DH Department of Health

The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance – Working Draft

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Practical application of the Knowledge and Skills Framework

The Knowledge and Skills Framework – An Introduction

What is the purpose of the Knowledge and Skills Framework?

The Knowledge and Skills Framework (KSF), and its associated development review process, are designed to apply across the whole of the NHS. The KSF has been based on the following principles:

- simple, easy to explain and understand

- operationally feasible to implement

- able to use and link with current and emerging competence frameworks[1]

- NHS-wide

- supportive of the delivery of plans for the future development of the National Health Service in the four countries of the UK[2].

The KSF is designed to:

- identify the knowledge and skills that individuals need to apply in their post

- help guide the development of individuals

- provide a fair and objective framework on which to base review and development for all staff

- provide the basis of pay progression in the service.

The KSF has been developed through a partnership approach between management and staff side.

What is the Knowledge and Skills Framework?

The KSF is essentially a development tool and will provide the basis for pay progression within bands. It is made up of a number of dimensions. The dimensions form the main components of the framework. Six dimensions have been defined as core to the NHS – these dimensions will occur in everyone's job. A further 16 specific dimensions have been identified – these relate to some jobs and not others. No hierarchy is intended in the numbering of the dimensions in the KSF – the numbering is purely to aid easy recognition and referencing.

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

2   The NHS in England; Health and Personal Social Services in Northern Ireland; NHS Scotland; and NHS Wales. For example, NHS Plan for England. 2000; Our National Health: A plan for action, a plan for change, Scottish Executive 2000.

An individual would need to apply the knowledge and skills in a number of dimensions to achieve the expectations of their job. Most jobs will be made up of the core dimensions and about 3 – 6 of the specific dimensions (although a few jobs might involve more than this).

The core and specific dimensions in the KSF are:

Core dimensions
1   Communication
2   Personal and people development
3   Health, safety and security
4   Service development
5   Quality
6   Equality, diversity and rights

Specific dimensions
7   Assessment of health and wellbeing needs
8   Addressing individuals' health and wellbeing needs
9   Improvement of health and wellbeing
10   Protection of health and wellbeing
11   Logistics
12   Data processing and management
13   Production and communication of information and knowledge
14   Facilities maintenance and management
15   Design and production of equipment, devices and visual records
16   Biomedical investigation and reporting
17   Measuring, monitoring and treating physiological conditions through the application of specific technologies
18   Partnership
19   Leadership
20   Management of people
21   Management of physical and/or financial resources
22   Research and development

Each dimension of the KSF is further elaborated by a series of **level descriptors**. The levels show successively more advanced levels of knowledge and skill and/or the increasing complexity of application of knowledge and skills to the demands of work. Each level builds on the preceding level(s).

The number of level descriptors varies from one dimension to another (although this is being kept under review in case development work reveals that there are a set number across all of the dimensions). A synopsis of the KSF's dimensions and levels is included on pages 9-11 for ease of reference.

Attached to each level descriptor are:

- **indicators** – these describe the level at which knowledge and skills need to be applied and are designed to enable more consistent and reliable application of the dimensions and descriptors across the NHS.

- **examples of application** – to illustrate how and to what the dimensions, level descriptors and indicators could be applied across the jobs in the NHS. The examples relate both generally to all jobs (eg in relation to individual's rights) and specifically (eg in relation to a particular area of work, or technologies).

- **references** – to enable users to find further information and connections to the framework and more detailed descriptions of competence for specific areas of work. The references will include:

    – regulatory requirements/competences

    – National Occupational Standards

    – QAA benchmarks

    – other nationally developed competences

    – policy documents and services frameworks

    – national guidance

Guidance has been produced for organisations that have already produced their own local competencies to illustrate how these may link to the KSF. This is available on the website.

What is the current status of the KSF?

The KSF will continue to develop and be updated to ensure it fully represents all current and evolving roles. It is vital that we gain feedback from a wide range of people. This feedback will help to ensure that the KSF can be appropriately used by individuals employed in the NHS and those who are responsible for managing their training and development. The KSF is being made available for use during Early Implementation of the new pay system to evaluate its use in practice. Additionally the KSF is available for people and organisations who have an interest in the development of individuals in the NHS and who are prepared to provide feedback. The feedback provided will support development of a further version for use in national roll-out.

How will the KSF work in practice?

As well as the KSF tool itself, just as important is how this will be used in practice during the development review process. Specific guidance is now available on the development review process to support both managers and staff. The guidance identifies how the KSF can be used during the ongoing cycle of review, planning, development and evaluation for staff in the NHS linking it to both organisational and individual development needs.

SYNOPSIS

Synopsis

Dimensions	Level Descriptions				
CORE – will relate to all NHS posts	**1**	**2**	**3**	**4**	**5**
1 Communication	Establish and maintain communication with people on routine and operational matters	Establish and maintain communication with people about routine and daily activities overcoming any differences in communication between the people involved	Establish and maintain communication with individuals and groups about difficult or complex matters overcoming any problems in communication	Establish and maintain effective communication with various individuals and groups on complex potentially stressful topics in a range of 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 own skills and knowledge and contribute to the development of others	Develop knowledge and practice in an area of work	Develop own and others' knowledge and practice across professional and organisational boundaries
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 in own work area	Promote best practice in health, safety and security	Develop a working environment and culture that actively improves health, safety and security	
4 Service development	Assist in maintaining and developing services	Contribute to the implementation of services	Contribute to the development of services	Develop and improve services	Develop strategies and policies for service improvement
5 Quality	Ensure own actions help to maintain quality	Ensure own actions promote quality and alert others to quality issues	Contribute to quality improvement	Improve quality	
6 Equality, diversity and rights	Ensure own actions support equality, diversity and rights	Support people's equality, diversity and rights	Promote people's equality, diversity and rights	Enable people to exercise their rights and promote their equality and diversity	

Dimensions	Level Descriptions				
SPECIFIC – will relate to some posts (select as needed)	**1**	**2**	**3**	**4**	**5**
7 Assessment of health and wellbeing needs	Undertake routine assessment tasks related to individuals' health and wellbeing	Assist in assessing people's health and wellbeing and related needs	Assess the health and wellbeing needs of people whose needs are relatively stable and consistent with others in the caseload	Assess people's health and wellbeing needs when those needs are complex and change across the caseload	Develop practice in the assessment of health and wellbeing needs
8 Addressing individuals' health and wellbeing needs	Assist in delivering programmes of care to meet individuals' health and wellbeing needs	Assist in planning, delivering and evaluating programmes to meet people's health and wellbeing needs	Plan, deliver and evaluate programmes to address people's health and wellbeing needs which are relatively stable and consistent with others in the caseload	Plan, deliver and evaluate programmes to address people's complex and changing health and wellbeing needs	Develop practice in addressing individuals' health and wellbeing needs
9 Improvement of health and wellbeing	Contribute to raising the awareness of communities and populations about health and wellbeing	Raise communities' and populations' awareness of health and wellbeing and the actions that can be taken to address issues	Improve the health and wellbeing of communities and populations through projects and programmes	Improve the health and wellbeing of communities and populations through policies and strategies	
10 Protection of health and wellbeing	Assist in monitoring and protecting groups and individuals whose health and wellbeing may be at risk	Monitor the health and wellbeing of groups and individuals and contribute to protecting those groups and individuals whose health and wellbeing is at risk	Protect people whose health and wellbeing is at risk	Develop practice in the protection of health and wellbeing	
11 Logistics	Assist with the movement of people and goods	Move people and goods	Plan, monitor and evaluate the movement of people and goods	Develop the movement of people and goods	
12 Data processing and management	Input data	Modify and structure data	Process and manage data and information	Develop the processing and management of data and information	
13 Production and communication of information and knowledge	Collect, collate and report routine and simple data and information	Analyse, interpret and report factual data and information	Analyse, interpret and report information and knowledge related to ideas and concepts	Analyse, synthesise and present knowledge and information about complex subjects and concepts to influence key decisions	
14 Facilities maintenance and management	Prepare and maintain facilities and associated products by hand	Prepare and maintain facilities and associated products using equipment and by hand	Develop and maintain facilities and associated products	Develop the maintenance and management of facilities and associated products	

Dimensions	Level Descriptions				
SPECIFIC – will relate to some posts (select as needed)	1	2	3	4	5
15 Design and production of equipment, devices and visual records	Assist in the production of equipment, devices and visual records	Design, produce and modify simple equipment, devices and visual records	Design, produce and modify complex equipment, devices and visual records	Design and produce new and innovative equipment, devices and visual records	
16 Biomedical investigation and reporting	Perform routine tests and tasks related to investigations and reporting	Undertake and report on biomedical investigations	Plan, analyse, assess and report biomedical investigations	Develop practice in biomedical investigation and reporting	
17 Measuring, monitoring and treating physiological conditions through the application of specific technologies	Assist in the application of technology for measurement, monitoring and treatment	Apply technology for measurement, monitoring and treatment	Plan, monitor and quality assure the application of technology for measurement, monitoring and treatment	Develop practice in applying technology for measurement, monitoring and treatment	
18 Partnership	Participate in partnership working with other individuals and groups	Participate in partnership working with individuals, groups, communities and agencies	Develop and sustain partnership working with individuals, groups, communities and agencies	Develops, sustains and evaluates partnership working with individuals, groups, communities and agencies	Enable individuals, groups, communities and agencies to work effectively in partnership
19 Leadership	Influence the development of knowledge, ideas and work practice	Lead others in the development of knowledge, ideas and work practice	Lead work teams in the development of knowledge, ideas and work practice	Lead multi-agency teams and communities in the development of knowledge, ideas and work practice	
20 Management of people	Supervise the work of a team	Plan, allocate, assess and provide feedback to team members	Allocate, coordinate, monitor and assess the work of teams and individuals	Delegate work to others	Develops, implements and evaluates policies and strategies for recruiting, deploying, developing and retaining staff
21 Management of physical and/or financial resources	Monitor and maintain physical and/or financial resources for a work area	Maintain and support the efficient use of physical and/or financial resources	Plan, obtain and deploy physical and/or financial resources	Determine the effective use of physical and/or financial resources	Secure physical and/or financial resources and establish strategies for their use
22 Research and development	Assist with research and development	Lead on a specific aspect of a research and development project	Plan, coordinate and evaluate research and development activities	Establish, implement and improve strategies for research and development	

CORE DIMENSIONS

Dimension 1: Communication

Overview of this dimension

This is a core dimension. It relates to effective communication in whatever forms it takes place. The following examples of application may be relevant to all of the levels in the dimension.

People of different ages, genders and backgrounds who may be:
- patients and clients
- carers
- families
- visitors
- communities and community representatives
- colleagues and co-workers
- senior managers
- workers from other agencies
- the media

Obstacles may be:
- environmental (eg noise, lack of privacy)
- personal and social (eg conflict, stress, violent and abusive situations, ability to read and write in English/Welsh)

Methods of communicating might include:
- spoken language, signs, symbols, pictures, writing and objects of reference
- position and body language
- facial expression and tone of voice
- written
- electronic
- total communication systems
- using third parties (eg advocates, interpreters, translators)

Legislation includes that relating to:
- data protection (including the specific provisions relating to access to medical records)

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Establish and maintain communication with people on routine and operational matters

a) communicates with people clearly in a manner, and at a level and pace appropriate to: – their abilities – how they prefer to communicate – their manner of expression – their personal beliefs and preferences b) actively listens and responds to what people are saying and observes their behaviour and reactions c) minimises obstacles to effective communication d) checks information from other people and confirms its accuracy e) establishes any help people require and acts on this appropriately f) communicates information only to those people who have the right and need to know it consistent with employer's procedures and the law	Purpose of communication might include to: – ask questions – provide answers – provide straightforward information (eg directions) – take simple messages (eg by telephone or face-to-face) Help might include: – with mobility and access – in communicating effectively – providing information	1 National Occupational Standards for Health and Social Care, 1998 – CL01

Level 2   Establish and maintain communication with people about routine and daily activities overcoming any differences in communication between the people involved

a) communicates with people in an appropriate manner consistent with their: – level of understanding – culture and background – preferred ways of communicating – needs b) constructively manages obstacles to effective communication c) creates opportunities for people to communicate effectively d) monitors and modifies own ways of communicating to improve communication e) gains any necessary authorisation for releasing information prior to doing so f) maintains the confidentiality of information consistent with legislation and employer's policies	Purpose of communication might be to: – ask questions – provide answers – establish and maintain contact in what might be stressful/difficult situations – express opinions – share information (eg team meetings) – make arrangements (eg for accommodation, transport) – report any changes that are needed (eg to work schedules). Communication differences might include: – different first/preferred language – communication differences (eg one person having hearing loss/deafness, speech difficulties) – different levels of familiarity with the subject of the communication/context in which the communication is taking place	1 National Occupational Standards for Health and Social Care, 1998 – CL02

Indicators	Examples of application	References

The worker:

Level 3   Establish and maintain communication with individuals and groups about difficult or complex matters overcoming any problems in communication

a) obtains information on:

– potential communication differences

– relevant contextual factors

b) communicates with people in a manner which:

– is consistent with their level of understanding, culture, background and preferred ways of communicating

– acknowledges the purpose of the communication

– is appropriate to the context

– encourages their participation

– responds to communication of any kind from them

c) improves communication through:

– changing the environment

– changing the methods of communicating

– modifying the content and structure of communication

d) confirms that s/he has accurately interpreted communications from others

e) provides feedback to other workers on their communication at appropriate times

f) maintains confidentiality during communication consistent with legislation and employer's policies

Purpose of communication might include to:

– explore complex issues (eg care options)

– break bad news

– support people in difficult circumstances (eg those facing loss and bereavement, during visits to a mortuary to view a relative/friend)

– help make complex decisions

– provide technical advice to non-technical specialists (eg on the use of protocols and guidelines)

– make scripted presentations

– explain issues in formal situations (eg courts)

– present and discuss ideas with individuals or groups (eg meetings, presentations etc)

– explaining and exploring the outcomes of appraisal

Communication differences might include:

– different first/preferred language

– communication differences (eg one person having hearing loss/deafness, speech difficulties)

– different levels of familiarity with the subject of the communication/context in which the communication is taking place

– contexts and cultures of the different parties (including organisational contexts)

– different levels of knowledge and skills

Indicators	Examples of application	References

The worker:

Level 4 Establish and maintain communication with various individuals and groups on complex potentially stressful topics in a range of situations

a) identifies:

  – potential communication differences
  – relevant contextual factors
  – broader situational factors and issues
  – the risks of communicating or not communicating information at that time

b) communicates with people in a manner which:

  – is consistent with their level of understanding, culture, background and preferred ways of communicating
  – acknowledges the purpose of the communication
  – is appropriate to the complexity of the context
  – encourages them to communicate
  – responds to communication of any kind from them
  – recognises and manages differences of opinion
  – recognises the longer term importance of the communication
  – enables a constructive outcome to be achieved

c) recognises and reflects on barriers to effective communication and improves communication through:

  – changing the environment
  – changing the methods of communicating
  – modifying the content and structure of communication

d) uses a range of skills to improve communication between everyone involved

e) is proactive in seeking out different styles and methods of communicating to assist longer term needs and aims

f) promotes and models good practice consistent with legislation relating to communication

Purpose of communication might include to:

  – resolve complex issues
  – contribute to decision making balancing a number of different interests
  – negotiate outcomes which involve many different parties
  – deliver presentations without a script actively encouraging participation from the audience
  – explain complex issues in formal situations (eg courts, expert witnesses)
  – present and explain complex concepts, ideas and issues to others who are unfamiliar with them
  – break bad news and support those receiving it (eg shortened life expectancy, death of a relative/friend)
  – represent and articulate different viewpoints testing out others' understanding
  – explain strategy and organisational decisions to everyone in an organisation

Communication differences might include:

  – different first/preferred language
  – communication differences (eg one person having hearing loss/deafness, speech difficulties)
  – different levels of familiarity with the subject of the communication/context in which the communication is taking place
  – contexts and cultures of the different parties (including organisational contexts)
  – different levels of knowledge and skills

Skills:

  – influencing

  – assertiveness

  – advocacy

  – championing

  – facilitation

Dimension 2: Personal and people development

Overview of this dimension

This is a core dimension. It relates to developing self and others. The following examples of application may be relevant to all of the levels in the dimension.

Learning activities and opportunities:

- formal learning opportunities in and outside the organisation (eg courses, seminars, skill demonstrations, refresher training, learning sets)

- on-job learning opportunities (eg job shadowing, coaching, mentoring, job rotation, project work, acting up, sabbaticals)

- e-learning

- access to awards (eg NVQs and SVQs, part-time degrees)

- access to specific training schemes (eg cadet schemes, apprenticeship schemes, post-registration education and training)

- networking

Examples of application that vary due to the level of knowledge and skills being applied are shown below together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Contribute to own personal development		

a) with the help of others, identifies:
  – whether s/he can carry out the tasks within own job
  – what s/he needs to learn to do current job better
  – when s/he needs help
b) takes an active part in a variety of learning activities and keeps a record of them
c) seeks help when unsure
		Department of Health, 2001, Working Together – Learning Together,

Indicators	Examples of application	References

The worker:

Level 2 — Develop own knowledge and skills and provide information to others to help their development

a) assesses and identifies:

– how s/he is applying their knowledge and skills to meet the demands of their current job

– his/her own development needs in their current job

b) takes responsibility for his/her own development

c) takes an active part in learning opportunities and keeps their own personal development portfolio

d) provides information to others when it will help their development or help them meet work demands.

Providing information to others might include:

– during induction

– during ongoing work

– when changes are being made to work practices.

Level 3 — Develop own knowledge and skills and contribute to the development of others

a) reflects on his/her application of knowledge and skills and seeks feedback from others

b) realistically evaluates how well s/he is applying knowledge and skills to meet current and emerging work demands

c) identifies his/her own development needs in relation to current practice and possible future work, and sets personal development objectives

d) takes responsibility for his/her own development and maintains his/her own personal development portfolio

e) makes effective use of learning opportunities within and outside the workplace

f) helps others to identify:

– their current level of knowledge and skills

– their learning needs and preferences

– good practice

g) support others to develop and apply their knowledge and skills in practice.

Personal development objectives may be in relation to:

– updating existing knowledge and skills in own functional area (eg patient and client care, housekeeping, catering, science and technology)

– developing new knowledge and skills in own functional area (eg new analysis techniques, new assessment methods)

– developing new knowledge and skills in a new area for that individual (eg management and supervision skills, facilitating learning and development).

Others include:

– patients and clients

– carers

– colleagues

– students

Support:

– information

– advice

– feedback

– encouragement

– role modelling

– mentoring

– coaching

– assessment (eg for NVQs/SVQs, student placements)

– appraisal.

Indicators	Examples of application	References

The worker:

Level 4   Develop knowledge and practice in an area of work

a) evaluates own knowledge and practice, plans how to address own issues and interests, and makes effective use of appropriate learning opportunities

b) applies own learning to the future development of an area of work

c) encourages others to make realistic self assessments of their application of knowledge and skills challenging complacency and actions which are not in patients' or the public's interest

d) seeks and gains access to appropriate learning opportunities for others and supports them in applying theory to practice

e) contributes to the development of a learning and development culture in the workplace

f) alerts managers to resource issues which affect learning, development and performance.

An area of work might include any of the other dimensions in this framework such as:

– assessment of health and wellbeing and related needs

– patient and client care and treatment

– health promotion

– health prevention

– management

– leadership

– design and production

– logistics

Enabling others might include:

– providing protected learning time

– providing pre-registration or post-registration placements

Others might be both individuals or groups (such as work teams) and include those of:

– the same profession/work group

– different professions/work groups.

Resource issues might include:

– pressure of service delivery affecting the longer term development of individuals and groups

– broader workforce issues which cannot be managed by training and development of current team members.

Indicators	Examples of application	References

The worker:

Level 5   Develop own and others' knowledge and practice across professional and organisational boundaries

a) evaluates the currency and sufficiency of his/her own knowledge and practice, develops personal development plans, generates and uses appropriate learning opportunities and applies own learning to the future development of work	Learning providers include: – those within the organisation – statutory learning providers (eg higher education institutions) – non-statutory learning providers (eg training companies)	UKCC, 2001, Standards for a Higher Level of Practice, UKCC, London
b) identifies when local developments and thinking may benefit the practice of others and publicises local developments in wider forums acknowledging everyone involved and evaluating the feedback	Learning facilitators include: – those who commission education and training across the NHS (eg Workforce Confederations) – those who commission education and training for the population as a whole (eg Learning and Skills Councils)	
c) works with others to develop, identify and implement learning opportunities within and outside the workplace appropriate for people's learning needs	Contribution of learning and development includes: – supporting the development of teams across traditional boundaries – broader service development	
d) enables learning providers and facilitators to evaluate learning needs and feedback and develop appropriate learning programmes	– succession planning – recruitment and retention	
e) reflects on the overall learning and development of individuals and teams and strives to improve learning strategies and opportunities	Resource issues might relate to: – the workforce such as high turnover, inability to attract people of the necessary calibre	
f) supports the development of a learning and development culture which encourages everyone to learn from each other and from external good practice	– service delivery	
g) identifies and alerts others to the contribution that learning and development can make to the development of services and the organisation.		

Dimension 3: Health, safety and security

Overview of this dimension

This is a core dimension. It relates to maintaining and promoting the health, safety and security of everyone who comes into contact with the organisation. The following examples of application may be relevant to all of the levels in the dimension.

Risks:

- personal (own health and wellbeing: emotional, mental, physical)
- environmental (eg lack of ventilation, poor lighting, poor/malfunctioning equipment and electrical fittings, pests)
- social (bullying, harassment, oppression, verbal abuse)
- physical (eg violence)

Work areas might include:

- within the organisation and its buildings and grounds
- visiting people (eg patients and clients) at home
- in the community
- transporting self or goods if part of work
- areas which have a higher risk (eg those with radiation)

Emergencies include:

- health emergencies
- environmental emergencies (eg fire, bomb scares)
- security emergencies (eg people accessing without due cause)

Legislation and organisational procedures include:

- health and safety at work
- accident/incident reporting
- emergencies
- security
- hazardous substances
- infection control
- ionising radiation protection measures
- moving and handling
- people at risk (eg children)
- workplace ergonomics (eg display screen equipment)
- building regulations and standards
- risk management

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References
The worker:		

Level 1   Assist in maintaining own and others' health, safety and security

Indicators	Examples of application	References
a) undertakes work activities and related training as defined in employer's health and safety policies and procedures	Assisting in maintaining a safe work environment might include:	1 Health and Safety at Work Act 1974
b) assists in maintaining a safe working environment for self, colleagues, patients and others	– disposing of waste and spillage – electrical safety – protection from substances hazardous to health (eg radiation)	2 National Occupational Standards for Care, 1997 – unit CU1
c) makes sure that colleagues know where s/he is during work hours	– disinfection and sterilisation	
d) summons immediate help for any emergency and takes the appropriate action to contain it		
e) reports any issues in the workplace that may put health and safety at risk.		

Level 2   Monitor and maintain health, safety and security of self and others in own work area

Indicators	Examples of application	References
a) identifies and assesses the potential risks involved in work activities		1 Health and Safety at Work Act 1974
b) identifies how best to manage the risks		

c) undertakes work activities consistent with:
  – legislation
  – organisational procedures
  – risk assessment and management		

d) takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary		
e) supports others in maintaining health, safety and security.		

Indicators	Examples of application	References
The worker:		

Level 3 Promote best practice in health, safety and security		

	Own role might include:	1 Health and Safety at Work Act 1974

a) identifies:
- the risks involved in work activities
- how to manage the risks
- how to help others manage risk

b) undertakes work activities consistent with:
- legislation
- organisational procedures
- risk assessment and management
- own role in relation to health, safety and security

c) monitors work areas and practices and ensures they:
- are safe and free from hazard
- conform to health and safety legislation

d) takes the necessary action in relation to risks in the workplace including supporting others to manage risks

e) identifies training needs in health and safety, identifies and negotiates appropriate resourcing, arranges for individuals to attend and confirms that they do so

f) acts as a role model in promoting health, safety and security.

Own role might include:
- accredited safety representative
- workplace safety representative
- nominated individual for contact in relation to workplace harassment
- responsibility for accident/incident reporting
- line manager/supervisor responsibility
- leading a team of 'link' workers

Monitoring work areas and practices includes:
- confirming barrier cleaning is undertaken correctly
- checking individuals maintain good hygiene practices (eg hand cleansing)
- checking individuals wear protective clothing and equipment (eg to protect hands, ears, eyes etc)

Taking necessary action in relation to risks might include:
- contributing to maintaining and improving organisational policies and procedures
- evacuating buildings during emergencies
- challenging people who put themselves or others at risk
- apprehending or expelling people consistent with organisational and statutory requirements.

