



St George's Public Sector Equality Duty (PSED) Annual Report 2022 - 2023

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Report Author; Joseph Pavett-Downer, June 2023

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Welcome and overview from our Group Chief Executive Officer, Group Chief People Officer, and Chairman

We are pleased to introduce our 2022/23 Public Sector Equality Duty (PSED) Annual Report as it captures a wealth of information and evidence that demonstrates how St George's University Hospitals NHS Foundation Trust (SGH) has met, and will continue to meet, its statutory duties under the Equality Act 2010.

These reports provide an overview of the Trust's commitment to Equality, Diversity, and Inclusion (EDI), EDI related activities over the last 18 months and our workforce and patient demographics. The purpose of the report is to provide an overview of activities and equality data relating to staff and service users of St George's. We collect data and review it regularly to ensure that we are not inadvertently behaving in a way that disadvantages members of staff or patients with protected characteristics. Through delivering our commitment to a diverse workforce and an inclusive approach to the service that we provide, we believe St George's will develop its capacity and capability to lead by example and to be an employer of choice for everyone, regardless of their background.

We are committed to providing first-class health care for our diverse population recognising our legal duty to eliminate unlawful discrimination and provide equality of outcomes for our population. We recognise that services need to be designed with the person at the centre of them thereby embedding the values underpinning equality, diversity, inclusion, and human rights at the core of our business, which shapes and influences our decisions, policymaking, service planning and employment practices. We are committed to achieving our equality duties and obligations, to reduce avoidable health inequalities in all aspects of our roles and functions.

The last few years have been particularly challenging due to the unprecedented impact of the COVID-19 pandemic. The pandemic highlighted significant inequalities and unfortunately resulted in further inequality which has increase the gap further. It is vital we maintain focus on EDI and continue to rebuild and improve the experience and treatment of those with protected characteristics. We are committed to doing all we can to address these inequalities and will work to proactively address inequalities that affect our staff, as well as the health inequalities in the communities we serve.

We would like to take this opportunity to recognise the work of our staff and the teams who have contributed to this comprehensive report, this includes our EDI Team, Staff Networks, Workforce and Business Intelligence teams, Staff Side, Freedom to Speak Up, HR, Health and Well-being, Staff Support, Patient Experience, and the Clinical Services featured.



Jacqueline Totterdell
Group CEO



Paul Da Gama
Group CPO



Gillian Norton OBE DL
Chairman

Section 1 – Background and Introduction

Introduction to the PSED

Each year public bodies, subject to section 149 of the Equality Act 2010, are required to publish equality information. This summary of equality information should demonstrate how they (St George's) complied with the '*general*' and '*specific*' duties of the public sector equality duty (PSED). [The PSED Report](#) incorporates information in relation to both Patient and Workforce equalities.

What are the *general* duties?

In the exercise of its functions, St George's, must have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

The second aim mentioned above (*advancing equality of opportunity*) involves having due regard to the need to:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Furthermore, the Equality Act describes that meeting different needs includes (among other things) taking steps to consider the needs of those with disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups/committees. It explains that compliance with the general equality duty may involve treating some people more favourably than others or taking steps to offer specific levels of support which help some communities access services or improve health outcomes (though only if permissible otherwise under the Act).

The equality duty covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the duty applies to this characteristic but that the other aims (advancing equality and fostering good relations) do not apply.

How do we demonstrate compliance?

Along with other local data, the PSED uses information from standalone equality reports such as Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). It also includes the Gender Pay Gap data and our Equality Delivery System (EDS). In relation to Patient or Health Equalities, we are asked to spotlight any services that help to demonstrate compliance with both the general and specific duties of the PSED.

Our Hospitals and Services

Since the opening of the original St George's Hospital on Hyde Park Corner in 1733, St George's has built an international reputation for quality of care, education, research and medical advances. We share our main hospital site in Tooting with St George's, University of London, and together we train future generations of the NHS workforce.

Our organisation is large – with more than 9,000 staff – but retains a strong sense of community. We have strong links with the local populations we serve but are also recognised nationally and internationally for being a leader in research and innovation. This enables us to attract staff from all corners of the globe.

In February 2015, St George's became an NHS Foundation Trust. As the largest healthcare provider in south west London, our two hospital sites at St George's Hospital and Queen Mary's Hospital in Roehampton serve a population of 1.3 million across south west London. As a provider of many tertiary services, such as neurosciences and paediatric medicine, we also offer care for significant populations in Surrey, Sussex, Hampshire and beyond, totalling around 3.5 million people. Even further afield, we provide care for patients from across the south west of England in specialties such as complex pelvic trauma. Other services are even more specialist, and our family HIV care service and expertise in bone marrow transplantation for non-cancer diseases mean we treat people from across the country.

St George's is one of the four major trauma centres for London, and home to hyper acute stroke and heart attack centres. We operate one of London's four helipads, which means we treat some of the most unwell and severely injured patients from across the south of England. We are a major centre for cancer services: St George's is one of only two designated children's cancer centres in London, and the seventh largest centre for cancer surgery/chemotherapy in London. We are one of London's largest children's hospitals, with one of only four paediatric trauma units in London, and our children's services are rated Outstanding by the CQC. St George's Hospital also hosts the only paediatric intensive care unit in south west London.

St George's is a major centre for neurosciences, and the third largest provider in London for neurosurgery. We also offer many innovative treatments for patients – for example, we were the first centre in the country to provide a 24/7 mechanical thrombectomy service, which involves surgically removing blood clots from the brain for patients who have had a stroke. Many of our services are also part of established clinical networks, which bring together clinicians and support staff from a range of healthcare providers to improve the quality of services for patients.

St George's, Epsom and St Helier University Hospitals and Health Group

In August 2021, after years of collaboration and creating closer working ties, we announced that the Boards of Epsom and St Helier and St George's had agreed to form a hospital group. This is an important new chapter for both organisations, which will enable us to strengthen the professional networks we have already created and ensure both Trusts provide the best possible care for our patients. The two Trusts remain separate legal entities but are now led by a single executive team, which have put in place harmonised governance arrangements enabling and supporting closer collaborative working.

Section 2 – Organisational Commitment and Strategy

Our Commitment to Inclusion

St George's is committed to building a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. As well as being well-represented across all levels, we must ensure that people from marginalised groups, are actively and always included, and that this inclusion is felt authentically at a personal level.

For our patients and visitors, we are committed to offering a comprehensive service available to all, irrespective of age, disability, race, nationality, ethnic or national origin, gender, religion or belief; sexual orientation, marital status, pregnancy and maternity status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. Nine of these characteristics are known as protected characteristics under the Equality Act 2010 (see opposite). We also consider characteristics beyond these groups and include inclusions groups such as Carers, Asylum Seekers and Refugees, Prisoners, Sex workers, those who are Homeless or Unemployed, have Mental Health or Domestic Abuse concerns, or concerns with Drugs and Alcohol use.



Taking a holistic approach, that starts with how we treat our staff, helps to create an inclusive culture at St George's which has significant benefits for our service users. A number of these benefits are noted below:

- Staff who feel included, engaged, and supported have greater personal resources and resilience to offer thorough and compassionate care.
- Staff who are differently-abled may offer enhanced empathy and support to patients due to their lived-experiences.
- Stronger team performance by maximising our blend of skills, talents, knowledge, and professional experience.
- Improved staff retention and consistency of care.
- A reduction in bullying, harassment, discrimination, and other forms of exclusion by building greater understanding, appreciation and respect.
- Supports our organisational journey towards adopting a more compassionate and inclusive culture.

“Our ambition is to create an organisation - and a reinforcing culture - that not only offers equality and a positive experience for all our colleagues, but one that actively nurtures and celebrates our differences. We strive for this in the certainty that our rich diversity and a universal sense of belonging will be integral to our success as a healthcare organisation.”

Our Strategy for 2023-2028

As a Trust, we aim to proactively and positively address inequalities that affect our staff, as well as the health inequalities in the communities we serve. Our organisations have seen major change in recent years – such as the COVID pandemic, a new legal framework for the NHS, and St George's, Epsom and St Helier coming together to form a Group. In that context, over the course of 2022, we spoke to hundreds of our patients, staff and partners about what they want the future to look like for our organisations. This strategy, based on those discussions, sets out our direction of travel for the coming five years.

What do we want our role to be in 2028?

Working as a group gives us the opportunity to think about the role we'll play in our local communities and across the wider NHS. We want to provide local services for the people of Surrey Downs, Sutton, Merton and Wandsworth, and be a major tertiary centre for south west London – particularly known for our specialist major trauma, renal, neuroscience, paediatric and cancer services.

As university hospitals, we'll focus on research and education, working closely with St George's, University of London.

While our Trusts will have distinct identities, we'll work as one family to maximise the benefits of being a group, and work with partners to join up care around patients' needs. We will act as anchor institutions – this means we'll have a positive impact on our local communities beyond healthcare.

What do we want to achieve?

Our vision for 2028 is to provide outstanding care, together. With the help of our patients, staff and partners, we have chosen four overall aims for 2028 – our **CARE** objectives.

These are the things we care about the most and will be central to achieving our vision:

- **C** Collaboration and partnership
- **A** Affordable services, fit for the future
- **R** Right care, right place, right time
- **E** Empowered, engaged staff



In all this, everything we do will be driven by our patients.

How will we get there?

The answer is – together. 17,000 people work at St George's and Epsom and St Helier, and every one of us will have a part to play in making our vision a reality.

We will deliver our vision through:

1. **Local improvement:** continuous improvement, pursued by teams of staff at every level in our organisations, from Board to ward, against a common framework of annual improvement priorities.
2. **Corporate enablers:** action led by individual corporate departments, working with clinical teams, to deliver against a range of corporate strategies: quality and safety, people, IT, estates, research and innovation, our green plans.
3. **Strategic initiatives:** nine large, complex, long-term, Board-led, transformational programmes of work:
 - The Building Your Future Hospitals programme
 - Supporting a continuous improvement approach throughout organisations, through high-performing teams and leaders
 - Implementing a shared system for electronic patient records across our Group
 - Transforming our outpatient services
 - Collaborating with other hospitals across South West London
 - Transforming our culture, and making our workplaces more diverse and inclusive
 - Pursuing collaboration across our GESH Group
 - Collaborating with local partners in Surrey Downs, Sutton, Merton and Wandsworth
 - Strengthening our specialised services

You can read more detail about our CARE objectives in our [strategy summary document \(PDF\)](#) or in the [full strategy \(PDF\)](#). We have also produced a short animation explaining the key points of our strategy, which you can view [here](#).



“Our vision for 2028 is simple but powerful – we will offer outstanding care, together.”

Our Governance Structure

Our Head of Equality Diversity and Inclusion is part of our People Function, within our Education, Culture and Organisational Development Team. They report directly to our Group Deputy Chief People Officer and are a member of several stakeholder and governance committees, including our Culture, Equity and Inclusion Programme Board, Patient Partnership and Experience Group, Partnership Forum, People Management Group and our People Committee in Common – which is a sub-committee of our Board.

These groups/committees receive regular reports and updates which allow for effective communication to our senior leadership teams and oversight of progress, and also enables our EDI team to seek support and highlight concerns directly to our Executive Leadership team. As well as progress against our equality objectives and action plans these reports include Staff Network updates, Pay Gap reports, WRES, WDES and PSED.

In addition, our Group Chief Executive, Group Chief People Officer and Chairman meet quarterly with each of our Staff Network Chairs to discuss progress and support with any areas of concern or barriers. Our Staff Networks also have a named Group and Site Executive Sponsor that will champion and advocate on their network's behalf.

Section 3 - Workforce

This section provides an overview of programmes of work in relation to workforce inclusion.

This section spotlights specific teams and initiatives that have been introduced throughout 2022 and 2023 to improve the experience of staff and provide a demonstration of how St George's has had due regard for the general and specific duties of the PSED.

Whilst many of these examples help to improve the experience of everyone that works at St George's they were developed with inclusion as a key principle. This has ensured specific consideration has been given to improving the experience, and amplify the voices of, staff with one or more protected characteristics.

Overview of Key Achievements / Activities

- Awarded Gold by the British Armed Forces, naming St George's as one of the most supportive organisations for Veterans, Reserves, Cadet Force Adult Volunteers and Spouses and Partners of those serving in the Armed Forces. Further information on the steps taken to achieve this accolade can be found [here](#).
- Developed two bespoke e-learning modules - Disability Awareness (for all staff) and a Workplace Adjustments module for line managers. These modules achieved over 70% compliance across the workforce within 4 months of launching.
- Developed a bespoke LGBTQIA Awareness Module which aims to build a greater understanding of the challenges and barriers that the LGBTQIA+ community face when accessing health and care services, and how support can be improved to positively impact patient care and experience.
- Active Bystander Training delivered to over 300 members of staff across the organisation. To reinforce this learning, our EDI Team also developed a bitesize online training session which is available to staff as part the Trust Management Fundamentals.
- We continue to support the DFN Project Search Programme which is now in its 11th year at St George's. Over 70% of St George's Project Search graduates have gone on to secure permanent employment - 14 of which with St George's.
- Introduction of a menopause policy and monthly menopause cafés to support individuals experiencing menopause. These sessions provide a free, safe and inclusive space to learn more about menopause, its impact on staff and to share experiences.

