

Annual Equality and Human Rights Report - 2009

Foreword by Chair of Equality and Human Rights Committee and Trust Secretary

“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 fourth 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.

At the time of this report being published, we will hope to have confirmed provisional arrangements for NHS Wandsworth Community Services becoming part of St George’s Healthcare NHS Trust in October 2010. Looking forward, this will have significant implications for the services we provide to local residents, the staff we employ and the opportunities to use the unifying and fair ethos of the NHS to be a value that is understood by all to be available to all.

We aim to make sure we provide patient centered care with diversity of needs in mind, building closer and meaningful relationships with local communities. We aim to make sure we provide patient centered care with diversity of needs in mind, building closer and meaningful relationships with local communities. We have continued to develop successful partnerships with the communities we serve and with local NHS, statutory and voluntary partners to improve the care experience and we will continue to build on this in the future.

The work of the Trust has recently focused on improving the governance and reporting framework for mainstreaming equality and diversity into our clinical and operational services. To support this objective, we have aligned the priorities of the Equality and Human Rights Committee against the new Corporate Scorecard and Strategic Aims of the Trust. As we move forward with our application to Foundation Trust status in 2010, we will plan that our membership recruitment strategy will both evidence and plan for greater involvement of diverse patient, public and staff members to improve services and experience at the Trust.

Our new Single Equalities Scheme for 2010-13 (due in September 2010) will take 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 a true value for diversity, respect for people and equality for all a way of life.

Emma Gilthorpe

Non-Executive Director and Chair of the Equality and Human Rights Committee

March 2010

Peter Jenkinson

Trust Secretary

What we said we were going to do	What we did	The difference it made
<p>To continue partnership work on Learning Disabilities</p>	<p>We worked with all partners in the SW London sector to agree a common Hospital Passport for patients with LD introduced in January 2010.</p> <p>The appointment of a LD Nurse Consultant has improved the diagnosis, understanding and patient and carers experience and outcomes within the Hospital.</p> <p>We set up a Steering Group to take forward and implement the recommendations arising from the 'Healthcare for All 'independent inquiry.</p> <p>We re-established the Hospital Multi-Faith and Belief 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"> • This tool is now in use in 4 Acute Hospitals and 6 PCT Community based learning Disability Teams • Over 260 inpatients referrals have been made to the Consultant Nurse during the past year • Re-established the Hospital Multi-Faith and Belief Forum • 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 • Secured funding to introduce a service to reduce peri-natal mortality in high risk ethnic groups • Faith communities confidence in our awareness of and pro-active response to cultural and faith importance in patient care has significantly improved.
<p>Follow up actions from joint Ethics and Multi-faith Healthcare Event Jan 2008)</p>	<p>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</p>	<ul style="list-style-type: none"> • Members of the external faith communities were able to get assurance on the development of our services and report to their

	<p>Nursing Board. A Humanist representative now sits' on our Multi-Faith and Belief forum We appointed a 0.5 wte Muslim chaplaincy that is represented by both genders</p> <p>We successfully bid for pilot funding for a year from NHS Wandsworth to develop two new services for high risk-women</p> <ul style="list-style-type: none"> • Reducing risk in pre-conceptual and early pregnancy for women with Type 2 diabetes • Shared post in gynecological and maternity services to target African and other women who book late into Maternity Services and to promote our support services for Female genital Mutilation. 	<p>communities.</p> <p>Both services had significant delays in the recruitment and appointment processes. We will report on the outcomes from these pilots in our next report</p>
<p>Take forward the Disability Equality Priorities and actions</p>	<p>We continued our progress on the Disability Equality Scheme 2006-09 which was incorporated into the Single Equality Scheme 2007-10. A full copy of the 2006-09 review is available at http://www.stgeorges.nhs.uk/ED_SES2.asp</p>	<ul style="list-style-type: none"> • There has been significant improvement in the awareness and response to the delivery of services to people with disabilities. • We won two national awards for our work on Learning Disabilities and have extended the base model to all hospitals in the SW London sector.

<p>Equality and Diversity training across the Trust</p>	<p>Using the review of Mandatory and Statutory Training (MAST) for the Trust, from January 2009, we extended the Induction Training to all new staff on E&D to one hour.</p> <p>Over 1200 new staff at induction attended the one hour programme.</p> <p>All other staff working at the Trust had to attend MAST catch-up sessions or provide evidence that they had attended E&D training in the past 3 years.</p> <p>Equality and Diversity Training is available on-line as a module for Junior doctors and is part of their Induction process.</p> <p>Cultural Awareness is a requirement for Consultants sitting on Deanery appointment panels for Fair Recruitment Practice.</p> <p>Senior leadership programmes (in-house) have a session on the rationale and methodology for Equality Impact Assessments (EIA)</p>	<ul style="list-style-type: none"> • Staff are empowered to support equality and diversity and their personal responsibilities • Staff are more aware of using EIA methodology to assess services and policies .
<p>Review how clinical and operational services recognise and promote E&D</p>	<p>Sickle Cell and Thalassemia (Adults) SC&T</p> <p>We completed a full Equality Impact assessment Of adult Sickle Cell and Thallasemia services in 2009. A summary report was presented to the Clinical Management Board who noted they recommendations to move forward to Business case stage</p> <ul style="list-style-type: none"> • Development of Transition Nurse Post • Development of specialist Psychological services • Improved clinical networking with our Acute sector partners 	<ul style="list-style-type: none"> • Continued improvements in the roll –out of Individual Patient Protocols (IPP) • Improved understanding and profile of the activity in the Trust and its links to Community Services by the PCT.