1 Health and Safety at Work Act 1974

2 Safety Representatives and Safety Committees Regulations 1997

3 Safety Representatives Regulations 1996

4 General Medical Council, 1999, Management in Health Care – the Role of Doctors, GMC London

Indicators	Examples of application	References
The worker:		

Level 4   Develop a working environment and culture that actively improves health, safety and security

a) regularly assesses risks to health, safety and security using the results to promote and improve practice	Ensuring the safety of the work environment might include:	1 General Medical Council, 1999, Management in Health Care – the Role of Doctors, GMC London
b) ensures that the working environment is as safe as possible and complies with organisational, professional and legal requirements and guidelines and takes appropriate action when there are problems	– confirming that the culture is conducive to good health, safety and security practice – checking individuals maintain good health and safety practices (eg protective clothing and equipment, hygiene) – confirming that equipment and estates support health, safety and security	
c) ensures that individuals and teams: – are aware of their rights and responsibilities – know of factors that may adversely affect their health, safety and security – are able to access suitable learning opportunities to enable them to work in a healthy, safe and productive way – are able to feedback on any concerns they have	Support to others might include: – providing advice – providing information proactively or on request – advocating for improvements – enabling individuals to challenge poor practice	
d) secures appropriate resourcing for education and training in health and safety	Specific area of health, safety and security responsibility might include:	
e) investigates any potential or actual breaches of legal, professional or organisational requirements and takes the necessary action to deal with them appropriately	– health and safety – manual handling – control of substance hazardous to health – infection control – occupational health	
f) supports others in managing risks to, and improving, health, safety and security	– risk management – security – estates	
g) engages in appropriate exercises, training and investigations to update and extend their knowledge and skills in their specific area of health, safety and security responsibility.	– ionising radiation – child protection – specific directorates and departments	

Dimension 4: Service development

Overview of this dimension

This is a core dimension. It relates to the development of services such as ensuring that own practice supports effective services, to taking more of a lead role in the development of services.

This dimension includes the evaluation and auditing of services in order to improve and adapt them. This involves a lot of the action research that takes place in the NHS. This is different from more formal and structured forms of research and development to advance knowledge and practice more generally. These areas are covered in dimension 22.

The following examples of application may be relevant to all of the levels in the dimension.

Services might include:
- direct services to patients and clients
- facilities and associated products which support patients and clients, and workers (eg catering, housekeeping, laundry, grounds maintenance)
- services which support the smooth running of the organisation (eg finance, engineering)
- facilities in which services are delivered
- equipment and materials that support the delivery of services.

Services may be offered:
- as uni-professional services
- as multi-professional services
- within one department
- across departments
- within one agency
- across a number of agencies.

Legislation, policies and procedures include those relating to:
- own area of practice (eg catering, care, engineering etc)
- employment

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References
The worker:		

Level 1 Assist in maintaining and developing services

a) applies employer's policies and procedures correctly in own work	Others might include:
b) explains to others the reasons for undertaking work in a particular way	– patients and carers
	– team members and other workers
c) correctly carries out tasks related to evaluating services when asked	– visitors.
d) offers own views on how services can be improved.	Tasks related to evaluating services might include:
	– customer satisfaction surveys
	– use of resources
	– clinical audit

Level 2 Contribute to the implementation of services

a) applies legislation, policies and procedures correctly to own work	Evaluations might include:
b) identifies:	– clinical audit
– how to contribute effectively to service evaluation	– clinical effectiveness findings
– own potential role within evaluations	– clinical networks to support interpretation of research
c) evaluates own and team work as agreed accurately completing the relevant documentation	– financial audits
	– customer satisfaction surveys
d) makes constructive suggestions as to how services can be improved in own area of work	Constructive suggestions might include:
	– how to apply changes in legislation, policies and procedures
e) seeks appropriate support to make changes which are beyond own role or competence.	– how to respond effectively to evaluation findings
	– the reasons for findings occurring

Indicators	Examples of application	References

The worker:

Level 3   Contribute to the development of services

a) ensures that legislation, policies and procedures are applied correctly within own area of work

b) identifies with others:

   – risks and priorities for evaluation

   – what needs to be evaluated

   – how the evaluation should take place

   – who is responsible for doing what and by when

c) secures the necessary resources and support for evaluation and development

d) provides the appropriate support during evaluation

e) undertakes own evaluation role as agreed and to time

f) reviews with others the outcomes of evaluations and their implications

g) agrees with others how services need to develop

h) provides the appropriate support as services change

i) re-evaluates with others changes to services to ensure improvements have been made.

Evaluation of services might include consideration of:

– skill mix

– the extent to which boundaries (eg team, professional and organisational) affect the quality of services

– the ways in which services can be improved for users (eg reducing waiting times, improving access, introducing new ways of working, improving emergency care)

– the ways in which facilities need to be redesigned/changed

– environmental impact assessments

– health impact assessments

Others might include:

– users of services

– the wider community (not currently using services)

– colleagues and co-workers

– people in other parts of the organisation

– other agencies (eg local authorities, voluntary sector, private sector, employers)

Evaluation methods might include:

– user involvement

– clinical audit

– clinical effectiveness findings

– clinical networks to support interpretation of research

– financial audits

– customer satisfaction surveys

– structured observations of individual and team practice

– analysis of records (eg complaints, minutes)

Support as services change might include:

– training and development needs

– ongoing support

– resources

– new equipment and materials

– improved information flows

Indicators	Examples of application	References

The worker:

Level 4   Develop and improve services

a) ensures that legislation, policies and procedures are applied correctly within services for which one is responsible

b) reviews the information available on services and identifies areas for development

c) discusses and debates with relevant people:

- the effectiveness, efficiency and appropriateness of the services that are being provided

- service issues

- risks and priorities for action

- impact of strategies on service development

d) seeks to reach agreement with relevant people on:

- specifications for services

- the timescale in which progress needs to be achieved

- resource availability

- the criteria against which progress should be measured

- the confidentiality of information and collective responsibility for decision making

- an action plan which states who is to do what and by when

e) leads the development of effective information and support for service development

f) works with others to identify the effectiveness of service development against the agreed criteria.

Service development might include:

- new forms of skill mix

- service improvement for users (eg reducing waiting times, improving access, introducing new ways of working, improving emergency care)

- facility improvement

Relevant people might include:

- users of services

- the wider community (not currently using services)

- colleagues and co-workers

- people in other parts of the organisation

- other agencies involved in service delivery.

Risks and priorities for action might include:

- standards and guidelines that are out of date/do not support effective practice

- failure to meet published standards and guidelines

- user dissatisfaction

- compliance with organisational strategies and policies

Support as services change might include:

- training and development needs

- ongoing support

- resources

- new equipment and materials

- improved information flows

Indicators	Examples of application	References

The worker:

Level 5   Develop strategies and policies for service improvement

a) evaluates the information available on services and identifies issues that the organisation needs to address

b) discusses and debates with relevant people:

  – the needs of the community served by the organisation

  – risks and priorities for action

  – impact of the broader context on priorities and the extent to which this affects decisions

  – service and resource issues that affect developments

c) agrees with relevant people:

  – the timescales in which progress needs to be achieved

  – policies and strategies for development

  – the criteria against which progress should be measured

  – who is responsible for taking forward different aspects of the work

d) undertakes own agreed areas of responsibility effectively alerting other decision makers to issues which affect developments

e) works with others to evaluate strategies and policies following their implementation making the necessary changes as a result of feedback and contextual developments.

Strategies and policies might include those relating to:

– uni-professional services

– multi-professional services

– one agency

– a number of agencies.

Relevant people might include:

– users of services

– the wider community (not currently using services)

– directors (executive and non-executive)

– colleagues and co-workers

– people in other parts of the organisation

– other agencies involved in service delivery.

Risks and priorities for action might include:

– needs in the population that are not being met that might lead to adverse events (eg death, bad publicity)

– inequalities which are not being addressed

– concerns of the public about services

– poor practice within services

– national targets/requirements (eg National Service Frameworks)

– commissioning requirements

Service and resource issues might include:

– insufficient facilities to deliver services in the required locations

– lack of finance

– staff shortages nationally or in local area

– knowledge and skill shortfalls to meet changing service requirements

– other organisational priorities that will detract from everyone's ability to deliver/affect resource availability.

Dimension 5: Quality

Overview of this dimension

This is a core dimension. It relates to maintaining and improving quality in all areas of work and practice. The following examples of application may be relevant to all of the levels in the dimension.

Quality systems, standards and guidelines include:

- quality assurance systems (eg to meet the requirements of the Medical Devices Agency)
- standards (eg clinical, equipment)
- guidelines
- protocols
- specific ways in which work has to be carried out (eg using different coloured bins for different forms of waste).

Examples of application that vary due to the level of knowledge and skills being applied are shown below together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Ensure own actions help to maintain quality		
a) understands his/her own position and job in the organisation and the immediate work team and knows where to go for support b) arrives promptly and alerts others if late c) prepares equipment, materials and self appropriately for the work to be carried out d) uses, maintains, handles and stores equipment and materials efficiently, effectively and safely e) recognises the meaning of quality procedures on how work is carried out and acts consistently with them f) identifies issues in own area of work and takes action to remedy them g) makes suggestions on how quality in own area of work can be improved.	Issues related to own area of work might include: – monitoring resource levels and obtaining more resources when needed – undertaking routine repairs for which one is responsible – undertaking routine maintenance – errors and issues in own work – lack of, or unsuitable, resources – issues in the team and between team members	

Indicators	Examples of application	References
The worker:		

Level 2   Ensure own actions promote quality and alert others to quality issues

Indicators	Examples of application	References
a) understands his/her role in the organisation and the work team, and the scope of that role and seeks help when unsure b) prioritises own workload and organises own work to meet these priorities and reduce risks to quality c) keeps up-to-date and acts consistently with quality systems, standards and guidelines d) alerts the team to developments in quality and recommends how own and others' work should change as a result e) monitors the quality of work in own area and alerts others to quality issues.	Quality issues might include: – being delayed – workload undermining quality – broken or malfunctioning equipment – mistakes and errors (eg drug errors) – complaints – 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	1 National Occupational Standards for Health Promotion and Care, 2 National Occupational Standards for Public Health Specialists, 2001, Healthwork UK

Level 3   Contribute to quality improvement

Indicators	Examples of application	References
a) understands his/her role and its scope and identifies how this may develop over time b) prioritises own workload and organises and carries out own work effectively, identifying and managing any risks to quality c) keeps up-to-date with developments in quality in own and associated areas d) evaluates the quality of own and others' work and makes necessary improvements e) raises quality issues and related risks with relevant people f) leads others in understanding how their practice should change to improve quality and supports them in doing so h) re-evaluates quality following change to ensure that improvements have been made.	Risks to quality include: – own and others' workload – lack of staff cover/resources – mistakes (eg drug errors, misreading of slides and samples) – poor communication – ineffective systems – inappropriate policies – poor individual or team practice (eg in relation to patient safety) – lack of knowledge or evidence on which to base the work – interpersonal issues Others: – colleagues – managers – people in other work areas whose practice affects the quality of own area of practice.	

Indicators	Examples of application	References
The worker:		

Level 4   Improve quality

Indicators	Examples of application	References

a) acts as a role model in quality improvement offering advice and support to others who need it
 	
b) keeps up-to-date with quality developments relevant to area of work and related services and alerts others to new developments and the implications of this for their practice
 	
c) enables others to:
  – understand their contribution to quality
  – understand expected quality standards, related quality systems and the evidence-base for quality
  – assess and manage risks to quality
  – offer suggestions, ideas and views
  – take an active role in auditing, maintaining and improving quality
  – informally and formally network and share achievements
  – accept responsibility for any arising problems and tensions
  – address and resolve issues related to quality
  – complete the necessary documentation to support quality and risk management
 	
d) continuously monitors activities against quality standards, anticipates factors that may reduce quality and takes effective action to address them
 	
e) identifies and investigates poor quality promptly, identifies contributing factors and agrees methods for addressing them
 	
f) ensures systems are in place for monitoring quality and for investigating incidents and complaints
 	
g) reviews changes in practice and the extent to which quality has been improved.
	Poor quality and performance might include that identified through:
	  – observation
	  – reports by colleagues
	  – complaints
	  – incident reporting
	  – inspections
	  – research and development
	Others might include:
	  – colleagues
	  – managers
	  – directors
	  – people in other work areas whose practice affects the quality of own area of practice.
	  – people in other agencies
	  – service users (eg percentage of people who do not attend for appointments).
	Factors that might reduce quality include:
	  – own and others' workload
	  – lack of staff cover/resources
	  – mistakes (eg drug errors)
	  – poor communication
	  – ineffective systems
	  – inappropriate policies
	  – poor individual or team practice (eg in relation to patient safety)
	  – inadequate research base
	  – insufficient evidence base
	  – interpersonal issues
		1 General Medical Council, 1999, Management in Health Care – the Role of Doctors, GMC London

Dimension 6: Equality, diversity and rights

Overview of this dimension

This is a core dimension. It relates to equality, diversity and rights from ensuring that own actions support this through to their active promotion. The following examples of application may be relevant to all of the levels in the dimension.

People may be of different ages, genders and backgrounds and may be:

- patients and clients
- carers
- families
- visitors
- colleagues and co-workers
- workers from other agencies.

Diversity, and discrimination and oppression, might be related to: ability, age, bodily appearance and decoration, class, caste, creed, culture, gender, health status, relationship status, mental health, offending background, place of origin, political beliefs, race, responsibility for dependants, religion, sexuality.

Procedures, policies and legislation includes national law and international conventions relating to:

- human rights (including those of children)
- equality
- anti-discriminatory practices
- mental health
- complaints and issue resolution
- employment.

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Ensure own actions support equality, diversity and rights

a) acts in ways that are consistent with employer's procedures and the law	Acting in ways that recognise difference and do not discriminate includes for example:
b) treats everyone with whom s/he comes into contact equitably and with respect	– including colleagues in discussion about their family and partners whether they are heterosexual or homosexual
c) acts in ways that recognise that people are different and does not discriminate against people because of those differences.	– not making comments about people's size or looks

Level 2   Support people's equality, diversity and rights

a) recognises the importance of people's rights and interprets them in a way that is consistent with employer's procedures and policies and legislation	Beliefs and preferences might include:	– Equal Opportunities Commission
b) acts in ways that:	– how individuals like to be addressed and spoken to	– Race Equality Commission etc
– are consistent with people's expressed beliefs and preferences	– food and drink	Plus NHS documents
– acknowledge the benefits of diversity	– methods of washing and cleansing	– National Occupational Standards for Health and Social Care, 1998
– value people as individuals	– privacy and community	
c) challenges behaviour which infringes the rights of others	– care after death	
d) identifies and takes action to address discrimination and oppression.	Taking action to address discrimination and oppression would include:	
	– explaining to individuals why their behaviour is discriminatory	
	– reporting issues (such as fixtures and fittings which make it difficult for some users of services to access services)	

Level 3   Promote people's equality, diversity and rights

a) interprets the rights and responsibilities of people in a way that is consistent with the letter and spirit of the law, employer's policies and relevant professional standards	Beliefs and preferences might include:
b) acts in ways that acknowledge people's right to make their own decisions and recognises their responsibilities	– how individuals like to be addressed and spoken to
c) provides up-to-date information in ways that:	– food and drink
– acknowledge the complexity of decisions that people need to make	– methods of washing and cleansing
– helps them to exercise their rights	– privacy and community
d) supports those who need assistance in exercising their rights	– care after death
e) supports anti-discriminatory practice and proactively identifies and takes action to address discrimination and oppression in self and others	– those relating to specific area of work (eg conception, pregnancy, pregnancy loss; parenting and family relationships)
f) reflects on and challenges assumptions and ways of working by self and others	Dilemmas might include those between:
g) recognises dilemmas in the promotion of rights and responsibilities and develops appropriate solutions.	– individuals and groups and communities
	– individual choice and evidence-based practice
	– individual/group choice and legal/organisational frameworks.

Indicators	Examples of application	References

The worker:

Level 4   Enable people to exercise their rights and promote their equality and diversity

a) interprets the rights and responsibilities of people in ways that are consistent with legislation and policies

b) actively promotes equality, diversity, rights and responsibilities

c) provides clear, up-to-date information and support to people on:

– exercising their rights

– making a complaint when their rights have been compromised or they have been discriminated against

d) advocates on behalf of those whose rights have been compromised

e) challenges discrimination by individuals and oppression by agencies (including their own)

f) develops solutions that are capable of wider application when people's equality, diversity and rights have been compromised

g) monitors the effectiveness of equality, diversity and rights policies and procedures, regularly reviews how they are being implemented and provides support to improve effectiveness.

Exercising rights and making complaints would include:

– running the systems within NHS organisations (eg Patient Advisory Service)

– linking into systems outside of the NHS (eg professional regulatory bodies)

Developing solutions might include:

– creating diverse work teams that reflect the local population

– involving the local population in the development of services

– adapting own style for different people

– enabling others to develop their awareness of different cultures

– focusing resources to deliver equitable outcomes.

SPECIFIC DIMENSIONS

Dimension 7: Assessment of health and wellbeing needs

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to assessing the health and wellbeing and related needs of people – individuals, families and groups.

The following examples of application may be relevant to all of the levels in the dimension.

People might include:
- individuals of all ages
- families
- groups.

Settings in which the assessment takes place might include:
- the individual's home
- community settings (eg day centres, surgeries, mobile assessment centres)
- hospitals
- places of worship

Legislation includes that relating to:
- mental health
- children
- equality

Needs maybe:
- physical health and wellbeing needs (eg mobility, coronary heart disease, cancer, oral health, hearing and balance)
- emotional health and wellbeing needs
- mental health and wellbeing needs
- spiritual health and wellbeing needs
- environmental health and wellbeing needs (eg the need for relatively complex environmental adaptations to function in daily living)
- social health and wellbeing needs (eg maintaining independence, being part of a community).

Risks to health and wellbeing might include:
- abuse
- neglect
- rapid deterioration of condition or situation
- complicating factors.

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References
The worker:		

Level 1   Undertake routine assessment tasks related to individuals' health and wellbeing

Indicators	Examples of application	References
a) obtains consent from individuals before starting the task b) correctly undertakes assessment tasks that have been delegated in relation to the specific individual as agreed with the care team c) records the information related to the task accurately and passes it to the relevant person in the team on time d) identifies and reports any significant changes that might affect the individual's health and wellbeing.	Assessment tasks might include: – weight and height – temperature – blood pressure – peak flow – samples (eg capillary blood, sputum, urine, faeces) – passing equipment, instruments and materials to the person responsible for the assessment – acting as a chaperone to individuals.	1 National Occupational Standards for care, 1998 2 The Essence of Care, 2001, Department of Health

Level 2   Assist in assessing people's health and wellbeing and related needs

Indicators	Examples of application	References

a) obtains consent from individuals before starting assessment
 	
b) observes individuals and their condition when interacting with them
 	
c) offers
 	
   – appropriate information to individuals on how they might promote their own health and wellbeing
 	
   – insights into individuals' health and social well-being needs and their wishes based on observations and own experience
 	
d) assist in the assessment of individuals' health and wellbeing and related needs as agreed with the team
 	
e) identifies and takes the appropriate action in relation to any significant changes or possible risks
 	
f) provides accurate information to the team on the support that individuals will need and the impact of this on his/her own work.
	Assisting in assessment might include:
	
	– data collection (eg weight and height; temperature, pulse and respiration; peak flow; collecting samples)
	
	– taking and interpreting blood pressure
	
	– taking venepuncture samples
	
	– urinalysis
	
	– coordinating and passing equipment, instruments and materials to the person responsible for the assessment
	
	– the use of monitoring equipment
	
	– screening assessments (eg for hearing, eye tests)
	
	– other specific delegated assessment tasks (eg impression taking for maxillo-facial work)
		1 National Occupational Standards for care, 1998
		
		2 The Essence of Care, 2001, Department of Health

Indicators	Examples of application	References

The worker:

Level 3   Assess the health and wellbeing needs of people whose needs are relatively stable and consistent with others in the caseload

a) explains clearly to people:

– own role and its scope

– own responsibilities

– own accountability

– the information that will be obtained and stored in records

– with whom this information might be shared

– what is involved in the assessment

b) respects individuals' privacy, dignity, wishes and beliefs, minimising any unnecessary discomfort and encouraging full participation in the assessment

c) obtains:

– informed consent to the assessment process

– information on people's needs and the overall context in which they live

d) uses assessment methods and 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 well-being, related needs and risk consistent with level of accountability and relevant legislation

f) refers people to other practitioners when their needs are beyond own role or scope of practice

g) appropriately collates and structures data on health and wellbeing and related needs across own caseload and makes it available to relevant people.

Dignity includes:

– using the individual's name of choice

– being courteous and polite.

Wishes and beliefs which might include:

– who may work with the individual

– who else may need to be present

– preparation for certain activities

Assessment methods include:

– observations

– questioning

– specific tests (eg of blood glucose, using monitoring equipment)

– baseline observations

– present abilities/capabilities versus what used to be and what will need to be for individuals to function at the preferred level

– recognising patterns (eg of illness, injury, social deprivation)

– triage and first contact work

1   Department of Health, 2001, 12 Key Points of Consent

2   National occupational standards for health promotion and care, 1998

3   The Essence of Care, 2001, Department of Health

Indicators	Examples of application	References

The worker:

Level 4   Assess people's health and wellbeing needs when those needs are complex and change across the caseload

a) discusses and agrees with colleagues:

– who is responsible for the assessment and how this will be managed and reported

– needs and risks and how these can best be addressed

b) explains clearly to people:

– own role, responsibilities, accountability and scope of practice

– the information that is needed from the assessment and who might have access to it

– the benefits and risks of the assessment process and alternative approaches

c) obtains people's informed consent to the assessment prior to it starting and having discussed any issues which people have

d) promotes people's rights and wishes during the assessment

e) identifies people's health and wellbeing and their needs through observation, discussion and the use of technical assessment methods which s/he is competent to use and are within his/her own scope of practice

f) 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

g) interprets all of the information available and makes a justifiable assessment of:

– people's health and wellbeing

– related needs and their prognosis

– risks to their health and wellbeing in the short and longer term

transferring and applying skills and knowledge to new needs and issues

h) discusses and agrees assessment outcomes with people enabling them to think through the risks and how these can be managed

i) refers people to other practitioners when needs and risks are beyond his/her own scope of practice

j) identifies the implications of the assessment for the content and scheduling of programmes of care

k) collects, collates and organises data on the health and wellbeing and related needs of the groups with whom s/he is working drawing appropriate conclusions and making them available to relevant people.

Assessment methods include:

– specific tests (eg of blood glucose, using monitoring equipment)

– baseline observations (eg oxygen saturation level, coma scales, blood glucose)

– present abilities/capabilities versus what used to be and what will need to be for individuals to function at the preferred level

– recognising patterns (eg of illness, injury, social deprivation)

– triage and first contact work

Indicators	Examples of application	References

The worker:

Level 5   Develop practice in the assessment of health and wellbeing needs

a) discusses and agrees with colleagues:

- – current capabilities and competence in assessment practice across the team

- – how current practice compares with relevant benchmarks

- – trends and developments in needs and issues and the potential impact of these on practice

- – trends and developments in assessment and the effect of these on team practice

- – how assessment practice can be improved within the team

b) explains clearly to people whose needs are being assessed:

- – own and others' role and responsibilities and how they inter-relate

- – the information that is needed from the assessment and who might have access to it

- – the benefits and risks of the assessment process and alternatives approaches

c) obtains people's informed consent to the assessment and those involved in it prior to the assessment starting and having discussed any issues which people have

d) promotes people's rights and wishes during the assessment explaining to colleagues particular aspects which may be prejudiced during the process

e) demonstrates to colleagues the use of different assessment methods for identifying people's health and wellbeing enabling them to develop their competence in using them

f) 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

Assessment practice includes:

- – present abilities/capabilities versus what used to be and what will need to be for individuals to function at the preferred level

Indicators	Examples of application	References

The worker:

Level 5   Develop practice in the assessment of health and wellbeing needs (continued)

g) interprets all of the information available and makes a justifiable assessment of:

–   people's health and wellbeing

–   related needs and their prognosis

–   risks to their health and wellbeing in the short and longer term

transferring and applying skills and knowledge to new needs and issues and explaining clearly to colleagues his/her own reasoning processes as the assessment proceeds

h) discusses assessment outcomes with people and colleagues enabling them to think through the risks and their effective management and the need for referral to others

i) identifies and discusses with colleagues the outcomes of the assessment and its implications for further action

j) provide advice and support on assessment approaches and conclusions to colleagues and others proactively and on request

k) collects, collates and organises data on the health and wellbeing and related needs of the groups s/he is working with highlighting conclusions and recommendations to appropriate people.

Dimension 8: Addressing individual's health and wellbeing needs

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to addressing the health and wellbeing needs of individuals of any age.

Promoting the health and wellbeing of individuals and groups is seen as an integral aspect of working with individuals when addressing their current health needs.

