Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
T: 02890 251005 | E: info@usi.org.uk | W: www.urologyservicesinquiry.org.uk

Emma Stinson
Business Support Manager
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 the USI
Mobile: Personal Information redacted by the USI

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

Chair's Notice

[No 103 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:

Emma Stinson
Business Support Manager
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.**

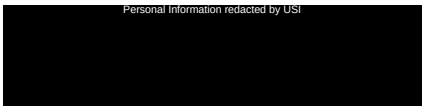
APPLICATION TO VARY OR REVOKE THE NOTICE

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: 

Christine Smith QC
Chair of Urology Services Inquiry

Urology Services Inquiry

SCHEDULE
[No 103 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.

Urology Services Inquiry

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?

Urology Services Inquiry

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 Inquiry

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.

Urology Services Inquiry

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 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?

Urology Services Inquiry

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 103 of 2022

Date of Notice: 26 September 2022

Witness Statement of: Emma Stinson

I, Emma Stinson, 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 I have been working in the Southern Trust for 14 years and am currently the Business Support Manager/Document Librarian for the Trust's Public Inquiry Team. I was the Personal Assistant to the Director of Acute Services from 2010 – 2021 and my responses to the subsequent questions are for this role as the post falls into the scope of the Terms of Reference of the Inquiry. I have detailed an explanation of my role including my responsibilities and duties and provided job descriptions for all of the roles I have held in the Trust to date in Question 4.

1.2 Ultimately, my function was to manage the workflow both in and out of the Acute Director's office and provide a high quality, confidential administrative service to the Acute Director.

1.3 I had no occasion to raise any issues which fall under the remit of the Terms of Reference of the Inquiry and I was not required to take any actions or decisions in this regard. Any issues raised by others would have been to the Acute Director. The only meetings that I attended and took notes for were in 2009/10 and were general Acute meetings, not specifically regarding Urology. Please see attached examples of these meetings in Attachments 1-5.

Attachment 1 - 20100107 Notes from Acute Weekly Mtg
Attachment 2 - 20100107 Notes from Acute Weekly Mtg A1
Attachment 3 - 20100325 Agenda and Notes Acute Contingency Meeting
Attachment 4 - 20100325 Agenda and Notes Acute Contingency Meeting A1
Attachment 5 - 20100325 Agenda and Notes Acute Contingency Meeting A2

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 I can confirm that all documents referenced in this statement can be located in folder 'S21 103 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 Please see listed below the posts I have held within the Southern Trust:

a. 12 December 2021 – present - Business Support Manager/ Document Librarian – Public Inquiry Team, Band 7

4.2 In this role I provide business support to the Assistant Director for the Public Inquiry and am responsible for the collation, cataloguing, storage and maintenance of evidence anticipated to be required for the Public Inquiry, and evidence subsequently submitted to the Inquiry – *please see attachment 6 for my job description.*

b. 8 February 2010 – 11 December 2021 – Personal Assistant to the Director of Acute Services, Band 4 upgraded to Band 5

4.3 In this role I provided confidential administrative and secretarial duties to the Director of Acute Services which included the day to day running of the office, diary management, dealing with correspondence, telephone enquiries, organising meetings, ensuring the Director had all relevant information in preparation for her attendance at meetings and co-ordinating information required by the Director in order to prepare correspondence and reports from a range of staff – *please see attachments 7 and 8.*

c. 22 June 2009 – 7 February 2010 - Administrative Assistant with Typing Duties, Band 3 – *please see attachment 9.*

4.4 In this role I provided administrative and secretarial support in collaboration with the Personal Assistant in managing the day-to-day operation of the Office of the Director of Acute Services which included filing, making appointments, maintaining diaries, distributing incoming mail and personally dealing with routine items, receiving telephone calls and taking action in accordance with established regulations and procedures and providing cover for the Personal Assistant to the Director of Acute Services during periods of absence.

d. 16 March 2009 – 21 June 2009 – Personal Secretary to the Director of Pharmacy (temporary post) Band 3 – *please see attachment 10.*

4.5 I provided secretarial support to the Director of Pharmacy which included diary management, arranging meetings, dealing with general correspondence and preparation of reports.

e. 24 November 2008 - 15 March 2009 – Pharmacy Clerical Officer with word processing duties, (temporary post) Band 2, *please see attachment 11.*

4.6 I inputted usage of medications/stock from the wards into the Pharmacy system which was used to maintain the stock levels in the Pharmacy Department and provided general office duties.

Attachment 6 – Business Support Manager to Inquiry Band 7 JD
Attachment 7 – Personal Assistant - Band 4 - Job Description
Attachment 8 – Personal Assistant to Director of Acute Services and Office Manager Band 5
Attachment 9 – Administrative Assistant with Typing Duties - Band 3 JD
Attachment 10 – Job Description - Temporary Personal Secretary - Band 3
Attachment 11 - Pharmacy Clerical Officer Band 2 JD

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 In my current role as Business Support Manager/Document Librarian I directly report to Mrs Martina Corrigan, Assistant Director for the Public Inquiry. I am responsible for managing the Public Inquiry Team which currently consists of Davina Shields, Band 4 Personal Assistant, (temporary post, commenced December 2021), Maria Witzcak, Band 5 Work Flow Leader, Karen Haugh, Band 5 Work Flow Leader and James King, Band 5 Work Flow Leader (commenced October 2022). In this role I manage the retrieval and collation of evidence on the Trust's 'Sharepoint'.

5.2 In my previous post as Personal Assistant to the Director of Acute Services, I reported directly to the Director of Acute Services as follows:

a. Dr Gillian Rankin, 1st January 2010 – 31st March 2013;

b. Mrs Debbie Burns, 1st April 2013 – 31st August 2015;

c. Mrs Esther Gishkori, 17th August 2015 – 6th June 2019;

d. Mrs Anita Carroll, July 2018 – September 2018 (covering Mrs Gishkori's sickness absence);

e. Mrs Melanie McClements, 7th June 2019 – 11th December 2021.

5.3 In this role I was responsible for the effective management of the Acute Director's Office as outlined in my duties and responsibilities in Question 4, paragraph 4.2.

5.4 During 2012/2013 I managed Claire Sullivan, Clerical Officer, Band 2 and Laura-Jane Irwin, Personal Secretary, Band 3 before they moved to other roles.

5.5 In my post as Administrative Assistant with Typing Duties I directly reported to Mrs Nicky Hayes who was the Personal Assistant to the Director of Acute Services. When Mrs Hayes moved to a new post I provided cover for the Director of Acute's Office until the job was advertised. I had no line management responsibility in this post.

5.6 In my role as Personal Secretary to the Director of Pharmacy I directly reported to Ann Clarke, Admin Co-Ordinator. I had no line management responsibility in this post.

5.7 In my role as Clerical Officer, Pharmacy I directly reported to Ann Clarke, Admin Co-Ordinator. I had no line management responsibility in this post.

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 This is a very new team (see paragraph 5.1 above) and I will manage them by having daily debriefs and regular one to one meetings and by completing Personal Development Reviews (PDRs).

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 The systems in place during my tenure to date are Corporate Mandatory Training with which I keep up to date, 3 and 6 month probationary reports when newly in post, and Personal Development Reviews.

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 In my role as Personal Assistant I was subject to performance review. A three month and six month probationary period report was undertaken by Dr Rankin and Personal Development Reviews (PDRs) were carried out in 2018 and 2020, *please see attachments 12, 13 and 14*. The 2018 PDR was not completed as this was to be undertaken by Mrs Gishkori on her return from sick leave and this did not occur. Mrs Carroll signed off Part B so that part could be returned to HR. I worked closely with each Director and review of my performance was ongoing. In my previous role, as an Administrative Assistant with typing duties, a six month probationary period report was conducted, *please see attachment 15*. I was not in post long enough in Pharmacy to have a probationary period report carried out. I have attached the Internal and External Policy and guidelines in *attachments 16 – 18*

Attachment 12 – Band 4 - 3 6 Month Probationary Reports

Attachment 13 – 20180914 PDR Emma Stinson
Attachment 14 – 20200819 PDR Emma Stinson
Attachment 15 – 6 Mth Probationary ES
Attachment 16 – KSF National Framework Document
Attachment 17 - KSF Guidance Document
Attachment 18 - 20210722_Performance and Personal Development Review Policy

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 was made aware of any updates to policies or guidance documents by Global emails and by my line manager. This would also include updates to Mandatory Training. *Please see attachment 19* as an example of a global email update for mandatory training.

Attachment 19 - 20220921 Global Email re Corporate Mandatory Training

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

10.1 There are no performance indicators to measure my role other than the Personal Development Review referred to in my response to Question 8, paragraph 8.1.

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 I work closely with my line managers and ensure that I keep updated with Mandatory Training and any other additional training that I and my line

manager felt would add to or enhance my current skill set, aiding my personal development. As referenced in Question 8, paragraph 8.1, I had probationary period reports and PDRs carried out by my line managers. Unfortunately, due to the change in Acute Directors these were not regular but my performance was consistently being reviewed 'on the job', i.e., I knew that if my performance was not up to the required standard my Director or the Assistant Directors would have pointed this out and challenged me. I am assured by the fact that this was never required.

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 do not have experience of these systems being bypassed in my area of work and I did not work within Urology Services. As explained in Question 11, paragraph 11.1, there were five Acute Directors during my tenure and, due to the busy nature of the office, I didn't receive regular performance reviews. However, I did work closely with these Directors and they had high standards of performance and if I had not been able to maintain these standards I would have been unable to continue work in this environment. I am also very dedicated and strive to continually improve. I have never had any complaints or issues raised about my performance in any post I have held.

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

13.1 I comply with the Trust's Mandatory Training requirements and keep my training updated which includes: Information Governance, IT Security, Fraud Awareness and Safeguarding People, Children and Vulnerable Adults. I work to a very high personal standard, I ensure that my work is accurate before I send anything and, where required, have it checked by my Line Manager. Although I have not been required to raise any issues or

concerns with regard to Governance, I am aware, (independently of my involvement in this Public Inquiry as I always printed copies of new or updated policies for my own reference and kept them in a folder) of the Whistleblowing Policy and the system of Datix for Incident and Accident reporting.

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 I have been offered and have availed of a number of quality improvement initiatives for my personal development. These include attending a four day course for 'Moving Into Management' provided by the HSC Leadership Centre in 2012, an Administrative Development Programme provided by the Trust in 2013, an e-learning course which was an 'Introduction to Quality Improvement' in 2018 and attendance at a 'Quality Improvement – Measures for Improvement Workshop' in 2019 – *please see attachments 20 –22.*

Attachment 20 - Moving Into Management Certificate
Attachment 21 - Administrative Development Programme Certificate
Attachment 22 - Measures for Improvement Workshop Certificate

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

15.1 During my tenure as Personal Assistant to the Director of Acute Services I understood, based on my experience working in the Office of the Acute Director, that the Director of Acute Services, Assistant Director of Surgery and Elective Care, Associate Medical Director and the Head of Service for ENT, Urology, Ophthalmology and Outpatients were responsible for overseeing quality of services in Urology.

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

16.1 In my experience, through working in the Office of the Acute Director, I understood the Director of Acute Services, Medical Director, Assistant Director of Surgery and Elective Care, Associate Medical Director, Clinical Director and the Head of Service for ENT, Urology, Ophthalmology and Outpatients oversaw clinical governance arrangements in Urology. The Acute Director had monthly Acute Clinical Governance meetings, which were not specifically for Urology but included all specialties. Any issues relating to SAIs or other clinical issues could be raised with the Director at that forum. Equally, issues could be raised with the Acute Director by the Associate Medical Director or Assistant Director at their regular one to one meetings or on an Ad Hoc basis should the need arise. All Acute Directors offered an open door policy which senior staff were aware of.

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 I worked in the Acute Director's Office and not directly in the Urology Service. My role was to manage correspondence, queries and requests for information across the whole of the Acute Services Directorate for the Acute Director which included Urology. I do feel I was able to provide the requisite service and support to Urology as I did with all other services within the Acute Services Directorate. However, it is important to note that this role, in regard to Urology, was very limited. I had no substantive involvement in the Urology Service. Any involvement I had was in the capacity of admin support to the Acute Director. For example, this would have involved communicating with staff involved in the Urology Service on behalf of the Acute Director. I have

included examples to demonstrate the nature of these communications. *Please see attachment 23 – 39.*

Attachment 23 - 20100423 Steering Group Meeting 13th May 2010
Attachment 24 - 20100423 Steering Group Meeting 13th May 2010 A1
Attachment 25 - 20100423 Steering Group Meeting 13th May 2010 A2
Attachment 26 - 20100423 Steering Group Meeting 13th May 2010 A3
Attachment 27 - 20100423 Steering Group Meeting 13th May 2010 A4
Attachment 28 - 20101014 Note of Uro Review Imp Mtg
Attachment 29 – 20101015 Notes of Urology Review Imp Board Mtg
Attachment 30 - 20101015 Notes of Urology Review Imp Board Mtg A1
Attachment 31 - 20150710 E Notification of Meeting re 3 South
Attachment 32 - 20180501 E arranging 1 to 1 Meetings with Mr Haynes
Attachment 33 - 20100927 For Printing Urology Patients Letters

Attachment 34 - 20100927 For Printing Urology Patients Letters A1

Attachment 35 - 20100927 For Printing Urology Patients Letters A2

Attachment 36 - 20100927 For Printing Urology Patients Letters A3

Attachment 37 - 20100927 For Printing Urology Patients Letters A4

Attachment 38 - 20100927 For Printing Urology Patients Letters A5

Attachment 39 - 20100927 For Printing Urology Patients Letters A6

18. **Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.**

18.1 I had limited contact with Urology staff, dealing mainly with the Assistant Director, Head of Service, and Associate Medical Director, each of whom were also responsible for other services, and at all times my dealings were on behalf of the Director of Acute Services in my admin support role. On occasion, I also had contact with some of the Urology

Consultants, for example, I recall having to hand deliver letters from the Director of Acute Services to them in approximately 2010. In any interactions with these members of staff I always found them to be very helpful and supportive as I had a good working relationship with them. Due to the close proximity of our offices on the Admin Floor in Craigavon Area Hospital, I felt able to sort issues quickly and effectively by calling in with, in particular, Martina Corrigan, Head of Service, rather than rely on email if the issue was urgent. On occasion, the Acute Director would require clarification of facts or figures whilst she was in a meeting. In this instance, as time was of the essence, I would either call down to the Head of Service's office and speak with Mrs Corrigan, or phone her if she wasn't there. This would generally have been regarding bed capacity or staffing issues and may have been regarding Urology, ENT, Ophthalmology or Outpatients. Please see examples of my contact with Mrs Corrigan during my tenure in *Attachments 40 – 50.*

Attachment 40 - 20101221 E re Adverse Weather Situation Report

Attachment 41 - 20101221 E re Adverse Weather Situation Report A1

Attachment 42 - 20150302 Actions re Personal Information redacted by the USI

Attachment 43 - 20150302 Response re Personal Information redacted by the USI

Attachment 44 - 20161208 E re Urgent Ministerial Query

Attachment 45 - 20170821 FOI re Ophthalmology Request

Attachment 46 - 20170821 FOI re Ophthalmology

Attachment 47 - 20170821 FOI re Ophthalmology A1

Attachment 48 - 20180329 Assembly Question re Urology

Attachment 49 - 20180329 Assembly Question re Urology A1

Attachment 50 - 20200224 Escalation Plans for CAH and DHH

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.**

19.1 My role was an admin function for the Director of Acute Services and, as referenced above in Question 17, paragraph 17.1, I had no relevant impact on or involvement in the operation, governance or clinical aspects of the urology service and did not attend any meetings.

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 Please see my response to Question 19.

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 Please see my response to Question 19.

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 I refer to my response to Question 19.

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 My role did not require me to inform or engage with performance metrics and I had no input into patient or system data within urology.

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**

24.1 My role had no responsibility or input in to any of the areas listed above.

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 As explained previously my role was an admin function and I was not patient facing, therefore this question is not relevant to my role.

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.**

26.1 As per my response to Questions 24 (i) – (xvii) I had no input into these issues and therefore did not have to raise any concerns.

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 I would refer back to my response in Question 18 and confirm that I am not in a position to respond to this question.

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 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 Please see my response to Question 27.

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 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 I have not had occasion to raise any concerns during my tenure.

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 As I have not had occasion to raise any concerns during my tenure I am unable to respond to this question.

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 did not have any concerns in this regard.

