PAY MODERNISATION: AGENDA FOR CHANGE

KNOWLEDGE AND SKILLS FRAMEWORK

(KSF)

UPDATED PROJECT IMPLEMENTATION PLAN
2008/09

April 2008
1. BACKGROUND

Agenda for Change is the UK-wide project for the reform of NHS pay and conditions. It is part of the government’s plan for the modernisation of the NHS. It affects all NHS employees other than Medical & Dental staff, independent contractors and staff employed by them. Once implementation is completed it is anticipated that it will encourage fairer rewards for staff, flexibility, personal and organisational development and thus improved services.

The NHS Knowledge and Skills Framework and Development Review process (KSF) is one of three key strands of Agenda for Change (AfC). The other strands are Terms and Conditions and Job Evaluation. An initial KSF Implementation plan was developed in 2005 and considerable progress was made against a number of key milestones. Organisational capacity and staff focus on the results of assimilation resulted in slower progress against the others.

At a national level progress has been slower than anticipated. As a result, and to assist implementation, the Workforce Modernisation Team has supplied Health Boards with guidance detailing what it requires to be achieved in 2007-08. The following updated Implementation Plan is the proposed way forward for NHS Highland from April 2008-09. It is the intention of this plan to provide the detail of the main specific activities and how these will be fulfilled within Highland.

Partnership working is integral, and support at all levels of management is essential, to achieving full implementation of KSF across NHS Highland. Whilst this support is not directly identified within any of the activities in the Plan, it should be understood that KSF will be very difficult to progress within the timescales identified without it being in place.

2. OUTCOMES

Once the Knowledge and Skills Framework (KSF) has been implemented:

- All managers and staff will understand and be confident in using KSF
- All posts will have a KSF Outline
- All staff will have development reviews
- All staff will be supported to fulfil development reviews
- KSF will be integrated into existing processes, policies and procedures
- KSF Gateways will be fully operational
- e-KSF will provide organisational information
In addition KSF will:

- Support delivery of the Clinical Framework and Delivering for Health
- Support delivery of the Pay Modernisation Benefits Realisation Agenda and Service Redesign
- Support delivery of the “Appropriately Trained” section of the Staff Governance Standard
- Support identification of Clinical and other areas of risk
- Inform allocation of Learning and Development resources to reduce risks - clinical, financial, staff related, quality and legislative
- Support workforce planning, by identifying current and future competence requirements
- Be a key management tool, which aids team development
- Motivate, recruit and retain staff

3. PRINCIPLES AGAINST WHICH THE PROJECT WILL BE MEASURED

Success of this plan will be measured by the achievement of defined tasks that need to be undertaken (in respect of some 9,200 post holders) within the defined timetable, within agreed national quality standards, and within agreed budgets.

Satisfaction (or otherwise) of the staff with the conduct and outcomes of the plan will also be a measure. The plan will be undertaken on a partnership basis. It is anticipated that dissatisfaction levels will be low, and relate to issues with the national agreement rather than local practice.

Staff Governance Standard values and indicators will be applied at all stages of the implementation process.

4. PROJECT STRUCTURE

The Implementation Plan will be monitored by the Pay Modernisation and Workforce Planning Board, and overseen by the Highland Partnership Forum and Staff Governance Committee. National monitoring will be undertaken by the Pay Modernisation Team at the SGHD.

A Project Team will be responsible for overseeing and monitoring the delivery of the KSF Implementation Plan. The composition of the Project Team is attached as Appendix 1. Delivery against many of the tasks will be the responsibility of the team members, however, it is important to recognise that the development and delivery of outlines and the PDP&R process are the responsibility of line managers.
5. **KEY MILESTONES**

The guidance used in developing the revised Implementation Plan (2007-08) set out 7 milestones (Appendix 2). A review of the progress made to-date is included along with what is proposed in the coming months and the indicative timescales to complete those actions. In addition to the milestones a HEAT Target (E3) for Personal Development Planning has been developed and this will be expanded within section 5.3 below.

5.1 **KSF Outlines Developed, Checked & Approved**

5.1.1 **What is required?**

The target set is for 100% of Staff to have full post Outlines consistency checked and approved.

5.1.2 **Implementation Progress – March 2007**

Significant progress was made during this period in NHS Highland.

- The development of a Highland-wide network of local KSF Facilitators to support local access to skills

- Outline Development training – 727 Managers undertook a one-day session by March 2006. Since then additional sessions were offered throughout Highland to support over 250 managers and staff.

