



Imperial College Healthcare
NHS Trust

Workforce Equality, Diversity and Inclusion Annual Report

2018/2019

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

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Contents

About us.....	3
Executive summary.....	3
Our workforce profile.....	6
Our approach.....	9
Our governance and priorities	10
Our staff networks	12
Project search	12
Appendices.....	13
Appendix 1 Workforce Equality and Diversity Work Programme 2019	14
Appendix 2 Workforce Race Equality Standard (WRES) 18/19	18
Appendix 3 Workforce Disability Equality Standard (WDES) 18/19.....	23
Appendix 4: Gender Pay Gap Report 18/19	30

Introduction

In line with the Equality Act 2010 the Trust is required to publish equality information annually to show how it has complied with the public sector equality duty. This Workforce Equality, Diversity and Inclusion (EDI) annual report focuses on the Trust's 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 the Workforce Equality Disability Standard (WDES) that is mandated in the NHS standard contract. It also includes the Gender Pay Gap report.

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 over 12,000 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.

Executive summary

The 2018/2019 Workforce EDI annual report format has been revised and streamlined reflecting recommendations by the Equality, Diversity and Inclusion Committee. The recommendations were to publish all equality data, where possible, at the same time of the year in one report and to have an underlying Workforce Equality, Diversity Work Programme to support delivery of the entire workforce equality and diversity agenda.

In response to these recommendations for the first time at this Trust, WRES, WDES and the Gender Pay Gap Report are all published at the same time. Included in this report are:

- Workforce Equality and Diversity Work Programme 2019 Appendix 1
- Workforce Race Equality Standard 18/19 Appendix 2
- Workforce Disability Equality Standard 18/19 Appendix 3
- Gender Pay Gap Report 18/19 Appendix 4

A brief summary of the information in each equality report is below.

Our Workforce Profile Summary

The first section 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.

There have been no significant changes in the workforce composition in regards to age since 2010/11. There has been no significant change in the workforce composition regarding ethnicity either. The Trust continue to have a higher percentage of staff employed from Black, Asian and Minority Ethnic (BAME) backgrounds than the local (London) population. The workforce split in regards to gender has also remained unchanged in the last 5 years.

The workforce profile section also reviews the Trust 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 data demonstrates that we have not seen a change in the overall recorded data for all staff, however our new staff data collection has declined. The Trust is rolling out a new applicant tracking

system that will go live in October. This will have enhanced management information and reporting functionality and help improve accuracy of demographic information and the recording.

Workforce Equality and Diversity Work Programme Summary

The Workforce Equality and Diversity Work Programme was approved by the Trust in March 2019. There are four elements to the plan:

- Workforce Race Equality Standard
- Workforce Gender Equality (Gender Pay) Action Plan
- Workforce Disability Equality Standard Action Plan
- Workforce Equality Enablers

Presenting and reviewing the programme alongside WRES, WDES and Gender Pay allows us to ensure it is fit for purpose and actions are still 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.

No significant changes have been made to the overall Workforce Equality and Diversity Work Programme following the review of equality data in this report. As a result of wider engagement of the WDES metrics, a number of additional actions to support two key deliverables have been added to the Workforce Disability Equality Standard Action Plan. The first key deliverable added is to create a positive working culture for staff with disabilities and the second key deliverable is to improve the capacity of line managers/ colleagues to support staff with disabilities. The updated Action plan is in Appendix 1.

Race Equality

We know that Trust continues to have a higher percentage of staff employed from Black, Asian and Minority Ethnic (BAME) backgrounds than the local (London) population. The WRES data demonstrates that the majority of people in Band 7 above are from white backgrounds.

In 2019, for the non-clinical workforce, the percentage of BAME workforce has increased in Band 2-5 and 8a-8b, whereas the percentage of the BAME workforce has decreased for Band 6, 7, 8d and 9 compared to 17/18. In 2019, for the clinical workforce, the percentage of BAME workforce has increased in Band 3, 4, 7, 8a, 8c, 9, and all doctors compared to 17/18. The percentage of the BAME workforce has decreased for Band 6, 8b compared to 17/18. The data also shows that the relative likelihood of white applicants being appointed from shortlisting compared to applicants from BAME groups is roughly 1.63 times greater which is an increase from last year when the relative likelihood was 1.57 times greater.

A key deliverable in the Workforce Equality and Diversity Work Programme is to improve workforce representation of BAME people on Band 7+. Actions already agreed with the BAME Nursing and Midwifery Network include introducing diverse panels, reverse mentoring and unconscious bias training. Some of these large programmes of work will not take effect until the later part of 2019 and the Trust recognises that to delivered sustained change, these interventions will need to be piloted, implemented, embedded and then monitored and evaluated for progress. The key objectives for race equality are:

- Improve workforce representation of BAME people on Band 7+

- Mitigate disproportionate representation of BAME people entering formal workforce procedures
- Reduce the differential in the relative likelihood of BAME and White people receiving D or E ratings (PDR)
- Address harassment and bullying issues reflected in the 2017-18 NHS staff survey

The complete WRES Report is in Appendix 2.

Disability Equality

The reporting period 2018/19 is the first year of reporting on WDES for NHS Trust and Foundation Trusts. Only 1% of our staff have declared a disability on the Electronic Staff Record (ESR). We already know from our annual review of workforce composition data that recording for disability status on ESR is 66%. We also know that the staff survey disability declaration data at 11.6%, is considerably higher than ESR. The roll out of the applicant tracking system and the actions outlined in the WDES Action plan are designed to improve the recording of disability status on ESR and improve our ability to analyse recruitment data.

We do have areas of good practice such as Project Search - a supported internship programme that gives young adults with a learning disability opportunities in work. However, the Trust recognises more action is required to support staff with disabilities and this is why specific new actions have been added to the Workforce Equality and Diversity Work Programme. The key objectives for disability equality are:

- Improve quality of disability data on ESR
- Identify Trust priorities for the workforce disability equality scheme (WDES)

The complete WDES Report is in Appendix 3.

Gender Pay

For 2019, the Trust will publish the Gender Pay Gap report in September 2019 using the snapshot data of March 2019. This is published in advance of the government deadline. The previous year's report was published in March 2019. In summary, for 2019, when considering ordinary pay, the mean hourly rate of male employees is 18.4% higher than that of female employees. This is an 0.3% increase from 18.1% last year. When median calculations are used, the hourly rate of male employees' ordinary pay is 13.7% higher than that of female employees. This has a 2.1% increase from 11.6% last year. There has been an increase in the mean and median gender pay gap for ordinary pay, compared to the previous year's data.

When considering CEA payments only, there is a 29% mean pay gap between male and female consultants' CEA pay, this is an increase of 1% from last year. The medium pay gap is 44.8% between male and female consultant's CEA which is a decrease from 46% last year. Changes to the local CEA process and 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 key objectives for gender equality are:

- Improve female workforce representation at Band 8A+
- Reduce the differentials of bonus pay gap (LCEAs) between female and male

The complete Gender Pay Report is in Appendix 4.

Governance, staff networks, accreditations

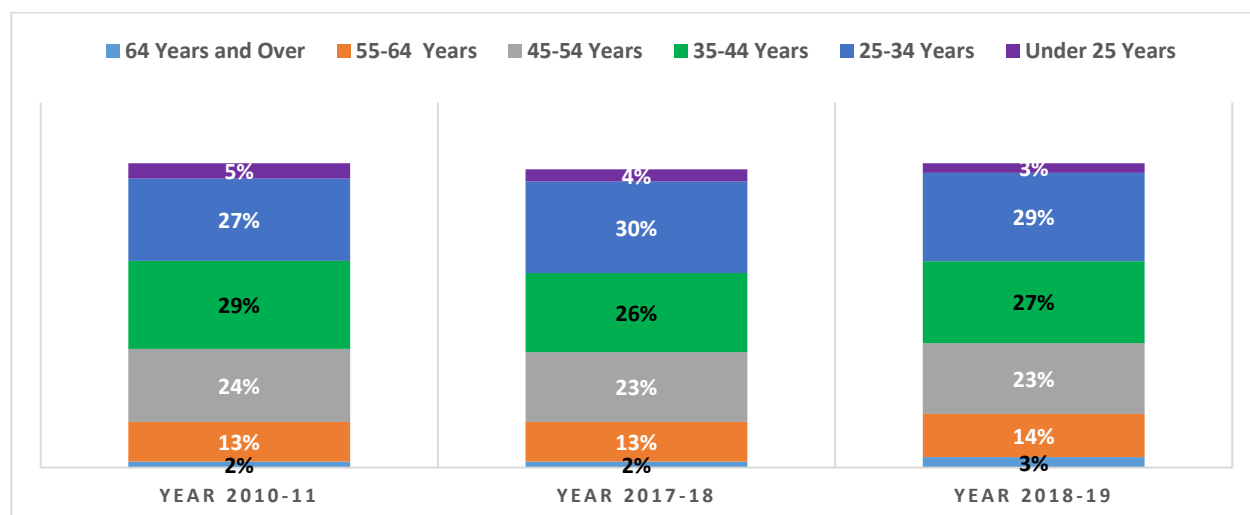
In the governance section, a full overview of the formal governance is presented. This includes a structure chart showing the role of the Equality, Diversity and Inclusion Committee and the reporting line to the board. Whilst the Trust has agreed priorities on race equality for the work programme for 19/20, work will continue to be delivered on the seven other protected characteristics. This will include supporting the aims and aspirations of the three staff networks, the Women's Network, the LGBT+ Network and the BAME Nursing and Midwifery Network. The commitments the Trust have signed up to be a Disability confident employer are listed in the accreditation section.