	<p>Safeguarding Adults As reported in earlier reports, we work 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>Transport Services We introduced a new patient transport lounge in the refurbishment of Lanesborough Wing with particular attention to dignity and the environment that patients and carers wait in. Transport services provide around 100,000 patient journeys annually and this is a vital service for vulnerable patients. As part of Lanesborough Entrance development, we improved the public bus-stop facilities opposite this entrance to improve access and larger waiting area. We work closely with GSL- out Transport contractor to ensure that the individual needs of patients are assessed and responded to.</p> <p>Sexual Health Services In partnership with NHS Wandsworth and Wandsworth Council, we have introduced GUM clinics for 18's and under Screening for STI's, free contraception, free pregnancy testing and someone to talk to about any aspect of sexual health and relationships at 3 sites in Wandsworth.</p>	<ul style="list-style-type: none"> • Improved facilities with refreshment and bathroom facilities • Winner of 2009 Wandsworth Council Access Award for Main Entrance and Lanesborough bus stop. <p>Young people have increasingly accessed this service and responded positively to this service which is sensitive to the cultural and age differences for young people. Learning</p>
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		outcomes will be applied to service development in other areas.
Developing Equality in Procurement	We introduced an Equality Checklist to new and exhibiting contractors in Hotel and Transport services. The checklist asks contractors to provide evidence (on a scale) on their understanding and compliance to equality legislation and to their staff.	<ul style="list-style-type: none"> • The process has ensured that our contractors are aware that their compliance with Equality legislation is of equal importance to the Trust aligned In its decision making process.
Public Health Access Audits	<p>In 2009, we piloted a Public Health methodology that reviewed patient's attendances at our Diabetic and GUM services. The aim of the project was to assess if patients were being referred to the Diabetes service in line with the prevalence of Diabetes in our local communities.</p> <p>We reviewed the use of our Sexual Health services that are open-access in line with available data</p>	<ul style="list-style-type: none"> • GP's were referring to the service in line with prevalence in the community. • The Service has made changes to improve its DNA rates •
Improving Service Panning	In 2009, we included unique patient demographics for age, gender, ethnic group and religion for each clinical specialty to the information available to General Managers. This will be updated on a bi-annual basis. We also include feedback from PALS and Complaints to each specialist	<ul style="list-style-type: none"> • General Managers will be able to get a clear understanding of the demography of their services, leading to better planning for the patient experience.
Review of Equality and Human Rights Function	<p>In 2009, we reviewed the membership of the Equality and Human Rights Committee (E&HR) to improve Clinical and operational representation.</p> <p>We agreed that the E&HR Committee would be a sub-committee of the Board and appointed a new Non Executive Director to Chair this Committee.</p> <p>Responsibility for Equality and Human Rights is now located with the Corporate Unit and the Board lead is the Trust Secretary.</p> <p>We confirmed the substantive appointment of a joint post for Equality and Foundation Trust Membership Manager.</p>	<ul style="list-style-type: none"> • Improved Governance and reporting functions to provide assurance to the Board and our regulatory and inspection bodies

Other information

Interpreting services:

We continue to see a growth in the need to provide interpreting services to our diverse and changing communities.

In 2009, we provided 4,647 face-to-face sessions in 40 languages (top 10 languages below) and 477 telephone interpreters in 50 languages.

We also support other interpreting needs with specialist services which require advance notice.

Polish	1,262
Urdu	707
Somali	491
Tamil	464
Portuguese	243
Gujarati	206
Spanish	173
Arabic	109
French	101
Mandarin	97

Priorities for 2010 and beyond

- To introduce a range of Performance management tools across the organisation that will develop greater awareness and accountability
- To develop and agree the Single Equalities Scheme for 2010-2013
- To integrate the work of Community Services Wandsworth into our Trust and build on the learning they will bring
- To continue Public Health access activity within our high volume Clinical Services against Public Health priorities for local communities
- To continue partnership work on Learning Disabilities and extend the learning to the other vulnerable groups of patients
- To work in partnership with statutory and voluntary agencies on Equality and Human Rights
- To implement the recommendations from the Sickle Cell and Thalassaemia assessment.
- To pilot the 'Sign-Translate' hard-of-hearing internet based interpreting system
- To ensure that our Foundation Trust membership recruitment strategy ensures a diverse representation of our local community and that the Trust makes full use of this resource to improve its services in partnership with members and meet local need.
- Work to ensure our Communications and Marketing strategies both recognise and promote our commitment to Equality and Human Rights in service delivery and experience

Diversity in Employment Annual Report– 2009

Priorities for 2010 and beyond

- Meet the employment equality duties through building equality and diversity into workforce and employment practices
- Improve staff involvement and engagement through various communication and development strategies
- Provide Equality and Diversity training and education for staff
- Monitor, report and publish workforce information devising strategies to address any gaps as appropriate
- Analyse employee relations activity, addressing any gaps as required
- “Developing a representative workforce” exercise devising an action plan to address any gaps

