Clinical Leaders Network

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C'ing the Value of Frontline Clinical Leadership – A Quality Improvement Tool

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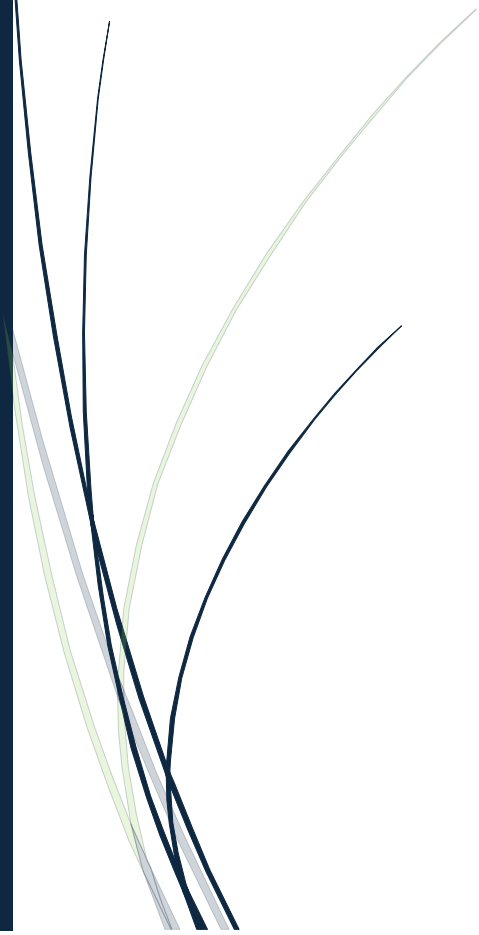

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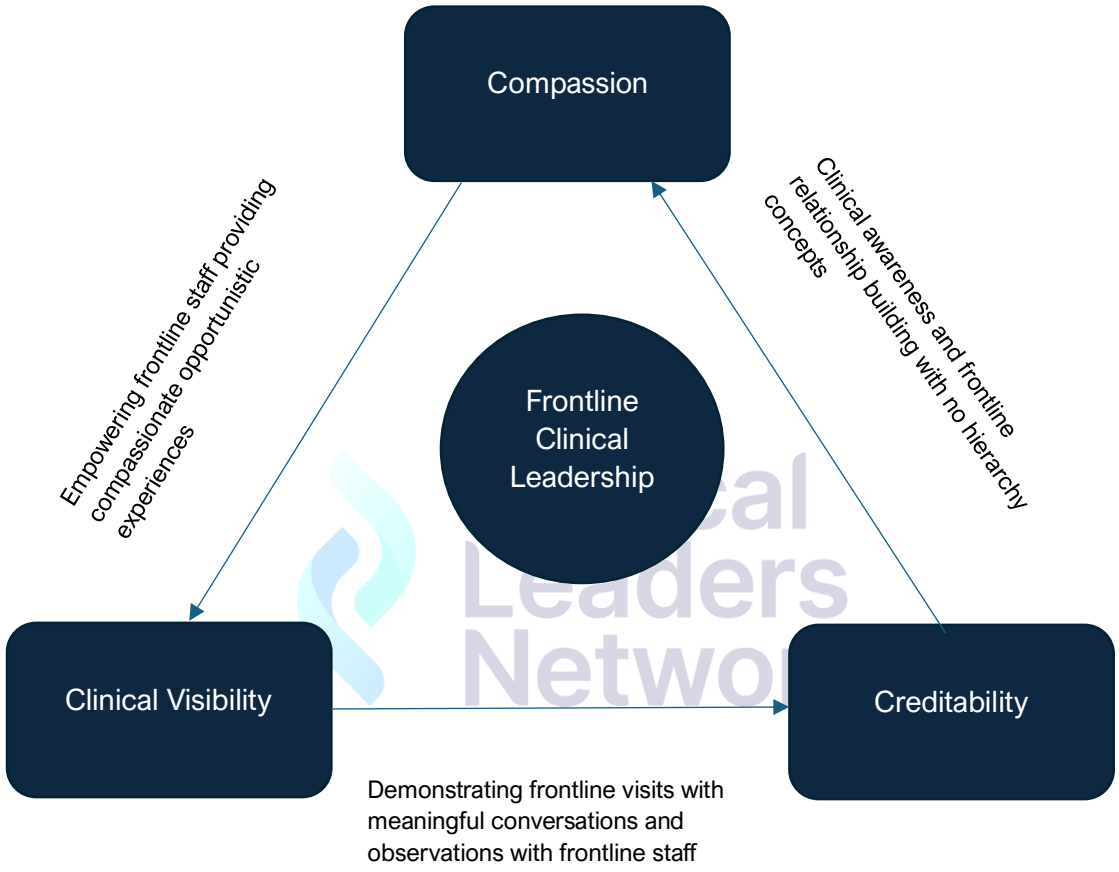
A tool to support an outside-in approach to frontline clinical leadership – *supporting those with hands-on experience to lead effectively*



Matrix *(link to framework for differing levels of leadership):*

Levels of Leadership	Overview/Level of Practice
Future	Band 5/6, development posts, students also can be included in scope
Aspiring	Band 6 levels, deputy managers, assistant leaders, those in enhanced roles such as prescribing and clinical supervision
Emerging	Associate directors, Band 7/8a leaders, clinical practitioners in advanced role
Advanced	Band 8/9 consultant level leaders, board level, non-exec directors etc.

