

## Trust Board

<b>Title of the paper:</b>	Gender and Race Pay Gap Reports for 2021/22						
<b>Agenda Item:</b>	-						
<b>Presenter:</b>	Andrew McMenemy, Chief People Officer						
<b>Author(s):</b>	Alex Paice, Associate Director of People – OD and Culture						
<b>Purpose:</b>	Please tick the appropriate box <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">For approval</td> <td style="border: 1px solid black; padding: 5px;">For discussion</td> <td style="border: 1px solid black; padding: 5px;">For information</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">√</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;">√</td> </tr> </table>	For approval	For discussion	For information	√		√
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<b>Executive Summary:</b>	<p><u>Gender</u></p> <p>Comparing 2017 to 2022, quartiles 2-3 remain relatively constant. However, quartile 4 female representation has reduced by 6.7% over this five year period.</p> <p>Women’s hourly earnings are 15-25% lower than men’s (median to mean). Last year the gap was 12-27%.</p> <p>Bonuses are paid to consultants only, as Clinical Excellence Awards (CEAs). 37% of male consultants received the CEA compared to 27% of female consultants.</p> <p>The national CEA scheme will change in 2022/23 (for instance, CEAs are no longer lifetime awards) and this may give scope for more parity.</p> <p><u>Race / Ethnicity</u></p> <p>Roughly half of the Trust’s workforce is white and half from a multicultural background.</p> <p>The pay bands were considered in three sections:</p> <ol style="list-style-type: none"> <li>1. Bands 2-4 (no degree required)</li> <li>2. Bands 5 up to Board/Executive (degree and above)</li> <li>3. Other medics and Consultants</li> </ol> <p>In all three, there were more Black, Asian and Ethnic Minority people in the more junior pay scales and a disproportionate amount of white people in the higher paid roles.</p> <p>If considered as a whole, the workforce shows a pay gap in favour of Black, Asian and Ethnic Minority employees but these figures are affected by the number of Asian doctors and the higher hourly rate for doctors.</p> <p>43% of Black, Asian and Ethnic Minority consultants get the CEA compared to just 32% of white consultants. The median amount paid to white consultants is</p>						

double what is paid to Black, Asian and Ethnic Minority consultants (£12,064 compared to £6,032).

As well as the differences for consultants, as above, pay gaps are most extreme for people in the Environment Division (including Estates roles) and Admin & Clerical roles.

Actions





Key actions 2021/22:

- The Flexible Working Policy was reviewed to emphasise the Trust's proactive approach to flexible working.
- ICS Career Development Programme launched. This is aimed at Band 2-4 underrepresented groups (initially people who are disabled and/or Black, Asian and Ethnic Minorities).
- Dr Rachel Hoey set up two staff networks;
  - o Women as Medical Leaders, to support more career equality for female consultants;
  - o Sexism in Medicine, to raise awareness and reduce discrimination faced by women doctors, which is especially experienced by younger women.

Key actions 2022/33:

- Review the Recruitment & Selection Policy to ensure more Women and Black, Asian and Ethnic Minorities are recruited/promoted into quartile 4 roles
- Promote leadership opportunities, such as Transform, and shadowing.
- ICS Career Development programme to be expanded to more cohorts in Bands 2-4 and to be started for Bands 5-7.

Report received and reviewed by PERC; comments received and incorporated accordingly.

<p><b>Trust strategic aims:</b></p> <p>(please indicate which of the 4 aims is relevant to the subject of the report)</p>	<p><b>Aim 1 Best care</b></p>  <p><b>Objectives 1-4</b></p>	<p><b>Aim 2 Great team</b></p>  <p><b>Objectives 5-8</b></p>	<p><b>Aim 3 Best value</b></p>  <p><b>Objective 9</b></p>	<p><b>Aim 4 Great place</b></p>  <p><b>Objective 10-12</b></p>
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**Links to well-led key lines of enquiry:**

- Is there the leadership capacity and capability to deliver high quality, sustainable care?
- Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
- Is there a culture of high quality, sustainable care?
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?