- Increased numbers of staff accessing health and wellbeing interventions. For example, almost 300 staff members participated in our Health and Wellbeing Challenge - an increase of 185% compared to the previous year. This event saw staff record their daily exercise or healthy habit, sign up to daily challenges and compete with colleagues.
- Health and Wellbeing led a Cost-of-Living Group and provided a range of tools and resources for staff to build financial resilience and receive support. This included webinars, national and local resources, and partnership with a local foodbank that delivered food onsite to help staff who are unable to visit the foodbank due to their working hours.
- Trained additional Health and Wellbeing Champions and Mental Health First Aiders across the Trust. These trained colleagues provide staff with a level of peer support who can help in a crisis and signpost to available resources.
- Trained over 150 Recruitment Inclusion Specialists who have supported almost 500 interviews panels across the organisation.
- Co-designed the SWL Inclusive Recruitment Module in partnership with the SWL Recruitment Hub
- Improved collaboration and shared best practice across Southwest London Trusts and the ICS. This includes membership and attendance at our SW London EDI Leaders Network. This work included our St George's EDI Team delivering several *Train the Trainer* Sessions for our Recruitment Inclusion Specialist Training. These Train the Trainer sessions support colleagues at other trusts to understand the RIS initiative and begin work embedding the process within their own organisations.

- Announced the official opening of our new breastfeeding room for staff - kindly funded by our St George's Hospital Charity. The room aims to provide a comfortable space for staff who choose to breastfeed. The idea for the room emerged from discussions at our Women's Staff Network meetings, which provide an opportunity to parents to share thoughts on how to make St Georges a more inclusive workplace for women.



- The LGBTQ+ Network hosted activities to raise awareness of issues face by the Trans community, particularly within health care. This included talks by UK charity TransActual as well as interviews with staff and promotion of resources.
- Introduction of a centralised Reasonable Adjustments budget which will improve staff access to adjustments, ensuring requests are managed in a timely and supportive manner.

- To close our Black History Month 2022, we invited staff to enter a reflective writing competition with a focus on *'Reclaiming Your Time; self care when facing repeated racial injustice'*. The aim of the competition was to celebrate the resilience of people of colour, who often grow up being taught they'll need to "work harder" than their white peers in order to be seen. #RestAsResistance promotes healing from burnout caused by ideologies like this and challenges the status quo stemming from racial injustice.
- We marked Speak Up Month – our Freedom To Speak Up team hosted a series of awareness sessions throughout the month, including visiting many teams in person.



- Our Learning and Development and EDI Team co-designed and delivered Career Conversations Webinars and drop-in sessions hosted for staff. These sessions featured talks and information stands from professional leads, providing practical information and training on career planning and pathways in the NHS and interview training. Topics include; Strategic Career Planning, Writing Applications for Success and Interview Preparation and Networking.
- Part of South West London's Disability Advice Line (DAL) service – an innovative support service that gives confidential independent disability advice.
- Commissioned Suzy's Charter for workplace Safety via the Suzy Lamplugh Trust.
- Introduction of monthly *Executive Question Time*; a forum to hear the voices of our staff and their burning questions, led by our Group CEO Jacqueline Totterdell and the Group Executive Team. All 17,000 staff members across the group are invited to attend these online forums and submit question in advance, and anonymously if preferred.
- Our Bi-monthly *Ally Movie Nights* continue to grow in success with our EDI Team selecting a film that builds understanding of the experiences of those from marginalised communities and encourages discussion about important issues these communities face. These informal viewings allow staff to attend a social educational evening with colleagues, sharing experience, views on the movies and pizza.



Culture Programme

Our Culture Programme launched in 2020 and is based on the NHS E/I's Culture and Leadership Programme. Guided by NHS E/I methodology, our programme consisted of three main phases:

- Discover (diagnostic phase); March 2020 – November 2020.
- Design; January 2021 – March 2021
- Deliver; April 2021 onwards

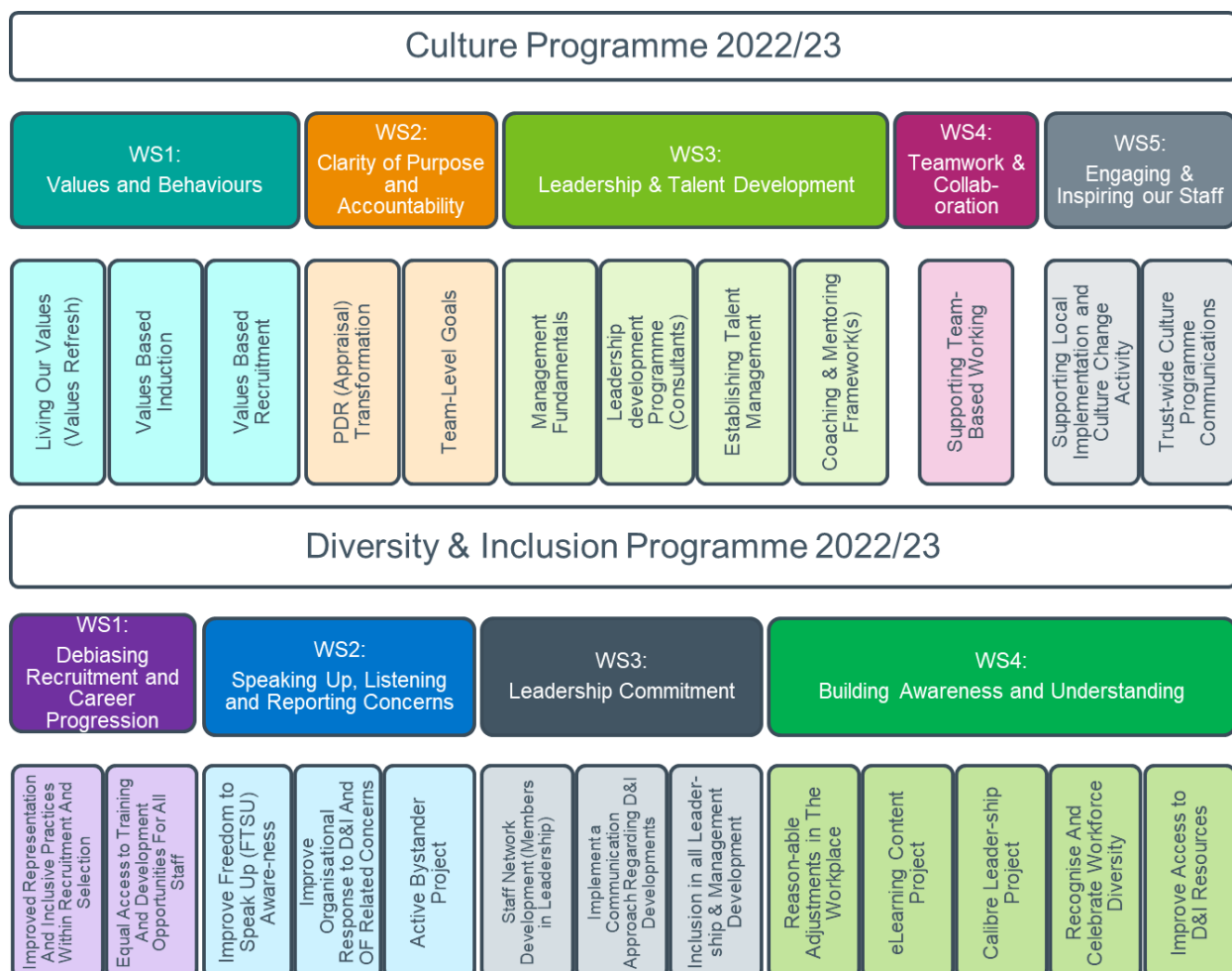
Key elements of the programme delivered:

- Senior Clinical Leaders Development Programme – delivered for ~40 Clinical Directors and Care Group Leaders. A modular programme delivered in partnership with the King's Fund, sponsored by Site CMO Luci Etheridge. This is part 1 of a wider programme to deliver an overarching leadership framework for GESH. Part 2 (2023-2024) is planned to be informed by evaluation of Part 1 – and delivered as a multi-professional programme across GESH.
- Talent management priorities agreed – 1. Retention, 2. Employer of Choice and 3. Succession planning for key positions. The first phase of this is to provide a 4-phase onboarding approach to enhance new joiners experience at each stage in their onboarding journey (See, Start, Support, Sustain).



- Launch of SGUH values-based behaviours to the Trust: guides; managers toolkit; workshops; e-learning and team digitask; embedding into recruitment training for managers and appraisals.
- Launch of Management Fundamentals toolkit, which supports managers at each point of the employee lifecycle.
- Developing continual improvement action plans with Divisional Teams, to respond directly to findings of the 2022 Staff Survey, with implementation plans over 18 months. HRBP/OD teams will support teams to implement improvements at local level and report progress on delivery to Site Executives.
- Development of a framework to address behaviours experienced by Junior Doctors and Medical Students, comprising leadership development specifically in creating psychological safety in clinical teams, training in forums for Junior Doctors to enable and encourage them to speak up and enhanced induction for Students on placement.
- Ongoing focused support to areas to support culture development and address conflict, for example supporting theatres facilitating a range of interventions for theatre staff and coordinating roll out of the scenario-based pre-surgery training for theatres across the organisation.

Figure 1: An overview of the Culture Programme and EDI Workstreams for 2022/23.





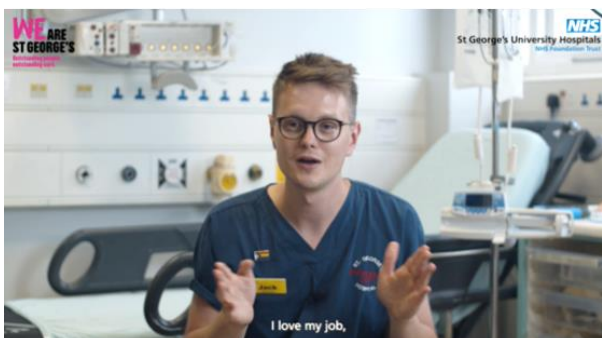
Values Based Behaviours

As part of our Culture Programme and following extensive collaboration with teams across the organisation we launched our Values-Based Behaviours Framework across the Trust.

This framework launched in July 2022 and included: guides; managers toolkit; workshops; e-learning and team digitask; embedding into recruitment training for managers and appraisals. A fundamental part of this work was the focus of key definitions and examples of the type of behaviours we expect and love to see, and importantly clearing defining the types of unacceptable behaviours and how this can be addressed.

In addition to the resource packs, we published a [video](#) which coincided with the launch of the Behaviours Framework. This video features colleagues from across the organisation speaking to the real-life experiences and impact of poor behaviours at work.

The video aims to emphasise the importance of our day-to-day behaviour, and the real and personal impact our behaviour has on others – both positive and negative



Project Search

Project Search is a supported internship for local young adults with a learning disability and/or autism. The Project Search Tutors and Job Coaches work closely with hospital staff to provide on-site support, with the aim of developing a young people's employability skills through total immersion in the workplace: the internships run from September to August with interns attending the Trust every day, Monday to Friday, for a mix of classroom-based teaching and work experience placements across the trust.

As the year progresses the interns spend less time in the classroom and more in the departments hosting the work experience placement (hours in the final term are from 9.30am to 3.30pm). The interns undertake real work, rather than shadowing, and they learn these work skills from staff and managers hosting a placement. These trust members of staff are called Project SEARCH mentors and they take on this role on a voluntary basis.

This initiative was launched at St George's in 2012 and in this time over 70% of St George's Project Search graduates have gone on to secured permanent employment - 14 of which with St George's. This includes three interns securing full time employment within Theatre Porters, two interns in Catering and one intern in each of the following: General Porters, Sterile Services, Outpatients, Medical Records, Student Union Shop, Marks and Spencer's. One intern secured an apprenticeship with the St Georges Advanced Patient Simulation Centre (GAPS).

Project SEARCH at St Georges has been assessed by external inspectors twice and at our last assessment rated as 'outstanding'.

The Project Search Internship is a partnership we are deeply proud of and committed to continuing. The programme has received much support from teams across the organisation including the Emergency Department, Pharmacy Pre-Pack, Medical Staffing, HR Recruitment, the Education Centre: Haematology Services, Atkinson Morley Reception, the Playroom, the University Library, Macmillan Cancer Support Services and Gardening Team.

Menopause Café

In addition to development of our Menopause policy, our Health and Wellbeing service hosts monthly menopause cafés to support individuals experiencing the menopause. These sessions provide a free, safe and inclusive space to learn more about menopause, it's impact on staff and allows staff to share experiences. In the last year we have had roughly 45 members of staff regularly accessing the cafes which are promoted to all staff, regardless of gender or age with the aim of breaking down the stigma surrounding menopause and normalising this stage of life. We also recognise not only women go through the menopause and this recognition fosters inclusion amongst our transgender and non-binary communities. The cafés have received a positive response, with members commenting "It is nice to have a place to talk openly" and "it's really good the Trust is doing this, not all Trusts are so open and proactive". The range of topics covered this year have included mental health and the menopause, empowering self-advocacy with GPs/health professionals to secure referrals to menopause specialists, as well as highlighting the experiences of staff when it comes to premature ovarian insufficiency.