Contents

Contributors and Acknowledgements

I would like to extend my heartfelt thanks to everyone who contributed their time, insight, and experience to the development of this tool. From frontline staff to senior leaders, your reflections, honesty, and commitment to improving clinical leadership have been instrumental in shaping this work. Special thanks to the members of the NHS Clinical Leaders Network, focus group participants, and stakeholder reviewers who offered invaluable feedback and lived experience to bring this framework to life. Your voices have helped ensure this tool remains grounded in real-world practice, reflective of diverse clinical environments, and firmly rooted in compassion, credibility, and visibility.

Together, we are helping to redefine what it means to lead from the frontline. These include:

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1. Introduction

Healthcare systems worldwide are under persistent pressure to deliver better outcomes at a much lower cost. The UK's NHS and its wider healthcare system is not an exception. Decision making in healthcare organisations has often been limited to senior management with little attention to frontline leaders. Moreover, the question of how frontline clinical leadership should be supported is yet to be fully understood. Sidelining the latter will impact service quality, patient outcomes, and organisational costs, to say the least. It is therefore imperative for leadership decisions to be made with them and not just for them. This requires timely mechanisms that foster effective frontline clinical leadership, with people who can demonstrate a better understanding of needed changes, capacity growth pressures, and the new technologies that challenge our traditional methods.

In 2014, work by The King's Fund assessed the level of leadership vacancies in NHS provider organisations. As pressures on services have increased and NHS organisations are called on to work more collaboratively, levels of leadership vacancies and leadership churn continue to pose problems.

This report is based on a survey of NHS trusts and foundation trusts carried out by NHS Providers in late 2017, qualitative interviews and a roundtable event with frontline leaders and national stakeholders.

The survey showed that leadership vacancies are widespread, with director of operations, finance and strategy roles having particularly high vacancy rate and short tenures.

A culture of blaming individuals for failure is making leadership roles less attractive. Organisations with the most significant performance challenges experience higher levels of leadership churn. National bodies need to do more to support leaders to take on and stay in these roles.

To tackle high leadership churn, national programmes should target professional roles where concerns over the pipeline of future leaders is greatest. Regional talent management functions – largely absent since the abolition of strategic health authorities – should be rebuilt in the new joint NHS England and NHS Improvement regional teams.

More attention should be given to addressing the environment NHS leaders operate in. To help ensure these roles are attractive in future, national bodies should better model the behaviours they expect in local leaders, the expectations of 'what good looks like' should be more clearly articulated, and NHS leaders themselves should be treated more humanely.

This fits the focus for needing to improve the frontline clinical leadership principles and how they can be applied to practice. (Kings Fund, 2018)

Therefore, the C'ing the value of frontline clinical leadership can be used across varying levels of leadership for application with key considerations to be asked of leadership styles at each level. This includes recognition of the importance to eliminate hierarchical bottlenecks and promote the development of opportunities. The tool will consider the 3 C's of frontline clinical leadership related to compassion, clinical visibility, and credibility. This will ensure that leaders are being questioned by their workforce in the correct manner to support demonstration of frontline clinical leadership abilities in a variety of clinical settings.

"If people can't see you, and they don't know what you're doing, they won't engage with you."

Kevin Latchem

2. Background

Too often healthcare organisations and professionals are finding lack of leadership demonstrated on the 'frontline' (for this purpose we mean a clinical setting in which care is delivered by a healthcare professional). With current pressures and increasing financial difficulties impacting on resources and staff training/retention, the morale of existing frontline staff is being impacted resulting in staff attrition and poor working environments.

Evidence demonstrates the array of clinical pressures faced by healthcare professionals, but also how leaders are facing issues associated with effective team-based working within and across traditional organisational and sector boundaries, innovation and experimentation to find new ways of delivering care, and collaborative and compassionate leadership to enable health and care staff to do their best work. Often compounded by staff struggling to appreciate the requirements of leaders, and vice versa with leaders becoming 'immune' to the frontline pressures without a physical presence (NHS Improvement, 2019).

Previous NHS Leadership models have been applied across the UK, and whilst successful in providing the foundations of leadership requirements – much has been focused across the senior leadership level. Previous models include the Leadership Qualities Framework (LQF), the Medical Leadership Competency Framework (MLCF), and the Clinical Leadership Competency Framework (CLCF) (NHS Leadership Academy, 2011).

These models provide the basis for significant leadership developments across the UK, funding is provided across many different levels and at different stages of implementation. Lessons learned indicate that frontline clinical leadership clearly has not be defined and that further frameworks would enhance leadership styles to understand the paramount importance of frontline leadership in the clinical setting.

