The NHS KSF - Communication and Human Relationships

How does NHS KSF cover communication and relationships?

The NHS KSF has 6 Core Dimensions of which Communication is one. The KSF recognises the importance of communication as a core skill of all staff in the NHS and that communication underpins all of the other dimensions.

Many of the widely-recognised principles of effective communication and relationships feature in other dimensions of KSF, particularly Core Dimension 6: Equality and Diversity and throughout the Health and Wellbeing Dimensions.

The following KSF indicators are essential for person-centred care, and most closely relate to the principles of effective communication and relationships.

Core Dimension 1: Communication
- Identifies any potential communication differences and relevant contextual factors (L3).
- Improves the effectiveness of communication through the use of communication skills (L2).
- Constructively manages barriers to effective communication (L2); recognises and reflects on barriers and modifies communication (L3); anticipates barriers and acts to improve communication (L4).
- Communicates in a form and manner that is consistent with their level of understanding, culture, background and preferred ways of communicating (L3&4).
- Encourages effective participation of (L3) or communication between (L4) all involved.

Core Dimension 6: Equality and Diversity
- Treats everyone with dignity and respect (L1).
- Acknowledges others’ different perspectives (L1).
- Acknowledges and recognises people’s expressed beliefs, preferences and choices; respect diversity; value people as individuals (L2).

As KSF needs to work for a whole range of practitioners, the language used can be quite broad or generic. For example, indicators may mention ‘correctly undertaking assessment’, or ‘engaging and working effectively’. In these cases it is worth considering what aspects of good communication and relationships contribute to ‘correct’ assessment or to ‘effective’ engagement. These could include active listening and exploring patient’s ideas, concerns and expectations and so on. A similar analysis could be done on many other indicators, using the recognised principles of effective communication and relationships to flesh out more detail.

The full range of relevant indicators has been pulled together in the tables at the end of this document.

How does KSF support efforts to improve communication and relationships?

KSF outlines and processes can support planning of learning to improve patient communication skills, and conversely programmes of activity designed to enhance communication can be used to develop and evidence many KSF dimensions and indicators. Although the skills and knowledge described in various dimensions of KSF support most of the key principles of effective patient communication, the broad nature of the KSF framework means that it is not designed as a tool to support the specific skills development in this area.

Therefore relying on KSF alone will not make it very easy to take a coherent or comprehensive approach to developing patient communication as this is not what it has been designed to do. It will be more effective and efficient to use tools and guidance that specifically focus on patient communication but which can be linked to KSF and support...
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the KSF personal development planning and review process. Such tools are discussed further in the introduction to this site. (Links to range of tools in the Introduction section).

Will KSF annual reviews be sufficient to develop communication and relationships skills and abilities?

Including communication as part of KSF annual reviews offers an important opportunity to take stock of how a practitioner is developing their communication and relationships abilities. It is worth bearing in mind some recent research in Scotland on how health practitioners learn their communication skills. This found that discussion in KSF reviews about Core Dimension 1 often focused on more complex situations such as delivering presentations or communication with other professionals, rather than on improving communication with patients.

Unless patient communication is specifically included in examples of application in KSF post outlines and/or flagged up by practitioners or their reviewer, it may not receive much attention in the review process. This was particularly true as practitioners became more senior.

More frequent, informal efforts to improving communication across your team or department using specific tools are also important to allow staff to get regular, more immediate feedback than can be given at annual reviews. There is lots of guidance on how to do this in the ‘Reviewing Capability in Communication and Relationships’ section above.

Guide to Using the Development Review Process to Develop Effective Communication and Relationships Capability

1. **Review** the KSF post outline and highlight the indicators that most closely relate to communication and relationships. The table at the end of this document will help.
   a. Consider how the indicator might be achieved in practice specifically focusing on best practice in communication and relationships based on the **principles of effective practice** outlined on the Communicating, Connecting Caring Website or in another model of good communication you wish to use.
   b. Reflect on current practice, and available evidence, to come to a view on the extent to which the communication and relationship aspects of the indicator are being met, bearing in mind key principles.

2. **Plan action** to improve communication based on reflections and evidence, taking into account and building on the practitioners Personal Development Plan. This could be formal or informal learning, on the job, peer to peer or self-directed initiatives as discussed elsewhere in this website.

3. **Implement learning** as planned, with adequate support from peers, supervisors, mentors, managers as needed.

4. **Evaluate**: consider the extent to which the learning has led to permanent improvements in skills and approaches and what needs to be done to support practitioners and teams to embed learning into everyday practice.
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What evidence is appropriate for demonstrating effective communication and relationships capability?

The KSF review process requires consideration of information relevant to the individual’s KSF job outline which is known as ‘evidence for the development review’. Evidence relating to communication and relationships capability could take a number of forms including those in the list below. As a manager/supervisor, you need to consider and discuss with practitioners what support they need to be able to develop and provide appropriate evidence.

- A learning log from the practitioner.
- Reflective observation notes made by the reviewer or someone else who has observed or reviewed their interactions with patients, families, carers or colleagues over the year.
- Notes from case reviews presented involving the practitioner that included discussion of communication and relationship abilities.
- Documentation from critical incident analysis.
- A series of completed review checklists or tools such as the checklist for review provided on this site.
- Recordings or extracts from recordings of interactions that demonstrate competence (preferably already analysed/reviewed by someone using an objective checklist).
- Feedback gathered from patients/families/carers/colleagues/managers over a period of time (formal or informal) e.g. questionnaire results/notes from discussions/360 degree feedback etc.