

## Annual Equality and Human Rights Report - 2008

### Foreword by Chief Operating Officer

*“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 third Annual Diversity Report.

The report summarises the progress we have made within our operational and 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. To support this objective, we have aligned the priorities of the working groups against the new Corporate Scorecard and Strategic Aims of the Trust.

We aim to 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 Human Resources 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.

Our Single Equalities Scheme for 2007-10 takes account of all equality dimensions and is a ‘live’ document that is responsive to needs 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, religion or belief, deprivation, class or background.

St George’s employs a rich diversity of staff and one of our 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.

This 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.

A handwritten signature in black ink, appearing to read 'P. Mitchell', with a horizontal line underneath.

Patrick Mitchell  
Chief Operating Officer  
March 2009

<b>What we said we were going to do by December 2008</b>	<b>What we did</b>	<b>The difference it made</b>
<b>To co-host a multi-faith Ethics in Healthcare Seminar</b>	<p>We worked with Wandsworth Multi-Faith Network (WMFN) and co-hosted an evening Seminar on Ethics in Healthcare in January 2008. This was attended by over 65 people and took the format of clinicians from different faiths and local acute trusts discussing how they resolved and tensions between faith and medicine.</p> <p>A second discussion was held by clinicians from three service areas who were seeking the support of local communities to improve patient care to local communities within HIV, Renal and Maternity Services.</p> <p>Communities expressed a high desire to have more engagement to inform health information and visits from clinical staff to their local communities.</p> <p style="padding-left: 40px;">We re-established the Hospital Multi-Faith and Belief Network and ensured a wider representation of views from local communities and beliefs.</p> <p style="padding-left: 40px;">Five external faith representatives followed a patient pathway in the hospital through Medical Assessment, Maternity and Geriatric Wards, Bereavement and Mortuary services and visited the Nursing Board.</p> <p style="padding-left: 40px;">We reviewed our response in Bereavement Services to faith groups and were supported by legal changes in Cremation certification to implement a more responsive and efficient system.</p>	<ul style="list-style-type: none"> <li>• Re-established the Hospital Multi-Faith and Belief Forum</li> <li>• We are able to work with this Forum on items such as Infection Control, Uniform policy and improvements in formal procedures following death in the hospital</li> <li>• Secured funding to introduce a service to reduce peri-natal mortality in high risk ethnic groups</li> <li>• Faith communities confidence in our awareness of and pro-active response to cultural and faith importance in patient care has significantly improved.</li> </ul>
<b>Take forward the Disability Equality Priorities and actions</b>	<p>Disability Equality Scheme 2007-10</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"> <li>• We have installed disabled friendly lifts through the hospital locations</li> <li>• The installation of disabled toilets and other support aids</li> </ul>	<ul style="list-style-type: none"> <li>• Independence and dignity of disabled patients and visitors improved</li> </ul>

	<p>has continued in line with our re-furbishment and building programme across the Trust.</p> <ul style="list-style-type: none"> <li>• Hearing loops have now been installed in all out-patient , all wards and other locations using technology that is user friendly</li> <li>• Improved information to staff to enable interpreting for visually impaired and hard-of-hearing patients</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in use of specialist interpreters from services</li> <li>• Support aids promote independence to wide variety of vulnerable patients.</li> </ul>
<p><b>Review of Equality and Diversity training across the Trust</b></p>	<p>We participated in the review of the core competencies for Equality, Diversity and Human Rights that was undertaken by the NHS London Procumbent Network to comply with Knowledge and Skills Framework for all NHS Staff.</p> <p>We have contributed to discussions at the London Deanery and other agencies for the improved understanding of 'Cultural Competency' in Medical and front line staff.</p> <p>Using the review of Mandatory and Statutory Training (MAST) for the Trust, from January 2009, we will extend the Induction Training to all new staff on E&amp;D to one hour.</p> <p>Over 1200 staff at induction, 250 staff at nurse induction and the Therapies Team amongst others were delivered E&amp;D training in 2008. We continue to offer this training to F1 doctors, and have introduced increased competency in this area within Leadership Development. Cultural Awareness is also a requirement for Consultants sitting on Deanery appointment panels for Fair Recruitment Practice.</p>	<ul style="list-style-type: none"> <li>• Staff are empowered to support equality and diversity</li> <li>• All staff in the Trust will have to attend E&amp;D catch-up sessions from Jan 09-March 09 if they have not previously attended</li> <li>• An introduction to Equality Impact Assessment methodology has been introduced as an element on the Leadership programmes.</li> </ul>
<p><b>Review how clinical and operational services recognise</b></p>	<p>We have focused our resources to improve the patient experience for vulnerable groups.</p>	