Clinical leadership is based upon the fundamental notion that the clinician will be able to put forward the rise in good communications and credibility. Clinical managers with a good grasp on health services may also make a well-informed decision that affects the allocation of available resources and design of the service (Khan, Aziz and Siddiqui, 2022) – this is no different when demonstrating frontline clinical leadership, and with ever increasing clinical demands and pressures, having an 'ear' to the ground will enhance working partnerships (Khan, Aziz and Siddiqui, 2022).

A more modern approach towards leaderships should be seen as something to be used by all but at different levels. This model links to concepts of shared, or distributed, leadership and is especially appropriate where tasks are more complex and highly interdependent – as in healthcare (NHS Leadership Academy, 2011). Demonstrating frontline leadership in organisations serves to improves working relationships such that all clinicians can contribute to the leadership task where and when their expertise and qualities are relevant and appropriate to the context in which they work (NHS Leadership Academy, 2011). Not everyone

is necessarily a leader, but everyone can contribute to the leadership process, and this tool will ensure that every individual understands the requirements of their leader to demonstrate frontline awareness (NHS Leadership Academy, 2011).

It should be noted that current theoretical concepts focus heavily on how leaders across the healthcare professions and organisations need to be more personally aware of requirements of clinical leadership, rather than promoting staff asking questions of their leaders on the requirements. Therefore, this tool will allow individuals from any profession, level of practice and clinical setting to be supplied with the appropriate tools and questions to ensure that they are able to ask questions for the requirements of frontline clinical leadership and understand the key values needing to be demonstrated. This will then in turn produce an environment of opening questioning to foster stronger objective setting to ensuring leaders can fully be aware of the workings in a frontline clinical setting.

3. How was the tool developed?

Firstly, a literature review was undertaken with appropriate library systems comparing current knowledge and evidence based to clinical experience alongside frontline examples. This was then critical appraised using techniques such as SWOT analysis to extract key principles from data and understand how this can be applied to the tool and supporting literature.

Following this, key stakeholders where identified via the NHS clinical leaders network (CLN) and senior contacts to ensure appropriate individuals were involved that can provide support and input to the project. Work then took place with the stakeholders to understand how the tool can be applied and providing real life examples to support application to practice. This took place via a survey of the relevant roles against the tool depending on the role, banding and location to help support our inclusion of equality and diversity (see next chapter). Focus groups were developed with interviewing techniques to understand key themes against specific questions linked to the tool.

This helped develop a matrix of levels of practice for the tool, alongside the relevant levels of practice to ensure application can take place at every level.

However, this tool was also developed in line with the NHS clinical leadership framework (NHS Improvement, 2019). Whilst the framework focuses on a top-down approach, this tool can be used to help support an outside-in approach, supporting frontline staff to understand their requirements for professional development from their leaders.

Further information on the project proposal and stakeholder analysis can be requested via the author.

“Being clear is being kind."
— Jenny Featherstone

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4. Gender and Equality, Diversity and Inclusion (EDI) Approach

Leadership recognises all genders; therefore, this tool is not aimed at a particular gender but will follow principles of EDI strategies and assessments. A universal EDI tool will be applied to the project, to ensure appropriate use and representation across the workforce in healthcare settings, irrespective of gender, age, ethnicity and sexuality.

By applying this tool to a variety of clinical settings, it will mean that no gender gap or segregation is present in terms of application and use in practice. This will also be UK wide application ensuring that four country perspectives are considered in the approach.

Strategies that can be applied to ensuring EDI approaches maintained include:

- Aiming for a 50/50 split across both the stakeholder and clinical participants who may be involved in testing the framework and providing feedback – *where not possible, this will be listed within the feedback and discussion with EDI champions/leads in the clinical setting will take place to ensure appropriate dissemination*
- Recognising in the discussion any issues around BAME/LBGTQ+ community have faced regarding leadership and demonstrating frontline support
- Promote clinical case study from a variety of clinical settings and background – including gender and ethnicity inclusion

Working with individual trust/organisations EDI leads will allow appropriate dissemination and representation of the current workforce. This should support requirements of application of tool to clinical practice. Feedback should be sought at every stage of implementation to review EDI recommendations across the different clinical settings. All focus group members completed a consent form prior to completing an online survey and participating in the verbal focus groups.

Further information on this section can be requested via the author.

5. How to implement this tool in practice

Evidence indicates the vital importance of ensuring that frontline clinical staff have opportunities to professionally develop to enhance standards of care, and a top-down approach may not always be the best way to do this (Kings Fund, 2018). The NHS Clinical Leadership Framework (NHS Improvement, 2019) correctly identifies the importance of providing guidance for senior leaders, but this tool can be used to allow an outside-in view to promote appropriate cohesion amongst clinical teams from frontline staff to executive level (Khan and Siddiqui, 2022). Therefore, the tool can be used by the following:

- Frontline clinical staff including allied health professionals, dentists, healthcare scientists, managers, medical professionals, midwives, nurses, optometrists, pharmacists, psychologists and social care professionals.
- Senior leaders: as defined by the NHS Clinical Leadership Framework (NHS Improvement, 2019) to support with direct line management, organisational culture improvements and for service creation.
- Commissioners/ICBs: to help with service development ensuring appropriate measures are in place to support frontline staff in achieving appropriate leadership
- Patients/public: To support frontline staff with understanding their requirements for leadership and why frontline clinical leadership is so important to improve standards of care

Therefore, the following pages will outline the matrix of the individual leader i.e. aspiring, emerging etc. and then ask key questions to support constructive leadership development.

