

Workforce Profile Report 2013/14

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. The Board will be kept up to date on Workforce issues and developments on a monthly basis through the integrated governance report. This report covers workforce indicators which can only be meaningfully reported on an annual basis.

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 2210 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. The staff population in the Clinical Directorates also shows a smaller proportion of staff categorising themselves as White British compared to the proportion in the local population. The Trust is more ethnically diverse than the population served.

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. The information shows a consistent pattern which is also apparent in the 2013/14 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**
- **return-to-work rates after maternity leave**
- **employee relations caseload (including grievances, disciplinarys and dismissals)**

- **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 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). It also includes the results of the most recent staff survey.

Sickness absence for South West London and St George's Mental Health NHS Trust for 2013/14 is 4.21% remaining stable when compared to last year. 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 Health Education London). The Trust is focusing on improving the management of sickness absence including review Managers Training, Occupational Health arrangements.

Progress since May 2013

The last Board report identified a number of areas for action.

Action	Progress
Review of HR Department	Completed.
Equal Opportunities (Adoption of Equality of Delivery Scheme)	<ul style="list-style-type: none"> • Draft strategy agreed by EMC • EDS version 2 published • Action plan in place to deliver • Recruiting lead
Skill based training for Managers to handle difficult staffing matters	Positive People Management Programme developed and piloted. Being rolled out in 2014.
Programme for Senior Managers affected by change	Development centre outplacement support coaching and mentoring programme.
Review of recruitment process	Undertaken as part of Listening into Action. Introduced assessment centres

	and reviewed recruitment process for nursing and health care assistants. New Resource Manager to review process and introduce KPIs.
Improve management of sickness absence and related staff support	Project Plan developed through LiA introduction of a range of wellbeing initiative (use of gym, workplace challenge, fitness classes, football tournament, etc.). The next stage is to review the sickness absence policy. Review occupational health provision. Develop functionality of e-rostering to improve management information and monitoring.
Supporting teams in difficulty	Staff support network being revised. Development of team building programme being designed.

Sickness Absence across London Trusts;

Table 1: Benchmark Cumulative Sickness Rates December 2013

Mental Health and Learning Disability	MH Trusts In and around London	Absence Rate
	Tavistock & Portman F	1.39%
	Central & North West London F	3.37%
	South London & Maudsley F	3.89%
	South West London & George's MH	4.24%
	East London F	4.41%
	Oxleas F	4.48%
	North East London F	4.54%
	West London MH	4.60%
	Barnet Enfield & H'gey MH	4.63%
	Total	4.17%

Table 2: Sickness Rates March 2013/14

Mental Health and Learning Disability	MH Trusts In and around London	Absence Rate
	South West London & George's MH	4.21%

The latest benchmark sickness data available on iView, the HSCIC (Health and Social Care Information Centre database) only goes up to December 2013

Sickness Rates remained stable at 4.2% in 2013/14. Sickness Rates are still comparable with other Mental Health Trusts in and around London even though it is 0.07% higher than the average for this group back in December 2013 see table 1, produced from iView.

Table 2 show sickness rates for South West London and St George's MH NHS Trust for 2013/14 produced from ESR

Labour turnover rates themselves are not a performance measure however they are a measure of the organisational health and as such they can highlight specific areas where further investigation is required to explore the associated impact on recruitment activity and staff retention.

The target rate of 12% has been in place for some time but the rationale for having such a “target” at that level is unclear. A more meaningful measure would be to benchmark the Trust’s overall performance with other similar employers within the same competitive employment market.

Target Rate/Benchmarking

There is little information available in terms of what is an appropriate target rate for turnover. Rates will undoubtedly vary between industry sectors and can be impacted by a number of external and internal factors

Information obtained from other NHS Organisations in London indicates the target rates are often set at around 15% which have not been established using any specific methodology. In agreeing an appropriate target rate for labour turnover, it is recommended that this is established using both the internal and external data available on actual turnover rates.

Turnover Rates

The Chartered Institute of Personnel and Development’s 2013 Resourcing and Talent Management Survey, highlights that the median rate of labour turnover is 11.9%, a decrease from the previous year. Whilst the information contained with the report indicates that labour turnover has declined steadily since 2008, this has not been the case in all sectors and in particular the public sector which has seen a more turbulent journey and an increase in turnover.

The turnover rates in 2012/13 for Mental Health Trusts nationally ranged between 8% and 37% with those in London ranging between 12% and 20%. Whilst the average rates published in the resourcing and talent management survey referenced above are only slightly lower than those reported by NHS Trusts nationally, there is a bigger variance when compared to those Trusts in and around London where the median turnover rate was 14%.

Vacancy Rates as at 31st March 2014 is 14.21% compared to 10.59% in 2012/13. The Trust has just completed a Nursing review which is intended to reduce the use of bank and agency by establishing appropriate rotas. This will lead to an increase in the number of qualified nurses to improve the ratio of qualified to unqualified nurses as recommended by Francis. Vacancies are being held in those areas subject to review to minimise the need for compulsory redundancies.

The results in this profile help to inform and develop the Human Resources Strategy and the OD Strategy in the year ahead and continue 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.

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1. Overview

Total employees – Overview

As at 31st March 2014, South West London and St George's Mental Health NHS Trust employed 1976.76 WTE staff. This equates to a headcount of 2210 employees.

Total employees by Directorate

Headcount refers to the actual number of employees in post on 31st March 2014, 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 31st March 2014

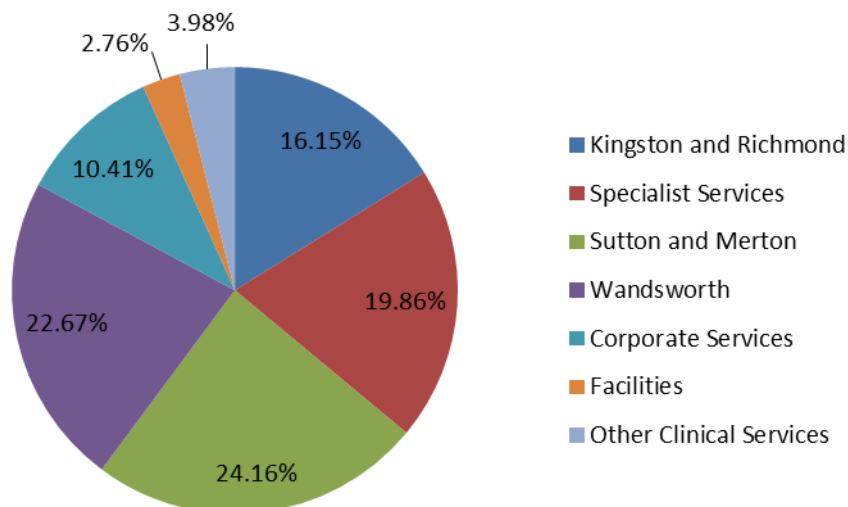
Table 1

Directorate	Headcount		WTE	
	Total	%	Total	%
Corporate Services *	230	10.41%	219.38	11.10%
Facilities	61	2.76%	55.99	2.83%
Kingston and Richmond	357	16.15%	308.76	15.62%
Sutton and Merton	534	24.16%	465.20	23.53%
Wandsworth	501	22.67%	452.10	22.87%
Specialist Services	439	19.86%	401.25	20.30%
Other Clinical Services (includes Medical Director, Pharmacy, Therapies and Psychology)	88	3.98%	74.06	3.75%
Grand Total	2210	100.00%	1976.76	100.00%

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

% HC by Directorate

Figure 1



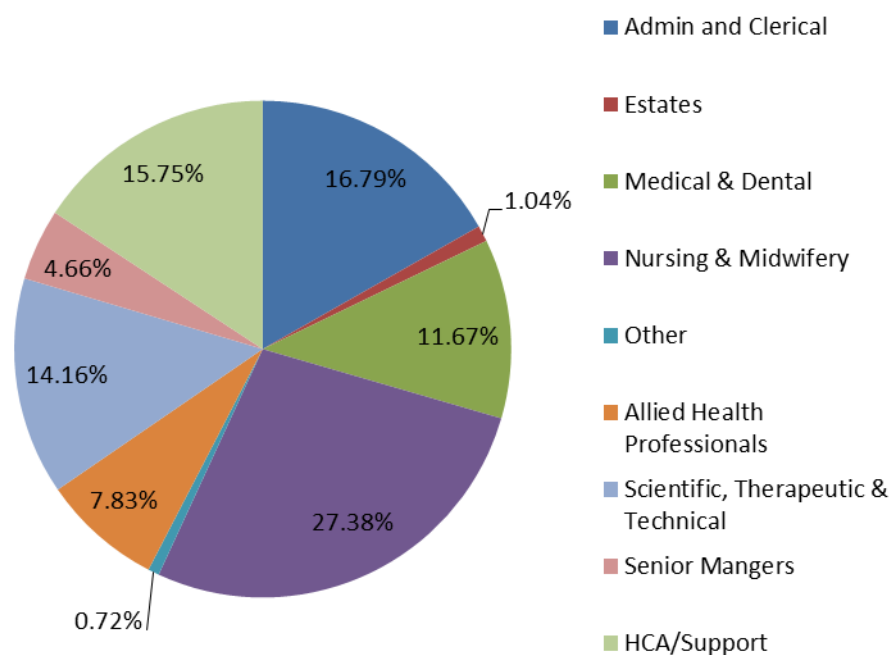
Total employees by Occupational Group

Table 2: Staff in post Headcount and WTE as at 31st March 2014

Occupational Group	Headcount		WTE	
	Total	%	Total	%
Admin & Clerical	371	16.79%	323.79	16.38%
Allied Health Professionals (includes 19.02 wte AHP support)	173	7.83%	143.30	7.25%
Estates	23	1.04%	22.67	1.15%
HCA/Support	348	15.75%	333.26	16.86%
Medical & Dental	258	11.67%	217.64	11.01%
Nursing & Midwifery	605	27.38%	576.33	29.16%
Other (includes non exec board & student nurses)	16	0.72%	16.00	0.81%
Scientific, Therapeutic & Technical	313	14.16%	244.12	12.35%
Senior Managers	103	4.66%	99.65	5.04%
Grand Total	2210	100.00%	1976.76	100.00%

