

The NHS Staff Council's New Guidance on the KSF and Appraisals

WHAT WE THINK IT MEANS FOR YOU

Most of our work here at Think Associates is in helping organisations make the most of, and successfully implement, NHS policies around appraisal and development. As you're probably aware, the new guidance around the implementation of the KSF for organisations in England was released this week at the 'Leading Workforce Thinking' conference. We think this guidance is a great opportunity for organisations to revisit their approach to managing appraisal and development, by using the flexibility inherent in the KSF to craft a process that works for you locally.

You can download the new guidance from the NHS Employers website at: <http://www.nhsemployers.org/Aboutus/Publications/Pages/AppraisalsAndKSFMadeSimple-ApracticalGuide.aspx> We've been working hard here to bring you our analysis of how we think the guidance affects you. Some time taken now thinking about the opportunities and challenges will, we feel, pay dividends in the creation of approaches which are:

- » **Local** – fits with your organisational strategies, organisational objectives and workforce practices rather than being driven from central DH requirements.
- » **Simple** – allowing you to implement the core principles of the KSF with a very light touch and minimal bureaucracy.
- » **Integrated** – so that staff understand that there is a single and efficient appraisal, performance management and development cycle.
- » **Strategic** – owned by Directors at the top of the organisation and seen as a key part of managerial roles.
- » **Holistic** – and can underpin other key workforce management requirements like risk management, CQC and NHSLA auditing, workforce planning and training needs analyses.

We've summarised what we see as the main aspects of the new guidance in **10 points**, describing the change, the implications and the practical next steps. We've had many days discussing, reflecting on and testing our ideas – more than we can fit into a short online article – so please [contact us](#) if you'd like to hear more!

1 A renewed focus on Performance Appraisal as well as Development Review.

The new guidance introduces a joined-up process for appraisal and development, with the KSF at the core and supported by a personal development planning cycle. Implications include:

- » The need to be clear about what your Performance Appraisal and Development Review (PADR) process is there to do – look at our blog article about the [7 functional categories for Performance Appraisal](#).
- » The need for alignment of HR and L&D policies and processes for tasks which have, historically, often had different focus and been driven from different parts of the organisation.
- » Ensuring that your paper and/or electronic systems are supporting a joined-up process – don't ask staff to go to more than one place, to complete the cycle!
- » Thinking about how your PADR process aligns the work and competencies of your staff, with the organisational objectives, and how you then use the process to check that people are working effectively to their personal objectives.

2 The introduction of a new dimension - 'Management and Leadership'.

'Management and Leadership' has been defined as a 25th specific dimension, and includes definition of leadership values, behaviours and indicators at each of the 4 KSF levels. Implications include:

- » A decision about whether to adopt this new dimension (it is optional).
- » If your organisation does adopt the new dimension, how does it relate to the Leadership Qualities Framework? There are clear overlaps but no direct mapping, and the LQF is significantly more detailed.



- » Do you need to update your existing KSF Post Outlines, especially those which contain the dimensions of Service Improvement, Quality, People Management and Capacity & Capability, all of which may have some interaction with this new dimension?
- » Do you need any guidelines about which pay bands might be appropriate to allocate this dimension to? There are, rightly in our view, no limitations on this in the new guidance.
- » Does this new dimension make the KSF more suitable for use with very senior managers, as a core framework that covers the entire organisation including talent management programmes and succession planning?

3 An explicit encouragement to keep things simple and flexible.

The guidance makes regular references to simple processes, simplified formats and being a framework approach rather than a set of rules and procedures. Implications include:

- » Being clear about what the core principles of the KSF are – the “must do’s” (these are in the new guidance, but in summary they refer to the need for all staff to have an annual Performance and Development Review as part of an ongoing relationship with their manager).
- » Being clear about, agreeing in partnership, and communicating clearly about, the local rules that you also want to put in place. What, specifically, do you require of your managers? What sorts of rules around evidence collection in PADR do you want to have? How are your pay gateways operating and is this optimal for your needs?
- » Review your policies, paperwork and processes – are they simple, standardised and intuitive to use? Do your PADR approaches support, or conflict with, other key HR policies around recruitment, promotion, performance, capability and development?

4 The introduction of a “team based appraisal” model.

The “team appraisal” concept is introduced in the guidance, along with suggested processes and forms, however with very clear caveats that it should only be used in exceptional circumstances, and on a temporary basis.

