





Trust Board November 2023

Title of the paper:	Gender & Ethnicity Pay Gaps Report 2023						
Agenda Item:	<i>Leave blank for admin</i>						
Presenter:	Andrew McMenemy, Chief People Officer						
Author(s):	Alex Paice, Associate Director of OD & Culture						
Purpose:	<p><i>Please tick the appropriate box</i></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;"><i>For approval</i></td> <td style="border: 1px solid black; padding: 5px;"><i>For discussion</i></td> <td style="border: 1px solid black; padding: 5px;"><i>For information</i></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black;"></td> </tr> </table>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>	X	X	
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Executive Summary:	<p><u>Gender pay gap</u></p> <p>For the past few years, overrepresentation of female colleagues in lower and middle quartiles have been seen, though while this pattern remains, small, continued shifts towards more proportional representation.</p> <p>Women’s average earnings are at 10 – 24% lower than men’s (median to mean), compared to 2022 where it was 15 – 25%</p> <p>Clinical Excellence Awards (CEA bonuses) 83.7% of male consultants receive CEA awards compared to 74% of female consultants. This This calculation demonstrates a larger variance of 9.7%, in favour of male colleagues. This is a small positive improvement from 2022 which indicated a variance of 10.3%.</p> <p><u>Ethnicity pay gap</u></p> <p>Colleagues from a multicultural background represent 47.6% of the workforce</p> <p>Percentage of multicultural colleagues across all four pay quartiles have increased however but the ‘ceiling effect’ is still particularly apparent within the upper quartile despite there being an increase in representation of multicultural staff within Band 8a to VSM roles over the past few year.</p> <p>The pay gap is 5.05% in favour of multicultural colleagues however this is skewed by the high number of multicultural colleagues in medical role. However, when the medical and dental staff group are removed from the ethnicity pay gap calculations, it displays a pay gap of 4.13% in favour of white colleagues.</p> <p>Over 61% (168) of consultants are from a multicultural background, and within the data snapshot more multicultural consultants received bonus pay than white consultants however proportionately they were less likely to receive the clinical excellence awards than their white counterparts.</p> <p>Despite the relatively small disparities, in terms of the mean, the ethnicity bonus pay gap (23%) is larger than what is seen in regard to hourly pay for both the overall workforce and the medical staff group (12.8%).</p> <p>Pay gaps were most evident in both estates and ancillary roles across both pay gaps.</p>						

	Many aspects of the priorities for 2023/2024 align with the People Strategy, recruitment and HR practices to support the wide scale cultural transformation needed to make the Trust a truly inclusive and positive place to work.			
Trust strategic aims: <i>(please indicate which of the 4 aims is relevant to the subject of the report)</i>	Aim 1 Best care 	Aim 2 Great team 	Aim 3 Best value 	Aim 4 Great place 
	Objectives 1-4	Objectives 5-8	Objective 9	Objective 10-12
		X		X
Links to well-led key lines of enquiry:	<input type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care? <input type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? <input type="checkbox"/> Is there a culture of high quality, sustainable care? <input type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management? <input type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance? <input type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on? <input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? <input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation? <input type="checkbox"/> How well is the trust using its resources?			
Previously considered by:	Committee/Group		Date	
	PERC		26/10/2023	
Action required:	The Board is asked to receive this report for information and approve this report for publication on the Trust website in line with legal requirements.			

Please keep this report concise, i.e. no more than 4 pages. If necessary, signpost to further sources of information, but do not embed documents

Agenda Item: *To be left blank*

Trust Board

Title of paper: Gender & Ethnicity Pay Gaps Report 2023

Presented by: Andrew McMenemy, Chief People Officer

1. Purpose

Since 2017, there has been statutory responsibility for organisations with 250 or more employees to report annually on their gender pay gap. These regulations underpin the Public Sector Equality Duty and require relevant organisations to publish their gender pay gap report by 30 March each year.

Alongside this, the report incorporates the ethnicity pay gap for the trust. Although not yet mandated we believe this is an essential element on our journey towards greater equality, diversity and inclusion and effective anti-racism.

The main purpose of these reports is to monitor the Trust's progress towards achieving pay equity whereby people's pay is based on capability and merit. The reports 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

The intention of pay gap reporting is to focus organisational attention on taking action to reduce such inequalities, support the delivery of the People Promises and focus effort on improving staff experiences within our workplace, improving retention and making the Trust an employer of choice. Evidence indicates that disparity in pay has a lasting socioeconomic impact on staff.

