

Foreword by Director of Operations and Performance Management

“Central to how we work at St George’s is the belief that the patients must come first, we must promote respect for all citizens and those who come into contact with us, we must encourage our staff to act with integrity, value equality and diversity, listen to what people say to us, do what we say and strive for excellence”.

We are delighted to present our second Annual Diversity Report. The report summarises the progress we have made within our clinical services and employment activities with equality and diversity in mind.

The work of the Trust has focused on mainstreaming equality and diversity into our clinical and operational services. We aim make sure we provide patient centred care with diversity of needs in mind, building closer and meaningful relationships with local communities. We are working closely with our HR team to ensure that our employment activities are fair and equitable for all. Over the past year, we have continued to develop successful partnerships with the communities we serve and local NHS partners to improve the care experience.

We have also developed an integrated Single Equalities Scheme for 2007-10 that takes account of all equality dimensions and is a ‘live’ document that is responsive to need and priorities. Our Diversity work is largely underpinned by Human Rights legislation and a focus on achieving dignity and respect for all, irrespective of race, disability, gender, sexuality, age, deprivation, class or background.

St George’s employs a rich diversity of staff and one of our equality and diversity objectives is to ensure that all staff are given a fair opportunity at development and employment opportunities and that we achieve a representative and skilled workforce at all levels in the organisation.

The annual report sets out our objectives for Equality and Diversity, including what we have done so far, key achievements and what we are going to do in the forthcoming year. We have done some excellent work, and recognise there is more work to be done. At St George’s we constantly strive to make value for diversity, respect for people and equality for all a way of life.

Marie Grant

Director of Operations and Performance Management

A handwritten signature in blue ink, appearing to read 'Marie Grant', is positioned below the printed name and title.

What we said we were going to do by December 2007	What we achieved
To organise a 'Building Communities Event' in January 2007	<p>'Building Communities Workshop'</p> <p>To develop closer and meaningful relationships with community and voluntary sector groups, a workshop was held with community representatives from Wandsworth and Merton, with a focus on Black and Minority Ethnic and hard -to-reach groups. 30 community representatives and 45 staff attended, including the Trust Chief Executive and Chair. The event was well evaluated and several service improvement work streams have developed from this workshop with direct involvement with community groups and partnership working across statutory services. (We will report on some of these activities within this report)</p> <p>Key messages arising from the workshop were:</p> <ul style="list-style-type: none"> • A strong desire on the part of the statutory agencies to develop meaningful relationships with local communities • Healthcare involvement to be better co-coordinated to allow best use of limited capacity • Clinical staff and decision makers to become more involved within community settings • Develop Patient Participation Groups within service areas, particularly in long term conditions • Engage with all communities on a structured basis
Take forward the Disability Equality Priorities and actions	<p>Disability Equality Scheme 2006-09</p> <p>The Trust's Access Committee, made up of disabled patients, staff and users have responsibility for monitoring the agreed priorities and actions identified within the DES. Some key progress areas are listed below:-</p> <ul style="list-style-type: none"> • £450,000 was allocated in 2007 to improve access to services and facilities across the hospital site. Amongst the improvements were improvements to External Ramps, Signage, External Works and general areas. Phase 1 of this activity has seen fully compliant disabled access to all entrances and ramps, improved access around site. We also increased the numbers of fully compliant Blue Badge parking in a number of key areas. • A Department of Health site access audit was completed in July 2007 with patients taking part. • Fixed Induction Loops to assist hard-of-hearing people have been installed in 10 key locations across the Trust , including A&E and major Outpatient Areas. Portable Induction Loops have also been purchased and a training programme for staff to make best use of these resources was developed. • Disabled patient representatives are members of the Patient Reference Group – a committee that feeds into the future strategic planning of the Trust. • All papers to the Board and new / updated policies have to undergo an Equality Impact Assessment that considers any adverse impact on disabled groups.

	<ul style="list-style-type: none"> • A pilot programme to introduce British Sign Language interpreting support in A&E was agreed and will be introduced in 2008 with the support of Wandsworth PCT • We received 2 Access awards from Wandsworth Design for a new garden and Ronald McDonald House.
Education & Development	<p>We continued to ensure that Diversity and Human Rights are considered in a wide range of Educational & Developmental activities through the Trust ranging from:-</p> <ul style="list-style-type: none"> • Corporate & Nurse Induction • Leadership Training Programmes • Service based Team Improvement • Equality Impact Assessment awareness
Review how clinical services recognise and promote E&D	<p>Sickle Cell Following the Building Communities Workshop, two facilitated stakeholder meetings were held with over 45 attendees. Patients and advocates identified key areas of improvements within the Trust which they prioritised. Good progress has been made on compliance with individual patient protocols, awareness of the condition training sessions (with patient input). Future actions to continue to improve the patient experience across the Trust and Community services will continue with regular meetings and user involvement. Wandsworth Public Health will begin a review of the care pathway for this patient group and will develop this work in 2008.</p> <p>Stroke Initial meetings were held with members of the Stroke Team. There was clear evidence within discussions and observations that the service recognised and supported individual patient & family care. Diversity implications in service delivery were considered within a capacity assessment of services at the Wolfson Re-habilitation Centre conducted by Public Health. Equity considerations are being built into an ongoing Transformational Change project with Stroke Services.</p> <p>Learning Disabilities Working with the Nursing Directorate and partners from Community NHS Services, we successfully piloted a series of activities to help patients with Learning Disabilities across the Trust, these include</p> <ul style="list-style-type: none"> • Hospital Communication Book (which can be used to support a wide variety of patients) • Individual Patient Passport (personal support information owned and carried by patient) to inform that patient care within the hospital <p>Safeguarding Adults In 2007, we reviewed our action plan to work across the Trust and in partnership with other agencies. The Trust policy will be updated every 6 months and will include changes in guidance and practice. All adults who use hospital services are covered under this legislation. A wide range of education and training activity is provided for all clinical staff.</p>