Our workforce profile

Below presents the percentage of staff employed by the trust by age, disability, ethnicity and gender as at 31 March 2019.

Workforce Composition: Age

Diagram 1: Trust age composition over three years



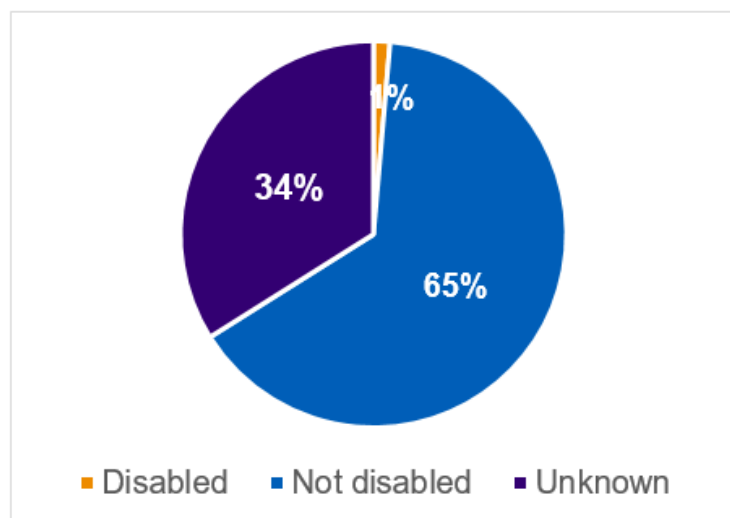
There have been no significant changes in the workforce composition in regards to age since 2010/11. The majority of our staff are aged 25 to 54. The Trust seeks to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships and the promotion of flexible working.

Workforce Composition: Disability

This information is also presented in Appendix 3 WDES. Out of 12021¹ employees, 1% (165 people) have disclosed a disability and 65% (7778) are recorded not to have a disability. Out of the 34% (4078 people) where the disability status is unknown, 94% are coded as 'unspecified', 1% prefer not to answer and 5% are listed as 'not declared'.

¹ The 12021 staff reported on includes those employees who are unpaid this includes the Trusts Honorary consultants (297) and Honorary junior Doctors(359)

Diagram 2: Disability disclosure



As part of the Workforce Equality and Diversity, Work Programme (Appendix 1) there are plans in place to improve the quality of data on the employee staff record.

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
Disability	40%	47%	56%	62%	66%	66%
Sexual Orientation	46%	54%	60%	67%	70%	70%
Religion	46%	54%	60%	67%	70%	70%

Table 1 illustrates that the Trust has not seen a change for all staff for the information recorded on workforce disability, sexual orientation and religion since last year.

Table 2 illustrates that the Trust has seen a decline in the information recorded for new staff in 2018/2019 for disability, sexual orientation and religion since last year.

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
Disability	95%	89%	92%	87%	88%	84%
Sexual Orientation	96%	88%	90%	88%	88%	86%
Religion	96%	88%	90%	88%	88%	86%

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

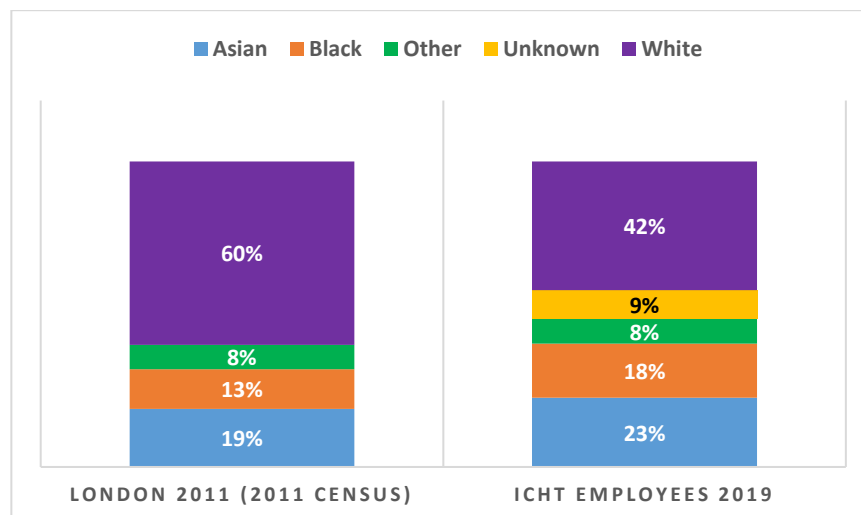
Our Workforce Disability Equality Standard Action Plan (Appendix 1) includes action to improve the use of ESR self-service and encourage staff to update historical records. To note, the data capture is 100% for new starters whose applications are recorded via the Trac recruitment system. There are staff groups where this facility is not yet available resulting in an incomplete overall capture of data on new starters. A new applicant tracking system will go live in October. This will have enhanced management information and reporting functionality and help improve accuracy of demographic information.

The Trust has reported on protected characteristic that we currently hold data for on our ESR system. We are aware we do not currently capture data for gender reassignment and are unable to report on this for the purpose of this report.

Workforce Composition: Ethnicity

Race equality will continue to be a key focus for the Trust so it is important to understand how our workforce composition against the London census data to ensure true representation. The percentage of staff employed by the Trust from BAME backgrounds is higher than the local population. White people make up 42% of the workforce compared to 60% of the London population.

Diagram 3: Ethnicity comparison against London census



We know as a trust that when we examine our ethnicity data in more detail that 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

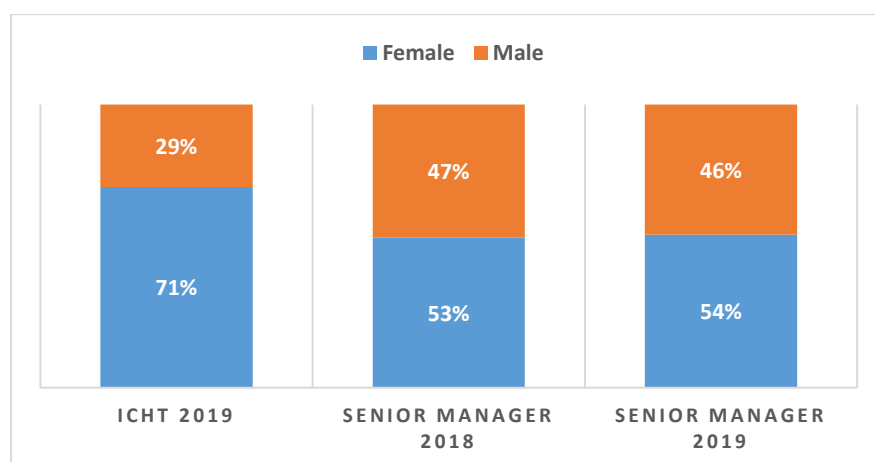
over time will have an impact on that progression and ethnic distribution within bands that is more representative of our overall workforce.

Workforce Composition: Gender

The workforce split in regards to gender has remained unchanged in the last 5 years: 71% of our staff are female and 29% 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 increases in senior roles. The figures below shows that 46% of people employed as senior managers are men and 54% are women. This is a small increase in female representation of 1% compared to last year.

Diagram 4: Gender profile – senior manager and ICHT population



Our approach and priorities

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 is vital that our people reflect the society that we serve and we bring diverse attitudes and opinions to our work.

In early 2019 in order to support our long term vision and our people strategy, we developed a three year Workforce Equality and Diversity Work Programme (Appendix 1). This is designed to deliver a more structured and specific action plan. The programme has both short and medium term goals in place and is tracked against our long term equality and diversity goals.

The programme is designed to address inequity identified across the largest groups of protected characteristics within the Trust. The key objectives of the work programme are to deliver:

- A more representative workforce by ethnicity at all levels and eliminate ethnicity differentials in workforce performance outcomes.

- A flexible work environment that enables career development and progression at different life stages

- A flexible work environment where disabled staff are treated equitably

- Increase awareness of and promote equality and diversity

Work will be continue to be delivered on the seven other protected characteristics but there will be a targeted and structured programme that will take place over the next three years.

As a Trust we want to deliver a clear message. Diversity is about making better decisions and diversity of thought will encourage better decision-making. We believe that our Equality, Diversity and Inclusion agenda is central to how the Trust acts, both as an employer and as a patient care provider.

Ethnicity has consistently been the most commonly reported reason for discrimination in the past five years². In addition, the Trust's 18/19 annual E&D report identifies that four out of the five areas of focus for priority improvement are related to ethnicity. For this reason, within the three areas outlined above (race, gender and disability) our primary focus in 2019 will be implementing the actions to meet the workforce race equality standard.

Outlined below is a summary of the Workforce Equality and Diversity Work Programme (Appendix 1 for the complete programme).

Workforce Race Equality Standard (WRES)

- Improve workforce representation of BAME people on Band 7+
- Mitigate disproportionate representation of BAME people entering formal workforce procedures
- Reduce the differential in the relative likelihood of BAME and White people receiving D or E ratings (PDR)
- Address harassment and bullying issues reflected in the 2017-18 NHS staff survey

Gender equality

- Improve female workforce representation at Band 8A+
- Reduce the differentials of bonus pay gap (LCEAs) between female and male

Workforce Disability Equality Standard (WDES)

- Improve quality of disability data on ESR
- Identify Trust priorities for the workforce disability equality scheme (WDES)

Workforce Equality Enablers

- Key deliverables that ensure compliance with legal and regulatory requirements and contribute to general E&D work through promoting and increasing awareness.