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.

However, it is important to distinguish that whilst both equal pay and the gender pay gap deal with the disparity of pay experienced by women in the workplace, they are two distinct issues and an organisation can be an equal pay employer, yet still have a pay gap.

Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.

While the gender pay gap is a measure of the difference between men's and women's average earnings (mean/ median) across an organisation regardless of the nature of their work.

There are six pieces of information that must be published in the gender pay gap report, and these are:

The difference between the:

- Mean hourly rate of male and female employees.
- Median hourly rate of male and female employees.
- Mean bonus paid to male and female employees.
- Median bonus paid to male and female employees; and

The proportions of:

- Male and female employees who were paid a bonus.
- Male and female employees in the 1st (lower) quartile, 2nd quartile, 3rd quartile and 4th (upper) quartile pay bands.

In regard to ethnicity, the pay gap is the difference between the average earnings of white and multicultural colleagues across the organisation, again regardless of the nature of their work.

However, unlike with the gender pay gap there is no mandatory framework for ethnic pay gap reporting, therefore we have chosen to replicate the measure used in gender pay gap reporting with some changes, to account for the different data sets.

3. Data and Reporting Principles

This report has been curated based on a snapshot of the workforce data as of the **31 March 2023** in line with the guidelines.

The data utilised has been collated from Electronic Staff Record (ESR) and as such it is important to note that within ESR, certain protected characteristics may have data quality gaps, where colleagues have been given the option not to share. This is a common dynamic across most NHS organisations. Consequently, for the ethnicity pay gap it does not include those who have not shared (6.90% of the workforce) as such this will also influence percentages and headcount in comparisons to other reports. Moreover, the system currently does not have the functionality to enable the inclusion of non-binary or transgender employees. as this would breach legislation in the Gender Recognition Act (2004).

In addition, the BI report for the gender and ethnicity pay gaps only include Full Pay Relevant employees. Therefore, headcount and some overall percentages for this report will vary from the PSED, WRES & WDES reports. However, Bank Locum Doctors are included, in line with the nationally depicted criteria.

Historically, reports developed have used the acronym BAME (Black, Asian, Minority Ethnic) however to increase inclusivity, "multicultural" was voted by our staff network members to be the preferred terminology to use moving forward. Consequently, this report will use this term to refer to this group of colleagues however the 'BAME' acronym will be used within charts, and graphs to enable comparison of indicators with historical and national metrics.

4. Data Analysis – Gender

4.1 Gender Profiles

Our workforce is predominantly female (77.5%) and has remained relatively constant over the past several years.

Table 1. Year on Year Gender Demographics for the Overall Workforce.

Gender	2020	2021	2022	2023	Change 2022-23
Female	78.30%	78.20%	77.70%	77.50%	-0.20%
Male	21.70%	21.80%	22.30%	22.50%	0.20%

This pattern mirrors closely 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. Looking across four broad pay banding classifications, an increase in representation of female colleagues can be seen between 2022 and 2023 in more senior and medical roles.

Table 2. 2022 and 2023 Gender breakdown.

	2022		2023	
	Female	Male	Female	Male
Bands 2 to 8d	83.09%	16.91%	82.69%	17.31%
Band 9+	41.18%	58.82%	48.48%	51.52%
Consultant	43.15%	56.85%	45.37%	54.63%
Other Medic	45.33%	54.67%	46.52%	53.48%

Though while overall improvements are being seen, similarly to ethnicity, representation drops in the more senior, higher paid roles. Mirroring the trends seen in secondary care providers within the system.

Female colleagues remain overrepresented in Band 2 to Band 7 roles. Though while proportional representation has been approximately achieved for Band 8a and 8b posts (75.3%), this is not the case for 8c (66.7%), 8d (54.2%) and Band 9 (60%) roles.

In order to review the data in further detail in line with mandatory requirements, pay quartiles have been 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 3. 2022 & 2023 Overall Gender Pay Quartiles.

