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

October 2004

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1.1   What is the NHS KSF?

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

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

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

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

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

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

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

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

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

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

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

2   job evaluation

3   terms and conditions.

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

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

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

1.4 What principles is the NHS KSF based on?

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

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

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

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

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

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

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

1.5   What is the focus of the NHS KSF?

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

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

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

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

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

1.6   How is the NHS KSF structured?

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

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

1   Communication

2   Personal and people development

3   Health, safety and security

4   Service improvement

5   Quality

6   Equality and diversity.

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

Health and wellbeing

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

HWB2   Assessment and care planning to meet health and wellbeing needs

HWB3   Protection of health and wellbeing

HWB4   Enablement to address health and wellbeing needs

HWB5   Provision of care to meet health and wellbeing needs

HWB6   Assessment and treatment planning

HWB7   Interventions and treatments

HWB8   Biomedical investigation and intervention

HWB9   Equipment and devices to meet health and wellbeing needs

HWB10 Products to meet health and wellbeing needs

Estates and facilities

EF1   Systems, vehicles and equipment

EF2   Environments and buildings

EF3   Transport and logistics

Information and knowledge

IK1   Information processing

IK2   Information collection and analysis

IK3   Knowledge and information resources

General

G1   Learning and development

G2   Development and innovation

G3   Procurement and commissioning

G4   Financial management

G5   Services and project management

G6   People management

G7   Capacity and capability

G8   Public relations and marketing

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

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

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

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

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

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

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

Joint review of individuals work against the NHS KSF outline for the post

Joint evaluation of applied learning and development

Jointly produce Personal Development Plan – identify needs & agree goals

Individuals undertake supported learning & development
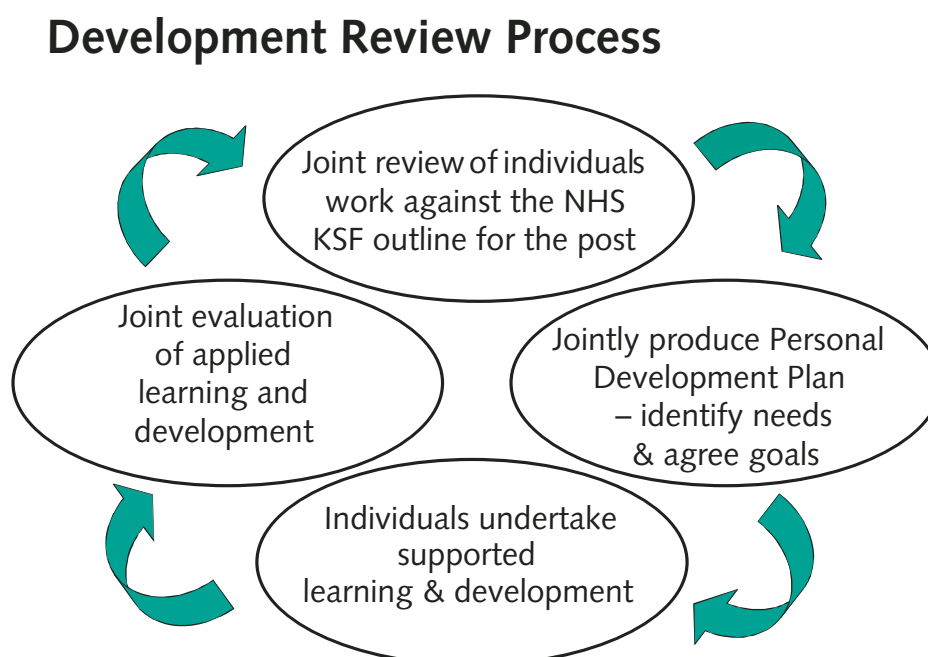
The development review is a partnership process undertaken between an individual member of staff and "a reviewer". The reviewer will usually be the individual's line manager but the role can also be delegated to someone else. If the reviewer role is delegated, then the individual to whom it is delegated 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.

There are two gateways in each of the eight paybands:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.13 How does the NHS KSF link to lifelong learning?

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

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

1.14 How does the NHS KSF support recruitment and retention?

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

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

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

1.15 How will the NHS KSF support service development?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 develop a robust system for monitoring and reviewing progression decisions

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

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

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

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

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

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

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

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

2 Developing NHS KSF outlines for posts

2.1 Introduction to NHS KSF post outlines

2.1.1 Why do we need NHS KSF post outlines?

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

2.1.2 What are NHS KSF post outlines?

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

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

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

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

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

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

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

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

    – the learning and development which people will need to undertake

– the learning and development which employers are committed to support

– individuals' pay progression.

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

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

2.1.3 Who develops NHS KSF post outlines?

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

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

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

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

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

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

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

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

2.2 Developing NHS KSF post outlines

2.2.1 How do you develop broad NHS KSF post outlines?

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

Step 1: Decide which dimensions are relevant to the post

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

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

Step 2: Decide the appropriate level for each dimension

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

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

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

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

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

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

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

2.3 Linking NHS KSF post outlines to pay gateways

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4   using a combination of these approaches.

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

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

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

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

3 Using the NHS KSF in the development review process

3.1 The development review process

3.1.1 What is the development review process?

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

The development review process has four stages:

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

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

3   learning and development by the individual supported by their reviewer

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

The cycle then starts at (1) again.

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

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.

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.	

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.

WHAT IF …

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

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

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

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

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

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

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

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

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

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

- there is a disciplinary problem?

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

- the individual moves to another job in the NHS?

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

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

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

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

3.2.6 What are the outputs of the joint review stage?

The outputs of the joint review stage are:

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

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

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

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

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

3.3   The Personal Development Planning stage

3.3.1 What is a Personal Development Plan?

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

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

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

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

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

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

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

    –   organisational direction, policy and requirements that affect priorities

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

    –   the individual's strengths and interests

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

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

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

- set the date of the next formal review.

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

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

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

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

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

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

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

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

WHAT IF …

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

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

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

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

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

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

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

The outputs of this stage in the process are:

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

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

3.4   The learning and development stage

3.4.1 What happens at the learning and development stage?

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

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

3.4.2 What forms of learning and development can be used?

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

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

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

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

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

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

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

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

These people might be:

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

- trade union learning representatives

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

- individuals who have statutory responsibility for maintaining standards

- organisational development staff.

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

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

    – their first language

    – their experience of learning and development in the past

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

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

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

    – their preferences for active or passive learning

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

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

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

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

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

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

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

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

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

The outputs of the learning and development stage are:

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

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

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

3.5 The evaluation stage

3.5.1 What happens at the evaluation stage?

The purpose of the evaluation stage is for individuals to:

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

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

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

3.5.2 How does evaluation inform what happens next?

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

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

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

3.5.3 What are the outputs of the evaluation stage?

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

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

The outcomes of the evaluation stage should be:

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

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

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