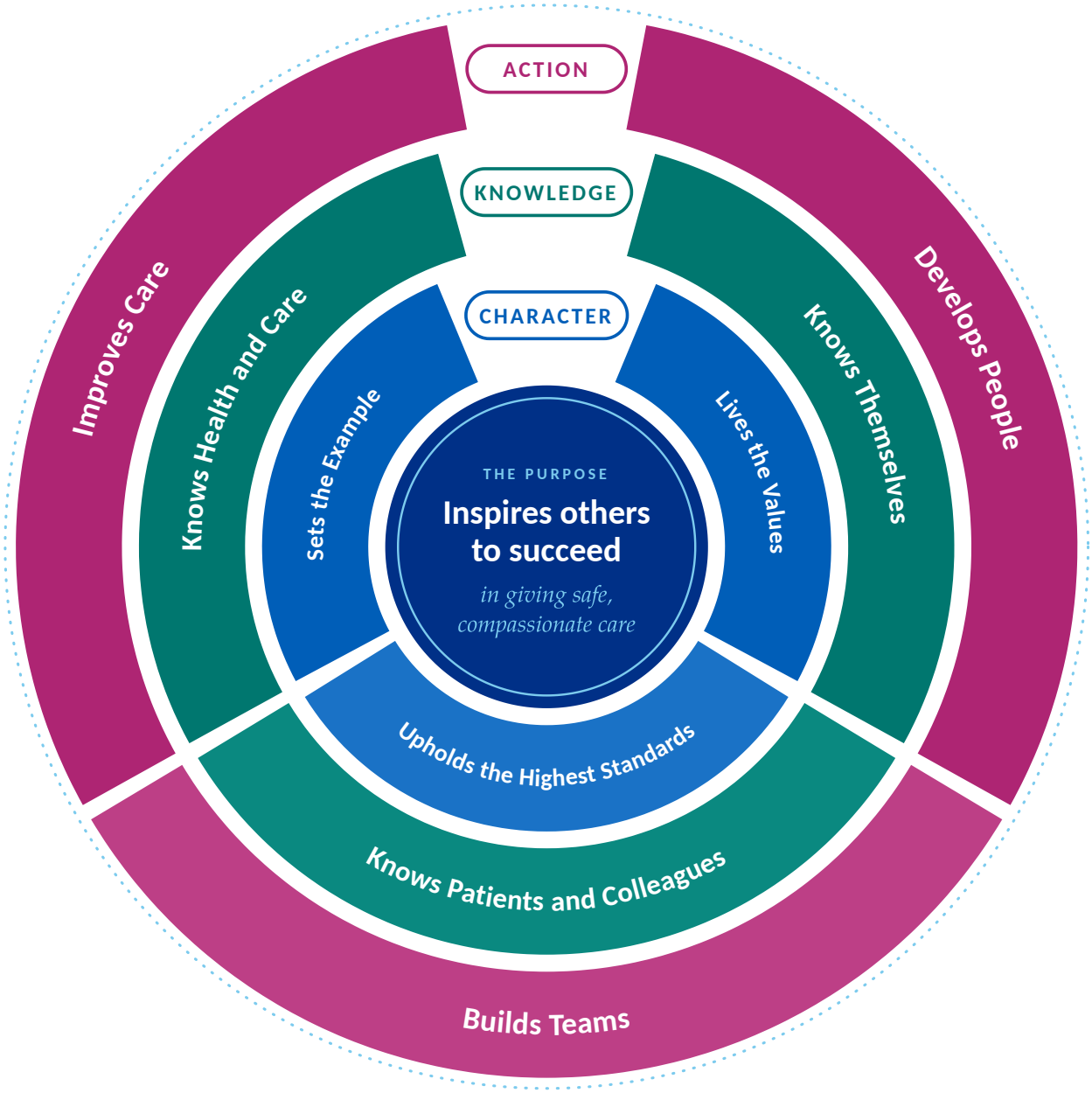
THE LEADERSHIP FRAMEWORK

Three domains. Nine dimensions. One purpose.



A Leader's Character

What patients and colleagues can trust. The values leaders live, the standards they uphold and the example they set. The innermost ring: everything else rests on it.

A Leader's Knowledge

What leaders understand. Themselves, patients and colleagues, and health and care. The understanding behind sound judgement.

A Leader's Actions

What leaders do. Developing people, building teams and improving care. The outermost ring: what others see.

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2.1 Built on What Health and Care Already Has

Health and care has well-established leadership frameworks of its own. This framework does not replace them and does not ask anyone to choose. It shows how they fit together, because the standard it is mapped to was built with them.

The National Leadership Framework was developed from first principles over about two years, through a comparative review of leadership frameworks across sectors and more than a thousand academic and practitioner sources. Health and care was one of those sectors. The Healthcare Leadership Model, the NHS Leadership Framework, the Medical Leadership Competency Framework, the Leadership Qualities Framework for adult social care and the board competency framework were among the frameworks studied, and the concepts they share with defence, policing, education and government are the ones the NLF placed most confidence in.

The practical consequence is that nothing in the sector's own frameworks is lost here. Every principle of the Leadership and Management Code, every dimension of the Healthcare Leadership Model and every domain of the board framework is carried by named competencies in this framework, and the tables on these two pages show where. An organisation that has invested in any of them can keep its language and its programmes and use this framework to see the whole.

What this framework adds is breadth and precision. It covers everyone, not only managers. It separates leadership from management, so that behaviours can be developed and assessed without being confused with tasks. It makes character explicit, where earlier models left personal qualities implicit. And it is mapped to a standard shared with other sectors, so that an organisation can be independently assured against it.

The Leadership and Management Code for health and social care

NHS England, 2026 · six principles

Be accountable

Take responsibility, hold yourself and others to account, and keep looking for ways to improve.

- 11 Takes Accountability
- 34 Makes Sound, Timely Decisions
- 31 Builds High-Performing Teams
- 26 Provides Support and Challenge
- 07 Honours the Law and Its Safeguards

Be collaborative

Build relationships on respect and trust, and work across teams and organisations.

- 35 Works Across Boundaries
- 29 Builds One Team Across Professions
- 19 Builds and Repairs Relationships
- 30 Listens and Communicates Clearly
- 12 Leads by Influence, Not Hierarchy

Be compassionate

Show care and understanding for others, and for yourself.

- 06 Leads with Compassion
- 13 Puts Others First
- 15 Stays Composed and Well
- 26 Provides Support and Challenge
- 17 Reads People and Situations

Be curious

Stay open and questioning, use evidence and listen to diverse views.

- 16 Reflects and Tests Their Thinking
- 10 Shows Humility
- 21 Knows Their Craft and the Evidence
- 28 Makes It Safe to Speak Up
- 25 Develops Themselves

Be inclusive

Confront discrimination and ask who is missing and who is not being heard.

- 03 Respects Every Person
- 20 Understands Cultures and Communities
- 08 Acts with Civility
- 27 Grows Future Leaders
- 01 Speaks Up with Courage

Show integrity

Stay true to your values under pressure, and be honest and open.

- 02 Acts with Honesty and Candour
- 01 Speaks Up with Courage
- 09 Acts Professionally
- 04 Is Loyal to Patients and Colleagues
- 05 Serves Patients and the Public

Reading the two together. The Code says what every leader and manager in health and social care must be. This framework describes, behaviour by behaviour, what that looks like in practice and how it develops from the first day in a role to the boardroom.

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BUILT ON WHAT HEALTH AND CARE ALREADY HAS

Dimension by dimension: how the sector's frameworks map in

Healthcare Leadership Model

NHS Leadership Academy, 2013 · nine dimensions of leadership behaviour

Inspiring shared purpose	05 Serves Patients and the Public · 01 Speaks Up with Courage · 32 Sets Clear Purpose and Direction
Leading with care	06 Leads with Compassion · 18 Understands the Team · 28 Makes It Safe to Speak Up
Evaluating information	16 Reflects and Tests Their Thinking · 21 Knows Their Craft and the Evidence · 34 Makes Sound, Timely Decisions
Connecting our service	22 Understands Patients, Partners and Place · 24 Understands How the Organisation Works · 35 Works Across Boundaries
Sharing the vision	32 Sets Clear Purpose and Direction · 30 Listens and Communicates Clearly · 12 Leads by Influence, Not Hierarchy
Engaging the team	29 Builds One Team Across Professions · 28 Makes It Safe to Speak Up · 31 Builds High-Performing Teams
Holding to account	11 Takes Accountability · 26 Provides Support and Challenge · 31 Builds High-Performing Teams
Developing capability	25 Develops Themselves · 26 Provides Support and Challenge · 27 Grows Future Leaders
Influencing for results	12 Leads by Influence, Not Hierarchy · 19 Builds and Repairs Relationships · 35 Works Across Boundaries

The model does not list personal qualities separately but says they run through every dimension. Here they are explicit, in Knows Themselves (14, 15 and 16) and across A Leader's Character.

Leadership Qualities Framework for adult social care

Skills for Care, 2026 · the Code, then five dimensions at four levels

Creating the vision	32 Sets Clear Purpose and Direction · 23 Understands the National Picture · 12 Leads by Influence, Not Hierarchy
Setting direction	32 Sets Clear Purpose and Direction · 34 Makes Sound, Timely Decisions · 22 Understands Patients, Partners and Place
Managing services	24 Understands How the Organisation Works · 31 Builds High-Performing Teams · 33 Trusts People to Act
Improving services	28 Makes It Safe to Speak Up · 16 Reflects and Tests Their Thinking · 31 Builds High-Performing Teams
Delivering the strategy	35 Works Across Boundaries · 34 Makes Sound, Timely Decisions · 11 Takes Accountability

NHS leadership competency framework for board members

NHS England, 2024 · six domains

Driving high-quality and sustainable outcomes	31 Builds High-Performing Teams · 34 Makes Sound, Timely Decisions · 05 Serves Patients and the Public
Setting strategy and delivering long-term transformation	32 Sets Clear Purpose and Direction · 23 Understands the National Picture · 33 Trusts People to Act
Promoting equality and inclusion, and reducing health and workforce inequalities	03 Respects Every Person · 20 Understands Cultures and Communities · 27 Grows Future Leaders
Providing robust governance and assurance	24 Understands How the Organisation Works · 11 Takes Accountability · 07 Honours the Law and Its Safeguards
Creating a compassionate, just and positive culture	06 Leads with Compassion · 28 Makes It Safe to Speak Up · 08 Acts with Civility
Building a trusted relationship with partners and communities	35 Works Across Boundaries · 22 Understands Patients, Partners and Place · 19 Builds and Repairs Relationships

Earlier frameworks. The seven domains of the NHS Leadership Framework (2011), five of them shared with the Medical and Clinical Leadership Competency Frameworks, are carried too: demonstrating personal qualities in A Leader's Character and Knows Themselves; working with others in Knows Patients and Colleagues and Builds Teams; managing and improving services, setting direction, creating the vision and delivering the strategy in Knows Health and Care and Improves Care. The stages and levels of the national and social care frameworks are mapped on page 34.

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2.2 Using the Framework

The framework is a developmental tool, not a checklist or a compliance instrument. It supports reflection, feedback, supervision, coaching and leadership development over time. Leadership development is not linear: every leader will show different strengths across different dimensions depending on role, experience and context.

3	9	35	357
DOMAINS	**DIMENSIONS**	**COMPETENCIES**	**BEHAVIOURS**
Character, Knowledge, Action	Three within each domain	Each with a one-sentence descriptor	Observable, active, transferable

Mutually reinforcing. Each behaviour sits where it is most strongly evidenced, but behaviours are not meant to be read or applied in isolation. Reflection strengthens decisions, relationships strengthen influence, expertise strengthens credibility. Empathy sits in Character and underpins the whole framework; communication is a competency in its own right and runs through every other. Duplication has been kept to a minimum so the framework stays readable.

