

Agenda for Change: views and experiences from estates and facilities staff

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The Facilities Management Graduate Centre (FMGC) at Sheffield Hallam University promotes collaborative learning in healthcare facilities management through its research Fora for NHS Trusts and Private Sector Healthcare FM providers. The Fora are vehicles whereby pioneers of change in the sector can exchange innovations, experiences and learn from one another. The learning is facilitated by FMGC through workshops and research to promote the development of best practice of FM in the NHS.

Abstract

Purpose

Agenda for Change is the biggest reform of staff pay in the UK National Health Service (NHS) since it began in 1948. As well as introducing a standardised pay structure; it also aims to improve recruitment, retention and staff morale. The aim of this study was to look in depth at the experiences and opinions of a range of estates and facilities staff surrounding Agenda for Change during the implementation period.

Methodology

Focus groups were used as the primary method of data collection in an attempt to tap into the views and opinions of staff working at operational positions in a wide range of Trusts.

Findings

One of the most important and common themes, which reoccurred throughout the focus groups, was the view that the Agenda for Change framework was designed around the needs of nursing staff. Therefore the framework did not adequately cater for the needs of estates and facilities staff. Specific concerns related to this included; the role or contribution of estates and facilities staff during patient care was not fairly reflected; trade qualifications were not recognised, particularly in comparison to academic qualifications; members of the job matching panels did not have the appropriate knowledge to make

decisions surrounding estates and facilities jobs; nurses were more likely to make progress through the bands than estates and facilities staff.

Value

The paper would be of use to NHS estates and facilities managers who are currently implementing Agenda for Change or as a general case study on change management.

Keywords: NHS, Agenda for Change, facilities pay and conditions

Category: Case Study

Agenda for Change: Views and experiences from estates and facilities staff

Introduction

Agenda for Change is the biggest reform of staff pay in the UK National Health Service¹ (NHS) since it began in 1948. Agenda for Change is the framework under which the Department of Health is implementing the new pay system which will affect over 1.2 million NHS staff. The new pay system is designed to transfer all staff on to one common pay spine.

In addition to the new pay framework, Agenda for Change is designed to support personal development and career progression by allowing staff to take on new responsibilities. By doing this it allows jobs to be tailored around the needs of the patient and therefore improve the standard of service.

The aim of this study was to look in-depth at the experiences and opinions of front-line estates and facilities (efm) staff surrounding Agenda for Change. To put into context the estates and facilities services within the NHS: According to figures from NHS Estates² (2003), the NHS has the largest property portfolio in Europe - 25% of the NHS spend is on estate and facilities management.

The management of NHS property is complex and challenging; therefore the estates and facilities staff group is vitally important when providing patient

centred care and the continued success of the NHS. The most up-to-date figures (Department of Health, 2001), suggest around 12,000 "Maintenance and Works" staff in the NHS, and over two-thirds of Trusts report problems when recruiting and retaining efm staff. The Department of Health (2003) actually recognise that Trusts not only have problems recruiting nurses, but also face difficulties recruiting to fill estates and facilities positions (highlighting estates officers/works officers, qualified maintenance craftpersons and qualified maintenance technicians). As part of Agenda for Change, Trusts will be able to incorporate a premium into the pay rates/weighting where market pressures would otherwise prevent them from being able to recruit and retain staff.

FMGC (May & Askham, 2005) recently completed a research project that investigated the recruitment and retention problems for efm staff currently experienced by NHS Trusts in the UK. Trusts were also invited to discuss initiatives they had implemented to address these problems. Focus groups were used as the primary method of data collection in an attempt to tap into the existing expertise of staff, working at strategic and operational supervisory positions in a wide range of Trusts.

Although the findings suggested that the main recruitment and retention issues fell into four main themes - social, financial, environmental and political - recruitment and retention of efm staff is a complex problem involving a wide range of issues and these can vary from location to location. Furthermore, recruitment and retention problems should also be seen as a series of issues

that varies across employment groups including: domestic/housekeeping, trade staff, managers/officers and facilities directors; which need to be distinguished.