	<p><input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</p> <p><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p><input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p><input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input type="checkbox"/> How well is the trust using its resources?</p>								
<b>Previously considered by:</b>	<table border="1"> <thead> <tr> <th data-bbox="483 622 1161 663">Committee/Group</th> <th data-bbox="1161 622 1509 663">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 663 1161 741">Chair of Connect, the Trust's multicultural staff network</td> <td data-bbox="1161 663 1509 741">29/9/22</td> </tr> <tr> <td data-bbox="483 741 1161 965">           Chair of both:           <ul style="list-style-type: none"> <li>• Sexism in Medicine, the Trust's staff network for gender equality for medics, and</li> <li>• Women as Medical Leaders, the Trust's staff network for Women Consultants</li> </ul> </td> <td data-bbox="1161 741 1509 965">29/9/22 and 6/10/22</td> </tr> <tr> <td data-bbox="483 965 1161 1003">PERC</td> <td data-bbox="1161 965 1509 1003">27/10/2022</td> </tr> </tbody> </table>	Committee/Group	Date	Chair of Connect, the Trust's multicultural staff network	29/9/22	Chair of both: <ul style="list-style-type: none"> <li>• Sexism in Medicine, the Trust's staff network for gender equality for medics, and</li> <li>• Women as Medical Leaders, the Trust's staff network for Women Consultants</li> </ul>	29/9/22 and 6/10/22	PERC	27/10/2022
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PERC	27/10/2022								
<b>Action required:</b>	<p>The Trust Board is asked to receive the Gender Pay Gap report to review and to approve for publication on the Trust website by 31 March 2023, in line with statutory requirements. The Race Pay Gap report is best practice and can be published at the same time.</p>								

**Trust Board meeting: Trust Board**

**Title of paper: Gender and Race Pay Gap Reports for 2021/22**

**Presented by:** Andrew McMenemy, Chief People Officer

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**1. Purpose**

- 1.1 Publishing the Gender Pay Gap report annually is a national requirement for all public sector organisations with more than 250 employees.
- 1.2 Publishing the Race Pay Gap is not a legal requirement but rather a best practice measure adopted by the Trust.
- 1.3 The main purpose of these reports are to monitor the Trust's progress towards achieving pay equity whereby people's pay is based on capability and merit. They enable:
  - reflection on the achievements and successes over the past year;
  - analysis of the inequalities that persist and where they are concentrated, such as pay bands or staffing groups;
  - the development of action plans in order to support reducing the disparity and achieving equity.

**2. Background**

- 2.1 Equal pay legislation has been in place since 1970, to ensure all employees in the same employment, performing equal work receive equal pay. The NHS has a national pay structure, job evaluation system and contractual terms and conditions for both medical and non-medical staff, developed in partnership with trade unions, which provide a robust set of arrangements for pay determination.
- 2.2 However, it is important to distinguish between equal pay and the pay gap, as an organisation can be an equal pay employer, yet it can still have a pay gap.
- 2.3 The gender pay gap is the difference between the average (mean /median) earnings male and female employees in an organisation, regardless of the nature of their work.
- 2.4 The race pay gap is the average earnings difference between staff who identify as Black, Asian or Minority ethnic employees and staff who identify as White.

### 3. Data Analysis – Gender

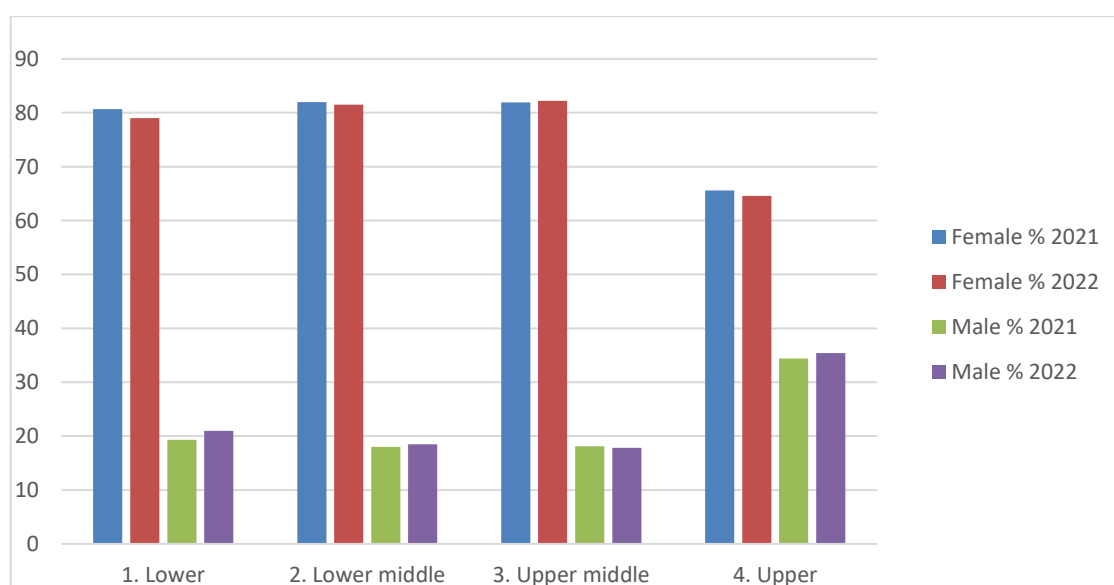
#### 3.1 Introduction to Gender Pay Gap

The overall gender percentages have remained relatively constant and so too has the gender composition, with the workforce remaining predominantly female; 78% in 2021 and 77% in 2022. This aligns with the NHS workforce as a whole.

