

NHSCB8/11/12/5

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Recruitment update

Clearance: Jo-Anne Wass, National Director: HR

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 September meeting of the Board, and presents an updated summary of the risks associated with delivery. Arrangements for determining contingency plans for possible implementation later in the year are presented.

Key Issues and Recommendations:

• While considerable progress has been made since September, successful delivery of the recruitment strategy remains challenging. Agreement has been reached with sending organisations and trade unions on how the large majority of posts in our organisation should be filled. A significant volume of job matching and recruitment activity now needs to be completed over the coming months in order to deliver the objectives of the recruitment strategy.

Actions Required by Board Members:

- To note progress with recruitment.
- To receive a strategy for promoting diversity in the organisation at a future Board meeting.
- To receive advice at the December Board meeting on whether contingency plans need to be implemented.

Recruitment update

Executive 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 September meeting of the Board and presents an updated summary of the risks associated with delivery. Arrangements for determining contingency plans for possible implementation later in the year are presented.
- 2. Successful delivery of the Board's recruitment strategy is an essential pre-requisite for delivery of the NHS Commissioning Board's (NHS CB's) objectives over the coming year. Filling the posts in the NHS CB's organisational structure will provide the organisation with the necessary capacity to respond to the Secretary of State's mandate for the NHS CB and to deliver the wide range of business objectives that have been identified for the coming year. It will only be possible for the organisation to make significant progress in the coming year if staff are in place to drive delivery. It is recognised that the NHS CB will be better placed to deliver its objectives if it develops a diverse workforce that reflects the population it serves. The recruitment strategy seeks to promote diversity in the NHS CB workforce, recognising the limitations imposed by the policy commitment to recruit to the NHS CB from staff affected by change in sending organisations.

Introduction

- 3. The NHS CB faces a significant recruitment challenge over the coming months. The NHS CB will employ approximately 4,000 people in its core structure, the majority of whom will join us from a range of 'sending' organisations. 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 the posts in the NHS CB's organisational structure in a timely manner in order to enable the NHSCB to discharge its responsibilities. This requires the NHS CB to fill the large majority of its posts by March 2013.
- 4. The former objective 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 & 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, but significant challenges remain. This paper presents the latest position, highlighting progress since the last Board meeting in September.

Summary of current position

- 6. Agreement has been reached with sending organisations and trade unions (TUs) on how the large majority of posts in our organisation should be filled (i.e. by job matching or by ring-fenced competition). In total, approximately 70% (2,900) posts in the structure will be considered for job matching. It is expected that job matching will have been completed by the end of October for all posts in the national support centre and by the end of November for posts in regions and local area teams.
- 7. Job matching is led by sending organisations with input from local TUs. There is some concern about sending organisation and TU capacity to undertake this work to the required timetable. We are working closely with sending organisations to help them deliver job matching to the required timetable.
- 8. 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;
 - 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; or
 - no matches in which case the post is made available for ringfenced competition. We are working closely with senders to identify these posts as quickly as possible so that they can be released early for ring-fenced competition.
- 9. Recruitment to very senior manager (VSM) posts is nearing completion and we are confident that the December objective (see paragraph 2) will be delivered for VSM posts. Executive search specialists Gatenby Sanderson has been engaged to support recruitment to a small number of VSM posts which have not been filled by ring-fenced competition. A

