

# PAY 2007

## Impact of Agenda for Change

**Results from a survey of RCN members  
working in the NHS/GP practices**



Royal College  
of Nursing



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Results from a survey of RCN members  
working in the NHS/GP practices

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Employment Research Ltd

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The authors would like to thank the many RCN members who took time to take part in the survey.

## Employment Research Ltd

Employment Research Ltd is an independent research consultancy formed in 1995. The consultancy undertakes a range of research and evaluation, and for the last five years Employment Research Ltd has undertaken the annual RCN Employment survey and conducted the RCN *Working Well* surveys in 2000 and 2005.

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# Impact of Agenda for Change: Survey of RCN members in the NHS and GP practices

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## **Executive summary**

The Royal College of Nursing (RCN) commissioned Employment Research to undertake an evaluation of the impact of Agenda for Change (AfC), by surveying a sample of 4,500 members working in the NHS and GP practices. The survey (launched in July 2006) achieved an overall response rate of 55%, producing 2,283 valid cases.

### **Profile**

Nearly nine in ten respondents report that their employer is a NHS trust/primary care trust (88%). The mix between NHS and GP practice is roughly the same as that reported in the 2005 AES with 91% employed in the NHS. Most (61%) respondents work in hospital settings, 10% in GP practices and 22% in other community settings. Just less than a third (29%) are staff nurses and 14% sisters/charge nurses. Relatively high numbers of specialist nurses and senior nurses responded to the survey.

### **Implementation progress**

In the NHS 91% report that AfC has been implemented where they work (compared with 12% of GP practice nurses). In the NHS in England 97% said that AfC had been implemented while in Wales the equivalent figure was 80%, Northern Ireland 76% and Scotland 49%.

One in ten (9%) of respondents reported that they have been involved in implementing AfC in their organisation.

### **Job descriptions**

Almost all (95%) respondents report that they have a job description and 73% say that it gives an accurate reflection of their role. Four-fifths (81%) report that their job description has been agreed between them and their manager.

Whilst the proportion of nurses having a job description has changed little in the last five years (in 2001 92% of NHS respondents had one), views as to its accuracy have shifted. In 2001, just 54% of NHS respondents considered that their job description was an accurate reflection of their role compared with 73% in the 2006 survey.

### **Job evaluation**

At the time of the survey, more than three quarters of all respondents (77%) indicated that their job had been evaluated as part of the AfC (England 82%, Wales 64%, Northern Ireland 61%, Scotland 51%). One in five had completed a job analysis questionnaire.

In the NHS, a slightly larger proportion of community based respondents have had their jobs evaluated - 87% compared to 82% of hospital based respondents. There is some correlation with seniority, with higher grades being more likely to report that they have had their job evaluated.

The majority (70%) had been told the outcome of the process in writing, 9% in person, 2% by telephone, 1% by email and 18% by other means.

Sixty-two percent gave the date that they were informed of the new pay band. The mean date respondents were informed of their new pay band was November 2005 (more recent dates were given for those in Wales, Northern Ireland and Scotland, compared with England).

## Views of the job evaluation process

Few of the comments made by members disagreed with the principles of the job evaluation, or even with the framework for its implementation. Much of the discontent expressed related to the way in which the system had been applied locally and the perception that the process had not been implemented 'properly'. Dissatisfaction was expressed with the information provided, length of time taken and inconsistencies in the way in which the job evaluation process was applied (41% referred to this theme). The other main theme (touched on by 35%) related to the outcomes of the process - bands were not seen as fair as they did not reflect roles/responsibilities.

In response to attitude items, approximately a half (49%) of all respondents indicated that they understood the process used to evaluate their job, 39% said they had sufficient information to understand the job evaluation process and 40% were satisfied with the outcome of job evaluation for their job.

However, only one in four (25%) agreed or strongly agreed that the job evaluation process was done well in their organisation.

## Transition to new pay-band

Of those who were able to give their current AfC pay band, 1% were on band 3/4, 35% on band 5, 32% on band 6, 26% on band 7 and 6% on band 8/9 (8a 4%, 8b 1%, 8c/d <1%, 9 < 1%).

Clinical grade prior to transition and pay band immediately after were recorded: almost all (99%) D grades reported that they were moved to pay band 5, as were 86% of E grades. The pay band outcome of G and I grades was the most varied.

Respondents were asked how they felt about their AfC pay band immediately after the transition. Just over half (54%) were satisfied that their pay band was fair, 40% were not, and 6% responded that they did not know. In Northern Ireland just 39% of respondents felt that the pay band they moved to was fair, compared to 60% in Wales, 56% in England and 53% in Scotland.

Managers/directors were less likely to be satisfied (31% said it was fair, 63% said it was not), while 75% of sisters/charge nurses were satisfied that their AfC pay band was fair (22% did not). Full-time respondents were less likely than their part-time colleagues to feel that the pay band they moved to was fair.

The most striking differences in satisfaction with pay band related to previous grade. For example, 72% of G grade nurses who moved to pay band 5/6 did not think that their pay band was fair, compared to just 11% of those who moved to band 7/8. Similarly, 83% of F grade nurses who moved to pay band 5 did not think their band fair compared to just 29% of those who moved to band 6 and 19% of those who moved to band 7.

In terms of sheer numbers, E grades who are now on band 5 are the largest dissatisfied group. Extrapolating from the survey data suggests that in England alone there will be in the order of 50,000 NHS E grades who are dissatisfied with being put on level 5.

## Reviews

Across all respondents one in four (24%) requested a review. Of those that did not think their AfC pay band was fair, 55% had requested a review. This figure was higher among clinical nurse specialists (64%), nurse practitioners (62%), managers/directors (74%) and district nurses (74%).

Respondents who were dissatisfied with their pay band but did not request a review were asked why they had not requested one. The main reasons given were that they did not think it was worth it (51% said it was pointless or had no faith in the process or were dismissive of process). 8% referred specifically to the financial situation of the trust and threat of redundancies as the reason they did not request a review (70% reported that their organisation has a financial deficit).

A review had been undertaken for 12% of all respondents, or 29% of those that did not report satisfaction with their pay band. Of those that requested a review, 41% had received it at the time of the survey. Following the review, 30% had moved to a higher band, for 54% there had been no change and for 14% the outcome had not been decided.

Just over a half (52%) of respondents who had received a review were not satisfied with the way it had been conducted, primarily because they considered that the outcome was not fair and did not reflect their job (58%). A third (32%) said that there was poor or insufficient information regarding the review and six per cent said the process took too long.

### **Pay protection**

Of those respondents currently being paid on an AfC pay band, 12% are having their pay protected (on average by £133 per month), 38% say they are not and 50% do not know whether or not their pay is protected.

### **Financially better off?**

Following the introduction of AfC, 44% say they have the potential to be financially better off, a third (37%) think there will be no change, 12% think they will be worse off and 7% report that they do not know. Perceptions varied greatly depending on the grade to pay band combination. For example, just 26% of E grades that moved to pay band 5 think they may be better off financially compared to 77% of those who moved to band 6.

There is little difference by country in perceptions of the future financial situation but men seem slightly more likely to think they will be worse off following the introduction of AfC (20%).

### **Views of AfC**

Few respondents view Agenda for Change positively. Only one in five think that the pay system is fairer now than before AfC (55% disagreed with the statement). Implementation is criticised with 63% saying the transition was too slow and only 24% saying they are satisfied with the way AfC has been implemented in their organisation. Just less than half (43%) said that their employer kept them well informed about the transition to AfC. Fewer than one in ten respondents think that AfC/KSF has improved the quality of care where they work.

### **Knowledge and Skills Framework (KSF)**

Three in ten respondents (29%) report that they have a full, completed KSF outline for their post. A further 23% say that the outline is in progress. Nearly four in ten (37%) do not have an outline and 11% do not know. In England 33% of all respondents indicated that they have a completed outline for their post compared to 10-15% among members from Wales, Scotland and Northern Ireland.

Of those respondents who have completed a KSF outline for their post, 75% say that it is linked to their personal development plan and 60% report that it forms part of their working contract. Half (54%) indicated that they had been involved jointly with their employer in developing it, whilst 33% said their employer did it and nine per cent said they did it independently.

Just 15% of respondents have had a development review using KSF.

### **Views of KSF**

One in four respondents offered comments concerning KSF. Many of these (30%) were from respondents still awaiting implementation. Of those that have experience of KSF, typical comments are that the process is not fully understood, that they have not had enough information about it, and that it is complex and time-consuming.

In response to attitude statements, 19% said that KSF is a waste of time with almost a half (46%) viewing KSF positively. However, only one in four respondents (24%) agreed that KSF was better than what went before and the same proportion agreed with the statement 'Overall I am satisfied with the introduction of KSF'.

Relatively few think it will enhance their career development opportunities – only 12% think that their opportunities for career progression have improved and just 15% agreed with the statement 'KSF has improved my professional and career development'.

### **Morale in the NHS**

Across 26 attitude statements, the views of nurses are considerably more negative than those recorded in 2005, particularly in relation to job security and opportunities. In 2005 79% of NHS respondents were NOT worried they may be made redundant. In July 2006 this figure has more than halved to 37%. There was a similar reduction in confidence that 'nursing will continue to offer me a secure job for years to come'.

Nurses who were not satisfied with their AfC pay band gave more negative views on a range of items. For example, 59% of those satisfied with the AfC pay band indicated that they are satisfied with their present job and 56% say that they feel their work is valued. The equivalent figures for those not satisfied with the pay band are 39% and 37%.

One in four (24%, 25% of those in the NHS) say that they plan to leave their current employer within two years. This compares to an equivalent figure of 30% reported in the 2005 AES and partly reflects the changed labour market context. Whilst the number considering leaving their current employer in the short-term has reduced, the proportion planning to leave nursing in the next two years has increased slightly - one in seven (14%) of respondents indicate that plan to leave nursing within two years.

When asked to indicate level of agreement with the statement 'I would leave nursing if I could' nearly 40% of those in their 40s indicated they would leave nursing if they could, 37% of those in their 30s and 50s responded similarly. This is considerably higher than in 2005, when the equivalent figure for those in their 40s was 29%.

# 1. Introduction

In spring 2006 the RCN commissioned Employment Research to undertake an evaluation of the impact of Agenda for Change. Two stages were proposed for the research: firstly a survey to capture members' views and experience of moving to Agenda for Change and secondly, a review of the impact on organisations. This report presents findings from the first stage, a postal survey of 4,500 RCN members working in the NHS and GP practices.

## Context

Agenda for Change was implemented in the NHS across the UK on 1 December 2004, following the publication of the Agenda for Change White Paper in 1999 by the four health departments of England, Wales, Scotland and Northern Ireland. The new system, represents the biggest overhaul of NHS-wide pay, terms and conditions in over 50 years. An important emphasis of Agenda for Change is that the new pay system must deliver equal pay for work of equal value.

The RCN supported the proposals believing that the package would deliver significant improvements to nurses' pay, professional development and career opportunities. The first trusts tested the system from June 2003. Agenda for Change applies to the NHS although GP practices can implement it on a voluntary basis.

This research sought to examine the impact of Agenda for Change (AfC) from the experience of RCN members working in the NHS and GP practices.

## Method

To ensure that it was possible to reflect the views of a range of appropriate members, particularly by grade/pay band, a large sample survey of members working in the NHS and GP practices in the UK was proposed.

A sample of 4,500 was agreed and drawn disproportionately from each country to ensure sufficient responses across the UK (to allow further analysis by country); 2,500 were taken randomly from the relevant sub-categories of the RCN membership records database and an additional 500 members were selected at random from those living in Wales, Scotland and Northern Ireland. The questionnaire was also available on-line to provide members with an alternative means of completing the survey. As the questionnaire was only relevant to members working in the NHS and potentially to those in GP practices, the sample was drawn solely from those indicated as working in these sectors on the membership records database<sup>1</sup>.

