

EQUAL OPPORTUNITIES ANNUAL REPORT



Purpose: Annual report to take stock of how far the goals set for 2008 by the GE Equal Opportunities Group have been achieved, to review progress and identify actions for the future.

Elaine Stiles/Human Resources/Equal Opportunities Annual Report Updated Nov. 2008

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1.0 INTRODUCTION

This report will review the George Eliot NHS Trust's progress towards achieving its Equality and Diversity Strategy and Race Equality Scheme and will examine how the Trust is fulfilling its obligations under the Race Relations (Amendment) Act 2000 (RRA).

Chapters two and three will review the legislative requirements and changes. Chapter four will examine our workforce composition, staff opinion survey and ethnic monitoring figures within recruitment, training and development, promotions, disciplinaries and grievance hearings. The Trusts employment and service equality goals will be discussed in chapter five, with updates of progress made and challenges still remaining. Finally, new targets will be set for the period 2007-2008 and conclusions drawn.

For full details of Report Chapters, please refer to the original Equal Opportunities annual Report 2002/3, which can be viewed at the HR website.

Message from the Trust Board

Dear Colleague,

Welcome to the George Eliot's third Equal Opportunities Annual Report. The purpose of this report is to update you on how we are progressing in our commitment to equality and diversity.

At the George Eliot Hospital we work hard to be a fair employer, achieving equality of opportunity and outcomes in the workplace. We also aim to provide equality of access to services and information, and to treat everyone with dignity and respect, irrespective of race, religion, age, gender, sexuality or disability.

This report helps us to assess how we have performed against our goals, review what action has been taken, and consider the future challenges that we need to address.

It is clear that much has been achieved in recent years but as with all things, we have more to do. We thank all colleagues for their hard work and contribution to ensuring we are meeting good standards as an equal opportunities employer. Please continue to support us in our next steps.

Trust Board

2.0 LEGISLATIVE REVIEW AND UPDATE

2.1 Background

The MacPherson report into the death of Stephen Lawrence Inquiry Report published in February (1999), has been a catalyst for change. The inquiry findings establish that institutional racism was prevalent in some public institutions. Although predominantly about the police force, the report stressed that if racism is to be eliminated from society, there must be a co-ordinated effort to prevent its growth.

The findings of the report are highlighted below:

- Stereotyping
- Colour and cultural blindness
- Failure to implement policy
- Lack of sustained leadership
- Loss of faith in the system among some communities
- The need for public services to rebuild trust
- The need for public services to demonstrate fairness

The Government response has been a commitment to eliminate the potential for discrimination in the public sector in that all public authorities are bound by the statutory general duties listed below:-

2.1 General Duties

The Race Relations Act 1976 (RRA), as amended by the Race Relations (Amendment) Act 2000, places a statutory general duty on public authorities to work towards eliminating unlawful racial discrimination, and to promote race equality and good race relations.

More specifically, public authorities must:

- Eliminate unlawful racial discrimination;
- Promote equality of opportunity;
- Promote good relations between people of different racial groups;
- Monitor employment procedures and practice;
- Make arrangements that will help them to meet their general duty to promote racial equality.

2.2 Specific Duties

The RRA also places a number of specific duties on to Health Trusts in the areas of policymaking, service delivery and employment, which aim to improve the performance of the general duty.

The specific duties are as follows:

- To assess and consult on the likely impact of its proposed policies on the promotion of Race equality
- To monitor policies for any adverse impact on the promotion of race equality
- To publish the results of their monitoring, assessments and consultation
- To ensure public access to information and services
- To train staff on the general and specific duties imposed by the Act.
- In employment, authorities must monitor, by racial group, staff in post and applicants for jobs, promotion and training. If they have over 150

staff they must also monitor grievances, disciplinary action, performance appraisal, those receiving training and ceasing employment.

- The final specific duty required of the SHA is to publish a Race Equality Scheme – a time-tabled and realistic plan setting out the authority's arrangements for meeting both the general and specific duties. The GE originally published this document in 2002.

The George Eliot's approach to fulfilling the general and specific duties under the RRA will be examined in Chapters 3, 5 and 6. Workforce monitoring figures will be presented and examined in chapter 4.

2.3 The Race Relations Act 1976 (Amendment) Regulations 2003

strengthen and extend the duties set out under the 1976 Race Relations Act, making it unlawful for a public authority to discriminate on racial grounds directly, indirectly or by victimisation in carrying out its functions. The amended Act also imposes general duties on many public authorities to promote equality of opportunity and good race relations.

2.4 The Commission for Racial Equality encourages public authorities to use the general and specific duties to improve their overall performance and to include the following strategic outcomes within their Race Equality Schemes:

1. Improved workforce representation at all levels
2. No significant differences in staff satisfaction, based on their racial group
3. No significant differences in public confidence, based on their racial group
4. No significant differences in service outcomes between racial groups
5. No significant differences in customer's satisfaction with services, based on their racial group

2.5 New Legislation to Consider

Please note, the legislation listed below highlights some of the main changes, which will take effect.

2.5.1 Dealing with disagreements at work:-

The Acas Code of Practice is due to come into effect on the 6th April 2009. The law for handling discipline, grievance and dismissal will change. The existing three step procedure will be repealed and replaced by a newly-revised Acas Code of Practice which will make dealing with disputes in the workforce easier. From April, the approach to dispute handling will be streamlined to follow the guidelines set out in the Acas Code of Practice see below (Which has been developed with the principles of flexible and timely resolution in mind).

2.5.2 The three steps of the discipline and dismissal procedure are as follows:-

1. The Manager must give the employee a written statement which sets out the reason for taking disciplinary action.
2. The manager must meet with the employee, who has the right to be accompanied by his or her colleague or union representative. The Manager should state its case and the employee must be given the opportunity to respond. After the meeting the Manager should give the employee a decision and the right to appeal against the decision.
3. The employee may appeal against the Managers decision and choose to be accompanied at the appeal meeting, which should ideally be heard by a different or more senior manager. The employee must be informed of the decision.

2.5.3 The three steps of the statutory grievance procedure are as follows:-

1. The employee must set out in writing his/her grievance with the manager/Trust.
2. The Management must arrange a meeting, at which the employee has the right to be accompanied to discuss the employee's grievance. At the end of the Meeting, the manager must inform the employee of the decision, and of the right to appeal.
3. The employee must inform management if he/she wished to appeal. If such an appeal is requested a further meeting is arranged, with a different and /or more senior manager if possible. The employee's right to be accompanied is maintained throughout the procedure. After the appeal, the employee is informed of the decision of the management.

2.6 Changes to Employing Migrant Worker

Previously, employers recruiting workers from abroad, had to register them with the UK Border Agency by 1st October 2008, in order to ensure that they were licensed in time to operate the scheme going live from 1st November 2008.

Under the new rules, business must register with the UKBA as a sponsorship, before migrants from outside the EEA can work in the UK. Sponsors now have to alert the UKBA if immigrants do not comply with their immigration conditions. This is a condition of their licences. An example of, such a breach might be if the migrant worker "disappears" or does not turn up for their job or course.

2.7 National Minimum Wage Increase

From October 2008, the national minimum wage increased from £5.52 to £5.73. It was also stated that the NMW for 18-21 year olds would also increase from £4.60 to £4.77 whilst 16-17 year olds may expect an increase from £3.40 - £3.53. According to the Government, this will benefit nearly one million low paid workers, two thirds of which are female.

This will have no impact upon the GEH Trust as wages are already above the National minimum.

2.8 Minimum Statutory Holidays

As from April 2009, the minimum statutory holiday (MSH) entitlement will increase from 24 to 28 days. (This will be capped at 28 days).

2.9 Extension to Flexible Working

The right to request flexible working will be extended to parents of children's up to the age of 16 years.

2.10 Time off for Public Duties

The right to time off for Public Duties will cover roles such as the Probation Board, Court Boards and Youth Offenders Panel Members. Other roles are being considered for inclusion.

3.0 PROCESS OF IMPLEMENTATION

In 2000, the George Eliot set up an Equal Opportunities Group (EO Group) in order to promote EO and Diversity initiatives within the Trust, and to fulfill its obligations under the RRA. The group now comprises a number of staff side and management members and is chaired by Elaine Stiles, Human Resources Manager.

Early in its establishment, the EO Group published the GE Equal Opportunities Strategy: its second Race Equality Scheme (RES) and a number of EO policies. Sharon Beamish and Elaine Stiles in conjunction with the EO group are responsible for ensuring the implementation and monitoring of the RES and the EO policies.

However, it is the responsibility of each director of the Trust to actively promote equality of opportunity and every employee has a duty, both morally and legally, not to discriminate.

To demonstrate the Trust's commitment to equality and fulfilling its responsibilities, as set out under the RRA, as its Equal Opportunities Strategy, the Trust set itself seven Equality goals in 2002. The aim of these goals was to go a step beyond the legislative requirements detailed above, towards creating a culture which values and encourages diversity amongst all of its stakeholders.

The goals were separated into four employment goals and three service goals, each with a number of action points to be completed by the end of that year. The Trust also agreed targets; set action plans for monitoring and managing the process; and for communicating and promoting the strategy.

Each of these targets will be discussed in detail in chapter five, together with updates of progress made, since 2005, remaining challenges and actions for the future.

4.0 BASELINE INFORMATION

4.1 Composition of the Workforce (1st April 2005)

Table 1 Workforce breakdown by Job Grade and Ethnic Origin

| JOB GRADE | White | Mixed | Black Caribbean | Black African | Black other | Indian | Pakistani | Bangla-deshi | Chines e | Asian Other | Other | Unknown | Total |
|------------------------------------|-------------|----------|-----------------|---------------|-------------|------------|-----------|--------------|----------|-------------|-----------|-----------|-------------|
| A & C Band 1 | 25 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 1 | 8 | 38 |
| A & C Band 2 | 281 | 0 | 1 | 0 | 0 | 10 | 0 | 0 | 0 | 2 | 0 | 21 | 315 |
| A & C Band 3 | 152 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 152 |
| A & C Band 4 | 90 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 95 |
| A & C Band 5 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27 |
| A & C Band 6 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 14 |
| A & C Band 7 | | | | | | | | | | | | | |
| Directors & Senior Managers | 50 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 55 |
| Ancillary | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 30 | 131 |
| Maintenance & Works | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 28 |
| Consultant & Associate Specialists | 38 | 0 | 0 | 5 | 0 | 39 | 3 | 0 | 0 | 6 | 3 | 2 | 96 |
| Middle Grade Medical Staff | 35 | 2 | 0 | 6 | 0 | 55 | 7 | 0 | 4 | 8 | 7 | 6 | 130 |
| Junior Medical Staff | 17 | 0 | 0 | 2 | 0 | 17 | 1 | 0 | 0 | 3 | 0 | 0 | 40 |
| Student Nurses | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 13 |
| Nurses Band 2 | 196 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 198 |
| Nurses Band 3 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 8 |
| Nurses Band 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Nurses Band 5 | 295 | 0 | 2 | 4 | 2 | 54 | 0 | 0 | 0 | 1 | 1 | 1 | 360 |
| Nurses Band 6 | 161 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 0 | 165 |
| Nurses Band 7 | 72 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 76 |
| Allied Health Professionals | 120 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 124 |
| Professional & Technical | 125 | 0 | 0 | 0 | 0 | 8 | 5 | 0 | 0 | 2 | 1 | 3 | 144 |
| Scientific & Professional | 16 | 0 | 0 | 0 | 0 | 7 | 1 | 0 | 0 | 1 | 1 | 1 | 27 |
| TOTAL | 1861 | 2 | 5 | 17 | 3 | 205 | 18 | 0 | 8 | 26 | 15 | 78 | 2238 |