<p>Work with Corporate Outpatients to mainstream equity considerations</p>	<p>Corporate Outpatient Services are responsible for providing support to over 400,000 patient appointments per year. The E&D team have worked closely with the service at multiple points to bring diversity and equity considerations into booking systems, service provision and staff workplace developments. The service is the only area within the Trust to make Diversity Training mandatory to all staff. Multiple improvements are in place to integrate diversity considerations into operational systems and buildings as these are renewed. The Service is also reviewing all aspects of Hospital Communication within their pathways (internal, patients and with NHS partners) to ensure accessibility and effectiveness.</p>
<p>Develop and publish a Single Equalities Scheme</p>	<p>An integrated Single Equalities Scheme (SES) for 2007-10 was approved by the Equalities and Human Rights Committee in November 2007. This scheme, in line with current guidance integrates duties and actions under legislation that covers race, disability, gender, age, sexual orientation and religious choice. Multiple external and internal groups and agencies were consulted within the development of the scheme. Actions within the SES will be monitored by the Equality & Human Rights Committee.</p>
<p>Mainstream Equality Impact Assessments (EIA's) into the work of the Trust</p>	<p>Since May 2007, all papers that go to the Trust Board are required to have considered EIA's. All new and revised corporate policies have now got to follow standard Trust guidance on writing policies which require that the implications of EIA's are considered. A series of master classes in EIA's were held in late 2007 to help senior managers in the Trust understand how to conduct meaningful EIA's to help reduce any adverse impact of policies and helping build equity within planning stages.</p>
<p>Develop Key Performance Indicators (KPI's) for Equality and Diversity</p>	<p>A series of KPI's were developed by the Health Working group and agreed by the Diversity Committee and Trust Executive Group for quartile reporting. These include measures on:-</p> <ul style="list-style-type: none"> • Data monitoring • Service Improvement • Business Cases • Equality Impact Assessments • Human Resources (wide range to Board monthly)
<p>Work with the Communications department to improve communication on Equality & Diversity</p>	<p>We established regular communications in respect of Equality and Diversity via the weekly electronic newsletter to support and inform staff through the Trust.</p>
<p>Continue to engage with local communities and facilitate their involvement within decision making in the Trust</p>	<p>We have continued to engage actively with local communities. Following the Building Communities workshop, we hosted a Community and multi-agency Nutritional and Food tasting workshop in May 2007, this was followed by a partnership approach at a Diabetes Awareness Seminar at the Age Activity Centre – a community centre that supports the older person. We have actively recruited diverse patient representation (with specific regard to Disabilities) to the Patient Reference Group (which informs the policy groups for the Strategic Outline Case and the Foundation Trust application). Within Cancer Services, we supported</p>

	<p>the service in discussions with developing a Patient Support Group and meeting with an Asian Cancer Support network, and have involved local communities at the earliest opportunity in our planning processes for our Foundation Trust application and membership strategy.</p>
<p>Develop closer working relationships with local PCT's to ensure that St George's continues to improve services with equality and diversity in mind</p>	<p>A close working relationship with Wandsworth PCT and engagement with Sutton & Merton PCT has ensured that users of our services and Community leaders engage in the development of actions to improve the patient experience. Examples of this relationship are found within our ongoing work on:-</p> <ul style="list-style-type: none"> • Safe Discharge of Patients • Sickle Cell & Thalassemia • Nutrition Services • Corporate Outpatients and Patient Transport Services • Maternity Services
<p>Follow up on actions developed by Maternity Services as a result of the Diversity assessment in 2006</p>	<p>The continued leadership and engagement of Maternity Services to actively transform and improve their services to women and their partners continues to produce significant outcomes in respect of diverse patient groups. Over 50% of births at St George's are to mothers from Black and Ethnic Minority groups. Maternity Services are amongst the earliest within the Trust to engage with new migrant communities and share their learning outcomes across the organisation.</p> <p>In 2007, the service reported that up to 7% of births at St George's were to Polish mothers. To help with improving access and experience, the service considered how learning from the Tamil Maternity Advocate Worker project could be applied to other culture-specific communities.</p> <p>A major community stakeholder event was held in November 2007 to consider how St George's could best deliver the core elements of the "Maternity Matters"- Department of Health commitment of improved choice across the service pathway by 2009. Early discussions with diverse women and their partners, communities, support organisations, clinical interests, PCT's and GP's were held to inform the delivery and commissioning functions. The full implications of this work programme could see significant changes within community led and delivered services, with choice and access the key drivers</p>
<p>Development of Patient Profile methodology</p>	<p>In 2007 we piloted a new approach to help build Trust-wide awareness of the diverse patient groups that access services across the hospital.</p> <p>The patient profile report is an overview of St. George's local patient population for 2006 based on standard patient data collected on ethnic codes, age, gender and religious identity. For the purpose of analysis data is presented on a Trust wide basis; this enables a broad view of the local demographic and helps to identify where there are large data gaps.</p> <p>There is strong evidence that greater awareness of ethnic patient activity at a service level can help the service to better respond to culture-specific needs and improve care and experience outcomes. St George's is sited in the middle of diverse community with rapidly changing populations. The profile of users at the hospital is in marked</p>

	difference to the Census data of local populations (every 10 years), this reflects a variety of factors including greater illness prevalence within some ethnic communities and a specific local population around the hospital.
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Priorities for 2008 and beyond

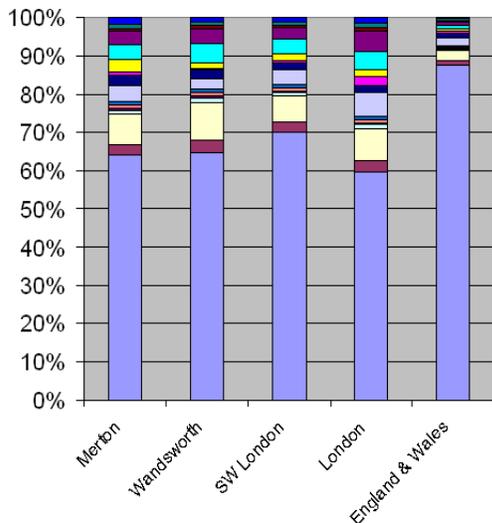
- To co-host a multi-faith Ethics in Healthcare Seminar in January 2008, with input from Clinical services.
- Take forward the disability equality priorities and actions.
- Develop an Intranet based Equality Impact Assessment (EIA) tool that supports staff within the Trust to carry out informed EIA's, especially within Clinical Services and across the Trust.
- Review of Equality and Diversity training across the Trust.
- Continue the significant improvements seen with Corporate Outpatients team to mainstream equality considerations into how the outpatient service is organised and delivered.
- Monitor the Single Equalities Strategy.
- Assess and develop the patient profiling methodology.
- Work with the Communications department to improve communication on equality and diversity.
- Continue to improve the Equality and Diversity web-pages.
- Continue to engage with local communities and facilitate their involvement within decision making in the Trust.
- Follow up on the Maternity Matters vision, ensuring that all women and their partners continue to have positive access and outcomes with attention to the post-natal area.
- Continue to improve the care experience for patients affected by sickle-cell & thalassaemia.
- Ensure that staffing resources to support the Equality and Diversity function in the Trust are agreed.

