Barts Health NHS Trust

INCLUSION MATTERS

Annual Report 2019

March 2020

Version 10

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Introduction

Barts Health group of hospitals provide a huge range of clinical services to people in east London and beyond.

We operate from four major hospital sites (The Royal London, St Bartholomew's, Whipps Cross and Newham) and a number of community locations, including Mile End hospital. Around 2.5 million people living in east London look to our services to provide them with the healthcare they need.

The Royal London in Whitechapel is a major teaching hospital providing local and specialist services in state-of-the-art facilities. Whipps Cross in Leytonstone is a large general hospital with a range of local services. Newham in Plaistow is a busy district hospital with innovative facilities such as its orthopaedic centre. Mile End hospital is a shared facility in Mile End for a range of inpatient, rehabilitation, mental health and community services, and St Bartholomew's in the City, London's oldest hospital, is a regional and national centre of excellence for cardiac and cancer care.

As well as district general hospital facilities for three east London boroughs, Tower Hamlets, Waltham Forest and Newham, we have the largest cardiovascular centre in the UK, the second largest cancer centre in London, an internationally-renowned trauma team, and the home of the London Air Ambulance. The Royal London also houses one of the largest children's hospitals in the UK, a major dental hospital, and leading stroke and renal units.

East London is a vibrant and diverse area, located east of the City and North of the River Thames. Population levels are projected to grow by 18% over the next 15 years which is the fastest growing rate in London; this equates to 345,000 more people. Tower Hamlets and Newham will see particularly fast rises in their population. There are high levels of deprivation which impacts on the health of East Londoner's; life expectancy and healthy life expectancy are often lower than the national average. Employment rates and housing differ within and between areas.

This report, provides the reader with information on how we have met our public sector equality duty and beyond, setting out our strategy, how we are shaping our story around identified priority areas, a summary of our performance and activity across each of our hospitals.

Our Strategy

In 2012, Barts Health published its first Equality Objectives, setting out the key Diversity and Inclusion priority areas for action. Since that time, we have reported progress through our Equality Report "Inclusion Matters". Each year, we have refreshed these objectives and refined the goals and associated delivery actions.

2015 saw a major overhaul of our governance of diversity and inclusion, with the creation of CEO led Inclusion Board, adopting a shared governance model with our Staff Diversity Networks and hospital focused committees (See Appendix A).

In September 2018, recognising the need for further focus, we published our first Diversity and Inclusion Positive Action Charter, crystallising our commitment to take specific and **positive action to tackle under-representation, disadvantage and disproportionality.**

Launched in 2019, our People Strategy sets a clear goal for Barts Health to become an outstanding place to work, in which our *WeCare* values are visible in the way we work with each other, our patients and our communities.

In line with our People Strategy, we are now taking a longer-term view of our diversity and inclusion ambition for step change in the experience of our colleagues, patients, carers and communities we serve. We have set our Diversity & Inclusion Strategy for the next three years to drive the momentum necessary to deliver this ambition.

We are committed to Barts Health becoming an inclusive organisation, with equality of opportunity afforded to all staff, diversity reflected at all levels in the organisation and our *WeCare* values visible in all that we do. We are also committed to the delivery of equitable care to our patients and to play a key role in improving health outcomes in East London and we are determined to make sustainable progress at pace over the next 3 years.

Our 3 year ambition is for Barts Health to:

1. Ensure our services are equitable in terms of access, outcomes and experience for all patients and help reduce health inequalities for our local population
2. Be positioned as a leading NHS Trust for delivery of the WRES and WDES by reporting year-on-year improvements against all metrics;
3. Secure an increase in the number of staff sharing their disability on ESR and narrowing the gap in their reported experience of working at Barts Health compared to others;
4. Be recognised for our commitment to our LGBT staff via accreditation in the Stonewall Workplace Equality Index (WEI) and
5. Have narrowed the gender pay gap by increasing the proportion of females in the higher pay quartiles, as a reflection of the workforce, which is predominantly female, and increase number of men in workforce at entry level opportunities (such as in HCA roles, apprenticeships etc.)

We have now consolidated our six Positive Action Charter Commitments into 3 strategic priorities as shown in figure 1 below:

Our Priorities

Figure 1: Strategic Priorities Inclusion Strategy 2020-2023

For further details on each of the strategic priorities and how we intend to measure our achievements, please see Appendix B

Shaping Our Story

Using the headings of our three key priority areas, the following section of the report provides the reader with a summary of activity covered in the last 12 months.

PRIORITY 1: ESTABLISH A CULTURE OF INCLUSIVE LEADERSHIP

In this section we illustrate three areas of work supporting priority one – Leadership (WeLead) Staff Diversity Network (Staff-led Change) and Communication.

- Leadership (*WeLead*)

Defining what outstanding leadership looks like in Barts Health, and how we will identify, support and develop *WeCare* values-based leadership is an important feature of our journey towards delivering our quality goals of excellent patient safety, best patient experience and outstanding place to work.

Underpinning *WeLead* is the intention to have an explicit values-driven leadership framework to set out what outstanding individual and team leadership looks like at Barts Health. Our WeCare values set out core behaviours for all those working at Barts Health, including those with leadership roles and responsibilities. We wish to be explicit about the leadership skills and abilities required to lead in a *WeCare* values aligned way.

The *WeLead* framework is targeted at:

- Leaders and leadership teams at Barts Health;
- those who aspire to be leaders at Barts Health and
- all those working with leaders at Barts Health who are interested in understanding what outstanding leadership involves at Barts Health.

Approved by the Trust Board in January 2020, we will use *WeLead* Framework to:

- Lead our delivery of Outstanding Safe & Compassionate Care
- Guide present and future leaders in their careers across the NHS
- Set the performance and behaviour expectations we have of ourselves and future aspiring leaders
- Determine the leadership recruitment and selection decisions we make,
- Facilitate the induction of new colleagues
- Shape our learning & development curricula to support leaders and leadership teams
- Build diverse leadership pipelines and talent pools necessary to fulfil our commitments to reflect the diversity of #teambartshealth at every leadership level

By way of illustration, For our *WeCare* value of equity, our *WeLead* framework identifies we need Barts Health leaders to have qualities and abilities of:

- Understanding diversity – appreciating not everyone sees of experiences the world through the same lens and uses difference as strengths
- Curiosity – actively seeks to educate self. Skilled in encouraging and seeking out different ideas and experiences to enable growth
- Courage – recognises that leadership involves personal risk taking. Champion and role model for the business case for diversity and inclusion
- Boldness – recognises rather than denies biases exist. Challenges effectively. Skilled in reflexivity and enabling that in others

Further details on the *WeLead* Framework can be found at Appendix C.

- Staff Diversity Network subgroups (Staff-led Change)

Our staff Diversity network continues to proactively drive positive change in the Trust and beyond. The following pages provide the reader with a summary of some of its activities.

BartsAbility	BartsAbility Acknowledging the Ability not the InAbility

Key achievements and reflection on progress:

- Trust wide International Day of Person's with a Disability event in December
- BartsAbility has accepted invitations to share our work on developing staff networks, *BartsAbility Passport,* and our approach to WDES implementation from a wide range of other organisations, including Trust's - Homerton, Portsmouth, Royal Free, North Middlesex; Mid & South Essex University Hospital group; NHS England & NHS Improvements; West Hertfordshire NHS, Guys & St Thomas, Royal Brompton & Harefield NHS Trust, Barnet Enfield & Haringey Trust, St Georges Hospital Tooting NHS Trust, Lewisham & Greenwich, and North Hants Healthcare NHS Trust.
- BartsAbility has participated in the Trust's Quality Improvement (QI) training and is using this to deliver 2 key WeImprove projects:
    - to support the aligning of network priorities and actions with Barts Health Inclusion strategy priorities e.g. closing the gap between ESR disability data and Staff Survey disability reported figures
    - to increase the take and speed of funding for reasonable ajustments
- Increasing signposting being made by BartsAbility to Reasonable Adjustment fund contact point – Occupational Health

Looking ahead and plans for 2020

- Support the implementation of the Workforce Disability Equality Standard (WDES) Action Plan and key priorities of the Trust's Inclusion Strategy
- BartsAbility Schwartz Round and road show on each hospital site.
- Support the other subgroups of the diversity network as we develop Trust's focus on intersectionality.
- Providing opportunities for members to develop leaderships skills by working on different projects of the network e.g. working on the anticipated duty of Access under the Equality Act
- Further supporting the pilot of easy read application and Job Description forms and seek to normalise this in the Trust's recruitment process.

