

*MORI*

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**Union Member Research**

**Agenda for  
Change  
Research Study  
Conducted for  
the NHS Trade  
Unions**

**2006**

**October 2006**

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NHS Trade Unions

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# Introduction

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Ipsos MORI was commissioned by the Royal College of Nursing (RCN) on behalf of the NHS staff side organisations to conduct four discussion groups amongst union members to explore their views on Agenda for Change. Agenda for Change is a new structure for pay, terms and conditions for all NHS employees with the exception of doctors, dentists and very senior managers who have separate arrangements. The implementation of Agenda for Change began in December 2004 and this research project provides an opportunity to explore union members' feelings on the impact of Agenda for Change and to discuss current issues affecting morale and motivation in the NHS.

The main objectives of the research project are to:

- assess how current changes in the NHS have affected morale and motivation of staff
- explore what factors contribute to job satisfaction and satisfaction with working in the NHS
- understand how current challenges in healthcare have impacted on retention and job satisfaction
- explore attitudes towards the implementation of Agenda for Change
- assess how NHS employees feel about the new Knowledge and Skills Framework (KSF)

## Methodology

To meet the objectives outlined above, a qualitative approach was adopted and this took the form of discussion groups. Discussion groups provided the opportunity to share views and experiences in a relaxed setting and explore depth of feeling on Agenda for Change and other current issues facing the NHS. In July 2006, a series of four discussion groups took place in four cities across Britain – Cardiff, Edinburgh, London and Manchester.

## Recruitment

Participants for the discussions groups came from the 14 NHS staff side trade unions, (a full list of the staff organisations who provided members for the discussion groups is in the Appendix). Each union was asked to supply a list of active members who were also current employees of the NHS. From this list, Ipsos MORI recruited members for the discussion groups following a short telephone interview which sought to confirm their membership and interest in taking part.

Members from the 14 trade unions were divided into groups of three and four and allocated a group. In instances where trade unions were unable to supply sufficient number of members into their allocated group, invitations were opened up to the other unions taking part. The table below lists the trade unions who contributed to the research and which groups they were allocated to.

Group 1 – Cardiff	Group 2 – Manchester
Royal College of Nursing	Unison
Royal College of Midwives	Amicus
Community and District Nursing Association	GMB
British Association of Occupational Therapists	TGWU
Group 3 – London	Group 4 – Edinburgh
British Dietetic Association	British Orthoptic Society
Federation of Clinical Scientists	Chartered Society of Physiotherapists
Society of Radiographers	Society of Chiropractors and Podiatrists

10-12 activists employed in the NHS were recruited into each group and participants were paid £30 for their time. The discussion group lasted an hour and half and were type recorded to aid analysis at the reporting stage

In some of the groups a mix of practitioners and non-care givers attended the group. As respondents came from a range of professional backgrounds, this reports looks at views of all union members and analysis is not based on professional groupings.

## Interpreting qualitative research

Qualitative research involves an interactive process between the people carrying out the research and those being researched. It provides a way of probing the underlying attitudes of participants, and obtaining an understanding of the issues of importance. The real value of qualitative research is that it allows insights into the attitudes, and the reasons for these attitudes, which could not be probed in as much depth with a structured questionnaire. The flexible nature of this research method allows participants to define their own issues and raise their own problems.

However, it must be remembered when interpreting these results that they are not based on quantitative statistical evidence. The findings are based on a small sample and are therefore illustrative of a range of views and perceptions rather than statistically representative.

Throughout the report, use is made of verbatim comments from participants. These have been selected to exemplify a particular view of a body of participants, although it is important to remember that the views expressed do not always represent the views of all the participants as a whole.

## Publication of data

As the Royal College of Nursing has engaged Ipsos MORI on behalf of the staff side organisations to provide an objective research study, it is important to protect the RCN's interests by ensuring that it is accurately reflected in any press release or publication of the findings. As part of our standard terms and conditions, the publication of the data in this report is therefore subject to the advance approval of Ipsos MORI. This would only be refused on the grounds of inaccuracy or misinterpretation of the findings.

## Acknowledgements

Ipsos MORI would like to thank Nicola Power at RCN for her help and advice in developing this project. Special thanks also go to the union members who helped us by providing names of potential participants, and to all the union members who gave up their evening to attend the discussion groups.