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 have not raised any concerns as per my response to Question 27. I am aware that concerns were reported to Trust Board by Dr Rankin in 2010 around the clinical practice of managing recurrent urinary tract infections and cystectomies simply because I typed the briefing reports and various correspondence to the urologists. I have attached examples to demonstrate this across the tenure of my Personal Assistant post. *Please see attachments 51 – 58.*

34.2 I am are aware of the Corporate and Divisional Risk Registers but had no input in to these.

Attachment 51 - 20100922 Clinical Issues in Uro Brief
Attachment 52 - 201011 Trust Board Confidential Briefing Note
Attachment 53 – 20100930 TB Confidential Minutes
Attachment 54 – 20101125 TB Confidential Minutes
Attachment 55 - 20100902 Ltrs to MY and AOB
Attachment 56 – 20170125 Oversight Mtg AOB 2
Attachment 57 - 20170125 Oversight Mtg AOB 2 A
Attachment 58 20170125 E re Mr AOB Hand Delivering Comments to Director

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 Because of my very limited role I don't feel able to respond to this question with suggestions for improvement.

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 I can only comment on my working relationships with colleagues in the Urology Service. As touched on in my response to Question 18, paragraph 18.1, I had good working relationships with the Assistant Director, Associate Medical Director and Head of Service. I did not have any concerns regarding staff relationships in the Urology Service as I wasn't close enough to be aware of any.

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 As I didn't work in the Urology Service I have no experience of how well the Clinical and Operational managers worked together.

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 aware now, particularly in my current role as Business Support Manager/Document Librarian in the Trust's Public Inquiry Team, of governance concerns because I have seen documents such as the MHPS determinations and SAI reports. However, in my previous role as Personal

Assistant to the Director of Acute Services, where I performed purely an admin function to the Director, I do not believe that it would have been appropriate for me to have been made aware of these issues at an earlier stage.

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 I would refer you to my response to Question 38. Due to the nature of my previous role as Personal Assistant to the Director of Acute Services, I do not consider myself to be in a position to provide a meaningful response to this question.

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 I refer to my response to Questions 38 and 39.

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 refer to my response to Questions 38 and 39.

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 I refer to my response to Questions 38 and 39.

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?**

43.2 I refer to my response to Questions 38 and 39.

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 I have read through my responses to the questions above and I confirm that, on the basis of the information currently available to me, I have nothing further to add.

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: 10th October 2022

S21 103 of 2022

Witness statement of: Emma Stinson

Table of Attachments

Attachments	Document Name
1	20100107 Notes from Acute Weekly Mtg
2	20100107 Notes from Acute Weekly Mtg A1
3	20100325 Agenda and Notes Acute Contingency Meeting
4	20100325 Agenda and Notes Acute Contingency Meeting A1
5	20100325 Agenda and Notes Acute Contingency Meeting A2
6	Business Support Manager to Inquiry Band 7 JD
7	Personal Assistant - Band 4 - Job Description
8	Personal Assistant to Director of Acute Services and Office Manager Band 5
9	Administrative Assistant with Typing Duties - Band 3 JD
10	Job Description - Temporary Personal Secretary - Band 3
11	Pharmacy Clerical Officer Band 2 JD
12	Band 4 - 3 6 Month Probationary Reports
13	20180914 PDR Emma Stinson
14	20200819 PDR Emma Stinson
15	6 Mth Probationary ES
16	KSF National Framework Document
17	KSF Guidance Document
18	20210722_Performance and Personal Development Review Policy
19	20220921 Global Email re Corporate Mandatory Training
20	Moving Into Management Certificate

21	Administrative Development Programme Certificate
22	Measures for Improvement Workshop Certificate
23	20100423 Steering Group Meeting 13th May 2010
24	20100423 Steering Group Meeting 13th May 2010 A1
25	20100423 Steering Group Meeting 13th May 2010 A2
26	20100423 Steering Group Meeting 13th May 2010 A3
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38	20100927 For Printing Urology Patients Letters A5

39	20100927 For Printing Urology Patients Letters A6
40	20101221 E re Adverse Weather Situation Report
41	20101221 E re Adverse Weather Situation Report A1
42	20150302 Actions re Personal Information redacted by the USI
43	20150302 Response re Personal Information redacted by the USI
44	20161208 E re Urgent Ministerial Query
45	20170821 FOI re Ophthalmology Request
46	20170821 FOI re Ophthalmology
47	20170821 FOI re Ophthalmology A1
48	20180329 Assembly Question re Urology
49	20180329 Assembly Question re Urology A1
50	20200224 Escalation Plans for CAH and DHH
51	20100922 Clinical Issues in Uro Brief
52	201011 Trust Board Confidential Briefing Note
53	20100930 TB Confidential Minutes
54	20101125 TB Confidential Minutes
55	20100902 Ltrs to MY and AOB
56	20170125 Oversight Mtg AOB 2
57	20170125 Oversight Mtg AOB 2 A
58	20170125 E re Mr AOB Hand Delivering Comments to Director

Stinson, Emma M

From:	Stinson, Emma M
Sent:	07 January 2010 10:44
To:	Boyce, Tracey; Carroll, Anita; Carroll, Ronan; Gibson, Simon; McVey, Anne; Stead, Lindsay; Trouton, Heather
Cc:	Foy, Kathy; Burrell, Gail; Lappin, Aideen; McCullough, Elizabeth; Murphy, Jane S
Subject:	*Urgent* Notes from Acute Weekly Management Meeting
Attachments:	Actions - Mtg 18 12 09.doc
Follow Up Flag:	Follow up
Flag Status:	Flagged

Dear All

Please find attached the notes of the last Acute Weekly meeting held on 18th December 2009 for your information.

Many thanks

Emma

Emma Stinson
Administrative Assistant to Dr Gillian Rankin, Interim Director of Acute Services Admin Floor
Craigavon Area Hospital

Tel: Personal Information redacted by the USI
Fax: Personal Information redacted by the USI

Acute Services Management Team Meeting

Notes & Actions of Meeting held on Friday 18th December 2009 at **2.00 pm** in the Meeting Room, Trust HQs, College of Nursing, Craigavon Area Hospital

Present:-	
Dr Gillian Rankin	Interim Director of Acute Services
Anita Carroll	Assistant Director of Acute Services (FSS)
Simon Gibson	Assistant Director of Acute Services (BCBV)
Heather Trouton	Acting Assistant Director of Acute Services (S&E)
Carol Cassells	Senior Financial Management Accountant (Acute)
Dr Tracey Boyce	Director of Pharmaceutical Services
Anne McVey	Assistant Director of Acute Services (IMWH)
Lindsay Stead	Assistant Director of Acute Services (MUSC)
Helen Walker	Assistant Director of Human Resources (Acute)
Ronan Carroll	Assistant Director of Acute Services (C&CS)
Paula McKeown	Communications Manager (Acute)
Apologies:-	
In attendance:-	
Dawn Livingstone	Acting Head of Performance and Contracts
Emma Stinson	Acute Services Directorate

ITEMS DISCUSSED	**ACTIONS**
Notes of Previous Meeting The notes of the meeting held on 11th December 2009 were agreed as a true record.	
Matters Arising There were no matters arising.	
Link to DHH site and Bed Management Support Lindsay Stead informed the meeting that he is currently working on a Heads of Service Rota to provide a physical presence in DHH. It was agreed that the Heads of Service should have bed holding responsibility and that Induction will be needed to address this issue. The rota will commence w/b Monday 4th January 2010. A discussion took place around a rota for Assistant Directors and it was noted that each Assistant Director could choose a day each week to fit in with their diary commitments. This is to be discussed further.	**LINDSAY STEAD**

Approval of Locums A protocol has been circulated to Assistant Directors, Associate Medical Director, Clinical Directors and Consultants. Helen Walker stated that a scrutiny checklist is in place. **Christmas Leave Arrangements** Dr Rankin requested each Assistant Director to furnish her with their operational cover arrangements for their Christmas leave.	**ASSISTANT DIRECTORS**
DIRECTORATE/DIVISIONAL ISSUES **SDP Report** Dawn Livingstone, Head of Performance and Contracts tabled the ASD report for discussion. It was explained that due to some clinic id coding issues, the SDP report was not accurate. It was agreed that this should be brought to the attention of Siobhan Hanna. A discussion took place regarding the new cycle for the Acute Weekly Meetings and it was agreed that they should take place as follows: ➢ Week 1 Governance ➢ Week 2 Performance ➢ Week 3 Finance ➢ Week 4 Human Resources Emma Stinson is to inform everyone of the new cycle and also update the Assistant Directors' diaries. Dawn Livingstone conveyed a message from Lesley Leeman that all requests for IS must be authorized.	**DAWN LIVINGSTONE** **EMMA STINSON**
ANY OTHER BUSINESS **NED Directorate Training Session on 5th January 2010** Dr Rankin requested that all presentations should be sent directly to her in preparation for the workshop. **Acute Escalation Plan** The Regional H&SC Board will be introducing a new system for managing Acute bed pressures across Northern Ireland from 1st January 2010. Lindsay Stead and Barry Conway are drafting a regional escalation plan outlining the new arrangements which will be rolled out early next week. A brief Operational Protocol for key staff involved is being prepared by the Trust.	**ASSISTANT DIRECTORS & DR BOYCE** **LINDSAY STEAD & BARRY CONWAY**

Simon Gibson raised the issue of who is nominated responsibility for bed management issues between 9.00 am – 5.00 pm. It was noted that the Bed Manager should report to the Assistant Director for the specialty concerned and this should be escalated through the Assistant Director on-call to Dr Rankin. **BMA Southern Division February Meeting** Dr Rankin received a communication from Dr Theo Nugent from the Southern Locum Committee interested in new service developments within the Acute Directorate which might be presented at their February Meeting to be held in the Seagoe Hotel, Portadown. It was agreed that the Assistant Directors will come back in January with ideas. **Contingency Plans** It was agreed that work needs to progress regarding the £148k shortfall. Simon Gibson agreed to look at regional contingencies and link in with Carol Cassells before 5th January.	**ASSISTANT DIRECTORS & DR BOYCE** **SIMON GIBSON & CAROL CASSELLS**
DATE OF NEXT MEETING The next meeting will be held on **Tuesday 5th January at 2.00 pm** in the Communications Room, Admin Floor, Craigavon Area Hospital with video-conferencing facilities in the Tutorial Room, Daisy Hill Hospital.	

Stinson, Emma M

From:	Stinson, Emma M
Sent:	25 March 2010 12:51
To:	McNeice, Andrea; Beattie, Pauline; Boyce, Tracey; Brown, Robin; Burns, Deborah; Burrell, Gail; Callan, Susan; Carroll, Anita; Carroll, Ronan; Cassells, Carol; Clarke, Paula; Clayton, Wendy; Convery, Rory; Crinion, Lillian; Damani, Nizam; Faloon, Dean; Fawzy, Mohamed; Gibson, Simon; Glenny, Sharon; Graham, Michelle; Hall, S DR; Heasley, Noel; Hogan, Martina; Lappin, Aideen; Lindsay, Gail; Mackle, Eamon; McAllister, DrC Email Account managed by DSLAINE; McAreavey, Lisa; McCaffrey, Patricia; McCusker, Grainne; McGeough, Mary; McVey, Anne; Murphy, Jane S; Murphy, Philip; O'Brien, Charles; O'Neill, Helen; O'Reilly, S MR; Radcliffe, Sharon; Renney, Cathy; Ritchie, Kate Dr; Smyth, Elizabeth (Dr P Murphys Secretary); Stead, Lindsay; Trouton, Heather; Walker, Helen
Subject:	*AGENDA AND NOTES* for Acute Contingency Meeting
Attachments:	Acute Services Contingency Plan Meeting 19032010.doc; Acute Services Contingency Agenda 26 3 10.doc

Dear All

Please see attached the agenda and action notes for Friday's Acute Contingency Meeting scheduled for 12.30 pm in the Meeting Room, Trust HQ.

Many thanks

Emma

Emma Stinson
PA to Dr Gillian Rankin, Interim Director of Acute Services Admin Floor Craigavon Area Hospital

Tel: Personal Information redacted by the USI
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Email: Personal Information redacted by the USI

Southern Health and Social Care Trust

Acute Services Contingency Plan Meeting

Action notes

Friday 19th March 2010

Present: Dr Gillian Rankin, Heather Trouton, Sarah Tedford, Mary McGeough, Dr Tracey Boyce, Sharon Glenny, Anne McVey, Carol Cassells

Apologies: Lindsay Stead, Barry Conway, Dr P McCaffrey, Mr Mackle, Anita Carroll, Ronan Carroll, Dr S Hall

1. Future of the Simulator Theatre
   - Use Simulator Theatre next week.
   - More endoscopy sessions Thursday 25th March – Friday 26th March 2010.
   - Move other lists.
   - *Vasectomy list – STH Paul Hughes – Urgently
   - Fill lists.

   Action – Heather Trouton – Need timed plan for vasectomy service for next week.

2. Scheduling Pilots
   This is working well.
   Pilot – update
   Urology – update
   ENT – update
   G/S – update
   All other specialities.

3. Optimised use of Emergency Theatre
   Require update from Theatre Users Meeting 1st April 2010.

   Action – Ronan Carroll to bring progress back after this meeting.

4. G&S (Theatres)
   List to be typed up of current stock. Jim Crozier doing costings. Then identify new location and stock level.
   ? refund on unneeded stock eg sutures and stapling devices. Identify live stock levels. Centralise storage/labelling. Discussion to be had with Dr Rankin regarding formulation of small core ordering team. T&O Procedure packs sorted – savings £10k per year.
   Look at procedure packs for main theatres.
   Potential for staff savings
   Investigate Just In Time Regional Deliveries.

5. Theatre Audit

DHH G/S 7 patients

- Downtime 89minutes at lunchtime
- Longest downtime between patients = 18 minutes
- Starting to call down on time
- Positive movements
- Patient self cancelled
- Including this lost capacity = 2½hours lost in total

Gynae

- List didn't start until 11:15am (roadworks).
- List overrun

In total 40% of theatre capacity lost that one day.

? Plan MDT meeting on DHH re above information in mid April.

Action - Mary McGeough to add in more information to the data set currently collected by A&C in Theatres.

6. Endoscopy

Criteria - Eamon Mackle compiling
- SALT meetings

Points - 12 in am
- 12 pm – same surgeons

? points for therapeutic interventions.

Action – Mr Mackle and Dr Murphy need to send out information to colleagues re this.

7. Enhanced Recovery

Presentation by Sarah Telford.

8. Outpatient review Backlog

Require update on speciality, specific plans by Tuesday 23rd March 2010.

9. Pre-Operative Assessment

Ongoing. Redesign work in progress.

10. News Sheet

Now published, next issue due mid/end April 2010. OSLs to draft second edition.

11. AOB

None.

12. Date of Next Meeting

The next meeting will take place on Friday 26th March 2010 at 12.30 pm in the Meeting Room, Trust HQs, College of Nursing, Craigavon Area Hospital with video-conferencing facilities in the Meeting Room, Clanrye House, Daisy Hill Hospital.

Southern Health and Social Care Trust

Acute Services Contingency Plan Meeting

AGENDA

For meeting to be held on Friday 26th March 2010 at 12.30 pm in the Meeting Room, Trust HQs, College of Nursing, Craigavon Area Hospital with video-conferencing facilities in the Meeting Room, Clanrye House, Daisy Hill Hospital

1. Apologies –

2. Workstream Updates

   - Maximise Theatre Utilisation
     - Future use of Simulator Theatre — Ronan
     - Scheduling pilots — Sharon
     - Optimised use of emergency theatre — Ronan
     - G&S costs action plan — Ronan/Mary
     - Theatre Audit — Sharon/Wendy

   - Endoscopy – Minimise Use of IS — Heather
     - Criteria for Barium Enema/CT Colonography/Colonoscopy
     - Standardise to 12 points

   - Rebalancing IS & IHA activity into core baseline activity — All
     - Action plan to sustain IH activity by specialty

3. Enhanced Recovery

4. Outpatient Review Backlog

5. Pre-Op Assessment

6. Communication Strategy Implementation – Update sheet — All

7. Any Other Business

8. Date of Next Meeting
   The Date of the next meeting will be 2nd April 2010 at 12.30 pm in the Meeting Room, Trust Headquarters.

Southern Health and Social Care Trust

Quality Care - for you, with you

Business Support Manager
Public Inquiry
Band 7

Southern Health and Social Care Trust

Quality Care - for you, with you

SOUTHERN HEALTH & SOCIAL CARE TRUST

JOB DESCRIPTION

JOB TITLE	**Business Support Manager**
BAND	**7**
DIRECTORATE	**Executive Director of Nursing**
INITIAL LOCATION	**Craigavon Area Hospital**
REPORTS TO	**Assistant Director for Public Inquiry**
ACCOUNTABLE TO	**Executive Director for Nursing**

JOB SUMMARY

The post holder will support to the Assistant Director for the Public Inquiry in the preparation of the information gathering for the Public Inquiry. He/she will be responsible for the cataloguing, quality assuring and safe storage and retrieval of the evidence and information that it is anticipated will be required for the Public Inquiry. And will provide business support to the Assistant Director for Public Inquiry in all aspects of the coordination, administration and project management of work streams relating to the Public Inquiry.

