



# Brighton and Hove Integrated Care Service Annual Workforce Report

## ANNUAL WORKFORCE REPORT 1 August 2014 – 31 July 2015

**Purpose:**

To advise the Board of the workforce activities throughout the previous year and to present and propose future plans

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## 1 Purpose

This BICS workforce report and proposed action plan has been submitted by the Corporate Services Manager. Its purpose is to update the Board on the workforce activity during the period 1 August 2014 – 31 July 2015. Further, to propose changes to HR and Line Manager responsibilities due to the necessary evolution of the HR function. This is required to ensure the HR team can continue to support BICS in our evolving environment.

Through the collation of this information it is hoped the Board will have a clearer understanding of the BICS workforce, visibility of HR activity and clarity regarding the necessary changes required to the HR function.

All data contained within this report has been gathered using Sage HR, our BICS Training Matrix and Survey Monkey (for the staff Equality data). All staff data does not include casual (bank) staff nor temporary employees provided via recruitment agencies nor any employees working for BICS on any form of Service Level Agreement and finally, any employees who are seconded to BICS.

Finally I would like to ensure the Board is aware, the HR team also provide the HR function (recruitment, monitoring of employee files, Line Manager support, policy governance, monitoring of training etc.) to Benfield Valley Healthcare Hub. This activity is not reflected in this report.

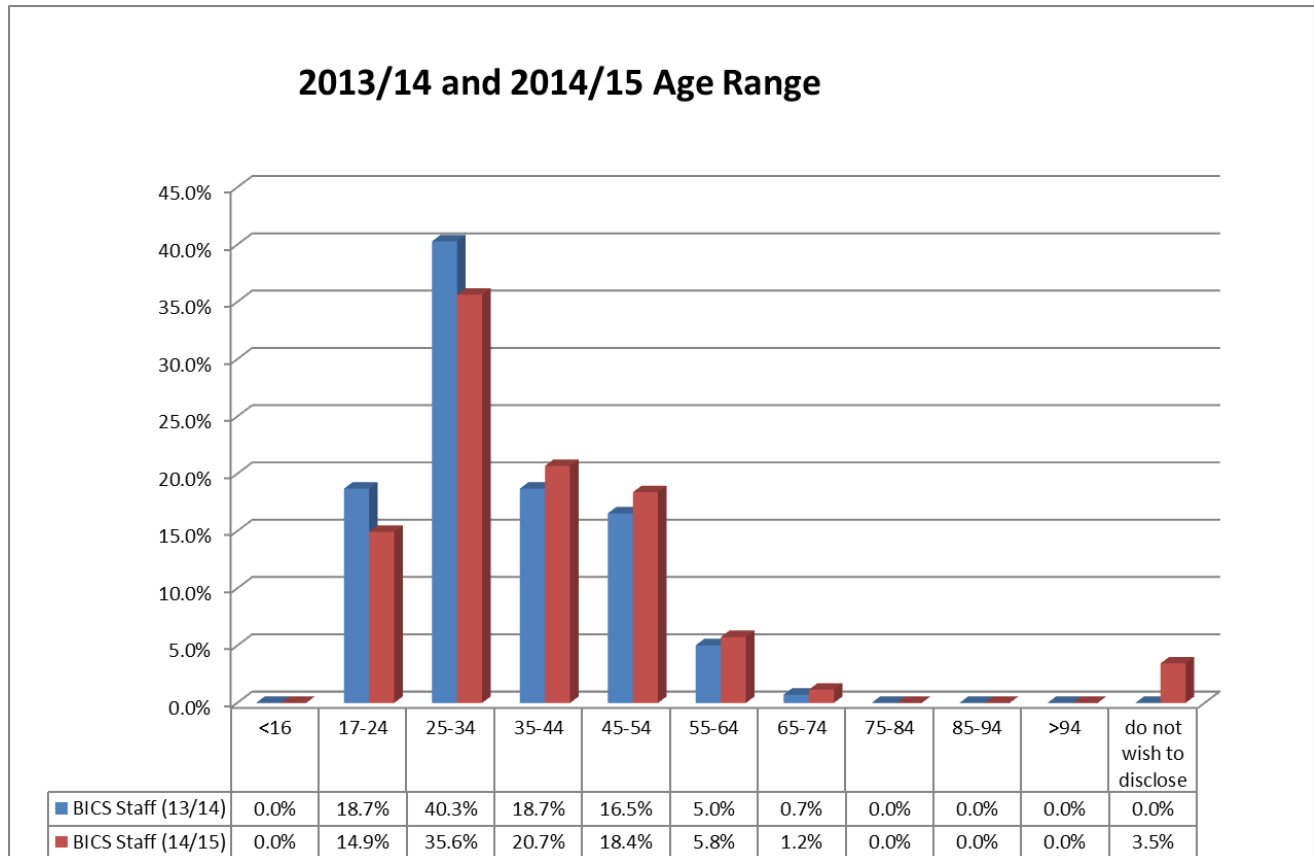
## 2 Equality Data

BICS is committed to building a workforce that is reflective of the diverse communities that we serve. BICS has statutory duty to collate, monitor and review data in relation to equality. The purpose of this section of the workforce report is to provide a profile of our workforce. Previously we only gathered data on age and gender for our employed staff. This is gathered at the time of recruitment and recorded on Sage HR. In the previous annual workforce report it was proposed we gather other protected characteristics of our staff on an annual basis and use it to monitor and understand the make-up of our staff. The characteristics we are now able to report on include:

1. Age
2. Gender
3. Disability
4. Race
5. Religion or Faith
6. Sexual orientation
7. Veteran status

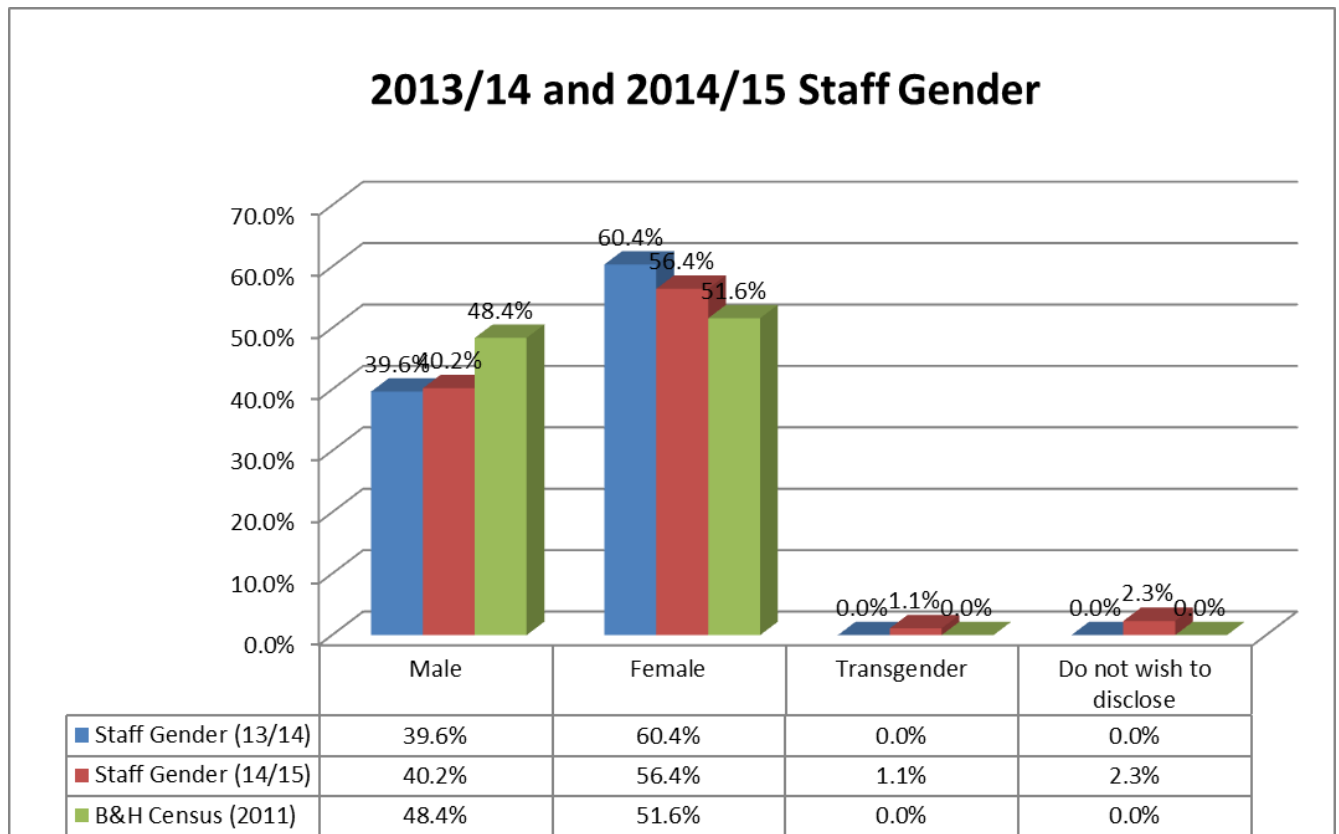
A staff equality survey was circulated to all staff in October 2015, the compiled survey results provide the following information and insight.