Dimension 9 focuses on improving the health and wellbeing of communities and populations and hence will only be appropriate to a relatively small number of workers whose health promotion activities will be included in this dimension.

The use of technology as only one aspect of overall practice is seen as integral to this dimension. Dimension 17 is designed for those jobs where the main focus of the work/application of knowledge and skills relates to the specific technology being used rather than the technology being one form of a variety of interventions as in this dimension.

The following examples of application may be relevant to all of the levels in the dimension.

Individuals might include:
- children and young people
- adults
- older people.

It might also include working with families and in groups.

Settings in which interventions takes place might include:
- the individual's home
- community settings (eg day centres, surgeries, mobile assessment centres)
- hospitals
- places of worship

Legislation includes that relating to:
- mental health
- children
- equality.

Needs maybe:

- physical health and wellbeing needs (eg mobility, coronary heart disease, cancer, oral health, hearing and balance)
- emotional health and wellbeing needs
- mental health and wellbeing needs
- spiritual health and wellbeing needs
- environmental health and wellbeing needs (eg the need for relatively complex environmental adaptations to function in daily living)
- social health and wellbeing needs (eg maintaining independence, being part of a community).

Risks to health and wellbeing might include:

- abuse
- neglect
- rapid deterioration of condition or situation
- complicating factors.

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Assist in delivering programmes of care to meet individuals' health and wellbeing needs

a) obtains consent from individuals before starting to work with them b) respects individuals' privacy, dignity, wishes and beliefs and minimises any unnecessary discomfort c) prepares individuals, self, equipment and materials appropriately for the activity to be undertaken d) supports individuals throughout encouraging them to promote their own health and wellbeing e) undertakes activities as delegated and taught for that specific individual and consistent with legislation f) promptly alerts the team when there are changes in individuals' health and wellbeing or any possible risks.	Activities include assisting with: – eating and drinking – maintaining cleanliness and physical appearance – mobility – using toilet facilities – maintaining and promoting comfort – supporting individuals in maintaining their interests and relationships – specified and delegated clinical and therapeutic activities for that individual – providing and showing individuals and carers how to use simple equipment for daily living (eg kettle tippers, bathboards and seats)	1 National occupational standards for care, 1998 2 The Essence of Care, 2001, Department of Health 3 Department of Health, ?, Fully Equipped 4 Department of Health, ?, Integrated Community Equipment Services

Level 2   Assist in planning, delivering and evaluating programmes to meet people's health and wellbeing needs

a) offers information to the team on how to meet people's needs and effective ways of doing this based on observations and own experience b) obtains informed consent before working with people c) identifies the nature of support that people need and respects their privacy, dignity, wishes and beliefs when working with them d) prepares people, self, equipment and materials in a manner appropriate to the intended activity e) undertakes activities as delegated and taught for the individuals concerned and consistent with legislation f) supports and monitors individuals throughout encouraging them to promote their own health and wellbeing g) promptly alerts the team to any issues or risks h) provides information to the team on how individuals' needs are changing and the appropriateness of the programme for the individual.	Activities include: – care of the body (eg of the skin, oral cavity, eyes, hair, nails) – care of wounds that require simple dressings – the provision of peg feeds/flushing of peg feeds – bowel and bladder care (eg helping individuals maintain their continence, catheter maintenance for both men and women, enemas and bladder washouts, administration of suppositories) – supporting individuals with personal care (eg as they dress, maintaining their appearance, with eating and drinking) – supporting individuals in maintaining their individuality and relationships (eg in maintaining their interest in the outside world) – mobility and exercise – spiritual support – providing and showing individuals and carers how to use simple equipment for daily living (eg kettle tippers, bathboards and seats) Issues might be: – changes in people's health and wellbeing which have not been anticipated – concerns about own competence to act – changes in the context in which people are living which is likely to affect their health and wellbeing	1 National occupational standards for health promotion and care, 1998 2 National occupational standards for care, 1998 3 Department of Health, ?, Fully Equipped 4 Department of Health, ?, Integrated Community Equipment Services

Indicators	Examples of application	References
The worker:		
Level 3 Plan, deliver and evaluate programmes to address people's health and wellbeing needs which are relatively stable and consistent with others in the caseload		

a) identifies:

  – goals that are appropriate to the needs, circumstances and wishes of the people concerned

  – the nature of support that people need

b) develops plans of care that are appropriate to the people concerned and consistent with:

  – the outcomes of assessing their health and wellbeing needs

  – the risks that need to be managed

  – agreed goals

c) prepares appropriately for the different interventions

d) supports people throughout encouraging them to promote their own health and wellbeing and to express their interests and concerns

e) undertakes interventions in a manner that is consistent with:

  – evidence-based practice

  – own scope of practice

  – legislation

f) evaluates the effectiveness of the interventions in meeting the agreed goals and makes any necessary modifications consistent with initial agreements

g) rigorously reviews all aspects of the plan of care and identifies when it is not effective in addressing people's needs

h) improves the effectiveness of plans of care to better meet people's needs.

Plans of care might include:

– to meet specific identified needs

– related to specific interventions (eg surgery)

– for complex inter-dependent needs

– those relating to admission and discharge to institutions

– for emergency situations.

Interventions might be:

– medication

– the use of equipment and materials to support and maintain health and wellbeing and address needs (eg monitoring equipment, blood transfusion, catheters, pacemakers, hearing aids, oral health – fissure sealants, radiotherapy)

– surgery

– palpation and manipulation

– psychotherapeutic

– related to lifestyle changes

– provision and training in the use of equipment (eg kettle tippers, wheelchairs)

– environmental adaptations to facilitate daily living

– exercises and practice (eg speech, movement)

– personal care (eg skin care and tissue viability, complex feeding systems,

– social therapy

– enabling people to access community support groups

– verbal support

– bereavement support

– spiritual support

1 Department of Health, ?, Fully Equipped

2 Department of Health, ?, Integrated Community Equipment Services

Indicators	Examples of application	References

The worker:

Level 4   Plan, deliver and evaluate programmes to address people's complex and changing health and wellbeing needs

a) explains clearly to people:

– own role, responsibilities, accountability and scope of practice

– the information that may be collected while working with them and who might have access to it

– the benefits and risks of different ways of meeting their needs and alternatives approaches

b) discusses and agrees with people and colleagues:

– the needs to be addressed

– appropriate aims for the plan of care and stages within it

– who could contribute to meeting different needs

– the location and timing of particular interventions

– how the plan as a whole will be managed and reported

– risks in delivering the plan of care and how these will be managed

c) obtains people's informed consent to the plan of care prior to its implementation and having discussed any issues which people have

d) supports people effectively throughout promoting their wishes and beliefs, addressing their concerns and encouraging them to promote their own health and wellbeing

e) undertakes interventions in a manner that is consistent with:

– evidence-based practice

– own scope of practice

– legislation

applying skills and knowledge to meet people's changing needs

f) evaluates the effectiveness of interventions in meeting prior agreed goals and makes any necessary modifications

g) rigorously reviews all aspects of the plan of care and correctly identifies when it is not effective in addressing needs

h) renegotiates plans of care to better meet people's needs given resource constraints.

Plans of care might involve different professional groups and different agencies and include:

– to meet specific identified needs

– related to specific interventions (eg surgery)

– for complex inter-dependent needs

– those relating to admission and discharge to institutions

– for emergency situations.

Interventions might be:

– medication

– the use of equipment and materials to support and maintain health and wellbeing and address needs (eg monitoring equipment, blood transfusion, catheters, pacemakers, hearing aids, oral health – fissure sealants, radiotherapy)

– surgery

– palpation and manipulation

– psychotherapeutic

– related to lifestyle changes

– provision and training in the use of equipment (eg kettle tippers, wheelchairs)

– environmental adaptations to facilitate daily living

– exercises and practice (eg speech, movement)

– personal care (eg skin care and tissue viability, complex feeding systems)

– social therapy

– enabling people to access community support groups

– verbal support

– bereavement support

– spiritual support

1 Department of Health, ?, Fully Equipped

2 Department of Health, ?, Integrated Community Equipment Services

Indicators	Examples of application	References
The worker:		

Level 5 Develop practice in addressing individual's health and wellbeing needs

a) discusses and agrees with colleagues:

– current capabilities and competence in care practice across the team

– how current practice compares with relevant benchmarks

– trends and developments in needs and issues and the potential impact of these on practice

– trends and developments in practice, the effect of these on the team and how practice can be improved within the team

– the needs to be addressed in this particular plan of care

– appropriate aims for the plan of care and stages within it

– the evidence on which the care should be based

– who could contribute to different aspects of the plan of care

– the location and timing of particular interventions

– how the plan as a whole will be managed and reported

– risks in delivering the plan of care and how these will be managed

b) explains clearly to people whose needs are being addressed:

– own and others' role and responsibilities and how they inter-relate

– the information that will be gained and who might have access to it

– the benefits and risks of different interventions and alternative approaches

c) obtains people's informed consent to the plan of care and interventions within it prior to implementation and having discussed any issues which people have

d) promotes people's rights and wishes during interventions explaining to colleagues particular aspects which may be prejudiced during the process

e) enables colleagues to develop their competence in using different interventions designed to address people's health and wellbeing needs and promote their health and wellbeing

f) transfers and applies skills and knowledge to meet arising needs and issues explaining clearly to colleagues own reasoning processes as the work proceeds

Examples of application

Plans of care might involve different professional groups and different agencies and include:

– to meet specific identified needs

– related to specific interventions (eg surgery)

– for complex inter-dependent needs

– those relating to admission and discharge to institutions

– for emergency situations.

Interventions might be:

– medication

– the use of equipment and materials to support and maintain health and wellbeing and address needs (eg monitoring equipment, blood transfusion, catheters, pacemakers, hearing aids, oral health – fissure sealants, radiotherapy)

– surgery

– palpation and manipulation

– psychotherapeutic

– related to lifestyle changes

– provision and training in the use of equipment (eg kettle tippers, wheelchairs)

– environmental adaptations to facilitate daily living

– exercises and practice (eg speech, movement)

– personal care (eg skin care and tissue viability, complex feeding systems)

– social therapy

– enabling people to access community support groups

– verbal support

– bereavement support

– spiritual support

References

1 Department of Health, ?, Fully Equipped

2 Department of Health, ?, Integrated Community Equipment Services

Indicators	Examples of application	References
The worker:		

Level 5 Develop practice in addressing individual's health and wellbeing needs		
g) discusses outcomes with people and colleagues enabling them to think through the risks and their effective management and the need for referral to others		
h) identifies and discusses with colleagues outcomes and their implications for further action renegotiating care plans if this is necessary		
i) provide advice and support on approaches to care and outcomes of care proactively and on request.		

Dimension 9: Improvement of health and wellbeing

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to improving the health and wellbeing of communities and populations. It is only appropriate to a relatively small number of workers who have health improvement as a key part of their work.

Promoting the health and wellbeing of individuals and groups is seen to be an integral aspect of working with individuals when addressing their current health needs and is included within dimension 8.

The following examples of application apply to all of the levels in the dimension.

Health and wellbeing includes:
- physical health and wellbeing
- emotional health and wellbeing
- mental health and wellbeing
- spiritual health and wellbeing
- environmental health and wellbeing
- social health and wellbeing.

Factors include:
- social factors (such as: the degree of social inclusion; the quality and nature of social support and networks; the nature and quality of relationships (including those where there are issues such as domestic violence); education, training and employment; income/poverty – relative and absolute; crime – perceived and actual; availability and accessibility of services, transport, technology etc)
- environmental factors (such as housing, air quality, pollution,)
- biological factors (eg disability, genetics)
- behavioural factors (such as diet and nutrition, smoking, use of drugs and alcohol, sexual behaviour, exercise).

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Contribute to raising the awareness of communities and populations about health and wellbeing

a) identifies with others in the team his/her own role in relation to awareness raising and how this role can best be met

b) offers insights into people's needs and concerns from own experience of working with them

c) provides up-to-date information that is applicable to the interests of individuals and groups about:

– health and wellbeing

– the factors that affect health and wellbeing

– services and resources to promote health and wellbeing

d) alerts others in the team to arising issues

e) carries out specific evaluation activities as they have been delegated and to time.

Indicators	Examples of application	References
The worker:		
Level 2 Raise communities' and populations' awareness of health and wellbeing and the actions that can be taken to address issues		

a) analyses available information on:

– health and wellbeing

– the determinants of health and wellbeing

– inequalities

b) identifies:

– the individuals and groups who are the focus of the awareness raising

– national policies and other initiatives related to these individuals and groups

– the resources available

– where additional support may come from

– effective evaluation methods for the awareness raising

c) uses methods appropriate to these individuals and groups to identify:

– their current level of knowledge and skill in relation to health and wellbeing

– their interest and concerns

– other work being undertaken with them

– factors that affect their health and wellbeing

– the aims, objectives, key messages in the awareness raising and the outcomes it hopes to achieve

d) works effectively with others to provide up-to-date and evidence-based information on health and wellbeing that is appropriate to the needs of the individuals and groups concerned

e) enables people to:

– think through health and wellbeing as a positive concept

– understand their needs related to their health and social wellbeing

– understand and address the factors that affect their health and social wellbeing

– understand and manage the changes and transitions in their lives

f) acts as a resource for people in addressing factors and needs related to their health and social wellbeing

g) evaluates the effectiveness of awareness raising in meeting its aims and anticipated outcomes involving others actively in the process.

Examples of application

Information may be from:

– consultations with communities

– audits

Changes and transitions include:

– parenthood

– ageing

– caring

– increasing disability

– lack of employment

– bereavement

– de-industrialisation in communities.

Actions that people can take:

– individual actions (eg lifestyle changes)

– group actions (eg developing support networks)

– community actions (eg lobbying to change services or tackle pollution)

References

1 UKCC, Draft standards for health visiting, 2001

2 Healthwork UK, 2001, Draft national occupational standards for public health practice.

Indicators	Examples of application	References

The worker:

Level 3   Improve the health and wellbeing of communities and populations through projects and programmes

a) actively involves those whose needs the project and programme is designed to meet in its design, planning and implementation

b) works with others to plan projects and programmes that:

– will meet the identified health and wellbeing needs of groups in the community

– have clear and explicit aims

– are capable of being sustained in the longer term

– identify how and by whom the programme will be evaluated

c) effectively alerts community groups, practitioners and agencies to the purpose of the project/programme, its availability and how to access it

d) provides appropriate support and input to projects and programmes consistent with:

– identified needs

– evidence of effectiveness

– availability of people and resources

e) enables those whose needs might be addressed by the project/programme to:

– contribute to its shape and development

– see its value and make best use of it

– evaluate the outcomes

f) works effectively with those whose needs are targeted by the project/programme to evaluate its effectiveness and make recommendations for improvement.

Projects and programmes may include:

– those designed to reduce inequalities (eg targeting services on particular groups, community development)

– those designed to promote health and wellbeing (eg breastfeeding, well-woman/man, smoking cessation, parenthood classes)

– those designed to prevent ill health (eg prescribing, disease prevention, contact tracing)

1   UKCC, Draft standards for health visiting, 2001

2   Healthwork UK, 2001, Draft national occupational standards for public health practice.

Level 4   Improve the health and wellbeing of communities and populations through policies and strategies

a) evaluates the content and thrust of policies and identifies:

– the impact they will have on health and wellbeing

– their consistency

– evidence of effectiveness

b) alerts decision makers to issues that:

– will affect health and wellbeing

– are inconsistent with evidence

and offers constructive solutions to tackle these issues

c) produces clear and concise arguments that outline the benefits of improving health and wellbeing and the risks of not doing so to influence decision makers

d) drafts inputs to policy and strategy documents that are consistent with evidence and help decision makers move forward

e) uses a range of different methods that are capable of achieving change in others' policies and strategies

Policies may be set at a local, national or international level and:

– be directed specifically at health and social wellbeing

– have an impact on health and wellbeing (eg transport, housing).

1   UKCC, Draft standards for health visiting, 2001

2   Healthwork UK, 2001, Draft national occupational standards for public health practice.

Dimension 10: Protection of health and wellbeing

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to protecting people's health and wellbeing through monitoring and taking direct action when there are serious risks .

The following examples of application apply to all of the levels in the dimension.

Health and wellbeing includes:
- social health and wellbeing (eg domestic violence, poverty, education, safety and accidents).
- emotional health and wellbeing (eg isolation)
- mental health and wellbeing (eg post-natal depression)
- physical health and wellbeing (eg growth and failure to thrive)
- spiritual health and wellbeing
- environmental health and wellbeing.

Risks may be to:
- individuals (eg child abuse or elder abuse)
- groups and communities (eg the effect of environmental and social factors such as communicable diseases, environmental emergencies, cross-species risks such as from animals to humans)
- communities (eg chemical releases into the environment).

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Assist in monitoring and protecting groups and individuals whose health and wellbeing may be at risk

a) agrees with the team their role and the groups and individuals whom they should be contacting

b) establishes contact with groups and individuals in locations that are appropriate to them

c) finds out groups' and individuals' views on:

–   their health and wellbeing

–   their priorities

–   their needs related to their health and wellbeing

–   the factors that affect their health and wellbeing

–   changes and transitions that are affecting them

d) observes what is happening, what people are suggesting through their behaviour and what is not said

e) provides accurate information to the team about groups' and individuals' views and what is happening with groups and individuals

f) alerts the team promptly to risks and seeks advice on the actions that s/he should take.

Changes and transitions include:

–   parenthood

–   ageing

–   caring

–   increasing disability

–   lack of employment

–   bereavement

–   de-industrialisation in communities.

Indicators	Examples of application	References

The worker:

Level 2 Monitor the health and wellbeing of groups and individuals and contribute to protecting those groups and individuals whose health and wellbeing is at risk

a) establishes contact with groups and individuals in locations that they use and in which they feel comfortable

b) obtains and listens to people's views about:

– their health and wellbeing

– their priorities

– their needs related to their health and wellbeing

– the factors that affect their health and wellbeing

– changes and transitions in the group and for the individuals within that group

c) observes what is happening, what people are suggesting through their behaviour and what is not said

d) assesses the needs of groups and individuals and the level of risk:

– taking into account people's priorities for their health and wellbeing

– considering the changes and transitions in their lives

– considering the nature and level of support already available to them

– balancing all of the information available

– using epidemiological and related information and evidence

e) refers groups and individuals whose needs are outside own scope of practice to the appropriate practitioners and agencies

f) takes actions:

– appropriate to the significance of risk

– consistent with protection procedures

g) offers information to groups and individuals that is as open and honest as possible whilst recognising the potential severity of the case, the inherent risks and related legal requirements

h) discusses cases as soon as possible with the relevant practitioner or organisation in a manner that enables that practitioner to form a picture of the risk and the issues inherent within it.

Changes and transitions include:

– parenthood

– ageing

– caring

– increasing disability

– lack of employment

– bereavement

– de-industrialisation in communities.

Actions may include:

– immunisation and vaccination

– putting into effect protection procedures for individuals (eg child protection, screening, contact tracing)

– putting into affect community protection procedures (eg communicable disease control)

1 UKCC, Draft standards for health visiting, 2001

2 Healthwork UK, 2001, Draft national occupational standards for public health practice.

Indicators	Examples of application	References
The worker:		

Level 3   Protect people whose health and wellbeing is at risk

Indicators	Examples of application	References

a) monitors
 	
  – and assesses risks to people's health and wellbeing
 	
  – and identifies emerging patterns in risk and related causes
 	
  – the effectiveness of different approaches to protecting people's health and well-being and minimising risks
 	
b) identifies the protection actions and strategies relevant to specific people and risks
 	
c) discusses and agrees with colleagues:
 	
  – how protection practice can be improved within the team
 	
  – the evidence base for effective protection from risk
 	
  – who could contribute to different aspects of protection and the location and timing of particular activities
 	
  – how the plan for protection as a whole will be managed and reported
 	
d) explains clearly to people who are involved in protection procedures:
 	
  – own and others' role and responsibilities and how they inter-relate
 	
  – the legislative context in which the work takes place and related procedures
 	
  – the information that will be gained and who might have access to it
 	
  – the benefits and risks of the procedures and whether there are any alternative approaches
 	
e) transfers and applies skills and knowledge to meet arising needs and issues explaining clearly to colleagues the reasons for making decisions
 	
f) refers people to relevant practitioners or agencies when this is necessary providing accurate and necessary information consistent with maintaining confidentiality
 	
g) arranges for any necessary investigations into the causes of incidents to be undertaken immediately
 	
h) reacts swiftly, appropriately and effectively in the event of an incident
 	
i) clearly explains to relevant others (including the media) how to minimise risks and the benefits and disadvantages of different approaches
 	
j) identifies the lessons that can be learnt from incidents and speedily alerts other individuals and organisations to these.
	People may be:
	
	– populations
	
	– groups
	
	– individuals.
	
	Legislation and related procedures include those relating to:
	
	– child protection
	
	– environmental protection
	
	– control of infectious and communicable disease
		1 National occupational standards for Specialist Practice in Public Health, 2001, Healthwork UK

Indicators	Examples of application	References

The worker:

Level 4   Develop practice in the protection of health and wellbeing

a) maintains a current overview of:

 – risks to health and well-being

 – evidence of effectively managing these risks

 – current capabilities and competence in risk protection across the team

 – how current practice compares with relevant benchmarks

b) determines with stakeholders the perceived and actual risks to health and well-being

c) assesses the scale, severity and frequency of risks

d) makes justifiable proposals based on research evidence as to those risks which are acceptable and those which need to be managed

e) determines with stakeholders whether current risk management strategies are sufficient to protect the public from risks to their health and well-being

f) develops and applies effective ways of educating the public about actual and perceived risks responding swiftly to public concern when there are scares and alarms

g) evaluates risk-management options for:

 – evidence

 – potential for improving health and well-being outcomes

 – the impact they will have on health and well-being

 – comparative costs and benefits

 and selects those which are cost effective in relation to the population

h) formulates and agrees with stakeholders targets, plans, outcomes and strategies for risk management

i) identifies and takes opportunities to inform and advise people on risks and associated risk management strategies consistent with legislative and organisational requirements.

People involved includes:

 – the public generally

 – community representatives (eg politicians)

 – specific groups and communities

 – the media

 – emergency services (eg fire, police, ambulance).

Dimension 11: Logistics

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to the movement of people and/or goods. The following examples of application may be relevant to all of the levels in the dimension.

People might include:
- patients and clients
- families and friends of patients and clients
- the deceased and representatives of the deceased
- colleagues in the organisation
- workers from other related organisations
- inspectors etc.

Movement may be using equipment or not and using vehicles or not and includes:
- within the organisation
- between the organisation and other organisations
- between the organisation and community locations (eg people's homes, recreation and leisure venues).

Goods might include:
- equipment (eg cleaning equipment, food trolleys)
- tools and instruments
- hazardous materials
- non-hazardous materials
- money
- post and other information
- food and beverages
- laundry
- drugs
- blood
- biological specimens and tissue
- waste.

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Assist with the movement of people and goods		
a) identifies the goods and people that need moving b) identifies the risks involved prior to moving goods and people and act in ways that minimise risks c) moves goods and people safely consistent with employer's procedures, the law and good practice d) monitors goods and people during transfer and takes prompt action that is appropriate to any concerns e) maintains moving and handling equipment and stores it safely after use.	Employer's procedures, the law and good practice would include those relating to: – gaining consent from people who are to be moved and who have the right to make decisions about the move – health and safety – movement on public highways – control of infectious diseases (eg relating to the deceased)	1 National occupational standards for Care, Care Sector Consortium, 1997
Level 2 Move people and goods		
a) prepares appropriately for the movement of people and goods b) identifies the risks involved in moving goods and people and acts in ways that minimise risks c) moves goods and people safely consistent with employer's procedures, the law and good practice d) makes the necessary security checks prior to receiving goods or allowing people to enter e) checks received goods against orders, correctly identify any errors and take the appropriate action in response f) controls and stores goods according to manufacturer's recommendations and user requirements.	Preparation might include: – making ready the area to receive people and goods – simple planning for one-off events (eg transferring and removing bodies from mortuary facilities to the undertakers) Employer's procedures, the law and good practice would include those relating to: – gaining consent from people who are to be moved and who have the right to make decisions about the move – health and safety – movement on public highways – control of infectious diseases (eg in the deceased)	1 National occupational standards for Food and Drink, Food and Drink Qualifications Council 2 National occupational standards for Care, Care Sector Consortium, 1997

Indicators	Examples of application	References
The worker:		

Level 3   Plan, monitor and evaluate the movement of people and goods

Indicators	Examples of application	References

a) discusses with relevant people
 	
  – their requirements in relation to the control and movement of people and goods
 	
  – the quantity and type of people and goods involved
 	
  – benefits of and problems with current arrangements
 	
  – changes in the law or context which require new ways of working
 	
b) identifies the resources available for the control and movement of people and goods
 	
c) develops a plan to control and move people and goods which:
 	
  – is consistent with evidence of best practice
 	
  – is feasible given the requirements and the resources available
 	
  – allocates appropriate human and other resources to achieve the desired outcomes
 	
d) confirms plans and schedules with the relevant people
 	
e) maintains effective communication with those controlling and moving people and goods
 	
f) monitors activities and ensures efficiency and compliance with the plan
 	
g) takes contingency actions when there are deviations from plans
 	
h) collects and analyses information on the control and movement of people and goods
 	
i) applies the outcomes of the evaluation to improve the control and movement of people and goods.
	The law and context would include those relating to:
	
	– gaining consent from people who are to be moved and who have the right to make decisions about the move
	
	– health and safety
	
	– movement on public highways
	
	– control of infectious diseases (eg in the deceased)
	
	Contingency actions might include:
	
	– reallocating staff
	
	– providing cover for absent staff
		1 National occupational standards for road haulage, Road Haulage and Distributive Council
		
		2 National occupational standards for Food and Drink, Food and Drink Qualifications Council
		
		3 Guidance on the transport of specimens, isotopes etc – ADD EXACT REFERENCE

Indicators	Examples of application	References

The worker:

Level 4   Develop the movement of people and goods

a) identifies requirements for the control and movement of people and goods taking into account all relevant factors

b) assesses the effectiveness of controlling and moving people and goods in meeting requirements and takes the appropriate action when there are issues

c) produces plans that:

  – specify to a sufficient level of detail what needs to happen

  – the frequency of activity

  – quantity and quality of control and movement facilities, equipment and resources

  – any storage and holding requirements

  – health and safety requirements

  – security requirements

  – expected standards of work

  – dates and schedules for review and evaluation

d) provides individuals and teams with sufficient clear information for them to carry out their work effectively and comply with legislation

e) monitors new ways of controlling and moving people and goods as they are put into effect

f) makes modifications and improvements on the basis of feedback and monitoring.