- One to one managers and staff drop in sessions

- A range of documents were developed to support staff and managers and posted on the KSF web pages along with other key KSF documents

- Development of Generic Outlines (to provide organisational consistency, reduce outline numbers and improved use of resources)

- Development of Word Based local Outline Tool to overcome known skills, IT infrastructure and access issues

- Identification of Best Practice Outlines and posted on Intranet/Internet to ease completion

- Development of a Monthly Monitoring report to record progress by CHP/Operational area

Working with you to make Highland the healthy place to be
• Resource alignment with CHPs/SSU/Corporate Services to offer focussed support in Outline development
• Signposting to others within similar posts, to share Outline development process and learn from them
• In the Staff Governance Survey 2006, 45% of staff indicated that they had been involved in Awareness sessions
• 995 Outlines were submitted to the Implementation team covering 2,638 staff (27%), as of 1st April 2007
• 596 Outlines were Consistency Checked and Approved covering 1,707 staff

5.1.3 Implementation Progress April 07 – March 08

From this good foundation it has been possible to work directly within the different Operational Units of the organisation and build on these successes. Over the last 12 months the activities include –

• The move from training on Outline development to more targeted interaction with those seeking to complete the various needs of KSF.
• Shifting the direct relationship with the KSF Team away from Senior Managers to Line Managers. Senior Managers are now used as a support and kept informed where progress is achieved through focussing at individual manager and staff level.
• The retention of one to one manager and staff drop in sessions.
• The use of Generic Outlines and other Approved Outlines increased significantly resulting in improving Submission rates and ease of Consistency Checking.
• Increased sharing of Outlines within and across Operational Areas was supported and encouraged, and led to increased rates and quality and consistency of submissions.
• Ongoing two-way discussions between the KSF Team and Line/Senior Managers were significantly improved via the production of Monthly progress reports. These identified missing, terminated, retired and transferred staff and improve accuracy of future reports.
• The development of monthly monitoring reports which aided targeting of outstanding areas and where submissions from other locations could be found to assist completion.
• A move away from aligning resources to operational areas to a central focus, which enables a more efficient use of resources and consistency across the organisation.

• Integration of KSF Outlines into the Recruitment process – further improving submission rates and cutting down administration time on new starts and leavers.

• Improved systems of developing, checking, and approving outlines which provides a customer focus for Line Managers and staff to ensure timely, accurate and effective information.

**Progress on Outlines**

• A net increase in Outlines submitted (i.e. not including Posts that were deleted in year) from 995 to 2,001 Outlines.

• A net increase in Staff with an Outline Submitted (i.e. not including staff with an Outline who moved or left in year) from 2,638 staff (27%) to 5,722 (62%) staff.

• 1,507 Outlines have been Consistency Checked and approved covering 4,658 staff. The remainder are in the process of being checked and approved.

**5.1.4 Proposed Actions April 2008 – October 2008**

During the previous year the rate of Outline Submissions rose from approx. 2% per month to approx. 6% (net). At 1st April 2008 there are 38% of staff still without an Outline that applies to their post. Maintaining this submission rate will enable this milestone to be completed in October 2008.

It is important to recognise that a large proportion of the outstanding outlines are in areas that have shown little progress to date in undertaking KSF related activities. Efforts will be focused in coming months to work with these areas.

In the coming months the activities will include -

1. A planned and targeted drive tailored to each Operational Area. This will focus on the needs of individual line managers which will identify the support and processes needed to complete the tasks.

2. A direction for Bank staff regarding Outline completion with the intention of using Generic and Best Practice Outlines to streamline the process.
3. The identification of remaining inaccuracies with Line Managers – specifically in those areas that have not engaged to date.

4. The continuation of promoting and making accessible Generic and Approved Outlines to Line Managers.

5. The improvement of the A&B Core dataset to allow more clarity and accuracy equal to other parts of NHS Highland.

6. To increase Consistency Checking and Admin support to match the increased levels of Outlines being submitted, thus preventing backlogs.

5.2 Outlines Assigned

‘Assigning’ is the process of linking a KSF Outline and its associated Job Description to named members of staff.

5.2.1 What is required?

Following the previous milestone area there is a need to have 100% of staff with a KSF Outline assigned to them.

5.2.2 Implementation Progress – March 2007

This involved setting up the system of ‘Assigning’ and commencing in a rudimentary manner. There was 596 Outlines assigned up to end March 07 that covered 1,707 staff. There was a lack of direction nationally on what details were required in relation to post-holders. It was proposed that this should not be lost sight of as efforts to maximise Outline Submissions were intensified.

5.2.3 Implementation Progress April 07 – March 08

Shifting the direct relationship with the KSF Team away from Senior Managers to Line Managers allowed –

1. The identification of missing/obsolete/inaccurate staff names
2. The confirmation of existing staff names from the Outlines received
3. The identification of single points of contact, often different to Line Managers, within the Operational areas
4. The initial stages of assigning outlines to commence via e-KSF (80 staff initially entered). NB More work was not done in this area due to the proposed e-KSF/SWISS upload being delayed on a number of occasions

Working with you to make Highland the healthy place to be
5.2.4 Proposed Actions April 08 – October 08.

Linking directly with line managers will continue as it produces the most accurate means of meeting this milestone. The integration of SWISS with e-KSF that has now taken place will also help the achievement of this milestone. In the coming months the KSF Team will –

- Fully implement and support the e-KSF/SWISS integration
- Resolve any issues raised as part of the weekly quality check on data from the SWISS/e-KSF integration.
- Assign all staff on e-KSF

5.3 Personal Development Plans

5.3.1 What is required?

There are three milestones to be completed within this area of work –

(a) 100% of Staff have agreed Personal Development Plans (PDPs).
(b) Reviewer training complete; and
(c) Initial Personal Development Reviews undertaken for all staff

The HEAT Target (E3) enhanced this first milestone. It states a requirement for –

‘All staff affected by Agenda for Change to have a KSF Personal Development Plan in place by March 2009’.