BME	Barts Health Black and Minority Ethnic Staff Network NHS Barts Health NHS Trust Diversity is our strength. Inclusion is our passion. Equity is our goal.

Key achievements and reflection on progress:

- Successful Black History Month celebration in October: Quotes from the event

"I've worked for Barts for 35years, I left the event uplifted, a take pride in the fact Barts Health has now pushed the race agenda to the top through the BME network, what an outstanding celebration the BME network has organised, you've raised the bar for the organisation."

- Site leads appointed across each hospital site
- BME Network to work with Pathology and NHSBT to increase the number of black donors especially in respect of providing blood to our Sickle Cell Anaemia patients

Looking ahead and plans for 2020

- Themed site meetings for the year
- WRES Experts included in Black History Month programme
- Continue work with Pathology and NHS Blood & Transfusion to increase the number of black donors

Carer's	*Logo in development*

Key achievements and reflection on progress:

- Launch of network
- Development of Staff Carer's Policy underway
- Appointing Co-Chairs
- Network meeting held across each hospital site

Looking ahead and plans for 2020

- Complete the development of Staff Carer's Policy
- Needs analysis of staff carers to inform any further review of Trust wide policies

LGBTQ+ network	LGBTQ+ STAFF DIVERSITY NETWORK WeCare with Pride

Key achievements and reflection on progress:

- Trust wide LGBTQ+ subgroup activity continues with additional focus on sites with the appointment of co-site leads for each of the Hospital sites now complete

- Trust wide LGBT History Month activity in February
- Development of Trans People Guidelines for staff
- Awareness raising activity with Staff Stories on *WeShare*
- Participation in Stonewall Workplace Equality Index (WEI) and hopeful of a significant improvement in our index rating due to be reported early 2020
- Organised Trans Awareness session with Inclusion team

Looking ahead and plans for 2020

- Developing an action plan following Stonewall Equality Index Feedback session in Feb

Women's network	

Key achievements and reflection on progress:

- Focus on Menopause as a BIG conversation during the month(s) of October and November across each site and as a Trust wide activity
- Held 'We are festive' events in December with a focus on health &wellbeing, nutrition etc

Looking ahead and plans for 2020

- Planning group already established planning for 6th March Trust wide International Women's day event – focus on 'Inspiring Women of Barts Health'
- Site discussions on financial planning sessions being organised on every site for January
- Increasing membership and focus on Trust wide issues (e.g. Gender Pay Gap, Flexible working) now requiring protected administrative duty time or dedicated resource to support this activity
- Playing a key role in informing the development of the GPG action plan for 2020/21

This year has seen the development of a proposal for protected time for staff diversity network chairs and site leads, in recognition of their key leadership contribution and supporting in the delivery of the inclusion strategy implementation plan in the coming year.

- **Communication Team**

We have also worked closely with our staff diversity network subgroups to raise their profile internally and externally.

Key achievements during the year and reflection on progress

We regularly feature blogs from staff diversity network leads and run communications campaigns for key events throughout the year including Black History Month, LGBT History Month, Mental Health awareness days, International Women's Day, Carers Week and Pride.

PRIORITY 2: DELIVER SAFE, COMPASSIONATE AND EQUITABLE CARE

In this section we illustrate examples of pieces of work supporting priority two – Clinical Boards; link between employment and health, Accessible Communication and the Capital investment in Whipps Cross.

Last year we agreed that each of our Clinical Boards will have a Priority focusing on Equity. The table below shows these priorities.

- Clinical Boards

BOARD	EQUITY OF CARE
Cancer	Review of access to services by ethnic group, with a focus on late stage diagnosis in A&E.
Cardiovascular	Review access to pacemakers, access to defibrillators Patients likely to decline surgery
Children's Health	Children with complex needs Qi project Sickle Cell
Emergency Care	ED waits for older people
Medicine	Diabetes •Foot Health •Type 1 •Access to insulin pumps
	•Access to Endoscopy
Surgery	See Cardiovascular
Women & Newborn Health	Reviewing access to care by ethnic group Review breastfeeding rates by Ethnic Group New consultant appointed with both Public Health and Obstetrics qualification to regularly review data and work with the Equity Data Working Group.
Sexual Health	Regularly review data on protected characteristics and innovation fully embedded into QI cycle.
Patient Experience	Standardise methods for collecting information on protected characteristics to facilitate

Table 1: Barts Health Clinical Board Priorities

A great example of the work of the clinical boards in tackling access issues is demonstrated in the work of the Cancer Board.

- Cancer Clinical Board

Cancer outcomes in the North East London (NEL) were amongst the poorest in the country as recently as 2015, but we are now improving at a rate that is exceeding the overall England rate. The contributing context for NEL is that five of the seven CCGs are classed as the most deprived in the UK and there is a known link with deprivation and shortened life expectancy, including for cancer.

Consistent delivery against the constitutional access standards since October 2015, for which Bart's Health is nationally recognised as bucking the trend, has seen a parallel decline in emergency presentation for new cancer diagnoses, where patients typically present late (Stage 4): this patient group has the poorest outcomes. In addition, we have seen an improvement in the proportion of our Stage 1 and Stage 2 cancer patients diagnosed, so that the WEL CCG group served by Barts Health is now on a par/better with the national rate, from one of the lowest baselines in 2015.

The NHS Long Term Plan has early cancer diagnosis at the core of its ambitions, including a target of 75% of new cancer patients being diagnosed at an early stage 1 and 2 by 2028.

Strategic, holistic targeted planning to tackle the challenge of equitable access, early cancer diagnosis in NEL and beyond by example setting, has led to the development of the Mile End Early Diagnosis Centre (MEEDC). This centre will comprise of two endoscopy rooms, two ultrasound rooms, as well as leveraging the use of the existing infrastructure including a CT scanner and educational centre for training.

The current building work at the Mile End site follows a successful bid into NHSE with associated external scrutiny, extensive engagement with patients and clinicians, and agreement of the clinical model and principles for an early diagnosis cancer centre, The MEEDC will serve the whole of NEL, and is founded upon collaborative working with our partners, BHRUT and HUH.

The key aim for the ME EDC is to provide person centred care, pathway excellence and efficiency of cancer diagnostics across NEL, with opportunities for training of the hard to recruit to cancer diagnostic specialties, including the development of allied health care professionals. Specific initiatives are aimed to support hard to reach groups access cancer diagnostics. It is the first of its kind. Research is also an important aspect of the MEEDC ethos, particularly with the opportunity provided by one centre consolidation of at risk patient cohorts. Diagramme 1 below shows this partnership.

- Community and Equity of Health Outcomes

Barts Health recognises the opportunity it has in playing a major role as an *Anchor* Institution for East London. As part of its continued commitment to move from good to excellent, it seeks to show leadership in the local health economy.

The following are some of the existing work programmes that continue to support this aspiration:

- Community Works for Health local employment programme
- Healthcare Horizons healthcare careers work with schools
- Project Search
- Learning Hub initiative in the Whitechapel Life Sciences development (and interim proposal with Newham College)
- Sustainable Development Management Plan
- Sustainable Procurement
- Clean Air Hospital Framework workshop at Whipps Cross University Hospital
- Linking the Greenway with Newham Hospital as part of greener hospital approaches

The Trust's Public Health team activities emphasis the clear links with its programmes and the reduction of health inequalities and improving equity with its community engagement programmes relating to employment, training and careers.

- Communication Team

We have remained committed to ensuring that all of our communication is accessible - with the use of plain English in all communication for internal and external audiences; subtitles on films; infographics to ensure messages are understood; and a website and intranet that meets accessibility standards, translatable into 200 languages and has supporting tools, including *AccessAble*.

Key achievements during the year and reflection on progress

Our values are embedded within all our communications collateral, and the team take great pride in developing communications that reflects our communities.

Looking ahead and over the next year we are committed to broadening our reach by engaging BAME media outlets, as well as independent bloggers and influencers that could reach individuals and groups that are not consumers of mainstream media.