	2022				2023			
Total (no.)	5,185				5,341			
Quartile	Female (no.)	Male (no.)	Female %	Male %	Female (no.)	Male (no.)	Female %	Male %
Lower	1020	271	79.01	20.99	1048	279	78.98	21.02
Lower Middle	1060	241	81.48	18.52	1083	259	80.70	19.30
Upper Middle	1066	231	82.19	17.81	1093	243	81.81	18.19
Upper	837	459	64.58	35.42	857	479	64.15	35.85

For the last few years, overrepresentation of female colleagues in lower and middle quartiles have been seen, though while this pattern remains, small, continued shifts towards more proportional representation across all but the upper quartile are visible.

The ‘ceiling effect’ is still apparent where proportional representation has yet to be achieved within the upper quartile, where males remain significantly overrepresented (35.85%) compared to the overall workforce (22.5%). This disparity of 13.35%, whereby a disproportionate amount of male colleagues are in the higher salaried roles, contributes to creating the gender pay gap. This pattern has been relative static over the past few years.

4.2 Mean and Median Hourly Rate

The mean pay gap is the difference between the average earnings of two groups, in this case male and female colleagues. This is widely considered the most suitable way to calculate the average as it incorporates all of data.

The median pay gap is the difference in hourly pay gap between the mid-point of the two groups when their salaries are listed by size. It therefore is not influenced by extremes in salaries and so the median would be more reflective of what the majority of individuals are paid.

Exploring the data from the 31st March 2023, it demonstrates that there is still a significant gender pay gap in favour of male colleagues. However, when comparing this to data from the 31st March 2022 it is apparent that the gap has decreased, with a small improvement are being seen in relation to the mean and larger improvements in regards to the median.

Table 4. Mean and Median Gender Pay Gap.

	Mean Gender Pay Gap	Median Gender Pay Gap
Women’s Hourly Earnings 2022	25.5% lower	15% lower
Women’s Hourly Earnings 2023	24.4% lower	10.5% lower

The above table indicates that in regard to the mean, women in the Trust earn just over 24% less per hour than men. While the median suggests that women in the Trust earn just over 10% less hour than men.

Table 5. Mean and Median Hourly Rate.

Gender	2022		2023	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Male	25.6	20.4	26.3	20.2
Female	19.1	17.3	19.9	18.1

4.3 Staff Groups

The extent of the gender pay gap varies considerably across the 8 different staff groups within the Trust. There is minimal variance (less than 50 pence) is seen across the following four groups:

- Add Prof Scientific and Technic
- Additional Clinical Services
- Allied Health Professionals
- Nursing and Midwifery Registered

With the largest gender pay gap being seen in favour of males being seen in:

- Estates and Ancillary (38.96%)
- Admin & Clerical (20.85%)
- Medical & Dental (13.47%)

Table 6. Gender Pay Gap broken down by staff groups.

Staff Group	2022				2023			
	Female	Male	Difference	Pay Gap %	Female	Male	Difference	Pay Gap %
Add Prof Scientific and Technic	23.4	23.7	0.3	1.28	24.23	24.66	0.43	1.75
Additional Clinical Services	12.4	12.4	0.0	-0.09	13.22	13.19	-0.03	-0.2
Administrative and Clerical	16.1	21.0	5.0	23.61	16.95	21.41	4.46	20.85
Allied Health Professionals	21.1	20.9	-0.2	-0.86	21.45	21.66	0.22	1
Estates and Ancillary	11.1	18.4	7.3	39.83	11.82	19.37	7.55	38.96
Healthcare Scientists	22.5	24.1	1.6	6.75	23.16	24.22	1.06	4.39
Medical and Dental	33.6	39.1	5.5	14.13	34.7	40.1	5.4	13.47
Nursing and Midwifery Registered	20.4	20.2	-0.3	-1.26	20.93	21.17	0.24	1.11

For all three of these staff groups with the biggest pay gaps, small incremental improvement has been seen compared to last year with the most improvement being seen within administrative and clerical roles.

Looking across the NHS, few staff groups better illustrate the under-representation of women in senior roles than estates and facilities. The overall workforce across the NHS within Estates and Ancillary is 57% female but just one quarter of its band 7 to 8 roles are held by women.

Estates and Ancillary presents a broad range of jobs. The technical side has traditionally attracted applicants from male-dominated trade backgrounds, such as engineering, while the strategic estates side and facilities has been less skewed towards men. Stereotypically technology, construction, estate management and a wide range of STEM roles are predominantly male dominated. While there is no doubt that there is an area where significant improvement is required it should be highlighted that Estates and Ancillary staff group is comprised of a small number of employees (less than 90) which is significantly less than 6 of the other staff groups and as such would be more sensitive to the gender pay gap.

