WORKFORCE REPORT

1.0 Overview

1.1 The Trust achieved all of its HR targets for 2011/12 and has set further targets for the coming year. As a result of the workforce analyses, the Trust can be satisfied that there are no significant areas of concern which are unique to the organisation. BME staff still continue to be disproportionately affected by the employee relations procedures, a phenomenon seen across the NHS, and marginally fewer are promoted into more senior roles (although the overall numbers are small).

1.2 The Trust continues to employ a diverse workforce with over 3000 staff. Approximately 75% of these staff are female and 35% are from Black Minority and Ethnic (BME) groups. Only 1% of staff have a declared disability.

2.0 HR Metrics

2.1 Significant progress was made towards ambitious targets that were set for HR at the beginning of 2011. These targets are based on comparator organisations in London such as Imperial College, Royal Free and Kings College Hospitals. Turnover is down 2.62% on 2011/12 and is within target. Stability rates over the year have increased to 97.5%. Vacancies at an average 9.10% for the year, are 3.05 lower than the average rate for last year, and finished the year at 7.14% well within their 9% target, while vacancies being actively recruited to were at an average of 2.89% for the year (down from 3.21% in 2009/10). Sickness rates, average at 3.87% which is below target; however non-reporting remains an issue and in the next financial year will need to be further addressed. Although Bank and Agency usage has increased during the second half of the year, the overall Pay bill control remained within budget. Targets for the new financial year have been set as a trajectory towards year end targets in consultation with the Divisions.

2.2 For other protected characteristics, including religion, sexual orientation and disability, too few people disclosed information to allow meaningful analysis. Also when looking at the range of ethnic groups employed by the Trust – over 17 in total – some groups have such a small representation that comparative group results are statistically insignificant. We have no record of employees having undergone or currently undergoing gender reassignment, therefore no analysis or conclusions can be made for this protected characteristic.

3.0 Trust Workforce Profile

3.1 The Trust employs 3186 staff and this is comparable to other medium sized NHS organisations such as Homerton Hospital, although the Trust appears to employ a slightly lower proportion of Band 7 staff and more staff between Bands 2-5. This is mainly due to a number of restructures that have occurred at directorate level to ensure that nursing and administrative staff roles are increased to support the clinical care of patients. Appendix 1 shows the Trust workforce by grade.

3.2 BME staff are still broadly well represented across the organisation mainly in Bands 2-7, whereas White staff are well represented from Bands 6 and above. When comparing the Trust's staff composition against the population of London, we employ a more diverse range of staff, although other central

London Trusts employ more BME staff than us. The ethnic composition of our workforce has only marginally changed since last year. Appendix 2 highlights the Trust's ethnic profile by Band.

3.3 Approximately 75% of the Trust's workforce is female and just over 1% of staff declared that they had a disability. The Trust has a younger age profile compared to other Trusts, with 37.5% of employees occupying the 25-34 age brackets. Christianity appears to be the highest practising faith. However, it is worth noting that high non-disclosure rates of sexual orientation, religion and disability mean that it is generally difficult to draw conclusions from the data collected for these equality strands.

3.4 The average length of service for staff is 5.43 years and the average Trust salary is £27, 625 which is equivalent to the top increment of a Band 5 post. Further analysis of length of service, average salary and flexible working is noted in Appendix 12. Under the specific duties of the Equality Act, this is new information organisations should report on.

4.0 Joiners and Leavers, Turnover and Vacancies

4.1 A total of 699 staff (excluding rotational training doctors and honorary staff) joined the Trust last year. The number of joiners peaked in October and November 2011; this was mainly due to newly qualified nursing and midwifery joiners. Reasons for leaving are broadly attributed to natural turnover e.g. 'voluntary resignation other', 'end of fixed term contract' or 'retirement' and there are no areas of concern to note. The total numbers of staff joining and leaving the Trust, as well as by protected characteristic can be found in Appendix 3a-g.

4.2 Voluntary turnover decreased from last year down to an average of 13.52% in year, as shown in Appendix 4. The decrease in turnover is most probably due to the uncertain economic climate.

4.3 Vacancy rates were lower in 2011/12 than in the previous financial year, at 9.10%. The Neonatal Directorate had the highest vacancy levels at 19.62%; this is primarily due to the national shortage of neonatal nurses and the Directorate team are working to reduce the vacancy rates through an international recruitment campaign. Vacancies across all staff groups dropped significantly except for the administrative and clerical staff group. The Trust also monitors "active" vacancies, which are posts that the organisation is actively trying to fill. The 2011/12 average rate decreased to 2.89% and provides a more realistic figure of the vacancy position, as shown in Appendix 5.

5.0 Sickness

5.1 The highest sickness levels were seen during the autumn and winter periods in 2011-12 which is to be expected due to the weather. The Trust's average sickness rate has increased this year to 3.87% but was within target. It is anticipated that sickness rates are likely to increase in 2012-13 due to the work that HR will be doing to address the historical issue of sickness nil returns from departments. Analysis by grade suggests that staff in Bands 2-5 had a higher absence rate than the Trust average. Further investigation will be undertaken to understand the reasons for absence, and ensure that this group of staff are appropriately supported by management and HR if it is required. A QIPP project has commenced to look at activity to reduce sickness absence across the Trust in 2012/13 and Divisional HR representatives will be leading on this project. Appendix 6 details monthly sickness rates for the Trust throughout 2011/12.

6.0 Recruitment

6.1 Recruitment analysis by protected characteristic has not changed significantly in the last few years. The data seems to suggest that the type of role a candidate applies for is connected to their ethnicity or gender. This could be attributed to the importance placed on different career choices by men, women or different ethnic groups and other factors such as education and training which limits choices. It is worth noting that the 'success rate' of applicants by ethnicity has varied over the last few years, which suggests that applicants are fairly appointed against the person specification of each post and not due to their ethnic background. We still continue to employ a diverse workforce which is positive, but it is difficult to draw conclusions from this analysis without looking at recruitment activity across London to gauge whether the minor changes are statistically significant. Further detailed analysis is provided in Appendix 7 and section 3 of Appendix 12.

6.2 The Trust continues to encourage more BME staff to apply for senior posts, through supporting national BME developmental programmes such as "Strategies for Success" (for Bands 7 and above). However, a new approach is being developed to understand why fewer BME staff are promoted into higher grades. Further comparative analysis will be undertaken and triangulated against data available for length of service to understand if there are any underlying reasons for why fewer BME staff are promoted. Appendix 8 provides a breakdown of the promotions data by ethnicity and Band.

7.0 Employee Relations

7.1 All ER cases have been reviewed and indicate that action has been taken for valid reasons and the outcomes taken appear to be proportionate. However BME staff still continue to be disproportionately affected compared with White colleagues. This is not unique to this organisation as this phenomenon has been evidenced across the NHS in a report commissioned by NHS Employers, titled 'The Involvement of Black and Minority Ethnic Staff in NHS Disciplinary Proceedings'. The Equality and Diversity Manager will continue to work with the BME staff to understand the reasons underlying this and develop solutions to address this issue. All formal closed disciplinary and grievances, including bullying and harassment cases, have been reported in Appendix 9.

8.0 Training

8.1 The introduction of 'Learn Online' e-learning across the Trust is primarily responsible for the increase in training on previous years. The attendance per person is marginally higher for White staff as opposed to BME staff. Younger staff, aged under 20-35 attended the most mandatory training than any other age group, and women generally benefitted from more training attendance than men. This is likely to be due attributed to the increase in the number of newly appointed nurses and midwives to the Trust. The breakdown of access to training including mandatory and non-mandatory courses is illustrated in Appendix 10.

9.0 Bank and Agency Staff/Usage

9.1 2011/12 has seen an increase in the usage of Agency staff, particularly in the last quarter which was due to sickness and increased activity levels in the last quarter. Despite these increases, the Trust overall Pay budget remained in budget for the year. This highest usage of bank and agency staff remained with Nursing and Midwifery staff as shown Appendix 11.

10.0 Equality and diversity

10.1 The Trust's Chief Operating Officer continued as the Executive lead for Equality and Diversity and the Chair of the Equality and Diversity Steering Group. This group leads the Trust's work on addressing equality and diversity issues in the workforce and also in terms of service provision to patients. The Trust employs a dedicated Equality and Diversity Manager.

11.0 SES progress

11.1 The Trust continued to make progress towards meeting actions in accordance with the Equality Act 2010 and against key objectives from the existing Single Equality Scheme (SES). This SES will be replaced by the Equality Delivery System later this year. Progress includes developing a set of Trust values, the opening of a new sexual health clinic for the transgender community and introduction 'Medicine for Members' seminars; designed to engage and promote health awareness with our membership. A more detailed account of progress is shown in section 6 of Appendix 12.

12.0 Next steps

12.1 Key objectives for the HR function have been agreed which include addressing issues raised in this report. Specifically actions emanating from this report include:

- Continuing to meet our key staffing metrics, thereby reducing our reliance on agency staff and manage our activity within staffing budgets.
- Continuing to create an organisational culture that supports the Trust values through collaboratively developing a set of behaviours with staff and key partners.
- Introducing the Equality Delivery System tool later in 2012 to improve the equality performance of the Trust as well as providing a mechanism to gives us greater assurance.
- Developing further Trust wide agreed equality objectives to replace the existing Single Equality Scheme relating to patients, and continuing to make progress in current equality objectives e.g. improving data collection of staff and patients by protected characteristic.
- Review and simplify the equality impact assessment documentation to help managers focus on assessing services or policies that have high patient impact.
- Continuing to engage and build relationships with staff and external partners to hear the views of patients and staff from different protected groups.
- Continuing to consult with staff networks to understand this report's findings particularly around bullying and harassment, employee relations and the Staff Survey findings in conjunction with the NHS Employers report on BME staff.
- Continue to consult with staff, particularly BME and staff with disabilities, to establish why fewer of them believe that the Trust provided equal opportunities for career progression or promotion, and triangulate this to data available for promotions and length of service to develop solutions. For example, implementing a coaching and mentoring model across the Trust to encourage more BME and disabled staff to apply for senior positions.
- Investigating the reasons for why some BME/staff groups have lower appraisal rates and attendance to training and suggest recommendations to ensure that all staff regardless of staff group or protected characteristic have equal access to training and appraisals.

- Developing a resource booklet and programme of events to support staff and raise awareness of different equality issues across all protected characteristics.