To explore the pay gap, it is essential to look at the representation of male and female staff across pay grades. Therefore, pay quartiles are calculated by ranking the hourly pay rates for each employee from lowest to highest, before splitting the ranking into four equal-sized groups and calculating the percentage of males and females within each group.

Table 1 & Figure 1. Gender breakdown of pay quartiles

	2021				2022			
Total (no.)	5,201				5,185			
Quartile	Female (no.)	Male (no.)	Female %	Male %	Female (no.)	Male (no.)	Female %	Male %
Lower	1048	251	80.7	19.3	1020	271	79.0	21.0
Lower middle	1066	234	82.0	18.0	1060	241	81.5	18.5
Upper middle	1065	236	81.9	18.1	1066	231	82.2	17.8
Upper	853	448	65.6	34.4	837	459	64.6	35.4
Averages			78	22			77	23



Similarly, to last year, the gender ratio is not replicated across all quartiles with:

- Over representation of women within the middle quartiles;
- Proportionally higher male representation in the upper quartile.

Although that being said, some positive change can be seen with male representation having increased within the lower quartile by 1.7%. Nevertheless, due to male overrepresentation in higher salaried roles, this contributes to the gender pay gap.

Comparing the table above to 2017, quartiles 2-3 remain relatively constant however in terms of quartile 4 female representation has reduced by 6.7%.

### 3.2 **Mean and Median Hourly Rate**

The mean is calculated by adding up all of the hourly rates for people in that gender and then dividing by the number of people in that gender. These figures exclude bonuses and overtime. The mean is a widely accepted way to calculate an average, as it includes all data.

The median is calculated by ordering the set from lowest to highest and finding the exact middle. This way of calculating is not affected by very large or very small values. For instance, if the majority of people are low paid, and there are a couple of highly paid people, the median would be more reflective of what most people are paid.

Table 2. Gender breakdown of hourly rates

	Mean gender pay gap (%)	Median gender pay gap (%)
Women's Hourly Earnings - 2021	27.2 lower	11.7 lower
Women's Hourly Earnings - 2022	25.5 lower	15.0 lower

In terms of the Mean, the pay gap has reduced by 1.7%. This means that, on average, women in the Trust earn just over 25% less than men per hour.

However, using the Median, it is indicated that on average, women in the Trust earn just 15% less than men per hour. While this is an increase on last year, it aligns to the Office of National Statistics (ONS) produced last year; 15.4%.

### 3.3 **Gender Pay Gap by Staff Group**

There are 8 staffing groups that employ both women and men. Four of these show a difference in the average wages of less than 50p. Three show a difference of over 5% (in all cases women are paid less).

Table 3. Gender Pay Gap by Staff Group based on average hourly rates

Staff Group	2021				2022			
	Female	Male	Difference	Pay Gap %	Female	Male	Difference	Pay Gap %
Add Prof Scientific/Technic	£22.5	£21.2	-£1.3	-6.21	£23.4	£23.7	£0.3	1.28
Additional Clinical Services	£12.0	£11.9	-£0.10	-0.23	£12.4	£12.4	£0.0	-0.09
Administrative and Clerical	£15.3	£19.9	£4.5	22.87	£16.1	£21.0	£5.0	23.61
Allied Health Professionals	£20.3	£19.0	-£1.4	-7.28	£21.1	£20.9	-£0.2	-0.86
Estates and Ancillary	£10.8	£17.1	£6.3	36.87	£11.1	£18.4	£7.3	39.83
Healthcare Scientists	£21.3	£24.2	£2.9	11.82	£22.5	£24.1	£1.6	6.75
Medical and Dental	£32.2	£39.9	£7.7	19.29	£33.6	£39.1	£5.5	14.13
Nursing and Midwifery Reg'd	£19.4	£19.3	-£0.1	-0.63	£20.4	£20.2	-£0.3	-1.26

There largest gender pay gaps are within Admin & Clerical, Estates & Ancillary, Medical & Dental. The first two pay gaps have grown since last year while Medical & Dental has reduced. These areas are focused upon with the 2022/2023 Action Plan. Although it should be noted while Estates & Ancillary have the largest pay gap, they represent the smallest number of employees.

