Northern Ireland
Social
Care
Council

Post Registration Training and Learning (PRTL)

Continuous Learning & Development Standards

GUIDANCE
for Social Care Registrants

July 2020

Content

Appendices

Part 1: Introduction

About this document

This document is for social care workers, senior care workers and social care managers on the Northern Ireland Social Care Council Register.

The Northern Ireland Social Care Council Standards of Conduct and Practice for Social Care Workers state:

As a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills.

There are different PRTL requirements for social care workers, senior care workers and for social care managers.

Definitions

SOCIAL CARE WORKER

The function of the social care worker is to provide service users with direct personal care, practical support and to work under direction and supervision.

SENIOR CARE WORKER

The function of the senior care worker is to provide supervision and appraisal of social care workers. Senior care workers may also be involved in the direct provision of care.

SOCIAL CARE MANAGER

The function of the social care manager is to provide a governance and accountability role for the overall operational management of the care provision, quality assurance of that provision and the supervision and appraisal of others.

Part 2: Post Registration Training and Learning (PRTL)

What is PRTL?

PRTL is the learning and development activities through which you maintain and develop your competence throughout your career and which helps you to:

- Improve the service for the people you support/care for
- Develop and improve your job skills, knowledge and behaviour
- Keep up to date with new practice developments, legislation and policy

Why is PRTL important?

Meeting Requirements

As a social care worker, you will undertake learning and development in your job. You must keep a record of all learning and development completed. As part of your registration with the Northern Ireland Social Care Council, this must meet the Northern Ireland Social Care Council PRTL requirements. This will ensure you meet minimum standards for your role.

Having a learning and development plan

You should have a plan for your learning and development, discussed and agreed with your manager. This should be reviewed annually.

Providing focus for your learning

The Northern Ireland Social Care Council Continuous Learning and Development Standards (Appendix 2) provide a focus for PRTL activity by specifying common standards to be met by all social care workers, alongside specific standards to be met by senior care workers and social care managers. Meeting these standards should ensure that your learning and development is relevant to your job and your knowledge and skills are kept up to date.

Providing a better service

Skilled and knowledgeable registrants provide a better service and this contributes to increasing the confidence of service users, their carers and the general public in social care services.

PRTL and Renewal of Registration

The Northern Ireland Social Care Council Registration Rules require social care workers, when renewing their registration, to confirm that they have completed a minimum of 90 hours training and learning.

Renewal timescales are:

> **SOCIAL CARE WORKER & SENIOR CARE WORKER**
> **FIVE YEAR RENEWAL PERIOD**

> **SOCIAL CARE MANAGER**
> **THREE YEAR RENEWAL PERIOD**

When you apply to renew your registration, the Northern Ireland Social Care Council will ask you to confirm that you have met the PRTL requirements of 90 hours' learning and development. PRTL is a mandatory element of renewal. Failure to meet this requirement may lead to referral to a Registration Committee and may call into question your fitness to practise.

Part-time workers

PRTL requirements are the same if you work part-time as for full-time colleagues (90 hours). Part-time staff should be given similar opportunities and support for their learning and development as full time staff.

Agency workers

There is a shared responsibility for the employment agency and the social care contractor to ensure you are fit and competent to practise. The contractor must ensure you are provided with opportunities to meet PRTL requirements, including supervision and support from a line manager.

Responsibilities of Social Care Registrants

As a social care registrant, you are responsible for:

1. Undertaking a minimum of 90 hours' PRTL in a registration period

    - 5 years for a social care worker/senior care worker
    - 3 years for a social care manager

2. Planning your PRTL - which may be a mixture of formal and informal learning, in the workplace and in your own time.

3. Having a written learning and development plan agreed and reviewed annually with your employer. This should link to the Northern Ireland Social Care Council Continuous Learning and Development Standards (Appendix 2).

4. Recording your learning and development. Keep a record of any training undertaken and keep a copy of any certificates of training. This is your responsibility.

5. If selected for audit, you must submit the Audit Submission Form to the Northern Ireland Social Care Council within the timescale if you wish to remain on the Northern Ireland Social Care Council register.

Responsibilities of Social Care Employers

As an employer, you are responsible for:

1. Providing induction, training and development opportunities to help registrants do their jobs effectively, and ensuring they are appropriately trained for their post within the context of the Continuous Learning and Development Standards.

2. Working with registrants on the development of a learning and development plan which is regularly reviewed. This plan should link to the Northern Ireland Social Care Council Continuous Learning and Development Standards.

3. Supporting registrants to record their learning and development.

4. Support registrants to submit the Audit Submission Form following an audit request from the Northern Ireland Social Care Council.

What do I need to do to meet the Continuous Learning and Development Standards?

SOCIAL CARE WORKER

Focus on the five Continuous Learning and Development Standards:

Principles of Care

Health and Safety

Social Care Skills

Communication

Safeguarding

SENIOR CARE WORKER

Focus on the five Continuous Learning and Development Standards, plus the standard on supervision and appraisal:

Principles of Care

Health and Safety

Social Care Skills

Communication

Safeguarding

Supervision/ Appraisal

SOCIAL CARE MANAGER

Focus on the five Continuous Learning and Development Standards, plus the standards on supervision and appraisal as well as leadership and management:

Principles of Care

Health and Safety

Social Care Skills

Communication

Safeguarding

Supervision/Appraisal

Leadership and Management

Your learning and development plan should link to the Continuous Learning and Development Standards that are specific to your job role (see diagram above) and (Appendix 2).

Much of your learning and development may be mandatory training which is required by the Regulation and Quality Improvement Authority (RQIA). This may be supplemented by a wide range of activities from formal training to learning from others, reading journal articles, or relevant viewing materials. For each activity, you need to think about how this learning will improve the service you provide and benefit the people you support/care for.

There are examples of PRTL activities in (Appendix 5). There is also a range of useful resources published by the Social Care Institute for Excellence (SCIE) which are available on their website at www.scie.org.uk.

You must keep a record of your learning and development (PRTL) activities and keep copies if moving between social care roles.

Part 3: PRTL Audit

The Northern Ireland Social Care Council is required to audit the PRTL activities undertaken by social care workers. This is to ensure the required standards for PRTL are being maintained across all sectors of social care employment.

Twice a year, the Northern Ireland Social Care Council selects a random sample of social care registrants to submit for audit. If you have completed a learning and development plan and kept evidence/records of learning undertaken, this will enable you to submit for audit. For social care workers, this requires a completed Audit Submission Form to be returned to the Northern Ireland Social Care Council (Appendix 3). Social care managers have a different form to submit (Appendix 4).

Examples of completed audit forms for social care workers and social care managers can be found at www.niscc.info.There are also learning points for social care registrants included from previous audit points.

What will happen if selected for Audit?

1. You will be contacted in writing advising you that you have been selected for audit and you have 90 days to submit.
2. You should advise your employer that you have been selected for audit.
3. You should complete the audit submission form for your role as social care worker or senior care worker (Appendix 3) and for social care managers (Appendix 4), then return to the Northern Ireland Social Care Council within the timescale.
4. The Northern Ireland Social Care Council will assess your audit submission against the PRTL requirements.
   - The outcomes of your PRTL activity.
   - The Northern Ireland Social Care Council Standards of Conduct and Practice for Social Care Workers (Appendix 1).
   - The Northern Ireland Social Care Council Continuous Learning and Development Standards (Appendix 2).
5. If your audit meets the standards, you will receive a letter confirming competence.
6. If your audit does not fully meet the requirements, you will be given the opportunity to re-submit.
7. You must submit for audit if you wish to remain on the Northern Ireland Social Care Council register.

How to submit for audit:

Social Care Workers/ Senior Care Workers
- Gather your learning and development plan and evidence for PRTL.
- Advise your employer you have been selected for audit.
- Read examples of the Audit Submission Form at www.niscc.info.
- Complete the Audit Submission Form – (Appendix 3).
- Sign and date the form.
- Ask your manager to sign and date your form.
- Submit your form to the Northern Ireland Social Care Council.

Social Care Managers

- Gather your learning and development plan and evidence for PRTL.
- Advise your employer you have been selected for audit.
- Read examples of the social care managers Audit Submission Form at www.niscc.info.
- Complete the Audit Submission Form for Social Care Managers (Appendix 4).
- Sign and date the form.
- Ask your manager to sign and date your form.
- Submit your form to the Northern Ireland Social Care Council.

Exemption from Audit

Qualifications: if you have completed and hold a certificate for a qualification in social care that you have undertaken within the last five years, please contact registration@niscc.hscni.net or **call Customer Services on: 028 95362600** to check if you are exempt from audit.

Deferral due to exceptional circumstances

- It is important that every social care worker keeps their knowledge and skills up to date. It is appreciated there may be exceptional circumstances which are beyond your control that prevent you from submitting for audit.

- The Northern Ireland Social Care Council is prepared to consider requests for deferral of audit due to exceptional circumstances and in accordance with the Northern Ireland Social Care Council Registration Rules, as set out below:

- Rule 8 (9) The Council shall not refer a registrant to the Registration Committee, where that registrant has failed to complete the post registration training and learning requirements due to exceptional circumstances or where the registrant is on maternity, adoption or fostering leave.

- If you believe you will be unable to complete your audit due to maternity, adoption or fostering leave, or due to exceptional circumstances, you should contact the Northern Ireland Social Care Council Customer Services at least 20 days before your audit is due and request consideration of an extension.
  Contact: registration@niscc.hscni.net or telephone: 028 95362600

Appendix 1: Standards of Conduct and Practice for Social Care Workers and Standards for Employers of Social Workers and Social Care Workers

Northern Ireland Social Care Council Standards of Conduct and Practice for Social Care Workers

Registrants are responsible for their own professional development and for meeting their PRTL requirements. The Northern Ireland Social Care Council Standards of Conduct **(Standard 6)** state that:

"as a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills."

This includes:

Meeting relevant standards of practice and working in a lawful, safe and effective way **(6.1).**

Undertaking relevant training and learning to maintain and improve your knowledge and skills and meeting the Northern Ireland Social Care Council post registration training and learning requirements in line with your job role
(6.17).

Northern Ireland Social Care Council Standards for Employers of Social Workers and Social Care Workers

Employers have a shared responsibility in supporting their staff to meet their development needs. Standard 4 of the Northern Ireland Social Care Council standards for Employers of Social Work and Social Care Workers state that:

"As a social work and social care employer, you must provide learning and development opportunities to enable registrants to strengthen and develop their skills and knowledge."

This includes:

Providing appropriate induction training and on-going learning and development opportunities to help registrants do their job effectively and prepare for any new and changing roles and responsibilities **(4.1).**

Contributing to the provision of social work and social care education and training, including effective workplace assessment and practice learning **(4.3).**

Click here to download copies of the **Standards of Conduct and Practice for Social Care Workers and Standards for Employers of Social Workers and Social Care Workers**

Appendix 2: Northern Ireland Social Care Council Continuous Learning and Development Standards

Principles of Care: The service provided by the registrant is underpinned by the quality of interaction and engagement with service users, carers and families and involves applying key values such as dignity, respect, independence, rights, choice and safety. This requires the registrant to be honest, reliable and accountable for the care they provide. The registrant must demonstrate and apply understanding of the principles of care as appropriate to his/her practice, taking account of the work context and job role. This will include adherence to the Northern Ireland Social Care Council Standards of Conduct and Practice and the values outlined in the Quality of Standards for Health and Social Care (DHSSPS 2006).

Safeguarding: The registrant must understand different forms of abuse, the signs and symptoms of abuse and have an awareness of when individuals are or might be vulnerable to abuse. Within the context of the service user group, job role and work context, the registrant should understand his/her particular responsibilities in respect of safeguarding and know how and when to act appropriately, including reporting to a senior colleague.

Communication: The registrant must know how person centred care is informed by appropriate levels and methods of communication, which can include written, verbal or other creative approaches. Within the context of his/her particular responsibilities, job role and work context, the registrant should communicate in a timely and effective way with users, carers, families and colleagues, and be able to maintain or update relevant written records to support communication.

Social Care Skills: The registrant must have skills, knowledge and understanding specific to the needs of the service user group, job role and work context. Depending on the level of responsibility and accountability for the service, direct skills and knowledge should reflect the individual registrant's specific role to provide a high quality personal care or social care service for users, carers and families.

Health and Safety: The registrant must have knowledge and understanding of the health and safety issues relevant to the context and job role and to undertake work with service users, carers and families without causing risk of injury or harm to self or others. The registrant should understand his/her particular health and safety responsibilities and, where relevant, those of other disciplines, and know how to act appropriately within the boundaries of own job role.

Compliance with mandatory health and safety training which assists organisations to meet Department of Health legislative requirements, and minimum standards against which they are regulated, is essential. This training is detailed in the Guidance for Mandatory Training in PRTLRegulated Settings (RQIA) 2010.

There are additional learning standards for senior care managers and social care managers as follows:

SENIOR CARE WORKER

Supervision and Appraisal:

Senior care workers must undertake training in respect of supervision and appraisal. Senior care workers should know how to apply skills, knowledge and understanding in their support, supervision and appraisal of staff, and be aware of the contribution this has to promote and support safe and effective social care practice.

SOCIAL CARE MANAGER

Leadership and Management:

Social care managers must undertake appropriate leadership and management skills training that addresses governance, accountability and performance management responsibilities. Social care managers should know how to apply knowledge, skills and understanding appropriate to their specific management role and be aware of the contribution this has to promote and support best practice and confidence in the quality of service provided by their organisation.

Appendix 3:

PRTL Audit Submission Form

Social Care Worker/Senior Care Worker

PRTL Audit Submission Form

Social Care Worker/ Senior Care Worker

Full name …………………………………………………………………

Registration number……………………………………………………..

Employer name……………………………………………………………..
(if in employment)

Complete electronically if possible and return via email to: registration@niscc.hscni.net

If completed manually, please return to the address below:
Northern Ireland Social Care Council
7th Floor, Millennium House
19-25 Great Victoria Street
Belfast
BT2 7AQ

MMcG- 164

PRTL Audit Submission Form
Social Care Worker/ Senior Care Worker

Full name ……………………………………………………………………………………………

Registration number ……………………………………………………………………………..

Employer name (if in employment) …………………………………………………………….

Description of your Social Care Role:

_____

_____

_____

_____

Date	Duration (Hours)	Brief Description of activity	How has this activity improved your work and helped the people you Support/care for?

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Date	Duration (Hours)	Brief Description of activity	How has this activity improved your work and helped the people you Support/care for?

Date	Duration (Hours)	Brief Description of activity	How has this activity improved your work and helped the people you Support/care for?

Total training and learning for period of registration (Hours): _____

Registrant Declaration

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet Post Registration Training and Learning Requirements, or the provision of false information in relation to meeting these requirements, may be considered by the Northern Ireland Social Care Council as misconduct.

Registrant Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Appendix 4:

PRTL Audit Submission Form

Social Care Manager

Audit Submission Form
Social Care Manager

Full name ……………………………………………………………………………….

Registration number……………………………….…………………………………..

Employer name …………………………………………………………………………..
(if in employment)

Complete electronically if possible and return via email to: registration@niscc.hscni.net

If completed manually, please return to the address below:
Northern Ireland Social Care Council
7th Floor, Millennium House
19-25 Great Victoria Street
Belfast
BT2 7AQ

PRTL Submission Form

Summary of Social Care Role

Full Name ……….

Registration number …………………………………………………………………………………………..

Employer name (if in employment) …..…………………………………………………………………...

Summary of Social Care Role (Maximum 500 words)

Total words:

PRTL – Learning and Development Pro-forma

Name …………………………………………………………………

Registration Number ………………………………………………

Identified training Development needs	Plan to address training needs	How will this help the Registrant in their Job	Achievement Timescale

Registrant Signed………………………………………………………………..…… Date:………………………………………………

Line Manager/Mentor Signed:………………………………………………………. Date:……………………………………………..

PRTL – Summary of PRTL Activities

Name …………………………………………………………

Registration Number …………………………………………

Date	Duration (Hours)	Brief description of activity

Northern Ireland

Social Care Council

PRTL – Personal Statement

Name …………………………………………………………

Registration Number ………..……………………………….…

Please complete the statement outline how you have met the Leadership and Management Standards:

Personal Statement (500 1500 words)

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| |
| |
| |
| |
| |
| |
| |
| |
| |

Total Word Count: ....   **Total training and learning for period of registration** (hours): ....

