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Implementing an Appraisal and Development Framework in Healthcare – an Action Research Study

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A project report submitted in partial fulfilment of the requirements of Sheffield Hallam University for the degree of Doctor of Professional Studies

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I dedicate this work to all my grandparents who never had the opportunity of a university education and died before this work was completed.

Contents

Abstract

In October 2006 the Knowledge and Skills Framework (KSF) became the mechanism of pay progression for approximately one million National Health Service (NHS) staff (NHS Employers 2008). Integral to the Agenda for Change* (AfC) pay reform, the introduction of KSF was intended to define the knowledge and skills that staff must demonstrate to deliver quality services whilst providing the basis for both pay and career progression (Moss, 2004, Watts, 2004, Wilkinson, 2004). The establishment of KSF is reliant upon integrating a system of appraisal; by which staff and their managers can identify personal development requirements and evidence elements of the KSF that have been achieved. Implementation of KSF has been hindered by complexity, leading to a debatable realisation of its purported benefits in terms of people and service development (O'Dowd, 2007).

This study utilised Action Research (AR) to implement KSF within the Facilities directorate at a large acute healthcare Trust in the North of England (TRUST A). The Trust employs approximately 6500 employees with 25 per cent of staff working within Facilities. For numerous Facilities directorates there had been scant evidence of either appraisal or career development mechanisms previously. The introduction of AfC and KSF has, consequently, been widely problematic (May et al., 2006).

Focus groups and semi structured interviews were used to gather data that informed the AR process. Focus groups and interviews were transcribed verbatim and analysed using NVIVO qualitative analysis software.

* Appendices 1 & 2 provide an overview of Agenda for Change and the Knowledge and Skills Framework.

The AR process led to 'micro' and 'macro' interventions. Micro interventions included changing appraisal documentation for support staff, implementing accelerated learning methodologies for awareness raising of KSF, developing a self assessment tool for pay band navigation and the cessation of sending KSF outlines with job applications. Macro interventions were the establishment of an employability scheme to facilitate recruitment and the creation of a bespoke career development pathway for staff. In addition to assisting with KSF implementation, findings from this study may be transferable for use in the broader contexts of organisational development and change management.

Project Report's Structure

This project report has been broken down into three parts, each part contains a series of chapters that refer to an element of the research process. Before the main project report commences in Part One, the following short introductory sections are offered. The document map of this report is intended to aid navigation of the structure and flow of the project prior to presenting a brief section of notes on the context of the research. There then follows a description of the professional doctorate within the faculty of health and well-being at Sheffield Hallam University, this is followed by a account of the assessment process for the programme. This explains the academic context in which this research was undertaken and assessed to date. This preparatory section concludes with a description of presentations and outputs this research has delivered to date.

Part One provides a formal introduction to the project and relevant background information. Chapter 1 commences the project report with an illustrative time line of what happened in terms of data collection and research actions. The chapter then describes an overview of NHS Facilities directorates and their origins to assist the reader in conceptualising the occupational setting in which this research was conducted. The chapter then proceeds to describe the situational context which led to KSF being selected as a research subject prior to reviewing the researcher's individual positionality. Elucidating this personal research position was considered essential as the researcher was employed by the organisation in which the study took place and was

additionally affected by the AfC and KSF process. An overview of the researcher's professional research stance is then conveyed before the chapter culminates with describing the aims and objectives of the research project.

Chapter 2 describes the selection of a research methodology and explains how the chosen research approach was considered fit for purpose. The chapter proceeds to describe Action Research (AR) and then more specifically the AR model utilised within this research. This section will analyse criticisms of AR, examples of which arise both from the literature and as a direct outcome of individual experience; before discussing the concept of insider research. In tandem to the analysis of literature surrounding insider research, issues and challenges to conducting programmes of study within an individual's own organisation will be explored. The chapter then switches focus to the practicalities of the research process with the examination of techniques for data collection, followed by an appraisal of the process used for data analysis and validation.

Chapter 3 will address the subject of ethics within this research. While some ethical considerations are generic in nature to all research, conducting insider AR does generate unique areas for consideration. Within this chapter attention will be given to the emergent nature of ethical considerations in such a study and how ethics must evolve alongside the investigation, in order to ensure the process remains respectful of individual and organisational sensitivity and risk.

Part Two of this project report presents the Action Research cycles that were undertaken within the research. Each of these chapters follows the same

format and is linked to Bate's model of Action Research (Bate, 2000). They therefore commence with a section that focuses on the diagnostic element of the research cycle. The information for these diagnostic cycles was obtained from the data collection elements of the study (focus groups and semi-structured interviews) and a comprehensive literature review surrounding the emergent themes. Each chapter progresses to present a section relating to the analysis and feedback elements of the AR cycles. This is followed by a description of the action elements of the research cycles which led to the outputs for the study. The research cycles are concluded with a short narrative surrounding the evaluation of these interventions. Due to the immersive nature of this project, each phase of the research cycles was also exposed to a continual, reflexive process in addition to what can be considered singular research events. This allowed the research process to evolve and in doing so address the multifaceted dimensions of the project's requirements.

Chapter 4 commences Part Two by presenting research findings which relate to staff perceptions of Agenda for Change and the Knowledge and Skills Framework. The chapter begins with a review of relevant literature before presenting themes which emerged from both semi-structured interviews and focus groups. The chapter will describe the main AR interventions that evolved from these findings; namely a fast track educational programme around KSF which followed an accelerated learning methodology and the introduction of a pay progression policy. The chapter then describes 'micro-interventions' which facilitated the introduction of KSF at this stage of the research. These relatively simplistic interventions focused on the creation of

job specific KSF outlines, the cessation of sending KSF outlines in recruit packs, the mapping of the Trust training manual against KSF and updating staff communications accordingly. Woven into the narrative of this chapter are elements of evaluation.

Chapter 5 will describe a significant theme which emerged surrounding staff appraisals. The chapter will commence with a literature review, broadly examining published work on the subject of appraisal, before presenting findings from the data. A discussion of these findings will be presented prior to a description of the AR interventions which were informed by these findings. This chapter will conclude with a description of the changes made to the appraisal process in the context of this research.

Chapter 6 will present findings and discussion relating to the career development of staff within the Facilities directorate. As the research progressed the subject of career development emerged as a recurrent theme. These findings contributed to two main AR interventions - the creation of an employability scheme to facilitate recruitment to the directorate and the establishment of bespoke career development packages.

Chapter 7 evaluates the efficacy of the interventions that were introduced within this research and also discusses the wider ramifications of utilisation. This chapter examines areas in which this study might inform and develop new areas of practice, including potentially transferable findings relevant to other organisations.

Part Three of the project report is intended to capture personal reflections from the research process and additional learning prior to concluding the project report. Chapter 8 will commence part three by presenting reflections

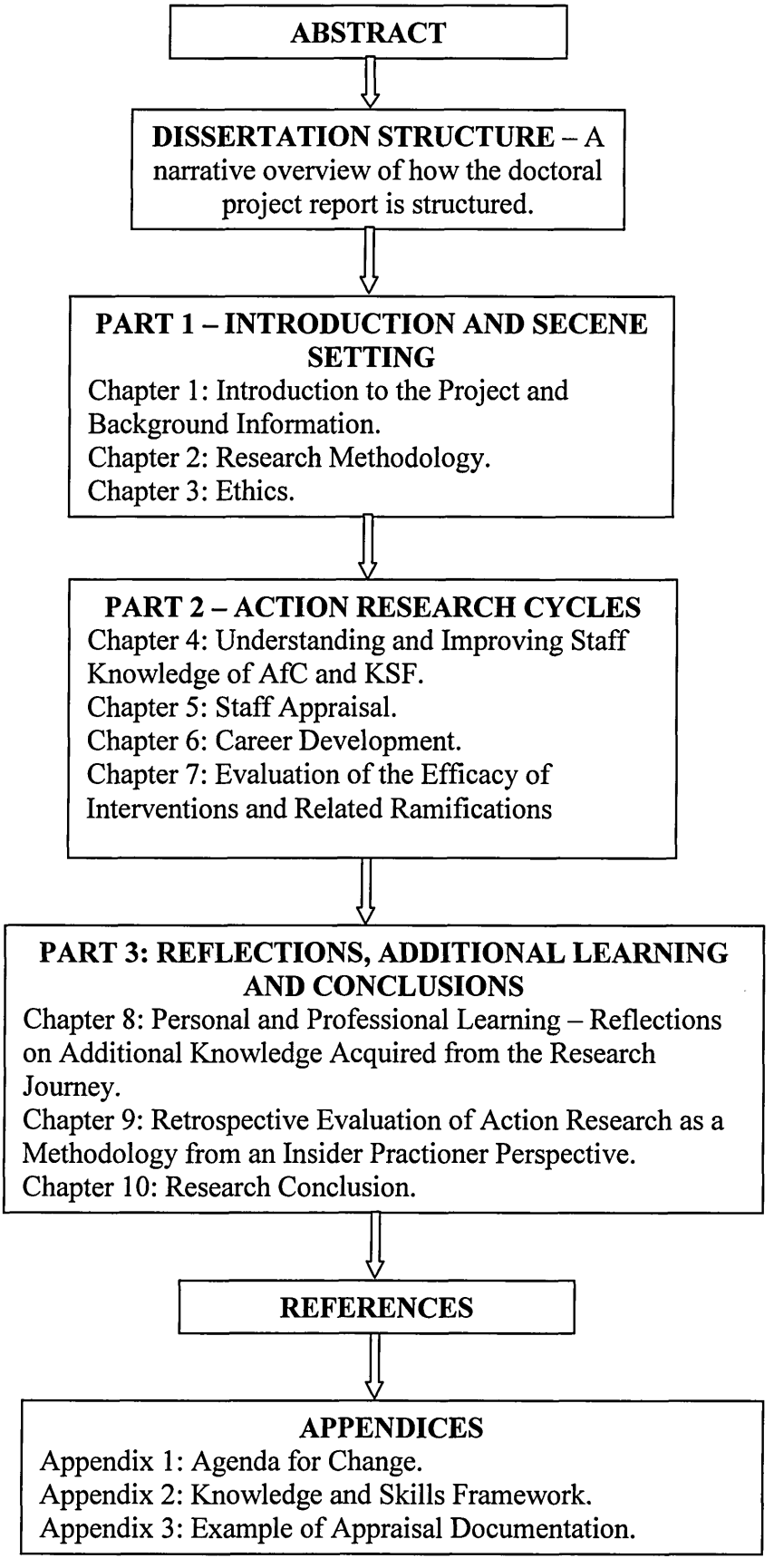
on the research journey from a personal and professional learning perspective. Two secondary themes developed through the process of conducting this research, which provided a significant learning opportunity for both personal and professional development. The chapter will combine a blend of literature, comments from research participants and personal reflections to discuss these themes–

- Participants' experiences as employees of the NHS
- Organisational change

Whilst these themes did not directly contribute to actual AR interventions, they did provide an increased understanding of the professional context in which this research was undertaken.

Chapter 9 provides a retrospective analysis of the efficacy of participatory AR within an individual's organisation. An early research objective was the evaluation of the methodology within this context; this chapter will discuss the value and effectiveness of this approach to insider research and offer considerations for improving the process in the future. Chapter 10 will provide a conclusion of this report which will complete the doctoral project.

Figure 1: Doctoral Project Report – 'Document Map'



Notes about Context

To protect the confidentiality of the organisation and research participants the healthcare organisation in which this research was conducted will be referred to as TRUST A. TRUST A is a large acute district general hospital in the North of England which employs 6500 staff and spans five hospital sites. Each hospital site will be referred to numerically as hospitals 1 to 5 respectively. At the time of conducting this research the author was employed at TRUST A as Head of Education and Organisational Development.

The Doctorate in Professional Studies at Sheffield Hallam University – an Overview of the Programme and the Assessment Process

Sheffield Hallam University (SHU) began offering the Doctorate in Professional studies within the faculty of health and well-being in September 2004. Professional doctorates are described on the SHU website as being '*equivalent to PhDs but focus on the development of professional practice and suit the needs of experienced professionals*' (SHU, 2009). Part of 'suiting the needs' of health and social care professionals is the contact time with the University. Unlike the PhD, which usually involves a large commitment to attending an academic institution, the DProf is delivered via a seminar scheme, with meetings taking place on a monthly basis. As the course moves into the research phase, contact with the University is largely at mutually convenient times and with the supervisory team. In the later period of the programme, the largest amount of time is therefore spent conducting research within a professional context.

The DProf route of study can appeal to prospective doctoral students more than embarking on a traditional PhD route. Studying the DProf means that professionals can combine full time work while exploring an area of expertise or occupational interest. The depth of inquiry the DProf allows is for many professional doctoral students unsurpassed as it opens new levels of academic exploration. The DProf programme promotes this level of inquiry through the four main educational aims of the programme (SHU, 2004, DoH, 2000b) –

- To enable candidates to conceptualise, design and complete projects that impact on organisational and professional development and contribute to the creation of new knowledge and extend the forefront of the discipline.
- To enable candidates to achieve their potential to innovate health and/or social care through the facilitation of change, organisational development and professional innovation.
- To enable candidates to effectively and creatively take a lead within the culture of 'learning organisation' (DoH, 2000b).
- To enable candidates to effectively communicate with academic and practice communities through the dissemination of work that is of publishable quality.

For students requiring funding, the cost of the DProf can be monetarily less to support than a traditional PhD and there are also potential organisational benefits to the programme with the research based around a professional theme. These points have in my own experience made employers supportive of candidates who wish to commence doctoral studies in this way.

In summary, the DProf programme is an academic equivalent to a traditional PhD yet it differs in being delivered through an applied professional context. The DProf is more likely to include research into aspects of professional practice and the assessment criteria also varies from its more traditionally academic counterpart, the PhD. The following section will describe this assessment process which culminates in the submission of a doctoral project report.

The DProf programme is delivered over a 4 year period with each doctoral student having up to a maximum of 7 years to fully complete their studies. The first year of the DProf is a taught programme and is broken down into two modules - 'Review of Learning and Professional Experience' and 'Research for the Working World'. The first module allows students the opportunity to critically reflect on their professional history, scholarship, achievements and consider their readiness for this level of advanced study. Research for the working world then enables students to develop a critical understanding of research approaches and processes that will serve as a theoretical basis for research activity to be undertaken at academic level 8. The module also looks to prepare students for the complexities associated with research activity that crosses organisational boundaries and that take place within challenging and changing environments. These modules are each assessed by a 6000 word essay which includes appropriate levels of criticality and is underpinned by epistemological, ethical and philosophical discussion.

The second year of the DProf focuses on project planning with the aim to enable candidates to develop, justify and submit to the Research Degree Sub Committee (RDSC) a systematic plan for work-based inquiry to be undertaken at doctoral level. In addition to the written element, candidates have to give an oral presentation in support of their proposed project. Evidence of the candidate's performance in the oral assessment is taken into account when the RDSC considers the candidates application. To pass this module candidates have to –

- Identify problems/issues that are critical, significant, timely and clearly drawn from a complex knowledge base.

- Identify relevant key concepts that underpin the proposed inquiry, with links made between concepts that are logical, relevant and significant and show how the synthesis of concepts are based on critical features drawn from a wide range of information.
- Demonstrate the need for inquiry by giving reasons that are valid and logical and are based on relevant, appropriate and evaluated evidence.
- Propose plans that are specific, achievable, realistic and innovative. Clearly explicate the predicted outcomes and benefits of the inquiry and proposes methodologies and strategies that are relevant and philosophically congruent to the issues/problems identified (SHU, 2004).

The project planning module requires doctoral candidates to obtain approval from the appropriate ethics committees for the study to proceed. Upon successful completion of this module, the programme gravitates into the research phase of the investigation. In the case of this project final NHS Ethics approval was achieved in late January 2006 with recruitment to the study commencing in January 2007.

The final stages in the DProf programme has three components in its assessment, a doctoral project report (of approximately 50,000 words), the production of a paper of publishable quality and an oral examination. The main aim of the final module is to enable candidates to generate project outcomes that impact on, and contribute to, the creation of professional knowledge (SHU, 2004). The doctoral project report is the equivalent to the standard research thesis but the term *doctoral project report* has been selected to emphasise the professionally orientated and practice based nature

of professional doctorates in health and social care, as described by the UK Council for Graduate Education (2002). The paper that was produced as a result of this project was published in February 2009 (Pease, 2009). In accordance with assessment regulations (HS7.5) a copy of this published material is included in this report as appendix 4. The final stage of the assessment process is a 'persuasion' comprising of a presentation and viva voce discussion (SHU, 2004). These assessments focus on the impact the work undertaken has had on practice innovation and its actuality or potential to drive transformational processes in the researcher's organisation.

Presentations and Outputs to Date

Throughout the doctoral journey there has been the opportunity to present this work, as it evolved, at a number of conferences and forums. The following are the main forums that this work on implementing KSF within Facilities has been presented at –

- 13th March 2007 – Southern NHS Facilities Management Network Development Day – London.
- 17th July 2007 – National KSF 'Re-energize' Event, held by the Department of Health – London.
- 25th July 2007 – Widening Participation of Staff in Support Services event – Belfast, Northern Ireland.
- 8th November 2007 – Embedding KSF into Practice, Yorkshire and The Humber SHA Event – Leeds.

- 10th February 2009 – Sheffield Hallam University Conference - 'Challenges and New Directions' aimed at Masters students in Health and Social Care. Workshop delivered on 'Insider Action Research'.

This section has concentrated on drawing the reader's attention to the construction and assessment of the Doctorate in Professional studies at Sheffield Hallam University, a process that culminates in the submission of this doctoral project report.

PART ONE – Introduction and Scene Setting:

Chapters 1-3

Introduction to Part One

Part one of the doctoral project report contains three chapters that aim to introduce the research and set the scene in which the investigation was undertaken.

Chapter 1: Introduction to the Project and Background Information

1.1 Introduction

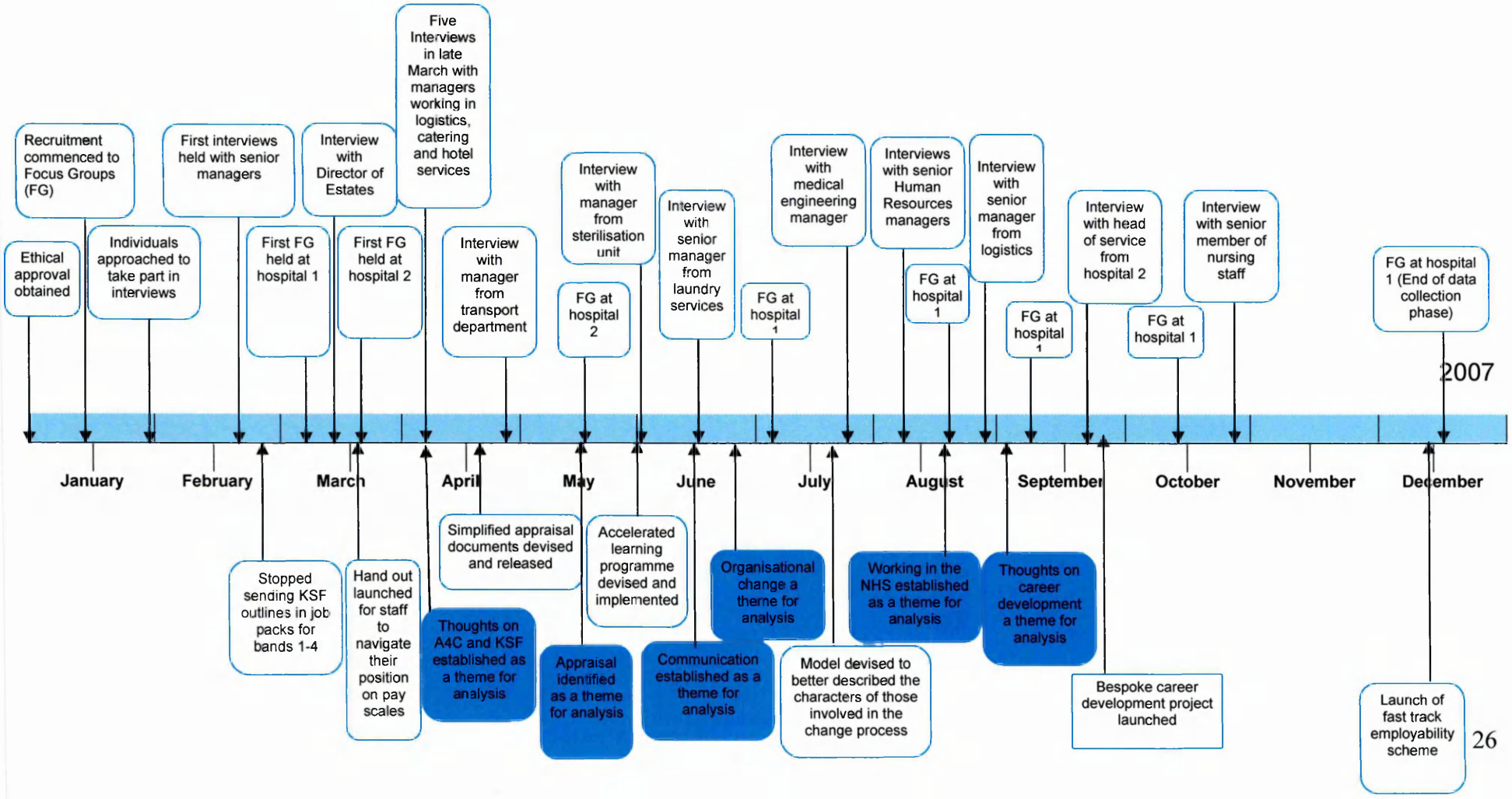
It is the intention of this first chapter to introduce the research topic, whilst providing the reader with the background knowledge to understand the context and arrangement of this doctoral project report. The first section will therefore commence with the presentation of a research time line so that the reader can review what occurred as part of this study and when. The time line also provides a 'history' of the data collection interventions which took place across a 12 month period, commencing with ethical approval being obtained in early 2007.

The chapter will then introduce an overview of NHS Facilities directorates to support a better understanding for the context of the study. Facilities areas of work are less well known than their clinical neighbours, yet they employ up to a third of the workforce in most acute hospital Trusts (May, 2009). This research took place within a Facilities department which employed over 1500 staff across 5 hospital sites in a first wave NHS Foundation Trust. By providing a brief overview of NHS Facilities it is also anticipated that the reader will have an awareness of why these departments are now considered integral to the provision of quality healthcare services.

The chapter will then present an analysis of the situational context in which the Facilities directorate and the introduction of KSF was selected for doctoral study. This broad contextual base is further underpinned by a review of my

own individual research positionality at the project planning and delivery phase of the study. The commencement of the DProf programme was also a time of great change, witnessed personally at times as researcher, employee and senior manager. Due to the internal research nature of this study, it was considered pertinent to portray an individual positionality prior to addressing the professional research stance taken. The chapter will culminate with a focus on the specific and broader research aims and objectives which drove the research. Although the study began with a precise research question, the continual reflexive nature of the AR process did generate a number of secondary themes. These areas are discussed prior to the chapter concluding with a diagrammatical overview of the projects aims and objectives.

Figure 2: Research Time Line



1.2 An Overview of NHS Facilities

May (2009) recently highlighted the complexity in creating a clear definition of what Facilities Management (FM) in healthcare actually is, stating that '*the term FM seems to be increasingly applied to any non-clinical service that fall outside the traditional management functions of HR, finance and marketing*' (May, 2009: 5). Alexander (1993) wrote about the emergence of FM within the NHS in the early 1990s, and stated that the '*seeds of facilities management were sown*' in a report of the House of Commons Select Committee in 1982 (Alexander, 1993: 32). The report Alexander referred to highlighted the built environment, and the physical space that could be released to the benefit of the Health Service if it were more effectively managed (Department of Health and Social Security, 1982). This report also recommended a change in how the NHS viewed its estate as a key resource in the provision of healthcare services. According to Alexander the 1982 report recognised the contribution of Estates and Facilities to the patient experience which led to '*cultural change for estates professionals, from a capital led, new build approach, to one that recognises the opportunities and consequences of the existing estate*' (Alexander, 1993: 32).

In 1997 Rees commented on the transition in managerial orientation from generalist NHS support services departments into Facilities directorates during the late 1990s, also referring to the relatively new position that was created of Director of Facilities within NHS organisations. By creating these executive roles, FM had, for the first time in some instances, an opportunity to influence the strategic direction, business planning and policy decision making at a senior level. Rees (1997) furthermore described a 1995 survey which

suggested that improvements within healthcare have always been to some extent reliant on the quality of FM and supporting services. In 1998 he continued to make reference to this earlier work and the effect of the physical environment on public health, claiming that since the industrial revolution it has '*been increasingly recognised that "a safe environment (the estate), clean surroundings and an appropriate diet (hotel services) are integral parts in the diagnosis, treatment and recovery of those who are ill*" (Rees, 1998: 254).

The transition from generic management to a role in strategy and policy making for senior FM managers was echoed by Clark and Rees (2000) as they published the results of 5 research projects. Having investigated the role of FM in the NHS and local government in England and Wales they conferred that '*FM is not just a business opportunity but a rapidly expanding function that is gaining status as an important profession that warrants a high status in the strategic make-up of both NHS Trusts and local government authorities*' (Clark and Rees, 2000: 435). These views were supported by Featherstone and Baldry who stressed that the '*strategic integration of the organisational facilities management function as being an essential prerequisite towards facilities and organisational effectiveness*' (Featherstone and Baldry, 2000: 302).

May and Pinder (2008) have in recent years identified the NHS Plan (DoH, 2000a) as '*one of the catalysts that propelled FM from the background to a more prominent position within healthcare*' (May and Pinder, 2008: 213). May (2009) accurately described the structure and approach most NHS Trust's now take to the formation and delivery of their Facilities departments. He explained how '*facilities departments typically focus on the softer elements,*

for example cleaning, catering, housekeeping and portering. The built environment and fabric of the buildings being the focus of the estates department, therefore staff include craftsmen, electricians, joiners and plumbers' (May, 2009: 5). As is the case with the NHS Trust studied here, both these functions were combined several years ago to form a singular Facilities directorate which employs approximately 25 per cent of the total organisational workforce. This figure is slightly less than the 30 per cent figure that May has estimated that now makes up most hospital's staffing structure (May, 2009).

For the future of NHS FM and Facilities directorates in general, the focus is invariably turning from their formation and organisational recognition to the impact they have on the physical environment and the patient journey (Miller and May, 2006, Todd et al., 2002, Whitehead et al., 2007). May and Pinder (2008) stated that of the 59 per cent of Facilities managers who believed that the contribution of FM could be measured, only 16 per cent had attempted to do so. Earlier work by Miller and May (2006) stated that while focus group participants placed greater importance on clinical than facilities factors, the quality of food and cleanliness were also of great importance. Price (2004) spoke of the need for FM to be seen as business critical than merely possessing a role as a minor support service. Therefore evidence of contribution to the strategic objectives of the organisation will also become increasingly important as FM continue to evolve in the future .

1.3 Situational Context in which the Project was selected for Doctoral Study

It is the purpose of this section to describe the situational context at TRUST A when AfC and KSF was first introduced. By providing this description the reader will have a better understanding of the mood within Facilities at the time of the frameworks introduction. Furthermore, this greater awareness will provide an insight into why this subject was selected for doctoral study.

From the first introduction of the KSF, as the principles were outlined at the beginning of 2004, few staff working in human resources, education and organisational development could have prophesised the impact of its operational launch in 2006. As the project grew in complexity, senior management and indeed the general staff population's interest remained focused on both the job evaluation and job matching elements of AfC (See appendix 1). These job evaluation procedures would provide the determinants for the pay bands which staff would be categorised in and consequently what their salary would be.

Across the Trust, staff believed that AfC would benefit them monetarily by recognising the physical, mental and emotional effort required to deliver their professional duties. The process had been subject to much propaganda over previous years, subsequently expectations were high of what AfC would truly deliver. Few staff, if any considered the possibility that AfC would be anything other than largely beneficial to them in relation to pay and awaited news of band allocations with hopeful anticipation.

KSF proved, at the same time, to be considered a secondary process that few people were concerned with, despite the fact that its introduction would provide the mechanism of pay progression for the foreseeable future. The limited level of interest displayed by staff groups proved challenging to those charged with its introduction, as the creation of KSF outlines depended on their job specific knowledge. Some generic KSF outlines began to filter down from the DoH, yet the quality of such documents was weak and poorly reflected the knowledge and skills required at a local level to deliver quality services. Indeed, a national intention of KSF was that the process should remain 'live' and in doing so could stay responsive to local patient and service needs. Whilst such outcomes were sound in principle, there was a lack of central guidance on these matters and a lack of advice on the creation of policies and procedures that would be required to both administer and govern the process. Early implementation sites were of minimal assistance, although a clear message emerged from such Trusts that the execution of KSF was far more complex than had previously been expected and was proving extremely time consuming for those charged with its introduction.

This complexity quickly became apparent in the Trust being studied. Navigating the political landscape while mounting a battle for hearts and minds to raise the frameworks profile further challenged the implementation process. Some directorates struggled with the concept of inclusive career development for all staff other than for those who had professional registrations to maintain. Individually, most staff had never previously been asked what knowledge and skills they needed to develop to competently perform their duties, making the categorisation and recording of such skill sets

extremely problematical. Although job descriptions and person specifications existed, in many cases these were woefully out of date with countless documents unrevised over a number of years. Staff representing the multitude of different posts were asked to separate their core duties from the knowledge and skills they each contributed personally to the role. The knowledge gained from prior experience, which would not be generic to all in a job, had to be separated out and explored in terms of occupational relevance. Guiding these debates was the concept that if a person left their job immediately, what knowledge and skills would a 'new' employee need to develop to fulfil that role adequately?

It was during the early implementation process that hierarchical concerns regarding the levels of knowledge and skills required by certain professional and non-professional groups were voiced by those involved with KSF. Leavitt (2003) writing in the Harvard Business Review, claimed that hierarchies provide occupational identity and because of this, amongst other reasons, hierarchies in large organisations continue to thrive. For a plethora of people, KSF potentially disturbed the status quo of what had been hierarchical banks of knowledge leading to extended professional duties. It seemed that many managers charged with the creation of KSF outlines believed Bacon's sixteenth century claim that '*for also knowledge itself is power*' (Bacon, 1597). These people struggled with the idea that staff who required no professional qualification to practice, such as health care assistants, might have KSF dimensions at a comparable level to qualified colleagues. Groups of middle managers worried about the ramifications and the potential impact this may have on workplace relations between qualified and non-qualified staff. These

debates lengthened the implementation process as a consensus was frequently difficult to achieve regarding the level at which some of the KSF outlines should be set.

It became apparent that the KSF was going to be problematic to implement, although in juxtaposition it was a time of opportunity for the strategic direction of the Trust's educational functions. KSF should be a vehicle by which to offer development opportunities for previously marginalised support staff, although this was not widely recognised at the outset. Taking ownership of the role of organisational development lead and implementing what was essentially a mandatory career development framework, linked to pay progression and inclusive to all staff was a unique opportunity. If introduced and cascaded well, KSF offered the prospect of becoming a catalyst for the career development of staff, many of whom had been offered minimal career development opportunities in the past.

Fortunately, knowledgeable staff side representatives, who were passionate about developing educational growth, were assigned to work on the implementation process. All such representatives, including the staff side chair, were positive about the promotion and utilisation of the opportunities being made available for all employees and therefore lent their full support to the implementation process.

One directorate in particular, stood out as unique when launching the KSF. The Facilities directorate had evolved in its own independent way, in many ways isolated from the rest of the organisation with limited developmental influences over an extensive period of time. Other directorates had advanced in terms of recognising and supporting career development and the

advancement of their staff generally. The Facilities directorate however, appeared to have disengaged with any such opportunities and had evolved ways of working which required little professional growth. In previous years, other directorates had invested heavily in time and resources to develop staff and services, yet Facilities demonstrated a distinct lack of organisational development functions. Any form of staff training was focused exclusively on individuals being able to perform their mandatory duties, with little regard to or acknowledgement of career progression or succession planning. In fact, a feeling of mistrust pervaded OD functions, a fear that developing staff might encourage them to leave for better things, thus adding to ongoing staffing problems. It followed as no surprise that any form of Personal Development Appraisal (PDA) was extremely rare with the potential benefits of such processes viewed with either great suspicion or of no relevance to the business of the directorate. Small contingents of individuals interested in development existed, but any support for such staff was clearly in the minority and the introduction of KSF was viewed by the management as another 'must do' driven largely by government policy.

In September 2004, when the author's doctoral journey began, there had been the origins of early progress with the implementation of KSF, although the scale of the situation in Facilities was only beginning to emerge as an issue. The commencement of a dialogue surrounding KSF and how it would affect the directorate was in itself a small victory. It was apparent that the scale of change facing Facilities, linked to the current organisational development climate, or scarcity of it, could merit doctoral research. Grounded theory was originally considered to conduct a study relating to the opinions of

Facilities staff surrounding KSF, its implementation and its utilisation. On closer consideration it became apparent that mere 'observation' with no practical involvement would not be possible, either professionally or ethically. Considering the author's dual role as both KSF lead and the Head of Education for the Trust, it would have been inappropriate for the author to remain solely an observer of the implementation process and its secondary effects.

KSF was clearly going to be difficult to implement within this directorate and could remain potentially problematic for years to come if the process was not appropriately supported. Facilities had also captured the author's interest in terms of its uniqueness. Whilst there was a huge task ahead, in terms of implementing KSF and the associated processes, there was also something appealing about working with a directorate that was devoid of any organisational development 'history'. The directorate was, in essence, a blank canvas from a development perspective. The prospect of implementing KSF in a way that was worthwhile to staff and a productive element of the directorate's managerial functions was an appealing challenge.

As the introduction of KSF was discussed with management and staff representatives, it became evident that the implementation would not only serve as the basis for a research project but could prove potentially beneficial beyond Facilities. Elements of the project deemed useful could be transferable within other areas of KSF implementation, as could elements of the process that had not worked. The problem solving, emergent, flexible nature of AR made the methodology an appropriate choice to facilitate the framework's introduction. By applying AR methodology, this could contribute

to the development of a knowledge base in this field whilst operating a cyclical model of problem solving. This could, in turn, further enhance both personal and organisational learning. Selecting participatory AR would allow the methodology to be assessed in terms of viability and as a process for implementing large organisational change based projects dependant on the contribution of others to succeed. In terms of a professional doctorate set in a work-related environment, what makes AR a uniquely appealing investigative methodology is the clear occupational problem solving applications that are invariably linked to the learning process. It was the intention that utilising an AR approach would enable access to a rich vein of occupational knowledge and in doing so provide solutions to both new and old problems.

1.4 Individual Research Positionality

Following on from the previously described situational context in which this project was selected for doctoral study, an overview of my own individual research positionality will now be described.

Researching one's own organisation generates particular areas of opportunity, yet it also precipitates layers of personal involvement that increase and penetrate personal aspects of practice and professional opinions. This project has demanded personal involvement and pragmatism in its execution from the beginning, yet the approaches taken frequently manifested in the juxtaposed identity of researcher, colleague and manager. Anthias (2002) suggests that understanding personal identity has only limited heuristic value but that exploring positionality is more useful for addressing a range of situations which are compounded by collective identities. Conducting an AR study

generates a multitude of such collective personal identities. Frequently these characteristics are interconnecting and have in turn wider professional and organisational implications. It is therefore pertinent that elements of positionality are highlighted, prior to describing the professional stance which was developed and utilised in this work.

At the time of conducting the research phase of the Doctorate in Professional Studies (DProf) programme the author's employment history with TRUST A was approaching 16 years. Having commenced work at the Trust as a service assistant (a combined portering and domestic role) the organisation offered a number of personal and professional development opportunities which supported the author's career development. Several years of professional growth culminated in attending university in 1998 prior to moving into a senior management position in 2002. Upon commencement of the DProf in 2004 and as a new Head of Department responsible for Education and Organisational Development (OD) the author's doctoral 'journey' began.

Occupying the role of Head of Education and OD meant being charged with developing and embedding not just a broad educational portfolio for the organisation, but also systems to develop all staff to their full potential. Such work had wide reaching implications for the recruitment and retention of current and future staff and also for the Trust's reputation as an employer in the region. Prospective employees placed a great emphasis on the opportunities for personal development that an organisation afforded its new staff when considering future employment. The role of Head of Education and OD is a blend of senior manager and educationalist and is positioned within

the Human Resources (HR) directorate, therefore being directly accountable to the Executive Director of HR.

When AfC was conceptually introduced in 2004, the job of project managing KSF immediately gravitated to the Head of Education position. In addition to managing the introduction of KSF there would also be the on-going administration of the framework to consider. These broader implications of KSF introduction therefore impacted on related systems such as appraisal and recruitment practices. Within TRUST A it meant that 5800 staff would have to be made aware of what KSF was and how it would directly affect them both immediately and into the future. KSF outlines needed to be developed as did policies and procedures that would govern the process.

AfC represented a substantial increase in workload for most members of the HR directorate. From personal involvement with the AfC process, the majority of resources, both financial and physical were devoted to assist the job evaluation and job matching elements of the initiative. The use of such resources were justified by staff on the 'shop floor' eager to ensure that their own job role was banded appropriately and as quickly as the process would allow. With KSF having no effect on the level of job banding and therefore salary allocation, it was always struggling for staff attention and for the resources to facilitate its introduction. No extra funding was apportioned to KSF which led to the framework's introduction taking a large component of both the author's and other educationalists time from 2004 onwards. This was in contrast to the job evaluation and job matching elements of AfC who received supplementary project management and administrative staff in addition to extra funding for infrastructure support. The decision to allocate

nearly all resources to job matching and assimilation seemed highly questionable at the time as KSF was the element of AfC which would be retained after the introductory process had been completed. These decisions were beyond the author's own control or that of the implementation steering group and meant that KSF was additional work for most staff involved in its introduction.

What was perceived to be a lack of financial support for KSF by the organisation's senior management, did not detract from the enormity of the task in terms of the framework's introduction. Compounding the launch of KSF as a realistic career development tool, was the unease of the workforce in directorates such as nursing as pay bands were being released, frequently to staff who had been expecting higher grades from the AfC process. For other groups of staff the amount of time job matching had taken was also proving frustrating, with some pledging limited support to KSF until they were made aware of the outcomes from their own job matching panels.

From a personal perspective feelings of frustration with the length of time the process was taking to band the author's own role and the dissatisfaction with the eventual outcome meant a certain amount of criticality towards the AfC process. Being a senior manager within the HR department also meant that options were limited in how best to engage with the appeals process. Appeals for many staff against what were considered errors in the job matching process were equally as lengthy to construct and to be heard in front of specially convened panels. Not only was the author's own position subject to the same lengthy matching and assimilation process (HR were one of the last departments to be reviewed), there were also many dissatisfied staff within

the education department who were now positioning their appeals to the author as their senior manager for the department.

At this time it was important to acknowledge the levels of dissatisfaction with AfC, not only within the work force generally but also within the author's own area of practice. KSF had to be introduced, irrespective of any personal opinions towards the AfC process, or the broader emergent negativity within the organisational workforce. From October 2006 this was to be the process that would govern pay progression for the majority of NHS staff in the country. In the author's own role there was a tremendous amount of professional accountability to introduce the framework that fulfilled this function and personally it was an appealing challenge to introduce KSF in a way that would benefit the organisation and its workforce the most.

The options for KSF introduction were therefore two fold. It could be established optimally and in a way that gave it the best chance to benefit a large proportion of the workforce, or it could be superficially introduced in a way that 'ticked' the right boxes yet with minimal real applications or benefits for the broader workforce. Wolgemuth and Donohue (2006) spoke about limited professional effectiveness for those who avoid social reality through an entrenched subjective positionality. Occupying the mixed identity of KSF lead, member of staff, senior manager and researcher it was important to acknowledge personal positionality, particularly the negativity experienced surrounding AfC by the author at this time. It became apparent that the limited effectiveness described by Wolgemuth and Donohue could easily permeate to the task of introducing KSF. This realisation confirmed my

standpoint that if KSF was to be introduced, it should be done fully and in a way that benefited the organisation and those working within it.

It is hoped that this section has provided an outline of my personal positionality, from which this research originated and was undertaken. The chapter will progress in describing the professional research stance adopted in order to deliver the project and its objectives.

1.5 Professional Research Stance

The research stance adopted in this study was directly influenced by my own professional identity and also by the need for pragmatism when dealing with both groups and individuals. Fishman (1999) argues the case for pragmatic psychology and refers to the collective truths of the physical and social worlds influenced by an interplay between politics and epistemology. This depiction of dependant factors reflects the interactions which crafted the research stance adopted in this instance. It was personally understood when designing and implementing the project that the interpretation of such collective truths, the navigation of political landscapes and a desire to achieve self actualisation within my professional context would predominate.