Table 2 Workforce breakdown by Job Grade and Ethnic Origin (Percentages)

| JOB GRADE | White % | Mixed % | Black Caribbean % | Black African % | Black Other % | Indian % | Pakistani % | Chinese % | Bangladeshi % | Asian Other % | Other % | Unknown % | Total % |
|------------------------------------|-----------|----------|-------------------|-----------------|---------------|----------|-------------|-----------|---------------|---------------|----------|-----------|------------|
| A & C Band 1 | 66 | 0 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 0 | 3 | 21 | 100 |
| A & C Band 2 | 89 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 7 | 100 |
| A & C Band 3 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| A & C Band 4 | 95 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 100 |
| A & C Band 5 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| A & C Band 6 | 93 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 100 |
| A & C Band 7 | | | | | | | | | | | | | 100 |
| Directors & Senior Managers | 91 | 0 | 2 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 2 | 100 |
| Ancillary | 76 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 23 | 100 |
| Maintenance & Works | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| Consultant & Associate Specialists | 40 | 0 | 0 | 5 | 0 | 41 | 3 | 0 | 0 | 6 | 3 | 2 | 100 |
| Middle Grade Medical Staff | 27 | 2 | 0 | 5 | 0 | 42 | 5 | 3 | 0 | 6 | 5 | 5 | 100 |
| Junior Medical Staff | 43 | 0 | 0 | 5 | 0 | 43 | 3 | 0 | 0 | 8 | 0 | 0 | 100 |
| Student Nurses | 85 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 100 |
| Nurses Band 2 | 99 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 100 |
| Nurses Band 3 | 88 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 100 |
| Nurses Band 4 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| Nurses Band 5 | 82 | 0 | 1 | 1 | 1 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| Nurses Band 6 | 98 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 100 |
| Nurses Band 7 | 95 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 100 |
| Allied Health Professionals | 97 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 100 |
| Professional & Technical | 87 | 0 | 0 | 0 | 0 | 6 | 3 | 0 | 0 | 1 | 1 | 2 | 100 |
| Scientific & Professional | 59 | 0 | 0 | 0 | 0 | 26 | 4 | 0 | 0 | 4 | 4 | 4 | 100 |
| TOTAL | 83 | 0 | 0 | 1 | 0 | 9 | 1 | 0 | 0 | 1 | 1 | 4 | 100 |

Table 3 Workforce breakdown by Job Grade and Gender

| JOB GRADE | Female | Male | Total | % Female | % Male |
|------------------------------------|---------------|-------------|--------------|-----------------|---------------|
| A & C Band 1 | 34 | 4 | 38 | 89 | 11 |
| A & C Band 2 | 299 | 16 | 315 | 95 | 5 |
| A & C Band 3 | 148 | 4 | 152 | 97 | 3 |
| A & C Band 4 | 94 | 1 | 95 | 99 | 1 |
| A & C Band 5 | 17 | 10 | 27 | 63 | 37 |
| A & C Band 6 | 8 | 6 | 14 | 57 | 43 |
| A & C Band 7 | | | | | |
| Directors & Senior Managers | 40 | 15 | 55 | 73 | 27 |
| Ancillary | 89 | 42 | 131 | 68 | 32 |
| Maintenance & Works | 0 | 28 | 28 | 0 | 100 |
| Consultant & Associate Specialists | 28 | 68 | 96 | 29 | 71 |
| Middle Grade Medical Staff | 47 | 83 | 130 | 36 | 64 |
| Junior Medical Staff | 15 | 25 | 40 | 38 | 63 |
| Student Nurses | 9 | 4 | 13 | 69 | 31 |
| Nurses Band 2 | 181 | 17 | 198 | 91 | 9 |
| Nurses Band 3 | 7 | 1 | 8 | 88 | 13 |
| Nurses Band 4 | 2 | 0 | 2 | 100 | 0 |
| Nurses Band 5 | 339 | 21 | 360 | 94 | 6 |
| Nurses Band 6 | 165 | 0 | 165 | 100 | 0 |
| Nurses Band 7 | 73 | 3 | 76 | 96 | 4 |
| Allied Health Professionals | 108 | 16 | 124 | 87 | 13 |
| Professional & Technical | 106 | 38 | 144 | 74 | 26 |
| Scientific & Professional | 16 | 11 | 27 | 59 | 41 |
| TOTAL | 1825 | 413 | 2238 | 82 | 18 |

Table 4 Workforce breakdown by Job Grade and Working Hours

| JOB GRADE | Working Hours | | | | Total |
|------------------------------------|---------------|-------------|-------------|------------|-------------|
| | Full Time | % Full Time | Part Time | %Part Time | |
| A & C Band 1 | 0 | 0 | 38 | 100 | 38 |
| A & C Band 2 | 59 | 19 | 256 | 81 | 315 |
| A & C Band 3 | 47 | 31 | 105 | 69 | 152 |
| A & C Band 4 | 51 | 54 | 44 | 46 | 95 |
| A & C Band 5 | 23 | 85 | 4 | 15 | 27 |
| A & C Band 6 | 13 | 93 | 1 | 7 | 14 |
| A & C Band 7 | | | | | |
| Directors & Senior Managers | 48 | 87 | 7 | 13 | 55 |
| Ancillary | 34 | 26 | 97 | 74 | 131 |
| Maintenance & Works | 28 | 100 | 0 | 0 | 28 |
| Consultant & Associate Specialists | 78 | 81 | 18 | 19 | 96 |
| Middle Grade Medical Staff | 82 | 63 | 48 | 37 | 130 |
| Junior Medical Staff | 25 | 63 | 15 | 38 | 40 |
| Student Nurses | 13 | 100 | 0 | 0 | 13 |
| Nurses Band 2 | 80 | 40 | 118 | 60 | 198 |
| Nurses Band 3 | 4 | 50 | 4 | 50 | 8 |
| Nurses Band 4 | 0 | 0 | 2 | 100 | 2 |
| Nurses Band 5 | 164 | 46 | 196 | 54 | 360 |
| Nurses Band 6 | 52 | 32 | 113 | 68 | 165 |
| Nurses Band 7 | 47 | 62 | 29 | 38 | 76 |
| Allied Health Professionals | 65 | 52 | 59 | 48 | 124 |
| Professionals & Technicians | 111 | 77 | 33 | 23 | 144 |
| Scientific & Professional | 14 | 52 | 13 | 48 | 27 |
| TOTAL | 1038 | 46 | 1200 | 54 | 2238 |

Table 5 Workforce breakdown by Job Grade and Age

| JOB GRADE | AGE GROUPS | | | | | | TOTAL |
|------------------------------------|------------|-------------|-------------|-------------|-------------|------------|-------------|
| | <19yrs | 20 - 29 yrs | 30 - 39 yrs | 40 - 49 yrs | 50 - 59 yrs | >60 years | |
| A & C Band 1 | 0 | 7 | 5 | 8 | 12 | 6 | 38 |
| A & C Band 2 | 6 | 40 | 65 | 89 | 92 | 23 | 315 |
| A & C Band 3 | 0 | 11 | 24 | 51 | 48 | 18 | 152 |
| A & C Band 4 | 0 | 10 | 21 | 28 | 32 | 4 | 95 |
| A & C Band 5 | 0 | 3 | 5 | 7 | 12 | 0 | 27 |
| A & C Band 6 | 0 | 0 | 3 | 4 | 4 | 3 | 14 |
| A & C Band 7 | | | | | | | |
| Directors & Senior Managers | 0 | 4 | 13 | 20 | 16 | 2 | 55 |
| Ancillary | 1 | 15 | 22 | 34 | 39 | 20 | 131 |
| Maintenance & Works | 0 | 0 | 0 | 11 | 11 | 6 | 28 |
| Consultant & Associate Specialists | 0 | 3 | 27 | 22 | 30 | 14 | 96 |
| Middle Grade Medical Staff | 0 | 23 | 70 | 19 | 13 | 5 | 130 |
| Junior Medical Staff | 0 | 19 | 18 | 2 | 1 | 0 | 40 |
| Student Nurses | 0 | 6 | 2 | 5 | 0 | 0 | 13 |
| Nurses Band 2 | 1 | 39 | 36 | 59 | 47 | 16 | 198 |
| Nurses Band 3 | 0 | 1 | 2 | 3 | 2 | 0 | 8 |
| Nurses Band 4 | 0 | 1 | 1 | 0 | 0 | 0 | 2 |
| Nurses Band 5 | 0 | 56 | 127 | 109 | 54 | 14 | 360 |
| Nurses Band 6 | 0 | 3 | 44 | 82 | 35 | 1 | 165 |
| Nurses Band 7 | 0 | 0 | 13 | 36 | 26 | 1 | 76 |
| Allied Health Professionals | 0 | 25 | 34 | 40 | 18 | 7 | 124 |
| Professionals Technicians | 1 | 28 | 39 | 37 | 29 | 10 | 144 |
| Scientific & Professional | 0 | 1 | 9 | 12 | 3 | 2 | 27 |
| Total as percentage | 9 | 295 | 580 | 678 | 524 | 152 | 2238 |

Table 6 Workforce breakdown by Job Grade and Age(Percentages)

| JOB GRADE | AGE GROUPS | | | | | | TOTAL |
|------------------------------------|------------|-------------|-------------|-------------|-------------|-----------|------------|
| | <19yrs | 20 - 29 yrs | 30 - 39 yrs | 40 - 49 yrs | 50 - 59 yrs | >60 years | |
| A & C Band 1 | 0 | 18 | 13 | 21 | 32 | 16 | 100 |
| A & C Band 2 | 2 | 13 | 21 | 28 | 29 | 7 | 100 |
| A & C Band 3 | 0 | 7 | 16 | 34 | 32 | 12 | 100 |
| A & C Band 4 | 0 | 11 | 22 | 29 | 34 | 4 | 100 |
| A & C Band 5 | 0 | 11 | 19 | 26 | 44 | 0 | 100 |
| A & C Band 6 | 0 | 0 | 21 | 29 | 29 | 21 | 100 |
| A & C Band 7 | | | | | | | |
| Directors & Senior Managers | 0 | 7 | 24 | 36 | 29 | 4 | 100 |
| Ancillary | 1 | 11 | 17 | 26 | 30 | 15 | 100 |
| Maintenance & Works | 0 | 0 | 0 | 39 | 39 | 21 | 100 |
| Consultant & Associate Specialists | 0 | 3 | 28 | 23 | 31 | 15 | 100 |
| Middle Grade Medical Staff | 0 | 18 | 54 | 15 | 10 | 4 | 100 |
| Junior Medical Staff | 0 | 48 | 45 | 5 | 3 | 0 | 100 |
| Student Nurses | 0 | 46 | 15 | 38 | 0 | 0 | 100 |
| Nurses Band 2 | 1 | 20 | 18 | 30 | 24 | 8 | 100 |
| Nurses Band 3 | 0 | 13 | 25 | 38 | 25 | 0 | 100 |
| Nurses Band 4 | 0 | 50 | 50 | 0 | 0 | 0 | 100 |
| Nurses Band 5 | 0 | 16 | 35 | 30 | 15 | 4 | 100 |
| Nurses Band 6 | 0 | 2 | 27 | 50 | 21 | 1 | 100 |
| Nurses Band 7 | 0 | 0 | 17 | 47 | 34 | 1 | 100 |
| Allied Health Professionals | 0 | 20 | 27 | 32 | 15 | 6 | 100 |
| Professionals Technicians | 1 | 19 | 27 | 26 | 20 | 7 | 100 |
| Scientific & Professional | 0 | 4 | 33 | 44 | 11 | 7 | 100 |
| Total as percentage | 0 | 13 | 26 | 30 | 23 | 8 | 100 |

4.2 Comparison with Composition of Local Population

In 2004 the composition of the George Eliot workforce represented the Ethnic groups making up Nuneaton and Bedworth local population, based on the data from the 2001 British Census.

