FLORENCE NIGHTINGALE FOUNDATION
Policy & Influence
THINK TANK

Florence Nightingale Foundation Response to Leading the NHS: proposals to regulate NHS managers

Executive Summary

Introduction

Nurse and midwife leaders recognise that strengthening leadership and management standards is essential for public protection. While they support improved accountability for both clinical and non-clinical leaders, they are clear that introducing any new regulation requires careful consideration to avoid unintended consequences that could affect staff retention, leadership succession, and patient and service user care. This response, drawing from extensive consultation with nurse and midwife leaders, outlines an approach to effective regulation that begins to address these challenges.

Defining the scope of regulation

Nurse and midwife leaders advocate for a targeted approach focusing on senior managerial roles—Chairpersons, Non-Executive Directors, CEOs, the wider executive team and other senior strategic and operational leaders—who significantly influence organisational culture. They oppose extending regulation to other leaders and managers due to the potential chilling effect on workforce development.

Principles for effective regulation

For roles within scope, regulation must be:

- Proportionate and evidence-based, responding to demonstrated risks of harm
- Streamlined and consistently applied across regulatory bodies, avoiding duplication for clinically regulated managers and leaders
- Phased in gradually to enable testing and refinement
- Supported by adequate regulatory capacity before any expansion
- Underpinned by well-defined standards and thresholds for any punitive action

Leadership Development

Regulation should complement the broader strategy of the developing NHS Management and Leadership Framework to enhance management and leadership standards along with investment in leadership training, effective recruitment and retention practices, and in fostering positive practice environments.

Key additional implementation considerations

Our consultation reveals these proposals are not yet well sensitised within the healthcare workforce. Nurse and midwife leaders raise significant concerns about unintended consequences, and considerable work is needed to build understanding and address fundamental questions about implementation. Key issues include:

- Current regulatory capacity constraints and wait times indicate substantial additional resources will be required
- The relationship between existing leadership qualifications and any new regulatory framework needs careful consideration
- Integration with current clinical regulation must be designed to avoid creating burdensome parallel systems

These challenges highlight the need for extensive further dialogue with the workforce before implementation.

Leading the NHS: proposals to regulate NHS managers

Consultation questions

About the Florence Nightingale Foundation

The Florence Nightingale Foundation (FNF) is a charity dedicated to empowering nurse and midwife leaders to improve care and save lives. For over 90 years, we have provided leadership development training that equips nurses and midwives with the skills and confidence to lead with impact.

Our reach is powered by our membership network of over 100 Chief Nurses working across the entire system and sectors, giving us a direct line to the most influential and solutions-focussed leaders in health and care, responsible for the largest clinical workforce.

We are currently part of the consortium that is developing the NHS Leadership and Management Framework, on behalf of NHS England.

Evidence that has informed this consultation response

To develop this response, FNF consulted our alumni network of nurse and midwife leaders and managers via a survey (n=163) and hosted a roundtable of Chief Nurses to interpret the survey findings.

SECTION 1: OVERALL APPROACH TO THE REGULATORY MODEL

Do you agree or disagree that NHS managers should be regulated? Agree

While there is strong overall support for NHS manager regulation, this largely centres on the regulation of non-clinical managers who currently lack professional oversight. Comments consistently highlight that clinical managers are already regulated through professional bodies like the NMC and GMC, with existing accountability frameworks governing their practice.

Frontline leaders particularly emphasise concerns about non-clinical managers making healthcare decisions without clinical experience or professional registration. As one respondent noted, "Non-clinical managers must be held to account for their actions with the patient centred services they manage." This creates a two-tier system where healthcare professionals in leadership roles have clear accountability while non-clinical managers in similar positions do not.

To address the above concerns while recognising the need for consistent leadership standards across both clinical and non-clinical managerial and leadership roles, Chief Nurses advocate for a carefully designed and balanced approach that:

- Introduces regulation gradually through careful phasing
- Is proportionate and avoids duplication for those already clinically regulated
- Is targeted at the most senior levels / roles
- Balances regulation with investment in leadership development for staff at all levels, clinical and non-clinical

The feedback suggests regulation should aim to close the accountability gap for non-clinical managers while avoiding duplicate regulation for those already professionally registered. Success will depend on designing a system that enhances healthcare leadership standards without creating unnecessary bureaucracy or deterring talented leaders from taking on management roles.

