

# Hull University Teaching Hospitals NHS Trust

## Gender Pay Gap Reporting

### 1 BACKGROUND

New regulations that took effect on 31 March 2017 (The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017) require all public sector organisations in England employing 250 or more staff to publish gender pay gap information.

The gender pay gap shows the difference between the average (mean or median) earnings of all male and all female employees. It is expressed as a percentage of men's earnings. It is a measure of disadvantage. The Government anticipates that highlighting any imbalance and taking steps to reduce the gap at workforce level will help to narrow the gap at a national level, and hence boost the UK economy.

The gender pay gap is not the same as equal pay. Equal pay is about ensuring men and women doing similar work or work that is different but of equal value (in terms of skills, responsibility, effort) are paid the same. A gender pay gap could reflect a failure to provide equal pay but it usually reflects a range of factors, including a concentration of women in lower paid roles and women being less likely to reach senior management levels.

Gender pay gaps are the outcome of economic, cultural, societal and educational factors. Whilst also reflecting personal choice, the outcome of the choice is strongly influenced by matters outside individual control, and it is still the case that women's choices are more constrained than those of men. The key influences, which are complex and feed into each other, include unpaid caring responsibilities, part-time working, differences in human capital, occupational segregation, undervaluing of women's work and pay discrimination.

### 2 NHS PAY STRUCTURE

The majority of staff at the Trust are paid on the national Agenda for Change Terms and Conditions of Service. The basic pay structure for these staff is across 9 pay bands and staff are assigned to one of these on the basis of job weight as measured by the NHS Job Evaluation System (the system measures the job and not the post holder). This makes no reference to gender or any other personal characteristics of existing or potential job holders. Within each band there are a number of pay progression points.

Medical and Dental staff have different sets of Terms and Conditions of Service, depending on seniority. However, these too are set across a number of pay scales, for basic pay, which have varying numbers of thresholds within them.

There are separate arrangements for Very Senior Managers, such as Executive Board Members, and Directors. There are also separate arrangements for Casual Workers.

### 3 GENDER PAY GAP DATA 2021

The figures set out below have been calculated using the standard methodologies used in the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, utilising the national NHS Electronic Staff Record Business Intelligence report functionality.

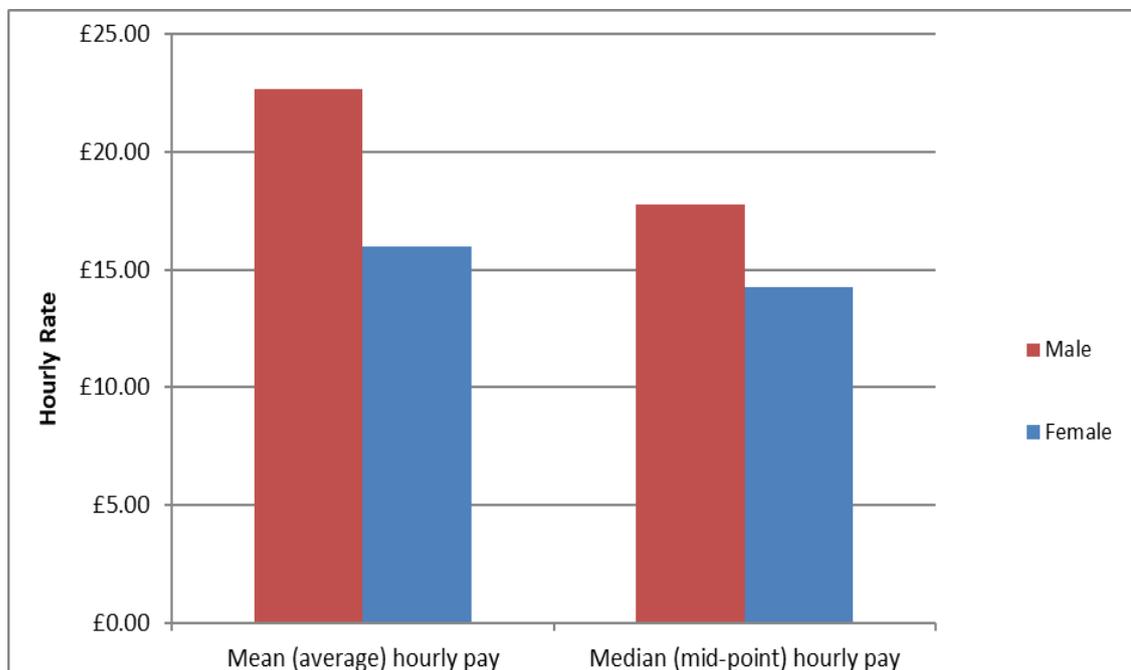
The analysis does not look at whether there are differences in pay for men and women in equivalent posts. Therefore, the results will be affected by differences in the gender composition across the Trust's various professional groups and job grades.