This tool therefore contains:

- Lived experience from leaders at the corresponding levels to the tool to identify real life examples of why their views need to be considered
- Output of discussions with stakeholders at the corresponding matrix level around key themes listed and why vital for frontline clinical leadership
- Key questions to be asked by the individual at the corresponding matrix level about ways in which they can foster improvements around the themes listed through the stakeholder engagement

This tool does not replace the content of the NHS Clinical Leadership Framework (NHS Improvement, 2019), but enhances it use within the current clinical models of care to support frontline staff at differing levels of leadership to understand what they need from their leaders to deliver high quality care.

To embed the value of frontline clinical leadership into everyday practice, the implementation of this tool must be both strategic and flexible. Designed to be scalable across bands and leadership stages (from aspiring to advanced), the tool can be embedded in a range of processes that support workforce development, reflective practice, and leadership growth. Its emphasis on compassionate leadership, visibility, and the dismantling of hierarchy makes it well-suited for both formal and informal settings. Below are suggested applications:

1. Appraisals and Performance Development Reviews

The tool can be used as a reflective aid during annual appraisals. Staff and their appraisers can explore leadership behaviours using the matrix, identifying current level, strengths, and areas for growth. This provides a structured yet individualised approach to discussing:

- Clinical leadership impact
- Team influence and communication style
- Opportunities for career progression
- Training or mentoring needs

2. One-to-One Supervision

During regular supervision meetings, this tool can prompt discussion around clinical visibility, credibility, and compassionate leadership. Line managers can:

- Use the framework to guide reflective conversations
- Identify challenges staff face in frontline leadership
- Recognise and celebrate demonstration of leadership behaviours
- Co-produce short-term development goals

3. Preceptorships and Induction

Incorporating this tool early in a nurse or allied health professional's career supports the development of leadership identity from the start. In preceptorship or induction settings, it can:

- Encourage new staff to reflect on what leadership means at the frontline
- Guide mentors to highlight real-life examples of good leadership
- Offer a structured route to embed leadership conversations into early career development

4. Training, Workshops, and Development Courses

The tool provides a valuable framework for structured discussion in leadership and development training:

- Incorporated into case studies and scenario-based learning
- Used to explore leadership identity at different career stages
- Integrated into quality improvement or service development projects

5. Identifying Learning and Progression Needs

Using the levels of leadership (Future, Aspiring, Emerging, Advanced), managers and educators can:

- Map staff progression journeys
- Align CPD opportunities with leadership level

- Develop personalised development plans that reflect both clinical and leadership ambitions

6. Team Development and Group Reflection

In team settings, the tool can:

- Be used as a group discussion framework during team meetings or away days
- Foster shared understanding of leadership within the team
- Encourage peer recognition of leadership behaviours among colleagues

7. Talent Management and Succession Planning

As part of wider organisational workforce planning:

- The framework supports identification of future leaders
- Highlights gaps in leadership readiness across services
- Informs succession plans and targeted development investments

8. Clinical Governance and Quality Assurance

Leaders can use the tool to:

- Guide their approach to clinical visibility and staff engagement during audits or quality rounds
- Shape leadership narratives in governance reports
- Contribute to a compassionate and visible leadership culture, aligned with CQC standards

This tool supports leadership development at all levels — especially from the frontline up — and complements wider leadership strategies by translating values like Compassion, Visibility and Credibility into everyday practice.

"Having a leadership model to hang decisions on gives you credibility—it's not just your opinion."
— Jenny Featherstone

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6. Future Leaders

'I believe frontline leadership is crucial in supporting junior staff during the most vital stages of their careers. Good leadership has helped create an environment of safety and growth within my workplace. Exceptional leaders have inspired me to reflect on my career from an early stage and consider what I want for the future. From what I've seen in my own workplace, empowering others leads to a positive ripple effect of continuous growth and development, something I believe is vital in healthcare.' Juste Sereicikaite – Registered Nurse, Cardiac Recovery Unit, King's College Hospital

Themes to questions following stakeholder focus groups:

Main barriers to frontline leadership - what are the main solutions to these?

Barriers Identified:

- Lack of visible, approachable role models.
- Fear-driven culture—concern over making mistakes and "protecting your pin."
- Limited access to leadership development or structured career pathways.

Reflections:

These views stemmed from lived experiences of early-career nurses navigating complex environments with limited support. There was a clear desire for leadership to be visible, nurturing, and safe.

Solutions Suggested:

- Early exposure to leadership principles via preceptorship and training.
- Clear communication that leadership is behavioural, not positional.
- Cultivation of psychologically safe environments to reduce fear and promote learning

Defining credible leadership - how do you feel leaders can enhance their credible leadership to improve culture in an organisation?