5.3.2 Implementation Progress - March 2007

Significant effort was put into to moving these milestones forward within NHS Highland. This included –

- Organisational models for PDP process were agreed, as was the timing of the Reviews to account for differing needs to meet the variety of staff groups and depts
- Paperwork to support KSF and PDP&R process were developed and aligned with the requirements of e-KSF to ensure a smooth transition when it is implemented
- Training programme for Reviewer/Reviewees on the new paperwork and process was developed and agreed in partnership
• Resources were identified to support the roll out of training – where possible using KSF Facilitators and adapting this to suit shift rotations and local needs

• Review of early training in open sessions led to specific targeting of Team and Dept focussed sessions as the way forward

• As of end March 2007 there were 295 Reviewer and Reviewee training sessions delivered to 2,237 staff and managers

• Approx 171 PDPs in the new format were received within the L&D Team, but many more are being held locally due to staff side concerns about the submission and recording process prior to the implementation of e-KSF

5.3.3 Implementation Progress April 07 – March 08

The following was achieved in each of these 3 milestones –

(a) 100% PDPs complete

1. Through focusing KSF project team time directly at managers and teams there was an increased understanding of e-KSF and the PDP&R process and thereby an increased interest in e-KSF Training

2. KSF Team revised working practices and moved away from collecting paper copies of PDPs

3. Line Managers identified all staff with current PDPs done and recorded PDP progress for each staff member within the monthly Monitoring Reports.

(b) Training

For the first half of the year the Learning & Development Team responded to requests for PDP&R training from managers in much the same way as in the previous year – essentially on request. Changes in staff, and in the accuracy and quality of reports over the same time, allowed more targeted approaches – and a move to present PDP training as part of the full range of needs. This change of emphasis enabled staff and managers to engage in the whole process, thus developing a better understanding of the KSF Outline and PDP&R process as it applies to them as individuals and teams.

In addition this training became mainstreamed within the L&D Team and the number of staff delivering this to the wider organisation increased. This further underlined the customer focus evidenced in earlier work streams. This in turn enables more Reviewers and Reviewees to be ready to undertake their KSF PDP&R in the year ahead.
Organisational capacity was focussed on the Outlines submission process thus preventing achievement of this milestone. At the end of March 2008 there were 430 KSF PDPs in place. This is a long way from the 100% HEAT Target for March 2009.

5.3.4 Implementation Progress April 08 – March 2009

The way forward for these 3 milestones is to take a collective approach to their achievement. The total number of staff requiring a PDP in NHS Highland is currently 9,200. The difference from the end March 08 position is 8,800 PDPs. This requires a monthly average of 760 PDPs to be undertaken by staff with their manager.

The following are activities that will support the delivery of the HEAT target by March 2009:

- Continued support from the L&D Team for both Reviewee and Reviewer training.
- Continued monitoring and updating of the KSF dataset to ensure accuracy of staff and where PDPs are required - and who is responsible for delivering these.
- Local Plans developed at Operational/sub-Operational level and agreed with the KSF Project Manager; and signed up to by the Senior Manager.
- Local plans will reflect local ownership of the PDP&R process. Whereas Outline development and submission process needed the support of the KSF Team the actual PDP&R process requires local ownership and management through the engagement of the reviewer/reviewee. The role for the KSF Team is therefore a monitoring and recording function for PDP completion.
- More support will be targeted to those areas where there is not a strong history of PDP&R.

5.4 Gateways

5.4.1 What is required?

Gateways are formal points within a pay band where the organisation confirms that postholders can apply the required knowledge and skills for the post they are employed for.

NHS Boards are required to have Gateways fully operational as part of KSF Implementation. Gateways were opened in NHS Scotland on 1st October 2006. These, however, cannot be fully operational/activated until the organisational arrangements have been put in place.

Working with you to make Highland the healthy place to be
National Guidance has been developed by NHS Highland and Grampian’s Learning & Development Managers detailing what needs to be in place to make Gateways operational. The Organisational arrangements which are required to be in place as part of this guidance are detailed below.

5.4.1.1 Organisational Arrangements

Activation of Gateways may be undertaken on a full NHS Board basis or a phased basis for individual staff groups or professional groups. In either case Gateways may only become operational provided the following are in place:

- Staff must be assimilated on to Agenda for Change bands – this applies to all staff within the identified staff group e.g. all nurses or all AHPs or all Ancillary staff. Gateways cannot be activated unless staff are on AfC bands and Terms and Conditions.

- Staff must have approved outlines assigned to them.

- Arrangements must be in place for managers and staff to identify Gateway due dates.

- Organisational arrangements for the Personal Development Review and Planning (PDR/P) process are explicit and understood within the organisation.

- There must be an agreed mechanism in place for approval to activate Gateways. Approval must be granted by an appropriate committee within agreed partnership arrangements e.g. Area Partnership Forum (APF) or Pay Modernisation Boards (PMB).

Organisational mechanisms for monitoring progress through Gateways must be in place if e-KSF is not implemented at the point of Gateway Activation.

- Gateway Policy (including process for notification of deferment to Wages Department) should be developed and agreed locally.