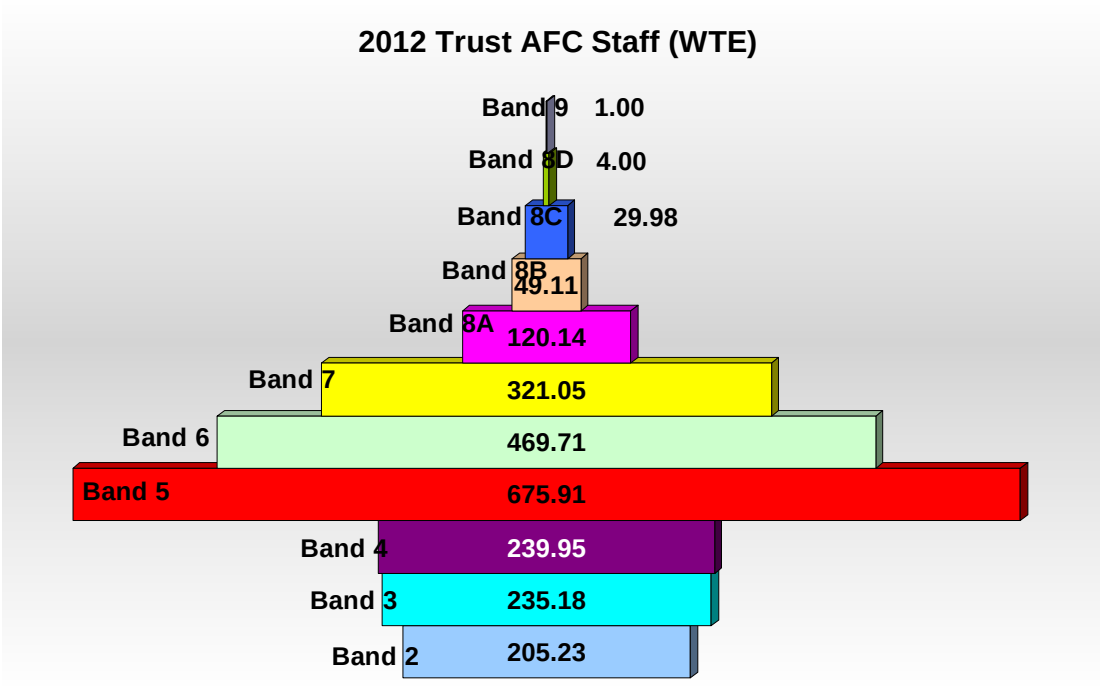
13.0 Conclusions

13.1 The Trust met its statutory obligations to monitor and report on equality and diversity issues and provides assurance that action is being taken and planned to address issues of note.

13.2 As a result of this workforce analyses, the Trust can be satisfied that there are no significant areas of concern which are unique to this organisation, although there are a number of issues which continue to be raised which require further understanding and investigation and/ or specific action to address with external partners.

13.3 All the HR metrics were achieved during 2011/12, and new targets have been agreed for 2012/13 which include broadly the same levels of turnover (13.5%) and stability (97%) and a vacancy rate of 8% to reflect the trend of a reduction in vacant posts over the last year. The sickness rate has been set at 3.83% in line with the QIPP project targeting sickness absence. The target for sickness absence remains below the London average.

Appendix 1


2012 Trust AFC Staff (WTE)
Band 9 1.00
Band 8D 4.00
Band 8C 29.98
Band 8B 49.11
Band 8A 120.14
Band 7 321.05
Band 6 469.71
Band 5 675.91
Band 4 239.95
Band 3 235.18
Band 2 205.23

Appendix 2

Trust Ethnic Profile 31-Mar-2012

Ethnic Code % Composition

Directorate	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
Band 2	30.6%	2.7%	11.3%	0.9%	0.0%	0.9%	2.7%	6.3%	2.3%	0.5%	4.1%	11.3%	11.7%	0.9%	0.9%	7.2%	5.9%
Band 3	26.6%	3.5%	13.1%	1.5%	0.4%	0.4%	1.9%	1.2%	0.8%	2.3%	8.1%	14.7%	14.7%	1.5%	1.2%	4.6%	3.5%
Band 4	42.1%	0.8%	18.5%	1.5%	0.0%	0.4%	1.5%	3.5%	0.8%	1.2%	4.2%	11.2%	6.2%	3.1%	0.4%	2.3%	2.3%
Band 5	43.2%	4.2%	9.7%	1.4%	0.4%	0.3%	0.8%	3.2%	0.4%	0.0%	8.3%	4.9%	13.3%	0.8%	1.1%	5.4%	2.3%
Band 6	47.9%	4.7%	12.2%	0.4%	0.6%	0.8%	1.2%	3.5%	1.2%	0.2%	6.8%	3.5%	8.5%	1.7%	1.9%	4.1%	1.0%
Band 7	53.9%	7.3%	9.8%	0.3%	0.8%	0.6%	0.6%	5.0%	0.0%	0.6%	4.7%	5.3%	4.7%	0.0%	2.5%	1.1%	2.8%
Band 8A	70.2%	6.1%	11.5%	0.0%	0.8%	0.0%	0.0%	3.1%	0.0%	0.0%	0.8%	1.5%	0.8%	0.8%	1.5%	1.5%	1.5%
Band 8B	72.5%	11.8%	3.9%	0.0%	2.0%	2.0%	0.0%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%
Band 8C	74.2%	3.2%	9.7%	0.0%	0.0%	3.2%	0.0%	3.2%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	0.0%	3.2%	0.0%
Band 8D	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Band 9	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Director Level	75.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%
M&D	47.9%	1.6%	14.6%	0.2%	0.0%	1.4%	2.2%	11.3%	2.1%	0.5%	5.2%	0.2%	2.2%	0.0%	3.0%	5.4%	2.4%
Non AFC	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trust Ethnic Profile	**45.9%**	**3.9%**	**12.2%**	**0.8%**	**0.4%**	**0.7%**	**1.3%**	**5.1%**	**1.0%**	**0.5%**	**5.8%**	**5.3%**	**7.9%**	**0.9%**	**1.7%**	**4.2%**	**2.4%**

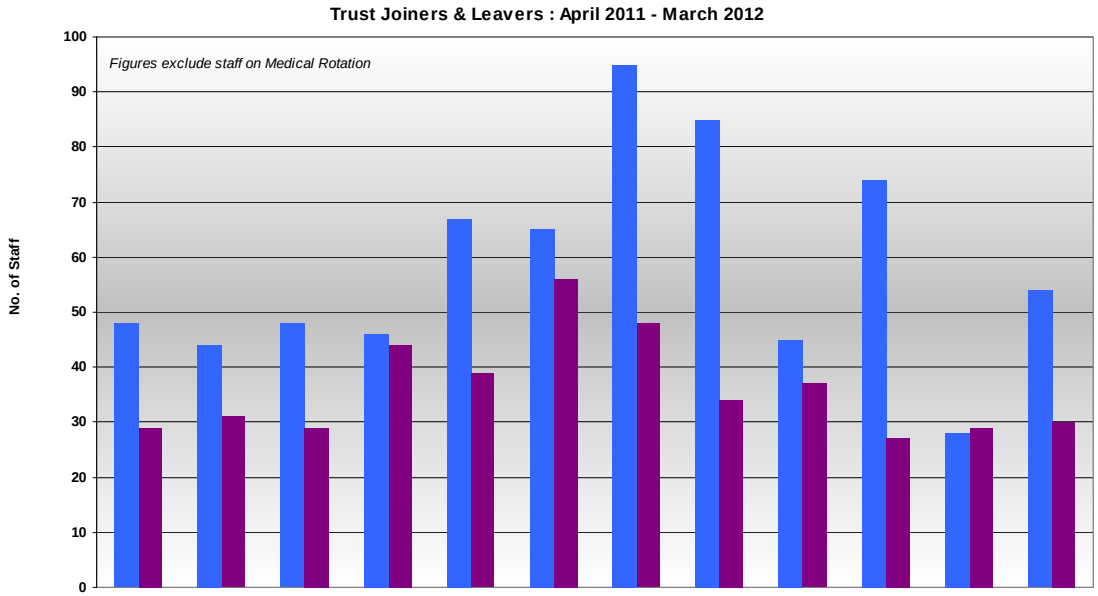
Below Trust Profile Above Trust Profile

\+ Camden, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth, Westminster - 2001 census

~ Source for Greater London data - GLA Data Management and Analysis Group - Demography estimates update Oct 2008 (based on 2006 data)

 2.4% of C&W staff do not have their ethnic ID information recorded. Only staff that ethnicity is held for has been used for this comparison.

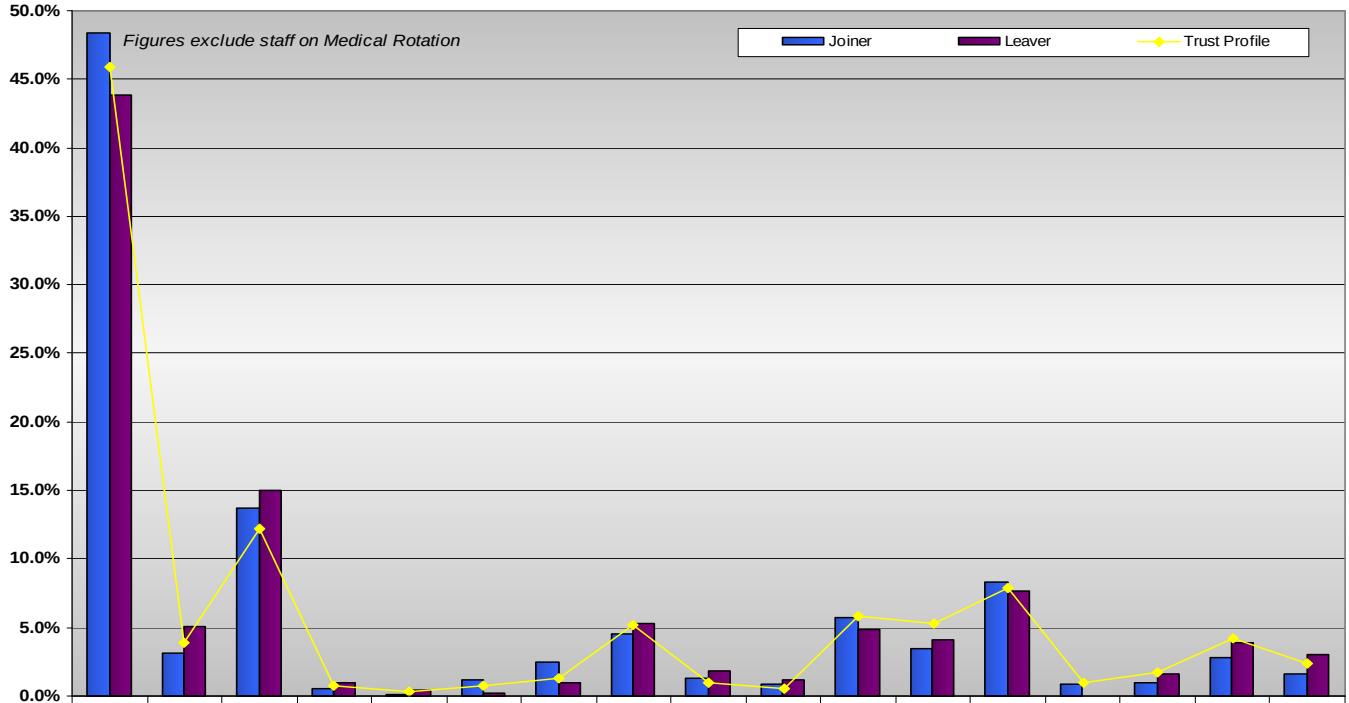
Appendix 3



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Joiner	48	44	48	46	67	65	95	85	45	74	28	54
Leaver	29	31	29	44	39	56	48	34	37	27	29	30