### 3.4 **Bonus pay**

Only Consultants are in receipt of bonus payments: Clinical Excellence Awards (CEA). The CEA scheme is intended to recognise and reward those Consultants who perform 'over and above' the standard expected for their role.

Awards are given for quality and excellence, acknowledging exceptional personal contributions towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS.

For the financial year 2021/22 there were two Clinical Excellence Awards in place:

- A "lifetime" one, with the last awards granted prior to 1 April 2018. The figures in 3.5 and 4.5 relate to these.
- A time limited award, granted from 1 April 2018. During the two main pandemic years this was allocated equally to all eligible consultants (minimum of one year service; pro rata for part time staff; including locums).

From 2022/23 onwards a new Clinical Excellence Award will be in place, where awards are reviewed every 2-5 years, to ensure the consultant is still working at that level. Again, this features in the Action Plan, below.

Table 4. Gender breakdown of Bonus pay – Consultants

Gender	Consultants	Consultants Paid Bonus (no)	Consultants Paid Bonus (%)
Female	133	36	27.1%
Male	171	64	37.4%

As we have seen, the overall workforce is around 75-80% women. In terms of Consultants out of 304 posts, 133 are held by women equating to 44%

The national methodology to report the figures is in the table below, however bonus pay is only received by consultants and thus focusing on this staff group specifically provide a more accurate picture.

Table 5. Gender breakdown of Bonus pay based on all employees in the Trust

Gender	Employees (no)	Employees Paid Bonus (no)	Employees Paid Bonus (%)
Female	4303	36	0.8%
Male	1327	64	4.8%

Using figures for all staff, men are six times as likely to receive a bonus. However utilising figures for Consultants only, the disparity is not as extreme (1.4 times as likely to receive a bonus) although a significant pay gap still remains.

Further disparity can be seen within the seniority of those who received bonus pay:

- The 9 doctors were paid the highest bonus comprised 2 women and 7 men;
- The 9 doctors that were paid the lowest bonus comprised 7 women and 2 men.

### 3.5 Mean and Median gender pay gap using bonus pay

	Mean gender pay gap (%)	Median gender pay gap (%)
Women's Bonus Earnings - 2021	27.3 lower	46.9 lower
Women's Bonus Earnings - 2022	32.4 lower	52.5 lower

These differences are bigger than the hourly gender pay gap and are worse than last year. The change in the bonus system will be used to reverse this trend.



## **4. Data Analysis – Race / Ethnicity**

### **4.1 Language and conventions**

National reports and ESR commonly use acronyms such as BME (Black & Minority Ethnic) and BAME (Black, Asian and Minority Ethnic). This report recognises that the language used to describe race and ethnicity can be controversial and these shortenings can sometimes cause offence. In an attempt to use current linguistic best practice, this report will therefore either use the full description “Black, Asian and Ethnic Minority”, “multicultural” or, as this report compares two broad groups, it will use the phrase “ethnic groups”. In statistical tables, for reasons of space, the acronym BAME is used. As linguistic best practice develops, future reports may well use different terminology.

### **4.2 Pay Bands by Ethnicity**

Due to the national reporting requirements, the Gender Pay Gap is available by quartile whilst the Race Pay Gap is available by pay bands. Below is based on the data presented in the Trust’s Public Sector Equality Duty (PSED) for 2021/22. It is not an exact copy as it excludes ‘unknown’ ethnicities (7% of the overall workforce), as this emulates the methodology used for the Gender Pay Gap reporting. It is worth noting that the Consultants and Other medics (on the right of the chart) have a separate career path to people in the ‘Agenda for Change’ pay groups.