Registrant Declaration

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet Post Registration Training and Learning Requirements, in accordance with Continuous Learning and Development Standards, or the provision of false information in relation to meeting these requirements, may be considered by the Northern Ireland Social Care Council as misconduct.

Registrant Signature .... **Date**: …………………………..

Line Manager/Mentor Signature .... **Date**: …………………………..

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Appendix 5

Examples of PRTL activities

Work based learning:

- Discussions with colleagues
- Secondment to another team/department
- Mentoring and coaching from others
- In house training related to job role
- Mandatory in house training e.g. on health and safety, equality etc
- Work shadowing
- Learning from colleagues at team meetings/case discussions
- Journal club
- Project work
- Evidence from learning activities undertaken as part of progression on the NHS Knowledge and Skills Framework

Professional activities:

- Involvement in a professional body
- Member of a special interest group
- Organising journal clubs or other specialist group
- Giving presentations at conferences
- Mentoring
- Supervising research
- Writing articles or papers

Formal Learning:

- Attending seminars/conferences
- Attending formal training programmes
- Distance learning

Self-directed learning:

- Work related reading and research (books, journals, newspapers)
- Internet research
- Social Care Council Learning Zone

DH Department
of Health

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

October 2004

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

October 2004

READER INFORMATION

Policy **HR/Workforce** Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
Document Purpose	Policy
ROCR Ref:	**Gateway Ref:** 3616
Title	The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process
Author	Agenda for Change Project Team
Publication Date	October 2004
Target Audience	PCT CEs, NHS Trusts CEs, StHAs CEs, Care Trusts CEs, WDC CEs, Special HA CEs, Directors of HR, Directors of Finance, Communications Leads, Payroll Leads, Staff Representatives Chair, Staff Representatives Secretary
Circulation List	
Description	The text of the NHS Knowledge and Skills Framework, as agreed by NHS employer and staff representatives, for the new pay system for NHS non-medical staff.
Cross Ref	NHS Job Evaluation Handbook Second Edition, NHS Terms and Conditions of Service Handbook
Superseded Docs	The NHS Knowledge & Skills Framework (KSF) & Development Review Guidance – Working Draft (March 2003)
Action Required	For dissemination within organisations in support of implementation of new pay system from 1 December 2004
Timing	
Contact Details	Agenda for Change Project Team Room 2N35D Quarry House Quarry Hill Leeds LS2 7UE
For recipient use	

First published October 2004

Contents

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

1.1   What is the NHS KSF?

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

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

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

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

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

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

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

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

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

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

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

2   job evaluation

3   terms and conditions.

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

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

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

1.4 What principles is the NHS KSF based on?

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

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

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

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

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

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

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

1.5   What is the focus of the NHS KSF?

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

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

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

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

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

1.6   How is the NHS KSF structured?

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

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

1   Communication

2   Personal and people development

3   Health, safety and security

4   Service improvement

5   Quality

6   Equality and diversity.

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

Health and wellbeing

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

HWB2   Assessment and care planning to meet health and wellbeing needs

HWB3   Protection of health and wellbeing

HWB4   Enablement to address health and wellbeing needs

HWB5   Provision of care to meet health and wellbeing needs

HWB6   Assessment and treatment planning

HWB7   Interventions and treatments

HWB8   Biomedical investigation and intervention

HWB9   Equipment and devices to meet health and wellbeing needs

HWB10 Products to meet health and wellbeing needs

Estates and facilities

EF1   Systems, vehicles and equipment

EF2   Environments and buildings

EF3   Transport and logistics

MAH1 - STM - 089 - 6676

Information and knowledge

IK1   Information processing

IK2   Information collection and analysis

IK3   Knowledge and information resources

General

G1   Learning and development

G2   Development and innovation

G3   Procurement and commissioning

G4   Financial management

G5   Services and project management

G6   People management

G7   Capacity and capability

G8   Public relations and marketing

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

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

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

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

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OVERVIEW OF THE NHS KNOWLEDGE AND SKILLS FRAMEWORK

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

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

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

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

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

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

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

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

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

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

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

WHAT IF …

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

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

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

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

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

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

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

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

1.7 How will the NHS KSF be used?

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

This is shown in the diagram which follows.

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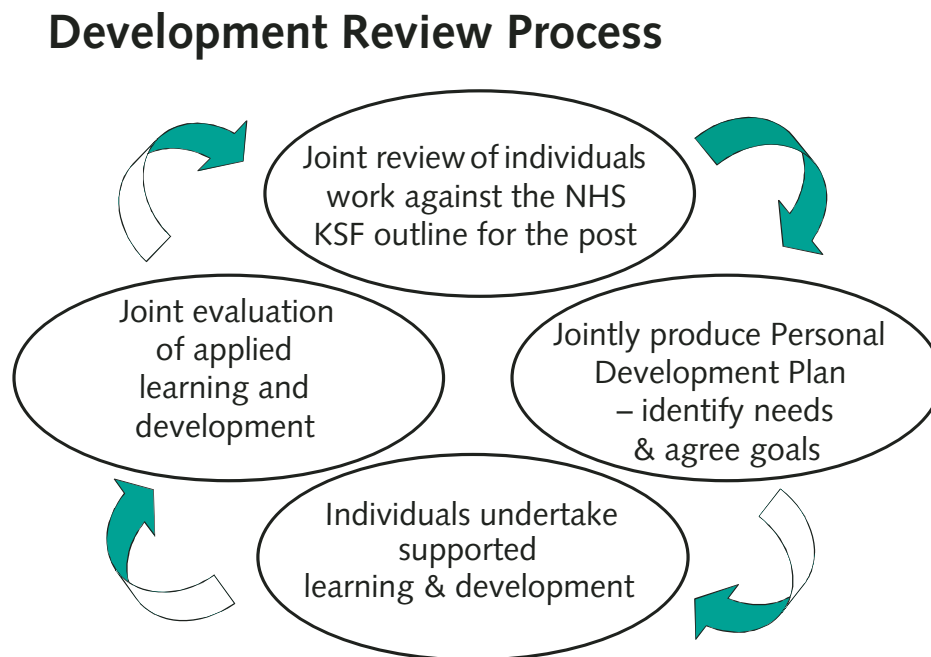
The development review is a partnership process undertaken between an individual member of staff and "a reviewer". The reviewer will usually be the individual's line manager but the role can also be delegated to someone else. If the reviewer role is delegated, then the individual to whom it is delegated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

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

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

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

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

• learning and development for the individual supported by their reviewer

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

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

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

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

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

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

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

- enabling them to access appropriate learning and development

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

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

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

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

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

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

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

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

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

- make informed decisions about the deployment of staff

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

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

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

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

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

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

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

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

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

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

1.11 What are the pay gateways?

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

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There are two gateways in each of the eight paybands:

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

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

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

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

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

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

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

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

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

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

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

> **WHAT IF …**
>
> • I am a regulated healthcare professional who is subject to a preceptorship year?
>   *Within the first 12 months of employment you will have two development reviews. The first review after 6 months will seek to establish whether you are on track in your development towards the foundation gateway and if this is the case you will receive your incremental point. After 12 months your second development review will focus on the KSF foundation outline for your post and this will form your foundation gateway. When you pass through this foundation gateway, you will move up to the next point on the payband. Like everyone else you will only have one foundation gateway and only one foundation gateway review.*
>
> • I am a midwife and I know that I will move to payband 6 on the basis of accelerated progression. Will this have an impact on my foundation gateway review?
>   *No. Your preceptorship will take place as described above and your foundation gateway review will also take place when you have been in post for 12 months.*

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

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

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

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

1.13 How does the NHS KSF link to lifelong learning?

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

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

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1.14 How does the NHS KSF support recruitment and retention?

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

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

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

1.15 How will the NHS KSF support service development?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9   develop a robust system for monitoring and reviewing progression decisions

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

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

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

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

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

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

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

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

2 Developing NHS KSF outlines for posts

2.1 Introduction to NHS KSF post outlines

2.1.1 Why do we need NHS KSF post outlines?

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

2.1.2 What are NHS KSF post outlines?

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

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

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

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

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

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

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

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

  – the learning and development which people will need to undertake

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–   the learning and development which employers are committed to support

–   individuals' pay progression.

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

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

2.1.3 Who develops NHS KSF post outlines?

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

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

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

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

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

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

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

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

2.2 Developing NHS KSF post outlines

2.2.1 How do you develop broad NHS KSF post outlines?

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

Step 1: Decide which dimensions are relevant to the post

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

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

Step 2: Decide the appropriate level for each dimension

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

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

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

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

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

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

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

2.3 Linking NHS KSF post outlines to pay gateways

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

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

WHAT IF …

- my organisation wants to use other things, such as qualifications or other competences, for the second gateway rather than the NHS KSF?

   No. It cannot do this. The National Agreement specifies that it is the NHS KSF, and it alone, that forms the basis of the second gateway. Qualifications and other competences, for example, may be used as evidence towards the achievement of the dimensions and levels if this is agreed and applicable but they cannot replace the NHS KSF.

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

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

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

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

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

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

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

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

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

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

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

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

4   using a combination of these approaches.

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

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

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

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

3   Using the NHS KSF in the development review process

3.1   The development review process

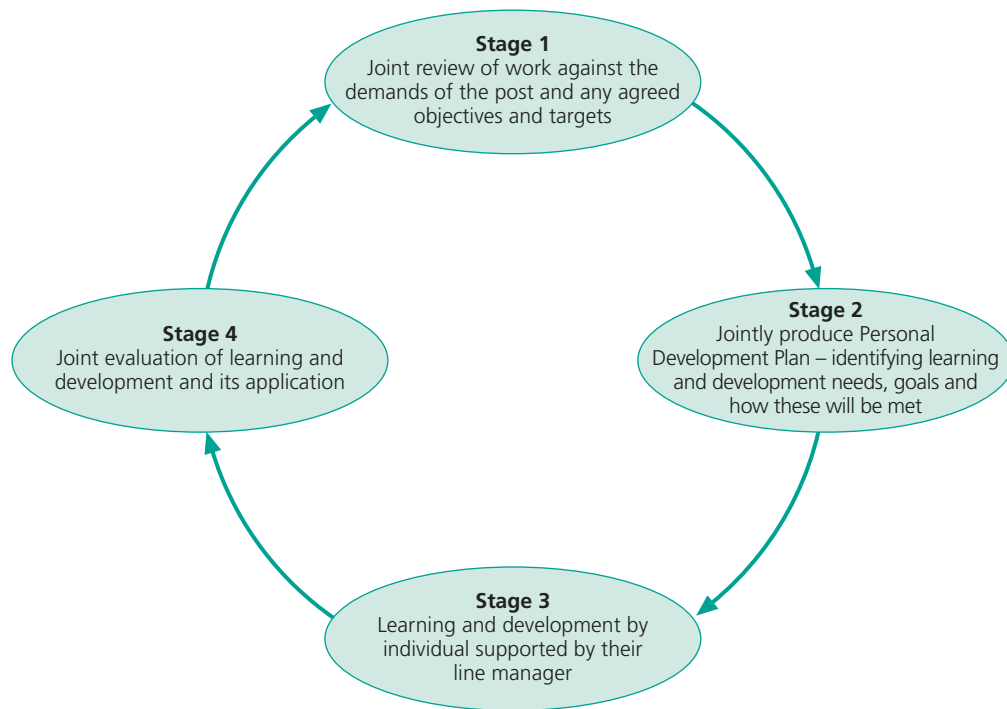### 3.1.1   What is the development review process?

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

The development review process has four stages:

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

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

3   learning and development by the individual supported by their reviewer

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

The cycle then starts at (1) again.

The process is shown in the diagram on the next page.

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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

3.1.2 When should the review process start?

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

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

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

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

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

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

3.2   The development review stage

3.2.1 What is the development review?

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

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

*   the application of knowledge and skills within the workplace

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

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

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

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

3.2.2 What happens in the development review?

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

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

*   verbal feedback from the individual, manager or others

*   written work produced by the individual staff member

*   electronic work produced by the individual staff member

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

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

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There are some simple rules to remember:

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

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

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

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

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

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

They must **both**:

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

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

*   agree the time, location and venue of the review

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

*   participate fully in the process

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

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

Individual members of staff should:

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

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

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

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

Reviewers must:

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

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

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

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

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

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

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

During the review meeting individual members of staff

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

During the review meeting the reviewer

Should	Should not
– encourage the individual to speak and actively participate in their review	– introduce any surprises (as issues should have been raised with the individual as they occur)
– listen to what is said to them	– simply tell the individual how they have done
– consider the evidence brought by the individual on how they have applied their knowledge and skills (eg within their portfolios)	– talk too much.
– 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.	

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

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

WHAT IF …

- the individual member of staff and their reviewer agree that the individual is *not* applying their knowledge and skills across all of the demands of their job but is concentrating their efforts on one or more areas to the detriment of others?

  Then the individual and their line manager need to agree how this will be addressed in the year ahead – and identify whether this is happening by the individual making the choice or due to management pressure to deliver in some areas more than others.

- the individual and their reviewer are unable to reach agreement?

  If the individual member of staff and their reviewer cannot agree, either one has the right to seek support on an informal local basis from a third party, such as the line manager of the reviewer, someone from the human resource department, or a trade union learning representative. This third person may seek further information from either the reviewer and/or the individual member of staff. They will look at the information from both and come to an objective decision that is non-discriminatory. If the informal process cannot address the problem, then the individual member of staff can take their case through local grievance procedures. If pay has been withheld, then if the individual's case is upheld pay will be back-dated to the point at which pay progression should have occurred. This should be the exception rather than the rule as one of the principles of the system is that it is based on 'No Surprises'.

- there are issues in the work team that are having a negative effect on the individual's work?

  The reviewer will need to address the issues in the team either directly or through seeking support from others.

- there are organisational issues (eg with resources) that are adversely affecting the individual's work and/or their learning and development?

  The reviewer will need to note this in the review documents and address the issues directly or through taking them up with other managers as the same issues are likely to be affecting other people in the organisation.

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

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

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

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

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

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

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

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

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

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

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WHAT IF …

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

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

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

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

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

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

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

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

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

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

- there is a disciplinary problem?

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

- the individual moves to another job in the NHS?

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

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

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

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

3.2.6 What are the outputs of the joint review stage?

The outputs of the joint review stage are:

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

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

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

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

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

3.3   The Personal Development Planning stage

3.3.1 What is a Personal Development Plan?

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

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

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

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

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

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

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

    –   organisational direction, policy and requirements that affect priorities

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

    –   the individual's strengths and interests

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

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

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

- set the date of the next formal review.

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

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

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

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

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

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

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

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

WHAT IF …

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

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

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

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

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

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

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

The outputs of this stage in the process are:

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

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

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3.4   The learning and development stage

3.4.1 What happens at the learning and development stage?

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

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

3.4.2 What forms of learning and development can be used?

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

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

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

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

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

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

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

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

These people might be:

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

- trade union learning representatives

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

- individuals who have statutory responsibility for maintaining standards

- organisational development staff.

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

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

    - their first language

    - their experience of learning and development in the past

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

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

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

    - their preferences for active or passive learning

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

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

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

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

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

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

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

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

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

The outputs of the learning and development stage are:

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

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

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

3.5   The evaluation stage

3.5.1 What happens at the evaluation stage?

The purpose of the evaluation stage is for individuals to:

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

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

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

3.5.2 How does evaluation inform what happens next?

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

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

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

3.5.3 What are the outputs of the evaluation stage?

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

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

The outcomes of the evaluation stage should be:

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

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

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

APPENDIX 1 OVERVIEW OF THE NHS KSF

OVERVIEW OF THE NHS KSF

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

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

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

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

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

APPENDIX 2
THE NHS KSF DIMENSIONS, LEVELS AND INDICATORS

CORE DIMENSION 1: COMMUNICATION

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

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

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

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

The worker:

a) identifies the range of <u>people</u> likely to be involved in the communication, any potential <u>communication differences</u> and relevant contextual factors

b) communicates with people in a <u>form</u> and manner that:
 – is consistent with their level of understanding, culture, background and preferred ways of communicating
 – is appropriate to the <u>purpose of the communication</u> and the context in which it is taking place
 – encourages the effective participation of all involved

c) recognises and reflects on <u>barriers</u> to effective communication and <u>modifies communication</u> in response

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

e) keeps accurate and complete records of activities and communications consistent with <u>legislation, policies and procedures</u>.

f) communicates in a manner that is consistent with relevant legislation, policies and procedures.

