From pay reform to system improvement
Making the most of Agenda for Change
In parallel with changes in healthcare needs and demographic trends, the nature of the NHS workforce is changing. Increasingly, the main role for the graduate healthcare professional will be to facilitate, educate, enable and lead others to deliver healthcare, whilst carrying out those tasks that they alone can do, such as more complex assessments and interventions.

The emphasis on choice, and the consequent changes in how and where services are provided require a highly flexible workforce, characterised by reduced demarcation between and within primary, secondary and social care organisations, and based increasingly in competency-based, multi-agency teams with transferable (accredited) skills developed along the patient or care pathway.

Agenda for Change has been carefully designed to support this major cultural shift. Beyond being simply a new pay system, it provides a set of high-level workforce tools but, like all tools, they are only useful if they are used properly. This report – the first substantial account of its kind – captures the way that proactive organisations are starting to use Agenda for Change to support creative and radical workforce development. Three of the key principles of such a transformational approach are:

• paying staff for what they do rather than what they are
• maximising organisational readiness to develop and make good use of new roles and ways of working
• linking workforce development strategy explicitly to patient/service needs and organisational priorities.

Agenda for Change provides the tools to help build the future NHS workforce. It's now up to all of us to make the most of it.

Steve Barnett, director, NHS Employers

Karen Jennings, head of health, UNISON
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Introduction

Why did we need a new pay system anyway?

The Whitley Pay System was created over 80 years ago, and by the mid 1990s there was a well established consensus amongst employers, trade unions, the Department of Health (DH) and professional organisations that it had become increasingly unfit for purpose. The need to replace the arcane system of 11 Whitley Councils, almost 650 different staff grades, thousands of different allowances and a plethora of different arrangements for working hours, annual leave and overtime, was therefore set out as a priority in the NHS Plan in 2000.

The key principle behind Agenda for Change (AfC) is to pay staff on the basis of the work they do and the skills and knowledge they apply. It was developed in partnership not simply as a new way of paying staff, but as a modern, dynamic system that would also support and enable improvement benefits for patients, staff and organisations.

AfC and service improvement

There has always been an explicit expectation that AfC would act as a catalyst and an enabler of service improvement in the NHS. Simply putting the new pay system in place has produced some important transactional benefits (see Section 1 of this report). However, the three core elements of AfC – harmonised terms and conditions, job evaluation and, perhaps most importantly, the Knowledge and Skills Framework – provide a set of tools that can be used to support change and improvement at a transformational level. Now that AfC is in place, NHS trusts and other organisations have a tremendous opportunity, and arguably a responsibility, to make the most of its potential as a lever for increased productivity and service improvement.

About this report

There is now increasing interest in how to realise the wider benefits that AfC is designed to deliver. This report has pulled together emerging evidence and general advice about different ways that AfC is already being used to support increased quality and value. It is not a formal report to be read from cover to cover but a compilation of current thinking and good practice, a summary of ideas and practical advice about how to make the most of the possibilities provided by the new pay system.

We hope, therefore, that it will help inform strategic thinking and workforce planning in all NHS organisations. We also hope it will help ensure that AfC becomes properly embedded and integrated so that its role as a key enabler of service improvement and increased productivity will be fully realised.

Further information on many of the examples given is available on the NHS Employers website: www.nhsemployers.org/agendaforchange

Steve Nash
AfC Implementation Team, NHS Employers
Summary of key recommendations

AfC implementation benefits (Section 1)
Undertake an impact assessment to make sure that important implementation benefits are properly articulated and maximised. Look for ways to develop and spread early gains, such as better partnership working, comprehensive appraisal and personal development reviews (PDRs) and improved workforce data, into other areas of organisational business strategy.

Workforce, productivity and AfC (Section 2)
Bring the necessary expertise together to think about how the tools and flexibilities of AfC can contribute to creating the most efficient and productive workforce configuration in your organisation. Start by reviewing every vacancy and gradually review the roles, systems and processes of all existing services and new developments. Find ways to bring service, workforce and financial planning together at every level in your organisation.

Using the KSF to support service improvement (Section 3)
The NHS KSF has the ability to drive service improvement at a number of levels, and this potential is greatly increased when it is fully adopted. Failure to fully adopt the KSF has important implications for corporate governance. Ensure that the KSF is successfully implemented in your organisation and look for opportunities to use it to support workforce, service and organisational development.

Using AfC to deliver national policy reforms (Section 4)
The tools of AfC support the changes to workforce and service delivery that are described in the latest national policy developments. Look at how you can use the new pay system to enable you to meet the vision for service reform in your organisation.

AfC and service reconfiguration (Section 5)
Merger and reconfiguration always have the potential to create workforce harmonisation puzzles. Be proactive, transparent and inclusive in your approach to this task, and think about the opportunities that exist to use the principles and tools of AfC to address any challenges.

Aligning AfC benefits with integrated service improvement (Section 6)
Make sure that any work being done to realise the benefits of AfC is integrated into other improvement processes in your organisation. Find out who is leading on ISIP and link AfC benefits planning into the workforce objectives of your local health community integrated service improvement (ISI) plan.
AfC and workforce analysis and development (Section 7)
Work with IT and workforce planning colleagues to make the best use of the data harvested by AfC implementation, to analyse your present workforce and clarify your future plans. Once the baseline data has been put in place, this approach can be used to develop your workforce and record and evaluate differences arising from redesign, development or reconfiguration, for example.

Partnership working and change management (Section 8)
Work with staff side representatives to review how partnership works in your organisation. Try to ensure that any positive gains achieved as a result of AfC implementation are sustained and spread into other areas of organisational development.

AfC implementation has required unprecedented levels of partnership working across the NHS. Make sure that you fully realise the potential for wider use of the partnership ethos that has been developed in your organisation.

The AfC partnership success criteria (Section 9)
Revisit the original partnership success criteria as set out in Annex E of the AfC Final Agreement. Consider whether your organisation has put in place the structures and processes that will ensure the potential service improvement benefits of pay modernisation are fully realised.

Measuring improvement enabled by AfC (Section 10)
Decide what you might need to measure in order to be able to demonstrate that change has occurred and show how AfC has contributed to this. Have these measures in place at the outset so that you have a baseline to work from. Consider using a balanced scorecard approach; ask IM&T colleagues for advice.
Section 1
Agenda for Change
implementation benefits
Agenda for Change implementation benefits

Organisations have given consistent early feedback about the kinds of benefits that have emerged as a direct result of implementing AfC. These benefits are summarised below.

**Accelerating role redesign and service improvement**

AfC has three ‘core tools’:

- harmonised terms and conditions
- NHS Job Evaluation Scheme
- NHS Knowledge and Skills Framework.

Between them, these new tools have dramatically simplified the process of designing new ways of working and establishing extended roles. When these tools are combined with a reinvigorated partnership ethos, a tremendous potential for increasing the rate of change and innovation across the system is released. In this report a wide range of examples demonstrate the different ways that these tools are being used to create better services for patients and clients.

As an AfC early implementer, **Aintree University Hospitals NHS Foundation Trust** has been able to mainstream the core tools of the new pay system; there are now standard partnership procedures for identifying and developing new roles and continually improving services. One example is the recent establishment of a breast link nurse in cancer services. By supporting patients as they move from the ward to home it has been possible to have a dramatic effect on productivity by significantly reducing length of stay (190 bed days in 17 weeks) and improve patient experience at the same time.

**Hambleton and Richmondshire PCT** has embedded the tools and opportunities offered by AfC across the organisation, with board-level support and input from the trust chair and non-executive directors. HR and workforce development is harnessed to business development and each service area is encouraged to continually review how the flexibilities of AfC might help bring about improvement. There is a sense of an overall cultural shift as staff and managers move away from automatically replacing like with like and every vacancy is considered for role/service redesign.

At **Tameside and Glossop Acute Services NHS Trust** the opportunities of AfC have been incorporated into a five-stage approach to planning the trust’s future workforce and promoting a culture of workforce modernisation and redesign. Each clinical area develops a comprehensive workforce plan, with particular emphasis on new assistant and advanced practitioner roles. A trust-wide steering group has been established to performance manage the process, and HR has been reorganised to provide a dedicated workforce planning function. Greater Manchester SHA has an impressive extensive track record in developing assistant practitioner roles, and AfC is now being seen as a key enabler of this process.
Promoting personal development reviews and appraisal

The NHS Knowledge and Skills Framework (KSF) formally requires employers to ensure that every member of staff is aware of the knowledge and skills required to carry out their job. Everyone working in the NHS will participate in an annual review process where training and development needs are agreed and opportunities for career progression considered.

