

Gender Pay Gap Report (2021)

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What is our Gender Pay Gap Report?

Purpose of our Gender Pay Gap Report

The purpose of a gender pay gap audit is to compare the pay of male and female employees and show the difference in average earnings. Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year (from April 2017). The areas of focus are:

- The median gender pay gap in hourly pay
- The mean gender pay gap in hourly pay
- The mean gender pay gaps for any bonuses paid out during the year
- The median gender pay gap for any bonuses paid out during the year
- The proportion of male and female staff that received bonus payments
- The proportion of male and female staff in each quartile of the pay structure

Elements of our Gender Pay Gap Report 2021

Our Gender Pay Gap report for 2021 contains a number of elements, including:

- The specific information published on the government website for the snapshot date at 31st March 2021. The report will be published on the Trust website and on the relevant government website by the 30th March 2022.
- A comparison with the 2020 figures.
- Existing and future recommended actions to reduce the Gender Pay Gap

A Note on Terms

What do we mean by pay 'parity'?

In the context of gender pay, 'parity' means that males and females are being paid the same amount for work assessed as of equal value. Parity is therefore a desired outcome.

What do we mean by a 'more positive difference', or 'improvement' on a previous position?

This means that the pay of males and females for a specified measure is closer to parity (see above), than it was when we looked at the measure previously.

What is a 'negative' data measure?

We are adopting the standard convention when looking at pay differences between males and females. A negative measure (for example, a gap of -1.57 as indicated for staff at Band 2 of the payscale), indicates the extent to which females earn more per hour, on average, than their male counterparts.

Gender pay reporting and equal pay

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between males and females who carry out the same or similar jobs or work of equal value. In the UK it is unlawful to pay people unequally because they are a man or a woman.