<u>People</u> with whom communicating
See overview

<u>Communication differences</u> might be in relation to:
– contexts and cultures of the different parties
– degree of confusion or clarity
– first/preferred language
– levels of familiarity with the subject of the communication/context in which the communication is taking place
– level of knowledge and skills
– sense of reality.

<u>Forms</u> of communication
See overview

<u>Purpose of communication</u> might include:
– asserting a particular position or view
– breaking bad news
– encouraging and supporting people
– explaining issues in formal situations (such as courts)
– explaining outcomes of activities/interventions
– exploring difficult issues
– facilitating meetings
– helping people make difficult decisions
– making scripted presentations
– presenting and discussing ideas
– providing technical advice to non-technical specialists
– representing views
– seeking consent
– sharing decision making with others including users of services
– sharing information
– supporting people in difficult circumstances.

<u>Barriers to communication</u>
See overview

<u>Modifies communication</u> through, for example:
– deciding what information/advice to give/not give as the communication proceeds
– modifying the content and structure of communication
– modifying the environment
– modifying the methods of communicating
– using another language
– using different communication aids

<u>Legislation, policies and procedures</u>
See overview

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

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

(continued overleaf)

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

Indicators	Examples of application
	Barriers to communication
	See overview
	Taking action to improve communication might include:
	– assessing responses and acting in response
	– changing the content and structure of communication
	– changing the environment
	– changing the methods of communicating
	– deciding what information and advice to give and what to withhold
	– using a range of skills to influence, inspire and champion people and issues
	– using communication aids
	– using another language
	Legislation, policies and procedures
	See overview

CORE DIMENSION 2: PERSONAL AND PEOPLE DEVELOPMENT

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

Core 2/Level 1: Contribute to own personal development

Indicators	*Examples of application*

The worker:
 	
 a) with the help of <u>others</u>, 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) reviews his/her work against the KSF outline for his/her post with his/her reviewer and identifies own learning needs and interests
 	
 c) produces with his/her reviewer a <u>personal development</u> plan
 	
 d) takes an active part in agreed learning activities and keeps a record of them
 	
 e) evaluates the effectiveness of learning activities for own development and the job.
	<u>Others</u>
	 See overview
	
	 <u>Personal development</u>
	 See overview

Core 2/Level 2: Develop own knowledge and skills and provide information to others to help their development

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

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Core 2/Level 3: Develop oneself and contribute to the development of others

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

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

Indicators	Examples of application

The worker:

a) evaluates the currency and sufficiency of own knowledge and practice against the KSF outline for the post and identifies <u>own development needs and interests</u>

b) develops and agrees own <u>personal development</u> plan with feedback from <u>others</u>

c) generates and uses appropriate learning opportunities and applies own learning to the future development of practice

d) encourages others to make realistic self assessments of their application of knowledge and skills challenging complacency and actions which are not in the interest of the public and/or users of services

e) enables others to develop and apply their knowledge and skills

f) actively promotes the workplace as a learning environment encouraging everyone to learn from each other and from external good practice

g) alerts managers to <u>resource issues</u> which affect learning, development and performance

h) develops others in a manner that is consistent with <u>legislation, policies and procedures</u>.

<u>Own development needs and interests</u> might include:

– critically appraising new and changing theoretical models, policies and the law

– developing new knowledge and skills in a new area

– developing new knowledge and skills in own work area

– developing strategies to manage emotional and physical impact of work

– keeping up-to-date with evidence-based practice

– keeping up-to-date with information technology

– maintaining work-life balance and personal wellbeing

– managing stress

– updating existing knowledge and skills in own work area

<u>Personal development</u>

See overview

<u>Others</u>

See overview

<u>Enabling others to develop</u> might include:

– acting as a coach to others

– acting as a mentor to others

– acting as a role model

– acting in the role of reviewer in the development review process

– demonstrating to others how to do something effectively

– discussing issues with others and suggesting solutions

– facilitating networks of practitioners to learn from each other (eg electronic forums, bulletin boards)

– providing feedback and encouragement to others

– providing feedback during assessment in the workplace (eg for NVQs/SVQs, student placements).

– providing information and advice

– providing pre-registration or post-registration placements

– providing professional supervision

– providing protected learning time

– sharing own knowledge, skills and experience

– supporting individuals who are focusing on specific learning to improve their work and practice

– supporting others on work placements, secondments and projects

<u>Resource issues</u> might include:

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

– lack of funding for development – raising governance issues

– broader workforce issues which cannot be managed by training and development of current team members (eg high turnover, inability to attract people of the necessary calibre).

<u>Legislation, policies and procedures</u> may be international, national or local and may relate to:

– confidentiality

– data protection (including the specific provisions relating to access to health records)

– disability

– diversity

– employment

– equality and good relations

– human rights (including those of children)

– information and related technology

– language

– learning and development

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CORE DIMENSION 3: HEALTH, SAFETY AND SECURITY

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

Links to other KSF dimensions	This dimension is supported by:

– *Core 6 Equality and diversity*.

This dimension is different from dimensions:

– *HWB3 Protection of health and wellbeing* which focuses on specific protective measures for health and wellbeing such as child protection, environmental protection

– *EF3 Transport and logistics* which focuses on the transportation and flow of people and materials with and between agencies and community locations rather than the routine movement of people and items as one small part of one's work.

Core 3/Level 1: Assist in maintaining own and others' health, safety and security

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

Core 3/Level 2: Monitor and maintain health, safety and security of self and others

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

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Core 3/Level 3: Promote, monitor and maintain best practice in health, safety and security

Indicators	Examples of application

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

Core 3/Level 4: Maintain and develop an environment and culture that improves health, safety and security

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

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CORE DIMENSION 4: SERVICE IMPROVEMENT

Overview	
Status	Core – this is a key aspect of all jobs as everybody has a role in implementing policies and strategies and in improving services for users and the public.
Levels	1 Make changes in own practice and offer suggestions for improving services 2 Contribute to the improvement of services 3 Appraise, interpret and apply suggestions, recommendations and directives to improve services 4 Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
Description	This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or services that support the smooth running of the organisation (such as finance, estates). The services might be single or multi-agency and uni or multi-professional. Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service. They might arise from: – formal evaluations (such as audit) – more informal and ad hoc approaches (such as 'bright ideas') – applying developments from elsewhere – national policy and targets – changes in legislation at international or national level – working closely with users and the public – the need to modernise services. This dimension also covers the development of direction, policies and strategies to guide the work of the organisation or service, including agreeing vision, values and ethos. Leadership and partnership are key aspects here as it is through inspiring and working collectively with others that strategy and direction can be taken forward into service improvements. Leadership includes such aspects as: – understanding and rising to the challenges of service improvement – critical tasks that need to be done, problems and issues to be faced – understanding the context in which services are to be improved – local politics, national policy imperatives, the local environment and the people in it – understanding the characteristics of the people involved and building on their diversity. Progression through the levels in this dimension is characterised by: – moving from implementing agreed changes to setting the context which guides and informs service improvements – an increasing role in, and understanding of, direction, policies and strategies at a macro level – increasing knowledge and skills in leading others, managing change and partnership working – an increasing ability to identify direction in the longer term over a number of years rather than in the immediate to short term

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

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

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

Core 4/Level 2: Contribute to the improvement of services

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

Core 4/Level 3: Appraise, interpret and apply suggestions, recommendations and directives to improve services

Indicators	Examples of application

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

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

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

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CORE DIMENSION 5: QUALITY

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

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

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Core 5/Level 1: Maintain the quality of own work

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

Core 5/Level 2: Maintain quality in own work and encourage others to do so

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

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Core 5/Level 3: Contribute to improving quality

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

Core 5/Level 4: Develop a culture that improves quality

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

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CORE DIMENSION 6: EQUALITY AND DIVERSITY

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

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

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

Core 6/Level 2: Support equality and value diversity

Indicators	*Examples of application*

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

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Core 6/Level 3: Promote equality and value diversity

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

Core 6/Level 4: Develop a culture that promotes equality and values diversity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HWB2/Level 2: Contribute to assessing health and wellbeing needs and planning how to meet those needs

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

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

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

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

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

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DIMENSION HWB3: PROTECTION OF HEALTH AND WELLBEING

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

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

HWB3/Level 1: Recognise and report situations where there might be a need for protection

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

HWB3/Level 2: Contribute to protecting people at risk

Indicators	*Examples of application*
The worker:	People might include:

Indicators

The worker:

a) contacts people who are at risk taking the necessary action if difficulties are encountered

b) explains to people the purpose for the contact, relevant regulatory powers, whether information will be confidential or disclosed and involves them in shared decision making

c) prepares for and contributes to protective interventions in a manner that
   – is consistent with legislation, policies and procedures
   – is appropriate to the people concerned
   – is appropriate for the setting
   – maintains the health and safety of the people themselves, self and others

d) takes appropriate and immediate action in response to contingencies

e) records and reports the interventions consistent with legislation and relevant policies and procedures.

Examples of application

People might include:
– individuals who
   – have been identified as being in danger of/are being harmed and/or abused
   – have been identified as being in danger of/are neglecting or harming themselves
   – put others at risk
– individuals or groups who
   – are at risk due to the systems and cultures in which they work or live
   – have been in contact with someone with an infectious disease or condition
   – in the future are likely to be in contact with infectious diseases or conditions
– individuals, groups or populations whose health and wellbeing has been/maybe put at risk due to the environment in which they live or work or the practices within that environment, or whose health and wellbeing may be at risk from the interventions/treatments that they need.

Risks to health and wellbeing
See overview

Protective interventions might be:
– assessment and monitoring of systems and cultures
– assessment and monitoring of the environment
– assessment and monitoring of the people concerned
– ongoing contact and follow-up.
– specific interventions/protective measures

Legislation, policies and procedures
See overview

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HWB3/Level 3: Implement aspects of a protection plan and review its effectiveness

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

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

Indicators	*Examples of application*
The worker:	<u>Risks to health and wellbeing</u>

The worker:

a) works in partnership with others to identify and assess
   – the nature, location and seriousness of <u>risks</u>
   – the problems that need to be addressed
   – the factors that might be causing the problems
   – priorities
   – <u>legislative, policy and procedural</u> requirements

b) identifies and agrees with others a range of options for addressing agreed priorities and selects those that have the best chance of success

c) develops with the help of others <u>an overall protection plan</u>

d) considers each specific case in the context of the overall protection plan and decides with others how to proceed

e) identifies and agrees in partnership with others
   – who will be involved in the management of specific risks
   – how the risks can best be managed
   – who needs to be kept informed

f) coordinates across the different people involved to effectively manage risks facilitating swift and effective communication and support

g) undertakes any <u>protective interventions</u> that are necessary for the management of risks, their complexity and for which s/he holds responsibility

h) maintains an ongoing accurate record of risks, the actions taken and other investigations that have been put into effect

i) reviews with others the effectiveness of protection plans, any issues with their implementation, and makes the necessary changes as a result.

<u>Risks to health and wellbeing</u>
See overview

<u>Legislation, policy and procedural requirements</u>
See overview

<u>Overall protection plan</u> might focus on risks to:
  individuals who
   – have been identified as being in danger of/are being harmed and/or abused
   – have been identified as being in danger of/are neglecting or harming themselves
   – put others at risk
  individuals or groups who
   – are at risk due to the systems and cultures in which they work or live
   – have been in contact with someone with an infectious disease or condition
   – in the future are likely to be in contact with infectious diseases or conditions
  – individuals, groups or populations whose health and wellbeing has been/maybe put at risk due to the environment in which they live or work or the practices within that environment, or whose health and wellbeing may be at risk from the interventions/treatments that they need.

<u>Protective interventions</u> might be:
  – advising/requiring other staff to carry out interventions (eg radiation protection)
  – assessment and monitoring of systems and cultures
  – assessment and monitoring of the environment
  – assessment and monitoring of the people concerned
  – ongoing contact and follow-up
  – specific interventions/protective measures
  – statutory enforcement to protect people from risks.

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DIMENSION HWB4: ENABLEMENT TO ADDRESS HEALTH AND WELLBEING NEEDS

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

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

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

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

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

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

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

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

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

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

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

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

HWB5/Level 1: Undertake care activities to meet individuals' health and wellbeing needs

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

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

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

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HWB5/Level 3: Plan, deliver and evaluate care to meet people's health and wellbeing needs

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

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

Indicators	*Examples of application*
The worker:	Health and wellbeing needs
a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	*See overview*
b) identifies with the people concerned:	Care needed to meet people's complex needs might relate to:
– goals for the specific activities to be undertaken within the context of their overall care plan and their complex health and wellbeing needs	– emotional health and wellbeing
– the nature of the different aspects of care needed to meet their complex needs	– psychological health and wellbeing – psychosocial health and wellbeing
– the involvement of other people and/or agencies	– physical health and wellbeing
– relevant evidence-based practice and/or clinical guidelines	– social health and wellbeing – spiritual health and wellbeing
– how to manage possible risks	Legislation, policies and procedures
c) undertakes care in a manner that is consistent with:	*See overview*
– evidence-based practice and/or clinical guidelines	Risks to health and wellbeing
– multidisciplinary team working	*See overview*
– his/her own knowledge, skills and experience	
– legislation, policies and procedures	
applying own skills, knowledge and experience and using considered judgment to meet people's different care needs	
d) takes the appropriate action to address any issues or risks	
e) evaluates the effectiveness of care and makes any necessary modifications	
f) provides effective feedback to inform the overall care plan	
g) makes complete records of the work undertaken, people's health and wellbeing, needs and related risks.	

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DIMENSION HWB6: ASSESSMENT AND TREATMENT PLANNING

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

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

HWB6/Level 1: Undertake tasks related to the assessment of physiological and/or psychological functioning

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

HWB6/Level 2: Contribute to the assessment of physiological and/or psychological functioning

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

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

Indicators	*Examples of application*
The worker:	Risks might arise from:
a) evaluates relevant information to plan the range and sequence of assessment required and determines:	– abuse
– the specific activities to be undertaken	– incidents/accidents
– the risks to be managed	– neglect
– the urgency with which assessments are needed	– rapid deterioration of condition or situation
b) selects appropriate assessment approaches, methods, techniques and equipment, in line with	– self-harm
– individual needs and characteristics	– the complexity and range of contributory factors
– evidence of effectiveness	– the environment.
– the resources available	Assessment approaches, methods, techniques may include
c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	– taking case history
d) prepares for, carries out and monitors assessments in line with evidence based practice, and legislation, policies and procedures and/or established protocols/established theories and models	– examinations
	– obtaining images
	– tests and measurements
e) monitors individuals during assessments and takes the appropriate action in relation to any significant changes or possible risks	and may be carried out
	– with others
	– by self
f) evaluates assessment findings/results and takes appropriate action when there are issues	– by others on request
g) considers and interprets all of the information available using systematic processes of reasoning to reach a justifiable assessment and explains the outcomes to those concerned	Legislation, policies and procedures
	See overview
h) determines and records diagnosis and treatment plans according to agreed protocols/pathways/models that are:	
– consistent with the outcomes of the assessment	
– consistent with the individual's wishes and views	
– include communications with other professions and agencies	
– involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks	
– are consistent with the resources available	
– note people's wishes and needs that it was not possible to meet	
i) monitors and reviews the implementation of treatment plans and makes changes within agreed protocols/pathways/models for clinical effectiveness and to meet people's needs and views	
j) identifies individuals whose needs fall outside protocols/pathways/models and makes referrals to the appropriate practitioners with the necessary degree of urgency.	