The general duty

The general duty requires the Trust to:

- eliminate unlawful discrimination;
- promote equality of opportunity between persons of different groups
- promote good relations between persons of different racial groups
- take steps to improve services for people with disabilities

In addition to the general duty, trusts must also comply with specific equality duties. Among these are three publication duties which require Trusts to publish:

- An equality scheme.
- Employment monitoring statistics by reference to groups (ethnicity, disability, gender, age)

Employment duties

Under the specific duties on employment the Trust has to monitor by group:

Numbers of staff in post and applicants for employment training and employment, training and promotion

As the Trust has more than 150 full-time staff, we also monitor the number of staff from each group who:

- receive training
- benefit or suffer detriment as a result of its performance assessment procedures
- are involved in grievance procedures
- are the subject of disciplinary procedures
- leave our employment

The Trust is required to publish the results of this monitoring annually and will use the monitoring information below to:

- see if there are differences in the way groups are treated
- investigate the underlying reasons for the differences
- deal with any unfairness, disadvantage or possible discrimination.

What we said we were going to do in 2009	What we did	The Difference it made
To continue to meet the employment equality duties through building equality and diversity into workforce and employment practices	This year the HR Managers have led a number of Equality and Diversity training sessions for managers and the HR Advisors have continued to run sessions on E&D during the Corporate Staff Induction. In addition, HR Managers have analysed the data from the 2008 Staff Survey and have run a number of bespoke training sessions to staff in areas where there is room for improvement, for example in areas where high bullying and harassment has been reported. The department has continued to encourage staff to embed equality and diversity in to day to day staff and management practices. This has included team building sessions and the appointment of Practice Educators to facilitate staff development.	The evaluation from the training has been very positive and the Trust is eagerly awaiting this years Staff survey results to see if there has been an improvement in this area.
To continue to improve staff involvement and	A number of communication strategies have developed over the past year. In addition to the eG weekly news update, there is the One Message newsletter that is produced on a	

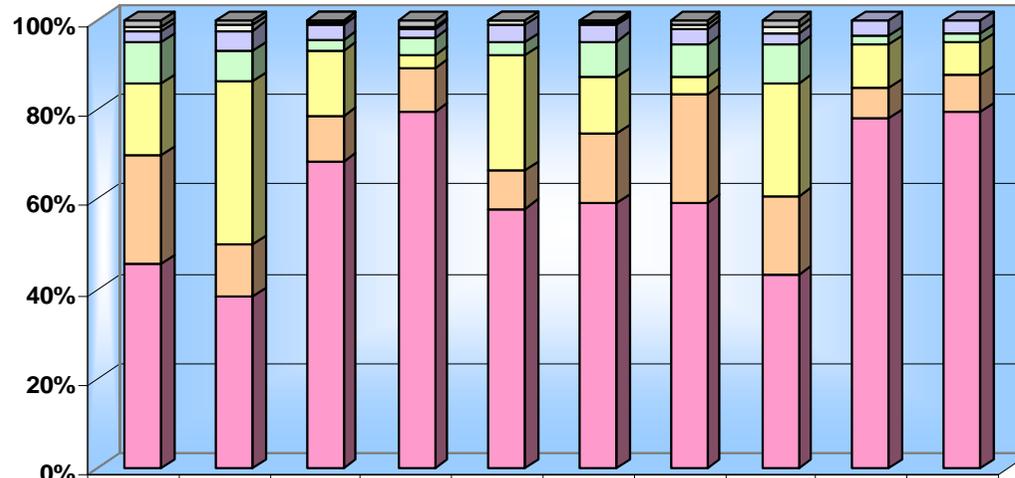
<p>engagement through various communication and development strategies</p>	<p>monthly basis and provides updates to staff on a variety of issues across the organization. Staff in Bands 1- 4 from estates and facilities, outpatients and theatres have been involved in the One Team project, this is a joint initiative between the Trust and Staff Side which aims to create a culture of both excellent colleague-to-colleague and colleague-to-patient service through the attending of training events to develop and improve service skills. The Leadership forums for senior managers have also continued throughout the year.</p>	
<p>To continue to monitor, report and publish workforce information devising strategies to address any gaps as appropriate</p>	<p>The HR department has continuously improved on the reporting of workforce information. This is evident again this year and the data is presented later on in the report. In particular, the employee relations data collated by the department has been analysed and reported on by an Independent HR Consultant. In addition, to a breakdown of employee relations activity by ethnicity, gender, age and banding. We have also included promotions and demotions this year.</p>	<p>Improved diversity monitoring, including data on reasonable adjustments which is reviewed by the HR Managers.</p>
<p>Investigate why disciplinary cases appeared higher for certain ethnic groups compared to other Employee Relations (ER) activity</p>	<p>The number of BME staff subject to disciplinary sanctions appeared high as a proportion of the total staff disciplined. All cases involving BME staff were reviewed by an independent HR Manager, appointed on a short, fixed term contract. The review examined the conduct or problem that had led to a disciplinary hearing, and the sanction imposed. It found that in all cases, the grounds for a hearing, and the sanctions imposed, were reasonable. Further investigation demonstrated that the highest number of disciplinary cases occurred amongst the Band 5 nursing staff. The percentage of BME staff and white staff in this band is 69% and 27% respectively. The percentages of staff disciplined were 59%</p>	<p>Although it initially appeared that a higher proportion of BME staff were being disciplined, further investigation has indicated that a high proportion of BME staff in band 5, where the majority of disciplinarys take place, gives a mistaken impression. All cases reviewed independently were found to be sound.</p>

