



Sinead Lee
Cancer Tracker/MDT Co-ordinator
C/O Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

26 September 2022

Dear Madam,

**Re: The Statutory Independent Public Inquiry into Urology Services in the
Southern Health and Social Care Trust**

**Provision of a Section 21 Notice requiring the provision of evidence in the
form of a written statement**

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and/or has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to [Personal Information redacted by the USI] .

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

[Personal Information redacted by USI]

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: [Personal Information redacted by USI]
Mobile: [Personal Information redacted by USI]

**THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST**

Chair's Notice

[No 90 of 2022]

Pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

**Sinead Lee
Cancer Tracker/MDT Co-ordinator
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ**

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 24th October 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 17th October 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 26th September 2022

Signed:

Personal information redacted by USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE
[No 90 of 2022]

SECTION 1 – GENERAL NARRATIVE

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.



If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Your role

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.
5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.
6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.
7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?
8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.
9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?



10. What performance indicators, if any, are used to measure performance for your role?
11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?
12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.
13. What systems of governance do you use in fulfilling your role?
14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.
15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?
16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?
17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?
18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

Urology services

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.
20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.
21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?
22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?
23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?
24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:
- (i) Waiting times
 - (ii) Triage/GP referral letters
 - (iii) Letter and note dictation
 - (iv) Patient care scheduling/Booking
 - (v) Prescription of drugs



- (vi) Administration of drugs
- (vii) Private patient booking
- (viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs
- (ix) Following up on results/sign off of results
- (x) Onward referral of patients for further care and treatment
- (xi) Storage and management of health records
- (xii) Operation of the Patient Administrative System (PAS)
- (xiii) Staffing
- (xiv) Clinical Nurse Specialists
- (xv) Cancer Nurse Specialists
- (xvi) Palliative Care Nurses
- (xvii) Patient complaints/queries

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.
26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.
27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?
29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?
31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.
32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?
33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?
34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.
35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

Staff

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?
37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.
39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?
40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?
41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.



If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

UROLOGY SERVICES INQUIRY

USI Ref: Notice 90 of 2022

Date of Notice: 26 September 2022

Witness Statement of: Sinead Lee

I, Sinead Lee, will say as follows:-

SECTION 1 – GENERAL NARRATIVE

General

1. **Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**
 - 1.1 The full extent of my employment history within the Southern Health and Social Care Trust is outlined below in my response to Question 4.
 - 1.2 Having read the Terms of Reference of the Inquiry my only involvement with Urology services relates to my role within Cancer Performance.
 - 1.3 Within Cancer Performance, since 2019 I have undertaken the following roles and have had the following duties and responsibilities: -
 - a. Red Flag Team: Booking of Red Flag 1st outpatient appointments in accordance with Cancer Access Target guidelines; Ensuring that appointments are booked in chronological order; Escalating any cases not meeting target guidelines (over 14 days).
 - b. Cancer Tracking Team: Proactively tracking patients' progress throughout their cancer pathway and escalating any issues or waits.
 - c. MDT Co-Ordinator: Providing support to MDT; Organise MDT meetings; Updating patient information; Circulating MDT meeting lists; Recording meeting minutes and MDT meeting outcomes; Seeking approval of MDT meeting outcomes from the

Chair; Circulating MDT outcomes; Updating patient information relating to MDT meeting outcomes.

- d. Cancer Services Co-Ordinator: Supporting the HOS/OSL in their performance management and commissioning functions; Service and Budget Agreement (SBA); Management of the administrative staff within Cancer Services; Monitoring the day-to-day operational functions associated with performance via management of primary target lists (PTLs) and waiting list management processes; Supporting the Operational Support Lead (OSL) in the delivery of targets and operational performance within the division.

1.4 In my tenures as RF Appointments Officer and Cancer Tracker/MDT Co-Ordinator I raised issues and concerns that I had regarding missing triages or MDM quoracy to the Cancer Services Co-Ordinator. To the best of my knowledge, I did not raise any of these concerns in relation to Urology specifically. In my current role as CSC I did not have any issues or concerns raised with myself, by my direct reports, relevant to the terms of the terms of reference of the Inquiry.

1.5 I attended meetings to discuss cancer performance for all tumour sites including Urology and I would have taken any actions necessary. For example, I was asked to co-ordinate a confidential extraordinary MDM meeting to audit the MDM outcomes for Mr O'Brien's speciality during April 2021.

2. **Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.**

2.1. All documents referenced in this statement are attached to this statement and can be found in folder S21 90 of 2022 – Attachments.

3. **Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.**

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Your role**4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.**

4.1 I started working in the Southern Health and Social Care (SHSCT) in 2014 after its formation in April 2007. I have been employed in the following posts:-

- a. Job Title: Clerical Officer with Audio Typing Duties
Directorate: Acute Services
Department: Dermatology, Respiratory, MS Service
Band: 2 (Agency)
Dates held: 07.01.2014 – 15.07.2016

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Audio typing for Dermatology and Respiratory departments.
- ii. Admin support for the MS Service – Audio typing, booking review appointments, recording attendances and disposals for clinics, audio typing, telephone service, restocking MS Service booklets and information, creating and maintaining patient's charts.
- iii. I reported to Lucia Cunningham, Service Administrator.

Please see 1. JD - Audio Typist - Band 2

- b. Job Title: Human Resources Assistant
Directorate: Human Resources
Department: HRPTs/Employee Relations
Band: 2 (permanent)
Dates held: 15.07.2016 – 16.10.2016

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Filing duties for employee information.
- ii. Using HRPTs/SAP for updating employee information.
- iii. Processing HRPTs forms for leavers, maternity, new starts etc.
- iv. Preparing Agenda for change documents.
- v. Reception and switchboard duties.
- vi. I reported to Mary Crilly, Human Resources Manager.

Please see 2. JD - Human Resources Assistant Band 2

- c. Job Title: Higher Clerical Officer
Directorate: Acute, Cancer and Clinical Services (CCS)
Department: Red Flag Team
Band: 3 (permanent)
Dates held: 17.10.2016 – 30.06.2019

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Booking Red Flag 1st outpatient appointments in accordance with Cancer Access Target guidelines and ensuring patients are booked in chronological order.
- ii. Operating all relevant IT systems e.g., Patient Administration System (PAS), Clinical Communication Gateway (CCG), Cancer Patient Pathway System (CaPPS) and operate the NIECR e-Triage function to book appointments (This includes monitoring the action table, holding table, triaged section).
- iii. I reported to Vicki Graham, Cancer Services Co-Ordinator.

Please see 3. JD - Higher Clerical Officer, Red Flag Appointments, Band 3

- d. Job Title: Higher Clerical Officer
Directorate: Acute, Cancer and Clinical Services (CCS)
Department: Cancer Tracking Team, Cancer Services
Band: 3 (temporary)
Dates held: 25.02.19 – 30.06.2019

In this job role I was job-sharing two-part time posts for 4 months prior to commencing a full-time post as a temporary Band 4 Cancer Tracker/MDT Co-Ordinator.

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Providing clerical and administrative support service to the Cancer Tracker/MDT Co-Ordinators and attend Cancer MDMs.
- ii. Operating all relevant IT systems e.g., Patient Administration System (PAS), N.Ireland Electronic Care Record (NIECR), Cancer Patient Pathway System (CaPPS), Sectra RIS, NIPACS, Laboratory System, GI Reporting Tool.
- iii. Preparing the Multi-disciplinary team meetings (MDM) and undertaking administrative follow-up after the meetings.
- iv. I reported to Vicki Graham, Cancer Services Co-Ordinator.

Please see 4. JD - Higher Clerical Officer, Cancer Tracking Team - Band 3

- e. Job Title: Cancer Tracker/MDT Co-Ordinator
Directorate: Acute, Cancer and Clinical Services (CCS)
Department: Cancer Tracking Team, Cancer Services
Band: 4 (temporary)
Dates held: 25.02.2019 – 30.06.2019

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Proactively tracking the progress of suspected cancer patient along their pathway from point of referral to diagnosis and first treatment; this will include the co-ordination of reports, X-Rays/investigation results and clinic appointments to expedite the patient's diagnosis and treatment.
- ii. Coordinating and organising the Multidisciplinary Team (MDT) meetings, attending MDT meetings, obtaining and recording relevant information at meetings, facilitating the timely provision of care for patients.
- iii. Operating all relevant IT systems e.g., Patient Administration System (PAS), N.Ireland Electronic Care Record (NIECR), Cancer Patient Pathway System (CaPPS), Sectra RIS, NIPACS, Laboratory System, GI Reporting Tool.
- iv. I reported to Vicki Graham, Cancer Services Co-Ordinator.

Please see 5. JD - Cancer Tracker-MDT Co-Ordinator - Band 4

- f. Job Title: Cancer Tracker/MDT Co-Ordinator
Directorate: Acute, Cancer and Clinical Services (CCS)
Department: Cancer Tracking Team, Cancer Services
Band: 4 (permanent)
Dates held: 01.07.2019 – 02.08.2020; 02.11.2020 – 28.03.2021

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Proactively tracking the progress of suspected cancer patient along their pathway from point of referral to diagnosis and first treatment; this will include the co-ordination of reports, X-Rays/investigation results and clinic appointments to expedite the patient's diagnosis and treatment.
- ii. Coordinating and organising the Multidisciplinary Team (MDT) meetings, attending MDT meetings, obtaining and recording relevant information at meetings, facilitating the timely provision of care for patients.

- iii. Operating all relevant IT systems e.g., Patient Administration System (PAS), N.Ireland Electronic Care Record (NIECR), Cancer Patient Pathway System (CaPPS), Sectra RIS, NIPACS, Laboratory System, GI Reporting Tool.
- iv. I reported to Vicki Graham, Cancer Services Co-Ordinator.

Please see 5. JD - Cancer Tracker-MDT Co-Ordinator - Band 4

- g. Job Title: Cancer Services Co-Ordinator
Directorate: Acute, Cancer and Clinical Services (CCS)
Department: Cancer Services
Band: 5 (temporary)
Dates held: 03.08.2020 – 01.11.2020; 29.03.2021 – 31.03.2022 (secondment)

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Supporting the HOS/OSL in their performance, management and commissioning functions; Service and Budget Agreement (SBA); managing the administrative staff within Cancer Services
- ii. Monitoring the day-to-day operational functions associated with performance via management of primary target lists (PTLs) and waiting list management processes.
- iii. Supporting the Operational Support Lead (OSL) in the delivery of targets and operational performance within the division.
- iv. I reported to Sharon Glenny, Operational Support Lead for Cancer and Clinical Services (CCS) and Integrated Maternity and Women's Health (IMWH).

Please see 6. JD - Cancer Services Co-Ordinator - Band 5

- h. Job Title: Cancer Services Co-Ordinator
Directorate: Acute, Cancer and Clinical Services (CCS)
Department: Cancer Services
Band: 5 (permanent)
Dates held: 01.04.2022 – present

The key duties and responsibilities of this post are set out in the referenced job description and in summary are as follows:

- i. Supporting the HOS/OSL in their performance, management and commissioning functions; Service and Budget Agreement (SBA); managing the administrative staff within Cancer Services
- ii. Monitoring the day-to-day operational functions associated with performance via management of primary target lists (PTLs) and waiting

- list management processes.
- iii. Supporting the Operational Support Lead (OSL) in the delivery of targets and operational performance within the division.
- iv. I reported to Sharon Glenny, Operational Support Lead for Cancer and Clinical Services (CCS) and Integrated Maternity and Women's Health (IMWH).

Please see 6. JD - Cancer Services Co-Ordinator - Band 5

5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.

5.1. Please see "Table 1" below which sets out my line managers for each of my job roles and whether, within those roles, I had staff reporting to myself: -

5.2. Table 1:

Job Role	Line Management	Depts/Services/Systems	Who I managed/have responsibility for
Clerical Officer with typing duties	Lucia Cunningham	Dermatology Department	In this role I had no staff management, departmental or service responsibility
	Service Administrator	MS Service	
		Respiratory Department	
Clerical Officer with filing duties	Mary Crilly	Employee Relations team Human Resources, HRPTs Team	In this role I had no staff management, departmental or service responsibility
	Human Resources Manager		
Higher Clerical Officer	Vicki Graham	Red Flag Office Cancer Services	In this role I had no staff management, departmental or service responsibility
	Cancer Services Co-Ordinator		
Higher Clerical Officer	Vicki Graham	Cancer Tracking Team Cancer Services	In this role I had no staff management, departmental or service responsibility
	Cancer Services Co-Ordinator		
Cancer Tracker/MDT Co-Ordinator	Vicki Graham	Cancer Tracker/MDT Co-Ordinator Cancer Services	In this role I had no staff management, departmental or service responsibility
	Cancer Services Co-Ordinator		
Cancer Services Co-Ordinator	Sharon Glenny	Cancer Services Co-Ordinator Cancer Services	Please see below table for staff I manage/managed and was/am responsible for currently
	Operational Support Lead		

5.3 Please see "Table 2" for all of the staff members that I had/have under my responsibility within my job role of Cancer Services Co-Ordinator (from 03.08.2020 until 01.11.2020 and 29.03.2021 until 31.03.2022 (whilst on secondment) and from 01.04.22 until the present day.

5.4. Table 2:

Please see 7. Staff and Management Excel

Team	Staff Name	Management status
Cancer Trackers	Wendy Kelly	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Marie Dabbous	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Shauna McVeigh	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Hilda Shannon	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Rachel McCartney	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Griania White	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Sarah Moore	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Ann Turkington	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Niall O'Hara	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Gemma Robinson	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Una Brady	Managed from 19.07.22 - 21.10.21
	Andrew Glenny	Managed from 04.05.21 - 09.07.21
	Brendan O'Neill	Managed from 17.05.22 - 21.05.22
	Bernadette Toner	Managed from 22.02.21 - 26.11.21
	Sean Clancy	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Kirsten Dundas	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Louise Jones	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Aisling Hill	Managed from 18.10.22 - 31.10.2020 & 26.03.21 - 03.01.22
Cancer Tracker Admin	Sarah McDonald	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
	Andrew Overend	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 03.01.22
Red Flag Team	Sharon McCann	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current
	Ann Johnson	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current
	Laura Berry	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 27.07.22 - Currently on secondment
	Marcia O'Neill	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current
	Emma Black	Managed from 26.03.21 - current
	Lauren Christie	Managed from 03.08.2020 - 31.10.2020 & 16.03.21 - current
	Judy Shortt	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 16.09.22
	Caitlin Laverty	Managed from 26.03.21 - 29.07.22
	Paulette Nugent	Managed from 25.07.22 - 31.08.22
	Alison Byrne	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current
	Carmel McKenna	Managed from 13.07.21 - 18.08.21
	Marie Sharkey	Managed from 26.07.21 - 08.03.22
	Sinead Skelton	Managed from 16.09.21 - 28.11.21
	Aisling Hill	Managed from 03.08.2020 - 18.10.2020
Palliative Care	Alwyn Somerville	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - 31.03.21
	Rosemary Harland	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current
	Sarah Haughian	Managed from 09.08.21 - 14.01.22
	Marie Louise Dummigan	Managed from 03.01.22 - current
Mandeville Unit	Carol Glass	Managed from 03.01.22 - current
	Michelle McCartney	Managed from 03.01.22 - current
	David Walker	Managed from 03.01.22 - current
	Joan McDermott	Managed from 03.01.22 - current
	Katie McNally	Managed from 02.08.22 - current
	Claire Barton	Managed from 25.07.22 - current
	Kirsty Thompson	Managed from 03.01.22 - current
	Anne Drumm	Managed from 10.01.22 - current
	Denise McMullan	Managed from 07.06.22 - current
	Alison Clarke	Managed from 04.04.22 - current
	Beulah Lucas	Managed from 03.01.22 - current. Off on Career break currently
	Mark Fisher	Managed from 03.01.22 - 22.04.22
	Natalie Hughes	Managed from 03.01.22 - 25.08.22
	Natasha Riley	Managed from 03.01.22 - 06.05.22
	Sarah Haughian	Managed from 03.01.22 - current
	Jacqueline Livingstone	Managed from 10.01.22 - 23.01.22
Service Improvement Support Workers	Alison Clarke	Managed from 04.04.22 - current
	Emma Mullen	Managed from 03.01.22 - 16.09.22
Orthoptics	Rachael Vennard	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current
	Patricia Kelly	Managed from 03.08.2020 - 31.10.2020 & on secondment after that
	Tania McGeary	Managed from 04.05.22 - current
	Melissa Nugent	Managed from 01.11.21 - 28.02.22
	Jorden McDowell	Managed from 28.09.21 - 22.10.21
Macmillan Cancer Support Workers	Stacy Leathem	Managed from 03.01.22 - current
	Rebecca Murray	Managed from 03.01.22 - current
	Janine Stanfield	Managed from 18.07.22 - current
Stoma	Cheryl Bleakney	Managed from 03.08.2020 - 31.10.2020 & 26.03.21 - current

6. If your current role involves managing staff, please set out how you carry out this role, e.g., meetings, oral/written reports, assessments, appraisals, etc.

6.1 I have only managed staff in my current role as Cancer Services Co-Ordinator ('CSC').

6.2. I have a number of Admin and Clerical ('A and C') staff reporting to me directly regarding service pressures, challenges, service updates, clinical availability, A and C issues and mandatory training. I arrange meetings with my Admin and Clerical staff throughout the year (for example, weekly, biweekly, monthly, quarterly). There are formal notes taken at these meetings.

6.3. In between the above times, I would arrange ad hoc meetings to discuss any relevant issues/concerns the teams may have, to discuss changes in processes and to discuss patient care and pathways. In my view this helps to support staff, gives staff clear objectives, ensures teamwork, creates positive work climates, builds trust and creates opportunities to resolve any ongoing matters. There are no formal notes taken of these meetings.

6.4. I have 1:1 meetings with the A and C staff who report to me directly. These meetings are used for staff to report any issues or concerns with the service/division. Notes are not always taken during these meetings; it depends on the topic or subject matter being discussed.

6.5. In addition, I have daily informal conversations with staff, either via telephone or face to face. The staff that I manage are aware that they can contact me at any time and that I operate and encourage an open-door policy.

6.6. In relation to assessments and appraisals, once an employee starts in my department, I will assess their performance at a 3-month probation mark and a 6-month probation mark. During the probation meeting, at the end of either period, we reflect on their job and performance to date, and we set goals and make development plans. These goals and plans are reviewed at the following meeting.

6.7. KSFs/PDPs (Personal Development Plans) are performed annually in my Department for all Trust staff. During these, we assess staff members' performance over the past 6-12 months; reflecting on their job and achievements, setting goals and making development plans to be reviewed on the next occasion. We discuss any issues or concerns within their role and plan further training.

6.8. I update Cancer and Clinical staff during meetings, where appropriate, in relation to patient waiting times for investigations, issues or concerns within the service, cancer performance targets and our DNA/CND rate for RF appointments. *Please see:*

8. *Tracker Meeting Minutes 05.08.21*

9. *Tracker Meeting Minutes 21.10.21*

10. *RF Team Meeting Minutes 22.07.22*

11. *RF Team Meeting Minutes 30.06.22*

12. Minutes of Cancer Support Worker Admin Meeting 01.06.22

7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?

7.1. In my job role as Cancer Services Co-Ordinator there are a number of systems in place to ensure that the appropriate standards are met and maintained.

7.2. I monitor performance against the Cancer and Departmental access standards. This includes supporting the HOS/OSL in its performance, management and commissioning functions, Service and Budget Agreement (SBA) and the management of Admin and Clerical staff.

7.3. In relation to the Cancer Access and Performance pathways there is an escalation policy in place which sets out escalation rules, clarifies boundaries and channels the issues throughout our division. This process was put in place in or around 13th April 2016 to meet the Regional Cancer Targets in Northern Ireland for 14 Day wait for Breast symptomatic outpatient appointment, 31 Day for decision to treat (DTT) to first definitive treatment and 62 Day for urgent GP referral to first definitive treatment. *Please see:*

13. Cancer Pathway Escalation Policy

14. Escalation Policy Updated 2021

7.4. I am involved in the process of creating and/or reviewing clinical incidents which includes investigation, reviewing DATIX and completion for incidents within my remit. This includes reviewing processes set within my division to ensure good governance for example Standards Operating Procedures (SOP), staff education and training.

7.5. I deal with grievances, disciplinary matters and termination in line with Human Resources guidelines. I undertake KSF's/PDP appraisals with the Admin and Clerical staff who report to me which allows me to review their mandatory training to ensure it is up to date.

7.6. I regularly provide updates to OSL for Cancer Services on matters which may affect the services provided, for example in relation to staff mandatory training, staff KSF/PDP updates, staff levels of absence including sickness levels, Covid-19 absences (sitrep), maternity leave, terminations and job vacancies.

7.7. I am able to discuss any issues or concerns with my OSL during 1:1 meetings, Service Administrator meetings and ad hoc meetings.

8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

8.1. Throughout my tenure within the Trust, I have been subject to performance reviews, such as 3-month and 6-month probation assessments and KSP/PDP. My line Manager for each role was responsible for undertaking these.

8.2. My last KSP/PDP was on 30th September 2022 during my current role as Cancer Services Co-Ordinator. This was undertaken by my line manager Sharon Glenny. There have been delays with my KSP/PDP due to ongoing operational and Covid-19 pressures. The operational pressures faced would have included the monitoring of cancer performance, following and monitoring cancer targets, managing staff and the pressure of Covid-19 on the service. *Please see:*

15. 6 month Probationary Form 23.06.2017

16. KSFPDR – 2017

17. KSFPDR – Sinead Lee 30092022

18. KSF Flowchart

19. 20210722_Performance and Personal Development Review Policy

20. KSF Guidance Document

21. KSF National Framework Document

9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?

9.1. I am aware of the Performance and Personal Development (PDP) Review Policy based on the Knowledge and Skills (KSF) framework. *Please see:*

15. 6 month Probationary Form 23.06.2017

16. KSFPDR – 2017

17. KSFPDR – Sinead Lee 30092022

18. KSF Flowchart

19. 20210722_Performance and Personal Development Review Policy

20. KSF Guidance Document

21. KSF National Framework Document

9.2.If there are any updates on the above or any HR policy, I would be made aware by global circulations via email, by my manager during Service Administrator or 1:1 meeting and by checking the Intranet, Policies and Procedures webpage.

10.What performance indicators, if any, are used to measure performance for your role?

10.1. Within Cancer Services there are a number of performance indicators used to monitor my performance. My current role, as Cancer Services Co-Ordinator, is involved with monitoring the cancer performance against the Cancer Access Standard Targets for the Southern Health and Social Care Trust (SHSCT). This provides the OSL/HOS/Ads with information regarding performance, and they can also then discuss operational challenges with their respective tumour site clinical teams.

10.2. Even though each division has a responsibility to monitor its own performance for each specialty area, the SHSCT has a Performance Team that is responsible for monitoring the Trust's performance. The main contact for Acute Services within the Trust at present is Lynn Lappin who has been Head of Performance for the SHSCT since 2011. The guiding principles in monitoring performance are set out in the Integrated Elective Access protocol (IEAP) which was implemented on 30th April 2008. *Please see:*

22. Integrated Elective Access Protocol 30June2020

10.3. Within the SHSCT we follow the IEAP Guidance for waiting time targets which are monitored by the Performance Team and the OLS's for each speciality, for example:-

- a. Cancer targets:
 - i. 14 day – 100% for the 2 weeks wait breast symptomatic outpatient appointment
 - ii. 31 day – 98% from the date decision to treat to first definitive treatment
 - iii. 62 day – 95% date of receipt of referral to first definitive treatment
- b. Red flag referrals require daily triage

10.4. My line manager Sharon Glenny, OSL, is responsible for monitoring performance against the Cancer Access Standards. She provides the Assistant Directors and Heads of Service with relevant information on performance for discussion about operational challenges within their respective tumour site clinical teams. As Cancer Services Co-

Ordinator I was responsible for escalating all delays in the cancer pathway until 03.01.2022 including first red flag appointment, delays in diagnostic/investigations, ITD/ITT delays, MDM delays and delays for first definitive treatment. These escalations were emailed on to the Head of Service and copied to Head of Cancer Services and OSL and it was their responsibility to take any actions required for each escalation. From 03.01.22 I am now only responsible for the 14-day pathway for first red flag appointment and the MDT Administrator/Project Officer, Angela Muldrew, was then responsible for the rest of the cancer pathway. At times we would cover each other in times of sickness absences or annual leave.

10.5. I am aware that prior to Covid-19 there was a monthly Cancer Performance meeting. My previous manager, Vicki Graham, would have provided the document for this. When I took over as Cancer Services Co-Ordinator in August 2020 these meetings had been cancelled due to Covid-19 pandemic. However, the cancer performance document was still updated and circulated throughout the Performance team /OSL/HOS/AD's. We then commenced the fortnightly Cancer Checkpoint Meeting with the Tumour sites leads, Performance Team, AD's, HOS/OSL's. The purpose of this meeting was to provide information on performance for each specific tumour site against the Cancer Access Standards and reviewing areas that have difficulties for example capacity/operational issues, trends for red flag referrals, DNA/CND trends, total of 62-day patients on active pathways and any challenges or concerns we were facing during the Covid pandemic. The Cancer Checkpoint meeting was stood down in May 2022 and the Cancer Performance meeting recommenced in July 2022.

10.6. During my time as Cancer Services Co-Ordinator when I managed the Cancer Tracking team there was a very large volume of suspected and confirmed cancer patient on the CaPPs system due to capacity issues which a lot were due to the Covid 19 pandemic. During this time, I commenced Cancer Tracking exercises within the team to monitor active waiters on the 31-day and 62-Day pathway and to try and escalate any concerns or issues and allocate any resources to a tumour site requiring extra help. *Please see:*

23. Tracking position 07.09.2022

24. Cancer Performance Minutes August 2022 240822

25. Cancer Performance Action Log

26. August Cancer Performance

27. AGENDA – Cancer Checkpoint Meeting 01.04.22

28. MINUTES – Cancer Checkpoint Meeting April

29. First Appointment Longest Waiters 29.03.22

30. 62D 5 Longest Waiters per tumour site 29.03.22

31. Cancer Rebuild Plan 29.03.22

32. *New GP Referrals – 29.03.22*

33. *20220401 Cancer Checkpoint Meeting Notes*

34. *20220304 Cancer Checkpoint Meeting Notes*

35. *202207 Cancer Performance Dashboard*

36. *202208 Cancer Performance Dashboard*

10.7. The escalation policy was not fully followed during Covid as there were large numbers of patients on the Cancer pathways and the OSL/HOS/AD's were aware of ongoing capacity/clinical issues. This was escalated internally to the Senior Management Team (SMT).

10.8. I also collated and validated breach reports for active waiters on the 62-day pathway that is sent every 2 months from Strategic Performance Planning Group (SPPG) formally known as Health and Social Board (HSCB). These were then sent to my line manager Sharon Glenny to review with Performance and SPPG. *Please see:*

37. *20220721 Cancer Performance Minutes*

38. *20220818 Cancer Performance Minutes*

11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?

11.1. It is my responsibility to monitor my team's performance against the Cancer Access Standards.

11.2. Within Cancer Services there are a number of teams that work together to ensure standards are met, including:

- a. Red Flag Team: Books all Red Flag 1st outpatient appointments in accordance with Cancer Access Target guidelines and ensuring they are booking in chronological order and escalating any over 14 days.
- b. Cancer Tracking Team: Proactively tracks the patients throughout their cancer pathway and escalate any issues or waits.
- c. Cancer Performance meetings: I update the report and monitor the Cancer performance using the dashboard and Business Objects software. During Covid-19 this was stopped, and the same information was used for the Cancer Checkpoint meetings.

- d. SPPG meetings: I would collate and validate the breach reports and my line manager Sharon Glenny would present and review with Performance and SPPG.

12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.

12.1. I have no knowledge or experience of systems being by-passed.

13. What systems of governance do you use in fulfilling your role?

13.1. Within my role as Cancer Services Co-Ordinator, I have the following systems of governance in place to support the service/OSL:

- a. Escalations of Missing Red Flag Referrals.
- b. Escalations of Red Flag patients appointed over 14 days for 1st RF Appointment.
- c. Escalations of active waiters on the 31-day and 62-day cancer pathway awaiting 1st appointment, diagnostics, investigations, late ITD/ITT's, MDM deferrals, delays in treatment.
- d. Escalations of patients on the Teenage and Young Adult PTLs.
- e. Escalations of any long delays with reporting of diagnostics or pathology.
- f. Supporting my OSL with any issues or concerns, with particular reference to cancer waiting times.
- g. Supporting my OSL/AD with reviewing Datix's when necessary.
- h. Escalating patient's attendances and disposals not recorded in a timely manner.

14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

14.1. No. I have not been offered any support for quality improvement initiatives.

15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?

15.1 Since working within Cancer Services I was/am aware that the responsible parties for overseeing the quality of services in urology were/are:

- a. Operational Support Lead: Mrs Martina Corrigan (until October 2020)
Mrs Jane Scott (current)

b. Head of Service: Ms Wendy Clayton (October 2020 – current)

c. Assistant Director: Mr Ronan Carroll (current)

15.2. I would also assume that it is the responsibility of the Clinical Lead, Clinical Director, Divisional Medical Director and Medical Director to oversee the quality of services in urology.

16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?

16.1. To the best of my knowledge, I am aware that the parties responsible for overseeing the Clinical Governance arrangements of Urology were/are:

- a. Operational Support Lead: Mrs Martina Corrigan (until October 2020)
Mrs Jane Scott (current)
- b. Head of Service: Mr Wendy Clayton (October 2020 – current)
- c. Assistant Director: Mr Ronan Carroll (current)
- d. Clinical Lead: Mr Michael Young (until May 2022)
- e. Clinical Director: Mr Ted McNaboe (until December 2021)
- f. Divisional Medical Director: Mr Mark Haynes (until December 2021)
Mr Ted McNaboe (current)
- g. Medical Director: Mrs Maria O’Kane (not in post anymore)

17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?

17.1. Throughout my tenure within Cancer Services I feel that I was able to provide the requisite service and support to Urology services in my role as Cancer Tracker/MDT Co-Ordinator and Cancer Service Co-Ordinator as it was my role to support to Urology Services by escalating “long waiter” patients for first red flag appointments, identifying longest waiters and active patient pathways on CaPPs found whilst tracking, providing Cancer Performance and breach reports for Urology patients to the HOS and OSL for Urology.

17.2. In my role at CSC, I am aware of issues in the urology service regarding the number of urology escalations I would forward to the appropriate HOS, Wendy Clayton, to action. This is where my role ended. However, I am now aware of challenges in Urology services as I attended the Cancer Performance meetings and listened to the issues raised by OSL/HOS.

17.3. I support Urology services in the following ways:-

- a. Escalations: I escalate any patients breaching their targets set on the Cancer Access Targets i.e., 14-day, 31-day and 62-day Targets. I escalated these to my manager at the time Vicki Graham and she would have followed the escalation policy and forwarded on to OSL Martina Corrigan. Currently I escalate the escalations from my team to OSL Wendy Clayton and copied to OSL Sharon Glenny and Head of Cancer Clair Quin.
- b. Longest Waiters for 1st RF Appointment: I would prepare the longest waiter document for all tumour sites which was used for the Cancer Checkpoint meeting and now used for the Cancer Performance Meeting. This document is emailed to all OSL and HOS for each service and I would include AD, Barry Conway, and Head of Cancer, Clair Quin. This is to make OSL/HOS's aware of the current standings for RF first appointments and any longest waiters for each service.

17.4. The referenced documents below are examples of my communication with the Urology Service in relation to management of patients on waiting lists and escalations:

Please see:

39. 1st RF OPD – Longest Waiters

40. RE RF 1st Appointment Longest Waiting times over Christmas period 2018

41. 08032019 Urology escalations email

42. 22062018 Urology Clinic cancellation email

18. Did you feel supported by staff within urology in carrying out your role?

Please explain your answer in full.

18.1. I felt supported by the Urology staff in many different aspects, for example:-

- a. From a red flag appointments perspective, I would email escalations for first appointments and the OSL/HOS would update me on extra clinic capacity is available.
- b. Within my role as Cancer Tracker, I could raise any issues or concerns to the OSL/HOS or Consultants for updates on management plans.

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.

19.1. Within my role as a Cancer Tracker/MDT Co-Ordinator my responsibilities included, but were not limited to, the following:-

- a. Preparing MDM lists.
- b. Updating patient information for the MDM to ensure it was accurate.
- c. Recording MDM outcomes.
- d. Recording MDM minutes and typing up on Word Document.
- e. Sending MDM outcomes to Consultants for verification.
- f. Circulating MDM outcomes and minutes.
- g. Sending MDM reports to GP's in a timely manner.
- h. Tracking active patients on the CaPPs system.
- i. Escalating any patients outside their pathway to the Cancer Services Co-Ordinator.

19.2. Within my role as Cancer Services Co-Ordinator, I would escalate patients to the Head of Service for Urology if they were found to be outside of their cancer pathway. It was my role to escalate these patients and it was the responsibility of the Head of Service to act upon it. I was not informed about what, if any, action was taken or what the ultimate outcome was.

19.3. I also monitored the Cancer Tracking weekly for the Tracking position and allocated resources to a tumour site that was falling behind.

19.4. Within both of my roles I had no responsibility for clinical aspects of Urology services. This would have been the responsibility of the Head of Service, Assistant Director and Clinical Lead.

20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how

any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.

20.1. In both of my roles within the Trust I liaised directly with the HOS (Martina Corrigan until October 2020 and now Wendy Clayton) and also with OSL Jane Scott. This would have been in relation to clinic capacity, escalating active patients being tracked on the cancer pathway and Urology cancer performance.

20.2. I would have liaised with AD Ronan Carroll in meetings.

20.3. I would also have direct correspondence with the AD for Cancer and Clinic Services (Barry Conway), the Head of Cancer (Fiona Reddick until February 2021 and then Clair Quin who has been the interim Head of Cancer from 4th May 2021 until present). This would have all been in relation to the cancer performance for Urology.

20.4. We have monthly Cancer Performance meetings (n.b. during the Covid-19 pandemic these were replaced with fortnightly Cancer Checkpoint Meetings as an interim measure). This is where the cancer performance for all tumour sites including Urology is discussed. This meeting is chaired by the AD for Cancer and Clinical Services (Barry Conway) and the Performance Team. The AD's, OSL's and HOS's attend this meeting. During the meeting we discuss the cancer dashboard which includes any breaches and highlights any local or regional issues or concerns for the operational team to action. Minutes of these meetings are recorded by me. The agenda for this meeting is provided by the AD for Cancer Services (Barry Conway) or, in his absence, the interim Head of Cancer (Clair Quin).

21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day-to-day basis (or otherwise)?

21.1. As mentioned above in my response to Question 19, my roles were/are relevant to the operational monitoring of cancer performance targets within Urology Service. My roles and responsibilities on a day-to-day basis involve the preparation of the cancer dashboard, creating and validating breach reports, monitoring of red flag referral trends and highlighting any areas within my remit that may be a risk. When I managed the Cancer Tracker team, I would have monitored the cancer tracking of the Urology tumour site and added resources were necessary.

21.2. Within both of my roles I did not have responsibility for clinical aspects of Urology services. This would have been the responsibility of the Head of Service, the Assistant Director and the Clinical Lead.

22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?

22.1. Within my job role as Cancer Services Co-Ordinator within CCS, in my view Urology services struggled to meet its Cancer Access/pathway targets which were discussed at the monthly Cancer Performance Meetings. During these meetings we would discuss internal and external issues and concerns and any challenges that patients were facing on their Urology cancer pathway.

22.2. I was also aware of capacity challenges due to the volume of patient escalations (both undertaken by me and received by me from staff members that I managed) when in post as Cancer Services Co-Ordinator. An example of this would have been delays in waiting time for first red flag appointment and delays in investigations. These escalations were forwarded to the Head of Service and copied to OSL for CCS (Sharon Glenny and Head of Cancer, Clair Quin). It was then the responsibility of Urology service's Head of Service to action these escalations.

22.3. In my role as Cancer Services Co-Ordinator, I managed the Cancer Tracking Team from August 2020 until October 2020 and from March 2021 until January 2022 respectively. During these periods I was aware of the volumes of patients on the cancer pathway. Due to the Covid-19 pandemic our numbers of patients on the Cancer access Patient Pathway system (CaPPs) increased. At this time, we commenced a tracking exercise for certain tumour sites as mentioned in my response to Question 10. At this time, due to increased volume and demand, my line manager Sharon Glenny OSL requested an increase in staff for the Cancer Tracker Team which was then approved 'at risk' as there was no permanent funding stream for staff at the time but a critical need for more staff within the role. We were able to increase our Cancer Trackers/MDT Co-ordinators from 8.6 WTE to 14 WTE.

Please see:

13. Cancer pathway escalation policy

14. Escalation policy updated 2021

23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?

23.1. As mentioned above in my response to Question 10, the Performance Team (under Lynn Lappin, Head of Performance) for the SHSCT monitors the Trust's performance. In my role as CSC for CCS I would monitor the performance of cancer pathways for the cancer dashboard to be presented at the monthly Cancer Performance meeting. The information for this is gathered from a number of different systems within the SHSCT, for example: Patient Administration System (PAS), Cancer access Patient Pathway system (CaPPs) and the Northern Ireland Electronic Care Record (NIECR). The types of information used for this are as follows:-

- a. Red Flag Team: number referrals received by Trust and number of appointments booked as red flag to clinics.
- b. Cancer Tracking Team: number of patients on active cancer pathways.

23.2. The systems help staff to identify concerns as set out below:

- a. PAS: identifying red flag referrals and the use of correct cancer code, clinic capacity and chart location.
- b. CaPPs: identify active waiters on the cancer pathways, set reminders in the diary for tracking patient to ensure the most relevant up to date information is recorded, updating MDM information and circulating MDM lists to clinical teams.
- c. Boxi: I use this system for PTLs to identify volumes of red flag referrals and trends, missing triage reports, validation of breach reports and cancer performance.
- d. Sectra RIS: For ensuring radiology requests are requested and booked on the system to allow Cancer Trackers to update CaPPs.
- e. Blood link labs: To check for pathology and cytology results for updating patients' pathways and for updating any patient information for MDMs.

24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:

(i) Waiting times

24.1. In my role as HCO in the Red Flag Team I was responsible for escalating any outstanding 'longest waiters' to expedite their first appointment. Issues and concerns in relation to waiting times for all of the tumour sites were escalated to our line manager, Vicki Graham.

(ii) Triage/GP referral letters

24.2. As a Red Flag Team member, I was responsible for managing red flag referrals received by the department and sending them out for triage. I was also responsible for validating the missing triage reports sent by my then line manager, Vicki Graham.

24.3. In my current role as CSC, I have the specific responsibility of running the Patient Target Lists (PTL) using the Business Objects software. By doing this I am able to collate any referrals that are not on a waiting list and which are considered 'missing triage' and send them to the Red Flag Team to validate. The Red Flag team will check to ensure these referrals were sent

to triage and, if so, they will chase these referrals with the correct department to get the referrals triaged as soon as possible as not to cause delays in the patient's cancer pathway. These are escalated to the HOS Wendy Clayton and copied to OSL for CCS Sharon Glenny, and at times to AD for Cancer Barry Conway and Head of Cancer Clair Quin.

(iii) Letter and note dictation

24.4. Not applicable. I did not have any specific responsibility or input with letter or note dictation within Urology services.

(iv) Patient care scheduling/Booking

24.5. As a Red Flag Team member, I would have had specific responsibility booking red flagged patients' appointments for Urology. Any patients that breach their 14-day pathway for first appointment would have been escalated to my then line manager, Vicki Graham.

(v) Prescription of drugs

24.6. Not applicable. I do not and have never had any specific responsibility or input in the prescription of drugs

(vi) Administration of drugs

24.7. Not applicable. I do not and have never had any specific responsibility or input in the administration of drugs

(vii) Private patient booking

24.8. Not applicable. I do not and have never had any specific responsibility or input in the booking of private patients

(viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs

24.9. In my role as Cancer Tracker/MDT Co-Ordinator I would have had specific responsibility for covering the Urology MDM at times when the Cancer Tracker/MDT Co-Ordinator (Shauna McVeigh) was absent from work or undertaking training. During this time I would have prepared the MDM lists, updated any patient information, circulated the MDM list to the Urology MDM attendees, recorded attendances at the MDM, linked in to the Regional Urology MDM, recorded outcomes for each patient, sent the outcomes to the Urology Chair for approval, circulate MDM meeting outcomes (once approved), informed the Band 2 clerical officer that the GP reports were ready to be printed and sent to patients' GP in a timely manner and updated the MDM meeting outcome on the patients diary page of CaPPs.

(ix) Following up on results/sign off of results

24.10. Not applicable. I do not, and have never had, any specific responsibility or input for following up on results/sign off for results save for in my role as a Cancer Tracker/MDT Co-Ordinator where I was required to forward results via email to the Consultant to ask for an update on a patient's management plan or to query whether the patient needed to be added to MDM for discussion.

(x) Onward referral of patients for further care and treatment

24.11. In my role as Cancer Tracker/MDT Co-Ordinator I would have had specific responsibility for sending referrals from the MDM to Oncology and Radiology. This did not include the Urology tumour site as their referrals are typed by their secretary/audio typist and sent. I would have ITT'd the patient on CaPPs once the referral was typed and set.

(xi) Storage and management of health records

24.12. Not applicable. I do not and have never had any specific responsibility or input for storage and management of health records.

(xii) Operation of the Patient Administrative System (PAS)

24.13. In my role as HCO for the Red Flag Team I was responsible for recording red flag referrals and booking red flag Urology appointments on the PAS system. I received training for PAS once I started my role in the SHSCT.

24.14. With regards to my role as CSC, the A and C staff had access to the system and were trained to record red flag referrals received into the red flag office and to book red flag appointments for the 14-day pathway.

(xiii) Staffing

24.15. Not applicable. I do not and have never had any specific responsibility or input over staffing within the Urology service.

(xiv) Clinical Nurse Specialists

24.16. Not applicable. I do not and have never had any specific responsibility or input over Clinical Nurse Specialists.

(xv) Cancer Nurse Specialists

24.17. In my role as CSC, I manage the Macmillan Cancer Support Workers who have direct involvement with the Cancer Nurse Specialists for Urology services. My team would book Health Needs Assessments for confirmed cancer patients after their treatment. I organise the clinics on PAS and my team would book patients into the clinics and undertake a 'concerns checklist' for the patient in advance.

(xvi) Palliative Care Nurses

24.18. Not applicable. I do not and have never had any specific responsibility for, or input into, Palliative Care Specialists within the Urology service.

(xvii) Patient complaints/queries

24.19. Not applicable. I do not and have never had any specific responsibility for, or input into, patient complaints or queries raised within the Urology service save for during my time within the Red Flag Team. During this time I received complaints from patients who were waiting on a Red Flag appointment, and this would have been escalated to the CSC (at the time it was Vicki Graham). These were not considered to be official complaints. Further, I would have helped gather data for the investigation if I was required to do so by my OSL or HOS for Urology.

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.

25.1. If I ever had a concern or issue relevant to patient care, safety and governance I would have raised it with my line manager CSC Vicki Graham or OSL Sharon Glenny in the first instance. If they were not available for any reason, I would have also raised it with AD (Barry Conway), the Head of Cancer (Clair Quin) and HOS (Wendy Clayton).

26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, or any other matter regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.

(i) Waiting times

26.1. The waiting times for all of our specialities, including Urology, would be discussed at our Cancer Performance meeting and prior to this at our Cancer Checkpoint meeting. I include a document for these meetings called Longest Waiters for 1st RF OPD. *Please see 39. 1st RF OPD - Longest Waiters.* In my previous roles I would have raised concerns and escalated any longest waiters on the waiting lists to my manager, CSC Vicki Graham, to escalate on to the OSL/HOS for each individual tumour site. Currently I escalate these for my team to HOS, Wendy Clayton, and copy to OSL, Sharon Glenny, and Head of Cancer, Clair Quin. The OSL for the individual tumour site at times will get back to me and let me know if there is any additional capacity for extra clinics to address the issue of waiting times and to get patients booked in for RF appointments. At times this would have been resolved to my satisfaction as we would have been allowed to convert unused urgent or routine appointment slots on clinics to Red Flag, or we would have received extra capacity via PTL or WLI clinics to help with

capacity. But during the Covid-19 pandemic this would have been an issue as we were not seeing patients face to face.

(ii) Triage/GP referral letters

26.2. As a Red Flag Team member, I would have had specific responsibility in escalating any outstanding red flag referrals missing at triage. I would have gathered this information from our triage spreadsheets or my manager at the time would have sent a missing triage PTL she would have run from Business Objects. At that time, I would have chased these outstanding referrals with the Departments to get them triaged and then I would have escalated the patients to my line manager, Vicki Graham.

26.3. In my current role as CSC, I have the specific responsibility of forwarding on any missing referrals at triage sent by the Red Flag Team to the HOS, Wendy Clayton, and to OSL, Sharon Glenny, and Head of Cancer Clair Quin.

26.4. The HOS/OSL would then return to their Department/Consultant on for triaging referrals that day and got the referrals triaged and sent back to me or my team for us to complete. This was, and still continues to be, resolved to my satisfaction.

(iii) Letter and note dictation

26.5. In both my tenures as CSC, I have not had management responsibility for the secretarial staff within Urology services. I have not been aware of any issues and therefore I do not know of any issues about letter and note dictations concerns. The responsible people are Katherine Robinson and SA, Orla Poland.

(iv) Patient care scheduling/Booking

26.6. As a Red Flag Team member, I would have raised any concerns regarding booking of red flag appointments for Urology. There would be times that we did not have enough capacity to meet the demand of referrals coming into our service. I would have escalated these to my then line manager, Vicki Graham, and she would have forwarded these to OSL, Martina Corrigan. If possible, Martina Corrigan would have organised extra clinic capacity for us so we could book in RF patients by either putting on extra PTL/WLI clinics or converting unused urgent and routine appointments slots.

26.7. With regards to my role as CSC, if my A and C staff raise the same concern above for patient booking, I would escalate these on to HOS, Wendy Clayton and copy to OSL, Sharon Glenny and Head of Cancer, Clair Quin. At times for other tumour sites, I would also include AD, Barry Conway. We have received extra capacity for clinics to try meet the demand and funding for Independent Sector to send batches of RF patients out to IS for RF appointments. This is a satisfactory outcome in my opinion.

(v) Prescription of drugs

26.8. I do not, and have never had, any specific responsibility or input in the prescription of drugs and therefore have no concerns regarding Urology services.

(vi) Administration of drugs

26.9. I do not, and have never had, any specific responsibility or input in the administration of drugs and therefore have no concerns regarding Urology services.

(vii) Private patient booking

26.10. I do not, and have never had, any specific responsibility or input in the booking of private patients and therefore have no concerns regarding Urology services.

(viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs

26.11. In my role as Cancer Tracker/MDT Co-Ordinator I would have had specific responsibility for covering the Urology MDM at times when the Cancer Tracker/MDT Co-Ordinator Shauna McVeigh was absent from work and unable to attend. During this time, I would have raised any concerns with my then line manager Vicki Graham. To the best of my recollection I did not have any concerns.

26.12. In my role as Cancer Services Co-Ordinator, when I managed the Cancer Tracking Team from August 2020 until October 2020 and from March 2021 until January 2022, if any concerns were raised with me I would have escalated these to the Chair of the MDM, HOS Wendy Clayton with a copy sent to OSL, Sharon Glenny and Head of Cancer, Clair Quin. To the best of my recollection, concerns were not raised with me during this time.

26.13. I do recall on occasion, whilst covering the Urology MDM in the absence of the MDT Co-Ordinator Shauna McVeigh, there would have been patients deferred from discussion as a Radiologist was not present at MDM. I cannot remember the specific dates of these MDMs.

(ix) Following up on results/sign off of results

26.14. I do not have, and have never had, any responsibility or input over following up on results/signing off results within Urology services and therefore I do not have concerns. However, in my role as Cancer Tracker/MDT Co-Ordinator, I sent results via email to Consultants to ask for management plan updates and if the patient needed added to MDM. If I had any concerns, or if I didn't receive a response, I would have escalated to HOS, Wendy Clayton and CSC, Vicki Graham. The OSL would have contacted the Consultant to prompt a

response for us to update the management plans on CaPPs and add the patient to the MDM if required.

(x) Onward referral of patients for further care and treatment

26.15. In my role as Cancer Tracker/MDT Co-Ordinator I would have had specific responsibility for sending referrals from the MDM to Oncology and Radiology. This did not include the Urology tumour site as the referrals are typed by their secretary/audio typist and sent. I would have ITT'd the patient on CaPPs once referral was typed and sent. I did not have any concerns with regards to this however, if I did have any concerns with regards to this process or if a referral was not done in a timely manner, I would have emailed the Consultant to prompt them and copied this email to OSL, Martina Corrigan, HOS, Wendy Clayton and CSC, Vicki Graham.

(xi) Storage and management of health records

26.16. I do not, and have never had, any specific responsibility or input over the storage and management of health records. I therefore have no concerns in this regard.

(xii) Operation of the Patient Administrative System (PAS)

26.17. In my role as HCO for the Red Flag Team I would have had responsibility for using the PAS system to record red flag referrals and to book red flag Urology appointments. I received training for PAS when I began my role in the SHSCT. I would have raised concerns about referrals missing at triage to my manager CSC, Vicki Graham. She then would have escalated to OSL, Martina Corrigan. Martina would have chased the said Consultants so that we could get the missing referrals triaged and sent back to the RF team as soon as possible.

26.18. In relation to my role as CSC, my A and C staff have training and access to record red flag referrals received into the red flag office and to book red flag appointments for the 14-day pathway. If my staff raise any concerns, I will escalate these to HOS Wendy Clayton and copy this to OSL, Sharon Glenny, and Head of Cancer, Clair Quin. However, no concerns have been raised.

(xiii) Staffing

26.19. I do not, and have never had, any specific responsibility or input over staffing within Urology services and therefore I have no concerns.

(xiv) Clinical Nurse Specialists

26.20. I do not, and have never had, any specific responsibility or input over Clinical Nurse Specialists and therefore I have no concerns.

(xv) Cancer Nurse Specialists

26.21. In my role as CSC, I manage the Macmillan Cancer Support Workers who have direct involvement with the Cancer Nurse Specialists for Urology services. My team book Health Needs Assessments for confirmed cancer patients after their treatment. I would set up the clinics on PAS and my team would book into them and, usually, complete a concerns checklist for the patient. If my staff had any concerns with the CNS for Urology, I would raise these with HOS, Wendy Clayton; Lead Nurse for Cancer Services, Nicola Shannon; OSL, Sharon Glenny and Head of Cancer, Clair Quin. No concerns have been raised with me with regards to this team.

(xvi) Palliative Care Nurses

26.22. I do not, and have never had, any specific responsibility or input for Palliative Care Specialists within Urology services and therefore I have no concerns.

(xvii) Patient complaints/queries

26.23. I do not, and have never had, any specific responsibility or input for patient complaints/queries within Urology services.

26.24. Whilst working in the Red Flag Team, I received complaints from patients who were waiting on a Red Flag appointment which I escalated to the CSC, Vicki Graham. These were not official complaints. If I had a concern, I would have raised this with my line manager, Vicki Graham. Vicki Graham would have followed the escalation policy and sent these complaints or concerns to the OSL, Martina Corrigan, to see if we could secure additional capacity to book additional patients in.

27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

27.1. No. I did not and do not have any concerns regarding the practice of any practitioner within Urology services.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?

28.1. Not applicable. Please see my response to Question 27.

29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?

29.1. Not applicable. Please see my response to Question 27. I am not aware of any steps taken by others.

30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?

30.1. Not applicable. Please see my response to Question 27.

31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.

31.1. Not applicable. Please see my response to Question 27.

32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?

32.1. From my experience the outcomes of any investigations are not relayed to staff to inform practice.

32.2. However, in my role as CSC I would have to record incidents on the Datix system from time to time for any concerns or issues found by me or my teams for all areas of service. These records can consist of late upgraded referrals, referrals missing at triage for long periods of time, referrals not upgraded correctly on PAS to reflect correct cancer code. These records are subject to interval investigation for speciality area and discussed at our Cancer Management Meeting with the Governance Team. I feedback any relevant information to my teams. However, if a concern is raised about a staff member, it is confidential and relayed to the individual staff member and not to the team.

33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?

33.1. No. I have not had concerns regarding governance, clinical care or issues around risks not being identified, addressed or escalated within Urology services

34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.

34.1. I did not raise any concerns. I am not aware of how concerns are reflected in Trust governance documents. I am generally aware that concerns that raise a risk can be logged on the risk register, but I have no experience of this.

35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

35.1. In my opinion, within the CCS, we are very effective at dealing with patient concerns.

35.2. I would suggest creating more funding for permanent staff members so that teams are secure and there is less of a turnover of staff.

Staff

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?

36.1. Within my roles my only involvement with the Urology team was when I covered the Urology MDM. I observed good working relationships between staff. As CSC my main link with Urology is with Wendy Clayton OSL HOS. The best person, in my opinion, to talk about the working relationships in Urology service is Wendy Clayton.

36.2. I have had, and continue to have, a good working relationship with the staff within Urology services. The A and C staff have a good working relationship with the Cancer Nurse Specialists, Consultants, Secretaries and Admin, Cancer Trackers and the Head of Service (Wendy Clayton).

36.3. I have not had any concerns regarding staff relationships within Urology services.

37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

37.1. From my own personal experience, I have had no issues or concerns in relation to working relationships between medical managers and non-medical managers. In my time as Cancer Services Co-Ordinator, I worked well with those I liaised with regularly, for example Head of Service (Wendy Clayton), Operational Support Lead (Jane Scott), Assistant Director (Ronan Carroll).

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns

which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.

38.1. I am now aware of governance concerns regarding MDM quoracy, and MDM outcomes not being followed up on. I was made aware of this in March 2021 when I was asked to provide administrative support for the Urology MDM outcome reviews for Mr O'Brien's patients with Consultant Mr Mark Haynes. This was a confidential extraordinary MDM set up to review Mr O'Brien's patients that had originally been discussed at MDM, where outcomes were agreed, but a different course of action was taken.

38.2. Present at these extraordinary MDMs were the following members of staff:

- a. Mrs Sinead Lee - Cancer Services Co-Ordinator
- b. Mr Mark Haynes - Consultant Urologist
- c. Prof. Krishna Sethia - Consultant Urologist, Norwich
- d. Dr Darren Mitchell - Consultant Clinical Oncologist
- e. Mrs Kate O'Neill - CNS Urology
- f. Mrs Leanne McCourt - CNS Urology
- g. Mrs Patricia Thompson - CNS Urology
- h. Mrs Martina Corrigan - Service Administrator
- i. Mr Stephen Wallace - Project Manager

Please see 43. Extra Urology MDM Meeting Minutes 08.04.21

39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?

39.1. Up until the appointment of Angela Muldrew as MDT Administrator in January 2022, MDM quoracy was not monitored in any regular detail. An annual report for each MDT would have been carried out, however, no other system was in place to monitor the MDM attendances. We now have a robust system in place to monitor the MDM quoracy on a monthly basis which highlights any concerns in representation at MDMs.

39.2. It is my understanding that if an action was agreed at a MDM, it was the Consultant's responsibility to ensure the agreed action was taken forward. If there was any deviation to the plan it was the Consultant's responsibility to bring the patient back to the MDM for further MDM discussion. I am now aware that this did not happen, and I feel it was a failing on the Consultant in question's part.

40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?

40.1. It would be my view that there is learning from a governance perspective regarding the issue of the Urology services with regards to my concerns around MDM quoracy and MDM

outcomes. Looking back on what I know now, I do believe there was inadequate reviews of MDM processes for both quoracy and MDM outcomes. Cancer services now has Mary Haughey, Macmillan Service Improvement Lead, in place who has been developing a MDT Baseline assessment and service improvement action plan for all tumour sites including Urology to help improve the effectiveness of the MDMs. This is regularly discussed at our cancer management meetings, and I have been taking an active part in bringing forward these improvements.

40.2 I do not believe Mr O'Brien has been held accountable for his failings around the processes in relation to missing triage red flag referrals and MDM outcomes. This continued throughout my tenures up until the point he retired.

- 41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.**

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

41.1. I was only made aware of issues around MDT outcomes and quoracy in March 2021 and it would be my view that there were failures by Mr O'Brien to fully engage with the problems regarding these issues. Mr O'Brien was the accountable person for ensuring that management plans agreed at MDTs were actually followed through. If he went outside of the management plan this should have been brought back to MDM for further discussion. Unfortunately, there has been no audit of MDM outcomes during my tenures and therefore it would have been unlikely that this would have been picked up by the administrative side of MDT processes. However, this may have been picked up by the clinical team. There does not appear to be any addressing of these issues at senior management level to my knowledge.