The survey was mailed on 12th July and, after two reminders at fortnightly intervals, a final response of 2,462 questionnaires was achieved. In addition there were 15 Post Office returns. This represents an aggregate response rate of 55%. Of the returned questionnaires, 19 were marked as inappropriate and not completed and 28 were not currently working as a nurse (i.e. retired, student, self-employed, unemployed or on long term career break), thus the results are based on 2,283 valid cases.

In order to allow all cases to be used in the analysis, country weighting was applied to ensure the respondent profile by country matched the population of RCN members and rebalanced the disproportionate sampling.

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<sup>1</sup> It should be noted that members who have completed records update forms have been shown to have different biographical backgrounds to those that have not. In summary these members are older, less likely to be from minority ethnic origins and fewer are male.

## **Report structure**

The report is based on an analysis of the returns from 2,283 valid survey respondents and is structured as follows:

**Section 2:** presents a brief respondent overview.

**Section 3:** describes the survey findings on job description and job evaluation.

**Section 4:** looks at the transition to Agenda for Change, and the resultant pay bands.

**Section 5:** outlines the results concerning the Knowledge and Skills Framework.

**Section 6:** explores the views of all nurses responding to the survey and contrasts these with the views of 'average' RCN members surveyed in 2005.

## 2. Respondent overview

This section provides an overview of the respondents to the survey. Given that the survey covered nurses working in the NHS and GP practices, the profile differs from that of the full membership, as Table 2.1 shows. Added to this, in order to identify NHS and GP practice based nurses the sample was drawn from members who have completed a membership update form. These members differ from those that have not completed an update form in a number of ways. Thus comparison specifically with respondents from the 2005 AES who were employed the NHS/GP Practice is also presented in Table 2.1.

Respondents to the AfC review survey are slightly older, fewer are from black or minority ethnic origins, and there are slightly fewer men amongst respondents.

**Table 2.1: Biographical profile of respondents compared with whole membership**

	AfC respondents		Across whole membership	NHS/GP practice respondents from AES 2005
Percentage male	5%	<	7%	7%
Average age	44.9 years	>	43 years	41 years
Percentage aged under 40	27%	<	44%	45%
Percentage from BME origins	5%	<	9%	9%
Percentage holding degree or higher	31%	>	22%	24%

Source: *Employment Research/RCN 2006*

Nearly nine in ten respondents report that their employer is a NHS trust/primary care trust (PCT) (88%). One in twelve (8%) say that they work for a GP practice and the remaining four percent are employed by banks, a health authority/NHS Executive, NHS Direct and by other employers. The mix between NHS and GP practice is roughly the same as that reported in the 2005 AES with 91% employed in the NHS.

**Table 2.2: Job title of respondents – percentages (compared to AES 2005)**

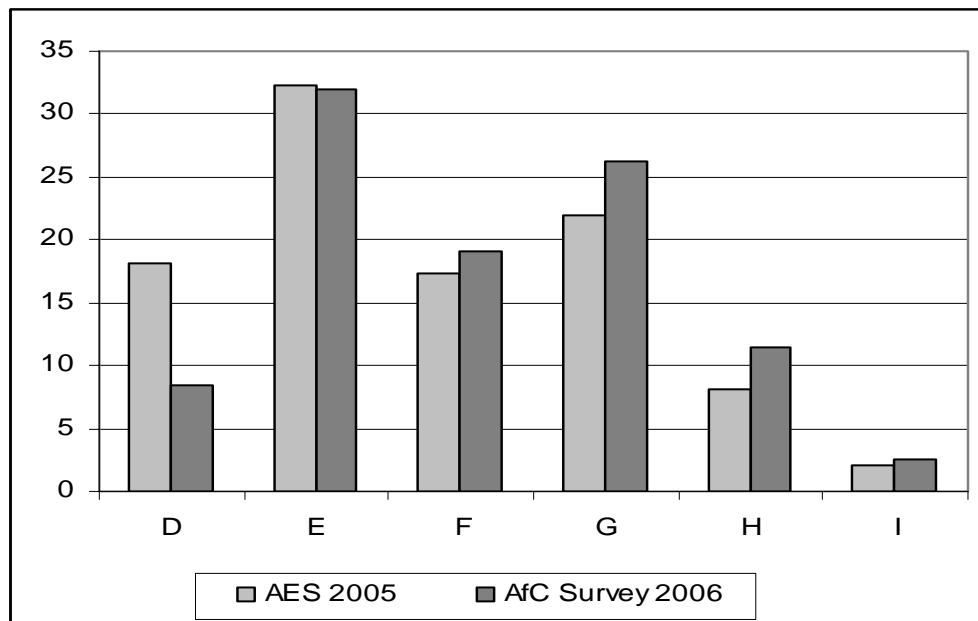
Job title	Percentage AfC respondents	NHS/GP Practice/PCT respondents from AES2005
Staff nurse	29%	42%
Sister/charge nurse/ward manager	14%	12%
Clinical nurse specialist	11%	8%
Community nurse	9%	8%
Practice nurse	8%	8%
Senior nurse/matron/nurse manager	7%	4%
Nurse practitioner	5%	3%
District nurse/health visitor	4%	4%
Other	12%	11%
<i>Base N=</i>	<i>2317</i>	<i>3911</i>

Source: *Employment Research/RCN 2006*

Looking at job title (see Table 2.2), 29% are staff nurses and 14% sisters/charge nurses. Relatively high numbers of specialist nurses and senior nurses responded to the survey. Compared to the NHS/GP practice respondents to the 2005 AES there are fewer staff nurses (AES 42%), but more of all other respondents. This is largely as a result of the differential response rates, pointed out above and highlighted in Table 2.1.

Figure 2.1 compares the grade mix of respondents to the current survey with that of NHS/GP practice respondents to the 2005 AES. D grades are relatively under-represented whilst there are more respondents who were G and H grades. The reduction in the number of D grade respondents is likely to be at least partly related to the sampling method (outlined above), but some of the grade profile may also be attributed to differences in the level of response by grade, with those that feel most strongly about AfC being more likely to have responded to the survey.

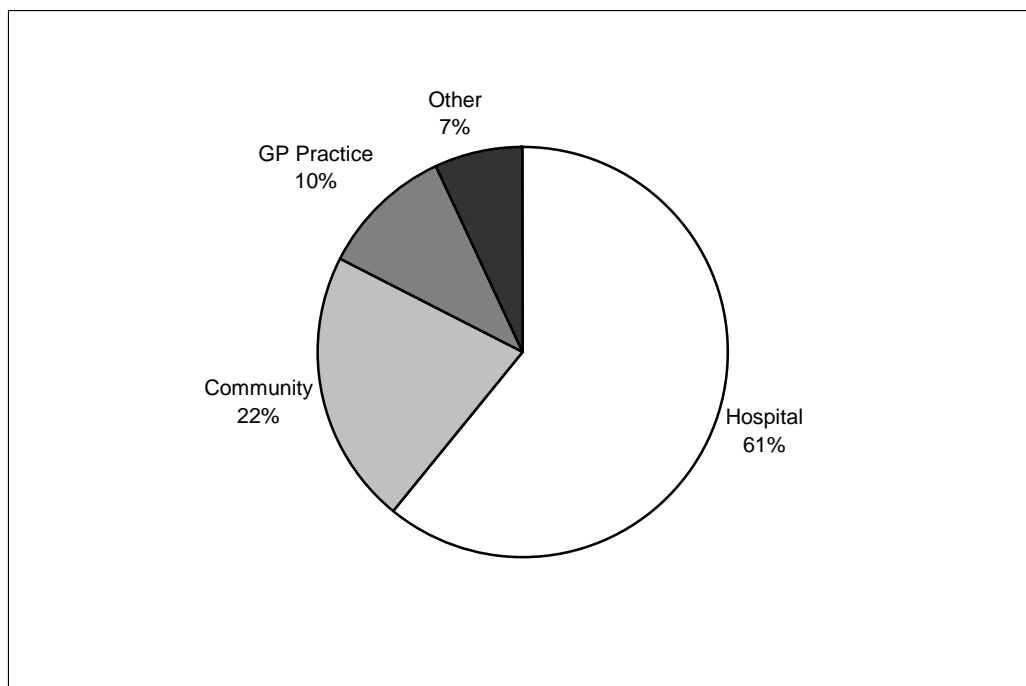
**Figure 2.1: Grade profile of respondents (prior to AfC) and of AES 2005**



Source: *Employment Research/RCN 2006*

Figure 2.2 shows the location of work to respondents to the survey. Most (61%) respondents work in hospital settings, 10% in GP practices and 22% in other community settings. As shown in previous membership surveys, younger respondents account for a larger proportion of staff nurses employed in hospital settings.

**Figure 2.2: Setting (where spend most time in main job) – percentages**



*Source: Employment Research/RCN 2006*

More than half (58%) of respondents work full-time with 42% working part-time. 43% work shifts, 49% 'office' hours and 8% flexi-time/irregular hours. Reflecting again the different demographic profiles, slightly more respondents in the 2005 AES reported working full-time (60%) and fewer worked 'office hours' (41%) more working shifts (54%).

### 3. Job evaluation

Job evaluation is an important component of Agenda for Change<sup>2</sup>. The purpose of job evaluation is to ensure that all jobs are assessed objectively in light of the skills and competencies, effort, knowledge and responsibilities required in the post, scored accordingly and placed on an appropriate pay band.

A precursor to the job evaluation process used in AfC, is ensuring that job descriptions are up to date and provide a fair and accurate reflection of the post. Jobs were matched against national job profiles where possible and the matched jobs were then moved on the relevant pay band for the job profile. Jobs that could not be matched were assessed locally using a job analysis questionnaire (JAQ).

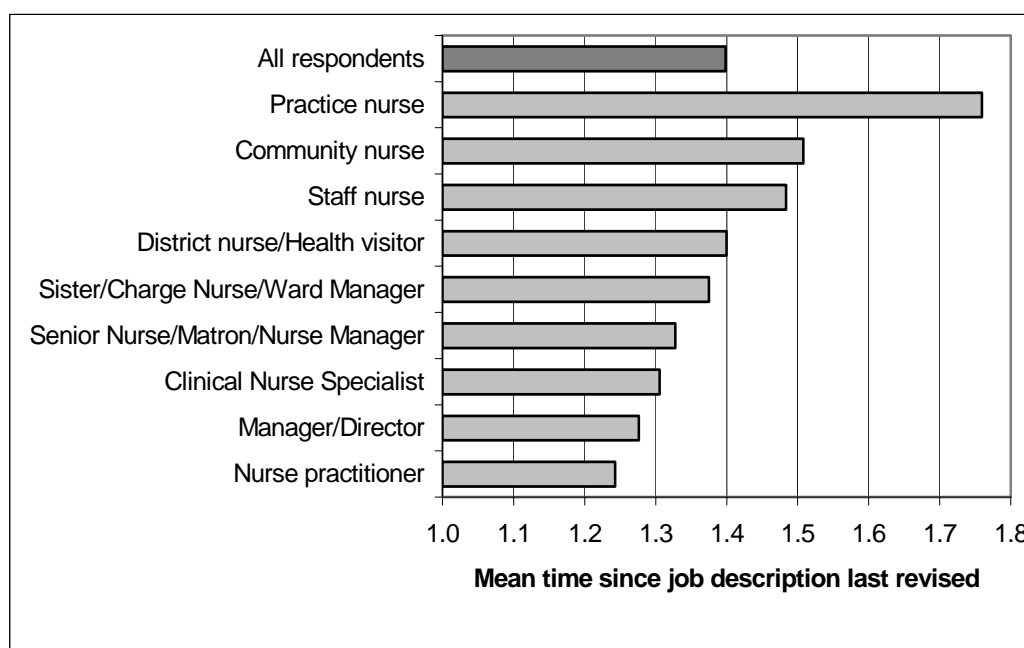
#### 3.1 Job descriptions

Almost all (95%) respondents report that they have a job description and 73% say that it gives an accurate reflection of their role. Four-fifths (81%) report that their job description has been agreed between themselves and their manager. A job specification is held by 85%, three-quarters (74%) of whom report that it has been agreed with their manager.