National reporting requirements require the Trust to report the six gender pay gap measures to one decimal point (these six measures are shown in bold italics throughout the document), however to assist the Trust better analyse the data and progress made, the data is shown to two decimal places.

Hull University Teaching Hospitals NHS Trust's Gender Pay Gap Data for the snapshot date of 31 March 2021 is as follows;

### 3.1 Mean and Median Gender Pay Gap

Gender	Mean (Average) Hourly Pay	Median (Mid-Point) Hourly Pay
<b>Male</b>	£22.67	£17.77
<b>Female</b>	£15.98	£14.24
<b>£s difference</b>	£6.69	£3.53
<b>% difference</b>	29.50% ( <b>29.5%</b> )	19.85% ( <b>19.9%</b> )



- The mean gender pay gap is 29.50% (i.e. this means that women's average earnings are 29.50% less than men's).
- The median gender pay gap is 19.85% (i.e. this means that women's average median earnings are 19.85% less than men's).

Note; Gender pay gap calculations are based on ordinary pay which includes; basic pay (including for Medical and Dental staff Additional Programmed Activities), allowances (including shift premiums), extra amounts for on-call, pay for leave but excludes; overtime, expenses, payments into salary sacrifice schemes (even though employees opted into the schemes voluntarily, as they provide a benefit in kind), Clinical Excellence Awards and Pensions.

#### 3.1.1 Key Findings

- The Trust has an overall gender split of 76.08% female and 23.92% male staff. The mean and median gender pay gap can be explained by the fact that while men make up only 23.92% of the workforce, there are a disproportionate number of

males, 40.16% in the highest paid (upper) quartile, (predominantly medical staff) with 59.84% being female.

- The mean gender pay gap for the whole economy, based on April 2021 data, (according to the Office for National Statistics Annual Survey of Hours and Earnings figures N.B. the ONS noted that their data was subject to more uncertainty than normal as there were difficulties measuring data given the number of employees furloughed under the Coronavirus Job Retention Scheme) is 14.9% while the Trust's mean gender pay gap is 29.50% in favour of males. The median gender pay gap for the whole economy is 15.4%, compared to the Trust average of 19.85%.
- Medical staff pay has a strong impact on the mean and median data. If Medical staff were *excluded* from the data above, the mean (average) hourly pay gap is 3.68% (a reduction of 0.12% from the 2020 return) or £0.57 (the same as 2020), and the median (mid-point) hourly pay gap is 0.72% (an increase of 0.42% from the 2020 return) or £0.10 (an increase of 0.06p).
- The mean gender pay gap for medical staff is 13.94% (slight increase of 0.06% since 2020 return). The median gender pay gap for medical staff is 15.10% (a reduction of 7.39% from the 2020 return). Nationally the Consultant workforce is predominately male.
- In the current reporting period (2021) the male mean pay (£22.67) falls in the upper quartile, and the female mean pay (£15.98) falls in the upper middle quartile.
- The median pay for males (£17.77) falls in the upper middle pay quartile and female median pay (£14.24) falls in the lower middle quartile.
- The Trust operates a number of salary sacrifice schemes. The overall percentage of staff who pay into salary sacrifice schemes (76.80% female/23.20% male) closely reflects the Trust's Gender split. This headline figure however disguises the impact on the Trust's gender pay gap data, including the mean and median female averages and also where females fall in pay quartiles (i.e. they might otherwise fall into a higher quartile).

This is because the gender pay gap calculations are based on pay *excluding* the value of payments made into salary sacrifice schemes (even though employees opt into the schemes voluntarily, as they provide a benefit in kind). Payment into these schemes therefore reduces the basic salary and hourly rate of pay.

The impact on female pay is highlighted in the salary sacrifice data detailed in tables 1 and 2 below.

