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# Workforce Profile Report 2012/13

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## Document Information

The aim of the Workforce Profile report is to provide the Trust Board with a comprehensive workforce profile to enable them to assess the Trust's performance as an employer. This is particularly important as the Trust moves towards Foundation Trust status.

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<b>Current Version:</b>	1.0		
<b>Transparency level:</b>	Public		
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<b>Commissioned by:</b>	Board		

## Introduction

The purpose of the Workforce Profile Report is to provide the Board with an up to date snapshot of the workforce. This provides useful background for the Staff Survey report also on the agenda and the workforce elements of the Integrated Business plan. This is a new format for this report and includes new information. The Board will be kept up to date on Workforce issues and developments and a monthly basis through the integrated governance report. This report covers workforce indicators which can only be meaningfully reported on an annual basis. The Board is asked to comment on the report and make suggestions on how it could be developed.

The report covers Corporate and Clinical Directorates and meets the Trusts requirements under the Public Sector Equality Duty (Equality Act 2010).

The Trust has a workforce of 2256 staff in Corporate and Clinical Services. The staff population in the Clinical Directorates is characteristically representative of the local boroughs in terms of ethnic background except the Black African category where the Trust employs proportionately more people from this background compared to the proportion in the local population. Wandsworth shows a smaller proportion of staff categorising themselves as White British compared to the proportion in the local population (see page 15).

The Equality and Human Rights Commission would normally expect to see the following workforce information from a public sector employer of the size of the Trust:

- the race, disability, gender, age breakdown and distribution of the workforce
- indication of likely representation on sexual orientation and religion or belief, provided that no individuals can be identified as a result
- an indication of any issues for transsexual staff, based on the Trust's engagement with transsexual staff or voluntary groups
- gender pay gap information

### Staff information disaggregated by protected group on:

- **success rates of job applicants** – *this information was downloaded from NHS jobs in November. A Further download of the information for the last 3 months has also been downloaded and is attached as an appendix. The information shows a consistent pattern which is also apparent in the 2011/12 data. (It is proposed to monitor the recruitment process on a more regular basis as part of the review of recruitment recommended in the report). The recently downloaded data shows that there is has been an improvement.*
- **take-up of training opportunities**
- **applications for promotion and success rates** (*in the Trust this is either by success in the recruitment process or job evaluation reviews*)
- **applications for flexible working and success rates** (*further work is being done on this – as part of the Staff Survey Action plan*)
- **return-to-work rates after maternity leave**
- **grievance and dismissal**
- **other reasons for termination like redundancy and retirement**
- **length of service/time on pay grade, and**
- **pay gap information for other protected groups** (*the Trusts uses NHS national contracts which are highly prescribed and agreed with Staffside either nationally or locally as appropriate*)

The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race (i.e. ethnicity)
- Religion or belief
- Sex (i.e. gender)
- Sexual orientation
- Marriage and civil partnership

In addition to data required by the Public Sector Equality Duty, this report provides wider management information including an update on sickness absence levels, vacancy rates, temporary staffing costs as a % of total pay-bill, occupational health activity, employee relations case work (i.e. disciplinary, capability and grievances) and staff survey/job satisfaction which is covered in more detail in a separate report.

Sickness absence for South West London and St George's Mental Health NHS Trust for 2012/13 is 4.21% up by 0.30% since last year. Even though sickness rates are up South West London and St George's Mental Health NHS Trust is consistent with other Mental health Trusts in and around London (see attached appendix on sickness absence across London Trusts just published by DoH). The Trust has introduced a new capability procedure and also taken a rigorous approach to the sickness procedure which should hopefully see sickness rates coming back down in the year ahead. In addition it is necessary to look at the support managers have in managing sickness absence from occupational health and the Trusts own wellbeing and employee assistance arrangements.

Vacancy Rates as at 31<sup>st</sup> March 2013 is 10.59%. The Trust is currently doing a piece of work nursing establishments with view to reducing the use of bank and agency by establishing appropriate rotas. This is likely to lead to an increase in the number of qualified nurses to improve the ration of qualified to unqualified as recommended by Francis. This is about more appropriate spending on nursing staff across the payroll and temporary/agency staffing budgets rather than increasing the overall costs. Work is also taking place on reconciling budgets and vacancies to take account of CIPS. We will continue to monitor vacancies on existing establishments but the Board needs to be aware that this is work in transition and subject to change – i.e. there may be an increase in vacancies while there is a reduction in temporary staffing.

Efficiency improvements have been an important priority for the Trust in 2012/13 and will continue into 2013/14 onwards. The Trust's workforce transformation will impact on the workforce profile and a position paper will be presented to the Executive Management Committee to inform long term and short term strategies. The demand for greater efficiency will continue in the year ahead thus placing an even greater emphasis on the need to have a skilled and resourceful workforce

The results in this profile will help to inform and develop the Human Resources Strategy and the OD Strategy in the year ahead and to support Workforce Transformation. It measures the impact of Human Resources policies and procedures through the monitoring of HR processes through HR metrics which form part of the performance reporting procedure.

The Director of HR/OD and Workforce Transformation took up post on 1 April 2013 and is reviewing the Trusts performance in relation to workforce matters. The Trust also signed up to the Listening into Action initiative to improve employee engagement and empowerment. This will if successful represent a considerable shift in the organisational culture and management processes within the Trust and needs to be supported with appropriate development programmes to sustain the changes made. These changes will be challenging for staff too as empowerment comes with greater accountability as decisions are at different levels across the organisation.

There are a number of emerging themes arising from the Listening into Action programme which will impact on the work of the HR department – review of recruitment, implementation of equal opportunities consistent with the Equality Act 2010 and how the organisation addresses employee relations issues around bullying and harassment and discrimination. It is likely that one of these themes will become one of the 4 or 5 “Empowering Your People” initiative in the LiA programme but they will all need to be addressed. An EYP initiative should ideally be completed with a reasonably small time scale (3 months) and some of these issues will take longer.

There are a number of Immediate actions taking place over the next 3 months:

1. Firstly a review of the HR department to ensure it has the right organisation and skill set to address the agenda. In particular there is a need to strengthen leadership development and organisational development expertise.
2. There needs to be a review of the way in which the Trust addresses Equal Opportunities and the NHS Equality Delivery Scheme may be a useful vehicle for this as it provides clear standards to measure the Trusts arrangements and allows for a wide number of stakeholders – including staff to evaluate success and identify areas for improvement. It is whole system standard not simply an internal HR one.
3. There is a clear need to provide managers with skill based training on handling difficult staffing matters where there are allegations of bullying, harassment and discrimination. This training will focus on recognising the problem, early intervention – to avoid the situation escalating and dealing with allegations in a way that is going to lead to a resolution rather than become adversarial. It is unlikely that formal cases will cease, but the aim would be to reduce them.
4. A Development Programme for senior managers affected by change within Operations is planned. This will assist managers in preparing for the selection process and identify their development needs. Once the new structure is in place, further leadership and development programmes will be put in place to ensure new ways of working are sustainable.

Over a longer time frame – i.e. during 2013/4, the intention is to address:

5. There needs to be a comprehensive review of the recruitment process – particularly if we are going to run a recruitment campaign to recruit and retain high quality nursing staff. Recruitment needs to be monitored for impact, effectiveness in attracting the right candidates, positive candidate handling and the time taken. There needs to be clearer competency assessment process for Panels to ensure consistent and fair decisions are made in as objective a way as possible
6. Review of sickness absence and related staff support and wellbeing policies
7. Develop and introduce a process for supporting teams in difficulty, with better use of mediation, mentoring and coaching to address issues earlier and

promote a more constructive engagement between staff and managers when difficulties arise. This should result in a less adversarial culture within the Trust although it will not eliminate the need for formal HR processes such as disciplinary and capability.

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## Total employees – Overview

As at 31<sup>st</sup> March 2013, South West London and St George's Mental Health NHS Trust employed 2018.20 WTE staff. This equates to a headcount of 2256 employees.

## Total employees by Directorate

Headcount refers to the actual number of employees in post on 31<sup>st</sup> March 2013, each person whether full or part time counts as one. The whole time equivalent figure (WTE) describes part time employees' contracted hours as a ratio of the standard weekly hours for the job. These figures exclude agency staff and bank staff.

### Staff in post Headcount and WTE as at 31<sup>st</sup> March 2013

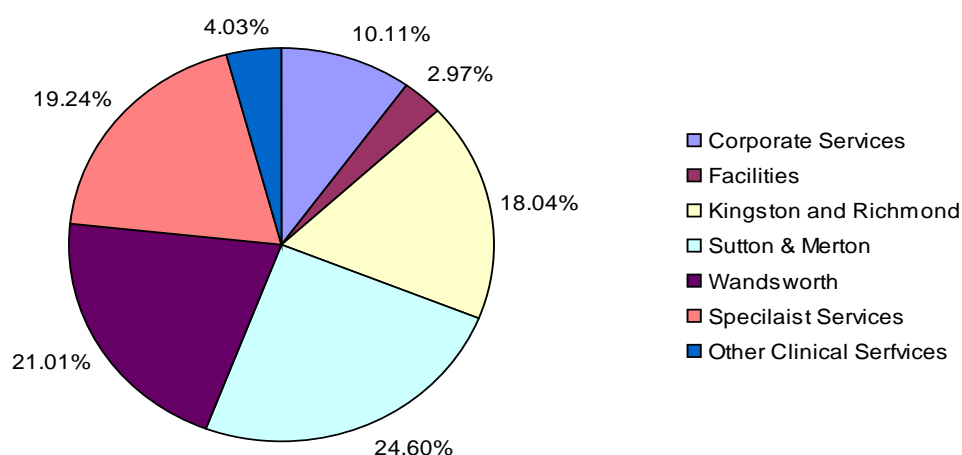
Table 1

Directorate	Headcount		WTE	
	Total	%	Total	%
Corporate Services *	228	10.11%	214.63	10.63%
Facilities	67	2.97%	61.17	3.06%
Kingston and Richmond	407	18.04%	350.05	17.34%
Sutton and Merton	555	24.60%	486.37	24.10%
Wandsworth	474	21.01%	429.08	21.26%
Specialist Services	434	19.24%	402.68	19.95%
Other Clinical Services (includes Medical Director, Pharmacy, Therapies and Psychology)	91	4.03%	73.70	3.65%
<b>Grand Total</b>	<b>2256</b>	<b>100.00%</b>	<b>2018.20</b>	<b>100.00%</b>

\*Corporate Services (includes Director of Operations, Nursing Directorate, Finance IT and Information, Governance, Human Resources and Trust Board Secretariat)