Gender Breakdown

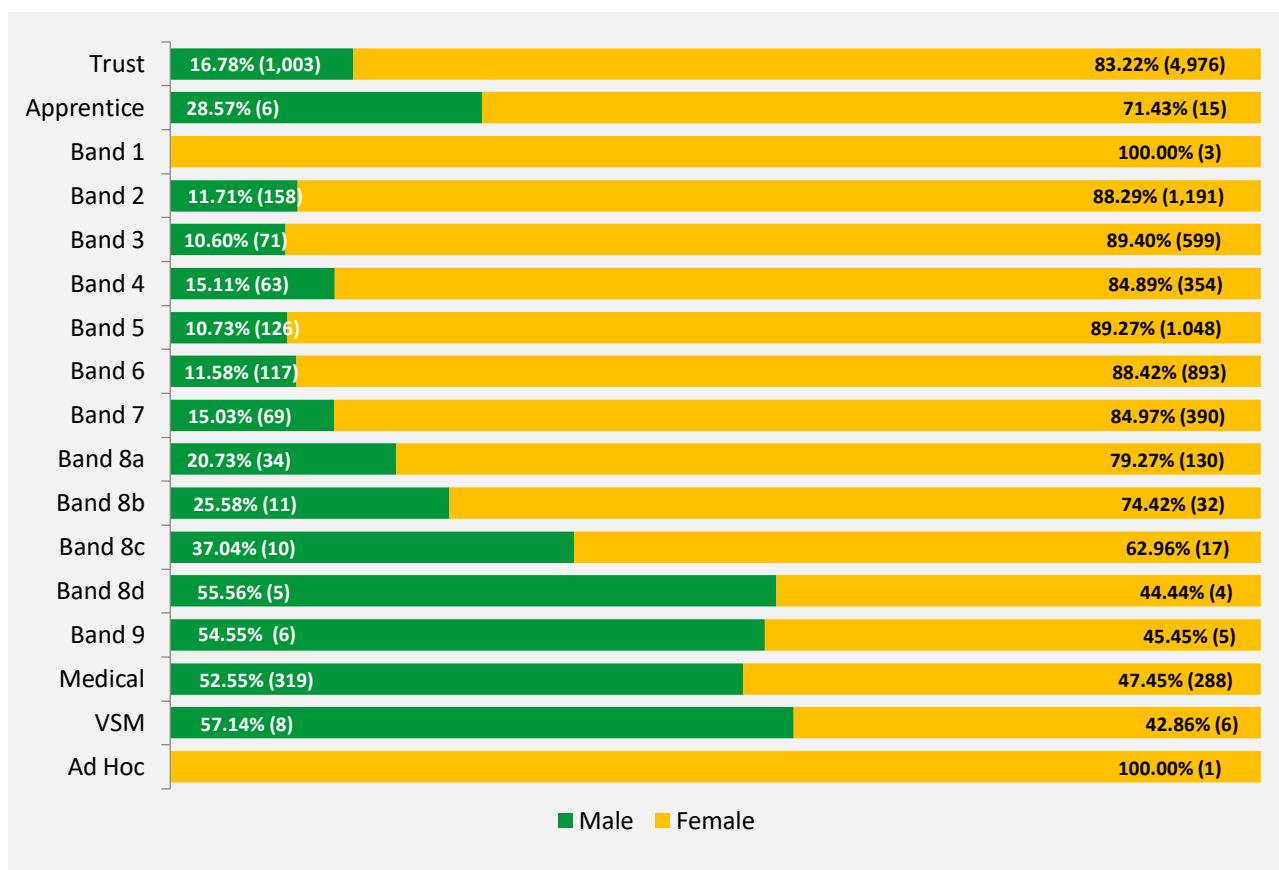
Gender proportions in our Trust

The Trust had 5979 employees/workers, in the year from 01 April 2020 to 31 March 2021. The gender split of staff who were paid and are hence included in this report is as follows:

| Gender | Headcount | Proportion of workforce |
|--------|-----------|-------------------------|
| Male | 1003 | 16.78% |
| Female | 4976 | 83.22% |

Medical and dental workforce

The Medical and Dental workforce comprises a large group, from trainees to those in Consultant roles. The gender split is 319 (52.55%) males to 288 (47.45%) females.





Note

Unlike last year, we have three staff at Band 1



Mean Gender Pay Gap in Hourly Pay

How is this calculated?

The mean gender pay gap is the difference between the hourly 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. A negative measure indicates the extent to which females earn more per hour, on average, than their male counterparts.

| Mean Hourly Rate - Including Medical and Dental Staff | | | |
|---|---------------------|---------------------|---------------------------------------|
| | Year to 31/03/20 | Year to 31/03/21 | Difference (between 2020 and 2021) |
|  Male | £22.91 | £23.69 | +£0.78 |
|  Female | £16.11 | £16.80 | +£0.69 |
| Difference | £6.80 | £6.89 | +£0.09 |
| Pay Gap % | 29.66% | 29.10% | -0.56% |

Our Mean Hourly Pay Gap shows a slight **decrease** (improvement)

| Mean Hourly Rate - Excluding Medical and Dental Staff | | | |
|--|---------------------|---------------------|---------------------------------------|
| | Year to 31/03/20 | Year to 31/03/21 | Difference (between 2020 and 2021) |
|  Male | £16.28 | £16.91 | -£0.63 |
|  Female | £15.10 | £15.82 | -£0.62 |
| Difference | £1.18 | £1.09 | £0.09 |
| Pay Gap % | 7.30% | 6.47% | -0.83% |

Our Mean Hourly Pay Gap shows a slight **decrease** (improvement)

Mean Gender Pay Gap in Hourly Pay

What does our data tell us about this year’s position, and compared with last year?

| | |
|--|--|
| Differential Pay Rates | Female staff are paid on average 29.10% less than male staff |
| An improvement from last year | The gap from last year has decreased slightly, showing a minor improvement in our current position |
| The impact of medical and dental staff | If medical and dental staff are excluded from the calculation then the mean average changes significantly, with females being paid 6.47% less than males, compared with 7.30% (in 2020), showing that the gap has slightly decreased (a minor improvement on our previous position). |



Mean Gender Pay Gap in Hourly Pay

Table: % Mean gap ordinary hourly rate of pay

| Group/Band | Male | Female | Gap % 2020-2021 | Gap % 2019-2020 |
|------------|--------|--------|--------------------|--------------------|
| Apprentice | £7.03 | £6.39 | 9.03% | -3.51% |
| Band 1 | - | £9.21 | - | - |
| Band 2 | £11.45 | £11.63 | -1.57% | -2.86% |
| Band 3 | £11.23 | £11.33 | -0.89% | -1.95% |
| Band 4 | £12.80 | £12.50 | 2.34% | -3.64% |
| Band 5 | £15.85 | £17.06 | -7.60% | -6.55% |
| Band 6 | £19.32 | £20.44 | -5.83% | -4.80% |
| Band 7 | £22.69 | £22.57 | 0.54% | 0.00% |
| Band 8a | £24.52 | £24.23 | 1.18% | -0.63% |
| Band 8b | £25.90 | £26.64 | -2.85% | -2.93% |
| Band 8c | £34.86 | £32.22 | 7.57% | 4.55% |
| Band 8d | £45.54 | £41.85 | 8.11% | -2.85% |
| Band 9 | £46.99 | £41.42 | 11.85% | 4.33% |
| Medical | £36.30 | £33.64 | 6.84% | 14.07% |
| VSM | £35.36 | £37.52 | -6.11% | -38.09% |

What does our data tell us about this year's position, and compared with last year?

