

**QUARTERLY REPORT**  
**PERFORMANCE AND ORGANISATIONAL**  
**DEVELOPMENT DIRECTORATE**  
**MARCH - JUNE 2008**

SECTION 1: DIRECTOR'S INTRODUCTION

This report will update the PCT Board on a range of activities undertaken across the directorate during the last quarter March - May 2008. The last three months has been influenced by a turnover in the senior team within the directorate, with recruitment being made to key senior posts. Additional recruitment within Human Resources, Communications and Information services has been made. Senior level directorate recruitment has included:-

Director of Performance and OD – Louise Pritchard (commenced 17<sup>th</sup> March 2008)  
Deputy Director of Performance & OD – Rosey Monaghan (commenced 14<sup>th</sup> April 2008)

Director of Process Improvement – Sam German (commenced 9<sup>th</sup> June 2008)  
Director of Human Resources – Julie Cooper (due to commence beginning of September 2008)

Commencement of Interim Director of Human Resources in March – Michelle Taylor

This has now completes the key elements of the Directorate structure with a move to a more faculty based approach.

This period has been challenging for senior members of the directorate who have had to 'hit the ground running' in relation to the close down of performance targets and data, ensuring significant data ratification and assurance and responding to different challenges within tight timescales. The period has also been characterised by a number of adhoc requests in relation to performance and communications from a range of sources. Reference to specific activities is contained within the different elements of the report structured in the following way:-

- Performance & Information
- Communications
- Human Resources/ Workforce Information
- Corporate Services

Information on the agreed work programme for the Director of Process Improvement will be provided in the next quarterly directorate report.

The Director of Performance and OD has had personal involvement in the following activities within the last quarter:-

Recruitment to all senior posts within the directorate	Interviews in a neighbouring PCT
Production of Draft Directorate Business Plan	Introduced 4 PRIDE Management Development Springboard Events
Concluding two appeals and one disciplinary hearing	Attended disability Advisory group to review hearing
Coordination and participation in 2 OJEU Procurements for Organisational Development and Relationships Inequalities Programmes	Workforce Planning Session held June
Sign off of annual health declaration March	Attendance at Safeguarding Adults DoH Consultation May
Corporate response to May Staff opinion Survey	Participation in Wellness programme Board
Commented on 5 <sup>th</sup> version of draft Annual health Check Report for 2008/9	Ensured communication displays for Darzi follow up day
Provided summarised version of NHS performance regime	Participation in review of lease car scheme
Reviewed Performance involvement in Healthcare associated infection target	Attended Common Purpose Navigator Programme in Birmingham -April
Ensured delivery of draft Balanced scorecard for Provider Arm and PCT as a whole	' Back to the Floor' with Estates and Facilities- May
Ensured organisation of AGM and secured Chief Nursing Officer as guest speaker	Handover from Interim Director - April
Personally wrote the Easter Pressures Plan within 24 hours of commencing in post	Launched Message in a bottle scheme as Chair of Emergency Care Network June
Ensured Mobile Phone policy and Mobile Phone & Driving Policies revised	Time to Lead development day - April
Supported the revision of the Operating Plan and transfer of Planning responsibilities back to directorate	Lord Mayoral Celebration of HSJ Award (* related to the Provider Arm Intermediate Care Services)
Attended Look Out Not Up programme to assist in its development	

## SECTION 2: PERFORMANCE & INFORMATION

### 2007/8 Annual Health Declaration / Statement of Compliance

The main focus of activity has been the submission of our annual statement of compliance in March 2008. The PCT declared non-compliance on one standard relating to Emergency Planning and insufficient assurance on two standards related to Care Amenities and Environment. The areas of non-compliance and insufficient assurance related to us demonstrating we had taken reasonable measures to assure ourselves on behalf of all of our Independent Contractors- (\* an additional requirement which was advised during the autumn of 2007). For these two specific areas we had concerns that we would be able to provide sufficient assurance if audited.

Plans are now progressing to ensure we achieve compliance this year. We have also included auditing of compliance and progress in our Internal Audit Plan for 2008/9.

The Information and Performance Team are now ratifying all data which will be used to form our Annual Health Check Rating for 2007/8. There is a timetable throughout the summer which needs to be complied with to ensure ratification

The performance team have undertaken their own assessment of our ratings for 2007/8 independently from the SHA; both predictions corresponded, however we will not be notified until October 2008 when the ratings are publicised.

### Auditors Local Evaluation

We have received feedback from our Auditors on the outcome. The scoring is being reviewed by a national quality panel. Our auditors are supporting the higher rating score for Value for Money. The performance team are working with Finance colleagues to find and summarise additional information with the aim of receiving the highest level score.

### New PCT Balanced Scorecard/ Provider Arm Balanced Scorecard

The revised PCT scorecard has been compiled and can be found in the Performance Report. The Performance Team have also been working with the Provider Arm to develop a Provider scorecard which is more relevant for Provider performance monitoring.

### Performance Accelerator

The PCT have committed resources to implementing Performance Accelerator which is a software system to support improved performance. A number of demonstrations have taken place, a project team and project initiation document has been drawn up. The team have selected the following information and focus for the initial part of the project:-

- The Healthcare Commission targets/Vital Signs
- Standards for Better Health
- Information Governance

There will be a need to train between 30 – 40 end users. It is important that the organisation commits to using this as system as one of the key systems, that it is kept up to date and that existing systems are removed when implementation has been achieved. A timescale of end of August has been established to achieve the first element of the project. A more detailed paper will be prepared for Integrated Governance. It is also suggested that a presentation to the PCT Board would be helpful to secure Board Commitment.

#### World Class Commissioning Assurance

The above process was launched at the beginning of June. The Deputy Director of Performance & OD attended a launch session in Manchester and provided a briefing to Directors and the World Class Commissioning Programme Board. The briefing paper is contained within the main PCT June Board papers

#### Equality & Diversity

The Deputy Director of Performance & OD has supported the work of the Equality 7 Diversity Group. Training on impact assessments held last year has been reviewed. It is planned to change the nature of this training and to ensure it is integrated with the Training & Education Team.

An advertisement has been placed for an Equality & Diversity officer to support the work of the PCT, more than 30 applications have been received with 8 candidates short-listed. The annual Equality & Diversity Plan is being revised. Both the Director and Deputy Director of Performance & OD attended the Disability Advisory Group in June. Recommendations as to how we could improve and change our approach to engagement with this group will be discussed.

#### Emergency Care Network (ECN) - Launch of Message in a Bottle

The PCT has funded the Message in a Bottle Scheme for all residents over 65 years of age. The scheme has been devised nationally by the Lions Club, who presented the idea at the March ECN Board. The scheme provides emergency services with often critical information about individuals and affords greater personalisation as people can have secure information that is important to them in case of emergency e.g. details of pets, Carer etc.

The PCT has worked with Newsquest to distribute the bottles and a leaflet has been designed in house which affords contact with PALs, Interpreting Services and others if further explanation is required. The launch was held on Monday 9<sup>th</sup> June at the Trinity Centre in Sutton Coldfield. Colleagues from the Emergency Services attended. The bottles will have been distributed by the end of July. Further internal publicity is required, in addition to posters for the Emergency services to raise awareness and communications as to how people can access any surplus stocks (\* to be stored at local health centres). It is a credit to the PCT that the scheme has been implemented and publicised in such a short space of time. A copy of the Message in a Bottle leaflet is attached at the end of the directorate report.

## SECTION 2: COMMUNICATIONS AND INVOLVEMENT

### 1. Communications

Key areas of work:

- **New BEN PCT Intranet**  
A new intranet is in the process of being restructured so that it better meets the needs of the staff that use it. (The current internet is an amalgamation of the previous EBPCT and NBPCT intranet sites). Currently it is quite difficult to navigate and information can be hard to find. The plan is to simplify it and give it a more logical structure. The Communications team will act as gatekeepers to loading information onto the site (as currently occurs with the BEN website). An early prototype has been seen by the team, following delays in Shared Services caused by a lack of personnel. It is anticipated that the new site will be live by the beginning of July 2008.
- **Awards**  
Submissions are currently being collated for the 2008 HSJ Awards. Previously the team submitted a number of areas for the Health and Social Care Awards – Birmingham OwnHealth was recognised as the best example of a programme within the West Midlands that helps improve the health and wellbeing of people in disadvantaged areas, reducing inequalities and the Warren Farm Urgent Care Centre was runner up in the 'Adopt, Adapt and Improve' category.