Agenda for Change has been agreed at a national level between the Department of Health, NHS Employers and NHS Trade Unions. Trusts are required to implement the project at a local level and it was rolled out in December 2004. The Department of Health suggest staff should have been matched to their new pay bands by 31st March 2005 and assimilated (i.e. transferred on to the new pay spine) no later than the end September 2005.

The aim of this study was to look in depth at the experiences and opinions of a range of estates and facilities staff surrounding Agenda for Change during its implementation. The key objectives from the study included:

- To inform NHS estates and facilities directors, of staff perceptions towards Agenda for Change and the management of its implementation
- To provide estates and facilities staff the opportunity to feedback through "neutral" channels their opinions on Agenda for Change
- Help NHS estates and facilities directors understand the current concerns from front line staff regarding Agenda for Change

It must be remembered that the aim of the project was to explore the views and experiences of front-line estates and facilities staff. Therefore, the findings present a description of their "perception" towards Agenda for Change, this

may be different from how the Department of Health planned or regarded the implementation.

Research Methodology

The research was a qualitative based study and used focus groups as the principal method to collect data. Focus Groups represent a cost-effective way of gathering data. These are distinguished from group interviews in that the researcher's role is to facilitate discussion amongst a group of participants, who share some common interest, rather than simply to direct questions at a group in much the same way as would be the case with an individual structured or semi-structured interview.

Focus Groups appeared to be the most appropriate data collection method given the need to facilitate discussion and gather in-depth information of participants' views.

Senior members of facilities and estates staff from NHS Trusts around England were invited to send representatives from their Trusts to attend the focus groups. There were nine separate focus groups conducted around England with a total of 51 staff who attended. Amongst the type of staff who participated during the focus groups were, trades staff, porters, catering staff and housekeepers/domestics (Table I shows the full list of staff who attended).

Take in Table I

Thirteen NHS Trusts were represented during the focus groups. Table II provides a summary of the types of Trusts that sent representatives to the focus groups.

Take in Table II

Focus groups sessions were attended by two researchers, one of whom acted as a facilitator with the other as an observer. Sessions were taped, with the agreement of all participants, and the tapes were transcribed verbatim.

The transcribed data were analysed using thematic content analysis based on coding using computer Nvivo based software. The purpose of the analysis was to generate units of meaning from the data which could then be classified or categorised and ordered to identify emerging themes and interpretation of the data.

One of the main concerns within this thematic analytical approach is its inherent subjectivity. Bias is built into this type of data which cannot be assumed to be value-free or neutral. However, there is increasing support for the view that bias and subjectivity are an inevitable part of qualitative research and that this subjectivity needs to be acknowledged. By using the data from all nine focus group sessions the researchers were able to demonstrate convergent results leading to greater confidence in the findings. Furthermore, to build validity

checks into the analytical process interviewers undertook initial data coding independently to check for convergence/divergence of initial codes.

Findings

The findings have been summarised and presented under three sections. The first section, titled "Understanding Agenda for Change", examines what front line estates and facilities staff thought regarding Agenda for Change. The second section, titled "Information and Communication", includes how communication has been managed and problems surrounding information sources. The final section, titled "Impacts", deals with the perceived impacts of Agenda for Change on front line estates and facilities staff.

Understanding Agenda for Change

This section examines staff perceptions of Agenda for Change from a wider perspective. Many of the staff felt there was a high degree of uncertainty surrounding Agenda for Change at the present time and the commonly expressed view was that *"If you don't really know what is going to happen then it is difficult to respond."* Other opinions were that it had been an expensive and upsetting process *"why not just go for a pay rise. It has cost much more to do this which has wasted time and upset everyone. And who is going to pay for it?"*

There was a widely held view that Agenda for Change was a good idea in principle, but it also appeared that support was diminishing as time went on. It would seem that this was partly because Agenda for Change was oversold at the outset and is since emerging as something far less positive than was first thought.

There was also a degree of cynicism surrounding Agenda for Change as just another cycle of unnecessary change. Many were uncomfortable with change per se and refer to a repeated number of periods of change for the NHS already. Others took the view that it would happen anyway and accepted it as such.