APPENDICES FOR ANNUAL REPORT 2007

APPENDIX A

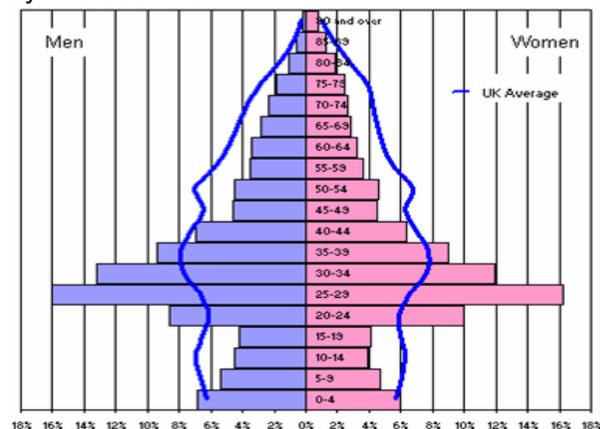
Local Population 2001 Census Information

Ethnic origin in Wandsworth, Merton, South West London, England and Wales (2001)



Age and Sex - London Borough of Wandsworth

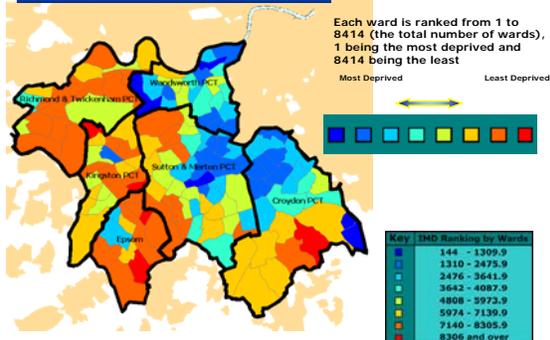
Percentage of the population in Wandsworth by age and sex, compared with the national average in England and Wales (represented by the blue line).



Wealth

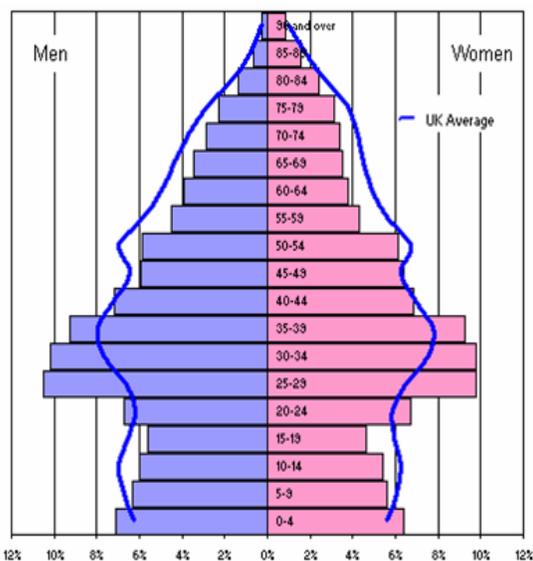
South West London also has large variations in the level of deprivation, with people in the local community ranging from the most affluent to the most deprived in the country (as demonstrated in the chart below).

IMD 2000, SW London



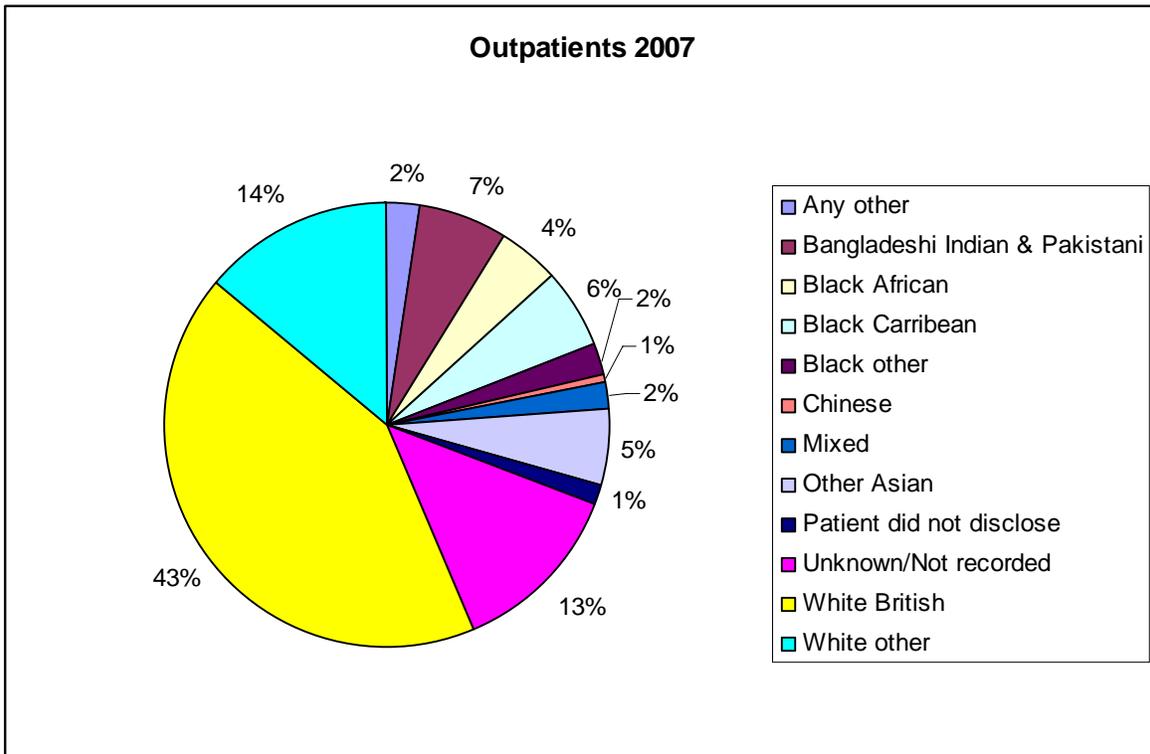
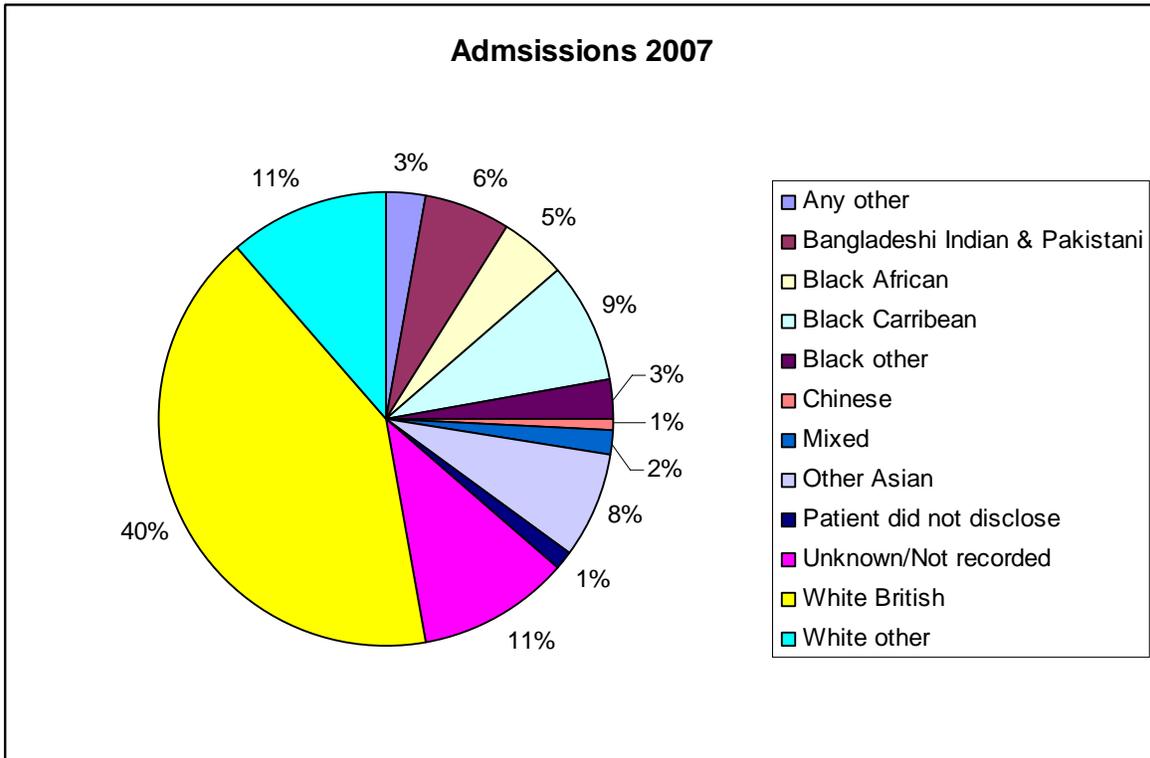
Age and Sex - London Borough of Merton