### % HC by Directorate

Figure 1



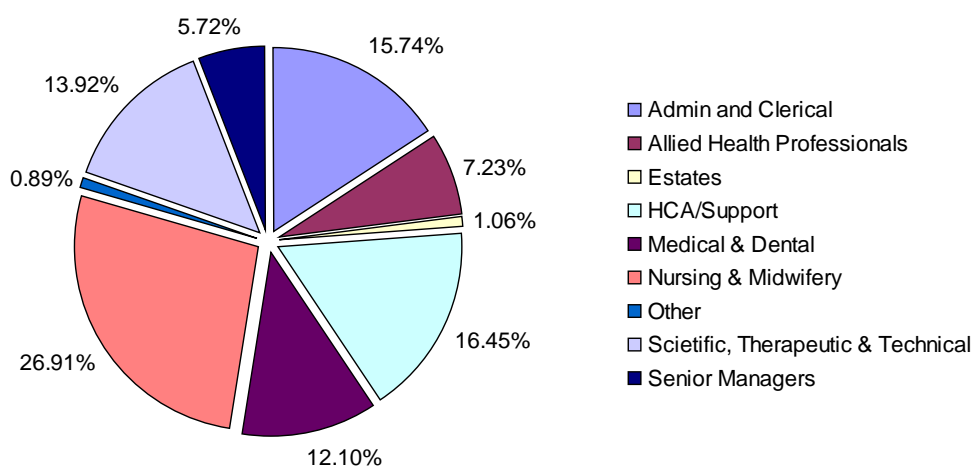
## Total employees by Occupational Group

Table 2: Staff in post Headcount and WTE as at 31<sup>st</sup> March 2013

Occupational Group	Headcount		WTE	
	Total	%	Total	%
Admin & Clerical	355	15.74%	313.94	15.56%
Allied Health Professionals (includes 19.02 wte AHP support)	163	7.23%	130.04	6.44%
Estates	24	1.06%	23.67	1.17%
HCA/Support	371	16.45%	357.77	17.73%
Medical & Dental	273	12.10%	223.50	11.07%
Nursing & Midwifery	607	26.91%	579.34	28.71%
Other (includes non exec board & student nurses)	20	0.89%	19.92	0.99%
Scientific, Therapeutic & Technical	314	13.92%	245.48	12.16%
Senior Managers	129	5.72%	124.54	6.17%
<b>Grand Total</b>	<b>2256</b>	<b>100.00%</b>	<b>2018.20</b>	<b>100.00%</b>

## % of HC by Occupational Group

Figure 2





## Total Employees by Band and Directorate

Table 3: By Headcount and Percentage

Directorate	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM*	NED**	Student Nurse	Other Medical	Consultant	Total
Corporate***	0 0.00%	4 1.75%	12 5.26%	24 10.53%	43 18.86%	31 13.60%	27 11.84%	30 13.16%	13 5.70%	9 3.95%	9 3.95%	5 2.19%	8 3.51%	12 5.26%	1 0.44%	0 0.00%	228 100.00%
Facilities	1 1.49%	19 28.36%	18 26.87%	15 22.39%	5 7.46%	4 5.97%	1 1.49%	1 1.49%	1 1.49%	1 1.49%	1 1.49%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	67 100.00%
Other Clinical (includes Medical Director, Pharmacy, Therapies and Psychology)	0 0.00%	3 3.33%	2 2.20%	11 12.09%	25 27.47%	15 16.48%	13 14.29%	7 7.69%	3 3.30%	2 2.22%	3 3.30%	1 1.10%	0 0.00%	0 0.00%	3 3.30%	3 3.30%	91 100.00%
Kingston and Richmond	0 0.00%	25 6.14%	42 10.32%	29 7.13%	54 13.27%	85 20.88%	44 10.81%	31 7.62%	17 4.18%	3 0.74%	7 1.72%	0 0.00%	0 0.00%	0 0.00%	37 9.09%	33 8.11%	407 100.00%
Sutton and Merton	0 0.00%	6 1.08%	69 12.43%	71 12.79%	80 14.41%	102 18.38%	74 13.33%	40 7.21%	16 2.88%	6 1.08%	7 1.26%	0 0.00%	0 0.00%	0 0.00%	50 9.01%	34 6.13%	555 100.00%
Wandsworth	0 0.00%	3 0.63%	91 19.20%	42 8.86%	90 18.99%	74 15.61%	66 13.92%	27 5.70%	16 3.38%	3 0.63%	8 1.69%	0 0.00%	0 0.00%	0 0.00%	30 6.33%	24 5.06%	474 100.00%
Specialist Services	0 0.00%	25 5.76%	78 17.97%	26 5.99%	98 22.58%	54 12.44%	47 10.83%	26 5.99%	16 3.69%	3 0.69%	3 0.69%	0 0.00%	0 0.00%	0 0.00%	32 7.37%	26 5.99%	434 100.00%
Grand Total	1 0.04%	85 3.77%	312 13.83%	218 9.66%	395 17.51%	365 16.18%	272 12.06%	162 7.18%	82 3.63%	27 1.20%	38 1.68%	6 0.27%	8 0.35%	12 0.53%	153 6.78%	120 5.32%	2256 100%

\*Very Senior Manager \*\*Non Executive Director \*\*\* Corporate Services (includes Director of Operations, Nursing Directorate, Finance IT and Information, Governance, Human Resources and Trust Board Secretariat)

For the purpose of this report staff employed on senior ad hoc and AFC band 9 are included within VSM.

## Full Time/Part Time Employees

Part time is defined as all staff that have a full time equivalent of less than 1 – i.e. those who work less than the standard hours for the position they occupy.

Part time staff can be employed through a variety of different flexible working options – for example, job sharing, term time or annualised working, voluntary reduced working hours, bank working.

*Table 4: By Gender*

Gender	Full Time		Part Time		Total	
	Headcount	%	Headcount	%	Headcount	%
Female	1035	69.70%	450	30.30%	1485	65.82%
Male	670	86.90%	101	13.10%	771	34.18%
Grand Total	1705	75.58%	551	24.42%	2256	100.00%

*Table 5: By Directorate*

Directorate	Full Time		Part Time		Total	
	Headcount	%	Headcount	%	Headcount	%
Corporate*	193	84.65%	35	15.35%	228	100.00%
Facilities	53	79.10%	14	20.90%	67	100.00%
Other Clinical (includes Medical Director, Pharmacy, Therapies and Psychology)	52	57.14%	39	42.86%	91	100.00%
Kingston and Richmond	276	67.81%	131	32.19%	407	100.00%
Sutton and Merton	408	73.51%	147	26.49%	555	100.00%
Wandsworth	368	77.64%	106	22.36%	474	100.00%
Specialist Services	355	81.80%	79	18.20%	434	100.00%
Grand Total	1705	75.58%	551	24.42%	2256	100.00%

\*Corporate Services (includes Director of Operations, Nursing Directorate, Finance IT and Information, Governance, Human Resources and Trust Board Secretariat)

## By Work and Home Location

Table 6

Work Location	Headcount	%
Acre Road Clinic	16	0.71%
Barnes Hospital	50	2.22%
Bradshaw Close	5	0.22%
Brightwell Crescent	15	0.66%
Foulser Road	6	0.27%
Furmage Street	3	0.13%
Haydon House	11	0.49%
Jubilee Health Centre East	206	9.13%
Kingston Hospital	6	0.27%
Maddison Clinic	16	0.71%
Mapleton Centre	12	0.53%
Mitcham Polyclinic	33	1.46%
Newent House Day Centre	5	0.22%
Norfolk Lodge	13	0.58%
Ouseley Road	7	0.31%
Queen Mary's Hospital	119	5.27%
Richmond Royal	62	2.75%
Roselands Resource Centre	10	0.44%
Springfield Hospital	1312	58.16%
St George's Hospital	44	1.95%
St. Helier Hospital	10	0.44%
St. John's Therapy Cl	6	0.27%
Teddington Health and Social Care Clinic	17	0.75%
The Wilson	35	1.55%
Thrale Road	13	0.58%
Tolworth Hospital	199	8.82%
Wandsworth Prison	25	1.11%
Grand Total	2256	100.00%

Table 7

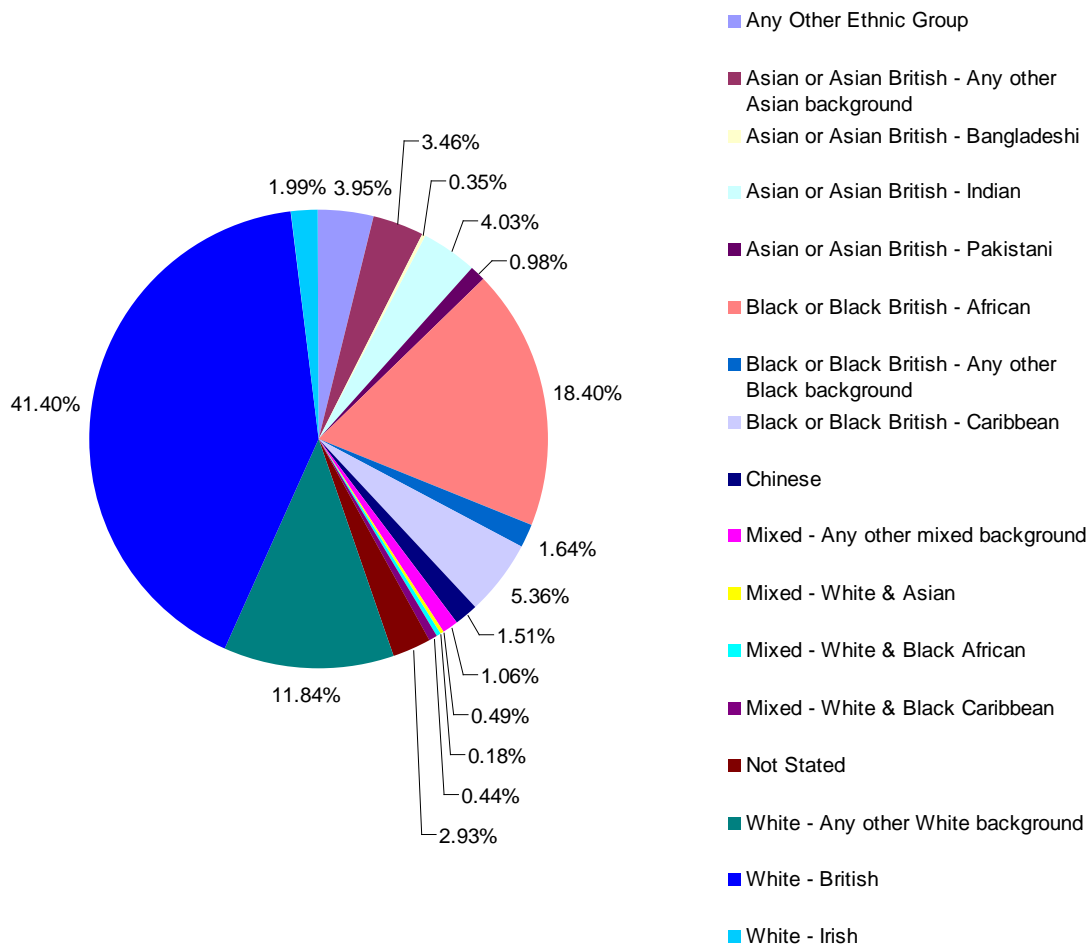
Home Location	Headcount	%
Kingston	175	7.76%
Merton	276	12.23%
Richmond	72	3.19%
Sutton	243	10.77%
Wandsworth	305	13.52%
Other London	812	35.99%
Outside London	373	16.53%
Grand Total	2256	100%