% of HC by Occupational Group

Figure 2



Total Employees by Band and Directorate

Table 3: By Headcount and Percentage

Directorate	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***	1 0.43%	10 4.35%	27 11.74%	36 15.65%	31 13.48%	35 15.22%	36 15.65%	11 4.78%	9 3.91%	10 4.35%	5 2.17%	5 2.17%	11 4.78%	1 0.43%	2 0.87%	230 100.00%
Facilities	18 29.51%	16 26.23%	15 24.59%	4 6.56%	3 4.92%	1 1.64%	1 1.64%	1 1.64%	1 1.64%	1 1.64%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	61 100.00%
Other Clinical (includes Medical Director, Pharmacy, Therapies and Psychology)	3 3.41%	3 3.41%	8 9.09%	22 25.00%	12 13.64%	16 18.18%	9 10.23%	2 2.27%	2 2.27%	3 3.41%	1 1.14%	0 0.00%	0 0.00%	3 3.41%	4 4.55%	88 100.00%
Kingston and Richmond	21 5.88%	41 11.48%	27 7.56%	45 12.61%	80 22.41%	31 8.68%	24 6.72%	12 3.36%	4 1.12%	6 1.68%	0 0.00%	0 0.00%	0 0.00%	35 9.80%	31 8.68%	357 100.00%
Sutton and Merton	4 0.75%	66 12.36%	76 14.23%	80 14.98%	96 17.98%	74 13.86%	35 6.55%	16 3.00%	8 1.50%	5 0.94%	0 0.00%	0 0.00%	0 0.00%	40 7.49%	34 6.37%	534 100.00%
Wandsworth	2 0.40%	92 18.36%	49 9.78%	104 20.76%	81 16.17%	67 13.37%	30 5.99%	14 2.79%	4 0.80%	4 0.80%	0 0.00%	0 0.00%	0 0.00%	28 5.59%	26 5.19%	501 100.00%
Specialist Services	22 5.01%	85 19.36%	36 8.20%	101 23.01%	53 12.01%	40 9.11%	26 5.92%	17 3.87%	2 0.46%	3 0.68%	0 0.00%	0 0.00%	0 0.00%	29 6.61%	25 5.69%	439 100.00%
Grand Total	71 3.21%	313 14.16%	238 10.77%	392 17.74%	356 16.11%	264 11.95%	161 7.29%	73 3.30%	30 1.36%	32 1.45%	6 0.27%	5 0.23%	12 0.53%	136 6.15%	122 5.52%	2210 100%

*Very Senior Manager **Non-Executive Director *** Corporate Services (includes Director of Operations, Nursing Directorate, Finance IT and Information, 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	1013	69.78%	445	30.52%	1458	65.97%
Male	656	87.23%	96	12.77%	752	34.03%
Grand Total	1669	75.52%	541	24.48%	2210	100.00%

Table 5: By Directorate

Directorate	Full Time		Part Time		Total	
	Headcount	%	Headcount	%	Headcount	%
Corporate*	203	88.26%	27	11.74%	230	100.00%
Facilities	50	81.97%	11	18.03%	61	100.00%
Other Clinical (includes Medical Director, Pharmacy, Therapies and Psychology)	59	67.05%	29	32.95%	88	100.00%
Kingston and Richmond	246	68.91%	111	31.09%	357	100.00%
Sutton and Merton	381	71.35%	153	28.65%	534	100.00%
Wandsworth	384	76.65%	117	23.35%	501	100.00%
Specialist Services	346	78.82%	93	21.18%	439	100.00%
Grand Total	1669	75.52%	541	24.48%	2210	100.00%

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

By Work and Home Location

Table 6

Work Location	Headcount	%
Springfield Hospital	1304	59.00%
Tolworth Hospital	194	8.78%
Jubilee Health Centre East	172	7.78%
Queen Mary's Hospital	107	4.84%
The Wilson	72	3.26%
Richmond Royal	61	2.76%
St George's Hospital	44	1.99%
Mitcham Polyclinic	33	1.49%
Barnes Hospital	30	1.36%
Cheam Resource Centre	26	1.18%
Wandsworth Prison	25	1.13%
Teddington Health and Social Care Clinic	18	0.81%
Maddison Clinic	17	0.77%
Brightwell Crescent	15	0.68%
Haydon House	13	0.59%
Thrale Road	13	0.59%
Westmoor House	13	0.59%
Norfolk Lodge	12	0.54%
Kingston Hospital	11	0.50%
Bradshaw Close	8	0.36%
Ouseley Road	7	0.32%
St. Helier Hospital	7	0.32%
Foulser Road	6	0.27%
Chaucer Centre	2	0.09%
Grand Total	2210	100.00%

Table 7

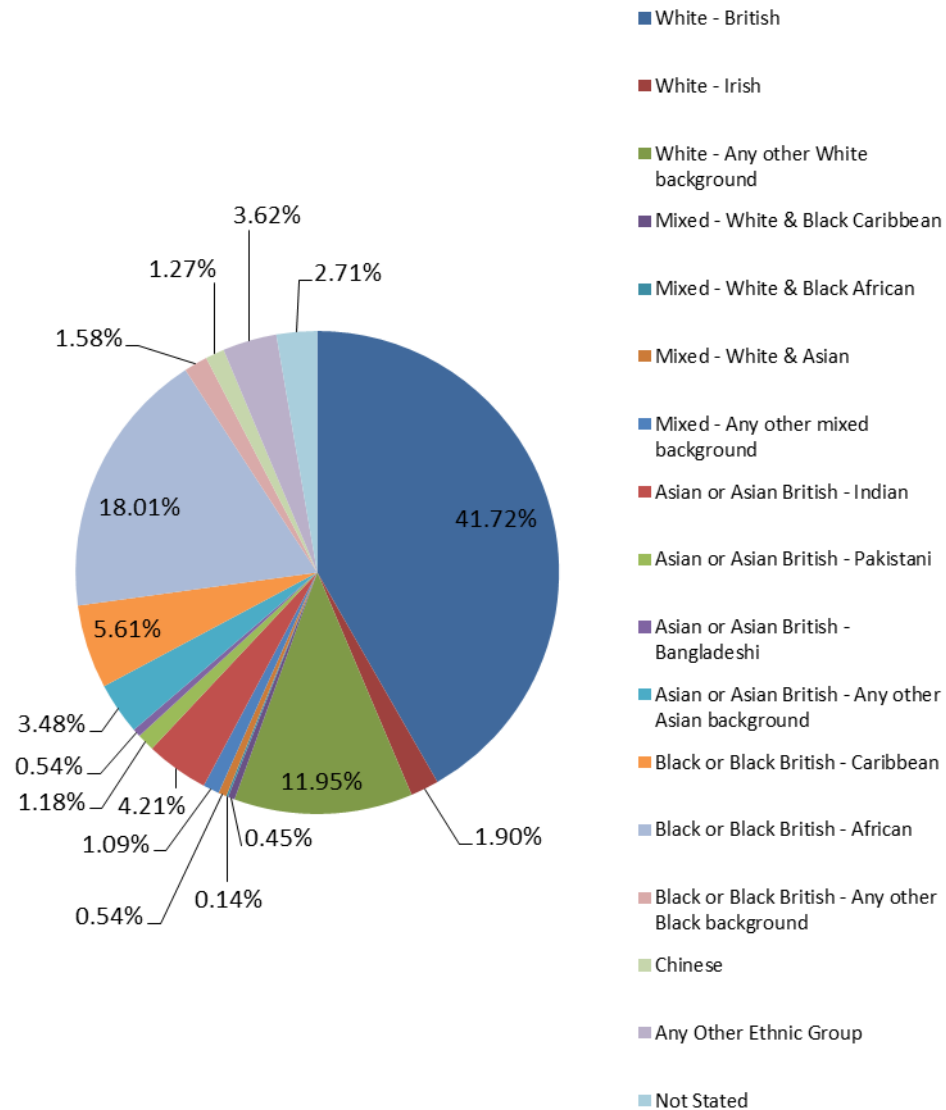
Home Location	Headcount	%
Kingston	161	7.29%
Merton	256	11.58%
Richmond	84	3.80%
Sutton	228	10.32%
Wandsworth	295	13.35%
Other London	804	36.38%
Outside London	382	17.29%
Grand Total	2210	100%

2. Representation

Ethnicity – Overview

South West London and St George's Mental Health NHS Trust

Figure 3



Ethnicity

By Pay Band

Table 8

Ethnicity	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	13 1.41%	83 9.00%	113 12.26%	127 13.77%	153 16.59%	129 13.99%	98 10.63%	46 4.99%	20 2.17%	22 2.39%	5 0.54%	5 0.54%	4 0.43%	53 5.75%	51 5.53%	922 100.00%
White – Irish	1 2.38%	2 4.76%	3 7.14%	6 14.29%	9 21.43%	9 21.43%	4 9.52%	1 2.38%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	3 7.14%	4 9.52%	42 100.00%
White – Any Other White Background	4 1.52%	23 8.71%	34 12.88%	31 11.74%	29 10.98%	44 16.67%	25 9.47%	15 5.68%	7 2.65%	6 2.27%	1 0.38%	0 0.00%	1 0.38%	11 4.17%	33 12.50%	264 100.00%
Mixed – White & Black Caribbean	0 0.00%	4 40.00%	2 20.00%	1 10.00%	0 0.00%	3 30.00%	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%
Mixed – White & Black African	0 0.00%	0 0.00%	0 0.00%	2 66.67%	1 33.33%	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%	0 25.00%	3 100.00%
Mixed – White & Asian	1 9.33%	1 8.33%	0 0.00%	2 16.67%	1 8.33%	1 8.33%	0 0.00%	1 8.33%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	3 25.00%	2 16.67%	12 100.00%
Mixed – Any other Mixed Background	0 0.00%	5 20.83%	1 4.14%	5 20.83%	3 12.50%	2 8.33%	2 8.33%	1 4.17%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	3 12.50%	2 8.33%	24 100.00%
Asian or	2	6	15	7	13	15	8	2	1	1	0	0	0	15	8.60%	93

Asian British Indian	2.15%	6.45%	16.13%	7.53%	13.98%	16.13%	8.60%	2.15%	1.08%	1.08%	0.00%	0.00%	0.00%	16.13%		100.00%
Asian or Asian British Pakistani	0 0.00%	1 3.85%	4 15.38%	3 11.54%	0 0.00%	3 11.54%	2 7.69%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 3.85%	8 30.77%	4 15.38%	26 100.00%

* Very Senior Manager

** Non Executive Director

Ethnicity cont.

