Imperial College Healthcare
NHS Trust

Workforce Equality, Diversity and Inclusion Annual Report

2019/2020

(Incorporating - Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Report)

Directorate of People and Organisational Development

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disability confident COMMITTED

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1. Welcome

“We want everyone to feel able to bring their whole selves to their employment with us. We want to enable our people to be open about their individual characteristics and feel safe to do so. We believe that diversity is one of our greatest strengths.

“At Imperial College Healthcare NHS Trust 53 per cent of our workforce are from a black asian and minority background. That diversity gives us a unique perspective on the challenges facing the world, and enables us to build bridges across cultures and communities. As a Trust we understand that equality, diversity and inclusion are the cornerstone of the culture which we wish to ensure exists in our Trust. We want all our people to be able to fully participate and achieve their potential and our Trust to be a place where difference is celebrated.

“As a Trust we acknowledge the representation of our Board historically has not been as diverse. Since April 2020 we have a new associate non-executive director and we have appointed a new non-executive who will join us in October and both appointments have improved the diversity of our board. We are also supporting the succession planning of non-executives through the NExT Director scheme, a scheme developed to help find and support the next generation of talented people from black, Asian and minority ethnic (BAME) communities to become non-executive directors in the NHS, with a placement starting in October. These appointments continue to show our Trust commitment on diverse boards.

“Improving equality, diversity and inclusion culture is a priority for us at Imperial College Healthcare NHS Trust. We want to become an exemplar of best practice across the sector and to see equality, diversity and inclusion placed at the very heart of our workforce.”

Professor Tim Orchard,
Chief executive officer

1.1 Use of data and information

Throughout this report, we refer to important equality monitoring information about our workforce. When you join our organisation, for employment, we ask you questions about personal details, including protected characteristics such as your age and sexual orientation. This is known as equality monitoring information. Sometimes people are concerned or confused as to why we ask for this type of information and are not sure why we would need to know.

Any information you provide is held securely and confidentially on our electronic staff record systems. The data, when extracted for analysis in reports such as this one, is anonymous. We have to comply with strict rules in managing and using people’s personal information. We analyse the anonymised information to identify and respond

to any issues affecting groups which share certain protected characteristics, or identify as part of certain groups.

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report.

1.2 Purpose and Scope

In line with the Equality Act 2010 the Trust is required to publish equality information annually (1 April 2019 – 31 March 2020) to show how it has complied with the public sector equality duty. This annual report focuses on workforce and provides the Trust with valuable insights into our workforce equality performance. It identifies priority areas for improvement. In addition, this report has incorporated information required by the Workforce Race Equality Standard (WRES) and Workforce Equality Disability Standard (WDES) that is mandated in the NHS standard contract. It also includes the Gender Pay Gap report.

At the time this report was compiled, the unprecedented pandemic of the coronavirus (covid-19) impacted the NHS. Therefore there are some references to covid-19 and in particular where it has impacted on data collection.

1.3 About us

Imperial College Healthcare NHS Trust provides acute and specialist health care in North West London for around a million and a half people every year. Formed in 2007, we are one of the largest NHS trusts in the country, with almost 13,000 staff. Our five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye – have a long track record in research and education, influencing clinical practice nationally and worldwide.

2. Executive Summary

The 2019/2020 Workforce Equality, Diversity and Inclusion (EDI) annual report marks the second year of the new format in which the Trust publishes all its equality data at the same time of the year in one report. This report comprises the Trust's updated 2020/2021 Workforce EDI Work programme which sets out our strategic plan which has been co-designed with our EDI committee members. Our Workforce EDI Work Programme is accompanied by a detailed project plan. The six key objectives of the 2020/2021 plan are:

- **Objective 1: (measurement for improvement)** To create a divisional and directorate-level diversity dashboard to guide areas for improvement
- **Objective 2: (people practices)** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work
- **Objective 3: (engagement and empowerment)** To continue the growth and empowerment of our staff networks
- **Objective 4: (focussed improvement and cultural change)** To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting
- **Objective 5: (education and leadership)** To design and deliver a three-level workforce race equality education programme

- **Objective 6: (WDES)** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed.

For completeness and statutory reporting, full data is provided in the appendices of the annual report:

Equality profile of our workforce (Appendix 1)
Workforce Equality, Diversity and Inclusion Work Programme 20/21 (Appendix 2)
Workforce Race Equality Standard 19/20 (Appendix 3)
Workforce Disability Equality Standard 19/20 (Appendix 4)
Gender Pay Gap Report 19/20 (Appendix 5)
Equality Delivery System 2 19/20 (Appendix 6)

The WRES and WDES action plans required under the NHS contract are incorporated in the Workforce EDI Work Programme 20/21 and are highlighted.

3. Our approach

The work of Imperial College Healthcare NHS Trust touches almost a million and a half people every year who rely on our care. We make many judgements every day, so it's vital that our people reflect the society that we serve and we bring diverse attitudes and opinions to our work.

During the year we have continued to raise awareness of diversity and improve the way we recognise and value difference in our people. We need to continue to promote and embed inclusive behaviours in order to develop an inclusive and collaborative culture.

3.1 Our governance

- The Workforce EDI work programme comprises six key objectives with a strong focus on race
- Fortnightly we have a WRES implementation steering group with a specific focus on race equality actions
- This is overseen by the bi-monthly EDI Committee which is chaired by the Trust chief executive officer. The EDI Committee includes representatives from divisions, staff networks and staff side. It also reviews the work carried out within the workforce EDI work programme.
- The workforce delivery board (formally the people and organisation development committee) oversees the EDI Committee on the overall work programme and is accountable for the Trust workforce EDI performance.
- The Trust board receives reports, presentations and verbal feedback on the Workforce EDI work programme and other statutory reports as well as playing a pivotal role in shaping the strategy and vision for the long term EDI agenda.
- We have executive sponsors for all our networks and three trained WRES experts.
- Externally we have EDI lead representatives on the pan-London EDI network and the north west London EDI network.

3.2 Our progress 19/20

We introduced a reverse mentoring programme for our executive team and are halfway through the implementation. Reverse mentoring launched in July 2019. Supported by expert training and support, the programme paired fifteen nurses and midwives from Black Asian and minority ethnic (BAME) backgrounds with fifteen Trust executives. All initial meetings between mentors and mentees have taken place.

We plan to analyse the impact of this mentoring programme as part of our Workforce EDI Work Programme for 2020/2021 and listen to participant feedback to understand if this intervention is effective. We will then make informed decisions about expanding and adjusting the programme for future cohorts.

We also introduced the concept of diverse recruitment panels in December 2019, with a pilot training session for interview panel members on fair recruitment and interview processes. Alongside the one-day training workshop, participants have access to a webinar and workbook to support them. This training was quickly re-designed to be delivered online due to covid-19. Further work will be carried out to embed this inclusion training in the Trust. The rollout of our new applicant tracking system in phased stages throughout 2020 will give the Trust the ability to better track and monitor the composition of interview panels and design interventions at different recruitment stages.

We also ran two pilot training sessions on unconscious bias in November 2019. The training centred on how unconscious bias can impact on formal and informal people practices within teams. We have started the process of engaging with suppliers to deliver race training for us and will roll out a comprehensive race education programme in 2020/21 once funding is confirmed.

We continue to have three WRES experts at the Trust who are nationally trained. They take part in a fortnightly WRES steering group and connect with other networks in other organisations to share best practice.

We have made changes to our disciplinary procedures and policy this year, to ensure there is greater oversight of every investigation and hearings, so biases do not influence decision-making. At hearings that may lead to dismissals, we make sure panels have two senior trained managers involved in the decision-making. We have also created a central investigations team with trained investigators to support managers with extensive and complex investigations, so they are rigorous and there are no delays.

In December 2019, we secured £20,000 funding from a pan-London fund, to review our disciplinary cases and help review the effectiveness of our revised procedures. This project with focus specifically on how to reduce the likelihood of people from a BAME background entering the disciplinary procedure and provide specialist race training for our employee relations teams. We have chosen a supplier to work with and are re-starting this project as the launch was delayed due to covid-19. This will be completed by March 2020.

Following a successful application in February 2019, we are delighted that we have been selected to become part of the NHS employers, diversity and inclusion

partners programme for 2020/21. By becoming a partner organisation, we undertake to work with other NHS Employers, partner organisations and alumni in our region to improve how we measure EDI activities, across the health and social care system. The programme will support the personal development of an executive director and our EDI lead developing them to become EDI ambassadors for our region.

4. Our staff networks

Our networks play a pivotal role in supporting the Trust equality, diversity and inclusion commitments. We now have five established staff networks that play an important role in providing support to staff while identifying and sharing concerns and issues with our leadership teams. Four of our networks have their own staff-led elected chair, and our women's network is reviewing its membership and arrangements to provide more structure.

All our networks have recently appointment executive sponsors to support networks with board-level visibility. Members of our BAME network recently presented to the board directly. We have a further commitment to develop and strengthen our networks as a key objective in our Workforce EDI Work Programme for 2020/21. Our networks include:

The **BAME nursingand midwives network** is sponsored by director of nursing professor Janice Sigsworth. The network's projects include the reverse mentoring programme, and in 2019 they were invited to present this work to the NHS chief nursing officer's black and minority ethnic strategy advisory group, London region. Network members have also been central in ensuring voices and concerns specific to BAME staff have been addressed during covid-19.

The **BAME multidisciplinary network** is working in partnership with the BAME network for nurses and midwives to help the Trust meet its race equality objectives. Medical director Professor Julian Redhead is the network's executive sponsor.

The **LGBTQ+ network** is working to connect LGBTQ+ staff, reduce health inequalities and improve experience for LGBTQ+ patients and staff. The network is sponsored by divisional director for medicine and integrated care Professor Frances Bowen, and director of transformation Jeremy Butler. In June 2019, the LGBTQ+ network brought the NHS Rainbow Badge scheme to Imperial, making rainbow NHS badges available to staff who wished to show their support to LGBTQ+ staff and patients.

'I-Can', the network for people with disabilities, is working to raise awareness of disability issues, the government's access to work scheme and the importance of disability data reporting. The network's executive sponsors are director of corporate governance and Trust secretary Peter Jenkinson and divisional director for surgery, cancer and cardiovascular Professor Catherine Urch.

The **women's network** is working to help improve career opportunities for women by supporting the promotion and development of leadership skills. The network helped develop national NHS toolkits for parental leave that launched in September 2019. The network's executive sponsors are director of communications Michelle Dixon and interim chief financial officer Jazz Thind.

5. Project search

Project Search is a supported internship programme that gives young adults with a learning disability the opportunity to learn the skills to do a job in a real working environment. The programmes main aim is to give a transition from school/college is to help young people with special educational needs and disabilities to gain the experience and skills needed to get paid employment. The Trust offers 12 interns a placement in which they undertake 10 to 12 week placements around our hospitals.

Since the programme started in 2016, more than 40 young people have taken part. Eleven former interns are employed by the Trust, with two more employed by Imperial College London. Other interns have gone on to find paid employment in areas such as coffee shops, care homes, restaurants and clothes shops. The Trust regularly achieves 92 per cent success rate for interns securing sustainable paid employment, all of which support the Trust in its ambition to be an anchor institution within our local community.

The programme is run in partnership with local organisations Brent Council, the College of North West London, Action on Disability, Kaleidoscope Sabre and Project Search. This year, Project Search was recognised at Hammersmith and Fulham Brilliant Business Awards. The annual awards, now in its eighth year, recognises business success across Hammersmith and Fulham. The Trust was nominated for and won 'highly commended' in the Most Inclusive Employer Award for Project Search.