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*Checked & Approved:*

.....  
*Sara Butler*

*Checked & Approved:*

.....  
*Katy O'malley*  
*Victoria Labeodan*

# Executive Summary

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- The majority of union members taking part in this research strongly feel that morale amongst NHS employees is currently low. This is largely attributed to the ongoing changes at both national and local levels, alongside current financial and funding issues which are felt to be affecting the workplace and how roles are performed. The financial circumstances under which the NHS is currently operating are felt to be contributing to how staff feel about their work.
- The perception of an organisation undergoing constant change and subject to the changing political climate leads to the view that reform is often approached from a short-term perspective and that major changes are rarely permitted enough time to take effect before another set of circumstances requires further change.
- Participants in all of the discussions felt that there were occasions when they were unable to complete a task as well or as completely as they would have liked to have done and expressed concern about the negative impact that this is having on services.
- There are, however, a number of reasons that the research participants believe encourage staff to remain loyal to the NHS and which motivate them to remain employed within it. In particular, these are the ethos of the service, the care it offers to patients regardless of who they are, and the contribution the organisation makes to wider society.
- Likewise, the pension, flexible working, job security and job satisfaction are all cited as elements which encourage staff to stay. It is generally felt that removing these key benefits and maintaining low pay levels may make it difficult to recruit and retain personnel in the NHS.
- Although there is general support for Agenda for Change, its implementation is perceived by many of the participants to have created a great deal of uncertainty and to have contributed to the lowering of staff morale.
- Most of the union members who took part in the discussion groups feel that they are sufficiently aware and knowledgeable about Agenda for Change, but strongly feel that this is not shared across the majority of their colleagues. There is a view that some managers had themselves not had a good understanding, and had therefore not been able to communicate it particularly effectively.

- There are also mixed views about the potential of the Knowledge and Skills Framework. Although some feel it has the potential to provide a clearer career structure and thus aid retention, there is also uncertainty about how it will work in practice and how different it will be from the current appraisal and development system.
- There were views that training and development is often the first to suffer in times of financial hardship; there was great concern that current financial difficulties faced by the NHS would mean that promotion and progress for staff would be hindered.

# Morale and motivation

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## Employee morale and satisfaction within the NHS

Findings from this research study suggest morale is low amongst NHS employees, largely due to on-going changes to the organisation at national and local levels. This is further compounded by financial problems and funding shortages which are affecting the workplace and how professionals perform their roles.

### National and local changes

The changes to the NHS come at a national level where central Government has embarked on a public sector reform programme which has resulted in new initiatives and guidelines.

Constant changes by central Government mean that reforms are often not given enough time to be embedded into the system before new sets of reforms are introduced.

*It's just change upon change upon change, and there's never a chance for any consolidation.*

Cardiff

*I think at the moment there [are] just so many changes, you're just coming to grips with one, and then immediately being told something different. So it's almost you just don't get the time to come to grips with things, and settle things down, and then sort of a set of new policies, protocols, procedures. And then it's all changed again.*

London

At the same time and partly because of policies from central Government, many members are working in settings where organisational structures are frequently being reviewed and re-structured. In the experience of most of the members who took part in the discussion groups, changes in organisational structures also result in frequent changes in management at their organisations. A feature of the frequent changes to the NHS is that this has also helped to create additional administration for staff and contributed to a perceived lack of direction and focus.

*This reorganisation thing – [we] are constantly being reorganised because I've been a head of department for four years and we're on our sixth line manager. You move a step or two forward and then you're reorganised.*

Edinburgh

*But we, we split to three PCTs in Manchester, we're coming back and joining back into one, we've been*

*constantly changing, the cost of paperwork's ridiculous, the cost of that management muddle.*

Manchester

*It's been so that we had to have five PCTs, and now gradually coming back, again, full circle and put back into one, but, I mean, we had five chief execs, five assistants, all the different directors.*

Manchester

*I mean, unfortunately, we never get a chance to actually settle down, it's been just one big change, one where they're starting the change and then finish, it wouldn't be so bad, it's more having three or four at the same time in different ways, it's been horrendous.*

Manchester

There is also concern that constant changes within the NHS may mean that Agenda for Change may not have enough time to embed in the system before it is reformed.

*To be truthful, I think that what will happen is that something else will come in to change Agenda for Change before we see the benefits.*

Manchester

## Financial pressures

Another reason for low morale among staff is the financial problems perceived to have been brought on by the different reform programmes and a more general lack of funding in the NHS. This has had an impact on *how* staff work. In all four groups, most of the members who took part in the research, described instances where they were unable to complete tasks to a high standard because of staff shortages and lack of resources due to under-funding and budget cuts within NHS organisations. There is concern that this having a negative impact on services.

*And I am sick to death of hearing that the NHS is over spent, when we're not overspent. We're under funded.*

Cardiff

*We already don't have paperclips. We're not allowed to photocopy. We can't, you know, things like that are restricted so much that the only place that that money can come from is posts. And people are leaving and posts aren't getting filled.*

Edinburgh

*We have no money to do anything now, and we're not able to employ the staff that we want to employ, and services are actually deteriorating. There are longer waiting lists. And that, that's been made worse in the last 12 months.*

Manchester

Although staff shortages are a problem within the NHS, this is compounded by the threat of redundancies. This is perceived to have arisen because of the financial problems facing many NHS organisations, and has been stressful for staff as there is so much uncertainty about the future and so this has had a negative impact on morale and general satisfaction with the NHS as an employer.