Having previously worked within the directorate, there were clearly areas of difficulties to be faced with the implementation of these new systems and also the opportunity to learn from the implementation process. The knowledge generated through such a study could advance my professional understanding of OD issues, whilst symbiotically benefiting the organisation in a time of high volume change where other initiatives were competing for staff attention. Although any personal link with Facilities had ceased, a contact was

maintained with the directorate and its staff via a range of other OD and operational issues. Delivered through a 'traffic light' system of implementation by the Department of Health (DoH), the introduction of KSF had to be managed against a strict timeframe with measurable outputs. The creation of KSF outlines was the largest single physical challenge (refer to appendix 2 for a description of KSF), yet more important was the need to foster engagement with the workforce at all levels of the directorate. If general support was not mobilised for this project, barriers to implementation would swiftly be established from which the introduction of KSF would be condemned to failure from the very beginning. If KSF was not implemented, not only would this be a professional failure it would also prove to be a personal disappointment as the framework could be beneficial to many facilities staff in their personal and professional development.

This study has developed into a professionally immersive journey. Although the primary aim was the introduction of KSF, it has also assisted the Facilities directorate on a number of other initiatives such as recruitment and longer term career planning. Due to the author's personal position within the organisation it was impossible to disentangle the role of professional and research student when dealing with Facilities. On reflection, it would have been a futile exercise to attempt to do so. The introduction of KSF required pragmatic action to optimise what was frequently a brief window of opportunity for engagement with those involved. The regular contacts that occurred with the Facilities directorate on KSF and a range of other projects helped build a rapport with those involved and facilitated the advancement of the study's objectives.

The resulting approach taken within this research has been a pragmatically driven project, consisting of many layers of professional and personal involvement. The project could not realistically have been managed from a distance; it therefore worked jointly with those involved sharing both their successes and failures on a number of levels. The outcome of this work has been a greater degree of understanding for those involved and hopefully a sense of ownership over the process and its outputs. The project has furthermore offered the opportunity, within a sometimes tumultuous environment to reflect and act collectively to affect the way in which an inevitable policy driven change project was delivered.

1.6 Research Aims and Objectives

NHS policy demanded that KSF be introduced within the organisation, and by utilising an AR methodology this allowed a more strategic approach to its launch and a deeper level of analysis of the project and its outcomes. Using KSF for research purposes additionally fitted well with the aspirations of the professional doctorate programme around the advancement of personal and professional learning. The DProf purposely focuses on both organisational needs and the professional development requirements of the individual through innovation and change (SHU, 2009). The initial research question will now be described along with the supplementary and emergent aims of the study.

1.6.1 Initial Research Question and Supplementary Aims

The primary aim of this study was to implement KSF within Facilities and uncover what was needed for this to happen. From this initial aim the research question was –

'How can Action Research facilitate the introduction of a Career Development Framework (KSF) within the Facilities Directorate at TRUST A?'

While the research question was pivotal, emerging throughout the project planning phase were secondary aims which it was anticipated could be explored and developed through the study. It was clearly important to examine the drivers and barriers to the change process as the introduction of KSF would pose a paradigm shift in employment practice for most staff. As an employee of the health service, personal interest had also grown regarding the volume and nature of change currently affecting the NHS and the secondary effects this has on the workforce. The topic of change was therefore linked with a need to explore motivational theory within the Facilities directorate and its workforce. If Facilities staff were not motivated to take part in the change processes that were to follow, the introduction of KSF would struggle from the beginning.

From the early implementation of KSF, there was therefore a requirement to establish what HR processes should be developed for the framework to be utilised as intended. There was a further awareness that KSF may require manipulation for optimal use if it was to deliver the benefits it was apparently capable of. The study aimed for KSF to be longitudinally embedded in what were relatively new OD practices, and for it not to be superficially addressed

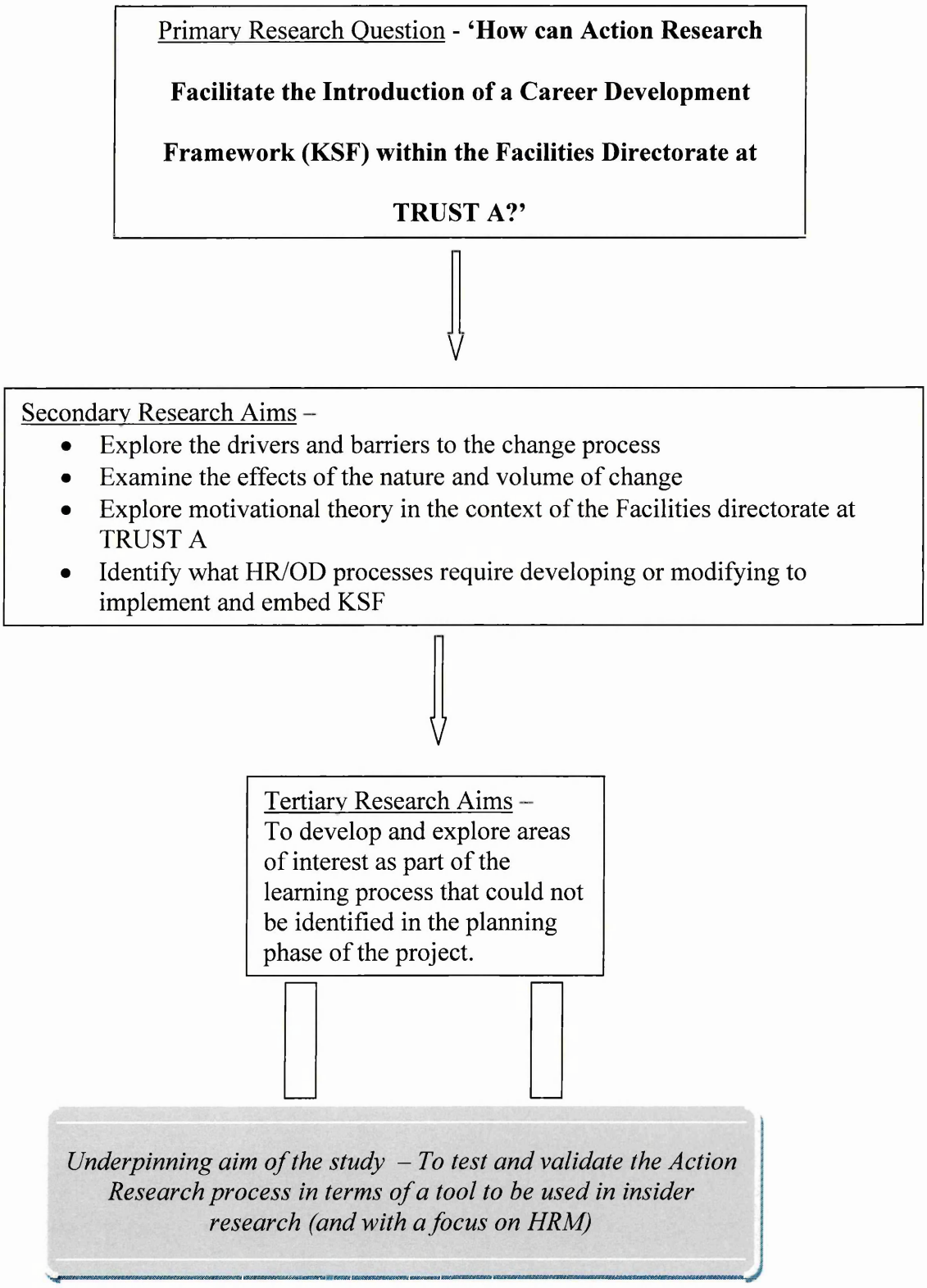
in a current context. It was therefore imperative to learn what would prove beneficial in implementing these novel OD functions which would enable KSF to operate. Furthermore there was an urgent requirement to assess which factors of OD practice actually hindered progress. It was imperative that KSF should not just become another 'must do' in a climate of high volume change, thus contributing to what would be later identified as 'reform fatigue' within the workforce (Andrews et al., 2008, Black, 1992, Diefenbach, 2007).

It was apparent, when planning this study, that unknown themes would emerge from the diagnostic phases of the AR cycles which would form additional research subjects. These 'tertiary' themes emerged, as did coincidental findings referred to by the research participants that were then explored as areas for personal and professional learning.

A final expected outcome of this project was that AR as an approach to investigating one's own organisation could to some extent be tested with its level of usefulness validated. Within this evaluation, consideration would also be given to the use of AR in the context of Human Resource Management (HRM). The exploration of AR as a tool for insider research was a concept Coghlan commented was a neglected area in the research literature (Coghlan et al., 2005). As a methodological approach for the planned change process, AR had much documented potential even if questions remained around whether the methodology would be robust enough to deal with a multi-faceted project in a turbulent environment. McNiff (2003) talked about the AR validation processes where researchers test evidence, motivate colleagues to take part and subsequently demonstrate their influence on organisational change. While there was a clear personal commitment to running an AR

project, it would also be a test to see if the organisation could offer an equal level of involvement to appropriately conduct such a study. The following section provides a diagrammatical summary of the research aims and objectives for this study.

Figure 3: Summary of Research Aims and Objectives



1.7 Chapter Conclusion

This chapter aimed to provide both an introduction to the doctoral research project and an overview of background information which supports the study. The document map and project timeline intended to provide the reader with a sense of what happened and when with regards to this research project. By providing an overview of NHS Facilities there is some record of how this relatively new specialism in the history of the NHS has evolved over the past 20 years. In addition to describing the context in which KSF was selected for study, individual research positionality and professional research stance have also been described. The chapter culminated with a description of the aims and objectives of the project. Chapter 2 will now describe the research methodology utilised in this project.

Chapter 2: Research Methodology

2.1 Introduction

This chapter aims to describe how Action Research was selected as the investigatory methodology of choice for delivering the research objectives within the study. It will commence with a discussion focused on factors that were considered prior to Action Research being recognised as the most appropriate methodology for use with the project. A comprehensive review of Action Research will then be considered prior to an analysis of the specific model utilised in this study. To provide a balanced perspective of the Action Research process, the chapter will explore criticisms of the methodology and consider the relevance of these critiques within this investigation. This will be followed by a review of the issues and challenges of using this method of investigation. From this point there will be a switch in the focus of the chapter, where the attention will be drawn to the research design and the practicalities of the research process. Techniques for data collection, how individuals were recruited to the study and a review of sampling will all be considered. The chapter will then conclude with a review of both focus groups and semi-structured interviews as the main methods for data collection prior to describing the data recording, analysis and validation procedures. By structuring the chapter in this way it is anticipated the reader will be able to observe why the methodology was selected and have a greater understanding of how Action Research was utilised in this project.

2.2 Selecting a Methodology

Gerhardt (1990) described methodology as being the link between theories of social reality and the method and techniques used to collect and analyse data. Therefore, a methodology need not only draw on the epistemological foundations of the subject to be studied, but must also form a link with the ontological conceptions of reality (Tod, 2005). In the case of this study, a research methodology was required that explored, questioned and tested but also provided a bridge to the reality of the situation. Initially, grounded theory was considered as a research methodology that could provide meaning to how KSF was being received within Facilities. The idea of using grounded theory was discarded, as it became increasingly apparent that it would be impractical to not be personally involved in solving the problems that would arise in this environment. Given the professional role and responsibilities held by the Head of Education post, it would have been unethical to develop theory and not engage with the change process and related issues that would invariably be uncovered. The research question eventually determined the choice of methodology. An applied, dynamic problem solving approach was needed and, for this reason action research was selected.

2.3 Action Research

The action research model is becoming increasingly popular in the applied social sciences (Whyte, 1991), with a plethora of definitions and individualistic descriptions alluding to what action research actually is. The concept of action research was originally formulated by John Collier, the US Commissioner of

Indian Affairs in the 1940s (Bate, 2000), although it was Kurt Lewin (1946) who coined the term action research. According to Bate (2000), the model went out of 'fashion' in the early 1980s, but is now the subject of a resurgence (Goldstein, 1992, Hollingsworth, 1997, Zuber-Skerritt, 1996). This is largely due to the growth of interest in organisational development and the contemporary fascination with developing '*learning organisations*' (Hayes, 1997, Senge, 2006, Senge et al., 1999, Stahl et al., 1993).

Recent perspectives from the fields of organisational behaviour and education have led to great diversity in both the goals and methodological approaches related to this mode of inquiry (O'Leary, 2004). Zuber-Skerritt (1992) differentiates action research methods from traditional social science and natural scientific approaches to research, in the following ways:

- Action research is intended to make a *practical* difference to participants, with advancement of the theoretical field or discipline a second goal;
- Action research is participative and collaborative, empowering and involving participants in the research process and demystifying the *'researcher'* as a white-coated academic, instead fostering a partnership approach to achieve the research goals;
- Action research regards as valid the views of each participant, with participants asked to reflect continuously on their situation in order to explore as many avenues for action as possible.

Rapoport (1972: 23) states that action research differs from other social science approaches in the *'immediacy of the researcher's involvement in the action process.'* Indeed, action research is a methodology in which the

researcher becomes immersed in the process from both a humanistic and epistemological perspective. The problem solving connotations associated with action research represent a significant investment in both time and emotional energies on behalf of both the researcher and research participants.

Reason and Bradbury (2001: 1) allude to some of the finer constructivist nuances when describing action research as:

'A *participatory, democratic process concerned with developing practical knowledge in the pursuit of worthwhile human purposes, grounded in a participatory world view*'.

This holistically held view of the process was better presented by Cohen and Manion (1989: 223) who provided one of the most workable definitions of action research:

'Essentially an on the spot procedure designed to deal with a concrete problem located in an immediate situation. This means that a step by step process is constantly monitored (ideally, that is) over varying periods of time and by a variety of mechanisms (questionnaires, diaries, interviews, and case studies for example) so that ensuing feedback may be translated into modifications, adjustments, directional changes, redefinitions, as necessary, so as to bring about lasting benefit to the ongoing process itself'.

Whilst Cohen and Manion's characterization captures both the sequential processes and finer gradations, such as the potential to change practice involved in action research, the suggestion of commencing the procedure based on a *'concrete problem'* is questionable. It might also be argued that the commencement of any action research cycle should be a diagnostic

introduction to each sequence, where existing concepts, problems or ideas are discussed and explored.

Shani and Pasmore (1985) have integrated an increased organisational perspective into their definition, which provides a key link to the developmental aspects of action research processes:

'Action research may be defined as an emergent inquiry process in which applied behavioural science knowledge is integrated with existing organizational knowledge and applied to solve real organizational problems. It is simultaneously concerned with bringing about change in organizations, in developing self-help competencies in organizational members and adding to scientific knowledge. Finally, it is an evolving process that is undertaken in a spirit of collaboration and co-inquiry (Shani and Pasmore, 1985: 438).

In its most simplistic representation, action research involves a cyclical process of diagnosis, change and further research leading to ongoing cyclical processes. The results of the diagnostic phases are transformed into change processes and their effects evaluated to inform further interventions. Coghlan et al (2005) describe the process of action research as four stage; planning; taking action; evaluating the action; leading to a higher stage of additional planning and so on. While the sequential description provided by Coghlan et al of the action research process is succinct, the broader definition they provide of the method is profoundly informative. It illustrates the central tenet of action research using a scientific approach to study the resolution of important social or organisational issues, together with those who experience these issues directly (Coghlan et al., 2005).

McNiff's depiction of action research as a name given to a particular way of researching your own learning (McNiff et al., 2002), is overly simplistic and fails to capture the essence or richer applications of the methodology. Whilst there are undoubtedly strong resonances of reflection embedded within the cyclical elements of action research, these are symbiotic with other key themes and not centrally pivotal as McNiff would suggest. In slightly later work (McNiff et al., 2003) offers more temperate assertions that are made in relation to practioners as insider researchers. From this perspective it could be concluded that the methodology has both a personal and social aim. The personal aim being the improvement of individual learning, developing as an effective professional and when conducted as insider research, the attainment of a richer understanding of organisational contexts. The social aim is to benefit both the immediate societal situation and ideally the lot of those participating in the study.

2.4 The Action Research Model Used in this Research

Bate (2000) presents a version of the action research model, set in both cultural and organisational change practices yet developed in NHS hospital and health care organisations. He succinctly describes the intricacies of the insider researcher within a health related context, as '*professional helper*' and '*interventionist*' who will give intellectual input to the thinking processes thus '*helping them to bring about change in their cultures, structures and processes*' (Bate, 2000: 479; Figure 4). The model, although grounded in organisational anthropology, is intended to develop ethnographic

consciousness amongst the participants (Bate, 1997, Linstead, 1997). Thus, whilst under supervision allowing them to develop into lay ethnographers of their own professional and work related destiny. Indeed, if any action research project is to deliver long-term change benefits, the researcher must assume the triangular identity of helper, coach and change agent.

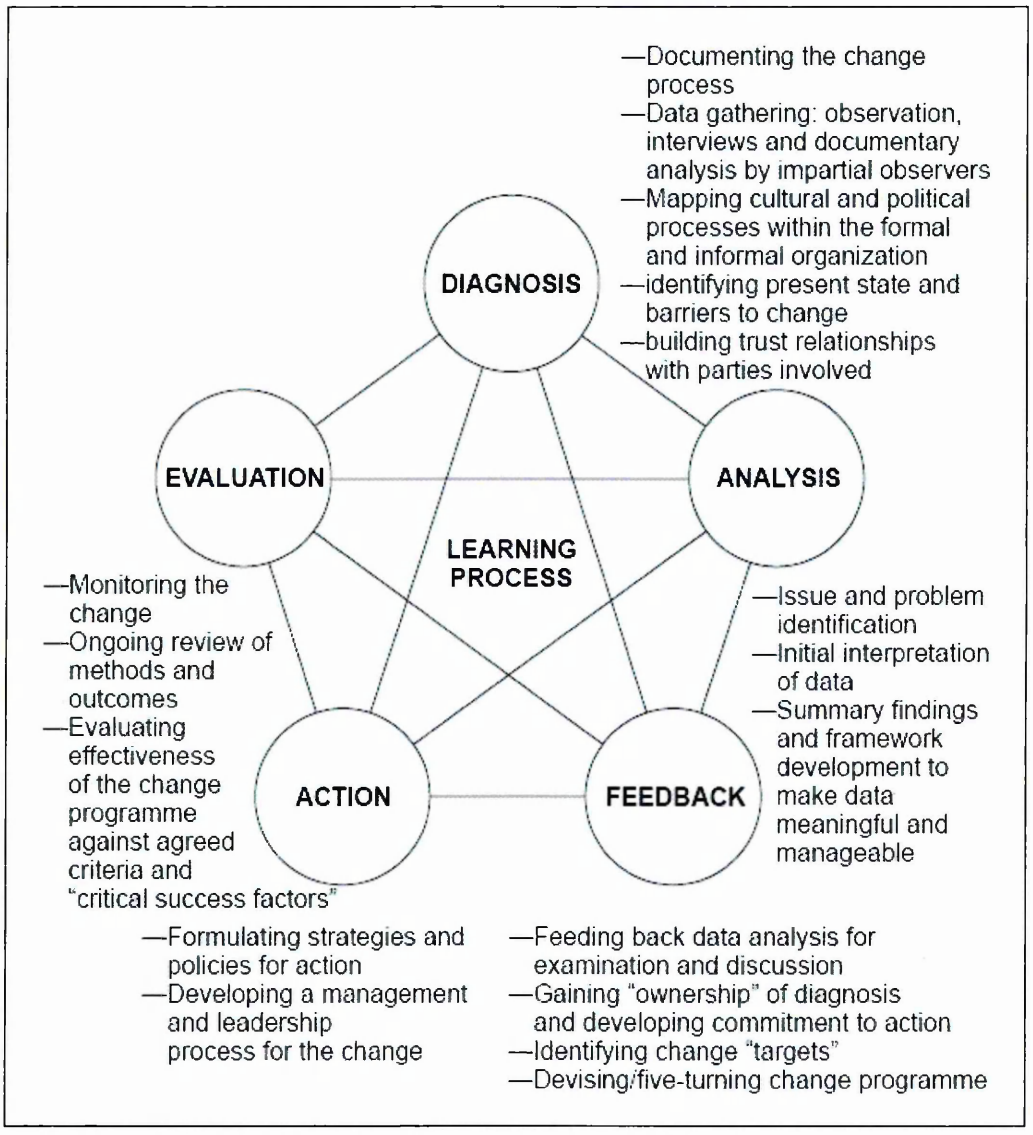


Figure 4: Bate's Model of Action Research

From Bate, P. (2000). 'Synthesizing Research and Practice: Using the Action Research Approach in Health Care Settings'. Social Policy and Administration. Vol. 34, No. 4, pp. 478-493.

From a macro perspective, Bate's model consists of a five staged approach involving diagnosis, analysis, feedback, action and evaluation. Central to these steps in the cyclical methodology, is the learning process for both researcher and participants. The diagnostic phase aims to conceptualise the key issues, problems and challenges as individuals view them. Bate describes this stage as one where questions are posed around the role the organisation has to play in the situation, specifically '*what in their view does the organisation need to start doing, stop doing, do less of, or do more of?*' (Bate, 2000; 482). There is the risk in any action research study that this area is overlooked or designated minimal attention. This is especially pertinent in the case of insider research, where the investigator could feel they already have an understanding of what the primary issues are. There may also be a predisposition to gravitate towards negative aspects at this stage: Koster and Bouman (1999) champion the need to present a balanced picture of the whole scene, good and bad referred to as 'the balanced change card'.

As the model develops into the analysis phase, emphasis is placed on the initial interpretation of data in addition to the identification of more unknown issues and problems. Bate reminds us that these primary steps in the process are also about participants confronting and creating some ownership of the situation. By inviting contributors to become reflective practioners, the anticipation is that they will in turn, be able to review their customary ways of working and consequently the part they play in the process.

The feedback element of the model is almost certainly the most complicated stage from a research practioner perspective. While aspects such as identifying change targets could be viewed as one-dimensional, allowing the

contributors to gain ownership of diagnosis while de-individualising problems can be a challenging part of the process. It is by promoting a shared collective responsibility for the diagnostic aspects of the research cycle that interventions can be appropriately designed. Only by transposing the '*collage of the staff's own words and comments*' (Bate, 2000: 486) into a new framework, can the question of 'what' become 'why' and therefore enable the identification of pragmatic change targets. Information gleaned from the feedback phase allows progression into the action element of the cycle to take place.

It is at this action stage that strategies are both formulated and operationalised, in addition to a managerial framework for the change process becoming established. The evaluation stage involves monitoring the change, reviewing methods used and the outcomes; there is also the integration of critical success factors into the framework. There is little doubt that assessing the efficacy of the procedural elements of the process is imperative, yet almost certainly the most constructive part of the evaluation stage is in the examination of the humanistic elements. Bate describes this as exploring whether '*the spirit of the endeavour has been realized or sustained: this, too, is important in a change process*' (Bate, 2000: 491). Indeed, gauging the 'spirit' of commitment to the endeavour is essential, not only in terms of success in meeting the outcomes of the change process but also with regard to shaping the content of future cycles.

Through this representation of the action research model, Bate suggests a middle ground between research and consultancy, which captures the essence of what action research methodology truly is. This depiction offers

not only a method of research and intervention, but also a model for change. Bate accurately describes action research as '*opportunistic, exploratory and emergent*' (2000: 491) and subsequently demonstrates the organisational implications of the process. Bate's interpretation of the action research process bridges the traditional lines or demarcation between '*traditional*' action research and the '*participatory*' version of the approach. Lewin's traditional classification of action research involving a collaborative change management or problem solving relationship between researcher and client would only provide half the story in this context (Lewin, 1946). Although this customary description of action research has been portrayed as the foundation of organizational development (Coghlan and McAuliffe, 2003, Cunningham, 1993, French and Bell, 1999), it is limited in its description of the finer nuances between relationships and authority that are integral to the success of the project. Egalitarian participation by a community, to transform some aspect of its situation or structure is a key component of participatory action research (Coghlan et al., 2005). Despite being described as having a focus external to the organisation, participatory action research does examine power relations within organisations and inspires people to construct and use their own knowledge (Selener, 1997).

Personal interpretation of this model suggests Bate has taken elements of both action research approaches; recognising the pressure to choose a singular approach between the traditional dichotomies could jeopardise the quality of the study. Whilst Bate describes the conventional dissimilarity of research and practice, he recommends a '*closer fusion and synthesis*' as opposed to merely the balancing of interest. Through the utilisation of Bate's

model, this study attempted to extract elements of both traditional and participatory action research in order to advance not only this project, but the understanding of the research methodology in this circumstance.

2.5 Criticisms of Action Research

Action research is perhaps, one of the most popular yet contentious labels in the field of organisational research (McInnes et al., 2007). Grønhaug and Olson (1999) claim that the subject of 'action research' is broad in its meaning and researchers infrequently describe its application or true intention, '*...this has resulted in fuzzy categorisations of types of research to be subsumed under the label*' (Grønhaug and Olson, 1999: 6). Elliot (1991) offers a primary criticism of action research in terms of subjectivity, a criticism which could be afforded to most qualitative investigative approaches, claiming that by being subjective it is therefore unreliable.

Zuber-Skerritt and Fletcher (2007) offer a holistic review of the complexities of both AR and individuals who chose this as an investigatory methodology. They claim their observations have shown longer completion times, higher attrition and increased failure rates, principally due to three reasons. Firstly, they classify action researchers as 'doers', subsequently they may struggle finding rigour in academic research due to the variation of meaning surrounding rigour in traditional scientific research. They continue that AR is viewed as undemanding compared to 'traditional' research, when in reality it is complex and problematic. As a final observation they identify the potential to

struggle with high research standards, quality and the originality of their contribution from an epistemological perspective.

AR is about doing and for that reason it may be more attractive to pragmatic researchers, those interested in tackling real problems with worthwhile solutions. The action element is however, one component of a larger process with researchers ultimately requiring skills in many other areas. The selection of any methodology should be a product of constructing the research question and the project planning process, where the intended outcomes dictate the chosen approach. Any choice of research methodology should not be based upon personal preference, but rather a result of extensive consideration.

Zuber-Skerritt and Fletcher's (2007) second point about AR's complexity and problematic application should be upheld as an accurate representation by all potential researchers aiming to use the methodology. A plethora of literature presents representations of AR following a simple cyclical route of diagnoses, action, evaluation and reflection. There is space within the evidence for the presentation of models of AR which represent the fluidity of open ended free enquiry, that in reality, hardly ever follow an uncomplicated cyclical course (McNiff et al., 2003). What initially appears to be one problem frequently encompasses many constituent parts, all requiring separate interventions varying in complexity and with a range of timescales. The third point, from a personal perspective, is the most contentious as they highlight the potential for not attaining adequate research standards, quality or originality. These points should be continually addressed within any AR project, with all processes being reviewed throughout the study to ensure a high quality and ethically sound outcome.

Wuest and Merritt-Gray (1997) capture one of the main areas of criticism, specifically of participatory AR. They refer to the general unpredictability of the process and the effect this has on participants. Unpredictability can result in a general difficulty keeping participants focused on outputs and make it harder to demonstrate to participants the effects of their actions on the project. In such projects the main aim of the study invariably remains constant, yet the way in which the final outcome will be achieved follows various paths, all with separate time lines. Wuest and Merritt-Gray (1997) correctly observe that the longer the project takes the more susceptible research participants are to changes in their own circumstances and fluctuations in their level of commitment to its objectives.

Upon its introduction, AR offered an advance in how to understand and engage with the social sciences. Few questioned local applications of the methodology for problem solving and generating a better understanding of real world situations. The issues and challenges of insider research will now be considered.

2.6 Issues and Challenges of Insider Research

Coghlan highlighted how the concept of insider action research has really emerged in the past 10 years as a significant way in which to understand and change organisations (Coghlan, 2004). The whole concept of 'insider research' is in stark comparison to those individuals or investigatory teams who enter an organisation transiently, purely for the purpose of conducting research. In 2007, Coghlan narrowed his descriptive focus to doctoral studies

that utilise insider AR, exalting the benefits of this approach and in this context (Coghlan, 2007a). He referred to both strategic and operational settings where individual practioners can tackle issues which affect their working lives and hopefully make a difference to real world situations. According to Coghlan issues of organisational change, system improvements and organisational learning can be addressed utilising this approach since these are a) real events which must be changed in real time; b) they provide opportunities for both effective action and learning; c) they can contribute to the development of theory of what really goes on in organisations (Coghlan, 2007b: 336).

By working within TRUST A, the author had increased access to people and places which an external researcher would probably have found it difficult to gain access to. Even finding out who are the correct people to talk to can be a laborious process in large complex organisations, and in the case of TRUST A, this is compounded as services are spread over several sites. The research process is invariably easier to administer when the researcher is part of the organisation, where the investigator knows immediately who to contact to set up a meeting or even who is the lead manager in an area. In the case of this project, having had experience of some of the entry level jobs within Facilities as an employee produced additional credibility for the author within the directorate. Having a working knowledge of the directorate enabled fast engagement with the project and a more expedited understanding of the data being generated. The concept of 'preunderstanding' captures local knowledge, experiences and acquired insights built up over time which allow a greater awareness of the context in which the research is based (Seppänen-Järvelä, 2005). Any person engaging in insider action research should

evaluate their own level of preunderstanding so they can construct a collaborative research plan that is well informed and fit for purpose. Preunderstanding does however require grounding and careful consideration in relation to acknowledging limitations to personal objectivity.

Being a researcher within your own organisation does have its own particular benefits and drawbacks, some of which are readily apparent while others are deep and interwoven with peripheral influences. Throughout the research phase of the DProf programme there was self awareness of personal positionality within the organisation, and more importantly, the desire of the author to remain a credible employee post study. Roth *et al* (2004) alluded to the sense of vulnerability insider researchers frequently find themselves experiencing, in terms of role duality and the secondary tensions these can generate. For this research there were few personal concerns in actually navigating the organisational hierarchy, although there was a sense of not wanting to intentionally jeopardise professional relationships as a by product of the project. It was an aim to work with people, not against them, hence minimising the potential for conflict, although the risk of discord remained present at all times.

Schon (1995) accurately describes the context of such investigations as the 'swampy lowlands' where problems are invariably messy. This is a resonant analogy and is in contrast to the simplistic cyclical way AR is usually portrayed. In the case of this study there was definitely a sense of dual identity, that of researcher and employee. The role of head of department gave senior responsibilities and also professional accountability. Few people within the organisation viewed the role as a 'researcher', as research seemed

a distant phenomenon which rarely touched their working lives. The staff who had been transiently involved in other investigations viewed research as something that was done to them, normally by groups external to the Trust. The notion of staff being part of the project was a new and engaging concept, making those participating feel they were part of the study, not merely bystanders to a project that would directly affect their working lives. The general publics' perceptions of research remains heavily influenced by the stereotypical laboratory based scientist generating empirical outcomes (Prewitt, 2005, Lenoir, 2006, Neill, 2007, Turner and Sullenger, 1999). In contrast, this study was being conducted with staff and management representatives who formed part of the research process. While there was a focus in terms of what could potentially be generated by this study epistemologically, there were additional aims for both organisational and staff benefits. This would only be possible if those the project was aiming to help most were involved the in the process.

A focus of concern was the way the directorate would be portrayed generally by this research. This was especially the case as the study was drawing attention to long term problems that had been allowed to evolve over a number of years. The political 'fallout' that could be released by this research demonstrated why understanding the politics of the organisation is essential for any would be insider researcher. Bjorkman and Sundgren (2005) highlighted the potential benefits of insider researchers in being well placed to exploit learning opportunities within their working environment. This may be the case although their notion of such researchers being described as 'political entrepreneurs' capable of unifying personal, research and

organisational objectives in a broad sense is questionable. From experience, the insider researcher should spend time understanding the organisation's political landscape for both their personal, and the project's, benefit and not merely to combine outcomes. Failing to navigate this milieu can cause major problems for the study, and in the case of the insider researcher, the professional environment they will continue to work in.

Sundgren (2004) when describing the potential for conflict with insider research, exalted the benefit of developing an internal support mechanism to support investigators through such challenges. In this study, this was achieved with the assistance of the HR Director and the Staff Side chair, who was also the joint KSF lead. The HRD further acted in the role as a professional supporter of this project and, with his executive position and long NHS experience, this helped to develop a heightened political understanding. Time was additionally spent with the senior management of the Facilities directorate, briefing both teams and individuals regarding the projects aims and developments. Such briefings were found essential to ensure key 'political' figures remained informed with up to date information regarding the project and by doing so they remained 'on side'. This 'hearts and minds' approach to project management should be an integral feature in the study design, helping the project to evolve.

Coghlan (2007b) spoke about insider action researchers building on this closeness that their position allows. More importantly though, is to create distance from the work context to be able to critically evaluate and gauge the changes instigated. Creating this distance was, for the author, the most difficult element of insider AR, being so immersed in the subject matter on a

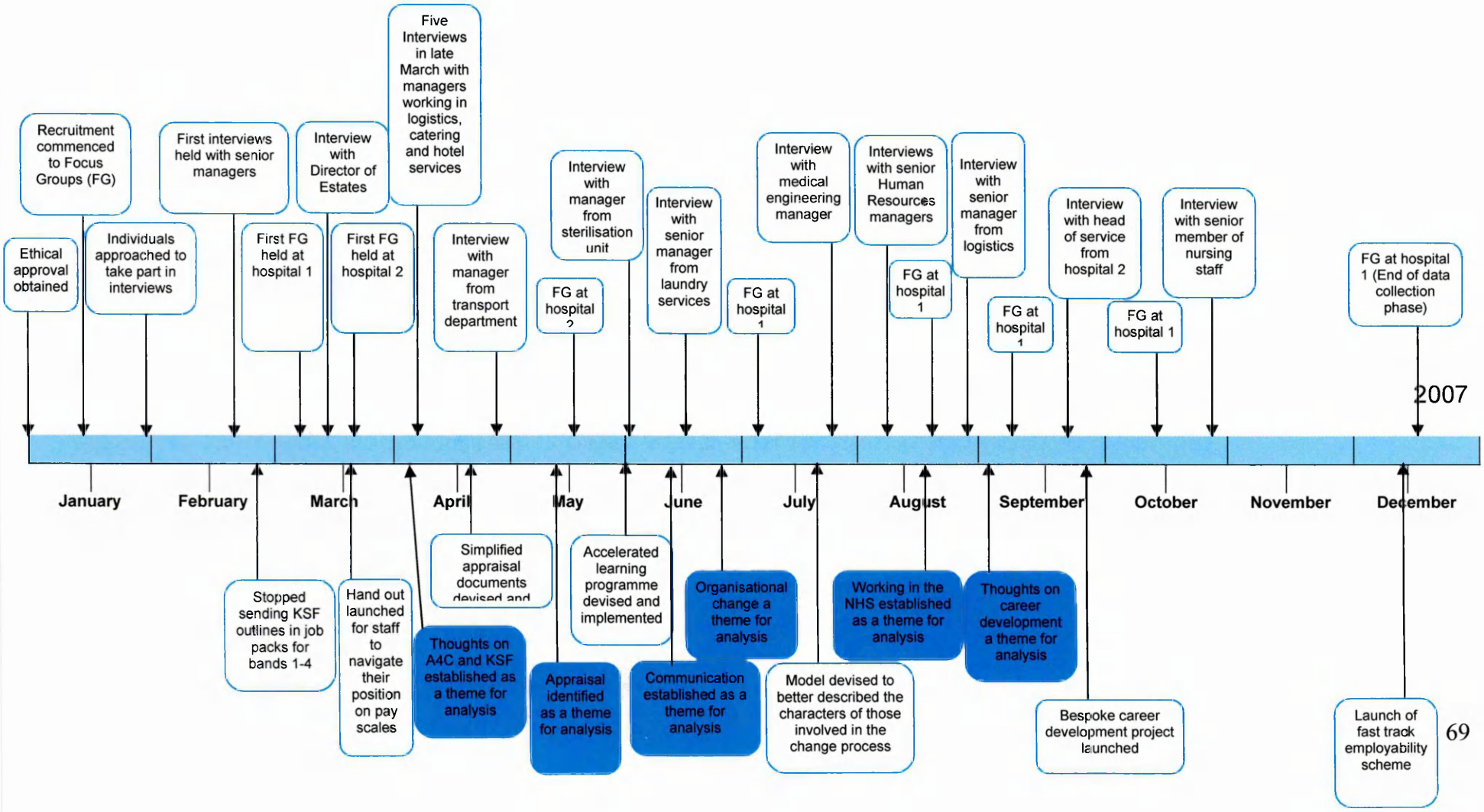
daily basis. At the outset of the project there were attempts to separate out what was considered a dual identity, although this was in hindsight never going to be that possible. After coming into contact with research participants on a range of other operational issues on a regular basis, the futility of true role segregation was apparent. Once there was a cessation of attempting to categorise contacts with people as being part of the study or not, the project evolved more fluidly. The essence of real world research is that it encapsulates the finer nuances of professional roles. To make insider research be the positive beneficial methodology it invariably can be, some kind of middle ground must be established in terms of role duality. The ability to build on closeness yet still be able to gain distance is an acquired skill, and was developed with practice in the context of this project.

Insider AR undoubtedly offers collaborative possibilities for learning about real world problems that affect both individuals and organisations simultaneously. Through this section the emergence of insider AR and the generalisable prospective benefits and drawbacks to the process have been discussed. Although insider AR offers researchers expeditious increased access to research subjects, there is also the propensity for problems stemming from role duality. Insider researchers must therefore build on both pre-understanding and the closeness their role allows them to the subject matter when planning and executing such projects. Being able to develop a close proximity relationship to the research project yet remain distant enough to observe changes is a practiced skill in the insider research process. All individuals embarking on such investigatory voyages within their own

organisation must develop internal and external support mechanisms to support them in the challenges which invariably lay ahead.

2.7 Research Design

Having described AR as the methodology of choice within this project, the following sections will concentrate on describing elements of the research design. The study utilised an iterative approach through arranging an on-going programme of focus groups and semi-structured interviews. The information gained from these data collection exercises then informed the AR cycles. The time line first introduced in chapter 1 is now offered again to demonstrate how the research developed over the course of the study.


Recruitment commenced to Focus Groups (FG)
Ethical approval obtained
Individuals approached to take part in interviews
First interviews held with senior managers
First FG held at hospital 1
Interview with Director of Estates
First FG held at hospital 2
Five Interviews in late March with managers working in logistics, catering and hotel services
Interview with manager from transport department
FG at hospital 2
Interview with manager from sterilisation unit
Interview with senior manager from laundry services
FG at hospital 1
Interview with medical engineering manager
Interviews with senior Human Resources managers
FG at hospital 1
Interview with senior manager from logistics
FG at hospital 1
Interview with head of service from hospital 2
FG at hospital 1
Interview with senior member of nursing staff
FG at hospital 1 (End of data collection phase)
2007
January
February
March
April
May
June
July
August
September
October
November
December
Stopped sending KSF outlines in job packs for bands 1-4
Hand out launched for staff to navigate their position on pay scales
Thoughts on A4C and KSF established as a theme for analysis
Simplified appraisal documents devised and
Appraisal identified as a theme for analysis
Accelerated learning programme devised and implemented
Communication established as a theme for analysis
Organisational change a theme for analysis
Model devised to better described the characters of those involved in the change process
Working in the NHS established as a theme for analysis
Thoughts on career development a theme for analysis
Bespoke career development project launched
Launch of fast track employability scheme

2.8 Techniques for Data Generation

Coghlan et al (2005) highlighted how data comes through engagement with others in the AR cycles and how it is more appropriate to talk about data generation opposed to data collection in this research context. Indeed, the AR process can be as much of a learning curve for participants as it is for the researcher, making the data generation approach more fitting. In this study focus groups and semi-structured interviews were utilised to generate data with the resultant information informing the AR processes. Information generated though these processes also enabled the project to be professionally grounded, therefore leading to the identification of a number of secondary learning themes. These themes, although not directly utilised to inform AR interventions, did address some of the broader research aims and objectives. Information produced from focus groups and interviews enabled an improved understanding of staff attitudes, motivational and organisational issues and organisational change amongst other subjects. This information which was secondary to implementing KSF provides the basis for discussions within chapter 8 and offers a reflective perspective of personal learning throughout the research journey.

The next section will commence with a review of the recruitment processes to focus groups and semi-structured interviews before progressing to the subject of sampling. There will then be an outline of both methods of data generation more directly, prior to a general discussion being presented regarding the efficacy of the selected approaches.