KEY DUTIES / RESPONSIBILITIES

1. Take the lead role for implementing robust information management processes and procedures within the Trust's Inquiry Team; this will include working with the Information Department on setting up databases which will ensure that the evidence is recorded so that it is easily retrieved for the Inquiry. The post-holder will have specific responsibility for co-ordinating, supporting, developing and enhancing the database system to meet the Public Inquiry requirements as they arise.

2. Be responsible for the collation, cataloguing, storage and maintenance of evidence anticipated to be required for the Public Inquiry, and evidence subsequently submitted to the Inquiry.
3. To quality assure all documents that are provided as evidence before they are uploaded to the WinDIP database.
4. Provide business support to the Assistant Director for Public Inquiry in all aspects of the coordination, administration and project management of work streams relating to the Public Inquiry.
5. Formulation of plans and strategies for the management and progression of the Trust's response to the requests from the Public Inquiry Team and to take responsibility for assigned project work streams relating to the Public Inquiry, and manage the identified projects and update the Assistant Director on progress and developments.
6. Work with the Assistant Director to ensure that there are systems and processes in place to optimise the timeliness and responsiveness to the Inquiry Panel requests.
7. Work collaboratively with other Directors/Divisions and Departments in collecting the evidence that it is anticipated will be required by the Public Inquiry Team and escalating to the Assistant Director any delays or issues in obtaining this information.
8. To develop excellent working relationships with key stakeholders internally and externally.
9. Ensure accurate and timely completion of any reports required by the Director/Assistant Director for the Inquiry.
10. To undertake analysis as required of the evidence gathered, drawing out any conclusions for reports that may be required for internal and external stakeholders including the Public Inquiry Team.
11. Manage the Public Inquiry Team to ensure an effective administrative support is provided.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

The Trust supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

1. Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.

2. Ensure access to skills and personal development through appropriate training and support.

3. Promote a culture of openness and honesty to enable shared learning.

4. Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.

Adhere to and promote Trust policy and procedure in all staffing matters, participating as appropriate in a way which underpins Trust values

RAISING CONCERNS - RESPONSIBILITIES

1. The post holder will promote and support effective team working, fostering a culture of openness and transparency.

2. The post holder will ensure that they take all concerns raised with them seriously and act in accordance with the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and their professional code of conduct, where applicable.

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 Trust 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.

August 2021

Southern Health and Social Care Trust

Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND: Business Support Manager
Public Inquiry – Band 7

DEPARTMENT / DIRECTORATE: Public Inquiry
Executive Director Nursing

HOURS **37.5 hours**

August 2021

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. Degree or recognised professional qualification or equivalent/Higher qualification in a Management/Business/Information related field **AND** 2 years' experience at Band 5 or equivalent/above in a role involving information management/business support or project management	Shortlisting by Application Form

	OR HNC/HND or equivalent Higher qualification in a Management/Business/Information related field **AND** 3 years' experience at Band 5 or equivalent/above in a role involving information management/business support or project management. **OR** 5 years' experience at Band 5 or equivalent/above in a role involving information management/business support or project management. 2. Experience in delivering objectives which have led to significant improvements 3. Experience in working with a diverse range of internal and external stakeholders which has contributed to successful outcomes. 4. Experience in use of Microsoft office products including Word, Excel and PowerPoint	
Other	5. Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. *This criterion will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post*	Shortlisting by Application Form
SECTION 2: The following are **ESSENTIAL** criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	6. Highly effective planning and organisational skills with the ability to prioritise own workload. 7. High level of communication skills, including relationship and negotiation skills.	Interview

	8. Knowledge of Trust's structures, processes and procedures. 9. Ability to identify solutions to problems and implement them effectively. 10. Ability to work to tight timescales whilst meeting targets	

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

Southern Health and Social Care Trust

Quality Care - for you, with you

HSC Value	What does this mean?	What does this look like in practice? - Behaviours
 **Working Together**	We work together for the best outcome for people we care for and support. We work across Health and Social Care and 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 sensitive, 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 commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate 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?'
 **Openness & Honesty**	We are open and honest with each other and act with integrity and candour.	• 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 and Social Care Trust

Quality Care - for you, with you

#teamSHSCT
#bettertogether

Follow us on:

WORKING TOGETHER · EXCELLENCE · COMPASSION · OPENNESS & HONESTY

Southern Health and Social Care Trust

73209244

THIS POST IS FOR EMPLOYEES OF THE SOUTHERN TRUST ONLY

JOB DESCRIPTION

JOB TITLE	Personal Assistant
BAND	4
DIRECTORATE	Acute
INITIAL LOCATION	Admin Floor, Craigavon Area Hospital
REPORTS TO	Director of Acute Services
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

To provide support to the Director in an efficient, effective and high quality manner and to act as a conduit between the Director and the Trust's Senior Management Team. The post holder will be responsible for the coordination of their workload to meet the demands of the Director and for ensuring necessary follow up action and deadlines are met.

KEY DUTIES / RESPONSIBILITIES

1. Responsible for the organisation and provision of personal assistant duties and support to the Director. This will include diary management, dictation, wordprocessing, mail management, file maintenance and the preparation of papers, reports, briefings etc.

2. Establishment of office procedures and the creation of a filing system for the office in line with records management requirements.

3. Research, collation and presentation of information and reports as necessary.

4. Taking appropriate action in relation to mail, telephone and other enquiries to the Director ensuring effective messaging and "bring forward" systems are in place and that the necessary follow up action is undertaken.

5. Drafting correspondence and reports on behalf of the Director.

6. To service all meetings including the preparation and timely issue of agenda and papers, production of minutes and progression of business.

7. Organise and co-ordinate all aspects relating to conferences and events which are led by the Director.

8. Responsible for initiating and following up action arising from various meetings arranged by the Director.

9. Make travel and accommodation arrangements for attendances at conferences, meetings etc.

10. To maintain effective working relationships with key stakeholders both internal and external to the Trust, maintaining appropriate communication networks and presenting a professional image appropriate to the office of the Director.

11. As required, provide administrative and secretarial support to other members of the senior management team.

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 band 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 band 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 and Social Care Trust

Quality Care - for you, with you

Ref No:

THIS POST IS FOR EMPLOYEES OF THE SOUTHERN TRUST ONLY

JOB DESCRIPTION

JOB TITLE	Personal Assistant to the Director of Acute Services and Office Manager
BAND	Band 5
DIRECTORATE	Acute Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Director of Acute Services
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

The post holder will manage a diverse workload in order to provide a high quality administrative and secretarial service to the Director of Acute Services. This will entail the use of a high degree of co-ordination and initiative in order to ensure the effective prioritisation and actioning of not only all routine issues but also non routine matters requiring the personal attention of the Director of Acute Services. The post holder will have significant contact with a wide range of external stakeholders which will include the need to liaise with the Office of the Minister for Health in the DHSSPS, MLAs and other elected representatives, other public sector bodies and a range of community, voluntary and user groups. The post holder will therefore be required to apply the highest standards of professionalism and all times promote a positive image of the Trust and the Director of Acute Services' office. The post holder will also act as a conduit between the Director of Acute Services, Chief Executive, Chair, members of the Trust's Senior Management Team and Assistant Directors of Acute Services. The post holder will have line management responsibilities to effectively manage the administration/clerical staff assigned to the office of the Directorate of Acute Services to ensure the smooth running of the office.

KEY DUTIES RESPONSIBILITIES

1. Responsible for the provision of comprehensive and confidential administrative and secretarial duties to the Director of Acute Services. This will include diary management, wordprocessing, mail management, file maintenance and the preparation of papers, reports, briefings.

Dealing with complaints/enquiries from members of the public requiring analysis of the situation and taking appropriate action.

2. Take appropriate action in relation to mail, telephone and other enquiries to the Director of Acute Services ensuring effective messaging and "bring forward" systems are in place and that the necessary follow up action is undertaken. This will include drafting correspondence and reports on behalf of the Director of Acute Services and collating information from Assistant Directors and Heads of Service ensuring the high quality of presentation of information and reports as required.

3. Liaise closely with the Personal Assistant to the Chief Executive and Board Secretary to ensure the Director of Acute Services has all appropriate papers and reports in advance of Trust Board and its committee meetings and also meetings of the Trust's Senior Management Team.

4. To have responsibility for the delegation of any requests for information received by the Directorate from the DHSSPS or Northern Ireland Assembly to ensure that responses are reviewed and submitted within the agreed timeline.

5. To co-ordinate responses to written and telephone queries from Assembly, Departmental Branches and other organisations.

6. Undertake research as required and liaise with relevant Assistant Directors to ensure the Director of Acute Services is appropriately briefed prior to meetings and alerted to any potential problems or difficulties ensuring the high quality presentation of information and reports as required. This will include public meetings and meetings with complainants, elected representatives etc.

7. To work alongside senior management to review and address policies and procedures within the Directorate including the development of new policies and procedures to suit the needs of the Directorate. To hold responsibility for ensuring adherence to information governance procedures and policies within the Acute Directorate.

8. Manage the diverse flows of information to/from all internal and external stakeholders and ensure effective arrangements are in place for the timely dissemination of all urgent correspondence, DHSSPS Circulars etc.

9. Responsible for maintaining effective office systems and processes to ensure that the Directorate office provides effective and efficient administrative services in relation to the management of records, information and filing.

10. Responsible for management of stationery budget and requisitioning replacement and other items for the Office of the Director of Acute Services ensuring timely provision of supplies to meet the business needs of the office.

11. Respond to all telephone and other enquiries in a confidential and efficient manner, taking into consideration the reputation of the Trust.

12. Responsible for initiating and following up actions arising from various meetings arranged by the Director of Acute Services.

13. Make travel and accommodation arrangements for attendances at conferences, meetings etc.

14. Maintain effective working relationships with key stakeholders both internal and external to the Trust, maintaining appropriate communication networks and presenting a professional image appropriate to the office of the Director of Acute Services.

15. As required, service committees and meetings including the preparation and timely issue of agenda and papers, production of minutes and progression of business.

16. Work collaboratively with the Head of Communications in the organisation and arrangement of corporate programmes and events.

SECRETARIAL/ADMIN SERVICES

1. To provide high level support to the Director and Assistant Directors as required (e.g. organising events, project support) and to ensure the provision of staff cover in the event of absences.

2. Ensure the provision of high quality secretarial/admin services including diary management, organisation of meetings, conferences etc. and management of filing systems, both electronic and manual and the management of correspondence, mail, messages etc.

3. To undertake typing and word processing duties as required, particularly in dealing with confidential issues.

4. Prepare presentations and handouts as required, using Powerpoint application.

5. Review individually, at least annually, the performance of immediately subordinate staff, provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.

6. Maintain staff relationships and morale amongst the staff reporting to him/her.

7. 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.

8. 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.

9. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.

10. Planning, allocating and evaluating the work of self and staff within the Authority as delegated to the postholder.

11. Attend mandatory training as agreed.

12. Undertake further training and/or development, if required, in order to meet the changing needs of the organisation.

13. Identify and organise training and development opportunities for the team.

14. Ensure Health and Safety Regulations are adhered to and staff reporting to him/her are fully conversant with the regulations.

15. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

This role will require:

- A high level of concentration in the analysis of data, production of detailed reports, and adaptation to frequently changing priorities and refocusing of efforts and tasks in line with changing circumstances. It will require the post holder to focus on several different key areas on a day to day basis.
- Frequent VDU use of up to 3 to 4 hours at a time in order to produce complex reports and analysis to support decision making.
- Ensuring in accordance with Health & Social Care's Equality Scheme that equality and Human Rights issues are addressed within his/her area of responsibility.

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 and Social Care Trust

Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE: Personal Assistant to the Director of Acute Services and Directorate Office Manager

DIRECTORATE: Acute Services

BAND: 5

LOCATION: Craigavon Area Hospital

REPORTS TO: Director of Acute Services

Ref No: **August 2012**

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. 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 recognised professional qualification or equivalent/higher qualification AND 1 years experience in a clerical/administrative role at Band 4 level or above.
   OR
   HNC/HND or equivalent/higher qualification AND 2 years' experience in a clerical/administrative role to include at least 1 year at band 4 level or above.
   OR
   4 years' experience in a clerical/administrative role to include at least 1 year at Band 4 level or above.

3. Experience in staff supervision.

4. Experience in the use of Microsoft office products to include Word, Excel and Outlook.

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

5. Ability to work with a range of internal and external stakeholders and manage diverse flows of information.

6. Effective planning and organisation skills with an ability to prioritise own workload.

7. Ability to work under pressure and meet tight deadlines, ensuring work is accurate at all times.

8. Have the ability to exercise good judgement, initiative and discretion.

9. Ability to work well as part of a team whilst using own initiative.

10. Effective communication skills to meet the needs of the post in full.

11. Ability to effectively manage a small team to ensure successful outcomes.

12. Ability to identify solutions to problems and implement them effectively.

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

73209140

Southern Health and Social Care Trust

THIS POST IS FOR EMPLOYEES OF THE SOUTHERN TRUST ONLY

JOB DESCRIPTION

JOB TITLE	Administrative Assistant with Typing Duties
BAND	3
DIRECTORATE	Acute
INITIAL LOCATION	Admin Floor, Craigavon Area Hospital
REPORTS TO	Personal Assistant to Director of Acute Services
ACCOUNTABLE TO	Personal Assistant to Director of Acute Services

JOB SUMMARY

To provide administrative and secretarial support in collaboration with the Personal Assistant in managing the day-to-day operation of the Director's Office.

DUTIES:

1. Undertaking secretarial duties including filing, making appointments, maintaining diaries, distributing incoming mail and personally dealing with routine items, receiving telephone calls and taking action in accordance with established regulations and procedures. Distribution of circulars and leaflets as required.
2. Assisting with research, compiling reports, drafting tables, forms and collating information.
3. Designing and preparing material for presentation using Microsoft Office packages, eg Powerpoint.
4. Responsible for prioritising work and ensuring it is brought to the attention of the Personal Assistant.
5. Maintaining an appropriate filling system in order that the work of the Directorate can be effectively and efficiently undertaken.
6. Compiling reports and non-routine letters for Director's signature.
7. Responsible for the management of Assembly Questions on behalf of the Acute Services Directorate.
8. Arranging and attending meetings, taking minutes and undertaking follow up action as required.
9. Provide cover in the absence of the Personal Assistant.
10. Co-ordinating courses and conferences.
11. Taking dictation and typing/word processing of letters, memoranda, minutes, reports etc, photocopying material as required.
12. Undertaking any other duties appropriate to the Band which may be assigned from time to time in light of developments.

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 Band 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 Band 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 and Social Care Trust

PERSONNEL SPECIFICATION

JOB TITLE Administrative Assistant with Typing Duties, Band 3

DIRECTORATE Acute

SALARY £15,190 - £18,157 per annum

HOURS 37.5 per week

Ref No: 73209140

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. You must be an employee of the Southern Health & Social Care Trust, to be eligible to apply for this post. You must therefore clearly demonstrate this on your application form. **Please note that failure to do this will result in you not being shortlisted.**

2. Have 5 GCSEs or equivalent at Grade C or above including English PLUS 1 years relevant experience in an administrative & clerical role
   OR
   2 years relevant experience in an administrative & clerical role

3. Hold OCR/RSA Stage 2 Typing/Word Processing (Parts 1 and 2) PLUS a minimum of 3 months word processing ability gained through experience
   OR
   have a minimum of 6 months word processing ability gained through experience

4. Experience in minute taking

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

5. Ability to use initiative.

6. Have excellent organisational skills – ability to plan and organise work.

7. Excellent communication skills, inter-personal, written and verbal and an ability to disseminate information accurately.

8. Positive attitude to change and ability to be flexible in approach.

9. Ability to work independently and as part of a team.
10. Ability to maintain confidentiality.
11. Have an ability to meet deadlines whilst ensuring accuracy at all times.

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

73209026

Southern Health and Social Care Trust

JOB DESCRIPTION

JOB TITLE	Temporary Personal Secretary (Initially until 31st July 2009)
BAND	3
DIRECTORATE	Acute Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Administration Co-ordinator (Band 4)
ACCOUNTABLE TO	Director of Pharmaceutical Services

JOB SUMMARY

To provide efficient and high quality administrative and secretarial support to the Director of Pharmaceutical Services and the other senior managers in the Pharmacy Department.