By Pay Band

Ethnicity	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
Asian or Asian British Bangladeshi	1 8.33%	1 8.33%	1 8.33%	0 0.00%	3 25.00%	0 0.00%	2 16.67%	0 0.00%	1 8.33%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	3 25.00%	0 0.00%	12 100.00%
Asian or Asian British any other Asian background	6 7.79%	11 14.29%	5 6.49%	14 18.18%	11 14.29%	11 14.29%	6 7.79%	2 2.60%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 1.30%	9 11.69%	1 1.30%	77 100.00%
Black or Black British – Caribbean	12 9.68%	26 20.97%	20 16.13%	27 21.77%	23 18.55%	11 8.87%	3 2.42%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	2 1.61%	124 100.00%
Black or Black British -African	18 4.52%	108 27.14%	25 6.28%	133 33.42%	64 16.08%	23 5.78%	9 2.26%	1 0.25%	1 0.25%	1 0.25%	0 0.00%	0 0.00%	4 1.01%	7 1.76%	4 1.01%	398 100.00%
Black or Black British - any other Black background	0 0.00%	5 14.29%	7 20.00%	11 31.43%	11 31.43%	1 2.86%	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%	35 100.00%

Chinese	1 3.57%	0 0.00%	1 3.57%	6 21.43%	6 21.43%	3 10.71%	1 3.57%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	6 21.43%	4 14.29%	28 100.00%
Any Other Ethnic group	4 5.00%	19 23.75%	4 5.00%	11 13.75%	20 25.00%	5 6.25%	0 0.00%	1 1.25%	0 0.00%	1 1.25%	0 0.00%	0 0.00%	0 0.00%	11 13.75%	4 5.00%	80 100.00%
Not Stated	8 13.33%	18 30.00%	3 5.00%	6 10.00%	9 15.00%	4 6.67%	1 1.67%	3 5.00%	0 0.00%	1 1.67%	0 0.00%	0 0.00%	0 0.00%	4 6.67%	3 5.00%	60 100.00%
Grand Total	71 3.21%	313 14.16%	238 10.77%	392 17.74%	356 16.11%	264 11.95%	161 7.29%	73 3.30%	30 1.36%	32 1.45%	6 0.27%	5 0.23%	11 0.50%	136 6.15%	122 5.52%	2210 100.00%

Ethnicity

Ethnicity	Corporate Services*	Facilities	Kingston and Richmond	Sutton and Merton	Wandsworth	Specialist Services	Other Clinical	Total
White - British	123 53.48%	27 44.26%	167 46.78%	238 44.57%	157 31.34%	165 37.59%	45 51.14%	922 41.72%
White - Irish	2 0.87%	0 0.00%	10 2.80%	10 1.87%	10 2.00%	6 1.37%	4 4.55%	42 1.90%
White - Any other White background	26 11.30%	8 13.11%	40 11.20%	63 11.80%	61 12.18%	53 12.07%	13 14.77%	264 11.95%
Mixed - White & Black Caribbean	1 0.43%	1 1.64%	2 0.56%	1 0.19%	2 0.40%	2 0.46%	1 1.14%	10 0.45%
Mixed - White & Black African	0 0.00%	0 0.00%	1 0.28%	1 0.19%	0 0.00%	1 0.23%	0 0.00%	3 0.14%
Mixed - White & Asian	0 0.00%	0 0.00%	3 0.84%	1 0.19%	2 0.40%	5 1.14%	1 1.14%	12 0.54%
Mixed - Any other mixed background	1 0.43%	0 0.00%	2 0.56%	8 1.50%	6 1.20%	6 1.37%	1 1.14%	24 1.09%
H Asian or Asian British - Indian	14 6.09%	2 3.28%	13 3.64%	25 4.68%	21 4.19%	12 2.73%	6 6.82%	93 4.21%
J Asian or Asian British - Pakistani	4 1.74%	0 0.00%	5 1.40%	11 2.06%	2 0.40%	3 0.68%	1 1.14%	26 1.18%
K Asian or Asian British - Bangladeshi	2 0.87%	0 0.00%	0 0.00%	6 1.12%	2 0.40%	2 0.46%	0 0.00%	12 0.54%

Table 9: By

*Corporate
(includes
Operations,
Directorate,
Information,
Resources and
Secretariat)

L Asian or Asian British - Any other Asian background	9 3.91%	2 3.28%	12 3.36%	19 3.56%	21 4.19%	10 2.28%	4 4.55%	77 3.48%
M Black or Black British - Caribbean	12 5.22%	6 9.84%	13 3.64%	21 3.93%	34 6.79%	33 7.52%	5 5.68%	124 5.61%
N Black or Black British - African	25 10.87%	4 6.56%	44 12.32%	82 15.36%	132 26.35%	108 24.60%	3 3.41%	398 18.01%
P Black or Black British - Any other Black background	2 0.87%	1 1.64%	7 1.96%	8 1.50%	10 2.00%	7 1.59%	0 0.00%	35 1.58%
R Chinese	4 1.74%	0 0.00%	8 2.24%	4 0.75%	5 1.00%	5 1.14%	2 2.27%	28 1.27%
S Any Other Ethnic Group	1 0.43%	1 1.64%	21 5.88%	24 4.49%	23 4.59%	10 2.28%	0 0.00%	80 3.62%
Z Not Stated	4 1.74%	9 14.75%	9 2.52%	12 2.25%	13 2.59%	11 2.51%	2 2.27%	60 2.71%
Grand Total	230 100.00%	61 100.00%	357 100.00%	534 100.00%	501 100.00%	439 100.00%	88 100.00%	2210 100.00%

Directorate

Services
Director of
Nursing
Finance IT and
Human
Trust Board

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. ¹Gypsy is included in White Other and ²Arab is included in Other for census purposes.

Table 10

	White British	White Irish	White ¹ 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 ²
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	46.78%	2.80%	11.20%	0.56%	0.28%	0.84%	0.56%	3.64%	1.40%	0.00%	3.36%	2.24%	12.32%	3.64%	1.96%	5.88%
Sutton & Merton	44.57%	1.87%	11.80%	0.19%	0.19%	0.19%	1.50%	4.68%	2.06%	1.12%	3.56%	0.75%	15.36%	3.93%	1.50%	4.49%
Wandsworth	31.34%	2.00%	12.18%	0.40%	0.00%	0.40%	1.20%	4.19%	0.40%	0.40%	4.19%	1.00%	26.35%	6.79%	2.00%	4.59%

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

Trust directorates Kingston & Richmond, Sutton & Merton and Wandsworth shows noticeable under representation for the population it serves in the White British category highlighted in table 11

As at March 2014 only 2.71% of Trust staff declined to declare their ethnicity which is a slight improvement on the position at the end of 2012/13 when the figure was 2.93%. This is due to the data validation exercise undertaken by the ESR project team and the data was used to update ESR in 2013.

Black and minority ethnic staff make up 38.10% of all employees 842 individuals. 15.67% of these staff are in the higher pay bands i.e. band 8a and above and medical staff. This compares with 33.79% of all white employees in these pay bands. These ratios have remained fairly stable over the last 2 years.

Comparison with Patient Population

Table 12 shows that the range of ethnic groups is similar in both the staff and caseload populations. Evidence suggests that diverse teams provide more sensitive care.

Table 12: Comparison of staff and patient population by ethnicity

2014 (May)	Caseload		Trust Staff In Post	
	Head Count	%	Head Count	%
Any Other Group	123	0.64%	80	3.62%
Asian or Asian British - Any other background	360	1.89%	77	3.48%
Asian or Asian British - Bangladeshi	78	0.41%	12	0.54%
Asian or Asian British - Indian	355	1.86%	93	4.21%
Asian or Asian British - Pakistani	261	1.37%	26	1.18%
Black or Black British - African	509	2.67%	398	18.01%
Black or Black British - Any other background	220	1.15%	35	1.58%
Black or Black British - Caribbean	744	3.90%	124	5.61%
Mixed - Any other mixed background	134	0.70%	24	1.09%

Mixed - White & Asian	117	0.61%	12	0.54%
Mixed - White & Black African	70	0.37%	3	0.14%
Mixed - White & Black Caribbean	193	1.01%	10	0.45%
Not Stated (Client Refused)	20	0.10%	60	2.71%
Other Ethnic Groups - Chinese	67	0.35%	28	1.27%
White - Any other background	569	2.98%	264	11.95%
White - British	10048	52.63%	922	41.72%
White - Irish	326	1.71%	42	1.90%

Gender

Table 13

Gender	Total	
	Headcount	%
Female	1458	65.97%
Male	752	34.03%
Total	2210	100.00%

By Payscale Band

Table 14

Band/Grade	Male		Female		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 2	29	40.85 %	42	59.15 %	71	100.00 %
Band 3	120	38.34 %	193	61.66 %	313	100.00 %
Band 4	50	21.01 %	188	78.99 %	238	100.00 %
Band 5	121	30.87 %	271	69.13 %	392	100.00 %
Band 6	135	37.92 %	221	62.08 %	356	100.00 %
Band 7	80	30.30 %	184	69.70 %	264	100.00 %
Band 8a	46	28.57 %	115	71.43 %	161	100.00 %
Band 8b	27	36.99 %	46	63.01 %	73	100.00 %
Band 8c	9	30.00 %	21	70.00 %	30	100.00 %
Band 8d	12	37.50 %	20	62.50 %	32	100.00 %
Student Nurse	6	54.55 %	5	45.45 %	11	100.00 %
Other Medical	57	41.91 %	79	58.09 %	136	100.00 %
Consultant	52	42.62 %	70	57.38 %	122	100.00 %
NED*	4	80.00 %	1	20.00 %	5	100.00 %
VSM**	3	66.67 %	3	33.33 %	6	100.00 %
Grand Total	752	34.03 %	1458	65.97 %	2210	100.00 %

*Non Executive Director

** Very Senior Manger

Gender by Band

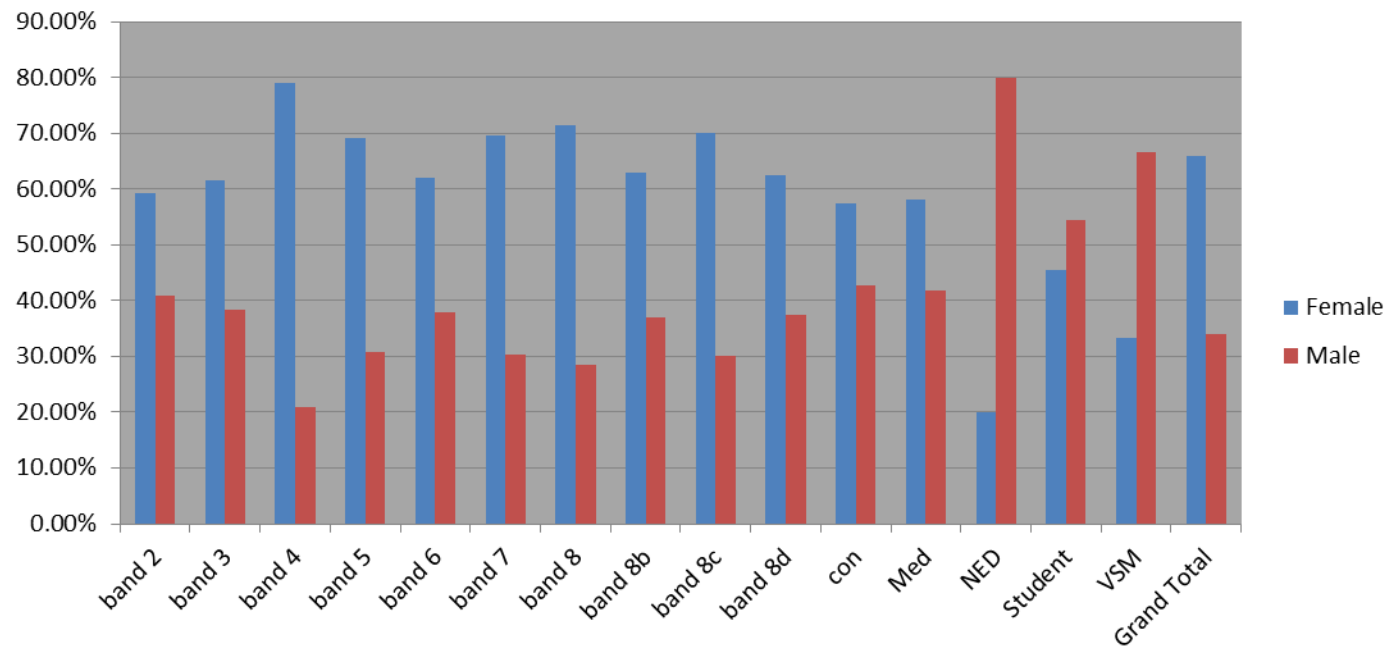


Figure 4

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) and Non-Executive Directors (NED) pay framework where women are under represented.