- Consistency and approachability.
- Leaders who empower and inspire without using fear.
- Recognising that leadership influence exists even without a title.

Reflections:
Participants referenced role models (e.g., resuscitation trainers during the pandemic) who

embodied integrity and empowerment. The idea that junior staff look up to those in senior roles—even if those seniors forget they're being watched—was emphasised.

Visibility - how can clinical leaders increase their visibility in the workplace?

Barriers:

- Senior leaders (e.g. matrons, bed managers) are present but engage only with senior staff.
- MDTs often exclude junior staff due to rota misalignment.

Practical Ideas:

- Ensure inclusive MDT scheduling so junior staff can attend.
- Introduce protected time for team-building or reflective spaces.
- Implement team-wide communication (e.g., WhatsApp updates, open-door policies).

Benefits of compassionate leadership - how do you feel leaders can improve compassionate leadership in the organisation?

Benefits:

- Builds trust and confidence in new staff.
- Reduces the fear-based culture and enhances wellbeing.

Reflection:
Strong commentary emerged about how compassion can't coexist with fear. Participants noted how compassion was often undermined by a persistent narrative of litigation or fear of being reported.

Suggestions:

- Shift the language away from fear ("protect your pin") to responsibility and support.
- Train leaders to role model self-compassion and encourage psychological safety.

If you could have the opportunity to sit with your clinical leader and tell them 3 ways in which they could improve their frontline clinical leadership, what would you say?

- See us – talk to all staff, not just seniors.
- Be fair and consistent – we understand you can't always give us what we want.
- Build relationships – team trust begins with human connection.

How well do you feel the framework would apply to practice and where do you see it being used well?

Use in Practice:

- As part of induction or preceptorship materials.
- As a tool for early reflection and conversations about leadership potential.

Insight:
The framework could help junior staff recognise their leadership qualities early and feel validated in their contributions.

Conclusions and Questions for Leaders:

(Typically Band 5 / Early Career / Preceptorship)

Future leaders are looking for reassurance, presence, and emotional safety. Their questions aim to clarify expectations and seek human-centred leadership in action.

Key Questions to Ask Their Leaders:

1. **"How will you support me when I make a mistake or feel unsure in practice?"**
   (Signals psychological safety and willingness to coach, not punish.)
2. **"Do you see me as someone with leadership potential—even though I'm early in my career?"**
   (Reveals the leader's mindset on inclusive development and growth.)
3. **"When and how can I come to you for guidance without feeling like a burden?"**
   (Tests accessibility and approachability of leaders during high-pressure situations.)

"It's hard to find compassion when you're working out of fear."
— Juste Sereicikaite

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7. Aspiring Leaders

Two of the focus group members with a reason for why they feel frontline clinical leadership is vital at this level, their experience, and what they want to see in the future.

'I think for everyone, to build a sense of belonging and togetherness, representation is key. If leaders can see themselves in their colleagues and colleagues can see themselves in their leaders, connections are strengthened and understanding and respect is more easily found. From my experience, by having a joint appointment, I can appreciate both sides of the coin, which I feel enables me to make change, and lead in a way that is sustainable, compassionate and considerate. What I hope to see in the future is the move away from leadership being see as a manager's role alone, and instead something that everyone can engage with, no matter where they are in their clinical journey.' – Caroline Marr, Advanced Physiotherapist and Allied Health Preceptorship Lead, Sheffield Children's NHS Foundation Trust

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Main barriers to frontline leadership - what are the main solutions to these?

Barriers Identified:

- Leadership roles assigned due to tenure, not capability.
- Senior leaders who are disengaged or lack emotional intelligence.
- Lack of structured leadership training pathways.

Reflections:
These views were shaped by observing inconsistencies in role models. Participants described a "rigidity" among some leaders resistant to change and noted a sense of disempowerment trickling down.

Solutions Suggested:

- Leadership development embedded into ongoing professional education.
- Mentorship schemes to prepare aspiring leaders and help challenge stagnation.

- Create clear, merit-based progression pathways.

Defining credible leadership - how do you feel leaders can enhance their credible leadership to improve culture in an organisation?

Key Themes:

- Authenticity and honesty.
- Visibility and role modelling.
- Empowering others without micromanagement.

Reflection:
Leadership credibility was often seen as "felt"—it came from leaders who inspired belief and showed consistent human-centred actions.

Visibility - how can clinical leaders increase their visibility in the workplace?

Challenges:

- Some leaders are present but distant interacting only with certain staff.
- MDTs or leadership spaces often feel hierarchical or exclusive.

Suggestions:

- Encourage informal cross-band conversations.
- Organise inclusive team sessions or debriefs.
- Invite aspiring leaders into leadership conversations or projects.

Benefits of compassionate leadership - how do you feel leaders can improve compassionate leadership in the organisation?

Insights:

- The legacy of fear-based leadership discourages risk-taking and openness.
- Compassion is remembered when it is shown in difficult moments (e.g., mistakes or high stress).

Recommendations:

- Compassion training should be layered throughout leadership development.
- Create reflective opportunities to discuss how compassion looks in practice.

