

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Recruitment update

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Purpose of Paper:

- This paper provides an update for the Board on the implementation of the recruitment strategy. It summarises the progress that has been made since the November meeting of the Board, and presents updated information about the diversity of our emerging workforce.

Key Issues and Recommendations:

Significant progress has been made since the November Board meeting and the risk to successful delivery of the recruitment strategy is assessed to have reduced considerably.

A system-wide commitment has been made to staff in sending organisations that they should have clarity about their future employment by the end of December 2012. While a significant volume of recruitment activity needs to be completed in December, it is assessed that the NHS CB will achieve at least 98% compliance with this commitment. However, there is one specific function where the commitment will not be fully delivered (the new Improvement Body) and a contingency plan is presented for this function to enable the December commitment to be delivered.

Actions Required by Board Members:

- to note progress with recruitment;
- to note the latest organisation diversity profile; and
- to approve a contingency plan for recruitment to the new Improvement Body.

Recruitment update

Summary

1. This paper provides an update for the Board on the implementation of the recruitment strategy. It summarises the progress that has been made since the November meeting of the Board, and presents updated information about the diversity of our emerging workforce.

Introduction

2. The NHS Commissioning Board (NHS CB) faces a significant recruitment challenge. The NHS CB will employ approximately 5,900 people, the majority of whom will join us from a range of 'sending' organisations. This total includes approximately 1,800 family health services (FHS) staff who will administer contracts with GPs, dentists, pharmacists and optometrists. Furthermore, we will host the new Improvement Body, which will comprise approximately 70 staff in its end state.
3. The NHS CB's recruitment strategy seeks to deliver two objectives:
 - to ensure that all staff who are at risk or affected by change in sending organisations have clarity about their future employment by the end of December 2012, and
 - to fill posts in the NHS CB's organisational structure in a timely manner in order to enable the NHS CB to discharge its responsibilities. This requires the NHS CB to fill the large majority of its posts by March 2013.
4. The first of these objectives is a system-wide objective that is the joint responsibility of all sending and receiving organisations to deliver. In order to deliver this objective as a receiving organisation, we need to ensure that:
 - job matching has been completed for all relevant posts (i.e. posts in transferring functions); and
 - where posts are to be filled by ring-fenced competition (either because there is no job match or because the post is not part of a transferring function), that ring-fenced competition (stages 3a and 3b of the recruitment process) has been completed by the end of December, even if no appointment has been made.
5. Considerable progress has been made towards the delivery of these objectives since the November Board meeting and the risk to successful delivery of the objectives identified above is assessed to have reduced considerably. This paper presents the latest position, highlighting progress made over the last month. The main focus of this paper is on progress towards the delivery of the December objective.

Summary of current position

6. Agreement was reached in the autumn with sending organisations and trade unions (TUs) on how the posts in our organisation should be filled (i.e. by job matching or by ring-fenced competition). It was agreed that in total, approximately 3,100 posts in the structure should be considered for job matching. By 30 November 2012 (the point at which this Board paper was written), matching had been completed for approximately 2,900 posts and plans were in place to complete matching for all remaining posts over the coming days.
7. Job matching is led by sending organisations with input from trade unions. There are three possible outcomes of job matching:
 - a one-to-one match between a post in a sending organisation and one of our posts – in which case the individual who has been matched is slotted-in to the NHS CB post. Of the 2,900 posts for which matching has been completed, there has been a one-to-one match to 22% of posts.
 - multiple matches to one of our posts – in which case a competitive process is undertaken to select one of the people who have been matched. There have been multiple matches to 23% of posts for which matching has been completed; or
 - no matches – in which case the post is made available for ring-fenced competition. There has been no match to 55% of posts for which matching has been completed.
8. Recruitment to very senior manager (VSM) posts is nearing completion. It is anticipated that ring-fenced competition will be completed for all VSM posts in December, thus fully delivering the December commitment for all VSM posts. In addition, 199 (90%) of the 222 VSM posts in the organisation have been filled at the time of writing.
9. Recruitment to Agenda for Change (AfC) posts is now well advanced. At the time of writing, 3,760 of the 3,800 AfC posts (excluding FHS posts – see next paragraph) in the organisation are currently being job matched, have completed job matching, are in recruitment or have been filled. Interview dates are scheduled in December for stage 3a/3b interviews (see paragraph 4) for almost all unfilled posts where such interviews have not yet been held.
10. It has been agreed that the FHS function should 'lift and shift' from PCTs to the NHS CB in April 2013. This means that all PCT staff involved in the delivery of FHS functions will transfer to the NHS CB. A total of 1,803 relevant PCT staff have been identified and it is planned that sending

organisations will write to these staff by 14 December to confirm the proposed transfer.