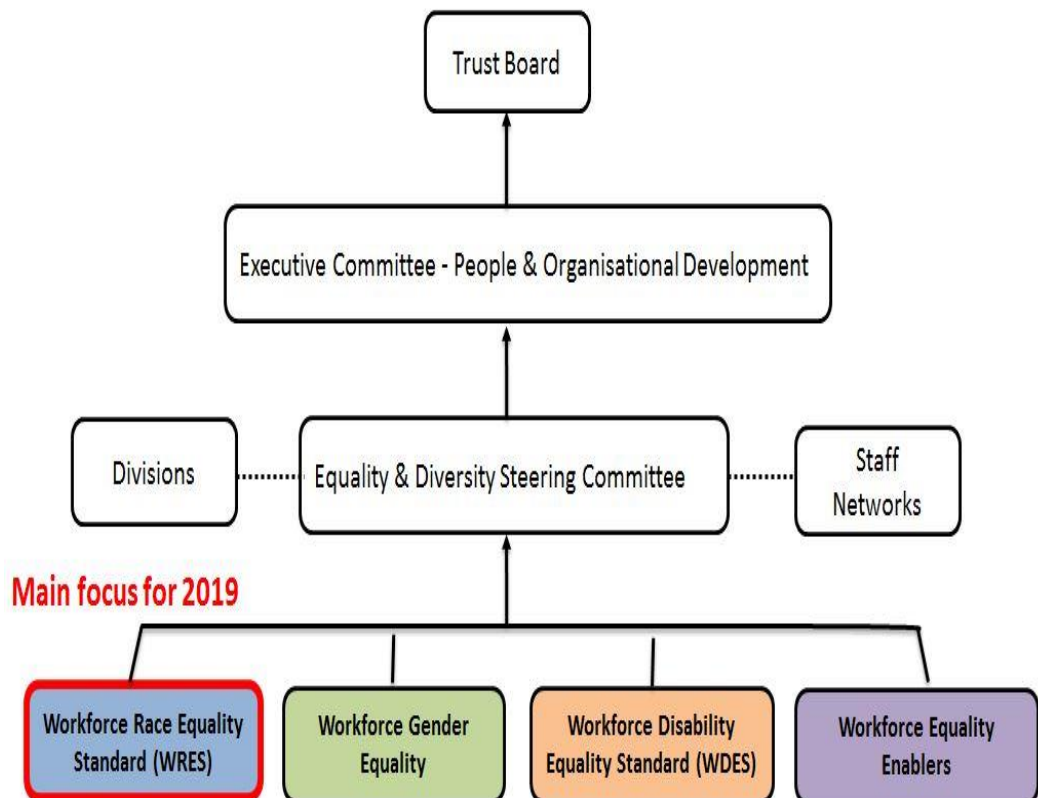
Our Governance

In order to ensure as a Trust we deliver on our Equality, Diversity and Inclusion commitment a clear governance structure is in place. By having a clear governance arrangement, it ensures that

² NHS Staff Survey

the Trust Board receive regular assurance that the Trust is meeting its Public Sector Equality Duty. The governance structure below shows:

- The EDI work programme comprises four work streams, covering the three main areas of focus for 2019 plus an enabler's work stream.
- This is overseen by the EDI committee chaired by the Trust CEO. The EDI Committee includes representatives from divisions and staff networks and supervises the work carried out by the work streams.
- The Executive People and Organisation Development (Ex-POD) committee oversees the EDI committee on the overall work programme and is accountable for the Trust workforce EDI performance.
- The Trust Board receives reports on the EDI programme and other statutory reports as well as playing a pivotal role in shaping the strategy and vision for the long term EDI agenda.



Our staff networks

Our networks play an emerging role in supporting the trust equality, diversity and inclusion commitments. Each network has an elected chair, and the Trust is in the process of outlining the role of an Executive Sponsor, and identifying sponsors to ensure a direct link at Board level.

The Trust has three staff networks. Members of all networks provide valuable feedback on the Workforce Equality and Diversity Work Programme throughout the year. The Trust will be supporting all networks in 2019 to have a Team Space on the intranet.

- **Women's network:** In 2018, the network held a 'Return to Work' workshop exploring challenges people face when returning to work after a long absence. Members were profiled on @imperialpeople to celebrate International Women's Day.
- **Nursing and midwifery Black, Asian and Minority Ethnic (BAME) network** is forging ahead with an exciting programme of work after much introspection and discussion. The network was initiated with the support of the Director of Nursing and the network is now chaired independently. The group meets bi-monthly and works closely with WRES Experts in the Trust. In 2018 the network:
 - were actively involved in the commissioning of the reverse mentoring programme and part of the design roll out
 - recognised the Trust artwork is reflective of the culture of an organisation and are now working closely with the Imperial Health Charity and promises to commission arts that showcase the wide diversity of the organisations rich culture and the community it serves
 - had representatives on the National WRES frontline forum and Chief Nursing Officer BAME Strategic Advisory Group
- **LGBT+ Network:** In 2018 the network re-launched, and commemorated the International Day Against Homophobia, Transphobia and Biphobia, took part in London Pride parade 2019 and hosted a blog. The Trust launched NHS Rainbow badges in June 2019. Wearing an NHS rainbow badge is a way to signify that staff can and will offer support to staff, patients, families, friends and visitors who identify as LGBT+.

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 over an academic year. The programmes main aim, giving a transition from school/college is to help young people with SEN and disabilities 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.

Our accreditations

The Trust has signed up to be a Disability Confident 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

Appendices

Appendix 1: Workforce Equality and Diversity Work Programme 2019

Appendix 2: Workforce Race Equality Standard (WRES) 18/19

Appendix 3: Workforce Disability Equality Standard (WDES) 18/19

Appendix 4: Gender Pay Gap Report 18/19

Appendix 1: Workforce Equality and Diversity Work Programme 2019

The Workforce Equality and Diversity Work Programme was approved by the Trust in March 2019. There are four elements to the plan, Workforce Race Equality Standard (1a), Workforce Gender Equality (Gender Pay) Action Plan (1b), Workforce Disability Equality Standard Action Plan (1c) and Workforce Equality Enablers (1d).

As a result of wider engagement of the WDES metrics, additional actions have been added to the Workforce Disability Equality Standard Action Plan (1c). The year 1 WDES metrics were shared with staff networks, the EDI committee, staff side and key stakeholders from People and Organisational and feedback sought on actions, which have then informed new actions.

1a. Workforce Race Equality Standard Action Plan

Objectives	Baseline performance 17-18	Key focus 2019/20
A more representative workforce by ethnicity at all levels and eliminate ethnicity differentials in workforce performance outcome	<ul style="list-style-type: none"> Workforce ethnicity: 47% BME, 43% White, 10% Unknown BME under-represented at Band 7+ BME staff 1.44 times more likely to enter formal disciplinary procedures 	<ul style="list-style-type: none"> Increase diversity on interview panels Introduce reverse mentoring Introduce unconscious bias training

Key deliverables	Lead	Milestones
Improve workforce representation of BME people on Band 7+		
1. Introduce diverse panels at B7+ interviews, gender and ethnicity mix (ideally mixed panels, only use observers if not possible)	Dawn Sullivan	Increase BME representation at Band 7+ by 5% within each band by Mar 2020
2. Review end-to-end recruitment and selection process to identify areas that will contribute to a more balanced representative workforce at Band 7+	Dawn Sullivan	
3. Introduce reverse mentoring	Sue Grange	
4. Implement unconscious bias training for all levels, from the Board/Executives	Sue Grange	
Mitigate disproportionate representation of BME people entering formal disciplinary workforce procedures		
1. Introduce two check points, pre- and post-investigation, to be carried out by senior managers in formal disciplinary process	Barbara Britner	Reduce BME participation rate by 10% at formal disciplinary procedures by Mar 2020
2. Introduce mandatory training specifically for Chairs of disciplinary hearings and Investigators	Barbara Britner	
3. Identify common issues in formal procedures and develop training and support for prevention	Fiona Percival	
4. Executives/seniors to review dismissal decisions	Barbara Britner	

Reduce the differential in the relative likelihood of BME and White people receiving D or E ratings (PDR)		
1. Provide monthly reports of PDR grades to divisional senior management team throughout PDR period for calibration	Sue Grange	Quarter 1
2. Implement mid-year review	Sue Grange	Quarter 3 & 4
Address harassment and bullying issues reflected in the 2017-18 NHS staff survey		
3. Re-energise Trust values and behaviours through 'Leading our vision, values and behaviours' programme	Sue Grange	Decrease the overall staff-reported B&H experiences by 2% in 2019 NHS staff survey results – reported Feb 2020
4. Develop a 'speaking up' strategy and action plan	Peter Jenkinson	
5. Staff survey action plans	Sue Grange	

1b. Workforce Gender Equality (Gender Pay Action Plan)

Objectives	Baseline performance 16-17	Key focus 2019/20
A flexible work environment that enables career development and progression at different life stages	<ul style="list-style-type: none"> Workforce: ♀ 71% vs. ♂ 29% Band 8A+: ♀ 54% vs. ♂ 46% Mean hourly rate: ♂ 18.7% higher than ♀ Median hourly rate: ♂ 13.3% higher than ♀ Mean bonus pay: ♂ 26.6% higher than ♀ Median bonus pay: ♂ 40% higher than ♀ 	<ul style="list-style-type: none"> Flexible working LECAs process review