<p><b>and promote E&amp;D</b></p>	<p><b>Sickle Cell and Thalassemia (Adults) SC&amp;T</b>  Following earlier stakeholder engagement, we are jointly conducting with Wandsworth tPCT (WPCT) a full Care Pathway Review for this clinical area (began August 2008) with monthly meetings.  This review will report to the Strategic Commissioning Group for WPCT in August 2009 and are making improvements as they emerge.  We have collected significant patient activity and information from a variety of sources and reviewed our care pathway against the newly published Adult Sickle Cell Care Guidelines.  We have continued to progress on developments within the Trust on Education Study Days, Patient and Advocate Involvement and substantive Consultant appointments.  A joint Equality Impact Assessment will accompany this review.</p> <p><b>Learning Disabilities (LD)</b>  We have driven forward improved understanding and significant support to this patient group with a variety of initiatives including</p> <ul style="list-style-type: none"> <li>• An 1 hour introduction to LD at Nurse Induction by Community LD Nurses</li> <li>• Formal Launch of the Hospital Passport and Hospital Communication Book and posters through the hospital site</li> <li>• Lead with our PCT partners on developing a SW London approach to Access to Acute Hospital Network and link into the Pan-London network</li> <li>• Joint working groups established with WPCT&amp; GP's to improve identification of LD patients in care pathway</li> <li>• Secured trail funding for a part/time LD Nurse Consultant Role (the first such role in the Country in the Acute setting)</li> <li>• Working relationship developed with the Medical School and Kingston University to inform learning</li> <li>• Joint agency working group established to take forward recommendations from the national - 'Healthcare for All' report.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued improvements in the roll –out of Individual Patient Protocols (IPP)</li> <li>• Improved patient satisfaction on wards and in compliance with IPP in A&amp;E</li> <li>• Improved understanding and profile of the activity in the Trust and its links to Community Services by the PCT.</li> <li>• Agreement for SC&amp;T to be included in the Strategic Commissioning Priorities by WPCT for 2009</li> </ul> <ul style="list-style-type: none"> <li>• 33 referrals to the Nurse Consultant post in 4 months by staff at the Trust</li> <li>• 70+ hospital communications books purchased and distributed</li> <li>• LD Training roll-out to 200 nurses at Induction</li> <li>• LD Patient care substantially improved with greater awareness and understanding</li> <li>• Teaching by Hospital staff on LD to University and vice-versa.</li> </ul>
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	<p><b>Safeguarding Adults</b> As reported in 2007, we reviewed our action plan to work more closely with our local statutory partners. This has produced better understanding and learning through the networks. Safeguarding Adults training is now mandatory and all Trust staff who have direct contact with patients should attend an annual update. Regular training is directed at key areas such as Accident and Emergency, Max Fax and Dental, Elderly Care and Outpatients. We are working to prepare staff for the changes to practice under the legal amendment - Mental Capacity Act due in April 2009.</p> <p><b>Transport Services</b> To improve the patient experience and in line with National Guidance, the Trust introduced a new system for out-patients requiring non-emergency patient transport. Many patients requiring this service have multiple and complex health conditions. We have ensured that all patients who requires transport or carer support receive this service in a fair, transparent, timely and supportive manner. Complaints to the Trust in respect of transport have been significant reduced and we have worked with our local stakeholders to implement this process.</p> <p><b>Mortality Monitoring Group</b> Using patient information analysed by Dr Foster Intelligence, the Mortality Monitoring Group regularly reviews mortality information by ethnicity and deprivation. We also use Dr Foster Intelligence Real Time Monitoring data for relating to long length of stay and readmissions within 28 days of discharge. These data enable us to compare information relating to our patients with expected levels derived from national benchmarks in consideration of these three outcomes</p>	<ul style="list-style-type: none"> <li>• 1,167 staff trained from January to August 2008</li> <li>• Improved working relationships with partner agencies</li> <li>• Increased reporting of Adult Abuse incidents internally and at admission as a result of greater awareness amongst staff.</li> </ul> <ul style="list-style-type: none"> <li>• Patient experience improved</li> <li>• Delays reduced</li> <li>• Complaints reduced</li> <li>• Patients and carers that require NEPT receive the service.</li> </ul> <ul style="list-style-type: none"> <li>• Helps to monitor any trends and changes in mortality relating to ethnicity and deprivation</li> <li>• Allows the clinical teams to investigate any underlying causes in sudden changes.</li> </ul>
<p><b>Developing Equality in Procurement</b></p>	<p>We held a multi-agency Training morning in December 2008 to introduce staff to the MOSAIC – Equality Procumbent for the NHS framework.</p>	<ul style="list-style-type: none"> <li>• Staff attended MOSAIC Training morning</li> <li>• Procurement equality monitoring</li> </ul>

	<p>The MOSAIC process supports the NHS to align efficiency and equality goals and facilitates greater links between the procurement and commissioning processes and the need to look at the wider equalities agenda in relation to effective healthcare.</p>	<p>template developed for use with current and prospective suppliers</p> <ul style="list-style-type: none"> <li>• Contractors and Providers have an enhanced understanding of their equality duties</li> <li>• Develop our opportunities to expand our contractor base.</li> </ul>
<p><b>Attracting PCT funding to reduce inequalities and improving the Patient Experience</b></p>	<p>We have been successful in attracting funding for two new pilot posts to help reduce inequalities and improve the patient experience for 2009.</p> <ul style="list-style-type: none"> <li>• Maternity and Gynaecological Services: to reduce perinatal mortality and inform communities about services for women who have Female Genital Mutilation (FGM) to reflect our rapidly changing demographics.</li> <li>• Diabetes: Speciality Nurse to help reduce risks associated with Pre and Early Conception in Type 2 Diabetes by working with GP's and local high-risk communities</li> <li>• Roll out of the electronic Patient Experience Tracker (PET) to outpatient areas with translations in most used languages. Information from the PET system will be used in Performance Management / User Experience reporting to the PCT.</li> </ul>	<ul style="list-style-type: none"> <li>• Developing services in partnership with support from our commissioners in response to our local rapidly changing communities targeting high risk minority women.</li> <li>• Staff respond more quickly to patient feedback evidence and make improvements to service delivery.</li> </ul>
<p><b>Continue to engage with local communities and facilitate their involvement within decision making in the Trust</b></p>	<p>We have made significant progress in this area. Amongst the areas are</p> <ul style="list-style-type: none"> <li>• Re-design of Urgent Care Services</li> <li>• Sickle Cell Care Pathway review</li> <li>• Cancer, HIV, Stroke and Renal Services</li> <li>• Faith Communities on a variety of consultations and</li> </ul>	<ul style="list-style-type: none"> <li>• Diverse range of urgent care publicity information improved to meet local need</li> <li>• Waiting times reduced for Transport services</li> </ul>

	<p>decisions</p> <ul style="list-style-type: none"> <li>• Dignity and Respect</li> <li>• Disability organisations on Access Committee for front entrance re-design and other building projects</li> <li>• Hotel and Transport Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Front entrance re-design adopted best practice design for disability access</li> <li>• Improved process in Bereavement Services to patients and staff.</li> </ul>
<p><b>Revised membership of the Diversity and Human Rights Committee</b></p>	<p>In November 2008, we revised the membership of this Committee to ensure high-level representation from front line Clinical and Operational staff. We will support this committee to champion the principles of Human Rights for all and challenge practice or decisions that undermine these principles through the Trust. We have increased the meeting frequency of this Committee and will report on the added difference this has made in our next report.</p>	

## Priorities for 2009 and beyond

- To work with Divisional Directorates in reviewing Clinical Services using Equality Impact Assessment framework
- To review activity within our high volume Clinical Services against Public Health information for local communities
- To co-host with Age Concern a stakeholder event
- To continue partnership work on Learning Disabilities
- To implement the Equality in Procurement Framework
- To complete the joint review on Adult Sickle Cell Care Pathway and implement its recommendations..