### Patient expectations

For some employees there is a feeling that higher patient expectations have added to the pressure of their jobs. Members feel that patients are increasingly more aware and now far more likely to complain about their treatment. Complaints are often collected but participants point out that when patients have a good service experience this is rarely acknowledged. This makes staff feel undervalued and contributes to the low morale that according to participants is prevalent within the NHS.

*But you get the feeling that sometimes everything's always your fault.*

Edinburgh

*When there is a complaint and you're involved in dealing with it you get a huge amount of negative feeling about your job and then you have to balance that with all the positive things. Everybody counts the number of complaints you get in your ward, but no-one ever counts how many cards you get saying thank you – 'I've been treated really well' and all the chocolates'.*

Edinburgh

*There's a certain expectation in patients, you feel totally useless all the time, because they didn't get this or somebody didn't get this, but the patients' expectations are having a huge impact on practitioners right way across the board.*

Manchester

## Motivation for remaining within the NHS

There is a general recognition of the problems facing the NHS, yet there are aspects of working for the NHS which motivate members to remain. The key reasons for remaining in the NHS are its public sector ethos, terms and conditions (mainly the pension and flexible working), job satisfaction and length of experience.

### Public sector ethos

In all four discussion groups, it is widely acknowledged that the primary motivation for working in the NHS is *not* money, but rather the ethos of the NHS and the positive contribution the organisation makes to the wider society. Linked to this is a strong feeling amongst many members that working for the NHS is a vocation and for this has strongly influenced their decision to work and remain with the Service.

*When it comes right down to it, none of us come into this job because we're going to get really good pay. We're here because it's a calling. We want to work with patients. We get reward from working with patients.*

London

*I enjoy the variety of the patients, the fact that anybody can rock up and use the service. You don't have to have bundles of money to be able to get that service. There are other bits that might persuade me otherwise too.*

Edinburgh

There is an acceptance that financial remuneration cannot be the only motivating factor for working for the NHS. There is a general perception that the NHS is widely known to offer relatively lower levels of pay and the main reason for working in the NHS is the satisfaction that comes from meeting patients' needs.

*Getting good job satisfaction, perhaps that's what it is that keeps us here. When I see what other people that are dissatisfied with pay and people start jumping up and down saying that's terrible what we're paying firemen, or that's terrible what we're paying a train driver and you think what about us.*

Edinburgh

Others recognise that money is important and like other professionals in other fields, NHS employees should be able to maintain a good standing of living through their work. There is also the view that because some employees see their role as a vocation this sanctions low pay awards from employers.

*With the various cut backs and everything, that sounds like a perennial gripe from health service staff, but it's very real at the moment. There are good things about the health service, and think that's supposed to counteract the low pay.*

Manchester

*Well to me it's the money. I've got this holiday, that holiday, I've got bills to pay. It's not about, unfortunately for me now, about what I go to work to do. It's just about pay to me, and let me go home, because of all the rubbish that's going on at the moment. I get up and I go to work for money.*

London

## Terms and conditions

Another key feature of satisfaction with working for the NHS is the terms and conditions offered to employees. There is a general perception that the terms and conditions are very good in the NHS, especially when compared to the private sector. It is also noted that staff do not often take account of their terms and conditions when considering their remuneration package. In general, it is perceived that a good standard of terms and conditions helps to compensate for the lower levels of pay. Consequently, it is important that changes in the NHS do not lower current terms and conditions.

*In the private sector you'd be paying out for your pensions. If you don't work you don't get paid. [So you don't get] your sick pay, your holiday. I know a lot of our staff that they see pay as pay and our terms and conditions as like well, that's what we get.*

Edinburgh

## Terms and conditions: pension

In the discussion groups, there is a general consensus that the pension arrangement is one of the key benefits of working for the Service. This fact motivates many employees to remain in the sector, especially experienced staff.

*It's the pension.*

*It's very true, I mean, [with most of the problems in the NHS] most of us would go home, you'd be daft to go anywhere else and lose your pension.*

Manchester

For longstanding employees there is a perception that although the pay is lower than they might receive with other organisations or in similar professions, there is the opinion that this is partly balanced by the good level of pension provided.