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

Indicators	*Examples of application*
The worker:	<u>Assessments</u> may include

The worker:

a) identifies and evaluates:

- the particular factors which contribute to the complex nature of the cases

- evidence from similar cases which may inform the approach to be taken

- the nature and urgency of the case

b) determines and plans the range and sequence of <u>assessments</u> that evidence suggests are most likely to provide answers to the clinical questions, including:

- the specific activities to be undertaken

- any modifications to standard procedures/protocols

- methods, techniques and equipment to be used

- the <u>risks</u> to be managed

c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent

d) carries out assessments in line with evidence based practice, <u>legislation, policies and procedures</u> and/or established protocols/established theories and models, monitoring individuals and adjusting the approach in the light of arising information and any significant changes or risks

e) considers and interprets all of the information available using systematic processes of reasoning and reaches justifiable conclusions, including the making of a differential diagnosis and the listing and rank of possible alternatives if appropriate, and explains the outcomes to individuals

f) develops and records treatment plans that are:

- appropriate to the clinical context

- consistent with the outcomes of assessment and the most probable diagnosis

- identify the risks that need to be managed

- have clear goals

- involve other practitioners and agencies as and when necessary

- are consistent with the resources available

- note people's wishes and needs that it was not possible to meet

g) coordinates the delivery of treatment plans feeding in relevant information to support wider service planning

h) monitors the implementation of treatment plans and makes changes as a result of emerging information

i) identifies individuals whose needs fall outside own expertise and makes referrals to the appropriate practitioners with the necessary degree of urgency.

Examples of application

<u>Assessments</u> may include

- taking case history

- examinations

- obtaining images

- tests and measurements

and may be carried out

- with others

- by self

- by others on request

<u>Risks</u> might arise from:

- abuse

- incidents/accidents

- neglect

- rapid deterioration of condition or situation

- self-harm

- the complexity and range of contributory factors

- the environment.

<u>Legislation, policies and procedures</u>

See overview

DIMENSION HWB7: INTERVENTIONS AND TREATMENTS

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

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

MAHI - STM - 089 - 6791

HWB7/Level 1: Assist in providing interventions and/or treatments

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

HWB7/Level 2: Contribute to planning, delivering and monitoring interventions and/or treatments

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

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HWB7/Level 3: Plan, deliver and evaluate interventions and/or treatments

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

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

Indicators	Examples of application
The worker:	<u>Interventions and/or treatments</u> may relate to physical and/or psychological functioning

The worker:

a) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent

b) identifies with the people concerned:

 – goals for the specific <u>interventions/treatments</u> to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning

 – the nature of the different interventions/treatments given the complexity of the issues and/or the seriousness of the illness

 – relevant care pathways

 – the involvement of other people and/or agencies

 – relevant evidence-based practice and/or clinical guidelines/theories and models

 – any specific precautions or contraindications to the proposed interventions/treatment and takes the appropriate action

 – how to manage potential <u>risks</u>

c) undertakes interventions/treatments in a manner that is consistent with:

 – evidence-based practice and/or clinical guidelines/theories and models

 – multidisciplinary team working

 – his/her own knowledge, skills and experience

 – <u>legislation, policies and procedures</u>

 applying own skills, knowledge and experience and using considered judgment to meet individual's complex needs

d) takes the appropriate action to address any issues or risks

e) evaluates the effectiveness of the interventions/treatments and makes any necessary modifications

f) provides effective feedback to inform the overall treatment plan

g) makes complete records of the interventions/treatments undertaken, people's health and wellbeing, needs and related risks

h) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency.

Examples of application

<u>Interventions and/or treatments</u> may relate to physical and/or psychological functioning

See overview

<u>Legislation, policies and procedures</u>

See overview

<u>Risks</u> might be from:

– abuse

– incidents/accidents

– neglect

– rapid deterioration of condition or situation

– self-harm

– the complexity and range of contributory factors

– the environment.

DIMENSION HWB8: BIOMEDICAL INVESTIGATION AND INTERVENTION

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

HWB8/Level 1: Undertake tasks to support biomedical investigations and/or interventions

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

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

Indicators	Examples of application

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

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

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

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

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

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

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

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

HWB9/Level 1: Assist in the production and/or adaptation of equipment and devices

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

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HWB9/Level 2: Produce and/or adapt equipment and devices to set requirements

Indicators	*Examples of application*

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

HWB9/Level 3: Design, produce and adapt equipment and devices

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

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HWB9/Level 4: Design, produce and adapt complex/unusual equipment and devices

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

DIMENSION HWB10: PRODUCTS TO MEET HEALTH AND WELLBEING NEEDS

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

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

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HWB10/Level 1: Prepare simple products and ingredients

Indicators	*Examples of application*

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

HWB10/Level 2: Prepare and supply routine products

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

HWB10/Level 3: Prepare and supply specialised products

Indicators	*Examples of application*
The worker:	<u>Products</u> might include the specialised aspects of:
a) confirms the validity and appropriateness of <u>requests for specialised products</u> and reports any concerns	– blood components and products (eg washed platelets, washed red cells, products for neonates, products for individuals with specific health needs)
b) obtains, collates and evaluates relevant information on the specific requirements which the product must meet	– food and drink (eg to meet specific nutritional or cultural requirements and/or prepared, presented and served individually to order)
c) assesses the feasibility of preparing products to meet the requirements and reports any potential problems to the appropriate people	– medicines (eg extemporaneous preparations, aseptic products, radiopharmaceuticals, medicines tailored for specific patients)

d) selects the correct
    – techniques and processes
    – work areas and equipment
    – components/ingredients
and prepares, checks and uses them correctly in line with established procedures
	– nutritional products and supplements (eg parenteral feeding solutions)
	– other products used in the assessment and treatment of needs related to health and wellbeing (eg diagnostic agents)

e) accurately calculates or measures the correct quantities of components/ingredients and combines and processes them correctly and in a way which
    - maintains their quality
    - is consistent with <u>legislation, policies and procedures</u>
    - minimises risks to self, others and the work environment
	<u>Requests for specialised products</u> may be
	– electronic
	– prescriptions
	– other requests/orders

f) monitors the preparation environment and process and takes immediate action in the case of untoward incidents which could jeopardise quality or health and safety	<u>Placing items in correct conditions and location for the next stage of use</u> may be: – placing them ready for further processing – storing for future use
g) confirms that prepared items meet specific requirements and quality criteria and <u>places them in the correct conditions and location for the next stage of use</u>, together with any required labels and information, according to established procedures	– supplying them to users of the service – supplying them to colleagues
h) cleans and restores equipment and work areas, leaving them in a suitable condition for future use	<u>Legislation, policies and procedures</u> *See overview*

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HWB10/Level 4: Support, monitor and control the supply of products

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

DIMENSION EF1: SYSTEMS, VEHICLES AND EQUIPMENT

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

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

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

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

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

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EF1/Level 3: Monitor, maintain and contribute to the development of systems, vehicles and equipment

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

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

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

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DIMENSION EF2: ENVIRONMENTS AND BUILDINGS

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

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

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

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

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

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

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EF2 Level 4: Plan, design and develop environments, buildings and/or items

Indicators	Examples of application

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

DIMENSION EF3: TRANSPORT AND LOGISTICS

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

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EF3/Level 1: Transport people and/or items

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

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

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

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

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

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

Indicators	*Examples of application*
The worker:	Resource utilisation factors might include:
a) works with others to identify:	– contracting and procurement methods and standards
– resource utilisation factors	– equipment and material use
– requirements for managing the flow of people and/or items linked to these factors	– human resources
– fluctuations in these requirements	– infrastructure
– factors and circumstances that can be predicted	– methods
– known contingencies that are likely to arise	– quality standards
– knowledge of how these contingencies and fluctuations can be managed	– quantity
– the technology and information that is available to help manage the flow	– regulations.
– the extent to which current processes are effective and where improvements can be made	Legislation, policies and procedures
b) produces plans to manage flow that:	*See overview*
– specify to a sufficient level of detail what needs to happen and when, including the management of preventive factors	Supporting mechanisms might include:
– include benchmarks and standards	– effective communication processes.
– identify the use of technology, knowledge and information, communication, and skills to support the process	– information flows
– provide those responsible for taking forward flow management with sufficient clear information for them to carry out their work effectively	– knowledge capability within the organisation/service
– are consistent with legislation, policies and procedures	– technology
c) negotiates with others to put in place sufficient supporting mechanisms to ensure that people and/or items flow effectively	Evaluation might include:
d) works with others to take forward the implementation of plans and ensure they are effective in practice	– analysis of reports and information in the system
e) gains sufficient information on the effectiveness and efficiency of logistics and makes adjustments as and when they are necessary	– changing policies and direction in the service
f) evaluates the effectiveness and efficiency of the logistics at key intervals to identify the need for more fundamental improvements.	– feedback from suppliers
	– feedback from those responsible for the transport and flow of people and/or items
	– feedback from users
	– knowledge in the service as a whole
	– supporting information

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DIMENSION IK1: INFORMATION PROCESSING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Input, store and provide data and information
	2 Modify, structure, maintain and present data and information
	3 Monitor the processing of data and information
	4 Develop and modify data and information management models and processes
Description	This dimension relates to the processing and management of data and information for specific functional purposes which do not involve analysis or interpretation.
	The data/information may be text-based or numerical/statistical and may be processed and managed via a wide range of systems, including computer-based applications (eg word processing, spreadsheets, patient information systems), other electronic systems (such as photocopiers) or paper-based systems (eg patient records).
	Progression through the levels in this dimension is characterised by increasing complexity of:
	– the data and information being processed
	– the outputs required
	– the activities involved (from basic data input, through more complex manipulation and presentation of information, to the development of models and processes for managing data and information).
Examples of application

These may be relevant to all levels in this dimension | Data and information might be processed for: |
	– assessment, diagnosis, care and treatment of patients/clients ie data and information about patients and clients
	– buildings and environments
	– development and innovation
	– education, training and development
	– effectiveness of specific treatments, forms of care, lifestyles that promote health and wellbeing etc ie information for the public and users of services
	– financial services
	– health and wellbeing
	– health, safety and security
	– management of finances, people, projects or services
	– marketing and public relations
	– prescribing patterns
	– procurement and commissioning
	– promotion of equality and diversity
	– resource use
	– service effectiveness
	– systems, vehicles and equipment
	– transport and logistics
	– workforce analysis.
	Data and information may be in the following formats:
	– electronic (eg spreadsheets, databases, word processing packages)
	– printed/written (eg paper based files and records)
	Data and information may be:
	– raw
	– intermediate
	– processed
	Legislation, policies and procedures may be international, national or local and may relate to:
	– accreditation
	– clinical negligence
	– controls assurance
	– data protection and confidentiality
	– information
	– freedom of information
	– records management
	– tax and revenue

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

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IK1/Level 1: Input, store and provide data and information

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

IK1/Level 2: Modify, structure, maintain and present data and information

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

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

IK1/Level 4: Develop and modify data and information management models and processes

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

DIMENSION IK2: INFORMATION COLLECTION AND ANALYSIS

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

Examples of application	Data and information might be:
These may be relevant to all levels in this dimension	– qualitative
	– quantitative.

Data and information may be held in systems which are:
– electronic
– paper-based

Data and information might relate to:
– assessment, diagnosis, care and treatment of patients/clients ie data and information about patients and clients
– buildings and environments
– development and innovation
– education, training and development
– effectiveness of specific treatments, forms of care, lifestyles that promote health and wellbeing etc ie information for the public and users of services
– financial services
– health and wellbeing
– health, safety and security
– management of finances, people, projects or services
– marketing and public relations
– prescribing patterns
– procurement and commissioning
– promotion of equality and diversity
– resource use
– service effectiveness
– systems, vehicles and equipment
– transport and logistics
– workforce analysis.

Legislation, policies and procedures may be international, national or local and may relate to:
– accreditation
– clinical negligence
– consent
– controls assurance
– data protection and confidentiality
– information
– freedom of information
– records management
– tax and revenue.

Links to other KSF dimensions	This dimension is supported by:

– *Core 3 Health, safety and security:* covers security of information
– *Core 5 Quality:* covers information governance
– *Core 6 Equality and diversity:* covers the promotion of equality and the valuing of diversity
– *EF1 Systems and equipment:* covers the maintenance and development of information communication and technology (ICT) systems

This dimension is different from dimensions:
– *IK1 Information processing:* which focuses on the processing and management of data and information in a way which does not involve analysis and interpretation
– *IK3 Knowledge and information resources:* which focuses on the use, management and development of all forms of knowledge and information resource, such as library services

IK2/Level 1: Collect, collate and report routine and simple data and information

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

IK2/Level 2: Gather, analyse and report a limited range of data and information

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

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IK2/Level 3: Gather, analyse, interpret and present extensive and/or complex data and information

Indicators	Examples of application
The worker:	Data and information might be:
a) formulates and agrees with others:	*See overview*
– the questions to be answered and issues to be addressed by the data/information	Data and information may be held in systems which are:
– the concepts to be used for data and information collection, management, analysis, interpretation and reporting	*See overview*
	Data and information might relate to:
b) identifies appropriate and valid sources which can provide data and information of sufficient quality and quantity	*See overview*
c) identifies, develops and implements a range of valid, reliable, cost-effective and ethical methods for addressing the agreed questions and issues, minimising disruption to the people providing the data/information and complying with relevant legislation, policies and procedures	Legislation, policies and procedures
	See overview
	Problems with data and information may be related to:
d) defines and implements search strategies for reviewing data and information and summarising the results	– gaps in coverage
	– inconsistencies/conflicts between different aspects of the data/information
e) monitors the quality and quantity of the data and information and takes the necessary action to deal with any problems and maintain data quality	– insufficient quality/quantity for valid analysis
	– limitations of the data/information in addressing the original question/issue
f) collates and analyses data and information using methods appropriate to:	Formats may include:
– the initial questions/issues to be addressed	– articles/content for electronic information systems
– the nature of the data and information	– reports generated from computer based information management systems
g) interprets, appraises and synthesises data and information appropriately and identifies:	– verbal and/or audio-visual presentations
– consistency and inconsistency in outcomes	– written reports, papers, articles etc
– any limitations in the analyses used	– financial accounts
and continually holds issues raised open to question	– statistical analyses
h) develops justifiable and realistic conclusions and recommendations to time and presents them using format, layout, images and structure appropriate to:	Images include:
– the needs and interests of the intended audience(s)	– charts
– accepted conventions and protocols	– diagrams
– the intended purpose of the presentation	– maps
	– pictures

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

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

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DIMENSION IK3: KNOWLEDGE AND INFORMATION RESOURCES

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

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

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IK3/Level 1: Access, appraise and apply knowledge and information

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

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

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

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IK3/Level 3: Organise knowledge and information resources and provide information to meet needs

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

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

DIMENSION G1: LEARNING AND DEVELOPMENT

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

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G1/Level 1: Assist with learning and development activities

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

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

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

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

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G1/Level 4: Design, plan, implement and evaluate learning and development programmes

Indicators	Examples of application

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

DIMENSION G2: DEVELOPMENT AND INNOVATION

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

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

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

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

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G2/Level 2: Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment

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

G2/Level 3: Test and review new concepts, models, methods, practices, products and equipment

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

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

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

DIMENSION G3: PROCUREMENT AND COMMISSIONING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Monitor, order and check supplies of goods and/or services
	2 Assist in commissioning, procuring and monitoring goods and/or services
	3 Commission and procure products, equipment, services, systems and facilities
	4 Develop, review and improve commissioning and procurement systems
Description	This dimension is about procuring and commissioning products, equipment, services, systems and facilities including direct purchasing. It includes:

Description (continued)

This dimension is about procuring and commissioning products, equipment, services, systems and facilities including direct purchasing. It includes:

– both one off purchases and ongoing supplies, including the management of contracts

– tangible products and materials, and services which are less tangible

– low and high value products, equipment, services, systems and facilities

– low and high volume products, equipment, services, systems and facilities.

Working in partnership with suppliers and end users is a fundamental aspect of this dimension. Supplier development is also important in ensuring that providers and suppliers understand the organisation's values and direction and work in accordance with them, such as in relation to promoting equality and valuing diversity.

Those involved in the commissioning and procurement process have a key role to play in assuring that the organisation/service gets value for money, whether this is through checking what is happening on a day-to-day basis or through negotiating the terms of supply contracts.

This dimension covers a wide range of activities including the commissioning of services to improve health and wellbeing and address health and wellbeing needs. It covers areas such as: agreeing specifications; setting and meeting targets; coordinating the procurement and commissioning process; awarding and managing contracts; and ensuring that the organisation on behalf of the public gets value for money.