- 42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?**

42.1. Within my tenure I do believe that issues in relation to the changing of management plans following MDT outcomes could have been addressed earlier if there had been robust auditing in place. Unfortunately, the Trust was not commissioned to audit MDM outcomes. The Trust has since addressed financial risk and appointed a Band 5 clinical and information audit officer who is due to take up post by end of November 2022.

42.2. It would be my view that it was the Consultants responsibility to ensure any MDM action was taken forward and if there was any deviation to the plan, it was that Consultant's responsibility to bring the patient back to the MDM for further MDM discussion. In relation to Mr O'Brien this does not always appear to have been the case.

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

43.1. From what I know now it is clear that the governance arrangements, while following that of other Trusts, are no longer fit for purpose particularly in relation to the auditing of MDM outcomes and quoracy. With the appointment of the Band 5 Clinical information and audit officer and with the appointment of the Band 6 Cancer MDT Administrator (both at financial risk to the trust) there will be an improvement in the auditing of both MDT outcomes and MDM quoracy with an early alert to the operational teams of any issues or concerns.

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

44.1. Not applicable. I have no other information or views on the issues raised in this notice.

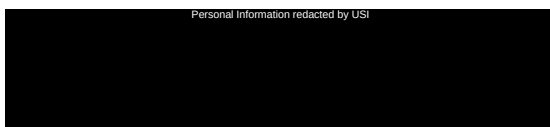
NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed:

Personal Information redacted by USI


Date: ____ 07.10.2022 ____

S21 90 of 2022**Witness statement of: Sinead Lee****Table of Attachments**

Attachment	Document Name
1	JD - Audio Typist - Band 2
2	JD - Human Resources Assistant Band 2
3	JD - Higher Clerical Officer, Red Flag Appointments, Band 3
4	JD - Higher Clerical Officer, Cancer Tracking Team - Band 3
5	JD - Cancer Tracker-MDT Co-Ordinator - Band 4
6	JD - Cancer Services Co-Ordinator - Band 5
7	Staff and Management Excel
8	Tracker Meeting Minutes 05.08.21
9	Tracker Meeting Minutes 21.10.21
10	RF Team meeting Minutes 22.07.22
11	RF Team meeting Minutes 30.06.22
12	Minutes of Cancer Support Worker Admin Meeting 01.06.22
13	Cancer Pathway Escalation Policy
14	Escalation Policy updated 2021
15	6 Month Probationary Form 23.06.2017
16	KSFPDR – 2017
17	KSFPDR – Sinead Lee 30092022
18	KSF Flowchart

19	20210722_Performance and Personal Development Review Policy
20	KSF Guidance Document
21	KSF National Framework Document
22	Integrated Elective Access Protocol 30June2020
23	Tracking position 07.09.2022
24	Cancer Performance Minutes August 2022 240822
25	Cancer Performance Action Log
26	August Cancer Performance
27	<i>AGENDA - Cancer Checkpoint Meeting - 01.04.22</i>
28	MINUTES – Cancer Checkpoint Meeting April
29	First Appointment Longest Waiters 29.03.22
30	62D 5 Longest Waiters per tumour site 29.03.22
31	Cancer Rebuild Plan 29.03.22
32	New GP Referrals – 29.03.22
33	20220401 Cancer Checkpoint Meeting Notes
34	20220304 Cancer Checkpoint Meeting Notes
35	202207 Cancer Performance Dashboard
36	202208 Cancer Performance Dashboard
37	20220721 Cancer Performance Minutes

38	20220818 Cancer Performance Minutes
39	1st RF OPD - Longest Waiters
40	RE RF 1st Appointment Longest Waiting times over Christmas period 2018
41	08032019 Urology escalations email
42	22062018 Urology Clinic Cancellation email
43	Extra Urology MDM Meeting Minutes 08.04.21



JOB DESCRIPTION

JOB TITLE	Audio-Typist
BAND	2
INITIAL LOCATION	Craigavon Area Hospital
DIRECTORATE	Acute Services
REPORTS TO	Service Administrator
ACCOUNTABLE TO	Admin Manager

KEY DUTIES / RESPONSIBILITIES

1. Word processing clinic and discharge letters from audio tape.
2. Record and update information on the Patient Administration System (PAS) or other computerised information system.
3. File clinic information in patient charts, accurately and efficiently.
4. Retrieve and file patient charts, as required.
5. Provide administrative cover for the Directorate Team as required, eg Personal Secretaries, Ward Clerks and other Audio Typists.
6. Answer telephone calls and deal with enquiries from GPs, patients and relatives.
7. Undertake general office tasks such as post duties, photocopying, faxing, general filing and word processing.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of

changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

April 15



PERSONNEL SPECIFICATION

JOB TITLE Audio-Typists Band 2

DIRECTORATE Acute Services

SALARY £14294-£17425 per annum pro rata

HOURS 37.5hpw

Ref No:

June 14

Notes to applicants:

1. *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. 5 GCSEs or equivalent at Grade C or above including English
OR
1 years' relevant experience to include work of a clerical nature.

2. OCR/RSA Stage 2 Wordprocessing/ Typing (Parts 1 and 2) or equivalent

OR

An equivalent standard of wordprocessing skills gained through a minimum of six months wordprocessing experience.

The following are essential criteria which will be measured during the interview stage.

3. Understanding of how to maintain patient confidentiality in a work setting.
4. Accuracy and attention to detail in work, e.g. spelling, grammar, basic medical terms and filing.
5. Excellent organisational skills.
6. Effective communication skills to meet the needs of the post in full.
7. Ability to present word processed documents in a clear and efficient manner.
8. Flexible with regard to working arrangements and the provision of cover.

DESIRABLE CRITERIA – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted

1. Audio Typing qualification/ experience.
2. Experience of using a computerised database.
3. Experience of using numerical / alphabetical filing systems.
4. Experience of clerical / administrative work.

5. Knowledge of medical terminology.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

**Successful applicants may be required to attend for a Health
Assessment**

**All staff are required to comply with the Trusts Smoke Free
Policy**

SOUTHERN HEALTH & SOCIAL CARE TRUST**JOB DESCRIPTION**

JOB TITLE	Human Resources Assistant
BAND	2
DIRECTORATE	Human Resources & Organisational Development
INITIAL LOCATION	Hill Building, St Luke's Hospital Site, Armagh
REPORTS TO	Human Resources Advisor
ACCOUNTABLE TO	Head of Service

JOB SUMMARY

The postholder will provide general administrative support within the Employee Engagement & Relations Section and across the wider Human Resources Directorate as required.

KEY DUTIES / RESPONSIBILITIES

1. Provide general administrative duties to include Word processing, photocopying, scanning and faxing documents.
2. Assist with the preparation of files ensuring that all the relevant documents are included and files are appropriately indexed etc.
3. Entering information onto the Human Resources, Payroll and Travel System (HRPTS).
4. Assist as required with booking rooms.
5. Responsible for the processing and filing of documentation/reports.
6. Answer telephone and dealing with routine queries, take messages and re-direct queries as appropriate.
7. Responsible for incoming and outgoing mail ie sorting and distributing mail to appropriate EER Sections.
8. Assist with preparation of training material including collation of information packs.
9. Providing information as requested (e.g. by the Litigation Dept) ensuring a record of information provided is recorded electronically.
10. Undertaking alert/staff checks in accordance with instructions and laid down protocols.
11. Preparation and issuing of various letters/documentation.

12. Undertake filing duties for various teams within EER section and assist with updating and maintenance of files in the filing room.
13. Distribution and circulation of documents/emails as required.
14. Provide administrative support to the Senior team within Employee Engagement & Relations.
15. Provide reception duties as required – greet, direct and assist all visitors to the department.
16. Retrieve departmental records including manual and electronic.
17. Provide administrative support to the wider HR Directorate as required.
18. Check level of stationery supplies for the department alerting the officer responsible for ordering when re-ordering is required.
19. Maintaining a high level of confidentiality with regard to information being processed.
20. Assisting with the disposal and retention of records in accordance with legislative/departmental requirements.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

6 October 2015

SOUTHERN HEALTH & SOCIAL CARE TRUST**PERSONNEL SPECIFICATION****JOB TITLE** Human Resources Assistant, Band 2**DIRECTORATE** Human Resources & Organisational Development**Notes to applicants:**

1. *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

QUALIFICATIONS / EXPERIENCE

1. 4 GCSEs at Grades A-C including English Language or equivalent
OR 1 years' experience in a clerical / administrative role.
2. OCR/RSA/GCSE Stage 2 Wordprocessing/Typing (Parts 1 and 2) or equivalent qualification, OR a minimum of six months wordprocessing experience.
3. Experience in the use of Microsoft office products i.e. Word, Excel, Outlook or equivalent.

The following are essential criteria which will be measured during the interview stage.

KNOWLEDGE & SKILLS

4. Ability to work as part of a Team
5. Ability to use own initiative
6. Good organisational skills with an ability to prioritise own workload.
7. Effective Communications skills to meet the needs of the post in full.

Higher Clerical Officer



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Higher Clerical Officer
BAND	3
DIRECTORATE	Acute – Cancer Services
INITIAL LOCATION	IT Training Suite, Trust HQ, Craigavon Area Hospital
REPORTS TO	Cancer Services Co-ordinator
ACCOUNTABLE TO	Operational Support Lead

JOB SUMMARY

The post holder will book cancer appointments and provide a clerical and administrative support service to the Cancer Tracker/MDT Co-ordinators if necessary

KEY DUTIES / RESPONSIBILITIES

Operational Delivery

1. Operate all relevant IT systems e.g. Patient Administration System (PAS), NIECR, Clinical Communication Gateway (CCG), Cancer Patient Pathway System (CaPPS)
2. Operate the NIECR e-Triage function to book appointments (This includes monitoring the action table, holding table, triaged section)
3. Add patients to outpatient waiting lists
4. Booking 1st outpatient appointment in accordance to Cancer Access Target guidelines, ensuring that they are selected from the waiting list in chronological order.
5. To co-ordinate, process and distribute a range of correspondence in accordance with agreed procedures within area of responsibility.
6. Prioritise and manage own workload on a daily basis, escalating areas of concern to the Line Manager as appropriate. Exercise judgement and use own initiative to provide non-clinical advice, information and guidance directly to patients and relatives.
7. Deal with incoming / outgoing mail and ensure that mail is distributed appropriately to relevant staff and in a timely manner.



8. To ensure that work for which responsible is processed in a timely manner in accordance with agreed performance standards
9. Provide clerical support and cover for the Cancer Tracker/MDT Co-ordinators as required
10. Continually strive to improve quality, standards and procedures within area of responsibility contributing to the ongoing desire to improve delivery of services.
11. Actively participate in the induction and training of new staff within the directorate
12. Any other duties as may be assigned from time to time by Line Manager

Information Management

13. To ensure that all systems used both manual and computerised are maintained accurately at all times.
14. Where necessary to develop filing systems to meet the needs of the service and ensure these are maintained.

Key Working Relationships

15. Establish, maintain and develop close working relationships with managers and staff at all levels throughout the Trust and to interact effectively with members of the public as required

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct



- standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
 5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
 6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
 7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
 8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

October 2020





Southern Health
and Social Care Trust

Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND	Higher Clerical Officer Band 3
DEPARTMENT / DIRECTORATE	Cancer Services, Acute
SALARY	£17,406 - £20,246
HOURS	37.5hours per week

Ref No: <to be inserted by HR>

October 2020

Notes to applicants:

- You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
- Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.*
- Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Experience/ Qualifications/ Registration	1. 4 GCSEs at Grades A-C including English Language and/or equivalent / higher qualification AND 1 years' experience in a clerical / administrative role OR 2 years' experience in a clerical / administrative role	Shortlisting by Application Form



	Experience in the use of Microsoft office products e.g Word, Excel or equivalent.	
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	1. Effective oral and written communication skills to meet the needs of the post in full. 2. Good organisational skills with an ability to prioritise own workload. 3. Ability to work independently and as part of a team. 4. Ability to use own initiative	Interview

DESIRABLE CRITERIA

SECTION 3: these will **ONLY** be used where it is necessary to introduce additional job related criteria to ensure files are manageable. You should therefore make it clear on your application form how you meet these criteria. Failure to do so may result in you not being shortlisted

Factor	Criteria	Method of Assessment
Experience	Experience of using a computerised database	Shortlisting by Application Form

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER



Value	What does this mean?	What does this look like in practice? - Behaviours
Working Together 	We work together for the benefit of the people we care for and support. We work across Health and Social Care with other external organisations and agencies, recognising that leadership is the responsibility of all.	• I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
Compassion 	We are positive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.	• I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
Excellence 	We strive to being the best we can be in our work, to improve and develop services to achieve the best outcomes for our patients. We deliver safe, high-quality, person-centred care and support.	• I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
Integrity & Honesty 	We are open and honest with each other and act with integrity and courage.	• I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times



SOUTHERN HEALTH & SOCIAL CARE TRUST**JOB DESCRIPTION**

JOB TITLE	Higher Clerical Officer
BAND	3
DIRECTORATE	Acute
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Cancer Services Co-Ordinator
ACCOUNTABLE TO	Operational Support Lead

JOB SUMMARY

The post holder will book cancer appointments and provide a clerical and administrative support service to the Tracker/MDT Co-ordinators and attend cancer MDM if necessary

KEY DUTIES / RESPONSIBILITIES

1. Booking of 1st outpatient appointment in accordance to Cancer Access Target guidelines.
2. Operate the Clinical Communication Gateway (CCG) & e-triage system
3. Operate the NIECR e-Triage function to book appointments (This includes monitoring the action table, holding table, triaged section)
4. Operate the Patient Administration System (PAS) computer database system, ensuring that all information is accurate and up-to-date.
5. Operate Cancer Patient Pathway System (CaPPS) Waits Database Systems ensuring data is up-to-date and accurate
6. Preparation of multi-disciplinary team meetings (MDM)
7. Administrative follow up of cancer MDMs
8. Maintain, update and file departmental records.
9. Provide clerical support for the Tracker/MDT Co-ordinators

10. Photocopy correspondence and file in correct charts
11. Transport outpatient referral letters between departments
12. Liaise with appropriate members of staff to ensure smooth running of the department
13. Provide cover in absence of Tracker/MDT Co-ordinator

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

7. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
9. Available / able to work any 5 days out of 7 over the 24 hour period, which may include on-call / stand-by / sleep-in duties, shifts, night duty, weekends and Public Holidays if required immediately on appointment or at a later stage following commencement in response to changing demands of the service.
10. Understand that this post may evolve over time, and that this Job Description *will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.*

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

SOUTHERN HEALTH & SOCIAL CARE TRUST**PERSONNEL SPECIFICATION**

JOB TITLE Higher Clerical Officer (Band 3) (Temporary)

DIRECTORATE Acute

SALARY £16,271 – 19,268

HOURS 37.5 hours/week

Ref No: <to be inserted by HR>

March 2017

Notes to applicants:

1. *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

QUALIFICATIONS / EXPERIENCE

1. 4 GCSEs at Grades A-C including English Language and/or equivalent / higher qualification **AND** 1 years' experience in a clerical / administrative role

OR

2 years' experience in a clerical / administrative role

2. Experience in the use of Microsoft office products including Word, or equivalent.

KNOWLEDGE & SKILLS

3. Effective oral and written communication skills to meet the needs of the post in full.

4. Ability to plan, organise and prioritise work.
5. Ability to work independently and as part of a team.
6. Ability to work accurately, with thoroughness and attention to detail.
7. Flexible with regard to working arrangements and a positive attitude to change
8. Responsible attitude to confidentiality.

The following are essential criteria which will be measured during the interview stage.

1. Effective oral and written communication skills to meet the needs of the post in full.
2. Ability to plan, organise and prioritise work.
3. Ability to work independently and as part of a team.
4. Ability to work accurately, with thoroughness and attention to detail.
5. Flexible with regard to working arrangements and a positive attitude to change
6. Responsible attitude to confidentiality.

DESIRABLE CRITERIA – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted

QUALIFICATIONS / EXPERIENCE

1. Experience of using a computerized database

If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

**Successful applicants may be required to attend for a Health Assessment
All staff are required to comply with the Trusts Smoke Free Policy**



JOB DESCRIPTION

JOB TITLE	Patient Tracker/MDT Co-Ordinator
BAND	4
LOCATION	Cancer Services
DIRECTORATE	Acute Services
REPORTS TO	Service Administrator
ACCOUNTABLE TO	Operational Support Lead

JOB SUMMARY:

- a) Proactively tracks the progress of suspected cancer patient along their pathway from point of referral to diagnosis and first treatment; this will include the co-ordination of reports, X-Rays/investigation results and clinic appointments to expedite the patients diagnosis and treatment
- b) Responsible for the Co-ordination and organisation of the Multidisciplinary Team (MDT) meetings and will attend meetings obtaining, recording relevant information facilitate the timely provision of care for patients
- c) Liaise closely with all departments involved in providing timely care for patients. He/She will be required to work closely and proactively with the clinical teams and work collaboratively to ensure that planned patient treatment progresses smoothly and in a timely manner
- d) Collect, record and report cancer information as required in order to meet national, regional and local reporting requirements

KEY DUTIES / RESPONSIBILITIES:**PATIENT TRACKER:**

1. Proactively track all patients with cancer or suspected cancer and take appropriate action to ensure a timely diagnosis and treatment for cancer patients, as required to achieve cancer access targets. This will include the pre-booking of some diagnostic tests and treatments.
2. To have ensure their knowledge of the wide range of procedures involved, in booking appointments enables patients to be effectively recorded onto PAS and as appropriate for pre booked for appointments.
3. To support the flow of information to and from Primary Care, including acknowledging receipt of suspected cancer referrals and responding to queries regarding appointment details.
4. Responsible for ensuring all patients with cancer or suspected cancer have pre booked appointments and treatment in line with the cancer access patient pathways.
5. To negotiate with clinical staff, waiting list staff and admin staff when clinic slots are insufficient in order to facilitate an appointment for patients at the earliest opportunity. To escalate this to the relevant Senior Officer/Manager if there is insufficient capacity to meet the agreed patient pathway standards.

6. To contact other sites across the Regional Network and to liaise with other patient tracker/MDT co-ordinators in order to identify available capacity.
7. Making decisions which require analysis as to the most appropriate appointment for a cancer patient whilst considering other patient needs and workload.
8. Provide information to the clinical teams and cancer services team in relation to the timely treatment of cancer patients.
9. To collect, maintain and input information to support databases for weekly performance reports relating to cancer patients including the tracking of patients and discussion at the MDT.
10. To monitor performance against agreed waiting time targets for diagnosis and treatment.
11. Provide accurate and timely data to the cancer management team.
12. Progress patients through their cancer journey, ensuring that all test/scans are ordered and the patients notes, results and reports are made readily available to the appropriate clinician in time for the next step of the pathway.
13. To communicate sensitively with patients & carers who have recently received a diagnosis of cancer.
14. Assist in meeting the regional cancer access targets.
15. Provide audit support to the MDT meetings relating to patient tracking.
16. Assist in the analysis and preparation of information for reports for monitoring waiting times, monthly/quarterly, for Trust Board and Cancer Management Team.

17. Maintain timely and accurate data collection, maintaining cancer MDT database, taking corrective action when data is incomplete or inaccurate.

MDT CO-ORDINATOR:

1. Responsible for the co-ordination, organisation and management of the weekly MDT meetings Trust wide, ensuring all relevant people are notified, all required information, notes, reports, results and X-Rays are available.
2. Generate a list of relevant patient names for the meetings and distributing this to the MDT members prior to meeting.
3. Responsible for collection and preparation of patient notes.
4. To work with the members of the MDT to ensure that all patients diagnosed with a new primary cancer are discussed at a MDT meeting.
5. Attend weekly MDT meetings, complete detailed proforma or summary for each patient discussed, including ensuring the details are sent to the relevant GP within 24 hours of MDT.
6. Responsible for typing, distributing of minutes, noting action points and follow-up action following up to ensure actions are taken in a timely manner.
7. Maintain a record of treatment decisions made at multi-disciplinary team meetings and ensure that these decisions are recorded in patient notes.
8. Maintain an accurate record of attendance at MDT meetings ensuring all cancelled meetings are recorded with a cancellation reason.
9. Ensure all documentation is kept in such a manner that any cancer patient tracker is able to take on the work.

10. When required receive telephone calls, communication with patients and/or their relatives.
12. Ensure all referrals made from MDT are forwarded to relevant professional.
13. Responsible for requesting relevant x-ray images and charts for MDTs.
14. To assist and participate in MDM Peer Review process.

GENERAL REQUIREMENTS

The post holder will be required to:

- Provide cover and support other Tracker/MDT Co-ordinators at time of annual leave/sick leave
- Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
- Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/ incidents/ equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
- Adhere at all times to all Trust policies/codes of conduct, including for example:
 - o Smoke Free policy
 - o IT Security Policy and Code of Conduct
 - o standards of attendance, appearance and behaviour
 - o Sickness & Absenteeism
 - o Uniform Policy
- Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.

- Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
- All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
- Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
- Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
- Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.
- Available / able to work any 5 days out of 7 over the 24 hour period, which may include on-call / stand-by / sleep-in duties, shifts, night duty, weekends and Public Holidays if required immediately on appointment or at a later stage following commencement in response to changing demands of the service.

- Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. It is not intended to be rigid and inflexible, but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

September 2018

**PERSONNEL SPECIFICATION****JOB TITLE: Patient Tracker/MDT Co-Ordinator****DIRECTORATE: Cancer Services, Acute Services****Notes to applicants:**

1. *You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.*
3. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA		
SECTION 1: The following are ESSENTIAL criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.		
Factor	Criteria	Method of Assessment
QUALIFICATIONS / EXPERIENCE	1. Level 4 qualification (on the Qualifications and Credit Framework, QCF), i.e. HNC or equivalent / higher qualification in a business/administrative related subject <u>AND</u> 1 years' experience in a clerical / administrative role ¹	Shortlisting by Application Form

¹ Managers may wish to define area of experience eg Finance, HR etc.

	OR 4 GCSEs at Grades A-C including English Language and Maths or equivalent / higher qualification AND 2 years' experience in a clerical / administrative role OR 3 years' experience in a clerical / administrative role to 2. Experience in the use of Microsoft Office products including Word, Excel, Powerpoint²	
Other	3. Hold ³ a full current driving licence valid for use in the UK and have access to a car on appointment ⁴ .	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities/Knowledge	1. Ability to work as part of a Team 2. Ability to use own initiative 3. Ability to identify problems and recommend appropriate solutions. 4. Effective Planning & Organisational skills with an ability to prioritise own workload 5. Effective Communications skills to meet the needs of the post in full. 6. Ability to maintain thoroughness and attention to detail at work 7. Flexible with regard to working	Interview

²Managers should amend products according to job requirements. Be careful only to include what is absolutely essential and consider if this is an area open to training.

³ For the purposes of block recruitment this will not prevent an individual from being shortlisted as this will only be required in a small number of posts. For the purposes of forwarding individual Job Descriptions / Personnel Specifications with requisitions. Managers should determine whether or not this criteria is applicable and include or remove as appropriate.

⁴ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full

⁴ Only to be included where supervision of staff is required as part of the Job Description

	arrangements with possibility of working cross-sites (CAH & DHH)	

DESIRABLE CRITERIA

SECTION 3: these will **ONLY** be used where it is necessary to introduce additional job related criteria

Factor	Criteria	Method of Assessment
Experience	Admin / clerical experience is within a clinical setting Experience in the use of hospital based systems, eg, Patient Administrative System (PAS), Cancer Access Patient Pathway System (CAPPS), etc	Shortlisting by Application Form

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trust's Smoke Free Policy

September 2018

**THIS POST IS FOR EMPLOYEES OF THE SOUTHERN TRUST ONLY****JOB DESCRIPTION**

JOB TITLE	Cancer Services Co-ordinator
BAND	5
DEPARTMENT/LOCATION	Cancer Services, Acute Services
REPORTS TO	Operational Support Lead (OSL)
ACCOUNTABLE TO	Operational Support Lead

JOB SUMMARY The post holder will support the Head of Service and OSL in:

- the performance management and commissioning functions within Cancer Services.
- the management of the Service & Budget Agreement (SBA) within Cancer Services; and
- the management of the administrative staff within Cancer Services

PERFORMANCE MANAGEMENT

1. Assist the HOS/OSL in assessing the waiting lists/times for the service, identify areas of risk, identify and communicate issues affecting access within the service and assist in the planning process to deal with these pressures, escalating as appropriate.
2. Assist the HOS/OSLs to develop realistic capacity plans to facilitate planning for the achievement of Cancer Services Governmental, Departmental and Internal Targets, and to ensure identified capacity is fully utilised within the service.
3. Run Primary Target Lists (PTLs) using Business Objects software and identify any risks to achieving the waiting time target. Identifying and checking the information for accuracy using the Patient Administration System (PAS). Producing exception reports for the Operational Support Leads.
4. Assist the HOS/OSLs to monitor performance in respect of activity and waiting lists to ensure the service is fully aware of its actual and projected performance against key performance targets and contractual obligations.
5. Support the HOS/OSLs in the performance management processes through the sourcing of appropriate internal/external benchmarks, including the CHKS comparative benchmark tool, to ensure managers have information required to

enable efficient and effective management of contracts/services to ensure effective utilisation of resources and value for money.

6. Assist clinical and non-clinical staff within the service to plan and schedule routine work to ensure the achievement of key performance targets, specifically in relation to maximum waiting times.
7. Assist the OSLs, clinical and non-clinical staff to produce recovery and contingency plans to achieve performance targets where performance deviates from the plan.
8. Prepare performance management reports from a range of information sources providing an overview on Trust performance at Corporate, Directorate and Operational level for a range of standards and targets.
9. Engage with senior medical, nursing, administrative and allied health professionals to arrange additional capacity as required to meet maximum patient access targets in line with agreed procedure.
10. To assist the OSLs in the design and implementation of a range of Administrative Standard Operating Procedures (SOPs).
11. To deputise, as and when required, for the OSLs at internal and external meetings.
12. Participate in and/or manage a range of projects on behalf of the service as appropriate, working with the senior medical and nursing staff, to plan future development.

INFORMATION AND ANALYSIS

1. Monitor the accurate, timely and complete recording of information on the Patient Administration System (PAS) and Cancer Patient Pathway System (CaPPs) and other clinical information systems.
2. Provide ad hoc information reports as using appropriate information systems and computer applications.
3. Assist in analysing complex performance information to identify areas for improvement, assessing outcomes against expected standards and initiating change where appropriate.
4. Develop a robust monitoring framework in conjunction with the Operational Support Lead/HOS to monitor performance against key performance indicators, waiting list/time targets for the service, internally agreed milestones and to monitor same.

Cancer Targets/Multidisciplinary Team Co-ordination

1. Manage the Cancer Waits Database System (CaPPs), being first point of contact for any queries
2. Monitor the cancer target breachers, escalating to OSL / Head of Cancer Services as necessary
3. Assess resource requirements and establish MDT Admin & Clerical services in each cancer site specific team
4. Co-ordinate implementation/functioning of MDT meetings in each cancer site
5. Work in collaboration with each MDT Lead Clinician to develop/design effective data collection proforma for patients to be discussed at MDTs ensuring all patients are discussed and outcomes are recorded and reviewed
6. Facilitate effective communication networks between Lead Cancer Team and each MDT Lead Clinician and Clinical Team
7. Provide Lead Cancer Clinician and Head of Cancer Services with regular updates on requirements in the ongoing establishment of MDT in each cancer site
8. Prepare and write reports on behalf of Lead Cancer Clinician on MDT Proposals
9. Work in collaboration with NICAN to ensure MDT guidelines, awareness/information are provided across Cancer Services
10. Report regularly to the Lead Clinician/Head of Cancer Services on compliance/non compliance of standards
11. Work with key MDT members to identify areas where targets are not achieved to facilitate process mapping to identify bottlenecks in service provision

GENERAL MANAGEMENT RESPONSIBILTIES

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall

responsibility and accountability for results.

5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

- Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
- Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
- Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
- Comply fully with the Trust's policy and procedures regarding records management, as well as the Data Protection Act, accepting legal responsibility for all manual or electronic records held, created or used as part of his/her duties, and ensuring that confidentiality is maintained at all times.
- Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
- Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
- Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

August 2014

PERSONNEL SPECIFICATION

Job Title: Cancer Service Administrator Band 5

Directorate: Cancer Services, Acute

Hours: 37.5 hours

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA – these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below:

The following are essential criteria which will initially be measured at Shortlisting Stage although you may also be further explored during the interview stage;

1. You must be an employee of the Southern Health & Social Care Trust, or an individual participating in the Trust's Employability Project or the Trust's Disability Project, to be eligible to apply for this post.

You must therefore clearly demonstrate your eligibility on your application form. Please note that failure to do this will result in you not being shortlisted.

2. Degree or equivalent qualification in a Business /Management/Information field with 1 years' experience within a business administrative role at Band 4 level or above.

OR

HNC/HND or equivalent in a Business/Management Information field with 2 years' experience within a business administrative role at Band 4 or equivalent/above including 1 year at Band 4 or above

OR

4 years' experience within a business administrative role, including 1 year at Band 4 or equivalent/above.

3. Hold a full current driving valid for use in the UK and have access to a car on appointment.
4. Experience of using Microsoft Word and Excel, to include using spreadsheets for the analysis, manipulation and presentation of data.

The following are essential criteria which will be measuring during the interview stage.

5. Have an understanding of the Cancer Services in Health and Social Care.
6. Effective communication skills to meet the needs of the post in full.
7. Excellent numerical and analytical skills with ability to apply strict attention to detail.
8. Effective planning & organisational skills with an ability to prioritise own workload.
9. Ability to effectively manage and lead a team.

DESIRABLE CRITERIA

- 1 Experience in use of PAS / Cancer Patient Pathway System (CaPPs)
- 2 Knowledge of Cancer Services

As part of the Recruitment and Selection process it may be necessary for the Trust to carry out Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trust Smoke Free Policy

Job Role	Line Management	Depts/Services/Systems
Clerical Officer with typing duties	Lucia Cunningham Service Administrator	Dermatology Department MS Service Respiratory Department
Clerical Officer with filing duties	Mary Crilly Human Resources Manager	Employee Relations team Human Resources, HRPTs Team
Higher Clerical Officer	Vicki Graham Cancer Services Co-Ordinator	Red Flag Office Cancer Services
Higher Clerical Officer	Vicki Graham Cancer Services Co-Ordinator	Cancer Tracking Team Cancer Services
Cancer Tracker/MDT Co-Ordinator	Vicki Graham Cancer Services Co-Ordinator	Cancer Tracker/MDT Co-Ordinator Cancer Services
Cancer Services Co-Ordinator	Sharon Glenney Operational Support Lead	Cancer Services Co-Ordinator Cancer Services

Who I managed/have responsibility for

In this role I had no staff management, departmental or service responsibility

In this role I had no staff management, departmental or service responsibility

In this role I had no staff management, departmental or service responsibility

In this role I had no staff management, departmental or service responsibility

In this role I had no staff management, departmental or service responsibility

Please see below table for staff I manage/managed and was/am responsible for currently



CANCER TRACKING TEAM MEETING

Date: Thursday 05/08/2021

Time: 9.00am

Venue: Via Zoom (link issued)

MINUTES

Attendees & Apologies			
Sinéad Lee	x	Shauna McVeigh	x
Angela Muldrew	x	Griania White	x
Marie Dabbous	x	Rachel McCartney	
Wendy Kelly	x	Sarah Moore	
Hilda Shannon		Ann Turkington	
Bernadette Toner	x	Andrew Overend	x
Sharon Glenney		Sarah McDonald	x
Niall O'Hara	x	Gemma Robinson	x
Una Brady	x		
Apologies noted from: Sarah Moore, Hilda Shannon, Rachel McCartney, Ann Turkington			
Previous minutes from the last meeting were circulated throughout the Cancer Tracker Team.			
1.0	<u>Introduction</u> Sinéad welcomed everyone to the meeting.		Sinéad
2.0	<u>Investigation Updates</u> Sinéad advised the Team that she is still awaiting an update on Endoscopic investigations from Matthew. Radiology wait times EUS/EBUS – Booking next available CT - 2 weeks CTC - 2 weeks with prep script CT Guided Biopsy - 1 – 3 weeks from discussion with radiologist MRI – 2 weeks DEXA – 18 weeks X-rays 1 week (exception of STH is 3 weeks) Non-Obstetric US - 2 weeks		Sinéad
	<u>Tumour Site Updates</u> No other tumour site updates were given.		Cancer Trackers

	<u>AOB</u> Sinéad advised the Cancer Trackers to please continue adding investigations on CaPPs as there were still confirmed cancer breaches with none recorded. She also advised the Cancer Trackers to please remember to use the Covid boxes on the waits screen as this is essential for pulling the correct information. Sinéad advised the Team that herself, Angela, Hilda and Niall have started an exercise to complete a full track of Lower GI. Angela informed the Team that the Band 6 post for MDT Administrator is live on HSC recruit if anyone wants to apply for it.	WIT-75806 All
	<i>Next meeting planned for Thursday 12th August @ 9am</i>	All



CANCER TRACKING TEAM MEETING

Date: Friday 21/10/2021
Time: 9.00am
Venue: Via Zoom (link issued)

MINUTES

Attendees & Apologies		
Sinéad Lee	x	Shauna McVeigh
Angela Muldrew	x	Griania White
Marie Dabbous	x	Rachel McCartney
Wendy Kelly	x	Sarah Moore
Hilda Shannon	x	Ann Turkington
Bernadette Toner		Andrew Overend
Sharon Glenny		Sarah McDonald
Niall O'Hara	x	Gemma Robinson
Una Brady	x	Louise Jones
Kirsten Dundas		Aisling Hill
Apologies noted from: Shauna McVeigh, Sarah McDonald, Kirsten Dundas, Bernadette Toner, Sharon Glenny		
Previous minutes from the last meeting were circulated throughout the Cancer Tracker Team.		
1.0	<u>Introduction</u> Sinéad welcomed everyone to the meeting. Sinéad introduced Aisling to the Team and advised that Seaan Clancy will be starting on 01.11.21.	Sinéad
2.0	<u>Investigation Updates</u> Sinéad previously advised the Team that all endoscopies are appointed by longest waiter. <u>Radiology wait times</u> EUS/EBUS – Booking next available CT - 2 weeks CTC - 2 weeks with prep script CT Guided Biopsy - 1 – 3 weeks from dx with Radiologist MRI – 2 weeks X-ray – 1 week Non-Obstetric US - 1 week BA Swallow/Meal – Up to 4 weeks	Sinéad
3.0	<u>Tumour Site Updates</u> Marie – Increase seen in RF referrals. Sinéad commented	Cancer Trackers / Sinéad

	that she seen an increase in H&N, Sarcoma and Neuroendocrine. No other tumour site updates were given. Sinéad reminded the Team members to please include herself and all other Cancer Trackers when sending out their lists for MDMs.	
4.0	<u>Training</u> Sinéad reminded everyone to please ensure that they have all their training up to date as KSFs are ongoing. Training to be performed first: ➤ Fire ➤ Infection Prevention Control ➤ Cyber Security	Sinéad
5.0	<u>CaPPs</u> Sinéad advised that there has been no update on the Regional MDM reports from CaPPs Team yet. Angela advised the meeting with Ciara Toal didn't go ahead – Sinéad to check for another date. Also the CaPPs User Group meeting has been deferred to next week. Angela advised the Team that if there are any issues with CaPPs to please bring to our attention so we can discuss at the meeting.	Sinéad / Angela
6.0	<u>AOB</u> Angela has been successful for the Band 6 MDT administrator/Project Supervisor role. <i>Next meeting planned for Thursday 28th October @ 9am</i>	All

RED FLAG TEAM MEETING

Date: Tuesday 22nd July 2022
 Time: 10.30am
 Venue: Via Zoom (link issued)

AGENDA

Attendees & Apologies			
Sinéad Lee	x	Judy Shortt	x
Caitlin Lavery	x	Lauren Christie	x
Ann Johnson	x	Alison Byrne	x
Marcia O'Neill	x		
Apologies noted from: Laura Berry, Marcia O'Neill, Sharon McCann			
1.0	<u>Introduction</u> Sinéad welcomed the RF Team and advised that the new staff member covering Laura/Caitlin starts on Monday 25 th July.		Sinéad
2.0	<u>Update – Clinic / Investigation</u> Sinéad advised the team on endoscopy investigation wait times below: Colonoscopy 3-4 months wait OGD 1-2 weeks wait Joint procedure 3-4 months wait Sinéad advised that there seems to be no more available capacity for Dermatology due to Dr Landy leaving and Dr O'Hagan has flipped in RF clinic to theatre capacity.		
3.0	<u>Tumour Site Allocation</u> Due to staff leaving the tumour site allocation has been discussed. Please see below for allocation:  RF Tumour Site allocation July 2022.		All
4.0	<u>Escalations / Adjustments</u> Sinéad advised the team that the escalations being sent through are great and to continue to do so as we are back to full escalation policy for 1 st RF OPD for all tumour sites.		All

5.0	<u>AOB</u> <i>Next meeting planned for: 04.08.22 @ 10.00am</i>	WIT-75810

RED FLAG TEAM MEETING

Date: Tuesday 30th June 2022
 Time: 10.30am
 Venue: Via Zoom (link issued)

AGENDA

Attendees & Apologies			
Sinéad Lee	X	Sharon Glenny	X
Caitlin Lavery	X	Judy Shortt	X
Ann Johnson	X	Lauren Christie	X
Emma Black	X	Alison Byrne	X
Apologies noted from: Laura Berry, Marcia O'Neill, Sharon McCann			
1.0	<u>Introduction</u> Sinéad welcomed the RF Team to their new weekly RF Team Briefing meeting. The purpose of this meeting is to discuss an issues/concerns, update staff on relevant issues and performance.		Sinéad
2.0	<u>Issues/Concerns</u> - Gastroenterology, F2F capacity – Current 112 on waiting list. - Dermatology capacity – Current 183 on waiting list. Sinéad advised that she has raised the RF capacity with the HOS/OSL and she is waiting a reply.		All
3.0	<u>Escalations/Adjustments</u> Sinéad reminded the team to continue to escalate each tumour site for 1 st appointments. Also to continue to add in adjustments were relevant so we are keeping our patients pathway as up to date as possible.		All
6.0	<u>AOB</u> Sharon provided an update with regards to the permanent secretary Peter May and cancer performance. There is a spotlight on cancer performance and we are expected to be at pre-covid levels. Our 2 week wait for Breast is now being highlighted for each individual tumour site. Sharon reminded the staff to keep up to date with IEAP guidance and our SOPs to ensure we have our patient's pathways as up to date as possible.		All

	Sinéad and Sharon thanked the staff for all their hard work. <i>Next meeting planned for: 07.07.22 @ 10.30am</i>	WIT-75812

Minutes of Cancer Support Worker Admin Meeting**06/01/2022**

Attendances: Angela Muldrew, Sinéad Lee, Emma Hughes, Stacy Leathem, Rebecca Murray.

Issue/Update	Action
Angela introduced Sinéad Lee to the team as interim Band 5 Cancer Services Co-Ordinator. Sinéad will be taking over the management of the Support Workers as Angela has commenced her new role as Band 6 MDT Administrator/Project Lead.	None
Niamh – Angela provided an update: We are currently awaiting Niamh's replacement. Emma is helping out with covering Niamh's tumour sites. Angela to pass donations and wigs to Cancer Support Workers.	Angela/Sinéad to chase
Haematology Nurses – Angela advised that Kirsty Thompson will be taking over the Haematology Nurse typing and the Cancer Support Workers will also help with this.	None
CNS/eHNA/CNS Proformas - CNS Meeting postponed to 21.03.22. Sinéad to spend time with Becky re: eHNA. CNS Proforma has been created and needs to go live. Need new contact number for HNA letter	Sinéad to chase and upload to Sharepoint Sinéad to chase John Mitchell for this
Colorectal CNS - Stacy books and types KME clinic 1 st Wednesday of the month and the following weeks are booked by RBC and Sinead O'Hagan.	SA to look at clinic process for GI

Urology HNA - HNA/Review OPD's are attended by patient. Patient can attend review but decline HNA.	
Any other business – Staff members are to ensure all training is up to date. Sinéad to commence KSFs.	
Date of next meeting: March 2022	

Cancer Pathway Escalation Policy

1.0 Background

This policy is to inform Cancer Tracker/ Multi-Disciplinary Team (MDT) Co-ordinators, Clinicians and Divisional Management Teams of the escalation policy for Cancer Access targets.

The current cancer access standard targets are:

14 days – 100% for the 2 week wait breast symptomatic outpatient appointment

31 days – 100% date decision to treat to first definitive treatment

62 days – 98% date of receipt of referral to first definitive treatment

The purpose of this policy to illustrate the actions that may be required at specific points along the patient's pathway. These actions will be escalated from the first trigger point. (Please see Table 1)

2.0 General Principles of Escalation

General principles of escalation are as follows:

- (a) The earlier the better.
It is easier to stand people down once the problem is resolved than to catch up lost time
- (b) Try everything you know to resolve the problem
- (c) Recognise that you can't solve all of the problems – but by escalating it will give others a chance to help find a solution.
- (d) Record on the escalation proforma the steps you have taken
- (e) Take action in a timely manner
Be clear of the timescale of escalation
If a response is not received from Consultant/Clinician within outlined timescale for escalation the relevant Chair of the MDT is to be notified.

3.0 Trigger Points for Escalation

For a patient to progress along the pathway, the Cancer Trackers will start the tracking process and the initial escalation. In order for the Trackers to track they have been given the authority to expedite referrals (either appointments/diagnostics) within their own level of responsibility.

In the event of delays in the patient pathway, as detailed in Appendix 1, the tracker will escalate to the Cancer Services Co-ordinator (CSC) or in her absence the Operational Support lead (OSL), who will in turn advise the Head of Cancer Service. The CSC will advise the relevant Head of Service (HOS) /OSL for that specialty, of any actions required to be taken or ongoing delays.

The HOS/OSL for the specialty will escalate patients who trigger key points on the pathways to the relevant Assistant Directors and Clinical leads as required.

CT - 1 wk since booked P21

Table 1 - Key trigger points on the Cancer pathway for tracker escalation if not booked or completed

Key Trigger	Trigger Point	Escalate To	Further Escalation Point	Also Escalate To
First appointment	By day 10	>Head of Service >OSL	By Day 21	>Assistant Director for the Specialty >Director for Acute Services
<i>scopes etc -</i> Investigations/ Diagnostics	By day 17	>Head of Service >OSL	Greater than 10 days for diagnostic investigation or reporting	>Head of Service for Radiology >Assistant Director for Cancer & Clinical Services
MDM	By day 25	>Head of Service >OSL		
ITT	By day 28	>Head of Service >OSL		
Treatment	By day 31 or 62 (relevant to pathway)	>Head of Service >OSL	Breaches of 31 or 62 day pathway	>Assistant Director for the Specialty

3.4 Delayed Escalation Response:

If the Cancer Trackers are awaiting a response for longer than 1 week regarding a management plan for a patient on a cancer pathway, and all relevant steps have been taken as per escalation policy, the relevant Multi Disciplinary Meeting Chair will be notified to avoid any further delays for the patient and copied to HOS for the specialty.

3.5 MDT Meetings:

The tracker will raise all on going risks at the Multidisciplinary meeting which will be minuted, and communicate the outcome and any unresolved issues to the CSC. If no solution is found, the risk will be escalated through a series of senior managers (see table 2) ultimately to the Clinical Lead for Cancer, who will inform the Chief Executive in the event of failure to resolve this issue.

3.6 Deferment from MDT:

If a patient is deferred from MDT discussion, this must be escalated to the relevant specialty HOS and OSL. It is the HOS and OSL responsibility to ensure the patient is discussed the following week and this is highlighted to the Chair of the MDT.

3.7 Inter-Trust transfers:

It is recognised good practice that where a potential breach or confirmed breach requires an Inter Trust Transfer (ITT), it is the responsibility of the Southern Trust's Executive Lead for Cancer to contact the Executive Lead for Cancer in the 'referred to' Trust to discuss delayed referrals (received after 28 days) and breach situations in order to understand reasons for delay and to agree "shared breaches".

Unfortunately, as pathways for some tumour sites continue to come under increased pressure, it may not always be practical for this level of contact/discussion to take place. The Trust will continue to liaise closely with the 'referred to' Trust in these circumstances to ensure patients receive treatment and care as quickly as possible on the pathway

4.0 Escalation Chain

Table 2 – Escalation chain for trigger points throughout cancer pathway

Escalation Chain	Role Responsible for Escalating	Escalation Point	Timescale for escalation	Cumulative Timescale for escalation
1.	Cancer Tracker/MDT Co-ordinator	Cancer Services Co-Ordinator	24 hours	24 hours
2.	Cancer Services Co-ordinator	Head of Service for the Specialty Head of Service for Cancer copied to relevant OSLs	24 hours	48 hours
3.	Head of Service for the Specialty	Assistant Director for the Specialty Assistant Director for Cancer Services <i>Copied to Head of Service for Cancer and Cancer Services Co-ordinator</i>	24 hours	3 days
4.	Assistant Director for the Specialty	Chair of MDM <i>Copied to Head of Service for Cancer and Cancer Services Co-ordinator</i>	24 hours	4 days
5.	Chair of MDM	Executive Lead for Cancer <i>Copied to Head of Service for Cancer and Cancer Services Co-ordinator</i>	24 hours	5 days
6.	Executive Lead for Cancer	Director of Acute Services <i>Copied to Head of Service for Cancer and Cancer Services Co-ordinator</i>	24 hours	6 days
7.	Director of Acute Services	Chief Executive Officer <i>Copied to Head of Service for Cancer and Cancer Services Co-ordinator</i>	24 hours	7 days

Note – these timescales are the longest periods expected.

Each Cancer Tracker/MDT Co-ordinator will be aware of individual patient pathways for each tumour site and the reasonable timescales expected. A generic pathway is attached as Appendix 1, specific site pathways are also available.

Each step of the pathway is a potential weak link in the chain; and clear observation is required at all stages to ensure:

- (a) patient appointment is booked
- (b) patient attends appointment
- (c) the next review appointment is booked
- (d) treatment is commenced

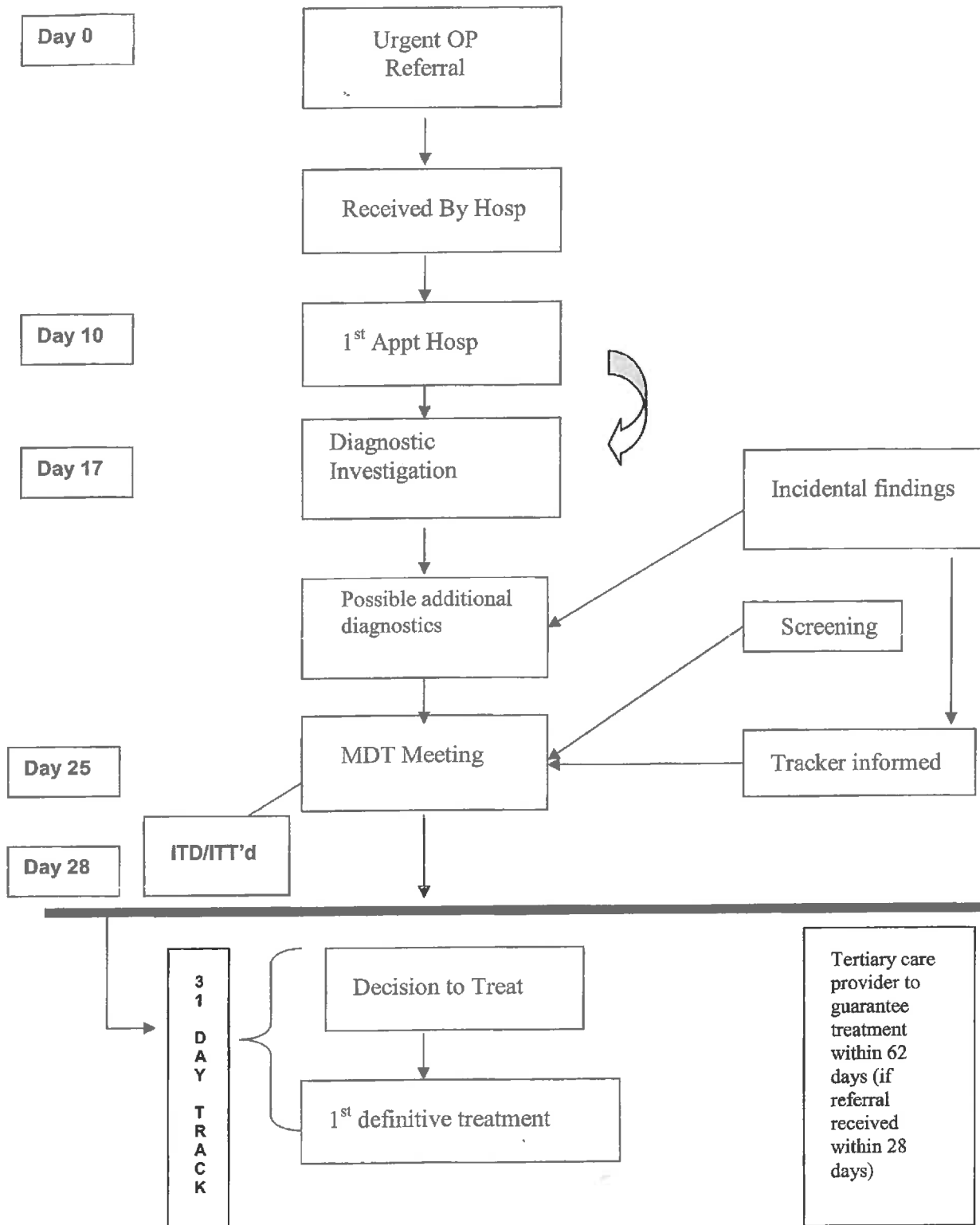
The table above illustrates the escalation chain with each level escalating as required until the delay has been addressed.

Escalation reporting and actions taken will be noted by the tracker in the diary page of the Capps system.

Table 3 – Escalation Chain Roles and Contacts

Roles	Contact Name
Cancer Tracker/ MDT Co-Ordinator	Marie Dabbous Anne Turkington Hilda Shannon Wendy Kelly Shauna McVeigh Griania White Rachel McCartney
Cancer Services Co-Ordinator	Vicki Graham
Heads of Service	Fiona Reddick - Cancer Services Martina Corrigan - Urology/ENT Amie Nelson - UGI / LGI / Breast Kay Carroll – Derm / Lung Wendy Clarke – Gynae
Operational Support Lead	Sharon Glenney – IMWH & CCS Wendy Clayton – SEC Lisa McAreavey - MUSC
Assistant Director	Barry Conway – IMWH & CCS Anne McVey – MUSC Ronan Carroll – SEC
Chair of MDM	Dr McCracken – Gynae Mr Neill – LGI Mr Glackin – Urology Dr Mathers – Breast Dr Convery – Lung Dr O'Hagan – Skin Dr Boyd – Haematology Dr McCaul – Head & Neck
Executive Lead for Cancer	Dr McCaul
Director of Acute Services	Esther Gishkori
Chief Executive Officer	Shane Devlin

Appendix 1

PATIENT PATHWAY

31 day target:
Maximum 1 month wait from decision to treat to first treatment for all cancers

62 day target:
Maximum 2 month wait from an urgent GP referral to first treatment for all cancers

5.0 Pathway Breaches

Breach reports will be commenced by the Cancer Tracker/MDT Co-ordinator where patients breach the targets, i.e. 14 day for breast, 28 day for inter-trust transfers, day 31 and day 62 breaches.

A copy of the breach report will be forwarded to the relevant Assistant Director, and the team's Clinical lead for action as appropriate.

Monthly breaches by tumour site will be discussed at the Cancer Monthly Performance Meeting and areas for improvement analysed.

This policy must be followed by all members of staff, in every event. This policy is designed to ensure problems are resolved at the lowest level, but that an Executive Director is informed within 24 hours of any failure of the system that has not been resolved at lower organisational/divisional levels.

Cancer Pathway Escalation Policy

1.0 Background

This policy is to inform Cancer Tracker/Multi-Disciplinary Team (MDT) Co-Ordinators, Clinicians and Divisional Management Teams of the escalation policy for Cancer Access targets.

The current Cancer Access standard targets are;

- 14 Days – 100% for the 2 week wait Breast symptomatic outpatient appointment
- 31 Days – 100% date decision to treat (DTT) to first definitive treatment
- 62 Days – 98% date of receipt of referral to first definitive treatment

The purpose of this policy to illustrate the actions that may be required at specific points along the patient's pathway. These actions will be escalated from the first trigger point. (*Please see Table 1*)

2.0 General Principles of Escalation

General principles of escalation are as follows:

- (a) The earlier the better - It is easier to stand people down once the problem is resolved than to catch up lost time.
- (b) Try everything you know to resolve the problem.
- (c) Recognise that you can't solve all problems – but by escalating it will give others a chance to help find a solution.
- (d) Record on the escalation proforma the steps you have taken.
- (e) Take action in a timely manner.
Be clear of the timescale of escalation.

If a response is not received from the Consultant/Clinician within outlined timescale for the escalation the relevant Chair of the MDT is to be notified

3.0 Trigger Points for Escalation

For the patient to progress along the pathway, the Cancer Trackers will start the tracking process and the initial escalation. In order for the Cancer Trackers to track they have been given the authority to expedite referrals (either appointments/diagnostics) within their own level of responsibility.

In the event of delays in the patient pathway, as detailed in Appendix 1, the Cancer Tracker will escalate to the Cancer Services Co-Ordinator (CSC) or in their absence the Operational Support Lead (OSL), who will in turn advise the Head of Cancer Service. The CSC will advise the relevant Head of Service (HOS)/OSL for that specialty, of any actions required to be taken or ongoing delays.

The HOS/OSL of the specialty will escalate patients who trigger key points on the pathways to the relevant Assistant Directors and Clinical Leads as required.

Cancer Pathway Escalation Policy

Table 1 – Key trigger points on the Cancer Pathway for Cancer Tracker escalation if not booked or completed

Key Trigger	Trigger Point	Escalate to	Further Escalation Point	Also Escalate To
First appointment	By Day 10	>Head of Service >OSL	By Day 21	>Assistant Director for the Specialty >Director for Acute Services
Investigations/ Diagnostics	By Day 17	>Head of Service >OSL	Greater than 10 Days for diagnostic investigation or reporting	>Head of Service for Radiology >Assistant Director for Cancer & Clinical Services
MDM	By Day 25	>Head of Service >OSL		
ITT	By Day 28	>Head of Service >OSL		
Treatment	By Day 31 or 62 (<i>relevant to pathway</i>)	>Head of Service >OSL	Breaches of 31 or 62 Day pathway	?Assistant Director for the Specialty

3.1 Delayed Escalation Response:

If the Cancer Trackers are awaiting a response for longer than 1 week regarding a management plan for a patient on a cancer pathway, and all relevant steps have been taken as per escalation policy, the relevant Multi-Disciplinary Meeting Chair will be notified to avoid any further delays for the patient and copied to HOS for the specialty.

3.2 MDT Meetings:

The Cancer Tracker will raise all on going risks at the Multi-Disciplinary meeting which will be minuted, and communicate the outcome and any unresolved issues to the CSC. If no solution is found, the risk will be escalated through a series of senior managers (*see table 2*) ultimately to the Clinical Lead for Cancer, who will inform the Chief Executive in the event of failure to resolve this issue.

3.3 Deferment from MDT:

If a patient is deferred from MDT discussion, this must be escalated to the relevant specialty HOS and OSL. It is the HOS and OSL responsibility to ensure the patient is discussed the following week and this is highlighted to the Chair of the MDT.

3.4 Inter-Trust Transfers:

It is recognized good practice that where a potential breach or confirmed breach requires an Inter Trust Transfer (ITT), it is the responsibility of the Southern Trust's Executive Lead for Cancer to contact the Executive Lead for Cancer in the 'referred to' Trust to discuss delayed referrals (received after 28 days) and breach situations in order to understand reasons for delay and to agree to "shared breaches".

Unfortunately, as pathways for some Tumour sites continue to come under increased pressure, it may not always be practical for this level of contact/discussion to take place. The Trust will continue to liaise closely with the 'referred to' Trust in these circumstances to ensure patients receive treatment and care as quickly as possible on the pathway.