	and 36% respectively. This indicated that a higher proportion of white staff are disciplined at this band. The conclusion drawn was that the ethnic mix at this band may largely account for the perceived disproportion overall.	
Delivery of fairness and flexibility training for managers & team based training activities	This 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 220 managers over the last year.	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 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.
Policy Updates	The HR department has reviewed and updated a number of HR policies this year; including the Disciplinary Policy, Relocation and Removal Expenses, Mandatory and Statutory Training, Junior Doctors Compensatory Rest and Maternity and Adoption Policy.	All priority policies reviewed have been Equality Impact Assessed.
An Exemplary Employer	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 mentioned in this report.	
Childcare Strategy	One of our HR Advisors has continuously been involved in the “Return to Work Club”, set up to support mothers returning to work after maternity leave. Our Childcare coordinator had also arranged a number of ‘drop in’ sessions to meet with staff on a 1:1 basis and provide advice on benefits, tax credits, childcare vouchers, etc.	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.

	Other initiatives included holiday play schemes and half term activities.	
E Recruitment system	The E Recruitment system has enabled more robust equality monitoring throughout the recruitment cycle. The Trust is therefore able to identify areas of concern and put strategies in place to address any required action. Trust managers also attended a number of Recruitment fairs throughout the year and have also participated in the Ireland and overseas recruitment.	Positive action and raising the profile of the Trust.
The staff survey – is used to measure the performance of the Trust on 28 key areas of employment. e.g. work life balance, appraisal, team working etc.	<p>The Trust continues to participate in the national annual staff survey. This year questionnaires were sent to all staff in the organisation and not the random selection that was surveyed in previous years. The Trust improved publicity for the survey by using a variety of internal communication methods and a higher response rate of nearly 50% was achieved this year.</p> <p>The 2008 Staff Survey Action Plan outlined a number of initiatives e.g. setting up a helpline to provide advice to staff that feel that they are being bullied and harassed in the workplace. The Trust is currently working with Staff Side to achieve these action points.</p>	A 50% response rate across all employees will give the Trust results based on the views of nearly 3,000 staff.

ETHNIC STAFF GROUPS

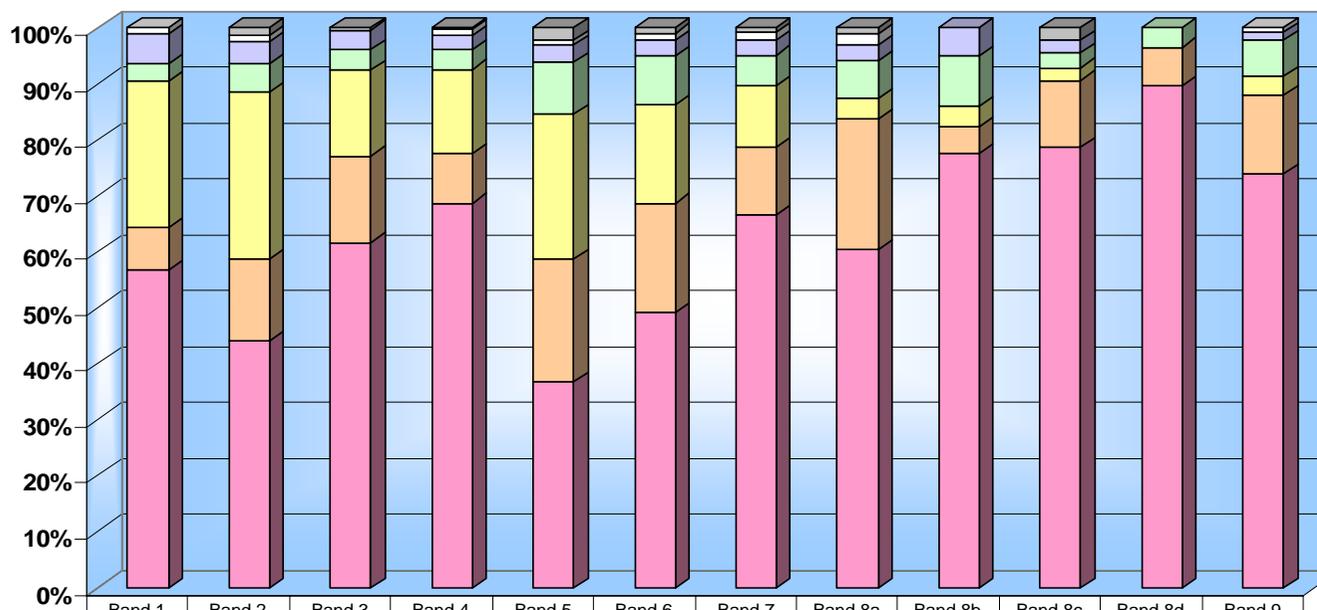
Staff Group Ethnicity Vs. Local Population 31 Dec 2009