2.9 Recruitment of Research Participants

It was the intention to recruit focus group participants via posters (appendix 5) which were circulated within the Facilities directorate. The posters were aimed to encourage staff involvement with the research process by asking employees about the perceived challenges to KSF introduction and what they considered could be done to overcome such difficulties. The posters offered prospective participants the opportunity to become involved over coming months in shaping the introductory process and having a voice in how KSF was being introduced. In reality, an intermediary step was required to recruit participants to join these groups after the posters alone did not raise a significant volume of interest. Brewerton and Millward (2001) advocate between 6 and 8 participants as ideal for running successful focus groups. They also advocate the practice of over recruiting to focus groups by 20 per cent to account for potential participants who will not turn up (Brewerton and Millward, 2001: 83). To achieve productive rates of participation, in the region of those highlighted by Brewerton and Millward, the posters were also circulated at team and departmental meetings. At these discussions, supervisors and managers provided an overview of the research and what the study hoped to achieve. It was only after this more direct approach to recruitment that a satisfactory number of individuals became involved.

For recruiting to semi-structured interviews MacDougall and Fudge (2001) advocate identifying key contacts within areas of work that enable the research project to achieve its aims and objectives. Recruitment to the semi-structured interviews utilised within this study was achieved via a comparable direct approach to individuals. Although the Facilities directorate employs a

large number of staff, those in senior managerial positions are minimal. For this reason those involved with the interview process represented a rounded managerial perspective from a variety of departments within the directorate. No member of the Facilities management team who was approached to take part in this study refused to do so.

Both focus group and semi-structured interview participants received an information sheet (appendix 6) which outlined what the project was about, the research method employed and what the broadly intended aims and objectives were. All participants signed a written consent form and were given the opportunity to withdraw from the process at any point.

2.10 Sampling

Random sampling was not deemed necessary in this study as it was not the intention to produce generalisable data, although it was deemed important to have a structured approach to the recruitment process. Sampling has been an important topic in the research methodology literature (Collins et al., 2007, Hedges, 1984, Luborsky and Rubinstein, 1995, Walker, 2005) although Punch (2005) questions how relevant complicated models of sampling are today. He cites the growth of interest in qualitative methodology, the swing away from large sample sizes required in quantitative studies and the difficulties in accessing efficient cohorts directed by sample plans as altering traditional approaches to the process. Punch correctly describes how researchers must sometimes take '*whatever sample is available*' and for that reason there has been a drift towards convenience sampling, where the researcher '*takes advantage of an accessible situation which happens to fit the research context*

and purposes' (Punch, 2005: 101). The sample of research participants who took part in this study, were selected due to both their willingness to participate and their job role, providing a balance between availability and adequate representation of the directorate.

Brewerton and Millward (2001) highlight the need to engage a systematic strategy for focus group composition. The authors proceed to highlight how the sample should reflect '*those segments of the population who will provide the most meaningful information in terms of the project objectives*' (Brewerton and Millward, 2001: 82). From a personal interpretation of such points, participants need to not only represent a cross section of the population being studied, they also have to be willing to engage with and contribute to the research process. There is little point in recruiting a diverse representative cohort who has little interest in participation.

In terms of sampling participants that could have become involved with the interview process, Wengraf postulated that if individuals are selected for '*their own sake*', then this is not a sampling problem (Wengraf, 2001: 95). Wengraf continues to highlight how it is when the interviewer has a choice of participants that sampling becomes an issue for consideration. Within the context of this research, the sampling strategy for interview participants was to engage with a broad cross section of the Facilities directorate management, although the choice of participants was limited. In most instances there was only one person in a certain managerial position, such as laundry or catering manager, there was therefore little choice in terms of who was approached to participate from these areas. In cases where there was an alternative of manager or deputy, the research was discussed and a mutual agreement was

achieved where the appropriate person became involved. The amount of time that an interview participant remained engaged with the study was dependant on a number of factors. Some contributors had restricted time to offer and therefore had limited involvement. Others had large workloads which required their full attention and showed little interest in participating on a regular basis. There were a number of manager representatives who became interested in the AR approach, the diagnosis of problems and the fashioning of interventions to tackle such issues. It was staff such as these who had a more sustained involvement in the project.

To summarise, random sampling was not deemed necessary in this study as it was not the intention to produce generalisable data. A sampling strategy was employed in this research that was both mindful of the need for a distribution of participants though employed the principles of convenience sampling to accommodate those available to engage. Participants of the semi-structured interviews were selected from across the Facilities directorate, although the availability of participants was limited by the number of staff in managerial positions and their availability. The most significant element of the sampling strategy was that those involved should want to contribute to the AR process.

2.11 Focus Groups

Millward (1995) succinctly described focus groups as a discussion-based interview that produces a particular type of qualitative data. Brewerton and Millward (2001) described how focus groups are not geared to formally test hypotheses in the traditional hypothetically deductive sense, although they can be used for hypothesis formation and/or construct development. The

information generated by focus groups and interviews proved useful in nearly all of the component parts of the AR cycles. Contrary to Brewerton and Millward's (2001) boundaries of focus group uses where they suggest focus groups cannot be used for theory testing, personal experience would suggest there is such a role within the evaluation element of the AR cycles. The focus groups became a forum for evaluating theory and enabled the project to focus on key issues which supported the productive actions of the study.

The membership of the focus groups remained relatively constant in terms of the same people attending each session. It was intended that the groups run in this way so that a social psychological dynamic could be established (Carron et al., 2004, Hollander, 2004, Warr, 2005). Stewart and Shamdasani (1990) commented on how the results of focus groups must be understood within the context of group interaction and how such units function on two continuums, group process and content. Brewerton and Millward stated that focus groups are '*communication events in which the interplay of the personal and the social can be systematically explored*' (2001: 82). For such interplay to be effective, group members were supported to feel comfortable within an environment in which they could share knowledge and experiences and in effect gain Trust with each other. The Facilities directorate, to a certain extent remains a centralised hierarchical establishment where employees are wary of being labelled anti-establishment; therefore group cohesion was integral to success.

Each focus group consisted of approximately eight members of Facilities staff, with meetings taking place at both hospital sites. Each site had its own focus group of Facilities staff and there was no cross over between group

memberships. Groups were conducted in general meeting or education rooms outside of the directorate to ensure privacy and all group facilitation was conducted by the author. No other focus group facilitators were utilised in this research. Steward and Shamdasani (1990) captured the essence of the facilitators role when running such gatherings. They discuss gauging your own level of self disclosure so that discussions are both on course and productive, yet not detrimentally influencing the group. They continued to describe the balancing of '*requirements of sensitivity and empathy on one hand and objectivity and detachment on the other*' (Stewart and Shamdasani, 1990 :69). Maintaining detachment was the most complex element experienced in running such groups, members frequently attempted to draw me into other areas of difficulties they were facing in their professional lives. This occurred increasingly as relationships were established and levels of Trust grew on both sides. Brewerton and Millward quote a research note by Hilder (1997) where he highlighted the problem with internal focus groups and the desire to treat the facilitator as a therapist. Within this research there were times when participants used the forum as a sounding board for the perceived injustices of the organisations and even NHS policy decisions. Most of the time those taking part did not require answers, it would seem they just wanted an arena by which to vent their frustrations. Groups lasted on average for one hour as this was the time period dictated by management within the directorate, as the limit to how long attendees could be excused from the workplace. For this reason, facilitation skills had to be honed to make this time as productive as possible.

2.12 Semi-Structured Interviews

The other mechanism of data generation utilised in this study was semi-structured interviews, which include aspects of measured responses to questions and the facility to probe and explore areas of interest (O'Leary, 2004). Wengraf (2001) describes how the semi-structured interviewer should have prepared questions that are designed to be sufficiently open that the subsequent questions cannot be planned. Coghlan et al (2005) highlights how interviewing in AR is not simply a tool for data collecting and is in the same categorisation as an AR intervention where both parties can learn from each other. The authors continue to observe interviewing in action research tends to be '*focusing on what the interviewee has to say, rather than confirming any hypothesis the action researcher may have*' (Coghlan et al., 2005: 100). Indeed, Wengraf postulates that the semi-structured interviewer has to '*improvise*' between 50 and 80 per cent of responses to what is said in relation to pre-prepared question (Wengraf, 2001: 5).

Interviews in this research were conducted predominantly with senior members of the Facilities staff, although interviews were also conducted with some external Trust members as part of a wider data validation process. All interviews were conducted in private offices and scheduled at a time to suit the participants. It was the intention to 'separate out' more senior research participants from focus groups due to the effect their presence might have on other participants. Having previously alluded to the hierarchical nature of the directorate; placing senior members of the Facilities management team in a group environment would most certainly have stifled debate. The potentially negative effects of senior involvement on the trustworthiness of data

generation was also considered, especially if such participants believed they were being judged or if they were to lead discussions in line with other agendas. From personal experience, the amount of involvement and therefore data generation, would also not have been as productive if their involvement had been integrated into a group setting. It was not uncommon for participants of the interview process to share perspectives which were unlikely to have been disclosed with other contributors present.

The interviews proved useful to capture key personnel's thoughts and impressions of not only KSF generally but also the interwoven effects that the framework has on service and career development. Discussions centred on what needed to be done to facilitate KSF introduction and the drivers and barriers that would allow or prevent this from happening. Unlike the focus group membership, which remained largely fixed. A varying cohort of senior Facilities staff were interviewed, some only once and others a number of times, as was discussed in the section on sampling. Some managers did not have the time or the attention to be involved in regular meetings, although all of those approached did become involved with at least one interview. This allowed a comprehensive overview of the project to be established, from which interventions could be constructed.

Conducting semi-structured interviews also allowed a greater insight into the secondary themes around KSF implementation. These themes formed part of the central learning within Bate's (2000) model on AR and also generated the data that provides the analysis offered in chapter 8. Semi-structured interviews have been described as inherently social encounters, which can help to facilitate the co-construction of social norms (Rapley, 2001). The

interviews conducted as part of this study permitted a deeper, more insightful understanding of what factors impact on the decisional processes for participating managers in the directorate. Wengraf (2001) recommends that semi-structured interviews, under the right conditions, can yield much more than a structured interviewing approach. Conversely he also warns that '*under the wrong conditions, they may yield nothing at all*' (Wengraf, 2001: 5). The semi-structured interviews that were conducted as part of this study were wholly productive in terms of generating data and therefore creating a mutual understanding of the drivers and barriers to KSF introduction.

To summarise, semi-structured interviews were conducted with representatives of Facilities management to generate data around KSF and its introduction. Some managers were interviewed several times, where other representatives participated only once. Although some questions were used to prompt debate these were sufficiently open to allow improvisation and the exploration of other subjects affecting the project aims and objectives. This form of data generation allowed drivers and barriers to be identified in addition to the investigation of secondary themes which form the central learning process in Bate's model of AR (Bate, 2000). Although this approach to data generation can be non-productive, in terms of this research, semi-structured interviews proved an efficient and constructive mechanism to advance the project.

2.13 Data Recording, Analysis and the Validation Process

This section will now describe how the data that was generated, was recorded, analysed and how its Trustworthiness was evaluated.

All focus groups and semi-structured interviews conducted as part of this study were recorded originally using audio cassette, and shortly thereafter using a digital voice recorder. After an initial intent to transcribe all recordings personally, it became apparent that the volume of data and a lack of available time would necessitate the use of an external transcription service, where the recordings were transcribed verbatim. Tilley (2003) comments that although it is common practice for someone other than the researcher to transcribe recordings for purposes of data collection, this can in turn influence research data. Tilley postulates that the transcribers interpretive/analytical/theoretical lens shapes the final texts constructed and as a result has the potential to influence the researcher's analysis of data. In the context of this study, the quality of transcription was extremely high with the company used offering a rapid return of transcribed material. All transcripts were shared with both interview and focus group participants for accuracy and the recordings were reviewed personally to gauge precision of transcription and intonation. Because of the recognised implications for the interpretation of research data and for decision making in practice fields, transcription as a process does warrant further investigation in the research literature (Lapadat and Lindsay, 1999). Whilst Tilley's observations maybe accurate, with personal transcription offering a higher quality end product, in the context of this research, the use of an external service was preferable to the recordings remaining underutilised as a result of time constraints.

The large volume of transcriptions received meant a means of storing and arranging the data into a coherent manageable structure was of paramount importance. Initially, Microsoft office word documents were utilised and titles

apportioned which corresponded with emerging themes, although as the volume of data grew, this system became increasingly difficult to navigate. To manage and navigate the data, it was decided that NVivo qualitative analysis software should be utilised.

NVivo supports code-based inquiry, searching, and theorizing combined with ability to annotate and edit documents. NVivo is therefore designed for researchers who wish to display and develop rich data in dynamic documents (Richards, 1999). Documents can be imported and edited with hyperlinks to sound, image, and other files, but they can also be coded as finely as needed and the results of coding displayed, explored, and modelled. Although NVivo has previously been utilised in grounded theory studies (Bringer et al., 2004, Bringer et al., 2006, Phillips, 2003) it was adopted in this research as a data warehouse and for its coding analytical capabilities. MacMillan and Koenig (2004) state that discussions on computer-assisted qualitative data analysis software, often originate with the assumption that research will automatically be improved through the use of such software. The use of NVivo in this study was to add manageability to the plethora of data that was being generated. From personal opinion in the context of this study, the quality of data analysis and management has benefited from the utilisation of NVivo, although it is apparent that the software is capable of more than the narrow application in this research study.

Within this study the validation of the research process and AR developments were essential to maintaining rigour within the investigation. The concept of validity is a multi-dimensional one, comprising different forms of validation and therefore of assessment (Brewerton and Millward, 2001). Practical steps were

taken to validate both data and the AR processes. Data that had been generated was reviewed for accuracy and shared with participants' on a frequent basis. The use of NVivo allowed a more comprehensive approach to theme identification, while content and implications of AR interventions were regularly shared with participants. In AR terms, Greenwood and Levin (2007) look at the concept of validity globally, claiming the validity of AR knowledge depends on whether the actions that arise from the process solve problems and raise the participants' influence over the situation. PalŠlshaugen et al (1998) suggest that pragmatic outcomes are the main point of validation when AR is being used in an OD context, a practice that rejects the pre-eminence of theory generation. The AR interventions which formed part of this study yielded pragmatically orientated interventions that advanced the implementation of KSF across the Facilities directorate supporting the validation of the AR processes.

To summarise, within this section the recording, analysis and validation of data has been considered. Data produced from focus group and semi-structured interviews were initially recorded on audio cassettes and then a digital voice recorder was used. An external transcription service was employed to transcribe recordings due to time constraints. Some researchers have criticised such services, claiming the impact on the quality of data and have a potential effect on theory. However, using a transcription service was the most expedient way to receive full transcripts of research meetings which could then be analysed and translated into themes and actions. NVivo was utilised mainly for its data storage functions, although the programme did prove helpful for establishing themes within the data. These themes will be

discussed in chapter 8 and form the basis for the learning process outlined in Bate's model of AR (Bate, 2000). The validation of findings in AR has been highlighted in the literature as multi-dimensional, although evidence of validity and rigour emerges in the pragmatic problem solving outcomes that a study delivers.

2.14 Chapter Conclusion

This chapter has discussed aspects of the research methodology utilised in the project. Commencing with a review of the rationale for selecting AR as a methodology, the chapter then focused on the model of AR specifically used in this project. Criticisms of AR have been considered as have issues and challenges faced by insider researchers. Both focus groups and semi-structured interviews have been discussed as mechanisms for data collection, along with a review of how the data was recorded, analysed and validated. Chapter 3 will now review ethical considerations that were considered in the course of this study.

Chapter 3: Ethics

3.1 Introduction

In the planning phase of this research project, it became apparent that although they would provide a start point, standard ethical considerations would not prove sufficient for an AR study. Conducting research from within your own organisation frequently involves occupying several combined identities, including researcher, colleague and employee. The evolving nature of AR also ensures that ethical considerations are rarely static as they evolve with the unfolding project. Ethical considerations would be likely to emerge proportionately with the project and change in relation to the requirements of both the organisation and those involved. This chapter will commence with an overview of the general ethical considerations specific to AR, before focusing on a model for ethical project management utilised within this research investigation. Through this model, an adaptation of a process for error recognition, both 'latent' and 'active' ethical concerns specific to this study will be discussed (Reason, 1991).

3.2 General Ethical Considerations in Action Research

Ethical issues are frequently discussed in relation to a wide range of research methods and contexts (Collins and Wray-Bliss, 2005, Dodd et al., 2004, Lewis, 2008). While doing no harm, not breaching confidentiality and not distorting data are all sound ethical standards, such intentions do not provide adequate ethical safeguards in the '*messiness of action research*' (Coghlan

and Brannick, 2001 :77). Williamson and Prosser (2002) succinctly describe three of the main ethical concerns affecting AR –

1. Due to the collaborative nature of AR and the close working relationship between researchers and participants, how can anonymity be maintained?
2. If AR truly is a 'journey' which 'evolves', how can informed consent be meaningful?
3. Due to the political nature of AR, how can researchers guarantee no harm to participants?

These three observations will now be considered more holistically within this section of the chapter.

Williamson and Prosser (2002) highlighted that due to the nature of the 'political enterprise', AR as a methodology has unique ethical issues leading to potential consequences for participants and researchers. The authors' reference to a 'political enterprise' is a relevant depiction of a project set in the same kind of context as this study, yet their emphasis on protecting anonymity in all areas of AR is questionable. A quality AR project, in organisational development terms, is reliant upon participation and ownership. In addition to encouraging involvement with the AR process this improves the quality and validity of its outcomes. An atmosphere of involvement was duly fostered in delivering this project where it was not deemed either necessary or advantageous within the organisational context to protect the anonymity of those involved. Huxham and Vangen (2003) concur that in the spirit of collaboration which supports most AR studies, struggling to protect anonymity

should be avoided as 'visibility' supports the overall quality, rigor and reflexivity of the project.

The second point raised by Williamson and Prosser is the distinction of AR as an evolving process, which raises doubts over meaningful consent. Concerns surrounding the validity of informed consent is not a new subject, with past fears regarding the protective capabilities of the process, generally due to limited commitment (Gray, 1978). Eikeland (2006) describes ethical considerations as being philosophical and applied. In essence, the same considerations can be applied to consent within AR projects, where theoretical concepts cannot replace what is learnt through the applied elements of the study. Within participatory AR the scope of consent must be explained to prospective research participants, with the subject re-visited as the project evolves. At such points in the research process consent maybe re-negotiated with participants' and their willingness to remain involved confirmed.

The final point raised by Williamson and Prosser is the concept of doing no harm to participants. The question of harm in a participatory AR sense is multifaceted and charged by political undertones, yet it involves both organisational and individual considerations with a balance achieved between the two.

Ethical considerations in participatory AR should maintain equilibrium between the ethical needs of the individual and that of the organisation. Lundy and McGovern (2006) conducted an engaging AR study examining community 'truth-telling' and post-conflict transition in Northern Ireland. Within this socially and politically volatile area of investigation, Lundy and McGovern refer to participation, local ownership and control for protecting individuals within AR

studies. Repeatedly the questions regarding level of involvement raised at the planning phase of the study require further consideration as the process evolves. Williamson and Prosser provide a response to their own query by alluding to the development of an ethical code to prevent harm within AR studies. The benefits of such codes have been championed by others as a way in which to develop an ethical organisational culture, by instilling and reinforcing the values of honesty and integrity (Danoff-Burg et al., 1997, Dufresne, 2004). It appears the construction of such codes is particularly beneficial in an AR context where ethical dilemmas can be complex and rarely straightforward.

Walker and Haslett (2002) have advocated the grounding of ethical considerations within the AR process itself, in this way the ethical process can adapt in time with the research cycles. Stringer (1999) refers to two overarching themes that should be present throughout the AR project, who will be affected? And how will they be affected? Considering the effects of the research process on 'real' people and how it affects their lives is a positive way of grounding the ethical process. Hilsen (2006) deliberates ethical considerations in AR studies and observes how human life is relational and thus human practice becomes the centre of attention for both scientific and ethical reasons. The concept of 'human practice' fits well within the ethos of AR with the high level of involvement required by individuals to enable the process to work successfully. Barazangi (2006) laboured to increase individuals capacity to act within an AR framework and described the multiple dimensions of ethical principles which were engaged within such a process. Barazangi referred to integrating the researcher's own version of participatory

AR after considering various theories for teaching, learning, and evaluating AR. In some ways researchers undertaking an AR study have to adopt the same approach in tackling the ethical dilemmas they will ultimately face. Researchers should evaluate the various strands of evidence regarding ethical considerations and progress to design their own logical and grounded approach to the ethical question.

3.3 A Model for Ethical Considerations in this Study

Within this chapter literature has been cited that urges those undertaking participatory AR to ground ethical considerations within the process itself. Although the grounding of ethical considerations within the research was planned, it was considered prudent to be pro-active in seeking out some of the potential problems that maybe faced from an ethical perspective. To achieve this, Reason's model of Human Error (Reason, 1991, Reason, 1995) was adapted to be utilised for managing ethical issues in an AR context. Reason described what he called the Swiss Cheese Model of Human Error formation, where both latent errors (accidents waiting to happen) contribute to system failures just as much as active failures (slips, trips and falls) (Reason, 1991, Reason, 2000). Reason observed that when large scale failures do occur, these are usually as a consequence of multiple problems within the system. In his model the slices of Swiss cheese represent safety barriers which need to be penetrated for errors to emerge, with the holes representing failures and mistake formation (see figure 5). By adapting Reason's model and applying it to the ethical considerations within this AR research project, potential sources of ethical concern were treated as latent conditions. It was also acknowledged that along the research journey some errors will naturally

occur from active failures. These 'failures' were acknowledged as having to be dealt with as part of the AR process and perhaps more importantly, learnt from to avoid reoccurring in the future.

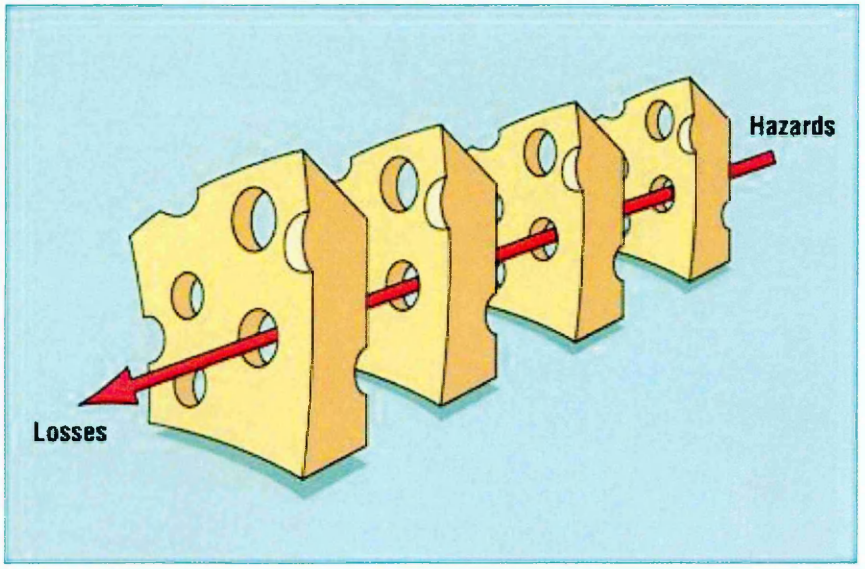


Figure 5: 'Swiss Cheese Model of Human Error'
From Reason J. Human Error: Models and Management. BMJ *2000;320(7237):768-70.*

3.3.1 Recognition and Discussion Regarding 'Latent Errors' that were Identified as part of the Ethical Process

As part of this project ethical issues were considered in the context of individual participants, groups and the organisation's own identity. The following points relate to issues that were considered ethically important at the project planning phase and within the AR cycles as they were reviewed –

- The need for ground rules
- Clarification on the 'identity' of the lead researcher
- Avoid inadvertent negative portrayal of the organisation

- Address suspicion by individuals and groups not involved with the research process
- Clarification of all participants willingness to remain involved

Through the focus group and interview process, a series of ground rules were discussed which also included dialogue surrounding the mixed identity that was personally held as researcher and senior manager. Valuing opinions and recognising variations in occupational experience formed part of ground rule formation, as did letting people speak 'freely' without fear of negative judgement. 'Variations in experience' related to some participants having been employed for 6 months while others had worked at TRUST A for over 30 years. Focus group participants recognised that these extremes of NHS service should not prove detrimental to research involvement. Ground rules consisted largely of operational factors such as the importance of starting and finishing data collection sessions on time, where and how information and feedback would be imparted and the frequency of meetings. The research subject was not considered by participants to be overtly contentious on an individual or group level, subsequently no highly sensitive ethical dilemmas were identified, although a recurrent theme was the importance of all participants to 'have their say'. Early ethical considerations additionally focused on personal identity. It seemed an unrealistic expectation to ask participants to view the Head of Education role as solely one of researcher with this project, especially when contact with some participants stretched to other professional matters, beyond the research arena. With this in mind a discussion took place with all research participants regarding professional

identity and what the role of Head of Education is, including professional responsibilities. This was followed by discussing the research journey and the aims and objectives of this project. From offering this information, those involved could form individual understanding of how the professional doctorate supported personal and professional development, something participants related to as a legitimate aim.

When planning this project, the potential existed for the organisation to be negatively portrayed, largely due to its past low level of participation in OD practice within the Facilities directorate. While other Facilities directorates would invariably be starting from an equivalent low point, these departments would not be developing their practices under a research 'spot light'. Any problems the Trust was facing were balanced though with the action elements of the research project. By communicating a balanced collection of findings and interventions this would allow a rounded case to be presented, and in doing so there was the opportunity to assist other Trusts facing similar difficulties. Therefore in terms of 'protecting' the organisations reputation, information from the diagnostic phase would not be made available or published unless it was presented within the context of the whole study.

The majority of ethical considerations were explored and contained within the approaches outlined in this chapter. The subject of ethics was re-visited with focus groups and individual participants through open communication and active engagement. Coghlan and Brannick (2001) advocate engaging the major 'players' to connect them with the process. They also eschew political dynamics as the major obstacle to effective AR within the internal

organisation, in response to this, the Trust senior management were engaged in dialogue throughout the research process.

3.3.2 Reflections on the Ethical Challenges within this Research

Coghlan and Brannick's (2001) reference to the navigation of political dynamics as being the most ethically challenging element within an AR study would, in the context of this study, prove to be correct. On numerous levels, both personal and professional, the main ethical challenges were political in origin. Occasionally a focus group participant disclosed an element of their practice that merited further discussion outside of the data collection 'arena'. These infrequent occurrences were relatively minor when considered in the same context as navigating and engaging with the political world of a large healthcare organisation.

KSF was widely regarded as an 'HR' project in the Trust. This made participation with the framework for some managers a bargaining tool with which they could negotiate, attempting to secure assistance in other areas in return for compliance. The fact that the framework's introduction was additionally part of this study, did heighten its importance for some people. There were no direct approaches made that linked increased resources for example, with participation in the framework's introduction. Managers did however suggest that enhanced facilities such as computer access would allow a higher volume of staff development to take place. These requests were dealt with in the same way as any other approaches would be and were actioned if they met existing funding criteria. All managers had their attention drawn to the fact that KSF was not optional and actually an integral part of the NHS pay reform agenda. Numerous managerial staff were surprised at the

level of support available to develop local learning without the need to barter using levels of compliance as a bargaining tool. For many such managers this was the first time they had engaged with a process that supports increasing capacity in staff education.

The most challenging ethical dilemma faced whilst conducting this research was complete non-compliance with the introduction of KSF by one senior manager within Facilities. This posed both personal and professional ethical dilemmas as the responsibility for KSF introduction sat within the remit of the Head of Education. Any personal concerns though about commencing a disciplinary action were soon dismissed as the lack of authority within the organisation to insist on compliance soon became apparent. The person in question worked directly to an executive director who did not support the concept of personal development for all staff. The manager further stated that compliance could jeopardise service provision due to the amount of time it takes to perform staff appraisals. The lack of support for staff development for those other than senior managers, coupled with the 'threat' of service jeopardy meant that KSF could be dismissed without any fear of accountability for this person. Through negotiation a successful outcome was reached, yet the event raised concerns about the potentially infectious nature of non-compliance and the lack of authority to 'police' involvement. This situation further highlighted the extent the organisation was reliant upon certain positions for service delivery and for meeting key standards on healthcare regulatory assessments. Failure in these areas of legislation could lead to a reduction in hospital ratings or the loss of clinical services. For these reasons, individuals managing such areas were not likely to be pursued for not

becoming involved in the introduction of a career development framework they considered non-essential. In terms of the author's responsibilities this posed an ethical dilemma as there was personal accountability within HR for the framework's introduction. What to do in the event of non-compliance was not considered an ethical problem prior to this event although in hindsight it should have been.

The remaining ethical 'active' failure not identified prior to the research commencing was the potential within such studies for professional 'harm' to the investigator. When ethics is considered, focus invariably switches to research participants and in the context of insider research, the organisation as being a subject requiring ethical protection. Within insider AR studies, the researcher should comprehensively consider their own level of involvement and the potential for professional risk. This is most likely overlooked prior to studies commencing because of the difficulty in quantifying the potential for professional harm. Conceptually, professional 'harm' can take many different forms and range from workplace hostility to what Coghlan et al (2005) have described as a lack of belief and motivation within your professional role post research. In the context of this study it became apparent that any negative factors that were a result of the investigation would also have an inverse personal and professional effect. The lack of attention for personal ethical consideration was an active failure within the research. Although there were no personal or professional ethically orientated problems that emerged, there was a feeling of being ill prepared should such problems have materialised.

3.4 Chapter Conclusion

This chapter commenced with an overview of the broad subject of research ethics, prior to considering ethical issues within the 'messiness' of AR. The section focused upon questions regarding anonymity, meaningful consent and the concept of doing no harm within an AR context. The chapter then proposed a conceptual model for considering ethical issues within AR studies that is directly based on Reason's work on human error (Reason, 1991). From utilising this 'Swiss Cheese' model, latent ethical issues that may have gravitated into real problems were identified and discussed. The chapter concluded with a reflective discussion on the 'active failures' of the ethical process within this study. These were the ethical challenges that were not considered prior to the research commencing that could have proved problematic.

Conclusion to Part One

Three chapters have made up the part one of this doctoral project report. Chapter one introduced the research subject and focused strongly on setting the scene for the investigation. As part of the scene setting process a time line demonstrated what happened and when. An overview of NHS Facilities departments was also produced, followed by a review of the situational context in which this research was chosen for doctoral study. The first chapter proceeded to describe individual research positionality and the professional research stance prior to describing the research aims and objectives. The second chapter focused specifically on research methodology with a clear focus on Action Research and the model used within this project. The practical aspect of running this study was also described within this chapter with recruitment to the project and data collection and sampling also considered. Chapter three focused on both the broader ethical considerations within the research arena and the specific approach to managing the ethical process that was adopted in this work. The second part to this project report will now be introduced.

PART TWO - ACTION RESEARCH CYCLES:

Chapters 4-7

Introduction to Part Two

Part Two of this project report is focused on the Action Research cycles that were undertaken within the research. Chapters 4-6 will refer to the following themes which emerged in the diagnostic phase of the study –

- The need to improve staff understanding and knowledge of AfC and KSF
- Increased mechanisms for staff appraisal
- Improved arrangements for career development

Each of these chapters will follow a format which is directly linked to Bate's model of Action Research (Bate, 2000). Each chapter will commence with a section that focuses on the diagnostic element of the research cycle. The information for these diagnostic cycles was obtained from the data collection elements of the study (focus groups and semi-structured interviews) and a comprehensive literature review of the emergent theme. The chapters will then offer a section which relates to the analysis and feedback elements of the AR cycles. Each chapter concludes with a comprehensive description of the action elements of the research cycles which led to outputs for the study. Chapter 7 will complete part two with a deeper consideration of the efficacy of the research interventions that formed the action elements of the project.

Chapter 4 – Action Research Cycle – Understanding and Improving Staff Knowledge of AfC and KSF

4.1 Introduction

As the project commenced it was an important first step was to ascertain the level of understanding both staff and managers held regarding AfC, KSF and the link between the two processes. It was also appropriate at this diagnostic stage to gauge how Facilities staff felt about these subjects from an individual employee's perspective. It was apparent from the planning stage of this study that staff perceptions of both AfC and KSF could make the difference between a beneficial streamlined implementation and a long protracted period of introduction, fraught with difficulties.

It soon became apparent within the diagnostic phase of this cycle that staff had varying views and awareness of AfC & KSF and equally shifting impressions relating to the effects of the new pay system's introduction. This diagnostic element of the AR cycle will commence with a literature review of published work around AfC and KSF, before the presentation of findings from focus groups and interview participants regarding the level of understanding held at this early stage in the study. These findings will be analysed and discussed within the chapter prior to offering a description of the AR interventions which represented the main action elements from these results. The chapter will then offer a section illustrating the micro interventions which formed relatively simple action elements of the study .

4.2 Diagnosis - Literature Review and Wider Context

Little doubt exists that the introduction of AfC was the most ambitious pay reform in the history of the NHS, affecting over 1 million employees and 650 professional and non-professional occupational roles (Wilkinson, 2004). Buchan and Evans (2007) claim to have produced the first independent assessment of the impact of AfC since its introduction in 2004. Their report for the Kings Fund, was informed by key national figures pivotal to the creation of AfC and case studies of 10 NHS Trusts in England. It asserts that since the 1990s the NHS pay system had remained static, subsequently pressure to overhaul the structure had been gaining momentum. However, the claims of this report may be debated, with doubt surrounding whether it achieves a *comprehensive* review of the process. With an organisation of over 1 million staff directly affected, is it realistically possible to produce a report that is truly representative? The report states '*managers favour the new system*' (Buchan and Evans, 2007:4) but while the added value of harmonised conditions seems to be beneficial, personal and anecdotal evidence contradicts observations the system is preferred or that an advantage of AfC is its fairness to staff. In reality, real and potential inequity has detrimentally affected the credibility of AfC in many Trusts, although this may relate to the implementation of the process as opposed to the format of AfC itself. The report values the efforts of early implementers in advising local Trust's and the support provided by Strategic Health Authorities (SHA). Whilst SHAs may have provided assistance to mainstream AfC processes such as job matching, assimilation and pay roll issues; when charged with embedding the principles

of KSF, Trusts were left to manage their own implementation. In addition, the report identifies that KSF falls into the 'unfinished business' category, with case studies stating that the full benefits realisation of AfC will only be achieved when KSF is fully implemented. However, some sources have indicated that the use of KSF may actually be declining as alternate NHS reforms gain priority (Staines, 2007).

The author's personal experience supports the debate as to whether KSF will ever achieve or realise the outcomes as intended. In an era of targets and increased accountability, NHS employers have limited authority to demand action regarding uptake and participation with the process. Monitor, the independent regulator of foundation Trusts', appears uninterested in pursuing the issue with foundation Trusts. This renders NHS employers in the unenviable position of being able to make recommendations regarding benefits realisation, but with insufficient powers to enforce the use of KSF. O'Dowd (2007: 8) identified within December 2006 SHA statistics that 67% of staff now have a full KSF outline, 27% have had a development review using KSF, 33% have a KSF personal development plan and 16% have supported development linked to KSF. Although this data is likely to provide an approximate marker of KSF activity, the figures are highly contestable. There is no obligation on foundation Trusts to return information to respective SHAs regarding KSF activity and many have not done so. One of the only methods of accurately assessing KSF use is by implementing and evaluating uptake of the electronic KSF tool. This tool is a computer based e-KSF administrative programme in which KSF outlines can be stored, appraisals can be recorded and information on pay gateways actioned. From the author's personal

experience of regional and national KSF groups, few Trusts are using this facility due to either information technology issues or the access to IT provision in the workplace. These problems are compounded in large acute Trusts where staff populations dramatically exceed resource.

At a national meeting of the KSF branch of the NHS staff council in July 2007, the company responsible for the administration and delivery of the e-KSF tool presented data on its usage. It was claimed 75,000 staff are nationally registered to use e-KSF, with 10,000 staff logging on to the tool each month. This represents a woefully low uptake rate when compared to the 1 million staff assimilated onto AfC.

Whilst the work commissioned on behalf of the Kings Fund aims to provide an overarching, representative array of viewpoints, there have been some excellent, more specific, published works around AfC and KSF in a Facilities context. May and Askham (2005) produced work which recognised the enormity of AfC and more interestingly, commented upon how such factors affect Estates and Facilities staff and also the variability between locations. This work was supported in 2006 by a research paper suggesting staff in Estates and Facilities viewed AfC as meeting the needs of clinical staff, with the process poorly recognising qualifications required by Facilities employees (May et al., 2006). This subject will be revisited when reflecting on personal and professional learning in Chapter 9, as the perception of AfC and KSF being orientated to nursing staff was also identified.

As the dust settles on assimilation to AfC, the literature suggests that many people remain dissatisfied with the realities of the new pay structure. One article published in the Nursing Standard claimed that just under 50% of

nurses and midwives are satisfied with their pay (Thomas, 2007). Derry and Eardley (2006) presented a similar viewpoint commenting on a survey of the informatics workforce conducted in the spring of 2006. This work revealed the problems encountered with recruitment and retention of informatics staff and strikingly, that AfC has had an adverse effect on the employment and retention of this professional group.

It is difficult to identify the exact downfall of AfC, a process which promised so much at its inception. A possible answer lies within the initial expectations of the process, in terms of better pay, conditions and equity to all. Feinmann (2006) announced the heralding of a new era, with the introduction of AfC as the response to GPs problems in recruitment. Parish (2006) observed that although KSF should be embedded within nursing practice, consistent with every other element of AfC, this is not quite that simple. Realistic assessments of AfC and KSF implementation have not diminished the rose tinted perspective of AfC which emanates from the higher echelons of NHS leadership. The Chief Nursing Officer, Chris Beasley, produced two articles in the nursing press during 2005, which did nothing to detract from what she considered to be a singularly positive process for the development of nurses and NHS services (Beasley, 2005b, Beasley, 2005a). The positive opinion of the Chief Nursing Officer should be of no surprise and supports Moss's (2004) call for strong leadership being crucial if AfC and the associated processes are to succeed.

Watts and Green (2004) speculated that 2004 would only provide the first steps for the introduction of AfC on what will be a long journey for all involved. But what does the future now hold for AfC and KSF? Sir Derek Wanless, the

business leader who allegedly convinced Gordon Brown to invest more than £40 billion in the NHS, openly criticised the generous pay increases in response to the financial plight of the health service (Temko, 2006), leading to speculation around the future of such pay reforms. Buchan and Evans (2007) suggest the process will survive, but only if problems are addressed. Astutely, they have identified the risk of AfC and KSF becoming a tick box for managers who are already stretched to capacity in many areas. Effective mechanisms must be sought to re-energise both management and staff with the purported benefits of AfC and KSF on services and staff development. As Buchan and Evans summarise, if these reforms are not followed through to fruition as was intended, it is doubtful AfC will have been worth the time, effort or resources to implement in the first place.

4.3 Diagnosis – Data Generated from Interviews and Focus Groups

The reactions of staff to AfC and KSF largely affected their engagement and levels of motivation with the project and also formed a key reoccurring theme in the opening months of data collection. The observations within this section provided key information on the initial barriers to change encountered within the directorate when implementing KSF. The responses of participants will help provide a backdrop to how AfC had been received within the Facilities directorate and the impact this had upon other change based processes.
The majority of participants in Facilities appeared unhappy with the outcome of AfC bandings for several reasons, leading to widespread dissatisfaction

with the process. At the commencement of the data collection period, participants were questioned regarding their overall impression of AfC post implementation. It was revealed from commentary made at the time, that AfC played a significant contributory role in a broader malaise experienced by staff (discussed in a review of personal learning in chapter 8).

> *"Agenda for Change has caused so much problems in different departments. I know, my Manager, she's not happy with what they've done to her with Agenda for Change because she's doing three people's jobs. But every department I go in it's always the same. Agenda for Change, it always comes back to Agenda for Change"* - Supplies Manager (Semi-Structured Interview).

> *"This whole department was actually demoralised by Agenda for Change"* – Hospital Sterile & Disinfecting Unit Supervisor (HSDU) (Semi-Structured Interview).

AfC had taken several years to implement from the concept first being mooted and unfortunately providing plenty of opportunity for the perceived benefits of the system to be significantly over estimated by most staff. The following response from a supervisor within Facilities, summarised the amount of people who believed the new pay system would deliver more than it could ever in reality achieve.