6. Our wellbeing

There has been an increased focus on wellbeing during 2019-20 and in particular on mental health. In recognition of the increasing need to support staff who may be in mental health distress at work, the Trust developed an in-house programme for managers on Mental Health Awareness, which started in January 2019.

Facilitated by our in-house counselling team and Occupational Health, this training supports managers to appreciate the importance of workplace mental health and aims to equip managers with the basic skills and knowledge essential in supporting a member of staff who may be in mental health distress in the workplace. We recognise that managers are in a unique position to promote good mental health at work and support staff who experience poor mental health temporarily, intermittently or have enduring mental health issues

7. Our accreditations

The Trust is a Disability Confident Committed employer and we have committed to the following:

- ensure our recruitment process is inclusive and accessible
- communicate and promote vacancies
- offer an interview to disabled people
- anticipate and provide reasonable adjustments as required
- support any existing employee who acquires a disability or long-term health conditions, enabling them to stay in work

- at least one activity that will make a difference for disabled people (Project Search)

8. Commentary: Our Workforce Profile 19/20

The first appendix of this report provides data and analysis for the overall Trust workforce in the same standard format as previous years, reviewing age, ethnicity, disability and gender composition. This varies little from year to year.

There have been no significant changes in the workforce composition in regards to age since 2010/11. The workforce split in regards to gender has also remained unchanged in the last five years. The Trust continues to seek to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships and the promotion of flexible working.

There has been no significant change in the workforce composition regarding ethnicity either. The trust continues to have a higher percentage of staff employed from BAME backgrounds than the London population.

We know as a trust that when we examine our ethnicity data in more detail, the majority of people in bands 7 and above are from white backgrounds. The trust has committed to a Workforce Equality, Diversity, and Inclusion Work Programme with a strong focus on race equality in order to improve the representation of BAME staff at Band 7 and above. The aim is that these interventions will support the trust to deliver change over time will have an impact on that progression and ethnic distribution within bands that is more representative of our overall workforce. This is aligned with the NHS England Aspirational Goals, Model Employer, Increasing black and minority ethnic representation at senior levels.

The workforce profile section also reviews the Trust's recorded information for disability, sexual orientation and religion. This is presented in two sets of data, one data set shows the recorded information for all staff, and one data set shows the recorded data set for only new staff.

This split of this workforce profile data demonstrates that for 2019/2020 we have seen an increase in the overall recorded data for all staff of three per cent for all areas (sexual orientation, religion and disability). However, for data collection has declined for new staff only in the disability category. For new starters whose applications are recorded via the Trac recruitment system this data is accurate, however, there are staff groups where this facility is not yet available resulting in an incomplete overall capture of data on new starters.

We are rolling out a new applicant tracking system for recruitment and this will have enhanced management information and reporting functionality and help improve accuracy of demographic information and the recording. This new applicant tracking system is to be rolled out starting in the autumn of 2020.

We only report on protected characteristics that we currently hold data for on our electronic staff record system. We are aware we do not currently capture data for

gender reassignment or marriage/civil partnership and are unable to report on this for the purpose of this report.

8. 1 Commentary: Workforce Equality, Diversity and Inclusion Work Programme 20/21

The Workforce EDI work programme is aligned to support delivery of Trust's overarching strategy and vision of 'better health for life' and the trust people strategy.

It builds on the programme approved by the trust board in 2019 and provides a more structured and specific action plan, with short- and medium-term progress tracked. This programme is to address inequality identified across the largest groups of protected characteristics that is: race, gender and disability equality as well as addressing inclusion across all protected characteristics.

- objective 1: **(measurement for improvement)** To create a divisional and directorate-level diversity dashboard to guide areas for improvement
- objective 2: **(people practices)** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work
- objective 3: **(engagement and empowerment)** To continue the growth and empowerment of our staff networks
- objective 4: **(focussed improvement and culture change)** To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting
- objective 5: **(education and leadership)** To design and deliver a 3-level workforce race equality education programme
- objective 6: **(WDES)** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed.

The Workforce EDI Work Programme has been revised and updated in order to support the continued delivery of work for 2020/2021 across all protected characteristics (Appendix 2). Presenting and reviewing the programme alongside WRES, WDES and gender pay data allows us to ensure it is fit for purpose and actions are relevant. The trust under the governance of the EDI Committee will continue to review equality data separately for attendance on our leadership and development programmes, our performance management ratings, and our employee relations cases throughout the year to allow actions and interventions to be more agile and responsive.

The programme of work aims to ensure that the trust can continue to drive culture change and understanding around race. This year we have also expanded on the deliverables for WDES actions following feedback and learning from the staff network 'I-Can'.

8.2 Commentary: Race Equality 19/20

We know that the trust continues to have a higher percentage of staff employed from BAME backgrounds than the London population, therefore race equality will continue

to be a key focus for the Trust. In addition, the WRES data demonstrates that the majority of people in Band 7 above are from white backgrounds.

The full analysis and data for the WRES Report is presented in Appendix 3. In summary for 2020, for the non-clinical workforce, the percentage of BME workforce increased in Band 2, 4-6, 7, 8a, 8b, 8d and 9. Increases have also been seen in both spot salary and VSM compared to 2018/19. The percentage of the BME workforce has decreased for Band 8c compared to 2018/19.

In 2020 for the clinical workforce, the percentage of BME workforce increased in Bands 4-6, 7, 8d and 9. Doctor (training grade) also showed an increase compared to 2018/19. The percentage of the BME workforce has decreased for Bands 2, 8c, consultant and doctors (career grade). Spot salary also decreased compared to 2018/19.

The WRES data shows that the relative likelihood of white applicants being appointed from shortlisting compared to applicants from BAME groups is roughly 1.41 times greater. This is a decrease from last year when the relative likelihood was 1.63 times greater. This improvement in our figure has been achieved by a number of key actions such as reviewing our end to end recruitment process and use of our standarised recruitment packs.

In addition to the WRES staff survey metrics we also looked at staff survey data by theme. Within the EDI theme we made improvement compared to last year, however we also noted that we had not made significant improvement over last five years and are below national average. Our executive recognised that our scoring in the EDI theme that was top of four significantly worse compared to the sector and BAME remains a key priority for us this year.

We commissioned an additional thematic analysis of staff survey comments this year, which helped us identify that the main comments relating to equality and diversity were regarding: fair career progression; discrimination from staff/public; and adequate workplace adjustments. Our Workforce EDI Work Programme (Appendix 2) contains objectives to assist with improving the experience for our staff in this area.

Our disciplinary data (WRES 3) shows that in year we disciplined 20 individuals, with nine from a BAME background. The relative likelihood of BAME staff being disciplined compared to white staff is **1.27** this is a decrease from last year when the relative likelihood was **1.51**.

We recognise that there is still significant work to be done, including embedding diverse recruitment panels and the delivery of a suite of training with more specific cultural awareness on race equality following training pilots and learning from other trusts in 2019. Some of these large programmes of work will not take effect until the later part of 2020 and we recognise that to deliver sustained change, these interventions will need to be piloted, implemented, embedded and then monitored and evaluated for progress.

We are prioritising the WRES 2 metric - the relative likelihood of staff being appointed from shortlisting across all posts - for a focused quality improvement. This focus aligns

with our trust EDS2 priority of improving fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

We will continue with reverse mentoring, introduce diverse recruitment panels, design a suite of educational material, review our disciplinary procedures and provide specialist training to our employee relations teams. These actions will specifically focus on race and are detailed in the Workforce EDI Work Programme (Appendix 2).

8.3 Commentary: Disability Equality 19/20

The reporting period of 2019/20 is the second year of reporting on WDES for NHS organisations. Only 2 per cent of our staff have declared a disability on ESR. We already know from our annual review of workforce composition data that recording for disability status on ESR is 71 per cent (Table 1). However, we also know that the staff survey disability declaration data at 10 per cent, is considerably higher than ESR. The rollout of the applicant tracking system will improve data quality capture. In addition, the actions outlined in the Workforce EDI work programme will create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed.

Following the actions set out in the WDES action plan 2018/19, our disability network was established in late 2019 and mental health first-aider training has been introduced for managers. There has also been increased communications sharing positive stories about our disabled staff. Project search – a supported internship programme that gives young adults with a learning disabilities opportunities in work has continued.

We recognise more action is needed to support staff with disabilities. We have committed to the following areas of work as part of the Workforce EDI Work Programme (Appendix 2):

- creation of reasonable adjustments passports and training for managers
- training for managers and individuals on accessibility e.g. MS Teams
- develop better relationship with Access to Work
- working towards submission for Disability Level 2 standard

The complete WDES Report is in Appendix 4.

8.4 Commentary: Gender Equality 19/20

For 2020, we will publish the Gender Pay Gap report in November 2020 using the snapshot data of 31 March 2020. This is published in advance of the government deadline as we did last year.

In summary, for 2020, when considering ordinary pay, the mean hourly rate of male employees is **16.8 per cent** higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is **11.4 per cent** higher than that of female employees. There have been decreases in both mean (1.3 per cent decrease) and median gender pay gaps (2.3 per cent decrease), which are both the lowest figures recorded since the introduction of gender pay gap reporting

For 2020, relevant bonus pay only includes Clinical Excellence Awards (CEA) for Consultants. Long service awards have been included for the last two reporting periods, however this scheme was paused due to Covid-19, so there is currently no relevant data to capture for this time period. It is also noted that the CEA awards bonus data does not include any newly issued awards in 2019/2020, due to a pause in this process due to covid-19. This will impact on our data and comparative analysis drawn.

Considering overall the Trust population, **3.9 per cent** of male employees received a bonus payment compared to **1.0 per cent** of female employees.

There is a **29.1 per cent** mean pay gap between male and female consultants' CEA pay and a **43.8 per cent** median pay gap. There has been a 0.1 per cent increases in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data. There has been a 1 per cent decrease in the median gender pay gap for bonus pay (CEA only, compared to previous year's data.

The complete Gender Pay Gap Report is in Appendix 5.

9. Equality Delivery System 2 (EDS2)

The original Equality Delivery System (EDS) was designed to help NHS organisations review and improve performance in equality approaches to support people with characteristics protected by the Equality Act 2010. EDS was launched in 2011 and refreshed as the EDS version two in 2015. EDS2 is a systematic way of meeting the public sector equality duty under the Equality Act 2010

EDS2 is a mandatory assessment tool that requires NHS organisations to analyse and grade their equality performance across a number of indicators. It is a generic tool designed for NHS commissioners and providers alike. At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals:

1) Better health outcomes
2) Improved patient access and experience
3) A representative and supported workforce
4) Inclusive leadership.

The goals and outcomes relate to the issues that matter to people using services, the public and the workforce. Engagement and understanding of people's perceptions of services enables us to understand what our priorities should be. EDS2 is a transparent and standard measure of progress, so people can see what we are doing and how well we are doing it. It also enables us to benchmark our performance.

Following a review of our evidence base, engagement with key stakeholders and approval from the EDI committee, between January and March 2020, new self-assessment gradings were agreed under the EDS2 framework (Appendix 6). These were published on our external website in March 2020.

The five EDS2 priorities agreed for the Trust for the period of 2020-2023 are:

1) Ensuring that BAME patients who do not speak English are able to access appropriate support so that they have a clear understanding of their treatments and options
2) Transitions from one service to another for people on care pathways, are made smoothly with everyone informed- Protected characteristic being considered
3) Patients and carers report positive experiences of the NHS, were they are listened to and respected and their privacy and dignity is prioritised
4) Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
5) When at work, staff are free from abuse, harassment, bullying and violence from any source

The final two priorities which are workforce specific priorities are strongly aligned with the goals in our Workforce EDI Work programme 2020/2021.