**Table 1 – All Salary Sacrifice Schemes by Quartile and Gender (Cycle, Childcare, Car Lease, Home Electronics)**

2021 Trust Gender split 76.08% female, 23.92% male

Quartile	Male	Female	Total
Lower	54 (19.08%)	229 (80.92%)	283
Lower Middle	74 (17.79%)	342 (82.21%)	416
Upper Middle	68 (16.71%)	339 (83.29%)	407
Upper	142 (40.46%)	209 (59.54%)	351
<b>Total</b>	<b>338 (23.20%)</b>	<b>1119 (76.80%)</b>	<b>1457</b>

In addition, more female staff pay into the salary sacrifice schemes than male staff, as highlighted in table 2 below. Across the schemes 164 staff (125 female/39 male) pay into more than one schemes. Of these, 151 staff pay into 2 schemes (114 female/37 male), 13 staff pay into three schemes (11 female/2 male).

**Table 2 – 2021 Data of Salary Sacrifice Schemes by Gender (Childcare, Home Electronics, Lease Car, Cycle)**

Schemes: 2021	Number in Scheme		Average Sacrifice per Month		Range	
	Female	Male	Female	Male	Female	Male
Childcare Vouchers	148	52	£107.39	£110.02	£15 – £243	£15 – £243
Home Electronics	800	163	£71.80	£83.96	£3.16 – £294.28	£4.51 – £362.51
Lease Car Scheme	253	116	£421.25	£585.99	£60.40 – £831.10	£116.98 – £1681.64
Cycle Scheme	54	48	£67.47	£129.24	£19.46 – £340.71	£25.29 – £583.33
<b>Total</b>	<b>1255</b>	<b>379</b>	<b>£166.98</b>	<b>£227.30</b>	<b>£3.16 – £831.10</b>	<b>£4.51 – £1681.64</b>

N.B. The table above includes the multiple payments for staff who pay into more than one salary sacrifice scheme.

### 3.2 Pay Quartiles by Gender

Quartile	Male			Female			Total
	Headcount	% Headcount	Mean (Average) Hourly Pay	Headcount	% Headcount	Mean (Average) Hourly Pay	
Lower	404	17.51%	£9.72	1903	82.49%	£9.90	2307
Lower Middle	437	18.93%	£12.86	1871	81.07%	£12.77	2308
Upper Middle	440	19.06%	£17.39	1868	80.94%	£17.30	2308
Upper	927	40.16%	£35.43	1381	59.84%	£26.92	2308
<b>Total</b>	<b>2208</b>	<b>23.92%</b>	<b>£22.67</b>	<b>7023</b>	<b>76.08%</b>	<b>£15.98</b>	<b>9231</b>



#### 3.2.1 Key Findings

- The table and graph above shows that in the lower quartile female employees are paid more than male employees giving a gender pay gap of -1.82% or -£0.18p. In the lower middle quartile male employees are paid more than female employees giving a gender pay gap of 0.70% or £0.09p. In the upper middle quartile male employees are paid more than female employees giving a gender pay gap of 0.52% or £0.09p (N.B. this is however a shift from the previous return when female

- employees were paid more than male employees with a gender pay gap of -0.66 or -£0.11p). In the upper quartile the gender pay gap increases to 24.02% or £8.51.
- Based on the Trust's overall gender split (76.08% female and 23.92% male), there is no significant gender pay gap in the lower, lower middle and upper middle quartiles. There a disproportionate number of males, 40.16%, in the upper quartile compared to 59.84% being female. In addition the percentage of males in the upper pay quartile has also risen, from 39.9% in 2020 to 40.16% in 2021, a 0.26% increase. The mean hourly pay gap for the upper quartile has risen from, £7.85 to £8.51, a £0.66 increase on the previous reporting period.
  - The Trust has an additional headcount of 150 males and 287 females included within this years return. Where these staff fall in the pay quartiles (as shown in the table below) has also contributed to the Trust's slight increase in the mean and median pay gap data this year.