## 2.1 Composition of Workforce by Age



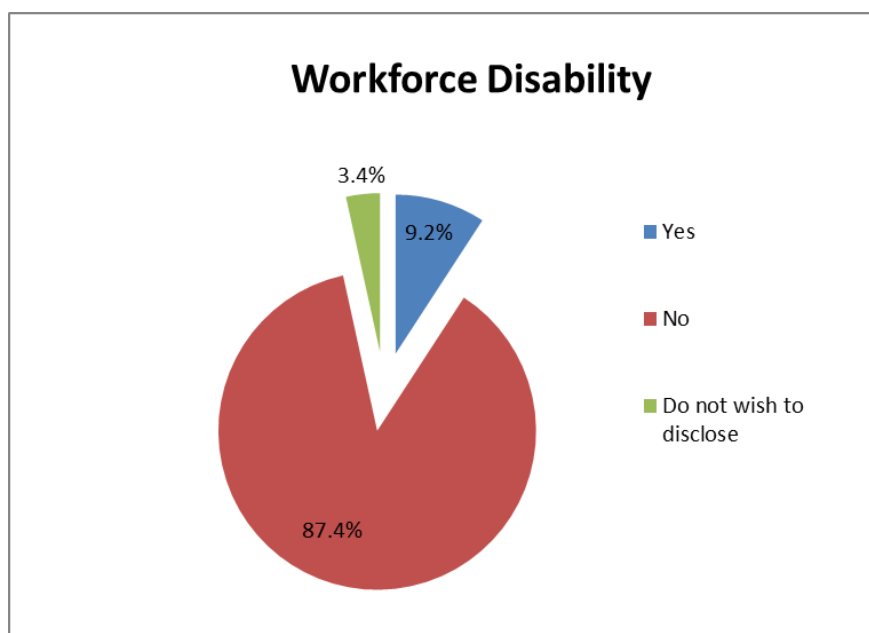
The chart shows that the bulk of staff fall within the 25 – 34 year age group, followed by a fairly even split between 17-24, 35-44 and 45-54 age groups. What is of note, in this period we have seen an increase in age in the 35-44 and 45-54 age groups.

## 2.2 Composition of Workforce by Gender



The chart shows a decrease of 4% in female staff members in this current period compared to the previous. As we have Brighton and Hove Census data for 2011, it's worth noting how we compare against that (although they do not include transgender and do not wish to disclose data).

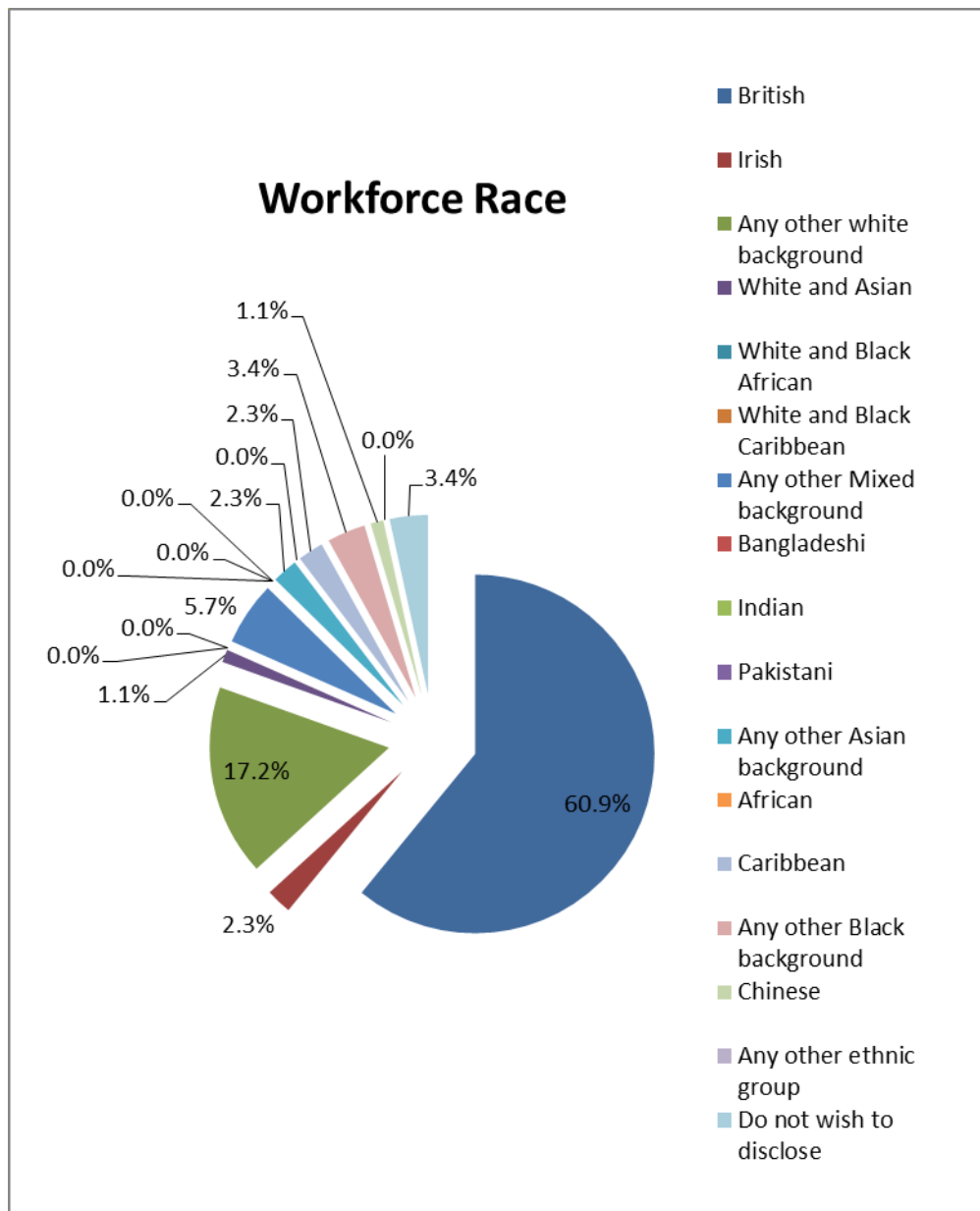
## 2.3 Composition of Workforce by Disability



The NHS Workforce Diversity Data provided in January 2015 showed a figure of 6% for staff being classified as having a disability and 6% of staff not wishing to disclose.