For many groups of NHS staff this is the first time that they have ever been given the opportunity to engage in a structured conversation about their personal goals and reflect on their future career prospects. Many organisations have used the introduction of the KSF to review their existing appraisal arrangements and realign them into a consistent organisation-wide process. Implementing the KSF has helped organisations achieve Improving Working Lives (IWL) Practice Plus accreditation and it is envisaged that the KSF will support the development of this concept in the future.

Cumbria and Lancashire SHA used the implementation of the KSF to support the achievement of IWL Practice Plus accreditation. Staff resources were deployed to develop the requisite expertise and the online e-KSF tool was utilised. Having a transferable record of skills and knowledge is seen to be greatly appreciated by staff undergoing a period of major transition.

Further information

Improving Working Lives: www.nhsemployers.org/IWL
NHS e-KSF online tool: www.e-ksfnow.org

Establishing equal pay for work of equal value

The Whitley pay system was becoming increasingly susceptible to challenges under equal pay legislation; this can be very costly to the service. For example, in 2005, 300 female support staff at North Cumbria NHS Trust were successful in their equal pay claim, with estimates of the total cost to the trust ranging upwards from £80 million. AfC is designed to put in place a system that will greatly reduce, if not completely remove, this kind of vulnerability.

Supporting partnership working with trade unions

AfC is a partnership agreement. Putting it in place has required unprecedented levels of input from trade unions and professional bodies. Whatever the starting point, there is a general
sense that AfC has had a very positive impact on partnership working in NHS organisations. Some have adopted a proactive approach by identifying the need to improve partnership working as part of the AfC implementation project. As a result, relationships have matured, dialogue has been enriched, and these organisations are now beginning to see important gains by making sure that the joint approach used in AfC is embedded in other aspects of trust business.

Burnley, Pendle and Rossendale PCT saw AfC as an opportunity to develop improved partnership working. Proper staff side resources were allocated and a number of benefits have already been identified, such as fewer grievance and disciplinary cases, more proactive conflict resolution, increased staff side involvement in PCT business planning and improved recruitment and retention.

At Aintree University Hospitals NHS Foundation Trust - an AfC early implementer - pay modernisation was seen as a challenge to the organisation to create the kind of partnership working that would ensure joint commitment to ongoing service improvement.

Further information

Partnership working and information on how AfC links with IWL: www.nhsemployers.org/afcknowledgebase

Improving organisational and workforce data

AfC implementation has required the creation and collection of a great amount of data. As a direct consequence, organisations have never before had such easy access to so much up-to-date information on their workforce, such as numbers of staff, what jobs they do, what hours they work and their level and range of competencies. Owning this data gives organisations a wealth of new knowledge that can be used in workforce development and business planning.

At Guy's and St Thomas' NHS Foundation Trust - an AfC early implementer - the project manager felt that putting AfC in place was like “digging up the drains” of the organisation. It has enabled the trust to review a number of deeply embedded internal processes and procedures and begin to develop a more proactive approach to areas such as recruitment and retention.

At Herefordshire PCT - another AfC early implementer - AfC facilitated the development of an integrated database for all staff payroll, finance and operations information, ahead of the Electronic Staff Record (ESR).

Further information

See Section 7.
Key recommendations

Consider undertaking an impact assessment to make sure that important implementation benefits are properly articulated and maximised.

Look for ways to develop and spread early gains, such as better partnership working, comprehensive appraisal and personal development reviews (PDRs) and improved workforce data, into other areas of organisational business strategy.
Section 2
Workforce, productivity and Agenda for Change
AfC and productive time

‘Productive time’ is about making better use of staff time. It is not about getting staff to work harder but about enabling them to work smarter, using to the highest level the skills and knowledge required of their role. Ensuring that everyone in the NHS is able to be productive in their role supports those with patient care responsibilities to spend more time where it matters most for them and for patients – direct patient contact time. There are significant opportunities for both cost efficiency and quality improvement through the integrated implementation of the following change strategies:

- people (pay and workforce reform)
- process (the former Modernisation Agency’s ‘ten high impact changes’)
- technology (NHS Connecting for Health).

Addressed locally as part of an integrated, whole-system approach, these strategies constitute the key enablers for maximising service improvement at organisational level. The concept of productive time is closely aligned with the NHS Integrated Service Improvement Programme (see Section 6).

The following case study illustrates the work that one trust is undertaking in order to increase the overall efficiency and productivity of its workforce and how AfC is contributing to this.

Workforce planning to increase efficiency and productivity: Cambridge University Hospitals NHS Foundation Trust

Traditional approaches to workforce planning tend to project future staffing requirements by extrapolation from existing staffing and skill-mix configurations. This carries the risk that:

- current assumptions and prejudices on role and staffing requirements are not challenged
- new services embed current working practices and inefficiencies rather than delivering increased productivity
- insufficient lead time is built into project plans for the development of the workforce competencies needed to implement new roles.

Hence, the tendency is to replace ‘like with like’, and the opportunities to invest in workforce development to increase productivity and efficiency are rarely considered. There is general consensus that this approach will not produce the radical transformation that is needed. So, what is the alternative?

At Cambridge University Hospitals NHS Foundation Trust (CUHFT) the tools and opportunities inherent in AfC are being harnessed to other key internal and external drivers to establish a radical new approach to workforce development. This is currently being piloted in specific
clinical areas and is known as a patient- (or service-) centred workforce planning process. The aim is to roll this model out across the whole organisation.

The starting point is to always go back to the care pathway or service received by patients, rather than simply accept the established staffing structure. It is a complex process that requires expert facilitation, staff engagement, resource commitment and collaboration between different sets of expertise such as HR, AfC, finance, organisational development/change management, service improvement and IT. It needs to be properly embedded in the trust’s ongoing service planning framework.

The end point is a restructured workforce in which:

- professional and specialist staff are only deployed in roles which require this level of skill, knowledge and competence
- support staff (clinical and non-clinical) have been developed into specified new roles which enable them to take on tasks not requiring professional qualifications
- the team is competent to deliver the standard of service needed and expected by the patient, whilst at the same time being deployed and utilised productively.

This approach is currently being used in aspects of emergency admissions workforce planning and in the proposed development of a healthcare assistant (rehabilitation) role to reduce length of stay in the management of long-term conditions.

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1 This work builds on the methodology developed by Brooks, Bosma and Bradshaw (2005) at Organisation Development Services Ltd and was originally part of a programme initiated by Norfolk, Suffolk and Cambridgeshire SHA.
AfC and improving workforce efficiency and service quality: an approach being developed at Cambridge University Hospitals NHS Foundation Trust

Key elements of the process:

1. Establish high-level leadership and support. Bring HR together with service improvement, finance and organisational development expertise.

2. Ask the existing team (including all relevant stakeholders) to describe the service (not the professional roles) patients need at each point on the care pathway, and review whether this pathway can be improved or shortened.

3. Use the NHS KSF to identify the skills and knowledge required to meet patient need at each stage and the broad competency level needed, for example, support, intermediate or advanced.

4. Specify any new or enhanced roles that will minimise duplication, improve patient care and increase staff productivity.

5. Look at technological and process factors. Could better IT improve efficiency further? Should process and system changes be considered? A fully integrated approach is crucial to ensuring the best possible outcomes.

6. Factor in all the other relevant internal and external drivers, for example, national policy and advice, local development plans and trust priorities.

7. Develop a high-level strategic plan to bridge the gap between the current and optimum workforces, defining:
   • the characteristics, skill levels and development potential of current staff
   • the resources required to be invested in staff development into the new roles
   • the realistic lead times needed to develop new roles and to implement change.

8. Use a ‘desktop’ approach to job evaluation, where necessary, to set AfC pay banding/cost and any KSF development implications.

9. Decide how to monitor and measure improvements to both efficiency and quality.
**Early outcomes**

Initial results at CUHFT have identified several important areas for development, including:

- a range of associate practitioner roles at AfC band four
- redesigned/new roles in histopathology to support the Working Time Directive (WTD) for doctors in training
- specialist nurse practitioners to support medical staff
- extended ward administrator roles to support nursing and allied health professional (AHP) staff
- shift co-ordinators to undertake discharge planning and co-ordination.