# Representation

## Ethnicity – Overview

### South West London and St George’s Mental Health NHS Trust

Figure 3



# Ethnicity

## By Pay Band

Table 8

Ethnicity	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM*	NED**	Student Nurse	Other Medical	Consultant	Total
White – British	0 0.00%	17 1.82%	89 9.53%	112 11.99%	117 12.53%	151 16.17%	133 14.24%	104 11.13%	53 5.67%	17 1.82%	26 2.78%	5 0.54%	7 0.75%	2 0.21%	46 4.93%	55 5.89%	934 100.00%
B White – Irish	0 0.00%	0 0.00%	1 2.22%	4 8.89%	6 13.33%	12 26.67%	9 20.00%	2 4.44%	1 2.22%	1 2.22%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	7 15.56%	2 4.44%	45 100.00%
C White – Any Other White Background	0 0.00%	7 2.62%	19 7.12%	28 10.49%	29 10.86%	36 13.48%	45 16.85%	24 8.99%	17 6.37%	6 2.25%	6 2.25%	1 0.37%	0 0.00%	2 0.75%	17 6.37%	30 11.24%	267 100.00%
D Mixed – White & Black Caribbean	0 0.00%	1 10.00%	3 30.00%	3 30.00%	1 10.00%	0 0.00%	2 20.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	10 100.00%
E Mixed – White & Black African	0 0.00%	0 0.00%	0 0.00%	0 0.00%	2 50.00%	1 25.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 25.00%	4 100.00%
F Mixed – White & Asian	0 0.00%	1 9.09%	1 9.09%	0 0.00%	1 9.09%	1 9.09%	1 9.09%	0 0.00%	1 9.09%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	4 36.36%	1 9.09%	11 100.00%
G Mixed – Any other Mixed Background	0 0.00%	0 0.00%	3 12.50%	2 8.33%	7 29.17%	3 12.50%	2 8.33%	2 8.33%	1 4.17%	0 0.00%	0 0.00%	0 0.00%	1 4.17%	0 0.00%	1 4.17%	2 8.33%	24 100.00%
H Asian or Asian British Indian	0 0.00%	2 2.20%	5 5.49%	9 9.89%	11 12.09%	12 13.19%	9 9.89%	8 8.79%	1 1.10%	0 0.00%	1 1.10%	0 0.00%	0 0.00%	0 0.00%	27 29.67%	6 6.59%	91 100.00%
J Asian or Asian British Pakistani	0 0.00%	0 0.00%	1 4.55%	3 13.64%	1 4.55%	1 4.55%	2 9.09%	2 9.09%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 4.55%	8 36.36%	3 13.64%	22 100.00%

\* Very Senior Manager

\*\* Non Executive Director

## Ethnicity cont.

### By Pay Band

Ethnicity	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM	NED	Student Nurse	Other Medical	Consultant	Total
K Asian or Asian British Bangladeshi	0 0.00%	0 0.00%	0 0.00%	1 12.50%	1 12.50%	2 25.00%	0 0.00%	0 0.00%	1 12.50%	0 0.00%	1 12.50%	0 0.00%	0 0.00%	0 0.00%	2 25.00%	0 0.00%	8 100.00%
L Asian or Asian British any other Asian background	0 0.00%	7 8.97%	9 11.54%	5 6.41%	15 19.23%	13 16.67%	11 14.10%	5 6.41%	2 2.56%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 1.28%	8 10.26%	2 2.56%	78 100.00%
M Black or Black British – Caribbean	0 0.00%	11 9.09%	26 21.49%	20 16.53%	23 19.01%	24 19.83%	12 9.92%	3 2.48%	1 0.83%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.83%	0 0.00%	121 100.00%
N Black or Black British -African	0 0.00%	25 6.02%	108 26.02%	17 4.10%	139 33.49%	64 15.42%	27 6.51%	8 1.93%	0 0.00%	2 0.48%	1 0.24%	0 0.00%	0 0.00%	6 1.45%	12 2.89%	6 1.45%	415 100.00%
P Black or Black British - any other Black background	0 0.00%	0 0.00%	6 16.22%	6 16.22%	13 35.14%	11 29.73%	1 2.70%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	37 100.00%
R Chinese	0 0.00%	1 2.94%	1 2.94%	2 5.88%	6 17.65%	6 17.65%	5 14.71%	2 5.88%	0 0.00%	1 2.94%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	6 17.65%	4 11.76%	34 100.00%
S Any Other Ethnic group	0 0.00%	5 5.62%	22 24.72%	3 3.37%	16 17.98%	16 17.98%	7 7.87%	1 1.12%	2 2.25%	0 0.00%	1 1.12%	0 0.00%	0 0.00%	0 0.00%	12 13.48%	4 4.49%	89 100.00%
Z Not Stated	1 1.52%	8 12.12%	18 27.27%	3 4.55%	7 10.61%	12 18.18%	6 9.09%	1 1.52%	2 3.03%	0 0.00%	2 3.03%	0 0.00%	0 0.00%	0 0.00%	2 3.03%	4 6.06%	66 100.00%
Grand Total	1 0.04%	85 3.77%	312 13.83%	218 9.66%	395 17.51%	365 16.18%	272 12.06%	162 7.18%	82 3.63%	27 1.20%	38 1.68	6 0.27%	8 0.35%	12 0.53%	153 6.78%	120 5.32%	2256 100.00%

## Ethnicity

Table 9: *By Directorate*

<b>Ethnicity</b>	<b>Corporate Services*</b>	<b>Facilities</b>	<b>Kingston and Richmond</b>	<b>Sutton and Merton</b>	<b>Wandsworth</b>	<b>Specialist Services</b>	<b>Other Clinical</b>	<b>Total</b>
A White - British	119 52.19%	36 53.73%	196 48.16%	236 42.52%	133 28.06%	164 37.79%	50 54.95%	934 41.40%
B White - Irish	4 1.75%	0 0.00%	13 3.19%	12 2.16%	5 1.05%	8 1.84%	3 3.30%	45 1.99%
C White - Any other White background	27 11.84%	7 10.45%	39 9.58%	71 12.79%	61 12.87%	48 11.06%	14 15.38%	267 11.84%
D Mixed - White & Black Caribbean	1 0.44%	1 1.49%	2 0.49%	2 0.36%	1 0.21%	2 0.46%	1 1.10%	10 0.44%
E Mixed - White & Black African	0 0.00%	0 0.00%	2 0.49%	1 0.18%	0 0.00%	1 0.23%	0 0.00%	4 0.18%
F Mixed - White & Asian	0 0.00%	0 0.00%	2 0.49%	0 0.00%	1 0.21%	7 1.61%	1 1.10%	11 0.49%
G Mixed - Any other mixed background	3 1.32%	0 0.00%	1 0.25%	10 1.80%	4 0.84%	5 1.15%	1 1.10%	24 1.06%
H Asian or Asian British - Indian	12 5.26%	1 1.49%	15 3.69%	24 4.32%	21 4.43%	13 3.00%	5 5.49%	91 4.03%
J Asian or Asian British - Pakistani	4 1.75%	0 0.00%	2 0.49%	9 1.62%	2 0.42%	4 0.92%	1 1.10%	22 0.98%
K Asian or Asian British - Bangladeshi	3 1.32%	0 0.00%	0 0.00%	3 0.54%	2 0.42%	0 0.00%	0 0.00%	8 0.35%
L Asian or Asian British - Any other Asian background	9 3.95%	2 2.99%	11 2.70%	18 3.24%	24 5.06%	10 2.30%	4 4.40%	78 3.46%
M Black or Black British - Caribbean	13 5.70%	5 7.46%	13 3.19%	24 4.32%	33 6.96%	30 6.91%	3 3.30%	121 5.36%
N Black or Black British - African	19 8.33%	4 5.97%	49 12.04%	93 16.76%	134 28.27%	113 26.04%	3 3.30%	415 18.40%
P Black or Black British - Any other Black background	3 1.32%	1 1.49%	8 1.97%	7 1.26%	10 2.11%	8 1.84%	0 0.00%	37 1.64%
R Chinese	5 2.19%	0 0.00%	9 2.21%	6 1.08%	5 1.05%	6 1.38%	3 3.30%	34 1.51%
S Any Other Ethnic Group	1 0.44%	1 1.49%	34 8.35%	25 4.50%	21 4.43%	7 1.61%	0 0.00%	89 3.95%
Z Not Stated	5 2.19%	9 13.43%	11 2.70%	14 2.52%	17 3.59%	8 1.84%	2 2.20%	66 2.93%
<b>Grand Total</b>	<b>228</b> 100.00%	<b>67</b> 100.00%	<b>407</b> 100.00%	<b>555</b> 100.00%	<b>474</b> 100.00%	<b>434</b> 100.00%	<b>91</b> 100.00%	<b>2256</b> 100.00%

\*Corporate Services (includes Director of Operations, Nursing Directorate, Finance IT and Information, Governance, Human Resources and Trust Board Secretariat)

Table 10 shows the Ethnic Origins percentages recorded in the local boroughs per the 2011 census and table 11 shows the representation within South West London and St George's Mental Health NHS Trust. <sup>1</sup>Gypsy is included in White Other and <sup>2</sup>Arab is included in Other for census purposes.

Table 10

	White British	White Irish	White <sup>1</sup> Other	Mixed White & Black Caribbean	Mixed White & Black African	Mixed White & Asian	Mixed Other	Asian Indian	Asian Pakistani	Asian Bangladeshi	Asian Other	Chinese	Black African	Black Caribbean	Black Other	Other <sup>2</sup>
Kingston & Richmond	67.60%	2.16%	10.91%	0.72%	0.41%	1.54%	1.09%	3.32%	1.20%	0.51%	5.09%	1.34%	1.23%	0.54%	0.20%	2.15%
Sutton & Merton	59.39%	1.96%	10.24%	1.25%	0.54%	1.31%	1.12%	3.73%	2.55%	0.87%	6.52%	1.25%	4.08%	2.79%	0.81%	1.59%
Wandsworth	53.34%	2.50%	15.57%	1.51%	0.66%	1.27%	1.52%	2.82%	3.17%	0.49%	3.18%	1.21%	4.83%	4.01%	1.84%	2.10%

Table 11

	White British	White Irish	White Other	Mixed White & Black Caribbean	Mixed White & Black African	Mixed White & Asian	Mixed Other	Asian Indian	Asian Pakistani	Asian Bangladeshi	Asian Other	Chinese	Black African	Black Caribbean	Black Other	Other
Kingston & Richmond	48.16%	3.19%	9.58%	0.49%	0.49%	0.49%	0.25%	3.69%	0.49%	0.00%	2.70%	2.21%	<b>12.04%</b>	3.19%	1.97%	8.35%
Sutton & Merton	42.52%	2.16%	12.79%	0.36%	0.18%	0.00%	1.80%	4.32%	1.62%	0.54%	3.24%	1.08%	<b>16.76%</b>	4.32%	1.26%	4.50%
Wandsworth	<b>28.06%</b>	1.05%	12.87%	0.21%	0.00%	0.21%	0.84%	4.43%	0.42%	0.42%	5.06%	1.05%	<b>28.27%</b>	6.96%	2.11%	4.43%

Trust directorates Kingston & Richmond and Sutton & Merton is fairly representative of the population it serves except for in the Black African ethnic category where the Trust is noticeably over representative, highlighted in table 11.

Trust directorate Wandsworth shows noticeable under representation for the population it serves in the White British category highlighted in table 11. The Black African category shows noticeable over representation for Wandsworth also highlighted in table 11.