If you could have the opportunity to sit with your clinical leader and tell them 3 ways in which they could improve their frontline clinical leadership, what would you say?

- Empower your team—show us we can grow and lead too.
- Be vulnerable—it gives us permission to do the same.
- Explain the "why" behind decisions, especially those that feel top-down.

How well do you feel the framework would apply to practice and where do you see it being used well?

Use in Practice:

- As a development guide for job planning and role balance.
- Within team supervision and reflective spaces.
- To support succession planning and performance development.

Reflection:
Participants saw the framework to articulate leadership responsibilities that often go unrecognised.

Conclusions and Questions for Leaders:

(Band 6-7 staff who are ready to lead or progressing toward leadership)

Aspiring leaders are observant, ambitious, and often frustrated by inconsistencies in leadership. Their questions reflect a desire to understand vision, gain mentorship, and ensure fair leadership opportunities.

Key Questions to Ask Their Leaders:

1. **"What leadership behaviours do you expect from me, and how will you support my development in them?"**
   (Tests the leader's commitment to building the next generation of leaders.)
2. **"How do you role-model fairness and compassion in decision-making?"**
   (Reveals the leader's alignment with values and visible behaviour.)
3. **"How do you challenge outdated or fear-based practices within the team?"**
   (Evaluates courage and integrity in confronting cultural inertia.)

Even when staff know you can't give them everything, they still value fairness and consistency." – Caroline Marr

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8. Emerging Leaders

Two of the focus group members with a reason for why they feel frontline clinical leadership is vital at this level, their experience, and what they want to see in the future.

'Frontline clinical leadership is needed to ensure that teams are being led by senior clinicians that understand the challenges of their role, that patients are benefiting from the years of experience these clinicians have and so that we can lead by example. I would like the future to contain more roles that blend leadership with clinical practice so that practitioners who excel in both areas don't need to pick between the two and that teams, patients and organisations can benefit from individuals' experiences and skills.' – Kevin Latchem, Lead Advanced Critical Care Practitioner, Kings College Hospital NHS Foundation Trust

Themes to questions following stakeholder focus groups:

Main barriers to frontline leadership - what are the main solutions to these?

Barriers Identified:

- Role conflict: clinical vs. leadership responsibilities.
- Lack of protected leadership time.
- Limited departmental understanding of leadership needs.

Reflections:
Participants shared frustrations about being "pulled in all directions" and the resulting impact on effectiveness in both roles.

Solutions Suggested:

- Transparent job planning with dedicated leadership time.

- Organisational recognition of leadership as essential, not optional.
- Provide access to leadership toolkits (e.g., organisational values frameworks).

Defining credible leadership - how do you feel leaders can enhance their credible leadership to improve culture in an organisation?

Themes:

- Build trust through experience and integrity.
- Be a visible role model for the values the organisation promotes.
- Use leadership models to guide consistency (e.g., West's compassionate leadership).

Reflections:
Credibility was tied to being consistent in small, daily actions—not just in crises. Staff need to feel that their leader will respond predictably and fairly.

Visibility - how can clinical leaders increase their visibility in the workplace?

Strategies Used:

- Daily walkarounds.
- Open-door signals (e.g., signage on office doors).
- WhatsApp check-ins and location updates.

Insights:
Visibility needs to be predictable and intentional. Even in hybrid working or split roles, leaders found ways to stay connected.

Benefits of compassionate leadership - how do you feel leaders can improve compassionate leadership in the organisation?

Practices Identified:

- Turning empathy into action (e.g., follow-up after emotional events).
- Supporting colleagues in difficult situations (e.g., attending difficult family meetings).
- Encouraging psychological safety through consistent presence.

Reflections:
Compassion was seen as both a mindset and a practice. Leaders must be deliberate in their support and ensure their staff feel heard and seen.

If you could have the opportunity to sit with your clinical leader and tell them 3 ways in which they could improve their frontline clinical leadership, what would you say?

- Protect your team by protecting your leadership time.
- Use leadership tools to support decisions, not just instinct.
- Prioritise self-compassion to avoid burnout.

How well do you feel the framework would apply to practice and where do you see it being used well?

Use in Practice:

- As a development guide for job planning and role balance.
- Within team supervision and reflective spaces.
- To support succession planning and performance development.

Reflection:
Participants saw the framework as a way to articulate leadership responsibilities that often go unrecognised.

Conclusions and Question for Leaders:

(In active clinical/leadership split roles, e.g., Band 7-8a)

Emerging leaders juggle strategic and operational responsibilities. Their questions focus on practical support, strategic alignment, and emotional endurance.

Key Questions to Ask Their Leaders:

1. **"How do you protect time for leadership responsibilities while maintaining clinical credibility?"**
   (Seeks validation for the dual role struggle and examples of best practice.)
2. **"In what ways are you helping create space for compassionate and visible leadership?"**
   (Tests authenticity and prioritisation of compassion beyond words.)
3. **"What leadership tools or frameworks do you use to support consistency in your decisions?"**
   (Explores the leader's professional development habits and structured approaches.)