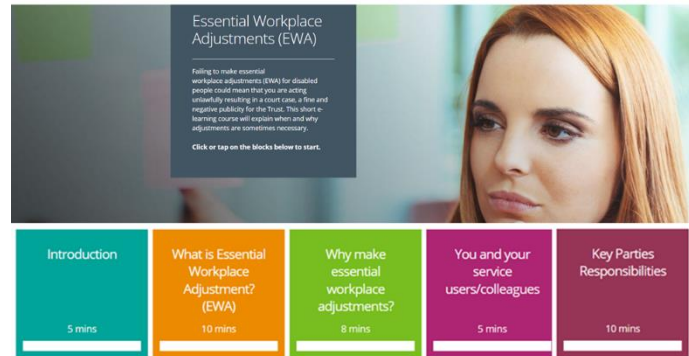
Mandatory e-Learning Modules (Disability Awareness and Essential Workplace Adjustments)

To support the delivery of our 2020/21 objectives, we developed, piloted and launched new e-learning modules. The Disability Awareness and Essential Workplace Adjustments modules were introduced via the Trust's online learning platform. These were launched alongside new

guidance packs which were developed in collaboration with our Disability Staff Network, Calibre graduates and other key stakeholders such as Health and Wellbeing, Employee Relations, and Occupational Health.

The Disability Awareness module is a mandatory requirement for all staff and is aimed at helping staff to understand more about disability and long-term health conditions, and the issues that sufferers can face in everyday life and the workplace. It also looks at how staff across the organisation can be more inclusive with small steps like improving written and verbal communication to ensure that services are accessible to all.

The Essential Workplace Adjustments module is a mandatory requirement for line managers and explores our legal responsibility to make workplace adjustments and how to support staff through this process.



These modules also guide managers through the 'working environment' more broadly and helps them consider what can be done to enable staff with a disability or long-term health condition to achieve their goals, fulfil the responsibilities within their job description and contribute to the successful delivery of the team's objectives.

Health and Wellbeing

Health and Wellbeing service provides a range of resources and interventions to support mental, physical, social and financial wellbeing of staff and provides training and toolkits for managers to ensure that staff are supported in the workplace.

The provision includes:

- Mental health training (Mental Health First Aid, Mental Health for Managers, Suicide Prevention)
- Health promotion campaigns (including wellbeing challenges, exercise classes, active transport, lunchtime walks, mindfulness, menopause cafes and training, 'take a break; campaign)
- Online resources on a variety of health and wellbeing topics (including healthy eating, exercise, mental health, and financial wellbeing tools)
- Promotion of support resources available to staff (occupational health, staff support counselling and mediation service, cancer support, foodbank partnership, bicycle user group)
- Cost-of-Living Crisis and supporting staff through access to financial perks / saving schemes, such as Eden Red, Health Service Discounts, Blue Light Card, Discounted Café Menus and other offers through local businesses.

One of the key priorities for the Health and Wellbeing service is to ensure that our staff are aware of and utilise the resources available to them, helping them to improve their health and wellbeing, reducing sickness absence and turnover, and improving service to the patients.

Two of the primary challenges in meeting these priorities is digital exclusion / equality of access to online information and time to participate in health and wellbeing interventions during the working day. Our priority for reducing this inequality is to improve access to communications and design new interventions with these groups in mind. We must ensure

that there are multiple ways for staff to access information and resources and that we consider how to increase engagement and support staff to attend events, within their working day, whilst balancing other work commitments.

Looking forward, the health and wellbeing team will continue to deliver a comprehensive programme of wellbeing support which addresses staff mental, physical, social and financial wellbeing, taking into consideration the needs of different staff groups. Areas of focus will include improving accessibility and developing communication channels to reach underrepresented groups. Other areas of focus will include:

- Protected characteristics are considered at the design stage of interventions.
- Targeted interventions to address challenges of specific demographics (e.g. access to mental health interventions for men, help with managing menopause symptoms)
- Work closely with our EDI networks
- A continued focus on the Cost-of-Living Crisis and Financial Wellbeing.

Freedom To Speak Up

Freedom To Speak Up Guardians (FTSU) are employed across the NHS. This role was created as a result of the recommendations published in 2015 by Sir Robert Francis following his review of the Mid Staffordshire Hospital Trust. See the full report [here](#).

There are currently 961 Freedom to Speak Up Guardians across 575 organisations, offering an impartial and confidential advice and support service for staff raising concerns. This innovative service helps to promote and build a positive speaking up culture which can support improving patient outcomes, staff wellbeing and management practices.

Nationally, year upon year data shared with the NGO show that there is an increase in workers raising concerns directly to their Guardian. FTSU Guardians have handled over 75,000 cases since the National Guardian's Office first started collecting data in 2017.

At St George's, we are committed to supporting a culture of learning, openness, and transparency throughout our whole organisation. We want to ensure that our staff are empowered to speak up if they have any concerns about patient care.

Since 2016, the FTSU service at the Trust has expanded and now consists of a Guardian and one Deputy Guardian, who work across all St George's sites and community areas.

Guardians meet with staff in confidence providing confidential impartial independent advice, help, and support. There is no limit to the concerns that staff can raise, and no criteria that concerns must meet in order to be addressed. The fundamental purpose of the service is to take forward patient safety issues, and it is recognised that there is a strong link between confident, happy staff and improved patient safety. This means staff are free to raise concerns of any kind with the FTSU service.

Staff data and information is confidential. The Guardians provide feedback directly to those raising concerns on actions taken and keep staff up to date with anything relating to the



Lead Freedom to Speak Up Guardian
 Karyn Richards-Wright
 07775-020-247 / 0208-725-4001



Deputy Freedom to Speak Up Guardian
 Community Lead Guardian
 Tasheka Wilson
 07721-584-612 / 0208-725-5033

concern they have raised. The service also provides feedback to all staff through a quarterly newsletter and encourages the Trust to learn from concerns raised. From 1 April 2022 to 31 March 2023 there were 143 cases raised.

The staff groups which raised the highest number of concerns over the past year are: nursing and midwifery, administrative and clerical staff and doctors.

The main types of concern raised over the past year, which has been broadly consistent with the previous year, have been concerns around systems and processes (which included an increase in concerns relating to fair recruitment), staff safety and leadership '. Beyond these areas, several concerns have related to:

- Cultural issues
- Behavioural relationships
- Bullying & Harassment

The team continued to proactively raise awareness of the advice and support available to staff throughout the year, including during Speak Up month in October. This is an initiative organised annually by the National Guardian's Office, raising awareness of Freedom to Speak Up and the work which is being done to make speaking up business as usual.

The service also has a team of FTSU Champions across the Trust who help to raise awareness of FTSU particularly within their own teams and across the Trust during our awareness raising campaigns.

The lead Guardian at St George's is also the Network Chair for London and Guardian mentor and as such works closely with the National Guardians Office and other Trusts across the country.

Staff Support Counselling & Mediation Service

The Staff Support Counselling & Mediation Service is an in-house confidential service for staff which seeks to promote the mental health and psychological resilience of Trust Staff. We have excellent insight, knowledge and understanding of the diverse challenges staff may experience in relation to their mental health and wellbeing. Staff have quick and easy access to professional and experienced counsellors and mediators and the service falls into three broad categories:

- Individual counselling and support: drawing on a range of evidenced based interventions at NICE Level 3 of psychological support with the option, as appropriate, to refer to the teams Psychiatrist for assessment at Level 4.
- Mediation & Conflict resolution: this includes manager support sessions.
- Preventative and restorative interventions: Teaching and offering a variety of groups, including, mindfulness, reflective practice, debriefs, burnout and resilience workshops.

During the last twelve months a priority has been to respond to the challenges to the mental health of staff in relation to Trauma and Burnout following the pandemic, as well as supporting staff in relation to a variety of mental health and wellbeing challenges through one-to-one support, Reflective Practice, Training etc, including interventions to promote psychological resilience. Part of this work has included seeking to breaking down barriers to accessing mental health support and as a team we seek to attend and be active participants and support the various networks and groups which the Trust has available for Staff. For example, LGBTQI+, DaWN, Diversity & Inclusion networks and Overseas Nurses Induction etc.

Our mediation service has facilitated 1:1 mediation for staff in conflict arising out of a variety

of challenges, including cultural differences. Mediations are handled very sensitively by trained mediators to enable exploratory processes to develop empathic understanding between parties around difference.

Some of the services key achievements / activities in the last year include:

- Reducing stigma in relation to mental health across the Trust to both Clinical and non-clinical staff.
- Supporting World Mental Health Day
- Fortnightly reflective practice session, focusing on working with dying, death & loss.
- Promotion and provision of Management Support Sessions.
- Introduction of a service Risk Register
- Continued regular attendance and raising awareness of the Staff Support service, includes via Junior Doctor Forums, Staff Networks, and other staff forums.
- Continuing to embed Pragmatic Tracker, the reporting system into the service.
- Welcoming a new Staff Counsellor on an 18-month FTC to support in meeting the increasing demands on the service.

Looking forward our strategic plans and areas of focus include:

- To further develop and enhance the provision of NICE recommended guidelines in relation to being a Trauma Informed Service.
- To embed the enhanced pathway of support, from point of contact with the service, through triage, referral, assessment and intervention.
- To review, update and develop resources, including those on the Trust Intranet.
- To continue to offer enhanced provision of support to the Emergency Department.
- To develop and offer a range of groups on presentations to mental health and wellbeing, for example, stress, anxiety, conflict, bereavement, depression & burnout.
- Collaborating with Occupational Health re. Drug and Alcohol addiction.
- To continue to seek to reduce mental health social stigma, including communicating the message to all that, 'It is okay, not to be okay.'
- Improve representation and diversity within the staff support team.

Staff Networks

St George's has four active staff networks, which were all formed in 2019;

- Black, Asian and Minority Ethnic (BAME) Staff Network
- LGBTQ+ Staff Network
- Disability and Wellness (DAWN) Staff Network
- The Womens Staff Network



These mature networks and their Network Leadership Committees (NLCs) have been actively engaging with staff, consulting on key policy and process changes, organising key celebratory and awareness events. Our Network Chairs are also members of our Culture, Equity and Inclusion Programme Board which is chaired by our Chief Executive Officer and allows an

opportunity to influence key decisions at an organisational level. Each of our four recognized Staff Network have access to a personalized Charity Grant as well as an allocated budget for network related activities and development.

BAME Network

The BAME Network has a membership of over 300 people. The network supports the organisational culture programme, driving change through the CEI (Culture, Equality, Inclusion) board through various events and initiatives. The network introduced the 'See ME first' initiative in 2022 which aims to promote Equality, Diversity and Inclusivity and to say that we are an open, non-judgmental NHS organisation that will all Black, Asian and Minority Ethnic staff with dignity and respect.



By wearing the See ME First Badge, the wearer, is showing their commitment to the Values of the Organisation: to be Excellent, Kind Responsible and Respectful and are echoing the sentiment of Dr Martin Luther King Jr that people should 'not be judged by the colour of their skin, but by the content of their character'.

The network have also hosted celebration events for key cultural days: Black history month, Eid, Diwali and Chinese. For the coming year they will be rolling out 'Hear Me Now' Sessions – to provide staff with a safe space express personal and professional difficulties they are going through.

DAWN Network

The DAWN Network has a membership of 108 people. The network supports the organisational culture programme, driving change through the CEI (Culture, Equality, Inclusion) board through various events and initiatives. They have celebrated Sign language awareness week, supporting over 30 staff to complete a BSL taster course.



Throughout the year they run staff engagement events around health conditions/ disabilities and how to disclose this on ESR. Including celebrating UK Disability Month hosting activities throughout the month: weekly virtual talks from staff 'Me and My Disability', virtual BSL sessions, virtual mindfulness sessions and promoting best practice and resources. The network was pivotal in developing and reviewing the Disability Awareness and Essential Workplace Adjustments mandatory training modules. Launching the Calibre Leadership Programme, a talent development and leadership programme for staff who identify as neurodiverse or disabled, or who have a long term physical or mental health condition. With the aim of empowering staff with the necessary techniques and knowledge to overcome barriers within the workplace.

LGBTQ+ Network

The LGBTQ+ Network has a membership of 175 people. The network supports the organisational culture programme, driving change through the CEI (Culture, Equality, Inclusion) board through various events and initiatives. The network has hosted events throughout the year including Pride celebrations, Trans Awareness week, with speakers from TransActual discussing trans rights and best practice and barriers in healthcare.



The network continues to promote the NHS Rainbow Badge Scheme, with over 500 staff members pledging support. By choosing to wear a Rainbow Badge, individuals are sending a message that says: “you can talk to me”. These staff members are not subject matter experts but will provide a safe space and know how to signpost people to the support.