11. The data included in this section reflects the position on 30 November 2012. An update on the latest position will be presented at the Board meeting as the position is changing quite significantly now every day. An assessment of compliance with the December commitment is contained in appendix A.

Risk assessment

12. It has been recognised throughout the past year that there are significant risks associated with the delivery of the recruitment strategy. Indeed, the recruitment strategy has been consistently rated as a red (high) risk in the Board Assurance Framework. However, it is now assessed that the risk rating can be lowered, due to the significant progress that has been made over the last few months. The following factors have led to this improved assessment:
 - a significant number of posts are now compliant with the December commitment and/or have now been filled;
 - plans are in place to substantially complete job matching by the end of November;
 - the transfer of FHS staff will be confirmed shortly; and
 - interviews are scheduled in December for almost all posts which are not yet compliant with the December commitment.
13. Work is currently underway to schedule interviews for all remaining posts where required to comply with the December objective and it is anticipated that the December commitment will be delivered for at least 98% of posts. There are a significant number of interviews to be held during December and it is acknowledged that there is a small risk that these may not all be completed as planned. For example, delays could result from sickness of interviewers or interviewees or from other factors outside our control. In a small number of cases, it will be necessary to complete recruitment by ring-fenced competition in January. Further detail, including numbers of posts, will be given as part of the verbal update to the Board meeting.
14. Following the recent departure of Jim Easton (National Director: Transformation) it was agreed to dissolve the Transformation Directorate and disperse its functions to other directorates in the organisation. This has necessitated the redesign of approximately 60 posts and has delayed recruitment while this design work was completed. It is anticipated that the December commitment will not be delivered for some of these posts. However, it is planned that recruitment processes involving staff at risk will be completed for these posts during January.

15. The latest assessment of risk is detailed in the updated Board Assurance Framework being presented to the Board today.

New Improvement Body

16. It has recently been confirmed that the NHS CB will host the new Improvement Body and will employ its staff. The new Improvement Body will be relatively small, comprising approximately 70 staff. It will design, develop and commission improvement interventions to deliver the domain priorities, which will be provided in the field by a number of delivery partners. Improvement activity is currently delivered by six organisations:

- NHS Improvement;
- National Cancer Action Team (NCAT);
- NHS Institute for Innovation and Improvement (NHSI);
- NHS Diabetes and Kidney Care;
- NHS Technology Adoption Centre (NTAC), and
- National End of Life Care Programme (NEoLC)

17. The design of the new Improvement Body is well advanced. However further work is required to develop the delivery partner landscape. This means that it will not be possible to achieve the December objective for staff currently working in the six organisations identified above. In order to maximise effective operation during a critical transition phase, and to ensure there is no loss of momentum in improvement activities to deliver the necessary change and transformation across the NHS, it is proposed that all relevant staff in the six organisations identified above (approximately 200 staff) should transfer to the NHS CB in April 2013, pending the full development of the new Improvement Body and its delivery partners. The cost of this plan will be met within the cost envelope identified for improvement and will not place a call on NHS CB mainstream budgets.

Diversity of the workforce

18. Data on the diversity of the NHS CB workforce has been presented to the Board in September and November. Further data, reflecting the diversity of the workforce appointed by the end of November is presented in appendix B.

Focus of HR transition activity from January to March 2013

19. There will be two main areas of focus for HR transition activity over the next three months.
20. First, it is necessary to proceed with recruitment in order to deliver the objective of filling the large majority of posts in the organisation by the end of March. Executive Search firm Gatenby Sanderson has been engaged to provide support with recruitment to some of our unfilled VSM posts. They have been given a specific brief to search for candidates from diverse backgrounds.
21. A stocktake will be undertaken in January to identify all unfilled posts and strategies for filling these posts will be developed.
22. The second major task to be undertaken over the coming months is to process all the appointments that have been made to the NHS CB, working with sending organisations and the DH to prepare transfer schemes for relevant staff and developing the HR systems that are necessary to employ these staff. This is a substantial undertaking and will require careful planning and implementation over the coming months.

Recommendation

23. The Board is asked:
 - to note progress with recruitment;
 - to note the latest organisation diversity profile; and
 - to approve the contingency plan for recruitment to the new Improvement Body.

Tom Easterling
Programme Director, People Transition

Jo-Anne Wass
National Director: HR

November 2012

Appendix A Progress towards December objective

VSM posts	Total posts	Projected compliant with Dec objective	% projected compliant with Dec objective
NSC (all directorates)	57	57	100%
North	52	52	100%
Midlands & East	47	47	100%
London	24	24	100%
South	42	42	100%
Total	222	222	100%

Medical & Dental posts	Total posts	Projected compliant with Dec objective	% projected compliant with Dec objective
NSC (all directorates)	26*	26*	100%
North	20	20	100%
Midlands & East	9	9	100%
London	5	5	100%
South	8	8	100%
Total	68	68	100%

* Includes 18 national clinical director posts. These are part-time posts to be filled on secondment by leading clinicians. Recruitment will not be completed by December. However, these posts do not provide suitable alternative employment for at-risk staff and are therefore excluded from the assessment of compliance with the December objective.

