The NHS Knowledge and Skills Framework

Case studies

November 2009
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The case studies included in this publication show how partnership working and effective use of the NHS Knowledge and Skills Framework (KSF) has been instrumental in helping organisations ensure that the benefits of Agenda for Change are fully realised.

The KSF is a key part of the Agenda for Change pay system. It applies to all staff employed on Agenda for Change terms and conditions. It is an organisational tool for describing the knowledge and skills that staff need to apply at work, in order to deliver high quality healthcare services for patients.

The KSF can be embedded simply, yet imaginatively, through good partnership working arrangements.

We hope this will be a useful source of reference for use in your own organisation. NHS Employers will continue to seek and to share good practice examples on the application of the KSF across the NHS. These and other case studies are available to download from NHS Employers’ website.

For more information and examples of the benefits that the KSF is delivering locally, please refer to www.nhsemployers.org/KSFcasestudies.

Liz Mear
Management side Chair

June Chandler
Staff side Chair
Case study 1: Using the learning and development catalogue to embed the KSF

The organisation

Northumberland Care Trust employs around 1,500 staff. It is responsible for planning, delivering and purchasing the right healthcare for a local population of 318,000. The trust provides health services and is responsible for managing most social care services for older people, and adults with physical or learning disabilities, on behalf of Northumberland County Council.

What we did and why

Northumberland Care Trust is committed to a planned and systematic approach to learning and development that both meets national, regional and organisational targets, and supports personal development review processes. The aim is to offer learning and development support for all staff that is relevant and equitable, and which can be utilised and shared across the organisation.

To aid the process Northumberland Care Trust developed key principles for learning and development:

- it is ongoing and seen as part of working life rather than an optional extra
- it reflects both the organisation’s vision and local and national initiatives
- it is owned and managed by the individual, and supported by their line manager
- it is flexible, allowing for access through a variety of methods and providers
- it is designed to build on previous knowledge and skills
- it is educationally effective and is shared between colleagues within the organisation.

Northumberland Care Trust’s learning and development catalogue represents the formal learning and development offered by the trust and partner organisations. It is designed to help the individual and their manager identify what learning or personal development opportunities are available, and most appropriate to meet the needs of the individual or team. It provides a process that facilitates access to learning for all employees, through standardised and speedy booking systems for both in-house and externally provided learning and development.

The learning and development catalogue identifies the links to several standards, including the KSF. Each learning or development event has clearly specified learning outcomes and details of indicative content that also relates to the KSF. This assists staff to identify and relate evidence to their personal development plan and to support the trust’s performance development review/appraisal process.
How we did it

As part of the initial processes of embedding the KSF in the organisation, managers were invited to attend a series of workshops. The workshops have now been rolled out to all staff.

The staff development unit ensured that all course information sheets clearly identified the links to the KSF, while the training providers commissioned by the unit were briefed on its principles, to ensure they understood how their delivery supports the process. The unit provided a training workshop to ensure all delivery staff were briefed and given copies of the KSF. The training facilitators discussed the connection to the KSF as part of the delivery of the events. Employees recorded their learning evidence in their record of achievement, therefore embedding the KSF within the learning and development function.

All training events were evaluated by the staff development unit and regular reports given to managers, clinical leads and the trust board. The unit also meets regularly with training providers to review and evaluate activity, and to discuss new training programmes. The results of the training needs analysis, which are drawn from individual performance development review and appraisal processes, support further learning and development within the organisation.

There is a dedicated KSF lead within the staff development unit who is available to employees and teams to provide information, advice and guidance relating to the KSF, and performance development review/appraisal. This includes outlining the principles of the KSF and advising how to embed these into job roles.
The results include:

- bespoke learning and development activities, developed with a training provider (Release Potential) to ensure participants have a greater awareness of how they can use the evidence from their activities within the KSF outline for the job role
- each learning event has links to the core KSF dimensions and relevant specific dimensions
- more understanding of the KSF process within the organisation for managers and staff.