An Overall Mixed Picture, in some cases showing...

- A worsening position, the pay gap widening in favour of females;
- A worsening position, the pay gap widening in favour of males;
- An improving position for both males and females

Increased Gender Pay Gap...

- For females, at Bands 5 and 6;
- For males at Bands 8c and 9. However, the proportion of males at the top of these pay Bands is down from 80% to 69%, whilst the proportion of females at the top of these pay Bands has increased from 25% to 38%.

Increased mean rates of pay for females, but overall result higher for males

Our female VSM s earn more than males , but the overall result is higher for males due to a greater proportion of males in roles with higher pay: such as consultants, other medical, and Band 9.

Median Gender Pay Gap in Hourly Pay

How is this calculated?

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.

Median Hourly Rate - Including Medical and Dental Staff



| | Year to 31/03/20 | Year to 31/03/21 | Difference (between 2020 and 2021) |
|------------|---------------------|---------------------|---------------------------------------|
| Male | £18.19 | £19.38 | £1.19 |
| Female | £14.58 | £15.54 | £0.96 |
| Difference | £3.61 | £3.84 | £0.23 |
| Pay Gap % | 19.85% | 19.81% | -0.04% |

Our Median
Hourly Pay Gap
shows a slight
decrease
(improvement)

Median Hourly Rate - Excluding Medical and Dental Staff



| | Year to 31/03/20 | Year to 31/03/21 | Difference (between 2020 and 2021) |
|------------|---------------------|---------------------|---------------------------------------|
| Male | £14.28 | £15.24 | £0.96 |
| Female | £13.94 | £14.77 | £0.83 |
| Difference | £0.34 | £0.47 | £0.13 |
| Pay Gap % | 2.35% | 3.05% | 0.7% |

Our Median Hourly
Pay Gap shows a
slight **increase**
(no improvement)

Median Gender Pay Gap in Hourly Pay

Table: % Median gap ordinary hourly rate of pay

| Group/Band | Male | Female | Gap % This Year | Gap % Last Year |
|------------|--------|--------|-----------------|-----------------|
| Apprentice | £7.33 | £6.45 | 11.95% | 6.08% |
| Band 1 | - | £9.21 | - | - |
| Band 2 | £10.49 | £10.86 | -3.48% | -1.09% |
| Band 3 | £10.81 | £10.81 | 0.00% | -1.67% |
| Band 4 | £12.35 | £12.35 | 0.00% | -5.51% |
| Band 5 | £15.66 | £16.01 | -2.20% | -1.85% |
| Band 6 | £19.38 | £19.38 | 0.00% | -7.14% |
| Band 7 | £22.76 | £22.76 | 0.00% | -1.82% |
| Band 8a | £26.18 | £25.58 | 2.29% | -1.00% |
| Band 8b | £27.19 | £27.19 | 0.00% | -8.30% |
| Band 8c | £37.67 | £32.60 | 13.46% | -6.29% |
| Band 8d | £44.88 | £41.85 | 6.75% | -6.36% |
| Band 9 | £50.10 | £46.54 | 7.11% | 5.06% |
| Medical | £35.04 | £32.86 | 6.22% | 24.45% |
| VSM | £15.16 | £34.63 | -128.51% | -625.21% |

What does our data tell us about this year's position, and compared with last year?

A significant move towards pay parity

The median hourly rate of pay is greater for females across three of the 14 Bands. This contrasts strongly with data from 2019-2020, which showed that the median hourly rate of pay was greater for females across the majority (11 of the 15) of pay Bands. Our current position therefore represents a significant improvement.

Parity across some Bands

The median gender pay gap has been reduced for staff in Bands 3,4,6,7,8b, and Medical; and, with the exception of Medical grades, these Bands are also where we have achieved parity between males and females

Worsening Pay Gap

A worsening position for females at Bands 8c and 8d, when previously they had earned more than males. The swing is because a number of males moved to the final point of the pay scales, based on length of service.

Notes

The medical staff line includes all training grades, staff/career grade and consultants, doctors and dentists.



The VSM line shows a large difference due to the much smaller salary that Non-Executive Directors are paid (currently eight male, six female). The gap is significantly lower than last year, however, due to a doubling in the proportion of female VSMs.

Bonus Gender Pay Gap as a Mean Average



What is included in bonus payments?

- One-off recruitment and retention payments (in place for hard to recruit to roles).
- Incentive payments (for hard to fill shifts).
- Medical and dental staff's Clinical Excellence Awards, Discretionary Points and Distinction Awards. In this year, as a result of the pandemic, there was a national change to local Clinical Excellence Awards (CEAs). All funding was evenly distributed between the eligible consultants instead of running a full CEA round, to allow focus on Clinical Work. This distribution was exceptionally agreed, due to the pandemic, and will not continue.