# Diversity in Employment – 2008

## Priorities for 2009 and beyond

- To continue to meet the employment equality duties through building equality and diversity into workforce and employment practices
- To continue to improve staff involvement and engagement through various communication and development strategies
- To continue to provide Equality and Diversity training and education for staff
- To continue to monitor, report and publish workforce information devising strategies to address any gaps as appropriate
- To analyse employee relations activity, in particular look at disciplinary cases which compared to other ER activity appear higher for certain ethnic groups
- To revisit the evidence of the “developing a representative workforce” exercise and compare with the 2008 Staff Survey results devising an action plan to address any gaps.

What we said we were going to do by December 2008	What we did	The Difference it made
Improve workforce monitoring by diversity	The Trust has continued to monitor, report and publish diversity information in accordance with the equality legislation. This year the employee relations (ER) monitoring database was redesigned and the HR department has improved on the reporting of ER activity. This is evident in the data as will be seen later on in the report. ER activity is now reported on by ethnicity, gender, age and disability. We have also been recording reasonable adjustments under the disability equality duties, staff suspensions and stress management.	Improved diversity monitoring including data on reasonable adjustments - ongoing.
Training and Development	The Trust supports the development of a diverse leadership workforce, regular leadership forums have been organised and run throughout the year informing and developing trust managers. The Training and Development department have	Equality and Diversity is the first module of the Fairness and Flexibility (F&F) programme and is mandatory training for managers. The training has helped raise awareness amongst Managers and staff alike and it has

<p>Delivery of fairness and flexibility training for managers &amp; team based training activities</p> <p>Bespoke Training for staff across the Trust</p>	<p>organised bespoke training for senior managers across the Trust and a variety of leadership development programmes have been arranged. All staff are encouraged to take responsibility to develop and participate in lifelong learning. This forms part of the Continuing Professional Development (CPD) process for professional staff and supports life long learning for all staff.</p> <p>During the course of the year the HR department has continued to deliver training sessions under the Fairness and Flexibility Training for managers – the modules cover the main HR policies and provide information and learning on legislation, application of policies and managerial responsibilities. The department has trained approximately 300 managers over the last year.</p> <p>In addition, the HR staff continue to run bespoke training for their designated service areas and attend Trust induction to provide general information on HR/Payroll issues.</p>	<p>also enabled managers gain a better understanding of Trust policies and procedures. It 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>Approximately, 550 staff were trained on HR policies including Equality and Diversity training.</p>
<p>Policy Updates</p>	<p>One of our objectives last year was to review and update a number of HR policies; during the year HR policies have been screened for relevance to equality and diversity and prioritised for equality impact assessments (EIAs). The policies that have been reviewed this year include Sickness Absence, Employment of Disabled People, Balancing Work and Personal life and the Grievance Procedure to mention but a few.</p> <p>In addition, age considerations have been embedded into HR policies and procedures to ensure that these comply with legislative requirements. Thus the Retirement policy and Recruitment and Selection policy and procedures have been reviewed.</p>	<p>Ongoing Impact assessments and policies prioritised for review between 2007 – 2010.</p> <ul style="list-style-type: none"> <li>○ Continue to assess the impact of HR policies and activities on race and equalities (ongoing)</li> </ul>
<p>Model Employer</p>	<p>The Trust has continued to promote the principles of the Improving Working Lives - 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</p>	

	<p>mentioned above. A couple of examples are;</p> <p>The Trust continues to participate in the 'Ban Bullying' at work day', this took place on 7<sup>th</sup> November 2008. A rolling presentation was set up in the Trust's main reception area and stickers and leaflets were given out to staff. Through this activity, the department was able to publicise the message of zero tolerance to bullying and harassment and raise awareness by providing information to staff on what to do if ever they felt they were being bullied or harassed in the workplace.</p>	
<p>Childcare strategy</p>	<p>The "Return to Work Club" was set up to support mothers returning to work after maternity leave. This year one of our HR Advisors delivered a presentation on her personal experiences of returning to work after maternity leave. The presentation titled "Things I wish I had known before coming back to work" was aimed at staff currently on maternity leave and outlined expectations and responsibilities of both the employer and employee. The session included a summary of the Balancing Work and Personal Life policy and information on flexible working requests. It also covered finding childcare, arranging to come back to work, having a plan B if plan A doesn't work, etc.</p>	<p>The session raised awareness amongst staff currently on maternity leave particularly in relation to preparation to return to work, childcare options, and flexible working requests.</p> <p>The feedback from the session was very positive the staff felt that it was good to hear personal experiences as well as information on the policy and procedures of the Trust.</p>
<p>Coaching sessions - improve skills, knowledge and support staff within the profession.</p>	<p>The Trust runs a Band 5 Recruitment Assessment Centre on a monthly basis. Candidates undertake a drug assessment, write a care plan and take part in a communication exercise as part of the morning session. The aim is to ensure that all nurses are technically competent and are able to communicate with patients and families with empathy and compassion. Successful candidates must pass all 3 components and then proceed to interview.</p> <p>Unsuccessful candidates from the morning session are invited to attend a workshop in the afternoon to discuss the process, reflect on their performance and think about how they presented themselves to the assessors. The session</p>	<p>Candidates have found the feedback and coaching sessions invaluable and many have since been appointed to posts in the Trust.</p>