- **Publications**  
The PCT's internal and external publications continue to be produced. The second week of June will see *Health News* go out to all households in BEN PCT, which will include news about PCT activities as well as a four page summer special giving seasonal health advice. The June edition of *Cascade* celebrated the 60<sup>th</sup> anniversary of the NHS and is currently being circulated. The 2007/08 annual report is close to completion, with publication expected towards the tail end of June after the auditors have formally signed off the accounts. From October 2008 all design work will be brought in-house. A copy of the front page of the Choose and Book guide is included in this report.

- **NHS 60**  
To celebrate 60 years of the NHS the communications team have produced a special edition of *Cascade*. For the celebrations, BEN is linking the sustainability agenda with the longevity of the PCT. There will be publicity relating to the planting of 60 trees across the PCT area and a series of posters have been designed to promote to staff 60 ways to live a sustainable future.



- **Media training**  
A media training session took place on the 7<sup>th</sup> April to update several members of the executive team. This workshop gave participants the chance to experience both proactive and reactive television and media interviews with journalists.
- **Birmingham OwnHealth**  
Design guidelines have been developed for Birmingham OwnHealth, for use across all partner organisations. A new website has been launched and interviews are scheduled to appoint a Communications Manager for

Birmingham OwnHealth.

- Darzi event  
The communications team developed a series of display posters for the recent visit of Lord Darzi to Birmingham. These are now available for use throughout the PCT.

**Workforce Transformation**

**BENeFIT**

**OwnHealth BIRMINGHAM**

Birmingham OwnHealth® is a ground-breaking care management programme, delivered through a successful partnership between Birmingham East and North Primary Care Trust (BEN PCT), Pfizer Health Solutions and NHS Direct. The scheme offers personalised healthcare services for people with long term conditions including diabetes, heart failure, COPD or CHD, who receive regular telephone based health coaching from highly experienced Care Managers.

**ATTITUDE CHANGES**

Initial evaluation of the scheme shows that the scheme helps people to better manage their symptoms and use local healthcare services more effectively.

**BEHAVIOUR CHANGES**

Initial evaluation of the scheme shows that the scheme helps people to better manage their symptoms and use local healthcare services more effectively.

**SERVICE USE CHANGES**

As patients have progressed they:

- report making fewer appointments with GPs
- report making fewer A&E visits and have been admitted to hospital less frequently

	0-6 months after enrolment	7-12 months after enrolment	13-18 months after enrolment	19-24 months after enrolment
Hospital admissions	0.10	0.10	0.10	0.07
A&E visits	0.19	0.18	0.18	0.14
GP visits	1.74	1.68	1.55	1.31
Emergency services	0.06	0.05	0.06	0.04

**CLINICAL CHANGES**

"There is a group of people with type 2 diabetes who historically did not engage and have now as a direct consequence of OwnHealth® GP involved in the OwnHealth service"

Measure	Pre-pilot	Baseline	Follow up	P value	N
Mean HbA1c (mmol/mol)	11.8	11.2	10.7	<0.001	9
Total cholesterol (mmol/L)	5.84	5.7	5.5	<0.001	9
Diastolic blood pressure (mmHg)	102	102	101	<0.001	9
Mean BMI (kg/m²)	31.1	31.1	31.1	<0.001	9

**AIMS**

- To create an opportunity for staff to get involved in a volunteer programme which supports people to live better lives and work better lives. As a result of this it is hoped that staff - as members of the volunteer programme - will be able to help people with long term conditions to live better lives. Staff as members of this programme would become role models for patients who they interact with.
- To test the potential of the use of incentive schemes to support staff to achieve their own personal health goals, prior to launching any incentive schemes with the whole population.

**CLINICAL CHANGES**

"There is a group of people with type 2 diabetes who historically did not engage and have now as a direct consequence of OwnHealth® GP involved in the OwnHealth service"

- John Taylor Hospice  
Following an identified need to aid public access to information about the John Taylor Hospice, a new website is in the early stages of development, anticipated to go live late Summer/Early Autumn.
- Patient leaflets  
An initial exercise is underway to update patient information leaflets for the PCT's Provider services.
- Message in a bottle  
Promotional work has been undertaken for the launch of Message in a bottle
- Staff Brief  
The design of staff brief has been updated and a staff survey is currently being taken to gauge staff feedback.

- Yardley Green Health Campus  
BEN has historically taken responsibility for press and media attention relating to the Yardley Green Health Campus. However, a Communications Manager (Special Projects) has been recruited to the Specialised Commissioning Team (West Midlands), who now undertakes the majority of communications work towards this scheme.

This post is based at St Chad's but links into the PCT's Communications and Involvement team for professional support. Work is ongoing between all the organisations involved to implement an agreed communications and engagement strategy. A dedicated logo has been devised and a new website for the campus is currently being developed.

- Media coverage  
The team is responsible for proactive and reactive media coverage. Over the past few months, proactive/positive coverage has included:
  - Results of the intermediate and end of life care consultations
  - New practices and health centre as part of Equitable Access to Primary Care Programme
  - Accredited DAFNE course being run in BEN for people with Type 1 diabetes
  - Free Choice launched
  - New jobs at Perry Tree and in the community as part of new intermediate care plans
  - RCN visit to John Taylor Hospice
  - Visit to Birmingham Own Health by Finnish health experts and journalists
  - Turf cutting event for the new Primary Care Centre in Stechford.



## 2. Patient and Public Involvement (PPI)

Key areas of work:

- **Preparing for Section 242**  
The PPI team have worked with the SHA and the Department of Health to help develop the guidance on Section 242 for NHS and Social Care staff. Examples of good practice from BEN will be included in the national guidance. Briefings for PCT staff will be available on the intranet and from the PPI team.
- **Community activities - hard to reach groups**  
The PPI team has been working with community groups to develop different ways of engagement with new and existing communities. The team has met with the Polish, Somali and Irish community representatives and have agreed to develop community workshops for their community. The general theme from the groups especially the Polish and the Somali was the lack of understanding of their local NHS and how to access services. The PPI team have agreed to facilitate workshops for their community and assist with the resources to set up such workshops.

Mental health in primary care has been a recurrent theme from different community groups. The information collated is being shared with the new team of BME Community Development Workers to ensure that the needs of these communities are fed back into commissioning.

The PPI team has met with a voluntary group working with refugees and asylum seekers. The team is in dialogue with the voluntary organisation to look at ways of introducing health workshops to engage with these communities and enable the PCT to understand the health needs of the refugees and asylum seekers.

The team has meetings planned with other community organisations representing groups such as LGBT and Afro Caribbean.

- **Citizen's Panel**  
A Citizen Panel of 1,000 people across BEN, representative of age, gender and ethnicity is about to be completed. This will provide us with opportunities to get significant feedback on a range of PCT activities at locality and wider PCT level.
- **Patient Metrics**  
Working in collaboration with the SHA, a set of developmental patient metrics was developed to help measure improvements in patient experience. BEN PCT patients and constituency representatives are helping to refine these so that they can be trialled with health care providers across the West Midlands.
- **Public consultation**  
The PCT is currently running two public consultations: the Equitable Access Programme consultation about three new GP practices and one new health centre. The other is on the Electronic Prescribing Programme. The PPI team are working closely with both teams leading the consultations.

- **The PCT PPI Committee**  
The PPI Committee continues its internal scrutiny role. They have recommended the development of a locality PPI plan to help co-ordinate and support the PPI work of the localities. The PPI team will offer support to each locality to produce and implement a PPI action plan that can be monitored by the PPI Committee. This will ensure that we have adequate evidence of engaging our community at a locality level. The Committee have also been involved in developing staff reward programmes, following recommendations from local patients.
- **The Patient Focus Group**  
The Patient Focus Group continues to meet monthly and chaired by a member of the public. The group has received presentations from the PCT and other contractors such as BADGER and HEFT. The group with the support of the PPI team have been promoting the group to encourage more members to join the group especially from the east patch of the PCT. A member of the group continues to attend the PPI Committee to feedback comments from the group.
- **Training for patients and local people who want to get involved**  
A training package for those who want to get involved with the work of the PCT is now being developed by the PPI team. This will be piloted with the Birmingham, Solihull and Sandwell Heart and Stroke Collaborative with potential to roll out to Localities and the wider PCT.
- **PPI Publicity**  
The PPI team continues to encourage patients and the public to get involved using different community media. The team advertised opportunities for involvement in mainstream newspapers and also local community newspapers and newsletters. The team has also developed a leaflet that highlights opportunities for local people to get involved and will continue to develop different ways to raise PPI awareness in the community.
- **Staff Development**  
A lunchbox session focusing on PPI was facilitated and another session has been arranged at Blakelands House in July to raise awareness of PPI within the PCT. The PPI team are looking at raising awareness of front line staff in patient involvement and has approached the Provider Arm Directors to arrange meeting with management teams to discuss different opportunities to develop staff awareness in relation to PPI.
- **Internal Audit Review**  
The PPI team has recently been through an internal audit review, focusing on the work of the NHDOs. The results of the review did not highlight any weaknesses that would impact of the achievement of the team, however the team received three full assurances and one significant level of assurance. The team has taken onboard the recommendations of the auditors to enable the team to achieve full assurance on all 4 objectives.
- **Male circumcision – focus groups**  
Three focus groups have been undertaken in the community with local