### **Additional headcount 20/21 and where they fall in pay quartiles**

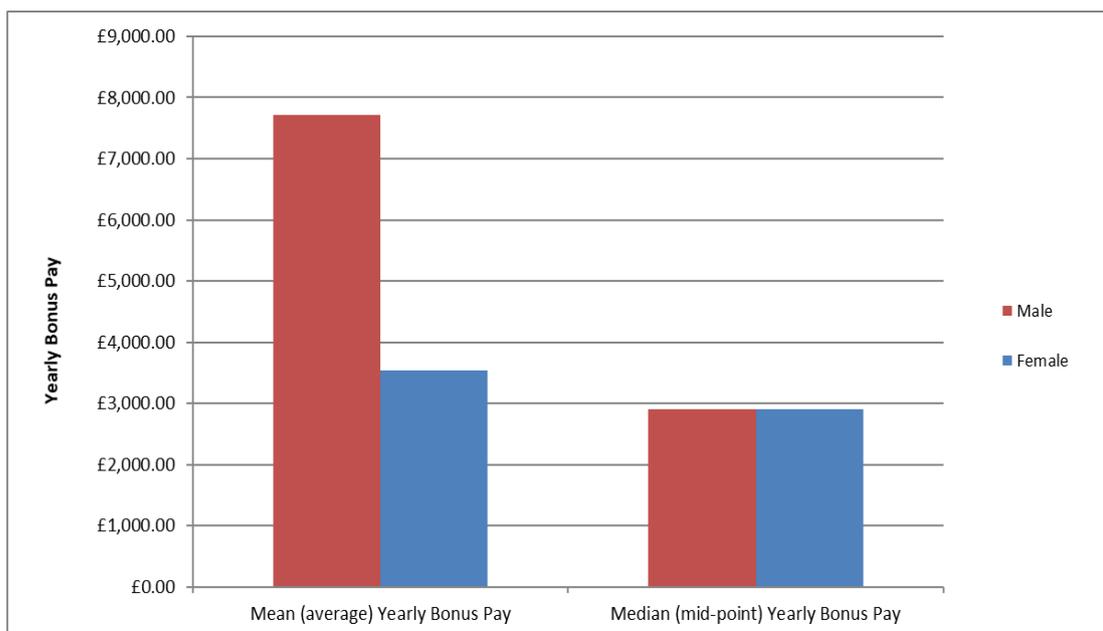
	Males		Females	
	Headcount	%	Headcount	%
Lower	23	15.33%	86	29.97%
Lower Middle	37	24.67%	72	25.09%
Upper Middle	40	26.67%	69	24.04%
Upper	50	33.33%	60	20.91%
<b>Total</b>	<b>150</b>		<b>287</b>	

For males 60% of the additional headcount is within the Upper to Upper Middle quartiles. For females 55% of the additional headcount is within the Lower to Lower Middle quartiles.

- Medical staff account for the majority of the Trust's highest earners. Within the Medical staff group there is a disproportionate gender split (38.02% females and 61.98% male). In the Upper Quartile for Medical staff the headcount split is 35.48% female (0.42% reduction on previous reporting period) and 64.52% male (0.42% increase on previous reporting period).
- The Trust has a split of 58% full time and 42% part time staff. 91.62% of part time staff are female. The majority of part time staff are in the lower quartiles (56.49% are in the lower and lower middle).
- Only 28.86% of staff in the upper quartile are part time, 84.38% of whom are female. This is disproportionate when compared with the Trust wide figure of 42% of staff being part time.

### **3.3 Mean and Median Gender Bonus Gap including Long Service Awards**

Gender	Mean (Average) Yearly Bonus Pay	Median (Mid-Point) Yearly Bonus Pay
Male	£7,712.10	£2,898.11
Female	£3,543.91	£2,898.11
<b>£s Difference</b>	£4,168.19	£0
<b>% Difference</b>	54.05% <b>(54.1%)</b>	0% <b>(0%)</b>



### 3.3.1 Key Findings

- The mean gender bonus gap is 32.82% when long service awards<sup>1</sup> are excluded from the data, rising to 54.05% when they are included in line with national guidance.
- The median gender bonus gap is 0%. This is because the median bonus pay for males and females, both including or excluding long service awards is £2,898.11 (a CEA).
- The improvements in the nationally reported mean and median bonus gap figures (i.e. including long service awards) compared to the previous reporting period (mean bonus gap 70.28%, median bonus gap 99.24%) need to be treated with caution as they are largely due to changes in the allocation of local CEAs in light of the COVID-19 pandemic. Further details on these changes can be found in section 3.5.1.