*I mean I've been in it for eighteen years. One of the things that you accepted fine, up to a point it is a bit of a calling. But I mean, there comes a certain point where you're actually tied in. And the tie in point is the pension. And the pension is second to none. It's very, very good.*

London

*The whole thing about it was, the rational behind the low pay, for the years and years of low pay. It means you got a decent pension; it's going to work out in the long run.*

London

There is a general perception that in recent times, pension provision has been downgraded, and that the pension offered to newer employees is not as significant as it has been in the past. There is a concern, therefore, that this might discourage recent entrants from entering and staying with the NHS.

*It's good for the people that joined thirteen, eighteen, twenty years ago. People like me, who've just joined, or people that are just coming in now, they're starting to mess with the pension. They would come in, they would get their experience, and they'll go.*

London

*There are changes [to the pension], even as we speak. And I think that could really backfire. Because that is the one thing that needs to be kept going.*

Cardiff

Members' views on the NHS pension also illustrate the division between long standing and more recent joiners. Most of the members who participated in the discussion groups are planning to remain with the NHS and are doing so mainly because of the experience they have gained in the NHS and the fact they have been able to secure a good pension. On the other hand, for recent joiners who took part in the groups, their pension arrangements do not bind them to the NHS.

*So mine [pension] is absolutely rubbish, so I most certainly don't stay because of the pension.*

Edinburgh

*There's no other good viable option. I'm really just working for my pension.*

Edinburgh

*I think compared to a lot of pensions, the NHS always has been good and it always has been rock-solid, safe, until they started having talks about it, which is always a worry. If the pension scheme wasn't as it currently is, the amount of people you've got working in the NHS at the moment*

*would be vastly different, because there's an awful lot in an their late thirties, moving on to their retirement ages, that you wouldn't get, you wouldn't get me staying.*

Manchester

For longstanding NHS employees, it is also impractical to re-train for a new career because they start from the junior level.

*If you wanted to do something else you're going to have to be trained which means you're going right back to the bottom of the scale again.*

Edinburgh

### Terms and conditions: flexible working

On key condition that motivates many members to remain with the NHS is flexible working. Although not directly linked to satisfaction with the NHS, it is clear from the discussion group that it is one of the valued benefits.

In all groups there is a general opinion that the flexible working option benefits employees. In particular, it is a particular bonus for working parents who often face childcare issues which flexible working can help to alleviate.

*[In the NHS] you've got effective flexible working policies for wherever it is, for families or single parents, or whatever, but they must be enforced correctly.*

Manchester

*There is much more flexible working in the NHS now than there's ever been.*

Edinburgh

There are concerns, however, that this flexible working can mean *inflexible* working for members of staff who do not take up this option. In the experience of some members, flexible working can sometimes create shortages at different times or days in the week and can compound some problems caused by understaffing. It may also disadvantage more junior members of the team who may not have managerial support throughout their working week.

The overall perception is that whilst flexible working is welcomed, management and organisational structures need to carefully manage and monitor this so that it does not create an extra burden on staff or adversely affect standards of patient care.

*You need to have enough staff to enable you to properly implement flexible working. But I think from a patient point of view, if you did have enough staff to implement flexible working, it means you can deal with more than the*

*work you actually do. But unfortunately we just have to do that.*

London

Terms and conditions: job security, sick leave, training

Aside from pensions and flexible working, there are other elements of NHS terms and conditions which are keeping staff happy. The NHS is believed to provide a good level of job security, especially when compared with other employers in the independent health sector. However, this opinion is overshadowed by some of the challenges facing the sector, for example, budget deficits, and the implementation of Agenda for Change

*I think within the NHS there are advantages, now, it has been a more or less secure job, up until now. You know that you're getting your salary at the end of the month, you know your terms and conditions. So in that way there are worse employers.*

Edinburgh

The level of holidays is also seen as a positive, as is the paid sick leave.

*I've been off for ten weeks. I had surgery on my shoulder and the fact that I actually got paid for ten weeks, it was amazing. I have to say I've never really ever been off sick before.*

Edinburgh

For relative newcomers, the training offered within the NHS is also a strong incentive to stay. This is felt to help with their career development and also provides a support network.

*I think particularly as a newer member of staff, the support network is there. If you go into say private practice you don't have that training support. It does make a big difference.*

*-If you go into private practice and you go on a course you're not working, so you're not earning.*

Edinburgh

## Job satisfaction within the NHS

Another important motivation for employees is the job satisfaction. From the four discussion groups, it is clear that members derive satisfaction from treating patients and this is viewed as the best aspect of working for the NHS.