Whilst the proportion of nurses having a job description has changed little in the last five years (in 2001 92% of NHS respondents reported they had one), views as to its accuracy have shifted. In 2001, just 54% of NHS respondents to the AES considered that their job description was an accurate reflection of their role compared with 73% in the 2006 survey.

Three quarters of all respondents reported that their job descriptions had been last revised/updated since the beginning of 2005, 19% in 2004 and five per cent prior to 2004.

**Figure 3.1: Mean years since job description last revised by job title**



Source: *Employment Research/RCN 2006*

<sup>2</sup> As outlined in the RCN guide to AfC.

The mean number of years since job descriptions had been last revised/updated was 1.4. On average slightly more time has elapsed since staff nurses (1.5 years) and practice nurses (1.8 years) last had their job descriptions revised or updated compared to sisters, senior nurses and specialist nurses but the differences were not great (Figure 3.1).

### **3.2 Job evaluation**

More than three quarters (77%) indicated that their job has been evaluated as part of the AfC process and six per cent said they didn't know. One in five (20%) had been asked to complete a job analysis questionnaire. However, this varied significantly by country with 82% of respondents in England saying that their job had been evaluated as part of the AfC process at the time of the survey compared to 64% of respondents in Wales, 61% of those in Northern Ireland and just 51% of respondents in Scotland.

As would be expected, relatively few (15%) practice nurses report that they have had their jobs evaluated as part of the AfC process. A slightly larger proportion of community based respondents have had their jobs evaluated - 87% compared to 82% of hospital based respondents. There is some correlation with grade, with almost all respondents who are above pay band 6 reporting that they have had their job evaluated, compared to just 83% of pay band 5 respondents.

### **3.3 How/when learnt matching results**

Respondents were asked how they first learnt the results of matching (85% responded to the question). The majority (70%) said that they had been told in writing, 9% in person, 2% by telephone, 1% by email and 18% by other means. Of those that gave 'other' responses 20% said by word of mouth 16% had learnt from their payslip, 5% were in a new post that had already been banded, 4% via grapevines and work gossip. Just under a third (29%) responded that they had not heard yet, 22% had not been matched and 4% indicated that they did not understand the question - 'what is matching?'

Sixty-two percent gave the date that they were informed of the new pay band. Of those who had been informed of their new band, 43% had been told this year (2006), 54% in 2005 and 3% in 2004/2003. The mean date respondents were informed of their new pay band was November 2005, approximately eight months prior to the survey; 50% of respondents answering the question had been informed prior this date and 50% since. A quarter of respondents had heard as recently as April 2006. There is no difference by pay band, job title or employer in the length of time the process has taken.

However, there was a significant difference by country with respondents in Wales reporting that January 2006 as the average date when they were informed of their pay band, in Northern Ireland it was March 2006 and in Scotland it was May 2006.

### **3.4 Impact on role**

A separate set of questions asked respondents about the impact of AfC/KSF on their role and responsibilities. One in seven (14%) of respondents say their role/responsibilities have changed as a consequence of AfC/KSF and of those that have experienced a role change a half (51%) (11% don't know) say they are satisfied with the way it has changed and 52% (17% don't know) say that it has been beneficial to the service.

### **3.5 Views of job evaluation**

Respondents were provided with an opportunity to make comments about the job evaluation process. Just over a third of respondents gave comments and the main themes emerging are listed in Table 3.1.

**Table 3.1: Comments on job evaluation process – percentages**

	<b>Comment/theme</b>	<b>Percentage of cases</b>
Bands/outcomes	Band(s) low/incorrect/downgraded; doesn't reflect role/responsibility)	19
	Inappropriate banding (evaluation done on title not job/role)	6
	Banding different for same jobs	5
	Takes no account of experience/specialism	3
	Created bad feeling between grades/bands	1
	Unfair – banding	1
	<b>All responses re outcomes</b>	<b>35</b>
How applied	Poor information/communication/contradictions	13
	Delays/slow process	8
	Poor management/organisation	5
	Cynical/futile/farce/shambolic	2
	Poor training/support	2
	Process rushed / no time	5
	Time consuming	2
	Unfair process	4
	Cost/expensive	1
<b>All responses re how applied</b>	<b>41</b>	
Involvement	Not consulted/involved	14
Job Description	Job description issues (importance / not out of date)	14
Positive	Positive comments generally – think it is a good thing	3
N/A	Not matched/banded/implemented	27
	<i>(N) Number of cases</i>	829

Source: Employment Research/RCN 2006

Comments centred on the view that the bands do not reflect role/responsibilities and are unfair, inappropriate and create division (approximately 35% of all those giving views mentioned factors linked to this).

*'Little room for representing variations in job e.g. my job [paediatric psychiatric nurse] compared to a community nurse – very different but the same band! Lost my Psych [psychiatric] lead and mufti – not happy.'*

*'A brief meeting with a group of E grades was held and a list of our duties was made. There was no individual assessment even though we all have different qualifications ranging from EN to District Nurse/Nurse Prescriber' (E grade, awaiting assimilation).*

*'I was matched to an inappropriate job and my JAQ [Job Analysis Questionnaire] was not used despite being asked for it' (Band 8c)*

Another set of responses (made by 41% of respondents in total) related to the way the process was organised and implemented – the information provided, length of time taken and inconsistencies in the way in which the job evaluation process was applied. Fourteen percent specifically stated that they had not been consulted.

Thus few of the comments made disagreed with the principle of the job evaluation, or even with the framework for its implementation. Much of the discontent expressed relates to the way in which the system has been applied locally and the perception that the process had not been implemented 'properly'. Instead the process was frequently rushed and corners cut, leaving many nurses feeling that they had been assigned to a new pay band without due regard for the specific characteristics of their job.

*'I was not asked to sign an evaluation. Its purely been based on previous grade – the job I do'.(E-5<sup>3</sup>).*

*'Job evaluations were printed and we HAD to sign them' (E-4).*

Fifteen percent referred to the importance of up to date job descriptions to the process. Despite the fact that 95% of respondents had a job description, many referred to problems in the way in which it was used in the job evaluation process. Given that more than a quarter (27%) indicated that their job description is not an accurate description of the role, comments around the accuracy of the job description are perhaps unsurprising. Many of the problems appear to have come about due to lack of respondents' involvement in the revision and signing-off of job descriptions.

*'Although each member of staff had to submit an individual job description, this does not seem to have been looked at, everyone has just been put in band 5. i.e. D and E grades' (E-5).*

*'No notice of evaluation i.e. deadline was 5 days from when I became aware of it. Job description from 2000 was used despite me having an up to date job description from 2004' (G-7).*

*'No training given as to how to write job description and no dedicated time. Subsequently, those with more time and experience see to have got themselves higher banding' (G-7).*

*'Job evaluations were done as standard for each individual group of staff. On discussing changes with my manager this was brushed under the carpet and nothing done' (G awaiting assimilation).*

Looking at differences between groups of nurses it is apparent that staff nurses (48%) and in particular those on pay band 5 (56%) are most likely to make comments concerning the outcomes of banding. Although the numbers are small (11) 78% of school nurses also made comments concerning the banding, outcomes and fairness. More clinical nurse specialists and nurse practitioners made comments about the application of job evaluation than other respondents.

For example, even though a previously F graded nurse was satisfied with the pay band she moved to (level 6) and considered it to be appropriate given her role and responsibilities, she nonetheless feels that:

*'We were "sold" AFC on the basis that it would be individualised, yet all nurses of same grade are on the same band, regardless of qualifications.'*

In addition to the open comments section, respondents were also asked to indicate their level of agreement with a series of attitude statements concerning job evaluation. These are summarised in Figure 3.2.

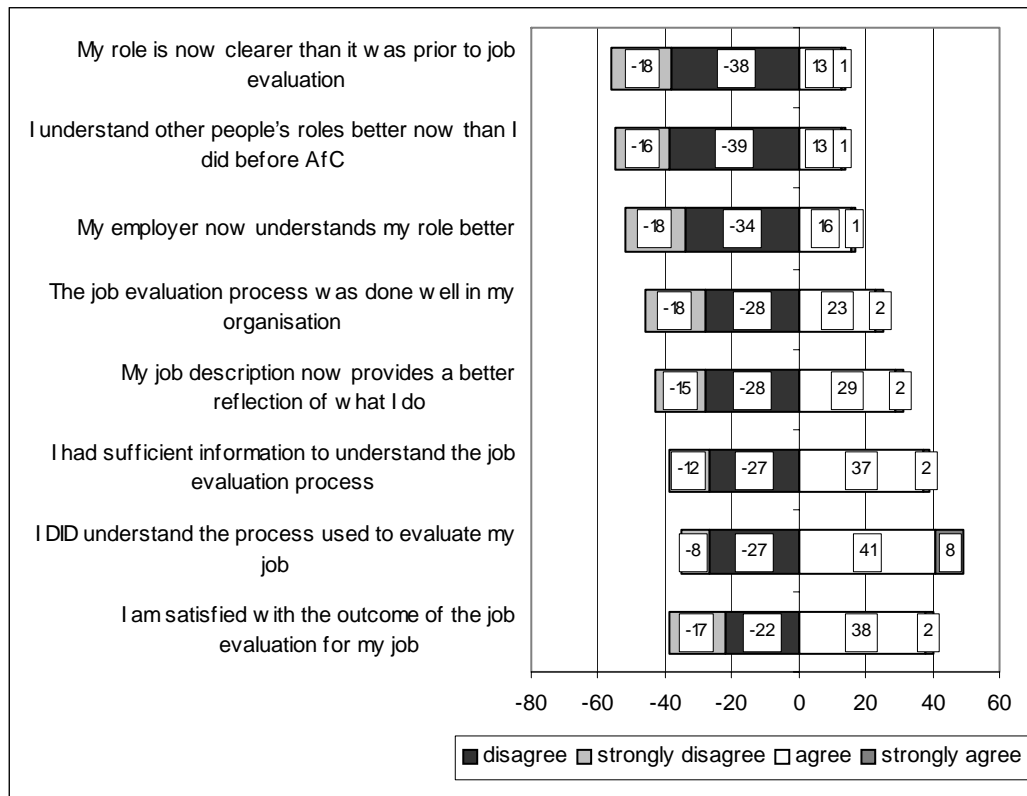
Approximately a half (49%) of all respondents said they understood the process used to evaluate their job, 39% said they had sufficient information to understand the job evaluation process and 40% were satisfied with the outcome of job evaluation for their job.

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<sup>3</sup> E-5 signifies a member moving from clinical grade E to AfC pay band 5.

Across all respondents, only one in four (25%) agreed or strongly agreed that the job evaluation process was done well in their organisation. The impact that job evaluation has had is viewed more negatively still. Fewer than 20% said that their employer now understands their role better or that they understand other people's roles better than before AfC or that their role is clearer than it was prior to job evaluation.

**Figure 3.2: Attitudes on job evaluation and job matching – percentages**



Source: Employment Research/RCN 2006

As noted earlier, one in ten respondents were involved in implementing AfC. Their views of the job evaluation process differed significantly from those who had not been involved. They were much more likely to say they had sufficient information (77% vs 35%) and that they understood the process (73% vs 47% of those not involved). Whilst they were also more positive than their colleagues that the process had been done well in their own organisations (44% vs 22%), it is perhaps surprising that the response from this group who have invested considerable time in the process, are not themselves more positive still about it. A quarter of those involved were ambivalent and 32% did not feel the job evaluation process had been done well. Their responses to the open ended section on job evaluation revealed that were more likely to feel that staff had not been sufficiently involved/informed, particularly in relation to job descriptions.