Percentage of the population in Merton by age and sex, compared with the national average in England and Wales (represented by the blue line).



APPENDIX B -1

Profile of Patients of St George's Services, by ethnicity and religion 2007



Ethnicity	Outpatients 2007	%	Ethnicity	Admissions 2007	%
Any other	10554	2.4%	Any other	3293	2.8%
Bangladeshi Indian & Pakistani	29237	6.6%	Bangladeshi Indian & Pakistani	7390	6.2%
Black African	20000	4.5%	Black African Black	5457	4.6%
Black Caribbean	25129	5.6%	Caribbean	10107	8.5%
Black other	10347	2.3%	Black other	3510	3.0%
Chinese	2662	0.6%	Chinese	912	0.8%
Mixed	8687	1.9%	Mixed	2074	1.7%
Other Asian	24153	5.4%	Other Asian	8943	7.5%
Patient did not disclose	6447	1.4%	Patient did not disclose	1499	1.3%
Unknown/Not recorded	57187	12.8%	Unknown/Not recorded	12917	10.9%
White British	189542	42.5%	White British	49248	41.5%
White other	62080	13.9%	White other	13378	11.3%
Total	446025		Total	118728	

Admissions by Religion

Religion	Adms	%
Buddhist	330	0.3%
C of E - Anglican	27541	23.2%
Hindu	4277	3.6%
Jehovah Witness	614	0.5%
Jewish	440	0.4%
Muslim	9992	8.4%
None	11750	9.9%
Other	1591	1.3%
Other Christian	14021	11.8%
Roman Catholic	15108	12.7%
Sikh	366	0.3%
Unknown/Not recorded	32698	27.5%
Total	118728	

APPENDIX C

Top most requested languages at St Georges

St George's provides interpreting and translation support. This service is monitored by the Patient Advisory Liaison Service (PALS). The top 10 most requested languages in St George's for face-to-face interpreting were:

2007 (May-Oct)	2007	2006
Urdu	319	Urdu
Tamil	162	Somali
Gujarati	157	Arabic
Polish	136	Tamil
Somali	99	Spanish
Spanish	54	Gujarati
Portuguese	43	Polish
Bengali	38	Bengali
French	34	Farsi
Tigrinya	31	

A total of 1073 requests were made for the 2007 May-Oct period above. The information clearly demonstrates the changes in our local populations within the Boroughs of Wandsworth, Merton and Lambeth. A 24-hour telephone interpreting service is also available to support patients.

The Trust is also working to support the needs of hard-of hearing and other groups of patients.



Diversity in Employment – Annual Human Resources Report for 2007

Introduction

St George's Healthcare NHS Trust has a long standing commitment to Equality and Diversity in Services and Employment and this is demonstrated in a variety of ways across the Trust. Our Trust values denote the importance of treating all people with dignity and respect and the Human Resources department has continued to promote equality of opportunity for all diverse groups through a variety of initiatives carried out this year.

This report covers some of the equality and diversity initiatives that took place this calendar year (January - December 2007) and also includes the workforce reports in accordance with the statutory employment monitoring duties.

What we did by December 2007	Areas of Achievement
Agenda for Change	<p style="text-align: center;">Agenda for Change (AFC)</p> <p>AFC is the NHS pay system, Knowledge and Skills framework (KSF) (appraisal system) and the terms and conditions of staff. AFC provides a framework for fairer, more consistent pay and career progression, and gives greater scope for creating more varied and stimulating roles. Assimilation and the review process is now complete and job descriptions that require updating are being evaluated under the Trust grading review procedure.</p> <p>KSF a competency framework, defines and describes the knowledge and skills NHS staff need to apply in their work. KSF forms the basis of staff review and development. The Personal Development Plan helps to ensure that staff are up to date with their skills and knowledge and are therefore able to provide the highest quality services to our patients in line with clinical governance guidelines and service needs.</p>
Model Employer status	<p style="text-align: center;">Model Employer</p> <p>Moving on from the Improving Working Lives (IWL) Practice Plus accreditation, the Trust has continued to promote, the main strands of IWL i.e. Flexible Working, Equality and Diversity, Training and Development, Healthy Workplace, Childcare Strategy, Staff Involvement and Communication. A variety of initiatives have taken place under the key areas mentioned above. A couple of examples are;</p> <ul style="list-style-type: none"> o The Trust participated in the 'Ban Bullying' at work day' on 7th