Control includes:

– security measures and equipment

– measures for maintaining the state and stability of the people and goods being moved

– measures for managing contingencies (such as violence, aggression, spillage etc)

Factors include:

– the nature of the movement and the locations between which and across which the goods and people need to travel

– age, condition and stability of people and goods

– purpose for controlling and moving people and goods

– requirements for security (eg where people or goods need to be contained securely)

Dimension 12: Data processing and management

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to the processing and management of data for specific functional purposes.

Dimension 13 relates to the development, production and communication of new information and knowledge. This dimension focuses on processing and management of information rather than its interpretation and representation.

This dimension is not intended for those who need to keep accurate records of their ongoing work. This is included in core dimension 1 on communication and core dimension 5 on quality.

Data and information that is generated as part of evaluation exercises is included in dimension 4 on service development.

Data and information that is generated within research and development projects is included in dimension 22.

The following examples of application may be relevant to all of the levels in the dimension.

Data might include:
- financial (eg payroll, resource spend, budgets)
- numerical
- statistics
- qualitative data for monitoring purposes
- qualitative data for business purposes
- workforce information
- personnel information
- patient identity data
- specimen identity data
- design data (eg in relation to buildings)
- results of biomedical analyses
- staff activities
- related to quality of products and services
- community and population views of health and social wellbeing
- routinely available health status data on reproduction, disability, illness, disease and death
- demographic data (including census data)
- health and social care utilisation data
- data related to the wider determinants of health and wellbeing (including social, economic, behavioural and environmental data)

- business data
- workforce data
- education and training data
- data related to regulation and registration of individuals
- standards and benchmarks.

Systems
- electronic
- written

Examples of application that vary due to the level of knowledge and skills being applied are shown below together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Input data		
a) inputs data and information accurately and completely using the correct procedures in manual and electronic systems	Automated facilities include:	1 National Occupational Standards for Administration, 2001, Council for Administration
b) use available automated facilities for checking the data	– automatic spell checkers	
c) finds requested data using agreed procedures	– sorting routines	
d) maintains the integrity of data using agreed procedures	– computer records	
e) stores information safely		
f) takes the necessary precautions when transmitting information only disclosing it to those who have the right and need to know it		
g) reports any problems to the relevant people promptly.		
Level 2 Modify and structure data		
a) inputs, amends, deletes and modifies data and information accurately and completely using the correct procedures in manual and electronic systems	Automated facilities include:	1 European Computer Driving Licence
b) finds requested data using agreed procedures	– automatic spell checkers	
c) collates and produces new data as requested	– sorting routines	
d) maintains the integrity of data using agreed procedures	– computer records	
e) produces reports and outputs from the data in the required format	– spreadsheets	
f) stores data and information safely and in a way that allows for immediate retrieval	– databases	
g) takes the necessary precautions when transmitting information only disclosing it to those who have the right and need to know it	– automatic formatting to present data and information	
h) takes the appropriate action to manage any problems with data processing.		

Indicators	Examples of application	References

The worker:

Level 3 Process and manage data and information		

a) acts as a role model in processing data and information and maintaining confidentiality

b) confirms that others are:

– receiving data and information in a timely way

– receiving data and information in a meaningful format

– processing data and information accurately to an appropriate level of detail in an agreed format

– storing data and information securely

– transmitting information in a way that maintains its confidentiality

c) takes the appropriate action when there are problems with managing and processing data and information

d) develops systems and structures that enable team members to function effectively in data processing and management

e) investigates problems with data processing and management and takes the appropriate action in response.

Problems with data processing and management might include:

– breaches of confidentiality

– misreading of information (eg slides)

– mis-categorisations

– poor quality in individual processing

Level 4 Develop the processing and management of data and information		

a) acts as a role model in data processing and management

b) develops and improves systems and structures for effective data processing and management

c) confirms that teams and individuals in the organisation are managing and processing data effectively

d) investigates issues and problems with data processing and management (including breaches of confidentiality) and takes the appropriate action to remedy the situation

e) finds out about new strategies and technologies for data processing and management and evaluates their relevance

Dimension 13: Production and communication of information and knowledge

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It is about producing and communicating information and knowledge.

Dimension 1 is about effective communication on an ongoing basis. The communication covered in this dimension is more specific and relates to the presentation and communication of new information and knowledge.

Dimension 12 is about data processing and management as compared with this dimension which is about the creation of new information and knowledge through interpretation, synthesis and representation.

The following examples of application may be relevant to all of the levels in the dimension.

Data and information might be:
- qualitative
- quantitative.

Information and knowledge might relate to:
- health and wellbeing (eg epidemiological and public health data)
- assessment of individuals' needs
- care given to individuals (the production of clinical guidelines, locally developed care pathways, protocols)
- health, safety and security
- quality
- scientific and technical activity (eg converting biomedical data into information, providing specific interpretative information across the clinical interface)
- contract documentation (eg working drawings and technical specifications)
- human resources (eg education and training activity, appraisal information)
- finances
- strategies and policies.

Systems
- electronic
- written

The law includes that relating to:
- data protection (including the specific provisions relating to access to personal records)
- equality

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Collect, collate and report routine and simple data and information		
a) agrees with the team the data and information that is to be collected, collated and reported and how this is to be done		71
b) undertakes data collection and collation activities effectively and to time using the agreed systems		
c) communicates appropriately with those involved throughout the process		
d) reports any problems to the appropriate person as soon as possible		
e) reports the data and information clearly in the agreed format at the time agreed		
f) offers views of the process and the results based on own experience and an interpretation of other relevant data and information.		

Indicators	Examples of application	References

The worker:

Level 2 Analyse, interpret and report factual data and information		

a) identifies:

  – the requirements and priorities for data collection

  – the nature of the data that needs to be collected

  – the data sets to which the data must conform

  – various aspects of the data

  – the accuracy of the data that is needed and how to achieve this

  – appropriate methods for obtaining the data

b) use data gathering methods that:

  – are appropriate to the data and its intended use

  – are cost effective

  – cause minimum disruption to others

  – gain sufficient accurate data for the task in hand

c) collate the data using methods appropriate to:

  – the nature of the data

  – its intended use

  – its sensitivity

d) make the collated data available at the time that it is needed

e) manages and analyses data using methods appropriate to:

  – the initial questions

  – the nature of the data, information and knowledge.

f) reports the data and information using presentation, layout, tone, language, content and images appropriate to:

  – the purpose of the document

  – the people for whom it is intended

g) seeks help from appropriate sources to improve analysis and presentation

h) gains any necessary authorisation prior to using data.

Images include:

  – pictures

  – charts

  – diagrams

  – maps

Appropriate sources include:

  – colleagues (including own manager)

  – reference materials

  – other written information of a similar nature which is of good quality

– NHS Learning Zone, How we can communicate with patients – www.doh.gov.uk/learningzone/letters.htm

– QCA/SQA, Key and Core Skills, 2000

Indicators	Examples of application	References
The worker:		

Level 3 Analyse, interpret and report information and knowledge related to ideas and concepts		

a) formulates and agrees with others:

- the concepts to be used for data and information collection, management, analysis, interpretation and reporting

- the questions to be answered

- issues to be addressed

- the criteria against which progress should be measured

- how the confidentiality of data and information can be maintained

b) identifies with others a range of valid, reliable, cost-effective and ethical methods for answering the questions

c) identifies appropriate and valid sources of data and information for the issues to be addressed

d) monitors the quality and quantity of the data and information to confirm its consistency and use in analysis taking the necessary steps to remedy any issues

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

f) identifies gaps in data and information and effective ways of addressing these gaps and takes the necessary steps to address them

g) manages and analyses data and information using methods appropriate to:

- the initial questions

- the nature of the data, information and knowledge

h) interprets, appraises and synthesises data and information appropriately and creates new information that identifies:

- consistency and inconsistency in outcomes

- any limitations in data and information and the analyses used and continually holds issues raised open to question

i) describes conclusions, recommendations and problems accurately

j) presents the information gained using presentation, layout, images and structure appropriate to:

- the needs and interests of different audiences

- the nature of the documents

- its intended purpose

k) checks others' understanding of the presentations and modifies the nature, structure or language in response

l) offers advice to others on the analysis, interpretation, presentation and use of information and knowledge.

Examples of application column:

Images include:

- pictures

- charts

- diagrams

- maps

Styles include:

- using persuasion to present arguments

- presenting technical ideas to a non-technical audience

Appropriate sources include:

- colleagues

- reference materials

- other written information of a similar nature which is of good quality

References column:

- QCA/SQA, Key and Core Skills, 2000

Indicators	Examples of application	References

The worker:

Level 4   Analyse, synthesise and present knowledge and information about complex subjects and concepts to influence key decisions

a) formulates and agrees with others:

 – the concepts to be used for data and information collection, management, analysis, interpretation and reporting

 – the questions to be answered

 – issues to be addressed

 – the criteria against which progress should be measured

 – how the confidentiality of data and information can be maintained

b) identifies with others a range of valid, reliable, cost-effective and ethical methods for answering the questions

c) identifies appropriate and valid sources of data and information for the issues to be addressed

d) monitors the quality and quantity of the data and information to confirm its consistency and use in analysis taking the necessary steps to remedy any issues

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

f) identifies gaps in data and information and effective ways of addressing these gaps and takes the necessary steps to address them

g) manages and analyses data and information using methods appropriate to:

 – the initial questions

 – the nature of the data, information and knowledge

h) interprets, appraises and synthesises data and information appropriately and creates new information that identifies:

 – consistency and inconsistency in outcomes

 – any limitations in data and information and the analyses used and continually holds issues raised open to question

i) describes conclusions, recommendations and problems accurately

j) presents the information and the knowledge gained from the work varying presentation, layout, images, structure, style, vocabulary and tone in order to:

 – meet the needs, interests and engagement of different audiences

 – convey particular effects

 – enable fine distinctions to be made

 – achieve emphasis

 – suit the nature and complexity of the subject

k) assesses the effectiveness of communications and uses the assessment to identify ways of improving future performance

l) provides appropriate support to others in improving their skills in information and knowledge management, presentation and use.

Presentation of ideas might be in relation to:

– presenting arguments/ideas/concepts

– explaining complicated lines of reasoning or series of events (eg child protection cases in court)

– presenting arguments/ideas to agencies/individuals who might have different perspectives (eg the media, courts)

– explaining complicated lines of reasoning, concepts and hypotheses

– presenting complex technical ideas to those who do not have this level of understanding

– summarising and communicating the results of scientific research

– explaining strategy to all personnel in organisation

– structuring information on internet sites

– communicating complex information about the organisation and its activities

Appropriate sources include:

– colleagues

– reference materials

– legal materials

– policy documents

– other written information of a similar nature which is of good quality

Support includes:

– feedback on drafts

– advice on how to approach writing of complex documents

– mentoring

Effectiveness of communication and improving knowledge management might include:

– supporting the e-learning of staff

– linking with national and local information networks (eg clinical, electronic health information, NHSU, libraries, learning centres and other networks)

Dimension 14: Facilities maintenance and management

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It is about maintaining and managing facilities and associated products.

The following examples of application may be relevant to all of the levels in the dimension.

Facilities and associated products might include:

- grounds
- laundry and housekeeping and associated products (eg clean clothing and linen)
- buildings (including maintaining site drawings and records)
- equipment and systems within buildings (eg heating and lighting)
- catering facilities and associated products (eg food and drink)
- housekeeping
- computer systems and associated software
- sterile services
- technical, medical and surgical services

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Prepare and maintain facilities and associated products by hand

a) correctly prepares the necessary tools, materials and surrounding areas for the task in hand

b) carries out the task effectively and completely in accordance with instructions

c) uses tools and materials safely

d) reports any problems without delay

e) cleans and maintains tools appropriately after use

f) stores tools and materials safely in a secure place

g) leaves the work area clean and safe.

Maintenance might include:

– cleaning of surfaces (eg sweeping, dusting, mopping, scrubbing down, clearing, washing by hand, brushing)

– resurfacing (eg painting, in-filling)

– simple repairs

– stacking and emptying automatic cleaning equipment (eg dishwashers, washing machines)

– replacement of fittings and fixtures (eg curtains, light bulbs)

– replenishment of supplies (eg towels, soap, toilet rolls)

Preparation might include:

– food preparation (eg cutting, peeling, dicing, scrubbing)

– building preparation (eg rubbing down, pre-washing)

– laundry preparation (eg pre-washing)

– housekeeping preparation (eg stripping beds)

– putting up warning and safety signs

Level 2   Prepare and maintain facilities and associated products using equipment and by hand

a) correctly prepares the necessary tools, equipment, materials and surrounding area for the task in hand

b) carries out delegated tasks effectively and completely

c) uses tools, equipment and materials safely

d) reports any problems without delay

e) cleans and maintains tools and equipment appropriately after use

f) stores tools, equipment and materials safely in a secure place

g) leaves the work area clean and safe.

Maintenance includes:

– cleaning/clearing of surfaces (eg vacuuming/hoovering, suction cleaning and dust control mop sweeping, spray cleaning and buffing, carpet shampooing and stain removal, burning off paint)

– resurfacing (eg ironing, stripping and polishing)

– sterilisation and disinfection

– maintenance and repairs of equipment and facilities

– effective running and servicing of systems (eg heating and lighting)

– electronic backup of computers

– replenishment of supplies (eg towels, soap etc)

Preparation includes:

– food preparation using equipment (eg boiling, frying, steaming, cook-chill)

– building preparation (eg steam cleaning)

– laundry preparation

– housekeeping preparation

– putting up warning and safety signs

Indicators	Examples of application	References

The worker:

Level 3   Develop and maintain facilities and associated products

a) identifies the facilities and associated products that people and the organisation need in discussion with colleagues and relevant others taking into account the needs and wishes of specific individuals and groups

b) finds out:

- whether anyone else has developed similar facilities and associated products

- the outcomes of their work

- the extent to which their work can be applied in this context

- specific standards and regulations that apply

c) produce and test solutions for new facilities and associated products

d) work with colleagues to plan:

- what needs to happen

- who is able to do what

- the impact of these needs and wishes on the resources available

- the capabilities in the team to meet these needs and wishes

e) implement plans to address the needs and wishes identified providing appropriate support to those involved in the process

f) find out from those who have used the facilities and associated products whether they have met their needs and how the facilities and associated products can be improved

g) modify and improve facilities and associated products in the light of feedback.

Standards and regulations might relate to:

- food safety

- buildings

Specific needs and wishes may relate to:

- personal beliefs and preferences and their impact on facilities and associated products (eg rooms for prayers, the effect of religious beliefs on diets and the food and drink available, washing facilities)

- needs related to health and wellbeing (eg special diets for particular conditions, access ramps for individuals with mobility needs)

Support to those involved in the process might include:

- briefing staff members and external contractors

Indicators	Examples of application	References

The worker:

Level 4   Develop the maintenance and management of facilities and associated products

a) identifies requirements for facilities and associated products taking into account all relevant factors

b) assesses the effectiveness of facilities and associated products in meeting requirements and takes the appropriate action when there are shortfalls

c) produces plans that:

– specify to a sufficient level of detail what needs to happen

– the frequency of activity

– quantity and quality of equipment, tools and materials

– storage requirements

– health and safety requirements

– expected standards of work

– dates and schedules for review and evaluation

d) provides individuals and teams with sufficient clear information for them to carry out their work effectively and comply with legislation

e) monitors the quality of preparation, maintenance and development of facilities and associated products

f) makes modifications and improvements on the basis of feedback and monitoring.

Facilities and associated products include:

– grounds

– laundry and associated products (eg clean clothing and linen)

– buildings

– equipment and systems within buildings (eg heating and lighting)

– catering facilities and associated products (eg food and drink)

– housekeeping

Factors include:

– type of facilities and associated products

– age and condition of facilities and associated products

– purpose for using facilities and associated products

Dimension 15: Design and production of equipment, devices and visual records

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It is about designing and producing equipment, devices and visual records that are custom-made for individuals or for specific activities.

The term 'custom-made' means specifically designed and developed for an individual. Such equipment and devices that are made for individuals fall under the provisions of the Medical Devices Directorate and hence the requirements of the Medical Devices Agency.

Equipment and devices which are selected from a pre-existing range of items would not be relevant to this dimension (eg pre-made splints and false limbs of different sizes, different forms of standardised wheelchairs).

The following examples of application may be relevant to all of the levels in the dimension.

Equipment includes:
- custom-made wheelchairs
- custom-made adaptive equipment for daily living
- custom-made environmental adaptations
- custom-made laboratory instrumentation
- custom-made instrumentation for point of care testing

Devices include:
- custom-made prostheses and orthoses
- custom-made oral prostheses (eg restorations)
- custom-made oral orthoses (eg removable orthodontic appliances)
- custom-made patient fixation devices
- custom-made medical devices
- custom-made patient aids (eg voice synthesisers)
- specifically designed laboratory devices
- specifically designed devices for point of care testing

Visual records include:
- photographic records
- graphical records
- casts
- baseplates
- custom-made trays
- occlusal registration rims

The following references have been used for all levels in the dimension:

1   Making the change: A strategy for the professions in healthcare science, 2001, Department of Health

2   National Occupational Standards for Dental Technology, 2001, Healthwork UK

3   Draft National Occupational Standards for Healthcare Scientists 2002

Examples of application that vary due to the level of knowledge and skills being applied are shown below together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Assist in the production of equipment, devices and visual records		
a) reviews the prescription/order and correctly identifies the materials and production equipment that will be required		
b) selects the correct type and quantity of materials for the delegated task		

c) confirms that the production equipment to be used is:
  – clean
  – in working order
  – set correctly		

d) undertakes the set task effectively and to time		
e) reports to the relevant person as soon as possible any problems with production equipment and materials.		

Indicators	Examples of application	References

The worker:

Level 2   Design, produce and modify simple equipment, devices and visual records

a) assesses the prescription/order for its clarity, and makes clear and accurate records of:

  –   patient identity, age and gender

  –   the identity of the individual who made the request

  –   the reason for/purpose of the equipment/device/record

  –   the type of equipment/device/record required

  –   the components required

  –   the timescale for progress and completion

  –   any specific requirements of the equipment/device/record

  –   additional equipment, devices and records

b) assesses the technical feasibility of the prescription/order and determines a production route that is capable of meeting the request

c) refers back to individuals who made the request promptly and politely when there are concerns

d) prepares and applies the appropriate materials for the design stages of the equipment/record/device confirming throughout the process that the developing design is fit for purpose

e) correctly references design stage equipment/records/devices and confirms their quality

f) correctly uses and applies the design stage equipment/records/devices as the basis of the ongoing design and production of equipment/records/devices

g) appropriately converts and finishes design stage equipment/records/devices into the final designed record/device

h) prepares the finished equipment/records/devices in a manner appropriate to its final use monitoring its quality throughout.

Materials and related processes include:

–   polymerics

–   metals

–   glass

–   computerised graphics

Concerns include:

–   insufficient information to accurately identify what is required

–   poor quality specifications and requests

–   issues about the technical feasibility of the request

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Indicators	Examples of application	References

The worker:

Level 3   Design, produce and modify complex equipment, devices and visual records

a) assesses the prescription/order for its clarity, and make clear and accurate records at the start and finish of the process of:

–   patient identity, age and gender

–   the identity of the individual who made the request

–   the reason for and purpose of the equipment/device/record

–   the type of equipment/device/record required

–   the components required

–   the timescale for progress and completion

–   any specific requirements of the equipment/device/record

–   additional equipment, devices and records

b) assesses the technical feasibility of the prescription/order and agrees with others a production route/treatment plan that is capable of meeting the request given the complexity of the outcome

c) refers back to individuals who made the request promptly and politely when there are concerns

d) prepares and applies the appropriate materials throughout the numerous design stages of the equipment/record/device confirming throughout that the developing design is fit for purpose

e) correctly references design stage equipment/records/devices and confirms their quality

f) correctly uses and applies the design stage equipment/records/devices as the basis of the ongoing design and production of equipment/records/devices

g) appropriately applies, converts and finishes design stage equipment/records/devices into the final designed equipment/record/device transferring skills and knowledge to meet arising problems and issues

h) prepares the finished equipment/records/devices in a manner appropriate to its final use monitoring its quality throughout

i) advises clients and/or users on the use and maintenance of the device

j) confirms that the equipment/record/device is fit for purpose.

Examples of application

Materials and related processes include:

–   polymerics

–   metals

–   glass

–   computerised graphics

–   tomography

–   laboratory analysis

Indicators	Examples of application	References
The worker:		

Level 4   Design and produce new and innovative equipment, devices and visual records

a) agrees with those involved:

– his/her own role in contributing to planning treatment

– the way in which the assessment and planning is to be carried out

b) obtains sufficient and appropriate information on the case before and during interactions with individuals including those who made the referral

c) develops realistic, justifiable design options together with their benefits and limitations and makes recommendations as to how to proceed

d) evaluates selected design and assesses:

– how the design and production activities will need to be sequenced

– a realistic length for production

– the people who will need to be involved

e) schedules and plans design and production consistent with:

– other work demands

– the needs and requirements of those involved

– statutory obligations

f) records and explains clearly to those involved in the production process:

– the planned design

– the materials to be used

– the processes to be used

– functional and aesthetic requirements

– the work to be undertaken and the roles and responsibilities of those involved

– the timescales within which the work is to be completed

g) monitors the progress of the equipment/record/device throughout identifying any problems and taking any necessary remedial action

h) evaluates the finished equipment/record/ device and confirms that it:

– is effective

– is free of defects

– meets the requirements of the planned design

– complies with agreements

– is fit for purpose

Advice will include that on:

– type of equipment/device/record

– type of materials

– solutions to particular issues (eg patient allergies)

– feasibility of particular courses of action

– preparation needed

– how design can be changed in response to the progress of the treatment

– analytical principles

– scientific principles

– clinical requirements

Design options includes:

– type of equipment/device/record

– any modifications to standard equipment/device/record design

– materials to be used

– techniques and processes to be used

Materials and related processes include:

– polymerics

– metals

– glass

– computerised graphics

– tomography

– laboratory analysis

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Dimension 16: Biomedical investigation and reporting

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to investigating and reporting samples and tissues for biomedical purposes.

The following examples of application may be relevant to all of the levels in the dimension.

Biomedical investigations and reporting might be in relation to:
- anatomical pathology
- cervical cytology
- clinical biochemistry
- cytogenetics
- electron microscopy
- haematology
- immunology
- microbiology
- molecular genetics
- neuro-physiology

The following references have been used for all levels in the dimension:

1   Making the change: A strategy for the professions in healthcare science, 2001, Department of Health

2   Draft National Occupational Standards for Healthcare Scientists 2002

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Perform routine tests and tasks related to investigations and reporting

a) identifies with the team the tests/tasks to be undertaken

b) selects the correct type of equipment and materials for the delegated test/task

c) confirms that the equipment to be used is:
   – clean
   – in working order
   – set correctly

d) undertakes the set test/task effectively and to time

e) communicates appropriately with those involved throughout the process

f) reports any problems to the appropriate person as soon as possible

g) keeps accurate and complete records of the tasks undertaken.

