

## Briefing Note 7

# *Implementation of the Knowledge and Skills Framework and Widening Participation in Learning in the NHS*

## A report for the Widening Participation in Learning Strategy Unit

Compiled by The National Institute of Adult Continuing Education – England and Wales

### What is the KSF?

The Knowledge and Skills Framework (KSF) is one of the three major elements of the radical reform to pay and conditions for NHS staff set out in Agenda for Change. Agenda for Change has been described as a “pay and learning system” since it builds in a right to learning and development for staff as an entitlement for those employed in the NHS. This is accompanied by a responsibility to learn and develop the knowledge and skills appropriate to the post held.

Equitably applied the KSF has the potential to widen participation in learning dramatically.

### Examining the contribution of the KSF

The objective of this three-phase project commissioned by the Widening Participation in Learning Strategy Unit and undertaken by NIACE,

is to examine the local operation of the KSF. The researchers set out to understand how it can most effectively support skills escalation and progression through learning, whilst also meeting priority workforce development objectives.

- Phase One has collected information from seven NHS Trusts about learning activity brought about through the introduction of the KSF, particularly looking for those measures that have had an impact on widening participation in learning.
- Phase Two will use information from a wider range of Trusts to develop approaches to implementing the KSF which maximises its widening participation potential.
- In Phase Three, it is anticipated that these approaches will be applied at a demonstration site, to resolve any practical issues and facilitate replication.



## Methodology

The seven Trusts in Phase One were:

- Oxleas NHS Foundation Trust
- Southampton University Hospitals Trust
- North Glamorgan NHS Trust
- South Manchester University Hospital NHS Trust
- Shropshire County PCT and Telford and Wrekin PCT
- North West London Hospitals Trust

Telephone and face-to-face interviews were used, with more in-depth exploration through the use of focus groups at some of the sites.

It was difficult for some Trusts to supply all the data requested. Not all information had been reported nationally nor was it going to be easily available locally. This included data on:

- Number of individuals with full KSF outline
- Number having a development review using KSF
- Number with Personal Development Plan (PDP) agreed
- Number who have undertaken supported development.

## Introducing the KSF/PDR process

The KSF process is being rolled out across the service, but the speed and penetration of that process remains uneven.

It is imperative to ensure that all trainers and reviewers are themselves competent and effective.

All of the Trusts interviewed provided some training for different groups as a preparation for their different roles in the review process.

The notion that reviewees need training as much as those who might be thought to have the 'active' role (managers and reviewers) seems to be generally accepted and is very much to the credit of the service.

It is important that the process is not made unnecessarily complex, and that individual reviewers are not given too heavy a load.

In Trusts where an extensive support structure is in place it makes an enormous difference to keeping the engagement of staff.

## Benefits of the KSF

It is clear that attempts to measure or even comment on 'benefits' are felt by many to be premature.

There can also be a feeling that how well it works is largely based on the enthusiasm, awareness and understanding of a particular manager.

Clearly there are benefits in the penetration of ideas of appraisal, personal planning and a search for progression opportunities right down the jobs chain and some examples of success.

Often, benefits are hedged with caveats about why they cannot be turned into practical realities or will soon be curtailed by prevailing budgetary constraints.

The question of the training and support that managers need arises acutely again here. Knowledge of learning opportunities, of the range and appropriateness of learning styles or the ability to sensitively assess basic skill needs are not easy to acquire.

*'Overall, it's too early to see the actual benefits of the KSF...but there are some organisational benefits. The KSF spreadsheet of job outlines has enabled us to map 'job families' and see possible gaps in both role and progression opportunities...This couldn't have been done before KSF...It enables us to see if bottlenecks in the service can be shifted if roles are redesigned; who does jobs and best use of their time; and it also enables us to identify progression opportunities...It will help us to build advice in career terms but we still need to do a lot of thinking about this.'*

(Phase One report 2007)

*'KSF has made us aware of the current gaps in available learning – we need more management training, but have to do it on the job at present. We would like to access external learning programmes as they meet our needs, but have a training embargo.'*

(Phase One report 2007)

*'There is a literacy and numeracy need amongst our staff. I would estimate 10% of our staff of 20 have such a need. This doesn't get flagged up in supervision. Having a KSF outline with the core communication competencies helps staff who lack a standard of professional practice in literacy and numeracy: it helps bring it out in the open.'*

(Phase One report 2007)

## Obstacles to success

The commitment of senior management is essential to success.

KSF leads, trainers etc. must feel that this part of their role is valued and supported and not time 'stolen' from the real job; training and development must start at the top and be regularly reinforced to reduce the effects of rapid turnover of staff in depleting the stock of trained managers.