Womens Network

The Womens Network has a membership of 200 people. The aim of the network is to provide a voice and shine a light on the experience of female colleagues, who are currently underrepresented at senior levels. They have led on the implementation of the breastfeeding/ chest feeding room on site. They continue to support the Menopause café, for staff that are pre-menopausal, menopausal or seeking help for a friend/loved one.



The network have also supported Imposter Syndrome sessions have been hosted virtually to help tackle self-doubt and feelings of fraudulence about one’s own abilities. Looking ahead to the rest of the year they hope to coordinate joining the London Women’s Night Safety Charter, in addition to continuing their current events.

Section 4 – Patients and Service Users

This section provides an overview of programmes of work in relation to health inclusion.

This section spotlights specific teams and initiatives that have been introduced throughout 2022 and 2023 to improve the experience of patients and provide a demonstration of how St George’s has had due regard for the general and specific duties of the PSED.

Overview of Key Achievements / Activities

- Improved shared access to our electronic patient record system between ESTH and STG. Enabling access to more consistent and comprehensive records and reports. Furthermore, having greater access and oversight of a person’s current and past health, means that plans can be formulated with different members of the multi-disciplinary team, which will

enable us to better meet the holistic, individualised patient care required.

- Introduction of our first Transgender Health Records Standard Operating Policy (SOP) which aims to improve the experience of our transgender patients. This SOP was developed by our Health Records service in consultation with our EDI Team and members of our LGBTQ+ Staff Network. This policy will help to ensure patients health records are accurate, consistent, and up-to-date which will enable staff to treat transgender patients with the dignity, respect, and the equality they are entitled to.
- Introduced an LGBTQIA Awareness Module which aims to build a greater understanding of the challenges and barriers that the LGBTQIA+ community face when accessing health and care services, and how support can be improved to positively impact patient care and experience.
- Relunched our Patient Partnership and Experience Group (PPEG) and increased numbers of volunteers, including patient partners and patient representatives, ensuring the diverse voices of patients/carers are welcomed, heard and involved.
- Diverse and topical patient stories at the St George's Trust Board, bringing patient experience to the Executive team, raising awareness of areas for improvement or those currently affected by transformation projects/events in progress, demonstrating patient involvement.
- Launch of a new Patient Experience intranet site and blog providing a platform to raise awareness of key information for staff.
- A patient engagement event took place in September and October with an in-person and virtual events welcoming patient/carer feedback on service priorities following the acute stage of the pandemic.
- A volunteer recruitment event took place in February to meet our aim of recruiting 100 new volunteers by 31 March 2023 to return volunteer numbers to pre-pandemic levels.
- Partnership working improved through new, and refreshed links with partner agencies including carers agencies, Healthwatch, volunteer groups, charities and local organisations.
- St George's is working with the Integrated Care Board, part of the new South-West London patient engagement group sharing learning and best practice across the sector.
- St George's successfully ran national surveys including Maternity, Inpatients, Emergency and Urgent Care and Adult and Children's Cancer surveys, engaging with patients to identify areas of good practice and where improvements could be made. Action plans were presented at the Patient Safety and Quality Group (PSQG) to detail planned service improvements arising from these surveys.
- The Patient-Led assessments of the care environment (PLACE) restarted with good patient engagement and representation across both St George's and Queen Mary's.
- A new patient support group launched for adult ITU survivors.
- Several events took place recognising the efforts and achievements of St George's volunteers.
- Launch of the online mandatory Oliver McGowen Training for all staff. This national training packages package aims to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.
- The Learning Disabilities Patient Partnership and Experience Group launched in September welcoming patient representatives and discussing key issues where patient experience can be improved.
- Increased patient representation on groups and committees to ensure the voice of the patients is heard, recognised and valued, capturing insights, experience and knowledge of service use.
- A veteran event took place, the first since prior to the pandemic, welcoming local officers and related organisations to an event commemorating Armistice Day.
- The Children's and Young People's council (patient user group) undertook the 15 steps challenge.
- Maternity Voice Partnership (MVP) continued to work with patients to identify, improve and capture experience to improve women and partners experience of the unit.

- The Trust launched *You said, We did* to capture learning from feedback and to demonstrate to patients/ carers our commitment to improving through listening to our patients.
- Inclusion of patients with a learning disability on our Tableau report.
- Relaunching the Learning Disability Patient Participation and Engagement Group post Covid-19.
- The Learning Disability Liaison Team (LDLT) have been working with Bowel Screening Programme clinicians to manage reasonable adjustments for people with a learning disability (LD) from their first point of access.
- The LDLT have introduced Learning Disability (LD) training to teams across the organisation, highlighting fundamental aspects of LD care including Hospital Passports and reasonable adjustments to consider.
- Introduction of a new LDLT patient leaflet which features Makaton signs to support communication.
- Learning Disability Patient Participation Group relaunched post Covid. Due to evidence highlighting barriers to accessing technology it was not possible to move to virtual meetings and the decision was made to wait until face to face was possible. The format has been refreshed and a new Terms of Reference approved.
- NHS Benchmarking Survey has been completed.
- Attending local LD forums including those hosted by the ICB, Wandsworth Clinical Reference Group, Mencap forum and engaging with Trust Governors with interest in LD.

Chaplaincy and Spiritual Care

The Chaplaincy and Spiritual Care Team are a multi-faith, multi-denominational team who offer spiritual and religious care to patients, staff, visitors, and volunteers. Based within our Spiritual Care Centre in Grosvenor Wing, the team provide:

- Support for patients, their relatives, or friends.
- Time and space to explore thoughts and feelings.
- A caring, sensitive, and non-judgmental ear for all.
- Religious care in response to your individual needs.
- Support for staff and volunteers.

The team host a number of weekly events and services, including Muslim Friday Prayers (both male and female prayers rooms are available), 'Refresh' a time of Christian worship and reflection (an inclusive service for all), Roman Catholic Mass, meet with a Chaplain for private prayer, Christian Service with communion.

Charity Partners

St George's is very fortunate to be supported by a number of charities. These charities help by providing support to our patients and their families, friends and carers, and by making fundraising to help us to improve our facilities, making sure that our patients are treated in the best possible environment.

These charities include; St George's Hospital Charity, First Touch, The Limbless Association Country Air Ambulance, Headway, Friends of Queen Marys, The Douglas Bader Foundation, Full Circle, Ronald McDonald House, Friends of St George's, The Neurosciences Research Foundation, The Wolfson Foundation and St George's Kidney Patients Association.

Complaints and Patient Advice and Liaison Service (PALS)

The **Complaints** team at St Georges are responsible for the management of formal complaints received by the Trust from patients, relatives or third parties. The team is also responsible for responding to all queries raised by the Parliamentary and Health Service

Ombudsman (PSHO), who may investigate a complaint once it has been fully investigated through the local complaints process. Our aim is to provide a timely response to the complaints raised in the agreed timeline and in an accessible and preferred format, requested by the complainant as per the process. The team provides written responses to all complaints received including verbal resolutions and works collaboratively with each division to improve patient experience, identify themes and work on early resolutions.

The **PALS** Team provides support for patients, relatives and third parties who have a query about anything related to care delivered by the Trust. This could involve issues such as appointment queries, not being able to get through to a department or providing feedback without wanting to receive a formal written response.

Complaints and PALS work to four key priorities:

- Ensuring complaints or queries are responded to in an unbiased, timely and supportive manner.
- Ensure thematic analysis and learning from complaints, compliments, or other feedback.
- Review of data and feedback through an EDI and Culture lens.
- Raise awareness and share information at divisional level as well as an organisational level through the appropriate governance channels.

As part of our collaborative group model the Complaints and PALS team have been working to share best practice across the group and ensure consistency of approach. The improvements include a named case officer speaking directly with complainants to build a relationship, understand the key issues, how these are currently impacting the complainant and seeking to ensure all parties understand the resolution we hope to achieve. This change has helped to build trust and confidence that may have been impacted following a poor experience. Furthermore, it helps the division to respond to complainants thoroughly, ensuring all key concerns are recognised and addressed. These improvements have helped to rebuild positive relationships, provide further insights / learning opportunities and have been welcomed by teams across the organisation.

Currently there are several limitations with data collection in relation to protected characteristics, therefore we are not able to establish clear themes or whether some communities are disproportionately impacted in terms of reporting poor experience using services at St George's. Limited data is available in regard to Age, Ethnicity and Sex, we do not have data on any other protected characteristic.

Further information and demographics, including our Complaints and PALS Annual Reports can be found [here](#).

Health and Safety

The Health and Safety (H&S) Team's role is to ensure compliance with H&S legislation and prevent accidents, injuries, and work-related illnesses to staff, patients, visitors and contractors in the workplace. The H&S Team undertake audits, inspections, and investigations to ensure we keep our staff and patients safe, and that compliance is achieved and maintained by the Trust. Key activities this year include:

- Partnership working with the Metropolitan Police under Operation Cavell. This agreement helps to ensure that the Metropolitan Police and Crown Prosecution Service support all Trust staff reporting incidents of assaults and hate crime, through the prosecution process. This has involved work with witness support and is subject to

regular meetings to review incidents and performance of the law enforcement/CPS actions against assurances given.

- Introduction and implementation of Trauma Risk Management (TRiM) Programme. This programme reinforces and complements our existing Staff Support provision, providing initial response/review in relation to traumatic incidents experienced by staff.
- Working with the charity *Words4Weapons* to install a knife bin on our Tooting site which we hope will reduce the incidents of offensive weapon/bladed article/ firearms on the trust site.
- Introduction of our Violence Prevention and Reduction Group, which is responsible for monitoring, overseeing, and ensuring Trust compliance against the NHS Violence Prevention and Reduction Standard. The Group also provides a forum to review and discuss any violent incidents and/or trends seeking to ensure sustainable remedial action is taken, to mitigate the risks of violence and aggression towards staff, patients, contractors and service users. The group includes representation from our Head of EDI and our Staff Networks.

Learning Disability Liaison Team

The Learning Disability Liaison Team (LDLT) supports adults (18+) with a diagnosis of Learning Disability. The LDLT has 781 referrals in 2022/23.

The core aim of the service is to ensure that adults with a learning disability have access to supplementary support if required. As well as providing support to the person at the centre of care, the team provides support to their families, carers, community health teams and our statutory partners. The team provide admission support to individuals and the clinical teams, pathway planning, discharge input, reasonable adjustments, education and teaching, liaison and navigation and participate in clinical reference groups, LeDeR and NHS Benchmarking. For 2022/23, the service activities and priorities have included:

- Inclusion of patients with a learning disability on the Tableau TEP report.
- Relaunching the LD Patient Participation and Engagement Group post Covid-19.
- Delivering training to staff highlighting fundamental aspects of LD care including Hospital Passports and reasonable adjustments to consider.
- Work in partnership with other professionals and agencies to ensure that the patient remains safe along the pathway of care from point of admission to discharge.
- Facilitate discussion and guidance around best interests' decision making in accordance with the Mental Capacity Act (2005).
- Coordinate and implement reasonable adjustments where appropriate as required in accordance with Equality Act 2010.
- Monitoring use of DNACPRs to ensure communication, effective consideration of all aspects of the individual and reduce risk of diagnostic overshadowing.
- Learning Disability Patient Participation Group relaunched post Covid.
- NHS Benchmarking Survey has been completed.
- Building networks and exploring opportunities for sharing best practice, including attending local LD forums hosted by the ICB, Wandsworth Clinical Reference Group, Mencap forum.

Looking forward the LDLT priorities include:

- Creating an externally facing webpage for the LDLT. This will host easy to read information, details on navigating the hospital, introduction to the team and contact details. In partnership with clinical services this will include accessible videos that offer a guide or 'welcome to' the department, showing what the buildings or waiting rooms look like which helps to prepare those visiting our hospital.

- Formalising our LD Policy and/or Strategy, highlighting roles, responsibilities and how we can improve access.
- Working with the Head of EDI, Learning and Development Team, Patient Experience and wider Trust partners to ensure Oliver McGowan's Mandatory Training (Tier 1 and 2 face to face) is available and staff are supported to gain compliance.
- Working with the screening programmes to improve parity of access, and with community partners to facilitate discussions on necessity. Strategic input is required via the ICB to look at how the system can support all aspects of this work.
- Recruitment of an additional full-time HCA, who will support further social inclusion for our inpatients with an LD. This will also include supporting outpatient appointments and reasonable adjustments (i.e. fast track) for outpatients.
- Work with Outpatients, Patient experience and clinical systems to contribute to accessible information appointment letters.

Patient Experience

The Patient Experience service is a wide-reaching service with numerous feedback loops aiming to capture patient experience through patient engagement and involvement, ensuring that patients are involved, and their views considered via a variety of means.

The service encourages feedback via many methods, including:

- National and Local surveys
- Listening to patients through listening events and focus groups.
- Patient user groups and Patient Support Groups
- Maternity Voice Partnership
- Learning from feedback and sharing learning
- Working with volunteers
- Involving patients and carers in planning service improvements/transformation
- Community partnerships
- Friends and Family test



This service aims to improve patient experience by involving patients/carers in service improvement projects and engaging patients in areas to improve patient experience. Service users are experts in receiving care and Trust staff experts in delivering care therefore by listening and working collaboratively with service users, the Trust strives to make improvement in standards of care, linking in with partnership agencies to triangulate community wide improvements.