> *"I think everybody was disappointed, I think we were all bulled up to expect more than what we got, and it was like a smack in the*

mouth really, wasn't it?" - HSDU Supervisor (Semi-Structured Interview)

On closer analysis of reasons for dissatisfaction with AfC, the responses could be separated into distinct areas. From the introduction of AfC, there was a perceived lack of recognition and credit of both qualifications and experience held by staff. It appeared the whole concept of AfC and its initial aims in terms of recognising experience, working conditions and level of job complexity, was largely misunderstood by those participating in this research. From personal experience of managing educational provision within the Trust, once AfC was announced there was a significant rise in the demand for training. Most employees believed attending such additional tuition would equate to a higher job banding. In reality, the job matching scheme would only credit people for qualifications or experience if it was required for that specific post. Many employees struggled to understand why qualifications obtained, or experience gained over several years, was not taken into consideration upon job assessment. The following extracts from focus group transcriptions demonstrate how unjust many staff considered the job evaluation process to be, regarding the assessment of skills and qualifications required. The first quote reflects how some contributors displayed limited understanding of how their experience and enhanced skill set does not automatically place them on a higher pay scale than a new starter. The lady, working within the supplies department as a clerical officer, could not reconcile between her own position at the top of a pay band and a recruit commencing employment on the bottom pay point. In this participant's opinion, a new recruit should be in a lower pay band completely.

"Well, look at the Agenda for Change. I went to college for three years to get my qualifications and yet they've set somebody on, on the same band as me, she's only been in the Health Service six months and she's no qualifications at all. And then they wonder why staff are leaving right, left and centre - it's not fair, you don't get paid for what you do" – Supplies Clerical Officer (Focus Group participant).

The following respondents could not comprehend how certain levels of education and training were an essential component of their role. They assumed that any level of training they were asked to undertake should automatically equate to a higher pay band. One participant considered additional education as the sole mechanism by which to achieve a higher paid position.

"I went to a meeting, Agenda for Change, MTC I think it was, I've got qualifications in catering, but I'm not using them, so I'm not getting paid for that. I said, "Right, how can I make it better for myself or anybody else to go higher up the scale and get a better grade?" We're being asked to take exams, well not exams but health and safety, health and hygiene and whatever else, and I said, "Is there anything at the end of the day?" And he said, "No, it's for your own self satisfaction that you're doing this" – Catering Assistant (Focus Group participant).

"Well I said that from the beginning, didn't I, I said like we've been on this course, that course and other course, why can't we have

more pay than them that haven't, or don't want to more like it, they can't be bothered, because they can't be bothered to work half the time, can they"? – Service Assistant (Focus Group Participant).

"We understood that, didn't we, like when, I know it's only NVQ 1 cleaning, but we understood that when we'd done that, we got more money" - Service Assistant (Focus Group Participant).

"I thought NVQs counted for a lot" - Service Assistant (Focus Group Participant).

These quotes demonstrate how, post introduction of AfC, staff largely expected to be paid additionally for any further knowledge and skills they obtained, even if such expertise was a core component of their role. There was a lack of understanding by staff and their managers of how AfC and KSF could provide a framework for career development. In the initial stages of research no managerial participants were encountered who had provided advice to staff regarding developing knowledge and skills which would then allow the achievement of a higher banded job. There were also no participants within the focus groups who properly understood the mechanism for progression that AfC and KSF offered.

The most prevalent source of dissatisfaction encountered at this early diagnostic phase, was occupational comparisons made in relation to pay. Many staff accepted their individual pay banding to some extent, until they compared their salary with that of others. The movement of 1 million NHS staff onto a single pay system, allowed such comparisons to be made for probably the first time in the history of the health service. This discomfort with pay

allocation compared to other members of staff was a factor not envisaged during the implementation process of both AfC and KSF. The following quotes highlight the discontent experienced when comparing job banding.

> *"I think the porters were totally and utterly stuffed. It's not benefited us at all. Porters are the security, the fire officers from five at night until nine in the morning, 24 hour cover, weekends and bank holidays, they're finding patients notes, which medical records staff do exactly the same thing, they're on a Band 2".* – Portering Charge Hand (Focus Group Participant).

> *"Well I think that's why a lot of our staff have felt because we're such a unique department, and when the technicians, the work that they do, the responsibilities that they have, to be banded the same as a service assistant, no disrespect to service assistants because they do work damn hard but they don't need the skills that our technicians have, and you know, they're doing instrumentation, which is a, you know, serious, for theatres and then they thought is this all we're worth?"* – HSDU Technician (Focus Group Participant)

> *"...and I think across the organisation, people have generally been happy, but when they've found out, you know, so and so is earning the same as me, and historically I've earned more, that's when I'm not happy".* Senior Human Resources Advisor (Semi-structured Interview)

Perceived pay inequalities extended across job levels, with senior staff as likely to be unhappy about their job banding as others. Differences were raised in relation to geographical areas, with employees unhappy at pay bands allocated across the region. Participants complained about the lack of national standardisation, especially when they considered colleagues doing similar roles in other parts of the country were allocated higher bands. The following quotes demonstrate both the level of dissatisfaction at variations in band allocation and an equal frustration with bands allocated at other organisations.

> *"I know porters at five different Trusts have been given a Band 2. Another Trust definitely, because I were talking to one of the porters, and they don't pull medical records or anything".* – Portering Charge Hand (Focus Group Participant).

> *"There were supposed to rationalise it universally, weren't it, and it's not done that at all. It's opened up gaps".* – Service Assistant (Focus Group Participant).

> *"They were unhappy, the majority. The technicians, 75% were fine, because they ended up getting a Band 2, and originally I think they were equivalent to a Band 1, so they were fine. Now the supervisors got a Band 3 - nationally a lot of them got a 4 for decontamination. So, although it was a national thing that happened – Agenda for Change – it depended on each individual Trust, which they're not happy that another Trust in the areas supervisors have got a 4, ours*

have got a 3, and we're doing the same job". – HSDU Manager (Semi-Structured Interview)

"But if it was supposed to be done nationally, so why is it then that there are other hospitals, xxxxxx hospital, for instance, their supervisors are on a 4?" – HSDU Technician (Focus Group Participant)

"Because as I was always under the understanding that it should have been, it was a national, so, but as I say, as xxxx has pointed out, you get one area and they're on different bands, different pay scales, yet they're doing the same job. I don't believe in it". – Service Assistant (Focus Group Participant)

Further themes emerging at this phase concerned the perceived role of matching panels and participation with the appeals process. Staff acting as members of job matching panels believed themselves to be inherently responsible for the dissatisfaction within the workforce regarding band allocation. The following quote, from a participant who was also a matching panellist, encapsulates how such staff considered their position following the implementation of AfC.

"I was an Agenda for Change matcher, right, and also I had KSF, so whenever I was doing sessions inevitably Agenda for Change would come up, and because of my knowledge of Agenda for Change I can answer so many questions but not everything. But I still feel it now, personally, that some people know what I've done and have uncomfortable feelings about me because they perceive

that it's my responsibility"- Supplies Manager (Semi-Structured Interview).

For others, the consternation over job matching decisions was applied to matching panels broadly and debated how panellists may be considered unqualified to make these decisions by the experienced workers undertaking such roles. The following contribution by a member of staff typifies such responses, when they questioned how matching panellists could comment on the working conditions in an area they had limited knowledge of.

"But then how can somebody, I mean I know everybody, there's a lot of jobs in areas that are stressful, but HSDU is a very, very stressful department, and how can somebody emphasise that job is only worth that, when the amount of skill and training that goes into it, so how can they can say, well you're only worth say a Band 2, because you're only doing that. So how can somebody sort of justify it? "- HSDU Supervisor (Semi-Structured Interview).

When staff were questioned about the appeal process and its utilisation, there was a mixed response as to why the system (of appeal) had not worked. Lower graded staff felt there was little point in appealing as they had signed the agreement on Trades Union instruction and in their opinion they had forgone the right to complain. Others did not fully understand the appeal process, particularly the time limiting elements of the procedure and had consequently fallen outside permitted time brackets. Other staff expressing a wish to appeal matching panel decisions, recognised the futility of the

procedure if they were not supported by their line manager, the majority of said staff fell into this category.

> *"I was under the impression; I was told that other Managers were unhappy and they were going to put in a group collective appeal but it didn't happen. And when I asked what was happening, we were outside the qualifying period to..."* - Laundry Manager (Semi-Structured Interview)

> *"If you haven't got the backing of your Manager, if you appeal, then you ain't going to nowhere"* - Supplies Manager (Semi-Structured Interview).

> *"Because I think this is what's happening to us, as service assistants, they're doing whatever they want to do to us, and we can't do a thing about it, because we signed for the Agenda for Change"* - Service Assistant (Focus Group Participant).

Widespread discontent with the AfC band allocations led to questions posed around why staff had signed the initial agreement supporting its introduction. While numerous staff had signed on Trade Union instruction, many others had signed on the promise of receiving back pay in wages. This extract from a focus group transcript demonstrates how some participants were encouraged to sign the AfC agreement to receive additional money in the way of pay arrears.

> *"I said I signed that flaming thing about four times for different people. Supervisors were coming round, weren't they, pulling us off*

of ward on to the landings and saying have you signed this. I think I signed four times because they told me if I didn't sign I wouldn't get my back pay" - Service Assistant (Focus Group Participant).

Such broad discontent meant some staff had begun to vacate positions in favour of other directorates, or even other Trusts. Several of those leaving posts considered themselves as progressing to a higher banded position, more comparable with their skill base. In other situations people migrated to posts where they would not have to work as hard for an equal salary, feeling their current banding unjust.

"I've actually put an application form in for something else. Because it's a better grading, and it's more or less the job that I'm doing"- Catering Clerical Officer (Focus Group participant).

"We didn't used to (have many vacancies) until the Agenda for Change, and then I lost quite a few supervisors and technicians" – HSDU Manager (Semi-Structured Interview).

"Not normally (a high turnover of staff); however, from Agenda for Change, I've lost three staff"- HSDU Manager (Semi-Structured Interview).

The lack of understanding of the 'new' system of grade allocation and the way in which knowledge and skills requirements are presented, stopped some people applying for positions. The following participant described how she considered applying for a job within the Trust but was confused by the grading and the levels of occupational competency required.

"I can't do that job, because it's wanting this and that and the other, and it's band B pay scale, and I'm thinking what the hell does that mean, I still do, it just puts me off even looking at it" - HSDU Technician (Semi-Structured Interview).

This section will now proceed to consider the introduction of KSF and its general reception from staff within the Facilities directorate. Although various staff members were displeased with AfC, these feelings did not automatically transfer to KSF, as most employees remained unaware of what KSF actually was. The subsequent extracts typify participants lack of understanding of KSF.

"They said to me, "Well, what meeting are you going to?" You know, and I said, "Well, it's KSF." "Well, what's that?"..." - Service Assistant (Focus Group Participant).

"You see, when they said we were going through this gateway, nobody knew what the hell we were talking about" - Service Assistant (Focus Group Participant).

"The staff aren't going to come and say, oh am I ready to go through my gateway, because they don't know, because they don't know, they haven't had that information to be able to kick up a stink" – HSDU Supervisor (Semi-Structured Interview).

"I mean, even xxxxx, she were like, what's that KSF stand for again? They don't even know what it stands for. KSF, you know what I mean" - Service Assistant (Focus Group Participant).

The joint launch of AfC and KSF was a source of criticism for some participants. Several employees considered the separate implementation of AfC and KSF as a mistake, with a lack of comparisons drawn to aid understanding of the two interlinked systems.

> *"...it wasn't presented as one unit, everybody were told about what Agenda for Change and what was going to happen with Agenda for Change, and then they said, oh, and by the way, this is Knowledge and Skills Framework"* – Supplies Manager (Semi-Structured Interview).

Some staff readily supported the concept of KSF; with a number of managers identifying how KSF could be utilised to benefit staff of all levels. The following responses were in relation to how useable a tool some individuals considered KSF.

> *"I think it's a good tool to use, as part of competences and where they stand within, you know, their job description or their role in the department, because not only can you look at somebody's competence, but you can see people who are over competent, and maybe then use that if any jobs come up. That's how I'm looking at it, supervision and things like that"*- HSDU Supervisor (Semi-Structured Interview).

> *"I think it's excellent tool. I think it's perhaps been a little bit over-engineered, there's a bit too much preparation and background that Managers have to do in order to look at all the various criteria and try and work out in their own mind to be*

satisfied that that meets the criteria that whatever things person brings as I satisfied as a Manager. How am I going to articulate that to someone who questions me about it? Am I comfortable with that? Some of the differences between the KSF levels I think are a bit ambiguous. And I've put that down to the fact that this is a new process that's come in. It will undoubtedly be honed and tweaked as people put it into practice. So the best thing to do at the moment is to run with it and make as best a job as possible with the information" – Medical Engineering Manager (Semi-Structured Interview).

"Because, to me, it gives me the gaps in training that staff need. It gives me areas. Sitting down and talking to them, not only linking it to communication and all your core dimensions, it then gives you - they'll say to you well I haven't done that, so then I can say well that's an area you need training on" - HSDU Manager (Semi-Structured Interview).

KSF did not, however, escape denigration from various staff members. The most common recurrent criticisms of the process were around the following three headings –

- Pay gateways had no meaning if staff were assimilated onto AfC above the second pay gateway
- KSF was over complicated and hard to understand

- Apprehension by both staff and managers that KSF and pay progression would not be 'policed', therefore devaluing its impact

Large numbers of staff across the organisation and many in Facilities, were assimilated onto AfC pay scales at the top of a pay band and subsequently above the second pay gateway. The pay gateways are incremental points at which the employee must demonstrate they are meeting the full requirements of the KSF outline for their post (see appendix 2). For staff in this position, KSF held limited interest. Staff cannot reverse through pay gateways once progression has been achieved, although advice from the Department of Health asserts that staff should be required to demonstrate ongoing competence against a KSF outline. Staff in this situation regularly believed the framework offered solely disincentives.

> *"I think the interest would be there if it's more advantageous to people..."* – Supplies Manager (Semi-Structured Interview)

> *"I've got no gateways, no foundation's been reached, so. That's it; there was no incentive for me to doing anything"* - HSDU Technician (Focus group participant)

KSF seemed to be both complicated and difficult to understand which impacted on people's motivation to use it as a developmental tool. The subsequent quotes present how participants consider KSF in terms of usability and complexity.

> *"We tried but it's very difficult with all the different codes to try and keep a concept of what we were on about. But we did go*

through each section and try to apply what I'd been doing to sections within it. It was very longwinded; it must have taken us about over two hours". – Senior Nurse (Semi-Structured Interview)

"It frightens you to death when you look at it". – Service Assistant (Focus Group Participant)

"They've just made it so complicated though, haven't they? Instead of just making it all simple". – Catering Assistant (Focus Group Participant)

"I think it's just understanding it because sometimes you've got to really, really read the book and link it to the person's role and responsibility. Because if you don't it doesn't make sense". Director of Estates (Semi-structured Interview)

Managers and staff verbalised their concerns that the practice of KSF utilisation would not be sufficiently governed and in turn, this would de-value the process.

"I think it's all there, and it's all there on paper that it's linked to pay progression and stuff like that, we've got our policy in place, haven't we, that you've got to give the positive affirmation or whatever that they go through. I don't think that until people start getting stopped....That people will actually start taking notice of it". – Senior Human Resources Advisor (Semi-Structured Interview)

"Well I think, and which won't happen, right, is that people won't get stopped from going through a gateway, and I think the progression situation whereby you can only hold someone back a year and they'll go through regardless". – Supplies Manager (Semi-Structured Interview)

In summary, AfC contributed to a general malaise within the Facilities workforce at TRUST A which will be more broadly explored within chapter 8. Anticipated benefits from the introduction of AfC were onerously overestimated by the Facilities workforce, who, in reality expected higher job bandings for the various qualifications and levels of experience they held. Many staff viewed additional training as a stepping stone to career progression, yet most were confused when new skills did not immediately equate to a higher banded post. Managers rarely had a sufficient understanding regarding mechanisms for career development under AfC and were not appropriately advising staff on how to advance in terms of pay. The greatest cause of discontent in AfC terms, was in relation to perceived pay inequalities and specifically when staff compared their salaries with those of others. Numerous employees initially approved of their job banding until they considered their role and responsibilities against the salary of others. These alleged inequalities spread to regional and in some cases national comparisons being made. Some participants complained about the lack of national standardisation in job banding, especially as they considered this to be a core element of AfC. Such discontent left some staff questioning the role of job matching panels and decisions made when evaluating jobs. Few people

accessed the appeals process, for multiple reasons- including a lack of managerial support and what some staff considered limiting timescales allocated to the process. When questioned about signing the AfC agreement, some staff stated they had signed on the promise of pay arrears, while others had done so on Trades Union recommendation. For some managers AfC has caused the vacation of posts and resulted in difficulties recruiting. Some participants in this study commented on applying for 'new' jobs that appeared similar to their current role yet were banded at a higher level.

The main finding in relation to KSF was that a multitude of staff and managers remained unaware of what the framework was, how it was utilised and how it could assist career progression. Nearly all staff participating in this research complained that KSF was too complicated and difficult to understand. Although some managers did appreciate the perceived benefits of the framework's utilisation, numerous staff complained about the lack of meaning when they had been assimilated above the second pay gateway. For those managers and staff who did want to utilise KSF, they were doubtful that the framework would be broadly adapted due to a lack of governance. This, for most participants, devalued the process and cast doubt on the effort of becoming involved.

4.4 Analysis and Feedback

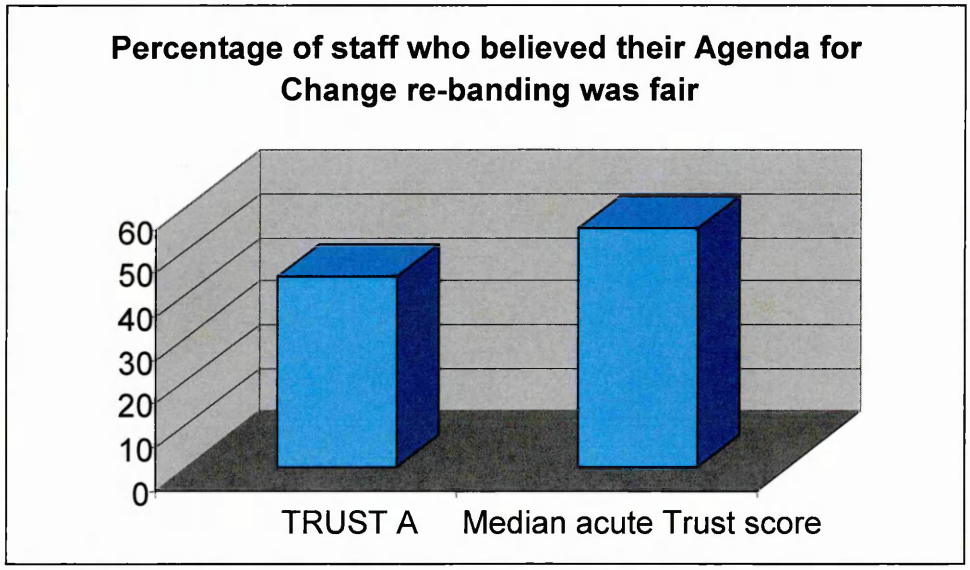
AfC was marketed nationally as a process that would significantly benefit all staff in terms of pay, additional annual leave and standardised hours (Wilkinson, 2004). Throughout the data collection period it became apparent that an element of AfC that was massively misunderstood was how employees would benefit from the qualifications and skills possessed. It was

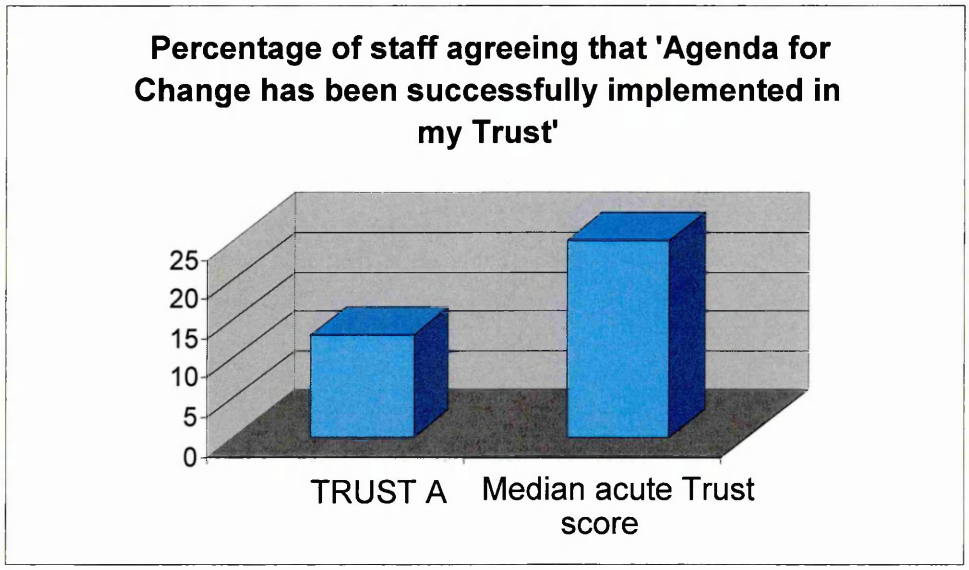
never clearly communicated to staff groups (and was poorly understood by those implementing AfC) was that employees would only obtain the pay recognition and higher banding if a job role demanded a certain qualification or skill. Most staff worked under the misapprehension that they would automatically be credited for qualifications even if they did not require them for their post. There was a realisation by some managers that if a certain level of qualification was included in a person specification as essential criteria, this could have a reciprocal effect with a higher pay band potentially being allocated. Managers therefore questioned if such qualifications and skills were truly required, or if they were secondary to a register of core skills.

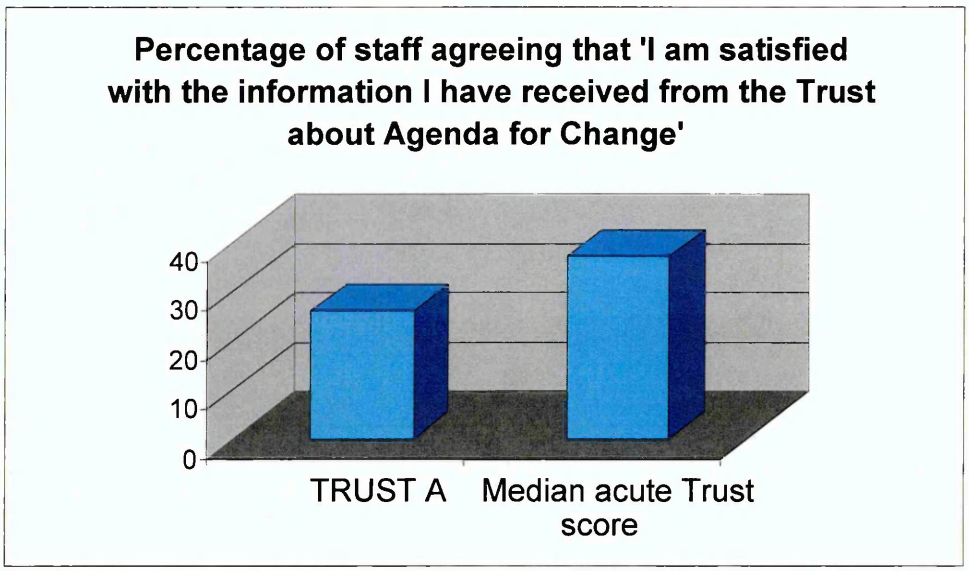
From personal experience, some members of staff attempted to protest against what they considered injustices by applying only AfC acknowledged skills to their roles, despite their possession of a broader range of experience. Such dissatisfaction with AfC had a detrimental effect on workplace morale and left staff questioning if the time and effort involved in the process was justified.

As part of the 2006 NHS Staff Survey, questions were posed around the introduction of AfC within each Trust nationally. The following tables represents the TRUST A staff data from the Healthcare Commission (2006) staff survey against a median of national acute Trust responses.

Figure 6: Staff Survey Results 2006







Large numbers of staff did not immediately equate AfC and KSF as parts of the same process, despite countless awareness raising sessions and articles in staff newsletters. It became apparent at the launch within Facilities, that some staff still had no concept of what KSF was or what it was intended to do. This led to the KSF steering group considering the efficacy of the awareness raising campaign over previous years. The amount and volume of change will be considered in chapter 8, but it is worth mentioning at this point that the pace and rate of organisational change was a contributory factor impacting on the uptake of staff awareness of KSF. Consulted staff referred to the high volume of change information they were informed of. KSF unfortunately joined this list of projects at a time when its introduction, for many, was too far in the future to warrant their attention.

It would seem that both the content and mode of delivery of awareness raising sessions and training materials used had not adequately conveyed key messages as intended. There were problems highlighted with the amount of

time which had elapsed from initial awareness raising and when KSF became operationally live. Some people had attended events two years previously to learn about KSF and had forgotten most of the key elements by the time the process was launched.

This lack of workplace awareness led to consideration of not only the content and mode of delivery of such sessions, but also a deeper deliberation of why such awareness raising events were being held so early in the implementation process. 5800 staff had to be informed of KSF and how the framework would affect them in terms of career development and pay progression. Upon realising the enormity of this task, sessions were hastily constructed, when a more strategic solution should have been employed. Having personally reflected on the driving forces behind such a broad campaign so early in the introductory process, it is possibly the case that these interventions were aimed primarily at showing the executive team that the steering group were proactive. The executive team at the Trust expected KSF implementation to start immediately, but in hindsight the optimum time for awareness raising would have been within the six months before the launch of the pay gateways in October 2006. If awareness raising had been conducted at this point, the subject would have been more relevant to more people and the shorter time to the KSF launch might have lessened the erosion of working memory.

The awareness raising process utilised materials produced by the Department of Health, which stipulated the content of presentations and recommended the use of short films to embed KSF in practice. The creation of locally informed resources may have made KSF more pertinent for a number of staff, providing

a link to a context they could relate to and thus understand. Providing less generic resources may have prevented the need to re-educate many staff as locally specific resources could have been retained as a point for future reference. The KSF steering group envisaged some form of cascading awareness training, yet the 'champions' involved in this approach also struggled to retain core information on the subject. Those who did attempt to lead the awareness campaign locally, were soon put off when their subject knowledge did not allow them to answer difficult questions from colleagues.

For many Facilities staff who found themselves dissatisfied with their pay band, the appeal process offered limited comfort. Those in entry level positions were often unaware of the appeal process or expected such procedures to be led by a Trades Union with minimal involvement from members. For most lower banded posts acceptance of a pay band made life decidedly easier than appealing against what they considered a large powerful organisation with increasingly confusing bureaucratic processes. Appeals which applied, in some cases, to hundreds of other staff were extremely difficult to organise from a logistical and administrative perspective. Other staff within Facilities recognised the futility of appealing a decision if there was not managerial support present, which frequently was the case.

Staff employed in supervisory or managerial positions seemed unaware of how KSF could be utilised to support progression through pay bands even though many supported its principles once explained. Paradoxically what can only be described as a benefit of the lack of understanding around KSF, was how many staff did not automatically see it as part of the same initiative as

AfC. While some people complained that AfC and KSF should have been more closely integrated and launched simultaneously, KSF did not receive the same backlash as AfC due to its distance from the job matching process.

Following engagement with KSF by staff, criticisms of just how complicated and difficult to understand it seemed to be became apparent. KSF is a large document to navigate and most staff found the language used to describe basic areas of work extremely complex. This led to countless members of Facilities staff struggling to understand the functions of their job in KSF terms and becoming worried about how they would meet its requirements. Staff who did understand the prerequisites of the dimensions found the framework condescending, especially around the core dimension of communication. Such was the complexity of KSF that managers feared it would prevent new staff applying for jobs within the directorate if KSF outlines were included in vacancy packs. Beyond the data collection period, those responsible for recruitment drew comparisons with others industries 'competing' for entry level staff that had more simplistic recruitment procedures. One manager commented that for every potential new recruit who contacted their department to question KSF, countless others would simply not apply. Managers felt they needed time with applicants to explain, and more importantly demystify KSF and its potential uses.

The main element of KSF which appealed to staff was the promise of equality surrounding knowledge and skills application for each post. Pre-KSF it had become apparent that some staff had been asked to develop different skill sets dependant on who was managing an area of work. KSF was viewed as

the means to implement a level playing field of occupational competency, although this was not without criticism. Staff assimilated onto AfC pay scales above the second pay gateway viewed KSF as being of limited use to assisting their professional progression. Such individuals immediately fixated on the pay elements of the process and not the occupational competency strands. It is at the second pay gateway where staff should be asked to demonstrate they are applying the correct knowledge and skills to perform that role in full. For the majority assimilated at a point above this position they had been performing their role for several years and did not expect to have to demonstrate applications of competency. It is apparent from the implementation process, that such people's position was consolidated by a lack of managerial interest in their development. This did nothing but compound the last area of concern for numerous Facilities staff in relation to monitoring of the pay progression process.

Various staff within the Facilities directorate feared that a lack of accountability in relation to KSF could devalue the process. There was ongoing scepticism regarding the administrative capacity at the organisation's disposal to monitor compliance. Therefore staff were wary of engaging if KSF was not going to be adhered to in the future. For most staff involved in this study, utilising KSF would mean a large shift in how they viewed their professional role, for some it would mean embarking on appraisal and personal development for the first time in their career. This required time and effort to convince staff that KSF would be embedded and a level of accountability would exist for those involved who consented to commit to the process.

Within this section, some of the main areas for concern when AfC and KSF were implemented within the Facilities directorate at TRUST A has been discussed. The lack of acknowledgement in job matching of qualifications and experience formed a large area for complaint, as did the overall lack of awareness. This led the KSF steering group to question their motives for launching information events so early in the implementation process and also the length and content of such sessions. The main complaint directed towards KSF was the complexity of the framework and the difficulties encountered in navigating it within a personal development context. A number of staff verbalised apprehension regarding engaging with KSF in case the process was not governed correctly, which would in turn undermine its effectiveness in both career and personal development terms. For staff assimilated onto the AfC pay structure above the second pay gateway, KSF offered only limited developmental benefits.

This chapter will now provide a description of how such themes have contributed to informing interventions within the investigation.

4.5 Actions which followed or were informed by diagnoses, analysis and feedback

4.5.1 Introduction

It became apparent from the diagnostic and evaluation phase of the research that problems to be addressed were in relation to staff awareness of KSF and the complexity of the framework. In addition, the pay progression elements of the project urgently required a system of governance in order to gain

confidence in the workforce and so the process would be monitored. This section of the chapter will describe each AR action phase, informed by diagnosis in relation to AfC and KSF.

4.5.2 Accelerated Learning Programme

Due to the high volume of awareness raising required and the reality of launching KSF within a reform saturated environment, the content and mode of delivery was integral to success. As an element of educational development, interest was growing within the organisation in accelerated learning methodologies (Meier, 2000, Rose, 1991, Stockwell et al., 1992). It was considered that such an approach could be effectively harnessed in this instance to raise awareness of KSF. Accelerated learning uses techniques that provide effective learning outcomes in a short period of time (Gill and Meier, 1989, Reid, 1985, Schmidt, 1996). Principles of accelerated learning include establishing a positive, non-threatening learning environment; reducing learning barriers; and making learning fun (Gill and Meier, 1989). The literature offers a number of variations on accelerated learning methodologies (Earley, 2003, Jenkins and Keefe, 2001, Lisle, 2007, Santiago, 1999, Swiatek, 2007) however a version of the accelerated approach was required which would work within Facilities at TRUST A.

In order to achieve a locally relevant accelerated learning programme, a short intervention was devised lasting approximately 20 minutes and focussing upon 3 specific learning points –

- What is KSF?
- Pay gateways
- The link between KSF and appraisal

To ensure the short interventions were interactive a role specific KSF outline was distributed to participants. This enabled staff to understand their own KSF. To enable staff to understand the implications of pay gateways and for them to develop the ability to navigate their position on a pay scale, a handout was devised explaining the process. Staff with access to a payslip or who knew their salary point, could immediately calculate their position on a job band. For those without a pay slip, the handout proved a good point of reference enabling them to perform this assessment. The short sessions culminated with an explanation of the link to appraisal.

These sessions were conducted in the staff canteen during break times or in wards, departments and other working areas. A prime consideration of accelerated learning is that the learning environment should be non-threatening. From personal experience, it would appear that the previous environments where awareness raising was conducted, namely post-graduate centres and the Trust boardrooms, were intimidating places to attend for some staff. By transferring the accelerated learning programme to a non - threatening environment, it was found that staff relaxed and readily engaged, asking pertinent questions for clarification and valuing the individualised approach. The accelerated learning method attracted the support of management within the Facilities directorate, as it was acknowledged that staff were not absent for prolonged periods of time. From a productivity perspective, the volume of people reached through this approach was equal to and exceeded, 'traditional' awareness raising approaches where large volumes of staff were taught centrally. Such comparisons were possible when

data was compared between attendance rates at large awareness raising events and the accelerated learning approach.

4.5.3 Evaluation

The efficacy of the accelerated learning approach in raising staff and managerial awareness of KSF was evaluated in several ways. Likert scale based questionnaires were distributed after each session which enabled participants to comment on the efficacy of the session. The results of these were then considered against the same format of questionnaires which had been recorded at the initial period of awareness raising. The accelerated method reviewed better than the longer more traditional approach. The accelerated learning method was discussed in educational team meetings, with educationalists who had delivered the programme speaking positively of the approach. The accelerated programme was discussed during focus groups and with interview participants and also more generally with managers who had sent staff to the sessions. The programme appeared to have been extremely effective.

4.5.4 Pay Progression Policy and Human Resources Involvement

As previously discussed, both managers and staff were concerned that KSF would lack governance, resulting in widespread non-compliance, a lack of accountability and wasted effort on behalf of those taking part. In response to these concerns and in order to communicate the clear message that KSF was the sole means of achieving pay progression, the following steps were undertaken.

The Trust policy on pay progression through KSF was devised in consultation with staff side and management representatives, who formed the KSF steering group. Within the policy, sections clearly related to progression within pay bands and how the appropriate form would require completion to notify pay services if a member of staff was able to progress through a pay gateway. To facilitate better understanding of the process, an appendix to the policy provided the latest AfC pay scales with the positions of the pay gateways clearly marked upon them. This would be revised each year to ensure that this information was always up to date.

In addition to the release of the pay progression policy, a system was implemented that would notify managers of staff in their area who were due for progression through a pay gateway. This process was designed by the finance and pay services departments, working in collaboration to produce a list of employees due for gateway pay progression in 3 months. The initial notification alerting managers was accompanied by a letter from the Director of Human Resources, requesting 'positive assurances' that the person should be allowed to proceed. The 3 month period allowed adequate time for the responsible manager to evaluate the individual's performance against their KSF outline and notify pay services accordingly.

4.5.5 Evaluation

The process which the policy was intended to govern was quantitatively monitored through the salaries and wages department. Staff were held back from progressing through the pay gateways if positive assurances had not been received by the department from their line manager. A measure of the policy's effectiveness was that some of the first cases of staff being denied

pay progression on grounds of performance were also recorded. Within these cases direct reference was made to the policy. As was the case in nearly all of the AR interventions, local occupational evaluation was further noted as part of regular occupational practice.

4.6 Micro-Interventions

4.6.1 Job Specific Frameworks

The KSF handbook which guides individuals and defines the knowledge and skills required in specific posts, is a large tome of 274 pages. Staff commented on difficulties encountered when navigating the cumbersome handbook and cited this as a problem. The handbook was also available in an Adobe PDF format, from which either specific pages could be printed, or sections could be cut and pasted into a word document. Selected printing from an electronic format enabled the creation of a job specific KSF outline that did not require constant reference being made to the full handbook. This approach to the creation of job specific KSF guidance prompted by the findings of this AR project was adopted across the Trust for a variety of jobs.

4.6.2 KSF Outlines in Job Packs

The practice of sending KSF outlines in job packs to prospective applicants had previously been highlighted as causing problems to the recruitment process. Potential applicants contacted the Facilities department to ask about the confusing documents enclosed within application packs. Departmental management were additionally concerned that for every person who

telephoned the department to query what KSF was, many other potential applications would simply not apply. This situation was compounded within areas such as the service department, where most jobs were entry level band 1 positions where access to a much simpler recruitment pathway was common outside the NHS.

The action of sending KSF outlines out with job packs at pay bands 1 and 2 was consequently stopped. In their place a short description was included on the enclosed letter, which described a framework utilised within the NHS, which new staff would engage with to achieve pay progression. The cessation of sending KSF outlines out in this way contributed to simplifying the recruitment process.

4.6.3 Mapping of Training Manual to KSF Dimensions

Annually the Trust produces a training manual which describes the educational opportunities available to staff. The manual covers mandatory training in addition to areas of personal and professional development. It was agreed by the KSF steering group that mapping courses within this manual against KSF dimensions would help to apply learning against the framework. The intervention involved cross referencing a programme of study or short course, against the relevant KSF dimensions. Individual KSF levels were not stipulated, just the general dimension. If the process was mapped to evidence a certain KSF level, then a form of assessment would have to be integrated, a process too cumbersome for the resources available.

4.6.4 Inclusion of KSF Update in Staff Communications

Within a large organisation such as TRUST A, a number of staff communications are produced and distributed across all Trust sites. Regular updates in relation to KSF were included in these publications with a monthly report to the Trust board via the Director of HR. These actions allowed KSF to be maintained within the organisational 'news' and also helped raise the profile amongst members of staff.

4.6.5 Evaluation of micro-interventions

The micro interventions and their effects were discussed as part of the data collection exercises and furthermore as part of the regular contact with staff across the organisation. Requests were very quickly received for the shortened KSF documentation in a number of areas outside of Facilities (medicine for health care assistants and medical secretaries used this format readily after it was adapted within Facilities). A number of managers and supervisors, in meetings outside of the formal data collection periods, commented on the positive impact of not sending outlines with job packs. The mapping of the training manual against broad KSF dimensions was received positively although some staff believed this process should have been expanded to further include the levels of dimensions. For these individuals it was explained that this would not be possible, principally because attending a course does not guarantee learning at that level (unless assessments are built in). It was explained within the accompanying documentation (of the manual) that it was through the application of learning that set levels of learning could be demonstrated. The inclusion of KSF in a greater volume of staff

communications was not formally evaluated predominantly due to time constraints.

4.7 Chapter Conclusion

Throughout this research, elements of the AfC and KSF process were strong recurrent themes in the course of the data generation and action phases of the project. Participants were generally not against the principles of AfC and KSF, yet they were dissatisfied with pay bandings, there was unease with how other roles had been evaluated and there was a lack of general awareness of the KSF process. Some of the information generated as part of the diagnostic phase of the AR cycle confirmed elements of preunderstanding while some trends were relatively unexpected. The chapter commenced with a literature review of pertinent published works on the subjects of AfC and KSF, prior to framing the numerous findings that were generated as part of the study. The outcomes of the data generation elements of the investigation were followed by a comprehensive discussion surrounding their wider meaning and potential impact. The chapter proceeded to describe the various AR interventions resulting from earlier findings, principally these were an accelerated learning programme to raise awareness of KSF and the introduction of a pay progression policy. The outcomes of this element of the study, led furthermore to a number of micro interventions around KSF implementation. Job specific KSF outlines were produced and there was a cessation of sending KSF outlines in job packs. The Trust training manual was mapped against KSF and there was a regular inclusion of a KSF update in Trust communications.

Chapter 5 – Staff Appraisal, Findings and Action Research Interventions

5.1 Introduction

KSF is reliant upon a system of appraisal, a process that TRUST A as an organisation has struggled to broadly utilise. The lack of appraisal opportunities were especially poor within the Facilities directorate. Weak organisational performance in relation to appraisals was evidenced within the 2006 staff survey results, where the overall rate of staff appraised within the organisation was 24%, in comparison with a national average of well over 50% (Healthcare Commission, 2006). When this data was examined in terms of professional grouping, an even greater distance existed between clinical professions and staff working within Facilities. 34% of medical and dental staff were appraised in 2006, opposed to 8% of maintenance and ancillary workers. The largest gulf in these published results showed 76% of those employed within the anaesthetic directorate had been appraised and only 11% of staff within hotel services had received a review in the past 12 months (Healthcare Commission, 2006).

Based upon such statistics, it is unsurprising that appraisal was anticipated as a significant obstacle in the implementation of KSF within the directorate. The subject of appraisal had been historically problematic, even prior to the introduction of KSF and therefore, featured in the author's preunderstanding of the research situation. Gummerson (2000: 57) referred to preunderstanding as '*such things as people's knowledge, insights and experience*'. Coghlan and Brannick (2001: 61) echoed this description and described preunderstanding

as '*the knowledge insights and experience of the insider action researcher apply, not only to theoretical understanding of organizational dynamics, but also to the lived experience of your own organization*'. Although preunderstanding allowed an initial awareness of the problems associated with appraisals, it was important to utilise the AR approach to advance this obviously challenging area.