	Add Pr of Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Wandsworth Population	SW London Population
Unknown	1.46	1.17	0.43	1.60	0.00	0.62	0.96	1.50		
Not Stated	0.93	1.17	0.61	0.42	1.01	0.62	1.33	1.52		
Mixed Race	2.62	4.50	3.37	1.98	4.05	3.51	3.08	2.66	3.40	3.00
Chinese/ Other	9.01	7.05	2.60	3.85	2.83	7.83	7.49	8.55	2.10	2.20
Black/ Black British	15.97	36.13	14.51	3.12	25.54	12.58	3.56	25.04	9.60	7.20
Asian/ Asian British	24.49	11.80	10.28	9.55	8.60	15.65	24.22	17.54	6.90	8.00
White/ White British	45.52	38.18	68.20	79.48	57.97	59.19	59.37	43.19	78.00	79.60

This chart shows the Staff Group ethnicity in comparison to the local population as at 31st December 2009. All staff groups have a percentage of staff from minority ethnic backgrounds either equal to or higher than the census figures.

All Staff Ethnicity by Payband 31 Dec 2009



	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
Unknown		12.07	1.00	1.00	28.00	9.87	5.00	7.00		1.00		
Not Stated	1.00	8.96		4.00	10.46	14.19	10.59	12.41				3.00
Mixed Race	5.00	34.46	9.42	10.60	39.16	29.36	20.28	18.99	4.00	1.00		5.00
Chinese/Other	2.80	44.33	10.32	14.00	114.73	91.40	40.75	44.10	7.00	1.18	1.00	22.71
Black/Black British	24.48	259.41	42.10	60.53	326.73	187.95	82.37	24.81	3.00	1.00		12.50
Asian/Asian British	7.00	127.59	42.50	36.17	274.98	208.79	88.50	153.74	3.80	5.34	2.00	50.94
White/White British	52.92	385.25	169.44	277.18	461.38	523.12	495.86	398.92	61.29	35.22	26.21	265.75

This graph illustrates the percentage of different ethnic groups which fall into each Agenda for Change pay band. (all staff). Staff who are not paid under AFC have been included in the band which accurately reflects their current salary. Unlike previous years, the Trust is now beginning to see a higher number of BME staff in the higher bands.

Trust Age Profile - December 2009

Age Bands	WTE	St. Georges All Staff %
20 & Under	8.97	0.15
21 - 30	1457.10	24.78
31 - 40	1958.05	33.30
41 - 50	1409.92	23.98
51 - 60	860.12	14.63
61 & Over	185.76	3.16
Total	5879.91	100.0

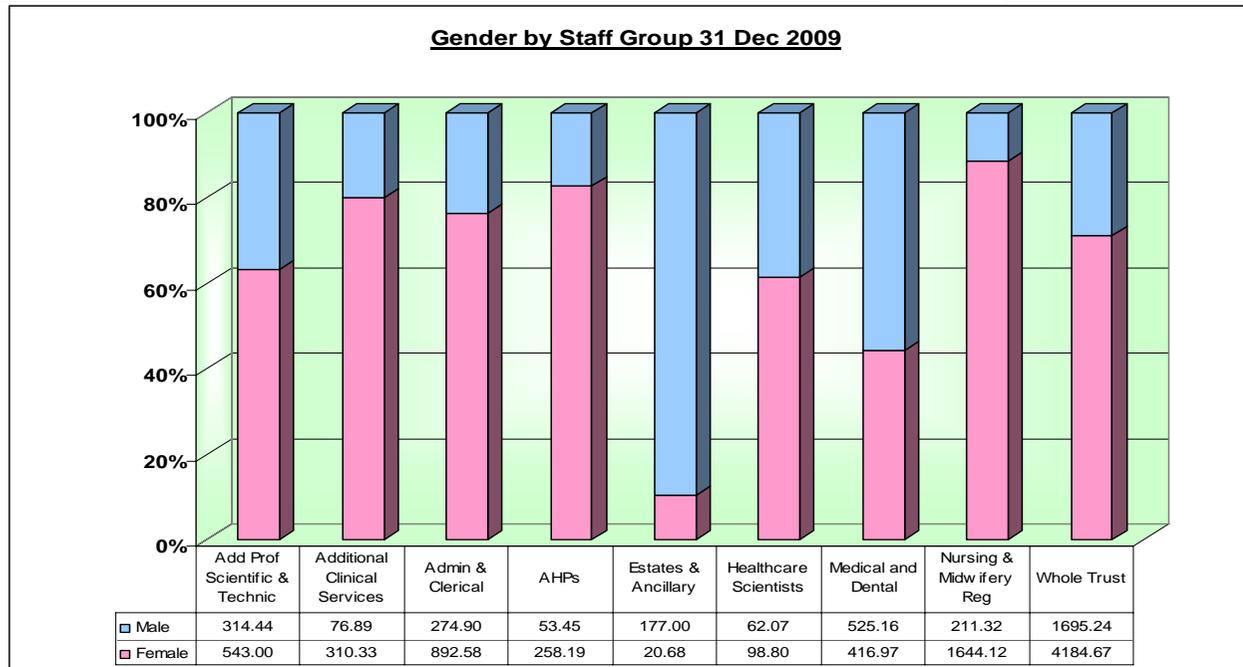
The above table shows the age profile of all staff across the Trust. The highest numbers of staff are in the 31-40 age band.