Routine tests and tasks include:

– disinfection and sterilisation

– anatomical pathology (eg taking tissue samples, receiving and storing bodies, reconstructing bodies following pathology)

– clinical biochemistry (eg obtaining specimens: food, water and environmental), receiving, labelling and sorting samples, assisting in preparing material for solutions, preparing and filing slides, preparing biological specimens for analysis

– cytogenetics (eg obtaining mitotic preparations – by suspension harvesting techniques for chromosomal staining or fluorescence in situ hybridisation, in situ harvesting techniques for chromosomal staining or fluorescence in situ hybridisation; preparing mitotic figures for chromosomal analysis; preparing specimens for fluorescence in situ hybridisation analysis of interphase nuclei

– electron microscopy (preparing specimens, sections, samples; packing specimens for, and arranging, their transport)

– immunology (eg preparing for analysis: urine samples, Cerebral Spinal Fluid, biopsy tissue)

– microbiology (eg preparing slides for microscopic investigation of micro-organisms, preparing specimens for microscopic investigation of micro-organisms/culture/toxin detection of evidence or presence of microbial agents by means other than culture, inoculating and incubating specimens for investigation of micro-organisms)

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Indicators	Examples of application	References

The worker:

Level 2   Undertake and report on biomedical investigations

a) confirms with the person responsible for the overall planning of the work:

  – the purpose of the procedure

  – particular aspects to take into account

b) prepares the environment, equipment and materials appropriately for the analytic procedure, setting and confirming equipment safety and functioning parameters prior to use

c) alerts the relevant person promptly to problems with environments, equipment and materials

d) positions the equipment and self appropriately to the requirements of the analytic procedure and to reduce risks

e) applies and uses the equipment correctly for the analytic procedure taking the appropriate amount of time and concentrating on the procedure in hand

f) assesses performance of the analytical process using the correct quality control criteria

g) interprets and reports findings concisely and clearly making them available to the people who need them

h) services and maintains equipment consistent with laid down procedures.

Investigations and analyses may relate to:

–   anatomical pathology (eg performing pre-post mortem examinations, assisting with examinations)

–   cervical cytology – primary screening; reviewing negative and inadequate slides; checking abnormal and equivocal slides for presence of abnormal cells

–   clinical biochemistry (eg performing specific standard tests and profiles to investigate the functioning of major organs and systems, investigation of proteins (eg electrophoresis, immunoassay, chromatography and spectrophotometry), investigation of endocrinal disorders (eg function of the thyroid, adrenal, pituitary, parathyroid glands, gonads, pancreas and other endocrine systems), investigation of nutrition, absorption and digestion, monitoring status and progress of malignancy (eg methods of immunoassays, chromatographic etc and analysis using automated, semi-automated and manual techniques (including radioisotopes)

–   cytogenetics – investigating mitotic preparations for cytogenetic alteration or abnormalities, interphase preparations for cytogenetic alteration or abnormalities

–   electron microscopy (eg preparing specimens for surface investigation by scanning, examining structure of specimens through transmission electron microscopy, examining specimens through scanning)

–   haematology (eg performing routine investigations on blood and it's components, performing specialised tests to investigate blood and its components, performing blood count to determine presence of cellular abnormality or deficiency, screening samples to determine haemostatic function, testing specimens for ESR/plasma viscosity, investigating disorders of iron metabolism/megaloblastic anaemias, detecting haemolysis and determining the cause, identifying and enumerating peripheral blood cells or bone marrow cells by microscopy, determining abnormalities of white cells/coagulation factors associated with bleeding disorders/coagulation factors associated with thrombotic disorders/platelet count, determining the cause of an increased red cell count)

Indicators	Examples of application	References
The worker:		

Level 2 Undertake and report on biomedical investigations (continued)		

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– immunology (eg detecting and quantifying, auto antibodies by IF and non IF methods, detecting and enumerating immunoproteins, detecting cell phenotypes)

– microbiology (eg identifying microbiological agents which can be grown by culture, confirming evidence of presence of microbial agents, determining organism susceptibility or resistance to anti-microbial agents, typing microbial agents by sub species, examining specimens by microscopy to assist with diagnosis or screening)

– molecular genetics (eg preparing DNA/RNA to investigate for genetic variants)

– neurophysiology

Risks might include to:

– self (eg through poor posture)

– others (eg through exposure to agents)

– the quality of the work.

Reports might include those using the following media:

– written records

– electronic databases

– photographs

– digitised images

Indicators	Examples of application	References

The worker:

Level 3   Plan, analyse, assess and report biomedical investigations

a) obtains relevant information to plan the work

b) discusses and agrees with colleagues:

– the analyses that needs to be undertaken

– unusual aspects of the case

– possible risks

– any requirements to modify processes

– who will be responsible for doing what and by when

c) bases decisions as to the equipment to use on:

– the information available

– the urgency with which the information needs to be obtained

– the overall resources available to do the work

taking the appropriate action when equipment is unable to produce results of the required quality

d) appropriately tests, prepares and confirms the functioning of equipment and materials prior to use

e) positions the equipment and self appropriately for the requirements of the procedure and to reduce risks

f) applies and uses equipment correctly for the analytic procedure and based on evidence of effectiveness

g) interprets, reports and presents findings and outcomes concisely to colleagues clearly stating any limitations

h) makes recommendations and reports that are based on valid interpretations of the available information and in the context of the whole procedure

i) quality assures equipment functioning and the outcomes of investigations comparing overall performance with standards and benchmarks.

Investigations and analyses may relate to:

– anatomical pathology (eg planning post-mortem examinations, dissecting and eviscerating bodies)

– cervical cytology (eg recommending the management of abnormal results)

– clinical biochemistry (eg performing dynamic function tests, investigating individuals for presence of unspecified harmful substances; screening, diagnosing and monitoring inherited and congenital disorders)

– cytogenetics (eg defining cytogenetic investigations required to meet clinical needs)

– electron microscopy

– haematology (eg managing anticoagulation therapy)

– molecular genetics (eg deciding on strategy to test DNA/RNA for genetic variants, performing PCR reactions on DNA/RNA samples, investigating PCR products for genetic variants, investigating DNA for genetic variants by Southern Blotting procedures)

– neurophysiology (eg undertaking specialised tests)

– nuclear medicine (eg reviewing patient status and suitability for investigation or therapy, administering radioactive and non-radioactive medical products to patient, performing radionuclide therapeutic procedures in controlled areas, performing non-imaging diagnostic procedures)

Recommendations and reports may include:

– interpretation of analytical results in the clinical context (clinical authorisation)

– advice on reference ranges for analyses

– advice on choice of analyses for diagnostic and monitoring purposes

– advice on specimen collection requirements and timings for individual analyses

– advice on choice of analytical investigation in specific patients

Indicators	Examples of application	References
The worker:		

Level 4   Develop practice in biomedical investigation and reporting

a) agrees with those involved his/her own role in the investigative and reporting process

b) obtains sufficient and appropriate information on the investigative methods and processes and how they relate to other methods and processes and evidence-based practice

c) develops and recommends realistic and justifiable options outlining their benefits and limitations

d) evaluates selected options and makes an accurate and realistic assessment of:

– the sequencing of activities

– the length of time that will be needed for development

– the people who will need to be involved

– other work demands

e) develop plans for improving practice that are consistent with:

– other work demands

– the needs and requirements of those involved

– statutory obligations

f) explains and agrees with those involved:

– plans

– the work to be undertaken and the roles and responsibilities of those involved

– resource availability

g) monitors practice developments identifying any problems and taking any necessary remedial action

h) evaluates practice developments and confirms that they:

– are effective

– are free of problems

– meet requirements

– comply with agreements

– are fit for their intended purpose

i) provide ongoing support and advice:

– as others develop their ability

– to users of the service

j) introduce:

– ongoing audit of practice developments

– appropriate ongoing quality assurance systems and methods.

Development of practice might include those for:

– patient monitoring

– diagnosis (eg developing cytogenetic investigations)

– treatment/therapy (eg

– research

– the prevention and control of infections in the community and in hospitals (using electrophoresis, electron microscopy)

Dimension 17: Measuring, monitoring and treating physiological conditions through the application of specific technologies

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to applying specific technologies to measure, monitor and treat physiological conditions.

Dimension 8 is about addressing individuals' health and wellbeing needs. This dimension relates closely to dimension 8 but here the focus of practice is the technology rather than addressing health and wellbeing needs per se. Workers who are skilled in both dimensions are likely to work closely together in an interprofessional team to meet the needs of individuals with specific physiological conditions.

The following examples of application may be relevant to all of the levels in the dimension.

Applications may include those related to:
- critical care
- diagnostic radiation
- physiological measurement (eg of audiological functioning, respiratory functioning, vascular functioning)
- radiotherapy
- renal care.

The following references have been used for all levels in the dimension:

1 Making the change: A strategy for the professions in healthcare science, 2001, Department of Health

2 Draft National Occupational Standards for Healthcare Scientists 2002

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1 Assist in the application of technology for measurement, monitoring and treatment

a) identifies with the team the tests/tasks to be undertaken

b) selects and prepares the correct equipment and materials for the delegated task

c) confirms that the equipment is:

  – clean

  – in working order

  – set correctly

d) undertakes the set task effectively and to time

e) communicates appropriately with patients and colleagues throughout the process

f) reports any problems with equipment and materials promptly to the relevant person.

Tasks may include:

– obtaining blood samples

– obtaining ova

– undertaking routine resting ECG procedures

– radiotherapy (eg preparing sealed sources for use in brachytherapy, selecting and customising patient related devices to assist with radiotherapy treatment, taking dosing measurements to support radiation treatment

Level 2 Apply technology for measurement, monitoring and treatment

a) confirms with the person responsible for planning the work:

  – the purpose of the procedure

  – particular aspects to take into account

b) undertakes procedures only when it is safe for the individual concerned and once informed consent has been obtained

c) prepares individuals, environment, equipment and materials appropriately for the procedure prior to starting the procedure

d) positions the equipment and self:

  – correctly for the requirements of the procedure

  – to reduce risks

e) applies and uses the technology and related materials correctly for the procedure concerned

f) communicates appropriately with those involved throughout the process

g) monitors individuals' condition throughout the process and takes the appropriate actions to manage any arising contingencies

h) interprets and reports findings and outcomes concisely, clearly and with the appropriate degree of urgency.

Measurement and monitoring may relate to:

– respiratory functioning (eg lung functioning, lung volume, airways flow, blood oxygenation)

– audiological functioning (including middle ear analysis, audiometry, vestibular assessments)

– cardio-vascular functioning (such as blood waveform analysis, blood gas and chemistry, cardiac electrical activity, confirming the functioning of implanted devices, analysis of data from ECG using relevant software, transthoracic echocardiogram, angioplasty, PCI, RFAblation)

– haematology (eg point-of-care testing for blood chemistry)

– monitoring patient recovery and their use of rehabilitative devices (eg wheelchairs)

– radiotherapy (eg administering sealed sources of radiotherapy treatment to patients using after-loading devices, administering unsealed sources of radiotherapy treatment to patients)

– renal care (eg supporting people during dialysis treatments)

Preparation of individuals would include:

– receiving patients and carers

– initial assessment of patient readiness for the procedures (eg confirming that those who need to prepare in clinically-specified ways are properly prepared and take the appropriate action when they are not

– alerting the relevant people if the individual is not prepared or their condition is not suitable for the procedure

Preparation of equipment would include:

– setting and confirming equipment safety and functioning parameters

– routine servicing

– routine repairs

– reporting problems

Indicators	Examples of application	References

The worker:

Level 3   Plan, monitor and quality assure the application of technology for measurement, monitoring and treatment

a) obtains relevant information to plan the work and confirms that the process that has been requested is consistent with the available clinical information

b) adjusts patient management strategies and applications to meet the requirements of clinical indicators and informed by an assessment of risk

c) applies and administers technology only when it is safe for the person concerned given other known information

d) bases decisions as to the equipment to use on:

–   the information available

–   the patient's identified needs and characteristics

–   the urgency with which the information needs to be obtained

–   the overall resources available to do the work

taking the appropriate action when equipment is unable to produce results of the required quality

e) confirms that patients have given their informed consent

f) prepares individuals, environment, equipment and materials appropriately for the procedure prior to starting the procedure

g) positions the equipment and self appropriately to the requirements of the procedure and to reduce risks to patients, others and the worker

h) communicates appropriately with those involved throughout the process

i) applies and uses the technology and related materials correctly for the application concerned consistent with evidence of good practice

j) interprets and presents findings and outcomes concisely and clearly stating any limitations and referencing numeric values to the appropriate norms

k) makes recommendations and reports that are based on valid interpretations of the available information and in the context of the whole procedure

l) quality assures equipment and technology functioning and outcomes comparing overall performance with standards and benchmarks.

Measurement, monitoring and treatment may relate to:

–   bio-mechanical data

–   respiratory functioning (eg lung functioning, lung volume, airways flow, blood oxygenation)

–   audiological functioning (including middle ear analysis, audiometry, vestibular assessments)

–   vascular functioning (eg using ultrasound or alternative techniques)

–   monitoring patient recovery and their use of rehabilitative devices (eg wheelchairs)

–   setting up critical care equipment (eg for routine and non-invasive monitoring of patients physiological function, to support or replace patients' physiological function by invasive methods)

Preparation of individuals would include:

–   receiving patients and carers

–   initial assessment of patient readiness for the procedures (eg confirming that those who need to prepare in clinically-specified ways are properly prepared and take the appropriate action when they are not

–   alerting the relevant people if the individual is not prepared or their condition is not suitable for the procedure

Preparation of equipment would include:

–   setting and confirming equipment safety and functioning parameters

–   routine servicing

–   routine repairs

–   reporting problems

Indicators	Examples of application	References

The worker:

Level 4   Develop practice in applying technology for measurement, monitoring and treatment

a) agrees with those involved his/her own role in the process

b) obtains sufficient and appropriate information on the applications and the patients

c) develops and recommends realistic and justifiable options outlining their benefits and limitations

d) evaluates selected options and makes an accurate and realistic assessment of:

  – the sequencing of activities

  – the length of time that will be needed for development

  – the people who need to be involved

  – other work demands

e) develop plans for improving practice that are consistent with:

  – other work demands

  – the needs and requirements of those involved

  – statutory obligations

f) explains and agrees with those involved:

  – plans

  – the work to be undertaken and the roles and responsibilities of those involved

  – resource availability

g) monitors practice developments identifying any problems and taking any necessary remedial action

h) evaluates practice developments and confirms that they:

  – are effective

  – are free of problems

  – meet requirements

  – comply with agreements

  – are fit for their intended purpose

i) provide ongoing support and advice:

  – as others develop their ability

  – to users of the service

j) introduce:

  – ongoing audit of practice developments

  – appropriate ongoing quality assurance systems and methods.

Development and practice might relate to:

– patient management

– applications of technology for measurement, monitoring and treatment

– instrumentation and equipment

– frameworks (eg radiation protection, dosimetry)

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Dimension 18: Partnership

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to working in partnership with people in different parts of the same agency who have different perspectives (eg management and staff sides), with communities, and with other agencies.

The following examples of application may be relevant to all of the levels in the dimension.

Joint working with:

- individuals (eg patients, carers, colleagues, professions, managers, employees)
- groups (eg work teams, patient groups, user groups, community support groups)
- communities (eg of interest, of location, of aspect (such as disability, age))
- agencies (public sector, voluntary, independent, employing organisations).

Examples of application that vary due to the level of knowledge and skills being applied are shown below together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Participate in partnership working with other individuals and groups		
a) acts consistently with joint decisions taking individual responsibility for joint decisions	Information and advice maybe in relation to	
b) provides sufficient information on work in progress to enable individuals and groups to understand progress and issues	– sharing experience – making decisions – increasing understanding	
c) addresses and handles any issues in joint working in a constructive manner	– implementing a solution. Disseminating information maybe:	
d) offers help, advice and support to others when they ask for it consistent with own role	– orally	
e) makes approaches to those in a more senior position who need information and advice consistent with own role and in a manner that recognises the potential difficulties of such interactions	– in writing – pictorially – electronically	
f) disseminates information to others who would benefit from it.		

Indicators	Examples of application	References

The worker:

Level 2   Participate in partnership working with individuals, groups, communities and agencies

a) acts consistently with joint decisions taking individual responsibility for joint decisions

b) provides sufficient information on work in progress to enable individuals, groups, communities and agencies to understand progress and issues

c) addresses and handles any issues constructively

d) offers help, advice and support to others when they ask for it consistent with own role

e) shares and takes account of own and others' knowledge and skills, and advances in practice

f) participates appropriately in jointly agreed work

g) shares information with others consistent with agreements made and consistent with own role.

Information and advice maybe in relation to

–   sharing experience

–   making decisions

–   increasing understanding

–   implementing a solution.

Disseminating information maybe:

–   orally

–   in writing

–   pictorially

–   electronically

Level 3   Develop and sustain partnership working with individuals, groups, communities and agencies

a) understands and values others' roles and contributions

b) enables others to contribute effectively

c) acknowledges the nature of and context of others' work

d) shares and takes account of own and others' knowledge and skills, and advances in practice

e) effectively undertakes jointly agreed work

f) shares information with others consistent with agreement made between the agencies involved.

Jointly agreed work might include:

–   planning

–   implementation

–   evaluations and audit

–   research and development.

Indicators	Examples of application	References

The worker:

Level 4   Develop, sustain and evaluate partnership working with individuals, groups, communities and agencies

a) identifies and promotes:

–   the advantages and disadvantages of partnership working

–   the purpose of partnership working

b) appraises different options for partnership working for their suitability

c) identifies and seizes opportunities to develop and improve relationships with others

d) works with others to develop agreed arrangements and action plans that contain

–   communication channels

–   resources and funding

–   roles and responsibilities

–   what will happen

–   who is responsible for undertaking different actions

–   by when actions need to be completed

e) appropriately supports and encourages people to

–   understand their contribution to partnership working

–   offer suggestions, ideas and views

–   take an active part in the process

–   work together effectively

–   shares achievements

f) accepts joint responsibility for any problems and tensions that arise in the partnership working and uses such issues to improve future practice

g) evaluates with those involved the effectiveness of the partnership working, its outcomes and processes

h) proposes ways in which partnership working could be improved based on:

–   evaluations

–   trends and developments

–   the stage of development of the partnership working.

Options might include:

–   agencies and workers who might be involved

–   scope of the partnership working

–   purpose of the partnership working

–   processes to be used.

Problems and tensions might be:

–   differing views

–   resources each of the partners is able to offer or thinks the other partner should offer

–   motivation and commitment

–   personal resources and capabilities of the main workers

–   interests and interaction with others who may affect the proposals

–   difficulties in communication

–   the effect of change and uncertainty.

Support might include:

–   encouragement and motivation

–   education and training

–   coaching and mentoring

–   representation of views to others

–   information on good practice and how it may be implemented

–   advice

–   accessing expertise

–   confidential case consultation

–   resources.

Outcomes and processes of partnership working might include:

–   information sharing

–   mutual support

–   resource use

–   service provision

–   confusions and overlaps of work.

Indicators	Examples of application	References
The worker:		

Level 5   Enable individuals, groups, communities and agencies to work effectively in partnership

a) identifies and selects methods that facilitate partnership working	Supporting partnership working might include:
b) supports individuals, groups, communities and agencies to evaluate the strengths, weaknesses, opportunities and threats of partnership working	– bringing different workers, agencies and communities together to share developments and interests
	– supporting research and development activities
c) facilitates individuals, groups, communities and agencies to establish clear purposes, objectives, protocols and methods for partnership working	– facilitating joint education and training
	– disseminating information
	– making resources available
d) enables individuals, groups, communities and agencies to take responsibility for partnership working and supports them in ways that are consistent with agreed plans	– facilitating dialogue and partnership working
	– acting as a resource to service the partnership work
e) seeks feedback from those involved on a regular basis and regularly review plans, activities and processes	– providing resources (eg administrative support)
	– offering guidance and advice.
f) works with individuals, groups, communities and agencies to monitor and evaluate the effectiveness of partnership working against its desired outcomes and to make an appropriate analysis of any problems that have been encountered	Effectiveness of partnership working might include:
	– in achieving the desired outcomes
	– not achieving outcomes but other lessons learnt in the process
g) supports individuals, groups, communities and agencies to review plans and to agree any necessary changes.	– the process itself and the effectiveness of different parts of it

Dimension 19: Leadership

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to the area of leadership.

It is not necessary to have line management responsibility for leadership as it relates to influencing and motivating others.

The management of people is covered in dimension 20.

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Influence the development of knowledge, ideas and work practice

a) monitors the environment to identify potential opportunities to influence the development of knowledge, ideas and practice and prioritises those that have the most potential for success

b) explains clearly and in a manner appropriate to the people concerned:

– the added value which developing knowledge, ideas and work practice will bring

– examples of the benefits which such development has bought in the past

– how such development will facilitate the achievement of other aims and goals

c) reinforces developments, improvements, successes and achievements at every opportunity supported by relevant and accurate information

d) constructively tackles queries and objections to developing knowledge, ideas and work practice and makes alternative proposals

e) provides advice and information on specific areas of development

– at the times policy makers can best make use of it

– based on evidence

– in a form which is capable of their ready use

f) encourages others to seek advice on the worker's area of expertise when it would benefit them to do so

g) evaluates own effectiveness in influencing the policy agenda and use this to inform future practice.

Opportunities might be:

– training and development

– publicity

– awareness campaigns

– interaction – formal or informal

– involvement in collaborative ventures.

Added value might be:

– the benefits of actively developing knowledge, ideas and work practice

– the costs which might accrue through not developing knowledge, ideas and work practice

– public image which might act in their favour and increase public confidence or be to their detriment

– unintended consequences of not developing knowledge, ideas and work practice which was not originally envisaged.

Indicators	Examples of application	References
The worker:		

Level 2   Lead others in the development of knowledge, ideas and work practice

Indicators	Examples of application	References
a) identifies clearly the wider benefits that developing knowledge, ideas and work practice will bring	Others might include: – groups and communities – other workers and colleagues in the same organisation – workers in other agencies.	1 UKCC, 2001, Draft competences for health visiting, London UKCC
b) establishes with others goals and methods for developing knowledge, ideas and work practice		
c) inspires others with one's own values and vision for developing knowledge, ideas and work practice		
d) challenges those whose views and actions are not consistent with developing knowledge, ideas and work practice		
e) supports and encourages others to: – understand their contribution – offer suggestions, ideas and views – take an active part in developing knowledge, ideas and work practice – share achievements – challenge tradition and take risks		
f) accepts joint responsibility for any arising problems and tensions and uses these to inform future practice		
g) makes recommendations for future resourcing to develop knowledge, ideas and work practice.		

Indicators	**Examples of application**	**References**

The worker:

Level 3   Lead work teams in the development of knowledge, ideas and work practice

a) identifies clear benefits, goals and processes for developing knowledge, ideas and work practice and communicates these effectively to others in the work team

b) inspires others with values and a vision of the future and leads them in taking these forward incorporating supporting messages into daily activities

c) anticipates, plans and advocates for development and change whilst acknowledging traditions and background

d) presents recommendations for development to the relevant people highlighting the benefits these will bring

e) enables others to

  – understand their contribution

  – communicate their views about improvements

  – see development as essential for personal growth

  – take an active part in the process

  – informally network with others

  – share achievements jointly with other colleagues

  – challenge, take risks and express dissatisfaction

f) overcomes barriers to development and constructively challenges those whose views and actions are not consistent with development

g) maintains and sustains the vision and objectives for development until they are firmly embedded into the culture of the team

h) maintains stability during times of change

i) accepts responsibility for any arising problems and tensions in the team

j) recognises, communicates and rewards the achievements of the team and individuals within the team.

Teams maybe:

– uni disciplinary

– multi-disciplinary

– multi-agency.

Indicators	Examples of application	References
The worker:		
Level 4 Lead multi-agency teams and communities in the development of knowledge, ideas and work practice		
a) identifies clear benefits, goals and processes for developing knowledge, ideas and work practice and communicates these effectively to other agencies and communities		1 Healthwork UK, 2002, National Occupational Standards for Specialist Practice in Public Health, London Healthwork UK
b) links the development of knowledge, ideas and work practice to the role, functions, interests and concerns of others		
c) inspires others with values and vision for the future and leads others in taking forward clearly articulated values and vision		
d) incorporates messages that support the vision and values into activities		
e) presents decision makers with recommendations highlighting the improvements they will make		
f) enables people to communicate their views about improvements and listen to what they are saying		
g) identifies the reasons for rejecting recommendations and offers suitable alternative options		
h) overcomes barriers to improvement including those within senior and influential positions		
i) challenges those whose views and actions are not consistent with improvement		
j) maintains and sustains the vision and objectives of improvements until they are firmly embedded into culture, values and activities		
k) supports and encourages people to:		
– understand their contribution		
– offer suggestions, ideas and views		
– take an active part in the process		
– lead others in developing knowledge, ideas and work practice		
– informally network with others		
– share achievements		
– challenge tradition, take risks and express dissatisfaction		
l) accepts joint responsibility for any arising problems and tensions using these to improve future practice		
m) recognises, communicates and rewards achievements.		