Levels. The domains stay constant; their application shifts with responsibility, risk and complexity. Section 6 shows how leadership changes across four levels, from leading yourself to leading the system. Not every behaviour carries equal weight at every level, and misjudging behaviour against context is one of the ways leadership climates turn toxic.

Everyone. The framework applies to every profession and every role. Most people who work in health and care do not manage anyone, and many of the most important acts of leadership are theirs. It makes no distinction between the leadership expected of a clinician and of a manager at the same level, and it is written so that both can be developed together.

Alongside the national tools. For NHS leaders and managers, the national framework sets the standards and competencies for each stage and provides a self-assessment and 360-degree feedback. This framework sits alongside it as the behavioural description of leadership for the whole workforce, mapped to a cross-sector standard. An organisation can use the national self-assessment for its managers and this framework's behaviours for recruitment, development, supervision and culture across everyone.

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USING THE FRAMEWORK

The behaviours that undermine leadership

This framework describes the leadership health and care wants to see. It also recognises the behaviours that undermine it, and expects everyone to recognise and challenge them. Naming them helps people spot the early signs of a toxic climate in any team, department, practice or board.

Narcissistic · Authoritarian · Abusive · Manipulative · Arrogance · Unpredictable · Intimidating · Self-serving · Incompetence (refusing to delegate or learn) · Micromanagement · Bullying · Paranoia · Favouritism · Deceitfulness · Lack of accountability · Resistance to change · Lack of empathy · Isolationism

Every competency in this framework works against at least two of these behaviours, and each competency card shows which. Five are built to counter the patterns that the public evidence shows most often precede harm: **Makes It Safe to Speak Up** against intimidation, bullying and the culture in which raising a concern is costly; **Is Loyal to Patients and Colleagues** against deceit, closed ranks and the protection of reputation; **Acts with Civility** against the rudeness and abuse that damage teams and patients; **Shows Humility** against arrogance and the dismissal of families and junior colleagues; and **Trusts People to Act** against micromanagement and the instinct to add another check after every incident.

Accountability and kindness together. A culture that never holds anyone to account is as unsafe as one that blames. The framework asks leaders to respond to honest error with understanding (06), to stand beside a colleague after an incident (26), and equally to hold people to account for conduct and for a choice to cut corners (11). Fairness is what joins the two.

How organisations use it. In recruitment and promotion, in appraisal and supervision, in the design of leadership programmes for every profession and grade, in incident reviews and debriefs, in staff surveys and culture reviews, in board development, and in the evidence given to patients, regulators and commissioners. Section 7 sets out these practical uses and the policy statement that sits behind them.

A note on judgement. Not every behaviour is needed in equal measure in every situation. A leader in the middle of a cardiac arrest needs composure and clear direction more than a development conversation; the same leader at the debrief afterwards should be having that conversation. Reading the moment is itself part of the framework.

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WHAT PATIENTS AND COLLEAGUES CAN TRUST

3.0 A Leader's Character

the values and standards people can rely on

Character is the foundation of leadership in health and care. People come to the service at the most frightening moments of their lives and hand over their bodies, their histories and their families on trust. Colleagues do the same when they admit a mistake or raise a worry. What they are trusting is not a policy. It is the character of the people in front of them: whether they are honest, whether they are kind, and whether they will do the right thing when it is hard.

Every major inquiry into failures of care has found the same thing at the root: not a missing procedure, but people who stopped listening, protected a reputation, tolerated poor behaviour or stayed silent. A Leader's Character describes the values leaders live, the standards they uphold and the example they set, so that patients and colleagues alike know what they can rely on.

Lives the Values

Courage, candour, respect, loyalty without defensiveness, service and compassion: the values that hold when it is hard.

Upholds the Highest Standards

Lawful and safe, civil, professional: the non-negotiables that keep care safe and keep leaders worthy of trust.

Sets the Example

Humility, accountability, influence rather than hierarchy, and putting others first: character made visible, so that others have something to follow.

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3.1 Where the Values of Health and Care Sit

The Character domain is anchored on the values health and care has already chosen for itself. Where an organisation has values of its own, they sit here too, and the table at the foot of the page shows how.

THE VALUES OF THE NHS CONSTITUTION

The NHS Constitution for England sets out six values for everyone who works in or for the NHS. Each maps directly onto competencies in this framework.

Working together for patients	Works Across Boundaries (35), Builds One Team Across Professions (29), Serves Patients and the Public (05)
Respect and dignity	Respects Every Person (03), Acts with Civility (08)
Commitment to quality of care	Knows Their Craft and the Evidence (21), Builds High-Performing Teams (31), Takes Accountability (11)
Compassion	Leads with Compassion (06), Puts Others First (13)
Improving lives	Serves Patients and the Public (05), Sets Clear Purpose and Direction (32)
Everyone counts	Respects Every Person (03), Understands Cultures and Communities (20), Grows Future Leaders (27)

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Nolan Principles apply to everyone who serves the public, including board members and those who commission and regulate care.

Selflessness	Serves Patients and the Public (05), Puts Others First (13)
Integrity	Acts with Honesty and Candour (02), Acts Professionally (09)
Objectivity	Respects Every Person (03), Makes Sound, Timely Decisions (34)
Accountability	Takes Accountability (11), Shows Humility (10)
Openness	Listens and Communicates Clearly (30), Acts with Honesty and Candour (02)
Honesty	Acts with Honesty and Candour (02), Speaks Up with Courage (01)
Leadership	The whole of Sets the Example (10 to 13)

Other statements of value. The six principles of the Leadership and Management Code are mapped on page 15. The values nursing and midwifery know as the 6Cs are carried by Leads with Compassion (06) for care and compassion, Knows Their Craft and the Evidence (21) for competence, Listens and Communicates Clearly (30) for communication, Speaks Up with Courage (01) for courage, and Serves Patients and the Public (05) for commitment. The values of the social care workforce pathway, from kindness and respect to being courageous and principled, sit in the same competencies. The professional codes ask the same of their registrants in their own words.

WHERE AN ORGANISATION HAS ITS OWN VALUES, THEY SIT HERE

Most organisations hold three to six values of their own. They do not need a separate framework; each maps onto the competencies that make it observable. Write each value in a box with the competencies that carry it, so that colleagues see the connection every time they use the framework. Two worked examples are shown.

Example: Kindness
Leads with Compassion (06), Acts with Civility (08), Provides Support and Challenge (26)

Example: Openness
Acts with Honesty and Candour (02), Shows Humility (10), Makes It Safe to Speak Up (28)

Your value
Competencies that carry it

Your value
Competencies that carry it

Your value
Competencies that carry it

Your value
Competencies that carry it

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3.2 Lives the Values

A LEADER'S CHARACTER · CARRIES NLF DIMENSION VALUES-DRIVEN

Values are the moral basis of how leaders lead. They anchor choices in principles a leader could explain to a patient, a family or a coroner, and they hold when it would be easier to let them slip. Values-led leadership gives patients and colleagues consistency of character, and from that consistency comes trust.

In health and care these are the values the sector has already chosen: the six values of the NHS Constitution, the integrity and compassion the Leadership and Management Code asks for, the duty of candour, and the values of every professional code.

01 Speaks Up with Courage

NLF: MORAL COURAGE

Does the right thing for patients and colleagues when it is hard, and speaks up when care, conduct or safety falls short, whoever is involved.

- Exercises sound moral judgement and chooses the ethically grounded course of action
- Makes difficult, principled decisions, including unpopular ones, and explains them
- Resists pressure, temptation or rationalisation when facing an ethical dilemma, including pressure to put a target, a budget or a reputation before a patient
- Challenges unethical, unsafe or unjust behaviour in others, whatever their grade, profession or standing
- Raises a concern about patient safety or a colleague's conduct promptly and persists until it has been properly heard
- Amplifies the voices of patients, families and colleagues who face injustice or unfair treatment
- Challenges practices and systems that produce unsafe care or unequal outcomes for some patients or some colleagues
- Says plainly what the data and the evidence show about harm or poor care, even when it is uncomfortable for the organisation
- Acts despite personal fear when ethical action carries personal risk
- Encourages and enables moral courage in others through support and personal example

WORKS AGAINST: DECEITFULNESS, SELF-SERVING, INTIMIDATING

02 Acts with Honesty and Candour

NLF: INTEGRITY

Is honest and consistent in word and deed, and open with patients, families and colleagues when something has gone wrong.

- Deals truthfully and honestly in every interaction with patients, families, colleagues, partners and regulators
- Does what is right even when no one is watching
- Holds themselves to the same standards they expect of colleagues, whatever their grade
- Honours commitments and follows through on promises made to patients, families and colleagues
- Communicates decisions openly, explaining the rationale with clarity and transparency
- Tells patients and families the truth promptly when something has gone wrong, apologises and explains what will happen next
- Gives a full and candid account to reviews, investigations, inquests and inquiries, without defensiveness
- Aligns personal conduct with the organisation's values and the ethical standards of health and care
- Upholds personal integrity when faced with competing interests, pressures or loyalties
- Reinforces a culture of honesty through clear expectations and personal example

WORKS AGAINST: DECEITFULNESS, MANIPULATIVE, LACK OF ACCOUNTABILITY

03 Respects Every Person

NLF: RESPECT FOR OTHERS

Treats every patient, family member and colleague with dignity, fairness and respect, whatever their background, role or circumstances.

- Treats every person with respect and courtesy, including those who are frightened, confused, angry or hard to help
- Acts reasonably and judiciously, assuming good intent in colleagues and in patients and families
- Protects the dignity, privacy and choices of patients in every setting, including when they cannot speak for themselves
- Applies fairness, impartiality and transparency in decisions that affect people, including rotas, opportunity, recognition and discipline
- Ensures equitable access to development, opportunity and advancement for colleagues of every profession, grade and background
- Promotes voice, participation and belonging for colleagues and patients across every group
- Values individuality and diversity of perspective, background and experience
- Addresses behaviour that belittles, dismisses, marginalises or undermines others, including discrimination by colleagues or by patients
- Cultivates inclusive and respectful conduct within their sphere of influence

WORKS AGAINST: FAVOURITISM, BULLYING, LACK OF EMPATHY

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3.2 Lives the Values *continued*

A LEADER'S CHARACTER · CARRIES NLF DIMENSION VALUES-DRIVEN

04 Is Loyal to Patients and Colleagues

NLF: LOYALTY

Commits to colleagues, the organisation and its purpose, and refuses the misplaced loyalty that protects a reputation or a colleague at a patient's expense.

- Displays consistent commitment to the organisation's purpose, values and people
- Advocates for colleagues' interests and wellbeing, including when they are not in the room
- Supports colleagues' ideas and contributions appropriately in wider forums
- Offers constructive and responsible challenge to colleagues and senior leaders when necessary, putting patients first
- Balances loyalty to individuals with duty to patients, the public and the organisation's purpose
- Reconciles competing loyalties by putting the collective purpose, the care of patients, first
- Puts the safety of patients above the reputation of the team, the profession or the organisation
- Rejects blind or misguided loyalty that would compromise integrity or standards
- Commits fully to a decision once it is properly made, even when they argued for another course

WORKS AGAINST: DECEITFULNESS, PARANOIA, ISOLATIONISM

05 Serves Patients and the Public

NLF: SERVICE

Puts patients and the public interest before personal status or convenience, and stewards people, money and reputation for the long term.