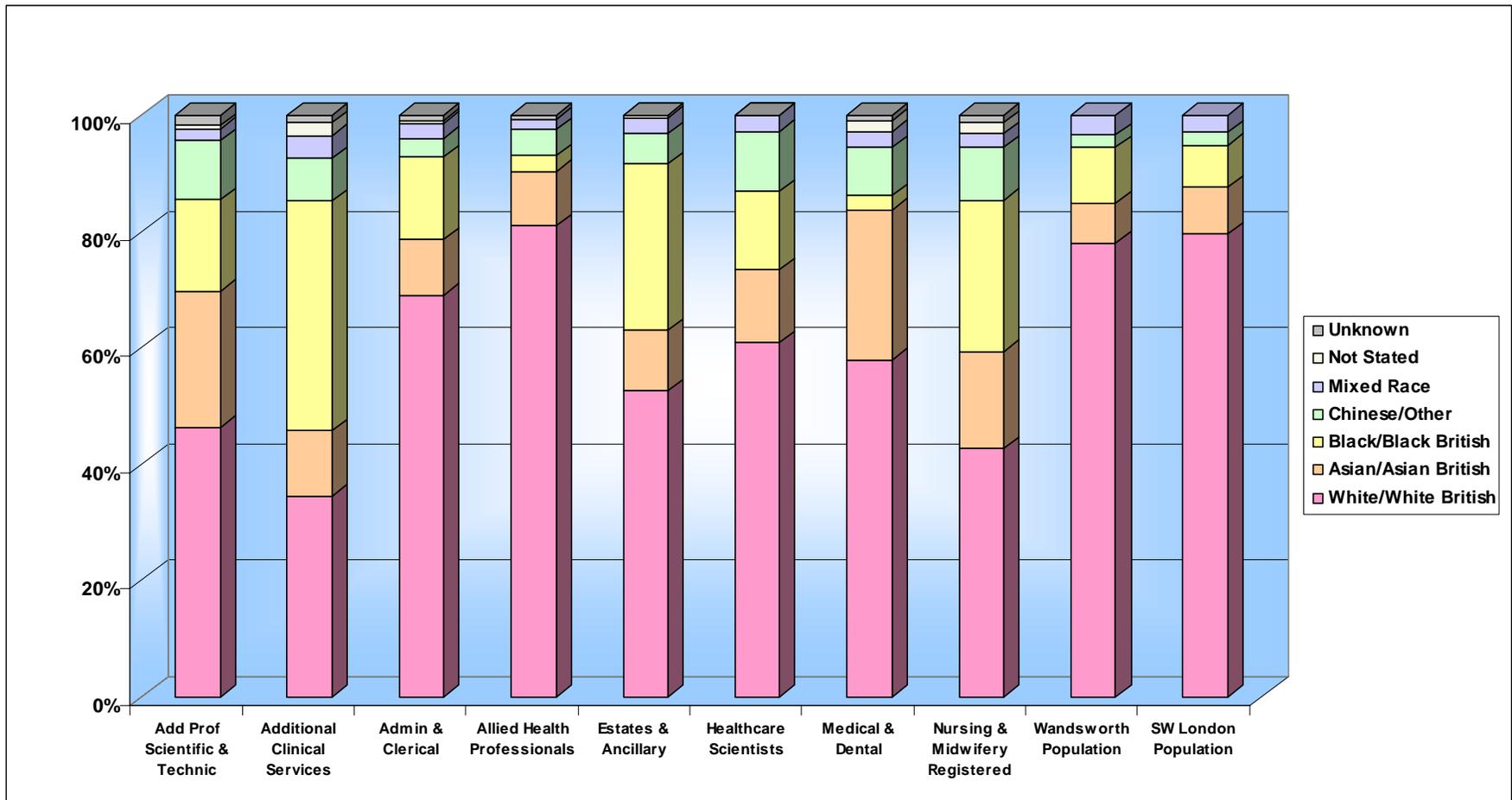
	covers the assessment in detail and concentrates on how candidates can improve their chances at future assessment days. Attendance at the workshop is optional but most of the unsuccessful candidates attend and have provided positive feedback.	
E Recruitment system	The E Recruitment system has enabled more robust equality monitoring throughout the recruitment cycle. The Trust is now able to identify any areas of concern and put strategies in place to address any required action. The nurses' assessment centre days mentioned above; have been very positive and the same template has been used to design a selection day for Health Care Assistants (HCA).	Positive action and raising the profile of the Trust.
Recruitment Fairs	Trust managers and staff attended a number of Recruitment Fairs during the year. One of particular note was the Public Sector Careers Fair at London South Bank University (LSBU) on 11 <sup>th</sup> November 2008. Health and Social Care is the largest faculty at LSBU (including Nursing, Occupational Therapy, Physiotherapy, Radiography, Operating Dept Asst, Social work and Public Health and Health Promotion) During the day information on the clinical specialities at St George's was handed out to students and prospective candidates. There were numerous discussions around career options for graduating nurses and for students from other professions.	
	<b>Staff Survey</b>	
The staff survey – is used to measure the performance of the Trust on 28 key areas of employment. e.g. work life balance,	<p>The Trust continues to participate in the national annual staff survey, this year the Trust improved publicity for the survey by using a variety of internal communication methods and introducing an incentive scheme. We are confident that the response rate will increase significantly this year.</p> <p>One of the action points from the 2007 survey results was to promote and raise the profile of Staff Support mediation as a means of managing conflict within the Trust. Staff</p>	There has been a steady increase in response rates over the last couple of years and we are hoping to achieve even better this year.