## 4. Transition to Agenda for Change

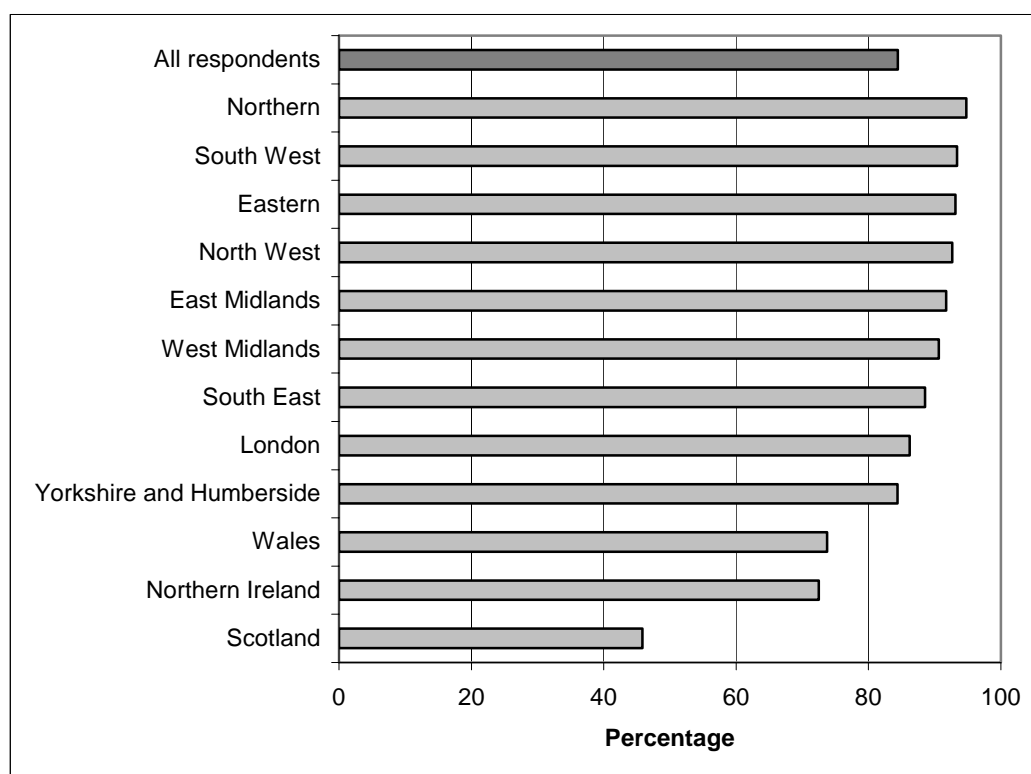
This section deals with the implementation of AfC and looks how current pay bands relate to previous clinical grades before describing the prevalence and satisfaction with the review process.

### 4.1 Implementation progress

Across all respondents 84% report that AfC has been implemented where they work. In the NHS this rises to 91% (with no difference between hospital and community settings) but among GP practice nurses it falls to 12% of respondents.

Figure 4.1 shows the proportion of respondents who indicated that AfC had been implemented where they work. In the NHS in England 97% said that AfC had been implemented while in Wales the equivalent figure was 80%, Northern Ireland 76% and Scotland 49%.

**Figure 4.1: Has AfC been implemented where you work? percentages by region and country**



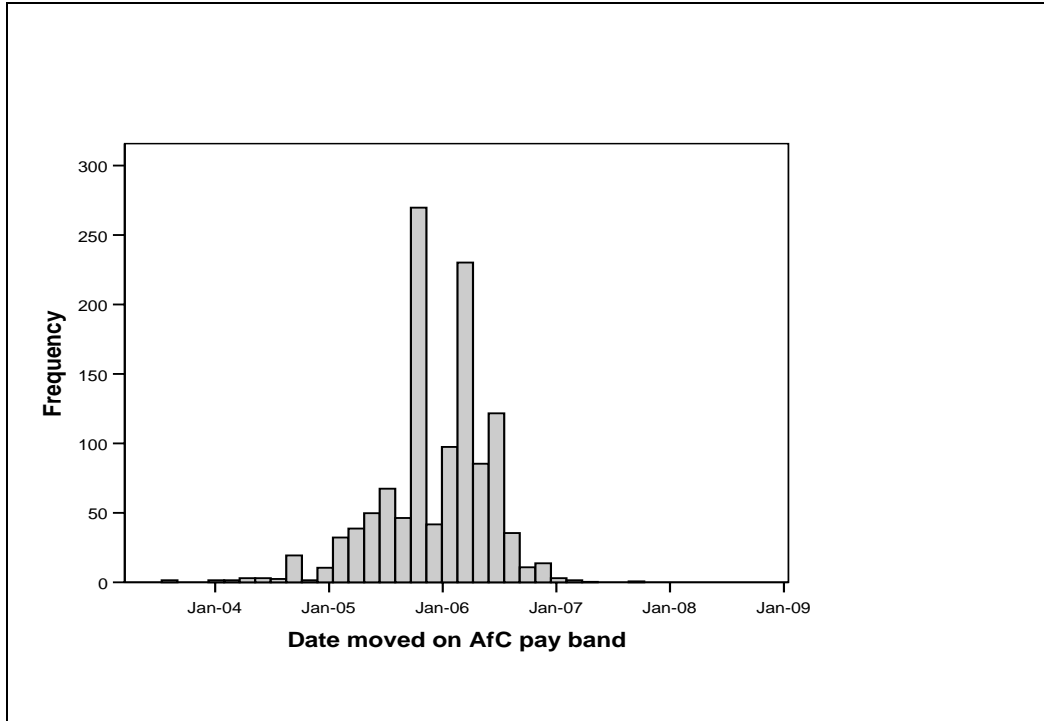
Source: *Employment Research/RCN 2006*

One in ten (9%) of respondents report that they have themselves been involved in implementing AfC in their organisation.

Four-fifths (80%) of respondents were able to report their current AfC pay band (82% of those where AfC had been implemented). In England this figure rises to 91% while in Scotland just 31% gave a current AfC pay band; Wales 61% and Northern Ireland 56%. Just 19% of practice nurses gave an AfC pay band, otherwise there was little variation by job title or setting. Not including practice nurses, most of whom work part-time, there is no difference by part-time and full-time respondents in whether or not respondents have an AfC pay band.

More than half (59%) of respondents gave details of the date that they started (or will start) being paid on the Agenda for Change pay bands. Of these just under half (49%) said 2006, 46% in 2005 and 4% prior to 2005.

**Figure 4.2: Date moved onto AfC pay band – percentages**



Source: Employment Research/RCN 2006

A half of all respondents moved onto their AfC pay band between January 2006 and the time of the survey. In England the equivalent date was November 2005, in Wales and Northern Ireland it was March 2006 and in Scotland a half of those who had moved on to AfC pay bands had done so since June, a month before the survey.

#### 4.2 Pay bands/grades

Of those that were able to give their current AfC pay band, 1% said they were on band 3/4, 35% on band 5, 32% on band 6, 26% on band 7 and 6% on band 8/9 (8a=4%, 8b=1%, 8c/d <1%, 9 < 1%). As most respondents had moved on to their AfC pay band within the six months prior to the survey there is little difference between the pay band profile at the time of transition and the current pay band profile.

The questionnaire sought details from respondents of the clinical grade they were employed on immediately prior to transition to AfC and their pay band immediately after transition. Table 4.1 shows pay band against original clinical grade, giving the proportion of each grade that have been moved to each AfC pay band.

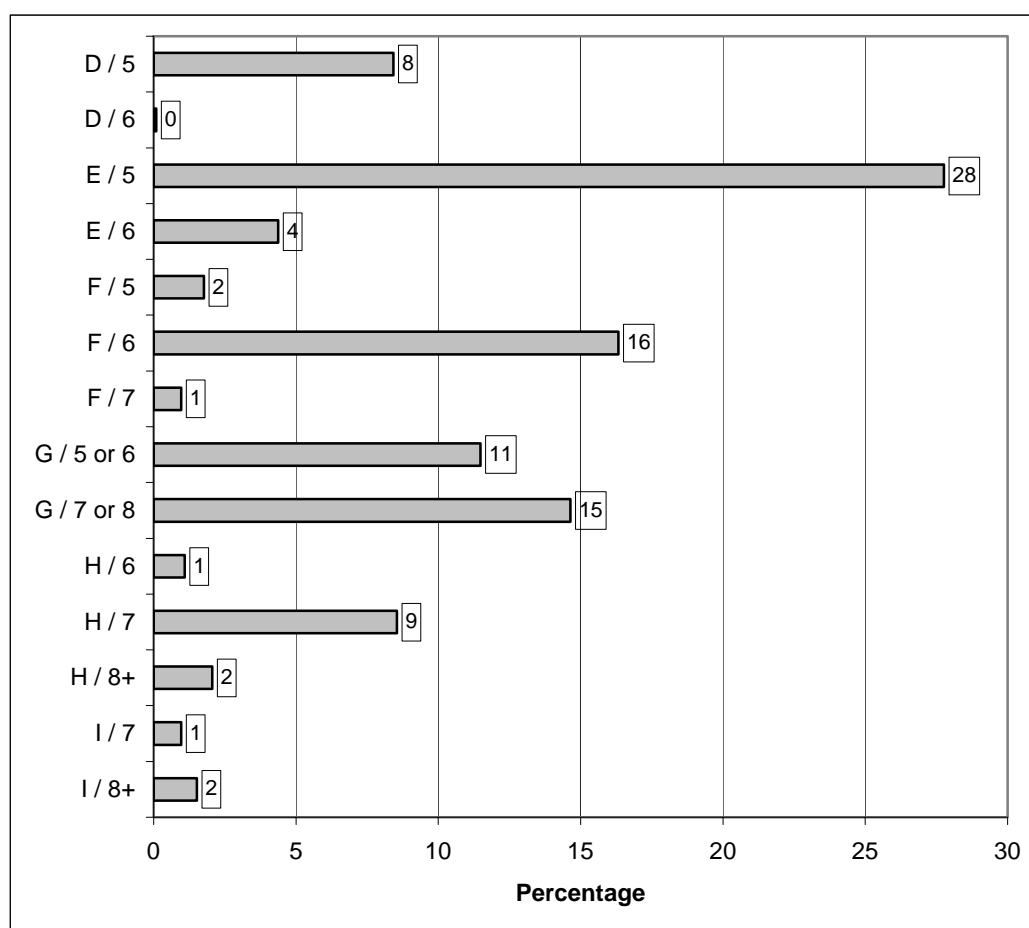
**Table 4.1: Clinical grading immediately prior to AfC and pay band immediately after AfC – percentages**

Grade immediately prior to AfC...	Agenda for Change pay band immediately after AfC...					Base N=100%	original grade %
	3 or 4	5	6	7	8/9		
D	0	99	1	0	0	139	8%
E	0	86	13	0	0	538	30%
F	0	9	85	5	0	318	18%
G	0	1	43	56	1	432	24%
H	0	0	10	72	19	192	11%
I	0	0	0	41	59	39	2%
<b>All respondents</b>	<b>1</b>	<b>38</b>	<b>32</b>	<b>25</b>	<b>6</b>	<b>1771</b>	

Source: Employment Research/RCN 2006

In order to explore this further a new variable was generated that identifies the previous grade and subsequent pay band for each individual i.e. D-3, D-4, D-5 through to I-8 and I-9 etc. Figure 4.3 presents the percentage of each combination.

