Department of Health

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

October 2004

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1   An introduction to the NHS Knowledge and Skills Framework and its use in career and pay progression

1.1   What is the NHS KSF?

The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

The NHS KSF and its associated development review process lie at the heart of the career and pay progression strand of Agenda for Change. They are designed to apply across the whole of the NHS for all staff groups who come under the Agenda for Change Agreement. That is, they apply to everyone except doctors, dentists and some board level and other senior managers as there are separate arrangements for their development review. Throughout this document, the term 'all staff' is used to apply to all those staff who come under the Agenda for Change National Agreement.

1.2   What is the purpose of the NHS Knowledge and Skills Framework?

The purpose of the NHS Knowledge and Skills Framework (the NHS KSF) is to:

- facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all members of staff. The NHS KSF is based on the principles of good people management – how people like to be treated at work and how organisations can enable people to work effectively

- support the effective learning and development of individuals and teams – with all members of staff being supported to learn throughout their careers and develop in a variety of ways, and being given the resources to do so

- support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required within a post and managers enabling staff to develop within their post

- promote equality for and diversity of all staff – with every member of staff using the same framework, having the same opportunities for learning and development open to them and having the same structured approach to learning, development and review.

1.3 How does the NHS KSF fit with the rest of Agenda for Change?

The NHS KSF is one of the three key strands within Agenda for Change. The three strands are:

1   the NHS KSF and its associated development review process – together these form the basis of the career and pay progression strand

2   job evaluation

3   terms and conditions.

The NHS KSF and associated development review process is about the NHS investing in the ongoing development of all its staff in the future. This will help to ensure that staff are supported to be effective in their jobs and committed to developing and maintaining high quality services for the public. The NHS KSF is based on good human resource management and development – it is about treating all individuals fairly and equitably. In turn individual members of staff are expected to make a commitment to develop and apply their knowledge and skills to meet the demands of their post and to work flexibly in the interests of the public.

The purpose of **job evaluation** is to compare all of the different jobs in the NHS fairly. Job evaluation is based on equal pay legislation – equal pay for work of equal value. It will enable NHS staff to move from the different pay systems and spines that are in existence in 2004 on to a new integrated pay system. The job evaluation system is crucial to the introduction of Agenda for Change as staff move across to the new pay system. Once all staff have been moved to the new integrated pay spines, job evaluation will only be used when a new job is created or when a job has changed and needs to be re-evaluated. In contrast the NHS KSF will be a constant feature for all staff in the future throughout their working lives.

The third main strand of Agenda for Change is the harmonisation of the **terms and conditions** that have come into existence since the NHS was established. This includes, for example, standard hours of working, and harmonisation of overtime rates and annual leave. The terms and conditions strand will help ensure comparability and fairness for all staff and facilitate the development of multi-disciplinary teams.

1.4 What principles is the NHS KSF based on?

The guiding principles behind the development and implementation of the NHS KSF are that it is:

- NHS-wide – it is applicable to all staff who work in the NHS across the UK, for all the roles that they undertake now and are likely to undertake in the foreseeable future

- developed and implemented in partnership – the NHS KSF has been developed through partnership working between management and trade unions and professional bodies. This partnership approach will continue as the NHS KSF is used for individuals' development in post and throughout their careers.

- developmental – the NHS KSF has been designed to support the development of individuals in their post and in their careers. Through supporting staff to develop, the services offered by the NHS to patients and the public will also improve. The NHS KSF is designed to support policies and plans for the future development of the National Health Service in the four countries of the UK[1]. Further information on how the NHS KSF links to UK and national policies and guidance will be made available.

- equitable – the NHS KSF is a framework for all staff and one which recognises the contribution that all staff make to the provision of high quality services for the public. The development review process provides an equitable process for all staff. There is a commitment that all staff – whatever their post, whether they work full or part time, in the day, evenings or at night – will be supported to learn and develop throughout their working lives in the NHS.

- simple and feasible to implement – the NHS KSF has been tested with a wide range of staff groups. The evidence to date is that after a short introduction, staff find the NHS KSF easy to understand and are able to apply it to their own post and development.

- capable of linking with current and emerging competence frameworks[2] – the NHS KSF has been developed from an analysis of the competences that currently apply to the different staff groups within the NHS. To support the use of the NHS KSF in practice, information will be made available on how the NHS KSF links to different UK/national competences that have been issued or are recognised by statutory regulatory bodies and/or which have been externally quality assured.

1.5 What is the focus of the NHS KSF?

The NHS KSF is about **the application** of knowledge and skills – not about the specific knowledge and skills that individuals need to possess. As a broad generic framework it is designed to be applicable and transferable across the NHS and to draw out the general aspects that show how individuals need to apply their knowledge and skills within the NHS.

The NHS KSF does **not** seek to describe what people are like or the particular attributes they have (eg courage, humour). Rather it focuses on how people need to apply their knowledge and skills to meet the demands of work in the NHS. It consequently does relate to how individuals behave but only in the sense of what people actually do – not in relation to any underlying characteristics that individuals have. This is because it would not be fair to make such generalisations to affect people's pay and career progression.

As the NHS KSF is a broad generic framework that focuses on the application of knowledge and skills – it does **not** describe the exact knowledge and skills that people need to develop. More specific standards/competences would help to do this as would the outcomes of learning programmes.

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1   The NHS in England; Health and Personal Social Services in Northern Ireland; NHS Scotland; and NHS Wales.

2   These will include: regulatory requirements/competences, National Occupational Standards, QAA benchmarks, and other nationally developed competences, that have been externally quality assured and/or approved.

1.6 How is the NHS KSF structured?

The NHS KSF is made up of 30 dimensions. The dimensions identify broad functions that are required by the NHS to enable it to provide a good quality service to the public.

6 of the dimensions are core which means that they are relevant to every post in the NHS. The **core dimensions** are:

1   Communication

2   Personal and people development

3   Health, safety and security

4   Service improvement

5   Quality

6   Equality and diversity.

The other 24 dimensions are specific – they apply to some but not all jobs in the NHS. The **specific dimensions** are grouped into themes as shown below.

Health and wellbeing

HWB1   Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing

HWB2   Assessment and care planning to meet health and wellbeing needs

HWB3   Protection of health and wellbeing

HWB4   Enablement to address health and wellbeing needs

HWB5   Provision of care to meet health and wellbeing needs

HWB6   Assessment and treatment planning

HWB7   Interventions and treatments

HWB8   Biomedical investigation and intervention

HWB9   Equipment and devices to meet health and wellbeing needs

HWB10 Products to meet health and wellbeing needs

Estates and facilities

EF1   Systems, vehicles and equipment

EF2   Environments and buildings

EF3   Transport and logistics

Information and knowledge

IK1   Information processing

IK2   Information collection and analysis

IK3   Knowledge and information resources

General

G1   Learning and development

G2   Development and innovation

G3   Procurement and commissioning

G4   Financial management

G5   Services and project management

G6   People management

G7   Capacity and capability

G8   Public relations and marketing

No hierarchy is intended in the NHS KSF dimensions – the grouping and numbering are purely to aid easy recognition and referencing. No one dimension or level is better than another – all are necessary to provide good quality services to the public in the NHS.

Each dimension has 4 levels. **Each level has a title** which describes what the level is about. An overview of the dimensions and levels is given on the next pages and repeated in Appendix 1.

Attached to the descriptions of level are **indicators**. The indicators describe how knowledge and skills need to be applied at that level. The descriptions of level and the indicators form an integral package and a fixed component of the NHS KSF. This means that for an individual to meet a defined level they have to be able to show they can apply knowledge and skills to meet all of the indicators in that level.

Alongside each level title and indicators are some **examples of application**. These show how the NHS KSF might be applied in different posts and are purely for illustrative purposes. However, they play a critical part in relating the NHS KSF to actual jobs through the development of 'post outlines' (see below). The full NHS KSF is given in Appendix 2.

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OVERVIEW OF THE NHS KNOWLEDGE AND SKILLS FRAMEWORK

Dimensions	Level Descriptors			
CORE	1	2	3	4
1 Communication	Communicate with a limited range of people on day-to-day matters	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
2 Personal and people development	Contribute to own personal development	Develop own skills and knowledge and provide information to others to help their development	Develop oneself and contribute to the development of others	Develop oneself and others in areas of practice
3 Health, safety and security	Assist in maintaining own and others' health, safety and security	Monitor and maintain health, safety and security of self and others	Promote, monitor and maintain best practice in health, safety and security	Maintain and develop an environment and culture that improves health, safety and security
4 Service improvement	Make changes in own practice and offer suggestions for improving services	Contribute to the improvement of services	Appraise, interpret and apply suggestions, recommendations and directives to improve services	Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
5 Quality	Maintain the quality of own work	Maintain quality in own work and encourage others to do so	Contribute to improving quality	Develop a culture that improves quality
6 Equality and diversity	Act in ways that support equality and value diversity	Support equality and value diversity	Promote equality and value diversity	Develop a culture that promotes equality and values diversity

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Dimensions	Level Descriptors			
HEALTH AND WELLBEING	1	2	3	4
HWB1 **Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing**	Contribute to promoting health and wellbeing and preventing adverse effects on health and wellbeing	Plan, develop and implement approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing	Plan, develop, implement and evaluate programmes to promote health and wellbeing and prevent adverse effects on health and wellbeing	Promote health and wellbeing and prevent adverse effects on health and wellbeing through contributing to the development, implementation and evaluation of related policies
HWB2 **Assessment and care planning to meet health and wellbeing needs**	Assist in the assessment of people's health and wellbeing needs	Contribute to assessing health and wellbeing needs and planning how to meet those needs	Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs	Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs
HWB3 **Protection of health and wellbeing**	Recognise and report situations where there might be a need for protection	Contribute to protecting people at risk	Implement aspects of a protection plan and review its effectiveness	Develop and lead on the implementation of an overall protection plan
HWB4 **Enablement to address health and wellbeing needs**	Help people meet daily health and wellbeing needs	Enable people to meet ongoing health and wellbeing needs	Enable people to address specific needs in relation to health and wellbeing	Empower people to realise and maintain their potential in relation to health and wellbeing
HWB5 **Provision of care to meet health and wellbeing needs**	Undertake care activities to meet individuals' health and wellbeing needs	Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency	Plan, deliver and evaluate care to meet people's health and wellbeing needs	Plan, deliver and evaluate care to address people's complex health and wellbeing needs
HWB6 **Assessment and treatment planning**	Undertake tasks related to the assessment of physiological and/or psychological functioning	Contribute to the assessment of physiological and/or psychological functioning	Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans	Assess physiological and/or psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans
HWB7 **Interventions and treatments**	Assist in providing interventions and/or treatments	Contribute to planning, delivering and monitoring interventions and/or treatments	Plan, deliver and evaluate interventions and/or treatments	Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness
HWB8 **Biomedical investigation and intervention**	Undertake tasks to support biomedical investigations and/or interventions	Undertake and report on routine biomedical investigations and/or interventions	Plan, undertake, evaluate and report biomedical investigations and/or interventions	Plan, undertake, evaluate and report complex/unusual biomedical investigations and/or interventions
HWB9 **Equipment and devices to meet health and wellbeing needs**	Assist in the production and/or adaptation of equipment and devices	Produce and/or adapt equipment and devices to set requirements	Design, produce and adapt equipment and devices	Design, produce and adapt complex/unusual equipment and devices
HWB10 **Products to meet health and wellbeing needs**	Prepare simple products and ingredients	Prepare and supply routine products	Prepare and supply specialised products	Support, monitor and control the supply of products

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Dimensions	Level Descriptors			
ESTATES AND FACILITIES	**1**	**2**	**3**	**4**
EF1 **Systems, vehicles and equipment**	Carry out routine maintenance of simple equipment, vehicle and system components	Contribute to the monitoring and maintenance of systems, vehicles and equipment	Monitor, maintain and contribute to the development of systems, vehicles and equipment	Review, develop and improve systems, vehicles and equipment
EF2 **Environments and buildings**	Assist with the maintenance and monitoring of environments, buildings and/or items	Monitor and maintain environments, buildings and/or items	Monitor, maintain and improve environments, buildings and/or items	Plan, design and develop environments, buildings and/or items
EF3 **Transport and logistics**	Transport people and/or items	Monitor and maintain the flow of people and/or items	Plan, monitor and control the flow of people and/or items	Plan, develop and evaluate the flow of people and/or items

Dimensions	Level Descriptors			
INFORMATION AND KNOWLEDGE	**1**	**2**	**3**	**4**
IK1 **Information processing**	Input, store and provide data and information	Modify, structure, maintain and present data and information	Monitor the processing of data and information	Develop and modify data and information management models and processes
IK2 **Information collection and analysis**	Collect, collate and report routine and simple data and information	Gather, analyse and report a limited range of data and information	Gather, analyse, interpret and present extensive and/or complex data and information	Plan, develop and evaluate methods and processes for gathering, analysing, interpreting and presenting data and information
IK3 **Knowledge and information resources**	Access, appraise and apply knowledge and information	Maintain knowledge and information resources and help others to access and use them	Organise knowledge and information resources and provide information to meet needs	Develop the acquisition, organisation, provision and use of knowledge and information

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Dimensions	Level Descriptors			
GENERAL	**1**	**2**	**3**	**4**
G1 **Learning and development**	Assist with learning and development activities	Enable people to learn and develop	Plan, deliver and review interventions to enable people to learn and develop	Design, plan, implement and evaluate learning and development programmes
G2 **Development and innovation**	Appraise concepts, models, methods, practices, products and equipment developed by others	Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment	Test and review new concepts, models, methods, practices, products and equipment	Develop new and innovative concepts, models, methods, practices, products and equipment
G3 **Procurement and commissioning**	Monitor, order and check supplies of goods and/or services	Assist in commissioning, procuring and monitoring goods and/or services	Commission and procure products, equipment, services, systems and facilities	Develop, review and improve commissioning and procurement systems
G4 **Financial management**	Monitor expenditure	Coordinate and monitor the use of financial resources	Coordinate, monitor and review the use of financial resources	Plan, implement, monitor and review the acquisition, allocation and management of financial resources
G5 **Services and project management**	Assist with the organisation of services and/or projects	Organise specific aspects of services and/or projects	Prioritise and manage the ongoing work of services and/or projects	Plan, coordinate and monitor the delivery of services and/or projects
G6 **People management**	Supervise people's work	Plan, allocate and supervise the work of a team	Coordinate and delegate work and review people's performance	Plan, develop, monitor and review the recruitment, deployment and management of people
G7 **Capacity and capability**	Sustain capacity and capability	Facilitate the development of capacity and capability	Contribute to developing and sustaining capacity and capability	Work in partnership with others to develop and sustain capacity and capability
G8 **Public relations and marketing**	Assist with public relations and marketing activities	Undertake public relations and marketing activities	Market and promote a service/organisation	Plan, develop, monitor and review public relations and marketing for a service/organisation

The scope of the NHS KSF is extremely broad – it covers the roles and functions of all staff in the NHS. To make it useful as a tool for individual review and development, the dimensions, levels and examples of application which are most relevant to specific posts have to be selected. This is done through the development of NHS KSF post outlines.

A post outline based on the NHS KSF will be developed in partnership for every post in the NHS. NHS KSF post outlines set out the actual requirements of a post in terms of the knowledge and skills that need to be applied when that post is being undertaken effectively. **Outlines must reflect the requirements of the post – not the abilities or preferences of the person who is employed in that post. They must be developed in partnership by people who understand the requirements of the post concerned.**

Every NHS KSF post outline must include an appropriate level from each of the six core dimensions, to which will be added a number of specific dimensions. There is no limit to the

number of specific dimensions which can be included, but it would be unusual for a post to need more than seven. The specific dimensions should reflect critical aspects of the post.

Everyone involved in developing NHS KSF post outlines should be realistic about what to include as the outlines will inform decisions about the learning and development which people will need, the learning and development which organisations will be committed to support, and individuals' pay progression.

Section 2 provides further information on how to develop NHS KSF post outlines.

WHAT IF …

- the NHS KSF is not able to describe my post/a post in my department?

  This is extremely unlikely. The NHS KSF has been tested across the service with a wide range of staff groups. In addition detailed work has been undertaken on mapping existing competences to working drafts of the NHS KSF. As a result the NHS KSF has been improved and is now designed to be suitable for all staff groups.

- I can't see my job clearly in the dimensions?

  As the NHS KSF is a broad generic framework this is not surprising. It is impossible for such a framework to use the terms and titles that everyone in the NHS uses on a day-to-day basis. You might find the 'Where to find it' guide in Appendix 3 a useful starting point.

- my organisation wants to add on its own dimensions and/or use its own competences instead of the NHS KSF. Can it do this?

  No. The National Agreement, which has been carefully negotiated over a number of years, relates to the use of the NHS KSF as the basis of career and pay progression. If your organisation finds consistent problems with using the NHS KSF for one or more staff groups then it should alert the Staff Council to the problem. It cannot just change the National Agreement locally.

- I have a National/Scottish Vocational Qualification at level 3. Does this mean that all of the dimensions for my post will be at level 3?

  No. NHS KSF post outlines identify the dimensions and the levels that are appropriate for different posts. This means that posts will often have dimensions at a number of different levels. For example, a post might have the vast majority of the relevant dimensions at level 4, and then also have another dimension at level 2 and one dimension at level 1.

1.7 How will the NHS KSF be used?

The NHS KSF is designed to form the basis of a development review process. This is an ongoing cycle of review, planning, development and evaluation for all staff in the NHS which links organisational and individual development needs – a commitment to the development of everyone who works in the NHS.

This is shown in the diagram which follows.

Development Review Process
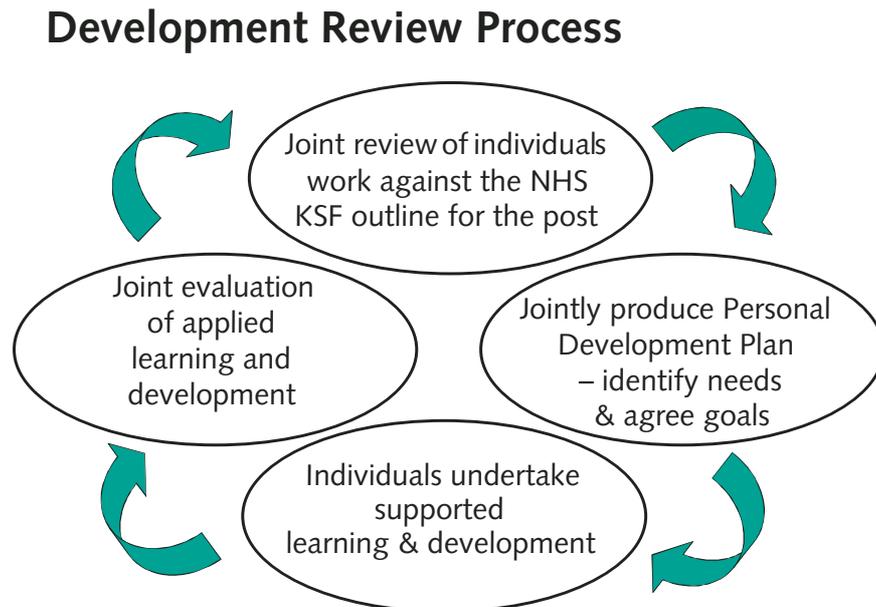
The development review is a partnership process undertaken between an individual member of staff and "a reviewer". The reviewer will usually be the individual's line manager but the role can also be delegated to someone else. If the reviewer role is delegated, then the individual to whom it is delegated will need to be competent to act in that role and also have sufficient authority to be able to arrange learning and development opportunities. Many reviewers will need support to develop their knowledge and skills in this area; they will also need to commit sufficient time to undertake the development review process effectively as it will become a key feature of ongoing NHS work.

The reviewer and the individual both take responsibility for agreed parts of the development review process. Resources are made available to enable the member of staff to develop and apply their knowledge and skills to meet the demands of their current post and to progress in their careers should they wish to do so.

The development review process is based on an ongoing cycle of learning. It consists of:

- reviewing how individuals are applying their knowledge and skills to meet the demands of their current post and identifying whether they have any development needs – the demands of the post are described in a NHS KSF outline for that post

- developing a Personal Development Plan for that individual detailing the learning and development to take place in the coming months and the date of the next review

- learning and development for the individual supported by their reviewer

- evaluating the learning and development and reflecting on how it has been applied to work.

The basis of the development review process is the NHS KSF as it provides a clear and explicit framework as to how knowledge and skills need to be applied within the NHS.

The development is personal – informed by looking at an individual's own learning and development needs against the requirements of the post as described in the NHS KSF post outline. This means that although a number of individuals may have the same NHS KSF outline for their post, each will have their own, individual Personal Development Plan. This is because each individual will have their own strengths and also their own learning and development needs.

The development review process is based on good appraisal practice. It has been designed so that organisations can combine the development review with their appraisal process so that the two work seamlessly together to support individual's development.

1.8 How will the NHS KSF and the development review process benefit individuals?

The NHS KSF and the development review process will benefit individuals by:

- enabling them to be clear about the knowledge and skills they need to apply in their posts

- enabling them to access appropriate learning and development

- showing how their work relates to the work of others in their immediate team and beyond

- identifying the knowledge and skills they need to learn and develop throughout their careers

- providing a structure and process for the NHS to invest in individuals' learning and development throughout their working life in the NHS.

1.9 How will the NHS KSF and the development review process benefit organisations?

Organisations will be able to use the NHS KSF to inform human resource development and management, such as selection and recruitment. One of its purposes is to move all NHS organisations to a more developmental approach through providing an NHS-wide framework and process which can be readily used for all staff.

In particular, the NHS KSF and the development review process will enable organisations to:

- mainstream the equality and diversity agenda at every level[3]

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3   For example, through the Positively Diverse Programme in England.

- audit the knowledge and skills that exist in the organisation using a common framework and approach applicable to all staff groups

- make informed decisions about the deployment of staff

- identify skill and knowledge gaps within teams and the organisation and plan how to address these gaps

- organise learning and development across staff groups, across the organisation and possibly with other organisations

- develop effective recruitment and selection processes as there will be clarity as to the knowledge and skills required by applicants

- improve services to users and the public through consistent and effective staff development

- develop governance across the organisation through the provision of clear information on individual roles, responsibilities and development

- meet policies, targets and priorities as these are embedded in the NHS KSF and linked to the relevant parts of the framework.

1.10 Will the NHS KSF have an effect on which payband my post is placed?

No. It is the job evaluation system that determines where jobs are placed on the paybands.

Each of the paybands has a number of pay points. The NHS KSF will be used to inform individuals' development within the paybands.

> **WHAT IF …**
>
> - the NHS KSF outline for my post has lots of dimensions at high levels, surely this will mean that I will be paid more?
>
>   *No. It is the job evaluation system which determines where your post is placed on the paybands. Trying to alter the payband you are on by arguing for more dimensions at higher levels in your KSF post outline will have no effect on your pay. In fact it is likely to make life harder as you will have to meet all of the dimensions and levels in the post outline to progress through the second gateway.*

1.11 What are the pay gateways?

In most years pay progression will take the form of an annual increase in pay from one pay point within a pay band to the next as there is a normal expectation of progression. At defined points in a pay band – known as 'gateways' – decisions are made about pay progression as well as development.

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There are two gateways in each of the eight paybands:

1   the foundation gateway – this takes place no later than twelve months after an individual is appointed to a payband regardless of the pay point to which the individual is appointed.

2   the second gateway – this is set at a fixed point towards the top of a payband as set out in the National Agreement (see below).

Pay band	Position of second gateway
Pay band 1	Before final point
Pay bands 2 – 4	Before first of last two points
Pay bands 5 – 7	Before first of last three points
Pay band 8, ranges A – D	Before final point
Pay band 9	Before final point

Review of individuals at the gateways is based on using the dimensions and levels of the NHS KSF that are relevant to that post.

The purpose of the foundation gateway is to check that individuals can meet the basic demands of their post on that payband – the foundation gateway review is based on a subset of the full NHS KSF outline for a post. Its focus is the knowledge and skills that need to be applied from the outset in a post coupled with the provision of planned development in the foundation period of up to 12 months.

The purpose of the second gateway is to confirm that individuals are applying their knowledge and skills to consistently meet the full demands of their post – as set out in the full NHS KSF outline for that post. Having gone through the second gateway, individuals will progress to the top of the pay band provided they continue to apply the knowledge and skills required to meet the NHS KSF outline for that post.

There is an expectation that individuals will progress through the paypoints on a payband by applying the necessary knowledge and skills to the demands of the post. It is only at gateways, or if concerns have been raised about significant weaknesses in undertaking the current role, that the outcome of a review might lead to deferment of pay progression[4].

The whole system is based on the principle of NO SURPRISES – if there are problems with individuals developing towards the full NHS KSF outline for the post, or there are disciplinary issues, these must have been addressed by reviewers **before** the gateway reviews. This mirrors good management practice and should be no different from good appraisal practice as it currently exists.

There must always have been formal notification of any concern to the individual by their reviewer. An action plan must have been drawn up to try to remedy any issues before deferral of progression can be raised. The process after that will be exactly the same as in deferral at a gateway with progression resuming as soon as a review determines that the NHS KSF outline for the post and the gateway has been met. Deferral will last until any issues are resolved.

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4   'Significant weaknesses' have been defined in the negotiations as "significant weaknesses in performance in the current post that have been identified and discussed with the staff member concerned and have not been resolved despite opportunities for appropriate training/development and support".

There will be no national or local quotas for pay progression. All staff who apply the necessary knowledge and skills to meet the NHS KSF outline for their post and the relevant gateway will progress through these gateways and pay points.

WHAT IF …

- I am a regulated healthcare professional who is subject to a preceptorship year?

  Within the first 12 months of employment you will have two development reviews. The first review after 6 months will seek to establish whether you are on track in your development towards the foundation gateway and if this is the case you will receive your incremental point. After 12 months your second development review will focus on the KSF foundation outline for your post and this will form your foundation gateway. When you pass through this foundation gateway, you will move up to the next point on the payband. Like everyone else you will only have one foundation gateway and only one foundation gateway review.

- I am a midwife and I know that I will move to payband 6 on the basis of accelerated progression. Will this have an impact on my foundation gateway review?

  No. Your preceptorship will take place as described above and your foundation gateway review will also take place when you have been in post for 12 months.

Section 2 provides more information on how to develop NHS KSF post outlines.

Section 3 provides more information on the development review process and its use at gateways.

1.12 Will I be able to progress automatically from one payband to the next?

No. Individuals will need to apply for new posts and jobs will be open to advertisement and competition as currently.

1.13 How does the NHS KSF link to lifelong learning?

The NHS KSF and the related development review process is essentially about lifelong learning. The National Agreement includes a commitment to annual development reviews for all staff and a commitment to the development of all staff. Everyone will have their own personal development plan – developed jointly in discussion with their reviewer. Everyone is expected to progress and develop throughout their time working in the NHS.

The development review will initially focus on helping individuals develop to meet the demands of the NHS KSF outline for the post in which they are currently employed. Once individuals have shown they meet the demands of their current post, and particularly when they have passed through the second gateway, the focus may shift to career development, whether this be upwards or sideways. The NHS KSF, and related post outlines, should be available to everyone in an organisation so that individuals are able to think about their next career steps. Individuals' Personal Development Plans can focus on future career development, once they have shown they can apply the knowledge and skills necessary for their current post.

1.14 How does the NHS KSF support recruitment and retention?

The NHS KSF helps organisations and individuals make the links between what the organisation needs to deliver effective services and how individuals need to apply their knowledge and skills to deliver those services. It is therefore ideal for informing recruitment and selection.

The NHS KSF post outline, and the subset of the post outline that will be used at the foundation gateway, must be clearly stated in recruitment literature and/or at the outset of the job. The NHS KSF post outlines will help to focus recruitment and selection by identifying the knowledge and skills that need to be applied in a particular post – and hence the knowledge and skills that individuals appointed to the post will need to possess and apply.

Within the first year of appointment to a post, newly appointed individuals will have at least two discussions with their reviewer. The purpose of these discussions is to enhance learning and development in the first year in post and make sure that individuals are getting the support they need in this crucial period.

1.15 How will the NHS KSF support service development?

The NHS KSF will help managers and individuals see and make the links between how individuals apply their knowledge and skills, what is needed in the team they work in, and how this relates to the demands on the organisation. This will also show the links for development purposes.

Linking individual and service demands and development will also facilitate improvements in patient and client care.

Through helping individuals understand how they need to apply knowledge and skills, and giving them support to do this, their understanding of their role in services and the organisation as a whole should increase and services be delivered more effectively.

1.16 What will organisations have to do to implement the NHS KSF and development review?

There are a number of things that organisations need to do. These include:

1   identifying the organisational policies and procedures that will need to be updated as a result of introducing the NHS KSF

2   evaluating the effectiveness of the current appraisal system where it is working well, where there are problems and the reasons

3   identifying the current level of knowledge and skills in the organisation in relation to the appraisal and review of staff and the implications of this for the introduction of the NHS KSF

4   identifying any competences that are being used in the organisation, whether the competences are national or local, who is using them and what for

5   evaluating the current state of job descriptions and related information on the nature of posts and how knowledge and skills are applied in these posts

6   identifying any management of change issues that will arise in moving from current organisational practice to the National Agreement

7   identifying who has the knowledge and skills in the organisation to help take this agenda forward (eg union learning representatives, NVQ/SVQ coordinators)

8   identifying the implications of the NHS KSF and development review for education and training and related funding.

In order to implement the NHS KSF and development review process in the organisation, it will be necessary to work in a management and trade union/professional body partnership to:

1   explain the NHS KSF to all staff and raise their awareness of what it will mean to them in the future and throughout their working lives

2   develop NHS KSF outlines for all posts – this will mean identifying who is to lead on this and how it will be undertaken in partnership ensuring that those involved have the necessary knowledge and skills about the posts for which they are developing NHS KSF post outlines

3   develop the knowledge and skills of individual members of staff on how to participate effectively in their own development review

4   develop managers' knowledge and skills on how to review the work of individuals and support their development

5   identify any specific training that managers will need to promote equality and diversity in the development review process

6   identify how to manage and support the transition between any competences that are currently being used in the organisation and the implementation of the NHS KSF for career and pay progression

7   identify how to link the NHS KSF and development review process into the organisation's appraisal system and business planning cycles

8   review existing policies and procedures (eg equal opportunities, recruitment and selection, induction, career breaks/sabbaticals, redundancy /redeployment, sickness and absence, maternity leave), in the light of the NHS KSF and associated development review process

9   develop a robust system for monitoring and reviewing progression decisions

10   ensure there are systems and structures to support the development of all staff equitably

11   plan and develop a learning and development strategy for the organisation that balances the needs and interests of all individuals and teams with available resources

12   monitor how the NHS KSF and development review are implemented across the organisation effectively and equitably.

1.17 How will the NHS KSF and its use be monitored and evaluated?

The NHS KSF has already gone through a systematic testing process to produce the version that is being used for the rollout of Agenda for Change. It will continue to be monitored and evaluated in use by the Staff Council to ensure that it remains fit for purpose.

If you have any concerns about the content of the NHS KSF, then these should be raised through the partnership body at local level.

The system will be monitored to ensure consistency across similar posts, and equitable implementation, and to confirm that the system is not undermined.

When changes to the NHS KSF or the development review process are made, these will be issued to the service with relevant supporting information.

2   Developing NHS KSF outlines for posts

2.1   Introduction to NHS KSF post outlines

2.1.1 Why do we need NHS KSF post outlines?

Before it is possible for a development review to take place (and then continue), it is necessary to be clear about the knowledge and skills that need to be applied in a post by anyone employed in that post. This is done through developing an NHS KSF outline for that post.

2.1.2 What are NHS KSF post outlines?

An NHS KSF post outline sets out the NHS KSF dimensions and levels that apply to a particular post in the NHS. The combination of dimensions and levels gives a broad NHS KSF outline for a post.

To develop a full NHS KSF post outline it is also necessary to specify the relevant areas /activities. This is a vital stage as it is this level of detail that:

- provides the link to effective learning and development for individual members of staff

- relates the NHS KSF to the actual delivery of services for the public.

The examples of application in the NHS KSF are designed as triggers to help in this process – but they are *not* the whole answer. The actual areas of application should be worked out for each post. For example, the systems and equipment that an information technology engineer deals with in Estates and Facilities dimension EF1 will be different from the systems and equipment that a heating and ventilation engineer works with. It is important therefore for these two posts to specify the systems and equipment relevant to the particular post concerned.

The critical things to remember when producing NHS KSF post outlines are that:

- they must be about **posts not people**. They are about the knowledge and skills that need to be applied in a post, *not* about any additional knowledge and skills that a very experienced person might bring to bear. It is when individuals use the NHS KSF post outlines for development review and Personal Development Planning that the personal focus comes in (see section 3).

- they must be **realistic**. NHS KSF post outlines must properly reflect the actual demands of a post without imposing unnecessary requirements. Agreed outlines will have a range of uses, but specifically they will inform decisions about:

    – the learning and development which people will need to undertake

–   the learning and development which employers are committed to support

–   individuals' pay progression.

If the NHS KSF post outlines are wrong, then the decisions based on them are likely to be wrong.

•   They must be **developed in partnership** between management and trade unions/professional bodies.

2.1.3 Who develops NHS KSF post outlines?

The partnership to develop NHS KSF post outlines can be achieved in a number of ways.

1   By asking a representative sample of postholders and their managers to work in groups to discuss the demands of particular posts and agree the NHS KSF outline for the post. Some organisations have used these discussions to link into other aspects of their work such as service modernisation. For example, they have asked groups to identify how services need to be improved for users and the public, then to develop NHS KSF outlines for posts which currently exist, and then to consider how the NHS KSF post outlines would need to change to improve services.

2   By individual members of staff and their managers working together to develop NHS KSF post outlines. This is a useful approach when there are very few individuals who undertake a particular post. It can also be used by two people producing the outlines and then checking the draft NHS KSF outline with other postholders to refine it.

3   By an individual, such as the NHS KSF lead in an organisation/department, interviewing individual postholders and managers to find out about the post and then developing draft NHS KSF post outlines which are checked with the people concerned. This approach is a useful one when resources are tight and it is proving difficult to get staff released at the same time. However there is the risk with this approach that NHS KSF post outlines focus on people rather than posts as the outlines are developed with individuals in those posts. This approach is also less likely to build understanding of the NHS KSF across the organisation.

NHS KSF post outlines can be produced on paper using the forms provided in Appendix 4. These forms are also available on a computerised tool – the e-ksf – which allows you to develop and use the NHS KSF electronically. This can be found at www.e-ksf.org

2.1.4 How will we know that the NHS KSF post outlines that are produced are consistent across the organisation?

However NHS KSF post outlines are produced, it will be necessary to put in place systems to check consistency and sense across a number of NHS KSF post outlines. This can be done by setting up a small partnership group to look across the NHS KSF post outlines for a number of posts – to ensure there is internal logic across them and that it is possible to see progression between the different posts.

A national library of NHS KSF post outlines is being developed as a resource for organisations to use. The library will contain good practice examples for other organisations to customise and use allowing practice and learning to be shared across the UK.

2.2 Developing NHS KSF post outlines

2.2.1 How do you develop broad NHS KSF post outlines?

To produce NHS KSF outlines for specific posts it is necessary to apply knowledge of the NHS KSF. It is also necessary to have the full NHS KSF available for reference purposes (available in Appendix 2) although the overview document is a good place at which to start (available in Appendix 1).

Step 1: Decide which dimensions are relevant to the post

a)   include all the core dimensions – these are already shown with a tick on the form to make sure they are included

b)   choose the specific dimensions which are most appropriate and which reflect the key activities of the post. There is no limit to the number of specific dimensions you can select, but it is unlikely that a post will need more than seven – remember that the core already covers a wide range of activities. The specific dimensions have been grouped into themes to help identify the most relevant ones.

Step 2: Decide the appropriate level for each dimension

You will need to look at the detail of the NHS KSF to do this as it is the combination of level title and indicators that will determine which level is right for a particular post. Once the NHS KSF post outline has been agreed, all those employed in that post will have to be able to meet all the indicators at the chosen level, so it is important to be realistic when deciding the appropriate level.

An example of a broad NHS KSF post outline is available in Appendix 5.

> **WHAT IF …**
>
> - current job descriptions and information on the post does not cover some of the core dimensions, can they be left off?
>
>   *No. The core dimensions must appear in the NHS KSF outline for all posts. The core dimensions in the NHS KSF form a key part of work in the NHS and this is reflected in the Agenda for Change National Agreement. All 6 core dimensions have to be in every NHS KSF post outline at least at level 1.*
>
> - individuals hold responsibilities in the organisation that are wider than their specific work posts, for example, trade union representatives or supervisors of midwives?
>
>   *NHS KSF post outlines describe what is needed in the post in which people are employed, they do not describe the specific knowledge and skills that individuals bring to that post or the additional knowledge and skills they develop by undertaking other roles – this would happen at the next stage when individuals are reviewed against the demands of the post.*

2.2.2 How do you apply broad NHS KSF outlines to particular posts?

To develop a full NHS KSF post outline, it is necessary to specify the areas /activities that are relevant to the particular post for which the outline is being developed.

There is no short cut to doing this. The published NHS KSF and the computerised tool both provide examples of application. These are designed as triggers to make the links to real posts and to help decision-making. They do not do the job for you and thought needs to be given as to how they relate to a specific post.

An example is given on the next page, and a full NHS KSF outline for a post developed in one NHS organisation is given in Appendix 6.

2.3 Linking NHS KSF post outlines to pay gateways

2.3.1 How do you use the NHS KSF post outline at the second gateway?

The full NHS KSF outline for a post is used at the second gateway in a payband. This is because, the NHS KSF post outline in its detailed form, sets out the knowledge and skills that need to be applied when a postholder is fully functioning in that post. At the second gateway the development review focuses on confirming that the individual is meeting the full demands of the post – as expressed in the NHS KSF post outline. Once the individual has passed through the second gateway, individual development can then focus on maintaining knowledge and skills in the current post and/or career development, if that is what the individual wishes.

> **WHAT IF …**
>
> • my organisation wants to use other things, such as qualifications or other competences, for the second gateway rather than the NHS KSF?
>
> *No. It cannot do this. The National Agreement specifies that it is the NHS KSF, and it alone, that forms the basis of the second gateway. Qualifications and other competences, for example, may be used as evidence towards the achievement of the dimensions and levels if this is agreed and applicable but they cannot replace the NHS KSF.*

Example showing how the examples of application in the NHS KSF might be translated into actual areas of application for a particular post

Dimension EF2 – Environments and Buildings		
EF2/Level 1 – Assist with the maintenance and monitoring of environments, buildings and/or items		
Indicators	**Suggested examples of application given in the KSF**	**Areas of application for the post of Domestic Assistant in one NHS organisation**

The worker:
a) follows schedules and procedures for <u>assisting with maintenance and monitoring</u>
b) correctly and safely prepares, uses, cleans and stores equipment, tools and materials
c) prepares work areas correctly and leaves them clean and safe after use
d) carries out maintenance and monitoring tasks effectively and in a way which:
  – causes minimum disruption to users
  – minimises risks to self, others and the work environment
  – is consistent with relevant <u>legislation, policies and procedures</u>
e) reports any problems to the appropriate person without delay
	<u>Assisting with maintenance and monitoring</u> might include:
	– cleaning
	– cleaning and emptying
	– refurbishment
	– removal and replacement
	– repairs – simple
	– replenishment of supplies
	– repositioning (e.g. of security cameras)
	– washing
	
	<u>Legislation, policies and procedures</u>
	See overview
		<u>Assisting with maintenance and monitoring</u> will include:
		– using correct cleaning materials and equipment for dusting, mopping, suction cleaning around beds and in bathrooms and for kitchen surfaces and appliances
		– cleaning and storing equipment safely after use
		– collection and removal of refuse
		– ordering of regular supplies of soap, paper towels and toilet rolls, tea, sugar and milk
		– identifying and reporting faults in machinery and equipment to the Domestic Supervisor
		
		<u>Legislation, policies and procedures</u>
		– using the correct dilution rates of cleaning fluids
		– wearing identification badge at all times when on duty
		and
		– undertaking training in Health and Safety, Infection Control, COSHH and Fire Regulations and Procedures

2.3.2 How do you develop a subset of an NHS KSF outline for use in foundation gateways?

The foundation gateway outline is a subset of the full NHS KSF post outline. It checks that individuals can apply the basic knowledge and skills required from the outset in a post coupled with that needed after 12 months of development and support. The purpose of the foundation gateway and the support given in the first 12 months in post is to enable individuals to build a sound foundation from which they can develop to meet the full NHS KSF post outline over a number of years.

The subset provides a focus for development in the first year for any individual in that post so they can develop to meet the essential demands of the post. It also provides a check that the individual is likely to develop to meet the full demands of the post over the next few years.

Like full NHS KSF post outlines, subsets should be developed using a partnership approach. Those involved will need to have a copy of the full NHS KSF outline for the post available. The subset of a NHS KSF post outline to be used at the foundation gateway, and the full NHS KSF post outline, will be made available to new recruits to the post.

As for full NHS KSF post outlines, the focus of the foundation gateway is the post and not a person who is in that post at that point in time. The subset should be a fair and consistent way of reviewing everyone who fills that post at the end of their first year – when they reach the foundation gateway. This means that if you have 10 staff with the same post and the same NHS KSF post outline, then the Foundation Gateway for that post will be the same for all of them. Each individual will have their own Personal Development Plan on appointment to that post based on where they have come from and the knowledge and skills they bring with them. But what they are being reviewed against at the foundation gateway is the same.

The development of a subset of a NHS KSF outline for a post is common sense. It is about thinking about the job and the basis of that job. There is a range of different approaches that can be taken:

1   reducing the level of one or more of the dimensions for the foundation gateway. For example, in dimension 2 on Personal and People Development, the requirement to provide information to others might well be seen as something that develops over time and is not a requirement for the first year in post, so a lower level of the dimension might be used

2   reducing the indicators that apply in the levels and dimensions, again determining those which are critical for the first year and those which are not. For example, one of the indicators requires proactivity in making recommendations for improvement to services, but it is agreed that this is not required in the first year in post

3   reducing the areas of application for the foundation gateway. This would mean having a limited range of activities that are required at the foundation gateway building to a more extensive range at the second gateway

4   using a combination of these approaches.

The main thing is to think through what works for this job in terms of a subset. The focus must be on making the subset meaningful for staff and managers and to support effective development during people's first year of employment in the post.

The main things to remember in developing a subset of a NHS KSF post outline are:

1   this is what any individual has to meet after their first year in this post – they still have time to develop to meet the full demands of the post over the coming years

2   that if individuals have problems passing through their foundation gateway this may say as much, if not more, about the recruitment and selection process as it does about that individual.

3   Using the NHS KSF in the development review process

3.1   The development review process

3.1.1   What is the development review process?

A development review is an ongoing cycle of review, planning, development and evaluation for individuals against the demands of their posts (as described in the NHS KSF outlines for those posts). All staff in the NHS who come under Agenda for Change will have annual NHS KSF development reviews.

The development review process has four stages:

1   a joint review between the individual and their reviewer – their line manager or another person acting in that capacity – of the individual's work against the demands of their post

2   the production of a Personal Development Plan (PDP) which identifies the individual's learning and development needs and interests – the plan is jointly agreed between the individual and their reviewer

3   learning and development by the individual supported by their reviewer

4   an evaluation of the learning and development that has taken place and how it has been applied by the individual in their work.

The cycle then starts at (1) again.

The process is shown in the diagram on the next page.
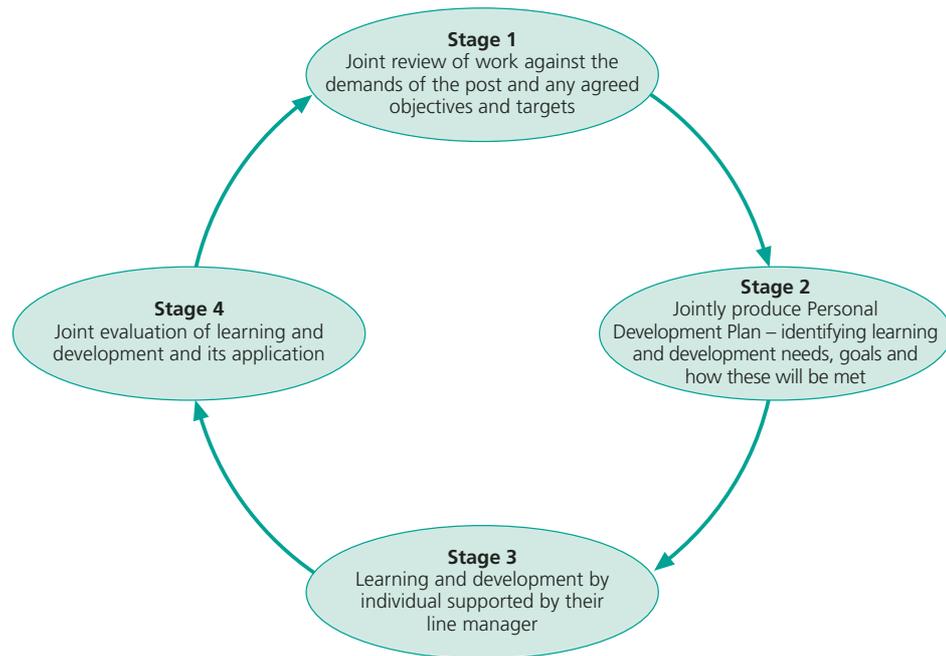
3.1.2 When should the review process start?

The review process is about applying an NHS KSF post outline to an individual – looking at their work and their learning needs and interests, and enabling individuals to develop over time.

For members of staff already in post who are moving across to the new Agenda for Change pay system, the development review process should begin once an NHS KSF post outline has been developed for their current job.

For individuals new to the NHS, the development review process should begin as soon as they start their new post during the induction period using information from the recruitment and selection process.

The first time that any member of staff is introduced to the development review process it should be fully explained to them and the appropriate learning and development offered. Some people might need additional support to understand and make best use of what the development review process has to offer them.

Every time that an individual moves into a new post, they should be offered additional support and development in the first year, whether or not a foundation gateway is applicable at the end of that year, as this is a critical time for developing and applying knowledge and skills.

Each of the different stages in the development review process will now be looked at in turn. At each stage of the process individual members of staff and their reviewers have specific responsibilities.

3.2   The development review stage

3.2.1 What is the development review?

The main purpose of the development review is to look at the way in which an individual member of staff is developing in relation to:

- the duties and responsibilities of their post and current agreed objectives

- the application of knowledge and skills within the workplace

- the consequent development needs of the individual member of staff.

The development review is based on looking at how the individual is applying their knowledge and skills and developing to meet the demands of the post as described in the NHS KSF outline for that post. The development review is when all the discussions that have taken place throughout the year are brought together and jointly reflected on.

It is expected that reviewers will have regular informal discussions with individual staff members throughout the year providing constructive feedback on the individual's work and related development. The development review is an opportunity to think about this in a structured way.

If any issues have been identified in the individual's work or development during the year these should have been addressed at the time they arose, they should *not* be left until the review meeting. Any disciplinary issues must be dealt with through the normal channels. The guiding principle of the development review process is 'no surprises'.

3.2.2 What happens in the development review?

At the development review meeting, individuals and their reviewers should use the NHS KSF outline for the post (foundation subset or full) as the basis of their discussion.

The review process itself will involve consideration of information relevant to the NHS KSF post outline on the individual's work – this can be called 'evidence for the development review'. Evidence on the individual's work can take a number of different forms. This might include:

- verbal feedback from the individual, manager or others

- written work produced by the individual staff member

- electronic work produced by the individual staff member

- records of work (such as minutes/notes of meetings showing the individual's contribution)

- the individual's portfolio containing such items as reflections on learning/practice that they are prepared to share.

There are some simple rules to remember:

1   there needs to be enough evidence for confirmation of the individual's work against the NHS KSF post outline – known as sufficiency of evidence

2   the information must be up-to-date and relevant to the NHS KSF post outline

3   one piece or source of evidence will often be applicable to different dimensions within the NHS KSF post outline

4   individuals should not be asked to provide evidence that is above the demands made within the NHS KSF post outline (eg requiring written work when this is not needed in the post)

5   the development review should not be a "paper chase" – all of the evidence should be available naturally in the workplace as the development review is about what an individual does at work.

3.2.3 What must reviewers and individual members of staff do in the development review?

They must **both**:

• set aside protected time and space for the review and planning stages

• make sure that they are fully prepared for the process including having the right materials available at the time (such as the NHS KSF outline for the post and the gateway)

• agree the time, location and venue of the review

• gather information on the individual's work against the NHS KSF outline for the post – this could be their own views of the individual's work, outputs from the individual's work (eg records, accounts) or be information from other people who have worked with the individual

• participate fully in the process

• jointly review the information that is available on the individual's work and come to a decision about how it meets the NHS KSF post outline and where there are areas for development

• record the outcomes of the review meeting and each keep a copy.

Individual members of staff should:

• ensure that they understand the NHS KSF outline for their post

• reflect on their work against the NHS KSF post outline using feedback from others as well as their own thoughts and views

• identify the different ways they can show where and how they have met the NHS KSF post outline

• identify where they need further development and suggest those areas that seem to be the most important.

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Reviewers must:

- ensure that they understand the NHS KSF outline for the post they are reviewing

- undertake appropriate equality training and development to ensure that they work equitably with all members of staff

- identify if an individual has particular needs for support to ensure that the process is fair for that individual

- review the individual's work against the NHS KSF outline for their post

- identify the different ways the individual has shown s/he has met the NHS KSF outline for the post in which they are employed

- facilitate a joint discussion between themselves and the individual about the individual's work using the NHS KSF post outline as the basis, and managing different points of view

- work jointly with the individual to identify where the individual needs further development and the areas that are most important.

During the review meeting individual members of staff

Should	Should not
– make sure they say what they want to say – listen to what is said to them – raise and discuss issues – be realistic.	– expect or encourage the reviewer to do all the talking – react defensively to feedback – not everyone sees things in the same way.

During the review meeting the reviewer

Should	Should not
– encourage the individual to speak and actively participate in their review – listen to what is said to them – consider the evidence brought by the individual on how they have applied their knowledge and skills (eg within their portfolios) – offer examples of what the individual has done well and examples of things that have not gone so well – provide feedback in a way that focuses on what the individual has done not on what they are like.	– introduce any surprises (as issues should have been raised with the individual as they occur) – simply tell the individual how they have done – talk too much.

3.2.4 What decisions should be made at the end of the development review?

The joint formal review meeting must end in informed agreed decisions between the individual member of staff and their reviewer.

> **WHAT IF …**
>
> - the individual member of staff and their reviewer agree that the individual is *not* applying their knowledge and skills across all of the demands of their job but is concentrating their efforts on one or more areas to the detriment of others?
>
>   *Then the individual and their line manager need to agree how this will be addressed in the year ahead – and identify whether this is happening by the individual making the choice or due to management pressure to deliver in some areas more than others.*
>
> - the individual and their reviewer are unable to reach agreement?
>
>   *If the individual member of staff and their reviewer cannot agree, either one has the right to seek support on an informal local basis from a third party, such as the line manager of the reviewer, someone from the human resource department, or a trade union learning representative. This third person may seek further information from either the reviewer and/or the individual member of staff. They will look at the information from both and come to an objective decision that is non-discriminatory. If the informal process cannot address the problem, then the individual member of staff can take their case through local grievance procedures. If pay has been withheld, then if the individual's case is upheld pay will be back-dated to the point at which pay progression should have occurred. This should be the exception rather than the rule as one of the principles of the system is that it is based on 'No Surprises'.*
>
> - there are issues in the work team that are having a negative effect on the individual's work?
>
>   *The reviewer will need to address the issues in the team either directly or through seeking support from others.*
>
> - there are organisational issues (eg with resources) that are adversely affecting the individual's work and/or their learning and development?
>
>   *The reviewer will need to note this in the review documents and address the issues directly or through taking them up with other managers as the same issues are likely to be affecting other people in the organisation.*

3.2.5 Is the development review different if it is at a gateway?

No. The review is the same every year. The difference is that at two points in a payband the decision is linked to pay progression. There is a commitment within the National Agreement to annual development reviews whether these are related to gateways or not.

There is a normal expectation of progression for every individual through a payband. There should be no surprises so if there are issues with individuals developing or applying their knowledge and skills, these must be addressed by reviewers before gateway reviews.

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

As described in section 1, there are two gateways in a payband.

a) The foundation gateway takes place after an individual has been on a payband for a year – the review at the foundation gateway is based on a subset of the full NHS KSF outline for that post (see section 2 on how these are developed)[5]. During the foundation period all staff who have newly joined a payband will have **at least two** discussions with their reviewer to review progress against the NHS KSF outline for their post. The aim of these discussions and any resulting support and development will be to help individual members of staff to make a success of the new job. It will also confirm as quickly as possible that s/he is developing and applying the basic knowledge and skills needed for the post. This will show that the individual is on track to develop to meet the full NHS KSF post outline over time. It will also mean that the individual can pass through the foundation gateway and start to progress up their payband.

If the individual is not able to apply their knowledge and skills to meet the foundation gateway outline, then careful consideration will need to be given as to whether the individual can be supported to develop within the post in which they are currently employed or whether other actions need to be taken (eg employment in an alternative post).

b) The second gateway takes place near the top of a payband at a set place (as described in the National Agreement and shown in section 1.11 of this book). The second gateway is based on the full NHS KSF outline for a post[6]. The second gateway review should be based on all the previous annual development reviews and the decisions reached within them. If the individual has been on track in previous years, there should be no problems with the individual going through the second gateway.

Decisions at gateways need to be clearly recorded using the appropriate form (which is provided in Appendix 7) and the form is then forwarded to the relevant department in the organisation. It is expected that people will go through gateways and progress between gateways on an annual basis. Organisations should assume that individuals will progress through pay gateways. Reviewers should alert human resource and payroll departments if this is not the case.

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5 Existing staff with at least 12 months experience who are assimilating to the new pay system under Agenda for Change will be assumed to have already passed through the foundation gateway. If they are assimilated on to a payband below the second gateway point then they will need to go through the second gateway.

6 Existing staff who are assimilated above the second gateway will not have to go through the gateway as such. However, their development review will need to confirm that they are applying the full range of knowledge and skills consistently as described in the NHS KSF post outline. Their personal development plans will need to prioritise areas of development for the current post over any career progression.

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

WHAT IF …

- the person has developed extra skills which are not required in that post?

  The second gateway focuses on the NHS KSF outline for the specific post in which the person is employed and the payband on which that post is placed.

- the NHS KSF post outline has been modified in response to an individual's disability to be consistent with the requirements of the Disability Discrimination Act?

  This should have been agreed in partnership within the organisation and the modified outline at the foundation and second gateway should be used for this individual.

- the individual has not yet provided sufficient evidence of applying their knowledge and skills against the demands of the post as detailed in the relevant NHS KSF post outline?

  If there is a joint decision that the individual has not yet provided sufficient evidence because s/he needs to undertake further development, the reasons for deferral should be clearly identified together with those aspects of the NHS KSF outline still to be achieved. A date for reviewing this position should be set. Once there is agreement that the individual can meet the NHS KSF post outline then pay progression resumes from that date.

- the individual has been unable to develop and apply the knowledge and skills required in the NHS KSF post outline due to organisational issues?

  If there is a joint decision that the individual has not yet provided sufficient evidence because the organisation has not been able to meet its responsibilities for supporting development, then such development should be arranged as soon as is possible. The individual will progress through the gateway. This situation and the development plan should be formally recorded.

- the organisation wishes to restrict the number of individuals who can progress through a gateway at any one time?

  Organisations are not allowed to do this and it is fundamentally against the letter and the spirit of the National Agreement. Organisations will be monitored to ensure that all staff have the opportunity to progress through gateways at the time they should.

- there is a disciplinary problem?

  Disciplinary problems must be dealt with separately from the NHS KSF and the development review process. The Terms and Conditions handbook states the exceptional grounds for deferral of pay progression.

- the individual moves to another job in the NHS?

  If individuals move to another post on the same payband then they will be expected to apply the necessary knowledge and skills for that post as described in the NHS KSF post outline. A foundation gateway will not be applicable as the person is within the same payband. If the individual moves to another post in a different payband then a foundation gateway for that post will apply after 12 months in post.

- the individual agrees to retrain in a different area of work for wider service or operational reasons?

  If this has been done with the explicit agreement of the employer concerned[7], then the individual's pay should be protected until the individual has had a reasonable opportunity to complete their retraining and progress to a point where pay protection is no longer required.

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7   Note 'explicit employer agreement' does not cover those cases where employers have agreed to reemploy someone following redundancy.

3.2.6 What are the outputs of the joint review stage?

The outputs of the joint review stage are:

1   a completed review of the individual's work against the NHS KSF post outline, identifying progress and development needs, and signed by the individual member of staff and their reviewer

2   a record of issues on which either has agreed to take action.

The records of individuals' progress through the development review will be kept in the personnel files for that individual member of staff and these files will be subject to normal Data Protection legislation. Individual members of staff should also retain their own copy which they are free to share with others (eg if they are applying for another job) if they wish to do so.

The review stage should flow into the development of a Personal Development Plan.

A form for the joint review stage is available in Appendix 7.

3.3   The Personal Development Planning stage

3.3.1 What is a Personal Development Plan?

A Personal Development Plan (PDP) identifies the individual's learning and development needs and interests and how these will be taken forward. The PDP is the outcome of the planning stage of the development review process. Within the National Agreement, there is a commitment on both sides – managers and individual members of staff – to the achievement of PDPs within agreed time periods, usually by the next review date.

PDPs must be recorded and individuals and their reviewers should both have a copy.

Individuals and their reviewers, when developing the individual's PDP, should:

•   clearly focus on the knowledge and skills that the individual needs to apply in their post as given in the NHS KSF post outline

•   identify the learning and development that the individual needs to enable them to develop and apply their knowledge and skills in the short and longer term

•   prioritise the learning and development that needs to take place through considering:

    –   specific requirements that affect the work of the individual (eg statutory and regulatory requirements)

    –   organisational direction, policy and requirements that affect priorities

    –   any specific objectives that the individual needs to meet in their post

    –   the individual's strengths and interests

- identify how the individual prefers to learn (eg group work, on the job learning, formal courses), the relationship of this to their learning needs and to the learning needs and priorities of others so that a balance can be achieved across all members of staff

- identify possible learning and development opportunities for the individual's learning needs and interests and the support available in the workplace

- identify who has responsibility for taking the different aspects of the learning and development forward and a time for reviewing that this is happening as planned

- set the date of the next formal review.

3.3.2 What should be the focus of a Personal Development Plan?

The NHS KSF is designed to inform individual's development within a post and across their careers. Initially PDPs should focus on enabling individuals to develop and apply their knowledge and skills to meet the demands of their current post – as described in the NHS KSF post outline.

NHS KSF post outlines apply to everybody who is employed in that post. PDPs, however, are personal, as their name suggests – each individual will have their own PDP reflecting the development that they personally need to help them to develop.

Individuals and their managers will need to take into consideration whether the standards, benchmarks and requirements that apply to their current post are changing (such as with the introduction or updating of legislation or new information technology). If this is the case, there might be a need for the individual to update their knowledge and skills in this area and apply these to the new requirements – this would need to be included in the individual's PDP (even if the individual had already met the previous requirements). In short, the PDP needs to reflect the changing context of the individual's work, as well as their own changing knowledge and skills. This might also mean that individuals cease to apply some of their earlier knowledge and skills as they develop new knowledge and skills.

As an individual gradually develops their knowledge and skills and applies them consistently to meet the demands of the post, the emphasis is likely to shift towards career development. For many individuals this shift will take place after they have gone through the second gateway. Some individuals will be able to meet all of the demands of the post before they reach the second gateway. This does *not* mean that they progress more quickly up the payband. However it does mean that their individual PDP might focus on more developmental aspects that are appropriate to them. They will, of course, also need to maintain and apply their knowledge and skills to meet the demands of the post in which they are currently employed.

When a PDP focuses on career development, this might be solely about how the individual wishes to develop in the future, interests that the organisation has in developing that individual for the future, or a balance between the two.

The NHS KSF should be used to inform career development planning as well as development within a post. Career progression and development might take place by moving up levels in the same dimension or by adding on different dimensions as individuals move into new areas of work.

Whatever the focus and content of an individual's PDP it needs to be agreed between the individual member of staff concerned and their reviewer. This is because the PDP is an expression of both the individual's and the organisation's commitment to the individual's development.

WHAT IF …

- an individual is not currently seeking to develop their career?

  Provided that the individual is able to apply their knowledge and skills to meet the demands of the post for which they are employed – which means that they will be able to pass through the second gateway at the due time – this is fine. PDPs for these individuals are likely to focus on enabling the individual to maintain their current knowledge and skills and develop these to meet any changing requirements.

- the PDP is not achieved within the agreed period of time due to unforeseeable circumstances?

  PDPs should be realistic and reflect the fact that individual's development might take a number of years. The non-completion of a PDP should be seen as an exception rather than the norm. However occasionally it will be possible to carry over part of the PDP to the following year.

- the individual member of staff and their reviewer are unable to agree on the content and focus of the PDP?

  The PDP is part of a joint commitment to the individual's development within the organisation. Some reviewers might need support in developing their own knowledge and skills in development review and planning. Some individuals might need support to enable them to be realistic about what the organisation can offer them personally given the commitments to all other employees in the organisation. Others will need help to realise that development can be appropriate for them. If it is impossible for a reviewer and an individual member of staff to reach agreement on the content and focus of an individual's PDP then they can seek support. This might be from, for example, a trade union learning representative, or someone in the human resource department, or the reviewer's line manager, or a professional supervisor.

3.3.3 What are the outputs of the Personal Development Planning stage?

The outputs of this stage in the process are:

1   a Personal Development Plan for the individual agreed and signed by the individual and their reviewer.

A form for the development of PDPs is available in Appendix 7.

3.4 The learning and development stage

3.4.1 What happens at the learning and development stage?

The learning and development stage is crucial as it is through learning that individuals not only develop their knowledge and skills and learn to apply knowledge and skills at work, but they also develop themselves as people.

There are many different ways in which individuals learn and develop. At the PDP stage, individuals and their reviewers will have considered the individual's learning needs and interests, and should have identified the individual's preferred ways of learning. Ideally there may have been some consideration of the learning and development opportunities that are available or could be investigated. However it is unlikely that these could all have been arranged and agreed during the development review and the development of the PDP.

3.4.2 What forms of learning and development can be used?

Any form of learning and development might be appropriate for different individuals and can be used.

There is a commitment to the learning and development of all staff within the National Agreement and this commitment places responsibilities on the organisation through the reviewers, and on individual members of staff. Reviewers have the responsibility to enable individuals to learn and develop effectively. Individual members of staff have the responsibility to take their own learning and development seriously.

The commitment to the learning and development of all staff is in the context that learning which takes place in the workplace has probably not in the past been given due recognition. **The commitment is to enabling individuals to learn and develop in their posts and throughout their working lives. The commitment is *not* about everyone attending a set number of hours or courses – it is about learning and development as a whole**. Some individuals might find that they attend less courses than in the past – but they are helped to apply the knowledge and skills they have developed more effectively in their work.

There is a wide range of learning and development opportunities that can be used. Examples of these are shown in the table that follows:

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Learning & Development categories	Types	Examples of subjects/content
On-job learning and development	• reflective practice	– reflecting on own work – supervision (eg professional, clinical)
	• participating in specific areas of work	– project work – work attachments – secondments – work shadowing – "acting up"
	• learning from others on the job	– receiving coaching – being mentored
	• learning from developing others	– coaching – demonstrating – teaching and training.
Off job learning and development on one's own	• distance learning	– structured study materials – written assignments
	• private study	– reading journals & books – researching – writing articles and papers
	• e-learning	– responding to questions and answers in electronic format – searching the Internet for specific information – CD-rom based information
Off job learning and development with others	• formal courses	– Learning English as a second language – First Aid – manual handling courses – anatomy and physiology
	• scenario-based learning	– what if approaches – minute taking
	• role play	– chairing meetings – how to deal with violence and aggression
	• learning sets	– for individuals in specific types of post
	• induction	– introduction to the organisation – health and safety
	• conferences	– to identify trends in area

Once specific learning and development opportunities have been agreed, it is vital that individuals alert their reviewer or the human resource department if the opportunities have not worked out as planned so that action can be taken to address any problems as soon as possible.

3.4.3 How do you decide what learning and development is appropriate?

It is during the learning and development stage, that individuals and reviewers will need to work closely with people who have specific responsibilities in the organisation in relation to planning which learning and development opportunities should be used and how these should be taken forward.

These people might be:

- the human resource and/or the training department(s)

- trade union learning representatives

- individuals who have responsibility for the development of particular staff groups (such as professional development leads)

- individuals who have statutory responsibility for maintaining standards

- organisational development staff.

With the help of such people, individuals and their reviewers should identify:

- different aspects that might affect individuals' learning and development such as:

  – their first language

  – their experience of learning and development in the past

  – the opportunities that have been available to them in the past and the effect of these opportunities on them

  – their confidence in relation to learning and development and the different methods available

  – other aspects of their life that might hinder or support their learning and development

  – their preferences for active or passive learning

- the learning and development opportunities that are available or that can be arranged and that will be effective in meeting the individual's learning needs and interests. For example, off-the-job courses might be appropriate when individuals are seeking to develop specific knowledge and skills but are less likely to be of use when the individual needs to learn how to apply the knowledge and skills in the workplace.

- the cost (direct and indirect) of such learning and development opportunities

- the funding that is available for different forms of learning and development and how this can be accessed and used

- whether there are any restrictions on access to different learning and development opportunities (eg whether individuals need to possess certain qualifications or be of a certain age)

- how to manage practical issues related to learning and development such as location, timing and travel

- the benefits of individuals gaining formal recognition or accreditation for specific aspects of their learning and development (such as National/Scottish Vocational Qualifications – NVQs and SVQs, certificates, diplomas, first degrees, masters or doctorates)

- how this will fit with mandatory and/or statutory training and development.

Organisations will need to think about how they draw from all of the information on learning and development needs and interests in individuals' PDPs and link this in with business planning cycles, funding for learning and development, planning learning and development across the organisation, and so on.

3.4.4 What are the outputs of the learning and development stage?

The outputs of the learning and development stage are:

1   records of the learning which the individual has undertaken – this may include outputs from on-job projects, handouts from formal training provision

2   notes/records of lack of resources for agreed learning and development for reviewers or others in the organisation to take the appropriate action.

The outcomes should be individuals who have gained new knowledge and skills, have developed themselves and are better able to apply their knowledge and skills to their work.

3.5   The evaluation stage

3.5.1 What happens at the evaluation stage?

The purpose of the evaluation stage is for individuals to:

- reflect on the effectiveness of their learning and development in developing their knowledge and skills

- identify how their learning has improved their application of knowledge and skills in their post

- feedback to the organisation on how the learning and development could be improved.

3.5.2 How does evaluation inform what happens next?

The evaluation stage is not the end of learning and development – it should take the individual member of staff and their reviewer back round the cycle to the start of the development review process again.

The outcomes of evaluating learning and development and its effect on the individual's work will form the starting point for the next year's annual development review and lead into updating the individual's Personal Development Plan. This means that each year, an individual's review and development builds on previous years, and the experience of what has worked and what has not in the past. As the process takes place over time, individuals and their reviewers will have a better understanding of the learning and development that is effective for that individual, where their strengths lie and the valuable contribution they make to the organisation.

Individuals and reviewers might find the development review process difficult initially if they are not used to this sort of work. Over time each of them will develop and learn how to apply their knowledge and skills in these activities. The development review process is designed to be rewarding and of value to individuals and their reviewers.

3.5.3 What are the outputs of the evaluation stage?

The outputs of the evaluation stage of the development review process are:

1   evaluations of learning and development opportunities made by the individual and/or their reviewer that are forwarded to the relevant department/individual for them to take any necessary action

The outcomes of the evaluation stage should be:

1   individuals who are able to reflect on their learning and development and apply this to their future work and development

2   actions taken by individuals with responsibility for development in the organisation to remedy any issues with learning and development opportunities.

A form for recording and evaluating learning and development is provided in Appendix 7.