Moreover, upon a further deep dive of the quartile data it is apparent that the banding is not the only thing that influence where an individual sits within the quartiles, additional payments also impact this as they contribute to overall earning. This is particularly seen in estates and ancillary roles where a number of band 4 and band 5 sit within the upper quartile because of additional earnings because of the frequency of call outs resulting in significant levels of overtime payments. This would further compound, and extent pay gaps within this staff group.

4.4 Clinical Excellence Awards – Bonus Pay

Within the Trust, only consultants are in receipt of bonus pay in the form of Clinical Excellence Awards (CEA). The CEA awards aim to reward the consultants who contribute most to the delivery of safe and high-quality care and the improvement of NHS services.

The national methodology to report bonus pay gap is based on the overall workforce and can be seen in the table below.

Table 7. Gender breakdown of Bonus Pay – Overall Workforce.

Gender	Employees	Paid Bonus	Employees Paid Bonus (%)
Female	4427	97	2.19%
Male	1393	139	9.98%

This demonstrates that there is a variance of 7.79% between men and women receiving a bonus, in favour of male colleagues. However, as bonus pay is only received by consultants within the organisation, calculating the pay gap based on this staff group provides a more accurate picture.

Table 8. Gender breakdown of Bonus Pay – Consultants.

Gender	Consultants	Paid Bonus	Percentage Paid Bonus (%)
Female	131	97	74.0%
Male	166	139	83.7%

This calculation demonstrates a larger variance of 9.7%, in favour of male colleagues. This is a small positive improvement from 2022 which indicated a variance of 10.3%. 45% of consultant posts are held by women, this is significantly lower than the overall workforce (77.5%) which too would contribute meaningfully to the overall gender pay mentioned above.

4.4.1 Mean and Median

In terms of the mean, the bonus pay gap is larger than what is seen in regard to hourly pay for both the overall workforce and the medical staff group. Nevertheless, this has decreased by 2.4% compared to 2022.

Table 9. Mean and Median gender pay gap using bonus pay.

Gender	2022		2023	
	Mean Pay	Median Pay	Mean Pay	Median Pay
Male	£14,424	£12,064	£10,206	£4,199
Female	£9,752	£5,730	£7,148	£4,199
Difference	£4,672	£6,334	£3,058	0.00
Pay Gap %	32.4	52.50	30	0.00

However, utilising the median, it demonstrates for the first time that there is no pay gap in regard to bonus pay which is a significant improvement than last year and demonstrating a positive shift.

4.4.2 Clinical Excellence Awards 2023

The guiding principles and processes in relation to both Local Clinical Excellence Awards (LCEA) and National Clinical Impact Awards have changed to ensure that processes are fairer and more equitable. These are currently being refined and implemented within the Trust's local procedures and will be in place for the 2023 round of awards commencing in October, in line with national implementation schedules.

Moreover, to further support widening participation, LCEA communication will be more transparent as each consultant will be personally and directly contacted with the details of the initiative. It will highlight the changes that are taking place within the process as well as also providing the opportunity to get support in considering and applying for a LCEA with another consultant who has previously been successful. This buddying approach provides further clarity on the 'ask' and enables individuals to write an application that matches the depicted specifications.

Our End Sexism in Medicine & Women as Leaders Network chair, Dr Rachel Hoey, is also part of the implementation group and is working with the teams to ensure that the approach is as inclusive as possible. One element currently being discussed is to send further LCEA communications to female consultants as feedback has indicated that compared to their male counterparts, they feel their contribution are not as 'significant' or 'worthy' in order to apply. Utilising the networks to promote the shift to a more inclusive and equitable approach could also help to reassure and encourage female colleagues to apply. Other feedback has also indicated that those who are less than full time (often female consultants) do not consider it to be a financially beneficial due to tax implications.

5. Data Analysis – Race

Colleagues from a multicultural background represent 47.6% of the workforce, with year-on-year increases being seen.

Table 10. Year on Year Ethnicity Breakdown for the Overall Workforce.