Managers in the NHS do not automatically have skills in advice, information and guidance in an education and training context, a knowledge of the range of learning modes and methods which can

*'Staff were motivated by it at first, but once Agenda for Change and the new bandings came in they became demotivated, as many were given new responsibilities without any extra pay. Developments such as the withdrawal of funding from NVQs has, in some cases, reinforced this cynicism since it seems to indicate a lack of serious commitment.'*

(Phase One report 2007)

*'Many managers know and understand the importance of training and probably want to support it, but either don't have the time or possibly don't have the skills or knowledge to advise about appropriate learning opportunities. They don't know who to contact.... Often staff have had poor educational experiences and need more support from their managers to access learning to engage them in learning – but the managers themselves may be unsure.'*

(Phase One report 2007)

be utilised or of education and training structures and funding mechanisms.

The squeeze on resources in general and the freezing of posts in particular cannot be underestimated as a barrier in the way of progress.

The mystery must be taken out of portfolio building, and alternative ways of presenting evidence explained and valued.

## What works and what can we take forward?

### Leadership

A strategy and process for each Trust needs to be developed from the start as a co-operative exercise between staff side and management. In particular, union representatives can be used in joint promotion of a process perceived to be beneficial to all.

Starting at the top, the whole process and its benefits and values need to be embraced by management at the highest level in a Trust. This must be more than a simple paper commitment to mission or values statements. Management must be seen to be participating.

### Preparation and training

KSF leads, champions and trainers will need training and familiarisation that leaves them confident across the piece from representing KSF to senior managers to supporting all those covered by KSF in whatever role.

The evidence of people saying that training 'went over their head' or was too long and boring emphasises the importance of training the trainers and of offering reinforcement training to those least likely to have previous experience of this kind of process. It is a tribute to the NHS that training for those to be reviewed but who are not themselves reviewers was seen as a natural need in many places. This would not have been the case in many other work settings. It should be an essential factor in training programmes.

### Data collection and analysis

The KSF Group of the NHS Staff Council is asking that information should be gathered in 2007 to enable analysis by:

- Occupational group
- Age
- Pay band

- Ethnicity
- Disability
- Gender
- Community (in Northern Ireland).

This information would give a firm basis for improved monitoring of participation.

The eKSF tool is useful and could be ideal especially if problems of linking to ESR can be solved.

Training, including basic IT training where necessary, must precede the use of the tool. It is better practice for staff to input their information than to leave it to managers but many will need help to do this.

### *Knowledge of learning*

In-house expertise is clearly extensive and needs to be nurtured and extended. There was evidence that some people understood the range of specialist education and training skills that are being required implicitly of leaders and trainers. Unfortunately, in fact, evidence was found of this kind of specialism disappearing with the non-filling of 'non-essential' posts.

Access to outside sources of funding and to courses delivered by outside learning providers (colleges and others) seems much more limited than

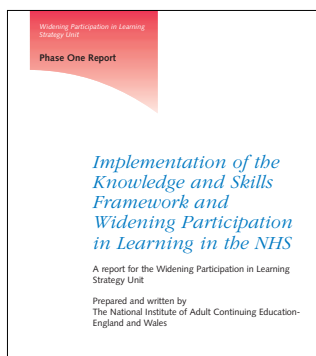
anticipated. Some Trusts have developed these relationships and their knowledge can be shared with others. Mechanisms and models remain to be explored. On-the-job and in-house learning will be the main way forward but is not an easy option. The development of a work-based learning infrastructure so that this kind of activity is built into expectations will be necessary. There are models here, within and outside the service that can be explored and shared.

### *Content of learning*

Overwhelmingly it is mandatory learning that is taking precedence and that is just as it should be since the KSF outlines, if properly drawn up in the context of the core dimensions, will contain much that is useful to staff in Bands 1–4 who have been excluded from learning in the past. Trusts should consider seriously whether basic skills screening and basic IT training should be offered to all staff. In the context of the KSF a lack of these skills is an enormous barrier to participation.

### *Conclusion*

The successful implementation of the KSF, with its universalist philosophy, into the highly hierarchical setting of the NHS will of itself be a huge step in widening participation in learning.



## **Implementation of the Knowledge and Skills Framework and Widening Participation in Learning in the NHS**

Phase One report by NIACE is available on the website at <http://www.wideningparticipation.nhs.uk>



## **Learning for a Change in Healthcare**

The first report from Professor Bob Fryer CBE, National Director for Widening Participation is now available. Read the report and share your thoughts on the website at <http://www.wideningparticipation.nhs.uk>

## **Contact us**

We would like to hear from you about any of the issues raised about the work in this Briefing Note. Please contact Professor Bob Fryer CBE, National Director on:

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