- Whipps Cross Redevelopment

The work to support the redevelopment of Whipps Cross Hospital continues, a key work stream has been the engagement work with groups and communities across the boroughs

of Waltham Forest, Redbridge and West Essex. The work has focused on engaging and informing patients and communities about the case for change and finding out, what patients felt was important to them as part of the redevelopment of the site and the hospital.

The engagement programme worked with groups with protected characteristics and communities/patients who could be impacted by any redevelopment of the hospital. In total from April-August 2019 the programme met over 40 organisations and community groups including those who work with young people, learning disabilities or long term conditions, to BME organisations. In total we saw approx. 700 people.

This engagement work has allowed the programme to engage with communities and groups and to develop a database of organisations to involve and engage as the programme progresses.

A major success of the engagement programme has been the diversity of the

organisations/communities engaged and how their views that have been used to help develop our plans for the site. We have also invested support in developing the Community Engagement Action Group, this group of local residents engages with and provides valuable feedback to the programme.

We have engaged with a diverse range of groups, service users and communities across the hospitals footprint who would not have otherwise engaged with us on such a matter as Hospital redevelopment; examples of these include:

- Carers
- People and groups representing those with long term conditions such as Dementia, Stroke and Diabetes, the Blind and Partially sighted
- Elderly BME groups and
- Waltham Forest Council of Mosques

Through work with the Children Centres in Redbridge, deprived communities or those within Social housing communities across Waltham Forest, one of our aims will be to ensure that we continue the engagement work within our clinical services review.

Looking ahead and plans for 2020 and beyond

As the programme develops, we need to provide assurance that we continue to pay due regard to the Equalities Act to ensure that any identified impacts due to the redevelopment are mitigated. The redevelopment of Whipps Cross University Hospital will have more positive impacts for service users and those with protected characteristics including, a building which is fully DDA compliant and meets the needs of all our service users.

We need to ensure services and the programme management team are aware of the need to undertake any Equality Analysis, where any negative impact is identified and to have a plan to mitigate any impact on patients and the community. Transport and Access has been

identified as a key issue for patients and visitors to the site, groups such as those with a disability that requires a disabled parking space or assistance to and from the hospital have highlighted this as a key improvement for the new hospital. We will work with passenger transport groups and Transport for London (TFL).

We are keen to work with our local community groups and equality groups at the design & brief stage to ensure we develop a site that provides access for their future healthcare needs. The development of the hospital will also provide a healthcare facility that is fit for the future and help reduce inequalities for groups. A success factor to this approach will be ensuring that equalities and engagement is embedded within the programmes work streams and risk register.

PRIORITY 3: DEVELOP INCLUSIVE EMPLOYMENT POLICIES, SYSTEMS AND PRACTICES

Here we amplify the work that has been done as part of the Inclusion Ambassador Programme, how we are using the Quality Improvement (QI) methodology to progress the ED & I work programme and further activity with the 'Pre-disciplinary' checklist.

- **Inclusion Ambassador Programme**

The Inclusion Ambassador programme started late 2018 as part of the Inclusive Recruitment review. Inclusion Ambassadors are volunteers trained to sit on interview panels, to provide a neutral and unbiased perspective of the interview process to the panel members. The role of the inclusion ambassador is to:

- Support the recruitment panel in reaching an unbiased recruitment decision
- Highlight with evidence (noted from your own notes and observations during the interview process) any perceived unconscious bias or advantages of appointing candidates.
- Remember the Trust *WeCare* values – Value the perspective and contributions of all and ensure that all are respected, and that this is followed throughout the process by the interview panel.

Although the programme was intended to be piloted for Nursing and Midwifery appointments, the programme is now extended to cover Administrative recruitment panels.

No. IA Trained	No. Recruitment Panels requesting IA	No. Recruitment Panels with IA	Total number of offers made	Number of BME Staff offered a position	Proportion of BME staff by % out of total offers
82	39	34	27	12	44%

Table two: Key Inclusion Ambassador figures

We recognise that much more needs to be done and further activity is outlined in our Inclusion Strategy implementation plan.

- **Quality Improvement (*WeImprove*)**

Since we started our Safe and Compassionate improvement journey in 2015, we have started to see significant improvements over the years. With the introduction of *WeImprove*, we seek to drive further improvement by embedding the Quality Improvement methodology. With regards to the Inclusion agenda, we are building on previous achievements as documented in a NHS England publication

Examples of WeImprove Inclusion projects include:

- *Closing the Gap* campaign - encouraging staff to share Disability information on ESR
- *Embracing Difference* – Posters of staff with a named disability
- *Dial Shifters* - Talent Management (TMS) - Pipeline Career Development Programme for BME & Female staff

- **Pause and Review – Pre disciplinary checklist**

Workforce information showed that Black Minority Ethnic (BME) Staff are approximately twice likely to enter the formal disciplinary process when compared to figures for White Staff. With approximately 50% of the workforce being from a BME background, and the Trust's data showing that a disproportionate number of BME staff were going through the formal disciplinary process, it became necessary to implement system changes.

With learning's from Royal Free London NHS Foundation Trust and the known use of the 'James Reason substitution test' for cases of serious incidents, the Trust's CEO led Equality & Inclusion Board commissioned that a tool be developed to enable a 'pause and review' approach.

The main aim of the pre-disciplinary checklist was to combat any 'rush to judgement' and facilitate a 'pause and review' process when it comes to undertaking a formal disciplinary or considering entering the disciplinary process. This process is an example of values into action and acknowledges the facilitation of a '[1]learning culture' in the NHS rather than a 'blame culture'

The pre-disciplinary checklist has been in use for over 2 years and our WRES 3 data for the past 4 years is as follows:

Barts Health NHS Trust	2015	2016	2017	2018	2019
	2015/16	2016/17	2017/18	2018/19	2019/20
	2.14	**1.91**	**1.88**	**1.76**	-

Table 3: WRES 3 data 2015-2018

[1] R Kline, 2017 Middlesex Minds https://mdxminds.com/2017/09/19/rethinking-disciplinary-action-in-the-nhs/

The Trust is taking part in the PAN London evaluation of WRES 3 and the case study was included in a recent NHS Resolution publication (2019)

Our Performance

- **Gender Pay Gap report**

Introduction

The Trust recently developed its Inclusion Strategy and has as one of its 5 key goals: *to have narrowed the gender pay gap by increasing the proportion of females in the higher pay quartiles, as a reflection of the workforce, which is predominantly female,* and increase number of men in workforce at entry level opportunities (such as in HCA roles, apprenticeships etc.), focusing on SAS (Associate Specialists), Trust Grade doctors and increasing female leadership in (HFMA) Finance Management positions – over the next three years.

This the third year of publishing Gender Pay Gap data (GPG). A table comparing data for 2017 to 2019 is included as an Appendix (Appendix D).

The report provides additional focus on the bonus gender pay gap, which for Barts Health relates to Clinical Excellence Awards (CEAs).

What is Gender Pay Gap?

The **gender pay gap** is the difference in the **average/mean hourly** wage of all men and women across a workforce. If women do more of the less well-paid jobs within an organisation than men, the gender pay gap is usually bigger.

The gender pay gap **is not** the same as **equal pay**, which is related to men and women earning equal pay for similar jobs or work of equal value. The gender pay gap shows any disparity of *average* pay across any given organisation.

Why Report on the Gender Pay Gap?

Employers in Great Britain with more than 250 staff are required by law to publish information about gender pay. Employers have up to 12 months in which to publish this information and for the public sector the data relates to the position as at 31st March each year. This information is both submitted to the central Gender Pay Gap Service as well as on the organisations own website.

It also goes beyond the standard profiles of male and female staff by band that have historically been used in the NHS, and looks at pay in the whole including elements such as enhancements for unsocial working.

This report is prepared in response to a mandatory requirement to measure and publish Barts Health gender pay gap information. We are required to submit and publish this data by 30 March 2020.

The following data provides 2019 gender pay gap workforce information as follows:

- Average/mean hourly pay by staff group
- Median pay by staff group
- Clinical Excellence awards by age
- Consultant gender/age profile

It is worth noting that Equality and Human Rights Commission (EHRC) is responsible for monitoring compliance and can take enforcement action.

