

NHS Rotherham Clinical Commissioning Group

AQuA – 2nd July 2019

Governing Body 3 July 2018

HR Annual Report 2018-19

Lead Executive:	Chris Edwards
Lead Officer:	Peter Smith
Lead GP:	Jason Page

Purpose:

To approve the HR Annual Report for 2018-19.

Background:

HR Support is provided through a shared service hosted by NHS Sheffield CCG. This comprises a Head of HR role for 2 dpw and a central HR Administration Team who manage associated contracts for ESR, NHS Jobs, payroll, pensions, staff survey and occupational health.

Analysis of key issues and of risks

The Report provides a breakdown of activity for the 2018-19 period against the Memorandum of Understanding between the parties.

Additions for this year included details of joint posts (as requested by GB last year), staff survey overview and Workforce Race Equality Scheme (WRES) data.

The service is operating successfully and there are no particular issues or risks to highlight.

Patient, Public and Stakeholder Involvement:

Not applicable

Equality Impact:

Not applicable

Financial Implications:

Operates within agreed pricing

Human Resource Implications:

Confirmed in the Report

Procurement Advice:

Not applicable

Data Protection Impact Assessment

Protocols for the processing of employee data are in place and in compliance with GDPR.

Approval history:

Two previous reports for 2016-17 and 2018-19 approved by GB

Recommendations:

GB members are asked to ratify the report.

Shared Service for Human Resources – 2018/19 Annual Report

1. Background

- 1.1. The South Yorkshire and Bassetlaw and Wakefield CCGs HR support is provided through a shared service model governed by a Memorandum of Understanding (MOU) which was effective from 1st March 2016 for 3 years and updated for a further 2 year period from 1st April 2019 to 31st March 2021.
- 1.2. The Shared Service Model is structured through a hosting arrangement with the staff being employed by NHS Sheffield CCG.
- 1.3. The duties of the Service Employees are shared proportionately according to size and the financial contribution of each CCG to the Service Delivery Model.

2. The Services

- 2.1. The service delivered within the remit of the MOU comprise the following:
 - 2.1.1. In 2018/19 Human Resource management consultancy was delivered via a Head of HR (HHR) shared role between Barnsley (2days), Rotherham (2 days) and Bassetlaw (1 day) CCGs.
 - 2.1.2. Workforce information and planning
 - 2.1.3. Recruitment and retention
 - 2.1.4. Learning and Development, particularly Mandatory and Statutory training (MAST) compliance and administration of the Learning Management System (LMS)
 - 2.1.5. Management and oversight of HR related services including Occupational Health and Pay Services.

3. 2018/19 Service Delivery

Service		2018/19 Action
Strategic Resources	Human	<ul style="list-style-type: none"> • 4 Quarterly workforce reports containing key workforce indicators shared with Operational Executive to identify follow up actions • Quarterly sickness absence trigger reports shared with Operational Executive leading to specific actions with individuals. • Quarterly and other ad hoc Mandatory and Statutory compliance reports shared with Operational Executive assist the CCG to maintain statutory compliance. • One annual report comprising the 17-18 performance and annual workforce information. • 2 Organisational change processes completed following the Operational Executive 6 month reviews of workforce

	<p>including a large restructuring in Finance.</p> <ul style="list-style-type: none"> • Review of the Pay Progression Policy in line with new national arrangements. • Introduction of Drug and Alcohol testing for staff. • Introduction of Probationary Periods for new employees to the organisation. • Presentation of expert advice and papers in relation to all non NHS national remunerated staff to the CCG Remuneration Committee including the 2018/19 pay award for the governing body, executives and other post holders who are not on national pay and terms and conditions of service. • Effective partnerships with Trade Unions including individual employment cases, organisational change processes, policy development and job evaluation. • Management of the 2018 Staff Survey including distribution, collation and analysis of results, feedback to managers and staff and follow up actions. • HR support to the implementation of organisational health and wellbeing initiatives, professional advice to managers and employees in accessing Health and Wellbeing services including Occupational health. • The introduction of a new Employee Assistance Programme through Workplace Wellbeing. • Provision of line management training modules in Recruitment, Performance Management, Sickness and Absence, Appraisal and Managing Difficult Conversations. • Delivery of updates and information sessions to the All Staff Meeting including Pay Progression, Staff Survey, the new Employee Assistance Programme and Sickness and Absence arrangements.
<p>Recruiting and Selecting People</p>	<ul style="list-style-type: none"> • 11 vacancies managed in year in line with fair and legal recruitment practices and safe recruitment as required by the NHS Constitution and NHS Employers employment check standards • New employees issued with necessary and appropriate contractual documentation within agreed timescales • 8 job evaluations completed for new and amended roles including the Finance restructuring. • Completion of internal and national audit processes for recruitment. • Reporting on equality strands in relation to CCG recruitment and workforce, e.g. completion of the Workforce Race Equality Template for 18-19 • Provision of relevant reports in relation to CCG recruitment