KEY DUTIES / RESPONSIBILITIES

1. Proactively organise and co-ordinate the timetable of the Director of Pharmaceutical Services.

2. Service meetings, including arranging meetings, preparation of agenda and minutes and carry out appropriate action resulting from these.

3. Collate, analyse and present data.

4. Input and maintain databases and generate reports as required.

5. Maintain accurate and up-to-date workload statistics and drug utilisation information for the Area Pharmacy Service.

6. Undertake a full range of secretarial duties for Pharmacy Staff as needed.

7. Cover the duties of clerical and invoicing staff in the Pharmacy Department as required.

8. Liaise with section managers in Pharmacy as appropriate.

9. Undertake any other similar duties as assigned by the Director of Pharmacy.

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.

Southern Health and Social Care Trust

PERSONNEL SPECIFICATION

JOB TITLE	**Temporary Personal Secretary Band 3 (Intially until 31st July 2009)**
DIRECTORATE	**Acute Services**
SALARY	**£13,834 - £17,732 per annum**
HOURS	**37.5 per week, Monday – Friday, 8.30am – 4.45pm**
Ref No	**73209026**

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 GCSE's or equivalent at Grade C or above including English **and** 1 year's clerical experience

   OR

2 years experience in an administration / clerical role.

2. OCR/RSA Stage 2 Typing/Word Processing or equivalent. (Parts 1 & 2)

3. Experience of using Microsoft Office which should include Word

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

4. Willing to receive training in the use of Excel and Powerpoint

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

6. Ability to compile and collate statistical information.

7. Ability to use initiative to plan and organise work.

8. Ability to work accurately.

9. Ability to use initiative.

10. Have excellent organisational skills

11. To work independently as part of a team.

12. An ability to meet deadlines whilst ensuring accuracy at all times

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. Clerical/secretarial experience within a clinical related setting

Could all applicants please attach a day time telephone number to

their application form

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER
Successful applicants may be required to attend a Health Assessment
All staff are required to comply with the Trust Smoke Free Policy

73208169

Southern Health and Social Care Trust

JOB DESCRIPTION

JOB TITLE: Temporary Pharmacy Clerical Officer with Word processing Duties (initially until April 2009)

BAND: 2

DEPARTMENT/LOCATION: Pharmacy Department, Craigavon Area Hospital

DIRECTORATE: Acute

REPORTS TO: Administration Coordinator - Pharmacy

ACCOUNTABLE TO: Director of Pharmaceutical Services

JOB SUMMARY

This post is part of a team of administration staff that provided administration and clerical support to the Pharmacy Department

KEY DUTIES / RESPONSIBILITIES

1. Compile and distribute month end reports and update procedures for same as and when required.
2. File invoices and data for all hospitals in the Southern Board when required.
3. Deal with telephone queries, redirecting calls or taking messages as appropriate and ensuring follow-up action.
4. Undertake secretarial duties, i.e. typing, word-processing, photocopying etc for department.

5. Undertake receptionist duties in the dispensary as required.

6. Record on computer pharmacy issues supplied to wards and other hospitals in the Southern Area, when required.

7. Record and update NIRDIC data on computer for drug information.

8. Provide cover in absence of band 3 if required.

9. Other duties as directed by Admin Coordinator.

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. 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.

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.

Aug2008

Southern Health and Social Care Trust

PERSONNEL SPECIFICATION

JOB TITLE: Clerical Officer with word processing duties

DIRECTORATE: Acute

SALARY: £12,922 - £15,950 per annum

HOURS: 37.5 hours per week

Ref No: 73208169

Aug 2008

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 short listed.
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

1. 5 GCSEs or equivalent at Grade C or above including English Language or equivalent.

   OR

   1 years' relevant experience to include work of a clerical nature.

2. OCR/RSA Stage 2 Word-processing/Typing (Parts 1 and 2) or equivalent qualification

   OR

An equivalent standard of word-processing skills gained through a minimum of six months word-processing experience.

3. Word processing experience.

4. Effective Communications skills to meet the needs of the post in full.

DESIRABLE CRITERIA

1. Experience of using computerised database.

2. Experience of reception duties.

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

PROBATIONARY REPORT (6 MONTHS) Commenced: 08/02/10

NAME: Emma Stinson	POST: Personal Assistant, Band 4
DEPT: General Administration, Craigavon Area Hospital	STAFF No: Personal Information redacted by the USI

DATE OF APPOINTMENT	PERIOD COVERED BY REVIEW	ABSENCES DURING REVIEW PERIOD AND REASONS
8th Feb 2010	8th June 2010 to 8th Aug 2010	None

Human Resources
27 JAN 2011

TRAINING UNDERTAKEN DURING REVIEW PERIOD

None

RESPONSE TO TRAINING

N/A

PERFORMANCE DURING REVIEW PERIOD

MAIN TASKS UNDERTAKEN	ACHIEVEMENTS/COMMENTS RE: PERFORMANCE
Personal Information redacted by the USI	

ARE YOU SATISFIED WITH EMPLOYEE'S PROGRESS TO DATE: YES/NO

RECOMMENDATION REGARDING CONFIRMATION OF APPOINTMENT (6 MONTHS)

Personal Information redacted by the USI

Personal Information redacted by USI

Signed: ..... **(Manager)** **Date:** 25.1.11

Personal Information redacted by USI

Signed: ..... **(Probationer*)** **Date:** 25/1/11

* **Signature confirms that the above review has been discussed with you.**

PROBATIONARY REPORT (3 MONTHS)

Commenced: 08/02/10

NAME: Emma Stinson	POST: Personal Assistant, Band 4
DEPT: General Administration, Craigavon Area Hospital	STAFF No: [redacted]

DATE OF APPOINTMENT	PERIOD COVERED BY REVIEW	ABSENCES DURING REVIEW PERIOD AND REASONS
8th Feb 2010	8th Feb 2010 – 8th May 2010	None

TRAINING UNDERTAKEN DURING REVIEW PERIOD

- None – up to date

RESPONSE TO TRAINING

—

PERFORMANCE DURING REVIEW PERIOD

MAIN TASKS UNDERTAKEN	ACHIEVEMENTS/COMMENTS RE: PERFORMANCE

[redacted]

ARE YOU SATISFIED WITH EMPLOYEE'S PROGRESS TO DATE: YES/NO

RECOMMENDATION REGARDING CONFIRMATION OF APPOINTMENT (6 MONTHS)

[redacted]

Signed: [redacted] (Manager) **Date:** 20.5.10

Signed: [redacted] (Probationer*) **Date:** 20.5.10.

* Signature confirms that the above review has been discussed with you.

Southern Health and Social Care Trust
Quality Care - for you, with you

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Personal Assistant, Band 5 **Staff Number:** Personal Information redacted by the USI

Is Professional Registration up to date? N/A

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:** Personal Information redacted by the USI **Line Manager's Feedback on staff members performance over past year:**

Objectives for Next Year:

Personal Information redacted by the USI

Reviewee Staff Name (Print) _____ Signature _____ Date _____

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

Southern Health and Social Care Trust
Quality Care - for you, with you

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	9 Nov 2009	
	Departmental Induction/Orientation	15 June 2009	
	Fire Safety	10 May 2017 ~~14 Feb 2018~~	
	Record Keeping/Data Protection	15 Feb 2018	
	Moving and Handling	10 July 2017 ~~17 Aug 2020~~	
	Infection Prevention Control	~~7 July 2014~~	
Corporate Mandatory Training ROLE SPECIFIC	Safeguarding People, Children & Vulnerable Adults	15 Feb 2018.	
	Waste Management	N/A	
	Right Patient, Right Blood (Theory/Competency)	N/A	
	Control of Substances Hazardous to Health (COSHH)	N/A	
	Food Safety	N/A	
	Basic ICT	N/A	
	MAPA (level 3 or 4)	N/A	
	Professional Registration	N/A.	
Essential for Post			
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Name (Print) EMMA STINSON Signature Personal Information redacted by USI Date 14/9/18

Reviewer Manager/Supervisor (Print) A CARLOW. Signature Personal Information redacted by USI Date 14/9/18.

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

OR EMAIL TO: - KAREN MCSTAY/ Personal Information redacted by the USI

Southern Health and Social Care Trust
Quality Care - for you, with you

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Personal Assistant, Band 5 ***Staff Number:** Personal Information redacted by the USI

Is Professional Registration up to date? N/A

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:** Personal Information redacted by the USI
Objectives for Next Year: Personal Information redacted by the USI	

Reviewee Staff Full Name (**Print in CAPS**) Personal Information redacted by USI Signature Personal Information redacted by USI Date 19/8/20. HJ confirmed

Reviewer Manager/Supervisor (**Print in CAPS**) Personal Information redacted by USI Signature Personal Information redacted by USI Date 19/8/20 Entered AWCET staff

Southern Health and Social Care Trust
Quality Care - for you, with you

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

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

*** Staff Number:** [redacted]

Training type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction	9 Nov 2009	
	Departmental Induction/Orientation	15 June 2009	
	Equality, Good Relations and Human Rights – Making A Difference	30 Sept 2019	
	Fire Safety	10 March 2020	
	Infection Prevention Control	17 Aug 2020	
	Information Governance Awareness	15 Feb 2018	
	Moving and Handling	19 Aug 2020	
	Safeguarding People, Children & Vulnerable Adults	15 Feb 2018	
Corporate Mandatory Training ROLE SPECIFIC	Basic ICT	N/A	
	Control of Substances Hazardous to Health (COSHH)	N/A	
	Food Safety	N/A	
	MAPA (level 3 or 4)	N/A	
	Professional Registration	N/A	
	Right Patient, Right Blood (Theory/Competency)	N/A	
	Waste Management	N/A	
Essential for Post			
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Full Name (**Print in CAPS**) [redacted] Signature [redacted] Date 19/8/20

Reviewer Manager/Supervisor (**Print in CAPS**) [redacted] Signature [redacted] Date 19/8/20

PLEASE SEND COMPLETED PART B (Only) TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ OR EMAIL TO: -

Commenced:

PROBATIONARY REPORT (6 MONTHS)

NAME: EMMA STINSON	POST: ADMIN ASSISTANT BAND 3
DEPT: ACUTE SERVICES	STAFF No: [redacted] Personal Information redacted by the USI

DATE OF APPOINTMENT	PERIOD COVERED BY REVIEW	ABSENCES DURING REVIEW PERIOD AND REASONS
22.6.09	22.6.09 - 21.12.09	30.11.09 - 1 DAY - Migraine

TRAINING UNDERTAKEN DURING REVIEW PERIOD

COMPLAINTS, KSF, CETS + CORPORATE INDUCTION

RESPONSE TO TRAINING Has been beneficial and has assisted in some aspects of this job, ie complaints

PERFORMANCE DURING REVIEW PERIOD

MAIN TASKS UNDERTAKEN	ACHIEVEMENTS/COMMENTS RE: PERFORMANCE

[redacted] Personal Information redacted by the USI

ARE YOU SATISFIED WITH EMPLOYEE'S PROGRESS TO DATE: YES/NO

RECOMMENDATION REGARDING CONFIRMATION OF APPOINTMENT (6 MONTHS)

[redacted] Personal Information redacted by the USI

Signed: [redacted] Personal Information redacted by USI ..... (Manager) Date: 21/12/09

Signed: [redacted] Personal Information redacted by USI ..... (Probationer*) Date: 21/12/09

* Signature confirms that the above review has been discussed with you.

Department of Health

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

October 2004

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

October 2004

READER INFORMATION

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

First published October 2004

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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 UK[1]. Further information on how the NHS KSF links to UK and national policies and guidance will be made available.
- equitable – the NHS KSF is a framework for all staff and one which recognises the contribution that all staff make to the provision of high quality services for the public. The development review process provides an equitable process for all staff. There is a commitment that all staff – whatever their post, whether they work full or part time, in the day, evenings or at night – will be supported to learn and develop throughout their working lives in the NHS.
- simple and feasible to implement – the NHS KSF has been tested with a wide range of staff groups. The evidence to date is that after a short introduction, staff find the NHS KSF easy to understand and are able to apply it to their own post and development.
- capable of linking with current and emerging competence frameworks[2] – the NHS KSF has been developed from an analysis of the competences that currently apply to the different staff groups within the NHS. To support the use of the NHS KSF in practice, information will be made available on how the NHS KSF links to different UK/national competences that have been issued or are recognised by statutory regulatory bodies and/or which have been externally quality assured.

1.5 What is the focus of the NHS KSF?

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

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

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

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.

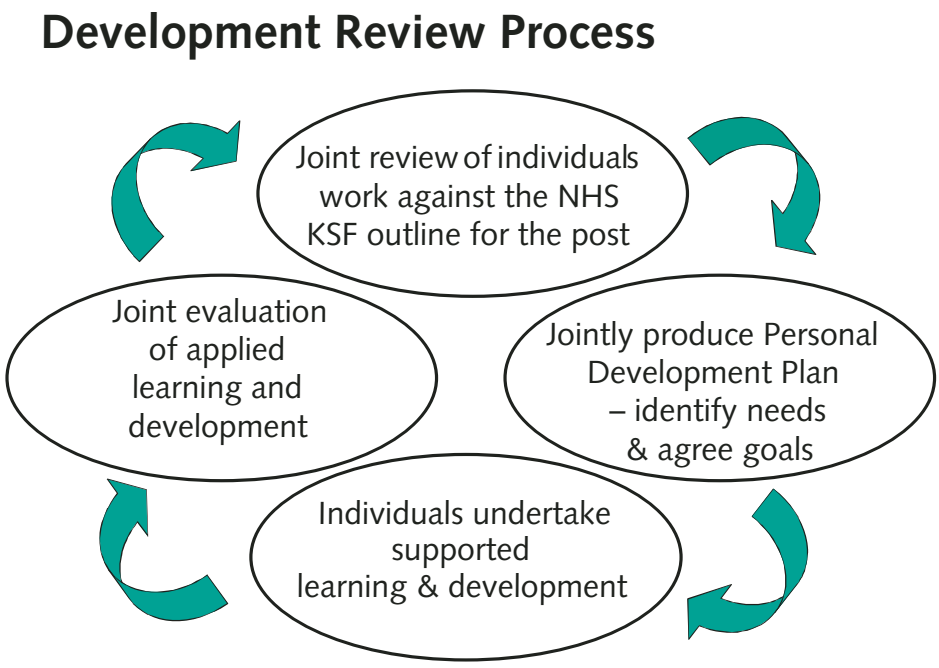
- I have a National/Scottish Vocational Qualification at level 3. Does this mean that all of the dimensions for my post will be at level 3?

  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.



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

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

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

- reviewing how individuals are applying their knowledge and skills to meet the demands of their current post and identifying whether they have any development needs – the demands of the post are described in a NHS KSF outline for that post
- developing a Personal Development Plan for that individual detailing the learning and development to take place in the coming months and the date of the next review
- learning and development for the individual supported by their reviewer

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

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

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

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

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

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

- enabling them to be clear about the knowledge and skills they need to apply in their posts
- enabling them to access appropriate learning and development
- showing how their work relates to the work of others in their immediate team and beyond
- identifying the knowledge and skills they need to learn and develop throughout their careers
- providing a structure and process for the NHS to invest in individuals' learning and development throughout their working life in the NHS.

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

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

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

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

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

- audit the knowledge and skills that exist in the organisation using a common framework and approach applicable to all staff groups
- make informed decisions about the deployment of staff
- identify skill and knowledge gaps within teams and the organisation and plan how to address these gaps
- organise learning and development across staff groups, across the organisation and possibly with other organisations
- develop effective recruitment and selection processes as there will be clarity as to the knowledge and skills required by applicants
- improve services to users and the public through consistent and effective staff development
- develop governance across the organisation through the provision of clear information on individual roles, responsibilities and development
- meet policies, targets and priorities as these are embedded in the NHS KSF and linked to the relevant parts of the framework.

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

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

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

WHAT IF ...

- the NHS KSF outline for my post has lots of dimensions at high levels, surely this will mean that I will be paid more?

  No. It is the job evaluation system which determines where your post is placed on the paybands. Trying to alter the payband you are on by arguing for more dimensions at higher levels in your KSF post outline will have no effect on your pay. In fact it is likely to make life harder as you will have to meet all of the dimensions and levels in the post outline to progress through the second gateway.

1.11 What are the pay gateways?

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

There are two gateways in each of the eight paybands:

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

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

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

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

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

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

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

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

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

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

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

WHAT IF ...