**Figure 4.3: Original clinical grades/Subsequent AfC pay bands**



Source: Employment Research/RCN 2006

Respondents who had been involved in implementing AfC in their organisations were more likely to have moved to relatively higher AfC pay bands than their colleagues who were not involved. They were also more positive on career progression attitude items (described in section 6) and those relating to pay, than their colleagues. This underlines the difference made by having a good understanding of the process.

### 4.3 Satisfaction with grade/payband

Immediately prior to moving to AfC pay bands, 30% of respondents did not think that their grade was appropriate given their role and responsibilities. Note that in previous membership surveys, prior to the transition to AFC when the focus has not been specifically on pay, the proportion of respondents considering their grade inappropriate had stayed fairly constant, at just under a half - 45% in 2005 and 47% in 2003, 47% in 2002. Taking this context into account, suggests that respondents' retrospective judgement about how they viewed their clinical grade prior to AfC has been influenced by the transition to a new system.

The proportion of respondents who considered their previous clinical grade to be inappropriate was greater (i.e. more were dissatisfied) among community nurses and school nurses.

Later in the questionnaire, respondents were asked a question that mirrored the wording of this question, asking whether or not respondents consider their *current* grade/pay band appropriate given their role and responsibilities. Just over half (52%) consider their current grade/pay band to be appropriate, 42% do not and 6% do not know. Of those who are currently on an AfC pay band, 43% consider their pay band to be inappropriate. Again, managers/directors are less likely to feel appropriately graded than other respondents. Thus the proportion considering their current grade/pay band to be inappropriate is fractionally less than in 2005 (43% vs 45%).

Respondents were also asked how they felt about their AfC pay band they immediately after the transition. Just over half (54%) were satisfied that their pay band was fair, 40% were not, and 6% responded that they did not know.

Managers/directors were less likely to be satisfied (31% said it was fair, 63% said it was not), while 75% of sisters/charge nurses were satisfied that their AfC pay band was fair (22% did not). Full-time respondents were less likely to feel that the pay band they moved to was fair than their part-time colleagues.

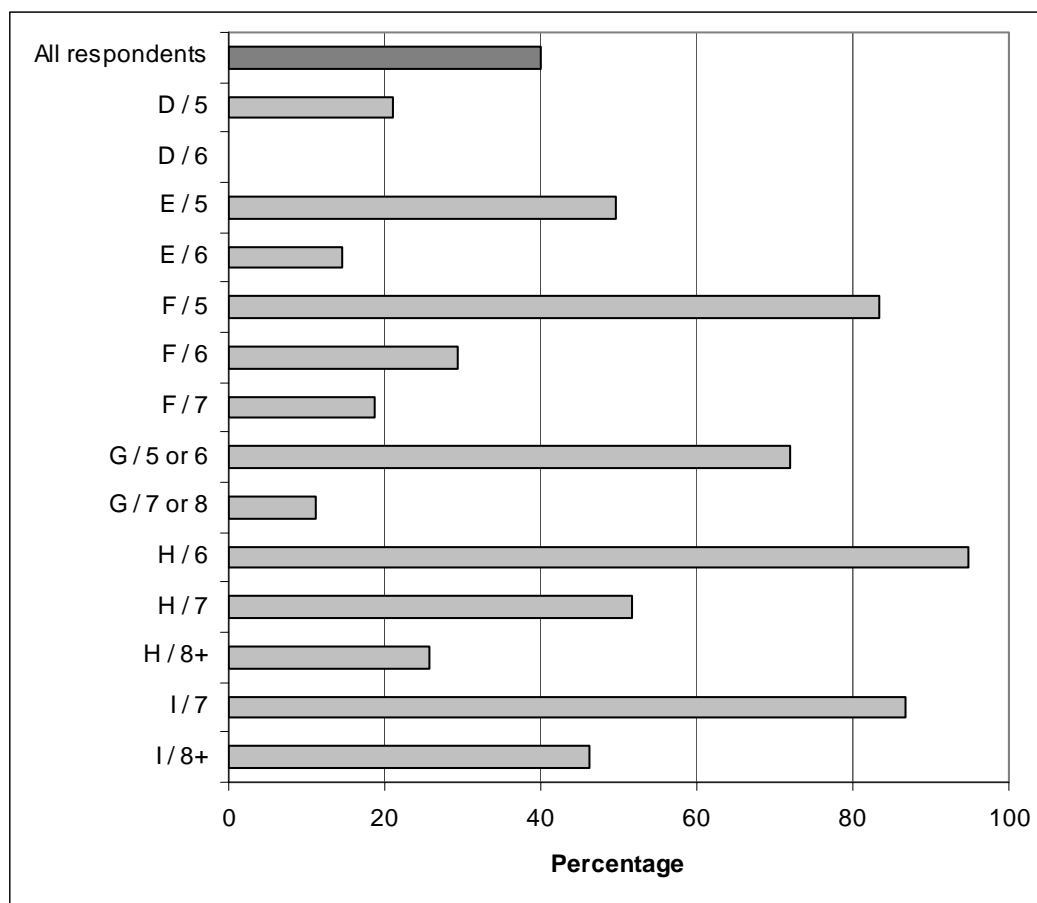
*'I feel specialist nursing has come out particularly badly and by choosing to specialise we seemed to have 'capped' our career progression and earning potential' (H-7)*

However, the main difference in views between respondents was in the combination of their clinical grade prior to transition and the AfC pay band immediately after transition. Figure 4.4 highlights the differences between these combinations in relation to whether or not they considered their new pay band fair. Table 4.2 presents the same data alongside the percentages that think their pay band is not appropriate given their role and responsibilities.

The most striking differences are that 72% of G grade nurses who moved to pay band 5/6 did not think that their pay band was fair compared to just 11% of those who moved to band 7/8. Similarly, 83% of F grade nurses who moved to pay band 5 did not think their band fair compared to just 29% of those who moved to band 6 and 19% of those who moved to band 7.

*'Pay is much better for nurse now moving up the bands, but nearer the top it is still very hard to progress further' (H-7)*

**Figure 4.4: NOT satisfied pay band was fair by old grade/new pay band**



Source: Employment Research/RCN 2006

**Table 4.2: 'New pay band NOT fair' and 'Current pay band NOT appropriate' – percentages of combined old grade/new pay band**

	<b>New pay band NOT fair</b>	<b>Current pay band NOT appropriate</b>	<b>Base N= 100%</b>
D / 5	21	42	143
E / 5	50	53	470
E / 6	15	11	75
F / 5	83	60	30
F / 6	29	37	279
F / 7	19	29	16
G / 5 or 6	72	59	196
G / 7 or 8	11	17	248
H / 6	95	83	19
H / 7	52	49	145
H / 8+	26	18	35
I / 7	87	100	15
I / 8+	46	41	26
<b>All respondents</b>	<b>40</b>	<b>42</b>	<b>1698</b>

Source: Employment Research/RCN 2006

In terms of sheer numbers of dissatisfied respondents, E grades now on band 5 represent the largest group – 50% saying that they are dissatisfied with their new pay band. Given that E grades represent 30% of all NHS nurses<sup>4</sup> and, this survey found that 86% were moved on to band 5 and 50% of this group were not satisfied with their pay band, nationally this group represents a large number. In England it is estimated that they account for in the region of 50,000 or approximately 1/8<sup>th</sup> of all NHS nurses.

A typical view expressed is that:

*'D and F grades seem to have come off better than well established E grades as they have "somewhere to go" within their band. Experienced Es have been put on top increment, with no chance of increasing financial income'. (E-5)*

These data also show why a number of respondents perceive a lack of fairness in comparative terms, with there being two bands difference between the nurses who were on the same clinical grade.

In Northern Ireland fewer respondents felt that the pay band they moved to was fair (39%) compared to 60% in Wales, 56% in England and 53% in Scotland.

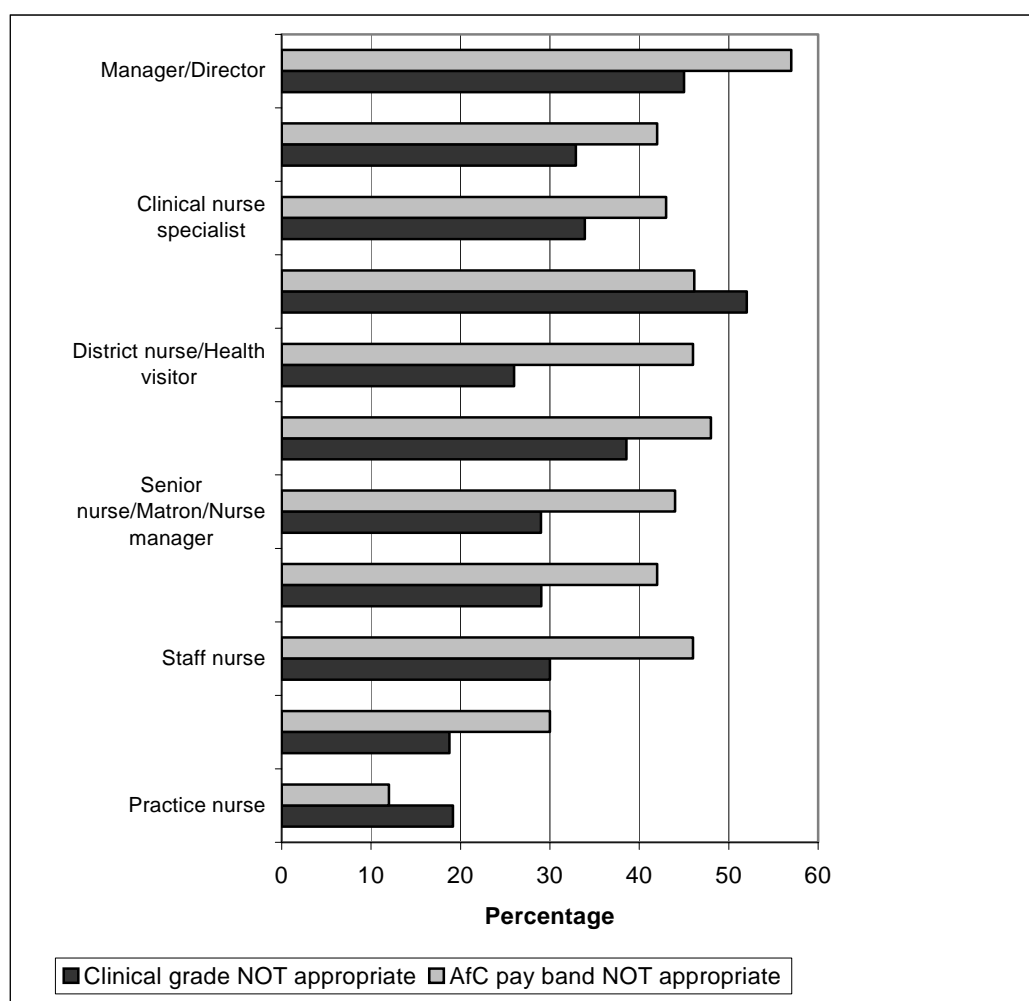
The data were also analysed to compare the views of respondents concerning their clinical grade immediately prior to transition and their views of their current pay band. 29% of those who considered their previous clinical grade to be appropriate considered that their current AfC pay band to be not appropriate. Conversely, 20% of those who considered that their previous clinical grade was inappropriate, consider that their current AfC pay band is appropriate considering their role and responsibilities.

Figure 4.5 shows the proportion of respondents in different posts that report that their AfC pay band is not appropriate and contrast this with their views of their previous clinical grade.