	2020	2021	2022	2023	Change from 2022 to 2023
BAME	40%	42%	45%	47.60%	2.60%
White	53%	50%	48%	45.50%	-
Not Known	7%	8%	7%	6.90%	-0.1

Utilising the gender pay gap methodology, whereby any ‘unknowns’ are not included within the data set, the headcount percentage for colleagues from a multicultural background equate to 51%. On this basis the table pay quartiles have been 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 multicultural and white within each group.

Table 11. 2022 & 2023 Overall Ethnicity Pay Quartiles (Not including Unknowns).

Quartile	2022				2023			
	BAME (no.)	White (no.)	BAME %	White %	BAME (no.)	White (no.)	BAME %	White %
Lower	472	729	39.3%	60.7%	531	698	43.2%	56.8%
Lower Middle	636	584	52.1%	47.9%	699	578	54.7%	45.3%
Upper Middle	659	531	55.4%	44.6%	729	517	58.5%	41.5%
Upper	573	656	46.6%	53.4%	595	659	47.4%	52.6%

In 2023, percentage of multicultural colleagues across all four pay quartiles have increased from 2022. It is apparent that there is an overrepresentation of multicultural colleagues in both lower and upper middle compared to the overall workforce data.

There are also noticeable shifts towards more proportional representation across the lower and upper quartiles but the ‘ceiling effect’ is still particularly apparent within the upper quartile despite there being an increase in representation of multicultural staff within Band 8a to VSM roles over the past few year. Therefore, white colleagues remain significantly overrepresented (52.6%) compared to the overall workforce breakdowns.

This disparity whereby a disproportionate number of white colleagues are in the higher salaried roles, contributes to creating the ethnicity pay gap.

5.1 Mean and Median Hourly Rate

Table 12. Ethnicity breakdown of hourly rates

Ethnicity	2021 Mean Hourly Rate	2021 Median Hourly Rate	2022 Mean Hourly Rate	2023 Mean Hourly Rate	2023 Median Hourly Rate
BAME	20.60	16.84	21.48	22.02	18.49
White	19.09	16.44	20.00	20.96	18.10
Difference	-1.51	-0.40	-1.48	-1.06	-0.39
Pay Gap %	-7.91	-2.43%	-7.42	-5.05%	-2.14%

The above figures demonstrate that overall multicultural colleagues earn more than white colleagues, which is opposite to the picture outlined by the office of national statistics from pay gaps conducted across the UK.

However, this is predominantly due to the majority of medical staff being from a multicultural background. As such, when the medical and dental staff group are removed from the ethnicity pay gap calculations, it displays a pay gap of **4.13%** in favour of white colleagues.

5.2 Staff Groups

The extent of the ethnicity pay gap varies considerably across the 8 different staff groups within the Trust.

Only the staff group of Additional Clinical Services has a small pay gap in favour of multicultural colleagues.

With the staff groups with largest gaps, in favour of white colleagues, are being seen in:

- Estates and Ancillary (19.8%)
- Allied Health Professionals (14.0%)
- Medical & Dental (12.8%)
- Nursing and Midwifery Registered (12%)

Table 13. Ethnicity breakdown of hourly rates.

Staff Group	2022				2023			
	BAME	White	Difference	Pay Gap %	BAME	White	Difference	Pay Gap %
Add Prof Scientific and Technic	£23.59	£24.85	1.26	5.1%	£24.77	£25.88	1.12	4.3%
Additional Clinical Services	£12.60	£12.31	-0.29	-2.3%	£13.34	£13.14	-0.20	-1.5%
Administrative and Clerical	£16.00	£16.93	0.93	5.5%	£17.01	£17.68	0.66	3.8%
Allied Health Professionals	£19.89	£22.06	2.17	9.8%	£19.72	£22.94	3.22	14.0%
Estates and Ancillary	£12.25	£15.20	2.95	19.4%	£13.51	£16.84	3.33	19.8%
Healthcare Scientists	£22.02	£23.86	1.84	7.7%	£22.63	£24.52	1.89	7.7%

Medical and Dental	£37.07	£41.22	4.15	10.1%	£37.26	£42.75	5.49	12.8%
Nursing and Midwifery Registered	£19.54	£21.79	2.25	10.3%	£19.97	£22.69	2.72	12.0%

It is interesting to compare this data to that produced in line with the gender pay gap:

- For both gender and ethnicity, Estates and Ancillary is the staff group with the biggest pay gaps.
- Allied Health Professionals & Nursing and Midwifery staff groups were the smallest pay gaps for gender yet are demonstrate some of the largest in regard to ethnicity.
- While the extent of the pay gap is not as extreme per each staff group for the ethnicity compared to the gender pay gap. Significant inequalities to multicultural colleagues are seen across 7 of the 8 staff groups compared to approximately 5 staff groups in terms of gender.