*At the end of the day I want to continue working in the NHS because I enjoy the patients.*

Edinburgh

*I get satisfaction from what I do. It's not the money. I'd like a lot more money for what I do, but I still enjoy what I do.*

Edinburgh

*And I think, in the NHS, most people who come into it know we don't do it for money, we do it because we make a difference to our patients. Most of us will know that the patients we saw today, we've made a difference in their lives. And if it's five 'o' clock, and they've got a problem, we will stay there till ten 'o' clock if necessary, to make sure that problem is solved. And our rewards are from the patient alone that we have made a difference to somebody's life.*

London

Although members enjoy the work they do, some of the factors that have lowered morale are also affecting job satisfaction and so, may impact retention within the organisation. For example, some of the financial pressures facing NHS organisations have an impact on patients' services. Professionals feel that they are not always able to give enough time to patients and develop their careers through training and developing new services.

*I think everyone's striving to do everything under very, very limited resourcing, and at the end you've not able to deliver what you want to give to the patients, so it's the patients that are losing out time and time again*

Manchester

*I think because there is shortage it's a problem because you don't have enough time with patients.*

Edinburgh

*But on a personal level I couldn't say that I'm particularly satisfied with my day to day job because I have got a lot of skills that I'm not able to use because there isn't money in the department.*

Edinburgh

# Agenda for Change

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There are strong opinions on Agenda for Change and this is one of the key issues currently affecting NHS employees. Experience of Agenda for Change differs not only between professional groups but also between individuals. It is also worth noting that some members who took part in this study had yet to be assimilated into Agenda for Change. As part of this project, key elements of Agenda for Change were discussed – communication, knowledge and its implementation

## Communication of Agenda for Change

There are mixed views on how awareness of Agenda for Change spread amongst employees. Some felt that communication was good and widespread within the NHS. Further, as an important issue, some felt that it had been discussed in many professional and trade publications. The volume of information and communication available also means that interested staff could access information with ease.

*I think the communication has been good. I think it just won't deliver what it promised.*

Edinburgh

*The information is out there. If you want to you can find that information.*

Edinburgh

On the other hand, the research participants felt that some staff were apathetic about learning about Agenda for Change and believe that colleagues were mainly concerned about how Agenda for Change would affect their salaries. There is also a view that some managers within NHS organisations were not well enough informed about Agenda for Change and this prevented communication about the policy with staff.

*They don't actually want to pay attention to [Agenda for Change] and listen to it. In the meantime they're interested in, is when are we going to get our back pay?*

*That's the biggest question I get is back pay.*

Edinburgh

*There are people [i.e. senior managers] up there who know what's going on but they're not cascading [information] down because they didn't fully understand what was going on. Whereas the bulk of people around me who were union people and likely to be involved with the Agenda for Change itself were scrambling around, wanting to know what was going on, including myself, [People] weren't sure where to go to get that information.*

Manchester

## Knowledge of Agenda for Change

From all the group discussions, it is clear that all the members who took part have a good knowledge of Agenda for Change. However, in their experience, this good level of understanding is not consistent amongst all NHS employees.

*I think in terms of understanding, generally, it's low, it's only relevant when you get your pay packet.*

Manchester

*The only people who understand it are reps. Reps are people who've had to learn about it because they've been involved in it.*

London

## Implementation of Agenda for Change

In general, there is support for Agenda for Change as it seeks to reward equal pay for equal work, standardise terms and conditions for each role and make pay scales transparent.

In the experience of most of the members who have been assimilated, Agenda for Change has given them additional annual leave days. The number of annual leave days under the new structure is the same for employees regardless of grade. Although some members viewed this as visible improvement which benefited all staff regardless of grade, on the other hand, other members thought that this did not reflect the level of responsibility and roles undertaken by senior staff.

*I had an awful lot of members who said that, in terms of what they would get out of Agenda for Change, if they got nothing in terms of money out of it, they were getting six days more annual leave.*

Manchester

*I think the harmonisation of the holidays was a good move.*

London

*[It is] absolutely wrong that unqualified staff got less holiday than trainee staff, just because they weren't qualified. At the end of the day, we've all worked hard.*

Cardiff

*Our assistants get the same holidays as us now. In the past they got a week less.*

Edinburgh

Another positive aspect of the implementation process is that it has helped develop closer working ties between NHS professionals, organisations and unions.

*A positive aspect of Agenda for Change, and I speak locally, is that it is was a project that was delivered in partnership, and it's the first time that anything's been done that way. The matching panels, evaluation panels, project teams, working groups, and all that was delivered with joint management and staff side people.*

Manchester

Some participants are less positive about other aspects of the implementation and outcomes of Agenda for Change. Many of these concerns centre on the job evaluation process. The transfer from the Whitley to Agenda for Change rules goes through an evaluation process which begins with the job description, job matching and then the allocation into pay bands. Amongst all assimilated members who took part in the discussion groups, many are less than positive about the job evaluation process. Not an aim of AfC. Concerns about aspects of the job evaluation process are discussed in turn:

#### (i) Job description

There are mixed experiences on consultation for devising descriptions. For those who had little consultation and support from senior managers about their job descriptions there was some dissatisfaction with the way it had been handled. For those who had been consulted, this was welcomed and made the transformation less difficult. There are also perceptions that job descriptions may have been massaged to put staff into higher or lower grades, depending on what is required by management for budgetary reasons. This makes the system less equitable than was anticipated.