Even those who saw it as good in principal were having doubts about the way it was being implemented. However, staff were still positive about the package in terms of longer holidays and shorter hours for most, and on pay there seemed to be a general expectation that few, if any, staff would actually be worse off. There was an overwhelming sense that it was early days and that until people can actually see the impact on pay packets they felt unable to judge. It was a case of wait and see, with an element of apprehension, but they consider that Agenda for Change is here to stay.

Discussions during the focus groups revealed concerns about a number of issues surrounding Agenda for Change, especially in terms of its implementation. These concerns included the size of the task and the cost of implementation, as well as a lack of resources and time for implementation.

Some felt it had been presented to staff in piecemeal terms and there were many who felt they had been pressured into agreeing to something without having enough information. There was also some confusion about the extent of local discretion and therefore variability between Trusts and also the extent to which staff can opt out.

Another problem, identified by staff was the number of different stakeholders involved; human resource departments, payroll, unions, Strategic Health Authorities³ (SHA), Department of Health, that resulted in conflicting messages coming from the different sources. In addition, the number of different stakeholders contributed to the perception that there is no single part of the organisation charged with talking control of Agenda for Change.

Most staff were quite sympathetic towards their managers and their Trusts. They expressed the view that even managers lacked information and were having Agenda for Change forced upon them. Some staff felt that they had been put under pressure to sign their job descriptions without being fully aware of the implications for pay. Staff interviewed indicated that this was a result of Trusts that needed to get the process started so they were putting pressure on staff to sign. Of course many staff were happy to sign and the job descriptions matched and accurately reflected their posts. During one focus group staff reported that they were being told by unions and management that they would lose out if they didn't sign to agree their job descriptions.

Generally, staff felt it was very difficult to make any judgment about the overall impact of Agenda for Change when the deal was emerging in parts; reductions in hours and increased holidays being announced well before the completion of the matching process. Releasing the total package in instalments has made it very difficult for staff to assess the overall benefits. Therefore, the view from staff was that their decisions have been based on partial information, Agenda for Change was sold to staff on the basis of offering longer holidays and shorter hours, but the full picture on pay wasn't available. As a result, in some cases, staff felt pressured to sign without knowing the full implications.

A lot of discussion during the focus groups centred on the implementation process and its various stages. Staff were generally confused regarding the Agenda for Change process for implementation. These were mainly front line staff involved in the research and so they may have a partial knowledge of areas such as job evaluation, tending to focus fairly narrowly on those aspects which seem relevant to them personally. This may also reflect different progress within different Trusts. Some of the staff interviewed, however, were more involved in the job evaluation and some of these did have a more strategic overview.

Finally, during the interviews staff discussed a number of myths and stories surrounding Agenda for Change. These were probably mostly untrue but do provide some clues about the underlying culture from different parts of the organisation. Many of these stories were about spending money on things like

team building away days, disasters surrounding contracting out and private finance initiatives (PFI)⁴ in general.

Information and Communication

Information and communication were key themes that emerged during the research. There were problems surrounding lack of information, but also having too much information. There were difficulties about accessing information and engaging with information. Although some staff suggested there was a lack of consultation, this tended to be a minority view. This section also considers the specific means of communication used by Trusts and the reasons why some of these were thought to be ineffective.

A common means of communicating was electronically (either by email or via intranet websites) and although not everyone will have access to computers most Trusts did seem to be making a concerted effort to widen access as far as possible. Some of the staff did specify that they used the Department of Health website to access information on Agenda for Change, although this was seen by some as very difficult to follow.

Although communication was seen as an almost intractable problem, some evidence of good practice did emerge. This involved choosing people at the right level and with the right skills to be involved in "championing" Agenda for Change within their own teams and making themselves available, on a one to one basis, to help out and answer queries.

During the research staff discussed the extent to which they felt they had been consulted during Agenda for Change. Most staff had been consulted or at least "told" about Agenda for Change and seemed to feel that they had the opportunity to pass their views back. There was consultation and discussion, for example, on how hours were to be reduced. Awareness sessions were widely available, even if they were not well attended, and staff were able to voice their opinions.