Figure 2. Race Pay Gap by pay bands

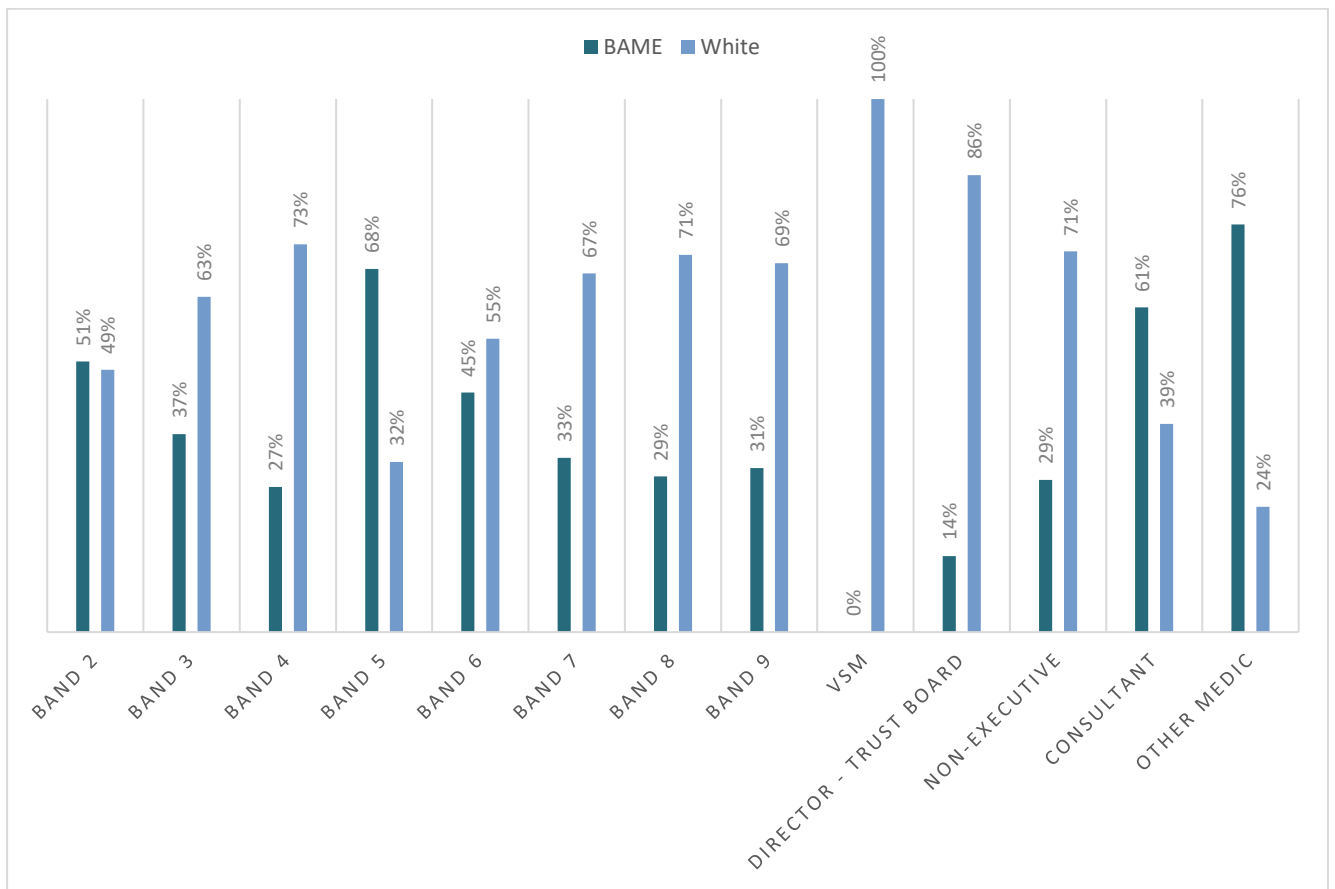


Figure 2 can be considered in three sections:

4. Bands 2-4 (no degree required)
5. Bands 5 up to Board/Executive (degree and above)
6. Other medics and Consultants

In all three of these sections, Figure 2 shows that there are more Black, Asian and Ethnic Minority staff in the lower pay scales and these rise to the higher pay scales.

Black, Asian and Ethnic Minority staff make up over 50% of

- Band 2 (health care assistants and peers)
- Band 5 (newly qualified nurses and peers, which includes a large number of overseas recruited nurses who have a lot of value-added experience)
- Other medics (including trainee doctors) and Consultants.

Looking at the highest paid staff, putting consultant/medica groups to one side, Band 7s and above demonstrate an underrepresentation when compared to the workforce total for Black, Asian and Ethnic Minority colleagues.

#### 4.3 Mean and Median Hourly Rate

The ONS reports significant variances in mean averages in England, however in London the pay gap is 23.8% in favour of White staff, the highest in England.

Table 6. Ethnicity breakdown of hourly rates

<b>Ethnicity</b>	<b>2021 Mean Hourly Rate</b>	<b>2021 Median Hourly Rate</b>	<b>2022 Mean Hourly Rate</b>	<b>2022 Median Hourly Rate</b>
<b>BAME</b>	£20.60	£16.84	£21.48	£18.25
<b>White</b>	£19.09	£16.44	£20.00	£17.22
<b>Difference</b>	-£1.51	-£0.40	-£1.48	-£1.02
<b>Pay Gap %</b>	- 7.9%	-5.9%	- 7.4%	-5.9%

The above figures demonstrate that hourly rates of pay within the Trust have risen for both ethnic groups, on average, and that, overall people from a Black, Asian and Ethnic Minority background earn more than white colleagues. This effect is due to the majority of doctors being from a multicultural background.