APPENDIX 1 OVERVIEW OF THE NHS KSF

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OVERVIEW OF THE NHS KSF

Dimensions	Level Descriptors			
CORE	1	2	3	4
1 Communication	Communicate with a limited range of people on day-to-day matters	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
2 Personal and people development	Contribute to own personal development	Develop own skills and knowledge and provide information to others to help their development	Develop oneself and contribute to the development of others	Develop oneself and others in areas of practice
3 Health, safety and security	Assist in maintaining own and others' health, safety and security	Monitor and maintain health, safety and security of self and others	Promote, monitor and maintain best practice in health, safety and security	Maintain and develop an environment and culture that improves health, safety and security
4 Service improvement	Make changes in own practice and offer suggestions for improving services	Contribute to the improvement of services	Appraise, interpret and apply suggestions, recommendations and directives to improve services	Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
5 Quality	Maintain the quality of own work	Maintain quality in own work and encourage others to do so	Contribute to improving quality	Develop a culture that improves quality
6 Equality and diversity	Act in ways that support equality and value diversity	Support equality and value diversity	Promote equality and value diversity	Develop a culture that promotes equality and values diversity

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Dimensions	Level Descriptors			
HEALTH AND WELLBEING	**1**	**2**	**3**	**4**
HWB1 **Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing**	Contribute to promoting health and wellbeing and preventing adverse effects on health and wellbeing	Plan, develop and implement approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing	Plan, develop and implement programmes to promote health and wellbeing and prevent adverse effects on health and wellbeing	Promote health and wellbeing and prevent adverse effects on health and wellbeing through contributing to the development, implementation and evaluation of related policies
HWB2 **Assessment and care planning to meet health and wellbeing needs**	Assist in the assessment of people's health and wellbeing needs	Contribute to assessing health and wellbeing needs and planning how to meet those needs	Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs	Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs
HWB3 **Protection of health and wellbeing**	Recognise and report situations where there might be a need for protection	Contribute to protecting people at risk	Implement aspects of a protection plan and review its effectiveness	Develop and lead on the implementation of an overall protection plan
HWB4 **Enablement to address health and wellbeing needs**	Help people meet daily health and wellbeing needs	Enable people to meet ongoing health and wellbeing needs	Enable people to address specific needs in relation to health and wellbeing	Empower people to realise and maintain their potential in relation to health and wellbeing
HWB5 **Provision of care to meet health and wellbeing needs**	Undertake care activities to meet individuals' health and wellbeing needs	Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency	Plan, deliver and evaluate care to meet people's health and wellbeing needs	Plan, deliver and evaluate care to address people's complex health and wellbeing needs
HWB6 **Assessment and treatment planning**	Undertake tasks related to the assessment of physiological and psychological functioning	Contribute to the assessment of physiological and psychological functioning	Assess physiological and psychological functioning and develop, monitor and review related treatment plans	Assess physiological and psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans
HWB7 **Interventions and treatments**	Assist in providing interventions and/or treatments	Contribute to planning, delivering and monitoring interventions and/or treatments	Plan, deliver and evaluate interventions and/or treatments	Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness
HWB8 **Biomedical investigation and intervention**	Undertake tasks to support biomedical investigations and/or interventions	Undertake and report on routine biomedical investigations and/or interventions	Plan, undertake, evaluate and report biomedical investigations and/or interventions	Plan, undertake, evaluate and report complex/unusual biomedical investigations and/or interventions
HWB9 **Equipment and devices to meet health and wellbeing needs**	Assist in the production and/or adaptation of equipment and devices	Produce and/or adapt equipment and devices to set requirements	Design, produce and adapt equipment and devices	Design, produce and adapt complex/unusual equipment and devices
HWB10 **Products to meet health and wellbeing needs**	Prepare simple products and ingredients	Prepare and supply routine products	Prepare and supply specialised products	Support, monitor and control the supply of products

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Dimensions	Level Descriptors			
ESTATES AND FACILITIES	**1**	**2**	**3**	**4**
EF1 **Systems, vehicles and equipment**	Carry out routine maintenance of simple equipment, vehicle and system components	Contribute to the monitoring and maintenance of systems, vehicles and equipment	Monitor, maintain and contribute to the development of systems, vehicles and equipment	Review, develop and improve systems, vehicles and equipment
EF2 **Environments and buildings**	Assist with the maintenance and monitoring of environments, buildings and/or items	Monitor and maintain environments, buildings and/or items	Monitor, maintain and improve environments, buildings and/or items	Plan, design and develop environments, buildings and/or items
EF3 **Transport and logistics**	Transport people and/or items	Monitor and maintain the flow of people and/or items	Plan, monitor and control the flow of people and/or items	Plan, develop and evaluate the flow of people and/or items

Dimensions	Level Descriptors			
INFORMATION AND KNOWLEDGE	**1**	**2**	**3**	**4**
IK1 **Information processing**	Input, store and provide data and information	Modify, structure, maintain and present data and information	Monitor the processing of data and information	Develop and modify data and information management models and processes
IK2 **Information collection and analysis**	Collect, collate and report routine and simple data and information	Gather, analyse and report a limited range of data and information	Gather, analyse, interpret and present extensive and/or complex data and information	Plan, develop and evaluate methods and processes for gathering, analysing, interpreting and presenting data and information
IK3 **Knowledge and information resources**	Access, appraise and apply knowledge and information	Maintain knowledge and information resources and help others to access and use them	Organise knowledge and information resources and provide information to meet needs	Develop the acquisition, organisation, provision and use of knowledge and information

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Dimensions	Level Descriptors			
GENERAL	**1**	**2**	**3**	**4**
G1 **Learning and development**	Assist with learning and development activities	Enable people to learn and develop	Plan, deliver and review interventions to enable people to learn and develop	Design, plan, implement and evaluate learning and development programmes
G2 **Development and innovation**	Appraise concepts, models, methods, practices, products and equipment developed by others	Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment	Test and review new concepts, models, methods, practices, products and equipment	Develop new and innovative concepts, models, methods, practices, products and equipment
G3 **Procurement and commissioning**	Monitor, order and check supplies of goods and/or services	Assist in commissioning, procuring and monitoring goods and/or services	Commission and procure products, equipment, services, systems and facilities	Develop, review and improve commissioning and procurement systems
G4 **Financial management**	Monitor expenditure	Coordinate and monitor the use of financial resources	Coordinate, monitor and review the use of financial resources	Plan, implement, monitor and review the acquisition, allocation and management of financial resources
G5 **Services and project management**	Assist with the organisation of services and/or projects	Organise specific aspects of services and/or projects	Prioritise and manage the ongoing work of services and/or projects	Plan, coordinate and monitor the delivery of services and/or projects
G6 **People management**	Supervise people's work	Plan, allocate and supervise the work of a team	Coordinate and delegate work and review people's performance	Plan, develop, monitor and review the recruitment, deployment and management of people
G7 **Capacity and capability**	Sustain capacity and capability	Facilitate the development of capacity and capability	Contribute to developing and sustaining capacity and capability	Work in partnership with others to develop and sustain capacity and capability
G8 **Public relations and marketing**	Assist with public relations and marketing activities	Undertake public relations and marketing activities	Market and promote a service/organisation	Plan, develop, monitor and review public relations and marketing for a service/organisation

APPENDIX 2
THE NHS KSF DIMENSIONS, LEVELS AND INDICATORS

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

CORE DIMENSION 1: COMMUNICATION

Overview	
Status	Core – communication is a key aspect of all jobs in the NHS. This dimension underpins all the other dimensions in the KSF.
Levels	1 Communicate with a limited range of people on day-to-day matters 2 Communicate with a range of people on a range of matters 3 Develop and maintain communication with people about difficult matters and/or in difficult situations 4 Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
Description	This dimension relates to effective communication in whatever form it takes place. Effective communication is a two way process. It involves identifying what others are communicating (eg through listening) as well as communicating oneself, and the development of effective relationships. Progression through the levels in this dimension is characterised by developments in: – the subject matter of the communication – the situation in which the communication takes place – the purpose of the communication – the numbers of people that are being communicated with, their diversity and the effect of these on the communication skills required.
Examples of application *These may be relevant to all levels in this dimension*	Communication might take a number of <u>forms</u> including: – oral communication – signing – written communication – electronic communication (eg email, databases, electronic results and reports) – the use of third parties (such as interpreters and translators) – the use of communication aids (eg charts, pictures, symbols, electronic output devices, specially adapted computers) – the use of total communication systems. The <u>people</u> with whom the individual is communicating might be: – users of services (such as patients and clients) – carers – groups (including families) – the public and their representatives – colleagues and co-workers – managers – workers from other agencies – visitors – the media. <u>Barriers</u> to communication may be: – environmental (eg noise, lack of privacy) – personal (eg the health and wellbeing of the people involved) – social (eg conflict, violent and abusive situations, ability to read and write in a particular language or style). <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – complaints and issue resolution – confidentiality – data protection (including the specific provisions relating to access to health records) – disability – diversity – employment – equality and good relations – human rights (including those of children) – information and related technology – language.
Links to other KSF dimensions	This dimension is supported by: – *Core 6 Equality and Diversity.*

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Core 1/Level 1: Communicate with a limited range of people on day-to-day matters	
Indicators	*Examples of application*
The worker: a) communicates with a limited range of <u>people</u> on <u>day-to-day matters</u> in a <u>form</u> that is appropriate to them and the situation b) <u>reduces barriers</u> to effective communication c) presents a positive image of her/himself and the service d) accurately reports and/or records work activities according to organisational procedures e) communicates information only to those people who have the right and need to know it consistent with <u>legislation, policies and procedures</u>.	<u>People</u> with whom communicating *See overview* <u>Day-to-day matters</u> might include: – asking questions – giving straightforward information – passing on simple messages – providing answers – taking simple messages. <u>Forms</u> of communication *See overview* <u>Barriers to communication</u> *See overview* <u>Reducing barriers</u> might relate to: – adapting communication – changing the environment – checking information received for accuracy and interpretation – using communication aids <u>Legislation, policies and procedures</u> *See overview*

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 1/Level 2: Communicate with a range of people on a range of matters	
Indicators	*Examples of application*
The worker:	<u>People</u> with whom communicating
a) communicates with a range of <u>people</u> on a range of <u>matters</u> in a <u>form</u> that is appropriate to them and the situation	*See overview*
	<u>Matters</u> might relate to:
b) improves the effectiveness of communication through the use of <u>communication skills</u>	– establishing and maintaining contact with different people
c) constructively <u>manages barriers</u> to effective communication	– explaining how to do something
	– making arrangements
d) keeps accurate and complete records consistent with <u>legislation, policies and procedures</u>	– reporting any changes that are needed
	– sharing information and opinions
e) communicates in a manner that is consistent with relevant legislation, policies and procedures	<u>Forms</u> of communication
	See overview
	<u>Communication skills</u> might include:
	– listening skills
	– non-verbal skills and body language
	– questioning skills
	<u>Barriers to communication</u>
	See overview
	<u>Managing barriers</u> might include:
	– changing the environment or context
	– changing the form of communication
	– helping others' communication
	– modifying the style and/or form of communication
	– monitoring the effectiveness of own communication
	– presenting a positive image of her/himself and the service
	– simplifying the content
	– using communication aids
	<u>Legislation, policies and procedures</u>
	See overview

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 1/Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations	
Indicators	*Examples of application*

The worker:
 	
a) identifies the range of <u>people</u> likely to be involved in the communication, any potential <u>communication differences</u> and relevant contextual factors
 	
b) communicates with people in a <u>form</u> and manner that:
   – is consistent with their level of understanding, culture, background and preferred ways of communicating
   – is appropriate to the <u>purpose of the communication</u> and the context in which it is taking place
   – encourages the effective participation of all involved
 	
c) recognises and reflects on <u>barriers</u> to effective communication and <u>modifies communication</u> in response
 	
d) provides feedback to other workers on their communication at appropriate times
 	
e) keeps accurate and complete records of activities and communications consistent with <u>legislation, policies and procedures</u>.
 	
f) communicates in a manner that is consistent with relevant legislation, policies and procedures.
	<u>People</u> with whom communicating
	See overview
	
	<u>Communication differences</u> might be in relation to:
	– contexts and cultures of the different parties
	– degree of confusion or clarity
	– first/preferred language
	– levels of familiarity with the subject of the communication/context in which the communication is taking place
	– level of knowledge and skills
	– sense of reality.
	
	<u>Forms</u> of communication
	See overview
	
	<u>Purpose of communication</u> might include:
	– asserting a particular position or view
	– breaking bad news
	– encouraging and supporting people
	– explaining issues in formal situations (such as courts)
	– explaining outcomes of activities/interventions
	– exploring difficult issues
	– facilitating meetings
	– helping people make difficult decisions
	– making scripted presentations
	– presenting and discussing ideas
	– providing technical advice to non-technical specialists
	– representing views
	– seeking consent
	– sharing decision making with others including users of services
	– sharing information
	– supporting people in difficult circumstances.
	
	<u>Barriers to communication</u>
	See overview
	
	<u>Modifies communication</u> through, for example:
	– deciding what information/advice to give/not give as the communication proceeds
	– modifying the content and structure of communication
	– modifying the environment
	– modifying the methods of communicating
	– using another language
	– using different communication aids
	
	<u>Legislation, policies and procedures</u>
	See overview

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 1/Level 4: Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations

Indicators	*Examples of application*

The worker:
 	
a) identifies:
   – the range of <u>people</u> involved in the communication
   – potential <u>communication differences</u>
   – relevant contextual factors
   – broader <u>situational factors, issues and risks</u>
 	
b) communicates with people in a <u>form</u> and manner which:
   – is consistent with their level of understanding, culture, background and preferred ways of communicating
   – is appropriate to the <u>purpose of the communication</u> and its longer term importance
   – is appropriate to the complexity of the context
   – encourages effective communication between all involved
   – enables a constructive outcome to be achieved
 	
c) anticipates <u>barriers</u> to communication and <u>takes action to improve communication</u>
 	
d) is proactive in seeking out different styles and methods of communicating to assist longer term needs and aims
 	
e) takes a proactive role in producing accurate and complete records of the communication consistent with <u>legislation, policies and procedures</u>
 	
f) communicates in a manner that is consistent with legislation, policies and procedures.
	<u>People</u> with whom communicating
	See overview
	
	<u>Communication differences</u> might be in relation to:
	– contexts and cultures of the different parties
	– degree of confusion or clarity
	– first/preferred language
	– levels of familiarity with the subject of the communication/context in which the communication is taking place
	– level of knowledge and skills
	– sense of reality.
	
	<u>Situational factors, issues and risks</u> might include:
	– changes affecting the people concerned which are outside their control
	– history of poor communication and misunderstandings
	– complexity of the issues and associated political issues and risks
	– clashes in personal and/or organisational styles and approach that cause difficulties in ongoing communication
	
	<u>Forms</u> of communication
	See overview
	
	<u>Purpose of communication</u> might include:
	– advocating on behalf of others
	– asserting a particular position or view and maintaining it in adversity
	– breaking bad news and supporting those receiving it
	– contributing to decision making balancing a number of different interests
	– delivering presentations without a script actively encouraging participation from the audience
	– explaining complex issues in formal situations (such as courts, expert witnesses)
	– explaining strategy and organisational decisions to everyone in an organisation
	– facilitating processes
	– motivating people
	– negotiating outcomes involving a number of different parties
	– presenting and explaining complex concepts, ideas and issues to others who are unfamiliar with them
	– providing advice on complex issues or in difficult situations
	– representing and articulating different viewpoints testing out others' understanding
	– resolving complex issues
	– seeking consent
	– sharing decision making with others including users of services.

(continued overleaf)

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 1/Level 4: Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations	
Indicators	**Examples of application**
	Barriers to communication
	See overview
	Taking action to improve communication might include:
	– assessing responses and acting in response
	– changing the content and structure of communication
	– changing the environment
	– changing the methods of communicating
	– deciding what information and advice to give and what to withhold
	– using a range of skills to influence, inspire and champion people and issues
	– using communication aids
	– using another language
	Legislation, policies and procedures
	See overview

CORE DIMENSION 2: PERSONAL AND PEOPLE DEVELOPMENT

Overview	
Status	Core – this is a key aspect of all jobs as everyone needs to develop themselves in order for services to continue to meet the needs of patients, clients and the public.
Levels	1 Contribute to own personal development 2 Develop own skills and knowledge and provide information to others to help their development 3 Develop oneself and contribute to the development of others 4 Develop oneself and others in areas of practice
Description	This dimension is about developing oneself using a variety of means and contributing to the development of others during ongoing work activities. This might be through structured approaches (eg the NHS KSF development review process, appraisal, mentoring, professional/clinical supervision) and/or informal and ad hoc methods (such as enabling people to solve arising problems). Progression through the levels in this dimension is characterised by – taking greater responsibility for your own personal development – this includes more reflectiveness and self-evaluation, and addressing own development needs – increasing involvement in supporting others and their development including a wider range of people with different backgrounds – having a greater understanding of own and other's learning needs and preferences, styles of learning and how to facilitate learning and development.
Examples of application *These may be relevant to all levels in this dimension*	<u>Personal development</u> includes taking part in: – the development review process – reviewing what you are doing well now and areas for development – identifying own learning needs and interests and how to address these – on-job learning and development including: learning through doing, reflective practice, participating in specific areas of work, learning from others on the job, learning from developing others, professional supervision, undertaking qualifications in the workplace, networking – off-job learning and development on one's own including: e-learning, private study, distance learning – off-job learning and development with others including: induction, formal courses, scenario-based learning, role play, learning sets, undertaking qualifications in education settings – evaluating the effectiveness of learning and its effect on own work. <u>Others</u>, who might support an individual's development or who the individual might help to develop, will include: – patients and clients – carers – the wider public – colleagues in immediate work team – other colleagues – workers from other agencies.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication.* This dimension is different from dimensions: – *G1 Learning and development* which focuses on more formal approaches to learning and development – *G7 Capacity and capability* which focuses on developing collective capacity and capability rather than the development of individuals.

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Core 2/Level 1: Contribute to own personal development	
Indicators	*Examples of application*
The worker:	Others
a) with the help of <u>others</u>, identifies:	*See overview*
– whether s/he can carry out the tasks within own job	Personal development
– what s/he needs to learn to do current job better	*See overview*
– when s/he needs help	
b) reviews his/her work against the KSF outline for his/her post with his/her reviewer and identifies own learning needs and interests	
c) produces with his/her reviewer a <u>personal development</u> plan	
d) takes an active part in agreed learning activities and keeps a record of them	
e) evaluates the effectiveness of learning activities for own development and the job.	

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Core 2/Level 2: Develop own knowledge and skills and provide information to others to help their development	
Indicators	*Examples of application*
The worker:	<u>Others</u>
a) assesses and identifies:	*See overview*
– feedback from <u>others</u> on own work	<u>Personal development</u>
– how s/he is applying knowledge and skills in relation to the KSF outline for the post	*See overview*
– own development needs and interests in the current post	<u>Offering information to others</u> might be:
– what has been helpful in his/her learning and development to date	– during induction
b) takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year	– during ongoing work
	– when changes are being made to work practices.
c) takes responsibility for own <u>personal development</u> and takes an active part in learning opportunities	
d) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems	
e) keeps up-to-date records of own development review process	
f) <u>offers information to others</u> when it will help their development and/or help them meet work demands.	

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Core 2/Level 3: Develop oneself and contribute to the development of others	
Indicators	*Examples of application*
The worker: a) reflects on and evaluates how well s/he is applying knowledge and skills to meet current and emerging work demands and the requirements of the KSF outline for his/her post b) identifies <u>own development needs</u> and sets own personal development objectives in discussion with his/her reviewer c) takes responsibility for own <u>personal development</u> and maintains own personal development portfolio d) makes effective use of learning opportunities within and outside the workplace evaluating their effectiveness and feeding back relevant information e) <u>enables others to develop</u> and apply their knowledge and skills in practice f) contributes to the development of others in a manner that is consistent with <u>legislation, policies and procedures</u> g) contributes to developing the workplace as a learning environment.	<u>Own development needs</u> might include: – critically appraising new and changing theoretical models, policies and the law – developing new knowledge and skills in a new area – developing new knowledge and skills in own work area – developing strategies to manage emotional and physical impact of work – keeping up-to-date with evidence-based practice – keeping up-to-date with information technology – maintaining work-life balance and personal wellbeing – managing stress – updating existing knowledge and skills in own work area <u>Personal development</u> *See overview* <u>Others</u> *See overview* <u>Enabling others to develop</u> might include: – acting as a coach to others – acting as a mentor to others – acting as a role model – acting in the role of reviewer in the development review process – demonstrating to others how to do something effectively – discussing issues with others and suggesting solutions – facilitating networks of practitioners to learn from each other (eg electronic forums, bulletin boards) – providing feedback and encouragement to others – providing feedback during assessment in the workplace (eg for NVQs/SVQs, student placements) – providing information and advice – providing professional supervision – sharing own knowledge, skills and experience – supporting individuals who are focusing on specific learning to improve their work and practice – supporting others on work placements, secondments and projects <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – confidentiality – data protection (including the specific provisions relating to access to health records) – disability – diversity – employment – equality and good relations – human rights (including those of children) – information and related technology – language – learning and development

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 2/Level 4: Develop oneself and others in areas of practice

Indicators	Examples of application
The worker: a) evaluates the currency and sufficiency of own knowledge and practice against the KSF outline for the post and identifies <u>own development needs and interests</u> b) develops and agrees own <u>personal development</u> plan with feedback from <u>others</u> c) generates and uses appropriate learning opportunities and applies own learning to the future development of practice d) encourages others to make realistic self assessments of their application of knowledge and skills challenging complacency and actions which are not in the interest of the public and/or users of services e) enables others to develop and apply their knowledge and skills f) actively promotes the workplace as a learning environment encouraging everyone to learn from each other and from external good practice g) alerts managers to <u>resource issues</u> which affect learning, development and performance h) develops others in a manner that is consistent with <u>legislation, policies and procedures</u>.	<u>Own development needs and interests</u> might include: – critically appraising new and changing theoretical models, policies and the law – developing new knowledge and skills in a new area – developing new knowledge and skills in own work area – developing strategies to manage emotional and physical impact of work – keeping up-to-date with evidence-based practice – keeping up-to-date with information technology – maintaining work-life balance and personal wellbeing – managing stress – updating existing knowledge and skills in own work area <u>Personal development</u> *See overview* <u>Others</u> *See overview* <u>Enabling others to develop</u> might include: – acting as a coach to others – acting as a mentor to others – acting as a role model – acting in the role of reviewer in the development review process – demonstrating to others how to do something effectively – discussing issues with others and suggesting solutions – facilitating networks of practitioners to learn from each other (eg electronic forums, bulletin boards) – providing feedback and encouragement to others – providing feedback during assessment in the workplace (eg for NVQs/SVQs, student placements). – providing information and advice – providing pre-registration or post-registration placements – providing professional supervision – providing protected learning time – sharing own knowledge, skills and experience – supporting individuals who are focusing on specific learning to improve their work and practice – supporting others on work placements, secondments and projects <u>Resource issues</u> might include: – pressure of service delivery affecting the development of individuals and groups in the short and longer term – lack of funding for development – raising governance issues – broader workforce issues which cannot be managed by training and development of current team members (eg high turnover, inability to attract people of the necessary calibre). <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – confidentiality – data protection (including the specific provisions relating to access to health records) – disability – diversity – employment – equality and good relations – human rights (including those of children) – information and related technology – language – learning and development

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CORE DIMENSION 3: HEALTH, SAFETY AND SECURITY

Overview	
Status	Core – this is a key aspect of all jobs as it is vital that everyone takes responsibility for promoting the health, safety and security of patients and clients, the public, colleagues and themselves.
Levels	1 Assist in maintaining own and others' health, safety and security
	2 Monitor and maintain health, safety and security of self and others
	3 Promote, monitor and maintain best practice in health, safety and security
	4 Maintain and develop an environment and culture that improves health, safety and security
Description	This dimension focuses on maintaining and promoting the health, safety and security of everyone in the organisation or anyone who comes into contact with it. It includes tasks that are undertaken as a routine part of one's work such as moving and handling.
	Those who come into contact with the organisation will be anyone who interacts with an employee of the organisation or who is affected by the actions of the organisation.
	Progression through the levels in this dimension is characterised by
	– an increasing number and range of people and work areas for which one is responsible
	– greater proactivity and focus on good practice going from following set procedures to identifying the need for improvement
	– increasing responsibilities for risk management and contingency management
	– greater involvement in investigation and follow-up of breaches to health, safety and security.
Examples of application *These may be relevant to all levels in this dimension*	The <u>others</u> for whom a worker has responsibility for their health, safety and security might be:
	– users of services (including patients and clients)
	– carers
	– communities
	– the wider public
	– colleagues in immediate work team
	– other colleagues
	– contractors
	– visitors to the organisation
	– workers from other agencies.
	<u>Risks to health, safety and security</u> might be related to:
	– the environment (eg issues related to ventilation, lighting, heating, systems and equipment, pests, work-related stress)
	– individuals (eg personal health and wellbeing)
	– information and its use (eg sharing passwords, sharing information with other agencies)
	– physical interactions (eg abuse, aggression, violence, theft)
	– psychological interactions (eg bullying, harassment)
	– social interactions (eg discrimination, oppression, lone working).
	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– accident/incident reporting
	– building regulations and standards
	– child protection
	– clinical negligence
	– data and information protection and security
	– emergencies
	– hazardous substances
	– health and safety at work
	– infection control
	– ionising radiation
	– moving and handling
	– protection of vulnerable adults
	– risk management
	– security of premises and people
	– working time
	– workplace ergonomics (eg display screen equipment)

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Links to other KSF dimensions	This dimension is supported by: – *Core 6 Equality and diversity*. This dimension is different from dimensions: – *HWB3 Protection of health and wellbeing* which focuses on specific protective measures for health and wellbeing such as child protection, environmental protection – *EF3 Transport and logistics* which focuses on the transportation and flow of people and materials with and between agencies and community locations rather than the routine movement of people and items as one small part of one's work.

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 3/Level 1: Assist in maintaining own and others' health, safety and security	
Indicators	*Examples of application*
The worker:	Legislation, policies and procedures
a) acts in ways that are consistent with <u>legislation, policies and procedures</u> for maintaining own and others' health, safety and security	*See overview*
	Others:
	See overview
b) <u>assists in maintaining a healthy, safe and secure working environment</u> for everyone who is in contact with the organisation	<u>Assisting in maintaining a healthy, safe and secure working environment</u> might include:
c) <u>works in a way</u> that minimises <u>risks to health, safety and security</u>	– appropriate and secure use of information technology
	– appropriate use of security systems and alarms
d) summons immediate help for any <u>emergency</u> and takes the appropriate action to contain it	– being immunised to protect self and others from specific health risks
e) reports any issues at work that may put health, safety and security at risk.	– checking the safety of fittings and fixtures
	– disposing of waste
	– maintaining appropriate levels of heating, lighting and ventilation
	<u>Works in a way</u> that minimises risks to health, safety and security might be:
	– driving safely
	– effective hand cleansing
	– moving and handling people and/or goods using equipment as appropriate
	– reducing noise
	– taking appropriate breaks from using equipment
	– using organisational security measures.
	<u>Risks to health, safety and security:</u>
	See overview
	<u>Emergencies</u> might be related to:
	– the environment
	– health
	– information (eg breaches of confidentiality, lost/stolen health records)
	– security.

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Core 3/Level 2: Monitor and maintain health, safety and security of self and others	
Indicators	*Examples of application*
The worker:	Others:
a) identifies and assesses the potential risks involved in work activities and processes for self and <u>others</u>	*See overview*
b) identifies how best to manage the risks	Legislation, policies and procedures
c) undertakes work activities consistent with:	*See overview*
– <u>legislation, policies and procedures</u>	Risks to health, safety and security:
– the assessment and management of <u>risk</u>	*See overview*
d) takes the appropriate action to manage an <u>emergency</u> summoning assistance immediately when this is necessary	<u>Emergencies</u> might be related to:
e) reports actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed	– the environment
f) <u>supports others in maintaining health, safety and security.</u>	– health
	– information
	– security.
	Supporting others in maintaining health, safety and security might include:
	– acting as a role model
	– alerting others when there are specific risks
	– enabling individuals to learn healthier, safer and more secure ways of working
	– intervening to protect others from risk
	– moving and handling people and/or goods with others using equipment as appropriate
	– offering information and advice on how to reduce risk

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Core 3/Level 3: Promote, monitor and maintain best practice in health, safety and security	
Indicators	*Examples of application*

a) The worker identifies:
  – the <u>risks</u> involved in work activities and processes
  – how to manage the risks
  – how to help <u>others</u> manage risk
b) undertakes work activities consistent with:
  – <u>legislation, policies and procedures</u>
  – the assessment and management of risk
c) <u>monitors work areas and practices</u> and ensures they:
  – are safe and free from hazards
  – conform to health, safety and security legislation, policies, procedures and guidelines
d) <u>takes the necessary action in relation to risks</u>
e) <u>identifies how health, safety and security can be improved</u> and takes action to put this into effect.
	<u>Risks to health, safety and security:</u>
	See overview
	
	<u>Others:</u>
	See overview
	
	<u>Legislation, policies and procedures</u>
	See overview
	
	<u>Monitoring work areas and practices</u> includes:
	– confirming individuals maintain good health, safety and security practices
	– ensuring individuals wear protective clothing and equipment
	– monitoring aspects of the environment
	– monitoring and reporting on compliance.
	
	<u>Taking the necessary action in relation to risks</u> might include:
	– accident or incident reporting
	– apprehending or expelling people consistent with organisational and statutory requirements
	– challenging people who put themselves or others at risk
	– contributing to maintaining and improving organisational policies and procedures
	– evacuating buildings during emergencies
	– initiating practice exercises for emergencies
	– maintaining and improving the environment
	– supporting others to manage risks more effectively
	
	<u>Identifying how health, safety and security can be improved</u> might include:
	– acting as a role model
	– identifying the need for expert advice and support
	– identifying training needs
	– negotiating resources for training and development in health, safety and security
	– reporting and recording lack of resources to act effectively.

APPENDIX 2: CORE DIMENSION 3: HEALTH, SAFETY AND SECURITY
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Core 3/Level 4: Maintain and develop an environment and culture that improves health, safety and security

Indicators	*Examples of application*
The worker: a) evaluates the extent to which legislation, policies and procedures are implemented in the environment, culture and practices of own sphere of activity b) identifies processes and systems that do promote own and others' health, safety and security c) regularly assesses risks to health, safety and security using the results to promote and improve practice d) takes the appropriate action when there are issues with health, safety and security e) investigates any potential or actual breaches of legal, professional or organisational requirements and takes the necessary action to deal with them appropriately.	Evaluating the extent to which legislation is implemented in the environment, culture and practices of own sphere of activity would include analysing the whole environment and behaviours within it and recognising risks to health, safety and security. This might relate to: – confirming that the culture is conducive to good health, safety and security practice – confirming individuals maintain good health, safety and security practices – confirming that equipment and estates support health, safety and security – ensuring that appropriate education and training is offered to the staff who need it – ensuring that information is processed and used securely and legally – ensuring that people are able to feedback on any concerns they have – ensuring that people are aware of their rights and responsibilities – ensuring that people know of factors that may adversely affect their health, safety and security – evaluating the detail of policies, people's access to them, their understanding and use – the allocation of resources – the availability of services to support health, safety and security. Legislation, policies and procedures *See overview* Others: *See overview* Risks to health, safety and security: *See overview* Taking appropriate action when there are issues with health, safety and security might include: – providing support to others to enable them to improve their practice – issuing warnings when there are persistent issues which put health, safety and security at risk – securing appropriate resourcing for education and training – engaging in appropriate exercises, training and investigations to update and extend knowledge and skills.

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CORE DIMENSION 4: SERVICE IMPROVEMENT

Overview	
Status	Core – this is a key aspect of all jobs as everybody has a role in implementing policies and strategies and in improving services for users and the public.
Levels	1 Make changes in own practice and offer suggestions for improving services 2 Contribute to the improvement of services 3 Appraise, interpret and apply suggestions, recommendations and directives to improve services 4 Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
Description	This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or services that support the smooth running of the organisation (such as finance, estates). The services might be single or multi-agency and uni or multi-professional.

Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service. They might arise from:

– formal evaluations (such as audit)

– more informal and ad hoc approaches (such as 'bright ideas')

– applying developments from elsewhere

– national policy and targets

– changes in legislation at international or national level

– working closely with users and the public

– the need to modernise services.

This dimension also covers the development of direction, policies and strategies to guide the work of the organisation or service, including agreeing vision, values and ethos. Leadership and partnership are key aspects here as it is through inspiring and working collectively with others that strategy and direction can be taken forward into service improvements.

Leadership includes such aspects as:

– understanding and rising to the challenges of service improvement – critical tasks that need to be done, problems and issues to be faced

– understanding the context in which services are to be improved – local politics, national policy imperatives, the local environment and the people in it

– understanding the characteristics of the people involved and building on their diversity.

Progression through the levels in this dimension is characterised by:

– moving from implementing agreed changes to setting the context which guides and informs service improvements

– an increasing role in, and understanding of, direction, policies and strategies at a macro level

– increasing knowledge and skills in leading others, managing change and partnership working

– an increasing ability to identify direction in the longer term over a number of years rather than in the immediate to short term

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Examples of application *These may be relevant to all levels in this dimension*	<u>Direction, policies and strategies</u> might relate to any aspect of the NHS and the activities within it including: – buildings, structures and grounds – cleaning and catering – development and innovation – education, training and development – equality and diversity – financial services – financial management – health and social care services – health and wellbeing – health, safety and security – human resources – selection, recruitment, retention, deployment – information and knowledge – public relations and marketing – other services that effect people's health and wellbeing (eg transport, education, housing) – procurement and commissioning – promotion of equality and diversity – resource use – service effectiveness – systems and equipment – transport and logistics – user involvement.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – which is a key aspect of taking forward policy, strategy and direction – *G5 Services and project management* – which focuses on running services and projects in line with strategy and direction – *IK2 Information collection and analysis* – as research and interpretation of information is a key part of setting strategy and direction. This dimension is different from dimensions: – *Core 5 Quality* – which focuses on the quality of current practice whereas this dimension is about improving services – *G2 Development and innovation* – which focuses on appraising new and innovative methods, equipment, concepts and ideas and testing them in practice. This might be a fore-runner to service improvement – *G7 Capacity and capability* – which focuses on developing collective capacity – this might be necessary to support service improvements.
Terminology	Direction – the general way in which something should develop or progress. Policy – set of principles or rules which govern the way an organisation/partnership deals with key issues. Strategy – a carefully devised plan to achieve long-term goals and direction Values – the things that an organisation/partnership believes in and seeks to realise in its work Objectives – clearly defined and measurable results which need to be achieved.

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Core 4/Level 1: Make changes in own practice and offer suggestions for improving services

Indicators	*Examples of application*
The worker:	<u>Tasks related to evaluating services</u> might include:
a) discusses with line manager/work team the changes that need to be made in own practice and the reasons for them	– audits (eg clinical, financial, resource)
	– customer satisfaction surveys
b) adapts own practice as agreed and to time seeking support if necessary	– risk assessments
	– staff questionnaires.
c) effectively carries out <u>tasks related to evaluating services</u> when asked	<u>Direction, policies and strategies</u>
d) passes on to the appropriate person constructive views and ideas on improving services for users and the public	*See overview*
e) alerts line manager/work team when direction, policies and strategies are adversely affecting users of services or the public	

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Core 4/Level 2: Contribute to the improvement of services	
Indicators	*Examples of application*
The worker:	Direction, policies and strategies
a) discusses and agrees with the work team	*See overview*
– the implications of <u>direction, policies and strategies</u> on their current practice	<u>Evaluating own and other's work</u> might be through:
– the changes that they can make as a team	– audit
– the changes s/he can make as an individual	– appraising own and team practice in the light of research findings
– how to take the changes forward	– comparisons of own services against those of others following benchmarking exercises
b) constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary	– satisfaction surveys.
c) supports others in understanding the need for and making agreed changes	<u>Constructive suggestions</u> might be related to:
d) <u>evaluates own and other's work</u> when required to do so completing relevant documentation	– bright ideas
e) makes <u>constructive suggestions</u> as to how services can be improved for users and the public	– feedback from users
f) constructively identifies issues with direction, policies and strategies in the interests of users and the public.	– good practice elsewhere
	– how to apply changes in legislation, policies and procedures
	– how to implement recommendations
	– how to respond effectively to evaluations
	– own reflections and observations
	– team discussion.

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Core 4/Level 3: Appraise, interpret and apply suggestions, recommendations and directives to improve services	
Indicators	*Examples of application*
The worker:	Areas for potential service improvement might include:
a) identifies and evaluates areas for potential service improvement	– assessing legislation, direction, policy and strategy
b) discusses and agrees with others:	– assessing possible future demand for services
– how services should be improved as a result of suggestions, recommendations and directives	– assessing the results of evaluations
– how to balance and prioritise competing interests	– keeping up to date with relevant work areas
– how improvements will be taken forward and implemented	– monitoring current service provision
c) constructively undertakes own role in improving services as agreed and to time, supporting others effectively during times of change and working with others to overcome problems and tensions as they arise	– proactively seeking the views of others
	Others might include:
	– users of services
	– the public
d) maintains and sustains direction, policies and strategies until they are firmly embedded in the culture inspiring others with values and a vision of the future whilst acknowledging traditions and background	– colleagues and co-workers
	– people in other parts of the organisation
	- other agencies
e) enables and encourages others to:	Direction, policies and strategies
– understand and appreciate the influences on services and the reasons why improvements are being made	*See overview*
– offer suggestions, ideas and views for improving services and developing direction, policies and strategies	Evaluation might be through:
– alter their practice in line with agreed improvements	– analysis and interpretation of national and/or local policies and strategies and targets
– share achievements	– analysis of complaints and incidents
– challenge tradition	– audits
f) evaluates with others the effectiveness of service improvements and agrees that further action is required to take them forward	– focus groups
	– impact assessments (eg environmental, equality, health, policy)
g) appraises draft policies and strategies for their effect on users and the public and makes recommendations for improvement	– meetings
	– networks
	– questionnaires
	– reflective practice
	– risk assessment
	– structured observations
	– surveys (eg user involvement, customer satisfaction, staff)
	Further action required to take them forward might include:
	– further modifying services
	– implementing changes more widely
	– maintaining current focus
	– not adopting changes as they actually offer no recognised benefit
	– providing feedback on their effectiveness
	– publicising local developments in wider forums

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Core 4/Level 4: Work in partnership with others to develop, take forward and evaluate direction, policies and strategies

Indicators	*Examples of application*
The worker:	Direction, policies and strategies
a) effectively engages the public, users of services and other interested parties in an open and effective discussion on values, <u>direction, policies and strategies</u> for the organisation/services	*See overview*
	<u>Others</u> might include:
b) works effectively with <u>others</u> to clearly define values, direction and policies including guidance on how to respond when these are under pressure or interests are in conflict	– users of services – the wider public – colleagues and co-workers – people in other parts of the organisation
c) works effectively with <u>others</u> to continually review values, direction and policies in the light of changing circumstances	– other agencies – elected representatives.
d) works effectively with others to formulate strategies and associated objectives that:	
– are consistent with values, direction and policies	
– are attainable given available resources and timescales	
– contain sufficient detail for the operational planning of services, projects and programmes	
– take account of constraints	
– realistically balance competing interests and tensions whilst maintaining values and direction	
e) communicates values, direction, policies and strategies effectively to relevant people and enables them to:	
– appraise and apply them to their area of responsibility	
– feed in their views and suggestions for change	
f) works effectively with everyone affected by direction, policies and strategies to evaluate their impact and effectiveness and feed this information into ongoing improvements.	

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CORE DIMENSION 5: QUALITY

Overview	
Status	Core – this dimension is a key aspect of all jobs as everyone is responsible for the quality of their own work. It underpins all the other dimensions in the NHS KSF.
Levels	1 Maintain the quality of own work 2 Maintain quality in own work and encourage others to do so 3 Contribute to improving quality 4 Develop a culture that improves quality
Description	This dimension relates to maintaining high quality in all areas of work and practice, including the important aspect of effective team working. Quality can be supported using a range of different approaches including: codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. This dimension supports the governance function in organisations – clinical, corporate, financial, information, staff etc. Progression through the levels in this dimension is characterised by: – increasing scope – from own activities to the work of others and then broader areas – greater proactivity in improving quality and addressing quality issues.
Examples of application *These may be relevant to all levels in this dimension*	<u>Being an effective team member</u> would include such aspects as: – arriving and leaving promptly and working effectively during agreed hours – developing the necessary knowledge and skills needed by and in the team – enabling others to solve problems and address issues – identifying issues at work and taking action to remedy them – presenting a positive impression of the team and the service – reacting constructively to changing circumstances. – recognising, respecting and promoting the different roles that individuals have in the team – recognising, respecting and promoting the diversity of the team – seeking and reflecting on feedback from the team and adapting as necessary – supporting other team members – taking a shared approach to team work – understanding own role in the team and the wider organisation. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – accident/incident reporting – anti-discriminatory practices. – building regulations and standards – children – clinical negligence – corporate identity – criminal justice – data and information protection and security (including the specific provisions relating to access to medical records) – emergencies – employment – equality and diversity – harassment and bullying – hazardous substances – health, safety and security – human rights – infection control – ionising radiation protection measures – language – mental health – moving and handling – protection of vulnerable adults – public interest – risk management

Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication*
	– *Core 6 Equality and Diversity.*
	This dimension is different from dimensions:
	– *Core 4 Service Improvement* – which focuses on taking forward services whereas this focuses on the quality of current practice
	– *G6 People Management* – which focuses on managing the quality of other people's work.
Terminology	Team – a group of people who work to achieve a purpose. Teams may work in close proximity to each other or team members might work largely on their own – both types of team contribute to the wider effort of the NHS in improving health and wellbeing and addressing health needs.

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Core 5/Level 1: Maintain the quality of own work	
Indicators	*Examples of application*
The worker:	Legislation, policies and procedures
a) complies with <u>legislation, policies, procedures</u> and other quality approaches relevant to the work being undertaken	*See overview*
	Acting responsibly as a <u>team member</u>
b) works within the limits of own competence and responsibility and refers issues beyond these limits to relevant people	*See overview*
	<u>Resources</u> would include:
c) acts responsibly as a <u>team member</u> and seeks help if necessary	– environments
	– equipment and tools
d) uses and maintains <u>resources</u> efficiently and effectively	– information
e) reports problems as they arise, solving them if possible.	– materials.

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Core 5/Level 2: Maintain quality in own work and encourage others to do so	
Indicators	**Examples of application**
The worker:	Legislation, policies and procedures
a) acts consistently with legislation, policies, procedures and other quality approaches and encourages others to do so	*See overview*
b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation	Working as an effective and responsible team member *See overview*
c) works as an effective and responsible team member	Resources would include:
d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality	– environments
e) uses and maintains resources efficiently and effectively and encourages others to do so	– equipment and tools
f) monitors the quality of work in own area and alerts others to quality issues.	– information
	– materials.
	Quality issues might relate to:
	– complaints
	– data and information gaps
	– health, safety and security
	– incidents
	– lack of knowledge or evidence on which to base the work
	– mistakes and errors
	– poor communication
	– resources
	– team working
	– workload

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Core 5/Level 3: Contribute to improving quality

Indicators	*Examples of application*
The worker: a) acts consistently with <u>legislation, policies, procedures</u> and other quality approaches and promotes the value of quality approaches to others b) understands own role in the organisation and its scope and identifies how this may develop over time c) works as an effective and responsible <u>team member</u> and enables others to do so d) prioritises own workload and organises and carries out own work in a manner that maintains and promotes quality e) evaluates the quality of own and others' work and <u>raises quality issues and related risks</u> with the relevant people f) supports the introduction and maintenance of quality systems and processes in own work area g) <u>takes the appropriate action when there are persistent quality problems.</u>	<u>Legislation, policies and procedures</u> *See overview* Working as an effective and responsible <u>team member</u> *See overview* <u>Quality issues and related risks</u> might include: – complaints – data and information gaps – health, safety and security – inappropriate policies – incidents – ineffective systems – lack of knowledge or evidence on which to base the work – lack of shared decision making with users of services – mistakes and errors – poor communication – poor individual or team practice – resources – risks – team working – workload <u>Taking the appropriate action when there are persistent quality problems</u> might include: – alerting a trade union official – alerting one's own manager – alerting the manager of the person concerned – issuing warnings – investigating incidents – whistle blowing.

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Core 5/Level 4: Develop a culture that improves quality	
Indicators	*Examples of application*
The worker:	Legislation, policies and procedures
a) acts consistently with legislation, policies, procedures and other quality approaches and alerts others to the need for improvements to quality	*See overview*
b) works effectively in own team and as part of the whole organisation	The need for improvements to quality might be identified by:
c) prioritises, organises and carries out own work effectively	– analysis of legislation and other emerging requirements and standards
d) enables others to understand, and address risks to quality	– auditing
e) actively promotes quality in all areas of work	– benchmarking exercises
f) initiates and takes forward the introduction and maintenance of quality and governance systems and processes across the organisation and its activities	– inspections
g) continuously monitors quality and takes effective action to address quality issues and promote quality.	– investigations of incidents
	– monitoring and analysis of complaints, incidents, errors etc
	– observation of practice
	Working effectively in own team and as part of the whole organisation
	See overview
	Risks to quality might include:
	– failure to comply with legislation, published standards and guidelines
	– individual's state of health
	– ineffective quality systems and approaches
	– out of date quality systems and approaches
	– people being unable to access legislation, policies and procedures on the ground
	– people's lack of knowledge and understanding about legislation, policies and procedures
	– prevailing culture
	– quality systems and approaches that are not capable of use by the intended users
	– user dissatisfaction
	– workload pressures and stress.

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CORE DIMENSION 6: EQUALITY AND DIVERSITY

Overview	
Status	Core – this is a key aspect of all jobs and of everything that everyone does. It underpins all dimensions in the NHS KSF.
Levels	1 Act in ways that support equality and value diversity 2 Support equality and value diversity 3 Promote equality and value diversity 4 Develop a culture that promotes equality and values diversity
Description	It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees; people in other organisations; the public in general. Successful organisations are ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages; bodily appearances; classes; castes; creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with and without responsibilities for dependents. Where diversity and equality are not integral to an organisation, discrimination may occur. Progression through the levels in this dimension is characterised by: – moving from own practice to the consideration of team and organisational cultures – an increasing understanding of the nature and complexity of equality and diversity – being more proactive and challenging in the promotion of equality and diversity – increasing knowledge about the legislation, policies and procedures relating to equality and diversity from awareness, knowing where to obtain information, having a working knowledge of the legislation, policies and procedures and being able to interpret them to others, to an extended knowledge of the legislation, policies and procedures and monitoring their effectiveness in organisations
Examples of application *These may be relevant to all levels in this dimension*	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – age – complaints and issue resolution (including harassment and bullying) – employment – equality – dependents – people who have caring responsibilities and those who do not – diversity – age, gender, marital status, political opinion, racial group, religious belief, sexuality – disability – gender – human rights (including those of children) – language – marital status – mental health – mental incapacity – political opinion – racial group – religious belief – sexual orientation
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – *Core 2 Personal and people development* – *Core 3 Health, safety and security* – *Core 4 Service improvement* – *Core 5 Quality* – *G1 Learning and development* – *G7 Capacity and capability.*

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Terminology	*Equal opportunities* – emphasises the structures, systems and measures of groups within society and within organisations. Equal opportunities is about addressing representation and balance.
	Equality -is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on membership of a particular group.
	Diversity – is about the recognition and valuing of difference in the broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals.
	Discrimination – the practice of treating individuals less fairly than other people or groups.

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Core 6/Level 1: Act in ways that support equality and value diversity	
Indicators	*Examples of application*
The worker: a) acts in ways that are in accordance with <u>legislation, policies, procedures</u> and good practice b) treats everyone with whom s/he comes into contact with dignity and respect c) acknowledges others' different perspectives d) recognises that people are different and <u>makes sure they do not discriminate</u> against other people e) recognises and reports behaviour that undermines equality and diversity	<u>Legislation, policies and procedures</u> *See overview* <u>Makes sure they do not discriminate</u> against other people may include – what they do or say – what they do not do or say – when interacting with colleagues – when interacting with users of services – when working with the public – when working with visitors to the organisation

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Core 6/Level 2: Support equality and value diversity	
Indicators	*Examples of application*

The worker:
 	
a) recognises the importance of people's rights and acts in accordance with <u>legislation, policies and procedures</u>
b) acts in ways that:
   – acknowledge and recognise <u>people's expressed beliefs, preferences and choices</u>
   – respect diversity
   – value people as individuals
c) takes account of own behaviour and its effect on others
d) <u>identifies and takes action</u> when own or others' behaviour undermines equality and diversity.
	<u>Legislation, policies and procedures</u>
	See overview
	
	<u>People's expressed beliefs, preferences and choices</u> might relate to:
	– food and drink
	– how they like to be addressed and spoken to
	– personal care – living or deceased
	– privacy and dignity
	– the information they are given
	- the support they would like
	- their faith or belief.
	
	<u>Identifying and taking action when others' behaviour undermines equality and diversity</u> would include on a day-to-day basis being prepared to:
	– recognise when equality and diversity is not being promoted and doing something about it
	– recognise when someone is being discriminated against and doing something about it

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Core 6/Level 3: Promote equality and value diversity	
Indicators	*Examples of application*
The worker:	Legislation, policies and procedures
a) interprets equality, diversity and rights in accordance with <u>legislation, policies, procedures</u> and relevant standards	*See overview*
b) <u>evaluates the extent to which legislation is applied in the culture and environment of own sphere of activity</u>	<u>Evaluating the extent to which legislation is applied in the culture and environment of own sphere of activity</u> might relate to:
c) identifies patterns of discrimination and takes action to overcome discrimination and promote diversity and equality of opportunity	– communication with different people
	– health, safety and security including risk management
d) <u>enables others to promote equality and diversity and a non-discriminatory culture</u>	– systems, standards and guidelines designed to promote quality
e) <u>supports people who need assistance</u> in exercising their rights.	– the allocation of resources
	– the availability of services
	– the development of services
	<u>Patterns of discrimination</u> might relate to:
	– the learning and development offered to different people
	– the recruitment, selection and promotion of staff
	<u>Enabling others to promote equality and diversity and a non-discriminatory culture</u> might include:
	– acting as a role model
	– being aware of the wellbeing of all members of the work team and supporting them appropriately
	– enabling others to reflect on their behaviour
	– identifying training and development needs
	<u>Supporting people who need assistance</u> might relate to:
	– advocacy
	– enabling people to make the best use of their abilities
	– intervening when someone else is discriminating against someone on a one-off basis or routinely
	– making arrangements for support (eg as part of the development review process)
	– representing people's views

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Core 6/Level 4: Develop a culture that promotes equality and values diversity	
Indicators	*Examples of application*
The worker:	<u>Actively promoting equality and diversity</u> would include:
a) interprets legislation to inform individuals' rights and responsibilities	– acting as a mentor to people from diverse groups
b) <u>actively promotes equality and diversity</u>	– acting as a role model
c) identifies and highlights methods and processes to resolve complaints as a consequence of unfair and discriminatory practice	– actively working in partnership with diverse groups
	– developing and supporting own team in relation to equality and diversity
d) supports those whose rights have been compromised consistent with <u>legislation, policies and procedures</u> and good and best practice	– ensuring that development opportunities are available for all staff
e) actively challenges individual and organisational discrimination	– ensuring the fair recruitment and selection of staff
	– focusing resources to deliver equitable outcomes
f) evaluates the effectiveness of equality and diversity policies and procedures within the service/agency and contributes to the development of good and best practice.	– involving the local population in the development of services
	– listening to the experiences and views of different groups and acting on them
	– modelling good practice
	– promoting an open and fair culture throughout the organisation
	– promoting equality and diversity during partnership working.
	<u>Legislation, policies and procedures</u>
	See overview

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DIMENSION HWB1: PROMOTION OF HEALTH AND WELLBEING AND PREVENTION OF ADVERSE EFFECTS ON HEALTH AND WELLBEING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Contribute to promoting health and wellbeing and preventing adverse effects on health and wellbeing
	2 Plan, develop and implement approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing
	3 Plan, develop, implement and evaluate programmes to promote health and wellbeing and prevent adverse effects on health and wellbeing
	4 Promote health and wellbeing and prevent adverse effects on health and wellbeing through contributing to the development, implementation and evaluation of related policies
Description	This dimension focuses on promoting people's health and wellbeing and preventing adverse effects on health and wellbeing.
	The promotion of health and wellbeing includes giving information to people on how to promote their own and others' health and wellbeing and different forms of education (eg using a variety of teaching methods, techniques and approaches).
	The prevention of adverse effects might be through: improving people's resistance to disease and other factors that affect health and wellbeing; limiting people's exposure to risk; reducing the stressors that affect people's health and wellbeing.
	Activities might take place at individual, family, group, community or population level. They may be undertaken with users of services, the public as a whole and within organisations with staff and workers from other agencies.
	Partnership is a fundamental aspect of this dimension as it is only through working closely with members of the public and users of services (patients, clients and carers) that health and wellbeing can be promoted effectively.
	The policies, programmes, approaches and activities within this dimension might be focused on one or more of the different aspects of health and wellbeing, ie emotional, mental, physical, social, and spiritual.
	Progression through the levels in this dimension is characterised by:
	– moving from a focus on individuals and groups to an approach that focuses on improving the health of populations and the general public
	– increasing knowledge and skills in relation to the complex nature of health and wellbeing, the stressors which affect it and its relationship to religion, belief and culture
	– advancing from working within set programmes to designing such programmes and wider approaches.
Examples of application *These may be relevant to all levels in this dimension*	<u>Policies, programmes, approaches and activities</u> that are designed to promote health and wellbeing or prevent adverse effects on health and wellbeing might relate to:
	– awareness raising
	– broader aspects of the environment that affect people's lives and their health and wellbeing (eg housing, transport, education, employment)
	– enabling people to adopt healthy lifestyles
	– enabling people to learn how to look after their own health and wellbeing/become expert in managing conditions that affect their health and wellbeing
	– enabling people to maintain their mobility
	– enabling people to maintain and develop their self-management skills
	– involving people in decision making about their health and wellbeing
	– improving people's resistance
	– limiting people's exposure to risks to health and wellbeing
	– providing information and advice on health and wellbeing and stressors to health and wellbeing
	– reducing risks in lifestyles
	– reducing the stressors that effect people's health and wellbeing
	– screening.

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Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication* which focuses on effective communication in a wide range of different ways and in different circumstances
	– *Core 2 Personal and people development* which contains ad hoc approaches to developing people's knowledge and skills
	– *Core 6 Equality and diversity* which focuses on promoting equality and valuing diversity
	– *IK2 Information collection and analysis* which focuses on collecting and structuring information that might support the promotion of health and wellbeing and the prevention of adverse effects
	– *G1 Learning and development* which contains structured approaches to the promotion of health that might be used, for example, in health education approaches
	This dimension is different from dimension:
	– *HWB3 Protection of health and wellbeing* which focuses on protecting people when there are risks and using statutory processes to do so if this is necessary
	– *G7 Capacity and capability* which focuses on capacity building across groups of people such as community development, organisational development and workforce development.
Terminology	*Health:* a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (World Health Organisation)
	Stressors to health and wellbeing are features of the environment that may induce harm or damaging responses in a living system or organism. They may be: biological, chemical, physical, social, psychosocial.
	Target group: the individuals, families, groups, communities or populations who are the focus of a specific approach, programme or policy for promoting health and wellbeing or preventing adverse effects to health and wellbeing.

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HWB1/Level 1: Contribute to promoting health and wellbeing and preventing adverse effects on health and wellbeing

Indicators	Examples of application
The worker: a) identifies factors which have a positive and negative affect on health and wellbeing and how it can be promoted and adverse effects prevented b) enables people to view health and wellbeing as a positive aspect of their lives c) enables people to be involved in <u>activities</u> and make their own decisions about them consistent with people's views and beliefs d) undertakes planned activities with people with their agreement consistent with <u>legislation, policies and procedures</u> e) records and reports back fully on the activities undertaken and alerts others in the team to <u>any issues</u> that arise during the activities.	<u>Activities</u> to promote health and wellbeing and prevent adverse effects on health and wellbeing *See overview* <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – consent – health improvement – public health – shared decision making. <u>Any issues</u> would include: – adverse changes in/to the people as a result of the activities – the activities not working out as planned

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HWB1/Level 2: Plan, develop and implement approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing

Indicators	*Examples of application*
The worker:	Approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing
a) works effectively with people to identify their concerns about health and wellbeing and the target groups for any approaches	*See overview*
b) identifies how the health and wellbeing of the target group can be improved through promotion and/or prevention approaches consistent with legislation, policies and procedures	Legislation, policies and procedures may be international, national or local and may relate to:
	– consent
	– health improvement
c) involves people in the target group in the planning and development of the approaches	– public health
d) designs approaches that are based on evidence and the interests of the target group	– shared decision making.
e) enables people to participate effectively in the promotion of their health and wellbeing and the prevention of adverse effects	Acting as a resource might include:
	– being there for people
	– listening
f) acts as a resource for improving health to the people in the target group keeping a record of what has been done	– providing information
	– referring people to other colleagues or agencies.
g) reviews with people from the target group the effectiveness of the approaches in improving their health and wellbeing.	

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HWB1/Level 3: Plan, develop, implement and evaluate programmes to promote health and wellbeing and prevent adverse effects on health and wellbeing

Indicators	*Examples of application*
The worker:	Programmes, to promote health and wellbeing and prevent adverse effects on health and wellbeing
a) engages and works effectively with a wide range of diverse people to identify their concerns about health and wellbeing and the target groups for any programmes	*See overview*
b) proactively identifies the purpose of the programme and the issues it is designed to address	Other resources might include:
c) actively involves people from the target group in setting priorities, programme design, planning and implementation	– community networks
	– other health and social care services
	– support systems
d) identifies	– support services
– trends in people's health and wellbeing	The different levels at which the programme needs to operate might include:
– other resources that people in the target group have available to them	
– how these resources might be better used by the people concerned	– community development and capacity building
– the contribution that the programme might make	– health and social services
e) works with others to produce and record a detailed plan for the health improvement programmes that are appropriate for the target group and take into account:	– organisational and workforce development
	– partnership working
– relevant policies and strategies	– policy and strategy development
– the different levels at which the programme needs to operate	– regeneration programmes
	– social inclusion programmes
– specific activities within each of those levels	– specific activities within the programmes
– how the programme will be coordinated	Legislation, policies and procedures may be international, national or local and may relate to:
– the evidence that will be used to judge its effectiveness	
– legislation, policies and procedures	– consent
f) works with others to implement programmes effectively for the target group	– health improvement
	– public health
g) evaluates with people from the target group and those involved in running the programme its effectiveness in improving health and wellbeing.	– shared decision making.

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HWB1/Level 4: Promote health and wellbeing and prevent adverse effects on health and wellbeing through contributing to the development, implementation and evaluation of related policies

Indicators	*Examples of application*
The worker:	Policies, to promote health and wellbeing and prevent adverse effects on health and wellbeing
a) evaluates the content and thrust of <u>policies</u> and identifies:	*See overview*
– the impact they will have on health and wellbeing	Legislation may be international or national and may relate to:
– their consistency	– consent
– their inclusiveness	– health improvement
– evidence of effectiveness	– public health
b) alerts decision makers to issues that:	– shared decision making.
– will affect health and wellbeing	<u>Methods</u> might include:
– are inconsistent with evidence	– attendance at meetings
and offers constructive solutions to tackle these issues	– lobbying
c) produces clear and concise arguments for decision makers that outline the benefits of improving health and wellbeing and the risks of not doing so	– partnership working
	– reasoned arguments
d) drafts inputs to policy documents that are consistent with evidence and relevant <u>legislation</u> and help decision makers move forward	– written responses to consultations including proposed redrafting
e) uses a range of different <u>methods</u> that are capable of achieving change in others' policies	<u>Evaluation of the impact of policies</u> might be:
f) agrees how to take forward the implementation of policies at a local level and undertake own role effectively	– qualitative in nature
	– quantitative in nature
g) <u>evaluates the impact of policies</u> on improving the health and wellbeing of the population concerned.	– both qualitative and quantitative.

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DIMENSION HWB2: ASSESSMENT AND CARE PLANNING TO MEET HEALTH AND WELLBEING NEEDS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist in the assessment of people's health and wellbeing needs
	2 Contribute to assessing health and wellbeing needs and planning how to meet those needs
	3 Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs
	4 Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs
Description	This dimension relates to assessing the health and wellbeing needs of people – individuals and groups (including families). This assessment focuses on the whole person in the context of their community, family, lifestyle and environment. It may take place in any setting.
	In undertaking this work staff will need to be aware of their legal obligations and responsibilities, the rights of the different people involved, and the diversity of the people they are working with.
	Progression through the levels in this dimension is characterised by:
	– increasing complexity of health and wellbeing needs and an understanding of how these can be addressed
	– increasing demands for interagency and interprofessional working
	– increasing involvement in the planning, monitoring and review of programmes of care (as contrasted with making a contribution to the assessment).
Examples of application *These may be relevant to all levels in this dimension*	<u>Health and wellbeing needs</u> may be:
	– emotional
	– mental
	– physical
	– social
	– spiritual.
	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– carers
	– children
	– criminal justice
	– disability
	– domestic violence
	– duty of care
	– education
	– human rights
	– mental health
	– mental incapacity
	– medicines
	– vulnerable adults.
Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication* which focuses on effective communication with people during assessment of their health and wellbeing needs
	– *Core 6 Equality and diversity* which focuses on promoting equality and valuing diversity and supporting people's rights
	– *G2 Development and innovation* which focuses on testing and developing new and innovative forms of assessment.
	This dimension is different from dimensions:
	– *HWB4 Enablement to address health and wellbeing* – which focuses on the enablement that might take place as part of the programmes developed in this dimension
	– *HWB5 Provision of care to meet health and wellbeing needs* – which focuses on the various care interventions that might take place as part of the programmes developed in this dimension
	– *HWB6 Assessment and treatment planning* – which focuses on assessing and diagnosing physiological and psychological functioning.

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Terminology	*Health:* a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (World Health Organisation)
	Care plans: overall plans for the protection, enablement and care that people require to meet their health and wellbeing needs.

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HWB2/Level 1: Assist in the assessment of people's health and wellbeing needs	
Indicators	*Examples of application*
The worker: a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for specific activities b) correctly undertakes <u>those aspects of assessment</u> of peoples' <u>health and wellbeing needs</u> that have been delegated to them for the specific people concerned and as agreed with the care team c) <u>reports</u> back on those aspects of assessment that have been delegated to them d) identifies and reports any significant changes that might affect people's health and wellbeing e) undertakes and records their work consistent with <u>legislation, policies and procedures</u>.	<u>Those aspects of assessment</u> that have been delegated to them might include: – observations – obtaining specific information from the people concerned – recording specific information <u>Health and wellbeing needs</u> *See overview* <u>Reports</u> might be: – in writing – verbally – by other means <u>Legislation, policies and procedures</u> *See overview*

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HWB2/Level 2: Contribute to assessing health and wellbeing needs and planning how to meet those needs	
Indicators	*Examples of application*
The worker:	Health and wellbeing needs
a) explains the purpose of assessing <u>health and wellbeing needs</u> to the people concerned	*See overview*
b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	<u>Assisting in the assessment</u> might include: – preparation for specific activities and tests – observations
c) <u>assists in the assessment</u> of people's health and wellbeing and related needs and <u>risks</u> as agreed with the care team and consistent with <u>legislation, policies and procedures</u>	– obtaining specific information from the people concerned – undertaking specific assessment activities – undertaking specific tests.
d) records and <u>reports</u> back accurately and fully on the assessments undertaken and risks identified	<u>Risks</u> to health and wellbeing might arise from: – abuse
e) offers to the team his/her own insights into the health and well-being needs and wishes of the people concerned	– incidents/accidents – neglect – rapid deterioration of condition or situation
f) makes suggestions on the care, protection and support that will be needed and how this might relate to his/her own work.	– self-harm – the complexity and range of contributory factors – the environment.
	<u>Legislation, policies and procedures</u> *See overview*
	<u>Reports</u> might be: – in writing – verbally – by other means

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HWB2/Level 3: Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs

Indicators	*Examples of application*
The worker:	Health and wellbeing needs
a) plans the assessment of people's <u>health and wellbeing needs</u> and prepares for it to take place	*See overview*
b) explains clearly to people:	Assessment methods include the use of:
– own role, responsibilities and accountability	– checklists
– the information that is needed from the assessment and who might have access to it	– discussions and conversations
– the benefits and risks of the assessment process and alternatives approaches	– frameworks
c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	– observations
d) uses <u>assessment methods</u> and processes of reasoning that	– questioning
– are based on available evidence	– specific tests
– are appropriate for the people concerned	– specific activities
– obtain sufficient information for informed decision making	Legislation, policies and procedures
– s/he has the knowledge, skills and experience to use effectively	*See overview*
– are consistent with <u>legislation, policies and procedures</u>	Risks to health and wellbeing might arise from:
e) considers and interprets all of the information available and makes a justifiable assessment of people's health and wellbeing, related needs and <u>risks</u> and explains the outcomes to those concerned	– abuse
	– incidents/accidents
	– neglect
f) develops and records care plans that are appropriate to the people concerned and:	– rapid deterioration of condition or situation
– are consistent with the outcomes of assessing their health and wellbeing needs	– self-harm
– identify the risks that need to be managed	– the complexity and range of contributory factors
– have clear goals	– the environment.
– involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks	
– are consistent with the resources available	
– note people's wishes and needs that it was not possible to meet	
g) monitors the implementation of care plans and makes changes to meet people's needs	

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HWB2/Level 4: Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs

Indicators	*Examples of application*

The worker:
 	
a) explains clearly to people:
   – own role, responsibilities and accountability
   – the information that is needed from the assessment of <u>health and wellbeing needs</u> and who might have access to it
   – the benefits and risks of the assessment process and alternative approaches
   – the outcomes of assessment
   – options within care plans and associated benefits and risks
 	
b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
 	
c) plans and uses <u>assessment methods that are appropriate for complex needs</u>, and uses processes of reasoning that
   – are appropriate for the complex needs of the people concerned
   – s/he has the knowledge, skills and experience to use effectively
   – are based on available evidence
   – obtain sufficient information for decision making including gaining assessment information from other practitioners
 	
d) follows processes of reasoning which:
   – balance additional information against the overall picture of the individual's needs to confirm or deny developing hypotheses
   – are capable of justification given the available information at the time
   – are likely to result in the optimum outcome
 	
e) interprets all of the information available and makes a justifiable assessment of:
   – people's health and wellbeing
   – their related complex needs and prognosis
   – <u>risks</u> to their health and wellbeing in the short and longer term
   transferring and applying her/his skills and knowledge to address the complexity of people's needs
 	
f) develops and records care plans that are appropriate to the people concerned and:
   – are consistent with the outcomes of assessing their complex health and wellbeing needs
   – identify the risks that need to be managed
   – have clear goals
   – involve other practitioners and agencies to meet people's complex health and wellbeing needs and risks
   – are consistent with the resources available
   – note people's wishes and needs that it was not possible to meet
 	
g) coordinates the delivery of care plans, feeding in relevant information to support wider service planning
 	
h) monitors the implementation of care plans and makes changes to better meet people's complex health and wellbeing needs.
	<u>Health and wellbeing needs</u>
	See overview
	
	<u>Assessment methods that are appropriate for complex needs</u> include the use of:
	– checklists
	– discussions and conversations
	– frameworks
	– observations
	– questioning
	– specific tests
	– specific activities
	– specially designed methods to assess the particular needs of the people concerned.
	
	<u>Legislation, policies and procedures</u>
	See overview
	
	<u>Risks to health and wellbeing</u> might arise from:
	– abuse
	– incidents/accidents
	– neglect
	– rapid deterioration of condition or situation
	– self-harm
	– the complexity and range of contributory factors
	– the environment.

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DIMENSION HWB3: PROTECTION OF HEALTH AND WELLBEING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Recognise and report situations where there might be a need for protection
	2 Contribute to protecting people at risk
	3 Implement aspects of a protection plan and review its effectiveness
	4 Develop and lead on the implementation of an overall protection plan
Description	This dimension relates to protecting people's health and wellbeing through monitoring health and wellbeing and taking direct action when there are serious risks. Legislation usually applies to specific areas of risk and staff working in these different areas need to know, understand and apply the legislation that frames the context and content of their work.
	This dimension includes a wide range of activities such as: ongoing monitoring of people, contexts and environments; specific measures and/or interventions to protect people's health and wellbeing; inspection, monitoring and governance of practices and environments; statutory enforcement measures.
	Health and wellbeing includes all aspects: emotional, mental, physical, social, and spiritual. The risks may be to: individuals, carers, groups and communities, populations and future populations.
	Progression through the levels in this dimension is characterised by
	– moving from recognising potential risks and hence a possible need for protection to actively addressing risks through a wide range of protective measures
	– increasing knowledge and skills in relation to the seriousness and frequency of risk
	– an increasing understanding of the legislative context and framework and its application in different circumstances
	– an increasing involvement in inter-agency and partnership working at a range of levels to improve the protection of the public.
Examples of application *These may be relevant to all levels in this dimension*	<u>Risks to health and wellbeing</u> include:
	– risks to emotional health and wellbeing
	– risks to mental health and wellbeing
	– risks to physical health and wellbeing
	– risks to social health and wellbeing
	– risks to spiritual health and wellbeing
	– risks to the environment which in turn affects people's health and wellbeing.
	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– child protection
	– control of infectious and communicable disease
	– domestic violence
	– duty of care
	– environmental protection
	– health and safety at work
	– human rights (including the specific rights of children)
	– infection control
	– ionising radiation protection measures
	– mental health
	– ports
	– protection of vulnerable adults
	– substances hazardous to health.

Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication* – a key aspect of protection
	– *Core 3 Health, safety and security* which focuses on promoting health, safety and security during ongoing work
	– *Core 5 Quality* which focuses on promoting quality in ongoing work – a link to the inspection and monitoring aspects of this dimension
	– *HWB2 Assessment and care planning to meet health and wellbeing* needs as it is likely that protection needs for individuals and groups will be identified in this process
	– *IK2: Information collection and analysis* as it is through the collection and analysis of information that risks at a population level are often identified
	– *G2 Development and innovation* which focuses on testing and developing new and innovative aspects including forms of protection.
	This dimension is different from dimensions:
	– *HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing* – which focuses on trying to prevent problems with health and wellbeing arising compared with this dimension which relates to addressing issues through protective measures.
Terminology	*Health:* a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (World Health Organization).

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HWB3/Level 1: Recognise and report situations where there might be a need for protection	
Indicators	*Examples of application*
The worker: a) identifies <u>signs that people are at risk</u> and that there might be a need for protective measures b) reports any suspicions of <u>risk</u> to the appropriate people and/or organisations consistent with <u>legislation, policies and procedures</u> c) records and reports any <u>information that is available on the risks</u>.	<u>Signs that people are at risk</u> might relate to: – individuals who are in danger of/are being harmed and/or abused – individuals who are in danger of/are neglecting or harming themselves – aspects in systems and cultures that put people at risk – aspects of the environment that put people at risk <u>Risks to health and wellbeing</u> *See overview* <u>Legislation, policies and procedures</u> *See overview* <u>Information that is available on the risks</u> might include what the worker: – sees – hears – measures – is told.

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HWB3/Level 2: Contribute to protecting people at risk

Indicators	*Examples of application*

The worker:
 	
a) contacts <u>people</u> who are at <u>risk</u> taking the necessary action if difficulties are encountered
 	
b) explains to people the purpose for the contact, relevant regulatory powers, whether information will be confidential or disclosed and involves them in shared decision making
 	
c) prepares for and contributes to <u>protective interventions</u> in a manner that
   – is consistent with <u>legislation, policies and procedures</u>
   – is appropriate to the people concerned
   – is appropriate for the setting
   – maintains the health and safety of the people themselves, self and others
 	
d) takes appropriate and immediate action in response to contingencies
 	
e) records and reports the interventions consistent with legislation and relevant policies and procedures.
	<u>People</u> might include:
	– individuals who
	   – have been identified as being in danger of/are being harmed and/or abused
	   – have been identified as being in danger of/are neglecting or harming themselves
	   – put others at risk
	– individuals or groups who
	   – are at risk due to the systems and cultures in which they work or live
	   – have been in contact with someone with an infectious disease or condition
	   – in the future are likely to be in contact with infectious diseases or conditions
	– individuals, groups or populations whose health and wellbeing has been/maybe put at risk due to the environment in which they live or work or the practices within that environment, or whose health and wellbeing may be at risk from the interventions/treatments that they need.
	