Bonus Gender Pay Gap Averages – including Medical and Dental Staff

|   | Male | Female | Gap% (2020-21) | Gap % (2019-20) |
|---|-----------|---------|-------------------|--------------------|
| % Mean GAP Bonus Pay | £4,592.65 | £947.53 | 79.37% | 88.97% |
| % Median GAP Bonus Pay | £2,470.00 | £500.00 | 79.76% | 84.48% |
| % Receiving Bonus (2020-21) | 21.44% | 28.97% | | |
| % Receiving Bonus (2019-20) | 19.05% | 21.70% | | |

Bonus Gender Pay Gap Averages – excluding Medical and Dental Staff

|   | Male | Female | Gap% (2020-21) | Gap % (2019-20) |
|---|---------|---------|-------------------|--------------------|
| % Mean GAP Bonus Pay | £710.50 | £727.59 | -2.41% | -29.23% |
| % Median GAP Bonus Pay | £400.00 | £480.00 | -20.00% | -154.55% |
| % Receiving Bonus (2020-21) | 15.18% | 29.66% | | |
| % Receiving Bonus (2019-20) | 6.41% | 16.91% | | |

Bonus Gender Pay Gap as a Mean Average

What does our data tell us about this year's position, and compared with last year?

Unlike last year, Clinical Excellence Awards do not make a significant difference

There were 154 people in receipt of the 'new' payments for this year, all of whom received the even value of £2,470. Of those there were 100 Males and 54 females. This disparity in numbers explains why the mean Bonus Pay is greater for males than females.

Despite uneven numbers in the existing workforce, the consultant payments represent a full and equal split of all eligible consultants (almost the entire consultant body) so (during the period of the pandemic) there is no possibility of any bias through the CEA process.

The impact of medical and dental staff

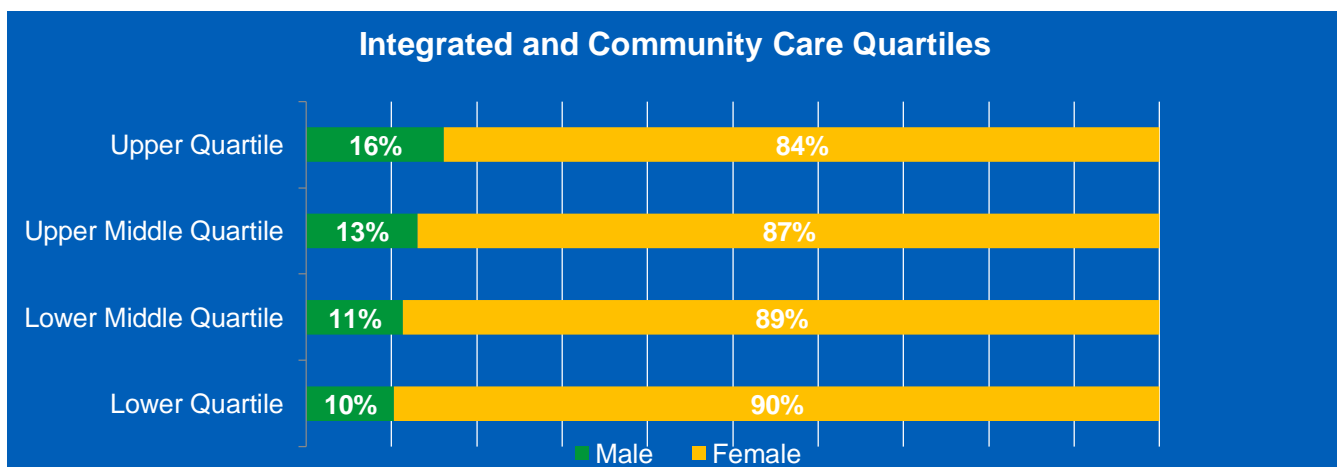
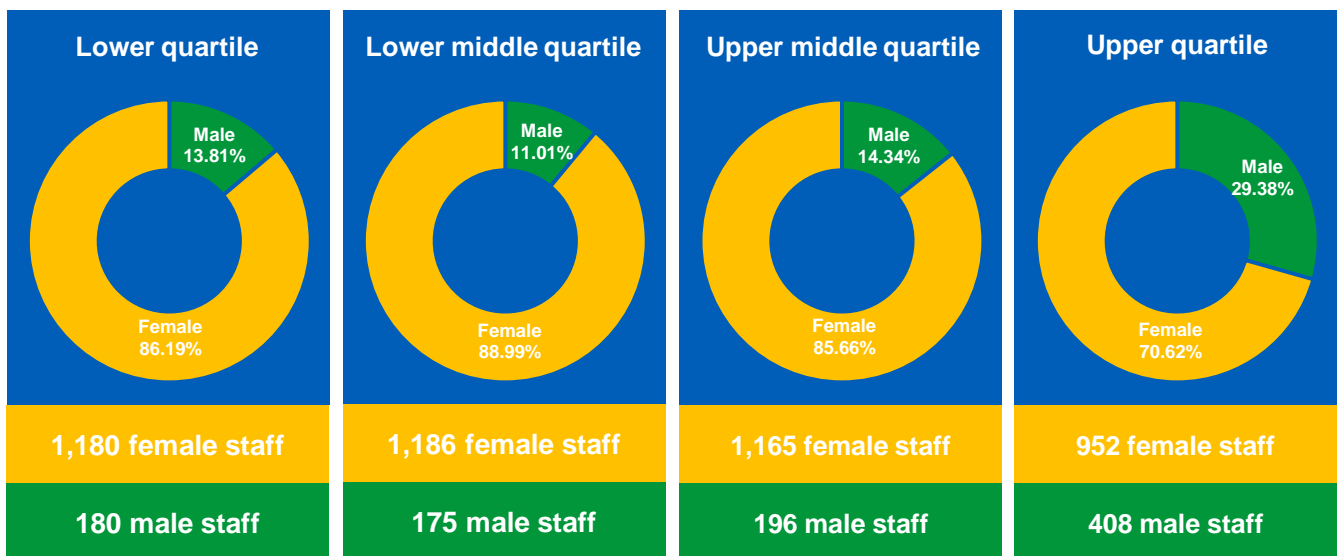
If medical and dental staff are excluded from the calculation, the median gap in bonus pay between males and females significantly reduces. We are closer to parity for this measure, than last year.