"As a leader, you also have an influence on other leaders—encouraging them to be available and compassionate too." – Kevin Latchem

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9. Advanced Leaders

'Having a tool to use to guide me as a clinical leader is essential, and with this tool it can help ensure that all healthcare professionals can feel secure in their decision making' Jenny Featherstone - Team Leader for Motor Skills Team, Sensory Team & Community Therapy Team, Sheffield Children's NHS Foundation Trust

Themes to questions following stakeholder focus groups:

Main barriers to frontline leadership - what are the main solutions to these?

Barriers Identified:

- Balancing system-wide responsibilities with local visibility.
- Leading across multiple teams or organisations with differing cultures.
- Difficulty in maintaining objectivity while staying clinically credible.

Reflections:
Advanced leaders voiced the challenge of keeping connected while working at scale. Their leadership was often strategic, and they were aware of the perception of being distant.

Solutions Suggested:

- Design intentional mechanisms for frontline engagement.
- Advocate for leadership consistency across organisational boundaries.
- Maintain dialogue with clinical staff to avoid strategic disconnection.

Defining credible leadership - how do you feel leaders can enhance their credible leadership to improve culture in an organisation?

Barriers Identified:

- Balancing system-wide responsibilities with local visibility.
- Leading across multiple teams or organisations with differing cultures.
- Difficulty in maintaining objectivity while staying clinically credible.

Reflections:
Advanced leaders voiced the challenge of keeping connected while working at scale. Their leadership was often strategic, and they were aware of the perception of being distant.

Solutions Suggested:

- Design intentional mechanisms for frontline engagement.
- Advocate for leadership consistency across organisational boundaries.
- Maintain dialogue with clinical staff to avoid strategic disconnection.

Visibility - how can clinical leaders increase their visibility in the workplace?

Effective Strategies:

- Share rotas/calendars so teams know availability.
- Be active in group messaging and updates.
- Provide consistent strategic feedback in language staff understand.

Insights:
Visibility at this level requires creativity—it's about being emotionally present and strategically connected, not just physically seen.

Benefits of compassionate leadership - how do you feel leaders can improve compassionate leadership in the organisation?

Themes:

- Compassion as an organisational driver—not just interpersonal.
- Model self-compassion to others.
- Support leaders at all levels in developing resilience.

Reflections:
Advanced leaders acknowledged the emotional load of leadership and emphasised the need to take care of themselves in order to support others.

- **If you could have the opportunity to sit with your clinical leader and tell them 3 ways in which they could improve their frontline clinical leadership, what would you say?**
- Translate strategic decisions so clinical teams understand the impact.
- Be visible beyond email—show up in meaningful ways.
- Empower others to lead authentically and support their journey.

How well do you feel the framework would apply to practice and where do you see it being used well?

Use in Practice:

- As a development guide for job planning and role balance.
- Within team supervision and reflective spaces.

- To support succession planning and performance development.

Reflection:
Participants saw the framework as a way to articulate leadership responsibilities that often go unrecognised.

Key questions themes (question asked in focus groups of: What are the key questions you feel you need to ask your leaders to demonstrate frontline clinical leadership)

Conclusions and Questions for Leaders:

(Band 8b-9 / Strategic, System-Level, or Cross-Organisational Roles)

Advanced leaders operate at scale but still influence culture at ground level. Their questions are probing, system-aware, and aim to maintain connection and credibility across boundaries.

Key Questions to Ask Their Leaders:

1. **"How are you staying connected to the realities of the frontline while making system-level decisions?"**
   (Assesses strategic humility and feedback loops from frontline to board.)
2. **"How are you developing other leaders and modelling self-compassion in a pressured system?"**
   (Explores sustainability of leadership and care for the workforce.)
3. **"Where do you see leadership gaps in our system—and how are you addressing them collaboratively?"**
   (Challenges system-wide accountability and inclusive leadership development.)

"Walk the walk—not just talk the talk."
— Jenny Featherstone

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10. Appendix 1 – Focus Groups and Stakeholder Reviews

Stakeholder Groups with a mixture of nursing, medical and allied health professional backgrounds for supporting the questions set in each section include:

- Kevin Latchem – Lead Advanced Critical Care Practitioner, London
- Jenny Featherstone - Team Leader for Motor Skills Team, Sensory Team & Community Therapy Team, Sheffield Children's NHS Foundation Trust
- Caroline Marr - Sheffield Children's NHS Foundation Trust
- Juste Sereicikaite – Cardiology Nurse, London

Thank you to the Stakeholder Council from the Clinical Leaders Network for their review of the document:

- Heather Jackson
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- Zuzanna Sawicka
- Nigel Scawn
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- Andrew McLaren
- Joan Walters
- Sophie Hadfield
- Nicola Standring-Brown
- Leanne Hume
- Sara Baldwin
- Viranga Brooks
- Helen Young
- Victor Sanchez-Castrillon
- Stephanie Walker