5.3 Clinical Excellence Awards – Bonus Pay

As outlined previously, the majority of doctors are from a multicultural background, which influences the overall pay gap to demonstrate that it is in favour of colleagues from a multicultural backgrounds. However, the bonus pay does not follow this trend.

Over 61% (168) of consultants are from a multicultural background, and within the data snapshot more multicultural consultants received bonus pay than white consultants however proportionately they were less likely to receive the clinical excellence awards than their white counterparts.

Table 14. Breakdown by Ethnicity of Bonus Pay – Overall Workforce

Ethnicity	Employees	Paid Bonus	Employees Paid Bonus (%)
BAME	2554	140	5.5%
White	2452	92	3.8%

Table 15. Breakdown by Ethnicity of Bonus Pay – Consultants

Ethnicity	Consultants	Paid Bonus	Consultants Paid Bonus (%)
BAME	168	140	83.3%
White	107	92	86.0%

Despite a 2.7% discrepancy in favour of white consultants and paid bonuses this is a lot lower compared to 2022 data (10.9% discrepancy in favour of white consultants).

5.3.1 Mean and Median

Despite the relatively small disparities demonstrated above, in terms of the mean, the ethnicity bonus pay gap (23%) is larger than what is seen in regard to hourly pay for both the overall workforce and the medical staff group (12.8%).

Table 16. Mean and Median ethnicity pay gap using bonus pay.

Gender	2022		2023	
	Mean Pay	Median Pay	Mean Pay	Median Pay
Multicultural	£11,067	£6,032	£8,050	£4,199
White	£14,773	£12,064	£10,459	£4,199
Difference	£3,706	£6,032	£2,409	£0
Pay Gap %	25.1%	50.0%	23.0%	0.00

While the ethnicity pay gap is still significantly more in favour of white consultants, year on year improvements are being seen and is lower the gender bonus pay gap.

Although, similarly to gender and bonus pay, the median (mid-point) indicates that there is no apparent difference between multicultural and white colleagues.

Table 17. Year on Year comparisons - Mean and Median ethnicity bonus pay gap.

	2020	2021	2022	2023
Mean Bonus Pay Gap	32%	27.4%	25.1%	23%
Median Bonus Pay Gap	55.6%	50%	50%	0%

6. 2021/2022 Action Plan & Progress Review

Appendix A provides details on progress against each individual action identified last year, although the extent of progress has been impacted by the changes within the EDI team.

Moreover, beyond the specified actions there has been a variety of relevant activities that align to the aims of the pay gap reports. These include but not limited to:

- Launching a reciprocal mentoring pilot;
- Launched the beginning of our cultural awareness programme;
- Developed health and wellbeing strategies, which recognise the particular challenges faced by women in the workplace e.g., menopause;
- Further development and formalisation of staff networks;
- The Trust has signed the BMA End Sexism in Medicine Pledge and started progress key recommendations;
- Begin to further embed staff networks into HR Practices and processes.

Moreover, the Trust has recently been accepted on to the Diversity in Health and Care Partners Programme which will help to support improving practice, frameworks and governance. The Trust has been accepted onto the programme based on our intent to develop our EDI Agenda.

7. Priorities for 2023/2024

Our People Strategy sets out our commitment under key headings of the people promises which all contain the golden thread of Diversity, Equality and Inclusion.

We aim to continue to reduce our gender and ethnicity pay gap year on year, with the intention to create greater equality in our pay frameworks. Though to effectively reduce the pay gaps a multi angled approach is needed attraction, recruitment, development and retention initiatives.