To understand the bonus pay gap further, we looked at non-medical bonus payments. Although it has not been possible to categorise these as small, medium and large, we know that the proportion of males receiving any type of bonus was lower than last year. This year, 7.25% of those who received a non-medical incentive were male.

Proportion of Males and Females in each Quartile

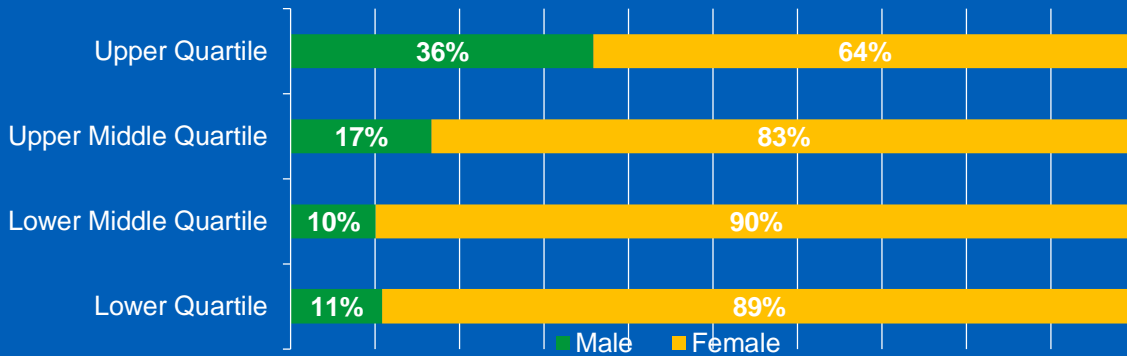
Quartiles are calculated by ranking all of our employees from highest to lowest paid, dividing this into four equal parts (quartiles) and working out the percentage of males and females in each of the four parts. Due to the proportion of doctors in the Upper Quartile, there is a decrease in the proportion of females in comparison to the other quartiles.

The Trust has a high proportion of females at Trust Board executive, and Senior Management levels. If medical staffing is excluded from the Upper Quartile, the proportion changes to 14.80% Male and 85.20% Female, which is more comparable to the other quartiles, and also reflects the gender split in the Trust. When medical staffing is considered, there are disproportionately more males than females in the upper quartiles (30% males, 70% females).