- Prioritises patients and the collective purpose above personal status, benefit, convenience or short-term self-interest
- Stewards public and charitable money, staff time and resources responsibly, balancing effectiveness with restraint and long-term sustainability
- Protects the organisation's interests and integrity against competing or misaligned agendas
- Enhances the reputation of health and care through ethical, values-driven conduct in every public and external setting
- Promotes sustainable practices that preserve social, environmental and institutional resources
- Invests in others' development to strengthen the organisation's long-term capacity and resilience
- Supports work that improves the health of the wider community and reduces health inequalities
- Privileges long-term benefit to patients and the public over short-term gain, expediency or an easier performance figure

WORKS AGAINST: SELF-SERVING, NARCISSISTIC

06 Leads with Compassion

NLF: HUMANITY AND COMPASSION

Notices what patients and colleagues are going through, and responds with kindness, patience and practical care.

- Listens attentively and responds with empathy to others' feelings, needs and perspectives
- Shows kindness and appreciation beyond formal courtesy or role obligation
- Offers support proactively when a colleague, a patient or a family is experiencing difficulty or strain
- Recognises signs of distress, exhaustion or vulnerability in patients and colleagues, and responds with care and sensitivity
- Looks out for colleagues after a death, a serious incident, a complaint or abuse from the public, and makes it normal to ask for help
- Communicates in language and tone that is constructive and encouraging
- Shows patience and tolerance toward differing experiences, views and emotional responses
- Responds to honest mistakes with understanding, focusing on learning rather than blame
- Shows staff the same compassion the organisation asks them to show patients
- Fosters a climate of care, compassion and warmth within their sphere of influence

WORKS AGAINST: LACK OF EMPATHY, ABUSIVE, BULLYING

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3.3 Upholds the Highest Standards

A LEADER'S CHARACTER · CARRIES NLF DIMENSION UPHOLDS THE HIGHEST STANDARDS

Leaders are custodians of standards that are not theirs to lower. They act within the law and the safeguards that protect patients, behave with civility towards everyone, and uphold the codes of their profession and role. Living these standards, and helping others own them rather than merely comply, is what gives leadership its legitimacy.

The fundamental standards, the professional codes and the fit and proper person requirements all describe conduct, and conduct is leadership: it is what patients, families and colleagues see people do.

07 Honours the Law and Its Safeguards

NLF: LAWFULNESS

Acts within the law, regulation and the safeguards that protect patients, and helps others understand why they exist.

- Acts within the law, regulation and professional requirements, making the expectations clear to others
- Uses positional authority responsibly, so that decisions and actions are lawful and can be accounted for
- Explains why a safeguard, a check or a policy exists, so that colleagues understand and own it rather than merely comply
- Promotes respect for legal obligations and regulatory requirements through personal example
- Challenges unlawful or non-compliant behaviour through appropriate and proportionate channels
- Reports safety incidents, near misses and breaches promptly and thanks colleagues who do the same
- Promotes safeguarding, consent, equality and inclusion obligations as matters of conduct, not only of policy
- Treats a safeguarding concern about a child or an adult at risk as everyone's business and acts on it without delay
- Models accurate, transparent and diligent record-keeping, so that others can trust decisions and follow safe and lawful practice

WORKS AGAINST: DECEITFULNESS, LACK OF ACCOUNTABILITY, SELF-SERVING

08 Acts with Civility

NLF: APPROPRIATENESS

Behaves with civility and decency in every setting, and challenges rudeness, disrespect and exclusion because they harm colleagues and patients alike.

- Adjusts personal conduct to suit the context, audience and setting, at the bedside, in a meeting, on the telephone and online
- Considers the impact of personal conduct on patients, on colleagues and on confidence in the organisation
- Refrains from undue assumptions, judgement or criticism of others, including other teams and professions
- Challenges inappropriate and unacceptable language and behaviour
- Addresses rudeness and incivility between colleagues promptly, including from senior or highly skilled individuals, because it affects the safety of care
- Intervenes to prevent or stop the mistreatment of others, whether by colleagues, patients or visitors
- Uses position and voice to include marginalised or underrepresented views
- Protects the confidentiality of patients and colleagues in every conversation, corridor and channel

WORKS AGAINST: ABUSIVE, INTIMIDATING, UNPREDICTABLE

09 Acts Professionally

NLF: PROFESSIONALISM

Upholds the codes, boundaries and standards of their profession and role, free from bias, favouritism or improper influence.

- Aligns decisions and conduct with professional expectations and the organisation's values
- Consistently upholds professional codes of conduct and the standards expected of their role, registered or not
- Maintains personal and professional boundaries with patients, families and colleagues, avoiding over-familiarity and conflicts of interest
- Declares interests, gifts and relationships that could compromise or appear to compromise their judgement
- Ensures impartial decisions, free from bias, favouritism or improper influence
- Models a professional demeanour in tone, conduct, communication and personal bearing
- Represents the organisation and their profession responsibly, safeguarding public confidence and credibility
- Promotes and encourages adherence to professional expectations and standards in others

WORKS AGAINST: ARROGANCE, FAVOURITISM, UNPREDICTABLE

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3.4 Sets the Example

A LEADER'S CHARACTER · CARRIES NLF DIMENSION MODELS EXEMPLARY BEHAVIOURS

Leaders are judged by what they do as much as by what they say. Setting the example means admitting what they do not know, owning decisions and their outcomes, earning commitment through credibility rather than grade, and putting others first. It is how character becomes visible, and how it becomes something others want to emulate.

Health and care is full of hierarchies: of grade, of profession, of specialty. Grade gives a leader authority. It does not give them the trust of the team; that is earned by example, every shift.

10 Shows Humility

NLF: HUMILITY

Acknowledges limits and mistakes, asks for help and welcomes challenge, whatever their seniority or expertise.

- Openly acknowledges their own limitations and mistakes, building trust and rapport
- Conscientiously seeks feedback and applies it to learn and improve
- Listens and engages attentively, valuing others' ideas, perspectives and experience
- Willingly seeks and accepts assistance, harnessing the strengths of others
- Treats a concern raised by a patient, a family member or a junior colleague as information to act on, not a challenge to authority
- Welcomes inspection, review and external challenge as a source of learning rather than a threat
- Offers authentic gratitude and appreciation for the support of others
- Creates space for others' voices, encouraging input, challenge and participation
- Remains modest, avoiding self-promotion, arrogance or ego-driven behaviour

WORKS AGAINST: NARCISSISTIC, ARROGANCE, INCOMPETENCE (REFUSING TO LEARN)

11 Takes Accountability

NLF: ACCOUNTABILITY

Owns decisions and their consequences, their own and their team's, and holds others to account fairly.

- Accepts responsibility for their own decisions and actions
- Takes accountability for team decisions and outcomes, including outcomes for patients
- Delivers on agreed decisions and commitments
- Owns and addresses mistakes, failures and consequences, capturing the lessons
- Communicates outcomes transparently, owning successes as much as failures
- Holds colleagues to account fairly for conduct and standards, distinguishing an honest error from a choice to cut corners
- Fosters a positive culture of accountability and ownership in others
- Clarifies responsibilities and accountability expectations for others

WORKS AGAINST: LACK OF ACCOUNTABILITY, MANIPULATIVE

12 Leads by Influence, Not Hierarchy

NLF: INFLUENCE

Inspires and persuades through example, credibility and trust, not through grade, title or professional status alone.

- Projects confidence and conviction through calm, clear and reassuring communication
- Inspires confidence through assertive and decisive action, with measured self-assurance
- Persuades others ethically, building consensus around shared goals rather than relying on grade or title
- Inspires optimism, reframing setbacks as opportunities for growth and improvement
- Achieves buy-in by involving others in shaping decisions
- Engages patients, partners and the public, building trust through collaboration
- Builds support for ideas and improvements through relationships and networks across professions and organisations

WORKS AGAINST: AUTHORITARIAN, MANIPULATIVE, INTIMIDATING

13 Puts Others First

NLF: SELFLESSNESS

Gives time, credit and protection to others, sharing the load without neglecting their own wellbeing.

- Offers time generously and proactively to support others, without expecting a return
- Willingly shares burdens to reduce pressure on others, accepting the impact on themselves
- Protects the efforts and wellbeing of others, even at personal cost
- Balances support for others with sustainable self-care, avoiding harmful self-sacrifice
- Takes their own breaks and leave and looks after their own health, so that others feel able to do the same
- Places collective success above self-recognition, redirecting praise to others
- Shares credit publicly, highlighting the contributions of others
- Steps back in success to let others' efforts shine

WORKS AGAINST: SELF-SERVING, NARCISSISTIC

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WHAT LEADERS UNDERSTAND

4.0 A Leader's Knowledge

the understanding behind sound judgement

Health and care has always prized knowledge: years of training, registration, revalidation and continuing professional development. Leading well asks for a wider kind. It takes the self-awareness to know how one lands on others, the insight to understand patients and colleagues, and the professional and contextual knowledge to make sound decisions in a complex, pressured and closely regulated environment.

Knowledge is developmental, not fixed. It grows through learning, reflection, supervision, feedback and experience. When leaders deepen their understanding of themselves, of the people they serve and work with, and of health and care, they lead with greater credibility and insight, and they make the judgements on which safe care depends.

Knows Themselves

Self-awareness, composure and wellbeing, and the habit of reflecting on one's own thinking: the inner work that makes everything else possible.

Knows Patients and Colleagues

Reading people and situations, understanding the team, repairing relationships, and understanding cultures and communities: the insight behind trust.

Knows Health and Care

The craft and the evidence, patients, partners and place, the national picture, and how the organisation works: professional knowledge put to use.

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4.1 Knows Themselves

A LEADER'S KNOWLEDGE · CARRIES NLF DIMENSION KNOWS THEMSELF

Leadership begins with understanding how one's own values, emotions, habits and biases shape how one decides and how one treats people. Leaders learn to recognise their limits and their triggers, to stay composed and well through demanding work, and to reflect on their own thinking so that their judgement improves over time.

Reflective practice is already a professional habit in health and care. This dimension extends it from clinical practice to leadership: how did I lead that shift, that meeting, that difficult conversation?

14 Knows Their Strengths, Limits and Impact

NLF: SELF-AWARENESS

Understands their values, triggers, biases and effect on others, and seeks evidence of it.

- Identifies the personal values, ambitions, motivators and demotivators that shape their behaviour and decisions
- Analyses their strengths and limitations against the expectations of their role and their aspirations
- Evaluates their stress patterns, triggers, unhelpful habits and the effect of their emotional responses on others
- Recognises their own feelings, emotions and biases as they influence judgement and self-talk in the moment
- Recognises the limits of their own competence and says so before a patient is put at risk
- Seeks, integrates and reflects on feedback to evaluate the impact of their leadership on others
- Identifies blind spots in their leadership to prioritise areas for development
- Reflects on past experiences and interactions, drawing lessons to adjust future practice
- Uses assessment tools and multi-source feedback to build objective self-knowledge

WORKS AGAINST: ARROGANCE, UNPREDICTABLE, NARCISSISTIC

15 Stays Composed and Well

NLF: SELF-MANAGEMENT AND RESILIENCE

Regulates their response under pressure, recovers from setbacks and sustains their own wellbeing through demanding work.

- Thinks before responding, regulating impulses to avoid emotionally reactive or destructive behaviour
- Anticipates how stress escalates from triggers, regulating their response to minimise the impact on colleagues and patients
- Reframes their own mistakes, setbacks and self-criticism as opportunities to learn, recover and grow
- Practises self-compassion to sustain confidence, self-efficacy and a positive self-narrative
- Moves forward constructively and with determination amid uncertainty, ambiguity or incomplete information
- Adapts their thinking and behaviour flexibly to new, changing or unexpected demands
- Sustains effort with optimism, humour and perseverance through challenge and adversity
- Recognises the signs of exhaustion, burnout and moral distress in themselves and acts before they affect judgement or care
- Seeks support from relationships and networks when demands exceed their emotional capacity

WORKS AGAINST: UNPREDICTABLE, ABUSIVE, INTIMIDATING

16 Reflects and Tests Their Thinking

NLF: METACOGNITION AND REFLECTIVE THINKING

Thinks about how they are thinking, questions assumptions and evidence, and reflects on practice to improve the next decision.