Gender Pay Gap: hourly rates of pay

Table 4 below shows both the mean and median hourly rates for male and female staff. Whilst there has been a reduction in the pay gap between March 2017 and March 2018, there has been an increase in the gap between March 2018 and 2019.

A significant gender pay gap exists for both mean and median hourly rate

	As at 30 March 2017		As at 30 March 2018		As at 30 March 2019	
Gender	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**
Male	23.88	20.10	24.24	19.82	25.09	20.88
Female	19.05	17.42	19.50	17.64	20.10	18.17
Difference	4.82	2.68	4.74	2.18	4.99	2.71
Pay Gap %	**20.2%**	**13.3%**	**19.57%**	**10.98%**	**19.88%**	**12.98%**

Table 4: Mean and Median gender pay gap in hourly pay

Interpreting the data

As required, this table includes all staff and staff groups and shows average and median hourly pay for males and females – showing a **19.88% pay gap** in **average pay** and **12.98% gap** in **median rate**. Gender pay gap is calculated as the average pay of all the men in an organisation compared to the average pay of all the women. This includes both substantive and bank staff and incorporates hourly bank pay for each.

71% of our staff in post are female, whilst males account for 29% of our workforce. Additionally, a majority of medical staff are male, and this increases at consultant level. We might therefore expect a gap in gender pay, since this report does not differentiate between staff groups.

Gender Pay Gap: proportion in each pay quartile

Table 5a and 5b below shows the number of employees by quartiles (determined by pay groupings, where Q1 is lowest earners and Q4 is highest earners)

As at March 2019				
Quartile	Headcount		Percentage	
	Female	Male	Female	Male
1 – Lowest earners	3,061	1,214	71.60%	28.40%
2	3,340	942	78.00%	22.00%
3	3,339	940	78.03%	21.97%
4 – Highest earners	2,445	1,838	57.09%	42.91%

Table 5a: Proportion of males and females in each pay quartile – 2019

	As at 30 March 2017				As at 30 March 2018			
	Headcount		Percentage %		Headcount		Percentage %	
Quartile	Female	Male	Female	Male	Female	Male	Female	Male
1 – Lowest Earners	2,880	1,022	73.81	26.19	2,902	1,188	70.95	29.05
2	3,173	834	79.19	20.81	3,219	879	78.55	21.45
3	3,176	784	80.20	19.80	3,225	875	78.66	21.34
4 – Highest Earners	2,303	1,657	58.16	41.84	2,376	1,723	57.97	42.03

Table 5b: Proportion of males and females in each pay quartile – 2017 and 2018

Interpreting the data

Based on the Trust's profile being 71% Female and 29% Male (2019), the table above shows that the breakdown by quartile is consistent with the Trust's profile only for quartile 1, which is the lowest earners. The table shows that for quartiles 2, 3 and 4, the gender split is not comparable to the Trust's gender split. This is more evident in quartile 4 where the male profile is nearly twice (42%) the organisational profile of 29%.

The ideal situation would be where there is a Male 29% and Female 71% split in each of the 4 quartiles

A contributing factor to the gender pay gap at Barts Health are the Clinical Excellence Awards (CEAs)which can be earned by medical and dental Consultants and can range from £3,016 at Level 1 to £77,320 at Platinum. These are further reflected in the following table focusing on Bonuses. For the purpose of gender pay gap reporting CEAs are defined as bonuses.

Gender pay gap: Bonuses

Bonuses are not widely used in the NHS. Whilst there is a statutory requirement to submit in a set format, it is potentially misleading as it does not consider the number of staff that are able to receive a bonus, which in this instance are only consultants.

NHS Employers guidance identifies 'Bonuses' as Clinical Excellence Awards (CEAs), Distinction Awards/Discretionary Points for medics. This table shows a 32% pay gap in average 'bonuses' and 33% gap in median 'bonuses' levels.

	As at 30 March 2017		As at 30 March 2018		As at 30 March 2019	
Gender	**Average Pay**	**Median Pay**	**Average Pay**	**Median Pay**	**Average Pay**	**Median Pay**
Male	14,450	8,951	14,638	10,038	13,474.07	9,048.00
Female	9,812	5,967	9,265	5,778	9,151.74	6,032.04
Difference	4,638	2,984	5,372	4,259	4,322.33	3,015.96
Pay Gap %	**32.1%**	**33.3%**	**36.7%**	**42.4%**	**32.08%**	**33.33%**

Table 6: Mean and Median bonus gender pay gap

Clinical excellence awards were set up to reward consultants who contribute to the NHS over and above the expectations of their contract. An NHS Consultant, Clinical Academic or Academic GP can apply for a Clinical Excellence Award if they are: a fully registered medical or dental practitioner; An academic general practitioner ; A consultant level academic who is a registered medical or dental practitioner and holds an honorary NHS contract ; A Postgraduate Dean ; A consultant subsequently employed as a dean/head of school in medicine and dentistry ; A consultant working as an NHS Trust clinical or medical director or equivalent medical manager post ; Part time consultants (awards to be paid on a part time basis) Eligible individuals submit their applications for approval by panels (external for national CEAs).

Interpretation of data

The table above shows that the average/mean bonus pay to men is approximately £13,500 whilst for women it averages at £9,000, a difference of approximately £4,500. The Median bonus pay for male workers is £9,048 whilst for female workers it is £6,032.04 with a difference of £3,015.96.

Gender Pay Gap: proportion receiving a bonus payment

Tables 7a (2019 data) and 7b (2017 and 2018 data) show the proportion of male and female staff who receive a bonus payment in the Trust.

As at March 2019			
Gender	**Employees paid bonus**	**Total relevant employees**	**%**
Female	115	16,623	0.69%
Male	214	6,579	3.25%
Total	**329**	**23,202**	**1.42%**

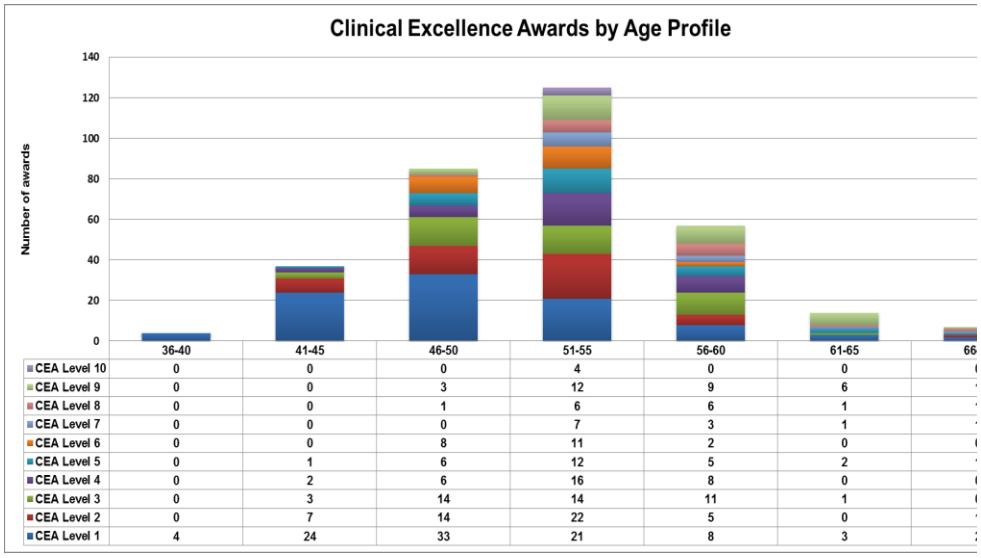
Table 7a: Proportion of males and females receiving a bonus payment

As at March 2017				As at March 2018				
Gender	**Employees paid bonus**	**Total relevant employees**	**% All Staff**	**Employees paid bonus**	**Total relevant employees**	**% All Staff**	**Total Consultants**	**% Consultants**
Female	**111**	**14,972**	**0.7%**	**121**	**15,998**	**0.8%**	**339**	**36%**
Male	**215**	**5,528**	**3.9%**	**222**	**6,377**	**3.5%**	**473**	**47%**
Total	**326**	**20,500**	**1.6%**	**343**	**22,375**	**1.5%**	**812**	**42%**

Table 7b: Proportion of males and females receiving a bonus payment

Interpretation of data

The table above (as required for reporting), shows 0.6% of females received a bonus compared to 3.25% of males.