	<u>Risks to health and wellbeing</u>
	See overview
	
	<u>Protective interventions</u> might be:
	– assessment and monitoring of systems and cultures
	– assessment and monitoring of the environment
	– assessment and monitoring of the people concerned
	– ongoing contact and follow-up.
	– specific interventions/protective measures
	
	<u>Legislation, policies and procedures</u>
	See overview

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HWB3/Level 3: Implement aspects of a protection plan and review its effectiveness	
Indicators	*Examples of application*
The worker:	Risks to health and wellbeing
a) works in partnership with others to identify and assess the nature, location and seriousness of the particular risks	*See overview*
	Protective interventions might be:
b) prioritises own work in line with areas of highest risk coordinating own actions with anyone else involved	– advising/requiring other staff to carry out interventions (eg radiation protection)
c) contacts people who are at risk taking the necessary action if difficulties are encountered	– assessment and monitoring of systems and cultures
d) explains to people the purpose for the contact, any requirements for statutory enforcement, what people are required to do to comply with statutory enforcement and what will happen if they fail to comply and involves them in shared decision making	– assessment and monitoring of the environment – assessment and monitoring of the people concerned – ongoing contact and follow-up. – specific interventions/protective measures
e) prepares for and undertakes the protective interventions that s/he is responsible for as part of the protection plan in a manner that	Protection plan might focus on risks to: individuals who
– is consistent with evidence-based practice, legislation, policies and procedures	– have been identified as being in danger of/are being harmed and/or abused
– is appropriate to the people concerned	– have been identified as being in danger of/are neglecting or harming themselves
– is appropriate for the setting	– put others at risk
– maintains health and safety	individuals or groups who
f) undertakes own work in ways which manage risk and are consistent with statutory enforcement	– are at risk due to the systems and cultures in which they work or live
g) works with other members of the protection team to plan, monitor and review the effectiveness of the protection plan	– have been in contact with someone with an infectious disease or condition
h) records and reports on the aspects of the overall protection plan for which s/he is responsible consistent with legislation, policies and procedures.	– in the future are likely to be in contact with infectious diseases or conditions
	– individuals, groups or populations whose health and wellbeing has been/maybe put at risk due to the environment in which they live or work or the practices within that environment, or whose health and wellbeing may be at risk from the interventions/treatments that they need.
	Legislation, policies and procedures
	See overview

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HWB3/Level 4 Develop and lead on the implementation of an overall protection plan

Indicators	Examples of application
The worker:	Risks to health and wellbeing
a) works in partnership with others to identify and assess	*See overview*
– the nature, location and seriousness of <u>risks</u>	Legislation, policy and procedural requirements
– the problems that need to be addressed	*See overview*
– the factors that might be causing the problems	<u>Overall protection plan</u> might focus on risks to:
– priorities	individuals who
– <u>legislative, policy and procedural</u> requirements	– have been identified as being in danger of/are being harmed and/or abused
b) identifies and agrees with others a range of options for addressing agreed priorities and selects those that have the best chance of success	– have been identified as being in danger of/are neglecting or harming themselves
c) develops with the help of others <u>an overall protection plan</u>	– put others at risk
d) considers each specific case in the context of the overall protection plan and decides with others how to proceed	individuals or groups who
e) identifies and agrees in partnership with others	– are at risk due to the systems and cultures in which they work or live
– who will be involved in the management of specific risks	– have been in contact with someone with an infectious disease or condition
– how the risks can best be managed	– in the future are likely to be in contact with infectious diseases or conditions
– who needs to be kept informed	– individuals, groups or populations whose health and wellbeing has been/maybe put at risk due to the environment in which they live or work or the practices within that environment, or whose health and wellbeing may be at risk from the interventions/treatments that they need.
f) coordinates across the different people involved to effectively manage risks facilitating swift and effective communication and support	
g) undertakes any <u>protective interventions</u> that are necessary for the management of risks, their complexity and for which s/he holds responsibility	<u>Protective interventions</u> might be:
h) maintains an ongoing accurate record of risks, the actions taken and other investigations that have been put into effect	– advising/requiring other staff to carry out interventions (eg radiation protection)
i) reviews with others the effectiveness of protection plans, any issues with their implementation, and makes the necessary changes as a result.	– assessment and monitoring of systems and cultures
	– assessment and monitoring of the environment
	– assessment and monitoring of the people concerned
	– ongoing contact and follow-up
	– specific interventions/protective measures
	– statutory enforcement to protect people from risks.

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DIMENSION HWB4: ENABLEMENT TO ADDRESS HEALTH AND WELLBEING NEEDS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Help people meet daily health and wellbeing needs
	2 Enable people to meet ongoing health and wellbeing needs
	3 Enable people to address specific needs in relation to health and wellbeing
	4 Empower people to realise and maintain their potential in relation to health and wellbeing
Description	This dimension is about enabling and empowering people of any age – individuals, families and groups – to address their own health and wellbeing needs. This would include such areas as:
	– enabling people to acknowledge and address issues in their lives
	– helping people to develop their knowledge and skills
	– helping people manage their health conditions
	– providing advice and information
	– supporting carers in their caring roles
	– supporting people to live independently
	– supporting people during life events.
	Progression through the levels in this dimension is characterised by:
	– increasingly complex forms of enablement (eg from helping to supporting to facilitating and developing knowledge and skills)
	– increasing complexity of the needs being addressed (eg being able to live independently as compared with undertaking specific daily living activities)
	– increasing knowledge and skills in how to enable people effectively.
Examples of application *These may be relevant to all levels in this dimension*	Health and wellbeing needs may be:
	– emotional
	– mental
	– physical
	– social
	– spiritual.
	Risks to health and wellbeing might arise from:
	– abuse
	– incidents/accidents
	– neglect
	– rapid deterioration of condition or situation
	– self-harm
	– the complexity and range of contributory factors
	– the environment.
	Legislation, policies and procedures may be international, national or local and may relate to:
	– carers
	– children and young people
	– criminal justice
	– disability
	– duty of care
	– education
	– employment
	– human rights
	– mental health
	– mental incapacity
	– vulnerable adults.

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Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* which focuses on effective communication – a key aspect of enablement – *Core 3 Health, safety and security* – maintaining and promoting people's health, safety and security during work with them – *Core 6 Equality and diversity* – which focuses on promoting equality and valuing diversity during work with people and enabling them to do the same – *HWB2 Assessment and care planning to meet health and wellbeing* needs which would set the overall care plan in which this work is undertaken – *G2 Development and innovation* which focuses on testing and developing new and innovative forms of enablement. This dimension is different from dimension: – *HWB5 Provision of care to meet health and wellbeing needs* – which focuses on working with individuals who are dependent on others for meeting some or all of their health and wellbeing needs in the short or long term – *HWB7 Interventions and treatments* which focuses on intervening and treating individuals' physiological and/or psychological needs in the context of the whole person.
Terminology	*Health:* a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (World Health Organisation) *Team* – a group of people who work to achieve a purpose. Teams may work in close proximity to each other or team members might work largely on their own – both types of team contribute to the wider effort of the NHS in improving health and wellbeing and addressing health needs.

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HWB4/Level 1: Help people meet daily health and wellbeing needs	
Indicators	*Examples of application*
The worker:	<u>Activities</u> might include helping people with:
a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for specific <u>activities</u>	– eating and drinking
	– completing forms/writing letters
	– using dressings and applications
b) <u>prepares</u> appropriately for the activity to be undertaken	– taking prescribed medications
c) supports people throughout helping them to meet their own <u>health and wellbeing needs</u> as much as is possible	– maintaining and promoting comfort
	– maintaining cleanliness and physical appearance
	– maintaining interests and relationships
d) undertakes activities as delegated and consistent with <u>legislation, policies and procedures</u>	– mobility
	– personal care
e) promptly alerts the relevant person when there are changes in individuals' health and wellbeing or any possible <u>risks</u>	– social interaction
	and might also include
	– comforting and supporting people
f) records and <u>reports</u> activities and any risks to the relevant person.	– listening to people
	<u>Preparation</u> might include preparing:
	– self
	– the people concerned
	– equipment
	– materials
	– the environment.
	<u>Health and wellbeing needs</u>
	See overview
	<u>Legislation, policies and procedures</u>
	See overview
	<u>Risks to health and wellbeing</u>
	See overview
	<u>Reports</u> might be:
	– in writing
	– verbally
	– by other means

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HWB4/Level 2: Enable people to meet ongoing health and wellbeing needs

Indicators	Examples of application
The worker: a) offers information to the team on how to meet people's <u>health and wellbeing needs</u> and effective ways of doing this based on observations and own experience b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent c) effectively prepares for and undertakes <u>activities to enable people to meet their ongoing needs</u> consistent with the care plan, <u>legislation, policies and procedures</u> d) promptly alerts the team to any <u>risks</u> e) reports and records activities undertaken and how health and wellbeing needs are changing and feeds back on the appropriateness of the activities for the people concerned	<u>Health and wellbeing needs</u> *See overview* <u>Activities to enable people to meet their ongoing needs</u> might include: – acting in the role of a parent or responsible adult – developing children and young people through play – enabling people to take part in prayer and worship and other spiritual activities – helping people back into education – helping people into employment – helping people take part in leisure activities – helping people to take prescribed medicines as in the care plan – helping people understand how to use simple equipment – maintaining individuality and relationships – maintaining mobility and exercising – maintaining social interaction – mentoring – promoting emotional development – promoting intellectual development – promoting people's psychological health and wellbeing – promoting social development – providing learning support – supporting people with their personal care <u>Legislation, policies and procedures</u> *See overview* <u>Risks to health and wellbeing</u> *See overview*

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HWB4/Level 3: Enable people to address specific needs in relation to health and wellbeing

Indicators	*Examples of application*

The worker:
 	
 a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
 	
 b) identifies with the people concerned:
 	
 – goals for the specific activities to be undertaken within the context of their overall care plan and their <u>health and wellbeing needs</u>
     – the forms the activities should take
     – the involvement of other people and/or agencies
     – relevant evidence-based guidelines
 	
 c) <u>enables people to address their specific needs</u> consistent with <u>legislation, policies and procedures</u> acting as a resource as and when they need it
 	
 d) takes the appropriate action to address any issues or <u>risks</u>
 	
 e) reviews the effectiveness of specific activities as they proceed and makes any necessary modifications
 	
 f) provides feedback to the person responsible for the overall care plan on its effectiveness and the health and wellbeing and needs of people
 	
 g) makes accurate records of the activities undertaken and any risks.
	<u>Health and wellbeing needs</u>
	 See overview
	
	 <u>Enabling people to address specific needs</u> might include:
	
	 – accessing specific forms of information and support for people
	 – adapting to disability or illness
	 – addressing specific areas of emotional need
	 – addressing specific areas of intellectual need
	 – addressing specific areas of psychological need
	 – addressing specific areas of social need
	 – advocacy
	 – developing daily living skills
	 – developing skills and knowledge in relation to self care
	 – developing specific mobility skills
	 – enabling people to access information and advice
	 – enabling people to decide what to do after receiving the outcomes of an assessment of their health and wellbeing
	 – encouraging citizenship
	 – managing people's behaviour and that of others
	 – spiritual support
	 – supporting people during specific therapeutic activities
	 – supporting people to take their medicines effectively
	 – using leisure activities for health and wellbeing
	 – using play for specific purposes
	
	 <u>Legislation, policies and procedures</u>
	 See overview
	
	 <u>Risks to health and wellbeing</u>
	 See overview

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HWB4/Level 4: Empower people to realise and maintain their potential in relation to health and wellbeing

Indicators	*Examples of application*
The worker:	Health and wellbeing needs
a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	*See overview*
b) identifies with the people concerned:	Risks to health and wellbeing
– goals for the specific activities to be undertaken within the context of their overall care plan and their complex <u>health and wellbeing needs</u>	*See overview*
– the form different activities should take	<u>Enable people to realise and maintain their potential</u> might include:
– the involvement of other people and/or agencies	– counselling
– relevant evidence-based guidelines	– developing people's mobility
– risks	– empowering individuals to adjust to and manage large scale changes in their lives
c) <u>enables people to realise and maintain their potential</u> in a manner that is consistent with:	– empowering people to develop intellectually
– evidence-based practice	– empowering people to develop their parenting skills
– <u>legislation, policies and procedures</u>	– empowering people to manage their own behaviour where there are complex issues
– the management of risk	– empowering people with complex needs to develop their daily living skills
applying own skills, knowledge and experience and using considered judgment to support people's different needs	– empowering people with complex needs to develop their social skills
d) takes the appropriate action to address any issues or <u>risks</u>	– enabling individuals to become expert in managing their condition/illness/treatment
e) evaluates the effectiveness of work with people and makes any necessary modifications	– giving people support to move on and away from others.
f) provides effective feedback to inform the overall care plan	– providing psychological support
g) makes complete records of the work undertaken, people's health and wellbeing, needs and related risks.	– providing spiritual support when there are specific and complex needs
	Legislation, policies and procedures
	See overview

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DIMENSION HWB5: PROVISION OF CARE TO MEET HEALTH AND WELLBEING NEEDS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Undertake care activities to meet individuals' health and wellbeing needs
	2 Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency
	3 Plan, deliver and evaluate care to meet people's health and wellbeing needs
	4 Plan, deliver and evaluate care to address people's complex health and wellbeing needs
Description	This dimension relates specifically to working with individuals who are dependent on others for meeting some or all of their health and wellbeing needs, and with their carers whose own needs might affect what happens to those individuals. This dependence might be short-term, long term, or intermittent to meet carers' needs dependent on the support structures available.
	The areas of care that would address this dependence include such aspects as:
	– personal care
	– administration and monitoring of medications
	– application of dressings
	– caring for individuals after death
	– ensuring individual's comfort and need for rest
	– monitoring individual's safety and wellbeing
	– palliative and terminal care
	– providing social stimulation and interaction
	– respite care
	– supporting individuals with their nutritional needs
	– supporting people during specific life transitions
	– supporting women during pregnancy, labour, childbirth and the postnatal period
	– the management of pain
	– the provision of equipment, aids and products.
	Progression through the levels in this dimension is characterised by:
	– increasing complexity of needs and associated risks
	– increasingly complex forms of care to address those needs and the associated knowledge and skills
	– increased accountability for whole plans of care rather than aspects within them.

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Examples of application *These may be relevant to all levels in this dimension*	<u>Health and wellbeing needs</u> may be: – emotional health and wellbeing needs – mental health and wellbeing needs – physical health and wellbeing needs – social health and wellbeing needs – spiritual health and wellbeing needs. <u>Risks to health and wellbeing</u> might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – blood transfusion – carers – children – consent – criminal justice – disability – domestic violence – duty of care – education – human rights – medicines – mental health – mental incapacity – vulnerable adults.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – *Core 6 Equality and diversity* – *HWB2 Assessment and care planning to meet health and wellbeing needs* which would set the overall care plan in which this work is undertaken – *G2 Development and innovation* which focuses on testing and developing new and innovative forms of enablement – *G3 Procurement and commissioning* which focuses on commissioning services within which care is delivered. This dimension is different from dimensions: – *HWB1 Promotion of health* and wellbeing and prevention of adverse affects on health and wellbeing – which focuses on the promotion of health and wellbeing rather than caring for people who are dependent in some way – *HWB4 Enablement to address their own health and wellbeing needs* – which focuses on helping people to develop their own knowledge and skills in relation to health and wellbeing and related needs – *HWB7 Interventions and treatments* – which focuses on intervening and treating individuals' physiological and/or psychological needs in the context of the whole person.
Terminology	*Health:* a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (World Health Organisation) *Team* – a group of people who work to achieve a purpose. Teams may work in close proximity to each other or team members might work largely on their own – both types of team contribute to the wider effort of the NHS in improving health and wellbeing and addressing health needs.

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HWB5/Level 1: Undertake care activities to meet individuals' health and wellbeing needs	
Indicators	*Examples of application*
The worker:	Health and wellbeing needs
a) discusses individuals' care plans and their <u>health and wellbeing needs</u> with the care team and understands his/her own role in delivering care to meet those needs	*See overview*
	<u>Preparation</u> might include preparing:
b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the care to be undertaken	– equipment
	– materials
	– self
c) <u>prepares</u> appropriately for the <u>care activities</u> to be undertaken	– the environment
	– the individuals for whom the care is being undertaken.
d) encourages individuals to do as much for themselves as they are able	<u>Care activities</u> might be:
e) undertakes and records care activities as delegated and consistent with <u>legislation, policies and procedures</u>	– collecting pensions and benefits
	– helping care for the deceased
f) promptly alerts the relevant person when there are changes in individuals' health and wellbeing or any possible <u>risks</u>.	– helping people eat and drink
	– helping people maintain their continence
	– helping people to move
	– maintaining and promoting comfort
	– personal care
	– preparing meals
	– preparing people to donate blood
	– specified and delegated clinical and therapeutic activities for that individual
	Legislation, policies and procedures
	See overview
	Risks to health and wellbeing
	See overview

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HWB5/Level 2: Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency

Indicators	Examples of application
The worker: a) discusses individuals' care plans and their <u>health and wellbeing needs</u> with the care team and understands his/her own role in delivering care to meet those needs b) offers information to the team on how to meet people's needs and effective ways of doing this based on observations and own experience c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the care to be undertaken d) prepares for, undertakes and records <u>care activities</u> as delegated and consistent with <u>legislation, policies and procedures</u> and the management of <u>risk</u> e) supports and monitors people throughout enabling them to address their own health and wellbeing as far as it is possible for them to do so f) promptly alerts the relevant person when there are unexpected changes in individuals' health and wellbeing or risks g) provides information to the team on how individuals' needs are changing and feedback on the appropriateness of the care plan for the people concerned.	<u>Health and wellbeing needs</u> *See overview* <u>Care activities</u> include: – administration of medication as prescribed in the care plan – personal care – care of wounds that require simple dressings – extended feeding techniques – bowel and bladder care – passive movements – pressure area care – supporting people during clinical procedures <u>Legislation, policies and procedures</u> *See overview* <u>Risks to health and wellbeing</u> *See overview*

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HWB5/Level 3: Plan, deliver and evaluate care to meet people's health and wellbeing needs	
Indicators	**Examples of application**
The worker:	<u>Health and wellbeing needs</u>
a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	*See overview*
b) identifies with the people concerned:	<u>Care</u> might be to meet:
– goals for the specific activities to be undertaken within the context of their overall care plan and their <u>health and wellbeing needs</u>	– emotional health and wellbeing needs
– the nature of the different aspects of <u>care</u>	– psychological health and wellbeing needs
– the involvement of other people and/or agencies	– psychosocial health and wellbeing needs
– relevant evidence-based practice and/or clinical guidelines	– physical health and wellbeing needs
c) prepares appropriately for the care to be undertaken	– social health and wellbeing needs
d) undertakes care in a manner that is consistent with:	– spiritual health and wellbeing needs
– evidence-based practice and/or clinical guidelines	<u>Legislation, policies and procedures</u>
– multidisciplinary team working	*See overview*
– his/her own knowledge, skills and experience	<u>Risks to health and wellbeing</u>
– <u>legislation, policies and procedures</u>	*See overview*
e) takes the appropriate action to address any issues or <u>risks</u>	
f) reviews the effectiveness of specific activities as they proceed and makes any necessary modifications	
g) provides feedback to the person responsible for the overall care plan on its effectiveness and the health and wellbeing and needs of people	
h) makes accurate records of the activities undertaken and any risks.	

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HWB5/Level 4: Plan, deliver and evaluate care to address people's complex health and wellbeing needs

Indicators	*Examples of application*
The worker:	Health and wellbeing needs
a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	*See overview*
b) identifies with the people concerned:	Care needed to meet people's complex needs might relate to:

– goals for the specific activities to be undertaken within the context of their overall care plan and their complex <u>health and wellbeing needs</u>	– emotional health and wellbeing
	  – psychological health and wellbeing
	  – psychosocial health and wellbeing

– the nature of the different aspects of <u>care needed to meet their complex needs</u>	– physical health and wellbeing – social health and wellbeing
– the involvement of other people and/or agencies	– spiritual health and wellbeing
– relevant evidence-based practice and/or clinical guidelines	Legislation, policies and procedures
– how to manage possible <u>risks</u>	*See overview*
c) undertakes care in a manner that is consistent with:	Risks to health and wellbeing
– evidence-based practice and/or clinical guidelines	*See overview*
– multidisciplinary team working	
– his/her own knowledge, skills and experience	
– <u>legislation, policies and procedures</u>	
applying own skills, knowledge and experience and using considered judgment to meet people's different care needs	
d) takes the appropriate action to address any issues or <u>risks</u>	
e) evaluates the effectiveness of care and makes any necessary modifications	
f) provides effective feedback to inform the overall care plan	
g) makes complete records of the work undertaken, people's health and wellbeing, needs and related risks.	

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DIMENSION HWB6: ASSESSMENT AND TREATMENT PLANNING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Undertake tasks related to the assessment of physiological and/or psychological functioning
	2 Contribute to the assessment of physiological and/or psychological functioning
	3 Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans
	4 Assess physiological and/or psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans
Description	This dimension is about assessing physiological (eg autonomic nervous system, cardio-vascular, gastro-intestinal, musculo-skeletal, respiratory) and/or psychological functioning and any treatment planning associated with this, within the context of that person as an individual. It includes clinical history taking and examination, and a range of tests and investigations, including various forms of imaging and measurement of body structures, and tests of physiological and psychological functioning. It also includes diagnosis and treatment planning.
	It involves interactions using a variety of communication methods with individuals and carers (either face to face or at a distance, eg by telephone) and may require the use of equipment and technology, including computer assisted tools.
	Progression through the levels in this dimension is characterised by:
	– the move from tasks or specific activities to more complex procedures with higher levels of associated risk
	– the move from undertaking delegated tasks to planning assessment, informing diagnoses and the planning of treatment, making diagnoses planning treatment
	– increasing levels of clinical, technical and interpretive skills and knowledge
	– greater complexity in presenting cases and/or the ability to make diagnoses of undifferentiated abnormalities, diseases and disorders.
Examples of application *These may be relevant to all levels in this dimension*	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– carers
	– children
	– consent
	– criminal justice
	– disability
	– equality and diversity
	– health and safety
	– information
	– ionising radiation
	– medicines
	– mental health
	– mental incapacity
	– technology and equipment
	– the practice and regulation of particular professions
	– vulnerable adults.

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Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication:* which covers all forms of communication with individuals, colleagues and others – *Core 3 Health, safety and security:* which focuses on dealing with risks and hazards in the workplace – *Core 6 Equality and diversity:* which focuses on promoting equality and valuing the diversity of everyone – *HWB4 Enablement to address health and wellbeing needs:* which focuses on helping people to manage their health and wellbeing needs themselves – *HWB7 Interventions and treatments* which focuses on intervening and treating individuals as part of an overall treatment plan – *G2 Development and innovation* which focuses on testing and developing new and innovative forms of assessment and related diagnosis – *G3 Procurement and commissioning* which focuses on commissioning services within which assessment, diagnosis and treatment is delivered. This dimension is different from dimensions: – *HWB2 Assessment and care planning:* which focuses on the assessment of the person's needs in the context of their lives, rather than the diagnosis of diseases and disorders causing health deficits and needs – *HWB8 Biomedical investigation and intervention:* which focuses on the testing and analysis of samples and specimens to inform diagnosis and treatment
Terminology	*Treatment plans* – the overall plan of the treatments and/or interventions that individuals will need including any interconnections.

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HWB6/Level 1: Undertake tasks related to the assessment of physiological and/or psychological functioning	
Indicators	***Examples of application***
The worker: a) checks with relevant <u>information sources</u> to confirm the <u>assessment tasks</u> to be undertaken b) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the activities to be undertaken c) <u>prepares</u> appropriately for the task to be undertaken taking into account any <u>risks</u> d) undertakes and records specified tasks correctly, following delegated procedures or established protocols consistent with <u>legislation, policies and procedures</u> e) monitors individuals whilst carrying out tasks and identifies and reports any changes in their health and wellbeing f) reports findings in the appropriate format to the people who need them.	<u>Information sources</u> may be – individual/carer – records/referral details – referral agency/source – supervisor or other senior colleague <u>Assessment tasks</u> might include: – obtaining samples – passing equipment, instruments and materials to the person responsible for the assessment – preparing individuals for assessment activities – preparing environments, equipment and materials for diagnostic procedures – taking measurements – undertaking specific activities with individuals (such as completing a questionnaire or form) <u>Preparation</u> might include preparing: – equipment – materials – self – the environment – the individuals with whom the assessment task is being undertaken. <u>Risks</u> might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. <u>Legislation, policies and procedures</u> *See overview*

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HWB6/Level 2: Contribute to the assessment of physiological and/or psychological functioning	
Indicators	*Examples of application*
The worker:	Activities might include:
a) discusses the assessment to be undertaken with the work team and understands his/her own role in the overall assessment and the <u>activities</u> to be undertaken	– measuring and monitoring body functioning
	– other specific delegated assessment tasks
b) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the assessment to be undertaken	– preparing and passing equipment, instruments and materials to the person responsible for the assessment/diagnostic procedure
c) identifies appropriate methods, techniques and equipment for different <u>activities</u> and individuals and <u>prepares</u> appropriately taking into account any <u>risks</u>	– producing or obtaining images or assisting with this dependent on complexity
	– screening assessments
d) undertakes and records assessment activities as agreed with the care team, following established protocols/procedures and consistent with <u>legislation, policies and procedures</u>	Preparation might include preparing:
	– equipment
	– materials
	– self
e) monitors individuals during assessment activities and takes the appropriate action in relation to any significant changes or possible risks	– the environment
	– the individuals with whom the assessment is being undertaken.
f) reports assessment findings in the appropriate format to the people who need them	Risks might arise from:
	– abuse
g) offers to the team his/her own insights into the health and well-being needs and wishes of the people concerned and makes suggestions on the treatment that might be needed.	– incidents/accidents
	– neglect
	– rapid deterioration of condition or situation
	– self-harm
	– the complexity and range of contributory factors
	– the environment.
	Legislation, policies and procedures
	See overview

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HWB6/Level 3: Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans

Indicators	*Examples of application*
The worker:	Risks might arise from:

a) evaluates relevant information to plan the range and sequence of assessment required and determines:
  – the specific activities to be undertaken
  – the risks to be managed
  – the urgency with which assessments are needed
	– abuse
	– incidents/accidents
	– neglect
	– rapid deterioration of condition or situation
	– self-harm
	– the complexity and range of contributory factors
	– the environment.

b) selects appropriate assessment approaches, methods, techniques and equipment, in line with
  – individual needs and characteristics
  – evidence of effectiveness
  – the resources available
	Assessment approaches, methods, techniques may include
	– taking case history
	– examinations
	– obtaining images
	– tests and measurements

c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	and may be carried out – with others – by self – by others on request
d) prepares for, carries out and monitors assessments in line with evidence based practice, and legislation, policies and procedures and/or established protocols/established theories and models	Legislation, policies and procedures *See overview*
e) monitors individuals during assessments and takes the appropriate action in relation to any significant changes or possible risks	
f) evaluates assessment findings/results and takes appropriate action when there are issues	
g) considers and interprets all of the information available using systematic processes of reasoning to reach a justifiable assessment and explains the outcomes to those concerned	

h) determines and records diagnosis and treatment plans according to agreed protocols/pathways/models that are:
  – consistent with the outcomes of the assessment
  – consistent with the individual's wishes and views
  – include communications with other professions and agencies
  – involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks
  – are consistent with the resources available
  – note people's wishes and needs that it was not possible to meet	

i) monitors and reviews the implementation of treatment plans and makes changes within agreed protocols/pathways/models for clinical effectiveness and to meet people's needs and views	
j) identifies individuals whose needs fall outside protocols/pathways/models and makes referrals to the appropriate practitioners with the necessary degree of urgency.	

HWB6/Level 4: Assess physiological and/or psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans

Indicators	*Examples of application*
The worker:	Assessments may include
a) identifies and evaluates:	– taking case history
– the particular factors which contribute to the complex nature of the cases	– examinations
– evidence from similar cases which may inform the approach to be taken	– obtaining images
– the nature and urgency of the case	– tests and measurements
b) determines and plans the range and sequence of <u>assessments</u> that evidence suggests are most likely to provide answers to the clinical questions, including:	and may be carried out
– the specific activities to be undertaken	– with others
– any modifications to standard procedures/protocols	– by self
– methods, techniques and equipment to be used	– by others on request
– the <u>risks</u> to be managed	<u>Risks</u> might arise from:
c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	– abuse
d) carries out assessments in line with evidence based practice, <u>legislation, policies and procedures</u> and/or established protocols/established theories and models, monitoring individuals and adjusting the approach in the light of arising information and any significant changes or risks	– incidents/accidents
	– neglect
	– rapid deterioration of condition or situation
	– self-harm
	– the complexity and range of contributory factors
	– the environment.
e) considers and interprets all of the information available using systematic processes of reasoning and reaches justifiable conclusions, including the making of a differential diagnosis and the listing and rank of possible alternatives if appropriate, and explains the outcomes to individuals	<u>Legislation, policies and procedures</u> *See overview*
f) develops and records treatment plans that are:	
– appropriate to the clinical context	
– consistent with the outcomes of assessment and the most probable diagnosis	
– identify the risks that need to be managed	
– have clear goals	
– involve other practitioners and agencies as and when necessary	
– are consistent with the resources available	
– note people's wishes and needs that it was not possible to meet	
g) coordinates the delivery of treatment plans feeding in relevant information to support wider service planning	
h) monitors the implementation of treatment plans and makes changes as a result of emerging information	
i) identifies individuals whose needs fall outside own expertise and makes referrals to the appropriate practitioners with the necessary degree of urgency.	

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DIMENSION HWB7: INTERVENTIONS AND TREATMENTS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist in providing interventions and/or treatments 2 Contribute to planning, delivering and monitoring interventions and/or treatments 3 Plan, deliver and evaluate interventions and/or treatments 4 Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness
Description	This dimension is about intervening and treating individuals' physiological and/or psychological needs in the context of the whole person. The interventions and treatments that are undertaken are within an overall treatment plan – the development and monitoring of the overall treatment plan is covered in dimension HWB6. Interventions and treatments may take a variety of forms including ongoing monitoring of the individual's condition to identify a need for possible intervention at a later date. Progression through the levels in this dimension is characterised by: – the move from routine tasks or specific activities to more complex procedures with higher levels of associated risk – increasing levels of clinical and technical skills and knowledge – greater complexity in /seriousness of the conditions being treated.
Examples of application *These may be relevant to all levels in this dimension*	<u>Interventions and treatments</u> may relate to physiological and/or psychological functioning and might include: – advice, explanation and reassurance – application of energy (eg radiation) – application of materials and substances – exercise – extraction/removal – manual treatments – medicines – modification – ongoing monitoring – palliation – psychotherapeutic approaches – rehabilitative approaches – replacement – restoration – supporting and supplementing body functioning – surgery – therapeutics (not included above). <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – carers – children – consent – counselling and therapeutic regulation – criminal justice – disability – equality and diversity – health and safety – information – ionising radiation – medicines – mental health – mental incapacity – the practice and regulation of particular professions – vulnerable adults.

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Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication:* which covers all forms of communication with individuals, colleagues and others – *Core 3 Health, safety and security:* which focuses on dealing with risks and hazards in the workplace – *Core 6 Equality and diversity* – *HWB6 Assessment and treatment planning:* which focuses on assessing and diagnosing problems, conditions and illnesses relating to physiological and psychological functioning – *G2 Development and innovation* which focuses on testing and developing new and innovative forms of treatment and interventions – *G3 Procurement and commissioning* which focuses on commissioning services within which treatment is delivered. This dimension is different from dimensions: – *HWB4 Enablement to address health and wellbeing needs* – which focuses on helping people to address their own and others' needs – *HWB5 Provision of care to meet health and wellbeing needs* – which focuses on caring for people who are dependent in the short or longer term on others to meet their health and wellbeing needs.
Terminology	*Treatment plans* – the overall plan of the treatments and/or interventions that individuals need to address their diseases and/or disorders including any interconnections. The interventions and treatments undertaken within this dimension are within an overall treatment plan – see dimension HWB6.

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HWB7/Level 1: Assist in providing interventions and/or treatments	
Indicators	*Examples of application*
The worker: a) checks with relevant <u>sources of information</u> to confirm the tasks to be undertaken in relation to <u>interventions and/or treatments</u> b) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the activities to be undertaken c) undertakes specified <u>tasks</u> correctly, and in line with <u>legislation, policies and procedures</u> and/or established protocols d) monitors individuals whilst carrying out the tasks and identifies and reports any changes in the individual's health and wellbeing e) records activities and outcomes consistent with <u>legislation, policies and procedures</u>.	<u>Sources of information</u> may be: – individual/carer – records – referral agency/source – supervisor or other colleague – treatment plan <u>Interventions and/or treatments</u> may relate to physical and/or psychological functioning *See overview* <u>Tasks</u> may include: – passing equipment, instruments and materials to the person responsible for the intervention/treatment – preparing individuals for intervention/treatment activities – specified and delegated clinical and therapeutic activities <u>Legislation, policies and procedures</u> *See overview*

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HWB7/Level 2: Contribute to planning, delivering and monitoring interventions and/or treatments	
Indicators	*Examples of application*
The worker:	Interventions and/or treatments may relate to physical and/or psychological functioning
a) discusses the individual's treatment plan and their related condition/illness with the care team and understands his/her own role in delivering interventions and/or treatments within the plan	*See overview*
b) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the interventions and/or treatments to be undertaken	Legislation, policies and procedures *See overview*
c) identifies any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action	
d) prepares for, undertakes and records interventions/treatments correctly, and in line with legislation, policies and procedures and/or established protocols	
e) supports and monitors people throughout promptly alerting the relevant person when there are unexpected changes in individuals' health and wellbeing or risks	
f) provides information to the team on how individuals' needs are changing and feedback on the appropriateness of the individual's treatment plan when there are issues	
g) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency.	

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HWB7/Level 3: Plan, deliver and evaluate interventions and/or treatments	
Indicators	*Examples of application*
The worker:	<u>Interventions and/or treatments</u> may relate to physical and/or psychological functioning
a) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	*See overview*
b) identifies with the individuals concerned:	<u>Legislation, policies and procedures</u>
– goals for the specific activities to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning	*See overview*
	<u>Risks</u> might be from:
– the nature of the different aspects of the <u>intervention/treatment</u>	– abuse
– the involvement of other people and/or agencies	– incidents/accidents
– relevant evidence-based practice and/or clinical guidelines	– neglect
– any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action	– rapid deterioration of condition or situation
	– self-harm
c) prepares appropriately for the intervention/treatment to be undertaken	– the complexity and range of contributory factors
d) undertakes the intervention/treatment in a manner that is consistent with:	– the environment.
– evidence-based practice and/or clinical guidelines/established theories and models	
– multidisciplinary team working	
– his/her own knowledge, skills and experience	
– <u>legislation, policies and procedures</u> and/or established protocols	
e) monitors individuals' reactions to interventions/treatment and takes the appropriate action to address any issues or <u>risks</u>	
f) reviews the effectiveness of the interventions/treatments as they proceed and makes any necessary modifications	
g) provides feedback to the person responsible for the overall treatment plan on its effectiveness and the health and wellbeing and needs of people	
h) makes accurate records of the interventions/treatment undertaken and outcomes	
i) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency.	

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HWB7/Level 4: Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness

Indicators	Examples of application
The worker:	<u>Interventions and/or treatments</u> may relate to physical and/or psychological functioning
a) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	*See overview*
b) identifies with the people concerned:	<u>Legislation, policies and procedures</u>
– goals for the specific <u>interventions/treatments</u> to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning	*See overview*
– the nature of the different interventions/treatments given the complexity of the issues and/or the seriousness of the illness	<u>Risks</u> might be from:
– relevant care pathways	– abuse
– the involvement of other people and/or agencies	– incidents/accidents
– relevant evidence-based practice and/or clinical guidelines/theories and models	– neglect
– any specific precautions or contraindications to the proposed interventions/treatment and takes the appropriate action	– rapid deterioration of condition or situation
– how to manage potential <u>risks</u>	– self-harm
c) undertakes interventions/treatments in a manner that is consistent with:	– the complexity and range of contributory factors
– evidence-based practice and/or clinical guidelines/theories and models	– the environment.
– multidisciplinary team working	
– his/her own knowledge, skills and experience	
– <u>legislation, policies and procedures</u>	
applying own skills, knowledge and experience and using considered judgment to meet individual's complex needs	
d) takes the appropriate action to address any issues or risks	
e) evaluates the effectiveness of the interventions/treatments and makes any necessary modifications	
f) provides effective feedback to inform the overall treatment plan	
g) makes complete records of the interventions/treatments undertaken, people's health and wellbeing, needs and related risks	
h) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency.	

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DIMENSION HWB8: BIOMEDICAL INVESTIGATION AND INTERVENTION

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Undertake tasks to support biomedical investigations and/or interventions
	2 Undertake and report on routine biomedical investigations and/or interventions
	3 Plan, undertake, evaluate and report biomedical investigations and/or interventions
	4 Plan, undertake, evaluate and report complex/unusual biomedical investigations and/or interventions
Description	This dimension relates to investigations and interventions carried out on specimens and/or samples taken from individuals (such as blood, body tissues) and on environmental specimens and potential toxins. This may be for the purpose of diagnosing a condition or illness, monitoring an individual's condition, determining appropriate treatment, or may be part of the treatment itself.
	This work will mostly be undertaken in laboratory settings, though may sometimes be carried out at the point of care.
	Progression through the levels in this dimension is characterised by:
	– increasing complexity and range of the tasks and procedures involved
	– greater clinical, technical, scientific and analytical knowledge and skills
	– increasing complexity of the facts and situations which must be taken into account in planning and evaluating procedures
	– increasing contact and liaison with individuals/clients and other practitioners.
Examples of application *These may be relevant to all levels in this dimension*	<u>Biomedical investigations and interventions</u> might focus on components of:
	– organs
	– tissues
	– cells
	– biological fluids
	– foreign organisms.
	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– equality and diversity
	– health and safety
	– information
	– ionising radiation
	– substances hazardous to health
	– the practice and regulation of particular professions.
Links to other KSF dimensions	This dimension is supported by:
	– *Core 3 Health, safety and security:* covers dealing with risks and hazards in the workplace
	– *Core 6 Equality and diversity:* covers promoting equality and valuing diversity
	– *G2 Development and innovation* which focuses on testing and developing new and innovative forms of enablement
	– *IK2 Information collection and analysis* covers analysis and interpretation of data and information
	This dimension contrasts with:
	– *HWB6 Assessment and treatment planning* which focuses on assessing physiological and/or psychological functioning
	– *HWB7 Interventions and treatments* which focuses on direct work with individuals including decisions to take specimens and samples of body systems and structures

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HWB8/Level 1: Undertake tasks to support biomedical investigations and/or interventions	
Indicators	*Examples of application*
The worker:	Sources of information may be:
a) checks with relevant sources of information to confirm the tasks to be undertaken to support biomedical investigations and interventions	– individual record/request details
	– supervisor or other colleague
b) checks and confirms the identify and quality of specimens/samples at all relevant stages in line with established procedures and protocols	Tasks may include:
	– arranging transport for specimens/samples
	– collecting food, water and environmental specimens/samples
c) handles and deals with specimens/samples in a way which:	– disposing of specimens/samples
– is consistent with the indicated degree of risk or urgency	– labelling specimens/samples
– maintains the required quality and integrity	– packing specimens/samples
– maintains their unique identification and their links to relevant records/documentation	– performing routine tests under supervision
	– preparing specimens/samples
– is appropriate to the nature and stage of the investigation/intervention	– receiving specimens/samples
– is appropriate to the nature and condition of the sample	– sorting specimens/samples
	– storing specimens/samples
d) follows established procedures and protocols regarding the nature, sequence and timing of activities to correctly complete required tasks	Biomedical investigations and interventions
	See overview
e) takes the appropriate action in the case of incidents which put health and safety of self, colleagues, individuals or the quality of specimens at risk	Legislation, policies and procedures
	See overview
f) complies with legislation, policies and procedures.	

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HWB8/Level 2: Undertake and report on routine biomedical investigations and/or interventions

Indicators	*Examples of application*
The worker:	Information sources may be:
a) confirms with relevant <u>information sources</u>:	– individual records/request details
– the nature and purpose of the routine <u>biomedical investigations/interventions</u> required	– person responsible for overall planning of the work
– any particular factors to take into account	<u>Biomedical investigations and interventions</u>
and selects appropriate methods, techniques, processes and equipment	*See overview*
b) checks and confirms the identify and quality of specimens/samples at all relevant stages in line with established procedures and protocols	<u>Legislation, policies and procedures</u>
c) handles and deals with specimens/samples in a way which:	*See overview*
– is consistent with the indicated degree of risk or urgency	
– maintains the required quality and integrity	
– maintains their unique identification and their links to relevant records/documentation	
– is appropriate to the nature and stage of the investigation/intervention	
d) follows established procedures and protocols regarding the nature, sequence and timing of activities to correctly complete required tasks	
e) assesses the process and outcomes of investigations/interventions using the correct quality control criteria and takes the appropriate action with regard to anomalous results	
f) reports findings in the appropriate format to the people who need them	
g) takes the appropriate action in the case of incidents which put health and safety or the quality of specimens at risk	
h) complies with <u>legislation, policies and procedures</u>.	

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HWB8/Level 3: Plan, undertake, evaluate and report biomedical investigations and/or interventions

Indicators	Examples of application
The worker:	Biomedical investigations and interventions
a) evaluates relevant information to plan the range and sequence of <u>biomedical investigations/interventions</u> required and determines:	*See overview*
– <u>the specific procedures to be undertaken</u>	The specific procedures to be undertaken may be carried out:
– unusual aspects of cases (including any particular risks)	– by others
– the urgency with which procedures need to be carried out	– by self
– relevant <u>legislation, policies and procedures</u>	Legislation, policies and procedures
b) selects appropriate methods, techniques, equipment and analytical methods, in line with the <u>resources</u> available and evidence of effectiveness	*See overview*
c) carries out and monitors investigations/interventions in line with established procedures and <u>protocols</u>, taking the appropriate action in the case of incidents which put at risk health and safety or the quality of specimens	Resources may include:
	– facilities/equipment
	– finance
	– staff expertise
	– staff numbers
	– time
d) evaluates the outcomes of investigations/interventions and takes appropriate action in relation to anomalous or poor quality results or insufficient information	Protocols may be in relation to:
e) collates and interprets findings and outcomes and reports them to relevant colleagues in the appropriate format, clearly stating any limitations	– individual and specimen identity
	– recording and checking outcomes
	– specimen/sample quality and integrity
f) provides valid information, advice and recommendations in relation to diagnosis, prognosis, treatment and individual management.	– the nature, sequence and timing of investigation/intervention processes
	– use of equipment

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HWB8/Level 4: Plan, undertake, evaluate and report complex/unusual biomedical investigations and/or interventions

Indicators	Examples of application
The worker:	Biomedical investigations and interventions
a) identifies and evaluates:	*See overview*
– the particular factors which contribute to the complex or unusual nature of the <u>biomedical investigation and/or intervention</u>	Legislation, policies and procedures
– evidence from similar cases which may inform the approach to be taken	*See overview*
– relevant <u>legislation, policies and procedures</u>	<u>Issues</u> may include:
– other relevant <u>issues</u> to be taken into account	– resources available
b) determines and plans the range and sequence of investigations/interventions appropriate to the specimens/samples under investigation and consistent with evidence-based practice, including	– the urgency with which the investigation/intervention is needed
– the specific procedures to be undertaken	<u>Further action</u> may include:
– any modifications to standard processes	– additional tests/interventions/forms of analysis
– methods, techniques, equipment and analytic methods to be used	– referral to other disciplines/practitioners
c) carries out and monitors investigations/interventions in line with established or modified procedures and protocols, taking the appropriate action in the case of incidents which threaten the health and safety of self, colleagues or individuals or the quality of specimens	
d) evaluates the outcomes of individual procedures and investigations/interventions as a whole to determine the success of the approaches adopted and any further action required	
e) liaises with relevant colleagues at appropriate stages of planning, monitoring and evaluation	
f) collates and interprets findings and outcomes for complex/unusual cases and reports them to relevant colleagues in the appropriate format, clearly stating any limitations	
g) provides information, advice and recommendations on diagnosis, prognosis, treatment and individual management based on the findings and outcomes	

DIMENSION HWB9: EQUIPMENT AND DEVICES TO MEET HEALTH AND WELLBEING NEEDS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist in the production and/or adaptation of equipment and devices
	2 Produce and/or adapt equipment and devices to set requirements
	3 Design, produce and adapt equipment and devices
	4 Design, produce and adapt complex/unusual equipment and devices
Description	This dimension is about designing and producing equipment and devices to meet people's assessed health and wellbeing needs.
	The equipment and devices may be:
	– built/made from raw materials
	– assembled from pre-made components
	– customised (ie adapted from a standard item)
	– custom-made (ie specifically designed and developed for an individual).
	Equipment and devices which are selected from a pre-existing range of items and which do not require significant configuration or programming for use with individuals would not be relevant to this dimension (eg pre-made splints and false limbs of different sizes, standard wheelchairs).
	Progression through the levels in this dimension is characterised by:
	– the move from routine tasks related to a specific part of the design/production process to involvement in all stages of the process
	– greater complexity in the item to be produced and/or the needs to be met, involving more original design and less adaptation of existing solutions
	– increasing levels of clinical and technical knowledge and skills
	– increasing levels of knowledge and skills about the effect that beliefs, culture and religion have on the choices that people make about how to address their health and wellbeing needs
	– increasing contact with the individuals who use the equipment and/or devices and with others involved in addressing their health and wellbeing needs.
Examples of application *These may be relevant to all levels in this dimension*	<u>Equipment</u> includes:
	– adaptive systems for daily living
	– environmental adaptations
	– systems to provide remote care (telecare)
	– wheelchairs.
	<u>Devices</u> include:
	– dispensing devices
	– electronic assistive devices that require configuration/programming (eg environmental controllers, voice output communication aids, computer access technology)
	– orthoses (including oral orthoses)
	– prostheses (including oral prostheses).
	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– copyright and patent
	– equality and diversity
	– health and safety
	– information
	– medical devices
	– medicines and their administration
	– product liability
	– religion and beliefs
	– substances hazardous to health.

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Links to other KSF dimensions	This dimension is supported by:
	– *Core 2 Personal and people development* which focuses on developing users in the use and maintenance of equipment and devices
	– *Core 3 Health, safety and security* which focuses on dealing with hazards and risks
	– *Core 6 Equality and diversity* which focuses on promoting people's rights and the responsibilities which we have to do this
	– *G3 Procurement and commissioning* which focuses on the procurement of materials and components, and commissioning of outside services (eg to manufacture devices)
	– *G5 Services and project management* which focuses on coordinating design and production activities
	– *HWB2 Assessment and care planning* which focuses on the assessment of the person's needs in the context of their lives
	– *HWB6 Assessment and treatment planning* which focuses on assessment in relation to physiological and/or psychological functioning in the context of the whole person.
	This dimension is different from dimensions:
	– *EF1 Systems*, vehicles and equipment which focuses on the maintenance and repair of equipment
	– *G2 Development and innovation* which focuses on the development of innovative methods, techniques, products, equipment and practices for widespread application, rather than to meet an individual's particular needs
	– *HWB10 Products to meet health and wellbeing needs* which focuses on the development of products rather than equipment and devices.
Terminology	*Item:* the term item has been used within some of the indicators/examples of application – it refers to a particular piece of equipment and/or device that is being produced.

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HWB9/Level 1: Assist in the production and/or adaptation of equipment and devices	
Indicators	**Examples of application**
The worker:	Equipment:
a) checks with relevant <u>information sources</u> to confirm the tasks to be undertaken in the production and/or adaptation of <u>equipment</u> and <u>devices</u>	*See overview*
	Devices:
	See overview
b) identifies, selects and prepares the correct materials, components and production equipment	<u>Information sources</u> may be
c) handles and uses materials and components in a way which maintains their quality	– order
	– prescription
d) identifies and reports any problems with materials, components or production equipment	– supervisor or other colleague
e) undertakes set tasks	<u>Legislation, policies and procedures</u>
– effectively	*See overview*
– to time	
– consistent with <u>legislation, policies and procedures</u>.	

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HWB9/Level 2: Produce and/or adapt equipment and devices to set requirements	
Indicators	*Examples of application*
The worker:	Equipment:
a) confirms with relevant <u>information sources</u>:	*See overview*
– the nature of the <u>equipment</u> and/or <u>device</u> required	Devices:
– any particular factors to take into account	*See overview*
and selects appropriate materials/components, techniques, processes and production equipment	<u>Information sources</u> may be
b) produces and adapts the item consistent with requirements, handling materials and components in a way which maintains their quality	– design specification
	– order
c) identifies any problems or anomalies with materials, components, production equipment or set requirements and takes the appropriate action	– prescription
	– records for the person for whom the equipment and/or device is being produced
d) checks and confirms that finished items meet set requirements and relevant quality criteria	– supervisor or other colleague
e) undertakes the work consistent with <u>legislation, policies and procedures</u>.	<u>Legislation, policies and procedures</u>
	See overview

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HWB9/Level 3: Design, produce and adapt equipment and devices	
Indicators	*Examples of application*
The worker:	Equipment: *See overview*
a) obtains, collates and evaluates relevant information to support the design and production process	Devices: *See overview*
b) assesses the feasibility of designing and producing the request/prescription and reports any potential problems to the appropriate people	Legislation, policies and procedures *See overview*
c) develops for the identified equipment and/or device: – detailed design specifications to meet identified needs that are consistent with legislation, policies and procedures and take all relevant issues into account – realistic and justifiable designs which meet the specification	Relevant issues may include – availability of standard items/components which can be adapted or assembled to meet needs – clinical, personal and environmental factors – manufacturing constraints – resources available – safety and risk factors – technical issues
d) manufactures and adapts items consistently with their design, handling materials and components in a way which maintains their quality	
e) checks and confirms that finished items are fit for purpose, conform to designs and meet relevant quality criteria	Clients may be: – the person/people for whom the equipment and/or device is being supplied
f) supplies items to clients advising them on their use and maintenance	– the person/people who prescribed/requested the equipment and/or device
g) monitors the effectiveness of items in meeting identified needs and makes appropriate modifications.	– other interested parties

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HWB9/Level 4: Design, produce and adapt complex/unusual equipment and devices	
Indicators	*Examples of application*
The worker:	Equipment:
a) obtains, collates and evaluates relevant information to support the design and production process, identifying the complex or unusual aspects of cases	*See overview*
	Devices:
	See overview
b) assesses the feasibility of designing and producing the request/prescription and resolves any potential problems with the appropriate people	Legislation, policies and procedures
	See overview
c) develops for the identified equipment and/or device:	Relevant issues may include
– detailed design specifications to meet identified needs that are consistent with legislation, policies and procedures and take all relevant issues into account	– availability of standard items/components which can be adapted or assembled to meet needs
– realistic and justifiable designs which meet the specification	– clinical, personal and environmental factors
d) produces and tests trial models/prototypes to check the suitability of the design and makes appropriate modifications	– manufacturing constraints
	– resources available
e) determines, implements and monitors appropriate means of production	– safety and risk factors
	– technical issues – including new/emerging technology which may be of benefit
f) makes and adapts items consistently with the design, handling materials and components in a way which maintains their quality and following established procedures and protocols	Means of production may include
	– external manufacturer
	– in house workshop
g) checks and confirms that finished items are fit for purpose, conform to designs and meet relevant quality criteria	– self or others in own team
h) liaises with relevant colleagues and clients at appropriate stages of the design and production process	Clients may be:
	– the person/people for whom the equipment and/or device is being supplied
i) supplies items to clients advising them on their use and maintenance	– the person/people who prescribed/requested the equipment and/or device
j) gathers feedback on the effectiveness of items in meeting identified needs and responds appropriately.	– other interested parties

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DIMENSION HWB10: PRODUCTS TO MEET HEALTH AND WELLBEING NEEDS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Prepare simple products and ingredients
	2 Prepare and supply routine products
	3 Prepare and supply specialised products
	4 Support, monitor and control the supply of products
Description	This dimension is about the preparation and supply of different products that are needed to promote people's health and wellbeing and meet people's health and wellbeing needs.
	Activities covered would include
	– preparing and maintaining environments and equipment (with particular reference to standards of hygiene or decontamination/asepsis)
	– preparing, combining and processing ingredients (raw or processed) or product components (selecting and analysing materials, calculating or measuring quantities, using approved processing methods and procedures)
	– dispensing, issuing, presenting or supplying finished products, checking their quality and suitability and providing appropriate advice or information about their use
	– monitoring and checking the supply of products, and advising on appropriate products for particular needs.
	Progression through the levels in this dimension is characterised by:
	– increasing complexity of the products concerned, from routine and simple products to more specialised and complex ones
	– a greater range of activities, from simple preparation, to more complex processing, to monitoring product supply and advising on appropriate products for particular needs
	– greater knowledge and skills regarding production and processing techniques, the range of products available, and their suitability for different needs.
Examples of application *These may be relevant to all levels in this dimension*	Products include:
	– blood components and products
	– food and drink
	– medicines
	– nutritional products and supplements
	– other products used in the assessment and treatment of needs related to health and wellbeing (eg diagnostic agents).
	Legislation, policies and procedures may be international, national or local and may relate to:
	– blood transfusion
	– food safety and handling
	– health and safety
	– hygiene
	– information
	– ionising radiation
	– medicines
	– pharmaceutical manufacture and distribution
	– product liability
	– substances hazardous to health.

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Links to other KSF dimensions	This dimension is supported by:
	– *Core 3 Health, safety and security* which focuses on dealing with hazards and risks
	– *EF1 Systems, vehicles and equipment* which focuses on maintaining, monitoring and development all types of equipment and this might be an essential part of the preparation for this area of work
	– *G3 Procurement and commissioning* which focuses on the procurement of materials and ingredients
	– *G5 Services and project management* which focuses on coordinating the work of a service (eg catering management)
	This dimension is different from dimension:
	– *HWB9 Equipment and devices to meet health and wellbeing needs* – which focuses on the production of equipment and devices such as adaptive systems, environmental adaptations rather than products.
Terminology	*Service user* – the person for whom a product is being prepared (eg a patient or client) and/or a person contributing to a service (eg a donor).

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HWB10/Level 1: Prepare simple products and ingredients	
Indicators	*Examples of application*
The worker:	Information sources may be
a) checks with relevant <u>information sources</u> to confirm the <u>preparation tasks</u> to be undertaken	– electronic
	– instructions
b) prepares and uses equipment and work areas correctly in line with established procedures	– prescription/order
	– supervisor or other colleague
c) obtains the correct amount and type of products and ingredients and confirms their quality	– verbal request
	– work plan/recipe
d) prepares simple <u>products</u> and ingredients according to instructions and in a way which	<u>Preparation tasks</u> may include:
– maintains their quality	– analysing/assessing raw products to confirm their nature and quality
– is consistent with <u>legislation, policies and procedures</u>	– assembly and packing of ready-to-use items
– minimises risks to self, others and the work environment	– assembly of ingredients for further processing by others
e) confirms that prepared items meet requirements, <u>places them in the correct conditions and location for the next stage of use</u>, together with any required labels, information and <u>sundries</u>	– assisting with basic preparation of medicines
	– basic food and drink preparation
	– basic presentation and service of food and drink
f) identifies and reports any problems with ingredients, products, preparation equipment or work areas	– selecting and collecting ingredients/components
	– using/managing information technology.
g) cleans and restores equipment and work areas, leaving them in a suitable condition for future use	<u>Products</u> might include:
	See overview
	<u>Placing items in correct conditions and location for the next stage of use</u> may be:
	– giving them to users of the service
	– placing them ready for further processing
	– storing for future use
	<u>Sundries</u> may be:
	– cutlery, crockery, serviettes etc
	– devices for administering medicines.
	<u>Legislation, policies and procedures</u>
	See overview

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HWB10/Level 2: Prepare and supply routine products	
Indicators	***Examples of application***
The worker:	Information sources may be:
a) confirms with relevant <u>information sources</u>:	– electronic
- the nature of the <u>product</u> required	– formula
- any particular factors to take into account	– instructions
b) selects appropriate	– labels
- techniques and processes	– prescription
- equipment and work areas	– recipe
- components/ingredients	– supervisor or other colleague
and prepares, checks and uses them correctly in line with established procedures	– work plan
c) calculates or measures the correct quantities of components/ingredients and assembles, combines and processes them correctly and in a way which	<u>Products</u> might include the routine aspects of:
- maintains their quality	– blood components and products (eg red cells, platelet concentrates, fresh frozen plasma, cryoprecipitate, autologous blood, stem cells)
- is consistent with <u>legislation, policies and procedures</u>	– food and drink (eg food and drink prepared, presented and served in bulk)
- minimises risks to self, others and the work environment	– medicines (eg batch prepared)
d) confirms that prepared items meet requirements and quality criteria	– nutritional products and supplements
e) <u>places items in the correct conditions and location for the next stage of use</u>, together with any required labels and information, according to established protocols	– other products used in the assessment and treatment of needs related to health and wellbeing (eg diagnostic agents)
f) identifies any problems or anomalies with work areas, equipment, components/ingredients or initial instructions/requirements and takes the appropriate action	– using/managing information technology.
g) cleans and restores equipment and work areas, leaving them in a suitable condition for future use.	<u>Placing items in correct conditions and location for the next stage of use</u> may be:
	– placing them ready for further processing
	– storing for future use
	– supplying to colleagues
	– supplying to users of the service
	<u>Legislation, policies and procedures</u>
	See overview

APPENDIX 2: DIMENSION HWB10: PRODUCTS TO MEET HEALTTH AND WELLBEING NEEDS
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HWB10/Level 3: Prepare and supply specialised products	
Indicators	*Examples of application*
The worker:	<u>Products</u> might include the specialised aspects of:
a) confirms the validity and appropriateness of <u>requests for specialised products</u> and reports any concerns	– blood components and products (eg washed platelets, washed red cells, products for neonates, products for individuals with specific health needs)
b) obtains, collates and evaluates relevant information on the specific requirements which the product must meet	– food and drink (eg to meet specific nutritional or cultural requirements and/or prepared, presented and served individually to order)
c) assesses the feasibility of preparing products to meet the requirements and reports any potential problems to the appropriate people	– medicines (eg extemporaneous preparations, aseptic products, radiopharmaceuticals, medicines tailored for specific patients)
d) selects the correct	– nutritional products and supplements (eg parenteral feeding solutions)
– techniques and processes	– other products used in the assessment and treatment of needs related to health and wellbeing (eg diagnostic agents)
– work areas and equipment	
– components/ingredients	<u>Requests for specialised products</u> may be
and prepares, checks and uses them correctly in line with established procedures	– electronic
e) accurately calculates or measures the correct quantities of components/ingredients and combines and processes them correctly and in a way which	– prescriptions
- maintains their quality	– other requests/orders
- is consistent with <u>legislation, policies and procedures</u>	<u>Placing items in correct conditions and location for the next stage of use</u> may be:
- minimises risks to self, others and the work environment	– placing them ready for further processing
f) monitors the preparation environment and process and takes immediate action in the case of untoward incidents which could jeopardise quality or health and safety	– storing for future use
g) confirms that prepared items meet specific requirements and quality criteria and <u>places them in the correct conditions and location for the next stage of use</u>, together with any required labels and information, according to established procedures	– supplying them to users of the service
	– supplying them to colleagues
h) cleans and restores equipment and work areas, leaving them in a suitable condition for future use	<u>Legislation, policies and procedures</u>
	See overview

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HWB10/Level 4: Support, monitor and control the supply of products	
Indicators	**Examples of application**
The worker:	Product options might include consideration of the different forms and amounts of:
a) obtains, collates and evaluates relevant information on health and wellbeing needs	– blood components and products
b) evaluates product options and their methods of delivery and determines those which will best meet assessed needs, taking account of all relevant factors	– food and drink
	– medicines
	– nutritional products and supplements
c) provides information, advice and support on products and methods of delivery, explaining clearly the associated benefits and risks	– other products used in the assessment and treatment of needs related to health and wellbeing
	Relevant factors may include:
d) confirms the validity, accuracy, safety and appropriateness of requests for products and takes the appropriate action if there are concerns	– any particular risks that need to be managed
	– evidence of effectiveness
	– the condition and characteristics of the user of the service
e) monitors the quantity and quality of supplied products to confirm that they meet specified requirements and all relevant legislation, policies and procedures	– the service user's previous use of similar or related products
	– the resources available
f) gathers feedback on the effectiveness of products in meeting identified needs and takes the appropriate action in response.	Information, advice and support may be given to:
	– the person/people for whom the product is being supplied
	– the person/people who requested the product
	– other interested parties.
	Requests for products may be:
	– prescriptions
	– other requests/orders
	Monitoring the quality might include:
	– comparison with specification/prescription
	– observation
	– sampling
	– testing
	Legislation, policies and procedures
	See overview
	Appropriate action might include:
	– alerting suppliers to faulty materials
	– contacting those specifying product requirements
	– evaluating quantity against demand and feeding back into production process.

DIMENSION EF1: SYSTEMS, VEHICLES AND EQUIPMENT

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Carry out routine maintenance of simple equipment, vehicle and system components 2 Contribute to the monitoring and maintenance of systems, vehicles and equipment 3 Monitor, maintain and contribute to the development of, systems, vehicles and equipment 4 Review, develop and improve systems, vehicles and equipment
Description	This dimension is about maintaining, monitoring and developing all types of systems, vehicles and equipment. It includes a wide range of activities, such as: – routine maintenance, repairs and servicing – quality assurance checks and tests – setting up equipment for use – setting and monitoring performance standards – diagnosing and remedying faults – planning and developing improvements, including modifications and upgrading. Progression through the levels in this dimension is characterised by: – working with increasingly complex systems, vehicles and equipment – dealing with a wider range and greater complexity of faults and problems and their associated symptoms, causes, diagnosis and repair – applying knowledge and skills to more complex activities (from routine maintenance, through diagnosis and fixing of faults, to development).
Examples of application *These may be relevant to all levels in this dimension*	<u>Systems, vehicles and equipment</u> might be: – equipment and systems within buildings (eg heating and lighting) – information and communication technology (ICT) systems (including hardware, software and networks) – equipment used to assess and address health and wellbeing needs – equipment used to maintain environments – equipment used in the preparation of products and manufacture of equipment and devices – vehicles used for the direct or indirect delivery of health and social care (eg ambulances, fleet cars) including maintenance, bodywork and auto-electrics. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – buildings – clinical negligence – data protection – gas installation – governance – health and safety – information – product liability – road transport.
Links to other KSF dimensions	This dimension is supported by: – *Core 3 Health, safety and security:* covers safe working procedures and security of information – *Core 5 Quality:* covers governance of various sorts – *EF2 Environments and buildings:* covers the maintenance and improvement of facilities – *G3 Procurement and commissioning* of new items of equipment, systems and related services – *G5 Services and project management* covers areas such as the development of maintenance schedules and monitoring procedures, coordination of maintenance activity and management of design projects. This dimension is different from: – *G2 Development and innovation* – which focuses on the design and testing of new and innovative systems and equipment.

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EF1/Level 1: Carry out routine maintenance of simple equipment, vehicle and system components	
Indicators	*Examples of application*

The worker:
 	
a) correctly follows <u>routine maintenance</u> schedules and procedures for the components of <u>systems, vehicles and equipment</u>
 	
b) correctly identifies simple faults in the system/vehicle/equipment and takes the appropriate action to remedy them
 	
c) correctly and safely prepares, uses, cleans and stores equipment, tools and materials
 	
d) carries out activities in a way which
 	
  – causes minimum disruption to users
 	
  – minimises risks to self, others and the work environment
 	
  – is consistent with <u>legislation, policies and procedures</u>
	<u>Routine maintenance</u> might include:
	– cleaning
	– component maintenance
	– simple repairs
	
	<u>Systems, vehicles and equipment</u>
	See overview
	
	<u>Legislation, policies and procedures</u>
	See overview

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EF1/Level 2: Contribute to the monitoring and maintenance of systems, vehicles and equipment

Indicators	*Examples of application*

The worker:
 	
 a) correctly follows routine maintenance schedules and procedures for <u>systems, vehicles and equipment</u>
 	
 b) accesses readily available and relevant technical data to inform testing, servicing, diagnosis or repair
 	
 c) accurately tests systems, vehicles and equipment and identifies any deviations from required performance standards, together with their likely causes
 	
 d) determines and implements appropriate <u>remedial action</u> to deal with performance problems
 	
 e) takes the <u>appropriate action</u> if a fault cannot be resolved
 	
 f) correctly and safely installs and integrates system/vehicle/equipment components
 	
 g) carries out activities in a way which:
    - causes minimum disruption to users
    - complies with any relevant service agreements/maintenance contracts
    - is consistent with <u>legislation, policies and procedures</u>
	<u>Monitoring and maintenance</u> may be:
	 – corrective
	 – preventative
	 – to improve performance
	 and may include
	 – adjusting/upgrading
	 – fault diagnosis and repair
	 – installing new components
	 – servicing
	 – testing
	 – upgrading components
	
	 <u>Systems, vehicles and equipment</u>
	 See overview
	
	 <u>Remedial action</u> to deal with performance problems might include:
	 – adjusting systems/vehicles/equipment to improve performance
	 – repairing faults
	 – replacing/replenishing consumables
	
	 <u>Appropriate action</u> if a fault cannot be resolved might include:
	 – reporting the fault for further investigation/repair
	 – requesting specialist assistance
	 – withdrawing the problem item from use
	
	 <u>Legislation, policies and procedures</u>
	 See overview

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EF1/Level 3: Monitor, maintain and contribute to the development of systems, vehicles and equipment	
Indicators	*Examples of application*
The worker:	Systems, vehicles and equipment
a) correctly carries out regular maintenance of complex <u>systems, vehicles and equipment</u> consistent with <u>legislation, policies and procedures</u>	*See overview*
	Legislation, policies and procedures
b) establishes the standards of performance expected of systems/vehicles/equipment and gathers enough <u>information</u> to monitor their ongoing performance	*See overview*
	<u>Information</u> on performance may be gathered via:
c) promptly and accurately identifies problems with performance of systems/equipment and makes an appropriate diagnosis of their nature and cause	– calibration – communication with users – ongoing observation/recording – specifications/bulletins
d) accesses specialist advice and information to help with diagnosis and remedy of problems	– specific tests/checks
e) determines and implements the most appropriate <u>remedy</u> to the problem, taking account of any relevant <u>factors</u>	<u>Remedies</u> may be: – adjust, modify or upgrade the system/equipment (or some of its component parts or processes)
f) correctly and safely installs and integrates new systems/ vehicles/equipment, handing over to users with full guidance and support	– advise on the need for a replacement system/vehicle/equipment – calibration of equipment – carry out repairs
g) offers information to colleagues on how systems/ vehicles/equipment should be developed to better meet user needs.	– decommissioning and disposing of systems/vehicles/equipment – delegate repair work to another member of the team – improve guidance/information/support to users – influence levels of demand or patterns of use – remove system/ vehicles/ equipment from use pending repair or replacement – request specialist assistance
	<u>Factors</u> may include: – compatibility – cost effectiveness – ease of implementation – environmental issues – needs and wishes of specific individuals and groups – resource and skill availability – service agreements/contracts – service impact – standards – timescales

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EF1/Level 4: Review, develop and improve systems, vehicles and equipment

Indicators	*Examples of application*
The worker:	<u>Systems, vehicles and equipment</u>
a) gathers and analyses sufficient information to:	*See overview*
– evaluate current performance and capacity of <u>systems, vehicles and equipment</u>	<u>Ways of improving</u> may be:
– identify current problems/issues	– adjust, modify or upgrade systems/ vehicles/ equipment (or some of their component parts or processes)
– predict future needs	– decommission
– assess the capacity of systems/ vehicles/ equipment to meet future needs	– improve guidance/information/support to users
– identify possible solutions	– influence levels of demand or patterns of use
b) determines appropriate <u>ways of improving</u> the ability of systems/vehicles/equipment to meet current and future needs	– procure a replacement system/ vehicle/ equipment
c) produces realistic and justifiable proposals for improving the systems/vehicle/equipment which take account of:	– specify repairs to be carried out
– all relevant <u>factors</u>	<u>Legislation, policies and procedures</u>
– <u>legislation, policies and procedures</u>	*See overview*
d) develops, tests and finalises proposed improvements	<u>Factors</u> may include:
e) implements improvements once they have been agreed with the relevant people ensuring that users are given the appropriate support	– compatibility
f) monitors and evaluates the effectiveness of improvements to systems/vehicle/equipment.	– cost effectiveness
	– ease of implementation
	– environmental issues
	– needs and wishes of specific individuals and groups
	– resource and skill availability
	– service agreements/contracts
	– service impact
	– standards
	– timescales

DIMENSION EF2: ENVIRONMENTS AND BUILDINGS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist with the maintenance and monitoring of environments, buildings and/or items 2 Monitor and maintain environments, buildings and/or items 3 Monitor, maintain and improve environments, buildings and/or items 4 Plan, design and develop environments, buildings and/or items
Description	This dimension is about maintaining, monitoring, designing and developing environments and buildings. This includes structures and grounds (both hard and soft landscapes) and the content of structures and grounds – furnishings/fittings, accommodation, reusable items (eg linen and garments). It includes a wide range of activities such as: monitoring and maintaining the security of environments and buildings; cleaning and tidying, gardening, repairs, and refurbishment; identifying and addressing problems; setting and monitoring standards; planning and designing improvements. Maintaining, monitoring and improving environments and buildings is a crucial area of work due to the impact it has on users of services and their experience of the service. Progression through the levels in this dimension is characterised by – increasing complexity of activity ie moving from maintenance and monitoring through to the improvement and development of environments and buildings – an increasing scope and range of work ie moving from one specific activity or area to involvement in all aspects of a site, environment or building – greater technical skills and knowledge related to the function and construction of environments and facilities, their component parts and how different aspects inter-relate
Examples of application *These may be relevant to all levels in this dimension*	Legislation, policies and procedures may be international, national or local and may relate to: – buildings – data protection – disability discrimination – health and safety – housing and tenancy – security – substances hazardous to health – use of chemicals.
Links to other KSF dimensions	This dimension is supported by: – *Core 3 Health, safety and security:* covers safe and secure working procedures and dealing with risks and hazards – *G3 Procurement and commissioning:* covers procuring materials, equipment and services (eg design or building services) – *G5 Services and project management:* covers areas such as the development of maintenance schedules and monitoring procedures, coordination of maintenance activity and management of design projects – *EF3 Transport and logistics:* covers the movement and flow of goods and people within and between sites. This dimension contrasts with dimension: – *EF1 Systems, vehicles and equipment* – which focuses on maintaining, monitoring and developing systems, vehicles and equipment – *G2 Development and innovation* – which focuses on the design and testing of new and innovative concepts, models, methods, practices, products and equipment.

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EF2/Level 1: Assist with the maintenance and monitoring of environments, buildings and/or items

Indicators	**Examples of application**
The worker:	<u>Assisting with maintenance and monitoring</u> might include:
a) follows schedules and procedures for <u>assisting with maintenance and monitoring</u>	- cleaning
	- clearing and emptying
b) correctly and safely prepares, uses, cleans and stores equipment, tools and materials	- refurbishment
	- removal and replacement
c) prepares work areas correctly and leaves them clean and safe after use	- repairs – simple
	- replenishment of supplies
d) carries out maintenance and monitoring tasks effectively and in a way which:	- repositioning (eg of security cameras)
– causes minimum disruption to users	- washing
– minimises risks to self, others and the work environment	<u>Legislation, policies and procedures</u>
– is consistent with relevant <u>legislation, policies and procedures</u>	*See overview*
e) reports any problems to the appropriate person without delay.	

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EF2/Level 2: Monitor and maintain environments, buildings and/or items	
Indicators	*Examples of application*
The worker:	Information sources may be:
a) confirms with relevant <u>information sources</u>:	– colleagues
– the nature of the <u>monitoring and maintenance</u> activity required	– managers
– any particular factors to take into account	– procedures
– the techniques and processes to be used	– schedules
b) selects appropriate work areas, equipment and materials and prepares, checks and uses them correctly	– users of environments/buildings/items
c) carries out monitoring and maintenance effectively:	Monitoring and maintenance may be:
– in a way which minimises risks to self, others and the work environment	– complex repairs
– and complies with relevant <u>legislation, policies and procedures</u>, and any relevant service agreements/contracts	– decontamination
	– monitoring movements and intervening
d) identifies any problems with environments, buildings, items or equipment and takes the <u>appropriate action</u> to resolve them	– refurbishment
	– replacing
e) confirms that monitoring and maintenance meets requirements and specified quality criteria	– specialist cleaning
	– sterilisation
f) cleans and restores equipment and work areas, leaving them in a suitable condition for future use.	<u>Legislation, policies and procedures</u>
	See overview
	<u>Appropriate action</u> might include:
	– isolating the problem item or area from use
	– reporting the problem for further investigation/decision making
	– requesting specialist assistance
	– solving the issue.