This chapter will commence with a review of literature on the subject of appraisal. Extracts from focus groups and semi-structured interviews will then be presented to facilitate the diagnosis of the local situation regarding the state of appraisals. Diagnoses and evaluation enable a deeper understanding of some of the problems surrounding the introduction of appraisal, and its beneficial use. The chapter then describes feedback and actions prior to considering an evaluation of these interventions.

5.2 Diagnoses – Literature Review and Wider Context

A key element of the launch of the KSF was developing, promoting and using systems of appraisal, both in the Facilities directorate and across the Trust. Appraisal was integral to the utilisation of KSF and offered a way in which knowledge and skills acquisition could be assessed and development needs planned. There is a wealth of information available in the literature surrounding the subject of appraisal. Reading some of this prompted personal consideration of how much the process had evolved in the past 30 years, if at all. Many of the 'older' issues under discussion in the 1970s were not dissimilar to those encountered as part of this project (Handy, 1975, Tuffield and Terry, 1976, Ashton and Taylor, 1974, Salaman, 1973, Walker et al., 1977).

Salaman (1973) articulated how unpopular appraisal was with the people asked to implement it; raising the question of how many of such people are helped to understand why or how it should be conducted. Ashton and Taylor (1974) reflected on the impact of appraisal on organisational effectiveness, yet many managers continue to fail to see its benefits as a development instrument for staff and services (Edmonstone, 1996). Tuffield and Terry (1976) noted a perception of appraisal as an annual form-filling ritual and encouraged managers to develop a system of assessing its effects on both the individual and organisational usefulness. Ferrari (1983) suggested that appraisal is an aspect of personnel management with which the majority of companies express ongoing dissatisfaction. He continued to state that if a method of appraisal already existed in an organisation, the organisation would already be actively seeking an alternative, improved system.

The 'quest' for a workable system of appraisal was a reoccurring theme across the literature. Banner and Graber (1985) claimed the improvement of performance appraisal systems is reliant on the sharing of its definition, as decided by the organisation. It would be extremely unrealistic for an NHS Trust, never mind the NHS in its entirety, to reach consensus on a definition of both the process and its aims. It would seem from personal experience, that if appraisal is to be utilised, then it requires development at a local level, where staff can bring meaning and understanding to the process and clarify what works best for them.

Galin (1989) suggested a great deal of effort is wasted on error reduction in the appraisal process, where staff become over fixated with doing appraisals in the correct way and it becomes a systematic empty process. For the

process to be beneficial it requires development in such a way as to add meaning and benefit to the staff and organisation it is being used to develop, and should not therefore be suffocated by process. Dove and Brown (1993) advocate the introduction of ethical considerations into the appraisal system and considered the subject of team appraisal, a concept that will be discussed in the later findings of this study. Dove and Brown's work was interesting as it encapsulated a number of points of significance surrounding the appraisal process, such as using appraisal to integrate equality and diversity issues. Further literature reinforces the suggestion of such applications (Gomez-Mejia, 1989, Seddon, 1987).

Recent work by Cunningham (2008) questions if honest feedback is always a good idea in systems of appraisal. It refers to the fine line between honest feedback and what some members of staff consider bullying. Boice and Kleiner (1997) claim that appraisals can create a dedicated and committed workforce. This maybe a correct assumption, if they are introduced and administered correctly; with the opposite effects being achieved if the process is not delivered proficiently. The 'stakes' are even higher in relation to the health service and appraisal, as pay progression and continuing professional development are intrinsically linked to an effective application of performance review.

Hemmings (1992) claimed that appraisal could be both effective and separated out from performance related pay, whilst still developing a quality service. This supports the statement made by Dove and Brown (1993) when claiming they '*deplored*' the use of appraisal with performance related pay, something which KSF essentially does.

Rankin and Kleiner (1988) recommended four priorities for inclusion when establishing a system of appraisal. One suggestion around how personal rewards should be directly correlated to organisational performance, captured personal interest. From experience, a lack of commitment exists on many levels which became apparent when completing this research, between certain individuals and organisational imperatives. If KSF is utilised as intended, with management of pay progression through appraisal processes, then this key recommendation of Rankin and Kleiner could be tested. It is surprising how managers continue to question the potential effectiveness of an appraisal system if managed well, despite evidence within the literature supporting such a link (Fink and Longenecker, 1998, Bradford, 1995, Simmons, 2002).

The literature suggests there may not be a single, clear way in which to develop and implement a positive appraisal process, rather a number of possibilities for consideration. Dignall (1993) produced a worthy study of 'upward' appraisal where the workers complete anonymous questionnaires about their managers attitudes and performance. With a 90% completion rate the system has allegedly demonstrated a beneficial impact on managers self perception and corporate identity. The hierarchical nature of the NHS may prevent the adoption of such a transparent system, as many of the participants in this study were concerned about their position in the directorate in terms of seniority, more than their abilities as an appraiser of staff.

Anderson and Barnett (1987) touched on the merits of linking singular appraisal themes to single outcomes. While this may seem a naïve concept,

an articulated concern with the appraisal systems used to support KSF has been the descent into complexity.

There is little doubt that appraisal has the potential to be negative and even detrimental if used incorrectly, or if its introduction is deemed an administrative burden with few personal or organisational benefits (Wilson and Western, 2000, Wilson and Western, 2001). Despite the wide ranging critique of appraisal, a consensus continues to support the process- if it is used locally; is centred on the needs of individuals and services; and if those conducting the appraisal become less concerned with the process and increasingly interested in the effects (Okpara and Wynn, 2008, Piggot-Irvine, 2003, Rees and Porter, 2003, Rees and Porter, 2004, Smith, 2008).

5.3 Diagnoses – Data Generated from Interviews and Focus Groups

From the perspective of research participants in both the focus group and interview settings, appraisal is a process that has been minimally engaged with over a number of years. When contributors were asked about their experience of appraisal they referred to varied encounters with the process.

> "*I've had half a one, I think, when Terry was here, but he got interrupted half way through and never got back to it. That was over 15 years ago*" - Catering Supervisor (Focus Group Participant).

> "*I do like the PDAs. I mean if you're going back a bit before KSF we never did PDAs in the Estates Department did we. It was one of those departments when you sort of do scoping exercise and who does PDA, you get the nurses, the professions and those would*

probably ever have done appraisal systems, the Estates Department and Support Services were pretty much behind" – Estates Director (Semi-structured Interview).

"*I mean as managers of course, we were pretty much aware of them (appraisals), but it was one of those things where we're always busy, we've got to plan so many staff on the shop floor, and I think it was never driven hard enough, if you like, to get them done. And then the framework wasn't there, we were always busy, you know - no more than that"*' – Estates Director (Semi-structured Interview).

"*We've never had any appraisals. I've never had an appraisal in nine years*" – Service Assistant (Focus Group Participant).

It rapidly became apparent that a gulf existed between staff who believed appraisals to be a positive beneficial experience and those who considered the process to be without merit. Some staff were initially negative in relation to appraisal as the following quotes would suggest.

"*Do the work and go home, they're going to look at appraisals, quite rightly so, as a waste of their time*" – Porter (Focus Group Participant).

"*I will guarantee now, I think there's 13 porters in here, and there's probably one, maybe two, will say, yes, I thought appraisals were all right, the other 11 or 12 are going to say, waste of time"* – Portering Charge Hand (Focus Group Participant).

"I don't, I think because it's only, it's sort of since the Agenda for Change, I think everybody's heard about it, I don't think it's, anybody's ever thought that it's going to ever affect how they work anyway, it doesn't matter if I have my appraisal or not, it doesn't matter about my KSF, because I'm still going to come and do my job, it's not..." - Catering Assistant (Focus Group Participant).

"Yes, it's not going to make a blind bit of notice to me, you know, difference, in how I do my job." – Service Assistant (Focus Group Participant).

When participants answered why they did not consider the process helpful, they responded with a variety of possible reasons. The following extract from a focus group participant describes how a supervisor used the appraisal time to raise issues around her personal appearance.

"Everything I'm supposed to do in my job, I do it properly, but at the end of the day, I've got like a personal hygiene and blah, blah, blah, I've got too much jewellery on. So what's that got to do with doing my job properly? I know you're not supposed to wear it, but..." – Service Assistant (Focus Group Participant).

"But I did like felt he had to get something at me, because he couldn't get anything at me at my job, so he just had to throw that at me at the end!" – Service Assistant (Focus Group Participant).

Encounters such as this were not uncommon. Some staff believed appraisal was a vehicle by which to solely address personal performance issues. Within

the directorate, such events fuelled the negative image of the appraisal process. Other staff maintained that appraisal should lead somewhere and struggled to understand how being appraised could equate to personal development, which in turn would result in a higher level job. The following quote typifies such responses and the limited view of the career development capabilities of appraisal.

> "*Well yes, but at the end of the day, it's not going to get you anywhere. If they don't want to put you in another band or anything, you know, you're just wasting your time sort of thing*" – Portering Charge Hand (Focus Group Participant).

When participants were questioned about the greatest hindrance the appraisal process faced, the overwhelming response was that the current system was overcomplicated for staff, especially those in lower banded jobs. The following extract from a manager within the supplies department highlights this position.

> "*I mean the PDA I did, it took two hours. And I'd done my prep at home, and I know what I'm looking for, but it took me two hours to do a PDA, and that's for a Band 2 member of staff. It's towards the latter end of her career, ain't particularly interested in doing anything else...*" - Supplies Manager (Semi-structured Interview).

> "*...you see some of the Band 1 staff we take on to do certain jobs we expect them to do, we don't expect them to have academic capabilities, and therefore being faced with a PDA document, and*

having to collect evidence, is just way and above what we expect of them in their job role anyway" - Supplies Manager (Semi-structured Interview).

The apparent complication of the appraisal process was not only limited to the Facilities directorate, as this statement from a senior nurse demonstrates.

"*I didn't find it useful, the only thing I found beneficial was a bit of the appraisal that I'd had before but a much more flowing appraisal, whereas it felt very disjointed, because it was sort of you were doing something and then it would be oh well that would apply to this, this, this and this, and you ended up with a piece of paper with loads of codenames on. It didn't seem to have the same flow. And it just seemed very longwinded. And I'd rather use the time to look to more of my development than making things fit things*" – Senior Nurse (Semi-structured Interview).

Another factor impacting upon the directorate's capacity to perform appraisals was the availability of time. It became increasingly common to hear contributors citing the lack of available time as a reason why appraisals were not taking place.

"*But I know what I can get out of my job, and it's entirely up to me how hard I push myself, but to have it written down on paper so in three months' time, oh this is your objectives, no, I haven't had time, because a lot in this department is we don't have time, because we're that busy, I've usually got a phone to my ear 24/7*" – Clerical Officer, Supplies Department (Focus Group Participant).

When staff were probed around other potential drawbacks in the appraisal process, the changing nature of job descriptions was cited as a point of concern. Post AfC, staff were encouraged to ensure that job descriptions were up to date, although some Facilities staff found this negatively impacted on the process.

> "*But you see the thing with appraisals as well now, I don't know about you lot, but my job's totally different to my original job description, so you know, they can't appraise you on what your job description says, because you're not doing that job*" – Catering Supervisor (Focus Group Participant).

Participants responsible for the management of staff described feelings of helplessness in responding to some requests. Certain managers pre-empted the type of questions they thought they would face from employees in appraisal, usually around requests for more resources. In these situations managers were not conducting appraisals due to concerns regarding an inability to deliver.

> *"...the biggest thing that I would feel with any of these appraisals in this department, the whole topic would be we don't get paid enough, there's not enough staff, and that is what every single person would say"* – HSDU Supervisor (Semi-Structured Interview).

> *"And I think PDRs down there, actually formal, sitting down, yes, thanks for that, how do you think the department's doing, what can we do differently - their stock answer is going to be more staff, well*

we haven't got more staff" – HSDU Supervisor (Semi-Structured Interview).

As suggested previously, appraisal also had a range of positive applications which research participants additionally identified. It became apparent that representatives of both management and staff groups could see the value of a system of appraisal and welcomed its introduction.

"*And it's been a push actually from them to want them, because they see this global training opportunity, and they do get trained but whilst sometimes their perception of what the training they require and what the organisation requires is different and we've got to broach that obviously in a process that is understandable"* – Estates Director (Semi-structured Interview).

"I think a lot of them when I've spoken about it, they were saying, oh when is it going to happen, ah well we need some training on this and we need some training on that, so they're coming from a training sort of thinking of how other PDA have given all this scheduled training that I now know I can go on" – Estates Director (Semi-structured Interview).

"*I think the PDA should have been done a long time ago, you know, and all the rest of it, but we're onto it now, and I see that, as a department, we will benefit from it now. Because of the experience of doing it a couple of times round with the managers and sort of having reviews as well in between that, so I've seen the benefit I've been able to get from it in a way that these are the objectives, who's*

dealing with that, you know, it sort of clears all those lines" – Estates Director (Semi-structured Interview).

"*We've been asking ever since we did that training, you know, see if we can start them, and the manager kept saying, oh no, no, wait a bit, wait a bit, and like we're how many months on, more than six months on now"* – Service Assistant (Semi-Structured Interview).

Those participants who valued elements of the appraisal process, appreciated that the system improved communication between staff and management. In a busy work environment, it became apparent that many employees had little time to reflect on their work or discuss issues with their managers. From both a staff and managerial perspective, a frequent response when questioned about the positive elements of appraisal was that it provided time to praise good work and for management to say 'thank-you'.

"*And linking it into like staff survey stuff about sitting down and saying, well, you know, I want to have a chance to sit down and say, well done, thanks for everything that you're doing, you know, you're a pivotal part of the tea"* – Laundry Manager (Semi-Structured Interview)

"...it's an opportunity to sit down and talk to your, but it's an opportunity for that person, the managers to say, thank you and well done, that contributes to blah, blah, blah, blah, blah on the staff survey. It's about, it's an opportunity to say, you know, are there any problems, are you experiencing any problems around

how your job is designed, you know" - Catering Assistant (Focus Group Participant)

"*But that doesn't mean that it's about sitting down and doing that, it's you know, a PDR for the people that are long in the tooth, that have been here, are about thanks for your contribution, you're quite happy with your job role, are you, you know, there's nothing that you think is causing you question*" – Service Assistant (Focus Group Participant).

"*Just to give them a chance to actually air stuff, and then say, right, this is what I'm going to do then, you know, and explain, not all of your ideas and suggestions will be able to be taken on board, but thank you for them, we value them, you know, I'm doing everybody's PDR, and as a department, we'll pick out some themes then that seem to be causing problems, and then we can feed that back, that's where you're getting the job design contributing to things, your opinions being valued, you know, you should be able to see a massive increase in that if all you're saying is, these are the kind of things, as well as the objectives, that you need to be discussing in people's PDRs*" - HSDU Manager (Semi-Structured Interview).

"*...it's not just about recognising people that are pioneers, it's recognising the people that regularly come, do a good job, get their head down, do it, you know, without complaining and without*

not doing it, so you know, thank you, and that..." – Senior HR Advisor (Semi-Structured Interview).

The principal way that management and staff viewed appraisal as working in a coherent manner, was through some form of cascading the process. It would seem from the comments of some Facilities staff that this had been attempted before though with negligible outcomes.

"*It was brought in as a cascading thing, and presumably from the Chief Exec downwards, people had got their PDA. It was interesting. My boss had her PDA and then she did it with me and then I cascaded, because I was given targets, you know, and those things we cascaded down. And because that wasn't working, it was very convenient to say, oh you don't have to cascade anymore and you can miss that bit out*" – Laundry Manager (Semi-structured Interview).

"*Well, I've been on laundry ten years and it was before that. But bosses just never got round to PDA and it was the bosses who held up the whole thing so conveniently – I don't know if it was HR or whatever – decided to take away the cascading element. That's meant people like me didn't have to wait to be PDA'd, I could do my people without, but made a nonsense of the original concept of this cascading thing because it was about a message of the organisation. It passed down and spread out, you know*" – Laundry Manager (Semi-structured Interview).

The concept of cascading the appraisal process sent out positive messages within the directorate, regarding building the confidence to invest time in the workforce. Through the data generation elements of the study it was common to hear supervisors and managers speak positively about how someone engaging in the appraisal process with them, had then encouraged them to cascade the process to others.

> "*Yes, which is like my line manager's, and he encourages it. Do you know what I mean? It's like part of the training and development. So because he encourages it, my expectation is like, if he can do it with me, then I need to do it with my staff and levels down. Like I expect ... with supervisors. Expectation is supervisors do technicians*" – HSDU Manager (Semi-structured Interview).

> "*Because he's done mine, my expectation, if he's got time to do mine and he's got all them staff, then I've got to do our staff or take our staff onboard. I mean I've sat down with all our staff, individually, and gone through what KSF means"* – Estates Director (Semi-structured Interview).

> "*...anybody who line manages anybody then should have that as one of their objectives, that they undertake PDRs for every single person"* – Senior HR Advisor (Semi-structured Interview).

To summarise these findings, it emerged within the data generation elements of this project that appraisal is a subject that has been frequently discussed over time. Staff who had worked in the directorate a number of years, recalled previous attempts to introduce the process, while others had not received an

appraisal over a substantial period. There was clearly a split within the research participants. Some staff remained staunchly against the process and were swift to label it a waste of time and resources. Other research participants believed there were positive ways in which appraisal could be applied to advance both individuals and the organisation. For those staff who had received an appraisal there seemed to be some confusion of its role in employee development, with staff reporting negative experiences. In some cases employees had been approached under the guise of appraisal and tackled over minor disciplinary issues. The majority of those involved in this study complained about the complexity of the process, irrespective of if they believed in the principle of appraisal or not. There were individuals who remained sceptical about the appraisal process, as it was not recognised as an enabler in career development terms. Remaining complaints about the process focused on a lack of time to perform appraisals and from a managerial perspective, an apprehension that staff would request what could not be delivered in terms of greater capacity and resources.

Positive applications of the appraisal process included how a number of employees viewed it as a route to access training and development. A number of participants commented on how appraisal increased communication within their area of work, especially between management and staff groups. Managers remarked on how appraisals gave them the opportunity amongst a hectic environment to talk to staff and in many cases thank them personally for their contributions. Despite previous failures with a system of cascading the process, numerous employees still considered cascading to be the optimal way forward for widespread delivery.

5.4 Analysis regarding Staff Appraisal within the Facilities Directorate

The subject of appraisal generated a multitude of problems. Some issues had been problematic over a number of years while new dilemmas had arisen since KSF was introduced. The comments made by staff about their bad experience with the process left no doubt that there was an issue with the appraisal skills of some staff conducting these reviews. In reality, any member of staff being appraised within the Facilities directorate was in a minority group.

The skills of an appraiser extend further than 'saying the right thing' or booking staff on the training they require. There are now established links between the level of employee/employer engagement and participation with the appraisal process (Parkinson, 1997, Roberts and Reed, 1996). This element of the research journey revealed how very few individuals could make a connection between appraisal and career development and therefore struggled to encourage staff to engage with the process. Appraisers who found it difficult to advise staff on their development also found it troublesome to identify the positive elements of a person's performance. Providing a good quality of feedback was even harder when the appraisee had to discuss areas of improvement. With this in mind, it is unsurprising that many participants in this study felt that the appraisal process was of little benefit. Such problems are not altogether uncommon in other areas of healthcare. Berridge et al (2007) claimed that in nursing circles appraisal was perceived as frequently rushed and often appeared undervalued by managers with the purpose of appraisal often misunderstood. They continue to suggest that where no clear

link existed between appraisal and access to development opportunities, staff viewed appraisal with antipathy, similar to the experience within Facilities at TRUST A.

The Facilities directorate had to not only increase the volume of appraisal, but also the quality and efficiency of the process. It became evident there was a need to de-mystify the process and normalise it, in order to promote the reasons why appraisal could be beneficial to all parties concerned. The fact that both staff and management representatives recognised minimal potential benefits, hindered its introduction which was after all essential to the use of KSF. Although participants spoke favourably of a cascading model for wider appraisal utilisation, the skill base of those conducting such interventions was somewhat lacking. First time appraisers considered it a complicated higher managerial process, which they were doubtful of their abilities to complete. In addition to the training required to up skill those supervisory and managerial representatives, the process also required streamlining if it was to reach the majority of Facilities staff. It was becoming common practice for appraisals to take several hours to complete, leaving both parties exhausted and disillusioned with the process.

From the feedback received within the focus group and interview sessions, a clear benefit of the appraisal process was that it brought management and staff into contact, in some occasions, for the first time. This opening of communication channels may seem simple, yet it was highly regarded as being a productive outcome from the appraisal process and something to be capitalised on in future. While some researchers have alluded to the communication phenomenon within appraisals, it would also seem there is

clearly a link between appraisal per se and greater levels of workplace communication (Downs, 1990, McGee Wanguri, 1995). From the data generated some of the respondents who were most sceptical of the appraisal process also had little contact with management within their department and therefore limited communication opportunities.

To advance appraisals within the directorate, there needed to be a distinction between what was asked of more senior staff and those occupying lower banded entry level positions. At the outset of this project all staff were expected to engage with the same appraisal process, including completing a lengthy booklet of appraisal documentation. From the data generated the complexity of this process was a massive hindrance for the majority of staff who were employed in Band 3 positions and below. A large proportion of both management and staff were too preoccupied with doing appraisals in the 'correct' way. This preoccupation with the process meant that greater emphasis was being placed on 'doing it right' than the content or outcomes. In some cases, appraisals were not carried out at all - due to appraisers waiting for the latest documentation or advice on how to conduct the process with KSF, in the correct way. These points were echoed at a national KSF event in London in July 2007 organised by NHS Employers. Gill Rose, then chair of the national KSF steering group emphasised how '*the country has got it all very complicated and needs to bring it back to basics*' (Rose, 2007). For novice appraisers or even experienced managers dealing with lower banded staff, Rose emphasised that the appraisal should if nothing else revolve around one theme, '*what do you need to do your job better?*'

Attending the London event allowed the author time to reflect on the fact that it was not only TRUST A who were struggling with the concept of appraisals and the link to KSF. Indeed the whole situation had evolved into a national issue, over complicated by those who were trying to help.

While plans were being formulated to help demystify the process and encourage appraisals to take place, the organisational politics regarding implementation of appraisal was a different matter altogether. Coghlan and Brannick have remarked on the links between insider AR and organisational politics (Coghlan, 2004, Coghlan, 2007b, Coghlan, 2007a, Coghlan and Brannick, 2001). This connection became particularly apparent in terms of creating accountability in areas that did not participate in the appraisal process. The following comment made by a service assistant within a focus group setting, epitomised the lack of authority to ensure that appraisals were carried out.

> *"If they know it's happening, why are they not doing something about it, or not happening as it were, with the appraisals? I mean shouldn't they be kicking arses somewhere"* – Service Assistant (Focus Group Participant).

When the subject of accountability was discussed with members of the executive team, the question of accountability clearly presented a multi-faceted dilemma. To some senior managers at the Trust, implementing appraisals could have highlighted staffing problems, leading indirectly to an impact on productivity. Appraisals were also part of individual wider responsibilities across the Trust and were therefore considered a HR problem

by many. Exactly how hard the HR department laboured the point of engagement with the process had to be tempered to maintain a working relationship with the rest of the organisation. There was also the question of attracting close attention to the 'plight' of low appraisal rates, should the department then be scrutinised on future levels of attainment it could not deliver. Timperley and Robinson (1998) refer to the micro-politics of the appraisal system while other authors have explored the link between appraisal, HR functions and organisational politics (Levy and Williams, 2004, Saul, 1993, Townley, 1997). It was clearly beyond the scope of this study to be able to re-direct the mass of organisational politics which surrounded the appraisal process, especially within Facilities. For this reason it was considered more productive to focus on educating both staff and managers about the course of action, to streamline the appraisal system and in doing so, to simplify the procedure for all involved. This section will now proceed to describe the interventions that were implemented as a result of this study.

5.5 Actions which followed or were informed by diagnoses, analysis and feedback

5.5.1 Simplifying Appraisal Documentation for Lower Banded Posts

It was clearly apparent from the data generation elements of this study, that the existing cumbersome way in which appraisals were recorded, urgently required reviewing. The voluminous appraisal booklet, produced in previous

years to encompass all areas of the development review procedure, was in most cases stifling the process for lower banded staff and surplus to requirements. Within hotel services there were approximately 580 service assistants who were all graded at band 1. With this in mind, it was decided after consultation with research participants and the KSF steering group, to produce a tailored appraisal document for this group which included a KSF outline. The documentation also allowed an area for personal development planning which could be continued on additional sheets if required. It was intended that all jobs that were in pay band 1 or 2 would have an appraisal document that was on average two sides of A4 and incorporated a job specific KSF outline.

These documents were piloted within the service department initially and then adapted for all band 1 and 2 positions within the Facilities directorate. A copy of the service department form is included in appendix 4. It became evident that the simpler form of appraisal documentation also improved the supervisors' commitment to perform the appraisal process. The weighty, complex documentation previously utilised had been equally frustrating for those performing an appraisal as it was for the staff being reviewed. The more streamlined approach to recording appraisals meant the process could be carried out faster and in a manner which was relevant to both parties. For staff that did not wish to participate in further career development or additional training, there was minimal paper work to navigate. Any members of the Facilities support staff who did want to engage in career development, could use the shorter version appraisal format as a platform to build upon.

This shortened expedited format was adopted in other areas of the organisation, where jobs such as medical secretaries and health care assistants were also being affected by the unwieldy appraisal documentation. A principal complaint of managers was about the amount of time involved in a review. The simpler process was intended to make sure that appraisal became a more productive practice for all concerned.

5.5.2 Review of the Training Provision Surrounding Staff Appraisal

Within the Facilities directorate there was a requirement for staff training around performing staff appraisals. An intended action of this study was to increase the volume of appraisal skills training and the range of formats of delivery. Some staff within the directorate had conducted appraisals previously and therefore required a refresher course. As with a number of other subjects, the appraisal training had developed into a one day course, which for some people, was too long and featured unnecessary content.

It was decided that the existing one day appraisal skills course would continue to operate and would be expanded in terms of extra provision. Additional trainers were recruited from the HR department and more dates added to the training manual, which was now available electronically on line. Areas requiring a large volume of full appraisal skills training, the course could be delivered within departments and could address specific local issues. The staff who attended the full day training were usually responsible for appraising more senior staff beyond band 1 and 2 entry level occupations. These people placed more emphasis on getting the process 'right' although the content of the one day course was reviewed to make it more interactive and relevant.

Following the KSF meeting in July 2007, there was a modification of approach, from appraisers being preoccupied with conducting the process exactly right. The one day appraisal course emphasised how in most cases the skills of the appraiser would develop over time, but the important element was to commence the process. It was the case for numerous would be appraisers that they waited for the opportune time to begin the process, when in reality the perfect time would not come. Numerous staff expected to be proficient appraisers immediately after undertaking the training. It was highlighted that as with most skills, they required development and practice to evolve to a level of proficiency, although this would not happen if appraisals were not performed. The one day programme featured exercises and the opportunity for peer support when discussing concerns regarding the appraisal process. It was also demonstrated how appraisal could be utilised to answer some of the growing calls for evidence of compliance with emergent legislation, namely the corporate manslaughter Act and changes in age discrimination laws.

For staff predominantly appraising band 1 and 2 level employees, an accelerated learning programme was devised, on a similar format to the programme which aimed to raise awareness of KSF. This accelerated programme took approximately 40 minutes to deliver and did not require a formal training environment allowing local meeting rooms or even offices to be utilised in its delivery. The programme was focused on the following three central learning themes –

- The golden rule of appraisal should be no surprises. If an appraiser has performance issues with the member of staff that is being appraised then these should be discussed outside of the appraisal arena, or the member of staff should be spoken to prior to the appraisal and informed that this conversation will take place. It was also emphasised that appraisal is an opportunity to also thank staff for their contributions.

- The pivotal question for appraisal should be around the employee's requirements to perform their job better. This question does not automatically equate to more pay or resources.

- The question of career development should be broached. Does the member of staff want to develop in any way? If so how could the appraiser and appraisee work together to achieve this objective? It should also be emphasised that there are no obligations to release staff to attend training and development that is not core to their role.

The staff who attended this accelerated training were introduced to the simplified appraisal documentation and they were informed of some of the potential benefits of appraisals generally. Following the data generation exercises of this research, accelerated learning participants were informed of how appraisal can open up channels of communication between staff and managerial representatives. This led to a certain level of introspection by participants as they considered the level of current contact with staff. Groups of staff who worked evenings or weekend shifts very rarely came into contact with any form of workplace supervision or direction. It was acknowledged how

appraisal is a prime opportunity for thanking staff for their efforts and the positive impact this can have on job satisfaction and productivity.

5.6 Evaluation

The new appraisal documentation was very well received by staff and managers alike. One measure of how effective the new format was, seemed to be how it was adopted in other areas of the organisation. Various clinical departments adopted the documents for use mainly with healthcare assistants and administrative staff. The new forms were well received in both focus groups and interview settings. The additional training opportunities which were offered on conducting appraisals were fully booked with additional dates required which again was considered a marker of success. These sessions were reviewed via course evaluation sheets with an extremely positive response. The accelerated learning programme was also monitored via a Likert scale post course evaluation with positive results recorded.

5.7 Chapter Conclusion

Appraisal processes are integral to the successful implementation of KSF. Without a method of appraising staff and ensuring they are developed in line with a KSF outline, a fundamental part of the AfC agreement which guides pay progression cannot be introduced. Despite previous attempts at introducing systems of appraisal, TRUST A remained at the bottom 20% of acute Trust's nationally. Staff within Facilities had a mixed opinion regarding the appraisals and what should be done to enable the process to be more productive. The chapter commenced with a literature review of appropriate texts before presenting key findings on the subject. A discussion was then

presented around the outcomes of the data gathering elements of the project. From these findings AR interventions were planned and implemented which aimed to simplify the appraisal documentation for lower banded staff and encourage the process to commence. Educational capacity was increased so that more appraisal training could be delivered and an accelerated learning programme was also implemented on the subject. The following chapter will now examine the subject of career development within the Facilities directorate.

Chapter 6 - Career Development – Findings and Action Research Interventions

6.1 Introduction

Career development emerged as a strong theme throughout the research process. The NHS is a large organisation with diverse career opportunities, yet it regularly struggles to recruit, develop and retain staff in a range of occupations (Branine, 2003, May and Askham, 2005). This section will explore how career aspirations are supported within the health service and how secondary factors either contribute to or inhibit occupational progression. Participants reported their own experiences and perceptions of career development which then informed key interventions in this study, namely the introduction of an employability scheme within hotel services and the launch of a bespoke career development pathway.

The chapter will commence with a literature review of pertinent work that informed this research, before proceeding to present findings from focus groups and semi-structured interviews. The chapter will then provide an analysis and feedback of these findings before introducing the main AR interventions. The chapter will conclude with an evaluation of the research interventions.

6.2 Diagnoses - Literature Review and Wider Context

External onlookers may be unaware of the diverse career opportunities offered within NHS organisations. While the health service is an opportunity rich environment, it also has difficulty presenting itself as an employer, having

something of an 'image problem' in terms of job roles that people can relate to beyond doctors and nurses (Mole et al., 1996, Mole et al., 1997). There are currently over 300 possible occupations listed on the health and social care careers website, yet the NHS remains according to Baum (2006) a relatively insular labour market within which inward and outward mobility is rare.

The opportunities for non-linear career development pathways within the health service, where individuals undergo diverse professional transformation through sideways careers moves are extensive. Certain individuals employed in the health service have grasped the possibilities of such professional progression and examples of porters becoming nurses or catering assistants becoming hospital managers are increasing. KSF was marketed as a mechanism to support and promote such development opportunities, with knowledge and skills being developed which could then be transferred to higher occupational positions.

The DoH has a career development strategy, from which the workforce will be capable of delivering the NHS Plan and subsequently increasing the quality of patient care. The concept of the 'skills escalator' (Department of Health, 2007) is fundamentally sound as an organisational ambition and maps potential career progression routes through the AfC pay bands from 1-9. The skills escalator principle, from its inception in 2003, recognised that success in delivering the ambitious objectives set by the NHS would be dependent on staff developing skills and growing into new roles with ever evolving responsibilities. Stephen Ladyman (2004), then parliamentary under secretary of state for community described the skills escalator as the '*alchemy that will make the formula come together*' with the formula being Labour plans for the

future of NHS. The skills escalator concept was an extension of the report produced by the DoH '*Learning Together, Working Together - A Framework for Lifelong Learning in the NHS*' (Department of Health, 2001). This document claimed to be a first for the NHS, as it set out the development strategy and aims of developing lifelong learning as one of the four central elements to develop the workforce of the future. It viewed lifelong learning as equipping staff with the skills and knowledge to work flexibly in support of patients, and also ensuring staff are supported to grow, develop and realise their potential.

Learning organisations that 'work together and learn together' are not however a new concept. Huber (1991) identified the four essential constructs of a learning environment as fostering knowledge acquisition, information distribution, information interpretation, and organisational memory. Huber also commented that the literature surrounding knowledge acquisition in the area of organisational learning is voluminous and multi-faceted. Levinthal and March (1993) observed the many virtues of work based learning but again recognised that staff are frequently faced with the dual challenge of developing new knowledge while struggling to consolidate current competencies. Edmondson (2002) considered the role of team learning in the organisational environment and proposed that a group-level perspective could impede learning and hinder effective change in response to external pressures. Thomas *et al* (2001) speculate that organisations should take an alternate approach to developing staff and look to the future when building strategic learning methodologies. Strategic learning, according to Thomas et al, aims to generate learning in support of future strategic initiatives that will

then foster knowledge asymmetries, hopefully leading to changes in organisational performance.

Mallon and Walton (2005) have produced a far reaching critical appraisal relating to the lack of uptake in career development and learning opportunities of NHS staff. They observed that although career development opportunities are now promoted more actively than at any time previously, uptake is still limited due to the volume of change affecting staff and a lack of time to engage in what are extensive opportunities. Indeed, the concept of inclusivity of learning for all has never been higher on the agenda, yet Mallon and Walton found that there is now less learning activity (in terms of education, training or self-development activities) being undertaken by participants than may be expected. Whilst the research participants generally believed that they should take charge of their own learning and career development, they were equally unsure what actions to take.

Perhaps the recognition of more strategic enablers by senior management will be the lynchpin to the greater use of career development frameworks. Nahapiet and Ghoshal (1998) spoke about the development of intellectual capital providing organisations with an advantage over competitors in an external market. The transformation of healthcare into a business orientated economic environment cannot be denied. Highlighting the economic benefits of career development opportunities and the use of education frameworks, could provide the lever for more executive investment in the process in terms of both time and money. Evidence of utilising such tools could render an organisation more attractive to investors or commissioners.

Alternative factors will also need to be identified to support career development beyond the field of business benefits. Sambrook (2006) discussed the changes in staff identity when they vary professional role and make the transition from one occupation to another. The research demonstrated how some individuals make this transition seemingly effortlessly, whilst others struggle. This work has interesting implications in the field of career development, demonstrating how staff might be better supported in terms of changing identity when embarking on career development programmes. An alternative approach might be recommended, with less emphasis placed upon the development of new skill sets and more discussion surrounding the social and psychological impact of leaving one role and the commencement of another. Could the promotion and utilisation of more inter-professional working be a key to doing this?

Owen and Phillips (2000) suggest that inter-disciplinary programmes can provide a starting-point for closer collaboration in practice, a process which by its very nature educates staff around alternative career options. Encouraging staff to change career within the NHS, as opposed to leaving the health service, could provide an alternate dimension to staff retention. Pirrie (1999) claimed that there are limits to the extent to which cohesive practice is feasible in relation to multi-professional learning, yet this should not prevent its exploration and promotion.

6.3 Diagnosis – findings emerging from interviews and focus groups

One of the most immediate themes which emerged when considering the concept of career development, was the apparent division in the workforce between those who wanted to progress, and those who did not. The staff who did not want to progress were frequently 'labelled' as lacking ambition by colleagues or managers, predominantly due to the length of time they had undertaken a specific role. Various contributors viewed this as a clear decision on behalf of the employee that they were not aspirational, although some participants acknowledged the need for staff to achieve a base level of work competence, irrespective of developmental ambitions.

> "*No, some of them haven't, no [career aspirations]. No, not at all, they haven't, they come to work to do the job that we're paying them to do. They're not interested in doing anything else, a lot of them. A lot of them aren't interested in doing the job that we're paying them to do to start with*" – Supplies Manager (Semi-Structured Interview).

> "*And I think that people want to know that they have the opportunity to be developed if they personally want to be developed and what the downside is if they don't. I mean if people don't want to be developed that's fine but they've got to expect then that they're not going to be able to move on, they'll hit that gateway and they'll be okay, do you want to move on or don't you want to move? If you*

don't want to move on that's okay, but we then need to look at your role in the context of everyone else as well in that way that the department and the wider directorate and the Trust are going" – Laundry Manager (Semi-Structured Interview).

"*A lot of them I think are just stuck in a rut really, they're in the same job, and they just don't want to move, they're not interested in moving any higher*" – Supplies Manager (Semi-Structured Interview).

"*We've got a load of people who don't want to get on, for whatever reason*" – Supplies Manager (Semi-Structured Interview).

"*No, it's their preference though, isn't it, some people come to work and just want to do their job, others want to come and they want to develop, they want to move onto something else...*" - Supplies Manager (Semi-Structured Interview).

Staff referred to the job specific nature of developmental opportunities, and more importantly, how managers did not support professional growth unless it was within strictly job relevant parameters. This manifested in staff wanting to develop, but being told it was not possible because what was being requested was not required for their current role. Supporting such 'non-relevant' training and development was viewed by the majority of managers as unnecessary time away from work, or encouraging staff to up-skill in new areas in preparation to leave.

"I hate the fact that we restrict people's training to the job that they're doing. There are two veins of thought with this, right, you run the risk, right, if you train somebody up, right, and bring them to the level that you want them to be working at you're going to lose them at some point in time, because maybe you can't offer them the same opportunities in your department that somebody else could, but I'm a big believer in pulling people on" - Supplies Manager (Semi-Structured Interview).

"Whether it's going to change, I mean it was our line Manager, our Manager before, she just wouldn't entertain it (career development), would she, if it wasn't going to benefit our department, they can't do it, and that's, you know that, don't you"? - Catering Supervisor (Focus Group Participant).

"But what about us, we don't want to move on anywhere, we just want to be better service assistants and we're not allowed to do it" - Service Assistant (Focus Group Participant).

Some participants described what could be explained as the latent talent of colleagues. Such people were described as being capable of working at a much higher level, although frequently personal circumstances of such individuals meant they could not participate in development activity.

"Because like I've got a clerical support that supports me, and she's good, and she's got more capabilities, she's got more than what she thinks she has, right. Her personal circumstances because she's got a young son dictates she can only work certain hours, but I think

she's quite capable of going on and doing other things and studying. I don't really know ultimately if she wants long term studying until I've done her PDA, but I think she's got good potential, but I think sometimes she lacks a bit of confidence in her own ability, but I am quite prepared to push her" – Supplies Manager (Semi-Structured Interview).

There were mixed responses from participants as to the role of KSF being used to develop talent and facilitate career development. Some people taking part perceived the career development of staff as being a managerial function, while others appreciated KSF as a framework to guide progression.

"*No I don't [think KSF can be used to capture and develop talent in people] because I think that is the manager's responsibility. If you've got a member of staff that you think is capable, that you should push them on. Not everybody thinks in that vein though, you've got managers that will openly not allow certain people to progress"* – Supplies Manager (Semi-Structured Interview).

"*I think it's a good tool to use (KSF), as part of competences and where they stand within, you know, their job description or their role in the department, because not only can you look at somebody's competence, but you can see people who are over competent, and maybe then use that if any jobs come up. That's how I'm looking at it, supervision and things like that"* - HSDU Manager (Semi-Structured Interview).

Another strong theme which emerged, predominantly from focus groups, was the lack of financial incentives for career development when overtime and unsociable working payments were taken into consideration. Frequently staff could not match their current wage, if they should want to engage in career development, even if a new position was higher banded.

> *"Shall I tell you what I think it is as well, porters, there's plenty of overtime for them to work, and then for a porter to move into another department, which the department could be working Monday to Friday, they're going to lose a lot of money. And portering used to be a job identified for somebody in the last years of his employment, the job's too physical now, they can't do it, there's very few porters ever retire here, they die"* - Portering Charge Hand (Focus Group Participant).

> *"...they could go onto maintenance, and they're a trainee fitter or what have you, so a trainee fitter is on rubbish money, Monday to Friday, no overtime, so they're financially better off staying as a porter, and getting time and half and double time at weekends, and working one or two of their days off in week"* - Portering Charge Hand (Focus Group Participant).