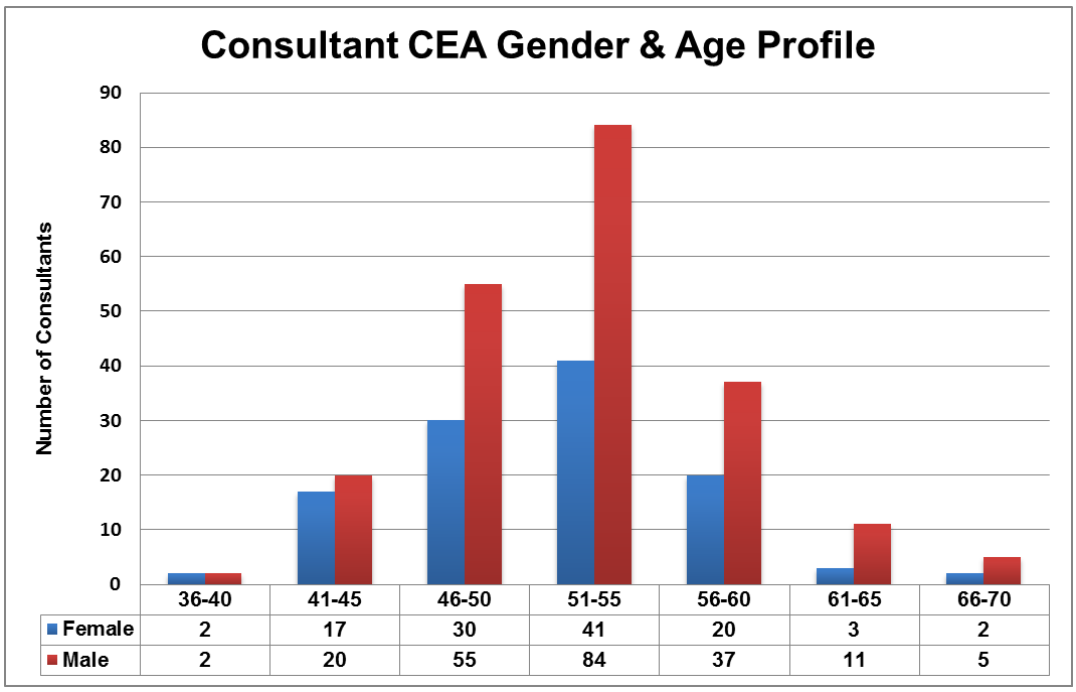


	36-40	41-45	46-50	51-55	56-60	61-65	66
CEA Level 10	0	0	0	4	0	0	
CEA Level 9	0	0	3	12	9	6	
CEA Level 8	0	0	1	6	6	1	
CEA Level 7	0	0	0	7	3	1	
CEA Level 6	0	0	8	11	2	0	
CEA Level 5	0	1	6	12	5	2	
CEA Level 4	0	2	6	16	8	0	
CEA Level 3	0	3	14	14	11	1	
CEA Level 2	0	7	14	22	5	0	
CEA Level 1	4	24	33	21	8	3	

Table 8: Clinical Excellence Awards by Age profile

A closer look at the CEA shows a higher representation in the 51 to 55 age group followed closely by the 46 to 50 age group.

When you look at an age profile of consultants there remains an difference at each age group although this is near the 1% mark



	36-40	41-45	46-50	51-55	56-60	61-65	66-70
Female	2	17	30	41	20	3	2
Male	2	20	55	84	37	11	5

Table 9: age and gender profile for consultant CEA

A further breakdown of this information by gender shows a higher representation of Men in both the 51 to 55 and 46 to 50 age group followed by 56 to 60. Looking ahead, this is also noticed in the 41 to 45 age group. With the younger age groups i.e. 31 to 35 and 36 to 40 however, we are beginning to see more Female recipients compared to Male.

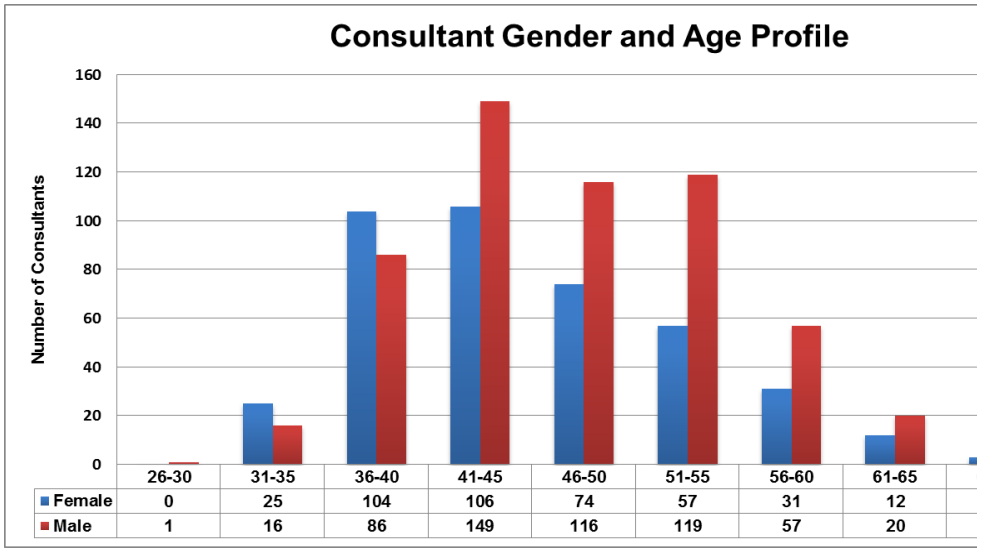


Table 10: Total consultant workforce population age and gender profile

Considering the profile of consultants in general with a higher proportion of men in the older age bracket – 41 right up to 70 plus, the gender profile shows more female consultants than male.

The analysis of all protected characteristics including gender will continue after each round of awards, including the composition of scoring panels, of all applicants, and of successful applicants.

A further analysis of the GPG data reveals that there still remains a 10.4% GPG once CEAs are excluded. The real differences is the 'Doctor' group and this needs further investigation before a supporting narrative can be provided.

Gender Pay Gap: Staff Group

Table below provides the gender pay gap for each of the staff groups as at March 2018

		Mean				Median			
Staff Group	Number of individuals	Male	Female	Difference (£)	Difference (%)	Male	Female	Difference (£)	Difference (%)
Add Prof Scientific and Technic	1,279	£ 19.88	£ 19.28	£ 0.60	-3.00%	£ 18.90	£ 18.17	£ 0.73	-3.87%
Additional Clinical Services	3,533	£ 13.55	£ 14.07	-£ 0.53	3.90%	£ 12.67	£ 13.53	-£ 0.86	6.80%
Administrative and Clerical	4,127	£ 19.86	£ 17.83	£ 2.03	-10.23%	£ 15.68	£ 14.34	£ 1.34	-8.55%
Allied Health Professionals	892	£ 21.91	£ 21.09	£ 0.82	-3.75%	£ 20.99	£ 20.49	£ 0.50	-2.39%
Estates and Ancillary	69	£ 12.60	£ 16.35	-£ 3.75	29.77%	£ 11.60	£ 12.67	-£ 1.07	9.21%
Healthcare Scientists	274	£ 25.78	£ 24.07	£ 1.71	-6.63%	£ 25.42	£ 22.95	£ 2.47	-9.70%
Medical and Dental	2,810	£ 39.55	£ 34.59	£ 4.96	-12.54%	£ 37.07	£ 32.14	£ 4.93	-13.31%
Nursing and Midwifery Registered	4,132	£ 21.72	£ 20.99	£ 0.73	-3.37%	£ 21.13	£ 20.39	£ 0.74	-3.48%
Students	4	£ -	£ 14.03	-£ 14.03		£ -	£ 13.99	-£ 13.99	
Grand Total	17,120	£25.09	£20.10	£4.99	-19.88%	£20.87	£18.17	£2.70	-12.96%

Table 12: All staff group data

Interpretation of data

The table above shows that the gender pay gap experienced is variable by staff group. On average female staff in the Additional Clinical Services group are have a higher average hourly rate, although this includes nursing assistants and other similar roles predominantly in bands 2 to 4. In other groups such as Administrative & Clerical and Healthcare Scientist we see male staff have notably higher average hourly rates, whilst for Allied Health

Professionals and Nursing and Midwifery staff we still see a higher average hourly rate for men, albeit a closer gap.