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, we rely on staff choosing to disclose this. 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. Undefined has decreased from 73.32% in 2012/13 to 47.01% 2013/14 but more action is still needed to encourage staff to respond. Information from new appointments is uploaded from their recruitment details.

Table 15

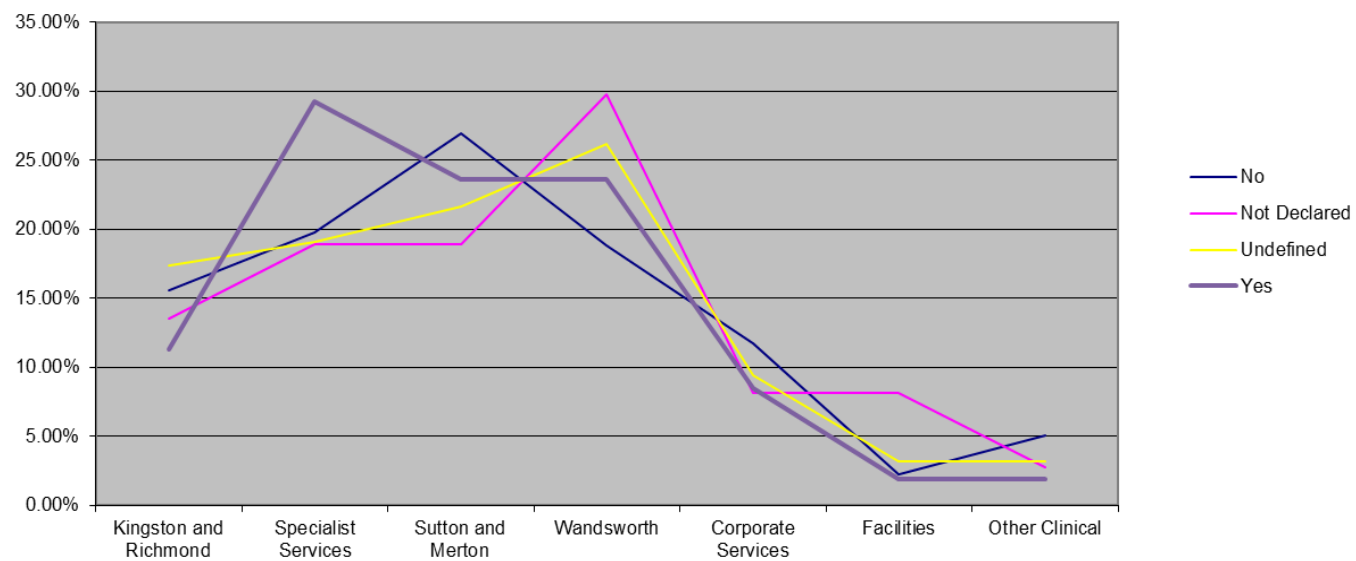
Disability	Total	
	Headcount	%
No	1028	46.52%
Yes	106	4.80%
Undefined	1039	47.01%
Not Declared	37	1.67%
Grand Total	2210	100.00%

Definitions;

- Not Declared - Employee does not wish to disclose disability status.
- Undefined - Not recorded by the recruitment team.

By Directorate

Figure 5



Age

Table 16

Age	Total	
	Headcount	%
20-29	234	10.59%
30-39	557	25.20%
40-49	640	28.96%
50-59	626	28.33%
60-69	152	6.88%
70-79	1	0.05%
Grand Total	2210	100.00%

By Directorate

Table 17

Directorate	20-29		30-39		40-49		50-59		60-69		70-79	
	H C	%	H C	%	H C	%	H C	%	H C	%	H C	%
Corporate*	33	14.35 %	60	26.09 %	71	30.87 %	52	22.61 %	14	6.09 %	0	0.00 %
Facilities	3	4.92 %	13	21.31 %	18	29.51 %	19	31.15 %	8	13.11 %	0	0.00 %
Other Clinical	16	18.18 %	28	31.82 %	20	22.73 %	21	23.86 %	3	3.41 %	0	0.00 %
Kingston and Richmond	29	8.12 %	85	23.81 %	97	27.17 %	105	29.41 %	41	11.48 %	0	0.00 %
Sutton and Merton	59	11.05 %	120	22.47 %	159	29.78 %	168	31.46 %	28	5.24 %	0	0.00 %
Wandsworth	32	6.39 %	126	25.15 %	138	27.54 %	169	33.73 %	36	7.19 %	0	0.00 %
Specialist Services	62	14.12 %	125	28.47 %	137	31.21 %	92	20.96 %	22	5.01 %	1	0.23 %
Grand Total	234	10.59 %	557	25.20 %	640	28.96 %	626	28.33 %	152	6.88 %	1	0.05 %

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

Religious Belief

Table 18

Religion	Total	
	Headcount	%
Atheism	163	7.38%
Buddhism	12	0.54%
Christianity	593	26.83%
Hinduism	52	2.35%
I do not wish to disclose my religion/ belief	232	10.50%
Islam	58	2.62%
Judaism	5	0.23%
Other	124	5.61%
Sikhism	11	0.50%
Undefined	960	43.44%
Grand Total	2210	100.00%

Sexual Orientation

Table 19

Sexual Orientation	Total	
	Headcount	%
Bisexual	15	0.68%
Gay	25	1.13%
Heterosexual	999	45.20%
I do not wish to disclose my sexual orientation	189	8.55%
Lesbian	7	0.32%
Undefined	975	44.12%
Grand Total	2210	100.00%

Length of Service

Table 20

Length of Service	Total	
	Headcount	%
Under 1 year	364	16.47%
1-5	671	30.36%
6-10	482	21.81%%
11-15	443	20.05%
16-20	134	6.06%
21-25	66	2.99%
26-30	33	1.49%
31-35	12	0.54%

36-40	4	0.18%
41-45	1	0.05%
Grand Total	2210	100.00%

3. Recruitment

The following sections detail the Trust's recruitment activity for the period 1 April 2013 to 31 March 2014 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 Trust is committed to equal opportunity for all staff and prospective employees. All recruitment is conducted in line with best practice and NHS Employers guidance.

Yearly comparison; areas of improvement or concern:

In comparison to last year's figures, the below bullet points highlight areas from this year's data where there have been improved proportionate outcomes or significant disproportionate outcomes between application and appointment.

- ✚ **Ethnicity** - There has been an increase of 8% of shortlisted applications and 2% of appointments from applicants identifying as Black.
- ✚ **Gender** - There has been a decrease of Male representation and an increase of Female representation across all stages of recruitment.
- ✚ **Disability** - There has been a 2.3% increase in the number of appointments of individuals with a disability
- ✚ **Age** - The age range of the highest number of appointments has changed from 30-34 to 25-29
- ✚ **Sexual Orientation** - The % of Undisclosed sexual orientation during the different stages of the recruitment process has decreased by 1.5% at application and shortlisted and 3.5% at appointed
- ✚ **Religion** - There has been approximately a 10% decrease of appointments for individuals declaring their religion as Christianity. There has been little change to the % of applications and shortlisted.

In comparison to the 2012 – 2013 Workforce Profile Report there are some small areas of improvement but there are areas which still require further work. Changes to nurse and healthcare recruitment have taken place too recently for them to have an impact on this report. From January nurse recruitment has been subject to a much more objective and centrally managed process.

To address the specific areas of concern, as part of the on-going review of recruitment practice, the HR Team will look at candidate attraction; where we advertise roles and the Trust presence in the job market as well as training for managers on selection decisions and avoiding bias in the recruitment process.

The Trust has signed up to partake in the Streamlining Programme in conjunction with other mental health, acute and community Trusts in London. Through this programme the Trust will gain access to recruitment service improvement ideas and will be able to benchmark our recruitment service against that of other London Trusts in order to strive for better outcomes next year.

In addition the Trust has been speaking with NHS Employers in regards to their national initiative on values based recruitment.