- Identifies the cognitive processes and systematic biases shaping their reactions and the quality of their reasoning
- Monitors how changing context influences their assumptions, problem-framing and judgement
- Sustains attention and focus under pressure through deliberate cognitive control
- Distinguishes material factors from noise when analysing complex information
- Interrogates data and evidence to challenge assumptions and inform reasoning
- Stays curious about a pattern, an outlier or a result that does not fit, and asks what else could explain it
- Critically reviews decisions and their underlying logic to improve future judgement
- Judges when to rely on intuition, stable assumptions or analysis of data, and calibrates accordingly
- Evaluates others' ideas critically, deliberately integrating challenge and diverse perspectives
- Synthesises information from multiple sources into coherent understanding and conclusions
- Redirects unproductive rumination toward constructive analysis of next steps

WORKS AGAINST: ARROGANCE, INCOMPETENCE, PARANOIA

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4.2 Knows Patients and Colleagues

A LEADER'S KNOWLEDGE · CARRIES NLF DIMENSION KNOWS OTHERS

A leader's people are their colleagues and the patients, families and communities they serve. Knowing them means noticing what people feel and what they leave unsaid, understanding what motivates and constrains each member of a team, recognising when trust is wearing thin, and understanding how identity, culture and history shape the way people experience care and work.

Inquiry after inquiry has found that the signs were there: the worried parent, the nurse who went quiet, the team that had stopped talking to each other. Knowing people is how leaders read the signals early.

17 Reads People and Situations

NLF: SOCIAL AWARENESS

Picks up the emotional and social cues in a team, a handover or a consultation, and adjusts their approach.

- Distinguishes others' emotions from verbal and non-verbal cues, adjusting their own response
- Interprets observed social cues and anticipates their effect on team dynamics and climate
- Detects misalignment between words, tone and body language
- Notices when a patient, a relative or a colleague is worried but has not said so, and asks
- Notices silence, hesitation or withdrawal as potential signs of withheld views or discomfort
- Recognises when the collective mood changes across a team, a shift or a service, affecting interactions or performance
- Identifies informal patterns of influence that shape decision-making and participation
- Identifies whose contributions are ignored or marginalised, detecting missing perspectives
- Infers underlying concerns from recurring emotional patterns and tensions
- Considers others' perspectives before forming judgements in emotionally charged situations

WORKS AGAINST: LACK OF EMPATHY, ISOLATIONISM

18 Understands the Team

NLF: TEAM DYNAMICS

Knows each person's strengths, pressures and motivations and how the team works together across professions, and where it does not.

- Identifies individual strengths, weaknesses and potential within the team
- Identifies individual motivators, demotivators and biases affecting contribution and engagement
- Identifies how different colleagues respond to different stresses and pressures, including night work, short staffing and distressing cases
- Assesses role demands against individual strengths to align fit and contribution
- Identifies patterns of constructive and unproductive interaction affecting team effectiveness
- Identifies the team norms that shape challenge, accountability and information sharing
- Analyses how roles and professions interact to identify gaps, overlaps and collective blind spots
- Recognises individual workload or wellbeing factors constraining the team's performance
- Evaluates team climate, participation and cohesion to diagnose barriers to performance
- Identifies how differences in perspective shape participation, challenge and decision quality

WORKS AGAINST: FAVOURITISM, MICROMANAGEMENT

19 Builds and Repairs Relationships

NLF: RELATIONSHIP MANAGEMENT

Spots tension and eroding trust early, and works to restore respectful, effective relationships with colleagues, patients and families.

- Identifies areas of task, relationship or process conflict to manage tensions proactively
- Explores sources of tension affecting perceptions of fairness, equality and mutual respect
- Identifies tensions between individual needs and collective team objectives
- Identifies early warning signs of trust erosion, within the team and with patients and families, and explores effective remedies
- Identifies individual biases that could affect trust, respect and relationship quality
- Listens attentively and without judgement to concerns raised in interpersonal exchanges
- Identifies and builds on common ground to strengthen rapport and alignment
- Communicates with tact and diplomacy, promoting reciprocity and mutual respect
- Repairs trust with a patient or a family after harm or a complaint by listening before explaining
- Applies emotional and social awareness to strengthen empathy, rapport and relational trust

WORKS AGAINST: PARANOIA, MANIPULATIVE, ISOLATIONISM

20 Understands Cultures and Communities

NLF: CULTURAL AWARENESS

Understands the communities the organisation serves and the cultures within it, and adapts how they engage.

- Identifies how societal, community, professional, organisational and team cultures shape conduct, dynamics and performance
- Analyses differences in inter-generational needs and expectations among colleagues and patients
- Identifies verbal and non-verbal differences and adapts their communication accordingly
- Identifies how cultural norms influence emotional expression and interpretation, including of pain, distress and consent
- Reviews assumptions and suspends judgement when working across cultural differences
- Adapts interaction norms to align with the cultural expectations of patients, families and colleagues
- Seeks to deepen knowledge of the communities, faiths, languages and cultures the organisation serves and employs
- Seeks to understand why some communities have poorer access, experience and outcomes, and what part the service plays in it
- Identifies how professional tribes and team sub-cultures shape what is tolerated and what is challenged
- Anticipates cultural tensions and evaluates their impact on inclusion, dynamics and performance
- Analyses how diverse cultural perspectives enhance problem-solving and organisational learning
- Demonstrates confidence, composure and humility in culturally diverse interactions

WORKS AGAINST: LACK OF EMPATHY, ARROGANCE

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4.3 Knows Health and Care

A LEADER'S KNOWLEDGE · CARRIES NLF DIMENSION KNOWS THEIR PROFESSION

Trust and credibility are built on professional competence. Leaders bring real expertise to their roles, whether at the bedside, in a laboratory, in a finance team or on a board, and they keep it current. They understand what patients and partners need, read the national picture for what it means locally, and understand how the organisation works well enough to improve it.

Evidence-based practice, the voice of patients, inspection and audit findings, national policy and the realities of money and workforce all shape what an organisation needs its leaders to know.

21 Knows Their Craft and the Evidence

NLF: PROFESSIONAL AND TECHNICAL EXPERTISE

Holds the professional knowledge, evidence and judgement their role demands, clinical or non-clinical, and keeps it current.

- Demonstrates the breadth and depth of expertise their role demands, to underpin professional credibility
- Applies professional expertise with sound judgement in complex or high-accountability situations
- Maintains professional currency through continuous learning and awareness of emerging research, methods and technology
- Synthesises research evidence, guidance and peer expertise to inform judgement and contribute to best practice
- Aligns professional decisions with the organisation's standards, goals and ethical expectations
- Evaluates how clinical, technical, policy and regulatory requirements must be integrated into plans for their area
- Interprets quality, safety and outcome data to inform evidence-based improvement
- Anticipates the implications of policy and regulatory change for practice and delivery
- Sustains professional credibility through consistent, competent and ethical conduct

WORKS AGAINST: INCOMPETENCE, ARROGANCE

22 Understands Patients, Partners and Place

NLF: EXTERNAL CONTEXT AND STAKEHOLDERS

Understands the needs of patients and communities, the partners in the local system, and the regulatory and financial pressures on the place.

- Evaluates legal and regulatory governance requirements, including inspection, audit and assurance findings
- Assesses local and regional policy shifts and priorities to align the organisation's work
- Assesses community and partner needs and expectations, influencing the organisation's priorities
- Assesses what patients, families and carers say about their care, including complaints and compliments, and weighs it in judgements about the service
- Assesses the practice of other providers, sector leaders and trends to identify threats and opportunities
- Assesses alignment with the regulatory, commissioning and governance models of health and care
- Assesses volatility, uncertainty, complexity and ambiguity in the environment to inform adaptive judgement and risk awareness
- Evaluates partnerships and operational dependencies, including between hospital, community, primary care, social care and the voluntary sector
- Assesses workforce, funding and supply constraints affecting resilience and continuity
- Monitors environmental and sustainability obligations shaping the organisation's practice

WORKS AGAINST: ISOLATIONISM, RESISTANCE TO CHANGE

23 Understands the National Picture

NLF: STRATEGIC AND NATIONAL PERSPECTIVE

Reads the national policy, political, economic and societal context of health and care, and its implications for the organisation and those it serves.

- Evaluates political, economic and funding developments shaping long-term priorities
- Scans demographic, societal, geopolitical and technological trends for strategic implications and opportunities
- Analyses power, authority and influence across government, national bodies, regulators, partners and the public
- Evaluates the networks of providers, commissioners, national bodies and partners that shape the national system of health and care
- Evaluates alignment with national priorities, regulatory expectations and public-value commitments
- Applies strategic frameworks and concepts to evaluate the organisation's choices and trade-offs
- Integrates historical lessons, public inquiries and comparative cases into strategic judgement
- Evaluates emerging technologies, data and innovation for strategic disruption, opportunity and risk
- Assesses the organisation's public narrative and sources of reputational risk
- Stress-tests the resilience of strategy and plans against plausible future scenarios

WORKS AGAINST: RESISTANCE TO CHANGE, ISOLATIONISM, ARROGANCE

24 Understands How the Organisation Works

NLF: ORGANISATIONAL SYSTEMS AND PROCESSES

Understands how structures, governance, money, data and processes shape care, and where they help or hinder.

- Evaluates the organisation's structures and interdependencies that enhance or constrain the delivery of care
- Analyses formal and informal decision-making processes shaping outcomes
- Evaluates how governance, assurance and compliance systems sustain accountability, and whether they tell the board what is really happening
- Evaluates the organisation's risk frameworks, strengthening the capacity to anticipate and mitigate harm and disruption
- Evaluates how resource allocation processes influence sustainability, safety and efficiency
- Interprets performance indicators and measures of quality to identify systemic improvement
- Critiques internal processes to identify inefficiencies, unnecessary bureaucracy and operating constraints
- Evaluates the level of stakeholder influence and support affecting the organisation's ecosystem
- Assesses how policy and procedural requirements shape operating effectiveness
- Evaluates the learning and feedback loops embedded in systems, including learning from incidents, complaints and deaths, to support continuous improvement

WORKS AGAINST: INCOMPETENCE, MICROMANAGEMENT

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WHAT LEADERS DO

5.0 A Leader's Actions

how people, teams and better care are delivered

The most visible part of leadership is what leaders do: the actions, decisions and behaviours that shape the experience of those they lead and those they care for. A leader's actions set the culture of a ward, a practice, a home and an organisation, and they are what others observe, learn from and copy.

Drawing on action-centred leadership, leaders hold three needs in balance: the individual, the team and the task. They develop people so that they grow in confidence, capability and judgement; they build teams in which people feel safe to speak up and committed to one another; and they improve care, turning purpose into outcomes patients can feel. Sustainable improvement comes from attending to all three, not from pursuing targets at the expense of the people who deliver them.

Develops People

A leader's own growth, support with challenge, and belief in others' potential: leaders who build the next generation of leaders.

Builds Teams

Safety to speak up, one team across professions, and listening before telling: the conditions in which a team gives its best care.

Improves Care

High-performing teams, clear purpose, trust in people's judgement, sound decisions and working across boundaries: turning purpose into better care.

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5.1 Develops People

A LEADER'S ACTIONS · CARRIES NLF DIMENSION DEVELOPS INDIVIDUALS

Leaders build other leaders, and they never stop building themselves. Through deliberate practice, feedback, supervision and balanced support and challenge, they help every colleague grow in confidence, skill and judgement, and they model the curiosity and humility that make learning a career-long habit rather than a course attended once.

The Messenger review found that leadership and management development in health and care was inconsistent and too often left to chance. Developing people is where that finding is answered, for every profession and grade.