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EF2/Level 3: Monitor, maintain and improve environments, buildings and/or items

Indicators	Examples of application
The worker:	<u>Procedures and processes for the monitoring and maintenance of environments, buildings and items</u> may be related to:
a) specifies, creates, implements and reviews <u>procedures and processes for the monitoring and maintenance of environments, buildings and items</u>	– small improvements that could make a real difference to users and staff
b) gathers and analyses sufficient <u>information</u> to monitor and maintain environments, buildings and items against set quality standards and identifies any issues	– major improvements and developments – ongoing maintenance and monitoring.
c) thoroughly investigates the nature, cause and extent of issues	<u>Information</u> on environments, buildings and items may be gathered from:
d) determines and implements the most appropriate <u>remedies</u> to address issues, taking account of any relevant <u>factors</u>	– complaints – observation – records
e) carries out monitoring and maintenance activities in a way which:	– tests and checks – users – work team
– causes minimum disruption to users	<u>Remedies</u> may be:
– manages the risks to self, others, the facilities, associated systems and the environment	– advising on the need for new environments, buildings and items
– complies with relevant <u>legislation, policies and procedures</u> and any service agreements/contracts.	– changing the way in which particular areas are used – improving access to environments and buildings – improving guidance/information/support to users – influencing levels of demand or patterns of use – isolating the problem area from use pending further action – modifying environments, buildings and items – requesting and accessing specialist assistance – specifying/commissioning improvements
	<u>Factors</u> may include: – compatibility with the needs of the service to be delivered and the people delivering and using the service – cost effectiveness – ease of use – environmental issues – impact on those using and delivering a service – needs and wishes of specific individuals and groups – resource and skill availability – service agreements/contracts – service impact – standards – timescales
	<u>Legislation, policies and procedures</u> *See overview*

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EF2 Level 4: Plan, design and develop environments, buildings and/or items	
Indicators	**Examples of application**
The worker:	The use and effectiveness of environments and buildings might include consideration of:
a) gathers and analyses information on environments, buildings and items, their suitability and use	– changes in the ways in which services are delivered
b) assesses the capacity of environments, buildings and items and their effectiveness to meet current and future needs and requirements	– cost effectiveness – current issues – current needs and use
c) determines and agrees with others the most effective approach to improving environments, buildings and items	– environmental impact – financial and cost issues
d) implements agreed approaches to improve the ability of environments, buildings and items to meet current and future needs	– impact on the health and wellbeing of users and staff – impact on the safety and security of users and staff
e) develops, tests, refines and agrees designs for environments, buildings and items:	– legislation, regulations and guidelines – new and emerging technologies
– to meet identified needs	– predicted future needs, use and demand
– incorporating the necessary quality standards	– resource and skill availability
– consistent with legislation, policies and procedures	– service agreements/contracts
f) takes forward agreed designs to improve environments, buildings and items.	– service impact – standards and requirements – technical issues – user expectations – user needs
	Others may be:
	– users of services and related environments/buildings – staff and managers – other specialists (eg architects, building engineers)
	Approaches to meet current/future needs may be:
	– decommissioning/disposal – improving access – improving guidance/information/support to users – influencing levels of demand or patterns of use – modification – planning and commissioning new/replacement environments/buildings/item maintenance – repair/refurbishment/redevelopment
	Legislation, policies and procedures
	See overview

DIMENSION EF3: TRANSPORT AND LOGISTICS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Transport people and/or items 2 Monitor and maintain the flow of people and/or items 3 Plan, monitor and control the flow of people and/or items 4 Plan, develop and evaluate the flow of people and/or items
Description	This dimension relates to planning and controlling the flow of people and/or items within and across services, organisations and community locations and the transport of those items and/or people. Working in partnership with others is a key aspect of this dimension as the flow of goods and/or people has a significant impact on others' work. It covers such activities as: emergency services transport and coordination; fleet management; green transport; car parking and traffic management; postal services; the supply of materials and goods throughout the service (including the issuing of stock); the transport of individuals within services and facilities. The items might be goods or materials needed by services (such as medication, organs, blood and blood products, post, perishable and non-perishable materials and equipment), or which are a product or by-product of services (such as hazardous and non-hazardous waste). The people might be users of the service or staff. Progression through the levels in this dimension is characterised by: – extending the focus of activities from simply transporting people or items from one place to another to controlling the flow of people and/or items – a greater involvement in the coordination of transport and flow of people and/or items – increasing knowledge and understanding of the different parts of the logistics/supply chain management system and the way they inter-relate.
Examples of application *These may be relevant to all levels in this dimension*	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – blood transfusion – control of infectious diseases – environmental protection – health and safety – pharmaceutical manufacture and distribution – road transport – security – substances hazardous to health.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – as effective communication between different people in the process is a key aspect of transport and logistics – *Core 3 Health, safety and security:* covers safe working practices including basic moving and handling – *G5 Services and project management:* covers areas such as the development of schedules and procedures, coordination of services and management of specific projects – *G3 Procurement and commissioning* – as procurement processes are a key part of managing the supply chain – *IK1 Information processing* – as information flow is a key part of effective transport and logistics – *IK2 Information collection and analysis* – as information flow is a key part of effective supply chain management.

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EF3/Level 1: Transport people and/or items	
Indicators	*Examples of application*
The worker:	Preparation might include:
a) <u>prepares</u> appropriately for the particular <u>transport</u> activity to be undertaken	– alerting people to arrival
	– making ready the area to receive people and/or items
b) identifies the risks involved in the transportation and acts in ways that minimise risks	– planning for one-off activities/events
c) transports people and/or items <u>safely</u> and to time consistent with <u>legislation, policies and procedures</u>	Transport might be using:
	– equipment
d) confirms with those receiving the people and/or items that everything is in order before leaving	– heavy duty equipment
	– vehicles under normal road conditions
e) makes clear and accurate reports and/or records as required.	– vehicles under blue light conditions.
	Safe transport might include:
	– maintaining own and others' health and safety
	– maintaining the state and stability of the people and/or items being moved
	– security measures
	– managing contingencies
	Legislation, policies and procedures
	See overview

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EF3/Level 2: Monitor and maintain the flow of people and/or items

Indicators	*Examples of application*
The worker:	<u>What/who needs to be transported</u> might include:
a) identifies and assesses on a day-to-day basis	– movement within a site manually or using automated equipment
– <u>what/who needs to be transported</u> and any inter-relationship	– movement within a site using vehicles
– potential risks	– transport on public road network between different sites
– priorities	– transport on public road network between different locations using 'blue lights'.
– the impact of <u>legislation, policies, procedures</u> and targets	<u>Legislation, policies and procedures</u>
b) plans how risks and priorities can best be managed modifying sequence and flow as priorities change	*See overview*
c) advises those who are responsible for transporting people and/or items of changing needs and circumstances and supports them in the actions they should take	<u>Monitoring</u> might include:
	– communication between the people involved
	– observation
d) <u>monitors</u> the flow of people and/or items to ensure that priorities are met and risks are managed as effectively as possible	– paper-based information systems
	– technology
e) takes the appropriate action when there are deviations from plans and/or priorities are not being met	<u>Feedback</u> might be from:
	– users of the service
c) gains <u>feedback</u> on how to improve the flow of people and/or items and uses it to improve future practice.	– the people responsible for transporting the people and/or items
	– analysis after the event
	– colleagues.

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EF3/Level 3: Plan, monitor and control the flow of people and/or items

Indicators	*Examples of application*
The worker:	Legislation, policies and procedures
a) identifies and assesses for operational planning	*See overview*
– what/who needs to be moved and their inter-relationship	People might include:
– potential risks	– the individuals responsible for transporting people and/or items
– priorities	– the individuals receiving the people and/or items
– the impact of legislation, policies, procedures and targets	– the individuals responsible for supplying/sending people and/or items
b) provides advice and support to people on day-to-day priorities, risks and issues when they are in need of it	Information to monitor ongoing effectiveness and efficiency may be gathered via:
c) gathers enough information to monitor the ongoing effectiveness and efficiency of the flow of people and/or items against overall plans and promptly identifies any issues	– communication with the individuals receiving the people and/or items
d) investigates issues in the flow of people and/or items taking account of their nature and cause and the extent to which the issue is becoming a common occurrence	– communication with the individuals responsible for supplying/sending people and/or items
e) determines and implements the most appropriate way of addressing the issue taking account of any relevant factors	– communication with users
f) gains feedback on how to improve the flow of people and/or items and uses it to improve future practice	– observation
g) provides information to the people responsible for the overall logistics plan when it appears to be ineffective or inefficient in meeting requirements	– paper-based information systems
	– scrutiny of records
	– technology.
	Ways of addressing the issue may be:
	– adjusting the flow
	– advising on the need for changing the logistics plan
	– developing the service to meet the needs of new/current users
	– improving guidance/information/support to the people involved
	– influencing levels of demand or patterns of use
	– reporting the need for improvements in transportation systems and equipment
	– requesting and/or accessing specialist assistance
	Factors may include:
	– availability of knowledge and skills
	– compatibility with other services
	– cost
	– environmental impact
	– impact on others' services
	– resources and skill
	– time

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EF3/Level 4: Plan, develop and evaluate the flow of people and/or items

Indicators	*Examples of application*

The worker:

a) works with others to identify:
  – resource utilisation factors
  – requirements for managing the flow of people and/or items linked to these factors
  – fluctuations in these requirements
  – factors and circumstances that can be predicted
  – known contingencies that are likely to arise
  – knowledge of how these contingencies and fluctuations can be managed
  – the technology and information that is available to help manage the flow
  – the extent to which current processes are effective and where improvements can be made

b) produces plans to manage flow that:
  – specify to a sufficient level of detail what needs to happen and when, including the management of preventive factors
  – include benchmarks and standards
  – identify the use of technology, knowledge and information, communication, and skills to support the process
  – provide those responsible for taking forward flow management with sufficient clear information for them to carry out their work effectively
  – are consistent with legislation, policies and procedures

c) negotiates with others to put in place sufficient supporting mechanisms to ensure that people and/or items flow effectively

d) works with others to take forward the implementation of plans and ensure they are effective in practice

e) gains sufficient information on the effectiveness and efficiency of logistics and makes adjustments as and when they are necessary

f) evaluates the effectiveness and efficiency of the logistics at key intervals to identify the need for more fundamental improvements.

Resource utilisation factors might include:
– contracting and procurement methods and standards
– equipment and material use
– human resources
– infrastructure
– methods
– quality standards
– quantity
– regulations.

Legislation, policies and procedures
See overview

Supporting mechanisms might include:
– effective communication processes.
– information flows
– knowledge capability within the organisation/service
– technology

Evaluation might include:
– analysis of reports and information in the system
– changing policies and direction in the service
– feedback from suppliers
– feedback from those responsible for the transport and flow of people and/or items
– feedback from users
– knowledge in the service as a whole
– supporting information

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DIMENSION IK1: INFORMATION PROCESSING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Input, store and provide data and information
	2 Modify, structure, maintain and present data and information
	3 Monitor the processing of data and information
	4 Develop and modify data and information management models and processes
Description	This dimension relates to the processing and management of data and information for specific functional purposes which do not involve analysis or interpretation.
	The data/information may be text-based or numerical/statistical and may be processed and managed via a wide range of systems, including computer-based applications (eg word processing, spreadsheets, patient information systems), other electronic systems (such as photocopiers) or paper-based systems (eg patient records).
	Progression through the levels in this dimension is characterised by increasing complexity of:
	– the data and information being processed
	– the outputs required
	– the activities involved (from basic data input, through more complex manipulation and presentation of information, to the development of models and processes for managing data and information).
Examples of application *These may be relevant to all levels in this dimension*	Data and information might be processed for:
	– assessment, diagnosis, care and treatment of patients/clients ie data and information about patients and clients
	– buildings and environments
	– development and innovation
	– education, training and development
	– effectiveness of specific treatments, forms of care, lifestyles that promote health and wellbeing etc ie information for the public and users of services
	– financial services
	– health and wellbeing
	– health, safety and security
	– management of finances, people, projects or services
	– marketing and public relations
	– prescribing patterns
	– procurement and commissioning
	– promotion of equality and diversity
	– resource use
	– service effectiveness
	– systems, vehicles and equipment
	– transport and logistics
	– workforce analysis.
	Data and information may be in the following formats:
	– electronic (eg spreadsheets, databases, word processing packages)
	– printed/written (eg paper based files and records)
	Data and information may be:
	– raw
	– intermediate
	– processed
	Legislation, policies and procedures may be international, national or local and may relate to:
	– accreditation
	– clinical negligence
	– controls assurance
	– data protection and confidentiality
	– information
	– freedom of information
	– records management
	– tax and revenue

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Links to other KSF dimensions	This dimension is supported by: – *Core 3 Health, safety and security:* covers security of information – *Core 5 Quality:* covers information governance – *Core 6 Equality and diversity:* focuses on the promotion of equality and diversity – *EF1 Systems, vehicles and equipment:* covers the maintenance, development and decommissioning of information communication and technology (ICT) systems This dimension is different from dimensions: – IK2 Information collection and analysis: covers the analysis and interpretation of data and information – IK3 Knowledge and information resources: covers the use, management and development of all forms of knowledge and information resource, such as library services

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IK1/Level 1: Input, store and provide data and information	
Indicators	*Examples of application*
The worker:	Data and information might be processed for:
a) inputs <u>data and information</u> accurately and completely:	*See overview*
– using the correct formats	Data and information may be in the following formats:
– consistent with legislation, policies and procedures	*See overview*
b) uses available <u>automated facilities</u> for checking the data/information and for resolving difficulties in using applications	Data and information may be:
	See overview
c) finds and provides requested data/information using agreed procedures and formats	<u>Legislation, policies and procedures</u>
	See overview
d) maintains the integrity of data/information using agreed procedures	<u>Automated facilities</u> include:
e) stores data/information safely and correctly	- automatic checkers/quality assurance processes
	- help functions within applications
	- mathematical routines
	- sorting routines
	- statistical routines

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IK1/Level 2: Modify, structure, maintain and present data and information	
Indicators	*Examples of application*
The worker:	Data and information might be processed for:
a) inputs, amends, deletes and modifies <u>data and information</u> accurately and completely consistent with <u>legislation, policies and procedures</u>	*See overview*
	Data and information may be in the following formats:
	See overview
b) establishes requirements and finds requested data/information using agreed procedures and appropriate sources	Data and information may be:
	See overview
c) collates, structures and presents data/information as requested using agreed systems and formats	Legislation, policies and procedures
	See overview
d) maintains the integrity of data/information consistent with legislation, policies and procedures	Actions to keep the data/information system <u>up to date</u> may include:
e) assures the quality of data during modification, structuring and presentation	– making a record of data/information entered into or withdrawn from the system
f) stores data and information safely and in a way that allows for retrieval within appropriate timescales	– recalling data/information which is due for entry/return to the system
g) keeps the data/information system <u>up to date</u>.	– withdrawing data/information from current use when no longer required
	– archiving/disposing of withdrawn data/information

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IK1/Level 3: Monitor the processing of data and information	
Indicators	*Examples of application*
The worker:	Data and information might be processed for:
a) monitors and confirms that others are:	*See overview*
– receiving <u>data and information</u> in a timely way	Data and information may be in the following formats:
– receiving data and information in a meaningful format	*See overview*
– providing data and information at agreed times and in agreed formats	Data and information may be:
– processing data and information accurately to an appropriate level of detail in an agreed format	*See overview*
– storing data and information securely	<u>Legislation, policies and procedures</u>
– maintaining the currency of the data/information system	*See overview*
– transmitting data/information in a way that maintains its confidentiality	The <u>quality</u> of processed data may relate to its:
– complying with relevant <u>legislation, policies and procedures</u>	– consistency
	– integrity
b) monitors and confirms that appropriate systems, controls and processes are in place to:	– validity
– maintain the efficient flow of information	<u>Problems and queries</u> might include:
– assure the <u>quality</u> of processed data and information	– breaches of confidentiality
c) identifies and investigates <u>problems and queries</u> relating to data/information processing and management and takes the appropriate action in response	– ineffective procedures for providing and/or receiving data
	– mis-categorising or misclassifying of information
	– misreading of information (eg slides)
	– poor quality in individual processing

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IK1/Level 4: Develop and modify data and information management models and processes	
Indicators	*Examples of application*
The worker:	Data and information might be processed for:
a) establishes <u>data and information requirements</u> for particular target audiences, confirming that these requirements:	*See overview*
	Data and information may be in the following formats:
– take full account of user needs and knowledge base	*See overview*
– can be met effectively and efficiently	Data and information may be:
b) selects sources of data and information which will best meet agreed needs	*See overview*
c) identifies and modifies existing <u>models</u>/processes which are capable of meeting requirements	<u>Requirements</u> may relate to:
	– current needs
	– potential future needs
d) designs and develops appropriate new models and processes which comply with legislation, policies and procedures	<u>Models</u> may be:
	– data models
e) tests new and modified data and information management models and processes to confirm their fitness for purpose and establishes them within the organisation	– database models
	– mathematical models
f) identifies new and emerging strategies and technologies for processing and managing data and information and evaluates their relevance and potential benefits to the organisation	<u>Legislation, policies and procedures</u>
	See overview

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DIMENSION IK2: INFORMATION COLLECTION AND ANALYSIS

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Collect, collate and report routine and simple data and information
	2 Gather, analyse and report a limited range of data and information
	3 Gather, analyse, interpret and present extensive and/or complex data and information
	4 Plan, develop and evaluate methods and processes for gathering, analysing, interpreting and presenting data and information
Description	This dimension is about is about gathering, analysing and interpreting data and information for a wide range of purposes (including audit, research and the production of standards and guidelines), in a wide range of contexts.
	A distinguishing feature of this analysis and interpretation is that it aims to 'answer a question'. The question may be posed within the organisation or service (eg to meet the requirements of legislation, for assessment and care, for diagnosis and treatment, financial management, trends in the population's health, for the formulation of organisational policy) or it may come from outside the organisation (eg from the public, from users of services, from other agencies, from the media).
	The outcomes of the analysis and interpretation may be presented in a wide range of different ways including: charts, tables, spreadsheets, pictures and diagrams; in written reports, policies, schemes and accounts; or electronically such as on the web.
	Progression through the levels in this dimension is characterised by:
	– increasing complexity, scope and quantity of data and information
	– increasingly complex activities (from collecting and collating pre-determined sets of information, through determining the most appropriate sources and methods to use, to the development of methods and processes).

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Examples of application *These may be relevant to all levels in this dimension*	<u>Data and information</u> might be: – qualitative – quantitative. <u>Data and information may be held in systems</u> which are: – electronic – paper-based <u>Data and information might relate to:</u> – assessment, diagnosis, care and treatment of patients/clients ie data and information about patients and clients – buildings and environments – development and innovation – education, training and development – effectiveness of specific treatments, forms of care, lifestyles that promote health and wellbeing etc ie information for the public and users of services – financial services – health and wellbeing – health, safety and security – management of finances, people, projects or services – marketing and public relations – prescribing patterns – procurement and commissioning – promotion of equality and diversity – resource use – service effectiveness – systems, vehicles and equipment – transport and logistics – workforce analysis. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – accreditation – clinical negligence – consent – controls assurance – data protection and confidentiality – information – freedom of information – records management – tax and revenue
Links to other KSF dimensions	This dimension is supported by: – *Core 3 Health, safety and security:* covers security of information – *Core 5 Quality:* covers information governance – *Core 6 Equality and diversity:* covers the promotion of equality and the valuing of diversity – *EF1 Systems and equipment:* covers the maintenance and development of information communication and technology (ICT) systems This dimension is different from dimensions: – *IK1 Information processing:* which focuses on the processing and management of data and information in a way which does not involve analysis and interpretation – *IK3 Knowledge and information resources:* which focuses on the use, management and development of all forms of knowledge and information resource, such as library services

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IK2/Level 1: Collect, collate and report routine and simple data and information	
Indicators	*Examples of application*
The worker:	Collection of data and information might be from:
a) collects and collates data/information effectively and to time, using set systems and consistent with legislation policies and procedures	– primary data (eg through face-to-face interviews)
	– secondary data.
b) confirms that the data/information meets pre-set quality criteria and reports any quality issues	Data and information might be:
	See overview
c) maintains the integrity of data/information using agreed procedures	Data and information may be held in systems which are:
	See overview
d) reports the data/information clearly in the required format at the time agreed	Data and information might relate to:
	See overview
	Data and information may be
	– raw
	– intermediate
	– processed
	Legislation, policies and procedures
	See overview

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IK2/Level 2: Gather, analyse and report a limited range of data and information	
Indicators	*Examples of application*
The worker:	Data and information might be:
a) identifies and agrees:	*See overview*
– the question/issue to be addressed by the <u>data/information</u>	<u>Data and information may be held in systems</u> which are:
– the nature and quantity of data/information to be collected	*See overview*
– the quality criteria which the data/information should meet	<u>Data and information might relate to:</u>
b) effectively uses appropriate methods and sources for obtaining and recording the data/information	*See overview*
c) confirms that the data/information meets the agreed quality criteria and takes appropriate action if it does not	<u>Data and information</u> may be
d) collates and analyses the data/information using methods appropriate to:	– raw
– the initial questions which the data/information is intended to answer	– intermediate
– the nature of the data/information	– processed
e) reports the data and information at the agreed time using presentation, layout, tone, language, content and <u>images</u> appropriate to:	<u>Legislation, policies and procedures</u>
– its purpose	*See overview*
– the people for whom it is intended	<u>Images</u> include:
– agreed formats and protocols	– charts
f) complies with relevant <u>legislation, policies and procedures</u> throughout	– diagrams
	– maps
	– pictures
	– spreadsheets

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IK2/Level 3: Gather, analyse, interpret and present extensive and/or complex data and information	
Indicators	**Examples of application**

The worker:

a) formulates and agrees with others:
  – the questions to be answered and issues to be addressed by the data/information
  – the concepts to be used for data and information collection, management, analysis, interpretation and reporting

b) identifies appropriate and valid sources which can provide data and information of sufficient quality and quantity

c) identifies, develops and implements a range of valid, reliable, cost-effective and ethical methods for addressing the agreed questions and issues, minimising disruption to the people providing the data/information and complying with relevant legislation, policies and procedures

d) defines and implements search strategies for reviewing data and information and summarising the results

e) monitors the quality and quantity of the data and information and takes the necessary action to deal with any problems and maintain data quality

f) collates and analyses data and information using methods appropriate to:
  – the initial questions/issues to be addressed
  – the nature of the data and information

g) interprets, appraises and synthesises data and information appropriately and identifies:
  – consistency and inconsistency in outcomes
  – any limitations in the analyses used
  and continually holds issues raised open to question

h) develops justifiable and realistic conclusions and recommendations to time and presents them using format, layout, images and structure appropriate to:
  – the needs and interests of the intended audience(s)
  – accepted conventions and protocols
  – the intended purpose of the presentation

Examples of application

Data and information might be:
See overview

Data and information may be held in systems which are:
See overview

Data and information might relate to:
See overview

Legislation, policies and procedures
See overview

Problems with data and information may be related to:
– gaps in coverage
– inconsistencies/conflicts between different aspects of the data/information
– insufficient quality/quantity for valid analysis
– limitations of the data/information in addressing the original question/issue

Formats may include:
– articles/content for electronic information systems
– reports generated from computer based information management systems
– verbal and/or audio-visual presentations
– written reports, papers, articles etc
– financial accounts
– statistical analyses

Images include:
– charts
– diagrams
– maps
– pictures

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IK2/Level 4: Plan, develop and evaluate methods and processes for gathering, analysing, interpreting and presenting data and information

Indicators	***Examples of application***
The worker:	Data and information might be:
a) gathers and analyses sufficient information to:	*See overview*
– evaluate current performance and capacity in data and information analysis and presentation	Data and information may be held in systems which are:
– identify compliance with legislation, policies and procedures	*See overview*
– identify current problems/issues	Data and information might relate to:
– predict future needs	*See overview*
– assess capacity to meet future needs	Legislation, policies and procedures
– identify possible solutions	*See overview*
b) determines and implements appropriate ways of improving data and information analysis and presentation, taking account of relevant factors	Ways of improving may be:
c) produces realistic and justifiable proposals for improving data and information analysis and presentation	– develop the skills and knowledge of specialists in data and information analysis and presentation
d) develops, tests and finalises proposed improvements	– develop the skills and knowledge of the general workforce in data and information analysis and presentation
e) ensures that users of data and information analysis and presentation are given the appropriate support in their effective use	– improve organisational capacity
f) monitors and evaluates the effectiveness of improvements to data and information analysis and presentation	– improve guidance/information/support to users
g) uses own knowledge, skills and experience to influence others' information collection and management .	– influence levels of demand or patterns of use
	– procure new automated systems/equipment
	Factors may include:
	– accessibility of the data and information to different groups
	– cost effectiveness and efficiency of different methods of collection and analysis
	– legislative requirements
	– needs and wishes of individuals, groups and the public
	– ongoing schedule for data and information provision
	– resource and skill availability
	– service agreements/contracts
	– service impact
	– timescales

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DIMENSION IK3: KNOWLEDGE AND INFORMATION RESOURCES

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Access, appraise and apply knowledge and information 2 Maintain knowledge and information resources and help others to access and use them 3 Organise knowledge and information resources and provide information to meet needs 4 Develop the acquisition, organisation, provision and use of knowledge and information
Description	This dimension relates to accessing and managing all types of knowledge and information resources. It includes activities such as: – finding the information you need for the purposes of your own work – helping users to find information to meet their needs (eg the requirements of legislation and policies) – organising knowledge and information through activities such as indexing, classifying and cataloguing – identifying and acquiring new knowledge and information resources and materials. Progression through the levels in this dimension is characterised by: – dealing with an increasing range and complexity of information needs, from the worker's own needs to routine and complex needs of others, to the overall needs of an organisation or service – applying increasing knowledge and skills relating to organising information – from maintaining and organising items within an established system and framework, to developing and improving those systems and frameworks
Examples of application *These may be relevant to all levels in this dimension*	Knowledge and information resources might be accessed, developed and organised for the purposes of: – identifying best practice – identifying legislative requirements and recent developments emerging in court judgments – identifying trends and developments in areas of work – maintaining an archive for possible future use and to meet legislative requirements – organisational decision making – personal development – providing advice to others/answering questions from others – real time activities – supporting evidence based decision making. Knowledge and information resources may be: – electronic (eg databases, websites, e-books, e-journals) – filmed (eg microfiches) – printed/written (eg books, journals) – recorded (eg audio tapes, videos, CDs) and they may be – produced outside the organisation – produced within the organisation Knowledge and information might be: – quantitative – qualitative. Legislation, policies and procedures may be international, national or local and may relate to: – copyright – data protection – equality and diversity – freedom of information.

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Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication:* covers communicating knowledge and information to others including users of services
	– *Core 2 Personal and people development:* covers helping others to learn how to use knowledge and information resources
	– *Core 3 Health, safety and security:* covers security of information
	– *Core 5 Quality:* covers governance (including information)
	– *Core 6 Equality and diversity:* covers the promotion of equality and valuing diversity
	– *G3 Procurement and commissioning:* covers purchasing and procurement of new knowledge/information resources
	– *IK1 Information processing:* covers the processing of data and information
	– *EF1 Systems and equipment:* covers the maintenance and development of information communication and technology (ICT) systems

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IK3/Level 1: Access, appraise and apply knowledge and information	
Indicators	*Examples of application*
The worker:	Knowledge and information resources might be accessed, developed and organised for the purposes of:
a) correctly identifies the need for additional knowledge and information resources to support her/his work	*See overview*
b) identifies possible sources of the knowledge and information	Knowledge and information resources may be: *See overview*
c) determines appropriate knowledge/information resource(s) to meet identified need, seeking appropriate guidance and support if necessary	Knowledge and information might be: *See overview*
d) accesses the resource(s) using appropriate methods and identifies the relevant information	Sources of knowledge and information might include:
e) appraises the knowledge and information and identifies whether it is appropriate to be applied in own context	– colleagues – expert users of services – internet
f) appropriately applies the knowledge/information to their work consistent with legislation, policies and procedures.	– intranet/extranet – libraries – literature – multidisciplinary meetings – National Electronic Library for Health (NeLH) – reference books – resource centres
	Legislation, policies and procedures *See overview*

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IK3/Level 2: Maintain knowledge and information resources and help others to access and use them

Indicators	*Examples of application*
The worker:	Organising knowledge/information resources may include:
a) organises knowledge and information resources using agreed methods and frameworks	– cataloguing
	– classifying
b) keeps knowledge and information systems up to date using set procedures	– sorting and replacing materials in a formally recognised sequence
c) establishes users' requirements and enables users to access the knowledge and information consistent with legislation, policies and procedures	Knowledge and information resources might be accessed, developed and organised for the purposes of:
	See overview
d) provides requested knowledge and information to users explaining any difficulties in meeting their needs	Knowledge and information resources may be:
	See overview
e) refers users to other people or sources when they are better able to meet their needs	Knowledge and information might be:
	See overview
	Actions to keep the knowledge/information system up to date may include:
	– archiving/disposing of withdrawn knowledge/information resources
	– making a record of knowledge/information resources entered into or withdrawn from the system
	– recalling knowledge/information resources which are due for entry/return to the system
	– withdrawing knowledge/information resources from current use when no longer required.
	Enables users to access might include:
	– finding the requested knowledge/information for users
	– assisting users to find knowledge/information themselves
	– providing advice on how to access the knowledge/information.
	Legislation, policies and procedures
	See overview

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IK3/Level 3: Organise knowledge and information resources and provide information to meet needs	
Indicators	*Examples of application*
The worker:	Requirements may relate to:
a) establishes and agrees users' requirements for knowledge/information	– content
	– equality and diversity issues
b) identifies and evaluates potentially relevant knowledge and information resources and selects those most likely to meet agreed needs	– format
	– frequency/timing of provision
	– quality
c) determines and implements the most appropriate method of locating, extracting and presenting the required knowledge/information	– quantity
	– resource(s) to be used
	– timescales/deadlines
d) provides requested information to users, proposing suitable alternatives if their needs cannot be met	Knowledge and information resources might be accessed, developed and organised for the purposes of:
e) facilitates access to knowledge/information by developing and implementing appropriate and effective ways of organising resources	*See overview*
	Knowledge and information resources may be:
f) acts consistently with legislation, policies and procedures.	*See overview*
	Knowledge and information might be:
	See overview
	Ways of organising knowledge/information resources might include:
	– abstracting
	– cataloguing
	– classifying
	– indexing
	Legislation, policies and procedures
	See overview

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IK3/Level 4: Develop the acquisition, organisation, provision and use of knowledge and information	
Indicators	*Examples of application*
The worker:	Information may be <u>gathered</u> via
a) <u>gathers</u> and evaluates information on the organisation's use of, and need for, <u>knowledge and information resources</u> and identifies any current or potential future <u>issues</u> and opportunities including the extent to which they support <u>legislation, policies and procedures</u>	– consulting with users – monitoring ongoing use and application of knowledge/information resources
	<u>Knowledge and information resources</u> might be accessed, developed and organised for the purposes of:
b) determines and implements appropriate ways of addressing issues and capitalising on opportunities	*See overview*
c) scans the environment to identify new and emerging knowledge/information resources and technologies and evaluates their relevance and potential benefits to the organisation	<u>Knowledge and information resources</u> may be: *See overview*
	<u>Knowledge and information</u> might be: *See overview*
d) acquires additional knowledge/information resources and technologies and integrates them appropriately into the overall system/service	<u>Issues</u> may be related to: – means of accessing resources/user interfaces
e) promotes and facilitates the use of knowledge and information throughout the organisation	– ease of access to information and knowledge and related resources for different people – the manner in which knowledge and information are being used and applied – the organisation of knowledge/information resources – the range, content, quality or quantity of knowledge/information resources available to users – the resources available to support development (eg money, technology, number and expertise of staff, storage and display space)
	<u>Legislation, policies and procedures</u> *See overview*

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DIMENSION G1: LEARNING AND DEVELOPMENT

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist with learning and development activities 2 Enable people to learn and develop 3 Plan, deliver and review interventions to enable people to learn and develop 4 Design, plan, implement and evaluate learning and development programmes
Description	This dimension is about structured approaches to learning and development. It includes a wide range of activity across a continuum of learning and development including formal in-service development, vocational qualifications, and pre-registration and post-registration programmes – including training needs analysis; the development, delivery and evaluation of training programmes; mentoring, supervision and support for staff and students; assessment of competence and/or qualifications. It involves collaborative partnership working between employers, vocational and academic institutions, regulatory bodies and users of services. Progression through the levels in this dimension is characterised by: – greater knowledge of learning needs and styles and how to develop education and training to meet these needs and interests – an increasing level of knowledge and skill from participating in activities set by others to the overall design and evaluation of programmes of learning and development – an increased involvement in the whole of a learning and development programme as compared with individual parts of it.
Examples of application *These may be relevant to all levels in this dimension*	<u>Learning and development</u> might include: – advice, guidance and counselling on learning and development and related opportunities – assessment of competence and/or for qualifications – education and training courses – e-learning – structured approaches to learning in the workplace (eg mentoring, supervision) – structured self-study approaches – support networks – verification of assessment decisions made by others. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – data protection – education and training – employment – information – the practices and requirements for specific professions.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* focuses on communicating with people in a variety of ways – *Core 6 Equality and diversity* focuses on promoting equality and valuing diversity such as identifying the needs of particular learners for translation and interpretation, and other forms of support – *G2 Development and innovation* focuses on developing new concepts, models, methods, practices, products and equipment which might then be used in learning and development – *G3 Procurement and commissioning* – *G4 Financial management* This dimension is different from dimensions: – *Core 2 Personal and people development* – focuses on development of self and others as part of ongoing work – *G7 Capacity and capability* – which focuses on developing the overall capacity of a number of people/structures such as communities, the workforce and organisations.

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G1/Level 1: Assist with learning and development activities	
Indicators	*Examples of application*
The worker:	Activities might include:
a) identifies with the relevant people the <u>activities</u> to be undertaken to support <u>learning and development</u>	– preparing equipment for specific forms of learning and development
b) undertakes the task effectively and to time consistent with <u>legislation, policies and procedures</u>	– preparing learning environments
c) reports any difficulties or problems at an appropriate time to a team member.	– preparing learning materials and resources
	– providing feedback to learners
	– supporting learners and team members during learning and development
	– preparing and collating evaluation forms
	<u>Learning and development</u>
	See overview
	<u>Legislation, policies and procedures</u>
	See overview

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G1/Level 2: Enable people to learn and develop	
Indicators	*Examples of application*
The worker:	Learning and development
a) agrees with the team the purpose, aims and content of the <u>learning and development</u> and own role in the process	*See overview*
b) prepares thoroughly for own role addressing any issues in advance	Legislation, policies and procedures
c) supports learning	*See overview*
– recognising individuals' particular needs, interests and styles	
– using the agreed methods and approaches	
– in a manner that stimulates individuals' interest, promotes development and encourages their involvement	
– by developing an environment that supports learning	
– consistent with <u>legislation, policies and procedures</u>	
d) gains feedback from learners and relevant others on the effectiveness of learning and development and their ideas for how it can be improved	
e) reflects on and evaluates the effectiveness of learning and development using feedback from learners and others	
f) discusses own evaluation with the team and agrees how learning and development might be improved in the future.	

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G1/Level 3: Plan, deliver and review interventions to enable people to learn and develop

Indicators	Examples of application
The worker:	Learning and development
a) identifies:	*See overview*
– the purpose and aims of <u>learning and development</u> interventions	Plan of how learning and development will be facilitated might include:
– the learning and development needs of the individuals who are to be involved	– aims and objectives
– the time and resources available	– content and timing
b) develops and agrees a <u>plan of how learning and development will be facilitated</u>	– design of learning materials
c) undertakes own role in supporting learning and development	– methods and approaches to be used
– developing an environment conducive to learning	– who will be involved and their respective roles
– recognising individuals' particular needs, interests and styles	– resources
– using the agreed learning and development methods and approaches	– how the environment will support learning
– in a manner that stimulates individuals' interest, promotes development and encourages their involvement	– assessment purposes and methods
– consistent with <u>legislation, policies and procedures</u>	– methods of evaluation
– supporting and promoting others' contribution	Legislation, policies and procedures
– in a manner that reflects the criticality of the work and the related decisions	*See overview*
d) makes any necessary adjustments to the plan as the work proceeds to promote learning and development and better meet learners' needs	
e) gains feedback from learners and relevant others on the effectiveness of learning and development and their ideas for how it can be improved	
f) evaluates the effectiveness of learning and development informed by learners, others in the team and own reflections and uses the evaluation to inform future practice.	

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G1/Level 4: Design, plan, implement and evaluate learning and development programmes	
Indicators	***Examples of application***
The worker:	<u>Learning and development</u>
a) identifies with those commissioning <u>learning and development</u> programmes:	*See overview*
– the purpose and aims of programmes	<u>Legislation, policies and procedures</u>
– the relationship of one programme to another, and to related learning needs	*See overview*
– the starting points and learning needs of learners	
– the time and resources available	
– any contextual factors that need to be taken into account in learning designs	
b) designs overall learning and development programmes that:	
– are appropriate to the interests of the commissioners and the needs of learners	
– contain phased and inter-related objectives, methods and approaches	
– make best use of the resources available	
– are consistent with good learning practice	
– identify how programmes and their component parts will be evaluated	
– specify relevant <u>legislation, policies and procedures</u>	
c) details the inter-relationships between the different learning and development components	
d) agrees the designs of overall programmes and individual components with the relevant people making any necessary modifications as a result	
e) agrees with the programme team how programmes will be implemented and supports them throughout the process responding to arising issues	
f) monitors the delivery of programmes for their effectiveness in meeting their aims and objectives	
g) evaluates the effectiveness of programmes and uses the outcomes to improve future programmes.	

DIMENSION G2: DEVELOPMENT AND INNOVATION

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Appraise concepts, models, methods, practices, products and equipment developed by others 2 Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment 3 Test and review new concepts, models, methods, practices, products and equipment 4 Develop new and innovative concepts, models, methods, practices, products and equipment
Description	This dimension is about the development, testing, review and appraisal of new concepts, models, methods, practices, products and equipment, including, where appropriate innovation. These new and innovative approaches are likely to be widely applicable, rather than designed solely for one situation, although they may well arise from something developed to meet one specific set of circumstances. However, this dimension involves testing (through prototypes, pilot studies, clinical trials etc) to check that the innovations can be used in a range of contexts. Innovations may be in relation to services to address health and wellbeing needs and/or improve health and wellbeing, or be related to services that support the smooth running of the organisation (such as finance, estates). Progression through the levels in this dimension is characterised by: – the move from identifying and reviewing innovative approaches developed by others, through testing out innovations to the actual development of innovative approaches – increasing knowledge of relevant trends and developments and their potential implications – increasing technical knowledge and skills in design and development, including knowledge of the factors which may influence or constrain potential innovations.
Examples of application *These may be relevant to all levels in this dimension*	<u>Development</u> may be in the areas of: – assessment, diagnosis, care and treatment – buildings and environments – capacity and capability building – education, training and development – equality and diversity – financial services – health and wellbeing – health, safety and security – human resource management and development – intellectual property – management of finances, projects or services – marketing and promotion – prescribing patterns – processing, managing and analysing information and knowledge – resource use – service effectiveness – systems and equipment – the improvement of health and wellbeing – transport and logistics. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – copyright and patent – data and information – ethics/ethical practice regarding development and innovation – health and safety – own area of practice (eg catering, care, engineering etc).

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Links to other KSF dimensions	This dimension is supported by: – *IK1 Information processing* – *IK2 Information collection and analysis* – *G3 Procurement and commissioning* which focuses on purchasing systems, equipment, services etc – *G5 Services and project management* which focuses on the planning, implementation and evaluation of services and projects (including those to test new solutions and approaches) – *G7 Capacity and capability* which focuses on the development of collective capability including the workforce, organisations and communities. This dimension contrasts with: – *Core 4 Service improvement* which focuses on implementation of improvements within services once they have been agreed.

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G2/Level 1: Appraise concepts, models, methods, practices, products and equipment developed by others

Indicators	*Examples of application*
The worker:	<u>Developments</u>
a) identifies new <u>developments</u> made by others that might be relevant to own area of work	*See overview*
	<u>Legislation, policies and procedures</u>
b) critically <u>evaluates and reviews developments</u> to determine if and how they could be applied within own area of work	*See overview*
	<u>Evaluating and reviewing developments may include:</u>
c) proposes the adoption of relevant developments within own work area to relevant decision makers	– reading reviews/articles
	– testing samples
	– visiting other sites to see how they are used in practice
	– attending conferences/launches etc

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G2/Level 2: Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment	
Indicators	*Examples of application*
The worker:	<u>Information sources</u> may be:
a) confirms with relevant <u>information sources</u>:	– plan/design/specification
– the nature of the activities required	– person responsible for overall testing of the development
– any particular factors to take into account	<u>Developing, testing and reviewing</u> might include:
and selects appropriate ways of <u>developing, testing and reviewing</u> concepts, models, methods, practices, products and equipment	– building prototypes/trial models
	– creating new components from given designs and specifications
b) conducts the activities for which s/he is responsible using the agreed methods and consistent with <u>legislation, policies and procedures</u>	– developing minor designs
	– investigations/experiments
c) reports the findings and outcomes of developments, tests and reviews to the people who need them supported by own recommendations on the value of the development	– trialling developments in the workplace
	<u>Developments</u>
	See overview
	<u>Legislation, policies and procedures</u>
	See overview

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G2/Level 3: Test and review new concepts, models, methods, practices, products and equipment	
Indicators	*Examples of application*
The worker:	Developments
a) scans the environment to identify new and emerging <u>developments</u> of potential relevance to their work	*See overview*
b) appraises developments and identifies the benefits they could bring and any potential risks	Legislation, policies and procedures
c) determines with others those developments that are worthy of testing and how this can best be achieved	*See overview*
d) <u>tests and reviews</u> developments in a way which:	Testing and reviewing might include:
– is ethically and methodologically sound	– building prototypes/trial models
– enables a rigorous evaluation of their feasibility, benefits and risks	– designing in response to specification
– involves all relevant parties in the process	– investigations/experiments
– complies with <u>legislation, policies and procedures</u>	– trialling innovations in the workplace
e) evaluates the outcomes of testing and reports them in the correct format to the people who need them	– writing guidelines/procedures
f) makes recommendations to appropriate people regarding the implementation of developments	

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G2/Level 4: Develop new and innovative concepts, models, methods, practices, products and equipment

Indicators	*Examples of application*
The worker:	Developments
a) scans the environment to identify new and emerging <u>developments</u> of potential relevance to their work and <u>priorities</u> for further development	*See overview*
	Priorities may be influenced by:
b) designs, develops and tests new and innovative concepts/models/methods/practices/products/equipment in a way which:	– developments in related fields
	– new or emerging technologies
– is ethically, technically and methodologically sound for the nature of the innovation	– the quality/efficacy of current concepts, models, methods, techniques, practices, products, and equipment
– enables a rigorous evaluation of their feasibility, benefits and risks	Legislation, policies and procedures
– involves all relevant parties in the process	*See overview*
– complies with <u>legislation, policies and procedures</u>	
c) evaluates the outcomes of testing and modifies innovations to improve their quality	
d) publicises the innovations in the appropriate places to inform the development of others' knowledge and practice	
e) evaluates feedback on the innovations and uses it to improve future developments	

DIMENSION G3: PROCUREMENT AND COMMISSIONING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Monitor, order and check supplies of goods and/or services
	2 Assist in commissioning, procuring and monitoring goods and/or services
	3 Commission and procure products, equipment, services, systems and facilities
	4 Develop, review and improve commissioning and procurement systems
Description	This dimension is about procuring and commissioning products, equipment, services, systems and facilities including direct purchasing. It includes:
	– both one off purchases and ongoing supplies, including the management of contracts
	– tangible products and materials, and services which are less tangible
	– low and high value products, equipment, services, systems and facilities
	– low and high volume products, equipment, services, systems and facilities.
	Working in partnership with suppliers and end users is a fundamental aspect of this dimension. Supplier development is also important in ensuring that providers and suppliers understand the organisation's values and direction and work in accordance with them, such as in relation to promoting equality and valuing diversity.
	Those involved in the commissioning and procurement process have a key role to play in assuring that the organisation/service gets value for money, whether this is through checking what is happening on a day-to-day basis or through negotiating the terms of supply contracts.
	This dimension covers a wide range of activities including the commissioning of services to improve health and wellbeing and address health and wellbeing needs. It covers areas such as: agreeing specifications; setting and meeting targets; coordinating the procurement and commissioning process; awarding and managing contracts; and ensuring that the organisation on behalf of the public gets value for money.
	Progression through the levels in this dimension is characterised by:
	– moving from working within set parameters to determining and setting commissioning and procurement parameters
	– increasing scope of activity, from a limited role of monitoring, checking and ordering supplies, through involvement in a wide range of procurement and commissioning activities, to overseeing the whole process
	– increasing knowledge and skills relating to purchasing and commissioning processes and systems and the links between different aspects of them.

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Examples of application *These may be relevant to all levels in this dimension*	<u>Commissioning and procurement</u> might be in the areas of: – assessment, diagnosis, care and treatment – buildings and environments – capacity and capability building – development and innovation – education, training and development – equality and diversity – financial services – health and wellbeing – health, safety and security – human resource management and development – management of finances, projects or services – marketing and promotion – prescribing patterns – processing and managing information and knowledge – resource use – service effectiveness – systems and equipment – the improvement of health and wellbeing – transport and logistics. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – contract – data protection – employment – equality and diversity – finance – health and social care services.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – as effective communication between different people in the process is a key aspect of commissioning and procurement – *Core 4 Service improvement* – which focuses on setting direction in the service which will have an effect on procurement and commissioning – *G5 Service and project management:* covers areas such as the development of schedules and procedures, coordination of services and management of specific projects – *EF3 Transport and logistics* – which focuses on the flow of people and/or items including those that have been commissioned and purchased – *IK1 Information processing* – as information flow is a key part of effective commissioning and purchasing – *IK2 Information collection and analysis* – as information flow is a key part of effective commissioning and purchasing.
Terminology	*Commissioning* – to make formal arrangements for someone to do something for which payment will be made. *Goods and/or services* are the people, items or facilities that are being procured or commissioned for use by the service/organisation. *Procurement* – the act of obtaining something for an organisation. *Resources* are those goods and/or services that are available to the organisation once they have been procured.

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G3/Level 1: Monitor, order and check supplies of goods and/or services	
Indicators	*Examples of application*

The worker:
 	
a) monitors resource use and arranges for more:
  – when this is necessary
  – within limits of own responsibility and authority
  – consistent with <u>legislation, policies and procedures</u> for <u>commissioning and procurement</u>
 	
b) checks the delivery of goods and/or services and identifies any issues
 	
c) takes the <u>appropriate action</u> in relation to issues with goods and/or services communicating effectively with those involved to address the issues
 	
d) <u>supports effective use</u> of goods and/or services consistent with requirements and specifications
 	
e) <u>reports</u> on the delivery of goods and/or services and any issues in line with requirements.
	<u>Legislation, policies and procedures</u>
	See overview
	
	<u>Commissioning and procurement</u>
	See overview
	
	<u>Appropriate action</u> in relation to issues might include:
	– chasing supplies of goods and services
	– contacting the supplier
	– dealing with defective goods/services which are below quality
	– reminding the supplier of the contract and of requirements
	– reporting problems or shortfalls
	– seeking to resolve the issue with the supplier.
	
	<u>Supporting the effective use</u> of goods and/or services might include:
	– controlling and storing goods and materials appropriately
	– enabling those delivering services to be effective
	
	<u>Reports</u> on the delivery of goods and/or services might include:
	– checking the quantity against the order
	– completing forms and records
	– making verbal reports on service delivery
	– signing and confirming the receipt of goods and/or services

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G3/Level 2: Assist in commissioning, procuring and monitoring goods and/or services	
Indicators	*Examples of application*
The worker:	Commissioning and procurement
a) maintains effective communication with those responsible for the overall <u>commissioning and procurement</u> process	*See overview*
b) undertakes <u>delegated activities</u> effectively and consistent with <u>legislation, policies and procedures</u>	Legislation, policies and procedures
c) <u>monitors the delivery of goods/services</u> procured which are under his/her control at regular intervals using appropriate methods	*See overview*
d) identifies <u>problems</u> with the delivery of procured goods/services and takes the <u>appropriate action</u>	<u>Delegated activities</u> related to procurement and commissioning might include aspects of:
e) maintains accurate, legible and complete records of the commissioning, procurement and delivery of goods/services and makes them available to the relevant people.	– contract processes
	– procurement processes
	– tendering processes
	<u>Monitoring the delivery of goods/services</u> might include:
	– analysis of written information
	– observation
	– oral information
	– reconciliations of goods/services against delivery
	<u>Problems</u> might include:
	– insufficient quantity
	– non-delivery
	– poor procurement
	– poor quality
	– poor timing
	– wrong delivery
	<u>Appropriate action</u> might include:
	– ensuring the ongoing supply of goods and services when there are problems
	– reporting problems to those with more authority to act.
	– resolving issues experienced by users
	– resolving issues in delivery with suppliers
	– supplier development

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G3/Level 3: Commission and procure products, equipment, services, systems and facilities

Indicators	Examples of application
The worker:	<u>Requirements</u> for specific products, equipment, services, systems or facilities might relate to:
a) negotiates and agrees with relevant people the commissioning and procurement <u>requirements</u> for specific products, equipment, services, systems or facilities, that are consistent with commissioning and procurement systems and with <u>legislation, policies and procedures</u>	the supply itself: – compatibility – cost – functional issues – objectives/outputs
b) plans and documents a procurement programme that: – is consistent with overall procurement systems and the needs of interested people – can be monitored and modified as circumstances change	– quality – quantity – technical issues – timing and frequency of supply how the supply will be managed
c) recommends and agrees a form of <u>contract</u> that is appropriate to procurement requirements and clearly specifies the parties to the contracts and their rights and responsibilities	– cost savings and efficiencies – estimates for contingencies – methods of procurement – risk management
d) coordinates and manages the process of negotiating, awarding and monitoring contracts taking the appropriate action when there are any arising issues	– scope and content of contract – short and long term financial and cost parameters
e) supports suppliers to deliver effectively and develop their capabilities	<u>Commissioning and procurement</u> *See overview*
f) ensures that the provision of products, equipment, services, systems or facilities are effectively monitored against specifications	<u>Legislation, policies and procedures</u> *See overview*
g) provides clear and timely information on overall procurement and commissioning systems to the people responsible.	<u>Contracts</u> might include: – bespoke contracts – cost and volume contracts – letters of agreement – purchase orders – standard contracts

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G3/Level 4: Develop, review and improve commissioning and procurement systems	
Indicators	*Examples of application*
The worker: a) works with others to identify and agree appropriate <u>aspects of commissioning and procurement systems</u> that: – are supportive of the direction, strategies and policies of the organisation – are consistent with <u>legislation, policies and procedures</u> – take account of the <u>context</u> in which the commissioning and procurement is taking place b) negotiates and agrees with the relevant people clear and effective plans for effectively taking forward <u>commissioning and procurement</u> c) negotiates with others to put in place sufficient <u>supporting mechanisms</u> to ensure that commissioning and procurement takes place effectively d) works with others to take forward the implementation of commissioning and procurement and ensures it is effective in practice e) gains sufficient information on the effectiveness and efficiency of commissioning and procurement to make adjustments as and when they are necessary f) <u>evaluates</u> the effectiveness and efficiency of commissioning and procurement at key intervals to identify the need for more fundamental improvements.	<u>Aspects of commissioning and procurement systems</u> might include: – changes planned for the future (eg increased volumes, service redesign) – classification systems (eg Health Resource Groups) – comparison with local and national trends – contracting processes, methods, systems and capacity – control of resources – critical paths – impact on/relationship to budgets – incentives – logistics and supply processes – monitoring activity – national tariffs – reference costs – requirement specifications – risk assessment and management – standards and benchmarks – supplier control, databases, evaluation and rating criteria, quality approval – targets – technology and information to support the system <u>Legislation, policies and procedures</u> *See overview* The <u>context</u> in which commissioning and procurement is taking place might include: – baselines – overall position in the health economy – reference cost position of main providers/suppliers – strategy for activity and expenditure <u>Commissioning and procurement</u> *See overview* <u>Supporting mechanisms</u> might include: – communication processes – control mechanisms – information flows – knowledge and capability within the organisation/service – technology <u>Evaluation</u> might include: – analysis of policies and changing direction in the service – analysis of reports and information in the system – feedback from suppliers – feedback from users – knowledge in the service as a whole

DIMENSION G4: FINANCIAL MANAGEMENT

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Monitor expenditure
	2 Coordinate and monitor the use of financial resources
	3 Coordinate, monitor and review the use of financial resources
	4 Plan, implement, monitor and review the acquisition, allocation and management of financial resources
Description	This dimension is about the management of financial resources. It includes activities such as making proposals for expenditure, authorising and controlling the use of financial resources, and agreeing, monitoring and reviewing budgets. It is relevant to all areas of work in the NHS as financial management takes place throughout the service.
	Financial resources include money and finance as well as the financial value of other resources such as people, equipment, materials etc.
	Progression through the levels in this dimension is characterised by:
	– the move from authorising and monitoring day to day expenditure, through planning and controlling budgets to taking a broad overview of the acquisition, allocation and management of financial resources
	– increasing knowledge and skills in financial management.
Examples of application *These may be relevant to all levels in this dimension*	<u>Financial management</u> might be in the areas of: – assessment, diagnosis, care and treatment – buildings and environments – capacity and capability building – development and innovation – education, training and development – equality and diversity – financial services – health and wellbeing – health, safety and security – human resource management and development – management of projects or services – marketing and promotion – prescribing patterns – processing and managing information and knowledge – procurement and commissioning – resource use – service effectiveness – systems and equipment – the improvement of health and wellbeing – transport and logistics. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – data protection – financial accounting – management accounting – organisational law – tax and revenue.

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Links to other KSF dimensions	This dimension is supported by: – *Core 5 Quality* – which focuses on governance (including financial and corporate) – *IK1 Information processing* – *IK2 Information collection and analysis* This dimension is different from dimensions: – *G3 Procurement and commissioning* – which focuses on purchasing and managing the supply of goods, equipment and services to the organisation – *G5 Services and project management* – which focuses on planning, implementing, monitoring and evaluating projects and services.

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G4/Level 1: Monitor expenditure	
Indicators	*Examples of application*
The worker:	Financial management
a) monitors expenditure against agreed budgets to support effective <u>financial management</u> and consistent with <u>legislation, policies and procedures</u>	*See overview*
	<u>Legislation, policies and procedures</u>
b) identifies any actual or potential deviations from budgets and reports these to the appropriate person	*See overview*
c) provides information to the relevant person on the current spend against budget	

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G4/Level 2: Coordinate and monitor the use of financial resources	
Indicators	*Examples of application*
The worker:	Financial management
a) gives relevant people opportunities to provide information on the use of financial resources	*See overview*
b) makes and presents to the relevant people recommendations regarding financial resource use which:	Legislation, policies and procedures *See overview*
– take account of relevant past experience	
– take account of trends and developments	
– are consistent with sound <u>financial management</u>	
– are consistent with <u>legislation, policies and procedures</u>	
c) plans and schedules how agreed budgets will be used	
d) identifies any actual or potential deviations from budgets and recommends corrective action to the appropriate person.	

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G4/Level 3: Coordinate, monitor and review the use of financial resources

Indicators	*Examples of application*
The worker:	Financial management
a) gives relevant people opportunities to provide information on the use of financial resources	*See overview*
b) presents recommendations and requests to the relevant people regarding financial resource use which:	Legislation, policies and procedures
– take account of relevant past experience	*See overview*
– take account of trends and developments	Allocation of resources might include:
– are consistent with organisational objectives and policies	– to the worker
– are realistic, justifiable and of clear benefit	– by the worker.
– are sufficient to support the activities within his/her control	
c) negotiates and agrees the <u>allocation</u> of financial resources	
d) supports and encourages budget holders to make efficient and effective use of financial resources	
e) plans, schedules, controls and monitors the use of financial resources against agreed budgets	
f) identifies any actual or potential deviations from budgets and works with the budget holder to find effective ways of handling it	
g) reviews the allocation and use of financial resources and agrees appropriate improvements	
h) provides appropriate support to others to improve their knowledge and understanding of financial resource management.	

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G4/Level 4: Plan, implement, monitor and review the acquisition, allocation and management of financial resources	
Indicators	*Examples of application*
The worker:	Managing financial resources *See overview*
a) in consultation with relevant others, develops clear plans for acquiring, allocating and managing financial resources which	Constraints and opportunities may include
– support the organisation's vision, values, strategies and objectives	– new funding initiatives
– take account of current and potential future constraints and opportunities	– reductions in funding
– have clear inter-relationships to procurement and commissioning processes, systems and requirements	Procurement and commissioning processes, systems and requirements might include:
– comply with legislation, policies and procedures	– coding/classifying activity to cost
b) implements methods, processes and systems for acquiring, allocating, and managing financial resources which:	– cost reductions – efficiency gains
– support the organisation's vision, values, strategies and objectives	– financial management systems and processes
– comply with legislation, policies and procedures	– information systems and flows
c) monitors the acquisition, allocation and management of financial resources in order to:	– reference costs
– evaluate the performance of service, projects and programmes	Legislation, policies and procedures *See overview*
– identify problems/issues	
– predict future needs and shortfalls	
– identify trends	
– assess capacity to meet future needs	
d) reviews plans, methods, processes and systems related to the acquisition, allocation and management of financial resources and modifies them to improve their effectiveness	
e) provides appropriate support to others to improve their knowledge and understanding of financial resource management.	

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DIMENSION G5: SERVICES AND PROJECT MANAGEMENT

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist with the organisation of services and/or projects
	2 Organise specific aspects of services and/or projects
	3 Prioritise and manage the ongoing work of services and/or projects
	4 Plan, coordinate and monitor the delivery of services and/or projects
Description	This dimension is about the management of services and/or projects, and activities within those services and/or projects. The services and projects might relate to any area of an organisation's or partnership's activities. Partnership is a key aspect of this dimension.
	This dimension covers a wide range of activities such as: the administration and organisation of individual parts of services and projects; agreeing overall and specific aims and objectives for services and projects; the coordination of multiple activities within services and projects; and the management of contingencies. It may involve the use of technology to assist in the management and coordination of services and projects.
	Progression through the levels in this dimension is characterised by:
	– moving from organising single and/or one-off aspects of projects and services to the coordination and sequencing of inter-related activities within a service or project and/or across a number of services and projects
	– increasing knowledge and skills in planning, scheduling, monitoring, coordinating and their inter-relationships
	– increasing ability to manage contingencies and the knock-on effect of these on other aspects of projects or services.
Examples of application *These may be relevant to all levels in this dimension*	<u>Services and projects</u> may be in the areas of: – assessment, diagnosis, care and treatment – buildings and environments – capacity and capability building – development and innovation – education, training and development – equality and diversity – financial services and management – health and wellbeing – health, safety and security – human resource management and development – marketing and promotion – procurement and commissioning – processing and management of information and knowledge – resource use – service effectiveness – systems and equipment – the improvement of health and wellbeing – transport and logistics. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – contract law – data protection – employment – finance – health and social care services.

APPENDIX 2: DIMENSION G4: FINANCIAL MANAGEMENT
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Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication*
	– *Core 5 Equality and diversity*
	– *IK1 Information processing* – as information flow is a key part of effective services and project management
	– *IK2 Information collection and analysis* – as information flow is a key part of effective services and project management
	– *G4 Financial management* – related to services and projects
	– *G6 People management* – related to the management of people working on services and projects.
	This dimension is different from dimensions:
	– *Core 4 Service improvement* – which focuses on improving services and taking them forward whereas this dimension focuses on running services on a day-to-day basis
	– *G3 Procurement and commissioning* – which is about commissioning services and projects whereas this dimension is about supplying services and projects.

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APPENDIX 2: DIMENSION G5: SERVICES AND PROJECT MANAGEMENT
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G5/Level 1: Assist with the organisation of services and/or projects	
Indicators	*Examples of application*
The worker:	<u>Activities</u> might include:
a) identifies with the team the <u>activities</u> to be undertaken to support <u>services and projects</u>	– arranging catering and other forms of support
	– arranging events
b) undertakes activities effectively and to time consistent with <u>legislation, policies and procedures</u>	– arranging travel
	– booking straightforward appointments
c) reports any difficulties or problems at an appropriate time to a team member	– chasing replies
	– drafting and finalising documents (including letters)
d) keeps accurate records of activities and makes them available to people at the time that they need them.	– filing/storing
	– monitoring supplies
	– ordering supplies
	– organising venues
	– preparing papers for distribution
	– taking payments in simple circumstances
	– taking notes
	– welcoming and facilitating events and meetings
	<u>Services and projects</u>
	See overview
	<u>Legislation, policies and procedures</u>
	See overview

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G5/Level 2: Organise specific aspects of services and/or projects	
Indicators	*Examples of application*
The worker:	Services and projects
a) obtains full, relevant information on specific aspects of <u>services and projects</u> for which s/he is responsible and how they relate to other parts of the service or project	*See overview*
	Legislation, policies and procedures
	See overview
b) ensures that everyone involved in the specific aspects of services/projects for which s/he is responsible has relevant and appropriate information about the work and their role within it, and confirms their understanding of their role	Activities to support the efficient working of services/projects might include:
	– arranging diaries for others
c) ensures that planned resources are available for people to use at the time they need them	– chasing action, outputs and outcomes
	– handling queries from users and others connected with the services and/or projects
d) coordinates activities making sure that they run smoothly and work well together and are consistent with <u>legislation, policies and procedures</u>	– making payments from a petty cash account
	– organising complex appointments and schedules
e) effectively undertakes <u>activities to support the efficient working of services/projects</u>	– organising meetings and events
	– organising supplies
f) monitors the implementation of those aspects of services/projects for which s/he is responsible against agreed plans and takes prompt corrective action when activities are not consistent with plans	– producing documents
	– providing information on need for additional and/or future expenditure
g) monitors the outcomes of those aspects of services/projects for which s/he is responsible to confirm that their objectives are met and alerts service/project managers to any issues.	– supporting individuals and teams to understand and undertake their role
	– taking minutes

G5/Level 3: Prioritise and manage the ongoing work of services and/or projects

Indicators	*Examples of application*
The worker:	Services and projects
a) identifies and assesses for operational planning	*See overview*
– the ways in which <u>services/projects</u> contribute to the achievement of organisational/partnership direction, aims and objectives	<u>Who needs to be involved in the planning and implementation of the service/project</u> might include:
– what needs to be achieved in services/projects	– representatives of the public and/or the people for whom the service/project is being undertaken
– the inter-relationships between different parts including critical paths	– partner organisations
– <u>who needs to be involved in the planning and implementation of services/projects</u>	– individuals and teams involved in the delivery of the service/project
– potential risks	– individuals/teams in interconnected services/projects.
– priorities and targets	Legislation, policies and procedures
– the impact of <u>legislation, policies, procedures</u>	*See overview*
– methods and processes for reporting, controlling and communicating	<u>Monitoring the delivery of the service/project might</u> include:
b) enables people delivering services/projects to understand their role and its relationship to others	– effectiveness of service/project in meeting specific and overall aims and objectives
c) provides advice and support to people on day-to-day priorities, risks and issues	– efficiency
d) gathers enough information to <u>monitor the delivery of the service/project</u> against overall plans and promptly identifies and investigates any issues	– the use of financial resources against agreed budgets
e) determines and implements the most appropriate <u>ways of addressing issues</u> taking account of any relevant <u>factors</u>	<u>Ways of addressing issues</u> may be:
f) gains feedback on how to improve service/project delivery and uses it to improve future practice	– adjusting operational plans
g) provides information to the people who hold overall responsibility for services/projects when they appear to be ineffective or inefficient in meeting requirements	– advising on the need for changes in strategy
	– developing services/projects to meet the needs of new/current users
	– improving guidance/information/support to the people involved
	– influencing levels of demand or patterns of use
	– requesting and/or accessing specialist assistance
	<u>Factors</u> may include:
	– availability of knowledge and skills
	– compatibility with other services
	– cost
	– environmental impact
	– impact on others' services
	– resources
	– time

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G5/Level 4: Plan, coordinate and monitor the delivery of services and/or projects

Indicators	*Examples of application*
The worker:	Plans might include:
a) works with others to identify and produce <u>plans</u> that contain all the necessary detail for managing and delivering <u>services and/or projects</u> and that are:	– benchmarks and standards
	– budgets and delegation of budgets
– consistent with <u>legislation, policies and procedures</u>	– costs (eg reference cost position, activity/cost relationship)
– supportive of the organisation's/partnership's direction, strategy and objectives	– factors, circumstances and contingencies that can be predicted and how these contingencies and fluctuations can be managed
b) negotiates and agrees with others how to put in place sufficient <u>supporting mechanisms</u> to ensure that services and/or projects are managed and delivered effectively	– human resource use
	– improving the accuracy of costings
c) works with others to put in place methods, processes and systems for implementing service/project plans	– financial management systems
	– information systems
d) monitors the delivery and management of services and/or projects in order to:	– risk assessment and management
– evaluate performance against plans	– the specific requirements of the services/projects including contract specifications
– identify issues	– the technology and information that is available to manage and help the delivery of services/projects
– predict future needs and shortfalls	– the ways in which the services/projects support the organisation's/partnership's direction, values, strategies and objectives
– identify trends and developments	
– assess capacity to meet future needs	Services and projects
e) reviews plans, methods, processes and systems for managing services and/or projects and modifies them to improve effectiveness	*See overview*
	Legislation, policies and procedures
f) provides appropriate support to others to improve their knowledge and understanding of service and/or project management.	*See overview*
	Supporting mechanisms might include:
	– communication processes
	– controls
	– information flows
	– knowledge and capability within the organisation/service
	– reporting structures and systems
	– technology.

DIMENSION G6: PEOPLE MANAGEMENT

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Supervise people's work
	2 Plan, allocate and supervise the work of a team
	3 Coordinate and delegate work and review people's performance
	4 Plan, develop, monitor and review the recruitment, deployment and management of people
Description	This dimension is about the management of individuals and teams. It covers activities such as recruitment, selection, work planning, allocating and delegating activities, and reviewing performance, placing emphasis throughout on getting the best from people, treating them fairly and involving them in decisions about their work. This dimension includes aspects of leadership as it is through culture change and leadership from the top that others are inspired to deliver high quality services.
	Progression through the levels in this dimension is characterised by:
	– moving from supervising day to day tasks and activities, through coordinating and allocating work, to taking a broad overview of recruitment, deployment and the management of people in an area of work
	– increasing knowledge and skills in the management of people
	– increasing knowledge and skills in good practice in recruiting and retaining people from diverse groups.
Examples of application *These may be relevant to all levels in this dimension*	<u>People</u> and <u>team</u> <u>members</u> might be:
	– those for whom the worker has line responsibility
	– those for whom the worker has functional responsibility
	– those for whom the worker has delegated responsibility
	and they may work
	– alongside the worker
	– at a distance from the worker (eg night shift, outreach workers, those who are directly supervised by others but for whom the worker holds overall management responsibility)
	<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:
	– employment
	– equality and diversity
	– health and safety
	– security
	– working time.
Links to other KSF dimensions	This dimension is supported by:
	– *Core 1 Communication:* which covers all forms of communication with colleagues and others
	– *Core 5 Quality* which covers the management of self
	– *Core 2 Personal and people development* which focuses on developing oneself and others during ongoing work
	– *Core 6 Equality and diversity* which focuses on promoting equality and diversity including within the workforce.
	This dimension is different from dimension:
	– *G5 Services and project management* which focuses on the running of services and projects themselves and the activities within them rather than the management of people who directly run the services on the ground.

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G6/Level 1: Supervise people's work	
Indicators	*Examples of application*
The worker:	<u>People</u> might be:
a) gives <u>people</u> <u>opportunities</u> to contribute to the planning and organisation of their work	*See overview*
b) develops and explains plans and work activities to people and enables them to carry out their work effectively consistent wtth <u>legislation, policies and procedures</u>	<u>Opportunities</u> might include:
	– email communication/discussion
	– making oneself available to people
	– one-to-one meetings
c) gives people support and opportunities to <u>assess their own work</u> and gives them clear, sensitive and appropriate <u>feedback</u> in a way that helps them improve and develop	– regular meetings to discuss work plans
	– team briefings
	– telephone discussions
d) supports people effectively during the NHS KSF development review process	<u>Legislation, policies and procedures</u>
	See overview
e) reports poor performance to a relevant person for them to take action.	<u>Assessment of own work</u> might be in relation to:
	– day-to-day work
	– quality and user requirements
	– specific achievements
	– specific objectives and targets
	<u>Feedback</u> may be given:
	– during normal day-to-day activities
	– during specific meetings
	– when required to maintain motivation, morale and effectiveness

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G6/Level 2: Plan, allocate and supervise the work of a team	
Indicators	**Examples of application**
The worker:	Team members might be:
a) contributes to the recruitment and selection of <u>team members</u> to meet organisational needs consistent with <u>legislation, policies and procedures</u>	*See overview*
b) communicates clearly with team members and gives them opportunities to:	<u>Legislation, policies and procedures</u>
– contribute to the planning and organisation of work	*See overview*
– assess their own and team work	<u>Assessing</u> the work of teams and individuals might be for:
– respond to feedback	– appraisal of team or individual day-to-day work
c) develops work plans and allocates work in a way which:	– assuring that objectives and targets have been achieved
– is consistent with the team's objectives	– assuring that quality and user requirements have been met
– is realistic and achievable	– recognising achievement
– takes full account of team members' abilities and development needs	and may be related to:
d) objectively <u>assesses</u> the work of the team and provides clear constructive <u>feedback</u> to the team in a manner most likely to maintain and improve performance	– one specific activity or objective
	– the overall work of the team or individual.
e) supports team members effectively during the NHS KSF development review process and enables them to meet their development objectives	<u>Feedback</u> may be given:
	– at team meetings and briefings
f) agrees with team members courses of action to address issues with their work	– during confidential discussions of work
	– during formal appraisals
	– during normal day-to-day activities
	– when required to maintain motivation, morale and effectiveness

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G6/Level 3: Coordinate and delegate work and review people's performance	
Indicators	*Examples of application*
The worker:	<u>Workforce</u> <u>requirements</u> may include:
a) suggests <u>workforce requirements</u> to meet team and organisational objectives	– numbers of staff
	– rota/shift patterns
b) selects individuals for posts using agreed methods and based on objective assessments against agreed criteria	– skills/skill mix of staff
	<u>People</u> might be:
c) gives team members clear information on, and opportunities to influence, work objectives, planning and organisation, in a way which inspires commitment and enthusiasm	*See overview*
	<u>Legislation, policies and procedures</u>
	See overview
d) plans and coordinates work:	
– prioritising and reprioritising activities to respond to changing circumstances	
– managing multiple processes simultaneously whilst enabling teams and individuals to focus on their own specific objectives	
e) delegates authority to <u>people</u> and monitors them against the required outcomes, agreeing with them:	
– clear, explicit and achievable targets and timescales	
– ways in which their development will be supported	
– how progress and performance will be monitored and reviewed	
f) allocates and provides sufficient resources and support for delegated work and reviews progress and outcomes with people as agreed	
g) gives people support and opportunities to meet their personal development objectives	
h) agrees with people appropriate courses of action to address any issues with their work	

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

G6/Level 4: Plan, develop, monitor and review the recruitment, deployment and management of people	
Indicators	**Examples of application**
The worker:	<u>People</u> might be:
a) in consultation with relevant others, develops clear plans for the recruitment, deployment and management of <u>people</u> which	*See overview*
– support the organisation's vision, values, strategies and objectives	<u>Legislation, policies and procedures</u>
– take account of current and potential future <u>constraints and opportunities</u>	*See overview*
– comply with <u>legislation, policies and procedures</u>	<u>Constraints and opportunities</u> may include:
b) implements methods, processes and systems for recruiting, deploying and managing people which:	– capacity – matching resources to activities
– support the organisation's vision, values, strategies and objectives	– current staff capabilities and career plans
– comply with legislation, policies and procedures	– facilities/buildings
c) monitors the recruitment, deployment and management of people in order to:	– financial resources
– evaluate performance in these areas	– organisational policies and objectives
– identify current problems/issues	– partnership working
– identify trends	– skill mix
– predict future needs	– the relationship between activity and cost
– assess capacity to meet future needs	
d) reviews plans, methods, processes and systems related to the recruitment, deployment and management of people and modifies them to improve their effectiveness	
e) provides appropriate support to others to improve their knowledge and understanding of people management..	