*The amount of time we spent to write these all singing all dancing job descriptions where basically you get the distinct impression it's a done deal, so that's a Band B, that's your pay.*

Edinburgh

*I think an awful lot of nurses weren't involved at all because it's supposed to be individual people, but swathes of nurses definitely in a hospital situation were put on, they were all clubbed together and put through and only saw their job description just before they signed it. They weren't involved in the process.*

Edinburgh

*[it was] agreed from day one that practically every job was interviewed. [You've got] the line manager, and from the line manager's point of view, as well as the post holder's then you got all points between east and west thing. Some were very well tutored. The managers as well, in writing the job description and the person specs, they knew what to say, they were allowed to submit supplementary evidence. Others used the back of a fag packet thing, and many of them reflected that .*

Manchester

## (ii) Job matching

One of the guiding principles behind the job evaluation is to ensure that employees doing the same jobs could be matched into the same scale. However, most of the members who took part in the discussion groups felt this has not been universally applied. Some felt that colleagues in the same department have been matched into different bands and hence been assimilated into different pay scales. They also perceived differences in job matching between hospitals in the different areas. This has caused some friction amongst colleagues and a perception that the implementation of Agenda for Change has been inconsistent and the benefits have not been fair across the board.

*I think also what was happening we were also comparing and contrasting with people from other areas, because we've all got friends in other trusts, and people like, said, oh I've heard you work for such and such an office that's down the road, they already know what they've got, they know what they're doing, they've been told this, they've been told that, and it was very much back biting and stuff that was going on as well, which isn't most conducive to a good working environment as well, but people were constantly going up there comparing and contrasting with what was going on in adjacent trusts, hospitals, PCT.*

Manchester

*One of the biggest failings of Agenda for Change, in the way that it's been implemented, is the lack of consistency checks.*

*Within England anyway, there were supposed to be local consistency checks. Whether that goes across the whole of the health community within, say, Manchester or whatever, I doubt. And there was supposed to be regional consistency checks to make sure that the outcomes within each of the areas was consistent across the region, and then national consistency checks to make sure that there was consistency nationally, so that you didn't have the problem of health visitors in one area coming out on a Seven, and in another*

*area coming out on a Six. And without having that knowledge, and understanding why jobs have come out in one area at one level and one area in a different level, that's where some of the problems arise.*

Manchester

### (iii) Pay bands

Participants were generally less than complimentary about the pay bands. Although the job match determined pay banding, once allocated into a band staff can progress within the band as they develop. Development and appraisal is linked to the new Knowledge and Skills Framework, discussed below.

In all the four groups, there was an expectation that the changes brought along by Agenda for Change would mean better pay for NHS employees

*I think we hoped that it was going to be a fair way of paying people. That, for the first time ever, that you were going to get paid for the job you did.*

London

There is also concern that pay increments awards under Agenda for Change are less than the Whitley increments.

*Incremental points are greater on Whitley than they are on Agenda for Change. So if you assimilated across for Agenda for Change, you've gone up, but you haven't reached what you would be on if you were on Whitley.*

Edinburgh

Another criticism of the pay bands surrounds progression within the band. A number of the participants believed that there would be progression through the bands. However, this had not been the experience of the research participants.

*The thing was, at the very, very beginning, before they published the pay scales, people thought, that you could move from band one, right up to now band 9, irrespective of your job, as you progressed up the perfect career ladder. Then they decided to cap into the bands.*

London

*And what we were told was [the purpose of Agenda for Change] was to get away from the glass ceiling. Because with the other bands you got to the top and that was where you stopped. [Agenda for Change] was sold to us that there would be the opportunity to move through a band.*

Edinburgh

It is important to note that although pay is not a primary motivating factor for working in the NHS, Agenda for Change was perceived to be an opportunity to raise salaries in the sector and ensure equal pay for equal work. The basis for this view appears to be derived from communication about Agenda for Change. In the views of participants, salary expectations were raised during the formation of Agenda for Change. However, for some its implementation has not met their expectations and so such members have become disillusioned with Agenda for Change. This disappointment has been compounded by the view that the outcome of the assimilation process has in some cases been unfair with some colleagues getting higher increments than others (as discussed above).