10. Conclusion:

We are committed to making significant progress and in the coming year we will be working to progress in the following areas:

- A renewed focus on workforce race equality, this is a major priority or the Trust
- We will be actively implementing our reasonable adjustments passport and reviewing our existing polices for staff with disabilities and ensuring the adjustment are made in a timely way to support our people to get the most from their employment with the Trust.
- We will continue to review incidents of discrimination and abuse in our people processes relating to protected characteristics and develop responsive, innovative approaches to reduce incidents.
- We will continue to empower our five staff networks to ensure they remain a critical friend to the Trust.
- We will continue to work with our North West and pan-London sector searching and learning from best practices approaches to workforce inclusion.

Appendices

Appendix 1: Equality profile of our workforce 19/20

Appendix 2: Workforce Equality, Diversity and Inclusion Work Programme 20/21

Appendix 3: Workforce Race Equality Standard 19/20

Appendix 4: Workforce Disability Equality Standard 19/20

Appendix 5: Gender Pay Gap Report 19/20

Appendix 6: Equality Delivery System 2

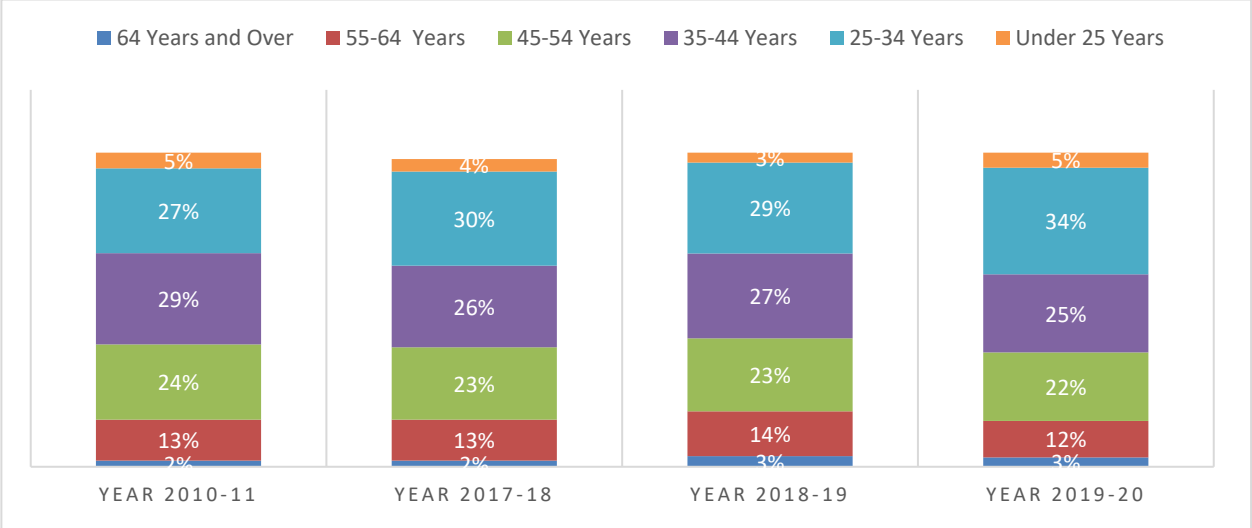
Appendix 7: Glossary of Terms

Appendix 1: Equality profile of our workforce 19/20

Below shows the percentage of staff employed by the Trust by age, disability, ethnicity and gender as at 31 March 2020.

Workforce composition: Age

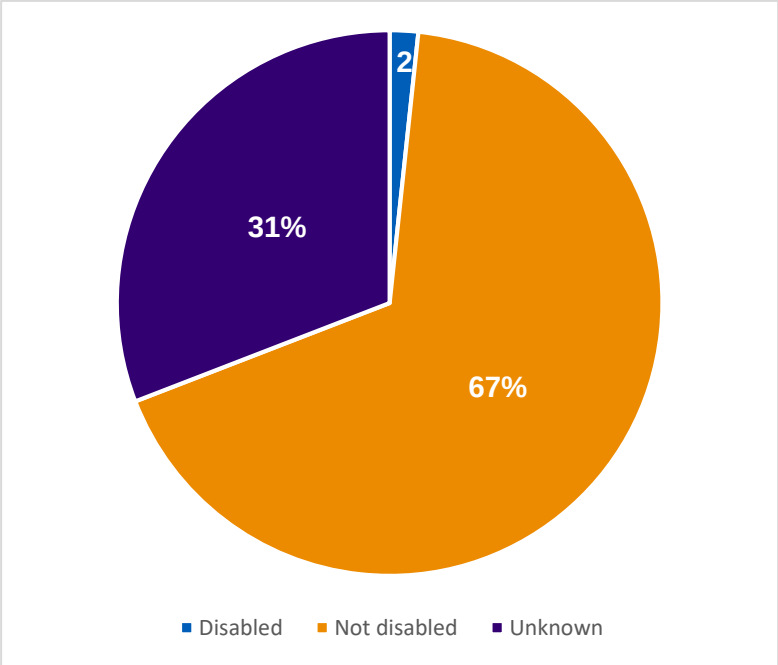
Diagram 1: Trust age composition over three years



There has been no significant change in the workforce composition in regards to age since 2010/11. While there has been a small increase in the number of our people aged 25-34, the majority of our staff are aged 25-54.

Workforce composition: Disability

Diagram 2: Disability disclosure



Workforce composition: Disability, Sexual orientation and Religion

Table 1: Disability, sexual orientation and religion records for all staff (including new staff)

Protected Characteristic	Recorded demographic for all staff in 2013/14	Recorded demographic for all staff in 2014/15	Recorded demographic for all staff in 2015/16	Recorded demographic for all staff in 2016/17	Recorded demographic for all staff in 2017/18	Recorded demographic for all staff in 2018/19	Recorded demographic for all staff in 2019/20
Disability	40%	47%	56%	62%	66%	68%	71%
Sexual Orientation	46%	54%	60%	67%	70%	70%	73%
Religion	46%	54%	60%	67%	70%	70%	73%

Table 1 above illustrates that the Trust has seen a 3 per cent percentage increase in all areas for the information recorded on workforce disability, sexual orientation and religion since last year.

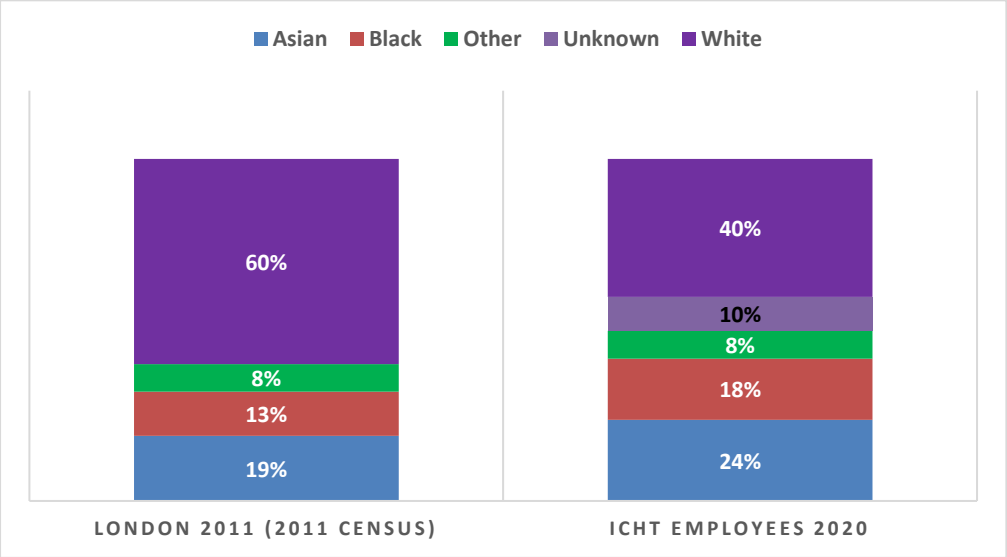
Table 2 below illustrates that the Trust has seen a decline in the information recorded for new staff in 2019/2020 for disability since last year, whilst sexual orientation and religion data collection remains consistent.

Table 2: Disability, sexual orientation and religion records for new staff

Protected Characteristic	Recorded demographic for NEW staff in 2013/14	Recorded demographic for NEW staff in 2014/15	Recorded demographic for NEW staff in 2015/16	Recorded demographic for NEW staff in 2016/17	Recorded demographic for NEW staff in 2017/18	Recorded demographic for NEW staff in 2018/19	Recorded demographic for NEW staff in 2019/20
Disability	95%	89%	92%	87%	88%	82%	78%
Sexual Orientation	96%	88%	90%	88%	88%	82%	82%
Religion	96%	88%	90%	88%	88%	82%	82%

Workforce composition: Ethnicity

The percentage of staff employed by the Trust from BAME backgrounds is higher than the local population. White people make up 40 per cent of the workforce compared to 60 per cent of the London population.

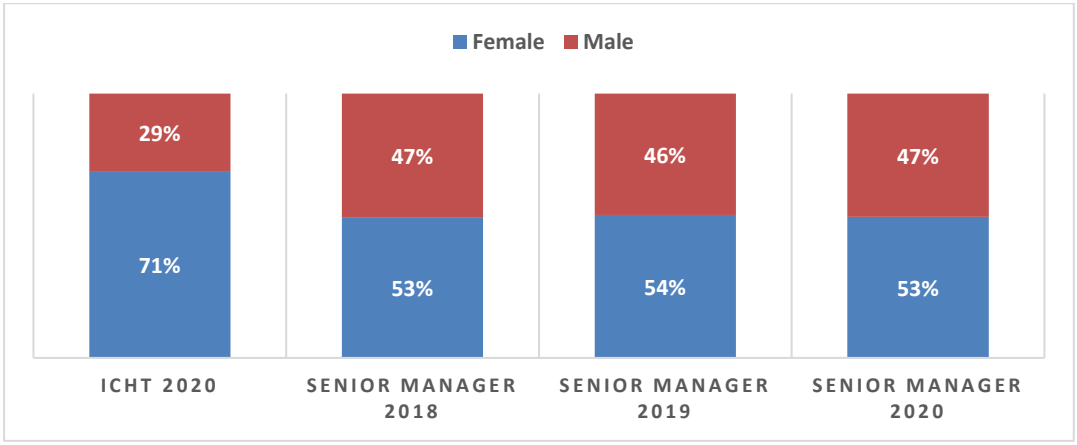


We know when we examine our ethnicity data in more detail the majority of people in roles Band 7 and above are from white backgrounds. Our Workforce EDI Work Programme has actions designed to address this imbalance.

Workforce Composition: Gender

The workforce split in regards to gender has remained unchanged in the last 5 years: 71 per cent of our staff are female and 29 per cent are male. The high proportion of female workers is typical of NHS organisations, reflecting the gender split of people entering healthcare professions.

The proportion of male employees increased in senior roles. The figures below shows that 47 per cent of people employed as senior managers are men and 53 per cent are women. This is a small increase in female representation of one per cent compared to last year.



Appendix 2: Workforce Equality, Diversity and Inclusion Work Programme 20/21

Overview

The Workforce EDI work programme focuses on the delivery of six objectives which address WRES, WDES, Gender and LGBTQ+. Objectives 4 and Objective 5 focusing directly on improvement in our WRES performance and Objective 6 focuses directly on improvement in our WDES performance.