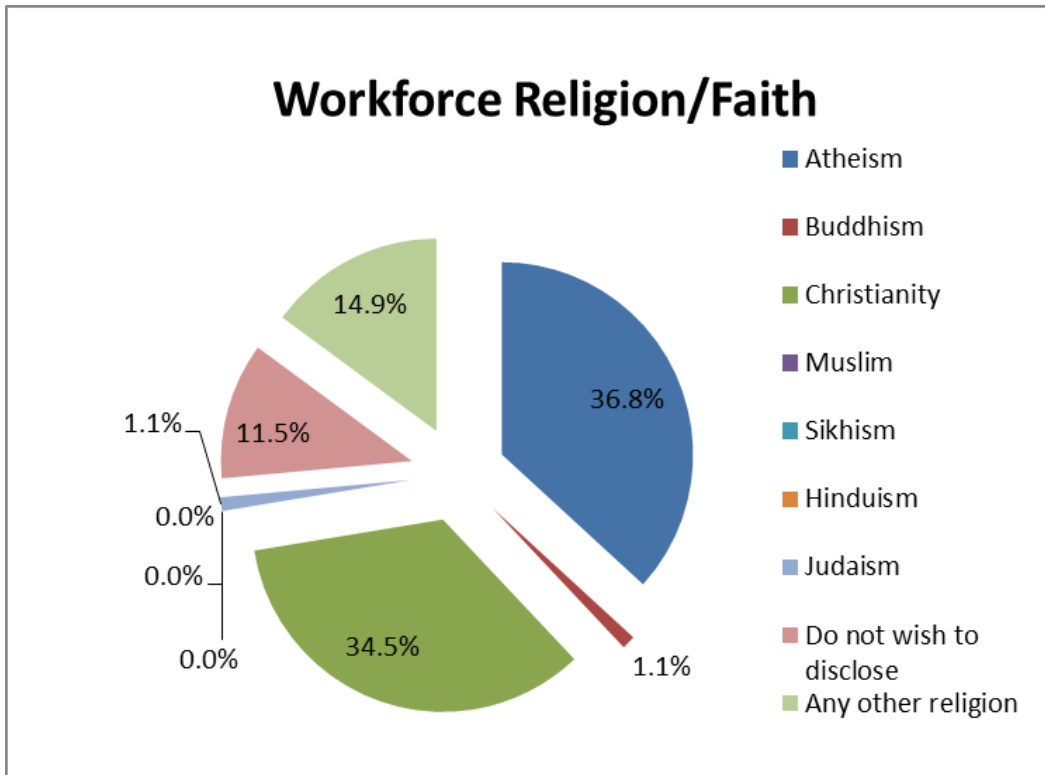
<https://www.england.nhs.uk/wp-content/uploads/2015/05/nhse-equal-divers-311214-upd.pdf>

## 2.4 Composition of Workforce by Race



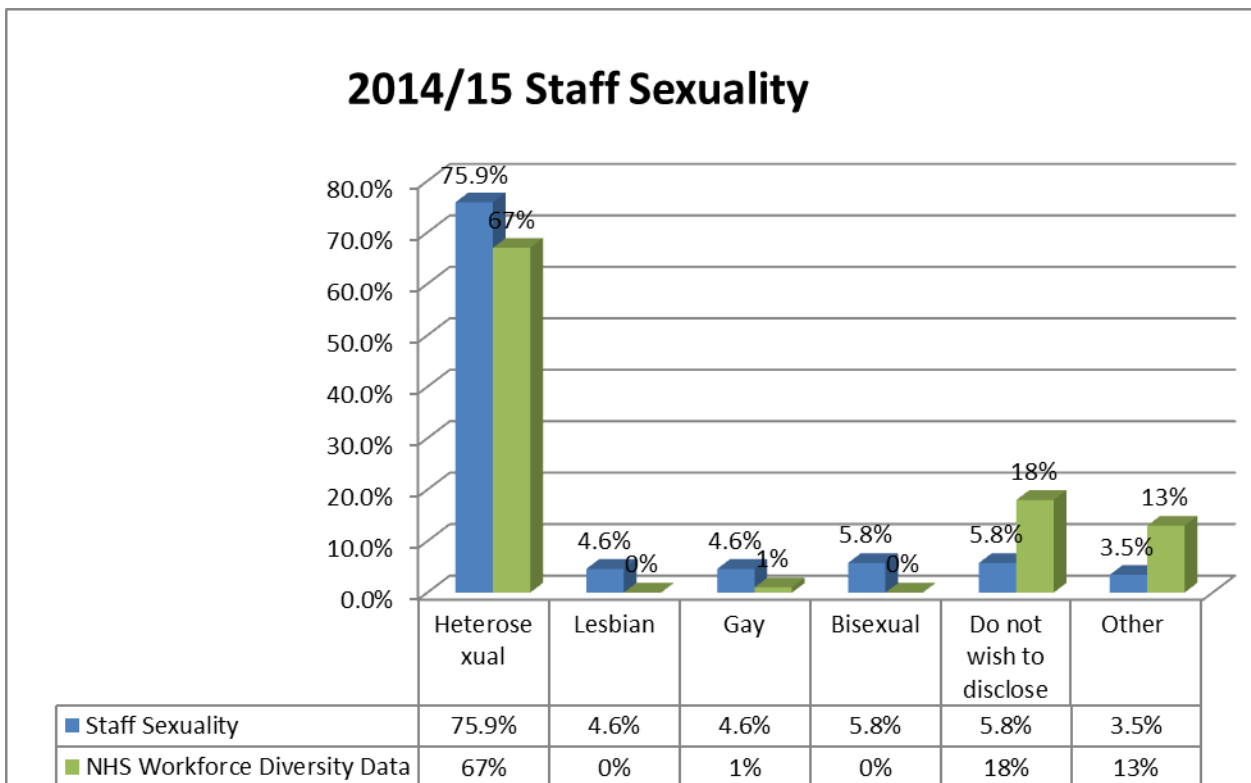
The Brighton and Hove 2011 census data states that the largest ethnic group is white 94.3% (this is made up of British, Irish and any other white background), our total is 80.4%.

## 2.5 Composition of Workforce by Religion



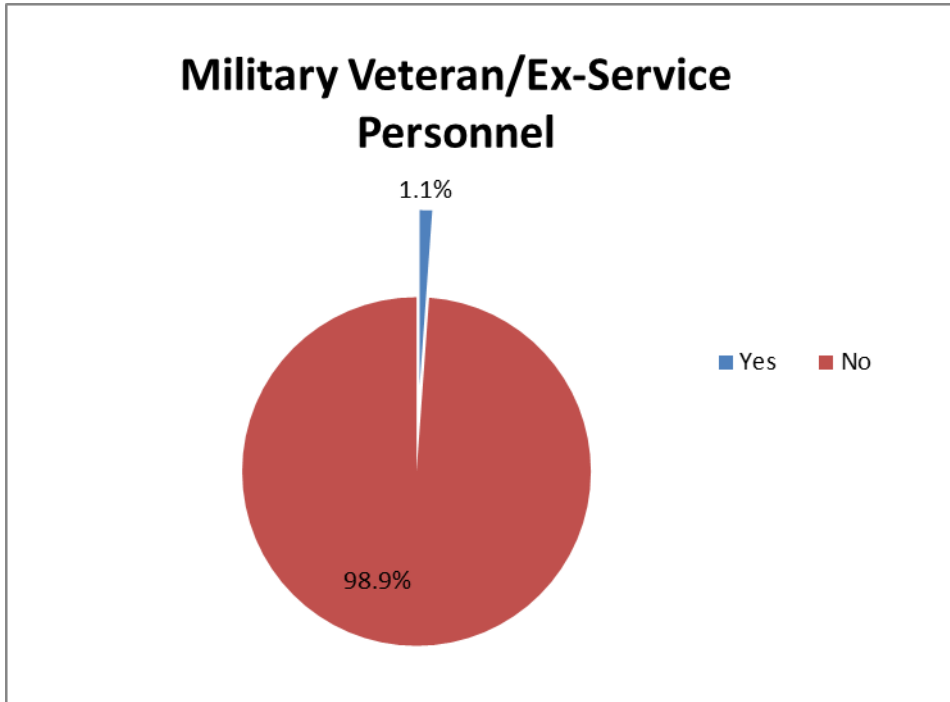
The Brighton and Hove 2011 census data stated 27.2% of the population has no religion, our figure is 36.8%. Further their data stated 59.10% of the population is Christian, whereas our figure is 34.5%.