As this includes bank work further analysis is required to understand the impact of bank work on the average hourly rate.

As a Trust, we are disproportionately represented by women at the lower bands compared to the higher bands and for new starters, there is not significant difference in the mean hourly rates being earnt at the different bands although with a higher proportion of women starting in the lower bands this does not help reduce the gender pay gap.

Next steps on the Gender Pay Gap

This is the Trust's third year of reporting and engagement with relevant stakeholders such as the Women's network and our medical staff continues. Much more needs to be understood and further analysis is required however, under the direction of the Trust Equality & Inclusion Board, the initial steps from this report are as shown below:

a. Obtain internal sign-off for publication (March Trust Board)
b. Publish on Trust internet page and submit on government portal by 30 March 2020
c. The Trust Inclusion Board will oversee the development of clear objectives in this area for the gender pay gap identified and the appointment of leadership and resources required
d. Establish Gender Pay Gap 'Task & Finish' group comprising members from Women's network with actions to inform GPG action planning with early pointers including conducting 'GPG awareness raising events', showcasing staff stories on Flexible working and Male partners taking parental leave etc.
e. Report will be discussed at each site Inclusion Group, JLNC & People Leadership Team
f. As report functionality develops, we will undertake further analyses of pay gaps to build a clearer picture of drivers
g. These findings will be incorporated in to the following reviews of policy and practice at the Trust (enablers outlined in Inclusion strategy implementation plan 2020-2023):
h. Building capacity for delivery of the Career Development Programme for female and BME staff
    i. *Inclusive Recruitment Work stream*
    ii. *Inclusive leadership programme*
    iii. *Reciprocal Mentoring Programme*
    iv. *Flexible working policy and Health Roster implementation*
i. Following national negotiations, the CEA process is to be reviewed in line with the reform of local CEAs, which include a move to time limited payment The committee is asked to note the findings and next steps, ahead of publication by 30th March
j. Women's network to review the report with comments to inform further shaping of action plan

- Workforce Disability Equality Standard (WDES)

The Trust Board received the full 2019 WDES report at its meeting in August 2019. The Workforce Disability Equality Standard (WDES) is a data based standard that uses a series of metrics to help measure and improve the experiences of staff with a disability in the NHS. The WDES slightly differs from the Workforce Race Equality Standard (WRES) with ten metrics, whilst WRES has nine, also amongst its measures, WDES focuses on:

(a) staff engagement/ staff networks for staff, with a disability, compared to staff without a disability and the overall engagement score for the organisation; and

(b) looks at the action taken to facilitate the voice of staff with a disability.

The WDES is designed to help us to get a better understanding of the issues faced by staff with a disability; this activity will increase our understanding of needs of patients with disabilities and improve patient outcomes. In early 2019, with protected funds authorised by Group Director of People, a WDES Project Officer role was approved to support the implementation of the Trust's WDES work programme.

Implementing WDES supports the Trust's 'New Era' (changing the mind-set) whilst focusing on disability as an asset, it also supports positive culture change through action planning that enables a more inclusive environment and increased focus on voice of staff with a disability.

Following a series of WDES workshops, our WDES information was presented to Trust Board in August 2019 together with the supporting Action Plan.

- Workforce Race Equality Standard (WRES)

The Trust Board received the full 2019 WRES report at its meeting in September 2019.

Our People Strategy has a clear goal for Barts Health to become an outstanding place to work, in which our *WeCare* values are visible in the way we work with each other, our patients and our communities. Our Inclusion Strategy amplifies our commitment to becoming an inclusive organisation, with equity of opportunity afforded to all staff and diversity reflected at all levels in the organisation. A key component of our three-year ambition includes being positioned as a leading NHS Trust for the delivery of the Workforce Race Equality Standard (WRES) by reporting year on year improvements against all metrics.

This ambition has informed some of the improvement actions as reported in our annual WRES report 2019, such as:

- Introduction of Inclusion Ambassadors on recruitment panels, with a pilot starting with Nursing and Midwifery now expanded to include senior administrative roles;
- 'Pause and Review' (a process that requires the manager to have a discussion with a senior member of the site leadership team before progressing formal disciplinary procedures) pre-disciplinary checklist

- Continued Inclusion-Lab activity with our Leadership team and Staff Diversity Network leads which saw over 100 of our top leaders and staff diversity network leads benefitting from sessions delivered by Dr Eden Charles from NHS London Leadership Academy.
- The Trust has invested in two additional WRES experts, each bringing their expertise to support the improvement of workforce race equality at Barts Health.

We have started to see some improvements for:

- **WRES 1 –** Increase Percentage of BME staff in Band 8a and above in 2018/19 when compared to 2017/18
- **WRES 3 -** Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, shows a reduction in likelihood to **1.76 in 2018/19** from **1.88 in 2017/18.**

Our Hospitals

NEWHAM UNIVERSITY HOSPITAL
Performance/overview of the year 2019 • The site Equality and Inclusion committee continues to meet on a monthly basis. Regular items for consideration by committee members include the review of Newham Hospital's Workforce data, staff survey results and the prioritised support for career development and talent management of staff. • Project Search continues to be supported at the Newham site. • Chief Executive of Newham Hospital, Tony Halton, has successfully refreshed and re-launched the Equality and Inclusion committee with wider membership.
Key achievements during the year • Improving culture through Newham's Culture and Leadership Programme • Visible leadership • Completed the Culture and Leadership questionnaire. This is different to the NHS Staff Survey in that the questions are specifically about leadership behaviour.
Looking ahead – plans for 2020 • Development of the Site implementation plan of the Trust's Inclusion Strategy • Move to 'Good' and then 'Outstanding' in the eyes of patients, staff and regulators, making sure that every patient's experience is as good as it possibly can be, and that all staff are proud and happy to work at Newham.

Royal London and Mile End Hospitals (RLH/MEH)

Performance/overview of the year 2018/19

The Equality and Inclusion Committee is now co-chaired by the deputy Chief Executive Officer, and the Head of nursing Gynaecology/Site Lead nurse Cancer care and reporting to the Trust wide Equality & Inclusion Board. Meetings have now shifted to monthly to reflect the busy agenda. This includes sub-group reports, and discussions around significant events and Trust wide priorities.

Attendance includes invited representatives from each Division, staffing representatives (cross section), Staff Side, staff diversity network subgroups and other corporate departments e.g. Estates and Facilities, Trust communications and Trust 'Speak Up Guardian'.

Key Equality & Inclusion challenges during the year

- Uncertainty around Brexit
- Divisional staff representation at meetings.

Key achievements & Reflection on progress. Highlights during the reporting period include:

- Improved patient access with accessibility guidelines developed by AccessAble.
- RLH/MEH staff part of first cohort of trained Mental Health First Aiders (MHFA) trained
- Listening to Staff and Patient Stories with learning outcomes
- Responding to 2018 Staff Survey report, with support offered to implement action plans in response to identified themes e.g. recruitment or bullying and harassment.
- Raising awareness among RLH/MEH staff about the different staff diversity network subgroups.
- Site based Black History Month celebrations.
- Interview skills Technique workshop with over 100 participants and increased number of senior staff signing up as mentors.
- Interview panels now having an Inclusion Ambassador for all posts 8a and above.

Looking ahead and plans for 2020

In response to the Trust Inclusion Strategy Implementation Plan, proposing to specifically highlight, the following actions:

- Explore & implement reciprocal mentoring (Priority 1)
- To develop the RLH/MEH as an Anchor institution (Priority 2)
- Refresh 'Your Health Matters Programme' at the RLH (Priority 3)
- Respond to the 2018 Staff Survey, with support offered to implement action plans in response to identified themes e.g. recruitment or bullying and harassment.
- Following Brexit, to review plans and impact on workforce and patient's demography.
- Review of RLH/MEH WRES figures and formulating a realistic action plan.
- Continue to support staff in achieving full potential within the workplace by ensuring access to mentors, role models, training and career development opportunities and supporting retention at RLH/MEH and in the development of Trust's Health Talent Management Framework by raising awareness of and ensure IHI project **Dial Shifters** are implemented
- Support Trust's bid for top 100 Stonewall employers listing by 2022 and engaging with PRIDE

celebrations

- Introduce a "link role" with the aim of increasing awareness and participation of our WeCare values

ST BARTHOLOMEW'S HOSPITAL

Performance / overview of the year 2019/20:

Our goals of establishing Network leads with Executive sponsors were achieved this year with regular forum meetings and staff engagement. This year we worked collaboratively on site with the communication team and rest of management team to share knowledge, resources and activities across the networks.