Objectives	WRES	WDES	Gender	LGBTQ+
Objective 1: (**measurement for improvement**) To create a divisional and directorate-level diversity dashboard to guide areas for improvement				
Objective 2: (**people practices**) To re-design people management processes, practice and policy to create a fairer and more inclusive place to work				
Objective 3: (**engagement and empowerment**) To continue the growth and empowerment of our staff networks				
Objective 4: (**focused improvement and culture change**) To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting				
Objective 5: (**education and leadership**) To design and deliver a 3-level workforce race equality education programme				
Objective 6: (WDES) to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed				

Further Detail

Objective 1: **(measurement for improvement)** To create a divisional and directorate-level diversity dashboard to guide areas for improvement

Areas of work: jointly lead by Head of Workforce Equality, Diversity and Inclusion, and People Planning Lead, by March 2021

- Produce targets for 2020 on model employer aspirational senior level workforce
- design, develop and implement different diversity dashboards for directorate, Trust level
- Improve the quality of our protected characteristics data

Objective 2: **(people practices)** To re-design people management processes, practice and policy to create a fairer and more inclusive place to work

We want to continue to ensure that the decisions and practices of our managers are underpinned by proactive policies.

Areas of work: jointly lead by Head of Workforce Equality, Diversity and Inclusion, both Deputy Directors of People and Organsiational Development, by March 2021

- A review of our disciplinary processes including specialist training for our employee relations teams and managers
- Roll out of diverse recruitment panels
- review and improve guidance for managers on staff transitioning gender
- review and improve guidance on supporting staff with disabilities
- review of application processes for MBA/MSC & leadership programmes

Objective 3: **(engagement and empowerment)** To continue the growth and empowerment of our staff networks

The Trust has five employee networks which are continuing to evolve. We value the critical friend as the networks provide a safe space for employees to have real, honest conversations on work-life experience, highlighting both areas for improvement and areas of success. Our networks are essential to enhancing our culture of inclusivity and ensuring people feel able to bring their whole selves to work.

Areas of work: lead by Head of Workforce Equality, Diversity and Inclusion, by March 2021

- support the LGBTQ+ network to establish their terms of reference
- support the women's network to establish their membership and terms of reference and permanent chair
- continue to provide support our BAME networks on the delivery of our BAME ambassadors programme
- support the growth of the disability network (I-Can)
- identify and appoint a non-executive director for EDI
- identify CPD funding to support network events

Objective 4: **(focused improvement and culture change)** To deliver the WRES 2 focused improvement on improving the likelihood of BME staff being appointed from shortlisting

We have identified this as our EDI area for focused improvement in 2020/2021. Focused improvements are a subset of metrics that have a direct impact on the trust strategic goals and will be the focus of improvement for the year.

Areas of work: lead by deputy director people and organisational development, by March 2021

- Roll out of diverse recruitment panels (including training, monitoring and data reviews)

Objective 5: (**education and leadership**) To design and deliver a 3-level workforce race equality education programme

We want to increase our cultural and EDI knowledge within our organisation to increase the inclusion of different identity groups.

Areas of work: lead by head of workforce equality, diversity and inclusion, by March 2021

- to design and deliver a 3-level workforce race equality programme
- creating training materials for equality impact assessments

Objective 6: **(WDES Action Plan)** to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed

Areas of work: lead by divisional director for people, EDI Lead, by March 2021

- creation of reasonable adjustments passports and training for managers
- training for managers and individuals on accessibility e.g. MS teams
- develop better relationship with Access to Work
- working towards submission for Disability Level 2 standard

Appendix 3: Workforce Race Equality Standard 19/20

Introduction

There are nine WRES indicators. Four of the indicators focus on workforce data, four are data from the national NHS Staff Survey, and one indicator focuses on BME representation on boards

Why is WRES important?

The WRES is a tool for identifying a number of key gaps, referred to as Indicators, between White and BME staff experience of the workplace - gaps which we want to close. Closing these gaps will achieve tangible progress in tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work.

This will in turn positively impact on patients, as it is known that a decrease in discrimination against BME staff is associated with higher levels of patient satisfaction. An environment that values and supports the entirety of its diverse workforce will result in high quality patient care and improved health outcomes for all.

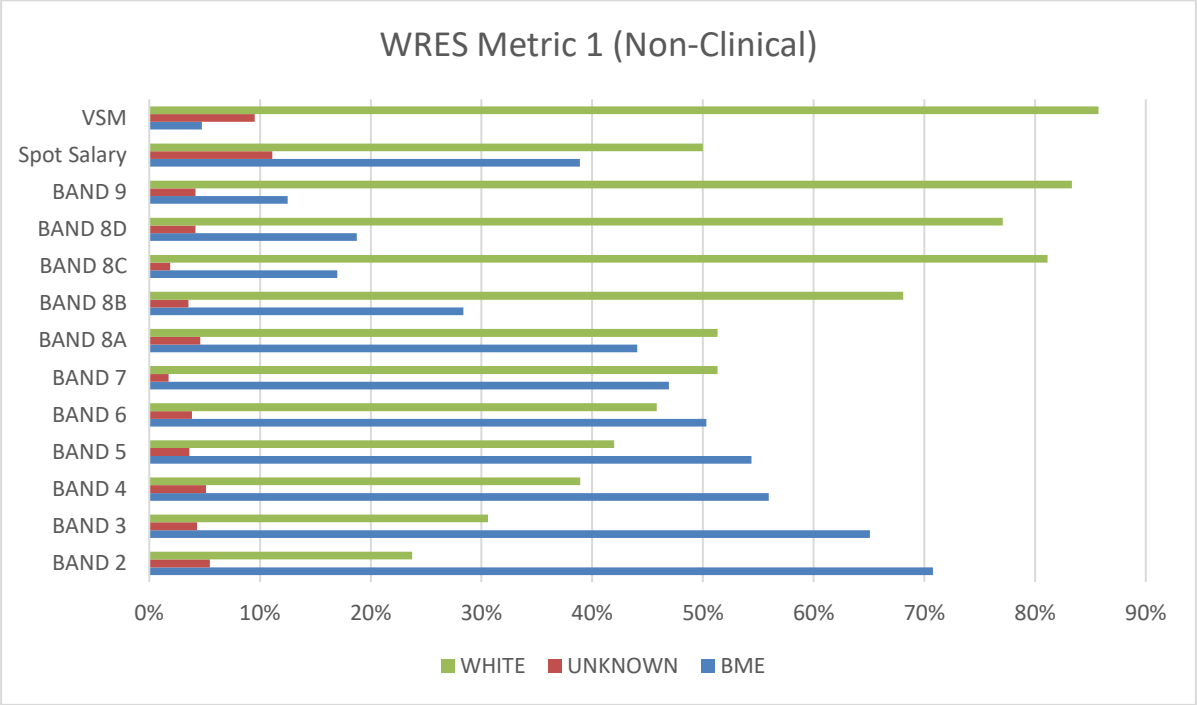
The WRES indicators:
Four of the indicators focus on workforce data (1–4)
Four are based on data from the national NHS Staff Survey questions (5–8)

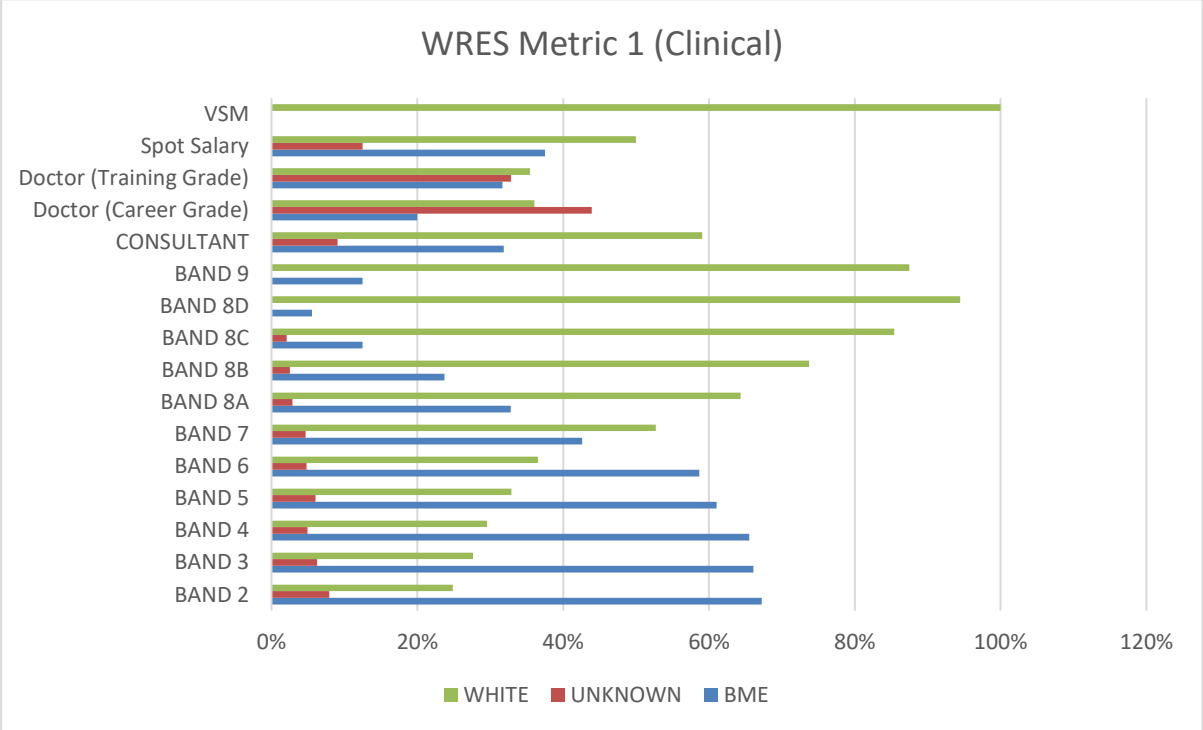
- One indicator focuses upon black and minority ethnic (BME) representation on boards (9)

Indicator 1

Percentage of staff in each of the AFC Band 1–9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by clinical and non-clinical staff

Graph 1 Ethnicity profile – percentage of staff in each of the AfC bands, medical grades and Very Senior Managers (VSM) – March 2020





For the non- clinical workforce, the percentage of BME workforce increased in Band 2, Band 4–6, Band 7, 8a, 8b, 8d and 9. Increases have also been seen in both spot salary and VSM compared to 2018/19. The percentage of the BME workforce has decreased for Band 8c compared to 2018/19.

For the clinical workforce, the percentage of BME workforce increased in Bands 4–6, 7, 8d and 9. Doctor (training grade) also showed an increase compared to 2018/19. The percentage of the BME workforce has decrease for Bands 2, 8c, consultant and

doctors (career grade). Spot salary decreased by one per cent for BME staff compared to 2018/19.

Indicator 2

Examines the relative likelihood of staff being appointed from shortlisting across all posts

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
White	5751	1152	0.20
BME	11272	1606	0.14
Unknown	502	56	0.11

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly **1.41 times greater;** this is a decrease from last year when the relative likelihood was 1.63 time greater. This improvement in data is associated with a review of our end to recruitment process and implementation of initiatives which focus on inclusive recruitment practices. We will continue to work to embed the actions outlined in Appendix 2.

Note: Data is drawn from Trac the Trust recruitment system. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

Indicator 3

Examines the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator is based on data from a two year rolling average of the current year (19/20) and the previous year (18/19).

We report on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 18/19 the Trust held 59 disciplinary hearings, in 19/20 the Trust held 20 disciplinary hearings. The figures below are the average across two years.

Descriptor	Number of staff in workforce	Annual average of number of formal disciplinary meeting	Likelihood of entering formal disciplinary meetings

White	5142	14	0.27
BAME	6338	22	0.35
Unknown	1267	2	0.08

The relative likelihood of BME staff being disciplined compared to white staff is **1.27;** this is a decrease from last year when the relative likelihood was **1.51**.