Appendix 3b

Joiners and Leavers by Ethnic Group : April 2011 - March 2012

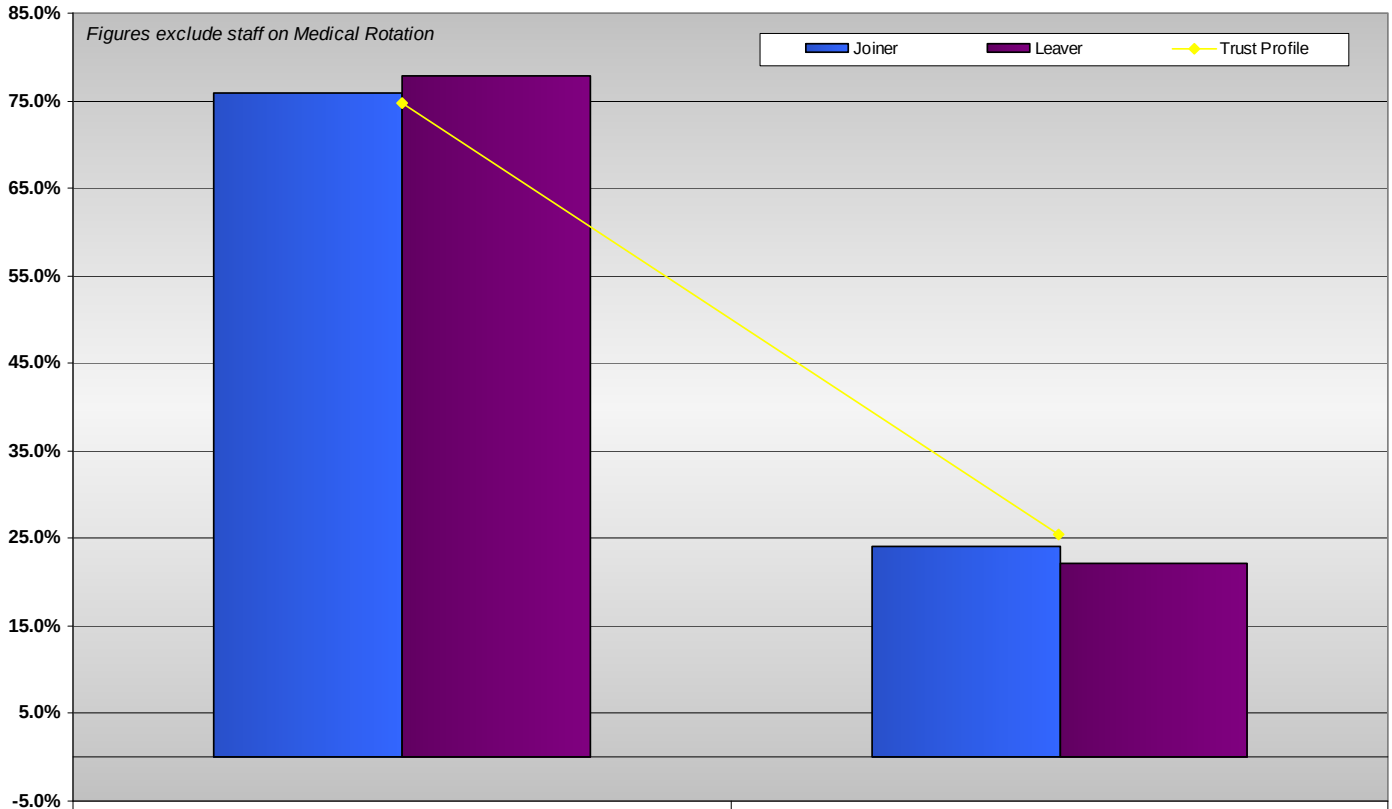


	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
Joiner	48.35%	3.15%	13.73%	0.57%	0.14%	1.14%	2.43%	4.58%	1.29%	0.86%	5.72%	3.43%	8.30%	0.86%	1.00%	2.86%	1.57%
Leaver	43.88%	5.08%	15.01%	0.92%	0.46%	0.23%	0.92%	5.31%	1.85%	1.15%	4.85%	4.16%	7.62%	0.00%	1.62%	3.93%	3.00%
Trust Profile	45.86%	3.86%	12.21%	0.75%	0.38%	0.72%	1.35%	5.15%	0.97%	0.50%	5.84%	5.27%	7.88%	0.94%	1.69%	4.24%	2.39%

A - White British
B - White Irish
C - Any other White background
D - White & Black Caribbean
E - White & Black African
F - White & Asian
G - Any other mixed background
H - Indian
J - Pakistani
K - Bangladeshi
L - Any other Asian background
M - Black Caribbean
N - Black African
P - Any other Black background
R - Chinese
S - Any other ethnic group
Z - Undisclosed

Appendix 3c

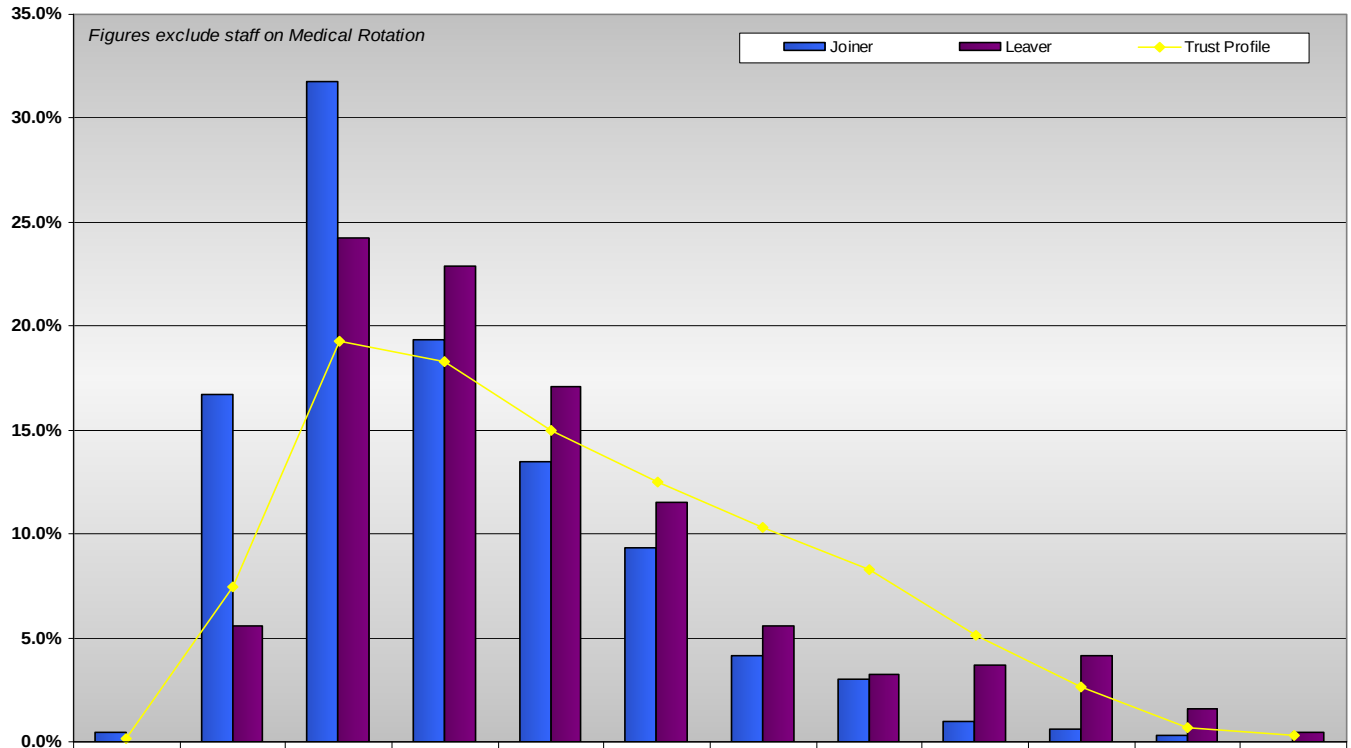
Joiners and Leavers by Gender : April 2011 - March 2012



	Female	Male
Joiner	75.82%	24.18%
Leaver	77.83%	22.17%
Trust Profile	74.64%	25.36%

Appendix 3D

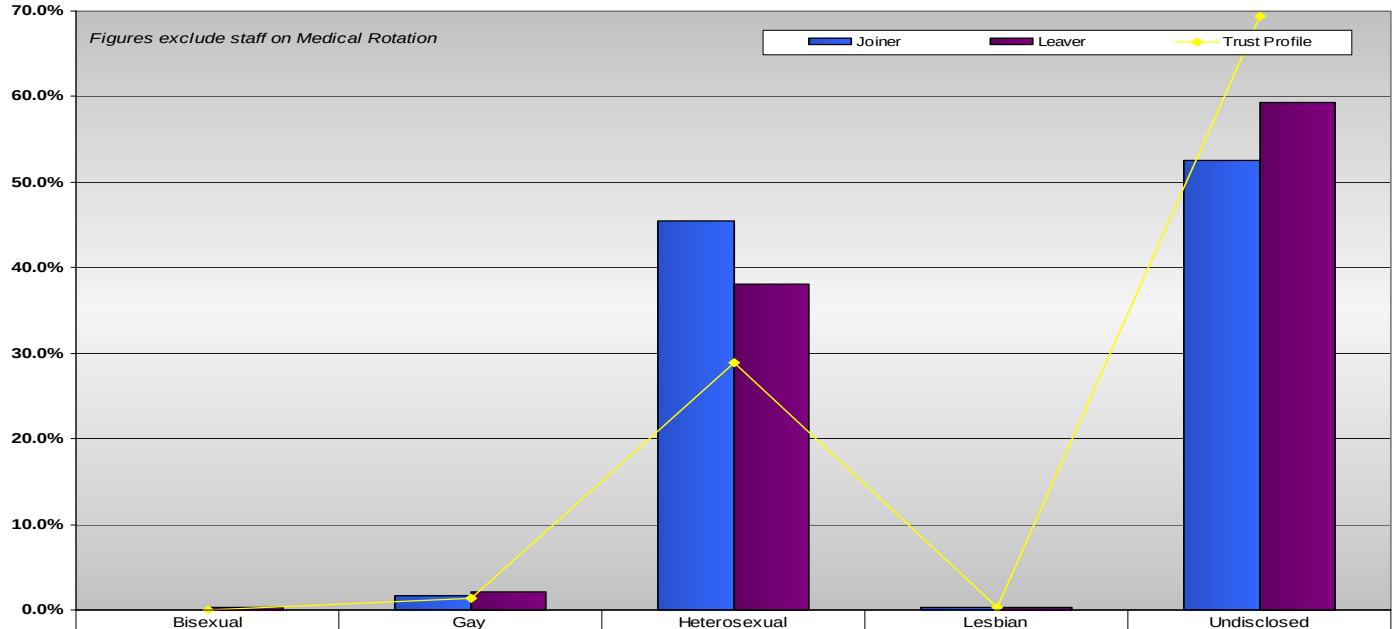
Joiners and Leavers by Age Band : April 2011 - March 2012