The composition of the George Eliot workforce (2008), examined above, will again be compared to the local population within Nuneaton and Bedworth, to establish whether the hospital's workforce is representative of the local population. Data from the 2001 British Census has been used for this comparison.

4.2.1 Ethnic Origin

Table 7 Comparison of George Eliot Workforce with Nuneaton, Bedworth and North Warwickshire Populations by Ethnic Origin.

| Ethnic Group | AREA | | | | | |
|------------------------|--------------------|------------|---------------------|------------|--------------|------------|
| | North Warwickshire | | Nuneaton & Bedworth | | George Eliot | |
| | Number | Percentage | Number | Percentage | Number | Percentage |
| White | 60281 | 99.22 | 112478 | 96.10 | 1861 | 83 |
| Black Caribbean | 78 | 0.13 | 220 | 0.19 | 5 | 0 |
| Black African | 19 | 0.03 | 62 | 0.05 | 17 | 1 |
| Black other | 36 | 0.06 | 143 | 0.12 | 3 | 0 |
| Indian | 178 | 0.29 | 3380 | 2.89 | 205 | 9 |
| Pakistani | 21 | 0.03 | 204 | 0.17 | 18 | 1 |
| Bangladeshi | 3 | 0.00 | 6 | 0.01 | 0 | 0 |
| Chinese | 37 | 0.06 | 140 | 0.12 | 8 | 0 |
| Asian other | 25 | 0.04 | 157 | 0.13 | 26 | 1 |
| Other | 76 | 0.13 | 258 | 0.22 | 95 | 4 |
| Total | 60754 | 100.00 | 117048 | 100.00 | 2238 | 100 |

On the whole, the George Eliot workforce is representative of the ethnic groups making up Nuneaton and Bedworth's local population. In relation to the Indian population of the local area (2.89%), GEH has a slightly above average figure of 9%.

There is a large proportion of Consultants & Associate Specialist; Middle Grade medical staff; Junior Medical Staff and scientific & professional staff that are non-white i.e. Consultants & Associate Specialist 55%; Middle Grade Medical Staff 63%; Jnr. Medical staff 59% and Scientific & Professionals 34%.

Areas of concern

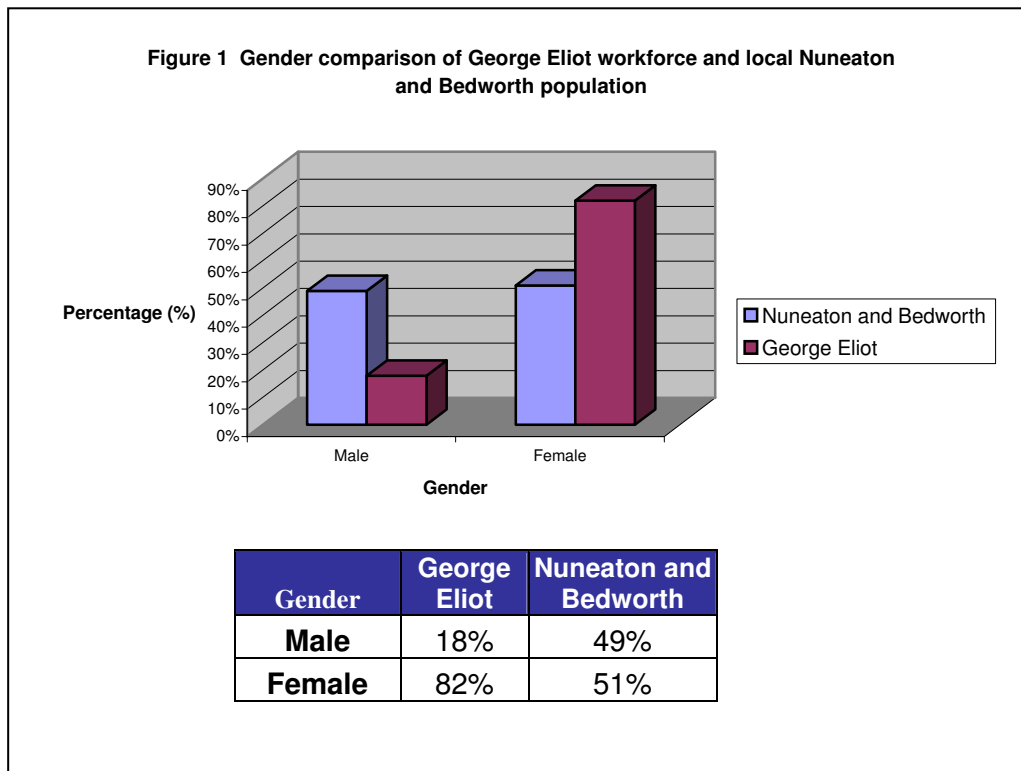
In Bands 3, 5, Maintenance Works and Nurses Band 4, 100% of staff are white. The Trust will continue to monitor this and identify methods to address this under-representation.

There has been a steady increase in all ethnic origin groups. There also seems to be a shift in the ethnic origin of consultants & associate specialists from the previous year from 28 (Asian) which is now recorded as Indian (39). Whereas in 2007 0% was registered for Indian. We believe the shift is due to the difference in the way people are now categorise themselves.

There is also an increase in the number of staff employed by the Trust, at 2005/06 the total head count was 2392, in 2006/07 the total head count was 2065 in 2007/08 the total head count is 2238 an increase of 173 people.

Owing to the changes of Agenda for Change, A&C grade 2 and 4 and all clerical grades are no longer applicable and these are now shown within A&C Bands 1 to 7. (Please see tables 1&2 pages 12 &13).

4.2.2 GENDER



With a disproportionate number of female (82%) to male (18%) staff, the George Eliot is not representative of the local population (49% Male, 51% Female). Men predominate in Maintenance and Consultant & Associate Specialist posts i.e. 100% and 71% respectively.

Compared with the previous year, we have seen a slight increase in the number of junior medical staff from 61% to 63%, and a slight decrease in consultants & associate specialists from 73% to 71%.

Areas of concern

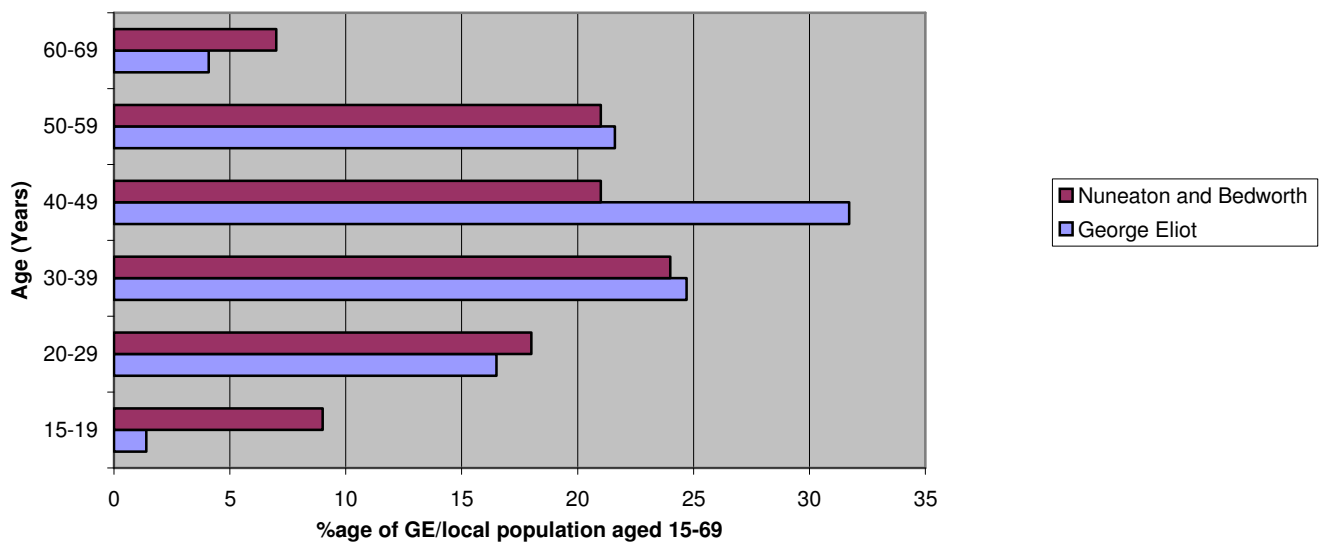
There is a much smaller proportion of men in nursing, and clerical positions bands 2 to 4. There are no men in nursing band 4 and 6, and Women predominate in A&C bands 2-4 and nursing band 5 and Allied Health Professionals. Since 2005, we have seen a decrease in the imbalance of female to male directors and in senior management positions, (73% Female – 27% Male) as opposed to a range of (73 to 23% 2006/7) See table 3 page 14 for more details.

As stated previously, as GE is the largest employer in the area the GE may have a duty to encourage a greater number of male job applicants, in a wide range of jobs, to gain a more representative workforce e.g. admin & clerical band 4 and student nurses.

However, in all other areas of staffing females predominate, except Maintenance and Works where there are no females.

4.23 AGE

Comparison of George Eliot workforce and Nuneaton and Bedworth local population age groups



Employee ages are reasonably representative of the local population. However in 2006/07, there were still signs of horizontal segregation, as older employees seemed to congregate in certain occupations. For example, 81 ancillary staff, 164 trained nurses, 29 consultants & associates, and 55 Band 2 staff were aged between 50 and 59 years. However, for the period 2007/08 there is a more even spread of staff across all age groups, and no one occupation seems to pre dominate for older employees. It would appear from the above table that GE employs significantly more staff in the 40-49 age bracket, than does the surrounding community. (Please see more detailed tables 5 and pages 16 & 17).

Table 8 Comparison of George Eliot workforce with Local Population by Age

| 2001 Census Age | Nuneaton and Bedworth | | George Eliot | |
|-----------------------|--------------------------|------------|--------------|------------|
| | Total | Percentage | Total | Percentage |
| 15-19 | 7,292 | 9% | 9 | 0% |
| 20-29 | 13758 | 18% | 295 | 13% |
| 30-39 | 18586 | 24% | 580 | 26% |
| 40-49 | 16246 | 21% | 678 | 30% |
| 50-59 | 16161 | 21% | 524 | 23% |
| 60-69 | 5,205 | 7% | 1152 | 7% |

4.23 Working Hours

54% of GE staff work part time, the majority is female in trained nursing positions; ancillary work; nursing support and the lower clerical posts. There are fewer part-time workers in the higher Bands.