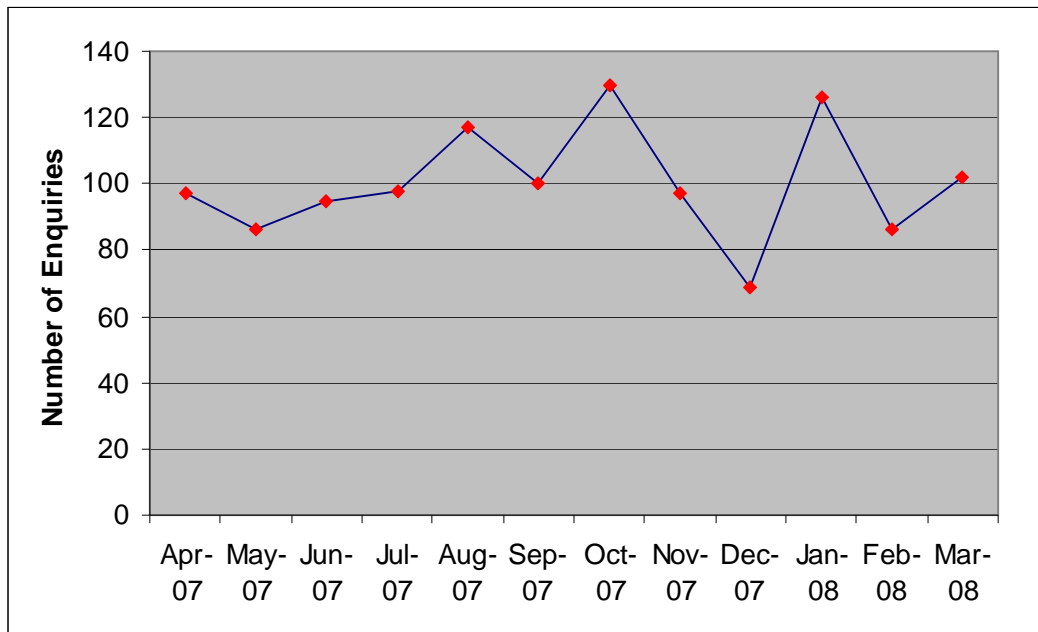
residents and community members to discuss the PCT's proposed patient leaflets for religious/ritual circumcision. Significant feedback was obtained which has been shared with the Clinical Director for Involving People (PEC).

- **Healthier Communities Theme Group (HCTG)**  
The Yardley HCTG continues to meet bi-monthly. An update was given on the exit strategies of the NRF funded projects and it was noted that 'NRF Funding' would be replaced by Working Neighbourhoods' fund and will be specifically for the wards. Draft of the 'Local Area Agreement' was presented to the group for further opinions. The request came from the group to bring a flowchart of staff working for the PCT. The group will like to review PCT representation at future meetings.
- **Partnership with Washwood Heath Neighbourhood Partnership Board (WHNPB)**  
The WHNPB recently launched a door knocking exercise to identify community champions and key individuals within specific roads. Partners such as Police, Fire Service, residents, Children Centre, environmental services and the PCT have been allocated specific roads to carry out the exercise – which will be undertaken by the NHDOs.
- **Emergency planning scoping exercise**  
A mapping exercise has been undertaken to identify key contacts and venues within each of the PCT's wards. This will form part of BEN's emergency planning work to determine where local residents receive information e.g. that could potentially be used in the event of a flu pandemic.
- **Youth project**  
Work is underway to identify and work with groups of young people from local youth clubs in order to develop appropriate and meaningful patient and public involvement mechanisms and promotional materials i.e. film style posters, chat rooms, text service and websites.

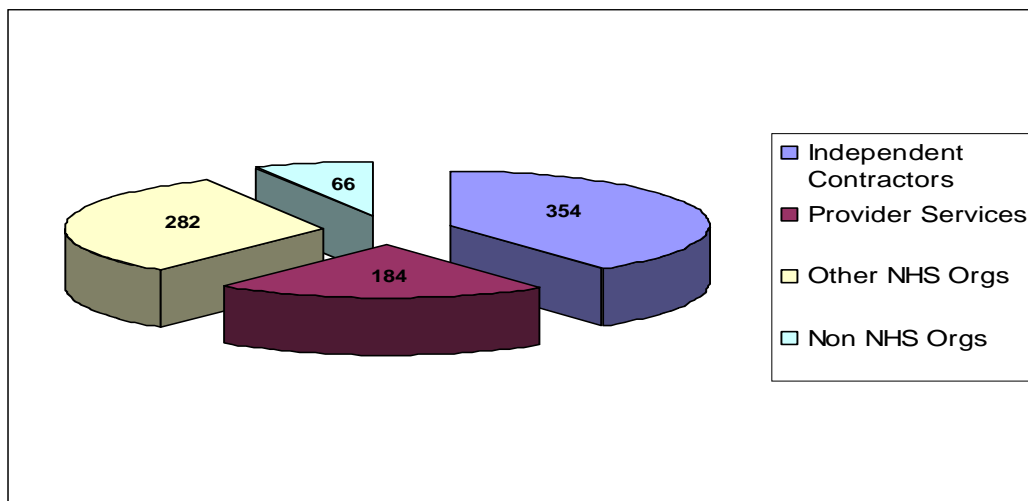
4. Patient Advice and Liaison Service (PALS)

Data intelligence:

PALS have received 301 enquiries over the last three months. The graph below shows the number of enquiries received per month over the last financial year. The average number of enquiries remains around 80-90 per month with two peaks of 120-130 in October and January, down to 70 enquiries in December (this mirrors the trends recorded for previous years).



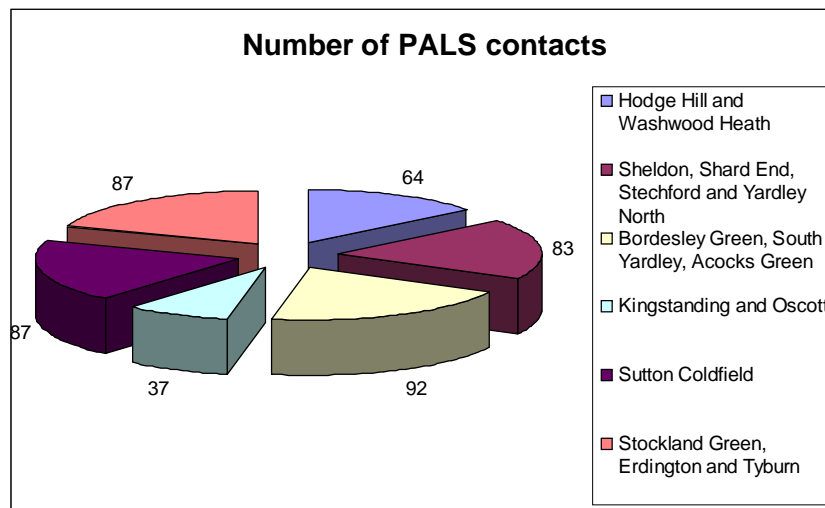
The graph below shows the spread of enquiries over service areas.



Of these the following figures show how many enquiries are either received from residents of the PCT localities and/or are about services in that locality. It is not always possible to record the locality as a number of enquiries are anonymous and no details are given. Also a proportion of the enquiries are not about BENPCT services or from callers who live in our area.

PALS contacts per locality:

Work is underway to ensure the locality teams have appropriate access to the level and nature of PALS contacts for their area, to raise any common concerns from patients.



