This guidance

This Royal College of Nursing (RCN) guidance provides broad information about how to develop NHS Knowledge and Skills Framework (for the purpose of this document abbreviated to KSF) outlines for nursing posts in the NHS.

No general guidance like this can replace the development of KSF post outlines at local level, where KSF post outlines should be developed for each post, to inform individual development within that role.

However, the guidance will help RCN members and their managers select KSF ‘dimensions’ that might be appropriate for different roles and at different stages in a nurse’s career. Local organisations can then build on this to develop the detail for each post. You may need to change a dimension or level for particular posts to make them appropriate for your organisation.

The Estates and Facilities group of dimensions are not included in this guidance, as they are not directly relevant to nursing roles in the NHS.

Important: this RCN guidance should be read in conjunction with the NHS KSF Handbook. You should gain a good working knowledge of the NHS KSF through reading the original document and attending local training or awareness-raising sessions, before using this guidance.

The NHS Knowledge and Skills Framework

The KSF was developed as part of the Agenda for Change process for updating the way NHS staff posts are defined and developed. It was developed in partnership between the NHS management and the staff side, including the RCN.

It is worth noting that, for many nurses the concept of competencies has been around for some time as the RCN has been involved in supporting the development of competencies for nurses. The KSF is a framework of competencies, which are described as dimensions.

The KSF defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services.

Its purpose is to facilitate the development of services so they meet the needs of users, to support effective learning and development of individuals in their posts and promote equality for and diversity of all staff in the NHS.
The NHS KSF was designed to:
- identify the knowledge and skills that individuals need to apply in their post
- help guide individuals’ development
- provide a fair and objective framework on which to base review and development for all staff
- provide the basis of pay progression in the NHS.

Full details of the framework are set out in the NHS KSF Handbook, but in outline, the framework is made up of ‘dimensions’ which describe different aspects of work.

### Core dimensions

Six dimensions are core to the working of every NHS job:
1. communication
2. personal and people development
3. health, safety and security
4. service development
5. quality
6. equality, diversity and rights.

### Specific dimensions

There are a further 24 specific dimensions which can be applied to define parts of different posts. They are grouped into four categories:
1. health and wellbeing (HWB 1–10)
2. information and knowledge (IK 1–3)
3. general (G 1–8)
4. estates and facilities (EF 1–3).

This guidance document does not deal with the estates and facilities dimensions.

### KSF outlines

A KSF outline sets out the core and specific dimensions required for a post, setting out a framework for assessment and development of individuals holding that post.

Each dimension has four levels, called ‘indicators’. The higher the level (4 is highest), the greater the expectation of the level of knowledge and skills necessary for a post. The dimensions are further described by level descriptors, indicators and references that express each level in more detail. You will need to fully understand these before you can begin to outline a post.

A draft outline for a clinical nurse specialist is included in Appendix 1, to show you how a KSF outline looks.
Creating a KSF outline

Core dimensions

Every post’s outline will include the six core dimensions, therefore when you are designing the outline for the post you should focus on the level of working (1–4) within that dimension, that will fit that particular role.

It is also important to explore any overlap between the core and specific dimensions.

For example, Core Dimension 2, Personal and people development, includes the informal teaching or mentoring that many nurses may undertake. Specific Dimension G1, Learning and development, is probably best used for those nurses who are responsible for formal teaching or training, where the planning, delivery and evaluation of training forms a significant part of the role.

By understanding how the two dimensions interrelate, you can decide whether to include a specific dimension or not – and if not, whether that influences the level of the core dimension.

Specific dimensions

You should only select specific dimensions to include in a post’s outline where they relate to a core function of that role. The NHS expects that there will usually be between three and seven specific dimensions per post. It is not possible or desirable to cover every activity – only select the major ones. Main activities can generally be covered in one or two dimensions.

Further along the career pathway, some specific dimensions that account for a less significant part of a particular post may be dropped. For example, a professional, clinical services manager may no longer require HWB 6 if they no longer have patient contact (HWB 6: assessment and treatment planning related to the structure and function of physiological and psychological systems).

A reminder: when selecting a dimension and level for a post, every indicator within that level needs to be met by the postholder.

The following three sections describe how some of the specific dimensions may relate to nursing roles.

Health and wellbeing (HWB)

HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing

Likely to be found in nursing posts in primary care settings and public health settings, as it relates to promotion of health and preventive measures that can be taken to ensure wellbeing.
HWB2 Assessment and care planning to meet people’s health and wellbeing needs
Can be found in nursing posts in all settings and relates to the core nursing activity of assessment and care planning.