(for more details please see table 4 above).

Table 9 George Eliot Workforce Working Hours (Percentages)

| Status | George Eliot Workforce |
|------------------|---------------------------|
| Part Time | 54% |
| Full Time | 46% |

4.3 Staff Attitude Survey Results

Training and Development,

Scores have broadly remained the same and consistent with other Trusts, since the last survey. However, there has been a significant improvement in the numbers attending either internal or external taught courses rising from 58% last year to 67% this year this is now in line with the national average.

On a disappointing note the Trust continues to lag behind other organisation in relation to e-learning / online training a response rate of 19% is the same as last year but falls well below the national rate of 33%.

Dignity at Work

57% felt that the Trust acted fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. This is an improvement of 8% moving us closer to the national average of 60%. Meanwhile 6% of staff experienced discrimination at this Trust in the last 12 months, a reduction of 2%.

16% reported that in the last 12 months they have personally experienced harassment, bullying or abuse at work from patients / service users this is a reduction from 21% but needs further investigation in order to demonstrate a zero tolerance to all forms of discrimination in the workplace. There was an improved response rate to the question "My Trust takes effective action if staff are bullied, harassed or abused by other members of staff" from 45% to 51%.

Violence, Bullying and Harassment

In regard to harassment from patients or service users the results from the survey show a 5% decrease from the results highlighted in 2007, which is also 3% below the national average. The survey results also highlight a reduction in those experiencing harassment from colleagues at work, an area where we are also below the national average. These positive results are replicated when staff were asked if their Trust takes effective action against bullying & harassment from either patients or staff.

4.4 Recruitment

One of the specific duties of the RRA, Disability Act and the Gender Act are to monitor the ethnic origin, disability and gender of candidates within the recruitment process. The following tables illustrate the George Eliot's recruitment figures over the last year by ethnic origin, disability, gender, and job grade and include applicants, short listed candidates and appointees. An analysis and comparison will follow.

You will note that there is no category for "Asian" this may be owing to either the National E-Recruitment systems does not appear to have "Asian" as a category or no applicants from the Asian community has applied for jobs.

| Ethnic Codes | |
|---------------------|-----------------|
| 1 | White |
| 2 | Black/Caribbean |
| 3 | Black/African |
| 4 | Black /Other |
| 5 | Indian |
| 6 | Pakistani |
| 7 | Bangladeshi |
| 8 | Chinese |
| 9 | Unknown |
| 10 | Mixed |
| 11 | Other |

Table 11 George Eliot APPLICANTS AND SHORTLISTED candidates by Job Grade, Gender and Ethnic Origin for the period April 2005 – March 2006

| Job Grade | Gender | | Disabled | | | Ethnic Origin | | | | | | | | | | Total | |
|-----------------------------------|--------|-----|----------|-----|-----|---------------|----|----|---|-----|----|---|---|---|----|-------|-----|
| | M | F | Y | N | N/K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| Nurse & Mid Applicants | 32 | 528 | 11 | 542 | 7 | 360 | 10 | 43 | 7 | 95 | 8 | 1 | 1 | 6 | 6 | 23 | 560 |
| Shortlisted | 1 | 42 | 0 | 43 | 0 | 31 | 1 | 3 | 0 | 6 | 1 | 0 | 0 | 0 | 0 | 1 | 43 |
| Non-trd Nurses Applicants | 1 | 7 | 0 | 8 | 0 | 6 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 8 |
| Shortlisted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Admin Applicants | 206 | 457 | 20 | 638 | 5 | 491 | 15 | 24 | 0 | 83 | 25 | 2 | 2 | 6 | 2 | 13 | 663 |
| Shortlisted | 25 | 83 | 3 | 105 | 0 | 90 | 1 | 3 | 0 | 9 | 3 | 0 | 0 | 0 | 0 | 2 | 108 |
| Estates & Ancillary | 120 | 155 | 10 | 270 | 5 | 246 | 5 | 6 | 0 | 11 | 4 | 0 | 1 | 2 | 4 | 6 | 285 |
| Shortlisted | 15 | 2 | 1 | 15 | 1 | 15 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 17 |
| Career Doctors Applicants | 177 | 209 | 4 | 380 | 2 | 59 | 1 | 35 | 3 | 108 | 89 | 7 | 4 | 5 | 9 | 66 | 386 |
| Shortlisted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Consultant Applicants | | | | | | | | | | | | | | | | | |
| Shortlisted | | | | | | | | | | | | | | | | | |
| PTB | | | | | | | | | | | | | | | | | |
| Snr Mangers Applicants | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Shortlisted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AH Profs Applicants | 169 | 363 | 12 | 517 | 3 | 328 | 7 | 23 | 0 | 130 | 12 | 2 | 2 | 2 | 7 | 19 | 532 |

| | Gender | | Disabled | | | Ethnic Origin | | | | | | | | | | | Total |
|----------------------------|--------|------|----------|------|-----|---------------|----|-----|----|-----|-----|----|----|----|----|-----|-------|
| | M | F | Y | N | N/K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| Shortlisted | 52 | 130 | 6 | 175 | 1 | 113 | 4 | 2 | 0 | 53 | 4 | 1 | 0 | 0 | 2 | 3 | 182 |
| Health Care Science | 96 | 96 | 1 | 191 | 0 | 29 | 2 | 57 | 1 | 37 | 15 | 5 | 6 | 9 | 9 | 22 | 192 |
| Shortlisted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prof Scientific | | | | | | | | | | | | | | | | | |
| Technical | 62 | 151 | 4 | 208 | 1 | 159 | 01 | 8 | 1 | 28 | 3 | 0 | 2 | 5 | 2 | 4 | 213 |
| Shortlisted | 28 | 51 | 1 | 77 | 1 | 66 | 0 | 1 | 0 | 7 | 0 | 0 | 1 | 2 | 1 | 1 | 79 |
| Total Applicants | 873 | 1966 | 62 | 2754 | 23 | 1678 | 41 | 196 | 12 | 493 | 157 | 17 | 18 | 35 | 39 | 153 | 2839 |
| Total Shortlisted | 121 | 308 | 11 | 415 | 3 | 315 | 6 | 10 | 0 | 75 | 8 | 1 | 1 | 2 | 4 | 7 | 429 |

- Red indicates no data available

Table 12 George Eliot APPOINTEES by Job Grade, Gender and Ethnic Origin for the period April 2007 – March 2008

| Job Grade | Gender | | Ethnic Origin | | | | | | | | | | | | | | | |
|----------------------------------|--------|----|---------------|-----|-----|----|---|---|---|---|---|---|---|---|----|----|-------|-----|
| | M | F | Y | N | N/K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total | |
| Nursing and Midwifery | 0 | 13 | 0 | 13 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 13 |
| Non-Train Nurses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administration | 1 | 10 | 0 | 11 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| Estates & Ancillary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Career Doctors | | | | | | | | | | | | | | | | | | |
| Consultants | | | | | | | | | | | | | | | | | | |
| PTB | | | | | | | | | | | | | | | | | | |
| Senior Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AH Professional | 2 | 3 | 0 | 5 | 0 | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Health Care Science | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prof Scientific Technical | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | | | | | | | | | | | | | | | | | | |
| Total | 4 | 27 | 0 | 31 | 0 | 29 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 31 |
| Percentages (%) | 13 | 87 | 0 | 100 | 0 | 94 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |

- Red indicates no data available

Table 13 Percentages of Applicants, Short listed candidates and Appointees by Gender and Ethnic Origin

| | Gender | | Disabled | | | Ethnic Origin | | | | | | | | | | | |
|---|--------|----|----------|----|------|---------------|------|----------|-----|-----------|-----|------|---|---|----|----|-------|
| | M | F | Y | N | N/K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total |
| Applicants* Percentage Total (%) | 31 | 69 | 2.18 | 97 | 0.82 | 59.1 | 1.4 | 7 | 0.4 | 17 | 5.3 | | | | | | 5.38 |
| Short listed* Percentage Total (%) | 28 | 72 | 2 | 97 | 1.0 | 73.4 2 | 1.39 | 2. 33 | 0 | 17.4 8 | 1.9 | 0.23 | | | | | |
| Appointees* Percentage Total (%) | 13 | 87 | 100 | 0 | 0 | 94 | 0 | 0 | 0 | 3 | 3 | | | | | | |

Ethnic monitoring of staff promotions, required within the RRA's specific duties, is included within these figures.

Table 14 Comparison of George Eliot Recruitment figures by Ethnic Origin with George Eliot Workforce and Nuneaton and Bedworth local Population figures.

| Ethnic Group | AREA | | | | | |
|------------------------|--------------------------|------------|---------------------|------------|------------------------|------------|
| | George Eliot Recruitment | | Nuneaton & Bedworth | | George Eliot Workforce | |
| | Number | Percentage | Number | Percentage | Number | Percentage |
| White | 29 | 94% | 112478 | 96.10 | 1861 | 86 |
| Black Caribbean | 0 | 0% | 220 | 0.19 | 5 | 0 |
| Black African | 0 | 0% | 62 | 0.05 | 17 | 1 |
| Black other | 0 | 0% | 143 | 0.12 | 3 | 0 |
| Indian | 1 | 3% | 3380 | 2.89 | 205 | 9 |
| Pakistani | 1 | 3% | 204 | 0.17 | 18 | 1 |
| Bangladeshi | 0 | 0% | 6 | 0.01 | 0 | 0 |
| Chinese | 0 | 0% | 140 | 0.12 | 8 | 0 |
| Asian other | 0 | 0% | 157 | 0.13 | 26 | 1 |
| Unknown | 0 | 0% | 0 | 0 | 0 | 0 |
| Mixed | 0 | 0% | 0 | 0 | 0 | 0 |
| Other | 0 | 0% | 258 | 0.22 | 95 | 4 |
| Total | 31 | 100.00 | 117048 | 100.00 | 2238 | 100 |

Data provided in the tables above is a summary table based on all electronic data captured by the e-recruitment system from the point of receiving an application. This report is based on 12 months of recruitment activity. Please note that some vacancies were withdrawn during the advertisement stage or after short listing and therefore data tables will include all applications received irrespective of whether the recruitment process was completed. Also some roles advertised were not successfully appointed to.

The George Eliot received 2839 applications during the period April 2007 to March 2008. It can be seen that of these 2839 applications, 1161 were non white and of these only 114 candidates were shortlisted, and two were appointed (6%).

These figures are disappointing compared with the number of white staff that were short-listed 315 of these 29 were recruited (94%)

More work needs to be done to identify why non-whites do not meet the short-listing criteria or recruited.

Areas of Concern

As can be seen in table 11, a larger proportion of female applicants have been short listed than that of male applicants, resulting in fewer men being recruited (13%), compared to the current GE workforce (18%) and local population figures (49%). However, the consistently lower numbers of male *applicants* suggests that discriminatory recruitment and selection procedures may not be to blame, and the way forward may be to attract greater numbers of male applicants through

greater promotion of NHS careers to men. However, we have seen more men applying and many have been recruited in nursing and midwifery posts compared to previous years.

In summary, a greater proportion of white, female applicants have been appointed.