Key deliverables	Lead	Milestones
Improve female workforce representation at Band 8A+		
1. Refresh guide for and promote flexible working	Barbara Britner	Quarter 2
2. Career clinics	Dawn Sullivan	On-going
3. Provide coaching/mentoring opportunities	Sue Grange	Quarter 3
4. Commit to advertise post with part time/job share options	Dawn Sullivan	Quarter 2
5. Speed mentoring with themes	Sue Grange	Quarter 2
Reduce the differentials of bonus pay gap (LCEAs) between female and male		
6. Identify factors in LCEA process that contribute to the bonus pay differences and develop a process guide to address the issues	Medical Director's office	Quarter 1

1c. Workforce Disability Equality Standard Action Plan

* denotes actions added following WDES metric engagement

Objectives	Baseline performance 17-18	Key focus 2019/20
A flexible work environment where disabled staff are treated equitably	<ul style="list-style-type: none"> Disability data on ESR – c.70% 	<ul style="list-style-type: none"> Improve quality of disability data on ESR Produce and publish 1st WDES report

Key deliverables (* actions added following WDES Metric Engagement)	Lead	Milestones
Improve quality of disability data on ESR		
1. Thorough data collection and input for new joiners, both medical and non-medical	Dawn Sullivan	Quarter 3
2. Promote data input via employee self service	Dawn Sullivan	Quarter 2
Identify Trust priorities for disability equality work		
3. Review staff survey outcomes, national & local, by disability group to identify areas for improvement	Sue Grange	Quarter 1
4. Divisional representatives to identify priorities for their divisions and suggest recommendations	Divisional E&D reps	Quarter 2
5. Produce and publish 1 st WDES report in Aug 2019 and identify key issues for action plan	Gemma Glanville	August 2019
Supporting a positive working culture for staff with disabilities		
6. Identify a Board level champion for staff with disabilities *	Kevin Croft	Quarter 3
7. Call out to establish staff interest in establishing a disability network*	Gemma Glanville	Quarter 3
8. Identify and implement mechanisms to facilitate the voices of disabled staff to be heard*	Gemma Glanville	Quarter 4
9. Communications campaign to share stories of disabled staff across the Trust*	Gemma Glanville	Quarter 4
10. Review how the values and behaviour framework can be utilised to support the workplace experience of disabled staff*	Sue Grange	Quarter 4
Improving the capacity of line managers and colleagues to support staff with disabilities		
11. Explore roll out of Mental Health First Aider training*	Sue Grange	Quarter 4
12. Explore the benefits of a Business Disability Forum membership*	Gemma Glanville	Quarter 3

1d. Workforce Equality Enablers

Objectives	Baseline performance 17-18	Key focus 2019/20
Increase awareness of and promote E&D	<ul style="list-style-type: none"> Staff feedback suggested limited understanding of E&D agenda and work carried out in the Trust Interests in staff support networks Need a system to track and acknowledge small progress on E&D improvement trajectory 	<ul style="list-style-type: none"> EDS2 baseline assessment Measures to track short-/medium-term progress

Key deliverables	Lead	Milestones
Promote and increase awareness of E&D agenda		
1. Set up new Ethnic Minority Staff Network	Joselyn King	Quarter 1
2. Develop E&D intranet section	Gemma Glanville	Quarter 1
3. Produce a set of measures, annual targets and a reporting mechanism to track short and medium-term progress against longer-term equality objectives	Gemma Glanville	Quarter 2
4. EDS2 baseline assessment	Gemma Glanville & Guy Young	Quarter 2
5. Establish an informal route for protected discussion on concerns	Kevin Croft	Quarter 1
6. Introduce Equality Impact Assessments for policy reviews	Peter Jenkinson	Quarter 1
7. E&D leadership, including E&D representation at Board	Kevin Croft	Quarter 3
8. Include an objective for trust directors on equality	Kevin Croft	Quarter 2
9. Revamp Make a Difference campaign with a focus to increase its accessibility for junior staff and medical staff	Sue Grange	Quarter 2
10. Improve data capture on diversity and report through the EDI governance structure	Gemma Glanville	Quarter 1

Appendix 2: Workforce Race Equality Standard Report 18/19

1. Introduction

Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES).

This report provides an overview of WRES, within Imperial College Healthcare NHS Trust against the nine indicators set out in WRES. 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 upon BME representation on boards.

2. Why WRES is important?

The WRES is a tool for identifying a number of key gaps, referred to as metrics, between White and BME staff experience of the workplace - gaps which must be closed. Closing these gaps will achieve tangible progress in tackling discrimination, promoting a positive culture and valuing all staff for their contributions to their work at Imperial College Healthcare NHS Trust.

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.

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

Non-Clinical	BME	UNKNOWN	WHITE	Count
Band 2	70%	4%	26%	216
Band 3	65%	3%	33%	652
Band 4	54%	5%	41%	397
Band 5	52%	2%	46%	317
Band 6	49%	3%	48%	281
Band 7	45%	3%	53%	200
Band 8a	43%	4%	52%	138
Band 8b	26%	3%	71%	137
Band 8c	22%	2%	77%	60
Band 8d	18%	5%	76%	38
Band 9	12%	4%	84%	25
Spot Salary	29%	29%	43%	7
VSM	4%	12%	84%	25
Grand Total	52%	3%	44%	2493

Clinical	BME	UNKNOWN	WHITE	Count
Band 2	70%	5%	25%	776
Band 3	66%	5%	29%	522
Band 4	60%	5%	35%	168
Band 5	57%	4%	39%	1755
Band 6	58%	4%	38%	1911
Band 7	42%	4%	54%	1185
Band 8a	33%	4%	63%	384
Band 8b	24%	2%	74%	123
Band 8c	17%	2%	81%	42
Band 8d	5%	0%	95%	19
Band 9	11%	0%	89%	9
Consultant	33%	9%	59%	741
Doctor (Career Grade)	24%	38%	38%	333
Doctor (Training Grade)	28%	37%	35%	1536
Spot Salary	45%	5%	50%	22
VSM	0%	0%	100%	2
Grand Total	47%	11%	42%	9528

For the non-clinical workforce, the percentage of BME workforce has increased in Band 2-5, 8a-8b and for spot salary compared to 17/18. The percentage of the BME workforce has decreased for Band 6, 7, 8d and 9 compared to 17/18.

For the clinical workforce, the percentage of BME workforce has increased in Band 3, 4, 7, 8a, 8c, 9, and all doctors compared to 17/18. The percentage of the BME workforce has decreased for Band 6, 8b compared to 17/18.

Indicator 2

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

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.

Descriptor	Number of shortlisted applicants	Number appointed	Likelihood of being appointed from shortlisting
White	3107	977	0.3144
BME	6083	1176	0.1933
Unknown	285	257	0.9017

The relative likelihood of white applicants being appointed from shortlisting compared to applicants from BME groups is roughly 1.63 times greater; this is an increase from last year when the relative likelihood was 1.57 times greater. Our Workforce Equality and Diversity Work Programme, Appendix 1, 1a WRES Action Plan sets out how the Trust intends to address this disparity. The majority of this work will start later in 2019.

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 (18/19) and the previous year (17/18). For consistency, organisations should use the same methodology as they have always used.

The Trust reports on the formal disciplinary hearings, excluding doctors who are managed in accordance with Maintaining High Professional Standards. In 17/18 the Trust held 91 disciplinary hearings, in 18/19 the Trust held 59 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	5070	27	0.0051
BME	5826	45	0.0077
Unknown	1132	4	0.0003

The relative likelihood of BME staff entering the formal disciplinary procedure, compared to white people was 1.51 times greater. This is a deterioration from last year, at 1.43 times greater. The likelihood of BME staff entering formal disciplinary procedures remains higher than that of white staff.

Actions to address this are set out in a specific section of Workforce Equality and Diversity Programme for 2019 Appendix 1, section 1a - key deliverables to mitigate disproportionate representation of BME people entering formal disciplinary workforce procedures.

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 provided 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	5070	541	0.1067

BME	5826	631	0.1083
Unknown	1132	55	0.4858

Indicators 5 - 8

Indicators 5 -8 relate to the 2018/2019 national staff survey results, comparing the responses of BME and white staff. This is based on a sample of 522 staff who responded to the survey, which was a response rate of 46%. The wording of these four indicators is taken directly from the national NHS Staff Survey questions. Not all 522 staff chose to answer each question.

For indicator 5, 6, and 8 a low score is better. For indicator 7 a high score is better. Compared to 17/18 WRES indicators, the data shows that the Trust BME experience in 2018 has declined for indicators 5 and 6 and 7. Compared to 17/18 WRES indicators, the data shows that the Trust BME experience in 2018 has improved for indicator 8.

Indicator 5

KF 25. Examines Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

For indicator 5 a lower score is better. There has been an increase for both our white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public since 2017. Our BME staff experience is the same as our white staff experience.

	White	BME
2018	37.6%	37.3%
2017	35.2%	29.5%

Indicator 6

KF 26. 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 an increase for both our white and BME staff experiencing harassment, bullying or abuse from staff since 2017. Our BME staff experience is now slightly worse than our white staff experience.