Agenda for Change posts	Total posts	Projected compliant with Dec objective	% projected compliant with Dec objective
NSC (all directorates)	936	836*	89%
North	810	810	100%
Midlands & East	858	858	100%
London	431	431	100%
South	783	783	100%
FHS	1803	1803	100%
Total	5621	5521	98%

* Update to be reported at the 14 Dec 2012 Board meeting

All posts	Total posts	Projected compliant with Dec objective	% projected compliant with Dec objective
NSC (all directorates)	1019	919*	90%
North	882	882	100%
Midlands & East	914	914	100%
London	460	460	100%
South	833	833	100%
FHS	1803	1803	100%
Total	5911	5811	98%

* Update to be reported at the 14 Dec 2012 Board meeting

Appendix B Diversity of NHS CB workforce (November 2012)

Summary

November has seen the highest number of applications for NHS Commissioning Board jobs through NHS Jobs (from 3,000 in October to over 16,000 in November). Applications have been received from a very diverse candidate pool, as is reflected in the statistics provided in this report. However, the Board remains challenged to ensure the resulting appointments reflect the rich and diverse nature of the wider NHS workforce.

With reference to **ethnicity**, the diversity of total appointments to the Commissioning Board has continued to improve, although at a slower rate than last month. Almost 12% of its workforce now come from ethnic groups other than "White - British", although the VSM statistics remain lower at just over 7%. It should be noted that some ethnic groups (namely Chinese and Mixed) are now over-represented in the Board, when compared with the wider English working age population. The Board remains challenged to recruit staff from Black and Asian backgrounds.

The most significant achievement relates to **gender**, where the Board now employs more female staff than male across all grades. There remain fewer women employed in VSM posts, although the gap has closed significantly over the past month.

There remains an issue with **religious** belief, with the vast majority of Commissioning Board staff reporting themselves as Christian or Atheist, however there is the largest proportion of undisclosed responses in this category (12% of all applicants).

The proportion of **non-disclosures** has significantly reduced over the three-month reporting period. The chart presented on the last page of this report illustrates that the percentage of total applicants to posts (through NHS Jobs) unwilling to disclose their attributes has reduced substantially across all protected characteristics.

Notes

The significant increase in total applications has reduced the volatility of the percentages to small numbers, thus the application statistics reflect the most robust yet. There has still been relatively few appointments, however, so the percentage distributions remain quite sensitive to changes in small numbers.

Respondents replying to any characteristic as "undisclosed" have been included in the analysis and are reported in the tables, however for illustrative purposes, they have been removed from the charts.

No internal job matching or regional transfer data is yet available for November, thus this report only details applications and appointments resulting from vacancies advertised on NHS jobs.

Data is still coming in from the regions regarding internal moves and job matching, thus the information presented in this report is not representative of the Board's total workforce (the data presently reflects 345 appointments from the data, however around 1,100 staff have been recruited into posts, so this report's coverage is around 31%).

NHS Jobs data should be accurate in-month recruitment figures, however transfer data reflects month in which moves are reported, not when they take place.

The equality profile for staff in transition has been calculated using information from regional senders in August 2012.

The equality profile for the English working age population has been extracted from the 2011 Census.