Some participants felt that the Department of Health had been unhelpful as a source of information; particularly when certain questions were asked, some felt the Department of Health did not provide adequate answers. There was a view that the Department of Health should at least be able to provide the definitive answer where there was a difference of opinion at local level.

It did appear that there was a long 'communication chain' i.e. from the source of the information to staff in Trusts, in some respects this system did seem to work quite effectively. Managers, for example, would pass information down to front line staff through supervisors. Although front-line staff suggested that there was a communication problem further up the chain between the Department of Health and Trusts.

There was a general sense of muddle surrounding information. Also there was evidence of a lack of engagement, with some staff simply not bothering to be involved and then complaining at the outcome. One of the reasons for not

absorbing communication seemed to be information overload. Paradoxically, at the same time there were complaints of not enough information. Therefore the contrast between too much information and not enough information may be a reflection on how Trusts have managed communication in different ways locally.

Open meetings appear to have taken place in most if not all Trusts. These are sometimes referred to as 'Road Shows' where the intention is to communicate information to a number of staff at the same time. However, the overall opinion was that these were not well attended and their effectiveness was questioned. In one Trust they suggested that it was only about 30% of all staff who attended. Of course the meetings were not compulsory and a number of reasons for non-attendance emerged. The timing was wrong, staff needed cover to be able to attend, lack of interest, not being aware of the meetings, pressure of work and personal commitments. Although there was plenty of evidence to suggest that meetings were offered at different times and were well advertised. Certainly some of these reasons are genuine but it seems likely that a lot of staff were simply not engaging. In this type of environment staff were not confident about asking questions, others didn't feel that they knew enough about Agenda for Change to know what to ask; *"if you don't know what you're going to get anyway, you don't know what to ask, do you?"* It was suggested that there was also a degree of apathy from staff. It was clearly important to recruit the right people to run these meetings. There was a view that managers are not necessarily the best people for this role.

Most, if not all Trusts had appointed someone within the Trust to lead on Agenda for Change and co-ordinate the communication to staff. Surprisingly these Agenda for Change managers were not generally perceived as someone who had all the information. Other comments suggested this role was not particularly effective and not well resourced.

To conclude, mass meetings and universal mail outs were not necessarily the best way to communicate complicated information especially in an area as personally sensitive as pay and conditions. Trusts were faced with a difficult situation of getting the right balance and quantity of information to staff. To add further complexity, the number of stakeholders involved and length of communication chain, meant Trusts faced difficulties managing their Agenda for Change communication strategies.

Impacts

Generally there was a feeling that if Agenda for Change meant more pay for the majority, and if there was not enough money for implementation, then it would result in job losses. Staff took the view that front-line estates and facilities staff would bear the brunt of any redundancies.

During the research, groups of staff were either seen as 'losers' or 'winners', and in at least one case both losers or winners depending on where they were likely to be placed on the new pay scale i.e. losers were those perceived to be comparatively worse off and winners were those perceived to be

comparatively better off under Agenda for Change terms. There was a widespread view that Agenda for Change would not solve the recruitment and retention problems, even for nurses. If anything it would exacerbate them.

Another common theme during the research was that staff would be unsatisfied with pay and conditions but remain very positive about working in the NHS. They enjoyed working in small teams in what was seen as a friendly and pleasant environment. Most people were able to work close to home. Other comments refer to fringe benefits, for example, the people they work with and making a difference to patients. Training is widely available if they want it. More surprising was the sentiment *"we don't get any hassle at all off management. So long as the job's getting done correctly they leave you alone."* They also reportedly took pride in their work, the holidays were good, the sickness benefits were good and ultimately *"I think its one basic word, we care. We care about our jobs and the people that we are caring for."* In general, staff still felt they had job security within the NHS as well as having a sense of job satisfaction.

However, pay was seen as the most important aspect of Agenda for Change, and it dominated discussions. Staff were aware of low paid staff benefiting from an increase in the minimum wage and saw this as a good thing. For the majority of staff, the principal problem at that moment in time was that they did not know where on the new pay scale they will be placed, and therefore did not know what the impact on their pay was likely to be. Neither did staff seem to know what impact Agenda for Change would have on overtime.