Next steps include:

- further expansion of KSF information, as part of the introduction of the learning and development catalogue for 2010/11
- making use of the reflection time element of learning events to update the record of achievement
- for longer programmes such as NVQ training, candidates will be expected to bring to the session a copy of their KSF outlines and training delivery staff would then link the skills with the KSF outline
- the skills scan will be updated to include detailed links to the KSF – starting with NVQ health and social care, business administration, customer service and information, advice and guidance qualifications.
Case study 2: An approach to gathering evidence for the KSF

The organisation

South West London and St. George’s Mental Health NHS Trust employs around 2,700 staff and provides local and national mental health services to a population of about one million, across five London boroughs.

What we did and why

The KSF introduced a need for practitioners to demonstrate evidence that they have the appropriate knowledge and skills to fulfil their jobs as part of the development review. Alongside this, allied health practitioners registered with the Health Professions Council and nurses registered with the Nursing and Midwifery Council also have to produce evidence of their continuing professional development. This led to staff feeling confused and anxious about how to collect evidence and whether it could be integrated into one system.

In 2007, the Government published its proposals for the revalidation of health professionals in the white paper Trust, assurance and safety. It suggested that within the NHS in England, information gathered under the KSF should be used as far as possible as the basis of revalidation (p. 39; para. 2.34). This reinforced the importance of using the KSF as the way of collecting evidence.

The occupational therapy service developed an integrated, flexible and time-efficient system to support staff with the collection, recording and presentation of evidence, backed up by a sample portfolio and personal statements. These were rolled out through practical workshops and have been adapted for other staff groups locally and beyond.

How we did it

The initial project started with the development of a continuous professional development portfolio.

This included guidance on:
- continuous professional development
- producing an expanded CV
- appraisal documentation
- templates for providing evidence, for example, a record of a study visit.

In 2003, with the introduction of the KSF, the portfolio was amended to include a KSF outline and record of progress. KSF awareness training and a briefing pack were given to all occupational therapy and physiotherapy staff at this stage.
In 2006 the portfolio was further adapted to reflect the Health Professions Council’s standards for continuing professional development. This was done to prepare staff should they be asked to complete a profile as part of the 2009 audit for occupational therapists to remain registered to practice. All portfolio formats were made available on the trust’s intranet.

In late 2006 a local audit of allied health professionals revealed that although staff were aware of the continuing professional development expectations of their professional bodies, the KSF and the Health Professions Council:

- there was no consistency in the way they were recording evidence of their learning
- portfolios had been developed containing either insufficient evidence or duplication of work
- the majority of evidence had not been mapped (linked to either the KSF outlines or the Health Professions Council standards)
- there was a lot of anxiety, with staff identifying time, competing priorities, and struggling with the language of KSF as the main barriers to creating adequate portfolios.
To address these issues staff were invited to attend reflective practice workshops, given guidance on the mapping of evidence against standards and were shown how to get the most out of a piece of evidence. The message was also emphasised that the majority of evidence would come from everyday practice and that portfolio development should not be a ‘paper chase’.

Cross-referencing evidence into a KSF record of progress was also included, which facilitated the auditing of portfolios and formulation of personal development plans at development reviews.

Everyone received a copy of:
- an integrated portfolio
- a ‘jigsaw book’ illustrating a completed KSF record
- a copy of the Health Professions Council’s audit profile for continuing professional development – this uses Agenda for Change language and fully integrates both the KSF and preceptorship into the process, so that staff at all stages of their career use the same system
- ‘Using the e-KSF to boost appraisal uptake’.

The results and next steps

The trust has also helped others who were finding it a challenge, especially when KSF gateways became functional in trusts and the Health Professions Council commenced their rolling programme of continuing professional development audits for allied health professionals in 2008. They have shared their work through conferences, professional publications and have facilitated over 20 workshops around the country with both allied health professionals and nursing teams.

Evaluation forms from both local and national workshops indicate that the training provides an effective and simple approach to finding, reporting and evidencing practice, and helps participants to understand how the KSF, preceptorship, Health Professions Council and continuing professional development link together. A recent re-audit of allied health professionals demonstrated that they found the integrated approach to evidence both appealing and achievable.

The outcomes so far have included a significant increase in the number of employees including ‘everyday evidence’ in their portfolios, and mapping evidence to the KSF and other required standards. The trust is now working with HR managers to look at how the lessons learned can be used to develop evidence systems for non-registered groups of staff.