Dimension 20: Management of people

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to managing people.

The following examples of application may be relevant to all of the levels in the dimension.

Team members might be:

• people for whom the worker has line responsibility (eg employed staff)

• people for whom the worker has functional responsibility (eg research project staff, consultants, building projects)

• people for whom the worker has delegated responsibility.

Examples of application that vary due to the level of knowledge and skills being applied are shown below together with the related level and indicators.

Indicators	Examples of application	References
The worker:		
Level 1 Supervise the work of a team		
a) provides opportunities to team members to contribute to the planning and organisation of their work		1 Management Charter Initiative, 1997, National Occupational Standards for Management, MCI London
b) develops and explains plans and work activities to team members:		
– in sufficient detail		
– at a level and pace appropriate to the individuals concerned and confirms their understanding of what has been said		
c) provides team members with opportunities to assess their own work		
d) assesses the performance of team members objectively against clear and agreed criteria		
e) provides clear feedback to team members in a situation and in a form most likely to maintain and improve performance		
f) provides opportunities for team members to respond to feedback and recommend how they could improve their work		
g) reports poor performance to a relevant person for them to take action.		

Indicators	Examples of application	References

The worker:

Level 2   Plan, allocate, assess and provide feedback to team members

a) suggests workforce requirements that meet organisational needs and legal requirements

b) assesses and selects individuals for posts using agreed methods and based on objective assessments against agreed selection criteria

c) communicates clearly with team members and provides them with opportunities to:

– contribute to the planning and organisation of work

– assess individual and team work

– to respond to feedback

– make suggestions for improvement

d) ensures that work plans:

– are consistent with their team's objectives

– are realistic and achievable

– take full account of team members' abilities and development needs

e) allocates work:

– to make best use of the team and the abilities of all its members

– to provide team members with suitable learning opportunities to meet their personal development objectives

– consistent with the team's objectives, and the objectives, policies and values of the organisation

f) objectively assesses the work of the team and individuals within it and provides clear constructive feedback

g) agrees with team members courses of action to address issues with and at work

h) implements disciplinary and grievance procedures in a fair, impartial and timely way consistent with organisational procedures and the law.

Purpose of assessing individuals and teams might include:

– assuring that objectives have been achieved

– assuring that quality and user requirements have been met

– appraising team or individual performance

– recognising competent performance and achievement.

Assessment might be:

– specific to one activity or objective

– general to overall performance of the team or individual.

The situations in which feedback is given might be:

– during normal day-to-day activities

– when required to maintain motivation, morale and effectiveness

– during formal appraisals

– at team meetings and briefings

– during confidential discussions of work.

Indicators	Examples of application	References
The worker:		

Level 3   Allocate, coordinate, monitor and assess the work of teams and individuals

a) suggests workforce requirements that meet organisational needs and legal requirements

b) assesses and selects individuals for posts using agreed methods and based on objective assessments against agreed selection criteria

c) gives team members opportunities to:

– recommend how work should be allocated within the team

– recommend their own objectives and work plans

– assess their own work

– respond to feedback

– recommend how work could be improved in the future

d) allocates work:

– to make best use of the abilities of different teams and individuals within those teams

– to provide suitable learning and development opportunities

– consistent with the organisational objectives, policies and values

– prioritising and reprioritising tasks to respond to changing circumstances

e) manages multiple processes simultaneously whilst enabling teams and individuals to focus on their own specific objectives

f) clearly defines, updates and provides sufficient information on:

– the responsibilities of teams and their individual members, and the limits of their authority

– realistic and achievable objectives and work plans

– how the progress and quality of work will be assessed

– how individuals and teams will be assessed

g) monitors the performance of teams and individuals at times most likely to maintain and improve effective performance

h) objectively assesses team and individual work and provides constructive feedback in a manner most likely to maintain and improve work and direction

i) provides team members with constructive suggestions, encouragement and support to improve future work and meet their personal development objectives

j) implements disciplinary and grievance procedures in a fair, impartial and timely way consistent with organisational procedures and the law.

Examples of application

Allocating work might be:

– normal working contexts

– emergencies.

Objectives and work plans might be:

– short-term

– medium-term

– long term.

Purpose of assessing individuals and teams might include:

– assuring that objectives have been achieved

– assuring that quality and user requirements have been met

– acting as coach/mentor

– assessing performance for reward

– appraising team or individual performance

– recognising competent performance and achievement.

Assessment might be:

– specific to one activity or objective

– general to overall performance of the team or individual.

The situations in which feedback is given might be:

– during normal day-to-day activities

– when required to maintain motivation, morale and effectiveness

– during formal appraisals

– at team meetings and briefings

– during confidential discussions of work.

New ways of allocating work includes:

– skill mix (multi-disciplinary, multi-professional, support and professional, individuals with different amounts of experience)

Actual and emerging resource issues include:

– skill and competence gaps

– levels of accountability in and across the team

References

1 Management Charter Initiative, 1997, National Occupational Standards for Management, MCI London

2 GMC, 1999, Management in healthcare – the role of doctors, GMC London

Indicators	Examples of application	References

The worker:

Level 4   Delegate work to others

a) acts in a manner which promotes equality of opportunity to all those who have the necessary ability or potential to take on delegated responsibility and authority

b) delegates responsibility and authority to people who are capable of delivering the required outcomes and in a way that:

– is clear, explicit and allows sufficient time for the work to be carried out

– inspires commitment and enthusiasm

– takes account of people's development needs

c) agrees clear and explicit targets that:

– are consistent with objectives

– are realistic and achievable

– take into account the capabilities of the people involved

– specify how the work will be reviewed

d) allocates and provides sufficient resources and support for the work to take place in the agreed timescales accurately identifying problems and possible solutions whilst maintaining people's autonomy

e) reviews work at appropriate intervals and revises the arrangements if necessary

f) promotes the benefits of delegated work to others clearly and effectively

g) identifies threats to delegated work and takes the appropriate action to counter them.

Responsibility and authority might be for:

– a whole programme of work

– part of a programme of work

– a one-off but high profile action.

Good practice in relation to people management includes:

– care is provided and supervised only by staff who have appropriate skills, experience and training

– colleagues in other professions are aware of the codes of conduct and guidance issued by their professional or regulatory bodies and are encouraged to meet the standards of conduct they establish

– mechanisms are in place to identify the education and training needs of staff (including agency, locums)

– colleagues have appropriate supervision

– appraisal systems are established and maintained

Workforce issues might include:

– recruitment and retention

– staff development

– flexible working

– employee friendly initiatives

Indicators	Examples of application	References

The worker:

Level 5   Develops, implements and evaluates policies and strategies for recruiting, deploying, developing and retaining staff

a) establishes systems for monitoring and evaluating the capability of the organisation in recruiting, deploying, developing and retaining staff

b) assesses the organisation's performance in recruiting, deploying, developing and retaining staff of the necessary quality using criteria:

– appropriate to the organisation's culture and context

– that contain commonly accepted performance measures

c) reviews the organisation and shows how:

– the organisation's performance compares with other similar agencies

– effective organisation's methods are for recruiting, deploying, developing and retaining staff

d) provides those submitting proposals for recruiting, deploying, developing and retaining staff with:

– clear, relevant and fair evaluation criteria

– sufficient help to make the proposals effective

e) evaluates and selects proposals for recruiting, deploying, developing and retaining staff:

– using only the stated criteria

– for their expected benefits and costs and how realistic and achievable these appear to be

– their support of organisational objectives, strategies, values and policies

– explaining reasons for rejecting or amending proposals

f) provides opportunities and support for others in recruiting, deploying, developing and retaining staff

g) present clear consistent cases to relevant people for recruiting, deploying, developing and retaining staff supported by sound argument and reflecting the commitment of those involved

h) agrees realistic alternative courses of action with relevant people when resources are not obtained in full

Good practice in relation to people management includes:

– care is provided and supervised only by staff who have appropriate skills, experience and training

– colleagues in other professions are aware of the codes of conduct and guidance issued by their professional or regulatory bodies and are encouraged to meet the standards of conduct they establish

– mechanisms are in place to identify the education and training needs of staff (including agency, locums)

– colleagues have appropriate supervision

– appraisal systems are established and maintained

Workforce issues might include:

– recruitment and retention

– staff development

– flexible working

– employee friendly initiatives

Dimension 21: Management of physical and/or financial resources

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to the management of physical and/or financial resources.

Dimension 20 is about the management of people. It is recognised that people are in themselves are a resource with financial implications. This dimension is only relevant in addition if a person has specific and additional expectations related to the financial aspects of people management.

The following examples of application may be relevant to all of the levels in the dimension.

Physical resources include:
- technology
- buildings and estates
- knowledge and information
- equipment and materials

Financial resources include:
- proposals for expenditure (eg on programmes of work, supplies, people, overheads, capital equipment)
- agreeing and monitoring budgets
- projects

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1 Monitor and maintain physical and/or financial resources for a work area

a) monitors resource levels obtaining more when needed

b) checks resources received and identifies any issues

c) takes the appropriate action in relation to issues with resources

d) controls and stores resources according to requirements and specifications

e) accurately maintains records of resource levels and use.

Appropriate action in relation to issues with resources might include:

– reporting faults, shortfalls or the wrong resources being received

– contacting the supplier when this is in work role

– undertaking routine repair and maintenance

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Level 2 Maintain and support the efficient use of physical and/or financial resources

a) gives those who use resources opportunities to provide information on the resources that are needed

b) makes and presents to the relevant people recommendations on resource use and its improvement that:

– take account of relevant past experience

– take account of trends and developments

– are consistent with team objectives and organisational policies

c) gives people opportunities to take responsibility for the efficient use of resources

d) monitors the use and quality of resources under his/her control at regular intervals

e) ensures that people for whom s/he is responsible use resources efficiently and in a sustainable and environmentally-friendly manner

f) identifies problems with resources and resource use promptly and recommends corrective action

g) accurately maintains the necessary records of resource use.

1 Management Charter Initiative, 1997, National Occupational Standards for Management, MCI London

Indicators	Examples of application	References
The worker:		

Level 3   Plan, obtain and deploy physical and/or financial resources

Indicators	Examples of application	References
a) gives those who use resources opportunities to provide information on the resources that are needed	Methods of monitoring resource use include: – observation – analysis of oral information – analysis of written information.	1 Management Charter Initiative, 1997, National Occupational Standards for Management, MCI London
b) makes and presents to the relevant people recommendations on resource use and its improvement that: – take account of relevant past experience – take account of trends and developments – are consistent with team objectives and organisational policies		
c) gives people opportunities to take responsibility for the efficient use of resources		
d) makes requests for physical and financial resources that: – clearly show costs and benefits – are sufficient to support the activities within his/her control		
e) presents requests for physical and financial resources to relevant people: – in time for the resources to be obtained – in ways that reflect commitment of those who will be using the resources		
f) negotiates amendments to plans when the requested resources are not available		
g) supports others to use resources efficiently and in a sustainable and environmentally-friendly manner giving individual responsibility to people who use them		
h) monitors the use and quality of resources under his/her control at regular intervals using methods appropriate to the resources being used and the people using them		
i) identifies problems with resources and deviations from plans on resource use promptly and takes the appropriate action		
j) maintains accurate, legible and complete records of resource use and makes them available to authorised people.		

Indicators	Examples of application	References

The worker:

Level 4   Determine the effective use of physical and/or financial resources

Indicators	Examples of application	References
a) gives those who use resources opportunities to provide information, and negotiate and agree, on the resources that are needed and how they should be used	Corrective action might be: – altering activities – rescheduling expenditure – altering budget allocations – renegotiating budgets	1 Management Charter Initiative, 1997, National Occupational Standards for Management, MCI London

b) makes and presents to the relevant people recommendations on resource availability and use that:

– take account of relevant past experience relating to resource availability and use

– take account of trends, developments and other factors that are likely to affect resources and their use

– clearly demonstrate how resources and their use will contribute to objectives and strategies

– include clear targets, standards and methods of monitoring them

– contain a financial justification and sufficient valid information to allow a realistic evaluation

– are clear and concise

– emphasise the benefits that the resources will bring

– provide a realistic evaluation of risk

c) clarifies and resolves any areas of uncertainty and disagreements

d) negotiates resource availability and use in a manner which maintains good working relationships and is completed within allocated timescales

e) supports others to use resources efficiently and in a sustainable and environmentally-friendly manner giving individual responsibility to people who use them

f) monitors resource availability and use:

– reliably

– consistent with organisational and any external requirements

– at appropriate intervals

g) controls resource availability and use consistent with agreements and organisational requirements

h) takes prompt corrective action when there are actual or potential variations from plans

i) maintains accurate, legible and complete records of resource availability use and makes them available to authorised people.

Indicators	Examples of application	References
The worker:		

Level 5   Secure physical and/or financial resources and establish strategies for their use

a) establish systems for reviewing the generation and allocation of resources that are capable of providing accurate, comprehensive and up-to-date information b) assesses performance in the generation and allocation of resources using criteria: – appropriate to culture and context – that contain commonly accepted performance measures c) reviews resource use and shows how: – performance compares with that of others doing similar work – effective the methods for reviewing the generation and allocation of resources are to alternative methods d) provides those submitting proposals for resource availability and use with: – clear, relevant and fair evaluation criteria – sufficient help to make the proposals effective e) evaluates and selects proposals for resource availability and use: – using only the stated criteria – for their expected benefits and costs and how realistic and achievable these appear to be – for the extent to which they support objectives, strategies, values and policies f) explains reasons for rejecting or amending proposals in a manner that is likely to maintain cooperation, confidence and goodwill g) provides opportunities and support for others to help obtain resources h) present clear consistent cases for obtaining resources that are supported by sound argument and reflects the commitment of those who will be using the resources i) seeks to obtain resources in a manner and from sources that are consistent with the good name, function and image of the organisation j) agrees realistic alternative courses of action with relevant people when resources are not obtained in full k) ensures that all agreements, communications and other activities to obtain resources are consistent with agreed values and policies.	Activities to obtain resources might include: – investigating and securing new sources of funding – formal proposals – consultation – lobbying – private discussion – media usage – publishing documents.	1 Management Charter Initiative, 1997, National Occupational Standards for Management, MCI London

Dimension 22: Research and development

Overview of this dimension

This is a specific dimension that may relate to a number of different jobs but not all. It relates to research and development for advancing knowledge and practice.

Ongoing evaluations of services and processes (such as audits) are contained within dimension 4 on service development as is action research to improve practice.

The following examples of application may be relevant to all of the levels in the dimension.

Research and development might be in relation to:
- health and wellbeing and related inequalities
- assessment of health and wellbeing
- addressing health and wellbeing needs
- science and technology
- management
- leadership
- facilities management and maintenance
- finance and financing

Methods might be:
- quantitative
- qualitative
- both quantitative and qualitative.

Examples of application that vary due to the level of knowledge and skills being applied are shown overleaf together with the related level and indicators.

Indicators	Examples of application	References

The worker:

Level 1   Assist with research and development

a) identifies with the team the research and development activities to be undertaken and confirms with them how this is to be done

b) selects the correct tools for the research and development activities

c) undertakes the research and development activities effectively and to time

d) communicates appropriately with those involved throughout the process

e) reports any issues to the appropriate person as soon as possible

f) makes the results of the research and development activities available at the time that they are needed and in the form required

g) offers views of the process and the results based on own experience and an interpretation of relevant literature.

Research and development activities might be:

– performing specific tests or tasks

– obtaining data and information using specified methods

– collating data and information

Issues might include:

– ethical issues

– problems with timescale and progress

Indicators	Examples of application	References
The worker:		

Level 2   Lead on a specific aspect of a research and development project

Indicators	Examples of application	References

a) formulates and agrees with others:
 	
  – the concepts to be used in the research and development
 	
  – the questions to be answered
 	
  – issues to be addressed
 	
  – the methods to be used
 	
  – the criteria against which progress should be measured
 	
  – how the confidentiality of data and information can be maintained
 	
  – roles and responsibilities
 	
  – reporting requirements
 	
  – ethical issues that might be faced and how these will be managed
	Priorities might be:
	
	  – of communities
	
	  – of agencies
		1. National Occupational Standards in Healthcare Science (Function H)

b) develops clear and detailed research plans for the part of the research for which s/he is responsible that are consistent with meeting the objectives of the research proposal		
c) effectively manages his/her part of the research project consistent with their agreed aims, objectives, methods, desired outcomes and ethical dimensions		
d) conducts the investigations for which s/he is responsible using the agreed methods and consistent with evidence-based practice		
e) collates, analyses, interprets and synthesises research data and information using appropriate methods		
f) presents accurate information on research and development outcomes in a manner, and at a level and pace, appropriate to those concerned		
g) makes links between the research outcomes and results s/he has responsibility for and the overall findings		
h) develops clear and justifiable conclusions and recommendations and communicates them to the appropriate people within agreed timescales.		

Indicators	Examples of application	References
The worker:		
Level 3 Plan, coordinate and evaluate research and development activities		

a) evaluates the outcomes of current research and development activity to determine
 	
  – their scope, validity and reliability
 	
  – whether the methodologies used are sufficient and valid for the areas being studied
 	
  – whether the conclusions drawn are justifiable
	Priorities might be:
	
	– of communities
		1 Healthwork UK, 2002, Draft national occupational standards for Public Health Practice, Healthwork UK London

b) identifies gaps in research and knowledge which need to be answered		2 National Occupational Standards in Healthcare Science (Function H)

c) determines priorities for research and development that are consistent with:
 	
  – current understandings
 	
  – the extent and potency of uncertainties
 	
  – priorities
 	
  – collaborative working arrangements		

d) identifies others who need to be involved in the research and develop with them clear research proposals that are consistent with identified priorities		
e) presents clear, succinct, valid, reliable and well-costed research proposals to appropriate organisations in ways that are likely to capture their interests, alerts them to ethical and confidentiality issues and encourages their support for the required resources		
f) alerts others to gaps in knowledge which need to be tackled		
g) effectively manages research projects consistent with their agreed aims, objectives, methods, desired outcomes and ethical dimensions		
h) collates, analyses and synthesises research data and information using appropriate methods		
i) presents accurate information on research and development outcomes in a manner, and at a level and pace, appropriate to those concerned		
j) develops clear and justifiable conclusions and recommendations and communicates them to the appropriate people within agreed timescales.		

Indicators	Examples of application	References

The worker:

Level 4   Establish, implement and improve strategies for research and development

a) maintains a current overview of:

– research and development in the organisation

– evidence of effectively managing and communicating research and development

– current capabilities and competence in research and development

– how current practice compares with relevant benchmarks

b) determines with stakeholders their needs and wishes in relation to research and development

c) realistically assesses current capacity and future needs to meet the desired scale and frequency of research and development

d) makes justifiable proposals based on evidence as to the research and development that might be feasible

e) determines with stakeholders whether current research and development strategies are sufficient for their purposes

f) evaluates research and development options for:

– evidence

– potential for achieving desired outcomes

– impact

– comparative costs and benefits

and selects those which are offer cost effective in relation to desired aims

h) formulates and agrees with stakeholders targets, plans, outcomes and strategies for research and development

i) identifies and takes opportunities to inform and advise people on research and development management strategies.

The NHS Development Review Process

See also "Introduction to the NHS KSF and Development Review" booklet available on the website.

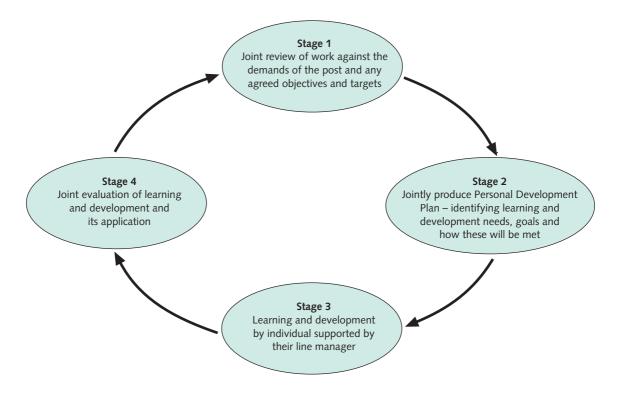## What is the Development Review?

A development review is an ongoing cycle of review, planning, development and evaluation for staff in the NHS linked to organisational and individual development needs.

The development review process has four stages.

1   a joint review between the individual and their line manager (or another appropriate person acting in that capacity) of the individual's work against the demands of their post, including how the individual is applying their learning

2   the development of a Personal Development Plan (PDP) which identifies the individual's learning and development needs, short and long term goals and how these goals will be met – the plan is jointly developed and agreed between the individual and their line manager as to how these goals will be met

3   the individual learning and developing supported by their line manager

4   an evaluation of the learning and development that has taken place.

The cycle then starts at (1) again.

The process is shown in the diagram on the next page.

Stage 1
Joint review of work against the demands of the post and any agreed objectives and targets

Stage 2
Jointly produce Personal Development Plan – identifying learning and development needs, goals and how these will be met

Stage 3
Learning and development by individual supported by their line manager

Stage 4
Joint evaluation of learning and development and its application

What needs to happen for the Development Review to take place?

Before it is possible for a development review to take place (and then continue), the manager and the individual member of staff need to be clear about the expectations of that individual within their current post. This is done through developing an NHS KSF outline for that post.

An NHS KSF outline will usually be developed by managers working with the human resource department. It may also involve other interested parties such as those leading on service development. It might involve other agencies where the jobholder is in a jointly commissioned post. The development of the NHS KSF outline may also involve the postholder where the individual is instrumental in developing their own role and/or the role is so unique that it is the postholder who has the best understanding of the work. Individuals and their line managers should both keep a copy of the NHS KSF outline for that individual's post.

It is also worth organisations and individual managers at an early stage thinking through who is best placed to work with individual members of staff to undertake development reviews. Organisations might wish to consider using a cascade model so that managers are not overloaded and that those best placed in the service are responsible for the work.

A separate booklet is available on developing NHS KSF outlines and competence-based job descriptions.

When should the review process start?

For new members of staff, the joint review should begin during the recruitment and selection process and induction.

For members of staff already in post, a decision will need to be made as to the best point in time to start the process and how the system will be rolled out in the first instance across the work team. The first time that an individual member of staff is involved in a development review process the complete review cycle needs to be explained and explored. Many people might need additional support to understand and make best use of what development review has to offer them.

What happens at the joint review stage?

There is a responsibility on both the individual member of staff and the line manager to review how the individual is applying their knowledge and skills to meet the demands of the post as described in the NHS KSF outline. Joint review will involve line managers using their ongoing reviews of the individual's work throughout the year and the individuals using their self-assessments to inform the joint decision.

Ongoing review by the manager should be against the NHS KSF outline for the post and be informed by the individual's Personal Development Plan. Line managers will be expected to have regular informal discussions with individual staff members about their work throughout the year. This would include providing constructive feedback on the individual's work and related development. Any issues with the individual's work should have been discussed prior to the formal review meeting so there are no surprises.

When the KSF is applied at the foundation and second gateways in pay bands, a more formal type of review will take place.

1   The foundation gateway will be based on a subset of the NHS KSF outline for that post. The individual would need to show evidence of:

    a)   meeting at least one indicator in every core dimension at the appropriate level and at least one indicator in relevant specific dimensions and levels – the indicators identified would be based on risk assessment linked to legislation and the basic requirement of the job

    b)   progress towards the other indicators in the NHS KSF outline for the post.

2   The second gateway consists of the full NHS KSF outline developed for that post and previously agreed between the individual and their line manager.

If there has been an agreement to add dimensions to the post to support individual's future development and career prospects, or the person has developed extra skills which are not required in that post, these are not to be used in the second gateway ie the assessment for the second gateway is based on the NHS KSF outline for that post and not on the additional aspects.

Assessment at the gateways will involve the individual gathering evidence generated by themselves and others against the NHS KSF outline that applies to that gateway. The evidence should be triangulated ie come from three/more sources (eg from the individual themselves, their manager and from colleagues). The evidence will then be formally assessed against the NHS KSF outline. Most of the evidence for the second gateway should have been accumulated already through previous annual development reviews.

Pay progression starts (or resumes) from the date on which the development review confirms that the expected knowledge and skills are being applied consistent with the NHS KSF outline for that post and the gateway concerned.

The system will be monitored to ensure consistency across similar posts, equitable implementation, and to confirm that the system is not undermined deliberately or through misunderstanding its purpose (eg Trusts believing that only a certain proportion of staff should be allowed to progress at gateways, or holding staff back to save money as this would be applying a norm referenced assessment model to one which is criterion-referenced in design).

Line managers and individual members of staff need to:

• 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.