Cancer Pathway Escalation Policy

4.0 Escalation Chain

Table 2 – Escalation chain for trigger points throughout the cancer pathway

Escalation Chain	Role Responsible for Escalating	Escalation point	Timescale for Escalation	Cumulative Timescale for Escalation
1.	Cancer Tracker/ MDT Co-Ordinator	>Cancer Services Co-Ordinator	24 Hours	24 Hours
2.	Cancer Services Co-Ordinator	>Head of Service for Specialty >Head of Service for Cancer <i>copied to relevant OSL's</i>	24 Hours	48 Hours
3.	Head of Service for the Specialty	>Assistant Director for the Specialty >Assistant Director for Cancer Services <i>copied to HOS for Cancer and CSC</i>	24 Hours	3 Days
4.	Assistant Director for the Specialty	>Chair of MDM <i>copied to HOS for Cancer and CSC</i>	24 Hours	4 Days
5.	Chair of MDM	Executive Lead for Cancer <i>copied to HOS for Cancer and CSC</i>	24 Hours	5 Days
6.	Executive Lead for Cancer	Director of Acute Services <i>copied to HOS for Cancer and CSC</i>	24 Hours	6 Days
7.	Director of Acute Services	Chief Executive Officer <i>copied to HOS for Cancer and CSC</i>	24 Hours	7 Days

Note – These timescales are the longest periods expected.

Each Cancer Tracker/MDT Co-Ordinator will be aware of individual patient pathways for each Tumour site and the reasonable timescales expected. A generic pathway is attached as Appendix 1. Specific site pathways are also available.

Each step of the pathway is a potential weak link in the chain: and clear observation is required at all stages to ensure:

- (a) Patient appointment is booked
- (b) Patient attends appointment
- (c) The next review appointment is booked
- (d) Treatment is commenced

The table above illustrates the escalation chain with each level escalating as required until the delay has been addressed.

Escalation reporting and actions taken will be noted by the Cancer Tracker in the diary page of the Cancer access Patient Pathways system (CaPPs).

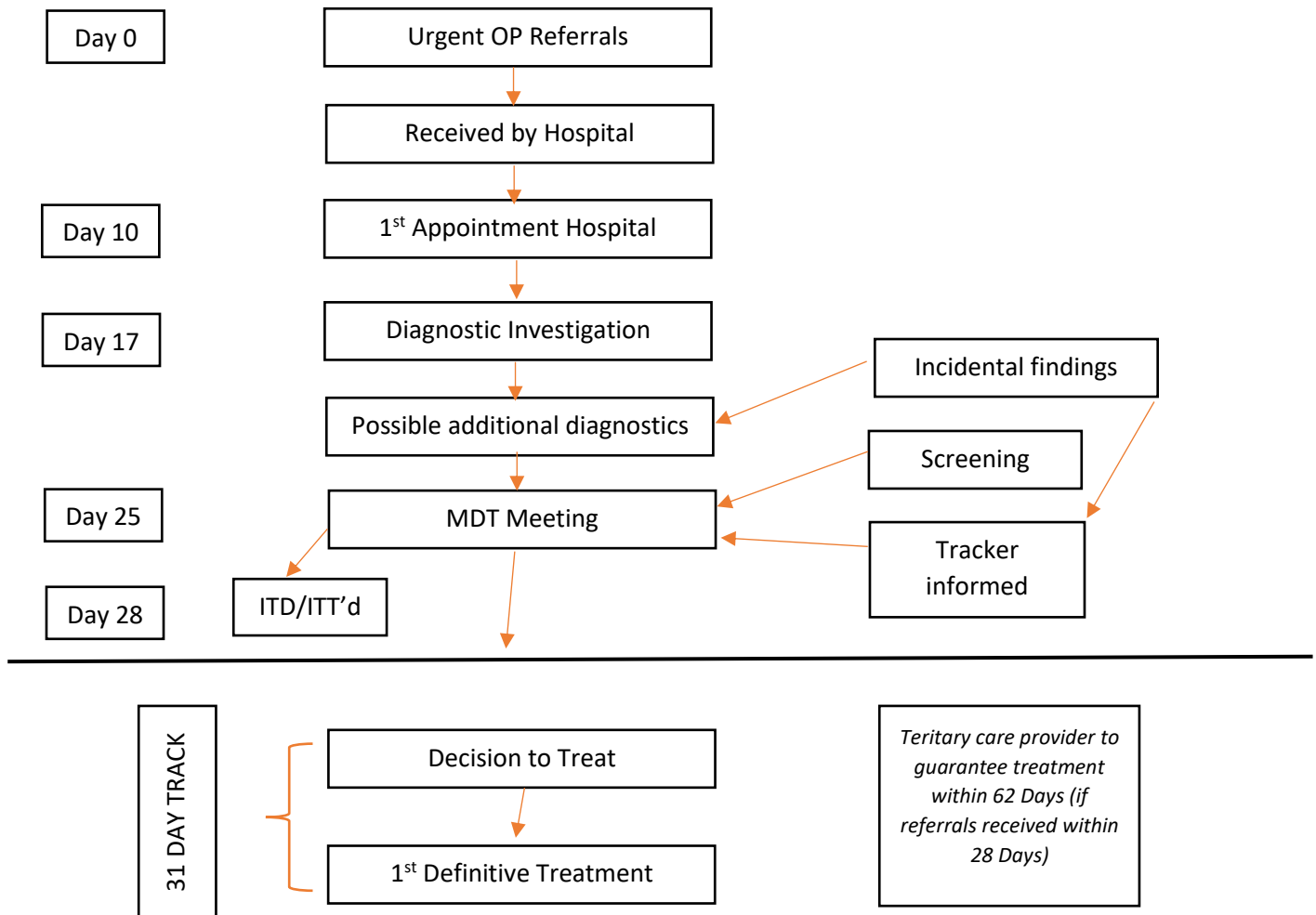
Cancer Pathway Escalation Policy

Table 3 – Escalation Chain Roles and Contacts

Roles	Contact Name
Cancer Tracker/MDT Co-Ordinator	Marie Dabbous Wendy Kelly Hilda Shannon Shauna McVeigh Sarah Moore Griania White Ann Turkington Rachel McCartney Niall O'Hara Gemma Robinson Una Brady Louise Jones Seaan Clancy Kirsten Dundas
Cancer Services Co-Ordinator	Sinéad Lee
Heads of Service	Clair Quin (Interim) – Cancer Services Wendy Clayton – Urology/ENT Amie Nelson & Jane Scott – UGI/LGI/Breast Kay Carroll – Lung Wendy Clarke – Gynae Louise Devlin – Gastro
Operational Support Leads	Sharon Glenny – IMWH & CCS Wendy Clayton – SEC Lisa McAreavey – MUSC
Assistant Director	Barry Conway – IMWH & CCS Anne McVey – MUSC Ronan Carroll – SEC
Chair of MDM	Dr McCracken – Gynae Mr McElvanna – Lower GI Mr Epanomeritakis – Upper GI Mr Glackin – Urology Ms Mathers – Breast Dr Convery – Lung Dr O'Hagan – Skin Dr Bradford – Haematology Dr McCaul – Head&Neck/Thyroid
Executive Lead for Cancer	DR McCaul
Director of Acute Services	Esther Gishkori
Chief Executive Officer	Shane Devlin

Cancer Pathway Escalation Policy

Appendix 1

Patient Pathway**31 Day Target:**

Maximum 1 month wait from decision to treat to first treatment for all cancers.

62 Day Target:

Maximum 2 month wait from an urgent GP referral to first treatment for all cancers.

Cancer Pathway Escalation Policy

5.0 Pathway Breaches

Breach reports will be commenced by the Cancer Tracker/MDT Co-Ordinator where patients breach the targets, i.e. 14 Day for Breast, 28 Day for Inter-Trust Transfers, 31 Day and 62 Day breaches.

A copy of the breach report will be forwarded to the relevant Assistant Director, and the team's Clinic Lead for action as appropriate.

Monthly breaches by Tumour site will be discussed at the monthly Cancer Performance Meeting and areas for improvement analysed.

This policy must be followed by all members of staff, in every event.

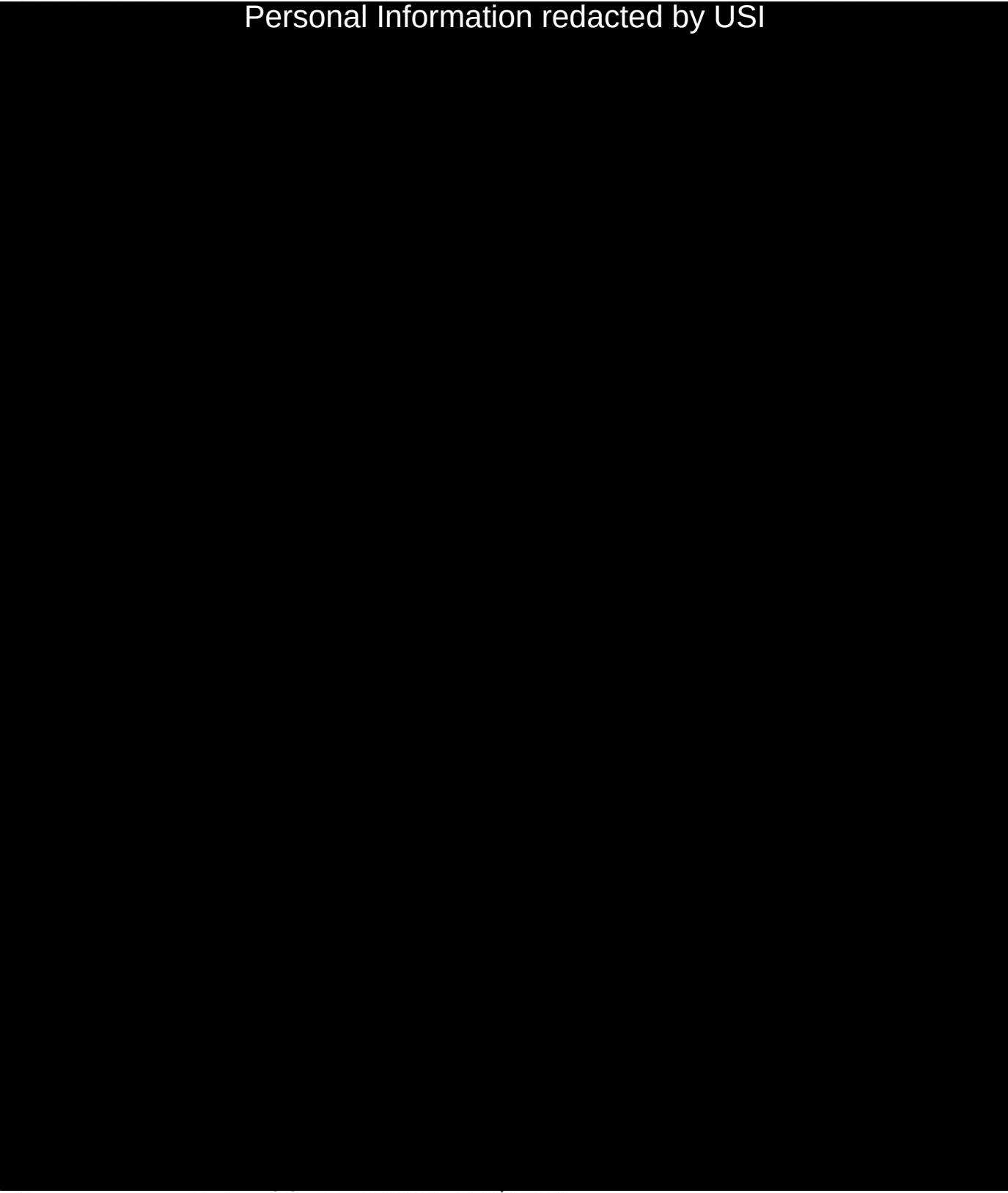
This policy is designed to ensure problems are resolved at the lowest level, but that an Executive Director is informed within 24 hours of any failure of the system that has not been resolved at lower organizational/divisional levels.

Appendix 2

PROBATIONARY REPORT (6 MONTHS)

Commenced:

Personal Information redacted by USI



KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Band 3 – Higher Clerical Officer

Staff Number:

Personal Information
redacted by the USI

Is Professional Registration up to date? _____

[illegible]

Objectives for Next Year:

Personal Information redacted by USI

Reviewee Staff Name (Print) Sinead Catherine Joanne Langley _ Signature _____ Date _____

Reviewer Manager/Supervisor (Print) _Vicki Graham_____ Signature _____ Date _____

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number: _____
Personal Information redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction		
	Departmental Induction/Orientation		
	Fire Safety	02/05/17 (DNO)	
	Record Keeping/Data Protection	RM 26/06/17 & IG 10/08/17	
	Moving and Handling	10/04/17	
	Infection Prevention Control	20/06/17	
Corporate Mandatory Training ROLE SPECIFIC	Safeguarding People, Children & Vulnerable Adults	24/08/17	
	Waste Management	24/08/17	
	Right Patient, Right Blood (Theory/Competency)		
	Control of Substances Hazardous to Health (COSHH)		
	Food Safety		
	Basic ICT		
	MAPA (level 3 or 4)		
	Professional Registration		
	Data Quality	26/06/17	

Essential for Post			
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Name (Print) _Sinead Catherine Joanne Langley___ Signature _____ Date _____

Reviewer Manager/Supervisor (Print) Vicki Graham_____ Signature _____ Date _____

PLEASE SEND COMPLETED PART B TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ

OR EMAIL TO: -

Personal information redacted by USI

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Staff Number: Personal Information
redacted by the USI

Is Professional Registration up to date? _____

KEY ISSUES & OUTCOMES		COMMENTS
Have you read and understood your Post Outline? Post Outlines can be accessed via Trust Intranet (KSF link) YES ☒ NO ☐ Have Post Outline levels been achieved: YES ☒ NO ☐ If no, record below what action to be taken:	Personal Information redacted by USI	
Objectives for Next Year: • Personal Information redacted by USI		

Date 30/09/22

Signature Personal Information redacted by USI Date 30/09/22

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number:

Personal Information
redacted by the USI

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction	13/06/2016	
	Departmental Induction/Orientation	27/10/2022	
	Fire Awareness	26/04/2022	Plan to redo training April 2023
	Information Governance	10/09/2020	Plan to redo training November 2023
	Moving and Handling	17/05/2021	
	Infection Prevention Control	26/04/2022	
	Equality, Good relations and Human rights	26/04/2021	
	Cyber security awareness	27/05/2021	
Corporate Mandatory Training ROLE SPECIFIC	Safeguarding People, Children & Vulnerable Adults	20/09/2022	
	Waste Management	10/02/2020	Plan to redo training February 2023
	Data Quality	26/06/2017	
	Display Screen Equipment	09/06/2021	
	Right Patient, Right Blood (Theory/Competency)		
	Control of Substances Hazardous to Health (COSHH)		
	Food Safety		
	Basic ICT		
	MAPA (level 3 or 4)		
	Professional Registration		
Essential for Post	Recruitment and Selection	Feb 2022	

Best practice/ Development			
(Coaching/Mentoring) (Relevant to current job role)			

Re Reviewee Staff Name (Print) Sinéad Lee

Signature

Personal Information redacted by USI

Date 30/09/22

Reviewer Manager/Supervisor (Print) _____

Signature

Personal Information redacted by USI

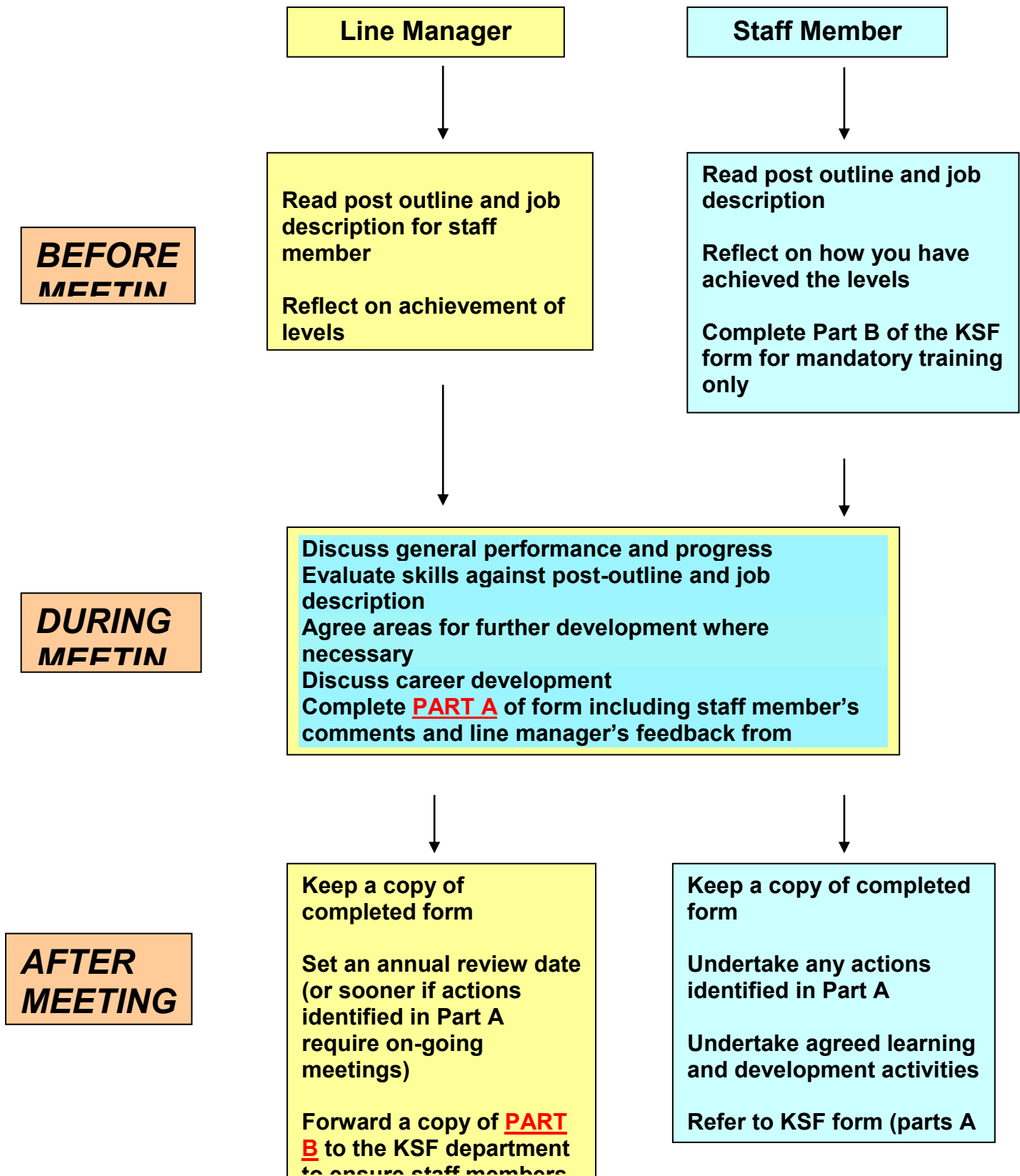
Date 30/09/22

PLEASE SEND COMPLETED PART B TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ

OR EMAIL TO: -

Personal Information redacted by USI

Flowchart for completing KSF Personal Development Review and Plan



FORWARD PART B TO KSF DEPARTMENT



Performance and Personal Development Review Policy Based on the Knowledge and Skills Framework (KSF)

Lead Policy Author & Job Title:	Anne Forsythe, Head of Workforce & Organisational Development
Directorate responsible for document:	HR & Organisational Development
Issue Date:	16 May 2019
Review Date:	09 October 2021
Reviewed On:	18 May 2021
Next Review Date:	17 May 2023



Policy Checklist

Policy name:	Performance and Personal Development Review Policy
Lead Policy Author & Job Title:	Anne Forsythe, Head of Workforce & Organisational Development)
Director responsible for Policy:	Vivienne Toal
Directorate responsible for Policy:	HR & Organisational Development
Equality Screened by:	Heather Clyde, Vocational Workforce and Assessment Centre
Trade Union consultation?	Yes ☒ No ☐
Policy Implementation Plan included?	Yes ☒ No ☐
Date approved by Policy Scrutiny Committee:	09 October 2018
Date approved by SMT:	N/A
Policy circulated to:	All Heads of Service/Department and Line Managers
Policy uploaded to:	Placed on Intranet and SharePoint

Version Control

Version:	Version 4.0		
Supersedes:	Legacy Policies for Craigavon and Banbridge, Craigavon Area Hospital, Newry & Mourne, and Armagh & Dungannon Trusts		
Version History			
Version	Notes on revisions/modifications and who document was circulated or presented to	Date	Lead Policy Author
Version 1.0	Contact Details, Introduction to Policy 1:7, Appendix 2 Revalidation incorporated.	01/12/2008	Assistant Director Human Resources / ELD – Mrs Heather Ellis
Version 2.0	Contact Details, Appendix 2 Revalidation Form Removed	22/03/2016	Director Human Resources Mrs Vivienne Toal
Version 3.0	Hyperlinks added at 3.8 and 3.12 and 8.0. Differentiation between Supervision and Appraisal added at 5.1. KSF PDP Form updated (Appendix 1). Contacted details updated (Appendix 3). 9.4 change in wording due to UK leaving EU – becomes - UK General Data Protection Regulations (UK GDPR) 2018.	15/02/2021	Anne Forsythe, Head of Workforce & Organisational Development

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1.0 Introduction

- 1.1** The Southern Health and Social Care Trust (hereafter referred to as “the Trust”) is committed to ensuring that robust corporate governance arrangements are in place in the operation of its business.
- 1.2** The Trust is committed to performance review and personal development and regards this as an important component of the Trust’s governance process. It contributes towards organisation and service development and provides opportunities for each of member of staff to develop their potential.
- 1.3** The Trust will ensure that each member of staff knows what is expected of them including standards of conduct and performance required of them, this will be done through personal feedback from their line manager and set in the context of objective setting and review.
- 1.4** In support of this, the performance review and personal development documentation has been based on the NHS Knowledge and Skills Framework (KSF). KSF defines and describes the knowledge and skills that Health and Social Care staff need to apply in order to deliver quality services. It provides a single consistent, comprehensive and explicit framework on which to base performance review and personal development for staff. KSF is used to develop outlines for individual jobs. These outlines provide links to gateways for pay progression.
- 1.5** As part of this process, Continued Professional Development (CPD) will be discussed. Each individual profession will have their own requirements for this and reference should be made to these guidelines as appropriate.
- 1.6** The Trust is committed to supporting staff in their CPD and expects all qualified staff to undertake the necessary amount/levels of CPD as required by their profession. CPD is a personal commitment to keeping your personal professional knowledge up to date and improving your capabilities throughout your working life. It is about knowing where you are today, where you want to be in the future and making sure you have formulated a direction in association with your line manager in order to help you get there.
- 1.7** Also with reference to management standards Health & Social Care in Northern Ireland have adopted The Healthcare Leadership Model which has been developed by the NHS Leadership Academy. It is an evidenced based research model that reflects the values of the NHS. It comprises of nine dimensions and the model provides NHS staff with a means of analysing their leadership roles and responsibilities.
- 1.8** Other agreed competency frameworks may also be used for reference.

2.0 Purpose and Aims

- 2.1** The Southern Trust, through this policy ensures that staff have a strong and effective performance review and personal development which has a very positive effect on the individual's performance, their development and that of the organisation and can therefore contribute greatly to the improvement and development of the services the Trust provides for its patients and clients.
- 2.2** Recognise achievements and provide help in overcoming obstacles to successful performance.
- 2.3** Through this policy the Trust will ensure the roll out of performance review and personal development using the KSF Framework across the organisation.
- 2.4** The Trust will ensure that all staff are clear about their responsibilities for staff development.
- 2.5** Provide the basis for future training and workforce development strategies and plans.
- 2.6** Encourage the development of a flexible learning culture across the organisation.

3.0 Objectives of this Policy

- 3.1** The process of performance review and personal development process begins with a focus on the review of an individual's work in relation to individual service and organisational objectives. This provides an opportunity to receive feedback from the line manager on work performance, ways in which performance can be sustained or improved, and have these laid out in the form of agreed objectives.
- 3.2** Discussion should be honest, open and positive. An individual's strengths, successes and contribution to the service should be recognised explicitly alongside a consideration of areas in which they might need to develop or improve.
- 3.3** The framework provided in the documentation should be jointly considered. This should structure the discussion, enabling both parties to prepare for and contribute to the process - Appendix 1.
- 3.4** A set of agreed objectives will be formulated from this discussion between the member of staff and the line manager. The action points supporting these objectives should be written using the SMARTER criteria (Specific, Measurable, Achievable, Relevant, Time-bound, Evaluated and Repeated).
- 3.5** The individual's objectives should reflect those of the Organisation, Directorate and Team. Where improvement is not required objectives may focus upon both maintenance and innovation.
- 3.6** The personal development review element of performance review focuses upon reviewing an individual's skills, knowledge and experience, and how they are applied in relation to the requirements of their post using the KSF outline. Training and development needs are identified; ways in which these needs can be addressed are discussed and set out in the form of a Personal Development Plan (PDP).

- 3.7** Development review is a cyclical process that comprises of four stages:-
- A joint review between the individual and their line manager (or another person acting in that capacity) of the individual's work against the demands of their post, as set out in the KSF outline for that post.
 - The formulation of an agreed PDP that identifies the individual's learning and development needs and interests.
 - Learning and development by the individual, supported by their manager.
 - Evaluation of the learning & development that has occurred and how the individual has applied it in their work.
- 3.8** Outlines developed for posts within the Trust are available from the Knowledge and Skills Framework link on share-point, (click [here](#)). It is only these outlines that should be used in the performance review. These outlines will be reviewed and further developed and are therefore liable to alteration. It is the responsibility of both parties to obtain the relevant and up to date outline as part of the preparation for a performance review. However, in the event of an outline not being available the KSF team within the Vocational Workforce Assessment Centre (VWAC) should be contacted for guidance (see Appendix 2).
- 3.9** The performance review evaluates the individual's application of knowledge and skills in their work, using the KSF outline for the post as the basis for the discussion. Demonstrable knowledge and skills evident in a person's work will be considered in relation to all the dimensions included in the outline.
- 3.10** A Personal Development Plan (PDP) is formulated from this performance review. This identifies the areas an individual needs to demonstrate more fully and the help they need to develop in order to achieve the required level for their post.
- 3.11** The PDP will focus initially upon enabling an individual to meet the demands of their current post as described in the KSF outline. Once this has been achieved a PDP should enable an individual to maintain their knowledge and skills; developing them to meet any changing requirements, and facilitate an individual's further development within or beyond their current post, considering both individual and organisation needs and aspirations.
- 3.12** PDP's need to be completed annually. Line Managers should record completion of a PDP directly on HRPTS (click [here](#) for guidance). Alternatively, completed PDP's can be forwarded to the Vocational Workforce Assessment Centre to be recorded centrally. .
- 3.13** Managers are required to monitor that the above policy is implemented and that regular follow up is in place to ensure performance review is completed for all staff groups. The policy will be monitored Trust Wide by the Vocational Workforce Assessment Centre. KSF reports are compiled on a regular basis and forwarded to Directors. KSF is a standing item on the agenda of Senior Management Team (SMT) meetings.

4.0 Policy Statement

The Trust has an obligation to fully implement the Agenda for Change initiative. The Trust will ensure that there are effective systems in place to support the appraisal process and include ensuring that all supervisors have the appropriate knowledge and skills to completely undertake this role.

5.0 Scope of Policy

This policy applies to all permanent staff and those on a fixed term contract and long term agency staff (6 months) other than Medical, Dental staff, and Directors for which there are separate arrangements.

- 5.1** It is important to differentiate between supervision and appraisal. Whilst Supervision activities should inform, and are informed by, the KSF PDR process, neither activity should be substituted for the other, as each activity has a different purpose.

6.0 Responsibilities

In the Southern Trust there are key individuals with responsibility for ensuring KSF PDR process is implemented.

6.1 Chief Executive

The Chief Executive has overall responsibility and accountability for the quality of service provision. Appraisal plays an important role in ensuring the delivery of high quality, safe and effective care.

6.2 Directors

All Directors have responsibility for ensuring that arrangements are in place to implement and ensure compliance with this policy and that resources are available to support the process including that supervisors have the appropriate skills and knowledge to undertake appraisal. Directors also have responsibility to complete KSF reviews and PDP's for all those staff they manage.

6.3 Assistant Directors

Assistant Directors have responsibility for coordinating and facilitating implementation of the KSF process. They are responsible for agreeing the models to be employed within their area of responsibility and must ensure that appropriate resources are in place to meet the requirements of this policy. They are responsible for monitoring the level and quality of activity and supporting operational and professional Heads of Services and managers in the implementation of this policy. They also have responsibility to carryout KSF reviews and PDP's for all staff they manage.

6.4 Head of Service / Line Managers

The Head of Service/Line Manager has a responsibility to carryout KSF reviews for all those staff they manage. The Head of Service/Line Manager must also avail of

KSF reviews and act as a supervisor for identified staff. S/he is also responsible for ensuring that arrangements are in place for the implementation and local monitoring of KSF activities.

6.5 Supervisors

Supervisors have a responsibility to maintain and develop their own skills and competencies relevant to KSF review in line with this policy. They have a responsibility to participate in and prepare for agreed KSF meetings. It is their responsibility to keep a record of the appraisal meeting and implement agreed action.

6.6 Supervisees

Supervisees have a responsibility to engage fully in the KSF process. They have a responsibility to participate in and where relevant, prepare for the agreed meeting. Where required supervisees should keep a record of appraisal and implement agreed actions.

7.0 Evaluation & Review

Managers are required to monitor that the above policy is implemented and that regular follow up is in place to ensure performance review is completed for all staff groups. The policy will be monitored Trust Wide by the Vocational Workforce Assessment Centre. KSF reports are compiled on a regular basis and forwarded to Directors. KSF is a standing item on the agenda of Senior Management Team (SMT) meetings.

8.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

Policy on Professional and Operational Management Interface within the Integrated Care Teams

Personal Information redacted by USI

9.0 Equality & Human Rights Considerations

9.1 This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

9.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to equality impact assessment.

9.3 Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English.

- 9.4** Staff must comply with relevant legislation, professional standards and guidance and other DHSSPS publications as follows:-

UK General Data Protection Regulations (UK GDPR) 2018.

10.0 *Sources of Advice & Further Information*

Further information about the Performance and Personal Development Review Policy can be obtained from the: Vocational Workforce Assessment Centre, St Luke's Hospital, Hill Building, Armagh, BT61 7NQ.

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: _____

Staff Number: _____

Is Professional Registration up to date? _____

KEY ISSUES & OUTCOMES		COMMENTS
Have you read and understood your Post Outline? Post Outlines can be accessed via Trust Intranet (KSF link) YES ☐ NO ☐ Have Post Outline levels been achieved: YES ☐ NO ☐ If no, record below what action to be taken:	Staff members comments on his/her performance over past year: Line Manager's Feedback on staff members performance over past year:	
Objectives for Next Year:		

Reviewee Staff Name (Print) _____

Signature _____ Date _____

Reviewer Manager/Supervisor (Print)_____

Signature _____ Date _____

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number: _____

Training Type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction		
	Departmental Induction/Orientation		
	Equality, Good Relations and Human Rights – Making A Difference		
	Fire Safety		
	Infection Prevention Control		
	Information Governance Awareness		
	Cyber Security Awareness		
	Moving and Handling		
	Safeguarding People, Children & Vulnerable Adults		
Role Specific Essential Training	Basic ICT		
	Control of Substances Hazardous to Health (COSHH)		
	Food Safety		
	MAPA (level 3 or 4)		
	Professional Registration		
	Right Patient, Right Blood (Theory/Competency)		
	Waste Management		
Best practice/ Development (Relevant to current job role)	(eg Coaching)		

Reviewee Staff Name (Print) _____ Signature _____ Date _____

Reviewer Manager/Supervisor (Print) _____ Signature _____ Date _____

PLEASE SEND COMPLETED PART B TO:VWAC, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ OR EMAIL: Vocational.AssessmentCentre@southertrust.hscni.net

Flowchart for completing KSF Personal Development Review and Plan

Line Manager

Staff Member

**BEFORE
MEETING**

Read post outline and
job description for
staff member

Read post outline and
job description

Reflect on how you have
achieved the levels

**DURING
MEETING**

Discuss general performance and progress
Evaluate skills against post-outline and job description
Agree areas for further development where necessary
Discuss career development
Complete **PART A** of form including staff member's
comments and line manager's feedback from discussion

**AFTER
MEETING**

Keep a copy of
completed form
Set an annual review
date
(or sooner if actions
identified in Part A
require on-going
meetings)

Keep a copy of
completed form
Undertake any actions
identified in Part A
Undertake agreed
learning and
development activities

FORWARD PART B TO VWAC TEAM

Contacts for KSF (Knowledge & Skills Framework)

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Heather Clyde KSF Support	Tel: Personal Information redacted by USI Mob: Personal Information redacted by USI E Mail - Personal Information redacted by USI
<u>Forward PDPs to</u>	Tel: Personal Information redacted by USI E Mail - Vocational.AssessmentCentre@southertrust.hscni.net



**Southern Health
and Social Care Trust**

**Knowledge & Skills Framework (KSF)
Guidance Document**

SEPTEMBER 2012

KSF Department
Hill Building
St Luke's Site
Loughgall Road
Armagh
BT61 7NQ

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Knowledge & Skills Framework (KSF) Guidance Document

1. What is the Knowledge and Skills Framework (KSF)?

The Knowledge and Skills Framework (KSF) is a developmental tool which is designed to provide the basis for career and pay progression within Agenda for Change Pay Bands.

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

KSF was developed and is required to be implemented in partnership between management and trade union side. It defines and describes the knowledge and skills which staff (covered by Agenda for Change Terms and Conditions) need to apply in their work in order to deliver a quality service. It is a *knowledge and skills framework* and therefore, it is essentially a development tool, although KSF will also contribute to decisions about pay progression.

2. Personal Development Review (PDR)

The Trust is committed to the PDR process and regards this as an important component of the Trust's governance process. It contributes towards organisation and service development and provides opportunities for each member of staff to develop their potential. The Trust will ensure that each member of staff knows what is expected of them to ensure that they are clear about their role and responsibilities, their Knowledge and Skills Framework (KSF) Outline and the key aims of their ward/department and the Trust.

The development review is based on an analysis of the individual's application of their knowledge and skills and their development to meet the demands of the post as described in their KSF post outline. It brings together all of the discussions which have taken place throughout the year and enables reviewers and reviewees to reflect on these. 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 meeting 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 via the normal channels. The guiding principle of the development review process is "no surprises".

Participation in an annual Personal Development Review meeting is mandatory under Agenda for Change. This takes the form of a face-to-face meeting between a manager or (person acting as their reviewer) and an employee (reviewer and reviewee). Normally the manager involved in the meeting will be the one who has most frequent managerial contact with the employee. The role of reviewer may be delegated to another member of staff, this staff member must be competent to carry out the review, must be familiar with the employee's work and normally hold a supervisory position. In cases of the role of reviewer being delegated the line manager must also sign off the PDR and PDP forms in their role of budget holder.

Personal Development Review (PDR) is a process by which a member of staff and their manager or designated professional manager can have a two way discussion about:-

- 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.

PDRs are completed on a 12 month period – the exact timeframe will depend upon the individual's incremental date. During the foundation period (the first year in post) all staff who have newly joined a payband will have at least two discussions with their reviewer to review progress against the KSF outline for their post. This includes newly appointed or promoted staff joining a payband and also those moving posts within the payband, particularly where this cuts across job families eg from Admin to Social Care.

3. PDR Process

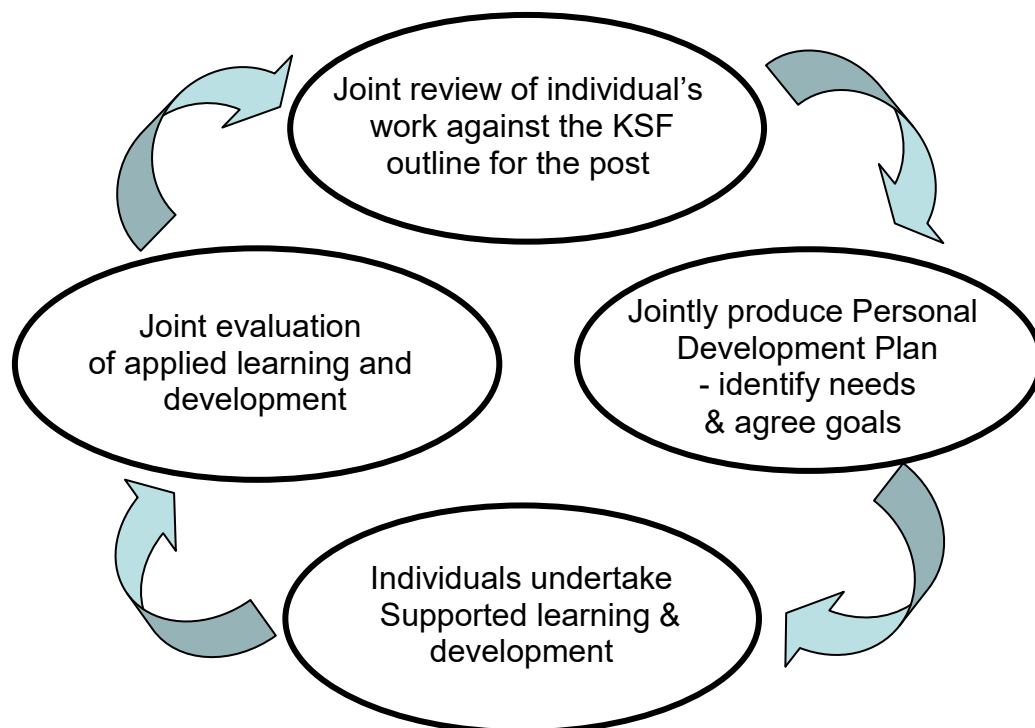
The PDR process is based on a cycle of learning and is repeated each year. It consists of:-

- a joint review between the individual and their reviewer of the individual's work against the demands of their post
- 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

- learning and development undertaken by the individual, supported by their reviewer
- an evaluation of the learning and development that has taken place and how it has been applied by the individual in their work.

Evaluation of the learning and development undertaken is an important aspect of KSF as it will ensure that learning and development undertaken has been effective and applied to the workplace where benefits can be seen and potentially shared with other teams or team members. It will also ensure that learning and development undertaken has been beneficial and cost effective.

Please see the diagram below which illustrates the cycle.



The process of review begins with a focus on the review of an individual's work in relation to individual, service and organisational objectives. This provides an opportunity for individual staff members to receive feedback from the line manager on how they are working towards meeting the KSF post outline and roles and responsibilities of their post. In addition, objectives of a job role for the incoming period can be linked to KSF dimensions. However it should be noted that the KSF Outline looks at the knowledge and skills required to carry out the roles and responsibilities of the post, but the objectives are the key goals to be aimed for in order to achieve set targets. Therefore ways in which performance can be sustained or improved, can be laid out in the form of agreed individual/team/Trust objectives. There is a separate section on the PDR form for recording these objectives.

The PDR meeting will focus on helping individuals develop to meet the demands of

the KSF outline for the post in which they are currently employed.

Discussion should be honest, open and positive. An individual's strengths, successes and contribution to the service should be recognised explicitly alongside a consideration of areas in which they might need to develop or improve. Staff and managers will be most likely to get the best out of PDR if they go into the process with an open mind and are prepared to be positive about the experience.

The KSF post outline provided in the review documentation should be jointly considered. This should structure the discussion, enabling both parties to prepare for and contribute to the process.

The review evaluates the individual's application of knowledge and skills in their work, using the KSF outline for the post as the basis for the discussion. The process will involve consideration of information relevant to the post outline on the individual's work – this can be called 'evidence for the development review'.

This evidence can take a number of different forms, which might include:-

- verbal feedback from the individual, manager or other
- written work produced by the individual
- electronic work produced by the individual
- records of work (such as minutes / notes of meetings showing the individual's contribution)
- the individual's portfolio containing such items as reflection on learning / practice that they are prepared to share.

Newly appointed or promoted staff joining a pay band under the new system will serve an initial foundation period of up to 12 months. This includes newly appointed or promoted staff joining a payband and also those moving posts within the payband, particularly where this cuts across job families eg from Admin to Social Care.

Discussion and decisions made at the PDR meetings should be clearly recorded using the mandatory forms (see Appendix 1). Section three Personal Development Plan (PDP) forwarded to KSF Department after each review meeting.

4. Personal Development Plan (PDP)

The outcome of the PDR meeting should be recorded and a plan of action drawn up using the Personal Development Plan (PDP). This identifies the areas an individual needs to demonstrate more fully and the help they need to develop in order to achieve the required level for their post. This will include a discussion about the method of delivery for the learning and how the application of learning will be evaluated. The manager and employee are jointly responsible for doing this and both must then confirm they agree with the plan. Once completed a copy of the PDP should be forwarded to **KSF Department, Hill Building, St Luke's Site, Loughgall Road, Armagh. BT61 7NQ.**

The PDP will focus initially upon enabling an individual to meet the demands of their current post as described in the KSF outline. Once this has been achieved a PDP should enable an individual to maintain their knowledge and skills; developing them to meet any changing requirements, and facilitate an individual's further development within or beyond their current post, considering both individual and organisation needs and aspirations.

When thinking about learning and development needs the following three steps can be followed:-

- CAN DO** = the knowledge and skills that an individual already has and that seem to match the KSF job outline
- WILL DO** = the skills and knowledge that individuals think they ought to develop further because they haven't already achieved them or because they want to make them stronger
- HOW TO** = the learning opportunities or other activities that are likely to help individuals develop these skills and knowledge, or the people and agencies that can direct them towards their goals.

Remember that this should be done with the KSF post outline in mind.

Learning and development needs can arise for the following reasons, such as:-

- to meet an identified personal learning and development need to help an employee to meet the requirements of their post;
- to develop a skill identified as part of a job description; and
- to meet an organisational aim arising from the Trust's operational plans.

Managers must not rely on sending an employee on a course to meet all development needs. They should look at all possible methods of developing skills and widening the employee's experience. These might include some of the following options:

- Conferences
- Reading journals and research papers
- Carrying out a literature search
- Attending relevant meetings
- Attending relevant in-service lectures/ presentations
- Membership of relevant Professional Groups/Body
- Reflection on day to day practice with colleagues
- Visits to centres of excellence
- Work Shadowing
- Business in Community Initiatives
- Courses
- Learning from an experienced colleague
- Membership of a Special Interest Group
- Giving lectures/updates
- Appropriate job rotation/ opportunities in own work setting
- Participation in relevant multi-professional work group
- Self directed study/open learning
- Participation in project work
- Secondment within/outside Trust
- Mentoring
- Action learning

5. KSF Links with Pay (Gateways)

Staff will progress through the paypoints on their payband by applying the necessary knowledge and skills to the demands of their post. Although, at two 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 pay band:

1. Foundation gateway – this takes place no later than 12 months after an individual is appointed to a pay band, regardless of the pay point to which the individual is appointed. During this initial period all staff will have at least two discussions with their manager (or the person acting as their reviewer) to review progress, guided by the KSF foundation outline for the post. The first of these discussions should normally be during the induction period. The aim of these discussions and any resulting support and development will be to help staff make a success of the new job and confirm as quickly as possible that they are applying the basic knowledge and skills needed for the job and can pass through the foundation gateway and commence progression up their pay band.

2. Second gateway – this is set at a fixed point towards the top of a pay band. 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.

Position of Gateways

Pay Band	Position Of Gateway
	Before final point
	Before 1st of last 2 points
	Before 1st of last 3 points
	Before final point
	Before final point

The whole system is based on the principle of NO SURPRISES – if there are problems with individuals developing towards the full KSF outline for the post, or there are disciplinary issues, these must have been addressed separately by reviewers before the gateway reviews. This mirrors good management practice and should be no different from good appraisal practice. Therefore deferral of pay progression should be the exception rather than the rule.

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. In between gateways staff progress up the pay increments within their pay band on a yearly basis as they continue to learn and develop with the support of their manager through the participation in PDR meetings.

New Members of Staff who commence at the 2nd Gateway Point

In some instances a new member of staff may commence with the Trust and have sufficient length of service with another Trust that will mean they will commence at an increment which equates with their second gateway review. In this instance, during the Local Induction, the Line Manager should ensure that a one-to-one meeting takes place in which they explain the KSF Post Outline, discuss any transferred PDR information from their previous post and develops and together agree a PDP and Action Plan for the incoming Probationary Period of 6 months. The individual will automatically progress through their gateway and they will be reviewed at the end of the 6 month probationary period.

Preceptorship

Staff joining pay band 5 as new entrants on or after 1st October 2004, will have accelerated progression through the first two points (spine points 17 and 18) in six monthly steps (that is they will move up one pay point after six months and a further point after 12 months) providing those responsible for the relevant standards in the organisation are satisfied with their standard of practice. This twelve month period will be referred to as 'Preceptorship'.

Within the first 12 months of employment the individual will have two development reviews. The first review after 6 months will seek to establish whether the individual is on track in their development towards the foundation gateway, and if this is the case, they should receive an incremental point.

After 12 months, the second development review will focus on the KSF foundation outline for the post and this will form the foundation gateway. When the individual passes through this foundation gateway, they will move up to the next point on the pay band. Like all other staff they will only have one foundation gateway and only one foundation gateway review.

Accelerated Progression

Accelerated Progression relates to staff eligible under Agenda for Change Circular HSS (AFC)(12) 2008 ie there are groups of staff (such as midwives) who tend to move quickly to operate in roles that demand a level of autonomous decision making in the overall delivery of care that exceeds that normally associated with jobs allocated to pay band 5. Typically these roles operate without the influence of other professional groups. Where supervision operates, it is generally management supervision and does not normally impinge upon clinical practice. In such circumstances job size

should be reviewed no earlier than one year and no later than two years from the date of qualification, using the NHS Job Evaluation scheme. If the evaluation demonstrates that the post holder's job weight is of sufficient size to move to the next pay band (Pay Band 6) this should be affected without the need for application for a post at a higher level.

It is not expected that the review will be widespread practice as the majority of staff will work in circumstances in which there is regular clinical supervision and the delivery of care and treatment is subject to control or influence from other health care professionals. There is no facility for this provision to operate in any other part of the pay structure. (Annex T, Terms and Conditions Handbook).

The process for handling such posts should be as follows:

- The post holder obtains a post with an agreed new entrant job description and person specification, which matches the band 5 profile
- 6 months post appointment, a first review will help to assess progress towards achieving what is required at the foundation gateway review for Band 5
- 12 months after appointment the foundation gateway review will take place. If the individual has achieved the necessary skills and competences for a band 5 they will then be awarded an increment.
- 12 months after appointment, an assessment should be made against the band 6 job description and person specification. If it can be demonstrated that the post holder has achieved the required standard, s/he is deemed ready to assume the responsibility and thereby work to the band 6 job at the level expected of a new recruit to that band.
- If this is agreed, the appropriate head of service is informed of the outcome. They will then authorise the progression to Band 6.

In the event where a practitioner is unable to attain the required level of knowledge and skill, this should be reassessed on a three monthly basis for a further 12 months.

If, following a further 12 month period (24 months post qualification) an individual is still unable to work at a level of a Band 6 post, the organisation concerned may wish to refer to its local capability procedures.

6. Dealing with Problems at Gateway Reviews

There may be times when staff are unable to achieve their full KSF outline and therefore not progress through the relevant gateway. Some examples of this may be:-

(a) KSF Outline not achieved due to organisational issues

If the employee is unable to demonstrate the application of the necessary skills and knowledge due to organisational issues such as:

- inadequate managerial support,
- not being released from the workplace due to staffing levels,
- financial constraints, etc – for example, continuation of pandemic for prolonged period.

In these cases the employee will progress through the gateway with an agreed action plan in place. Note that this list is not exhaustive.

(b) KSF Outline not achieved due to non-achievement of training and/or development agreements

In some instances staff may not have followed up or attended the necessary development opportunities as agreed with their manager through no fault of the Trust. In these circumstances staff will not progress to the next incremental point on their pay band until such times as they can demonstrate achievement of their KSF Outline. Pay progression cannot be deferred unless there has been prior discussion between the individual and the person undertaking their review, which should be recorded, about the knowledge and skills that the individual needs to develop and apply and that the member of staff has been given the opportunity to achieve the necessary development.

In the above circumstances a short term action plan should be agreed and put in place by both parties. The action plan should clearly outline:-

- the reason/s for deferment
- the KSF dimensions and levels which are still to be achieved,
- identified training and development opportunities
- an agreed review date (within 3 months of the previous review).

(c) KSF Outline not achieved as the Reviewee is unable / unwilling to apply their learning and development

On rare occasions the reviewee may be unable to apply their learning and development in order to achieve their KSF Outline. Good management practice and effective use of the annual review process will ensure that the staff member is aware of the issues as they arise. Problems with roles and responsibilities should be dealt with well in advance of the gateway reviews therefore allowing the individual adequate opportunity to work toward the standard required. If

issues still remain it may be necessary to refer to the Trust's Capability Procedure in the future. In these circumstances pay progression to the next incremental point on the pay scale will be deferred at the appropriate Gateway and this deferral will last until issues are resolved. The application of knowledge and skills cannot be backdated therefore the increment is not backdated.

7. Disagreements Regarding Gateway Decisions

If the member of staff and the reviewer fail to reach agreements regarding gateway decisions both parties can seek advise/support on an informal local basis from the Human Resources Department and Trade Union Side. If the informal process does not provide consensus, the member of staff can take their issue in writing to the Reviewer's Line Manager. The right to be accompanied by an employee representative will apply throughout the process.

Issues of disagreement should be the exception rather than the rule as one of the principles of the system is that it is based on "no surprises".

8. Extenuating Circumstances

8.1 Planned Long Term Sick Leave:

If a member of staff is on planned long-term sickness absence when an annual development review is due to take place, the reviewer and member of staff should agree when the review is to be scheduled. The review can take place either prior to the commencement of leave or within 3 months of returning to work or at a date that affords an equivalent timescale to the period missed prior to the review due date eg review due 10th August and sick leave commenced on 6th April the time period missed is 18 weeks. Therefore the annual review would be planned for 18 weeks following return to work.

8.2 Unplanned Long Term Sick Leave:

(a) If a member of staff is on unplanned long term sick leave absence when an annual development review is due to take place, the reviewer and member of staff should agree when the review is to be scheduled. The review can take place within 3 months of returning to work or at a date that affords an equivalent timescale to the period missed prior to the review due date eg review due 10th August and sick leave commenced on 6th April the time period missed is 18 weeks. Therefore the annual review would be planned

for 18 weeks following return to work.

If a gateway review is to take place and there has not previously been any significant weakness in performance or a skill gap identified, the member of staff will progress through the gateway while on sick leave. The reviewer must complete the first page of the PDR form and forward to the Trust's Payroll Department. It is important to note that where this form is not completed and sent to Payroll in time the individual will not receive their entitled increment.

In the event that Occupational Health guidance indicates that the member of staff is not able to undertake the full range of duties immediately on return to work, the foundation subset or full post outline requirements for second gateway may be modified for a period of time, if appropriate.

- (b) If a significant weakness in performance or a skill gap has been previously identified, discussed and documented and has yet to be resolved, the member of staff will not progress through the gateway while on leave. The reviewer should meet with the member of staff on return to work to revisit the development action plan previously put in place. The gateway review should then take place at the earliest possible date, but no later than 3 months from the date the member of staff returned to work or an equivalent timescale to the period missed prior to the review due date eg review due 10th August and sick leave commenced on 6th April the time period missed is 18 weeks. Therefore the annual review would be planned for 18 weeks following return to work.

Once there is agreement that the individual meets the KSF post outline appropriate to the particular gateway then pay progression resumes from that date. The application of knowledge and skills cannot be backdated therefore the increment is not backdated.

8.3 Maternity Leave / Adoption Leave

- (a) If a member of staff is on maternity leave/adoption leave when an annual development review is due to take place, he/she and the reviewer must agree that the review is to take place prior to the commencement of leave.

Where a gateway review is to take place and there has not previously been any significant weakness in performance or a skill gap identified, the member of staff will progress through the gateway while on leave. The

reviewer must complete the first page of the PDR form and forward to the Trust's Payroll Department. It is important to note that where this form is not completed and sent to Payroll in time the individual will not receive their entitled increment.

- (b) If a significant weakness in performance or a skill gap has been previously identified, discussed and documented and has yet to be resolved, the member of staff will not progress through the gateway while on leave. The reviewer should meet with the member of staff on return to work to revisit the development action plan previously put in place. The gateway review should then take place at the earliest possible date, but no later than 3 months from the date the member of staff returned to work or an equivalent timescale to the period missed prior to the review due date eg review due 10th August and sick leave commenced on 6th April the time period missed is 18 weeks. Therefore the annual review would be planned for 18 weeks following return to work.

Once there is agreement that the member of staff can meet the KSF post outline appropriate to the particular gateway then pay progression resumes from that date. The application of knowledge and skills cannot be backdated therefore the increment is not backdated.

8.4 Unexpected long term leave / absence of reviewer

If the reviewer is on relatively short unplanned leave of any kind and this coincides with the date of a development or gateway development review, the date should be re-scheduled. Where the reviewer is likely to be absent on a long term basis and particularly where gateway progression will be affected by their absence, the review must be undertaken by an appropriate nominated reviewer in his/her absence who must be aware of any issues that have been highlighted at the previous development review or meetings that have taken place during the year.

8.5 Career Break

If a member of staff has opted to take a career break, incremental rises will be frozen until their return to work. On returning to work the member of staff and manager must have a meeting to discuss the KSF post outline, bearing in mind that the member of staff may have been on a career break for a number of years or may have returned to a different post; Map the current level of knowledge and skills against the outline and agree an initial Personal Development Plan.

The manager should meet with the member of staff on at least two occasions during the first 12 months of returning to work to ensure an appropriate level of support is provided.

8.6 Acting Up

Periods of acting up should not normally last any longer than 6 months except in instances of maternity leave or long-term sick leave where a longer period may be known at the outset. For development purposes, the member of staff and his/her manager should meet at the commencement of the period of acting up to discuss the KSF outline associated with the acting post.

If a gateway review associated with the member of staff's substantive post would have otherwise taken place except for the fact that he/she was acting up, on return to their substantive post the member of staff will be allocated the pay point that would have been awarded on successful gateway review except where there was a previously identified skill gap etc. The reviewer and member of staff should arrange to meet following his/her return to the substantive post to ensure that he/she has settled back into the job and to carry out the gateway review.

8.7 Movement to another post within the same pay band

If a member of staff moves to another post on the same payband after having passed through a foundation or final gateway then he/she will be expected to apply the necessary knowledge and skills described in the KSF outline. A foundation gateway will not apply for pay purposes if the individual has previously successfully passed through the gateway. However, the member of staff will still be reviewed against the KSF post outline subset and have a Personal Development Plan developed to meet the necessary knowledge and skills for the new post as described in the NHS KSF post outline. The reviewer and member of staff should meet at least twice during the first twelve months to ensure that the member of staff is adequately supported in their post.

If a member of staff moves to another post on the same payband when he/she has already passed through the second gateway, the final gateway will not apply for pay purposes. However, the member of staff will be reviewed against the full KSF outline and have a Personal Development Plan developed in order to meet the necessary knowledge and skills for the new post. The reviewer and member of staff need to decide and agree a realistic target within the first 12

months and ascertain when the full KSF post outline will be attained. Their Personal Development Plan will need to prioritise areas of development for the current post over any career progression.

In cases where a person moves to another post on the same payband but different job family eg from Admin to Social Care whilst their knowledge and skills may be transferable in relation to for example some of the Core Dimensions, they may not be for example the Health & Well Being Dimensions because they may not have been part of the person's previous Post Outline and therefore they will not have had the opportunity to demonstrate their application. These circumstances will be considered on an individual basis as part of the appointment process.