As a site, we piloted more training for Mental Health First Aiders (MHFA's) and Inclusion Ambassadors (IA's) for interview panels. We appointed a lead for the MHFA's who worked alongside Health and Well-Being lead to launch a Standard Operating Procedure for MHFA's. Also, we were able to have support mechanisms for students, by training a Diversity champion on site.

We facilitated Schwartz Rounds with site leads in attendance which represented topics from across the networks. This year we were aiming for an Inclusive leadership Training day for managers, but decided to delay for the new year. On the other hand, much Diversity training has been accessed by staff this year.

Key achievements during the year and reflection on progress:

There were **13** Mental Health First Aiders (MHFA) trained on site (across the floors) and their details advertised for staff to arrange drop in sessions. MHFA's have been asked to provide feedback to Occupational leads and meet on a regular basis. As a site, we will propose to review also the benefits of trained MHFA's.

Approximately **15** Inclusion Ambassadors have been trained for interview panels and were working collaboratively with the Recruitment team on site and Trust wide. We have also appointed a lead for IA's who will be able to feedback any concerns. Moreover, in the future we would like to ensure deployment and local benefits review for recently trained IAs".

Two exec sponsors participated as Reverse mentors with Network Leads/WRES expert. This consisted of shadowing and attendance at Board meetings where the opportunity was given to reflect on proceedings. There is an expectation of a Trust wide approach to Reverse Mentoring to be launched with relevant model and training in the new year.

Looking ahead – plans for 2020 and beyond

For 2020, we would like to strengthen the Equality and Inclusion leadership, so we have formed an Equality Committee Subgroup (consisting of site leads and exec sponsors only) to meet on alternate months. Expand promotion of local network events to increase attendance.

Also, we would like to continue to work collaboratively with the Quality and Efficiency team to further develop QI projects that will support Equality and Inclusion initiatives.

We are hoping to utilise the expertise of the WRES expert to look at workforce data alongside WRES reporting across divisions on a quarterly basis if possible, also to include WDES data.

We would like to see a more structured approach to the MHFA drop in sessions and ensure that managers and staff are able to access the service provided.

As a site, we were able to agree with forum members what our deliverables would be over a 3 year period based on the Inclusion strategy, which are as follows:

- Working with Stonewall to provide further training for staff on Trans and LGBTQ+ awareness
- Working more with communities on projects, for example, Project search
- AccessAble assessment for staff environment, i.e. staff meeting rooms.

Whipps Cross University Hospital

Performance/overview of the year 2017/18

Whipps Cross has established a functioning Equality and Inclusion Committee that this year has managed to meet regularly and most latterly appointed network leads. The Equality and Inclusion Committee has been incorporated into the Hospital's governance structure and reports to the People and Values Committee, a sub-committee of the Hospital Management Board. The engagement locally in terms of getting network leads into place, publicising the inclusion ambassadors and staging of the recent Black History Month celebrations have been a cause for celebration. Early work has begun on assessing ourselves against the Diversity and Inclusion Positive Action Charter so we have a programme of work that will run through 2020. Challenges will remain about balancing capacity with operational delivery, but with increasing numbers of permanent staff in post, we are optimistic this will improve.

Key Equality & Inclusion challenges during the year

- Low capacity and low fill rates for vacancies impacting the pace of change
- Adequately communicating events and meetings - Communications Plan to address this in 2020

Key achievements and Reflection on progress

- Diarised programme of Equality and Inclusion activity
- Appointed to Network Site Lead Roles: Women, BME, LGBT and Disability
- Shared and socialised Trust's equality objectives through Team Talk
- Undertaken initial gap analysis against Positive Action Charter
- Held local training on 'Unconscious Bias'
- Appointed 3 inclusion ambassadors for sitting on interview panels
- Recipient of NHS 70 Windrush Award – Dr Sinha
- Whipps Cross has seen real momentum gather and being sustained. This has been led by the Senior Team and an enthusiastic and committed group of staff whose ideas and feedback will lead to real change.
- Workforce Transformation was agreed as one of WX site priorities with Equality and Inclusion at the heart of that programme

Looking ahead – plans for 2019/20

- Closer engagement with local stakeholders on the E&I journey at Whipps Cross
- Early adoption of Inclusion Ambassadors on Interview Panels
- Our staff engagement strategy will have 6 Equality and Inclusion events
- Establishing the Equality and Inclusion Agenda as core business for our Divisions.
- Further progress with WRES data across all bands – particularly senior bands.
- Organising *DisabledGo*/AccessAble assessment and prioritisation of outputs.

Contact us

We would like to hear from you and welcome your feedback, so if you have any comments or questions regarding this report or suggestions, please write to us. You can email: values.bartshealth@nhs.net or write to:

The Inclusion Team
People Development Directorate
Barts Health NHS Trust
Ground Floor, 9 Prescot Street
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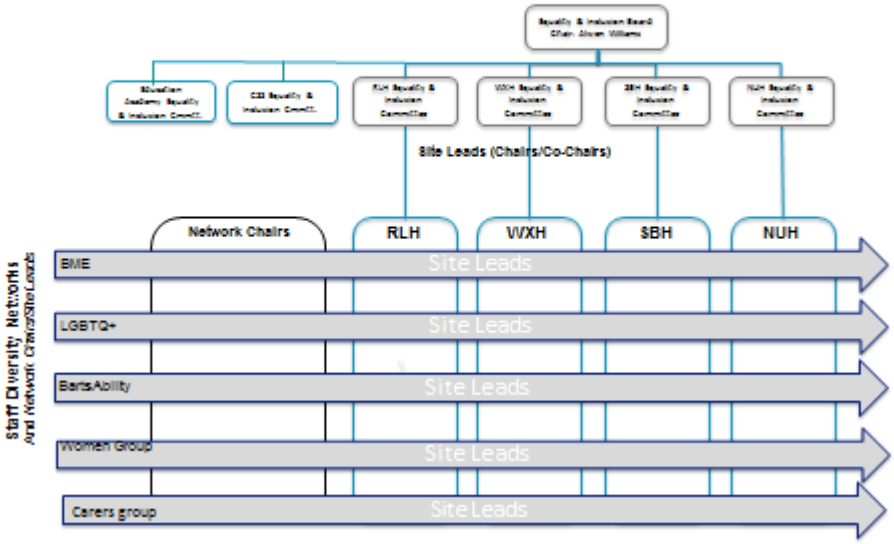
Appendices

A. Staff Diversity Networks and hospital focused committees
B. Strategic Priorities Inclusion Strategy
C. WeLead Framework
D. Gender Pay Gap Information 2017 to 2019
E. Workforce Information

F. Catchment area/Local Population information

A. Staff Diversity Networks and hospital focused committees

Appendix A Staff Diversity Networks and hospital focused committees



B. Strategic Priorities Inclusion Strategy 2020 to 2023

PRIORITY ONE

A. Establish a **culture of inclusive leadership**, with senior leadership roles reflecting diversity, with thriving staff diversity networks and our *WeCare* values visible and impactful across the Trust

We will measure achievement as follows:

- Ensure the proportion of our senior leaders at Bands 8a and above (VSM) reflect overall proportions of the workforce as a whole by 2029 (e.g. 52% of leaders being BAME in line with profile in the overall workforce. This equates to recruiting 87 additional leaders of BAME ethnicity, on 2018 baseline, over the next 3 years confirming what that means by hospital site, GSS & CSS)
- All of our leaders will have undertaken bespoke equalities leadership development incorporating learnings from staff *lived experiences* and addressing *power dynamics*
- 20% of senior leaders will be participating in reciprocal mentoring
- Staff engagement as measured by the NHS Staff Survey will be in the top quartile for all protected characteristic groups
- Formalised protected time for staff diversity network related activities
- Demonstrable learnings and improved outcomes from QI collaborative and participation in WRES expert programme
- Scoped and developed a cultural competency training strategy for the Trust which will be embedded into the curriculum of the Education Academy

PRIORITY TWO

2. Deliver **safe, compassionate and equitable care** to all our patients and take action to reduce health inequalities across London

We will measure achievement as follows:

- All 8, (100%) of our Clinical Boards will be reviewing at least one equity indicator in 2019/20 (See page 13).
- Clinical boards will address inequities. e.g. in A&E, we have found patients over 70 are more likely to breach the 4-hour target than the average patient. We are aiming to reduce the difference in 4-hour breaches between 70+ and the average by 25% in 20/21.
- In 2019/20, we aim to achieve 60% of inpatients screened for smoking and alcohol use, 60% of smokers given advice, and, 50% of patients drinking above safe levels are given brief advice or offered a specialist health referral.