	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Joiner	0.43%	16.74%	31.76%	19.31%	13.45%	9.30%	4.15%	3.00%	1.00%	0.57%	0.29%	0.00%
Leaver	0.00%	5.54%	24.25%	22.86%	17.09%	11.55%	5.54%	3.23%	3.70%	4.16%	1.62%	0.46%
Trust Profile	0.16%	7.44%	19.27%	18.27%	15.00%	12.52%	10.33%	8.29%	5.12%	2.64%	0.69%	0.28%

Appendix 3E

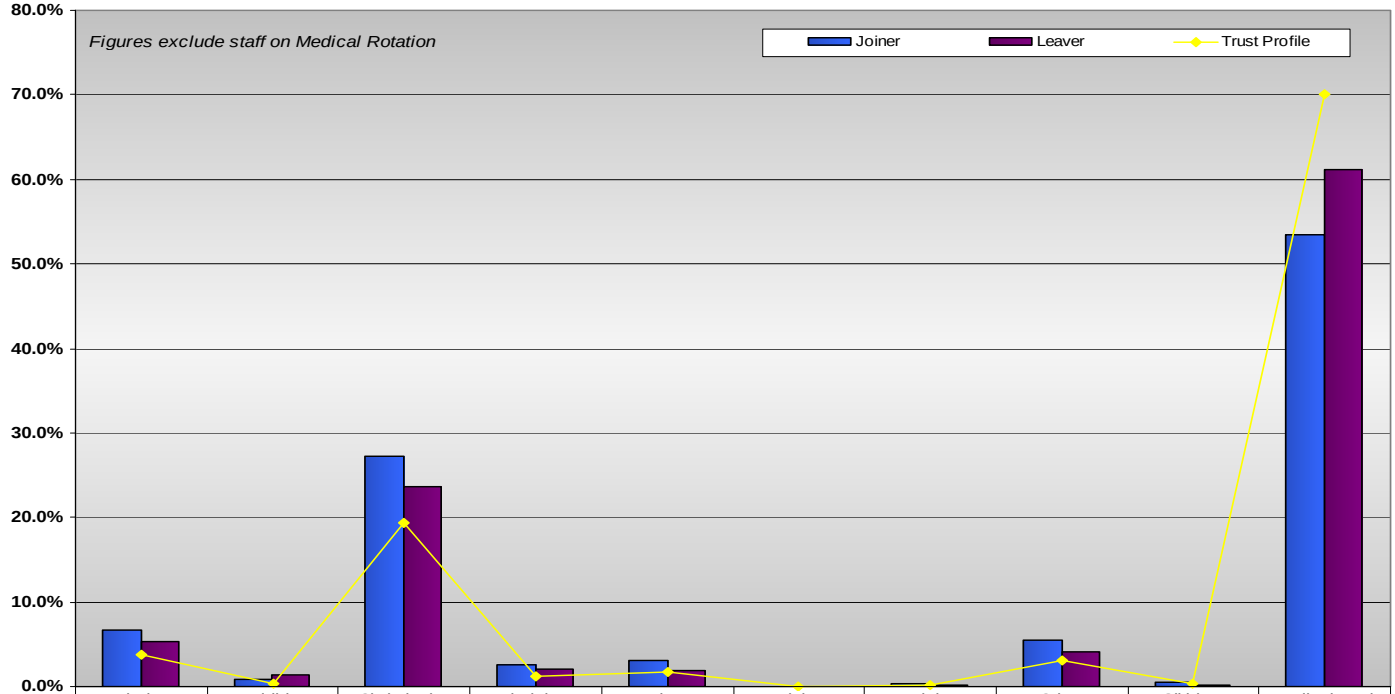
Joiners and Leavers by Sexual Orientation : April 2011 - March 2012



	Bisexual	Gay	Heterosexual	Lesbian	Undisclosed
Joiner	0.00%	1.72%	45.49%	0.29%	52.50%
Leaver	0.23%	2.08%	38.11%	0.23%	59.35%
Trust Profile	0.03%	1.38%	28.94%	0.25%	69.40%

Appendix 3F

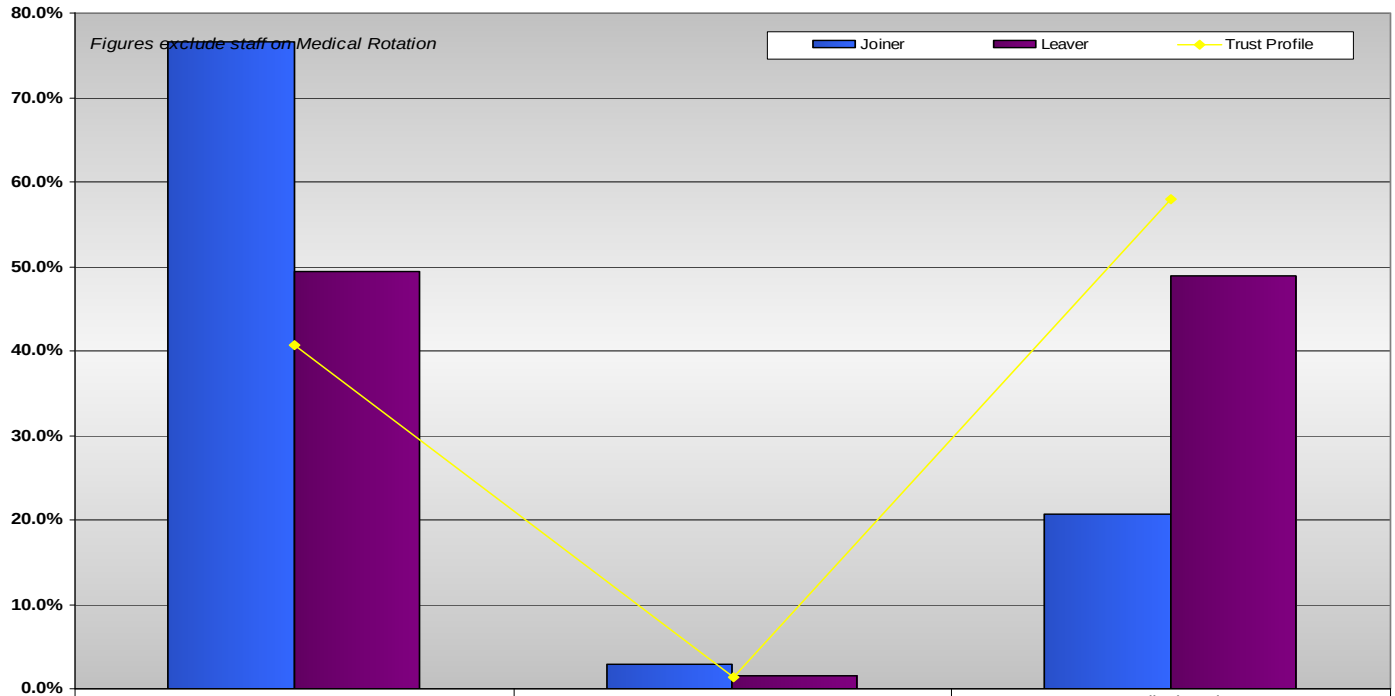
Joiners and Leavers by Religious Belief : April 2011 - March 2012



	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Other	Sikhism	Undisclosed
Joiner	6.72%	0.86%	27.18%	2.58%	3.00%	0.00%	0.29%	5.44%	0.57%	53.36%
Leaver	5.31%	1.39%	23.56%	2.08%	1.85%	0.00%	0.23%	4.16%	0.23%	61.20%
Trust Profile	3.74%	0.41%	19.43%	1.16%	1.66%	0.03%	0.19%	3.11%	0.28%	69.99%