## 2.6 Composition of Workforce by Sexual Orientation



I have compared our data to The NHS Workforce Diversity Data provided in January 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/05/nhse-equal-divers-311214-upd.pdf>

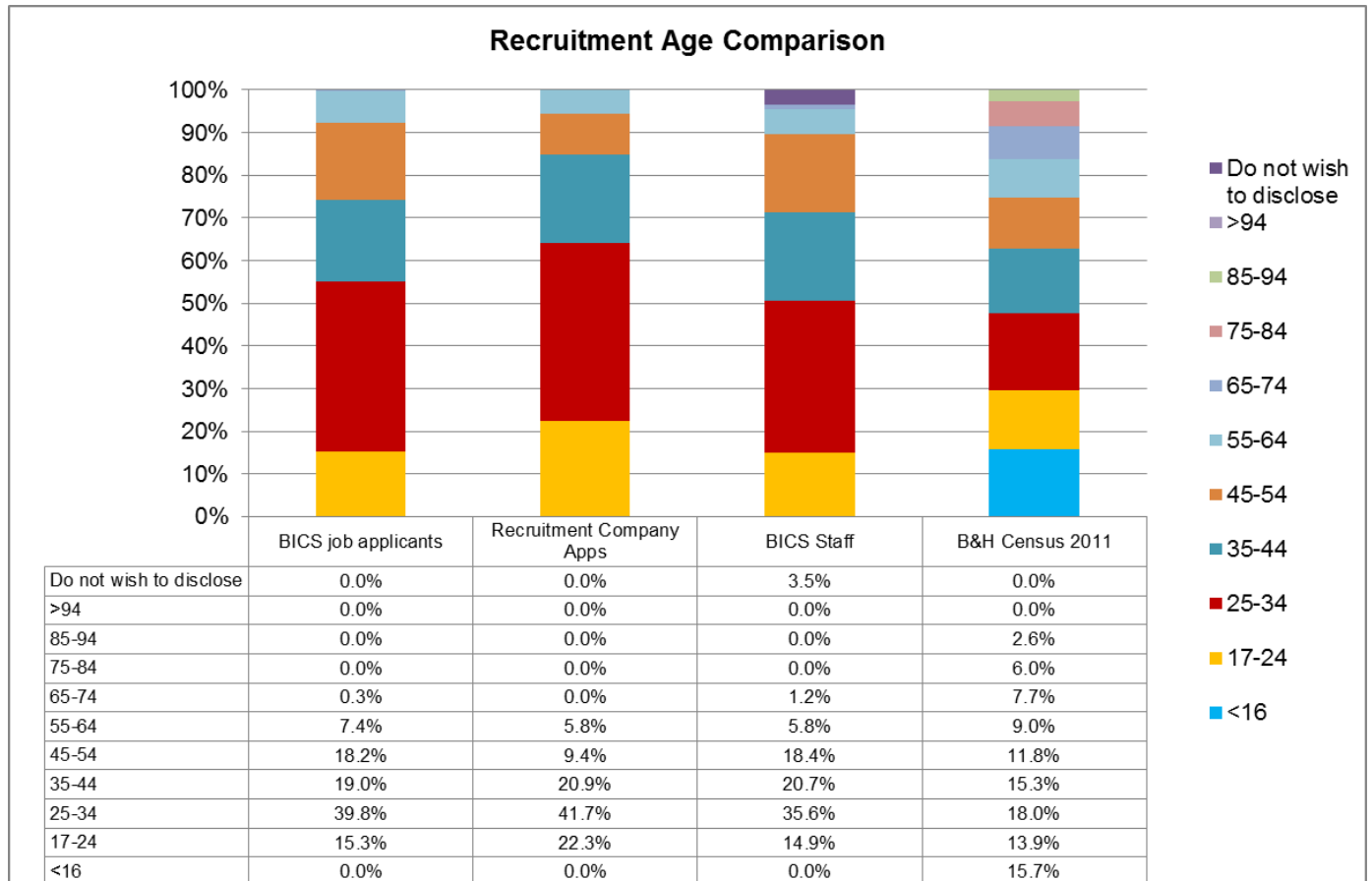
## 2.7 Composition of Workforce by Military Veteran/Ex-Service Personnel Orientation



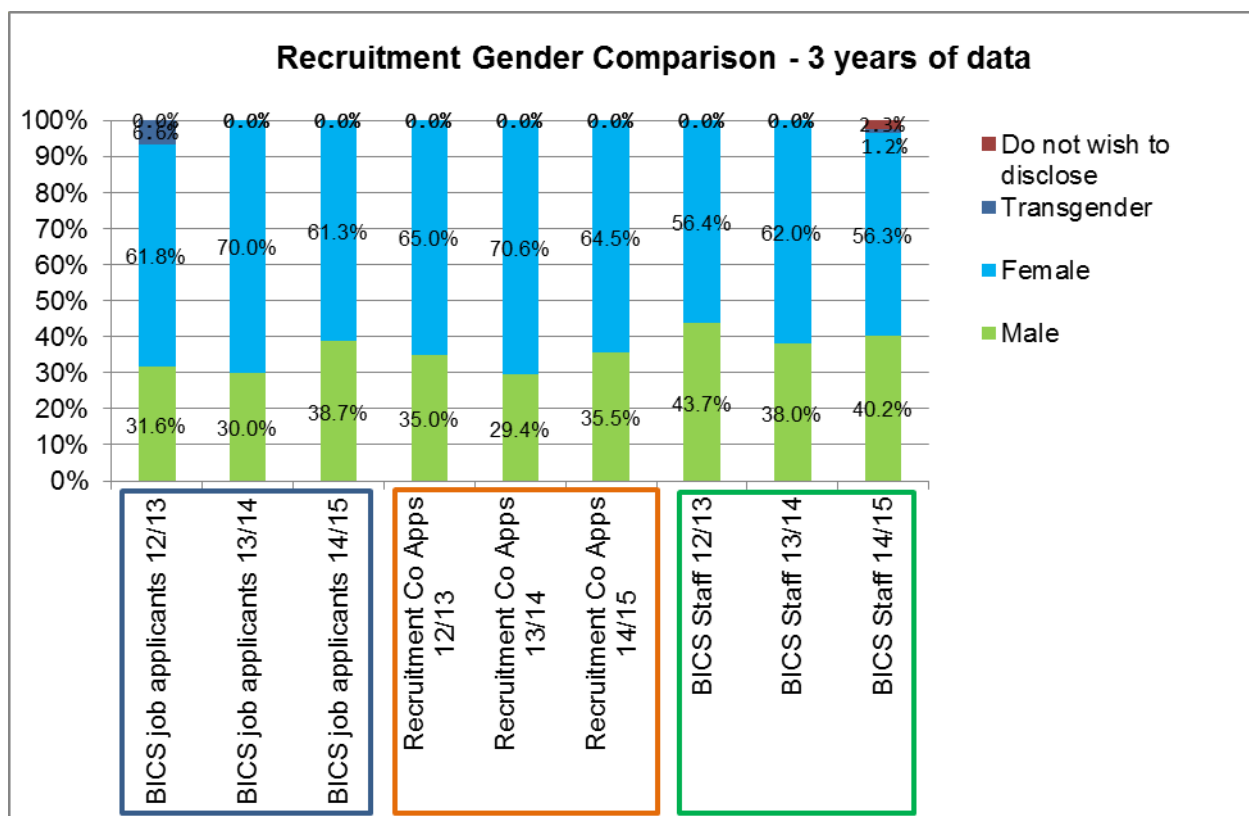
There is no established local baseline comparison for veteran status, so it is not possible to make a comparison to expected local population base.



## 2.8 Equality in our Recruitment



The purpose of monitoring age in this way is to establish if our recruitment processes are in any way impacting or influencing the age of staff actually recruited. We have compared job applications that have come directly to BICS against recruitment company applications against our actual workforce. By doing this we are able to establish if there are any anomalies or concerns raised that would require a review of our recruitment processes. These figures satisfy me that there are no concerns with our recruitment for this time period.