	White	BME
2018	32.7%	34%
2017	28.3%	28%

Indicator 7

KF21. 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 declined since 2017. Our BME staff experience has declined significantly since 2017, whereas white is a very small decline. Our BME staff experience is worse than our white staff experience.

	White	BME
2018	82.7%	65.2%
2017	83.8%	82.7%

Indicator 8

Q.17 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 declined since 2017 and our BME staff experience has improved since 2017. Our BME staff experience remains significantly worse than our white staff experience.

	White	BME
2018	7.5%	14.7%
2017	5.2%	17.4%

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	42.13%	48.46%	9.43%
Overall Trust Board Members	100.00%	0.00%	0.00%
Voting Board Members	100.00%	0.00%	0.00%
Executive Board Members	100.00%	0.00%	0.00%
Non-Executive Board Members	100.00%	0.00%	0.00%

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

WRES Action plan

Refer to Appendix 1, Workforce Equality and Diversity Work Programme. 1a WRES Action Plan.

Appendix 3: Workforce Disability Equality Standard Report 2019

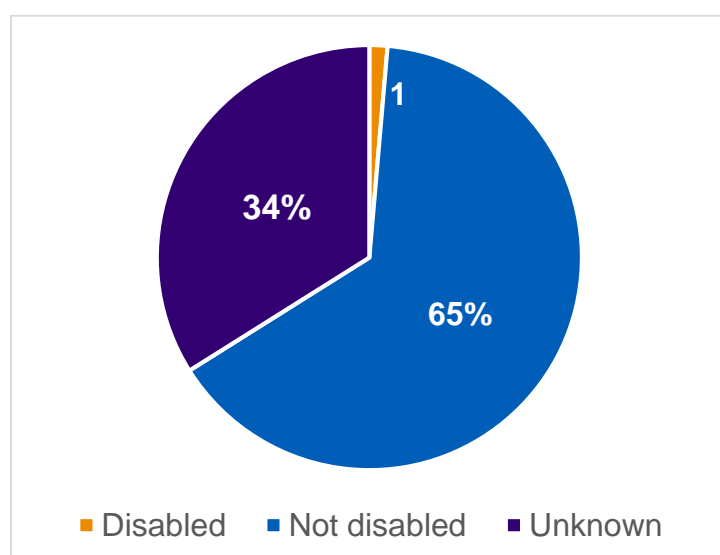
1. Background

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics to enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. To note, 2018/19 is the first year of reporting for NHS Trust and Foundation Trusts.

The 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. This paper provides an overview of the year 1 WDES metrics for Imperial College Healthcare NHS Trust to guide the formulation of an action plan.

2. Organisational Breakdown by Disability

The 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 2019.

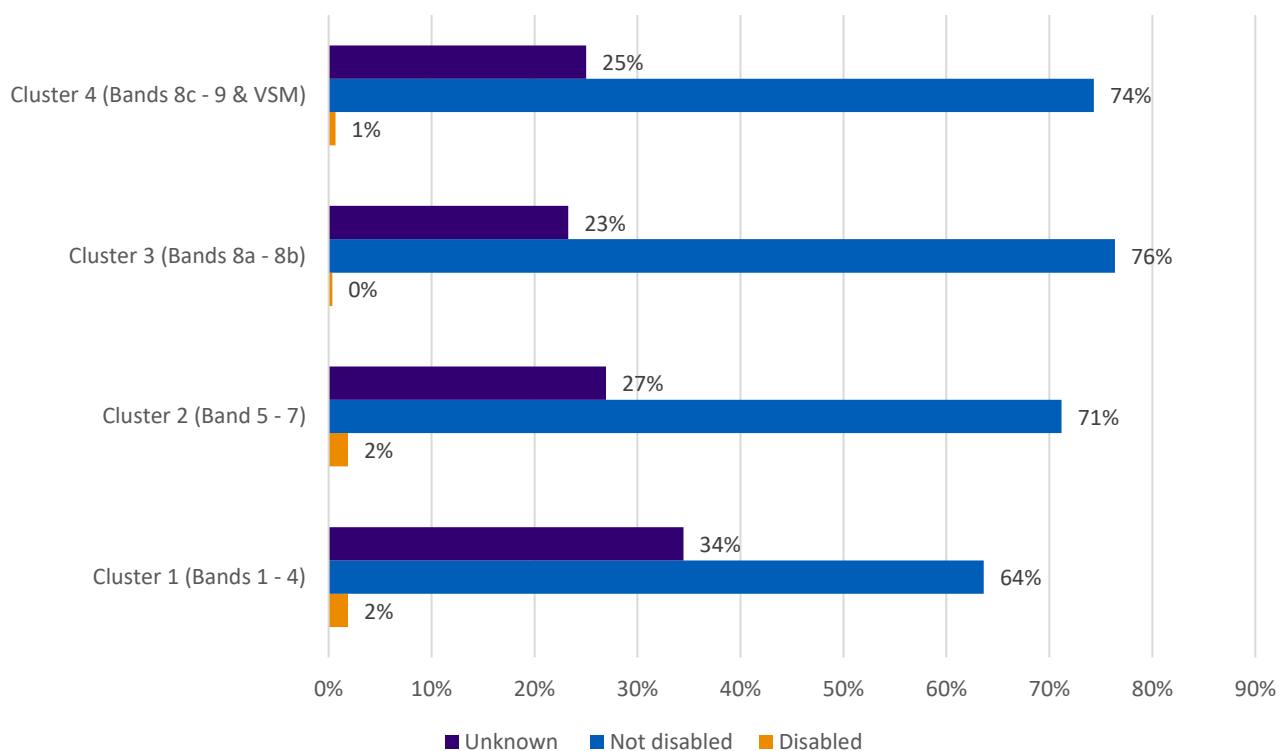


Out of 12021 employees, 1% (165 people) have disclosed a disability and 65% (7778) are recorded not to have a disability. Out of the 34% (4078 people) where the disability status is unknown, 94% are coded as 'unspecified', 1% prefer not to answer and 5% are listed as 'not declared'.

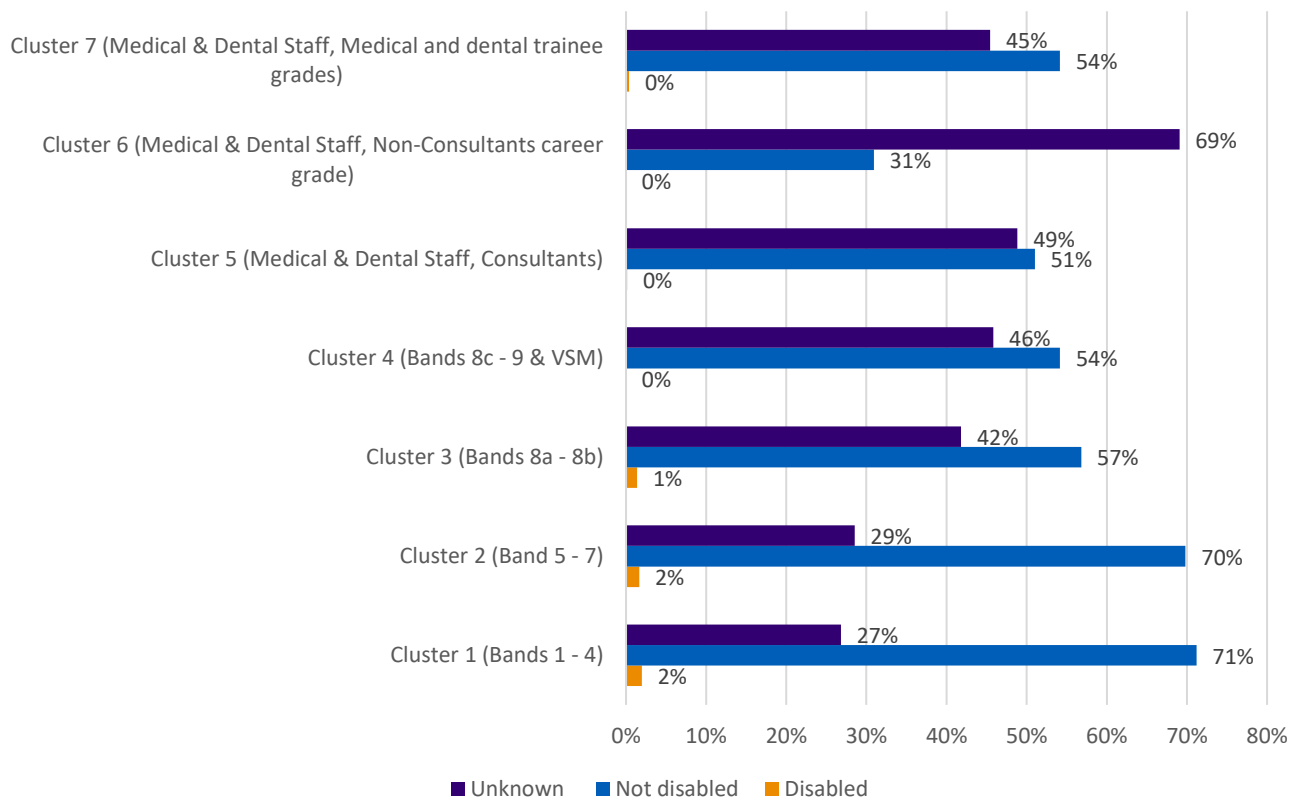
3. WDES Metrics

Metric 1: Percentage of staff in AfC paybands 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)

WDES Metric 1 (Non-Clinical)



WDES Metric 1 (Clinical Staff)



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.

