



# KNOWLEDGE AND SKILLS FRAMEWORK

## GUIDE TO GATHERING EVIDENCE

### INTRODUCTION

The Knowledge and Skills Framework (KSF) forms a fundamental component of the Agenda for Change process. It has been acknowledged that this is a new development and quite different from current structures and processes. For this reason the following simple have been produced to assist you during and preparing for a Personal Development Review (PDR). The PDR process consists of joint working between two key people:

- The person carrying out the review – **the reviewer**
- The person being reviewed – **the reviewee**

This guidance aims to help both the reviewer and the reviewee with regards the gathering of evidence.

### WHAT IS EVIDENCE?

The PDR process requires the reviewer to consider information related to the reviewee's work that the reviewee provides to demonstrate that they are meeting their NHS KSF post outline – this information can be called 'evidence for the development review'. Evidence of the individual's performance / development can take a number of different forms and can 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
- The individual's professional portfolio

Evidence provision is the responsibility of the person who is being reviewed. It is not the responsibility of the reviewer to look for evidence. However, some evidence will be naturally gathered by the reviewer as part of their routine practice, for example observation of the reviewee at work. The evidence that the reviewee gathers should be agreed by both the reviewee and reviewer prior to it being collected. Feedback from other members of staff (for example from a mentor / supervisor) cannot be obtained by the reviewer unless they have first gained the permission of the reviewee.

## THE RULES OF EVIDENCE PROVISION:

There are some simple rules to remember when you are preparing your evidence:

- There needs to be enough evidence for confirmation of the individual's work against the NHS KSF post outline – known as sufficiency of evidence
- The information must be up-to-date (ie applicable to the last 12 months) and relevant to the NHS KSF post outline
- One piece or source of evidence will often be applicable to several different dimensions within the NHS KSF post outline
- Individuals should not be asked to provide evidence that is above the demands made within the NHS KSF post outline (e.g. requiring written work when this is not needed in the post)
- 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.

(Welsh Assembly Government, 2004)

It is also essential that reviewees also adhere to the professional standards (eg NMC Code of Professional Conduct, 2004) and the principles of confidentiality when they are collecting evidence. For example: any evidence that the reviewee includes in their portfolio that contains information about other members of staff or patients and their carers must be anonymous and must not contain any patient / staff identifiable data.

## EXAMPLES OF EVIDENCE:

Tables and appendices have been included in this guide to help you to decide what sort of evidence you will need to collect. Tables 1a (**nursing blue**), 1b (**Allied Health Professionals red**) and 1c (**non clinical staff green**) outline some broad examples of evidence that would be acceptable for the reviewee to provide in order to demonstrate their development to their reviewer.

In table 2 each dimension is represented in a matrix format. The matrix lists examples of many types of evidence and cross references each type with the four levels of each of the dimensions. Thus the matrix illustrates how types of evidence relates to the dimensions and at what levels.

Appendix One outlines specific evidence that may be gathered to demonstrate competence for core dimension 6 equality and diversity.

It is envisaged that the current continuing professional development (CPD) requirements, for example PREP) would compliment the evidence gathering process, with a current professional portfolio being the centrepiece of any PDR. The examples of evidence provided in tables 1 and 2 are in no way intended to be exhaustive; however, they will provide guidance and direction for evidence collection. There are many different types of evidence; which allows the reviewee to demonstrate how they are performing in their role.

## ALWAYS THINK AHEAD

It is important to remember as the reviewee to prepare well for your review. Always ensure that your evidence is available prior to the yearly review, for example: in the case of current documentation, ensure that appropriate examples are available. In order to demonstrate continuing professional development, evidence must be collected throughout the year not just immediately before the PDR.