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<sup>4</sup> Ball J and Pike G (2005) *Managing to work differently* RCN Annual Employment Survey pg. 25

**Figure 4.5: Views of clinical grade immediately prior to AfC and pay band immediately after AfC – percentages by job title**



Source: *Employment Research/RCN 2006*

#### 4.4 Reviews

Across all respondents one in four (24%) requested a review of their banding. Of those that did not think their AfC pay band was fair, 55% had requested a review. This figure was higher among clinical nurse specialists (64%), nurse practitioners (62%), managers/directors (74%) and district nurses (74%). Of those not satisfied with their banding, more full-time nurses requested a review than part-time respondents (58% compared to 49%).

Following on from the analysis above those respondents on pay bands that were considered inappropriate for their role and responsibilities were more likely to request a review. For example, all H grades who moved to pay band 6 requested a review, 70% of G grades who moved to pay band 5/6, 76% of F grades who moved to band 5 and 52% of those who moved to band 6 requested a review. There was no discernible difference in these results by country.

Table 4.3 summarises the data by old grade/new pay band, for those respondents who did not consider the pay band they were initially put on to be fair, showing:

- the proportion who requested a review,
- the proportion that had a review (of those that requested one)
- the proportion satisfied with the way the review was conducted (of those who had one).

Those who moved from G grade to pay bands 5 or 6 were least likely to feel satisfied with the way the review was conducted (34%).

**Table 4.3: Reviews: Requested, received and fair – percentages by transition combination of those not satisfied that pay band was fair**

	Requested review	Had review	Satisfied with review conduct	Base N= 100% (requested review)
D / 5	50	7	-	32
E / 5	47	37	50	236
F / 5	76	63	50	25
F / 6	52	25	56	82
G / 5 or 6	70	52	34	139
G / 7 or 8	39	43	-	28
H / 6	100	56	-	18
H / 7	53	40	40	78
I / 7	50	57	-	14
I / 8+	64	14	-	11
<b>All respondents</b>	<b>55</b>	<b>42</b>	<b>48</b>	<b>684</b>

Source: *Employment Research/RCN 2006*

Respondents who were dissatisfied with their pay band but did not request a review were asked why they had not requested one (Table 4.4). The main reasons given were that they did not think it was worth it (51% said it was pointless or had no faith in the process or were dismissive of process). 8% referred specifically to the financial situation of the trust and threat of redundancies as the reason they did not request a review. In response to a later question, 70% reported that their organisation has a financial deficit.

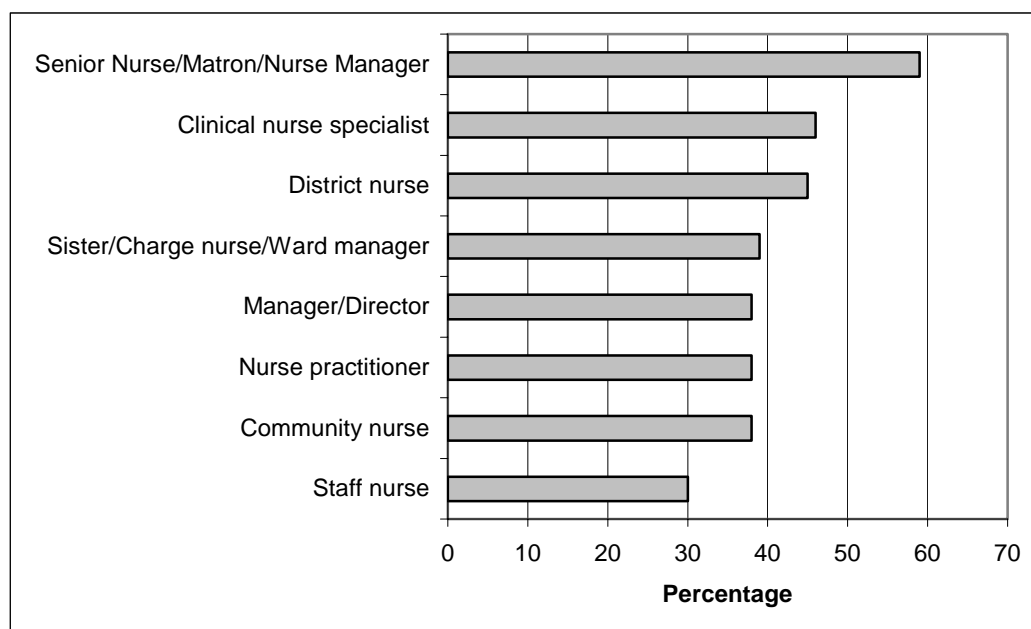
**Table 4.4: Reasons why not requested a review – percentages**

	Percentage
Not worth it / pointless (explained away)	49
Management issues / unapproachable	8
Financial situation (trust) / threat of redundancies	9
Missed review date	8
Delaying (future review)	5
Too stressful	4
Not aware/no information	3
New post/post change	3
Too much time/too busy	3
No faith in process	2
Other	2
Tough luck (voted in, have to accept it)	1
Not received notification	1
<b>Base N=100%</b>	<b>278</b>

Source: *Employment Research/RCN 2006*

A review had been undertaken for one in eight (12%) of all respondents. Nearly three in ten (29%) of those that did not report satisfaction with their pay band had received a review. Of those that requested a review, 41% had had it at the time of the survey. The chances of having had a review varied by job title (see Figure 4.6) with senior nurses/matron most likely to have had the review and staff nurses least likely.

**Figure 4.6: Had review of AfC pay band – percentages by job title (of those that requested a review)**



Source: Employment Research/RCN 2006

Among all respondents who had requested and received a review of their pay band, 30% had moved to a higher band, for 54% there had been no change and for 14% the outcome had not been decided.

Just over a half (52%) of respondents who had received a review were not satisfied with the way it had been conducted. The main reason why respondents were not satisfied was that they believed the outcome was not correct and that it did not reflect their job (58%). A third (32%) said that there was poor or insufficient information regarding the review and six per cent said the process took too long.

*'Not open. Promised that things could be updated at later stage. Turns out that appeals have to be based on original job description, not a revised one so unable to appeal against banding' (E-5)*

*'A letter informed me of my banding initially without a rationale form. following the review, again only a letter with no rationale form as to how the result was reached'*

*'I wasn't involved and the job description was not revised in my absence' (G-6).*

#### 4.5 Organisational context

Respondents were asked to report whether or not their organisation has a financial deficit at present. In 70% of cases individuals are working in organisations with financial deficits and in 15% of cases respondents don't know whether they are or not.

Interestingly, there is little difference in respondent views of their banding, their likelihood of feeling appropriately banded and their satisfaction with the review process between those working in trusts with deficits and those not. However a smaller proportion (24% vs 28%) of respondents in organisations with a financial deficit had requested a review.

Later in the report the relationship between financial deficits and views/morale are explored.

#### 4.6 Pay protection

Of those respondents currently being paid on an AfC pay band 12% are having their pay protected, 38% say they are not and 50% do not know whether or not their pay is protected. And of those indicating that their pay is protected the average amount it is being protected by per month is £133 (median £62, 36 cases).

There was some difference by setting with more community nurses (17%) having their pay protected compared to 11% of hospital nurses. More managers/directors have their pay protected (25%) and fewer senior nurses/matrons (4%). Nurses in Northern Ireland and Wales are significantly less likely to have their pay protected (8% and 9% respectively compared to 13% in England and 14% in Scotland).

#### 4.7 Financially better off?

Following the introduction of AfC, 44% say they have the potential to be financially better off, a third (37%) think there will be no change, 12% think they will be worse off and 7% report that they do not know.

There is variation by type of job, with just 30% of staff nurses thinking they have the potential to be better off compared to 38% of community nurses, 47% of sisters/charge nurses, 57% of senior nurses/matrons, 47% of clinical nurse specialists, 35% of nurse practitioners and just 27% of practice nurses.

Nurses who had been involved in the implementation of AfC in their organisations were more likely to say that they have the potential to be better off (51%) compared to 40% of those not involved.

**Table 4.5: Following introduction of AfC do you have the potential to be better off? percentages by grade / pay band transition**

	Yes, I may be better-off after AfC	No change	No, I may be worse-off	Don't know	Base N=
D / 5	46	37	7	9	137
D / 6	100	0	0	0	1
E / 5	26	50	12	12	448
E / 6	77	13	6	4	71
F / 5	30	23	40	7	30
F / 6	45	36	12	7	268
F / 7	43	50	0	7	14
G / 5 or 6	32	43	20	5	173
G / 7 or 8	69	26	4	2	243
H / 6	28	0	72	0	18
H / 7	43	40	12	6	139
H / 8+	83	9	9	0	35

I / 7	27	64	9	0	11
I / 8+	90	5	5	0	21
<b>All respondents</b>	<b>44</b>	<b>37</b>	<b>12</b>	<b>7</b>	<b>1609</b>

Source: Employment Research/RCN 2006

Again, it is noticeable that perceptions here vary considerably by the transition combination. Hence just 26% of E grades that moved to pay band 5 think they may be better off financially compared to 77% of those who moved to band 6. Conversely, 50% of the former group think they will be worse off compared to 13% of those who moved to band 6. A similar difference is apparent between G grades who moved to band 5/6 and those who moved to band 7/8.

*'Feel worse off from pay position as I have reached the top of my scale and feel it has hindered my chances of promotion' (G-6).*

There is little difference by country in perceptions of the future financial situation but men seem slightly more likely to think they will be worse off following the introduction of AfC (20%).

#### 4.8 Views of AfC

The questionnaire sought views of respondents in two different formats. Within the section on AfC respondents were asked in an open section to make comments on AfC. Later in the questionnaire a series of attitude statements asked respondents to indicate their level of agreement with issues concerned with aspects of AfC, KSF and job evaluation.

Just under 30% of respondents offered comments concerning AfC in general and these are summarised in Table 4.6. Most comments referred to the perception that their banding does not reflect the experience/responsibility/level of specialisation in the role (34%). One in ten (9%) referred specifically to variation between allocated pay bands for jobs that were ostensibly the same. For example, one respondent said:

*'I don't think that the job evaluation could have been carried out correctly as I work in a large recovery areas and I am on band 5. In a hospital up the road there are nurses doing exactly the same job as I am and they are on band 6!'* (E-5).

Another point raised by 9% of those making a comment related to progression issues (particularly between bands 5 and 6) and concern that it would be harder to progress now than with clinical grading.

*'AfC has capped my income. As a result of unsatisfactory banding I am unable to progress in both job and income. I held a senior post, but now I am "stuck" and in a few years' time my colleagues will have "caught up" in points and we will be paid equal amounts, but I will still have more responsibilities'* (E-5).

**Table 4.6: Comments concerning Agenda for Change – percentages**

	Percentage
Banding does not reflect experience/responsibility/specialisation	34
Banding variation (for same jobs) issues/problems/overlaps	9
Progression issues	9
Worse off now financially (post AfC)	8
Unsocial hours payments (back pay/issues)	8
Not enough communication/information	6
Slow process / took long time / too long	6

Not happened	5
E grade problems (conned by AfC)	5
Unfair transition	5
Better off now financially (post AfC)	5
Uncertainty/insecurity/morale/de motivating	4
No change	4
Don't know when / in progress	3
Expensive process	3
Positive	3
Implementation etc. poor management (reviewing)	2
Impact of financial climate/situation (cost reductions)	2
Lack of clarity/confusing/misleading information (hood winked)	2
Annual leave increased	2
No benefits from AfC	2
Others (including: no support /finance/no time/ complicated/staffing issues)	7
<b>Base N= 100% cases</b>	<b>616</b>

Source: *Employment Research/RCN 2006*

A further 5% referred specifically to problems faced by E grades in the transition to AfC, many feeling that they had been duped. The contention is related to the fact that nine out of ten (86%) E grades have been placed on band 5, i.e. the same band as 99% of D grades.