#### 4.4 Percentage of ethnic groupings who received bonus pay

Table 7. Ethnicity breakdown of Bonus pay based on all employees in the Trust

<b>Ethnicity</b>	<b>Employees</b>	<b>Employees Paid Bonus (no)</b>	<b>Employees Paid Bonus (%)</b>
<b>BAME</b>	2340	51	2.2%
<b>White</b>	2500	46	1.8%

The national methodology to report the figures is in the table above, however, as outlined previously, bonus pay is only received by consultants.

The overall workforce comprises approximately 47% Black, Asian or Ethnic Minorities. In terms of the Consultants specifically, there are 269 who have shared their ethnicity via ESR, of which 60% are BAME.

Using figures for Consultants only, we see that inequality becomes more pronounced.

Table 8. Ethnicity breakdown of Bonus pay – Consultants

Ethnicity	Consultants	Consultants Paid Bonus (no)	Consultants Paid Bonus (%)
<b>BAME</b>	161	51	31.7%
<b>White</b>	108	46	42.6%

Table 8 shows that white consultants are 1.3 times more likely to receive a bonus than Black, Asian and Ethnic Minority consultants.

#### 4.5 Mean and Median race pay gap using bonus pay

As outlined above, the majority of doctors are from a Black, Asian and Ethnic Minority backgrounds, influencing the overall pay gap in favour of people from a multicultural background. However, the bonus pay does not follow this trend. For instance, using the mid-point (median) indicates that white doctors that received a bonus got on an average double that of Black, Asian and Ethnic Minority consultants.

Table 9. Ethnicity breakdown of the value of Bonus pay received

2020	BAME	White	Gap (£)	Gap (%)
<b>Mean bonus</b>	£11,067	£14,773	£3,706	25.1%
<b>Median bonus</b>	£6,032	£12,064	£6,032	50.0%

This gap has reduced significantly since 2020, as shown below. Equalities statistics quite often vary by up to 1% per year, so this figure is encouraging.

Table 10. Year on year comparison of Bonus pay gap

	2020	2021	2022
<b>Mean bonus</b>	32.0%	27.4%	25.1%
<b>Median bonus</b>	55.6%	50.0%	50.0%

#### 4.6 Ethnicity Pay Gap by Division

The table below demonstrates the divisions in which the pay gap is in favour of Black, Asian and Ethnic Minority staff and, in most cases, this aligns with the divisions where bonuses are available to consultants.

Similarly, to the gender pay gap, the division of Environment has the largest race pay gap in favour of white staff. Corporate and Medicine are the other areas in which a 5-6% pay gap in favour of white colleagues is shown.

Table 11. Ethnicity Pay Gap by Division based on average hourly rates

Division	2021				2022			
	BAME	White	Gap £	Gap %	BAME	White	Gap £	Gap %
Clinical Support*	£20.15	£18.12	£-2.02	-11.2%	£20.82	£18.99	£-1.83	-9.6%
Corporate	£18.24	£18.93	£0.69	3.6%	£19.29	£20.54	£1.25	6.1%
Emergency Medicine*	£19.85	£19.05	£-0.81	-4.2%	£21.00	£20.62	£-0.38	-1.8%
Environment	£13.22	£18.57	£5.34	28.8%	£14.69	£18.95	£4.27	22.5%
Medicine*	£18.25	£19.31	£1.06	5.5%	£19.38	£20.47	£1.09	5.3%
Surgery & Anaesthetics*	£23.35	£19.65	£-3.70	-18.8%	£24.00	£19.89	£-4.11	-20.7%
Women's & Children*	£24.92	£19.52	£-5.40	-27.7%	£25.54	£19.86	£-5.68	-28.6%
Bank	-	-	-	-	£17.47	£15.60	£-1.87	-12.0%
<b>Totals</b>	<b>£20.60</b>	<b>£19.09</b>	<b>£-1.51</b>	<b>-7.9%</b>	<b>£21.48</b>	<b>£20.00</b>	<b>£-1.48</b>	<b>-7.4%</b>

\* Bonuses are available to consultants, who are in these Divisions.