Staff Group WTE	20 & Under	21 - 30	31 - 40	41 - 50	51 - 60	61 & Over	Total
Add Prof Scientific and Technical	3.00	264.67	277.72	187.84	99.85	24.37	857.44
Additional Clinical Services		77.85	116.84	93.92	82.78	15.84	387.22
Administrative and Clerical	5.97	272.05	247.96	306.55	274.15	60.81	1167.49
Allied Health Professionals		139.40	93.83	50.22	26.29	1.90	311.64
Estates and Ancillary		25.00	43.60	56.28	47.80	25.00	197.68
Healthcare Scientists		36.83	61.01	29.63	27.40	6.00	160.87
Medical and Dental		219.99	420.30	204.02	79.77	18.05	942.13
Nursing and Midwifery Registered		421.31	696.80	481.46	222.07	33.79	1855.44
Total	8.97	1457.10	1958.05	1409.92	860.12	185.76	5879.91

GENDER

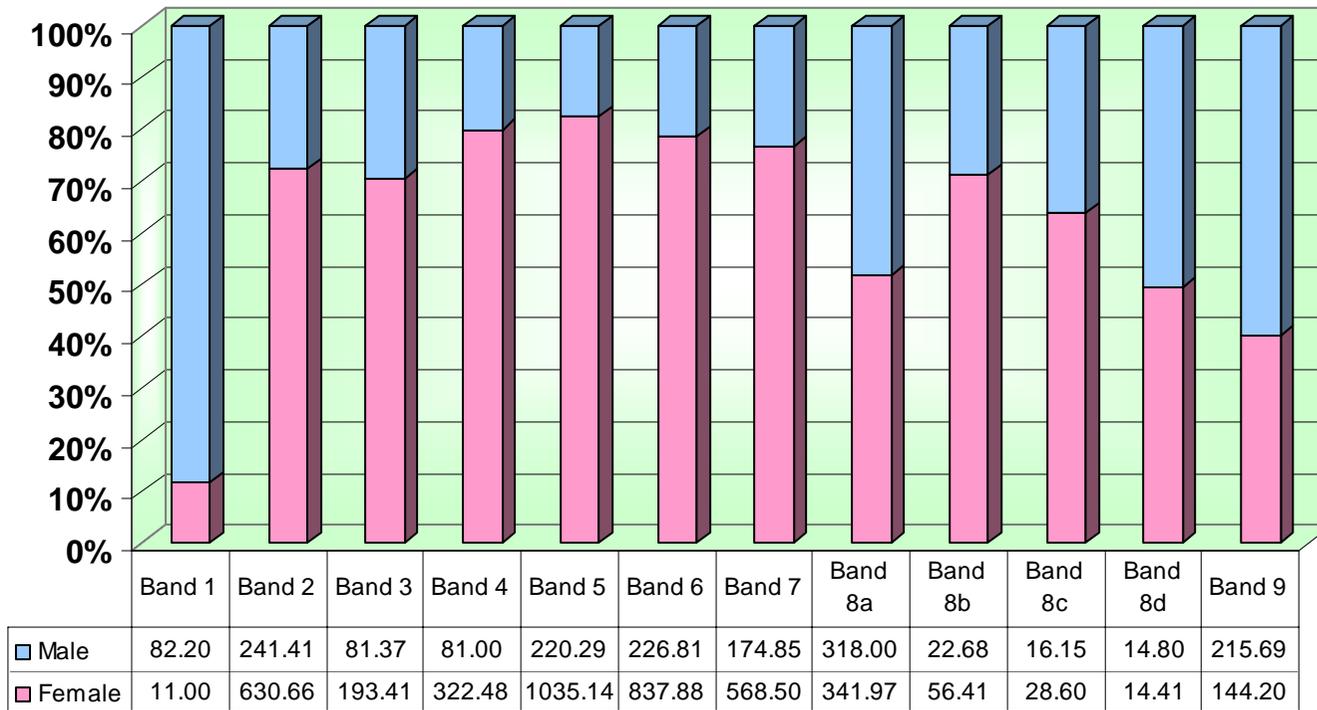
Staff Group by FTE	Female	Male	Total
Add Prof Scientific & Technical	543.00	314.44	857.44
Additional Clinical Services	310.33	76.89	387.22
Admin & Clerical	892.58	274.90	1167.49
AHPs	258.19	53.45	311.64
Estates & Ancillary	20.68	177.00	197.68
Healthcare Scientists	98.80	62.07	160.87
Medical and Dental	416.97	525.16	942.13
Nursing & Midwifery Reg	1644.12	211.32	1855.44
Whole Trust	4184.67	1695.24	5879.91

Staff Group	Female %	Male %
Add Prof Scientific & Technical	63.33	36.67
Additional Clinical Services	80.14	19.86
Admin & Clerical	76.45	23.55
AHPs	82.85	17.15
Estates & Ancillary	10.46	89.54
Healthcare Scientists	61.41	38.59
Medical and Dental	44.26	55.74
Nursing & Midwifery Reg	88.61	11.39
Whole Trust	71.17	28.83



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 number of female staff are Nursing and Midwifery, Allied Health Professionals, Admin & Clerical, Additional Clinical Services and Additional Professional Scientific. The Estates and Ancillary staff group has the highest percentage of male staff in the Trust. The percentage of female staff in this group has reduced from approx 19% in 2007 to 10% this year.