Indicator 4

Examines the relative likelihood of staff accessing non-mandatory training and CPD

Note: The data collected only includes leadership development and skills training held by the learning and development team. This is the only data which is centrally available for equality analysis. It does not include locally delivered training, professional and clinical education or any externally provided training which is a significant proportion of the training offered and accessed.

Therefore results are not seen as a reliable indication of all training activity available within the Trust. However, all Trusts are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time.

Descriptor	Number of staff in workforce	Staff accessing non mandatory training (data held by leadership team)	Likelihood of accessing non mandatory training
White	5142	1480	0.28
BME	6338	3453	0.54
Unknown	1267	225	0.17

Indicators 5–8

Indicators 5–8 relate to the 2019/2020 national staff survey results, comparing the responses of BME and white staff. The 2018/2019 national staff survey was based on a sample of 522 staff who responded to the survey. The 2019/2020 results are based on a sample of 5,659 staff who responded to the survey, which represents a 52 per cent completion rate across the Trust. This is a much larger sample than the previous year's staff survey (based on 522 respondents), which should be taken into account when comparing the previous year's metrics.

The wording of these four indicator is taken directly from the national NHS Staff Survey. For indicators 5, and 8 a low score is better. For indicator 7, a high score is better.

Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last

There has been a decrease for both our white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2018/2019. Our BME staff experience is slight better than our white staff.

	White	BME
2019	35.5%	31.8%
2018	37.6%	37.3%

Indicator 6

Examines the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

For indicator 6 a lower score is better. There has been a decrease for both our white and BME staff experiencing harassment, bullying or abuse from staff since 2018. Our BME staff experience is now slightly better than our BME staff experience.

	White	BME
2019	29.6%	28.1%
2018	32.7%	34%

Indicator 7

Examines the percentage of staff believing that the trust provides equal opportunities for career progression or promotion

For indicator 7 a higher score is better. Both our white and BME staff experience has improved since 2018. Our BME staff experience has increased significantly since 2018, whereas white is a very small increase. Our BME staff experience is worse than our white staff experience.

	White	BME
2019	85.5%	70.8%

2018	82.7%	65.2%

Indicator 8

Examines percentage staff personally experience discrimination at work from manage/team leader or other colleague

For indicator 8 a lower score is better. Our white staff experience has got slightly worse since 2018 by 0.5 per cent and our BME staff experience has improved. Our BME staff experience remains slightly worse than our white staff experience.

	White	BME
2019	7.0%	9.0%
2018	7.5%	14.7%

Indicator 9

Examines percentage difference between the organisations board voting membership and its overall workforce (Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce)

	White	BME	Unknown
Overall Trust Workforce	40.3%	49.8%	10.0%
Overall Trust Board Members	80.0%	0.0%	20.0%
Voting Board Members	80.0%	0.0%	20.0%
Executive Board Members	75.0%	0.0%	25.0%
Non – Executive Board Members	83.3%	0.0%	16.7%

Note: only voting members of the board should be included when considering the indicator

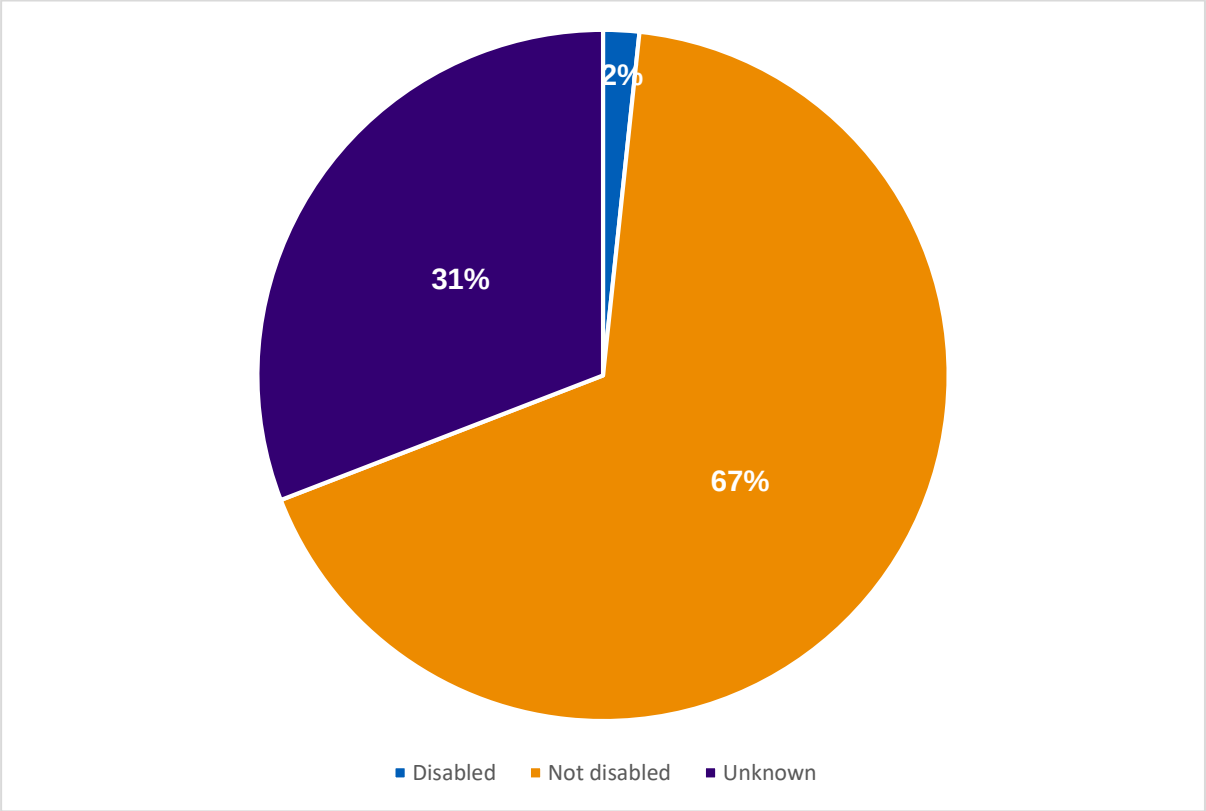
Appendix 4: Workforce Disability Equality Standard Report 19/20

1. Background

The Workforce Disability Equality Standard is a set of ten specific metrics to enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. This is the second year of reporting WDES. WDES is an important step for the NHS and is a clear commitment in support of the government's aims of increasing the number of disabled people in employment.

2. Organisational Breakdown by Disability

Below details the overall breakdown of employees who have and have not declared a disability, and where this is unknown, based on data from electronic staff record. This data excludes bank and locum staff, students on placement and staff employed by contractors. The data is correct as of 31 March 2020.

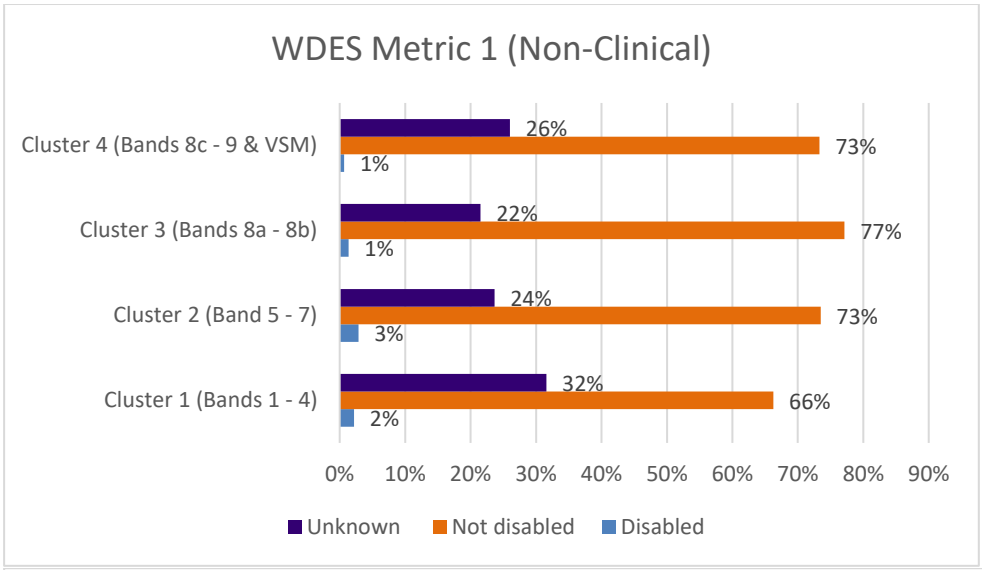


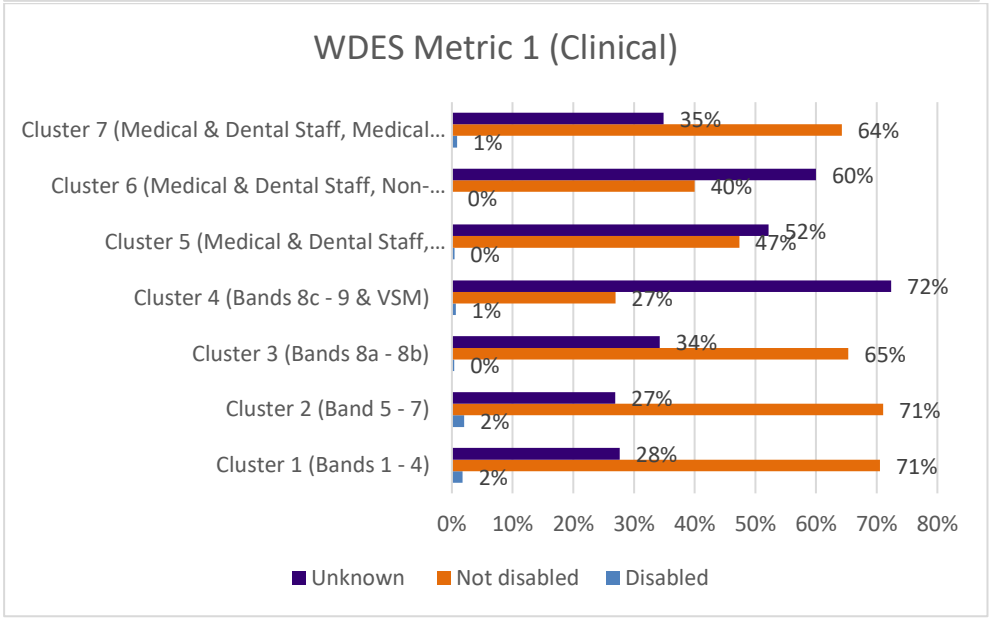
Out of 12756 employees, two per cent (215 people) have disclosed a disability and 67 per cent (8603) are recorded not to have a disability. Out of the 31 per cent (3938 people) where the disability status is unknown, 94 per cent are coded as 'unspecified', one per cent prefer not to answer and five per cent are listed as 'not declared'.

Compared to 2018/2019, the proportion of people reporting a disability has increased from one per cent to two per cent and the proportion of people reporting to have no disability has increased by two per cent. The unknown group has reduced by three per cent, and the breakdown of codes within the unknown group has remained the same.

3. WDES Metrics

Metric 1: Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (based on data from electronic staff record)





While the proportion of disabled staff is low across all clusters, it is evident within both clinical and non-clinical areas; there are higher proportions of disabled staff in clusters 1 and 2, which represent the junior levels of the organisation. This is a similar pattern to the previous year.