*'I believe that the pay system has been manipulated by the NHS to reward managers. I supported the implementation of AfC because I believed it would reward experienced practitioners in the clinical area – [that's] not happened' (G-6)*

*'I think AfC will benefit newly qualified nurses more than experienced nurses with years in the profession. It will also help in the recruitment of new staff.'* (E-5)

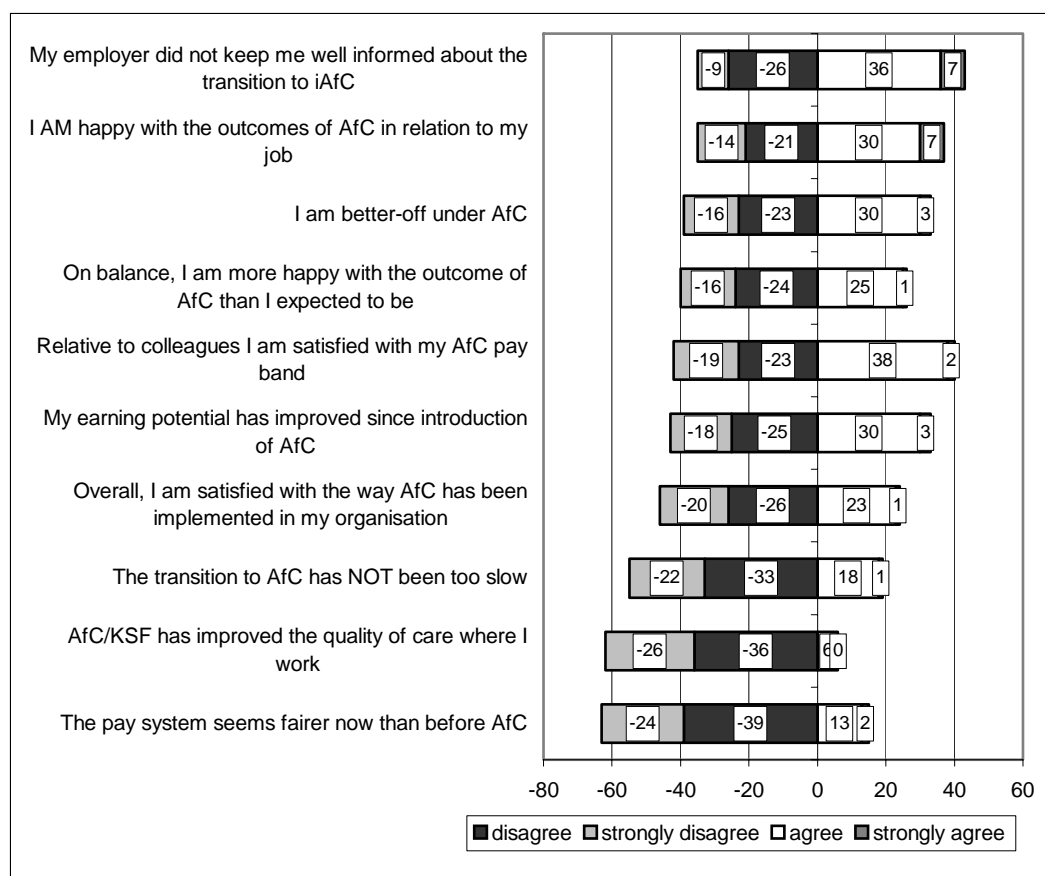
The effect of changes to pay for unsocial hours was raised by 8% of those commenting. For example:

*‘Special duty pay reform will remove evidence surely of extra pay under AfC’....’taking special duty pay away with poor alternatives (probably will give us the poorest paid alternative) and generally colleagues and I feeling undervalued. Who wants to work night and weekends for no extra pay?’ (E – awaiting assimilation)*

Some used this space to describe how they felt that they would be worse off financially as a result of AfC. Eight percent referred specifically to the way in which unsocial hours are accommodated in AfC. Other comments (see Table 5) included: management issues in terms of communication, length of time the process took etc.

Figure 4.6 below summarises the responses to attitude items on different aspects of AfC.

**Figure 4.6: Attitudes to Agenda for Change – percentages**



Source: Employment Research/RCN 2006

By and large, Agenda for Change is not viewed positively by respondents to this survey. For example, only one in five think that the pay system is fairer now than before AfC (55% do not think it is fairer, disagreeing with the statement). Implementation is also criticised with 63% saying the transition was too slow and only 24% saying they are satisfied with the way AfC has been implemented in their organisation. However, 43% said that their employer kept them well informed about the transition to AfC.

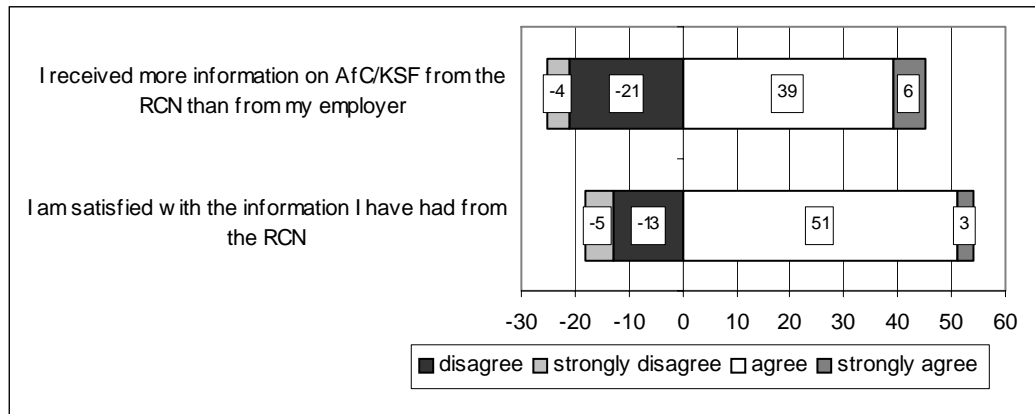
In terms of outcomes from AfC there is a more mixed picture. 40% agree that ‘relative to colleagues they are satisfied with their AfC pay band’ but 41% disagree with the statement. Nearly four in ten (39%) disagree with the statement ‘I am better off under AfC’ while a third agree and more think their earning potential has not improved than think it has improved.

Fewer than one in ten respondents think that AfC/KSF has improved the quality of care where they work.

Whilst those that had been involved in implementing AfC were more likely to be positive than those who had not (eg. 41% were satisfied with how it had been implemented compared with 18% of their colleagues) there was still a significant proportion who felt the transition had been too slow (58%) and only 31% agreed that the pay system seems fairer now than prior to AfC.

Respondents were also asked for their views concerning the role of the RCN in informing them about AfC and KSF. Figure 4.7 below shows the aggregate responses.

**Figure 4.7: Views of the RCN concerning AfC and KSF – percentages**



Source: *Employment Research/RCN 2006*

More than half (54%) of respondents said they were satisfied with the information they received from the RCN, a more positive response than the equivalent statements concerning the information received from employers. Also, 45% said they received more information on AfC/KSF from the RCN than from their employers (25% said they did not).

## 5. Knowledge and Skills Framework (KSF)

The framework was developed in tandem with Agenda for Change to link in to development plans, appraisal and performance reviews. The intention was to provide a more transparent link between development, career progression and pay.

### 5.1 Progress with KSF

Three in ten respondents (29%) report that they have a full, completed KSF outline for their post. A further 23% say that the outline is in progress. Nearly four in ten (37%) do not have an outline and 11% do not know. Again there is some variation between jobs with just 22% of staff nurses saying they have a completed an outline compared to 38% of community nurses, 43% of managers/directors and only 7% of practice nurses.

Respondents in community settings (40%) are more likely to have a completed KSF outline for their post than those based in hospital settings (27%) with no difference in proportions having one in progress.

Some of the comments made about KSF related to the lack of progress made:

*‘Considering Agenda for Change was supposed to happen in December 2004, I think it is ridiculous that we have not commenced KSF, or not as far as I know’ (G grade Clinical Nurse Specialist, not yet matched).*

Table 5.1 shows the differential progress in each country; in England 33% of all respondents indicated that they have a completed outline for their post compared to 10-15% among respondents from the other home nations with nearly a half not having an outline.

**Table 5.1: Knowledge and Skills Framework outline for post – percentages**

	Yes, completed	Yes, in progress	No	Don't know	Base N=100%
England	33	22	35	10	1822
Scotland	14	26	48	13	206
Wales	12	21	46	21	125
Northern Ireland	11	26	47	16	70
<b>All respondents</b>	<b>29</b>	<b>23</b>	<b>37</b>	<b>11</b>	<b>2223</b>

Source: Employment Research/RCN 2006

Of those respondents that have a completed KSF outline for their post 75% say that it is linked to their personal development plan and 60% report that it forms part of their working contract. Also, of those with a completed KSF outline, 54% indicated that they were involved jointly with their employer in developing it, 33% said their employer did it and nine per cent said they did it independently.

*‘I have written my own KSF post outline. My manager is not up to speed with this. I am using this process for all my staff’ (H-8b).*

Just 15% of respondents have had a development review using KSF but a third (or possibly more as there was a lot of missing data on these questions) indicate that their employer supported the review through appropriate training, education and development.

Nearly one in five (19%) answered that they have been involved in developing a KSF post outline for someone else’s job.

## 5.2 Views of KSF

One in four respondents offered comments concerning KSF. These comments are summarised in the table below. In 30% of cases respondents were still awaiting implementation. Other typical comments are that the process is not fully understood, that they have not had enough information about it, and that it is complex and time-consuming.

*'Again not involved or informed about it [KSF]. I believe they were done "centrally". Line manager doesn't understand it!' (G-7).*

*'Nobody understand KSF to can't explain how after doing 3 courses (80 credits) mentoring students etc. I can use these experiences to progress through the pay bands' (D-5).*

*'I believe strongly in knowledge and skills to improve patient care and job satisfaction. But how am I going to find the time to carry out all the KSF reviews with my staff?' (G-7).*

*'KSF outlines took me many hours to complete. Library from other hospitals' KSF outlines very useful to refer to' (H-7).*

**Table 5.1: Comments concerning the Knowledge and Skills Framework – percentages**

	Percentage
Still awaiting implementation	30
Communication/information issues (from employer/HR)	17
Cynical (general criticisms of use of KSF/AfC)	15
Complex/difficult to understand	13
Takes too long/ lack of time (to do properly)	15
Lack of funding to support it	11
Good in theory... but fails in practice	5
Lack of clarity (objectives) ambiguous / lack of interest	5
Need support / share good practice/outlines/training	5
Implementation problems	3
Staff shortages (problems with KSF) (no increase in establishment to support)	3
Should assist development / service delivery	3
KSF should be before AFC	2
Others (including: process rushed, uncertainty in new post, unprepared)	5
<b>Base N= 100% cases</b>	<b>524</b>

*Source: Employment Research/RCN 2006*

Linked to the time required to do KSF, there is also concern expressed about the inadequacy of resources to support it. The current financial climate has exacerbated concern about ensuring there are sufficient resources to implement KSF:

*'KSF has been a slow process – many reviews are now well over-due because of lack of direction re new paper work, discussions etc. It's going to take at least 2 hours to do a review. Where are nurses going to find this time? Its going to be a massive mountain to climb'. (F-6).*