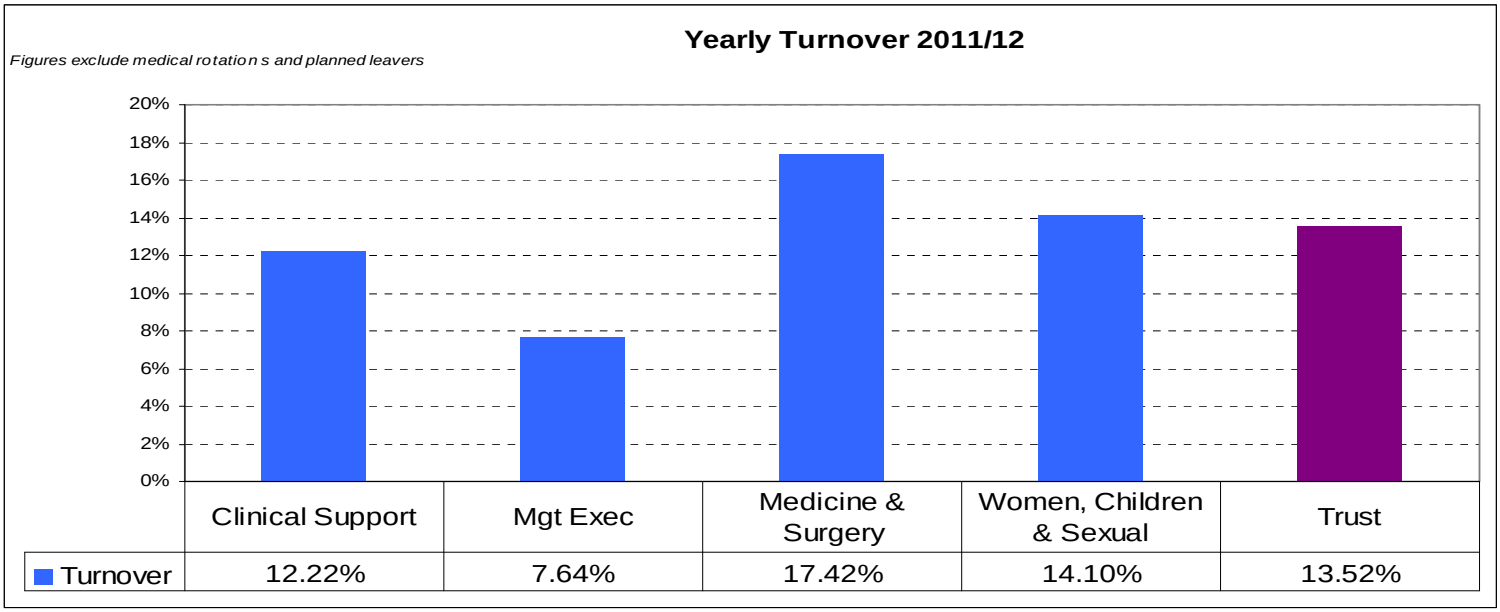
Appendix G

Joiners and Leavers by Disability : April 2011 - March 2012

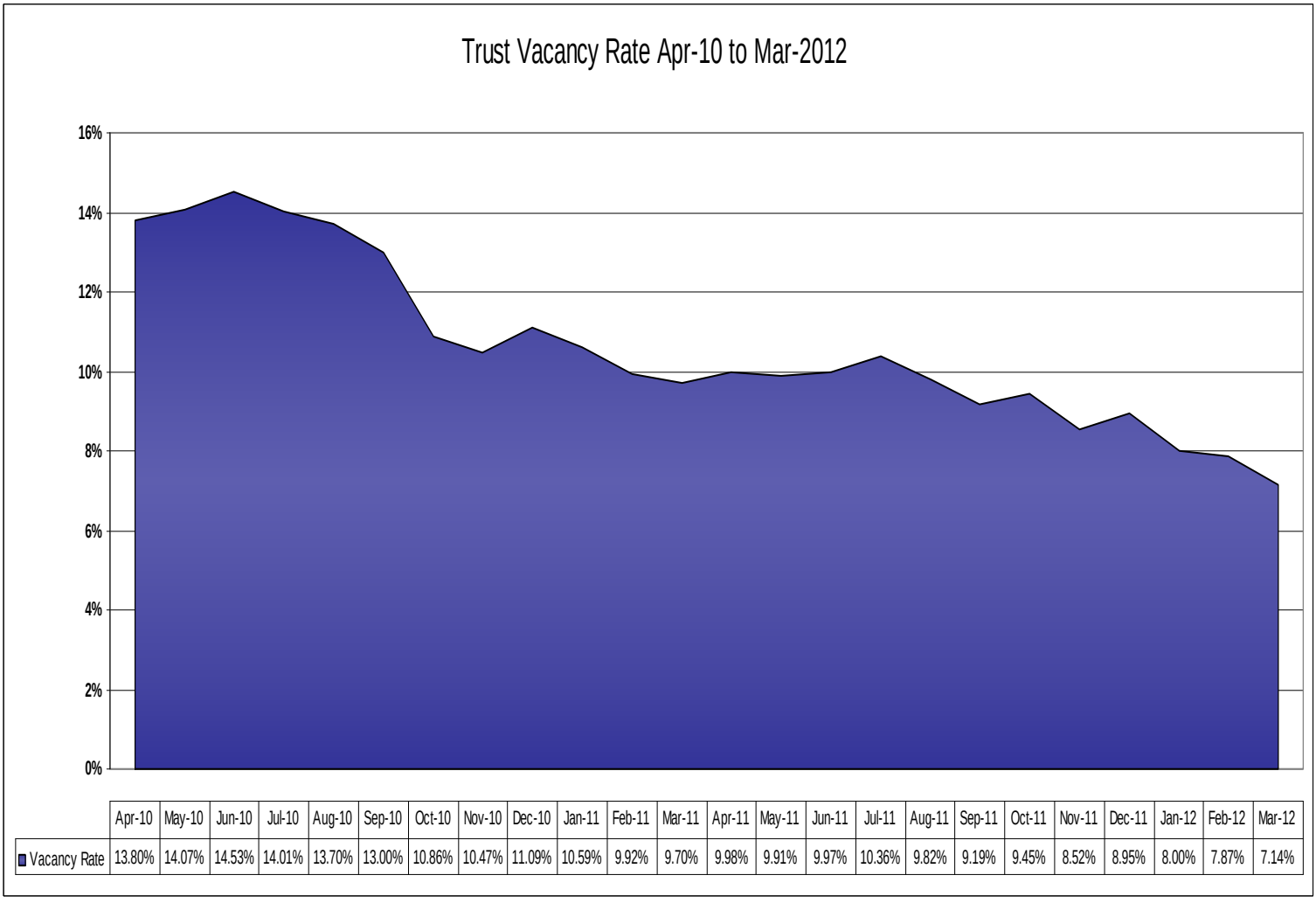


	No	Yes	Undisclosed
Joiner	76.54%	2.86%	20.60%
Leaver	49.42%	1.62%	48.96%
Trust Profile	40.65%	1.35%	58.00%

Appendix 4

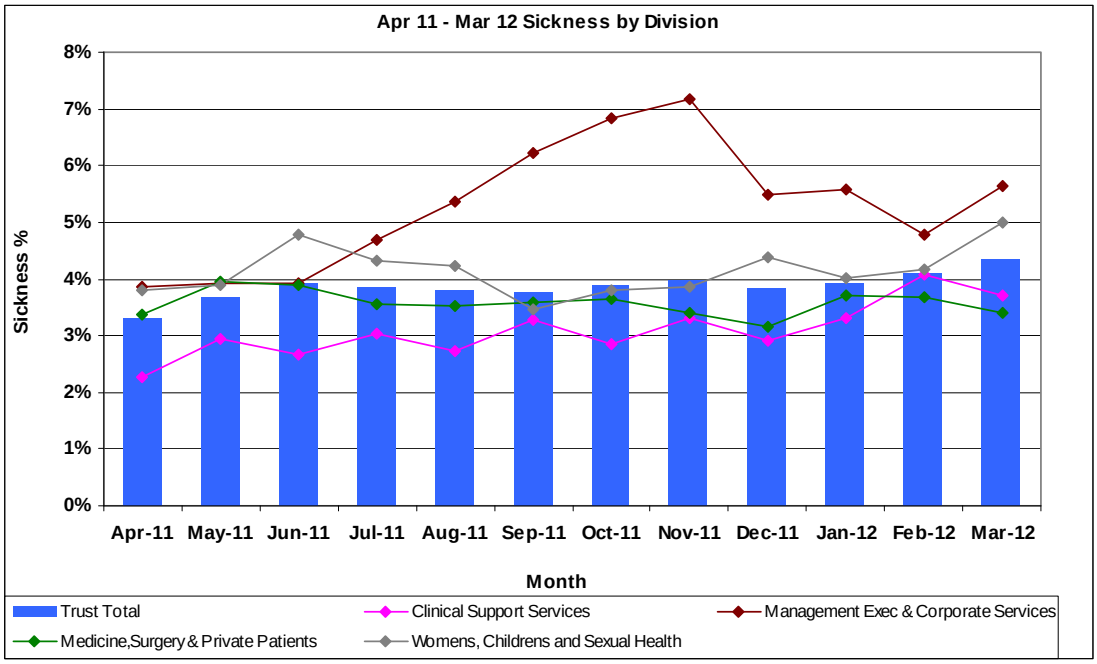


Appendix 5

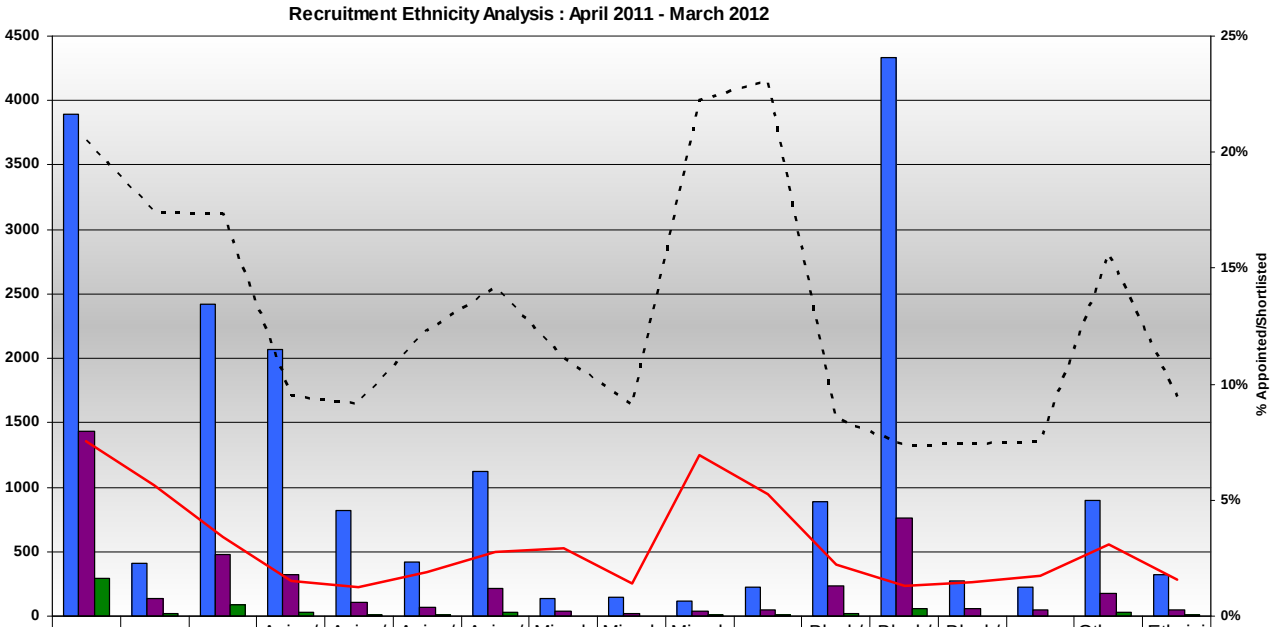


	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Vacancy Rate	13.80%	14.07%	14.53%	14.01%	13.70%	13.00%	10.86%	10.47%	11.09%	10.59%	9.92%	9.70%	9.98%	9.91%	9.97%	10.36%	9.82%	9.19%	9.45%	8.52%	8.95%	8.00%	7.87%	7.14%