**Further information**

DH productive time: www.dh.gov.uk/productivetime

NHS Institute – productivity and efficiency: www.institute.nhs.uk/products/productivityandefficiency.htm

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**Key recommendations**

Bring the necessary expertise together to think about how the tools and flexibilities of AfC can contribute to creating the most efficient and productive workforce configuration in your organisation. Start by using the process shown above to review every vacancy and gradually embed this approach to review all existing services and new developments. Find ways to bring service, workforce and financial planning expertise together at every level in your organisation.
Section 3

Using the KSF to support service improvement
Service redesign and process mapping techniques can be used to review care pathways to make sure they meet the changing needs of patients and clients. However, there may be gaps between the ideal service provision and the skills of those who currently deliver it.

Managers and staff are increasingly finding that the NHS KSF is helping them find ways of bridging these gaps and making sure that the right skills are in place when and where they are needed.

Key points to consider are:

- In any modernisation initiative it is essential to remember that delivering the right services depends on people – staff with the right skills, in the right place, at the right time.
- The NHS KSF establishes an extensive and comprehensive common language that can be used to describe in detail the type and level of knowledge and skills required to provide a specific service or intervention at any point along a care pathway.
- KSF outlines can then be created to build a picture of the role and the knowledge and skills required, with specific examples of how these are applied. The outline can be freely created (in a partnership between staff and managers) and outlines for existing posts can be developed in line with evolving service needs.
- The NHS KSF helps to identify the right people. Existing staff may already fit the outline; if not, it will be clear how they need to develop.
- The NHS KSF helps to ensure the right things are being done. Managers and staff must both commit to meeting regularly to ensure that agreed development has taken place and been effective and to fast track this process if there have been any problems.
- The NHS KSF is about the application, not just possession, of knowledge and skills, and evidence must be provided to show that staff are ‘doing it right’, that is, applying the specific competences required by their role.
- As people develop, they may of course wish to move to more senior positions or transfer their skills sideways to a new area. They will take their KSF records with them, which will help their new manager understand their existing skills and focus appropriately on further development.

The KSF and benefits

Use of the KSF will help to deliver many benefits. For example, some organisations have already linked improved recruitment and retention, reduced sickness absence and better partnership working to the introduction of the NHS KSF.
Another demonstrable benefit of the KSF is that it supports six of the highest ranking (Gallup, 1997) employee needs, and so helps to improve motivation and commitment, which in turn drive creativity and productivity.

**Understanding what is expected in the job**
The KSF gives clear information about how each post fits into the organisational and wider NHS structure and about the knowledge and skills required from new recruits and experienced staff in each role, with specific examples of how these should be applied.

**Opportunities to ‘do what I do best’**
The KSF development review is an opportunity to demonstrate and discuss personal strengths and aspirations and explore how these talents can be unlocked and developed within current or future roles.

**Encouraging development**
The KSF recognises that all staff are entitled either to development opportunities within their current posts or help to achieve career development, and that managers and organisations have a duty to support this principle.

**Regular reviews of progress**
The KSF offers structured feedback using an objective framework for all staff, to enable any difficulties to be identified and resolved before they become major problems. It provides a safe environment for staff to highlight their own development needs.

**Co-workers committed to quality**
Everyone will be expected to fulfil the KSF requirements of their post, including the core dimensions, and action will be taken to ensure this happens.

**Opportunities to learn and grow**
The KSF promotes a culture which allows people to develop flexibly as individuals, recognising that there are many alternative career pathways and timescales and that skills and knowledge can be acquired in many ways and are often transferable.

In the **National Blood Service** the KSF was used to review roles and working practices in donor care services. The result was to rethink the skills and knowledge required for the role. Outcomes included reduced waiting times and an improved client (donor) experience.

**Avon, Gloucestershire and Wiltshire SHA** examined the six core dimensions of the KSF to develop an easy-to-use guide showing how the KSF can be used to encourage improvement of the patient experience.
The NHS KSF has the ability to drive service improvement at a number of levels, and this potential is greatly increased when it is fully adopted. Failure to fully adopt it has important implications for corporate governance. Ensure that the KSF is successfully implemented in your organisation and look for opportunities to use it to support workforce, service and organisational development.
Section 4

How Agenda for Change supports national policy and system reform
AfC facilitates flexible, productive working practices that are key to supporting a patient-focused NHS. It has a major contribution to make to an NHS that is continually improving.

The three core elements of the new pay system – job evaluation, the KSF and harmonised terms and conditions – provide organisations with tools to help them deliver the workforce changes that are needed in order to successfully implement current policy and achieve large-scale system reform.

Some examples are given in the table below.

<table>
<thead>
<tr>
<th>Policy/reform</th>
<th>How AfC contributes</th>
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<tr>
<td><strong>Our health, our care, our say</strong></td>
<td>A major change in the way that much NHS work is currently carried out is required. AfC enables the development of new and enhanced individual roles, which will be required if this vision is to be realised.</td>
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<td>This white paper sets out a shift in the strategic direction of health services, with an emphasis on more joined-up, personalised care and a greater focus on prevention, well-being, empowerment and independence. Services therefore need to be more accessible and convenient, delivered where appropriate in people's own homes or in primary care and community settings, with greater integration between health and social care. Resources will need to shift from the acute sector to primary and community services to reflect this strategy.</td>
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<td><strong>Patient choice</strong></td>
<td>In the NHS an organisation's workforce is its most expensive asset and it is essential that this resource is deployed as effectively and as productively as possible. AfC provides organisations with the tools and information to do this in a comprehensive way.</td>
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<td>Increasing choice has clear workforce implications, not simply in terms of who delivers services and where they are provided, but also in terms of operating the systems and processes that need to be in place to support greater choice.</td>
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<td><strong>Payment by Results</strong></td>
<td>At organisational level, workforce managers can now make good use of the additional data that is available as a direct consequence of AfC implementation. This data means that much more sophisticated workforce analysis, development and redesign can now be undertaken than was previously possible. By using the NHS KSF it is also possible to make detailed analysis and development based on the actual skills and competencies that need to be delivered.</td>
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<td>Payment by Results will require organisations to optimise their efficiency and productivity, especially in relation to their workforce. It will be essential to invest in workforce development to ensure that staff skills and</td>
<td>There are many examples of AfC contributing to the new services and roles that are being developed in primary and community settings, including emergency care practitioners (ECPs),</td>
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<tr>
<td>Policy/reform</td>
<td>How AfC contributes</td>
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<td>competences are those which are required and that staff at all levels are deployed in the most effective and productive way.</td>
<td>community matrons, assistant practitioner roles and clerical/administrative posts. The role of the clinical coder will become increasingly important. These and other enhanced roles are helping to shift care that does not need to be given in the acute hospital setting into primary and community settings, whenever possible. See also Sections 1, 7 and 9</td>
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**Connecting for Health, Choose and Book**
These initiatives will include new (or redesigned) roles in administration, referral and outpatients systems, technological support and information management. AfC supports this major shift in the culture of the NHS by:
- providing hard data on the nature of the existing workforce
- facilitating the development of the new and enhanced roles and services required to support this policy.
Examples include the growing number of new and redesigned administrative and clerical roles that are being developed in order to improve care co-ordination, free-up clinical time and operate the new choice and booking systems. See also Sections 1, 7 and 9

**Practice-based commissioning**
This gives the clinicians closest to the patients a leading role in deciding which services are purchased locally, to suit the choices their patients and communities are making. The overall aim is to deliver services in ways that improve quality and convenience while providing better value for money. The emphasis is on healthy lifestyles and improving well-being, especially for people with long-term conditions. AfC simplifies the creation of innovative and unique roles and services by separating pay and terms and conditions from professional titles, and by enabling the development of jobs based purely on the skills and competencies required. Examples include roles designed to reduce hospital admissions and support more community-based services, especially for people with long-term conditions. Some general practices have already implemented AfC for existing staff and are starting to look at ways that AfC facilitates wider innovation.
### 18 weeks' wait target
By the end of October 2008, the NHS will have 18 weeks in which to refer, diagnose and start to treat a patient. Many patients already start their treatment more quickly than this, but the introduction of a maximum time limit for the patient journey, at least up to the point they start treatment, will transform the way the NHS works and dramatically improve the patient experience.