Progression through the levels in this dimension is characterised by:

– moving from working within set parameters to determining and setting commissioning and procurement parameters

– increasing scope of activity, from a limited role of monitoring, checking and ordering supplies, through involvement in a wide range of procurement and commissioning activities, to overseeing the whole process

– increasing knowledge and skills relating to purchasing and commissioning processes and systems and the links between different aspects of them.

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

G3/Level 1: Monitor, order and check supplies of goods and/or services

Indicators	Examples of application

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

G3/Level 2: Assist in commissioning, procuring and monitoring goods and/or services

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

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

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

G3/Level 4: Develop, review and improve commissioning and procurement systems

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

DIMENSION G4: FINANCIAL MANAGEMENT

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

| **Links to other KSF dimensions** | This dimension is supported by:

– *Core 5 Quality* – which focuses on governance (including financial and corporate)
– *IK1 Information processing*
– *IK2 Information collection and analysis*

This dimension is different from dimensions:

– *G3 Procurement and commissioning* – which focuses on purchasing and managing the supply of goods, equipment and services to the organisation
– *G5 Services and project management* – which focuses on planning, implementing, monitoring and evaluating projects and services. |

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

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G4/Level 2: Coordinate and monitor the use of financial resources

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

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

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

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G4/Level 4: Plan, implement, monitor and review the acquisition, allocation and management of financial resources

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

DIMENSION G5: SERVICES AND PROJECT MANAGEMENT

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

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Links to other KSF dimensions	This dimension is supported by:

This dimension is supported by:

– *Core 1 Communication*
– *Core 5 Equality and diversity*
– *IK1 Information processing* – as information flow is a key part of effective services and project management
– *IK2 Information collection and analysis* – as information flow is a key part of effective services and project management
– *G4 Financial management* – related to services and projects
– *G6 People management* – related to the management of people working on services and projects.

This dimension is different from dimensions:

– *Core 4 Service improvement* – which focuses on improving services and taking them forward whereas this dimension focuses on running services on a day-to-day basis
– *G3 Procurement and commissioning* – which is about commissioning services and projects whereas this dimension is about supplying services and projects.

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

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G5/Level 2: Organise specific aspects of services and/or projects

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

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

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

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

Indicators	Examples of application
The worker:	Plans might include:

The worker:

a) works with others to identify and produce <u>plans</u> that contain all the necessary detail for managing and delivering <u>services and/or projects</u> and that are:
   – consistent with <u>legislation, policies and procedures</u>
   – supportive of the organisation's/partnership's direction, strategy and objectives

b) negotiates and agrees with others how to put in place sufficient <u>supporting mechanisms</u> to ensure that services and/or projects are managed and delivered effectively

c) works with others to put in place methods, processes and systems for implementing service/project plans

d) monitors the delivery and management of services and/or projects in order to:
   – evaluate performance against plans
   – identify issues
   – predict future needs and shortfalls
   – identify trends and developments
   – assess capacity to meet future needs

e) reviews plans, methods, processes and systems for managing services and/or projects and modifies them to improve effectiveness

f) provides appropriate support to others to improve their knowledge and understanding of service and/or project management.

<u>Plans</u> might include:
– benchmarks and standards
– budgets and delegation of budgets
– costs (eg reference cost position, activity/cost relationship)
– factors, circumstances and contingencies that can be predicted and how these contingencies and fluctuations can be managed
– human resource use
– improving the accuracy of costings
– financial management systems
– information systems
– risk assessment and management
– the specific requirements of the services/projects including contract specifications
– the technology and information that is available to manage and help the delivery of services/projects
– the ways in which the services/projects support the organisation's/partnership's direction, values, strategies and objectives

<u>Services and projects</u>
See overview

<u>Legislation, policies and procedures</u>
See overview

<u>Supporting mechanisms</u> might include:
– communication processes
– controls
– information flows
– knowledge and capability within the organisation/service
– reporting structures and systems
– technology.

DIMENSION G6: PEOPLE MANAGEMENT

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

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

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

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G6/Level 3: Coordinate and delegate work and review people's performance

Indicators	*Examples of application*

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

G6/Level 4: Plan, develop, monitor and review the recruitment, deployment and management of people

Indicators	*Examples of application*

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

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DIMENSION G7: CAPACITY AND CAPABILITY

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

G7/Level 1: Sustain capacity and capability

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

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G7/Level 2: Facilitate the development of capacity and capability

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

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

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

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G7/Level 4: Work in partnership with others to develop and sustain capacity and capability

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

DIMENSION G8: PUBLIC RELATIONS AND MARKETING

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

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G8/Level 1: Assist with public relations and marketing activities

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

G8/Level 2: Undertake public relations and marketing activities

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

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G8/Level 3: Market and promote a service/organisation

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

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

Indicators	*Examples of application*

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

APPENDIX 3
WHERE TO FIND IT
IN THE NHS KSF

WHERE TO FIND IT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FORM FOR DEVELOPING AN NHS KSF OUTLINE FOR A POST

Title of Post

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

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

APPENDIX 5
BROAD OUTLINE FOR A POST

BROAD OUTLINE FOR A POST

Post: Basic Grade Occupational Therapist

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

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

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

EXAMPLE OF A FULL NHS KSF OUTLINE FOR A POST

Post: Basic Grade Occupational Therapist

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

Dimension	Level	Indicators	Areas of application for this post
2. Personal and People development	Level 2 Develop own knowledge and skills and provide information to others to help their development.	a) assesses and identifies: – feedback from <u>others</u> on own work – how s/he is applying knowledge and skills in relation to the KSF outline for the post – own development needs and interests in the current post – what has been helpful in his/her learning and development to date b) takes an active part in the development review of own work against the KSF outline for the post with reviewer and suggests areas for learning and development in the coming year c) takes responsibility for own <u>personal</u> <u>development</u> and takes an active part in learning opportunities c) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems d) keeps up-to-date records of own development review process f) <u>offers</u> <u>information</u> <u>to</u> <u>others</u> when it will help their development and/or help them meet work demands.	<u>Offering</u> <u>information</u> <u>to</u> <u>others</u> will include: – during induction – during ongoing work – to students on placement – when changes are being made to work practices. Feedback from <u>others</u> will mean – participating in regular professional and/or operational supervision Taking responsibility for <u>own</u> <u>personal</u> <u>development</u> will mean: – participating in the basic grade development programme. – participating in the KSF development review
3. Health Safety and Security	Level 2 Monitor and maintain health, safety and security of self and others.	a) identifies and assesses the potential risks involved in work activities and processes for self and <u>others</u> b) identifies how best to manage the risks c) undertakes work activities consistent with: – <u>legislation, policies and procedures</u> – the assessment and management of <u>risk</u> d) takes the appropriate action to manage an <u>emergency</u> summoning assistance immediately when this is necessary e) reports actual or potential problems that may put health, safety and security at risk and suggest how they might be addressed f) support <u>others in maintaining health, safety and security.</u>	Work activities include: – clinical interventions – group and individual – knowledge of policies eg lone working – non-patient moving and handling – storage of materials and equipment <u>Management</u> of <u>risk</u> will include – complying with trust risk assessment procedure – attending all Trust mandatory training and directorate essential training. Action in an emergency includes: – following local procedure – completing appropriate paperwork

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

Dimension	Level	Indicators	Areas of application for this post

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

Dimension	Level	Indicators	Areas of application for this post
6. Equality and Diversity	Level 2 Support equality and value diversity		

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

Dimension	Level	Indicators	Areas of application for this post

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

APPENDIX 7
THE NHS KSF DEVELOPMENT REVIEW PROCESS – FORMS

THE NHS KSF DEVELOPMENT REVIEW PROCESS – FORMS

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

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

The different forms that are needed are:

Form 1   The joint review stage – MANDATORY

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

        Section 2   Recording development review decisions

Form 2   Personal Development Plan – OPTIONAL

Form 3   Personal development – record and evaluation – OPTIONAL

Confidentiality

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

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MANDATORY

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

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

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

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MANDATORY

FORM 1 SECTION 2 (page 1)

RECORDING DEVELOPMENT REVIEW DECISIONS

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

FORM 1 SECTION 2 (page 2)

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

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

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

Date of next review..

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OPTIONAL

FORM 2 PERSONAL DEVELOPMENT PLAN

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

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

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

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OPTIONAL

FORM 3 PERSONAL DEVELOPMENT – RECORD AND EVALUATION

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

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

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

DH *Department of Health*

MMcG- 166

Department of
**Health, Social Services
and Public Safety**

An Roinn
Sláinte, Seirbhísí Sóisialta
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PERSONAL SOCIAL SERVICES
Development & Training Strategy
2006-2016
SEPTEMBER 2006

PERSONAL SOCIAL SERVICES
Development & Training Strategy
2006-2016

CONTENTS

PERSONAL SOCIAL SERVICES
Development & Training Strategy
2006-2016

Foreword

Social Services play a vital role within Northern Ireland society and its economy. They make a significant and positive difference to people's lives, helping people to live safe, fulfilling and independent lives. Social services staff support people in dealing with difficult situations and major life transitions and where necessary, they take action to safeguard vulnerable people from harm.

An estimated 185,000 individuals (adults and children) use social services every year in Northern Ireland with over 40,000 staff employed to help them.

As the organisational structures for the Health and Personal Social Services change, the social services workforce will also need to adapt and change to be able to deliver consistently safe, high quality and effective services.

Quality, safety and effectiveness are central to the government's modernisation agenda. To deliver this agenda the social services workforce must be committed, highly skilled and flexible and able to respond to changing demands. The Personal Social Services Development & Training Strategy, with its central theme of associating training and qualifications with workforce registration and its emphasis on lifelong learning will support this vision for the social services workforce and help improve standards of competence and service provision. As such, the Strategy contributes to maximising the benefits of registration of the workforce and service regulation which are two key features of the quality and safety agenda.

Social services are personal by their very nature. Their effectiveness relies on the quality of interaction and engagement between staff and the people who use the service. Improving outcomes for service users means improving staff competence in engaging meaningfully and effectively with the full range of people who use the service. People's expectations of social workers and social care staff need to be reflected in staff training and development. This Strategy recognises the need for service user and carer perspectives to inform the training agenda.

People also want different services to work effectively together to ensure an integrated response to their needs. The Strategy emphasises partnership and shared learning with professionals in other key services such as health, education and justice.

The investment already committed to Personal Social Services training will be maintained to support the delivery of the strategic targets in this Strategy. Patterns of commissioning will however need to be reviewed to reflect the changing context of social services provision and to ensure achievement of the strategic targets specified in the Strategy.

I commend this Strategy to you as the basis of supporting and building a skilled, professional, motivated and confident social services workforce that is fit for purpose and fit for the future.

PAUL GOGGINS MP
Minister for Health, Social Services and Public Safety

PERSONAL SOCIAL SERVICES
Development & Training Strategy
2006-2016

1. THE SOCIAL SERVICES WORKFORCE

Introduction to the personal social services

1.1 Social services staff work primarily, although not exclusively, with some of the most vulnerable and excluded people in society and provide services covering prevention, care, protection and control. They work in partnership with other public services such as health, education, police and probation to promote, enhance and where appropriate to protect the health, well-being and safety of individuals, families and communities.

1.2 The social services workforce numbers approximately 40,000[1]. One third of the workforce is employed within the statutory Health and Personal Social Services (HPSS) and in criminal justice and education with the remainder (27,000) being employed in the voluntary and private sectors. (See Appendix 1- Fact File.)

1.3 The range of services offered by the social services workforce can be summarised as follows:

- *Advice, support and problem-solving:-* helping people find solutions to short-term or long-term needs or difficulties that are impacting on their well-being.

- *Care, rehabilitation and social inclusion:-* supporting vulnerable and marginalised members of society to live safe and fulfilling lives, to maintain maximum independence in daily living and to engage in meaningful and valued activity.

- *Prevention, protection and safeguarding:-* protecting individuals, families and communities at risk of harm from themselves or others through the use of statutory powers.

- *Integration and partnership:-* working in partnership with carers, volunteers, other professions and agencies to provide holistic and integrated services to people with complex needs.

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1   Workforce Planning Review – Social Services Staff Groups DHSSPS 2006.

- ***Community action:-*** empowering individuals, groups and communities to become actively involved in initiating and influencing community development to improve social well-being and quality of life.

1.4   While social services offer a range of practical services, such as domiciliary, day and residential care it is the quality of the personal interaction and/or therapeutic relationships of staff with service users and carers that is central to the effectiveness of service provision. The role of social services is not to take over from individuals, rather they seek to empower people to take responsibility for themselves and their own behaviour.

1.5   Social services are delivered by either social workers or social care workers. Differentiation between these two groups of workers relates to their respective functions, responsibilities, levels of accountability and related qualifications.

1.6   The Personal Social Services Development and Training Strategy (the Strategy) needs to address the competence and expertise required in the workforce to deliver the full range of social services safely and effectively at all levels and across all sectors. This includes the care functions, the protection and control functions and the multidisciplinary nature of the work both within and beyond the boundaries of the HPSS. The Strategy should also address the competence and expertise required to support the 'skilled use of self' at different levels as the basis of all interactions and therapeutic relationships with service users and carers.

An overview of the social work workforce

1.7   Social workers represent a relatively small proportion of the whole social services workforce. There are approximately 4128[2] social workers in Northern Ireland registered on the social work part of the register operated by the Northern Ireland Social Care Council (NISCC). Following the introduction of protection of the title of social worker from 1 June 2005, only those on this part of the register may practise as a social worker. Approximately 80% of social workers are employed in the statutory sector which includes HPSS, the probation service, education welfare service and the Northern Ireland Guardian ad Litem service (see Appendix 1 - Fact File).

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2   4128 social workers registered with NISCC as of 4 August 2006.

1.8   As a registered practitioner, social workers are personally accountable for their practice. This means that they are answerable for their actions and omissions, regardless of advice or directions from another professional. They are professionally accountable to the NISCC for maintaining the high standards of the profession as well as having a contractual accountability to their employer and fulfilling statutory duties within the relevant legislation.

1.9   The specific duties and powers invested in social workers through government policies and statute are to assess needs and risks, and to act on behalf of society when people pose a risk to themselves, or others, or where they are at risk from the actions of others.

1.10   Social workers work closely with their health colleagues in the HPSS, but they must also engage with colleagues in other sectors, such as the police, the probation service, the court service and education to carry out their statutory duties effectively and ensure a holistic and integrated response to people in need or at risk and to their families.

1.11   Working routinely with other disciplines and professions both within the HPSS and in other sectors means that social workers have to be skilled navigators and co-ordinators of services across professional and organisational boundaries, and in collaborating with others in joint work to minimise risks and meet the needs of an individual, family or community.

1.12   Social workers have to balance the needs, rights and responsibilities of those they work with, with those of their carers and at times with those of the wider community, and provide appropriate levels of support, advocacy, therapeutic help, protection and control.

1.13   Because of the levels of responsibility and accountability carried by social workers, their professional training is designed to equip them with the knowledge and skills to discharge their wide statutory duties safely and effectively. Post-qualifying education and training is designed to equip social workers to develop further their knowledge and expertise beyond qualifying level in working with and safeguarding people in risky situations.

An overview of the social care workforce

1.14   The social care workforce provides a range of care and services to people who are in need of either short term or long term assistance to live their lives safely and as fully and independently as possible and to maintain or improve the overall quality of their lives. Care and support can involve one or more of the following:

- contributing to the assessment of need and care planning;

- providing personal care;

- helping people maintain and re-learn or develop daily living skills;

- helping people to prepare for employment and/or independent living;

- providing social support to help people deal with difficult and sometimes distressing circumstances; and

- supporting vulnerable adults or children to live safe and fulfilling lives.

1.15   There are approximately 36,000[3] social care workers, 27,000 of whom work in the voluntary and private sectors. Residential care staff constitute 44% of the social care workforce, while domiciliary care workers are estimated to comprise 32% of the workforce. (See Appendix 1 - Fact File.)

1.16   Social care has become increasingly demanding and challenging with more people with complex needs now being supported to live at home. Many of these people are supported in the first instance, by family, friends and neighbours as informal carers. It is a key role for the social services to ensure that carers are effectively supported in their turn.