References

Case study 3: Linking web-based learning opportunities to the KSF

The organisation

The NHS finance skills development network is a network of regional finance skills development managers and leads drawn from NHS organisations in England. It provides information, advice, assistance and training and development resources to support the development of finance skills in the NHS.

The network’s website www.fsdnetwork.com is supported by the ten strategic health authorities. The website has around 16,000 registered users and an average of 2,000 visitors access the site monthly.

What we did and why

The NHS finance skills development network linked the learning opportunities offered through its website to relevant KSF dimensions. The network recognised from the outset the importance of the KSF to further develop finance skills.

The KSF is recognised by all the major professional bodies for accountants and accounting technicians. This means that organisations are accredited for continuous professional development provided that they can demonstrate that they follow the KSF and have appropriate training and development policies.

This also means that staff do not have to maintain duplicate continuous professional development records.

Most finance skills development managers post courses and events on the website, either for information or for online booking. The relevant KSF dimensions for each event must be included in those postings. Staff can access courses first and see which dimensions it meets. Alternatively, they can look up their KSF dimensions and find relevant courses or events.

How we did it

The development of the KSF links on the network’s website was carried out by the communications manager and website provider.

Karen House Associates Ltd, a management and business consultancy, has worked with the network over a number of years on Agenda for Change and KSF issues, alongside competency definition and other training and development projects. In June 2008, Karen House produced a spreadsheet cross-referencing KSF dimensions to finance skills development learning opportunities. The network agreed that this should be a two-way link that could be embedded in the website.

To publicise the KSF links in the website, a ‘learning opportunities/KSF wheel’ was produced to distribute to finance staff and to give away at conferences and events.
These included the Healthcare Financial Management Association conference, which is a major event in the finance calendar. This KSF wheel has also been distributed to regional and local KSF and training leads.

The finance skills development communications group oversees a budget for print and web communications to which all the strategic health authorities subscribe. Through these communications the network is able to reach all NHS finance staff and non-finance staff who have an interest in, or need for, finance skills. There are also many training and development managers, suppliers and education providers subscribing to the site.

**The results and next steps**

It is too early to fully determine the impact of this work. However, initial responses to both the giveaway wheel and to the web links have been favourable and have resulted in new registrations to the site. We recommend that other providers of training and development resources, particularly within the NHS, but also external suppliers, should link their products and resources to the relevant KSF dimensions to make it easier to match training resources to development needs.

Further work is planned to add more detailed information to the published ‘finance technical competencies’, so that staff can use it to support their KSF outlines and their development review process.
Case study 4: Linking the KSF to appraisal

The organisation

Greater Manchester Mental Health NHS Foundation Trust is a provider of specialist health and social care services for individuals with acute, severe and enduring mental health and substance misuse needs. The trust provides its services to three diverse and overlapping economies: Bolton, Salford and Trafford; also to Greater Manchester and the wider area of North West England and beyond. The trust has 3,500 staff and became a foundation trust in February 2008.

What we did and why

The staff survey in 2007 showed that only 21 per cent of staff who had an appraisal or a KSF review found it to be meaningful. Managers were also reporting difficulties in undertaking KSF reviews due to the administrative burden these placed on them.

Based on this feedback, a project group was set up to redevelop the appraisal system and incorporate some elements of the KSF. The group aimed to ensure that all staff had a meaningful appraisal with their manager and a personal development plan set with clear objectives. The group was made up of representatives from all service areas and staff side representatives, who were keen to be involved.

How we did it

Following disappointing staff survey results, support for change was gained from the board. The board was very keen to ensure that staff were engaged in the appraisal process and had a set of objectives that were based on the organisation’s strategic aims. An initial draft of an appraisal policy was put together by the director of governance and human resources, and the deputy directors of human resources and organisational development. The policy was based on previous examples that they had operated successfully and focused on the core dimensions of the KSF plus two other dimensions chosen by the appraiser and the staff member.

The policy was sent to trade union representatives, who were keen to make sure that it was workable and would allow a meaningful discussion to take place. The service representatives on the appraisal group were responsible for discussing amendments and changes to policy, making comments and consulting staff in their service so that the policy could be finalised, approved and rolled out across the trust.