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

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

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

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

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

1.13 How does the NHS KSF link to lifelong learning?

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

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

1.14 How does the NHS KSF support recruitment and retention?

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

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

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

1.15 How will the NHS KSF support service development?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 develop a robust system for monitoring and reviewing progression decisions

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

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

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

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

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

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

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

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

2 Developing NHS KSF outlines for posts

2.1 Introduction to NHS KSF post outlines

2.1.1 Why do we need NHS KSF post outlines?

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

2.1.2 What are NHS KSF post outlines?

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

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

- provides the link to effective learning and development for individual members of staff
- relates the NHS KSF to the actual delivery of services for the public.

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

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

- they must be about **posts not people**. They are about the knowledge and skills that need to be applied in a post, *not* about any additional knowledge and skills that a very experienced person might bring to bear. It is when individuals use the NHS KSF post outlines for development review and Personal Development Planning that the personal focus comes in (see section 3).
- they must be **realistic**. NHS KSF post outlines must properly reflect the actual demands of a post without imposing unnecessary requirements. Agreed outlines will have a range of uses, but specifically they will inform decisions about:
  - the learning and development which people will need to undertake

– the learning and development which employers are committed to support

– individuals' pay progression.

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

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

2.1.3 Who develops NHS KSF post outlines?

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

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

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

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

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

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

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

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

2.2 Developing NHS KSF post outlines

2.2.1 How do you develop broad NHS KSF post outlines?

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

Step 1: Decide which dimensions are relevant to the post

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

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

Step 2: Decide the appropriate level for each dimension

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

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

WHAT IF ...

- current job descriptions and information on the post does not cover some of the core dimensions, can they be left off?

  No. The core dimensions must appear in the NHS KSF outline for all posts. The core dimensions in the NHS KSF form a key part of work in the NHS and this is reflected in the Agenda for Change National Agreement. All 6 core dimensions have to be in every NHS KSF post outline at least at level 1.

- individuals hold responsibilities in the organisation that are wider than their specific work posts, for example, trade union representatives or supervisors of midwives?

  NHS KSF post outlines describe what is needed in the post in which people are employed, they do not describe the specific knowledge and skills that individuals bring to that post or the additional knowledge and skills they develop by undertaking other roles – this would happen at the next stage when individuals are reviewed against the demands of the post.

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

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

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

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

2.3 Linking NHS KSF post outlines to pay gateways

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

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

WHAT IF …

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

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

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

Dimension EF2 – Environments and Buildings

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

Indicators	Suggested examples of application given in the KSF	Areas of application for the post of Domestic Assistant in one NHS organisation
The worker: a) follows schedules and procedures for assisting with maintenance and monitoring 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 legislation, policies and procedures e) reports any problems to the appropriate person without delay	Assisting with maintenance and monitoring might include: – cleaning – cleaning and emptying – refurbishment – removal and replacement – repairs – simple – replenishment of supplies – repositioning (e.g. of security cameras) – washing Legislation, policies and procedures *See overview*	Assisting with maintenance and monitoring 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 Legislation, policies and procedures – 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

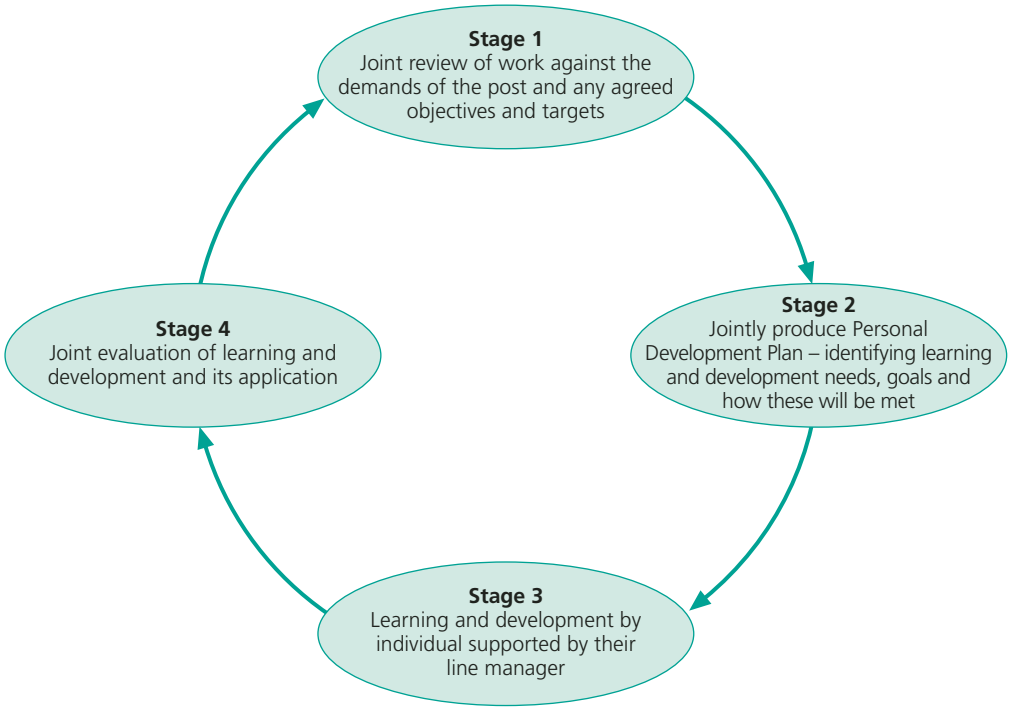
2 the production of a Personal Development Plan (PDP) which identifies the individual's learning and development needs and interests – the plan is jointly agreed between the individual and their reviewer

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 post[6]. The second gateway review should be based on all the previous annual development reviews and the decisions reached within them. If the individual has been on track in previous years, there should be no problems with the individual going through the second gateway.

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

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

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

WHAT IF ...

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

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

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

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

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

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

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

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

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

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

- there is a disciplinary problem?

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

- the individual moves to another job in the NHS?

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

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

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

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

3.2.6 What are the outputs of the joint review stage?

The outputs of the joint review stage are:

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

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

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

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

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

3.3 The Personal Development Planning stage

3.3.1 What is a Personal Development Plan?

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

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

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

- clearly focus on the knowledge and skills that the individual needs to apply in their post as given in the NHS KSF post outline
- identify the learning and development that the individual needs to enable them to develop and apply their knowledge and skills in the short and longer term
- prioritise the learning and development that needs to take place through considering:
  - specific requirements that affect the work of the individual (eg statutory and regulatory requirements)
  - organisational direction, policy and requirements that affect priorities
  - any specific objectives that the individual needs to meet in their post
  - the individual's strengths and interests

- identify how the individual prefers to learn (eg group work, on the job learning, formal courses), the relationship of this to their learning needs and to the learning needs and priorities of others so that a balance can be achieved across all members of staff
- identify possible learning and development opportunities for the individual's learning needs and interests and the support available in the workplace
- identify who has responsibility for taking the different aspects of the learning and development forward and a time for reviewing that this is happening as planned
- set the date of the next formal review.

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

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

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

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

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

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

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

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

WHAT IF ...

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

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

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

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

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

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

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

The outputs of this stage in the process are:

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

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

3.4 The learning and development stage

3.4.1 What happens at the learning and development stage?

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

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

3.4.2 What forms of learning and development can be used?

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

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

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

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

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

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

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

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

These people might be:

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

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

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

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

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

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

The outputs of the learning and development stage are:

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

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

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

3.5 The evaluation stage

3.5.1 What happens at the evaluation stage?

The purpose of the evaluation stage is for individuals to:

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

3.5.2 How does evaluation inform what happens next?

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

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

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

3.5.3 What are the outputs of the evaluation stage?

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

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

The outcomes of the evaluation stage should be:

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

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

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

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 *These may be relevant to all levels in this dimension*	Communication might take a number of forms 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 people 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. Barriers 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). Legislation, policies and procedures may be international, national or local and may relate to: – complaints and issue resolution – confidentiality – data protection (including the specific provisions relating to access to health records) – disability – diversity – employment – equality and good relations – human rights (including those of children) – information and related technology – language.
Links to other KSF dimensions	This dimension is supported by: – *Core 6 Equality and Diversity.*

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

Indicators	*Examples of application*
The worker: a) communicates with a limited range of people on day-to-day matters in a form that is appropriate to them and the situation b) reduces barriers 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 legislation, policies and procedures.	People with whom communicating *See overview* Day-to-day matters might include: – asking questions – giving straightforward information – passing on simple messages – providing answers – taking simple messages. Forms of communication *See overview* Barriers to communication *See overview* Reducing barriers might relate to: – adapting communication – changing the environment – checking information received for accuracy and interpretation – using communication aids Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) communicates with a range of people on a range of matters in a form that is appropriate to them and the situation b) improves the effectiveness of communication through the use of communication skills c) constructively manages barriers to effective communication d) keeps accurate and complete records consistent with legislation, policies and procedures e) communicates in a manner that is consistent with relevant legislation, policies and procedures	People with whom communicating *See overview* Matters 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 Forms of communication *See overview* Communication skills might include: – listening skills – non-verbal skills and body language – questioning skills Barriers to communication *See overview* Managing barriers 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 Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors b) communicates with people in a form and manner that: – is consistent with their level of understanding, culture, background and preferred ways of communicating – is appropriate to the purpose of the communication and the context in which it is taking place – encourages the effective participation of all involved c) recognises and reflects on barriers to effective communication and modifies communication 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 legislation, policies and procedures. f) communicates in a manner that is consistent with relevant legislation, policies and procedures.	People with whom communicating *See overview* Communication differences 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. Forms of communication *See overview* Purpose of communication 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. Barriers to communication *See overview* Modifies communication through, for example: – deciding what information/advice to give/not give as the communication proceeds – modifying the content and structure of communication – modifying the environment – modifying the methods of communicating – using another language – using different communication aids Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) identifies: – the range of people involved in the communication – potential communication differences – relevant contextual factors – broader situational factors, issues and risks b) communicates with people in a form and manner which: – is consistent with their level of understanding, culture, background and preferred ways of communicating – is appropriate to the purpose of the communication and its longer term importance – is appropriate to the complexity of the context – encourages effective communication between all involved – enables a constructive outcome to be achieved c) anticipates barriers to communication and takes action to improve communication d) is proactive in seeking out different styles and methods of communicating to assist longer term needs and aims e) takes a proactive role in producing accurate and complete records of the communication consistent with legislation, policies and procedures f) communicates in a manner that is consistent with legislation, policies and procedures.	People with whom communicating *See overview* Communication differences 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. Situational factors, issues and risks might include: – changes affecting the people concerned which are outside their control – history of poor communication and misunderstandings – complexity of the issues and associated political issues and risks – clashes in personal and/or organisational styles and approach that cause difficulties in ongoing communication Forms of communication *See overview* Purpose of communication 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*
	Barriers to communication *See overview* Taking action to improve communication might include: – assessing responses and acting in response – changing the content and structure of communication – changing the environment – changing the methods of communicating – deciding what information and advice to give and what to withhold – using a range of skills to influence, inspire and champion people and issues – using communication aids – using another language Legislation, policies and procedures *See overview*

CORE DIMENSION 2: PERSONAL AND PEOPLE DEVELOPMENT

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

Core 2/Level 1: Contribute to own personal development	
Indicators	***Examples of application***
The worker: a) with the help of others, identifies: – whether s/he can carry out the tasks within own job – what s/he needs to learn to do current job better – when s/he needs help b) 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 personal development 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.	Others *See overview* Personal development *See overview*

Core 2/Level 2: Develop own knowledge and skills and provide information to others to help their development	
Indicators	***Examples of application***
The worker: a) assesses and identifies: – feedback from others on own work – how s/he is applying knowledge and skills in relation to the KSF outline for the post – own development needs and interests in the current post – what has been helpful in his/her learning and development to date b) takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year c) takes responsibility for own personal development 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) offers information to others when it will help their development and/or help them meet work demands.	Others *See overview* Personal development *See overview* Offering information to others might be: – during induction – during ongoing work – when changes are being made to work practices.

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

Indicators	*Examples of application*
The worker: 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 own development needs and sets own personal development objectives in discussion with his/her reviewer c) takes responsibility for own personal development 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) enables others to develop and apply their knowledge and skills in practice f) contributes to the development of others in a manner that is consistent with legislation, policies and procedures g) contributes to developing the workplace as a learning environment.	Own development needs 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 Personal development *See overview* Others *See overview* Enabling others to develop 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 Legislation, policies and procedures may be international, national or local and may relate to: – confidentiality – data protection (including the specific provisions relating to access to health records) – disability – diversity – employment – equality and good relations – human rights (including those of children) – information and related technology – language – learning and development

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

Indicators	*Examples of application*
The worker: a) evaluates the currency and sufficiency of own knowledge and practice against the KSF outline for the post and identifies own development needs and interests b) develops and agrees own personal development plan with feedback from others 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 resource issues which affect learning, development and performance h) develops others in a manner that is consistent with legislation, policies and procedures.	Own development needs and interests 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 Personal development *See overview* Others *See overview* Enabling others to develop 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 Resource issues 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). Legislation, policies and procedures 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 *These may be relevant to all levels in this dimension*	The others 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. Risks to health, safety and security 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). Legislation, policies and procedures may be international, national or local and may relate to: – accident/incident reporting – building regulations and standards – child protection – clinical negligence – data and information protection and security – emergencies – hazardous substances – health and safety at work – infection control – ionising radiation – moving and handling – protection of vulnerable adults – risk management – security of premises and people – working time – workplace ergonomics (eg display screen equipment)

Links to other KSF dimensions

This dimension is supported by:

– *Core 6 Equality and diversity*.

This dimension is different from dimensions:

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

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

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

Indicators	***Examples of application***
The worker: a) acts in ways that are consistent with legislation, policies and procedures for maintaining own and others' health, safety and security b) assists in maintaining a healthy, safe and secure working environment for everyone who is in contact with the organisation c) works in a way that minimises risks to health, safety and security d) summons immediate help for any emergency and takes the appropriate action to contain it e) reports any issues at work that may put health, safety and security at risk.	Legislation, policies and procedures *See overview* Others: *See overview* Assisting in maintaining a healthy, safe and secure working environment 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 Works in a way 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. Risks to health, safety and security: *See overview* Emergencies might be related to: – the environment – health – information (eg breaches of confidentiality, lost/stolen health records) – security.

Core 3/Level 2: Monitor and maintain health, safety and security of self and others	
Indicators	***Examples of application***
The worker: a) identifies and assesses the potential risks involved in work activities and processes for self and others b) identifies how best to manage the risks c) undertakes work activities consistent with: – legislation, policies and procedures – the assessment and management of risk d) takes the appropriate action to manage an emergency 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) supports others in maintaining health, safety and security.	Others: *See overview* Legislation, policies and procedures *See overview* Risks to health, safety and security: *See overview* Emergencies might be related to: – the environment – health – information – security. Supporting others in maintaining health, safety and security 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 risks involved in work activities and processes – how to manage the risks – how to help others manage risk b) undertakes work activities consistent with: – legislation, policies and procedures – the assessment and management of risk c) monitors work areas and practices and ensures they: – are safe and free from hazards – conform to health, safety and security legislation, policies, procedures and guidelines d) takes the necessary action in relation to risks e) identifies how health, safety and security can be improved and takes action to put this into effect.	Risks to health, safety and security: *See overview* Others: *See overview* Legislation, policies and procedures *See overview* Monitoring work areas and practices 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. Taking the necessary action in relation to risks 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 Identifying how health, safety and security can be improved might include: – acting as a role model – identifying the need for expert advice and support – identifying training needs – negotiating resources for training and development in health, safety and security – reporting and recording lack of resources to act effectively.

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

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

CORE DIMENSION 4: SERVICE IMPROVEMENT

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

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

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

Indicators	***Examples of application***
The worker: a) discusses with line manager/work team the changes that need to be made in own practice and the reasons for them b) adapts own practice as agreed and to time seeking support if necessary c) effectively carries out tasks related to evaluating services 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	Tasks related to evaluating services might include: – audits (eg clinical, financial, resource) – customer satisfaction surveys – risk assessments – staff questionnaires. Direction, policies and strategies *See overview*

Core 4/Level 2: Contribute to the improvement of services	
Indicators	***Examples of application***
The worker: a) discusses and agrees with the work team – the implications of direction, policies and strategies 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) evaluates own and other's work when required to do so completing relevant documentation e) makes constructive suggestions 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.	Direction, policies and strategies *See overview* Evaluating own and other's work might be through: – audit – appraising own and team practice in the light of research findings – comparisons of own services against those of others following benchmarking exercises – satisfaction surveys. Constructive suggestions might be related to: – bright ideas – feedback from users – good practice elsewhere – how to apply changes in legislation, policies and procedures – how to implement recommendations – how to respond effectively to evaluations – own reflections and observations – team discussion.