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 applicant tracking system. Candidates are given a yes or no option regarding whether they wish to declare a disability, and this question is compulsory. This includes medical and non-medical staff. It is noted that Trust runs a guaranteed interview scheme for disabled candidates who meet essential criteria.

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. The relative likelihood of applicants with no disability or none declared being appointed from shortlisting compared to applicants with a declared disability is roughly 1.55 times greater.

	Disability	No disability
Shortlisted	407	9068
Appointed	68	2342
Likelihood	0.17	0.26

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). This metric is voluntary in year 1 and ICHT have chosen to participate. Staff whose disability is unknown are excluded for the purpose of this metric. The data is based on a 2 year rolling average of the number of staff in workforce over 2017-19 and the annual average number of formal performance meetings recorded on the employee relations tracker system for non-medical staff across this time.

The likelihood of non-disabled employees entering the formal performance procedure was 0.11% and the likelihood for those with a disability was 0.63%.The relative likelihood of staff with a disability entering the formal performance procedure, compared to staff without a disability was 5.92 times greater. While on the face of it this figure is high, it is important to note that there was only one formal performance management case with a disabled staff member.

	Disability	No disability
Average no. of staff (2017-2019)	158	7481

Average no. of formal performance cases (2017-2019)	1	8
Likelihood	0.63%	0.11%

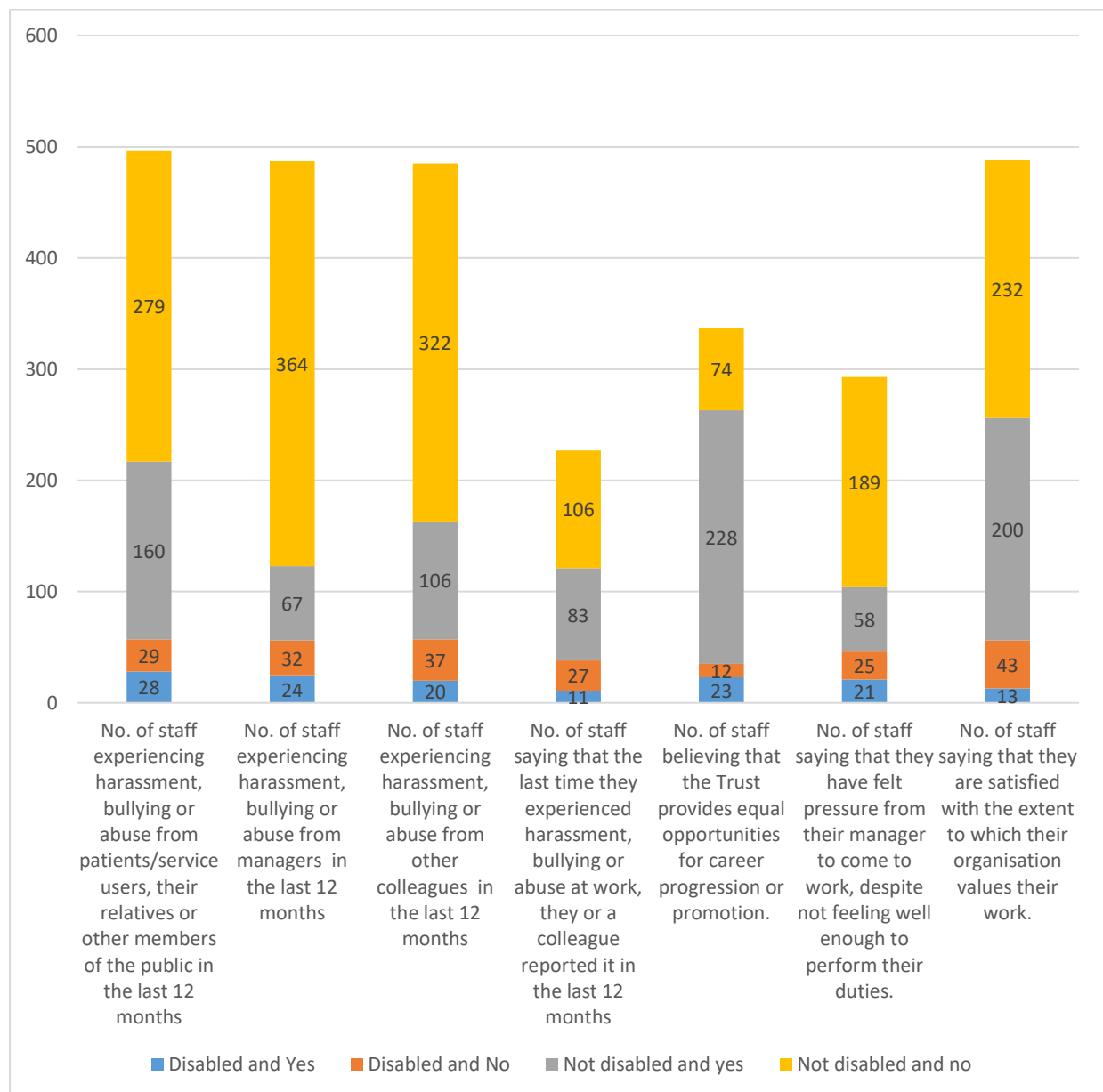
Metrics 4 to 9: National Staff Survey Responses

Metrics 4 to 9 relate to the 2018/2019 national staff survey results, comparing the responses of disabled and non-disabled staff. This is based on a sample of 522 staff who responded to the survey. 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. 499 staff chose to answer this question, Out of these staff, 11.6% answered yes to having a disability. This is lower than the national average of other acute Trusts (17.1% of staff saying yes to this question).

Staff survey declaration data at 11.6% is considerably higher than the electronic staff record, where 1% of staff are recorded to have a disability.

The below graph compares responses by number of disabled/ non-disabled staff and their responses to each question. Where yes is answered to the question, the respondent agrees with the statement. Staff survey questions are not compulsory, so the number of responses fluctuates per question.

Metrics 4 to7 by number of responses to staff survey questions



The below details the responses to these questions by percentages, bearing in mind the response rates listed above. It is evident that disabled respondents reported higher instances of negative experiences in the workplace overall.

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

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	49.1%	36.4%	12.7%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	42.9%	15.5%	27.4%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.1%	24.8%	10.3%
% 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	28.9%	43.9%	-15.0%
% of staff believing that the Trust provides equal opportunities for career progression or promotion.	65.7%	75.5%	-9.8%
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	45.7%	23.5%	22.2%
% of staff saying that they are satisfied with the extent to which their organisation values their work.	23.2%	46.3%	-23.1%

Metric 8: Adequate Adjustments

This metric relates to the % 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. 31 staff who declared a disability chose to answer this question. 48.4% said employer has made adequate adjustments.

Metric 9a: Engagement Score

The staff engagement score is calculated based on 9 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 6.5 compared to 7 for staff without a disability.

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

The Trust answered 'no' to Metric 9b. The questions refers to action specifically related to disabled staff, rather than all staff engagement exercises. One current area of good practice is the Project SEARCH internship for young people with learning disabilities. Delegates' voices have been facilitated through presenting to the Trust Board in March 2019 and through being profiled on the intranet. Metric 9b is area that the Trust will work towards as part of the WDES action plan.

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 31st March 2019 and disability declaration data from electronic staff record. No members of the board have declared to have a disability.

	Disabled	Not disabled	Unknown
Number of staff in overall workforce	165	7778	4078
Total Board members - % by Disability	0%	56%	44%
Voting Board Member - % by Disability	0%	56%	44%
Non Voting Board Member - % by Disability	0%	0%	0%
Executive Board Member - % by Disability	0%	25%	75%
Non Executive Board Member - % by Disability	0%	80%	20%
Overall workforce - % by Disability	1%	65%	34%
Difference (Total Board - Overall workforce)	-1%	-9%	11%
Difference (Voting membership - Overall Workforce)	-1%	-9%	11%
Difference (Executive membership - Overall Workforce)	-1%	-40%	41%

WDES Action plan

As a result of wider engagement of the WDES metrics, additional actions have been added to the Workforce Disability Equality Standard Action Plan (1c). The year 1 WDES metrics were shared with staff networks, the EDI committee, staff side and key stakeholders from People and Organisational and feedback sought on actions, which have then informed new actions.

Refer to Appendix 1, Workforce Equality and Diversity Work Programme, 1c WDES Action Plan.

Appendix 4: Gender Pay Gap Report 2019

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 **18.4%** higher than that of female employees. When median calculations are used, the hourly rate of male employees' ordinary pay is **13.7%** higher than that of female employees. There has been an increase in the mean and median gender pay gap for ordinary pay, compared to the previous year's data.

Considering overall the Trust population, **5.5%** of male employees received a bonus payment compared to **2.0%** of female employees. Relevant bonus pay relates to Clinical Excellence Awards (CEA) for Consultants and Long Service Awards (LSA) for staff who have achieved 20 years of service at the Trust.

When considering both these types of bonus pay together, there is a **47%** mean gender pay gap and a 60% median gender pay gap between men and women's' bonus pay. This can be partly explained by the fact that a higher proportion of women received a LSA and a higher proportion of men received a CEA, which is of a much higher monetary value.

When considering CEA payments only, there is a **29%** mean pay gap between male and female consultants' CEA pay and a **44.8%** median pay gap. There have been slight increases in the mean gender pay gap for bonus pay (CEA only), compared to previous year's data. There has been a decrease in the median gender pay gap for bonus pay (CEA only, compared to previous year's data.