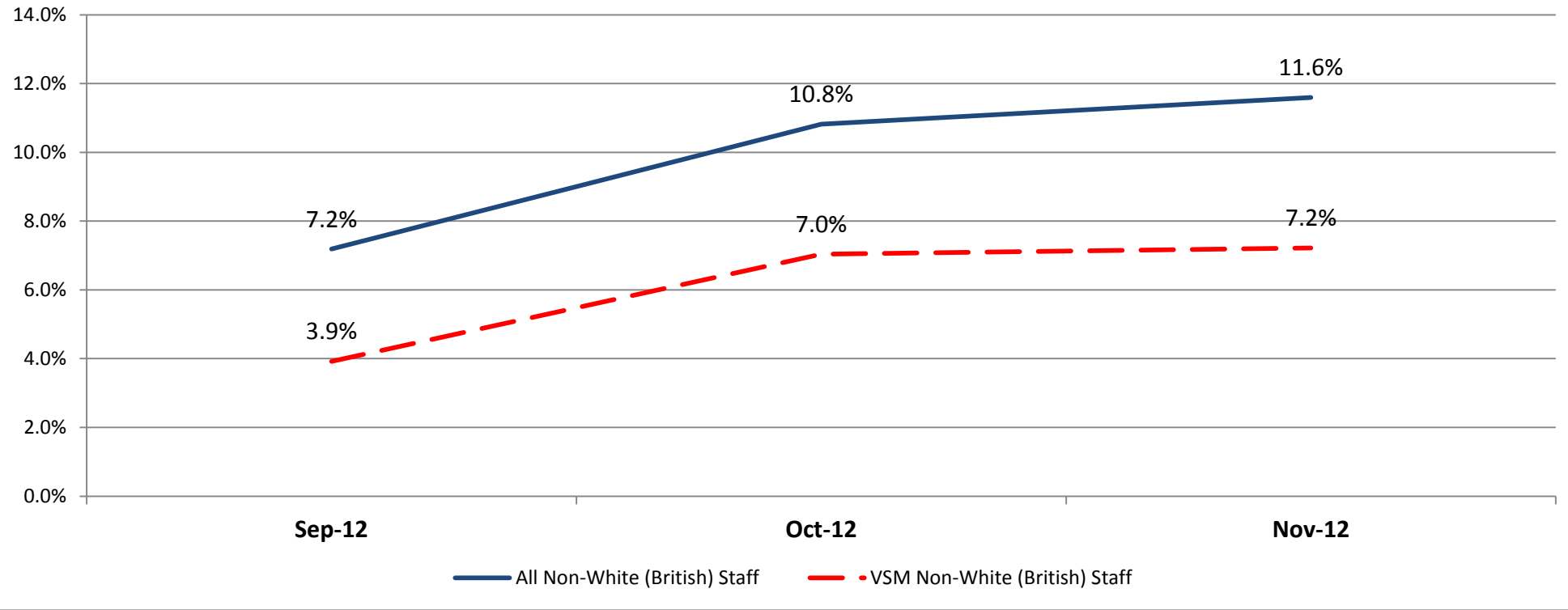
Application statistics currently refer to the number of applications received, current data provision does not facilitate identification of actual candidates, thus there will be instances of duplication (i.e. where a single candidate has applied for multiple jobs).

Next steps

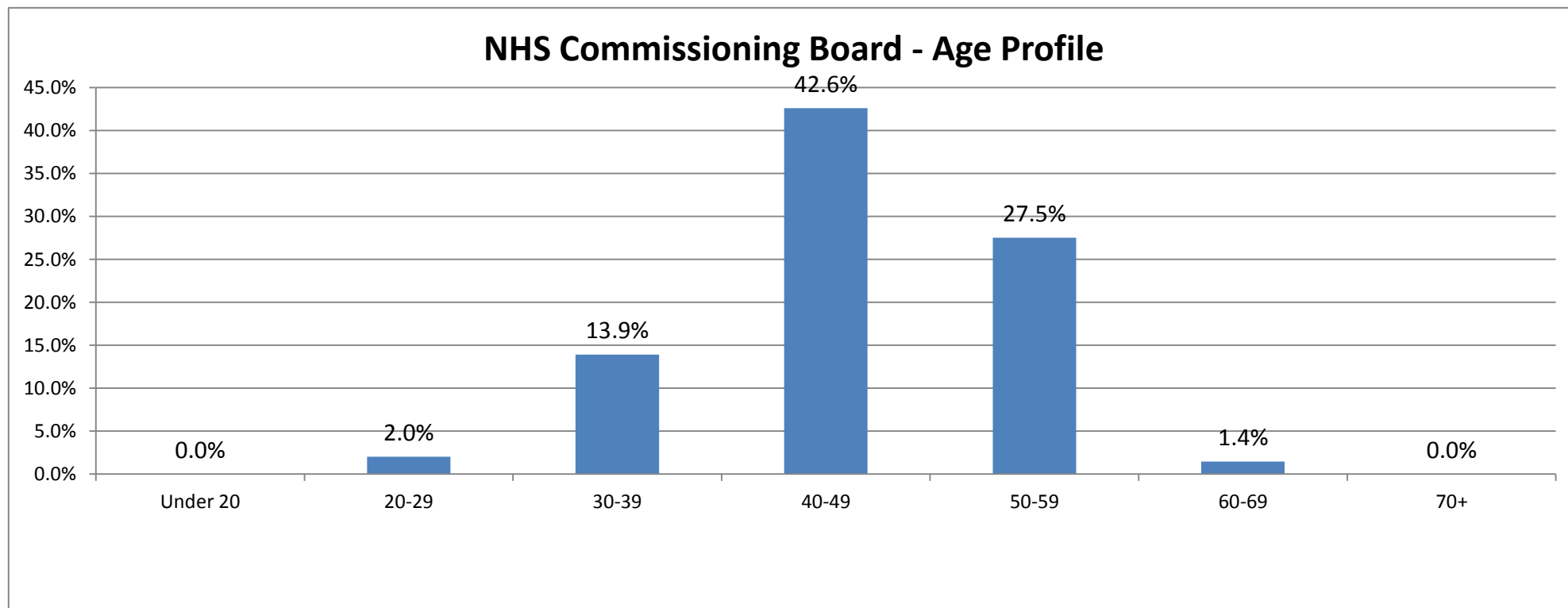
While the data presented in this report illustrates the profiles of the various protected characteristics as it stands, there are significant coverage issues (as referenced in the notes above). Current data provision does not allow us to drill down into potential explanations for some of the emerging trends. The NHS Equality Team has drafted a specification for future data provision which would enable the Commissioning Board to undertake a more thorough and comprehensive analysis of the makeup of its workforce. This specification is currently being reviewed and new data collection arrangements will be put in place shortly.