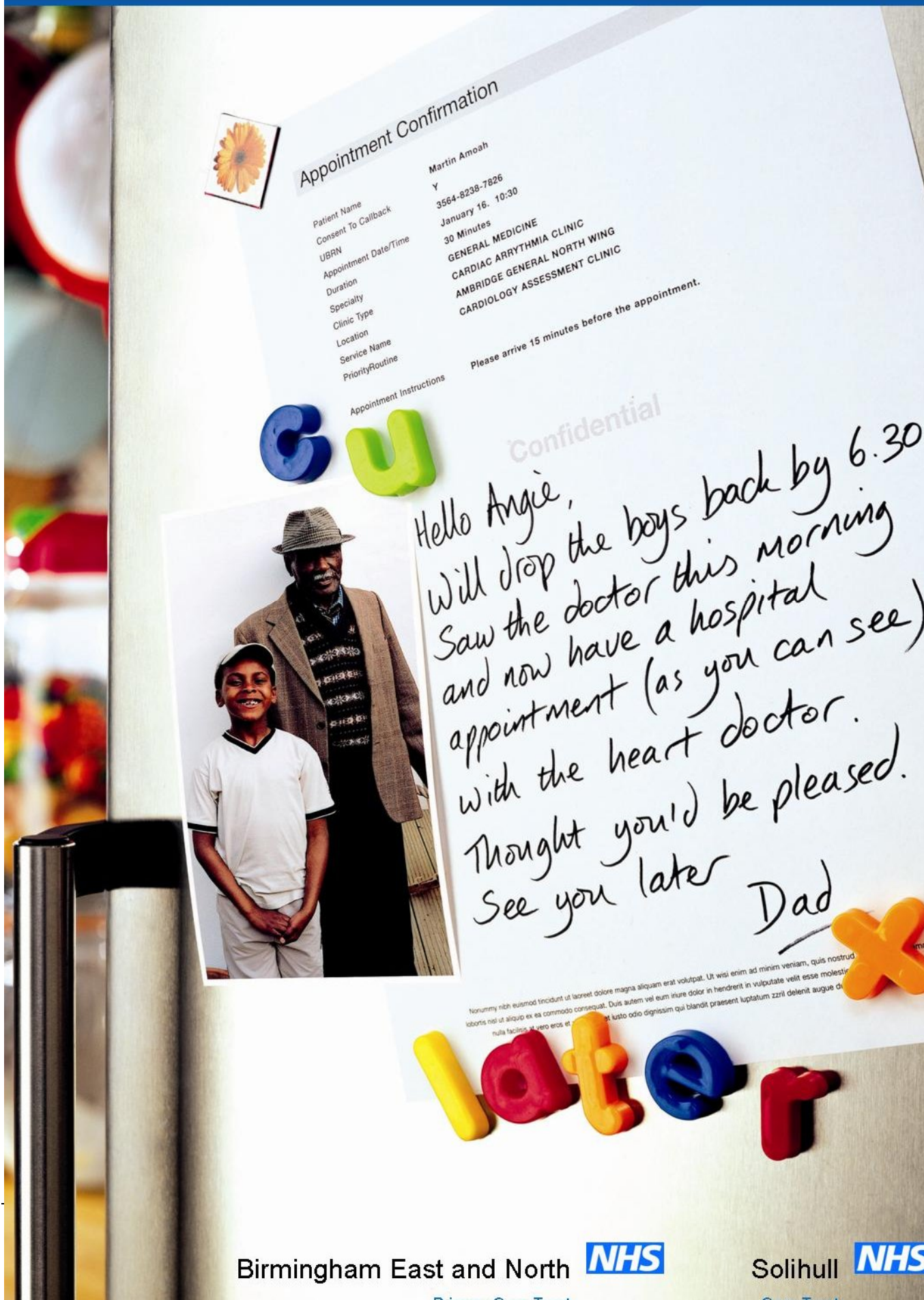
Key areas of work:

- PALS promotion:  
Kingstanding is one of the top PALS priority areas for promotion. PALS, together with the PCT Carer Support Team, recently organised an event at Kingstanding Leisure Centre, a leaflet drop was done in the Kingstanding area during May and a PALS drop in session is planned at the Urgent Care Centre monthly between June to September 08. PALS are also holding drop-in PALS sessions at a variety of locations across the PCT area.

PALS have recently arranged for PALS information to be included in District Nurse hand held notes and in Primary Books for new mothers. We have received information from the PCT Clinics that states that 1,785 primary books have had information included over 24 sites between January and March 2008.

- Customer satisfaction:  
PALS continue to proactively seek customer satisfaction via a patient questionnaire. Feedback remains very positive, despite a response rate of 27%. The team are currently looking at ways to further enhance this evaluation mechanism in order to increase the response rate.
- 'Making experiences count'  
BEN PCT is part of the Birmingham early adopter site for the proposed new arrangements for handling NHS and adult social care complaints. The findings from the early adopters, due to be reported to the DH in October 2008, will be used to develop the new guidance. The function and role of PALS is being considered as part of this review.

# Your Guide to choose and book



### SECTION 3. CORPORATE SERVICES

#### Accommodation

Work has commenced on the second floor. As part of this the landlord had to undertake the removal of some asbestos from the building. This was carried out by specialised contractors with minimal disruption to staff.

#### Health and Safety

There was an extremely good response to the request for volunteers for the Appointed Persons' one day first aider training, and as a result two sessions have now been arranged which will run in June and July.

#### Annual General Meeting

This year's AGM will be held on 24 July at the Lakeside Centre. We are currently collecting the nominations from staff for the Awards for Achievements. In the region of 40 awards have been received, the closing date for nominations is 20 June.

#### Requests under the Freedom of Information Act

78 requests were received between 1 January and 31 May 2008, compared to 46 for the same period in 2007.

#### Legal Services

A considerable amount of time has been spent by the Head of Corporate Services, the Complex Care team and the legal advisers for the Trust involving a complex care client. This has included attendance at the Royal Courts of Justice and the Court of Appeal in London.

## SECTION 4. HUMAN RESOURCES / WORKFORCE

### 1. Introduction

The Human Resources Department currently comprises three parts; Generalist Human Resources, Corporate Education and Workforce Development. The following information outlines what has been achieved in each of the areas, workforce reports and an update of case management.

### 2. Generalist Human Resources

There have been a considerable number of developments in the generalist human resources team and these are;

- Introduction of regular team meetings
- Development of HR Performance Indicators
- A detailed analysis of HR policies and procedures has been undertaken in order to determine an action plan for review and to work in partnership with staff side
- Introduction of HR activity data sheets in order to record all activity data
- Introduction of casework data sheets to determine actual activity
- Development of detailed action plans and levels of accountability for NHSLA and Standards for Better Health workforce indicators
- Instigation of a team risk register
- Implementation of an agreed Counter Fraud protocol
- Reduction in the number of employment tribunal cases
- Introduction of workforce planning
- Continued involvement in the re-tendering of the payroll service
- Development of a staff engagement strategy
- Introduction of a Staff Benefits Group
- Formalisation of areas HR managers provide support and advice to
- Reduction in the number of outstanding A4C cases
- Undertaken the staff opinion survey

### 3. Workforce Development

The workforce development team comprises three elements; Recruitment, ESR and RA and the following details the activity undertaken;

- There has been an increase in the number of managers trained to use ESR
- There has been an increase in the number of departments recording sickness and annual leave on ESR
- There continues to be an increase in the number and types of reports requested from ESR to support various activities within the trust i.e.' Provider services
- Continue to support the payroll provider procurement process
- Successfully agreed with staff side to move all staff to monthly pay
- All posts continue to be recruited using NHS jobs and ESR
- A programme of activity is taking place to cleanse ESR data

- The PCT is in the top three of twenty seven trusts for utilising self service and in particular production of a user guide
- An ongoing exercise is taking place to ensure all RA data is up-to-date and will eventually be paperless and link with ESR

#### 4. Corporate Education and Development

The corporate education and development team have undertaken the following;

- The trust has signed the Skills Pledge and Local Employment Partnership Agreement
- A further 15 days of soft skills courses have been made available i.e. minute taking, customer care, etc
- Further opportunities for NVQs have been given
- 180 staff have attended spring board events and 36 managers have accessed the skills training sessions with a further 90 booked to attend.
- Lunch Box Seminars have attracted 74 attendees
- The Listening Ears Programme has been relaunched and there are now 26 volunteers
- The trust currently has 4 apprentices which will increase by 25 in July 2008.
- Weekly mandatory training facilitated sessions are being provided to encourage more individuals to undertake mandatory training
- A community event was held in Bordesley Green in March promoting NHS careers and 187 local people attended the event.
- KSF – 400 individuals with line management responsibility have attended training and 412 staff members have attended awareness roadshows
- 170 KSF outlines are now ready for formal ratification
- Preparation for Retirement Training took place on the 22<sup>nd</sup> May 2008 and was very well received.