As at March 2013 only 2.93% of Trust staff declined to declare their ethnicity which is an improvement on the position at the end of 2011/12 when the figure was 4%. This is due to the data validation exercise undertaken by the ESR project team in November 2012.

Black and minority ethnic staff make up 37.90% of all employees 855 individuals. 16.14% of these staff are in the higher pay bands i.e. band 8a and above and medical staff. This compares with 34.27% of all white employees in these pay bands. These ratios have remained stable since last year.



## Gender

Table 12

Gender	Total	
	Headcount	%
Female	1485	65.82%
Male	771	34.18%
Total	2256	100.00%

## By Payscale Band

Table 13

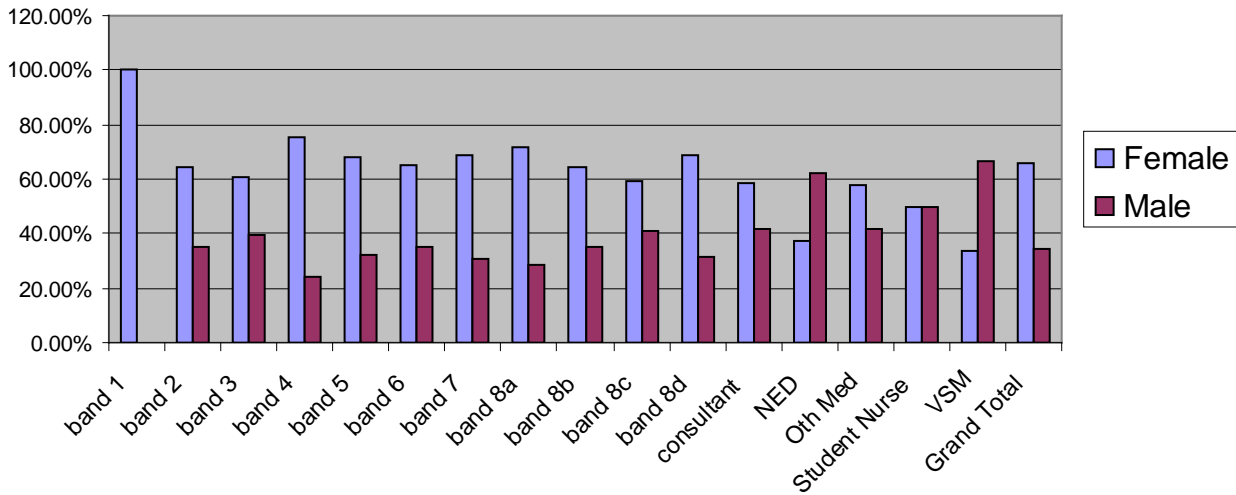
Band/Grade	Male		Female		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	0	0.00%	1	100.00%	1	100.00%
Band 2	30	35.29%	55	64.71%	85	100.00%
Band 3	123	39.42%	189	60.58%	312	100.00%
Band 4	53	24.31%	165	75.69%	218	100.00%
Band 5	126	31.90%	269	68.10%	395	100.00%
Band 6	128	35.07%	237	64.93%	365	100.00%
Band 7	84	30.88%	188	69.12%	272	100.00%
Band 8a	46	28.40%	116	71.60%	162	100.00%
Band 8b	29	35.37%	53	64.63%	82	100.00%
Band 8c	11	40.74%	16	59.26%	27	100.00%
Band 8d	12	31.58%	26	68.42%	38	100.00%
Student Nurse	6	50.00%	6	50.00%	12	100.00%
Other Medical	64	41.83%	89	58.17%	153	100.00%
Consultant	50	41.67%	70	58.33%	120	100.00%
NED*	5	62.50%	3	37.50%	8	100.00%
VSM**	4	66.67%	2	33.33%	6	100.00%
Grand Total	771	34.18	1485	65.82%	2256	100.00%

\*Non Executive Director

\*\* Very Senior Manger

## Gender by Band

Figure 4



The workforce is 66% female. Female across most bands representation is consistent with percentage of the workforce. It is only in posts covered by Very Senior Managers (VSM) pay framework where women are under represented. The total number of staff at this level is relatively small and therefore the imbalance in terms of percentage is not statistically significant.

## Disability

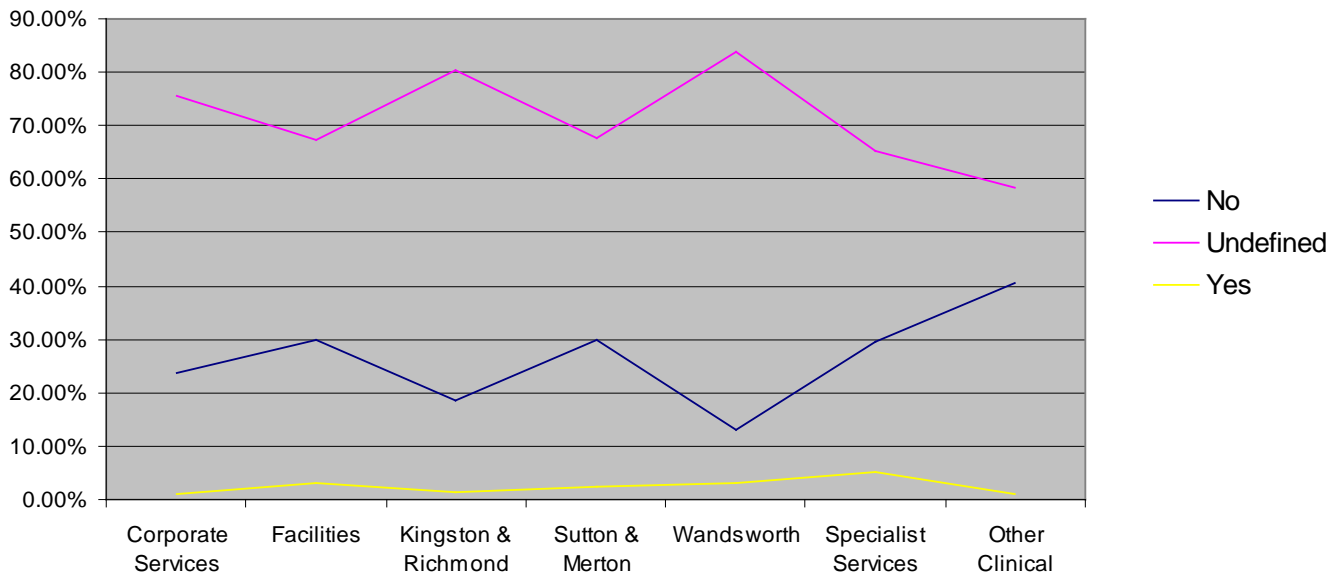
There is no legal obligation for individuals to cite whether they have a disability or not, which makes it difficult to present a clear picture of the organisation. New applicants are asked at recruitment and a data validation exercise was done by the ESR project team in November 2012 to increase declaration where this is undefined. More action is still needed to increase the declaration of undefined.

Table 14

Disability	Total	
	Headcount	%
No	542	24.02%
Yes	60	2.66%
Undefined	1654	73.32%
Grand Total	2256	100.00%

## By Directorate

Figure 5



## Age

Table 15

Age	Total	
	Headcount	%
20-29	214	9.49%
30-39	534	23.67%
40-49	703	31.16%
50-59	644	28.55%
60-69	157	6.96%
70-79	4	0.18%
Grand Total	2256	100.00%

## By Directorate

Table 16

Directorate	20-29		30-39		40-49		50-59		60-69		70-79	
	HC	%	HC	%	HC	%	HC	%	HC	%	HC	%
Corporate*	31	13.60%	52	22.81%	69	30.26%	53	23.25%	22	9.65%	1	0.44%
Facilities	6	8.96%	10	14.93%	16	23.88%	25	37.31%	10	14.93%	0	0.00%
Other Clinical	15	16.48%	29	31.87%	20	21.98%	24	26.37%	2	2.20%	1	1.10%
Kingston and Richmond	27	6.63%	84	20.64%	123	30.22%	129	31.70%	44	10.81%	0	0.00%
Sutton and Merton	57	10.27%	129	23.24%	177	31.89%	161	29.01%	31	5.59%	0	0.00%
Wandsworth	22	4.64%	109	23.00%	152	32.07%	159	33.54%	31	6.54%	1	0.21%
Specialist Services	56	12.90%	121	27.88%	146	33.64%	93	21.43%	17	3.92%	1	0.23%
Grand Total	214	9.49%	534	23.67%	703	31.16%	644	28.55%	157	6.96%	4	0.18%

\*Corporate Services (includes Director of Operations, Nursing Directorate, Finance IT and Information, Governance, Human Resources and Trust Board Secretariat)

## Religious Belief

Table 17

Religion	Total	
	Headcount	%
Atheism	76	3.37%
Buddhism	5	0.22%
Christianity	282	12.50%
Hinduism	12	0.53%
I do not wish to disclose my religion/ belief	67	2.97%
Islam	24	1.06%
Judaism	3	0.13%
Other	66	2.93%
Sikhism	2	0.09%
Undefined	1719	76.20%
Grand Total	2256	100.00%

## Sexual Orientation

Table 18

Sexual Orientation	Total	
	Headcount	%
Bisexual	5	0.22%
Gay	9	0.39%
Heterosexual	477	21.14%
I do not wish to disclose my sexual orientation	43	1.91%
Lesbian	3	0.13%
Undefined	1719	76.20%
Grand Total	2256	100.00%

## Length of Service

Table 19

Length of Service	Total	
	Headcount	%
Under 1 year	260	11.52%
1-5	751	33.29%
6-10	586	25.98%
11-15	398	17.64%
16-20	140	6.21%
21-25	72	3.19%
26-30	31	1.37%
31-35	15	0.66%
36-40	3	0.13%
Grand Total	2256	100.00%

## Recruitment

The following sections detail the Trust's recruitment activity for the period December 2011 to November 2012 in relation to Ethnicity, Gender, Disability, Sexual Orientation, Age and Religious Belief. The recruitment activity includes both Medical and Non-Medical recruitment. All data has been collected from NHS Jobs.

The recruitment data presented should be read with appreciation of the context of this data. NHS Jobs is accessible online internationally and it does not have a robust facility to prevent applications being made from those who would not qualify for the position in terms of Right to Work or Remain in the UK, qualifications or professional registration requirements. As a consequence, some people apply for all positions as it is simple to upload an application for any position, regardless of suitability or eligibility.

An example is that applications from Non UK/EU/EEA individuals accounted for an average of 18.7% per month of all applications over a six month period (Sept 2012 – Feb 2013).

One of the implications of why a high percentage of applications do not proceed to the short listing stage is due to the UK Boarder Agency requirements.

This requirement is that a 4 week local labour market test is carried out before some certificates of sponsorship will be considered.

Therefore only a small percentage of applications where the local labour market test has been carried out and has not resulted in an appointment would proceed to shortlisting.

### Method of measurement to determine areas of improvement or concern:

The Trust aims to demonstrate proportionate outcomes between applications and appointments for all protected characteristics in line with the NHS Equality Delivery System outcomes for recruitment as it recognises that where there are high levels of disproportionate outcomes, these may not simply be due to poor applications data but may suggest possible discriminative practice.