	<p>November 2007. A rolling presentation was set up in the Trust's main reception area and stickers and leaflets were given out by staff from the HR department, Staff Support Services and the Partnership Forum. Through this activity, the department was able to raise awareness and provide information to staff on what to do if ever they felt they were being bullied or harassed in the workplace. The Trust's message of zero tolerance to bullying and harassment is very clear.</p> <ul style="list-style-type: none"> ○ The St George's e-mail news bulletin "eG" is a weekly newsletter that goes out to all staff in the Trust and is a way of keeping staff up-to-date with what's going on and improving communication and staff involvement across the Trust. ○ Through the "developing a representative workforce" project a number of clinical and professional workshops were set up for nursing and midwifery staff through out the year. This was to improve skills and knowledge and support staff within the profession.
<p>E Recruitment system</p>	<p style="text-align: center;">E Recruitment</p> <p>The Trust has continued to develop it's use of E Recruitment– the NHS electronic recruitment system. This has continued to allow Trust vacancies to be widely accessible to all diverse groups in the local community and beyond.</p> <p>Various enhancements have been added to the system, thereby developing the system and making it more secure and user friendly for both staff and applicants. Disabled applicants continue to be highlighted to the recruiting manager to ensure that applicants that meet the minimum criteria are guaranteed an interview.</p> <p>The E Recruitment system has enabled more robust equality monitoring to be carried out throughout the recruitment cycle and this has continued during the year. This will enable the Trust to identify any areas of concern and put strategies in place to address any required action. A recent example, is the graduating nurses recruitment campaign targeting newly qualified nurses across the UK to apply for positions within the Trust.</p>
<p>Electronic Staff Records system.(ESR)</p>	<p style="text-align: center;">Implementation of ESR</p> <p>The system has brought about a vast improvement in the way workforce information is maintained and monitored. Being one of the early implementers of the Electronic Staff Records (ESR), the Trust has continued to report on the Knowledge and Skills Framework (KSF) / Individual Performance Reviews (IPRs) i.e. appraisals for all staff. ESR also records information on training, professional registration, Criminal Record (CRBs), work permits etc. in addition to the general monitoring information. The HR department is leading the current drive within the Trust to improve the uptake and recording of IPRs. Letters have been sent to all Assistant Directors of Operations and Executive Directors in the Trust to ensure all staff have had an appraisal within a rolling 12 month period.</p>

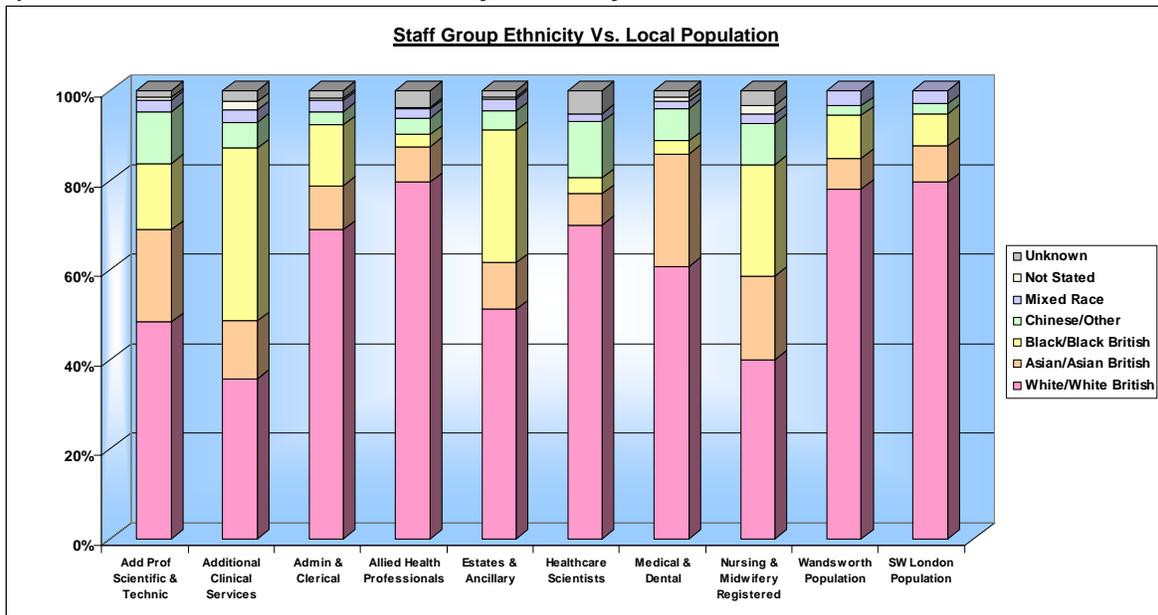
<p>Staff Survey</p>	<p style="text-align: center;">Staff Survey</p> <p>The Trust continues to participate in the national annual staff survey. The staff survey is used to measure the performance of the Trust on 28 key areas. e.g. work life balance, appraisal, training, learning and development, team working, supervision, communication, staff involvement etc. The results are also rated by staff group, age, disability, gender, ethnicity etc. This enables the Trust to ensure fairness and consistency across the organisation and identify any areas that need to be addressed. On receipt of the report an action plan is devised, last year the Trust obtained high marks in the work life balance category and we are currently working towards improving the uptake on appraisals across the Trust. This year questionnaires were sent out to a sample of 850 staff across the Trust and HR have devised an incentive to improve the staff response rate. £10 Marks and Spencer vouchers were distributed to the first 100 staff that submitted their completed surveys and the Trust aims to achieve a higher response rate of above 50% this year.</p>
<p>Diversity and Employment Skilling sessions for Managers</p>	<p style="text-align: center;">Fairness and Flexibility Training</p> <p>Throughout the last year the HR department has continued to facilitate training sessions on the following modules</p> <ul style="list-style-type: none"> ○ Equality and Diversity ○ Bullying and Harassment ○ Sickness and Disability ○ Recruitment and Selection ○ Balancing Work and Personal Life ○ Performance Management <p>Equality and Diversity is the first module of the Fairness and Flexibility (F&F) programme which is mandatory training for managers. This has helped raise awareness amongst Managers and staff alike. It has also enabled managers gain a better understanding of Trust policies and procedures. This ensures that fairness and consistency prevails within the organisation and also raises staff morale and motivation which has a direct impact on patient care.</p> <p>The department has trained over 220 managers over the last year. In addition, the HR staff continue to run bespoke training for their designated service areas and attend Trust Induction.</p>
<p>Training and Development</p>	<p style="text-align: center;">Training and Development</p> <p>The Trust has a commitment to training and developing all of its employees through not just training courses but work based learning, shadowing, mentoring, reflective practice etc. All staff are encouraged to take responsibility to develop and participate in lifelong learning. This forms part of the Continuing Professional Development process for professional staff and supports life long learning for all staff.</p>
<p>Disability in employment</p>	<p style="text-align: center;">Disability in Employment</p> <p>For a number of years now, the Trust has been accredited with the Two Ticks symbol, which recognises our positive approach to the employment of</p>

	disabled people. The Trust also takes reasonable steps to ensure that any member of staff who becomes disabled during the course of their employment is able to remain in employment and develop their careers.
Meeting our Legislative Duties	A number of employment policies have been updated during the year and Equality Impact Assessments have been carried out to ensure compliance with our legislative duties. Some examples are the recruitment and selection policy and procedure, dignity at work policy, stress management policy to mention but a few. The Trust has also ensured that consultation documents, local delivery plans etc. have been equality impact assessed accordingly.
Implement Time and Attendance Project	<p style="text-align: center;">SMART Time and Attendance Project</p> <p>The Smart Time and Attendance project is another way that the Trust is looking at ensuring that there is fair treatment for all in terms of employment practices across the Trust. The system is currently being trialled in the HR department and selected clinical areas across the Trust. The system was initially a hand reader system and a card system has recently been introduced. Either system, if successful aims to reduce errors in payments to Trust staff. Furthermore it is estimated that the time and attendance system could save ward staff in excess of 8,000 hours a year through cutting back on time-consuming administration. In doing so, this would free nursing staff to dedicate more time to direct patient care.</p>