25 Develops Themselves

NLF: DEVELOPING THEMSELVES

Takes ownership of their own learning, reflection and wellbeing across their career, as a leader as well as a professional.

- Sets specific development goals linked to personal growth and leadership impact
- Diagnoses the priority knowledge and skill gaps affecting their effectiveness
- Creates purposeful development plans and routines to sustain personal learning
- Takes ownership of their development through self-motivation and accountability for continuous growth
- Applies new learning deliberately to improve day-to-day practice
- Seeks targeted coaching, mentoring, supervision and peer support to guide ongoing development
- Seeks multi-source feedback on their impact and integrates the insights
- Reflects critically on conduct, feedback and experience to identify areas for improvement
- Learns from reviews, inspection reports and inquiries beyond their own organisation, asking whether it could happen here
- Transfers learning across contexts, adapting behaviour after success, failure or change
- Maintains physical, mental and emotional routines for sustained health, wellbeing and performance
- Balances ambition with reality to sustain focus, energy and performance over time

WORKS AGAINST: INCOMPETENCE (REFUSING TO LEARN), ARROGANCE, RESISTANCE TO CHANGE

26 Provides Support and Challenge

NLF: PROVIDING SUPPORT AND CHALLENGE

Gives the feedback, supervision, reassurance and honest challenge that help each person perform and grow.

- Guides colleagues to translate needs and aspirations into actionable goals, plans and learning priorities
- Provides reassurance and steadiness during uncertainty, sustaining confidence and focus
- Provides timely, constructive feedback that reinforces strengths and promotes learning and growth
- Sets stretch objectives that link personal growth to collective goals
- Facilitates reflection on past experience to enhance learning and improvement
- Explores collaboratively how best to support others' growth and development
- Guides recovery and learning after a setback, an incident or a complaint, rebuilding confidence and adaptive performance
- Stands beside a colleague involved in a patient safety incident, supporting them through it while the facts are established
- Guides problem-solving to overcome obstacles and sustain performance under pressure
- Promotes physical, mental and emotional wellbeing to sustain energy and resilience
- Recognises others' effort, contribution and impact, strengthening confidence, motivation and self-efficacy
- Reviews development progress continually, adjusting the balance of guidance, support and challenge
- Balances time on their own tasks with visible presence alongside the team

WORKS AGAINST: MICROMANAGEMENT, LACK OF EMPATHY, BULLYING

27 Grows Future Leaders

NLF: INSPIRING AND ENABLING OTHERS

Expresses belief in people, gives them responsibility and opens opportunity fairly, so that every profession and background can lead.

- Expresses belief in others' abilities and potential through sustained trust, time and encouragement
- Provides progressive responsibility and exposure that develops confidence and decision-making
- Provides mentoring and guidance that builds autonomy, independent confidence and professional judgement
- Creates meaningful opportunities for others to learn, broaden their skills and progress
- Aligns emerging talent with opportunities to maximise growth and contribution
- Identifies emerging strengths and development needs to inform long-term growth planning
- Develops others' habits of self-reflection to sustain independent, continuous learning
- Addresses under-performance through constructive dialogue and structured development planning
- Affirms growth and progress positively, clarifying next steps and opportunities to build self-belief
- Ensures equitable access to mentoring, guidance and development opportunities, across professions, grades and backgrounds
- Encourages strategic, bigger-picture thinking to broaden understanding, perspective and ambition

WORKS AGAINST: FAVOURITISM, MICROMANAGEMENT, SELF-SERVING

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5.2 Builds Teams

A LEADER'S ACTIONS · CARRIES NLF DIMENSION BUILDS TEAMS

Leaders build cohesive, inclusive teams in which people feel safe to raise concerns, admit mistakes, try improvements and learn. Leadership in a team is shared: leaders invite colleagues to lead within their expertise, defer to them when that serves the patient, and listen before they speak. High intellectual friction and low social friction is the mark of a team that is working.

Care is delivered by teams that cross professions, shifts and organisations. What happened to the last person who raised a concern tells everyone whether it is safe to do so.

28 Makes It Safe to Speak Up

NLF: CREATING PSYCHOLOGICAL SAFETY

Builds a team where people raise concerns, admit mistakes and challenge ideas without fear, and where something is done about what they say.

- Establishes clear and respectful norms that prevent belittlement, ridicule and exclusion
- Invites informed, constructive challenge of ideas and assumptions, reducing fear of consequences
- Responds with composure and tolerance when mistakes, risks or unwelcome information are raised
- Thanks colleagues who raise a concern, acts on it and tells them what was done, so that speaking up is seen to be worth it
- Protects colleagues who speak up from blame, exclusion or detriment
- Invites candid discussion and shared learning once assumptions, freedoms and constraints are understood
- Examines ideas critically and respectfully, keeping debate on issues rather than individuals
- Gives fair, reasoned and courteous explanations when disagreeing or declining a suggestion
- Encourages inquisitive questioning to identify gaps in knowledge and build shared understanding
- Facilitates curiosity-led dialogue that supports creativity, critical thinking and collaborative problem-solving
- Creates a safe-to-fail environment that enables and celebrates purposeful testing of improvements, initiative and learning
- Actively seeks underrepresented perspectives and incorporates them into discussion
- Ensures decisions reflect reasoned contributions from collective participation before moving forward
- Acknowledges constructive challenge publicly as a commitment to shared problem-solving

WORKS AGAINST: INTIMIDATING, BULLYING, AUTHORITARIAN, PARANOIA

29 Builds One Team Across Professions

NLF: CULTIVATING TEAMSHIP

Treats leadership as shared across roles and professions, inviting challenge before decisions and securing commitment after them.

- Affirms leadership as a shared endeavour with interdependent roles and responsibilities, whatever the grade or profession
- Clarifies decision authority and accountability to set role expectations and reduce ambiguity
- Enables colleagues' agency, autonomy and influence in addressing shared leadership challenges
- Invites constructive dissent, feedback and independent, critical thought
- Willingly defers to others when their expertise best serves the patient and the team, whatever their grade or profession
- Balances authority with openness, encouraging participation and challenge before decisions are taken
- Builds consensus, commitment and shared ownership around collectively agreed decisions
- Recognises and celebrates cooperation and co-creation that contributes to collective success
- Creates opportunities for others, including support staff and the newest members of the team, to lead within their areas of expertise
- Encourages peer-to-peer accountability for upholding shared values and standards
- Facilitates collective reflection and debriefing to strengthen leader and follower effectiveness over time
- Secures commitment once decisions are made, distinguishing destructive dissent from constructive criticism

WORKS AGAINST: AUTHORITARIAN, MICROMANAGEMENT, NARCISSISTIC

30 Listens and Communicates Clearly

NLF: COMMUNICATING EFFECTIVELY

Listens first, speaks plainly and explains the reasons, so that colleagues, patients and families understand and can act.

- Listens actively and attentively to understand perspectives before responding or deciding
- Uses effective questioning to confirm and deepen understanding
- Confirms the intent of a communication and the needs of the audience before delivering key messages
- Uses clear, concise and unambiguous language, free of jargon and acronyms, to convey key messages to colleagues, patients and families
- Adapts language, tone and style to suit patients, families, colleagues, partners and the public
- Provides relevant context to aid understanding and alignment with the organisation's objectives
- Explains decisions and rationale honestly and transparently, including unwelcome ones
- Hands over clearly at every transfer of care, confirming that the essentials have been understood
- Invites questions and feedback to confirm and reinforce shared understanding
- Integrates verbal and non-verbal cues to reinforce meaning and authenticity
- Chooses delivery method and timing to match audience, message complexity and sensitivity
- Communicates with positivity, conviction and optimism to inspire collective support

WORKS AGAINST: MANIPULATIVE, DECEITFULNESS, ISOLATIONISM

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5.3 Improves Care

A LEADER'S ACTIONS · CARRIES NLF DIMENSION ACHIEVES OUTCOMES

Leaders turn intent into purposeful, coordinated action and enduring results. They set clear purpose and connect everyday work to it, sustain high standards through clear expectations and belonging, trust people to act within clear boundaries, decide soundly and in good time, and work across boundaries so that care joins up around the person.

Outcomes in health and care include treatment that works and waits that shorten, but also patients who feel listened to, families who are told the truth, staff who would recommend their workplace, and money well spent.

31 Builds High-Performing Teams

NLF: BUILDING AND SUSTAINING HIGH PERFORMANCE

Sets clear expectations and high standards of care, and keeps the team focused, improving and energised through pressure.

- Clarifies roles, responsibilities and expectations in line with knowledge, skill, experience and specialism
- Defines and agrees shared values and standards of behaviour with the team to promote collective accountability
- Establishes a healthy, ambitious team spirit that stretches capability and sustains high standards
- Builds collective identity, belonging and community grounded in mutual respect and shared values
- Builds cohesion and shared belief through collaborative problem-solving and celebrating success
- Agrees consistent routines with the team, such as huddles, handovers and debriefs, that sustain performance, focus and momentum, reviewing them together as needs change
- Keeps the team focused on what matters to patients rather than on activity or targets for their own sake
- Facilitates high intellectual friction through respectful challenge and evidence-informed debate
- Reduces social friction by focusing on the problem, not the person
- Draws on collective insight to identify opportunities to improve effectiveness
- Encourages bold but disciplined testing of new ideas to drive improvement and seize opportunities
- Adapts their leadership approach dynamically to sustain performance through challenge or change
- Energises teams under pressure by reinforcing shared purpose, resilience and mutual support

WORKS AGAINST: MICROMANAGEMENT, FAVOURITISM, AUTHORITARIAN

32 Sets Clear Purpose and Direction

NLF: DEFINING AND ALIGNING PURPOSE

Gives people a clear purpose and priorities, connected to the care of patients, so that effort is coherent and everyone knows why.

- Articulates a compelling vision from which a shared purpose can be built
- Communicates intent, objectives and priorities to clarify individual and collective focus
- Integrates ends, ways and means to keep strategy coherent and effort aligned
- Translates intent into achievable objectives and measurable outcomes that sustain motivation and momentum
- Engages others, including patients and carers, in co-creating goals and outcomes, strengthening shared ownership and accountability
- Reinforces the vision regularly by connecting everyday work to safe, compassionate care and better health
- Reconciles routine choices and decisions with real progress toward the collective vision
- Frames barriers and challenges accurately, discerning their causes and their effects on outcomes
- Balances ambition with reality when prioritising under constraint, demand or uncertainty
- Reviews and adjusts priorities as context shifts to keep purpose relevant and achievable

WORKS AGAINST: UNPREDICTABLE, SELF-SERVING

33 Trusts People to Act

NLF: EMPOWERING OTHERS

Gives people real responsibility within clear boundaries and backs their judgement, stepping in only when safety or standards demand it.

- Clarifies delegated freedoms, operating constraints, decision rights and risk tolerance
- Confirms understanding of intent, tasks and outcomes, giving room for clarifying questions
- Delegates meaningful responsibility matched to individual competence and context
- Determines which decisions can be delegated, shared or retained, and explains why
- Entrusts delegated responsibilities with clear ownership and accountability for outcomes
- Provides the information and context needed for effective independent decision-making
- Demonstrates faith in others' judgement through proportionate oversight and support
- Intervenes only when deviation threatens patients, shared purpose, standards or the organisation's integrity
- Resists the instinct to add another form, check or sign-off after an incident, asking first whether it will make care safer
- Promotes bold, innovative and resourceful initiative within agreed freedoms and boundaries
- Credits sound judgement exercised within delegated authority, reinforcing confidence and trust
- Recalibrates delegated authority as competence, confidence and context evolve

WORKS AGAINST: MICROMANAGEMENT, AUTHORITARIAN, PARANOIA

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5.3 Improves Care *continued*

A LEADER'S ACTIONS · CARRIES NLF DIMENSION ACHIEVES OUTCOMES

34 Makes Sound, Timely Decisions

NLF: MAKING EFFECTIVE DECISIONS

Gathers evidence and views, weighs risk, options and consequences for patients, decides in good time and reviews what happened.