#### 5. Workforce Reports

The following tables and graphs provide key data relating to the trust's workforce and is broken down into the following categories;

- Workforce Statistics
- Recruitment Activity
- Manager Self Service
- Registration Authority (RA) Update

##### 5.1. Workforce Statistics

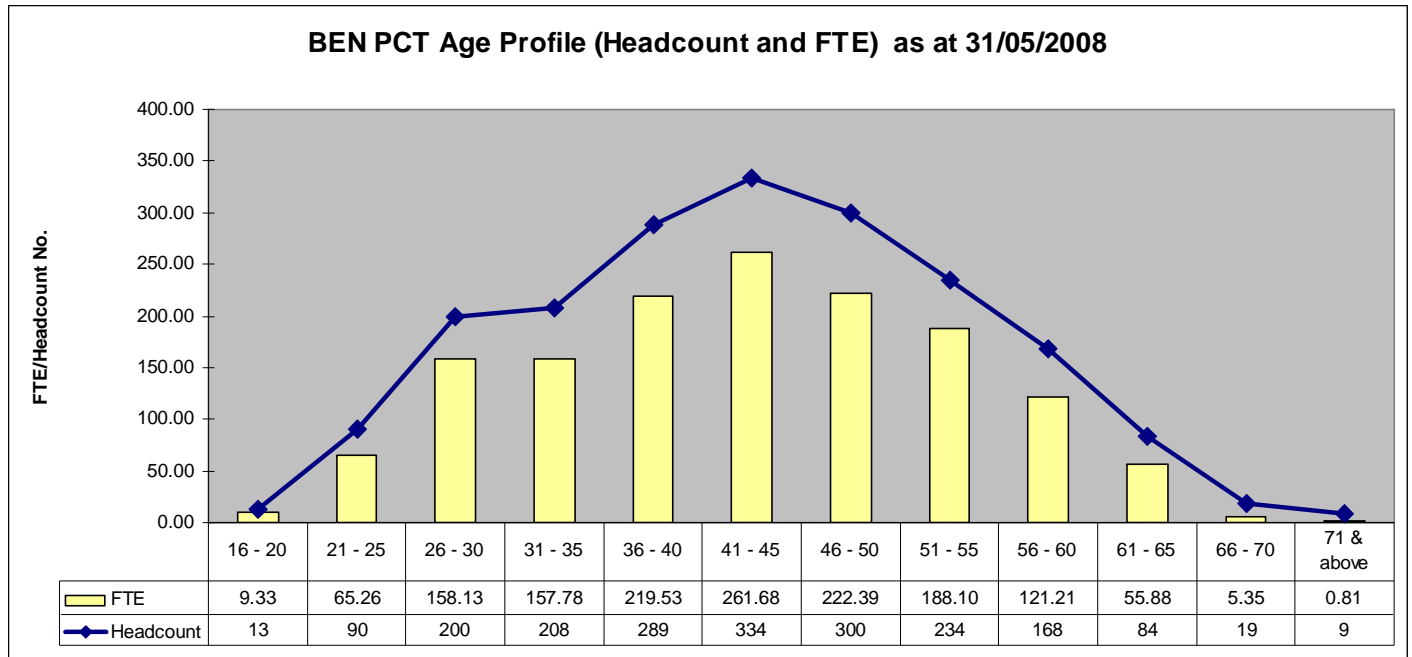
The following table details the staff in post as FTE and Headcount at month end between 31/01/2008 and 31/05/2008. Please also note that Headcount in this workforce report includes bank staff but excludes any members of staff who have more than one assignment (job role) which ensures that the headcount figures are not inflated.

**AGENDA ITEM 4.4**

Staff Group	At 31/01/2008		At 2902/2008		At 31/03/2008		At 30/04/2008		At 31/05/2008	
	FTE	H/Count	FTE	H/Count	FTE	H/Count	FTE	H/Count	FTE	H/Count
Prof Scientific and Technic	14.52	19	14.52	19	15.84	21	15.84	21	15.84	21
Support Workers	198.61	298	201.23	301	203.63	306	201.93	305	203.49	306
Administrative and Clerical	601.53	773	601.81	774	609.27	780	622.28	794	624.76	788
Allied Health Professionals	119.48	144	117.74	143	118.76	145	115.31	142	119.31	146
Estates and Ancillary	58.37	61	58.37	61	57.37	60	60.37	62	60.37	62
Medical and Dental	11.89	20	11.89	20	11.89	20	12.89	21	12.30	19
Nursing and Midwifery Registered	438.69	599	441.38	600	439.19	600	433.37	593	428.37	588
Students	2.00	2	2.00	2	2.00	2	1.00	1	1.00	1
<b>Total</b>	<b>1445.10</b>	<b>1916.00</b>	<b>1448.95</b>	<b>1920.00</b>	<b>1457.96</b>	<b>1934.00</b>	<b>1463.00</b>	<b>1939.00</b>	<b>1465.46</b>	<b>1931.00</b>

5.1.1. Age Profile

The following graph is broken down into 5 year age bands and shows the number of BEN PCT staff (headcount) in each age band as at 31/05/2008. It is worth noting that the trust has 1148 staff who are over the age of 40 and 112 over the age of 60.



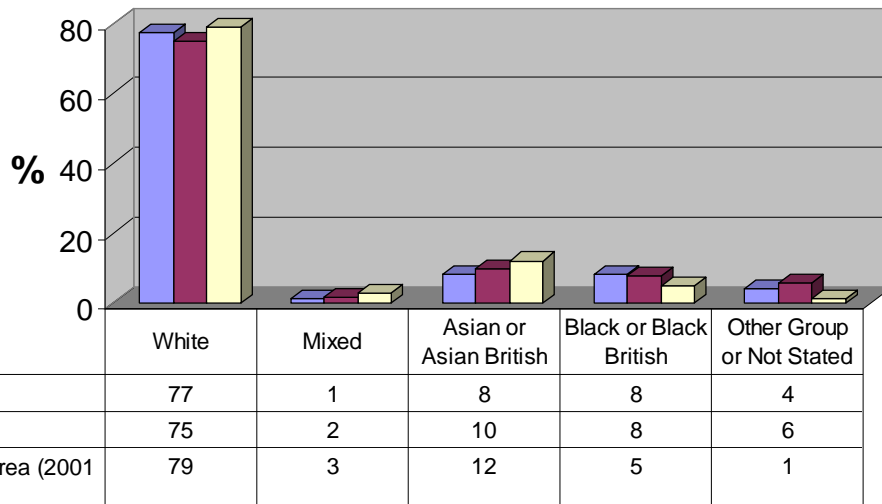
5.1.2 Ethnicity as at 31/05/2008

The following table shows a comprehensive breakdown of ethnicity for BEN PCT staff as at the 31/05/2008.

Ethnic Origin As at 31/05/2008	FTE	Headcount	Headcount%
A White - British	1,055.80	1,354	69.47%
B White - Irish	37.33	54	2.77%
C White - Any other White background	25.59	42	2.15%
CA White English	7.32	8	0.41%
D Mixed - White & Black Caribbean	12.82	20	1.03%
E Mixed - White & Black African	3.00	3	0.15%
F Mixed - White & Asian	2.95	3	0.15%
G Mixed - Any other mixed background	4.03	6	0.31%
H Asian or Asian British - Indian	59.17	84	4.31%
J Asian or Asian British - Pakistani	59.24	84	4.31%
K Asian or Asian British - Bangladeshi	11.43	13	0.67%
L Asian or Asian British - Any other Asian background	9.88	12	0.62%
M Black or Black British - Caribbean	94.41	115	5.90%
N Black or Black British - African	12.29	18	0.92%
P Black or Black British - Any other Black background	16.90	19	0.97%
PD Black British	1.00	2	0.10%
R Chinese	3.60	5	0.26%
S Any Other Ethnic Group	6.00	7	0.36%
SC Filipino	0.00	1	0.05%
SE Other Specified	1.00	2	0.10%
Undefined	7.22	43	2.21%
Z Not Stated	34.48	54	2.77%

The following graph details a comparison between the Trusts ethnicity as at the 31/05/2006 and 31/05/2008 and the local population for BEN PCT Area (Census). The Trust has increased ethnic representation in Mixed, Asian & Black groups. Work will continue to encourage representation for all ethnic groups in the form of removing all personal details from application forms during the short listing stage of a vacancy and working with the Job Centre and schools within the local area.