APPENDIX D

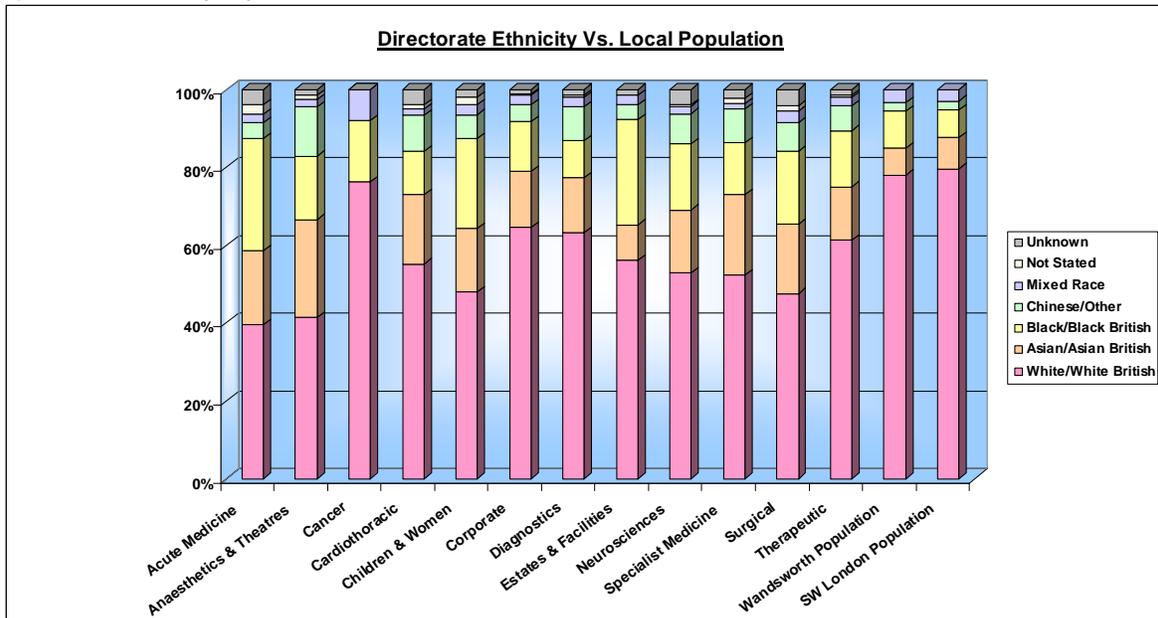
Workforce Monitoring by Ethnicity, Age and Gender (2007)

1) Current Workforce Profile by Ethnicity



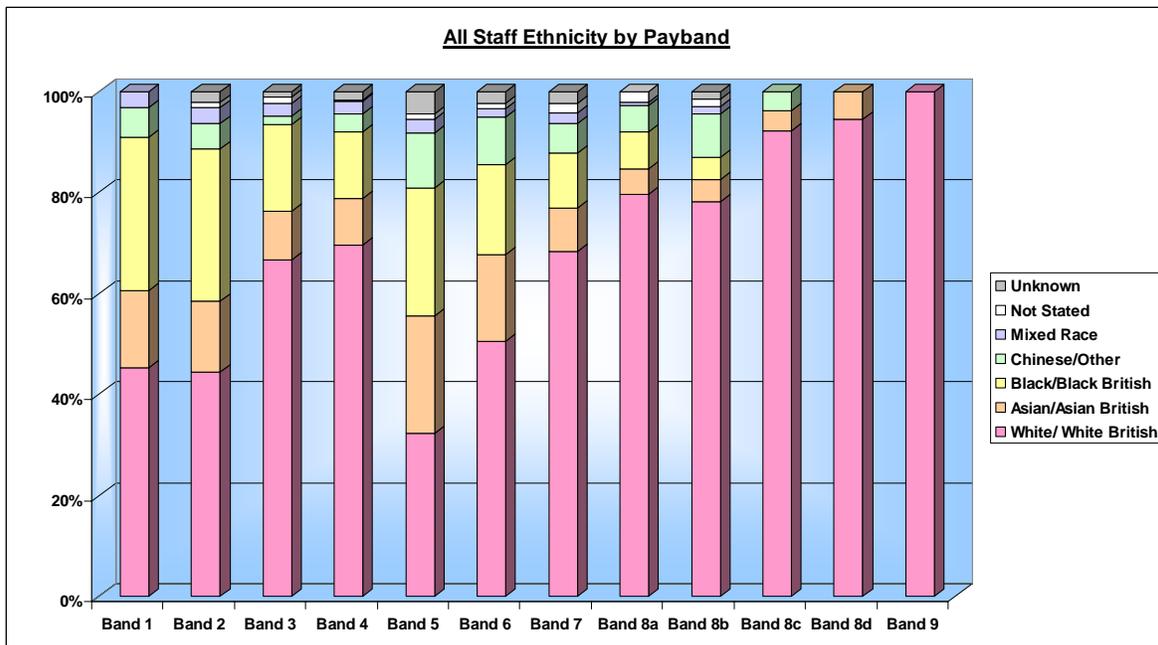
This chart shows the current ethnic profile of our workforce by staff group. The last two bars show the ethnicity of our local population for comparison. Most staff groups are more ethnically diverse than our population, with the exception of Allied Health Professionals.

2) Ethnicity by Directorate



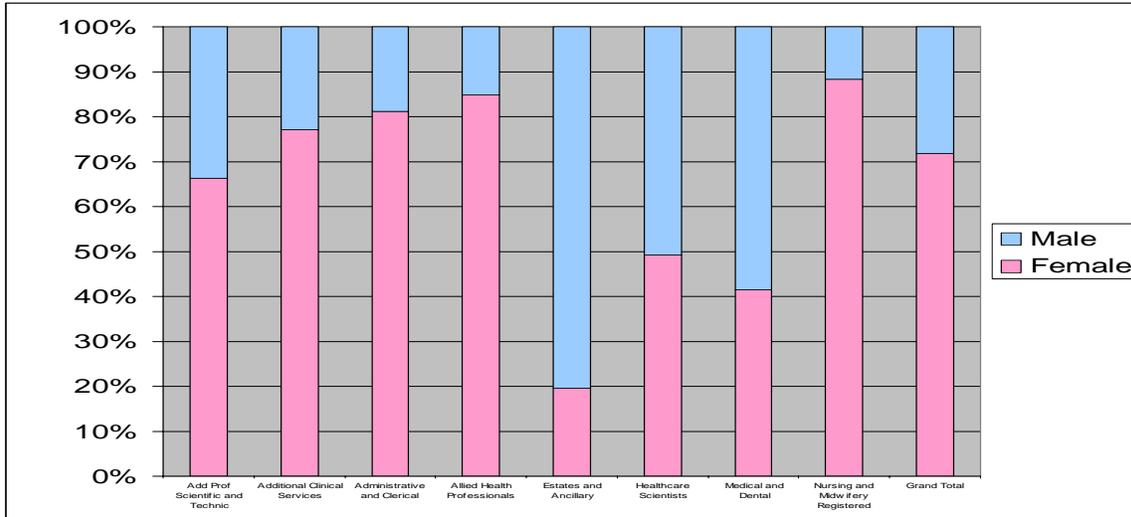
This chart shows our workforce ethnicity by directorate. All directorates have a percentage of staff from minority ethnic background. This is higher than that reported in the 2001 census for our local area.