Managing People	<ul style="list-style-type: none"> • HR advice and support on all aspects of employment including recruitment, organisational change, and employee relations. • Case management of employee relations cases including formal disciplinary action, sickness absence and employee rehabilitation, formal sickness absence trigger point review meetings, and termination arrangements and referral to employees professional body. • Provision of line management training for recruitment and selection, appraisal, performance management, sickness and absence, managing difficult conversations, employee relations (discipline and grievance), flexible working. • There has continued to be significant time and effort deployed into updating the content of the Learning Management System, stabilising employee's access to the system and regularising the reporting functionality, to allow a greater assurance of compliance particularly with MAST requirements. • Informal mediation delivered to avoid conflict escalating • Positive relations with Trade Unions and staff side representatives, e.g. over termination arrangements, restructuring, employee relations cases and post changes/job evaluation. • Managing employment related aspects of Equality Schemes and publishing Equality data, e.g. Workforce Race Equality Scheme • Provided HR advice and guidance on future workforce development within the organisation, recognising wider system developments and the strategic commissioning agenda, e.g. move to partnership working with RMBC • Provision and analysis of workforce related data and the production of trend information
Rewarding People (Pay and Terms and Conditions of Service)	<ul style="list-style-type: none"> • Advice on pay negotiations and provision of benchmarking information to enable transparent and equitable agreements on rates of pay outside of national terms and conditions • Provision of a Job Evaluation system, policy and process to ensure pay commensurate with duties and responsibilities and that consistency is applied across the organisation • 8 Job evaluation assessments undertaken through a planned timetable of bi-weekly panels ensuring an accurate response with minimal delay. • Maintenance of local arrangements for incremental pay progression to implement the relevant national terms and conditions. • Provision of advice to ensure payments/ remuneration

	<p>covering legal obligations (e.g. tax, NI, SMP, SSP) including management and recovery of overpayments and IR35 assessments.</p> <ul style="list-style-type: none"> • Provision of pension support and management of the NHS Pension Agency relationship relating to flexible retirement of staff members. • Implementation of National Pay Policy arrangements for 2018/19. • Production of workforce information relating to pay and benefits • Advice on maternity leave, sickness absence, injury benefit and death in service.
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Service Standards	2018/19 Achievement & comment
Time taken to place advert on NHS Jobs from receipt of Vacancy Control Form and recruitment documentation – within 2 working days (unless later placement date requested by the recruiting manager)	<ul style="list-style-type: none"> • 100% - 11 vacancies managed up to 31st March 2019 of which all were placed within the 2 day service standard.
Time taken to send shortlisting forms to the recruiting manager following the closing date – within 2 working days	<ul style="list-style-type: none"> • 100% - 11 vacancies sent to managers within the 2 day service standard.
Deadline to send out interview schedule (containing the most up to date information we have at that point) and forms to recruiting manager – at least 2 working days before the interview.	<ul style="list-style-type: none"> • 100% - 11 interview events were arranged and all interview documentation was sent within the 2 day service standard.
Time taken to process successful candidate information	<ul style="list-style-type: none"> • 100% - of the 10 outcomes from the interview events, all conditional offer letters were sent within the 2 day service standard.