- If not already in place, then the under noted Human Resource policies should at least be included in the work plan for updating in light of AfC and KSF.
  - Employee Capability
  - Recruitment
  - Secondment
  - Employee Conduct
  - Family Friendly
Robust mechanisms should be in place to demonstrate that managers have appropriate support to develop skills in Development Review.

Organisation is satisfied that adequate Education & Development resources are in place to support PDR/P.

5.4.2 Implementation Progress – March 07

Within this year the following was achieved –

- A significant amount of PDP&R training had taken place
- Approximately 25% of Outlines required had been received
- Organisational arrangements were in place to support the PDP&R process
- Relevant HR organisational policies were part of the HR subgroup Work Plan for updating
- Additional financial resources had been identified over the next 3 years to support additional learning and development requirements as a result of KSF
- A scoping exercise to identify resource usage for Learning and Development to inform the use of future resource from 2007/08 onwards

5.4.3 Implementation Progress April 07 – March 2008

There were a range of activities that were carried out during April 07 to March 08 to facilitate the implementation of Gateways. These included –

1. 62% of staff had an assigned Outline on paper.
2. 8,125 staff assimilated and on Agenda for Change Pay Bands as at end March of 08.
3. Some HR Policies amended in accordance with the needs of KSF
4. Discussions with Pay Unit commenced regarding how Gateway due dates could be identified and managed.

5. Pay Unit identifying good practice and broader understanding from the National perspective – and impact on NHS Highland

6. Allocation of L&D resources being informed by staff needs, identified through the KSF PDP&R process, and prioritised against the corporate objectives.

5.4.4 Proposed Actions April 08 – March 2009

From the work carried out last year the following is required –

- Recording and uploading of all completed PDP&R on e-KSF to enable the monitoring of levels of compliance.

- Encouragement of staff and managers to use e-KSF to complete the PDP&R process to allow a comprehensive understanding of the Learning & Development needs and resources required across the organisation.

- NHS Highland to agree a date for activating Gateways.

- Engage with Managers and staff to identify and address the specific needs of staff that will require a Gateway Review following activation of the Gateways. This will be achieved through a series of Roadshows providing guidance on what needs to be in place by when and advising about the details of the Gateway Policy.

5.5 e-KSF

5.5.1 What is required?

The guidance requires NHS Boards to fully implement e-KSF as part of their Implementation Plans for KSF.

E-KSF is a web based software tool that has been developed to support the implementation and monitoring of KSF. Its use is mandatory in Scotland and has the potential to offer significant benefits.

For the Organisation

- Monitoring of KSF Implementation progress
- Minimises paperwork and administration and increases
Confidentiality of staff PDP Records
- Ensures a fair and equitable KSF process
- Identifies local and national competencies and gaps
- Equality/diversity monitoring in Learning and Development
- Supports workforce planning and service redesign
- Supports knowledge and skills for succession planning
- Creates a structured method of capturing development needs
- Facilitates the targeted use of L&D budgets
- Helps track and manage mandatory training
- Acts as a driver for IT skills and infrastructure development

For Staff
- Supports a transparent, partnership process (– sign offs required by reviewer & reviewee)
- Ensures equality of opportunity within roles and for development opportunities
- Accessible 24 hours a day, 7 days a week
- Creates a complete history of reviews, PDPs and learning and evaluation that is transportable to other NHS Organisations
- Provides a platform for more focused development – post /career/personal

5.5.2 Implementation Progress – March 07

NHS Highland worked hard on taking this milestone forward. Actions included –

- Establishing a Word based document for Outlines and admin processes consistent with those on e-KSF
- Developing a unique ID referencing for every post in Highland
- Piloting e-KSF project in Skye.
- Identifying areas of Risk in terms of access and skills that will be applicable to the full organisational rollout.
- Identifying learning points and organisational needs from the pilot in Skye.
- Identifying key staff necessary in taking the milestone forward – Project Manager, e-KSF Officer, staff side lead and IT and IT Training Representatives.
- Ensuring Word based PDP&R processes and forms are consistent with e-KSF
- NHS Highland represented 35% of the Scottish total of Outlines on e-KSF as of February 2007.
5.5.3 Implementation Progress April 07 – March 2008

NHS Highland, as a result of carrying out the above, was well placed to move this milestone forward over the year. Activities included -

1. Recruiting an e-KSF Trainer to train Reviewers and Reviewees to use e-KSF and start the cultural shift to working electronically in relation to PDP&R.

2. Developing an initial IT Training rollout plan aimed at those staff with completed Outlines

3. Ensuring e-KSF needs and benefits were understood by all staff and managers as part of the consolidated training approach.

4. Attending national e-KSF meetings and contributing to the direction and speed of e-KSF changes.

5. Commencing a process of matching Staff with Managers and identification of email addresses to facilitate access to e-KSF.

6. Identification of the shortfall in IT access, Infrastructure and skills as Organisational Risks in meeting this milestone.

7. Developing the business process that cross-references every staff member to their Line Manager – both for existing and new posts.

5.5.4 Proposed Actions April 08 – March 2009

The completion of this milestone has to include a number of different factors that include nhs.net rollout and e-KSF / SWISS integration. Their impact and ongoing needs are largely unknown. From our current understanding the activities in the coming year will at least include the following –

- Ensuring that staff members have an email address identified on e-KSF. Where this is not possible identifying other solutions to use and access e-KSF.