3) Workforce Salary Breakdown by Ethnicity



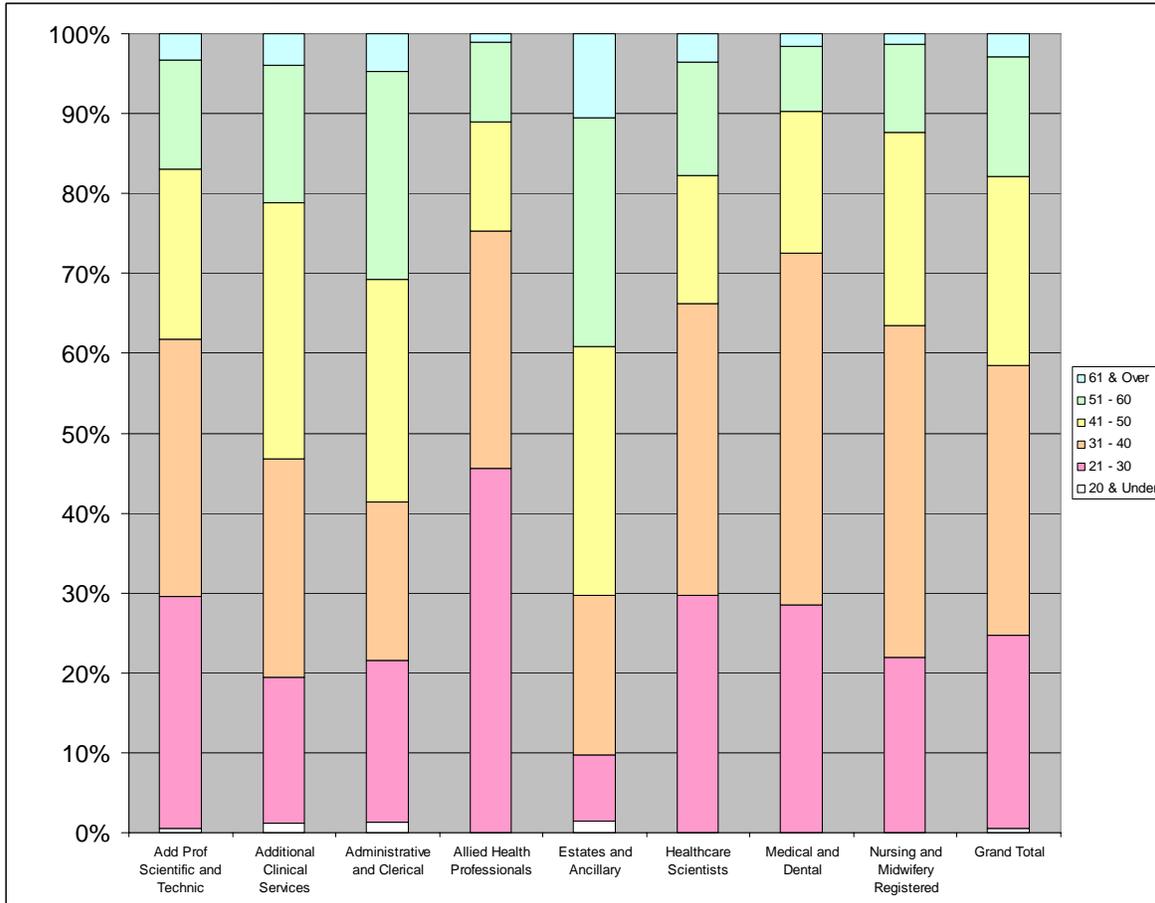
This graph illustrates the percentage of different ethnic groups which fall into each agenda for change pay band (all staff). Our staff who are not paid under agenda for change have been included in the band which accurately reflects their current salary. All staff earning over £88K are included in the band 9 category. The chart shows a high percentage of BME staff in Bands 1 – 6, this then drops in bands 7 – 9.

Gender



The graph above shows the gender profile of our workforce in different staff groups. At present just over 70% of our staff are female. The staff groups with the highest percentage of female employees are Nursing & Midwifery and Allied Health Professionals. The Estates and Ancillary staff group currently have the highest percentage of male staff in the trust. The HR department have already set out a number of action points to work towards improving the gender imbalance in the organization. The action plan will be published as required under Gender Equality duties.

5) Workforce Age Profile



This graph shows the percentage of staff working in different age bands by staff group. The staff group with the highest proportion of employees approaching retirement is currently Estates and Ancillary. The Trust has recently reviewed the Retirement policy and is looking at number of succession planning initiatives.

6) Recruitment Activities (January 2007 to December 2007)

Recruitment activities by ethnicity

	Jan 07 to Dec 07			
	Applicants	Short listed	Appointed	Success Rate*
White	9319	2248	326	14.50
Asian	12880	1286	70	5.44
Mixed	1047	165	9	5.45
Black	11363	1692	100	5.91
Chinese	382	64	4	6.25
Other	2355	320	26	8.12
Not stated	463	85	6	7.05
Total	37809	5860	541	9.23

*Appointed staff as a percentage of those short-listed

From January 2007 to December 2007 there were 1124 vacancies in the Trust. The table above shows the ethnic groupings of those who applied, those who were short-listed and then those who were subsequently appointed to posts. It is important to note that not all applicants that apply for posts are eligible as some applicants avoid the filters. The Trust uses the NHS Jobs Website to advertise all vacancies so they can be accessed by members of all ethnic groups. The Trust appears to attract a very high number of applications from BME communities.