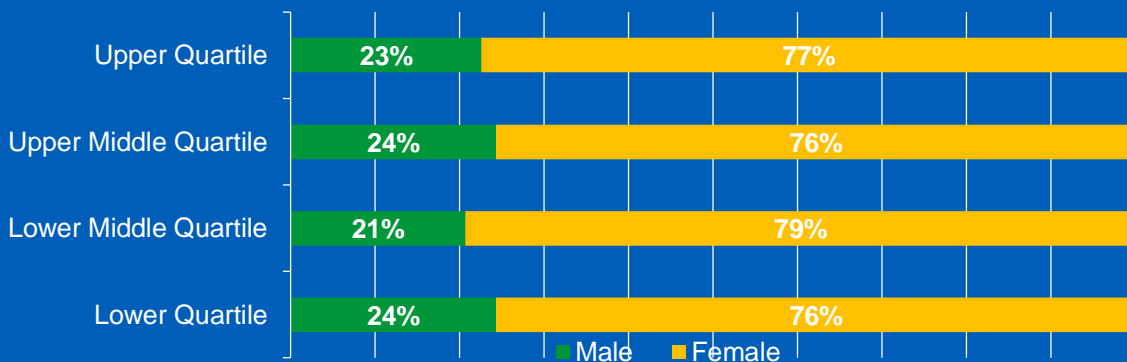


Proportion of Males and Females in each Quartile

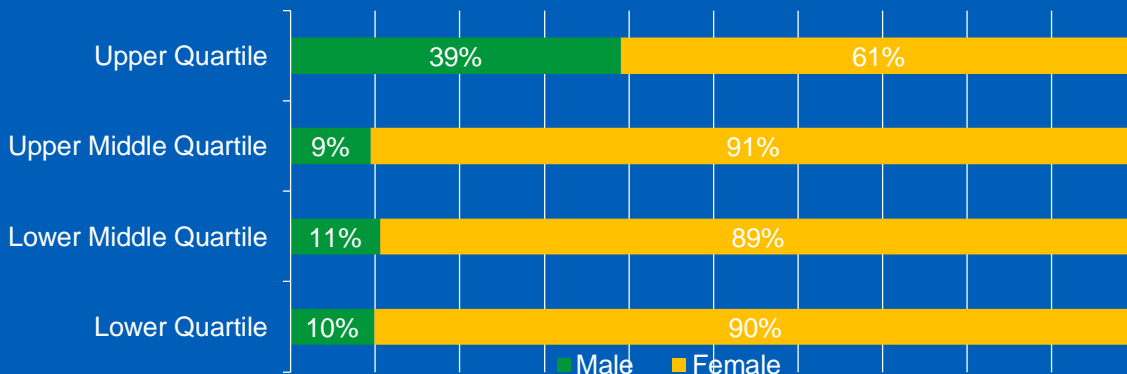
Unscheduled Care Quartiles











Corporate Services Quartiles



Surgery, Women's & Children's Quartiles



A Summary of our Position in 2021 Compared to 2020

| | | |
|---|--|--|
| <p>An overall improved position</p> | <p>2021</p> <p> The mean hourly rate of pay is greater for females across 6 out of the 15 pay bands</p> | <p>2020</p> <p> The mean hourly rate of pay is greater for females across 10 out of the 15 pay bands</p> <p>Notes: This means that the pay gap between female and male staff has reduced in the last year.</p> |
| <p>Increased Gender Pay Gap for some pay bands</p> | <p> The gender pay gap has increased for females, at Bands 5 and 6</p> <p> There is an increase in the gender pay gap in favour of males at Bands 8c and 9.</p> | |
| <p>Gender proportion at the top of the pay bands</p> | <p>Males</p> <p> The proportion of males at the top of these pay bands is down from 80% to 69%</p> | <p>Females</p> <p> The proportion of females at the top of these pay bands is up from 25% to 38%</p> |
| <p>Mean rates of pay</p> | <p>Females</p> <p> Increased mean rates of pay for females</p> | <p>Males</p> <p> Overall, mean rates of pay is still higher for males</p> <p>Notes: This is due to a greater proportion of males in roles with higher pay: such as VSM, consultants, other medical, and Band 9.</p> |

Summary of Gender Pay Gap Scores

Below is a summary of our Gender Pay Gap scores for the last three years, shown as either a percentage or as a figure. Comparisons are from 2019 to 2021, to rate our 'direction of travel', with an assessment of positive or negative referring to the indicator's impact on our staff (for measures 1-5).

| Gender Pay Gap Standard Measures | | 2018-19 | 2019-20 | 2020-21 | Comparison of male and female average earnings | |
|----------------------------------|--|----------------------|----------------------|----------------------|--|---|
| | | | | | Direction of Travel | |
| 1 | The mean gender pay gap | 31.99% £7.36 | 29.66% £6.80 | 29.1% £6.89 | Similar | ↔ |
| 2 | The median gender pay gap | 19.00% £3.36 | 19.85% £3.61 | 19.81% £3.84 | Similar | ↔ |
| 3 | The mean bonus gender pay gap | 88.63% | 88.97% | 79.37% | Down +ve | ↓ |
| 4 | The median bonus gender pay gap | 84.62% | 84.48% | 79.76% | Down +ve | ↓ |
| 5 | The proportion of males and females receiving a bonus payment | N/A | 19.05% M 21.70% F | 21.44% M 28.97% F | Up +ve | ↑ |
| 6 | The proportion of males and females in each quartile pay band: | | | | | |
| | i. Lower Quartile | 29.05% M 70.95% F | 29.38% M 70.62% F | 13.81% M 86.19% F | | |
| | ii. Lower Middle Quartile | 13.33% M 86.67% F | 14.34% M 85.66% F | 11.01% M 88.99% F | | |
| | iii. Upper Middle Quartile | 11.76% M 88.24% F | 11.01% M 88.99% F | 14.34% M 85.66% F | | |
| | iv. Upper Quartile | 12.84% M 87.16% F | 13.64% M 86.36% F | 29.38% M 70.62% F | | |