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DIMENSION G7: CAPACITY AND CAPABILITY

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Sustain capacity and capability 2 Facilitate the development of capacity and capability 3 Contribute to developing and sustaining capacity and capability 4 Work in partnership with others to develop and sustain capacity and capability
Description	This dimension is about developing the capacity and capability of communities, organisations and the workforce. It recognises that the whole is bigger than the parts and so focuses on 'collective' capacity and capability, and acknowledges that for ongoing development, there is a need to look to the longer term. It includes the key process of partnership working as it is through partnership that capacity and capability can most effectively be developed to improve services for the public. Capacity and capability development might take place in response to national directives or requirements (eg for service improvement) or be driven from the bottom up. It includes a wide range of different activities such as: increasing the competence and confidence of people; developing and improving systems, structures and processes (eg for financial control and planning); investing in resources and skills; developing relationships, partnerships, networks and support structures; facilitating and empowering people to undertake new roles and work in new ways. Progression through the levels in this dimension is characterised by: – increasing knowledge and skills in taking forward the development and maintenance of capacity and capability – increasing scope of activity – developing skills in working in partnership with others – promoting equality and valuing diversity.
Examples of application *These may be relevant to all levels in this dimension*	<u>Developing and sustaining capacity and capability</u> might relate to: – community development – organisational development – workforce development. <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – improvement of health and wellbeing – health and social care services – employment – equality and diversity – regeneration
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – *Core 4 Service improvement* – *Core 6 Equality and diversity* – *IK1 Information processing* – *IK2 Information collection and analysis.* This dimension is different from dimensions: – *G1 Learning and development* – which focuses on the development of individuals and groups as compared with the development of the capacity and capability of collectives.

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G7/Level 1: Sustain capacity and capability	
Indicators	*Examples of application*
The worker:	Legislation, policies and procedures
a) understands and values others' roles and contributions enabling them to make effective contributions working consistently with <u>legislation, policies and procedures</u>	*See overview*
	<u>Appropriate action to build on others' knowledge, skills, experiences and values</u> might include:
b) acknowledges the nature and context in which others work and live and the value of their differing perspectives and experiences	– acknowledging the contributions of others
	– enabling others to take an active part in different activities and roles
c) shares and takes account of own and others' culture, knowledge, skills, experiences and values	– involving others in own work
	– sharing developments with others
d) takes the <u>appropriate action to build on others' knowledge, skills, experiences and values</u> and build them into the development of joint ideas, practice and work so that <u>capacity and</u> <u>capability can be sustained</u>	<u>Sustaining capacity and capability</u>
	See overview

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G7/Level 2: Facilitate the development of capacity and capability	
Indicators	*Examples of application*
The worker:	Developing and sustaining capacity and capability
a) identifies and promotes the purpose, advantages and disadvantages of developing <u>capacity and capability</u>	*See overview*
b) appraises different <u>options for facilitating capacity and capability development</u> consistent with <u>legislation, policies and procedures</u>	Options for facilitating capacity and capability development might include:
c) discusses and agrees the most appropriate options with the people concerned taking account of the particular context and the specific purpose of the development	– advice – facilitation – investment in resources – opportunities for participating with others
d) identifies and seizes opportunities to develop and improve relationships with others	– process consultancy – product consultancy
e) takes forward capacity and capability development approaches effectively and as agreed	– team building – timeouts
f) accepts joint responsibility for any <u>problems and tensions</u> that arise modifying approaches as a result	Legislation, policies and procedures *See overview*
g) <u>evaluates</u> with those involved the effectiveness of the approaches and the extent to which they have contributed to the development of capacity and capability	Problems and tensions might include: – communication difficulties – different value systems which need to be navigated
h) agrees the next steps with people and who will take them forward.	– different priorities of the people/organisations involved – differing views and confusion about the purpose – inter-relationships between the different people involved – misunderstanding of positive action and other relevant legislation, policies and procedures – motivation and commitment – personal resources and capabilities of the main workers – resources (including time that people are able to commit to the process) – the effect of change and uncertainty.
	Evaluation might include: – development from initial benchmarked starting point – feedback from those involved.

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G7/Level 3: Contribute to developing and sustaining capacity and capability

Indicators	*Examples of application*
The worker: a) identifies and agrees with others – an analysis of the current position – the purpose of the <u>capacity and capability development</u> – appropriate <u>processes</u> – relevant <u>legislation, policies and procedures</u> b) works with others to plan appropriate capacity and capability development programmes and how they will be taken forward c) agrees with those taking forward capacity and capability development how this will be done d) monitors and supports the people taking forward capacity and capability development, responding to arising <u>issues</u> e) <u>evaluates</u> the effectiveness of capacity and capability development and feeds back to those responsible for the overall development of capacity and capability. f) agrees the next steps with people and who will take them forward.	<u>Developing and sustaining capacity and capability</u> *See overview* <u>Processes</u> might include: – advice – conflict management and resolution – facilitation – opportunities for participating with others – process consultancy – product consultancy – securing funding – seeking out new partnerships – team building – timeouts <u>Legislation, policies and procedures</u> *See overview* <u>Issues</u> might include: – communication difficulties – different value systems which need to be navigated – different priorities of the people/organisations involved – differing views and confusion about the purpose – external factors that affect the development and for which it was not possible to plan – inter-relationships between the different people involved – misunderstanding of positive action and other relevant legislation, policies and procedures – motivation and commitment – personal resources and capabilities of the main workers – resources (including time that people are able to commit to the process) – the effect of change and uncertainty. <u>Evaluation</u> might include: – development from initial benchmarked starting point – feedback from those involved

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G7/Level 4: Work in partnership with others to develop and sustain capacity and capability	
Indicators	**Examples of application**
The worker:	Developing and sustaining capacity and capability
a) works with others to identify and agree:	*See overview*
– anticipated future demands which make it necessary to build capacity and capability	Processes might include:
– an analysis of the current position	– advice
– the purpose of capacity and capability development	– allocating resources to strengthen partnerships
– appropriate processes	– conflict management and resolution
– relevant legislation, policies and procedures	– facilitation
b) works with others to produce plans that are likely to be effective in meeting the purpose of capacity and capability development given the current position and using innovative solutions where these are appropriate	– investment
	– opportunities for participating with others
	– process consultancy
	– product consultancy
c) negotiates with others to put in place resources and mechanisms to implement and support effective capacity and capability development	– securing funding
	– seeking out and developing new partnerships
	– team building
d) gains sufficient information on the effectiveness of capacity and capability development to make adjustments as and when they are necessary	– timeouts
	– writing and progressing bids to improve resources
e) evaluates the effectiveness of capacity and capability development with others and agrees the way forward.	Legislation, policies and procedures
	See overview
	Resources and mechanisms might include:
	– decision making processes
	– communication processes
	– financial resourcing
	– information flows
	– infrastructures
	– knowledge capability within the organisation/service
	– technology
	Evaluation might include:
	– development from initial benchmarked starting point
	– feedback from those involved

DIMENSION G8: PUBLIC RELATIONS AND MARKETING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist with public relations and marketing activities 2 Undertake public relations and marketing activities 3 Market and promote a service/organisation 4 Plan, develop, monitor and review public relations and marketing for a service/organisation
Description	This dimension is about marketing and managing public relations for organisations, services or parts of organisations/services. It covers a wide range of activities including: designing and managing campaigns; press and media contacts and management; ad hoc responses to queries; promoting the service/organisation through good news stories; the preparation of reports and marketing information; community engagement and consultation. Progression through the levels in this dimension is characterised by: – increasing knowledge and skills in public relations and marketing – increasing scope of public relations and marketing activities and influence.
Examples of application *These may be relevant to all levels in this dimension*	<u>Public relations and marketing</u> might include: – attracting funding to a service/organisation – encouraging people (internal or external to the organisation) to make use of a specific service – encouraging people to offer their services for the good of the general public (eg to donate blood or organs) – managing the reputation of an organisation/service – selling a service more widely (eg training and development). <u>Legislation, policies and procedures</u> may be international, national or local and may relate to: – advertising – contract law – corporate identity – data protection – disability – employment – equality and diversity.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – *Core 4 Service improvement* – *IK1 Information processing* – *IK2 Information collection and analysis*

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G8/Level 1: Assist with public relations and marketing activities	
Indicators	*Examples of application*
The worker: a) identifies with the team the <u>tasks</u> related to <u>public</u> <u>relations</u> <u>and</u> <u>marketing</u> that need to be undertaken b) undertakes the task effectively to time and consistent with <u>legislation, policies and procedures</u> c) reports any difficulties or problems at an appropriate time to a team member.	<u>Tasks</u> might include: – drafting press releases – helping with press campaigns – making available public relations and marketing resources – preparing and collating complaint forms – preparing and collating feedback forms – preparing materials and resources for public relations and marketing – replying to queries using pre-agreed scripts – supporting community engagement and consultation activities <u>Public relations and marketing</u> *See overview* <u>Legislation, policies and procedures</u> *See overview*

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G8/Level 2: Undertake public relations and marketing activities	
Indicators	*Examples of application*
The worker:	Public relations and marketing
a) obtains information on	*See overview*
– the specific aspects of public relations and marketing for which s/he is responsible and their relationship to other public relations and marketing activities and programmes	Specific aspects might include:
– their purpose and focus	– developing public relations and marketing resources
– the audience	– developing materials for websites
b) undertakes effectively those specific aspects of public relations and marketing that are his/her responsibility consistent with legislation, policies and procedures	– handling telephone queries
	– maintaining organisational websites for marketing and public relations purposes
c) gains feedback on the effectiveness of the public relations and marketing for which s/he is responsible and uses it to improve future practice	– replying to queries
	– selecting marketing media to engage with different audiences
d) discusses with the team ideas for improving public relations and marketing overall.	– undertaking specific community engagement and consultation activities
	– writing and agreeing press releases
	Legislation, policies and procedures
	See overview

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G8/Level 3: Market and promote a service/organisation	
Indicators	**Examples of application**
The worker:	Public relations and marketing
a) identifies:	*See overview*
– the purpose and aims of <u>public relations and marketing</u>	Legislation, policies and procedures
– the people who are the focus of public relations and marketing	*See overview*
– the time and resources available	Approaches to promotion and marketing might include:
– relevant <u>legislation, policies and procedures</u>	– challenging negative attitudes
b) develops and agrees public relations and marketing plans which clearly specify:	– encouraging community participation
– aims and objectives	– encouraging and supporting donors
– content and timing	– engagement and consultation with local communities
– <u>approaches</u>	– identifying and exploiting diverse media
– how public relations and marketing will be reviewed	– influencing opinions and attitudes
c) disseminates plans promptly to other people who will be involved in carrying out the work	– promoting good news stories
d) delivers public relations and marketing activities for which s/he is responsible according to plans whilst making any necessary adjustments to meet people's needs and interests	– relating to, and working with, the press and media
e) gains feedback from the people who are the focus of public relations and marketing on their perceptions of it and its effectiveness	
f) reports on the effectiveness of public relations and marketing in the light of own reflections and feedback.	

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

G8/Level 4: Plan, develop, monitor and review public relations and marketing for a service/organisation

Indicators	Examples of application
The worker:	Public relations and marketing
a) analyses information on public relations and marketing and identifies relevant factors for future work	*See overview*
b) works with others to develop and record realistic promotion and marketing plans that are consistent with:	Factors might include:
– organisational strategy, policies and direction	– effectiveness of existing public relations and marketing
– legislation, policies and procedures	– public perceptions affecting the service/organisation
c) ensures that plans and agreements are disseminated promptly to the relevant people	– service issues
	– trends and developments
d) agrees with the public relations and marketing team how plans will be implemented and supports them throughout, responding to arising issues	– wider issues (such as national press coverage)
e) monitors the delivery of plans for their effectiveness in meeting their aims	Legislation, policies and procedures
f) evaluates with the team and other relevant people the effectiveness of public relations and marketing and uses the outcomes to improve future plans.	*See overview*

APPENDIX 3
WHERE TO FIND IT
IN THE NHS KSF

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

WHERE TO FIND IT

Subject	Dimensions
Access	IK3 Knowledge and information resources
Accident/incident reporting	Core 3 Health, safety and security Core 5 Quality
Accommodation	EF2 Environments and buildings
Accreditation (of records/data management)	IK1 Information processing IK2 Information collection and analysis
Acquisition	IK3 Knowledge and information resources G4 Financial management
Acting as a resource	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Adaptive systems for daily living	HWB9 Equipment and devices to meet health and wellbeing needs
Administration of services and activities	G5 Services and project management
Advertising	G8 Public relations and marketing
Advice	Core 1 Communication (particularly levels 3 & 4) Core 2 Personal and people development HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs IK3 Knowledge and information resources G1 Learning and development G7 Capacity and capability
Allocating/delegating work	G6 People management
Analysis	HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs IK2 Information collection and analysis
Anti-discriminatory practices	Core 5 Quality
Application of energy (eg radiation)	HWB7 Interventions and treatments
Application of materials and substances	HWB7 Interventions and treatments
Appointments	G5 Services and project management
Appraisal	Core 2 Personal and people development IK3 Knowledge and information resources G2 Development and innovation G6 People management
Archiving	IK3 Knowledge and information resources
Assembly	HWB10 Products to meet health and wellbeing needs
Assessment	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB6 Assessment and treatment planning HWB10 Products to meet health and wellbeing needs G1 Learning and development
Audit	IK2 Information collection and analysis Core 4 Service improvement Core 5 Quality
Benchmarking exercises	Core 4 Service improvement Core 5 Quality

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Biological fluids	HWB8 Biomedical investigation and intervention
Blood components and products	HWB10 Products to meet health and wellbeing needs
Blood transfusion	HWB5 Provision of care to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF3 Transport and logistics
Blue light transport	EF3 transport and logistics
Budget management	G5 Services and project management
Buildings	EF1 Systems, vehicles and equipment EF2 Environments and buildings
Building regulations and standards	Core 3 Health, safety and security Core 5 Quality
Calculates	HWB10 Products to meet health and wellbeing needs
Campaigns	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing G8 Public relations and marketing
Car parking	EF3 Transport and logistics
Care after death	HWB5 Provision of care to meet health and wellbeing needs
Care planning, monitoring and review	HWB2 Assessment and care planning to meet people's health and wellbeing needs
Carers	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB9 Equipment and devices to meet health and wellbeing needs
Cataloguing	IK3 Knowledge and information resources
Cells	HWB8 Biomedical investigation and intervention
Change management	Core 4 Service improvement
Checking	HWB10 Products to meet health and wellbeing needs
Child protection	Core 3 Health, safety and security HWB3 Protection of health and wellbeing
Children	Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Choice	Core 1 Communication Core 4 Service improvement Core 5 Quality Core 6 Equality and diversity HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF2 Environments and buildings
Classifying	IK3 Knowledge and information resources
Cleaning	EF1 Systems, vehicles and equipment EF2 Environments and buildings
Clinical governance	Core 5 Quality
Clinical guidelines	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Clinical history taking	HWB6 Assessment and treatment planning
Clinical negligence	Core 3 Health, safety and security Core 5 Quality EF1 Systems, vehicles and equipment IK2 Information collection and analysis
Clinical supervision	Core 2 Personal and people development
Clinical trials	G2 Development and innovation
Coaching	Core 2 Personal and people development
Codes of conduct and practice	Core 5 Quality
Collection	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB6 Assessment and treatment planning HWB8 Biomedical investigations and interventions IK2 Information collection and analysis
Communication	Core 1 Communication *And embedded throughout*
Communication aids	Core 1 Communication HWB9 Equipment and devices to meet health and wellbeing needs
Community development	G7 Capacity and capability
Community engagement and consultation	G8 Public relations and marketing
Complaints	Core 1 Communication Core 5 Quality
Components	HWB10 Products to meet health and wellbeing needs EF1 Systems, vehicles and equipment
Computer-based applications	IK1 Information processing
Confidentiality	Particularly in: Core 1 Communication Core 2 Personal and people development IK1 Information processing IK2 Information collection and analysis *And embedded throughout*

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Conflict management and resolution	G7 Capacity and capability
Consent	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs IK2 Information collection and analysis
Consultancy	G7 Capacity and capability
Contingency management	G5 Services and project management
Continuing professional development	Core 2 Personal and people development G1 Learning and development
Contract management	G3 Procurement and commissioning
Contracting	G3 Procurement and commissioning G5 Services and project management G8 Public relations and marketing
Control	HWB10 Products to meet health and wellbeing needs
Controls assurance	HWB8 Biomedical investigations and interventions IK1 Information processing IK2 Information collection and analysis
Control of infectious and communicable disease	HWB3 Protection of health and wellbeing EF3 Transport and logistics Core 3 Health, safety and security
Coordination	G3 Procurement and commissioning G5 Services and project management
Copyright and patent	HWB9 Equipment and devices to meet health and wellbeing needs IK3 Knowledge and information resources G2 Development and innovation
Corporate governance	Core 5 Quality
Corporate image	Core 5 Quality G8 Public relations and marketing
Costing	G4 Financial management
Counselling	HWB7 Interventions and treatments G1 Learning and development
Criminal justice	Core 5 Quality HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Customer care	Core 1 Communication Core 5 Quality
Customer satisfaction surveys	Core 4 Service improvement
Data	IK1 Information processing IK2 Information collection and analysis
Data input	IK1 Information processing

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Data protection	Core 1 Communication IK1 Information processing IK2 Information collection and analysis IK3 Knowledge and information resources *And embedded throughout*
Decision making	Embedded throughout
Dependence	HWB5 Provision of care to meet health and wellbeing needs
Design	HWB9 Equipment and devices to meet health and wellbeing needs EF2 Environments and buildings G1 Learning and development G8 Public relations and marketing
Development	G2 Development and innovation G7 Capacity and capability EF1 Systems, vehicles and equipment IK1 Information processing IK2 Information collection and analysis
Development of people	Core 2 Personal and people development G1 Learning and development HWB4 Enablement to address health and wellbeing needs
Diagnosis	HWB6 Assessment and treatment planning HWB8 Biomedical investigation and intervention
Diagnostic agents	HWB10 Products to meet health and wellbeing needs
Disability	Core 1 Communication Core 2 Personal and people development HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB9 Equipment and devices to meet health and wellbeing needs EF2 Environments and buildings G8 Public relations and marketing
Dispensing	HWB10 Products to meet health and wellbeing needs
Dispensing devices	HWB9 Equipment and devices to meet health and wellbeing needs
Disposal	Core 3 Health, safety and security HWB8 Biomedical investigations and interventions
Diversity	Core 6 Equality and diversity Core 2 Personal and people development HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs IK3 Knowledge and information resources G3 Procurement and commissioning G6 People management G7 Capacity and capability G8 Public relations and marketing
Domestic violence	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB5 Provision of care to meet health and wellbeing needs
Donors	G8 Public relations and marketing – for attracting donors
Duty of care	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs

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Subject	Dimensions
Education	G1 Learning and development Core 2 Personal and people development HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs
e-learning	Core 2 Personal and people development G1 Learning and development
Electronic assistive devices	HWB9 Equipment and devices to meet health and wellbeing needs
Electronic communication (eg emails)	Core 1 Communication
Electronic forums and bulletin boards	Core 2 Personal and people development
Electronic knowledge and information resources	IK3 Knowledge and information resources
Electronic systems	IK1 Information processing IK2 Information collection and analysis
Emergencies	Core 3 Health, safety and security Core 5 Quality
Emergency services	EF3 Transport and logistics
Employment	Core 1 Communication Core 2 Personal and people development Core 5 Quality HWB4 Enablement to address health and wellbeing needs HWB9 Equipment and devices to meet health and wellbeing needs G1 Learning and development G3 Procurement and commissioning G5 Services and project management G6 People management G7 Capacity and capability G8 Public relations and marketing
Environmental adaptations	HWB9 Equipment and devices to meet health and wellbeing needs
Environmental protection	HWB3 Protection of health and wellbeing EF3 Transport and logistics
Environmental specimens	HWB8 Biomedical investigation and intervention
Environments	HWB10 Products to meet health and wellbeing needs EF2 Environments and buildings
Equality	Core 6 Equality and diversity Core 1 Communication Core 2 Personal and people development HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs IK3 Knowledge and information resources G3 Procurement and commissioning G6 People management G7 Capacity and capability G8 Public relations and marketing

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Equipment	HWB6 Assessment and treatment planning HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF1 Systems, vehicles and equipment EF3 Transport and logistics
Equity	Core 1 Communication Core 4 Service improvement Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs
Estates	EF2 Environments and buildings
Ethics	Core 5 Quality G2 Development and innovation
Evaluations	Core 4 Service improvement HWB7 Interventions and treatments HWB8 Biomedical investigation and intervention EF3 Transport and logistics IK2 Information collection and analysis G1 Learning and development
Evidence-based decision making	IK3 Knowledge and information resources
Evidence-based practice	IK3 Knowledge and information resources – includes accessing, appraising and applying knowledge and information Core 5 Quality – in relation to supporting quality at work HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs
Exercise	HWB7 Interventions and treatments
Expenditure	G4 Financial management
Expert patient	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB4 Enablement to address health and wellbeing needs
Extraction/removal	HWB7 Interventions and treatments
Facilitation	G7 Capacity and capability
Facilities	EF2 Environments and buildings
Faults – diagnosis and remedy	EF1 Systems, vehicles and equipment
Feedback	Core 2 Personal and people development G1 Learning and development G6 People management
Filmed knowledge and information resources	IK3 Knowledge and information resources
Finance	G3 Procurement and commissioning G5 Services and project management

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Subject	Dimensions
Financial accounting	G4 Financial management
Financial governance	Core 5 Quality
Financial resources	G4 Financial management
First aid	Core 3 Health, safety and security
Fleet management	EF3 Transport and logistics
Food safety and handling	Core 3 Health, safety and security HWB10 Products to meet health and wellbeing needs
Food and drink	HWB10 Products to meet health and wellbeing needs
Food service	HWB10 Products to meet health and wellbeing needs
Foreign organisms	HWB8 Biomedical investigation and intervention
Freedom of information	IK1 Information processing IK2 Information collection and analysis IK3 Knowledge and information resources *And embedded throughout*
Funding	G8 Public relations and marketing
Furnishings and fittings	EF2 Environments and buildings
Gas installation	EF1 Systems, vehicles and equipment
Goods	EF3 Transport and logistics
Governance	Core 5 Quality EF1 Systems, vehicles and equipment
Green transport	EF3 Transport and logistics
Grounds	EF2 Environments and buildings
Guidance	Core 2 Personal and people development G1 Learning and development
Guidelines	Core 5 Quality
Harassment and bullying	Core 3 Health, safety and security Core 6 Equality and diversity
Hardware	EF1 Systems, vehicles and equipment
Hazardous substances	Core 3 Health, safety and security Core 5 Quality
Health and safety	Core 3 Health, safety and security Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF1 Systems, vehicles and equipment EF2 Environments and buildings EF3 Transport and logistics G2 Development and innovation G6 People management
Health and wellbeing improvement	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB3 Protection of health and wellbeing G7 Capacity and capability
Health education	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Health needs assessment	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing IK1 Information processing IK2 Information collection and analysis
Health promotion	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Health screening	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Healthy eating	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Healthy lifestyles	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Housekeeping	EF2 Environments and buildings
Housing and tenancy	EF2 Environments and buildings
Human rights	Core 1 Communication Core 2 Personal and people development Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs
Hygiene	HWB10 Products to meet health and wellbeing needs
Illness	HWB7 Interventions and treatments HWB10 Products to meet health and wellbeing needs
Imaging	HWB6 Assessment and treatment planning
Impact assessments	Core 4 Service improvement HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Improving resistance to disease and other factors	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Indexing	IK3 Knowledge and information resources
Induction	Core 2 Personal and people development
Infection control	HWB3 Protection of health and wellbeing Core 3 Health, safety and security? Core 5 Quality
Influencing opinions and attitudes	G8 Public relations and marketing
Information	HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs IK1 Information processing IK2 Information collection and analysis IK3 Knowledge and information resources EF1 Systems, vehicles and equipment EF3 Transport and logistics
Information and communication technology	Core 1 Communication Core 2 Personal and people development EF1 Systems, vehicles and equipment
Information governance	Core 5 Quality

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Subject	Dimensions
Information management models and processes	IK1 Information processing
Information protection and security	Core 3 Health, safety and security Core 5 Quality HWB9 Equipment and devices to meet health and wellbeing needs IK1 Information processing IK2 Information collection and analysis IK3 Knowledge and information resources G1 Learning and development G2 Development and innovation
Ingredients	HWB10 Products to meet health and wellbeing needs
Innovation	G2 Development and innovation
Inspections	Core 5 Quality HWB3 Protection of health and wellbeing
Intellectual property	G2 Development and innovation
Inter-agency working	Core 4 Service improvement HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing G7 Capacity and capability
Intermediate data	IK1 Information processing
Internet	IK3 Knowledge and information resources
Interpretation	IK2 Information collection and analysis
Interpreting	Core 1 Communication
Inter-professional working	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing
Interventions	HWB7 Interventions and treatments HWB8 Biomedical investigation and intervention
Intranet/extranet	IK3 Knowledge and information resources
Investigations	HWB6 Assessment and treatment planning HWB8 Biomedical investigation and intervention
Investment	G7 Capacity and capability
Ionising radiation	Core 3 Health, safety and security Core 5 Quality HWB3 Protection of health and wellbeing HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs
Issuing	HWB10 Products to meet health and wellbeing needs
Knowledge	IK3 Knowledge and information resources
Knowledge management	IK3 Knowledge and information resources
Labelling	HWB8 Biomedical investigations and interventions
Landscapes – hard and soft	EF2 Environments and buildings
Language	Core 1 Communication Core 2 Personal and people development Core 5 Quality
Laundry and linen	EF2 Environments and buildings
Leadership	Core 4 Service improvement G2 Development and innovation G6 People management G7 Capacity and capability
Learning needs and styles	Core 2 Personal and people development G1 Learning and development

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Legislation	Referred to in every dimension and particularly in: Core 5 Quality HWB3 Protection of health and wellbeing
Libraries	IK3 Knowledge and information resources
Lifelong learning	Core 2 Personal and people development G1 Learning and development G6 People management
Limiting exposure to risk	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing Core 3 Health, safety and security
Listening	Core 1 Communication
Literature	IK3 Knowledge and information resources
Logistics	EF3 Transport and logistics
Maintenance	EF1 Systems, vehicles and equipment EF2 Environments and buildings IK1 Information processing IK3 Knowledge and information resources
Management	G4 Financial management G5 Services and project management G6 People management
Management accounting	G4 Financial management
Managing reputation	G8 Public relations and marketing
Manual treatments	HWB7 Interventions and treatments
Materials	EF3 Transport and logistics
Measurement	HWB6 Assessment and treatment planning HWB10 Products to meet health and wellbeing needs
Medical devices	HWB9 Equipment and devices to meet health and wellbeing needs
Medicines	HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs
Mental health	Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs
Mental incapacity	Core 6 Equality and diversity HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Mentoring	Core 2 Personal and people development G2 Learning and development
Minute taking	G5 Services and project management

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Subject	Dimensions
Mistakes and near misses – learning from them	Core 5 Quality
Models	HWB6 Assessment and treatment planning
Modifications	HWB7 Interventions and treatments HWB9 Equipment and devices to meet health and wellbeing needs EF1 Systems, vehicles and equipment IK1 Information processing
Monitoring	HWB3 Protection of health and wellbeing HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs EF1 Systems, vehicles and equipment
Moving and handling	Core 3 Health, safety and security Core 5 Quality
NHS KSF development review process	Core 2 Personal and people development G6 People management
Networks – electronic/computer	EF1 Systems, vehicles and equipment
Networks – human	G1 Learning and development Core 1 Communication
Networking	Core 2 Personal and people development Core 1 Communication
Numerical/statistical data	IK1 Information processing
Nutritional products and supplements	HWB10 Products to meet health and wellbeing needs
Occupational health	Core 3 Health, safety and security HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB3 Protection of health and wellbeing
Oral communication	Core 1 Communication
Organisation	IK3 Knowledge and information resources G5 Services and project management
Organisational development	G7 Capacity and capability
Organisational law	G4 Financial management
Organs	HWB8 Biomedical investigation and intervention
Orthoses	HWB9 Equipment and devices to meet health and wellbeing needs
Packing	HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs EF2 Environments and buildings
Pain management	HWB5 Provision of care to meet health and wellbeing needs HWB7 Interventions and treatments
Palliation	HWB7 Interventions and treatments
Paper-based systems	IK1 Information processing IK2 Information collection and analysis
Partnership	Core 4 Service improvement Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing EF3 Transport and logistics G1 Learning and development G3 Procurement and commissioning G5 Services and project management G7 Capacity and capability
Pathways	HWB6 Assessment and treatment planning
Patient involvement	*See user involvement*

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Subject	Dimensions
Patient safety	Core 3 Health, safety and security Core 5 Quality
Payments – taking and making	G5 Services and project management
Performance standards	EF1 Systems, vehicles and equipment
Personal care	HWB5 Provision of care to meet health and wellbeing needs
Pharmaceutical manufacture and distribution	HWB10 Products to meet health and wellbeing needs EF3 Transport and logistics
Photocopying	IK1 Information processing
Physiological functioning	HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Pilot studies	G2 Development and innovation
Planning	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF3 Transport and logistics G4 Financial management G5 Services and project management
Policies	Core 4 Service improvement Core 5 Quality
Policy appraisal	Core 4 Service improvement HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Policy development	Core 4 Service improvement
Policy implementation	Core 4 Service improvement
Postal services	EF3 Transport and logistics
Post-registration programmes	G1 Learning and development
Preparation	HWB6 Assessment and treatment planning HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs
Pre-registration programmes	G1 Learning and development
Prescription	HWB10 Products to meet health and wellbeing needs
Presentation	HWB10 Products to meet health and wellbeing needs IK1 Information processing IK2 Information collection and analysis
Press and media	G8 Public relations and marketing
Printed/written knowledge and information resources	IK3 Knowledge and information resources
Prioritising	G5 Services and project management
Problem solving	*Embedded throughout* Core 2 Personal and people development
Procedures	Core 5 Quality – in relation to supporting quality at work
Processed data	IK1 Information processing
Processing	HWB10 Products to meet health and wellbeing needs IK1 Information processing
Products	HWB10 Products to meet health and wellbeing needs EF3 Transport and logistics

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Subject	Dimensions
Product liability	HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF1 Systems, vehicles and equipment
Professional practice	HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions G1 Learning and development
Professional supervision	Core 2 Personal and people development
Programme development	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Project management	G5 Services and project management
Prostheses	HWB9 Equipment and devices to meet health and wellbeing needs
Protocol/procedure development	IK2 Information collection and analysis Core 4 Service improvement
Protocols	Core 5 Quality – in relation to supporting quality at work HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions
Prototypes	G2 Development and innovation
Providing information	HWB10 Products to meet health and wellbeing needs IK3 Knowledge and information resources
Psychological functioning	HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Psychotherapeutic approaches	HWB7 Interventions and treatments
Public health	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB3 Protection of health and wellbeing G7 Capacity and capability
Public interest	Core 4 Service improvement Core 5 Quality
Purchasing	G3 Procurement and commissioning
Qualifications	Core 2 Personal and people development Core 5 Quality G1 Learning and development
Qualitative data and information	IK2 Information collection and analysis IK3 Knowledge and information resources
Quality assurance	Core 5 Quality HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF1 Systems, vehicles and equipment IK1 Information processing IK2 Information collection and analysis IK3 Knowledge and information resources
Quantitative data and information	IK2 Information collection and analysis IK3 Knowledge and information resources
Raw data	IK1 Information processing
Receiving	HWB8 Biomedical investigations and interventions
Recorded knowledge and information resources	IK3 Knowledge and information resources
Record keeping	Core 1 Communication Plus embedded elsewhere eg HWB1-HWB10
Records management	I IK1 Information processing K2 Information collection and analysis
Recruitment	G6 People management

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Reducing stressors to health and wellbeing	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
Reference books	IK3 Knowledge and information resources
Referrals	HWB2 Assessment and care planning HWB6 Assessment and treatment planning
Reflective practice	Core 2 Personal and people development
Regeneration	G7 Capacity and capability
Rehabilitation	HWB7 Interventions and treatments
Relationships	Core 1 Communication
Repairs	EF1 Systems, vehicles and equipment EF2 Environments and buildings
Replacement	HWB7 Interventions and treatments EF2 Environments and buildings
Reporting	HWB8 Biomedical investigation and intervention IK2 Information collection and analysis
Research and development	IK2 Information collection and analysis – covers the research process of collecting, collating, analysing and interpreting information G2 Development and innovation – covers designing, developing and testing new and innovative concepts, models, methods, practices, products and equipment
Resource centres	IK3 Knowledge and information resources
Resource use and allocation	Core 5 Quality G4 Financial management
Resources	G3 Procurement and commissioning
Respite care	HWB5 Provision of care to meet health and wellbeing needs
Responsiveness	Core 1 Communication Core 4 Service improvement Core 5 Quality HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet individuals' health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs
Restoration	HWB7 Interventions and treatments
Reviewing performance	G6 People management
Risk assessment	Core 3 Risk assessment Core 4 Service improvement Core 5 Quality HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing
Risk management	Core 3 Health, safety and security Core 5 Quality HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Road transport	EF1 Systems, vehicles and equipment EF3 Transport and logistics

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Role modelling	Core 2 Personal and people development Core 3 Health, safety and security Core 5 Quality
Samples	HWB8 Biomedical investigation and intervention
Scheduling	G5 Services and project management
Screening	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing HWB6 Assessment and treatment planning
Secondments	Core 2 Personal and people development
Security	Core 3 Health, safety and security Core 5 Quality EF2 Environments and buildings EF3 Transport and logistics G6 People management
Selection	G6 People management
Self-assessment/evaluation	Core 2 Personal and people development G6 People management
Self-study	G1 Learning and development
Selling	G8 Public relations and marketing
Service modernisation	Core 4 Service improvement
Servicing	EF1 Systems, vehicles and equipment
Setting direction	Core 4 Service improvement
Shared decision making	All of the HWB units 01-10
Signing	Core 1 Communication
Software	EF1 Systems, vehicles and equipment
Sorting	HWB8 Biomedical investigations and interventions
Specimens	HWB8 Biomedical investigation and intervention
Spiritual care	HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs
Staff governance	Core 5 Quality
Staff involvement	Core 4 Service improvement
Standards	Core 5 Quality – in relation to supporting quality at work IK2 Information collection and analysis
Statutory enforcement	HWB3 Protection of health and wellbeing
Sterile supplies	EF2 Environments and buildings
Stock	EF3 Transport and logistics
Storing	HWB8 Biomedical investigations and interventions HWB10 Products to meet health and wellbeing needs G3 Procurement and commissioning
Strategy	Core 4 Service improvement
Structures	EF2 Environments and buildings
Student placements	Core 2 Personal and people development G1 Learning and development
Substances hazardous to health	Core 3 Health, safety and security HWB3 Protection of health and wellbeing HWB8 Biomedical investigations and interventions HWB9 Equipment and devices to meet health and wellbeing needs HWB10 Products to meet health and wellbeing needs EF2 Environments and buildings EF3 Transport and logistics

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Subject	Dimensions
Supervision	Core 2 Personal and people development G2 Learning and development G6 People management
Supplier development	G3 Procurement and commissioning
Supplies	EF3 Transport and logistics G3 Procurement and commissioning G5 Services and project management
Supply	HWB10 Products to meet health and wellbeing needs
Supply chain management	EF3 Transport and logistics
Supporting and supplementing body functioning	HWB7 Interventions and treatments HWB9 Equipment and devices to meet health and wellbeing needs
Supporting independent living	HWB4 Enablement to address health and wellbeing needs
Surgery	HWB7 Interventions and treatments
Systems	Core 5 Quality – in relation to supporting quality at work EF1 Systems, vehicles and equipment IK3 Knowledge and information resources
Systems to provide remote care (eg telecare)	HWB9 Equipment and devices to meet health and wellbeing needs
Targets	G3 Procurement and commissioning
Tax and revenue	IK1 Information processing IK2 Information collection and analysis G4 Financial management
Team building	G7 Capacity and capability Core 5 Quality
Team work	Core 5 Quality G6 People management
Technology – use of	HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Tendering	G3 Procurement and commissioning
Tests/testing	HWB6 Assessment and treatment planning HWB8 Biomedical investigations and interventions G2 Development and innovation
Text-based information and data	IK1 Information processing
Therapeutics	HWB7 Interventions and treatments
Time management	Core 5 Quality
Tissues	HWB8 Biomedical investigation and intervention
Total communication systems	Core 1 Communication
Toxins	HWB8 Biomedical investigation and intervention HWB3 Protection of health and wellbeing
Traffic management	EF3 Transport and logistics
Training	G1 Learning and development
Training needs analysis	G1 Learning and development
Translating	Core 1 Communication
Transport	HWB8 Biomedical investigations and interventions EF3 Transport and logistics
Treatment plan	HWB6 Assessment and treatment planning HWB7 Interventions and treatments
Treatments	HWB7 Interventions and treatments HWB8 Biomedical investigation and intervention
Upgrading	EF1 Systems, vehicles and equipment
Use of chemicals	EF2 Environments and buildings

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Subject	Dimensions
User involvement	Core 4 Service improvement
Value for money	G3 Procurement and commissioning
Vehicles	EF1 Systems, vehicles and equipment EF3 Transport and logistics
Verification	G1 Learning and development
Vocational qualifications	G1 Learning and development
Vulnerable adults	Core 3 Health, safety and security Core 5 Quality HWB2 Assessment and care planning to meet people's health and wellbeing needs HWB3 Protection of health and wellbeing HWB4 Enablement to address health and wellbeing needs HWB5 Provision of care to meet health and wellbeing needs HWB6 Assessment and treatment planning
Waste	EF3 Transport and logistics Core 3 Health, safety and security
Websites	IK2 Information collection and analysis IK3 Knowledge and information resources G8 Public relations and marketing
Wheelchairs	HWB9 Equipment and devices to meet health and wellbeing needs
Whistle blowing	Core 5 Quality
Work planning	G6 People management
Workplace ergonomics	Core 3 Health, safety and security
Workforce	G6 People management
Workforce development	G7 Capacity and capability Core 2 Personal and people development G1 Learning and development G6 People management
Written communication	Core 1 Communication

APPENDIX 4 FORM FOR DEVELOPING AN NHS KSF OUTLINE FOR A POST

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

FORM FOR DEVELOPING AN NHS KSF OUTLINE FOR A POST

Title of Post

NHS KSF DIMENSIONS	Needed for post?	Level for post				
		1	2	3	4	Notes
CORE DIMENSIONS – relates to all NHS posts						
1 Communication	Y					
2 Personal and people development	Y					
3 Health, safety and security	Y					
4 Service improvement	Y					
5 Quality	Y					
6 Equality and diversity	Y					
SPECIFIC DIMENSIONS						
HEALTH AND WELLBEING						
HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing						
HWB2 Assessment and care planning to meet people's health and wellbeing needs						
HWB3 Protection of health and wellbeing						
HWB4 Enablement to address health and wellbeing needs						
HWB5 Provision of care to meet health and wellbeing needs						
HWB6 Assessment and treatment planning						
HWB7 Interventions and treatments						
HWB8 Biomedical investigation and intervention						
HWB9 Equipment and devices to meet health and wellbeing needs						
HWB10 Products to meet health and wellbeing needs						

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

NHS KSF DIMENSIONS	Needed for post?	Level for post				
		1	2	3	4	Notes
ESTATES AND FACILITIES						
EF1 Systems, vehicles and equipment						
EF2 Environments and buildings						
EF3 Transport and logistics						
INFORMATION AND KNOWLEDGE						
IK1 Information processing						
IIK2 Information collection and analysis						
IK3 Knowledge and information resources						
GENERAL						
G1 Learning and development						
G2 Development and innovation						
G3 Procurement and commissioning						
G4 Financial Management						
G5 Services and project management						
G6 People management						
G7 Capacity and capability						
G8 Public relations and marketing						

APPENDIX 5 BROAD OUTLINE FOR A POST

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

BROAD OUTLINE FOR A POST

Post: Basic Grade Occupational Therapist

NHS KSF DIMENSIONS	Needed for post?	Level for post				
		1	2	3	4	Notes
CORE DIMENSIONS – relates to all NHS posts						
1 Communication	Y		X			Needs to be able to use IT as well as written & oral. With users, carers, team, care coordinator, other healthcare professionals
2 Personal and people development	Y		X			Includes participation in basic grade devt programme & KSF devt review
3 Health, safety and security	Y		X			Trust Risk assessment procedure. Lone working policy
4 Service improvement	Y		X			Audit, clinical effectiveness and user satisfaction surveys all part of post
5 Quality	Y		X			
6 Equality and diversity	Y		X			
SPECIFIC DIMENSIONS						
HEALTH AND WELLBEING						
HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing						
HWB2 Assessment and care planning to meet people's health and wellbeing needs						
HWB3 Protection of health and wellbeing						
HWB4 Enablement to address health and wellbeing needs						
HWB5 Provision of care to meet health and wellbeing needs						
HWB6 Assessment and treatment planning				X		Assessments – multidisciplinary team based, of occupational behaviour, specialised OT
HWB7 Interventions and treatments				X		Interventions – varied and specifically psychosocial, use of equipment and materials, environmental adaptations
HWB8 Biomedical investigation and intervention						
HWB9 Equipment and devices to meet health and wellbeing needs						
HWB10 Products to meet health and wellbeing needs						

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

NHS KSF DIMENSIONS	Needed for post?	Level for post				
		1	2	3	4	Notes
<u>ESTATES AND FACILITIES</u>						
EF1 Systems, vehicles and equipment						
EF2 Environments and buildings						
EF3 Transport and logistics						
<u>INFORMATION AND KNOWLEDGE</u>						
IK1 Information processing						
IIK2 Information collection and analysis						
IK3 Knowledge and information resources						
<u>GENERAL</u>						
G1 Learning and development						
G2 Development and innovation						
G3 Procurement and commissioning						
G4 Financial Management						
G5 Services and project management						
G6 People management						
G7 Capacity and capability						
G8 Public relations and marketing						

APPENDIX 6 EXAMPLE OF A FULL NHS KSF OUTLINE FOR A POST

EXAMPLE OF A FULL NHS KSF OUTLINE FOR A POST

Post: Basic Grade Occupational Therapist

Dimension	Level	Indicators	Areas of application for this post
1. Communication	Level 2 Communicate with a range of people on a range of matters	a) communicates with a range of <u>people</u> on a range of <u>matters</u> in a <u>form</u> that is appropriate to them and the situation b) improves the effectiveness of communication through the use of <u>communication</u> skills c) constructively <u>manages</u> <u>barriers</u> to effective communication d) keeps accurate and complete records consistent with <u>legislation, policies and procedures</u> e) communicates in a manner that is consistent with relevant <u>legislation, policies and procedures</u>	<u>Communication skills will include:</u> – Verbal and non-verbal communication – Listening and questioning – Written and electronic communication <u>Matters</u> might relate to: – asking questions/providing answers – providing feedback to care co-ordinator – establishing and maintaining contact with service users/ carers in what might be stressful/difficult situations – expressing opinions – sharing and discussing information (e.g. at team meetings) – making arrangements (e.g. for accommodation, transport) – explaining the role of the OT to users/carers colleagues, other health care professionals – maintaining up to date records of clinical activity – contributing to care planning <u>Managing barriers will include:</u> – using an interpreter/advocate to help service users/carers who have a different first/preferred language – modifying the style and/or form of communication for service users/carers who have communication differences (e.g. hearing loss/deafness, speech difficulties, cognitive impairment)

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Dimension	Level	Indicators	Areas of application for this post

2. Personal and People development	Level 2
	
	Develop own knowledge and skills and provide information to others to help their development.
		a) assesses and identifies:
		  – feedback from <u>others</u> on own work
		  – how s/he is applying knowledge and skills in relation to the KSF outline for the post
		  – own development needs and interests in the current post
		  – what has been helpful in his/her learning and development to date
		
		b) takes an active part in the development review of own work against the KSF outline for the post with reviewer and suggests areas for learning and development in the coming year
		
		c) takes responsibility for own <u>personal development</u> and takes an active part in learning opportunities
		
		c) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems
		
		d) keeps up-to-date records of own development review process
		
		f) <u>offers</u> <u>information</u> <u>to</u> <u>others</u> when it will help their development and/or help them meet work demands.
			<u>Offering</u> <u>information</u> <u>to</u> <u>others</u> will include:
			
			– during induction
			– during ongoing work
			– to students on placement
			– when changes are being made to work practices.
			
			Feedback from <u>others</u> will mean
			
			– participating in regular professional and/or operational supervision
			
			Taking responsibility for <u>own personal development</u> will mean:
			
			– participating in the basic grade development programme.
			– participating in the KSF development review

3. Health Safety and Security	Level 2
	
	Monitor and maintain health, safety and security of self and others.
		a) identifies and assesses the potential risks involved in work activities and processes for self and <u>others</u>
		
		b) identifies how best to manage the risks
		
		c) undertakes work activities consistent with:
		  – <u>legislation, policies and procedures</u>
		  – the assessment and management of <u>risk</u>
		
		d) takes the appropriate action to manage an <u>emergency</u> summoning assistance immediately when this is necessary
		
		e) reports actual or potential problems that may put health, safety and security at risk and suggest how they might be addressed
		
		f) support <u>others in maintaining health, safety and security.</u>
			Work activities include:
			
			– clinical interventions – group and individual
			– knowledge of policies eg lone working
			– non-patient moving and handling
			– storage of materials and equipment
			
			<u>Management</u> of <u>risk</u> will include
			
			– complying with trust risk assessment procedure
			– attending all Trust mandatory training and directorate essential training.
			
			Action in an emergency includes:
			
			– following local procedure
			– completing appropriate paperwork

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Dimension	Level	Indicators	Areas of application for this post
4. Service Improvement	Level 2 Contribute to the implementation of services.	a) discusses and agree with the work team – the implications of <u>direction, policies and strategies</u> on their current practice – the changes that they can make as a team – the changes s/he can make as an individual – how to take the changes forward b) constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary c) supports others in understanding the need for and making agreed changes d) <u>evaluates own and other's work</u> when required to do so completing relevant documentation e) makes <u>constructive suggestions</u> as to how services can be improved for users and the public f) constructively identifies issues with direction, policies and strategies in the interests of users and the public	<u>Evaluating own and others work</u> will include: – taking part in audit – clinical effectiveness findings – client satisfaction surveys – appraising relevant literature Discussing and agreeing with the work team the implications of <u>direction, policies and strategies</u> will include: – contributing to team objectives – contributing to directorate OT objectives <u>Constructive suggestions</u> may include: – how to respond effectively to evaluation findings – how to apply changes in legislation, policies and procedures.
5. Quality	Level 2 Maintain quality in own work and encourage others to do so.	a) acts consistently with <u>legislation, policies, procedures</u> and other quality approaches and encourages others to do so b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation c) works as an effective and responsible <u>team member</u> d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality e) uses and maintains <u>resources</u> efficiently and effectively and encourages others to do so f) monitors the quality of work in own area and alerts others to <u>quality issues</u>	Acting consistently with <u>legislation, policies and procedures will</u> include: – adhering to local and national guidelines relating to health and social care – meeting all registration/ re-registration requirements of the HPC <u>Resources</u> will include – all OT equipment <u>Quality issues</u> may relate to – workload undermining quality – mistakes eg communication breakdowns – lack of, or unsuitable, resources – issues in the team and between team members – concerns about patient safety – lack of knowledge or evidence on which to base the work

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Dimension	Level	Indicators	Areas of application for this post

6. Equality and Diversity	Level 2
	Support equality and value diversity
		a) recognises the importance of people's rights and in accordance with <u>legislation, policies and procedures</u>
		
		b) acts in ways that:
		  – acknowledge and recognise <u>people's expressed beliefs, preferences and choices</u>
		  – respect diversity
		  – value people as individuals
		
		c) takes account of own behaviour and its effect on others
		
		d) <u>identifies and takes action</u> when own or others' behaviour undermines equality and diversity
			Acting in accordance with <u>legislation, policies and procedures</u> will include:
			– knowing where to obtain information about the legislation, policies and procedures relating to equality and diversity
			– providing a service that is sensitive to race, culture and diversity.
			
			<u>People's expressed beliefs, preferences and choices</u> might relate to:
			– how service users/carers like to be addressed and spoken to
			– food and drink and methods of preparation
			– not wishing to remove clothing when an OT assessment is being carried out
			– wishing to be treated by a male/female OT
			– activities of daily living
			– the support they would like e.g. in personal hygiene
			
			<u>Identifying and taking action</u> would include:
			– explaining to individuals why their behaviour is discriminatory
			– reporting issues which make it difficult for some users to access services

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Dimension	Level	Indicators	Areas of application for this post
HWB6. **Assessment and** **treatment planning**	Level 3 Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans	a) evaluates relevant information to plan the range and sequence of assessment required and determines: – the specific activities to be undertaken – the risks to be managed – the urgency with which assessments are needed b) selects appropriate assessment approaches, methods, techniques and equipment, in line with – individual needs and characteristics – evidence of effectiveness – the resources available c) respects people's dignity, wishes and beliefs; involves them in shared decision making and obtains their consent d) prepares for, carries out and monitors assessments in line with evidence based practice, and legislation, policies and procedures and/or established protocols, theories and models e) monitors individuals during assessments and takes the appropriate action in relation to any significant changes or possible risks f) evaluates assessment findings/results and takes appropriate action when there are issues g) considers and interprets all of the information available and reaches a justifiable conclusion and explains the outcomes to those concerned h) determines and records diagnosis and treatment plans according to agreed protocols/pathways/models that are: – consistent with the outcomes of the assessment – consistent with the individual's wishes and views – include communications with other professions and agencies – involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks – are consistent with the resources available – note people's wishes and needs that it was not possible to meet i) monitors and reviews the implementation of treatment plans and makes changes within agreed protocols/pathways/ models for clinical effectiveness and to meet people's needs and views j) identifies individuals whose needs fall outside protocols/pathways/models and makes referrals to the appropriate practitioners with the necessary degree of urgency	Assessment approaches, methods, techniques may include: – assessments used by the multidisciplinary team – assessment of occupational behaviour relevant to client group. – specialised OT assessments relevant to client group Assessment could include: – past history – strengths/needs – evidence of clinical reasoning – observations (e.g. behaviour, mental & physical health) – recognising patterns (eg of illness, injury, social deprivation, vocational needs) – initial and follow up interviews Treatment plans include: – multi disciplinary plans – to meet specific identified needs – related to specific interventions (eg for individual or groups) – for complex inter-dependent needs – those relating to discharge planning – relapse prevention.

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Dimension	Level	Indicators	Areas of application for this post

HWB7.
Interventions and
treatments
	Level 3
	Plan, deliver and evaluate interventions and/or treatments
		a) respects individual's dignity, wishes and beliefs, involves them in shared decision making and obtains their consent
		
		b) identifies with the individuals concerned:
		  – goals for the specific activities to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning
		  – the nature of the different aspects of the <u>intervention/treatment</u>
		  – the involvement of other people and/or agencies
		  – relevant evidence-based practice and/or clinical guidelines
		  – any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action
		
		c) prepares appropriately for the intervention/treatment to be undertaken
		
		d) undertakes the intervention/treatment in a manner that is consistent with;
		  – evidence-based practice and/or clinical guidelines/established theories and models
		  – multi-disciplinary team working
		  – his/her own knowledge and experience
		  – <u>legislation, policies and procedures</u> and/or established protocols
		
		e) monitors individuals' reactions to interventions/treatments and takes the appropriate action to address any issues or <u>risks</u>
		
		f) reviews the effectiveness of the interventions/treatments as they proceed and makes any necessary modifications
		
		g) provides feedback to the person responsible for the overall treatment plan on its effectiveness and the health and wellbeing and needs of people
		
		h) makes accurate records of the interventions/treatments undertaken and outcomes
		
		i) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency
			<u>Interventions and/or treatments</u> relating to physiological or psychological functioning will be:
			  – psychosocial interventions
			  – the use of equipment and materials to support and maintain health and wellbeing and address needs
			  – environmental adaptations to facilitate daily living
			  – personal care eg activities of daily living
			  – social therapy
			  – enabling people to access community resources
			  – verbal support.

APPENDIX 7 THE NHS KSF DEVELOPMENT REVIEW PROCESS – FORMS

THE NHS KSF DEVELOPMENT REVIEW PROCESS – FORMS

On the pages that follow there are a number of forms for use during the development review process.

Some of these forms are **mandatory** as they are presented here as they relate to the use of the NHS KSF in pay progression. Others have been produced as a guide for organisations. Organisations can decide for themselves, in partnership, whether to use the forms as presented here or whether to retain or adapt forms they already have in use. Organisations will need forms like the ones shown here – it is just that they do not need to use these exact ones.

The different forms that are needed are:

Form   1   The joint review stage – MANDATORY

      Section   1   Background information on the individual (reviewee), their post and the review

      Section   2   Recording development review decisions

Form   2   Personal Development Plan – OPTIONAL

Form   3   Personal development – record and evaluation – OPTIONAL

Confidentiality

Organisations will need to agree in partnership who has access to these forms. As they are about individuals, it is recommended that access should only be to the individual her/himself, the individual's reviewer and any agreed person with the Human Resource Department.

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

MANDATORY

FORM 1 THE NHS KSF DEVELOPMENT REVIEW PROCESS –
JOINT REVIEW STAGE

SECTION 1 BACKGROUND INFORMATION ON THE INDIVIDUAL, THEIR POST AND THE REVIEWER

For period from and to:	
Individual's name	
Post title and place of work	
Staff Group category	
Name of person undertaking the review and their position in the organisation	
Main aspects of the individual's post	
Is a pay progression gateway applicable at this review? If so, which?	
To whom the form should be forwarded once completed (eg HR department)	

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

MANDATORY

FORM 1 SECTION 2 (page 1)

RECORDING DEVELOPMENT REVIEW DECISIONS

NHS KSF dimensions and their level – CORE	Achieved	Areas for development	Evidence for decision	Comments
1 Communication				
2 Personal and people development				
3 Health, safety and security				
4 Service improvement				
5 Quality				
6 Equality and diversity				

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FORM 1 SECTION 2 (page 2)

NHS KSF dimensions and their level SPECIFIC – add those agreed for post below	Achieved	Areas for development	Evidence for decision	Comments

Signature of individual........................... Date .... Name of individual.........................

Signature of reviewer............................ Date .... Name of reviewer...........................

Date of next review...............................

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OPTIONAL

FORM 2 PERSONAL DEVELOPMENT PLAN

Relevant Dimensions	What is the development need/interest?	What will I do to develop myself?	How will I know I have done this?	What is the date for planned completion?	What support do I need & where will I get it?	What are the barriers & how can I overcome them?

Signature of individual.. Date .... Name of individual...

Signature of reviewer.. Date .... Name of reviewer...

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OPTIONAL

FORM 3 PERSONAL DEVELOPMENT – RECORD AND EVALUATION

Relevant Dimensions	Learning and development activity	Hours and dates	Has the learning activity been a) completed and b) effective?	How will you apply this learning to your work?	Who else could you share this learning with?

Signature of individual.......................... Date .... Name of individual...................................

Signature of reviewer........................... Date .... Name of reviewer...................................

Department of Health

NHS
Leadership Academy

Clinical Leadership Competency Framework

The Clinical Leadership Competency Framework was created with the agreement of the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges from the Medical Leadership Competency Framework which was created, developed and is owned jointly by the NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges.

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) *Medical Leadership Competency Framework*, 3rd edition, Coventry: NHS Institute for Innovation and Improvement.

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Foreword

The economic and other challenges in healthcare now and over the coming years will make it imperative that front line clinicians have the leadership capability to drive radical service redesign and improvement.

This will involve working in collaboration with patients and carers across health systems in developing new models of care for improved patient outcomes and further developing the skills of the workforce. The ability to influence and manage change at the front line will be central to delivering this agenda.

Through publishing this framework the National Leadership Council (NLC) is promoting leadership development for all clinical professions that work in health and care, it will ensure that leadership competences will be incorporated into education and training for all clinical professions and establish a stronger foundation for developing leadership capability across healthcare and in delivering the changes needed to meet future challenges.

We are pleased to endorse this Clinical Leadership Competency Framework (CLCF) which provides a standardised and consistent approach to leadership development, relates to clinicians' practitioner roles and applies to every clinician at all stages of their professional journey.
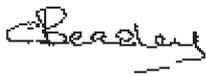
Dame Christine Beasley DBE
Chief Nursing Officer

Barry Cockcroft CBE
Chief Dental Officer
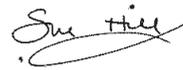
Professor Sue Hill OBE
Chief Scientific Officer

Professor Sir Bruce Keogh
NHS Medical Director

Karen Middleton
Chief Health Professions Officer

Dr Keith Ridge
Chief Pharmaceutical Officer

Introduction

Clinical leadership is not a new concept and the need to optimise leadership potential across the healthcare professions, and the critical importance of this to the delivery of excellence and improved patient outcomes, is now increasingly echoed by clinicians, managers and politicians within the UK and internationally.

The Government's Health and Social Care Bill published in January 2011 signals a time of significant change for the NHS in England, with clinicians being located in a central leadership role with unprecedented levels of responsibility. There will be a need to work closely with patients, carers and the public in building a healthcare delivery system based upon shared decision making. The NHS Chief Executive, Sir David Nicholson, has said that leadership behaviours will absolutely set the tone for the period we are now in and directly impact upon our chances of success in transforming the service[1]. To enable this change to take place successfully and to support clinicians in this very important role we will need to further develop the leadership capability within the system.

Clinicians train and work in many settings and sectors across the United Kingdom. The Clinical Leadership Competency Framework (CLCF) has been developed through consultation with a wide cross section of staff, patients, professional bodies and academics, and with the input of all the clinical professional bodies and has the support of the chief professions officers, the professions advisory boards, the peak education bodies and the Department of Health.

The project team met with many clinicians across a wide cross section of settings. The team found that practitioners embrace the concept of the CLCF because it affords a common and consistent approach to professional development, based on their shared professional values and beliefs, which is nested within the professional domain standards and not organisational structures.

The project team is now working progressively with the relevant professional, education and regulatory bodies to ensure their standards, curriculum, guidance frameworks and other processes for training, education and continuing professional development which describe leadership are aligned to the CLCF. The aim is to build leadership awareness and capability across the health system, by embedding leadership competences in undergraduate education, postgraduate training and continuing professional development.

The CLCF is applicable across the UK. It is designed to be read and used in conjunction with the relevant professional and service documents provided by the professional bodies, government bodies, regulators and higher education institutions set out in page 65.

The project team hope that CLCF will contribute to the vision articulated in the following key documents:-

"Greater freedom, enhanced accountability and empowering staff are necessary but not sufficient in the pursuit of high quality care. Making change actually happen takes leadership. It is central to our expectations of the healthcare professionals of tomorrow." *Next Stage Review: High Quality Care for All, July 2008*

"Effective leadership at all levels is essential to delivering the goals of NHS Scotland and ensuring high quality, safe and effective care. It is recognised that leadership development is a life-long activity and not confined to specific levels or groups of the workforce." *NHS Scotland leadership development strategy: Delivering Quality Through Leadership (June 2009).*

"Health and Social Care needs excellent leadership and management. Health and Social care organisations provide increasingly complex services, requiring highly skilled managers. The pace of change is unrelenting and staff look to their managers for clear direction and support." *Workforce Development Strategy for Northern Ireland Health and Social Care Services 2009-2014 (April 2009)*

"Effective clinical leadership is pivotal in ensuring that improvement in healthcare is not only on the agenda of all NHS organisations – but becomes part of their very DNA. Transforming healthcare is everyone's business with the provision of high quality care being at the heart of everything we do. Creating a culture of visible commitment to patient safety and quality requires clinical and professional leaders to work together so that NHS Wales can meet the healthcare challenges of the future." *National Leadership and Innovation Agency for Healthcare Wales (2011)*

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[1] The White Paper. Supplementary Management Bulletin. 19th July 2010 Gateway Ref: 14577

Clinical Leadership Competency Framework

The CLCF describes the leadership competences that clinicians need to become more actively involved in the planning, delivery and transformation of health and social care services.

Applying to all engaged in clinical practice the CLCF is built on the concept of **shared leadership** where leadership is not restricted to people who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual.

Leadership and clinicians

People understand the term 'leadership' in many different ways. Perhaps the most common stereotypic idea is of the individual, powerful, charismatic leader with followers clearly in subordinate roles. Such situations do exist but are quite limited, rather outdated and by the very rarity of charismatic qualities make it a poor model for leadership development. This way of thinking tends to focus on the individual as a leader rather than the processes of leadership.

A more modern conceptualisation sees leadership as something to be used by all but at different levels. This model of leadership is often described as **shared**, or distributed, **leadership** and is especially appropriate where tasks are more complex and highly interdependent – as in healthcare. It is a universal model 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. Not everyone is necessarily a leader but everyone can contribute to the leadership process by using the behaviours described in the five core domains of the CLCF: demonstrating personal qualities, working with others, managing services, improving services, and setting direction.

As a model it emphasises the responsibility of all practising clinicians to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

The statutory responsibility for regulation of the clinical professions is vested in the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC), the General Optical Council (GOC), the General Dental Council (GDC), the General Pharmaceutical Council (GPhC), the General Medical Council (GMC), the General Osteopathic Council (GOsC) and the General Chiropractic Council (GCC). All of these regulators have the lead role in ensuring practitioners are fit for practise and able to be registered.

Behaviours that all clinicians must demonstrate are described in the various policy, guidance, standards of proficiency, standards of education, codes of conduct and ethical behaviour set down by these regulators. Each of these bodies maintains and publishes a register of practitioners that meet these standards and are legally able to practise in the United Kingdom.

While the primary focus of regulation for clinicians is on their professional practice, all clinicians, registered or otherwise, work in systems and most within organisations. It is vitally important that clinicians have an influence on these wider organisational systems and thereby improve the patient experience and outcome.

Clinicians have an intrinsic leadership role within health and care services and have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. Therefore the development of leadership capability as an integral part of a clinician's training will be a critical factor.

Design

Delivering services to patients, service users, carers and the public is at the heart of the Clinical Leadership Competency Framework. Clinicians work hard to improve services for people.

The word 'patient' is used generically to cover patients, service users, and all those who receive healthcare. The word 'other' is used to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.

There are five **domains** highlighted below. To improve the quality and safety of health and care services, it is essential that clinicians are competent in each of the five leadership domains. Within each domain there are four categories called **elements** and each of these elements is further divided into four competency statements which describe the activity or outcomes all clinicians should be able to demonstrate.

1. Demonstrating Personal Qualities
- 1.1 Developing self awareness
- 1.2 Managing yourself
- 1.3 Continuing personal development
- 1.4 Acting with integrity

2. Working with Others
- 2.1 Developing networks
- 2.2 Building and maintaining relationships
- 2.3 Encouraging contribution
- 2.4 Working within teams

3. Managing Services
- 3.1 Planning
- 3.2 Managing resources
- 3.3 Managing people
- 3.4 Managing performance

4. Improving Services
- 4.1 Ensuring patient safety
- 4.2 Critically evaluating
- 4.3 Encouraging improvement and innovation
- 4.4 Facilitating transformation

5. Setting Direction
- 5.1 Identifying the contexts for change
- 5.2 Applying knowledge and evidence
- 5.3 Making decisions
- 5.4 Evaluating impact

Each section of this document starts with an overview of the domain. Each domain has four elements, and each element is further described as four competences to be attained.   For example:-

Domain 1: **Demonstrating Personal Qualities**

Effective leaders need to draw upon their values, strengths and abilities to deliver high standards of care.

This requires leaders to demonstrate competence in the areas of:

Element **1.1 Developing self awareness**

The *competency statements* for Element 1.1 are:

- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- Obtain, analyse and act on feedback from a variety of sources.

To assist the user to understand how they relate to the framework there are practical contextual examples in practice as well as examples of learning and development activity.

Who is the CLCF for?

The Clinical Leadership Competency Framework applies to every clinician at all stages of their professional journey – from the time they enter formal training, become qualified as a practitioner and throughout their continuing professional development as experienced practitioners.

There is no universal or common pathway followed by all of the clinical professions and the way a clinician demonstrates competence and ability will vary according to the career trajectory and their level of experience and training. However, all competences should be capable of being achieved at all career stages, though at varying degrees dependant on the contexts.

Within the various developmental routes for each profession some core processes have been identified and are used throughout the CLCF. These are as:

Student – pre-registration entry level formal education
Practitioner – qualified or registered professional
Experienced practitioner – practitioner with greater complexity and responsibility in their role.

Using this spectrum as a guide, examples are used throughout the CLCF to provide users with context in which they are able to relate their practice. All domains and elements of the CLCF are dynamic and apply to all students, clinicians in training, and experienced practitioners and consultant practitioners. However, the application of and opportunity to demonstrate the competences in the CLCF will differ according to the career stage of the clinician and the type of role they fulfil. The context in which competence can be achieved will become more complex and demanding with career progression.

Student

For example all **students** will have access to relevant learning opportunities within a variety of situations including:
- peer interaction
- group learning
- clinical placements
- activities and responsibilities within the university
- involvement with charities, social groups and organisations.

All these situations can provide a clinical student with the opportunity to develop experience of leadership, to develop their personal styles and abilities, and to understand how effective leadership will have an impact on the system and benefit patients as they move from student to practitioner on graduating.

Practitioner

Qualified clinicians are very often the key person relating to patients and other staff, and are the ones who are experiencing how day-to-day healthcare works in action. They are also often undertaking more education and training to further consolidate and develop their skills and knowledge in everyday practice.

Practitioners are uniquely placed to develop experience in management and leadership through relationships with other people, departments and ways of working and to understand how the patient experiences healthcare, and how the processes and systems of delivering care can be improved. Specific activities such as clinical audit and research also offer the opportunity to learn leadership and management skills. With all this comes the need to understand how their speciality and focus of care contributes to the wider healthcare system.

Experienced Practitioner

Experienced practitioners hold more complex roles with greater responsibility. Clinicians need an understanding of the need for each area of the wider healthcare system to play its part. Experienced clinicians develop their abilities in leadership within their services and practices and by working with colleagues in other settings and on projects. Their familiarity with their specific focus of care enables them to work outside their immediate setting and to look further at ways to improve the experience of healthcare for patients and colleagues. As established members of staff or as partners, they are able to develop further their leadership abilities by actively contributing to the running of the organisation and to the way care is provided generally.

Application

The CLCF will be used by the health and care organisations, professional bodies, educators and individuals to:-

- Help with personal development planning and career progression
- Help with the design and commissioning of formal training curricula and development programmes by colleges and societies, higher education institutions, and public healthcare providers
- Highlight individual strengths and development areas through self-assessment, appraisal and structured feedback from colleagues.

Students

For clinicians undertaking formal education and training their courses will cover a broad range of topics. It is important that leadership learning is incorporated within the mainstream curriculum, rather than regarded as something additional or even peripheral to that core.

The underpinning practical and learning and development examples used throughout the CLCF provide students with context in which they are able to relate their practice and the type of development activity they can undertake to achieve each element.

Practitioners and experienced practitioners

When clinicians enter the workforce the CLCF can be used or adapted to help with professional development, such as continuing professional development (CPD), required or provided by their employer, society or college. It can also be used for staff appraisals, self assessment and performance management.

Many of the learning and development opportunities identified at student and practitioner level apply equally at practitioner or experienced practitioner level. The learning opportunities are consistent with good care provision, emphasising the CLCF as an integrated, rather than separate, set of behaviours.

The CLCF is designed to apply throughout a clinician's career. For example, the CLCF is being used by practitioners to develop workplace continuing professional and personal development.

The new Leadership Framework, which relates to all staff groups, can also be used by clinicians to recognise their stage of leadership development in the context of other non-clinical colleagues. The Leadership Framework is the same as the CLCF in terms of the first five domains, and offers generic workplace examples as well as two additional domains designed to support those in senior leadership roles, which may be helpful for clinicians aspiring to or already in these roles.

Professional education and training providers

For colleagues working in the higher education institutions or in workplace training facilities there is guidance to assist with integrating the CLCF into education and training. *The Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training* describes the knowledge, skills, attitudes and behaviours required for each domain and provides suggestions for appropriate learning and development activities to be delivered throughout education and training, as well as possible methods of assessment.

The scenarios used as examples will be invaluable to health faculties and clinical students, and will stimulate novel special study components which will further enhance leadership skills.

Supporting tools

Copies of Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training can be downloaded from www.leadershipacademy.nhs.uk/lf

To assist with integrating the competences into postgraduate curricula and learning experiences, there is the LeAD e-learning resource. LeAD is a range of more than 50 short e-learning sessions that support the knowledge base of the MLCF and the CLCF. Examples and contexts range across various fields and specialties, all aimed at improving patient care and services. LeAD addresses how clinicians can develop their leadership contribution in clinical settings. Originally it was produced to support medical trainees, however new sessions are being added to broaden out the learning to all clinical professions. In addition, the resources section of each session includes examples of the MLCF and CLCF in practice and ideas for further development, useful to both the individual learner as well as to trainers or supervisors.

LeAD is available on the National Learning Management System and through e-Learning for Healthcare (www.e-lfh.org.uk/LeAD).

1. Demonstrating Personal Qualities

Clinicians showing effective leadership need to draw upon their values, strengths and abilities to deliver high standards of care. This requires clinicians to demonstrate competence in the areas of:

- Developing Self Awareness
- Managing Yourself
- Continuing Personal Development
- Acting with Integrity.

1. Demonstrating Personal Qualities

1.1 Developing Self Awareness
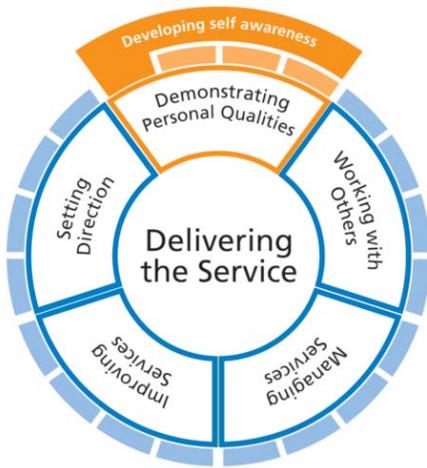
Clinicians show leadership through **developing self awareness**: being aware of their own values, principles and assumptions and by being able to learn from experiences.