This is the second year that we have collated information relating to disability. The numbers of applications received from applicants with a disability has noticeably increase i.e. 62 of out 2839 compared with the previous year which was very low i.e. 4 out of 1698 applications. 2754 declared themselves as not having a disability and 23 were not known. However, no applications from disabled people were appointed which is very disappointing. Again we need to identify why disabled applicants do not meet the short-listing criteria or recruited.

4.5 Promotions

Table 15 Staff Changes (Promotions) by Ethnic Origin
for the Period April 07 to March 08

| Ethnic Group | Development | Change | | Promotion % | Male | Female | Grand Total |
|--------------------|-------------|---------------|-----------|-------------|------|-----------|-------------|
| | | Post Re-grade | Promotion | | | | |
| White | 1 | | 38 | 97.5% | | 39 | 39 |
| Black Caribbean | | | | | | | |
| Black African | | | | | | | |
| Indian | | | | | | | |
| Pakistani | | | | | | | |
| Bangladeshi | | | | | | | |
| Asian | 1 | | | 2.5% | | 1 | 1 |
| Chinese | | | | | | | |
| Other | | | | | | | |
| Grand Total | 2 | 0 | 38 | 100% | | 40 | 40 |

The introduction of the new employee staff records system in 2006 means that we are unable to collate information on promotions using the ESR system.

We therefore, have to rely upon departments to provide this information.

Over the period April 1st 2007 to 31st March 2008, 40 George Eliot staff received promotions. As displayed in table 15 above, white employees received 97.5% of all promotions and Asian staff received 2.5% of promotions. In terms of gender, all those promoted over the last year were female.

Although these figures have improved compared with previous years i.e. 13, promotions were not distributed across the George Eliot workforce in terms of race and gender, and ethnic minority employees remain overrepresented.

**Table 16 Staff Changes (Promotions) by Gender
for the Period April 07 to March 08**

| Gender | Change | | | Total |
|----------------|-------------|---------------|-----------|-------------|
| | Development | Post Re-grade | Promotion | |
| Female | 2% | 0 | 38 | 40 |
| Female % | 5% | 0 | 95% | 100% |
| Male | | | | |
| Male % | | | | |
| Total | | | | 40 |
| Total % | | | | 100% |

4.6 Leavers

**Table 17 Staff Leavers by Ethnic Origin and Gender
for the Period April 07 to March 08**

| Ethnic Origin | Male | Male (%) | Female | Female (%) | Total | Total (%) | Total Workforce (%) |
|-----------------|------------|----------|------------|------------|------------|-------------|---------------------|
| White | 211 | 76% | 68 | 24% | 279 | 65.5 | 83 |
| Mixed | 1 | 33% | 2 | 67% | 3 | 0.71 | 0 |
| Indian | 54 | 57% | 40 | 43% | 94 | 22.07 | 9 |
| Pakistani | 8 | 44% | 10 | 56% | 18 | 4 | 1 |
| Bangladeshi | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian Other | 5 | 42% | 7 | 58% | 12 | 3 | 1 |
| Black/Caribbean | 0 | 0 | 1 | 100% | 1 | 0.24 | 0 |
| Black/African | 0 | 0 | 4 | 100% | 4 | 0.94 | 1 |
| Black/Other | 0 | 0 | 1 | 100% | 1 | 0.24 | 0 |
| Chinese | 1 | 50% | 1 | 50% | 2 | 0.47 | 0 |
| Other | 1 | 33% | 2 | 67% | 3 | 0.71 | 1 |
| Unknown | 1 | 11% | 8 | 89% | 9 | 2.12 | 3 |
| Total: | 282 | | 144 | | 426 | 100% | 100% |
| Total (%) | 66 | | 34 | | | | 100% |

As can be seen during the period April 2007 to March 2008, 426 staff left the Trust. Of these, 24% were female and 76% male. As the George Eliot workforce is made up of 82% female and 18% male staff, a greater proportion of male employees left the Trust in the last year, than female employees.

In terms of ethnic origin only 65.5% of leavers were white, compared to a workforce average of 83% white employees, hence the Trust must have lost a higher proportion of non-white employees in the last year.

The analysis shows the main reason for leaving the Trust was:

- Promotion.
 - Heavy workload
 - Retirement
- (See table 16)

Areas of concern

As can be seen in the table above, 22.07% of staff leavers are Indian, a very high proportion compared to the proportion of Indian staff within the hospital (9%). We are also losing a higher proportion of employees of Pakistani origin, Indian and Asian other compared to workforce figures.

4.7 Disciplinary and Grievance

Over the period April 07 to March 08 the number of disciplinary hearings has decreased from 10 the previously year to 5; disciplinary capabilities have also decrease from 9 to 1. There has also been decline in Grievances, which is mainly owing to grievances being resolved in formerly without them becoming formal.

(Hearings involving sickness have not been included in these figures). A new system for recording disciplinary and grievance figures has been implemented which will provide more detailed and accurate results.

Table 18 Grievance and Disciplinary Figures for the period April 06 to March 07

| | Ethnic Code | No. of staff | Gender | | Outcome | |
|----------------------------------|--------------------------------|--------------|-------------|-------------|-------------|-------------|
| | | | Male | Female | Upheld | Not Upheld |
| Disciplinary Conduct | 1=4 (80%) 3=1 (20%) | 5 | 1 (20%) | 4 (80%) | 5 (100%) | 0 |
| Disciplinary Capabilities | 1=6 (100%) | 1 | | 1 (100%) | 1 (100%) | 0 |
| Grievances | 1=1(100%) | 1 | 1 (100%) | | | 1 (100%) |

As can be seen in tabled 18 above, 80% of George Eliot Staff involved in disciplinares for this period **were** white British and 20% Black/African. Disciplinares capabilities were 100% white British; and grievances 100% White British.

4.8 Training

Please see Appendix A for a detailed breakdown of attendees on Trust in-house training, by training type, ethnic origin and gender.

While it is difficult to draw any conclusions involving the ethnic background, there were 2887 in-house training provided during the year 2007/08 of which 1837 (64%) were white employees who attended and 1050 (36%) employees attended from ethnic minority backgrounds

It can be seen that male staff are receiving considerably less training than female staff 10.39% and 73.88% respectively, 15.73% did not declare their gender.

5.0 EMPLOYMENT GOALS

As part of the Trusts commitment to equality and diversity, in 2002 the George Eliot set itself four employment goals. It is through these goals, that the George Eliot aims to build a valued and diverse workforce reflecting the communities it serves and achieving equality of opportunity and outcomes in the workplace. Each of these goals will now be discussed in turn, examining the progress made towards achieving them and the challenges still remaining. A new set of goals for the period 2006-2007 has been drawn up.

5.1 Employment Goal 1

The Trust is committed to enabling everyone to achieve his or her full potential in an environment characterised by dignity and mutual respect.

5.1.1 ACTION 1

All employees, including the trust board members, to receive update training in Equal Opportunities and Valuing Diversity. Disability Awareness training programme to be provided.

Review and re-launch of Equal Opportunities Training Programme (April 2004).

The Objectives are:

- to revise the current content of the equal opportunities mandatory training session.
- to ensure increased focus on understanding the value of diversity, and
- to build on basic staff understanding of equal opportunities.
- to promote and encourage staff to access the government funded Equality and Diversity distance learning programme - NCFE distance learning certificate in Equality and Diversity.

ACTIONS FOR THE FUTURE

- a. Publicising the training and its importance to the hospital,
- b. Maintaining numbers attending and ensuring attendance on annual mandatory update training,
- c. Continuous updating of training in line with legislative changes, new hospital initiatives and policy changes, for example to include the new "Age" legislation, gender, gender reassignment, sexuality, language, religion, culture, and disability.
- d. Cover equality policies at new starter's induction sessions.
- e. Improving relevance of the training for staff through feedback forms and review.
- f. to continue to access the Government funded Equality and Diversity distance learning programme.

PROGRESS

The Training department has continued to review feed back from staff on the contents of the mandatory programme. Equality videos have been purchased to enhance and support the understanding, awareness and promotion of equality Evaluation, following the introduction of the video has been positive with staff commenting that this is now a more relevant session.

Equality and diversity distance learning programmes have been delivered in partnership with North Warwickshire and Hinckley College (NWHC), 20 staff have completed the equality and diversity certificate and 8 staff have completed managing diversity. Training for senior managers is being developed in partnership with the NHS management and leadership network.

The Trust has revised its flexible retirement policy to include the new "Age" legislation, and the updating of training in line with this.

The Trusts Equality and Diversity in Employment Policy was updated in line with Agenda for Change and Age Regulations have been implemented in line with the Trust's requirement (October 2006)

ACTIONS FOR THE FUTURE

**To monitor the effects of the above implementation.
To continue with previous actions**

5.1.2 ACTION 2

Update provision of the Cultural Information handbook for wards and departments.

PROGRESS

The multi-cultural handbook provides information on a wider range of religious and cultural beliefs, customs and rituals, including clothing, food, naming systems, languages and festivals. Other services available include the multi-lingual co-worker service, step-by-step guide on what to do when a patient does not speak English as well as information on the telephone interpreting service and how to book external interpreters.

The multi-cultural handbook is available on all wards throughout the hospital.

The Chaplaincy department is available to give further advice as and when required. They also maintain a list of local religious contacts. The Chaplain is available continuously on call via the switchboard.

Cultural menus are available and information can be obtained from the Catering Department or the ward hostesses.

ACTION FOR THE FUTURE

All wards to continue to be provided with a Multi-Faith calendar, providing information and dates of all major religious festivals throughout the year for a wide range of faiths.

To update the multi-cultural handbook in line with any changes that may occur. Also to ensure that information on available resources is updated on a regular basis.

5.1.3 ACTION 3

Identifying and training at least eight anti harassment and bullying advisors drawn from a cross section of the workforce and staff side organisations.

Progress 2007/08

Publicity for the scheme has continued throughout the year and a monitoring system was introduced to enable all advisors to record anonymously key management information such as equal opportunities, reasons for alleged harassment and bullying and key actions taken. Quarterly meetings have been held throughout the year with the anti harassment and bullying advisors to maintain skills levels, provide a confidential support network for advisors and provide an opportunity to share experience in order to further develop expertise internally.

ACTIONS FOR THE FUTURE

Report management information to the HR Sub Committee as part of the HR performance framework.

To investigate need for refresher training for advisors and roll out if required.
Review value of recruiting additional advisors to the scheme.

ACTION 4

Ensure that all training provided within the trust includes reference to equality issues where appropriate and meets monitoring requirements set out in the trust Race Equality Scheme.

PROGRESS

All George Eliot staff complete a mandatory training day annually, in order to update every employee's training in all areas of work. This training day includes equal opportunities and racial equality training sessions, undertaken by the HR department.

Outstanding Challenges /Actions for the future

To continue to ensure equality issues are incorporated into all areas of training.

To review and revise EO mandatory training.

To ensure that all managers are trained to undertake Equality Impact Assessment.

To ensure that all policies, procedures, guidelines etc. which have an impact on staff, patients, customers etc. functions or services under go an equality impact assessment prior to being implemented. The outcome of the EIA is to make sure that, as far as possible, any negative consequences for minority groups are eliminated or minimised and opportunities for promoting equality are maximised.

To develop a Disability Scheme.