Even though so little is known about the actual outcomes, staff had a view of who will win and who will lose, based mainly on information contained within the national job profiles. Of course much of this was speculation and some groups seemed to straddle two pay bands which increased the uncertainty. Some groups appeared as both 'winners' and 'losers'. In general the opinion was that estates and facilities staff would lose out under Agenda for Change.

During the focus groups those staff who anticipated being worse off included radiographers, housekeeping coordinators, porters, builders, carpenters, electricians, engineering and trades staff.

Conversely it was felt the following staff would be better off; domestics, managers, catering assistants, housekeepers, all low paid staff, engineers and gas fitters. Nurses were almost universally seen as winners. In fact most subscribed to the view that the Agenda for Change framework was designed around the needs of nursing staff.

Finally it is worth noting that very little was said during the focus groups about the impact of Agenda for Change on patients. The ultimate objective for Agenda for Change was to provide a better service to the patients, but the staff interviewed felt that the project had lost sight of this. Their view was Agenda for Change would actually result in ward closures and the patients would actually suffer. *"They forget that we're all here at end of day for the patients."*

Conclusions

The aim of the research project was to explore the views and experiences of front-line estates and facilities staff surrounding Agenda for Change. It is important to remember that the findings presented in the report are a reflection of the participants "perception" of events, rather than what actually may have happened.

From the research, it appears that the strategic aim of Agenda for Change has been lost. Within the data, there was little, if no reference to the patient. This may be because of the nature of Agenda for Change (i.e. pay) forces staff to be inwardly looking. Consequently, the concept of Agenda for Change delivering better patient services was not recognised or discussed by many of the staff during the research. Although this was hardly surprising when a review of their pay was an integral part of Agenda for Change.

On the positive side, most staff agreed that the principle of Agenda for Change was a good one. However, the piecemeal package, and asking staff to sign up to Agenda for Change, in some cases, without fully realising the implications was confusing. Some staff expressed the view that the original package sold to them nationally was not being matched by reality locally.

It is unsurprising that communication and information was a key theme emerging from the data. It appeared difficult for Trusts to judge the right

amount of communication issued, the correct means of communication and the sufficient detail. This is almost to be expected when there were conflicting reports from staff of too much information or not enough information. The blame cannot be entirely with Trusts, when some staff are reluctant to engage in the process, regardless of how effective the communication. Mass meetings or open meetings seemed to be the choice for a lot of Trusts to communicate to staff. However, it is the "communication chain" that must be working efficiently, for information to pass from the source to staff.

One of the most important and common themes, which reoccurred throughout the focus groups, was that the Agenda for Change framework was designed around the needs of nursing staff. Therefore the framework did not adequately cater for the needs of estates and facilities staff. Specific concerns during the research included; the role or contribution of estates and facilities staff during patient care was not fairly reflected; trade qualifications were not recognised, particularly in comparison to academic qualifications; members of the job matching panels did not have the appropriate knowledge to make decisions surrounding estates and facilities jobs; nurses were more likely to make progress through the bands than estates and facilities staff. In general focus group participants perceived the nursing staff to have a much higher profile compared to estates and facilities staff.

Finally, it emerged during the project that there were other important areas that could be explored through future work surrounding Agenda for Change. Particularly the concept of the communication chain, and the links between

the NHS Trusts locally, the Strategic Health Authorities and the Department of Health. How information was passed from organisation to organisation and then through the NHS Trusts, appeared to be inconsistent.

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¹ The National Health Service, set up in 1948 provides health care services free at the point of delivery throughout the UK. Under the Department of Health, a central government department, services are delivered by local Trusts who run hospitals and other local health facilities.

² NHS Estates was the government executive agency responsible for providing advice and guidance on all aspects of estates and facilities. It was disbanded in September 2005.

³ Strategic Health Authorities (SHA) are organisations that were set up in 2002 to develop plans for improving health services in their local area and to make sure NHS Trusts are performing well. There are 28 SHAs in England.

⁴ Private finance initiatives (PFI) were introduced by the UK Government in 1992 and are the mechanism by which public services can deliver new buildings/developments through private finance. Traditionally the Government delivered public sector construction projects through exchequer funding, PFI was a new way to deliver the same services through private finance.