Competent clinicians:

- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- Obtain, analyse and act on feedback from a variety of sources.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Using information from tutors, peers, staff and patients to develop further learning	Obtaining feedback from a range of others in preparation for appraisal	Initiating own 360º feedback to enhance reflective practice
Reflecting on performance in end of term discussion and identifying own strengths and weaknesses	Taking part in peer learning and exploring team and leadership styles and preferences	Using information from psychometric and behavioural measures
Making assessed presentation as part of course and obtaining structured feedback	Taking part in case conferences as part of multidisciplinary and multi-agency team, and obtaining feedback on effectiveness of own contribution	Obtaining regular feedback on own leadership style and impact
Chairing small group activities and seeking feedback on effectiveness		

1. Demonstrating Personal Qualities
1.1 Developing Self Awareness

Examples in Practice

Student	Z is a student dietitian who received very poor feedback on her management of patients with a particular condition. She recognises that she feels uncomfortable working with these patients and their clinical outcomes with her are poor. She works with her practice educator to explore the situation and realises that she has not fully recovered from the experience of watching her grandmother struggle with the same condition. She arranges some counselling and a review later in her training.
Practitioner	Podiatrist A put himself forward to take part in a leadership development event with a particular emphasis on team working, in accordance with the personal development plan he had discussed with his manager. Although he did not know anyone else on his team at first, they all decided to be open and honest with each other about their individual strengths and weaknesses. Podiatrist A recognised that he tended to jump into things quickly, and was able to use this as an opportunity to stand back and listen to others. He recognised his contribution to the team and that gave him confidence which he could apply in his workplace. The team worked together to take advantage of the skills and knowledge between them, and developed a support network which lasted beyond the leadership development event.
Experienced Practitioner	Senior dental professional M identified that she needed to be more self-aware when mentoring and supervising staff. Drawing on a new professional framework of knowledge and skills, she was able to think through her own preferences and ways of working, and how these might impact on the professional relationship she had with others. Having reflected on this through a series of structured reflective sessions, she was able to think more laterally about how she could respond positively and constructively to others' development needs and learning styles.

1. Demonstrating Personal Qualities
1.2 Managing Yourself

Clinicians show leadership through **managing themselves**: organising and managing themselves while taking account of the needs and priorities of others.

Competent clinicians:

- Manage the impact of their emotions on their behaviour with consideration of the impact on others
- Are reliable in meeting their responsibilities and commitments to consistently high standards
- Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others
- Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Using clinical attachments to develop time management skills	Liaising with colleagues in the planning and implementation of work rotas and identifying areas for improvement	Balancing own plans and priorities with those of the service and other members of the corporate team
Managing course/programme requirements in relation to attendance, submission of work and sustaining quality of work	Managing service pressures	Contributing to the development of systems which help them and others manage their time and workload more effectively
Managing own independent learning and self assessment	Using feedback and discussion to reflect on how a personally emotional situation affected communication with a carer	Overcoming disappointing findings from a patient survey, and working on positive ways of addressing issues
	Meeting deadlines for completing written clinical notes on time in conjunction with meeting other demands	Developing and implementing a learning plan for an identified practice development
	Critically analysing and evaluating an area of practice	Acting up for service manager at corporate meetings

1. Demonstrating Personal Qualities
1.2 Managing Yourself

Examples in Practice

Student	Following a clinical placement in general practice, student B has to plan and deliver a patient presentation to peers on her experience during her placement. This includes a chronology of attendance at patient consultations and her reasons for identifying the individual case that she is presenting. Her presentation also includes feedback from the patient and clinical supervisor in respect of her case management. Finally, she delivers a self-assessment of her management of the patient, based on her reflection of feedback received.
Practitioner	A newly promoted nurse realises that his role has changed with added responsibilities. He believes he can avoid making the mistakes that some of his peers, in similar circumstances, have made. In conjunction with his line manager he develops a plan that will be implemented over a six month time frame to integrate the added responsibilities without impacting on his colleagues and his own well being. At the three month point he reviews his progress with his line manager and receives positive feedback. However, his colleagues identify that he appears more stressed. He reflected on this and began to delegate some of his responsibilities.
Experienced Practitioner	Dr Y is a newly appointed principal in a general practice. Her partners have been together for many years and are several years older than her. She has been in post for six weeks and has noticed that it is taking her longer to see fewer patients than her colleagues. The receptionists are grumbling that patients are kept waiting. This comes to a head when the senior partner agrees to see half her patients. She is very keen to rectify the matter but at the same time feels that the time she is taking to see patients is appropriate. She arranges a meeting with the practice manager and the senior partner to discuss her progress and some of the issues which have arisen. Together they work out a plan which encourages her own development and also meets patient, practice and team needs. They agree to review how this is going in three months' time.

1. Demonstrating Personal Qualities
1.3 Continuing Personal Development

Clinicians show leadership through **continuing personal development**: learning through participating in continuing professional development and from experience and feedback.

Competent clinicians:

- Actively seek opportunities and challenges for personal learning and development
- Acknowledge mistakes and treat them as learning opportunities
- Participate in continuing professional development activities
- Change their behaviour in the light of feedback and reflection.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Peer appraisal and assessment	Taking an active part in journal clubs and multidisciplinary training events and activities	Undertaking a management and/or leadership development programme
Tutor appraisal and assessment		Running and taking part in an action learning set
Clinical/supervisory feedback and assessment	Seeking feedback on performance from clinical colleagues and service users	Using a mentor to enhance development
Selecting stretching assignments	Seeking opportunities to learn from other professionals in everyday practice or through formal opportunities	Undertaking benchmarking activities to identify best practice
Applying theory to practice		
Undertaking projects on placement	Reviewing own practice against peers and best practice examples	Initiating/conducting audit/research
	Taking part in critical incident event audits	Systematically updating on relevant issues associated with professional and organisational development (e.g. via reading and conferences)
	Undertaking to try a new intervention with supervision/mentoring	

BT Mod 4 Witness Stmt 6 Apr 2023 Statement & Exhibit Bundle Index & Exhibit Bundle (11891 pages)

1. Demonstrating Personal Qualities
1.3 Continuing Personal Development

Examples in Practice

Student	While on placement in the coronary care unit of the local hospital, student C observes the clinical management of a cardiac arrest and is asked by his consultant to comment on this at the subsequent ward round. As preparation for this, student C arranges to be taught by the cardiac nursing team to take blood samples and to carry out an ECG on the patient, and how to discuss the effect of sudden bereavement with a family.
Practitioner	Midwife B has had good experience with her own supervisor of midwives when she needed advice and felt that it had improved her practice by helping her to reflect on her actions. She decides to train to be a supervisor herself in order to continue to develop her own mentoring and learning skills. She researches how she can obtain relevant training, and the associated costs, and presents a cost/benefit case to her manager in support of her request for training.
Experienced Practitioner	Senior social worker M works as a mental health worker within a trust providing acute and community services to people experiencing mental health difficulties. She is managed within a multidisciplinary team and the service manager is not a social worker. The trust receives a complaint from one service user that M has been taking sides with the doctors and is conspiring against him. M explores this issue with her manager but is concerned that she needs more help in understanding the boundaries of her professional role and responsibility. She is concerned that she may not be offering the patient a fair and supportive service. During the review of the complaint by the trust M seeks out support from a network of social work colleagues and from material available online. This helps her re-assess her own practice and understand how she might not be representing the best interests of the patient. M presents a suggestion for an amended care plan which enables the trust to resolve the complaint and better account for the patient's concerns.

1. Demonstrating Personal Qualities
1.4 Acting with Integrity

Clinicians show leadership through **acting with integrity**: behaving in an open, honest and ethical manner.

Competent clinicians:

- Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals
- Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities
- Value, respect and promote equality and diversity
- Take appropriate action if ethics and values are compromised.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking on a position of responsibility	Taking part in ethics discussions and forums	Ensuring that professional values and ethics are taken account of in management decisions
Taking part in ethics discussions to appreciate a patient's perspective	Taking part in clinical case reviews with multidisciplinary teams	
Taking action in response to inappropriate behaviours	Acting as mentor to students and peers faced with difficult ethical judgments	Identifying incompetent or suboptimal practice, investigating, and taking corrective action
Identifying and discussing ethical dilemmas associated with patient care	Challenging behaviours that are contrary to promoting equality and diversity	Acting on information which would lead to improved practices and services
		Setting up equality and diversity programmes for work area

1. Demonstrating Personal Qualities
1.4 Acting with Integrity

Examples in Practice

Student

Trainee D is working under supervision in a high street optometry practice. He is approached by the reception staff, who are concerned about the behaviour of a new optometrist who makes them feel uncomfortable through inappropriate remarks and innuendo. They have also observed similar behaviour with some patients. Trainee D raises this with his supervisor and they discuss the issue and how it should be resolved. They recognise the importance of early action because of the apparent lack of respect for the diversity of staff and patients, the seniority of the person in representing the practice, and other possible wider ramifications.

Practitioner

A terminally ill patient was referred to Pharmacist Y for advice regarding pain control and sedation. The patient's capacity to make treatment decisions varied during each day. The family had strong religious beliefs relating to pain management. Y worked with the hospice and district nursing team to discuss options for medication and treatment which he then discussed with family members. They were keen to avoid injectable medication as they felt this over sedated the patient. He suggested various alternative routes and together they devised a stepwise approach to pain management, including non-drug approaches, which could be undertaken by the family in the absence of healthcare workers. They also agreed on 'red flag' symptoms when healthcare support was needed. Pharmacist Y supported the family in learning how to assess pain using pain scores in combination with the stepwise approach to pain relief. Feedback from the family was that they felt empowered by this.

Experienced Practitioner

Orthotist A is covering for a senior colleague, having been in post for the last three months. Her colleague is due to retire in 18 months' time. She comes across a patient who, in her opinion, has been mismanaged. The patient is also unaware that the course of action taken by her colleague would lead to problems unless rectified. Orthotist A has also become aware that her colleague has not undertaken relevant continuing education and training. She now has a dilemma in how to deal with this difficult situation with integrity while respecting not only the seniority but the experience of her senior colleague. She is able to discuss this with an experienced colleague who is able to advise on a course of action ensuring patient safety with the Guidelines for Professional Conduct. Appropriate feedback is given to the senior colleague who caused the problem.

2. Working with Others
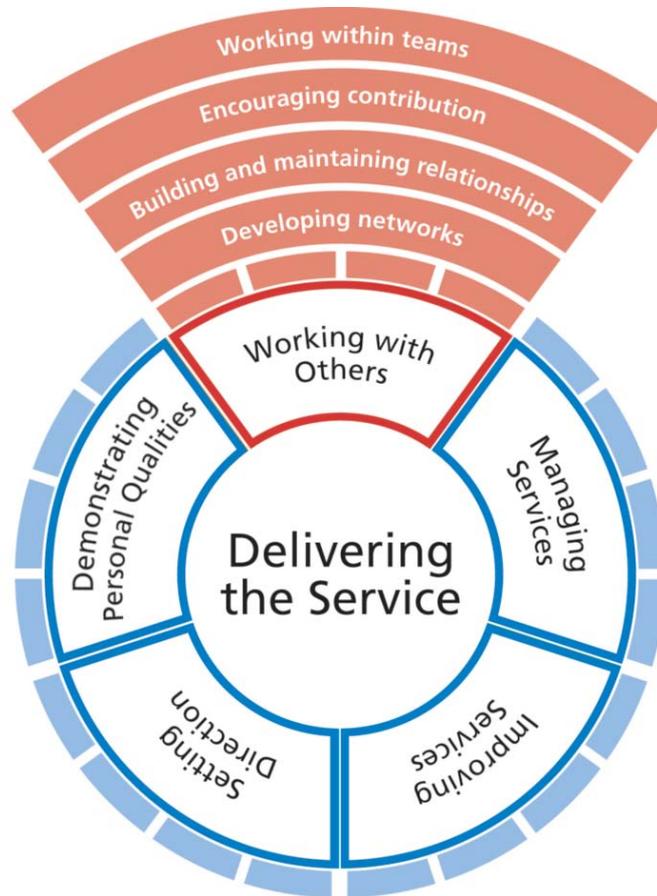
Clinicians show leadership by working with others in teams and networks to deliver and improve services.

This requires clinicians to demonstrate competence in:

- Developing Networks
- Building and Maintaining Relationships
- Encouraging Contribution
- Working within Teams.

2. Working with Others
2.1 Developing Networks
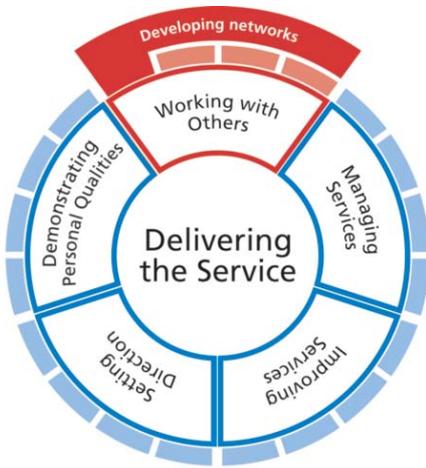
Clinicians show leadership by **developing networks**: working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services.

Competent clinicians:

- Identify opportunities where working in collaboration with others within and across networks can bring added benefits
- Create opportunities to bring individuals and groups together to achieve goals
- Promote the sharing of information and resources
- Actively seek the views of others.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in group based learning	Leading multidisciplinary team meetings to review clinical cases	Leading meetings, bringing together patients, carers and the wider healthcare team
Attending a patient support group meeting	Actively seeking and reflecting on patient and carer views	Involving patients and carers in discussions about long term care
Taking part in a service user group meeting	Reviewing effectiveness of a patient support programme	Creating links with patients, carers and key healthcare professionals to develop services jointly
Attending and observing multidisciplinary team meetings	Obtaining input on service design options from patients, carers, the wider healthcare team and specialist groups	Contributing to national forums on professional and/or service development
	Seeking to find out how other staff groups function and make decisions	Making presentations at conferences, meetings or workshops, uni-disciplinary or multidisciplinary, internally and externally
	Contributing to discussions on developing care pathways	Setting up a local clinical network to influence commissioners
	Attending multidisciplinary meetings, seminars, workshops or conferences locally	

2. Working with Others
2.1 Developing Networks

Examples in Practice

Student

Student social worker B is on a practice placement with a qualified social worker in a large inner city GP practice. Whilst working with an elderly Asian man who has been newly diagnosed with diabetes she becomes conscious of the culture and familial factors affecting the man's treatment and maintenance. Her supervisor suggests that she explores what other supports might be available to him. B approaches Diabetes UK, the local CVS and seeks advice from a contact at the Gurdwara. She is able to put her client in touch with a self-help group for people with diabetes and a worker at the local Indian community centre. Together they start a weekly luncheon group for Asian elders which provides help and support on a number of health issues. This greatly improves the patient's response to his illness and helps maintain good diabetes care.

Practitioner

As part of his doctorate training placement Psychologist F is working in a community learning disability team. F is asked to assess a patient regarding their suitability for psychological therapy. After assessment he realises that the care of this patient could be improved through developing an intervention plan with colleagues from social services, staff from a local day service and relatives of the patient. After gaining consent from his patient, F organises and chairs a care-coordination meeting to share his assessment/formulation findings and structure an appropriate multidisciplinary care plan. All relevant professional, family members and the patient then structure a plan with set goals and arrange a date to review the intervention.

Experienced Practitioner

A physiotherapy team lead for extended musculoskeletal services held a NICE fellowship, enabling her to undertake a three-year research project and career development programme. Key to her role was acting as a link between NICE, clinical colleagues and commissioners, including developing collective understanding and capacity to implement NICE clinical guidelines. The impact was to raise the quality and consistency of care received by patients and to embed clinical effectiveness in practical ways within practice settings.

2. Working with Others
2.2 Building and Maintaining Relationships

Clinicians show leadership by **building and maintaining relationships**: listening, supporting others, gaining trust and showing understanding.

Competent clinicians:

- Listen to others and recognise different perspectives
- Empathise and take into account the needs and feelings of others
- Communicate effectively with individuals and groups, and act as a positive role model
- Gain and maintain the trust and support of colleagues.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Able to develop a professional relationship with patients and relatives/carers during student placement	Supporting students and peers within learning environment	Acting as an advocate for patients and patient groups
	Shadowing other healthcare professionals	Taking an active role in cross-agency working
Holding office and gaining respect, e.g. as officer in the student union or involvement in a professional body		Acting as a mentor to others
	Encouraging participation of all staff within multidisciplinary team meetings	Collaborating with others in projects
Obtaining patients' views about service improvements		
	Liaising with patients and their representatives	Collaborating with local networks to develop the local tariff

2. Working with Others
2.2 Building and Maintaining Relationships

Examples in Practice

Student

Student F finds himself in the middle of a peer discussion about the ethics of funding breast cancer patients with high-cost drugs. The group members are all expressing views at the same time and talking over their colleagues. He notices that one member of the group has become visibly distressed, and is about to leave the room. He asks the group to pause, and suggests a break for coffee. He then speaks to the distressed student to check that she is able to continue as he feels that the discussion may be creating distress about a recent family bereavement. When the group resumes, he suggests ways in which they could improve their discussions by listening and taking turns to speak.

Practitioner

A newly qualified respiratory physiologist is recognised by colleagues in the multidisciplinary team as providing an award winning level of service. She is careful and accurate, and produces excellent results. Key to her effectiveness is that she is good at communicating with patients and listening to their stories, and takes time to discuss and continually seeks the input of her colleagues.

Experienced Practitioner

W, the lead educator for a qualifying programme in occupational therapy, identified the need and value of strengthening local manager/clinical input to his programme's development and delivery. He organised an initial one-day workshop session at the start of the programme review process, with the aim of promoting debate and discussion on changing service needs, exploring how these should inform development of the programme, and teasing out and addressing initial queries and concerns regarding significant change to the existing programme. W wanted to ensure a sharing of perspectives and to enable a full contribution from the outset of the review process from colleagues whose support for different ways of structuring and delivering the programme would be crucial. In this way, he built up trust and a genuinely collaborative approach to the new programme's development, paving the way for a successful revalidation/re-approval event and delivery of the programme thereafter.

2. Working with Others
2.3 Encouraging Contribution

Clinicians show leadership by **encouraging contribution**: creating an environment where others have the opportunity to contribute.

Competent clinicians:

- Provide encouragement, and the opportunity for people to engage in decision-making and to challenge constructively
- Respect, value and acknowledge the roles, contributions and expertise of others
- Employ strategies to manage conflict of interests and differences of opinion
- Keep the focus of contribution on delivering and improving services to patients.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Actively seeking patient perspectives, e.g. by completing a patient journey assignment	Managing group dynamics within a multidisciplinary team	Taking an active role as a member of a management team
Encouraging others to contribute to small group learning activities	Leading/chairing multidisciplinary team meetings	Providing the means and climate for colleagues to raise issues of concern in relation to change
Obtaining views of peers in aspects of course evaluation	Encouraging participation from other staff within clinical case reviews and enabling all present to learn about each other's contributions	
	Inviting and encouraging feedback from patients and providing feedback to patients, relatives and carers	
	Initiating feedback from other staff and patients/service users and carers	
	Listening to the views of staff and patients/service users, relatives or carers and their representatives about potential for improvement	

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2. Working with Others
2.3 Encouraging Contribution

Examples in Practice

Student

As part of a placement that included a focus on service innovation, physiotherapy student Y contributed to developing physiotherapy services to support amputee patients. Under supervision, he held discussions with colleagues and patients. Taking account of their views, he developed proposals to run twice-weekly exercise groups for both in-patients and out-patients to help them to achieve either wheelchair independence or to walk with a prosthetic limb, and setting up a 'buddy' service for individuals facing amputation. The proposals were subsequently implemented, enhancing supportive services for patients and their families and helping them to cope with limb loss and to help them build capacity and independence.

Practitioner

Dr F is training in medicine with a team specialising in neurology. A particularly complex case requires a large case conference involving many different professions. It is vital that the patient, his carers, and community staff are also involved. Dr F initially talks with the patient to see what he wants from the meeting and his feelings about its size, style and format. The patient would like a large meeting with everyone present, and all information presented at the same time. Dr F agrees the format and process with colleagues and co-ordinates the meeting to ensure that everyone contributes. He also structures and paces the meeting so the patient and his carers are fully involved and understand the consequences of what is being said. The team agrees on a way forward with the patient and carers.

Experienced Practitioner

Senior midwife P is part of a management team that needs to make some tough decisions about how services will be reorganised to meet changes in commissioning of maternity and neonatal care. She chairs a preliminary meeting of staff from hospital and primary care to discuss the situation and, having presented all the facts, encourages everyone to come up with ideas and suggestions. She then arranges engagement with a wide spectrum of maternity service users and the local community to assess feasibility and impact and explains the option appraisal process to those unfamiliar with it. She compiles a report and presents options to her Trust Board.

2. Working with Others
2.4 Working within Teams
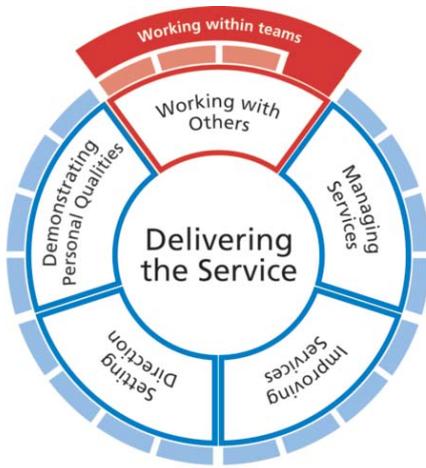
Clinicians show leadership by **working within teams**: to deliver and improve services.

Competent clinicians:

- Have a clear sense of their role, responsibilities and purpose within the team
- Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises
- Recognise the common purpose of the team and respect team decisions
- Are willing to lead a team, involving the right people at the right time.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking on different roles within group learning (e.g. team leader, recorder, presenter)	Learning to lead clinical case reviews	Representing a clinical viewpoint as a member of a management team
Contributing to clinical team when on attachment	Taking part in multi-agency case conferences and shares the learning by de-briefing colleagues	Leading a multidisciplinary project team, e.g. for service redesign
Finding out about the roles and responsibilities of members of healthcare teams	Ensuring that patients' views are taken into consideration by others in the team	Leading a clinical team

2. Working with Others
2.4 Working within Teams

Examples in Practice

Student	Student B took part in an audit of Accident & Emergency (A&E) waiting times which he did with one of the nurses. He was able to see how each member of the team played a vital role in ensuring all patients were seen quickly, and how the A&E staff tried to identify which patients needed to be prioritised and seen by the most appropriate member of the team.
Practitioner	Clinical biochemist W interprets the meaning of complex patient test results for clinical colleagues. She sees an opportunity to interact more closely with the clinical team to better understand all the relevant aspects of different patient cases. She arranges to attend ward rounds regularly, where she talks to both doctors and patients to help identify patterns and information about symptoms to arrive at a diagnosis. This enables her to diagnose rare diseases and save patients from having much more invasive tests.
Experienced Practitioner	Consultant K chairs the consultant pharmacist group for England. It is his role to support new consultants in their roles and to advance the practice of pharmacy through consultant level practice. They meet twice a year with agendas being created through a group email discussion prior to the event, with group members suggesting current topics to be addressed. The common purpose is to ensure that patients benefit from the high level of expertise offered by the role, and the profession benefits from clinical leaders in their various fields of practice. The group shares research and development and contributes to national efforts towards recognition of higher level pharmacy practice.

3. Managing Services

Clinicians showing effective leadership are focused on the success of the organisation(s) in which they work.

This requires that clinicians demonstrate competence in:

- Planning
- Managing Resources
- Managing People
- Managing Performance.

3. Managing Services
3.1 Planning

Clinicians show leadership by **planning**: actively contributing to plans to achieve service goals.

Competent clinicians:

- Support plans for services that are part of the strategy for the wider healthcare system
- Gather feedback from patients, service users and colleagues to help develop plans
- Contribute their expertise to planning processes
- Appraise options in terms of benefits and risks.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Asking questions within clinical placements and seeking understanding about how plans are formulated	Undertaking clinical audits to improve a clinical service	As a member of a management team, contributing to the development of business and service plans
Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services	Accessing sources of information from inside and outside of the organisation, including patient feedback, to inform plans for service improvement	Contributing to the development of organisational and professional body responses to emerging health policy
Contributing to service audit	Contributing as part of a management team in a service review	Initiating or collaborating on planning of service improvement projects
	Taking part in research which will inform planning	

3. Managing Services
3.1 Planning

Examples in Practice

Student

A group of radiology students were able to take part in a service review by interviewing patients about their experience of a 'walk-in' radiology service. They found that patients preferred to choose their own appointment time despite the possibility of a longer wait to be seen because of the lack of appointments. This information was then used in the resulting service plan.

Practitioner

A sexual health clinic opened in the outskirts of a city, attached to a community hospital. The access is difficult as transport links are poor, and the timing is not convenient for adolescents as it is only open during school hours. A specialist community public health nurse (SCPHN) working in sexual health identifies the difficulties and undertakes a community profile. This highlights the fact that most young people reside on the other side of town. She then finds a suitable venue and discovers that the rental for using the venue would be less than that paid for the existing facility. The SCPHN prepares and presents a business case to management and the clinic is relocated. The clinic also amends its opening hours to help those who may like to access the service after school. The outcome is very positive, with increased use and ease of access.

Experienced Practitioner

An orthopaedic department has unacceptably long waiting times for out-patient appointments which is giving rise to concerns that patients have inadequate access to the service. Senior physiotherapist T identifies the scope to develop a physiotherapy triage system to facilitate initial appointments and referrals. She develops a plan for developing the clinical service, such that physiotherapists would manage all routine referrals to the trust's orthopaedic surgeons in defined areas. She leads the development and subsequent implementation of the plan. This leads to a significant decrease in waiting times, with a strong correlation between orthopaedic surgeon and physiotherapy diagnoses and high satisfaction levels expressed by patients seen by a physiotherapist. On the basis of the evaluated success of the pilot, physiotherapist T goes on to develop plans to extend the triage system to other elements of the orthopaedic service.

3. Managing Services
3.2 Managing Resources

Clinicians show leadership by **managing resources**: knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs.

Competent clinicians:

- Accurately identify the appropriate type and level of resources required to deliver safe and effective services
- Ensure services are delivered within allocated resources
- Minimise waste
- Take action when resources are not being used efficiently and effectively.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Managing a budget for a club, society or other organisation	Taking part in departmental discussions about resource allocation and service improvement	Working closely with the business manager to manage the budget for the service
Identifying how change in resources can affect patients and their safety	Identifying the financial constraints affecting their service	Reviewing current service delivery, identifying opportunities for minimising waste and introducing change for more efficient working
Questioning and challenging the use of resources	Developing a learning resource for students on corporate governance and professional practice	
Seeking opportunities to learn about NHS resource allocation principles and practices	Highlighting areas of potential waste to senior colleagues within the department	

3. Managing Services
3.2 Managing Resources

Examples in Practice

Student

While on placement, student S notices that clinical staff use a range of types of protective gloves when carrying out clinical procedures and asks her supervisor why that is the case. The answer seems to be 'personal preference.' Student S carries out some research and discovers that there is a big price difference between the cheapest and the most expensive gloves, with no real clinical need to justify the extra expense. She presents a short report to the manager, detailing volume of each glove type used and cost, and highlighting potential cost savings.

Practitioner

Clinical engineer N observed that a surgical laser was breaking down more frequently than would be expected during patient treatments. Investigation and analysis showed that surgeons needed to use it in ways that put extra strain on one part of the system. He suggested an alternative design to the manufacturer who then modified the unit's hand piece, saving the hospital several cancelled operations and thousands of pounds in maintenance costs each year. The new design is now incorporated into the commercial model, to benefit all hospitals using the equipment.

Experienced Practitioner

The trust's cost-improvement plan has identified the need for savings of £4m this year. It has been calculated that senior allied health professional Q's departmental contribution to this is £400K. She and her colleagues develop robust proposals as to how they want to make this contribution. They identify a range of options and look systematically at the pros and cons of each, with regard to resource implications and service quality.

3. Managing Services
3.3 Managing People

Clinicians show leadership by **managing people**: providing direction, reviewing performance, motivating others, and promoting equality and diversity.

Competent clinicians:

- Provide guidance and direction for others using the skills of team members effectively
- Review the performance of the team members to ensure that planned service outcomes are met
- Support team members to develop their roles and responsibilities
- Support others to provide good patient care and better services.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Supporting and motivating others within group learning	Teaching and mentoring others, including junior staff, students and other disciplines	Interpreting and implementing HR processes for a service, e.g. recruitment and selection, appraisal, mentoring, coaching
Taking personal responsibility for their designated role within the team	Delegating work to more junior staff	Undertaking appraisals of more junior clinical colleagues
Taking part in the design and delivery of a student project	Assessing and appraising more junior staff	Managing the performance of staff within an area of responsibility, undertaking challenging conversations with colleagues whose actions have been associated with poor performance and taking appropriate action, including disciplinary action, where necessary
Contributing to peer assessment/review	Recruiting and selecting staff	
	Identifying policy and legislation relevant to people management practices	
		Providing practice supervision which may be across professional boundaries

3. Managing Services
3.3 Managing People

Examples in Practice

Student	Paramedic student B is selected by his peers working on a group project to act as project lead. He allocates tasks amongst the group, ensuring everyone is clear about their responsibilities, monitors progress on the tasks and supports anyone who is having difficulty, and ensures that his colleagues submit their individual work in good time for it all to be pulled together in a final report.
Practitioner	Occupational therapist L is given responsibility for the induction of a new member of staff. He consults the organisation's policy on induction to make sure that all necessary information is given, and that the person is supported to become integrated into the team as soon as possible. He arranges to meet regularly with the new member of staff to make sure they are settling in and that there are no problems. As the new person is working part time, occupational therapist L learns about the employment rights of the employer and employee in relation to training and development and annual leave.
Experienced Practitioner	Dr N is a newly promoted partner in a GP practice. She has been asked by one of the senior partners to develop an appraisal and job planning policy for her colleagues with the help of the practice manager. They work together to ensure that the policy incorporates evidence informed by best practice and includes suggestions for improving performance and managing underperformance.

3. Managing Services
3.4 Managing Performance

Clinicians show leadership by **managing performance**: holding themselves and others accountable for service outcomes.

Competent clinicians:

- Analyse information from a range of sources about performance
- Take action to improve performance
- Take responsibility for tackling difficult issues
- Build learning from experience into future plans.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Identifying and discussing how services are adversely affected by poor performance	Reviewing service targets and delivery by the multidisciplinary team	Using management information to monitor and evaluate service delivery against national/local targets and plans
Participating in audit or assessment after critical event reviews	Critiquing departmental performance and systems of management	Communicating progress against targets and plans and ensuring that colleagues take personal responsibility for outcomes
Examining the potential impact of their own performance	Taking part in discussions with health commissioners to develop understanding of future service plans	Informing the dialogue around the introduction or amendment of locally set performance targets

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3. Managing Services
3.4 Managing Performance

Examples in Practice

Student

Student G looked at how the National Service Framework (NSF) for coronary heart disease had been applied in the local Accident & Emergency (A & E) department. She was able to discuss with the consultant how the department had needed to change in order to meet the targets for thrombolysis. She was also able to see how new members of staff had been employed, as well as seeing the new ways in which A & E communicated with other areas of the hospital. By following a patient who arrived with a suspected heart attack she was able to see how the service reflected the specification of the NSF.

Practitioner

In older people's services the length of wait for neuropsychological assessment and psychological therapy was identified as a potential problem for service users and therefore commissioners and referrers. S worked with the trust service improvement department to think about meaningful data that needed to be collected to evaluate the current situation and set new goals. Discussions were held with individual psychologists about their level of work and organisation of their diaries, and based on this information changes were formally integrated into new job plans. S and each psychologist's respective manager set review dates so that changes could be integrated as necessary. This was a difficult process for some psychologists but the positive experiences of the first staff to undertake the process were shared with the rest of the group and the teething problems that they had experienced were also shared to reduce the likelihood of these being repeated.

Experienced Practitioner

Consultant A has a new portfolio within the trust and has been appointed as cancer lead. She has just had a very productive meeting with the Business Manager for cancer services who has brought to her attention the difference in performance in cancer services across the patch. The breast cancer targets are being met with ease, the colorectal targets are being met but there is a huge shortfall on head and neck cancer and lung cancer targets. Consultant A's task is to develop a strategy for spreading good practice from the breast and colorectal areas to head and neck cancer and lung cancer areas. From her initial review there do not appear to be major resource issues. The major issue appears to be the current work practice in both areas, which appears to be somewhat idiosyncratic and dysfunctional. Working with colleagues, she comes up with a plan of action to address this deficiency as it is now causing the trust major concerns.

4. Improving Services

Clinicians showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to services.

This requires clinicians to demonstrate competence in:

- Ensuring Patient Safety
- Critically Evaluating
- Encouraging Improvement and Innovation
- Facilitating Transformation.

4. Improving Services
4.1 Ensuring Patient Safety

Clinicians show leadership by **ensuring patient safety**: assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety.

Competent clinicians:

- Identify and quantify the risk to patients using information from a range of sources
- Use evidence, both positive and negative, to identify options
- Use systematic ways of assessing and minimising risk
- Monitor the effects and outcomes of change.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in patient safety or other clinical audits or other similar safety related activity	Taking part in clinical and/or other governance processes related to safety within the organisation	Developing systems to measure risk, and practices to diagnose and quantify risk
Identifying infection control policies and procedures while on clinical placement	Training others in safe working practices and a culture that facilitates safety through consultation with patients	Contributing to the development of clinical governance strategies and practices, and learning from relevant national collaborative projects
Taking part in risk assessment		
Critically analysing significant events/critical incidents to identify the effect on patient outcomes	Undertaking a risk assessment of a clinical service area	Developing and implementing audit tools for managing risk
Ensuring (personal) safe practice within clinical guidelines	Presenting risk-reduction proposals to multidisciplinary teams/departments	Developing strategies for promoting a safety culture within the service or organisation
	Working to develop systems that are safe and reliable, and prevent harm from occurring	

4. Improving Services
4.1 Ensuring Patient Safety

Examples in Practice

Student	Student Radiographer G, on collecting a patient from the waiting room, asked how the patient was feeling. The patient replied, complaining of general tiredness and lethargy. Student G felt this might be of significance because the patient was undergoing large field irradiation, and he reported this to the radiographer in charge. A blood test was requested which indicated that the patient was anaemic and their white cell count depressed. It was decided to suspend treatment to allow the blood count to recover.
Practitioner	Following an Infection Prevention and Control Lead Nurse training session, it was evident to Speech and Language Therapist D that in any one session where a number of clients (children) were seen, she and her colleagues were not minimising the spread of bacteria, as it was not practical to seek out hand washing facilities between working with each new client. D initiated a meeting with the Lead Nurse whereby she became a 'champion' and developed a solution which was simple but effective. All Speech and Language Therapists and assistants working in schools were required to carry/wear a small bottle of alcohol hand gel to 'decontaminate' hands each time they worked with a client. All staff were required to sign up to this, which was supplementary to the trust Hand Hygiene Policy.
Experienced Practitioner	Senior operating department practitioner L identified that there was differential practice regarding Venous Thromboembolism (VTE) prophylaxis in surgical patients; this was evident upon patient arrival from the ward and also within the operating department. L organised a rigorous clinical audit based on national guidelines and found that the service provided did not represent best practice for reducing the risk of VTE; this also identified significant confusion from staff regarding the most appropriate interventions. Following the audit, L organised a working party with representatives from theatres, surgical wards and medical staff which developed a trust VTE care pathway for all surgical patients ensuring risk assessment and continuity of care for all patients. L then led the implementation of this care pathway which included an educational programme for staff.

4. Improving Services
4.2 Critically Evaluating

Clinicians show leadership by **critically evaluating**: being able to think analytically and conceptually, and to identify where services can be improved, working individually or as part of a team.

Competent clinicians:

- Obtain and act on patient, carer and service user feedback and experiences
- Assess and analyse processes using up-to-date improvement methodologies
- Identify healthcare improvements and create solutions through collaborative working
- Appraise options, and plan and take action to implement and evaluate improvements.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in a service improvement project	Evaluating the outcome of changes following clinical audits or other audit activity	Supporting more junior colleagues to lead a service improvement project
Leading on a student union initiative, e.g. to improve student facilities	Generating ideas for service improvement for discussion within multidisciplinary teams/in multi-agency settings and with patient groups	Working with healthcare colleagues and patients/service users and their representatives to establish the most appropriate means of collecting and analysing patient and carer feedback
Identifying factors affecting the delivery of a particular service using patient feedback		
	Using proven improvement techniques to develop service improvement proposals	
Taking part in or leading an extracurricular initiative		
		Supporting colleagues to evaluate and audit the outcomes of healthcare improvement projects
Giving feedback on educational activities	Working with managers to support service change/improvement	
	Using patient reported outcome measures to inform potential improvements	Ensuring that protocols and policies are established and followed consistently

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4. Improving Services
4.2 Critically Evaluating

Examples in Practice

Student

A music therapy service in homes for older people was regarded as useful by carers and managers although evidence was only anecdotal. This service was part of an organisation which provided service to 70 homes for older people around the country, some of which had music therapy and some did not. Student music therapist H undertook a small piece of research as part of an MA at a local university to more rigorously evaluate the effectiveness of the music therapy service. As a result of reading her project report, the managers of the older people's service commissioned a larger research project in partnership with the university in order to find the best way of delivering the service across the whole organisation in the most effective way.

Practitioner

Q is in doctoral training as a psychologist. He is asked to work with the mental health team managers to analyse the waiting times for the service and report on how this compares with national guidance and best practice. They analyse the results and begin to understand that the service is not equally accessible for all. The findings are reported back to the management team, with recommendations for change which will make the service more accessible to vulnerable groups, for example by changing the nature of assessments.

Experienced Practitioner

Senior physiotherapist J, with responsibility for extended women's health services, identified the value of developing direct access to her service for patients, enabling individuals to self-refer into the service and avoid the need for a GP appointment and onward referral. This was based on the critical evaluation of feedback from patients and GPs, and information on how a national initiative could be implemented to achieve local service improvements. The aim was to enable patients with common problems to secure faster, direct access to physiotherapy services, while at the same time reducing the workload of GPs by reducing patient consultations and referral activity, and to improve GPs' awareness and understanding of physiotherapy services.

4. Improving Services
4.3 Encouraging Improvement and Innovation

Clinicians show leadership by **encouraging improvement and innovation**: creating a climate of continuous service improvement.

Competent clinicians:

- Question the status quo
- Act as a positive role model for innovation
- Encourage dialogue and debate with a wide range of people
- Develop creative solutions to transform services and care.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Seeking patient opinions while on clinical placement or other placement	Using multidisciplinary team, patient feedback and other settings to debate and question current systems and practices	Creating and promoting opportunities for colleagues and patients/service users and their representatives to generate, discuss and openly debate ideas for improvement and change, encouraging them to feel safe to challenge existing practice
Identifying and shadowing positive role models		
	Taking part in multi-agency case conferences	
Using small group learning as an opportunity to debate and question the status quo with peers and other team members		
	Undertaking multi-profession audit and/or research	Systematically appraising and evolving current practice, systems and processes
Providing feedback about teaching and learning experiences in order to improve education provision	Identifying areas for improvement and initiating appropriate projects or developing them with others	Setting challenging and stretching goals for service improvement and monitoring their achievement

4. Improving Services
4.3 Encouraging Improvement and Innovation

Examples in Practice

Student

Student D on placement notices inefficiencies in the booking system and makes a comment to his supervisor. The supervisor suggests he discuss his ideas at the next staff meeting. D prepares a presentation for the meeting and involves staff in a brainstorming session on how the system could be improved. He is careful not to impose his own ideas on the group or to be critical of past practice. As a result a number of excellent solutions are generated at the meeting.

Practitioner

Nurse D is a diabetes nurse specialist who works in secondary care. To improve patient care and satisfaction she looked at the possibility of providing an integrated service with colleagues in primary care to deliver some diabetes specialist care closer to home. Nurse D managed a pilot project where a diabetes clinic was set up in a local GP practice. This was run collaboratively with the senior practice nurse and herself. Patients with Type 2 diabetes were seen by the practice nurse and Nurse D as part of a shared approach. Medication was reviewed and where required altered; advice on lifestyle and diet was also provided.
The results of the project have been that patient access to services and care has been greatly improved and the practice nurse's and Nurse D's knowledge and skills in diabetes management in primary care have increased.

Experienced Practitioner

An experienced biomedical scientist decides to explore the potential of new technology for rapid testing in GP surgeries. Fast urine screening tests provide guidance on the correct antibiotic regime, and coagulation testing allows anticoagulant dosing to take place at local health centres. She sets up and trains staff locally, then engages with local and national networks to publicise good practice. She helps to set up a number of such services across the country, making sure that the quality of results is as good as for hospital based services.
This results in patients having better access to diagnosis and faster, more effective treatment.

4. Improving Services
4.4 Facilitating Transformation

Clinicians show leadership by **facilitating transformation**: actively contributing to change processes that lead to improving healthcare.

Competent clinicians:

- Model the change expected
- Articulate the need for change and its impact on people and services
- Promote changes leading to systems redesign
- Motivate and focus a group to accomplish change.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Leading a group to implement changes, e.g. of student union activities based on student views	Preparing recommendations for service change based on patient views, for presentation at a multidisciplinary team meeting	With senior colleagues, reviewing patient satisfaction information to develop strategies for implementing and managing innovative solutions within the organisation
Following discussion with patients, take part in introducing improvements for patients while on clinical placements	Testing the feasibility of implementing changes with patients, colleagues and staff	Providing support to more junior colleagues and others who are affected by change
Identifying successful change strategies and processes	Taking an active role in change programmes in the clinical/workplace setting	Presenting the arguments for change to colleagues, addressing concerns and risks
Recognising when change processes have not met their stated goals and reflecting on the reasons for this		

4. Improving Services
4.4 Facilitating Transformation

Examples in Practice

Student

A group of students took part in a workshop looking at delivering in the community a service that had always been hospital-based. Actors played the part of patients and other professions in a role play. The students were able to discuss the barriers to implementing change for patients and professional groups and to consider how they could help to facilitate change.

Practitioner

P has been asked to work with patients and colleagues in all disciplines to update the trust policy on Inclusion. She is able to contribute by talking about clinical situations in which she has observed problems for both patients and staff. The group is able to see the relevance of this work and is enthused by the clinical scenarios. When the policy is rewritten she encourages the group to identify ways in which it will be explained to all staff and patients. Throughout this small project, she demonstrates her commitment by attending the meetings, responding to requests for feedback and comment, and by talking one-to-one with patients and colleagues from different departments to discuss their concerns.

Experienced Practitioner

Consultant F works in a medium-sized trust on a single site with an Accident & Emergency (A & E) department acting as a single portal of entry for patients. He has been appointed as the deputy lead for the trust's Hospital at Night Project, working with the Associate Medical Director for Education. This is a national project, the main object of which is to minimise the out-of-hours work of doctors in training. The whole basis of this programme is to look at the competences required to fulfil out of hours work rather than who provides them. For example, it may be as appropriate for a nurse practitioner to put in an IV as a doctor. Dr F has been asked to review the on-call arrangements for the trust. He has to come up with a proposal for the Executive Board on how the service will be covered at night. His challenge is that the vast majority of his medical colleagues see this as a cost-cutting exercise for the trust and see no advantage to it. Consultant F firmly believes this is the right way forward and has looked at the project sites and the good practice that they have developed. He explains his vision to his colleagues, giving them assurances that patient safety will be paramount in the new arrangements.

5. Setting Direction

Clinicians showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values.

This requires clinicians to demonstrate competence in:

• Identifying the Contexts for Change

• Applying Knowledge and Evidence

• Making Decisions

• Evaluating Impact.

5. Setting Direction
5.1 Identifying the Contexts for Change

Clinicians show leadership by **identifying the contexts for change**: being aware of the range of factors to be taken into account.

Competent clinicians:

- Demonstrate awareness of the political, social, technical, economic, organisational and professional environment
- Understand and interpret relevant legislation and accountability frameworks
- Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes
- Develop and communicate aspirations.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures	Taking part in meetings with the local health community	Undertaking analysis to systematically appraise the organisational environment
Taking opportunities to question more senior staff about future directions and scenarios	Identifying the clinical governance requirements of the organisation	Attending and contributing to conferences, workshops etc to keep abreast of likely developments affecting future services
Attending relevant national and regional events	Attending multi-agency forums	Seeking routes to influence local/national policy to improve local healthcare delivery
	Shadowing NHS senior managers and other influential stakeholders	

5. Setting Direction
5.1 Identifying the Contexts for Change

Examples in Practice

Student	As part of his course, paramedic student J attends a session on the NHS as an organisation, how the NHS is structured, and how national health policy translates to local implementation within the clinical settings where he will work later on within his course. He discusses with his academic supervisor how recent policy changes could impact on service provision.
Practitioner	Dr R is training in geriatric medicine. During her last stage of training, she is asked to work with colleagues to develop a care pathway on a common clinical presentation cited as a national problem in the National Service Framework. It is also a problem for the commissioners of local healthcare services. Dr R and the group look at the research behind the national priorities and local difficulties. They analyse the impact of this common problem on patients, the service, and carers. They use the patients experience as well as other data to make the case for change. Their recommendations are in line with the changes required by the commissioners, and include progress reporting.
Experienced Practitioner	Clinical services lead G recognised that it was vital that he supported his team in developing their understanding of the political, economic, organisational and professional contexts in which they were practising. He took stock of how he could best facilitate and encourage their engagement with change, both at a local level and taking account of policy developments that impact directly on how their services were commissioned and evaluated. This is within a context of reduced funding and increased accountability for demonstrating effectiveness, value and productivity. In order to help his staff feel supported in a time of needing to reduce costs and demonstrate efficiency, G developed a programme of focused sessions that supported staff in developing their awareness and understanding of the rationale and need for change, developed their individual and collective confidence in being prepared for responding to further change, and increased their appetite for identifying and enacting further service improvements.

5. Setting Direction
5.2 Applying Knowledge and Evidence

Clinicians show leadership by **applying knowledge and evidence**: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.

Competent clinicians:

- Use appropriate methods to gather data and information
- Carry out analysis against an evidence-based criteria set
- Use information to challenge existing practices and processes
- Influence others to use knowledge and evidence to achieve best practice.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Researching appropriate sources of information to support learning	Using and interpreting departmental performance data and information to debate services within multidisciplinary team meetings	Using audit outcomes to challenge current practice and develop consistent, reliable care
Critically analysing appropriate information and data to determine trends		Delegating responsibility to colleagues to act as service leads and supporting them to innovate
Investigating an identified problem in small group work	Using external references (e.g. IT based resources) to support analysis	
		Changing service delivery in response to new evidence
Applying principles of evidence-based practice	Synthesising information and preparing a business case	

5. Setting Direction
5.2 Applying Knowledge and Evidence

Examples in Practice

Student	Student A used a patient's story to develop a research question, find research papers and then critically evaluate the findings in light of the patient's condition. He was then able to review the care that the patient had received in the light of his findings.
Practitioner	An assignment on a higher education course module required students to critically evaluate one aspect of their practice, and to develop a plan to change that practice. Operating department practitioner H decided to critically evaluate the in-service training provided in her department, with a view to exploring anecdotal staff feedback that suggested the sessions were benefiting certain staff more than others. She collected information from colleagues and her manager, and used the evidence from the literature about best practice in learning and teaching/CPD. From that research, she made recommendations for changing the design and delivery of the in-service training so that it could be focused and personalised to meet participants' needs and preferences, and to optimise learning from one another. Subsequent evaluations of the revised approach to training indicated that staff found the sessions much more supportive of their learning and development and more relevant to addressing patient and service needs.
Experienced Practitioner	T is the Allied Health Professional Services lead in a community health service. She identified that there were 18 different ways to refer patients, and confusion from clinical colleagues about the best way to access services. She set up a project to introduce a call centre to deal with patient requests to simplify the first point of contact for patients and reduce waiting times. She achieved this by working with her team and other colleagues to centralise the services for podiatry, occupational therapy, physiotherapy, dietetics and speech and language so that the current 300,000 appointments a year could all be booked through the same system.

5. Setting Direction
5.3 Making Decisions
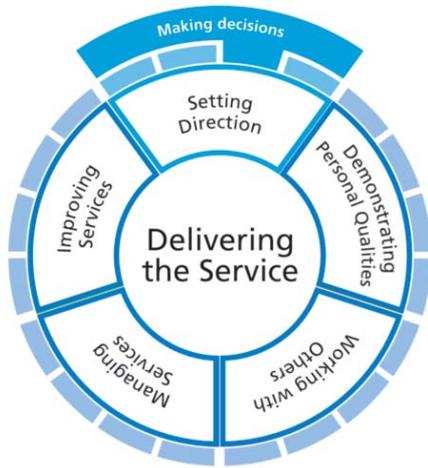
Clinicians show leadership by **making decisions**: using their values, and the evidence, to make good decisions.

Competent clinicians:

- Participate in and contribute to organisational decision-making processes
- Act in a manner consistent with the values and priorities of their organisation and profession
- Educate and inform key people who influence and make decisions
- Contribute their unique perspective to team, department, system and organisational decisions.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Contributing to discussions about future course developments	Contributing to decisions using evidence about the running of the service as part of a multidisciplinary team	Determining priorities for a service, incorporating them into departmental and trust business plans
Taking part in multidisciplinary team meetings and listening to patient experiences during clinical placements to appreciate the organisational context for decisions	Contributing to relevant decisions about workload and arrangements for cover based on clear and concise information and data	Advising management colleagues, providing a clinical perspective on service developments and the implications for patients
Identifying where decisions have taken account of changes in evidence and policy	Taking part in clinical committee structures within the organisation	Helping others to interpret the future impact of decisions
Seeking to understand how key decisions lead to ongoing impact	Extrapolating knowledge to understand potential future impact of key decisions	Taking responsibility for ensuring appropriate and effective decision making processes are in place

BT Mod 4 Witness Stmt 6 Apr 2023 Statement & Exhibit Bundle Index & Exhibit Bundle (11891 pages)

5. Setting Direction
5.3 Making Decisions

Examples in Practice

Student	Student K was discussing with a consultant why a hospital department did not open for longer hours, so that a patient could attend with a relative outside working hours. By the end of the discussion he had a better idea of the conflicting priorities in healthcare between improving access for patients and meeting the requirements of the European Working Time Directive (EWTD) for hospital staff, finances and the needs of staff and their own families.
Practitioner	Dr T is coming towards the end of his training in surgery. The trust is considering increasing the amount of day-case surgery, which will mean building a new purpose-built unit. Dr T works with colleagues from other specialties to decide on what is required and how the unit will be used. He takes account of the requirements placed on the specialty by the commissioners, NICE guidelines, research and workload changes. Dr T and his colleagues work out how the reduction in in-patient activity will be achieved to enable the day-case unit to be funded. The trust management asks for a presentation of the key issues involved in the move to increased day-case surgery. Dr T attends the management team meeting to discuss the various options and plans for the future, and offers to assist with the introduction of the resulting changes.
Experienced Practitioner	Senior physiotherapist V is working for a community health service and has become aware that a new contract to provide a service to tackle adult obesity among the borough's ethnically diverse communities is being put out to tender. He led work with physiotherapy colleagues, dietitians, psychologists, sports medicine clinicians and a local charity to develop and submit a joint bid. This focused its business case on addressing obesity through community-based activity, optimising integrated models of care and achieving long-term financial advantages through ill-health prevention to demonstrate value and cost-effectiveness. The central initiative within the proposal was for professional staff to train lay community figures within the charity to provide information on exercise to clients, and for outcome measures to be implemented at the start and the end of the programme. The joint bid was awarded a tender for a year.

5. Setting Direction
5.4 Evaluating Impact

Clinicians show leadership by **evaluating impact**: measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.

Competent clinicians:

- Test and evaluate new service options
- Standardise and promote new approaches
- Overcome barriers to implementation
- Formally and informally disseminate good practice.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in student/staff committees, e.g. to review the effectiveness of initiatives	Contributing to the evaluation of services and wider healthcare systems relevant to the service and their own practice	Evaluating change options in terms of their impact on services and people
Seeking opportunities to learn how effective service changes have been	Presenting the results of clinical audit and research to audiences outside their immediate specialty	Facilitating the introduction of new services and systems/processes
Reviewing the effectiveness of alternative treatments and approaches following clinical attachment	Taking part in organisational service review/planning with healthcare commissioners	Promoting good practice by communicating this to a wider audience, e.g. speaking at meetings/conferences, publishing articles and guidelines
		Designing outcome measures for services

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5. Setting Direction
5.4 Evaluating Impact

Examples in Practice

Student

Student U was able to look at how diabetes care was audited in her general practice placement and assess this in the light of national guidance and how patients were managed. She was able to suggest changes to further improve the delivery of care, and discuss the practicalities after presenting her findings to her group and GP tutor.

Practitioner

Falls Lead K realised that the local ambulance service were ideal for identifying people prone to falling. From feedback he received from physiotherapists and the falls team, he constructed a questionnaire to collect details of the patient and their fall. When they deal with a person who has fallen, all of the ambulance officers now fax a form to the falls team, who assess patients and refer them to physiotherapy as needed. Providing physiotherapy for these patients led to the number of repeat falls being reduced, close to 4,000 fewer falls victims a year. Comprehensive risk assessments have been effective in eliminating a lot of trolley waits, bed days and return visits to hospital. This reduction in falls has saved the ambulance service over £400,000 in 18 months, money that has been redirected into improving existing services.

Experienced Practitioner

As part of a re-design of pathology services, M puts into place evaluation measures which will assess the effectiveness and benefits of the re-designed service in terms of quality of service and cost. The following year the outcomes of the redesign are reviewed and further modifications are made to processes. Where possible the new design is then replicated in other pathology divisions.

Development

The CLCF is derived from the Medical Leadership Competency Framework (MLCF)[2], jointly developed by the NHS Institute for Innovation and Improvement (NHS Institute) and the Academy of Royal Medical Colleges. The MLCF is now being embedded throughout undergraduate and postgraduate medical education and throughout continuing practice.

The National Leadership Council (NLC) clinical leadership workstream commissioned the NHS Institute in January 2010 to test the applicability of generic leadership competences for all clinical professions.

The aim of this work was to:

- Test the applicability of these leadership competences for each of the individual clinical professions
- Develop an understanding of the processes by which each clinical profession's curricula and training standards are developed and approved
- Understand to what extent leadership competences are already included in curricula and training, and their state of readiness for adopting and agreeing a clinical leadership competency framework.

Members of the project team met and interviewed 97 individuals from regulatory and professional bodies throughout the clinical professions as well as representatives from organisations involved in policy, education, workforce or employing bodies, and clinicians. A full list of the organisations is included in Appendix I on page 65.

The development of the CLCF was informed by:-

Workshops to present the CLCF, gain general feedback on the framework and an understanding of the issues/drivers, and test the applicability of the domains and elements.

Roadshow presentations to key groups and committees.

Interviews with individuals within the professional bodies and frontline clinicians, using semi-structured questions to gather data to inform the position of each clinical profession as well as the overall findings.

A review of documentation including curricula guidance, standards and frameworks relating to education and training, learning and development activity as well as performance assessment tools.

Advice from the National Leadership Council and Leadership Framework and Accreditation Steering Board consisting of individuals from all levels within clinical and service communities.

Input from a reference group consisting of individuals representing the professions and their professional bodies.

Review of key documents produced by professional and regulatory bodies such as *The NHS Knowledge and Skills Framework (NHS KSF), High Quality Care for All: NHS Next Stage Review Final Report, Equity and Excellence: Liberating the NHS, Modernising allied health professions (AHP) careers: a competence-based career framework, Preceptorship Framework for newly registered nurses, midwives and allied health professionals, Transforming Community Services: Enabling new patterns of provision, Modernising Scientific Careers: The UK Way Forward, Planning and Developing the NHS Workforce: The National Framework, Building a Safe and Confident Future: Implementing the recommendations of the Social Work Task Force, Pharmacy in England: Building On Strengths – Delivering the Future, Tomorrow's Doctors: Outcomes and standards for undergraduate medical education, Midwifery 2020 – Delivering Expectations, Aspiring to Excellence: Final Report of the Independent Enquiry into Modernising Medical Careers, Shape a quality nursing workforce, Delivering Quality Through Leadership: NHS Scotland Leadership Development Strategy, Health and Social Care – National Occupational Standards.*

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[2] NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) Medical Leadership Competency Framework, 3rd edition, Coventry: NHS Institute for Innovation and Improvement

Relevant Reading

This document is designed to be read and used in conjunction with relevant literature, professional and service documents such as policy, curricula guidance, standards and frameworks related to education and training, learning and development activity and performance assessment tools.

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Contributors to the contextual examples underpinning the CLCF
Contributors to the *Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training*
Contributors to the *Medical Leadership Competency Framework*
Contributors to the *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework*
Contributors to the *Medical Leadership Curriculum*

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Special thanks to the Enhancing Engagement in Medical Leadership project and the Academy of Medical Royal Colleges for the use of the Medical Leadership Competency Framework in the development of the Clinical Leadership Competency Framework.

*indicates someone who also sits on the Steering Board, but is categorised under a different group above.

Appendix I

Organisations Interviewed

Members of the CLCF project team met and interviewed 97 individuals from regulatory and professional bodies throughout the clinical professions as well as representatives from organisations involved in policy, education, workforce or employing bodies, and clinicians. A full list of the organisations is included below..

Allied Health Professions Federation
Ambulance Service Education Leads
Ambulance Training College
Ambulance Trust CEs Group
Ambulance Trust National HR Directors Group
Association of British Dispensing Opticians
Association of Clinical Scientists (ACS)
Association of Optometrists
Association of Professional Music Therapists
British and Irish Orthoptic Society
British Association of Art Therapists
British Association of Dramatherapists
British Association of Prosthetists and Orthotists
British Dental Association
British Dietetic Association
British Healthcare Trades Association (BHTA)
Orthotics Section
British Psychoanalytic Council
Centre for Pharmacy Postgraduate Education
Chartered Society of Physiotherapy
College of Occupational Therapists
College of Operating Department Practitioners
College of Optometrists
College of Paramedics
Department for Health and Social Services, Wales
Department of Health and Community Care, Scotland
Department of Health, England
Department of Health, Social Services and Public Safety, Northern Ireland

Federation of Healthcare Scientists
Federation of Ophthalmic and Dispensing Opticians
General Dental Council
General Medical Council
General Optical Council
General Pharmaceutical Council
Health Professions Council
Institute of Biomedical Science
Lead Midwife for Education Strategic Reference Group
Local Supervising Authority Midwifery Officers
Midwifery 2020
National Leadership Council, England
National Skills Academy for Social Care
NHS Institute of Innovation and Improvement
Nursing and Midwifery Council
Royal College of Midwives
Royal College of Nursing
Royal College of Speech and Language Therapists
Royal Pharmaceutical Society of Great Britain
Skills for Health
Social Care Institute for Excellence
The British Psychological Society
The Council of Deans of Health
The Council of University Heads of Pharmacy
The Dental Schools Council
The Institute of Chiropodists & Podiatrists
The Society & College of Radiographers
The Society of Chiropodists & Podiatrists

Appendix II

Clinical Leadership Competency Framework (CLCF) and Leadership Framework: Similarities and Differences

| CLCF	Leadership Framework
Is applicable to **all clinicians** working in the United Kingdom and relates to practitioners' roles at all stages of their professional journey	Is applicable to **all staff in health and care** irrespective of their professional role, function or level
Based on 5 competence domains, each with 4 elements (20 elements in total) in common with the Medical Leadership Competency Framework	Based on the same 5 competence domains (and 20 elements) as CLCF plus 2 additional domains (8 elements) for senior leaders
Uses 3 categories based on career stage: • Student • Practitioner • Experienced practitioner	Uses 4 stages based on sphere of leadership influence, impact and accountability: • Stage 1: Own practice/immediate team • Stage 2: Whole service/across teams • Stage 3: Across services/wider organisation • Stage 4: Whole organisation/wider healthcare system
Has 60 examples in practice developed by the clinical professions (each approximately 100 words) to illustrate application of each element at each career stage	Has a number of short contextual indicators which describe the type of activity staff could be demonstrating relevant to each element and to help them relate to each stage
Has learning and development opportunities listed for each element and career stage, supplied by the clinical professions Has e-learning modules for post-graduate trainees and clinical tutors regardless of specialty (LeAD)	Has examples in practice and indicators illustrating the type of activity staff can be undertaking at each stage Has toolkit to support embedding, including: For Individuals • Online 360° diagnostic • Self assessment diagnostic • Development toolkit • LeAD (e-learning modules) • Examples in practice • Paper on the background and research to the LF For Facilitators • Face to face and e-learning training materials
Has guidance document for educationalists to assist in curriculum design which identifies knowledge, skills and attributes underpinning each element; gives extensive examples of learning and assessment methods, supplied by educationalists in the professions	
Is being used as a template by individual professions to create own tailored framework which will help to embed through highly contextualised scenarios, learning and development opportunities	
Is being incorporated into professional, regulatory and education standards	

NHS
Leadership Academy

Version 1.0

NHS
Leadership Academy

Healthcare Leadership Model

The nine dimensions of leadership behaviour

www.leadershipacademy.nhs.uk

2 www.leadershipacademy.nhs.uk

Introduction

Who the model is for

The Healthcare Leadership Model is to help those who work in health and care to become better leaders. It is useful for everyone – whether you have formal leadership responsibility or not, if you work in a clinical or other service setting, and if you work with a team of five people or 5,000. It describes the things you can see leaders doing at work and is organised in a way that helps everyone to see how they can develop as a leader. It applies equally to the whole variety of roles and care settings that exist within health and care.

We want to help you understand how your leadership behaviours affect the culture and climate you, your colleagues, and teams work in. Whether you work directly with patients and service users or not, you will realise what you do and how you behave will affect the experiences of patients and service users of your organisation, the quality of care provided, and the reputation of the organisation itself. The nature and effect of a positive leadership style can be summed up as:

Leadership that emphasises care for staff and high-quality support services

Satisfied, loyal, productive and engaged employees

High-quality, compassionate care

Valued care services and patient satisfaction

Successful healthcare organisations and a highly regarded service

Figure 1 : The nature and effect of a positive leadership style

The structure of the model

The Healthcare Leadership Model is made up of nine 'leadership dimensions', each of which has its own page in this document. There is a brief description of what the dimension is about and why it is important, and a section that says 'what it is not' to provide further clarity.

For each dimension, leadership behaviours are shown on a four-part scale which ranges from 'essential' through 'proficient' and 'strong' to 'exemplary'. Although the complexity and sophistication of the behaviours increase as we move up the scale, the scale is not tied to particular job roles or levels. So people in junior roles may find themselves to be within the 'strong' or 'exemplary' parts of the scale, and senior staff may find themselves in the 'essential' or 'proficient' parts. Similarly, you may find where you judge yourself to be may vary depending on the dimension itself. For example, you may be mostly 'strong' in a few dimensions, 'exemplary' in one, and 'essential' or 'proficient' in others. This may be appropriate depending on your job role, or it may show that there are areas that need some development or that are a particular strength.

Within these scales, the leadership behaviours themselves are presented as a series of questions. The questions are short descriptions of what the leadership dimension looks like at each part of the scale. These are the questions that guide

leaders' thoughts and result in effective leadership behaviour. They are written in the 'first person' (Do I . . . ?), but are not meant to be answered with a simple 'yes' or 'no'. Instead, they should help you explore your intentions and motivations, and see where your strengths and areas for development may lie. You may also want to think about what evidence you could provide to support your answers.

Research[1] has shown that all nine dimensions of the model are important in an individual's leadership role. However, the type of job you have, the needs of the people you work with, and the context of your role within your organisation will all affect which dimensions are most important for you to use and develop.

The importance of personal qualities

'…the most important element… comes from a combination of emotional expressiveness, self-confidence, self-determination and freedom from internal conflict'[2]

The way that we manage ourselves is a central part of being an effective leader. It is vital to recognise that personal qualities like self-awareness, self-confidence, self-control, self-knowledge, personal reflection, resilience and determination are the foundation of how we behave. Being aware of your strengths and limitations in these areas will have a

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[1] Please see Appendix 1 for more information on the research behind the Healthcare Leadership Model.
[2] Bass, B.M (1992), in M. Syrett and C. Hogg (Editors), Frontiers of Leadership. Oxford: Blackwell.

Figure 2 : The impact of personal qualities on the experience of care

| Greater self-awareness, self-control, self-knowledge, determination, resilience and other personal qualities | → | More effective leadership behaviours | → | Productive, care-focused and engaged climate in teams | → | Increasingly positive experience of care and service |

direct effect on how you behave and interact with others, and they with you. Without this awareness, it will be much more difficult (if not impossible) to behave in the way research has shown that good leaders do. This, in turn, will have a direct impact on your colleagues, any team you work in, and the overall culture and climate within the team as well as within the organisation. Whether you work directly with patients and service users or not, this can affect the care experience they have. Working positively on these personal qualities will lead to a focus on care and high-quality services for patients and service users, their carers and their families (see Figure 2).

While personal qualities have not been separately highlighted in the Healthcare Leadership Model, you will find them throughout the various dimensions. It is important to realise that areas identified for development within the model may be as much about how you manage yourself as about how you manage your behaviour and relate to other people.

How to use this document

The document illustrates the leadership behaviours expected for all staff in healthcare, so you can use it to help you think about your own leadership behaviours. It will also help you carry out appraisals, and to write documents such as personal and professional development plans, recruitment criteria and processes, educational standards and curricula

and training programme materials and criteria.

However, for personal use we are also developing other tools that will more directly help you apply the Healthcare Leadership Model. For example, a self-assessment tool and a 360-degree feedback tool are in development and will have a greater focus on helping individuals to assess their leadership

behaviours and more fully understand their leadership development. Please visit www.leadershipacademy.nhs.uk/leadershipmodel for up-to-date information on these tools, as well as other supporting materials.

We would be very interested to hear from anyone using the Healthcare Leadership Model in their work and are planning to collect examples of best practice so that we can share these more widely. If you are interested in sharing how you are using the model, please contact us at leadershipmodel@leadershipacademy.nhs.uk.
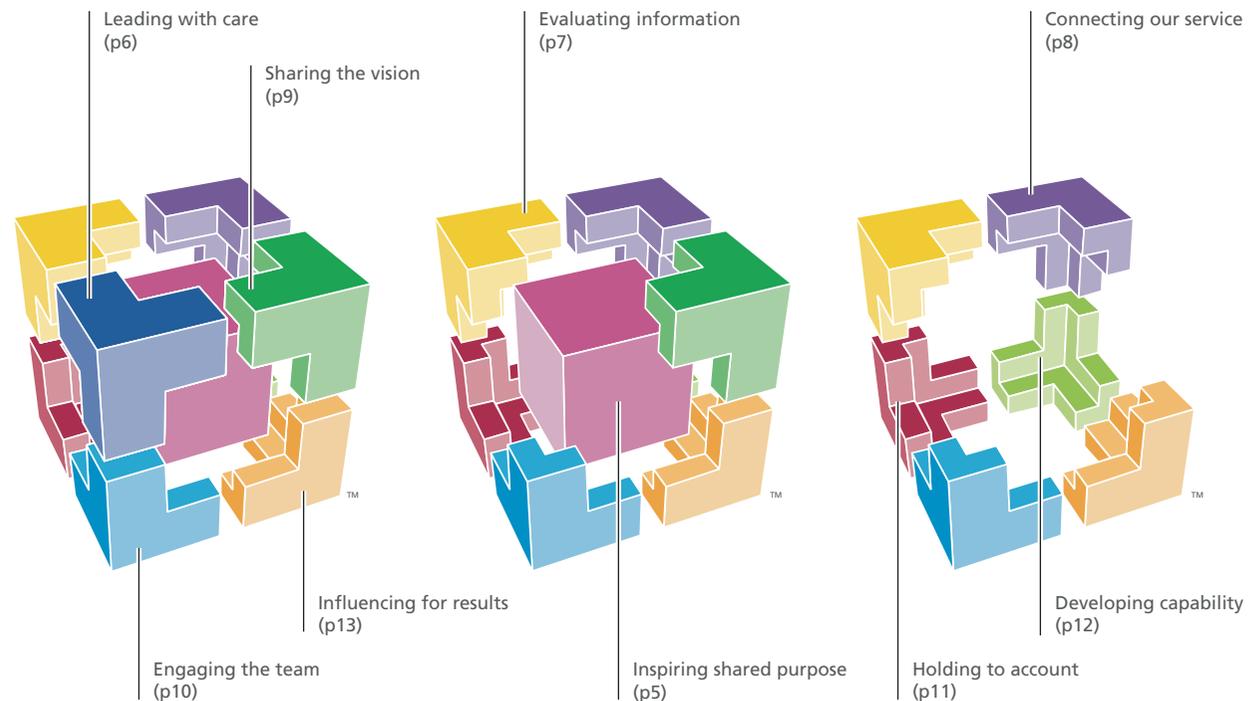
Figure 3 : The nine dimensions of the Healthcare Leadership Model
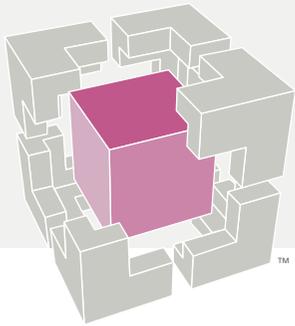
Inspiring shared purpose

What is it?

- Valuing a service ethos
- Curious about how to improve services and patient care
- Behaving in a way that reflects the principles and values of the NHS

Why is it important?

Leaders create a shared purpose for diverse individuals doing different work, inspiring them to believe in shared values so that they deliver benefits for patients, their families and the community

What is it not?

- Turning a blind eye
- Using values to push a personal or 'tribal' agenda
- Hiding behind values to avoid doing your best
- Self-righteousness
- Misplaced tenacity
- Shying away from doing what you know is right

Essential

Staying true to NHS principles and values

Do I act as a role model for belief in and commitment to the service?

Do I focus on how what I do contributes to and affects patient care or other service users?

Do I enable colleagues to see the wider meaning in what they do?

Proficient

Holding to principles and values under pressure

Do I behave consistently and make sure that others do so even when we are under pressure?

Do I inspire others in tough times by helping them to focus on the value of their contribution?

Do I actively promote values of service in line with NHS principles?

Strong

Taking personal risks to stand up for the shared purpose

Do I have the self-confidence to question the way things are done in my area of work?

Do I have the resilience to keep challenging others in the face of opposition, or when I have suffered a setback?

Do I support my team or colleagues when they challenge the way things are done?

Exemplary

Making courageous challenges for the benefit of the service

Do I have the courage to challenge beyond my remit even when it may involve considerable personal risk?

Do I take the initiative and responsibility to put things right outside my remit if I see others fearing to act?
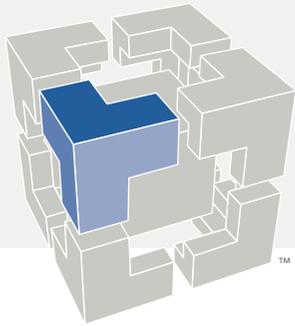
Leading with care

What is it?

- Having the essential personal qualities for leaders in health and social care
- Understanding the unique qualities and needs of a team
- Providing a caring, safe environment to enable everyone to do their jobs effectively

Why is it important?

Leaders understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users

What is it not?

- Making excuses for poor performance
- Avoiding responsibility for the wellbeing of colleagues in your team
- Failing to understand the impact of your own emotions or behaviour on colleagues
- Taking responsibility away from others

Essential

Caring for the team

Do I notice negative or unsettling emotions in the team and act to put the situation right?

Do my actions demonstrate that the health and wellbeing of my team are important to me?

Do I carry out genuine acts of kindness for my team?