The service has particularly focused on improving and identifying ways to welcome feedback, improving the accessibility of engagement events to increase knowledge of experience from users with protected characteristics. Many of the activities and achievements listed above welcomed a diverse range of users to share their experience and learn from their stories. Specific examples of activities as follows:

- St George's runs the Project Search programme, helping young people with learning disabilities and autism to find jobs.
- Patients that took part in the PLACE audits this year included patients with disabilities, cultural diversity, and a parent volunteer with a disabled child. This contributed greatly

to our assessments, supporting improvements being made to benefit service users, enabling the viewing of departments through the lens of a diverse patient group.

- Engagement events that took place this year were advertised both within the Trust and through Healthwatch Wandsworth to encourage patients/carers representing the diversity of our community to take part.
- LD PPEG relaunched following a pause due to the pandemic, welcoming the group back to the Trust in person.
- The Children's and Young People council continues to run with the children contributing to the running of the paediatric service with suggestions for improvement through food and environmental decoration and by their involvement in recruiting staff.
- Maternity services continue to work with parents to improve services through the Maternity Voices Partnership, welcoming stories and feedback from all parents who had had their babies at St George's to help shape services.

Looking forward the service priorities include:

- Create and embed a new GESH patient experience strategy, to follow the new GESH Quality Priorities embedding the expectations of inclusion, co-design and co-production as business as usual.
- Benchmark the Trust against the new Working in Partnership with People and Communities document, highlighting areas for improvement against this statutory guidance.
- Implement the new Carers and Hospital Discharge toolkit, supporting teams to embrace this toolkit consistently and transparently across the Trust.
- Ascertain formal compliance of the Accessible Information Standard at St George's as this remains on the risk register.
- Become a Veteran Aware accredited organisation.
- Work with chaplaincy staff to build relationships with community groups underrepresented in local and national surveys.
- Continue to raise the profile of patient partners and partnership working with service users/transformation projects.
- Increase volunteer numbers.

Equality Reporting

Accessible Information Standard

All NHS Providers must follow the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

AIS applies to people who use a service and have information or communication needs because of a disability, impairment, or sensory loss. This includes interpretation or translation for people whose first language is British Sign Language. It can also be used to support people who have aphasia, autism or a mental health condition which affects their ability to communicate. The AIS consists of five steps;

- **Identify** - How does the service assess for information or communication needs

and plan to meet these needs?

- **Record** – What systems are in place to record these needs clearly?
- **Flag** - How does the service highlight or flag people's information and communication needs in their records? The chosen method must make it possible for all staff to quickly and easily be aware of (and work to meet) those needs.
- **Share** – Where required and with consent, how does a service share details of people's information and communication needs with other health and social care services?
- **Meet** - How does the service make sure it meets people's needs, ensuring people receive information which they can access and understand?

Work has taken place since the introduction of the AIS and many services across St George's are now able to provide a more inclusive and accessible patient experience. These improvements include:

- Correspondent formats including easy read, large text, braille and other languages.
- Communication alerts within our electronic patient records system (Cerner)
- Access to services/systems such as; Language Line- offering British Sign Language and Interpretation services
- Access to Relay UK and Hearing Loop
- Detailed accessibility information via [AccessAble](#)

As there is limited evidence available to provide assurance that we are consistently meeting the requirements of the AIS, we are introducing an AIS Steering Group which will be responsible for identifying areas of best practice across the organisation, exploring areas for collaboration with ESTH and identifying priority workstreams, staff training needs and system barriers.

This group will be overseen by a named Executive Sponsor and consist of key leaders which will be vital to the success and sustainability of this programme of work. The group will monitor and report progress to the Senior Responsible Officer for Health Inequalities.

How we ensure easy access to our information online

Our website helps us to ensure that our patients, staff, and stakeholders have easy access to information about our hospitals and services. We want as many people as possible to be able to use our website and access information about us. For example, that means users are able to:

- Change the appearance of this site, including font size and colours
- Use a "plain layout"
- Translate the page into over 50 languages using Google Translate. Note: Google Translate is a free service to help non-English speakers to understand the basic site information. However, we cannot guarantee that translations are 100% accurate. For this reason, we do not recommend that patients rely on translated text to make medical decisions.
- Access only using a keyboard, including skipping from link to link using the TAB.

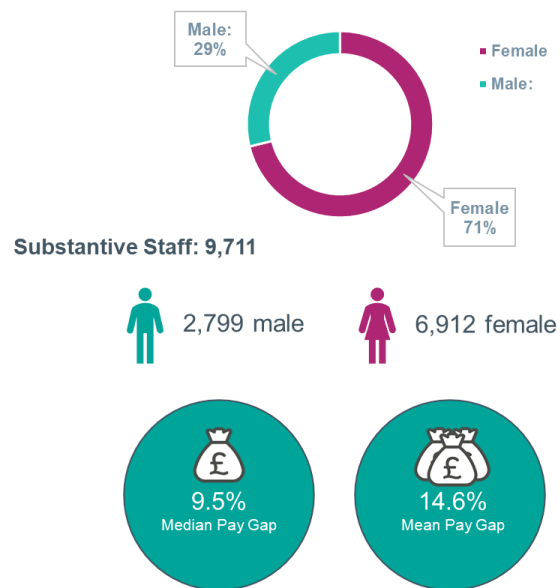
Our full accessibility statement can be found [here](#)

Gender Pay Gap Report 2022

The Gender Pay Gap (GPG) is a mathematical calculation based on the difference between the average (or 'mean') hourly earnings of women compared to the average hourly earnings of men. The Gender Pay Gap highlights any imbalance of average pay across an organisation.

For example, if an organisation's workforce is predominantly female yet the majority of higher paid roles are held by men, the average female salary would be lower than the average male salary. The Gender Pay Gap is not the same as equal pay which is focused on men and women earning equal pay for the same / similar jobs or for work of equal value. It is unlawful to pay people unequally because of their gender. On 31st March 2022 St George's employed 9,711 staff

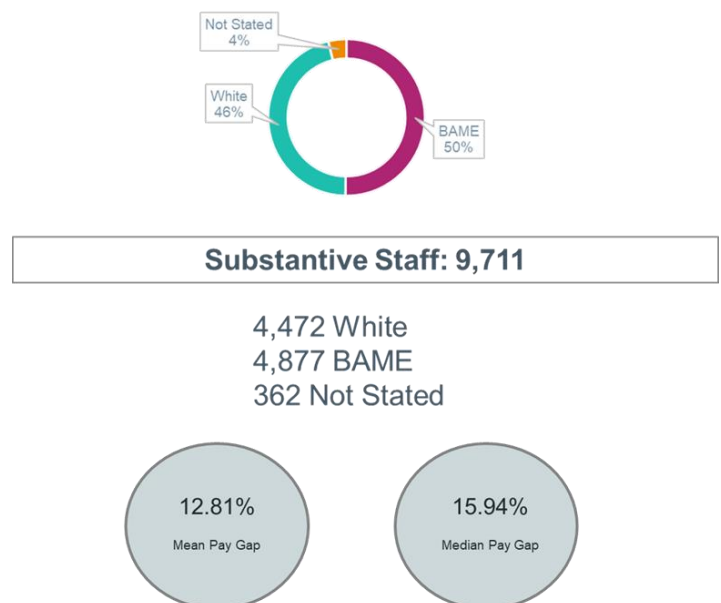
- 6,912 were female and 2,799 were male. The mean hourly pay for males is £3.87 higher than that of females, which is a gap of **14.6%**. Male median pay is £2.20 higher than females, which is a gap of **9.5%**. If Medical Staff were removed from STG's overall total, the gender pay gap would be 0.37% in favour of females. Further information, including next steps can be found [here](#).



Ethnicity Pay Gap Report 2022

The Ethnicity Pay Gap is a mathematical calculation based on the difference between: The **mean** is the difference between the average pay of all white employees and the average pay of all BAME employees. The **median** is the difference between the pay of the middle white and middle BAME when all white employees and then all BAME employees are listed from the highest to the lowest paid.

On 31st March St George's employed 9,711 staff – 4,877 were BAME, 4,472 were white, and 362 not stated. The mean hourly pay for white staff is £3.25 higher than that of BAME staff, which is a gap of **12.81%**. White median pay is £3.76 higher than that of BAME staff, which is a gap of **15.94%**. Further information, including next steps can be found [here](#).



Workforce Disability Equality Standard (WDES)

All NHS providers are required to complete an annual Workforce Disability Equality Standard Report (WDES). The report is based on a snapshot of data from 31st March each year and aims to highlight progress against several key indicators of workforce equality for staff with a disability. The key findings and metrics for this report submission

are outlined below - each point is compared to the previous reporting period in 2021:

Workforce Numbers and Declaration

- There is an 1% increase in the number of staff that have declared a disability (+65 staff members), this group makes up 3% of the workforce.
- There is a higher number of staff with a disability in lower bands however the headcount percentage remains consistent across all bands.
- There is a reduction in the number of staff with a disability status recorded as 'unknown', from 769 in 2020 to 754 in 2021.
- Staff with a declared disability within the medical workforce remains very low, particularly the Consultant grade (0.30%) and the Non-Consultant Career grade (0%).
- Whilst staff with a disability are under-represented at Executive and Board level within non-voting, they are positively represented in voting.

Recruitment

Applicants without a disability are 1.21 times more likely to be appointed compared to applicants with a disability, this has increased from 1.08 in 2021.

Capability

Staff with a disability are 4.44 times more likely to enter the capability process compared to non-disabled staff.

Harassment, Bullying and Abuse (HBA)

- The gap between the experience of staff with a disability and staff without a disability has increased in indicators 4a, 4b and 4c of the Staff Survey. However, the rates of staff with a disability experiencing these negative behaviours have reduced. Compared to 2020, HBA, towards staff with a disability, from:
 - Patients/service users (4a) is down -1.0% (-3.6% since 2019)
 - Managers (4b) is down -2.4% (-7.2% since 2019)
 - Colleagues (4c) is down -3.1% (-5.2% since 2019)
- The number of staff with a disability who felt able to report harassment, bullying or abuse has reduced by -1.5% compared to 2019.
- Reporting rates at St George's, for staff with a disability, is higher than the average nationally for the second year in a row.

Beliefs about equal opportunities, career progression and promotion

- Staff with a disability felt less confident about the Trust providing equal opportunities with regards to career progression and promotion. This dropped from 42.7% in 2020 to 40.1% in 2021.
- The confidence of staff without a disability has also dropped from 50.1% to 48.4%, due to this reduction the gap between the experience of staff with a disability and staff without a disability has remained consistent at around 8% for the second year.

Feeling pressure to go to work when unwell

- A higher number of staff with a disability reported feeling pressure to come into work despite not feeling able to carry out their duties.
- Whilst this was also reported in years 2018, 2019 and 2020, this year the gap between staff with a disability and staff without a disability is at its highest (11.3%).
- Staff without a disability report feeling slightly less pressured compared 2020.

Feeling that work is undervalued

- Whilst both groups report lower rates of feeling valued by the organisation, staff with a disability are still much less likely to feel that their work is valued.

Adjustments in the workplace

Only 63% of staff with a disability felt that adequate adjustments had been made to enable them to carry out their work. A notable decrease of 8.5% points compared to 71.5% in 2020.

Further information, including our WDES Key Activities and Action Plans (figure can be found [here](#)).

Workforce Race Equality Standard (WRES)

All NHS providers are required to complete an annual Workforce Race Equality Standard (WRES) report. The report is based on a snapshot of data from 31st March each year and aims to highlight progress against a number of key indicators of workforce equality, including a specific indicator to address the low numbers of Black, Asian and Minority Ethnic board members across NHS organisations. Data for WRES indicators 5 to 8 are drawn from questions in the NHS staff survey.

The key findings and metrics for this report submission are outlined below. Unless indicated, each point is compared to the previous reporting period:

Improved Indicators

- Overall, the BAME staff population at St George's continues to increase year on year (50%)
- The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants has reduced from 1.47 to 1.26.
- The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff has reduced for the third year, from 2.54 in 2020 to 1.26 in 2022
- The number of BAME staff reporting they have experienced bullying, harassment or abuse (HBA) has reduced across all 3 indicator groups.
- Compared to 2021, HBA, towards BAME staff, from:
 - *Patients/service users* is down -4.0%
 - *Other Staff* is down -4.2%
 - *Managers* is down -1.4%

Reduced / Static Indicators

- BAME staff are over-represented in lower bands
- BAME staff are under-represented in higher bands, particularly in Band 8d, 9 and VSM.
- BAME staff are under-represented at Executive and Board level, both in voting and non-voting (-31.4%).

Our D&I Action Plan, which was introduced in late 2020, has driven a continued focus and commitment to improving the experience of those from marginalised groups, particularly those from Black, Asian and Minority Ethnic communities. Whilst many of the deliverables set out in our 2020 action plan have now been delivered, there are still a number to be implemented, including introduction of divisional D&I action plans and further improvements within ER case management.