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

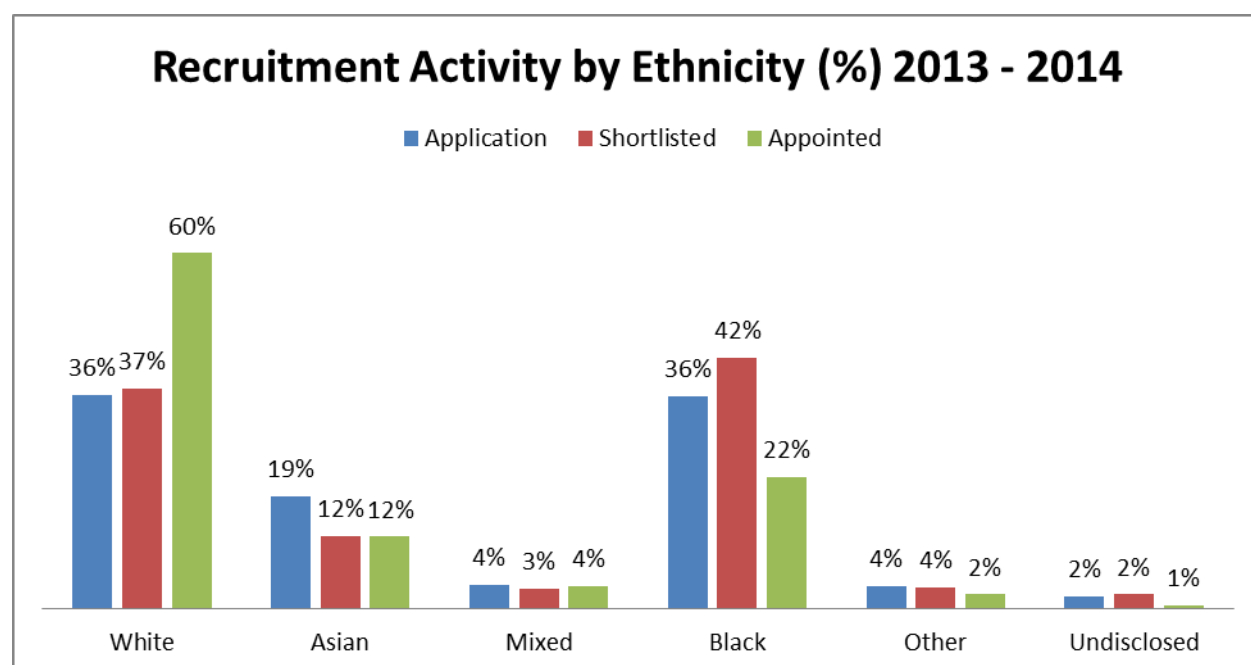


Fig 6 Trust Recruitment Activity by ethnicity 2013-2014 (Source: NHS Jobs)

Commentary

- ✚ 36% of total applications were made by applicants identifying as White, yet 60% of final appointments identified as White.
- ✚ Black and Other ethnicity are the only two categories under-represented in job appointments in comparison to application and shortlisting percentages. For Black ethnicity there is a 14% decrease between application and appointed and a 20% decrease between shortlisted and appointed. For other ethnicity there is a 2% decrease between application, shortlisting and appointed.

- ✚ Asian ethnicity has a comparable appointment % to the % of applications shortlisted. 12% of applications are shortlisted and 12% of appointments are made
- ✚ 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 2012 – 2013 Workforce Profile Report (Ethnicities)

- ✚ Total appointments of applicants identifying as White has decreased by 2% from 62% to 60%. White ethnicity remains significantly over-represented year on year.
- ✚ There has been an increase of 8% of shortlisted applications and 2% of appointments from applicants identifying as Black.

Recruitment by Gender

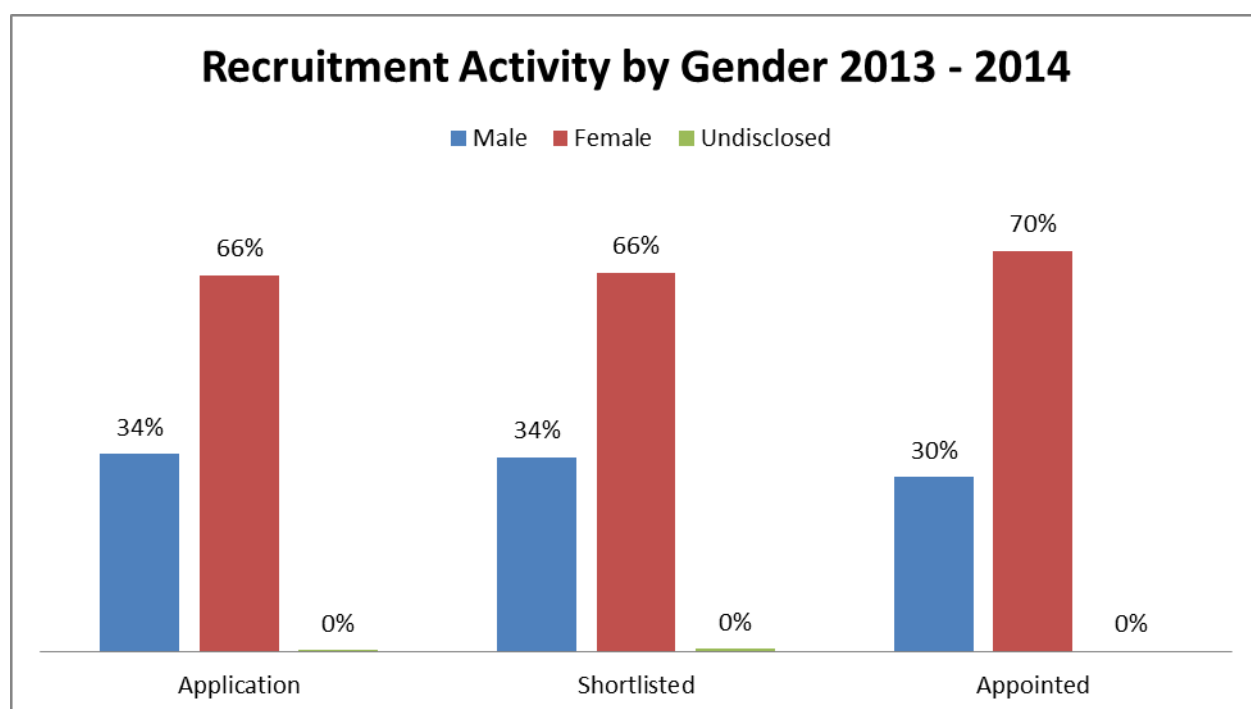


Fig 7: Recruitment activity by Gender: 2013-2014.

Commentary

- ✚ During each stage of the recruitment process there are approximately two women represented per man represented.
- ✚ Male appointments are slightly under-represented with approximate 34% of applications Male, yet only 30% of appointments Male

- Female appointments are slightly over-represented with approximately 66% of applications Female and 70% of appointments Female.
- There is a potential need to review gender bias amongst recruiting managers when making decisions on who to appoint as the % of both Male and Female applications and shortlisted are the same yet the % of Male appointments shows a decrease and the % of Female appointments shows an increase.

Comparison with 2012 – 2013 Workforce Profile Report (Gender)

- There has been a decrease of Male representation and an increase of Female representation across all stages of recruitment. The reasons for this should be consider in conjunction with economic factors for example more women are having to return to the workplace following child birth.

Recruitment by Disability

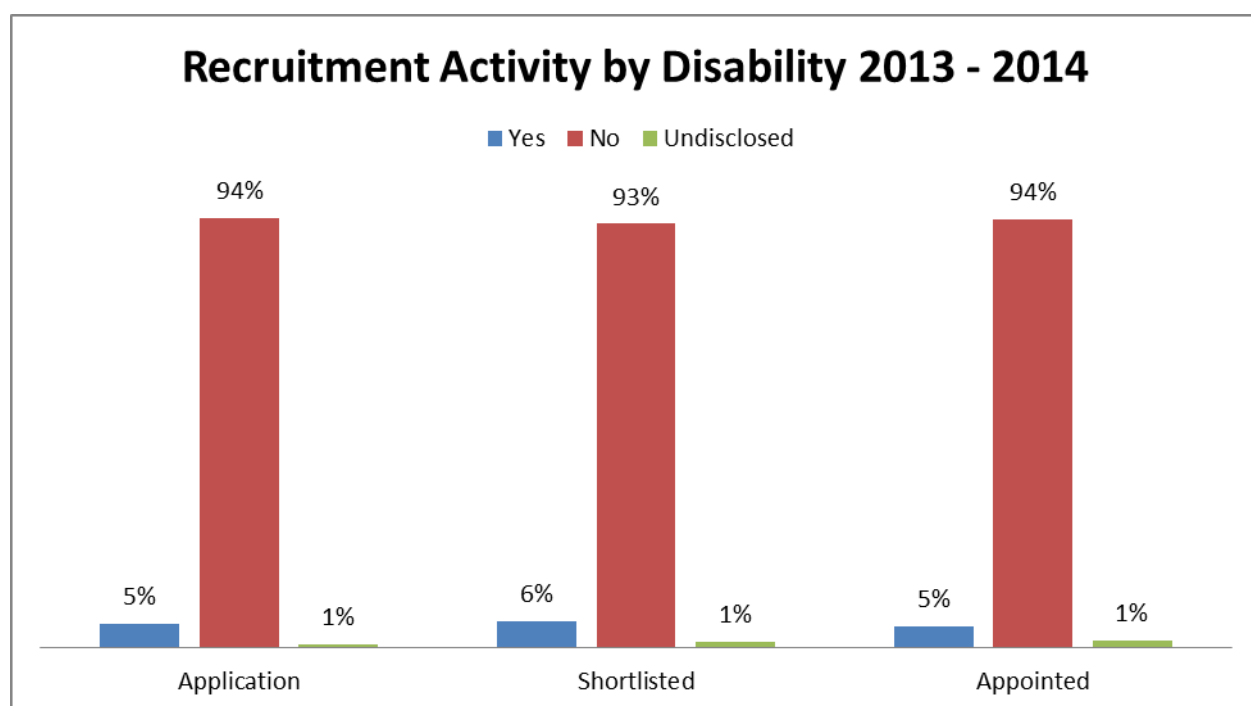


Fig 9: Recruitment by Disability 2013-2014

Commentary

- There is very little discrepancy between each stage of the recruitment process for individuals who declare, or do not declare, a disability
- When viewing figures on disability you should be mindful that not all individuals who have a disability wish to state so for fear of prejudice during recruitment.

Comparison with 2012 – 2013 Workforce Profile Report (Disability)

- There has been a 1.2% increase in the number of applications from individuals with a disability
- There has been a 2.3% increase in the number of appointments of individuals with a disability