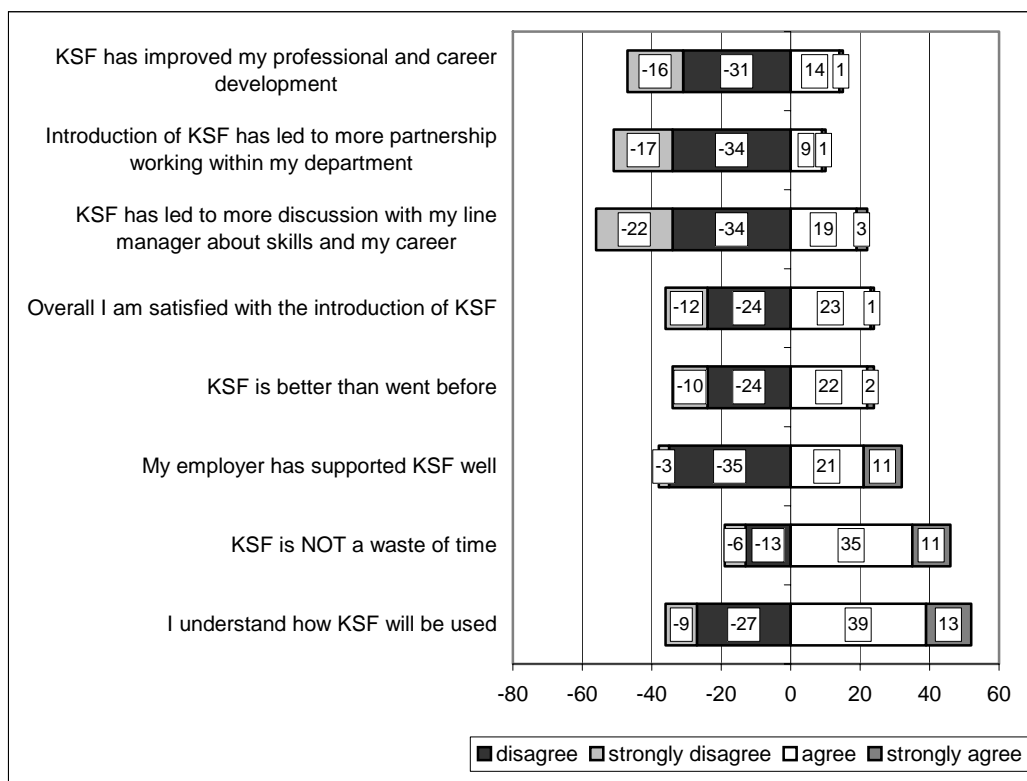
*'Due to the severe shortage of money in our PCT, we had a professional meeting which suggested job losses may be occurring and that all our KSF outlines will be altered. Less pay will be available to move up and own the KSF guidelines' (F-5).*

Attitude statements were also used to gauge respondents views and the results (Figure 5.1) suggest that views to the introduction of KSF are mixed. Nearly a half (46%) did not think that KSF is a waste of time (19% said it was). On the downside, only one in four respondents (24%) agreed that KSF was better than what went before and the same proportion agreed with the statement 'Overall I am satisfied with the introduction of KSF'.

In most cases views are based on reasonable knowledge, with more than half (52%) saying that they understand how KSF will be used and 38% thinking that their employer has supported it well (32% did not). However, just 10% think that the introduction of KSF has improved the level of partnership working within their department.

In terms of perceived personal advantages resulting from the introduction of KSF just 12% think that their opportunities for career progression have improved and just 15% agreed with the statement 'KSF has improved my professional and career development'.

**Figure 5.1: Views of Knowledge and Skills Framework (KSF) – percentages**



Source: Employment Research/RCN 2006

## 6. Morale in the NHS

This section looks at the views of NHS nurses in relation to a series of statements that have been used each year as part of the Annual Employment Surveys. This allows some comparison of views, notwithstanding the fact that the samples are not directly comparable<sup>5</sup>. Table 6.1 highlights the 2005 and 2006 results.

The main point to note is that for most statements the views of nurses have become considerably more negative since 2005. In particular, this is the case in relation to issues concerning job security and opportunities.

Interestingly, the only items on which the proportion responding positively has increased since the 2005 AES, are those that relate to pay.

The largest changes between 2005 and 2006 relate to the two items concerned with job security. In 2005 79% of NHS respondents were NOT worried they may be made redundant. In July 2006 following a spate of redundancies and much media coverage of financial deficits in the NHS this figure had more than halved to 37%. There was a similar reduction in confidence that 'nursing will continue to offer me a secure job for years to come'.

In 2005 58% of respondents agreed with the statement that 'opportunities for nurses to advance their careers have improved' in this survey the equivalent figure is 35%. The proportion agreeing that they have 'a good chance to get ahead in nursing' has halved from 37% in 2005 to 18% in 2006. A similar difference is apparent in relation to career prospects for nurses. Again, much of this change will be as a result of the financial deficits reported by many trusts rather than as a result of Agenda for Change.

The combination of reduced confidence in career opportunities within nursing and lack of job security resulting from the changed healthcare labour market has also resulted in fewer respondents responding positively to the statement 'I would recommend nursing as a career' – down from 56% in 2005 to 40% this year.

There has also been a significant reduction in proportions responding positively to the items relating to training support and job satisfaction.

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<sup>5</sup> The sampling differences would, all other things being equal, lead to a more positive response from this survey due to the reduced numbers of young, lower grade, male, BME and London based respondents – who typically work in environments that are more likely to lead to negative responses (see Ball J and Pike G (2003) *Stepping Stones* Results from the 2003 Annual Employment Survey, RCN (pg 87)

**Table 6.1: Percentage agreeing with positively framed items – 2006 & 2005 (NHS only)**

	AfC NHS 2006	NHS 2005	Change 2005-6
<b>Job security</b>			
13 I am NOT worried that I may be made redundant	37	79	-42
8 Nursing will continue to offer me a secure job for years to come	33	71	-38
<b>Career progression</b>			
22 Opportunities for nurses to advance their careers have improved	35	58	-23
14 I have a good chance to get ahead in nursing	18	37	-19
20 Career prospects in nursing are NOT becoming less attractive	16	33	-17
11 It will NOT be difficult for me to progress from my current grade	15	29	-14
18 I DO know where my career in nursing is going	33	44	-11
7 I can determine the way my career develops	47	57	-10
16 I am NOT in a dead end job	64	73	-9
<b>Nursing as a career</b>			
1 I would recommend nursing as a career	40	56	-16
19 I would NOT leave nursing if I could	44	52	-8
2 I think nursing is a rewarding career	70	77	-7
17 I would not want to work outside nursing	38	36	2
<b>Training</b>			
21 My employer provides me with the opportunities to keep up with new developments related to my job	46	60	-14
12 I am ABLE to take time off for training	44	54	-10
<b>Job satisfaction</b>			
25 I feel satisfied with my present job	51	62	-11
26 I feel my work is valued	47	55	-8
4 Most days I am enthusiastic about my job	77	79	-2
<b>Others (career focus)</b>			
23 I am interested in career progression	60	66	-6
6 I know what I want to do in the future in my career	52	55	-3
24 There is open dialogue about my career with my manager	42	45	-3
<b>Workload</b>			
9 I am NOT under too much pressure at work	18	22	-4
5 My workload is NOT too heavy	15	17	-2
<b>Pay</b>			
3 I could NOT be paid more for less effort if I left nursing	16	11	5
10 Considering the work I do I am paid well	19	16	3
15 Nurses are paid WELL in relation to other professional groups	7	6	1

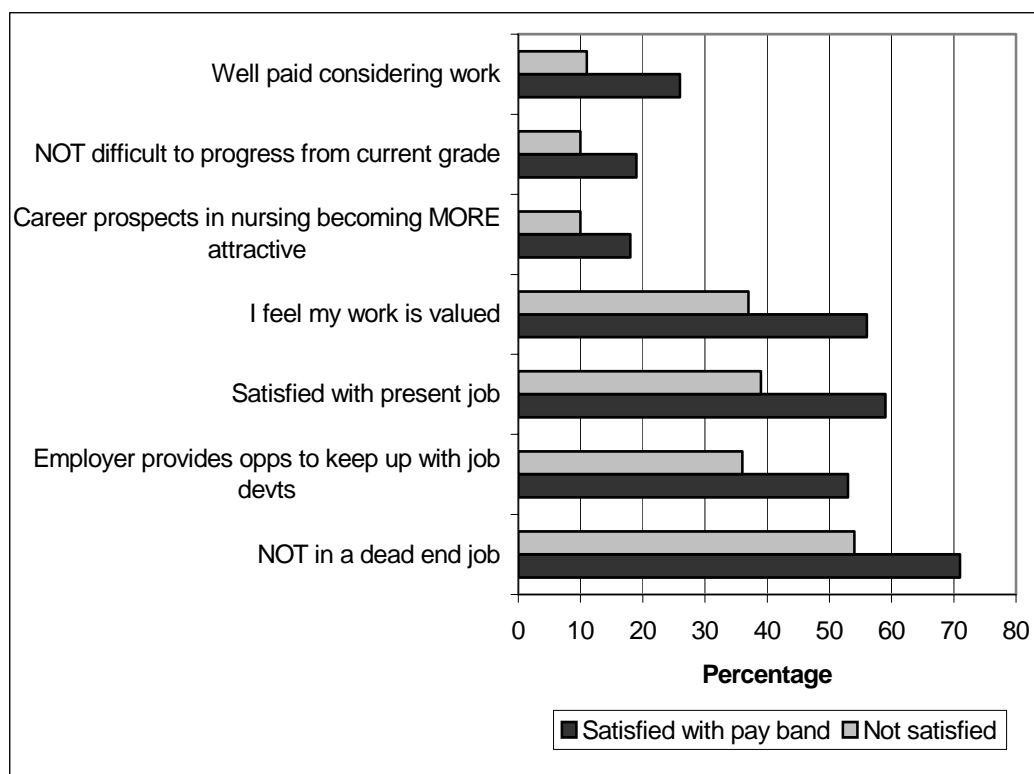
Source: Employment Research Ltd/RCN 2006

The views of nurses differ by a number of key variables:

- In relation to **career progression** respondents working in trusts that have a financial deficit are much less likely to respond positively to career progression and job security items. For example, 69% of nurses in trusts where there is a deficit agree with the statement that career prospects in nursing are becoming less attractive compared to 53% in trusts that do not have a deficit.
- The same is true with responses to **job security** 45% of those in trusts with a deficit say they are worried that they may be made redundant compared to 28% of those in trusts with no deficit.

Nurses who were not satisfied with their AfC pay band gave more negative views on a range of items (see Figure 6.1). The more significant of which are shown in the figure below. For example, 59% of those satisfied with the AfC pay band indicate that they are satisfied with their present job and 56% say that they feel their work is valued. The equivalent figures for those not satisfied with the pay band are 39% and 37%.

**Figure 6.1: Difference in views between those satisfied with their AfC pay band and those not – percentages**



Source: *Employment Research/RCN 2006*

## Leaving/staying

One in four (24%, 25% of those in the NHS) respondents say that they plan to leave their current employer within two years.

This compares to an equivalent figure of 30% reported in the 2005 AES and partly reflects the changed labour market context. Whilst the number considering leaving their current employer in the short-term has reduced, the proportion planning to leave nursing in the next two years has increased slightly - one in seven (14%) of respondents indicate that plan to leave nursing within two years (in 2005 AES same figure was 12%). This is partly related to age. Of the under 40s there has been little change with 8% intending to leave nursing within two years.

When asked to indicate level of agreement with the statement 'I would leave nursing if I could' nearly 40% of those in their 40s indicated they would leave nursing if they could, 37% of those in their 30s and 50s responded similarly. All these figures are higher than reported in 2005. *'After 30 years nursing in the NHS, I would leave tomorrow if given the opportunity.'* ( H grade awaiting assimilation).

*'I have always enjoyed my nursing and never wanted to do anything else. However in today's climate I feel very insecure and very undervalued. .... If I wasn't close to retirement I would be looking for a job away from the NHS'* (E-5).

Respondents who were not satisfied that their pay band was fair were more likely to say they would leave nursing if they could (42% compared to 32% of those who were satisfied) and more nurses working an organisation with a financial deficit said they would leave nursing if they could.

*'Please continue to raise the profile of nursing and argue for better pay conditions – the slow “drip, drip” of nurses leaving, I fear will turn into a torrent.'* (G grade, awaiting assimilation).