- Continuing to target those areas with most progress in terms of Outline submission and approval in relation to e-KSF Training.

- Expanding the range of locations/times to provide e-KSF training.

- Ensuring ongoing interactions between the e-KSF Trainer and L&D Facilitators to co-ordinate Managers and Staff being trained in PDP&R then e-KSF.

Working with you to make Highland the healthy place to be
• Evolving training delivery, content and location as a result of feedback and reviewing attendance rates and DNAs. Report on progress of numbers trained to be part of the monthly monitoring report and discussions with Line Managers.

• Developing the communications and guides that staff and managers will need for ongoing use of e-KSF

• Setting up an Organisational Structure in e-KSF to ease interrogation and development of reports. This will enable the KSF Team to phase out the need for the KSF staff database as the robustness and quality of information gained from e-KSF improves.

• Amending working practices to accommodate:
  - the likely increase in demands for account passwords and queries as the number of staff being trained and need to use the system increases
  - the needs of SWISS as it becomes an established part of keeping staff information on e-KSF accurate
  - the increased demand on reports from e-KSF as it increases in usefulness to managers and the organisation

6. SUPPORTING ACTIVITIES

6.1 Communication

A significant level of activity will be required in order to deliver the KSF Implementation Plan. Key to delivering KSF will be a wide understanding across NHS Highland. The Project Manager will be central in making links with the various line managers. They in turn have to communicate well with those they manage. In addition there is a need to –

1. Promote KSF through a regular series of updates for all within NHS Highland through common mediums such as the staff newsletters, “In Touch” and ‘Team Update’.

2. Review and update all web based information for staff and managers in order to ensure it’s kept live, relevant and user friendly.

3. Reflect progress of the milestones through a standardised format, the monthly Monitoring Report, for Key Managers. These reports will evolve as progress is made against the various milestones.

4. Discuss progress of the milestones on a regular basis with Line Managers – identifying where and what additional support can be provided as well as difficulties in meeting the target dates and levels of activity.
5. Collate the various Operational issues identified, as having an impact on the targets set, into a Risk Register. This Risk Register will be added to the Monitoring Report.

6. Provide NHS Highland with regular reports and attendance at Operational Meetings and appropriate Board committees. These will include the Pay Modernisation and Workforce Planning Board, the Staff Governance Committee and the Highland Partnership Forum.

7. Continue to actively participate in Regional and National meetings and influence Best Practice across Scotland.

6.2 **Broad banding**

Assimilating staff from their existing Whitley Pay grades to the new AfC bandings may result in staff who were previously on different pay bands, with differing levels of skills, now being on the same pay band. This is known as ‘Broad Banding’ or ‘Grade Compression’.

Managers are required to consider the implications and emerging issues for the service they provide. The KSF will be one of the tools that can be used to support service redesign and identify the development needs of staff. Guidance has been developed to support managers to manage this process using KSF.

6.3 **KSF Allocation for Learning and Development 07/08**

In 2007 an additional £200k was identified to meet the Learning and Development programmes as a part of the commitment made by NHS Highland to increase the allocation it makes to Learning and Development by £700k over a 3-year period.

It had been anticipated that more detailed Learning and Development needs would be able to be identified via e-KSF at this point, however this was not been possible as not all KSF Outlines and PDPs had been completed and uploaded onto e-KSF.

As a result, a scoping exercise was undertaken across the organisation to identify what learning and development activities were in place, how they linked to KSF, and what the gaps were. As a result of that exercise it was decided to prioritise additional resource allocation initially in the core dimensions.

The allocation in 07/08 was made in partnership in the Learning and Development Subgroup of the Highland Partnership Forum, and was allocated in response to those identified gaps in the Core Dimensions of KSF. The areas identified where additional resources were allocated were:
• Health and Safety / Fire Training
• Resuscitation
• Equality & Diversity
• Coaching
• Infection Control/Hand Hygiene/ Cleanliness Champion
• Drug Administration Project
• Health Behaviour Change Programmes
• Advanced Skills in Motivational Interviewing
• Service Redesign – Tools and Techniques
• ESOL

Investment was also made in the purchase of a Learning Management System, All –Time Learning (AT-L) to support, monitor and evaluate all learning and development activities across Highland. This will enable attendance monitoring to take place, provide equality and diversity information, as well as inform the most effective use of resources in learning and development.

Learning and Development programmes are being reviewed to link/map to KSF. A Leadership and Management framework has been developed and work is underway to develop a new range of programmes in the Core Dimensions to meet the needs of all staff.

Successful and robust implementation of KSF is essential, not only because is mandatory as part of the implementation of Agenda for Change, but also:

• to deliver the Benefits Realisation Agenda and support Service Redesign
• to deliver the “appropriately trained” section of the Staff Governance Standard
• to identify areas of clinical risk ( in terms of clinical skills) and other areas of risk
• to inform allocation of Learning and Development Resources to reduce risks - clinical, financial, staff related, quality and legislative
• to support workforce planning, by identifying current and future competence requirements
• as a key management tool, which aids team development
• to motivate, recruit and retain staff

Allocations for coming years will be targeted at these areas and also at outstanding areas of risk/need surrounding the Core Dimensions and in some cases, the Specific Dimensions. The additional £500k will provide supporting resources to meet the organisational requirement to deliver on the KSF Dimensions and support staff to pass through their Gateways.
7. **KEY RISKS**

The successful implementation of KSF in NHS Highland will support a wide range of agendas, in particular the delivery of the Benefits Realisation of Pay Modernisation, and the "Appropriately Trained" section of the Staff Governance Standard.