Conclusion

We have made some progress in reducing the pay gap between males and females across the majority of our bands, with some showing parity for the first time. Fewer pay gaps have widened; and, whilst the median disparity remains higher for males at Medical grades, that gap has decreased significantly. At the same time, we have seen that females are paid more than males across some of the pay bands.

Our position is mixed on the whole, with any improvements in part reflecting the gradual resolving of wider historical factors, and the impact of national drivers. The historical factors are complex and interwoven. They concern, for example, women traditionally working far more unpaid hours than men, the effects of occupational segregation (more men in higher paid industries, and women in lower paid industries), vertical segregation (fewer women in senior, and hence better paying positions), and ineffective equal pay legislation. More recently, research suggests that the gender pay gap closing is in part due to increases in women's education levels, with women now more likely than men to have a university degree. The report from the Institute for Fiscal Studies can be accessed [here](#).

A key national driver is the harmonising of pay scales in the NHS (see note below). Over the last three years this has accounted for the gradual, slight reduction in the overall pay gap, amounting to 2.89%.

As stated throughout this report, removing medical and dental staff from our calculations significantly lowers the gender pay gap. For this reason, our action plan will focus on Medical grades that most affect the pay gap, and any barriers to progression.

Notes

Agenda for Change: The NHS Pay Structure

Agenda for Change was implemented to harmonise pay scales and career progression arrangements in the NHS, to ensure that there is equity and transparency in relation to pay arrangements. This is reflected in the Trust gender pay gap reporting which identifies a 7.30% gap (excluding medical staff).

The majority of staff are on NHS terms and conditions. Most staff are on the national Agenda for Change Terms and Conditions of Service which uses 9 pay bands and staff are assigned to one of these on the basis of the NHS Job Evaluation Scheme. Within each band there are a number of incremental pay progression points.

The largest disparity is within medical staffing and the Trust acknowledges that there could be greater female representation in the consultant workforce and this is reflected nationally. Nationally action has been taken to increase the number of female trainees, however the impact of this will take a number of years. This discrepancy is reflected in the Trust Action Plan which focuses on closing the gap for medical staffing.

Within the NHS there are also national Medical and Dental terms and conditions of service. Depending upon seniority there are a number of pay scales for basic pay. There are separate terms and conditions for Very Senior Managers, such as Chief Executives and Directors, which is based on benchmarking information and agreed by Remuneration Committee.

As an NHS Trust, our services are provided on a 24/7 basis, and therefore staff that work unsocial hours, participate in on-call rotas and work on general public holidays will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who undertake Senior Manager on-call duties, and non-clinical staff who provide 24/7 services such as Estates and IT.

Appendix 1

What we have achieved in the last 12 months

We produced an action plan to address the gender pay gap. Delivery of large parts of the action plan (for instance, implementing a formal governance process for negotiating salary increases, so that these are considered equally for all qualified and experienced candidates) has been affected by our response to the treatment and spread of the Covid-19 virus.

In brief:

- We have a more gender balanced recruitment panel for all consultant and senior medical staffing positions. All senior interviews are now monitored, and currently around 50% of interview panel members, including for consultant roles, are female. In the past year, we have seen a noticeable increase in the number of female VSMs.
- Following a national change to local Clinical Excellence Awards (CEAs), all funding was evenly distributed between the eligible consultants, to allow focus on Clinical Work. There were 154 people in receipt of the 'new' payments for this year, all of whom received the even value of £2,470. Of those there were 100 Males and 54 females. Despite uneven numbers in the existing workforce, the consultant payments represent a full and equal split of all eligible consultants (almost the entire consultant body) so there was no possibility of any bias through the CEA process.