Metric 2: Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Data from this metric is taken from the online Trac recruitment system. Candidates are given a yes or no option regarding whether they wish to declare a disability. This includes medical and non-medical staff. We run a guaranteed interview scheme for

disabled candidates who meet essential criteria. The total headcount varies year to year, depending on when posts were advertised, when people applied and when the appointment was made.

The likelihood of applicants with no disability being appointed from shortlisting is 15 per cent and the likelihood from those declaring a disability is 13 per cent.

The relative likelihood of applicants with no disability being appointed from shortlisting compared to applicants with a declared disability is **1.12 times greater**. This is a small increase from the previous year's figure of 1.08. However, the relative likelihood is still very close to one, which means that disabled and non-disabled candidates are near equally likely to be shortlisted.

	Disability	**No disability**	**Unknown**
Shortlisted	652	17560	502
Appointed	88	2660	49
Likelihood	0.13	0.15	0.10

Metric 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure

This metric relates to capability on the grounds of performance (not ill-health). Staff whose disability is unknown are excluded for the purpose of this metric. The data is based on a two-year rolling average of the annual average number of formal performance meetings recorded on the employee relations tracker system for non-medical staff.

The relative likelihood of staff with a disability entering the formal capability procedure, compared to staff without a disability was **2.5 times greater**, which has decreased from the figure of 5.92 times greater from the previous year.

It is important to note the very small amount of performance management cases that this metric is based on, as outlined below, which means the likelihood of any of the below groups entering the formal capability process is less than 0.00. There were no new performance cases for staff with a disability in 2019/20.

Year	**Disability**	**No disability**	**Unknown**
2018/19	1	9	3
2019/20	0	7	5

Metrics 4 to 9: National Staff Survey Responses

Metrics 4 to 9 relate to the 2019/2020 national staff survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 5,659 staff who responded to the survey, which represents a 52 per cent completion rate across the Trust. This is a much larger sample than the previous year's staff survey (based on 522 respondents), which should be taken into account when comparing the previous year's metrics.

Within the demographic section of the staff survey, respondents are asked if they have any physical, mental health conditions, disabilities or illness that have lasted or are expected to last for 12 months or more. There are only 'yes' or 'no' responses to this question. 5,457 staff chose to answer this question, Out of these staff, 10.3 per cent answered yes to having a disability. This is lower than the national average of other acute Trusts (17.8 per cent of staff saying yes to this question).

However, the staff survey disability declaration percentage of 10.3 per cent is considerably higher than electronic staff record, where 2 per cent of staff are recorded to have a disability. This is a similar contrast to last year.

It is noted that staff survey questions are not compulsory, so the number of responses fluctuates per question. Where a metric is marked with a *, this means a higher percentage indicates a positive response. For all other metrics, a lower percentage is positive.

Metric 4

1. Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months

Year	Disabled respondents	Non-disabled respondents
2019	39.5%	33.0%
2018	49.1%	36.4%

2. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

Year	Disabled respondents	Non-disabled respondents
2019	21.1%	13.2%
2018	42.9%	15.5%

3. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Year	Disabled respondents	Non-disabled respondents
2019	34.7%	22.5%
2018	35.1%	24.8%

4. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months*

Year	Disabled respondents	Non-disabled respondents
2019	47.8%	46.7%
2018	28.9%	43.9%

Metric 5

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion*

Year	Disabled respondents	Non-disabled respondents
2019	72.1%	78.8%
2018	65.7%	75.5%

Metric 6

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Year	Disabled respondents	Non-disabled respondents
2019	33.0%	23.2%
2018	45.7%	23.5%

Metric 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work*

Year	Disabled respondents	Non-disabled respondents
2019	40.1%	51.9%
2018	23.2%	46.3%

The below table summarises these metrics outlining the differences between disabled and non-disabled staff responses. Bearing in mind the significant differences in sample size from the previous year, it should be noted that while disabled respondents still report higher instances of negative experiences in the workplace overall, the

differences between disabled and non-disabled respondents have reduced in all metrics, with the exception of staff reporting harassment and bullying from other colleagues which has increased by two per cent.

Summary of Metrics 4-7 by percentage of responses to staff survey questions 2019

Staff survey question	% of disabled respondents	% of non-disabled respondents	difference
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	39.5%	33.0%	6.5%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	21.1%	13.2%	7.9%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	34.7%	22.5%	12.2%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months*	47.8%	46.7%	1.1%
% of staff believing that the Trust provides equal opportunities for career progression or promotion*	72.1%	78.8%	-6.7%
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	33.0%	23.2%	9.8%
% of staff saying that they are satisfied with the extent to which their organisation values their work*	40.1%	51.9%	-11.8%

Metric 8: Adequate Adjustments

This metric relates to the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This is only answered by those who have declared a disability within the staff survey. **329** staff who declared a disability chose to answer this question. **67.8 per cent** of staff said employer

has made adequate adjustments, compared to a national average of 73.3 per cent. This is a significant improvement from 2018, where only 48.4 per cent responded positively to this question.

Metric 9a: Engagement Score

The staff engagement score is calculated based on nine questions in the staff survey relating to motivation, ability to contribute to improvements and recommendation of the organisation as a place to work/receive treatment. The engagement score for disabled staff is **6.7** compared to **7.3** for staff who have not stated to have a disability. The engagement scores for both disabled and non-disabled staff are above the national averages of 6.6 and 7.1, and both have increased compared to last year.

This metric has changed from the previous year as there is no longer the requirement to compare the NHS Staff Survey staff engagement score between Disabled staff and the overall workforce.

Metric 9b: Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

The questions refers to action specifically related to disabled staff, rather than all staff engagement exercises The Trust answered 'no' to Metric 9b in 2019 and set a number of actions as part of the WDES action plan to improve performance. This year we answered yes due to:

- Establishing the Trust disability network
- Holding coffee mornings with contact and training with Microsoft teams
- Commissioning and offering mental health first aider training
- A communications campaign to share positive stories of disabled staff across the Trust

Metric 10: Board Representation Metric

This metric looks at the percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting membership of the board and by executive membership of the board. The below data is based on board membership as of 31 March 2020 and disability declaration data from the electronic staff record. No members of the board have declared a disability.

	Disabled	**Not disabled**	**Unknown**
Total Board members - % by Disability	0%	50%	50%
Voting Board Member - % by Disability	0%	50%	50%
Non-Voting Board Member - % by Disability	0%	0%	0%
Executive Board Member - % by Disability	0%	0%	100%
Non-Executive Board Member - % by Disability	0%	83%	17%
Overall workforce - % by Disability	2%	67%	31%
Difference (Total Board - Overall workforce)	-2%	-17%	19%

Difference (Voting membership - Overall Workforce)	-2%	-17%	19%
Difference (Executive membership - Overall Workforce)	-2%	-67%	69%

Appendix 5: Gender Pay Gap Report 19/20

Summary

In line with gender pay gap reporting requirements, this report provides the six mandatory calculations, with additional analysis and commentary:

1. Proportion of males and females in each pay quartile
2. Mean gender pay gap for ordinary pay
3. Median gender pay gap for ordinary pay
4. Proportion of males and females receiving a bonus payment
5. Mean gender pay gap for bonus pay
6. Median gender pay gap for bonus pay

There are a higher proportion of male employees in the upper pay quartile of the Trust compared to proportions of male and female employees in the lower quartiles.

When considering ordinary pay, the mean hourly rate of male employees is **16.8 per cent** higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is **11.4 per cent** higher than that of female employees. There have been decreases in both mean and median gender pay gaps, which are both the lowest figures recorded since the introduction of gender pay gap reporting.

Considering overall the Trust population, **3.9 per cent** of male employees received a bonus payment compared to **1.0 per cent** of female employees. Relevant bonus pay relates to Clinical Excellence Awards (CEA) for Consultants only for this year's calculations.

There is a **29.1 per cent** mean pay gap between male and female consultants' CEA pay and a **43.8 per cent** median pay gap. There has been a 0.1 per cent increases in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data. There has been a one per cent decrease in the median gender pay gap for bonus pay (CEA only), compared to previous year's data.

Gender Pay Action plan

Refer to Workforce, EDI Work Programme (Appendix 2).

Background

This report is published in line with gender pay gap reporting requirements for organisations with more than 250 staff. All calculations relate to the pay period in which the snapshot day falls, which is 31 March 2020. This report is in line with the Equality Act 2010 regulations. 11,8831, employees' were categorised as "relevant employees"

[1] Excluding the Trust unpaid honorary consultants and junior Doctors

2 for the purposes of the gender pay calculations. Please see definitions at end for further details.

A gender pay gap is the difference between the average earnings of men and women across an organisation, expressed relative to men's earnings.

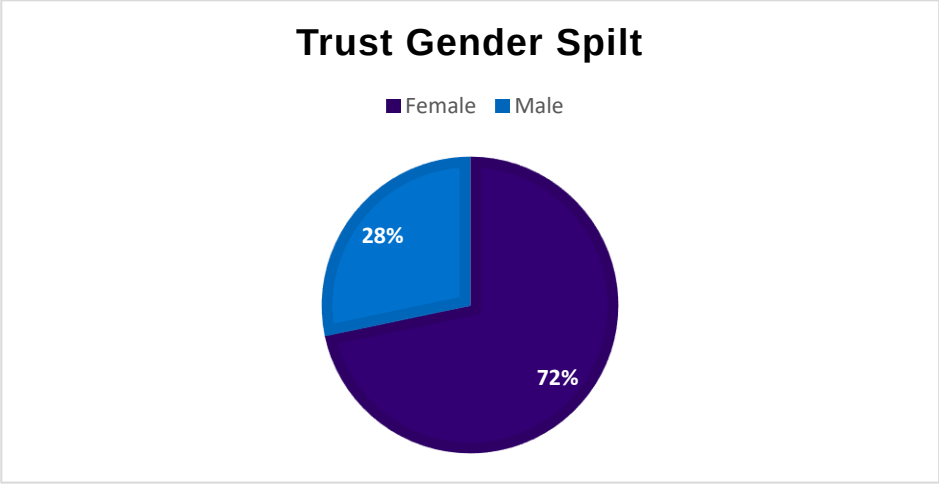
The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

The gender pay gap is different to equal pay for equal value work. The Trust operates within a national pay structure and job evaluation system for staff on agenda for change terms and conditions and those on medical and dental terms and conditions.

Trust Gender Mix

Overall, 72 per cent (8,523) of Trust employees are female, while 28 per cent (3,360) are male. These percentages relate to the 11,8833 staff included for the purposes of this calculation.