### 3.4 Bonus Distribution by Gender including Long Service Awards

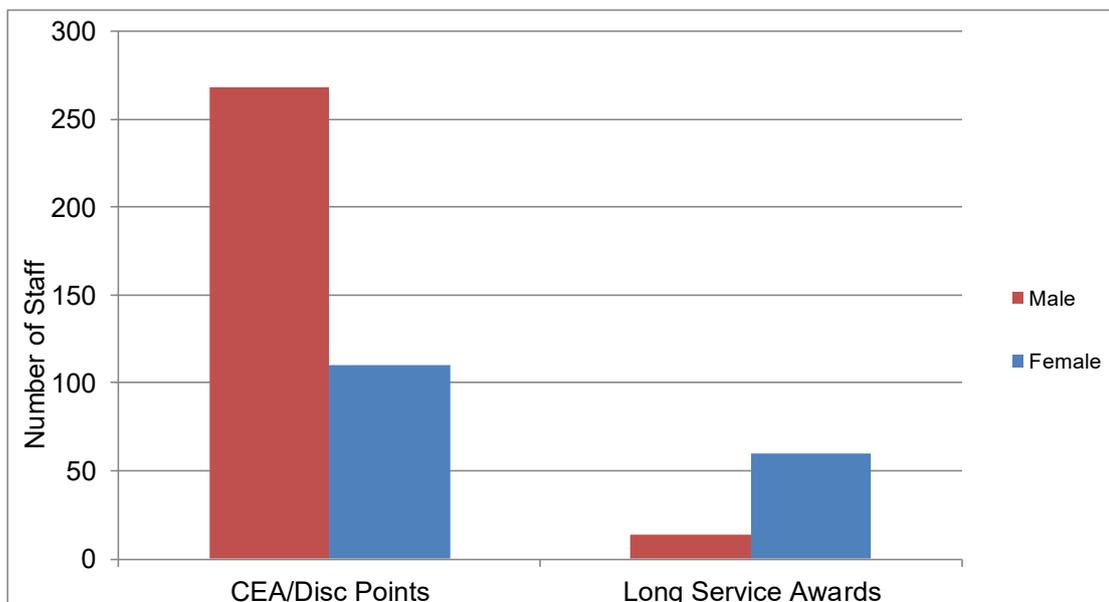
Gender	% Receiving Bonus
Male	12.77% (12.8%)
Female	2.42% (2.4%)

- The proportion of male employees receiving a bonus is 12.14% excluding long service awards (12.77% when included) and the proportion of female employees receiving a bonus is 1.57% excluding long service awards (2.42% when included).

### 3.5 Bonus Type by Gender

Bonus Type	Male		Female		Total Headcount
	Headcount	%	Headcount	%	
CEA/Discretionary	268	70.90%	110	29.10%	378
Long Service Awards	14	18.92%	60	81.08%	74
<b>Total</b>	<b>282</b>	<b>62.39%</b>	<b>170</b>	<b>37.61%</b>	<b>452</b>

<sup>1</sup> The Long Service Award scheme is applicable to any employee, whether male or female, who has achieved 25 years substantive service within the NHS. Staff are invited to attend an awards ceremony to be presented with a certificate and a token gift to the value of £50 in recognition of their contribution and commitment.



### 3.5.1 Key Findings

- This year the Trust has two types of bonus that meet reporting requirements. The first is Long Service Awards, which accounts for 16.37% of payments. The second is Clinical Excellence Awards, which account for 83.63% of payments (CEAs – which are awarded based on the performance of Consultant Medical staff subject to national and local eligibility criteria in recognition of excellent practice over and above contractual requirements).
- The Trust's gender bonus data is distorted by the Trust's Long Service Award scheme as, given the gender makeup of our workforce, more females receive an award. Calculations have therefore been made both including and excluding this data.
- The gender split for all bonus pay is 37.61% female and 62.39% male, however as 35.29% of female bonus pay is the £50 long service award and only 4.96% for men, this results negatively on mean bonus pay.
- If long service awards are excluded, the mean bonus pay gap reduces from 54.05% (£4,168.19) to 32.82% (£2,662.69).
- The Trust has a 0% median bonus gap. This is because the median bonus pay for males and females, both including or excluding long service awards, is £2,898.11 (a CEA).
- As at the snapshot date (31 March 2021) the Trust has an overall gender split of 38.02% female and 61.98% male in the Clinical Medical staff group. The Consultant gender split is 27.92% female and 72.08% male.
- The gender split for those receiving a CEA/discretionary payment is 29.10% female and 70.90% male.
- CEA and discretionary points payments range from £418.46 to £59,477.04.
- Nationally agreed changes to the local Clinical Excellence Awards scheme effective from 1 April 2018 are starting to gradually impact on the Trust Gender Pay Gap data.
- *Existing* (old style) local awards awarded prior to April 2018 will remain consolidated and pensionable and the associated payments will remain protected until at least 31 March 2021.
- *New* local awards post-April 2018 (including new awards to existing award holders) are: time limited, (payable for up to two years within Hull University Teaching Hospitals NHS Trust), paid as a lump sum, non-consolidated, non-pensionable and do not include uplifts for Consultants undertaking Additional Programmed Activities.