HWB3 Protection of health and wellbeing
Relates to protecting health and wellbeing through monitoring of people and their health, and inspection of care settings.

HWB4 Enable people to address their health and wellbeing needs
Concerns empowering people to address their own wellbeing needs. It may be more relevant to nurses and carers in primary care settings and to nurses responsible for discharge of patients/clients.

HWB5 Provide care to meet individuals’ health and wellbeing needs
Relates to direct, hands-on care of patients – which nurses deliver in a variety of environments.

HWB6 Assessment and treatment planning related to the structure and function of physiological and psychological systems
Relates to the assessment of patients in order to identify health needs. It explicitly includes, at level 3 and 4, making and recording a diagnosis of the disease or disorder. It relates to physiological and psychological assessment, as opposed to HWB2 which focuses on the assessment of someone’s needs in the wider context of their life.

HWB7 Interventions and treatments relating to the structure and function of physiological and psychological systems
Concerns planning the intervention and undertaking the treatment plan (or similar). This dimension would be useful for all nurses. It includes ensuring that any intervention is evidence-based and relates to any necessary guidelines, as well as assessing the impact of any intervention. It is different from HWB5 which focuses on caring for people who are dependent on others to meet their health needs in the short or longer term.

HWB8 Biomedical investigation and intervention
Some nursing roles may have undertaking and reporting on biomedical investigations as part of their job.

HWB9 Equipment and devices to meet health and wellbeing needs
Covers the production of equipment and devices and is the province of the health care scientist. It may offer an opportunity to describe more advanced practice in technical services. There may be some nurses who have an involvement in this area.
Information and knowledge

IK1 Information processing
Relates to the input and management of data. Nurses working in informatics or in a research role may find this dimension in their job.

IK2 Information collection and analysis
This covers those using, recording and interpreting data/information regularly. It does not cover the patient care elements of information use which are covered in HWB7. It may be that the data collection elements of IK2 relating to audit would be better identified within Core Dimension 4, Service development. Nurses working in informatics or a research role may find this dimension within their job.

IK3 Knowledge and information resources
Relates to the management of information and information resources. It may be applicable for nurses in informatics, where their role includes managing a database.

General

G1 Learning and development
This is useful for roles that have a formal education and training element to them. Some of the work of nurses involved in informal mentoring, occasional lecturing or shadowing is described in Core Dimension 2, Personal and people development. Specific Dimension G1 is more relevant for nurse/lecturer roles or those with significant education responsibilities.

G2 Development and innovation
Describes R&D and audit activities. This dimension complements IK2 and Core Dimension 4, Service improvement. Again, this will be relevant for nurses who have specific research and audit roles. It should not be included as specific dimension if audit forms only a small part of the role.

G3 Procurement and commissioning
May be useful for roles with significant procurement functions, or at the higher levels for those with responsibility for commissioning services: for example, modern matrons and consultant nurses.

G5 Services and project management and
G6 People management
These specific dimensions will be key for nurses who are responsible for delivery of services, for example: directors of nursing, clinical technical managers, modern matrons.
G6 is worth considering including for those posts with any responsibility for the management of people and/or the supervision of trainees and students. This dimension is relevant for those nursing posts with formal management responsibilities, such as nurse ward managers, nurse community managers or team leaders.

**Examples of application**

Within the NHS KSF there are ‘examples of application’. These statements describe activities and can be used as evidence for how a nurse in this role might meet a particular indicator. For example, for Core Dimension 2, People and personal development, level 3, an example of application might be: ‘develop oneself and contribute to the development of others’.

Examples of application are most likely to come from tasks which are part of the job description and job role. For instance, a job description might include: ‘a nurse lecturer/practitioner supporting student nurses and others on placements, meeting regularly to plan and review training, liaising with nursing staff as necessary’. Evidence for this action might include: notes of meetings with student nurses; a training plan; presentation and notes for a particular lecture/educational event; minutes of meetings with colleagues on reviewing educational programmes.

**Gateways**

Within the new NHS pay bands, there is a progressive range of incremental pay points (as before *Agenda for Change*). Within those increments, however, are two key moments, known as gateways, where decisions are made on pay progression and development.