In comparison to last year's figures, the following show areas from this year's data where there have been improved proportionate outcomes and significant disproportionate outcomes:

- ✚ **Religious Belief** - there was a disproportionate outcome of applications to appointment for those identifying as **Muslim (11%)**. This same group accounted for 5% of the final appointments.
- ✚ **Age** - there were significant proportionate outcomes of **20-24** year-olds (**7.6% increase**) compared with last year and a **7% reduction** in the representation of 40-44 year olds at appointment stage compared with last year.
- ✚ **Ethnicity** – Comparing this year's data to last year's it shows that there was a **5.8% reduction** in job appointments from **White British** applicants and a **3% increase** in job appointments to **Black Caribbean** applicants. There was also a **2.3 % increase** in **Asian British** appointments and an almost **2% increase** in **Mixed White** and **Black Caribbean** appointments. There was also a **consistent increase for several categories since last year** at all stages of the recruitment process – (application, shortlisting and appointment) for **Mixed White & Black Caribbean, Asian or Asian British – Indian, Asian or Asian British – Any other Asian background** and **Black or Black British – Caribbean**.

Compared to last year, an area where this year's data remains a concern is that regarding that of Ethnicity. Whilst there is an increase in job appointments to BME applicants over the last year the overall outcome is still significantly disproportionate (See figure 1 below).

Each disproportionate outcome area will be prioritised in the Trust's 2013/14 Equality & Diversity Action Plan and it is hoped that from collaborative working with other London mental health trusts who are also presenting similar findings, these will show better outcomes next year.

The Trust will also review its recruitment and selection policy, procedures and training for managers to ensure they are individually robust and supportive of this need to improve and sustain proportionate outcomes.

The Trust also looks forward to using the new NHS Jobs2 that is set for release later in 2013, which promises to include more robust and effective filtering tools to better inform the data outcomes. Below are this year's recruitment reports for each protected characteristic, supported by narratives and comparison to last year's data.

### Recruitment activity by ethnicity

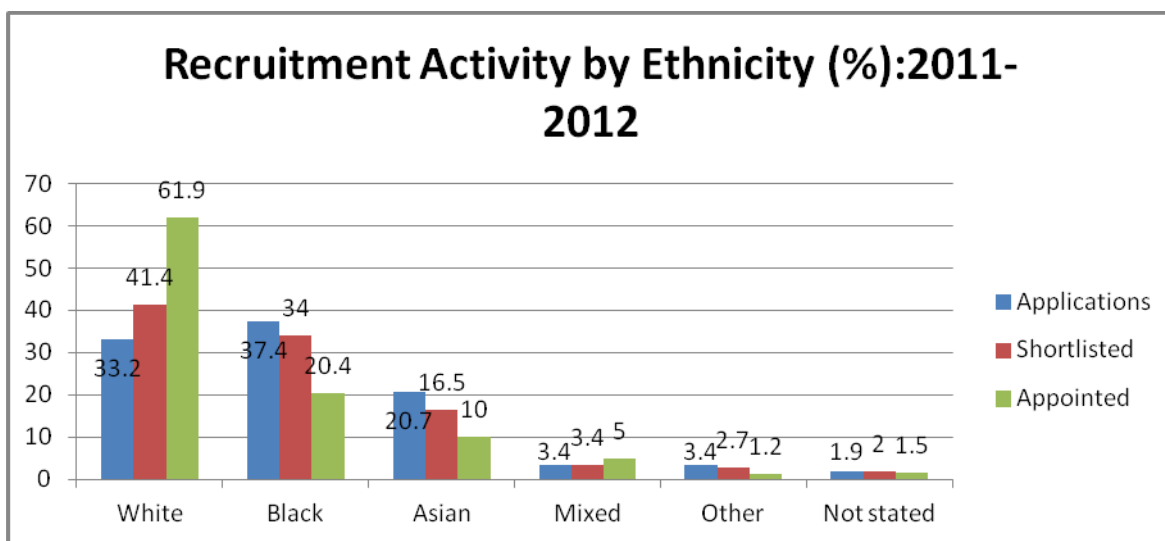


Fig 6 Trust Recruitment Activity by ethnicity 2011-2012 (Source: NHS Jobs)

- Fig 6 above shows a number of differences across the ethnic groups and the outcomes of the recruitment process. Firstly, the percentage of White (All Categories of White) applications is significantly over-represented in terms of final job appointments; just over 33% of total applications were made by applicants identifying as White, yet almost 62% of final appointments identified as White.
- Secondly, Black and Asian are under-represented in job appointments relative to their application and shortlisting figures. Some 37.4% of total applicants and 34% of those shortlisted identified as being Black yet only 20.4% of final appointments identified themselves as Black. Likewise, over 20% of initial applicants were Asian, and we see only 10% of appointments made to this population.
- These figures are comparative with other London Mental Health Trusts and as such the Trust will be looking to work collaboratively with these other Trusts to better understand the root causes and to join forces in providing solutions.

### Comparison with 2010-2011 (Ethnicities)

- In addition to the previously mentioned improved recruitment outcomes for Black Caribbean, Asian British and Mixed White applicants there have also been consistent improvements in recruitment outcomes for several categories since last year at all stages of recruitment

(application, shortlisting and appointment): “Mixed White & Black Caribbean”, “Asian or Asian British – Indian”, “Asian or Asian British – Any other Asian background” and “Black or Black British – Caribbean”

### Recruitment by Gender

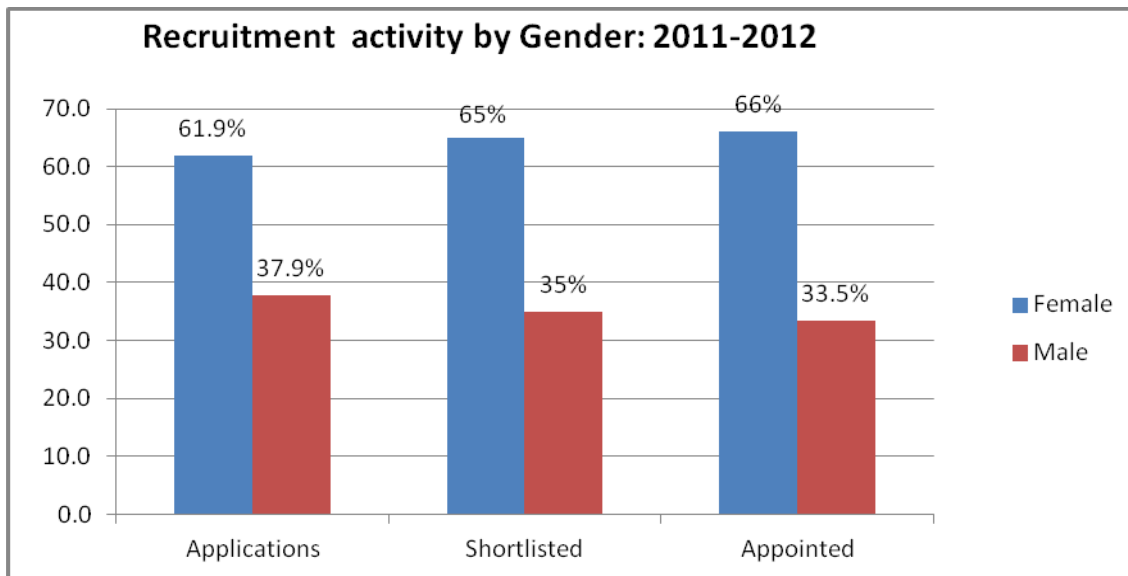


Fig 7: Recruitment activity by Gender: 2011-2012.

Fig 7 above illustrates that there were **two women** appointed for every **one man** in the Trust in 2011-2012. Although the proportionate figures are roughly similar across each stage of the recruitment process, women are somewhat **over-represented** (accounting for **almost 62% of applicants**, and **66% of appointments**), and therefore **men** are slightly **under-represented** (accounting for almost **38% of applicants** and **33.5% of appointments**) in Trust job appointments. However, this reflects the national picture of the NHS make up.

### Comparison with 2010-2011 (Gender)

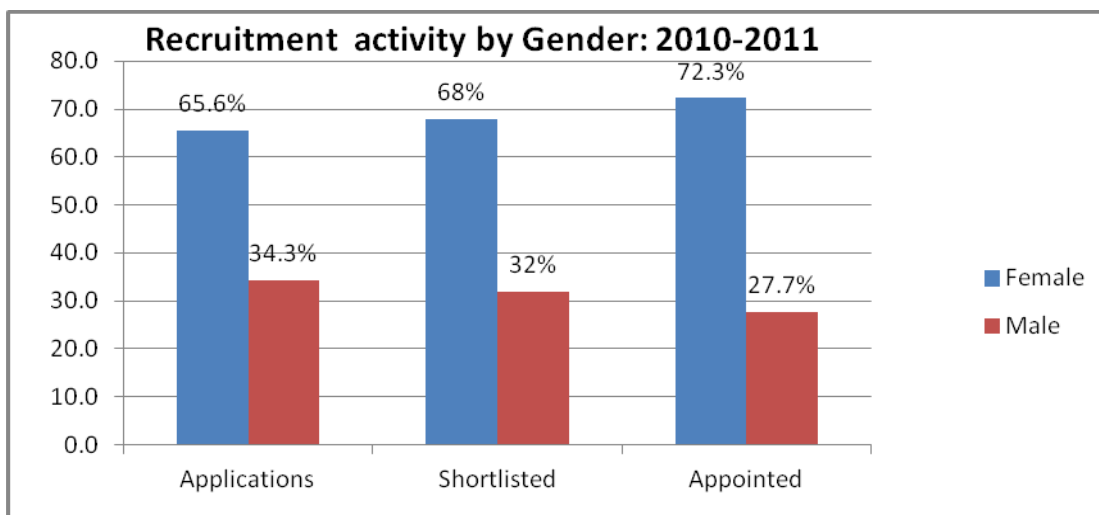
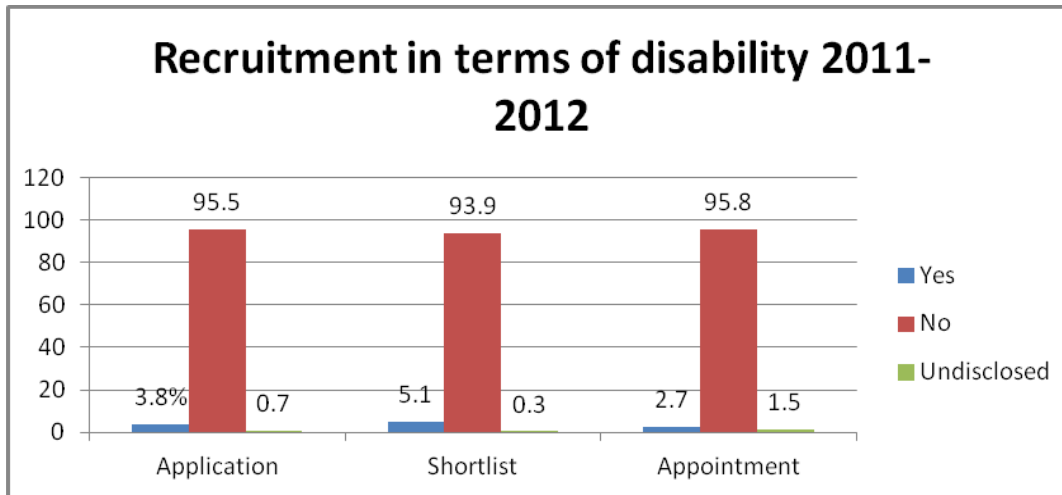


Fig 8: Recruitment activity by Gender: 2010-2011

Comparison of data from this year and last year reveals an improved gender representation in the Trust: compared with last year, there was an **increase** of almost **4%** in the proportion of male applicants, and the representation of males in terms of job **appointments** has increased by nearly **6%**.