Changes to the local CEA process and 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.

There is no difference in the mean or median values of LSA payment awarded to male and female employees, as all payments are of the value of £150. Proportions of staff receiving LSAs are reflective of the overall gender mix in the organisation.

Gender Pay Action plan

Refer to Appendix 1, Workforce Equality and Diversity Work Programme, 1b Gender Pay Action Plan.

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 2019. This report is in line with the Equality Act 2010 regulations. 11,345³ employees' were categorised as "relevant employees"⁴ 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.

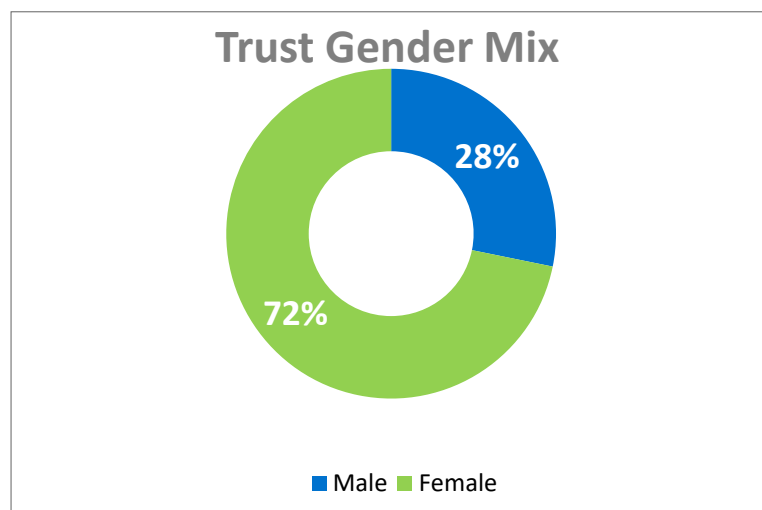
The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

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% (8,165) of Trust employees are female, while 28% (3,180) are male. These percentages relate to the 11,345⁵ staff included for the purposes of this calculation.



³ Excluding the Trust unpaid honorary consultants and junior Doctors

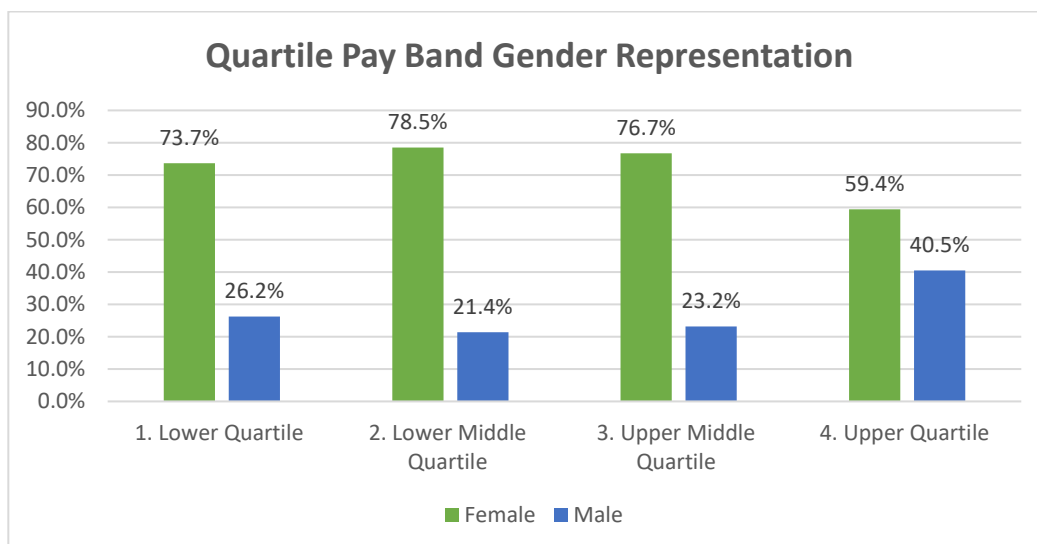
⁴ Relevant employee refers to those employee who are paid by the trust and does not included the Trusts Honorary consultants (297) and Honorary junior Doctors(359)

⁵ 11,345 refers to those employees who are paid by the Trust and does not included the Trusts Honorary consultants (297) and Honorary junior Doctors (359)

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.

Percentage of male and female employees within each quartile pay band



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 figures from 2018/19:

Quartile 1: The proportion of female employees has increased by 0.8%

Quartile 2: The proportion of female employees has increased by 0.7%

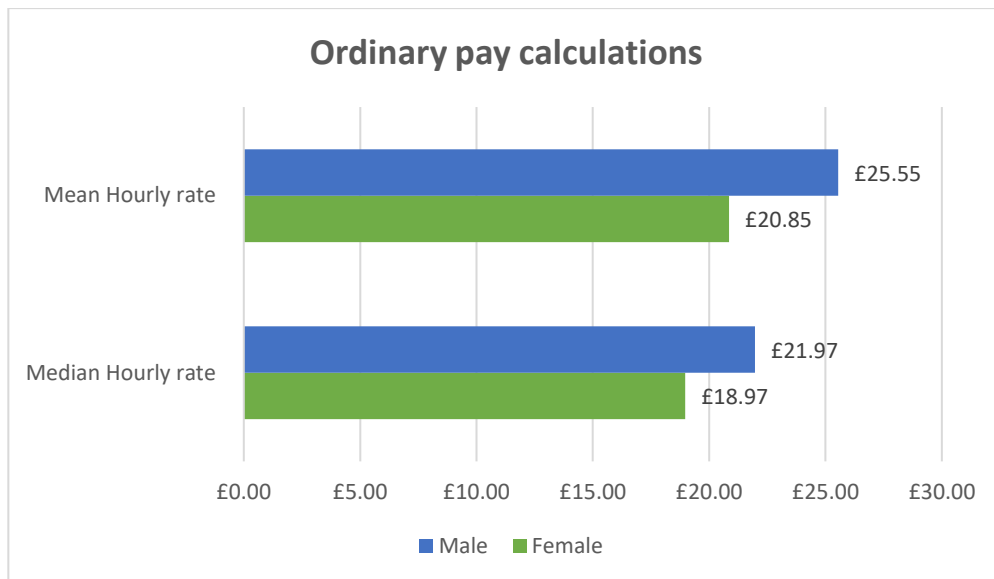
Quartile 3: The proportion of female employees has increased by 0.9%

Quartile 4: The proportion of female employees has decreased by 1.4%

Ordinary Pay

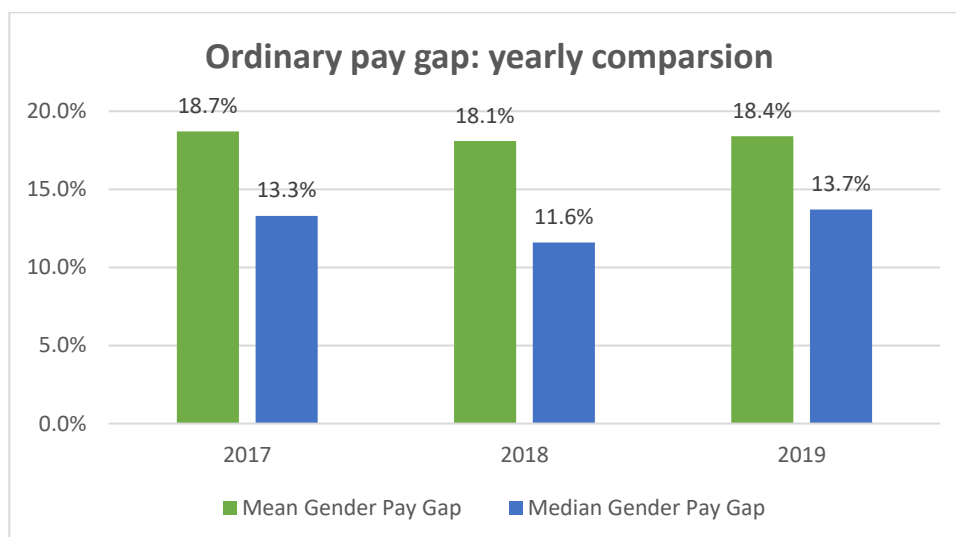
This section establishes the mean and median differences in hourly rates of ordinary pay between male and female employees.

During the defined pay period that includes the snapshot date of 31 March 2019, the mean hourly rate of male employees was **18.4%** higher than that of female employees and the median hourly rate of male employees was **13.7%** higher than that of female employees. This has increased slightly since last year.



The graph below demonstrates that there has been an increase in the mean and median ordinary pay gaps compared to the previous year.