### Policy/reform

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<td>By the end of October 2008, the NHS will have 18 weeks in which to refer, diagnose and start to treat a patient. Many patients already start their treatment more quickly than this, but the introduction of a maximum time limit for the patient journey, at least up to the point they start treatment, will transform the way the NHS works and dramatically improve the patient experience.</td>
<td>Detailed workforce planning and the ongoing introduction of new and enhanced roles along the care pathway will be essential. As well as providing hard data that can be used to analyse the existing workforce and model and plan what changes are required, AfC greatly facilitates the process of designing and developing new roles. In addition, the KSF enables close analysis of the actual skills and competences needed at each stage of the care pathway and can be used to inform the training, development and recruitment strategies that will support this policy. AfC facilitates the creation of new roles, such as emergency care practitioners (ECPs) and community matrons, to reduce demand on acute services, but greater impact will come from redesigning processes and roles that can directly improve the quality and efficiency of the care pathway. These include: care pathway managers; new roles in radiography and other diagnostic and clinical scientist services; medical secretaries development programmes; and extended roles for nurses, such as nurse endoscopy and phlebotomy. For example, <strong>South Tees Hospitals NHS Trust</strong> is improving its diagnostic radiography service and developing a range of assistant and advanced practitioner roles as well as a consultant nurse role. <strong>Mid Cheshire Hospitals NHS Trust</strong> is enhancing medical laboratory assistants (MLA) roles in pathology to take on multi-disciplinary skills, and extending office staff roles to include some pre-analytical processing tasks.</td>
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### Productivity metrics
As part of the ‘delivering quality and value’ strategy, the NHS Institute for Innovation and

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<td>As part of the ‘delivering quality and value’ strategy, the NHS Institute for Innovation and</td>
<td>Potentially, AfC can help support increased efficiency in all 15 indicators, but it is worth mentioning that the new pay system supports</td>
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Improvement has worked with the productive time and ISIP programmes to support improvements in systemic productivity and efficiency. A set of 15 indicators has been defined, covering mainly clinical, financial and workforce initiatives. These will be further developed over the next six months or so.

See: www.institute.nhs.uk/Products/ProductivityMetricsDefinitions.htm

<table>
<thead>
<tr>
<th>Policy/reform</th>
<th>How AfC contributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working Time Directive for doctors in training</strong></td>
<td></td>
</tr>
<tr>
<td>The reduction in junior doctors’ weekly hours from 58 to 48 in 2009 will impact on all parts of the NHS. There will be opportunities for other staff to develop new ways of working and to redesign roles in order to ensure that care is provided in new and innovative ways.</td>
<td></td>
</tr>
<tr>
<td>NHS National Workforce Projects is leading on bringing together advice and practical guidance for trusts, including setting up pilots and disseminating best practice.</td>
<td></td>
</tr>
<tr>
<td>Some organisations have already begun the task of creating new roles to support WTD legislation, using the tools of AfC.</td>
<td></td>
</tr>
<tr>
<td>In particular, nurses, AHPs and healthcare scientists are working in a variety of different ways, for example, a vascular nurse role at East Kent Hospitals NHS Trust and donor care physiologists at Papworth Hospital NHS Foundation Trust.</td>
<td></td>
</tr>
<tr>
<td>‘Hospital at night’ schemes, where new nurse co-ordinator posts are significantly reducing medical workload, are also increasing efficiency and improving the patient experience.</td>
<td></td>
</tr>
</tbody>
</table>
From pay reform to system improvement

Other policy developments
For example:
• use of new providers
• integration of health and social care
• flexibility in provision of services.

Policy/reform | How AfC contributes
--- | ---
Other policy developments | AfC can assist trusts in responding to the range of other changes in the new NHS. Where new providers are being used, AfC offers a framework that they may find useful. For example, some private sector providers of facilities and services are looking at using the AfC Job Evaluation Scheme. Where integration of health and social care staff is being taken forward, the Job Evaluation Scheme is being used to accommodate social care staff roles. The new model of unsocial hours payments under AfC should assist in the provision of more flexible services to meet the demands of patient choice, and improve productivity.

Further information
National Workforce Projects: www.healthcareworkforce.nhs.uk
NHS Institute – Delivering Quality and Value: www.institute.nhs.uk/PriorityProgrammes/DeliveringQualityAndValue

Key recommendation
The tools of AfC support the changes to workforce and service delivery that are described in the latest national policy developments. Look at how you can use the new pay system to enable you to meet the vision for service reform in your organisation.
Section 5
Reconfiguration of services and Agenda for Change
Reconfiguration and AfC have a common goal: modernising the NHS. As a tool, AfC supports and facilitates the use of workforce planning to create the skill-mix and new structures that are needed to provide high-quality, efficient services to patients, clients and service users.

NHS Employers’ AfC implementation team has distilled the learning about change management, garnered from its four years of introducing AfC to the NHS in England, into some straightforward tips for leaders of reconfiguring organisations. These are detailed below.

1. Establish an executive director to take lead responsibility on workforce issues across the whole new organisation, to lead it in a coherent approach to its AfC work, using reconfiguration as a unique opportunity to reinforce the modernising purpose of AfC, and to ensure consistency in its application.

2. Make a clear ‘day one’ position statement on workforce change issues of keeping a steady state and not being rushed into harmonising activity. Make it clear that workforce issues will be dealt with systematically and in partnership over a period of time. Make an early assertion that workforce issues will be dealt with on the basis of a mutual ‘no surprises’ agenda – what will happen, when it will happen and how change will occur.

3. Take the opportunity to develop partnership working and establish it as the methodology on workforce change issues. Encourage behaviours and cultures needed to sustain partnership working, rather than reverting to adversarial bargaining. Set high mutual expectations of trade union representatives and managers.

4. Establish organisational workforce and service objectives to enable proposed service and personal development to be tested against those objectives.

5. Review how AfC is being harnessed to service improvement and productive time initiatives across the reconfiguring organisations. Share and build on good practice from the predecessor organisations in order to maximise the potential benefits that can be gained from aligning workforce development with increased efficiency, ensure consistency and export good ideas in one area to others.

6. See reconfiguration as an opportunity to ensure compliance with the AfC agreement, through auditing what is being inherited. Check that it is all compliant with the AfC agreement and terms and conditions of service.

7. Where anything is identified as being outside the requirements of the AfC agreement and terms and conditions of service, agree a plan and timescale to achieve compliance.

8. Have a clear plan to embed the NHS Job Evaluation Scheme into the mainstream of your organisation’s work by ensuring that enough practitioners are available, training needs are catered for and future application of the scheme is carried out in partnership, consistent with the requirements of the Job evaluation handbook.
9. Have a clear plan to complete the implementation of the NHS KSF and embed it in the mainstream of your organisation’s work. This should include the identification of a KSF lead and an e-KSF administrator within your organisation, and active participation in the local KSF network.

10. Conduct a stock-take of managerial and staff side capacity in relation to AfC expertise, and take remedial action to tackle any gaps in capacity or expertise.

When it was originally formed, **East Lincolnshire PCT** used the KSF to ensure that staff inherited from different employers adopted common and consistent ways of working. Various organisations have used AfC in partnership to develop generic roles and simplify management structures in specific departments and teams, and in some cases across the whole organisation, for example, **Northumberland, Tyne and Wear SHA**.

**Key recommendation**

Merger and reconfiguration always have the potential to create workforce harmonisation puzzles. Be proactive, transparent and inclusive in your approach to this task, and think about the opportunities that exist to use the principles and tools of AfC to address any challenges.
Section 6
Aligning Agenda for Change benefits with integrated service improvement
Delivering an NHS that provides both quality and value requires transformational changes to the way in which we currently deliver the service. This report highlights the potential contribution that AfC can make to that change process.

However, if maximum impact is to be gained from the wide range of workforce and system reforms, it is essential that workforce changes are integrated with the benefits of changes to care processes and technological solutions. The NHS Integrated Service Improvement Programme (ISIP) provides a vehicle for the delivery of such transformational change.

The Integrated Service Improvement Programme

ISIP provides a planned approach to service improvement, which puts care delivery at the heart of planning for service transformation. The strength of this approach is the reconciliation of patient quality and value with clinical priorities and management goals and the reconciliation of national and local priorities.