The WRES and WDES 2022 findings provide an opportunity to review progress against current organisational needs and allow for further engagement with stakeholder groups, including our staff networks, to establish the areas of priority for 2022/23. The new group model with Epsom and St Helier also offers opportunities to align our actions to deliver improvements across both organisations. These findings were presented to key stakeholder groups in late 2022 and our updated action plan (developed in collaboration with ESTH) published here.

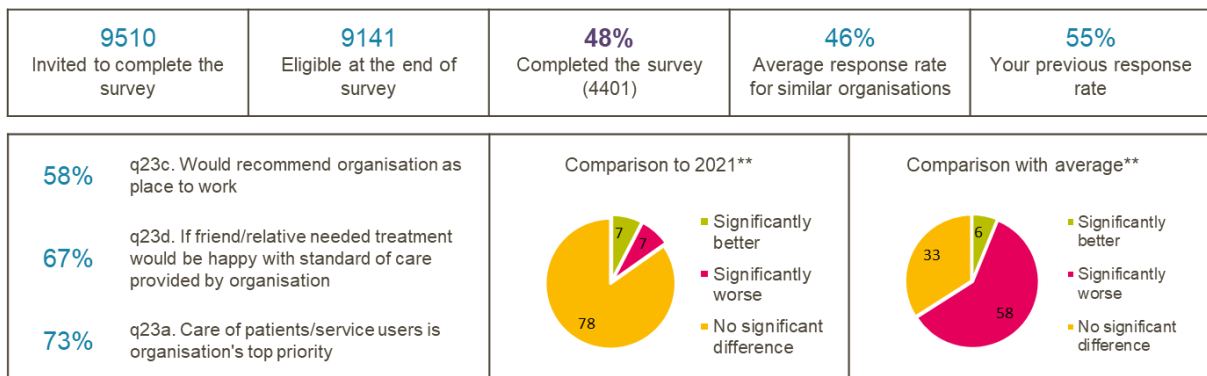
NHS Staff Survey 2022

One of the key ways that we can support our people is by listening to what they say and acting on their feedback. The survey provides vital insight into staff views around what we do well, and where improvements could be made. This enables us to develop strategic plans and enact change for next year.



The national NHS Staff Survey is conducted annually and provides a highly valuable insight into what our staff think about the Trust and how they are treated. The feedback we receive is carefully analysed and is used to inform our staff engagement plans and our ongoing work to improve the culture at St George's.

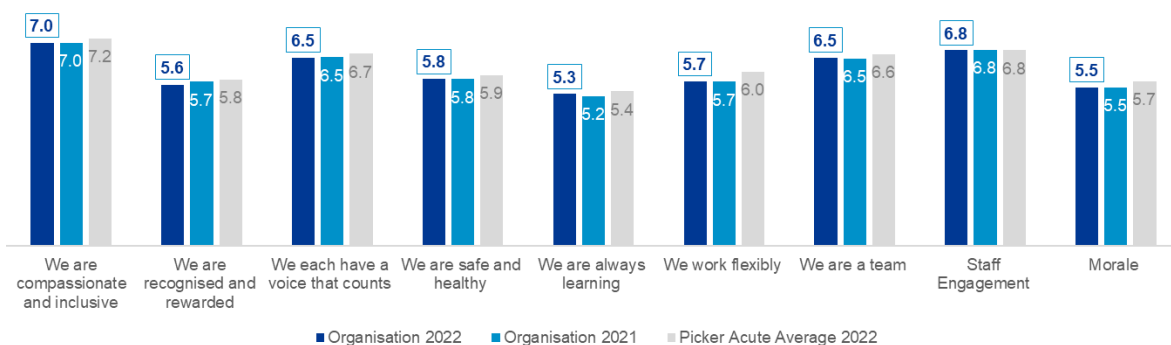
In October 2022, staff survey questionnaires were sent to 9,141 eligible members of Trust staff and of those, 4,401 were returned. This was a 48.0% response rate, which is 2% higher than the average response rate for Acute and Acute & Community Trusts nationally (46%). A high response rate ensures we can be more confident in understanding what our staff think is working well, and areas for improvement.



*Bank worker survey results are presented via separate reports for those organisations who took part
**Chart shows the number of questions that are better, worse, or show no significant difference

Results were grouped into the seven People Promises. Scores for the People Promise themes remain largely the same as 2021, except for *We are recognised and rewarded* (which has seen a 0.1 decline) and *We are always learning* (which has seen a 0.1 increase). Our staff engagement score remains in line with the Picker Acute average, and also in line with our engagement score last year

Most themes perform below the Picker Acute average, except for *We are a team* (which is 0.1 above). *We work flexibly*, sees the biggest difference from the average (being 0.3 lower).



Comparing our results to benchmark average, we can see that we are slightly below the average in most indicators, with the exception of Staff Engagement, where we are in line. However, positive takeaways from our results are that:

- The majority of questions about the experience of our line managers has seen an improvement year on year.
- The largest increase year on year has been the question 'My immediate manager asks for my opinion before making decisions that affect my work', which has seen a 3.4% increase.
- Views on appraisals and learning opportunities have also seen an improvement:
 - 52.4% said they have access to the right learning and development opportunities when needed to (improvement from 49.7% in 2021)
 - The majority of respondents had received an appraisal in the last 12 months and the views on the quality of appraisals have seen a slight improvement since 2021
- 58.5% of respondents recommend the organisation as a place to work and 67.6% of respondents would recommend us as a place for treatment or care.

Performance against priority areas, monitoring arrangements, and how future priorities will be measured

Following extensive engagement, including with our Site Executive Team, CEI Programme Board and Divisions we produced our 2023 *Big Five*. These build on our top 5 from the previous year, providing more focus in areas that require momentum and improvement.

These five areas are:

1. Civility and psychological safety
2. Bullying and harassment/keeping staff safe (violence and aggression)
3. Inclusive behaviour within teams
4. Compassionate and inclusive leadership
5. High performance teams

Each of our five areas has subthemes and measures that we will closely measure in future staff surveys. Progress in these areas will be monitored these through our People Management Group, CEI Programme Board and People Committee for governance and assurance:

Theme	Sub themes
<i>Bullying and harassment & keeping staff safe</i>	<ul style="list-style-type: none"> • Tackling violence and aggression • Bullying & Harassment (and all forms of verbal abuse) as a serious safety issue impacting mental health and the quality of care that can be provided when staff feel unsafe. • Clarity on processes and support for staff • Sharing local action and best practice (e.g. ED) • Anti-racism
<i>Civility and psychological safety</i>	<ul style="list-style-type: none"> • Civility and respect • Psychological safety and speaking up • Values based behaviours • Team openness to admit to and learn from mistakes and be curious about what leads to mistakes happening. • Speaking up about concerns regarding behaviour • Speaking up about patient safety
<i>High performance teams</i>	<ul style="list-style-type: none"> • Health and wellbeing is central to high performance and prioritised. • Causes of stress and burnout to be well understood and addressing these prioritised • Managers tools to support staff to work together effectively • Conflict management
<i>Compassionate and inclusive leadership</i>	<ul style="list-style-type: none"> • Values based appraisal processes • Taking the lead in creating an inclusive team culture and holding team members to account

Theme	Sub themes
	<ul style="list-style-type: none"> • Continued development and promotion of management and leadership development offer
<i>Inclusive behaviour within teams</i>	Spotlight on work in WRES/WDES, emphasis on local action to achieve change in: <ul style="list-style-type: none"> • antidiscrimination, • de-biasing recruitment, • increasing representation at senior levels, • Reasonable adjustments and career progression • A continual improvement approach to implementing change

Conclusion

This report has provided an overview of St George's ongoing commitment to inclusion and the activities taking place which we hope have improved staff and patient experience. As a result of these activities, we are able to provide a demonstration of compliance with regards to the Public Sector Equality Duty.

Whilst there is a significant amount of work still to be done, St George's can show that it is linking its work with the general duties and identifying areas for improvement.

The past year has seen several successes for the Trust in relation to advancing the Equality, Diversity and Inclusion agenda, including the introduction of mandatory awareness modules, active bystander training, the launch of the trust's first Culture Equity and Inclusion Board, and the introduction of a comprehensive, and collaborative group strategy for 2023 – 2025, which includes a focus on Culture, Equity and Inclusion.

In addition, St George's has demonstrated compliance with other equality related requirements for public section organisations i.e., WRES, WDES and Gender Pay Gap. St George's has also recently published its first Ethnicity Pay Gap which demonstrates going beyond it's legal duties and moving towards greater transparency.

Next Steps

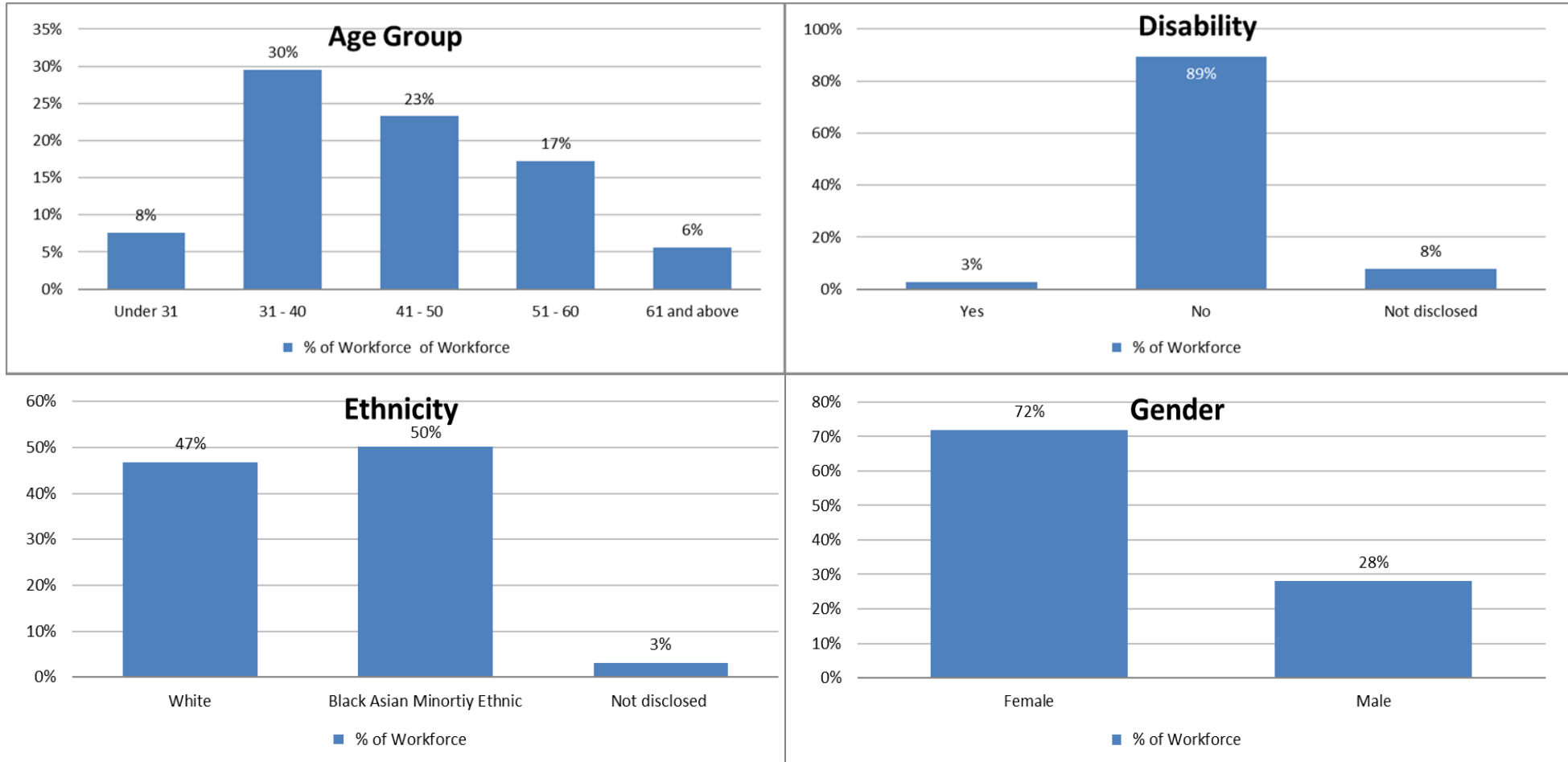
There are many remaining challenges and areas for improvements in relation to EDI, most notably in relation to the collection of reliable and consistent patient demographic data (on protected characteristics and health outcomes). Strengthening this area will enable St George's to better understand the experience of patients from marginalized communities and introduced targeted approaches and robust governance processes.