ETHNICITY	English Working Age Population	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
		NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
WHITE	91.0%	81.9%	89.3%	63.6%	91.2%	94.8%	78.1%
British			85.2%	57.3%		92.8%	70.0%
Irish			0.9%	1.4%		0.0%	3.9%
Other White Background			3.2%	5.0%		2.1%	4.1%
NON-WHITE	9.0%	12.1%	7.5%	33.8%	3.3%	5.2%	18.2%
Black / Black British	2.4%		1.2%	11.5%		1.0%	5.2%
African			0.9%	8.8%		0.0%	3.1%
Caribbean			0.3%	2.2%		1.0%	1.7%
Other Black Background			0.0%	0.5%		0.0%	0.5%
Chinese	0.5%		1.2%	0.7%		2.1%	0.3%
Asian / Asian British	4.6%		3.8%	18.1%		2.1%	8.0%
Bangladeshi			1.2%	1.1%		2.1%	0.7%
Indian			1.7%	7.5%		0.0%	2.3%
Pakistani			0.3%	7.1%		0.0%	2.8%
Other Asian Background			0.6%	2.4%		0.0%	2.2%
Mixed	0.9%		1.4%	2.5%		0.0%	4.4%
Asian and White			0.0%	0.6%		0.0%	1.0%
Black African and White			0.0%	0.8%		0.0%	1.6%
Black Caribbean and White			0.3%	0.5%		0.0%	0.0%
Other Mixed Background			1.2%	0.6%		0.0%	1.8%
Other Ethnic Group	0.5%		0.0%	1.1%		0.0%	0.3%
UNDISCLOSED	0.0%	6.0%	3.2%	2.5%	5.5%	0.0%	3.7%

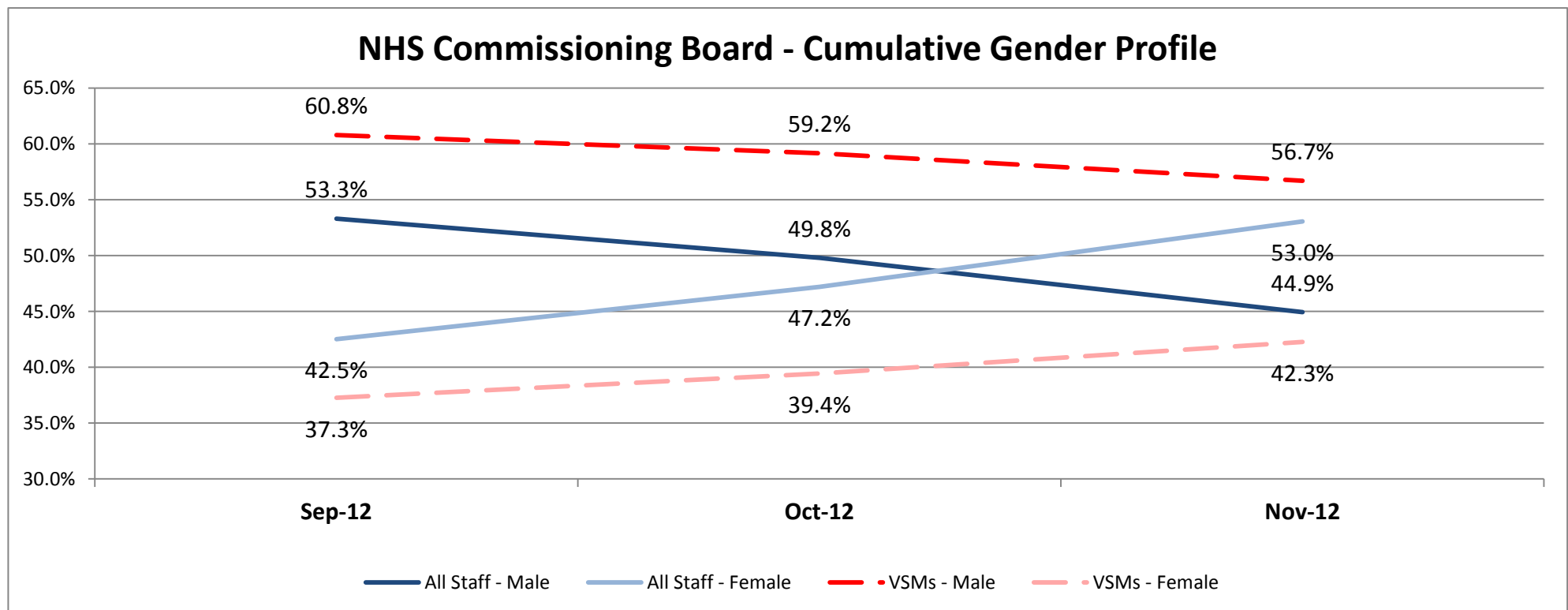
NHS Commissioning Board - Cumulative Ethnicity Profile