Recruitment by Age

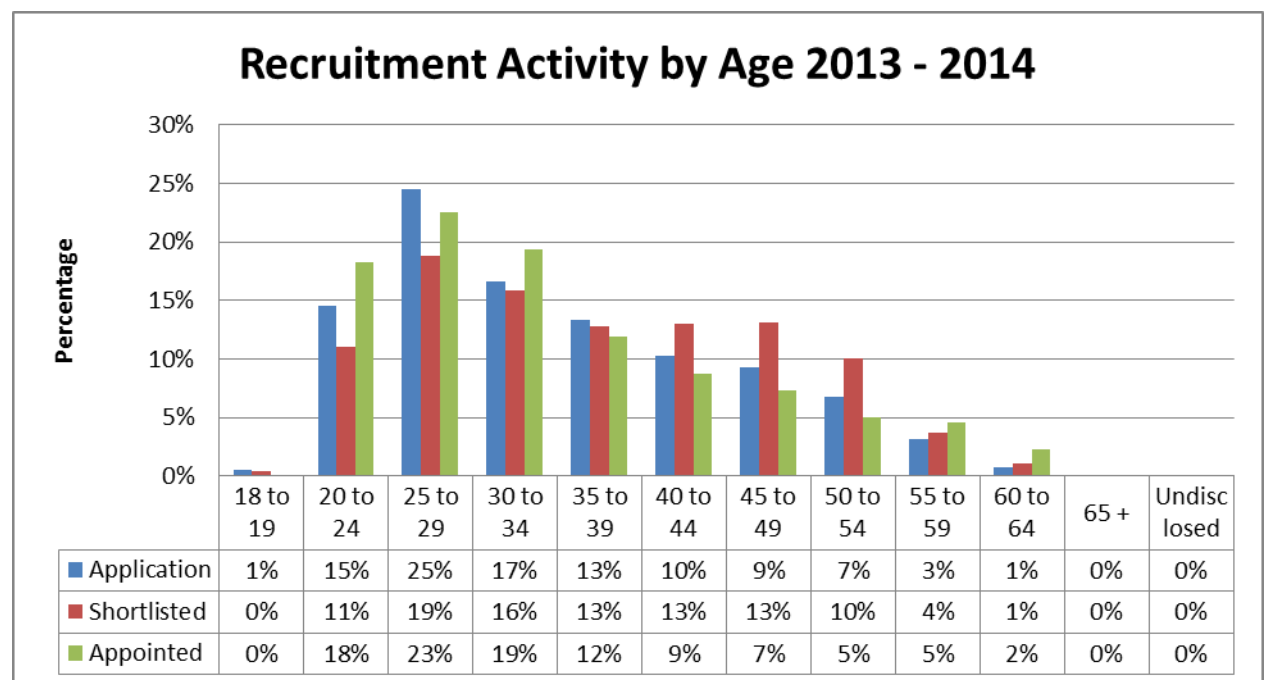


Fig 11: Recruitment by age 2013 - 2014

Commentary

- The highest number of appointments has been made at the 25-29 age range, followed by an almost equal number of appointments for the 20-24 and 30-34 age ranges.
- The age ranges between 35 and 59 are under-represented by appointment in comparison to numbers of applications and shortlisted.
- The age ranges between 20 and 34 are over-represented by appointment in comparison to numbers of applications and shortlisted.

Comparison with 2012 – 2013 Workforce Profile Report (Age)

- The age range of the highest number of appointments has changed from 30-34 to 25-29

Recruitment by Sexual Orientation

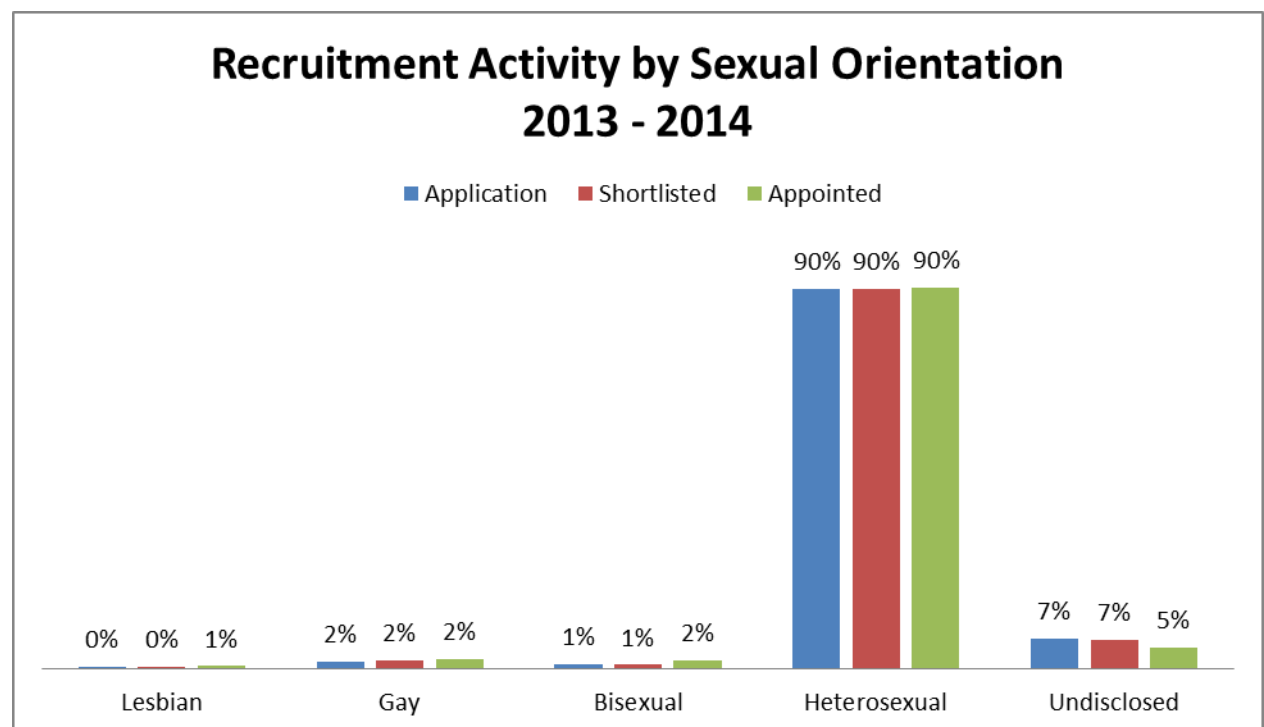


Fig 12: Recruitment by Sexual Orientation 2013-2014

Commentary

- ✚ In comparison to application and shortlisted the % of appointments of individuals whose sexual orientation is Gay and Heterosexual is equivalent
- ✚ In comparison to application and shortlisted the % of appointment of individuals whose sexual orientation is Lesbian or Bisexual is over-represented
- ✚ In comparison to application and shortlisted the % of appointment of individuals whose sexual orientation is Undisclosed is under-represented
- ✚ 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 of employment with the Trust. As this is a private matter, declaration will always be voluntary

Comparison with 2012 – 2013 Workforce Profile Report (Sexual Orientation)

- ✚ The % Heterosexual representation during the different stages of the recruitment process has increased by approximately 1%

- The % of Undisclosed sexual orientation during the different stages of the recruitment process has decreased by 1.5% at application and shortlisted and 3.5% at appointed

Recruitment by Religious belief

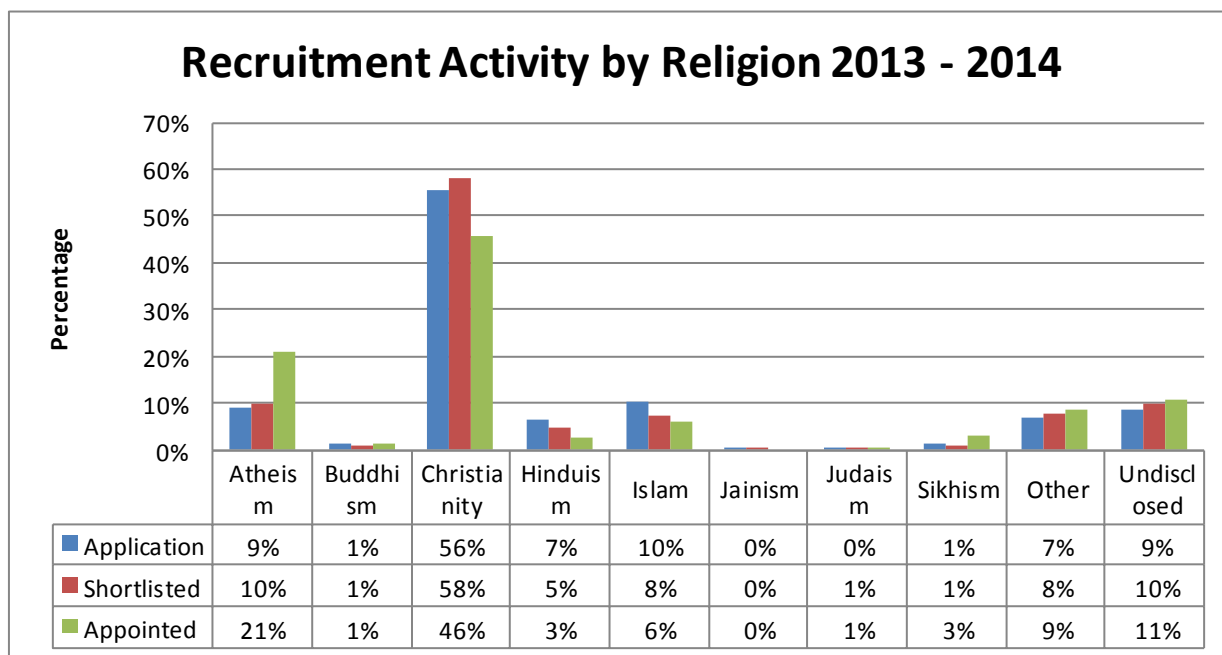


Fig 13: Recruitment by religious belief 2013-2014.

Commentary

- There is inconsistency between application to appointment stage for some disclosed religions; for example there is a 10% decrease between application and appointment for individuals identifying as **Christian** and a 4% decrease for **Hinduism and Islam**
- Atheism is the most over-represented religion with an increase of 10% between application and appointment
- Judaism and Sikhism show a slight over-representation in comparison between application and appointment.
- Religion is another area where people do not wish to actively disclose at the point of recruitment or during employment this is evidence by the fact Undisclosed is the joint third most common religion identifier at application stage.

Comparison with 2012 – 2013 Workforce Profile Report (Religion)

- There has been approximately a 10% decrease of appointments for individuals declaring their religion as Christianity. There has been little change to the % of applications and shortlisted.
- Hinduism and Islam remain under-represented in comparison to applications and shortlisted.

4. Impact of HR Processes

Annual Pay Bill

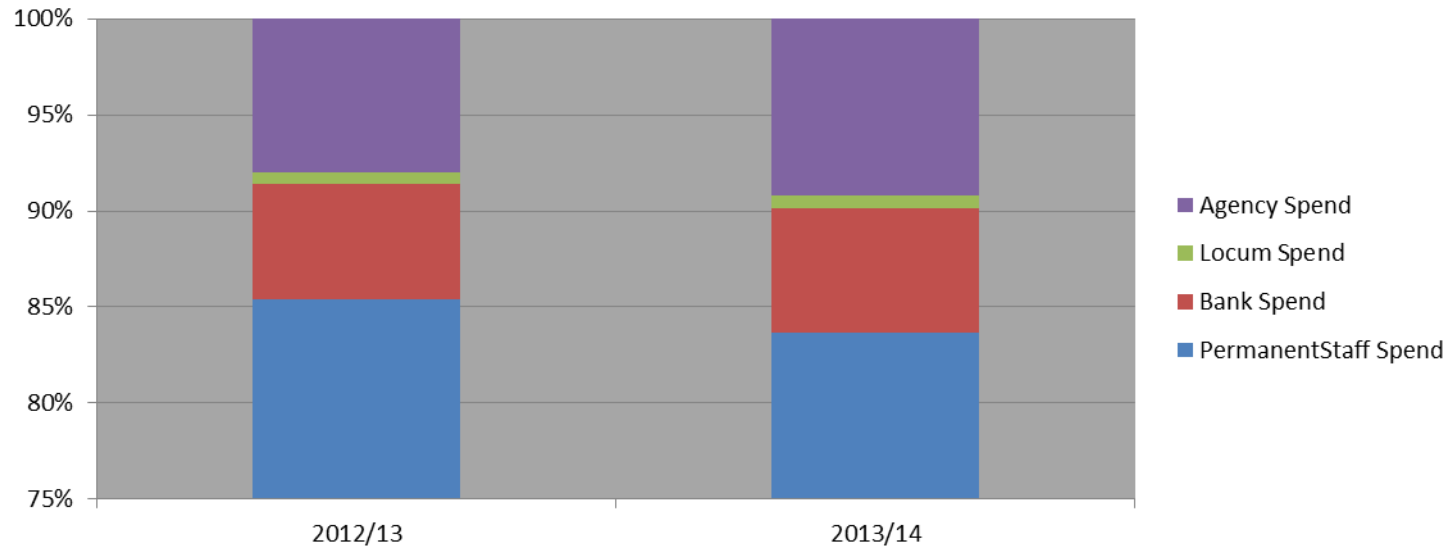
Table 20 below shows the annual pay bill for 2013/14 and makes comparisons to 2012/13.