Table 12. Ethnicity Pay Gap by Staff Group based on average hourly rates

Division	2021				2022			
	BAME	White	Gap £	Gap %	BAME	White	Gap £	Gap %
Add Prof Scientific and Technic	£22.52	£22.52	£0.00	0.0%	£23.59	£24.85	£1.26	5.1%
Additional Clinical Services	£12.08	£11.92	£-0.16	-1.3%	£12.60	£12.31	£-0.29	-2.3%
Administrative and Clerical	£15.42	£15.81	£0.38	2.4%	£16.00	£16.93	£0.93	5.5%
Allied Health Professionals	£19.43	£20.69	£1.26	6.1%	£19.89	£22.06	£2.17	9.8%
Estates and Ancillary	£11.08	£15.63	£4.55	29.1%	£12.25	£15.20	£2.95	19.4%
Healthcare Scientists	£20.89	£23.23	£2.34	10.1%	£22.02	£23.86	£1.84	7.7%
Medical and Dental	£38.58	£42.03	£3.45	8.2%	£37.07	£41.22	£4.15	10.1%
Nursing and Midwifery Registered	£18.41	£20.86	£2.45	11.7%	£19.54	£21.79	£2.25	10.3%
Students	£16.88	£15.86	£-1.02	-6.4%	£16.50	£16.93	£0.44	2.6%
<b>Totals</b>	<b>£20.60</b>	<b>19.09</b>	<b>£-1.51</b>	<b>-7.9%</b>	<b>£21.48</b>	<b>£20.00</b>	<b>£-1.48</b>	<b>-7.4%</b>

This table shows the largest pay gaps in Medical & Dental, Nursing and Estates. Estates is part of the Environment Division.

## 5. Limitations of data collection

### 5.1 Gender

ESR has no facility to record transgender or non-binary employees, as this would breach legislation in the Gender Recognition Act (2004)

### 5.2 Race/Ethnicity

Nearly 7% of staff have not recorded their ethnicity on ESR. With this included in the calculations, 45% of staff identify as having Black, Asian or Ethnic minority background and 48% of staff identify as white.

## 6. Action since last year

6.1 The Pay Gap Report 2020/2021 had five main targets:

### (a) Enabling Flexible Working

The Flexible Working Policy was reviewed in Autumn 2022. The key reasons were to combine the flexible working and agile working policies, and to emphasise the Trust's proactive approach to flexible working. It is predicted that this will have a positive impact on our female workforce, who continue to take on a larger proportion of the household, childcare and caring responsibilities.

### (b) Inclusive Maternity Policies

The Trust follows current best practice where pregnant colleagues are advised to continue working as normal prior to 28 weeks gestation.

Pregnant staff are given an information video to watch and part of this covers "keeping in touch" (KIT) days that employees can opt it in to and potentially make it easier when it is time to come back to work.

Last year's target of 'pregnant colleagues who do not want to work in red areas and support their redeployment as appropriate' was only applicable pre-vaccine but a health risk assessment would be done as standard.

### (c) Making West Herts More Menopause Friendly

Around 1,000 members of the workforce (approx. 20%) are women at menopausal or perimenopausal age. This can result in lower job satisfaction, greater absence rates and anxiety and, for some women, a reduction in working hours or even exit from the workforce entirely.

The Menopause policy and toolkit have been reviewed, more menopause webinars have been advertised and a Menopause Staff Network is due to be developed.

### (d) Clinical Excellence Awards Reforms (Bonuses)

Last year these actions were agreed and completed:

- Applications scored by a larger panel of assessors (12-14 assessors).  
Scoring panel to be representative of the clinical body both in terms of roles and diversity (age/experience, gender, ethnicity).

- Awards scheme promoted by Divisional Directors and Divisional General Managers. Communication proactive in addressing gaps between different groups.

These actions were not put into place:

- 'Blind' scoring of applications. This was not possible as a doctor's publications are part of their application so each person is easily identifiable.
- Part time workers are eligible for pro rata'ed CEAs. The action was to consider full CEAs where it can be shown that there was significant amount of their own time and effort put into the subject of their submission. This will still be considered in the future.

(e) Workforce Race Equality Standard (WRES) Action Plan

The Trust's WRES Action Plan can be accessed on the [Equality page](#) of the Trust website. Successes for 2021/22 include:

- 16 board members and 10 multicultural members of staff took part in a reciprocal mentoring programme which showed benefits for both groups. For instance, the number of people who were 'quite comfortable' talking about race was 50-60% before the 6+ mentoring meetings and afterwards was zero. Board members went from 83% 'quite unaware' or 'neutral' about lived experiences of BAME colleagues to 100% being quite or extremely aware. The greatest majority of board members (83%) took action following the reciprocal mentoring.
- ICS Career Development Programme launched. This is aimed at Band 2-4 underrepresented groups (initially people who are disabled and/or Black, Asian and Ethnic Minorities). It covers leadership, recruitment, coaching, communication and presentations, project management and EDI aspects, as well as creating a peer group and sense of being supported in their career.
- Continued face to face engagement events to educate about / celebrate the diversity of the Trust's workforce and patients. These are led by Connect, the Trust's multicultural staff network and are well attended.
- Continued safe spaces for staff to raise concerns. These are led by Connect, the Trust's multicultural staff network and reported to Execs. This will inform the review of the disciplinary policy, due Autumn 2022.