It is important to acknowledge that there are a number of risks associated with this Implementation plan -

1. **Organisational commitment**
   Commitment at all levels in NHS Highland to the production of KSF outlines, the PDP&R process, the implementation of e-KSF and the allocation of resources is essential to ensure successful implementation. If this is not present then there is a significant risk that the milestones will be missed, and the project will not be completed within the timeframe identified by the Pay Modernisation team at the SEHD.

2. **Financial**
   Failure to complete milestone activity within identified timescales will result in increased project costs e.g. data collection, consistency checking, additional learning and development programmes (as a result of skills fade).

3. **Quality**
   If staff do not feel their KSF outline accurately reflects their job there is a risk that they will not agree to it, and delay progress in this milestone. They may see this as a “tick box” exercise rather than identifying the benefits it has for themselves, the patients, and NHS Highland. In addition, if there is no consistency checking process, then NHS Highland will be less able to identify the knowledge, skills, and competences of its existing workforce, and use this information to identify gaps, or plan for future workforce development.

4. **IT Infrastructure**
   The access and skills issues have already been identified as being a risk to the implementation of e-KSF as part of the Skye e-KSF pilot. Where it is within the remit of this project, actions have been taken to address and minimise these. There are, however, issues which are outwith the control of the team. These require to be addressed as part of the e-Health Strategy.

5. **Gateways**
   If Gateways are not activated, then the organisation will not be able to use KSF to:
   - Identify if staff have the knowledge and skills it requires them to have to discharge their duties safely and effectively.
   - Identify areas of Clinical and other areas of risk
   - Make best use of Learning and Development resources

   Ultimately this will mean that NHS Highland will not comply with the National AfC agreement.
6. **Equality and Diversity Monitoring**

Full implementation of e-KSF will allow NHS Highland to comply with its monitoring requirements in Equality and Diversity. Partial or incomplete implementation will impact significantly on the ability to comply with the required monitoring, and may require additional systems or incur additional costs to collect the information required.
Appendix 1: PROJECT TEAM

The KSF Project team comprises

Judith McKelvie  KSF Management Co-lead
Vacant           KSF Staff Side Co-lead
Gordon MacDonald KSF Project Manager
Paul Simmons     L & D Facilitator (KSF)
Iain MacDiarmid  e-KSF Database Officer
David Logue      HR Manager – A & B.

Supported by

Fiona Blunsden   Learning and Development Advisor A&B
Susan Bruce      Learning and Development Advisor A&B
John Palmer      Learning and Development Facilitator
Michelle Williams Learning and Development Facilitator
Paul Maber       Induction Project Officer
John Evans       SVQ Centre Coordinator
Bank data input staff
### KSF Project Manager
The role will project manage the implementation & support mainstreaming of KSF and the roll out of e-KSF across NHS Highland e-KSF

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary + Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>KSF Project Manager</td>
<td>The role will project manage the implementation &amp; support mainstreaming of KSF and the roll out of e-KSF across NHS Highland e-KSF</td>
<td>6 mths</td>
<td>Salary + Travel</td>
<td>£31 K</td>
</tr>
</tbody>
</table>

### E-KSF Trainer
The support of an identified training resource within the e-Health training team to support the rollout of the mandatory system across Highland

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary + Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-KSF Trainer</td>
<td>The support of an identified training resource within the e-Health training team to support the rollout of the mandatory system across Highland</td>
<td>12 mths</td>
<td>Salary + Travel</td>
<td>£28 K</td>
</tr>
</tbody>
</table>

### Data Input Staff
Additional data input staff are required to support the input of outlines for until e-KSF is fully implemented and managers and staff are utilising the system directly

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Input Staff</td>
<td>Additional data input staff are required to support the input of outlines for until e-KSF is fully implemented and managers and staff are utilising the system directly</td>
<td>6 mths</td>
<td><em>Salary</em></td>
<td>£8.5 K</td>
</tr>
</tbody>
</table>

### Consistency Checking
To continue the quality monitoring and consistency checking process of outlines submission.

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency Checking</td>
<td>To continue the quality monitoring and consistency checking process of outlines submission.</td>
<td>6 mths</td>
<td><em>Salary</em></td>
<td>£17.5 K</td>
</tr>
</tbody>
</table>

### KSF Co-lead
Will require continuing in this role, as currently configured for 6 months.

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary + Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>KSF Co-lead</td>
<td>Will require continuing in this role, as currently configured for 6 months.</td>
<td>6 mths</td>
<td>Salary + Travel</td>
<td>£12.5 K</td>
</tr>
</tbody>
</table>

### Data Admin.
Working primarily on the KSF Staff database to update records and assist provision of accurate monthly reports as Submissions are received and approved.