Table 21

	2012/13 £000s	2013/14 £000s
Permanent Staff Spend	103,500	99,072
Bank Spend		
Qualified Nurse	2,836	2,735
HCA/Support	4,502	4,895
Total Bank Spend	7,348	7,630
Locum Spend	693	821
Agency Spend		
Medical and Dental	1,371	1,101
Qualified Nurse	1,778	2,514
Scientific, Therapeutic and Technical	2,352	2,085
HCA/Support	2	13
Managers and Senior Managers	1,350	1,632
Administration and Estates	2,024	2,787
Other	830	734
Total Agency Spend	9,706	10,866
Total Pay Bill	121,248	118,389

Temporary Staffing Cost as a % of Total Pay Bill

Figure 14



In 2012/13 temporary staffing costs was 14.64% of the total pay bill and has increased by 1.68% to 16.32% of the total pay bill in 2013/14.

Temporary Nursing costs (HCA/Support staff and Qualified Nursing) increased and this is due to the Nursing Review (i.e. time between creating new posts and recruitment) and additional posts that were approved for the Eating Disorder Ward.

Time limited programmes are also being covered by agency and interim staff e.g. FT, setting up new services, Estates Modernisation. Where appropriate they are being replaced by substantively employed.

Temporary cost for Managers/Senior Managers, Administration and Estates staff has also increased and this was due to transitional costs in organisational change. The Trust has a CIP workstream aimed at reducing expenditure on temporary staffing as set out in the OD Plan.

Promoted Employees

Promotion is defined as staff that had their post re-evaluated or achieved promotion through appointment to a more senior position. Percentage staff promoted is fairly stable compared to last year. The % staff promoted in 2012/13 was 2.36% compared to 2.38% for 2013/14

TOTAL NUMBER OF PROMOTIONS = 47
 AVERAGE STAFF IN POST over the year 2013/14 = 1976.13
 PROMOTIONS % = 2.38%

By Directorate

Table 22

Directorate	Total	
	Headcount	%
Corporate Services	16	34.04%
Kingston and Richmond	4	8.51%
Sutton and Merton	7	14.89%
Wandsworth	9	19.15%
Specialist Services	9	19.15%
Other Clinical	2	4.26%
Grand Total	47	100.00%

By Ethnicity

Table 23

Ethnicity	Total	
	Headcount	%
White – British	24	51.06%
White – Irish	2	4.26
White - Any other White background	7	14.89%
Mixed – Any Other Background	1	2.13%
Asian or Asian British – Indian	1	2.13%
Asian or Asian British – Pakistani	1	2.13%
Black or Black British – Caribbean	2	4.26%
Black or Black British – African	7	14.89%
Any Other Ethnic Group	1	2.13%
Not Stated	1	2.13%
Grand Total	47	100.00%

By Age

Table 24

Age	Total	
	Headcount	%
20-29	10	21.28%
30-39	11	23.40%

40-49	18	38.30%
50-59	8	17.02%
Grand Total	47	100.00%

Learning and Development Course Attendance

Trust Budget

The Trust Training and Development budget for 13/14 was reliant on the Non Medical Education and Training (NMET) cash allocation funding from Health Education South London to pay for the following:

- Management Development
- All training and development for non-clinical staff, AFC bands 4 – 9 and Senior Management
- Continuous Professional development for non-medical staff

The NMET funding also support education in the following:

- **Salary support for student secondments**, nursing, allied health professional and scientist, (3 staff completing 2014, 7 staff completing 2015, 1 staff completing 2016)
- **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. The projects undertaken during 13/14 were on; Mental Health Law study days X 10, bespoke Project Foundations of Psychosocial interventions integrations days, bespoke project - Addressing physical health needs in mental health setting (Kingston University) and bespoke development of clinical educators (King College University)
- **Joint Investment Framework (JIF)** funding for training for Bands 1 – 4. 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.

Mandatory Training

The Trust has over 13/14 considerably improved compliance with Statutory and Mandatory Training, through the increased provision of e-learning and the introduction of 'Five in One' training days which have enabled clinical staff to complete a significant part of their mandatory training requirements in one day, with minimal impact on service delivery. The Trust has been commended by the pan London Streamlining Staff Movement Programme for showing the greatest improvement on statutory and mandatory training compliance and the use of e-learning for statutory and mandatory training. This achievement was compared to 28 acute and mental health London Trust's. Overall, the Trust is recorded as the 8th best performer in this category. The analysis was being undertaken over a 12-15 month period.

At the end of 2013/14, the Trust was 88% compliant against a target of 95%.

Following a restructuring of the HR department in January 2013, responsibility for the commissioning of training across the Trust lies with the new created Assistant

Director of Education and Workforce Transformation post. This will enable the Trust to develop a consistent Training Strategy across the organisation, which will support the Trust's Strategic objectives.

Performance Appraisal and Development Review

The 2013 Staff Survey reported again that the Trust performed significantly better than average for staff who had an appraisal in the last 12 months. The Trust aimed for all 'Performance Appraisal and Development Reviews' (PADR's) to be completed for all non-medical staff between April and June 2013, to enable the Trust's Strategic Objectives to be discussed with all staff, and to enable training needs and priorities for the Trust to be agreed. The compliance rate for PADR's in the first quarter of the year was 73.2%. Delay was due to re-organisations with staff changing posts, so objectives were set when in new posts. In 2013/14 the Trust will move to monitoring on a 12 month rolling basis – which better aligns with increments.

Sickness Absence

Overall sickness absence for South West London and St George's Mental Health NHS Trust for the year 2013/14 was 4.2% remaining stable compared to 2012/13.

Sickness absence for South West London and St George's Mental Health NHS Trust is comparable with the average of 4.17% 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.

58.30% of sickness was Long Term (2.46% overall) and 41.70% was Short Term (1.75% overall). Short term sickness 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 reviewed management of sickness absence and through Listening into Action are developing staff well-being initiatives.

Total number of sick days by Directorate

Table 25

Directorate	Total	
	Numbers of days	%
Corporate Services	1903	5.81%
Facilities	1143	3.49%
Kingston & Richmond	4881	14.90%
Sutton & Merton	7784	23.75%
Wandsworth	9280	28.32%
Specialist Services	6954	21.22%
Other Clinical	823	2.51%
Grand Total	32768	100.00%

Reasons for Sickness

Table 26

Reasons	Number of Sick Days	Percentage
Anxiety/stress/depression/other psychiatric illnesses	7339	22.40%
Back Problems	2048	6.25%
Other musculoskeletal problems	2412	7.36%
Cold, Cough, Flu - Influenza	2756	8.41%
Asthma	28	0.09%
Chest & respiratory problems	791	2.41%
Headache / migraine	325	0.99%
Benign and malignant tumours, cancers	579	1.77%
Blood disorders	125	0.38%
Heart, cardiac & circulatory problems	825	2.52%
Burns, poisoning, frostbite, hypothermia	122	0.37%
Ear, nose, throat (ENT)	620	1.89%
Dental and oral problems	126	0.38%
Eye problems	255	0.78%
Endocrine / glandular problems	43	0.13%
Gastrointestinal problems	1450	4.43%
Genitourinary & gynaecological disorders	779	2.38%
Infectious diseases	286	0.87%
Injury, fracture	2068	6.31%
Nervous system disorders	242	0.74%
Pregnancy related disorders	835	2.55%
Skin disorders	148	0.45%
Substance abuse	1	0.00%
Other known causes - not elsewhere classified	2996	9.14%
Unknown causes / Not specified	5569	17.00%
Grand Total	32768	100.00%

Anxiety/Stress is the major reason for staff sickness across the Trust over 2013/14. 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. The HR Department will be improving the case management of long-term sickness absence through more dedicated support to managers and training.

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. The rollout of e-roster due to be completed by September will introduce more robust systems for reviewing absence and reminding managers to do return to work interviews which should reduce this category.

Occupational Health Referrals

Occupational Health Activity – 2013/14 – Table 27

Subscriber Services	
Pre-Employment	
Pre-employment screening	523
Clinical Telephone Assessment	62
Occ Health Nurse Assessment	74
Occ Health Physician assessment	35
Referrals	
Management referral with Nurse – Return to work and Pregnancy	144
Management referral with Doctor – Return to work	110
Review Appointment/Telephone Assessment with Nurse	160
Review Appointment/Telephone Assessment with Doctor	132
Self Referral	11
Occ Health Physician assessment – complex cases (Equality Act etc)	54
Medical report requested by Occ Health	5
DNA Appointments	253
Vaccines	
Hepatitis B primary course – 4 doses/Booster	93
Flu	270
Diphtheria/Tetanus/Polio (REVAXIS)	1
MMR (2 doses)	39
Varicella (2 doses)	3
Immunity screen check	103
Mantoux Test & Read	12
BCG	1
Pathology	
HIV EPP Screening	7
Hep Bs Ag EPP Screening	24
Hep C Antibody	3
HCV Antibody EPP Screening	12
Hepatitis B surface antibody	62
Hepatitis B core antibody for non responders	6
MMR Blood test	232
Rubella Titre	7
Varicella Zoster IgG or IgM	18
Drug and Alcohol Screen	5
Work Injuries	
Sharp Injuries/Splash Risk	14
Workplace Assessments	
Other	
Counselling	54
Dermatitis Surveillance	3

Dermatitis Paper Surveillance	1
Dermatitis Skin check	610
Immunity Report	36

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 2013/14

By Borough/Directorate – Table 28

Borough/Directorate	No on Mat Leave 2013/14	No returned	No Still on Mat Leave
Director of Nursing & Quality	1	1	0
Director of Operations	1	1	0
Finance & Information	4	2	2
Kingston & Richmond	16	10	6
Medical Director	3	1	2
Pharmacy	1	0	1
Specialist Services	21	12	9
Sutton & Merton	21	15	6
Trust Board/Sec	1	0	1
Wandsworth	24	9	15
Grand Total	93	51	42

By Staff Group – Table 29

Staff Group	No on Mat Leave 2013/14	No returned	No Still on Mat Leave
Admin & Clerical	14	5	9
HCA/Support	8	4	4
Medical & Dental	14	9	5
Qualified Nurse	26	19	7
Psychology & Psychotherapy	26	12	14
Allied Health Professions	4	2	2
Pharmacist	1	0	1
Grand Total	93	51	42

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.