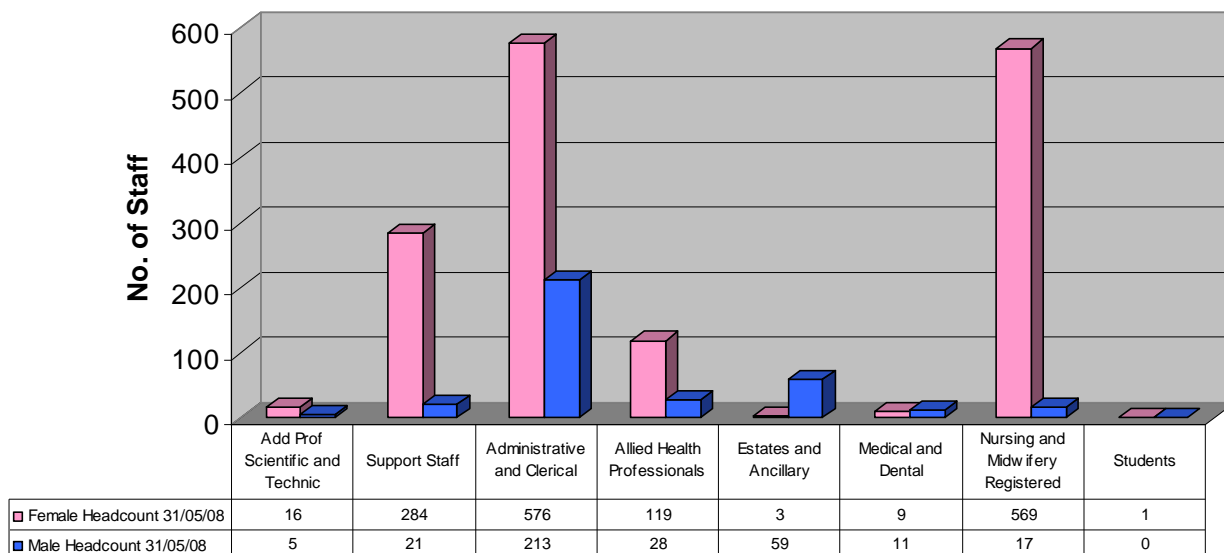
**BEN PCT Ethnic Origin % Comparison as at 31/05/2006 & 31/05/2008  
Against 2001 Population Census For The Area**



5.1.3 Gender

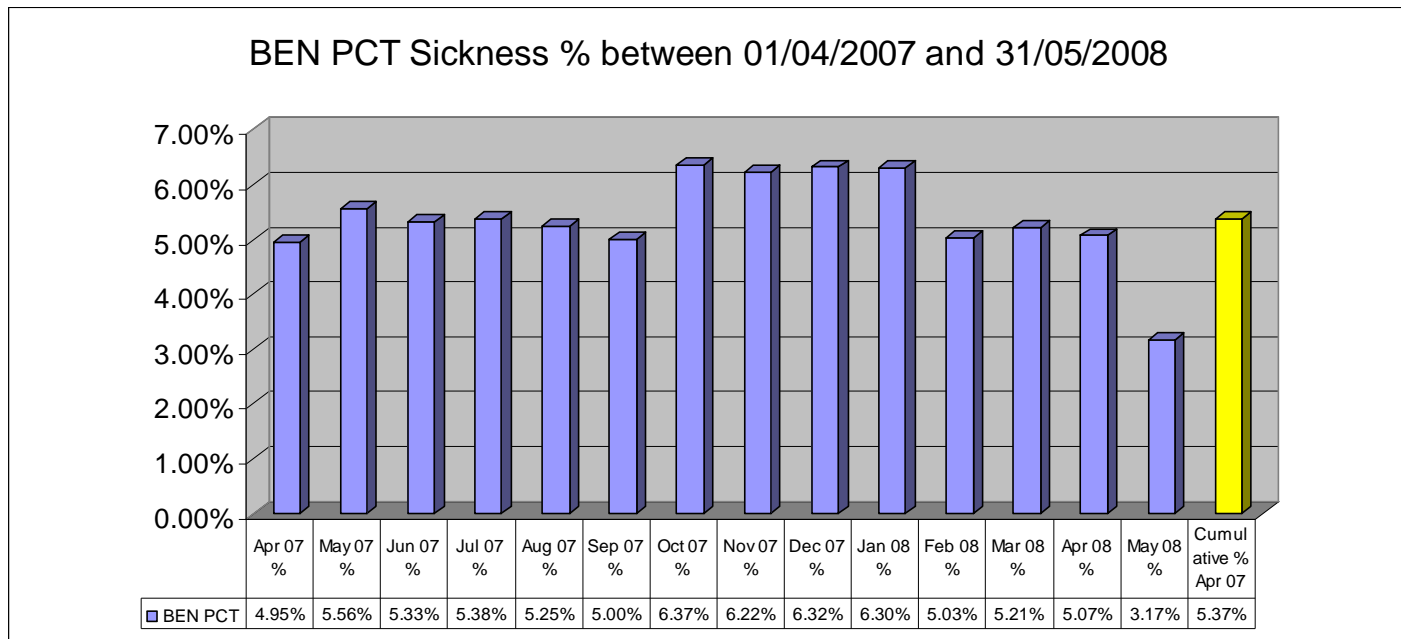
As at the 31/05/2008 the Trust's gender profile was 81.67% female and 18.33% male. The male percentage has fallen in the last 6 months from 19.07% to 18.33% (0.74% drop). The gender profile of Birmingham area was 52% female and 48% male (Birmingham population figures sourced from 2001 census).

**BEN PCT Gender Profile by Main Staff Group as at 31/05/2008 (headcount)**



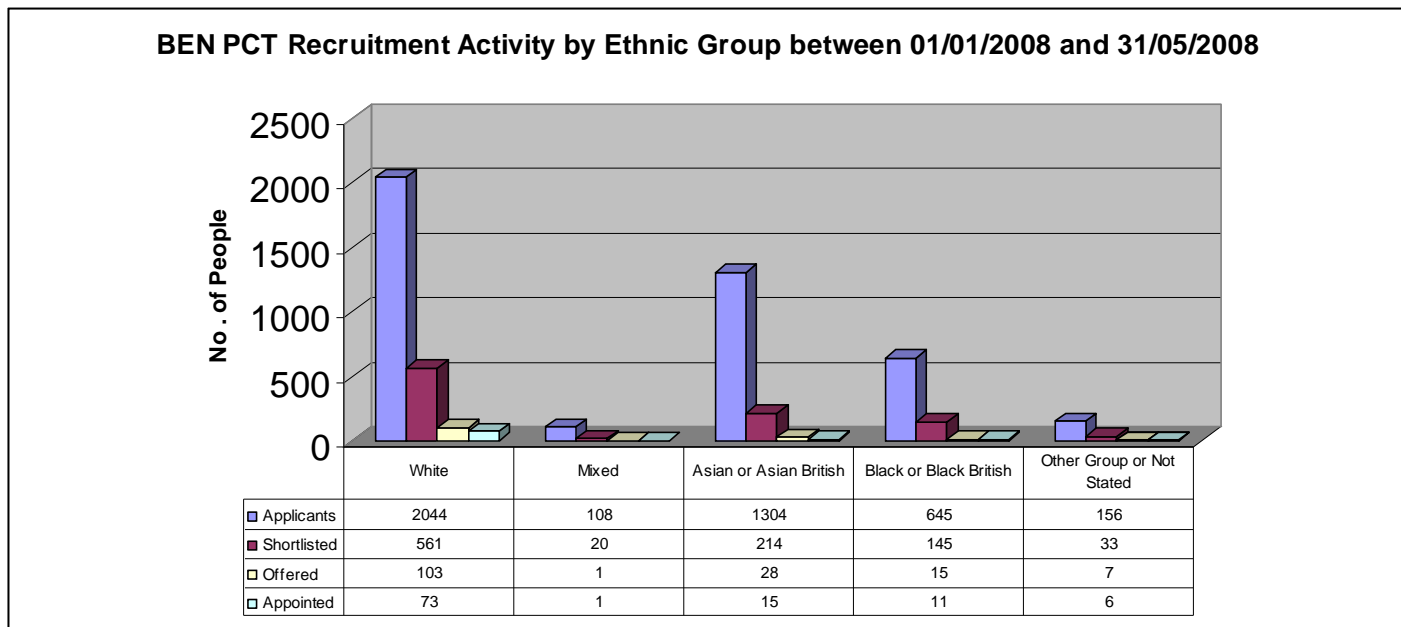
5.1.4 Sickness

The following graph shows the monthly sickness percentage for the Trust between 01/04/2007 and 31/05/2008. The cumulative percentage for the Trust for the period is 5.37%. A recent report produced by the CIPD called 'A barometer of HR trends and prospects 2008' reported that "in public sector services organisations there was an increase from 4.3% to 4.5% in the last financial year. Therefore the trust is above the national average.