8.8 Temporary Staff

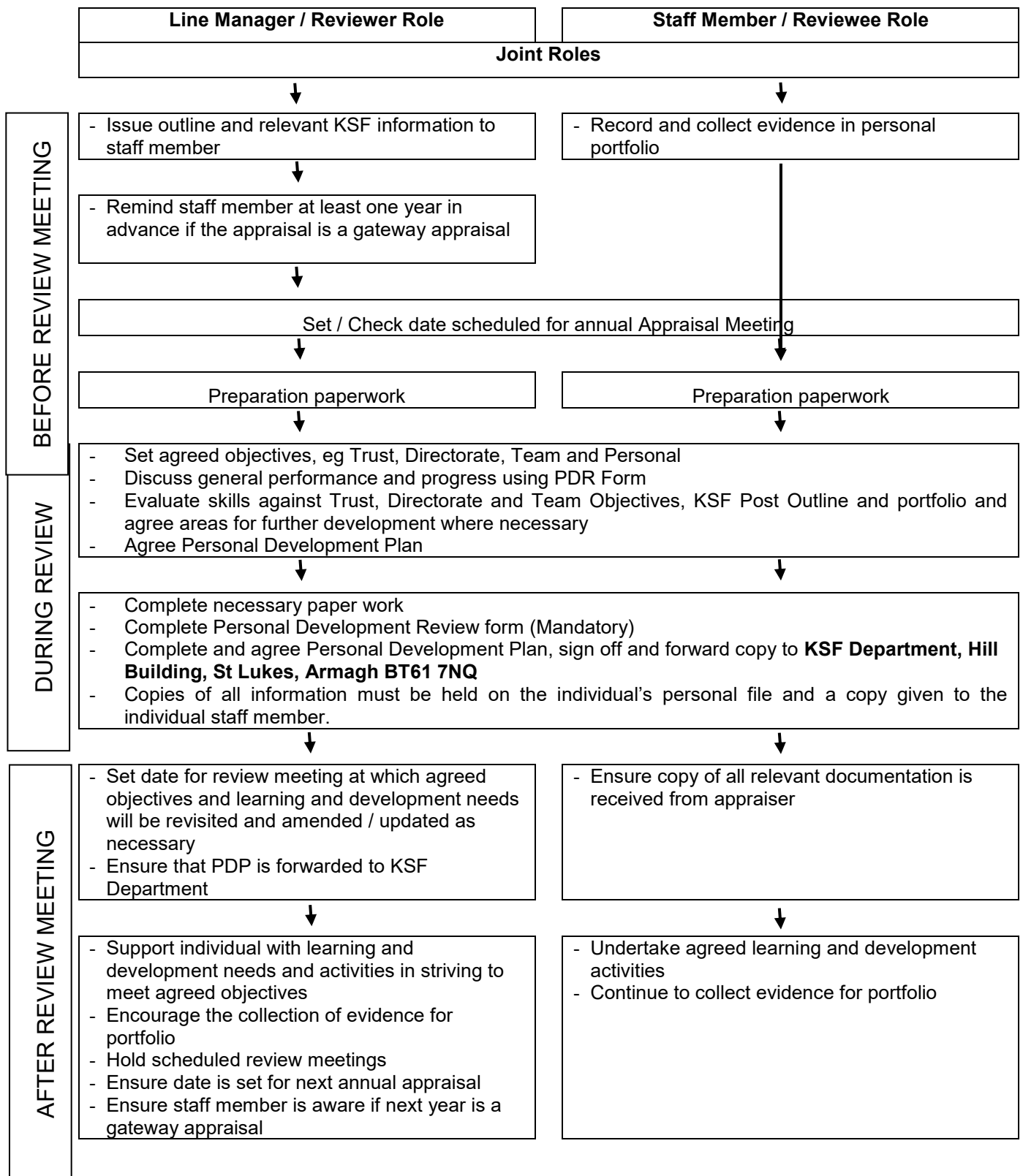
In accordance with employment law, temporary staff should be treated in the same way as permanent staff members.

Where an individual is employed on a temporary contract for a very short period of time, the manager and individual will agree the training needs as part of the induction. If the period of employment is for more than 6 months or the original temporary employment is extended to exceed 6 months it is expected that a Personal Development Plan will be developed for the member of staff based on the KSF outline.

8.9 Part-Time Working

Irrespective of the number of hours worked staff are required to have gateway reviews in order to pass through the paypoints. Personal Development Plan's and subset outlines should be realistic for the hours worked.

9. Flowchart for Personal Development Review



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

October 2004

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

October 2004

READER INFORMATION

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

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

1.1 What is the NHS KSF?

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

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

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

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

- facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all members of staff. The NHS KSF is based on the principles of good people management – how people like to be treated at work and how organisations can enable people to work effectively
- support the effective learning and development of individuals and teams – with all members of staff being supported to learn throughout their careers and develop in a variety of ways, and being given the resources to do so
- support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required within a post and managers enabling staff to develop within their post
- promote equality for and diversity of all staff – with every member of staff using the same framework, having the same opportunities for learning and development open to them and having the same structured approach to learning, development and review.

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

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

- 1 the NHS KSF and its associated development review process – together these form the basis of the career and pay progression strand
- 2 job evaluation
- 3 terms and conditions.

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

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

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

1.4 What principles is the NHS KSF based on?

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

- NHS-wide – it is applicable to all staff who work in the NHS across the UK, for all the roles that they undertake now and are likely to undertake in the foreseeable future
- developed and implemented in partnership – the NHS KSF has been developed through partnership working between management and trade unions and professional bodies. This partnership approach will continue as the NHS KSF is used for individuals' development in post and throughout their careers.

- developmental – the NHS KSF has been designed to support the development of individuals in their post and in their careers. Through supporting staff to develop, the services offered by the NHS to patients and the public will also improve. The NHS KSF is designed to support policies and plans for the future development of the National Health Service in the four countries of the UK¹. 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 frameworks² – 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.

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?

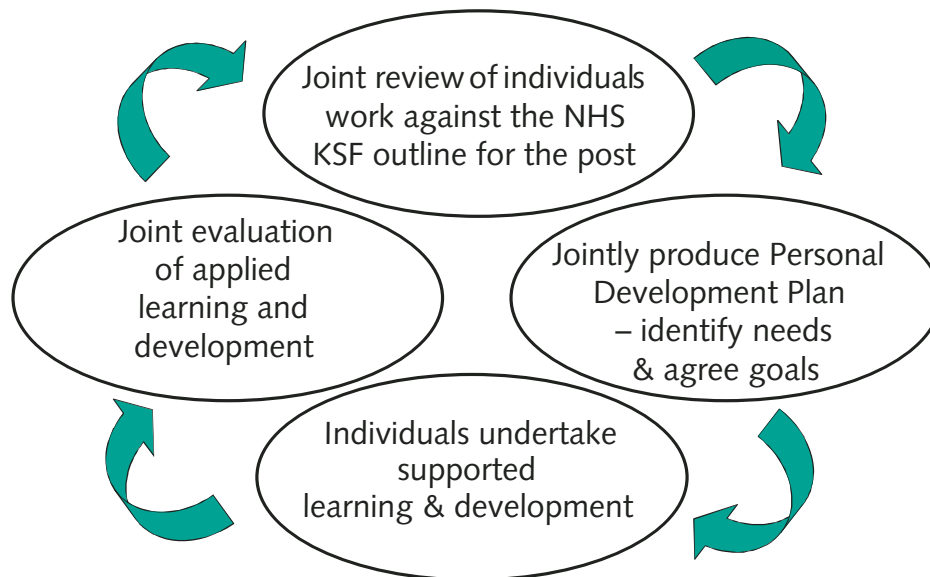
No. NHS KSF post outlines identify the dimensions and the levels that are appropriate for different posts. This means that posts will often have dimensions at a number of different levels. For example, a post might have the vast majority of the relevant dimensions at level 4, and then also have another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



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 level³

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 progression⁴.

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

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

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

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

WHAT IF ...

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

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

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

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

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

1.13 How does the NHS KSF link to lifelong learning?

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

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

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

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

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

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

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

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

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

- 1 reducing the level of one or more of the dimensions for the foundation gateway. For example, in dimension 2 on Personal and People Development, the requirement to provide information to others might well be seen as something that develops over time and is not a requirement for the first year in post, so a lower level of the dimension might be used
- 2 reducing the indicators that apply in the levels and dimensions, again determining those which are critical for the first year and those which are not. For example, one of the indicators requires proactivity in making recommendations for improvement to services, but it is agreed that this is not required in the first year in post
- 3 reducing the areas of application for the foundation gateway. This would mean having a limited range of activities that are required at the foundation gateway building to a more extensive range at the second gateway
- 4 using a combination of these approaches.

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

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

- 1 this is what any individual has to meet after their first year in this post – they still have time to develop to meet the full demands of the post over the coming years
- 2 that if individuals have problems passing through their foundation gateway this may say as much, if not more, about the recruitment and selection process as it does about that individual.

3 Using the NHS KSF in the development review process

3.1 The development review process

3.1.1 What is the development review process?

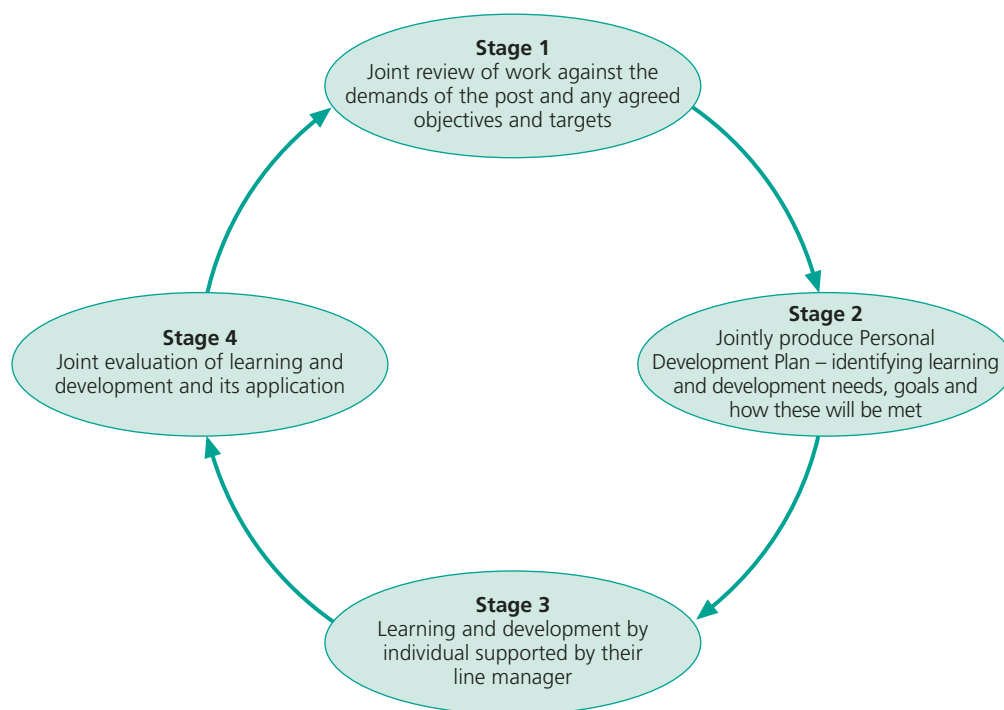
A development review is an ongoing cycle of review, planning, development and evaluation for individuals against the demands of their posts (as described in the NHS KSF outlines for those posts). All staff in the NHS who come under Agenda for Change will have annual NHS KSF development reviews.

The development review process has four stages:

- 1 a joint review between the individual and their reviewer – their line manager or another person acting in that capacity – of the individual's work against the demands of their post
- 2 the production of a Personal Development Plan (PDP) which identifies the individual's learning and development needs and interests – the plan is jointly agreed between the individual and their reviewer
- 3 learning and development by the individual supported by their reviewer
- 4 an evaluation of the learning and development that has taken place and how it has been applied by the individual in their work.

The cycle then starts at (1) again.

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



3.1.2 When should the review process start?

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

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

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

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

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

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

3.2 The development review stage

3.2.1 What is the development review?

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

- the duties and responsibilities of their post and current agreed objectives
- the application of knowledge and skills within the workplace
- the consequent development needs of the individual member of staff.

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

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

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

3.2.2 What happens in the development review?

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

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

- verbal feedback from the individual, manager or others
- written work produced by the individual staff member
- electronic work produced by the individual staff member
- records of work (such as minutes/notes of meetings showing the individual's contribution)
- the individual's portfolio containing such items as reflections on learning/practice that they are prepared to share.

There are some simple rules to remember:

- 1 there needs to be enough evidence for confirmation of the individual's work against the NHS KSF post outline – known as sufficiency of evidence
- 2 the information must be up-to-date and relevant to the NHS KSF post outline
- 3 one piece or source of evidence will often be applicable to different dimensions within the NHS KSF post outline
- 4 individuals should not be asked to provide evidence that is above the demands made within the NHS KSF post outline (eg requiring written work when this is not needed in the post)
- 5 the development review should not be a “paper chase” – all of the evidence should be available naturally in the workplace as the development review is about what an individual does at work.

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

They must **both**:

- set aside protected time and space for the review and planning stages
- make sure that they are fully prepared for the process including having the right materials available at the time (such as the NHS KSF outline for the post and the gateway)
- agree the time, location and venue of the review
- gather information on the individual's work against the NHS KSF outline for the post – this could be their own views of the individual's work, outputs from the individual's work (eg records, accounts) or be information from other people who have worked with the individual
- participate fully in the process
- jointly review the information that is available on the individual's work and come to a decision about how it meets the NHS KSF post outline and where there are areas for development
- record the outcomes of the review meeting and each keep a copy.

Individual members of staff should:

- ensure that they understand the NHS KSF outline for their post
- reflect on their work against the NHS KSF post outline using feedback from others as well as their own thoughts and views
- identify the different ways they can show where and how they have met the NHS KSF post outline
- identify where they need further development and suggest those areas that seem to be the most important.

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 post⁶. 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.

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 concerned⁷, 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.

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

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

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

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

These people might be:

- the human resource and/or the training department(s)
- trade union learning representatives
- individuals who have responsibility for the development of particular staff groups (such as professional development leads)
- individuals who have statutory responsibility for maintaining standards
- organisational development staff.

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

- different aspects that might affect individuals' learning and development such as:
 - their first language
 - their experience of learning and development in the past
 - the opportunities that have been available to them in the past and the effect of these opportunities on them
 - their confidence in relation to learning and development and the different methods available
 - other aspects of their life that might hinder or support their learning and development
 - their preferences for active or passive learning
- the learning and development opportunities that are available or that can be arranged and that will be effective in meeting the individual's learning needs and interests. For example, off-the-job courses might be appropriate when individuals are seeking to develop specific knowledge and skills but are less likely to be of use when the individual needs to learn how to apply the knowledge and skills in the workplace.
- the cost (direct and indirect) of such learning and development opportunities
- the funding that is available for different forms of learning and development and how this can be accessed and used

- whether there are any restrictions on access to different learning and development opportunities (eg whether individuals need to possess certain qualifications or be of a certain age)
- how to manage practical issues related to learning and development such as location, timing and travel
- the benefits of individuals gaining formal recognition or accreditation for specific aspects of their learning and development (such as National/Scottish Vocational Qualifications – NVQs and SVQs, certificates, diplomas, first degrees, masters or doctorates)
- how this will fit with mandatory and/or statutory training and development.

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

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

The outputs of the learning and development stage are:

- 1 records of the learning which the individual has undertaken – this may include outputs from on-job projects, handouts from formal training provision
- 2 notes/records of lack of resources for agreed learning and development for reviewers or others in the organisation to take the appropriate action.

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

3.5 The evaluation stage

3.5.1 What happens at the evaluation stage?

The purpose of the evaluation stage is for individuals to:

- reflect on the effectiveness of their learning and development in developing their knowledge and skills
- identify how their learning has improved their application of knowledge and skills in their post
- feedback to the organisation on how the learning and development could be improved.

3.5.2 How does evaluation inform what happens next?

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

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

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

3.5.3 What are the outputs of the evaluation stage?

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

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

The outcomes of the evaluation stage should be:

- 1 individuals who are able to reflect on their learning and development and apply this to their future work and development
- 2 actions taken by individuals with responsibility for development in the organisation to remedy any issues with learning and development opportunities.

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

APPENDIX 1

OVERVIEW OF THE

NHS KSF

OVERVIEW OF THE NHS KSF

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

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

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

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

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

APPENDIX 2 THE NHS KSF DIMENSIONS, LEVELS AND INDICATORS

CORE DIMENSION 1: COMMUNICATION

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

Core 1/Level 1: Communicate with a limited range of people on day-to-day matters

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

Core 1/Level 2: Communicate with a range of people on a range of matters

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

Core 1/Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations

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

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

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

(continued overleaf)

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

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

CORE DIMENSION 2: PERSONAL AND PEOPLE DEVELOPMENT

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

Core 2/Level 1: Contribute to own personal development

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

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

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

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

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

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

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

CORE DIMENSION 3: HEALTH, SAFETY AND SECURITY

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

Links to other KSF dimensions

This dimension is supported by:

- *Core 6 Equality and diversity.*

This dimension is different from dimensions:

- *HWB3 Protection of health and wellbeing* which focuses on specific protective measures for health and wellbeing such as child protection, environmental protection
- *EF3 Transport and logistics* which focuses on the transportation and flow of people and materials with and between agencies and community locations rather than the routine movement of people and items as one small part of one's work.

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

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

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

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

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

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

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

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

CORE DIMENSION 4: SERVICE IMPROVEMENT

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

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

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

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

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

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

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

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

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

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

CORE DIMENSION 5: QUALITY

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

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

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

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

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

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

Core 5/Level 3: Contribute to improving quality

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

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

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

CORE DIMENSION 6: EQUALITY AND DIVERSITY

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

Terminology

Equal opportunities – emphasises the structures, systems and measures of groups within society and within organisations. Equal opportunities is about addressing representation and balance.

Equality -is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on membership of a particular group.

Diversity – is about the recognition and valuing of difference in the broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals.

Discrimination – the practice of treating individuals less fairly than other people or groups.

Core 6/Level 1: Act in ways that support equality and value diversity

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

Core 6/Level 2: Support equality and value diversity

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

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

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

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

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

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

These may be relevant to all levels in this dimension

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

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

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

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

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

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

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

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

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

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

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

Terminology

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

Care plans: overall plans for the protection, enablement and care that people require to meet their health and wellbeing needs.

HWB2/Level 1: Assist in the assessment of people's health and wellbeing needs

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

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

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

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

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

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

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

DIMENSION HWB3: PROTECTION OF HEALTH AND WELLBEING

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

Links to other KSF dimensions

This dimension is supported by:

- *Core 1 Communication* – a key aspect of protection
- *Core 3 Health, safety and security* which focuses on promoting health, safety and security during ongoing work
- *Core 5 Quality* which focuses on promoting quality in ongoing work – a link to the inspection and monitoring aspects of this dimension
- *HWB2 Assessment and care planning to meet health and wellbeing needs* as it is likely that protection needs for individuals and groups will be identified in this process
- *IK2: Information collection and analysis* as it is through the collection and analysis of information that risks at a population level are often identified
- *G2 Development and innovation* which focuses on testing and developing new and innovative aspects including forms of protection.

This dimension is different from dimensions:

- *HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing* – which focuses on trying to prevent problems with health and wellbeing arising compared with this dimension which relates to addressing issues through protective measures.

Terminology

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

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

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

HWB3/Level 2: Contribute to protecting people at risk

Indicators

The worker:

- a) contacts people who are at risk taking the necessary action if difficulties are encountered
- b) explains to people the purpose for the contact, relevant regulatory powers, whether information will be confidential or disclosed and involves them in shared decision making
- c) prepares for and contributes to protective interventions in a manner that
 - is consistent with legislation, policies and procedures
 - is appropriate to the people concerned
 - is appropriate for the setting
 - maintains the health and safety of the people themselves, self and others
- d) takes appropriate and immediate action in response to contingencies
- e) records and reports the interventions consistent with legislation and relevant policies and procedures.

Examples of application

People might include:

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

Risks to health and wellbeing

See overview

Protective interventions might be:

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

Legislation, policies and procedures

See overview

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

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

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

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

DIMENSION HWB4: ENABLEMENT TO ADDRESS HEALTH AND WELLBEING NEEDS

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

Links to other KSF dimensions

This dimension is supported by:

- *Core 1 Communication* which focuses on effective communication – a key aspect of enablement
- *Core 3 Health, safety and security* – maintaining and promoting people's health, safety and security during work with them
- *Core 6 Equality and diversity* – which focuses on promoting equality and valuing diversity during work with people and enabling them to do the same
- *HWB2 Assessment and care planning to meet health and wellbeing needs* which would set the overall care plan in which this work is undertaken
- *G2 Development and innovation* which focuses on testing and developing new and innovative forms of enablement.

This dimension is different from dimension:

- *HWB5 Provision of care to meet health and wellbeing needs* – which focuses on working with individuals who are dependent on others for meeting some or all of their health and wellbeing needs in the short or long term
- *HWB7 Interventions and treatments* which focuses on intervening and treating individuals' physiological and/or psychological needs in the context of the whole person.

Terminology

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

Team – a group of people who work to achieve a purpose. Teams may work in close proximity to each other or team members might work largely on their own – both types of team contribute to the wider effort of the NHS in improving health and wellbeing and addressing health needs.

HWB4/Level 1: Help people meet daily health and wellbeing needs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DIMENSION HWB6: ASSESSMENT AND TREATMENT PLANNING

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

These may be relevant to all levels in this dimension

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

Terminology	<i>Treatment plans</i> – the overall plan of the treatments and/or interventions that individuals will need including any interconnections.

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

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

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

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

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

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

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

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

DIMENSION HWB7: INTERVENTIONS AND TREATMENTS

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

These may be relevant to all levels in this dimension

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

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

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

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

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

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

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

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

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

DIMENSION HWB8: BIOMEDICAL INVESTIGATION AND INTERVENTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DIMENSION HWB10: PRODUCTS TO MEET HEALTH AND WELLBEING NEEDS

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

These may be relevant to all levels in this dimension

Links to other KSF dimensions

This dimension is supported by:

- *Core 3 Health, safety and security* which focuses on dealing with hazards and risks
- *EF1 Systems, vehicles and equipment* which focuses on maintaining, monitoring and development all types of equipment and this might be an essential part of the preparation for this area of work
- *G3 Procurement and commissioning* which focuses on the procurement of materials and ingredients
- *G5 Services and project management* which focuses on coordinating the work of a service (eg catering management)

This dimension is different from dimension:

- *HWB9 Equipment and devices to meet health and wellbeing needs* – which focuses on the production of equipment and devices such as adaptive systems, environmental adaptations rather than products.

Terminology

Service user – the person for whom a product is being prepared (eg a patient or client) and/or a person contributing to a service (eg a donor).

HWB10/Level 1: Prepare simple products and ingredients

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

HWB10/Level 2: Prepare and supply routine products

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

HWB10/Level 3: Prepare and supply specialised products

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

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

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

DIMENSION EF1: SYSTEMS, VEHICLES AND EQUIPMENT

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

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

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

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

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

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

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

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

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

DIMENSION EF2: ENVIRONMENTS AND BUILDINGS

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

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

Indicators	Examples of application
<i>The worker:</i> 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 - clearing and emptying - refurbishment - removal and replacement - repairs – simple - replenishment of supplies - repositioning (eg of security cameras) - washing <u>Legislation, policies and procedures</u> See overview

EF2/Level 2: Monitor and maintain environments, buildings and/or items

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

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

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

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

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

DIMENSION EF3: TRANSPORT AND LOGISTICS

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

EF3/Level 1: Transport people and/or items

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

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

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

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

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

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

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

DIMENSION IK1: INFORMATION PROCESSING

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

Links to other KSF dimensions

This dimension is supported by:

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

This dimension is different from dimensions:

- *IK2 Information collection and analysis*: covers the analysis and interpretation of data and information
 - *IK3 Knowledge and information resources*: covers the use, management and development of all forms of knowledge and information resource, such as library services
-

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

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

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

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

IK1/Level 3: Monitor the processing of data and information

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

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

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

DIMENSION IK2: INFORMATION COLLECTION AND ANALYSIS

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

Examples of application

These may be relevant to all levels in this dimension

Data and information might be:

- qualitative
- quantitative.

Data and information may be held in systems which are:

- electronic
- paper-based

Data and information might relate to:

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

Legislation, policies and procedures may be international, national or local and may relate to:

- accreditation
- clinical negligence
- consent
- controls assurance
- data protection and confidentiality
- information
- freedom of information
- records management
- tax and revenue

Links to other KSF dimensions

This dimension is supported by:

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

This dimension is different from dimensions:

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

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

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

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

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

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

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

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

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

DIMENSION IK3: KNOWLEDGE AND INFORMATION RESOURCES

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

Links to other KSF dimensions

This dimension is supported by:

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

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

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

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

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

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

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

IK3/Level 4: Develop the acquisition, organisation, provision and use of knowledge and information

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

DIMENSION G1: LEARNING AND DEVELOPMENT

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

G1/Level 1: Assist with learning and development activities

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

G1/Level 2: Enable people to learn and develop

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

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

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

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

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

DIMENSION G2: DEVELOPMENT AND INNOVATION

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

Links to other KSF dimensions

This dimension is supported by:

- *IK1 Information processing*
- *IK2 Information collection and analysis*
- *G3 Procurement and commissioning* which focuses on purchasing systems, equipment, services etc
- *G5 Services and project management* which focuses on the planning, implementation and evaluation of services and projects (including those to test new solutions and approaches)
- *G7 Capacity and capability* which focuses on the development of collective capability including the workforce, organisations and communities.

This dimension contrasts with:

- *Core 4 Service improvement* which focuses on implementation of improvements within services once they have been agreed.

G2/Level 1: Appraise concepts, models, methods, practices, products and equipment developed by others	
Indicators	Examples of application
<i>The worker:</i>	<u>Developments</u>
a) identifies new <u>developments</u> made by others that might be relevant to own area of work	See <i>overview</i>
b) critically <u>evaluates and reviews developments</u> to determine if and how they could be applied within own area of work	<u>Legislation, policies and procedures</u> See <i>overview</i>
c) proposes the adoption of relevant developments within own work area to relevant decision makers	<u>Evaluating and reviewing developments may include:</u> – reading reviews/articles – testing samples – visiting other sites to see how they are used in practice – attending conferences/launches etc

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

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

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

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

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

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

DIMENSION G3: PROCUREMENT AND COMMISSIONING

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

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

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

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

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

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

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

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

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

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

DIMENSION G4: FINANCIAL MANAGEMENT

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

These may be relevant to all levels in this dimension

Links to other KSF dimensions

This dimension is supported by:

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

This dimension is different from dimensions:

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

G4/Level 1: Monitor expenditure

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

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

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

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

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

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

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

DIMENSION G5: SERVICES AND PROJECT MANAGEMENT

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

These may be relevant to all levels in this dimension

Links to other KSF dimensions

This dimension is supported by:

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

This dimension is different from dimensions:

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

G5/Level 1: Assist with the organisation of services and/or projects

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

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

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

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

Indicators	Examples of application
<i>The worker:</i>	<u>Services and projects</u>
a) identifies and assesses for operational planning	See overview
– the ways in which <u>services/projects</u> contribute to the achievement of organisational/partnership direction, aims and objectives – what needs to be achieved in services/projects – the inter-relationships between different parts including critical paths – <u>who needs to be involved in the planning and implementation of services/projects</u> – potential risks – priorities and targets – the impact of <u>legislation, policies, procedures</u> – methods and processes for reporting, controlling and communicating	<u>Who needs to be involved in the planning and implementation of the service/project</u> might include: – representatives of the public and/or the people for whom the service/project is being undertaken – partner organisations – individuals and teams involved in the delivery of the service/project – individuals/teams in interconnected services/projects.
	<u>Legislation, policies and procedures</u>
	See overview
	<u>Monitoring the delivery of the service/project</u> might include:
	– effectiveness of service/project in meeting specific and overall aims and objectives – efficiency – the use of financial resources against agreed budgets
	<u>Ways of addressing issues</u> may be:
	– adjusting operational plans – advising on the need for changes in strategy – developing services/projects to meet the needs of new/current users – improving guidance/information/support to the people involved – influencing levels of demand or patterns of use – requesting and/or accessing specialist assistance
	<u>Factors</u> may include:
	– availability of knowledge and skills – compatibility with other services – cost – environmental impact – impact on others' services – resources – time

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

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

DIMENSION G6: PEOPLE MANAGEMENT

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

G6/Level 1: Supervise people's work

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

G6/Level 2: Plan, allocate and supervise the work of a team

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

G6/Level 3: Coordinate and delegate work and review people's performance

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

G6/Level 4: Plan, develop, monitor and review the recruitment, deployment and management of people

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

DIMENSION G7: CAPACITY AND CAPABILITY

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

G7/Level 1: Sustain capacity and capability

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

G7/Level 2: Facilitate the development of capacity and capability

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

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

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

G7/Level 4: Work in partnership with others to develop and sustain capacity and capability

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

DIMENSION G8: PUBLIC RELATIONS AND MARKETING

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

G8/Level 1: Assist with public relations and marketing activities

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

G8/Level 2: Undertake public relations and marketing activities

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

G8/Level 3: Market and promote a service/organisation

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

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

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

APPENDIX 3 WHERE TO FIND IT IN THE NHS KSF

WHERE TO FIND IT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FORM FOR DEVELOPING AN NHS KSF OUTLINE FOR A POST

Title of Post

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

NHS KSF DIMENSIONS	Needed for post?	Level for post				
		1	2	3	4	Notes
<u>ESTATES AND FACILITIES</u>						
EF1 Systems, vehicles and equipment						
EF2 Environments and buildings						
EF3 Transport and logistics						
<u>INFORMATION AND KNOWLEDGE</u>						
IK1 Information processing						
IK2 Information collection and analysis						
IK3 Knowledge and information resources						
<u>GENERAL</u>						
G1 Learning and development						
G2 Development and innovation						
G3 Procurement and commissioning						
G4 Financial Management						
G5 Services and project management						
G6 People management						
G7 Capacity and capability						
G8 Public relations and marketing						

APPENDIX 5 BROAD OUTLINE FOR A POST

BROAD OUTLINE FOR A POST

Post: Basic Grade Occupational Therapist

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

NHS KSF DIMENSIONS	Needed for post?	Level for post				
		1	2	3	4	Notes
<u>ESTATES AND FACILITIES</u>						
EF1 Systems, vehicles and equipment						
EF2 Environments and buildings						
EF3 Transport and logistics						
<u>INFORMATION AND KNOWLEDGE</u>						
IK1 Information processing						
IK2 Information collection and analysis						
IK3 Knowledge and information resources						
<u>GENERAL</u>						
G1 Learning and development						
G2 Development and innovation						
G3 Procurement and commissioning						
G4 Financial Management						
G5 Services and project management						
G6 People management						
G7 Capacity and capability						
G8 Public relations and marketing						

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

EXAMPLE OF A FULL NHS KSF OUTLINE FOR A POST

Post: Basic Grade Occupational Therapist

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

Dimension	Level	Indicators	Areas of application for this post
2. Personal and People development	Level 2	a) assesses and identifies:	<u>Offering information to others</u> will include:
	Develop own knowledge and skills and provide information to others to help their development.	– feedback from <u>others</u> on own work – how s/he is applying knowledge and skills in relation to the KSF outline for the post – own development needs and interests in the current post – what has been helpful in his/her learning and development to date	– during induction – during ongoing work – to students on placement – when changes are being made to work practices.
		b) takes an active part in the development review of own work against the KSF outline for the post with reviewer and suggests areas for learning and development in the coming year	Feedback from <u>others</u> will mean
		c) takes responsibility for own <u>personal development</u> and takes an active part in learning opportunities	– participating in regular professional and/or operational supervision
		c) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems	Taking responsibility for <u>own personal development</u> will mean:
		d) keeps up-to-date records of own development review process	– participating in the basic grade development programme. – participating in the KSF development review
		f) <u>offers information to others</u> when it will help their development and/or help them meet work demands.	
3. Health Safety and Security	Level 2	a) identifies and assesses the potential risks involved in work activities and processes for self and <u>others</u>	Work activities include:
	Monitor and maintain health, safety and security of self and others.	b) identifies how best to manage the risks c) undertakes work activities consistent with: – <u>legislation, policies and procedures</u> – the assessment and management of <u>risk</u> d) takes the appropriate action to manage an <u>emergency</u> summoning assistance immediately when this is necessary e) reports actual or potential problems that may put health, safety and security at risk and suggest how they might be addressed f) support <u>others in maintaining health, safety and security.</u>	– clinical interventions – group and individual – knowledge of policies eg lone working – non-patient moving and handling – storage of materials and equipment
			<u>Management of risk</u> will include
			– complying with trust risk assessment procedure – attending all Trust mandatory training and directorate essential training.
			Action in an emergency includes:
			– following local procedure – completing appropriate paperwork

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

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

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

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

APPENDIX 7 THE NHS KSF DEVELOPMENT REVIEW PROCESS – FORMS

THE NHS KSF DEVELOPMENT REVIEW PROCESS – FORMS

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

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

The different forms that are needed are:

Form 1	The joint review stage – MANDATORY
Section 1	Background information on the individual (reviewee), their post and the review
Section 2	Recording development review decisions
Form 2	Personal Development Plan – OPTIONAL
Form 3	Personal development – record and evaluation – OPTIONAL

Confidentiality

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

MANDATORY

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

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

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

MANDATORY

FORM 1 SECTION 2 (page 1)

RECORDING DEVELOPMENT REVIEW DECISIONS

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

FORM 1 SECTION 2 (page 2)

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

Signature of individual Date Name of individual

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

Date of next review.....

OPTIONAL

FORM 2 PERSONAL DEVELOPMENT PLAN

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

Signature of individual Date Name of individual

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

OPTIONAL

FORM 3 PERSONAL DEVELOPMENT – RECORD AND EVALUATION

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

Signature of individual Date Name of individual

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



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INTEGRATED ELECTIVE ACCESS PROTOCOL

DRAFT

June 2020

Integrated Elective Access Protocol

Protocol Summary -

The purpose of this protocol is to outline the approved procedures for managing elective referrals to first definitive treatment or discharge.

Version	2.0 This guidance replaces the Integrated Elective Access Protocol, 30 th April 2008.
Status	Draft for approval
Date	30 June 2020

Integrated Elective Access Protocol**Version**

Version	Date of issue	Summary of change	Author
1.0	25 August 2006	New Regional Guidance: Integrated Elective Access Protocol	M Irvine M Wright S Greenwood
2.0	30 April 2008	Protocol refresh to encompass guidance on all aspects of the elective care pathway	M. Irvine, M. Wright, R. Hullat
3.0		Update and relaunch IEAP to provide updated regional guidance on administration of patients on elective care pathways.	L. Mc Laughlin, Regional IEAP Review Group.

Integrated Elective Access Protocol Review Group

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Integrated Elective Access Protocol**Document control**

The current and approved version of this document can be found on the Department of Health website <https://www.health-ni.gov.uk> and on the Health and Social Care Board and Trusts intranet sites.

Document:	Integrated Elective Access Protocol 3.0
Department:	Department of Health
Purpose:	To advise and inform patients and clinical, administrative and managerial staff of the approved processes for managing patients access to outpatient, diagnostic, elective and elective Allied Health Professional (AHP) services.
For use by:	All clinical, administrative and managerial staff who are responsible for managing referrals, appointments and elective admissions.
This document is compliant with:	Northern Ireland Health and Social Care (NI HSCC) and Department of Health (DOH) Information Standards and Guidance and Systems Technical Guidance. Irrelevant information redacted by the USI
Screened by:	
Issue date:	
Approval by:	
Approval date:	
Distribution:	Trust Chief Executives, Directors of Planning and Performance, Directors of Acute Care, Department of Health.
Review date:	1 April 2021

Monitoring compliance with protocol

Monitoring compliance with the processes in this document should be part of Trusts internal audit processes.

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Abbreviations

AHP	Allied Health Professional
CCG	Clinical Communication Gateway
CNA	Could Not Attend (appointment or admission)
DNA	Did Not Attend (appointment or admission)
DOH	Department of Health
CPD	Health and Social Care Commissioning Plan and Indicators of Performance Direction,
E Triage	An electronic triage system
GP	General Practitioner
HR	Human Resources (Trusts)
ICU	Intensive Care Unit
IEAP	Integrated Elective Access Protocol
IS	Independent Sector (provider)
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
IT	Information Technology
LOS	Length of Stay
MDT	Multidisciplinary Team
NI	Northern Ireland
PAS	Patient Administration System, which in this context refers to all electronic patient administration systems, including PARIS, whether in a hospital or community setting.
PTL	Primary Targeting List
SBA	Service and Budget Agreement
TCI	To Come In (date for patients)

INTEGRATED ELECTIVE ACCESS PROTOCOL

SECTION 1

CONTEXT

DRAFT

1.1 INTRODUCTION

- 1.1.1 This protocol has been developed to define the roles and responsibilities of all those involved in the elective care pathway and to outline good practice to assist staff with the effective management of outpatient appointments, diagnostic, elective admissions and allied health professional (AHP) bookings, including cancer pathways and waiting list management.
- 1.1.2 The length of time a patient needs to wait for elective treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital and AHP services provided by the Trust. The successful management of patients who wait for outpatient assessments, diagnostic investigations, elective inpatient or daycase treatment and AHP services is the responsibility of a number of key individuals within the organisation. General Practitioners (GPs), commissioners, hospital medical staff, allied health professionals, managers and clerical staff have an important role in ensuring access for patients in line with maximum waiting time targets as defined in the Department of Health (DOH) Commissioning Plan Direction (CPD) and good clinical practice, managing waiting lists effectively, treating patients and delivering a high quality, efficient and responsive service. Ensuring prompt timely and accurate communication with patients is a core responsibility of the hospital and the wider local health community.
- 1.1.3 The purpose of this protocol is to outline the approved processes for managing referrals to outpatient clinics, diagnostic procedures, elective procedures and operations and AHP booking procedures, through to discharge, to allow consistent and fair care and treatment for all patients.
- 1.1.4 The overall aim of the protocol is to ensure patients are treated in a timely and effective manner, specifically to:
- Ensure that patients receive treatment according to their clinical priority, with routine patients and those with the same clinical priority treated in chronological order, thereby minimising the time a patient spends on the waiting list and improving the quality of the patient experience.

- Reduce waiting times for treatment and ensure patients are treated in accordance with agreed targets.
- Allow patients to maximise their right to patient choice in the care and treatment that they need.
- Increase the number of patients with a booked outpatient or in-patient / daycase appointment, thereby minimising Did Not Attends (DNAs), cancellations (CNAs), and improving the patient experience.
- Reduce the number of cancelled operations for non-clinical reasons.

1.1.5 This protocol aims to ensure that a consistent approach is taken across all Trusts. The principles can be applied to primary and community settings, however it is recommended that separate guidance is developed which recognises the specific needs of the care pathway provided in these settings.

1.1.6 The purpose of this protocol is to define those roles and responsibilities, to document how data should be collected, recorded and reported, and to establish a number of good practice guidelines to assist staff with the effective management of outpatient, diagnostic, inpatient and AHP waiting lists. It will be a step-by-step guide to staff, and act as a reference work, for the successful management of patients waiting for treatment.

1.1.7 This protocol will be reviewed regularly to ensure that Trusts' policies and procedures remain up to date and that the guidance is consistent with good practice and changes in clinical practice, locally and nationally. Trusts will ensure a flexible approach to getting patients treated, which will deliver a quick response to the changing nature of waiting lists, and their successful management.

1.2 METHODOLOGY

1.2.1 The Department of Health (DOH) has set out a series of challenging targets for Trusts in Northern Ireland in the field of elective treatment management. Trusts will recognise the need to move the treatment agenda forward in the context of its shared responsibility for the delivery of these goals.

- 1.2.2 In this context, this protocol has been prepared to provide clarity of purpose within Trusts with a view to merging seamlessly with the policies of other agencies in the wider health community as they emerge.
- 1.2.3 This protocol has been prepared to clarify Trusts' medium and long-term objectives, set the context in which they will be delivered and establish the parameters within which staff at divisional, specialty and departmental levels will operate.
- 1.2.4 For the purposes of this protocol, the term;
- outpatient refers to a patient who has a clinical consultation. This may be face to face or virtual,
 - elective admissions refer to inpatient and daycase admissions,
 - inpatient refers to inpatient and daycase elective treatment,
 - diagnostic refers to patients who attend for a scan / test or investigation,
 - AHP refers to allied health professionals who work with people to help them protect and improve their health and well-being. There are thirteen professions recognised as allied health professions in Northern Ireland (NI),
 - partial booking refers to the process whereby a patient has an opportunity to agree the date and time of their appointment,
 - fixed booking refers to processes where the patient's appointment is made by the Trust booking office and the patient does not have the opportunity to agree/confirm the date and time of their appointment,
 - virtual appointment refers to any appointment that does not involve the physical presence of a patient at a clinic, (see also 1.5 Virtual Activity).
 - PAS refers to all electronic patient administration systems, including PARIS, whether in a hospital or community setting and those used in diagnostic departments such as NIPACS and systems used for other diagnostics / physiological investigations.

- 1.2.5 Trusts must maintain robust information systems to support the delivery of patient care through their clinical pathway. Robust data quality is essential to ensure accurate and reliable data is held, to support the production of timely operational and management information and to facilitate clinical and clerical training. All patient information should be recorded and held on an electronic system (PAS). Manual patient information systems should not be maintained.
- 1.2.6 All staff involved in the administration of waiting lists will ensure that Trusts' policies and procedures with respect to data collection and entry are strictly adhered to. This is to ensure the accuracy and reliability of data held on electronic hospital/patient administration systems and the waiting times for treatment.
- 1.2.7 Trusts should provide training programmes for staff which include all aspects of this Integrated Elective Access Protocol (IEAP). It is expected that training will be cascaded to and by each clinical, managerial or administrative tier within Trusts. Trusts will provide appropriate information to staff so they can make informed decisions when delivering and monitoring this protocol. All staff involved in the administration of waiting lists will be expected to read and sign off this protocol.
- 1.2.8 This protocol will be available to all staff via Trusts' Intranet.

1.3 UNDERPINNING PRINCIPLES

- 1.3.1 Patients will be treated on the basis of their clinical urgency with urgent patients seen and treated first. The definition of clinical urgency will be defined and agreed at specialty / procedure / service level.
- 1.3.2 Patients with the same clinical need will be treated in chronological order on grounds of fairness, and to minimise the waiting time for all patients.

- 1.3.3 As part of a plan for the implementation of booking, Trusts must ensure their elective admission selection system is managed on a chronological basis within clinical priority.
- 1.3.4 Patients who are added to the active waiting list must be clinically and socially ready for admission on the day of the decision to add the patient to the waiting list, i.e. the patient must be “fit, ready, and able” to come in (TCI).
- 1.3.5 Trusts should design processes to ensure that inpatient care is the exception for the majority of elective procedures and that daycase is promoted. The principle is about moving care to the most appropriate setting, based on clinical judgement. This means moving daycase surgery to outpatient care and outpatient care to primary care or alternative clinical models where appropriate.
- 1.3.6 Referrals into Trusts should be pooled where possible as the norm within specialties.
- 1.3.7 Trusts will maintain and promote electronic booking systems aimed at making hospital appointments more convenient for patients. Trusts should move away from fixed appointments to partially booked appointments.
- 1.3.8 Trusts should also promote direct access services where patients are directly referred from primary and community care to the direct access service for both assessment and treatment. Direct access arrangements must be supported by clearly agreed clinical pathways and referral guidance, jointly developed by primary and secondary care.
- 1.3.9 For the purposes of booking/arranging appointments, all patient information should be recorded and held on an electronic system. Trusts should not use manual administration systems to record and report patient's information.
- 1.3.10 In all aspects of the booking processes, additional steps may be required for **children, adults at risk, those with physical/learning difficulties and those who require assistance with language**. It is essential that patients who are considered at risk for whatever reason have their needs identified

and prioritised at the point of referral and appropriate arrangements made.
Trusts must have mechanisms in place to identify such cases.

1.3.11 Trusts have a responsibility to ensure that children and adults at risk who DNA or CNA their outpatient, inpatient, diagnostic or AHP appointment are followed up by the most appropriate healthcare professional and a clear link to the referring clinician established.

1.3.12 Trusts must ensure that the needs of ethnic groups and people with special requirements should be considered at all stages of the patient's pathway.

1.4 BOOKING PRINCIPLES

1.4.1 These booking principles will support all areas across the elective and AHP pathways where appointment systems are used.

1.4.2 Offering the patient choice of date and time where possible is essential in agreeing and booking appointments with patients through partial booking systems. Trusts should ensure booking systems enable patients to choose and agree hospital appointments that are convenient for them.

1.4.3 Facilitating reasonable offers to patients should be seen within the context of robust booking systems being in place.

1.4.4 All booking principles should be underpinned with the relevant local policies to provide clarity to operational staff.

1.4.5 Trusts should ensure booking processes are continually reviewed and updated as required to reflect local and regional requirements at an operational level.

1.4.6 The definition of a booked appointment is:

- a) The patient is given the choice of when to attend or have a virtual appointment.

- b) The patient is able to choose and confirm their appointment within the timeframe relevant to the clinical urgency of their appointment.
- c) The range of dates available to a patient may reduce if they need to be seen quickly, e.g. urgent referrals or within two weeks if cancer is suspected.
- d) The patient may choose to agree a date outside the range of dates offered or defer their decision until later.

1.4.7 Principles for booking Cancer Pathway patients:

- a) All suspected cancer referrals should be booked in line with the agreed clinical pathway requirement for the patient and a maximum of 14 days from the receipt of referral.
- b) Dedicated registration functions for red flag (suspect cancer) referrals should be in place within centralised booking teams.
- c) Clinical teams must ensure triage, where required, is undertaken daily, irrespective of leave, in order to initiate booking patients.
- d) Patients will be contacted by telephone twice (morning and afternoon).
- e) If telephone contact cannot be made, a fixed appointment will be issued to the patient within a maximum of three days of receipt of referral.
- f) Systems should be established to ensure the Patient Tracker / Multidisciplinary Team (MDT) Co-coordinator is notified of the suspected cancer patient referral, to allow them to commence prospective tracking of the patient.

1.4.8 Principles for booking Urgent Pathway patients:

- a) Maximum waiting times for urgent patients should be agreed locally with clinicians and/or service managers and made explicit, through internal processes, to booking office staff.
- b) Referrals will be received, registered within one working day and forwarded to consultants for prioritisation.
- c) If clinical priority is not received from consultants within 72 hours, processes should be in place to initiate booking of urgent patients according to the referrers's classification of urgency.

- d) Patients will be issued with a letter inviting them to contact the Trust to agree and confirm their appointment in line with the urgent booking process.
- e) In exceptional cases, some patients will require to be appointed to the next available slot. A robust process for telephone booking these patients should be developed which should be clearly auditable.

1.4.9 Principles for booking Routine Pathway patients:

- a) Patients should be booked to ensure appointment (including virtual appointment) is within the maximum waiting time guarantees for routine appointments.
- b) Referrals will be received, registered within one working day at booking teams and forwarded to consultants for prioritisation.
- c) Approximately eight weeks prior to appointment, Trusts should calculate prospective slot capacity and immediately implement escalation policy where capacity gaps are identified.
- d) Patients should be selected for booking in chronological order from the Primary Targeting List (PTL).
- e) Six weeks prior to appointment, patients are issued with a letter inviting them to contact the Trust to agree and confirm their appointment.

1.4.10 Principles for Booking Review Patients;

- a) Patients who need to be reviewed within 6 weeks will agree their appointment (including virtual appointment) before they leave the clinic, where possible.
- b) Patients who require a review appointment more than 6 weeks in advance will be added to and managed on a review waiting list.
- c) Patients will be added to the review waiting list with a clearly indicated date of treatment and selected for booking according to this date.
- d) Six weeks prior to the indicative date of treatment, patients are issued with a letter inviting them to contact the Trust to agree and confirm their appointment within a clinically agreed window either side of the indicative date of treatment.

- 1.4.11 It is recognised that some groups of patients may require booking processes that have additional steps in the pathway. These should be designed around the principles outlined to ensure choice and certainty as well as reflecting the individual requirements necessary to support their particular patient journey.

1.5 VIRTUAL ACTIVITY

- 1.5.1 Virtual Activity relates to any planned contact by the Trust with a patient (or their proxy) for healthcare delivery purposes i.e. clinical consultation, advice, review and treatment planning. It may be in the form of a telephone contact, video link, telemedicine or telecommunication, e.g. email.
- 1.5.2 The contact is in lieu of a face-to-face contact of a patient/client, i.e. a face-to-face contact would have been necessary if the telephone/video link/etc. had not taken place.
- 1.5.3 The call/contact should be prearranged with the patient and /or their proxy. Patients should not be disadvantaged where a decision is made to assess their clinical need through the use of virtual clinics.
- 1.5.4 The contact must be auditable with a written note detailing the date and substance of the contact is made following the consultation and retained in the patient's records.

1.6 COMPLIANCE WITH LEAVE PROTOCOL

- 1.6.1 It is essential that planned medical and other clinical staff leave or absence is organised in line with an agreed Trust Human Resources (HR) protocol. Thus it is necessary for Trusts to have robust local HR policies and procedures in place that minimise the cancellation/reduction of outpatient clinics and the work associated with the rebooking of appointments.
- 1.6.2 There should be clear medical and clinical agreement and commitment to this HR policy. Where cancelling and rebooking is unavoidable the procedures used must be equitable, efficient, comply with clinical governance principles and ensure that maximum waiting times for patients are not compromised.

- 1.6.3 The protocol should require a minimum of six weeks' notification of intended leave, in line with locally agreed HR policies, in order to facilitate Trusts booking teams to manage appointment processes six weeks in advance.
- 1.6.4 The booking team should have responsibility for monitoring compliance with the notification of leave protocol, with clear routes for escalation, reporting and audit.

1.7 VALIDATION

- 1.7.1 A continuous process of data quality validation should be in place to ensure data accuracy at all times. This should be undertaken as a minimum on a monthly basis. This is essential to ensure the efficiency of the elective pathway at all times. In addition, Trusts should ensure that waiting lists are regularly validated to ensure that only those patients who want or still require a procedure are on the waiting list.
- 1.7.2 Involvement of clinicians in the validation process is essential to ensure that waiting lists are robust from a clinical perspective. Trusts should ensure an ongoing process of clinical validation and audit is in place.

INTEGRATED ELECTIVE ACCESS PROTOCOL

SECTION 2

**GUIDANCE FOR MANAGEMENT OF OUTPATIENT
SERVICES**

DRAFT

2.1 INTRODUCTION

- 2.1.1 The following protocol is based on recommended good practice guidelines to assist staff with the effective management of outpatient services, including those patients whose referral is managed virtually.
- 2.1.2 The administration and management of the outpatient pathway from receipt of referral to appointment within and across Trusts must be consistent, easily understood, patient focused, and responsive to clinical decision-making.
- 2.1.3 There will be dedicated booking offices within Trusts to receive, register and process all outpatient referrals.
- 2.1.4 Fixed appointments should only be used in exceptional circumstances.
- 2.1.5 In all aspects of the outpatient booking process, additional steps may be required for **children, adults at risk, those with physical/learning difficulties and those who require assistance with language**. Local booking policies should be developed accordingly.

2.2 KEY PRINCIPLES

- 2.2.1 Referrals into Trusts should be pooled where possible within specialties.
- 2.2.2 All new referrals, appointments and outpatient waiting lists should be managed according to clinical priorities. Priorities must be identified for each patient on the waiting list and allocated according to urgency of the treatment. Trusts will manage patients in three priorities, i.e.
 - 1. Red flag (suspect cancer),
 - 2. urgent and
 - 3. routine.No other clinical priority categories should be used for outpatient services.
- 2.2.3 Patients of equal clinical priority will be selected for booking in strict chronological order.

- 2.2.4 Patient appointments for new and review should be **partially booked**.
- 2.2.5 The regional target for a maximum outpatient waiting time is outlined in the Health and Social Care Commissioning Plan and Indicators of Performance Direction (CPD), <https://www.health-ni.gov.uk/doh-management-and-structure> (see Ministerial Priorities).
- 2.2.6 Maximum waiting times for urgent patients should be agreed locally with clinicians and made explicit, through internal processes, to booking office staff. Booking staff should ensure that patients are appointed within the clinical timeframe indicated by the consultant and capacity issues are quickly identified and escalated.
- 2.2.7 Patients should not be disadvantaged where a decision is made to assess their clinical need through virtual activity.
- 2.2.8 Trusts should ensure that clinical templates are constantly reviewed to meet changes in demand and new clinical practice.
- 2.2.9 Data collection in respect of referrals and waiting times should be accurate, timely, complete and subject to regular audit and validation.
- 2.2.10 Trusts will work towards providing a single point of contact for all patients with respect to outpatient appointment services. It is recognised that there may be services which require alternative processes.
- 2.2.11 Trusts should **not** use manual administration systems to record and report patients who have been booked.
- 2.2.12 Trusts should provide training programmes for staff which include all aspects of IEAP. It is expected that training will be cascaded to and by each clinical, managerial or administrative tier within Trusts.

2.3 NEW REFERRALS

- 2.3.1 All outpatient referrals (including those sent via Clinical Communication Gateway (CCG)) sent to Trusts will be registered within **one** working day of receipt. Referrer priority status must be recorded at registration.
- 2.3.2 Trusts will work towards a system whereby the location of all referrals (paper and electronic) not yet prioritised can be identified and tracked.
- 2.3.3 All referrals must be prioritised and clinical urgency must be clearly identified. Clinicians and management will be responsible for ensuring that cover is provided for referrals to be read and prioritised during any absence.
- 2.3.4 All referrals will be prioritised (including those prioritised via E-Triage) within **a maximum of three** working days of date of receipt of referral. Note; Red flag referrals require **daily** triage.
- 2.3.5 Following prioritisation, referrals must be actioned on PAS and appropriate correspondence (including electronic), e.g. acknowledgement or appointment letter, issued to patients within **one** working day.
- 2.3.6 Inappropriate and inadequate referrals should be returned to the referral source immediately and the referral closed and managed in line with the PAS technical guidance.

2.4 CALCULATION OF THE WAITING TIME – STARTING TIME

- 2.4.1 The starting point for the waiting time of an outpatient new referral is the date the referral is received by the booking office/department.
- 2.4.2 In exceptional cases where referrals bypass the booking office (e.g. sent directly to a consultant) the Trust must have a process in place to ensure that these are date stamped on receipt, immediately forwarded to the booking office and registered at the date on the date stamp.

2.5 REASONABLE OFFERS

2.5.1 For patients who are partially booked, a reasonable offer is defined as:

- an offer of appointment, irrespective of provider or location, that gives the patient a minimum of **three** weeks' notice and **two** appointment dates, and
- at least **one** offer must be within Northern Ireland (NI), except for any regional specialties where there are no alternative providers within NI.

2.5.2 If a reasonable offer is made to a patient, which is then refused, the waiting time will be recalculated from the date the reasonable offer was refused.

2.5.3 This does not prevent patients being offered earlier appointment dates. If the patient is offered an appointment within a shorter notice period (i.e. less than three weeks' notice) and refuses it they will not have their waiting time reset.

2.5.4 If the patient accepts an appointment at short notice, but then cancels the appointment, the waiting time can be recalculated from the date of the cancellation as the patient has entered into an agreement with the provider.

2.5.5 Urgent patients must be booked within the locally agreed maximum waiting time from the date of receipt. It is recognised that there will be occasional exceptions to this, where clinical urgency dictates that the patient is appointed immediately. Clearly defined booking protocols will be required to support specialties and booking staff.

2.5.6 Providers should have robust audit procedures in place to demonstrate compliance with the above.

2.5.7 To ensure the verbal booking process is auditable, the Trust should make and cancel an appointment using the date of the second appointment date offered and refused for this transaction.

2.6 REVIEW APPOINTMENTS

- 2.6.1 All review appointments must be made within the time frame specified by the clinician. If a review appointment cannot be given at the specified time due to the unavailability of a clinic appointment slot, a timeframe either side of this date should be agreed with the clinician. Where there are linked interventions, discussions on a suitable review date should be discussed and agreed with the clinician.
- 2.6.2 Patients must be recorded on PAS as requiring to be seen within a clinically indicated time. Trusts should actively monitor patients on the review list to ensure that they do not go past their indicative time of treatment.
- 2.6.3 Review patients who require an appointment within **six** weeks will be asked to agree the date and time of the appointment before leaving the department and PAS updated.
- 2.6.4 Patients requiring an appointment outside **six** weeks will be placed on a review waiting list, with the agreed clinically appropriate appointment date recorded, and be booked in line with implementation guidance for review pathway patients.
- 2.6.5 Virtual review appointments, e.g. telephone or video link, should be partially booked. If the patient cannot be contacted for their virtual review they should be sent a partial booking letter to arrange an appointment.

2.7 MANAGEMENT OF PATIENTS WHO DID NOT ATTEND (DNA) OR CANCELLED (CNA) THEIR APPOINTMENT

2.7.1 DNAs – New Outpatient

If a patient DNAs their new outpatient appointment the following process must be followed:

- 2.7.1(a) Patients who have been partially booked will **not** be offered a second appointment and should be removed from the waiting list. The patient and referring clinician (and the patient's GP, where they are not the referring clinician) will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.
- 2.7.1(b) Under exceptional circumstances a clinician may decide that a patient who DNAs a first appointment should not be removed from the waiting list and should be offered a second appointment. Trusts should put in place local agreements with clinicians, regarding those referrals (e.g. red flag) or specialties where patients may be at risk (e.g. paediatrics or adults at risk) where a second appointment should always be offered.
- 2.7.1(c) Patients who DNA and are not discharged but offered a second appointment will have their waiting time clock reset to the date of the DNA.
- 2.7.1(d) *Where patients are discharged from the waiting list (ref. 2.7.1(a)) they should be advised to contact the Trust booking office within **four** weeks of the original appointment date if they consider that the appointment is still required. Where a patient makes contact within the **four** week deadline, and where the Trust considers that unforeseen or exceptional circumstances meant that the patient was unable to attend, the patient should be added to the waiting list at the date that they have made contact with the Trust. If a patient makes contact after the **four** week period they cannot be reinstated.*
- 2.7.1(e) If the patient DNAs the second appointment offered then the patient should **not** be offered another opportunity to be reinstated. The patient and referring clinician (and the patient's GP, where they are not the referring clinician) will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.
- 2.7.1(f) Where a patient DNAs a fixed new appointment (i.e. they have not had the opportunity to agree/confirm the date and time of the appointment) they should be offered another appointment.