Occasionally staff spoke of being self-conscious about wanting to engage in career development for fear of ridicule from colleagues. These feelings were not helped by reports of managers being suspicious of reasons for staff wishing to engage in developmental opportunities. The data collection period

also highlighted managers who wanted to help staff to develop, but did not know what practical advice or assistance to provide.

"*Well we didn't want to be bothered (to take the qualification), because people laugh"* - Service Assistant (Focus Group Participant).

"*...when I said can I do my resus and blah, blah, blah, and my Level 2 NVQ, why, do you want to leave the ward? I said, no, I don't, but it will make me a better service assistant"* - Service Assistant (Focus Group Participant).

"*...okay you want to go onto, you know, you're looking at your career progression, could be a service assistant going to be a healthcare assistant, and of course that's maybe a good thing anyway, clearly is a good thing, but from the department managers point of view I want a service assistant who will clean the floor and do X, Y, Z, I don't, you know, she's not looking for a healthcare assistant is she in that?*" – Director of Estates (Semi-Structured Interview).

"*I don't know, and I honestly couldn't tell you, but I mean in all fairness to porters, if any of them come up, I mean it's like if one of your catering assistants comes up and says, I want to move on, is there anything I can do, what do you tell them?*" - Portering Charge Hand (Focus Group Participant).

Some research participants, who were responsible for staff development, could assert positive influence on a person's career purely by supporting the concept of career development. Furthermore, it would seem that supporting staff development had a cascading effect, with many of those who spoke positively regarding career development having also been helped to develop themselves previously.

> "*Yes, which is like my line Manager's [approach to career development], and he encourages it. Do you know what I mean? It's like part of the training and development. So because he encourages it, my expectation is like, if he can do it with me, then I need to do it with my staff and levels down. Like I expect ... with supervisors. Expectation is supervisors do technicians*" - HSDU Manager (Semi-Structured Interview).

For some the thought of career development was personally intimidating, as was the idea of taking qualifications to demonstrate competency.

> "*But I remember those NVQ centre contract coordinators' – they're all from college – I remember first being introduced to this qualification and it's about recognising people at a low level that they have skills - which, in principle, you can't argue with; nice, very nice. But I can remember sitting in front of people in their 50s and sometimes 60s, in tears and petrified, thought it as going back to school. The whole thing was really done very shoddily*" - Laundry Manager (Semi-Structured Interview).

"*If you're talking to a nurse, who already is part of the training programme – who hasn't long, who's come straight from school, who's going through the normal process of qualifying as a nurse – doing a course, doing homework, studying for something, is a second language, it doesn't mean anything. If somebody's been a Laundry assistant or a domestic for 35 years or 27 years who's approaching 60 years of age, it's frightening. And a lot of people, with respect, a lot of academics don't see that, they're full of theory - oh yes but it's not about that, it's not about testing people, it's not about exams. They understand it. They understand the principle but they don't have the problem of having to introduce it to those sorts of people, to Level 1 sort of people*" - Laundry Manager (Semi-Structured Interview).

Others were critical of what they viewed as 'real' career development opportunities. To promote career development for all staff they believed was a misnomer due to two principle reasons. Firstly, there was a perceived lack of opportunity in some departments to pursue senior positions; subsequently there were few opportunities for progression available. In this instance, developing individuals would not lead to progression due to a lack of vacant positions. The other criticism was aimed at clinically orientated professions having a demonstrable career pathway. For many research participants, this model does not fit within a Facilities directorate context.

"*Yes, it's sort of that career structure. You've got people who are part of a proper career structure who can progress quite naturally*

like the healthcare, the different grades, different status. You've got the staff nurse, sister. You've got natural progression and it fits. I've found it very patronising, quite embarrassing, trying to make that system fit people like Laundry assistants because there is no career structure" - Laundry Manager (Semi-Structured Interview).

"*You get a technician, and as good as they are, you get some that are a lot more knowledgeable, but they don't go any further, they can't go any further, the next step is a supervisor, and then after supervisor, you know, my job, xxxxx job. So to a lot of our staff, it means absolutely nothing*" - HSDU Supervisor (Semi-Structured Interview).

"*Now, I've got a lady downstairs who's worked in the Laundry for 27 years, who's done an excellent job. Does the job she was interviewed for, what she's paid to do. And I get up here and do her PDA, and start talking about targets and would you like to do this course, you know, setting a development programme. I mean come on, please, it really is... With respect – I keep saying with respect because this isn't a personal thing against you – I mean I've been chatting like this for twenty years, it really is about time that HR – I'm not just talking about the trust, I'm talking about nationally, the NHS – got up-to-date and clued in to the amount of people that have worked within this organisation, within the NHS, that aren't academic, that aren't part of a career structure, who are always on the fringe – and there's a lot of them – but have to fit in to the*

bloody systems that have been designed for nurses" - Laundry Manager (Semi-Structured Interview).

Participants made further reference to the opportunistic nature of career development mechanisms within the Facilities directorate and how career development is rarely planned.

"*It's not a planned career structure. It's an opportunist thing, isn't it? There's a vacancy. But there's nothing. But what's created that bit of success for individuals is their own endeavour, not part of me organising a training programme or development programme - they've got the wherewithal, they've got the intelligence. They see an advert, somewhere, job vacancy; they apply for it and have a successful interview*" - Laundry Manager (Semi-Structured Interview).

One person taking part perfectly encapsulated what had been mentioned several times previously, about problems regarding engagement with career development. For some, the problem was staff had worked within the directorate 'too long', but if career development was introduced at an earlier instance the concept would become a normal, integral part of working life. While this may sound 'ageist' it was intended to highlight how career development is a new concept for the majority of Facilities staff, some of whom had worked at the Trust for several years.

"I think what you need is young blood. It would work a lot better with people who have just started working here and haven't experienced years in the NHS. You know, that lady I was talking

about then. It's very difficult getting a leopard to change their spots or change their thinking. If we were talking to, you know, a 20-year old, 25-year old who had just started work here last week and I was saying right this is my introduction to you to the Laundry, we have this thing in place called KSF, and explain it to them, they'd be on board straightaway. They'd say oh that's good, I'm quite impressed with that. But the older people – and I don't think it's just KSF; it's other things as well – it's difficult. Because they think why, we've managed all this time without it; I've no ambitions to become, you know. They don't really see the point. They don't see the value of it". – Laundry Manager (Semi-Structured Interview)

Although staff considered their professional position was not a result of mainstream career development, they were aware of the tacit knowledge that had built up which enabled them to perform optimally.

"*Yes, but that's the thing about leaving and going somewhere else, because you go to a manufacturing industry, but I'm used to buying needles and syringes, I know it probably wouldn't make much difference, you'd probably be buying nuts and screws and things, but you've got all that inner knowledge that you could never write down*" – Clerical Assistant Supplies Department (Focus Group Participant).

"*If somebody says, what do you do, you can't write it down, a lot of it's up here, and it's just second nature, and it's something that*

perhaps you couldn't take somewhere else..." - HSDU Technician (Focus Group Participant).

6.4 Analysis and Feedback

Speaking with participants about career development produced some of the most valuable information regarding the introduction of KSF, which is a wide-ranging developmental framework. As a professional with responsibility for promoting training and development, it was disconcerting for the author to witness how readily people were labelled as having no aspirations; if they only desired to come to work, do their job and go home again. Those interviewed in managerial or supervisory positions and also responsible for staff development, struggled to recognise the right balance in supporting career development in the workplace. Managers with developmental responsibilities had to foster the growth of new skills, yet responded with little interest in career development. Many within the directorate, seemed not to value those labelled as lacking aspirations, although they clearly played a key role in the running of the department. These members of staff were frequently the ones who worked hard and in many cases, provided extra cover for staff (who did want to attend training opportunities) to be released from work. It became noticeable from an organisational development perspective, just how much effort is put into progressing large groups of staff. From the data generation phase only a small proportion of staff wish to engage in such activities. To some extent and from personal experience, there has been a paradigm shift from offering limited developmental opportunities to Facilities staff, to what is bordering on a developmental obsession. Data has been presented within this study which demonstrates that the majority of staff do not want to dramatically

progress their career. It can be a fine line between appreciating a member of the workforce for their commitment to maintaining a good employment record and the detrimental connotations of being labelled non-aspirational. Indeed, if all staff wanted to engage with career development programmes, the OD infrastructure would be unable to cope; neither would the organisation in terms of employee absence. For people who do want to 'do their job' KSF should be used as a baseline measure of occupational competency and not purely a framework for career development. It would seem that such widespread development interventions must be fully supported when they are deemed an organisational priority or are a priority for a local manager. Individuals who wish to embark on more individualistic, personal development and groups of staff deemed as not needing development, encounter major problems in accessing such opportunities.

From the perspective of an educational developer, it was frustrating to hear comments referring to the limited developmental opportunities which existed for some groups of staff. Frequently, developmental opportunities were dependant on whether the manager or supervisor deemed a request as occupationally suitable. Even though it is easy to empathise with managers' requirements to maintain an ever increasing mandatory training agenda, the array of subjects some staff had been denied permission to attend is remarkable: Staff working on reception desks had wanted to attend a customer care course, estates staff who work in a clinical environment had wanted to attend HIV updates, all of which were denied due to supposed lack of occupational relevance. For any staff who undertook a recognised level of qualification, this had the potential to raise the job banding significantly. For

Band 1 level staff who expressed a desire to undertake a National Vocational Qualifications (NVQ) at level 2 for example, this could have led to the role being re-graded at AfC Band 2. In some cases managers were reluctant to offer staff training at an educational level which could form the basis of a future pay appeal. Other managers feared that if they allowed one or two staff to attend training courses, this would pave the way for more requests. In some cases, the level of professionalism demonstrated by some band 1 support staff in requesting resuscitation training due to their exposure in the clinical environment was admirable. Again this request was refused because of the potential implications of having to offer the training to increased numbers of staff.

A common reason why staff were not supported to develop, was a fear that such people would subsequently leave and achieve better paid positions. The reality was that this process actually worked in reverse, with employees applying for positions in more opportunity rich environments. The following quote from a semi-structured interview typifies such a perspective. The service department has historic difficulty with retention of staff, due to the amount of personnel who proceed to higher banded positions, usually as healthcare assistants.

> *"I can't stop them going for Health Care Assistant jobs, but I'll be buggered if I'm going to encourage them. I'm not going to release them to do courses that enable them to be HCAs. I wouldn't support them to do things that were not needed"* – Hotel Services Deputy Manager (Semi-Structured Interview).

The management of the service department, having recruited and trained staff, struggle to retain them in competition with the better paid and 'higher' role of the healthcare assistant. While some recruits arrive with the intention of progressing as soon as an opportunity arises, others have little intention of leaving but require additional training or awareness to increase their competence and confidence. Denying opportunities for staff demonstrated a short sighted perspective on behalf of decision makers, although frequently this was a self perpetuating cycle with managers and supervisors simply passing on the treatment they had received. Within the organisation there was a tendency to seek answers externally in order to remedy recruitment problems, in reality the solution could be found much closer to home. In multiple areas within the directorate the amount of latent talent appeared immense. Staff had acquired, over a number of years a substantial amount of tacit knowledge, with no succession planning for the eventuality of staff leaving. The automatic 'defence' mechanism to prevent staff vacating positions was to limit opportunities, as opposed to establishing succession routes for others to learn from.

Those who expressed a desire to develop seemed restricted by their earning capabilities. This appeared a paradoxical statement, yet the earning potential of lower banded staff groups was frequently cited as a reason preventing the pursuit of career development opportunities. It was common to hear references made to the availability of overtime, weekends and unsociable hours payments and the earning potential for participating in night shifts. For some such regular additional income was too attractive to exchange for

development routes, employees viewed overtime and other additional payments as part of their base salary. A consistent finding in other areas of the Trust was the identification of pay as a reason for progression into supervisory positions. Supervisors regularly worked day shifts, had limited opportunities for overtime and were not required to work weekends. This approach further stifled the ambitions of various staff, who were not prepared to reduce their earning potential, despite the possibility of such posts leading to more senior substantive opportunities.

Throughout the data collection elements of this study, it was surprising to hear perceptions of potentially harmful effects of career development. Individuals reported feeling embarrassed in front of peers should they be curious about self development, thus preventing them from verbalising such interests. Others feared being labelled as having ambitions beyond both their abilities and even social class. The link between class and educational engagement is well established in the literature, with some contributors suggesting an understanding of these issues is just as important as professional knowledge for people working with such groups (Drudy, 1984, Lovett, 1971). Some participants in this study described the fear held by many at the thought of having to undertake any academic development. A large proportion of staff affected by KSF had not been asked to demonstrate competency since leaving school education. This led to individuals questioning their capabilities in literacy and their intrinsic ability to learn something new. It became apparent that in order to successfully embed KSF, staff within the directorate would require intensive psycho-social support in order to engage with any form of a development framework.

The final emergent theme was related to the use of KSF in longer term career planning. Respondents noted the opportunistic nature of career development currently employed by most facilities staff. KSF offers an opportunity to forward plan development, by assessing what will be required in future roles and devising plans which reflect this. By utilising KSF in this way, career progression could be more professionally focused and allow a fluid transition between jobs.

6.5 Actions which followed or were informed by diagnoses, analysis and feedback

6.5.1 Employability Scheme

Certain departments within the facilities directorate were reluctant to participate with the implementation of KSF, due to the potential career development implications of the process. At the optimum level of utilisation KSF should develop individuals in their own job, but additionally provide a framework for ongoing progression to other roles. This created anxiety in areas already struggling to recruit and retain entry level staff.

The hotel service department was an example of an area particularly affected by this phenomena, where the service is responsible for providing both portering and domestic services to the Trust. Hotel services employ in excess of 500 service assistants, a role which has amalgamated traditional portering and domestic functions and has been in situ since the early 1990s. Numerous service assistants view the role as a point of entry to the organisation, subsequently allowing them to apply for internal only vacancies. Alternatively,

upon commencement of work as service assistants, individuals become aware of higher banded posts with more scope to develop and advance quickly. This leads to the department consistently having over 60 vacancies for service assistants at any one time. It also means that the service assistants that do remain in the position, have done so for a number of years, therefore the age profile of the department is skewed towards staff within 10 years of retirement age.

With recruitment an ongoing problem, implementing KSF which encourages the development of all staff was viewed negatively and even as something capable of compounding the issue. After negotiation with the management of the service department, an arrangement was reached which could implement KSF and potentially ease recruitment difficulties. The HR department agreed to develop a training programme which would ensure a consistent influx of good quality, new staff into the department. This led to the consideration of an employability scheme as an appropriate means for solving elements of the department's recruitment problems. If a source of new recruits could be enticed into the department on a regular basis, this rendered the introduction of KSF less threatening for the understaffed area and gained the support of the management in terms of supporting its introduction. Indeed, a high percentage of management time is spent on recruitment issues; if a reduction was achieved in this area there would be direct correlation with an increase in available time to be dedicated to the development of staff, irrespective of if these people eventually move on. Another driver in the search for an alternative recruitment strategy was the fact that current initiatives such as newspaper advertisements, could not supply the demand for staff; new

solutions were therefore sought for old problems. If a successful approach to this problem could be identified within this department, there was nothing to prevent the novel recruitment strategy being applied in other areas also struggling to attract new employees.

Employability schemes have traditionally focused on developing the skills base of the unemployed, therefore allowing an entry to the labour market and facilitating ongoing employment (Clarke, 1997, Meister, 1998). The paramount aim is for those who enter employment through such schemes, to eventually navigate the labour market independently, therefore ascending to higher levels of paid employment. It was obvious within the service department that the hospital was frequently competing with external commercial organisations for entry level staff. The hospital is located in a district which is the base for a number of distribution warehouses, large supermarkets, food processing plants and an international airport. In nearly all these industries, the organisations offered expedited routes to employment, superior to the NHS. These organisations are not required to complete checks with the Criminal Record Bureau (CRB) and place a reduced emphasis on the availability and quality of references. Training is minimal and can be delivered once employment has commenced. Conversely, beginning at entry level positions in the NHS requires CRB clearance and the production of satisfactory references, in addition to a basic level of education and some form of interview skills. These particular skills were frequently lacking in potential recruits, a problem that the employability scheme also sought to tackle.

To compete with such organisations in the recruitment arena, a fast track employability scheme was devised, which offered an interview for employment

in 6 weeks, a dramatically reduced timescale when compared with other programmes. The programme enabled a 6 week course to be devised in partnership with a local college. As commissioners of the scheme, both the content of the course and the chosen educational provider who would deliver the programme remained the choice of the Trust. This addressed a previous problem in other areas of organisational development, where contracts were retained by providers who were either unreliable or unaware of the finer nuances of working within a health environment. The course lasted for just under 16 hours per week, which would not jeopardise any benefit payments individuals may be in receipt of. The programme covered the following subjects over the 6 week period –

- Career opportunities within the NHS
- Interview skills
- Food Hygiene Certificate
- Numeracy & Literacy (specific to the role of service assistant)
- Information Technology
- Equality and Diversity
- Introduction to the clinical environment (with the utilisation of a high fidelity clinical simulation centre)
- Site tour of the hospital

The first time the programme was delivered, it was offered in partnership with the Connexions service. Connexions offer information and advice for young people aged 13 to 19 years old. Instead of a mixed cohort of young people

and older job seekers, it was agreed with the service department management to rotate these courses between Connexions and the Job Centre Plus. By running the programme in this way it was envisaged that the course could be developed to the needs of each specific cohort. The first programme initially attracted 30 people aged between 16 and 19 years old, with 19 eventually being offered a place on the course. All 30 attendees to the initial information session at the local College and who expressed a wish to apply to the scheme, also completed a CRB form at this point. It was explained to potential candidates at this time that if they were unsuccessful in obtaining a position on the programme, the CRB form and any other personal details (held on the college application form) would be destroyed. If they were offered a position on the scheme the CRB form was processed, this provided over 6 weeks for the results to be returned. This early commencement of the CRB process proved to be a major success of the employability scheme. With normal recruitment processes the CRB forms are processed following a successful interview and job offer. It then takes on average 6 weeks for the details to be returned, a time period few people applying as a service assistant (or other entry level positions) are willing to wait. At the end of the 6 week programme participants are guaranteed an interview only, a place on the scheme does not guarantee definite employment.

In total, 16 participants from the initial employability scheme have been offered employment as a service assistant. From the initial cohort of 19, this represents an 84% success rate. 13 out of the 16 offered employment were on the register of school leavers Not in Education Employment Training (NEET). When the scheme was initially suggested, there was scepticism

regarding the quality of potential applicants to such a programme. This has now been vindicated with the recognition that through operating this scheme, the organisation has accessed a rich vein of enthusiastic, dedicated, and keen to learn employees who had not previously considered working in the health service. This could be described as the NHS recruitment paradox, where individuals rarely consider employment (in non-clinical roles) within a health environment. This is largely due to a common misconception that hospitals employ only medical and nursing staff and also a lack of knowledge of the support professions which enable a healthcare organisation to function. To encourage applicants to the employability scheme, the benefits of working in the NHS: the 'feel good' factor of working in an environment where you can positively impact on someone's wellbeing were marketed. For the majority of new staff the salary, even at the bottom of Band 1 is more than the minimum wage offered by factory and warehouse employers in the area.

The programme has proved successful in terms of its impact on the vacancy profile of the department, filling 28% of the hotel services vacant posts for service assistants from one cohort of participants. This alternative recruitment intervention encouraged managerial support, mainly due to the opportunity to influence the content and delivery of the scheme. The employability programme also offered a greater opportunity over the 6 week period for managers to get to know each candidate, as opposed to a short formal interview which offers little insight to occupational suitability. From a cost analysis perspective, the scheme proved comparable to traditional methods of recruitment, namely press advertising. The employability scheme has proved to be a catalyst for similar programmes, which are now being developed to

address recruitment problems in areas such as medical records, clinical coding and medical administration. In relation to KSF implementation, the employability programme raised the confidence of managers that alternative methods existed to recruit people to understaffed departments. Once the burden of carrying multiple, unfilled vacancies was alleviated, managers became more inclined to engage with the career development of others and the utilisation of KSF.

6.5.2 Evaluation

A measure of the success of the fast track employability scheme is the amount of staff who were recruited as part of the programme and still remain employed at the Trust. Over 70% of those who commenced work in the initial cohort are still working at TRUST A. The service department has operated numerous additional employability schemes since the pilot programme with the initiative now being the principal method of recruitment. Managers within the department spoke highly of the quality of the candidates employed and enjoyed being part of the recruitment process. The scheme has now been broadened to recruit in other areas of the Trust, which is considered to be a further testimony to its success.

6.5.3 'Pathways to Progression' - Bespoke Career Development Pathways

Career development interventions often target widespread audiences and aim to increase the skills base of all taking part, raising aspirations and encouraging career progression. However, as the data gathering exercises have demonstrated, few staff choose to engage in career development

activities. Large volumes of staff at the Trust have been undertaking their professional role for a number of years and whilst occupationally proficient, many of these staff retain minimal career aspirations. This poses the question whether using KSF as a career development tool, in a wider context, would be effective or even necessary.

It seemed a bespoke career development programme would prove increasingly effective at progressing the careers of individuals choosing to develop, rather than marketing a widespread approach to all. This approach aimed at individuals achieving their potential and provided those participating with an individual bespoke career development plan for up to 3 years. The model encouraged staff interested in developing their careers to come forward and participate in a project called 'Pathways to Progression'. In addition to the funding provided to support such career development plans, KSF was integrated as a development tool to guide aspirations in terms of both academic and personal development. This approach provided answers to questions raised by some managers within facilities, who questioned the ability of KSF to capture and develop talent.

The scheme has, so far, provided a bespoke career development package to 15 members of Facilities staff. The development packages range in duration from 1 to 3 years and in addition to funding provided to pay for academic study, assistance is given on the more human elements of personal development. These factors consist of communication skills, interview techniques, presentation skills and methods of increasing self confidence. Practical advice is given on creating and maintaining a curriculum vitae and how to apply for new posts. Employees participating in the programme are

also encouraged to engage with an established mentoring programme which runs at TRUST A.

This intervention has enabled the targeting of physical and financial resources to the areas of greatest need and what were additionally considered being of highest added value. In the past the organisation had attempted widespread career development interventions, when in reality, the majority of staff just want to do their job and develop competence. The bespoke career development programme also allows those who do crave professional advancement, more time with senior staff who can facilitate their development. Participants are encouraged to sign a learning contract, which although not legally binding, is a statement of intent on their chosen development pathway. All participants' managers are encouraged to become involved and support the process. Financially, it is cost neutral, the Facilities directorate commit to nothing more than mutually agreed release of staff to attend any pre-agreed training. The costs of course fees are provided by the local Strategic Health Authority via the Support Staff Learning and Development Fund.

6.6 Evaluation

The 'Pathways to Progression' programme will be fully evaluated over the full course of its 3 year activity period. Currently there is greater demand to join the programme than capacity allows. Dropout rates on the programme are minimal and usually due to changes in personal circumstances. From informal feedback with users of the scheme and their managers, the programme allows a greater focus of resources and to greater effect in terms of supporting personal development.

6.7 Chapter Conclusion

This chapter has focused on the reoccurring theme of career development. KSF is in essence a framework by which to gauge personal and professional development, yet it has strong links to career progression. The chapter included a literature review prior to considering emerging themes from the diagnostic period of the AR cycle. A discussion on the emergent themes reported the analysis and feedback element of the AR cycle and the chapter concludes with the description of the two main AR interventions resulting from research findings. The employability scheme was created to recruit staff to the hotel services department and specifically to the role of service assistant. Few managers within hotel services had the time or inclination to engage with KSF, as it was linked to career development which was perceived to compound existing recruitment challenges. The employability scheme provided a 'source' of recruits, freeing managers and supervisors to take part with KSF and its applications. The second AR intervention was the launch of a bespoke career development package titled 'Pathways to Progression'. The intervention was designed in response to the discovery that despite broad inclusive career development campaigns being launched, the majority of staff did not want to develop their careers. By fashioning a bespoke package for those who did want to develop, physical and financial resources were better utilised to assist staff to achieve their developmental goals. The following chapter will provide a broader discussion on the evaluation of the efficacy of the research interventions and their wider ramifications.

Chapter 7 - Evaluation of the Efficacy of Interventions and Related Ramifications

7.1 Introduction

This chapter is intended to broadly reflect upon the efficacy of the 'action' elements of this research project that aimed to implement KSF within the Facilities directorate. It seems evident there is a project planning paradox specific to AR studies, which prevents a straightforward approach to research evaluation. While constructing a project plan, the time and depth of analysis required to evaluate large interventions cannot be gauged until the diagnosis and action elements have been established. The majority of the AR literature suggests an evolving evaluation of interventions, yet this approach is not effective in establishing the longer term efficacy of initiatives, unless AR studies run over several years. With specific reference to this study, there are clearly limitations in terms of what could be achieved in order to comprehensively evaluate the effectiveness of the AR interventions. Retrospectively, within the project planning aspects of this study, greater emphasis should have been placed on the evaluation of such actions. However, at the project-planning period there was no suggestion of the size, complexity or form that these would take. For the purpose of constructing this report there had to be a project end point, although in reality the evaluation could have taken place for several months afterwards and perhaps even longer. It is acknowledged as a limiting factor to this study that there was not

the capacity to conduct a broader more systematic evaluation of the project actions.

When conducting participatory AR as an insider of the organisation, the informal communication networks provide a constant, although unquantifiable, evaluation of the efficacy of the research interventions. Whilst such informed feedback is useful, it may not provide robust evidence to either support or refute the effectiveness of the research actions. Within this chapter an evaluation of each of the main AR interventions will be considered. The chapter will conclude with a brief discussion of the wider ramifications of these research interventions.

7.2 Evaluation of the Efficacy of Research Interventions

7.2.1 Accelerated Learning Programme

The accelerated learning programme for raising KSF awareness continues to be utilised as the favoured way to establish an understanding of the framework, although it is now used predominantly with new employees. The approach has generated interest from staff in an educational role who wanted to use the accelerated methodology in other applications. Within corporate education, the approach has been applied to the Trust's induction programme that now follows an accelerated learning methodology. All subjects on the induction use the same principles as those developed for the KSF programme, where three clear themes are emphasised and no one medium is used for longer than 10 minutes. The method is now being considered for use in wider areas of education particularly infection control and clinical skills

updates. There are longer term plans to evaluate this learning methodology against more traditional educational programmes. This evaluation could determine whether the approach is expanded in other areas.

7.2.2 Simplified Appraisal Documentation

The simplified version of the appraisal documentation is now the standard format for all staff employed in band 1 and 2 positions. The process is also being adopted beyond the Facilities directorate. The 2007 staff survey results (Healthcare Commission, 2007) showed a Trust wide increase in the number of employees receiving an appraisal. 52% of staff at the Trust said they had received an appraisal in the last 12 months. Although the Trust score of 52% was still below average for acute Trusts in England, the 2007 score has shown a statistically significant rise since the 2006 survey when 45% of staff gave this response. However, the gulf between medical and dental staff and those working in Facilities in terms of appraisal rates remains extensive. The 2007 staff survey results show that 90% of medical and dental staff have received an appraisal opposed to 15% of those working in Facilities. With the simplified format of appraisal being introduced in 2007, if it is to achieve a quantifiable impact, this should manifest in the 2008 results when they are published. The expansion of the simplified appraisal format to other roles beyond Facilities is testimony to the adaptive nature of this approach.

7.2.3 Employability Scheme

The fast track employability scheme within hotel services is still in operation and is now running on a rolling programme basis. The scheme has operated on average four times over a 12-month period, producing approximately 70 new members of staff for the department. The source of recruits alternates between the Connexions service, which targets 16-19 year olds, and the Job Centre Plus. The scheme is now the principle method of recruitment for the department and has saved the directorate over £20,000 in advertising costs alone. Once again the intervention requires a thorough formal evaluation to gauge the positive and negative aspects of its implementation. There are plans in place within the education department to track the development of staff, that joined the Trust through this route, longitudinally. The first cohort of recruits was made up predominantly of young people not in education, employment or training, a group which attracts regular government attention. The NHS has a multitude of career opportunities that few people are aware of outside the health environment. A key factor when promoting this scheme was to publicise the career development prospects offered within the health service. It would be of interest and value to evaluate how many of those recruited, have capitalised on such opportunities and moved into other careers.

7.2.4 Pathways to Progression

The final large-scale intervention was the 'Pathways to Progression' project, which launched a bespoke development programme for staff expressing a desire to progress their career. The programme continues to run and now has

over 25 participants in the scheme. Some staff plan to advance within their current role, while others intend to follow a completely different career away from Facilities. The project has created a secondary ripple effect of unintentionally promoting career development within the directorate. The increase in participants has been in response to the success of the initial cohort of members who communicated the benefits of the programme to colleagues. As Head of Education at the Trust, is has been useful to ascertain which particular skills staff wished to achieve in order to develop their careers. These interventions were additional to accredited programmes of study and aimed at developing skills such as interview techniques and writing effective job applications. The most popular request for training has been in response to increasing personal confidence, a subject that had not been considered before within educational provision at the Trust.

The chapter will now discuss the wider ramifications of these interventions.

7.3 Discussion of the wider Ramifications of Research Interventions

All of the interventions implemented as a part of this study have the potential to be transferred into other areas of practice, even beyond TRUST A. The basis of an accelerated learning programme is relatively simple, yet highly effective for the majority of staff engaged in the process. Increasingly, managers have issues with releasing staff to attend training outside of the work environment for long periods of time. Within the Trust a host of courses had evolved over several years that are offered for a minimum of a 1-day

duration within a postgraduate centre environment. For lower banded staff these environments can be threatening with a good deal of the programme not contextually relevant. Clearly not all subjects could or should be covered using an accelerated learning approach, although separating out topics that can be delivered in an expedited way releases increased time for complex themes. In the NHS, where developments move rapidly, the accelerated approach allows adaptations to easily be made to the content of the programmes or completely new programmes introduced quickly.

The remaining three AR interventions have all been adopted in other directorates, which are nearly all clinically focused. Simplified appraisal documents have been produced across the Trust and are also now being used for higher banded employees who only want to demonstrate occupational proficiency. The employability scheme has been adapted for the recruitment of clinical coding officers and medical secretaries, both of which are occupational areas where the organisation struggles to recruit staff. Managers within these departments are undergoing a similar experience to that experienced within the hotel service department. Staff shortages are impacting on the workload and career development opportunities of existing staff. If successful, the employability scheme in these new areas will provide a comparable source of new recruits as achieved in hotel services. The bespoke career development programme is currently being expanded to other departments across the Trust. From development monies received by the local Strategic Health Authority the education department has been able to offer a dedicated project manager for 2 days a week to oversee this expansion.

7.4 Chapter Conclusion

Within this chapter the efficacy of the research interventions have been evaluated as far as it has been possible to do so. It has been acknowledged that a limiting factor of this study has been a lack of capacity to comprehensively evaluate the longer-term effectiveness of the AR interventions. The accelerated learning programme remains in operation and is being expanded into other subjects. The simplified appraisal documentation has also evolved into increasingly beneficial applications. Although the NHS staff survey results for 2007 show a significant increase for rates of appraisal, the Facilities directorate remains the lowest in the organisation. The 2008 staff survey results will provide a greater perspective on the efficacy of actions aimed to increase the appraisal rates. It has been demonstrated that the fast track employability is now recruiting between 15 and 20 new recruits each time it operates. The programme is being developed in other areas that struggle with recruitment issues. Finally, the 'Pathways to Progression' programme has also increased in capacity and has expanded its provision, including the employment of a project manager.

Conclusion to Part Two

Part two of this project report has focused on the Action Research cycles undertaken within the study. Three main themes emerged, the need to increase staff awareness of AfC and KSF, increasing staff appraisals in quality and quantity in addition to improving arrangements for career development. Each of the chapters followed a format that was based on the model of AR utilised in the project. Chapter 7 concluded part two by offering an evaluation of the main research interventions.

PART THREE – Reflections, Additional Learning and Conclusions: Chapters 8-10

Introduction to Part Three

Part three of this project report aims to capture the personal reflections from the research process, in addition to describing elements of additional learning that took place over the research period. Chapter 8 will consider personal and professional learning and provide reflection on the additional knowledge acquired delivering the project. The two main areas of personal and professional learning to be explored are new insights into the experiences of employees of the NHS and the subject of organisational change. Chapter 9 will provide a retrospective evaluation of Action Research as a methodology, from an insider practioner perspective. Chapter 10 will provide a conclusion to the research study and project report.

Chapter 8 – Personal and Professional Learning – Reflections on Additional Knowledge Acquired from the Research Journey

8.1 Introduction

Bate's model of AR, suggests a central learning element to the AR cycles (Bate, 2000). Throughout the research process, the potential for professional and personal learning remained clearly evident. Within this chapter themes will be presented and discussed that have originated from this central learning process. Although these subjects did not directly lead to interventions, they did enable a greater understanding of the themes described in part two, which delivered research actions.

Two themes will be considered within this chapter, a review of participants experiences as employees of the NHS and the subject of organisational change. Each section will commence with a review of applicable literature, prior to exploring the learning generated from data collection and research interventions. A discussion of the significance of these findings will be included, prior to a review of the personal learning which was informed by these observations.

8.2 New Insights into the Experiences of Employees of the NHS

8.2.1 Introduction

This section reveals research participants' impressions of working within the NHS at the time of the research process. Such perceptions and experiences would have wide reaching implications for those taking part, when considering engagement with KSF. Participants provided varying impressions of working for the health service, spanning a number of different areas for exploration. This section will commence with a literature review of pertinent texts surrounding the modern NHS, before progressing into direct analysis of the learning generated from data collection and research interventions.

8.2.2 The Context of the NHS Today – Literature Review

As the NHS celebrates its 60th year, there seems little chance of a reduction in the pace or volume of change which affects staff and services. There seems no relenting in the constant temptation for the government of the day to make NHS system reforms a priority, due to the perceived opportunity to achieve political gain. Indeed, when many in the NHS would relish being left alone to consolidate the latest round of transformation, politicians will be competing to introduce changes, justifying their ideas with examples of current crises (Normand, 2002).

Yet, all this change has come at a price to the government and not just in terms of staff morale. Recent years have witnessed record increases in NHS spending of over £40 billion, although improvements to the health service in relation to the vast amounts of investment and expenditure do not appear to

directly correlate (Kmietowicz, 2007). Gubb (2008) articulated how public spending has grown from £46 billion in 2000 to a projected £100 billion (as the planned spend for the NHS) in 2009-2010, an amount equating to £1700 per person. However, in recent times of affluence, NHS debts have risen, with the amount owed in the Yorkshire region alone totalling £97 million in 2006 and with directives for further reductions of £300 million coming in the same year (Charlton, 2006). Ham (1999) provided a worthy commentary as to how the NHS has lurched from its post war bureaucratic origins, with political control at its apex to the weakness of the '*command and control*' years of the Thatcher government. At the origins of monumental changes in the early 1990s, the beginnings of devolution for both NHS Trusts and General Practioners with new labour were, according to Ham (1999: 1490) *'trying to bridge the gap between centralised control and market mechanisms'* a phenomenon described as the '*third way*'. No government so far has found the key to NHS efficiency, increasing staff morale or the streamlining of services within budget. Indeed, if the literature on staff morale is correct then the NHS is indeed in a crisis situation (Finlayson, 2002, McFadzean, 2005, Gray, 2008). McFadzean and McFadzean (2005) conducted a literature review of the published work relating to nursing morale and claimed previous models had produced a fragmented picture of the real situation. On reviewing the literature exploring the current climate within the NHS, one of the most pivotal reviews conducted was by Finlayson (2002) produced for the Kings Fund and titled '*Counting the Smiles, Morale and Motivation in the NHS*'. Finlayson's work achieved a greater level of understanding by both reviewing the existing literature base and conducting focus groups with NHS staff. It was refreshing

that Finlayson did not offer a quick fix opinion regarding staff morale, but recognised that whilst drive and motivation amongst NHS staff was low, it is also increasingly difficult to measure exactly how people feel about their work. What did emerge from the study was that if NHS reforms are to be achieved as intended, then morale must be improved to ensure a positive influence on both patient care and subsequent NHS modernisation outcomes.

The symbiotic nature between an organisation and its staff is well established, but what does the future hold for the NHS as the employing organisation of some 1.3 million staff? Harrison et al (1997) cites four potential pressures likely to determine the ability of the health service to deliver quality services in the future. These include changes in population demographics, adjustments in longevity, utilisation of new technologies and the increasing expectations of patients and NHS providers. The authors expect the final pressure, that of changing expectations, to impact most on the organisation's future yet, in an apocalyptic gesture the article reminds us that, even if the health service does adapt, there is no convincing evidence that it will continue to cope. Best et al (1994) documented in the early 1990s, how the NHS reforms could bring market forces to bear on organisations providing public services as long as efficiency, effectiveness and appropriateness of services were not frustrated by micromanagement from ministers. Dixon (2008) claims that the NHS Plan was not working by the year 2000 as the 'clutch' of reforms – better regulation, increased training and development, more guidance on best practice, better information and pay modernisation were, in reality, not enough.

Such commentary underlines how the health service has never quite improved as expected and criticising the NHS has become common practice,

even though it endures as the same service, free at the point of care, as was intended 60 years ago. Programme editor Nick Steel, speaking on the BBC Radio 4 Today programme, in February 2002, claimed that the NHS is not alone in receiving this critique of its provision, as the quality of health care is causing concern across the Western world (Steel, 2002). Steel continued to remind listeners that '*we love to bash the NHS, but have little to compare it to*'. Is this 'bashing' of the NHS an essential part of our national culture? Or is widespread criticism of the health service truly indicative of longer term problems?

Gordon Brown described the NHS in January 2008, as '*not just a great institution but a great, unique and very British expression of an ideal, that healthcare is not a privilege to be purchased but a moral right secured for all*' (Brown, 2008). The literature reveals a unanimous opinion that the health service warrants increased reform more than ever before, but as reform fatigue becomes engendered within the healthcare society, how to achieve effective modernisation remains vague. Vaughan (2007) in the Health Service Journal referred to David Nicholson's break with Sir Nigel Crisp's era of managing the NHS, where Nicholson urged managers to stop looking to the DoH for central guidance and to '*look out, not up and get on with it*' (Vaughan, 2007: 7). This encouragement of NHS Managers to think for themselves could be one of the simplest yet most effective mechanisms of modernising the NHS. Fostering an atmosphere of empowerment, where staff feel supported to make decisions that reform the services themselves, could take the NHS to a higher level of efficiency. Even the prime minister has pledged to '*back to the hilt*' NHS staff when they want to reform services (Torjesen, 2008: 5). This

local direction providing a break from centrally controlled rhetoric could afford a new opportunity for health service growth- although the most ardent sceptic would claim it has been tried before in the cyclical mezze of NHS reform.

In 2007, Lord Darzi published the interim report for the NHS next stage review, claiming that the NHS is perhaps two thirds of the way through its programme of reform (Darzi, 2007). After a comprehensive consultation event across the nation, Lord Darzi has concluded there is little enthusiasm for doing something completely different, rather than what has been started in terms of reforms, should be completed. The June 2008 launch of the full next stage review has also been met with remarkable success, with the editor of the Health Service Journal stating that '*few critics have failed to shoot any substantial holes in it*' (Vize, 2008 :2). As the NHS awaits the next steps of its long road to modernisation, surely no one can criticise its capacity for change or its optimism. Hopefully, the actions highlighted in Lord Darzi's next stage review combined with David Nicholson's promotion of empowered working (Vaughan, 2007), will provide the catalyst for improvements to the NHS for both staff and service users alike.

8.2.3 Learning Generated from Data Collection and Research Interventions

Members of staff, who directly participated in either focus groups or interviews, had strong opinions regarding the current state of the NHS, within their area of work. Participants referred to what can be described as workplace anxiety, sometimes driven by media speculation. The following respondents elucidated their opinions surrounding the general mood within the Trust:

"*There's hardly a hospital in the country that's running well, you know. NHS isn't doing too well, is it?*" – Supplies Manager (Semi-Structured Interview).

"*I don't know if it's just me and the situation I'm in with my department, but there just seems to be quite a lot of tension in the system at the moment, quite a lot of angst. And I don't know whether it's because of the news coverage, media coverage of other hospitals. I mean Graham came in this morning and said something about [names two local towns], they'd been on television. And I don't know if that's a general feeling of unease and this sort of thing. But I know that there's a lot more development going on, new clinical services cropping up all the time, and that tends to put a compounding pressure on people. And whether it's that that's causing it I don't know but getting the time then and getting people to engage in a process like this when some people are feeling a bit ragged round the edges, it can be quite difficult*" - Medical Engineering Manager (Semi-Structured Interview).