To develop a Gender Policy and Scheme

To develop an Human Rights Policy

- To monitor staff promotions and performance appraisals by ethnic background, to be included in the Equal Opportunities Policy as the responsibility of managers.
- To Improve Workforce Monitoring to include disabled staff.

5.2 Employment Goal 2

Everyone who works in the Trust, or applies to work for the Trust, should be treated fairly and valued equally.

5.2.1 ACTION 1

Update the existing recruitment and selection procedure and train employees in its implementation.

ACTIONS FOR THE FUTURE

Plans for further training of staff in recruitment and selection procedures and equal opportunities related practices have commenced again owing to demand.

2007/08 update

The Recruitment and Selection Policy and Procedures were revised and will be revised once more due to the recent introduction of new legislation.

Staff are made aware of the latest employment and discrimination legislation via the Equal Opportunities Mandatory Training sessions. These sessions ensure that staff understand the impact of employment legislation on local and best practice relating to recruitment, selection and equal opportunity/diversity awareness.

Actions for the Future

Review of additional training plans at the end of the financial year March 2008

5.2.2 ACTION 2

Ensure that the Employment Services criteria for achieving the Disability Symbol is met and explore and implement ways of increasing Disabled applicants to the Trust.

PROGRESS

In 2003, the George Eliot was awarded the "Two Ticks Symbol" ✓✓ by the Employment Service, demonstrating the Trust's commitment to removing socially disabling barriers to the employment of disabled people within the trust. In February 2008 the George Eliot was successfully reviewed and re-accredited for this award.

IN-HOUSE DISABILITY SUPPORT LEAD

In order to support staff with disabilities / long-term health issues the Trust has identified a lead person namely Julie Liggins, who is based in Human Resources. Julie can assist staff to obtain relevant financial benefits and in conjunction with external organisations, such as the Disability Employment Advisory Services and Remploy, to obtain equipment and / or arrange workplace adaptations and redeployment.

ACCESS – AUDIT OF THE TRUST

The Estates Services has commenced a programme of works listed below, which duly takes into account the Disability Building Regulations (Part M).

So far, the following works have been carried out, or are currently being executed.

Introduction of colour contrast on site

Where there is no colour contrast on site, this is being introduced – intro complete 08 and on- going with further developments and decorative maintenance planned.

Redecoration colour contrast across site

Where redecoration is taking place, colour contrast is being maintained – on going with decorations programme.

External road markings and crossing points

Road markings and crossing points are being upgraded – completed 08

Updating of signage across site

Signage is being updated throughout the site. – major upgrade completed 09 with further work arising, as the site develops further

Improvement of fire doors

Fire doors are being improved by the addition of large yellow stripes. – further enhancements made in 08 and will continue on an ad hoc basis, subject to risk assessment

Upgrading of sanitary facilities to meet DDA Act

A number of in-patient sanitary facilities are being upgraded in accordance with the DDA. – works started with emphasis on Surgical wards. Site developments incorporate this as a pre requisite – remaining site being upgraded on a rolling programme.

Site re- surveyed

The site is being re-surveyed and specification prepared for the upgrading of all remaining sanitary facilities in accordance with the DDA. – complete 08 – programme developed as above

The George Eliot continues to encourage disabled applicants to the Trust through its close working relationship with the local job centre disability officer and use of

DISABILITY SYMBOL

The two-tick ✓✓ 'Valuing Disabled Workers' symbol and 'Working Towards Equality of Opportunity' in all vacancy display advertising. The George Eliot also endeavours to appeal to all sections of the community in its vacancy advertising using positive images and wording. Disabled applicants meeting the stated minimum requirement of the vacancy are guaranteed an interview.

ACTIONS FOR THE FUTURE

Continue to search out ways of increasing disabled applicants to the Trust.

Continue to improve access for those with mobility and vision impairments and those of short stature.

5.2.3 ACTION 3

All employees with responsibility for appointing new recruits to undertake mandatory training in interview and selection before being able to chair interview panels.

PROGRESS 2007/08

The Trust provided its commitment to providing resource for additional roll out of recruitment and selection training. Training has already been delivered to Clinical managers and a schedule has been developed for training remaining managers in 2008 following provision of training funds. External suppliers are currently being sourced to deliver this training.

ACTIONS FOR THE FUTURE

Roll out of outstanding management training in 2008.

5.3 Employment Goal 3

All conditions of service and job requirements should fit with the needs of the service and those who work in it, regardless of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment or political or trade union membership.

5.3.1 ACTION 1

Revise and re-launch the trusts Equality and Diversity employment policies in line with Agenda For Change and Employment Legislation.

ACTIONS FOR THE FUTURE

To review the Equality and Diversity in Employment Policy in line with the Equality Agenda.

To continue to update EO policies in line with legislation changes and Trust requirements.

5.3.2 ACTION 2

Provide better and more user-friendly information to employees regarding their entitlements and duties as a Trust employee.

PROGRESS

HR will continue to develop User-Friendly guidance leaflets in accordance with new legislation. The leaflets can also be viewed and printed from the HR intranet site.

5.4 Employment Goal 4

The Trust will strive to be a place where people want to work, and be a leader in good employment practices.

5.4.1 ACTION 1

By promoting more flexible working practices through the Improving Working Lives (IWL) programme.

Following the Trust "Improving Working Life" Award in 2005/6, it is the Trust's overall policy to continue to promote and extend flexible working within the Trust, and to monitor our new "family friendly" policies introduced earlier.

The Trust continues to promote flexible working practices at its Corporate Induction Programme and also on the HR intranet site.

5.4.2 ACTION 2

The provision of an on-site nursery with assisted childcare places available to staff.

PROGRESS

New Nursery

A new £440,000 on-site nursery opened in March 2004, providing 64 places for children aged between 6 weeks and 5 years. The nursery is open from 7am to 6pm, 52 weeks a year and consists of four large fully equipped playrooms, a number of quiet sleeping areas, and two fully enclosed outdoor play areas. The Nursery gives parents greater flexibility, providing full and part time sessions and catering for those working varied shifts.

With a predominantly female workforce (over 80%) and 21% of staff with a current need for childcare the low levels of satisfaction with facilities currently provided (28%) indicate a need for more childcare provision. The new nursery has proven to be a highly valued asset to the Trust and is running at full capacity.

School Holiday Clubs

The GE Trust also runs a number of School Holiday Clubs for children of hospital staff and the local community aged between 4 and 13 years. The Holiday club's accommodate the following age groups:

The Fun Shine Holiday Club catering for children aged 4 – 6 years.

The Adventure Holiday Club catering for children aged 7-12 years.

The clubs are open 13 weeks per year covering every school holiday and teacher training day wherever possible. Children can be dropped off or picked up anytime between 8.00 am to 5.30pm.

A wide range of equipment, games and toys are available for use by the children, and the clubs provide a mix of organised group and individual activities.

The George Eliot Hospital NHS Trust also subsidises the day care costs of the holiday clubs for its staff to increase the availability to staff. There is also a 'deduction from salary' facility which helps spread holiday club childcare costs over the year.

Voucher Scheme

In March 2004, the Trust launched a new childcare voucher scheme in conjunction with ACCOR Services. Under this scheme staff exchange part of their salary for childcare vouchers, which are exempt from National Insurance contributions and therefore represent a saving for staff and the Trust. Known as Childcare Vouchers Direct, the new scheme forms part of the Trusts Improving Working Lives (IWL) and Family Friendly Working initiatives. The scheme was publicised to all staff through a series of road shows, group emails, posters, newsletters and the intranet site.

Childcare Communication Strategy

During February 2008 in an attempt to improve the communication/awareness surrounding Childcare, Family care folders were distributed to all departments within the Trust. The folders include a carer's handbook and childcare information/support material with appropriate contact details.

Breastfeeding/expressing milk suite

As part of the Trusts commitment to staff who may wish to return from maternity leave earlier but are prevented from doing so due to lack of facilities. The Trust agreed a Breastfeeding Policy for staff during September 2004 and the suite which has benefited many staff to date was officially opened in June 2005.

ACTIONS FOR THE FUTURE

To ensure the nursery and holiday clubs are priced competitively for the local area, and continue to publicise the childcare voucher scheme.

5.4.2 ACTION 3

To continue to build links with the community and the future workforce through participation in school/work placement and liaison initiatives.

PROGRESS

The Trust continues to provide work experience placements to local schoolchildren. Between 2007 and 2008, 75 placements were organised within the hospital. The GE also frequently participates in local careers events both within hospital departments and externally, promoting careers in the NHS.

5.4.2 ACTION 4

To promote the Trust as an Equal Opportunities employer and assist members of the local community in applying for posts through contribution to local careers fairs and employment initiatives, and promotion of vacancies within the local community.

PROGRESS

All employment vacancies within the Trust are now posted on the hospital Intranet site and NHS jobs web site. The GE usually participates in local careers fairs and road shows. However, due to the economic situation across most NHS Trusts and the local health care economy, it was deemed inappropriate to advertise recruitment opportunities for limited vacancies available.

It would not have been appropriate to increase public interest in

ACTIONS FOR THE FUTURE

To review plans on commitment to careers and recruitment fairs once progress on financial recovery plan is confirmed at the end of March 2008 and in line with current workforce planning activity.

6.0 SERVICE GOALS

The overall purpose of our service goals in relation to Equality and Diversity is to: *"ensure equality of access to services and information, and dignity and respect, irrespective of race or religion, language, political beliefs, age, colour, culture, disability, gender (including gender re-assignment), sexuality."* and *social class,*

We have developed close working relationships with North Warwickshire PCT in relation to a number of equality and diversity initiatives and will continue to work in partnership wherever possible. We have continued to commit resources to support the equality and diversity agenda, and will seek to secure additional funding externally wherever possible.

The elimination of all forms of discrimination remains the primary goal of the Trust.

6.1 Service Goal 1

The Trust aims to eliminate all kinds of discrimination and hopes that instances of direct discrimination are extremely rare.

PROGRESS

- **By publicising the Trust's Equality Policies which reiterates our commitment to eliminate discrimination, we have raised awareness amongst staff and service users.**
- **Any instances of discrimination are acted upon immediately and taken seriously using the appropriate measures.**

ACTIONS FOR THE FUTURE

- We will continue to raise awareness of our Equality Policies through induction training, staff communications and events. We will act immediately upon any instances of discrimination.

6.2 Service Goal 2

To ensure equality of access to services irrespective of race or religion, age, disability, gender or sexuality.