Individuals need to prepare for the review and planning stage of their development review by:

• understanding the NHS KSF outline for their post

• reflecting on their work against the NHS KSF outline informed by feedback from others, including their manager

• identifying their strengths at work based on the NHS KSF outline for their post and based on feedback from others

• gather and structure evidence to show they have met the demands of their NHS KSF outline for that pay gateway

• identifying those aspects of work in which they need further development and hence where there are learning and development needs

• making proposals on the learning needs that should be given priority

• identifying how they learn best (eg through group work, on the job, formal courses)

• working with their manager to identify and arrange training and development to meet their learning needs and objectives.

Line managers need to prepare for the review and planning stage by:

- understanding the KSF outline for the post

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

- considering if the individual has particular needs for support within the development review process to ensure that the process is fair for the individual concerned

- making objective reviews of the individual's work against the KSF outline

- monitoring the individual's work on a regular basis and having their own views, based on information, of how well the individual meets the NHS KSF outline for their post

- gather and structure evidence to show how the individual has met the demands of their NHS KSF outline for that pay gateway

- alerting the individual to issues in their work as soon as they are aware of them

- clearly explaining their overall review to the individual based on the information they have of the individual's work against the NHS KSF outline for the individual's post

- being able to manage different views about the individual's work and learning needs and discussing these differences and conflicts

- identifying possible ways in which issues in the individual's work can be addressed

- working with the individual to identify their learning and development needs and ensuring that these are included in the individual's Personal Development Plan.

At the Review meeting, individuals and their line managers should use the NHS KSF outline for the post and any specific work objectives/targets for the job as the basis of discussion. For each area in the outline, there should be a discussion about the individual's progress against the dimensions, levels and indicators in the outline. The discussion should be based on examples of work.

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 – take a broad view of how they learn and develop – different ways are often appropriate for different things – raise and discuss issues – be realistic about what can be achieved and by when (eg family commitments, illness)	– expect or encourage the manager to do all the talking – agree to undertake development activities that they are not sure will meet their needs –– react defensively to feedback – not everyone sees things in the same way

During the review the manager should	should not
– encourage the individual to speak and actively participate in their review – listen to what is said to them – 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 – agree with the individual any objectives/targets which the individual needs to meet in the coming year and how these relate to organisational objectives – be realistic and enable the individual to set learning goals that are realistic for the individual and for the organisation – explain how they will support the individual's learning and development	– leave everything to the review meeting – the review meeting should not contain surprises as issues should have been raised with the individual as they occur – simply tell the individual how they have done – instruct the individual on the type of learning and development they should undertake – talk too much

The joint formal review meeting needs to end in informed agreed decisions between the individual member of staff and their line manager.

For all joint development reviews, the decisions made will need to take into account whether:

- there are aspects of the individual's work that need further development against the NHS KSF outline for the post and the individual hence has a learning and development need

- the individual is applying their knowledge and skills across all of the demands of their job or whether they are concentrating their efforts on one or more areas to the detriment of others

- the individual is subject to externally regulated fitness to practise requirements that need to be taken into account in the development review in order for the individual to be able to meet reregistration requirements (such as Continuing Professional Development requirements)

   The three decisions outlined above will lead to actions by the individual supported by their line manager either in relation to their work or their own development. These will be identified in the individual's PDP.

- there are issues in the work team that are adversely affecting the individual's work

- there are issues in the work environment or with resources that are adversely affecting the individual's performance

- there are system issues that are adversely affecting both the individual's and other team member's performance.

   The three decisions outlined above will lead to actions by the line manager who will need to address those aspects in the team, the work environment or in organisational systems which are adversely affecting the individual's work and hence the delivery of quality services.

At gateway points in a pay band, the decisions will also need to take into account whether:

- the individual has provided sufficient evidence of applying their knowledge and skills to the demands of the post as described in their NHS KSF outline for that pay gateway and hence can progress to the next point on the pay band

   This decision will be recorded and the manager will forward the relevant records for pay progression to take place.

- the individual has not yet provided sufficient evidence of applying their knowledge and skills to the demands of the post as described in their NHS KSF outline for that pay gateway and hence needs to undertake further learning and development

   If there is a joint decision to undertake further development and then supply further evidence, the reasons for deferment should be clearly identified together with those aspects of the NHS KSF outline still to be achieved. The joint planning stage would need to include the date of the next formal review.

- the individual was unable to demonstrate the required level of application of knowledge and skills due to management action or inaction – in this case when pay progression resumes it will be backdated to the point at which progression should have taken place if resources were in place.

Individuals and their line managers should both keep a copy of the review and any decisions that have been made.

Organisations will need to have a robust process for checking managers' decisions and reviewing disagreements. This will help to ensure that clear cases of discrimination at individual level are identified and dealt with fairly with in an agreed timescale for re-assessment.

If the individual member of staff and their line manager are unable to agree either one has the right to seek support from another person – probably from the human resource department.

Outputs of the joint review stage

The outputs of this stage in the process are:

1   a completed review of the individual's work against the demands of the post which is agreed and signed by the individual and their manager (or person with the authority to act in that capacity)

2   a record of issues that are affecting the individual's work and on which the manager has agreed to take action

3   a completed review of the individual's work against the demands of the NHS KSF outline and gateway for that post which is agreed and signed by the individual and their manager (or person with the authority to act in that capacity) – this may either specify that the individual has met the requirements for pay progression, or that there are issues for which further training and development is necessary prior to pay progression.

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

Proformas for the joint review stage and completed examples are available in separate booklets.

What is a personal development plan and how do you create one?

A Personal Development Plan (PDP) is the outcome of the planning stage of the development review process. The primary focus of the planning stage should be to enable individuals to effectively meet the demands of their current post. It can also include any interest that the organisation has in developing the individual for the future and the individual's personal interests for progression to a more responsible or fulfilling post. Individuals should not be tied only to the needs of the organisation within the PDP, neither should PDPs only be about individual's wishes and interests. Rather they should aim to achieve a good balance between the two.

The NHS KSF should be used to inform planning for progression as well as for the current post. Learning and development, and career progression, are not just about moving up the same dimensions in the KSF outline for that post. There are a number of different ways in which individuals may need or choose to develop.

Individuals may need to take a number of different things into account when they are planning their learning and development jointly with their manager. They may:

- need to maintain their ability to apply their knowledge and skills to meet the demands in the NHS KSF outline for their current post

- find that the standards, benchmarks and requirements which apply to their current post are changing and there is a need to update and change their knowledge and skills in response

- need to develop new knowledge and skills and hence cease to apply other knowledge and skills when they are no longer needed

- be interested in adding new dimensions (eg the management of people) onto their current role and it is agreed that this would meet the current or future needs of the organisation

- be interested in progressing up one or more dimensions and seeking promotion for a more advanced post

- be happy working in the job they are currently doing and if this is the case, they should not be penalised because they do not want career progression (such PDPs will focus on maintaining current skills and knowledge and perhaps enabling individuals to pursue other interests to enhance their commitment to the NHS

- decide to move outside the NHS to explore and benefit from wider experience returning at a later date with enhanced knowledge and skills (eg through making use of outside secondment opportunities or working in interagency partnerships).

PDPs need to be recorded and individuals and their line managers should both retain a copy. PDPs should:

- focus on the knowledge and skills that the individual needs to apply in their work (or in the posts they wish to move into) – they should not be vague or ambiguous

- identify realistic development goals for the year ahead as well as development goals for the medium/longer term

- identify development plans to enable individuals who have not provided sufficient evidence for moving through a pay gateway to learn and develop in specific areas together with the review date of the next pay gateway review

- prioritise learning and development needs through considering:

    – the need to ensure that the individual is competent in a specific area of work

    – statutory and regulatory requirements that apply to the post and that must be met for employment or for registration

    – the amount of support that is available to the individual on an ongoing basis

> – the competence across the team and the implications of this for what the individual needs to achieve
>
> – any specific objectives that the individual needs to meet in their post
>
> • the appropriate learning and development for the learning needs and interests identified
>
> • specific learning and development opportunities that will be used, arranged or investigated (including those that might be required to meet external statutory and regulatory responsibilities such as supervision for child protection)
>
> • who has responsibility for doing what and by when
>
> • the date of the next formal review.

There needs to be a commitment by both the line manager and the individual member of staff that the PDP will be achieved within the agreed period of time, usually but not always, by the next review point. If for unforeseeable circumstances the goals are not achieved within the agreed period, it will be possible to carry over part of the PDP goals to a later period although this should be seen as the exception rather than the norm.

If the individual member of staff and their line manager are unable to agree on the content and focus of the PDP either one has the right to seek support from another person – probably from the human resource department.

Outputs of PDP 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 manager (or person with the authority to act in that capacity).

Proformas for development of PDPs and completed examples are available as separate booklets.

What happens at the learning and development stage and what sort of opportunities can be used?

The learning and development stage is crucial as it is through learning that individuals not only develop their knowledge and skills, and the ability to apply these to the demands of work, but also develop themselves as people.

There are many different ways in which individuals learn and develop. At the PDP stage, individuals' learning needs, goals and preferred ways of learning should have been identified. Possibly there may have been some consideration of the learning and development opportunities that are available or could be investigated.

Individuals and their managers, with the help of the human resource/training department, will need to identify:

- the learning and development opportunities that are available

- individuals' preferred ways of learning and developing such as

    – their first language

    – their experience of learning and development in the past

    – the opportunities that have been available to them over recent years and the length of time since they last attended formal education and training of any kind

    – their confidence in learning and developing in different ways

    – their preferences for active or passive learning

- the individual's learning needs and interests and effective learning and development opportunities to meet those needs and interests (eg when formal courses are appropriate as compared with practical approaches)

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

- whether there are any restrictions on access to different learning and development opportunities (eg whether individuals need to possess certain qualifications, be of a certain age, be from specific professions, have caring responsibilities, are having difficulty achieving a good work-life balance etc)

- possible funding for different learning and development opportunities and how to access this

- and manage practical issues such as the location and timing of learning and development opportunities, travel and access routes, waiting lists and the amount of time to access such opportunities

- the benefits of individuals gaining formal recognition or accreditation for specific aspects of their learning and development (such as, through work-based qualifications (eg National/Scottish Vocational Qualifications – NVQs and SVQs) or through academic routes (eg certificate, diploma, first degree, masters or doctorate programmes).

When planning organisational learning and development strategy[1], managers and organisations will need to think about:

- how to balance the needs and interests of a number of individuals and teams

- how to use resources effectively to meet the learning and development needs of all staff

- the learning and development opportunities that could be provided to address similar learning needs and interests across a number of individuals

- who is best placed to provide different learning and development opportunities

- specific issues for certain groups of staff (such as those who work at night, those who work part-time, agency staff etc) as all staff should benefit from learning and development and have development reviews

- monitor that there is no discrimination or prejudice built in to who is able to access different forms of learning and development opportunities and that all staff are treated fairly.

Examples of the different types of learning and development that might be used are shown in the table on the next page.

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[1] The NHS Lifelong Learning Framework in England 'Working Together, Learning Together' requires all NHS organisations in England to produce a learning and development strategy with Board level commitment by December 2002.

Outputs of learning and development stage

The outputs of this stage in the process are:

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

Examples of different forms of learning and development are:		
Broad categories of learning and development	**Types**	**Examples of subjects/content**
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	– of individuals in isolated jobs or working in specific types of post
	• induction	– introduction to the organisation – health and safety
Off job learning and development on one's own	• distance learning	– structured study materials – written assignments
	• private study	– reading journals – reading 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
On-job learning and development	• reflective practice	– reflecting on own work – (clinical) supervision
	• participating in specific areas of work	– project work – work attachments – secondments – work shadowing
	• learning from others on the job	– receiving coaching – being mentored
	• learning from developing others	– coaching – demonstrating – teaching and training.

What happens at the evaluation of learning and development stage?

It is important that the learning and development which individuals undertake is evaluated. This is because it helps individuals reflect on their learning and apply it to their work. It also feeds information into the organisation on the learning and development that individuals find effective in meeting different learning needs and interests.

Individuals should:

• evaluate the learning and development they have undertaken and how their work has changed as a result of their learning and development

• alert their manager or the HR department when resources have not been forthcoming or learning and development opportunities have not run to plan.

The review process is not the end of the process but should take both the individual member of staff and the manager back round to the start of the loop again. The outcomes of the review of learning and development and its application to work forms the basis of the next review and Personal Development Plan. Once the cycle has been completed the information gained in earlier stages can be used effectively in the next planning and development stage. There will be more information on which to base decisions and both the individual staff member and their line manager will have a better understanding of the learning and development that is suitable and effective for that individual.

Outputs of the evaluation stage

The outputs of this stage in the process are:

1   evaluation of learning and development opportunities made by the individual which are forwarded to the human resource department

2   notes/records of lack of resources for agreed learning and development

3   actions taken by managers and human resource departments to remedy resource issues.

Proformas for use in reviewing learning and development and completed examples are available in a separate booklet. A wall chart on line managers' and individual workers' responsibilities in the process is available.

Question and Answers

Questions and Answers on the application of Career and Pay Progression

Question A – What would the new system look like?

A1   When an individual applies for a post the job description would outline the applied knowledge and skills required, and the process at each stage would be made clear following appointment.

A2   This process will include a formal review against the basic applied knowledge and skills required from the outset in the job following provision for an induction period of up to 12 months specified in terms of KSF dimensions and levels. This will be known as the "Foundation" Knowledge and Skills Gateway. The point on the pay spine at which the fully developed range of knowledge and skills will be formally reviewed will be known as "Second" Knowledge and Skills Gateway. Similar to the "Foundation" gateway this will be specified in terms of KSF dimensions and levels.

A3   These knowledge and skills requirements will be recorded on a simple proforma, which clearly identifies the KSF levels against which evidence will be sought at review. This will allow reasonable variation in the consistency with which most skills and knowledge are demonstrated, but in others (such as health and safety) it may set absolute standards.

A4   In order to ensure that staff can have adequate access to training and development opportunities to support knowledge and skill development it is important to recognise the wide variety of forms that this may take. Training and development such be viewed in the widest sense. Whilst in some cases the best way of acquiring this will be by way of a recognised external course or qualification other mechanisms such as secondment, shadowing, mentoring and in-house courses can prove invaluable.

A5   The gaining of knowledge and skills will be further supported by regular joint meetings between the staff member and manager to discuss progress towards the foundation skills. Any development requirements will be identified and secured to ensure the necessary progress can be made, using the agreed KSF dimensions and levels as a guide. At the end of the agreed time a review of the application of foundation knowledge and skills will take place to ensure that staff have been able to demonstrate the foundation skills required in that job.

A6   For most members of staff any initial development requirements relating to foundation knowledge and skills are likely to have been dealt with fairly quickly after appointment. The review itself will therefore provide a joint opportunity to formally record demonstration of the basic skills, agree further development opportunities and allow pay progression to start.

A7   Pay progression will then continue annually until the second gateway is reached. During this period of pay progression the staff member will have annual development and appraisal reviews. This will allow them to discuss progress toward the next level of applied knowledge and skills, and any other matters covered by their Personal Development Plan and objectives, focussing on particular areas identified as areas for development in that year. These discussions will not affect progression unless notice has been given during the year of concerns about the continued demonstration of skills required at the previous gateway.

A8   Before the person reaches the next gateway, the staff member and their manager will agree the appropriate time to hold the formal assessment of whether this level of knowledge and skills is being demonstrated. At this point most of the evidence should already have been accumulated through previous annual development reviews and there should clearly be no surprises. The review will then provide an opportunity to give positive feedback to the member of staff on their progress, and review future development needs.

Question B – What happens if there is a problem at a gateway?

B1   Gateways occur at times during a career when a particular level of application of knowledge and skills is expected of a person in that role with that experience. All elements of the review should therefore meet the level against the KSF specified in the green zone on the review form.

B2   As already discussed it is envisaged that for the vast majority of staff there will not be a problem at a gateway. However if after fully following the process outlined an individual is still unable to demonstrate the application of the necessary skills for the appropriate gateway, pay progression will be deferred. In some cases this may be because an individual has voluntarily decided not to pursue the necessary training and development to pass a further gateway and no additional action is required other than to keep the position under review. However in the case of the foundation knowledge and skills gateway and where individuals would wish to progress through a further gateway, staff and managers will need to agree an action plan and a review date.

B3   The action plan will clearly identify the reason for deferment and the standards still to be achieved. It will detail any training and development requirements identified by either the manager or the individual, including the provision of reasonable resources.

B4   A further review will be undertaken on the agreed date. The form of review will be the same as that used for the original gateway review. The review should take place as soon as possible but in any event before the next date on which progression is due. Pay progression will resume from the date on which the review confirms that the expected applied knowledge and skills are demonstrated.

B5   In the case where a staff member can show that a failure to demonstrate the required knowledge and skills was due to the management failure to identify or provide suitable training and development opportunities in good time, despite requests, then when progression resumes the additional pay will be backdated to the point at which progression should have taken place.

Question C – How will evidence be gathered?

C1   During the joint review process both the individual and their manager should gather evidence to demonstrate achievements around the knowledge and skills framework. This may take the form of examples of work carried out that would fulfil the identified criteria. It could also include comments from other e.g. patients, other departments, external organisations etc. This evidence will be identified in the pay progression review form and used during the review meeting.

Question D – How will individuals progress between gateways?

D1   As already outlined it is the normal expectation that once a gateway is passed staff will move through subsequent pay points on a regular annual basis until the next gateway is reached. This is the normal expectation for the majority of people.

D2   However there may be certain exceptional circumstances in which progression may be deferred. This will only occur if an individual is unable to demonstrate satisfactory performance, which would mean in essence that they are not able to fully deliver the requirements of the post. This is defined in the proposed agreement in Chapter 6, paragraphs 6.21 and 6.22.

D3   In such cases the concerns will be objectively based on a significant weakness related to one or more of the applied knowledge and skills appropriate to an individual at that point in the pay band.

D4   Given that this would be a significant weakness against the knowledge and skills requirement of the post this must have been discussed jointly at the review process. There must *always* have been formal notification of the concern, an action plan drawn up to try to remedy the weakness, and a review date agreed *before* the issue of deferment of further progression arises. This will allow adequate support and the opportunity to ensure that development and therefore pay progression can be achieved.

D5   A further review will be undertaken on the agreed date. The form of review will be the same as that used for the original gateway review. The review should take place as soon as possible but in any event before the next date on which progression is due. Pay progression will resume from the date on which the review confirms that the expected applied knowledge and skills are demonstrated.

D6   If however the problem has not been resolved by the review date, the review may determine that progression should continue to be deferred. The process after that should be exactly the same as in deferment at a gateway with progression resuming as soon as a review determines that the standards have been met.

D7   This ensures a satisfactory performance test for all staff, which supports teams in ensuring that other individuals are not unnecessarily overloaded because they are carrying additional burdens as a consequence of the weakness in the team.

Question E – What if there is a disciplinary problem?

E1   Disciplinary issues should be dealt with separately from career and pay progression. It is proposed however that where there is a formal disciplinary process underway, pay progression should be deferred until it is resolved. The new Terms and Conditions handbook will identify the application of local procedures on deferring progression.

Question F – What happens if there is disagreement about the outcome of the review?

F1   Where the manager and the individual disagree about the review the employee will have the right to request a review before a final decision is made.

F2   A "grandparent" e.g. the line manager of the person carrying out the assessment, should undertake a review of all progression decisions before a final decision is given to the employee. That "grandparent" will also monitor all decisions on progression.

F3   Where disagreement exists the "grandparent" may request further information from both parties to substantiate their respective views. Any decision must be based on objective reasoning and be non-discriminatory.

F4   Where disagreement remains after the final decision on the review is made then the employee may invoke appropriate local grievance procedures designed to resolve pay issues. If the complaint is upheld pay will be backdated. If it is not, while reasonable efforts should be made to provide appropriate development and support and carry out a further review before the next date in which progression is due, the timeframe for this cannot be guaranteed.

Question G – How will the system ensure that all staff are treated fairly?

G1   The system contains a number of important safeguards:

- It is based on objective standards. The applied skills and knowledge required at each stage of the pay band should be clearly stated in job advertisements or by agreement at the outset of a job, and changed only by agreement (e.g. where the nature of the job changes, in which circumstance a re-evaluation of job weight might also be appropriate). Combined with consistent national standards for each dimension and level set out in the KSF, this should give a high degree of assurance that the process will be objective.

- There would be a robust process for checking managers decisions and reviewing disagreements that should ensure that clear cases of discrimination at individual level are identified and dealt with fairly with an agreed timescale for re-assessment.

- There can be no "surprises". Unless prior discussion with the employee has taken place and a remedial action plan has been agreed pay progression cannot be deferred.

- Monitoring will take place at local and national level to ensure that pay progression is occurring on a non-discriminatory basis in relation to race or ethnicity, gender, sexual orientation, disability, religion, age or trade union membership. Trends and identified patterns will be utilised to inform and improve the process for Career and Pay progression.

- There will be no national or local quotas for pay progression. Therefore it will be possible for all staff, demonstrating the required standard of knowledge and skills, to progress through the gateway and pay points. (This is also the basis on which the new system will be costed and funded).

Question H – How will records be maintained?

H1   It is expected that the information relating to the KSF assessment will be maintained in the personnel files for individual staff members. Normal Data Protection requirements will apply in all cases.

Question I – How will I be able to plan my future job moves using the KSF?

I1   An important part of the review process, clearly linking to the lifelong learning and skills escalator concepts, is the identification of an individual's potential for further achievement and development.

I2   Upon completion of the discussion at the review process, gateway or interim, the employee and manager will agree the criteria for the next review and any possible development requirements for changing roles.

I3   This will support staff development and encourage career planning to occur on a regular planned basis taking account of individual, organisational and changing workforce drivers.

Proformas

Forms to be used for the NHS KSF in the development review process

1 Form for the joint review stage – Page 1

The form below is for use during the joint review stage of the development review process whether it is gateway review or an ongoing review.

As the development review process is linked to pay progression, this form is **MANDATORY.**

CONFIDENTIAL	
For period from and to:	
Individual's name	
Individual's job title and place of work	
Main aspects of individual's job	
Is a pay progression gateway applicable at this review? If so, which?	
Aspects of the KSF outline for the post against which the individual is being reviewed	
Name of person undertaking the review and their status	
To whom the form should be forwarded once completed (eg HR department)	

COMPLETE THE APPROPRIATE PARTS OF THE FORM – PAGE 2 – WITH REFERENCE TO THE DETAILED INDICATORS AND AREAS OF APPLICATION FOR THE POST AND, IF APPLICABLE, ANY PAY GATEWAY.

NHS KSF dimensions and their level – CORE	Achieved	Not achieved	Evidence for decision	Comments
1 Communication level				
2 Personal and people development				
3 Health, safety and security				
4 Service development				
5 Quality				
6 Equality, diversity and rights				

NHS KSF dimensions and their level – SPECIFIC – add those agreed for post below	Achieved	Not achieved	Evidence for decision	Comments

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

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

2   Proforma for a personal development plan

Individual's name ....

Line manager's name ....

What is the development need? Relate the development need to the NHS KSF dimensions and levels	What will I do to develop myself in this area and how will I do this?	How will I know that I have completed this development and that it is successful? What are the review dates?

Signatures and dates: Individual ....

Manager ....

PERSONAL DEVELOPMENT PLAN

Complete the following form to help you identify and manage external or internal factors that may help or hinder you achieving your objectives.

What is the development need?	Who/what can help me to achieve my objectives?	What will I do to get this help and support?	What/who might stop me from achieving my objectives?	How can I overcome these obstacles?

3   Proforma for evaluation of learning and development

Learning and development activity	Hours and dates	Evaluation of the learning and development activity	Work has changed since learning and development by

DEVELOPING A KSF OUTLINE

Developing competence-based job descriptions from NHS KSF outlines and job evaluation profiles

How do I develop NHS KSF outlines for posts?

To develop an NHS KSF outline, individuals need to:

- be familiar with the NHS KSF and its structure

- understand, or have someone involved who understands, the post for which the NHS KSF outline is being developed

- be able to and in a position to make decisions about the NHS KSF outline for that post.

The stages in developing an NHS KSF outline are:

1 work out the NHS KSF dimensions that apply to that post – all of the core dimensions should apply and then the specific dimensions that are relevant need to be identified (as a rough guide individuals would usually have between 3 – 6 specific dimensions in addition to their 6 core dimensions ie it is unlikely that individuals would have more than 12 dimensions for their post although it is accepted that a very small number of individuals might be in this position)

2 identify the level at which that post requires individuals to apply each of the identified dimensions in their post
Completed examples are available separately.

3 look in greater detail at the indicators in these levels to confirm the correct level has been selected (and change the level if not)

4 identify to what the individual needs to apply those indicators in that post (ie the specific contexts or conditions they have to meet in their post) – this sets the context for their work from the generalised descriptions in the dimensions, levels and indicators.
Completed examples are available separately.