Appendix 6

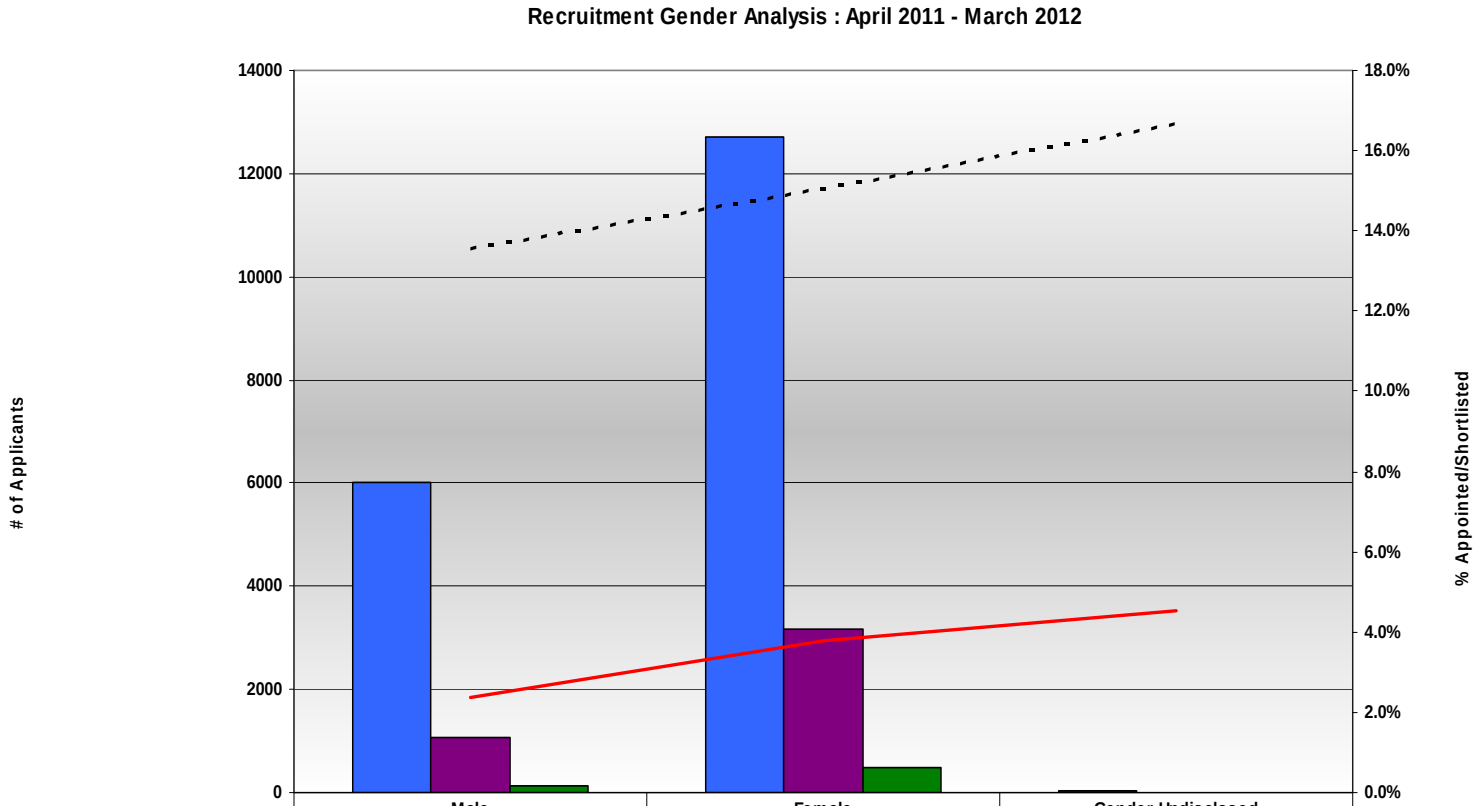


Appendix 7a



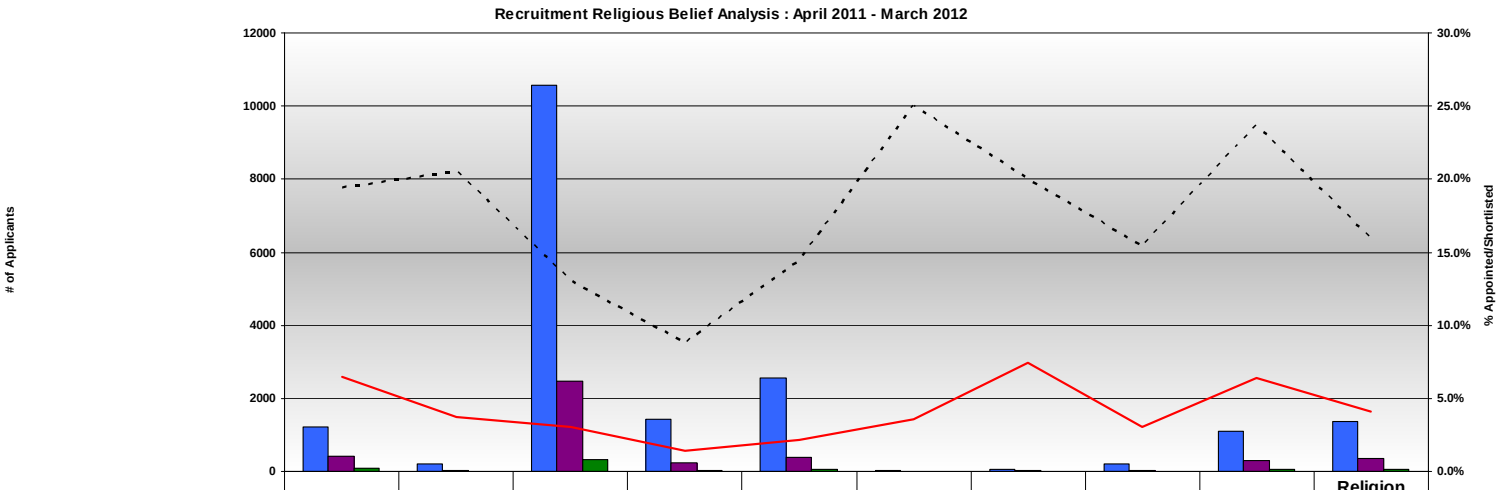
	White - British	White - Irish	White - Other	Asian/ Asian British	Asian/ Asian British	Asian/ Asian British	Asian/ Asian British	Mixed - White &	Mixed - White &	Mixed - White &	Mixed - Other	Black/ Black British	Black/ Black British	Black/ Black British	Chinese	Other - Any Other	Ethnicity Undisc
Applied	3893	407	2423	2072	819	424	1121	137	144	115	227	890	4337	272	228	900	322
Shortlisted	1436	132	478	326	109	65	219	36	22	36	52	235	760	54	53	179	53
Appointed	294	23	83	31	10	8	31	4	2	8	12	20	56	4	4	28	5
% of Applicants Appointed	7.6%	5.7%	3.4%	1.5%	1.2%	1.9%	2.8%	2.9%	1.4%	7.0%	5.3%	2.2%	1.3%	1.5%	1.8%	3.1%	1.6%
% of Shortlisted Appointed	20.5%	17.4%	17.4%	9.5%	9.2%	12.3%	14.2%	11.1%	9.1%	22.2%	23.1%	8.5%	7.4%	7.4%	7.5%	15.6%	9.4%

Appendix 7B



	Male	Female	Gender Undisclosed
Applied	5999	12710	22
Shortlisted	1055	3184	6
Appointed	143	479	1
% of Applicants Appointed	2.4%	3.8%	4.5%
% of Shortlisted Appointed	13.6%	15.0%	16.7%

Appendix 7C



	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Religion Undisclosed
Applied	1220	215	10561	1417	2551	28	54	197	1111	1377
Shortlisted	407	39	2470	228	387	4	20	39	300	351
Appointed	79	8	322	20	56	1	4	6	71	56
% of Applicants Appointed	6.5%	3.7%	3.0%	1.4%	2.2%	3.6%	7.4%	3.0%	6.4%	4.1%
% of Shortlisted Appointed	19.4%	20.5%	13.0%	8.8%	14.5%	25.0%	20.0%	15.4%	23.7%	16.0%

Appendix 8

Below Trust Profile Above Trust Profile

Ethnic Code

Band Promoted to	A White-British	B White-Irish	C White-Other	D Asian/Asian British-Indian	E Asian/Asian British-Pakistani	F Asian/Asian British-Bangladeshi	G Asian/Asian British-Other	H Mixed-White & Black Caribbean	J Mixed-White & Black African	K Mixed-White & Asian	L Mixed-Other	M Black/Black British-Caribbean	N Black/Black British-African
Band 3	18.2%	0.0%	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	9.1%	9.1%	27.3%
Band 4	33.3%	0.0%	22.2%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	11.1%	11.1%
Band 5	60.0%	0.0%	13.3%	0.0%	0.0%	6.7%	0.0%	6.7%	0.0%	0.0%	0.0%	6.7%	6.7%
Band 6	47.6%	6.3%	15.9%	0.0%	0.0%	0.0%	3.2%	1.6%	0.0%	0.0%	4.8%	3.2%	12.7%
Band 7	62.5%	12.5%	12.5%	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Band 8A	72.7%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Band 8B	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Director Level	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MD	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Promotions	52.8%	4.9%	14.1%	0.7%	0.0%	1.4%	1.4%	3.5%	0.0%	0.7%	3.5%	3.5%	9.2%
Trust Profile	**45.9%**	**3.9%**	**12.2%**	**0.8%**	**0.4%**	**0.7%**	**1.3%**	**5.1%**	**1.0%**	**0.5%**	**5.8%**	**5.3%**	**7.9%**

Appendix 9

Below Trust Profile Above Trust Profile

	Employee Ethnicity									
Manager Ethnicity	A	D	L	M	N	P	S	Z		
	White - British	Asian/Asian British Indian	Mixed - Other	Black/Black British Caribbean	Black/Black British - African	Black/Black British - Any Other Black Background	Other - Any Other Ethnic Group	Ethnicity Undisclosed	Grand Total	Trust Profile
A. White British	29.17%	8.33%	16.67%	16.67%	12.50%	4.17%	4.17%	8.33%	63.16%	45.9%
B. White Irish	25.00%	0.00%	0.00%	25.00%	50.00%	0.00%	0.00%	0.00%	10.53%	3.9%
C. White Other	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	13.16%	12.2%
H. Mixed - White & Black Carib	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	2.63%	5.1%
M. Black/Black British - Caribb	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	2.63%	5.3%
N. Black/Black British - African	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	0.00%	33.33%	7.89%	7.9%
Grand Total	31.58%	5.26%	10.53%	15.79%	21.05%	2.63%	2.63%	10.53%		
Trust Profile	45.9%	0.8%	5.8%	5.3%	7.9%	0.9%	4.2%	2.4%		