- The difference in bonus pay is also driven by the payment of higher (accumulated) bonuses under the old pre- April 2018 CEA scheme for Consultant Medical staff where there is a greater proportion of men. Whilst there has been a reduction in the total numbers holding CEAs under this scheme since the last reporting period, from 140 to 133, 76.69% of awards are currently held by male staff compared to 23.31% by female staff.
- In light of the COVID-19 pandemic, new style Local Clinical Excellence Awards (LCEA) did not run for the financial year 20/21. Instead NHS Employers, the British Medical Association (BMA) and Hospital Consultants and Specialists Association (HCSA), the tripartite negotiating group representing senior doctors and their employers, sought and received ministerial acknowledgement of the current exceptional circumstances, and the significant operational pressures that services were under as they responded to the health crisis. An agreement was made to halt the 20/21 LCEA round and related work to enable clinicians and managers to focus on immediate priorities. Following agreement with NHS England, NHS Improvement (NHSE/I) and the Department for Health and Social Care, the award money was distributed equally amongst eligible consultants who chose to opt in to receive a share of this money (N.B. the value of the payment was not, unlike other CEA awards pro-rated for part-time staff). Those consultants who chose to opt in received the payment as a one-off, non-consolidated payment in place of normal LCEA rounds, due to exceptional circumstances. The eligibility criteria remained largely the same as in previous award rounds (with the exception of an in-date appraisal).
- Eligibility for the new CEA/Discretionary points for 2020/21 (28.98% female, 71.02% male) was broadly consistent with the Consultant gender split (27.92% female and 72.08% male).
- 84.9% of CEAs are held by full-time staff. 15.1% of CEAs are held by part-time staff.
- As a greater number of the Trust's female Consultants work flexibly on a part-time basis (12.69% male, 27.21% female) this distorts both the mean and median bonus pay as CEA bonus payments are pro-rated for part-time employees (old style awards and new style awards only, but excluding the 2020/21 local COVID-19 impacted awards). This part-time split is broadly reflected in those with CEAs (10.11% of male CEAs are for part-time Consultants, 27.27% of female CEAs are for part-time Consultants).

#### **4 NATIONAL PICTURE**

Moving forwards the Trusts Gender Pay Gap bonus indicators should improve as a result of changes to the national clinical excellence awards scheme and local clinical excellence awards schemes.

The consultation response to reform the national clinical excellence awards scheme was published on 26 January 2022. The reforms aim to broaden access to the scheme, make the application process fairer and more inclusive and ensure the scheme rewards and incentivises excellence across a broader range of activity and behaviour. Part of the reform includes a name change for the scheme to National Clinical Impact Awards (NCIA's). Although not all the reforms can be enacted immediately, the new scheme and its operational changes aim to help improve the turnover, diversity and agility of the scheme to reflect the modern NHS workforce, its needs and priorities, while remaining relevant to the increasingly varied roles senior clinicians undertake. In summary the changes include; increasing the number of available rewards, re-branding the scheme, re-structuring the award levels, refreshing the assessment domains, simplifying the application process, removing pro-rated awards (those working less than full time will no longer have their award payments pro-

rated), remove the renewal process, removing the pensionability of awards, simplifying the process for employers.

Local achievement will continue to be recognised by the local awards scheme (LCEA). Work continues with the relevant national bodies leading on the negotiations to develop a new local performance scheme, to recognise the links and interdependencies between national and local schemes, to ensure that local, regional and national impact are recognised and rewarded.

The reforms reflect the changing demography of the medical workforce and take into account wider evidence including recommendations within 'Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England', published by the Department of Health and Social Care (DHSC) on 15 December 2020. The reforms are also anticipated to help deliver the Long Term Plan in England, alongside the NHS People Plan.

In light of the ongoing effects of the pandemic, Local CEAs will not be run for 2021/22 and, as was the case in 2020/21, the award money will instead be distributed equally amongst eligible consultants.

Any national changes will be pivotal in helping reduce the Trust's gender pay gap.

## **5 SUMMARY OF RESULTS AND ACTIONS**

The Trust is committed to ensuring all staff are treated and rewarded fairly irrespective of gender.

The Trust is using the workforce gender pay gap figures to help understand the underlying causes for its gender pay gap and to identify suitable steps to minimise it.

Some elements of the Trust's gender pay gap have a historical/national context which will take a period of time to resolve.