1.17   Social care is often part of a wider package of care that includes a range of other services such as social work, community health, housing, benefits and as such social care workers need to be able to communicate and engage effectively with others.

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3   Workforce Planning Review – Social Services Staff Groups DHSSPS 2006.

1.18   The social care worker often works alone in people's own homes dealing directly and personally with individuals in circumstances that are emotionally and often physically demanding.

1.19   Education and training opportunities must support all social care workers, wherever they work, to deliver consistently safe, high quality and effective services in these challenging circumstances.

Regulation of the workforce

1.20   The social work workforce has had qualification requirements set by the Department of Health, Social Services and Public Safety (Department) for specific parts of the social work workforce since the mid 1970s and these remain in force. A recognised social work qualification is required by all:

-        Social Workers in fieldwork posts (1976);
-        Team Leaders in residential child care (1993);
-        Executive Directors of Social Work (1994); and
-        Directors of Social Services (1994).

1.21   It remains the Department's published policy aim that residential child care staff should hold the social work qualification and work is continuing to achieve this policy aim in the near future.

1.22   The implementation by the Department, of Protection of Title of social worker from 1 June 2005 means that all social workers in designated posts must be registered on the social work part of the NISCC Register in order to practise.

1.23   There is a small number of staff in field social work and residential child care who hold qualifications that are not recognised as a professional social work qualification by the NISCC. Such staff are being encouraged to gain a recognised social work qualification.

1.24   The main thrust of registration of the workforce now centres on the introduction of registration for the social care workforce. There will be a phased programme of implementation to register the large numbers of social care staff over the next five years (2006 – 2011). Eligibility for registration of social care workers will be linked to the Code of Practice for Social Care Workers.

1.25   Evidence of continuing learning and development is a requirement for re-registration with the NISCC. At present all registrants are required to undertake a minimum of 15 days of training and learning every 3 years to remain eligible to re-register with the NISCC.

1.26   The Strategy needs to support the registration and re-registration requirements of the NISCC including, over time, the achievement of relevant qualifications.

Recruitment and retention

1.27   Demand for social services is anticipated to increase over the next 20 years associated with an ageing population and changing social trends[4]. Difficulties have been reported in recruiting and in retaining both social care and social work staff across all programmes of care and all sectors which has resulted in short term and, in some instances, long term vacant posts. This, associated with a high usage of short-term cover and agency staff, may present increased risks for the safety and quality of care of service users.

1.28   Recruitment difficulties may be further compounded with social services employers across the statutory, voluntary and private sectors competing to recruit to posts at a time of reducing unemployment and an improving economy. There is therefore increasing pressure on employers to improve retention rates as well as make the most of a skilled workforce.

1.29   The Strategy needs to promote comprehensive development and training opportunities for both social care and social work staff to support the recruitment and retention strategies of employers.

Social work career structure

1.30   There has been a limited career structure in social work with progression largely dependent on entry into social work management posts.

1.31   Senior social work practitioner posts were introduced in 1994 as a social work practitioner career progression route and most employers of social workers now have senior social work practitioner grades as part of their social work workforce. There are 186 senior practitioners[5] in Northern Ireland representing less than 5% of all registered social workers.

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4   A Healthier Future, A Twenty Year Vision for Health and Well-being in Northern Ireland 2005 – 2025.
5   Workforce Planning Review – Social Services Staff Groups DHSSPS 2006.

1.32   The Department is leading the development of a professional career structure for social workers and is exploring the potential for the introduction of a principal social work practitioner grade in specified service areas.

1.33   The Strategy will need to support career progression for social workers, including the development of expertise, competence and appropriate qualifications of senior practitioner posts and, if introduced, of principal practitioner posts. In addition, the Strategy must support the provision of appropriate post qualifying opportunities for social workers across all service user groups and settings.

Social care career structure

1.34   As with social work, a career structure exists for social care staff which also leads to management posts. However, there is no clear progression route for social care workers which recognises that there are increased levels of expertise and competence needed for different social care posts.

1.35   Social care needs to be promoted as a positive career choice with opportunities for the development of competence and skills and career mobility within the social care workforce. The Strategy must promote and support the recognition of social care as a profession in its own right with associated qualifications.

Qualification profile of the workforce

1.36   Setting National Vocational Qualification (NVQ) targets for social care workers has had a significant impact on the qualification profile of the social care workforce, with many staff registering for and achieving a qualification relevant to their work since targets were first set in 1997. Improvements in the qualification baseline and competence of the social care workforce is however affected by a high turnover of staff and therefore subject to annual variation.

1.37   Agenda for Change, and associated bandings linked to job functions, and the Knowledge and Skills Framework (KSF) provide an opportunity to have a coherent policy on qualification achievement for the social services workforce and to track progress against targets set for specific qualifications.

1.38   All social workers are required to hold a recognised social work qualification. There has however been no consistent regional approach to post-qualifying qualification achievement for social workers, apart from a few key functions such as Approved Social Work (Mental Health) and Practice Teaching for social work students. Even the qualifications associated with implementation of the senior practitioner grade have not been consistently applied across all the HSS Trusts.

1.39   Qualifications linked to posts across the whole workforce would support the government's aim of ensuring people receive a consistent standard of service, throughout Northern Ireland, delivered by staff assessed as competent at an appropriate level for their job function. Associated with improving consistency in standards is the roll-out of registration across the whole workforce. The Strategy offers an opportunity to link qualifications with registration.

Leadership and management of the personal social services

1.40   While it is difficult to categorize managers in a sector as diverse as the personal social services, the following three levels of management activity can usefully be identified:

  •   *Senior management* – strategic leadership and vision;

  •   *Middle management* – leadership and management of a service area, such as programme of care or project; and

  •   *First line management* – management and/or supervision of individuals or teams delivering services.

1.41   Spans of management responsibility have increased for managers at all levels in the personal social services owing to flatter management structures and the drive for efficiencies in administrative costs. In smaller organisations, particularly in the voluntary and private sectors, a manager's role may incorporate two or even all three of the above levels of activity.

1.42   Staff managing the personal social services come from a variety of professional backgrounds including social work, nursing, allied health professionals, psychologists and administrators and this reflects the drive towards integrated team working and principles of general management. This means that professional supervision for social

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workers carrying out statutory functions may not always be available from the immediate manager. Therefore special arrangements are needed to secure timely access to professional support.

1.43   Uptake of leadership and management training and qualifications is reported to vary greatly between and within social services organisations.[6] There is no consensus about the appropriate training or qualifications and many are not linked to the needs of the social services sector or the specific competences required by its leaders and managers. This lack of systematic implementation of leadership development has been found to have a direct negative impact on organisational performance[7].

1.44   The findings from an Audit Commission review[8] on the management of people delivering social services suggested there is significant room for improving management practices, which would include clarifying lines of accountability. This is borne out by Social Services Inspectorate (SSI) inspections where a range of governance issues were identified as significant risk factors in the management of statutory functions and delivery of safe and effective care. Indeed, Lord Laming identified that "the single most important change in the future must be the drawing of clear lines of accountability"[9] .

1.45   This Strategy must address the professional leadership capability as well as the management and supervision capability for the personal social services within the context of continuous change.

6   Review of Leadership and Management Development Opportunities for PSS, NISCC, March 2002.
7   Managers and Leaders: raising our game, (Council for Excellence in Management and Leadership, 2002).
8   The Workforce Audit of the Personal Social Services, EO/IDeA.
9   The Victoria Climbié Inquiry: Summary Report of an Inquiry (Department of Health, 2003)

2.   THE PSS DEVELOPMENT AND TRAINING STRATEGY 2006 - 2016

2.1   The social services workforce of the future will need to be able to fulfil its statutory responsibilities linked to protection of the public as well as the full range of service provision within the restructured health and personal social services. At the same time, the social services workforce will need to continue to work in close contact and co-operation with relevant services outside the HPSS such as police, courts, education, probation and voluntary and community organisations.

2.2   Importantly, the social services workforce will operate as a regulated workforce. This has implications for individual registrants and their personal responsibility for their competence and conduct. It also has implications for employers' responsibility to improve knowledge and skills in the workforce and ensuring that competence is maintained linked to continuing registration. The respective responsibilities of staff and employers are set out in the NISCC Codes of Practice.

2.3   The Strategy will therefore support all those employed in delivering personal social services, in any sector and at every level, to access appropriate education and training and to gain appropriate qualifications linked to continuing registration on the NISCC Register.

2.4   It is now intended as part of this Strategy that, over time, all staff registered with the NISCC will be working towards specific competence or qualifications to support continuing registration.

2.5   Strategic priorities have been identified to support the development of the PSS workforce to enable it to deliver on the modernisation and improvement agenda for social services. The strategic priorities are as follows:

- •   Leadership and Management;
- •   Safety and Accountability;
- •   Flexibility and Skills;
- •   Motivation and Confidence;
- •   Working in Partnership; and
- •   Continuous Improvement.

2.6   This Strategy sets out a plan, with strategic priorities and associated policy statements and strategic targets, for developing the social services workforce over the next ten years, **2006 – 2016**. It is designed to provide a policy direction for the development of the PSS workforce through a period of major structural change and into the future.

Focus of the Strategy

2.7   The Strategy is aimed at all social work and social care employees and their employers across the statutory, voluntary and private social services sectors.

2.8   This Strategy is intended to meet the development and training needs of all social services employees from the point of entry into the workforce and throughout their careers. It therefore covers the following areas:

(a)   ensuring long-term strategic **development and training plans** based on sound workforce information to maintain and develop the competent workforce are in place;

(b)   providing **induction training** for all staff, including temporary staff, so they are safe to begin work ;

(c)   ensuring staff hold the appropriate **basic training and/or qualifications** for their post so they are fit to practise and eligible for registration with NISCC;

(d)   providing access to **ongoing development and training opportunities** for all staff to ensure they remain up-to-date in their knowledge and skills and linked to re-registration requirements;

(e)   ensuring the **development of specialist expertise** in social services;

(f)   ensuring the **development of strategic leadership and professional management capability** for the social services function; and

(g)   realising the potential of **the workplace as a 'field of continuous learning'.**

Roles and responsibilities of employers

2.9   The requirement for employers to train and develop staff is clearly set out in the NISCC Code of Practice for Social Care Employers and is also an integral part of the clinical and social care governance arrangements which are part of an employer's 'duty of quality'. The Care Standards and associated Regulations reinforce employers' responsibilities to ensure staff receive appropriate development and training for their roles and responsibilities. Employers' compliance with all of these requirements will be monitored by the Regulation, Quality and Improvement Authority (RQIA).

Roles and responsibilities of employees

2.10   All employees, under the NISCC Code of Practice for Social Care Employees, are responsible for keeping their knowledge and skills up-to-date and maintaining their registered status with the NISCC as appropriate.

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3. STRATEGIC PRIORITIES

3.1 Strategic Priority 1: Leadership and Management

Rationale

Social services have changed and will continue to change significantly in the ways that they are commissioned, organised, managed and delivered. Managers are universally recognised as key players in assisting organisations and their staff to plan for, adapt to and implement change. As such, managers of social services need to have the capacity to provide professional leadership, management and supervision for staff with a focus on safe and effective performance and good outcomes for service users.

Improving the safety and quality of the personal social services is at the core of the government's modernisation agenda with a particular emphasis on regulation, governance and performance management. Leading staff through major organisational change and, at the same time, managing the demands for more effective social care governance, improved standards in services and better protection for service users, requires strong professional leadership and management.

First line managers are the leaders and custodians of safe and effective practice at the front line. This requires high level skills in supervising staff and in making professional judgements in complex situations.

All leaders and managers of the personal social services workforce have a particular responsibility to ensure the development of competence, talent and commitment of staff at all levels, in other words to promote the learning organisation. The development of learning organisations (see 2.8(g) above) underpins this Strategy, a theme addressed in more detail later in the document.

Effective leadership and management of the personal social services is a fusion of professional and managerial competence. Accordingly, this Strategy will support senior and operational managers to access appropriate training and qualifications that encompass both professional and managerial competence.

Policy statements

Employers will put in place by 1 April 2008 a comprehensive and coherent plan to develop leadership and managerial skills for the social services.

Continuing registration with the NISCC will be linked to the achievement of skills as identified in the leadership and management development plan.

Leadership and Management

Strategic targets

By 2010, appropriate leadership and managerial skills training programmes will be available for leaders and managers of social services at all levels.

By 2016, all senior, middle and first line managers will have undertaken appropriate leadership and managerial skills training within 2 years of appointment to post.

(See also strategic targets 4.1 and 6.2)

Actions

Employers will identify in co-operation with the Sector Skills Council (SSC) and education and training providers, the skills requirement for strategic leadership and professional management of the PSS and have a development and implementation plan ready to commence by 1 April 2008.

The Plan must also include arrangements for monitoring and reporting annually on achievement including compliance of all relevant staff with the NISCC post-registration training and learning requirements.

As part of the plan, all middle and senior managers of social services, including Directors of Social Work, will undertake appropriate training in leadership and

management skills within 2 years of appointment to post, linked to continuing registration and the particular requirements of the post.

All social services team leaders and line managers will complete training in supervision and appraisal within the personal social services within 2 years of appointment to post, linked to continuing registration.

3.2   Strategic Priority 2: Safety and Accountability

Rationale

The policy on registration of the whole social services workforce is part of the government's quality, safety and modernisation agenda and reflects the central importance of protection of the public and improving standards in public services.

The first two phases of registration for social workers and social work students are now complete. Phase 3 of the registration programme will commence in 2006 for identified groups within the social care workforce. For these staff the initial registration requirement will be linked to the NISSC Code of Practice for Employees.

There will be no requirement to hold a specific qualification at the point of initial registration on the social care part of the Register. However, it is recognised that appropriate training and qualifications can support staff in delivering safely, effectively and consistently on the complex range of functions that are an inherent part of the PSS. Additionally, registrants, in carrying a personal responsibility for maintaining their competence, should be facilitated to achieve relevant qualifications. This would also enable employers in discharging their responsibilities to deliver safe and high quality services. Accordingly, the Strategy will support all social services staff to achieve, over time, parts of nationally accredited and assessed work based qualifications or whole qualifications as appropriate. In due course, qualifications or part qualification achievement will be associated with continuing registration.

In turn, qualifications and all education and training provision for social services staff need to be relevant to the work people do, need to be of an appropriate standard and need to include assessment of the competence of the worker in the workplace.

Policy statements

A phased introduction of qualification or part qualification achievements will be associated with continuing registration with the NISCC and will be introduced over time for those on the social care part of the Register.

For those on the social work part of the Register, a phased introduction of post qualifying achievements will be associated with continuing registration with the NISCC and will be introduced over time.

All qualifications should be underpinned by relevant National Occupational Standards and include assessment of competence in the workplace.

Development and training provision should be based on recognised standards and comply with policy, legislation and service procedures.

All staff, including temporary appointments, must receive induction appropriate to their post.

All staff should have access to, and be expected to integrate into practice, all Departmentally endorsed Social Care Institute for Excellence (SCIE) good practice guidelines as well as messages from inspections. Staff should also make use of valid and reliable research.

Safety and Accountability

Strategic targets

From 2009, all new social work registrants and re-registrants will be working towards or hold relevant accredited training or qualifications appropriate to job role and associated with continuing registration.

By 2016, all new social care registrants and re-registrants will be working towards or hold relevant part or whole NVQs appropriate to job role and associated with continuing registration.

Actions

Employers will ensure that employees are supported throughout their career in accessing appropriate training and qualifications linked to registration requirements.

Employers will ensure that all employees receive induction training, linked to the NISCC endorsed standards and appropriate to post, within 6 months of appointment.

Registrants on the social care part of the Register will be expected, following their first re-registration, to be working towards selected Units of the NVQs appropriate to their job role. Qualification or part qualification achievements will support subsequent re-registration with the NISCC.

Registrants on the social work part of the Register will be expected, following re-registration, to be working towards training or qualifications appropriate to their job role and linked to the Post Qualifying (PQ) Framework to support their continuing fitness to practise and registration with the NISCC.

3.3	**Strategic Priority 3: Flexibility and Skills**

Rationale

If employers are to have the right workforce in the right place at the right time, comprehensive organisational development plans based on accurate workforce information and linked to service and workforce development needs are essential.