<p>appraisal, team working etc.</p>	<p>Counsellors have now been attached to divisions, and through regular meetings attended by HR, management and Staff support we have been able to resolve more cases through mediation.</p> <p>Another action was to monitor and improve the uptake of staff appraisals. During the year the Trust appointed an Appraisal Project Manager who has worked with departments and managers to improve the appraisal rates in the Trust.</p> <p>During the course of the year the Trust developed a revised HR Strategy outlining a strategic framework for HR and workforce to support the Trust to achieve the requirements to deliver high quality patient care as well as develop our services further. The Education and Training strategy was also updated in light of the above and has resulted in the appointment of a Project Management Lead - for mandatory training and a review of training provision across the Trust.</p>	<p>The appraisal rate has now gone up by 10% to 60% with work in progress aiming for 100% by April 2009.</p> <p>Trust Induction has been reviewed and a number of alternative training mechanisms implemented. e.g. e-learning</p>
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## St George's Healthcare NHS Trust – Workforce Monitoring

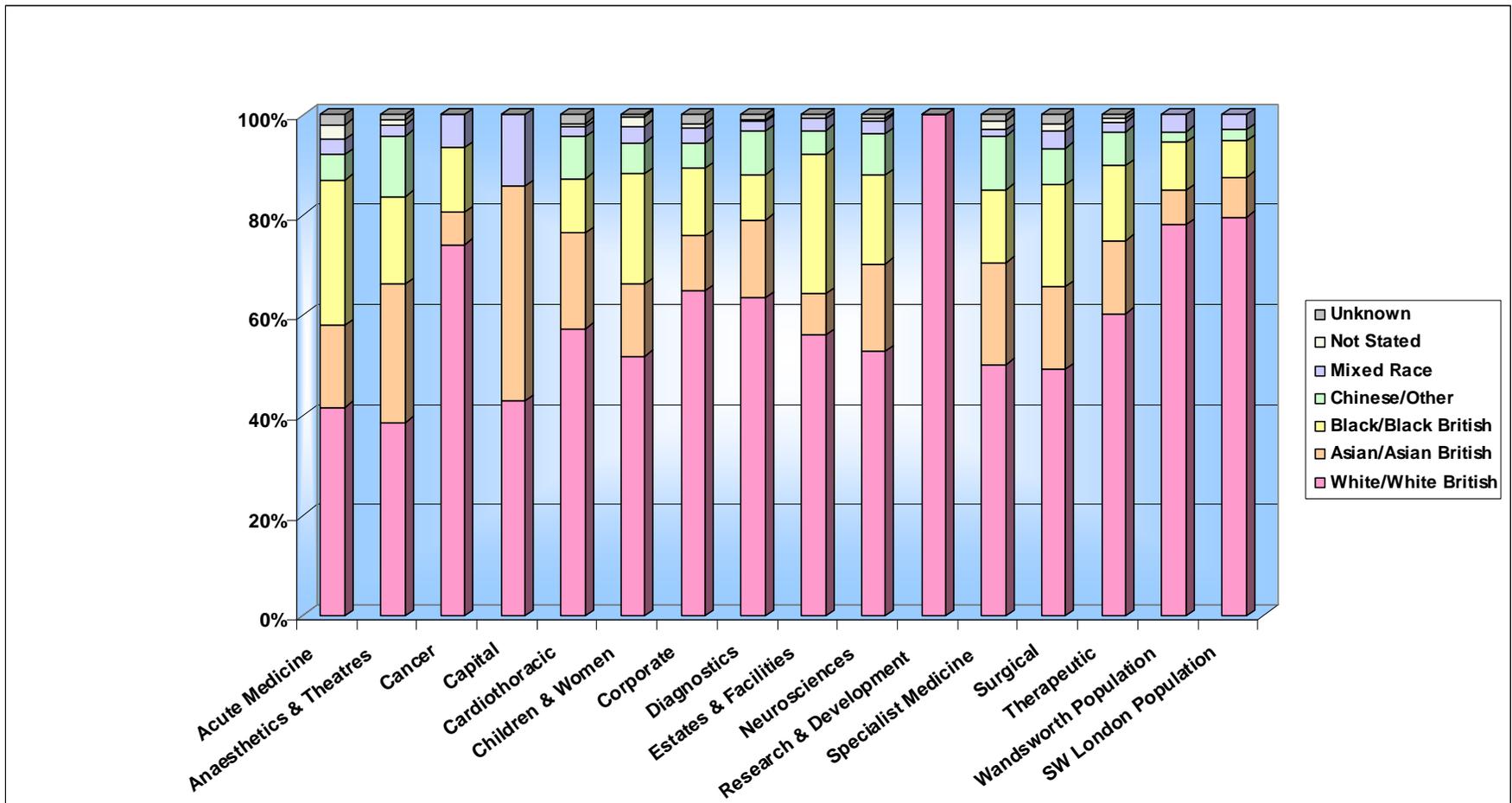
### Current Workforce Profile

#### 1) Ethnicity by Staff Group



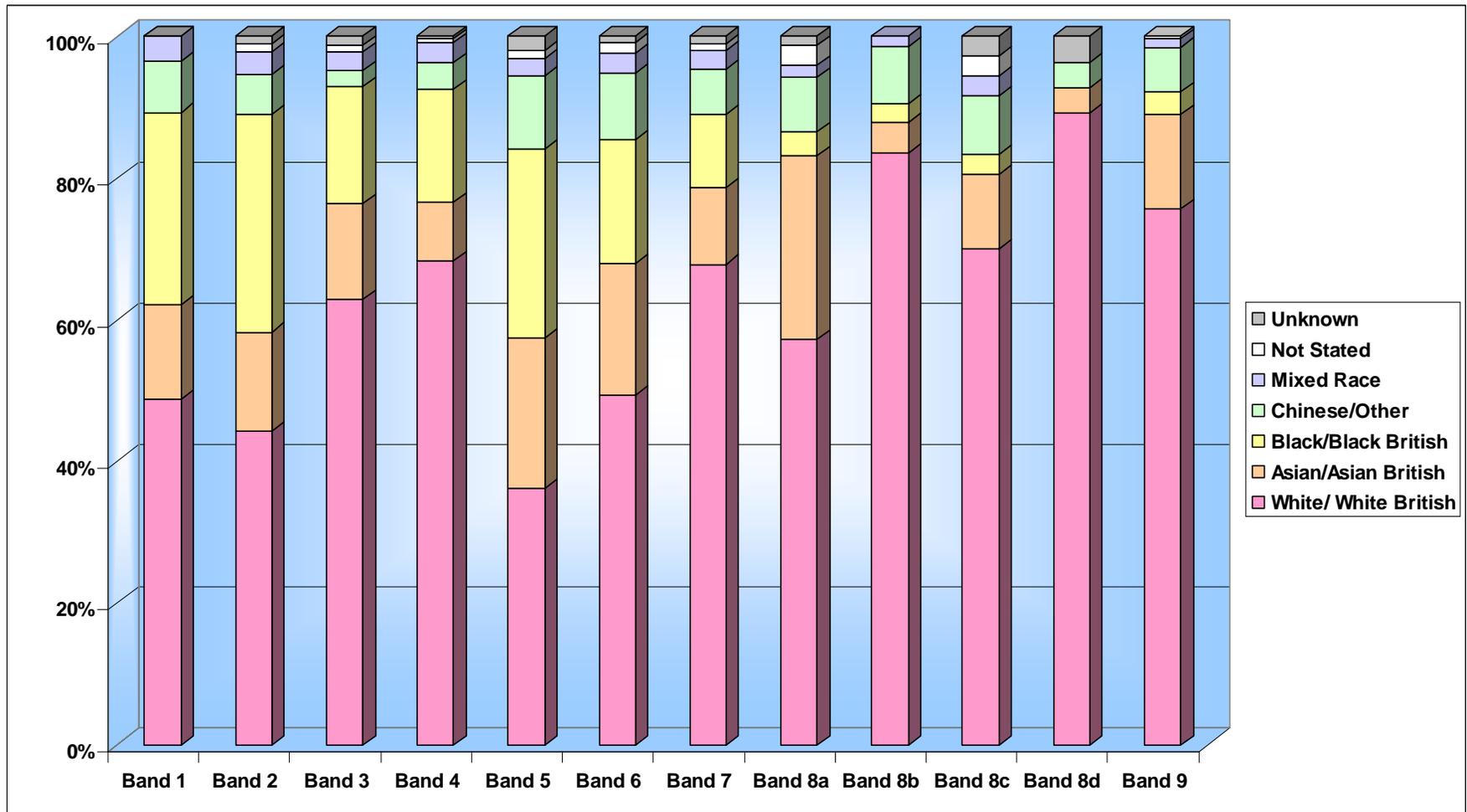
This chart shows the current ethnic profile of our workforce by staff group. The last two bars show the ethnicity of our local population for comparison. Most groups are more ethnically diverse than our population, with the exception of Allied Health Professionals.

## 2) Ethnicity by Directorate



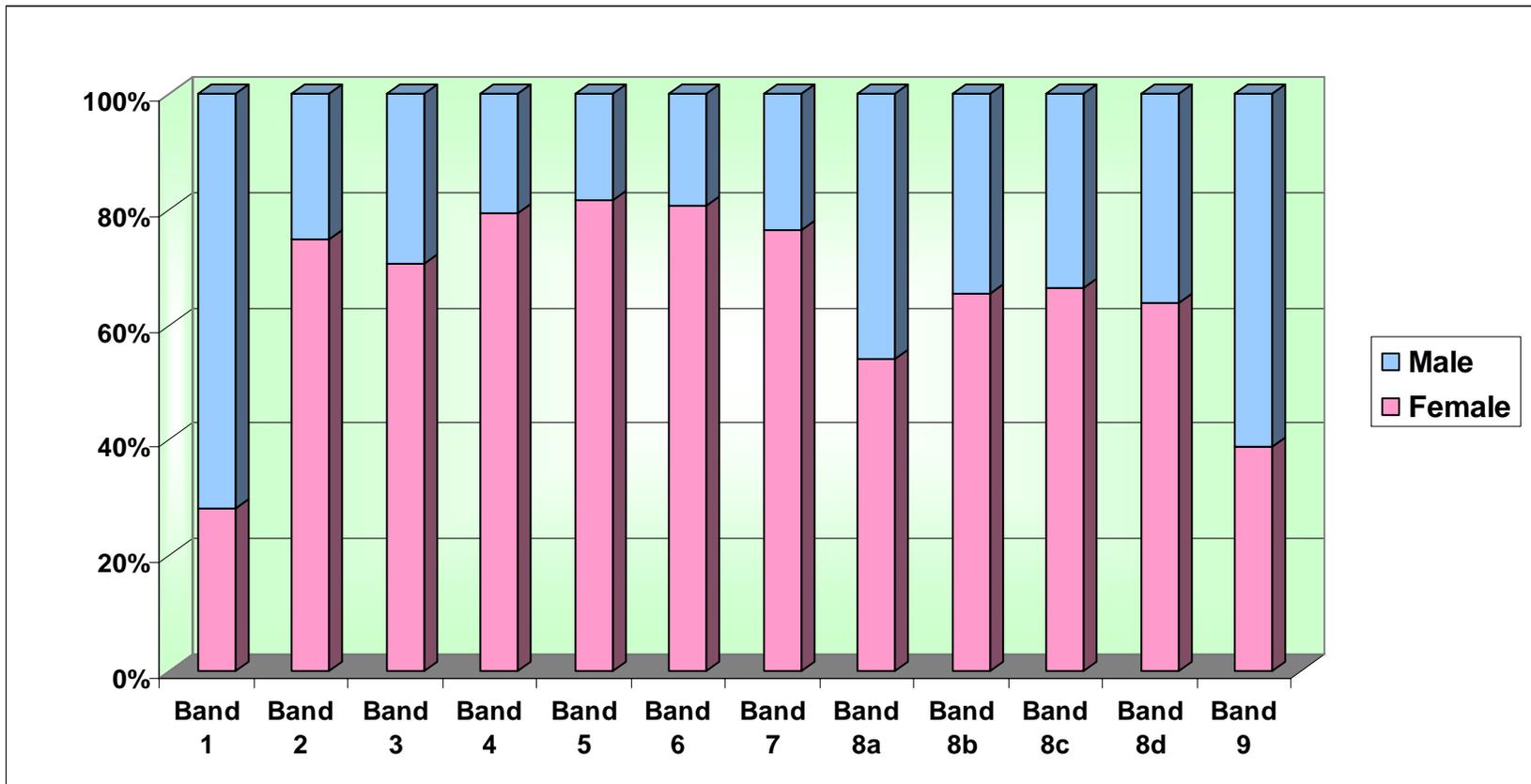
This chart shows our workforce ethnicity by directorate. All directorates have a percentage of staff in ethnic minority groups, which is higher than that reported in the 2001 census for our local area. Research and Development is a small department with an establishment of 2wte.