The finalised appraisal policy was rolled out between September and December 2008.
The results and next steps

Monitoring of the appraisal discussions show that 83 per cent of staff had an appraisal. Telephone sampling of ten per cent of these participants found that staff who had been through the process had meaningful, clear objectives agreed as a result of their appraisal discussion.

The project was a success and the data gathered by the trust was also confirmed by the 2008 staff survey data. One of the learning points from the initial roll-out is of the need to make sure that managers are clear of the dates for rolling out their appraisals, to ensure that the training programme for the following year can be planned effectively.
Case study 5: Using the KSF to enhance job roles

The organisation

Calderdale and Huddersfield NHS Foundation Trust was formed in 2001. The trust has three main hospital sites (Calderdale Royal Hospital, Huddersfield Royal Infirmary and St Luke’s Hospital) and various community health centres, employing some 5,200 staff. The trust provides acute and rehabilitation healthcare services to more than 420,000 people in the two areas served by the metropolitan boroughs of Calderdale and Kirklees.

Clinicians take a lead role in the management of the organisation. The clinical services are split into four divisions, supported by a corporate division. The trust’s overall budget is in excess of £220m, devolved to each of its divisions.

What we did and why

The pharmacy directorate (part of the diagnostics and therapeutics division) introduced a policy for the self-administration and re-use of patients’ own drugs. This was linked to the trust’s business in terms of improving the patient experience, reducing wastage and costs, and ensuring drugs were being disposed of safely. As part of this initiative, the trust’s focus was on enhancing the role of the pharmacy technician, to ensure they played a key role. Their primary role was dispensing and this opportunity enabled the role to evolve to that of ward-based technician.

There were a number of stakeholders involved in developing this initiative, including the patients themselves.

How we did it

Three competency levels were introduced, based on grade and experience. Each competency level contained clear guidelines of the duties and limits pertaining to each level. This approach was already providing some structure, role models and positive behaviours. However, the KSF offered an enhancement to what was already in place by providing a benchmark of knowledge, skills and behaviours that could be moulded by, and for, the individual. The existing competencies mapped directly to the KSF.

The pharmacy directorate was keen to implement the KSF and they had the full support of their operational board. The strong staff side presence worked closely to develop and sign off outlines. The education lead took on the role of KSF champion and raised awareness of the framework, supported managers and staff through the outline writing stage and trained them to use the e-KSF. This enabled them to use the technology to develop their records as a ‘professional portfolio’.

Some examples of development and support include:

- NVQ Level 2 in Pharmacy Services for all pharmacy support staff (supported in-house)
- NVQ Level 3 in Pharmacy Services (supported in-house)
- a BTEC National Certificate in Pharmacy Services for pre-registration trainee pharmacy technicians
- a foundation degree in Medicines Management and Pharmacy Services.
The results and next steps

From an audit of the four wards involved, where the technicians supported patients, recorded and monitored activity, the trust demonstrated a saving of over £14,000 in three months by re-using patients’ own drugs. These results demonstrated the value that the ward-based technician role played as part of the team.

The KSF outline provides the requirements in terms of the role and responsibilities. Career development and succession planning have been built into the suite of outlines, making staff aware of the possibilities available to them to develop in the role and beyond, for example, to position themselves for a Band 5 technician post. This demonstrates to staff that they are in control and can guide their own development, at their own pace, through personal development reviews.

Individuals have clear, paced goals, which can be achieved more quickly with peer support. Through observable evidence of knowledge and skills application, staff are encouraged and empowered to take on more responsibility, which boosts their confidence.

Personal development plans are much more meaningful, as they are closely aligned to the gaps identified as part of self-assessment against the KSF outline. All of the trust’s internal training provision is mapped to the KSF, making it easier for individuals to select training that is appropriate to their needs.

The training needs analysis has provided an additional benefit of identifying gaps in training provision within the trust, which the education lead is using to identify and access alternative funding streams. For the service, there is flexibility in the skills mix and staff are working interdependently with pharmacists. The KSF has enabled the trust to build in their clinical governance ‘must-dos’ and ticks all of the boxes for meeting internal and external targets.