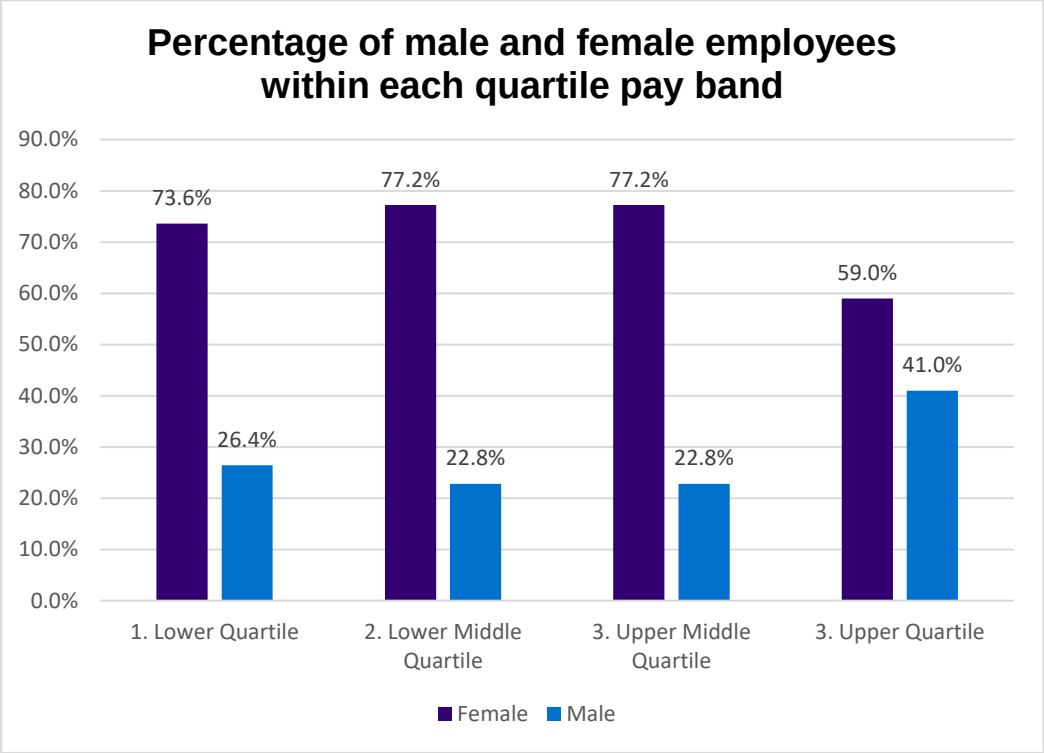


Quartile pay band gender representation

The data below ranks our full-pay employees from lowest to highest paid, divides this into four equal parts (quartiles) to establish the percentage of men and women in each quartile. Quartile 1 contains the lowest pay groups, while Quartile 4 contains the highest pay groups.

[2] Relevant employee refers to those employee who are paid by the Trust and does not included the Trust's honorary consultants

[3] 11,883 refers to those employees who are paid by the Trust and does not included the Trusts Honorary consultants and Honorary junior Doctors



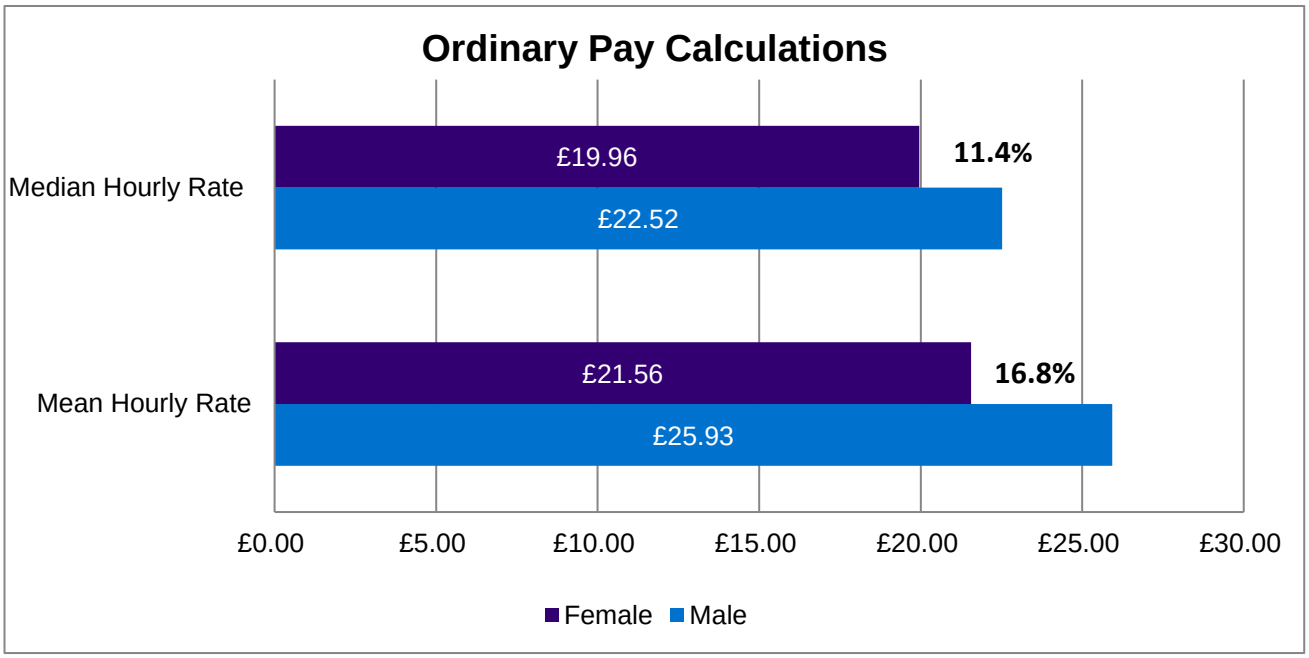
There is a higher proportion of women than men in Quartile 2 and Quartile 3 compared to overall Trust population proportions. The Trust has a higher proportion of male employees in the upper pay quartile of the Trust compared to proportions of male and female employees in the lower quartiles, which partly explains the gender gap in ordinary pay.

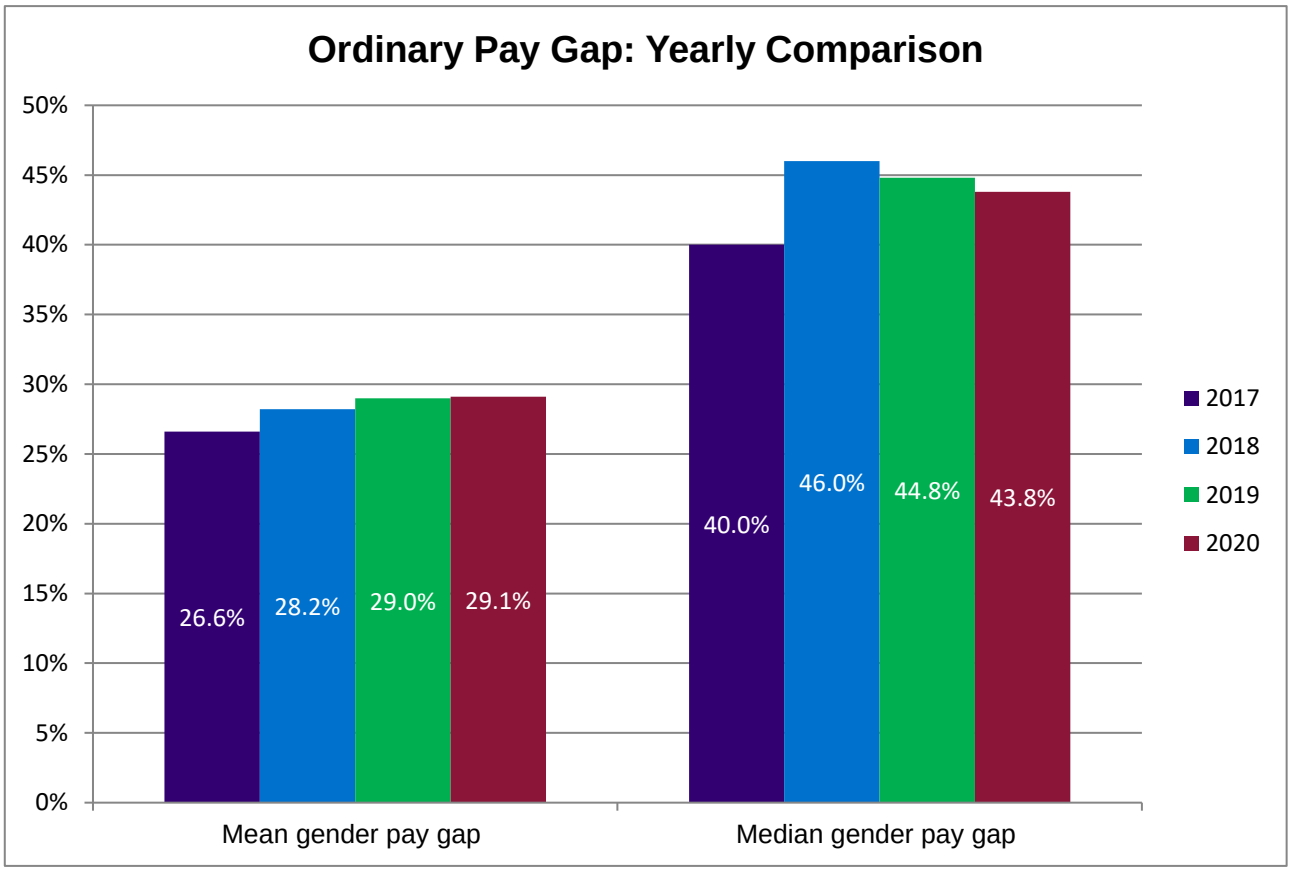
The proportions of male and female employees in each quartile are very similar to the previous year's figures:
Quartile 1: The proportion of female employees has increased by 0.1 per cent
Quartile 2: The proportion of female employees has increased by 1.3 per cent
Quartile 3: The proportion of female employees has increased by 0.5 per cent
Quartile 4: The proportion of female employees has decreased by 0.4 per cent

Ordinary Pay

This section establishes the mean and median differences in hourly rates of ordinary pay between male and female employees.

During the defined pay period that includes the snapshot date of 31 March 2019, the mean hourly rate of male employees was **16.8 per cent** higher than that of female employees and the median hourly rate of male employees was **11.4 per cent** higher than that of female employees. Both pay gaps have decreased since last year, and are the lowest figures reported by the Trust, compared to all previous years, as outlined below.


Ordinary Pay Calculations
Median Hourly Rate
£19.96
£22.52
11.4%
Mean Hourly Rate
£21.56
£25.93
16.8%
£0.00
£5.00
£10.00
£15.00
£20.00
£25.00
£30.00
Female
Male


Ordinary Pay Gap: Yearly Comparison
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
26.6%
28.2%
29.0%
29.1%
40.0%
46.0%
44.8%
43.8%
Mean gender pay gap
Median gender pay gap
2017
2018
2019
2020

Bonus Pay

Guidance was issued by NHS Employers in February 2019 to ensure consistency amongst Trusts regarding what should be included within bonus pay gap calculations. Following this guidance, Clinical Excellence Awards (CEA) and Long Service Awards (LSA) were identified as the relevant bonus payments made within the 12-month period ending on the snapshot date for the previous two years. However, due to covid-19, the long service award ceremony was delayed, and there is no relevant data to capture for long service award payments. Therefore, this year's bonus section will only focus on existing CEAs.

Overall calculations

When considering the overall Trust gender populations, **3.9 per cent** of male employees receive a bonus payment, while **1.0 per cent** of female employees do. Therefore**, 2.9 per cent** more men receive bonus payments compared to women across the Trust. Only specific groups of employees are eligible for CEA and LSA payments. Proportions for both men and women have decreased compared to last year.

Clinical Excellence Awards (CEAs)

The CEA scheme is intended to recognise and reward those Consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application.