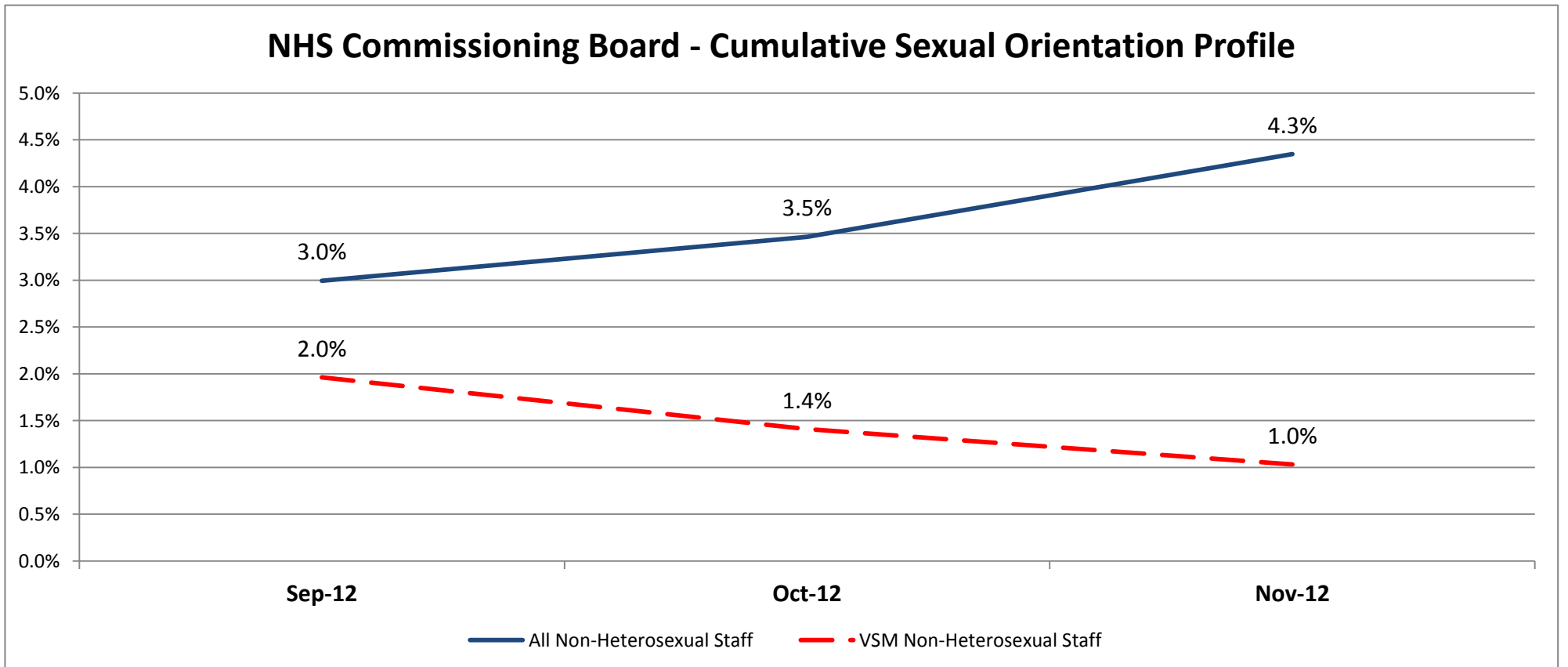
AGE RANGE	COMPARITORS English Working Age Population	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
		NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
DISCLOSED	100.0%	99.6%	87.5%	98.4%	99.6%	95.9%	96.0%
19 and Under	4.1%	0.1%	0.0%	0.5%	0.0%	0.0%	0.0%
20-29	21.6%	9.0%	2.0%	18.1%	0.0%	0.0%	3.4%
30-39	21.0%	23.9%	13.9%	27.8%	3.7%	5.2%	7.6%
40-49	23.2%	33.0%	42.6%	32.3%	40.6%	52.6%	41.5%
50-59	19.1%	27.3%	27.5%	18.2%	52.0%	35.1%	41.0%
60 and Over	11.0%	6.3%	1.4%	1.5%	3.3%	3.1%	2.6%
UNDISCLOSED	0.0%	0.4%	12.5%	1.6%	0.4%	4.1%	4.0%