"*Everybody's fed up*" – Service Assistant (Focus Group Participant).

"*You can't put your finger on why but there's a general unease. I don't know, I think, personally I think the country's soft, I think it doesn't take the bull by the horns and tackle some of the issues that*

need tackling, and they are many and various" - Medical Engineering Manager (Semi-Structured Interview).

There were frequent comments from staff regarding their perceived increase in work load in recent years and the effect this had on morale. Observations in this area directly correlated to an increase in activity, while other criticisms deplored new business processes, aimed at raising productivity. Those participating were critical of the pressures placed on them by government targets, such as waiting times and the reduction of hospital acquired infections.

"*I think it's true of a lot of the support services throughout which mainly covers facilities, that the hospital's grown, patient throughput's grown, we've got new services in, but we're not growing the infrastructure, so we can't cope with it*" – Supplies Manager (Semi-Structured Interview).

"*When we went out to contract, 10 years ago, when we won the contract in-house, the only way we could meet the price was to get rid of six people, so we're permanently understaffed. We then used to work six days a week. That was cut down to five so that 10 years we've been sort of established by six. And the work's increased. Everybody knows that. Where a bed would occupy one patient for a week, it now occupies bloody seven or something, you know, so there are bed changes - there's more and more work*" – Laundry Manager (Semi-structured Interview).

"*We used to have somebody that helped us later on but that stopped, and it's all down to I would imagine money and they don't want to pay out*" – Service Assistant (Focus Group Participant).

"*We used to do something like 43,000 pieces a week, we now do 57,000. I've still got the same amount of staff. Now, anything that takes them out of here makes it difficult. Any training programme in here is difficult because it changes, literally, every day. I could have the supervisors up here this morning, organise a training programme that starts on Monday. Eight o'clock Monday morning, it's cancelled because I've three people calling in sick and we've got to rotate the whole staff within the Laundry to accommodate them because some can drive, some can't*" – Laundry Manager (Semi-structured Interview).

"*Because we get all the flack for this bloody MRSA anyway*" – Service Assistant (Focus Group Participant).

Criticisms were made of the capabilities of the Trust's management and how the organisation benchmarks to achieve positive results. Occasionally, disapproval manifested in a lack of Trust with the organisation's management or a lack of understanding of the lack of urgency demonstrated by managers.

"*And I think long term really, if we want to improve how we're running the health service, and I know it's a massive task, I think KSF's great, I think doing appraisals is great, but I think it's got to go, I think it's the managers that we need to develop...*"– Supplies Manager (Semi-Structured Interview).

"See, this thing about top 10%. I'm not impressed with that sort of stuff because if you've got, it's like having a football league that's crap, but you're the top of it. You're the best of a bad bunch. You go in a meeting and say that and it'll be a problem. Car park, and someone will say, oh you want to go to [local city named] it's a lot worse there. I don't understand that sort of logic. That because you're slightly better than something else that's slightly worse, then we're not that bad" - Laundry Manager (Semi-Structured Interview).

"*Surely you should be benchmarking yourself against good examples, not bad examples. I don't understand all that, when you say, you know, Chief Exec, we're done very well, well done everybody - but what are you assessing us against*?" – Laundry Manager (Semi-Structured Interview).

"*It's not about KSF, it's getting people to Trust the organisation and take it seriously. Anything else, KSF, whatever it is, NVQs that we've been talking about, Agenda for Change will work if you've got the people's hearts and minds because people help it to work, they make it work. But you'll always struggle when the organisation itself has a problem with its workforce. And there's not a lot of Trust there, not a lot of understanding, not a lot of belief, not a lot of integrity. How can you take serious somebody who can fundamentally change complete views*"? – Laundry Manager (Semi-Structured Interview).

"*And five years is a long time, but you see I have heard other people say to me, you know, 'I've got ten years to go' and they're counting down. And that's from senior Managers. And I think it's something to do with this cultural endemic that we have within the NHS whereby people are on like cruise mode*" – Supplies Manager (Semi-Structured Interview).

Periodically, in the data collection period such apathetic responses led me to question the reasons why some staff remained employed within the NHS. The responses often provided a clear message that the NHS was viewed as a good place to work in terms of salary and pension contributions (NHS superannuation scheme). Employees also appreciated workplace friendships and enjoyed being part of an environment where their work was considered recognised. Staff commented on a feeling of loyalty towards the organisation, and worried about the detrimental repercussions on colleagues, in terms of increased workloads, were they to leave. In some instances, there was also a fear of leaving the NHS and then struggling to obtain another job within the service should they want to return. For others respondents they viewed a job within the health service as a 'job for life'.

"*Can't leave, I need the money*" – Service Assistant (Focus Group Participant).

"*I live on my own; I've got to have a job*"– Service Assistant (Focus Group Participant).

"*You see, once you're in the Health Service you stay*" – Clerical Officer, Supplies Department (Focus Group Participant).

"*My son's been looking for a job for a year, now he is 30, and he can't get a job, what chance do I have*"? – Service Assistant (Focus Group Participant).

"*I mean you've got super an' as well, that's a pretty good pension scheme*" – Clerical Officer, Supplies Department (Focus Group Participant).

"*And if you leave the Health Service, there goes your super an', I know you could do voluntary contributions or something, but why bother, I've been here, what, when did I start, 1979, I'm not going to leave now*" – Clerical Officer, Supplies Department (Focus Group Participant).

"*It's good pay and all that but they move on. But then, you think of that as well. You think well, you know, if it all becomes a big flop, you're not going to get back to NHS. They'll not have you back. I've seen it happen*" – Service Assistant (Focus Group Participant).

"*I walk it, but it's lovely when you walk on your own ward and everybody knows you and patients, oh she's here again, and this and that, you know, and whatever, and it's lovely*" – Service Assistant (Focus Group Participant).

"*I feel beholden to Trust. I felt if I left they'd be in a right mess in here. You know what I mean? Because you've got to get somebody else who knows the department, knows the auditing side of it and,*

you know what I mean, and it would take a long time for somebody to learn that job" – HSDU Manager (Semi-Structured Interview).

Within this section extracts have been presented from research participants that aim to describe their feelings of working life in the NHS at the current time. The following section will provide a broader analysis of these comments and their meaning within a research context.

8.2.4 Discussion of the Significance of these Findings

It became evident from observations that staff, irrespective of job title or professional responsibilities, were affected by a wider malaise within the health service at the time of the research. Staff frequently struggled to explain these apathetic feelings, with many referring to a general mood within their department of things 'not going well' for the health service. Some respondents referred to the negative media coverage received by other NHS organisations. Many such Trusts were experiencing financial troubles or had larger scale clinical incidents to handle, such as the outbreak of infections. It would seem that negative publicity had a detrimental impact on staff perceptions of how the NHS was 'coping' nationally, with news stories contributing to local feelings of demoralisation. Observations were also made by participants regarding managers' approach to 'counting the years' to retirement. Again, it would seem such behaviours have a negative impact on the confidence of staff in delivering what was a challenging and ever increasing portfolio of services. If managers were perceived to be anxious to retire, or leave the sector, this had a negative effect on the morale of their staff.

As a large acute hospital, which achieved first wave foundation status, TRUST A is a business orientated organisation in a geographically competitive market with other local Trusts all offering similar services. Like other providers, it has the added pressures of meeting government targets on patient activity and waiting times, but TRUST A operates from five sites, making the co-ordination of activity problematic. Invariably this has led to an increase in workload at all levels of the organisation. Numerous staff believed that such escalation in patient throughput, compounded by government requirements on treatment times, equated to more work without adequate support. The 'push' of the organisation to operate as a high performing competitor also added pressure for some employees. In some instances, staff believed that the organisation's business activity had grown, yet ways in which this increase should have been supported had not materialised. The largest criticism was aimed at staffing levels and also a perceived lack of awareness of what most support services within Facilities provided. Other staff were critical of the pursuit of competitive contracts which they believed the Trust could not deliver. To the author's knowledge, various staff taking part in this research had worked at the organisation for a number of years, in some cases over 30 years. These people recalled much lower activity levels, and reported that staffing levels had not increased, and in some instances, had decreased.

To the Trust executive team, maintaining a competitive edge in volatile times depended on the streamlining of business processes, yet the human element of improving systems had rarely been considered, in the opinion of participants. The predicament faced within Facilities, was the detachment felt by staff when decisions were made on behalf of the organisation. These

processes followed a centralised managerial model, where many individuals believed themselves to be disempowered from the decision making processes. For some participants, these feelings of disempowerment manifested in a lack of trust between the senior management of the organisation and those employed in an operational role. Some staff within Facilities, involved in the research project were also aware how other Trusts had outsourced services such as laundry, catering and other support roles such as cleaning. This left individuals, employed in these departments, wary of raising concerns about physical and human resources, lest they become uncompetitive on a cost basis.

Unsurprisingly, criticisms were aimed broadly at the management of the NHS, both locally and nationally. A recurrent local theme was the need to develop managerial skills, in order to allow the NHS to achieve an ever expanding portfolio of change based projects. While schemes exist aimed at capturing and developing executive level talent, the perceived need locally was to develop basic managerial capabilities within supervisory and middle management positions. Participants were critical of management in areas such as sickness absence, recruitment and selection, subjects considered by participants as integral, yet basic, managerial proficiencies. Those taking part in the study considered only when the 'basics' of managerial competency had been mastered, could those in these positions guide their department to bigger and better things. The following quote by a manager within the supplies department echoes this sentiment.

"*And I think long term really, if we want to improve how we're running the health service, and I know it's a massive task, I think KSF's great, I think doing appraisals is great, but I think it's got to go, I think it's the managers that we need to develop...*" – Supplies Manager (Semi-Structured Interview).

The subject of benchmarking arose during the data collection period. This led to reflection on parallels drawn to external organisations when measuring performance. One research participant came to work in the NHS from a highly competitive branch of the retail sector and drew stark comparisons between the pace of work and managerial capabilities in the private and public environment. Participants felt that the private sector made direct comparisons to other top companies, but Trusts comparing themselves to other NHS organisations offered no incentive to improve services. Such conversations, in a group or individual context, brought to my attention the level of market understanding and business acumen at a local level within specialist areas such as logistics and support services. With many NHS targets clinically focused, it became apparent that staff within Facilities, responsible for services, would have welcomed benchmarking against higher performing private companies. It appears that the directorate through either lack of communication or centralised management structures, were missing opportunities to exploit local expertise to develop a competitive edge. Despite evidence of malaise and negativity within the NHS, there were also factors that made individuals feel good about working within the health service. Nearly all participants appreciated the NHS pension scheme and for staff who had contributed towards it for a number of years, it remained a

strong pull to maintain employment. Staff appreciated the friendship and feelings of self-worth they experienced when undertaking their duties. This was exceptionally apparent within the role of service assistant, as part of hotel services. Service assistants are responsible for the cleanliness of the built environment, the distribution of meals and drinks and accompanying patients to appointments within the hospital. Feelings of appreciation, especially from patients, families and friends had an extremely positive impact on workplace motivation. Similarly positive effects were identified by staff regularly thanked by colleagues or management representatives for their efforts. A somewhat sombre realisation was that despite the well documented positive effect of praise on performance (Gordon and Stewart, 2009, Dirks and Skarlicki, 2009, Earley, 1986, Geddes and Baron, 1997, Wang et al., 2008), staff in receipt of positive feedback were still in a minority.

Organisational loyalty was raised as a popular topic, staff demonstrated endearing concern over the fate of their colleagues should they choose to leave. A number of participants commented that they had considered leaving, but this would have meant a considerably greater work load for others, in addition to the Trust struggling to replace them. There were fears over leaving the NHS and being unable to return, should plans not work out. This led to personal reflection on the image of the NHS as an employer. Instead of the health service being viewed as a large opportunity rich environment, for many it is viewed as a closed club, which is difficult to enter. It was a common theme within the roll out of KSF, to hear from staff who had friends or relatives who would like to work within the Trust, but had been unsuccessful in their application, despite large vacancy levels in entry level positions.

Within this section, factors have been considered relating to research participants and their experience of employment within the NHS. These factors have included an endemic malaise reported by numerous participants which, in some cases, has been compounded by media coverage, critical of health service performance. Several contributors to this research referred to competitive market forces that demand a more business orientated perspective when delivering healthcare. Such competition, often linked to governmental targets on activity and performance, has placed strains on the system, manifesting in what research participants viewed as a greater workload for most. Some participants criticised managerial capabilities and reported a disempowered approach to decision making, where their local knowledge was infrequently sought. Despite such views, there were also positive aspects of working within the health service. Benefits ranged from financial incentives such as the NHS pension scheme, to the value of feeling appreciated by colleagues and patients. Some research participants demonstrated a loyalty to the organisation and their colleagues, whom they believed would be disadvantaged should they leave. Regardless of demonstrable positive aspects of working within the NHS, many staff reported the health service as being difficult to access from an employment perspective with staff apprehensive about leaving should they wish to return. These considerations invariably impacted on the change agenda within the organisation, which will be discussed later on in this chapter.

8.2.5 Summary of Personal Learning Informed Through Findings/Observations

Findings from this aspect of the study clearly indicated that KSF was being introduced at a period when there were low levels of morale within the Facilities directorate. It was apparent that the way in which KSF was introduced and more specifically how it was portrayed, would need marketing from a positive perspective in a format complementary to the needs of the directorate. Raising staff awareness of any negativity or expounding reservations within the process, would have only compounded palpable levels of disengagement. Viewing KSF as a developmental tool, gave it a strong 'brand' through which short comings may be accepted. Although KSF could not directly impact on workloads, it could be promoted as a developmental tool to boost professional effectiveness, one of the key areas of concern for some respondents.

This improved insight into respondents' feelings about working within the NHS helped the author in several ways. It was vital that the present state be identified as a starting point for the research process. Through learning more about how employees currently feel, a socio-psychological awareness was established of the current employment landscape. In constructing this view, potential obstacles to change could begin to be identified. Perhaps more importantly, a deeper informed understanding of how participants were currently experiencing their professional position, allowed some level of trust between author and participants to be established.

8.3 Organisational Change

8.3.1 Introduction

The subject of organisational change occurred throughout the various stages of the project and was frequently referred to by research participants. This section will commence with a review of pertinent literature regarding organisational change, in both an NHS and wider organisational context. The section will then reveal research participants' impressions of organisational change, before progressing into direct analysis of the learning generated from data collection and research interventions. A discussion of the significance of these findings will be offered prior to a summary of personal learning that was informed through these findings and observations.

8.3.2 The Context of Organisational Change – Literature Review

A vast quantity of literature exists exploring the subject of organisational change. These resources articulate the quest to gain a deeper understanding of the nature and mechanisms affecting long term transformations and the associated implications change has on productivity, job satisfaction and overall business benefits. The modernisation of the NHS has required change activities on a grand scale and the future promises no respite from new initiatives. Since commencing doctoral studies, personal interest in the rate and volume of change and its impact upon both individuals and services has grown. The author has suspected for some time that too much change could have a negative impact; causing the opposite effect to what is intended. From the literature, pertinent texts have been selected to review and critically

analyse the subject of organisational change prior to exploring learning generated on the subject from the data collection and research interventions. Lupton (1971) described the top down nature of many change initiatives, his powers of description clearly demonstrate a belief in the hierarchical 'history' of change related issues. He describes higher management initiating change which affects the 'lower levels' of staff and the choices made to gain employee support for such initiatives, most of which described actually enforcing the change. Although Lupton's description resonates of a centralised managerial function directing change initiatives, he does touch upon the notion of '*selling the change*' something that seems to be lacking in numerous change based projects today (Lupton, 1971: 22).

Managers in the modern NHS seem to experience difficulty with the notion of promoting change for a number of reasons. Time is a frequently cited constraint, as is the rate of change (Mmobuosi, 1988, Massey and Williams, 2005, Massey and Williams, 2006, Payne and Rees, 1999, Pettigrew, 1990). As one initiative is introduced and embedded, it appears that a new process is immediately commenced, quickly superseding the latest scheme. This rapidity has a number of effects on those who are expected to lead such initiatives, one of which is a lack of managerial understanding of what is being introduced.

Andrews et al. (2008) conducted a study of NHS managers who had all undergone training on change management processes at a post graduate level. The elements of the studies managers found most useful in practice, were an increased ability to 'make sense' of the change they were responsible for. In reality, it is of little surprise that the multifaceted nature of change

causes such interpretative quandaries. Brown (1992) spoke specifically about a project involving large scale change in the NHS, which immediately generated a blend of structural, technological and cultural 'issues'. Spiers (1994) concurred with the need for cultural change if a project is to be successful, although the culture of an organisation can be complicated to navigate, yet alone harness, in a period of transition.

One opinion of individuals' experiences when faced with large scale organisational change, suggests that they pass through a reactive process (Jacobs, 1995, Kyle, 1993). This is probably accurate in some instances, but cannot be broadly applied in all cases. Oldham and Kleiner (1990) propose that individuals use unconscious, yet well developed, defence mechanisms to protect themselves from the anxieties involved with the change subject. Again, while these observations may be appropriate in some cases, the unconscious response is not always provoked, as some groups of people are happy to be involved in the change process.

Scott and Jaffe (1988) however, suggest that change brings about a four phased response; consisting of initial denial, resistance, gradual exploration and eventual commitment. This model seems personally highly contestable as the individual's response does not from experience follow a set reactionary path in most cases. Not all participants resist change, just as some people show the same lack of commitment at the end of the initiative as they did at the beginning.

Rashford and Coghlan (1989) present an alternative model related to the levels of organisational change that has drawn upon Kubler-Ross' stages of death and dying. The work Kubler-Ross produced has now been widely

adapted in palliative medicine and focuses on denial, anger, bargaining, depression and acceptance (Kubler-Ross, 1973). Rashford and Coghlan rather unconvincingly seem to argue that due to death being the ultimate 'change' in a person's life, the work of Kubler-Ross has transferable applications.

Carnall (1986) thankfully, recognised that individuals do actually experience change in different ways. A limitation of previously mentioned models of change is their uniform approach to those involved with the change process. Diefenbach (2007) conducted, what appears a highly effective study, examining factors surrounding strategic change in a complex organisation, utilising various data sources and analytical techniques. The work proved that how the change is communicated, organisational politics and the ideology of change management processes all have a major impact on the success or failure of what is being proposed.

Elving (2005) suggested that communication plays an important role in understanding the state of readiness for change within organisations, but also on gauging uncertainty surrounding what is being proposed. Unfortunately, most change initiatives within the NHS are not open to managers' ability to gauge organisational readiness. Whilst Elving reported that there is a distinct lack of empirical evidence in the literature around this subject, it would definitely merit future interest from a research perspective to advance change management in this area.

From this literature review, Huczynski (1987) offers perhaps the most pertinent observation surrounding change management processes. Huczynski concluded from research of the organisational change models available to

managers that ideas, approaches and models should be judged on their merits and not because they are the latest 'fads'. Frequently, effective models are cast aside because they are deemed too old or have been a passing panacea. This literature review commenced with an observation from a piece of work produced in the early 1970s (Lupton, 1971), which propounded the benefits of 'selling an idea'. From personal experience, some projects are doomed from the offset, due to a lack of enthusiasm from those charged with supporting the initiative. This failure seems to stem from a lack of promoting the reasons for change initially. Huczynski's (1987) final observation refers to how many successful companies are rotating change methodologies and not relying on one sole approach. Perhaps anyone charged with implementing change could learn from this concept. Instead of the research literature striving to find the 'perfect' way to bring about widespread general change, there should be consideration of which is the most appropriate technique in the individual circumstance.

8.3.3 Learning Generated from Data Collection and Research Interventions

The subject of organisational change emerged repeatedly throughout this research project. The NHS has always been an environment of high volume organisational change (Greener and Powell, 2008, McNulty and Ferlie, 2004), yet contributors to this project provided an insight in to working in an environment where change has been the only constant. Numerous staff referred to the cyclical nature of change and how most of the 'new' initiatives implemented were actually variations on previous themes. The following

contributors had worked within the organisation for in excess of 25 years and readily commented on the cyclical pattern of the change agenda:

"*As yet another new thing for a few years and we'll have something else later, having gone through many changes over many years. I just felt it would be an interim change until they worked out how it didn't work and try and re-jig it. But they never re-jig, they'd always go back to the drawing board and give you something else that's not been thought out*" – Senior Nurse (Semi-Structured Interview).

"*Total Quality Management, you know, and that was brought in like the saviour of the organisation, solve all problems, like a huge Elastoplast. And that lost credibility because what started out as a 13-week course got reduced to like a 3-week course because, as usual, the organisation bites off more than it can chew and realises it can't get everybody through the course. So then it loses credibility, they say well actually we've diluted, we haven't diluted it but we've re-looked at the course and we only really need to do this bit*" – Laundry Manager (Semi-Structured Interview).

"*I think it'll stay (KSF) as long as something else happens. It's like Agenda for Change. We had a review of nurses about 12, 15 years ago which was a huge thing. You wouldn't believe how many changes, even the nurse titles we've gone through in 20 years. We used to have nursing officers, Director of nursing services, and then*

they go back to being nurses and then they have managers, and it's constantly more..." – Laundry Manager (Semi-Structured Interview).

"*I'm suspicious of governmental organisations such as the Police Force, such as NHS. Their policies change with a change of government. Our Chief Exec thrashed the message out completely, that's coming from the government, from David Nicholson. It has done for the last five, six years now, right. And be fervently behind it. We'll have a change of government in six months' time and it'll be a different message - they'll be fervently behind that*" – Laundry Manager (Semi-Structured Interview).

Other participants reported resistance to change when new concepts were introduced. Although resistance to change within the NHS has been well reported in the literature (Beech et al., 2004, Greener, 2008, McDonald et al., 2006, Page and Howard, 2005), a more prominent direct aversion was becoming apparent. The following extracts from data generation sessions highlight examples of workplace opposition to new initiatives:

"*And try to introduce change and it's like you're hitting a brick wall. And what you're trying to do, quite often, is introduce change to help them, but they don't see it like that, they're seeing it as that you're interfering, you're poking into places where you shouldn't be poking in, do you know what I mean?*" – Supplies Manager (Semi-Structured Interview).

"*Everybody's digging their heels in now and saying, no, I won't do that*" – Service Assistant (Focus Group Participant).

Amongst other reasons, a lack of time was cited as a major reason for hindering the change process. Staff considered themselves too busy in other areas to engage with the new ways of working. Few if any stopped to contemplate if the change could be beneficial or may help with workloads and productivity. The following quote from a manager in supplies viewed time as a variable in the change process that was difficult to find:

"*...from my point of view, the big thing for us is the time factor to actually, for managers to take the time out to do it, and that is something no one else can give us is time. But we don't have the managerial time*" – Supplies Manager (Semi-Structured Interview).

Also linked to the subject of time, is the idea that new initiatives are not given an adequate opportunity to be consolidated into practice. For some research participants, the subject of change is too readily exchanged for a more up to date version, before staff have had opportunity to fully absorb the initiative. This is supported in the following quote by a Facilities manager:

'*Look, nothing is ever allowed to develop and work before it's changed. So people just get fed up with it*' – Laundry Manager (Semi-Structured Interview).

Throughout the course of this project, several staff and managers commented that the pace of change resulted in them not being certain if they should

become involved or not. Their apprehension existed in response to 'keeping up' with the planned change and being unsure if the change was here to stay. When one manager was interviewed he referred to a concern that the organisation may drop KSF in favour of something else in the near future:

> '*My fear is that the foot will come off the accelerator with this and people won't do it. What I want to ask is what level this is being driven at I suppose? We do not want to put all this time and energy into something that will be all change in 6 months. My biggest fear is that it will not be here in 12 months. Or other areas have stopped it*' – Deputy Manager, Service Department (Semi-Structured Interview).

This trepidation of investing time and effort was a recurrent theme and led to staff being concerned that they could waste time and energy in a process which was not going to survive in the future. To achieve change in KSF terms, some participants described how managers becoming involved in the process had a positive outcome on implementation. The following manager referred to her line manager enquiring about progress and the subsequent effect:

> *"I probably would have sat back a little bit longer (if seniors were not supporting KSF), waiting to be pushed. To be saying have you done your KSF, have you done your PDAs?*" – HSDU Manager (Semi-Structured Interview).

> *"If your line manager's going to just leave you to your own duties and devices, and they're not going to mention it and say, you*

know, how many KSFs have you completed and can I have a look, and feedback what your staff think. You know, cascade that information down. Then you're just going to sit back and put other things priority" – HSDU Manager (Semi-Structured Interview).

For some participants, change should be driven from the bottom up. When asked to elucidate further, the following participant suggested staff in lower banded positions are attempting to drive their own change agenda forward:

"*It's those of us who are at the bottom rung of the ladder that drive things like that because you have to pester and pester don't you. And then I think in the long run they think, oh all right I'll do it*" – Service Assistant (Focus Group Participant).

Discussion with some managers reveals that instilling an interest in a job role is also a means by to gain participation in new ways of working. The manager within the HSDU department had recognised the positive effect this had within her area of work:

"*I'm quite lucky in our department. I must say, I've got 80% that are really enthusiastic, willing to learn, wanting to know more, more, more every day and wanting to know why, you know, a bit more underpinning knowledge. They like want to know about microbiology. Which, when I was a technician, I just did the job; I didn't have any of that. And these are starting to want to know why they're doing, what they're killing, you know - how the machines work, why they're validated and all that kind of thing. Whereas, when I was a technician, I didn't - nobody ever told me*

that. I just did my job" – HSDU Manager (Semi-Structured Interview).

Within this section data generated through focus groups and semi-structured interviews has been presented on the subject of organisational change in a local context. The following section will provide a discussion on these findings.

8.3.4 Discussion of the Significance of these Findings

The subject of change was one of the most enlightening themes that were generated within the focus group and interview sessions. While the NHS has traditionally been associated with high volume change (Buchanan et al., 2007, Paton, 2001, Greener and Powell, 2008, McNulty and Ferlie, 2004) it appears from data generated in this research that this may be having a detrimental effect on some staff. Respondents consulted in this study were hesitant regarding investing time and effort into programmes that would in all likelihood change again in the future. There was also a general awareness of the continual nature of change in the health service; with staff realising the next initiative would be just over the horizon.

This led employees to question the importance of new initiatives and therefore consider their own level of commitment to the change process. Was something worth investing in? Would it be here in the future? And also what happens if we do not participate? The majority of individuals had come to the conclusion that there were few if any consequences of non-compliance. A major drawback for those charged with instigating change was the lack of accountability for people who were not compliant. The greater part of the

workforce realised that the organisation had limited authority to 'police' the multitude of change initiatives being implemented and therefore considered themselves highly unlikely to be held accountable for not participating.

The programmes that would be enforced by the organisation were initiatives that raised income or jeopardized services through non-compliance with legislation. Any governing bodies that had the authority to reduce or suspend clinical provision were strictly adhered to and received priority in terms of senior support. KSF suffered in this instance, from not being classified as a change initiative considered imperative to the organisation's core functions. While NHS Employers monitored the KSF implementation process nationally, they became more arms length as time went on. With TRUST A achieving first wave foundation status the Trust was not obliged to submit any data returns gauging compliance with KSF. There were no national penalties for lack of uptake with the project, something which in the author's personal opinion meant it was not ranked as high a priority as other schemes.

The change processes at TRUST A were also heavily influenced by political undertones which then impacted on accountability. The influence of change on organisational politics has been well documented in the literature (Buchanan et al., 2007, Kumar and Thibodeaux, 1990, Vince, 2002) yet the web of political intricacies reached further than anticipated when this project was planned. KSF was seen very much as an HR project with any efforts to implement greater levels of accountability and compliance having a negative effect on the directorate's relationships with other areas. This was also acknowledged by the executive team at the Trust who would verbally support KSF yet stop short of issuing any measured directives in terms of compliance.

It may have been that the senior management of the organisation were also aware of the impact of volumous change on the workforce and for that reason it was what was considered the essential projects that were fully supported. From the data generated, it would seem a more productive way to engage individuals in the change agenda is by both benefits realisation and giving the workforce the confidence to make changes to new initiatives so they are fit for purpose. Instead of positioning projects as yet another 'must do', the potential benefits of new incentives require publicity and promotion within all levels of the organisation. The workforce is becoming increasingly despondent in response to enforced change and is correct in assuming the organisation has limited control to enforce it. Throughout this study, members of staff were discovered who had moulded either documentation or actual processes such as appraisal, into a format that worked for them in their own local context. This adaptive behaviour was incredibly powerful and enabled the full testing and utilisation of the framework in a way that had been proven to work for some areas.

Manipulating change initiatives into a more coherent applicable format could also help with the negative aspects of time management and how change is associated with needing longer periods to implement. If staff can alter change programmes in a way which works for them, there will be a far greater chance of subsequent integration with existing workloads. Providing useful, local applications of new initiatives generates increased staff support. Research participants demonstrated that if change is supported, it can be driven in both managerial and staff directions. Middle managers supporting new ways of working send out a very positive message, as do members of staff on the

'shop floor' engaging with new initiatives. Any form of staff and managerial support is likely to help prevent change fatigue which is at the risk of becoming increasingly prevalent within the NHS (Tudor et al., 2008).

8.3.5 Summary of Personal Learning Informed Through Findings/Observations

Findings in the area of organisational change confirmed existing personal beliefs in relation to the limited levels of compliance and a broad lack of accountability for those who do not engage with change initiatives. At TRUST A there seemed to be different 'characters of change'. The profile of such individuals on this theoretical continuum ranged from those not aware of the new initiative or what they should be doing, to staff who understood but would not comply. Engaging with the research participants and hearing, first hand, their interpretation of the large scale change agenda facing the NHS, enabled an understanding of the limited authority held by the organisation to support compliance. As the volume of initiatives grew, the capacity of the workforce who did support change was increasingly tested. It became apparent that new ways to encourage engagement with these initiatives must be sought, as enforced participation is clearly not an option in the majority of cases.

In the context of this study two productive ways were discovered in which to facilitate constructive long term change. Firstly, benefits realisation could be better utilised as a means to encourage participation with programmes of change. Staff were unaware of the benefits or even reasons for the implementation of change, leaving them struggling to support something they did not fully understand. This has clear links to appraisal and communication

within organisations. The second driver to engaging with the change agenda was empowering participants to make necessary adjustments to new ways of working. If staff and managers were supported to make necessary adaptations to these topics, they were increasingly more likely to work and become embedded in existing practice. By having an input into the format of the change being instigated, employees understood the process and felt some ownership in the creation of a workable format. From personal learning within this research, the majority of both managers and staff lack the confidence and authority to make such adaptations. This sentiment was echoed by David Nicholson Chief Executive of the NHS, when encouraging staff not to constantly look for direction but to think for themselves in terms of what needs to be done locally to achieve results (Vaughan, 2007). Although such local adaptive methods can be both powerful and effective, the workforce will require support and guidance if these methods of change management are to be integrated into practice.

8.4 Chapter Conclusion

Throughout the research process, there was the potential for professional and personal learning which was described at the 'learning process' within Bate's model of AR (Bate, 2000). Within this chapter two themes have been presented and discussed that originated from this central learning concept. While these themes did not directly lead to AR interventions, they did enable a greater contextual understanding of the professional environment in which the research was being undertaken.

The two themes which have been considered within this chapter were a review of participants experiences as employees of the NHS and the subject of organisational change. Each of the subjects commenced with a review of applicable literature, before exploring the learning generated from data collection and research interventions. A discussion of the significance of these findings was considered, prior to elucidating elements of personal learning which were informed by these observations. Chapter 9 will now offer a retrospective analysis of the methodology utilised in this project.

Chapter 9 – Retrospective Evaluation of Action Research as a Methodology from an insider practioner perspective

9.1 Introduction

An early established research objective was to evaluate the AR methodology within this context. This chapter will explore and evaluate the effectiveness of this approach to practioner research. As part of this discussion the complexity of AR will be considered as will the size of the project undertaken and the characters of researchers who choose this approach as a methodology. The way in which participatory AR is an immersive and politically charged journey will also be explored as will future considerations for making the process more productive.

9.2 Retrospective Evaluation of Action Research

Coghlan (2003) suggested that insider action research is a relatively neglected form of research into organisations. He claims that insider research is valuable because it draws on the experience of practitioners as holistic members of their organisations and so makes a distinctive contribution to the development of knowledge around organisations and organisational change. Bridges and Meyer (2007) established similarities between insider AR and successful strategies for planned organisational change. They recognised ways in which AR can thrive in the face of external pressures and provide

enhanced understanding even if change does not occur. Koch et al (2005) have attempted to simplify the AR process further and describe the method as 'look, think and act' based on the assumption that '*people are self determining authors of their own actions*' (Koch et al., 2005: 262). It would be straightforward to concur with all worthwhile impressions of AR as there are undeniably positive and productive elements of the approach. Participatory AR does though, from personal experience, also have a complex, difficult side which is rarely portrayed effectively in the literature.

Braithwaite et al (2007) provided an insight into the difficulties encountered by insider researchers when using this approach, particularly the elements of conflict. In the course of this study the most problematic area was not conflict, but the size of the project and the secondary impact this had on the management and co-ordination of the investigation. Ardichvili (2001) uses the plate spinning metaphor to describe the role of HR directors, and it could be argued that this simile could be effectively applied to running a participatory AR project. The AR model is portrayed within textbooks as a relatively straightforward methodology, yet the reality is certainly not so clear-cut. The complexity is further exacerbated when there is an overlap between AR cycles, with the actions from one cycle potentially impacting on another. In the context of this research for example simplified forms of documentation were requested to be used in the employability scheme and career development project. Although this provided good examples of additional uses, it also provided another logistical strand to arrange and implement.

A criticism of AR by Zuber-Skerritt and Fletcher (2007) was that this form of research attracted 'doers'. In hindsight, this is an interesting observation by

the authors and may inadvertently explain why some AR projects fail and others succeed. Upon personal reflection, and as a pragmatist who seems capable of balancing multiple projects simultaneously, the 'doer' label would seem appropriate. For some people, who adopt a participatory AR approach to research, the multiple 'plate spinning' may be too complex to manage. From personal experience, the research project mirrored my own professional role, which has multiple strands and deals with several projects simultaneously. It may therefore be that the inherent 'doer'-ness of AR is actually an enabler for some people, and not a negative aspect as Zuber-Skerritt and Fletcher would suggest.

Coghlan et al described doing research in your own organisation as taking a role of '*inconspicuous observer, as your presence is taken for granted*' (Coghlan et al., 2005: 99). This research journey was though the complete opposite of being an '*inconspicuous observer*'. The process was an immersive one where a seemingly constant overlap between the research project and professional role existed. Early in the research process it became apparent that the two 'identities' could not be separated, and it would be futile to attempt to do so. The combined role of senior manager and researcher did enable the project to be advanced on an almost daily basis, though it was extremely difficult to document these 'interventions'. In reality, there were multiple contacts with research participants regularly, throughout the time of the investigation and also after its formal conclusion. These contacts were impossible to capture due to time constraints and the lack of capacity to document, record and provide commentary. Frequently they took the form of a conversation in a corridor, an e-mail or a chance encounter at a meeting.

Whilst these contacts were difficult to record, they did enable the project to maintain momentum and achieve a certain level of productivity in terms of change and outcomes. If a smaller area of the Facilities directorate had been selected for study, there would have been an opportunity to further contain the phases of the research project and record these contacts effectively. Although selecting a smaller focus of study might have meant reduced opportunities, a more thorough approach to project managing the investigation would have occurred.

The subject of politics and insider participatory AR has been well documented in the literature (Hilsen, 2006, Reason, 2006, Coghlan, 2001). For anyone considering utilising this approach the potential researcher does require a well tuned 'political antenna'. The process is heavily reliant on engagement with staff and political undertones are seemingly ever present. The ethical considerations helped navigate the political dimension of the organisation but this is a subject that requires repeated, almost constant, re-evaluation throughout the study. Such is the centralised hierarchical nature of the Facilities directorate at TRUST A that this research could have been immediately halted if it caused concerns in certain areas. The political implications should be a consideration for anyone thinking about conducting participatory AR in their own organisation. Having attempted to question the political implications of my personal actions and those of the project, there were times when it seemed stepping over the line of demarcation could have signalled the end of the project. It can, at times be difficult to maintain good political relations on all fronts, while as an insider researcher you are acutely aware that these are required for the project to function.

Bate's description of the participatory action researcher remains as relevant as it did in the project planning phase. He described the role as '*an interventionist who gives intellectual input to bring about change*' (Bate, 2000: 479). The position of insider participatory AR practioner can do just this and bring about sustained, productive forms of change that advance a project with the help of those most directly involved. The negative aspect of this observation, and one that became apparent within this research, was that not everyone invited to 'participate' in the study wanted to be engaged. At times the term participatory AR has been used, but while some participants were keen to engage, others were content to let the study evolve with minimal involvement.

9.3 Future considerations for making the process more productive

Reference has been made to the limiting effect that the scale of this study had on the management of the project. If a similar research project was to be designed now, the focus of the investigation would be with just one department within Facilities and not at directorate level. Facilities at TRUST A employs approximately 25 per cent of the total workforce. This led to difficulties in formulating structured evaluations of the efficacy of research interventions. The notion of AR being a process that contains a level of uncertainty, still requires adequate time capacity factoring into the planning process, that will allow for robust evaluation of the research actions. The problems encountered with capturing incidental data could, furthermore, have been overcome if a smaller scaled study had been delivered. Keeping notes,

or obtaining consent and recording these opportunities for further data collection were not possible due to the size of the project. Having identified these points, the methodology did enable the project to deliver the objectives identified at the planning phase of the study.

9.4 Conclusion

Through this chapter participatory insider AR has been considered as an effective way by which to investigate and instigate novel change processes. Although the AR methodology is presented as relatively simple, it is undeniably complex to co-ordinate and utilise as part of large scale, multilayered project. The size of this study to implement a career development framework within the Facilities directorate has been considered. Even though it has been extremely complex to co-ordinate at times, the project has provided the opportunities to fully implement larger scale AR interventions. The character of participatory action researchers has been considered with the conclusion that the methodology can attract 'doers', although this may not be a negative aspect. It has been suggested that the researcher should be aware of the political implications of this form of investigation for the benefit of the project and in terms of protecting their own position within the organisation. The chapter acknowledges that participatory insider AR is an immersive methodology, which can lead to the simultaneous identity of employee and researcher. To conclude the chapter, considerations were presented that could have made the investigation increasingly effective. Chapter 10 will now conclude the doctoral project report.

Chapter 10 – Research Conclusion

Davis (2007) challenged action researchers to 'innovate' with the ways they represent their research work after she struggled with her own report, trying to force the action research process into a linear writing structure and claiming this did not work (Davis, 2007: 181). It was apparent quite early in the writing up process that this professional doctorate project report could be problematical to frame in a logical coherent manner, mainly due to the multi-directional nuances of insider AR. For this reason, the doctoral project report has been presented in a way which hopefully has enabled the reader to follow the research journey, which was guided by Bate's model of AR (Bate, 2000). The report has been presented in three parts, each containing a series of chapters. Part one focused on introducing the project and setting the scene for the research to be presented. The first chapter aimed to deliver a broad understanding of the research and the doctoral 'journey' which has concluded in this submission. The chapter contained a document map, a project time line, an overview of NHS Facilities and a description of both the DProf course and the assessment process. The chapter proceeded to elucidate the situational context in which the project was selected for doctoral study, prior to describing my own positionality and professional research stance. The chapter concluded with a description of the research aims and objectives. Chapter 2 was dedicated to the methodology utilised in this study, namely Action Research with a specific focus on Bate's version of the approach (Bate, 2000). The chapter additionally offered criticisms of AR, prior to referring to the issues and challenges of 'insider' research. Techniques for data collection

were contemplated in addition to the recruitment of research participants and sampling considerations. The chapter concluded with analysis of focus groups, semi-structured interviews, data-recording, analysis and the validation process.

Part one was completed with chapter 3 which explored the subject of ethics. General ethical considerations were reviewed in relation to AR before a model for ethical management was presented. The model in question was derived from Reason's work on human error (Reason, 1991) and reviewed 'latent' ethical dilemmas considered problematical in the project planning phase. The chapter ended with a reflective piece on the ethical challenges which emerged through this research journey.

Part two of this project report was dedicated to the AR cycles which were undertaken as key elements of the research. Chapter 4 considered improving the knowledge and awareness of Facilities staff in relation to AfC and KSF, while chapter 5 presented findings on staff appraisal. Chapter 6 offered findings and AR interventions in relation to career development. Each one of these chapters followed the same format and was directly linked to Bate's model of Action Research (Bate, 2000). The chapters' therefore commenced with a section that focused on the diagnostic element of the research cycle. The information for these diagnostic cycles was obtained from the data collection elements of the study (focus groups and semi-structured interviews) and a comprehensive literature review of each emergent theme was also presented. The chapters then offered a section which referred to the analysis and feedback elements of the AR cycles. Each chapter concluded with a comprehensive description of the action elements of the research process

which led to outputs for the study. Chapter 7 completed part two by providing an evaluation of the efficacy of these research interventions.