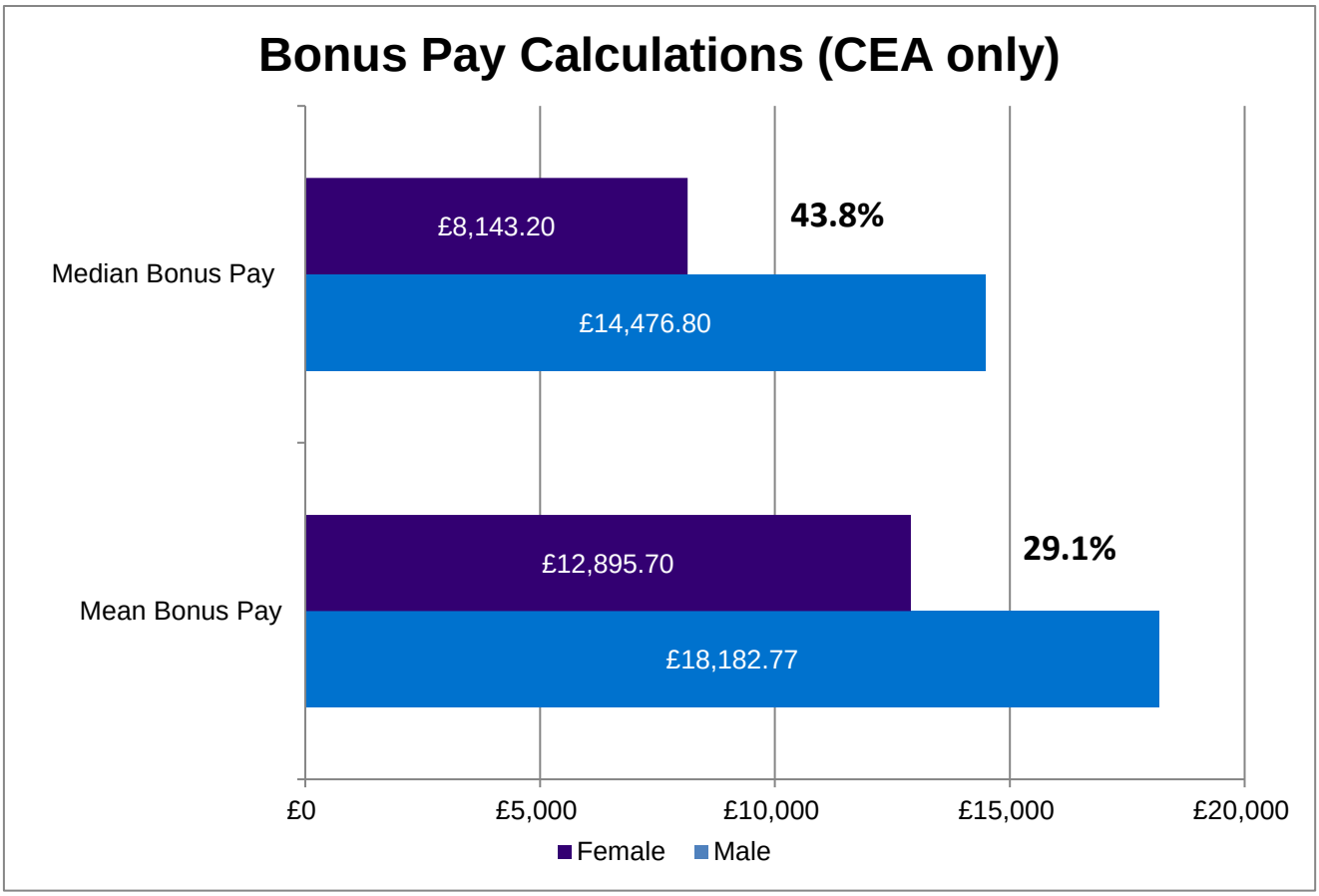
For the purpose of the bonus pay gap calculations, all CEA payments made to relevant employees in the 12 months to the snapshot date are included. This includes local awards, which are awarded by the Trust and national awards which are awarded by the Department of Health and Social Care paid via the Trust payroll.

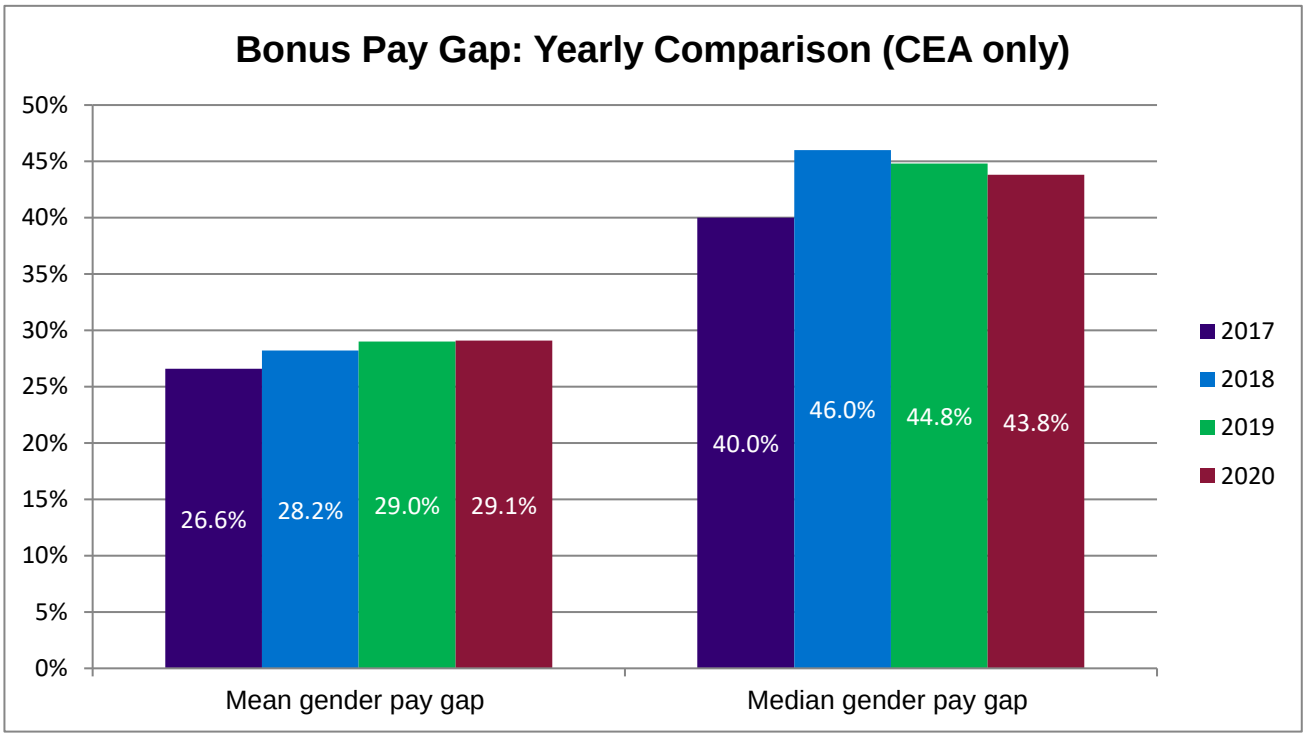
Due to covid-19, the Trust's award round for 2019/20 was delayed and suspended indefinitely while discussions take place between Trusts, NHS Employers and the British Medical Association regarding ongoing arrangements for CEAs during the pandemic. As such, this data does not include any first time CEA awards that have been issued.

It is also noted that changes to the local CEA process and previous analysis on those who have achieved a local CEA for the first time in 2018/19 suggest positive changes in addressing the bonus pay gap for future years

The diagram below demonstrates that there is a **29.0 per cent** mean pay gap between male and female consultants' CEA pay. When looking at the median difference, this is higher, with male consultants receiving **44.8 per cent** more bonus pay than female consultants.

The below yearly comparison demonstrates a very similar picture to the previous year.


Bonus Pay Calculations (CEA only)
Median Bonus Pay
£8,143.20
43.8%
£14,476.80
Mean Bonus Pay
£12,895.70
29.1%
£18,182.77
£0
£5,000
£10,000
£15,000
£20,000
Female
Male


Bonus Pay Gap: Yearly Comparison (CEA only)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
26.6%
28.2%
29.0%
29.1%
40.0%
46.0%
44.8%
43.8%
Mean gender pay gap
Median gender pay gap
2017
2018
2019
2020

Definitions

Gender pay gap: The difference between the average earnings of men and women, expressed relative to men's earnings. This is a broad measure of the difference in the average earnings of men and women, regardless of the nature of their work.

Equal pay: A legal requirement that within an organisation, male and female staff members who are engaged in equal or similar work or work of equal value must receive equal pay and other workplace benefits. This definition is included for clarification purposes as this report relates to the gender pay gap, and not equal pay.

Ordinary pay: Basic pay, paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave), high cost area and other allowances, shift premium pay, and pay for piecework. This would include on call framework and banding supplement in Doctor's pay, for example.

Bonus pay: 'Bonus pay' is defined as any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. For the purposes of this report, the relevant bonus pay relates to Consultant Clinical Excellence Awards (CEA) and Long Service awards, in line with guidance from NHS Employers. While under this guidance, monetary vouchers awarded as part of the 'Make a Difference' staff recognition scheme could also be included. However, due to data quality issues for 2018/19, this has been excluded, with a view to review this for future years.

Inclusion Criteria: a wider definition of who counts as an employee is used for gender pay gap reporting. This means staff who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This includes those under Agenda for Change terms and conditions, medical staff, very senior managers and Trust bank workers. Agency workers and people employed by another employer to provide services to the Trust e.g. Sodexo staff, are excluded from the Trust's calculations, but counted directly by the agency/employer. Apprentices at the Trust are employed by an apprentice training agency, therefore the contract of apprenticeship is with the agency. Doctors under honorary contracts are also excluded from calculations, but counted by their academic institution. Self-employed workers and contractors of the Trust are also excluded as it is not reasonably practicable to obtain the data to include within the calculations. This is in line with Regulation 2(3) of the Gender Pay Gap Information Regulations 2017.

Appendix 6: Equality Delivery System 2

Scoring Criteria

Each outcome is graded based on how well people from the nine protected characteristic groups fare compared with people overall. The below table outlines the scoring criteria. In response to the question, how well do people from protected groups fare compared with people overall, the Trust have scored as follows:

Grade	Criteria
Undeveloped	If there is no evidence one way or another for any protected group of how people fare or if evidence shows that the majority of people in only two or less protected groups fare well
Developing	If evidence shows that the majority of people in three to five protected groups fare well
Achieving	If evidence shows that the majority of people in six to eight protected groups fare well
Excelling	If evidence shows that the majority of people in all nine protected groups fare well

Trust assessment

EDS2 Criteria	Outcome	Grade
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
2.3	People report positive experiences of the NHS	Achieving
2.4	People's complaints about services are handled respectfully and efficiently	Achieving

3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Undeveloped
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Undeveloped
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
3.6	Staff report positive experiences of their membership of the workforce	Developing
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Undeveloped
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Developing

Appendix 7: Glossary of Terms

Protected characteristic	The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act. The Act refers to 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.
Black, Asian and Minority Ethnic (BAME)	Term currently used to describe a range of minority ethnic communities and groups in the UK – can be used to mean the main Black, Asian and Mixed racial minority communities (also referred to as BME) or it can be used to include all minority communities, including white minority communities. The term ethnic minorities is also used interchangeably with this acronym.
Disability	The Equality Act 2010 define disability as a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Diversity	Valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
EDS2	EDS2 is a mandatory assessment tool that requires NHS Trusts to analyse and grade their equality performance across 18 outcomes.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways. Equality can be defined 'as the state of being equal, especially in status, rights, or opportunities.'
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	This describes characteristics such as appearance, presentation and behaviour to identify gender (not sex). Characteristics could be masculine, feminine or androgynous.
Gender reassignment	Gender reassignment refers to individuals who either have undergone, intend to undergo or are currently undergoing

	gender reassignment (medical and surgical treatment to alter the body).
Inclusion	Inclusion means that all people, regardless of their abilities or health care needs, have the right to be respected, appreciated and included as valuable members of their communities.
LGBTQ+	It may refer to anyone who is non-heterosexual or non-cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, a popular variant adds the letter Q for those who identify as queer or are questioning their sexual identity; LGBTQ has been recorded since 1996.

This document can be requested in alternative formats via the Trust Communications Department.