Agenda for Change:
Benefits Realisation Framework
Realising the benefits of Agenda for Change in Wales

1 Introduction

The purpose of this document is to provide an overview for NHS Wales health employers to ensure that the potential benefits of Agenda for Change are realised. It is recognised that Agenda for Change will be a contributory factor - rather than the sole factor - to achieving service modernisation and the success criteria below.

In achieving this, due account needs to be taken not only of existing modernisation structures and initiatives within individual employers, but also at All Wales level in linking with several other change management groups.

2 Annex E – Agenda for Change Final Agreement

The 10 stated success criteria against which Agenda for Change will be evaluated are as follows:

- Treating more patients more quickly
- Higher Quality Care
- Better Recruitment and Retention
- Better teamwork/ breaking down barriers
- Greater innovation in the deployment of staff
- Fair pay
- Improve all aspects of equality and diversity
- Better Pay
- Better career development
- Better Morale

3 Links with Modernisation in NHS Wales Employers

It is important that existing modernisation structures and initiatives are used to help realise the benefits of Agenda for Change. Each employer should have a "live" modernisation plan containing services which it wishes to modernise, and the process by which it will evaluate the effectiveness of any changes introduced.

Modernisation Boards in each NHS Wales health employer should be reading Agenda for Change into modernisation plans, and actively seeking ways of demonstrating areas where Agenda for Change should assist the process of modernisation.

The ten headings above offer a means of supporting benefits realisation within organisations. They should also be of use to commissioning organisations, who may wish to use this as a part of a template for prioritising new funding of services.
4 Data collection sources

One of the underpinning principles in the Agenda for Change Benefits Realisation Framework is that wherever possible, existing data collection sources, processes and systems should be used.

The following are possible sources against which the success criteria in Paragraph 2 above may be measured locally:

- Staff attitude survey
- Sickness absence data
- Staff turnover data
- Data on waiting times/activity
- Local data collection of use of Knowledge and Skills Framework
- Data on complaints/adverse incidents
- Patient satisfaction surveys
- Vacancy position data
- Reduction in bank/agency expenditure
- Exit interview data
- Cancellation rates
- Progress towards EWTD implementation for junior medical staff
- Equal pay audits from payroll/ESR database
- Payroll/Finance data comparisons of earnings pre- and post AfC
- Appraisal audit results pre and post AfC

In addition, there are softer types of measure which, if not separated out from the statistics, run the risk of being excluded even though they are genuine service modernisation initiatives. To this end, vignettes/case studies will ultimately be sought of successful service modernisation initiatives supported by Agenda for Change.

5 Links with All Wales Groups

There are a number of change management/service modernisation groups within Wales including:

- Innovations in Care (now part of NLIAH)
- Health and Social Care Workforce Initiative
- Modernising Pathology Group
- Modernising Imaging
- National Leadership and Innovation Agency for Health Programmes (e.g. management training programme, succession planning initiative)
- Consultant Contract Modernisation Group
- Health Professions Wales
- Primary Care Development

The ongoing work of these groups should be scoped by each employer and modelled into local modernisation plans.
Where to start in modernisation

The NHS Modernisation Agency set out ten high impact change principles for service redesign in June 2004. These ten areas focus on areas where there is a significant gap between current NHS performance and best practice. They impact upon large numbers of patients. No NHS organisation is a high performer in all ten areas.

The ten areas are as follows;

1. Treat day surgery (rather than inpatient surgery) as the norm for elective surgery
2. Improve patient flow across the NHS system by improving access to key diagnostic tests
3. Manage variation in patient discharge thereby reducing length of stay
4. Manage variation in the patient admission process
5. Avoid unnecessary follow-ups for patients, providing necessary follow-ups in the right care setting
6. Increase the reliability of therapeutic interventions through a 'care bundle' approach
7. Apply a systematic approach to people with chronic conditions
8. Improve patient access by reducing the number of queues
9. Optimise patient flow through service bottlenecks using process templates
10. Redesign and extend roles in line with efficient patient pathways to attract and retain an effective workforce