<p>(conditional offer letter, references, occupational health and DBS if applicable) – within 2 working days of notification from the recruiting manager</p>	
<p>Time taken to issue successful candidate with confirmation offer letter - within 5 working days of completion of employment checks</p>	<ul style="list-style-type: none">• 100% - of the 7 confirmed offers required to be sent, all letters were sent within the 2 day service standard.
<p>Time taken to issue contract of employment – for new starters from outside the NHS - within 5 working days of the start date of the employee, for new starters with previous NHS service – on receipt of the Inter Authority Transfer (IAT) information from the previous NHS employer or within 8 weeks of the start date of the employee.</p>	<ul style="list-style-type: none">• 100% - 7 appointments were made requiring contractual documentation to be issued. All contractual documentation was issued within the 5 day and/or 8 week service standard.

4. Staff Survey

The CCG response rate of 88% put it in the top 4 CCGs.

NHS Rotherham CCG

2018 NHS Staff Survey



Organisation details

Completed questionnaires 105

2018 response rate 88%

➤ [See response rate trend for the last 5 years](#)

Survey details

Survey mode Online

Sample type Census

This organisation is benchmarked against:

CCGs



2018 benchmarking group details

Organisations in group: 69

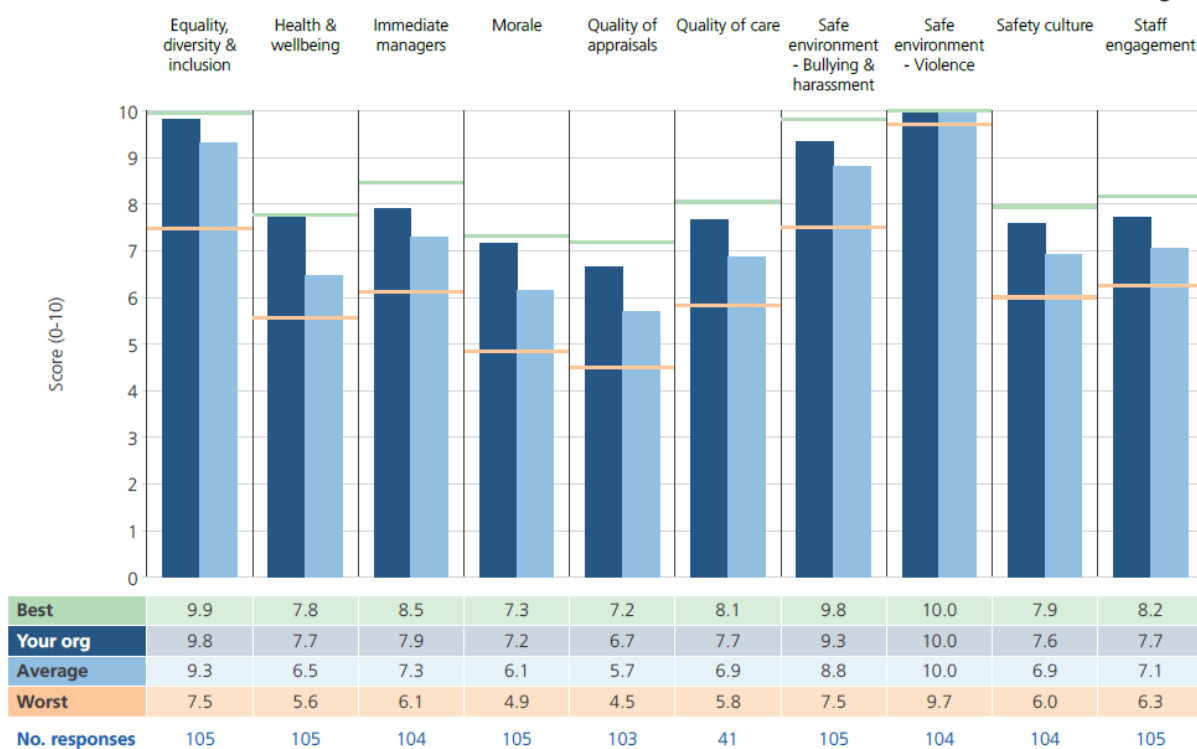
Average response rate: 81%

No. of completed questionnaires:

7,267

In 2018 the CCG performed significantly better than the CCG average across the full range of Themes and within 5% of the best score across the majority.