Do you agree or disagree that there should be a process to ensure that managers who have committed serious misconduct can never hold a management role in the NHS in the future? Agree

Nurse and midwife leaders agree that managers guilty of misconduct should be barred from health and care settings, but with some caveats and reservations. Rather than advocating for automatic lifetime bans, respondents emphasise the need for careful consideration of context and fair processes.

Many highlight the importance of clear frameworks defining serious misconduct and ensuring independent investigations to prevent scapegoating. As one respondent notes: "I would need to be assured that there is a clear framework that provides clarity on what serious misconduct is, and what it is not, and that there are safeguards in place to ensure independence... so that scapegoating does not happen."

Nurse and midwife leaders consistently advocate for opportunities for learning and developing while acknowledging that misconduct often occurs within challenging system contexts of high workloads and limited resources. While there's clear frustration with managers being "recycled" between trusts without accountability, nursing and midwifery leaders favour a balanced approach that maintains accountability while providing paths to improvement when appropriate.

SECTION 2: A PROFESSIONAL REGISTER

Do you agree or disagree that there should be a professional register of NHS managers (either statutory or voluntary)? Agree

Nurse and midwife leaders agree that a professional register for senior healthcare leaders and managers could be an effective regulatory mechanism if implemented well. A well-designed register could enhance accountability, establish consistent standards, and address the issue of poor performers moving between trusts. Drawing parallels with clinical regulation through bodies like the GMC, NMC, or HCPC, it could help uphold the Code of Practice for managers and leaders being developed as part of the new NHS England Management and Leadership Framework.

However, implementation must be carefully considered to avoid bureaucratic overreach and unnecessary duplication for those already regulated by professional bodies. The key is ensuring any register serves as an effective tool for delivering targeted, right-touch regulation rather than creating additional administrative burden that could detract from healthcare delivery.

If you agreed, do you agree or disagree that joining a register of NHS managers should be a mandatory requirement? This could be either a statutory requirement or made mandatory through NHS organisations choosing only to appoint individuals to management positions who are members of a voluntary register. Agree

If there is a register, nurse and midwife leaders favour mandatory over voluntary registration for NHS managers in scope, with many arguing that a voluntary approach would undermine the system's effectiveness. As one respondent wrote: "A voluntary register is meaningless in that people will not join because they do not potentially see the value, or worse, they are concerned about their skills and abilities to deliver on the role they are in."

However, there are considerable reservations. Some worry about dual registration costs for those already regulated through professional bodies like the NMC, while others warn of creating barriers for talented managers from outside the NHS. Several respondents suggest that improving recruitment practices and enhancing leadership training might be more effective ways to raise management standards.

SECTION 3: SCOPE OF MANAGERS TO BE INCLUDED

Which, if any, of the following categories of managers within NHS organisations do you think a system of regulation should apply to? (Select all that apply)

- Chairpersons
- Non-executive directors
- Senior strategic level managers and leaders or very senior managers, e.g. clinical director or CEO and members of the executive team

As mentioned, support is strongest for regulating the most senior managers and leaders. This is broadly in line with the recommendations in the Kark Review for where regulation should be targeted and is, in the view of Chief Nurses, the most appropriate level to focus on.

Chief Nurses strongly warn against extending regulation too far down the management structure. Including lower bands, they argue, could deter emerging talent from pursuing NHS careers. As one Chief Nurse emphasised: "This is not about apportioning blame; this is trying to learn....But then we go and introduce a regulator to a Band 4. They're going to be out of the NHS and out of the workforce in a heartbeat." Regulation can be a very frightening development to a workforce already facing an attrition problem and we should not, in the words of an ICB Chief Nurse, "use a sledgehammer to crack a nut."

Which, if any, of the following categories of managers in equivalent organisations do you think a system of regulation should apply to? (Select all that apply)

- Appropriate arm's length body board members (for example, NHS England)
- Board level members in all Care Quality Commission (CQC) registered settings
- Managers in the independent sector delivering NHS contracts
- Managers in social care settings

The dominant view is that consistent standards across these settings for the most senior managers and leaders are vital to prevent loopholes, given the similar scope of managerial responsibilities.