- Frames problems collaboratively, integrating diverse sources of information, experience and feedback
- Distils complexity and ambiguity into clear, intent-aligned options
- Identifies areas of uncertainty, assumptions and information gaps that could undermine the analysis
- Balances data and evidence with intuition and experience when forming judgements
- Evaluates the feasibility, proportionality, risk and resource implications of options
- Weighs the consequences of a financial, staffing or operational decision for the quality and safety of care before it is taken
- Generates and evaluates alternative courses of action, weighing trade-offs and consequences
- Tests reasoning and assumptions independently to reduce bias and groupthink
- Applies creative and analytical thinking to design adaptive and innovative solutions
- Makes timely, reasoned and proportionate decisions, avoiding emotional or ego-driven reactions
- Monitors evolving situations, adapting decisions as conditions, information and risk change
- Reviews progress and emerging outcomes to confirm the decision remains valid and inform what happens next
- Integrates feedback from diverse sources to improve future judgement and decisions

WORKS AGAINST: UNPREDICTABLE, ARROGANCE, AUTHORITARIAN

35 Works Across Boundaries

NLF: CULTIVATING COLLABORATION AND PARTNERSHIPS

Builds trusted working across teams, professions, organisations and sectors, so that care joins up around the person.

- Aligns purpose, priorities and values across teams, organisations and sectors to achieve shared outcomes for patients
- Anticipates risks and system interdependencies to align joint planning and problem-solving
- Co-designs governance, roles and decision rights to enable coordinated delivery
- Creates cross-boundary psychological safety so partners raise concerns early
- Builds trusted networks across health, social care, local government and the voluntary sector through honesty, reciprocity and consistency
- Ensures fairness, equity and transparency in shared decisions and the allocation of resources
- Shares timely, accurate and relevant information, lawfully and proactively, to keep people safe and enable collective understanding
- Works with patients, carers and communities as partners in designing and improving services
- Resolves partnership conflicts constructively while safeguarding shared principles
- Acknowledges partner contributions and shares credit for collective achievements
- Leverages diversity across organisations to generate innovation and shared learning
- Reviews partnership outcomes and adapts agreements as conditions evolve

WORKS AGAINST: ISOLATIONISM, SELF-SERVING, PARANOIA

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6.0 Levels of Leadership

Leadership grows as responsibility, risk and complexity grow. The domains stay the same; what changes is how they are applied. The four levels show the widening sphere of a leader's influence, like ripples from a centre. Roles are shown as a guide, not a gate: a staff nurse can lead at the second level and a chief executive must still lead at the first.

LEVEL 1 · PERSONAL IMPACT

Leading Yourself

Your own conduct, practice and relationships with patients and colleagues

LEVEL 2 · TEAM IMPACT

Leading Teams

Creating the conditions in which a team can give its best care

LEVEL 3 · SERVICE IMPACT

Leading Services

A team of teams: culture, alignment and standards across a whole service, division, practice or locality

LEVEL 4 · SYSTEM IMPACT

Leading the System

Purpose, public trust and long-range judgement across the organisation, its partners and the wider system

THIS FRAMEWORK	NLF LEVEL	NHS LEADERSHIP AND MANAGEMENT FRAMEWORK	SOCIAL CARE LEADERSHIP QUALITIES FRAMEWORK
Leading Yourself	Self	Fundamental Stage	Care worker
Leading Teams	Team	Stage 1: New and first line leaders and managers	First-time manager
Leading Services	Organisation	Stage 2: Mid-level, and Stage 3: Senior leaders and managers	Operational manager or leader
Leading the System	Strategic	Stage 4: Board level leaders and managers	Strategic manager or lead

The levels are not a hierarchy of worth. Leading yourself well is the foundation on which every other level stands, and the most senior leaders continue to model it. With each level comes a wider sphere of influence, greater complexity and heavier consequences, and therefore the need for more sophisticated judgement and accountability for outcomes. Leadership is fluid: a clinician may lead mainly at one level in their daily practice while leading at others when they supervise a student, run an improvement project or speak for their profession.

The table shows how the levels correspond to the stages of the national framework and the levels of the social care framework, so that an organisation using either can read across. Clinical and non-clinical colleagues lead at every level, and the behaviours are the same for both. Page 40 describes the leadership expected of boards and those who govern, and page 41 shows how the framework reads in different parts of health and care.

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6.1 Leading Yourself



TYPICAL ROLES
Everyone: healthcare assistants and care workers, nurses and midwives, doctors in training, allied health professionals, pharmacists and technicians, paramedics, receptionists and administrators, porters, domestic and estates staff, students and volunteers

SPHERE OF INFLUENCE
Your own conduct, practice and relationships with patients and colleagues

PRIMARY IMPACT
Personal impact

Leading yourself is the foundation on which every other level stands. It is shown in self-awareness, honesty, personal accountability and a commitment to keep improving. Leaders at this level build credibility through their daily conduct, their practice and their relationships, and everyone who works in health and care leads here, whatever their profession or grade. The most senior leaders never stop.

KEY PILLARS

Honesty and candour
Acting in line with the organisation's values and your professional code, so that patients and colleagues can take you at your word.

Courage
Doing what is right when it is hard, and speaking up, whoever is involved, when something is not right for a patient or a colleague.

Personal accountability
Owning your practice, your records, your limits and your growth, and the small daily choices that add up to a culture.

LEADERSHIP PRIORITIES AT THIS LEVEL

CHARACTER
- Lives the values in every contact, seen or unseen
- Speaks up about risk and owns mistakes in the open
- Treats every patient and colleague with civility and respect

KNOWLEDGE
- Builds self-awareness: knows their limits, triggers and impact
- Notices what patients, families and colleagues are not saying
- Keeps the knowledge and skills of their role current

ACTION
- Reflects on practice and seeks feedback
- Contributes to the team: listens, helps, hands over well, follows well
- Looks after their own wellbeing so that they can look after others

COMPETENCIES MOST IN FOCUS AT THIS LEVEL

02 Acts with Honesty and Candour · 01 Speaks Up with Courage · 08 Acts with Civility · 14 Knows Their Strengths, Limits and Impact · 15 Stays Composed and Well · 25 Develops Themselves · 30 Listens and Communicates Clearly

HOW LEADERS DEVELOP AT THIS LEVEL

Induction and preceptorship; supervision and appraisal that develop as well as check; reflective practice and debriefs after difficult shifts; the self-assessment at the Fundamental Stage of the NHS Leadership and Management Framework or the first level of the Leadership Qualities Framework; and the simplest development of all, watching good leaders closely and asking them why.

WELL LED
Well led at this level means the same care and the same honesty whether or not anyone is watching, and the courage to say so when something is not right.

Progression. As expertise, confidence and credibility grow, influence extends beyond personal practice to colleagues and teams. The move to Leading Teams is a change of focus, not a promotion out of leading yourself.

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6.2 Leading Teams



TYPICAL ROLES
Ward sisters and charge nurses, team leaders and shift leaders, senior clinicians leading a clinical team, practice managers, supervisors in every clinical and support function, deputy and registered managers of care services

SPHERE OF INFLUENCE
Creating the conditions in which a team can give its best care

PRIMARY IMPACT
Team impact

Leading teams means creating the conditions in which individuals and teams can thrive. Leaders at this level build trust, make it safe to speak up, make clear what the team is for, trust people to act and share the leadership of the team across professions. Their influence runs through relationships, huddles, handovers, debriefs and the small routines that make a team cohesive. The first-line leader holds the most important leadership role in health and care.

KEY PILLARS

Safety to speak up
A team in which people raise concerns, ask questions and admit mistakes without fear, and see something done about it.

Support and challenge
Supervision, honest feedback and early conversations about standards, alongside real care for the people doing difficult work.

One team
Shared leadership across professions and grades, in which expertise counts for more than hierarchy.

LEADERSHIP PRIORITIES AT THIS LEVEL

CHARACTER
- Builds trust through fairness, consistency and compassion
- Advocates for the team and offers loyal challenge upward
- Sets the example of humility and civility the team will copy

KNOWLEDGE
- Reads the team: strengths, pressures, fatigue and the mood of the shift
- Understands how trust breaks and mends, in the team and with families
- Knows how the team's work fits the organisation's purpose and systems

ACTION
- Supports and challenges every member of the team, including the newest
- Makes it safe to speak up and follows up what is raised
- Keeps the team focused on what matters to patients

COMPETENCIES MOST IN FOCUS AT THIS LEVEL

28 Makes It Safe to Speak Up · 26 Provides Support and Challenge · 29 Builds One Team Across Professions · 30 Listens and Communicates Clearly · 18 Understands the Team · 31 Builds High-Performing Teams · 06 Leads with Compassion

HOW LEADERS DEVELOP AT THIS LEVEL

Leadership development before or at the point of appointment, not years later; Stage 1 of the NHS Leadership and Management Framework; coaching, mentoring and action learning; leading an improvement project; protected time to lead; and honest feedback from the team itself.

WELL LED
Well led at this level means the newest member of the team would raise a concern with you tomorrow, and would be thanked for it.

Progression. As influence widens beyond a single team, leaders begin to shape the culture, systems and alignment of a whole service, and to develop other leaders rather than only colleagues.

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6.3 The First-Line Leader

A note on the role that makes or breaks the team

Most people who work in health and care experience leadership through one person: the ward sister or charge nurse, the team leader, the practice manager, the registered manager, the consultant or senior clinician who leads the clinical team. That person sets the tone of every shift. They decide, in dozens of small moments, whether a worry is welcomed or waved away, whether a new starter is taught or left to sink, and whether a family's concern reaches anyone who can act on it.

They are also the leaders the sector has prepared least. Many are appointed for clinical or technical excellence and learn to lead on the job, with little protected time to do it. The Messenger review found that leadership and management development was too often left to chance, and the new NHS Leadership and Management Framework gives first-line leaders a stage of their own for that reason. This framework is written with the role in mind. Leading Teams is where the behaviours that answer the sector's hardest findings sit: making it safe to speak up, following up what is raised, tackling incivility, standing beside a colleague after an incident, and listening to the family who say something is wrong.

WHAT THE FRAMEWORK ASKS OF AN ORGANISATION FOR ITS FIRST-LINE LEADERS

Before appointment
Assess the leadership behaviours in this framework, not only clinical or technical skill, and give candidates development before the first day in the role.

In the first year
Pair every new first-line leader with a credible mentor, protect time to lead, supervise and develop the team, and ask the team how it is going.

Every year after
Make leadership behaviour part of the appraisal conversation, with feedback from the team, and use it to decide who leads next.

From above
Matrons, managers and directors model the same behaviours upward. A first-line leader who is micromanaged, blamed or ignored cannot build a team that is safe to speak up in, however hard they try.

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6.4 Leading Services



TYPICAL ROLES
Matrons and heads of nursing and professions, service and general managers, clinical leads and clinical directors, divisional and directorate leaders, GP partners and primary care network leaders, operations and area managers of care providers

SPHERE OF INFLUENCE
A team of teams: culture, alignment and standards across a whole service, division, practice or locality

PRIMARY IMPACT
Service impact

Leading services means shaping culture, setting direction and creating the conditions for sustained high-quality care across a team of teams. Leaders at this level work through others, aligning people, systems and resources around a shared purpose, bridging clinical and managerial worlds, reinforcing standards through the way policy is explained and lived, and developing the next generation of leaders.

KEY PILLARS

Purpose and alignment
A clear, compelling direction for the service, and the coherence that connects every shift's work to it.

Judgement and decisions
Real delegation within clear freedoms, and sound, timely decisions that weigh quality and safety alongside money and performance.