Proficient

Recognising underlying reasons for behaviour

Do I understand the underlying reasons for my behaviour and recognise how it affects my team?

Can I 'read' others, and act with appropriate empathy, especially when they are different from me?

Do I help my colleagues to make the connection between the way they feel and the quality of the service they provide?

Strong

Providing opportunities for mutual support

Do I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users?

Do I help create the conditions that help my team provide mutual care and support?

Do I pay close attention to what motivates individuals in my team so that I can channel their energy so they deliver for service users?

Exemplary

Spreading a caring environment beyond my own area

Do I take positive action to make sure other leaders are taking responsibility for the emotional wellbeing of their teams?

Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?

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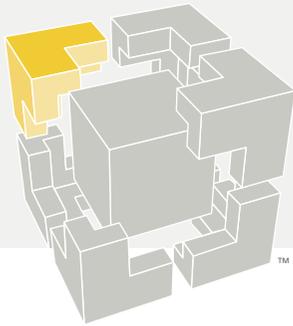
Evaluating information

What is it?

- Seeking out varied information
- using information to generate new ideas and make effective plans for improvement or change
- making evidence-based decisions that respect different perspectives and meet the needs of all service users

Why is it important?

Leaders are open and alert to information, investigating what is happening now so that they can think in an informed way about how to develop proposals for improvement

What is it not?

- Failing to look beyond the obvious
- Collecting data without using it
- Thinking only about your own measures or experience
- Reluctance to look for better ways of doing things
- Ignoring problems by ignoring data
- Using research as a weapon

Essential

Gathering data

Do I collect feedback from service users?

Do I collect and record the essential data for my area of work accurately and on time?

Am I regularly thinking about ways to do my job more effectively?

Can I see patterns that help me to do things better, more efficiently or with less waste?

Strong

Thinking creatively

Do I conduct thorough analyses of data over time and compare outcomes and trends to relevant benchmarks?

Do I see the relevance of seemingly unrelated ideas which could be made useful in my area of work?

Do I creatively apply fresh approaches to improve current ways of working?

Proficient

Scanning widely

Do I look outside my area of work for information and ideas that could bring about continuous improvement?

Do I establish ongoing methods for measuring performance to gain a detailed understanding of what is happening?

Do I spot future opportunities and risks, and test resulting plans with external stakeholders to improve them?

Exemplary

Developing new concepts

Do I develop strategies based on new concepts, insights, or perceptive analysis?

Do I create improved pathways, systems or processes through insights that are not obvious to others?

Do I carry out, or encourage, research to understand the root causes of issues?
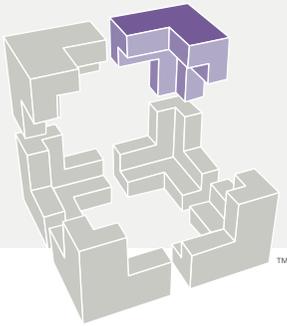
Connecting our service

What is it?

Understanding how health and social care services fit together and how different people, teams or organisations interconnect and interact

Why is it important?

Leaders understand how things are done in different teams and organisations; they recognise the implications of different structures, goals, values and cultures so that they can make links, share risks and collaborate effectively

What is it not?

- Being rigid in your approach
- Thinking about only your part of the organisation
- Believing only your view is the right one
- Thinking politics is a dirty word
- Failing to engage with other parts of the system
- Focusing solely on the depth of your area at the expense of the broader service

Essential

Recognising how my area of work relates to other parts of the system

Do I understand the formal structure of my area of work and how it fits with other teams?

Do I keep up to date with changes in the system to maintain efficiency?

Do I hand over effectively to others and take responsibility for continuity of service provision?

Proficient

Understanding the culture and politics across my organisation

Do I understand the informal 'chain of command' and unwritten rules of how things get done?

Do I know what I need to do and who to go to so that well-judged decisions are made in my organisation?

Do I understand how financial and other pressures influence the way people react in my organisation?

Strong

Adapting to different standards and approaches outside my organisation

Am I connected to stakeholders in a way that helps me to understand their unspoken needs and agendas?

Am I flexible in my approach so I can work effectively with people in organisations that have different standards and approaches from mine?

Do I act flexibly to overcome obstacles?

Exemplary

Working strategically across the system

Do I build strategic relationships to make links across the broader system?

Do I understand how complex connections across the health economy affect the efficiency of the system?

Do I understand which issues affect decisions across the system so that I can anticipate how other stakeholders will react?

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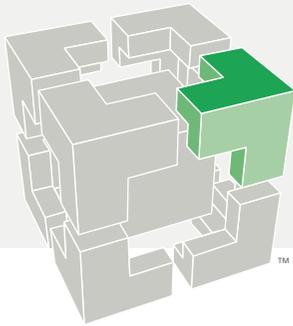
Sharing the vision

What is it?

Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting

Why is it important?

Leaders convey a vivid and attractive picture of what everyone is working towards in a clear, consistent and honest way, so that they inspire hope and help others to see how their work fits in

What is it not?

- Saying one thing and doing another
- Talking about the vision but not working to achieve it
- Being inconsistent in what you say
- Avoiding the difficult messages

Essential

Communicating to create credibility and trust

Am I visible and available to my team?

Do I communicate honestly, appropriately and at the right time with people at all levels?

Am I helping other people appreciate how their work contributes to the aims of the team and the organisation?

Do I break things down and explain clearly?

Proficient

Creating clear direction

Do I help people to see the vision as achievable by describing the 'journey' we need to take?

Do I use stories and examples to bring the vision to life?

Do I clearly describe the purpose of the job, the team and the organisation and how they will be different in the future?

Strong

Making long-term goals desirable

Do I encourage others to become 'ambassadors' for the vision and generate excitement about long-term aims?

Do I find ways to make a vivid picture of future success emotionally compelling?

Do I establish ongoing communication strategies to deal with the more complex and difficult issues?

Exemplary

Inspiring confidence for the future

Do I display confidence and integrity under robust and public criticism?

Do I describe future changes in a way that inspires hope, and reassures staff, patients and the public?

Do I explain controversial and complex plans in a way that different groups can hear, understand and accept?
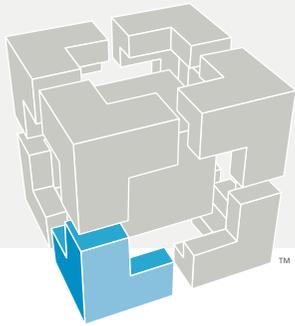
Engaging the team

What is it?

Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service

Why is it important?

Leaders promote teamwork and a feeling of pride by valuing individuals' contributions and ideas; this creates an atmosphere of staff engagement where desirable behaviour, such as mutual respect, compassionate care and attention to detail, are reinforced by all team members

What is it not?

- Building plans without consultation
- Autocratic leadership
- Failing to value diversity
- Springing ideas on others without discussion

Essential

Involving the team

Do I recognise and actively appreciate each person's unique perspectives and experience?

Do I listen attentively to my team and value their suggestions?

Do I ask for contributions from my team to raise their engagement?

Proficient

Fostering creative participation

Do I ask for feedback from my team on things that are working well and things we could improve?

Do I shape future plans together with my team?

Do I encourage my team to identify problems and solve them?

Strong

Co-operating to raise the game

Do I enable my team to feed off each other's ideas, even if there is a risk the ideas might not work?

Do I encourage team members to get to know each other's pressures and priorities so that they can co-operate to provide a seamless service when resources are stretched?

Do I offer support and resources to other teams in my organisation?

Exemplary

Stretching the team for excellence and innovation

Do I stretch my team so that they deliver a fully 'joined-up' service, and so give the best value they can?

Do I support other leaders to build success within and beyond my organisation?

Do I create a common purpose to unite my team and enable them to work seamlessly together to deliver?

Do I encourage my team to deliver on the shared purpose, as much as on their individual targets?
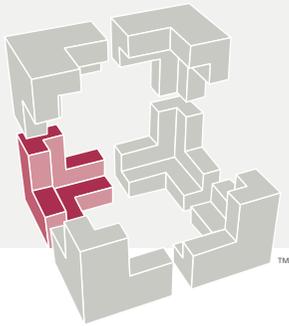
Holding to account

What is it?

- Agreeing clear performance goals and quality indicators
- Supporting individuals and teams to take responsibility for results
- Providing balanced feedback

Why is it important?

Leaders create clarity about their expectations and what success looks like in order to focus people's energy, give them the freedom to self-manage within the demands of their job, and deliver improving standards of care and service delivery

What is it not?

- Setting unclear targets
- Tolerating mediocrity
- Making erratic and changeable demands
- Giving unbalanced feedback (too much praise or too little)
- Making excuses for poor or variable performance
- Reluctance to change

Essential

Setting clear expectations

Do I take personal responsibility for my own performance?

Do I specify and prioritise what is expected of individuals and the team?

Do I make tasks meaningful and link them to organisational goals?

Do I make sure individual and team goals are SMART[1]?

Proficient

Managing and supporting performance

Do I challenge ways of thinking and encourage people to use data to support their business planning and decision making?

Do I set clear standards for behaviour as well as for achieving tasks?

Do I give balanced feedback and support to improve performance?

Do I act quickly to manage poor performance?

Strong

Challenging for continuous improvement

Do I constantly look out for opportunities to celebrate and reward high standards?

Do I actively link feedback to the overall vision for success?

Do I notice and challenge mediocrity, encouraging people to stop coasting and stretch themselves for the best results they can attain?

Exemplary

Creating a mindset for innovative change

Do I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better?

Do I share stories and symbols of success that create pride in achievement?

Do I champion a mindset of high ambition for individuals, the team and the organisation?

[1] SMART stands for Specific, Measurable, Achievable, Relevant, Timed
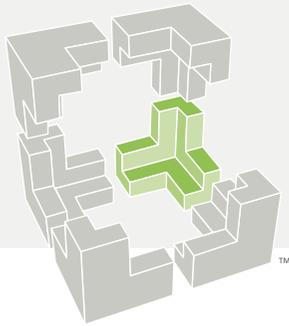
Developing capability

What is it?

- Building capability to enable people to meet future challenges

- Using a range of experiences as a vehicle for individual and organisational learning

- Acting as a role model for personal development

Why is it important?

Leaders champion learning and capability development so that they and others gain the skills, knowledge and experience they need to meet the future needs of the service, develop their own potential, and learn from both success and failure

What is it not?

- Focusing on development for short-term task accomplishment

- Supporting only technical learning at the expense of other forms of growth and development

- Developing yourself mainly for your own benefit

- Developing only the 'best' people

Essential

Providing opportunities for people development

Do I often look for opportunities to develop myself and learn things outside my comfort zone?

Do I understand the importance and impact of people development?

Do I build people development into my planning for my team?

Proficient

Taking multiple steps to develop team members

Do I explore and understand the strengths and development needs of individuals in my team?

Do I provide development opportunities for other people through experience and formal training?

Do I look for and provide regular positive and developmental feedback for my team to help them focus on the right areas to develop professionally?

Strong

Building longer-term capability

Do I explore the career aspirations of colleagues in my team and shape development activities to support them?

Do I provide long-term mentoring or coaching?

Do I spot high-potential colleagues or capability gaps in my team and focus development efforts to build on or deal with the situation?

Exemplary

Creating systems for succession to all key roles

Do I create the conditions in which others take responsibility for their development and learn from each other?

Do I take a strategic approach to people development based on the future needs of the NHS?

Do I share in broad organisational development and succession planning beyond my area of work?
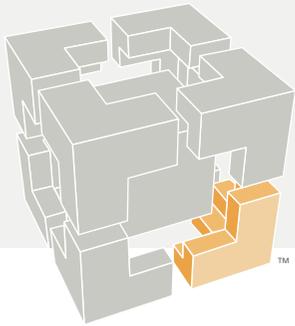
Influencing for results

What is it?

- Deciding how to have a positive impact on other people
- Building relationships to recognise other people's passions and concerns
- Using interpersonal and organisational understanding to persuade and build collaboration

Why is it important?

Leaders are sensitive to the concerns and needs of different individuals, groups and organisations, and use this to build networks of influence and plan how to reach agreement about priorities, allocation of resources or approaches to service delivery

What is it not?

- Being insular
- Pushing your agenda without regard to other views
- Only using one influencing style
- Being discourteous or dismissive

Essential

Engaging with others to convince or persuade

Am I respectful in all circumstances?

Do I listen to different views?

Do I share issues and information to help other people understand my thinking?

Do I develop and present well-reasoned arguments?

Do I avoid jargon and express myself clearly?

Strong

Developing collaborative agendas and consensus

Do I use 'networks of influence' to develop consensus and buy-in?

Do I create shared agendas with key stakeholders?

Do I use indirect influence and partnerships across organisations to build wide support for my ideas?

Do I give and take?

Proficient

Adapting my approach to connect with diverse groups

Do I adapt my communication to the needs and concerns of different groups?

Do I use stories, symbols and other memorable approaches to increase my impact?

Do I check that others have understood me?

Do I create formal and informal two-way communication channels so I can be more persuasive?

Exemplary

Building sustainable commitments

Do I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited?

Do I build enough support for the idea or initiative to take on a life of its own?

Do I act as an ambassador for my organisation to gain reputational influence by sharing experiences and best practice nationally and internationally?

Appendix I How the Healthcare Leadership Model has been developed

The Healthcare Leadership Model has been developed by the NHS Leadership Academy, working with the Hay Group and colleagues from the Open University. It is an evidence-based research model that reflects:

- the values of the NHS

- what we know about effective leadership

- what we have learned from the Leadership Framework (2011)

- what our patients and communities are now asking from us as leaders

This appendix explains how the model was developed and gives more information on how the research was carried out.

1 Secondary Research (March – April 2013)

The aim of the secondary research was to:

- understand what existing research has already said about leadership more generally, and

- help identify what then needs to be different for healthcare, for the NHS, and for the NHS in the current environment.

John Storey and Richard Holti of the Open University, working with Hay Group, carried out a review of current literature and research on leadership models and behaviours, including international as well as private-sector learning. You can see Holti and Storey's paper at www.leadershipacademy.nhs.uk/leadershipmodel

The Hay Group then developed Storey and Holti's findings into a draft behavioural model. As part of this stage, Hay Group drew on the following:

- their own knowledge of leadership in the NHS and elsewhere

- comparison of research data with health system competency models in Hay Group's competency database

- analysis of NHS leaders' assessment data

- analysis of the differences in behaviours between line managers and senior individual professionals

2 Primary Research (April – June 2013)

The aim of the primary research stage was to identify sample leadership behaviours at different levels of intensity and sophistication using the draft model created from the secondary research. This stage consisted of two sets of interviews:

- strategic interviews with people who have extensive experience of leaders in the NHS

- interviews with leaders across the NHS at a variety of levels to gather detailed examples of how they lead and how this delivers results

The sample of interviewees for both sets of interviews was selected by the NHS Leadership Academy working with their Local Delivery Partners (LDPs). The strategic interviews were carried out by staff in the NHS. Hay Group assessors carried out the interviews with leaders, using a focused interview technique. Hay Group then coded all the interviews against the draft leadership model, and carried out a thematic analysis.

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3 Drafting
(June 2013)

The aim of the drafting stage was to take everything we had learned from the previous two stages to create a more refined draft. The format we used was a 'concept formation' workshop, attended by the NHS Leadership Academy and Hay Group. Here we brought the various data points together to produce a 'working draft' of the leadership model. The data points included:

- the themes from Holti & Storey's research paper
- data sets from both sets of interviews
- data with health system competency models in the Hay Group competency database, and
- thematic analysis of NHS leaders' assessment data

In particular, we used evidence from the interviews to produce the leadership behaviour descriptions you see in the model.

4 Testing
(June – August 2013)

The aim of the testing stage was to check with the intended audience of the model (staff in healthcare) that it would be relevant and user-friendly across various roles and contexts. This stage consisted of a number of focus groups, conducted by the NHS Leadership Academy and LDPs, involving a cross-section of staff at various levels working in various contexts. Additional stakeholders, such as colleagues in clinical professional bodies and those working in education, were also invited to provide feedback on the draft model.

The NHS Leadership Academy then analysed and themed the feedback from the focus groups. The feedback was overwhelmingly positive, and improvement points (largely relating to the most accessible language for the model) were acted upon in an updated version of the draft model. This then went through a plain English review, with relevant amendments made.

5 Finishing
(August – October 2013)

The final stage was to finalise 'version 1/version 2013' of the Healthcare Leadership Model. This stage consisted of colleagues from Hay Group incorporating the final feedback into a final version of the model, which was signed off by the NHS Leadership Academy. The Academy then worked with designers to produce relevant graphics and finalise the design of this document.

Appendix II   Limitations of the Healthcare Leadership Model

A note on the limitations of the Healthcare Leadership Model and plans to keep the model refreshed

The Healthcare Leadership Model (2013) is, as was intended, an evidence-based model which was created using the process described in Appendix I.

In a different economic climate, the NHS Leadership Academy may have chosen to invest more heavily in a wider number of staff interviews to create the first version of the model. However, we have taken the view that the most cost-effective and productive path to take was to interview a small sample of leaders (49 in total) in 2013, and to use this data with the secondary research to create 'version 1' of the model.

The intention therefore is not that this model is 'set in stone' and will still be appropriate for healthcare staff in 2023. Instead, the intention is to make ongoing updates to the model, to make sure it remains as relevant to staff in two or five years' time, as it is to them today. The process of updating the model will be likely to follow a shortened version of the process described in Appendix I, probably taking into account any major new pieces of secondary research and by conducting future sets of interviews and focus groups.

This more flexible and innovative approach will result in future versions being available over the next few years. You could describe this as being similar to the software updates on a smartphone: people can get all the benefits of being able to update their software, while keeping a 'core' product that remains recognisable, rather than having a 'static' product which quickly becomes out of date. In the same way, we intend the Healthcare Leadership Model to adapt and be regularly updated to provide healthcare staff with the most relevant leadership support today and in the future.

The Leadership Framework
Self assessment tool

Leadership in the health and care services is about delivering high quality services to patients by:

· demonstrating personal qualities
· working with others
· managing services
· improving services
· setting direction
· creating the vision, and
· delivering the strategy.

Staff will exhibit a range of leadership behaviours across these seven domains dependent on the context in which they operate. It is essential that all staff are competent in each of the five core leadership domains: **demonstrating personal qualities, working with others, managing services, improving services** and **setting direction**. The other two domains, **creating the vision** and **delivering the strategy**, focus more on the role and contribution of individual leaders.

To help users understand and apply the Leadership Framework each domain is divided into four elements and each of these elements is further divided into four descriptive statements which describe the behaviours all staff should be able to demonstrate.

The Clinical Leadership Competency Framework (CLCF) and Medical Leadership Competency Framework (MLCF) are also available to specifically provide staff with clinically based examples and learning and development scenarios across the five core domains shared with the Leadership Framework.

Please visit www.leadershipacademy.nhs.uk/lf to learn more about the framework and how it can be used and applied.

CLCF/MLCF

Self assessment tool

This self assessment tool aims to help you manage your own learning and development by allowing you to reflect on which areas of the leadership framework you would like to develop further.

Please note that the information you provide is not stored anywhere on the website. We recommend you **download and save** this document so that you can refer back to it when reviewing your development plans.

A development module is available to support your leadership development at
www.leadershipacademy.nhs.uk/leadership-development-module

You will also find a personal action plan template starting on page 10.

NHS
Leadership Academy

1. Demonstrating Personal Qualities

Effective leadership requires individuals to draw upon their values, strengths and abilities to deliver high standards of service. To do so, they must demonstrate effectiveness in:

- **Developing self awareness** by being aware of their own values, principles, and assumptions, and by being able to learn from experiences
- **Managing yourself** by organising and managing themselves while taking account of the needs and priorities of others
- **Continuing personal development** by learning through participating in continuing professional development and from experience and feedback
- **Acting with integrity** by behaving in an open, honest and ethical manner.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

	A lot of the time	Some of the time	Very little / None of the time
DEMONSTRATING PERSONAL QUALITIES			
Developing Self Awareness			
I reflect on how my own values and principles influence my behaviour and impact on others			
I seek feedback from others on my strengths and limitations and modify my behaviour accordingly			
Managing Yourself			
I remain calm and focused under pressure			
I plan my workload and deliver on my commitments to consistently high standards demonstrating flexibility to service requirements			
Continuing Personal Development			
I actively seek opportunities to learn and develop			
I apply my learning to practical work			
Acting with Integrity			
I act in an open, honest and inclusive manner - respecting other people's culture, beliefs and abilities			
I speak out when I see that ethics or values are being compromised			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain,
go to www.leadershipacademy.nhs.uk/leadership-development-module/demonstrating-personal-qualities

Leadership Framework: Self assessment tool
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2

2. Working with Others

Effective leadership requires individuals to work with others in teams and networks to deliver and improve services. To do so, they must demonstrate effectiveness in:

- **Developing networks** by working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services
- **Building and maintaining relationships** by listening, supporting others, gaining trust and showing understanding
- **Encouraging contribution** by creating an environment where others have the opportunity to contribute
- **Working within teams** to deliver and improve services.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

WORKING WITH OTHERS	A lot of the time	Some of the time	Very little / None of the time
Developing Networks			
I identify opportunities where working collaboratively with others will bring added value to patient care			
I share information and resources across networks			
Building and Maintaining Relationships			
I communicate clearly and effectively with others			
I listen to and take into account the needs and feelings of others			
Encouraging Contribution			
I actively seek contributions and views from others			
I am comfortable managing conflicts of interests or differences of opinion			
Working within Teams			
I put myself forward to lead teams, whilst always ensuring I involve the right people at the right time			
I acknowledge and appreciate the efforts of others within the team and respect the team's decision			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain, go to www.leadershipacademy.nhs.uk/leadership-development-module/working-with-others

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3

3. Managing Services

Effective leadership requires individuals to focus on the success of the organisation(s) in which they work. To do so, they must be effective in:

- **Planning** by actively contributing to plans to achieve service goals
- **Managing resources** by knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs
- **Managing people** by providing direction, reviewing performance, motivating others, and promoting equality and diversity
- **Managing performance** by holding themselves and others accountable for service outcomes.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

MANAGING SERVICES	A lot of the time	Some of the time	Very little / None of the time
Planning			
I use feedback from patients, service users and colleagues when developing plans			
I assess the available options in terms of benefits and risks			
Managing Resources			
I deliver safe and effective services within the allocated resource			
I take action when resources are not being used efficiently and effectively			
Managing People			
I support team members in developing their roles and responsibilities			
I provide others with clear purpose and direction			
Managing Performance			
I analyse information from a range of sources about performance			
I take action to improve performance			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain, go to www.leadershipacademy.nhs.uk/leadership-development-module/managing-services

4

4. Improving Services
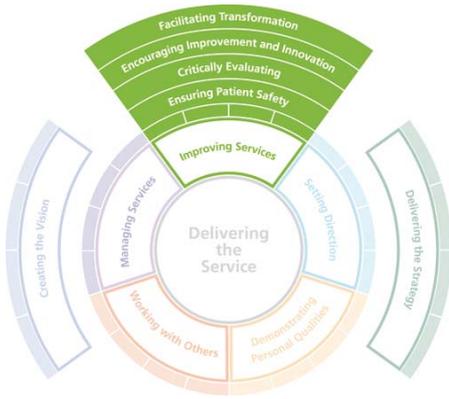
Effective leadership requires individuals to make a real difference to people's health by delivering high quality services and by developing improvements to services. To do so, they must demonstrate effective in:

- **Ensuring patient safety** by assessing and managing risk to patients associated with service developments, balancing economic consideration with the need for patient safety
- **Critically evaluating** by being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team
- **Encouraging improvement and innovation** by creating a climate of continuous service improvement
- **Facilitating transformation** by actively contributing to change processes that lead to improving healthcare.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

	A lot of the time	Some of the time	Very little / None of the time
IMPROVING SERVICES			
Ensuring Patient Safety			
I take action when I notice shortfalls in patient safety			
I review practice to improve patient safety and minimise risk			
Critically Evaluating			
I use feedback from patients, carers and service users to contribute to improvements in service delivery			
I work with others to constructively evaluate our services			
Encouraging Improvement and Innovation			
I put forward ideas to improve the quality of services			
I encourage debate about new ideas with a wide range of people			
Facilitating Transformation			
I articulate the need for change and its impact on people and services			
I focus myself and motivate others to ensure change happens			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain, go to www.leadershipacademy.nhs.uk/leadership-development-module/improving-services

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5

5. Setting Direction
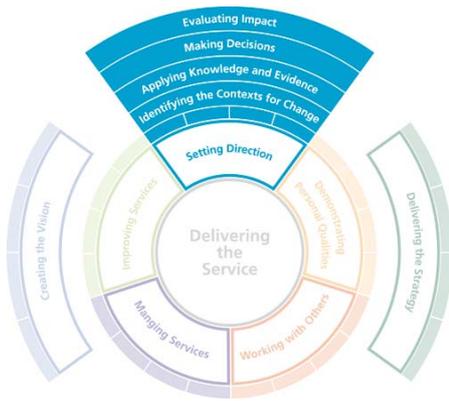
Effective leadership requires individuals to contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. To do so, they must demonstrate effective in:

- **Identifying the contexts for change** by being aware of the range of factors to be taken into account
- **Applying knowledge and evidence** by gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements
- **Making decisions** using their values, and the evidence, to make good decisions
- **Evaluating impact** by measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

SETTING DIRECTION	A lot of the time	Some of the time	Very little / None of the time
Identifying the Contexts for Change			
I identify the drivers of change (e.g. political, social, technical, economic, organisational, professional environment)			
I anticipate future challenges that will create the need for change and communicate these to others			
Applying Knowledge and Evidence			
I use data and information to suggest improvements to services			
I influence others to use knowledge and evidence to achieve best practice			
Making Decisions			
I consult with key people and groups when making decisions taking into account the values and priorities of the service			
I actively engage in formal and informal decision-making processes about the future of services			
Evaluating Impact			
I take responsibility for embedding new approaches into working practices			
I evaluate the impact of changes on patients and service delivery			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain, go to www.leadershipacademy.nhs.uk/leadership-development-module/setting-direction

6

6. Creating the Vision
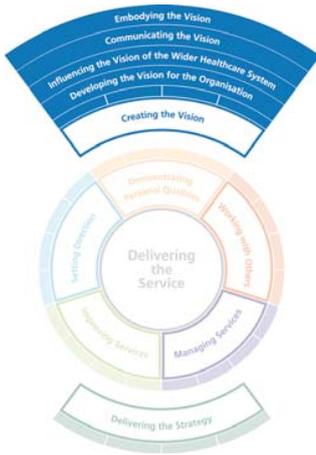
Effective leadership involves creating a compelling vision for the future, and communicating this within and across organisations. This requires individuals to demonstrate effectiveness in:

- **Developing the vision** of the organisation, looking to the future to determine the direction for the organisation
- **Influencing the vision of** the wider healthcare system by working with partners across organisations
- **Communicating the vision** and motivating others to work towards achieving it
- **Embodying the vision** by behaving in ways which are consistent with the vision and values of the organisation

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

	A lot of the time	Some of the time	Very little / None of the time
CREATING THE VISION			
Developing the Vision for the Organisation			
I actively engage with others (including patients and public) to determine the direction of the organisation			
I take into account the full range of factors that will impact upon the future of health and care services			
Influencing the Vision of the Wider Healthcare System			
I look for opportunities to engage in debate about the future of healthcare			
I influence key decision makers who determine future government policy that impacts the NHS and its services			
Communicating the Vision			
I communicate the vision with enthusiasm and clarity			
I take time to build critical support for the vision			
Embodying the Vision			
I show confidence, commitment and passion for the vision in my day to day actions			
I challenge behaviours, symbols & rituals which are not consistent with the vision			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain,
go to www.leadershipacademy.nhs.uk/leadership-development-module/creating-the-vision

7

7. Delivering the Strategy

Effective leadership involves delivering the strategy by developing and agreeing strategic plans that place patient care at the heart of the service, and ensuring that these are translated into achievable operational plans. This requires individuals to demonstrate effectiveness in:

- **Framing the strategy** by identifying strategic options for the organisation and drawing upon a wide range of information, knowledge and experience
- **Developing the strategy** by engaging with colleagues and key stakeholders
- **Implementing the strategy** by organising, managing and assuming the risks of the organisation
- **Embedding the strategy** by ensuring that strategic plans are achieved and sustained.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you

- Total your scores after each domain and reflect on how you have scored yourself

	A lot of the time	Some of the time	Very little / None of the time
DELIVERING THE STRATEGY			
Framing the Strategy			
I draw on relevant thinking and best practice to inform strategy development			
I use an understanding of the history and culture of the organisation to create a realistic strategy			
Developing the Strategy			
I engage with a wide range of stakeholders when formulating strategic plans			
I mitigate uncertainties and risks associated with strategic choices			
Implementing the Strategy			
I ensure strategic plans are translated into workable operational plans			
I establish clear accountabilities for delivery of all elements of the strategy			
Embedding the Strategy			
I help others to overcome obstacles and challenges in delivering the strategy			
I monitor progress of the strategic outcomes and make adjustments where necessary			
TOTAL			

Total your scores and reflect on what you have given yourself. If you have mainly red and orange circles in any particular domain, these domains may be areas you wish to develop further. If you have green circles then check that these are not overplayed strengths. An overplayed strength could be a behaviour you over rely on and one which might impact negatively on your performance.

To work through the Leadership Development Module for this domain, go to www.leadershipacademy.nhs.uk/leadership-development-module/delivering-the-strategy

Leadership Framework: Self assessment tool

8

Next Steps

Having completed your self assessment, we would encourage you to discuss your results with your Line Manager, mentor or trusted colleague.

You may find it helpful to ask your Line Manager or colleagues to also download the document and rate you against some or all of the leadership domains. Coming together and comparing their ratings with your self ratings can provide valuable insight into your leadership behaviour.

Next, you may wish to develop a personal action plan to help you consolidate your development areas. An action plan template is available on the next page.

Hints and tips on action planning

• Define your action plan in SMART terms (Specific, Measurable, Action oriented, Realistic and Time bound). This will help you reach your goals.
• Identify individuals you want to talk to about your action plan and who can help you make it happen.
• Assess potential obstacles and how you might be able to overcome these.
• Think about how you can utilise your strengths to help you reach your goals.
• Identify resources that are available to you or that you will need to obtain in order to achieve your goal e.g.what resources (internal, external) can you draw upon in order to reach your goal?
• Write action steps to help you reach your goal and assign a completion date to each one.
• Set a date to evaluate your progress towards your goal.

Resources

For suggested reading or development advice related to the each of the domains of the Leadership Framework, please refer to the Leadership Development Module at www.leadershipacademy.nhs.uk/leadership-development-module

IMPORTANT!
If you wish to refer back to this document at any point, please save a copy to your computer or print in the usual way. For confidentiality reasons, the information you have input will not be saved on this website.

Personal Action Plan

Please read the hints and tips on action planning given on page 9 before starting your action plan. You may also find it helpful to review the Leadership Development Module at www.leadershipacademy.nhs.uk/leadership-development-module

Action Plan - part one

Key strengths
Please summarise your key strengths Max characters (750)	

Key priorities
Please summarise your key development needs Max characters (750)	

Please choose one of the key development needs identified above that you would like to work through on the next few pages. Should you like to look at more than one development need, print out or photocopy pages 11-14 before filling them in, or save this document under a different name so that you can complete the following sections separately for each development need you would like to explore.

Action Plan - part one continued

Development Need:	
Reason for choosing Max characters (750)	
Goal Max characters (750) Describe the desired new behaviour in SMART terms	
Benefits Max characters (750) Describe the benefits of reaching this goal	

Action Plan - part one continued

Development Need	
Risks Max characters (750) Outline any risks that might be involved in reaching this goal	
Obstacles Max characters (500) Outline any potential obstacles	
How are you going to over come them? Max characters (500)	

Action Plan - part one continued

Development Need	
Resources/ support needed Max characters (750)	
Where available? Max characters (750)	

Action Plan - part two

Action Steps max characters (1000)	Approach	Target Date
	☐ Experience ☐ Exposure ☐ Education	
	☐ Experience ☐ Exposure ☐ Education	

Review	
When will you review your progress towards your goals? (Please specify a date).	

IMPORTANT!
If you wish to refer back to this document at any point, please save a copy to your computer or print in the usual way. For confidentiality reasons, the information you have input will not be saved on this website.

HSC Health and Social Care
in Northern Ireland

NIPEC

The Northern Ireland Practice and Education Council for Nursing and Midwifery

Standards for person centred nursing and midwifery record keeping practice

Royal College
of Nursing

These standards have been endorsed
by the Royal College of Nursing

INVESTORS
IN PEOPLE

Contents

It should be noted that the term 'patient/client' or 'person' refers to all individuals receiving care and treatment within any health and social care setting, or organisation engaged in care provision, such as the independent and voluntary sectors. This includes: women, children, adults, and those people with mental health needs or learning disabilities.

The following standard statements and indicators do not currently provide direct guidance regarding the countersignature of entries made to the person centred nursing assessment and plan of care document by Health Care Support Work staff. At the time of launch a regional approach is being discussed and will be included in a future updated version of this publication.

Background and context

A part of the work plan of the Recording Care Project Phase 1, 2011-2013 was the intended production of a regional policy for record keeping practice in nursing and midwifery. This part of the Strand 1 work was anticipated to coincide with the production of standards for record keeping practice in nursing and midwifery by the Nursing and Midwifery Council (NMC), due December 2012. It became clear in March 2012 that the NMC were intending to stand down this area of work following the Strategic Review of the NMC by the Council for Healthcare Regulatory Excellence[1]. At that point, following debate, the Steering Group of the Project took a decision supported by the Acting Chief Nurse, Executive Directors of Nursing and Chief Executive, NIPEC, to produce standards for record keeping practice in nursing and midwifery in Northern Ireland, led and coordinated by NIPEC.

The standards document was drafted and offered to members of the project groups for comment. This also included comment from the Royal College of Nursing (RCN). Following this period of review, the standards document was then offered for a period of consultation to the public and professions, via the NIPEC website.

It is acknowledged that much of the content of the standards document aligns with the NMC *Record Keeping: Guidance for nurses and midwives*[2], the rationale being that it is important to ensure that best evidence indicated by the regulator continues to be at the forefront of practice.

These standards should also be read in conjunction with the NMC Code[3], NMC Information on Delegation[4], Health and Social Care Trust Records management policies, and other organisational policies related to record keeping practice, including local protocols.

---

1 Council for Healthcare Regulatory Excellence. (2012). *Strategic Review of the Nursing and Midwifery Council. Final Report*. Available for download at: http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/chre-final-report-for-nmc-strategic-review-(pdf).pdf?sfvrsn=0.

2 Nursing and Midwifery Council. (2009). *Record Keeping: Guidance for nurses and midwives*. London, NMC

3 Nursing and Midwifery Council. (2008). *The code: Standards of conduct, performance, and ethics for nurses and midwives*. London, NMC.

4 Available at: http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation/

Scope of the standards

The scope of these standards is to include all forms of records that nurses, midwives, nursing or midwifery students and Health Care Support Work staff (HCSW) aligned to the family of nursing and midwifery will make. Where nursing or midwifery students or HCSW staff make entries to care records, they do so under the delegated authority of a registered nurse or midwife.

The type or format of record of care that nurses and midwives keep may vary, for example electronic or hard copy; however, the standards required for good record keeping practice apply to all types of records, regardless of format including:

- All types of handwritten clinical records, including multi-professional records

- All types of electronic clinical records, including multi-professional records

- emails

- letters to and from other health professionals

- laboratory reports

- printouts from monitoring equipment

- incident reports and statements

Good record keeping is an **integral part** of nursing and midwifery **practice** and is an essential component of safe, effective and person centred care provision. There are four standards set out under the following themes:

Person Centred Approaches
Content
Presentation
Governance

The standards are outlined within four statements which are then expanded into a series of key performance indicators against which compliance can be measured.

Each standard statement refers to records made by nurses and midwives. Where a task has been delegated to an unregistered member of staff which includes a record keeping component, these standards must be applied appropriately.

5

Person centred approaches

Patient/client records must demonstrate patient/client/carer involvement in the patient/client journey from admission to discharge from the service.

Key Performance Indicators

Entries to patient/client records:

1. Must demonstrate the involvement of the person for whom care is being provided or where appropriate, and with the person's consent, the involvement of his/her carer, in the record keeping process.

2. Must demonstrate that the needs and preferences of the person for whom care is being provided, where appropriate, have been included in the record keeping process.

3. Must demonstrate that appropriate consent for care/treatment has been sought from the patient/client.

4. Must be written in a way which can be easily understood by the person for whom care is being provided.

Rationale:

People have a right to expect that they will be equal partners, wherever possible, in the compilation of the record of their nursing or midwifery care and treatment. The nursing or midwifery record should reflect a collaborative approach to care planning and delivery, and provide a mechanism for recording informed consent to care provided.

Through patient/client participation in record keeping, clarification of how the person wishes to be treated and cared for is formed, reflecting his/her needs and wishes.

Where a person is unable to express his/her wishes in relation to treatment choices due to issues of cognitive impairment or lack of capacity, the registrant will act in the best interests of the individual and reflect such action in the record.

Through patient/client participation in record keeping, important information for improving the quality of the care giving process may be received.

References: 3, 4, 7, 9, 10 (page 11).

Content

Entries to records must demonstrate accurate, contemporaneous, factual record keeping practice in relation to the patient/client journey from admission to discharge from the service.

Key Performance Indicators

Entries to patient/client records:

1. Must be accurate, factual and must not include jargon, meaningless phrases or text-style abbreviated language.

2. Must identify the date and time in 24 hour format. This must be in real time and chronological order, and be as close to the actual time of the event as possible.

3. Must demonstrate details of all assessments, risk assessments, plans of care and reviews undertaken, and provide clear evidence of the arrangements made throughout a person's journey from admission to discharge from the service.

4. Must identify dates and times for the evaluation of the plan of care.

5. Must demonstrate that review of the plan of care has been carried out.

6. Must demonstrate evaluation of care and treatment.

7. Must demonstrate that discharge planning, where appropriate, has commenced at the time a person enters a care setting.

Rationale:

Good record keeping is essential to the provision of safe, effective person centred care.

An individualised plan of care should be established by a nurse/midwife based on the specific needs of the person, which includes nursing/midwifery diagnosis, interventions and outcomes.

Applying a content standard will ensure that the nursing/midwifery record demonstrates a chronological journey from admission to discharge from a care setting. This will enable other members of the health care team to follow the plan of care and treatment effectively.

References: 4, 5, 8, 9, 10 (page 11).

7

Presentation

All entries to patient/client records are legible, accurate and attributable.

Key Performance Indicators

Entries to patient/client records:

1. (Written entries) must be made in black ink and in legible handwriting.

2. Must be signed or contain a unique identifier in the case of electronic records. In the case of written records, the person's name and job title must be printed alongside the first entry, for example, on a document signature recognition register.

3. Made in error must be identified with a single line strike through, and the name, job title, signature of the nurse/midwife making the record, with the date and time of strikethrough, must be recorded in the original document[5].

4. Made as an alteration or addition should be identified by the name, job title, and signature of the nurse/midwife recording the alteration or addition, and the date and time of alteration/addition.

5. Must be made in records with a clearly identified unique patient number on each separate element.

Entries to patient/client records made by pre-registration nursing or midwifery students:

6. Should be countersigned by a registered nurse/midwife[6].

---

[5] The only exception to this standard is when recording an error relating to a Controlled Drug Register. The DHSSPS 2012 Regional Policy document: *Safer Management of Controlled Drugs* states that errors within a controlled drug register should be bracketed signed and countersigned by registered nurses/midwives.

[6] Countersignature in this context is evidence that the record has been reviewed and discussed. It is not a witness to the contact or treatment given however registrants are advised that they remain professionally accountable for the appropriateness of the delegation to pre-registration students and other unregistered staff.

If the conditions for appropriate delegation have been met and an aspect of care is delegated, the delegatee becomes accountable for their actions and decisions. The nurse or midwife remains accountable, however, for the overall management of the person in their care.

Presentation *(continued)*

Rationale:

It is important that nursing and midwifery records are presented in a format that is easily understood and recognisable to all health care staff.

Significant quality improvement in record keeping practice can be achieved through the ability to identify and attribute record keeping practice to individual registrants.

Currently, HSC Trust organisations include the mandatory use of black ink in many of their policy arrangements for record keeping across the professions and disciplines.

References: 4, 9, 10, 11 (page 11).

Governance

Regular organisational audit must demonstrate compliance with the standards for record keeping practice for nursing and midwifery.

Key Performance Indicators

1. Executive Directors of Nursing must ensure that there is a robust audit programme of records made by nurses and midwives, nursing and midwifery students and other unregistered staff, to assure the standard of record keeping practice and identify any areas where improvements must be made.

2. The standard of record keeping practice must be an integral part of nursing and midwifery Key Performance Indicators and Patient Safety Improvement programmes within HSC Trust or organisational governance arrangements.

Rationale:

Processes should be in place to monitor the standard of record keeping practice for nurses and midwives including unregistered members of staff aligned to nursing and midwifery, and where appropriate, actions put in place to address areas identified for improvement.

Rolling audit against agreed standards has been cited as a method for continuous quality improvement for record keeping, particularly where audit carried the clear responsibility of learning through measurement, and not merely for use as a method of indicating quality.

References: 1, 4, 6, 9, 10 (page 11).

References and evidence base

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2. Department of Health, Social Services and Public Safety. (2012). *Safer Management of Controlled Drugs: a guide to good practice in secondary care (Northern Ireland)*. Belfast, DHSSPS.

3. Florin, J., Ehrenberg, A., and Ehnfors, M. (2006). Patient participation in clinical decision making in nursing: a comparative study of nurses' and patients' perceptions. *Journal of Clinical Nursing*. 15, 1498-1508.

4. Northern Ireland Health and Social Care Trust Records Management Policies and Procedures.

5. Jansson, I., Philhamar, E. and Forsberg, A. (2011). Factors and Conditions that have an Impact in Relation to the Successful Implementation and Maintenance of Individual Care Plans. *Worldviews on Evidence-Based Nursing*. 8(2): 66-75.

6. Kalsen, R. (2007). Improving the nursing documentation: professional consciousness-raising in a Northern-Norwegian psychiatric hospital. *Journal of Psychiatric and Mental Health Nursing*. 14, (6), 573-577.

7. Kärkkäinen, O. and Eriksson, K. (2005). Recording the content of the caring process. *Journal of Nursing Management*. 13, 202-208.

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9. Northern Ireland Practice and Education Council. (2010). *Evidencing Care: Improving Record Keeping Practice*. Belfast, NIPEC.

10. Nursing and Midwifery Council. (2009). *Record Keeping: Guidance for nurses and midwives*. London, NMC.

11. Thompson, D. and Wright, K. (2003). *Developing a Unified Patient Record: A Practical Guide*. Abingdon, Radcliffe Medical Press.

11

NIPEC

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Fax: 028 9033 3298

Document downloadable from the
NIPEC website: www.nipec.hscni.net

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HSC Health and Social Care
in Northern Ireland
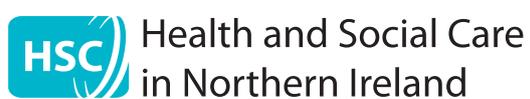
NIPEC

Leading Care

Job Description – Core Elements

For Ward Sisters /Charge Nurses (AfC Band 7)

15 July 2011 – Version 2 – Ward Sister Charge Nurse Band 7 Job Description

The Chief Nursing Officer requested the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to facilitate the Leading Care: Regional Ward Manager Project to support and strengthen the role of Ward Sisters/Charge Nurses in Northern Ireland.

The Job Description was developed as part of this project in partnership with Ward Sisters/Charge Nurses, Human Resources managers and other key stakeholders in Health and Social Care and Education sectors. Staff side representatives were also involved in their development. To find out more background information about the project visit www.nipec.hscni.net/pw_wardsister

The regional job description has been developed with reference to other job descriptions already developed by HSC Trusts. It comprises the minimum core elements required of all Ward Sisters/Charge Nurses. Each Health and Social Care Trust can then build on the job description when recruiting and selecting to specific posts.

1

HSC LOGO ......

JOB DESCRIPTION

Job Title:

Ward Sister/Charge Nurse (Band 7)

Job Purpose:

The post holder is accountable for their ward/department and will:

- promote and monitor safe and effective practice
- enhance the patient/client experience
- provide effective leadership and management
- contribute to the delivery of the organisation's objectives

MAIN DUTIES/RESPONSIBILITIES

The post holder will focus and lead on the following key areas, within the organisation's governance framework:

1. Ensure safe and effective practice

1.1 Professional, ethical and legal

- Adhere to DHSSPS and NMC guidelines for practice requirements and standards, for example, safe handling, administration, storage and custody of medicinal products.
- Adhere to Trust guidelines, policies and procedures.
- Ensure that organisational goals are reflected in own and the nursing teams' objectives and in ward/department plans.
- Contribute to the development of the Trust's policies and strategies, where appropriate.
- Maintain own professional and personal development in accordance with the NMC Code (2008), standards and professional guidelines.

2

- Establish and maintain relationships based on mutual respect communicating on a regular basis with the patient/client, relatives and carers in the provision of care and services.

- Ensure appropriate systems are developed and operational to facilitate dissemination of information within the ward/department team.

- Adhere to the Data Protection Act (1998).

- Maintain effective records management ensuring all documentation written or electronic is managed as per HSC Trust and NMC (2009) guidelines.

- Adhere to the Code of Conduct for HSC Managers, as per Human Resource policies and procedures.Ensure risk management arrangements are in place within the ward/department.

1.2 Evidence-based practice

- Promote a culture of research and evidence-based practice within the ward/department to enhance person-centred care.

- Ensure evidence-based care is provided to agreed standards within the ward/department.

- Act as a change agent, developing clinically effective practice through the effective utilisation and integration of evidence.

- Participate in developing, implementing and monitoring policies, procedures and protocols.

- Create an environment which supports a culture of life-long learning and reflective practice for all staff.

- Ensure systems and processes are in place to support effective mentoring of relevant staff.

1.3 Environment

- Maintain a safe and clean environment for staff, patients/clients and visitors by ensuring compliance with legislation, policies and protocols including health and safety, healthcare associated infection, risk management and critical incident reporting.

3

- Ensure staff awareness of environmental issues and take appropriate action as per HSC Trust policy.

- Participate in the analysis, assessment and management of actual and potential risks to health and well-being.

- Ensure safe and effective use of equipment as per HSC Trust policy.

- Ensure near misses, incidents, accidents and faulty devices are recorded, reported, investigated and learning disseminated as per HSC Trust policy.

- Maintain a Risk Register incorporating generic clinical and non-clinical risks in the ward/department as per HSC Trust policy.

1.4 Multi-professional working

- Establish systems and processes to ensure effective communication and continuity of patient/client care, liaising with multi-disciplinary/multi-agency teams and community services.

2. Enhance the patient/client experience

2.1 Person-centred care

- Develop and maintain a culture of person-centred care within the ward/department.

- Promote a caring environment where equality and diversity issues are respected and patients/clients and their carers are enabled to be partners in their care.

- Develop strategies for communication between staff, patients/clients, relatives and their carers, showing awareness of barriers to understanding.

- Facilitate communication between all members of the multi-disciplinary/multi-agency team, and across care settings.

2.2 Coordination of the patient/client journey

- Ensure the safety and quality of the patient's/client's journey by effective planning and co-ordination of the episode of care, including the smooth transition to other settings.

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- Ensure effective admission/discharge planning with relevant multi-disciplinary and multi-agency teams as required.

2.3 Patient/client involvement

- Identify opportunities for meaningful involvement of patients/clients and carers' in relation to the development of care and services.
- Ensure effective systems are in place to gain patient/client and carers' feedback on their experience of care.
- Ensure compliments and complaints are managed in line with HSC Trust policy including the dissemination of shared learning.

3. Provide effective leadership and management

3.1 Role model

- Act as a visible leader within the ward/department.
- Provide leadership that enables professional decision making and effective team working.
- Empower and enable staff to contribute to the delivery of high quality person-centred care.
- Support clinical expertise of nurses/midwives within the ward/department by role modeling evidence-based person-centred care.

3.2 Develop team performance

- Promote, develop and facilitate a learning culture within the ward/department.
- Promote equality of opportunity for all, in accordance with HSC Trust Equality Opportunity Policy.
- Lead and participate in annual staff appraisal/development review, ensuring effective implementation of the Knowledge and Skills Framework (DH, 2004).
- Lead and participate in learning needs analysis and facilitate annual personal development plans for the nursing team.
- Lead and participate in orientation and induction programmes for staff within

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the ward/department.

- Lead, support and develop nursing health care support workers within the ward/department.

- Promote a person-centred culture to facilitate good staff relationships and morale among staff.

- Contribute to the education commissioning process for nursing staff.

- Manage poor performance and practice of staff in line with HSC Trust policies.

- Work in partnership with Higher Education Institute staff.

- Ensure supervision and mentorship is embedded for pre and post registration students, registered nurses and health care support workers, as appropriate.

3.3 Manage the ward/department environment

- Ensure appropriate delegation to nurses and health care support workers and monitoring of outcomes for effective care/service delivery.

- Challenge appropriately and confidently where standards of care fall below that which the Ward Sister/Charge Nurse would expect.

- Contribute to budget management within the ward/department, to ensure services are managed in accordance with yearly financial instructions.

- Participate in multi-professional procurement processes to ensure appropriate selection of products which meet relevant quality and safety standards

3.4 Effective use of resources

- Deliver a safe and effective service within allocated resources, ensuring the resources are used to maximum effect.

- Monitor budgetary performance, develop and implement action plans, organise the necessary resources and monitor outcomes.

- Adhere to financial policies and procedures, particularly Standing Financial Instructions, Authorisation Frameworks, Procurement Legislation and associated processes, and Prompt Payment Code.

- Adhere to HSC Trust financial controls and fraud awareness principles (e.g. verification of authenticity / accuracy of the Staff-in-Post records).

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- Adhere to HSC Trust systems for effectively managing stock and safeguarding fixed assets.

- Promote the principles of good governance and protects the ward/department from financial risk, particularly in respect of patient/client monies and property and charitable funds.

- Display managerial and organisational skills to ensure that products required for patient/client care/treatment are procured in timely fashion and demonstrate value for money.

- Show a commitment to effectively manage resources and achieve statutory financial targets.

4. Contribute to the delivery of the organisation's objectives

4.1 Continuous quality and improvement

- Promote a culture of continuous quality improvement through the use of audit, patient/client feedback and reflection on practice by self and other members of the team.

4.2 Service improvement, development and modernisation

- Work in partnership with a range of clinicians and managers in the planning or development of own service promoting the involvement of patients/clients and carers.

- Review processes /practices including those within the ward to support patients/clients to improve their own health and well being.

- Review processes/practices to ascertain if there are better ways of working within the ward/department to enhance patient/client care, service delivery and deliver required efficiencies.

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4.3 Staff Management

- Ensure nurses working in the ward/department are professionally qualified and registered with the NMC.

- Ensure nurses working in the ward/department achieve compliance with statutory and mandatory training requirements.

- Liaise with nursing managers and heads of nursing on all professional nursing issues.

- Ensure processes are in place to manage sickness/absenteeism and take appropriate action in line with HSC Trust policies.

- Promote the health and well being of staff and observe for any signs of ill health or stress factors in staff assigned to the area and take appropriate action in line with HSC Trust policies and NMC guidelines.

- Manage duty rotas/annual leave and study leave to ensure adequate nursing cover and appropriate skill mix.

- Participate in the recruitment and selection of staff.

General Responsibilities

<Insert HSC Trust General Responsibilities >

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ESSENTIAL CRITERIA FOR JOB DESCRIPTION

HSC LOGO ......

JOB TITLE:

WARD SISTER/CHARGE NURSE (BAND 7)

1.	Registered Nurse on Part 1 of the live NMC Register
2.	Have a Nursing Degree AND 5 years post-registration experience within < insert relevant care setting and specialty area>. Or Have 5 years post-registration experience as a Band 5 including 3 years within < *insert relevant care setting and specialty area*> and have obtained a post-graduate diploma < *insert relevant area*> or equivalent qualification. Or Have 5 years post-registration experience which must include a minimum of 2 years at Band 6 in <*insert relevant specialty area*>.
2.	Provide evidence of continuous personal and professional development.
3.	Have sound knowledge of changing trends within health and social care.
4.	Be conversant with current professional issues in relation to nursing.
5.	Ability to provide effective leadership to meet the needs of the post in full.
6.	Ability to effectively manage an operational team to ensure positive outcomes for patients/clients.
7.	Provide evidence of maintaining and monitoring standards which have enhanced the patient/client experience of care.
8.	Ability to influence and manage change, including the promotion of evidence based practice.
9.	Have effective communication skills to meet the needs of the post in full.
10.	Demonstrate ability to work effectively as part of a multi-disciplinary team.

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For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: 028 9023 8152
Fax: 028 9033 3298

This document can be downloaded from the NIPEC website
www.nipec.hscni.net/wardsister

July 2011 revised

NIPEC

Leading Care:

*Supporting Learning and Development
for the role of Experienced Ward
Sister/Charge Nurse*

Development Programmes

Outline Descriptors

INVESTORS IN PEOPLE

Outline Descriptors for the Learning and Development for Experienced Ward Sister/Charge Nurse

AIM To continuously develop and support the experienced ward sister/charge nurse in carrying out the escalating responsibilities of the post, leading to participation in organisational and regional strategic policy and direction.

RATIONALE To ensure a regional approach in the development a community of confident, highly skilled, experienced ward sister/charge nurse, in the diversity of organisational and regional leadership and managerial qualities

INTENDED PARTICPANTS Experienced ward sister/charge nurse

LENGTH Approx 3-6 days annually depending on an individual's learning and development

MAPPING TO Job Description
and
Knowledge And Skills Framework- Six Core Dimensions plus specific dimensions of:
HWB2-Assessment and care planning to meet health and wellbeing needs
HWB5-Provision of care to meet health and wellbeing needs
G4-Financial Management
G2- People Management

LEARNING AND DEVELOPMENT THEMES:

INDICIATIVE CONTENT

To be delivered at a higher achievement level to accommodate consolidation of Leadership and Management skills

Learning and Development

Depending on the individuals learning and development and the competencies achieved during the first two years the consolidation of leadership and management skills will include analytical application and monitoring of:

1. Strategic Risk management procedures
2. Root cause analysis and application of Problem solving techniques
3. Critical Thinking
4. Manage and rectify complaints at a local level.
5. Managing Audit
6. Professional Accountability and Delegation
7. Political Intelligence impact on Health
8. Transformational Leadership
9. Thinking Differently
10. Stakeholder Mapping

2

Skills for Effective Leadership and Management

Programme content should include assessment and measurement of:

1. Interpretation of own behaviours and impact on others- Personality Types
2. Reflection and self evaluation of own development needs
3. Ability to assess and facilitate learning and development of others
4. Appraisal of staff and analyze the learning needs of others
5. Development of personal development plans linking with Corporate Objectives
6. Leading and managing the team including performance management
7. Conflict-resolution skills
8. Work-life balance
9. Workforce Planning

Change Management

Programme content should include assessment and measurement in the Modernisation of Services to include:

1. Knowledge and skills of Improvement – People and Processes
2. Service Improvement methodology
3. Implementation of change
4. Measurement and evaluation
5. Sustainability

Skills to Promote a Positive Patient Experience

Programme content should include learned skills in methods and application of professional governance and accountability through maintaining and monitoring:

1. Standards relating to Patient experience
2. Environmental standards
3. Person centred cultures
4. Professional Standards – NMC
5. The impact of personal and professional values
6. Meaningful patient and public involvement
7. Quality of the service
8. Legislation and impact on practice area

3

Skills to Deliver Organisational/Regional Objectives

Programme content should include learned skills in methods and application of monitoring

1. Organisational culture and impact
2. Implementation of strategy/ translation of vision into goals
3. Service improvement
4. Financial Governance

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OCTOBER 2010

NIPEC

Supporting Professional Development

A Competence Assessment Tool for Ward Sisters/Charge Nurses

DHSSPS

HSC Health and Social Care

Contents

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Introduction

The Chief Nursing Officer requested the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to facilitate the Leading Care: Regional Ward Manager Project to support and strengthen the role of Ward Sisters/Charge Nurses in Northern Ireland. The Competence Assessment Tool was developed as part of this project in partnership with Ward Sisters/Charge Nurses and other key stakeholders in Health and Social Care and Education sectors. Staff side representatives were also involved in its development. To find out more background information about the development of the Tool visit www.nipec.hscni.net/pw_wardsister

Development of the Competence Assessment Tool

One of the Project Sub-Groups chaired by a Ward Sister commenced the development of the tool. They began by undertaking an extensive review of local, national and international literature to source competency frameworks and competencies relevant to the Ward Sister/Charge Nurse role. The following were of particular relevance and value in assisting NIPEC with the development of the competency domains, related areas and statements:

- Leading Better Care (NHS Scotland, 2008)
- Education and Development Framework for Senior Charge Nurses (NHS Education for Scotland, 2009)
- Free to Lead, Free to Care Final Report (Welsh Assembly Government, 2008)
- Framing the Nursing and Midwifery Contribution (Department of Health, 2008)
- Competence Profile for Nurses and Midwives: Promoting Mental Health and Well-Being for Children and Young People (NIPEC, 2010)
- Respiratory Competence Assessment Tool (NIPEC, 2008)
- Competence section of the Skills for Health website (www.skillsforhealth.co.uk)

Once the competency domains, related areas and statements were identified by the Sub-Group the competence assessment tool was refined over a period of five months through engagement with a wide range of key stakeholders throughout Northern Ireland, which included: Ward Sisters; Charge Nurses; senior nurses, midwives; human resource and finance managers and representatives of professional bodies and unions. The Competence Assessment tool was signed off by the Steering Group in September 2010.

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The Competence Assessment Tool

The Competence Assessment Tool is underpinned by the Nursing and Midwifery Council's (NMC) The Code: Standards of Conduct, Performance and Ethics for nurses and midwives (2008) and is designed to help you consider how well you do your job. The next few pages provide information for you on how to:

- use the Competence Assessment Tool to assess yourself and get others to assess you
- provide evidence for renewal of your registration with the NMC
- provide evidence of achievement for your personal development plan
- use your assessment results to focus on your development needs, prepare for supervision meetings and support your career development.

The Tool is made up of four core competency domains (Figure 1) and relevant areas that are applicable for all Ward Sisters/Charge Nurses. Within each domain and competency area is a list of competence statements that you can use to assess yourself against and plan for your learning and development.

Figure 1: Core competency domains and competency areas for Ward Sisters/Charge Nurses

DOMAIN 1: SAFE AND EFFECTIVE PRACTICE

1.1 Professional, ethical and legal
1.2 Evidence based practice
1.3 Environment
1.4 Multi-professional working

DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE

2.1 Person-centred care
2.2 Coordination of the patient/client journey
2.3 Patient/client involvement

DOMAIN 3: LEADERSHIP AND MANAGEMENT

3.1 Role model
3.2 Develop team performance
3.3 Manage the ward/department environment
3.4 Effective use of resources

DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES

4.1 Continuous quality and improvement
4.2 Service improvement, development and modernisation
4.3 Staff Management

A copy of The Competence Assessment Tool for Ward Sisters/Charge Nurses is available at www.nipec.hscni.net/wardsister

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How will I benefit from using the Competence Assessment Tool?

The Competence Assessment Tool can help you identify the knowledge, skills and attitudes required for your role. By undertaking a self assessment you can use the results to prepare for supervision meetings and identify areas which you find challenging and need further development in. The assessment tool can also enable you to focus on areas for career development and where relevant, support your preparation for job interviews.

In addition, the competency domains have been mapped against the core and relevant specific dimensions of the NHS Knowledge and Skills Framework (KSF; DH, 2004)[1]. The domains and areas expand on the dimensions covered by KSF and the competence statements provide you with specific competency requirements for Ward Sisters/Charge Nurses. This has been done so you can use your assessment results to help you provide evidence for your annual KSF development review meetings. You can then agree your learning and development outcomes, with your line manager, which are relevant to your post outline.

Your assessment results and related reflections can be entered into your online portfolio, or completed on a hard copy. This means you can evidence your competence and related learning and development needs and meet other requirements such as PREP, for renewal of your NMC registration. To complete your assessment online and add it to your portfolio, visit www.nipecdf.org/compro

How do I use the Competence Assessment Tool?

The Competence Assessment Tool allows you to build up a picture of how you are performing in your role. It is up to you to decide how much of the Competence Assessment Tool you wish to use. Figure 2 presents an outline of the steps you should work through, to get the most benefit from the Assessment Tool.

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1. Department of Health (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process.* London. The Stationery Office.

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Figure 2 Learning and Development Framework

Step 1   **Assess**
your knowledge, skills and attitudes using the competence assessment tool to find out about your learning and development needs. Compile your evidence to support your assessment.

Step 2   **Plan**
your learning and development needs from your assessment results, including any 360 degree feedback and other sources of information. Record and prioritise your overall learning and development needs with your line manager using your KSF personal development plan.

Step 3   **Implement**
the learning and development activities agreed with your line manager in your KSF personal development plan. This should include a meeting with your manager to discuss progress.

Step 4   **Evaluate**
your learning and development in relation to improvements in your knowledge, skills and attitudes with regard to your ward sister/charge nurse role. Maintain a reflective record of your learning and development in your portfolio, to support your preparation for your supervision sessions or development review meetings.

Adapted from the NIPEC Learning Needs Analysis: Guide for Ward Managers and Team Leaders (NIPEC, 2009).

Step 1   Assess

Assessing yourself

You can assess yourself against as many or all of the competence statements within each domain. Look at the competence statements within each competency domain and area and assess yourself in terms of your learning and development needs using the rating scale:

LD   I need a lot of development
SD   I need some development
WD   I feel I am well developed
NA   Is not applicable to my role.

It generally takes about 30 minutes to assess yourself against all the competence statements. When you have finished review the number of LDs, SDs, and WDs in each column.

Best Practice Tips

Before starting your assessment, you may find it helpful to discuss the competence statements with one of your peers. You could also test your self-assessment with your line manager. Be honest with yourself when thinking about your role and your learning and development needs; rate yourself realistically.

Inviting others to assess you

You can, if you wish, approach different people and ask them to assess you. People you may want to approach will include: your peers; your line manager(s); members of your team; colleagues you work with inside or outside your organisation, or perhaps patients/relatives. You may be able to think of others. This is commonly known as a 360 degree assessment. When you have decided who you would like to assess you, you will need to ask them if they are happy to take part in the process.

Follow the instructions on www.nipecdf.org/compro to enable others to complete your assessment online. Provide your assessor with a photocopy of the assessment tool if they are completing a hard copy. Your assessor should return the completed assessment to you.

Best Practice Tips

Think carefully about who you ask to be your assessor. A colleague, who is also a close friend, may not be the best person to approach. Consider someone you respect and whose opinion you would value and who are aware of how you perform in your role. Think carefully about how you approach patients and relatives if you wish to seek their opinion.

Gathering your results

Once you have completed your self-assessment and where applicable, gathered the results of those who have assessed you, you are ready to look at what your learning and development needs are. If your assessment has been completed on a hard copy, you can collate your assessment results to determine your learning and development needs by the number of LDs, SDs and WDs identified. If you have assessed yourself online at www.nipecdf.org/compro your results will be collated automatically.

Step 2   Plan

Identifying your learning and development needs

Your assessment results will show you the areas in which you are performing well, and the areas that need development. This will help you prioritise your learning and development needs. For example, if a particular domain or competency area has a high number of LDs, then you may wish to prioritise development in this area over the coming months. A domain or competency area with a high number of WDs, is one which is well developed and does not require as much attention.

You may also wish to include, in your assessment, competencies from other frameworks which are relevant to your role. Remember there is no time limit on completing an assessment; however it would be considered reasonable to complete your assessment within 4-6 weeks.

Plan your learning and development

You will find the information from the Competence Assessment Tool useful for your supervision sessions and annual development review meetings. Discuss your development needs and possible learning activities with your supervisor and/or line manager. You may also choose to use your results, as an opportunity to have further discussion with some of the people who assessed you. Once you have agreed relevant learning outcomes with your supervisor or line manager, record these in your KSF personal development plan and in your professional portfolio at www.nipecdf.org

For further information and help in choosing appropriate learning and development activities visit the Learning and Development section on NIPEC's main website at www.nipec.hscni.net/wardsister

Best Practice Tips

Try to select no more than 2 or 3 areas for development. This will allow you to be more targeted in relation to the learning activities you undertake.

Step 3   Implement

Complete your learning and development

It is important that you make and take time to undertake your chosen learning and development activities. Keep an up-to-date record of these in your KSF personal development plan and learning and development log at www.nipecdf.org.

You should meet with your line manager or supervisor at times agreed to review your progress and to seek any additional help. At the end of this stage you must be able to demonstrate successful achievement of your identified learning outcomes within the timeframe agreed with your line manager.

Best Practice Tips
Remember to record learning and development activities which are part of your everyday work activities or which are problems or new events you come across, as well as courses you attend.

Step 4   Evaluate

It is important to evaluate the learning and development activities you have undertaken in relation to improvements in your knowledge, skills and attitudes and the impact this has had on your ward sister/charge nurse role. You may also wish to consider at this point anything you would have done differently. Remember to keep these reflections in your learning and development log at www.nipecdf.org/portfolio/default.asp These reflections will also support your preparation for your supervision sessions or development review meetings.

DOMAIN 1: SAFE AND EFFECTIVE PRACTICE

This domain has been mapped against the following KSF dimensions:
Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimension G6

Competence area 1.1: Professional, ethical and legal

This competence refers to the knowledge, skills and attitudes required to practice in an accountable and responsible manner, using professional judgement and actions and ensuring that they conform to relevant legislation, policies and professional codes of practice. It also refers to the knowledge, skills and attitudes required to assess and develop own continuous professional development (CPD) in line with the role and the skills required to deliver safe and effective care.

Competence area 1.2: Evidence based practice

This competence refers to the knowledge, skills and attitudes required to develop clinical practice through the effective utilisation and integration of reliable evidence into practice; developing, implementing, monitoring and evaluating evidence-based policies, procedures and practice.

Competence area 1.3: Environment

This competence refers to the knowledge, skills and attitudes required to promote a safe and clean environment for staff, patients/clients and visitors which involves assessing, managing and reporting actual and potential risks to health and well-being and ensuring conformance with relevant legislation, policies and procedures.

Competence area 1.4: Multi-professional working

This competence refers to the knowledge, skills and attitudes required to promote, develop and maintain constructive relationships and ensure effective communication with relevant multi-professional team members, as required, regarding patient/client care.

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

Competence area 1.1: Professional, ethical and legal

Rating Scale: **LD**   **I need a lot of development**
  SD   **I need some development**
  WD   **I feel I am well developed**
  NA   **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	N/A
1	Knowledge of the current NMC Code, standards and guidelines e.g. record keeping and medicines management.				
2	Knowledge of professional accountability relating to own practice and that of team members.				
3	Knowledge of policy developments that have an impact on health care provision e.g. disability, equality and diversity.				
4	Knowledge of clinical governance, risk assessment/ management and adverse incident reporting arrangements.				
5	Knowledge of relevant legislation and policies relating to areas of practice e.g. vulnerable adults, child protection, disability (physical and learning) and mental health.				
6	Knowledge of relevant legislation and policies in relation to Data Protection and information management.				

SKILLS		LD	SD	WD	N/A
1	Demonstrates self-awareness with regard to own beliefs and values.				
2	Reports and records activities in line with professional guidelines and the local clinical governance framework.				
3	Demonstrates responsibility for own CPD.				
4	Identifies and plans learning, development and supervision needs.				
5	Ability to use computers and be competent in word processing, e-mail and in navigating the internet.				

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

SKILLS *(continued)*	LD	SD	WD	N/A
6	Ability to reflect on own practice and adapt if necessary.				
7	Promotes and maintains the professional image of nursing.				
8	Contributes to the development of professional nursing practice.				
9	Ability to accept constructive criticism positively.				
10	Appropriately challenges health care practice which could compromise the safety, privacy or dignity of patients.				
11	Contributes to the development, implementation and monitoring of Trust policies and strategies, where appropriate.				
12	Contributes to policy and strategy development at an organisational level and where appropriate, at a regional level.				
13	Represents the organisation's perspective, policies and position with external agencies, where appropriate.				
14	Ensures appropriate systems are developed and operational to facilitate dissemination of information up, down and across the organisation.				

ATTITUDES	LD	SD	WD	N/A
1	Shows respect for ethical principles and professional accountability and responsibility, with regard to safe and effective care.				
2	Values the importance of continued professional development in line with role and skills required to deliver safe and effective care.				

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

Competence area 1.2: Evidence based practice

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	N/A
1	Knowledge of relevant national/local policies, procedures and protocols, including RQIA standards, NICE and GAIN guidelines.				
2	Knowledge of how to access and critically appraise current evidence from a variety of sources.				
3	Knowledge of how to lead and promote practice development in collaboration with the team and others.				
4	Understanding of service development processes and evidence based practice, e.g. data collection, audit, user involvement, research.				
5	Knowledge of principles and processes of reflective practice processes in relation to self and peer review.				
6	Knowledge of research methods and their application to practice.				
7	Knowledge of how to critically evaluate the service on an ongoing basis, and contribute to evidence based practice.				
8	Knowledge of local, regional and National Health Service trends, tapping into research sources.				

SKILLS		LD	SD	WD	N/A
1	Develops a culture of evidence based practice within ward or department.				
2	Ability to access research and use information systems.				
3	Enables and supports team members to source and use evidence and evaluate improvements in practice.				

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

SKILLS *(continued)*		LD	SD	WD	N/A
4	Promotes and develops clinically effective practice by developing, implementing, monitoring and evaluating evidence-based policies, procedures and practice.				
5	Ensures critical incidents are dealt with in a timely and appropriate manner within a culture of learning.				
6	Networks with peers across professional groups within the organisation promoting the exchange of knowledge, skills and resources.				
7	Acts as a change agent, developing clinically effective practice through the effective utilisation and integration of evidence.				
8	Contributes to and generates research to inform evidence based practice.				
9	Systematically captures and disseminates learning and best practice at all levels of the service.				
10	Promotes a culture of research and evidence based practice within the ward/department to enhance person-centred care.				
11	Initiates and manages practice or service development initiatives taking account of relevant research, clinical guidelines and policy.				

ATTITUDES		LD	SD	WD	N/A
1	Is committed to questioning the quality of care and has a desire for improvement.				
2	Values the importance of research and development to ensure best practice.				

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

Competence area 1.3: Environment

Rating Scale:
LD   **I need a lot of development**
SD   **I need some development**
WD   **I feel I am well developed**
NA   **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	N/A
1	Knowledge of legislation and local policies in relation to Health and Safety, Infection Control, Environmental Risk Assessment.				
2	Understanding of strategies for the prevention of health care associated infection.				
3	Knowledge of standards for maintaining cleanliness and how to measure and address areas of concern.				

SKILLS		LD	SD	WD	N/A
1	Promotes a clean and safe environment by ensuring conformance with relevant legislation, policies and procedures e.g. health and safety, healthcare associated infections and risk management.				
2	Assesses, manages and reports potential and actual risks; taking action as appropriate.				
3	Identifies and addresses all issues within the practice environment which impact on patient/client safety.				
4	Ability to recognise the impact of skill mix on the environment and address as required.				
5	Ensures the safety, storage and usage of all equipment is managed appropriately at ward/department level.				
6	Ability to interpret environmental audits and address issues/concerns which may arise from results.				
7	Recognises and addresses the impact of the care environment on patient/client experience.				