*I think there was too much emphasis put on, and too much of an expectation from staff that Agenda for Change was going to give people big increases in pay.*

Manchester

*Now [Agenda for Change] was sold to union members on the pretext, that you will eventually be paid for what you work. It started, more or less, down on the bottom. So even the lower paid staff, [would] eventually get the money. So the unions sold it to members, saying vote for it, go for it, it's the best since bread and butter. So people voted for it not really knowing what it's all about, just being promised they're going to do well out of it.*

London

## Agenda for Change and pay settlements

The research participants generally understood the difference between Agenda for Change and pay settlements. Agenda for change is understood to refer to pay and conditions and career progression, and pay settlements to the annual increases. It is important to note this strongly reflects the type of respondents in the discussion groups who are all active union members and so are most likely to be well informed. The level of understanding of the differences between Agenda for Change and pay settlements may not be as strong amongst less active union members.

# Attitudes towards Knowledge and Skills Framework (KSF)

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Another key element of Agenda for Change is the Knowledge and Skills Framework (KSF) which brings together the appraisal system and personal development plans of employees.

Whilst the elements of Agenda for Change discussed above focus on jobs, the purpose of KSF is to provide a career structure within the NHS with the idea that this will help with retention of staff. A benefit of KSF noted among union members is that job descriptions under KSF will change as roles evolved or get extended.

*KSF is going to secure recruitment and retention, because obviously we've got a major workforce, particularly from the clinical perspective, so that you can actually bring people in and you've got a good cross section of people who are able to deliver the service. You're not going to have those people and well-educated people, if you don't take care of them. They're going to walk out, you're going to have a huge, even bigger retention and recruitment problems.*

Manchester

*KSF is currently based on the job description we have but if you give it five or ten years you'll see the roles changing and KSF be a force for change in roles. It's through knowing knowledge and skills that people have, and knowing the knowledge and skills you need to develop in your service that you can actually start to say well, this is the service we want, this is what we need to do for the service.*

Edinburgh

However, there is uncertainty about KSF and how it will work in practice. Part of the reason for this is that communication about KSF has not been clear.

*The communication for Agenda for Change was OK, if you were going to read it. What I'm not so clear about is knowledge and skills framework. I don't think that's been communicated quite so well.*

Edinburgh

Among those who have some knowledge of the new appraisal system there is some uncertainty about how KSF will differ from the current system of appraisals and developments.

*In reality I don't, I can't see how the KSF is really going to be that much different over and above the appraisals that we get already.*

Edinburgh

The purpose of KSF is also brought into question because of some of the current issues in the NHS. There is a concern that with some of the current financial problems in the NHS and long term under-funding, KSF may prove difficult to implement in reality. Part of the remit of KSF is to develop staff which will entail training and this will incur extra costs. Further, KSF fosters an expectation that staff will be promoted and progress along pay bands. This may not be possible for all employees because of the under-funding and pending redundancies.

*On KSF, we've had some training for it, and it raised people's expectations that if they move into the next box they're moving up a band. That's not going to happen. There are so many jobs and if you went into another band you're going to have to apply for a job in that band.*

Edinburgh

*The knowledge and skills framework, the investment isn't going into that at the moment, and it's not likely to, either, if there's going to be huge cuts and training is always the first thing to disappear.*

Manchester

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# Appendices

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Topic Guide

Staff Side Organisations

**Royal College of Nursing**  
**Topic guide for discussion groups**  
**(06/07/06)**

Introduction	Objective	Timing
<ul style="list-style-type: none"> <li>• Thank everyone for attending</li> <li>• Introduce self/colleagues, MORI, explain objectives of the group.</li> <li>• All opinions are valid, okay to disagree. No right or wrong answers</li> <li>• Assure confidentiality, MRS Code of Conduct</li> <li>• Ask permission to tape record the discussion</li> </ul> <p><b>Participant introductions</b></p> <ul style="list-style-type: none"> <li>• FIRST NAME, OCCUPATION, LENGTH OF TIME IN OCCUPATION, UNION MEMBERSHIP</li> </ul>	As well as breaking the ice, this will give group members the chance to talk briefly about themselves.	5 mins
Morale and motivation		
<p><u>Working for the NHS</u></p> <p><b>Overall, how satisfied are you working for the NHS? Why do you say that? What makes you feel satisfied? PROBE ON: job security, rewarding work, pay and conditions etc. What makes you feel dissatisfied? PROBE ON: pay and conditions, management, not feeling appreciated etc.</b></p> <p><b>Thinking back over the past two years or so, are you more or less satisfied with working for the NHS now, than you were two years ago? Why? PROBE ON WHAT, IF ANYTHING HAS CHANGED</b></p> <p><b>How satisfied are you overall with your job? What do you like / dislike?</b></p> <p><b>What affects how satisfied you are with your job? PROBE ON: pay, conditions, pension, flexible working, job security etc. Which are the two or three most important factors? Why are these the most important?</b></p> <p><b>How important is it to have flexible working? Why?</b></p> <p><b>What, if anything, makes you want to continue working for the NHS? PROBE: pay / pay structures, conditions flexible working, conditions, job security, pension etc</b></p> <p><b>What, if anything, do you think would prompt you to leave the NHS and work for the independent sector? Do you know of any colleagues who have done this? What do you think their reasons were?</b></p>	To explore morale and motivation with working for the NHS	25 mins
Agenda for change		
<p><u>Pay</u></p> <p><b>What does 'pay' mean to you? To what extent is it about the</b></p>	To uncover perceptions and satisfaction with	40 mins