2.7.1(g) If the patient DNAs this second fixed appointment they will be removed from the waiting list and the steps in 2.7.1(d) should be followed.

2.7.1(h) If a patient DNA's a virtual outpatient appointment this should follow the above protocol based on whether the appointment is partially booked or fixed. The Trust should ensure that the contact details of the patient are up to date and available.

2.7.2 DNAs – Review Outpatient

If a patient DNAs their review outpatient the following process must be followed:

2.7.2(a) Where a patient has been partially booked and does not attend, a clinical decision should be taken as to whether a second appointment should be offered or whether the patient can be discharged.

2.7.2(b) Where the clinical decision is that a second appointment should be offered, this should be partially booked.

2.7.2(c) Where the clinical decision is that a second appointment should **not** be offered, Trusts should contact patients advising that as they have failed to attend their appointment they have been discharged from the waiting list. The referring clinician (and the patient's GP, where they are not the referring clinician) should also be informed of this.

2.7.2(d) *Patients being discharged from the list should be advised to contact the Trust booking office if they have any queries. Where unforeseen or exceptional circumstances meant that the patient was unable to attend, and the patient makes contact within **four** weeks of the original appointment date, a clinical decision may be made to offer a second appointment. Where this is the case, the patient should be added to the review waiting list with a revised clinically indicated date at the date they make contact with the Trust.*

2.7.2(e) If the patient DNAs the second review appointment which has been partially booked then the patient should **not** be offered another opportunity to be reinstated. The patient and referrer will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.

- 2.7.2(f) Where a patient DNAs a fixed review appointment where they have not had the opportunity to agree/ confirm the date and time of their appointment, they should be offered another appointment. If they DNA this second fixed appointment, the above should be followed.
- 2.7.2(g) If a patient DNA's a virtual outpatient review appointment this should follow the above protocol based on whether the appointment is partially booked or fixed. The Trust should ensure that the contact details of the patient are up to date and available.
- 2.7.2(h) There may be instances for review patients where the clinician may wish to review notes prior to any action to remove a patient because of a DNA or failure to respond to a partial booking letter. Trusts should ensure that there are locally agreed processes in place to administer these patients.

2.7.3 CNAs – Patient Initiated Cancellations of Outpatient Appointments

If a patient cancels their outpatient appointment the following process must be followed:

- 2.7.3(a) The patient will be given a second opportunity to book an appointment (where this is still required), which should be within **six** weeks of the original appointment date.
- 2.7.3(b) Patients who CNA will have their waiting time clock reset to the date the Trust was informed of the cancellation.
- 2.7.3(c) If a second appointment is cancelled, the patient will **not** normally be given another appointment. Where a decision is taken not to offer a further appointment, Trusts should contact patients advising that they have been discharged from the waiting list. The referring clinician (and the GP, where they are not the referring clinician) should also be informed of this.
- 2.7.3(d) However, where unforeseen or exceptional circumstances mean that the patient had to cancel a second appointment, the Trust may exercise discretion to offer a third appointment. This should include seeking a clinical review of the patient's case where this is appropriate.
- 2.7.3(e) If a patient CNA's a virtual outpatient appointment this should follow the above protocol.

2.8 CNAs – HOSPITAL INITIATED CANCELLATIONS

- 2.8.1 No patient should have his or her appointment cancelled. If Trusts cancel a patient's appointment, including a virtual appointment, the waiting time clock will not be re-set and the patient will be offered an alternative reasonable date at the earliest opportunity.
- 2.8.2 The patient should be informed of the cancellation and a new appointment partially booked.
- 2.8.3 Trusts will make best efforts to ensure that a patient's appointment is not cancelled a second time for non-clinical reasons.
- 2.8.4 Hospital initiated cancellations will be recorded and reported to the relevant department on a monthly basis. Where patients are cancelled on the day of appointment a new appointment should, where possible, be agreed with the patient prior to the patient leaving the department.

2.9 CLINIC OUTCOME MANAGEMENT

- 2.9.1 Changes in the patient's details must be updated on PAS and the medical records on the date of the clinic.
- 2.9.2 When the consultation has been completed, and where there is a clear decision made on the next step, patient outcomes must be recorded on the date of clinic.

2.10 CLINIC TEMPLATE CHANGES

- 2.10.1 Clinic templates should be agreed between the consultant and service manager. These should reflect the commissioning volumes associated with that service area in the Service and Budget Agreement (SBAs).

- 2.10.2 Templates will identify the number of slots available for red flag, urgent, and routine and review appointments; specify the time each clinic is scheduled to start and finish; and identify the length of time allocated for each appointment slot.
- 2.10.3 All requests for template and temporary clinic rule changes will only be accepted in writing. A minimum of six weeks' notice will be provided for clinic template changes.
- 2.10.4 All requests for permanent and temporary template changes should be discussed with the appropriate service or general manager.

2.11 TRANSFERS BETWEEN HOSPITALS or to INDEPENDENT SECTOR

- 2.11.1 Effective planning on the basis of available capacity should minimise the need to transfer patients between hospitals or to independent sector (IS) providers.
- 2.11.2 Transfers to alternative providers must always be with the consent of the patient and the receiving consultant and be managed in line with PAS technical guidance, (see also Reasonable Offers, ref. 2.5). Administrative speed and good communication are very important to ensure this process runs smoothly.

2.12 OPEN REGISTRATIONS

- 2.12.1 Registrations that have been opened on PAS should not be left open. When a patient referral for a new outpatient appointment has been opened on PAS, and their referral information has been recorded correctly, the patient will appear on the waiting list and will continue to do so until they have been seen or discharged in line with the earlier sections of this policy.
- 2.12.2 When a patient has attended their new outpatient appointment their outcome should be recorded on PAS within three working days of the appointment. The possible outcomes are that the patient is:
- added to appropriate waiting list,

- discharged,
- booked into a review appointment or
- added to a review waiting list.

If one of the above actions is not carried out the patient can get lost in the system which carries a governance risk.

2.13 TIME CRITICAL CONDITIONS

- 2.13.1 All referrals for new patients with time critical conditions, should be booked in line with the agreed clinical pathway requirement for the patient and within a maximum of the regionally recognised defined timescale from the receipt of the referral (e.g. for suspect cancer (red flag) and rapid access angina assessment the timescale is 14 days).
- 2.13.2 Patients will be contacted by phone and if telephone contact cannot be made, a fixed appointment will be issued.
- 2.13.3 If the patient does not respond to an offer of appointment (by phone and letter) the relevant clinical team should be advised before a decision is taken to discharge. Where a decision is taken to discharge the patient, the patient's GP should be informed.
- 2.13.4 If the patient refuses the first appointment they should be offered a second appointment during the same telephone call. This second appointment should be offered on a date which is within **14** days of the date the initial appointment was offered and refused. In order to capture the correct waiting time the first appointment will have to be scheduled and then cancelled on the day of the offer and the patient choice field updated in line with the technical guidance. This will then reset the patient's waiting time to the date the initial appointment was refused.
- 2.13.5 If the patient cancels **two** agreed appointment dates the relevant clinical team should be advised before a decision is taken to discharge. Where a decision is taken to discharge the patient, the patient's GP should be informed.

- 2.13.6 If the patient has agreed an appointment but then DNAs the relevant clinical team should be advised before a decision is taken to discharge. Where a decision is taken to discharge the patient, the patient's GP should be informed.
- 2.13.7 Where the patient DNAs a fixed appointment they should be offered another appointment.
- 2.13.8 If the patient DNAs this second fixed appointment the relevant clinical team should be advised before a decision is taken to discharge. Where a decision is taken to discharge the patient, the patient's GP should be informed.
- 2.13.9 With regard to 2.13.4 to 2.13.8 above, it is the responsibility of each individual Trust to agree the discharge arrangements with the clinical team.
- 2.13.10 If the patient is not available for up to **six** weeks following receipt of referral, the original referral should be discharged a second new referral should be opened with the same information as the original referral and with a new date equal to the date the patient has advised that they will be available and the patient monitored from this date.

2.14 TECHNICAL GUIDANCE

2.14.1 See also Regional ISB Standards and Guidance

Irrelevant information redacted by the USI

re;

- Acute activity definitions.
- Effective Use of Resources policy.

2.14.2 See also PAS technical guidance

Irrelevant information redacted by the USI

for recording;

- ICATS waiting times and activity (including paper triage)
- Biologic therapies activity.

- Cancer related information.
- Centralised funding waiting list validation.
- Patients treated (IP/DC) or seen (OP) by an independent sector provider.
- Obstetric and midwifery activity.
- Outpatients who are to be treated for Glaucoma.
- Management of referrals for outpatient services.
- Rapid angina assessment clinic (RAAC).
- Regional assessment and surgical centres.
- Management of waiting times of patients who transfer between NHS sites (either within NI or the rest of the UK).
- Patients who are to be treated as part of a waiting list initiative / additional in house activity.
- Recording Consultant Virtual Outpatient Activity (June 2020)

INTEGRATED ELECTIVE ACCESS PROTOCOL

SECTION 3

**GUIDANCE FOR MANAGEMENT OF DIAGNOSTIC
SERVICES**

DRAFT

3.1 INTRODUCTION

- 3.1.1 A diagnostic procedure may be performed by a range of medical and clinical professionals across many different modalities, including, diagnostic imaging, cardiac imaging and physiological measurement services. These may have differing operational protocols, pathways and information systems but the principles of the IEAP should be applied across all diagnostic services.
- 3.1.2 The principles of good practice outlined in the Outpatient and Elective Admissions sections of this document should be adopted in order to ensure consistent standards and processes for patients as they move along the pathway of investigations, assessment and treatment. This section aims to recognise areas where differences may be encountered due to the nature of specific diagnostic services.
- 3.1.3 The administration and management of requests for diagnostics, waiting lists and appointments within and across Trust should be consistent, easily understood, patient focused and responsive to clinical decision making.
- 3.1.4 It is recognised that diagnostic services are administered on a wide range of information systems, with varying degrees of functionality able to support full information technology (IT) implementation of the requirements of the IEAP. Trusts should ensure that the administrative management of patients is undertaken in line with the principles of the IEAP and that all efforts are made to ensure patient administration systems are made fit for purpose.
- 3.1.5 In all aspects of the diagnostic booking process, additional steps may be required for **children, adults at risk, those with physical/learning difficulties and those who require assistance with language as well as associated legislative requirements such as Ionising Radiation (Medical Exposure) Regulations**. Local booking policies should be developed accordingly.

3.2 KEY PRINCIPLES

- 3.2.1 Referrals into Trusts should be pooled as the norm where possible.
- 3.2.2 All diagnostic requests, appointments and waiting lists should be managed according to clinical priority. Priorities must be identified for each patient on a waiting list and allocated according to urgency of the diagnostic procedure. Trusts will manage patients in four priorities, i.e.
1. Red flag (suspect cancer),
 2. urgent,
 3. routine and
 4. planned.
- No other clinical priority categories should be used for diagnostic services.
- 3.2.3 Patients of equal clinical priority will be selected for booking in strict chronological order.
- 3.2.4 Trusts should work towards an appointment system where patient appointments are **partially booked** (where applicable). Where fixed appointments are being issued, Trusts should ensure that the regional IEAP guidance is followed in the management of patients.
- 3.2.5 The regional target for a maximum diagnostic waiting time is outlined in the Health and Social Care Commissioning Plan and Indicators of Performance Direction (CPD), <https://www.health-ni.gov.uk/doh-management-and-structure> (see Ministerial Priorities).
- 3.2.6 Maximum waiting times for urgent patients should be agreed locally with clinicians and/or service managers and made explicit, through internal processes, to booking office staff. Booking staff should ensure that patients are appointed within the clinical timeframe indicated and capacity issues are quickly identified and escalated.
- 3.2.7 The outcome of the diagnostic test must be available to the referrer without undue delay and within the relevant DoH targets / standards.

- 3.2.8 Trusts should ensure that specific diagnostic tests or planned patients which are classified as daycases adhere to the relevant standards in the Elective Admissions section of this document.
- 3.2.9 Trusts should ensure that clinical templates are constantly reviewed to meet changes in demand and new clinical practice.
- 3.2.10 Data collection in respect of referrals and waiting times should be accurate, timely, complete and subject to regular audit and validation.
- 3.2.11 Trusts will work towards providing a single point of contact for all patients with respect to diagnostic appointment services. It is recognised that there will be services which require alternative processes.
- 3.2.12 Trusts should **not** use manual administration systems to record and report patients who have been booked.
- 3.2.13 Trusts should provide training programmes for staff which include all aspects of this IEAP. It is expected that training will be cascaded to and by each clinical, managerial or administrative tier within Trusts.

3.3 NEW DIAGNOSTIC REQUESTS

- 3.3.1 All diagnostic requests will be registered on the IT system within **one** working day of receipt. Referrer priority status must be recorded at registration.
- 3.3.2 Trust diagnostic services must have mechanisms in place to track all referrals (paper and electronic) at all times.
- 3.3.3 All requests must be prioritised and clinical urgency must be clearly identified. Clinicians and management will be responsible for ensuring that cover is provided for referrals to be read and prioritised during any absence.

- 3.3.4 All referrals will be prioritised (including those prioritised via E Triage) within **three** working days of date of receipt of referral.
- 3.3.5 Following prioritisation, requests must be actioned on the IT system and appropriate correspondence (including electronic) issued to patients within **one** working day.
- 3.3.6 Inappropriate and inadequate requests should be returned to the referral source and the referral closed and managed in line with the PAS/relevant technical guidance, where appropriate.

3.4 CALCULATION OF THE WAITING TIME – STARTING TIME

- 3.4.1 The starting point for the waiting time of a request for a diagnostic investigation or procedure is the date the request is received into the department.
- 3.4.2 All referral letters and requests, emailed and electronically delivered referrals, will have the date received into the department recorded either by date stamp or electronically.

3.5 REASONABLE OFFERS

- 3.5.1 For patients who are partially booked, a reasonable offer is defined as:
- an offer of appointment, irrespective of provider or location, that gives the patient a minimum of **three** weeks' notice and **two** appointments, and
 - at least **one** offer must be within Northern Ireland (NI), except in those cases where there are no alternative providers within NI.
- 3.5.2 If a reasonable offer is made to a patient, which is then refused, the waiting time will be recalculated from the date the reasonable offer was refused.
- 3.5.3 This does not prevent patients being offered earlier appointment dates. If the patient is offered an appointment within a shorter notice period (i.e. less

than three weeks' notice) and refuses it they will not have their waiting time reset.

- 3.5.4 If the patient accepts an appointment at short notice, but then cancels the appointment, the waiting time can be recalculated from the date of the cancellation as the patient has entered into an agreement with the provider.
- 3.5.5 Providers should have robust audit procedures in place to demonstrate compliance with the above.
- 3.5.6 To ensure the verbal booking process is auditable, the Trust should make and cancel an appointment using the date of the second appointment date offered and refused for this transaction.
- 3.5.7 Urgent patients must be booked within the locally agreed maximum waiting time from the date of receipt. It is recognised that there will be occasional exceptions to this, where clinical urgency dictates that the patient is appointed immediately. Clearly defined booking protocols will be required to support specialties and booking staff.

3.6 FOLLOW UP APPOINTMENTS

- 3.6.1 All follow up appointments must be made within the time frame specified by the clinician. If a follow up appointment cannot be given at the specified time due to the unavailability of a session appointment slot, a timeframe either side of this date should be agreed with the clinician. Where there are linked interventions, discussions on a suitable follow up date should be discussed and agreed with the clinician.
- 3.6.2 Patients must be recorded on the IT system as requiring to be seen within a clinically indicated time. Trusts should actively monitor follow up patients on the review list to ensure that they do not go past their indicative time of treatment.

- 3.6.3 Follow up patients who require an appointment within six weeks will be asked to agree the date and time of the appointment before leaving the department and the IT system updated.
- 3.6.4 Follow up patients requiring an appointment outside six weeks will be placed on a review waiting list, with the agreed clinically appropriate appointment date recorded, and be booked in line with management guidance for follow up pathway patients.

3.7 PLANNED PATIENTS

- 3.7.1 Planned patients are those who are waiting to be recalled to hospital for a further stage in their course of treatment or investigation within specific timescales. This is usually part of a planned sequence of clinical care determined on clinical criteria.
- 3.7.2 These patients are not actively waiting for treatment to be initiated, only for planned continuation of treatment. A patient's care is considered as planned if there are clinical reasons that determine the patient must wait set periods of time between interventions. They will not be classified as being on a waiting list for statistical purposes.
- 3.7.3 Trusts should be able to demonstrate consistency in the way planned patients are treated and that patients are being treated in line with the clinical constraints. Planned patients must have a clearly identified month of treatment in which it can be shown that the patients are actually being treated.
- 3.7.4 Trusts must ensure that planned patients are not disadvantaged in the management of planned backlogs.

3.8 PATIENTS LISTED FOR MORE THAN ONE DIAGNOSTIC TEST

- 3.8.1 Where more than one diagnostic test is required to assist with clinical decision making, the first test should be added to the waiting list with additional tests noted.

- 3.8.2 Where different clinicians working together perform more than one test at one time, the patient should be added to the waiting list of the clinician for the priority test (with additional clinicians noted) subject to local protocols.
- 3.8.3 Where a patient requires more than one test carried out on separate occasions the patient should be placed on the active waiting list for the first test and on the planned waiting list for any subsequent tests.
- 3.8.4 Where a patient is being managed in one Trust but has to attend another for another type of diagnostic test, monitoring arrangements must be in place between the relevant Trusts to ensure that the patient pathway runs smoothly.

3.9 MANAGEMENT OF PATIENTS WHO DID NOT ATTEND (DNA) OR CANCELLED (CNA) THEIR APPOINTMENT

3.9.1 DNAs – Diagnostic Appointment

If a patient DNAs their diagnostic appointment the following process must be followed:

- 3.9.1(a) Patients who have been partially booked will **not** be offered a second appointment and should be removed from the waiting list. The patient and referring clinician (and the patient's GP, where they are not the referring clinician) will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.
- 3.9.1(b) Under exceptional circumstances a clinician may decide that a patient who DNAs a first appointment should not be removed from the waiting list and should be offered a second appointment. Trusts should put in place local agreements with clinicians, regarding those referrals (e.g. red flag) or specialties where patients may be at risk (e.g. paediatrics or adults at risk) where a second appointment should be offered.

- 3.9.1(c) Patients who DNA and are not discharged but offered a second appointment will have their waiting time clock reset to the date of the DNA.
- 3.9.1(d) *Where patients are discharged from the waiting list (ref. 3.7.1(a) above) they should be advised to contact the Trust booking office within **four** weeks of the original appointment date if they consider that the appointment is still required. Where a patient makes contact within the **four** week deadline, and where the Trust considers that unforeseen or exceptional circumstances meant that the patient was unable to attend, the patient should be added to the waiting list at the date that they have made contact with the Trust. If a patient makes contact after the **four** week period they cannot be reinstated.*
- 3.9.1(e) If the patient DNAs the second appointment offered then the patient should **not** be offered another opportunity to be reinstated. The patient and referring clinician (and the patient's GP, where they are not the referring clinician) will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.
- 3.9.1(f) Where a patient DNAs a fixed diagnostic appointment (i.e. they have not had the opportunity to agree/confirm the date and time of the appointment) they should be offered another appointment.
- 3.9.1(g) If the patient DNAs this second fixed diagnostic appointment they will be removed from the waiting list and the above steps in 3.7.1(d) should be followed.

3.9.2 DNAs – Follow up Diagnostic Appointment

If a patient DNAs their follow up diagnostic appointment the following process must be followed:

- 3.9.2(a) Where a patient has been partially booked and does not attend, a clinical decision should be taken as to whether a second appointment should be offered or whether the patient can be discharged.
- 3.9.2(b) Where the clinical decision is that a second appointment should be offered, this should be partially booked.

- 3.9.2(c) Where the clinical decision is that a second appointment should **not** be offered, Trusts should contact patients advising that as they have failed to attend they have been discharged from the waiting list. The referring clinician (and the patients GP, where they are not the referring clinician) should also be informed of this.
- 3.9.2(d) *Patients being discharged from the list should be advised to contact the Trust booking office if they have any queries. Where unforeseen or exceptional circumstances meant that the patient was unable to attend, and the patient makes contact within **four** weeks of the original appointment date, a clinical decision may be made to offer a second appointment. Where this is the case, the patient should be added to the review waiting list with a revised clinically indicated date at the date they make contact with the Trust.*
- 3.9.2(e) If the patient DNAs the second follow up appointment which has been partially booked then the patient should **not** be offered another opportunity to be reinstated. The patient and referrer will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.
- 3.9.2(f) Where a patient DNAs a fixed follow up appointment, including virtual appointments, where they have not had the opportunity to agree/ confirm the date and time of their appointment, they should be offered another appointment. If they DNA this second fixed appointment, the above should be followed.
- 3.9.2(g) There may be instances for follow up patients where the clinician may wish to review notes prior to any action to remove a patient because of a DNA or failure to respond to a partial booking letter. Trusts should ensure that there are locally agreed processes in place to administer these patients.

3.9.3 CNAs – Patient Initiated Cancellations of Diagnostic Appointment

If a patient cancels their diagnostic appointment the following process must be followed:

- 3.9.3(a) The patient will be given a second opportunity to book an appointment (where this is still required), which should be within **six** weeks of the original appointment date.

3.9.3(b) Patients who CNA will have their waiting time clock reset to the date the Trust was informed of the cancellation.

3.9.3(c) If a second appointment is cancelled, the patient will **not** normally be given another appointment. Where a decision is taken not to offer a further appointment, Trusts should contact patients advising that they have been discharged from the waiting list. The referring clinician (and the GP, where they are not the referring clinician) should also be informed of this.

3.9.3(d) However, where unforeseen or exceptional circumstances mean that the patient had to cancel a second appointment, the Trust may exercise discretion to offer a third appointment. This should include seeking a clinical review of the patient's case where this is appropriate.

3.10 CNAs - HOSPITAL INITIATED CANCELLATIONS

3.10.1 No patient should have his or her appointment cancelled. If Trusts cancel a patient's appointment, the waiting time clock will not be re-set and the patient will be offered an alternative reasonable date at the earliest opportunity.

3.10.2 The patient should be informed of the cancellation and the date of the new appointment.

3.10.3 Trusts will make best efforts to ensure that a patient's appointment is not cancelled a second time for non-clinical reasons.

3.10.4 Hospital initiated cancellations will be recorded and reported to the relevant department on a monthly basis. Where patients are cancelled on the day of appointment a new appointment should, where possible, be agreed with the patient prior to the patient leaving the department.

3.11 SESSION OUTCOME MANAGEMENT

3.11.1 Changes in the patient's details must be updated on the IT system and the medical record on the date of the session.

- 3.11.2 When the test has been completed, and where there is a clear decision made on the next step, patient outcomes must be recorded on the date of session.

3.12 SESSION TEMPLATE CHANGES

- 3.12.1 Session templates should be agreed with the healthcare professional and service manager. These should reflect the commissioning volumes associated with that service area in the Service and Budget Agreement (SBAs).
- 3.12.2 Templates will identify the number of slots available for new red flag, new urgent, new routine, planned and follow up appointments; specify the time each session is scheduled to start and finish; and identify the length of time allocated for each appointment slot.
- 3.12.3 All requests for template and temporary session rule changes will only be accepted in writing. A minimum of six weeks' notice will be provided for session template changes.
- 3.12.4 All requests for permanent and temporary template changes should be discussed with the appropriate service or general manager.

3.13 TRANSFERS BETWEEN HOSPITALS or to INDEPENDENT SECTOR

- 3.13.1 Effective planning on the basis of available capacity should minimise the need to transfer patients between hospitals or to independent sector (IS) providers.
- 3.13.2 Transfers to alternative providers must always be with the consent of the patient and the receiving clinician and be managed in line with PAS technical guidance (see also Reasonable Offers, ref. 3.5). Administrative speed and good communication are very important to ensure this process runs smoothly.

3.14 TECHNICAL GUIDANCE

3.14.1 See also Regional ISB Standards and Guidance

Irrelevant information redacted by the USI

re acute activity definitions.

3.14.2 See also PAS technical guidance

Irrelevant information redacted by the USI

for recording;

- Diagnostic waiting time and report turnaround time.
- Patients treated (IP/DC) or seen (OP) by an independent sector provider.
- Rapid angina assessment clinic (RAAC).
- Management of waiting times of patients who transfer between NHS sites (either within NI or the rest of the UK).
- Patients who are to be treated as part of a waiting list initiative / additional in house activity.

INTEGRATED ELECTIVE ACCESS PROTOCOL

SECTION 4

**GUIDANCE FOR MANAGEMENT OF ELECTIVE
ADMISSIONS**

DRAFT

4.1 INTRODUCTION

- 4.1.1 The following protocol is based on recommended good practice guidelines to assist staff with the effective management of elective inpatient and daycase admissions.
- 4.1.2 The administration and management of elective admissions within and across Trusts must be consistent, easily understood, patient focused, and responsive to clinical decision-making.
- 4.1.3 In all aspects of the elective admissions booking process, additional steps may be required for **children, adults at risk, those with physical/learning difficulties and those who require assistance with language**. Local booking policies should be developed accordingly.

4.2 KEY PRINCIPLES

- 4.2.1 To aid both the clinical and administrative management of the waiting list, lists should be sub-divided and managed appropriately. Trusts will manage patients on one of three waiting lists, i.e.
1. active,
 2. planned and
 3. suspended.
- 4.2.2 All elective inpatient and daycase waiting lists should be managed according to clinical priorities. Priorities must be identified for each patient on the waiting list and allocated according to urgency of the treatment. Trusts will manage patients in four priorities, i.e.
1. Red flag (suspect cancer),
 2. urgent,
 3. routine and
 4. planned.
- No other clinical priority categories should be used for inpatient and daycase services.

- 4.2.3 Patients of equal clinical priority will be selected for booking in strict chronological order, taking into account planned patients expected date of admission.
- 4.2.4 The regional targets for a maximum inpatient and daycase waiting times are outlined in the Health and Social Care Commissioning Plan and Indicators of Performance Direction (CPD), <https://www.health-ni.gov.uk/doh-management-and-structure> (see Ministerial Priorities).
- 4.2.5 Maximum waiting times for urgent patients should be agreed locally with clinicians and made explicit, through internal processes, to booking office staff. Booking staff should ensure that patients are appointed within the clinical timeframe indicated by the consultant and capacity issues are quickly identified and escalated.
- 4.2.6 Trusts should ensure that clinical templates are constantly reviewed to meet changes in demand and new clinical practice.
- 4.2.7 Data collection in respect of referrals and waiting times should be accurate, timely, complete and subject to regular audit and validation.
- 4.2.8 Trusts should **not** use manual administration systems to record and report patients who have been booked.
- 4.2.9 Trusts should provide training programmes for staff which include all aspects of IEAP. It is expected that training will be cascaded to and by each clinical, managerial or administrative tier within Trusts.

4.3 PRE-ASSESSMENT

- 4.3.1 All patients undergoing an elective procedure (including endoscopy procedures) must undergo a pre-assessment. This can be provided using a variety of methods including telephone, video link, postal or face to face assessment.

- 4.3.2 Pre-assessment may include an anesthetic assessment or guidance on how to comply with pre-procedure requirements such as bowel preparation. It will be the responsibility of the pre- assessment team, in accordance with protocols developed by the relevant clinical teams, to authorise fitness for an elective procedure.
- 4.3.3 Only those patients that are deemed fit for their procedure may be offered a TCI date.
- 4.3.4 If a patient is assessed as being unfit for their procedure, their To Come In (TCI) date may be cancelled and decision taken as to the appropriate next action.
- 4.3.5 Pre-assessment services should be supported by a robust booking system.

4.4 CALCULATION OF THE WAITING TIME

- 4.4.1 The starting point for the waiting time of an inpatient/daycase admission is the date the appropriate clinician agrees that a procedure will be pursued as an active treatment or diagnostic intervention, and that the patient is clinically and socially fit to undergo such a procedure.
- 4.4.2 The waiting time for each patient on the elective admission list is calculated as the time period between the original decision to admit date and the date at the end of the applicable period for the waiting list return. If the patient has been suspended at all during this time, the period(s) of suspension will be automatically subtracted from the total waiting time.

4.5 REASONABLE OFFERS - TO COME IN (TCI) OFFERS OF TREATMENT

- 4.5.1 The patient should be advised of their expected waiting time during the consultation between themselves and the health care provider/practitioner.
- 4.5.2 All patients must be offered reasonable notice. Patients should be made reasonable offers to come in (TCI) on the basis of clinical priority. Within

clinical priority groups offers should then be made on the basis of the patient's chronological wait.

4.5.3 A reasonable offer is defined as:

- an offer of admission, irrespective of provider or location, that gives the patient a minimum of **three** weeks' notice and a choice of **two** TCI dates, and
- at least **one** of the offers must be within N. I., except for any regional specialties where there are no alternative providers within NI.

4.5.4 If a reasonable offer is made to a patient, which is then refused, the waiting time will be recalculated from the date the admission was refused.

4.5.5 This does not prevent patients being offered earlier admission dates. If the patient is offered an admission within a shorter notice period (i.e. less than three weeks' notice) and refuses it they will not have their waiting time reset.

4.5.6 If the patient accepts an admission at short notice, but then cancels the admission, the waiting time can be recalculated from the date of the cancellation as the patient has entered into an agreement with the provider.

4.5.7 Urgent patients must be booked within the locally agreed maximum waiting time. It is recognised that there will be occasional exceptions to this, where clinical urgency dictates that the patient is appointed immediately. Clearly defined booking protocols will be required to support specialties and booking staff.

4.5.8 Providers should have robust audit procedures in place to demonstrate compliance with the above.

4.5.9 To ensure the verbal booking process is auditable, the Trust should make and cancel a TCI date using the date of the second admission date offered and refused for this transaction.

4.6 INPATIENT AND DAYCASE ACTIVE WAITING LISTS

- 4.6.1 Patients who are added to the active waiting list must be clinically and socially ready for admission on the day of the decision to add the patient to the waiting list, i.e. the patient must be “fit, ready, and able” to come in.
- 4.6.2 To ensure consistency and the standardisation of reporting with commissioners and the DoH, all waiting lists are to be maintained in the PAS patient information system.
- 4.6.3 Details of patients must be entered on to the computer system (PAS) recording the date the decision was made to admit the patient or add the patient to the waiting list within **two** working days of the decision being made. Failure to do this will lead to incorrect assessment of waiting list times.
- 4.6.4 Where a decision to add to the waiting list depends on the outcome of diagnostic investigation, patients should not be added to an elective waiting list until the outcome of this investigation is known. There must be clear processes in place to ensure a decision is made in relation to the result of the investigation and the clinical patient pathway agreed.

4.7 SUSPENDED PATIENTS

- 4.7.1 At any time a consultant is likely to have a number of patients who are unsuitable for admission for clinical or personal reasons. These patients should be suspended from the active waiting list until they are ready for admission.
- 4.7.2 A period of suspension is defined as:
- A patient suspended from the active waiting list for medical reasons, or unavailable for admission for a specified period because of family commitments, holidays, or other reasons i.e. a patient may be suspended during any periods when they are unavailable for treatment for personal or medical reasons (but not for reasons such as the consultant being unavailable, beds being unavailable etc.).

- A recommended maximum period not exceeding **three** months.

- 4.7.3 No patient should be suspended from the waiting list without a suspension end date.
- 4.7.4 Suspended patients should be reviewed one month prior to the end of their suspension period and a decision taken on their admission.
- 4.7.5 Every effort will be made to minimise the number of patients on the suspended waiting list, and the length of time patients are on the suspended waiting list.
- 4.7.6 Should there be any exceptions to the above, advice should be sought from the lead director or appropriate clinician.
- 4.7.7 Suspended patients will not count as waiting for statistical purposes. Any periods of suspension will be automatically subtracted from the patient's total time on the waiting list for central statistical returns.
- 4.7.8 No patient added to a waiting list should be immediately suspended. Patients should be recorded as suspended on the same day as the decision was taken that the patient was unfit or unavailable for admission/treatment.
- 4.7.9 Recommended practice is that no more than 5% of patients should be suspended from the waiting list at any time. This indicator should be regularly monitored.

4.8 PLANNED PATIENTS

- 4.8.1 Planned patients are those patients who are waiting to be admitted to hospital for a further stage in their course of treatment or surgical investigation within specific timescales.
- 4.8.2 These patients are not actively waiting for treatment, but for planned continuation of treatment. A patient is planned if there are clinical reasons that determine the patient must wait set periods of time between

interventions. They will not be classified as being on a waiting list for statistical purposes.

- 4.8.3 Trusts must have systems and processes in place to identify high risk planned patients in line with clinical guidance.
- 4.8.4 Trusts should be able to demonstrate consistency in the way planned patients are treated and that patients are being treated in line with the clinical constraints. Planned patients should have a clearly identified month of treatment in which it can be shown that the patients are actually being treated.
- 4.8.5 Trusts must ensure that planned patients are not disadvantaged in the management of planned backlogs, with particular focus on high risk surveillance pathway patients.

4.9 PATIENTS LISTED FOR MORE THAN ONE PROCEDURE

- 4.9.1 Where the same clinician is performing more than one procedure at one time, the first procedure should be added to the waiting list with additional procedures noted.
- 4.9.2 Where different clinicians working together will perform more than one procedure at one time the patient should be added to the waiting list of the clinician for the priority procedure with additional clinician procedures noted.
- 4.9.3 Where a patient requires more than one procedure performed on separate occasions or bilateral procedures by different (or the same) clinician, the patient should be placed on the active waiting list for the first procedure and the planned waiting list for any subsequent procedures.

4.10 MANAGEMENT OF PATIENTS WHO DID NOT ATTEND (DNA) OR CANCELLED (CNA) THEIR ADMISSION

DNAs – Inpatient/Daycase

- 4.10.1 If a patient DNAs their inpatient or daycase admission, the following process must be followed:
- 4.10.1(a) Where a patient has been partially booked and does not attend, a clinical decision should be taken as to whether a second date should be offered or whether the patient can be discharged.
 - 4.10.1(b) Where the clinical decision is that a second admission should be offered, the admission date must be agreed with the patient. Trusts should put in place local agreements with clinicians regarding those referrals (e.g. red flag) or specialties where patients may be at risk (e.g. paediatrics or adults at risk) where a second appointment should always be offered.
 - 4.10.1(c) Patients who DNA and are not discharged but offered a second date will have their waiting time clock reset to the date of the DNA.
 - 4.10.1(d) Where the clinical decision is that a second date should not be offered, Trusts should contact patients advising that as they have failed to attend they have been discharged from the waiting list. The referring clinician (and the patient's GP, where they are not the referring clinician) should also be informed of this.
 - 4.10.1(e) *Patients being discharged from the list should be advised to contact the Trust if they have any queries. Where unforeseen or exceptional circumstances meant that the patient was unable to attend, and the patient makes contact within **four** weeks of the original date, a clinical decision may be made to offer a second date. Where this is the case, the patient should be added to the waiting list at the date they make contact with the Trust. If a patient makes contact after the **four** week period they cannot be reinstated.*
 - 4.10.1(f) If the patient DNAs the second admission offered then the above steps should be followed.
 - 4.10.1(g) Where a patient DNAs a fixed admission date (i.e. they have not had the opportunity to agree/ confirm the date and time of their admission), they should be offered another date.

4.10.1(h) If the patient DNAs this second fixed admission, they will be removed from the waiting list and the steps in 4.10.1(e) should be followed.

4.10.1(i) Where a patient DNAs a pre-assessment appointment they will be offered another date. If they DNA this second pre-assessment appointment, they will be removed from the waiting list and the above steps in 4.10.1(e) should be followed.

4.10.2 CNAs – Patient Initiated Cancellations of inpatient/daycase admission

If a patient cancels their inpatient/ daycase admission the following process must be followed:

4.10.2(a) Patients who cancel an agreed reasonable offer will be given a second opportunity to book an admission, which should ideally be within **six weeks** of the original admission date.

4.10.2(b) If a second agreed offer of admission is cancelled, the patient will not be offered a **third** opportunity.

4.10.2(c) However, where unforeseen or exceptional circumstances mean that the patient had to cancel a second admission, the Trust may exercise discretion to offer a third admission - this should include seeking a clinical review of the patient's case where this is appropriate.

4.10.2(d) Where a decision is taken not to offer a further admission, Trusts should contact patients advising that they have been discharged from the waiting list. The referring clinician (and the GP, where they are not the referring clinician) should also be informed of this.

4.10.2(e) Where a patient CNAs a pre-assessment appointment they should be offered another date. If they CNA this second pre-assessment appointment, the above steps should be followed, as per 4.10.1(h).

4.10.2(f) Patients who cancel their procedure (CNA) will have their waiting time clock reset to the date the Trust was informed of the cancellation.

4.11. CNAs - HOSPITAL INITIATED CANCELLATIONS

- 4.11.1 No patient should have his or her admission cancelled. If Trusts cancel a patient's admission the waiting time clock will not be re-set and the patient will be offered an alternative reasonable date at the earliest opportunity.
- 4.11.2 The patient should be informed of the cancellation and the date of the new admission booked.
- 4.11.3 Trusts will make best efforts to ensure that a patient's admission is not cancelled a second time for non-clinical reasons.
- 4.11.4 Where patients are cancelled on the day of an admission/operation as a result of not being fit, they will be suspended, pending a clinical review of their condition. The patient should be fully informed of this process.
- 4.11.5 Hospital initiated cancellations will be recorded and reported to the relevant department on a monthly basis. Where patients are cancelled on the day of admission a new appointment should, where possible, be agreed with the patient prior to the patient leaving the department.

4.12 TRANSFERS BETWEEN HOSPITALS or to INDEPENDENT SECTOR

- 4.12.1 Effective planning on the basis of available capacity should minimise the need to transfer patients between Trust sites or to independent sector (IS) providers.
- 4.12.2 Transfers to alternative providers must always be with the consent of the patient and the receiving consultant and be managed in line with PAS technical guidance, (see also Reasonable Offers, ref. 4.5). Administrative speed and good communication are very important to ensure this process runs smoothly.

4.13 TECHNICAL GUIDANCE

4.13.1 See also Regional ISB Standards and Guidance

Irrelevant information redacted by the USI

re acute activity definitions.

4.13.2 See also PAS technical guidance

Irrelevant information redacted by the USI

for recording;

- Recording inpatients who need to be added to the 28 day cardiac surgery waiting list.
- Recording paediatric congenital cardiac surgery activity.
- Centralised Funding waiting list validation.
- Patients treated (IP/DC) or seen (OP) by an independent sector provider.
- Obstetric and midwifery activity.
- Patients who are added to a waiting list with a planned method of admission.
- Pre-operative assessment clinics.
- Rapid angina assessment clinic (RAAC).
- Regional assessment and surgical centres.
- Patients waiting for a review outpatient appointment.
- Management of waiting times of patients who transfer between NHS sites (either within NI or the rest of the UK).
- Patients who are to be treated as part of a waiting list initiative / additional in house activity.

INTEGRATED ELECTIVE ACCESS PROTOCOL

SECTION 5

**GUIDANCE FOR MANAGEMENT OF ELECTIVE ALLIED
HEALTH PROFESSIONAL (AHP) SERVICES**

DRAFT

5.1 INTRODUCTION

- 5.1.1 The following protocol is based on recommended good practice guidelines to assist staff with the effective management of the elective booking processes for elective Allied Health Professionals (AHP) services, including those patients whose referral is managed virtually.
- 5.1.2 Allied Health Professionals work with people of all age groups and conditions, and are trained in assessing, diagnosing, treating and rehabilitating people with health and social care needs. They work in a range of settings including hospital, community, education, housing, independent and voluntary sectors.
- 5.1.3 The administration and management of the AHP pathway from receipt of referral to appointment within and across Trusts must be consistent, easily understood, patient focused, and responsive to clinical decision-making.
- 5.1.4 For the purposes of this section of the protocol, the generic term 'clinic' will be used to reflect AHP activity undertaken in hospital, community (schools, daycare settings, leisure and community centres) or domiciliary settings (people's own home or where they live e.g. residential or nursing homes) as AHPs provide patient care in a variety of care locations.
- 5.1.5 AHP services are administered on a wide range of information systems, with varying degrees of functionality able to support full IT implementation of the requirements of the IEAP. Trusts should ensure that the administrative management of patients is undertaken in line with the principles of the IEAP and that all efforts are made to ensure patient administration systems are made fit for purpose.
- 5.1.6 There will be dedicated booking offices within Trusts to receive, register and process all AHP referrals.
- 5.1.7 Fixed appointments should only be used in exceptional circumstances.

- 5.1.8 In all aspects of the AHP booking process, additional steps may be required for **children, adults at risk, those with physical/learning difficulties and those who require assistance with language**. Local booking policies should be developed accordingly.

5.2 KEY PRINCIPLES

- 5.2.1 All referrals, appointments and AHP waiting lists should be managed according to clinical priority. A clinical priority must be identified for each patient on a waiting list and allocated according to urgency of the treatment. Trusts will manage new patients in two priorities, i.e.

1. urgent and
2. routine.

No other clinical priorities should be used for AHP services.

- 5.2.2 Patients of equal clinical priority will be selected for booking in strict chronological order.
- 5.2.3 Patient appointments for new and review should be **partially booked**. Where fixed appointments are being issued, Trusts should ensure that the IEAP guidance is followed in the management of patients.
- 5.2.4 The regional target for a maximum AHP waiting time is outlined in the Health and Social Care Commissioning Plan and Indicators of Performance Direction (CPD), <https://www.health-ni.gov.uk/doh-management-and-structure> (see Ministerial Priorities).
- 5.2.5 Maximum waiting times for urgent patients should be agreed locally with AHP professionals and made explicit, through internal processes, to booking office staff. Booking staff should ensure that patients are appointed within the clinical timeframe indicated by the professional and capacity issues are quickly identified and escalated.
- 5.2.6 Patients should not be disadvantaged where a decision is made to assess their clinical need through virtual activity.

- 5.2.7 Trusts should ensure that clinical templates are constantly reviewed to meet changes in demand and new clinical practice.
- 5.2.8 Data collection in respect of referrals and waiting times should be accurate, timely, complete and subject to regular audit and validation.
- 5.2.9 Trusts should **not** use manual administration systems to record and report patients who have been booked.
- 5.2.10 Trusts should provide training programmes for staff which include all aspects of this IEAP. It is expected that training will be cascaded to and by each clinical, managerial or administrative tier within Trusts.

5.3 NEW REFERRALS

- 5.3.1 All outpatient referrals (including those sent via Clinical Communication Gateway (CCG)) sent to Trusts will be registered within **one** working day of receipt. Referrer priority status must be recorded at registration.
- 5.3.2 Trusts will work towards a system whereby the location of all referrals (paper and electronic) not yet prioritised can be identified and tracked.
- 5.3.3 All referrals must be prioritised and clinical urgency must be clearly identified. Clinicians and management will be responsible for ensuring that cover is provided for referrals to be read and prioritised during any absence.
- 5.3.4 All referrals will be prioritised (including those prioritised via E Triage) within **three** working days of date of receipt of referral.
- 5.3.5 Following prioritisation, referrals must be actioned on PAS or the relevant electronic patient administration system and appropriate correspondence (including electronic), e.g. acknowledgement or appointment letter, issued to patients within **one** working day.

- 5.3.6 Inappropriate and inadequate referrals should be returned to the referral source immediately and the referral closed and managed in line with the PAS technical guidance.

5.4 CALCULATION OF THE WAITING TIME

- 5.4.1 The starting point for the waiting time of an AHP new referral is the date the clinician's referral or self-referral is received by the booking office or, for internal referrals, when the referral is received by the booking office/department. All referrals, including emailed and electronically delivered referrals, will have the date the referral received into the organisation recorded either by date stamp or electronically.
- 5.4.2 In cases where referrals bypass the booking office, (e.g. sent directly to an allied health professional), the Trust must have a process in place to ensure that these are date stamped on receipt, immediately forwarded to the booking office/department and registered at the date on the date stamp.
- 5.4.3 The waiting time for each patient is calculated as the time period between the receipt of the referral and the date at the end of the applicable period for the waiting list return. If the patient has been suspended at all during this time, the period(s) of suspension will be automatically subtracted from the total waiting time.
- 5.4.4 The waiting time clock stops when the first definitive AHP treatment has commenced.

5.5 REASONABLE OFFERS

- 5.5.1 For patients who are partially booked, a reasonable offer is defined as:
- an offer of appointment, irrespective of provider or location, that gives the patient a minimum of **three** weeks' notice and **two** appointment dates, and

- at least **one** offer must be within Northern Ireland (NI), except for any regional specialties where there are no alternative providers within NI.

- 5.5.2 If a reasonable offer is made to a patient, which is then refused, the waiting time will be recalculated from the date the reasonable offer was refused.
- 5.5.3 This does not prevent patients being offered earlier appointment dates. If the patient is offered an appointment within a shorter notice period (i.e. less than three weeks' notice) and refuses it they will not have their waiting time reset.
- 5.5.4 If the patient accepts an appointment at short notice, but then cancels the appointment, the waiting time can be recalculated from the date of the cancellation as the patient has entered into an agreement with the provider.
- 5.5.5 Urgent patients must be booked within the locally agreed maximum waiting time from the date of receipt. It is recognised that there will be occasional exceptions to this, where clinical urgency dictates that the patient is appointed immediately. Clearly defined booking protocols will be required to support specialties and booking staff.
- 5.5.6 Providers should have robust audit procedures in place to demonstrate compliance with the above.
- 5.5.7 To ensure the verbal booking process is auditable, the Trust should make and cancel an appointment using the date of the second appointment date offered and refused for this transaction.

5.6 REVIEW APPOINTMENTS

- 5.6.1 All review appointments must be made within the time frame specified by the clinician. If a review appointment cannot be given at the specified time due to the unavailability of a clinic appointment slot, a timeframe either side of this date should be agreed with the clinician. Where there are linked interventions, discussions on a suitable review date should be discussed and agreed with the clinician.

- 5.6.2 Patients must be recorded on PAS as requiring to be seen within a clinically indicated time. Trusts should actively monitor patients on the review list to ensure that they do not go past their indicative time of treatment.
- 5.6.3 Review patients who require an appointment within **six** weeks will be asked to agree the date and time of the appointment before leaving the department and PAS updated.
- 5.6.4 Patients requiring an appointment outside **six** weeks will be placed on a review waiting list, with the agreed clinically appropriate appointment date recorded, and be booked in line with implementation guidance for review pathway patients.
- 5.6.5 Virtual review appointments, e.g. telephone or video link, should be partially booked. If the patient cannot be contacted for their virtual review they should be sent a partial booking letter to arrange an appointment.

5.7 MANAGEMENT OF PATIENTS WHO DID NOT ATTEND (DNA) OR CANCELLED (CNA) THEIR APPOINTMENT

5.7.1 DNAs – New AHP Appointments

If a patient DNAs their new appointment, the following process must be followed:

- 5.7.1(a) Patients who have been partially booked will **not** be offered a second appointment and should be removed from the waiting list. The patient and referrer (and the patients GP, where they are not the referrer) will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.
- 5.7.1(b) Under exceptional circumstances the AHP professional may decide that a patient who DNAs a first appointment should not be removed from the waiting list and should be offered a second appointment. Trusts should put in place local agreements with AHP professionals, regarding those referrals or specialties where patients may be at

risk (e.g. paediatrics or adults at risk) where a second appointment should always be offered.

5.7.1(c) Patients who DNA and are not discharged but offered a second appointment will have their waiting time clock reset to the date of the DNA.

5.7.1(d) *Where patients are discharged from the waiting list (ref. 5.7.1(a)) they should be advised to contact the Trust booking office within **four** weeks of the original appointment date if they consider that the appointment is still required. Where a patient makes contact within the **four** week deadline, and where the Trust considers that unforeseen or exceptional circumstances meant that the patient was unable to attend, the patient should be added to the waiting list at the date that they have made contact with the Trust. If a patient makes contact after the **four** week period they cannot be reinstated.*

5.7.1(e) If the patient DNAs the second appointment offered then the patient should **not** be offered another opportunity to be reinstated. The patient and referrer (and the patients GP, where they are not the referrer) will be informed that, as they have failed to attend their appointment, they have been discharged from the waiting list.

5.7.1(f) Where a patient DNAs a fixed new appointment (i.e. they have not had the opportunity to agree/confirm the date and time of the appointment) they should be offered another appointment.

5.7.1(g) If the patient DNAs this second appointment the above steps should be followed.

5.7.1(h) If a patient DNA's a virtual outpatient appointment this should follow the above protocol based on whether the appointment is partially booked or fixed. The Trust should ensure that the contact details of the patient are up to date and available.

5.7.2 DNAs – Review Appointments

If a patient DNAs their review appointment the following process must be followed:

5.7.2(a) Where a patient has been partially booked and does not attend, a clinical decision should be taken as to whether a second appointment should be offered or whether the patient can be discharged.

- 5.7.2(b) Where the clinical decision is that a second appointment should be offered, this should be partially booked.
- 5.7.2(c) Where the clinical decision is that a second appointment should **NOT** be offered, Trusts should contact patients advising that as they have failed to attend their appointment they will be discharged from the waiting list. The referrer (and the patient's GP, where they are not the referrer) should also be informed of this.
- 5.7.2(d) Patients being discharged from the list should be advised to contact the Trust booking office if they have any queries. Where unforeseen or exceptional circumstances meant that the patient was unable to attend, and the patient makes contact within four weeks of the original appointment date, a clinical decision may be made to offer a second appointment. Where this is the case, the patient should be added to the waiting list at the date they make contact with the Trust.
- 5.7.2(e) If the patient DNAs the second appointment offered then the patient should **NOT** be offered another opportunity to be reinstated. The patient and referrer will be informed that, as they have failed to attend their appointment, they will be discharged from the waiting list.
- 5.7.2(f) Where a patient DNAs a fixed review appointment where they have not had the opportunity to agree/ confirm the date and time of their appointment, they should be offered another appointment. If they DNA this second fixed appointment, the above should be followed.
- 5.7.2(g) If a patient DNA's a virtual outpatient review appointment this should follow the above protocol based on whether the appointment is partially booked or fixed. The Trust should ensure that the contact details of the patient are up to date and available.

5.7.3 **CNAs** – Patient initiated cancellations (new and review)

If a patient cancels their AHP appointment the following process must be followed:

- 5.7.3(a) The patient will be given a second opportunity to book an appointment (where this is still required), which should be within six weeks of the original appointment date.

- 5.7.3(b) Patients who CNA will have their waiting time clock reset to the date the Trust was informed of the cancellation.
- 5.7.3(c) If a second appointment is cancelled, the patient will **not** normally be given another appointment. Where a decision is taken not to offer a further appointment, Trusts should contact patients advising that they have been discharged from the waiting list. The referring professional (and the patient's GP, where they are not the referrer) should also be informed of this.
- 5.7.3(d) However, where unforeseen or exceptional circumstances mean that the patient had to cancel a second appointment, the Trust may exercise discretion to offer a third appointment. This should include seeking a clinical review of the patient's case where this is appropriate.
- 5.7.3(e) If a patient CNA's a virtual outpatient appointment this should follow the above protocol.
- 5.7.4 Trusts have a responsibility to ensure that children and adults at risk who DNA or CNA their outpatient, inpatient, diagnostic or AHP appointment are followed up by the most appropriate healthcare professional and a clear link to the referring clinician established.
- 5.8 CNAs – SERVICE INITIATED CANCELLATIONS**
- 5.8.1 No patient should have his or her appointment cancelled. If Trusts cancel a patient's appointment, including a virtual appointment, the waiting time clock will not be re-set and the patient will be offered an alternative reasonable date at the earliest opportunity.
- 5.8.2 The patient should be informed of the cancellation and a new appointment partially booked.
- 5.8.3 Trusts will make best efforts to ensure that a patient's appointment is not cancelled a second time for non-clinical reasons.
- 5.8.4 Service initiated cancellations will be recorded and reported to the relevant department on a monthly basis. Where patients are cancelled on the day of

appointment a new appointment should, where possible, be agreed with the patient prior to the patient leaving the department.

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5.9 CLINIC OUTCOME MANAGEMENT

- 5.9.1 There are a number of locations within Trusts where patients present for their AHP consultation. This protocol applies to all AHP areas. It is the responsibility of the PAS/ IT system user managing the attendance to maintain data quality.
- 5.9.2 Changes in the patient's details must be updated on PAS and the medical records on the date of clinic.
- 5.9.3 When the consultation has been completed, and where there is a clear decision made on the next step, patient outcomes must be recorded on the date of clinic.

5.10 CLINIC TEMPLATE CHANGES

- 5.10.1 Clinic templates should be agreed between the relevant AHP professional and service manager. These should reflect the commissioning volumes associated with that service area in the Service and Budget Agreement (SBAs).
- 5.10.2 Templates will identify the number of slots available for new urgent and routine and review appointments; specify the time each clinic is scheduled to start and finish; and identify the length of time allocated for each appointment slot.
- 5.10.3 All requests for template and temporary clinic rule changes will only be accepted in writing. A minimum of six weeks' notice will be provided for clinic template changes.
- 5.10.4 All requests for permanent and temporary template changes should be discussed with the appropriate service or general manager.

5.11 TRANSFERS BETWEEN TRUSTS or to INDEPENDENT SECTOR

- 5.11.1 Effective planning on the basis of available capacity should minimise the need to transfer patients between Trusts or to independent sector (IS) providers.
- 5.11.2 Transfers to alternative providers must always be with the consent of the patient and the receiving AHP professional, (see also Reasonable Offers, ref. 5.5). Administrative speed and good communication are very important to ensure this process runs smoothly.

5.12 TECHNICAL GUIDANCE

- 5.12.1 See also Public Health Agency;

Irrelevant information redacted by the USI

re Guidance for monitoring the Ministerial AHP 13 week access target.

- 5.12.2 See also Regional ISB Standards and Guidance

Irrelevant information redacted by the USI

re acute activity definitions.

- 5.12.3 See also PAS technical guidance

Irrelevant information redacted by the USI

for recording;

- ICATS waiting times and activity (including paper triage).
- Patients treated (IP/DC) or seen (OP) by an independent sector provider.
- Management of waiting times of patients who transfer between NHS sites (either within NI or the rest of the UK).
- Patients who are to be treated as part of a waiting list initiative / additional in house activity.
- Recording Consultant Virtual Outpatient Activity (June 2020).
- AHP Virtual Consultation Guidance (to be issued).