- detailed update on progress with VSM recruitment will be presented at the Board meeting.
- 10. Job matching and recruitment to Agenda for Change (AfC) posts is now underway. While only a relatively small number of these posts have been filled at the time of writing, a significant number of posts have now been released for recruitment and many more are being matched to posts in sending organisations. A detailed update on progress with AfC recruitment will be presented at the Board meeting.
- 11. Monitoring of progress has been intensified. Jo-Anne Wass is reviewing progress on a daily basis. In addition, Jo-Anne Wass and Ian Dalton are reviewing progress in the operations directorate on a weekly basis and the executive team is formally reviewing progress every month. A recruitment database ('footprints') is being implemented to support monitoring and coordination of operational activities.
- 12. Progress has been made with the preparations for 'lifting and shifting' the family health services (FHS) function from PCTs into the NHS CB. PCTs have provided details of the staff engaged in the delivery of the FHS function. Approximately 2,500 staff have been identified by PCTs. The information PCTs supplied is currently being validated. The aim of the validation exercise is to ensure that all relevant elements of the FHS function and associated staff have been accurately identified. Once this validation work is completed, PCTs will be asked to write to the relevant staff to inform them of the proposed transfer to the NHS CB. The transfer itself will take place in March 2013.
- 13. The Board reviewed the diversity profile of its early appointments at its September meeting. Concern was expressed about the low level of diversity amongst this staff group and, in particular, the low representation of women and people from black and minority ethnic groups. Jo-Anne Wass and Jim Easton have reviewed the position and identified a number of actions that can be taken in the short and medium term to promote diversity in the organisation.
- 14. Short term actions have focused on the recruitment process and include undertaking a further detailed analysis of the available diversity data, provision of guidance and training for recruiting managers and targeted support for BME managers seeking roles in the NHS CB. We have provided advice to recruiting managers on the conduct of interviews and asked them to ensure that at least one panel member on all interview panels has received accredited equality and diversity training relevant to recruitment and selection in the last 12 months.
- 15. It is proposed that plans for action on diversity in the medium term will be outlined in a strategy to be presented to the Board at a future meeting. Two non-executive directors (Ed Smith and Victor Adebowale) agreed to support this work and it is planned to involve them in the development of the strategy at an early stage.

Assessment of delivery risk

- 16. While considerable progress has been made over recent months, successful delivery of the recruitment strategy remains challenging. This is reflected in the board assurance framework (BAF) assessment of the risks associated with the recruitment programme. The BAF identifies several potential causes of delay:
 - a significant volume of job matching has to be to be undertaken by sending organisations, with local TU involvement, in order to fill posts in the operations directorate. Sending organisations and TUs may not have the capacity to deliver to the required timetable;
 - it is necessary to undertake a large volume of recruitment in a limited time. Delays may occur if the process does not run smoothly at every stage;
 - delays in recruiting to key posts in the organisational structure may lead to delays in recruitment to subordinate posts; and
 - TUs may challenge elements of the transition process if processes are not properly agreed and implemented.
- 17. A range of actions is being undertaken to mitigate the risk to delivery. These are detailed in the BAF.
- 18. The following table summarises our assessment of risk to delivery of the December objective (i.e. to ensure that all staff in sending organisations have clarity about their future employment by the end of December 2012) in each part of the organisation. Red indicates high risk, amber indicates medium risk and green indicates low risk to delivery. Risk is assessed as highest in three of the regions given the large volume of job matching to be undertaken in these regions. Progress in the regions is being monitored on a weekly basis and an updated assessment will be shared at the Board meeting.

	Number of post to be filled	
	VSM	AfC and other
National support centre	57	924
London region	24	434
South region	42	791
Midlands & East region	47	867
North region	52	950
Family health services	0	2,500*

^{*} Number of FHS staff currently being verified.

Contingency planning

- 19. It was confirmed at the September Board meeting that the main focus should remain on delivery of the December objective and that it would be undesirable to implement contingency plans involving 'lift and shift' of staff/functions into the NHS CB. Use of contingency plans should be minimised and restricted to specific geographies, functions and/or grades of staff. This view was endorsed by the system-wide HR Strategy Group, which concluded that it would be preferable to commit additional resources to the recruitment process to ensure delivery of the December objective, rather than to shift the focus to lifting and shifting functions.
- 20. However, it is prudent to develop contingency plans that could be implemented if required. It is proposed that the potential requirement to implement contingency plans is reviewed at the executive team meeting on 15 November and proposals are presented to the Board for approval at its December meeting if required. Any decision to lift and shift further functions/staff to the NHS CB is likely to have financial implications which would require a call on 2013/2014 contingency funds.

Recommendation

- 21. The Board is asked:
 - to note progress with recruitment;
 - to receive a strategy for promoting diversity in the organisation at a future meeting; and
 - to receive advice at the December Board meeting on whether contingency plans need to be implemented.

Tom Easterling, Programme Director, People Transition

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