Integrated service improvement planning is a commissioner-led activity and includes service planning to meet the care requirements across a local population, irrespective of organisational boundaries. Workforce is a key enabler for change, the benefits of which are strengthened by integrating workforce change with appropriate technological solutions and care process redesign.

All local health communities in England began the journey of integrated service improvement planning in the autumn of 2005. They have all developed a high-level strategic service plan, which has led to the identification of between three and five key transformational change programmes. These will take them from their current service models to new, transformed models of care.

AfC acts as a key enabler to integrated service improvement, as highlighted throughout this report. Figure 1 shows the way that the different elements of AfC help to create the high-quality workforce that is required in order to deliver services to patients and clients with increasing efficiency and flexibility.

Further information

NHS Integrated Service Improvement Programme: www.isip.nhs.uk

Key recommendations

Make sure that any work being done to realise the benefits of AfC is integrated into other improvement processes in your organisation. Find out who is leading on ISIP and link AfC benefits planning into the workforce objectives of your local health community integrated service improvement (ISI) plan.
To deliver services of quality and value, we need to have:

- an establishment that is staffed to its optimum capacity at all times
- a workforce that is skilled to care for patients in appropriate settings
- a workforce with a range of generic and specialist skills to meet clinical/patient needs
- a workforce that is ready to learn and adapt to the changing profile of NHS services
- a workforce that is able to work across organisational boundaries
- a workforce that is developed to work to its maximum capability

Easier to manage the deployment of staff within and across organisations
Improved team working
Staff feel rewarded for the role they play
Role design more flexible
Roles developed in response to competencies required to deliver service model
Focused learning and development linked to supportive appraisal

Common currency across and within NHS organisations
Pay based on knowledge, skills and responsibilities, rather than professional group or job title
Clearly articulated competencies assessed at key stages of development

National Terms and Conditions
Job Evaluation
Knowledge and Skills Framework
Section 7

Agenda for Change and workforce analysis and development
Agenda for Change and workforce analysis and development

The tools of job evaluation and the KSF, combined with the overall simplification of the pay system, offer an entirely new and comprehensive language that can be used to analyse and develop the NHS workforce, at either the level of team, service, care pathway, staff group/profession, organisation or even local health community.

Figure 2. Trust ‘Christmas tree’

Workforce analysis graphs using job evaluation

It is possible to create any number of graphical representations of AfC banding distribution. ‘Christmas trees’ (see Figure 2) provide a clear picture of the band mix of a given group of staff, and from this it is possible to begin to ask questions and carry out some benchmarking, for example:

- What is the balance between support, practitioner and specialist staff in this particular group?
- What does it tell us about opportunities for career progression?
- Where are the potential difficulties in terms of recruitment and retention?
- How does this compare with others in different parts of the trust?
- How does this compare with other organisations?
- Are we satisfied that this represents the optimal configuration in terms of service delivery?

Benchmarking in this way has revealed major differences between organisations and between departments in organisations. This in itself is not necessarily a problem and the important thing is to begin to understand why it is the case. Does it reflect the care pathway? Or is it simply historical? How does this relate to the organisation’s financial plan? How might this affect the shift from acute to primary and community settings?
Workforce analysis graphs using the KSF

There is an increasing realisation that the KSF and the e-KSF are very powerful tools for workforce development and change. The e-KSF tool allows organisations to track knowledge and skills ‘demand’ (KSF post outlines) and knowledge and skills ‘supply’ (outcomes of development reviews that record where individuals are against their KSF post outlines). The e-KSF also stores organisational, pay band and staff group data.

These key pieces of data can be used to inform a wide range of service design, workforce analysis and workforce development initiatives. For example, KSF data can be interrogated to answer questions such as:

- Does the spread of KSF dimensions reflect the current and future priorities of the NHS (that is, is Health and well-being dimension 4: Enablement to address health and well-being needs, being widely used)?
- Are we too reliant on any one staff group, or pay band, for certain knowledge and skills? Are we building in inflexibility?
- Is there clear progression? Where are our ‘level four’ capabilities being developed for the future?
- Are there any trends in the use of dimensions, or development of people in dimensions, which may need to be reflected in our recruitment or education commissioning policies?
- Is there a skills gap in part of our organisation? How may this inform future targeting of training resources?

The e-KSF has been immediately useful in answering some of these questions. Graphical representations of skill-mix can be created to show the distribution of a particular competency within a specific aspect of the workforce, which in turn enables organisations to invest in workforce planning and development in a whole new way.

The e-KSF can be interrogated to create a wide range of reports; for example, the spread of KSF health and well-being dimensions for a trust could be used to inform recruitment, development, commissioning, succession and retention policies. This analysis could, in the future, be broken down further by pay band, organisation type, region or staff group.
Further information

Further information on how to generate and use job evaluation and KSF workforce analysis graphs can be found on the NHS Employers website at: www.nhsemployers.org/workforce and www.nhsemployers.org/afcplanning

Key recommendations

Work with IT and workforce planning colleagues to make the best use of the data harvested by AfC implementations to analyse your present workforce and clarify your future plans. Once the baseline data has been put in place, this approach can be used to develop your workforce and record and evaluate differences arising from redesign, development or reconfiguration, for example.
Section 8

Partnership working and change management
From the outset, the development and implementation of AfC has been based on an ethos of partnership working between employers, trade unions and the UK Health Departments. Many organisations are now building on the positive relationships that have emerged from putting the new pay system in place, in order to meet the current reform and reconfiguration agenda.

This chapter focuses on the importance of adopting a partnership approach to the management of change in the workplace.

Staff leadership and involvement have been shown to have positive effects on a number of service redesign methodologies\(^2\), and quite small staff-led improvements have been shown to release significant efficiency savings.

What is ‘partnership’?

One widely acknowledged definition of partnership has been set out by the Trades Union Congress (TUC) in its vision for improved ways of working in the UK economy through workplace partnerships. The TUC identifies six underlying principles for successful partnership:

- a shared commitment to the business goals of the organisation
- a clear recognition that there might be quite legitimate differences of interest and priorities between the partners, differences that need to be listened to, respected and represented
- ensuring that flexibility of employment is not achieved at the expense of employees’ security, which should be protected by taking such steps as ensuring the transferability of skills and qualifications
- a recognition that partnership arrangements improve opportunities for the personal development of employees
- a recognition that partnership is based upon open and well-informed consultation, involving genuine dialogue
- a recognition that partnership seeks to add value by raising the level of employee motivation.

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\(^2\) See, for example, Jones, D. and Mitchell, A. 2006: Lean thinking for the NHS. NHS Confederation
Partnership as a continuum

It can be helpful to think of partnership as a continuum; that is, there are degrees of partnership. Different tasks, approaches and cultures will require and support different levels of partnership working. By thinking of partnership in this way, it becomes possible to:

• reduce the ‘risk’ for the parties involved by mutually agreeing appropriate levels of partnership for given tasks at given points in time
• monitor the development of partnership
• allow the partnership to develop at a ‘natural’ pace, based around the work which needs to be done.

The continuum model is a generic concept of partnership which can apply to organisations in any context. It is clearly not envisaged that trade unions and management could or should reach the point of merger. However, it is fair to say that, through the process of AfC implementation, many organisations have progressed along this continuum from communication, through co-operation, to co-ordination.

• At the level of communication, there is recognition of mutual benefit in working together and in communicating outcomes and learning to each other. That communication might not be full or systematic.
• At the level of co-operation, the parties agree to take action around a mutually defined problem or opportunity. That action might not be jointly undertaken but would be jointly agreed.
• At the level of co-ordination, the parties work together in a systematic way on shared objectives and pool resources, while maintaining boundaries and their own internal structures.
• At the level of federation, organisations retain organisational distinction but pool resources and operate some shared policies.
• At the level of merger, values, priorities and objectives are common, resources are wholly collective and working together is entirely systematic from beginning to end.