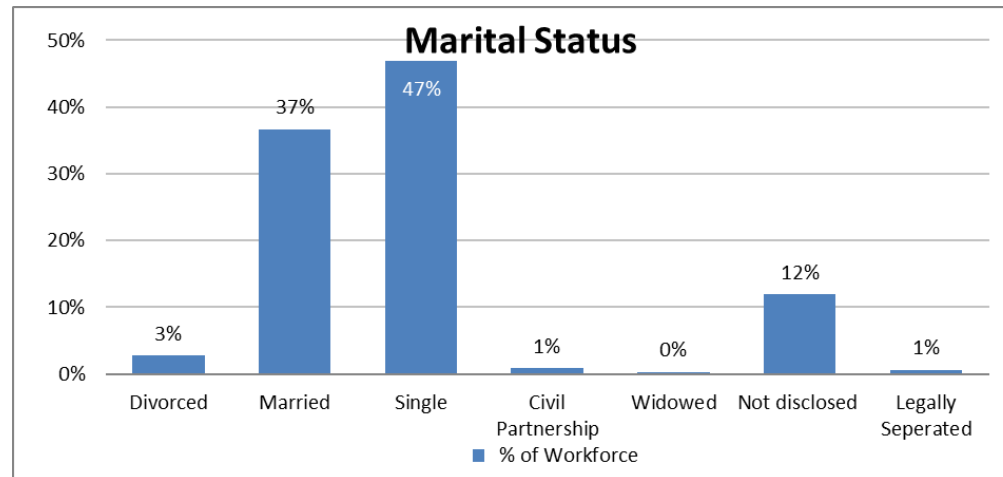
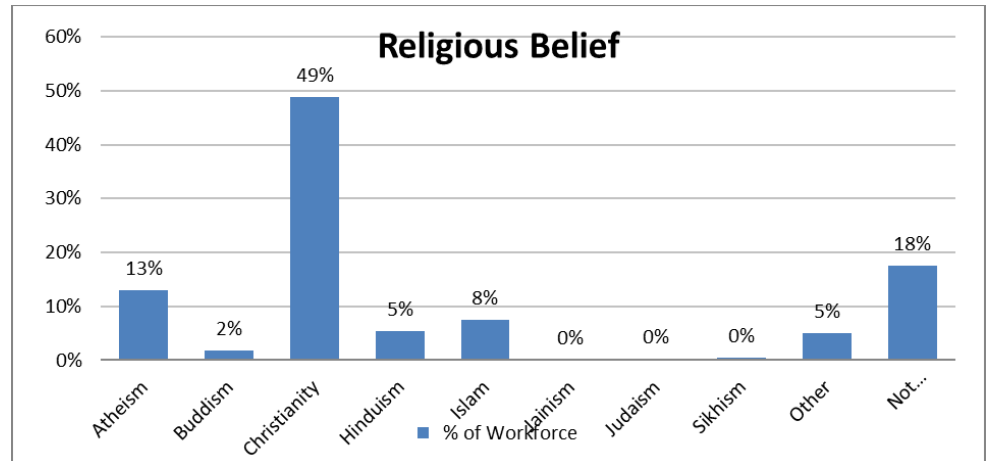
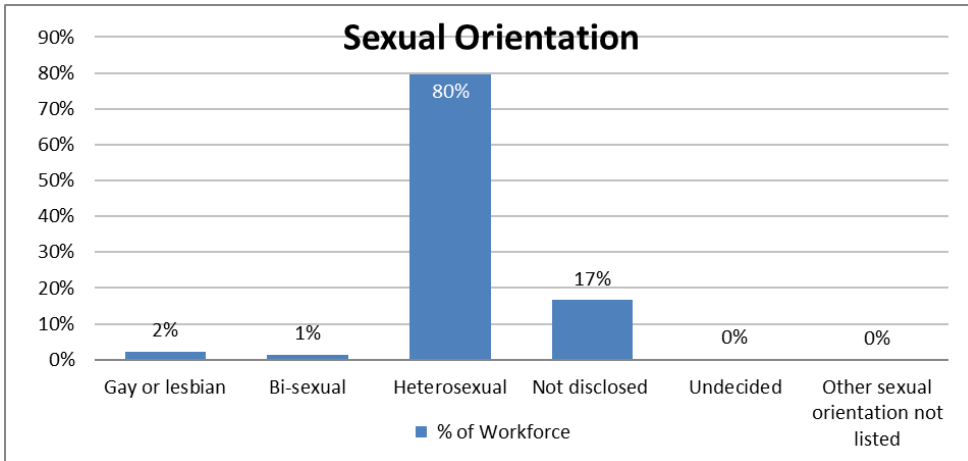
The continued focus on the 'Big 5' priority areas (listed below) is in many ways a refined approach to themes identified in the previous reporting year (2021). Adopting a group wide approach and sharing best practice will help to provide a more equitable experience for patients and our workforce.

Big Five Priority Areas;

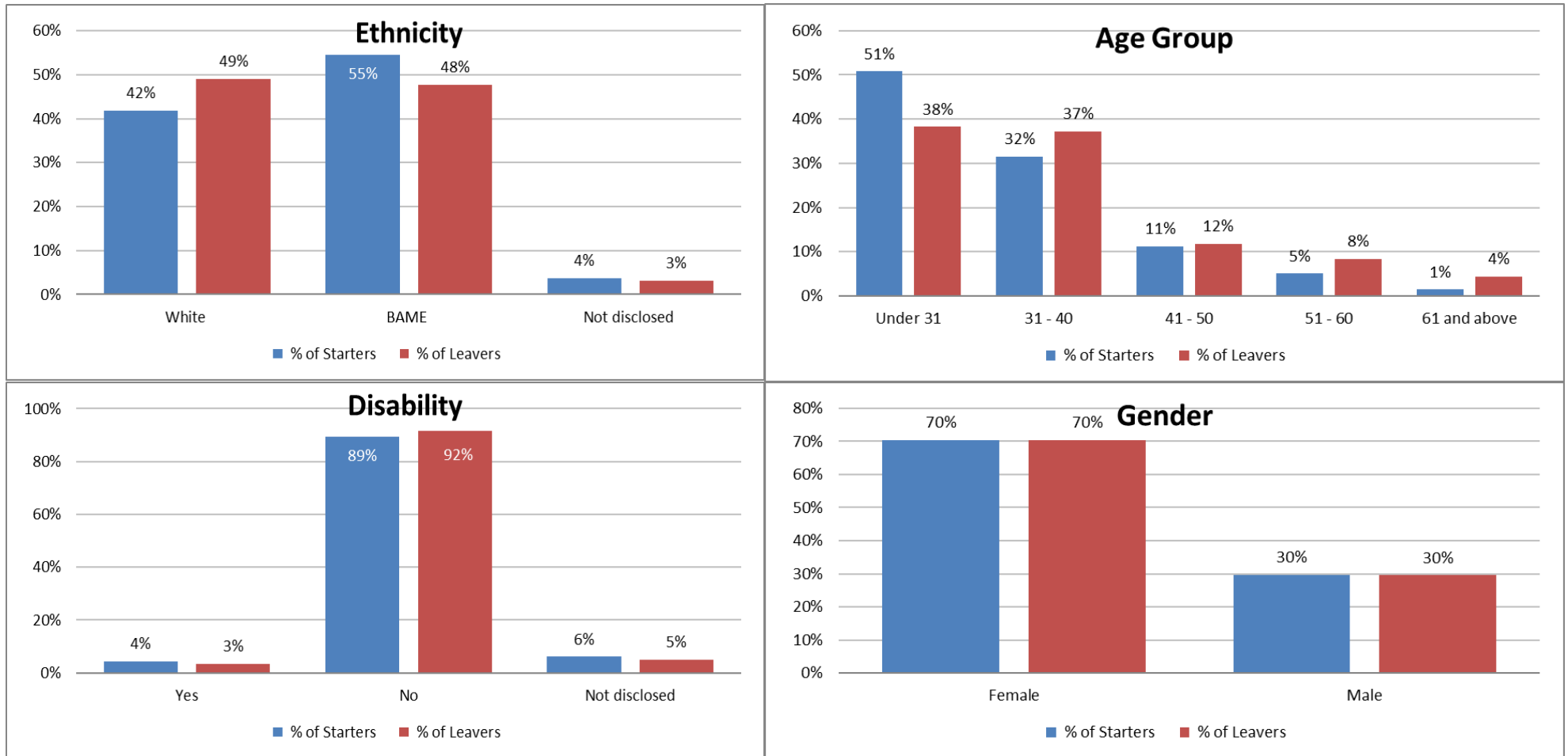
1. Civility and psychological safety
2. Bullying and harassment/keeping staff safe (violence and aggression)
3. Inclusive behaviour within teams
4. Compassionate and inclusive leadership
5. High performance teams

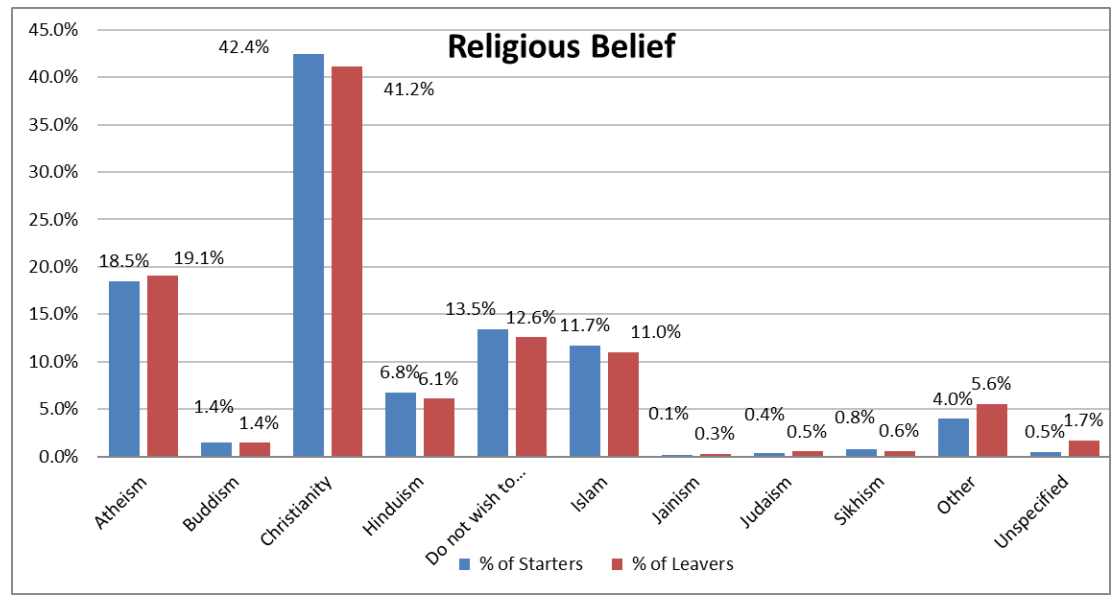
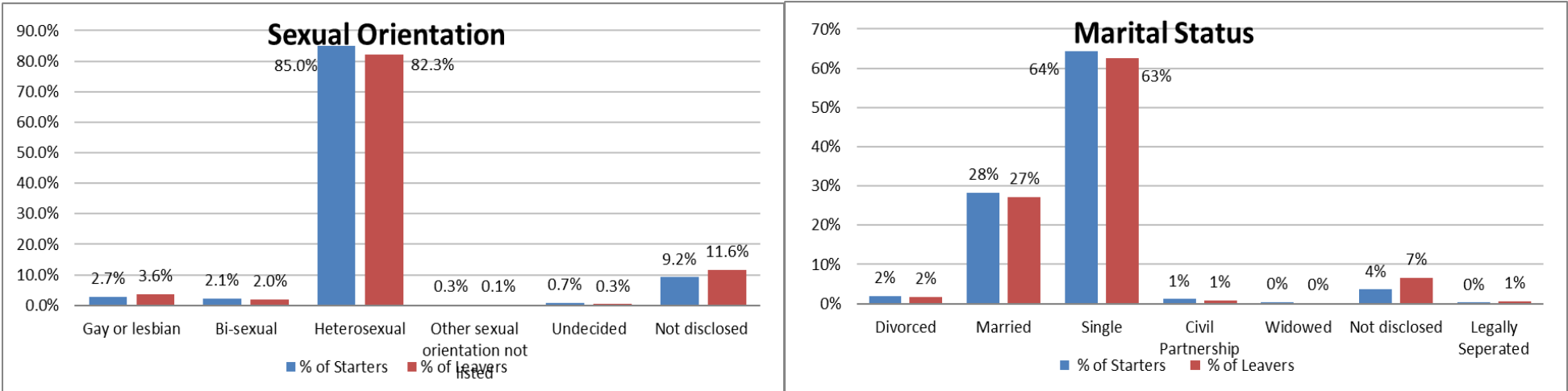
Appendix 1: Workforce Metrics by Protected Characteristic (2022-23)