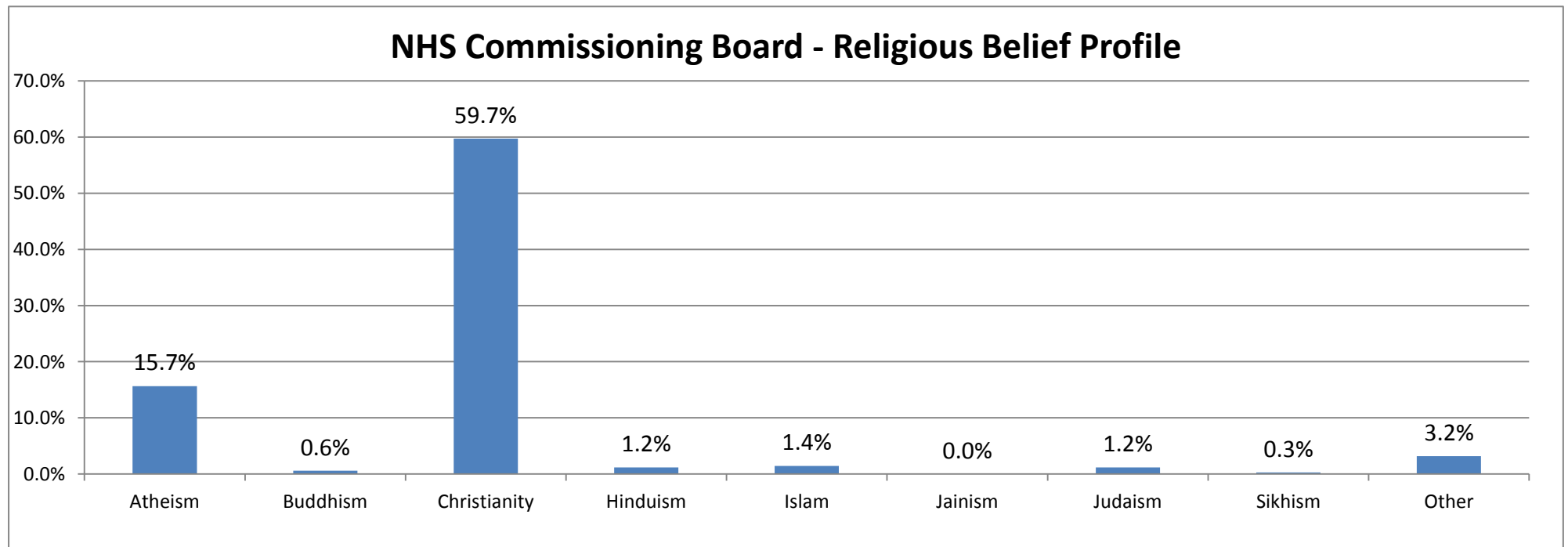
GENDER	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
DISCLOSED	99.8%	98.0%	99.5%	99.8%	99.0%	98.8%
Male	28.3%	44.9%	47.1%	45.9%	56.7%	58.5%
Female	71.5%	53.0%	52.4%	53.9%	42.3%	40.2%
UNDISCLOSED	0.2%	2.0%	0.5%	0.2%	1.0%	1.2%