These ten principles offer a broad start point for service redesign. In Wales, there is a requirement that consideration is given to service/role redesign in the following areas:

- New roles for nurses/AHP’s to address shortages of key clinical staff
- Greater use of technicians/helpers/assistants in pharmacy, therapies and diagnostic testing
- New combined therapy/nursing roles for greater productivity in both community and acute sectors
- New roles to address junior doctors’ hours/EWTD such as wider use of physicians’ assistants and nurse/AHP consultants
- Process mapping of long inpatient stays and waiting lists

Conclusion

There are more opportunities for supporting modernisation afforded by Agenda for Change than for any other single change programme in the NHS. By using it to support ongoing work in NHS Wales employers, to redesign jobs and processes and offer career structures to staff, it represents a powerful tool for change.
Notes

1 The aim of this framework is to provide help for NHS Wales employers in realising the benefits of Agenda for Change.

2 In producing this framework, it is recognised that Agenda For Change will be a contributory factor to achieving the success criteria rather than the sole factor, for example more patients are treated more quickly may be achieved through changes to the patient pathway involving a new or amended role for members of staff. This will be facilitated by **Agenda for Change**.

3 This framework brings together the Partnership Agreement Success Criteria (Annex E of the Agenda for Change Proposed Agreement) together with work by Early Implementer sites and others on assessing timescales, the criteria, sources of data and good practice.

4 This framework has been developed for use by a group of Finance and Performance Directors, Health Department representatives from all UK countries and the A4C Project Board Benefits Realisation, Monitoring and Evaluation Sub-Group.

5 The approach to measurement has been to use existing data sources and data collections, for example current workforce statistics etc. However, where sites will need to develop new data sources, they will need to establish a baseline figure of 01 October 2004.
<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Success criterion</th>
<th>General Approach to Measurement</th>
<th>Assessment of criterion</th>
<th>Data source</th>
<th>Good Practice</th>
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<tbody>
<tr>
<td>Long Term</td>
<td><strong>More patients treated more quickly</strong> – with pay reform contributing directly to delivery of shorter waiting times for patients in all aspects of NHS care</td>
<td>• Data provided to Boards on waiting times and trends</td>
<td>• This is a measure and it may be difficult to prove a causal relationship. AFC will contribute to this through redesigned care pathways</td>
<td>National Data</td>
<td>• Provide regular reports to the Trust Board and Top Team on outcomes of AFC for the service</td>
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<td>• Can measure existing working hours and working hours under AFC and calculate additional activity within that N.B. This would need to be offset against medium term annual leave increases</td>
<td>Local Data</td>
<td>• Ensure that &quot;workforce designers&quot; i.e. managers and clinicians’ are trained in the modernisation agency new ways of working tool kits are part of Agenda for Change (AFC)</td>
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<td>• Measure availability of professionals measuring against retention rates</td>
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<td>• Check with local ‘Collaborative’ programmes or Changing Workforce Programme pilots</td>
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<td>• Carry out a stock take of all modernisation projects</td>
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<td>• Opportunistic modernisation initiatives and modernisation facilitated by AIC</td>
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<td></td>
<td></td>
<td></td>
<td>• Evidence of process mapping of long inpatient stays and waiting lists</td>
<td></td>
<td>• Baselines of ‘hard’ quantifiable on organisational productivity data could be obtained now</td>
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## Benefits Realisation Framework