### 3) Workforce Salary Breakdown by Ethnicity



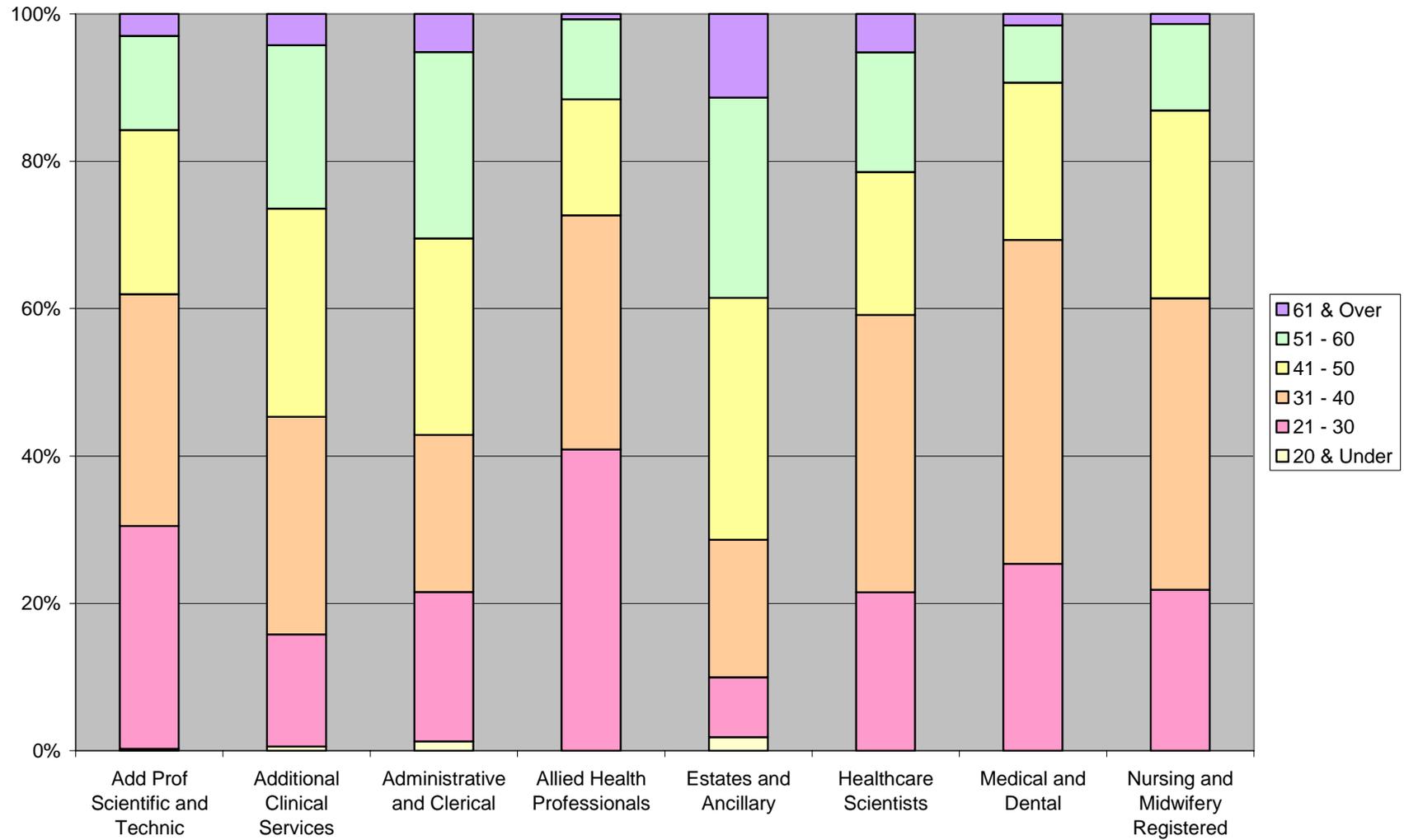
This graph illustrates the percentage of different ethnic groups which fall into each agenda for change pay band (all staff). Those staff who are not paid under agenda for change have been included in the band which accurately reflects their current salary. All staff earning over £88K are included in the band 9 category.

#### 4) Workforce 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 has the highest percentage of male staff in the trust.

### 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.

**6) Recruitment Activities** (\*Appointed staff as a percentage of those short listed)

	Jan 08 to Dec 08			
	Applicants	Short listed	Appointed	Success Rate*
White	9322	2549	449	17.61%
Asian	10018	1900	107	5.63%
Mixed	1186	277	21	7.58%
Black	9614	2389	133	5.57%
Chinese	324	61	32	52.46%
Other	1933	476	18	3.78%
Not Stated	548	100	69	69.00%
<b>Total</b>	<b>32,945</b>	<b>7,752</b>	<b>829</b>	<b>10.69</b>

From January 2008 to December 2008 there were 1,198 vacancies in the Trust. The table above shows the ethnic groupings of candidates who applied, those who were short listed and then those who were subsequently appointed to posts. The Trust uses the NHS Jobs Website to advertise most vacancies so they can be accessed by all members of the community. The medical and dental vacancies advertised through NHS jobs are included in these figures, most consultant vacancies are advertised via other routes.