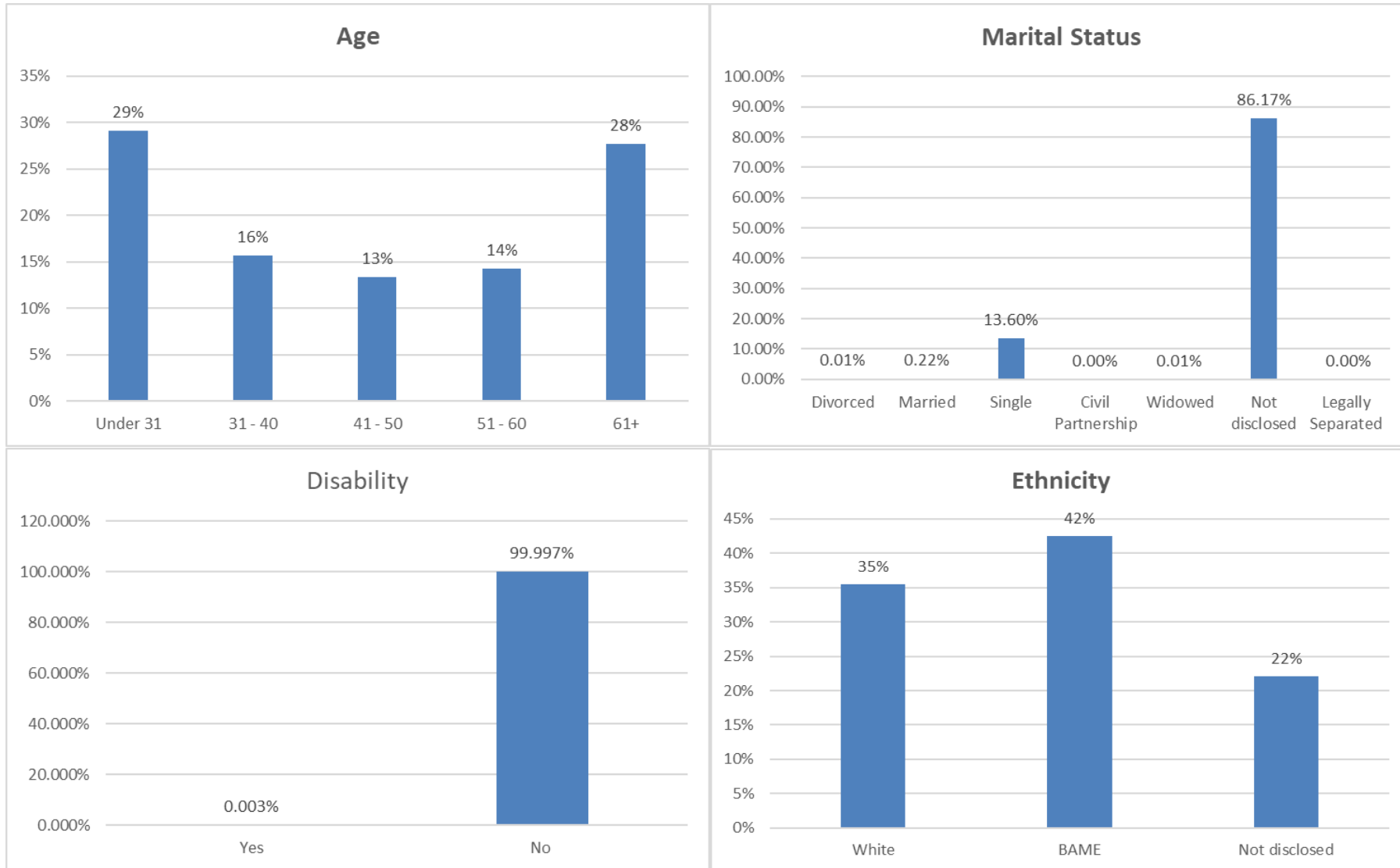


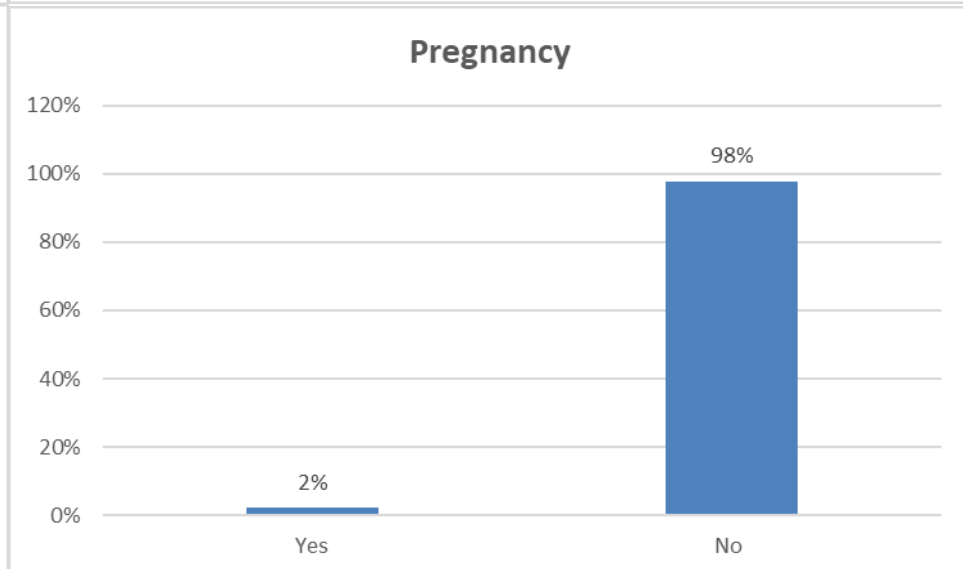
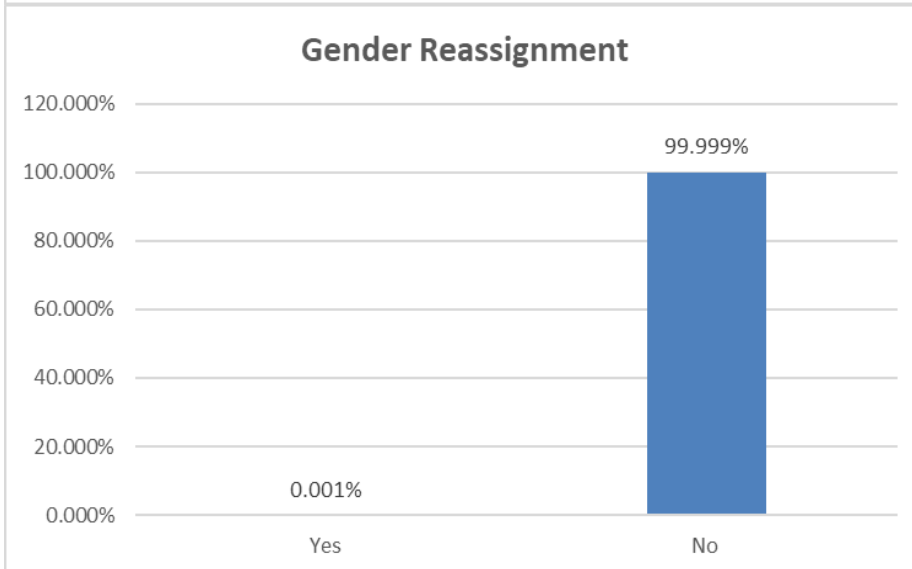
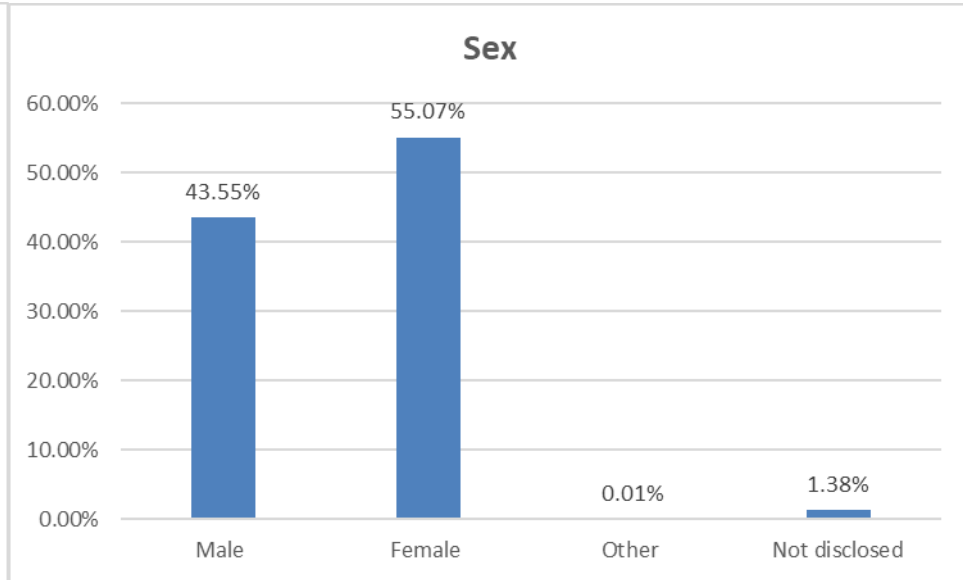
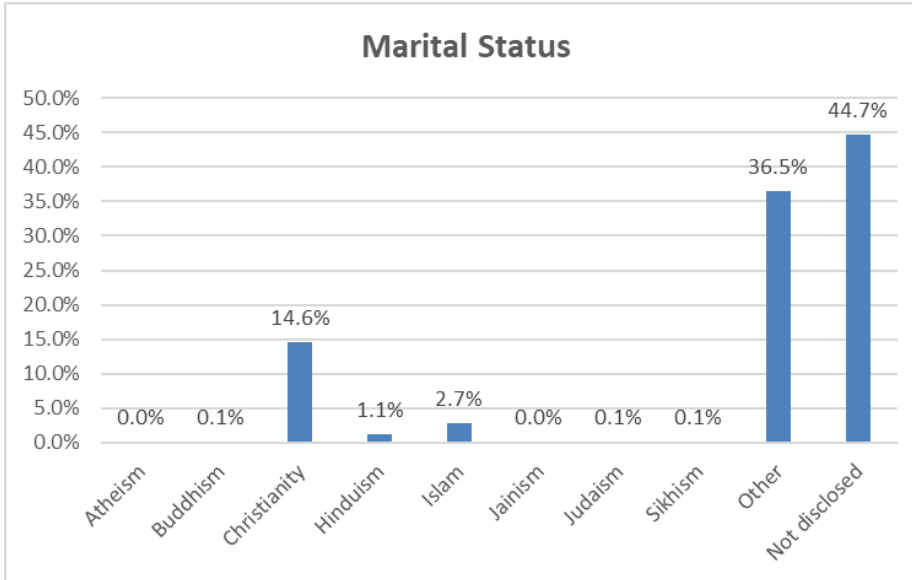
Appendix 2: Starters and Leavers by Protected Characteristic (2022-23)





Appendix 3: Service Users by Protected Characteristic (2022-23)





Appendix 4: CORE20PLUS 5 Service Users by Protected Characteristic (2022-23)

		2021 - 2022					2022 - 2023				
		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
Age	Under 31	10%	29%	17%	32%	1%	8%	30%	11%	33%	1%
	31 - 40	10%	3%	11%	63%	3%	9%	4%	8%	62%	3%
	41 - 50	11%	5%	12%	5%	7%	10%	5%	7%	4%	7%
	51 - 60	18%	11%	14%	0%	16%	17%	11%	12%	0%	16%
	61+	50%	52%	46%	0%	73%	55%	50%	62%	0%	73%
	Total No. of Patients	3,699	5,092	2,837	4,479	19,171	4,722	5,384	3,000	4,129	19,137
Marital Status		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
	Divorced	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Married	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Single	1%	25%	7%	0%	0%	1%	26%	6%	0%	0%
	Civil Partnership	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Widowed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Not disclosed	99%	75%	93%	100%	100%	99%	74%	94%	100%	100%
	Legally Separated	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	
Disability		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
	Yes	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	No	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Not disclosed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	
Ethnicity		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
	White	41%	47%	42%	46%	41%	38%	47%	46%	44%	42%
	BAME	26%	39%	42%	39%	42%	28%	40%	39%	45%	41%
	Not disclosed	33%	13%	16%	14%	16%	35%	13%	15%	11%	17%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	

		2021 - 2022					2022 - 2023				
		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
Marital Status	Atheism	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Buddhism	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Christianity	21%	29%	25%	10%	33%	20%	28%	29%	8%	31%
	Hinduism	1%	2%	2%	1%	3%	1%	1%	2%	1%	3%
	Islam	2%	3%	4%	5%	5%	2%	3%	4%	5%	5%
	Jainism	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Judaism	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Sikhism	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Other	57%	48%	52%	84%	47%	58%	46%	49%	86%	48%
	Not disclosed	19%	19%	18%	1%	13%	19%	22%	16%	0%	13%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	
Sex		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
	Male	47%	53%	49%	0%	54%	50%	53%	49%	0%	55%
	Female	52%	47%	51%	100%	46%	49%	47%	51%	100%	45%
	Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Not disclosed	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	
Gender Reassignment		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
	Yes	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	No	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Not disclosed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	
Pregnancy		Cancer	Respiratory	COVID-19	Maternity	Hypertension	Cancer	Respiratory	COVID-19	Maternity	Hypertension
		%	%	%	%	%	%	%	%	%	%
	Yes	0%	0%	4%	56%	0%	0%	0%	2%	58%	0%
	No	100%	100%	96%	44%	100%	100%	100%	98%	42%	100%
	Not disclosed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total No. of Patients	3,699	5,093	2,838	4,480	19,172	4,722	5,385	3,001	4,130	19,138	