11. Appendix 2 – Useful Resources

Useful Resources for Readers

Leadership Frameworks and Guidance

- NHS Clinical Leadership Framework (NHS Improvement, 2019)
  Clinical Leadership – A Framework for Action
- NHS Leadership Academy – Clinical Leadership Competency Framework (CLCF)
  Leadership Framework Documents
- The King's Fund – Leadership in Today's NHS (2018)
  Leadership Insights and Analysis

Workforce Development and Inclusion

- NHS Workforce Race Equality Standard (WRES)
  WRES Resources and Reports
- NHS Employers – Equality, Diversity and Inclusion
  EDI Strategies and Toolkits
- Health Education England – Leadership Development
  Leadership Tools and Resources

Research and Evidence Base

- Khan RN, Aziz A, Siddiqui NA. (2022)
  Clinicians as Leaders: Impact and Challenges.
  Pak J Med Sci. 2022; 38(4Part-II):1069-1072
- NHS Providers – Leadership Vacancy Reports and Research
  Leadership Challenges in NHS Trusts

Professional Development & Training

- Clinical Leaders Network (CLN) Courses
  Tailored development programmes for Future, Aspiring, Emerging, and Advanced Leaders
  CLN Website – Training Opportunities (If available or internal resource)
- NHS Horizons – Leadership and Change Tools
  Quality Improvement and Change Resources

12. Appendix 3 – Limitations

Limitations of the Guideline Development Process

While the development of this frontline clinical leadership tool has been collaborative and informed by key stakeholders, there are important limitations that must be acknowledged:

1. Underrepresentation of Band 5/6 Practitioners

Despite efforts to be inclusive, engagement from Band 5 and 6 practitioners during focus groups was limited. Several factors contributed to this:

- Time Constraints: Practitioners at this level often have less flexibility to step away from direct patient care duties to attend meetings or focus groups.
- Roster Dependency: Unlike senior staff, many Band 5/6 roles are more heavily rota-dependent, with limited control over diary management, making it more difficult to participate in non-clinical development sessions.
- Perception of Leadership: There remains a cultural perception among some Band 5/6 practitioners that leadership is the domain of those in formal management positions. This may have influenced self-selection, with individuals not identifying as leaders and therefore opting out of engagement.

2. Greater Engagement from Band 7/8 Practitioners

By contrast, engagement was higher among Band 7 and 8 leaders. This may be attributed to:

- Increased autonomy and diary control
- A clearer alignment between the tool and their perceived leadership responsibilities
- Prior exposure to leadership language, frameworks, or development programmes

3. Scope of Focus Groups

The focus groups, while rich in content, were limited in size and scope. Participation may not fully reflect the diversity of clinical settings (e.g., community, mental health, primary care, acute care) or the unique leadership challenges across specialties.

4. Voluntary Participation Bias

Participation was largely voluntary, which introduces a potential bias — those already interested in leadership development may have been more likely to take part, which could skew insights toward individuals already invested in the concept of frontline leadership.

5. Time and Resource Constraints

The development process was conducted within existing workloads and without dedicated funding. This limited the capacity for wider engagement, iterative testing, or broader national consultation at this stage. However, it also reflects the pragmatic and real-world nature of frontline leadership, developed by those still embedded in clinical practice.

13. Appendix 4 – CLN Courses

See information below on what programmes are available via the NHS Clinical Leaders Network to support development.

ASPIRING LEADERS

(Band 6-7 staff preparing for leadership roles)

Development Needs:

• Gaining formal leadership skills and knowledge.

• Understanding team dynamics and management.

• Preparing for transition into leadership positions.

Relevant CLN Programmes:

• Introduction to Clinical & Care Leadership Programme: Focuses on developing leadership competencies for those ready to step into leadership roles.

• Managing Teams Effectively: Provides tools for team leadership and conflict resolution.

• Strategic Thinking in Healthcare: Introduces strategic planning and decision-making skills.

EMERGING LEADERS

(In active clinical/leadership split roles, e.g., Band 7-8a)

Development Needs:

• Balancing clinical duties with leadership responsibilities.

• Enhancing strategic thinking and system awareness.

• Developing resilience and emotional intelligence.

Relevant CLN Programmes:

• Emerging Frontline Clinical & Care Leaders Programme (EFCCL): Tailored for clinicians stepping into leadership roles, focusing on strategic and operational leadership.

• Resilience and Wellbeing for Leaders: Addresses the emotional demands of leadership roles.

• Leading Change in Healthcare: Equips leaders with skills to manage and implement change effectively.

ADVANCED LEADERS

(Band 8b-9 / Strategic, System-Level Roles)

Development Needs:

• Leading across complex systems and organisations.

• Driving innovation and transformational change.

• Mentoring and developing future leaders.

Relevant CLN Programmes:

• Advanced Clinical & Care Leaders Programme (ACCL): Designed for senior leaders to enhance strategic leadership capabilities.

• System Leadership in Healthcare: Focuses on leading across organisational boundaries and systems.

• Coaching and Mentoring for Leaders: Develops skills to support and grow future leaders.

14. References

Kings Fund (2018) Leadership in today's NHS. Available at: https://www.kingsfund.org.uk/insight-and-analysis/reports/leadership-todays-nhs.

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