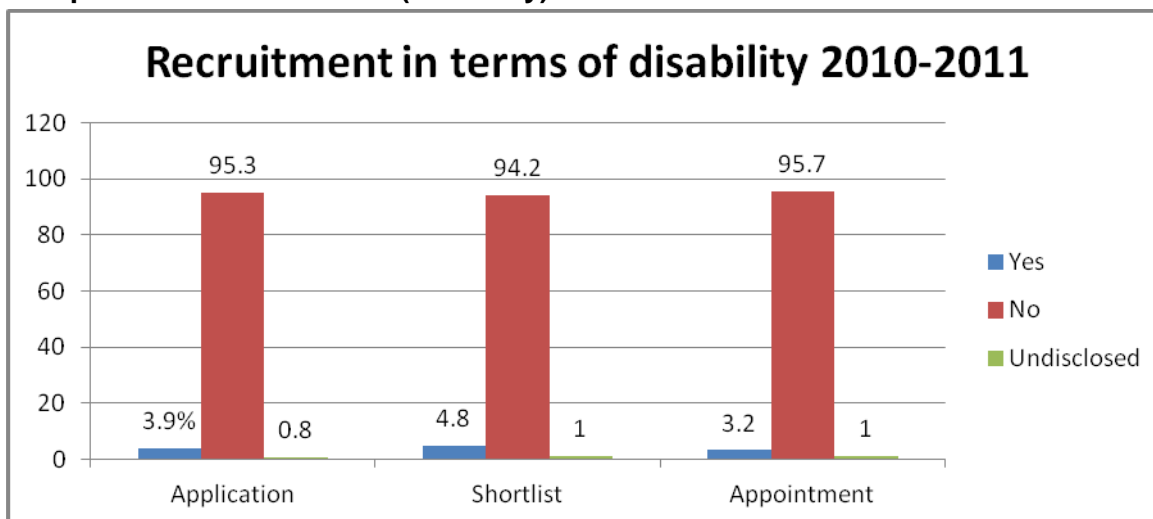
## Recruitment by Disability



**Fig 9:** Recruitment by Disability 2011-2012

- Figure 9 above illustrates that there is quite a close match between the representation of those both with and without disclosed disabilities at application stage through to appointment stage. Those with a disclosed disability are slightly underrepresented, accounting for 2.7% of appointments versus 3.8% of applications; similarly, those with an undisclosed disability status are slightly over-represented, accounting for 1.5% of appointments versus .7% of applications.

## Comparison with 2010-2011 (Disability)



**Fig 10:** Recruitment by disability (2010-2011)

- Comparison of data from this year and last year reveal no significant differences; those with a disclosed disability had a 0.4% better follow through from application to appointment last year, accounting for 3.2% of appointments versus 3.9% of applications.

## Recruitment by Age

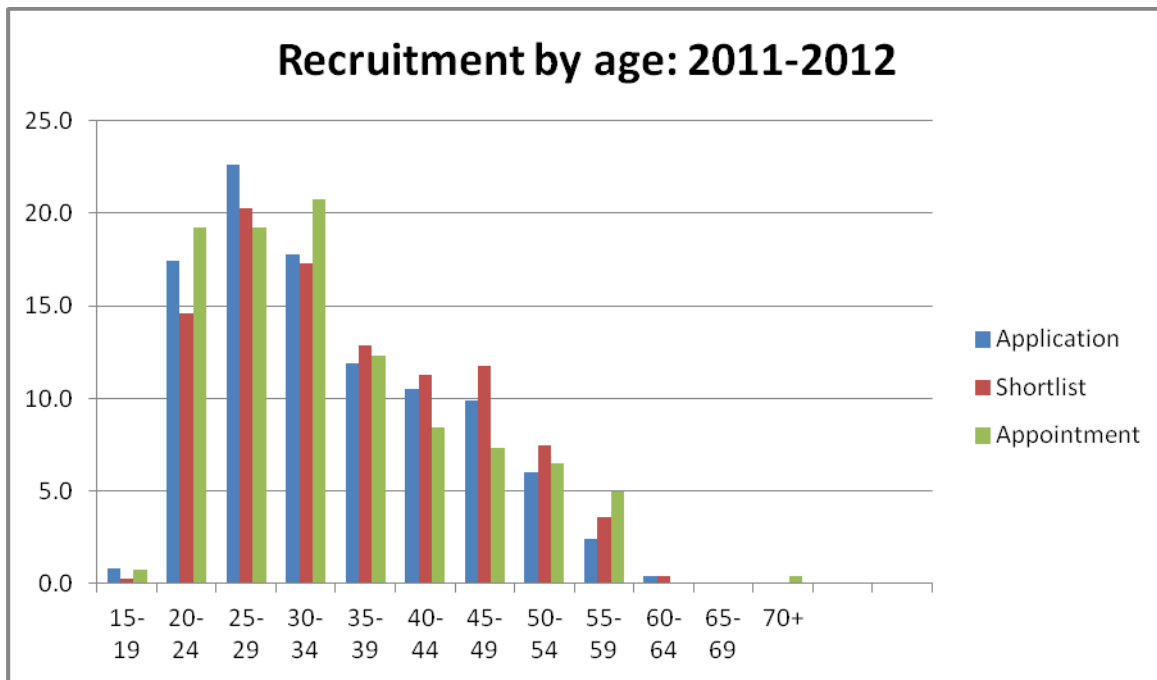


Fig 11: Recruitment by age.

- ✚ From looking at Fig 11 above, it is apparent that the highest number of appointments has been made at the 30-34 age range, followed by an equal number of appointments for the 20-24 and 25-29 age ranges. The 55-59 age range is over represented in terms of follow through from application to appointment.
- ✚ In terms of comparisons with last year's data, the most significant findings were that there was a **7.6% increase** in the proportion of **20-24** year-olds appointed this year versus last year, and a **7% reduction** in the representation of 40-44 year olds at appointment stage compared with last year.

## Recruitment by Sexual Orientation

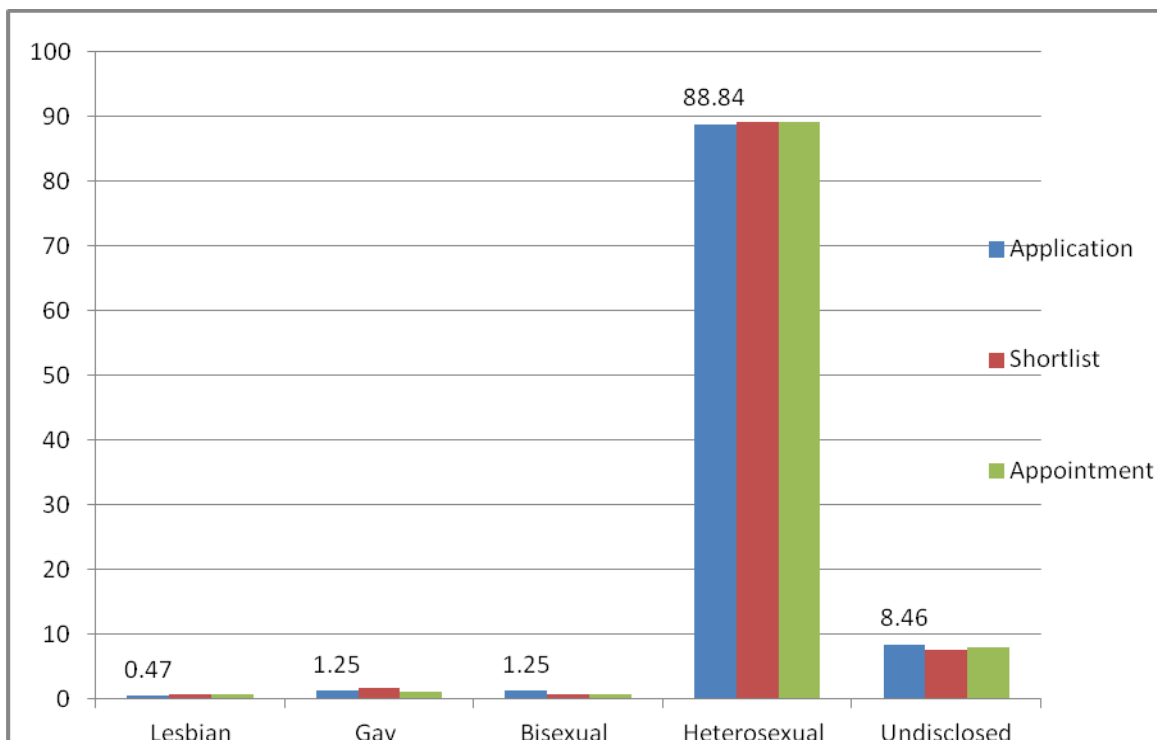


Fig 12: Recruitment by Sexual Orientation 2011-2012

As can be seen in Fig 12 above, there are no significant disproportionate outcomes from application to appointment across different sexual orientations. Nonetheless, there has been a decrease of approximately 2% in this year's proportion of applicants identifying as gay and lesbian in terms of successful follow through from application to appointment stage. It is worth noting that the actual differences are quite small e.g. where there were 3 candidates who identified as being gay among this year's appointments, there were 4 last year.

- ✚ It should also be noted that there is a consistently high proportion of people who do not wish to disclose their sexuality at the point of recruitment or during their time as employment with the Trust. This is a noted issue and will be followed up in the 2013/14 Workforce Equality action plan.

### Recruitment by Religious belief

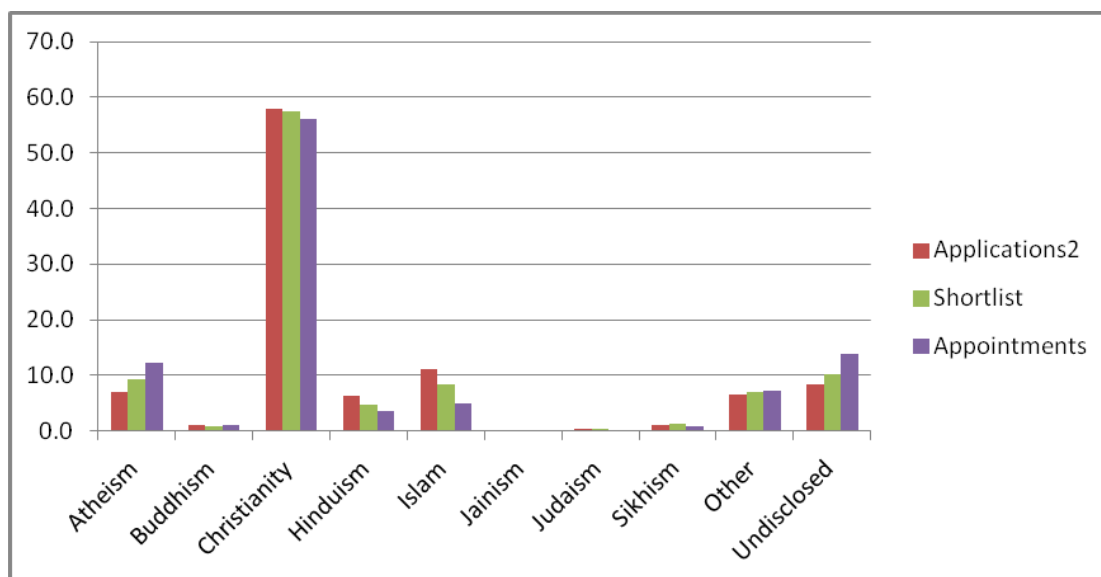


Fig 13: Recruitment by religious belief 2011-2012.