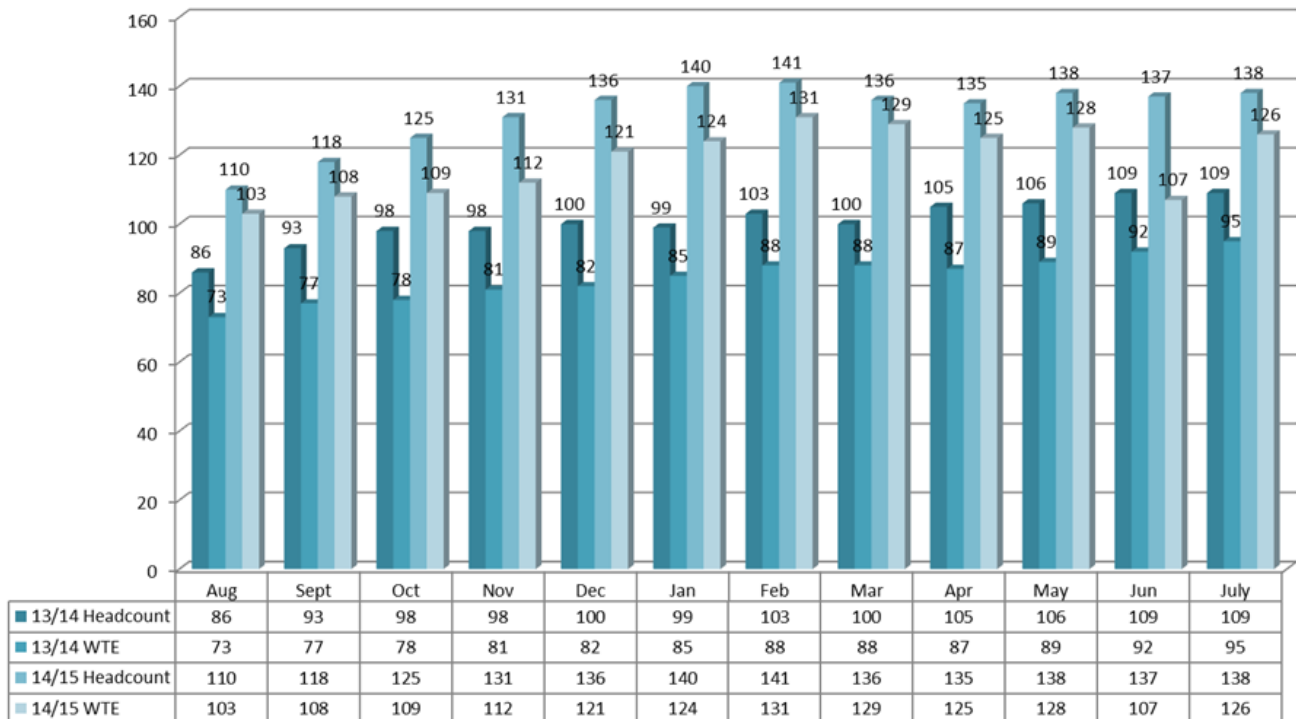


Similarly to the above, we also monitor gender to ensure our recruitment processes are fair and not impacting the gender of staff recruited. Again, by comparing the data provided by direct job applications against our recruitment company applications against our actual workforce it becomes evident if there are any issues we need to address.

We now have three years of data to establish any trends. The only thing of note is we are receiving more male applications both via direct applications and via recruitment company and therefore as a result we have seen an increase in males being employed by BICS. As before, it is proposed we always ensure when recruiting that interviewing is completed by two individuals, one of each gender whenever possible.

### 3 Staff

#### 3.1 Monthly Headcount v WTE



The above chart details a month by month summary of our staff headcount vs WTE (whole time equivalent). We have included the data from the same period last year so you are able to see the growth in numbers. As at 31 July 2015 BICS employs 138 staff with a WTE of 126.

#### 3.2 Types of Staff Leave approved and recorded by HR

	1 August 2014 – 31 July 2015
Compassion leave requests	5
Training and Study leave requests	27
Career break requests	1
Maternity and Paternity leave requests	1
Flexible working requests	6
Time off for dependants leave requests	6
Unpaid Leave	13

The above is a simple record of the various types of leave taken during this period. I suspect the Training and Study leave requests figure of 27 is much lower than the reality as the appropriate paperwork is not always completed and passed to HR for recording.

### 3.3 Staff Performance Monitoring

	1 August 2014 – 31 July 2015
Disciplinary activity	0
Grievance activity	0
Capability activity – formal	0

The above is a summary of the formal performance activity during this period.

### 3.4 Other Workforce Activity

	1 August 2014 – 31 July 2015
Whistleblowing activity	0
Bullying and Harassment activity	0
Discrimination activity	0
Substance abuse activity	0
Redundancy	0
TUPE	7
Sickness informal review	0
Sickness formal review	1
IMA referrals to Occupational Health	7
*Change to Terms and Conditions	131

The only figure worthy of note is the TUPE number of 7. This was due to the loss of the Dermatology and RMS contracts.

\* Change to terms and conditions can be broken down as follows:

Acting Up	29
Change in hours	9
Change in responsibilities	54
Change to fixed term from casual	5
Change to substantive from fixed term/casual	21
Extend fixed term contract	7

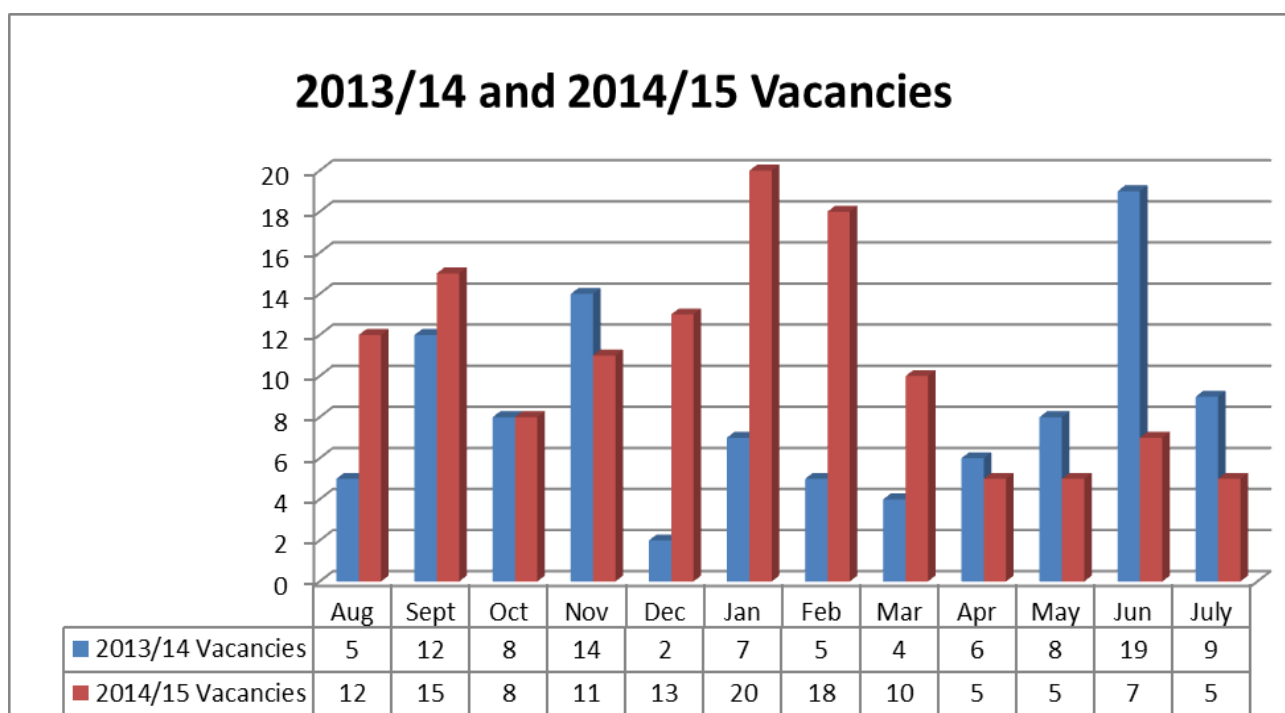
## Salary increase

6

Please note each Change of Terms is allocated into one category only (they are not double counted). Due to the high numbers of these, HR made the decision to review the contents of the form, the signoff thresholds and automate (it's now electronic). This means the forms can be completed much faster, less likely to get lost, only occasionally is there a need for a Directors signature and for HR to produce a formal Change to Terms letter. These changes have enabled the saving of approx. 60 hours during this 12 month period due to the large volumes processed. The majority of these are due to staff progression through change in responsibilities (new role) and acting up arrangements. Also employing staff on substantial contracts whom were initially on fixed term or casual arrangements.