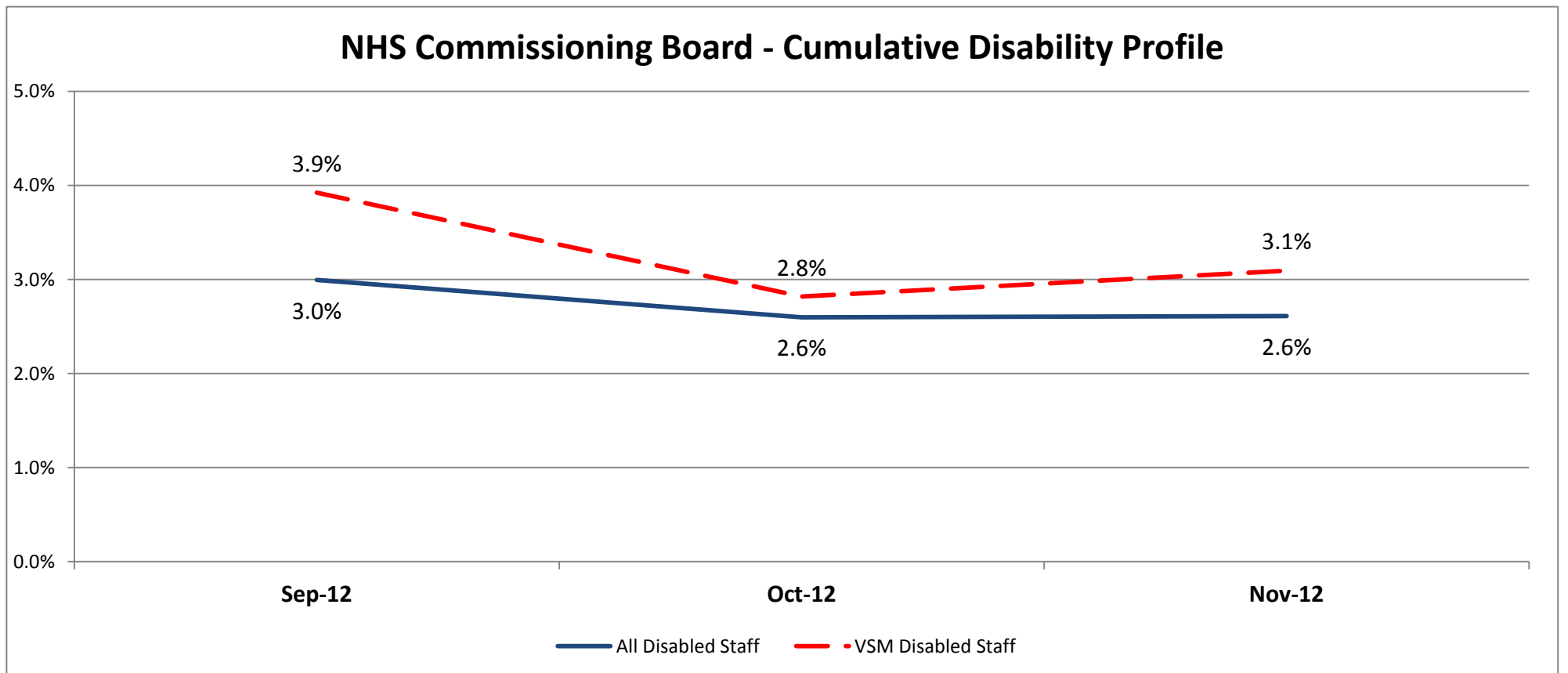
SEXUAL ORIENTATION	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
DISCLOSED	N/A	89.9%	92.9%	N/A	92.8%	91.7%
Lesbian/Gay/Bisexual/Transsexual/Transgender	N/A	4.3%	2.6%	N/A	1.0%	3.0%
Heterosexual	N/A	85.5%	90.3%	N/A	91.8%	88.7%
UNDISCLOSED	N/A	10.1%	7.1%	N/A	7.2%	8.3%



RELIGIOUS BELIEF	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
DISCLOSED	N/A	83.2%	88.2%	N/A	84.5%	81.9%
Atheism	N/A	15.7%	9.4%	N/A	16.5%	10.8%
Buddhism	N/A	0.6%	0.8%	N/A	0.0%	0.7%
Christianity	N/A	59.7%	54.4%	N/A	64.9%	60.2%
Hinduism	N/A	1.2%	4.1%	N/A	0.0%	2.0%
Islam	N/A	1.4%	11.0%	N/A	2.1%	4.9%
Jainism	N/A	0.0%	0.1%	N/A	0.0%	0.2%
Judaism	N/A	1.2%	0.4%	N/A	1.0%	0.5%
Sikhism	N/A	0.3%	1.9%	N/A	0.0%	0.5%
Other	N/A	3.2%	6.2%	N/A	0.0%	2.1%
UNDISCLOSED	N/A	16.8%	11.8%	N/A	15.5%	18.1%



DISABILITY	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
DISCLOSED	57.4%	95.9%	98.4%	55.3%	94.8%	97.8%
Disabled	3.2%	2.6%	5.1%	2.0%	3.1%	5.3%
Not Disabled	54.2%	93.3%	93.3%	53.3%	91.8%	92.4%
UNDISCLOSED	42.6%	4.1%	1.6%	44.7%	5.2%	2.2%



NHS Commissioning Board - Cumulative Undisclosed Responses