- ✚ Fig 13 shows that for some religious beliefs, there is an inconsistent follow through from application to appointment stage; most notably, **11%** of applications came from individuals identifying as **Muslim**, whereas this same group only accounted for **5%** of final appointments. To a lesser extent, the **6.4%** of individuals identifying as **Hindu** were under-represented in appointments, accounting for **3.5%** of final appointments.
- ✚ On the other hand, **Atheists** and those with an **Undisclosed** religious belief were over-represented at appointment stage; atheists accounted for **7%** of applicants and for over **12%** of appointments whereas the **8.3%** of applications with an "Undisclosed" status accounted for almost **14%** of total appointments.
- ✚ As with Sexual Orientation, this is another area where people actively do not wish to disclose at the point of recruitment or during employment.

### Comparisons with 2010-2011:

- ✚ There are positives to take from comparisons with last year's data as there was a **2.7%** improvement in follow through from application to appointment for those identifying as **Muslim**, and an almost **2%** improvement for **Hindus**. The most significant results found were that **Christians** accounted for **8%** more of final job appointments this year compared with last year and

that Atheists and those with an “Other” religious belief both dropped by about **6%** in terms of their representation at appointment stage since last year.

## Impact of HR Processes

### Annual Pay Bill

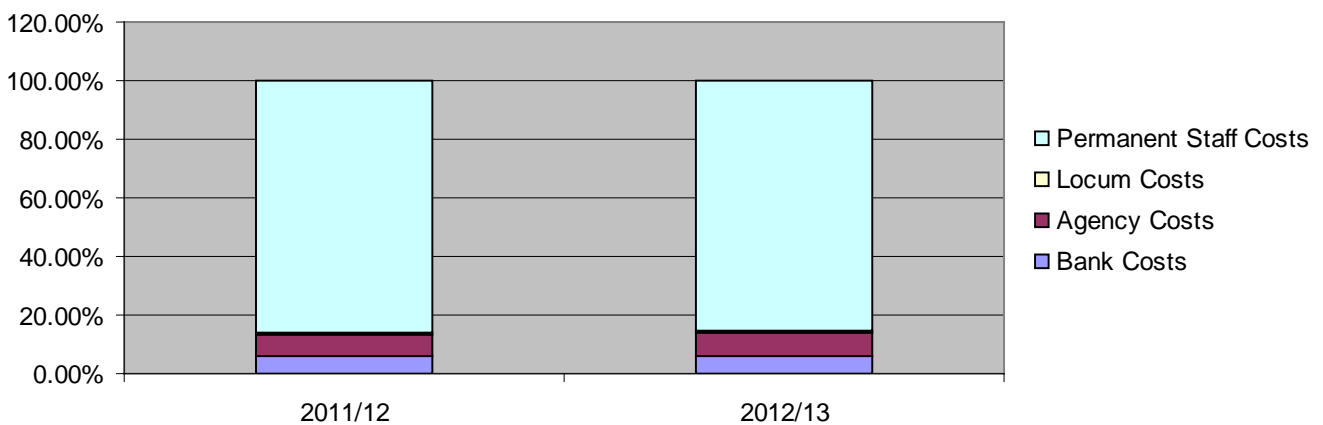
Table 20 below shows the annual pay bill for 2012/13 and makes comparisons to 2011/12.

Table 20

	2011/12 £000s	2012/13 £000s
<b>Substantive Staff Spend</b>	102,440	103,500
<b>Bank Spend</b>		
Qualified Nurse	3,118	2,836
HCA/Support	4,035	4,502
<b>Total Bank Spend</b>	7,189	7,348
<b>Locum Spend</b>	992	693
<b>Agency Spend</b>		
Medical and Dental	1,384	1,371
Qualified Nurse	1,457	1,778
Scientific, Therapeutic and Technical	2,448	2,352
HCA/Support	110	2
Managers and Senior Managers	685	1,350
Administration and Estates	1,863	2,024
Other	939	830
<b>Total Agency Spend</b>	8,885	9,706
<b>Total Pay Bill</b>	<b>119,507</b>	<b>121,248</b>

### Temporary Staffing Cost as a % of Total Pay Bill

Figure 14



In 2011/12 temporary staffing costs was 13% of the total pay bill and has increased by 1% to 14% of the total pay bill in 2012/13.

Agency cost for HCA/Support staff has decreased noticeably and this is due to the introduction of NHSP. This has resulted in the increase in bank costs for this staff group.

## Promoted Employees

Promotion is defined as staff that have had their post re-evaluated or achieved promotion through appointment to a more senior position.

TOTAL NUMBER OF PROMOTIONS	=	49
AVERAGE STAFF IN POST over the year 2012/13	=	2035.95
PROMOTIONS %	=	2.36%

### By Directorate

Table 21

Directorate	Total	
	Headcount	%
Corporate Services	12	24.49%
Kingston and Richmond	7	14.29%
Sutton and Merton	15	30.61%
Wandsworth	5	10.20%
Specialist Services	10	20.41%
Grand Total	49	100.00%

### By Ethnicity

Table 22

Ethnicity	Total	
	Headcount	%
White – British	30	61.22%
White - Any other White background	3	6.12%
Asian or Asian British – Indian	1	2.04%
Asian or Asian British – Pakistani	1	2.04%
Asian or Asian British - Any other Asian background	3	6.12%
Black or Black British – Caribbean	1	2.04%
Black or Black British – African	7	14.29%
Any Other Ethnic Group	3	6.12%
Grand Total	49	100.00%

### By Age

Table 23

Age	Total	
	Headcount	%
20-29	7	14.29%
30-39	21	42.86%
40-49	15	30.61%
50-59	6	12.24%
Grand Total	49	100.00%

## Workforce Training and Development

### Trust Budget

The Trust Training and Development budget for 12/13 was reliant on the Non Medical Education and Training (NMET) cash allocation funding from NHS London to pay for the following:

- Mandatory training that is not covered by in house trainers
- All training and development for non clinical staff, AFC bands 4 – 9 and Senior Management

This allocation amounted to £148,371.

The NMET funding also support education in the following:

- **Salary support for student secondments**, nursing, allied health professional and scientist. A total of **£185148** was received during 12/13
- **Continuing Personal and Professional Development (CPPD)** contract, this is funding for courses / study days at named Higher Education Institutions, the main one for the Trust being the Faculty of Health and Social Care Sciences at St Georges. This funding is obtained through delegated commissioning of the courses and study days required, no cash exchange is possible. Courses, study days and project work commissioned for 12/13 to approximately the value of **£283,194**  
The projects undertaken during 12/13 were on Staff Nurse Development, Competency Assessment and Mentorship for Allied Health Professionals.
- **Joint Investment Framework (JIF)** funding for training for Bands 1 – 4. A total of £80,089 was allocated to support staff in these pay bands with education and training in areas such as NVQs and National Apprenticeship in Health & Social Care or Business Administration or vocational training. Commissioning of this education and training is in partnership with local colleges and Apprenticeship agencies.
- **Post Graduate Medical Education.** This funding amounted to £55,309.

### Mandatory Training

The Trust's statutory and mandatory training compliance figures were approximately 30% in April 2012 with little confidence that this was correct. This was due to the ongoing deployment of the new Learning Management System (LMS) At Learning and the development of its interface with the Trust Dashboard. As such, additional investment was made into developing a suite of e-learning modules to supplement the classroom training and provide more access and opportunity for staff to complete their mandatory training. An external consultant was brought in and by the end of April 2013 the Trust had improved its compliance to 55% and introduced over 6 e-learning modules. The total cost of this investment was £26,908.

### Performance Appraisal and Development Review

In 2011 the Trust introduced a new appraisal policy and procedure, replacing the mandatory use of the KSF. The intention was to focus the Trust on completing all appraisals in the first 3 months of the new financial year, combining both a performance appraisal with a development review.

This new procedure was entitled Performance Appraisal and Development Review, now referred to as the PADR. By the end of the first year (March 2012) the Trust had achieved a 94% compliance rate of staff receiving a PADR. The process was developed and revised for 2012/13 and as of April 2013 the Trust has achieved 96.6% compliance for Trust staff available to attend a PADR and 93% compliance for all Trust staff. The latter percentage includes those staff on long term sick, maternity leave or any other absence that means they are not available to attend a PADR.

The new PADR process includes questions about Equality & Diversity and the mandatory requirement for all staff to discuss and agree a Personal Development Plan.

## Sickness Absence

Overall sickness absence for South West London and St George's Mental Health NHS Trust for the year 2012/13 was 4.21% up by 0.30% since last year.

Sickness absence for South West London and St George's Mental Health NHS Trust is just below the average of 4.3% for Mental Health Trusts in and around London. Staff on long term sick leave can make a significant impact on the overall percentage. Long term sickness absence is managed proactively but also sensitively with Occupational Health involvement.

58.57% of sickness was Long Term (2.47% overall) and 41.42% was Short Term (1.74% overall). Short term sickness makes up 41% of the total and this is an area where HR and managers must re-focus efforts to ensure return to work interviews are conducted and that patterns of short term sick leave are identified and addressed.

Even though sickness rates are comparable with Mental Health Trusts in and around London we have introduced a new capability procedure and also taken a more rigorous approach to the sickness procedure.

### Total number of sick days by Directorate

Table 24

Directorate	Total	
	Numbers of days	%
Corporate Services	2272.63	7.26%
Facilities	708.36	2.26%
Kingston & Richmond	4924.13	15.72%
Sutton & Merton	7664.35	24.48%
Wandsworth	8673.42	27.70%
Specialist Services	5872.55	18.75%
Other Clinical	1198.74	3.83%
Grand Total	31314.18	100.00%

## Reasons for Sickness

Table 25

Reasons	Number of Sick Days	Percentage
Anxiety/stress/depression/other psychiatric illnesses	7476.43	23.88%
Back Problems	1302.14	4.16%
Other musculoskeletal problems	2518.04	8.04%
Cold, Cough, Flu - Influenza	2811.32	8.98%
Asthma	88.67	0.28%
Chest & respiratory problems	1164.55	3.72%
Headache / migraine	452.67	1.45%
Benign and malignant tumours, cancers	1013.00	3.24%
Blood disorders	79.37	0.25%
Heart, cardiac & circulatory problems	493.80	1.58%
Burns, poisoning, frostbite, hypothermia	31.00	0.10%
Ear, nose, throat (ENT)	385.26	1.23%
Dental and oral problems	129.31	0.41%
Eye problems	82.67	0.26%
Endocrine / glandular problems	104.02	0.33%
Gastrointestinal problems	1322.50	4.22%
Genitourinary & gynaecological disorders	727.58	2.32%
Infectious diseases	175.00	0.56%
Injury, fracture	1988.71	6.35%
Nervous system disorders	165.42	0.53%
Pregnancy related disorders	604.00	1.93%
Skin disorders	173.50	0.55%
Other known causes - not elsewhere classified	2751.85	8.79%
Unknown causes / Not specified	5272.81	16.84%
Grand Total	Grand Total	100.00%

Anxiety/Stress is the major reason for staff sickness across the Trust over 2012/13. This area will be examined in more detail even though early indications show that most staff that fall into this category tend to be long term sick. In these circumstances Occupational health advice will be sort where appropriate to advise the employee and their manager on the best way to improve an employee's health and well-being.