The National Blood Service decided to use pay modernisation as a driver for a significant programme of organisational development. This involved tackling some long-standing issues, not least a variety of different working practices across the country. In order to be successful, it was clear that staff needed to be completely on board; partnership working was seen as the best way of ensuring effective and lasting change. This enabled a shared agenda to be established. The harmonisation of terms and conditions provided the basis for reviewing regional differences that had developed historically, and the KSF and job evaluation systems provided new tools that were used to establish new and extended roles in service areas that needed major redesign. Outcomes included: new roles for nurses, administrative staff and drivers; a move to 24/7 working, where needed; reduced need for medical input; reduced courier costs; and improved morale.
Much partnership working has elements of more than one of these levels. There may also be elements of more adversarial activity, as characterised by the old pay system. However these elements are mixed, partnership working brings a shared bias in favour of co-operation rather than conflict and, when conflict does arise, allows for resolutions to be found by partners working together.

More adversarial cultures often fail to allow the workforce a voice at the planning stages of strategic change. Partnership working allows such constraints to be overcome by ensuring that dialogue increasingly takes place at an earlier stage – where problems are being identified and solutions formulated.

This moves the relationship into one of a continuous process rather than an episodic one. It is potentially open in scope, enjoys higher-level information flows and allows joint problem sharing and the sharing of mutual gains. It allows the workforce and their representatives to shape decisions rather than respond to them. Above all else, it is based on high trust rather than low trust. It is a prize worth striving for.

Who are the ‘partners’?

There are many ways of involving staff, but it is only through involving independent trade unions that staff involvement can be considered a democratically reliable process founded on staff mandate. The agreement for the new NHS pay system is the outcome of a collective partnership process involving the UK Health Departments, NHS Employers and 17 trade unions recognised by the NHS. AfC has required unprecedented levels of partnership working at national and local levels, with a variety of working parties all adhering closely to the concept of partnership between employers and trade unions.

Partners inevitably have different views, sincerely and strongly held, on how to best meet business goals. For example, some trade unions have expressed doubts about foundation hospitals and the use of Private Finance Initiatives. Nonetheless, having a shared commitment to the success of an organisation is extremely helpful, whatever the policy delivery context.

There may be capacity issues in both HR management and in the trade unions. Even large players such as Unison, Amicus, the RCN and the BMA are dependent on one or two people in each place doing 80 per cent of the industrial relations work. However, it is worth noting that studies emphasise that the quality, rather than just the volume, of the participation is vitally important.
What are the potential benefits?

There is a better chance of achieving change on the necessarily ambitious scale if we do it in partnership with staff through their independent organisations - the nationally recognised trade unions - rather than in conflict. It means applying the six partnership principles expounded by the TUC (see page 36) and not just cherry-picking the easy ones. Furthermore, there is an increasing body of evidence demonstrating that staff involvement leads to:

• lower levels of patient mortality
• greater flexibility of the workforce
• stronger customer focus
• increased productivity
• commitment to the organisation
• improved staff retention.

Further information

Lean thinking for the NHS: www.nhsconfed.org/publications
TUC: www.tuc.org.uk/partnership

At East Anglia Ambulance NHS Trust – an AfC early implementer – the new pay system has introduced a new openness and sense of a shared agenda between managers and staff representatives. Staff felt involved from the outset, from the decision in 2002 to become an early implementer to the present, with the staff side chair having a place on the trust board. AfC has produced new behaviours such as joint decision-making and this, in turn, is having a positive impact on performance.

Key recommendations

Work with staff side representatives to review how partnership works in your organisation. Try to ensure that any positive gains achieved as a result of AfC implementation are sustained and spread into other areas of organisational development.

AfC implementation has required unprecedented levels of partnership working across the NHS. Make sure that you fully realise the potential for wider use of the partnership ethos that has been developed in your organisation.
Section 9

Reviewing The Agenda for Change partnership success criteria
Annex E of the Agenda for Change Final Agreement contains a list of ten ‘partnership agreement success criteria.’ This amounts to a set of outcome objectives that AfC was designed to deliver, and in each case there are suggestions given as to how the measurement of these criteria might be undertaken.

The DH has published a draft framework to support Annex E, and this refers to a wide variety of local information sources and national databases that can be used to show how individual success criteria have been achieved.

NHS organisations were advised to devise their own success criteria during the preparation phase of the AfC implementation project, and many used the ideas contained in Annex E as a starting point.

**Norfolk, Suffolk and Cambridgeshire SHA** produced an initial guide to the potential benefits of pay modernisation, listing examples of how AfC could be used as a lever, driver or enabler of change and improvement at organisational level.

The three **North West SHAs** worked together to support organisations to create brief descriptions of practical ways that AfC had started to facilitate improvements. Each organisation was asked to give one example and these were compiled and shared across the patch in order to promote and celebrate good practice.

Most of the Annex E criteria are quite broad and consequently it will not be straightforward to demonstrate or attribute any of the desirable changes to AfC as a distinct cause, for example, “more patients being treated more quickly.” The nature of large complex organisations means it is always difficult to show that a specific intervention produces a particular effect, especially when at any given time there is usually a range of change programmes being implemented.

**Annex E timeline**

Some of the success criteria will be realised fairly swiftly, but others are not likely to be achieved until the new system is properly embedded and its full impact can be felt. For this reason it is helpful to group the different criteria into three main headings, as set out in Figure 3.
Annex E early/organisational benefits

Fair pay
Pay consistent with the principle of equal pay for work of equal value, with conditions of service the same for staff in the same grades and length of service

AfC is designed to significantly reduce (if not altogether remove) the threat of equal pay claims to which the Whitley system was so vulnerable. AfC is, of course, a ‘live system’ and will be adapted to meet the requirements of future legislation as and when necessary.

At East Kent Hospitals NHS Trust, AfC implementation revealed a range of different acting-up arrangements across the organisation. As a result, a temporary promotion and secondment policy was developed and jointly agreed. This has helped put in place clearer and more transparent systems to support staff development and better financial controls.
Better pay

Higher NHS minimum wage, and the vast majority of staff having access to higher pay rates under the new system

With a relatively small percentage of staff receiving pay protection as a result of AfC (averaging less than 5 per cent), the vast majority of NHS staff do indeed have better pay, partly as a consequence of the three-year (10 per cent) pay deal that was part of the package, and partly as a consequence of having access to a higher minimum wage, better overall pay rates and/or access to greater incremental progression. The NHS now has a transparent system for recognising increases in job responsibilities and skill levels and for rewarding extended and enhanced roles appropriately.

Improve all aspects of equal opportunities and diversity

Including access to NHS careers training and work patterns

AfC promotes equal opportunities and diversity in a number of ways:
• by establishing a fair pay system
• by supporting Improving Working Lives (IWL) Practice Plus accreditation
• by introducing personal development reviews for all staff
• by introducing equality and diversity rights as core dimensions in the KSF outline for all staff, thus requiring everyone in the NHS to become more aware of the need to actively promote this in all aspects of the NHS
• by accelerating the development of new roles, especially at band four. When combined with the Career Framework and Skills Escalator models, a band four assistant practitioner post can be the first step towards a career as an NHS professional, especially for people seeking an alternative to the traditional higher education routes.

However, the above examples all refer to theoretical and anecdotal benefits. The NHS is made up of hundreds of individual, large, complex organisations. Being able to show that “all aspects of equal opportunities and diversity” have improved as a result of AfC implementation will be a very challenging task.

Oldham PCT has established a ‘Cottoning On’ programme aimed at attracting more applicants from ethnic minorities into healthcare. A range of options is on offer, from volunteering through to sessional work and assistant practitioner roles. AfC is supporting this by enabling the development of new roles at band four. The KSF and the Skills Escalator are then being used to support staff who wish to progress further in an NHS career. In the Greater Manchester area alone, nearly 300 assistant practitioner posts have been created, and these roles are increasingly attracting applicants from sections of the community that previously may not have considered a career in healthcare.
Annex E short-to-medium-term benefits
- the employment relationship

Better teamwork/breaking down barriers

The creation of additional posts involving new roles, leading to shorter care pathways and fewer adverse incidents and patient complaints due to poor service

AfC facilitates increased team working by:

- harmonising terms and conditions, especially working hours, so that there is less demarcation between different professional and occupational groups
- enabling the creation of new or enhanced ‘hybrid’ roles that require team members to work together in innovative and non-traditional ways.

The harmonised terms and conditions of AfC have greatly increased consistency and a sense of team working across the NHS. At Papworth Hospital NHS Foundation Trust - an AfC early implementer - this has improved team working between different groups of staff working in operating theatres, staff who previously worked different hours and were paid on different salary scales.