- Extend outreach to local schools through career fairs, t-levels, work experience and apprenticeships first schemes;
 - Particular focus on divisions and staff groups with the widest pay gap e.g., estates and ancillary.
- To develop our recruitment practices to increase the diversity of our workforce at all levels in all pay quartiles;
 - Launch Trust-wide inclusive recruitment processes to remove biases;
 - Implement the veteran aware scheme, which supports ex arm service personnel to obtain roles within the NHS;
 - Achieve Carer Confident Level 2;
 - Achieve Disability Confident Level 3.
- Develop and implement more robust and effective development provisions;
 - Launch the redesigned leadership programme with incorporates embedded key EDI topics;
 - Develop three-year divisional development plans to inform succession planning and equitable access to courses (rather than being on a first come first served basis);
 - Develop and implement an informative and tangible line managers training;
 - Explore the feasibility of launching a positive action programme that supports multicultural and female colleagues progress in to more senior roles;
 - Further utilise the apprenticeship levy to enable staff to pursue development activity, which enables career progression.
 - Develop practical competencies e.g., interview practice sessions.
- Continue to work with all staff networks to take an intersectional approach to identifying collaborative actions that will support pay equality;
 - Design and conduct a series of focus groups with women doctors to identify and understand any barriers to career progression;
 - Design and conduct a series of focus groups with multicultural to identify and understand any barriers to career progression;
 - Provide opportunities for women to share their experiences and stories through events and activities (e.g. International Women’s Day).

8. Conclusions

While it is important to recognise the achievements that have been made over the period of this report, it is vital to note that there is still a great amount of work needed to be undertaken to achieve the Trust’s strategic goals and truly embed EDI throughout the organisation.

Further progressing the elements identified in the people strategy alongside strengthening values-based recruitment and HR practices will be fundamental in achieving the wide scale cultural transformation needed to make the Trust a truly inclusive and positive place to work.

However, to see significant reductions in both gender and ethnicity pay gaps serious consideration is needed around developing and implementing positive action programmes that look at developing these colleagues in more senior roles as well as developing talent pipelines to identify whether there is internal talent before going external to recruit.

9. Risks

The above paper supports meeting the legal requirements to disclose the gender pay gap. The developed priorities for 2023 / 2024 help support mitigating the following risks:

- Risk of not attracting and appointing a diverse range of individuals with the right skills and personal values that align with the Trust;
- Risk of being unable to develop an inclusive and equitable organisation. As demonstrated by the gender/race pay gap, the workforce race and disability equality

reports, disparities remain and whilst some progress has been made, it has been slow and is not consistent across all areas of the workforce;

- This in turn could negatively influence the perceptions of prospective and current employees;
- Risk in the ability that the Trust will be able to comprehensively support its diverse workforce, impacting staff experience/moral and ultimately negatively impacting turnover;
- Risk in the Trust being able to meet the depicted Equality Delivery System criteria satisfactorily;
- Risk that the Trust is unable to demonstrate to employees a serious commitment towards EDI, engagement and wellbeing.

10. Recommendation

The Board is asked to receive this report for information and approve this report for publication on the Trust website in line with legal requirements.

Appendix

Appendix A – 2022/2023 Action Update

	Action	Update	Lead/s	Timeline
Gender + Race	<p>Review the Recruitment & 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"> • Reviewing quartile 4 data every quarter on (a) applicants (b) shortlisted (c) appointed. • Ensure unsuccessful interviewees from these two underrepresented groups are given developmental feedback on what would improve their next application/interview. • Use of representative interview panels (gender and race) to ensure unconscious bias is minimised. • Promote flexible working arrangements; job share etc. 	<p>The policy will be reviewed later this year – extension obtained in order to ensure all the developments to the Value Based Recruitment process is incorporated and is accurate. This will include enabling diverse representation for recruitment of all posts in terms of ethnicity and gender.</p> <p>Pilots of VBR practices have been conducted for health care support workers, roles within clinical support and new EDI team members. Recruitment plan role this out more widely after the process is further refined shortly.</p> <p>In November, a new flexible policy was implemented. Originally there were two policies, one for hybrid working and one for flexible working. These have now been combined and refreshed. A working group with representation from across the trust was involved and reviewed the policy before being ratified. Further updated version to be released imminently. A new website has been developed that provides further information around the types of flexible working, highlighting the benefits of supporting colleagues to undertake flexible working. This also incorporates guidance and useful documents to further enable the facilitation of flexible working across the organisation and to engage with managers.</p> <p>Further work has been identified as a priority on the flexible working agenda and is part for the new WRES/WDES and staff survey action plans.</p>	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"> • Promoting leadership opportunities, such as the in house 'Transform' programme. • Promoting structured coaching opportunities, including one-off interview preparation coaching • Encouraging shadowing, mentors and mentees. 	<p>L&D have undertaken direct targeting of key developmental opportunities to women (relevant quartile 4 bands) including coaching service, promoting leadership and development programmes. This will take place on an ongoing quarterly, with the view to developing personalised communication.</p> <p>Internal training for sessions for 8a and above: RISE – Female 84% vs 16% male Operational Managers Programme – Female 71% vs 29% male</p> <p>A new partnership has been developed with the University of Hertfordshire business school which provides more opportunities to offer Band 7 leadership apprenticeships.</p> <p>Moreover, the first cohort of apprenticeship levels 3 & 5 have been advertised that are specifically for women in leadership – this was communicated to all women at Band 7 and</p>	Head of L&D, EDI Lead & Chair of Women as Medical Leaders staff network	March 2023