Rotherham Clinical Commissioning Group



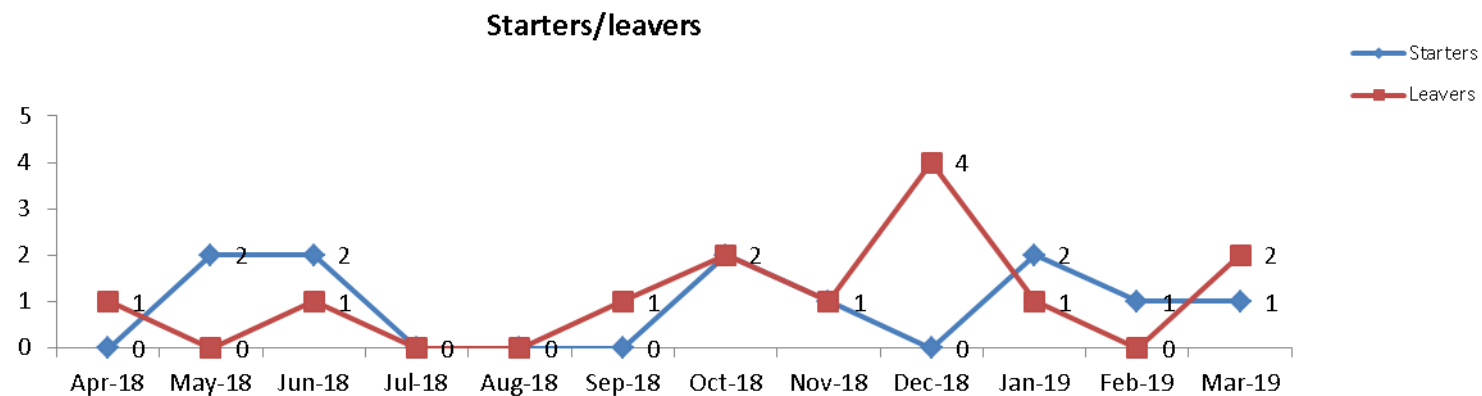
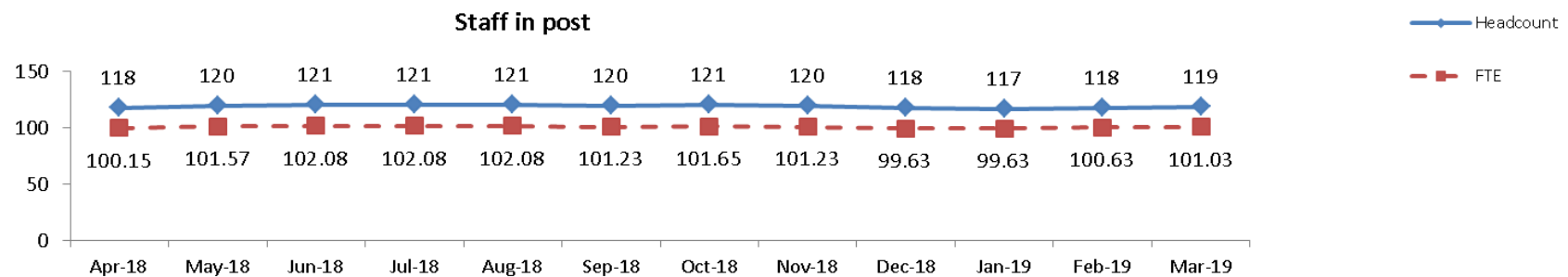
5. Workforce Race Equality Scheme (WRES)