## EXAMPLES OF EVIDENCE

**Table 1a     Nursing**

<b>1. PERSONAL AND PROFESSIONAL PRACTICE</b>	<p>As a basis of all practice, respective codes must be adhered to. Examples of involvement in activities which demonstrates the reviewee's application of compliance with the NMC Code of Conduct might include:</p> <ul style="list-style-type: none"> <li>• Current NMC registration</li> <li>• Supervision of midwives.</li> <li>• Undertaking additional roles, e.g. Union/Professional Body Representative</li> <li>• Human Resource Management</li> </ul>
<b>2. PROFESSIONAL PORTFOLIO</b>	<p>It is envisaged that the reviewee's professional portfolio will be the centre piece of evidence and might include:</p> <ul style="list-style-type: none"> <li>• Competency documents – these will need to contain completed competencies</li> <li>• Reflections on practice</li> <li>• Reflections on clinical / adverse incidents</li> <li>• Case Presentations</li> <li>• Written reports</li> <li>• Mandatory Training record</li> <li>• CPD Study</li> <li>• SWOT analysis</li> <li>• Personal Development Plans (PDP's)</li> <li>• Participation in clinical supervision</li> <li>• Compliments</li> </ul>
<b>3. OBSERVATION OF PRACTICE/PEER REVIEW</b>	<p>Although this is a subjective process it is felt to be an appropriate measure of performance in many of the dimensions. Observation of the practitioner should occur within routine clinical practice, and can be commented on by colleagues, team leaders and nurse managers with the reviewees permission. It is hoped that with strong team structures already in place in clinical areas facilitation of this aspect of evidence gathering will only incur <b>minimal</b> additional work and time.</p>
<b>4. MENTOR/ PRECEPTOR FEEDBACK</b>	<p>The reviewee can give permission for their mentor (if different from their reviewer) to provide the reviewer with feedback regarding their performance. This information can be used to compliment direct observation of the practitioner.</p>
<b>5.DIRECT QUESTIONING</b>	<p>In the PDR process the reviewer provides the reviewee with the opportunity to discuss how their evidence meets the KSF outline for their post. During this process the reviewer may ask questions that encourage the individual to explain how their evidence demonstrates the NHS KSF post outline.</p>
<b>6. LINK NURSE / CASCADE TRAINER ROLES.</b>	<p>Evidence of fulfilment of a link nurse/ cascade trainer role can be used to demonstrate the KSF outline for their post. Materials such as:</p> <ul style="list-style-type: none"> <li>• Minutes of meetings</li> <li>• Feedback to colleagues</li> <li>• Risk assessments</li> <li>• Clinical audits</li> <li>• Teaching given by the reviewee</li> <li>• Teaching/ information boards</li> <li>• Information leaflets/handouts</li> </ul> <p>can be presented as evidence of meeting the KSF outline for their post.</p>

<b>7. FEEDBACK FROM COURSES, INDEPENDENT STUDY OR IN – SERVICE TRAINING</b>	<p>Nurses who are released from clinical practice to attend formal courses / study days must share the knowledge that they gain with their work colleagues and demonstrate that they have put the knowledge gained into practice. This is an opportunity for nurses to provide evidence that meets the KSF outline for their post.</p> <p>In line with NMC guidance, certificates of attendance aren't evidence as a stand alone, reflections and competency assessments, must accompany certificates to make them acceptable evidence.</p> <p>It is suggested that when writing reflections you follow the format advocated by the NMC.</p> <p>Materials such as:</p> <ul style="list-style-type: none"> <li>• Teaching given by the reviewee</li> <li>• Literature reviews</li> <li>• Dissertations</li> <li>• Publications</li> <li>• Reports</li> <li>• Teaching boards/poster presentations</li> <li>• Information leaflets/handouts</li> <li>• Clinical audits</li> </ul> <p>can all be presented as evidence of meeting the KSF outline for their post.</p>
<b>8. MINUTES OF MEETINGS.</b>	<p>Meetings are an ideal opportunity for the reviewee to express ideas, opinions and to contribute to quality initiatives.</p> <p>Examples of meetings include:</p> <ul style="list-style-type: none"> <li>• Ward/Team/Directorate</li> <li>• Sector</li> <li>• MDT</li> <li>• Clinical Governance</li> <li>• Audit</li> </ul> <p>The minutes of such meetings can provide evidence but must reflect the reviewee's attendance, specific individual contribution and action.</p>
<b>9. EVIDENCE BASED PRACTICE</b>	<p>Examples of involvement in activities which demonstrates the reviewee's application of evidence based practice might include:</p> <ul style="list-style-type: none"> <li>• Journal club</li> <li>• Care plans underpinned by best practice guidelines/ evidence where appropriate</li> <li>• Joanna Briggs Institute, Cochrane Data Base, Bandolier, RCN Practice Guidelines, NICE guidelines and MIDRS are all excellent examples of where to find up to date guidelines. The reviewee can provide evidence of how these guidelines have been put into practice.</li> <li>• Literature reviews</li> <li>• Benchmarking</li> <li>• Research Agenda</li> <li>• Care Pathways.</li> <li>• Care Plans</li> </ul>
<b>10.COMPLETION OF TRUST COMPETENCY FRAMEWORKS</b>	<p>The use of Trust competency frameworks will compliment and enhance the clinical application of KSF, and also bridge the gap between theoretical and practical competence. Entries made by the reviewee when assessing colleagues could also be supplied as evidence of supervision, support and clinical expertise.</p>