Since the four-ward pilot was completed, the trust has reviewed their ward-based technician training. This now includes regional work-based packages from the Yorkshire Pharmacy technical and support staff development unit and an in-house drug history workshop.

It has also increased the number of wards being visited by ward-based technicians, with plans to continue to do this so all appropriate wards receive the service. The pharmacy at Calderdale Royal Hospital is trialling a rota for level 3 ward-based technicians, to ensure daily cover of the Medical Assessment Unit. The pharmacy has also implemented a ‘cover’ ward-based technician so that wards can receive appropriate cover during absences.

The trust is constantly evaluating and reviewing the role, benefits and performance of the ward-based technician. It is also developing a competency level 4 ward-based technician (transcribing discharge prescriptions), which is due to be rolled out in the near future.
Case study 6: Linking the KSF with preceptorship programmes

The organisation

East Kent Hospitals University NHS Trust is a large acute hospital trust with three main hospital sites and a number of satellite sites. It employs approximately 6,500 staff, has an annual staff turnover in the region of ten per cent and serves a population of approximately 750,000.

What we did and why

The trust has successfully developed profession-specific preceptorship programmes to meet the needs of Agenda for Change, the KSF, the profession and the service. This was achieved by bringing together all professional education leads to share ideas as well as their respective preceptorship, induction and development programmes.

Since 2002, newly-qualified staff within adult nursing have accessed a trust-wide preceptorship programme. In 2004/05, parity of education provision and a desire to standardise roles within nursing led to the creation of grade-specific development programmes. This work was initiated by the deputy and assistant directors of nursing.

Development programmes were put together for Agenda for Change nursing roles, including qualified and unqualified staff. This involved discussion and input with groups of staff in the relevant roles and bands.

At that time the trust was developing the KSF outlines and policies and procedures linked to Agenda for Change.

There was a particular need for:

- clear foundation gateway outcomes
- second gateway outcomes
- a 12-month preceptorship period for newly-qualified professionals
- robust mechanisms to apply accelerated pay progression in the first year.

How we did it

In 2005 the Band 5 KSF outline for adult nursing was developed. The development programme outcomes for a D grade were then looked at to make sure they mapped directly to the foundation gateway requirements for a Band 5 nurse. A 12-month preceptorship programme was formed to include the existing preceptorship programme and the developing D grade programme. It includes eight study days and all activities within it are mapped and relate to the KSF outline for Band 5 adult nurses.

Training was provided for staff acting as preceptors for the newly-qualified nurses and information was provided on the additional support that was available.

Implementing the preceptorship programme remains a challenge.
Recent service changes within the trust have resulted in:

- less staff being available to organise and teach on study days
- a reduction in the number of suitable training rooms
- staff shortages, potentially reducing release time for newly-qualified staff
- clinical pressures, reducing time for clinical supervision and reflective activities in practice.

However, the trust’s and managers’ commitment to supporting the development of newly-qualified staff remains high, and in many areas additional programmes and competencies have been developed or are under development.

The preceptorship programme model used within the trust could easily be adopted by other organisations, by:

- substituting organisation-specific documentation such as KSF outlines, appraisal documents and core organisational training requirements
- providing staff training to meet the needs of newly-qualified staff and preceptorship.
The success of the programmes is due to sustained director-level support, the identification of key individuals to lead the process in each professional group, a willingness to share and develop existing practices, and recognition from practice staff of the benefits of investing in newly-qualified staff.

Development of the programme in adult nursing will take the form of a continuing centralised programme, where all newly-qualified staff are automatically booked onto a programme and provided with preceptorship information and support.

Subsequently, the study day programme was reduced to three core days, with optional skills training days on which managers are responsible for booking their newly-qualified staff.

It is anticipated that managers will continue to support preceptorship in practice but will be able to ensure newly-qualified staff attend the training required for their specific role, and that it is timed appropriately for their development.
KSF case studies online

More case studies are available from NHS Employers’ KSF case study web page.

This includes good practice on:
• using champions to embed KSF
• developing a preceptorship programme for occupational therapists
• sharing KSF resources through the intranet
• KSF and competency-based recruitment
• the KSF and patient safety
• e-KSF: top tips for effective implementation
• using the e-KSF to boost appraisal uptake.

To download these visit www.nhsemployers.org/publications