Tumour Site	Original Tracking Position					
		18/08/2021	31/08/2021	13/09/2021	20/09/2021	04/10/2021
Breast	491	491	273	295	279	299
Skin	1098	1011	961	986	1031	902
Lung	139	134	170	178	176	187
Colorectal	2616	1886	1768	1581	1529	1398
Upper GI	1286	1239	1199	1105	992	818
Haematology	135	135	133	125	127	106
Gynae	215	215	215	230	228	263
Urology	636	606	621	607	589	642
Testicular	9	8	7	9	12	13
Thyroid	8	8	8	9	9	13
H&N	183	183	171	164	194	181
Others	19	19	29	23	20	31
Brain	13	13	12	11	11	19
Sarcoma	14	14	14	16	14	15
Neuroendocrine	7	7	7	11	13	14
HPB	18	18	20	13	20	10
Total	6887	5987	5608	5363	5244	4911

Tracking Position							
18/10/2021	26/10/2021	01/11/2021	15/11/2021	22/11/2021	29/11/2021	13/12/2021	04/01/2022
302	325	363	305	302	311	253	249
803	759	732	686	611	652	545	464
179	183	195	189	192	195	200	200
1370	1339	1330	1425	1419	1474	1540	1590
720	735	726	724	682	717	715	715
120	107	112	119	121	112	102	97
264	282	285	270	278	280	255	270
615	654	646	545	567	562	574	579
8	10	9	7	8	10	7	7
15	15	12	14	15	12	12	3
220	193	171	208	203	215	203	171
25	32	23	35	31	25	17	19
24	28	18	24	18	18	17	16
10	11	8	8	9	9	17	5
6	4	4	2	2	2	2	1
13	12	15	14	14	17	19	25
4694	4689	4649	4575	4472	4611	4478	4411

20/01/2022	01/02/2022	10/02/2022	16/02/2022	01/03/2022	29/03/2022	13/04/2022	25/04/2022
237	252	320	268	276	324	287	363
507	544	597	566	554	616	664	635
189	211	207	208	222	253	234	224
1625	1692	1558	1513	1545	1698	1661	1564
713	725	768	788	830	802	842	829
86	90	102	93	104	76	96	102
258	229	261	248	276	305	364	323
558	590	586	591	652	678	685	626
9	9	6	6	7	9	7	6
5	6	6	2	3	6	7	10
165	217	242	261	222	254	269	197
32	25	32	30	21	28	27	28
21	18	12	11	16	24	29	32
4	7	11	11	11	12	9	7
2	1	3	2	1	2	2	1
21	20	18	18	17	21	16	14
4432	4636	4729	4616	4757	5108	5199	4961

WIT-76202

24/05/2022	23/06/2022	07/09/2022	Difference %	To be completed by date	Status
290	196	340	▼ 17.24%		
725	862	909	▼ 25.38%		
241	256	270	▼ 12.03%		
1325	1419	1686	▼ 27.25%		
690	715	894	▼ 29.57%		
120	150	160	▼ 33.33%		
369	388	250	▲ 32.25%		
657	766	734	▼ 11.72%		
15	13	13	▲ 13.33%		
16	19	25	▼ 56.25%		
209	239	297	▼ 42.11%		
19	19	43	▼ 126.32%		
18	12	17	▲ 5.56%		
2	5	7	▼ 250.00%		
0	1	3	#DIV/0!		
20	21	26	▼ 30.00%		
4716	5081	5674	▼ 20.31%		



SHSCT CANCER PERFORMANCE MEETING

Date: Thursday 18th August 2022
Time: 10:00-12:00
Venue: Zoom – Invite Issued

MINUTES

ATTENDANCES: CLAIR QUIN, SINÉAD LEE, ANGELA MULDREW, ELAINE MURPHY, WENDY CLAYTON, AMIE NELSON, LISA MCAREAVEY, JANE SCOTT, TRUDY REID, KAY CARROLL, PATRICIA LOUGHRAN.

Agenda	Discussions	Action																												
1. Apologies	Sharon Glenny, Barry Conway, Mary Haughey, Charlotte-Anne Wells, Ronan Carroll, Louise Devlin, Lynn Lappin.																													
2. Review of Action Log	Clair advised that any actions under herself and Mary Haughey are currently ongoing as she will provide an update once complete. Angela advised that a detailed report for MDM Quoracy has been completed and is updated monthly. Most recent issues are due to pathology absence and CNS pressures Sinéad advised that if anyone has an update for actions to send through to her otherwise they roll on to next month’s Action Log.	Sinéad – Update Action Log																												
3. Update on Peer review	No Update – Mary Haughey on annual leave. Keep Peer Review on as recurring item on agenda.																													
4. Cancer Access Standards report	Sinéad presented the Cancer Performance report and advised on the below CWT for SDP for July 2022. Cancer Performance Targets: <table><tr><th>Waiting Times Measure</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th></tr><tr><td>Triage Target - A maximum three-day wait (including weekends) for a suspected cancer referral to be triaged</td><td>78%</td><td>79%</td><td>74%</td></tr><tr><td>Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms</td><td>20%</td><td>37%</td><td>65%</td></tr><tr><td>31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment</td><td>77%</td><td>87%</td><td>83%</td></tr><tr><td>62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment</td><td>29%</td><td>34%</td><td>45%</td></tr></table> Service Delivery Plan <table><tr><td>14 day Activity</td><td>92%</td></tr><tr><td>31 day Activity</td><td>41%</td></tr><tr><td>62 day Activity</td><td>59%</td></tr><tr><td>Red Flag - first outpatient appointment within 14 days (excl breast)</td><td>53%</td></tr></table> Triage – Amie advised that General Surgery cannot meet the triage targets due to volume of RF referrals and this is not included in the Consultants job plan. Amie to share a paper on referrals/triage. Amie in discussions with Joan, NIECR Team re: triage – redirected referrals. Querv over Consultant only triage.	Waiting Times Measure	May-22	Jun-22	Jul-22	Triage Target - A maximum three-day wait (including weekends) for a suspected cancer referral to be triaged	78%	79%	74%	Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms	20%	37%	65%	31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment	77%	87%	83%	62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment	29%	34%	45%	14 day Activity	92%	31 day Activity	41%	62 day Activity	59%	Red Flag - first outpatient appointment within 14 days (excl breast)	53%	Check guidance IEAP
Waiting Times Measure	May-22	Jun-22	Jul-22																											
Triage Target - A maximum three-day wait (including weekends) for a suspected cancer referral to be triaged	78%	79%	74%																											
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31 day Activity	41%																													
62 day Activity	59%																													
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	E-Triage NIECR – 5 outstanding departments needed to commence E-triage: Orthodontics, General Medicine, Geriatric, Haematology and Breast. Trudy advised meeting with clinical teams to discuss. Ongoing work with getting OC referrals onto E-triage – awaiting update. Skin – Lisa advised the Dr G McIntyre’s replacement Dr David Middleton is commencing end of August. DNA/CND rate – All tumour sites get a text message sent for appointment with the exception on Haematology. Plan snapshot audit of this when new Band 5 starts. MDM Quoracy – Upper GI CNS retired, Gynae CNS replacement in post, some oncologist cover and local Pathologist absence issues due to annual leave. Previous issue around radiologist cover in Urology MDM improved. Endoscopy – 3-4 month wait for joint/colonoscopy endoscopic investigation. STH access increased for Sept though few sessions to be flipped for Bowel Screening. 200x joint/colonoscopy to be sent to 352 Sept/Oct. Still no back to pre-covid levels. Urology – 3-4 week wait for TP Biopsy in-house and 6 week wait in IS. Radiology – 3-4 week wait for CT Guided Biopsy – Delays due to consultant annual leave and bed pressures.	Add ECR rollout to agenda Plan audit		
5. Breach Reports	<u>June Breach Reports</u> Sinéad discussed multiple breach reports and the reasons behind each breach. <table><tr><td> Internal 2 x Breast 4 x Gynae 3 x Head & Neck 4 x Lung 3 x Colorectal 10 x Skin 3 x Upper GI 9 x Urology 31D Breaches 2 x Gynae 2 x Head & Neck 4 x Lung 1 x Lower GI 3 x Upper GI 5 x Urology </td><td> External 1 x Breast 1 x Head & Neck 1 x Lower GI 12 x Skin </td></tr></table>	Internal 2 x Breast 4 x Gynae 3 x Head & Neck 4 x Lung 3 x Colorectal 10 x Skin 3 x Upper GI 9 x Urology 31D Breaches 2 x Gynae 2 x Head & Neck 4 x Lung 1 x Lower GI 3 x Upper GI 5 x Urology	External 1 x Breast 1 x Head & Neck 1 x Lower GI 12 x Skin	
Internal 2 x Breast 4 x Gynae 3 x Head & Neck 4 x Lung 3 x Colorectal 10 x Skin 3 x Upper GI 9 x Urology 31D Breaches 2 x Gynae 2 x Head & Neck 4 x Lung 1 x Lower GI 3 x Upper GI 5 x Urology	External 1 x Breast 1 x Head & Neck 1 x Lower GI 12 x Skin			
6. ITT Issues	- PET scanner down in Belfast - Delays in reporting of diagnostics - 3-4 week wait for Thoracic Surgery			
7. Longest waiters for 1 st RF OPD	General Surgery – Struggling with more patients be triaged for F2F RF OPD over past 4 months. Mr McElvanna asked for breakdown report from Angela. Urology – Separate portal for RF’s at 352 being set up. Gastro – Lisa advised that they are adding extra RF capacity on clinics.	Angela to provide report		

	Skin – Lisa advised the Dr G McIntyre's replacement Dr David Middleton is commencing end of August. Backlog with Telederm – Cancer trackers continue to escalate.	
8. Individual tumour site report	Sinéad presented the draft Urology tumour site report. She advised HOS/OSL to take this report and please provide feedback for each tumour site. Wendy Clayton - Show information for individual parts of Urology i.e Prostate, Haematuria, Testes etc. - Waiting time for TP Biopsy - Waiting time for 1st RF OPD in-house/IS Amie -Tracking numbers – show 31D and 62D patients	<i>HOS/OSLs to provide feedback</i>
9. Escalation process	Clair advised that we are back to full 14 day escalation policy and full escalation policy for ENT, Gynae and Urology. Sinéad advised that no update was received. AD/HOS/OSL to go back to their respective tumour site leads to discuss if they want to enforce the full escalation policy in line with regional policy and if not provide a plan for escalations. Over Day 100 Report – Angela Muldrew All in agreement that this report is very useful. Angela commented that the Cancer Trackers are not escalating anyone over Day 100 as she is on this report.	<i>Add to action log</i>
10. Issues for Escalation to Acute SMT & Corporate SMT	Sinéad advised that there is no evidence of the below issues from the last meeting being escalated to Acute/Corporate SMT. - Escalation Process/Policy - High level of RF referrals - Ongoing challenges with triage - Endoscopy waits - Impact of PET scanner offline in Belfast and PET reporting - Demand vs Capacity Trudy Reid asked for these to be sent to her to present at SMT.	<i>Sinéad to send to Trudy/Clair/Cathy</i>
11. Service Delivery Plan	Sinéad discussed the service delivery plan and the targets set out that we didn't meet. Sinéad advised on the demand vs capacity and comparison to 2019 figures. Trudy advised that they require an update for SDP 2022/23: - Valid reason for failure to meet timelines - Demand vs capacity - Reasons why clinics aren't running - Staffing difficulties - vacancies	<i>Updates to be send to Trudy/Catherine</i>
12. AOB	- Trudy has advised having the Cancer Performance meeting more than one a month - Adjustments – Sinéad advised that any patients on 1st RF OPD longest waiters with issues i.e.: DNA/CND OPDs, cant travel, holidays will get an adjustment added on CaPPs.	<i>Barry to update</i> <i>Sinéad to add CaPPs days onto spreadsheet</i>
13. Date of next meeting	Thursday 15th September 2022 via Zoom (<i>link issued</i>)	

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Cancer Performance Meeting - Action Log

Update

15.08.22 - Ongoing development work - await final draft

15.08.22: Angela already has a MDM quorate detailed report completed and updates monthly.

15.08.22 - Plan to discuss at Regional Cancer Ops 24.08.22

22.07.22 - Reply from Amie Nelson - Yes they do send emails if they are reassigning triages. Our problem is that each Consultants' name appears 4-6 times on NIECR e-triage worklists so they have to check all of their names to find the assigned the triage. We have been meeting with Joan Couhig about this who has linked with the BSO to help us resolve the issues of multiple destinations. The person in BSO who we need to meet with is on leave until next week; Joan is trying to secure a date within the next few weeks with them do Mr Neill and I can sit down and consolidate the CCG pathways in and also the destinations.

15.08.22 - Ongoing - Plan to discuss at Regional Cancer Ops 24.08.22

11.08.22 - Discussed with Sharon Glenny whose plan is to raise with Ciara Toal (BHSCT) after Sharon discusses with Barry Conway in the first instance. Barry is currently off work at the moment.

15.08.22 - Ongoing awaiting Mary's response.

18.08.22 - Sinéad advised OSL/HOS to go back to respective tumour site leads to discuss if they want to enforce the full escalation policy in line with Regional policy and if not then provide a plan for escalations.

18.08.22 - Sinéad advised Clair Quin/Trudy Reid that these issues might not have been raised at SMT yet

18.08.22 - Not much seen on NICAN or IEAP guidance re: Consultants only triaging RF referrals. Email sent to Trudy/Clair 18.08.22

Added to agenda for September Cancer Performance meeting

[illegible]

Cancer Performance Dashboard Report

August 2022

*Report produced by
Sinéad Lee, Cancer Services Co-Ordinator*

Cancer Performance Summary Report

Note: In absence of a formal monitoring report regarding the Triage Target, we are currently monitoring this information via the NID-Splunk report. However, this information can only be used as a gauge as it is not fully comprehensive of all Red Flag referrals received to our Trust.

Waiting Times Measure	May-22	Jun-22	Jul-22	Aug-22
Triage Target - A maximum three-day wait (<i>including weekends</i>) for a suspected cancer referral to be triaged	78%	79%	74%	68%
Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms	20%	37%	65%	30%
31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment	77%	87%	83%	80%
62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment	29%	34%	45%	32%

SOUTHERN HSC Trust - CANCER SERVICES		April	May	June	Quarter 1	July	August	September	Quarter 2 Totals	October	November	December	Quarter 3 Totals
14 day Activity	Baseline figure (2021-22)	236	306	299	841	230	234	305	769	317	325	258	900
	Expected 2022-23	236	206	299	841	230	234	305	769	317	325	258	900
	Actual Outturn 2022-23	284	290	313	887	212	313		525				
31 day Activity	Baseline figure (2019-20)	127	141	149	417	153	130	154	437	146	139	120	405
	Expected 2022-23	127	141	149	417	153	130	154	437	146	139	120	405
	Actual Outturn 2022-23	98	121	136	355	92	79		171				
62 day Activity	Baseline figure (2021-22)	63	69	83	215	62	66	74	201	68	85	67	220
	Expected 2022-23	63	69	83	215	62	66	74	201	68	85	67	220
	Actual Outturn 2022-23	51	65	75.5	191.5	56.5	47.5		104				
Red Flag - first outpatient appointment (excl breast).	Reference Total Figure (2019-20)	973	1036	897	2906	909	977	1,228	3,114	1,302	1,084	999	3,385
	Baseline Figure <14 Days (2019-20)	398	319	357	1074	316	245	265	826	304	363	323	990
	Expected Total Figure 2022-23	973	1036	897	2906	909	977	1,228	3,114	1,302	1,084	999	3,385
	Actual Outturn 2022-23	869	1058	1055	2982	1,011	1,260		2,271				
	Expected <14 Days(2019-20)	398	319	357	1074	316	245	265	826	274	327	291	892
	Actual Outturn 2022-23	115	200	141	456	132	281		413				

Suspect Cancer Referrals Aug 21 – 22

62 DAY REFERRALS

The table on the right shows the amount of 62D referrals received from over a 12 month period.

62 DAY REFERRALS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	243	270	398	344	313	245	375	283	313	275	322	272	267	339
Brain/Central Cancer	11	7	10	16	14	12	12	12	18	12	14	8	13	12
Children's Cancer	0	0	0	0	1	0	2	0	0	0	0	0	0	0
Gynae Cancer	164	197	198	205	184	148	178	195	228	212	219	195	172	212
Haematological Cancer	28	41	30	28	28	26	19	24	24	29	54	56	50	39
Head & Neck Cancer	126	111	146	125	139	111	119	146	141	138	134	132	117	131
Lung Cancer	35	26	40	35	44	50	49	49	52	44	55	54	37	47
Lower Gastrointestinal Cancer	248	303	332	374	364	292	341	337	381	353	446	452	429	447
Acute Leukaemia	0	0	0	0	0	1	0	0	0	0	0	2	0	0
Other Suspected Cancer	17	16	15	21	16	16	16	12	15	13	22	29	21	20
Sarcoma	2	0	1	1	0	0	0	0	1	0	0	0	2	3
Skin Cancer	341	280	384	315	296	223	299	279	311	323	451	412	409	466
Testicular Cancer	6	4	11	4	7	1	6	3	7	4	10	8	8	8
Upper Gastrointestinal Cancer	178	193	201	212	230	173	196	195	199	176	191	201	200	234
Urological Cancer	120	128	143	144	148	151	146	136	189	178	157	163	150	152
Total Referrals	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875	2110

31 DAY REFERRALS

The table on the right shows the amount of 31D referrals received from over a 12 month period.

31D REFERRALS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	30	31	30	25	30	11	36	26	34	32	19	27	26	33
Brain/Central Cancer	1	0	0	0	1	0	1	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	19	10	12	19	19	17	23	18	24	14	14	21	15	13
Haematological Cancer	13	14	10	13	15	21	14	6	27	21	17	15	7	12
Head & Neck Cancer	16	15	14	23	27	12	14	11	11	11	18	19	13	28
Lung Cancer	19	25	21	15	24	22	20	14	30	12	22	23	18	17
Lower Gastrointestinal Cancer	35	15	25	39	23	25	30	27	27	58	30	27	39	29
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	2	5	3	3	5	1	2	1	3	3	1	3	1	4
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	6	9	1	9	12	4	7	4	7	7	10	10	6	13
Testicular Cancer	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Upper Gastrointestinal Cancer	20	21	14	17	16	12	20	10	23	30	22	22	22	22
Urological Cancer	34	34	31	26	30	19	24	26	33	24	44	42	36	41
Total Referrals	195	179	161	189	202	145	191	143	219	212	198	209	183	212

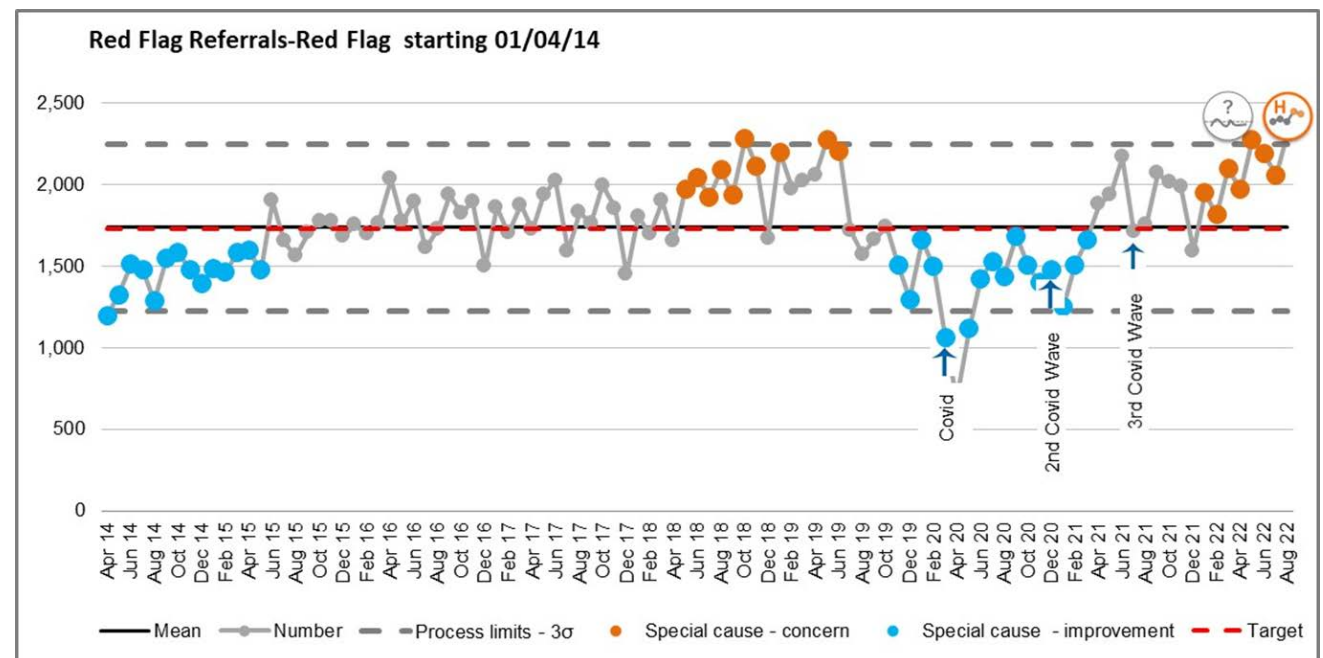
Suspect Cancer Referrals Aug 21 – 22

COMBINED 62 DAY & 31 DAY REFERRALS

The table on the right shows the combined total of 62D & 31D suspected cancer referrals received.

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
62D REFERRALS	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875	2110
31D REFERRALS	195	179	161	189	202	145	191	143	219	212	198	209	183	212
COMBINED TOTAL	1714	1755	2070	2013	1986	1594	1949	1814	2098	1969	2273	2193	2058	2322

The SPC graph on the right shows the combined total amount of suspected cancer referrals from April 2014 onwards.



Referrals Information

The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged within a certain timeframe. Our triage target 100%. Please see below:

Triaged within 1-3 days =	68%
Triaged within 4-7 days =	23%
Triaged over 7+ days =	9%

Referrals triaged over 7+ days are down 4% from last month

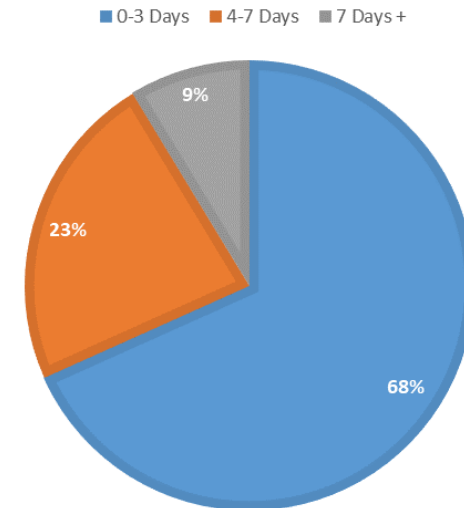
Longest Tumour Site for triage this month: General Surgery

The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged as “Downgraded”.

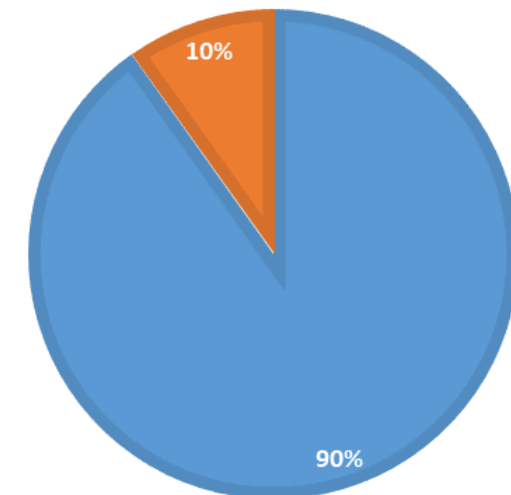
Triage Aug 22	Total
Total RF Referrals	1615
Downgraded RF Referrals	176

**Note: These figures are based on information provided by NID-Splunk report for referrals triaged via NIECR.*

% OF REFERRALS TRIAGED



Total RF Referrals Downgraded RF Referrals



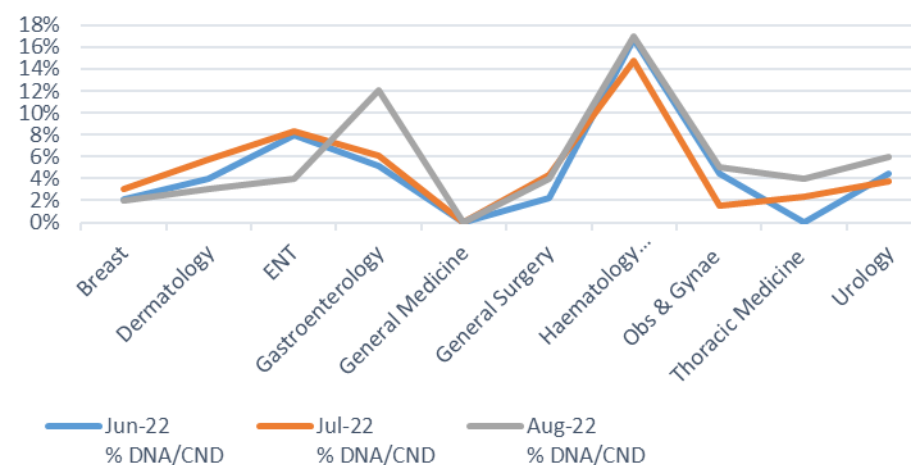
Red Flag Outpatient DNA/CND Figures

The table of the right shows the red flag attendances vs DNA/CND for each tumour site for the past 3 months.

Speciality	Jun-22			Jul-22			Aug-22		
	Attendances	DNA/CND	Jun-22 % DNA/CND	Attendances	DNA/CND	Jul-22 % DNA/CND	Attendances	DNA/CND	Aug-22 % DNA/CND
Breast	322	7	2%	214	8	3%	313	8	2%
Dermatology	215	9	4%	141	9	6%	255	8	3%
ENT	92	8	8%	77	7	8%	221	9	4%
Gastroenterology	75	4	5%	46	3	6%	57	8	12%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	221	5	2%	305	14	4%	397	18	4%
Haematology (Clinical)	20	4	17%	23	4	15%	19	4	17%
Obs & Gynae	210	10	5%	191	3	2%	209	12	5%
Thoracic Medicine	47	0	0%	41	1	2%	43	2	4%
Urology	150	7	5%	126	5	4%	120	8	6%

The line graph on the right compares each tumour sites DNA/CND rate over the past 3 months.

% DNA/CND of RF Outpatients



***Note: These figures are based on attendances/DNA&CND's recorded on PAS.**

Internal 62D & 31D Breaches

The data on the right shows the amount of 62D internal and external cancer patients who were treated and breached their 62D cancer pathway.

***Note: These figures are based on data collated from CaPPs when tracking has been updated and treatment recorded.**

WIT-76216

62D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	2	3	4	1	2	2	1	2	2	0	0	9	2	2	2	34
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	4	2	4	3	1	3	2	3	2	1	1	2	2	33
Haematological Cancer	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Lung Cancer	0	0	0	1	0	0	0	0	0	0	0	0	0	4	0	5
Lower Gastrointestinal Cancer	5	7	2	4	5	12	11	1	4	2	7	4	8	2	4	78
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Skin Cancer	6	9	10	15	0	13	4	0	6	6	8	8	10	10	13	118
Upper Gastrointestinal Cancer	1	0	1	0	8	0	1	13	0	0	0	2	2	3	0	31
Urology	7	3	4	7	6	7	9	5	5	11	7	8	13	4	6	102
Total Breaches	26	24	26	30	25	38	27	24	19	22	24	33	36	28	28	410

ITT Breaches	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	0	0	0	0	0	1	1	0	0	0	0	0	1
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	0	1	5	2	3	1	6	2	1	1	1	2	0
Haematological Cancer	0	0	0	0	1	0	0	0	0	0	0	0	0
Head & Neck Cancer	1	2	2	2	0	1	2	2	1	2	1	2	1
HPB Cancer	2	1	0	0	0	2	1	3	1	0	0	0	0
Lung Cancer	6	4	3	5	3	3	2	3	1	4	7	4	3
Lower Gastrointestinal Cancer	2	3	3	3	0	1	0	2	1	4	1	1	2
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	0	2	3	3	0	0	0	1	3	0	0	0
Upper Gastrointestinal Cancer	0	3	1	2	2	3	2	2	2	0	1	3	0
Urology	5	6	4	2	2	5	6	1	7	5	3	5	5
Total Breaches	16	20	20	19	14	17	20	15	15	19	14	17	12

Total 62D Breaches (Internal & External)	42	50	45	57	41	41	39	37	39	52	50	45	40

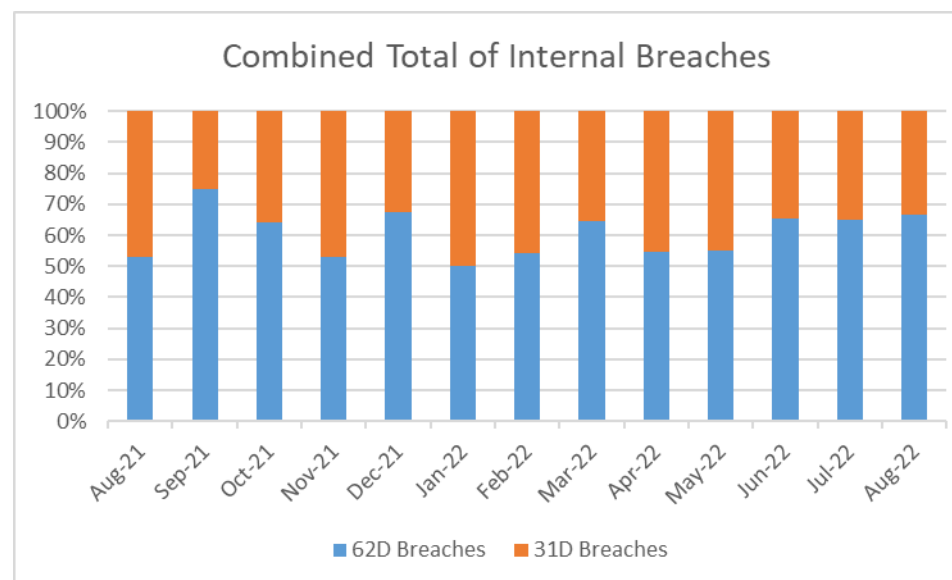
31D Breaches

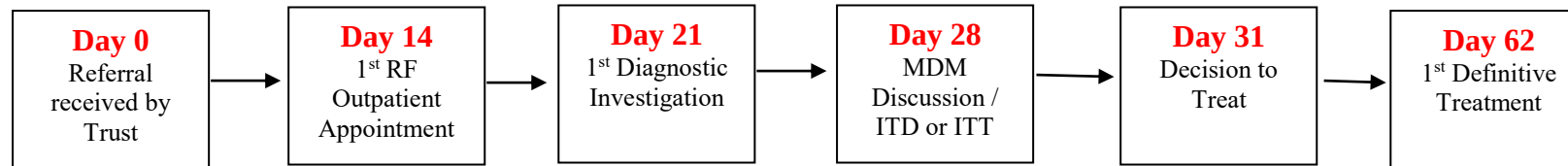
The data on the right shows the amount of 62D and 31D confirmed cancer patients who were treated internally and breached their cancer pathway.

Note: The 31D data DOES include any 62D patients that breached their 31D pathway for treatment after decision to treat

31D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	2	8	12	0	3	7	3	4	1	2	2	14	2	1	0
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	2	2	3	5	0	0	1	4	0	0	1	0	1
Haematological Cancer	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lower Gastrointestinal Cancer	0	1	0	1	0	6	1	1	7	1	3	2	2	1	0
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	7	7	7	7	15	8	17	7	5	13	10	14	12	11
Upper Gastrointestinal Cancer	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	1	0	0	2	0	0	2	1	0	0	2
Total Breaches	3	18	23	10	14	34	13	24	16	12	20	27	19	15	14

The bar graph on the right shows the combined amount of 62D & 31D internal breaches.



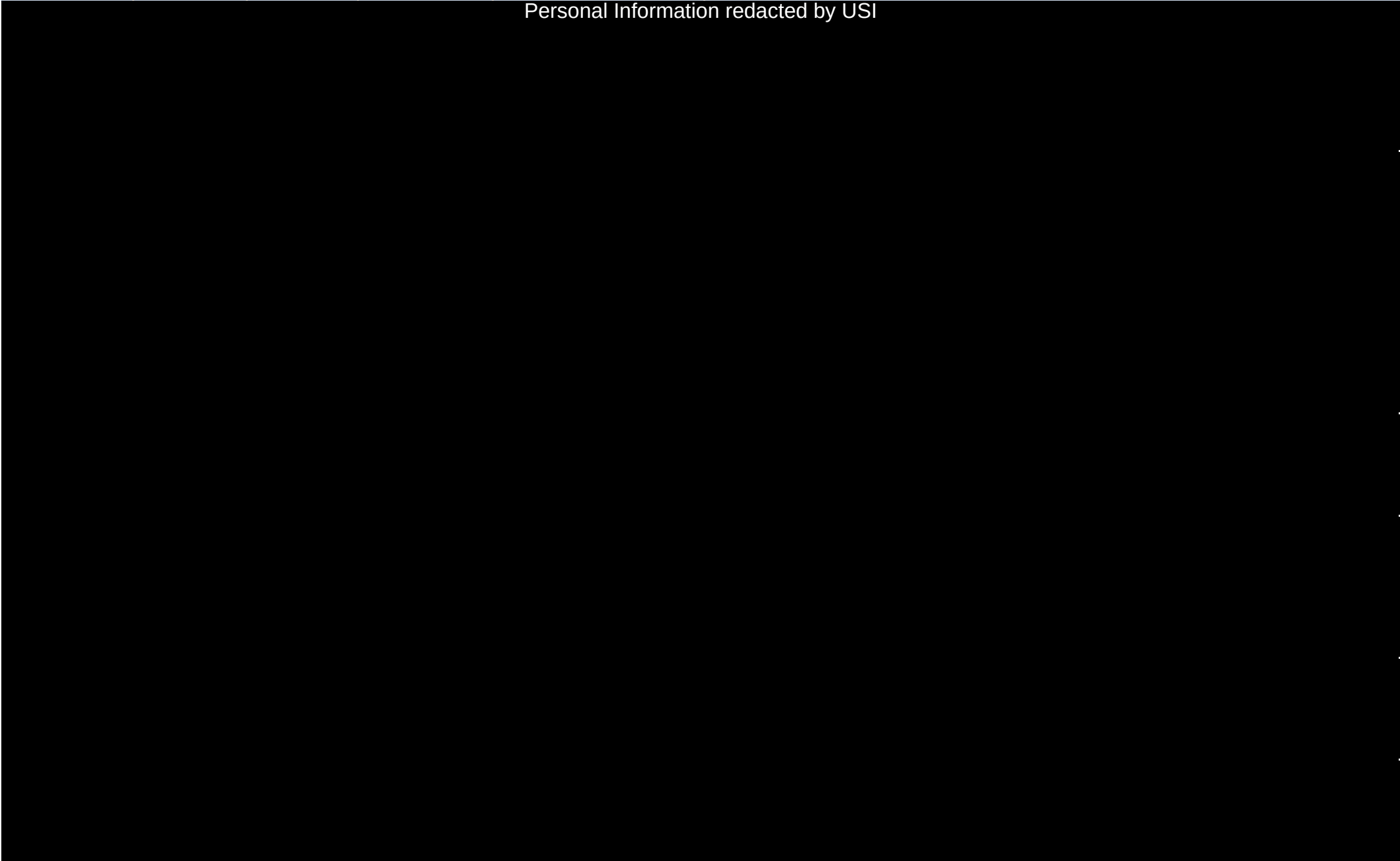
D62 Cancer PathwaySummary of Breach Reports – August 2022

Patient Details	Tumour Site	Breach Type	Treatment	Treatment Complete Day	Summary
Personal Information redacted by USI					

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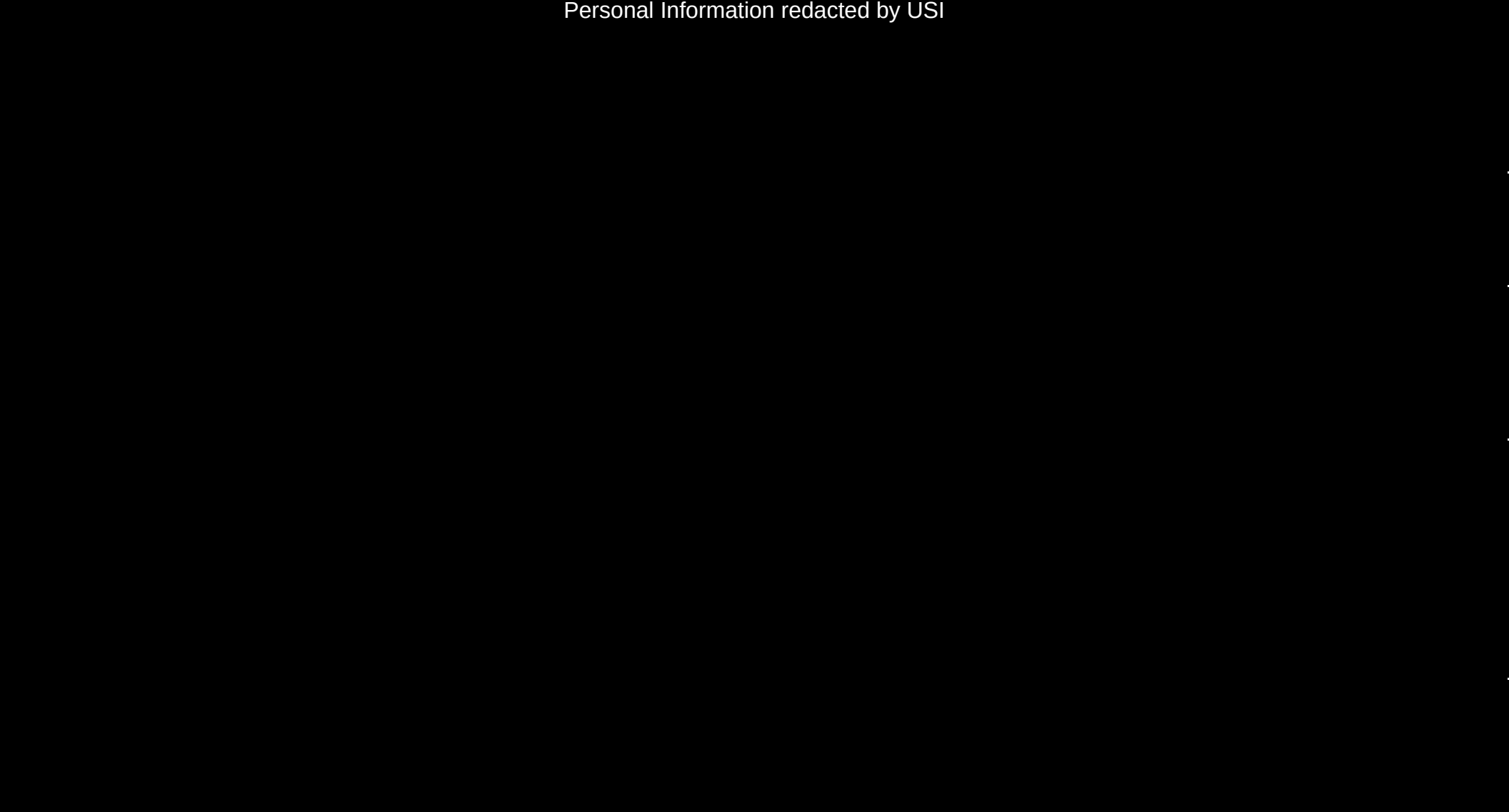
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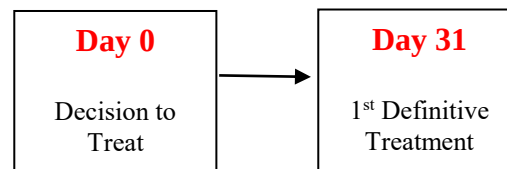
Personal Information redacted by the USI

Personal Information redacted by USI



Personal Information redacted by the USI

D31 Cancer Pathway



Internal Breach Reports – 31D

Patient Details	Tumour Site	Treatment	Treatment Complete Day	Summary

Personal Information redacted by the USI

Note: Only one patient on the 31D pathway whose referral was from Other source/Unexpected referral breached this month. The other patients that breached their 31D pathway for treatment after decision to treat are all 62D pathway referrals.

Confirmed Cancers

62 Day & 31 Day Confirmed Cancers

The table on the right shows the confirmed cancer figures for each individual tumour site for patients/clients on the 62 Day & 31D pathway.

The percentage at the bottom of each table reflects the amount of confirmed cancers per pathway divided by total confirmed cancers each month.

i.e. 53 total 62D confirmed cancers / 106 total in month = 50%

53 total 31D confirmed cancers / 106 total in month = 50%

***Note: As our Cancer Tracking updates daily these volumes will change and we will update on the next report**

62D Confirmed Cancers	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	9	24	13	14	13	14	8	16	13	17	14	10	20	185
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	9	5	3	4	6	6	4	7	2	5	3	8	4	66
Haematological Cancer	2	4	1	3	4	5	4	3	2	4	2	3	2	39
Head & Neck Cancer	4	4	2	4	2	3	2	4	2	2	5	2	9	45
Lung Cancer	5	3	5	10	8	4	4	4	4	9	7	8	3	74
Lower Gastrointestinal Cancer	9	15	13	17	6	7	8	7	9	15	9	7	7	129
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	5	3	0	0	2	0	0	1	2	1	1	4	4	23
Sarcoma	1	1	0	0	0	0	0	0	0	0	1	0	0	3
Skin Cancer	26	44	46	35	30	25	38	32	23	29	29	25	29	411
Testicular Cancer	0	1	2	0	1	1	0	0	0	0	0	2	2	9
Upper Gastrointestinal Cancer	4	5	6	3	7	5	9	4	6	4	3	2	3	61
Urological Cancer	17	18	9	30	18	19	13	18	19	22	14	19	17	233
Total Confirmed Cancers	91	127	100	120	97	89	90	96	82	108	88	90	100	1278
%62d Confirmed Cancers	49%	48%	51%	48%	49%	48%	47%	44%	42%	48%	42%	54%	52%	

31D Confirmed Cancers	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	10	17	17	14	21	12	12	21	7	15	11	8	12	177
Brain/Central Cancer	1	1	3	5	0	2	2	0	3	4	2	3	1	27
Children's Cancer	0	0	0	0	0	1	0	0	0	0	0	0	1	2
Gynae Cancer	5	4	3	3	5	3	6	5	8	4	4	4	3	57
Haematological Cancer	9	11	10	13	12	12	10	13	10	11	12	4	5	132
Head & Neck Cancer	1	5	4	4	3	3	8	1	4	5	5	2	1	46
Lung Cancer	10	29	9	17	11	14	20	16	12	12	11	9	15	185
Lower Gastrointestinal Cancer	15	6	9	11	11	7	5	7	13	11	11	9	11	126
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	4	3	3	2	2	0	3	3	4	3	2	6	3	38
Sarcoma	1	0	1	1	1	1	1	2	0	0	0	1	0	9
Skin Cancer	20	29	23	25	21	17	14	33	33	38	41	21	21	336
Testicular Cancer	1	0	0	0	0	2	1	0	0	1	1	0	1	7
Upper Gastrointestinal Cancer	6	7	6	11	4	12	4	7	9	5	13	5	10	99
Urological Cancer	10	23	9	22	9	11	15	13	10	9	8	5	10	154
Total Confirmed Cancers	93	135	97	128	100	97	101	121	113	118	121	77	94	1395
%31D Confirmed Cancers	51%	52%	49%	52%	51%	52%	53%	56%	58%	52%	58%	46%	48%	

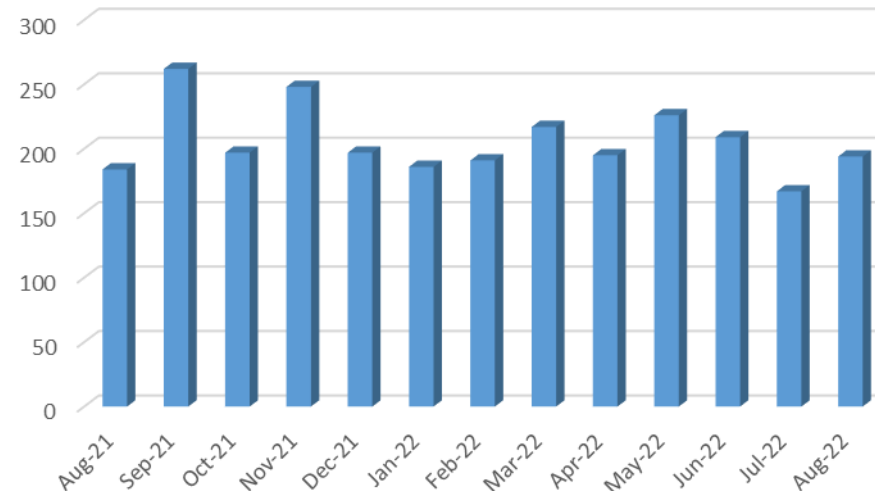
Number of Confirmed Cancers Aug 21 - 22

Above bar graph shows the combined total off all confirmed cancers for the period of August 2021 - August 2022.

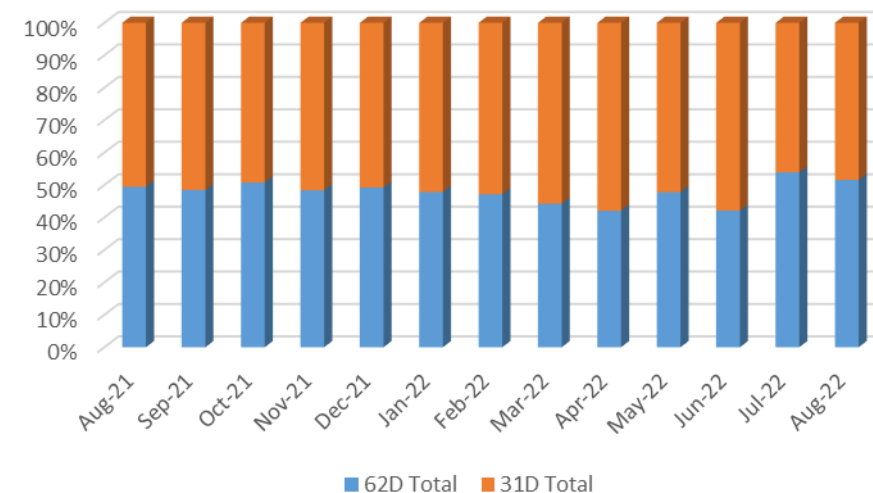
Above bar graph shows the % total of combined 62D and 31D confirmed cancers for the period of August 2021 - August 2022.

****Note: These figures are based on confirmed cancers recorded on CaPPs.***

Total Combined Referrals



% of Combined Confirmed Cancers



% of Cancer Conversion per Quarter

The table on the right shows the percentage of cancer conversion in the last four Quarters with the most recent Quarter highlighted in **red**.

Please note: Quarter 2 July 22 – Sept 22 only includes July – August and will be updated for September Cancer Performance.

***Note:** Please note that these figures for our cancer conversion are not for the same cohort of patients whose referrals were received in that Quarter.

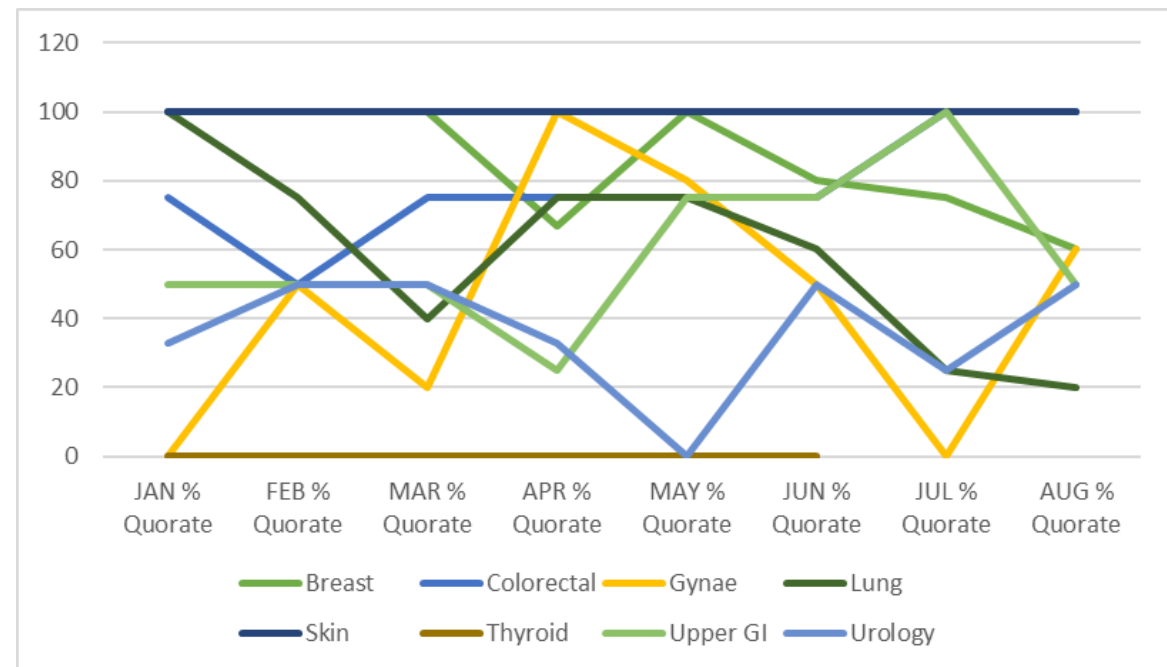
Tumour Site	Number of red flag referrals				Number of confirmed cancers				% of Conversion			
	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21
Acute Leukaemia	0	0	0	1	0	0	0	0	0%	0%	0%	0%
Brain/Central	25	34	43	43	4	9	4	8	16%	26%	9%	19%
Breast	665	947	1067	968	50	77	83	92	8%	8%	8%	10%
Childrens	0	0	2	1	1	0	1	0	0%	0%	50%	0%
Gynae	412	675	66	592	19	26	31	24	5%	4%	5%	4%
Haematology	108	192	114	131	14	32	47	43	13%	17%	41%	33%
Head&Neck	289	452	442	437	14	7	21	19	5%	4%	5%	4%
Lower GI	944	1366	1143	1117	34	64	41	67	4%	5%	4%	6%
Lung	119	210	214	190	35	50	62	60	29%	24%	29%	32%
Other	46	71	49	62	17	12	7	9	37%	17%	14%	15%
Sarcoma	5	0	1	1	1	1	4	3	20%	0%	400%	300%
Skin	894	1213	907	859	96	191	159	180	11%	16%	18%	21%
Testicular	16	23	16	13	5	2	4	3	31%	9%	25%	23%
Upper GI	478	642	643	660	20	35	41	37	4%	5%	6%	6%
Urology	379	608	554	518	51	79	89	97	13%	13%	16%	19%
Total	4380	6433	5261	5593	361	585	594	642	8%	9%	11%	11%

MDM Attendances

The table on the right shows the total number of MDMs per month for each individual tumour site and how many of them were quorate over the past 3 months.

	Jun-22			Jul-22			Aug-22		
	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate
Breast	5	4	80	4	3	75	5	3	60
Colorectal	4	3	75	4	4	100	4	4	100
Gynae	4	2	50	4	0	0	5	3	60
Lung	5	3	60	4	1	25	5	1	20
Skin	4	4	100	4	4	100	4	4	100
Thyroid	1	0	0	0	0		0	0	
Upper GI	4	3	75	4	4	100	4	2	50
Urology	4	2	50	4	1	25	4	2	50

The Line graph shows the percentage of quorate MDMs for the year 2022.