Hambleton and Richmondshire PCT has used AfC to create a generic rehabilitation assistant role at band three. These posts are supported by an intermediate care team consisting of physiotherapists, occupational therapists and speech and language therapists. Appropriate elements of the different professions’ therapeutic interventions are incorporated into the new role, requiring the different AHP staff to appreciate each other’s unique contribution and work more closely than ever before.

At East Kent Hospitals NHS Trust, administrative staff roles in pathology are being extended to take on the operation of new, fully automated laboratory work in liquid-based cytology. This has increased multi-tasking and team working, and released the time of skilled biomedical scientist staff for other duties.
Greater innovation in staff deployment

Extended availability of service for patients, more sharing of tasks between team members and more staff in wider roles

Organisations have been developing new and enhanced roles for many years, but AfC has introduced a step change in the rate of development of new and more efficient and productive roles. It is facilitating and accelerating innovation in staff deployment by putting in place the three new tools that significantly enable the process of developing new roles:

• harmonised terms and conditions, meaning it is no longer necessary to debate which set are most appropriate for a new role
• the KSF, which provides everyone with a new, common language that can be used to describe what a new role does
• the job evaluation system, which establishes a transparent and fair way of ensuring that every new role is properly rewarded.

In addition, stronger partnership systems and practices help ensure that change and innovation are more widely understood and jointly owned.
There are many examples of the way AfC is enabling the establishment of new roles and how the removal of narrow, traditional definitions of role is facilitating much greater innovation in staff deployment. Some examples are shown below.

<table>
<thead>
<tr>
<th>Role</th>
<th>Organisation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor care physiologists</td>
<td>Papworth Hospital Foundation Trust</td>
<td>New roles for clinical scientists and operating department practitioners based on 12 months' in-house training, have reduced the need for medical staff and assisted EWTD compliance. Papworth has also used AfC to create a clear career structure for the surgical practitioner role, from trainee to team leader.</td>
</tr>
<tr>
<td>Exercise and lifestyle facilitators</td>
<td>Birkenhead and Wallasey PCT</td>
<td>AfC is supporting these roles in cardiac rehabilitation by putting in place a grading/development system where previously a suitable one did not exist.</td>
</tr>
<tr>
<td>Emergency care practitioners (ECPs)</td>
<td>Cumbria Ambulance Service NHS Trust</td>
<td>AfC is ensuring that staff who take on new or enhanced roles are fairly rewarded. ECPs are reducing demand on ambulance, A&amp;E and GP services.</td>
</tr>
<tr>
<td>24/7 service cover in crisis resolution</td>
<td>West Kent NHS and Social Care Trust</td>
<td>AfC is being used to broaden the responsibilities of nursing staff working in crisis resolution and in the community, and to help modernise the role of consultant psychiatrists.</td>
</tr>
<tr>
<td>Customer liaison officers; mental health practitioners; and support, time and recovery (STR) workers</td>
<td>Milton Keynes PCT</td>
<td>are just three of the new roles AfC helped introduce as part of an extensive redesign of mental services aimed at simplifying and improving access.</td>
</tr>
<tr>
<td>Assistant radiology practitioners and harmonised roles for ward clerks</td>
<td>East Cheshire NHS Trust</td>
<td>are just two of several new roles developed. Other new jobs enabled by AfC include extended roles for nurses in A&amp;E.</td>
</tr>
<tr>
<td>Administrative and clerical posts</td>
<td>National Blood Service</td>
<td>AfC was used to tackle over 800 job descriptions, reducing this to 100 genericised roles across England, enabling career progression and eradicating previous issues of demarcation.</td>
</tr>
</tbody>
</table>

**Better recruitment and retention**

Reduced turnover and vacancy rates and reduced attrition from training

Whilst it may take a while to be able to use national statistics to demonstrate that AfC has been successful in this respect, the new pay system is designed to tackle recruitment and retention difficulties in a number of ways:
• by introducing the NHS minimum wage
• by introducing better overall rates of pay
• by establishing mechanisms (KSF and job evaluation) that accelerate and enable role redesign. This can be used to enhance hard-to-fill posts and make them more attractive to potential candidates and better for patients
• KSF and job evaluation can be used alongside the Career Framework and the Skills Escalator to create entirely new roles, for example, band four assistant practitioners
• by using the new recruitment and retention premia, which can be used to increase rates of pay for hard-to-fill posts
• by making the NHS a better employer
• by improving the transparency and fairness of rates paid to staff supplied through NHS Professionals.

Avon and Wiltshire Mental Health Partnership NHS Trust – an AfC early implementer – has been using AfC to tackle recruitment and retention issues in nursing by creating and supporting new associate mental health practitioner, community mental health worker and advanced practitioner roles. New posts are designed to attract applications from people who had not previously considered working in the NHS. Partnership working with trade unions ensures that staff are able to develop, progress and move into other posts over time.

At East Kent Hospitals NHS Trust, AfC provided the impetus to review the structure in pathology in line with changes in technology. By bringing job evaluation and the KSF together with the new healthcare scientist pathway, two new support roles were developed: the senior assistant and the associate practitioner. Non-qualified staff are trained to undertake potentially all laboratory tasks apart from result validation, thus freeing up senior staff time. The result is a better career structure, better team working and an improvement in recruitment and retention at all levels.

At North Cheshire Hospitals NHS Trust, difficulties in recruiting and retaining medical secretaries were causing backlogs and inefficient use of resources. AfC was used to develop entry-level posts that are suitable for general secretaries, who then receive support to increase their knowledge and skills. There is now an internal career pathway to band four, and recruitment and retention are both much improved, resulting in better services and reduced recruitment costs.
**Better morale**

Higher satisfaction with remuneration and careers, reduction in sickness and absence, more staff actively involved in continuous service improvement in partnership with employers.

As with some of the other criteria contained in Annex E of the AfC Final Agreement, demonstrating that morale has improved – or worsened – as a result of AfC implementation will be a very challenging task.

We do know, however, that AfC has greatly facilitated partnership working and that some organisations are finding ways of ensuring that staff side confidence and expertise is now channelled into wider organisational activities and priorities, such as service modernisation and improvement. It is also too early for the impact and ongoing effect of the KSF to be fully felt, but the expectation is that greater clarity about roles and improved access to training and development will lead to improved job satisfaction and increased productivity.

**Better career development**

Personal development reviews for all staff, wider access to training opportunities, more staff progressing to new and more demanding roles.

Prior to AfC, some 40 per cent of staff in the NHS had no access to training and development beyond that which is legally required (for example, fire lectures, lifting and handling). The KSF has put in place a system for ensuring all staff are supported to develop the necessary competencies required for their current role. Beyond this, the KSF facilitates discussion about ongoing career development for all staff, not just in their current role but as their career progresses throughout their working life.

Many organisations have used the AfC project as a first step to overhauling existing appraisal systems and reviewing training policies and procedures. There is, however, general consensus that the potential benefits of introducing the KSF will only become apparent in the longer term, when the process is fully operational across the NHS.
Annex E medium-to-longer-term benefits
- improvements to patient and client care

More patients being treated more quickly
Pay reform contributing directly to the delivery of shorter waiting times for patients in all aspects of NHS care

Higher quality care
Reforms should lead to higher average knowledge and skills levels and a reduction in both adverse incidents and patient complaints due to poor standards of service

AfC has been designed to support the creation of better services for patients, although the general view is that such benefits will only emerge to any significant degree after the new system has been embedded and the KSF, in particular, has had sufficient time to have an impact on the skills and knowledge levels of the NHS workforce as a whole.

Research strongly suggests there is a correlation between HR practices and patient outcomes. West and Borrill found that in acute hospitals there was a correlation between the extent to which staff had access to appraisal, training, development and team working, and levels of patient morbidity in acute hospitals.\(^3\) The more an organisation invests in positive HR practices, the better the patient outcomes.

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The implementation of AfC supports each of these positive HR practices and ensures that they are established for all staff groups.

Whilst it is generally accepted that it will be some time before the true impact of AfC on patient care becomes apparent, it is clear that some organisations have already begun to demonstrate different ways that improvements to productivity, efficiency and improved patient care can be linked to the effects of the new pay system.

**North Cumbria Mental Health and Learning Disabilities NHS Trust** used AfC to establish a crisis resolution team. Starting by identifying the interventions clients needed along the care pathway, the KSF and job evaluation systems were then utilised to define skills and knowledge levels. Only then were job descriptions drawn up. The result is that staff have been recruited to generic crisis practitioner roles rather than the traditional profession-based jobs. This has also helped a client-centred service model providing 24/7 care.