## 4 Recruitment

### 4.1 Vacancies per month



We had a peak of 20 roles being recruited in January 2015. This was in the main due to the MSK and RMS but other teams were recruiting also. Total recruitment for the year was 119 up from 99 roles in the previous year. Again HR have been working towards streamlining the recruitment process to empower the Recruiting Manager to take on more of the responsibility. This means using more functions of "NHS Jobs" which enable the Recruiting Managers to shortlisting and invite applicants to interview using this software. For each recruitment this could be time savings of approx. 2.5 hours for each recruitment (maybe more), or 297.5 hours.

### 4.2 Recruitment Audit

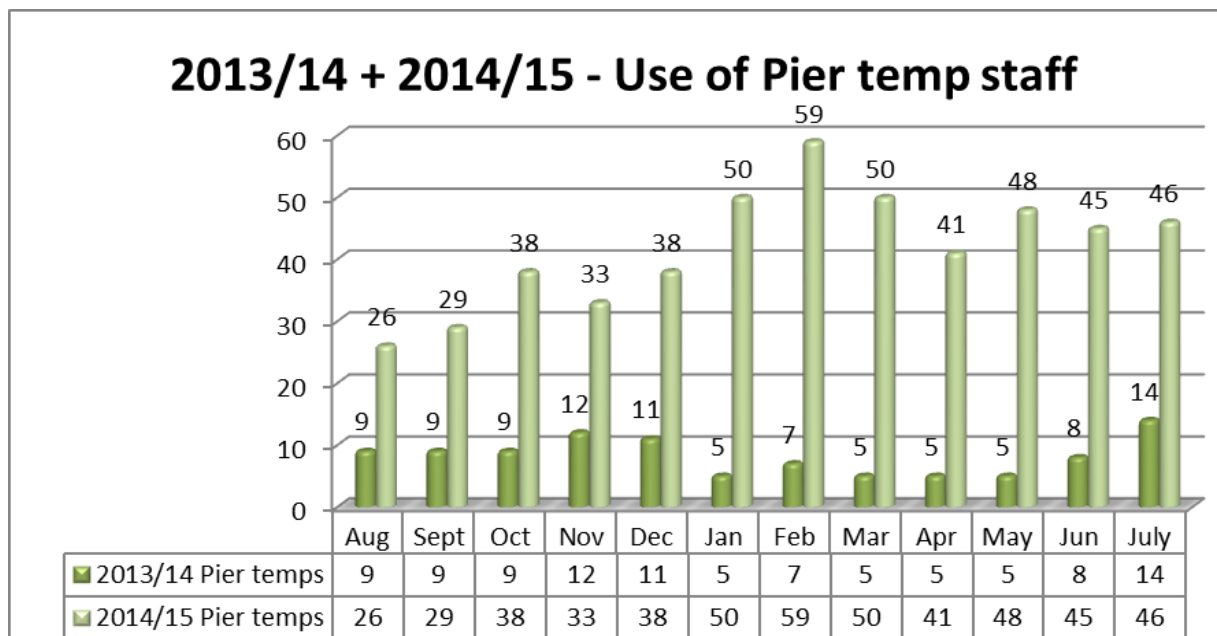
The HR team action a quarterly audit of the previous 3 months recruitment to assure ourselves that all standard recruitment processes are adhered to (see the Recruitment and

Selection Procedure for details). There are times when recruitment is undertaken very swiftly and the standard process does not happen in the usual order, so it is important that a check is made to ensure all elements of recruitment are followed and the correct paperwork is in place following the employee starting work. Steps to audit are:

- ESR1, confirmation of recruitment
- Job Description in place
- Person Specifications in place
- Role Appropriately advertised
- Application forms completed
- Interviews undertaken

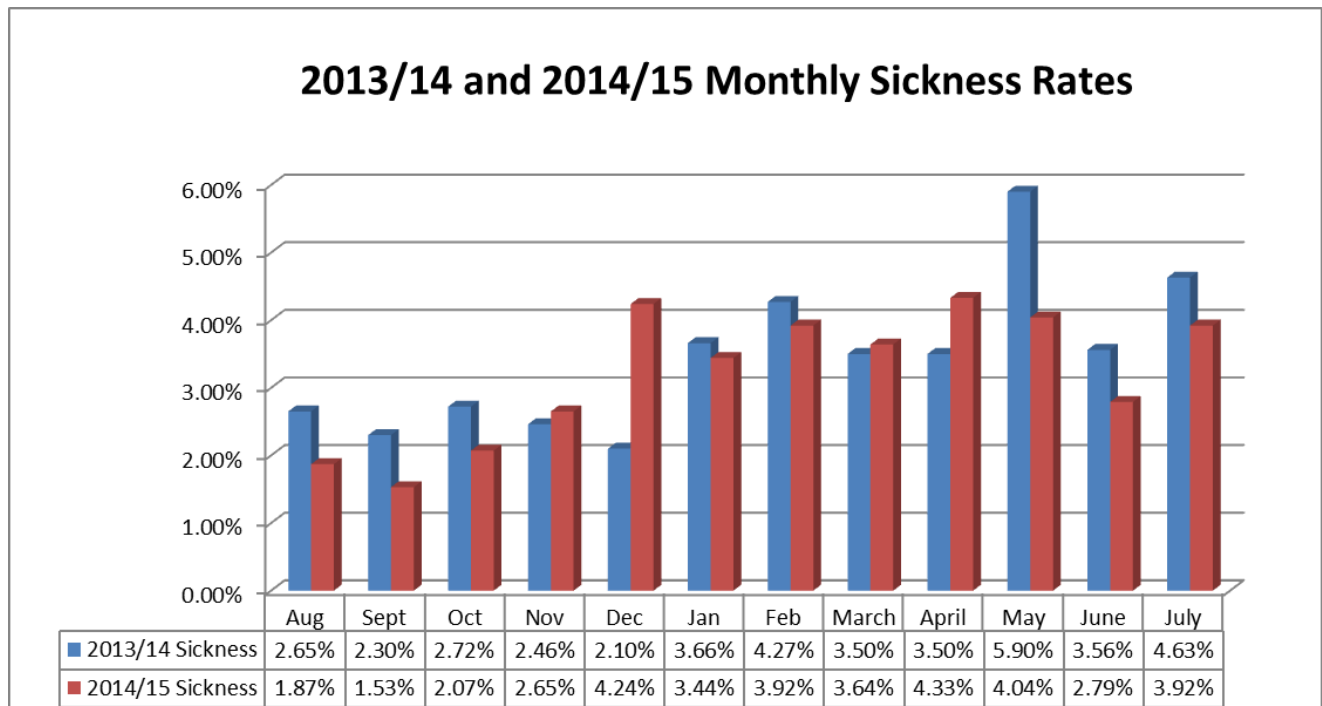
## 5 Use of Temporary Staff via Agency (Pier)

I've included this data as there has been substantial use of temporary staff within our services. There has been a recent push for Line Managers to make decisions about the use of temporary staff. Further, to ensure that any temporary staff who are still with us after 16 weeks are brought across to be employed by BICS either on a fixed term or substantive contract (after 16 weeks there is no agency fee to pay). I am pleased to report this figure has now dropped to 21 staff at the end of October 2015.