Ordinary pay gap: yearly comparison



Bonus Pay

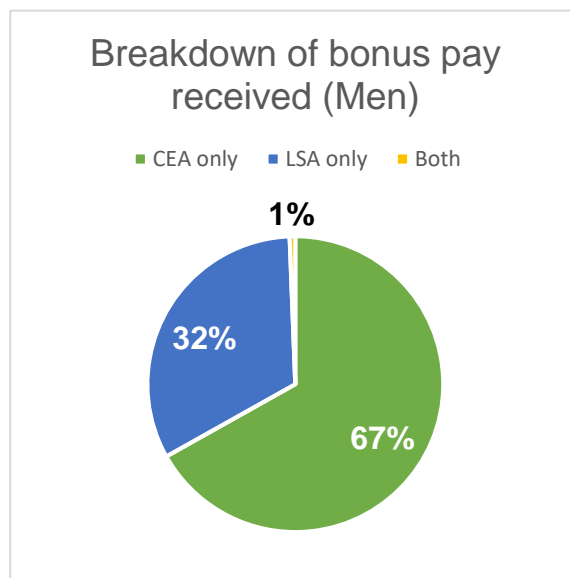
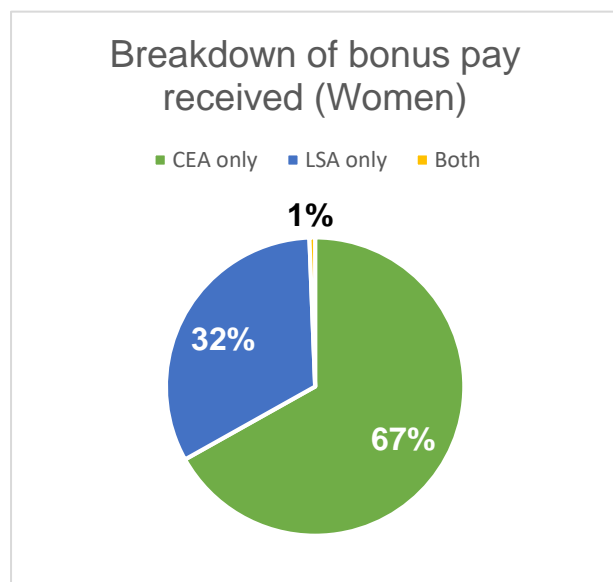
Guidance was issued by NHS Employers in February 2019 to ensure consistency amongst Trusts regarding what should be included within bonus pay gap calculations. Following this guidance, Clinical Excellence Awards (CEA) and Long Service Awards (LSA) have been identified as the relevant bonus payments made within the 12-month period ending on the snapshot date of 31 March 2019. This is comparable to what was included in last year's gender pay gap report. Analysis is presented for the combined overall bonus payments and for each type of bonus pay separately, in order to explain the bonus pay gap.

Overall calculations

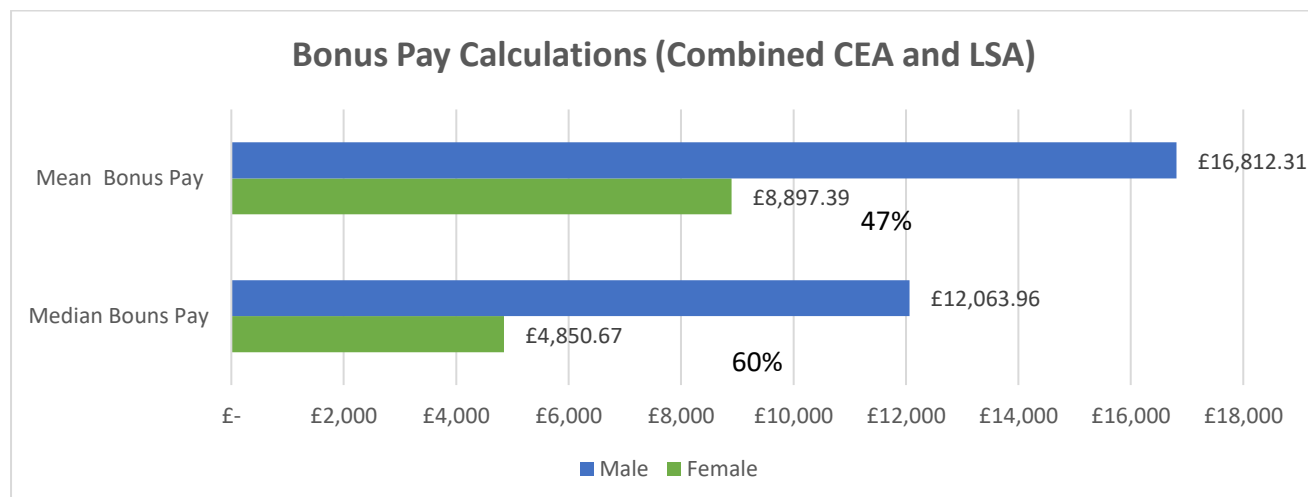
When considering the overall Trust gender populations, **5.5%** of male employees receive a bonus payment, while **2.0%** of female employees do. Therefore, **3.5%** more men receive bonus payments

compared to women across the Trust. Only specific groups of employees are eligible for CEA and LSA payments.

Overall there were 176 male and 163 female employees who received a form of bonus pay over the relevant period. Within this group there were 5 Consultants who received both a CEA and LSA. For the purposes of the overall bonus calculations, both types of bonus payment made to these individual were combined, so the individual were not counted twice. The charts below detail the breakdown of the types of bonus pay received for each gender.



When considering the CEA and LSA data together, the figure below indicates that men receive significantly more bonus pay than women. This can be partly explained by the fact that a higher proportion of women received a LSA (which is of the value of £150) and a higher proportion of men received a CEA (overall average yearly payment of £16,812.31).

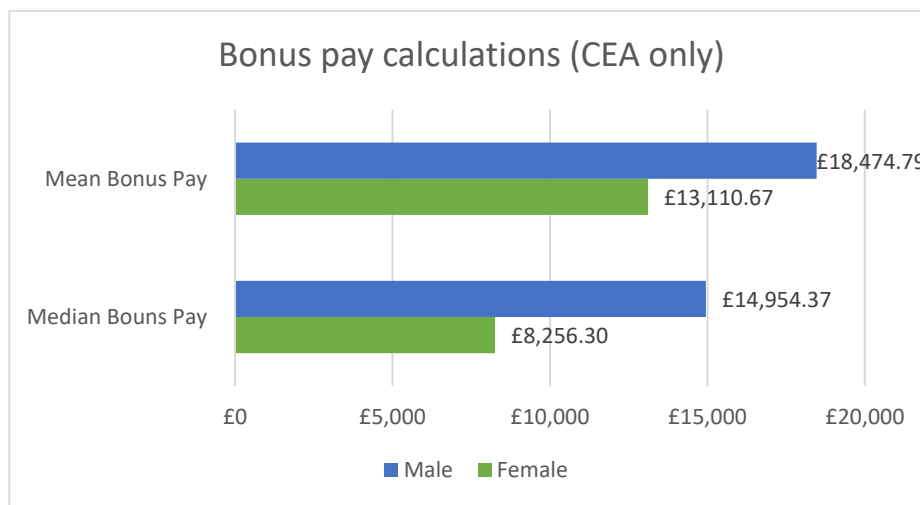


Clinical Excellence Awards (CEAs)

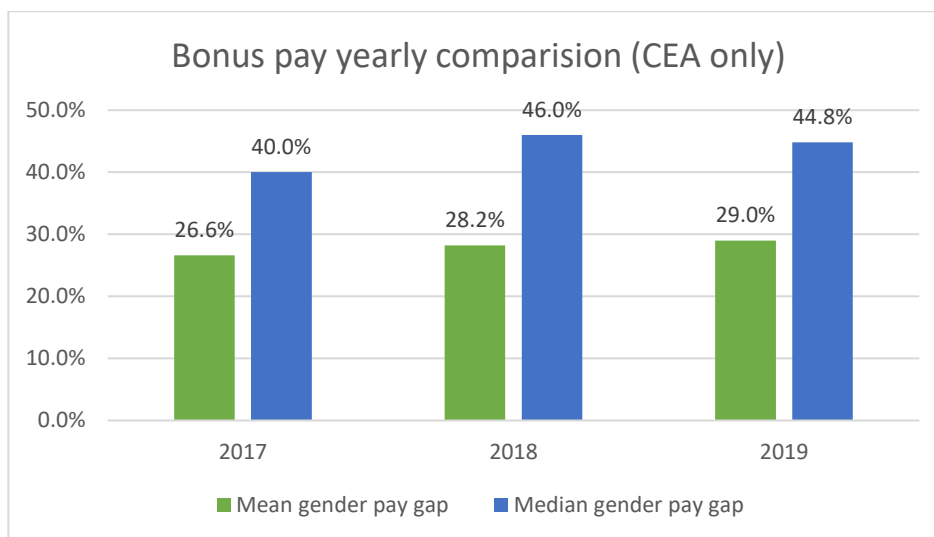
The CEA scheme is intended to recognise and reward those Consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the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

When considering proportions of CEAs awarded out of the population of eligible consultants only, 39% of male consultants received a CEA payment, compared to 33% of female consultants. These proportions are highly similar to the previous year's calculations, where 39% of male consultants were awarded CEA payment compared to 32% of eligible female consultants. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application.

The diagram below demonstrates that there is a **29.0%** 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%** more bonus pay than female consultants.



The below demonstrates that the mean bonus pay gaps have increased compared to last year. While the median bonus pay gap has decreased compared to last year.



Long Service Awards

LSAs are awarded to staff who have completed 20 years of service at the Trust. Recipients are awarded a monetary voucher of the value of £150.00. Therefore, there is no difference in the mean or median values of this type of bonus payment awarded to male and female employees.

Out of the 74 recipients of a LSA, 27% were male and 73% recipients were female, which is largely representative of the overall organisational gender mix

Actions

Imperial College Healthcare NHS Trust recognises the gender pay gaps identified by this report and is taking action as a result. Actions have been set under the Trust's 2019 Workforce Equality and Diversity Work Programme.

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.