**Table 1b Allied Health Professionals**

<b>1. Clinical Governance/ Governance? Health &amp; Safety</b>	Research/Audit/Benchmarking Adverse Incidents Complaints Incident Forms & Reporting Satisfaction Surveys Patient Records/Patient Policies/Case Histories Risk Assessment Prescription Intervention Accreditation Evidence Based Practice - Special Interest Group
<b>2. CPD Portfolio/Personal Reflection Log/Staff Development</b>	Mandatory Training Reflective Practice/Personal Log/Mentoring Diary Formal Study/NVQ/Certification PDR Implementation Local Induction In-service Training (IST) Training Days/& Application Published Articles CPD Portfolios/Diary Journal Club/Presentations Competency Framework - Profession Specific IT Skills
<b>3. Teaching Delivery</b>	Teaching Session/Lesson Plans Tutorials/Evaluation Teaching Portfolio
<b>4. Communication</b>	Record Keeping Report Writing Minutes of Meeting Telephone Messages Letters/Emails/Memos Policy Writing Oral Communication Meeting - Arrangement & Servicing
<b>5.Resource Management/ Information/Money/ Staff</b>	Data Recording/Analysis Log Books (Equipment) Oracle Evidence Stock Take Sheets Use of HR Policies & Procedures Budget Management Rotas - Organising Data - Creating & Maintaining Maintenance Records Thank You Letters
<b>6. Service Development.</b>	Project Work - Topic Specific Business Cases
<b>7. Feedback</b>	Feedback - Verbal & Written from Staff & Students Evaluation Forms Witness Statement/Testimony Photographs/Videos

**Table 1c      Non Clinical**

<b>1. Clinical Governance Health &amp; Safety</b>	Audit Benchmarking Complaints Handling Incident forms and reporting Evidence based practice Mandatory Training Customer feedback Standing operational procedure
<b>2. CPD Portfolio Personal Reflection Log Staff Development</b>	PDR Implementation Reflective practice Formal study and practical application Competency Frameworks Portfolios Journal Clubs Training records NVQ Portfolios
<b>3. Teaching Delivery</b>	Teaching Session/Lesson Plans Tutorials/Evaluation Teaching Portfolio
<b>4. Communication</b>	Record Keeping Minutes of meetings Reports Telephone messages Letters/e mails/memos Policy writing Oral communication Meetings – arrangements & servicing Communication systems (Radios) Computerised systems (AUSPED)
<b>5.Resource Management/ Information/Money/ Staff</b>	Data Recording/Analysis Log Books (Equipment) Oracle Evidence Stock Take Sheets Use of HR Policies & Procedures Budget Management Rotas - Organising Data - Creating & Maintaining Maintenance Records Thank You Letters
<b>6. Service Development</b>	Project Work - Topic Specific Business Cases
<b>7. Feedback</b>	Feedback - Verbal & Written from Staff & Students Evaluation Forms Witness Statement/Testimony Photographs/Videos
<b>8. Efficient Services</b>	AUSPED Records Patient Satisfaction Surveys Thank you letters and cards Customer interfaces, patients/staff/visitor Menus Stock management Food, temperature/storage/preparation forms