**Mid Cheshire Hospitals NHS Trust** used AfC to support new anticoagulation services. This included reviewing and improving access and creating one-stop clinics. As a result, an estimated 27,000 hospital visits have been transferred to more convenient community clinics.

**Mersey Care NHS Trust** set up a new housekeeper role on the high-secure mental health unit. This has contributed to an improved ward environment and positive feedback from patients. It has also provided a new role for support staff and has increased opportunities for career development.

**Dartford and Gravesham NHS Trust** undertook a review of ward manager duties and as a result used the KSF to create an extended role for ward administrators. As a consequence, the ward managers have less paperwork and more time to devote to clinical tasks and staff development. Morale has improved and complaints are fewer, indicating better quality care for patients.

**Central Manchester PCT** is working with a wide range of stakeholders to redesign rehabilitation services and improve patient experience by shifting care from the hospital setting to people's homes and community settings, wherever possible. AfC is being used to develop and support the creation of new and enhanced roles that extend the scope of practice.

Further information

Agenda for Change Final Agreement and Benefits Framework: www.dh.gov.uk/agendaforchange

**Key recommendations**

Revisit the original partnership success criteria as set out in Annex E of the AfC Final Agreement. Consider whether your organisation has put in place the structures and processes that will ensure that the potential service improvement benefits of pay modernisation are fully realised.
Section 10

Measuring improvement enabled by Agenda for Change
It is essential to consider how to measure the results of any improvement or benefit realisation work that is undertaken.

Inevitably, this means thinking about quantitative measures of actual impact – reduced waiting times, shorter hospital admissions, increased face-to-face time with clients, cost savings etc. Qualitative measures are also very useful, for example, client/patient feedback, or staff surveys. There are a number of ways of approaching the measurement of change and improvement enabled by AfC; these are described below.

**The NHS workforce scorecard**

The NHS workforce scorecard has been developed as a tool to support the delivery of the workforce modernisation agenda. Scorecards will contribute to the monitoring and measurement of the workforce element of delivery programmes identified through the ISIP process. The workforce scorecard also supports the delivery of the National framework to support local workforce strategy development, published by the DH in December 2005.

Workforce scorecards provide both strategic and financial benefits for NHS organisations by ensuring that HR activities are focused on supporting improvements in organisational performance for both patients and staff. By improving the strategic focus, staff often find they have a greater understanding of, and therefore involvement in, what their organisation is striving to achieve. Some organisations have developed their own HR/workforce scorecards linked to business plans and, in some cases, as a part of local business plans.

The primary function of AfC is to ensure that the NHS has a modern and flexible remuneration and development system that facilitates workforce modernisation and service improvement. The NHS workforce scorecard can help organisations to align their overall strategic objectives with workforce and HR productivity and integrated service improvement plans.

One of the measures within an organisation’s workforce scorecard could be the number and type of roles in certain bands of its workforce, for instance, assistant practitioners in band four, as a data set that it will measure over time. By using this type of measure it is possible to demonstrate the link between a change in role/band and measurable changes in patient service/activity.

The use of the NHS workforce scorecard as a tool to support measuring improvements in productivity is still being explored. However, a recent development by one of the DH pilot organisations is the creation of a ‘dashboard’ of indicators based upon real-time organisational information. This use of live data from clinical areas enables the organisation to monitor and manage changes in its workforce as it is able to observe the effects these changes have on its current and future service provision.
Derbyshire Mental Health Services NHS Trust is a pilot site for the workforce scorecard. The starting point has been to accurately measure demand for different services across the whole trust. Clinical staff were closely involved in agreeing optimum standards that are meaningful to their particular service (for example, case-load and client contact levels) and they record activity accordingly. Information gathered is then analysed to show where capacity may need to be increased or decreased in order to maximise efficiency. The simplification of the pay system under AfC means that job evaluation bandings can be factored in, and the effect of a different skill/band mix can be predicted. AfC has also raised awareness of service improvement, and all vacancies are now to be considered for role redesign.

The next step is to align the data on productivity to the trust's financial and service development strategy. This will lead to a comprehensive, dynamic workforce strategy based on analysis of actual workload (demand and capacity). Expected outcomes are that current staff resources will be deployed as efficiently as possible, and in the future staff resources will be developed and matched much more effectively to new service developments. This means that they will, in time, be able to ensure capacity is always in the right place at the right time to meet demand.

The Audit Commission

The Audit Commission offers an AfC audit framework that examines how well organisations are managing to incorporate and embed the tools and opportunities and the new pay system into high-level corporate planning, organisational development and workforce investment. It focuses on five key themes:

1. Is AfC being used to support achievement of the organisation’s strategic aims?
2. Is the financial management of AfC robust?
3. Is the organisation using AfC to underpin and drive service modernisation?
4. Will the organisation’s arrangements ensure that patients get maximum benefits from the new workforce contracts?
5. Will the organisation’s arrangements ensure that the new workforce contracts give value for money?

Bradford District Care Trust wanted an external perspective to help it make the most of the potential benefits of AfC, and so approached the Audit Commission. The outcome was a set of high-level recommendations that are now being addressed by the trust. This process has significantly raised the trust's awareness of the need to put the pay system to good use, and promises to be the first step in developing a robust strategy that will ensure that the benefits of AfC are realised across the whole organisation.
Annex E draft benefits realisation framework

This suggests a range of organisational and national data sources that can be used to demonstrate how the benefits defined in Annex E are being achieved.

Further information

The NHS workforce scorecard: www.dh.gov.uk/nhsworkforcescorecard
The Audit Commission: www.audit-commission.gov.uk
Benefits realisation framework: www.dh.gov.uk/agendaforchange

Key recommendations

Decide what you might need to measure in order to be able to demonstrate that change has occurred and show how AfC has contributed to this. Have these measures in place at the outset so that you have a baseline to work from. Consider using a balanced scorecard approach; ask IM&T colleagues for advice.
Guidance and resources to support the best possible outcomes for patients and staff from AfC implementation can be sourced in a variety of ways. Many of the sites below offer regular newsletters and updates to subscribers.

**Web-based tools and resources**

**www.nhsemployers.org/agendaforchange**
The employers’ organisation for the NHS in England. Information on pay and negotiations, employer excellence and employment practice. Includes specific updates and joint statements on AfC and has a section on benefits realisation. Links to a wide range of current and historical AfC documentation, implementation advice and resources.

**www.e-ksfnow.org**
Support and information about using the e-KSF online tool for developing, maintaining and tracking progress against KSF post outlines.

**www.dh.gov.uk/agendaforchange**
Contains all of the AfC policy documents (for example, job evaluation and KSF handbooks), including advice to primary care and a communications toolkit. Wide range of health and social care workforce policy papers and related documents.

**www.rcn.org.uk/agendaforchange**
RCN’s guide to AfC, including a discussion zone, RCN guidance and publications.

**www.unison.org.uk**
Provides news, advice and resources for branches on AfC from UNISON.

**www.institute.nhs.uk**
Offers advice on high-impact solutions to the big challenges that face the NHS. Includes documentation on productivity indicators and delivering quality and value. Aims to improve health outcomes by accelerating the uptake of proven innovations.

**www.isip.nhs.uk**
Offers guidance tools and techniques to plan and implement transformational change in an integrated way.
www.healthcareworkforce.nhs.uk
Provides access to healthcare workforce planning information, knowledge, intelligence and practical tools as applied to key policy initiatives, such as 18 weeks’ wait and WTD for doctors in training. Home also to national workforce projects and the Workforce Review Team. Links to 200 other workforce-related sites.

www.skillsforhealth.org.uk
Advice on developing a skilled and flexible UK workforce in order to improve health and healthcare, such as national competency frameworks, workforce profiling, and training and development. Information on the skills escalator and career framework.
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Notes
NHS Employers

NHS Employers is the employers' organisation for the NHS in England. Our aim is to help employers improve the working lives of staff who work in the NHS and, through them, to provide better care for patients. NHS Employers is part of the NHS Confederation but has its own director, policy board and assembly. In striving to make the NHS an employer of excellence, we have four key roles:

- negotiating on behalf of employers
- representing employers
- supporting employers
- promoting the NHS as an employer.

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