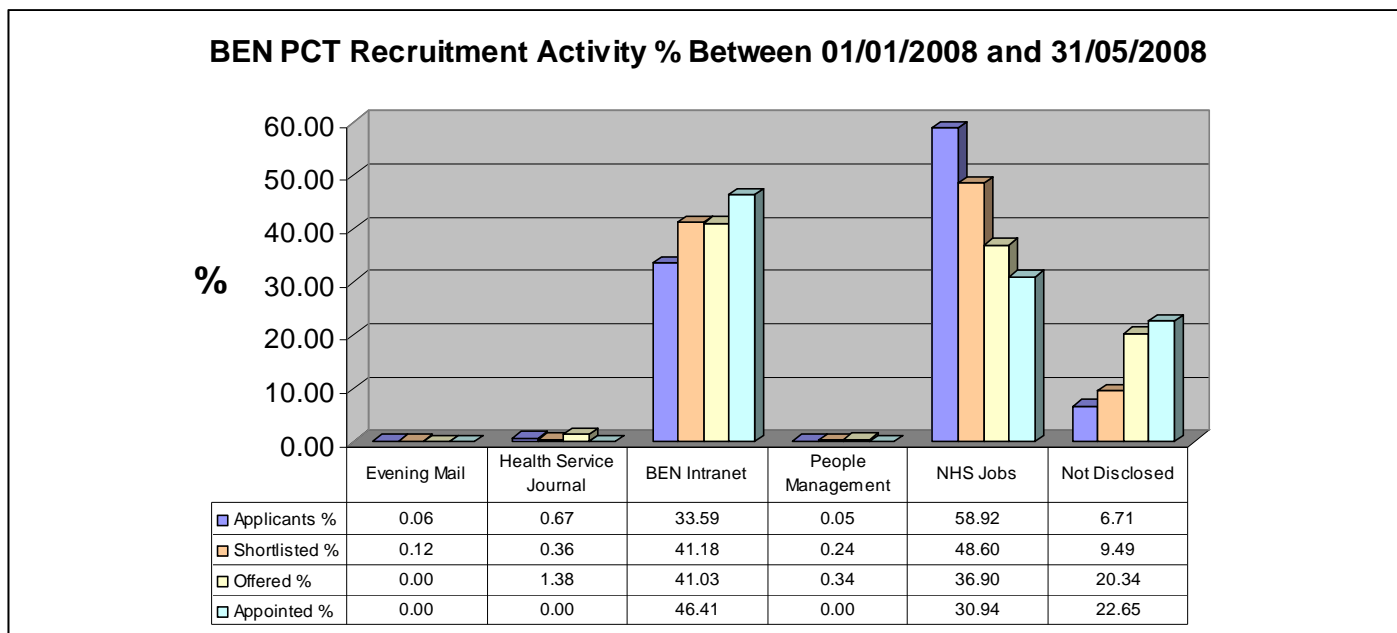


5.2 Recruitment

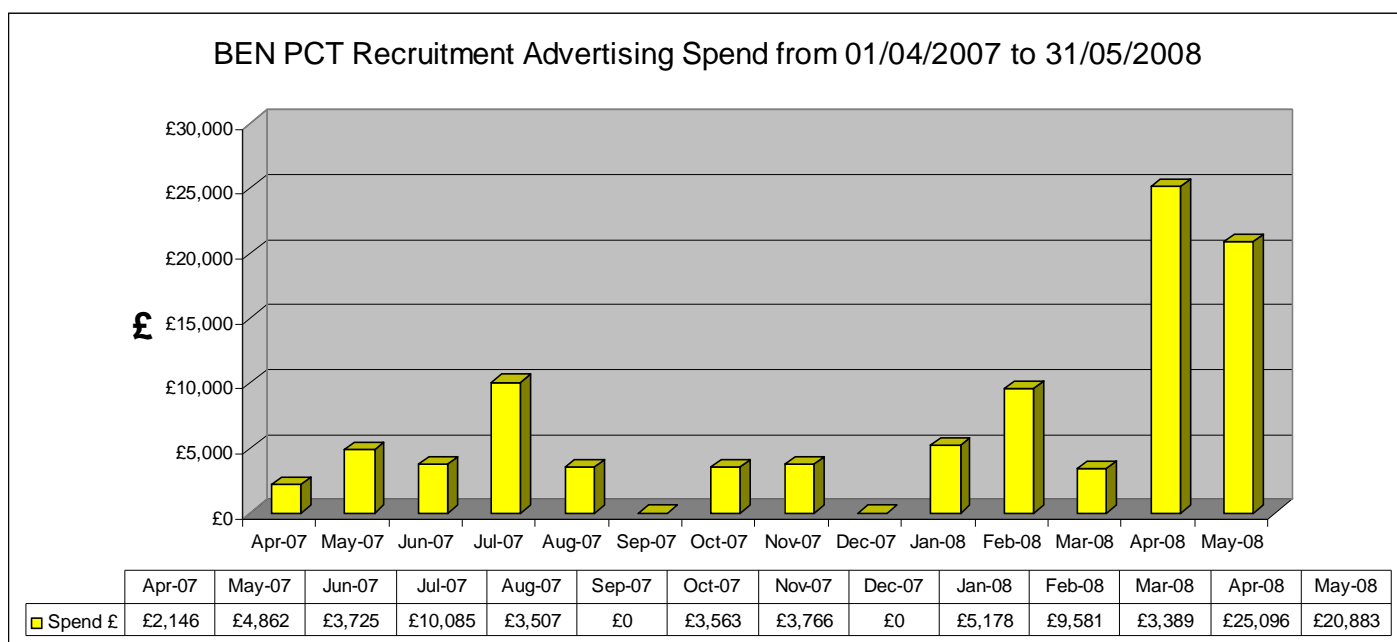
The following graph shows recruitment activity by ethnic group, from application received through to appointed between 01/01/2008 and 31/05/2008.



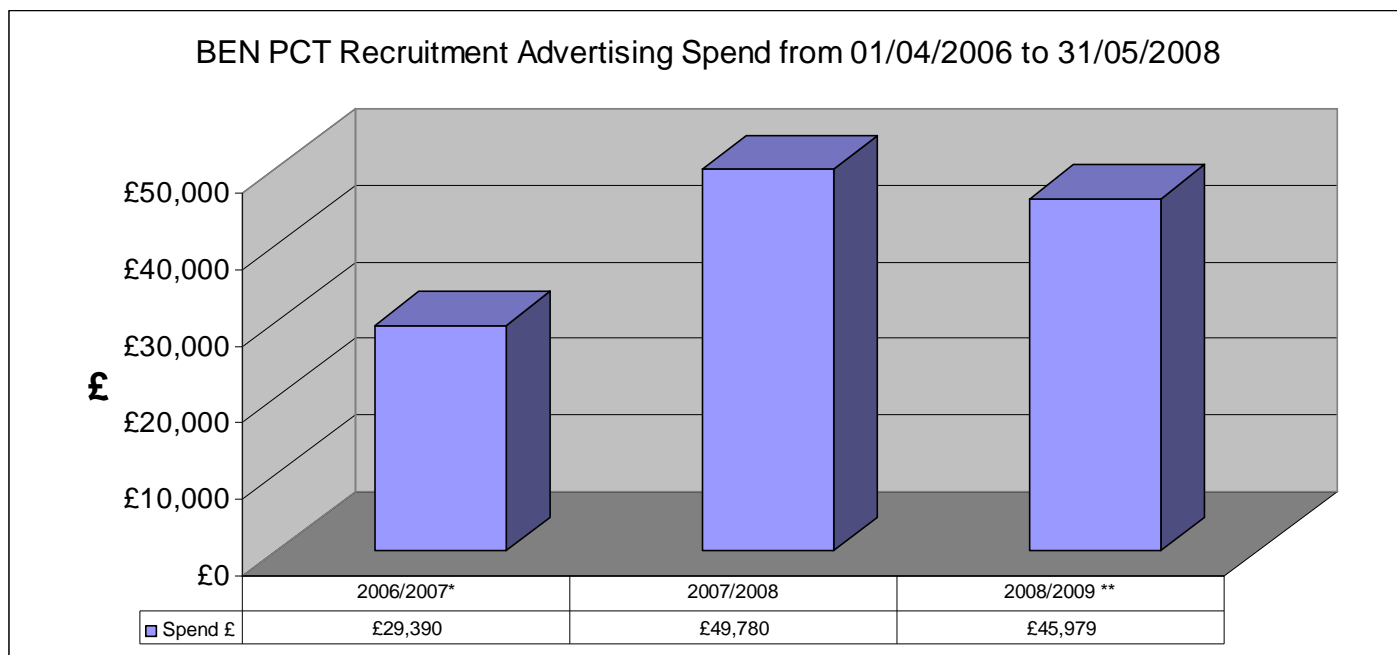
The following graph shows the media types the Trust is currently utilising during the recruitment process. The Trust receives 58.92% of it's applications from NHS Jobs ([www.jobs.nhs.uk](http://www.jobs.nhs.uk)). During the last 6 months the "Not Disclosed" activity percentage has dropped by 10% and work will continue to try and further reduce this percentage.