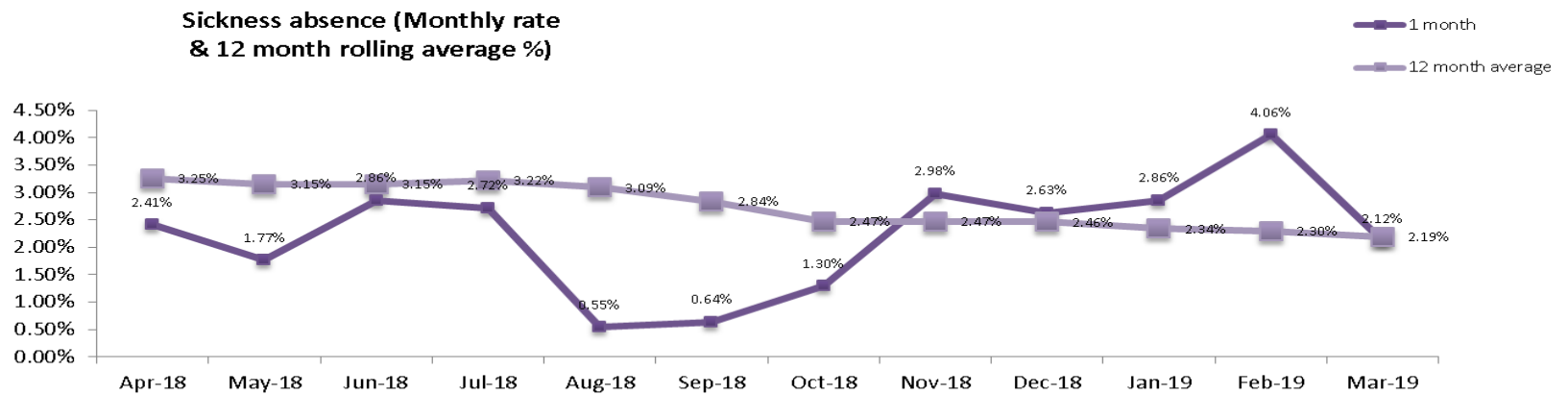
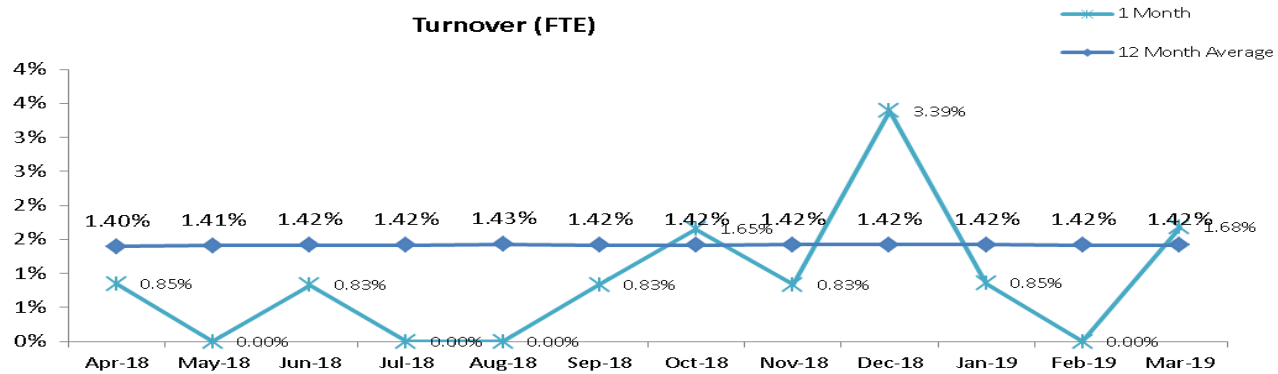
The following data was provided against the indicators from the WRES.

Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative
For each of these four workforce indicators, compare the data for White and BME staff			
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	CLINICAL VSM(8a+) 18.5% NON CLINICAL Band 3 8.3% +	Band 8 - 10.4% Band 6 - 1.6% Band 3 - 0.8% Board Level - 4.8%	
Relative likelihood of staff being appointed from shortlisting across all posts.	Wh - 10/14=0.71 BME - 1/2=0.5 = factor of 1.42	Wh - 42/230=0.18 BME - 14/53=0.26 = factor of 0.69	Data extracted from ESR where recruitment has followed standard process. This factor score shows that the relative likelihood of a white candidate being appointed from shortlisting compared to a BME candidate is 1.42 times greater. This is not felt to be statistically significant due to the small number of +
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Nil	Nil	There have been no formal disciplinary processes during the reporting period.
Relative likelihood of staff accessing non-mandatory training and CPD.	Nil	Nil	This data breakdown has not been collected during the reporting period.
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 7% BME -	White 8% BME -	The lower the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11. +
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 8% BME -	White 9% BME -	The lower the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11. +
KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 93% BME -	White 96% BME -	The higher the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11. +
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 5% BME -	White 3% BME -	The lower the percentage the better but the Staff Survey analysis shows the change is not statistically significant due to the number of responses. The dash is because the staff survey response was less than 11. +
Board representation indicator For this indicator, compare the difference for White and BME staff.			
Percentage difference between the organisations' Board voting membership and its overall workforce.	Wh - 12 of 13 - 92.3% 1 vacancy	Wh - 13 of 13 BME - 0 of 13	This data indicates that the percentage of BME voting members was lower than the BME percentage of the workforce as a whole at the end of the 17/18 reporting period. The vacancy has now been filled and the BME representation +