SECTION 4: THE RESPONSIBLE BODY

If managers are brought into regulation through the introduction of a statutory barring system, which type of organisation do you think should exercise the core regulatory functions outlined above? Professional membership body

In our survey, nursing and midwifery leaders were fairly split on which type of organisation should exercise regulatory function, with a slightly larger plurality favouring a professional membership body (41%) over an independent regulatory body (31%).

Those supporting professional membership bodies argue this would reduce administration costs, prevent cross-referencing between organisations, and align with existing clinical regulation frameworks like the NMC and GMC. However, significant concerns are raised about existing regulators' capacity, with some citing long wait times for cases and questioning their competence to take on additional responsibilities.

A particular challenge emerges around clinical managers who already hold professional registration, with respondents questioning whether they should face dual registration and associated costs. This suggests any solution needs to carefully consider how to handle those already regulated through professional bodies while maintaining consistent standards across all NHS management.

If managers are brought into regulation through the introduction of a professional register (either a voluntary accredited register or full statutory regulation), which type of organisation do you think should exercise the core regulatory functions outlined above? Don't know

While there is broad support for introducing a professional register (as above), there is less consensus about how such a system could be overseen effectively. While some advocate using existing professional bodies to reduce costs and leverage established systems, others strongly favour creating a new independent regulator. Alternative suggestions include expanding the CQC's role or developing a hybrid system that links with existing regulators. This lack of agreement on implementation suggests that while the principle of regulation is supported, significant work is needed to design a system that would be both effective and practical.

SECTION 5: OTHER CONSIDERATIONS: PROFESSIONAL STANDARDS FOR MANAGERS

Do you agree or disagree that there should be education or qualification standards that NHS managers are required to demonstrate and are assessed against? Agree

Nursing and midwifery leaders agree that NHS managers in scope should be required to demonstrate and be assessed against education or qualification standards.

If you agreed, which categories of NHS managers should this apply to? (Select all that apply)

- Chairpersons
- Non-executive directors
- Senior strategic level managers and leaders or very senior managers (includes CEOs and executive directors, some medical and dental directors, for example clinical directors)

The responses show overwhelming support for education and qualification standards for NHS managers, with strongest backing at senior levels. However, many nurse and midwife leaders

stress that formal qualifications alone aren't sufficient. As one nurse noted, overreliance on "paper qualifications" could exclude talented individuals, particularly those from minority backgrounds or with non-traditional career paths. Others stress that proven leadership ability and practical experience must be valued alongside academic credentials.

The key message emerging is that while qualification standards are strongly supported, especially for senior roles, they must be balanced with recognition of experience and accompanied by accessible development opportunities. This suggests an approach that combines clear standards for senior positions while maintaining open pathways for career progression at all levels.

REVALIDATION

If a professional register is implemented for NHS managers, do you agree or disagree that managers should be required to periodically revalidate their professional registration? Strongly agree

Most nurse and midwife leaders support periodic revalidation for NHS managers, viewing it as a logical extension of clinical revalidation processes for doctors and nurses. They argue that revalidation encourages continuous professional development, ensures accountability, and fosters leadership skills that remain current in a rapidly changing healthcare environment. Several also see parity with clinical staff as essential, believing all managers should demonstrate ongoing fitness to practice if they have significant influence over patient care and resources.

However, there are notable reservations. Some worry about duplication for clinical managers who already undergo strict revalidation requirements (e.g., NMC), warning it could add unnecessary cost and administrative burdens. Others question whether revalidation truly measures managerial competence, suggesting appraisals, 360° feedback, and robust recruitment might be more effective ways to address poor performance. Concerns also arise around funding and time, with respondents emphasising that any new system should be adequately resourced and integrated into existing processes.

If you agreed, how frequently should managers be required to revalidate their professional registration? Every 3 years

Nurse and midwife leaders would like a three-year interval for manager revalidation, often referencing alignment with existing clinical revalidation processes like the NMC's. Respondents suggest this timeframe balances maintaining current practice with practical considerations like career breaks and training needs, while avoiding excessive administrative burden.

What skills and competencies do you think managers would need to keep up to date in order to revalidate? (Maximum 300 words)

Respondents identify several key competencies NHS managers should maintain for effective revalidation. At the forefront is compassionate leadership, encompassing emotional intelligence and the ability to support diverse teams. Strong communication skills, including conflict resolution and transparent decision-making, are also seen as essential.