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Admin.</td>
<td>Working primarily on the KSF Staff database to update records and assist provision of accurate monthly reports as Submissions are received and approved.</td>
<td>6 mths</td>
<td><em>Salary</em></td>
<td>£8.5 K</td>
</tr>
</tbody>
</table>

### Total

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Duration</th>
<th>Pay Structure</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Total</td>
<td></td>
<td></td>
<td>£106K</td>
</tr>
<tr>
<td>Position</td>
<td>Responsibilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Learning & Development Manager**          | KSF Management Co-lead  
Implementation activities  
Responsible for Mainstreaming KSF |
| **L & D Facilitator (KSF)**                  | Consistency Checking  
Outline development Training and Support  
Developing and delivering KSF Related Training  
Providing the pathway from Outline to e-KSF Training  
Developing Process for Banding |
| **e-KSF Database Officer**                   | Monitors and improves the Core Staff dataset  
Link person to other Boards on e-KSF  
Key role in supporting the successful implementation and subsequent management and development of the e-KSF |
| **HR Manager - A&B**                         | Leading the implementation of KSF in Argyll and Bute  
Supporting the mainstreaming of KSF |
| **L & D Facilitator**                        | Developing and delivering PDP sessions  
Supporting mainstreaming of KSF |
| **L&D Advisors- A&B**                        | Outline development and Consistency checking  
Delivering PDP sessions  
Supporting mainstreaming of KSF |
Appendix 2: GUIDANCE FOR HEALTH BOARDS

Incorporating Knowledge and Skills Framework monitoring within Existing Pay Modernisation Plans

INTRODUCTION

1. This paper sets out the actions Boards are required to take in order to incorporate KSF Implementation Plans, and progress monitoring against these plans, within existing Pay Modernisation Plans and reporting mechanisms. KSF Implementation Plans should detail how Boards will ensure full implementation of KSF and e-KSF during 2007/08.

BACKGROUND

2. HDL (2005) 28 ‘Delivering the Benefits of Pay Modernisation’ confirmed the approach to be taken in fully implementing pay modernisation, specifically the new Consultant Contract, the new General Medical Services (GMS) contract and Agenda for Change. It also outlined the performance management arrangements for ensuring delivery of benefits from pay modernisation. NHS Boards are required submit pay modernisation delivery plans describing how they are:

   · Using pay modernisation to help deliver key NHS priorities
   · Using pay modernisation in an integrated way
   · Fully delivering each of the individual contracts
   · Sharing innovation and best practice.

3. Implementation of Agenda for Change has been progressing through 2006 with the focus being on the core requirement of assimilating staff onto the new Agenda for Change terms and conditions. As this area of work nears completion, there is an absolute requirement to shift focus on to fully implementing and mainstreaming the NHS Knowledge and Skills Framework (KSF).

4. The NHS Knowledge and Skills Framework (KSF) is a key strand of the Agenda for Change (AfC) agreement. In conjunction with the other elements of pay modernisation and when mainstreamed and linked with workforce planning and service modernisation, the KSF will be pivotal to achieving the benefits of pay reform.

5. Implementation of the KSF is supported by e-KSF, an electronic on-line tool free at the point of use for NHS Scotland. There are many benefits associated with the implementation of e-KSF. These include

   · efficient support to the implementation of KSF
   · Supports equality & diversity monitoring requirements
   · Creates a complete history of reviews, PDPs, learning and evaluation that is transferable across NHS Scotland
• Supports workforce planning through identification of competence levels and gaps in education and development

Implementation of e-KSF is mandatory in NHS Scotland in recognition of the key benefits afforded by the system.

**ACTION TO BE TAKEN BY BOARDS**

6. To ensure equitable implementation of KSF across NHS Scotland in accordance with the UK agreement for implementation of AfC and to support full integration of pay modernisation, Boards are asked to provide a KSF implementation plan, including proposals for implementation of e-KSF, to be incorporated as a distinct section of their next Pay Modernisation Plan (due to be submitted in March 07). Plans should detail how Boards intend to fully implement the KSF and e-KSF by March 2008.

7. These implementation plans should focus on completion of the following key milestones associated with KSF implementation:

- 100% (i.e. all staff assimilated from Whitley to Agenda for Change) full post outlines consistency checked and approved (i.e. an outline incorporating the foundation outline).
- 100% Staff having outlines assigned to them
- 100% Personal Development Plans (PDPs) agreed with staff
- Reviewer training completed
- Initial Personal Development Reviews (PDRs) undertaken for all staff
- Gateways fully operational
- Full implementation of e-KSF

* (note – it is felt unlikely that staff assimilated will require a foundation review as the vast majority will be experienced).

Plans should list specific targets for achievement of each of the key milestones and should identify what actions are being taken to ensure that these targets are met.