Appendix 1

A summary of Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

The above titled report found substantive gender pay gaps for hospital doctors, GPs and clinical academics, even when statistical methods were used to create hypothetical like-for-like comparisons of men and women across hours worked, grade, experience and specialty. The report's analysis showed that the causes of these pay gaps were explained by several factors. For example:

- Women being more likely to work less than full-time (LTFT), which helps to explain why their pay is lower. Periods of LTFT working were seen to have long-term implications for women's career and pay trajectories as they reduced their experience and slowed down or stalled their progress to senior positions.
- Men reporting as working more unpaid overtime, which meant their effective pay was overstated.
- Men doctors more likely to be older, have more experience and hold more senior positions.
- Among hospital doctors, gaps in total pay – which includes Clinical Excellence Awards (CEAs), allowances and money from additional work – are larger than gaps in basic pay alone.

Following these findings, the report made several recommendations. These included:

- A review of pay-setting arrangements. Among hospital doctors, this would mean using fewer scale points and increased use of job evaluation, to ensure that gaps related to grade are justified.
- Increased transparency around additional allowances and individually negotiated pay (for example, for locums or waiting list initiatives).
- Monitoring the gender split of applications for CEAs;
- Changing the criteria to recognise excellent work in a broader range of specialties; and encourage more applications from women.

Further reading:

[Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England](#)

What we are planning to achieve in the next 12 months

Appendix 2 details our action plan going forwards. Our findings broadly align with the afore referenced independent review, and our action plan in part reflects the report's recommendations. For example, the report recommended increased transparency around additional allowances and individually negotiated pay; and monitoring the gender split of applications for Clinical Excellence Awards. We already promote flexible working for both men and women. Given the operational pressures caused by the Covid-19 virus, and continued impact of medical staffing on the gender pay gap, the detail of last year's action plan will remain in place, with revised achievement targets.

Appendix

Our Action Plan

| Objective | Action | Lead | Timescale | Desired Outcome |
|---|---|---|--------------|---|
| Better promotion of our senior vacancies to women and organisations that support women, including Medical and Dental vacancies. | <p>Review of recruitment adverts for possible unconscious bias and gender specific terms, in particular for Medical and Dental vacancies. By:</p> <ul style="list-style-type: none"> Selecting a sample of medical and dental job descriptions across a range of senior roles, to provide a snapshot; Working with partners to examine any evidence of unconscious bias in job descriptions, or use of gender-specific language used that may deter female applicants. Guidance provided for changing wording of adverts, to further encourage female applicants. <p>Review of other print and social media outlets for placing job adverts, in addition to ones we already use.</p> | PI, supported by Vicky Treadwell | October 2022 | <p>A 10-15% increase in the number of female applicants for higher banded roles.</p> <p>Reduction in pay gap within Bands 8c and 9.</p> |
| Ensure that grades contributing to the pay gap are reduced and barriers to progression removed. | Put a process in place for Bands 8c and 9 to ensure equality for male and females for progression. Consider implementing a formal governance process for negotiating salary increases so that these are considered equally for all qualified and experienced candidates, regardless of whether candidates informally lobby for pay increases. | Head of HR, supported by Business Partner for Medical Workforce | May 2022 | <ul style="list-style-type: none"> A formal process for negotiation of salary increases; Data showing more females considered for salary increases; Reduce gender pay gap across Bands 8c, 9 and consultant level. |

Appendix

| Objective | Action | Lead | Timescale | Desired Outcome |
|---|---|---|----------------|--|
| Reduce barriers to progression. | <p>Evaluate and promote support to female consultants to encourage an increase in applications for local Clinical Excellence Awards.</p> <ul style="list-style-type: none"> Collaborate with partners to devise a new or review existing 'perception/reality' surveys; Distribute survey to a sample of senior staff (male and female) who are eligible for CEAs; Analyse results to see if these indicate a mismatch between candidates perception of their abilities, and reality, by gender; Determine next steps/ measures to put in place depending on findings. | PI, HR Business Partner | November 2022 | <p>An increase in the number of applications for CEAs from female Consultants.</p> <p>Qualitative data to better understand and reduce barriers to progression.</p> |
| Ensure that grades contributing to the pay gap are reduced and barriers to progression removed. | <p>Determine if other protected characteristics affect the gender pay gap.</p> <p>Expand review on gender pay gap to include data on religion, sexuality, disability and 'race'</p> <p>Review this data across a range of occupations and directorates.</p> <p>As part of WRES/DES, expand on actions that may impact on gender pay.</p> | PI, Suzie Allison-Green, reports from WI Team | September 2022 | <p>Addressing the mixed picture as it exists across our Bands and reducing the gender pay gaps.</p> <p>A better understanding of where the pay gaps are bigger, and gain more insight to plan further actions.</p> |

Appendix

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

| Better health outcomes for all | Improved patient access & experience | Empowered engaged & included staff | Inclusive leadership at all levels |
|--------------------------------|--------------------------------------|------------------------------------|------------------------------------|
|--------------------------------|--------------------------------------|------------------------------------|------------------------------------|