In a team appraisal, all team members contribute as a group to providing evidence of achievement and competence, discussing goals, gaps and development needs. Considerations for you include:

- » Whether this is a model that your organisation wants to adopt at all (on the basis that any PADR process is better than none, for certain hard-to-reach staff groups?)
- » How team discussions could be a prelude to, rather than a replacement for, individual appraisals?
- » If this model is to be introduced, then what boundaries and checks are in place?
- » How does this approach fit with the need to have clear individual evidence of achievements, particularly at pay gateways?
- » More widely, this is also an opportunity for you to consider team working practices. Research demonstrates that team-based working along with appraisal can reduce patient mortality. (*West, M.A. & Borrill, C.S. (2002) Effective human resource management and lower patient mortality.*)

5 A link to mandatory training and compliance as part of the appraisal process.

The new guidance points out that statutory and mandatory training is a key area to cover during a PADR discussion, and a new sample form suggests that managers could be identifying what mandatory training is required and whether it’s been delivered. We think that:

- » You’d need to be clear how the PADR process links to the learning management process (in particular in terms of the systems you use to run these, and how data about training courses informs the PADR discussion in an easy a way as possible).
- » This is also an opportunity to move away from “training course attendance” and towards “evidence of competence” from informal/work-based learning or e-learning which is potentially a significantly lower-cost approach, and also a more robust model of risk management.



- » It will be important to understand how individual staff members are informed of their statutory and mandatory training and competency requirements. Can you do this via the KSF Post Outlines? Do you expect managers to know, accurately, the requirements of their staff, or can you “push” requirements to employee’s PDPs centrally using a course/staff group matrix?

A number of tragic cases have hit the newspapers recently, where a more systematic approach to training and development may have reduced harm and suffering. Linking training, appraisal and competency assessment in a joined-up process is your best tool for managing risk.

6 A realisation that the skills of the manager/reviewer are the most important contributor to a successful appraisal outcome.

We think this is one of the most important passages in the guidance: *“Reviewing managers are key to successfully implementing any PADR process. If managers can see that the time they invest in reviewing the performance and development of their staff makes their lives easier through having effective, developed people, then they will see the point in doing it.”* (See page 20 of guidance document.)

To this we’d add:

- » Reviewing managers also need the competence and confidence to carry out PADRs to an agreed standard. A constructive discussion requires a range of skills from a manager, including preparation, questioning, probing and summarising, along with a number of behavioural approaches. Most managers have these skills, but may not have practiced them, or consciously developed them.
- » We also find that some managers have all the skills (they use them in other parts of their job) but lack the confidence to apply them to PADR discussions.
- » So, are you telling your reviewing managers what skills and behaviours they need? Don’t assume that just because they’re senior and have been doing appraisals for years, they necessarily have the right skills to manage the process in the future.

Once they’re clear what they need to know and do, have you got processes for understanding current levels of competency and ways of rapidly developing skills for those who need them?

- » Are managers clear that part of their role is to appraise and develop their staff? Is this explicit in their Job Descriptions, Objectives and KSF Post Outlines? Is their performance around appraisal (quantity AND quality) being monitored, with aggregate data forming part of Board agendas?

7 The flexibility to use other competency frameworks (beyond the KSF) to support the PADR process.

It is now clear and explicit that not all of the KSF needs to be used across all organisations (though note that some core principles are mandatory), and, importantly, that the KSF can be used alongside other relevant frameworks. The guidance refers to organisational values and behaviours. To this we’d add:

- » How can you use other national frameworks – for example the RCN nursing competencies – to make skills/knowledge requirements really relevant to individual staff groups?
- » Have you considered using Skills for Health National Occupational Standards (NOS) as a way of adding detail to your competency requirements, and linking the PADR process to career pathways, detailed workforce planning, rostering, and educational provision based on the QCF? There are thousands of NOS – often too many to navigate directly, but the mapping between KSF and NOS means that you can use the 31 KSF dimensions as the “way in” to NOS.
- » How will you keep this simple enough for all staff to understand, and standard enough to allow you to have fluid resource provision across organisational partners?
- » In the world of increasing joint working with local government and the third sector, can you use standard competency frameworks as a way of articulating resource requirements? In short, can you incorporate local government approaches or encourage them to adopt a version of the KSF?



In summary we'd ask, is your PADR process something which is integrated across your entire workforce (medical appraisal/training/revalidation, clinical, managerial and all others), and ideally entire health economies, with some core values and competencies and then frameworks which make the process relevant to each staff group? We see this as one of the greatest opportunities presented in the new guidance.