The following graph shows the monthly recruitment spend on advertising between 01/04/2007 and 31/05/2008. It must be noted that recruitment spend was significantly higher in April and May 2008 due to a variety of vacancies becoming available. This has included vacancies at director level which have gone into professional journals and two specific recruitment campaigns.



The following graph shows the annual recruitment advertising spend from 01/04/2006 to 31/05/2008.

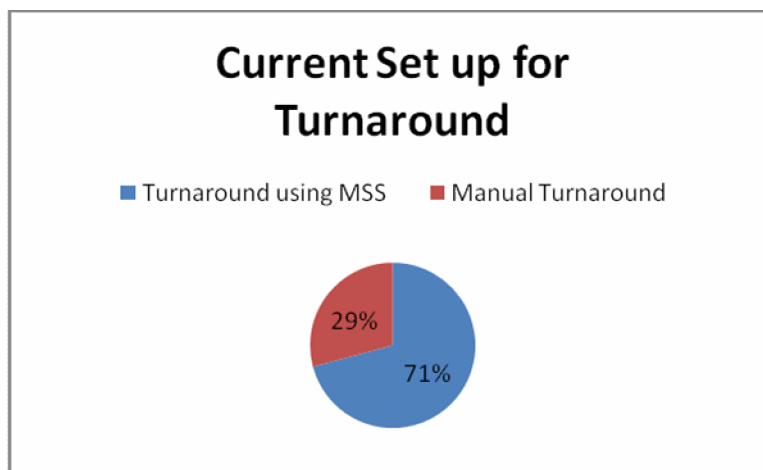


\* 2006/2007 - Department of Health focus on reducing recruitment advertising spend

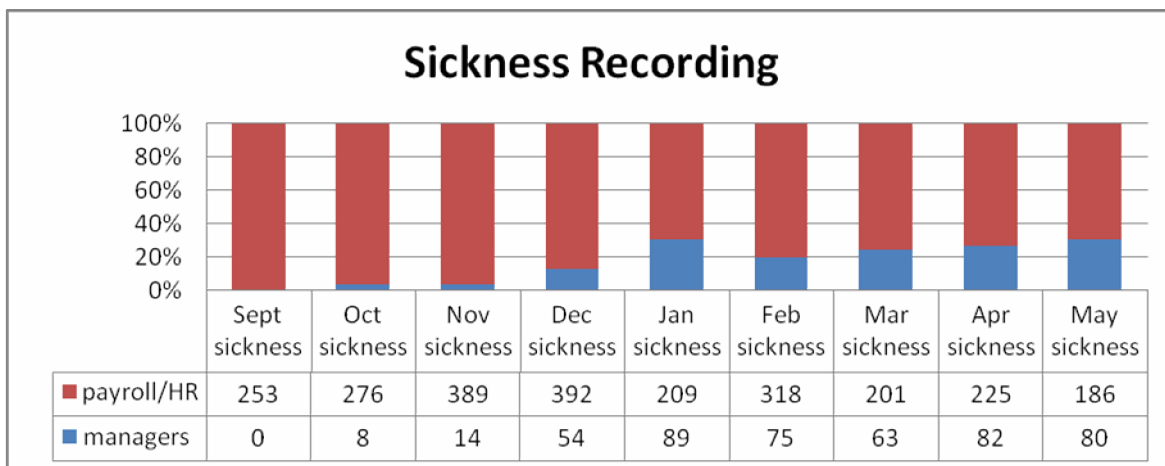
\*\* 2008/2009 – This shows the spend for the first two months of the current financial year

### 5.3 Manager Self Service

The following chart clearly shows how many managers are using self service and therefore the organization has a remaining target of 29% to fully utilise manager self service for turnaround.

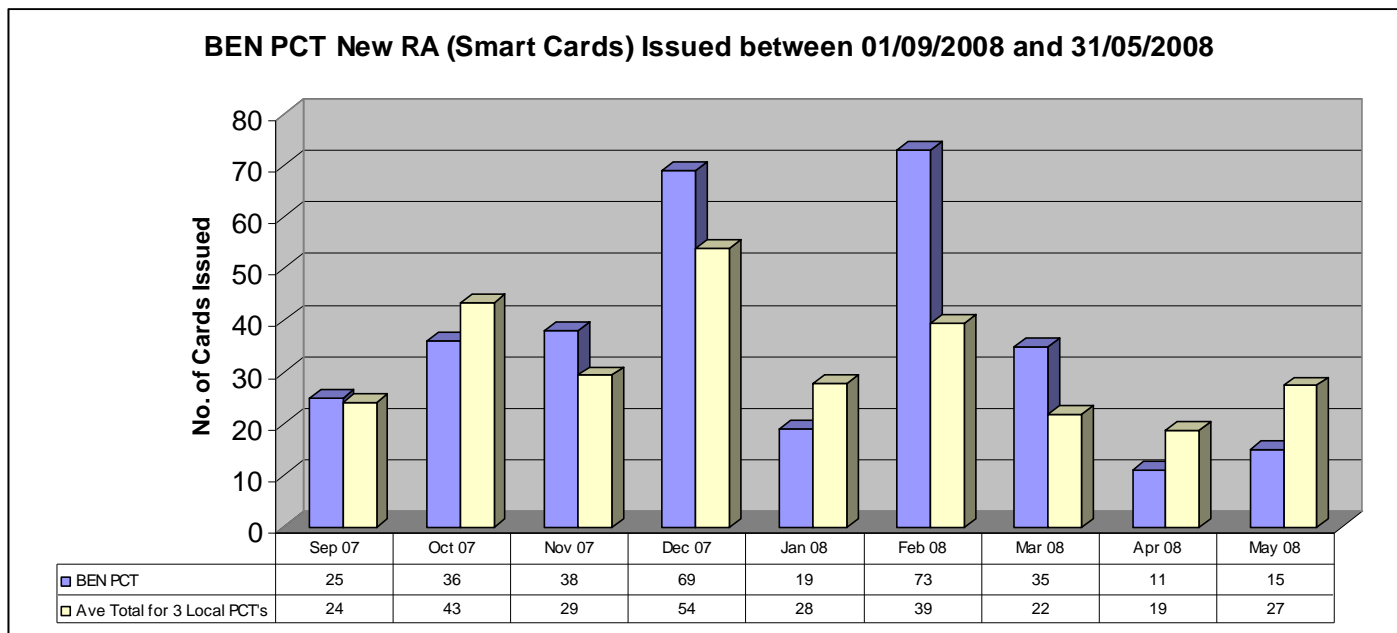


The following chart demonstrates almost a month on month increase in the number of managers actually using ESR for recording sickness absence



#### 5.4 Registration Authority

The following graph details the number of new smart cards issued to PCT staff and external contractors between 01/08/2007 and 31/05/2008. Included in the graph is the average number of cards issued for 3 local PCT's for the same period.



6. Case Management

The following tables provide a brief overview, in order to avoid breaching confidentiality, of the cases that have closed and current cases, both by type.

Closed Cases

Current Cases

Type	Issue
Grievance	Fraud
Grievance	Manager Behaviour
Grievance	Fraud
Disciplinary	Dismissal
Disciplinary	No Case to answer
Disciplinary	No case to answer
Grievance	Informal Stage only
Disciplinary	Manager decided not to proceed
Grievance	A4C Banding
Compromise (ET)	
Compromise (ET)	Discrimination
Constructive Dismissal (ET)	Individual withdrew

Type	Issue
Appeal against dismissal	Sickness
Grievance	Fraud
Grievance	Manager Behaviour
Grievance/Bullying and Harassment	Manager Behaviour
Grievance	Fraud
Disciplinary	Individual Behaviour
Race Discrimination (ET)	Outstanding
Equal Pay (ET)	Outstanding