6. Workforce statistics 2018/9

Workforce numbers remained stable throughout the year with turnover at an average of 1.42%. The 12 month average sickness absence rate continued to fall 2.19% in March 2019, well below the CCG average of 2.95% up to January 2019.





Joint posts

The following posts are appointed on a shared basis with Rotherham MBC:

- Children and Young People - Joint Assistant Director Commissioning, Performance & Inclusion– RMBC Employed
- Designated Clinical Officer (SEND) – RMBC Employed
- Commissioning Manager CYP Maternity – RCCG employed
- Head Of Commissioning (Mental Health /LD) – RCCG employed
- Head of Commissioning (Learning Disability) – RMBC Employed
- Head of Commissioning (Adults) – RCCG Employed
- Senior Commissioning &Improvement Manager (Adult Commissioning) – RCCG Employed
- Adult Commissioner Joint Post – RMBC Employed

The following CCG posts work across the Rotherham Integrated Care Partnership

- Head of Digital
- Head of Communications
- Strategy and Delivery Lead

The RCCG employed posts are included in the workforce numbers above.

Mandatory and Statutory training at 31-3-19

The table below is a snapshot on compliance rates at 31st March 2019. The OE monitor through detailed quarterly reports to ensure that in year all staff complete the required modules. The CCG aspires to 100% compliance for all staff which is particularly important where there is a statutory requirement, e.g. the health and safety requirement for all staff to receive information, instruction and training in relation to identified hazards and associated risks. Compliance levels for all modules remained high throughout the year and the Information Governance Toolkit requirements were achieved (this requires 95% of the CCG staff to have completed Data Security and Awareness at a chosen point in time). The requirement for 100% of staff to complete Conflict of Interest Level 1 was achieved in year. Rates for Managing Conflicts of Interest Modules 2 and 3 improved towards the target date of 31st March 2019.

Directly Employed Stat/Mand completed		Change
Equality and Diversity	96%	+6%
Fire Safety	94%	+11%
Health and Safety	96%	+1%
Managing Conflicts of Interest Module 1	82%	+1%
IG-Data Security	96%	+21%
Infection Prevention and Control	95%	+3%
Moving and Handling	92%	+11%
Fraud	98%	+2%
Safeguarding Adults	94%	No Change
Safeguarding Children	96%	-3%

Managing Conflicts of Interest Modules 2 and 3 all Staff to end March 2019

Managing Conflicts of Interest Module 2	82%	+7%
Managing Conflicts of Interest Module 3	78%	+11%

EQUALITY & DIVERSITY DATA

Gender	Headcount	%
Female	92	77%
Male	27	23%

Sexual Orientation	Headcount	%
Bisexual	0	0%
Gay/Lesbian	2	2%
Heterosexual or Straight	98	82%
Unspecified	0	0%
Not stated (person asked but declined to provide a response)	19	16%

Disability	Headcount	%
No	109	92%
Not Declared	6	5%
Undefined	0	0%
Yes	4	3%

Religious Belief	Headcount	%
Atheism	4	3%
Christianity	83	69%
Hinduism	2	2%
Islam	1	1%

Not disclosed	21	18%
Other	7	6%
Sikhism	1	1%
Unspecified	0	0%

Ethnic Origin (headcount)	Headcount	%
A - White British	106	89%
C - White - Any other White background	2	2%
H - Asian or Asian British - Indian	4	3%
J - Asian or Asian British - Pakistani	1	1%
L - Asian or Asian British - Any other Asian background	1	1%
N - Black or Black British - African	1	1%
Z Not Stated	4	3%