6.2 Other recent key actions

In early 2022/23 Dr Rachel Hoey set up two staff networks;

Women as Medical Leaders is a consultant forum to support female consultants who are interested in or are already in leadership roles. The group has used information from a survey and the first few meetings to develop a series of actions which will require support from executive sponsors, HR and training.

Sexism in Medicine is a group to raise awareness and reduce discrimination faced by female doctors, which is especially experienced by younger women. The first sessions were facilitated by NHS Elect where personal experience was captured as well as ideas for Trust actions.

## 7. Action for the coming year

Pay Gap	Action	Lead/s	Timeline
Gender	<p>Review the Recruitment &amp; Selection Policy to ensure more Women and Black, Asian and Ethnic Minorities are recruited/promoted into quartile 4 roles. This will be done by:</p> <ul style="list-style-type: none"> <li>• Reviewing quartile 4 data every quarter on (a) applicants (b) shortlisted (c) appointed.</li> <li>• Ensure unsuccessful interviewees from these two underrepresented groups are given developmental feedback on what would improve their next application/interview.</li> <li>• Use of representative interview panels (gender and race) to ensure unconscious bias is minimised.</li> <li>• Promote flexible working arrangements; job share etc.</li> </ul>	EDI Lead + Associate Director of Recruitment & Retention	April 2023
Gender	<p>Train and develop more women into quartile 4 roles by:</p> <ul style="list-style-type: none"> <li>• Promoting leadership opportunities, such as the in house 'Transform' programme.</li> <li>• Promoting structured coaching opportunities, including one-off interview preparation coaching</li> <li>• Encouraging shadowing, mentors and mentees.</li> </ul>	Head of L&D, EDI Lead & Chair of Women as Medical Leaders staff network	March 2023
Gender	Encourage consultants to use their supporting professional activities (CPD) to develop leadership skills.	Chair of Women as Medical Leaders staff network & relevant Clinical Leads	Dec 2022
Gender	Publicise female role models – women in leadership roles	EDI Lead	Quarterly
Gender	Support and establish a staff-led Women's Staff Network to ensure that women feel supported, are as productive as possible, and stay in work in the Trust.	EDI Lead	Summer 2023
Gender and Race	Sub-committee to implement the national changes to Clinical Excellence Awards (bonuses).	Head of Medical Resourcing	From Nov 2022



Pay Gap	Action	Lead/s	Timeline
Gender and Race	Explore the opportunities to reduce inequalities in: - Environment division (race) and Estates roles (gender and race) - Admin & Clerical roles (gender)	EDI Lead, Estates Director plus HRBPs	March 2023
Race	Implement the changes in the WRES	EDI Lead and people in Action Plan	Summer 2023 and dates in Action Plan
Race	Continue to support the ICS Career Development programme for underrepresented groups (race/disability), with publicising to the target audience as well as developing and delivering content. This programme supports Bands 2-4 and will extend to Bands 5-7.	EDI Lead and relevant Chairs of Staff Networks	Ongoing

## 8. Risks

### 8.1

Risk	Mitigation
Not publishing the Gender Pay Gap.	PERC will consider this report in good time for the March 2023 deadline.
Risk of talent management missing out on staff with greater potential. This has a risk to patient outcomes.	Changes in HR and management practices as per the Action Plan. Equal opportunities for development and promotion is registered as a risk on the Trust's corporate risk register and therefore evaluated and actioned regularly.
7% of staff have not shared their ethnicity on ESR	Encourage ESR self-service to reduce data gaps
Colleagues have to identify as male or female on ESR, excluding non-binary colleagues who identify as non-binary or gender-fluid.	Staff can define themselves as "Mx" in the title section.

## 9. Recommendation

The Trust Board is asked to receive the Gender Pay Gap report to review and to approve for publication on the Trust website by 31 March 2023, in line with statutory requirements. The Race Pay Gap report is best practice and will be published at the same time.

**Name of Director** Andrew McMenemy

**Title** Chief People Officer

**Date:** 10 October 2022