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

Indicators	***Examples of application***
The worker: a) identifies and evaluates areas for potential service improvement b) discusses and agrees with others: – 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 direction, policies and strategies 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) evaluates with others the effectiveness of service improvements and agrees that further action 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	Areas for potential service improvement 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 Others might include: – users of services – the public – colleagues and co-workers – people in other parts of the organisation - other agencies Direction, policies and strategies *See overview* Evaluation 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) Further action required to take them forward might include: – further modifying services – implementing changes more widely – maintaining current focus – not adopting changes as they actually offer no recognised benefit – providing feedback on their effectiveness – publicising local developments in wider forums

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

Indicators	***Examples of application***
The worker: a) effectively engages the public, users of services and other interested parties in an open and effective discussion on values, direction, policies and strategies for the organisation/services b) works effectively with others 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 others 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.	Direction, policies and strategies *See overview* Others 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 *These may be relevant to all levels in this dimension*	Being an effective team member would include such aspects as: – arriving and leaving promptly and working effectively during agreed hours – developing the necessary knowledge and skills needed by and in the team – enabling others to solve problems and address issues – identifying issues at work and taking action to remedy them – presenting a positive impression of the team and the service – reacting constructively to changing circumstances. – recognising, respecting and promoting the different roles that individuals have in the team – recognising, respecting and promoting the diversity of the team – seeking and reflecting on feedback from the team and adapting as necessary – supporting other team members – taking a shared approach to team work – understanding own role in the team and the wider organisation. Legislation, policies and procedures may be international, national or local and may relate to: – accident/incident reporting – anti-discriminatory practices. – building regulations and standards – children – clinical negligence – corporate identity – criminal justice – data and information protection and security (including the specific provisions relating to access to medical records) – emergencies – employment – equality and diversity – harassment and bullying – hazardous substances – health, safety and security – human rights – infection control – ionising radiation protection measures – language – mental health – moving and handling – protection of vulnerable adults – public interest – risk management

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

Core 5/Level 1: Maintain the quality of own work	
Indicators	***Examples of application***
The worker: a) complies with legislation, policies, procedures and other quality approaches relevant to the work being undertaken b) works within the limits of own competence and responsibility and refers issues beyond these limits to relevant people c) acts responsibly as a team member and seeks help if necessary d) uses and maintains resources efficiently and effectively e) reports problems as they arise, solving them if possible.	Legislation, policies and procedures *See overview* Acting responsibly as a team member *See overview* Resources would include: – environments – equipment and tools – information – materials.

Core 5/Level 2: Maintain quality in own work and encourage others to do so	
Indicators	***Examples of application***
The worker: a) acts consistently with legislation, policies, procedures 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 team member d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality e) uses and maintains resources efficiently and effectively and encourages others to do so f) monitors the quality of work in own area and alerts others to quality issues.	Legislation, policies and procedures *See overview* Working as an effective and responsible team member *See overview* Resources would include: – environments – equipment and tools – information – materials. Quality issues 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 legislation, policies, procedures 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 team member 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 raises quality issues and related risks with the relevant people f) supports the introduction and maintenance of quality systems and processes in own work area g) takes the appropriate action when there are persistent quality problems.	Legislation, policies and procedures *See overview* Working as an effective and responsible team member *See overview* Quality issues and related risks 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 Taking the appropriate action when there are persistent quality problems might include: – alerting a trade union official – alerting one's own manager – alerting the manager of the person concerned – issuing warnings – investigating incidents – whistle blowing.

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

Indicators	*Examples of application*
The worker: a) acts consistently with legislation, policies, procedures and other quality approaches and alerts others to the need for improvements to quality b) works effectively in own team and as part of the whole organisation c) prioritises, organises and carries out own work effectively d) enables others to understand, and address risks to quality 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.	Legislation, policies and procedures *See overview* The need for improvements to quality 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 Working effectively in own team and as part of the whole organisation *See overview* Risks to quality 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 *These may be relevant to all levels in this dimension*	Legislation, policies and procedures may be international, national or local and may relate to: – age – complaints and issue resolution (including harassment and bullying) – employment – equality – dependents – people who have caring responsibilities and those who do not – diversity – age, gender, marital status, political opinion, racial group, religious belief, sexuality – disability – gender – human rights (including those of children) – language – marital status – mental health – mental incapacity – political opinion – racial group – religious belief – sexual orientation
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* – *Core 2 Personal and people development* – *Core 3 Health, safety and security* – *Core 4 Service improvement* – *Core 5 Quality* – *G1 Learning and development* – *G7 Capacity and capability.*

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

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

Core 6/Level 2: Support equality and value diversity	
Indicators	***Examples of application***
The worker: a) recognises the importance of people's rights and acts in accordance with legislation, policies and procedures b) acts in ways that: – acknowledge and recognise people's expressed beliefs, preferences and choices – respect diversity – value people as individuals c) takes account of own behaviour and its effect on others d) identifies and takes action when own or others' behaviour undermines equality and diversity.	Legislation, policies and procedures *See overview* People's expressed beliefs, preferences and choices 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. Identifying and taking action when others' behaviour undermines equality and diversity 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 legislation, policies, procedures and relevant standards b) evaluates the extent to which legislation is applied in the culture and environment of own sphere of activity c) identifies patterns of discrimination and takes action to overcome discrimination and promote diversity and equality of opportunity d) enables others to promote equality and diversity and a non-discriminatory culture e) supports people who need assistance in exercising their rights.	Legislation, policies and procedures *See overview* Evaluating the extent to which legislation is applied in the culture and environment of own sphere of activity 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 Patterns of discrimination might relate to: – the learning and development offered to different people – the recruitment, selection and promotion of staff Enabling others to promote equality and diversity and a non-discriminatory culture 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 Supporting people who need assistance might relate to: – advocacy – enabling people to make the best use of their abilities – intervening when someone else is discriminating against someone on a one-off basis or routinely – making arrangements for support (eg as part of the development review process) – representing people's views

Core 6/Level 4: Develop a culture that promotes equality and values diversity	
Indicators	***Examples of application***
The worker: a) interprets legislation to inform individuals' rights and responsibilities b) actively promotes equality and diversity 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 legislation, policies and procedures 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.	Actively promoting equality and diversity 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. Legislation, policies and procedures *See overview*

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

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

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

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

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

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

Indicators	*Examples of application*
The worker: a) works effectively with people to identify their concerns about health and wellbeing and the target groups for any approaches b) identifies how the health and wellbeing of the target group can be improved through promotion and/or prevention approaches consistent with legislation, policies and procedures 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) acts as a resource 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.	Approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing *See overview* Legislation, policies and procedures may be international, national or local and may relate to: – consent – health improvement – public health – shared decision making. Acting as a resource might include: – being there for people – listening – providing information – referring people to other colleagues or agencies.

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

Indicators	*Examples of application*
The worker: 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 programmes b) proactively identifies the purpose of the programme 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 – other resources 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 different levels at which the programme needs to operate – specific activities within each of those levels – how the programme will be coordinated – the evidence that will be used to judge its effectiveness – legislation, policies and procedures 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.	Programmes, to promote health and wellbeing and prevent adverse effects on health and wellbeing *See overview* Other resources might include: – community networks – other health and social care services – support systems – support services The different levels at which the programme needs to operate 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 Legislation, policies and procedures 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*
The worker: a) evaluates the content and thrust of policies 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 legislation and help decision makers move forward e) uses a range of different methods 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) evaluates the impact of policies on improving the health and wellbeing of the population concerned.	Policies, to promote health and wellbeing and prevent adverse effects on health and wellbeing *See overview* Legislation may be international or national and may relate to: – consent – health improvement – public health – shared decision making. Methods might include: – attendance at meetings – lobbying – partnership working – reasoned arguments – written responses to consultations including proposed redrafting Evaluation of the impact of policies 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 *These may be relevant to all levels in this dimension*	Health and wellbeing needs may be: – emotional – mental – physical – social – spiritual. Legislation, policies and procedures may be international, national or local and may relate to: – carers – children – criminal justice – disability – domestic violence – duty of care – education – human rights – mental health – mental incapacity – medicines – vulnerable adults.
Links to other KSF dimensions	This dimension is supported by: – *Core 1 Communication* which focuses on effective communication with people during assessment of their health and wellbeing needs – *Core 6 Equality and diversity* which focuses on promoting equality and valuing diversity and supporting people's rights – *G2 Development and innovation* which focuses on testing and developing new and innovative forms of assessment. This dimension is different from dimensions: – *HWB4 Enablement to address health and wellbeing* – which focuses on the enablement that might take place as part of the programmes developed in this dimension – *HWB5 Provision of care to meet health and wellbeing needs* – which focuses on the various care interventions that might take place as part of the programmes developed in this dimension – *HWB6 Assessment and treatment planning* – which focuses on assessing and diagnosing physiological and psychological functioning.

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

HWB2/Level 1: Assist in the assessment of people's health and wellbeing needs

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

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

Indicators	***Examples of application***
The worker: a) explains the purpose of assessing health and wellbeing needs to the people concerned b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent c) assists in the assessment of people's health and wellbeing and related needs and risks as agreed with the care team and consistent with legislation, policies and procedures d) records and reports 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.	Health and wellbeing needs *See overview* Assisting in the assessment might include: – preparation for specific activities and tests – observations – obtaining specific information from the people concerned – undertaking specific assessment activities – undertaking specific tests. Risks to health and wellbeing might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. Legislation, policies and procedures *See overview* Reports might be: – in writing – verbally – by other means

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

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

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

Indicators	*Examples of application*
The worker: a) explains clearly to people: – own role, responsibilities and accountability – the information that is needed from the assessment of health and wellbeing needs 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 b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent c) plans and uses assessment methods that are appropriate for complex needs, and uses processes of reasoning that – 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 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 – risks 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.	Health and wellbeing needs *See overview* Assessment methods that are appropriate for complex needs 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. Legislation, policies and procedures *See overview* Risks to health and wellbeing might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment.

DIMENSION HWB3: PROTECTION OF HEALTH AND WELLBEING

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Recognise and report situations where there might be a need for protection 2 Contribute to protecting people at risk 3 Implement aspects of a protection plan and review its effectiveness 4 Develop and lead on the implementation of an overall protection plan
Description	This dimension relates to protecting people's health and wellbeing through monitoring health and wellbeing and taking direct action when there are serious risks. Legislation usually applies to specific areas of risk and staff working in these different areas need to know, understand and apply the legislation that frames the context and content of their work. This dimension includes a wide range of activities such as: ongoing monitoring of people, contexts and environments; specific measures and/or interventions to protect people's health and wellbeing; inspection, monitoring and governance of practices and environments; statutory enforcement measures. Health and wellbeing includes all aspects: emotional, mental, physical, social, and spiritual. The risks may be to: individuals, carers, groups and communities, populations and future populations. Progression through the levels in this dimension is characterised by – moving from recognising potential risks and hence a possible need for protection to actively addressing risks through a wide range of protective measures – increasing knowledge and skills in relation to the seriousness and frequency of risk – an increasing understanding of the legislative context and framework and its application in different circumstances – an increasing involvement in inter-agency and partnership working at a range of levels to improve the protection of the public.
Examples of application *These may be relevant to all levels in this dimension*	Risks to health and wellbeing 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. Legislation, policies and procedures 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 signs that people are at risk and that there might be a need for protective measures b) reports any suspicions of risk to the appropriate people and/or organisations consistent with legislation, policies and procedures c) records and reports any information that is available on the risks.	Signs that people are at risk 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 Risks to health and wellbeing *See overview* Legislation, policies and procedures *See overview* Information that is available on the risks might include what the worker: – sees – hears – measures – is told.

HWB3/Level 2: Contribute to protecting people at risk

Indicators	***Examples of application***
The worker: 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.	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***
The worker: a) works in partnership with others to identify and assess the nature, location and seriousness of the particular risks 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 protective interventions that s/he is responsible for as part of the protection plan in a manner that – is consistent with evidence-based practice, legislation, policies and procedures – 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.	Risks to health and wellbeing *See overview* Protective interventions 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 Protection plan 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. Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) works in partnership with others to identify and assess – the nature, location and seriousness of risks – the problems that need to be addressed – the factors that might be causing the problems – priorities – legislative, policy and procedural 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 an overall protection plan 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 protective interventions 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.	Risks to health and wellbeing *See overview* Legislation, policy and procedural requirements *See overview* Overall protection plan 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. Protective interventions 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 *These may be relevant to all levels in this dimension*	Health and wellbeing needs may be: – emotional – mental – physical – social – spiritual. Risks to health and wellbeing might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. Legislation, policies and procedures may be international, national or local and may relate to: – 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***
The worker: a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for specific activities b) prepares appropriately for the activity to be undertaken c) supports people throughout helping them to meet their own health and wellbeing needs as much as is possible d) undertakes activities as delegated and consistent with legislation, policies and procedures e) promptly alerts the relevant person when there are changes in individuals' health and wellbeing or any possible risks f) records and reports activities and any risks to the relevant person.	Activities 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 Preparation might include preparing: – self – the people concerned – equipment – materials – the environment. Health and wellbeing needs *See overview* Legislation, policies and procedures *See overview* Risks to health and wellbeing *See overview* Reports might be: – in writing – verbally – by other means

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

Indicators	***Examples of application***
The worker: a) offers information to the team on how to meet people's health and wellbeing needs 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 activities to enable people to meet their ongoing needs consistent with the care plan, legislation, policies and procedures d) promptly alerts the team to any risks 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	Health and wellbeing needs *See overview* Activities to enable people to meet their ongoing needs 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 Legislation, policies and procedures *See overview* Risks to health and wellbeing *See overview*

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

Indicators	***Examples of application***
The worker: 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 health and wellbeing needs – the forms the activities should take – the involvement of other people and/or agencies – relevant evidence-based guidelines c) enables people to address their specific needs consistent with legislation, policies and procedures acting as a resource as and when they need it d) takes the appropriate action to address any issues or risks 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.	Health and wellbeing needs *See overview* Enabling people to address specific needs 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 Legislation, policies and procedures *See overview* Risks to health and wellbeing *See overview*

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

Indicators	***Examples of application***
The worker: 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 complex health and wellbeing needs – the form different activities should take – the involvement of other people and/or agencies – relevant evidence-based guidelines – risks c) enables people to realise and maintain their potential in a manner that is consistent with: – evidence-based practice – legislation, policies and procedures – the management of risk applying own skills, knowledge and experience and using considered judgment to support people's different needs d) takes the appropriate action to address any issues or risks e) evaluates the effectiveness of work with people 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.	Health and wellbeing needs *See overview* Risks to health and wellbeing *See overview* Enable people to realise and maintain their potential might include: – counselling – developing people's mobility – empowering individuals to adjust to and manage large scale changes in their lives – empowering people to develop intellectually – empowering people to develop their parenting skills – empowering people to manage their own behaviour where there are complex issues – empowering people with complex needs to develop their daily living skills – empowering people with complex needs to develop their social skills – enabling individuals to become expert in managing their condition/illness/treatment – giving people support to move on and away from others. – providing psychological support – providing spiritual support when there are specific and complex needs Legislation, policies and procedures *See overview*

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

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

Examples of application

These may be relevant to all levels in this dimension

Health and wellbeing needs may be:

- emotional health and wellbeing needs
- mental health and wellbeing needs
- physical health and wellbeing needs
- social health and wellbeing needs
- spiritual health and wellbeing needs.

Risks to health and wellbeing might arise from:

- abuse
- incidents/accidents
- neglect
- rapid deterioration of condition or situation
- self-harm
- the complexity and range of contributory factors
- the environment.

Legislation, policies and procedures may be international, national or local and may relate to:

- blood transfusion
- carers
- children
- consent
- criminal justice
- disability
- domestic violence
- duty of care
- education
- human rights
- medicines
- mental health
- mental incapacity
- vulnerable adults.

Links to other KSF dimensions

This dimension is supported by:

- *Core 1 Communication*
- *Core 6 Equality and diversity*
- *HWB2 Assessment and care planning to meet health and wellbeing needs* which would set the overall care plan in which this work is undertaken
- *G2 Development and innovation* which focuses on testing and developing new and innovative forms of enablement
- *G3 Procurement and commissioning* which focuses on commissioning services within which care is delivered.

This dimension is different from dimensions:

- *HWB1 Promotion of health* and wellbeing and prevention of adverse affects on health and wellbeing – which focuses on the promotion of health and wellbeing rather than caring for people who are dependent in some way
- *HWB4 Enablement to address their own health and wellbeing needs* – which focuses on helping people to develop their own knowledge and skills in relation to health and wellbeing and related needs
- *HWB7 Interventions and treatments* – which focuses on intervening and treating individuals' physiological and/or psychological needs in the context of the whole person.