Recruitment practice and deployment of staff should recognise the potential to transfer generic knowledge and skills from one programme of care to another or indeed from other related professions. At the same time recruitment and deployment practices should recognise the need to develop specialist expertise linked to appropriate accredited post qualifying opportunities for social workers or appropriate NVQs and associated skills sets for social care staff.

Social care and social work have always benefited from a diverse range of people joining the workforce who reflect the diversity of the communities they serve. Social work in particular has benefited from attracting experienced people seeking a career change from other professions such as nursing, teaching and social care.

A diverse workforce can help promote better multidisciplinary working and more effective integrated service provision.

Policy statements

Employers will have in place a comprehensive development and training plan by 2008, for the social services workforce which identifies the need for competence and qualifications at all levels with a specified time frame for achievement linked to continuing registration.

Employers will support all staff to acquire the core body of generic knowledge, skills and qualifications relevant to job function within specified timescales.

Employers will support identified staff across all programmes of care to develop specialist expertise associated with relevant qualifications linked to job function and level of responsibility.

Employers will support the flexible deployment and mobility of staff across programmes of care with appropriate training initiatives to support transferability of competence and acquisition of required specific and specialist knowledge.

Access routes to facilitate entry into the Degree in Social Work by those seeking a career change or those without the required academic qualifications will be available across Northern Ireland.

Flexibility and Skills

Strategic targets

By 2008, comprehensive information will be available on the range of appropriate training opportunities from access routes to specialist training programmes for social services staff at all levels across Northern Ireland. This will be updated annually with an action plan and timescales for the development of new learning and training initiatives in line with identified workforce needs.

By 2011, systems will be in place to produce reliable regional information on the qualification profile of the social services workforce across all sectors.

Actions

Employers will ensure that workforce information systems are upgraded to record the qualifications of the workforce linked to registration requirements.

All service development plans should factor in the workforce requirements for new or changing services taking account of the need for generic and specialist competence and the lead-in time needed to have those in place in the workforce.

Employers will ensure that organisational development and training plans reflect service needs, workforce needs, personal development plans and continuing registration requirements within the context of the strategic priorities as set out in this Strategy.

Employers will review recruitment practice to ensure it promotes the development of a flexible workforce with capacity to transfer from one work setting to another.

Social work employers, social work training providers and the SSC should co-operate to ensure access routes are available by 1 September 2007, to facilitate diverse entry into the Degree in Social Work.

| 3.4 | Strategic Priority 4: Motivation and Confidence |

Rationale

Employers in social services, along with other public services, will be competing to recruit staff as demand for social services increases. Promoting social care work and social work as positive career options, both for students leaving full-time education and for more experienced people wishing to change career at a later stage, will help attract the best candidates to work in the personal social services.

Career structures linked to qualifications need to be more clearly identified so that the social care worker is recognised as a professional in his or her own right, with clear opportunities for job mobility and progression. In addition, a coherent career structure for social work, supported by post qualifying opportunities is needed.

Clearly delineated career structures for social care workers and social workers will assist employers in both attracting and retaining the best staff.

Access to appropriate training and development opportunities also plays a part in motivating and retaining staff in practice.

Policy statements

Career structures in social care will be more clearly identified linked to agreed competence frameworks and qualifications that clarify workforce standards and facilitate job mobility and career progression within social care.

Employers will support the continuous professional development of social workers to facilitate mobility across programmes of care and career progression within the agreed career structure for social work practitioners linked to specified qualifications.

Employers must have systems in place to support all staff having planned access to appropriate development and training opportunities.

Motivation and Confidence

Strategic targets

By 2010, career structures in social work and social care will be linked to agreed accredited training and/or qualifications linked to continuing registration.

By 2016, all social services staff, including managers, will have ongoing, planned access to learning and development opportunities, that reflect the different stages of their career, changing service needs and any mandatory requirements, including registration requirements.

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Actions

The Department will initiate, in co-operation with employers and the SSC, identification of career structures linked to agreed competence and qualifications for social care professionals.

Employers will ensure that all social services staff have a personal development and training plan, linked to service needs and individual career aspirations and in line with Care Standards and continuing registration requirements.

Employers must have systems in place to support all staff accessing the appropriate training, assessment and qualifications linked to their personal development plan, service needs and individual career aspirations.

3.5 Strategic Priority 5: Working in Partnership

Rationale

Working together within the HPSS, including in partnership with service users and carers and with other related services, is essential in ensuring integrated and holistic responses to individuals, families and communities in need or at risk.

Education and training will support the development of skills of working in partnership with others inside the HPSS, with relevant other agencies outside the HPSS and in local communities.

Working in partnership with service users and carers has been and will remain a central tenet of all social services policies. This requires employers and employees to develop further, and implement, flexible, responsive and person-centred ways of working with service users and carers. Education and training opportunities will support the development of skills in person-centred practice.

The NISCC, in its role as the SSC for the PSS (including children's services) is required to establish partnerships with all stakeholders. It follows that the NISCC, both as a SSC and a Regulator, will have a key role with others in taking forward this Strategy.

Partnership between employers and academia is well established in social work training at graduate and postgraduate levels. It has helped to keep professional training relevant to the changing demands of practice and service development. It plays an important part in securing regional standards and regional consistency across all personal social services. Partnership also should ensure that practice learning for social work students matches the quality and quantity required.

Policy statements

Employers will work with the SSCs and education providers to identify and develop a comprehensive range of accredited opportunities for shared learning across disciplines and agencies to support improved integration, partnership and team working.

Education and training should support person-centred and partnership approaches to working with service users and carers as well as ways of engaging and working with other disciplines and local communities and the wider public.

Partnerships between employers, education providers and the SSC will be a key feature in the development and delivery of competence-based training and qualifications underpinned by national standards for social care and social work.

Working in Partnership

Strategic targets

By 2008, there is evidence that the design, delivery and quality assurance of National Occupational Standards and professional social work training are informed by service user and carer perspectives.

By 2010, shared accredited learning opportunities for social services across the statutory, voluntary and private sectors will be available in each Trust area with an action plan for further development.

By 2010, a range of shared learning and training initiatives will be in place with other key sectors, including health, justice, education and housing with an action plan for further development.

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Actions

Social services employers in co-operation with the SSC will identify the opportunities for shared learning with health, criminal justice, education, housing and community sectors as appropriate.

Social work employers will support the NISCC approved partnership arrangements for the planning and delivery of social work training at graduate and post-graduate levels in Northern Ireland.

Employers will ensure practice learning provision including assessment to the NSCC standards for a minimum of 650 social work students per annum.

Employers and training providers should seek to inform the development of standards underpinning qualification development for social care and social work training and the design and delivery of such training through engagement with service users, carers and communities.

| 3.6 | Strategic Priority 6: Continuous Learning and Development |

Rationale

All the NISCC registrants have a personal responsibility to maintain and develop their competence throughout their career if they wish to maintain their registration. Employers have the additional responsibility of supporting staff to make use of continuous learning opportunities linked to the duty of quality, risk management and governance arrangements.

Much of the work of social services involves making decisions that may affect the human rights and civil liberties of individuals. Practitioners are expected to exercise judgements about how and when to intervene to safeguard people's well-being and to balance the rights of the individual with the rights of others on a daily basis. Informed decision-making can best take place in the climate of a learning organisation. Being continuously encouraged and enabled to question and learn from practice will support better, safer practice.

The workplace itself and the work that people do offer a constant and rich source of learning opportunities for staff. The workplace needs to be recognised and more fully exploited as a legitimate 'field of learning'. Encouraging, supporting and facilitating work-based learning, as an integral part of everyday practice, requires organisational commitment at all levels. It also means having staff with the appropriate skills and competence to support others' learning and development.

Policy statements

Social services employees are personally responsible for engaging in continuous learning and development to ensure their competence matches job requirements.

All registrants on the NISCC Register have a responsibility to contribute as appropriate to their own level of competence, to the learning and development of others.

Employers will ensure policies, procedures and resources including appropriate trained staff are in place to support continuous learning, development and assessment of competence in the workplace.

Employers and staff should seek ways to ensure learning is shared at different levels within the organisation and that creative and innovative practice is nurtured and supported.

Continuous Learning and Development

Strategic targets

By 2008, all social services employees will have an annual performance appraisal with their employer and personal development plan.

By 2010, all social care providers will, as part of social care governance, have arrangements in place to support the organisation's development as a learning organisation and an action plan to meet further identified development.

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Actions

Social services employees, including managers, will ensure they maintain and implement a personal development plan throughout their career, linked to continuing registration requirements.

Social services employees will identify, for the purposes of annual appraisal, the specific contribution they have made to the learning and development of others.

As part of their organisational development plan, employers and professional managers must put in place, and monitor annually the effectiveness of, performance objectives that reflect the key features of a learning organisation as defined by the SCIE[10].

Employers and professional managers will ensure effective communication processes are in place to share learning, spread innovative practice and celebrate good practice at both team and organisational levels.

10 SCIE learning organisation materials

4.   SECURING THE PRIORITIES OF THE STRATEGY

Commissioning arrangements

4.1   Revised arrangements for commissioning PSS training are needed to replace those set out in the Departmental Circular *PSS Training Strategy: Securing the Objectives* issued on 27 July 1995. New arrangements are needed to reflect the new structures for the HPSS following the Review of Public Administration (RPA). The commissioning arrangements for PSS training should:

- make best use of scarce resources;
- allow for economies of scale;
- secure regional standards and priorities; and
- allow for local planning and delivery.

4.2   Therefore one body should commission the full set of arrangements for personal social services education and training. Under the reconfiguration of the HPSS, the Regional Authority will be the appropriate body to assume commissioning responsibility for PSS training. The senior officer in the Regional Authority with lead responsibility for the personal social services will be responsible for ensuring that the training commissioned meets social services development priorities, associated workforce requirements and professional regulatory body standards.

Resources

4.3   Resources currently held in the Department, Boards, Department for Employment and Learning (DEL) (specifically for social work teaching costs) and Trusts will be amalgamated in one source within the Regional Authority. This whole system approach will secure the delivery of regional standards of competence across the social services workforce based on regional standards for social services training. Such resources (including staff) as are currently held in Trusts should be redistributed between the five new Trusts to continue to support local delivery.

4.4.   In the first years of the Strategy, it will be necessary to examine the need for redirecting resources to achieve the strategic targets to reflect the scope of the Strategy which now includes the whole social services workforce across all sectors. The distribution of the

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social services workforce across sectors has changed considerably with a majority of the social care workforce now employed in the independent sector. The majority of social workers are employed in the statutory sector in the HPSS (Appendix 1 - Fact File). Commissioning and funding of training needs to reflect this changing context of social services provision.

Regional partnerships for social work training

4.5   Regional partnership arrangements for the planning and delivery of social work education at undergraduate and postgraduate levels will be maintained. This will ensure the best use of limited specialist expertise. Existing partnership arrangements including the Regional Body for the Degree in Social Work and the Northern Ireland Post Qualifying Education and Training Partnership (NIPQETP) will come under the auspices of the Regional Authority (see also paragraph 4.6 below). Links will be needed with the Northern Ireland Office (NIO) and the Department of Education (DE) (who commission for their sectors) to ensure social work training arrangements match workforce needs. It is envisaged that commissioning and associated resources for undergraduate social work training in Further and Higher Education will also transfer from DEL to the Regional Authority.

4.6   Partnership arrangements for the continuing professional development of social workers may be appropriately linked with the proposed new arrangements for continuing professional development of other professions within the Regional Authority. Particular attention will need to be paid to the unique role of social work in the discharge of statutory functions and the associated inter-agency training arrangements.

Governance

4.7   Streamlining regional commissioning and funding sources for PSS training should reduce administration costs, removing any potential for duplication, and enable a robust financial management and accountability system to be put in place.

4.8   In the interests of good social care governance the senior officer with lead responsibility for social services will, in co-operation with the commissioning arm, ensure that PSS training is secured to the required volume and professional standards. In so doing, he or she will support the Chief Executive of the Regional Authority in his or her duty of quality with regard to the provision of the full range of personal social

services. The Chief Executive of the Regional Authority will be responsible for accounting to the Department and the Minister for the achievement of the regional strategic targets set out in the Strategy.

Delivering the Strategy

Strategic targets

By 2008, commissioning responsibility and associated resources for PSS training will have transferred to the Regional Authority.

By 2009, resources required to continue to deliver the strategic targets from 2010 onwards will have been identified and submitted to the Department to inform the 2010 comprehensive spending review.

Roles and responsibilities of key stakeholders in securing the PSS Development and Training Strategy

4.9 Under the reconfiguration of the HPSS, key functions are being attributed to the Department, the Regional Authority and the new Trusts. The roles and responsibilities outlined below may be subject to amendment when reconfiguration plans are finalised.

4.9.1 Department of Health, Social Services and Public Safety

The social services workforce delivers public statutory services whether employed in the HPSS, or in the voluntary or private sectors. It follows that government, through its policy function, retains responsibility for specifying standards for that workforce including, through its consent for the NISCC Rules, the regulatory requirements for the whole workforce. Consequently, the roles and responsibilities of the Department are as follows:

•   policy and legislative strategic framework;

•   standards for service and workforce regulation;

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- regional resourcing;

- stewardship and performance management;

- strategic control framework;

- advice to Minister; and

- sponsorship of the NISCC.

4.9.2   Regional Authority

The Regional Authority will need to work with universities, colleges of further and higher education, other relevant service bodies and government departments to ensure regional commissioning arrangements are consistent and avoid duplication of effort. Roles and responsibilities include:

- securing effective commissioning of the PSS training services from social services providers to match service development and human resource plans, to meet national and regional standards and to secure regional priorities including those specified in the Strategy;

- commissioning the social work degree provision, including the regional partnership, university and college places to match workforce needs, and practice learning from service providers (to match student numbers);

- liaising with the NIO and the DE to ensure commissioning of social work training reflects their workforce needs as well as the workforce needs of the HPSS;

- commissioning the NIPQETP arrangements and post-qualifying education and training to match service needs;

- monitoring the delivery against the Strategy and the regional targets, standards and budget allocations;

- contributing to a regional information system on the qualification profile of the social services workforce;

- applying sanctions where required; and

- accounting to the Department for the achievement of regional strategic targets.

4.9.3   Social Services Providers

Social services providers include the five new Trusts and other social services organisations in the voluntary and private sectors. Social services providers working co-operatively will deliver the full range of training arrangements. Roles and responsibilities include:

- producing Social Services Workforce Development and Training Plans;

- contributing to partnership arrangements (including assessment) for all levels of social work and social care education and training;

- supporting staff attendance on training courses and their completion of training and qualifications;

- providing practice learning opportunities to match student numbers as commissioned by the Regional Authority;

- maintaining designated (or associate) practice learning provider status with the NISCC;

- complying with the NISCC Codes and support staff to comply with Codes;

- working in partnership to develop education and training at all levels including shared learning opportunities;

- maintaining an information system on the qualification profile of the workforce and contribute to a regional overview;

- managing, monitoring and reporting on the use of the PSS training resources, including training staff, plant and equipment;

- monitoring achievement at organisational and individual levels and take action to remedy any shortfalls identified; and

- accounting to the Regional Authority for achievement.

4.9.4 Northern Ireland Social Care Council

As part of the government's modernisation agenda, the NISCC was established as a non-departmental public body to secure national standards of competence and conduct in the social services workforce. As the regulator of both the workforce and training it must be and be seen to be independent of both the commissioner and providers of social services, including social services training. The NISCC's roles and responsibilities include:

- regulating social work education, including practice learning and the postgraduate framework;

- regulating the social work and social care workforce;

- promoting education and training development;

- providing information to prospective students and others to promote recruitment to social work training and to promote social care training;

- functioning as the approved SSC; and

- accounting to the Department and Minister for achievement of annual objectives.