Equality, diversity, and inclusion (EDI) features prominently, with emphasis on cultural competence and addressing inequalities. Operational competencies like budget management, staffing, and quality improvement are equally valued, alongside knowledge of relevant policies and safety protocols.

Digital literacy and data-driven leadership also emerge as important skills, including the ability to interpret metrics and use analytics for service improvements. Project and change management capabilities are considered crucial for implementing initiatives.

CLINICAL MANAGERS AND DUAL REGISTRATION

Do you agree or disagree that clinical managers should be required to meet the same management and leadership standards as non-clinical managers? Agree

Nurse and midwife leaders agree that clinical and non-clinical managers in scope should be required to meet the same management and leadership standards – but this agreement comes with important caveats.

Many respondents advocate for equal standards, arguing that all managers share responsibility for service quality and patient safety. This view connects to fairness principles, with several noting that similar pay grades should demand comparable standards. Those in favour emphasise that clinical training alone doesn't guarantee leadership competence, pointing to cases where underprepared clinical managers have taken leadership roles without adequate management training, potentially compromising patient safety and staff morale.

However, the reality of clinical managers' dual roles introduces significant complexity. These professionals must maintain both clinical expertise and management competencies, already operating under regulation from bodies like the NMC and GMC. This raises valid concerns about duplicate regulation and unnecessary administrative burden that could discourage clinicians from pursuing leadership roles.

Practical implementation challenges feature prominently. Questions arise about resource allocation for training, recognition of existing leadership qualifications like the Edward Jenner and Mary Seacole programmes, and the potential financial impact on individuals. The fundamental difference in priorities between clinical and non-clinical managers also emerges as a key consideration.

While standardisation gains strong support in principle, stakeholders advocate for a thoughtful approach that recognises existing professional frameworks, avoids redundancy, and accounts for the unique demands of clinical leadership roles. A blended approach emerges as a potential solution, where core leadership competencies apply universally, but clinical managers might integrate elements of their existing clinical revalidation to avoid excessive duplication.

If you agreed, how should clinical managers be assessed against leadership or management standards? **They should only be required to hold registration with their existing healthcare professional regulator who will hold them to account to the same leadership competencies as non-clinical managers**

There is some debate and confusion amongst nurse and midwife leaders about how best to assess clinical managers against leadership and management standards that apply to both clinical and non-clinical roles. However, a consensus emerges favouring integration within existing professional regulatory frameworks rather than creating separate registration requirements.

A key theme from respondents is the desire to avoid costly and potentially confusing multiple registration systems. Comments express concern about duplicate fees and administrative burden. There are also worries that dual registration could create uncertainty about accountability, potentially making regulation less robust rather than strengthening it.

Instead, many suggest adapting existing regulatory structures to incorporate leadership standards. One practical suggestion draws on established precedent, proposing that professional regulators like the NMC could add a specific leadership component or annotation "like prescribing" - referencing how additional competencies are already managed within current frameworks. This approach would maintain clear lines of accountability while ensuring appropriate leadership standards.

The emphasis on streamlining appears frequently, with respondents advocating for "a single robust process" that integrates managerial requirements into clinical registration. This would avoid duplication while maintaining high standards across both clinical and leadership domains. Some respondents note that clinical regulators already assess leadership competencies to some degree, suggesting this could be enhanced rather than replicated. Chief Nurses cited the NMC's ongoing Advanced Practice review as an area where this could be realised.

This integrated approach could offer several advantages: maintaining clear accountability through a single regulator, reducing administrative burden and costs, and recognising the interconnected nature of clinical and leadership responsibilities in healthcare settings.

The key would be ensuring these integrated standards are sufficiently robust to maintain equivalent expectations for clinical and non-clinical managers while avoiding unnecessary duplication.

PHASING OF A REGULATORY SCHEME

Do you agree or disagree that a phased approach should be taken to regulate NHS managers? Agree

Most respondents support a phased introduction of any new regulatory framework to managers in scope, emphasising practicality and manageability in the current NHS environment. A gradual rollout would allow time to evaluate impact, refine processes, and provide necessary support while minimising staff attrition. Some advocate for an initial voluntary register to test feasibility before making it mandatory, allowing for evaluation of logistical, financial, and workforce challenges.

Contact information

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