## Identifying Evidence - Core Dimensions

Core Dimensions Evidence	C1				C2				C3				C4				C5				C6			
	Communication				Personal & People Development				Health, Safety & Security				Service Improvement				Quality				Equality & Diversity			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Accreditation																								
Budget Management				.											.	.			.	.				
Budget Reporting			.	.																				
Business Case		.	.	.		.	.	.		.	.	.		.	.	.		.	.	.		.		
Case Presentations		.	.	.																				
Clinical Outcomes			.	.					.	.			.	.	.		.				.			
Clinical Supervision		.	.	.		.	.	.	.	.			.	.	.		.	.			.			
Competencies Achieved		.	.	.		.	.	.	.	.			.	.	.		.	.			.			
Complaints/Compliments		.	.	.		.	.	.	.	.			.	.	.		.	.			.			
CPD Portfolio/Diary/Log		.	.	.		.	.	.	.	.			.	.	.		.	.			.			
Data Collection & Analysis		.	.	.		.	.	.	.	.			.	.	.		.	.			.			
Database Creation/ Maintaining Systems																								
E-Mails/Letters/Memos			.	.		.	.		.	.				.	.				.		.			
Endorsements/Thank yous																	.	.	.	.				
Evidence Based Practice		.	.	.		.	.		.	.			.	.	.			.	.			.		
Feedback - Verbal & Written		.	.	.		.	.	.	.	.			.	.	.			.	.			.		
I.T. Skills		.	.	.		.	.	.	.	.				.	.			.	.					
Implementation of Guidelines; Protocols & Policies			.	.		.	.		.	.			.	.	.		.	.			.			
Incident Reporting		.	.	.		.	.	.	.	.			.	.	.			.	.			.		
Inservice Training Sessions		.	.	.		.	.	.	.	.			.	.	.			.	.			.		
Interviews (R & R)			.	.		.	.		.	.									.		.			
Journal Reviews		.	.	.		.	.	.										.	.					
Maintenance Records		.	.	.					.	.														
Mandatory Training		.	.	.		.	.	.	.	.			.	.	.			.	.			.		
Minutes of Meetings		.	.	.		.	.		.	.			.	.	.			.	.			.		
Mentoring Forms			.	.		.	.						.	.	.			.	.			.		

Core Dimensions Evidence	C1				C2				C3				C4				C5				C6			
	Communication				Personal & People Development				Health, Safety & Security				Service Improvement				Quality				Equality & Diverisity			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Observations		.	.	.		.	.	.	.	.	.		.	.	.			.	.			.		
Oracle Evidence																								
Patient Info Leaflets			.	.			.	.	.	.			.	.	.			.	.			.		
Patient Records		.	.	.		.	.		.	.			.	.	.			.	.			.		
PDR/Objectives/PDP/ Lifelong Learning/Student Education		.	.	.		.	.	.					.	.	.			.	.			.		
Peer Review	.	.	.	.	.	.	.	.	.	.			.	.	.		.	.	.			.		
Prescription Intervention														.	.			.	.			.		
Presentations	.	.	.	.	.	.	.	.	.	.			.	.	.			.	.		.	.		
Project Work		.	.	.		.	.	.	.	.	.			.	.			.	.			.		
Published Articles		.	.	.		.	.	.	.	.	.			.	.			.	.			.		
Qualification/NVQ/Formal Study	.	.	.	.	.	.	.	.	.	.							.	.	.		.	.		
Record Keeping		.	.	.		.	.	.	.	.	.			.	.			.	.			.		
Reflective practice		.	.	.		.	.	.	.	.	.			.	.	.		.	.			.		
Reports/Policies		.	.	.		.	.	.		.					.			.				.		
Research/Audit/ Benchmarking			.	.				.	.	.			.	.	.			.	.			.		
Risk Assessments	.	.	.	.					.	.	.		.	.	.		.	.	.					
Satisfaction Survey (Patient/Client/Staff)		.	.	.									.	.	.			.	.			.		
Servicing Meetings		.	.	.									.	.	.		.	.	.			.		
Sickness Levels			.	.											.			.	.					
Staff Rotas		.	.	.			.		.	.								.	.			.		
Student Reports		.	.	.		.	.	.										.	.			.		
Supervision	.	.	.	.	.	.	.	.	.	.			.	.	.		.	.	.			.		
Teaching Sessions		.	.	.	.	.	.	.	.	.	.		.	.	.		.	.	.			.		
Telephone Calls/Messages		.	.	.					.	.				.	.			.	.					
Training/Courses		.	.	.	.	.	.	.	.	.	.			.	.			.	.			.		
Verbal Contributions	.	.	.	.	.	.	.	.	.	.			.	.	.		.	.	.			.		
Written Handouts			.	.			.	.										.	.			.		