Gender by Pay Band - 31 Dec 2009



The above graph shows that gender breakdown by banding, there is a higher number of male staff in Band 1, these are mainly portering staff all the other bands have a higher number of female staff except band 8a and band 9. Band 9 and above are mostly consultants and directors.

LEAVERS

Gender	Leavers FTE	% Leavers	St Georges Staff %	Ethnicity	Leavers FTE	% Leavers	St Georges Staff %
Female	727.12	59.96%	71.17%	Asian/Asian British	271.83	22.42%	17.03%
Male	485.59	40.04%	28.83%	Black/Black British	155.50	12.82%	17.43%
Grand Total	1212.71	100.00%	100.00%	Chinese/Other	82.16	6.78%	6.71%
				Mixed Race	35.59	2.93%	3.01%
				Not Stated	17.48	1.44%	1.10%
				Unknown	21.39	1.76%	1.10%
				White/White British	628.75	51.85%	53.62%
				Grand Total	1212.71	100.00%	100.00%

Age	Leavers FTE	% Leavers	St Georges Staff %
20 & under	6.72	0.55%	0.15%
21 to 30	453.26	37.38%	24.78%
31 to 40	492.39	40.60%	33.30%
41 to 50	139.58	11.51%	23.98%
51 to 60	88.86	7.33%	14.63%
61 & Over	31.91	2.63%	3.16%
Grand Total	1212.71	100.00%	100.00%

RECRUITMENT

Ethnicity	Applicants	Shortlisted	Appointed	Success Rate*	Gender	Applicants	Shortlisted	Appointed	Success Rate*
White British	10,673	2,837	505	17.80%	Male	12,085	2,374	209	8.80%
Asian/Asian British	10,213	1,808	120	6.64%	Female	21,552	5,016	690	13.76%
Mixed Race	1,235	256	35	13.67%	Undisclosed	55	15	2	13.33%
Black/Black British	9,093	1,932	171	8.85%	Total	33,692	7,405	901	12.17%
Chinese/Other	1,896	460	65	14.13%					
Not stated	582	112	5	4.46%					
Total	33,692	7,405	901	12.17%					

*Appointed staff as a percentage of those shortlisted

From January 2009 to December 2009 there were 1,455 vacancies in the Trust. The table above shows the ethnic groupings of candidates who applied, those who were shortlisted and then those who were subsequently appointed to posts. The Trust uses the NHS Jobs Website to advertise most vacancies so that 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.

Ethnicity	External Appointments	% of Total
Asian/Asian British	285	31.08%
Black/Black British	43	4.69%
Chinese/Other	67	7.31%
Mixed Race	31	3.38%
Not Stated	8	0.87%
Unknown	22	2.40%
White/White British	461	50.27%
Grand Total	917	100.00%

STAFF APPRAISALS

Gender	Eligible staff	Percentage had appraisal
Female	3146	59.79%
Male	913	56.74%
Grand Total	4059	59.10%

Ethnicity	Eligible staff	Percentage had appraisal
Asian/Asian British	617	62.88%
Black/Black British	828	56.16%
Chinese/Other	282	65.25%
Mixed Race	109	57.80%
Not Stated	49	51.02%
Unknown	35	62.86%
White/White British	2139	58.53%
Grand Total	4059	59.10%

PROMOTIONS

Ethnicity

Ethnic Grouping	Promotion	St Georges
Asian/Asian		
British	18.70%	16.71%
Black/Black		
British	13.36%	17.19%
Chinese/Other	5.34%	6.54%
Mixed Race	2.67%	3.02%
Not Stated	3.05%	2.20%
White/White		
British	56.87%	54.33%
Grand Total	100.00%	100.00%

Gender

Gender	Promotion	St Georges
Female	75.95%	72.22%
Male	24.05%	27.78%
Grand Total	100.00%	100.00%

Disability

Disabled	Promotion	St Georges
Yes	1.91%	1.83%
No	82.06%	71.44%
Not Declared	16.03%	26.73%
Grand Total	100.00%	100.00%

Age

Age band	Promotion	St Georges
20 & under	0.00%	0.16%
21 - 30	33.59%	23.93%
31 - 40	38.93%	33.35%
41 - 50	18.70%	24.39%
51 - 60	7.63%	14.80%
61 & over	1.15%	3.37%
Grand Total	100.00%	100.00%

Long Term Sickness (LTS) Analysis v Monitoring Profile

Age Profile and LTS Analysis

	20 & Under	21 - 30	31 - 40	41 - 50	51 - 60	61 & Over	Grand Tot
LTS	0.00%	11.63%	23.26%	34.88%	26.74%	3.49%	100.00%
Monitoring	0.39%	23.35%	33.64%	24.36%	15.24%	3.02%	100.00%

Conclusion: The older age groups are more affected by LTS (41-50 and 51-60). - a 50% sample was taken

Ward sickness analysis – A number of wards in each division were reviewed and no differences were found in the way absence was being managed under the Sickness Policy.