4.9.5 Sector Skills Council for Care and Development

The NISCC is part of a UK-wide alliance, licensed by the Sector Skills Development Agency (SSDA) to operate as an SSC for the social services sector, covering both adult and children's services. The SSC will establish collaborative agreements between employers, education providers and funders to support the implementation of the DEL's Skills Strategy for Northern Ireland and this Strategy for the PSS workforce. The roles and responsibilities of the SSC include:

- producing Sector Skills Agreement to support the achievement of the regional targets in this Strategy;

- negotiating with the Regional Authority and employers to determine priorities for skill development during the period of the Strategy;

- developing modern qualification frameworks and associated quality assurance systems;

- linking with other relevant SSCs, including Skills for Health and Skills for Justice;

- monitoring implementation of the Strategy linked to registration requirements; and

- accounting for achievement of agreed priorities to the SSDA and the Department.

4.9.6   Education and Training Inspection and Regulation

Assuring the quality of education and training for social services staff is an important component in improving the standards of competence of staff. There are a number of bodies who have responsibility for this. It will be important that the different systems co-operate in sharing information and in streamlining quality assurance mechanisms where appropriate. The range of bodies and their responsibilities include:

- **Northern Ireland Social Care Council:** as professional training regulator;

- **Regulation and Quality Improvement Authority:** monitor compliance with staff training and qualifications requirements as set out in care standards, associated regulations and the NISCC rules;

- **Quality Assurance Agency:** monitor at specified intervals the quality of social work courses in Higher Education;

- **Qualifications and Curriculum Authority:** approve and monitor NVQ assessment arrangements; and

- **Education and Training Inspectorate:** inspect training provision in Further Education.

4.9.7 Training Providers, including Universities, Colleges and Social Service Providers

Both education providers and service providers deliver education and training for social services staff, sometimes in partnership and sometimes independently of each other. Working co-operatively these providers should be able to ensure the relevant supply of appropriate training and learning opportunities for social services staff which meet workforce needs and specified competence requirements. Training provider responsibilities include:

- collaboration (service providers, colleges and universities) in developing the full range of education and training for the PSS;

- ensuring education and training provision meets national standards, legislation and agency policy and procedures, and complies with regulatory requirements;

- maintaining partnership arrangements for social work education so that social work education maintains its relevance for the HPSS in the statutory, voluntary and private sectors and for other sectors employing social workers including education, justice and community groups;

- collaborating with other professions and related services to develop multidisciplinary and interagency training opportunities; and

- involvement with service users and carers and other stakeholders in the design, delivery and quality assurance of training.

4.9.8 Staff and Students

All registered social workers, social care workers, including social work students, are accountable for the quality of their work and are expected to take responsibility for maintaining and improving their knowledge and skills and contribute to the learning and development of others. Responsibilities of individual registrants include:

- seeking to develop competence continuously throughout career;

- maintaining a personal development plan throughout training and career;

- complying with registration and re-registration requirements;

- complying with the NISCC Codes; and

- contributing, as appropriate, to the learning and development of others.

Transitional arrangements

4.10   The current commissioning arrangements for PSS Training will continue in 2007/08 pending transfer of arrangements to the Regional Authority from 1 April 2008. The Department will work closely with all relevant stakeholders to ensure a smooth transition of commissioning functions, resources and expertise to the Regional Authority.

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5. SUMMARY OF STRATEGIC TARGETS

1. Leadership and Management

Strategic Targets:

1.1 **By 2010,** appropriate leadership and managerial skills training programmes will be available for leaders and managers of social services at all levels.

1.2 **By 2016,** all senior, middle and first line managers will have undertaken appropriate leadership and managerial skills training within 2 years of appointment to post.

(See also strategic targets 4.1 and 6.2)

2. Safety and Accountability

Strategic targets:

2.1 **From 2009,** all new social work registrants and re-registrants will be working towards or hold relevant accredited training or qualifications appropriate to job role and associated with continuing registration.

2.2 **By 2016,** all new social care registrants and re-registrants will be required to be working towards or hold relevant part or whole NVQs appropriate to job role and associated with continuing registration.

3.   **Flexibility and Skill**

Strategic Targets:

3.1   **By 2008,** comprehensive information will be available on the range of appropriate training opportunities from access routes to specialist training programmes for social services staff at all levels across Northern Ireland. This will be updated annually with an action plan and timescales for the development of new learning and training initiatives in line with identified workforce needs.

3.2   **By 2011,** systems will be in place to produce reliable regional information on the qualification profile of the social services workforce across all sectors.

4.   **Motivation and Confidence**

Strategic Targets:

4.1   **By 2010,** career structures in social work and social care will be linked to agreed accredited training and/or qualifications linked to continuing registration.

4.2   **By 2016,** all social services staff, including managers, will have ongoing, planned access to learning and development opportunities, that reflect the different stages of their career, changing service needs and any mandatory requirements, including registration requirements.

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5. **Working in Partnership**

   Strategic Targets:

5.1 **By 2008,** there is evidence that the design, delivery and quality assurance of National Occupational Standards and professional social work training are informed by service user and carer perspectives.

5.2 **By 2010,** shared accredited learning opportunities for social services across the statutory, voluntary and private sectors will be available in each Trust area with an action plan for further development.

5.3 **By 2010,** a range of shared learning and training initiatives will be in place with other key sectors, including health, justice, education and housing with an action plan for further development.

6. **Continuous Learning and Development**

   Strategic Targets:

6.1 **By 2008,** all social services employees will have an annual performance appraisal with their employer and personal development plan.

6.2 **By 2010,** all social care providers will, as part of social care governance, have arrangements in place to support the organisation's development as a learning organisation and an action plan to meet further identified development.

7. **Delivering the Strategy**

    Strategic Targets:

7.1 **By 2008,** commissioning responsibility and associated resources for PSS training will have transferred to the Regional Authority.

7.2 **By 2009,** the resources required to continue to deliver the strategic targets from 2010 – 2016 will have been identified and submitted to the Department to inform the 2010 comprehensive spending review.

Appendix 1
FACT FILE

FACTS ABOUT THE SOCIAL SERVICES WORKFORCE

The social services workforce

- there are an estimated 40,140 social services employees in Northern Ireland[11];
- 12,832 work in the statutory sector (including HPSS, the probation service and education welfare);
- 27,308 work in the voluntary, private sectors and other sectors;
- there are 4000 social workers;
- 83% of the workforce is female; and
- over 50% work of the workforce work part-time.

The social work workforce

- 4128 registered social workers[12];
- 3000 (est) are employed in the statutory PSS sector;
- 300 (est) are employed in the criminal justice sector, education welfare sector and the NI Guardian ad Litem Service;
- 500 (est) are employed in the voluntary sector; and
- a small number of social workers work independently.

The social care workforce

- 90% (36,140) of the social services workforce in Northern Ireland are social care workers;
- 27,308 (75%) of the social care workforce are employed in the voluntary and private sectors;
- 8,500 (25%) are employed in the statutory sector;
- 15,756 (44%)[13] of the social care workforce work in residential care, the majority of whom 13,477 (85%) work in the voluntary and private sectors;
- an estimated 11,744[14] (32%) of the social care workforce are employed as domiciliary care workers; and
- an estimated 7024 (61%) of domiciliary care workers are employed in the statutory sector.

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11 Workforce Planning Review - Social Services Staff Groups, DHSSPS, 2006.
12 NISCC registration statistics, 4 August 2006.
13 Registration & Inspection Unit Report 2003/04.
14 The actual headcount of domiciliary care workers is difficult to quantify as it is thought significant numbers work less than 10 hours per week, but this may be offset by the fact that some staff work for more than one employer.

Produced by:

Department of Health, Social Services and Public Safety,
Castle Buildings, Belfast BT4 3SQ
Telephone (028) 9052 0728
Textphone: (028) 9052 7668.
www.dhsspsni.gov.uk <http://www.dhsspsni.gov.uk>

Further copies can be obtained from:

Northern Ireland Social Care Council
7th Floor
Millennium House
19-25 Great Victoria Street
BELFAST
BT2 7AQ
Tel: 028 9041 7610/028 9041 7629
Web: www.niscc.info <www.niscc.info>
Email: info@niscc.n-i.nhs.uk <mailto:info@niscc.n-i.nhs.uk>

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Standards of Conduct and Practice for
Employers

**Working together.
Making a difference.**

August 2019

Northern Ireland
Social
Care
Council

Introductory Notes

This booklet contains standards for employers of social workers and social care workers which set down their responsibilities in the regulation of the workforce.

The standards have been developed jointly between the Northern Ireland Social Care Council (Social Care Council) and the Regulation and Quality Improvement Authority and in consultation with employers across the sector.

The Social Care Council is the workforce regulator for social work and social care in Northern Ireland. The purpose of workforce regulation is to protect and promote the interests and wellbeing of service users and carers.

RQIA is the body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.

Both bodies are committed to driving up standards in social care.

What are the Standards?

All social workers and social care workers registered with Northern Ireland Social Care Council are required to meet the Social Care Council Standards of Conduct and Practice as a requirement of their ongoing registration. The Standards for Employers describe the responsibilities of employers in supporting and enabling their registered workforce to meet the Standards of Conduct and Practice. The Standards for Employers reflect the provisions within the Standards of Conduct and Practice for Social Workers and Social Care Workers.

The Standards for Employers are intended to reflect existing good practice. They are intended to complement rather than replace or duplicate existing employers' policies and form part of the wider package of legislation, requirements and guidance that relate to the employment of staff.

What will the standards mean for you?

As an employer of the social work and/or social care workforce, you will know what part you are expected to play in the regulation of the workforce and in the support of high quality practice and care.

Employers are responsible for making sure that they meet the standards, provide high quality services and promote public trust and confidence in social work and social care services.

You are encouraged to review your own policies and practice in light of the standards set out in this booklet.

Northern Ireland Social Care Council has responsibility within the legislation for publishing standards for employers and keeping them under review.

RQIA has responsibility for enforcement of Department of Health standards and will consider compliance with the Standards for Employers as part of their registration and inspection processes.

The Social Care Council and RQIA will collaborate to effectively ensure adherence to the Standards for Employers and to share information on
adherence to the standards within social care services.

To meet their responsibilities in relation to regulating the social work and social care workforce, employers must:

1. Provide vision and leadership to registrants in line with organisational expectations and governance requirements, to ensure they are enabled to deliver safe, effective and values-led care focused on the needs and experiences of service users;

2. Make sure people are suitable to enter the workforce;

3. Have written policies and processes in place to enable registrants to meet the Social Care Council Standards of Conduct and Practice;

4. Provide learning and development opportunities to enable registrants to strengthen and develop their skills and knowledge;

5. Promote the Social Care Council Standards of Conduct and Practice to registrants, service users and carers and co-operate with Social Care Council proceedings.

As a social work and social care employer, in line with organisational expectations and governance requirements, you must provide vision and leadership to registrants, to ensure they are enabled to deliver safe, effective and values-led care focused on the needs and experiences of service users.

This includes:

1.1 Setting or contributing to the setting of the strategic direction for the social care workforce within the organisation and communicating this to registrants.

1.2 Providing a defined line of accountability which ensures the appropriate support and management of registrants.

1.3 Ensuring that the necessary resources, working environment, training, support and systems are in place to enable registrants to comply with their duty of care, the Standards of Conduct and Practice and any relevant statutory duties;

1.4 Respecting and, where appropriate, representing the individual views and wishes of both service users and carers;

1.5 Promoting a learning culture that is open and fair and supports learning and development that meets both individual and organisational requirements;

1.6 Providing a working environment that upholds ethical practice and is committed to standards and providing good quality services;

This includes: `MAHI - STM - 089 - 6984`

1.7   Having effective systems in place to support workforce.

1.8   Having systems in place to listen to service user and carer feedback in order to shape and improve service provision to practice and deliver better outcomes.

As a social work and social care employer, you must make sure people are suitable to enter the social care workforce.

This includes:

2.1   Using rigorous and thorough recruitment and selection processes focused on making sure that only people who have the appropriate knowledge, skills and values and are suitable to provide social work or social care services, enter your workforce;

2.2 Checking criminal records and relevant registers to ensure people are safe to practise;

2.3 Undertaking any required pre-employment health checks;

2.4 Seeking and providing reliable references;

2.5 Ensuring that workers who are required to be registered with the Northern Ireland Social Care Council are registered and are clear about the consequences of failing to register or maintain their registration.

2.6 Ensuring clear lines of responsibility and accountability are established between recruitment/employment agencies and employing organisations in relation to agency workers.

As a social work and social care employer, you must have written policies and processes in place to enable registrants to meet the Northern Ireland Social Care Council's Standards of Conduct and Practice.

This includes:

3.1 Developing, implementing and monitoring policies that ensure the safety and wellbeing of service users and registrants;

3.2 Providing and maintaining a work environment that is healthy and safe and free from harassment, bullying or violence;

3.3 Providing appropriate supervision and support to registrants, ensuring they provide safe, effective and values-led care;

3.4 Ensuring and enabling registrants to have the appropriate knowledge, skills and experience to safely and effectively undertake any tasks that you delegate to them;

3.5 Having appropriate systems in place to address and manage poor performance;

3.6 Having appropriate systems in place to enable registrants to raise concerns about inadequate resources or operational difficulties which might impact the delivery of care and taking appropriate action to address those issues;

3.7 Not requiring registrants to do anything that would put their adherence to the Standards of Conduct and Practice at risk.

As a social work and social care employer, you must provide learning and development opportunities to enable registrants to strengthen and develop their skills and knowledge.

This includes:

4.1 Providing appropriate induction training and on-going learning and development opportunities to help registrants do their job effectively and prepare for any new and changing roles and responsibilities;

4.2 Providing effective, regular supervision to registrants to enable them to develop and improve through reflective practice;

4.3 Contributing to the provision of social work and social care education and training, including effective workplace assessment and practice learning;

4.4 Supporting registrants to meet the Social Care Council eligibility criteria for registration and its requirements for post registration training and learning;

4.5 Responding appropriately to registrants who seek assistance because they do not feel able or adequately prepared to carry out any aspects of their work;

4.6 Supporting and enabling registrants to take responsibility for quality improvement and safety in line with their job role.

As a social work and social care employer, you must promote the Social Care Council Standards of Conduct and Practice for Social Workers and Social Care Workers to registrants, service users and carers and co-operate with Social Care Council proceedings.

This includes:

5.1 Informing registrants about your responsibilities within the Standards for Employers of Social Workers and Social Care Workers;

5.2 Informing registrants about Social Care Council Standards of Conduct and Practice and their personal responsibility to meet those standards;

5.3 Making service users and carers aware of the Standards for Employers and the Standards of Conduct and Practice and informing them about how to raise issues through your policies and, if necessary, how to contact the Social Care Council in relation to the Standards;

5.4 Having procedures in place that facilitate and promote registrants to report unsafe, discriminatory or abusive behaviour or practice;

5.5 Ensuring that where care has or may have caused physical, emotional, financial or material harm or loss, this is reported openly and honestly to the appropriate authorities in accordance with Duty of Candour requirements;

5.6 Taking account of the Social Care Council Standards of Conduct and Practice in making any decision that relates to the fitness to practise of registrants;

This includes:

5.7 Informing the Social Care Council about any fitness to practise issues that would call into question a registrant's registration in line with the Social Care Council's Standard of Acceptance and informing the registrant involved that a report has been made to the Social Care Council ;

5.8 Co-operating with the Social Care Council investigations and hearings, including providing requested documents or information in a timely manner and responding appropriately to the findings and decisions of the Social Care Council;

5.9 Enabling and supporting registrants to co-operate with the Social Care Council investigations and hearings, including providing witness statements and attending hearings where required.

Glossary

Duty of Candour
Is an expectation that employers and workers are open and transparent with people who use services (and those who are acting on their behalf) in relation to their care and will take appropriate action when things go wrong, including providing truthful information and an apology.

Fitness to Practise
Means that a registrant has the skills, knowledge and character to practise their profession safely and effectively and in a way that upholds public confidence in the social work and social care workforce.

Standard of Acceptance
means the criteria used by NISCC to determine whether information they receive meets the threshold for investigation.

Values-led Care
is care that is guided in every aspect by principles of respect, dignity, compassion and inclusion and which recognises the inherent worth of every individual.

Workload Management System
is a process for determining the proper workload distributions for staff and the resources they require to enable them to undertake their work role safely and effectively.

Northern Ireland Social Care Council
7th Floor, Millennium House
25 Great Victoria Street
Belfast BT2 7AQ
Tel : 02895 362 600
Web: niscc.info