



## **Case Study: Implementation of e-KSF**

### **Organisational Details**

<b>Name of Organisation:</b>	Northumbria Healthcare NHS Foundation Trust
<b>Number of employees:</b>	6,500 staff
<b>Number of organisational sites:</b>	10 sites
<b>Healthcare business:</b>	Acute Health Care

### **KSF Implementation**

The initial stages of implementing KSF from 2004 – 2007, concentrated on raising staff awareness and training specific staff on how to create full KSF Post Outlines. Awareness sessions and KSF Post Outline training was delivered at all sites across the organisation. At the same time the current appraisal paperwork was adapted to reflect the new requirements of conducting a KSF Review.

From 2007 the organisation began to incorporate KSF awareness training into appraisal training for staff and reviewers, induction sessions and information was included in the induction portfolios.

The challenges that the organisation faced when implementing KSF were:

- The size and geographical location of the organisation – 10 hospital sites
- The change of culture for staff in terms of pay and appraisals
- Initially the priority was embedding the new pay structure and pay scales, so KSF was not considered a priority and therefore not implemented until the pay issues were completed
- The complexity of KSF and finding methods to simplify it for the staff

The decision to implement e-KSF was made following the appointment of a new Director of HR who followed the Department of Health's recommendation to use e-KSF. The main objectives for moving to the e-KSF tool were:

- To ensure that appraisals took place,
- To improve the quality of the appraisals,
- To improve the reporting of appraisal activity,
- To assist with more effective planning of training

### **Implementation:**

#### **Project Team:**

The project team consisted of:

Director of HR , Principal Training Manager, KSF Lead, Staff Side Lead, Management Side Lead

### **Method**

The organisation piloted the implementation of e-KSF in Computer Services initially. This was followed by the systematic rollout of e-KSF through Corporate Business Units and finally the Clinical Business Units. The only exception to this was the smallest Community Hospital. During the rollout of e-KSF at this site, all departments were trained in the use of e-KSF at the same time.



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Computer Services supported the KSF Lead and Administrators during the rollout of e-KSF in the other Business units by delivering the training for the managers and reviewers.

The initial project plan aimed to implement e-KSF within 12 months. Following a recalculation of the number of managers and reviewers that required training, the project was extended to two years. The training was targeted at the managers and reviewers with the aim of enabling self service use of e-KSF immediately.

Additionally, support sessions for staff were set up in every site across the organisation. These are advertised sessions that occur once a month where staff are supported by a member of the central KSF team to access e-KSF and input their information directly into their own PDR record .

### **Identified Success Factors**

The organisation identified the following indicators as key success factors:

- All appraisals will be completed using e-KSF from January 2010.
- KSF remains an organisational priority and is in the Trust Plan
- Representation at Board Level through the HR Director
- KSF and appraisal activity is a monthly reporting requirement
- Improved accuracy in identifying training needs for the following year.

### **Barriers to implementing e-KSF**

The organisation experienced a few hurdles during the implementation of e-KSF such as IT skill levels, access to PCs, time factors and resistance to change. The methods for overcoming these hurdles are described briefly below.

- IT Skills – through the structured appraisal system there was clearer identification of basic skills requirements leading to staff being offered appropriate IT training if necessary.
- Access to PC's – the Trust earmarked specific PCs in key areas in each site for the use of e-KSF and e-Learning only.
- Time factors – monthly manned support sessions are planned and advertised at each site where a member of the central KSF team is on hand to support staff to access their own e-KSF account and update it.
- Resistance to change – there is buy in and support for KSF at Board Level and KSF remains an organisational priority. Uptake of e-KSF is monitored and the Business Units are named and shamed in the organisation's monthly newsletter

### **Current Situation**

The organisation is now nearing the end of the two year implementation project and reports that their current position with regards to e-KSF implementation has resulted in the following:



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- All staff have knowledge of KSF
- Increased number of appraisals occurring
- More accurate reporting on monthly basis – usage, completed PDRs, outstanding PDRs
- KSF & e-KSF is fully integrated into all training e.g. NVQ inductions, management roles, all development training,
- Quarterly updates are published in a newsletter via including the naming and shaming of Business Units to promote good practice, increase appraisal activity and reduce DNA's on training sessions

### **Benefits Realisation**

The current benefits being realised for individuals are:

- Increased in IT basic skills across all staff groups
- Staff take more responsibility for their own development due to a perception of increased involvement in their appraisal and being listened to with regards to their development requirements
- More structure around staff development and how training needs are being identified and implemented
- There is a clearer development route for staff with all training / learning requirement being identified in their PDP
- Staff are gaining or maintaining skills as the training is being identified through a more structured process and therefore supporting improvements in patient care

The current benefits for the organisation are:

- Training budget is being targeted more effectively because training needs are identified and reported using a more structured process
- Basic skill needs have been identified and addressed such as IT skills
- A perception that sickness levels have decreased, staff are more skilled and staff feel more valued and therefore retention has improved

Additional benefits that are expected are:

- Using e-KSF to increase staff awareness of developmental / learning opportunities available within the organisation, supporting planned developmental /career routes and therefore increasing accessibility to those opportunities
- Increase awareness of other people's roles, skills and areas of knowledge
- Improved retention of staff due to increased knowledge of and accessibility to learning, and career development opportunities.

The next steps for the organisation are:

- To focus on the quality of the appraisals and conduct an audit on the quality of appraisals focussing on gateway reviews first
- To look at the quality of the evidence presented at appraisal
- To check the consistency of appraisals outcomes
- To increase the number of staff support sessions from January 2010
- To continue to deliver reviewer training, one a month for 6 months
- To deliver manager and reviewer training using e-learning



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### **Support**

e-KSF is being successfully implemented due to the internal support of the Computer Services and IT Training Department, the HR Director and the Training Manager. External support was received from Think Associates during the initial set up of e-KSF including training for the central KSF team and Computer services to enable rollout, along with bulk uploads of information and ongoing telephone support from the Regional Account Manager. Membership of the Regional KSF Leads meeting and Regional e-KSF User group has also provided opportunities to gain support and share good practice with other organisations also implementing KSF and e-KSF. In addition, the organisation would have found access to a national library of KSF Post Outlines useful during the initial development of post outlines.

### **Quotes from Internal Staff using e-KSF:**

Quotes
“Easy to use, collection of paperwork has been reduced. Good system for reporting, still improvements that I feel could be made to improve existing reports, assigning staff to reviewers “ KSF Lead
“Good system, think it will work really well once everyone is using the system on a regular basis.” Staff side
“ Moving to e-KSF has made the whole business of managing appraisal completion much easier. It has also focused appraisers on the need to complete every stage of the review process fully which in turn has improved the standard of the discussions and agreed outcomes.” HR Director
“System will be good once everyone is allocated appraisee's and staff are confident with the system. From a manager's view it takes a long time to assign staff to appraiser's and I'm thankful for the help from KSF Lead System is very good, once it is embedded into the organisation completely e-KSF will be an excellent tool for recording and reporting appraisals. Going very well in Physio. All physio staff appraisals are on e-KSF Its great to have the documentation completed on the day and so easily accessible for appraisee and appraiser to reference. Only concern at present is the issue regarding the computer data entry can interfere with the one to one personal discussion but I'm sure this will improve as we get used to the system.” Service Lead
“Easy to use and understand. Good that system can be accessed from any computer across the Trust.”
“I found the e-KSF easy to use and understand, I like the way you can see at a glance which training needs to be done and when it needs to be completed by. I like the way you can upload the evidence and link them.”Staff Members