Culture and standards
A service in which the highest standards are explained, owned and modelled rather than merely enforced, and in which speaking up is visibly safe.

LEADERSHIP PRIORITIES AT THIS LEVEL

CHARACTER
- Shapes culture through visible commitment to patients and to candour
- Makes safe, lawful practice something people believe in
- Stays composed and honest through incidents, inspection and change

KNOWLEDGE
- Understands patients, partners, regulators and what the data says
- Understands how the organisation works, and where bureaucracy crowds out care
- Reads the service as a system of teams, professions and sub-cultures

ACTION
- Develops leaders across the service and plans succession fairly
- Trusts teams to improve their own service and resists the extra sign-off
- Sets direction, decides soundly and sustains standards across the service

COMPETENCIES MOST IN FOCUS AT THIS LEVEL

32 Sets Clear Purpose and Direction · 33 Trusts People to Act · 34 Makes Sound, Timely Decisions · 11 Takes Accountability · 24 Understands How the Organisation Works · 27 Grows Future Leaders · 22 Understands Patients, Partners and Place

HOW LEADERS DEVELOP AT THIS LEVEL

Stages 2 and 3 of the NHS Leadership and Management Framework; senior leadership programmes; coaching; leading change across a service; learning alongside the other half of the clinical and managerial partnership; and exposure to board, regulator and system working.

WELL LED
Well led at this level means the data is faced rather than explained away, clinicians and managers lead as one team, and no target is met at a patient's expense.

Progression. As influence extends beyond a single service, leaders begin to shape partnerships, contribute to the wider system and take responsibility for the long-term health of the organisation and its population.

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6.5 Leading the System



TYPICAL ROLES
Executive and non-executive directors and chairs, integrated care board leaders, chief officers of provider groups, owners, chief executives and nominated individuals of care providers, hospice and charity chief executives, regional and national leaders

SPHERE OF INFLUENCE
Purpose, public trust and long-range judgement across the organisation, its partners and the wider system

PRIMARY IMPACT
System impact

Leading the system means shaping the future through influence, partnership and long-range thinking. Leaders at this level work beyond the boundaries of a single organisation, aligning diverse partners around better health for a population, stewarding public and charitable money and the reputation of health and care, reading the national picture, and making judicious decisions under uncertainty whose consequences last for years.

KEY PILLARS

Strategic perspective
Reading policy, demography, technology and money for what they mean over the long term, and testing plans against them.

Partnership and population
Working across providers, sectors and communities so that people get more than any one organisation can give.

Stewardship and candour
Protecting the public trust on which the future of health and care depends, and telling the truth about the organisation to patients, regulators and the public.

LEADERSHIP PRIORITIES AT THIS LEVEL

CHARACTER
- Serves patients and the public and stewards resources with care
- Models loyal challenge in board and system forums, and invites it
- Represents the organisation with integrity and candour

KNOWLEDGE
- Understands the national picture and the direction of reform
- Understands the institutions and politics of the system
- Understands what the board is not being told, and why

ACTION
- Builds partnerships beyond the organisation and the sector
- Sets a coherent purpose across the organisation and keeps it relevant
- Develops leadership capacity and a representative pipeline

COMPETENCIES MOST IN FOCUS AT THIS LEVEL

23 Understands the National Picture · 35 Works Across Boundaries · 05 Serves Patients and the Public · 04 Is Loyal to Patients and Colleagues · 32 Sets Clear Purpose and Direction · 34 Makes Sound, Timely Decisions · 10 Shows Humility

HOW LEADERS DEVELOP AT THIS LEVEL

Stage 4 of the NHS Leadership and Management Framework and the board member competency framework; annual appraisal against the fit and proper person requirements; board development and executive coaching; time spent listening where care is given; system and national roles; and structured learning from inquiries and inspections across the sector.

WELL LED
Well led at this level means a board that hears bad news early, tells the truth about it, and judges itself by the experience of the patients and staff furthest from the boardroom.

Continuing. This is the widest sphere of the framework. Leaders here keep modelling the foundations of every earlier level, and their most lasting contribution is the leadership they leave behind in others.

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6.6 Boards, Governance and Oversight

Health and care is governed as well as led. Boards, chairs and non-executive directors, councils of governors, integrated care boards, GP partners, trustees of hospices and charities, and the owners and nominated individuals of care providers all carry responsibility for the culture of the organisations they oversee. The framework does not describe their statutory duties; it describes the leadership they bring to them.

The board as a team

A unitary board is a team, and the framework applies to it as one. Whether non-executives challenge, whether executives welcome it, and whether the chair makes it safe to bring bad news are leadership behaviours. Competencies 04, 10, 28 and 29 describe them.

Seeing past the assurance

Boards are given reports. Leaders at this level also go and listen: to patients, to families, to night staff, to the people who speak up. They ask what the board is not being told. Competencies 16, 17, 22 and 24 describe it.

Fit and proper

The fit and proper person requirements ask whether a director is of good character and has the competence for the role. This framework describes what good character looks like in conduct, so that appraisal can evidence it rather than assume it. Competencies 02, 09, 11 and 21 describe it.

Quality and money together

Every board balances quality, workforce and finance. The leadership lies in weighing the consequences of each decision for patients before it is taken, and being candid about the trade-offs. Competencies 05, 34 and 01 describe it.

Regulators, commissioners and inspectors

Those who regulate and commission lead by example too: candour, humility, respect for the people they examine and a focus on learning are leadership behaviours, and the framework can be read against them.

What an organisation owes its overseers

Honesty, accurate information, early warning of problems and a welcome for scrutiny. Competencies 02, 07, 10 and 11 describe it.

Board members in the NHS. The NHS leadership competency framework for board members remains the basis of the fit and proper person assessment, and NHS England has said it will be aligned with the NHS Leadership and Management Framework. Page 16 shows how its six domains map into this framework.

The regulation of managers. The Government has said it will legislate for a barring scheme for senior NHS managers, and the Thirlwall Inquiry has recommended that regulation go further. Whatever form it takes, regulation deals with the few who fall below the standard. A leadership framework is for the many, and it is the better protection: an organisation whose leaders live these behaviours is one in which serious misconduct is noticed, challenged and reported long before a regulator is needed.

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6.7 Across Health and Care

This framework is written for the whole of health and care, not only for hospitals and not only for the NHS. The behaviours are the same wherever care is given. What changes is the vocabulary, the regulator and the size of the team.

General practice and primary care

Partners, practice managers, pharmacists, dentists, optometrists and their teams lead small organisations where everyone knows everyone and the leader's conduct is the culture. Read "the organisation" as the practice or network.

Adult social care

Registered managers, nominated individuals, team leaders and care workers lead in people's homes and in care homes. The Leadership and Management Code applies to social care as it does to health, and the Leadership Qualities Framework sets out leadership at four levels; page 16 maps it.

Community, mental health and ambulance services

Teams that work alone, in people's homes, on the road or in crisis rely on trust in individual judgement. Trusts People to Act and Stays Composed and Well carry particular weight.

Independent and voluntary providers

Independent hospitals, hospices, charities and social enterprises answer to the same regulators and the same patients. Read "public money" as the money entrusted to you, and "the board" as your owners, directors or trustees.

Education, research and national bodies

Those who train, regulate, commission and research shape the culture that leaders work in. The framework applies to how they lead their own people and how they treat those they oversee.

Scotland, Wales and Northern Ireland

Health and care is devolved. Adopters outside England should read their own values, leadership frameworks, professional guidance and regulators in place of those named here, including Healthcare Improvement Scotland, the Care Inspectorate, Healthcare Inspectorate Wales, Care Inspectorate Wales and the Regulation and Quality Improvement Authority. The leadership behaviours are the same.

One workforce. A person's care rarely stays inside one organisation. It moves between a GP, a hospital, a community team, a pharmacy and a care home, and it goes wrong most often at the joins. A shared description of leadership across all of them, in the same words, is one of the simplest ways to make the joins safer. Works Across Boundaries (35) describes the behaviour; adopting the same framework on both sides of a boundary makes it easier.

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7.0 Leadership in Practice

A framework is only as good as its use. These are the places where this one is designed to do its work, so that an organisation's policies, programmes and everyday conversations all reinforce the same behaviours in the same words.

Recruitment and selection

Values-based questions and exercises drawn from the behaviours, so that organisations appoint and promote for character and leadership as well as clinical or technical skill.

Appraisal and supervision

Prompts for appraisal, one-to-ones and clinical supervision, used developmentally. For NHS managers the behaviours give substance to the self-assessment and 360-degree feedback the national framework asks for.

Development at every level

Programmes, coaching and on-the-job learning designed around the same behaviours from induction to the board, for every profession and for clinical and non-clinical staff together.

Learning from incidents

The framework read alongside incident reviews, complaints and debriefs, so that the question is not only what happened but how people were led.

Culture and climate

Staff surveys, speaking-up data, exit interviews and patient feedback that ask about the behaviours the organisation wants to see and the ones it does not, so that leaders can act early.

Governance and assurance

Board development, fit and proper person appraisal, and evidence for the well-led question that describes behaviour rather than paperwork.

A MODEL LEADERSHIP POLICY STATEMENT

The organisation defines leadership as the combination of a leader's character, knowledge and action, shown through everyday behaviours, that inspires others to succeed in giving safe, compassionate care. Leadership is a shared function of the whole organisation, distinct from management and from authority, and everyone can contribute to it, whatever their profession or grade. Leaders at every level are expected to live the organisation's values, to uphold the highest standards and to set the example. The organisation will review its people, quality, speaking-up, wellbeing and governance policies so that they reinforce this framework, and will develop leaders at every level through practice, feedback and reflection, not training alone.

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7.1 Leadership and the Well-Led Question

The Care Quality Commission asks of every registered provider whether it is well-led, and since 2023 has assessed the question through eight quality statements. None of them is met by a document. Each describes a culture, and a culture is the sum of how leaders behave. This page shows which competencies most directly support each statement, so that a board secretary, a director of nursing, a registered manager or an inspector can see the linkage at a glance.

WELL-LED QUALITY STATEMENT	WHAT IT LOOKS FOR	COMPETENCIES THAT MOST DIRECTLY SUPPORT IT
Shared direction and culture	A shared vision, strategy and culture based on transparency, equity and inclusion, engagement, and understanding challenges and the needs of people and communities.	32 Sets Clear Purpose and Direction · 03 Respects Every Person · 31 Builds High-Performing Teams · 05 Serves Patients and the Public
Capable, compassionate and inclusive leaders	Leaders at all levels who understand the context, embody the culture and values, and have the skills, knowledge, experience and credibility to lead, with integrity, openness and honesty.	06 Leads with Compassion · 21 Knows Their Craft and the Evidence · 02 Acts with Honesty and Candour · 10 Shows Humility
Freedom to speak up	A positive culture where people feel that they can speak up and that their voice will be heard.	28 Makes It Safe to Speak Up · 01 Speaks Up with Courage · 10 Shows Humility · 30 Listens and Communicates Clearly
Workforce equality, diversity and inclusion	An inclusive and fair culture in which the experience of people who work for the organisation is valued and improved.	03 Respects Every Person · 27 Grows Future Leaders · 20 Understands Cultures and Communities · 08 Acts with Civility
Governance, management and sustainability	Clear responsibilities, roles, systems of accountability and good governance, used to manage and deliver good-quality, sustainable care.	24 Understands How the Organisation Works · 11 Takes Accountability · 34 Makes Sound, Timely Decisions · 07 Honours the Law and Its Safeguards
Partnerships and communities	A duty to collaborate and work in partnership, so that services work seamlessly for people.	35 Works Across Boundaries · 22 Understands Patients, Partners and Place · 19 Builds and Repairs Relationships · 12 Leads by Influence, Not Hierarchy
Learning, improvement and innovation	A focus on continuous learning, innovation and improvement across the organisation and the local system.	16 Reflects and Tests Their Thinking · 25 Develops Themselves · 31 Builds High-Performing Teams · 33 Trusts People to Act
Environmental sustainability	An understanding of the organisation's effect on the environment, and a contribution to reducing it.	05 Serves Patients and the Public · 22 Understands Patients, Partners and Place

Using this page. When preparing evidence for the well-led question, start from behaviour. Ask where the organisation can show these competencies in action: in its appraisal records, its staff survey, its speaking-up data, what happened after its last serious incident, and what patients and staff say when asked. The Commission consulted in 2026 on assessment frameworks for each sector; organisations should check the current wording of the statements that apply to them. The leadership behaviours beneath them do not change.