The Trust's gender pay gap data, which shows the difference in average pay between men and women in the workforce, reflects that the Trust has a majority of men in higher-paid roles, predominantly medical staff.

The mean and median hourly pay gap percentages across the health sector and bonus pay gaps are significantly affected by the presence of the Medical Consultant body, due to both their high base wage and the historical differences in bonuses awarded under the Clinical Excellence Awards scheme.

The Trust's mean gender pay gap at 29.50% and median gender pay gap at 19.85% have increased marginally since the previous reporting period, and are above the national averages of 14.9% (mean) and 15.4% (median). Excluding medical and dental staff the Trust figures would be 3.68% and 0.72% respectively. A number of factors contribute to the Trust's slight increase in the mean and median pay gap data this year.

Firstly, changes to the gender pay gap within the four pay quartiles is evident in this year's data. This includes the impact of where the additional headcount of 437 staff who are included in this year's return fall within the pay quartiles.

Secondly, factors within the upper pay quartile. Within this there remains a disproportionate number of males, 40.16% (a rise of 0.26% from 39.9% in 2020), compared to 59.84% being female. In addition the mean hourly pay gap for the upper

quartile has risen since 2020 from, £7.85 to £8.51, a £0.66 increase on the previous reporting period.

Payment into salary sacrifice schemes continues to impact on the Trust's gender pay gap data. Whilst the overall percentage of staff who pay into the schemes closely reflects the Trust gender split this headline figure disguises the impact on mean and median female pay averages, and where females fall in pay quartiles (i.e. they might have otherwise fallen into a higher quartile).

Both the mean and median gender bonus gap have improved, however as noted this improvement needs to be treated with caution as it is largely due to changes in the allocation of local CEAs for 2020/21 in light of the COVID-19 pandemic (as highlighted in section 3.5.1). The Trust's gender bonus data remains distorted by three main factors; the Trust's Long Service Award scheme, payment of higher (accumulated) bonuses under the old pre-April 2018 CEA scheme for Consultant Medical staff (where there is a greater proportion of men), and the current national requirement (with the exception of the local CEAs for 2020/21) to pro-rata CEA bonus payments for part-time Consultants (the large majority of whom are female).

## **5.1 What Have We Done to Date?**

- Continued to encourage female participation in leadership development programmes.
- Continued review of existing career and talent development opportunities and identification of new opportunities.
- Opportunities to develop interviewing skills have been offered to staff to refresh or upskill their interviewing technique and explore strategies to challenge any unconscious bias.
- Continued support and management of Assessment Centres for several senior roles to ensure robust decision-making and rigour is applied to assessment centre processes.
- 'Civility and Inclusion' and 'Diversity and Inclusion' sessions have been delivered as part of the 'Leading through COVID-19' series of webinars.
- Interviewing Skills Training for applicants offered on an ad-hoc basis or in workshops to provide staff with support in their preparation before interviews.
- The Trust continued to offer a wide variety of apprenticeships at all levels, including degree level. These support both 'grow your own' or external candidates through traditional study and on-the-job learning in addition to providing opportunities to staff who wish to further their qualifications. These include apprenticeships in Nursing, Allied Health Professions, teaching and many other topics.
- Continued the development and extension of new roles including; Consultant Sonographers, Radiographers, reporting Radiographers and Nursing Associates.
- Continued to enshrine career pathways, which clearly map out opportunities for career advancement in a number of areas including Physiotherapy, Radiology, Occupational Therapy, Speech and Language Therapy.
- Further extended roll out of medical workforce roles and medical associate professions, including Advanced Clinical Practitioners, Physicians Associates, Advanced Critical Care Practitioners, Anaesthetic Associates and Surgical Care Practitioners, which provide career development opportunities at a more senior, higher paid level.
- The Trust continued to deliver the Equality, Diversity and Inclusion training programme which forms part of the Trust's Recruitment and Selection training. The Equality, Diversity and Inclusion training forms part of the Trust's mandatory training programme. The programme has since been refreshed and the content updated.