## 6 Sickness

### 6.1 Monthly staff sickness - %

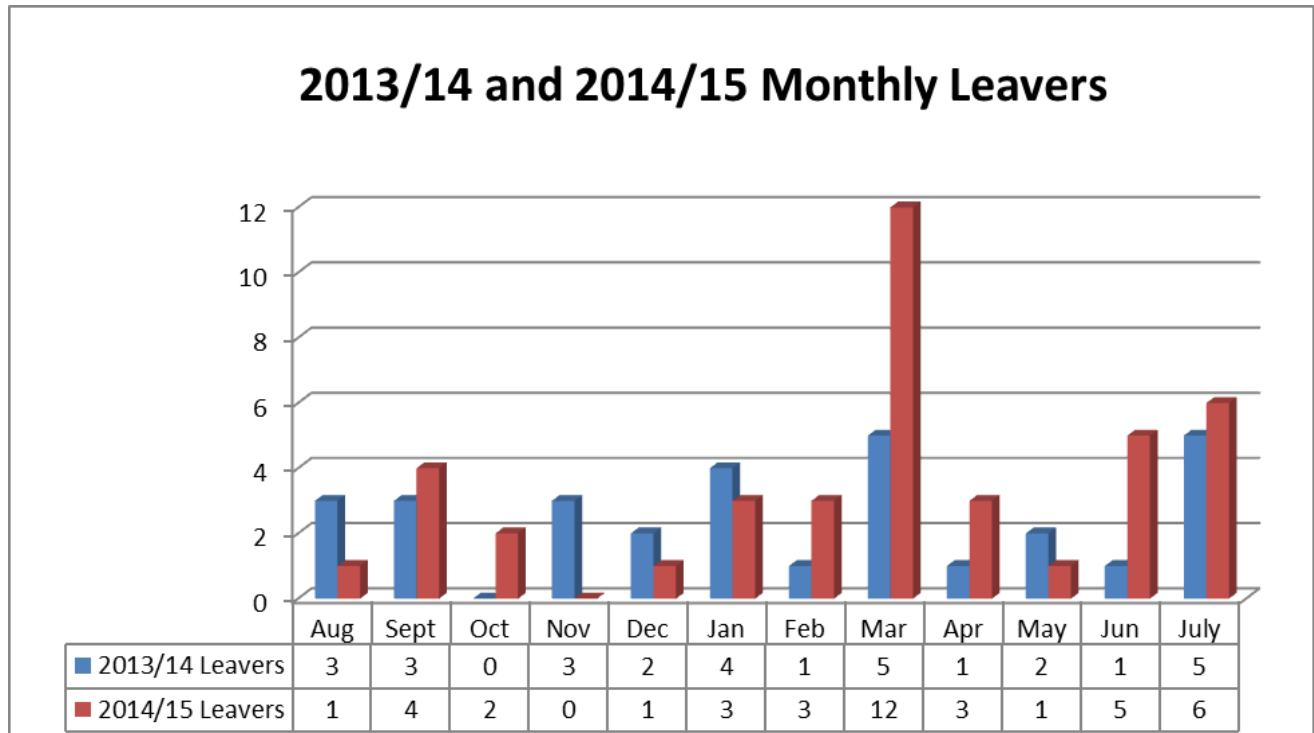


The latest figures released by the Health and Social Care Information Centre (HSCIC) for NHS sickness absence are 3.95% in April 2014.

The majority of the time we are below this range, but we have had three months during this period where our figures have been higher. The month of April 2015 saw a high of 4.33%. Teams to consider proposing a sickness target which could be used to trigger a team or company-wide action plan.

## 7 Leavers

### 7.1 No of Leavers



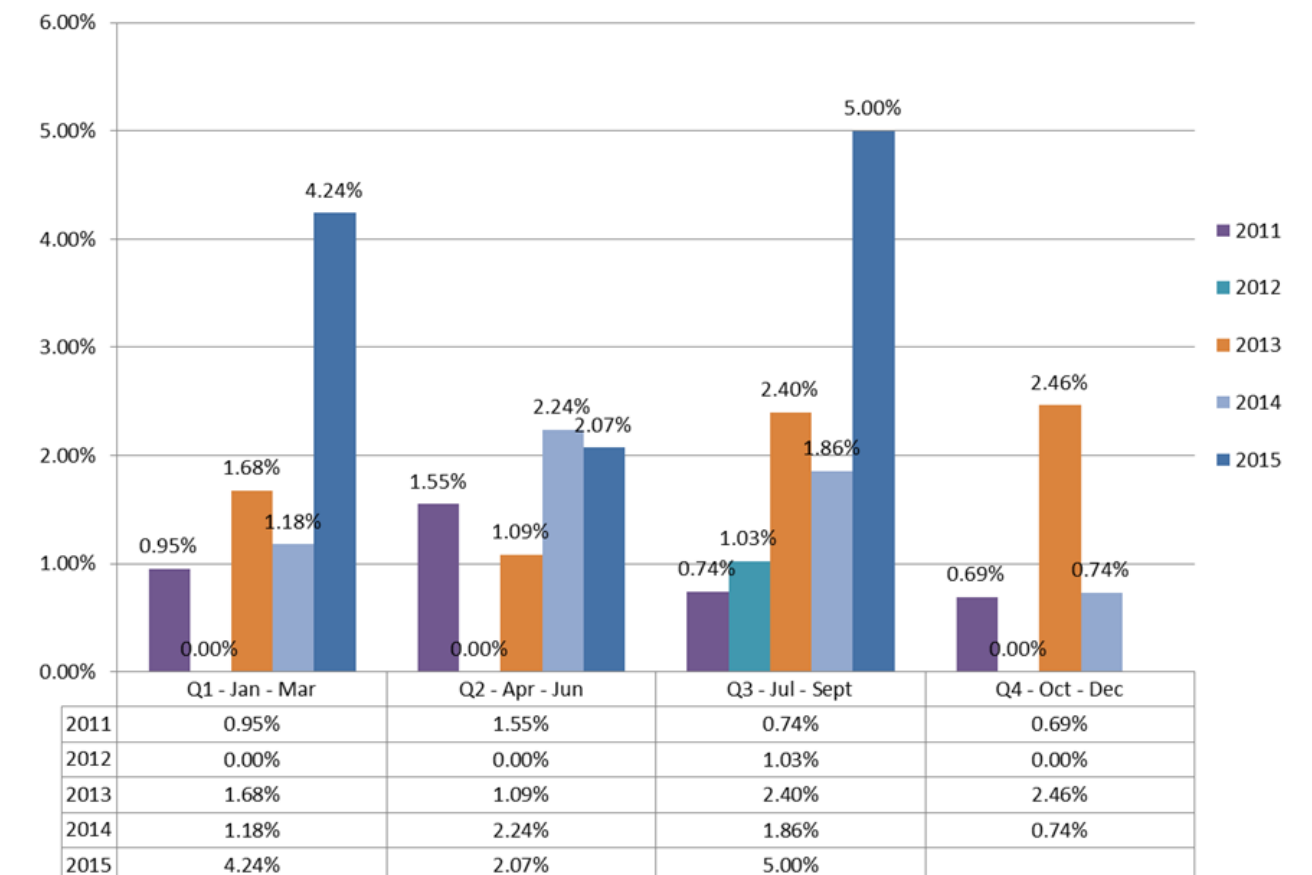
We had a peak of 12 leavers in March. The month of November 2014 saw no leavers. Total leavers for the year was 41 compared to 30 for the previous period.

Currently the Leavers Feedback Form makes the collating of data difficult if looking for themes as the feedback given is not easily measurable. It is proposed the Leavers Feedback Form is reviewed to ensure we are asking the right questions, capturing and collating any themes and addressing any concerns immediately.



## 7.2 Quarterly staff turnover – Year on Year

### Quarterly staff turnover - year on year %



The quarterly turnover figure is slowly increasing. Teams should consider establishing a quarterly turnover figure which could be used to trigger an action plan if there is no obvious reason for the percentage increasing

## 8 HR Developing Self-Management

Due to the continual growth in numbers of BICS staff, HR have found themselves more and more stretched to deliver the level of service Line Managers have come to expect. This has led to numerous reviews and process changes, of many of the actions the HR team undertakes. These reviews have always been focused on ensuring we act within regulations and with a view to empower Line Managers to take on more responsibility in recruiting and supporting their direct reports.