Part three of this report produced chapters which focused on reflections, additional learning and conclusions to the study. Chapter 8 presented personal and professional learning by reflecting upon additional knowledge acquired from the research journey. The chapter focused on two main themes which become apparent within the study, the context of the NHS today and organisational change. Although these subjects did not lead directly to AR interventions, by reflecting on these findings a deeper understanding of the project was found. Chapter 9 provided a retrospective evaluation of AR as a methodology from an insider practioner perspective. The chapter included an evaluation of AR and also future considerations for making the process more productive. Chapter 10 concludes the project, and in doing so also considers the initial research question and objectives.

The primary focus of this study was to implement KSF within Facilities and in doing so discover what was required for this to happen. From this aim, the research question was '*how can Action Research facilitate the introduction of a career development framework (KSF) within the Facilities directorate in Acute NHS Trust?*' Secondary to this question was the objective of exploring the drivers and barriers to the change process as the introduction of KSF would present a significant shift for countless staff. The subject of change was further linked to motivation and even the need to consider HR processes that should be developed to support the introduction of KSF. These points can be summarised by considering what would prove beneficial in implementing what were novel OD functions? And perhaps more importantly, what would hinder

the frameworks introduction? The final anticipated outcome from the project was that AR could be 'tested' as an approach to investigating one's own organisation, both in the context of bringing in change and in the context of HRM.

The project has generally succeeded in its main research aim of implementing KSF within the Facilities directorate at TRUST A. KSF has been implemented, although it is questionable whether it is KSF that is now offering the greatest benefits to staff and managers, or the research 'actions'. These actions enabled, in one way or another, the framework to be introduced and also allowed exploration of the drivers and barriers to the implementation process. The subject of organisational change (and to a small extent motivation) did emerge for consideration thus allowing additional learning. It was hypothesised that subjects may emerge that had not been anticipated. The issue of staff perceptions of the NHS today was an example of this. Exploration of these subjects ensured the project was well placed to thoroughly consider what factors supported the frameworks introduction and what hindered it.

Action research has been tested in the context of insider research and found to have both positive and negative applications. The beneficial elements of AR could, in the case of this study, have been enhanced by limiting the size of the research project. Positioning this work at directorate level while also working full time as a departmental head in an organisation the size of TRUST A was difficult to coordinate at times. The scale of the project further limited the potential for conducting greater levels of evaluation upon the research actions. Longitudinal plans are in place to evaluate some of the large scale initiatives

such as the bespoke career development programme and the employability scheme. Unfortunately, these results will not be available for several years and are subsequently not publishable in this project report.

Personally, this research project has been an extremely beneficial and rewarding undertaking. Novel HR practices have been introduced such as new recruitment methods and improved arrangements for staff appraisal that have advanced my professional effectiveness. The most beneficial element to the project, has been the opportunity to develop personal understanding and consequently professional development. Having worked at TRUST A for more than 15 years, this investigation enabled the development of a deeper understanding of my professional and personal positionality, than at any other time previously. The words of Marcel Proust can be used to summarise this research journey, '*the true voyage of discovery consists not in seeking new lands, but in seeing with new eyes*' (Proust, 1927: 188). Through this study a journey has taken place, through a familiar landscape and in doing so a different professional outlook has emerged.

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APPENDICES

Appendix 1 – Summary Explanation of Agenda for Change

Appendix 2 – Summary Explanation of Knowledge and Skills Framework

Appendix 3 – Example of New Appraisal Documentation

Appendix 4 – 'Using Action Research to Implement a Career Development Framework in Facilities' – Journal of Facilities Management, February 2009

Appendix 5 – Poster Recruiting Research Participants

Appendix 6 – Information Sheets for Focus Groups and Interview Participants

Appendix 1 – Summary Explanation of Agenda for Change

Agenda for Change

NHS Employers (2008) describe Agenda for Change as the most radical shake up of the NHS pay system since the NHS began in 1948. It applies to over one million NHS staff across the UK. Supported by the NHS Job Evaluation scheme (JES) and the knowledge and Skills Framework the pay system was designed to:

- Deliver fair pay for non-medical staff based on the principle of equal pay for work of equal value;
- Provide better links between pay and career progression; using the Knowledge and Skills Framework;
- Harmonise terms and conditions of service such as annual leave, hours and sick pay, and work performed in unsocial hours.

How it Works

Staff are placed in one of nine pay bands on the basis of their knowledge, responsibility skills and effort needed for the job rather than on the basis of their job title. The assessment of each post using the Job Evaluation Scheme (JES) determines the correct pay band for each post, and so the correct basic pay. Within each pay band, there are a number of pay points. As staff successfully develop their skills and knowledge they will progress in annual increments up to the maximum of their pay band, at two defined "gateway points" on each pay band pay progression will be based on demonstration of the applied knowledge and skills needed for that job.

Purported Benefits of Agenda for Change

The new pay system provides benefits for both individual staff and for NHS employers. For employers the system provides greater flexibility to enable them to:

- Devise new ways of working that best deliver the range and quality of services required, to best meet the needs of patients;
- Design jobs around the needs of patients rather than around grading definitions;
- Define the core skills and knowledge they want staff to develop in each job;
- Pay extra to address local recruitment and retention difficulties.

For staff the purported benefits include:

A system that is fair and transparent;

- Recognition and reward for the skills and competencies staff acquire throughout their career;
- Harmonised conditions of service.

Key References - (Buchan, 2007, Feinmann, 2006, May et al., 2006, NHS, 2008, Thomas, 2007, Watts, 2004).

Appendix 2 – Summary Explanation of the Knowledge and Skills Framework

Knowledge and Skills Framework

The NHS Knowledge and Skills Framework (NHS KSF) is the career and pay progression strand of Agenda for Change (AfC), the NHS pay system. It is mandatory for all Agenda for Change staff and should be fully implemented by all NHS organisations.

The KSF:

- Defines and described the knowledge and skills which staff need to apply in their work in order to deliver quality services;
- Provides a single, consistent, comprehensive and explicit framework on which to base review and development;
- Allows the operation of the AfC pay progression process, without which the contractual commitment to an equitable pay system cannot be met;
- Is a generic competency framework developed from existing best practice.

The KSF is applied by identifying the knowledge and skill requirements for each NHS post (the KSF outline) and ensuring that each post holder has an annual review against their KSF outline in order to identify any development needs. A personal development plan is then agreed and applied. At two points on each of the AfC pay bands incremental progression is dependent upon fulfilment of the appropriate KSF outline for the post.

The KSF is part of the national Agenda for Change Agreement, and was developed in partnership between the Department of Health and management

and staff side representatives. This partnership approach should be maintained as the KSF is applied in practice.

Key references – (O'Dowd, 2007, Rose, 2007, Staines, 2007, NHS, 2008).

Appendix 3 – Example of New Appraisal Documentation

Name: **Position: Service Assistant**

Knowledge & Skills Framework	Achieved	Evidence	Comments
Core 1 – Communication Level 1			
Core 2 – Personal & People Development Level 1			
Core 3 – Health, Safety & Security Level 2			
Core 4 – Service Improvement Level 1			
Core 5 – Quality Level 2			
Core 6 – Equality & Diversity Level 1			
Specific Dimensions			
HWB10 – Products to meet Health & Wellbeing needs Level 1			

EF1 – Systems, vehicles and equipment Level 1			
EF2 – Environments & Buildings Level 1			
EF3 – Transport & Logistics Level 1			
Personal Development Plan (this area should be used to record areas for development, continue on separate sheet if required)			

Relevant Dimensions	Comments/Observations	Date of Next Appraisal or Review	Date of Second Pay Gateway

Signature:	Date:	Is a pay progression gateway applicable at this review? YES/NO
Department:		Is pay progression deferred?– see action plan (refer to gateway policy)

Supervisor/Line Manager (conducting appraisal):	Signature:	Date:

Interim Review: YES/NO	Date:	Comments:

Appendix 4 – 'Using Action Research to Implement a Career Development Framework in Facilities' - Journal of Facilities Management, February 2009

Using action research to implement a career development framework in facilities

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Abstract

Purpose – The purpose of this paper is to present findings from a research study to implement a career development framework within a large acute district general hospital facilities directorate. The findings of this study will provide points of interest in terms of the implementation of a career development framework and also a wider, more generalisable analysis relating to the use of action research (AR) in this context. The efficacy of career development frameworks and alternate recruitment strategies will also be considered.

Design/methodology/approach – AR was utilised as the primary research methodology, with focus groups and semi-structured interviews employed as the main sources of data collection. NVivo qualitative analysis software was used to analyse the data. Interventions within the AR cycles have been categorised as micro and macro in terms of the complexity and level of personal and organisational involvement. Although micro interventions will be briefly referred to, macro interventions have been evaluated within this paper in terms of both efficacy and transferability.

Findings – There were two main findings from this research project originating from AR interventions that may prove beneficial to other organisations in terms of both organisational and staff development: development of bespoke career development pathways; and creation of a fast track employability scheme within hotel services.

Research limitations/implications – Some of the more longitudinal interventions will require further analysis to gauge long-term efficacy.

Originality/value – This paper should prove beneficial to those involved with implementing organisational change and the potential use of AR within the facilities environment. The paper should also provide useful alternatives in the recruitment of staff and the use of career development interventions.

Keywords Skills training, Action research, Professional education, Organizational development, Continuing professional development, Performance appraisal

Paper type Research paper

Introduction

Agenda for change (AfC) is purported to be the largest reform of health service pay since the inception of the National Health Service (NHS) in 1948 (May *et al.*, 2006). As a constituent part of the AfC process, a career development framework known as the knowledge and skills framework (KSF) was implemented. KSF outlines the knowledge and skills that staff must apply in their various roles to deliver quality services (Department of Health, 2004). The process is symbiotic with methods of appraisal and progression is achieved by navigating incremental pay points and passing through pre-determined pay gateways. Processes for appraising the performance of clinical staff are common place, and in many cases essential for the on going maintenance of professional registration. Data published by the NHS Information Centre (2006)

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demonstrates that in 2005 31 per cent of the NHS workforce were employed in a facilities capacity. Despite facilities representing such a large proportion of the NHS workforce, systems of appraisal and the utilisation of career development frameworks remain inconsistent.

Context

The annual NHS staff survey results[1] have, year on year, demonstrated how the NHS has struggled to utilise systems of appraisal, particularly concerning staff working within support roles (Health Care Commission, 2008). The appraisal rate at the hospital being studied during the research in 2006 placed the organisation in the bottom 20 per cent of acute Trusts nationally with only 46 per cent of staff reporting that they had received an appraisal in the previous 12 months. When such data is analysed by directorate or occupational group, staff working within facilities are repeatedly in the lowest category in relation to appraisal and career development opportunities. The problems associated with introducing KSF within facilities became increasingly evident from the beginning of the implementation process. Most staff were unaware of the concept of appraisal or mechanisms of professional development.

Action research

The action research (AR) model is becoming increasingly popular in the applied social sciences (Whyte, 1991), subsequently there are many definitions attempting to capture what "Action Research" actually is. The concept of AR was originally formulated by John Collier, the US Commissioner of Indian Affairs in the 1940s (Bate, 2000), although Lewin (1946) coined the term "Action Research". According to Bate (2000) the model went out of fashion in the early 1980s yet is now the subject of a resurgence (Goldstein, 1992; Hollingsworth, 1997; Zuber-Skerritt, 1996) largely due to the growth of interest in organisational development and the contemporary interest in developing "learning organisations" (Hayes and Dublin City University, 1997; Senge, 2006; Senge *et al.*, 1999; Stahl *et al.*, 1993).

In its most simplistic representation, AR involves a cyclical process of diagnosis, change and further research leading to furthermore ongoing cyclical processes. The results of the diagnostic phases are transformed into change processes and their effects gauged to inform further interventions. Coghlan *et al.* (2005) describe the process of AR as four stage, planning; taking action; evaluating the action; leading to a higher stage of additional planning and so on. This sequential description illustrates the central idea of AR, using a scientific approach to study the resolution of important social or organisational issues together with those who experience these issues directly (Coghlan *et al.*, 2005, p. 4). Rapoport (1970) highlighted how AR differs from other social science approaches in the immediacy of the researchers' involvement in the action process. Indeed, AR is a methodology in which the researcher becomes immersed in the process. The problem solving approach associated with AR, represents a significant investment in both time and emotional energies on behalf of both the researcher and research participants.

The action research model used in this research

Bate (2000) presents a version of the AR model, set in both cultural and organisational change practices yet developed in NHS hospital and health care organisations.

Bate's model can be interpreted from an anthropological or cultural perspective, but it is specifically about utilising ethnographic data for problem solving, issue diagnosis and action taking (Figure 1).

A general overview demonstrates that Bate's (2000, p. 491) model consists of a five staged approach involving:

(1) Diagnosis.
(2) Analysis.
(3) Feedback.
(4) Action.
(5) Evaluation.

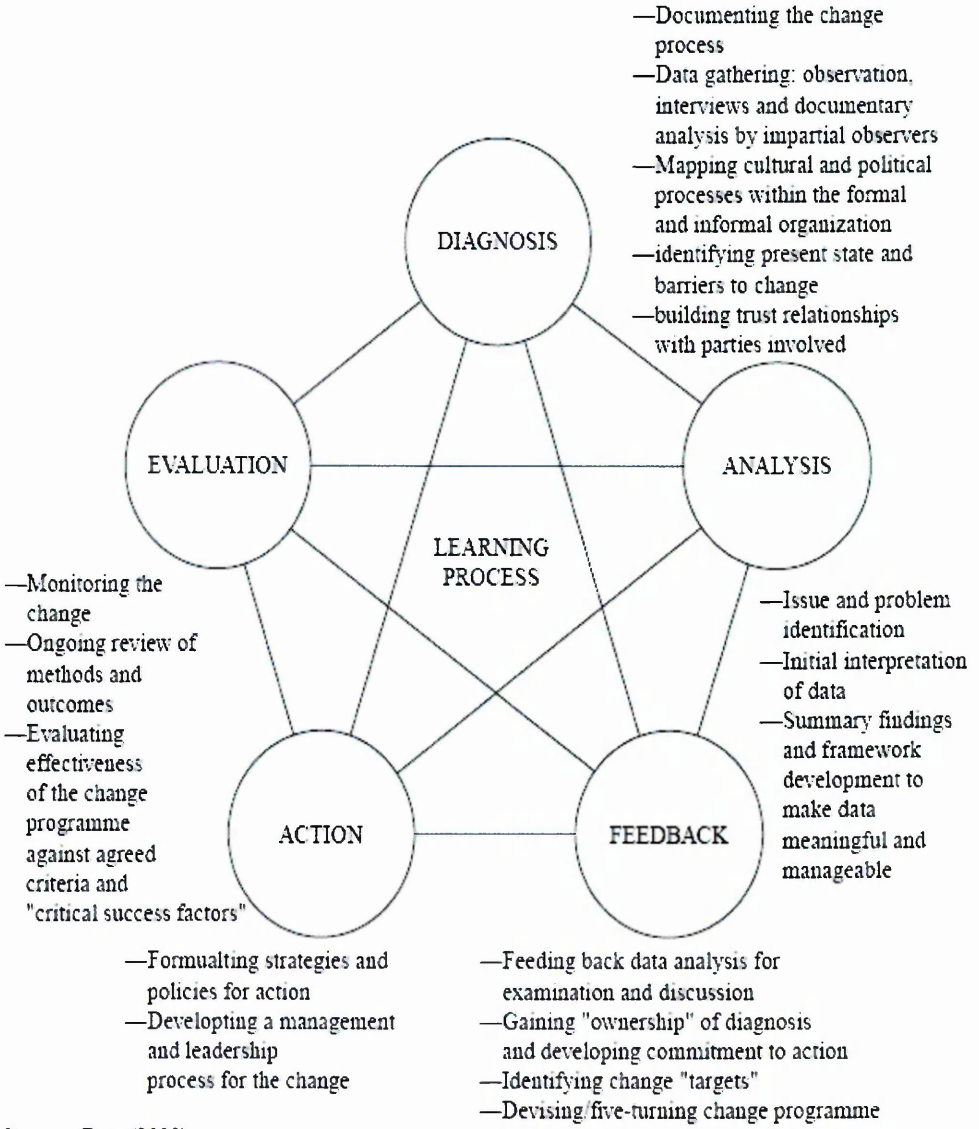

Figure 1.
Bate's model

Source: Bate (2000)

Central to these steps in the cyclical methodology is the learning process for both researcher and participants. This depiction offers not only a method of research and intervention, but also a model for change. Bate correctly describes AR as "opportunistic, exploratory and emergent" and subsequently demonstrates the organisational implications of the process. For the implementation of KSF to be successful within facilities any research process would have to be flexible and evolving. Bate's model offered a variation of AR which enabled the introduction of KSF and also allowed learning from the implementation process. Findings from the implementation process have highlighted elements of study that are readily transferable to other organisations and a variety of clinical and non-clinical specialities.

Data collection and analyses

Throughout the course of the research ten focus groups were conducted and eight semi-structured interviews with individual participants over a 12-month period. The majority of data was collected to inform the diagnostic phase of the AR process, although information was also required to gauge the efficacy of research interventions. Recruitment to focus groups was via posters distributed within the directorate and interviewees participated on direct invitation. The membership of the focus groups remained relatively constant in terms of the same people attending each session. It was intended the groups should run in this way so that a social psychological dynamic could be established. All meetings were digitally recorded and transcribed verbatim. Transcriptions were then imported into NVivo 7, qualitative data analysis software and analysed for trends. The NVivo software additionally served the purpose of a hub for the storage of data allowing large amounts of information to be analysed and compared simultaneously.

In recent years, there has been a notable growth in the use of focus group sessions to gain insight into the use of dynamic relationships of attitudes, opinions, motivations, concerns, and problems concerning current and projected human activity (Asquith, 1997). Millward (1995) succinctly described focus groups as a discussion-based interview that produces a particular type of qualitative data. The purpose of both the focus groups and interviews was to generate data from which plans could be formulated that would move the project forward. It was also found that information produced proved useful to those taking part and participants became "agents of change", advancing the project locally. As the participant became more involved and subsequently better informed, they then had the capability of explaining pertinent issues locally, facilitating a greater level of peer understanding and enabling the project to evolve.

Brewerton and Millward (2001) described how focus groups are not geared to formally test hypotheses in the traditional hypothetically deductive sense, although they can be used for hypothesis formation and/or construct development. The information generated by focus groups and interviews in this study informed nearly all of the component parts of the AR cycles. In contrary to Brewerton and Millward's boundaries of focus group uses, there is actually a role for theoretical testing within the evaluation element of the AR cycles. The focus groups became a forum for evaluating theory and enabled the project to focus on key issues which supported the productive actions of the study. Stewart and Shamdasani (1990) commented on how the results of focus groups must be understood within the context of group interaction and how such units function on two continuums, group process

and content. Brewerton and Millward (2001, p. 82) stated that focus groups are "communication events in which the interplay of the personal and the social can be systematically explored". For such interplay to be effective it was essential group members should feel comfortable within an environment in which they could share knowledge and experiences and in effect gain trust with each other.

Stewart and Shamdasani (1990) also captured the essence of the moderators role when running such groups. They discuss gauging ones own level of self-disclosure so that discussions are both on course and productive, yet not detrimentally influencing the group. They continued to describe the balancing of "requirements of sensitivity and empathy on one hand and objectivity and detachment on the other" (Stewart and Shamdasani 1990, p. 69). Practicing detachment was the most complex element found in running such groups as members frequently attempted to introduce other areas of difficulties they were facing in their professional lives. This especially occurred as relationships were established and levels of trust grew on both sides.

The other mechanism of data collection utilised in this study was semi-structured interviews which include aspects of measured responses to set questions and the facility to probe and explore areas of interest (O'leary and Ebrary, 2004). Interviews were held predominantly with senior members of facilities staff although some interviews were conducted with external trust members as part of a wider data validation process. It was intended to "separate out" more senior research subjects from focus groups due to the effect their presence would have on other participants. Placing senior members of the facilities management team in a group environment would most certainly have stifled debate. There were also negative effects on the validity of data collection if such participants believed they were being judged or alternatively if they led discussions in line with more personal agendas. These interviews proved useful to capture key personnel's thoughts and impressions of KSF generally and the interwoven effects on service and career development. What needed to be done to facilitate KSF introduction was also discussed as were the drivers and barriers that would allow or prevent this from happening. Unlike the focus group membership which remained largely static, a varying cohort of senior facilities staff were interviewed, some only once and others a number of times. This allowed a comprehensive overview of the project to be established, from which interventions could be constructed. All interviews were also digitally recorded and transcribed using the same transcription service and data analysed utilising NVivo 7 software.

Initial findings (diagnoses phase of AR cycle)

During the planning phase of the project it was anticipated that resistance to KSF would be encountered as a secondary factor to the implementation of AfC for many reasons. Early suspicions emerged following disagreements over the allocation of pay bands witnessed in other areas of the Trust, with the assumption there would be similar responses within facilities. For many staff, pre-conceived ideas of where jobs should be matched on the AfC pay scales led to disappointment when posts were graded at a lower level. A general lack of familiarity with methods of appraisal and career development frameworks, processes essential to the successful implementation of KSF, also proved problematic in facilities.

Findings at this diagnostic stage were, in reality, the opposite of what was initially expected. While some staff was unhappy with the pay band their job was matched

against, hardly any viewed this as impacting on their involvement with the implementation of KSF. Indeed, some participants within this study did not equate AfC and KSF as being part of the same process. This raised questions over how and when awareness raising around such important issues should take place. Whilst the hospital had undertaken a large-scale awareness raising campaign relating to KSF commencing in 2004, by the time the pay gateways became operational in October 2006, few- if any staff could recall the content of such sessions. Initially it would seem this was a product of natural erosion of memory, however also compounding the issue was the rate and volume of information currently being imparted within the NHS to all staff. It would seem many employees have either consciously or unconsciously given themselves permission to bypass such information as a defence mechanism from the deluge of data being imparted at all levels of the organisation (Weinstein, 1996). From listening to the views of facilities staff, they required concise information delivered locally at the time and point of implementation and commensurate with their role, otherwise retention of such information was highly unlikely. This also led to an evaluation of the reasons for conducting such a large-scale awareness raising campaign so early in the implementation process. Whilst undoubtedly well intentioned, it was markedly ineffective in this instance.

The majority of facilities staff proved extremely receptive to the idea of pay progression linked to the demonstration of occupational competence. Some staff offered limited enthusiasm due to being positioned on the AfC pay scales above the second gateway with no subsequent pay increments. Unlike other professions such as nurses and allied health professionals, facilities staff had minimal co-existing guidance from professional bodies or organisations requiring evidence that they were meeting occupational standards. Within clinical roles this was increasingly challenging, as staff struggled to interpret guidance and calls for evidence from a number of governing bodies and professional associations. Facilities staff invariably benefited from not being pressured to meet multiple strands of occupational competence in this way. Many members of facilities staff were pleased that the KSF afforded opportunities to all staff irrespective of job role or grade.

The main area of unease within this diagnostic phase was that of occupational alignment secondary to the allocation of pay bands. Perhaps, for the first time in its history, the majority of staff within the health service is now on a single pay scale. This allows a common understanding of colleagues' salaries, subsequently allowing staff to compare their pay with that of colleagues like at no time before. This caused consternation amongst many groups of facilities staff (and indeed across the trust) where some staff believed their pay band to be unjust when compared to that of others doing what they considered a comparable role. Other findings at this diagnostic phase led to the creation of what have been categorised as micro interventions. These were relatively simple changes in processes that came about from information found in focus groups and semi-structured interviews with staff in the directorate. The micro interventions were relatively simple to implement, yet they led to large improvement in both the introduction and utilisation of KSF.

Micro interventions

- *Changing appraisal documentation* – the KSF steering group at the hospital had developed an extensive booklet to record the personal development review process.

This proved to be too cumbersome for most staff, with those staff in pay bands 1-4[2] commenting that its complexity prevented effective use. A simplified format was developed which concentrated on one or two pages and integrated the job specific KSF outline into the document. These simplified documents were produced for all jobs within facilities in pay bands 1-4 and have since been rolled out across the trust to other staff groups in comparable pay groups.

- *Accelerated learning methodology for future awareness raising* – as previously outlined most facilities staff had trouble recalling information imparted regarding KSF. While this may be partially due to the volume of data shared in the course of work (and largely associated with the high volume of change experienced by NHS staff), the content of such sessions were also called into question. It would seem that in the case of presentations which cover a limited timescale (15-30 min) there is a tendency to overload such sessions with too much detail in the form of complex information. From this observation a format has been developed which follows an accelerated learning methodology. In this instance, accelerated learning was defined as focusing on a maximum of three succinct take home messages. It focused specifically on how the subject matter would affect the audience, making it especially contextually relevant, and the medium of delivery did not exceed 10 min without a change. The three messages were also repeated (sometimes subliminally) on average every 10 min. It was found that this led to a more succinct mode of delivery which staff were attuned with, yet more importantly the re-call of information was much improved using this approach. In KSF terms the accelerated learning session focused on what KSF is, how to calculate your position on the pay bands and movement through pay gateways. The sessions used a short video of 10 min and also an exercise to calculate pay band position. In total, the session lasted no longer than 30 min.
- *Producing a flyer for self-assessment of where staff are on pay bands* – many staff wanted some form of information sheet they could retain that allowed them to calculate their position on the pay bands from the information found on their pay slip. This was created and made available to all staff affected by AfC.
- *Cessation of sending KSF outlines out in job packs* – a number of managerial staff complained at this stage of the project that including KSF outlines in job application packs for new staff (external to the NHS) was potentially hindering recruitment. Applicants seemed confused and overwhelmed by KSF outlines, especially in more entry level posts. The practice of sending the outlines out pre-employment was stopped, although KSF was discussed at interview as were any potential developmental needs.

Macro interventions

The macro interventions involved in this project formed the longitudinal action elements of the research. These interventions required careful planning, in many cases the investment of both financial and physical resources and the requirement to work with agencies external to the organisation. Although the macro interventions covered a comprehensive array of "actions", two will be discussed here:

(1) The creation of an employability scheme within the hotel service department.

(2) The creation of a bespoke career development pathway.

Employability scheme

There were departments within the facilities directorate who were reluctant to participate with the implementation of KSF due to the potential career development implications of the process. If utilised fully, KSF should not only develop individuals in their own job, but also provide a framework for further development to other roles. Nowhere was the apprehension of these aspects of KSF more apparent than the hotel service department who are responsible for providing both portering and domestic services to the Trust. Hotel services employ well over 500 service assistants, a role which has amalgamated traditional portering and domestic functions and has been in place since the early 1990s. Many service assistants view the role as a point of entry to the organisation, subsequently allowing them to apply for internal only vacancies. Alternatively, upon commencement of work as service assistants, individuals become aware of higher banded posts with more scope to develop and advance quickly. This leads to the department consistently having over 60 vacancies for service assistants at any one time. It also means that the service assistants that do remain in the position have done so for a number of years, therefore the age profile of the department is skewed towards staff within ten years of retirement age. With recruitment such a problem, the thought of implementing a process which encourages the development of all staff was viewed suspiciously, and also as something that could potentially compound these issues.

After negotiation with the management of the service department, an employability scheme was considered appropriate for solving elements of the recruitment problems. If a source of new recruits could be secured to enter into the department on a regular basis, this made the introduction of KSF far less onerous and also made the management of the department more willing to participate in its introduction. Indeed, a large amount of management time is spent on recruitment issues; if this was reduced more time could be applied to developing staff, irrespective of if these people eventually move on. Also driving the search for an alternative recruitment strategy was the fact that current initiatives could not sustain the demand for staff; new solutions had to be found for old problems.

Employability schemes have traditionally focused on developing the skills base of the unemployed, therefore allowing such people to enter the labour market and remain employed (Clarke, 1997; Meister, 1998). It is hoped that people who enter employment through such schemes will eventually be able to navigate the labour market independently, therefore moving onto higher levels of paid employment. It was recognised within the service department that the hospital was frequently in competition with other external commercial organisations for entry level staff. The hospital is located in a district which is the base for a number of distribution warehouses, large supermarkets, food processing plants and an international airport. In nearly all these cases, the organisations referred to offer more expedited routes to employment than the NHS. Many of these organisations have no requirement to vet potential employees with the Criminal Record Bureau (CRB) and place a reduced emphasis on the availability and quality of references. Training for many positions is minimal and can be delivered once employment has commenced. Conversely, beginning work even with entry level positions in the NHS still requires CRB clearance and the production of satisfactory references in addition to a basic level of education

and some form of interview skills. These skills were frequently lacking from potential recruits, a problem that the employability scheme also sought to tackle.

To compete with such organisations in the recruitment arena, a fast track employability scheme was devised which offered employment in six weeks, a dramatically reduced timescale when compared with other programmes. As commissioners of the scheme, both the content of the course and the chosen educational provider who would deliver the programme remained the choice of the Trust. This had previously been problematic in other areas of organisational development where contracts sat with providers who were either unreliable or unaware of the finer nuances of working within a health environment. The course lasted for just under 16 h per week, which would not jeopardise any benefit payments individuals may be in receipt of. The programme covered the following subjects over the six week period:

- Career opportunities within the NHS.
- Interview skills.
- Food hygiene certificate.
- Numeracy and literacy (specific to the role of service assistant).
- Information technology.
- Equality and diversity.
- Introduction to the clinical environment (with the utilisation of a high fidelity clinical simulation centre).
- Site tour of the hospital.

In total, 30 people aged between 16 and 19 years old applied for the programme with 19 being offered a place. All 30 people who attended the initial information session at the local College and who wanted to apply to the scheme also completed a CRB form at this point. It was explained to potential candidates at this time that if they were unsuccessful in obtaining a position on the programme, the CRB form and any other personal details (held on the college application form) would be destroyed. If they were offered a position on the scheme the CRB form was processed, this then gave over six weeks to have the results of the check returned. This early commencement of the CRB process proved to be a major success of the employability scheme. With normal recruitment processes the CRB forms are processed following a successful interview and job offer. It then takes on average six weeks for the details to be returned, a time period few people requiring work as a serivce assistant (or other entry level positions) are willing to wait. At the end of the six week programme participants are guaranteed an interview only, a place on the scheme does not equate to definite employment.

In total, 16 participants from the initial employability scheme have been offered employment as a service assistant from the initial cohort of 19 (84 per cent success rate). Thirteen out of the 16 offered employment were on the register of school leavers Not in Education Employment Training. When the scheme was initially suggested there was some scepticism regarding the quality of potential applicants to such a programme. It has been recognised that through operating this scheme, the organisation has accessed a rich vein of enthusiastic, dedicated, and keen to learn employees who never considered working in the health service previously. This could be described this as the NHS recruitment paradox, where individuals in non-clinical

roles rarely consider employment within a health environment. This is largely due to a common misconception that hospitals employ only medical and nursing staff and also a lack of knowledge of the many allied professions, which enable a hospital to function. To encourage applicants to the employability scheme we marketed the benefits of working in the NHS, the "feel good" factor of working in an environment where you can positively impact on someone's wellbeing. For many of these new staff the salary, even at the bottom of the lowest pay band (Band 1) is more than the minimum wage which many factory and warehouse type employers in the region pay.

The programme has proved to be a large success in terms of impacting on the vacancy factor profile of the department, filling 28 per cent of the hotel services vacant posts for service assistants from one cohort of participants. This alternative recruitment intervention encouraged managerial support mainly due to the opportunity to influence the content and delivery of the scheme. The employability programme also offered a greater opportunity over the six-week period for managers to get to know each candidate, as opposed to a short formal interview, which offers little insight to occupational suitability. From a cost analysis perspective the scheme proved comparable to traditional methods of recruitment, namely press advertising. The employability scheme has proved to be a catalyst for similar programmes which are now being developed to address recruitment problems in areas such as medical records, clinical coding and medical administration.

Bespoke career development pathways

Many career development interventions target widespread audiences and aim to increase the skills base of all taking part, raising aspirations and encouraging career progression. Large volumes of staff at the hospital have been undertaking their professional role for a number of years and whilst occupationally proficient, many of these staff had minimal career aspirations. This raised the question whether using KSF as a career development tool in a wider context would be effective or even needed. It became apparent that a more bespoke career development programme would prove increasingly effective at progressing the careers of individuals who wanted to develop, rather than marketing a widespread approach to all. This approach aimed at individuals realising their potential and provided those participating with an individual bespoke career development plan for up to five years. The model encouraged staff who wanted to develop their careers to come forward and participate in a project called "Pathways to Progression". In addition to the funding provided to support such career development plans, KSF was integrated as a development tool to guide aspirations in terms of both academic and personal development. This also provided answers to questions that had been raised by managers within facilities who wanted to know how KSF could be utilised to capture and develop talent.

The scheme has, so far, provided a bespoke career development package to 12 members of facilities staff. The development packages range in duration from one to five years and in addition to funding provided to pay for academic study, assistance is given on the more human factors of personal development. These factors consist of communication skills, interview techniques, presentation skills and methods of increasing self-confidence. This intervention has enabled the targeting of vital physical and financial resources to where they are needed and indeed valued the most.

Conclusion

The study is limited by a lack of understanding of the longer term effectiveness of the AR interventions implemented as part of this research, this is largely due to diagnostic data being available. Whilst the micro interventions were highly effective, it is yet to be proven if the macro interventions, specifically the employability scheme and individual career development frameworks will prove as beneficial in the future. Systems are in place to track participants, in terms of NHS service and the long-term choice of career pathways should these people continue to work within the health and social care environment. Other factors that could potentially affect the transferability of this study; are the time involved with running an AR project and financial resources required with funding such schemes. Whilst most variations of the AR cycle are presented as being simplistic and easily useable, in reality, the process requires strict project management to prevent the procedure becoming overtly complex and unmanageable. The costs of such programmes are currently met by training budgets, yet in the financially volatile environment of the NHS, funds may not be available in future years thereby jeopardising such schemes from continuing.

Utilising AR to implement the KSF within facilities has enabled a more holistic approach to be taken to its introduction; enabling KSF to be supported in a directorate with minimal experience of career development or appraisal processes. The interventions that were introduced have not only facilitated the introduction of KSF, but have also enabled a deeper understanding of organisational development issues within the directorate. Interventions from this project can be utilised in other organisations by replicating the processes taken. Such changes in organisational development matters are imperative if the NHS is to recruit, develop and retain quality staff both now and into the future. Indeed, this research suggests that facilities directorates are receptive to such organisational and career development interventions even if they have been overlooked in the past.

Notes

1. The NHS staff survey is believed to be the largest annual staff survey in the world. Almost 156,000 employees from all 391 NHS trusts in England (a response rate of 54 per cent) responded to a questionnaire in 2007 asking about their views and experiences of working for the NHS. The purpose of the survey is to look at the attitudes and experiences of NHS staff both nationally, because of the importance of the NHS, and by individual trust, so that employers can review any issues with their own staff and take action.
2. It is extremely rare that staff employed in AfC bands 1-4 require a professionally registered qualification to practice. Volumous appraisal documentation therefore proves over cumbersome and detrimental to its intention.

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Appendix 5 – Poster Recruiting Research Participants

Do you work in the facilities directorate? Possibly in HSDU, Estates, Supplies, Hotel Services (catering, laundry, service dept etc)?

Would you like to be involved in a research project that shapes how the Knowledge and Skills Framework (KSF) is introduced and utilised in your directorate?

We are looking for representatives from the facilities directorate to take part in focus groups for approximately one hour per month from January 2007 to December 2007. At the group meetings you will have the opportunity to shape how KSF is introduced and used within the directorate. You will also have the opportunity to comment on future interventions in relation to KSF and have a say on what has worked and what has not in previous months.

All focus groups will be audio taped so they can be transcribed by the researcher. All comments will be anonymised and no comment or quote will be attributed to any participant. All tapes will be destroyed at the end of the research process. Any participant in this research can opt out at any time without having to provide a reason for doing so.

Would you like to take part? If so please contact Neil Pease, Head of Education.

Appendix 6 – Information Sheets for Focus Group and Interview Participants

Neil Pease – Doctorate in Professional Studies

Utilising Action Research to implement the KSF – an NHS Facilities Directorate Perspective

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FOCUS GROUP PARTICIPANT INFORMATION SHEET

What is this study?

The study is a research project that is being undertaken as part of a Sheffield Hallam University course. Everyone who Agenda for Change (AfC) applies to will have to meet the requirements of a Knowledge and Skills Framework (KSF) outline. It is part of my job as Head of Education to successfully implement the KSF across the organisation. The study therefore aims to answer the questions set out below.

What are the aims of the study?

The study will aim to answer the following questions –

'What are the challenges of implementing KSF within an NHS facilities directorate?' And – 'How can such challenges be overcome?'

This will be carried out by using a process called 'Action Research' where problems are identified and what we could do to tackle such difficulties are discussed in a group setting. Possible solutions will be agreed and implemented, then their effects judged for success. Information we have found out as we try things will then help with future cycles.

What will happen?

The focus group discussion will ask you for your experiences of how implementation of KSF is going and how you think things could be better achieved in the future. You will have the opportunity to comment on what is being introduced to implement KSF and how you are finding using the framework. You will be able to have your say on what was good, what could be done better etc. The focus groups will take no longer than 60 minutes and will be tape-recorded and from the recordings the discussions written down. There will be a focus group once a month, for up to one year, so there would be approximately 12 groups to attend over the period. If you take part in the study, I hope you will be able to attend as many focus groups as possible although I understand that individual circumstances such as holidays and sickness may prevent you from attending each one. There is no obligation to attend every group meeting.

What if I change my mind?

We hope you enjoy meeting together and enjoy the discussion. If you do not wish to be part of future groups you are free to withdraw at any time and do not have to give a reason for withdrawing.

Where will these groups be held?

The group meetings will be held in a pre-booked room at the hospital where you work (you will not be expected to travel). Small meeting rooms will be used for their privacy and facilities, refreshments will be provided. On average approximately 10 people will take part in each group and participants will be attending from various departments within the facilities directorate.

Are there any risks?

We hope that you will enjoy the discussion. If you did feel upset by any of the discussion, we will be very happy to spend some time talking to you individually. If you should wish to complain about your involvement, you can use the Trust complaints procedure or if you want to talk to someone independently, you can talk to a staff counsellor who will offer an impartial and confidential service. The staff counselling service is free to use. We will

ask group members to keep the information confidential within the group. The tapes will be destroyed at the close of the project. The tape recording will be written out but names and anything that could identify you will be changed so no one can recognize you. Reports will not refer to you by name or by your job title. We are happy to discuss the study if you would like further information.

For further information or help at any point in the research period please contact Neil Pease.

THANK YOU FOR YOUR HELP WITH THIS PROJECT

(Version 2: 18/12/2006)

Neil Pease – Doctorate in Professional Studies

Utilising Action Research to implement the KSF – an NHS Facilities Directorate Perspective

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INTERVIEW PARTICIPANT INFORMATION SHEET

What is this study?

The study is aimed to help with the introduction of the Knowledge and Skills Framework (KSF) within the facilities directorate at Trust A. This will be carried out by using a process called 'Action Research' where interventions will be agreed with participants and then their effects gauged for effectiveness. Information gleaned from carrying out these 'cycles' will help inform future interventions.

What are the aims of the study?

The primary aim of the study is to successfully introduce the KSF within the facilities directorate. It is anticipated that along the way additional information will be learned around what has worked and what has not with the implementation process.

What will happen?

The interviewer will ask you for your experiences of how the implementation of KSF is going and how you think certain aspects could be better achieved in the future. You will have the opportunity to comment on what is being introduced to implement KSF and how you are finding using the framework. You will be able to have your say on what was good, what could be done better etc. The interview will take no longer than 60 minutes and will be tape recorded and transcribed.

What if I change my mind?

We hope you enjoy the interview and discussion. If you do not wish to be part of the interview you are free to withdraw at any time and do not have to give a reason

Are there any risks?

We hope that you will enjoy the discussion. If you did feel upset by any of the discussion we will be very happy to spend some time talking to you. The tape will be destroyed at the close of the project. The tape recording will be transcribed but names and key identifying features will be changed to preserve anonymity. Reports will not refer to you by name or identify you. We are happy to discuss the study if you would like further information.

For further information or help at any point in the research period please contact Neil Pease.

THANK YOU FOR YOUR HELP WITH THIS PROJECT

(Version 1: 15/11/2006)