- To support our leaders to fully model a compassionate, inclusive leadership approach, a range of leadership programmes for both medical and non-medical leaders (including Trust Board) have been delivered including; Great Leaders – Be Remarkable, a Supervisors+ programme, a Rise and Shine programme, Rising Up programme and Great Leaders Bitesize.
- The Coaching and Mentoring Network continued to offer opportunities for staff to explore their professional and career development.
- Mentors were trained for a Reverse Mentoring Programme and the training for mentees is to be scheduled.
- Specific retention surveys have been undertaken in areas of high turnover to address any concerns, including equality concerns that may be raised.
- A “Stay and thrive” group, which is part of a national NHSEI network, has been established. The aim of the group is to encourage international nurses (who are predominantly female) to not only stay but to also thrive, and apply for higher banded roles. The group is looking at barriers and how they can overcome these.
- A range of flexible working options are available for all Trust staff to better cater for work-life balance. This includes part-time working, job-sharing, flexi-time, annual hours contracts, flexible rostering, term-time working, fixed work patterns, flexible retirement and homeworking. All employees who have a flexible working arrangement in place have equal access to training, development and promotion opportunities.
- The benefits of providing flexible working options for Doctors in Training are well documented. The Trust’s SuppoRRT Champion (Medical Consultant) continues to provide advice and guidance to medical trainees who are returning to work after a lengthy period of absence (for example maternity leave or returning from out of programme) as well as supporting trainers with this process.
- The Trust’s quarterly forum for those doctors working, or considering working, less than full-time, run in partnership with the BMA remains firmly established. Successes include a comprehensive induction package for doctors returning to training or returning from, for example, family friendly leave. The package incorporates, for example, details of roster changes, what has changed in their medical training, what they need to refresh.
- Medical Staffing have a designated less than full time champion who works with colleagues, who may be changing their part time rota pattern or going part time for the first time, on personalising their rotas.
- Funding was secured to make an appointment to a Trust Equality, Diversity and Inclusion Lead (Workforce) post in January 2021.

## **5.2 Next Steps**

The Trust is committed to addressing the gender pay gap and is undertaking a range of actions and initiatives to reduce this including;

- Implementation of actions agreed nationally or locally in light of the ‘Mend the Gap, The Independent Review into Gender Pay Gaps in Medicine in England’ report published on 15 December 2020.
- The Trust received positive feedback from the 2020 Staff Survey in relation to flexible/home working. Staff value being able to work flexibly and this is an area the Trust is keen to continue and build on.
- Acknowledging that flexible working remains a key enabler to attracting and retaining talent, the Trust was successful in obtaining a place on the NHS ‘Flex for the Future’ programme. This brand new programme run by NHS England and NHS Improvement to help NHS organisations better embrace flexible working commenced in September 2021. The aim of the programme is to provide NHS organisations with a step-by-step programme to create their own local plan to deliver more flexible working opportunities in all roles, meeting the People Plan

commitments. Within the Trust a Flexible Working Change Team has been established to drive this forward. The group's actions include; analysing the organisation's current baseline, examining key areas to address to achieve change in terms of flexible working practices, embedding flexibility within the workforce, supporting managers to have proactive, effective conversations about flexibility in their teams, analysing the range of ways to design jobs flexibly.

- Staff surveys, 1:1 interviews and focus groups focused on 'Talent Management'. This enabled us to understand staff experiences and perspectives in relation to career progression and access to professional development opportunities. Findings will inform a detailed action plan.
- The Equality, Diversity and Inclusion training offer is to be further developed so that staff access a more in-depth and informative session as part of their mandatory required learning. The taught EDI training is being adapted to self-directed E-learning in order to enable more staff to access in-depth information rather than choosing the briefer session.
- The Executive Team and Health Group Directors are participating in an Inclusive Leadership Programme (2021 – 2022).
- Within the Medicine and Emergency Medicine Health Group embed further the Workforce and Finance Committee meetings. These review all aspects of the workforce, including all aspects of the Equality Agenda. An aim is to continue to develop career progression frameworks for all specialties and roles (already in place for the neurophysiology, nursing and medical workforce which makes up the majority of the workforce within both Health Groups), so that career pathways are clearly mapped out with opportunities for career advancement and defined pathways.

Solutions to the gender pay gap lie in culture changes both in society and organisations. Closing the gap will take time, and progress will not be linear.

Locally, at Trust level, the impact of COVID-19 has led to delays in some of the initiatives designed to help reduce the Trust's gender pay gap. Internationally evidence, to date, suggests that COVID-19 will extend the duration to close the gap.

Nationally most of the issues driving gender pay gaps require a longer term view.

The Trust believes, however, that over time, its commitment to fostering inclusion, fairness and flexibility will be reflected in its gender pay gap figures, building a strong foundation for individual and organisational growth.

The Trust will continue to take steps to reduce its pay gap and continue to explore best practise across the sector and beyond.