Appendix 10

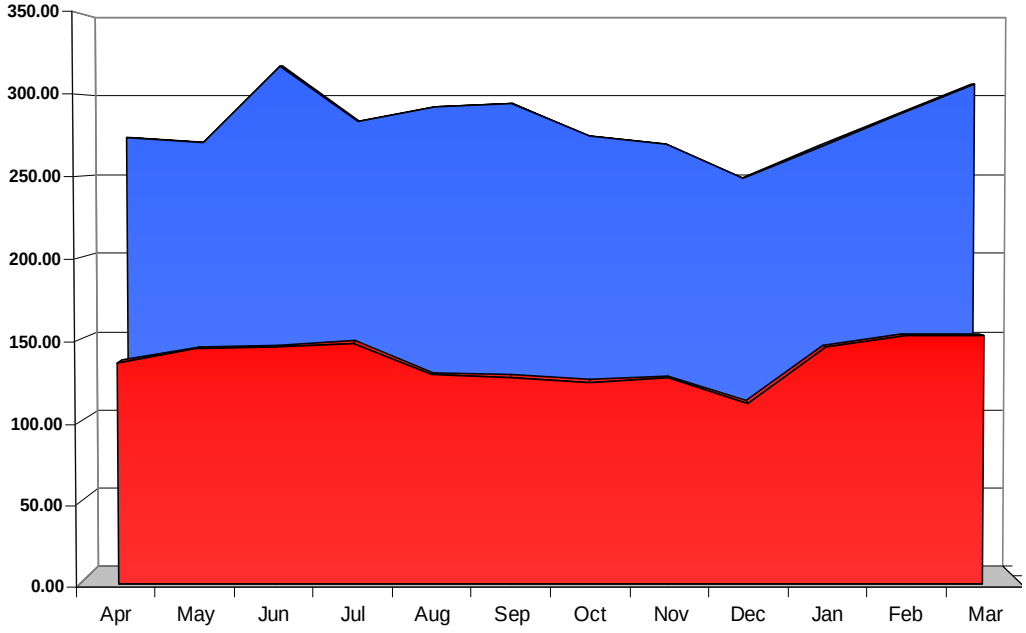
Below Trust Average Training Episodes

Above Trust Average Training Episodes

No. of Delegates

		A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z	
	Ethnic Origin	White - British	White - Irish	White - Other	Asian/Asian British - Indian	Asian/Asian British - Pakistani	Asian/Asian British - Bangladeshi	Asian/Asian British - Other	Mixed - White & Black Caribbean	Mixed - White & Black African	Mixed - White & Asian	Mixed - Other	Black/Black British - Caribbean	Black/Black British - African	Black/Black British - Any Other Black Background	Chinese	Other - Any Other Ethnic Group	Ethnicity Undisclosed	Total
	% of Trust staff	46%	4%	12%	1%	0.4%	1%	1%	5%	1%	1%	6%	5%	8%	1%	2%	4%	2%	**100%**
	Number of Trust Staff	1,461	123	389	24	12	23	43	164	31	16	186	168	251	30	54	135	76	**3,186**
Mandatory	Number of training episodes	8393	678	1991	133	80	146	226	1021	193	88	1117	532	1057	111	325	821	393	**17305**
	Attendance per employee	5.74	5.51	5.12	5.54	6.67	6.35	5.26	6.23	6.23	5.50	6.01	3.17	4.21	3.70	6.02	6.08	5.17	**5.43**
Non Mandatory	Number of attendees	391	34	136	3	6	7	6	65	5	3	30	25	41	7	25	28	18	**830**
	Attendance per employee	0.27	0.28	0.35	0.13	0.50	0.30	0.14	0.40	0.16	0.19	0.16	0.15	0.16	0.23	0.46	0.21	0.24	**0.26**

Appendix 11



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Agency	136.43	144.97	145.65	148.33	128.79	127.40	124.55	126.83	111.34	145.63	152.48	152.88
Bank	273.36	270.36	318.56	284.02	293.13	294.93	274.61	270.15	248.10	268.17	288.08	307.31

Appendix 12 – Narrative supplementary paper

1. Context

1.1 Under the Equality Act 2010 the Trust is required to annually publish, as a minimum, any progress made in meeting equality objectives and analysis of equality information.

1.2 An annual report highlighting the outcome of this statutory monitoring duty and recommended actions is prepared by the Director of HR in April of each year as part of an annual 'Workforce Report'. The report also includes analyses of additional staffing metrics over the previous year.

2.0 Flexible Working

2.0.1 From the analysis of staff working flexibly (800 or 25% of staff reported working flexibly), it appears that staff aged between 30-39, staff in Band 5-6 posts and women have the most flexible working arrangements in place as well as White British staff. It is worth noting that staff survey results indicate a higher proportion of staff have flexible working arrangements in place. No further conclusions can be drawn from this although we will continue to encourage more staff to declare their working arrangements so that we can accurately report on this in future.

2.1 Length of Service

2.1.1 The average length of service of staff broken down by protected characteristic shows that women hold the longest length of service compared to men of just over 5 years. Employees aged 55-59 have over 12 years service and staff from Any Other Black ethnic group continue to have over 11 years service. Staff that have not disclosed their disability, religion or sexual orientation status tend to have greater length of service. No other conclusions can be made from this data.

2.2 Pay

2.2.1 A breakdown of the median basic salary of employees highlights that staff from the White & Asian ethnic group earn the highest average salary whereas Bangladeshi employees continue to earn the lowest. Although there are fewer men in the Trust they earn the highest average salary compared to women. Staff following Judaism had the highest average salary in contrast to staff following Jainism with the lowest average salary. Staff aged between 45-49 continue to maintain the highest average salary; in contrast staff aged below 20 earn the lowest. It is worth noting that junior doctors were included in this analysis.

2.3 Joiners, Leavers, Turnover and Staff In-Post

2.3.1 **Joiner and Leavers:** The graphs shown in Appendix 3a indicate the numbers of staff joining and leaving the Trust, and the number of joiners and leavers by ethnic group against the total number of staff in post. Graph 3b indicates that more White British, Black African and people from the Other Mixed Asian Ethnic Group category joined the Trust. Across other ethnic categories more staff left than joined the Trust. There are no specific concerns/reasons for these turnover trends other than natural turnover. It is recognised that fewer BME staff hold senior posts across the Trust. Existing positive action programmes such as "Breaking Through" are still promoted in the meantime.

2.3.2 More staff aged between 20-29 joined the Trust that any other age group. In contrast, more staff aged between 55-64 left which can be attributed to natural turnover. An accurate analysis of leaver and joiners by sexual orientation, religion and disability can not be gleaned due to the significant proportion of staff not disclosing their protected characteristics.

3. Recruitment and Retention

3.0.1 This section of the report looks at comparing number of applicants who applied against those short-listed and appointed to jobs in the Trust by age, ethnicity, gender, disability, religious belief and sexual orientation.

3.0.2 The Trust workforce continues to be predominately from the local and central London population.

3.0.3 The central London population comprises those living in the boroughs of Camden, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth and Westminster, with the majority of applicants coming from the local and/or central London catchments area.

3.1 Age

3.1.1 The highest number of applications came from applicants aged 20-29 and this group also had a high "success rate" and is evidenced in the number of joiners during 2011-12. The age group with the highest 'success rate' of 100% was 65-69, although this only relates to two posts. No further statistically significant analysis can be drawn.

3.2 Ethnicity

3.2.1 For the last six years, we consistently receive more applications from Black/Black British African background than any other ethnic group. As last year, fewer than 25% of applicants were from this ethnic group, showing a slight decrease on last year. The second largest group of applicants are from a White British background, at 22% which shows a marginal increase over the last 2 years.

3.2.2 The "success" rate for applicants was highest for White British applicants at 7.6% (i.e. 3893 applied for posts and 234 were successful) whereas Asian Pakistani applicants have the lowest success rate at 1.2% (819 applied and 10 appointed.)

3.3 Gender

3.3.1 Recruitment analysis by gender has not changed in the last 5 years. The largest group of candidates are female; a total of 12,710 applications out of a total of 18,709. The NHS has traditionally employed a greater proportion of females in nursing and midwifery roles and this is the largest group of employed staff. This also translates into the largest group short-listed and appointed to posts in the Trust. This is reflective across the wider NHS and not specific to the workforce here at Chelsea and Westminster Hospital NHS Foundation Trust.

3.4 Disability

3.4.1 Applicants that chose disclose their disability status had the highest success rate at 4.3%, although the number of applicants in this pool was smaller compared to applicants with no disability. The analysis reinforces our commitment to our status as a Two Ticks employer.

3.5 Religious Belief

3.5.1 Appendix 7a shows the ethnic breakdown of recruitment which is broadly consistent to previous years. The “success” rate for applicants appointed to posts from a Asian/Asian British Pakistani ethnic background appears to be the lowest at 1.2% (last year it was Black/Black British Other at 0.4%), whereas White British applicants have the highest “success” rate at 7.6% (last year it was White Irish at 9.3%).

3.5.2 Recruitment analysis by gender has not changed in the last 4 years shown in Appendix 7b. This is reflective across the wider NHS and not unique to this Trust. Appendix 7c shows applicants by declared religious belief. Consistent with the last four years’ reports, the largest group of applicants came from candidates identifying as Christian.

3.5.3 Appendix 7d shows applicants by declared religious belief. Consistent with the last four years reports, the largest group of applicants came from candidates identifying as Christian, followed by Muslim and then Hindu. 1377 applicants did not disclose their religious belief which is fewer than last year. A possible explanation for this might be that applicants are becoming more accepting of declaring their religion. Applicants who declared themselves as following Atheism were the most successful this year, whereas Hindu applicants were the least successful at being appointed. No further analysis can be drawn from this data.

3.6 Promotions

3.6.1 Breakdown of the promotions data by ethnicity and band shows that over half the promotions were gained by White staff at Band 5 and above. BME staff were promoted into bands 3-4 with some exceptions in Bands 6-7 and Medical posts. Over 71% of the promotions were gained by White staff and 28% of the promotions were gained by BME staff. This shows a 0.9% decrease for BME staff on last year.

3.6.2 77.5% of the total promotions were gained by women, although 60% of the Medical promotions were gained by men. Staff aged between 25-34 gained the most promotions and staff who did not wish to disclose their religion gained the most number of promotions. There was insufficient data for promotions by sexual orientation to draw any meaningful conclusions.

3.7 Employee Relations

3.7.1 All formal closed disciplinary and grievances cases have been reported in Appendix 9.

3.8 Harassment and Bullying

3.8.1 A total of 8 formal cases were raised; 6 of the cases involved women and 2 involved men. All cases involved staff aged over 40 with half of the cases (4) for White British staff.

3.9 Grievance

3.9.1 2 grievance cases were raised in 2011/12 by 2 female staff from White Other and Black African ethnic backgrounds.

3.10 Disciplinary

3.10.1 A total of 16 disciplinary cases were managed in 2011/12 for women and 12 cases were for male staff. A higher percentage of these cases were brought against 'Black Caribbean' and 'White British' staff (both made up 47% of all cases), followed by 11.8% of cases being brought against Black African staff. Comparing this data against the ethnic composition of the workforce suggests that 'Black Caribbean' staff were more disproportionately represented in disciplinary cases than White British staff.

3.11 Overall observations/statement of findings

3.11.1 Appendix 9 shows that when comparing the Trust ethnic profile against the ethnicity of all employees involved in employee relations procedures, BME staff, particularly staff from Black African and Black Caribbean ethnic groups still continue to be disproportionately affected compared with White colleagues. It should be noted that a greater number (12) of White British staff (as a proportion of this element of the workforce) were involved in ER cases. When comparing this to the staff group profile of the Trust, staff in junior bands or Administrative & Clerical staff were disproportionately involved in ER cases.

3.11.3 Analysis by gender suggests that men and staff under 20 are disproportionately represented in disciplinary cases; in contrast women and staff above 40 are disproportionately represented in grievance and harassment and bullying cases. A disproportionate number of cases involved staff aged between 30-64 in some employee relations categories. Due to high numbers of staff that have not their disability, religion or sexual orientation it is not possible to drawn valid conclusions from these datasets.

3.11.2 As last year, all ER cases have been reviewed and indicate that the action has been taken for valid reasons and the outcomes taken appear to be proportionate. HR will continue to work with managers to ensure that staff are managed fairly and equitably, the data provided in this report will be shared with managers so that they are aware of these issues. HR periodically undertakes local briefing sessions to remind managers of key processes within employee relations policies. In summary, further analysis and on-going involvement with BME staff is needed to fully understand why BME staff continue to be disproportionately represented in employee relations cases.