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| **Long Term** | **Higher quality care**  
- reforms should lead to higher average knowledge & skill levels and a reduction in both adverse incidents and patient complaints due to poor standards of service | **Data provided to Boards on complaints and adverse incidents**  
**Data on progress on KSF outlines supplied to project boards**  
**Expenditure on training & development** | **Largely an indirect measure – degree of attribution difficult to assess. Benefit likely to be quantifiable in long term e.g. October 2006**  
**Specific quantification possible through clinical governance information systems – e.g. number of development schemes initiated (although likelihood is this is not likely to happen until after implementation and first gateway assessments)**  
**Tracking progress of patient complaints and adverse incidents can be accommodated through clinical governance systems; baselines can be obtained now**  
**Use of KSF throughout the organisation**  
**Analysis of non-progressors through gateways** | **Local Data**  
- Clinical Governance systems e.g. data broken down into staff groups of number of adverse incidents and number of complaints  
- Expenditure on training & development  
- Numbers of staff involved in personal development activities, both pre-and post- AfC  
- Patient satisfaction surveys  
- Risk standards data  
- Extracts from Annual Report and Annual Clinical Governance Report  
- KSF e-tool | **Ensure that the Board and in particular Directors of HR, Directors of Modernisation / commissioning have a joint strategic plan for Benefits Realisation**  
**Audit of current appraisal system coverage** |

### Local Data
- Clinical Governance systems e.g. data broken down into staff groups of number of adverse incidents and number of complaints
- Expenditure on training & development
- Numbers of staff involved in personal development activities, both pre-and post- AfC
- Patient satisfaction surveys
- Risk standards data
- Extracts from Annual Report and Annual Clinical Governance Report
- KSF e-tool