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7.2 Leadership and the Duties of Health and Care

Regulators, commissioners, auditors, coroners and the public expect certain things of every organisation in health and care. This page maps the main duties and standards to the competencies that most directly support them. The behaviours remain leadership behaviours: attitudes, role-modelling and the way leaders approach their duties, not the duties themselves, which belong to law and policy.

WHAT IS EXPECTED	WHAT IT RESTS ON	COMPETENCIES THAT MOST DIRECTLY SUPPORT IT
Duty of candour	The statutory duty on providers and the professional duty on registrants to be open and honest with patients and families when something goes wrong, to apologise and to explain.	02 Acts with Honesty and Candour 19 Builds and Repairs Relationships 06 Leads with Compassion 11 Takes Accountability
Fit and proper persons	The requirement that directors and staff are of good character and have the competence, skills and experience for the role, assessed for NHS board members each year.	09 Acts Professionally 02 Acts with Honesty and Candour 11 Takes Accountability 21 Knows Their Craft and the Evidence
Speaking up	Protection in law for those who raise concerns, and the expectation that every organisation makes speaking up routine, listens and follows up.	28 Makes It Safe to Speak Up 01 Speaks Up with Courage 04 Is Loyal to Patients and Colleagues 10 Shows Humility
Patient safety and a just culture	Incident response, learning from deaths and a just culture expect leaders who respond to error with fairness and curiosity, and to recklessness with accountability.	11 Takes Accountability 26 Provides Support and Challenge 16 Reflects and Tests Their Thinking 33 Trusts People to Act
Safeguarding, consent and capacity	The duties to protect children and adults at risk and to respect consent and mental capacity expect leaders who notice, act and explain why the safeguards exist.	07 Honours the Law and Its Safeguards 03 Respects Every Person 17 Reads People and Situations 01 Speaks Up with Courage
Professional codes and revalidation	The regulators' codes expect registrants to put patients first, work within their competence, keep learning, work in teams and lead where their role requires it.	09 Acts Professionally 21 Knows Their Craft and the Evidence 25 Develops Themselves 29 Builds One Team Across Professions
Equality and inclusion	The Equality Act, the public sector equality duty and the workforce equality standards expect fair treatment, fair opportunity and action on discrimination.	03 Respects Every Person 20 Understands Cultures and Communities 27 Grows Future Leaders 08 Acts with Civility
Staff experience and wellbeing	The duty of care to staff, the promises made to them and the annual staff survey expect leaders who look after people, listen and act.	13 Puts Others First 06 Leads with Compassion 15 Stays Composed and Well 26 Provides Support and Challenge
Finance, audit and assurance	Stewardship of public and charitable money, honest records and openness with auditors and commissioners expect leaders who weigh quality with cost and tell the truth about both.	05 Serves Patients and the Public 24 Understands How the Organisation Works 34 Makes Sound, Timely Decisions 02 Acts with Honesty and Candour
Integrated working	The duty to cooperate and the shift of care into neighbourhoods expect leaders who work across organisational and professional boundaries with patients and communities.	35 Works Across Boundaries 22 Understands Patients, Partners and Place 12 Leads by Influence, Not Hierarchy 30 Listens and Communicates Clearly
Leadership and management standards	The NHS Leadership and Management Framework, the Code, the board competency framework and the planned barring scheme expect consistent standards, development at every level and accountability for conduct.	25 Develops Themselves 26 Provides Support and Challenge 27 Grows Future Leaders 11 Takes Accountability

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7.3 Alignment to the National Leadership Framework

The National Leadership Framework (NLF) sets out three domains, nine dimensions, 35 competencies and 323 observable behaviours, applied across four levels of leadership (Self, Team, Organisation, Strategic). This framework carries every NLF dimension and every NLF competency, one to one, in the language of health and care, with the NLF's behaviours considered and translated and 34 behaviours added for the healthcare context. Its four levels map directly to the NLF's four. This table is the mapping an NLF award assessor would use.

DOMAIN	NLF DIMENSION	THIS FRAMEWORK	COMPETENCIES (NLF COMPETENCY CARRIED)
CHARACTER	Values-Driven	**Lives the Values**	01 Speaks Up with Courage *(Moral Courage)* 02 Acts with Honesty and Candour *(Integrity)* 03 Respects Every Person *(Respect for Others)* 04 Is Loyal to Patients and Colleagues *(Loyalty)* 05 Serves Patients and the Public *(Service)* 06 Leads with Compassion *(Humanity and Compassion)*
CHARACTER	Upholds the Highest Standards	**Upholds the Highest Standards**	07 Honours the Law and Its Safeguards *(Lawfulness)* 08 Acts with Civility *(Appropriateness)* 09 Acts Professionally *(Professionalism)*
CHARACTER	Models Exemplary Behaviours	**Sets the Example**	10 Shows Humility *(Humility)* 11 Takes Accountability *(Accountability)* 12 Leads by Influence, Not Hierarchy *(Influence)* 13 Puts Others First *(Selflessness)*
KNOWLEDGE	Knows Themself	**Knows Themselves**	14 Knows Their Strengths, Limits and Impact *(Self-Awareness)* 15 Stays Composed and Well *(Self-Management and Resilience)* 16 Reflects and Tests Their Thinking *(Metacognition and Reflective Thinking)*
KNOWLEDGE	Knows Others	**Knows Patients and Colleagues**	17 Reads People and Situations *(Social Awareness)* 18 Understands the Team *(Team Dynamics)* 19 Builds and Repairs Relationships *(Relationship Management)* 20 Understands Cultures and Communities *(Cultural Awareness)*
KNOWLEDGE	Knows Their Profession	**Knows Health and Care**	21 Knows Their Craft and the Evidence *(Professional and Technical Expertise)* 22 Understands Patients, Partners and Place *(External Context and Stakeholders)* 23 Understands the National Picture *(Strategic and National Perspective)* 24 Understands How the Organisation Works *(Organisational Systems and Processes)*
ACTION	Develops Individuals	**Develops People**	25 Develops Themselves *(Developing Themselves)* 26 Provides Support and Challenge *(Providing Support and Challenge)* 27 Grows Future Leaders *(Inspiring and Enabling Others)*
ACTION	Builds Teams	**Builds Teams**	28 Makes It Safe to Speak Up *(Creating Psychological Safety)* 29 Builds One Team Across Professions *(Cultivating Teamship)* 30 Listens and Communicates Clearly *(Communicating Effectively)*
ACTION	Achieves Outcomes	**Improves Care**	31 Builds High-Performing Teams *(Building and Sustaining High Performance)* 32 Sets Clear Purpose and Direction *(Defining and Aligning Purpose)* 33 Trusts People to Act *(Empowering Others)* 34 Makes Sound, Timely Decisions *(Making Effective Decisions)* 35 Works Across Boundaries *(Cultivating Collaboration and Partnerships)*

Levels. Leading Yourself = Self · Leading Teams = Team · Leading Services = Organisation · Leading the System = Strategic.

Coverage. Nine of nine dimensions and 35 of 35 competencies fully carried; 322 NLF behaviours carried as their own line and one carried in concept within the same competency ("addresses regulatory and legal breaches promptly", carried by the reporting line in 07); no gaps identified.

The sector's frameworks. Because the NLF's development drew on the leadership frameworks of health and care, the Leadership and Management Code, the Healthcare Leadership Model, the Leadership Qualities Framework and the board competency framework each map into this framework in full; pages 15, 16 and 34 show how.

Acknowledgement. The National Leadership Framework, its wording and its logo are the intellectual property of the National Leadership Framework CIC and are used with acknowledgement. This framework is NLF-informed work in the voice of health and care; where NLF concepts are carried they are translated under the NLF's encouragement to adapt emphasis and language to context while preserving the integrity of its core concepts. The NHS Leadership and Management Framework and Code, the Healthcare Leadership Model and the Leadership Qualities Framework belong to their publishers and are referred to by name only.

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8.0 Sources and Acknowledgements

This framework is informed by the research base of the National Leadership Framework, by the values, standards and leadership frameworks of health and care in England, and by the public inquiries and reviews that have examined leadership and culture in the sector. The sources below are those that most directly shaped it.

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This framework was developed by the National Leadership Framework CIC for the healthcare sector as an example of how the NLF translates into a profession's own language. It draws on the public work of NHS England, the NHS Leadership Academy, the NHS College of Leadership and Management, Skills for Care, the Care Quality Commission and the professional regulators, and on the published reports of the inquiries listed. It is not endorsed by any of them. Any organisation in health and care may adopt it, adapt it and make it its own; page 47 shows how.

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9.0 Making This Framework Your Own

This framework is written so that any organisation in health and care can pick it up and use it. It is not branded to any organisation, and it is deliberately yours to adapt. Six steps make it your own without losing the alignment that gives it its rigour.

1 Add your name, vision and voice

Name your organisation on the cover, add your own foreword. If you wish, rewrite the framework in the first person ("we", "our") so that it reads as your own. The structure and the behaviours stay the same.

2 Place your values

Use the table on page 20 to show how each of your values is carried by the competencies. Keep the competencies as they are; your values become the lens through which colleagues read them.

3 Translate the roles

Replace the typical roles at each level with your own grades, professions and structures, and your own words for patients, so that every colleague can find themselves in a level.

4 Connect what you already use

Keep the national self-assessment, your appraisal process and any existing programmes. Use the crosswalks on pages 15, 16 and 34 to show staff how they fit together.

5 Adopt the policy statement

Take the statement on page 42 to your board, partners or trustees, adopt it, and review your people, quality, speaking-up and governance policies against the eight principles.

6 Keep what gives it rigour

Keep the three domains, nine dimensions and 35 competencies, keep the behaviours observable, and keep the acknowledgement that the framework is mapped to the National Leadership Framework.

National Leadership Framework

FROM FRAMEWORK TO PRACTICE

A framework alone does not make good leaders. People do.

This document describes the leadership an organisation can ask of its people. What turns it into leadership that patients and staff can feel is the way an organisation brings it to life through its people processes: how it recruits and inducts, how it appraises and supervises, how it develops and coaches, how it recognises, how it governs and how it learns from what goes wrong. That work belongs to the organisation. Supporting, guiding and assuring it is what the National Leadership Framework exists to do.

The NLF is an independent, not-for-profit, third-party assurance body. It helps organisations review their leadership policy and framework against the NLF's principles, align their people processes so that they reinforce the same behaviours, and evidence the result. The NLF Awards, at Bronze, Silver and Gold, give independent assurance that an organisation's leadership framework and its implementation are sound, and a recognised mark of that commitment.

Interested in an NLF Award, or in adopting this framework?

Speak to the NLF: **www.nlf.org.uk**

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Well Led

A LEADERSHIP FRAMEWORK FOR HEALTHCARE · VERSION 1.0 · 2026

Leadership is the combination of a leader's character, knowledge and action, shown through everyday behaviours, that inspires others to succeed in giving safe, compassionate care.

National Leadership Framework

MAPPED TO THE NATIONAL LEADERSHIP FRAMEWORK
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