4.0 Training

4.0.1 Appendix 10 shows staff from Black African, Black Caribbean and other Black ethnic categories have a lower attendance for mandatory and non mandatory training and further analysis will be undertaken to understand the reasons for this.

4.0.2 Attendance for mandatory training for Medical & Dental and Nursing & Midwifery staff was above average and probably reflects staff attendance at the new update days

4.1 Appraisals

4.1.1 The Trust appraisal completion rate for non medical staff in 2011-12 was 81%. The Trust target was 84%, whereas the Staff Survey results are more reflective of the Trust's actual appraisal rate at 80%.

4.1.2 Analysis of data by protected characteristic indicates that appraisal completion rates were higher for men, younger staff in the 20-34 age brackets and staff in senior bands. In contrast, staff from Nursing & Midwifery (78%) and Additional Clinical Services (77%) staff groups and staff from Black ethnic

groups (ranging from 72-77%) had slightly lower appraisal completion rates. This could be explained by the fact that there are proportionately more BME staff in lower bands or clinical roles compared to White staff. Further investigation is needed to understand the reasons for the lower appraisal rate in order for recommendations to be made.

4.1.3 It should be noted that the Trust will be implementing a system to capture appraisal data for medical staff in 2012-13 and analysis of this data will follow in next year's report.

5.0 Bank and Agency Staff Usage

5.0.1 2010/11 has seen an increase in the usage of Agency staff, particularly in the last quarter; see Appendix 11; however the Trust showed a decrease in Bank and Agency usage for March, down by 39.94 WTE on the previous March. Agency usage decreased by 13.34 WTE, mainly due to a decrease in Nursing and Midwifery usage, while Bank increased by 26.6 WTE on March 2011. While Agency usage continues to be a focus it should be noted that the Trust remained within its overall pay budget.

5.0.2 This highest usage of bank and agency staff remains with Nursing and Midwifery staff and in general the Bank and Agency usage is lower than the Trusts vacancy rate.

5.0.3 The Trust retains ethnicity and gender information for Bank staff. Analysis of the composition of Bank members of staff against the Trust indicates that slightly more men and BME staff hold bank positions. Disability, sexual orientation and religion can also be recorded but the majority of Bank staff prefer not to disclose these details.

5.0.4 The age profile of bank staff is younger than the Trust age profile. There continues to be a higher proportion of people under the age of 34 (last year people aged under 25 made up the highest proportion) working through the bank than substantively employed. The probable reason for people under the age of 34 choosing to work through the Bank is to gain experience of working in different departments/wards given the current economic climate, or working flexibly in addition to studying.

6. Equality and diversity

6.0.1 The Trust's Chief Operating Officer is the Executive lead for equality and diversity and the Chair of the Equality and Diversity Steering Group. This group leads the Trust's work on addressing equality and diversity issues in the workforce and also in terms of service provision to patients in line with current equality legislation. The Trust employs a full time E&D manager.

6.1 Equality Act 2010

6.1.1 The Equality Act was formally introduced in October 2010 with the main aim of simplifying the law by bringing together several pieces of anti-discrimination legislation. It replaces employment legislation introduced over the last 30 years such as the:

6.1.2 The general equality duty of the Act requires public authorities to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a characteristic and those who do not.

- Foster good relations between people who share a characteristic and those who do not.

6.1.3 In addition, under the specific duties we had to publish equality relevant information by **31st January 2012** and at least annually after this date e.g. demographics on our staff, patients and staff or patient survey results. By **6 April 2012** and at least every four years after that, we had to publish equality objectives and details of the engagement undertook in developing them. Public authorities will also need to review their commissioning and procurement services.

6.1.4 The E&D Manager will continue to work with colleagues around the Trust to identify suitable sources of information in relation to services which will help build a reliable demographic profile of patients using different services. Workforce data has been produced where possible to form part of this annual workforce report.

6.2 SES progress

6.2.1 This section provides a brief account of how the Trust is progressing against key objectives from the SES action plan during 2011-12. The SES has partly been replaced by equality objectives and will be fully replaced by the Equality Delivery System later this year.

6.2.2 Leadership, Corporate Commitment and Governance

6.2.2.1 The Trust Board received an equality and diversity training update which also incorporated an explanation of the new provisions of the Equality Act in May 2011.

6.2.2.2. Relevant equality related information was requested from colleagues across the Trust by the Equality and Diversity Manager to ensure that we identified gaps in staff or patient related data across all protected characteristics. This included patient coding data, employee relations data and patient and staff surveys. This information was collected, analysed and published by 31st January 2012 as it was a requirement of the Equality Act 2010.

6.2.2.3 Equality objectives were then developed, using the findings from the analysis of equality information, agreed by the Equality and Diversity Steering Group members and published by 6th April 2012. The equality information and objectives can be found on the Trust's equality and diversity pages.

6.2.3.4 Further analysis will be undertaken to develop patient specific objectives later this year. These will be developed once the consultation phase of the Equality Delivery System is complete, after mid July 2012.

6.2.2.2 A new set of values were developed and agreed by the Trust Board with the help of staff and members. In 2012-13 more work will be undertaken to develop behaviours from each value. This aim of this piece of work is to use these identified behaviours to recruitment and train staff.

6.3 Implementation of Equality Delivery System

6.3.1 The Trust Board has agreed to the implementation of the EDS which will replace the Single Equality Scheme, and will be routinely monitored by the Equality and Diversity Steering Group.

6.3.2 The CQC Outcomes have been mapped against the EDS outcomes to ensure

that relevant existing equality data is captured. The Equality and Manager is also exploring how EDS progress can be monitored using the Health Assure software tool to make it easier to collect updates or monitor progress.

6.3.3 Further work is needed to engage relevant interest groups and other external stakeholders such as LINks to ensure that the EDS is implemented effectively. The Trust EDS implementation will continue to be managed by the Equality and Diversity Manager, and report progress to the Executive E&D Lead and E&D Steering Group to ensure successful implementation.

6.4 Equality Impact Assessments

6.4.1 Under the Equality Act 2010, the term equality impact assessments is now called equality analysis. The expectation to 'equality check' our policies, functions or a process still remains. It has been noted that not as much progress has been made in 2011/12 compared to previous years.

6.4.2 In 2012/13, the assessment documentation will be reviewed to simplify the assessment process to encourage more managers to complete the assessments and implement changes more easily. The Quality Committee will continue to oversee the approval of Trust policies and assist the Equality and Diversity Manager with collating which policies have had an equality impact assessment.

6.5 Partnership Working, Consultation and Involvement

6.5.1 The Trust continues to use the community mobile health clinic to develop membership and engagement in the community. The services provided from the mobile health clinic aim to target 'hard to reach' groups in the community. The Mobile Health Clinic visits Shepherds Bush market area every month and focuses on health screening/outreach work with Black, Minority and Ethnic groups.

6.5.2 It is recognised that membership recruitment should focus on increasing its numbers and engagement with Black, Ethnic and Minority groups. On behalf of the Members Sub-Committee, the Equality and Diversity Manager has approached the BME Health Forum to provide the Trust with an action plan to address this issue. Progress will be monitored in 2012-13.

6.5.3 A new concept called 'Medicine for Members' was developed to raise awareness and understanding of medical issues with our Members. This has been well received and more seminars will be arranged for 2012.

6.5.4 The Gold Clinic was opened in 2011-12 and provides sexual health advice for the transgender community.

6.5.5 Further engagement work will continue with a broader range of local interest groups, reflective of all protected characteristics to ensure the Trust considers the needs of different groups of patients or staff.

6.6 Accessibility and Communications

6.6.1 Big Hand was awarded the contract to provide translation services for the Trust. Managers are still encouraged to consider telephone interpreting instead of face to face interpreting as a more cost effective intervention, whilst not jeopardising the impact of delivering information clinical information to patients.

6.6.2 All patient leaflets continue to include the top 10 interpreting and translation

languages requested by patients where appropriate. In addition the Trust has installed Google Translate to its website which allows users to translate the Trust's website into their own language or chosen language. The Trust has also installed the Browse Aloud function to its website to allow users with visual impairments to access the Trust website.

6.6.3 The Patient Experience Group continues to look at ways to improve the experience of patients irrespective of their protected characteristic. The Way Finding Committee has the remit of reviewing signage across the Trust with the aim of making our services more accessible to patients. The Equality and Diversity Manager sits on this committee and provides advice to ensure new proposals are inclusive to all groups.

6.7 Workforce and Training

6.7.1 The Trust continues to monitor equality and diversity training attendance. The internal measure was for all departments to send 25% of their staff on mandatory equality and diversity training. Attendance rates are monitored by the Equality and Diversity Steering Group and it has been noted that attendance has been lower than last year but increased towards the end of the year. Feedback from staff that have attended this training has been positive; therefore we will continue to promote the importance of completing this mandatory course across the Trust. Last year 14.1% of staff (360 staff) attended the Making a Difference course, and 82.4% of staff (378 out of 459) attended Corporate Induction.

6.7.2 An equalities questionnaire was circulated in 2011-12 to gather feedback from staff on how the Trust should engage with staff on equalities issues. The survey responses will be used to develop a programme of events or resources aimed at improving staff awareness on a number of issues such disability, religion or belief and ethnicity.

6.8 Staff Survey

6.8.1 The demographic profile of the recent staff survey respondents continues to show that we employ a higher percentage of staff with a declared disability than that noted on the ESR database. This is encouraging and shows that the Staff Survey has become a particularly useful tool in engaging with all our staff, regardless of gender, ethnicity or disability.

6.8.2 Other results from the 2011 Staff Survey continues to suggest that staff with a disability, are marginally more likely to experience harassment and bullying or discrimination from colleagues or patients than staff with any other protected characteristic. The Trust will continue to work with departments that scored highly on having experienced harassment and bullying in the workplace.

6.8.3 The percentage of staff believing that the Trust provides equal opportunities for career progression and promotion is higher for men and lowest for BME staff. Staff satisfaction levels seem to be lower for staff with disabilities and more work will need to be done to understand these issues.

6.9 Addressing Bullying and Harassment

6.9.1 The Harassment Advisory Service continues to provide a confidential support service to staff and this is also highlighted to new staff at induction. The Equality and Diversity Manager advertised for more Advisors to join the service and interviews will be held in June 2012.

6.9.2 The Trust's 'policy against harassment and bullying in the workplace", clearly highlights acceptable standards of behaviour that all staff should expect and

adopt. The policy also empowers staff to resolve their issues. A further leaflet was created by the Equality and Diversity Manager and HR colleagues to empower staff and managers to deal effectively with initial concerns. Regular reports are received from the Employee Assistance Programme via Occupational Health which helps us identify themes around harassment and bullying.

6.9.3 The Trust will continue to actively pursue new and innovative ways of addressing bullying and harassment. As an example, last year the Maternity department arranged for the Andrea Adams Trust to deliver bespoke training which will be evaluated later in 2012. The Trust will also promote a branded campaign to support the values of the Trust to staff and patients and members of the public to encourage a positive experience of the Trust for all.