Employee Relatives Cases

Disciplinary, Capability and Grievances by Diversity Group

1 April 2013 – 31 March 2014

Table 30

By Directorate	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Sutton & Merton			12	0.6	6	0.3	18	0.9
Kingston & Richmond			1	0	0	0	1	0
Wandsworth			6	0.3	5	0.3	11	0.5
Specialist Services			12	0.6	0	0	12	0.6
Facilities			0	0	0	0	0	0
Corporate Services			2	0	0	0	2	0
Total			33	1.6	11	0.5	44	2.2

Table 31

By Pay Band	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Band 2			2	0	0	0	2	0
Band 3			8	0.4	4	0.2	12	0.6
Band 4			2	0	2	0	4	0.2
Band 5			9	0.4	3	0.2	12	0.6
Band 6			6	0.3	0	0	6	0.3
Band 7			3	0.2	0	0	3	0.1
Band 8			3	0.2	1	0	4	0.2
Medical			0	0	1	0	1	0
Total			33	1.6	11	0.5	44	2.2

Table 32

By Disability	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Non Disabled			22	1.1	6	0.3	28	1.4
Disabled			2	0	2	0	4	0.2
Not declared			9	0.4	3	1.5	12	0.6
Total			33	1.6	11	0.5	44	2.2

Table 33

By Gender	Capability		Disciplinary		Grievance		Total	
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	Cases	%	Cases	%	Cases	%	Cases	%
Female			14	0.7	8	3.9	22	1.1
Male			19	0.9	3	1.5	22	1.1
Total			33	1.6	11	0.5	44	2.2

Table 34

By Ethnicity	Capability		Disciplinary		Grievance		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
White British			8	0.4	4	0.2	12	0.6
White Irish			0	0	1	0	1	0
White Other			0	0	0	0	0	0
Mixed – White and Black Caribbean			0	0	0	0	0	0
Mixed – White and Black African			0	0	0	0	0	0
Mixed – White and Asian			0	0	0	0	0	0
Any Other Mixed Background			0	0	0	0	0	0
Asian, or British Asian - Indian			0	0	0	0	0	0
Asian or British Asian - Pakistani			0	0	0	0	0	0
Asian or British Asian - Bangladeshi			0	0	0	0	0	0
Any Other Asian Background			5	0.3	1	0	6	0.3
Black or Black British – Caribbean			3	0.2	0	0	3	0.2
Black or Black British - African			15	0.7	4	0.2	19	0.9
Black British – any other black background			0	0	0	0	0	0
Chinese			0	0	0	0	0	0
Any other ethnic group			1	0	0	0	1	0
Not stated			1	0	1	0	2	0
Total			33	1.6	11	0.4	44	2.2

Due to the way in which information is recorded, information on capability cases is not available. However the above disciplinary and grievance cases show the number of cases as a percentage of the headcount for the Trust as at 31 March 2014 (2032). There has been a huge drop in disciplinary cases being investigated – 33 cases in 2014 in comparison to 70 cases in 2013. However of these 33 cases, 12 cases resulted in no further action which would seem to demonstrate that the Trust is very thorough in processing disciplinary matters through the Disciplinary Procedure. This will form part of the new way of working where informal action will be taken where reasonably practicable.

The Trust also defended 6 claims at the Employment Tribunal, (and 1 case at the Employment Appeal Tribunal) for unfair dismissal and discrimination, a reduction from 11 from the previous year:

Trust successful	5
Claims settled	0
Claims withdrawn	0
Claims lost (EAT)	1
Waiting for decision	1
Total	7

Staff Turnover

During 2013/14 South West London and St George's Mental NHS Trust lost a total of 290 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	290
ANNUAL TOTAL TURNOVER	14.67%

OTHER LEAVERS	122
ANNUAL OTHER TURNOVER	5.67%

Reasons for Leaving

Table 35

Reasons for Leaving	Total	
	Headcount	%
Annual Total Turnover		
Death in Service	3	0.73%
Dismissal	10	2.43%
Employee Transfer (non TUPE)	1	0.24%
Retirement Ill Health	2	0.49%
Retirement Age	54	13.11%
Voluntary Early Retirement	5	1.21%
Voluntary Resignations	215	52.18%
Other Leavers		
Mutually Agreed Resignation	22	5.34%
End of Fixed Term Contract/Training Positions/Medical Rotations	76	18.45%
Redundancy	24	5.83%

Grand Total	412	100%
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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 September and November 2013 and questionnaires were sent to all staff.

The Trust's response rate for the 2013 survey was 54% (1060 staff), which is higher than the average response rate for both mental health/learning disability trusts in England (51%) and the overall national response rate for the survey (49%). This also represents a 2% increase from the Trust's 2012 survey.

Comparison with the 2012 survey

In comparison with the 2012 Survey, the Trust was *significantly better* on 8 questions, and *significantly worse* on 4 questions.

The Survey shows year on year improvement in the provision of training to handle violence and infection control training, and improvement in the provision of health and safety and equality and diversity training. Two areas in which the 2012 Survey showed a significantly worse score – the organisation does not fairly treat staff involved in errors and does not encourage reporting of errors – have this year shown a significant improvement.

There continue to be issues regarding satisfaction with pay, perceptions of senior management, decision making and communication, hand washing facilities and concerns regarding discrimination from service users, carers and managers and colleagues, which were all highlighted as areas of concern in the 2012 Survey.

Areas for improvement

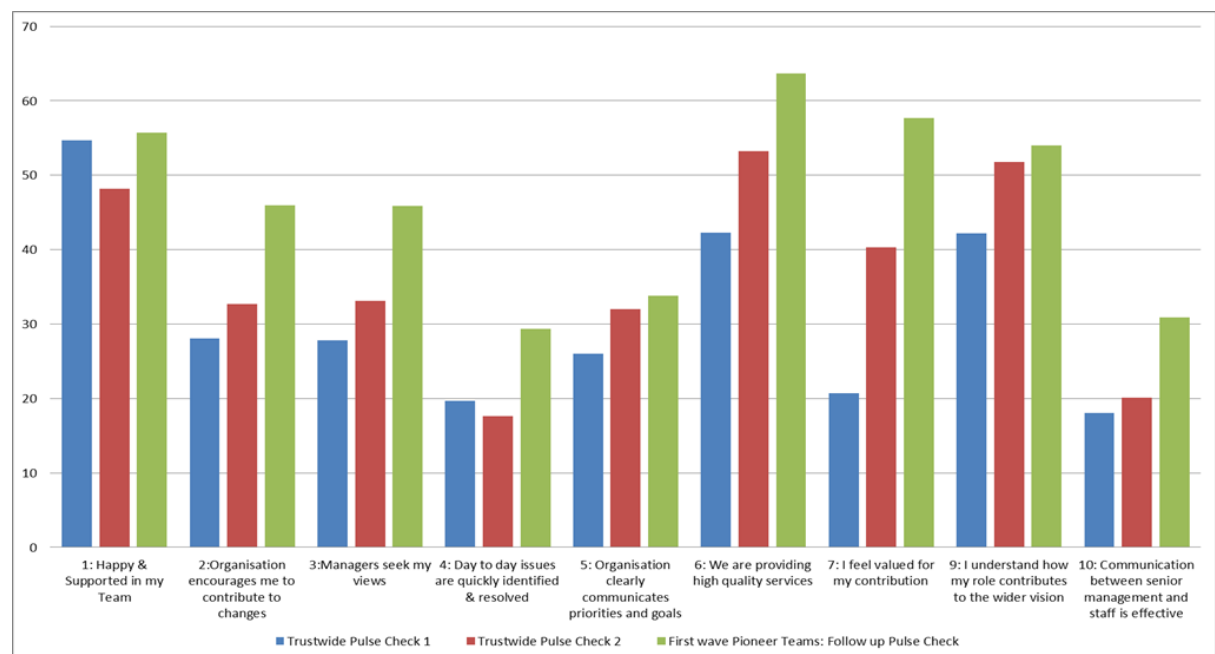
The action plan to address the issues of concern arising from the Staff Survey in 2014, will focus on a number of priority areas, which will include: communication within the organisation, training opportunities for staff, improving staff health, wellbeing and safety, staff engagement in decision making and fair career progression from staff. In line with the ethos and principles of the Trust's *Listening into Action* programme of staff engagement, staff will be involved in identifying the specific issues within these areas of concern and – more importantly – in agreeing the actions that should be taken to address them.

Listening into Action

In 2013, the Trust joined the third wave of the national *Listening into Action* (LiA) programme of staff engagement. Led by a dedicated team of 3 seconded staff, and directly supported by the Chief Executive, LiA began with a series of five Staff Conversations, attended by over 300 staff. These provided an opportunity for staff from across the Trust to share with the Chief Executive their frustrations and challenges at work as well as their suggestions as to how the Trust could address these.

The key themes from the Conversations formed the basis of the workplan of the LiA team, which has reported to a Sponsor Group chaired by the Chief Executive on its progress. Work has focussed on working with staff from across the organisation on improving communication, recruitment processes, IM & T systems, staff travel issues, health and wellbeing opportunities and staff recognition. Alongside this work, LiA has directly supported over 20 individual 'Pioneer teams' to make the changes that they have identified will improve the quality of the service they provide.

The impact of LiA can be measured through the results of a Pulse Check in which staff are able to report on the experience of working for the Trust. A Trust wide Pulse Check was undertaken in April 2013, and repeated in January 2014, whilst staff working within the Pioneer Teams have also been able to complete these before and after working with LiA. The data from these Pulse Checks provides evidence that LiA is having a positive impact on how staff feel about working for the Trust, and also that the intensive work with Pioneer Teams has produced even greater gains:



As a result of the evidence demonstrating the positive impact of LiA, the programme will be further supported in 2014/15.

(Please note question 8 changed and therefore no meaningful comparison can be made)

HR Key Monthly Performance Indicators

- Staff Turnover Rate
- Staff Sickness Rate
- Staff Vacancy Rate
- Staff In Post
- Usage of Temporary and Agency workers
- Rates of staff completing statutory and mandatory training
- Rates of staff receiving appraisals

These metrics are reported in the monthly Integrated Governance Performance Report