The second main reason for staff sickness is Unknown causes/Not specified. More work need to be done to ensure that managers are recording staff absences correctly. HR Managers will be raising this particular issue at the borough directorate meetings.



## Occupational Health Referrals

### Occupational Health Activity – 2012/13 – Table 26

<b>Subscriber Services</b>	
<b>Pre-Employment</b>	
Pre-employment screening	411
Occ Health Nurse Assessment	75
Occ Health Physician assessment	34
<b>Referrals</b>	
Management referral with Nurse – Return to work and Pregnancy	174
Management referral with Doctor – Return to work	146
Review Appointment/Telephone Assessment with Nurse	232
Review Appointment/Telephone Assessment with Doctor	134
Self Referral	10
Occ Health Physician assessment – complex cases(Equality Act etc)	51
Medical report requested by Occ Health	2
DNA Appointments	270
<b>Vaccines</b>	
Hepatitis B primary course – 4 doses/Booster	99
Flu	366
MMR (2 doses)	28
Immunity screen check	70
Mantoux Test & Read	14
BCG	2
<b>Pathology</b>	
HIV Screening	8
Hep Bs Ag Screening	19
HCV Antibody Screening	7
Hepatitis B surface antibody	59
Hepatitis B core antibody for non responders	10
Measles Antibody	6
MMR Blood test	178
Rubella Titre	3
Varicella Zoster IgG or IgM	14
<b>Work Injuries</b>	
Sharp Injuries	14
<b>Workplace Assessments</b>	
Occ Health nurse or doctor/Ergonomist assessment	2
<b>Other</b>	
Counselling	54
Dermatitis Surveillance	4
Dermatitis Paper Surveillance	1
Dermatitis Skin check	535
Immunity Report	14
Peer related activity	1
IgE	1
Parvo Bia Igm	1
Quanteferon	3

Occupational Health services are provided by St George's Hospital for staff on Wandsworth sites, Kingston Hospital for staff based in the borough of Kingston and Richmond and Epsom and St Helier who deal with a small number of Sutton and Merton staff.

All the contracts are subject to annual review. The annual review is to ensure the required service is being provided value for money

## Staff on Maternity Leave 2012/13

### By Borough/Directorate – Table 26

Borough/Directorate	No on Mat Leave 2012/13	No returned	No Still on Mat Leave
Director of Nursing & Quality	1	0	1
Director of Operations	1	0	1
Finance & Information	2	0	2
Human Resources	2	2	0
Kingston & Richmond	21	10	11
Medical Director	2	0	2
Specialist Services	25	13	12
Sutton & Merton	30	18	12
Therapies	3	3	0
Wandsworth	19	10	9
Grand Total	106	56	50

### By Staff Group – Table 27

Staff Group	No on Mat Leave 2012/13	No returned	No Still on Mat Leave
Admin & Clerical	14	9	5
HCA/Support	6	3	3
Medical & Dental	16	8	8
Qualified Nurse	21	4	17
Psychology & Psychotherapy	23	14	9
Allied Health Professions	20	15	5
Senior Manager	1	0	1
Grand Total	106	56	50

There has been recent press coverage to the effect that women who take maternity leave are not returning to work indicating an underlying pattern of sex discrimination on the part of employers. The figures here show that this is not an issue at this Trust and that women feel able to return to work.

## Disciplinary, Capability and Grievances

The cases below show the number of cases as a percentage of the headcount for the Trust as at 31 March 2013 (2256). The 70 disciplinary cases have resulted in 6 dismissals from the Trust so far – some of the cases are still being processed. 19 of the investigations resulted in no further action. This would seem to demonstrate that the Trust is very thorough in processing disciplinary matters through the Disciplinary Procedure and this may not always be the best way to resolve some of these matters.

1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013 - Table 27

By Directorate	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Sutton & Merton	4	0.2	21	0.9	3	0.1	28	1.2
Kingston & Richmond	4	0.2	7	0.3	2	0.09	13	0.6
Wandsworth	5	0	22	1.0	2	0.09	29	1.3
Specialist Services	1	0.04	18	0.8	6	0.3	25	1.1
Facilities	0	0	0	0	0	0	0	0
Corporate Services	0	0	2	0.09	0	0	2	0
<b>Total</b>	14	0.6	70	3.1	13	0.5	97	4.3

Table 28

By Pay Band	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Band 2	0	0	2	0.09	1	0.04	3	0.1
Band 3	1	0.04	21	0.9	4	0.2	26	1.2
Band 4	1	0.04	8	0.4	1	0.04	10	0.4
Band 5	4	0.2	23	1.0	3	0.1	30	1.3
Band 6	7	0.3	12	0.5	3	0.1	22	1.0
Band 7	1	0.04	2	0.09	0	0	3	0.1
Band 8	0	0	1	0.04	1	0.04	2	0.09
Medical	0	0	1	0.04	0	0	1	0.04
<b>Total</b>	14	0.6	70	3.1	13	0.5	97	4.3

Table 29

By Disability	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Non Disabled	4	0.2	43	1.9	3	0.1	50	2.2
Disabled	0	0	4	0.2	0	0	4	0.2
Not declared	10	0.4	23	1.0	10	0.4	43	1.9
<b>Total</b>	14	0.6	70	3.1	13	0.5	97	4.3

Table 30

By Gender	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Female	6	0.3	37	1.6	9	0.4	52	2.3
Male	8	0.4	33	1.5	4	0.2	45	2.0
<b>Total</b>	14	0.6	70	3.1	13	0.5	97	4.3

Table 31

By Ethnicity	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
White British	3	0.1	11	0.5	4	0.2	18	0.8
White Irish	0	0	1	0.04	0	0	1	0.04
White Other	1	0.04	3	0.1	0	0	4	0.2
Mixed – White and Black Caribbean	0	0	0	0	0	0	0	0
Mixed – White and Black African	0	0	0	0	0	0	0	0
Mixed – White and Asian	0	0	0	0	0	0	0	0
Any Other Mixed Background	0	0	1	0.04	1	0.04	2	0.09
Asian, or British Asian - Indian	2	0.09	1	0.04	1	0.04	4	0.2
Asian or British Asian - Pakistani	2	0.09	0	0	0	0	2	0.09
Asian or British Asian - Bangladeshi	0	0	0	0	0	0	0	0
Any Other Asian Background	2	0.09	5	0.2	1	0.04	8	0.4
Black or Black British – Caribbean	1	0.04	9	0.4	1	0.04	11	0.5
Black or Black British - African	3	0.1	29	1.3	3	0.1	35	1.6
Black British – any other black background	0	0	2	0.09	2	0.09	4	0.2
Chinese	0	0	0	0	0	0	0	0
Any other ethnic group	0	0	7	0.3	0	0	7	0.3
Not stated	0	0	1	0.04	0	0	1	0.04
<b>Total</b>	<b>14</b>	<b>0.6</b>	<b>70</b>	<b>3.1</b>	<b>13</b>	<b>0.5</b>	<b>97</b>	<b>4.3</b>

The Trust also defended 11 claims at the Employment Tribunal, mainly for unfair dismissal:

Trust successful	3
Claims settled	2
Claims withdrawn	3
Waiting for decision	1
Trust unsuccessful (but appealing to EAT)	2

## Staff Turnover

During 2012/13 South West London and St George's Mental NHS Trust lost a total of 262 employees for reasons given below. Voluntary Resignations and retirement are the main reasons that affect the annual total turnover.

Another 122 employees left the Trust for other reasons like end of fixed term contracts, training positions, doctors on rotations and TUPE transfers.

TOTAL LEAVER	262
ANNUAL TOTAL TURNOVER	12.22%

OTHER LEAVERS	122
ANNUAL OTHER TURNOVER	5.12%

## Reasons for Leaving

Table 32

Reasons for Leaving	Total	
	Headcount	%
<b>Annual Total Turnover</b>		
Dismissal	5	1.30%
Employee Transfer (non TUPE)	1	0.26%
Mutually Agreed Resignation	1	0.26%
Pregnancy	1	0.26%
Retirement Ill Health	4	1.04%
Retirement Age	64	16.67%
Voluntary Early Retirement	5	1.30%
Voluntary Resignations	181	47.14%
<b>Other Leavers</b>		
Employee Transfer (TUPE)	19	4.95%
End of Fixed Term Contract/Training Positions/Medical Rotations	101	26.30%
Redundancy	2	0.52%
Grand Total	384	100%

## Staff Survey/Job Satisfaction

The annual staff survey, commissioned by the Care Quality Commission and administered by the Picker Institute, provides important feedback for the Trust on the views of its employees and also provides a gauge of staff engagement. The survey was administered between October and December 2012 and questionnaires were sent to all staff. The basic sample response rate for the Trust was 52.5% with the overall sample rate being 50.7% - this is an increase of about 10% since the 2011 survey and represents one of the highest response rates for mental health trusts in London.

The findings of the questionnaire have been summarised and presented in the form of 28 Key Findings. The survey report was structured around the four pledges to staff in the NHS Constitution which was published in January 2009, plus two additional themes:

- **Staff Pledge 1:** To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- **Staff Pledge 2:** To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
- **Staff Pledge 3:** To provide support and opportunities for staff to maintain their health well-being and safety.
- **Staff Pledge 4:** To engage staff in decisions that affect them and the services they provide individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- **Additional theme:** Staff satisfaction
- **Additional theme:** Equality and diversity

In comparison with other mental health/learning disability trusts in England, the Trust **scored well** in the following areas:

- Percentage of staff appraised in the last 12 months
- Percentage of staff having well structured appraisals in the last 12 months
- Percentage of staff suffering work-related stress in the last 12 months
- Staff motivation at work
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month.

In comparison with other mental health/learning disability trusts in England, the Trust **scored less well** in the following areas:

- Fairness and effectiveness of incident reporting procedures
- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion
- Percentage of staff saying hand washing materials are always available
- Percentage of staff having equality and diversity training in the last 12 months
- Percentage of staff reporting good communications between senior management and staff.

The overall indicator of staff engagement for the Trust was measured as 3.66 (out of a maximum of 5). This is average when compared with trusts of a similar type and represents a small increase on the staff engagement score from 2011 (3.64).

Work is being undertaken to identify and monitor an action plan to respond to the staff survey, some of which was started in 2012.

## **HR Key Monthly Performance Indicators**

- Staff Turnover Rate
- Staff Sickness Rates
- Staff Vacancy Rates
- Staff In Post

These metrics are reported on in a monthly performance report