PROGRESS

- Following an external independent consultation and working with local groups a number of improvements have been made to the physical environment.
- We have worked hard to improve the quality of our coding of ethnicity amongst service users to enable us to monitor uptake of services by different minority or hard-to-reach groups. Our current figures show approximately 60% of patients' ethnic codes are valid (**please see Appendix B**). This is similar to the national and strategic health authority levels of validity.
- PALS contacts according to demographic information, including race, gender, disability and age continues to be monitored. The Customer Services Department will be introducing monitoring of their quality standards to include equality issues
- No information provided by PALS or complaints has indicated that there are particular sections of the community, which do not access our PALS and complaints services.
- Detailed demographic information is collected regarding people using our Multi-Lingual Co-Worker service. The statistics for April-2007 to March 2008 are attached (**please see Appendix C**).
- The Multi-Cultural handbook is now available on wards and departments. This is a step-by-step handbook, which includes detailed information and on all the resources available, as well as a directory of cultural and religious information. The Chaplaincy team, along with community and religious leaders, continues to provide support to ensure that the spiritual needs of service users and their families are met.
- Our facilities include a chaplaincy centre, counseling room, Christian chapel and a recently developed all-faith prayer and quiet room with improved ablution facilities open 24 hours a day.
- Muslim prayers are held on Friday's in the all faith prayer quiet room within the Trust. Our mortuary chapel (recently refurbished and reconfigured to accommodate more appropriately all faith provisions) is now equipped with all faith symbols and holy books as a result of local discussions with all the major faith communities.
- The All Faiths forum met four times last year. The Faith Leaders from the major faiths are now members of the Chaplaincy Team Meeting which has complemented the work of the Faiths Forum. This year the Lay Visitors Course was integrated with the 8 week course for all faiths. Two Hindu and one Sikh candidates were inducted in February with five new Christian members of the Lay Team. The Induction was preceded by an All Faiths Ceremony."

- Short presentations were given by the Multi-Lingual Co-Worker to raise awareness around language and communication needs of the patients she supports, as well as advising on cultural and religious needs of the local communities. Staff were also made aware of the resources available to them, for example the use of external interpreters, sign language interpreters and the telephone interpreting service. This work is still progressing.
- Health information sessions continue to be very beneficial in the local community centers. This work is vital in making links with the minority ethnic community groups. This joint way of working is also extremely important for the Trust - community members receive information on health issues that are a priority and important to them and the health staff gain insight into the differences in the communities they serve.
- We continue to ensure the cultural sensitivity and appropriateness of services. Individual services have their own initiatives, designed to meet the needs of specific minority ethnic groups. For example, our diabetes service provides specific advice to Muslims during Ramadan. In September 2008 a diabetes advice session was held at the Edward Street Centre and two Ramadan drop-in advice sessions were held at the hospital. The aim of these sessions was to help Muslim patients with diabetes to understand the importance of fasting safely, avoiding complications. Diabetes education was provided to local community members using the hospital's alphabet strategy.
- The Patient Survey carried out in the year identified the demographic detail of respondents. However, the proportion of service users from minority ethnic backgrounds was still too small to identify specific issues of concern to minority ethnic users in general.

Average percentages for respondents to the Acute Inpatient Survey carried out in the year are as follows:

| | % |
|-------------------------|----|
| White | 93 |
| Mixed | 0 |
| Asian and Asian British | 5 |
| Black and Black British | 2 |
| Chinese | 0 |
| Not Known | 0 |

- We have forged good links with members of the local minority ethnic communities, to raise awareness of the hospital's application for Foundation Trust status. As part of the consultation process senior

members of the Foundation Trust team met with local people in various community settings, to highlight what Foundation Trust status would mean to local people. We are very happy to report that a large number of people from the BME community have signed up to become members. The Trust appreciates all the help, support and hospitality shown by local people.

- In January 2008 the Healthcare Commission visited the hospital to review how the Trust was meeting the obligations set in the Race Relations (Amendment) Act 2000. Local BME community members were invited to take part in a focus group to discuss and share their views and experiences of when they have used the services at the hospital. We are happy to report that 25 service users attended this focus group and gave positive feedback on accessing services, interpretation facilities and the good links the hospital staff have established in the local community.

ACTIONS FOR THE FUTURE

- Continue to report on complaints and PALS contacts by demographic group, and identifying any issues concerning access to services.
- Continue working with local communities and individuals to identify improvements to services to ensure equality of access.
- Continue to record the ethnic background of patients as core to our new administration system.
- Continue to provide health information sessions at local community venues.
- To promote good race relations, organise for staff to visit local Mosques, Gurdwaras and Temples to gain a better understanding of the make-up of the local community.

Multi-Lingual Co-Worker Service

The Multi-Lingual Co-Worker service is based in the Patient Advice & Liaison Service (PALS) office. The service helps to bridge gaps between service providers and service users from minority ethnic communities, raising awareness of the differences in cultures, religions and languages. Interpretation is provided in **Urdu, Hindi and Punjabi**. The service also offers advice, information and support so that patients can optimise their access to health services. The Multi-Lingual Co-Worker also supports staff to provide a culturally sensitive and appropriate service, which takes into account these differences. Communication is at the heart of our hospital practice, and a patient's history is clearly central to their diagnosis if a patient is unable to communicate effectively their health care can be compromised.

Statistical Data 2007 - 2008

It has been another busy year and annual figures indicate that between 60 to 80 patients are supported each month. It will be noted from the enclosed figures and graphs that patients are supported in a range of various specialities at the hospital and also in the community. The following will give some insight into the type of work carried out by the Multi-Lingual Co-Worker Service.

- *Outpatients clinics – Interpretation, altering appointments, choose & book*
- *Wards & various departments – Interpretation, cultural awareness presentations, case conferences*
- *Diabetes clinic – Support, help, information & ABC education*
- *Day Procedures Unit – Consent for treatment, information after procedures*
- *Maternity Services-Interpretation for scan & clinic appointments*
- *Speech Therapy – Speech & Language assessments*
- *Physiotherapy- Interpretation in clinics and information regarding exercises*
- *As well as other community based services such as Mental Health and Psychology.*

Health Information

Delivery of health information in local minority Ethnic Community Centres continues to explore the issues related to the delivery of a fair health care service to local minority ethnic communities. Specialist Consultants, doctors and nurses from across both Trusts have been involved in the delivery of presentations and talks on a range of health issues, covering topics such as heart disease, diabetes, cancer, diet and foot care advice. This work is still ongoing. This year, a programme of talks was delivered at the Anmol Day Care Centre. Next year it has been suggested these talks take place at the Nuneaton Women's Multi-Cultural Resource Centre. These sessions are well publicised in the local media and members of the public have also attended these talks. Diabetes Consultant and specialist stroke nurse were invited to do a similar session for the Retired Members of the Transport & General Workers Union.

This work is vital in making links with the community groups and is extremely worthwhile. Community members receive information on health issues that are of priority and important to them, and the health staff gain insight into the different community backgrounds and diverse cultures. This work continues to develop immensely. Further health promotion work and health screening can be implemented to address the health inequalities faced by the BME communities. This is also in equilibrium with the actions highlighted in the Trusts Race Equality Scheme. Feedback from the communities as well as the health professionals is very positive; the work proves to be very beneficial in making links and cultivating effective working relationships.

Diabetes Work

Due to the high prevalence of Type 2 diabetes within the Asian community, language barriers, poor literacy skills and lack of understanding of diabetes complications can all lead to some patients not having the knowledge to understand what diabetes is and how they can take control and self manage this condition. The Multi-Lingual Co-Worker service works very closely with the Diabetes Specialist Team to provide appropriate language support, advice and

education to the diabetic Asian patients, taking into account the differences in culture, food, religion and lifestyles. This helps to improve the knowledge, understanding and management of diabetes in our Indo-Asian patients.

Ramadan Clinics

These sessions enable Muslim patients with diabetes who wish to fast during Ramadan to do so safely, so that they can plan in advance how to manage their diabetes, diet and blood sugars. Patients are invited to the clinics or relevant community centres before Ramadan. General advice, information and education is provided from the Diabetes Alphabet Strategy.

Multi-Cultural Menus

Multi-Cultural menus are now in place throughout the hospital to meet the cultural and religious dietary requirements of our patients. The Catering Manager has been instrumental in developing these menus and ensures that ward hostess promote the menus on all in-patient wards.

With the help of the Co-Worker service the hospital catering staff visited BME community centres to sample the foods on offer. This then enabled staff to gain greater understanding of the different dietary requirements for different cultures and religions. Members of the communities were then invited to the food tasting sessions at the hospital. This menu is now in place and is used very well by patients.

Multi-Cultural Handbooks

The Multi-Cultural Handbook is now available on all hospital wards and departments. The information contained in this handbook helps George Eliot Hospital staff to deliver a high quality of care, which takes into account culture, religion, language, food and the differences in background. It also includes detailed information on all resources available to staff, as well as a directory of cultural and religious information. Every effort is made to ensure that we provide services with a high quality of care which meet the individual needs of our local communities. (**See statistics relating to the Diabetes at Appendix C**).

Future Developments

- The Multi-Lingual Co-Worker will co-ordinate further health information sessions in the community, ensuring that health issues which have a high prevalence in the BME communities can be addressed.
- We shall continue to work with the Diabetes Consultant and the Diabetes Care Team to improve health outcomes for people with diabetes from minority ethnic communities, so that patients can continue to receive appropriate service in line with the NSF standards.
- We shall continue discussions with staff to develop our aim of holding regular diabetes advice sessions or drop-in sessions at the local community centres. The Co-Worker will support staff and service users to do this, thus building up better links and communication channels. This in

turn will lead to better access and more appropriate services being offered.

- Ad-hoc ward visits will be arranged to check if any patients who may not be aware of the Co-Worker service require assistance,
- We shall continue to provide ward-based awareness presentations to ensure understanding of BME issues, cultural needs and the interpreting service.

6.3 Service Goal 3

To ensure equality of access to appropriate information for all service users.

PROGRESS

- We shall continue to include information in all of our standard leaflets identifying how service users can access support and information in other languages and formats.
- Use of language-line (telephone-based translation) and interpreting service continues to increase as awareness of these services improves
- We will continue to use external interpreters for languages not covered by the Multi-Lingual Co-Worker. On an average month 25 to 30 external interpreters are booked by the Out-Patients' manager, covering languages such as Polish, Latvian, French, German, Kurdish and Cantonese. Annually, in the Out-Patients Department, approximately 25 to 30 Sign Language interpreters are used.

ACTIONS FOR THE FUTURE

- Continue to review all new patient information to ensure accessibility.
 - Continue to publicise the language-line and interpreting services.
 - Produce a new site map for the hospital, indicating the new 'zones' that have been developed as part of our signage strategy, when current building work is complete.
-

7.0 CONCLUSION

The Trust continues to work hard to ensure that the needs of the Black Minority Ethnic group (BME) communities are adequately met. Services provided take into account the differences in culture, religion, food, and lifestyles, so that we continue to provide a high quality of service, which meets the individual needs of our local communities.

The total workforce figures show that our employees are broadly representative of the local population in terms of ethnic background and age. Patient surveys also reveal a patient base, which is representative of the local population.

Therefore, we are confident that the George Eliot is making good progress towards fulfilling its commitment to embracing the community it serves, and becoming an employer of choice, attracting and retaining a workforce, which is fully representative of the local community.

**Summary
of
Employment and Service Goals
2007 to 2008**

8.0 GOALS FOR 2007 - 2008

8.1 EMPLOYMENT GOALS

8.1.1 Employment Goal 1

The Trust is committed to enabling everyone to achieve his or her full potential in an environment characterised by dignity and mutual respect.

ACTION 1

All employees, including the trust board members, to receive update training in Equal Opportunities and Valuing Diversity. Disability Awareness training programme to be provided.

ACTIONS FOR THE FUTURE

- Publicising the training and its importance to the hospital,
- Maintaining numbers attending and ensuring attendance on annual mandatory update training,
- Continuous updating of training in line with legislative changes, new hospital initiatives and policy changes., for example to include the new "Age" legislation, gender, gender reassignment, sexuality, language, religion, culture, and disability.
- Cover equality policies at new starters induction session
- Improving relevance of the training for staff through feedback forms and review.
- to continue to access the Government funded Equality and Diversity distance learning programme.
- To monitor the effects of the above implementation.