Terminology

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

Team – a group of people who work to achieve a purpose. Teams may work in close proximity to each other or team members might work largely on their own – both types of team contribute to the wider effort of the NHS in improving health and wellbeing and addressing health needs.

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

Indicators	***Examples of application***
The worker: a) discusses individuals' care plans and their health and wellbeing needs 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) prepares appropriately for the care activities 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 legislation, policies and procedures f) promptly alerts the relevant person when there are changes in individuals' health and wellbeing or any possible risks.	Health and wellbeing needs *See overview* Preparation might include preparing: – equipment – materials – self – the environment – the individuals for whom the care is being undertaken. Care activities 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 Legislation, policies and procedures *See overview* Risks to health and wellbeing *See overview*

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

Indicators	*Examples of application*
The worker: a) discusses individuals' care plans and their health and wellbeing needs 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 care activities as delegated and consistent with legislation, policies and procedures and the management of risk 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.	Health and wellbeing needs *See overview* Care activities 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 Legislation, policies and procedures *See overview* Risks to health and wellbeing *See overview*

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

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

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

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

DIMENSION HWB6: ASSESSMENT AND TREATMENT PLANNING

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

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

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

Indicators	***Examples of application***
The worker: a) checks with relevant information sources to confirm the assessment tasks 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) prepares appropriately for the task to be undertaken taking into account any risks d) undertakes and records specified tasks correctly, following delegated procedures or established protocols consistent with legislation, policies and procedures 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.	Information sources may be – individual/carer – records/referral details – referral agency/source – supervisor or other senior colleague Assessment tasks 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) Preparation might include preparing: – equipment – materials – self – the environment – the individuals with whom the assessment task is being undertaken. Risks might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: a) discusses the assessment to be undertaken with the work team and understands his/her own role in the overall assessment and the activities 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 activities and individuals and prepares appropriately taking into account any risks d) undertakes and records assessment activities as agreed with the care team, following established protocols/procedures and consistent with legislation, policies and procedures 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.	Activities 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 Preparation might include preparing: – equipment – materials – self – the environment – the individuals with whom the assessment is being undertaken. Risks might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) evaluates relevant information to plan the range and sequence of assessment required and determines: – the specific activities to be undertaken – the risks to be managed – the urgency with which assessments are needed b) selects appropriate assessment approaches, methods, techniques 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 legislation, policies and procedures 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.	Risks might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. Assessment approaches, methods, techniques may include – taking case history – examinations – obtaining images – tests and measurements and may be carried out – with others – by self – by others on request Legislation, policies and procedures *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*
The worker: a) identifies and evaluates: – the particular factors which contribute to the complex nature of the cases – evidence from similar cases which may inform the approach to be taken – the nature and urgency of the case b) determines and plans the range and sequence of assessments 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 risks 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, legislation, policies and procedures 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.	Assessments may include – taking case history – examinations – obtaining images – tests and measurements and may be carried out – with others – by self – by others on request Risks might arise from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment. Legislation, policies and procedures *See overview*

DIMENSION HWB7: INTERVENTIONS AND TREATMENTS

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

Links to other KSF dimensions

This dimension is supported by:

- *Core 1 Communication:* which covers all forms of communication with individuals, colleagues and others
- *Core 3 Health, safety and security:* which focuses on dealing with risks and hazards in the workplace
- *Core 6 Equality and diversity*
- *HWB6 Assessment and treatment planning:* which focuses on assessing and diagnosing problems, conditions and illnesses relating to physiological and psychological functioning
- *G2 Development and innovation* which focuses on testing and developing new and innovative forms of treatment and interventions
- *G3 Procurement and commissioning* which focuses on commissioning services within which treatment is delivered.

This dimension is different from dimensions:

- *HWB4 Enablement to address health and wellbeing needs* – which focuses on helping people to address their own and others' needs
- *HWB5 Provision of care to meet health and wellbeing needs* – which focuses on caring for people who are dependent in the short or longer term on others to meet their health and wellbeing needs.

Terminology

Treatment plans – the overall plan of the treatments and/or interventions that individuals need to address their diseases and/or disorders including any interconnections. The interventions and treatments undertaken within this dimension are within an overall treatment plan – see dimension HWB6.

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

Indicators	***Examples of application***
The worker: a) checks with relevant sources of information to confirm the tasks to be undertaken in relation to interventions and/or treatments 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 tasks correctly, and in line with legislation, policies and procedures 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 legislation, policies and procedures.	Sources of information may be: – individual/carer – records – referral agency/source – supervisor or other colleague – treatment plan Interventions and/or treatments may relate to physical and/or psychological functioning *See overview* Tasks 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 Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: a) discusses the individual's treatment plan and their related condition/illness with the care team and understands his/her own role in delivering interventions and/or treatments 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 legislation, policies and procedures 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.	Interventions and/or treatments may relate to physical and/or psychological functioning *See overview* Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: 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 intervention/treatment – 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 – legislation, policies and procedures and/or established protocols e) monitors individuals' reactions to interventions/treatment and takes the appropriate action to address any issues or risks 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.	Interventions and/or treatments may relate to physical and/or psychological functioning *See overview* Legislation, policies and procedures *See overview* Risks 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*
The worker: a) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent b) identifies with the people concerned: – goals for the specific interventions/treatments 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 risks 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 – legislation, policies and procedures 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.	Interventions and/or treatments may relate to physical and/or psychological functioning *See overview* Legislation, policies and procedures *See overview* Risks might be from: – abuse – incidents/accidents – neglect – rapid deterioration of condition or situation – self-harm – the complexity and range of contributory factors – the environment.

DIMENSION HWB8: BIOMEDICAL INVESTIGATION AND INTERVENTION

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

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

Indicators	*Examples of application*
The worker: a) checks with relevant sources of information to confirm the tasks to be undertaken to support biomedical investigations and interventions 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 legislation, policies and procedures.	Sources of information may be: – individual record/request details – supervisor or other colleague Tasks 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 Biomedical investigations and interventions *See overview* Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: a) confirms with relevant information sources: – the nature and purpose of the routine biomedical investigations/interventions 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 legislation, policies and procedures.	Information sources may be: – individual records/request details – person responsible for overall planning of the work Biomedical investigations and interventions *See overview* Legislation, policies and procedures *See overview*

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

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

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

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Assist in the production and/or adaptation of equipment and devices 2 Produce and/or adapt equipment and devices to set requirements 3 Design, produce and adapt equipment and devices 4 Design, produce and adapt complex/unusual equipment and devices
Description	This dimension is about designing and producing equipment and devices to meet people's assessed health and wellbeing needs. The equipment and devices may be: – built/made from raw materials – assembled from pre-made components – customised (ie adapted from a standard item) – custom-made (ie specifically designed and developed for an individual). Equipment and devices which are selected from a pre-existing range of items and which do not require significant configuration or programming for use with individuals would not be relevant to this dimension (eg pre-made splints and false limbs of different sizes, standard wheelchairs). Progression through the levels in this dimension is characterised by: – the move from routine tasks related to a specific part of the design/production process to involvement in all stages of the process – greater complexity in the item to be produced and/or the needs to be met, involving more original design and less adaptation of existing solutions – increasing levels of clinical and technical knowledge and skills – increasing levels of knowledge and skills about the effect that beliefs, culture and religion have on the choices that people make about how to address their health and wellbeing needs – increasing contact with the individuals who use the equipment and/or devices and with others involved in addressing their health and wellbeing needs.
Examples of application *These may be relevant to all levels in this dimension*	Equipment includes: – adaptive systems for daily living – environmental adaptations – systems to provide remote care (telecare) – wheelchairs. Devices 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). Legislation, policies and procedures 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: – *Core 2 Personal and people development* which focuses on developing users in the use and maintenance of equipment and devices – *Core 3 Health, safety and security* which focuses on dealing with hazards and risks – *Core 6 Equality and diversity* which focuses on promoting people's rights and the responsibilities which we have to do this – *G3 Procurement and commissioning* which focuses on the procurement of materials and components, and commissioning of outside services (eg to manufacture devices) – *G5 Services and project management* which focuses on coordinating design and production activities – *HWB2 Assessment and care planning* which focuses on the assessment of the person's needs in the context of their lives – *HWB6 Assessment and treatment planning* which focuses on assessment in relation to physiological and/or psychological functioning in the context of the whole person. This dimension is different from dimensions: – *EF1 Systems*, vehicles and equipment which focuses on the maintenance and repair of equipment – *G2 Development and innovation* which focuses on the development of innovative methods, techniques, products, equipment and practices for widespread application, rather than to meet an individual's particular needs – *HWB10 Products to meet health and wellbeing needs* which focuses on the development of products rather than equipment and devices.
Terminology	*Item:* the term item has been used within some of the indicators/examples of application – it refers to a particular piece of equipment and/or device that is being produced.

HWB9/Level 1: Assist in the production and/or adaptation of equipment and devices	
Indicators	***Examples of application***
The worker: a) checks with relevant information sources to confirm the tasks to be undertaken in the production and/or adaptation of equipment and devices 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 legislation, policies and procedures.	Equipment: *See overview* Devices: *See overview* Information sources may be – order – prescription – supervisor or other colleague Legislation, policies and procedures *See overview*

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

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

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

Indicators	***Examples of application***
The worker: a) obtains, collates and evaluates relevant information to support the design and production process b) assesses the feasibility of designing and producing the request/prescription and reports any potential problems to the appropriate people c) develops for the identified equipment and/or device: – detailed design specifications to meet identified needs that are consistent with legislation, policies and procedures and take all relevant issues 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 clients advising them on their use and maintenance g) monitors the effectiveness of items in meeting identified needs and makes appropriate modifications.	Equipment: *See overview* Devices: *See overview* Legislation, policies and procedures *See overview* Relevant issues 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 Clients 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***
The worker: a) obtains, collates and evaluates relevant information to support the design and production process, identifying the complex or unusual aspects of cases b) assesses the feasibility of designing and producing the request/prescription and resolves any potential problems with the appropriate people c) develops for the identified equipment and/or device: – detailed design specifications to meet identified needs that are consistent with legislation, policies and procedures and take all relevant issues into account – realistic and justifiable designs which meet the specification d) produces and tests trial models/prototypes to check the suitability of the design and makes appropriate modifications e) determines, implements and monitors appropriate means of production 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 g) checks and confirms that finished items are fit for purpose, conform to designs and meet relevant quality criteria h) liaises with relevant colleagues and clients at appropriate stages of the design and production process i) supplies items to clients advising them on their use and maintenance j) gathers feedback on the effectiveness of items in meeting identified needs and responds appropriately.	Equipment: *See overview* Devices: *See overview* Legislation, policies and procedures *See overview* Relevant issues 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 – including new/emerging technology which may be of benefit Means of production may include – external manufacturer – in house workshop – self or others in own team Clients 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 *These may be relevant to all levels in this dimension*	Products include: – blood components and products – food and drink – medicines – nutritional products and supplements – other products used in the assessment and treatment of needs related to health and wellbeing (eg diagnostic agents). Legislation, policies and procedures may be international, national or local and may relate to: – blood transfusion – food safety and handling – health and safety – hygiene – information – ionising radiation – medicines – pharmaceutical manufacture and distribution – product liability – substances hazardous to health.

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*
The worker: a) checks with relevant information sources to confirm the preparation tasks 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 products and ingredients according to instructions and in a way which – maintains their quality – is consistent with legislation, policies and procedures – minimises risks to self, others and the work environment e) confirms that prepared items meet requirements, places them in the correct conditions and location for the next stage of use, together with any required labels, information and sundries 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	Information sources may be – electronic – instructions – prescription/order – supervisor or other colleague – verbal request – work plan/recipe Preparation tasks 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. Products might include: *See overview* Placing items in correct conditions and location for the next stage of use may be: – giving them to users of the service – placing them ready for further processing – storing for future use Sundries may be: – cutlery, crockery, serviettes etc – devices for administering medicines. Legislation, policies and procedures *See overview*

HWB10/Level 2: Prepare and supply routine products

Indicators	*Examples of application*
The worker: a) confirms with relevant information sources: - the nature of the product 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 legislation, policies and procedures - minimises risks to self, others and the work environment d) confirms that prepared items meet requirements and quality criteria e) places items in the correct conditions and location for the next stage of use, 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.	Information sources may be: – electronic – formula – instructions – labels – prescription – recipe – supervisor or other colleague – work plan Products 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. Placing items in correct conditions and location for the next stage of use may be: – placing them ready for further processing – storing for future use – supplying to colleagues – supplying to users of the service Legislation, policies and procedures *See overview*

HWB10/Level 3: Prepare and supply specialised products

Indicators	***Examples of application***
The worker: a) confirms the validity and appropriateness of requests for specialised products 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 legislation, policies and procedures - 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 places them in the correct conditions and location for the next stage of use, 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	Products 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) Requests for specialised products may be – electronic – prescriptions – other requests/orders Placing items in correct conditions and location for the next stage of use may be: – placing them ready for further processing – storing for future use – supplying them to users of the service – supplying them to colleagues Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) obtains, collates and evaluates relevant information on health and wellbeing needs b) evaluates product options and their methods of delivery and determines those which will best meet assessed needs, taking account of all relevant factors c) provides information, advice and support on products and methods of delivery, explaining clearly the associated benefits and risks d) confirms the validity, accuracy, safety and appropriateness of requests for products and takes the appropriate action if there are concerns e) monitors the quantity and quality of supplied products to confirm that they meet specified requirements and all relevant legislation, policies and procedures f) gathers feedback on the effectiveness of products in meeting identified needs and takes the appropriate action in response.	Product options 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 Relevant factors 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 Information, advice and support may be given to: – the person/people for whom the product is being supplied – the person/people who requested the product – other interested parties. Requests for products may be: – prescriptions – other requests/orders Monitoring the quality might include: – comparison with specification/prescription – observation – sampling – testing Legislation, policies and procedures *See overview* Appropriate action might include: – alerting suppliers to faulty materials – contacting those specifying product requirements – evaluating quantity against demand and feeding back into production process.

DIMENSION EF1: SYSTEMS, VEHICLES AND EQUIPMENT

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

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

Indicators	***Examples of application***
The worker: a) correctly follows routine maintenance schedules and procedures for the components of systems, vehicles and equipment b) correctly identifies simple faults in the system/vehicle/equipment and takes the appropriate action to remedy them c) correctly and safely prepares, uses, cleans and stores equipment, tools and materials 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 legislation, policies and procedures	Routine maintenance might include: – cleaning – component maintenance – simple repairs Systems, vehicles and equipment *See overview* Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: a) correctly follows routine maintenance schedules and procedures for systems, vehicles and equipment 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 remedial action to deal with performance problems e) takes the appropriate action 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 legislation, policies and procedures	Monitoring and maintenance may be: – corrective – preventative – to improve performance and may include – adjusting/upgrading – fault diagnosis and repair – installing new components – servicing – testing – upgrading components Systems, vehicles and equipment *See overview* Remedial action to deal with performance problems might include: – adjusting systems/vehicles/equipment to improve performance – repairing faults – replacing/replenishing consumables Appropriate action if a fault cannot be resolved might include: – reporting the fault for further investigation/repair – requesting specialist assistance – withdrawing the problem item from use Legislation, policies and procedures *See overview*

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

Indicators	*Examples of application*
The worker: a) correctly carries out regular maintenance of complex systems, vehicles and equipment consistent with legislation, policies and procedures b) establishes the standards of performance expected of systems/vehicles/equipment and gathers enough information to monitor their ongoing performance c) promptly and accurately identifies problems with performance of systems/equipment and makes an appropriate diagnosis of their nature and cause d) accesses specialist advice and information to help with diagnosis and remedy of problems e) determines and implements the most appropriate remedy to the problem, taking account of any relevant factors f) correctly and safely installs and integrates new systems/ vehicles/equipment, handing over to users with full guidance and support g) offers information to colleagues on how systems/ vehicles/equipment should be developed to better meet user needs.	Systems, vehicles and equipment *See overview* Legislation, policies and procedures *See overview* Information on performance may be gathered via: – calibration – communication with users – ongoing observation/recording – specifications/bulletins – specific tests/checks Remedies may be: – 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 Factors may include: – compatibility – cost effectiveness – ease of implementation – environmental issues – needs and wishes of specific individuals and groups – resource and skill availability – service agreements/contracts – service impact – standards – timescales

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

Indicators	***Examples of application***
The worker: a) gathers and analyses sufficient information to: – evaluate current performance and capacity of systems, vehicles and equipment – identify current problems/issues – predict future needs – assess the capacity of systems/ vehicles/ equipment to meet future needs – identify possible solutions b) determines appropriate ways of improving the ability of systems/vehicles/equipment to meet current and future needs c) produces realistic and justifiable proposals for improving the systems/vehicle/equipment which take account of: – all relevant factors – legislation, policies and procedures 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.	Systems, vehicles and equipment *See overview* Ways of improving 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 Legislation, policies and procedures *See overview* Factors 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

DIMENSION EF2: ENVIRONMENTS AND BUILDINGS

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

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

Indicators	***Examples of application***
The worker: a) follows schedules and procedures for assisting with maintenance and monitoring 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 legislation, policies and procedures e) reports any problems to the appropriate person without delay.	Assisting with maintenance and monitoring might include: - cleaning - clearing and emptying - refurbishment - removal and replacement - repairs – simple - replenishment of supplies - repositioning (eg of security cameras) - washing Legislation, policies and procedures *See overview*

EF2/Level 2: Monitor and maintain environments, buildings and/or items

Indicators	***Examples of application***
The worker: a) confirms with relevant information sources: – the nature of the monitoring and maintenance 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 legislation, policies and procedures, and any relevant service agreements/contracts d) identifies any problems with environments, buildings, items or equipment and takes the appropriate action 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.	Information sources may be: – colleagues – managers – procedures – schedules – users of environments/buildings/items Monitoring and maintenance may be: – complex repairs – decontamination – monitoring movements and intervening – refurbishment – replacing – specialist cleaning – sterilisation Legislation, policies and procedures *See overview* Appropriate action might include: – isolating the problem item or area from use – reporting the problem for further investigation/decision making – requesting specialist assistance – solving the issue.