8 New behavioural indicators for core dimensions.

The 6 core dimensions have been rewritten to simplify the examples of application and to move from a level-indicator model to a model of positive and negative indicators for the dimension as a whole. This is potentially much simpler as an entry point into the KSF, but does also have some slightly technical implications for you to consider:

- » Would you use the new format for the core dimensions, or the standard (more complex and comprehensive) format, or give managers the option to use either as they see fit?
- » If you move to the new format, then do you also write new behavioural indicators for the specific dimensions? Are other NHS organisations nearby about to do the same thing, and if so can you share the work?
- » How would you update existing KSF Post Outlines? Would you have a period of transition or would you update everything in one go?
- » How would you deal with any foundation subsets of existing KSF Post Outlines which have dropped the standard indicators as a way of creating progression between foundation and second gateways?
- » Once you've made these decisions, of course your communication, induction and training programmes would need to reflect the changes.

All questions for your KSF experts, we think!

9 A range of example processes, approaches and forms.

Nearly 50% of the content of the new guidance is in the form of examples of how organisations have approached the KSF, and examples of forms and other materials that might be of use to you. The guide is very clear that these are just examples, not prescribed solutions.

We think there are some very useful ideas in here, but that each organisation is likely to need to take and further adapt the ideas, to make them relevant locally. The guidance here is prompting you to:

- » Think about what you're trying to achieve with your PADR process.
- » Step back and check that your policies, procedures and forms are aligned to what you need locally, today and going forwards.
- » Consider whether you need a single approach for all staff groups, or whether different groups might use different forms and approaches inside the same overall principles (possibly less efficient, but we've seen this approach work really well).
- » Work out which data collection mechanisms you want to use. We admit a vested interest here given that we manage the e-KSF, which was designed from the ground up to support the KSF and includes appraisal and PDP tools. But we understand that organisations need to consider a range of:
 - » Technologies (paper, Excel, online survey, email, e-KSF, ESR or other IT tools).
 - » Responsibilities (staff self-service, reviewer self-service, manager self-service, delegated administration and central administration).

10 A reminder that the KSF is still a key part of Agenda for Change, and that AfC is still a mandatory term and condition of employment for the vast majority of NHS staff.

This new guidance doesn't change the fact that the KSF process, including pay gateways, forms part of a contractual agreement. This means that:

- » This new guidance, whilst being more flexible, is not carte blanche to ignore the KSF entirely.
- » The fact that the Department of Health have invested time and money in creating this new guidance means that we're likely to see more messages about the importance of the KSF from the centre, and more encouragement to link the KSF to other workforce policies.



- » This is a great chance to re-energise your organisation about the importance of great PADR processes (which also give you some protection against a range of possible legal risks like age discrimination, corporate manslaughter and breach of contract).

If the KSF didn't exist, many organisations tell us that they would have invented something rather like it locally. This is your chance to flex the national framework, conscious of some core principles, to your local needs. Remember: effective appraisal and development saves lives. *(For more on that topic, see West, M.A. & Borrill, C.S. (2002) Effective human resource management and lower patient mortality.)*

In summary

We believe that organisations need to take complete local ownership of their PADR process. We see little intention from the Department of Health or SHAs to directly monitor the KSF, and we think this is right. The KSF isn't an end in itself, but a means of supporting overall organisational improvements. We anticipate that we'll see an increase in the interest that the NHS Litigation Authority and CQC take in the effectiveness and outcomes of local PADR processes. You'll also have seen that this year's staff survey includes more specific questions about appraisal, KSF Reviews and personal development.

Our view is that this new guidance gives you a great opportunity to use local, flexible and integrated appraisal and development processes to engage staff in the goals of your organisation. Remember that the new document is 'guidance and examples', not 'instruction', but not an excuse to do nothing. If you need any help working through the implications of this guidance and making decisions about whether to adopt it or not in your organisation, please [contact us](#).

Think what you could do...

Latest news – we're working hard, with our UK-wide KSF leads, to develop and release an updated version of the e-KSF in Spring 2011 which will give you more flexibility to implement the PADR process that you need locally, from within the centrally-funded, free to use, e-KSF system.

Further information

For further information about any of the information contained in this publication or the e-KSF then please contact your Think Associates Ltd Regional Account Manager or email info@think-associates.co.uk or call 0117 344 5007.

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