	Jan 08 to Dec 08			
	Applicants	Short listed	Appointed	Success Rate*
Male	10431	1652	182	11.01
Female	22477	6095	647	10.61
Not Stated	37	5		
<b>Total</b>	<b>32945</b>	<b>7752</b>	<b>829</b>	<b>10.69</b>

This table gives a breakdown of the gender of applicants to advertised posts.

**Ethnicity of Appointed Medical Staff**

	Appointed	% of Total
White	341	50.29
Asian	210	30.97
Mixed	22	3.24
Black	18	2.66
Chinese	9	1.33
Other	50	7.38
Not Stated	28	4.13
<b>Total</b>	<b>678</b>	<b>100</b>

## 7) Appraisals by Gender and Ethnicity

IPR's Carried out in past 12 months				
<b>Appraisals by Gender</b>				
IPR's Carried out in past 12 months				
Ethnicity	No	Yes	Grand Total	%
Female	1297	1851	3148	58.79%
Male	409	671	1080	62.12%
<b>Grand Total</b>	<b>1706</b>	<b>2522</b>	<b>4228</b>	<b>59.65%</b>
<b>Appraisals by Ethnicity</b>				
	No	Yes	Grand Total	%
Asian	258	362	620	58.39%
Black	361	471	832	56.61%
Chinese/Other	136	186	322	57.76%
Mixed Race	35	58	93	62.37%
Not Stated	21	26	47	55.32%
Unknown	8	16	24	66.67%
White	887	1403	2290	61.27%
<b>Grand Total</b>	<b>1706</b>	<b>2522</b>	<b>4228</b>	<b>59.65%</b>

IPR's are reported on staff that have been in post for 12 months or more.

## 8) Leavers (Jan 2008 – Dec 2008)

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.

Ethnicity	Number of Leavers	% Leavers	% Staff
White	747	55.13	53.2
Asian	287	21.18	16.6
Black	150	11.07	17.8
Chinese/Other	94	6.93	7.5
Mixed Race	28	2.07	2.5
Not Stated	15	1.11	1.2
Unknown	34	2.51	1.2
<b>Total</b>	<b>1355</b>	<b>100</b>	<b>100</b>

Age	Number of Leavers	% Leavers	% Staff
Under 20	3	0.22	0.38
21 - 25	81	5.98	6.65
26 - 30	373	27.53	15.77
31 - 35	359	26.49	17.87
36 - 40	221	16.31	16.26
41 - 45	98	7.23	13.10
46 - 50	63	4.65	11.50
51 - 55	38	2.80	8.34
56 - 60	45	3.32	6.90
61 - 65	49	3.62	2.88
66 - 70	25	1.85	0.35
<b>Total</b>	<b>1355</b>	<b>100</b>	<b>100</b>

Gender	Number of Leavers	% Leavers	% Staff
Male	487	35.94	28.08
Female	868	64.06	71.92
<b>Total</b>	<b>1355</b>	<b>100</b>	<b>100</b>

**Staff Training January – December 2008. These figures relate to training provided and recorded through the Training and Development Unit**

	All Attendees		Individual Staff	
	Numbers	%	Numbers	%
Asian	2,258	17.88%	724	16.86%
Black	2,516	19.93%	792	18.44%
Chinese/Other	1,095	8.67%	329	7.66%
Mixed Race	300	2.38%	108	2.51%
Not Stated	135	1.07%	56	1.30%
Unknown	131	1.04%	54	1.26%
White	6,191	49.03%	2232	51.97%
<b>Grand Total</b>	<b>12,626</b>	<b>100.00%</b>	<b>4295</b>	<b>100.00%</b>

**Employee Relations Monitoring  
January – December 2008**

**Key**

<b>STS</b>	Short Term Sickness Absence
<b>LTS</b>	Long Term Sickness Absence
<b>B&amp;H</b>	Bullying and Harassment

**Gender**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
STS	19	43	62
LTS	17	77	94
Disciplinary	25	36	61
Capability	4	11	15
B & H	1	9	10
Grievance	7	6	13
<b>Total</b>	<b>73</b>	<b>182</b>	<b>255</b>

**Total sickness cases 156**

**Age**

<b>Age</b>	<b>Disciplinary</b>	<b>Capability</b>	<b>B &amp;H</b>	<b>Grievance</b>	<b>STS</b>	<b>LTS</b>	<b>Total</b>
20	2	1			2		5
21 -25					3	4	7
26 -30	11	2	3		8	8	32
31 -35	6	2	2	1	16	4	31
36 -40	7	3		2	9	13	34
41 -45	10		3	4	11	13	41
46 -50	11	4	1		4	17	37
51-55	7	1		4	6	14	32
56-60	4	2	1	2	1	16	26
61-65	3				2	5	10
66-70							
<b>Total</b>	<b>61</b>	<b>15</b>	<b>10</b>	<b>13</b>	<b>62</b>	<b>94</b>	<b>255</b>

## Disability

STS	2
LTS	12
<b>Total</b>	<b>14</b>

## Ethnicity

<b>Ethnicity</b>	<b>Disciplinary</b>	<b>Capability</b>	<b>B &amp;H</b>	<b>Grievance</b>	<b>STS</b>	<b>LTS</b>	<b>Total</b>
White	22	10	4	7	34	51	128
Asian	9	2	2	1	3	8	25
Black	24	3	3	1	12	25	68
Chinese	1		1		8 (Filipino)	2	12
others	1			2		2	5
mixed	1			1	1	2	5
unknown					1		1
Not stated	3			1	3	4	11
<b>Total</b>	<b>61</b>	<b>15</b>	<b>10</b>	<b>13</b>	<b>62</b>	<b>94</b>	<b>255</b>

Approximately 200 staff attended bespoke training for directorates/service areas covering main HR policies e.g. Managing Sickness Absence including disability management, disciplinary, performance management etc.

**Human Resources Department**  
**January 2009**