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

Indicators	*Examples of application*
The worker: a) specifies, creates, implements and reviews procedures and processes for the monitoring and maintenance of environments, buildings and items b) gathers and analyses sufficient information 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 remedies to address issues, taking account of any relevant factors 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 legislation, policies and procedures and any service agreements/contracts.	Procedures and processes for the monitoring and maintenance of environments, buildings and items may be related to: – small improvements that could make a real difference to users and staff – major improvements and developments – ongoing maintenance and monitoring. Information on environments, buildings and items may be gathered from: – complaints – observation – records – tests and checks – users – work team Remedies 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 Factors 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 Legislation, policies and procedures *See overview*

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

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

DIMENSION EF3: TRANSPORT AND LOGISTICS

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

EF3/Level 1: Transport people and/or items

Indicators	*Examples of application*
The worker: a) prepares appropriately for the particular transport 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 safely and to time consistent with legislation, policies and procedures 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.	Preparation might include: – alerting people to arrival – making ready the area to receive people and/or items – planning for one-off activities/events Transport might be using: – equipment – heavy duty equipment – vehicles under normal road conditions – vehicles under blue light conditions. Safe transport 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 Legislation, policies and procedures *See overview*

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

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

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

Indicators	*Examples of application*
The worker: a) works with others to identify: – resource utilisation factors – 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 legislation, policies and procedures c) negotiates with others to put in place sufficient supporting mechanisms 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) evaluates the effectiveness and efficiency of the logistics at key intervals to identify the need for more fundamental improvements.	Resource utilisation factors might include: – contracting and procurement methods and standards – equipment and material use – human resources – infrastructure – methods – quality standards – quantity – regulations. Legislation, policies and procedures *See overview* Supporting mechanisms might include: – effective communication processes. – information flows – knowledge capability within the organisation/service – technology Evaluation 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 *These may be relevant to all levels in this dimension*	Data and information might be processed for: – assessment, diagnosis, care and treatment of patients/clients ie data and information about patients and clients – buildings and environments – development and innovation – education, training and development – effectiveness of specific treatments, forms of care, lifestyles that promote health and wellbeing etc ie information for the public and users of services – financial services – health and wellbeing – health, safety and security – management of finances, people, projects or services – marketing and public relations – prescribing patterns – procurement and commissioning – promotion of equality and diversity – resource use – service effectiveness – systems, vehicles and equipment – transport and logistics – workforce analysis. Data and information may be in the following formats: – electronic (eg spreadsheets, databases, word processing packages) – printed/written (eg paper based files and records) Data and information may be: – raw – intermediate – processed Legislation, policies and procedures may be international, national or local and may relate to: – accreditation – clinical negligence – controls assurance – data protection and confidentiality – information – freedom of information – records management – tax and revenue

Links to other KSF dimensions

This dimension is supported by:

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

This dimension is different from dimensions:

- IK2 Information collection and analysis: covers the analysis and interpretation of data and information
- IK3 Knowledge and information resources: covers the use, management and development of all forms of knowledge and information resource, such as library services

IK1/Level 1: Input, store and provide data and information	
Indicators	***Examples of application***
The worker: a) inputs data and information accurately and completely: – using the correct formats – consistent with legislation, policies and procedures b) uses available automated facilities 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	Data and information might be processed for: *See overview* Data and information may be in the following formats: *See overview* Data and information may be: *See overview* Legislation, policies and procedures *See overview* Automated facilities 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*
The worker: a) inputs, amends, deletes and modifies data and information accurately and completely consistent with legislation, policies and procedures b) establishes requirements and finds requested data/information using agreed procedures and appropriate sources c) collates, structures and presents data/information as requested using agreed systems and formats d) maintains the integrity of data/information consistent with legislation, policies and procedures e) assures the quality of data during modification, structuring and presentation f) stores data and information safely and in a way that allows for retrieval within appropriate timescales g) keeps the data/information system up to date.	Data and information might be processed for: *See overview* Data and information may be in the following formats: *See overview* Data and information may be: *See overview* Legislation, policies and procedures *See overview* Actions to keep the data/information system up to date may include: – making a record of data/information entered into or withdrawn from the system – 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***
The worker: a) monitors and confirms that others are: – receiving data and information in a timely way – receiving data and information in a meaningful format – providing data and information at agreed times and in agreed formats – processing data and information accurately to an appropriate level of detail in an agreed format – storing data and information securely – maintaining the currency of the data/information system – transmitting data/information in a way that maintains its confidentiality – complying with relevant legislation, policies and procedures b) monitors and confirms that appropriate systems, controls and processes are in place to: – maintain the efficient flow of information – assure the quality of processed data and information c) identifies and investigates problems and queries relating to data/information processing and management and takes the appropriate action in response	Data and information might be processed for: *See overview* Data and information may be in the following formats: *See overview* Data and information may be: *See overview* Legislation, policies and procedures *See overview* The quality of processed data may relate to its: – consistency – integrity – validity Problems and queries might include: – breaches of confidentiality – ineffective procedures for providing and/or receiving data – mis-categorising or misclassifying of information – misreading of information (eg slides) – poor quality in individual processing

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

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

DIMENSION IK2: INFORMATION COLLECTION AND ANALYSIS

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

Examples of application

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*
The worker: a) collects and collates data/information effectively and to time, using set systems and consistent with legislation policies and procedures 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	Collection of data and information might be from: – primary data (eg through face-to-face interviews) – secondary data. Data and information might be: *See overview* Data and information may be held in systems which are: *See overview* Data and information might relate to: *See overview* Data and information may be – raw – intermediate – processed Legislation, policies and procedures *See overview*

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

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

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

Indicators	*Examples of application*
The worker: a) formulates and agrees with others: – the questions to be answered and issues to be addressed by the data/information – the concepts to be used for data and information collection, management, analysis, interpretation and reporting b) identifies appropriate and valid sources which can provide data and information of sufficient quality and quantity c) identifies, develops and implements a range of valid, reliable, cost-effective and ethical methods for addressing the agreed questions and issues, minimising disruption to the people providing the data/information and complying with relevant legislation, policies and procedures d) defines and implements search strategies for reviewing data and information and summarising the results e) monitors the quality and quantity of the data and information and takes the necessary action to deal with any problems and maintain data quality f) collates and analyses data and information using methods appropriate to: – the initial questions/issues to be addressed – the nature of the data and information g) interprets, appraises and synthesises data and information appropriately and identifies: – consistency and inconsistency in outcomes – any limitations in the analyses used and continually holds issues raised open to question h) develops justifiable and realistic conclusions and recommendations to time and presents them using format, layout, images and structure appropriate to: – the needs and interests of the intended audience(s) – accepted conventions and protocols – the intended purpose of the presentation	Data and information might be: *See overview* Data and information may be held in systems which are: *See overview* Data and information might relate to: *See overview* Legislation, policies and procedures *See overview* Problems with data and information may be related to: – gaps in coverage – inconsistencies/conflicts between different aspects of the data/information – insufficient quality/quantity for valid analysis – limitations of the data/information in addressing the original question/issue Formats may include: – articles/content for electronic information systems – reports generated from computer based information management systems – verbal and/or audio-visual presentations – written reports, papers, articles etc – financial accounts – statistical analyses Images 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***
The worker: a) gathers and analyses sufficient information to: – evaluate current performance and capacity in data and information analysis and presentation – identify compliance with legislation, policies and procedures – identify current problems/issues – predict future needs – assess capacity to meet future needs – identify possible solutions b) determines and implements appropriate ways of improving data and information analysis and presentation, taking account of relevant factors c) produces realistic and justifiable proposals for improving data and information analysis and presentation 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 .	Data and information might be: *See overview* Data and information may be held in systems which are: *See overview* Data and information might relate to: *See overview* Legislation, policies and procedures *See overview* Ways of improving 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 Factors may include: – accessibility of the data and information to different groups – cost effectiveness and efficiency of different methods of collection and analysis – legislative requirements – needs and wishes of individuals, groups and the public – ongoing schedule for data and information provision – resource and skill availability – service agreements/contracts – service impact – timescales

DIMENSION IK3: KNOWLEDGE AND INFORMATION RESOURCES

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Access, appraise and apply knowledge and information 2 Maintain knowledge and information resources and help others to access and use them 3 Organise knowledge and information resources and provide information to meet needs 4 Develop the acquisition, organisation, provision and use of knowledge and information
Description	This dimension relates to accessing and managing all types of knowledge and information resources. It includes activities such as: – finding the information you need for the purposes of your own work – helping users to find information to meet their needs (eg the requirements of legislation and policies) – organising knowledge and information through activities such as indexing, classifying and cataloguing – identifying and acquiring new knowledge and information resources and materials. Progression through the levels in this dimension is characterised by: – dealing with an increasing range and complexity of information needs, from the worker's own needs to routine and complex needs of others, to the overall needs of an organisation or service – applying increasing knowledge and skills relating to organising information – from maintaining and organising items within an established system and framework, to developing and improving those systems and frameworks
Examples of application *These may be relevant to all levels in this dimension*	Knowledge and information resources 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. Knowledge and information resources 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 Knowledge and information might be: – quantitative – qualitative. Legislation, policies and procedures 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***
The worker: a) correctly identifies the need for additional knowledge and information resources to support her/his work b) identifies possible sources of the knowledge and information 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 legislation, policies and procedures.	Knowledge and information resources might be accessed, developed and organised for the purposes of: *See overview* Knowledge and information resources may be: *See overview* Knowledge and information might be: *See overview* Sources of knowledge and information might include: – colleagues – expert users of services – internet – intranet/extranet – libraries – literature – multidisciplinary meetings – National Electronic Library for Health (NeLH) – reference books – resource centres Legislation, policies and procedures *See overview*

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

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

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

Indicators	***Examples of application***
The worker: a) establishes and agrees users' requirements for knowledge/information b) identifies and evaluates potentially relevant knowledge and information resources 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 organising resources f) acts consistently with legislation, policies and procedures.	Requirements may relate to: – content – equality and diversity issues – format – frequency/timing of provision – quality – quantity – resource(s) to be used – timescales/deadlines Knowledge and information resources might be accessed, developed and organised for the purposes of: *See overview* Knowledge and information resources may be: *See overview* Knowledge and information might be: *See overview* Ways of organising knowledge/information resources might include: – abstracting – cataloguing – classifying – indexing Legislation, policies and procedures *See overview*

IK3/Level 4: Develop the acquisition, organisation, provision and use of knowledge and information

Indicators	***Examples of application***
The worker: a) gathers and evaluates information on the organisation's use of, and need for, knowledge and information resources and identifies any current or potential future issues and opportunities including the extent to which they support legislation, policies and procedures 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 gathered via – consulting with users – monitoring ongoing use and application of knowledge/information resources Knowledge and information resources might be accessed, developed and organised for the purposes of: *See overview* Knowledge and information resources may be: *See overview* Knowledge and information might be: *See overview* Issues 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) Legislation, policies and procedures *See overview*

DIMENSION G1: LEARNING AND DEVELOPMENT

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

G1/Level 1: Assist with learning and development activities	
Indicators	***Examples of application***
The worker: a) identifies with the relevant people the activities to be undertaken to support learning and development b) undertakes the task effectively and to time consistent with legislation, policies and procedures c) reports any difficulties or problems at an appropriate time to a team member.	Activities 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 Learning and development *See overview* Legislation, policies and procedures *See overview*

G1/Level 2: Enable people to learn and develop

Indicators	***Examples of application***
The worker: a) agrees with the team the purpose, aims and content of the learning and development and own role in the process b) prepares thoroughly for own role addressing any issues in advance 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 legislation, policies and procedures 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.	Learning and development *See overview* Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: a) identifies: – the purpose and aims of learning and development interventions – the learning and development needs of the individuals who are to be involved – the time and resources available b) develops and agrees a plan of how learning and development will be facilitated c) undertakes own role in supporting learning and development – developing an environment conducive to learning – recognising individuals' particular needs, interests and styles – using the agreed learning and development methods and approaches – in a manner that stimulates individuals' interest, promotes development and encourages their involvement – consistent with legislation, policies and procedures – supporting and promoting others' contribution – in a manner that reflects the criticality of the work and the related decisions 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.	Learning and development *See overview* Plan of how learning and development will be facilitated might include: – aims and objectives – content and timing – design of learning materials – methods and approaches to be used – who will be involved and their respective roles – resources – how the environment will support learning – assessment purposes and methods – methods of evaluation Legislation, policies and procedures *See overview*

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

Indicators	***Examples of application***
The worker: a) identifies with those commissioning learning and development programmes: – the purpose and aims of programmes – the relationship of one programme to another, and to related learning needs – the starting points and learning needs of learners – the time and resources available – any contextual factors that need to be taken into account in learning designs b) designs overall learning and development programmes that: – are appropriate to the interests of the commissioners and the needs of learners – contain phased and inter-related objectives, methods and approaches – make best use of the resources available – are consistent with good learning practice – identify how programmes and their component parts will be evaluated – specify relevant legislation, policies and procedures 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.	Learning and development *See overview* Legislation, policies and procedures *See overview*

DIMENSION G2: DEVELOPMENT AND INNOVATION

Overview	
Status	Specific – it will relate to some jobs but not all.
Levels	1 Appraise concepts, models, methods, practices, products and equipment developed by others 2 Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment 3 Test and review new concepts, models, methods, practices, products and equipment 4 Develop new and innovative concepts, models, methods, practices, products and equipment
Description	This dimension is about the development, testing, review and appraisal of new concepts, models, methods, practices, products and equipment, including, where appropriate innovation. These new and innovative approaches are likely to be widely applicable, rather than designed solely for one situation, although they may well arise from something developed to meet one specific set of circumstances. However, this dimension involves testing (through prototypes, pilot studies, clinical trials etc) to check that the innovations can be used in a range of contexts. Innovations may be in relation to services to address health and wellbeing needs and/or improve health and wellbeing, or be related to services that support the smooth running of the organisation (such as finance, estates). Progression through the levels in this dimension is characterised by: – the move from identifying and reviewing innovative approaches developed by others, through testing out innovations to the actual development of innovative approaches – increasing knowledge of relevant trends and developments and their potential implications – increasing technical knowledge and skills in design and development, including knowledge of the factors which may influence or constrain potential innovations.
Examples of application *These may be relevant to all levels in this dimension*	Development 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. Legislation, policies and procedures 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***
The worker: a) identifies new developments made by others that might be relevant to own area of work b) critically evaluates and reviews developments to determine if and how they could be applied within own area of work c) proposes the adoption of relevant developments within own work area to relevant decision makers	Developments *See overview* Legislation, policies and procedures *See overview* Evaluating and reviewing developments may include: – 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*
The worker: a) confirms with relevant information sources: – the nature of the activities required – any particular factors to take into account and selects appropriate ways of developing, testing and reviewing concepts, models, methods, practices, products and equipment b) conducts the activities for which s/he is responsible using the agreed methods and consistent with legislation, policies and procedures 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	Information sources may be: – plan/design/specification – person responsible for overall testing of the development Developing, testing and reviewing might include: – building prototypes/trial models – creating new components from given designs and specifications – developing minor designs – investigations/experiments – trialling developments in the workplace Developments *See overview* Legislation, policies and procedures *See overview*

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

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