### Good Practice
- Ensure that the Board and in particular Directors of HR, Directors of Modernisation / commissioning have a joint strategic plan for Benefits Realisation
- Audit of current appraisal system coverage
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| Medium Term | Better recruitment and retention - reduced turnover and vacancy rates and reduced attrition from training | • Data provided to Boards on turnover, starters and leavers, and vacancy rates | • Direct comparable data pre and post AfC  
• Baseline of turnover/vacancy data  
• Comparative “Conversion” rate of trainees who complete training  
• Reduction in bank and agency expenditure  
• New roles for combined AHP/nursing roles to address shortages of key clinical staff  
• Greater use of technicians/helpers/assistants in pharmacy, therapies and diagnostic services | National Data  
• Workforce Census and Vacancy survey  
• Exit interviews | • Organisation to have a workforce strategy that feeds into Local Delivery Plans  
• Vignettes illustrating where AfC has improved R&R |
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| **Medium Term** | Better teamwork/breaking down barriers - the creation of additional posts involving new roles, leading to shorter care pathways and fewer adverse incidents due to poor teamwork (such as appointment cancellation) | Organisational data relating to:  
- Numbers of new roles and existing staff doing things differently facilitated by Agenda for Change system  
- Impact on care pathways  
- Impact on cancellation rates |  
- Involves indirect and Direct measures – data available through project teams/local reports/strategies etc  
- Counts of newly created posts/new roles that are related to patient pathways (before and after AfC)  
- Counts of adverse incidents related to poor teamwork (classification needed)  
- Evidence of training planning infrastructure, with an organisational training plan supported by local departmental/ Directorate plans  
- New combined therapy/nursing roles for greater productivity in both community and acute sectors  
- New roles to address junior doctor’s hours/EWTD such as wider use of physicians’ assistants, nurse/ AHP consultants etc | Local Data  
- New initiatives and Role Redesign teams: opportunistic and planned AfC enabler projects |  
- Include patients, patient representative and carers in all the re-design projects  
- Use the modernisation agency 10 key change principles as a guide to focus service re-design  
- Partnership-based policy created to handle new ways of working – and evidence that this is in use |
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<td><strong>Medium Term</strong></td>
<td>Greater innovation in the deployment of staff - extended availability of services for patients, more sharing of tasks between team members and more staff in wider roles</td>
<td>Organisational data relating to: • Number of extended services • Increased focus on new/extended roles • Improved team working • Appropriate skill mix</td>
<td>• Indirect – more likely to be available in the longer term and counted at local levels. No formal systems for measuring exist • Counts of extended availability of services • Examples of ‘changes’ introduced by team changes/ staff role expansion e.g. through local collaborative initiatives • Build capacity and capability in organisational development and change management</td>
<td>Local Data</td>
<td>• Use the OD compendium by incorporating the change management tools into the work of project groups and workshops for people leading AFC project strands • Local evaluation of new ways of working based on Annex E, taking note of appropriate national standards (e.g. occupational standards, professional guidelines) and any other national guidelines • Vignettes of examples of successful reduction/ removal of overtime arising from modernisation</td>
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<td><strong>Short Term</strong></td>
<td>Fair-pay - pay consistent with principle of equal pay for work of equal value, conditions of service the same for staff in the same grades and the same length of service</td>
<td>Data on pay distribution by gender, ethnicity and pay band • Exception reports relating to job matching and evaluation • Data on reviews/appeals</td>
<td>• This is a direct measure – HR system data, equal opportunities monitoring and staff perception as measured by survey; i.e. before and after surveys</td>
<td>Local Data</td>
<td>• Local equal pay audits</td>
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<tr>
<td><strong>Medium Term</strong></td>
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<td>Local Data</td>
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| **Medium Term** | **Improve all aspects of equal opportunity and diversity**  
- including access to NHS careers, training and working patterns | • Data on equality and diversity policies, e.g. implementation of Disability Standard, development of childcare strategies and Race Equality Scheme, staff attitude surveys | • **This is a direct measure**  
- pre and post assimilation. Before and after surveys  
- Base lines of current training and working patterns and monitoring of exceptions under new system | **Local Data**  
• Various HR/payroll systems data and survey for attitude data | • Evidence of equality policies actually implemented  
• Vignettes of specific successes |
| **Short Term** | **Better pay**  
- higher NHS minimum wage, and the majority of staff with access to higher max pay rates under the new system | Review of impact on staff earnings and prospective earnings compared with previous national and local systems | • **This is a direct measure**  
- base line pre and post assimilation using financial comparison of before and after | **Local Data**  
• Payroll/HR systems | • Evidence of staff development leading to higher responsibility and roles  
• Vignettes of specific successes |
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<td>Short Term</td>
<td><strong>Better career development</strong> - appraisal and PDPs for all staff, wider access to training opportunities, and more staff progressing to new and more demanding roles</td>
<td>• Data on use of KSF and development reviews, and support for training and development</td>
<td>• <strong>This is a direct measure</strong> Following ESR and KSF implementations it may be possible in longer term to track. Monitoring of Gateways e.g. number through or not/attrition rates</td>
<td>Local Data</td>
<td>• Evidence of development programmes for staff not previously receiving PDP’s – both individually and in groups</td>
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<td>• Staff survey baseline of extent of appraisal systems in place</td>
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<td>• Evidence of development programmes for staff not previously receiving PDP’s – both individually and in groups</td>
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<td></td>
<td>• Before and after data on access to training opportunities and tracking of staff moving on to new and more demanding (vertical as well as sideways move) roles over time</td>
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<td>• Evidence of development programmes for staff not previously receiving PDP’s – both individually and in groups</td>
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<td>• <strong>This is both a direct and an indirect measure</strong> – survey is direct, other data are indicators</td>
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<td>• Evidence of development programmes for staff not previously receiving PDP’s – both individually and in groups</td>
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<td>• Survey post implementation: incorporate into yearly surveys or sample surveys. May conduct one prior to implementation or draw on previous and include in post implementation survey</td>
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<td>• Evidence of development programmes for staff not previously receiving PDP’s – both individually and in groups</td>
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**Medium Term**

**Better morale** - higher staff satisfaction with remuneration and careers, reduction in sickness and absence, more staff actively involved in continuous service improvement in partnership with employers

• Data on:
  - improved recruitment and retention rates;
  - sickness absence trends;
  - staff survey outcomes;
  - service improvement activities/trends.

• **This is both a direct and an indirect measure**

  • Survey post implementation: incorporate into yearly surveys or sample surveys. May conduct one prior to implementation or draw on previous and include in post implementation survey

• **Local Data**

  • Staff Survey

• **Local Data**

  • Partnership-based approach to implement outcomes arising from the Staff Survey
Benefits Realisation Framework