ATTITUDES		LD	SD	WD	N/A
1	Shows commitment towards optimising the health and safety of the care environment.				
2	Shows a belief that the environment created in the ward/department can affect the safety and quality of care.				

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

Competence area 1.4: Multi-professional working

Rating Scale: **LD**   **I need a lot of development**
                SD   **I need some development**
                WD   **I feel I am well developed**
                NA   **Is not applicable to my role.**

KNOWLEDGE		**LD**	**SD**	**WD**	**N/A**
1	Knowledge of how multi-professional working can contribute to the delivery of safe and effective care.				
2	Awareness of the specific roles and responsibilities of each team member and the particular benefits and strengths which each brings.				
3	Knowledge of how to escalate concerns identified in relation to any member of the multi-professional team.				
4	Understanding of how to challenge multi-professional team members in an assertive manner.				
5	Knowledge of correct documentation of multi-professional episodes.				
6	Knowledge of how to effectively challenge multi-professional team members as necessary to ensure a safe and effective environment.				
7	Knowledge of how to collaborate effectively with other members of the multi-professional team.				

SKILLS		**LD**	**SD**	**WD**	**N/A**
1	Promotes and supports effective teamwork within a multi-professional environment.				
2	Recognises and optimises the contribution of all team members to the patient experience, including ancillary services.				
3	Facilitates effective communication within the multi-professional team regarding patient care.				
4	Works in partnership with a range of clinicians and managers promoting the involvement of patients/clients.				
5	Ability to articulate and work towards shared goals.				

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DOMAIN 1: SAFE AND EFFECTIVE PRACTICE *(continued)*

SKILLS *(continued)*		LD	SD	WD	N/A
6	Ability to communicate effectively and work innovatively across professional and organisational boundaries.				
7	Engages in learning and development opportunities with other professionals, where relevant, to enhance safe and effective care.				
8	Critically analyses the need for change and works innovatively across boundaries to enhance care quality.				

ATTITUDES		LD	SD	WD	N/A
1	Is committed to an ethos of multi-professional working.				
2	Shows respect for multi-professional colleagues.				

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE

This domain has been mapped against the following KSF dimensions:
Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions HWB1, HWB2, HWB3 HWB4, HWB5 and G5.

Competence area 2.1: Person-centred care

This competence refers to the knowledge, skills and attitudes required to develop care, services and practices in a way that demonstrates the promotion of person-centred care through respected and accountable leadership and where appropriate, supports patients/clients to be partners in their care.

Competence area 2.2: Coordination of the patient journey

This competence refers to the knowledge, skills and attitudes required to enable effective management of the patient's/client's episode of care to ensure a smooth transition to other settings, achieving safe discharge by effective planning, communication and co-ordination, involving multi-disciplinary or multi-agency teams as required.

Competence area 2.3: Patient/client involvement

This competence refers to the knowledge, skills and attitudes required to actively recognise and act upon opportunities to involve patients/clients in service development and improvement measures.

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE *(continued)*

Competence area 2.1: Person-centred care

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	N/A
1	Knowledge of the principles underpinning person-centred care e.g. respect, autonomy, shared decision making and therapeutic relationships.				
2	Understanding and valuing of cultural preferences, health beliefs and behaviours.				
3	Understanding of both local and national equality and diversity legislation and policies.				
4	Awareness of how the spiritual needs of patients/clients can influence and impact on their care, particularly, but not exclusively, in relation to the provision of end-of-life care.				
5	Knowledge of a range of methods for engaging with and responding to patients/clients to ensure they have a positive experience within the ward/department.				
6	Awareness of how to source relevant patient/client information, including formats that address language, disabilities and cultural beliefs.				
7	Understanding of advanced communication strategies.				
8	Knowledge of how to adapt your style of communication to the needs and abilities of individuals.				
9	Knowledge of methods which facilitate patient/client involvement e.g. focus and support groups.				

SKILLS		LD	SD	WD	N/A
1	Promotes a caring environment by: preserving a culture of person-centred care, taking account of equality and diversity issues, and providing patients/clients with opportunities to be partners in their care.				
2	Identifies opportunities to develop care and services by ensuring that there are effective systems in place to ascertain patient/client experience/feedback.				

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE *(continued)*

SKILLS *(continued)*		LD	SD	WD	N/A
3	Ensures patient/client compliments and complaints are managed in line with organisational policy, including the dissemination of learning points.				
4	Develops practices which promote choice, wellbeing and protection of all individuals.				
5	Communicates effectively with the team to ensure that patients'/clients' choices are recognised and addressed appropriately.				
6	Develops effective systems and processes to ensure a positive patient/client experience.				
7	Appropriately challenges inequalities within the scope of the current NMC Code and the Human Rights Act.				
8	Uses advanced communication skills to develop and enhance therapeutic relationships.				

ATTITUDES		LD	SD	WD	N/A
1	Shows commitment to the ideal that every patient/client is an individual and deserves to be treated as such.				
2	Shows respect for the belief that the patient/client should remain at the centre of all interventions by the multi-professional team.				

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE *(continued)*

Competence area 2.2: Coordination of the patient journey

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	N/A
1	Knowledge of the necessary processes required to optimise the patient/client journey through the healthcare system at a pace appropriate to each individual's needs.				
2	Awareness of the wider health and social care team, their roles and how to access appropriately to ensure the patient/client journey is co-ordinated in a timely, effective manner.				
3	Knowledge of appropriate referral pathways and mechanisms within and across relevant organisations and agencies.				
4	Knowledge of the requirements and processes necessary to support timely patient/client admission and discharge.				
5	Knowledge of how to measure and address shortfalls in the system.				

SKILLS		LD	SD	WD	N/A
1	Ensures continuity of care including timely access to relevant services.				
2	Works collaboratively with other health professionals and agencies as appropriate.				
3	Plans, communicates and co-ordinates the patient/client journey to ensure a smooth transition to other settings, achieving a safe effective discharge, involving multi-disciplinary or multi-agency teams as required.				
4	Provides relevant patient/client information, including appropriate materials that address language, disabilities and cultural beliefs.				
5	Plans, communicates and co-ordinates care and makes appropriate referrals as required.				
6	Identifies patient/client needs through the evaluation of appropriate assessments.				

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE *(continued)*

SKILLS *(continued)*		LD	SD	WD	N/A
7	Continuously analyses the patient/client journey and identifies and addresses any areas of concern.				
8	Analyses patient/client experiences and identifies records and reports any shortcomings.				
9	Demonstrates confidence in investigating shortfalls in aspects of service provision.				

ATTITUDES		LD	SD	WD	N/A
I	Shows a belief that the patients/client experience extends beyond the ward/department setting.				
2	Is committed to involving all those within the wider setting who may contribute positively to the patient/client experience.				

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE *(continued)*

Competence area 2.3: Patient/client involvement

Rating Scale:
- **LD**   **I need a lot of development**
- **SD**   **I need some development**
- **WD**   **I feel I am well developed**
- **NA**   **Is not applicable to my role.**

KNOWLEDGE	LD	SD	WD	N/A
1 Knowledge of legislation pertaining to user involvement e.g. data protection, complaints, cultural diversity and equality.				
2 Knowledge of the methods and channels that can be utilised to engage with patient/user/carers to involve them in care processes.				
3 Awareness of the ethical issues relating to patient/client/carer involvement.				
4 Awareness of available materials that can be utilised to impart patient/client information, which reflect the individual's preferences and learning style, making use of interpreter services if appropriate.				

SKILLS	LD	SD	WD	N/A
1 Recognises and acts on opportunities to involve patients/clients/carers in service development and improvement measures.				
2 Communicates in a way that is meaningful to the patient/client.				
3 Translates complex healthcare information and terminology into a format that the patient/client can understand.				
4 Responds positively and objectively to criticism from patients/clients without personalising or internalising comments.				
5 Demonstrates an ability to reflect on how individual and team practice impacts on patients/clients.				
6 Ensures patient/client compliments and complaints are managed in line with organisational policy, including the dissemination of learning points.				
7 Represents the patient/client perspective in discussions at all levels.				

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DOMAIN 2: ENHANCING THE PATIENT/CLIENT EXPERIENCE *(continued)*

ATTITUDES		LD	SD	WD	NA
1	Shows genuine respect for the views of patients/clients/carers.				
2	Upholds an ethos of person-centred care.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT

This domain has been mapped against the following KSF dimensions:
Core Dimensions C1, C2, C3, C4, C5 and C6; Specific Dimension G6

Competence area 3.1: Role model

This competence refers to the knowledge, skills and attitudes required to act as a role model, creating a culture which supports and empowers staff to contribute to the delivery of safe and effective, person-centred care.

Competence area 3.2: Develop team performance

This competence refers to the knowledge, skills and attitudes required to create a positive learning environment, ensure effective learning opportunities for all staff and students and support the career pathway of individual team members.

Competence area 3.3: Manage the ward/department environment

This competence refers to the knowledge, skills and attitudes required to implement effective approaches to workload measurement and planning and to support staff with opportunities to develop their skills in this area.

Competence area 3.4: Effective use of resources

This competence refers to the knowledge, skills and attitudes required to deliver a safe and effective care service within allocated resources, ensuring those resources are used to maximum effect.

DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

Competence area 3.1: Role model

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	NA
1	Knowledge of leadership, facilitation and management styles to communicate, motivate and mobilise people towards shared goals.				
2	Understanding of how to consult, involve, influence and lead the team and others, recognising personal impact on situations and people.				
3	Knowledge of the management of change principles and processes.				
4	Knowledge of the broader influences and relevant power bases internal and external to the organisation.				
5	Knowledge of the principles and processes of facilitating learning in practice, including mentoring and coaching.				
6	Knowledge of advanced interpersonal skills.				

SKILLS		LD	SD	WD	NA
1	Ability to lead the delivery of a safe service influencing and facilitating change within the ward/department and where appropriate the organisation.				
2	Acts as a role model, creating a culture which supports and empowers staff to contribute to the delivery of safe and effective, person-centred care.				
3	Ability to co-ordinate nursing/midwifery interventions, influencing clinical decisions and monitoring the quality of patient care.				
4	Demonstrates effective interpersonal skills.				
5	Demonstrates clear visibility to the team and others.				
6	Fosters a culture of enquiry that is supportive and facilitative, encouraging creativity and innovation.				
7	Uses critical analysis skills to identify, interpret, and address problems proactively.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

SKILLS *(continued)*	LD	SD	WD	NA
8 Acts as a facilitator and manager of change, influencing others as necessary.				
9 Enables and empowers others to develop leadership skills and qualities.				
10 Enables others to develop and apply their knowledge, evidence base and skills relevant to their area of practice.				
11 Ability to lead teams across professional boundaries and organisations, if required.				

ATTITUDES	LD	SD	WD	NA
1 Shows a willingness to develop the knowledge and skills of others.				
2 Shows willingness to provide effective leadership to support the work of nurses and other health care professionals.				
3 Shows a belief that the role of Ward Sister/Charge Nurse is pivotal in influencing the quality of the care setting.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

Competence area 3.2: Develop team performance

Rating Scale: **LD**   **I need a lot of development**
                    SD   **I need some development**
                    WD   **I feel I am well developed**
                    NA   **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	NA
1	Knowledge of current NMC standards to support learning and assessment in practice.				
2	Knowledge of NHS KSF development review and personal development planning processes.				
3	Knowledge of possible resources to support learners and learning and awareness of how to access these.				
4	Knowledge of how to consult with, involve and influence a team.				
5	Knowledge of clinical supervision including the roles and responsibilities of a supervisor and supervisee.				
6	Knowledge of models of performance management approaches and techniques.				
7	Knowledge of conflict resolution and mediation strategies.				

SKILLS		LD	SD	WD	NA
1	Communicates the team's vision by agreeing values, goals and objectives that relate to the organisation's objectives and which motivates staff to strive for that vision.				
2	Demonstrates availability to staff should they require advice or support.				
3	Effectively communicates and actively engages with the team through meetings, reports, clinical supervision and personal development review meetings.				
4	Supports the learning and development of all staff including students, by creating an environment that supports effective learning and development opportunities.				
5	Manages the nursing/midwifery team effectively, to comply with relevant organisational policies, legislation and Nursing and Midwifery Regulations.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

SKILLS *(continued)*		LD	SD	WD	NA
6	Ensures an appropriate skill mix on duty, which affords opportunities for staff development, in a supportive and trusting environment.				
7	Engages team members in application of the audit cycle to develop the clinical learning environment.				
8	Actively promotes and supports reflective practice, formal and/or informal.				
9	Demonstrates the ability to manage conflicts, disputes and difficult situations.				
10	Ability to delegate in a supportive and appropriate manner.				
11	Ability to develop decision making skills within the team.				
12	Proactively engages in team building to enhance performance, satisfaction and quality of care.				
13	Provides and evaluates clinical supervision to relevant health care professionals in response to identified needs.				
14	Ability to recognise the effects of stressors and workload pressures on staff and is skilled in assisting staff to develop strategies.				

ATTITUDES		LD	SD	WD	NA
1	Displays an attitude of inclusion which respects and values all team members and raises staff morale.				
2	Is committed to team development and helping team members reach their full potential.				
3	Is receptive to change and accepts questioning as a positive aspect of team leadership.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

Competence area 3.3: Manage the ward/department environment

Rating Scale:
LD   **I need a lot of development**
SD   **I need some development**
WD   **I feel I am well developed**
NA   **Is not applicable to my role.**

KNOWLEDGE		**LD**	**SD**	**WD**	**NA**
1	Knowledge of the factors which impact on effective staff rostering and skill mix when planning, allocating, managing and leading the team.				
2	Understanding of the level of control and responsibility the Ward Sister/Charge Nurse has for the wider ward/department team, e.g. ward clerks and domestic staff and an awareness of the correct processes involved in addressing concerns regarding practice, service delivery and improvement issues.				
3	Understanding of the factors which may impact on service delivery including management directives, budgetary constraints, changes or developments in care practice or requirements.				
4	Understanding of procurement processes e.g. in selection of clinical products/equipment.				
5	Knowledge of the factors that influence nursing and/or midwifery workload and approaches to workload measurement within the ward/department.				
6	Knowledge of the factors which impact upon service improvement and an understanding of how to address these within organisations.				

SKILLS		**LD**	**SD**	**WD**	**NA**
1	Displays organisational skills necessary to manage the day to day running of the ward/department in a flexible and efficient manner.				
2	Ability to articulate concerns regarding service delivery in an effective manner within the organisation.				
3	Effective use of relevant information technology.				
4	Ensures that systems are in place to deal with emergencies and unforeseen events, that staff are aware of these and are competent to deal with them if necessary.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

SKILLS *(continued)*		**LD**	**SD**	**WD**	**NA**
5	Ability to roster effectively and creates opportunities for team members to be involved.				
6	Avails of opportunities to allow team members to become involved in managing the practice setting.				
7	Ability to prioritise conflicting demands in the ward/department area.				
8	Delegates appropriate responsibility and authority to ensure the delivery of a safe and effective service.				
9	Interprets and reports workload data using information to guide effective decision-making and supports staff with opportunities to develop their skills in this area.				
10	Formulates reports, business cases and data collection as appropriate.				

ATTITUDES		**LD**	**SD**	**WD**	**NA**
1	Shows willingness to ensure compliance by self and and NMC regulations.				
2	Shows a belief that all those employed in health care can contribute positively to the patient/client experience.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

Competence area 3.4: Effective use of resources

Rating Scale:
LD   **I need a lot of development**
SD   **I need some development**
WD   **I feel I am well developed**
NA   **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	NA
1	Knowledge of how budgets are set and managed.				
2	Knowledge of how to identify priorities in accordance with the HSC Trust strategic directions.				
3	Knowledge of how to monitor budgetary performance, develop and implement action plans, organise the necessary resources and monitor outcomes.				
4	Knowledge of financial policies and procedures, particularly Standing Financial Instructions, Authorisation Frameworks, Procurement Legislation and associated processes, and Prompt Payment Code.				
5	Knowledge of sound financial governance and probity procedures, particularly concerning patients and clients monies and property, charitable donations and expenditure from charitable funds.				
6	Knowledge of internal financial controls and fraud awareness principles (e.g. verification of authenticity/ accuracy of the Staff-in-Post records).				
7	Knowledge of systems for effectively managing stock and safeguarding fixed assets.				

SKILLS		LD	SD	WD	NA
1	Contributes to budget management within the ward/department, to ensure services are managed in accordance with yearly financial instructions.				
2	Demonstrates competence in monitoring and managing the ward/department budget.				
3	Demonstrates sound judgement in assessing and rationalising conflicting priorities and needs.				
4	Identifies, organises and effectively manages the financial and human resources needed to achieve results.				

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DOMAIN 3: LEADERSHIP AND MANAGEMENT
(continued)

SKILLS (continued)	LD	SD	WD	NA
5 Readily adjusts plans and priorities to respond to changing circumstances.				
6 Carries out effective management of resources under shifting priorities to meet expected results within time, budget and quality standards.				
7 Ability to quickly re-allocate resources and reset priorities in response to unexpected events.				
8 Establishes measures to monitor resources and progress of activities as planned.				
9 Relies on goal setting and performance measurement to monitor and enhance staff performance.				
10 Works within allocated resources, yet has ability to challenge constructively, with reference to legislation if necessary.				
11 Promotes the principles of good governance and protects the patient and client, and organisation from financial risk, particularly in respect of patient and client monies and property and charitable funds.				
12 Displays managerial and organisational skills to ensure that products required for patient care/treatment are procured in timely fashion and demonstrate value for money.				

ATTITUDES	LD	SD	WD	NA
1 Shows a commitment towards effectively managing resources and achieving statutory financial targets.				
2 Demonstrates an attitude of respect when challenging allocation of resources.				

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DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES

This domain has been mapped against the following KSF dimensions:
Core Dimensions C1, C2, C3, C4, C5 and C6; Specific Dimension G6

Competence area 4.1: Continuous quality and improvement

This competence refers to the knowledge, skills and attitudes required to practice in a way that develops a culture of improved quality among team members by ensuring continuous review and development of practice through the use of audit, supervision, personal reflection and seeking patient/client feedback and to encourage such practice by team members through effective leadership.

Competence area 4.2: Service improvement, development and modernisation

This competence refers to the knowledge, skills and attitudes required to work in collaboration with relevant stakeholders to ensure that nursing/midwifery staff make a valuable contribution to the planning or development of their own service, whilst promoting the involvement of patients/clients.

Competence area 4.3: Staff management

This competence refers to the knowledge, skills and attitudes required to motivate, inspire and support individuals, as necessary, using the relevant organisational policies and procedures.

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DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES *(continued)*

Competence area 4.1: Continuous quality improvement

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	NA
1	Knowledge of how to use relevant quality indicators to measure, monitor and evaluate practice.				
2.	Awareness of how to use practice improvement methodologies including PDSA (plan, do, study, act).				
3.	Knowledge of measuring for improvement and interpreting causes of variation.				
4	Knowledge of how to access and use relevant information systems.				
5	Awareness of how to participate in clinical forums and professional groups to forge sustainable partnerships, build on existing knowledge and increase resourcefulness.				

SKILLS		LD	SD	WD	NA
1	Fosters a culture of continuous quality improvement through the use of audit, supervision, personal reflection and patient feedback on practice by self and other members of the team.				
2	Displays organisational skills in capturing information pertaining to quality measures within the ward/department.				
3	Ability to critically analyse the information captured and instigate any measures necessary to address quality concerns if indicated.				
4	Identifies the need for change, leads innovation and manages changes in practice and/or service.				
5	Systematically captures and disseminates learning and best practice at all levels of the service.				
6	Identifies the need for change, leads innovation and manages change.				

DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES *(continued)*

	SKILLS *(continued)*	LD	SD	WD	NA
7	Works in collaboration with relevant stakeholders in the planning or development of own service promoting the involvement of patients/clients and carers.				
8	Uses continuous quality improvement approaches to identify gaps and develop services that are evidenced based and meet organisational or government priorities.				
9	Applies critical thinking and analytical skills incorporating critical reflection to the service.				

	ATTITUDES	LD	SD	WD	NA
1	Shows willingness to promote, develop and maintain continuous quality improvement.				
2	Shows willingness to participate in innovations in health care.				

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DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES *(continued)*

Competence area 4.2: Service improvement, development and modernisation

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	NA
1	Knowledge and application of DHSSPS and HSC Trust objectives and local delivery plans.				
2	Knowledge of patient/client focus and strategies for public involvement within service improvement activities.				
3	Knowledge of techniques to support effective problem solving.				
4	Knowledge of how to evaluate service developments and delivery.				
5	Understands the broader influences and the relevant power bases within the organisation and the wider community.				
6	Knowledge of how to gather, interpret and articulate evidence which can be used to inform/underpin service improvement.				

SKILLS		LD	SD	WD	NA
1	Reviews and evaluates the local implementation of policy initiatives, identifying areas for change.				
2	Reviews processes / practices to ascertain if there are better ways of working to enhance patient care / service delivery and deliver required efficiencies.				
3	Ability to interpret and apply policy directives to own area of work and professional development, identifying areas for change, monitoring, supporting and guiding others in relation to service issues.				
4	Represents the service perspective in discussions at all levels.				
5	Develops and effectively communicates a vision for service improvement and development.				

DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES
(continued)

SKILLS *(continued)*		**LD**	**SD**	**WD**	**NA**
6	Works in partnership with relevant stakeholders in the development of service plans.				
7	Demonstrates political astuteness.				
8	Contributes to the collation of data and information to support service improvements.				
9	Collaborates with the right people to ensure the success of service improvements.				
10	Creates and effectively communicates a vision for service development.				
11	Promote a culture of continuous service improvement amongst staff, providing patients/clients satisfaction.				
12	Fosters a culture of enquiry that is supportive and facilitative, encouraging creativity and innovation.				
13	Networks with peers across professional groups promoting the exchange of knowledge, skills and resources.				
14	Develops a proactive and positive working relationship with partnership organisations and staff associations around change issues.				
15	Initiates, leads and manages practice or service development initiatives taking account of relevant research, clinical guidelines and policy.				
16	Participates in debriefing and discussion on service improvements at all levels of the service.				

ATTITUDES		**LD**	**SD**	**WD**	**NA**
1	Shows motivation and commitment to the development of services.				
2	Has a questioning attitude to practice and is receptive to change.				

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DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES *(continued)*

Competence area 4.3: Staff management

Rating Scale: **LD** **I need a lot of development**
SD **I need some development**
WD **I feel I am well developed**
NA **Is not applicable to my role.**

KNOWLEDGE		LD	SD	WD	NA
1	Knowledge of the factors that have a positive and negative impact on the behavior and performance of individuals and the team.				
2	Understanding of Human Resource recruitment/ employment policies and procedures and their application.				
3	Understanding of organisational policies and procedures and their application in relation to staff management.				

SKILLS		LD	SD	WD	NA
1	Ability to effectively manage the performance and behaviour of staff using relevant organisational policies and procedures.				
2	Ability to monitor and manage the effects of planned leave e.g. annual leave, study leave etc and staff absence.				
3	Ensures that there is appropriate skill mix and staffing levels for the ward/department.				
4	Recognises stressors including workload pressures which may impact on individual staff and takes appropriate action as per organisational policy.				
5	Motivates, inspires and supports individuals and the team to strive to deliver a safe and effective service working within allocated resources				
6	Liaises with nursing/midwifery managers and heads of nursing on all professional nursing/midwifery issues.				
7	Participates in the recruitment and interviewing of staff.				

DOMAIN 4: DELIVERY OF ORGANISATIONAL OBJECTIVES
(continued)

ATTITUDES		LD	SD	WD	NA
1	Shows willingness to provide leadership to support the nursing/midwifery workforce.				
2	Shows commitment to the ideal of a person-centred quality service, provided by competent caring practitioners, in a safe environment.				

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NIPEC

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INVESTORS IN PEOPLE

NIPEC

Leading Care:

Supporting Learning and Development for the role of Newly Appointed Ward Sister/Charge Nurse

ORIENTATION TEMPLATE

INVESTORS IN PEOPLE

SUGGESTED ORIENTATION TEMPLATE

STAFF NAME	
MANAGER	
WARD SISTER/CHARGE NURSE MENTOR	
DATE COMMENCED	
DATE OF COMPLETION	
POST LOCATION	
DATE OF KSF FOUNDATION GATEWAY	
Summary of Previous Experience	

Safe & Effective Practice

Professional, Ethical & Legal

	Date completed	Manager initials	Ward sister/charge nurse initials
Discussion around NMC code of conduct and role clarification			
Explanation of job Description			
Management structure			
Authorisation framework			
Role of the department in the organisation			
Discussion on Trust Mission Statement			
Role of the ward sister/charge nurse in relation to implementing Trust policies			
Trust mandatory study requirements			

Evidence based Practice

Environment			
Tour of unit and other departments			
Discussion on local fire safety instructions			
Role of the ward sister/charge nurse in fire evacuation preparations			
Discussion on the ward sister/charge nurse role in achieving environmental cleanliness standards			
Introduction to the Ward Sisters Charter			
Discussion on the Trust Infection Prevention and Control policy			
Discussion on the Trust Escalation Policy			
Multi-professional working			
Role of the ward sister/charge nurse in enhancing multi professional working			

3

Enhancing the Patient Experience

Patient Centred Care

	Date Completed	Managers Initials	Ward sister/charge nurses Initials
Discussion on the development and review of care plans/ pathways			
Discussion on ward sister/charge nurse responsibility to ensure staff compliance in completion of care bundle audits			
Discuss the role of the ward sister/charge nurse in acting on audit results			
Discussion on Trust Major Incident policy and local responsibilities			
Role of the ward sister/charge nurse in preparation for a major incident			
Discussion on the role of the ward sister/charge nurse in managing actual and potential risks in the department			

Co-ordination of Patient journey

Role of the ward sister/charge nurse in co coordinating patient flow within the department/hospital			

Leadership and Management

Role Model

	Date completed	Managers initials	Ward managers initials
Role of the ward sister/charge nurse in ensuring Work Life Balance for all team members			
Introduction to the role of Occupational Health Department			
Management referrals to Occupational Health			
Introduction to KSF dimensions for staff in post			

4

Managing the Practice Setting

Discussion on the responsibility of the ward sister/ charge nurse in relation to implementation of Trust Health and Safety at work policy eg ***			
Manual handling			
COSHH			
Waste disposal			
Sharps injury pathway			
Zero Tolerance of abuse to staff			
Incident/ Accident reporting			
Medical Devices			
Disciplinary policy			
Managing absenteeism			
Ward sister/charge nurses role in relation to Budget Management and Resources management.			

Delivery of organisational objectives

Continuous quality improvement.
Service improvement, development and modernisation.

	Date completed	Managers initials	Ward managers initials
Discussion on Corporate management plan			
Discussion on ward sister/charge nurses role in service development			
Discussion on clinical supervision responsibilities for self and staff			
Management of complaints at local and corporate level			
Discussion on audits carried out by outside agencies			

Workforce planning

	Date completed	Managers initials	Ward manager initials
Introduction to skill mix of staff in the department			
Discussion on management of staff resources to ensure safe environment			
Introduction to recruitment process in relation to ward sister/charge nurse role			

This orientation is not exhaustive, for example in areas of midwifery or mental health management the inclusion of the statutory supervision of midwifery practice and mental health legislation respectfully, need to be taken into consideration.

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OCTOBER 2010

NIPEC

**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

*GUIDANCE to SUPPORT the
COMMISSIONING, DESIGN, DELIVERY
and APPLICATION of
LEARNING and DEVELOPMENT ACTIVITIES*

for

Ward Sister/Charge Nurse and Community Team Leader roles

INVESTORS IN PEOPLE

Published by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)

Published July 2013

ACKNOWLEDGEMENTS

CONTENTS **PAGE**

1.0   Introduction

Nursing and midwifery leadership is vital to the delivery of safe and effective person-centred care and, in particular, the Ward Sister/Charge Nurse and Team Leader roles are crucial in ensuring the delivery of safe, effective, compassionate, person-centred care as highlighted by Charlotte McArdle, Chief Nursing Officer, Department of Health, Social Services and Public Safety[1]. The huge breadth of these roles across clinical practice, education, teaching, leadership and management requires access to relevant learning and development opportunities, both formal and informal to support the development of knowledge, skills, attitudes and behaviours. It is also essential that those interested in the position of Ward Sister/Charge Nurse or Team Leader[2] are adequately prepared for this important leadership role.

In 2011, a Regional Group was set up to develop a framework to guide the design and delivery of learning and development programmes/activities to prepare nurses and midwives for leadership roles now and in the future. This work built on the competence assessment tool and career progression pathway and learning and development framework that were developed to support and strengthen the role of Ward Sisters, Charge Nurses and those nurses and midwives aspiring to the roles. (Leading Care Project, 2009 - 2010). In 2011, a Leading Teams Project (2011-2012) developed similar resources for Team Leaders. Subsequently the members of the Leading Teams Steering Group agreed that one guidance document should be developed to ensure that resources developed from the Leading Care and Leading Teams Projects support the commissioning, design and application of learning and development programmes/activities for Ward Sisters/Charge Nurses and Team Leaders or those aspiring to these roles.

> For further information about the above Projects:
>
> - Leading Care Project
>   www.nipec.hscni.net/pw_regionalwardmanager
>
> - Leading Teams Project
>   www.nipec.hscni.net/cw_teamleader

Other professional groups may also find this guidance document and the accompanying resources helpful.

The resources that have particular relevance to this document are the *Competence Assessment Tools*[3] (NIPEC 2010 and NIPEC 2012)) (Figure 1) and the *Career Progression Pathway and Learning and Development Framework* (Figure 2).

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[1] McArdle. C (2013) Chief Nursing Officer's Keynote Address at the *Inaugural Ward Sister, Charge Nurse and Team Leader Conference*, 17 April 2013 King's Hall Belfast.
[2] Ward Sister Charge Nurse and Team Leader will hereafter be referred to as Ward and Community Team Leader.
[3] NIPEC (2010) *Supporting Professional Development: A Competence Assessment Tool for Ward Sisters/Charge Nurses* (revised October 2010). Belfast: NIPEC.
NIPEC (2012) *Supporting Professional Development: A Competence Assessment Tool for Team Leaders*. Belfast: NIPEC.

Figure 1. Competence Assessment Tools for Ward and Community Team Leaders

Competence Assessment Tool for Ward Sisters/Charge Nurses (NIPEC, 2010)

Competence Assessment Tool for Community Team Leaders (NIPEC 2012)

Within the relevant Competence Assessment Tool, the four domains and corresponding competency areas are core to each Ward and Community Team Leader's role. The individual can complete a self-assessment against the competence statements within each competency area to plan for his/her learning and development. Visit the mini-websites at www.nipec.hscni.net to view the tools or www.nipecdf.org/compro to complete them online.

2

The career progression pathway is underpinned and supported by a learning and development framework, see Figure 2.

Figure 2: Career Progression Pathway and Learning and Development Framework
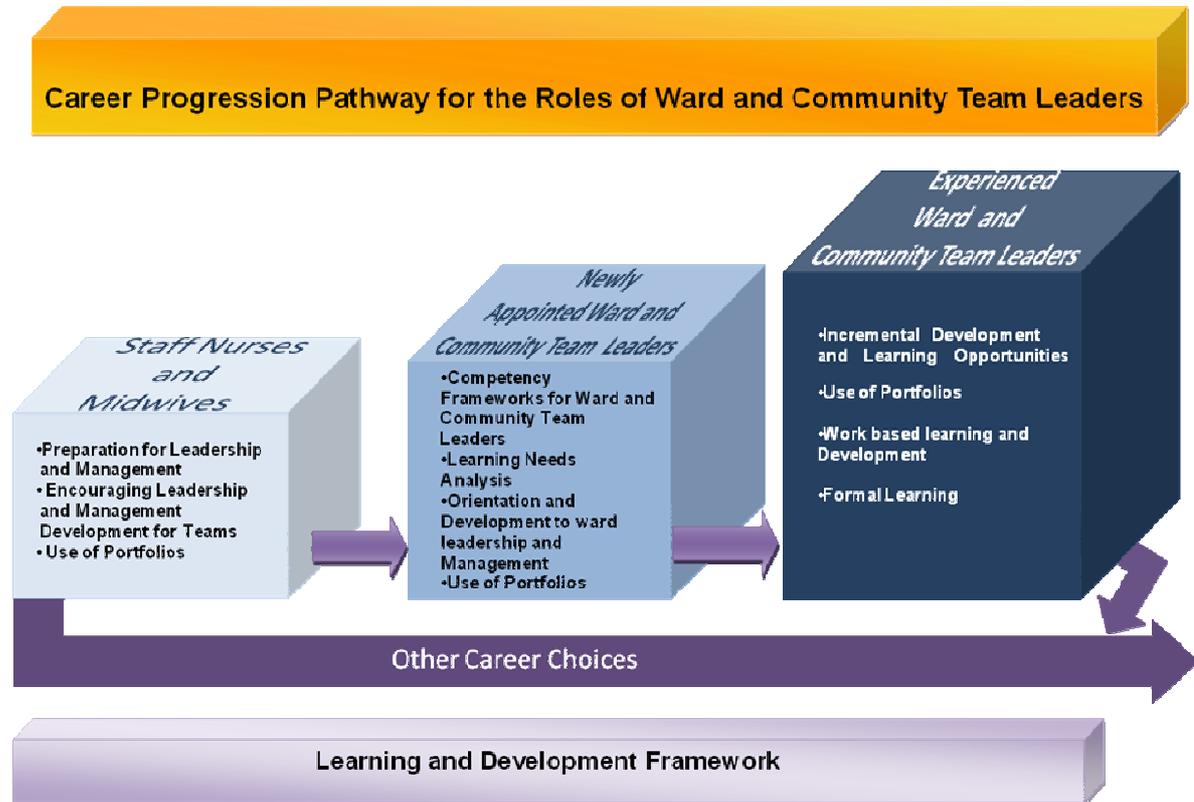
2.0 Who the guidance is for

2.1 This guidance document will explain the way in which the Learning and Development Framework (Section 4, page 6) can be used to support the career progression of practitioners into and within the roles of Ward and Community Team Leader. It was developed for the following audiences:

- colleagues with responsibility for designing and delivering learning and development activities in the workplace, in-service or in higher education organisations.

- commissioners of learning activities, including leadership and management development programmes.

- Line managers who are planning and supporting the development of Ward and Community Team Leaders and those interested in the role. It will also provide information for practitioners to guide their choice of appropriate learning and development activities to support them in their career progression.

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2.2 Suggested orientation templates for Ward and Community Team Leaders are available in Appendices One and Two. These templates will be particularly useful to support those newly appointed to their role to help them plan, with their line manager, an effective orientation.

3.0 How to use the Learning and Development Framework

3.1 The Learning and Development Framework has two core elements to support the development of individuals in, or aspiring to, the role of Ward or Community Team Leaders:

- themes of learning and development and suggested examples of relevant activities.

- principles of learning and development, mapped under each of the four domains within the relevant competence assessment tool.

3.2 Application of the Learning and Development Framework

The guidance should be read and used in conjunction with the relevant Competence Assessment Tools:

- Ward Sisters and Charge Nurses (NIPEC 2010)
- Team Leaders (NIPEC 2012)

and other relevant professional and service documents, including professional codes, standards and guidance; NHS Knowledge and Skills Framework (DH, 2004[4]); organisations' policies; frameworks related to performance assessment, education, training, learning and development activities.

3.3 Section 4 presents the Learning and Development Framework and comprises the learning and development themes in Boxes 1, 2 and 3, which are specific to:

- preparing individuals for the role of Ward or Community Team Leader (p6)

- developing those who were newly appointed to the role (p8)

- continuing to develop those experienced in the role of Ward or Community Team Leaders (p10).

These themes are the core activities in which the individual must develop **expertise** – not just competence alone.

---

[4] Department of Health (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*. London: The Stationery Office.

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3.4   *Using the Learning and Development Framework*

To facilitate the planning of appropriate learning activities to meet an individual's development needs, activities core to the role of the Ward and Community Team Leader role have been mapped to each competency domain. The Framework can be used in the following ways:

I.   As a guide for those commissioning, designing or delivering a programme or learning activity for:

   • newly appointed Ward and Community Team Leaders

   • experienced Ward and Community Team Leaders

   • practitioners interested in these roles.

   Learning activities should be tailored to meet the needs of the target audience in order to develop the knowledge, skills, attitudes and ultimately behaviours of the individuals across each of the four competency domains and relevant areas of the Competence Assessment Tools.

II. As a reference for line managers to inform the learning needs analysis process and facilitate the identification of learning and development activities to meet individuals' development needs.

III. As a guide for practitioners or newly appointed/experienced Ward and Community Team Leaders to help them identify activities which would enhance their competence/expertise.

   Visit www.nipec.hscni.net/wardsister or www.nipec.hscni.net/teamleader for more advice and guidance and also www.nipecdf.org/learn to view a wide range of useful learning and development activities.

3.5   To ensure consistency this guidance should be used by those planning, designing and delivering learning and development activities either:

   • commissioned   directly   through   the   nursing/midwifery   education commissioning process or

   • requested directly by Trusts from the Clinical Education or Leadership Centres.

   In addition, commissioned programmes may be subject to monitoring against the DHSSPS Quality Assurance Framework (2011)[5].

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[5] Department of Health Social Services and Public Safety (DHSSPS) (2011) *Quality AssuranceFramework for DHSSPS Commissioned Development and Education (Non-NMC Registered or Recorded).* Belfast: DHSSPS.

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4.0 LEARNING AND DEVELOPMENT FRAMEWORK

4.1 **_Preparation for the Role of Ward or Community Team Leader_**

The learning and development themes in Box 1 have been identified as relevant for any practitioner interested in pursuing a career as a Ward or Community Team Leader.

Examples of Learning and Development Activities

Undertaking appropriate learning and development activities within the five themes listed will assist nurses and midwives to develop their knowledge and skills in**:**

> **Box 1. Themes of Learning and Development for practitioners**
>
> 1. Risk Management.
> 2. Continuous Improvement.
> 3. Delegation.
> 4. Accountability.
> 5. Understanding Culture.

- Methods of monitoring and maintaining standards of care.

- The impact of relevant Trust and DHSSPS policies and protocols for the care/service delivery setting.

- The impact of relevant NMC standards on practice.

- The principles of leadership and management for teams.

- The lines of professional accountability, organisational accountability, performance management and staff development processes within multi-professional team environment.

- The principles of effective resource management within allocated budgetary constraints.

- Awareness and understanding of a culture of continuous improvement.

- Exposure to the tools of continuous improvement, e.g. root cause analysis, critical analysis, problem solving techniques and audit.

- Understand the application of risk assessment and risk management processes and learn relevant lessons.

- Awareness and understanding of safeguarding procedures.

- The elements required to provide a supportive environment that enables staff and students to demonstrate ongoing learning and development.

- The underpinning principles required to develop services within a multi-professional environment to ensure best practice and that care provided is compassionate, person-centred and evidence-based.

- Ability to raise and articulate concerns in a professional and constructive way, in line with relevant professional and organisational guidance and processes.

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Preparation for the Role of Ward or Community Team Leader

The learning and development activities should focus on developing the knowledge, skills, attitudes and behaviours of nurses and midwives in relation to each of the principles. The principles are mapped against the four domains of the relevant *Competence Assessment Tools* (NIPEC 2010 and NIPEC 2012).

Mapped to Domain 1: Safe and Effective Practice	Mapped to Domain 2: Enhancing the Patient/Client Experience
Learning activities should focus on the principles of: a. Supporting and challenging b. Being a catalyst for change c. Promoting positive attitudes and behaviour d. Problem solving approaches e. Overcoming resistance and reluctance f. Managing difficult situations g. Measurement and evaluation h. Risk management i. Effective governance j. Professional standards and guidance	Learning activities should focus on the principles of: a. Promoting and maintaining environmental standards as per organisational policies. b. Promoting person-centred cultures c. Self-awareness of own values and beliefs and their impact on the patient experience. d. Promoting meaningful patient and public involvement e. Managing quality through effective management of feedback and continuous quality monitoring.
Mapped to Domain 3: Leadership and Management	**Mapped to Domain 4: Deliver Organisational Objectives**
Learning activities should focus on the principles of: a. Self-awareness and self-management, including for example: managing stress, assertiveness, CPD and ongoing career progression, individual learning styles, learning needs analysis, time management b. Developing a support network c. Leading an effective team d. Understanding culture, political astuteness and influence e. Decision making f. Managing people effectively, including introduction to: recruitment and selection; absence management; staff development, appraisal and performance management g. Managing budgets h. Using ICT resources effectively.	Learning activities should focus on the principles of: a. Understanding the culture of the organisation b. Effective organisational planning c. Interpretation of strategy/ translation of vision into goals d. Service improvement tools and techniques, such as root cause analysis; critical analysis; problem solving and audit.

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4.2 **_Newly appointed Ward or Community Team Leader_**

The learning and development themes in Box 2 have been identified as necessary for a Ward or Community Team Leader during the first two years of appointment to develop and support the individual in gaining confidence to carry out the responsibilities of the post, providing leadership and ensuring safe, effective compassionate person-centred care.

Examples of Learning and Development Activities

Undertaking appropriate learning and development activities within the six themes listed will enable the newly appointed Ward or Community Team Leader to:

Box 2. Themes of Learning and Development for newly appointed Ward or Community Team Leader

1. Risk management procedures.
2. Tools of continuous improvement.
3. Delegation.
4. Professional accountability.
5. Political astuteness.
6. Emotional intelligence.

- Monitor and maintain standards of care.

- Apply and monitor relevant Trust and DHSSPS policies and protocols for care/service delivery setting.

- Apply and monitor relevant NMC standards and guidance for practice.

- Demonstrate skills of effective communication, leadership and management providing clear lines of professional and organisational accountability.

- Monitor and manage the performance and development of staff within the context of a multi-professional team.

- Effectively manage resources within allocated budgetary constraints.

- Develop skills in relation to using the tools of continuous improvement, e.g. root cause analysis, critical analysis, problem solving techniques and audit.

- Implement effective risk management processes.

- Appropriate application of safeguarding procedures.

- Create and maintain an environment that supports staff and students to demonstrate ongoing learning and development.

- Develop services within a multi-professional environment to ensure best practice and that care provided is safe, compassionate, person-centred and evidence based.

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Learning and Development for Newly appointed Ward or Community Team Leaders

The learning and development activities should focus on developing the knowledge, skills, attitudes and behaviours newly appointed Ward and Community Team Leaders in relation to each of the principles. The principles are mapped against the four domains of the relevant *Competence Assessment Tools* (NIPEC 2010 and NIPEC 2012).

Mapped to Domain 1: Safe and Effective Practice	Mapped to Domain 2: Enhancing the Patient/Client Experience
Learning activities should focus on the principles of: a. Being a change agent b. Supporting and challenging c. Promoting positive attitudes and behaviour d. Problem solving approaches e. Managing resistance and competing demands f. Managing difficult situations g. Measurement and evaluation h. Analysis, interpretation and presentation i. Professional standards and guidance j. Application of effective governance arrangements	Learning activities should focus on the principles of: a. Promoting Patient Experience Standards b. Promoting and maintaining environmental standards c. Promoting person centred cultures d. The impact of personal and professional values e. Promoting meaningful patient and public involvement f. Managing quality through effective management of feedback and continuous quality monitoring g. Legislation and impact on practice area.
Mapped to Domain 3: Leadership and Management	**Mapped to Domain 4: Deliver Organisational Objectives**
Learning activities should focus on the principles of: a. Interpretation of own behaviours and impact on others' personality types b. Ability to analyse, reflect and self-evaluate own development needs c. Ability to assess and facilitate learning and development of others d. Appraisal of staff and analysis of their learning needs e. Negotiating skills, being assertive f. Conflict management skills g. Stress management, h. Time management i. Leading and managing the team, including performance management j. Decision making k. Recruitment and selection l. Absence management m. Financial management n. ICT resources o. Representing service within and across organisation(s) p. Creative methods to develop and support staff.	Learning activities should focus on the principles of: a. Organisational culture and impact b. Effective organisational planning c. Interpretation of strategy/ translation of vision into goals d. Service improvement tools and techniques, such as root cause analysis; critical analysis; problem solving and audit. e. Corporate governance f. Financial governance g. Service development networking h. Translating strategic vision into action i. Business planning processes.

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4.3 **Experienced Ward or Community Team Leaders**

The learning and development themes in Box 3 have been identified as necessary to develop and support an experienced Ward or Community Team Leader in carrying out the escalating responsibilities of the post, providing leadership and ensuring safe, effective, compassionate, person-centred care.

Examples of Learning and Development Activities

Undertaking appropriate learning and development activities within the nine themes listed will facilitate the experienced Ward or Community Team Leader to:

> **Box 3. Themes of Learning and Development for experienced Ward or Community Team Leaders**
>
> 1. Strategic risk management procedures.
> 2. Creating a culture of continuous improvement.
> 3. Professional accountability.
> 4. Delegation.
> 5. Management and resolution of complaints at a local level.
> 6. Political intelligence and impact on health.
> 7. Transformational leadership.
> 8. Thinking differently.
> 9. Stakeholder mapping.

- Participate in developing, implementing and monitoring standards, policies, procedures and protocols at an organisational and, where appropriate, regional level.

- Represent the organisation's perspective, policies and position with external agencies, where appropriate, identify the need for change, leading and promoting practice/service development initiatives within the organisation.

- Ensure adherence to relevant NMC standards and guidance for practice.

- Ensure the development and implementation of appropriate systems to capture and disseminate systematically learning and best practice at all levels of the service.

- Proactively manage the appropriate application of safeguarding procedures.

- Network with peers across professional groups within and where relevant, outside the organisation, promoting the exchange of knowledge, skills and resources.

- Build and maintain partnerships with a range of health care professionals and managers in the planning or development of own service, promoting the involvement of patients/clients and carers.

- Foster a culture of evidence-based practice and continuous service improvement within the care/service delivery setting to enhance the patient/client experience through compassionate, person-centred care.

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- Interpret the broader influences and relevant power bases within the organisation and the wider community.

- Understanding the role of the other governing authorities operating within the wider context of health and social care governance.

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Learning and Development for Experienced Ward or Community Team Leaders

The learning and development activities should focus on developing the knowledge, skills, attitudes and behaviours of experienced Ward and Community Team Leaders in relation to each of the principles. The principles are mapped against the four domains of the relevant *Competence Assessment Tools* (NIPEC 2010 and NIPEC 2012)*.*

Mapped to Domain 1: Safe and Effective Practice	Mapped to Domain 2: Enhancing the Patient/Client Experience
Learning activities should focus on the principles of: a. Knowledge and skills of improvement – people and processes b. Service improvement methodology c. Implementation of change d. Measurement and evaluation e. Sustainability of effective governance arrangements f. Professional standards and guidance.	Learning activities should focus on the principles of: a. Standards relating to Patient Experience b. Environmental standards c. Person-centred cultures d. The impact of personal and professional values e. Meaningful patient and public involvement f. Quality of the service g. Legislation and impact on practice area.
Mapped to Domain 3: Leadership and Management	**Mapped to Domain 4: Deliver Organisational Objectives**
Learning activities should focus on the principles of: a. Interpretation of own behaviours and impact on others' personality types b. Reflection and self evaluation of own development needs c. Ability to assess and facilitate learning and development of others d. Appraisal of staff and analysis of the learning needs of others e. Development of personal development plans linking with corporate objectives f. Leading and managing the team, including performance management g. Conflict-resolution skills h. Work-life balance i. Workforce planning.	Learning activities should focus on the principles of: a. Organisational culture and impact b. Implementation of strategy/translation of vision into goals c. Service improvement tools and techniques, such as root cause analysis; critical analysis; problem solving and audit d. Financial governance e. Other organisations and relationships with other governing bodies within the HSC.

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<div align="right">**Appendix 1**</div>

SUGGESTED ORIENTATION TEMPLATE FOR NEWLY APPOINTED WARD SISTERS/CHARGE NURSES

STAFF NAME
MANAGER
WARD SISTER/CHARGE NURSE BUDDY
DATE COMMENCED
DATE OF COMPLETION
POST LOCATION
DATE OF KSF FOUNDATION GATEWAY
Summary of Previous Experience

Domain 1.
Safe & Effective Practice

Professional, Ethical & Legal

	Date completed	Manager's initials	Ward Sister/Charge Nurse initials
Discussion around NMC *The code: Standards of conduct, performance and ethics for nurses and midwives* and role clarification			
Explanation of job description			
Management structure			
Authorisation framework			
Role of the department in the organisation			
Discussion on Trust Mission Statement			
Role of the Ward Sister/Charge Nurse in relation to implementing Trust policies			
Trust mandatory study requirements			

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Evidence based Practice

Environment			
Tour of unit and other departments			
Discussion on local fire safety instructions			
Role of the Ward Sister/Charge Nurse in fire evacuation preparations			
Discussion on the Ward Sister/Charge Nurse role in achieving environmental cleanliness standards			
Introduction to the Ward Sister's Charter			
Discussion on the Trust Infection Prevention and Control Policy			
Discussion on the Trust Escalation Policy			
Multi-professional working			
Role of the Ward Sister/Charge Nurse in enhancing multi professional working			

Domain 2.
Enhancing the Patient Experience

Patient centred care

	Date Completed	Manager's Initials	Ward Sister/Charge Nurse Initials
Discussion on the development and review of care plans/ pathways			
Discussion on Ward Sister/Charge Nurses responsibility to ensure staff compliance in completion of care bundle audits			
Discuss the role of the Ward Sister/Charge Nurse in acting on audit results			
Discussion on Trust Major Incident Policy and local responsibilities			
Role of the Ward Sister/Charge Nurse in preparation for a major incident			
Discussion on the role of the Ward Sister/Charge Nurse in managing actual and potential risks in the department			

Co-ordination of Patient journey

Role of the Ward Sister/Charge Nurse in co-ordinating patient flow within the department/hospital			

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Domain 3.
Leadership and Management

Role Model

	Date completed	Manager's initials	Ward Sister/Charge Nurse initials
Role of the Ward Sister/Charge Nurse in ensuring work life balance for all team members			
Introduction to the role of Occupational Health Department			
Management of referrals to Occupational Health			
Introduction to KSF dimensions for staff in post			

Managing the Practice Setting

Discussion regarding the responsibility of the Ward Sister/Charge Nurse in relation to implementation of Trust Health and Safety at Work Policy e.g. • Manual handling • COSHH • Waste disposal • Sharps injury pathway • Zero Tolerance of abuse to staff • Incident/ Accident reporting • Medical Devices • Disciplinary policy • Managing absenteeism			
Ward Sister/Charge Nurse role in relation to budget management and resources management.			

Domain 4.
Delivery of Organisational Objectives

Continuous quality improvement
Service improvement, development and modernisation

	Date completed	Manager's initials	Ward Sister/Charge Nurse initials
Discussion on corporate management plan			
Discussion on Ward Sister/Charge Nurse role in service development			
Discussion on clinical supervision responsibilities for self and staff			
Management of complaints at local and corporate level			
Discussion on audits carried out by outside agencies			

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Workforce planning

	Date completed	Managers initials	Ward Sister/Charge Nurse initials
Introduction to skill mix of staff in the department			
Discussion on management of staff resources to ensure safe environment			
Introduction to recruitment process in relation to Ward Sister/Charge Nurse role			

This orientation template core elements, and therefore can be enhanced to meet individual's needs and reflect current organisational, professional, legal and statutory requirements.

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Appendix 2

SUGGESTED ORIENTATION TEMPLATE FOR
NEWLY APPOINTED TEAM LEADERS

STAFF NAME	
MANAGER	
TEAM LEADER BUDDY	
DATE COMMENCED	
DATE OF COMPLETION	
POST LOCATION	
DATE OF KSF FOUNDATION GATEWAY	
Summary of Previous Experience	

Domain 1.
Safe & Effective Practice

Professional, Ethical & Legal

	Date completed	Manager initials	Team Leader initials
Discussion around *Standards of conduct, performance and ethics* and role clarification			
Explanation of job Description			
Management structure			
Authorisation framework			
Role of the setting within the organisation			
Discussion on Trust Mission Statement			
Role of the Team Leader in relation to implementing Trust policies			
Trust mandatory study requirements			

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Evidence based Practice

Safeguarding

Discussion on legislation, local and national policies relating to the safeguarding of children and adults			
Role of the Team Leader in relation to implementing Trust safeguarding policies			
Discussion on Trust operational and professional accountability lines in relation to protection and safeguarding.			
Role of the Team Leader in safeguarding supervision practices and documentation			
Multi-professional working			
Role of the Team Leader in enhancing multi professional working			

Domain 2.
Enhancing the Patient Experience

Patient centred care

	Date Completed	Managers Initials	Team Leader Initials
Discussion on the development and review of care plans/ pathways			
Discussion on Team Leader responsibility to ensure staff compliance in completion of care bundle audits			
Discuss the role of the Team Leader in acting on audit results			
Discussion on Trust Major Incident policy and local responsibilities			
Role of the Team Leader in preparation for a major incident			
Discussion on the role of the Team Leader in managing actual and potential risks			

Co-ordination of Patient journey

	Date Completed	Managers Initials	Team Leader Initials
Role of the Team Leader in co-ordinating the patient journey			

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Domain 3.
Leadership and Management

<p style="text-align:center">**Role Model**</p>

	Date Completed	Managers Initials	Team Leader Initials
Role of the Team Leader in ensuring Work Life Balance for all team members			
Introduction to the role of Occupational Health Department			
Management referrals to Occupational Health			
Introduction to KSF dimensions for staff in post			

<p style="text-align:center">**Managing the Service Delivery Setting**</p>

	Date Completed	Managers Initials	Team Leader Initials
Discussion regarding the responsibility of the Team Leader in relation to implementation of Trust Health and Safety at Work policy e.g. • Manual handling • COSHH /Waste disposal • Zero Tolerance of abuse to staff • Incident/ Accident reporting • Medical Devices • Disciplinary policy • Managing absenteeism			
Team Leader role in relation to Budget Management and Resources management			

Domain 4.
Delivery of Organisational Objectives

<p style="text-align:center">**Continuous quality improvement**
Service improvement, development and modernisation</p>

	Date Completed	Managers Initials	Team Leader Initials
Discussion on Corporate management plan			
Discussion on Team Leader role in service development			
Discussion on clinical supervision responsibilities for self and staff			
Management of complaints at local and corporate level			
Discussion on audits carried out by outside agencies			

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Workforce planning

	Date Completed	Managers Initials	Team Leader Initials
Introduction to skill mix of staff in the service area			
Discussion on management of staff resources to ensure safe environment			
Introduction to recruitment process in relation to Team Leader role			

This orientation template includes core elements and therefore can be enhanced to meet individual's needs and reflect current organisational, professional, legal and statutory requirements.

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This document can be downloaded from the NIPEC
website www.nipec.hscni.net

July 2013

Key Performance Indicators

Siobhan Kelly: Lead Nurse Safety and Quality.

Background

Background

CNO Maria McIlgorm

DON Brenda Creaney

ADON Brona Shaw

Divisional Nurses

Service Managers

Ward Managers

Frontline Nurse & Nursing/Senior Nursing Assistant

HSC Belfast Health and Social Care Trust
caring supporting improving together
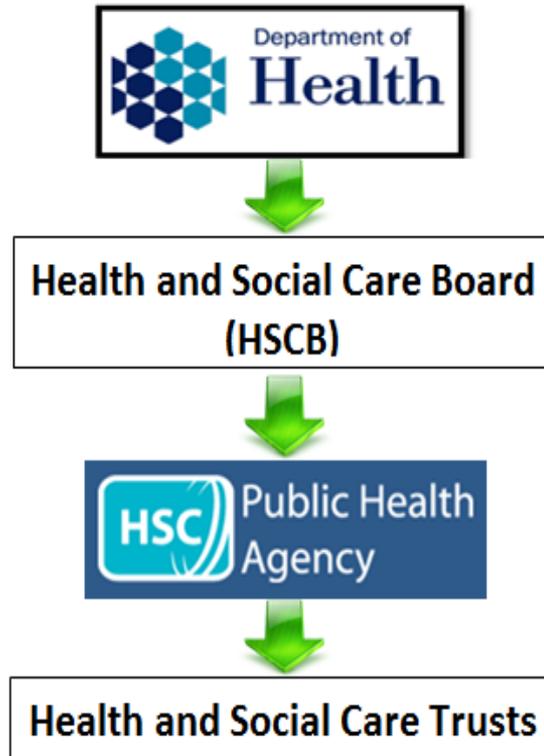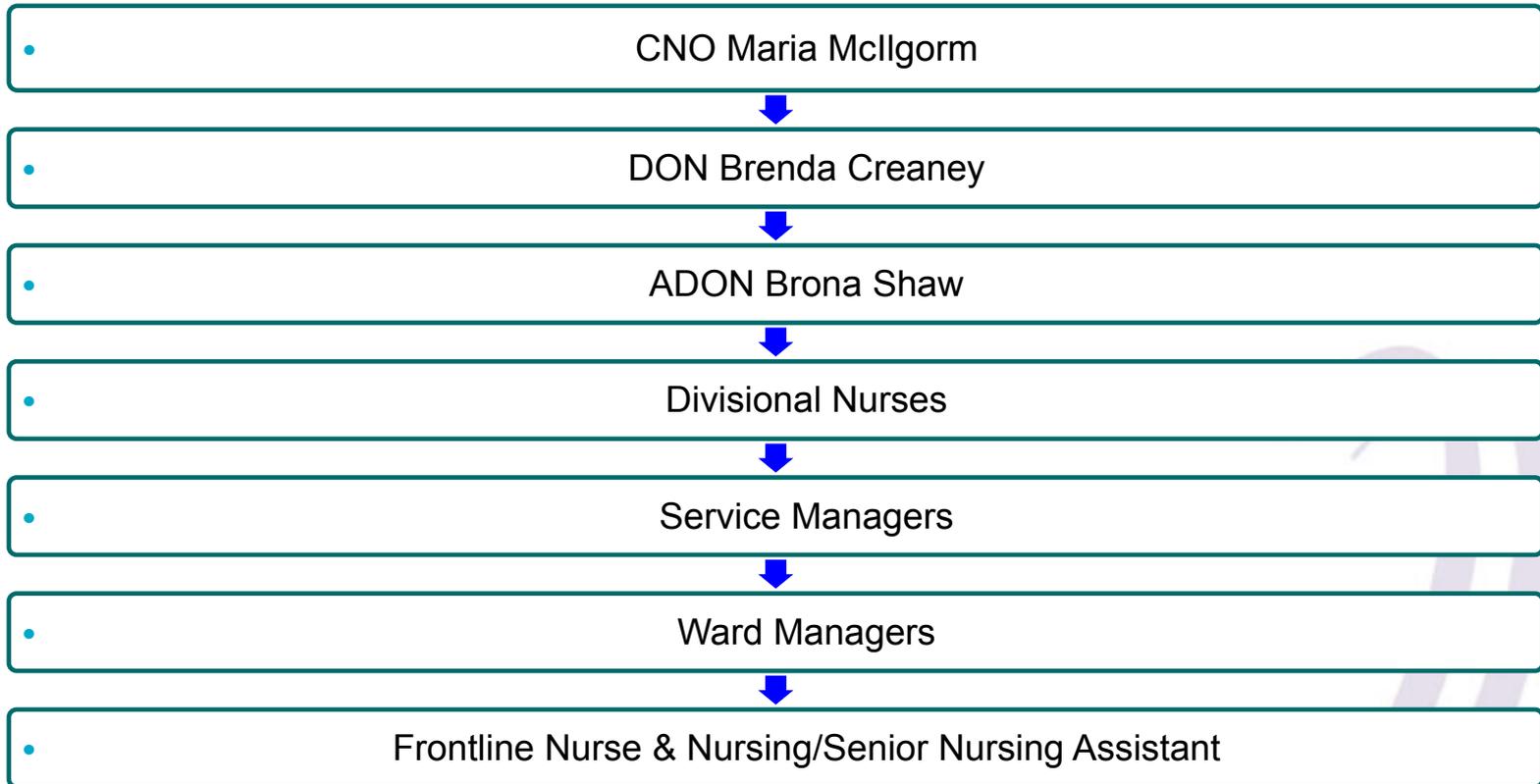
What are Key Performance Indicator's (KPI's)?

- They are a set of evidence based indicators to measure care being delivered against, the standard of care we need to achieve. This is to ensure the best outcome for our patients.

- Method of measurement used is through audit and data collection.

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Who uses KPI's?

- All Health and Social Care Trusts
- This includes:
- All areas in each Trust both in the community and hospital settings.
- Depending on where you work KPI's will vary.

Belfast Health and Social Care Trust

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Why use KPI's?

- To identify performance

- To facilitate and direct continuous improvement

- To provide ownership and evidence of practice

- To acknowledge achievement

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Identification of KPI's

KPI Measure	KPI Why Measure?	KPI Outcome
NEWS2	Compliance with accurately completed NEWS2 charts and a definitive escalation plan	Reduction in crash calls
Skin Bundle	To prevent pressure ulcers	10% reduction in hospital acquired pressure ulcers
MUST	Identification and management of patient at risk of malnutrition	Ensure all patients are risk assessed within 24 hours of admission to ward/ area
Omitted/Delayed Medicines	Reduce amount of omitted/delayed medications especially critical medications	Give medications on time and reduction in failure to record reason why medication is omitted
Fallsafe Bundle	Ensure Fallsafe Bundle is used in all relevant wards/areas	Reduce serious moderate and severe falls.
Nursing Documentation	Legal requirement and adherence to NIPEC standards and Trust policies and NMC code	Documentation and audit is completed appropriately
Venous Thromboembolism (VTE)	Risk assessment and prevention of VTE when in hospital	Prevent Venous Thromboembolism
Health Care Associated Infections (HCAI's)	Prevention of HCAI's	Reduce harm from HCAI(Covid 19)
Fluid Balance	Ensure accurate recording of fluid intake and output	Accurate fluid balance

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caring supporting improving together

BHSCT Quality Improvement Plan
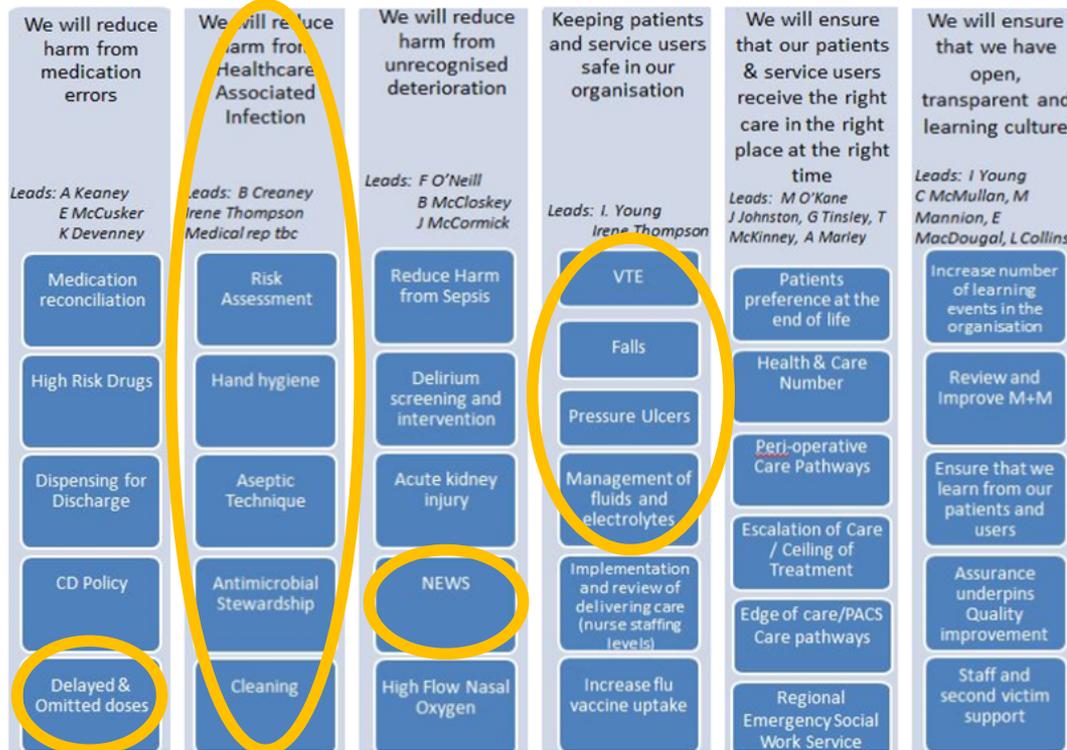
National Early Warning Score – NEWS2

- Measurement and documentation of observations.

- Escalation of care.

- Emergency Response Systems.

- Clinical communication.

- Escalation of Sepsis

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Example of common mistakes on NEWS2 chart

Observation chart for the National Early Warning Score (NEWS2)

Belfast Health and Social Care Trust

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SSKIN Bundle

Protect your patients from pressure ulcers … Think eSSKIN!

education	Teach patients and carers about pressure ulcers and preventive care. Give them the Pressure Ulcer Prevention Leaflet
Skin Checks	Check bony prominences for redness, discolouration, blisters or breaks
Surfaces	Does the patient need a therapy mattress, cushions or heel boots? Could Oxygen masks, glasses, tubing, casts/splints etc. be damaging the skin?
Keep Moving	Encourage/assist patients to change position regularly whether in bed or a chair. Use slide sheets and other repositioning aids where appropriate.
Increased moisture/ Incontinence	This includes sweat, wound fluid, urine & faeces. Keep skin clean & dry. Use soap substitutes and barrier ointments if the patient is incontinent.
Nutrition and hydration	Encourage the patient to eat healthily and drink plenty. Consider need for supplements.
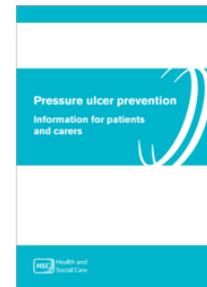
* Risk assess patients on admission to your case load. If the patient is at risk, commence SKIN bundle care*

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MUST (Malnutrition Universal Screening Tool)

- Has the MUST tool been completed on the admission (to the ward)?

- Has the MUST tool been completed weekly? (if appropriate)

- Has the MUST tool been completed monthly? (if appropriate)

- Has the MUST tool been completed as and when required?

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Omitted/Delayed Medications

- Has there been any omitted doses in the previous 24 hours?

- What was the rationale and is this clearly documented in the medicine kardex?

- Were any of these omissions critical medications?

- **Remember adherence to:**

➢ NMC Code http://intranet.belfasttrust.local/directorates/nue/pe/Documents/**NMC Code** (2015).pdf

➢ BHSCT Hospital Medicines Code/ Medicines policy http://intranet.belfasttrust.local/Learning/Documents/ **Medicines** Management December 2016 pptx

➢ http://intranet.belfasttrust.local/Learning/Documents/ **Medicines** Code Policy.pdf

➢ http://intranet.belfasttrust.local/Learning/Documents/ Controlled Drugs Policy-Inpatient areas.pdf

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Critical Medications

CRITICAL LIST MEDICINE?

GIVE
IT ON
TIME

The following list of medicine classes are defined as Critical List Medicines (List is not exhaustive)

Anticoagulants
Anticonvulsants
Anti-infectives (injectable)
Antiplatelets and thrombolytics (acute)
Antiretrovirals
Anticholinesterases
Bronchodilators (inj or neb)
Chemotherapy (injectable)
Clozapine
Corticosteroids
Immunoglobulin
Immunosuppressants
Insulin
Opioids
Oxygen
Parkinson's disease medicines
Proton pump inhibitors (injectable
Resuscitation medicines
STAT dose of any medicine

Critical List Medicines:
TIMELINESS of PRESCRIBING & ADMINISTRATION is crucial.
AVOID omissions or delays of doses.
If they do occur, **NOTIFY** medical staff.

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Classic Safety Thermometer

- Pressure ulcers
- Falls
- UTI (in patients with a catheter)
- VTEs

Medication Safety Thermometer

- Medication reconciliation
- Allergy status
- Medication omission
- Identifying harm from high risk/critical medicines.

December 2019

Safety Thermometer Classic

89.56% Harm free care (41 Wards)
BHSCT Ranked 157 out of 174
Top 90%

Safety Thermometer Medication

No overall harm free %

Meds Rec	- 24 out of 29
Omitted Dose %	- 27 out of 29
Allergy Status %	- 19 out of 29
Omission of critical med %	- 15 out of 29
Receiving high risk med %	- 15 out of 29
MDT referral	- 24 out of 29

Safety Thermometer Maternity

100% Harm free care (2 Wards)

BHSCT Ranked 5 out of 56
Top 1%

Safety Thermometer Mental Health

86% Harm free care (4 Wards)

BHSCT Ranked 13 out of 15
Top 87%

Safety & quality

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Fluid Balance

- Patients Details on both front and back of the chart

- Weight of patient

- Measurement and documentation.

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Nursing Documentation

- NMC Code: **Standard 10: Keep clear and accurate records relevant to your practice** http://intranet.belfasttrust.local/directorates/nue/pe/ Documents/**NMCCode/2015.**pdf

- All records must be signed, timed and dated if handwritten. If digital, they must be traceable to the person who provided the care that is being documented.

- Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) Standards

- PACE www.nipec.hscni.net-microsites-recordingcare

- NOAT/BOAT

- Encompass

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Venous Thromboembolism (VTE)

- All patients admitted must have VTE risk assessment completed by medical staff

- Inform medical staff if not completed

- Document

- http://intranet.belfasttrust.local/policies/Documents/Venous Thromboembolism in over 16s - Reducing the Risk of Hospital Acquired Deep Vein Thrombosis or Pulmonary Embolism.pdf

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Health Care Associated Infections (HCAIs)

- Ongoing engagement with Risk Assessment (Covid 19)
- Terms of Covid 19- Hand Hygiene /PPE audits(available on webforms) http://belffipcsql01/webforms/default.aspx
- Aseptic Technique (ANTT) http://intranet.belfasttrust.local/ directorates/nue/Pages/Infection Prevention and Control/**ANTT**.aspx
- Standard Precautions
- Transmission Based Precautions
- Antimicrobial Stewardship
- Reduction in Gram –ve bacteraemia (invasive procedures such as venflons, injections, catheters)

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Falls/Falls Prevention

- **Aim of falls prevention:** Help reduce the number of patients falling whilst in BHSCT.

- Achieved:

   By raising awareness and implementation of the 'FallSafe Project' through the education of all MDT staff working in the Trust and pre NMC registration nurses in QUB.

   Workshops and promoting 'Falls awareness week'

   Trust mechanisms in place to report a fall via Datix

   Promotion of Shared Learning post each incident

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Your Role and Responsibility

- Training- HRPTS, CEC, L&D and E-Learning
- Results from Quality Dashboard QLIK– sight of scores
- Communication disseminated down especially at Safety Briefs/ staff meetings
- Adhere to Trust policy and procedures
- Maintain and continue to improve patient safety, quality of care and their patient experience in hospital.
- Identifying audits that are 100% are scrutinised

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Challenges Faced

- Rational of audits performed

- Burden of audits

- Training for staff in relation to the KPI's, how you access this and how often training is completed

- Covid 19

- Staff shortages

- Bank/Agency staff training

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Overcome Challenges & Future Plans

- Education of staff regarding audits

- Sharing of audits so they can be completed as a multi-disciplinary team

- Electronic auditing – Formic soon to be changed over to Sharepoint

- NHS Safety/Medicine Safety Thermometer

- Quality Dashboard (QLIK)

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Thank you

Any Questions?