<p>amount of money you are paid?  <b>What else do you think of as ‘pay’? Does a pension count as pay? Why / why not? Do you think of overtime as ‘pay’? Why / why not? Does the amount of holiday allocated count? Why / why not?</b>  <u>Understanding of the AfC</u>  <b>As you know, Agenda for Change was introduced across the NHS on the 1<sup>st</sup> December 2004.</b>  <b>What do you think Agenda for Change means for NHS workers?</b>  <b>IF NECESSARY READ OUT THE FOLLOWING:</b></p> <ul style="list-style-type: none"> <li>• To be a visible improvement</li> <li>• To be fair, transparent and UK wide</li> <li>• To provide the right rewards to recruit, retain and operate</li> <li>• To be funded appropriately and implemented in a robust way</li> <li>• To include a role for the review body</li> </ul> <p>FOR EACH OF THE ABOVE PROBE ON WHAT THEY UNDERSTAND THESE TO MEAN  <b>To what extent do you feel you understand Agenda for Change? And how well do you feel your colleagues understand it? How well do you think AfC was and is communicated? (PROBE PARTICULARLY IF LOW LEVEL OF UNDERSTANDING) How would you like to find out more about AfC and its implications? To what extent do you feel that you understand ‘job evaluation’? How well do your colleagues understand this? How helpful do you find it?</b>  <b>What do you think the difference between Agenda for Change and the Pay Settlement?</b>  <b>READ OUT IF NECESSARY: AfC is a major overhaul of Pay, Terms and Conditions which aims to ensure equal pay for equal value for all staff across the NHS, while the Pay Settlement is the annual increment recommended by the Pay Review Body for Nurses and Other Health Professions Review Body (NOHPRB) who work in the NHS.</b>  <u>Satisfaction with Agenda for Change</u>  <b>How satisfied are you with what Agenda for Change means for you? For you, personally, has the process gone smoothly or not? To what extent, if at all, do you feel you have benefited from it? Thinking more widely, how do you feel about how Agenda for Change has been implemented? PROBE: satisfied / dissatisfied – why? PROBE SPECIFICALLY ON DRIVERS OF DISSATISFACTION</b>  <b>What do you like / dislike about Agenda for Change? PROBE ON STRENGTH OF FEELING FOR EACH FACTOR</b>  <b>How fair do you think it is? Is it fair to everyone? Why do you think it is fair / unfair?</b>  <b>To what extent have you spoken to colleagues about AfC? How do your colleagues feel about it? PROBE ON STRENGTH OF FEELING Why do you think they are satisfied / dissatisfied?</b></p>	<p>the Agenda for Change</p>	
<p>Knowledge and skills framework</p>		
<p><b>As you know, the Knowledge and Skills framework is a development tool linked to annual development reviews and</b></p>	<p>To gauge participants</p>	<p>10 mins</p>

<p><b>personal development plans.</b>  <b>How much do you feel you know about the Knowledge and Skills framework? Do you feel that you understand it? How helpful do you find it?</b>          To what extent do your colleagues understand the framework?</p>	<p>awareness and understanding of the knowledge and skills framework</p>	
<p>Wind down and close</p>		
<ul style="list-style-type: none"> <li>• <b>Looking to the future, how likely do you think you are to remain in your current job? And how likely do you think you are to remain in the NHS?</b></li> <li>• <b>Final messages – what are the two or three key messages to make sure we include in our report to the RCN regarding Agenda for Change?</b></li> <li>• <b>Wrap up – anything else to add?</b></li> </ul>	<p>To get participants to summarise their views and report any key messages</p>	<p>5 mins</p>

# Staff Side Trade Unions

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Listed below are the list of staff side trade unions whose members participated in the discussion groups.

<b>Organisation</b>
Amicus
British Association of Occupational Therapists
British Dietetic Association
British Orthoptic Society
Chartered Society of Physiotherapists
Community and District Nursing Association
Federation of Clinical Scientists
GMB
Royal College of Midwives
Royal College of Nursing
Society of Chiropodists and Podiatrists
Society of Radiographers
TGWU
Unison

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