Internal

- Clinic Capacity – Dermatology, Gastroenterology, Haematology, Lung, Breast
- Urology not sending to 352 – awaiting update on contract
- Staffing/Workforce
- Theatre Capacity
- High volumes of RF referrals
- Access to endoscopy: 3-4 month wait for joint procedure and colonoscopy – plan to send 100x Colonoscopy and 100x joint to 352 Sept/Oct
Endoscopy not back to pre-covid levels. Currently on 34 lists and pre-covid we were at 40-42 lists
- 3-4 week wait for CT Guided Biopsy
- CT Guided Biopsy – post-op care
- Bed pressures
- 3-4 week wait for TP Biopsy in house and 6 week wait in IS

External

- PET scanner down in Belfast
- Reporting of diagnostics (PET, CT)
- 3-4 week delay for Thoracic surgery

Appendix: Data Collection Information

I. CWT Targets:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>) 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>)
II. Red Flag Referral data:	Boxi Report – 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
III. Triage data:	NIECR Archive – Number of Referrals received and triaged as Red Flag
IV. DNA and CNC data:	Boxi Report – 01 – Outpatient DNA and CNC Report – Figures and rates per month (<i>based on PAS</i>)
V. Confirmed Cancers:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>)
VI. % Cancer Conversion:	Boxi Report - 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>) 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
VII. MDM Quoracy	Boxi Report – 02 – MDM Number of Attendances by Specific Consultant (<i>CaPPs</i>)
VIII. Cancer Tracking:	CaPPs – Cancer Tracking screen

CANCER CHECKPOINT MEETING

Date: Friday 01/04/2022
 Time: 2.00pm
 Venue: Via Zoom (link issued)

A G E N D A

1.0	Apologises	
2.0	Notes from previous meeting  MINUTES - Cancer Checkpoint Meeting -	All
3.0	Update on MDT benchmarking work (<i>linked to the Urology Review</i>) - USI Hearings Update	Mary
4.0	General update: - Referral trends (Barry) - Long waiters (Barry) - Tracking position (Angela)	Barry
5.0	Issues for escalation by tumour site:	Lead Clinicians ADs/ HOS / OSL
6.0	Updates from Regional Cancer Reset / Issues for escalation	Barry
7.0	Other issues by exception - Oncology Physiotherapy	All
8.0	AOB Date of Next Meeting – 2pm Friday 6 th May '22	

CANCER CHECKPOINT MEETING

Date: Friday 01/04/2022
 Time: 2.00pm
 Venue: Via Zoom (link issued)

MINUTES

Attendees & Apologies			
Barry Conway	x	Ronan Carroll	x
Sinéad Lee	x	Jane Scott	x
Angela Muldrew	x	Louise Devlin	x
Sharon Glenney	x	Lisa McAreavey	x
Ms H Mathers	x	Amie Nelson	x
Mr K McElvanna	x		
Apologies noted from: Clair Quinn, Mr A Glackin			

1.0	Notes from previous meeting Barry welcomed everyone to the meeting.	All
2.0	Update on MDT benchmarking work (linked to the Urology Review) • Urology Public Inquiry planned for June 2022. • Public sessions to commence in November 2022. • Marie O’Kane looking to expand Trust Clinical Audit team. • SOPs to be created in line with private sector – NHS pathology.	Mary <i>Angela to link in with MDT Leads for what support is needed.</i>
3.0	General update: Barry provided an update on referral trends: • Consistently high referrals numbers seen this month. • Increased numbers with number of patients on pathway. • High volume of patients waiting over 113+ days. • Longest waits for 1st OPD - o Urology numbers increased significantly (100x now sent to 352 to help with back log) - o Breast and Gynae numbers increased. - o Upper GI, H&N and Haematology improved - o Colorectal shows small improvement, Qfit numbers increased. Plan in place to present individual tumour site cancer performance.	Barry
4.0	Issues for escalation by tumour site: <i>Breast – Ms Helen Mathers provided an update:</i> • Additional clinics running on Friday and Saturdays. • Radiology support at clinics but need for Clinician. • Amie has role of Locum Breast Clinicians out to secure support. • Theatre capacity, CAH still an issue – backlog of patients. • Need for theatre lists more than 1-2 weeks in advance.	Lead Clinicians ADs/ HOS / OSL <i>Amie and Ronan to discuss on Tuesday</i>

	General Surgery – Mr McElvanna provided an update: • AGM 31.03.22 • High increase in RF referrals received. • Kevin to attend GP Echo in June for education around Qfit. • Plan to review triaging process. • Endoscopy waiting times to increase due to lost capacity, will see more escalations. • STH E Floor – Ronan advised this could help with endoscopies. • Qfit waiters have a plan but need administration process complete. • Need for CNS expansion in line with service demand. • Increase numbers of elderly patients requiring pre-operative assessment.	WIT-76234 Barry to follow up with Clair
5.0	Updates from Regional Cancer reset / Issues for escalation: ➤ Cancer Strategy published with Minister last week. ➤ Rapid Diagnostic Centres announced for Whiteabbey and Dungannon.	Barry / All
6.0	Other issues by exception • Oncology Physiotherapy – Staff member going on career break. Discussed with Charlotte Ann Wells. EOI going out for full time Band 7 in April. • Funding secured for Locum Pathologist to ensure MDT attendance. • Dr Jayne McAuley, Palliative Medicine starting 04.04.22. • CD post to be advertised next week. • Plans to test new MDT room next Tuesday.	All
7.0	Date of Next Meeting – Friday 6 th May 2022 @ 2pm	

Specialty	Table Total		
		Awaiting Triage Outcome	Awaiting appointment
Breast	182	10	85
Dermatology	193	22	141
ENT	86	5	71
Gynae	216	21	154
Haematology	42	7	18
Lung	59	16	31
General Surgery - Lower GI	367	98	96
General Surgery - Upper GI	54	30	10
General Surgery - Other	5	0	1
Gastro - Lower GI	62	7	36
Gastro - Upper GI	88	18	36
Gastro - Other	2	0	1
Neurology	3	3	0
Urology - Prostate	106	0	89
Urology - Haematuria	116	2	103
Urology - Testicular	10	3	5
Urology - Other	27	23	18

Breakdown of patients on PTL report			Total number of patients on PTL	Longest
Information on patients waiting appointments	With appointment dates in past (attendances to be recorded)	Appointed for today or in the future		Weeks
N/A	0	87	182	5
N/A	0	30	193	40
N/A	0	10	86	6
N/A	1	40	216	9
2 PINK Referrals	0	17	42	17
N/A	1	11	59	8
122 QFIT	0	51	245	71
3 QFIT	0	11	51	9
2 QFIT	2	0	3	64
2 QFIT	1	16	60	15
N/A	2	32	88	15
N/A	0	1	2	9
N/A	0	0	3	2
N/A	2	15	106	14
1 patient on THC/IS booked to clinic	1	9	115	21
1 Transferred to 352	1	0	9	6
N/A	0	6	47	12

Waiter (including those delayed due to COVID-19)				
Days				Hospital Number
35	LONGEST WAITER:	5	WEEKS	Personal Information redacted by USI
	NEXT LONGEST:	4	WEEKS	
280	LONGEST WAITER:	7	WEEKS	
	NEXT LONGEST:	7	WEEKS	
42	LONGEST WAITER:	6	WEEKS	
	NEXT LONGEST:	5	WEEKS	
63	LONGEST WAITER:	9	WEEKS	
	NEXT LONGEST:	7	WEEKS	
119	LONGEST WAITER:	17	WEEKS	
	NEXT LONGEST:	17	WEEKS	
56	LONGEST WAITER:	8	WEEKS	
	NEXT LONGEST:	8	WEEKS	
497	LONGEST WAITER:	71	WEEKS	
	NEXT LONGEST:	17	WEEKS	
63	LONGEST WAITER:	9	WEEKS	
	NEXT LONGEST:	8	WEEKS	
448	LONGEST WAITER:	64	WEEKS	
	NEXT LONGEST:	3	WEEKS	
105	LONGEST WAITER:	15	WEEKS	
	NEXT LONGEST:	11	WEEKS	
105	LONGEST WAITER:	15	WEEKS	
	NEXT LONGEST:	9	WEEKS	
63	LONGEST WAITER:	9	WEEKS	
	NEXT LONGEST:	4	WEEKS	
14	LONGEST WAITER:	2	WEEKS	
	NEXT LONGEST:	1	WEEKS	
98	LONGEST WAITER:	14	WEEKS	
	NEXT LONGEST:	9	WEEKS	
147	LONGEST WAITER:	21	WEEKS	
	NEXT LONGEST:	14	WEEKS	
42	LONGEST WAITER:	6	WEEKS	
	NEXT LONGEST:	5	WEEKS	
84	LONGEST WAITER:	12	WEEKS	
	NEXT LONGEST:	9	WEEKS	

Comment
Appointment planned for 30.03.22 - Patient cancelled previous due to covid
Appointment planned for 04.04.22 - Patient cancelled previous appt
Appointment planned for 31.03.22
Appointment planned for 04.04.22
Appointment planned for 31.03.22
Out for triage since 25.02.22 - RF Team have chased
Appointment planned for 08.04.22
Awaiting appointment - current inpatient in DHH
Awaiting date for RF appointment
Appointment planned for 31.03.22
Appointment planned for 29.03.22
Awaiting CT before RF OPD arranged
Awaiting Qfit
Non Qfit Longest waiter - Wants Virtual OPD with Mr Hewitt
Next longest waiter for RF OPD is at 10 weeks
Non Qfit Longest waiter - Awaiting RF appointment with Mr Mark
Awaiting Qfit
Awaiting Qfit
Non Qfit Longest waiter - RF appointment 29.03.22
RF appointment 29.03.22
RF appointment 30.03.22
RF appointment 04.04.22
RF appointment 29.03.22
RF appointment 29.03.22
Awaiting RF OPD
Awaiting triage
Awaiting triage
Appointment planned for 23.03.22
Appointment planned for 29.03.22
Awaiting date for RF OPD
Awaiting date for RF OPD
Awaiting date for RF OPD
Awaiting date for RF OPD
Awaiting date for RF OPD
Appointment planned for 29.03.22

TimeBand 62 Day		0-7 Days	8-14 Days	15-21 Days	22-28 Days	29-35 Days	36-42 Days	43-49 Days	50-55 Days
Suspect Tumour Site - Description	Treatment Planned Y/N								
Brain/Central Tumour	N	2	4	2	3	2			1
Breast Cancer		50	58	67	51	9	3		3
Gynae Cancers		38	35	47	37	43	18	9	5
Haematological Cancers		3	4	3	9	5	4	5	4
Head/Neck Cancer		28	21	32	29	34	19	18	12
Hepatobiliary/Pancreatic						1			
Lower Gastrointestinal Cancer		65	73	85	76	83	71	74	57
Lung Cancer		5	5	10	12	8	4	7	5
Other Suspected Cancer		2	2	7	3	2			1
Sarcomas				1					
Skin Cancers		69	67	55	80	56	52	46	30
Testicular Cancer		2	1		4	1			
Thyroid Cancer							1		
Upper Gastrointestinal Cancer		31	38	56	33	39	47	47	35
Urological Cancer		44	40	43	38	50	27	32	24
	N	339	348	408	375	333	249	239	177

Gynae Cancers	Y							1	
Head/Neck Cancer									
Lower Gastrointestinal Cancer									
Skin Cancers					1				3
	Y				1			1	3

	Sum:	339	348	408	376	333	249	240	180

56-62 Days	63-69 Days	70-76 Days	77-83 Days	84-90 Days	91-97 Days	98-105 Days	106- 112 Days	113+ Days	Minus	Sum:
										14
										241
	2		1		1					236
3	1	2	1	1	2	1		1		49
11	5	3	1	1		2	1	1		218
							1	1		3
79	72	52	30	24	23	31	27	330		1252
5	3	1	1	1						67
3						1		1		22
										1
31	14	6	3	1			1	4		515
	1									9
										1
34	39	24	23	17	7	19	9	38		535
21	21	26	21	13	9	15	12	61	1	498
187	158	114	81	58	42	69	51	440	1	3669

1		1						1		4
								1		1
								2		2
1	3		2	2	2	6	2	21		43
2	3	1	2	2	2	6	2	25		50

189	161	115	83	60	44	75	53	465	1	3719

Cancer Rebuild Plan																													
Tumour Site	Position as at 01/05/2020 Red Flag Waiting List Volumes	Baseline as at 09/02/2021 Red Flag Waiting List Volumes	Position as at 04/01/2022 Red Flag Waiting List Volumes	Position as at 01/02/2022 Red Flag Waiting List Volumes	Position as at 01/03/2022 Red Flag Waiting List Volumes	Position as at 29/03/2022 Red Flag Waiting List Volumes	Position as at 01/05/2020 Red Flag Longest Waiter (Days)	Baseline as at 09/02/2021 Red Flag Longest Waiter (Days)	Position as at 04/01/2022 Red Flag Longest Waiter (Days)	Position as at 01/02/2022 Red Flag Longest Waiter (Days)	Position as at 01/03/2022 Red Flag Longest Waiter (Days)	Position as at 29/03/2022 Red Flag Longest Waiter (Days)	Position as at 06/05/2020 62 Day Active Pathway Waiters	Baseline as at 09/02/2021 62 Day Active Pathway Waiters	Position as at 04/01/2022 62 Day Active Pathway Waiters	Position as at 01/02/2022 62 Day Active Pathway Waiters	Position as at 01/03/2022 62 Day Active Pathway Waiters	Position as at 29/03/2022 62 Day Active Pathway Waiters	Position as at 06/05/2020 62 Day Longest Waiter (Days)	Baseline as at 09/02/2021 62 Day Longest Waiter (Days)	Position as at 04/01/2022 62 Day Longest Waiter (Days)	Position as at 01/02/2022 62 Day Longest Waiter (Days)	Position as at 01/03/2022 62 Day Longest Waiter (Days)	Position as at 29/03/2022 62 Day Longest Waiter (Days)	Key Pathway Pressures	Action Agreed	Action Owner	Outcome	Measurement
Breast	63	121	8	63	90	85	63	21	21	14	21	35	126	190	207	215	227	241	76	92	71	90	119	54	New Outpatients: New Patient Referrals – are at or above pre-COVID levels Many patients are not seen face to face by GP prior to referral Clinic numbers reduced to maintain social distancing, therefore struggling to maintain red flag 2ww (30% last week) – additional clinics required, this had been discussed and agreed pre-3rd surge ~900 other symptomatic referrals are out to >12 months we know 1-2% cancers within this group.				
																									Review: Virtual/telephone consultation follow up where possible of symptomatic review patients (eg. patients on primary hormone therapy for cancer) Annual review mammogram continues (& mammographic recall) No capacity for clinical annual review				
																									Screening: Screening has continued throughout third surge after 3 month pause during first surge. As a result screening “catch-up” and additional screening assessment clinics in parallel, with an increased number of screen detected cancers diagnosed.				
																									Theatre: Theatre capacity is significantly reduced. Much of the available capacity for breast is in the private sector. Compromises are therefore being made in terms of access to radioisotope (many more blue-eye only SNB's), specimen imaging and access to breast care nursing support. High risk patients are waiting much longer for surgery since unsuitable for surgery in private sector. ONLY FSSA Priority 2 patients can be listed for surgery. Some breast cancers fall into FSSA 3 and are therefore not currently being offered surgery. The majority of ER positive cancers are commenced on bridging hormone treatment. (20% of these patients would be upstaged by surgery. 20% of patients will not have a response to hormone therapy, so effectively will not be treated.) There is a perception that we are seeing more advanced disease when patients do get to surgery with more returns to theatre for ANC. (Audit ongoing to quantify this). Discussions whether we should be re-imaging prior to surgery after long delays but limited capacity to do this and with late allocation of lists risk further delays with re-biopsy etc.				
																									Immediate Breast Reconstruction Very limited breast reconstruction due to theatre capacity Breast Care Nursing/Nursing support for clinics: All Breast care nurses and clinic nurses redeployed. Consultants managing all queries, post-op care of patients including wound dressings, drain removal and prosthesis fitting post-op. Tentative plan for return of nursing staff 1st March.				
Dermatology	83	298	39	77	88	141	56	189	112	70	42	280	141	489	414	473	492	558	102	376	365	215	244	225	Cessation of OP activity. No capacity to see routine/ reviews. Accommodation a huge negative factor. RF patients increasing all the time - hope to have clinics back W/C 22/02/21	Move to new accomodation in Ramone building imminent.			
H&N	1	34	11	15	17	71	1	42	70	28	49	42	31	64	124	167	173	219	61	75	136	98	125	121	Access to theatres remains a concern. Continue with only one urgent bookable session for all specialities Mon-Fri in CAH only. ENT also utilises theatre sessions in LWH for Priority 2 cases				
Gynae	48	152	16	7	61	154	70	63	42	56	35	63	83	207	209	147	193	240	85	146	105	102	116	144	Reduction of OP activity. Limited OPH activity. Reduced elective activity				
Haematology	26	33	22	24	22	18	98	91	161	147	175	119	40	51	62	52	58	49	126	180	207	220	197	168					
Lung	24	31	17	11	13	31	77	49	49	28	35	56	15	47	47	52	52	67	118	119	98	63	77	90	Cessation of OP activity. Wards are extremely busy. Very difficult to assess lung patients virtually. Dr Hayes leaving the trust will impact ability to see new patients. Work being done at LF lab. Respiratory Clinics are operational now across 3 sites Bronch lists were cancelled unfortunately as no Patients Ct guided biopsy being facilitated				
Lower GI (Surgery & Gastro)	95	818	45	103	109	132	70	385	518	539	567	497	526	1139	1186	1224	1162	1254	258	413	499	526	555	583	Cessation of OP activity. Virtual activity ongoing though large numbers need F2F appts. Access to theatres. Staffing issues around the Qfit process. Qfit validation will lead to extra pressure on scope W/L's when patients are more accurately assessed. (767 Qfit tests currently out)	Trying to improve theatre access - especially around scope procedures in DHH/STH in coming weeks. Surgical clinics are returning to Ramone OPD.			
																									Introduction of new NICA referral guidance and pathway will require adaption, including redistribution of referrals across Colorectal and Gastroenterology				
																									Majority of consults have been virtual - F2F OPC have recommended March 2021	Combined use of Virtual & F2F clinics for RF New and Cancer RV			
																									eTriage outcomes • Weekly prioritisation of P2 operative cases • Caseload submitted via Trust rep to RPG • UBL lists allocated accordingly	job-planned 'Enhanced Triage' to be addressed			
																									Resectional surgery on CAH UBL Emergency CR Cancer surgery and stenting at CAH Some Diagnostic surgery eg EUAs performed in IS - Potential capacity at DHH/STH for P2 daycase/GA scopes.	To continue			
Upper GI (Surgery & Gastro)	91	175	54	62	63	46	77	287	224	391	280	105	257	439	480	451	555	535	192	361	300	327	326	354	• Trust lists(reduced number/ capacity) • IS lists at UIC/KPH/THC wFIT used to prioritise scheduling of RF tests and reduce unnecessary OPC (as per our COVID mitigation pathway)	Will need to maintain access to IS lists to supplement reduced in-house capacity and investigation of 'low qFIT' but persistently asymptomatic patients Continue until qFIT Primary Care (EOC May 2021), plus transition phase			
Urology - Prostate	99	48	68	101	80	89	133	77	98	119	84	98	308	354	404	403	470	498	230	389	287	314	262	290	Cessation of all OP activity for approx 6 week period (surge 3 Jan - March 2021) F2F red flag clinics recommenced in Thorndale end of March / April 2021				
Urology - Haematuria	148	199	89	110	75	103	112	399	84	70	91	147													Continue with only one urgent bookable session for all specialities Mon-Fri in CAH only. Urology also utilises theatre sessions in UIC				
Urology - Other	24	34	21	18	26	18	70	49	98	63	84	84													Concern over backlog of TP biopsy patients, STH daycase sessions have recommenced on a Tuesday				
Urology - Testicular	7	4	2	6	3	5	56	35	49	56	63	42	18	8	4	7	6	9	76	55	48	75	84	65	Cessation of all OP activity for approx 6 week period (surge 3 Jan - March 2021) Haematuria sessions recommenced in Thorndale, to clear red flag backlog running approx 4 haematuria sessions per week (9pts each session)				
General Surgery - Other	6	15	0	1	1	1	56	119	364	392	420	448			15	18	13	22			74	101	130	158	Cessation of all OP activity for approx 6 week period (surge 3 Jan - March 2021) Clinics recommenced end of March / beginning of April 2021				
Gastro - Other	1	2	0	5	3	1	63	7	28	35	49	63																	
Neurology	0	4	0	0	0	0	0	7	14	14	14	14			12	13	5	14			56	83	70	54					

62 DAY REFERRALS	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Breast Cancer	264	287	268	308	243	270
Brain/Central Tumour	9	0	12	16	11	7
Children's Cancer	0	0	0	0	0	0
Gynae Cancers	166	170	176	200	164	197
Haematological Cancers	26	20	31	35	28	41
Head/Neck Cancer	122	128	132	133	126	111
Lung Cancer	19	49	30	42	35	26
Lower Gastrointestinal Cancer	343	336	354	370	248	303
Acute Leukaemia	0	0	0	0	0	0
Other Suspected Cancer	21	5	24	17	17	16
Sarcomas	0	1	0	1	2	0
Skin Cancers	268	321	342	395	341	280
Testicular Cancer	5	10	5	8	6	4
Upper Gastrointestinal Cancer	235	214	211	247	178	193
Urological Cancer	144	140	160	177	120	128
62D Total	1622	1681	1745	1949	1519	1576

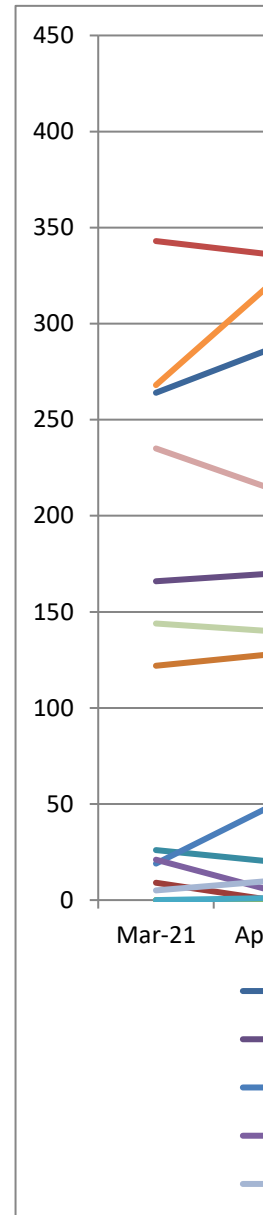
31 DAY REFERRALS	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Breast Cancer	64	20	35	42	30	31
Brain/Central Tumour	0	4	0	1	1	0
Children's Cancer	0	0	0	0	0	0
Gynae Cancers	10	11	13	14	19	10
Haematological Cancers	6	11	18	17	13	14
Head/Neck Cancer	16	17	20	19	16	15
Lung Cancer	20	18	18	23	19	25
Lower Gastrointestinal Cancer	16	24	36	42	35	15
Acute Leukaemia	0	0	0	0	0	0
Other Suspected Cancer	4	13	5	4	2	5
Sarcomas	0	0	0	0	0	0
Skin Cancers	4	2	4	4	6	9
Testicular Cancer	0	2	0	0	0	0
Upper Gastrointestinal Cancer	15	12	16	19	20	21
Urological Cancer	27	28	28	36	34	34
31D Total	182	162	193	221	195	179

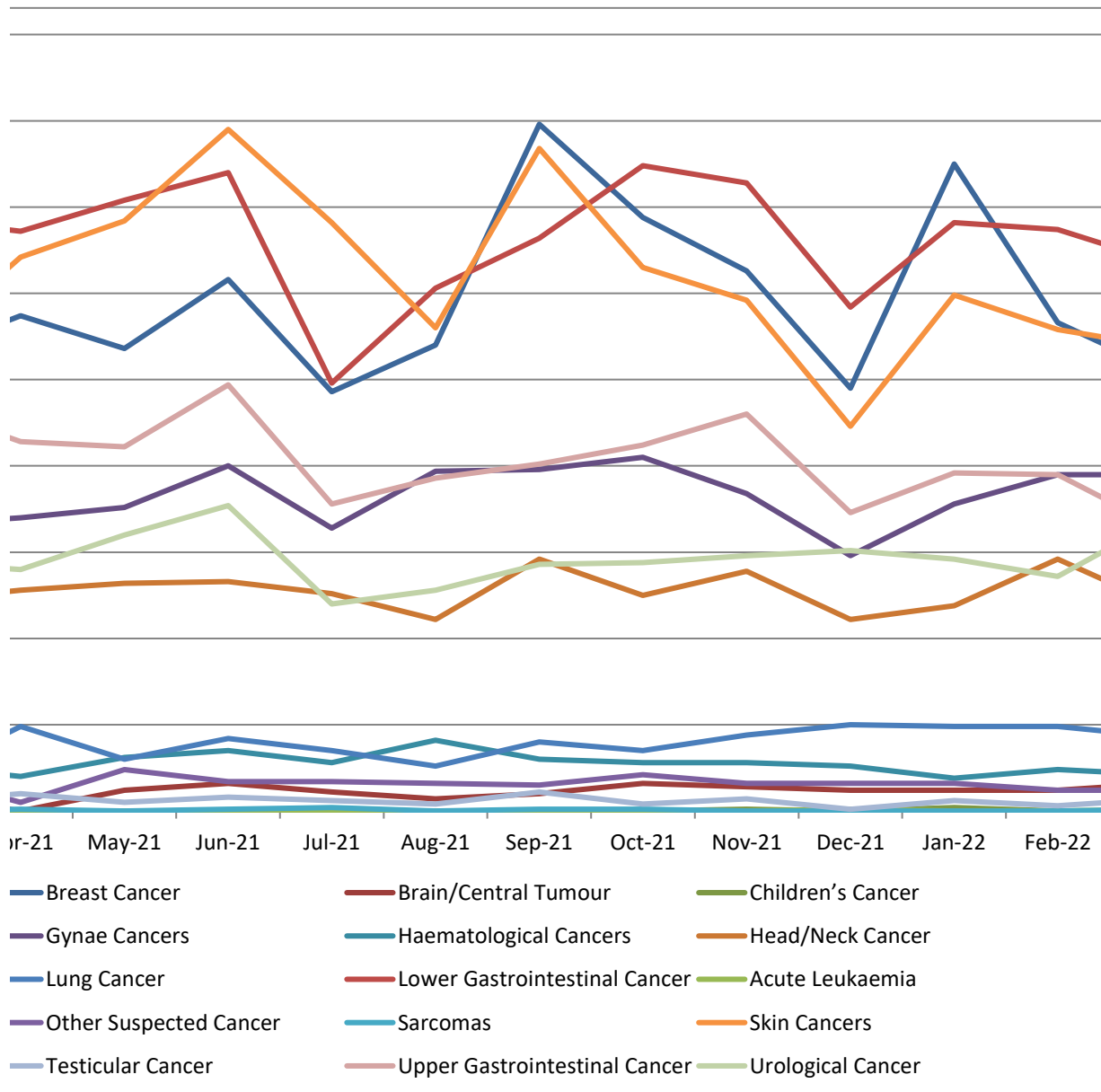
62D & 31D Total Combined Refs	1804	1843	1938	2170	1714	1755

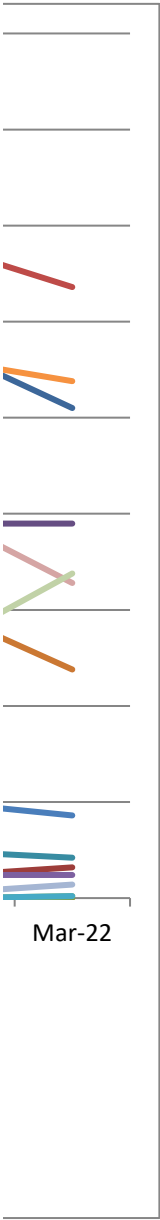
Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
398	344	313	245	375	283	255
10	16	14	12	12	12	16
0	0	1	0	2	0	0
198	205	184	148	178	195	195
30	28	28	26	19	24	21
146	125	139	111	119	146	119
40	35	44	50	49	49	43
332	374	364	292	341	337	318
0	0	0	1	0	0	1
15	21	16	16	16	12	12
1	1	0	0	0	0	1
384	315	296	223	299	279	269
11	4	7	1	6	3	7
201	212	230	173	196	195	164
143	144	148	151	146	136	169
1909	1824	1784	1449	1758	1671	1590

Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
30	25	30	11	36	26	28
0	0	1	0	1	0	0
0	0	0	0	0	0	0
12	19	19	17	23	18	20
10	13	15	21	14	6	18
14	23	27	12	14	11	6
21	15	24	22	20	14	25
25	39	23	25	30	27	17
0	0	0	0	0	0	0
3	3	5	1	2	1	0
0	0	0	0	0	0	0
1	9	12	4	7	4	5
0	0	0	1	0	0	0
14	17	16	12	20	10	15
31	26	30	19	24	26	21
161	189	202	145	191	143	155

2070	2013	1986	1594	1949	1814	1745







CANCER CHECKPOINT MEETING

Date: Friday 01/04/2022
 Time: 2.00pm
 Venue: Via Zoom (link issued)

MINUTES

Attendees & Apologies			
Barry Conway	x	Ronan Carroll	x
Sinéad Lee	x	Jane Scott	x
Angela Muldrew	x	Louise Devlin	x
Sharon Glenney	x	Lisa McAreavey	x
Ms H Mathers	x	Amie Nelson	x
Mr K McElvanna	x		
Apologies noted from: Clair Quinn, Mr A Glackin			

1.0	Notes from previous meeting Barry welcomed everyone to the meeting.	All
2.0	Update on MDT benchmarking work (linked to the Urology Review) • Urology Public Inquiry planned for June 2022. • Public sessions to commence in November 2022. • Marie O’Kane looking to expand Trust Clinical Audit team. • SOPs to be created in line with private sector – NHS pathology.	Mary <i>Angela to link in with MDT Leads for what support is needed.</i>
3.0	General update: Barry provided an update on referral trends: • Consistently high referrals numbers seen this month. • Increased numbers with number of patients on pathway. • High volume of patients waiting over 113+ days. • Longest waits for 1st OPD - o Urology numbers increased significantly (100x now sent to 352 to help with back log) - o Breast and Gynae numbers increased. - o Upper GI, H&N and Haematology improved - o Colorectal shows small improvement, Qfit numbers increased. Plan in place to present individual tumour site cancer performance.	Barry
4.0	Issues for escalation by tumour site: <i>Breast – Ms Helen Mathers provided an update:</i> • Additional clinics running on Friday and Saturdays. • Radiology support at clinics but need for Clinician. • Amie has role of Locum Breast Clinicians out to secure support. • Theatre capacity, CAH still an issue – backlog of patients. • Need for theatre lists more than 1-2 weeks in advance.	Lead Clinicians ADs / HOS / OSL <i>Amie and Ronan to discuss on Tuesday</i>

	General Surgery – Mr McElvanna provided an update: • AGM 31.03.22 • High increase in RF referrals received. • Kevin to attend GP Echo in June for education around Qfit. • Plan to review triaging process. • Endoscopy waiting times to increase due to lost capacity, will see more escalations. • STH E Floor – Ronan advised this could help with endoscopies. • Qfit waiters have a plan but need administration process complete. • Need for CNS expansion in line with service demand. • Increase numbers of elderly patients requiring pre-operative assessment.	WIT-76247 Barry to follow up with Clair
5.0	Updates from Regional Cancer reset / Issues for escalation: ➤ Cancer Strategy published with Minister last week. ➤ Rapid Diagnostic Centres announced for Whiteabbey and Dungannon.	Barry / All
6.0	Other issues by exception • Oncology Physiotherapy – Staff member going on career break. Discussed with Charlotte Ann Wells. EOI going out for full time Band 7 in April. • Funding secured for Locum Pathologist to ensure MDT attendance. • Dr Jayne McAuley, Palliative Medicine starting 04.04.22. • CD post to be advertised next week. • Plans to test new MDT room next Tuesday.	All
7.0	Date of Next Meeting – Friday 6 th May 2022 @ 2pm	

Date: Friday 04/03/2022
Time: 2.00pm
Venue: Via Zoom (link issued)

Attendees & Apologies

Apologies noted from: Clair Quinn, Wendy Clarke, Dr S Moan.

Received from SHSCT on 28/10/2022. Annotated by the Urology Services Inquiry

	Tracking Position – - Increased by 2.9% this week but going well. 1x Tracker long term sick and a few off with covid this week. Should be in a better position next week. - New staff members are settling in well. - Future plans for continuation of temporary Trackers posts	
4.0	Issues for escalation by tumour site: <i>Breast –Ms Helen Mathers provided an update:</i> - Staffing issues with Radiology/Surgical cover 3x staff retiring 2 week wait up to 15%, predicting further increase next week - No Assistant cover for UIC <i>Dermatology– Dr Art O’Hagan provided an update:</i> - High increase in RF referrals received - New Telederm photo service not started in SHSCT yet - Governance issues with patients attending Plastics and coming back to SHSCT for MDT discussion - Staffing – 1x Consultant on mat leave, 1x retiring soon - Plastic surgery capacity decreased - High volumes in patients awaiting surgery - Coding issues re: protocolisation codes – planned meeting for next week. - Recruiting commenced for another Consultant.	Lead Clinicians ADs/ HOS / OSL Helen to email Barry to plan Breast plan meeting for Wednesday AM Mary to log in MDT plan
5.0	Updates from Regional Cancer reset / Issues for escalation: - Rest Cell: Cancer Strategy due to be published 3rd week in March 2022. - Confirmed cancer report discussed regionally – reports a shortfall in patients due to covid. This will have added pressure in future. - NICAN: Cancer Registry for Colorectal surgery by operator. Ronan to link in with Mr McElvanna and Surgeons. - Cytosponge Project – Dr Hussain is Clinical lead and plan is to trial 100 patients. Deadline is planned for December 2022.	Barry / All
6.0	Other issues by exception Pathology transport issues – Jane advised there was another issue this week but this has been resolved.	All
7.0	Date of Next Meeting – Friday 1 st April 2022 @ 2pm	

Cancer Performance Dashboard Report

July 2022

*Report produced by
Sinéad Lee, Cancer Services Co-Ordinator*

CANCER PERFORMANCE SUMMARY REPORT

Waiting Times Measure	May-22	Jun-22	Jul-22
Triage Target - A maximum three-day wait (<i>including weekends</i>) for a suspected cancer referral to be triaged	78%	79%	74%
Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms	20%	37%	65%
31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment	77%	87%	83%
62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment	29%	34%	45%

SOUTHERN HSC Trust - CANCER SERVICES		April	May	June	Quarter 1	July	August	September	Quarter 2 Totals
14 day Activity	Baseline figure (2021-22)	236	306	299	841	230	234	305	769
	Expected 2022-23	236	206	299	841	230	234	305	769
	Actual Outturn 2022-23	284	290	313	887	212			212
31 day Activity	Baseline figure (2019-20)	127	141	149	417	153	130	154	437
	Expected 2022-23	127	141	149	417	153	130	154	437
	Actual Outturn 2022-23	98	119	135	352	63			63
62 day Activity	Baseline figure (2021-22)	63	69	83	215	62	66	74	201
	Expected 2022-23	63	69	83	215	62	66	74	201
	Actual Outturn 2022-23	51	63	75	189	37			37
Red Flag - first outpatient appointment (excl breast).	Reference Total Figure (2019-20)	973	1036	897	2906	909	977	1,228	3,114
	Baseline Figure <14 Days (2019-20)	398	319	357	1074	316	245	265	826
	Expected Total Figure 2022-23	973	1036	897	2906	909	977	1,228	3,114
	Actual Outturn 2022-23	958	1239	1212	3409	134			
	Expected <14 Dats (2019-20) (not sure if going formally monitor this one)	398	319	357	1074	316	245	265	826
	Actual Outturn 2022-23	116	212	143	471				0

Internal 62D & 31D Breaches

The data on the right shows the amount of 62D and 31D confirmed cancer patients who were treated internally and breached their cancer pathway.

62D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total Referrals
Breast Cancer	2	3	4	1	2	2	1	2	2	0	0	9	2	2	32
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	4	2	4	3	1	3	2	3	2	1	1	4	33
Haematological Cancer	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Lung Cancer	0	0	0	1	0	0	0	0	0	0	0	0	0	4	5
Lower Gastrointestinal Cancer	5	7	2	4	5	12	11	1	4	2	7	4	8	3	75
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Skin Cancer	6	9	10	15	0	13	4	0	6	6	8	8	10	10	105
Upper Gastrointestinal Cancer	1	0	1	0	8	0	1	13	0	0	0	2	2	3	31
Urology	7	3	4	7	6	7	9	5	5	11	7	8	13	9	101
Total Breaches	26	24	26	30	25	38	27	24	19	22	24	33	36	38	392

31D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total Referrals
Breast Cancer	2	6	8	0	1	4	3	4	0	2	2	7	2	1	42
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	1	0	0	1	5	0	0	1	1	0	0	0	0	10
Haematological Cancer	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lower Gastrointestinal Cancer	0	0	0	0	0	3	0	0	4	0	1	1	1	1	11
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	1	1	3	3	5	3	4	2	2	6	6	3	12	51
Upper Gastrointestinal Cancer	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Breaches	3	8	11	3	5	18	6	8	7	5	9	14	6	15	118

***Note: These figures are based on data collated from CaPPs when tracking has been updated and treatment recorded.**

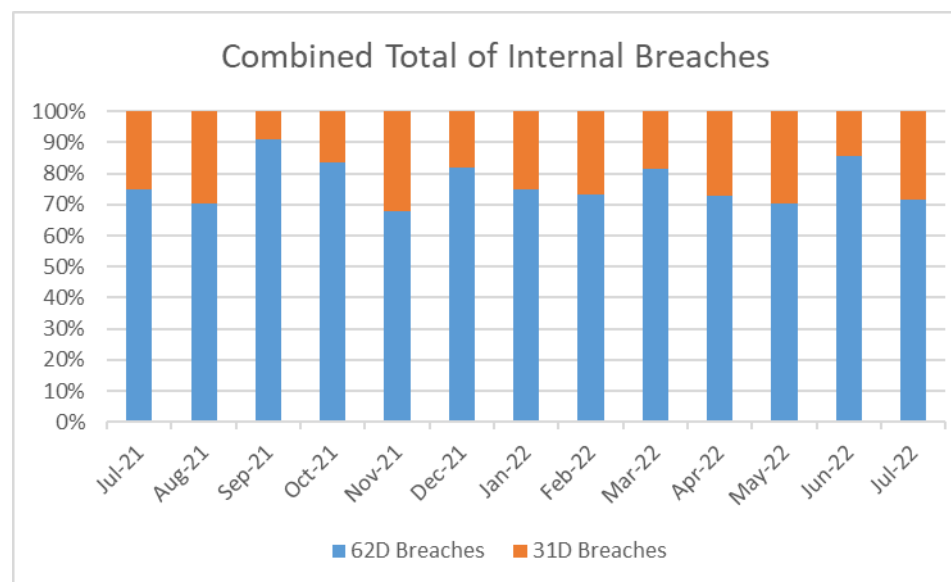
External 62D Breaches

The data on the right shows the amount of confirmed cancer patients who were inter-trust transferred (ITT) and breached their 62D cancer pathway.

ITT Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total Referrals
Breast Cancer	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	2	1	0	1	5	2	3	1	6	2	1	1	1	2	28
Haematological Cancer	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Head & Neck Cancer	4	1	1	2	2	2	0	1	2	2	1	2	1	2	23
HPB Cancer	0	0	2	1	0	0	0	2	1	3	1	0	0	0	10
Lung Cancer	3	2	6	4	3	5	3	3	2	3	1	4	7	4	50
Lower Gastrointestinal Cancer	2	1	2	3	3	3	0	1	0	2	1	4	1	1	24
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	1	0	0	0	2	3	3	0	0	0	1	3	0	0	13
Upper Gastrointestinal Cancer	2	1	0	3	1	2	2	3	2	2	2	0	1	3	24
Urology	2	2	5	6	4	2	2	5	6	1	7	5	3	5	55
Total Breaches	16	8	16	20	20	19	14	17	20	15	15	19	14	17	230

The bar graph on the right shows the combined amount of 62D & 31D internal breaches.

***Note:** The 31D data DOES NOT include any 62D patients that breached their 31D pathway for treatment after decision to treat.



Summary of Breach Reports – July 2022External Breach Reports

Patient Details	Tumour Site	Treatment	Treatment Complete Day	ITT Day	Summary
Personal Information redacted by USI					

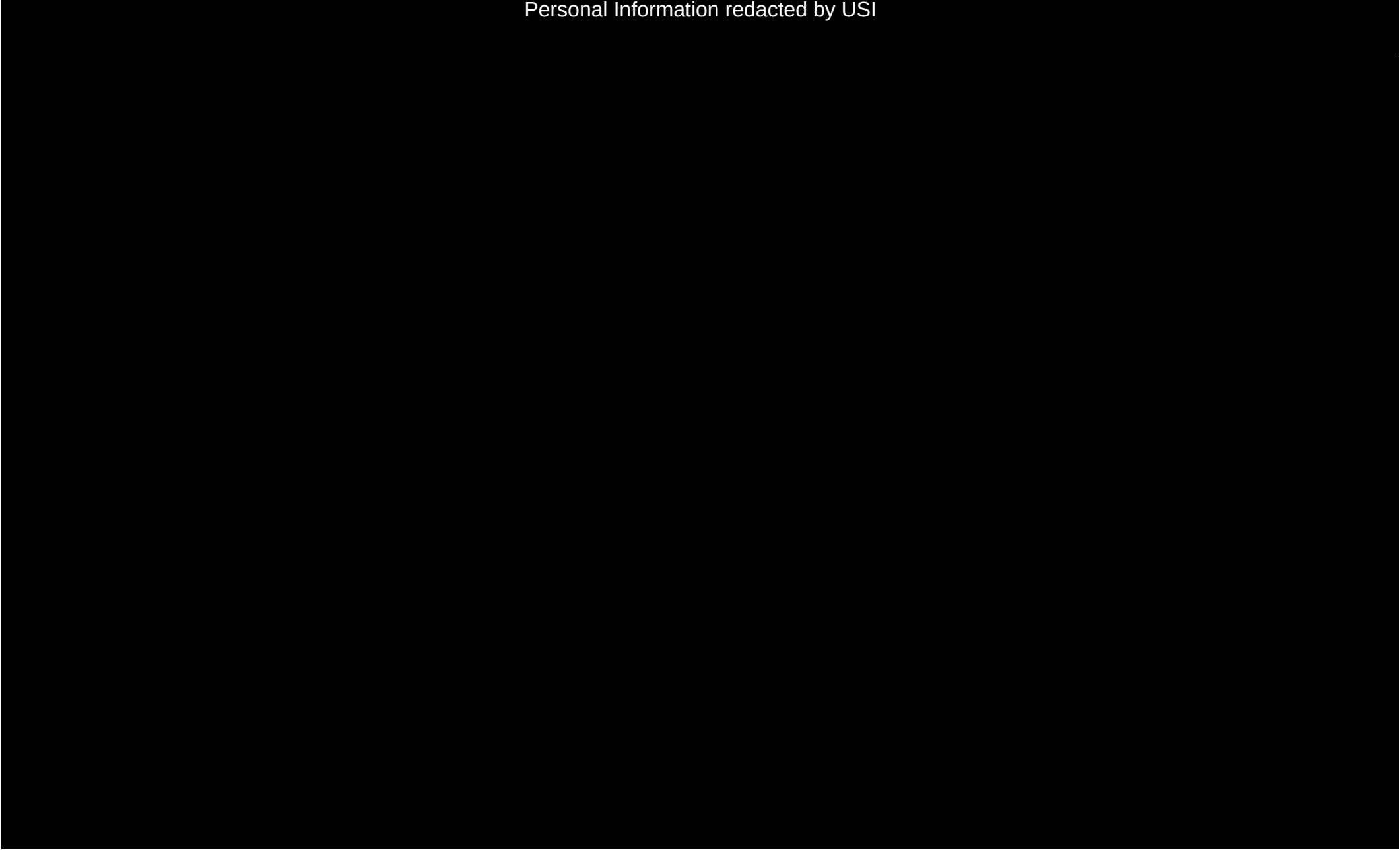
Personal Information redacted by USI

Personal Information redacted by the USI

Patient Details	Tumour Site	Treatment	Treatment Complete Day	Summary

Personal Information redacted by USI

Personal Information redacted by USI



Personal Information redacted by USI

Internal Breach Reports – 31D

Patient Details	Tumour Site	Treatment	Treatment Complete Day	Summary
Personal Information redacted by USI				

Suspect Cancer Referrals Jul 21 – Jul 22

62 DAY REFERRALS

The table on the right shows the amount of 62D referrals received from over a 12 month period.

62 DAY REFERRALS	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Breast Cancer	308	243	270	398	344	313	245	375	283	313	275	322	272	267
Brain/Central Cancer	16	11	7	10	16	14	12	12	12	18	12	14	8	13
Children's Cancer	0	0	0	0	0	1	0	2	0	0	0	0	0	0
Gynae Cancer	200	164	197	198	205	184	148	178	195	228	212	219	195	172
Haematological Cancer	35	28	41	30	28	28	26	19	24	24	29	54	56	50
Head & Neck Cancer	133	126	111	146	125	139	111	119	146	141	138	134	132	117
Lung Cancer	42	35	26	40	35	44	50	49	49	52	44	55	54	37
Lower Gastrointestinal Cancer	370	248	303	332	374	364	292	341	337	381	353	446	452	429
Acute Leukaemia	0	0	0	0	0	0	1	0	0	0	0	0	2	0
Other Suspected Cancer	17	17	16	15	21	16	16	16	12	15	13	22	29	21
Sarcoma	1	2	0	1	1	0	0	0	0	1	0	0	0	2
Skin Cancer	395	341	280	384	315	296	223	299	279	311	323	451	412	409
Testicular Cancer	8	6	4	11	4	7	1	6	3	7	4	10	8	8
Upper Gastrointestinal Cancer	247	178	193	201	212	230	173	196	195	199	176	191	201	200
Urological Cancer	177	120	128	143	144	148	151	146	136	189	178	157	163	150
Total Referrals	1949	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875

31 DAY REFERRALS

The table on the right shows the amount of 31D referrals received from over a 12 month period.

31D REFERRALS	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Breast Cancer	42	30	31	30	25	30	11	36	26	34	32	19	27	26
Brain/Central Cancer	1	1	0	0	0	1	0	1	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	14	19	10	12	19	19	17	23	18	24	14	14	21	15
Haematological Cancer	17	13	14	10	13	15	21	14	6	27	21	17	15	7
Head & Neck Cancer	19	16	15	14	23	27	12	14	11	11	11	18	19	13
Lung Cancer	23	19	25	21	15	24	22	20	14	30	12	22	23	18
Lower Gastrointestinal Cancer	42	35	15	25	39	23	25	30	27	27	58	30	27	39
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	4	2	5	3	3	5	1	2	1	3	3	1	3	1
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	4	6	9	1	9	12	4	7	4	7	7	10	10	6
Testicular Cancer	0	0	0	0	0	0	1	0	0	0	0	1	0	0
Upper Gastrointestinal Cancer	19	20	21	14	17	16	12	20	10	23	30	22	22	22
Urological Cancer	36	34	34	31	26	30	19	24	26	33	24	44	42	36
Total Referrals	221	195	179	161	189	202	145	191	143	219	212	198	209	183

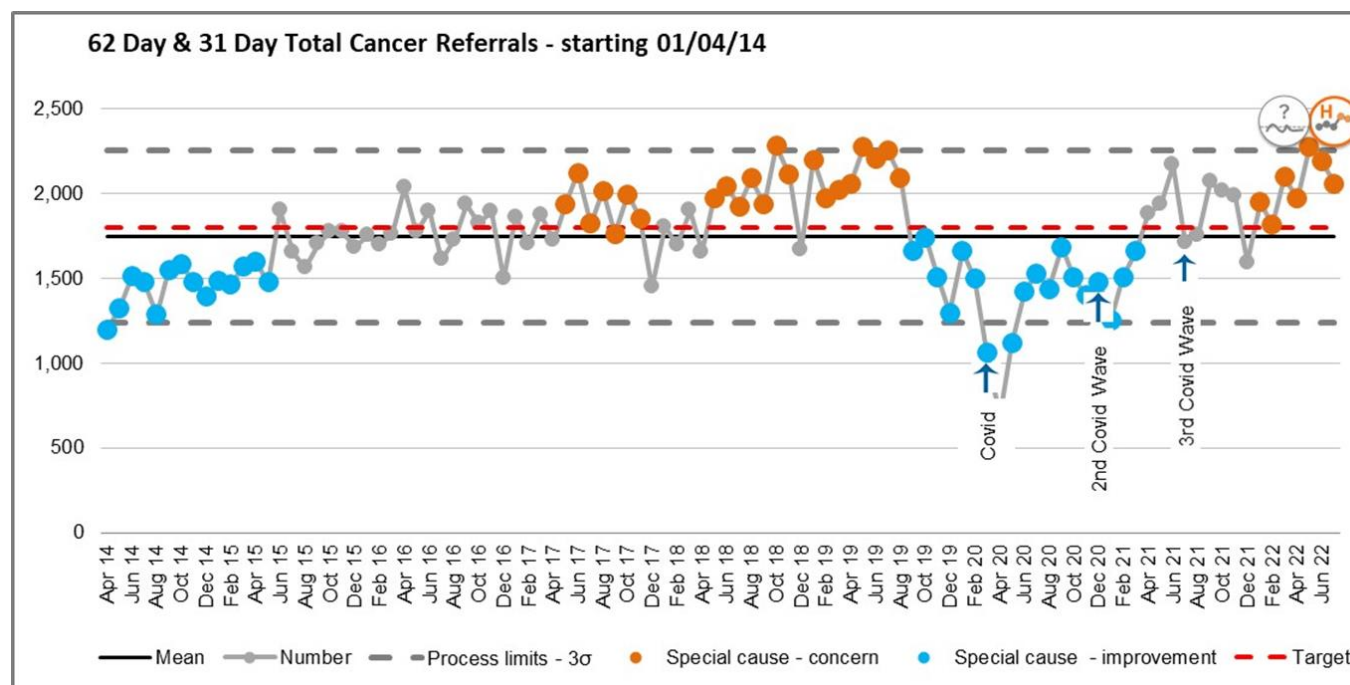
Suspect Cancer Referrals Jul 21 – Jul 22

COMBINED 62 DAY & 31 DAY REFERRALS

The table on the right shows the combined total of 62D & 31D suspected cancer referrals received.

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
62D REFERRALS	1949	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875
31D REFERRALS	221	195	179	161	189	202	145	191	143	219	212	198	209	183
COMBINED TOTAL	2170	1714	1755	2070	2013	1986	1594	1949	1814	2098	1969	2273	2193	2058

The SPC graph on the right shows the combined total amount of suspected cancer referrals from April 2014 onwards.

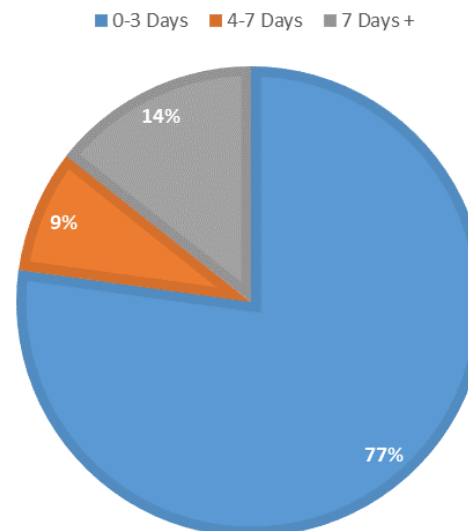


Referrals Information

The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged within a certain timeframe. Our triage target 100%. Please see below:

Triaged within 1-3 days =	77%
Triaged within 4-7 days =	9%
Triaged over 7+ days =	14%

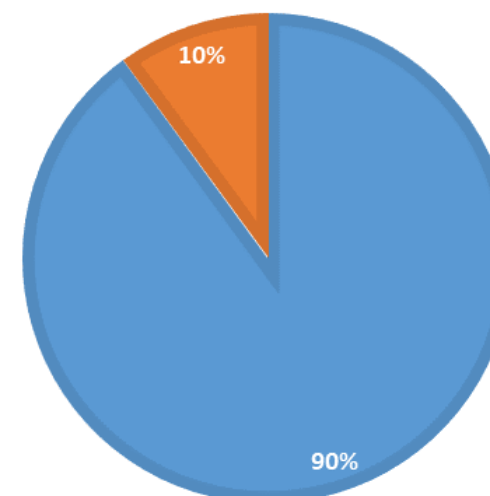
% OF REFERRALS TRIAGED



The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged as “Downgraded” for the month of July.

Triage July 22	Total
Downgraded RF Referrals	164

■ Total RF Referrals ■ Downgraded RF Referrals



***Note: These figures are based on information provided by NID-Splunk report for referrals triaged via NIECR.**

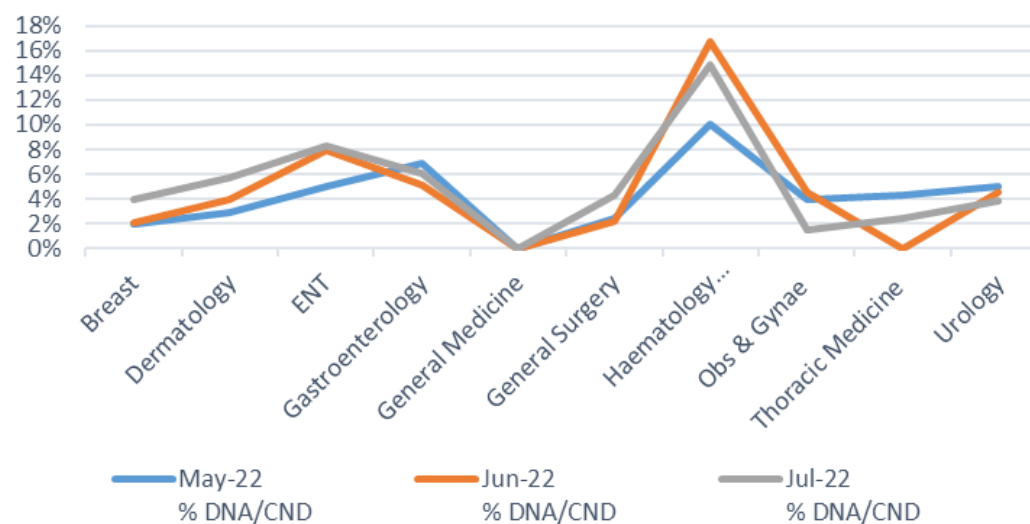
Red Flag Outpatient DNA/CND Figures

The table of the right shows the red flag attendances vs DNA/CND for each tumour site for the past 3 months.

Speciality	May-22			Jun-22			Jul-22		
	Attendances	DNA/CND	May-22 % DNA/CND	Attendances	DNA/CND	Jun-22 % DNA/CND	Attendances	DNA/CND	Jun-22 % DNA/CND
Breast	289	6	2%	322	7	2%	214	8	4%
Dermatology	231	7	3%	215	9	4%	141	9	6%
ENT	115	6	5%	92	8	8%	77	7	8%
Gastroenterology	54	4	7%	75	4	5%	46	3	6%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	396	10	3%	221	5	2%	305	14	4%
Haematology (Clinical)	18	2	10%	20	4	17%	23	4	15%
Obs & Gynae	190	8	4%	210	10	5%	191	3	2%
Thoracic Medicine	44	2	4%	47	0	0%	41	1	2%
Urology	151	8	5%	150	7	5%	126	5	4%

The line graph on the right compares each tumour sites DNA/CND rate over the past 3 months.

% DNA/CND of RF Outpatients



***Note: These figures are based on attendances/DNA&CND's recorded on PAS.**

Confirmed Cancers

62 Day & 31 Day Confirmed Cancers

The table on the right shows the confirmed cancer figures for each individual tumour site for patients/clients on the 62 Day & 31D pathway.

The percentage at the bottom of each table reflects the amount of confirmed cancers per pathway divided by total confirmed cancers each month.

i.e. 53 total 62D confirmed cancers / 106 total in month = 50%

53 total 31D confirmed cancers / 106 total in month = 50%

***Note: As our Cancer Tracking updates daily these volumes will change and we will update on the next report**

62D Confirmed Cancers	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total Referrals
Breast Cancer	17	11	9	24	13	14	13	14	8	16	13	17	14	10	193
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	4	11	9	5	3	4	6	6	4	7	2	5	3	3	72
Haematological Cancer	5	2	2	4	1	3	4	5	4	3	2	4	1	0	40
Head & Neck Cancer	4	2	4	4	2	4	2	3	2	4	2	2	2	3	40
Lung Cancer	10	5	5	3	5	10	8	4	4	4	4	9	5	5	81
Lower Gastrointestinal Cancer	13	10	9	15	13	17	6	7	8	7	9	15	8	6	143
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	2	1	5	3	0	0	2	0	0	1	2	1	0	5	22
Sarcoma	0	0	1	1	0	0	0	0	0	0	0	0	1	0	3
Skin Cancer	32	27	26	44	46	35	30	25	38	32	23	29	29	14	430
Testicular Cancer	3	4	0	1	2	0	1	1	0	0	0	0	0	0	12
Upper Gastrointestinal Cancer	6	6	4	5	6	3	7	5	9	4	6	4	2	2	69
Urological Cancer	16	14	17	18	9	30	18	19	13	18	19	22	15	5	233
Total Confirmed Cancers	112	93	91	127	100	120	97	89	90	96	82	108	80	53	1285
%62d Confirmed Cancers	46%	43%	49%	48%	51%	48%	49%	48%	47%	44%	42%	48%	46%	50%	

31D Confirmed Cancers	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total Referrals
Breast Cancer	16	11	10	17	17	14	21	12	12	21	7	15	11	7	191
Brain/Central Cancer	5	5	1	1	3	5	0	2	2	0	3	4	2	1	34
Children's Cancer	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Gynae Cancer	3	6	5	4	3	3	5	3	6	5	8	4	4	4	63
Haematological Cancer	18	14	9	11	10	13	12	12	10	13	10	11	4	2	149
Head & Neck Cancer	3	4	1	5	4	4	3	3	8	1	4	5	2	1	48
Lung Cancer	13	21	10	29	9	17	11	14	20	16	12	12	8	7	199
Lower Gastrointestinal Cancer	9	16	15	6	9	11	11	7	5	7	13	11	8	7	135
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	5	4	4	3	3	2	2	0	3	3	4	3	2	2	40
Sarcoma	0	1	1	0	1	1	1	1	1	2	0	0	0	1	10
Skin Cancer	31	20	20	29	23	25	21	17	14	33	33	38	39	10	353
Testicular Cancer	1	0	1	0	0	0	0	2	1	0	0	1	1	0	7
Upper Gastrointestinal Cancer	13	12	6	7	6	11	4	12	4	7	9	5	9	6	111
Urological Cancer	14	9	10	23	9	22	9	11	15	13	10	9	4	5	163
Total Confirmed Cancers	131	123	93	135	97	128	100	97	101	121	113	118	94	53	1451
%31D Confirmed Cancers	54%	57%	51%	52%	49%	52%	51%	52%	53%	56%	58%	52%	54%	50%	

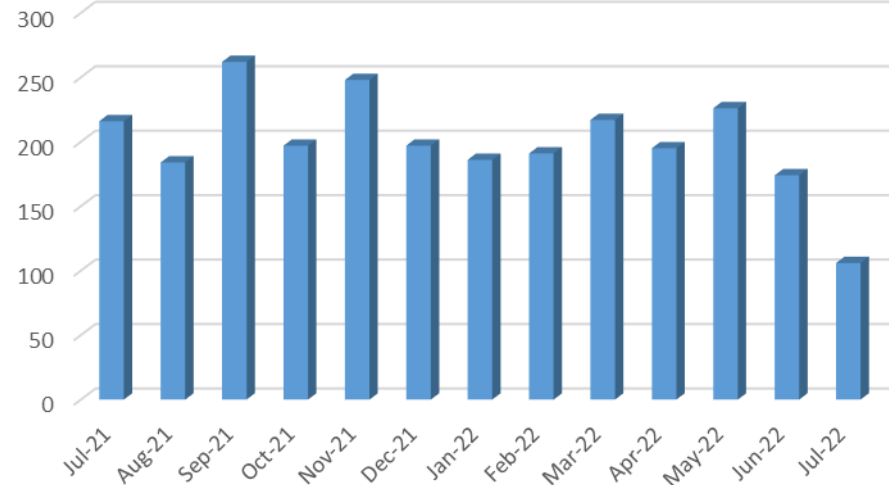
Number of Confirmed Cancers Jul 21 – Jul 22

Above bar graph shows the combined total off all confirmed cancers for the period of July 2021 to July 2022.

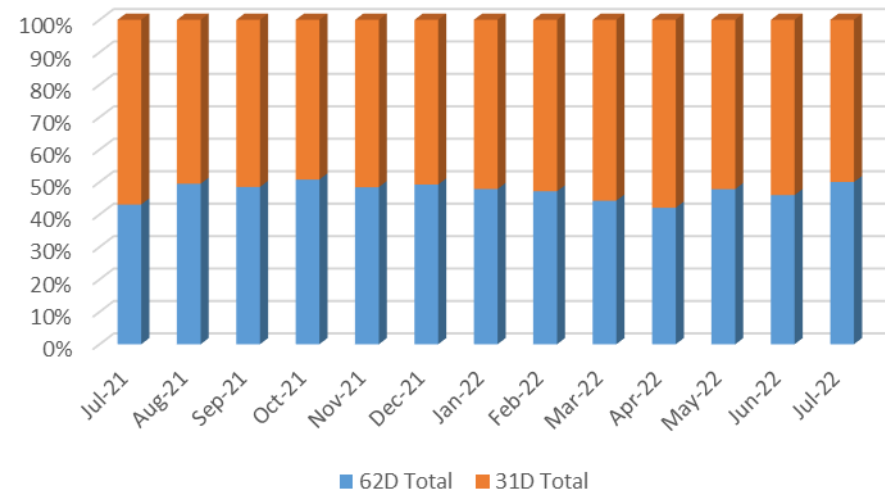
Above bar graph shows the % total of combined 62D and 31D confirmed cancers for the period of July 2021 to July 2022.

****Note: These figures are based on confirmed cancers recorded on CaPPs.***

Total Combined Referrals



% of Combined Confirmed Cancers



% of Cancer Conversion per Quarter

The table on the right shows the percentage of cancer conversion in the last four Quarters with the most recent Quarter highlighted in *red*.

***Note:** Please note that these figures for our cancer conversion are not for the same cohort of patients whose referrals were received in that Quarter.