I believe the ultimate solution is a browser-based software package that links both HR and Payroll (currently our systems are not linked, which means double keying and heightened risk of errors). The software would provide different levels of access to different user groups. Such as:

- All employees to update their own personal details (address, bank details) start absence reports, holiday requests and timesheets etc. Saving Line Managers and HR valuable time
- Line Managers to confirm holiday request, absence and sickness reports, approve timesheets, pull relevant reports and action changes they require (i.e. change to terms). Saving countless HR hours and giving Line Managers immediate control
- HR team would have access to all areas, create reports, managing accounts etc. The HR function would have to evolve to become a function that undertook more monitoring, providing advice and a management function

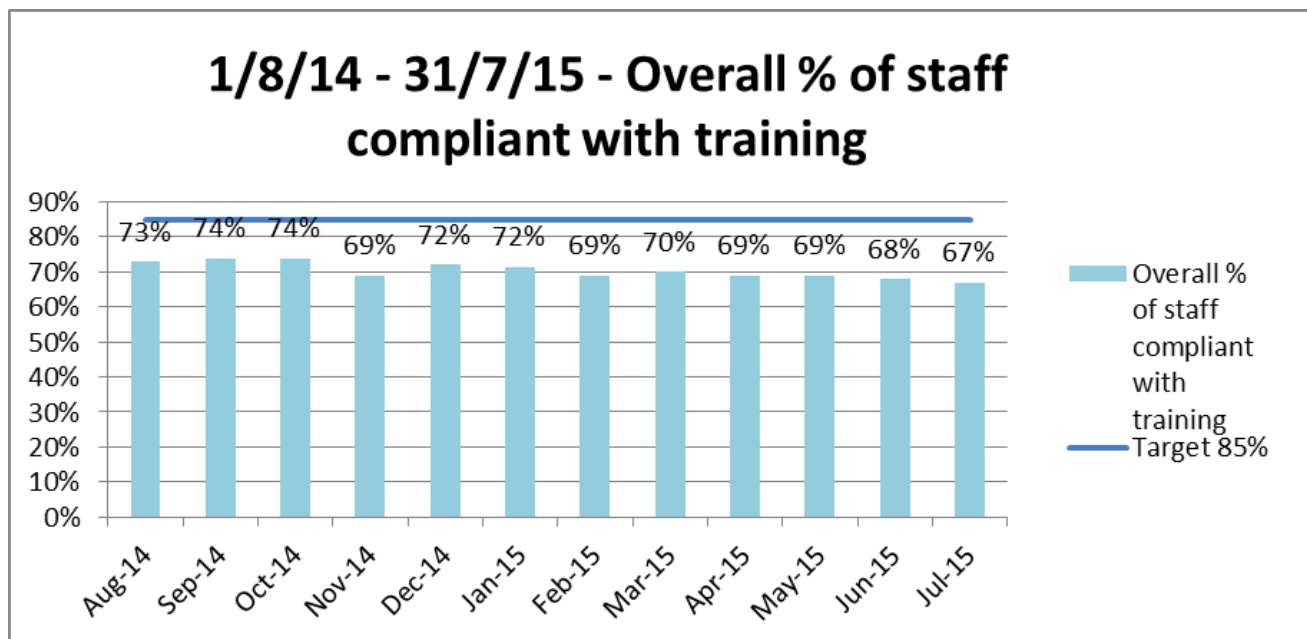
This software is expensive but I believe is the only credible solution to the growing demands of the HR function. Therefore the team is in the process of reviewing three options, currently are findings are:

<b>Provider</b>	<b>Background</b>	<b>Cost</b>
Cascade HR	Integrated HR and Payroll browser-based software. Self-service with different levels of access.	£42,893 plus VAT or Annual Subscription 3 year £19,330 per year; or 5 year £13,760 per year
ESR	Used by other NHS partners i.e. SPFT and SCT, we are still establishing if we are able to access this (previously were not eligible)	Unable to gain this information until we progress our application
Workforce	Created and provided by CSU (HIS), similar to Cascade HR, browser-based, self-service with different levels of access	Approx. £18,500 start-up, £10k annually

Once we have compared three solutions which would work for BICS (and BVHH) we will circulate the options to the Line Manager population for their input as this proposed change will have a direct impact on them, therefore they need to be part of the decision making process.

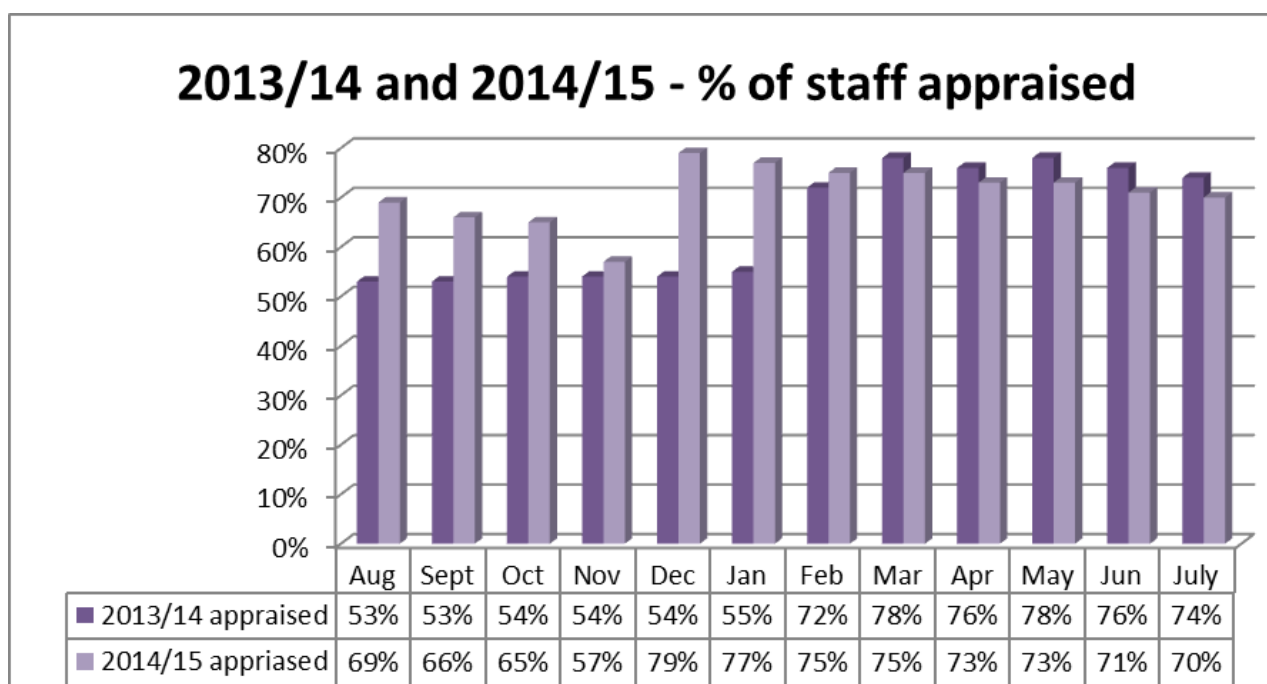
## 9 Learning and Development

### 9.1 Overall % of staff compliant with training



Our target is 85% at all times. We continue to struggle to achieve this target, although I can confirm some services are achieving this. Service results are shared with managers on a monthly basis with the intention of the managers ensuring training is included into their service workload.

### 9.2 % of staff having completed Annual Personal Development Plan (Pirate Dave)



We peaked at 79% in December 2014 and our level has slowly dropped away to 70% in July 2015. Currently an individual has to have been in their role for a minimum of a year before they become eligible to have an appraisal (if less than a year, they are not included in this data). It is generally believed not all Line Managers are confident in carrying out an annual review and this is the reason many employees have not had these completed. It is proposed that training is rolled out to Line Managers to give them confidence to delivery annual reviews.

## 10 Job Evaluations

Previously we had only 2 staff members trained to carry out Job Evaluations. Throughout the past 12 month period we have been running a programme to train more colleagues to a level of competency where they are able to complete these evaluations. The process is then for their evaluations to be checked by the two fully competent colleagues, who act as a panel. This training programme has been rolled out to an additional 5 colleagues. Due to the nature of this training (being actioned in real-time, when an evaluation is required, usually at short notice) I would estimate these additional 5 colleagues are 75% trained. Further training has been agreed to ensure these 5 colleagues are all 100% trained in due course.

## 11 Summary of Proposed Action Plans

- **Sickness target** - Consideration should be given to teams proposing a sickness target which could be used to trigger a team or company-wide action plan – see section 6.1
- **Leavers** - Review the Leavers Feedback Form to make it more relevant and measurable – see section 7.1
- **Turnover** – Teams should consider establishing a quarterly turnover figure which could be used to trigger an action plan if there is no obvious reason for the percentage increasing– see section 7.2
- **Training** – Service results are shared with managers on a monthly basis with the intention of the managers ensuring training is included into their service workload. is proposed a focused action plan should be implemented to address clinician training levels - see section 9.1
- **Annual Personal Development Plan (Pirate Dave)** - It is proposed that training is rolled out to Line Managers - see section 9.2
- **Job Evaluations** – continue with the current training programme – see section 10.