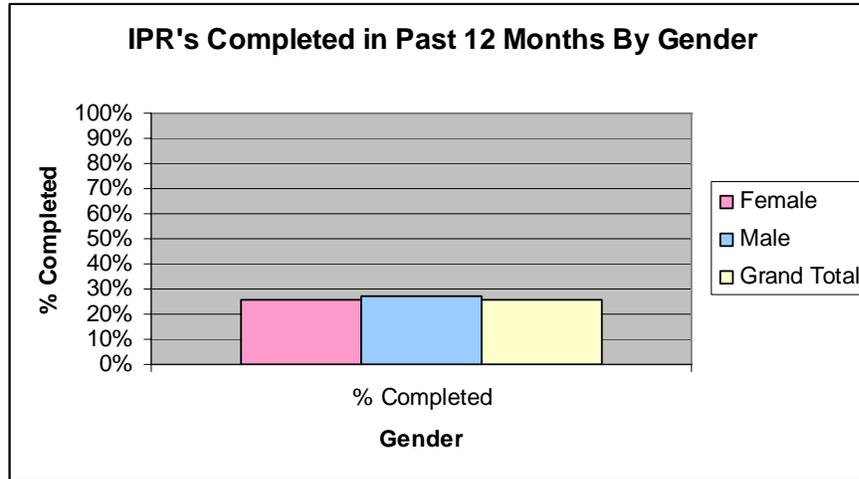
Recruitment activities by Gender

	Jan 07 to Dec 07			
	Applicants	Short listed	Appointed	Success Rate*
Male	12230	1412	113	8.00
Female	25537	4442	428	9.63
Not Stated	42	6		
Total	37809	5860	541	9.23

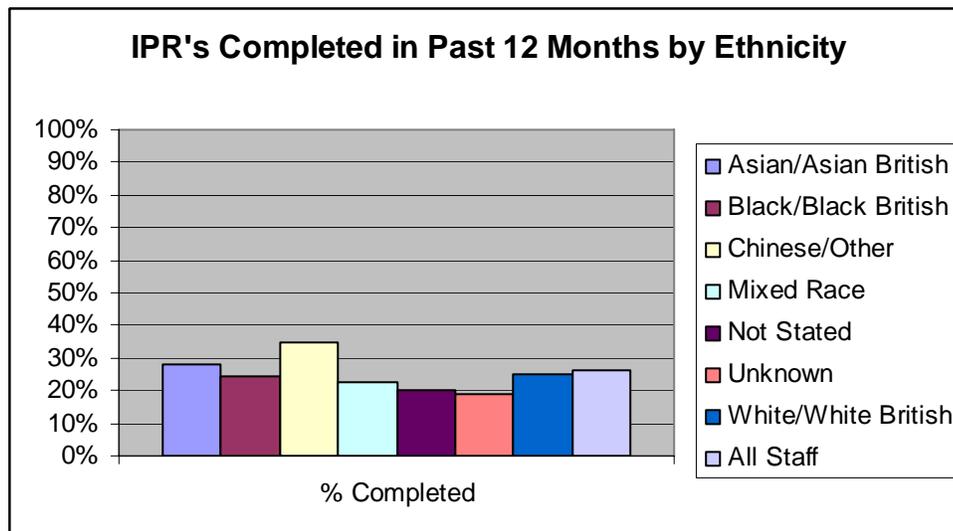
This table gives a breakdown of the gender of applicants to advertised posts. The Trust has over 70% female staff group and this chart shows a high proportion of applicants from this group and they are more successful than their male colleagues. Future monitoring must show positions to which the different genders apply for, to help us address gaps or likely inequalities. This will be an action within the Gender equality scheme.

7) Appraisals

Appraisals Completed By Gender



Appraisals Completed By Ethnicity



8) Leavers (January 2007 – December 2007)

These tables show the numbers of leavers from St. Georges by ethnicity, gender and age. These are then compared to the percentage of staff in these groups who are currently employed.

Leavers by Ethnicity

Ethnicity	Number of Leavers	% Leavers	% Staff
White/White British	720	54.18	52.80
Asian/Asian British	255	19.19	16.80
Black/Black British	147	11.06	17.43
Chinese/Other	99	7.45	7.28
Mixed Race	42	3.16	2.21
Not Stated	33	2.48	1.13

Unknown	33	2.48	2.37
Total	1329	100	100

This chart shows a lower leaving rate for Black staff when compared to those from white backgrounds. Workforce monitoring within the Trust can identify any areas of high turnover and the HR Advisors would work with managers to address any issues that may arise.

Leavers by Age

Age	Number of Leavers	% Leavers	% Staff
Under 20	5	0.38	0.45
21 – 25	109	8.20	6.62
26 – 30	417	31.38	16.70
31 – 35	339	25.51	18.58
36 – 40	179	13.47	15.24
41 – 45	101	7.6	12.44
46 – 50	49	3.69	11.70
51 – 55	36	2.71	8.18
56 – 60	52	3.91	7.07
61 – 65	33	2.48	2.80
66 – 70	9	0.68	0.26
Total	1329	100	100

This chart shows that we have more staff in the 26 – 45 age bracket and therefore a higher number of leavers leaving from this group.

Leavers by Gender

Gender	Number of Leavers	% Leavers	% Staff
Male	524	39.43	27.33
Female	805	60.57	72.67
Total	1329	100	100

Male employees in the Trust make up 30% of the staff group, and this figure shows there is high turnover, amongst a staff group, which is under-represented. This is an action to be followed up in the Gender Equality Scheme.

9) Performance Management (Capability) Cases January – December 2007

Gender M/F

Outcome	White	Asian	Black	Chinese	Others	Mixed	unknown
Action Planning							
Stage 1	1F		3F				
Stage 2			1F				
Hearing							1F
Dismissal							

- There were a total of 6 capability cases involving all female members of staff.
- All are at various stages of the capability procedure, with one member of staff invited to attend a hearing. There have also been a couple of cases where staff have resigned before getting to the hearing stage.

10) Disciplinary Cases

Ethnicity	2007	Gender
White	6	F
	4	M
Asian	1	F
	2	M
Black	7	F
	3	M
Chinese		
Others		
Mixed	1	F
Unknown		
Total	24	

- There were a total number of 24 formal disciplinary cases in 2007 and this number of cases remains the same as in 2005 and 2006. There is still a fair split of cases between both sexes.
- The majority of disciplinary cases seem to involve staff from white and black ethnic groups.

11) Grievances

Ethnicity	2007	Gender
White	4	F
	2	M
Asian	1	F
	1	M
Black	4	F
	1	M
Chinese		
Others		
Mixed		
Unknown	1	

- There were 9 cases in 2005, 7 cases in 2006 and there has been a slight increase this year with 14 cases.

12) Harassment and Bullying

Ethnicity	2007	Gender
White	3	M
Asian	1	F
Black	1	F
Chinese		
Others		
Mixed		
Unknown		

- There has been a decrease in the number of grievance cases since 2005 when there were 7 harassment and bullying cases across the Trust.

13) Sickness Cases

Sickness cases (2007)

Outcome							
	White	Asian	Black	Chinese	Others	Mixed	unknown
Redeployment							
Ill Health Retirement							
Dismissal	1M 1F				1F		
Review period Extension	1F						
Pending	1F	1F					

- Majority of the sickness cases brought to a hearing since 2005 have involved staff of white ethnicity.
- There are a higher number of sickness cases involving female staff than male staff

Human Resources Department
December 2007