The individuals who are responsible for developing a NHS KSF outline for a particular post need to be realistic in what they include. It is to no-one's benefit if people try to include as many dimensions as possible in their NHS KSF outline. Nor does it help individuals if they make claims that they are working at higher levels than they do in reality. The pay rate for the job is not set by the NHS KSF outline but through job evaluation.

Where individuals hold responsibilities in the organisation that are wider than their specific work posts, for example, shop stewards, specific consideration will need to be given as to how this is included in the outline.

How do I develop a subset of an NHS KSF outline for the foundation gateway?

To develop a subset of an NHS KSF outline, individuals need to:

• have a copy of the full NHS KSF outline for the post

• understand, or have someone involved who understands, how individuals develop in the post concerned

• work in partnership with management/staff-side colleagues to make decisions about the subset of the NHS KSF outline that will form the basis of the foundation gateway.

The stages in developing a subset of an NHS KSF outline are:

1   at each of the core dimensions in turn and identify those aspects in each of the six core dimensions that the individual would need to show to meet the basic demands of their post – the subset of the NHS KSF outline should include at least one indicator from each of the dimensions and levels that are applicable to the post. For example, individuals might need to be responsive in their first year but need to develop more proactivity further into their post. In addition it might be necessary to consider whether there are some aspects in the indicators which the individual would not be able to evidence within the foundation period (eg long-term evaluation or planning).

2   at each of the specific dimensions within the NHS KSF outline for the post and once again identify those aspects that the individual would need to apply to meet the basic demands of the post. It might be that some of the dimensions, or levels within the dimensions, are not appropriate in the foundation period. Once again, as with the core dimensions it will be necessary to consider the time the individual has to provide evidence for the foundation gateway and those aspects that most individuals would need more time to develop.

How can I produce competence-based job descriptions using the NHS KSF outlines and job evaluation?

It is anticipated that over time job descriptions will be influenced by the NHS KSF and job evaluation so that they become more competence-based. An example of such a job description is given in Annex 1 to this appendix.

The example of a job description was developed through:

1   producing the *Overview of Responsibilities* through taking the NHS KSF outline for the post and reordering the level descriptors for the relevant dimensions into an order that best described the priorities of the post – in the example this meant that the specific dimensions were placed first and then the core dimensions reordered to give the best fit for that post

2   using the same level descriptors in the same order as the basis of the *Specific Responsibilities* and then emphasising those aspects of the indicators and the indicators applicable to the post which best captured the demands of the post

3   *putting these descriptions in the context of the organisation* in which the post is set by substituting the name of the organisation or the team in which the post is placed (eg through using the term PCT rather than the more general term of 'organisation')

4   developing the *Job Summary* through summarising the main purpose of the post and the aspects referred to in 1-3 above

5   developing *further specific information that relates to that post* such as:

   –   to whom the postholder reports

   –   the location of the post (eg Claro Clinic)

   –   the performance objectives for the post which the postholder needs to meet – it should be possible to link these to the dimensions and level descriptors in the KSF

6   the Job Evaluation factors and weighting that apply to the post.

Organisations will benefit from having competence-based person specifications through:

•   providing clarity to members of staff as to the exact nature of their job and the expectations placed upon them

•   linking the expectations of the post to the knowledge and skills that have to be applied in the post

•   linking the expectations of the post to learning and development opportunities which enable people to be competent at work

•   showing how different jobs in a team contribute to the provision of services by the team and the expectations of different members of the team to achieve certain aspects of work.

Annex 1

Example of a competence-based job description using an NHS KSF outline and information from job evaluation

Nurse (qualified) job description

Job Title   Nurse (Qualified)
Reporting to: Ward Sister
Responsible for supervising: Ward staff in the absence of the Ward Sister
Based at: Leaf Ward, Beech Community Hospital, Northern Forest PCT

Principal Purpose:

The nurse will be responsible for developing, reviewing and implementing programmes of nursing care, and maintaining associated patient records, for the patients in Leaf Ward. The postholder will also assist in the management and organisation of nursing work as required.

Overview of responsibilities

1   Establish and maintain effective communication with individuals and groups about difficult or complex matters overcoming any problems in communication. (NHS KSF dimension 1 level C)

2   Develop own skills and knowledge and contribute to the development of others. (NHS KSF dimension 2 level C)

3   Monitor and maintain health, safety and security of self and others in own work area. (NHS KSF dimension 3 level B)

4   Contribute to the implementation of services. (NHS KSF dimension 4 level B)

5   Ensure own actions promote quality and alert others to quality issues. (NHS KSF dimension 5 level B)

6   Promote people's equality, diversity and rights (NHS KSF dimension 6 level C)

7   Assess people's health and wellbeing when those needs are complex and change across the caseload. (NHS KSF dimension 7 level C)

8   Plan, deliver and evaluate programmes to address patient's complex and changing health and wellbeing needs. (NHS KSF dimension 8 level C)

9   Supervise the work of a team. (NHS KSF dimension 20 level A)

Person specification

1   Qualified as Registered General Nurse.

2   Knowledge of COSHH regulations, fire procedures, manual handling procedures, and basic life support.

3   Good communication and interpersonal skills.

4   Ability to react sensitively and professionally to unforeseen clinical and non-clinical situations.

5   Ability to supervise others (training provided).

Specific responsibilities

1   Establish and maintain effective communication with individuals and groups about difficult or complex matters overcoming any problems in communication. (NHS KSF dimension 1 level C)

This involves:

a)   communicating effectively with a wide range of people including nursing colleagues, allied health profession colleagues, medical colleagues and social work colleagues, patients, carers, managers

b)   exploring complex issues and helping to make complex decisions (eg on patient care)

c)   breaking bad news (eg to patients/carers)

d)   changing own way of communicating to enable people to understand what is being communicated (eg using pictures, using interpreters)

e)   encouraging people to communicate

f)   identifying and managing challenging behaviours

g)   maintaining accurate patient records

h)   maintaining staff records as required

i)   maintaining records of materials and equipment in stock and ordering supplies as necessary.

2   Develop own skills and knowledge and contribute to the development of others. (NHS KSF dimension 2 level C)

This involves:

a)   taking responsibility for own continuing professional development and performance and maintaining own portfolio in accordance with re-registration requirements

b)   identifying own development needs in relation to current practice and future plans and setting personal development objectives

c)   attending relevant courses and in-house training

d)   teaching student nurses and junior staff.

3   Monitor and maintain health, safety and security of self and others in own work area. (NHS KSF dimension 3 level B)

This involves:

a)   identifying and assessing potential risks in work activities

b)   identifying how best to manage risks

c)   working within legislation and Trust procedures on risk management

d)   taking the appropriate action to manage an emergency

4   Contribute to the implementation of services. (NHS KSF dimension 4 level B)

This involves:

a)   applying legislation (national and EC), policies and procedures and making appropriate suggestions as to how to apply to own work and nursing services

b)   making constructive suggestions as to how services and own and team work can be improved

c)   contributing effectively to evaluations (eg clinical audits, patient satisfaction surveys)

5   Ensure own actions promote quality and alert others to quality issues. (NHS KSF dimension 5 level B)

This involves:

a)   understanding own role in the organisation and the work team

b)   prioritising own workload and organising own work to meet these priorities

c)   keeping up-to-date and acting consistently with quality standards and guidelines

d)   monitoring the quality of work in own area and alerting others to quality issues

6   Promote people's equality, diversity and rights

This involves:

a)   interpreting the rights and responsibilities of people consistent with the letter and spirit of the law, the Trust's policies and professional standards

b)   generating and sustaining relationships that maintain and promote human dignity, rights and responsibilities

c)   challenging behaviour which infringes the rights of others

d)   identifying and taking action to address discrimination and oppression

e)   recognising dilemmas in the promotion of rights and developing appropriate ethical solutions.

7   Assess people's health and wellbeing when those needs are complex and change across the caseload. (NHS KSF dimension 7 level C)

This involves assessment on receipt of patients onto the ward of theirs and their carers' needs, assessment of clinical care needs of all patients, specific assessment tasks (such as urinalysis, monitoring and interpreting blood glucose samples), assessing patients for discharge: -

a)   obtaining patient's informed consent to assessments and discussing the implications of the assessment on its completion

b)   practising in accordance with the professional, ethical and legal framework for nursing

c)   making a justifiable of:

–   patient's health and wellbeing

–   related needs and their prognosis

–   risks to their health and wellbeing in the short and longer term

d)   identifying the implications of assessment for the content and scheduling of programmes of nursing care

e)   referring patients to other practitioners when needs and/or risks are beyond own scope of practice

8   Plan, deliver and evaluate programmes to address patient's complex and changing health and wellbeing needs. (NHS KSF dimension 8 level C)

This involves:

a)   discussing and agreeing with patients and colleagues what needs to be done, who will contribute to the care plan and managing the plan as a whole

b)   undertaking nursing interventions (such as providing personal care to patients, administration of prescribed medication through a variety of routes, tissue viability care, catheter care, ensuring infusion pumps are working correctly) consistent with evidence-based practice, transferring and applying knowledge and skills to meet patient's needs

c)   promoting the health of patients and carers

d)   evaluating the effectiveness of interventions in meeting prior agreed goals and making any necessary modifications

e)   rigorously reviewing all aspects of the care plan and identifying when it is not addressing the patient's needs renegotiating the care plan to meet the patient's needs

f)   maintaining accurate and legible patient notes

g)   assuming the responsibility and control of ward management in the absence of the ward sister.

9   Supervise the work of a team. (NHS KSF dimension 20 level A)

This involves:

a)   assuming the responsibility and control of ward management in the absence of the ward sister

b)   allocating work and assessing the performance of team members objectively against clear criteria

c)   providing clear feedback to team members in a way that is conducive to maintaining and improving performance

d)   reporting poor performance to the ward sister for her to take action.

MATCHING THE KSF TO LOCAL COMPETENCIES

Matching the KSF to local competencies

Guidance on linking local competence frameworks to the NHS knowledge and skills framework (NHS KSF)

Users of this document should read *'An Introduction to the NHS Knowledge and Skills Framework (NHS KSF) and Development Review'* before this guidance.

A   The purpose of this guidance

The NHS Knowledge and Skills Framework (NHS KSF) is a key strand in NHS pay modernisation under the Agenda for Change initiative. (Subject to successful consultation in the spring of 2003) the NHS KSF will form the basis of:

- development review for staff – review, personal development planning, learning and evaluation

- career progression

- pay progression.

When full implementation of Agenda for Change takes place, all NHS organisations will have to use the NHS KSF for their staff. Organisations are encouraged **not** to develop new competence frameworks. As well as the NHS KSF, work is taking place in and across the four UK countries to develop more detailed competencies linked to care groups and/or specific areas of work (eg public health). This more detailed competence development and the NHS KSF should negate the need for organisations to develop their own competencies from now onwards.

This document is designed to help those NHS organisations that have already invested in developing local competence frameworks. Its purpose is to help such organisations work out how they might proceed now the NHS KSF is available and is to be used across the NHS.

Competencies that have been produced nationally or across the UK and which have been subject to external quality assurance (such as national occupational standards) will be referenced in the NHS KSF itself. This will enable organisations to find further information about, and connections to, the framework and more detailed descriptions of competence for specific areas of work.

Organisations who are already using competencies for all or a number of staff are likely to have an advantage as they will find many of the ideas in the NHS KSF, and the associated development review process, familiar to them.

This guidance provides:

1   information on the different terminology that is used in relation to competencies and standards

2   an overview of different models of competence and their use so that readers can be clear how their local competencies might relate to the NHS KSF

3   a process which organisations might use to see whether there is any value in linking their local competencies to the NHS KSF and some examples of where local competencies have been linked to the NHS KSF.

B   Clarifying terms – Competence and standards

Competence is a much used and abused term. The technology for developing competence statements, and the models on which they are based, have a long history within the UK and internationally. This paper does not track the development of different models or the development of the terms used to refer to competence, such as competency, competencies, capability etc. The section below does explain three basic models of competence as some models link more easily with the NHS KSF than others.

The first model of competence described below, is often referred to by the term 'standards', 'occupational standards', or 'performance standards'. This is confusing as the term 'standards' not only applies to individuals (as is usual when referring to competence) but also to teams, organisations and services (eg National Service Frameworks). The focus of this guidance is on competencies related to individuals. It is recognised that it is through competent individuals that effective services are delivered and organisations are effective and efficient. Organisations that are using service and organisational standards should find that the NHS KSF facilitates their achievement of such standards.

C   Models of competence

C1   Overview

Organisations develop competencies for a variety of reasons. Sometimes the focus is on developing people, at other times it is to improve organisational and service effectiveness (eg through focusing on skill mix, recruitment and selection), while at others the development arises more from a desire to control the workforce. The NHS KSF has been developed to facilitate development and progression for people working in the NHS, and through this provide better services to patients and the public. The NHS KSF has been developed through an ongoing partnership between management and staff sides in the NHS. This partnership approach focused on development has an impact on the design and content of the NHS KSF and how it will be used in the development review process. This is something which organisations should reflect on when considering how well their local competencies relate to the NHS KSF.

There are broadly three models of competence that are described briefly below

a)   what people need to achieve – outcomes (standards) models

b)   what people need to possess – educational competence models

c)   what people are like – personal competence models.

In addition some people have developed what might be called 'mixed models of competence' that blend different aspects of the three models identified above. This reduces the weaknesses of any one of the models but often results in confusion in use. As a general rule, it is better to work with one model.

C2   Outcome/standards models

Outcome/standards models focus on the expectations of any individual who is undertaking a particular area of work / work role. The level and content of the expectations are set by a process of consensus forming. **The outcomes approach is the model used in the NHS KSF** as individuals need to both possess and apply knowledge and skills in order to achieve outcomes/standards.

The outcome model of competence is also that used in national occupational standards (which in turn form the basis of vocational qualifications such as NVQs and SVQs). Assessment of outcomes/standards is criterion-referenced (ie met/not yet met). This helps in decision making about whether people are meeting the standards required for particular areas of work. From such information it is possible to work backwards to make decisions about development needs.

It should be possible to link local outcome competencies/standards fairly easily to the NHS KSF. Local competencies are most likely to provide examples of the application of the NHS KSF for a specific post. However organisations need to make sure that they do not make it more difficult for individuals to achieve the NHS KSF outline for that post through adding on more indicators than are in the NHS KSF.

Example from an outcome/standards model

Outcome

Collate and appraise developments in knowledge and practice

Criteria of effective performance

1   accurately identify the field of interest and access the different sources of information that are available on it

2   obtain in a cost-effective manner sufficient and relevant information on the field of interest

3   review and analyse the information obtained to determine its scope, content and any inherent tensions

4   determine the current state of developments in the field of interest through evaluating the analysed information

5   identify missing areas and possible reasons for their non-existence when analysis and synthesis reveals that the information sources used are incomplete

6   determine what is already known and where there are gaps in knowledge and practice in the field of interest through analysing the information available etc

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Outcomes/standards models are often confused with procedures, protocols and task lists that are designed to help staff undertake specific activities / tasks consistent with best practice or legislation. Competencies that use an outcomes/standards approach are broader than a specific procedure, protocol or task list.

C3   Educational competence models

Educational competence models focus on what it is that someone needs to know or be able to do by the end of a period of learning. They are usually specified in the form of learning outcomes. Educational competence models are based on theories of development and hierarchies of skills and knowledge. Assessment of competence-based learning models is usually against grade-related criteria (ie individuals

are allocated grades related to the extent to which they have developed, and can demonstrate, the knowledge, understanding and skills specified in the learning outcomes). These competencies are helpful in setting out what it is that individuals need to learn in order to be able to do something.

It may be possible to link educational competencies developed locally to the NHS KSF. However organisations need to make sure that they do not shift the basis of the NHS KSF to a learning focus and away from how the knowledge and skills needs to be applied to meet the demands of work. It might be more productive to think about how the learning outcomes would develop individuals to achieve different parts of the NHS KSF.

Example from an educational competence model

The award holder should be able to demonstrate

- the ability to gather, evaluate and synthesise evidence and information from a wide range of sources to derive a credible diagnosis

- the ability to use validated methods of enquiry to collect and interpret data in order to provide information that informs the evidence base

- logical and systematic thinking in the management of the individual patient and also in the management of practice

- the ability to draw reasoned conclusions and sustainable judgments in the context of practice

- the ability to undertake a research project that includes some original thinking utilising established methods of enquiry etc

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C4   Personal competence models

Personal competence models focus on individual's personal qualities, skills, motives and aspirations – a mixture of characteristics that have a direct impact on both an individual's ability to act in certain ways and their willingness to do so. These models are derived from a notion of competence that identifies the 'best performers' in an area of work. They have most commonly been applied to the field of management. The personal characteristics contained within such models are usually further described through the use of behavioural indicators.

Personal competence models are useful for self-assessment and individual development purposes as they focus on the characteristics that an individual brings to a job. The model is of limited, if any, use in identifying whether someone is effective in a particular area of work as the assessment is not made against agreed benchmarks of practice. These models are norm-referenced in that they are developed by comparing people who are seen to be good against those seen to be average or poor performers. Assessment of individuals against these models is normally norm-referenced (eg who would it be better to select for this post) or self-referenced (ie how much have I improved since the last time I was assessed).

It may be possible to link personal competencies developed locally to the NHS KSF if behavioural indicators have been developed. However organisations need to make sure that they do not make it more difficult for individuals to achieve the NHS KSF outline for their post through adding extra requirements.

Example from a personal competence model

Characteristic

Judgment

Behavioural indicators

1   identifies the most important issues in a complex situation

2   identifies new patterns and interprets events in new ways etc

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D   Linking local competences to the NHS KSF

This section is designed to provide a guide to linking local competencies to the NHS KSF. If your organisation wishes to carry on using its local competencies it needs to answer the broad questions first before starting on mapping the detail of the competencies.

BROAD QUESTIONS

1   **Were your local competencies designed to support the development of individuals working in the NHS?**

If YES, then the reason for their development is consistent with the NHS KSF and you are safe to proceed to question 2.

If NO the development of your local competencies appears to be inconsistent with the NHS KSF. You are likely to have problems linking the two together.

2   **Were your local competencies developed through partnership working between management and staff?**

If YES, then your local competencies have been developed in a manner that is consistent with the NHS KSF and you are safe to proceed to question 3.

If NO the way in which your local competencies have been developed appears to be inconsistent with the NHS KSF. You are likely to have problems linking the two together.

3   **Do your local competencies apply to all staff in your organisation (except for doctors, dentists and board level managers)?**

If YES, then the coverage is consistent with the NHS KSF and you are safe to proceed to question 4.

If NO your local competencies will only give partial coverage of the NHS KSF. You need to think about whether it is worth investing specific time in linking the two together when they do not cover all of the groups to whom the NHS KSF applies.

4   **Do your local competencies only include positive statements?**

If YES then your local competencies are likely to link to the NHS KSF and you are safe to proceed to question 5.

If NO and your local competencies include negative statements, then they are inconsistent with the NHS KSF. These statements will either need to be omitted or turned round into positive statements in order to link to the NHS KSF.

5   **Is the assessment of your local competencies on a yes achieved, no not yet achieved, basis?**

If YES, then the basis of assessment is consistent with the development review process linked to the NHS KSF and you are safe to proceed to the detailed mapping.

If NO (for example because the local competencies use a rating scale), the assessment of your local competencies appears to be inconsistent with the assessment approach used with the NHS KSF. You are likely to have problems linking the two together and users are likely to be confused about how the NHS KSF will be applied in pay modernisation. You might be better investing resources in changing over to the new system rather than attempting to link the two.

IF YOU HAVE ANSWERED YES TO ALL OF THE QUESTIONS ABOVE IT IS SAFE TO PROCEED TO MAP YOUR LOCAL COMPETENCIES TO THE NHS KSF. IF YOU HAVE ANSWERED NO TO ANY OF THE QUESTIONS, THEN YOU ARE LIKELY TO FIND LINKING YOUR LOCAL COMPETENCES TO THE NHS KSF PROBLEMATIC.

MAPPING THE DETAILED COMPETENCIES

1   **Have your local competencies got broad levels of description (eg overview statements/area of work statements)?**

If YES, match these broad descriptions to the dimensions and levels of the NHS KSF.

If NO take the broadest level of description you can find and work from there with the questions below.

2   **Now take the next level of description and relate this to the NHS KSF and then work on down from there.**

You are likely to find that sometimes the match is at indicator level.

Often the local competencies provide examples of application in the NHS KSF.

If you find gaps in the NHS KSF we would be interested in hearing from you so that we can improve the NHS KSF. Please contact Gill Rose on Gillian.Rose@doh.gsi.gov.uk.

3   Once you have mapped all of the competencies to the NHS KSF and you are sure they do not impose additional requirements, you need to work out how you are going to present the linking between your local competencies and the NHS KSF to all of the staff in your organisation. You will also need to develop guidance and support for them to use the two together during the initial implementation of pay modernisation and beyond.

ON THE PAGES THAT FOLLOW ARE SOME BRIEF EXAMPLES OF LINKING SOME LOCAL COMPETENCIES TO THE NHS KSF.

Example of local competences and their relationship to the NHS KSF

Local competence statement	NHS KSF reference (draft 5A)	Comments
Values and behaviours for leaders Setting direction – Strategic vision – Broad scan – Analysis and judgment Making it happen – action planning – change management – performance management – capacity and capability etc *Example of positive behaviours for strategic vision* – is clear about what needs to be achieved – involves stakeholders and others in developing and communicating a compelling view of the future – sensitive to wider political and pan-organisational priorities – able to understand the dynamic different interest groups and power bases in organisations and networks etc	19 Leadership C *Lead work teams in the development of knowledge, ideas and work practice* *Indicators* a) identifies clear benefits, goals and processes for developing knowledge, ideas and work practice and communicates these effectively to others in the work team b) links the development of knowledge, ideas and work practice to the role and functions of others in the work team c) inspires other team members with one's own and the organisation's values and vision and leads the team in taking forward clearly articulated values and vision d) incorporates messages that support the vision and values into daily team activities e) presents recommendations to the relevant people highlighting the improvements they will make f) enables team members to communicate their views about improvements and listen to what they are saying g) identifies the reasons for recommendations being rejected and offers suitable alternative options h) overcomes barriers to improvement and development within the team and challenges those whose views and actions are not consistent with improvement i) maintains and sustains the vision and objectives of improvements until they are firmly embedded into the culture and values of the team j) supports and encourages team members to: – understand their contribution – offer suggestions, ideas and views – take an active part in the process – informally network with others – share achievements jointly with other colleagues – challenge tradition, take risks and express dissatisfaction k) accepts responsibility for the team in any arising problems and tensions l) recognises, communicates and rewards the achievements of the team and individuals within the team	a) Competencies relate to 'leaders' hence dimension 19 seemed the obvious starting point b) Slightly difficult to decide the level – level C chosen as the best match between the positive behaviours and the NHS KSF indicators c) The local competencies include negative behaviours – these have been omitted as the positive behaviours appear to describe the behaviours needed without the negatives d) The headings in the local competencies bear a strong relationship to the indicators in the NHS KSF although there is not a one-to-one relationship between them. e) This competence framework focuses on one dimension of the NHS KSF. It is helpful in providing further detail in that area. The organisation which developed it will need to work out how it wishes to proceed once the NHS KSF is implemented across the whole service

Local competence statement	NHS KSF reference (draft 5A)	Comments
A Framework of Core Competencies 1 Effective working relationships 2 Health and safety 3 Organisational awareness 4 Teamwork 5 Service delivery 6 Managing performance 7 People development 8 Communication 9 Problem solving All of these competencies are defined at four levels covering: – Assistant – Practitioner – Advanced Practitioner – Manager Each level has a definition linked to the competence area (eg Create and maintain effective working relationships). Each level definition has a number of indicators attached to it eg – maintains confidentiality – gives advice – keeps people informed – discusses problems openly – proposes improvements – builds relationships	1 Communication; 18 Partnership; 5 Quality; 6 Equality, diversity and rights 3 Health, safety and security 5 Quality 5 Quality (plus embedded across other indicators) 4 Service development; 5 Quality (plus embedded across other indicators) 5 Quality 2 Personal and people development 1 Communication 5 Quality (plus embedded across other indicators) *Examples of indicators* – communicates information only to those people who have the right and need to know it consistent with employer's procedures and the law – establishes any help people require and acts on this appropriately – identifies and reports problems related to own area of work and takes action to remedy them	a) The local competence framework is organised in a very similar way to the NHS KSF. b) The core of the two are very similar although there are less core dimensions in the NHS KSF – partly because dimension 5 is broad in nature. c) There are many links between the two although the headings (dimensions/competencies) and descriptions of level have a number of differences d) Links can also be identified at indicator level (see examples shown) e) Overall the match is very good although the NHS KSF also has specific dimensions. The organisation would need to decide whether they wish to try and proceed running both frameworks side by side or whether learning from implementing their own framework could helpfully be drawn on for implementing the NHS KSF but only run the latter

DH *Department of Health*