Divisional Profile and LTS Analysis

	LTS	Monitoring
Medicines & Cardiothoracic Sciences	31.40%	23.50%
Surgery and Neuro Sciences	18.60%	24.70%
Estates & Facilities	11.63%	6.30%
Children & Women's Diagnostic & Therapy Services	33.72%	40.90%
Corporate	4.65%	4.60%

Conclusions: Contrastingly as compared to STS, Surgery and Neuro Sciences have a lower ratio of LTS cases. Medicines & Cardiothoracic Sciences have a higher ratio of LTS cases

Gender Profile and LTS Analysis

	LTS	Monitoring
Female	77.90%	71.92%
Male	22.10%	28.08%

Conclusion: No major discrepancy compared to monitoring figures

Ethnicity Profile and LTS Analysis

	Asian/ Asian British	Black/ Black British	Chinese/ Other	Mixed Race	Not Stated	Unknown	White/White British	Grand Total
LTS	11.63%	24.42%	0.00%	2.33%	2.33%	1.16%	58.13%	100.00%
Monitoring	16.68%	17.84%	7.44%	2.54%	1.21%	1.13%	53.18%	100.00%

Conclusion: Marginal concern with Black/ Black British and White/ White British ethnic groups as there is a higher number of LTS cases in these groups.

Disciplinary Analysis v Monitoring Profile

Age Profile and Disciplinary Cases Analysis

	20 & Under	21 - 30	31 - 40	41 - 50	51 - 60	61 & Over	Grand Tot
Disciplinary Cases	5.33%	14.67%	22.67%	33.33%	17.33%	6.67%	100.00%
Monitoring	0.39%	23.35%	33.64%	24.36%	15.24%	3.02%	100.00%

Ethnicity Profile and Disciplinary Cases Analysis

	Asian/ Asian British	Black/ Black British	Chinese/ Other	Mixed Race	Not Stated	Unknown	White/White British	Grand Total
Disciplinary Cases	12.00%	34.66%	10.67%	0.00%	4.00%	1.34%	37.33%	100.00%
Monitoring	16.68%	17.84%	7.44%	2.54%	1.21%	1.13%	53.18%	100.00%

Conclusion: The highest ratio of disciplinary cases by a large margin were within the Black/ Black British ethnic category

Capability Analysis v Monitoring Profile

Age Profile and Capability Analysis

	20 & Under	21 - 30	31 - 40	41 - 50	51 - 60	61 & Over	Grand Tot
Capability Cases	0.00%	5.56%	33.33%	38.88%	16.67%	5.56%	100.00%
Monitoring	0.39%	23.35%	33.64%	24.36%	15.24%	3.02%	100.00%

Conclusion: Age group 21-30 have a significantly lower ratio of capability cases. Age group 41-50 has a significantly higher number of capability cases

Ethnicity Profile and Capability Analysis

	Asian/ Asian British	Black/ Black British	Chinese/ Other	Mixed Race	Not Stated	Unknown	White/White British	Grand Total
Capability Cases	11.11%	27.78%	0.00%	0.00%	0.00%	0.00%	61.11%	100.00%
Monitoring	16.68%	17.84%	7.44%	2.54%	1.21%	1.13%	53.18%	100.00%

Conclusion: There is a higher representation of cases in the Black/ Black British and White/ White British groups

Suspension Analysis v Monitoring Profile

Age Profile and Suspension Analysis

	20 & Under	21 - 30	31 - 40	41 - 50	51 - 60	61 & Over	Grand Tot
Suspension Cases	10.53%	21.05%	10.53%	42.10%	5.26%	10.53%	100.00%
Monitoring	0.39%	23.35%	33.64%	24.36%	15.24%	3.02%	100.00%

Conclusion: The 41-50 age group have higher ratio of suspension cases, There is a low representation of suspension cases in the 31-40 age group

Ethnicity Profile and Suspension Analysis

	Asian/ Asian British	Black/ Black British	Chinese/ Other	Mixed Race	Not Stated	Unknown	White/White British	Grand Total
Suspension Cases	10.53%	31.58%	0.00%	0.00%	10.53%	0.00%	47.36%	100.00%
Monitoring	16.68%	17.84%	7.44%	2.54%	1.21%	1.13%	53.18%	100.00%

Conclusion: There is a higher ratio of suspension cases in the Black/ Black British ethnic group

Grievance Analysis v Monitoring Profile

Age Profile and Grievance Analysis

	20 & Under	21 - 30	31 - 40	41 - 50	51 - 60	61 & Over	Grand Tot
Grievance Cases	0.00%	16.67%	33.33%	22.22%	22.22%	5.56%	100.00%
Monitoring	0.39%	23.35%	33.64%	24.36%	15.24%	3.02%	100.00%

Conclusion: The higher ratio of grievance cases are in the 51-60 age category

Ethnicity Profile and Grievance Analysis

	Asian/ Asian British	Black/ Black British	Chinese/ Other	Mixed Race	Not Stated	Unknown	White/White British	Grand Total
Grievance Cases	5.56%	16.67%	0.00%	5.56%	5.56%	11.10%	55.55%	100.00%
Monitoring	16.68%	17.84%	7.44%	2.54%	1.21%	1.13%	53.18%	100.00%

Conclusion: Grievance ethnicity profile is similar to the monitoring profile. (larger variations are exacerbated by small numbers)