## Identifying Evidence - HWB Dimensions

Health & Wellbeing Dimensions Evidence	HWB1				HWB2				HWB3				HWB4				HWB5				HWB6				HWB7				HWB8				HWB9				HWB10			
	Promotion of HWB & Prevention of Adverse Effects on HWB				Assessment & Care Planning to Meet HWB Needs				Protection of HWB				Enablement to Address HWB Needs				Provision of Care to Meet HWB Needs				Assessment & Treatment Planning				Interventions & Treatments				Biomedical Investigation & Intervention				Equipment & Devices to Meet HWB Needs				Products to Meet HWB Needs			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Accreditation																																								
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Business Case																																								
Case Presentations							.	.							.	.					.	.	.																	
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Endorsements/ Thank yous																																								
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Feedback - Verbal & Written							.	.							.	.					.	.	.																	
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Implementation of Guidelines; Protocols & Policies							.	.							.	.					.	.	.																	
Incident Reporting							.	.							.	.					.	.	.																	
Inservice Training Sessions																																								
Interviews (R & R)																																								
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Mandatory Training							.	.							.	.					.	.	.																	
Minutes of Meetings																																								
Mentoring Forms																																								

[illegible]

## Identifying Evidence - EF & IK Dimensions

[illegible]

[illegible]

## Identifying Evidence - General Dimensions

General Dimensions Evidence	G1				G2				G3				G4				G5				G6				G7				G8			
	Learning & Development				Development & Innovation				Procurement & Commissioning				Financial Management				Services & project Management				People Management				Capacity & Capability				Public Relations & Marketing			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Accreditation	.	.	.	.																												
Budget/Financial Management					.	.	.	.	.	.	.	.	.	.	.	.						.	.									
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Evidence Based Practice																																
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Mentoring Forms	.	.	.	.																	.	.	.									





## KSF Evidence for Core Dimension 6 - Equality and Diversity

Level	1	2	3	4
True or false quiz	X	X	X	X
Observed practice	X	X	X	X
<b>Possible sources of portfolio evidence</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
• Letter of thanks from a patient or endorsement from colleague, record of supervision where action promoting equality has been noted	X	X	X	
• Records of incidents or event where interviewee has actively contributed to promoting equality	X	X	X	X
• Evidence of equality impact assessments carried out on existing function or policy			X	X
• Evidence of strategic decisions or policies developed which significantly promotes good practice for equality				X
<b>Examples of questions that can be used at PDR</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
• Can you give an example of behaviour that should be reported because it is against equality and human rights?	X			
• Can you give an example of behaviour that undermines equality and human rights and how you would deal with it?		X	X	
• Can you give an example of an action you have taken to establish good practice to promote equality and diversity			X	X
• Can you give an example of a time when you have had to consider equality and human rights either at work or elsewhere?	X	X	X	X

Supplementary questions for all levels if interviewee cannot give their own examples.

What action would you take in the following situations?

- You hear homophobic jokes being told in the staff rest room.
- A member of staff makes a rude remark about two patients because they speak Welsh to each-other on the ward.
- You hear a senior member of staff calling a more junior colleague stupid.
- A patient leaves a sexually explicit magazine laying around the ward which some of the staff find offensive.
- A colleague has told you in confidence that they felt they have been discriminated against for training because of their race.
- A patient requests a private place for them to pray during the day

## How evidence can be matched to indicators

Level 1	a	b	c	d	e	f
True or false quiz	X					
Observed practice	X	X	X	X	X	
Interview questions	X	X	X	X	X	
Paper evidence	X	X	X		X	
Level 2	a	b	c	d	e	f
True or false quiz	X					
Observed practice	X	X	X	X		
Interview questions	X	X	X	X		
Paper evidence	X	X		X		
Level 3	a	b	c	d	e	f
True or false quiz	X					
Observed practice	X	X	X	X	X	
Interview questions	X	X	X	X	X	
Paper evidence	X	X	X	X	X	
Level 4	A	b	c	d	e	f
True or false quiz	X					
Observed practice	X	X	X	X		
Interview questions	X	X	X	X		
Paper evidence	X	X	X	X	X	X



## Equality & Diversity Questionnaire for use during the Personal Development

	True	False
1. A patient who believes they have been treated in a degrading or humiliating way can make a complaint under the Human Rights Act		
2. Sex Discrimination law only applies to women		
3. A person with HIV is protected from unlawful discrimination by the Disability Discrimination Act		
4. Cardiff and Vale Trust has a legal duty to promote good race relations		
5. People only have a right to receive services in Welsh if they cannot speak/read English		
6. An employee can take out a formal grievance over homophobic jokes at work.		
7. Employees have the right to take annual leave for religious purposes as long as this does not make it unreasonably difficult for the Trust to provide services properly		
8. From October 2006 it will be unlawful to advertise a job with the words 'mature person required'		
9. The following forms of discrimination are recognised in law <ul style="list-style-type: none"> <li>• Direct</li> <li>• Indirect</li> <li>• Victimisation</li> <li>• Harassment</li> </ul>		