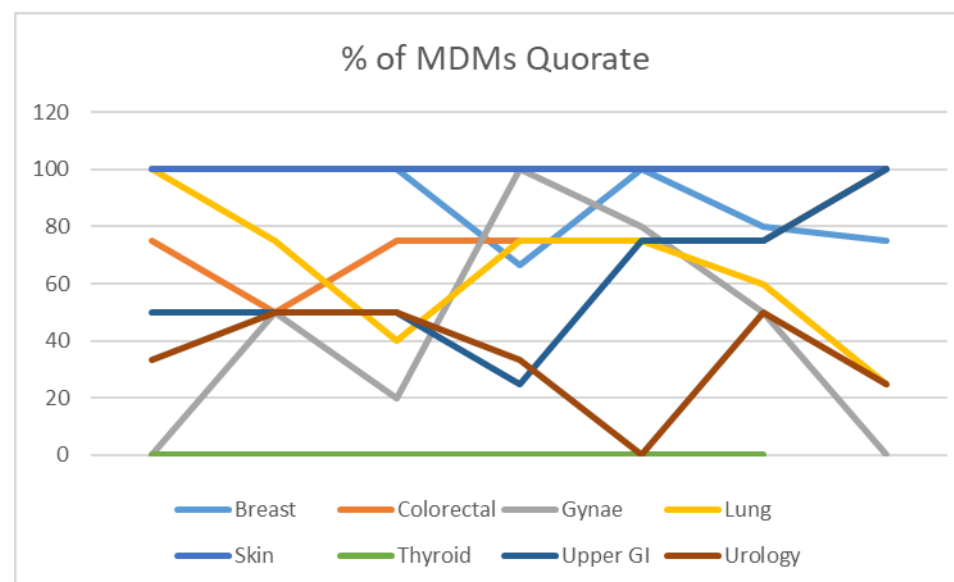
Tumour Site	Number of red flag referrals				Number of confirmed cancers				% of Conversion			
	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 Jul - Sep 21	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 Jul - Sep 21	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 Jul - Sep 21
Acute Leukaemia	0	0	1	0	0	0	0	0	0%	0%	0%	0%
Brain/Central	34	43	43	29	9	4	8	7	26%	9%	19%	24%
Breast	947	1067	968	1014	77	83	92	66	8%	8%	10%	7%
Childrens	0	2	1	0	0	1	0	0	0%	50%	0%	0%
Gynae	675	66	592	600	26	31	24	40	4%	5%	4%	7%
Hematology	192	114	131	136	32	47	43	42	17%	41%	33%	31%
Head&Neck	452	442	437	428	7	21	19	20	4%	5%	4%	5%
Lower GI	1366	1143	1117	947	64	41	67	71	5%	4%	6%	7%
Lung	210	214	190	166	50	62	60	73	24%	29%	32%	44%
Other	71	49	62	58	12	7	9	20	17%	14%	15%	34%
Sarcoma	0	1	1	3	1	4	3	4	0%	400%	300%	133%
Skin	1213	907	859	1021	191	159	180	166	16%	18%	21%	16%
Testicular	23	16	13	21	2	4	3	6	9%	25%	23%	29%
Upper GI	642	643	660	627	35	41	37	40	5%	6%	6%	6%
Urology	608	554	518	490	79	89	97	91	13%	16%	19%	19%

MDM Attendances

The table on the right shows the total number of MDMs per month for each individual tumour site and how many of them were quorate over the past 3 months.

	May-22			Jun-22			Jul-22		
	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate
Breast	4	4	100	5	4	80	4	3	75
Colorectal	4	3	75	4	3	75	4	4	100
Gynae	5	4	80	4	2	50	4	0	0
Lung	4	3	75	5	3	60	4	1	25
Skin	4	4	100	4	4	100	4	4	100
Thyroid	1	0	0	1	0	0	0	0	
Upper GI	4	3	75	4	3	75	4	4	100
Urology	4	0	0	4	2	50	4	1	25

The Line graph shows the percentage of quorate MDMs for the year 2022.



RISK AREAS**Internal**

- Clinic Capacity – Dermatology, Gastroenterology, Haematology, Lung
- Staffing/Workforce
- Theatre Capacity
- High volumes of RF referrals
- Access to endoscopy: 3-4 month wait for joint procedure and colonoscopy – plan to send 100x Colonoscopy and 100x joint to 352 Sept/Oct
Endoscopy not back to pre-covid levels. Currently on 34 lists and pre-covid we were at 40-42 lists
- 3-4 week wait for CT Guided Biopsy
- CT Guided Biopsy – post-op care
- Bed pressures
- 3-4 week wait for TP Biopsy in house and 6 week wait in IS

External

- PET scanner down in Belfast
- Reporting of diagnostics (PET, CT)
- 3-4 week delay for Thoracic surgery

Cancer Performance Action Log

Action	Person Responsible	Provide to	Completed	Date
Develop CNS census	Clair Quin / Mary Haughey	Barry Conway		
Outcome:	Update 15.08.22: Ongoing development work – await finished version.			
Advise tumour site leads on CNS resources and need for move to Cancer division	Barry Conway	MDT Chairs/Tumour site leads		
Outcome:				
Endoscopy wait times/capacity	Ronan Carroll	SMT		
Outcome:				
MDM quoracy detailed report	Angela Muldrew	Barry Conway/Sinéad Lee	Yes	
Outcome:	Update 15.08.22: Angela already has a MDM quorate detailed report completed and updates monthly.			
Check if other Trusts are downgrading/ discharging referrals not meeting NICE criteria	Clair Quin	Barry Conway		
Outcome:	Update 15.08.22: Ongoing – Plan to discuss at Regional Cancer Ops 24.08.22.			
Assigned triage delays. Suggestion for Consultants to email once assigning referral	Sinéad lee	Amie Nelson/Barry Conway	Yes	22.07.22
Outcome:	Reply from Amie Nelson - Yes they do send emails if they are reassigning triages. Our problem is that each Consultants' name appears 4-6 times on NIECR e-triage worklists so they have to check all of their names to find the assigned the triage. We have been meeting with Joan Couhig about this who has linked with the BSO to help us resolve the issues of multiple destinations. The person in BSO who we need to meet with is on leave until next week; Joan is trying to secure a date within the next few weeks with them do Mr Neill and I can sit down and consolidate the CCG pathways in and also the destinations.			

Action	Person Responsible	Provide to	Completed	Date
Cancer conversion per tumour site - Check with other Trusts	Clair Quin	Barry Conway		
Outcome:	Update 15.08.22: Ongoing – Plan to discuss at Regional Cancer Ops 24.08.22.			
Provide timeline of Breach report CAHE440275	Sinéad Lee	Barry Conway/Sharon Glenny	Yes	25.07.22
Outcome:	Discussed with Sharon Glenny whose plan is to raise with Ciara Toal (BHSCT) after Sharon discusses with Barry Conway in the first instance. Barry is currently off work at the moment.			
Escalation process - other Trusts process	Clair Quin / Mary Haughey	Barry Conway		
Outcome:	Update 15.08.22: Ongoing – Mary is awaiting response.			
Issues for escalation to Acute SMT & Coporate SMT (<i>see cancer performance minutes</i>)	Barry Conway	Acute & Coprate SMT		
Outcome:				

Appendix: Data Collection Information

I. CWT Targets:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>) 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>)
II. Red Flag Referral data:	Boxi Report – 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
III. Triage data:	NIECR Archive – Number of Referrals received and triaged as Red Flag
IV. DNA and CNC data:	Boxi Report – 01 – Outpatient DNA and CNC Report – Figures and rates per month (<i>based on PAS</i>)
V. Confirmed Cancers:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>)
VI. % Cancer Conversion:	Boxi Report - 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>) 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
VII. MDM Quoracy	Boxi Report – 02 – MDM Number of Attendances by Specific Consultant (<i>CaPPs</i>)
VIII. Cancer Tracking:	CaPPs – Cancer Tracking screen

Cancer Performance

Dashboard Report

August 2022

*Report produced by
Sinéad Lee, Cancer Services Co-Ordinator*

Cancer Performance Summary Report

Note: In absence of a formal monitoring report regarding the Triage Target, we are currently monitoring this information via the NID-Splunk report. However, this information can only be used as a gauge as it is not fully comprehensive of all Red Flag referrals received to our Trust.

Waiting Times Measure	May-22	Jun-22	Jul-22	Aug-22
Triage Target - A maximum three-day wait (including weekends) for a suspected cancer referral to be triaged	78%	79%	74%	68%
Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms	20%	37%	65%	30%
31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment	77%	87%	83%	80%
62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment	29%	34%	45%	32%

SOUTHERN HSC Trust - CANCER SERVICES		April	May	June	Quarter 1	July	August	September	Quarter 2 Totals	October	November	December	Quarter 3 Totals
14 day Activity	Baseline figure (2021-22)	236	306	299	841	230	234	305	769	317	325	258	900
	Expected 2022-23	236	206	299	841	230	234	305	769	317	325	258	900
	Actual Outturn 2022-23	284	290	313	887	212	313		525				
31 day Activity	Baseline figure (2019-20)	127	141	149	417	153	130	154	437	146	139	120	405
	Expected 2022-23	127	141	149	417	153	130	154	437	146	139	120	405
	Actual Outturn 2022-23	98	121	136	355	92	79		171				
62 day Activity	Baseline figure (2021-22)	63	69	83	215	62	66	74	201	68	85	67	220
	Expected 2022-23	63	69	83	215	62	66	74	201	68	85	67	220
	Actual Outturn 2022-23	51	65	75.5	191.5	56.5	47.5		104				
Red Flag - first outpatient appointment (excl breast).	Reference Total Figure (2019-20)	973	1036	897	2906	909	977	1,228	3,114	1,302	1,084	999	3,385
	Baseline Figure <14 Days (2019-20)	398	319	357	1074	316	245	265	826	304	363	323	990
	Expected Total Figure 2022-23	973	1036	897	2906	909	977	1,228	3,114	1,302	1,084	999	3,385
	Actual Outturn 2022-23	869	1058	1055	2982	1,011	1,260		2,271				
	Expected <14 Days(2019-20)	398	319	357	1074	316	245	265	826	274	327	291	892
	Actual Outturn 2022-23	115	200	141	456	132	281		413				

Suspect Cancer Referrals Aug 21 – 22

62 DAY REFERRALS

The table on the right shows the amount of 62D referrals received from over a 12 month period.

62 DAY REFERRALS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	243	270	398	344	313	245	375	283	313	275	322	272	267	339
Brain/Central Cancer	11	7	10	16	14	12	12	12	18	12	14	8	13	12
Children's Cancer	0	0	0	0	1	0	2	0	0	0	0	0	0	0
Gynae Cancer	164	197	198	205	184	148	178	195	228	212	219	195	172	212
Haematological Cancer	28	41	30	28	28	26	19	24	24	29	54	56	50	39
Head & Neck Cancer	126	111	146	125	139	111	119	146	141	138	134	132	117	131
Lung Cancer	35	26	40	35	44	50	49	49	52	44	55	54	37	47
Lower Gastrointestinal Cancer	248	303	332	374	364	292	341	337	381	353	446	452	429	447
Acute Leukaemia	0	0	0	0	0	1	0	0	0	0	0	2	0	0
Other Suspected Cancer	17	16	15	21	16	16	16	12	15	13	22	29	21	20
Sarcoma	2	0	1	1	0	0	0	0	1	0	0	0	2	3
Skin Cancer	341	280	384	315	296	223	299	279	311	323	451	412	409	466
Testicular Cancer	6	4	11	4	7	1	6	3	7	4	10	8	8	8
Upper Gastrointestinal Cancer	178	193	201	212	230	173	196	195	199	176	191	201	200	234
Urological Cancer	120	128	143	144	148	151	146	136	189	178	157	163	150	152
Total Referrals	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875	2110

31 DAY REFERRALS

The table on the right shows the amount of 31D referrals received from over a 12 month period.

31 DAY REFERRALS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	30	31	30	25	30	11	36	26	34	32	19	27	26	33
Brain/Central Cancer	1	0	0	0	1	0	1	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	19	10	12	19	19	17	23	18	24	14	14	21	15	13
Haematological Cancer	13	14	10	13	15	21	14	6	27	21	17	15	7	12
Head & Neck Cancer	16	15	14	23	27	12	14	11	11	11	18	19	13	28
Lung Cancer	19	25	21	15	24	22	20	14	30	12	22	23	18	17
Lower Gastrointestinal Cancer	35	15	25	39	23	25	30	27	27	58	30	27	39	29
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	2	5	3	3	5	1	2	1	3	3	1	3	1	4
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	6	9	1	9	12	4	7	4	7	7	10	10	6	13
Testicular Cancer	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Upper Gastrointestinal Cancer	20	21	14	17	16	12	20	10	23	30	22	22	22	22
Urological Cancer	34	34	31	26	30	19	24	26	33	24	44	42	36	41
Total Referrals	195	179	161	189	202	145	191	143	219	212	198	209	183	212

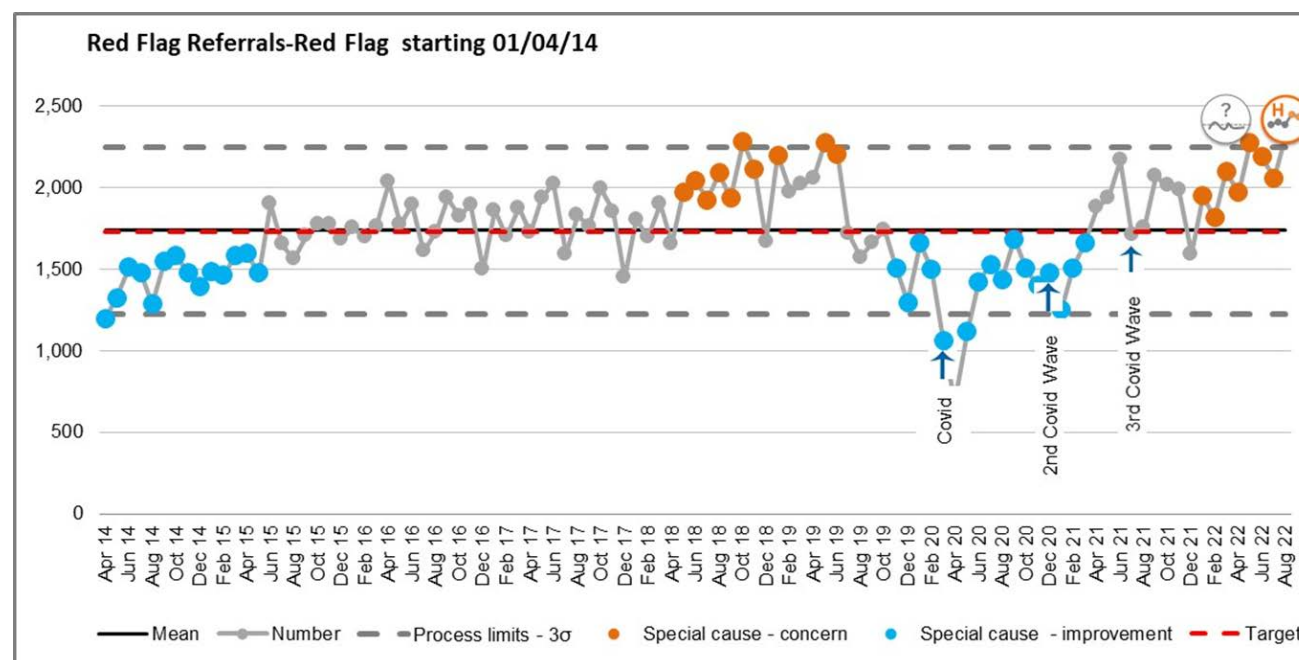
Suspect Cancer Referrals Aug 21 – 22

COMBINED 62 DAY & 31 DAY REFERRALS

The table on the right shows the combined total of 62D & 31D suspected cancer referrals received.

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
62D REFERRALS	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875	2110
31D REFERRALS	195	179	161	189	202	145	191	143	219	212	198	209	183	212
COMBINED TOTAL	1714	1755	2070	2013	1986	1594	1949	1814	2098	1969	2273	2193	2058	2322

The SPC graph on the right shows the combined total amount of suspected cancer referrals from April 2014 onwards.



Referrals Information

The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged within a certain timeframe. Our triage target 100%. Please see below:

Triage within 1-3 days = 68%
 Triage within 4-7 days = 23%
 Triage over 7+ days = 9%

Referrals triaged over 7+ days are down 4% from last month

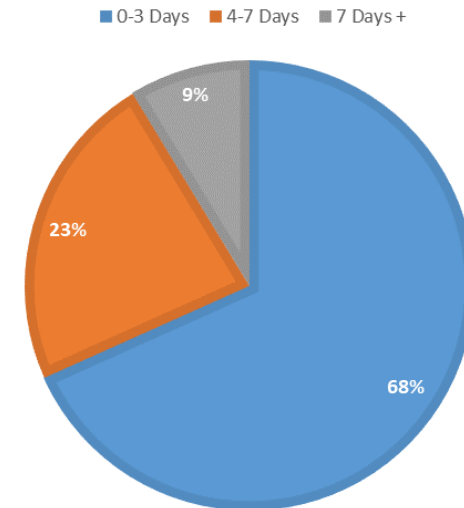
Longest Tumour Site for triage this month: General Surgery

The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged as “Downgraded”.

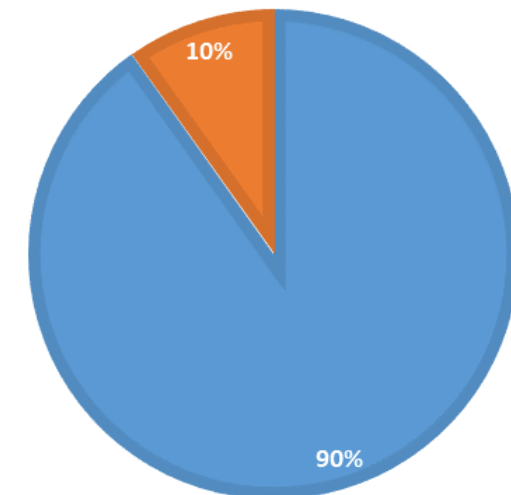
Triage Aug 22	Total
Total RF Referrals	1615
Downgraded RF Referrals	176

**Note: These figures are based on information provided by NID-Splunk report for referrals triaged via NIECR.*

% OF REFERRALS TRIAGED



Total RF Referrals Downgraded RF Referrals



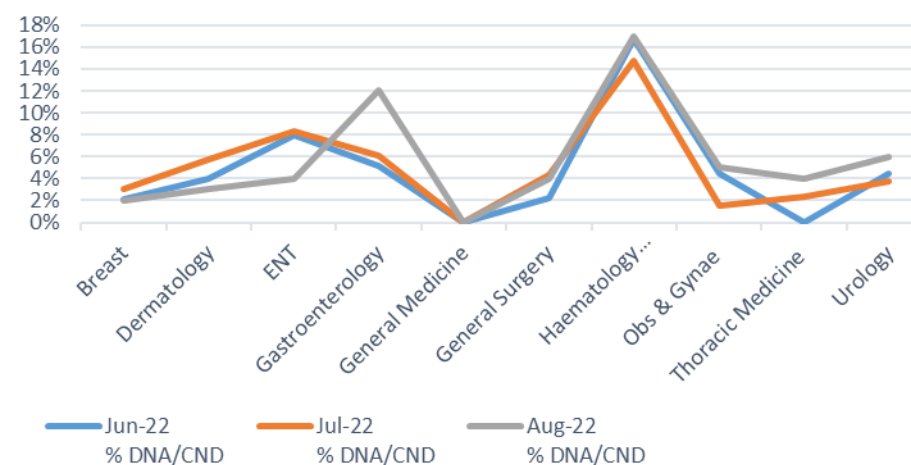
Red Flag Outpatient DNA/CND Figures

The table of the right shows the red flag attendances vs DNA/CND for each tumour site for the past 3 months.

Speciality	Jun-22			Jul-22			Aug-22		
	Attendances	DNA/CND	Jun-22 % DNA/CND	Attendances	DNA/CND	Jul-22 % DNA/CND	Attendances	DNA/CND	Aug-22 % DNA/CND
Breast	322	7	2%	214	8	3%	313	8	2%
Dermatology	215	9	4%	141	9	6%	255	8	3%
ENT	92	8	8%	77	7	8%	221	9	4%
Gastroenterology	75	4	5%	46	3	6%	57	8	12%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	221	5	2%	305	14	4%	397	18	4%
Haematology (Clinical)	20	4	17%	23	4	15%	19	4	17%
Obs & Gynae	210	10	5%	191	3	2%	209	12	5%
Thoracic Medicine	47	0	0%	41	1	2%	43	2	4%
Urology	150	7	5%	126	5	4%	120	8	6%

The line graph on the right compares each tumour sites DNA/CND rate over the past 3 months.

% DNA/CND of RF Outpatients



***Note: These figures are based on attendances/DNA&CND's recorded on PAS.**

Internal 62D & 31D Breaches

The data on the right shows the amount of 62D internal and external cancer patients who were treated and breached their 62D cancer pathway.

***Note: These figures are based on data collated from CaPPs when tracking has been updated and treatment recorded.**

WIT-76278

62D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	2	3	4	1	2	2	1	2	2	0	0	9	2	2	2	34
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	4	2	4	3	1	3	2	3	2	1	1	2	2	33
Haematological Cancer	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Lung Cancer	0	0	0	1	0	0	0	0	0	0	0	0	0	4	0	5
Lower Gastrointestinal Cancer	5	7	2	4	5	12	11	1	4	2	7	4	8	2	4	78
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Skin Cancer	6	9	10	15	0	13	4	0	6	6	8	8	10	10	13	118
Upper Gastrointestinal Cancer	1	0	1	0	8	0	1	13	0	0	0	2	2	3	0	31
Urology	7	3	4	7	6	7	9	5	5	11	7	8	13	4	6	102
Total Breaches	26	24	26	30	25	38	27	24	19	22	24	33	36	28	28	410

ITT Breaches	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	0	0	0	0	0	1	1	0	0	0	0	0	1
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	0	1	5	2	3	1	6	2	1	1	1	2	0
Haematological Cancer	0	0	0	0	1	0	0	0	0	0	0	0	0
Head & Neck Cancer	1	2	2	2	0	1	2	2	1	2	1	2	1
HPB Cancer	2	1	0	0	0	2	1	3	1	0	0	0	0
Lung Cancer	6	4	3	5	3	3	2	3	1	4	7	4	3
Lower Gastrointestinal Cancer	2	3	3	3	0	1	0	2	1	4	1	1	2
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	0	2	3	3	0	0	0	1	3	0	0	0
Upper Gastrointestinal Cancer	0	3	1	2	2	3	2	2	2	0	1	3	0
Urology	5	6	4	2	2	5	6	1	7	5	3	5	5
Total Breaches	16	20	20	19	14	17	20	15	15	19	14	17	12

Total 62D Breaches (Internal & External)	42	50	45	57	41	41	39	37	39	52	50	45	40

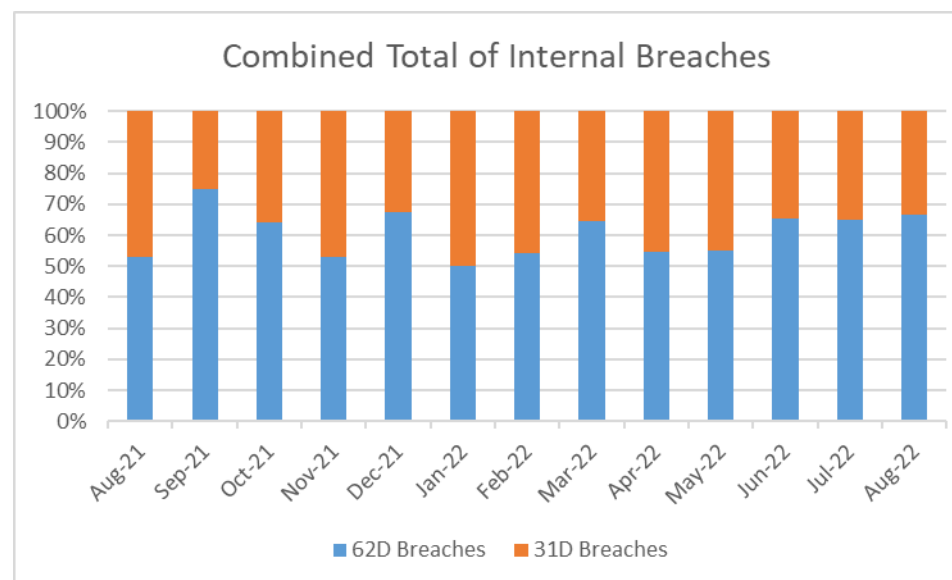
31D Breaches

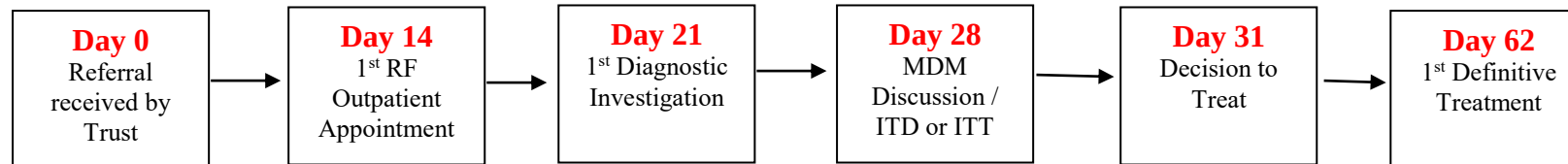
The data on the right shows the amount of 62D and 31D confirmed cancer patients who were treated internally and breached their cancer pathway.

Note: The 31D data DOES include any 62D patients that breached their 31D pathway for treatment after decision to treat

31D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	2	8	12	0	3	7	3	4	1	2	2	14	2	1	0
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	2	2	3	5	0	0	1	4	0	0	1	0	1
Haematological Cancer	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lower Gastrointestinal Cancer	0	1	0	1	0	6	1	1	7	1	3	2	2	1	0
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	7	7	7	7	15	8	17	7	5	13	10	14	12	11
Upper Gastrointestinal Cancer	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	1	0	0	2	0	0	2	1	0	0	2
Total Breaches	3	18	23	10	14	34	13	24	16	12	20	27	19	15	14

The bar graph on the right shows the combined amount of 62D & 31D internal breaches.



D62 Cancer PathwaySummary of Breach Reports – August 2022

Patient Details	Tumour Site	Breach Type	Treatment	Treatment Complete Day	Summary
Personal Information redacted by USI					

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

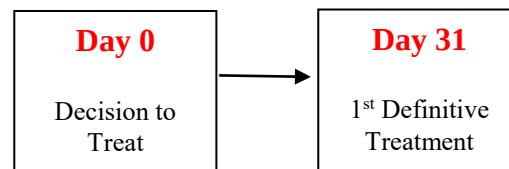


Personal Information redacted by USI

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Personal Information redacted by the USI

D31 Cancer Pathway



Internal Breach Reports – 31D

Patient Details	Tumour Site	Treatment	Treatment Complete Day	Summary
Personal Information redacted by USI				

The other patients that breached their 31D pathway for treatment after decision to treat are all 62D pathway referrals.

Confirmed Cancers

62 Day & 31 Day Confirmed Cancers

The table on the right shows the confirmed cancer figures for each individual tumour site for patients/clients on the 62 Day & 31D pathway.

The percentage at the bottom of each table reflects the amount of confirmed cancers per pathway divided by total confirmed cancers each month.

i.e. 53 total 62D confirmed cancers / 106 total in month = 50%

53 total 31D confirmed cancers / 106 total in month = 50%

***Note: As our Cancer Tracking updates daily these volumes will change and we will update on the next report**

62D Confirmed Cancers	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	9	24	13	14	13	14	8	16	13	17	14	10	20	185
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	9	5	3	4	6	6	4	7	2	5	3	8	4	66
Haematological Cancer	2	4	1	3	4	5	4	3	2	4	2	3	2	39
Head & Neck Cancer	4	4	2	4	2	3	2	4	2	2	5	2	9	45
Lung Cancer	5	3	5	10	8	4	4	4	4	9	7	8	3	74
Lower Gastrointestinal Cancer	9	15	13	17	6	7	8	7	9	15	9	7	7	129
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	5	3	0	0	2	0	0	1	2	1	1	4	4	23
Sarcoma	1	1	0	0	0	0	0	0	0	0	1	0	0	3
Skin Cancer	26	44	46	35	30	25	38	32	23	29	29	25	29	411
Testicular Cancer	0	1	2	0	1	1	0	0	0	0	0	2	2	9
Upper Gastrointestinal Cancer	4	5	6	3	7	5	9	4	6	4	3	2	3	61
Urological Cancer	17	18	9	30	18	19	13	18	19	22	14	19	17	233
Total Confirmed Cancers	91	127	100	120	97	89	90	96	82	108	88	90	100	1278
%62d Confirmed Cancers	49%	48%	51%	48%	49%	48%	47%	44%	42%	48%	42%	54%	52%	

31D Confirmed Cancers	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	10	17	17	14	21	12	12	21	7	15	11	8	12	177
Brain/Central Cancer	1	1	3	5	0	2	2	0	3	4	2	3	1	27
Children's Cancer	0	0	0	0	0	1	0	0	0	0	0	0	1	2
Gynae Cancer	5	4	3	3	5	3	6	5	8	4	4	4	3	57
Haematological Cancer	9	11	10	13	12	12	10	13	10	11	12	4	5	132
Head & Neck Cancer	1	5	4	4	3	3	8	1	4	5	5	2	1	46
Lung Cancer	10	29	9	17	11	14	20	16	12	12	11	9	15	185
Lower Gastrointestinal Cancer	15	6	9	11	11	7	5	7	13	11	11	9	11	126
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	4	3	3	2	2	0	3	3	4	3	2	6	3	38
Sarcoma	1	0	1	1	1	1	1	2	0	0	0	1	0	9
Skin Cancer	20	29	23	25	21	17	14	33	33	38	41	21	21	336
Testicular Cancer	1	0	0	0	0	2	1	0	0	1	1	0	1	7
Upper Gastrointestinal Cancer	6	7	6	11	4	12	4	7	9	5	13	5	10	99
Urological Cancer	10	23	9	22	9	11	15	13	10	9	8	5	10	154
Total Confirmed Cancers	93	135	97	128	100	97	101	121	113	118	121	77	94	1395
%31D Confirmed Cancers	51%	52%	49%	52%	51%	52%	53%	56%	58%	52%	58%	46%	48%	

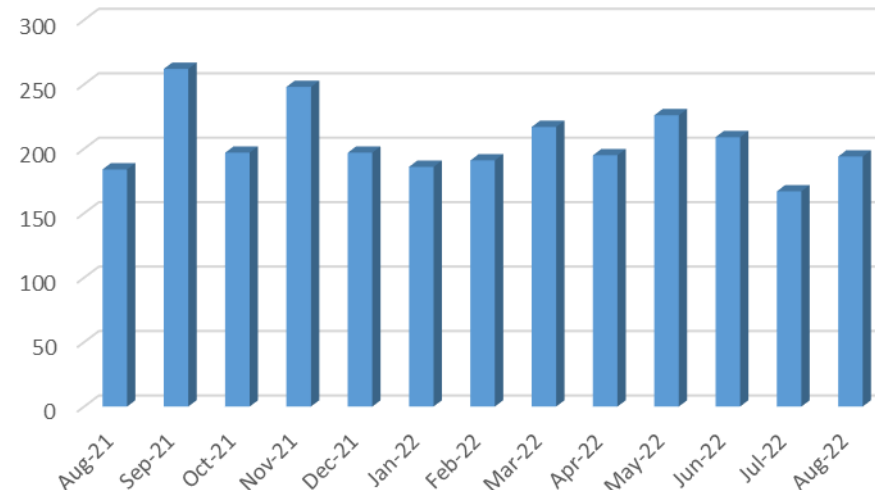
Number of Confirmed Cancers Aug 21 - 22

Above bar graph shows the combined total off all confirmed cancers for the period of August 2021 - August 2022.

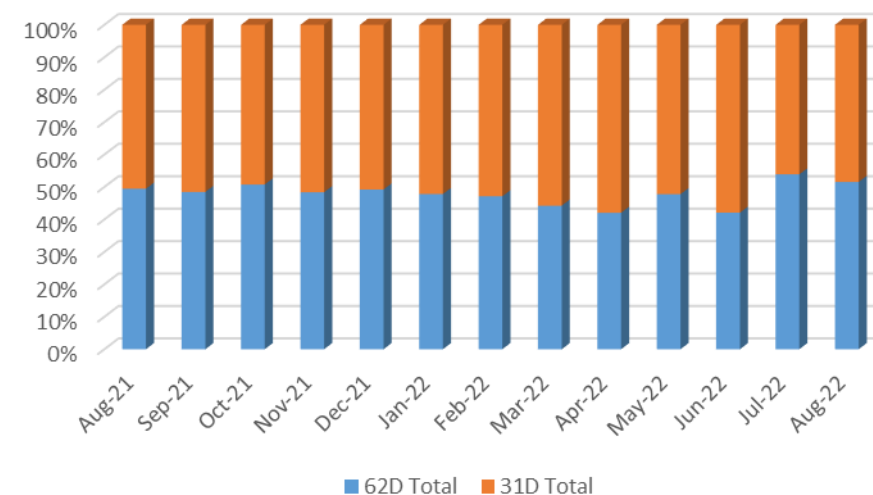
Above bar graph shows the % total of combined 62D and 31D confirmed cancers for the period of August 2021 - August 2022.

****Note: These figures are based on confirmed cancers recorded on CaPPs.***

Total Combined Referrals



% of Combined Confirmed Cancers



% of Cancer Conversion per Quarter

The table on the right shows the percentage of cancer conversion in the last four Quarters with the most recent Quarter highlighted in **red**.

Please note: Quarter 2 July 22 – Sept 22 only includes July – August and will be updated for September Cancer Performance.

***Note:** Please note that these figures for our cancer conversion are not for the same cohort of patients whose referrals were received in that Quarter.

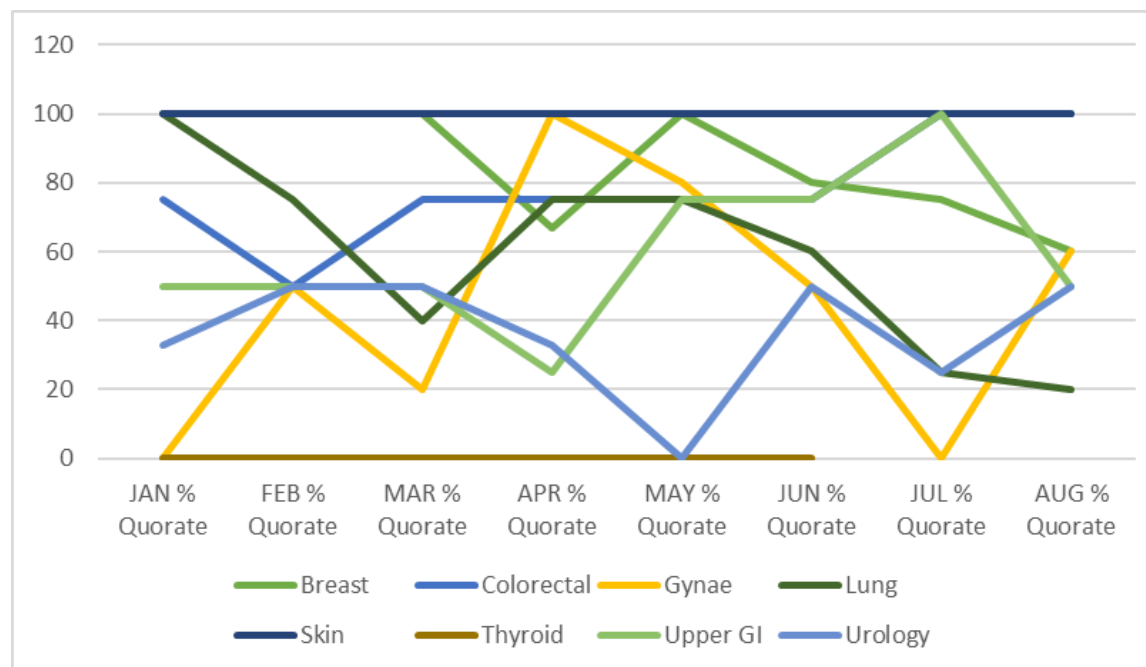
Tumour Site	Number of red flag referrals				Number of confirmed cancers				% of Conversion			
	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21
Acute Leukaemia	0	0	0	1	0	0	0	0	0%	0%	0%	0%
Brain/Central	25	34	43	43	4	9	4	8	16%	26%	9%	19%
Breast	665	947	1067	968	50	77	83	92	8%	8%	8%	10%
Childrens	0	0	2	1	1	0	1	0	0%	0%	50%	0%
Gynae	412	675	66	592	19	26	31	24	5%	4%	5%	4%
Haematology	108	192	114	131	14	32	47	43	13%	17%	41%	33%
Head&Neck	289	452	442	437	14	7	21	19	5%	4%	5%	4%
Lower GI	944	1366	1143	1117	34	64	41	67	4%	5%	4%	6%
Lung	119	210	214	190	35	50	62	60	29%	24%	29%	32%
Other	46	71	49	62	17	12	7	9	37%	17%	14%	15%
Sarcoma	5	0	1	1	1	1	4	3	20%	0%	400%	300%
Skin	894	1213	907	859	96	191	159	180	11%	16%	18%	21%
Testicular	16	23	16	13	5	2	4	3	31%	9%	25%	23%
Upper GI	478	642	643	660	20	35	41	37	4%	5%	6%	6%
Urology	379	608	554	518	51	79	89	97	13%	13%	16%	19%
Total	4380	6433	5261	5593	361	585	594	642	8%	9%	11%	11%

MDM Attendances

The table on the right shows the total number of MDMs per month for each individual tumour site and how many of them were quorate over the past 3 months.

	Jun-22			Jul-22			Aug-22		
	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate
Breast	5	4	80	4	3	75	5	3	60
Colorectal	4	3	75	4	4	100	4	4	100
Gynae	4	2	50	4	0	0	5	3	60
Lung	5	3	60	4	1	25	5	1	20
Skin	4	4	100	4	4	100	4	4	100
Thyroid	1	0	0	0	0		0	0	
Upper GI	4	3	75	4	4	100	4	2	50
Urology	4	2	50	4	1	25	4	2	50

The Line graph shows the percentage of quorate MDMs for the year 2022.



Internal

- Clinic Capacity – Dermatology, Gastroenterology, Haematology, Lung, Breast
- Urology not sending to 352 – awaiting update on contract
- Staffing/Workforce
- Theatre Capacity
- High volumes of RF referrals
- Access to endoscopy: 3-4 month wait for joint procedure and colonoscopy – plan to send 100x Colonoscopy and 100x joint to 352 Sept/Oct
Endoscopy not back to pre-covid levels. Currently on 34 lists and pre-covid we were at 40-42 lists
- 3-4 week wait for CT Guided Biopsy
- CT Guided Biopsy – post-op care
- Bed pressures
- 3-4 week wait for TP Biopsy in house and 6 week wait in IS

External

- PET scanner down in Belfast
- Reporting of diagnostics (PET, CT)
- 3-4 week delay for Thoracic surgery

Appendix: Data Collection Information

I. CWT Targets:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>) 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>)
II. Red Flag Referral data:	Boxi Report – 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
III. Triage data:	NIECR Archive – Number of Referrals received and triaged as Red Flag
IV. DNA and CNC data:	Boxi Report – 01 – Outpatient DNA and CNC Report – Figures and rates per month (<i>based on PAS</i>)
V. Confirmed Cancers:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>)
VI. % Cancer Conversion:	Boxi Report - 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>) 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
VII. MDM Quoracy	Boxi Report – 02 – MDM Number of Attendances by Specific Consultant (<i>CaPPs</i>)
VIII. Cancer Tracking:	CaPPs – Cancer Tracking screen

Date: Thursday 21st July 2022
Time: 10:00-12:00
Venue: Zoom – Invite Issued

ATTENDANCES: BARRY CONWAY, CLAIR QUIN, SINÉAD LEE, MARY HAUGHEY, RONAN CARROLL, DENISE TALLON, CAROLINE KEOWN, KAY CARROLL, JANE SCOTT, LISA MCAREAVEY

Received from SHSCT on 28/10/2022. Annotated by the Urology Services Inquiry

	MDM Quoracy – Barry updated everyone on the ongoing work Angela Muldrew has been doing in her new role as MDT Administrator/Project Officer. A detailed report of each tumour site MDM is to be provided for the next Cancer Performance meeting. PET Scanning – Sinéad advised that Belfast are down to one PET scanner and there is a backlog in reporting. Barry advised that he has flagged this as an issue. Skin – Lisa provided an update and advised that clinics have been tweaked to provide more RF capacity. Dr S Landy is retiring and job has been advertised. High volume of referrals being received. RF Update – Sinéad provided an update on clinical capacity and the high volume of referrals. Also there are a number of referrals being received without adequate information to meet NICE guidelines, need for AE/GP awareness. Mary advised that Mr McElvanna was commencing a GP awareness session. Assigned Triage – Sinéad discussed the delay in assigned triage referrals. Kay advised that she had the same issue with another department and now the Consultant assigning triage emails the Consultant they are assigning the triage to them. Cancer conversion – Compare with other Trusts.	<i>Angela to send report</i> <i>Clair to check positions in other Trusts</i> <i>Sinéad to email suggestion to Amie</i> <i>Clair to check for conversion</i>														
5. Breach Reports	<u>June Breach Reports</u> Sinéad discussed multiple breach reports and the reasons behind each breach. <table><tr><td><i>Internal</i></td><td><i>External</i></td></tr><tr><td>2 x Breast</td><td>1 x Gynae</td></tr><tr><td>1 x Gynae</td><td>1 x Head & Neck</td></tr><tr><td>8 x Colorectal</td><td>7 x Lung</td></tr><tr><td>10 x Skin</td><td>1 x Colorectal</td></tr><tr><td>2 x Upper GI</td><td>1 x Upper GI</td></tr><tr><td>13 x Urology</td><td>3 x Urology</td></tr></table> <i>31D Breaches</i> 2 x Breast 1 x Colorectal 3 x Skin	<i>Internal</i>	<i>External</i>	2 x Breast	1 x Gynae	1 x Gynae	1 x Head & Neck	8 x Colorectal	7 x Lung	10 x Skin	1 x Colorectal	2 x Upper GI	1 x Upper GI	13 x Urology	3 x Urology	<i>Sinéad to send timeline of breach –</i> <i>Personal Information redacted by USI to Barry</i>
<i>Internal</i>	<i>External</i>															
2 x Breast	1 x Gynae															
1 x Gynae	1 x Head & Neck															
8 x Colorectal	7 x Lung															
10 x Skin	1 x Colorectal															
2 x Upper GI	1 x Upper GI															
13 x Urology	3 x Urology															
6. Escalation process	Barry advised that during Covid the HSCB were advised that SHSCT was not complying with the Escalation policy. The Escalation policy now needs reviewed and updated. Barry asked for all AD/HOS/OSL to go back to their respective tumour site leads to discuss if they want to enforce the full escalation policy in line with regional policy and if not provide a plan for escalations. Ronan advised that a briefing paper should be created and provided to SMT re: escalation policy. Then update HSCB with the plan going forward for each individual tumour site.	<i>Clair & Mary to get update from other trusts re: escalation process</i>														
7. Issues for Escalation to Acute SMT & Corporate SMT	- Escalation Process/Policy - High level of RF referrals - Ongoing challenges with triage - Endoscopy waits - Impact of PET scanner offline in Belfast and PET reporting - Demand vs Capacity															
8. AOB																

	Nothing discussed.	
9. Date of next meeting	Thursday 18 th August 2022 @ 10am via Zoom (<i>link issued</i>)	



SHSCT CANCER PERFORMANCE MEETING

Date: Thursday 18th August 2022
Time: 10:00-12:00
Venue: Zoom – Invite Issued

MINUTES

ATTENDANCES: CLAIR QUIN, SINÉAD LEE, ANGELA MULDREW, ELAINE MURPHY, WENDY CLAYTON, AMIE NELSON, LISA MCAREAVEY, JANE SCOTT, TRUDY REID, KAY CARROLL, PATRICIA LOUGHRAN.

Agenda	Discussions	Action																												
1. Apologies	Sharon Glenney, Barry Conway, ~~Elaine Murphy~~ Mary Haughey, Charlotte-Anne Wells, Ronan Carroll, Louise Devlin, Lynn Lappin.																													
2. Review of Action Log	Clair advised that any actions under herself and Mary Haughey are currently ongoing as she will provide an update once complete. Angela advised that a detailed report for MDM Quoracy has been completed and is updated monthly. Most recent issues are due to pathology absence and CNS pressures Sinéad advised that if anyone has an update for actions to send through to her otherwise they roll on to next month's Action Log.	Sinéad – Update Action Log																												
3. Update on Peer review	No Update – Mary Haughey on annual leave. Keep Peer Review on as recurring item on agenda.																													
4. Cancer Access Standards report	Sinéad presented the Cancer Performance report and advised on the below CWT for SDP for July 2022. Cancer Performance Targets: <table><tr><th>Waiting Times Measure</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th></tr><tr><td>Triage Target - A maximum three-day wait (including weekends) for a suspected cancer referral to be triaged</td><td>78%</td><td>79%</td><td>74%</td></tr><tr><td>Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms</td><td>20%</td><td>37%</td><td>65%</td></tr><tr><td>31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment</td><td>77%</td><td>87%</td><td>83%</td></tr><tr><td>62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment</td><td>29%</td><td>34%</td><td>45%</td></tr></table> Service Delivery Plan <table><tr><td>14 day Activity</td><td>92%</td></tr><tr><td>31 day Activity</td><td>41%</td></tr><tr><td>62 day Activity</td><td>59%</td></tr><tr><td>Red Flag - first outpatient appointment within 14 days (excl breast)</td><td>53%</td></tr></table> Triage – Amie advised that General Surgery cannot meet the triage targets due to volume of RF referrals and this is not included in the Consultants job plan. Amie to share a paper on referrals/triage. Amie in discussions with Joan, NIECR Team re: triage – redirected referrals. Query over Consultant only triage.	Waiting Times Measure	May-22	Jun-22	Jul-22	Triage Target - A maximum three-day wait (including weekends) for a suspected cancer referral to be triaged	78%	79%	74%	Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms	20%	37%	65%	31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment	77%	87%	83%	62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment	29%	34%	45%	14 day Activity	92%	31 day Activity	41%	62 day Activity	59%	Red Flag - first outpatient appointment within 14 days (excl breast)	53%	Check guidance IEAP
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62 day Activity	59%																													
Red Flag - first outpatient appointment within 14 days (excl breast)	53%																													

	E-Triage NIECR – 5 outstanding departments needed to commence E-triage: Orthodontics, General Medicine, Geriatric, Haematology and Breast. Trudy advised meeting with clinical teams to discuss. Ongoing work with getting OC referrals onto E-triage – awaiting update. Skin – Lisa advised the Dr G McIntyre’s replacement Dr David Middleton is commencing end of August. DNA/CND rate – All tumour sites get a text message sent for appointment with the exception on Haematology. Plan snapshot audit of this when new Band 5 starts. MDM Quoracy – Upper GI CNS retired, Gynae CNS replacement in post, some oncologist cover and local Pathologist absence issues due to annual leave. Previous issue around radiologist cover in Urology MDM improved. Endoscopy – 3-4 month wait for joint/colonoscopy endoscopic investigation. STH access increased for Sept though few sessions to be flipped for Bowel Screening. 200x joint/colonoscopy to be sent to 352 Sept/Oct. Still no back to pre-covid levels. Urology – 3-4 week wait for TP Biopsy in-house and 6 week wait in IS. Radiology – 3-4 week wait for CT Guided Biopsy – Delays due to consultant annual leave and bed pressures.	Add ECR rollout to agenda Plan audit																		
5. Breach Reports	<u>June Breach Reports</u> Sinéad discussed multiple breach reports and the reasons behind each breach. <table><tr><td>Internal</td><td>External</td></tr><tr><td>2 x Breast</td><td>1 x Breast</td></tr><tr><td>4 x Gynae</td><td>1 x Head & Neck</td></tr><tr><td>3 x Head & Neck</td><td>1 x Lower GI</td></tr><tr><td>4 x Lung</td><td>12 x Skin</td></tr><tr><td>3 x Colorectal</td><td></td></tr><tr><td>10 x Skin</td><td></td></tr><tr><td>3 x Upper GI</td><td></td></tr><tr><td>9 x Urology</td><td></td></tr></table> 31D Breaches 2 x Gynae 2 x Head & Neck 4 x Lung 1 x Lower GI 3 x Upper GI 5 x Urology	Internal	External	2 x Breast	1 x Breast	4 x Gynae	1 x Head & Neck	3 x Head & Neck	1 x Lower GI	4 x Lung	12 x Skin	3 x Colorectal		10 x Skin		3 x Upper GI		9 x Urology		
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10 x Skin																				
3 x Upper GI																				
9 x Urology																				
6. ITT Issues	- PET scanner down in Belfast - Delays in reporting of diagnostics - 3-4 week wait for Thoracic Surgery																			
7. Longest waiters for 1 st RF OPD	General Surgery – Struggling with more patients be triaged for F2F RF OPD over past 4 months. Mr McElvanna asked for breakdown report from Angela. Urology – Separate portal for RF’s at 352 being set up. Gastro – Lisa advised that they are adding extra RF capacity on clinics.	Angela to provide report																		

	Skin – Lisa advised the Dr G McIntyre's replacement Dr David Middleton is commencing end of August. Backlog with Telederm – Cancer trackers continue to escalate.	
8. Individual tumour site report	Sinéad presented the draft Urology tumour site report. She advised HOS/OSL to take this report and please provide feedback for each tumour site. Wendy Clayton - Show information for individual parts of Urology i.e Prostate, Haematuria, Testes etc. - Waiting time for TP Biopsy - Waiting time for 1st RF OPD in-house/IS Amie -Tracking numbers – show 31D and 62D patients	<i>HOS/OSLs to provide feedback</i>
9. Escalation process	Clair advised that we are back to full 14 day escalation policy and full escalation policy for ENT, Gynae and Urology. Sinéad advised that no update was received. AD/HOS/OSL to go back to their respective tumour site leads to discuss if they want to enforce the full escalation policy in line with regional policy and if not provide a plan for escalations. Over Day 100 Report – Angela Muldrew All in agreement that this report is very useful. Angela commented that the Cancer Trackers are not escalating anyone over Day 100 as she is on this report.	<i>Add to action log</i>
10. Issues for Escalation to Acute SMT & Corporate SMT	Sinéad advised that there is no evidence of the below issues from the last meeting being escalated to Acute/Corporate SMT. - Escalation Process/Policy - High level of RF referrals - Ongoing challenges with triage - Endoscopy waits - Impact of PET scanner offline in Belfast and PET reporting - Demand vs Capacity Trudy Reid asked for these to be sent to her to present at SMT.	<i>Sinéad to send to Trudy/Clair/Cathy</i>
11. Service Delivery Plan	Sinéad discussed the service delivery plan and the targets set out that we didn't meet. Sinéad advised on the demand vs capacity and comparison to 2019 figures. Trudy advised that they require an update for SDP 2022/23: - Valid reason for failure to meet timelines - Demand vs capacity - Reasons why clinics aren't running - Staffing difficulties - vacancies	<i>Updates to be send to Trudy/Catherine</i>
12. AOB	- Trudy has advised having the Cancer Performance meeting more than one a month - Adjustments – Sinéad advised that any patients on 1st RF OPD longest waiters with issues i.e.: DNA/CND OPDs, cant travel, holidays will get an adjustment added on CaPPs.	<i>Barry to update</i> <i>Sinéad to add CaPPs days onto spreadsheet</i>
13. Date of next meeting	Thursday 15th September 2022 via Zoom (<i>link issued</i>)	

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From: [Lee, Sinead](#)
Sent: 05 September 2022 18:02
To: [Clayton, Wendy](#); [Clarke, Wendy](#); [Nelson, Amie](#); [Sco, Jane M](#); [Carroll, Kay](#); [McAreavey, Lisa](#); [Devlin, Louise](#); [Loughan, Patricia](#); [Keown, Caroline](#) B; [Carroll, Ronan](#); [Wells, Charlo eAnne](#)
Cc: [Glenny, Sharon](#); [Quin, Clair](#); [Conway, Barry](#)
Subject: 1st RF OPD - Longest Waiters
Attachments: 1st RF OPD Longest Waiters 050922.xlsx

Importance: High

Good a. ernoon,

Please see a attached RF outpaen t PTL as of 05.09.22 with regards to our RF waing mes. There are a few long outstanding paen ts I have highlighted to the RF Team to get appointed or chase up triage.

Below is the next available RF slots for the specific specialies tha t the RF Team book:

Tumour Site Next available clinic date

Dermatology 13.09.22
Gynaecology 13.09.22
Gastroenterology 29.09.22
General Surgery – Lower GI 13.09.22
General Surgery – Upper GI 07.09.22
Head & Neck 26.09.22
Respiratory 20.09.22
Urology – Prostate 21.09.22
Urology – Haematuria 19.09.22
Urology – Others 21.09.22
Urology – Tescular 21.09.22

Best

Sinéad Catherine Joanne Lee
Cancer Services Co-Ordinator



Southern Health & Social Care Trust



Ext.

Personal
Information
Redacted by USI



From: [Lee, Sinead](#)
Sent: 06 February 2019 15:37
To: [Corrigan, Marna](#)
Subject: RE: RF 1st Appointment Longest Waing mes o ver Christmas period 2018
A achments: [A achmentTable.html](#)

Please see a ached.

Best

Sinéad Catherine Joanne Lee
Higher Clerical Officer

* Southern Health & Social Care Trust
Red Flag Appointments Office
Ramone Buliding Ward 1, Ground floor
Craigavon Area Hospital
Lurgan Road, Portadown

(Ext. Personal Information redacted by USI (Red Flag Team Ext. Personal Information redacted by USI 8 Personal Information redacted by USI t

From: Corrigan, Marna
Sent: 06 February 2019 15:36
To: Graham, Vicki; Lee, Sinead; McKeag, Nicola; Ritchie, Carol A; McCann, Sha

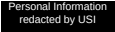
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From: [Graham, Vicki](#)
Sent: 08 March 2019 09:07
To: [Corrigan, Marna](#) ; [Lee, Sinead](#); [McCann, SharonR](#); McConville, Emma; McKeag, Nicola; [Ritchie, Carol A](#)
Cc: [Glenny, Sharon](#); [Reddick, Fiona](#); [Clayton, Wendy](#)
Subject: RE: Urology escalaons

Thanks Marna

Extra clinics would be greatly appreciated and sure you can let us know when these have been confirmed.

Regards,

Vicki Graham
Cancer Services Co-ordinator
Office 10
Level 2
MEC
EXT 

From: Corrigan, Marna
Sent: 07 March 2019 21:40
To: Graham, Vicki
Cc: Glenny, Sharon; Reddick, Fiona; Clayton, Wendy
Subject: RE: Urology escalaons

Thanks Vicki,

We are hoping to have another few extra clinics and when these are confirmed we will let you know.

Would i

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From: [Graham, Vicki](#)
Sent: 22 June 2018 16:46
To: [Corrigan, Marna](#)
Cc: [Glenny, Sharon](#); [Lee, Sinead](#)
Subject: FW: UROLOGY CLINIC CANCELLATIONS

Importance: High

Hi Marna

Please see below paen t who have been cancelled due to Mr Haynes being off this coming Monday. Sinead has included our next available appointment dates. Would there be any possibility of geng these paen ts seen sooner, in any other clinic?

Many thanks,

Vicki Graham
Cancer Services Co-ordinator
Office 10
Level 2
MEC
EXT Personal Information redacted
by USI

From: rf.appointment
Sent: 22 June 2018 16:31
To: Graham, Vicki
Subject: UROLOGY CLINIC CANCELLATIONS

Vicki,

The following paen ts were

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Extra Urology MDM Meeting

Date: Thursday 08/04/2021
 Time: 12.00noon – 1pm
 Venue: Via Zoom (link issued)

Meeting ID: Irrelevant information redacted by the USI

Passcode: Irrelevant information

Irrelevant information redacted by the USI

AGENDA

Attendees & Apologies		
Mr Mark Haynes, Consultant Urologist		X
Professor Krishna Sethia, Consultant Urologist		X
Dr Darren Mitchell, Consultant Clinical Oncologist		X
Mrs Sinead Lee, Cancer Services Co-Ordinator		X
Mrs Kate O'Neill, Urology CNS		X
Mrs Patricia Thompson, Urology CNS		X
Apologies noted from: N/A		
1.0	Introduction Mr Haynes welcomed everyone to the meeting and gave a brief overview of why this meeting is being held.	
2.0	Presentation of Cases Meeting started at 12noon and finished at 1pm sharp. 13 cases were discussed at 2 cases were deferred to the next meeting in a fortnight.	
3.0	A.O.B N/A	
4.0	Date of next Meeting 22 nd April 2021 at 12noon on Zoom (Link Issued)	