These gateways are found in all the pay bands. They are:

- Foundation gateway. This gateway occurs no later than 12 months after an individual is appointed to a pay band, regardless of the pay point to which the individual is appointed. The purpose of the foundation gateway is to check that individuals can meet the basic demands of their post.
- Second gateway. This is at a fixed point towards the top of the pay band. At these gateways, a formal review takes place of the individual’s development against the job’s full KSF outline for the post. The second gateway is to confirm that individuals are applying their knowledge and skills consistently to meet the full demands of their post.

You will need to define what is required of the postholder at these two gateway points in your completed KSF outline.

Therefore, having an agreed outline in place is crucial in measuring individual development within a post, thus facilitating continued pay progression.
Progression throughout a career

Progress along a career pathway is generally marked by increased job responsibilities. Job changes defined in the outline will include:

- increasing the levels under the core dimensions or requiring more demanding examples of application
- widening or increasing the number of specific dimensions to include other aspects, particularly managerial or specialist.

While levels for core dimensions will generally increase through the bands, levels for specific dimensions may not always do so. There are two cases:

- levels stay the same, but the specific areas of application become more demanding
- at higher pathway stages, where career development is often through management development, the requirement for specialist activity may diminish, while the breadth of work increases. For example, at professional manager level, the actual need for setting high levels within the health and wellbeing specific dimension may be reduced, and emphasis placed on other dimensions and levels that reflect the outline for that post.

Important: refer to the NHS KSF Handbook sections referring to developing outlines and the development review process when doing this.

The final KSF outline

The components of a KSF outline are:

- KSF outline, identifying the dimensions and levels of knowledge and skills to be covered in that post
- foundation gateway. The dimensions/competencies describing what must be met at the foundation gateway must be achievable within one year of recruitment to the post. They should also reflect the key ‘must-have’ elements of the role
- second gateway
- indicators – taken from the KSF
- examples of application – taken from KSF
- job description, showing to which dimension in the KSF outline each statement of activity relates.

All these elements should be agreed in partnership and then approved through local consistency checking. The level of the consistency checking is only likely to be at the dimension level rather than the examples of application.
A team or partnership approach

Creating KSF outlines is a time consuming task but can be made considerably easier by:
1. reading and understanding the NHS KSF
2. attending local KSF training
3. using this guidance
4. use www.e-ksf.org as a tool to compare all your KSF outlines with those from other organisations
5. planning your ward/team approach to KSF development.

Taking a team approach helps everyone with this task.

a. identify a KSF lead for your ward/team and include them in your organisation’s KSF work
b. develop generic KSF outlines for each band/job type within the ward/department, engaging key staff to enable this work
c. within each band/job type, explore the specific changes required for each job in the group
d. set up an internal consistency checking process, perhaps most likely to be the KSF lead for your department
e. ensure that the KSF development group at your workplace is aware of the work you are doing, and share drafts with them for comment and final approval.

Conclusion

KSF outlines are for individual roles, agreed in partnership in individual employing organisations. As such, there will no doubt be variability to some degree between organisations’ outlines.

KSF outlines are developing documents. With agreement of both parties, dimensions and/or levels can be changed as the service, and hence the role, evolves.

In summary:

   i) engage with your organisation’s KSF work
   ii) identify a KSF lead within your team
   iii) plan how to develop KSF outlines, starting generically
   iv) read the full NHS KSF
   v) involve your learning representative and/or steward
   vi) be prepared to discuss with all in your team, ensure ownership within the team
   vii) check the RCN Agenda for Change website regularly.

For more information log on to www.rcn.org.uk/agendaforchange
## Appendix 1

### A draft KSF outline for a Clinical Nurse Specialist:

**Education-indicating levels required for the job**

Taken from the NHS KSF library.

<table>
<thead>
<tr>
<th>CORE DIMENSIONS</th>
<th>SPECIFIC DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Communication</td>
<td>IK2 Information collection and analysis</td>
</tr>
<tr>
<td>2 Personal and people development</td>
<td>IK3 Knowledge and information resources</td>
</tr>
<tr>
<td>3 Health, safety and security</td>
<td>GI Learning and development</td>
</tr>
<tr>
<td>4 Service improvement</td>
<td>G7 Capacity and capability</td>
</tr>
<tr>
<td>5 Quality</td>
<td></td>
</tr>
<tr>
<td>6 Equality and diversity</td>
<td></td>
</tr>
</tbody>
</table>

### Notes:

- This is the optimum level for this role. At the foundation gateway, a sub-set of these levels will be developed for the job.
Log on to the RCN website for more information on Agenda for Change
www.rcn.org.uk/agendaforchange

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