Age (headcount)	Headcount	%
<20	2	2%
21-35	10	8%
36-45	33	28%
46-55	52	44%
56-65	22	18%
65+	0	0%

7. Occupational Health Service 2018-19 (data for period January to December 2018)

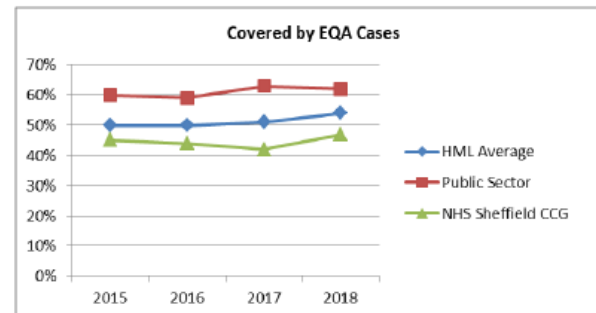
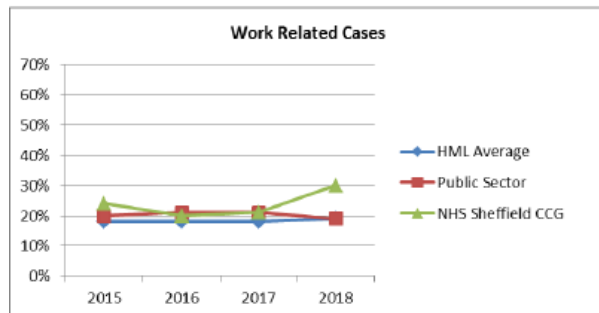
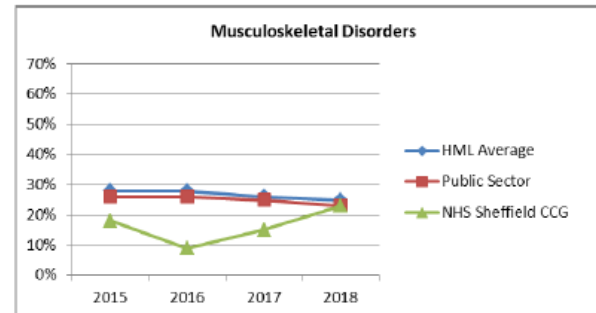
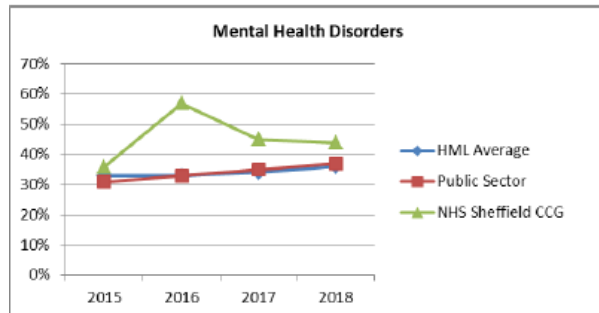
Management Referrals	3
Face-to-Face Assessments (appointments with OHPHy)	1
Remote OHA Assessments (telephone consultations)	2
Health Assessment Questionnaire (new starters)	14
Referral diagnoses	Stress, depression, one awaiting diagnosis
Work related and Equality Act Cases (Equality Act cases would normally relate to a long term condition)	2 (1 depression, 1 EqA)

Health Trends and Benchmarking 2018

The table and graphs below represent an analysis of the causes of the referrals dealt with by our Occupational Health provider against industry and public sector comparators. Equality Act cases cover referrals for people with a long term condition which may require reasonable adjustments to assist them at work. Across the SYB CCGs there is a higher prevalence of Mental Health and Work related cases compared to the industry averages and other public sector. Unfortunately the data is not separated for individual CCGs.

	Mental Health	MSK	Work related	Equality Act
Public Sector	37%	23%	19%	62%
OH Average	36%	25%	19%	54%
SYB CCGs	44%	23%	30%	47%

Health Trends



NB – Sheffield CCG holds the contract for OH services, Rotherham data will be included in the analysis.