ACTION 2

Update provision of the Cultural Information handbook for wards and departments

ACTION FOR THE FUTURE

- To update provision of the multi-Cultural handbook in line with any changes that may occur. Also to ensure that information on available resources is updated on a regular basis.
- All wards to continue to be provided with a Multi-Faith calendar, providing information and dates of all major religious festivals throughout the year for a wide range of faiths.

ACTION 3

Identifying and training at least eight anti harassment and bullying advisors drawn from a cross section of the workforce and staff side organisations.

ACTION FOR THE FUTURE

Report management information to the HR Sub Committee as part of the HR performance framework.

To investigate need for refresher training for advisors and roll out if required.

Review value of recruiting additional advisors to the scheme.

ACTION 4

Ensure that all training provided within the trust includes reference to equality issues where appropriate and meets monitoring requirements set out in the trust Race Equality Scheme.

OUTSTANDING CHALLENGES /ACTION FOR THE FUTURE

- To continue to ensure equality issues are incorporated into all areas of training. To review and revise EO mandatory training.
 - To ensure that all managers are trained to undertake Equality Impact Assessment.
 - To ensure that all policies, procedures, guidelines etc. which have an impact on staff, patients, customers etc. functions or services under go an equality impact assessment prior to being implemented. The outcome of the EIA is to make sure that, as far as possible, any negative consequences for minority groups are eliminated or minimised and opportunities for promoting equality are maximised.
 - To monitor the action plan of the Disability Scheme.
 - To monitor the action Plan of the Gender Policy and Scheme
 - To develop an Human Rights Policy
 - To monitor staff promotions and performance appraisals by ethnic background, to be included in the Equal Opportunities Policy as the responsibility of managers.
-

8.1.2 Employment Goal 2

Everyone who works in the Trust, or applies to work for the Trust should be treated fairly and valued equally.

ACTION 1

Update the existing recruitment and selection procedure and train employees in its implementation.

ACTION FOR THE FUTURE

- Plans for further training of staff in recruitment and selection procedures and equal opportunities related practices to continue.
- Review of additional training plans at the end of the financial year March 2008

ACTION 2

Ensure that the Employment Services criteria for achieving the Disability Symbol is met and explore and implement ways of increasing Disabled applicants to the Trust.

PROGRESS

The Trust was awarded the two tick symbol by the Employment Services. The Trust now has in place a programme for identifying disability and any special needs requiring attention.

ACTION FOR THE FUTURE

- Continue to search out ways of increasing disabled applicants to the Trust.
- Continue with the programme of works in line with the DDA regulations (Part M)

8.1.3 Employment Goal 3

All conditions of service and job requirements should fit with the needs of the service and those who work in it, regardless of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment or political or trade union membership.

ACTION 1

Revise and re-launch the trusts Equality and Diversity employment policies in line with Agenda For Change and employment legislation.

ACTION FOR THE FUTURE

- To review the Equality and Diversity in Employment Policy, in line with the Equality Agenda.
- To continue to update EO policies in line with legislation changes and the Trust's requirements.

ACTION 2

Provide better and more user-friendly information to employees regarding their entitlements and duties as a Trust employee.

ACTION FOR THE FUTURE

- HR will continue to develop User-Friendly guidance leaflets in accordance with new legislation.

8.1.4 Employment Goal 4

The Trust will strive to be a place where people want to work, and be a leader in good employment practices.

ACTION 1

To promote more flexible working practices through the Improving Working Lives (IWL) programme.

ACTIONS FOR THE FUTURE

- The Trust will continue to promote flexible working practices at its Corporate Induction programme and also on the HR intranet site.

ACTION 2

The provision of an on-site nursery with assisted childcare places available to staff.

ACTION FOR THE FUTURE

- To ensure the nursery and holiday clubs are priced competitively for the local area, and continue to publicise the childcare voucher scheme

ACTION 3

To continue to build links with the community and the future workforce through participation in school/work placement and liaison initiatives.

ACTION FOR THE FUTURE

- Continue to support work experience placements for local school children, and explore further participation with Warwickshire Education Business Partnership and Connexions.
- To participate in local careers events both within hospital departments and externally, promoting careers in the NHS.

ACTION 4

To promote the Trust as an Equal Opportunities employer and assist members of the local community in applying for posts through contribution to local careers fairs and employment initiatives, and promotion of vacancies within the local community.

ACTIONS FOR THE FUTURE

- To review plans on commitment to careers and recruitment fairs once progress on financial recovery plan is confirmed at the end of March 2008 and in line with current workforce planning activity.
-

8.2 SERVICE GOALS

8.2.1 Service Goal 1

The Trust aims to eliminate all kinds of discrimination and hopes that instances of direct discrimination are extremely rare.

ACTIONS FOR THE FUTURE

- We will continue to raise awareness of our Equality Policies through induction training, staff communications and events. We will act immediately upon any instances of discrimination.
 - The Trust will produce an action plan to ensure that all new policies, procedures, guidelines, etc. are equality impact assessed prior to being implemented.
-

8.2.2 Service Goal 2

To ensure equality of access to services irrespective of race or religion, age, gender or sexuality.

ACTIONS FOR THE FUTURE

- Continue to report on complaints and PALS contacts by demographic group, and identifying any issues concerning access to services.
- Continue working with local communities and individuals to identify improvements to services to ensure equality of access.
- Continue to record the ethnic background of patients as core to our new administration system.
- In consultation with the local minority ethnic communities, look to organise a Multi-Cultural event for 2008.
- Continue to provide health information sessions at local community venues.
- To promote good race relations, organise for staff to visit local Mosques, Gurdwaras and Temples to gain a better understanding of the make-up of the local community.

8.2.3 Service Goal 3

To ensure equality of access to appropriate information for all service users.

- Continue to review all new patient information to ensure accessibility.
- Continue to publicise the language-line and interpreting services.
- Produce a new site map for the hospital, indicating the new 'zones' that have been developed as part of our signage strategy, when current building work is complete.

A BREAKDOWN OF ATTENDEES ON TRUST IN-HOUSE TRAINING, BY TRAINING TYPE, ETHNIC ORIGIN AND GENDER 2007-2008

| TYPE OF TRAINING | GENDER | | | ETHNIC ORIGIN | | | | | | | | | | | | | | | | | TOTAL | | |
|----------------------------|--------|--------|---------|-----------------|------------------|--------------------|---------------------|------------------|--------------|-------------|------------|-----------------------|-------------------------------|---------------------------------|------------|---------|----------------|-----------|-------------------|-----------------|-------|-----------------|-----|
| | MALE | FEMALE | UNKNOWN | ASIAN OTHER (8) | BANGLADESHI (14) | BLACK AFRICAN (10) | BLACK CARIBBEAN (9) | BLACK OTHER (11) | CHINESE (15) | INDIAN (12) | MIXED (16) | MIXED WHITE ASIAN (7) | MIXED WHITE BLACK AFRICAN (6) | MIXED WHITE BLACK CARIBBEAN (5) | OTHER (17) | UNKNOWN | PAKISTANI (13) | WHITE (1) | WHITE BRITISH (2) | WHITE IRISH (3) | | WHITE OTHER (4) | |
| ACHIEVING QUALITY OF CARE | 3 | 16 | 3 | | | | | | | | | | | | 11 | 3 | | | 7 | 1 | | | 22 |
| ALCOHOL AND DRUG AWARENESS | 1 | 25 | 1 | | | | | | | | | | | | 18 | 1 | | 5 | 2 | 1 | | | 27 |
| APPRAISAL SKILLS | 16 | 45 | 0 | | | | 1 | | 1 | | | | | | 12 | | | 21 | 25 | | 1 | | 61 |
| BEREAVEMENT | 1 | 10 | 0 | | | | | | | | | | | | | | | 7 | 3 | 1 | | | 11 |
| BLOOD TRANSFUSION | 7 | 126 | 19 | | | 1 | | | | 15 | | | | | 9 | 19 | | 33 | 75 | | | | 152 |
| CANNULATION | 1 | 15 | 3 | | | 1 | | | | 1 | | | | | | 3 | | 6 | 8 | | | | 19 |
| CONFLICT RESOLUTION | 16 | 160 | 14 | 2 | | 1 | 1 | 1 | 1 | 10 | | | | | 18 | 14 | 1 | 67 | 70 | 2 | 2 | | 190 |
| CORPORATE INDUCTION | 12 | 34 | 183 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 185 | 1 | 22 | 17 | 0 | 0 | | 229 |
| COSHH | 2 | 2 | 0 | | | | | | | | | | | | 1 | | | 1 | 2 | | | | 4 |
| CHILD PROTECTION | 26 | 171 | 24 | 3 | | 1 | | 1 | | 13 | | 1 | 1 | | 6 | 24 | | 44 | 122 | 4 | 1 | | 221 |
| CONSENT | 6 | 49 | 15 | 3 | | 1 | | | | 7 | | | | | 0 | 15 | 1 | 22 | 19 | 2 | | | 70 |
| DOCUMENTATION | 0 | 20 | 6 | 1 | | 3 | | | | 1 | | | | | 0 | 6 | | 7 | 7 | | 1 | | 26 |
| ENTONOX ADMINISTRATION | 0 | 14 | 0 | | | | | | | | | | | | 6 | | | | 8 | | | | 14 |
| EQUALITY IMPACT ASSESSMENT | 2 | 8 | 0 | | | | 1 | | | | | | | | | | | | 8 | 1 | | | 10 |
| FIRE EXTINGUISHER | 7 | 0 | 0 | | | | | | | | | | | | 0 | 7 | | | | | | | 7 |
| FIRE MARSHALL TRAINING | 4 | 30 | 4 | 3 | | | | | | | | | | | 0 | 4 | | 6 | 25 | | | | 38 |
| FIRE SAFETY | 0 | 13 | 15 | | | | | | | | | | | | 8 | 4 | | | 16 | | | | 28 |
| FOOD HYGIENE | 0 | 11 | 5 | | | | 1 | | | | | | | | 5 | | | 3 | 7 | | | | 16 |
| HCSW TRAINING | 0 | 4 | 0 | | | | | | | | | | | | | | | | 4 | | | | 4 |
| HOUSEKEEPING TRAINING | 0 | 8 | 4 | | | | | | | | | | | | 1 | | | 9 | 2 | | | | 12 |
| INCIDENT INVESTIGATIONS | 2 | 8 | 0 | | | | | | | | | | | | | | | | 10 | | | | 10 |
| IV CARE LINES | 1 | 10 | 0 | | | | | | | | | | | | | | | 2 | 9 | | | | 11 |
| KSF AWARENESS | 0 | 14 | 1 | | | | | | | | | | | | 4 | | | 5 | 5 | 1 | | | 15 |
| LEADERSHIP DEVELOPMENT | 3 | 6 | 18 | | | | | | | | | | | | 27 | | | | | | | | 27 |
| LEADING PATIENT SAFETY | 1 | 13 | 0 | | | | | | | | | | | | 2 | | | 3 | 9 | | | | 14 |
| MALE CATHETERISATION | 2 | 13 | 7 | | | | 1 | | | 3 | | | | | 9 | | | 3 | 6 | | | | 22 |