8. It is anticipated that formal reporting of progress will be included in the six monthly reporting for Pay Modernisation Plans. The national Workforce Modernisation Team will continue to work closely with Health Board KSF leads and teams on an ongoing basis.
### Appendix 3: GANTT CHART: NHS Highland KSF IMPLEMENTATION PLAN 2008/09

**Abbreviations:**
- PM = KSF Project Manager
- KSF F = KSF Facilitator
- LM = Line Manager
- L&DM = Learning and Development Manager
- e-KSFO = e-KSF Officer
- e-HT = e-Health Trainer
- HoR = Head of Recruitment
- PRM = Payroll Manager
- KSF C = KSF Co-leads

<table>
<thead>
<tr>
<th>Milestone / Task</th>
<th>Lead</th>
<th>Support</th>
<th>APR 08</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR 09</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 100% Post Outlines</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
</tr>
<tr>
<td>2. Meet with Line Managers</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>3. Review No. of post Outlines required.</td>
<td>PM</td>
<td>LM KSF F &amp; C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
</tr>
<tr>
<td>4. Progress/Monitoring Reports</td>
<td>PM</td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. Training sessions: Outline Development</td>
<td>PM</td>
<td>KSF F &amp; C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remedial</td>
</tr>
<tr>
<td>6. Outlines developed &amp; submitted</td>
<td>LM Staff</td>
<td></td>
<td>68%</td>
<td>74%</td>
<td>80%</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Targeted Efforts</td>
</tr>
<tr>
<td>7. Consistency checking and approval process</td>
<td>KSF C</td>
<td>KSF C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Recruitment integration</td>
<td>HoR PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
</tr>
<tr>
<td>9. Targeted approach to outstanding Areas</td>
<td>PM e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>10. Clarity and Progress Bank Staff</td>
<td>? PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>11. Removal of Inaccuracies</td>
<td>PM e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>12. Improve A&amp;B Dataset</td>
<td>PM e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>13. Match admin staff levels to increased Submission rates</td>
<td>PM e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Milestone / Task</td>
<td>Lead</td>
<td>Support</td>
<td>APR 08</td>
<td>MAY</td>
<td>JUN</td>
<td>JUL</td>
<td>AUG</td>
<td>SEP</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
<td>JAN</td>
<td>FEB</td>
<td>MAR 09</td>
<td>Position</td>
</tr>
<tr>
<td>------------------</td>
<td>------</td>
<td>---------</td>
<td>--------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>2. 100% Outlines Assigned</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cross check all post identifiers</td>
<td>e-KSF O</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>2. Identify single point of contact</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>3. Assign KSF outlines to post holders</td>
<td>e-KSF O</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fully Implement SWISS integration with e-KSF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Resolve all SWISS conflicts in timely manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Milestone / Task</th>
<th>Lead</th>
<th>Support</th>
<th>APR 08</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR 09</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Personal Development Planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 100% PDPs Agreed with staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Agree PDP collection &amp; storage issues prior to e-KSF implementation</td>
<td>AIC Project Leads</td>
<td>KSF C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>2. Discuss monitoring report with line managers re PDP completion</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>b. Complete Reviewer Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Identify numbers of reviewer session required</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>2. Training sessions</td>
<td>KSF F</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>c. Initial PDPs Undertaken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Agree Local Review Process</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>2. Undertake initial Review</td>
<td>LM</td>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>3. Progress/Monitoring Reports</td>
<td>PM</td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>4. Develop Local Delivery Plans for each Operational Area</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
### Milestone / Task: 4. Gateways fully operational

<table>
<thead>
<tr>
<th>Lead</th>
<th>Support</th>
<th>Apr 08</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar 09</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-KSFO</td>
<td>AIC Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete</td>
</tr>
<tr>
<td>KSF C</td>
<td>HR Sub Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>As required</td>
</tr>
<tr>
<td>PR M</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence October 08</td>
</tr>
<tr>
<td>PM</td>
<td>L&amp;D M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence October 08</td>
</tr>
<tr>
<td>APF/Board</td>
<td>APF/Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence September 08</td>
</tr>
<tr>
<td>LM</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence October 08</td>
</tr>
<tr>
<td>LM</td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Milestone / Task: 5. Full implementation of e-KSF

<table>
<thead>
<tr>
<th>Lead</th>
<th>Support</th>
<th>Apr 08</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar 09</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>LM, KSF F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>PM</td>
<td>e-HT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence June</td>
</tr>
<tr>
<td>LM</td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>LM</td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>e-KSFO</td>
<td>SWISS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>e-KSFO</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>e-HT</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>e-HT</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence June</td>
</tr>
<tr>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

---

**Working with you to make Highland the healthy place to be**
<table>
<thead>
<tr>
<th>Milestone / Task</th>
<th>Lead</th>
<th>Support</th>
<th>APR 08</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR 09</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORTING ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.Promotion of KSF</td>
<td>PM</td>
<td>KSF F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.Monthly progress report – manager and organisational</td>
<td>PM</td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.Discuss progress - Line Managers</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.Develop and maintain a Risk Register</td>
<td>PM</td>
<td>LM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.Reports to Committees: PM&amp;WPB; Staff Gov. Com; APF</td>
<td>PM</td>
<td>KSF C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.Participation in Regional and National meetings</td>
<td>PM</td>
<td>KSF C &amp;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e-KSFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Broad banding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.Develop process to support managers to resolve Broad banding issues</td>
<td>KSF F</td>
<td>KSF C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence June</td>
</tr>
<tr>
<td>2.Identify training needs of managers as a result of Broad Banding</td>
<td>KSF F</td>
<td>KSF C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence Sept</td>
</tr>
<tr>
<td>3.Develop &amp; roll out appropriate support programmes for managers</td>
<td>KSF F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commence Sept</td>
</tr>
</tbody>
</table>

Working with you to make Highland the healthy place to be