	Action	Update	Lead/s	Timeline
		band 8a roles. Cohorts for 2024 will be advertised to all women as well as via the leadership development bulletin. Furthermore, a senior leadership training programme for 8cs and above including senior clinicians and consultants is coming on line 2024.		
Gender	Encourage consultants to use their supporting professional activities (CPD) to develop leadership skills.	A bespoke foundation leadership develop programme has been arranged for 57 consultants by a third-party provider. Of those attending 51% were female consultants. An additional king's fund course was arranged for 9 consultants of which 33% were female. Working collaboratively with the staff networks leadership webinars and sessions are being arranged.	Chair of Women as Medical Leaders staff network & relevant Clinical Leads	Dec 2022
Gender	Publicise female role models - women in leadership roles	Progress has been limited in highlighting female role models within the organisation and will be picked up as part of the 2024 workplan. Plans starting to be developed for the next international women's day in which highlights role models will be key part. Working collaboratively with the library services, a selection of Women in Leadership resources has been added.	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.	At this time an overarching Women's Staff Network has yet to be formulated however there has been requests to have a specific menopause network of which we are working with key colleagues to this embedded. It will help inform discussions and understanding around the menopause including shaping the supportive measures being put in place e.g. menopause passport – to encourage reasonable adjustments	EDI Lead	January 2023
Gender and Race	Sub-committee to implement the national changes to Clinical Excellence Awards (bonuses).	Working implementation group has been launched to discuss and implement the changes in line with national guidelines, including key stakeholder engagement and specific discussions around how to implement locally in the most robust and positive way possible. A policy is currently being developed to ensure we adhere to the new stipulations	Head of Medical Resourcing	From Nov 2022
Gender and Race	Explore the opportunities to reduce inequalities in: - Environment division (race) - Estates roles (gender and race)	Particular focus around identifying leadership specific training that is applicable across a variety of roles within estates to support individuals develop and obtain more senior roles	EDI Lead, Estates Director	March 2023

	Action	Update	Lead/s	Timeline
	- Admin & Clerical roles (gender)	<p>Work has commenced to start making TNA process more robust to start ensuring that all staff are considered for developmental opportunities</p> <p>2 weekly meeting have been arranged with the talent team looking at utilising career development opportunities throughout the estates division – discussing the gender pay gap data to inform conversations</p> <p>HRBP alongside senior team will review to ensure parity of opportunity and will be proactively encouraging individuals from a multicultural background and female colleagues to apply.</p> <p>While VBR has yet to be rolled out trust wide, senior posts that have been recruited recently (and moving forward) utilises best practice EDI elements incorporated such as:</p> <ul style="list-style-type: none"> ○ Shortlisting was completed by several individuals for consistency checking ○ Representative and diverse stakeholder and interview panels ○ Applications were sort internally and externally. 	plus HRBP	
Race	Implement changes to WRES	<p>See WREs report for full details https://www.westhertshospitals.nhs.uk/about/documents/equality/WRES_2022_2023.pdf</p>	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.	<p>EDI team have facilitated and supported a number of sessions with this programme with senior leaders within the Trust attending the final assessment and graduation sessions.</p> <p>3 cohorts have been delivered bands 2-4, with 12 spaces for West Herts delegates, working with ICS for developing the next programme for bands 5 -7 colleagues.</p>	EDI Lead and relevant Chairs of Staff Networks	Ongoing