- Recognise interdependencies with the objectives on community engagement and improved patient information set out in the Patient Experience & Engagement Strategy (include link)
- We will agree workforce targets for the recruitment from local community for each hospital, CSS and GSS - Year 1 - agree overall and specific targets; Year 2 - 5% increase on baseline numbers; Year 3 - 10% increase on baseline
- Place 150 local people into work (including apprenticeships) though advice, training and placement – By end of year 3 – 450 achieved
- The Healthcare Horizons programme will work with over 25 schools to provide careers advice and events, training and work experience to over 500 young people looking to enter healthcare careers though Higher Education or apprenticeships – by end of year 3, 1500 achieved
- The Project Search scheme will support over 20 interns with complex Learning Disabilities and/or Autism to develop independent lifestyles and enter employment in the NHS or with other local employers, and support 20 other supported employment participants attain work
- Working with the Health Foundation, we will develop additional measures for marking our development as an 'Anchor Institution', including local employment, procurement and environmental sustainability.

PRIORITY THREE

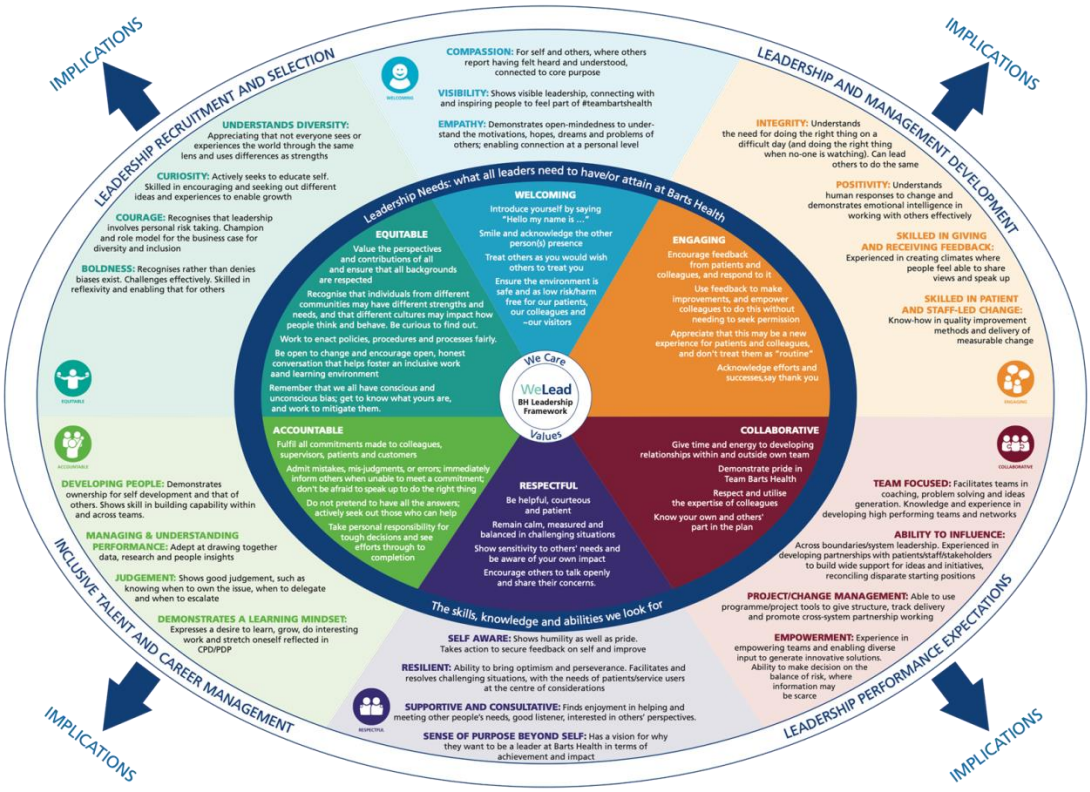
3. Develop **inclusive employment policies, systems and practices** in terms of recruitment, retention, appraisals, grievance and disciplinary, and equitable access to learning and career development

We will measure achievement as follows:

- Full review of all employment policies with our people and unions to ensure our values come to life in this new-era of the modern workplace promoting flexible employment practices, including remote working; maternity & paternity leave; and menopause in the workplace
- Training and roll out 60 Inclusion Ambassadors in year 1, and all recruitment panellists appropriately trained and supported in the ambitions of our Charter
- Equality of the number of BME and white staff facing the disciplinary processes
- Equality of the number of BME and white staff enjoying access to learning and development
- Becoming a *Disability Confident Leader* (Disability Confident employer scheme, administered by DWP)

- Secure an increase in the number of staff sharing their disability status on ESR to 3.6%
- Secure a place in the top 50% of Trusts for implementing workplace adjustments, including those for staff living with on-going mental health needs
- Recognised for our commitment to our LGBT staff via accreditation in the Stonewall Workplace Equality Index (WEI) and being positioned in the top 25% of the index for the healthcare sector
- Narrowed the gender pay gap by increasing the proportion of females in the higher pay quartiles, as a reflection of the workforce which is predominantly female, increase number of men in workforce at the lower pay levels (such as into Health Care Assistant roles etc.) increasing female representation in Finance management roles.

C. WeLead Framework



D. Gender Pay Gap Information 2017 to 2019

31st March 2017

Table 1

Gender	Average hourly rate	Median hourly rate
Male	23.88	20.10
Female	19.05	17.42
Difference	4.82	2.68
Pay gap %	**20.20%**	**13.30%**

Table 2

	Headcount		Percentage	
Quartile	Female	Male	Female	Male
1	2,880	1,022	73.81%	26.19%
2	3,173	834	79.19%	20.81%
3	3,176	784	80.20%	19.80%
4	2,303	1,657	58.16%	41.84%

Table 3

Gender	Average pay	Median pay
Male	14,450.00	8,951.00
Female	9,812.00	5,967.00
Difference	4,638.00	2,984.00
Pay gap %	32.10%	33.30%

Table 4

Gender	Employees paid bonus	Total relevant employees	%
Female	111	14,972	0.70%
Male	215	5,528	3.90%
Total	**326**	**20,500**	**1.60%**

31st March 2018

Table 1

Gender	Average hourly rate	Median hourly rate
Male	24.24	19.82
Female	19.51	17.64
Difference	4.73	2.18
Pay gap %	**19.51%**	**10.98%**

Table 2

	Headcount		Percentage	
Quartile	Female	Male	Female	Male
1	2,891	1,189	70.86%	29.14%
2	3,210	880	78.48%	21.52%
3	3,219	875	78.63%	21.37%
4	2,367	1,723	57.87%	42.13%

Table 3

Gender	Average pay	Median pay
Male	14,637.00	10,038.15
Female	9,265.68	5,778.20
Difference	5,372.12	4,259.95
Pay gap %	36.70%	42.44%

Table 4

Gender	Employees paid bonus	Total relevant employees	%
Female	121	15,998	0.76%
Male	222	6,377	3.48%
Total	**343**	**22,375**	**1.53%**

31st March 2019

Table 1

Gender	Average hourly rate	Median hourly rate
Male	25.09	20.88
Female	20.10	18.17
Difference	4.99	2.71
Pay gap %	**19.88%**	**12.98%**

Table 2

	Headcount		Percentage	
Quartile	Female	Male	Female	Male
1	3,061	1,214	71.60%	28.40%
2	3,340	942	78.00%	22.00%
3	3,339	940	78.03%	21.97%
4	2,445	1,838	57.09%	42.91%

Table 3

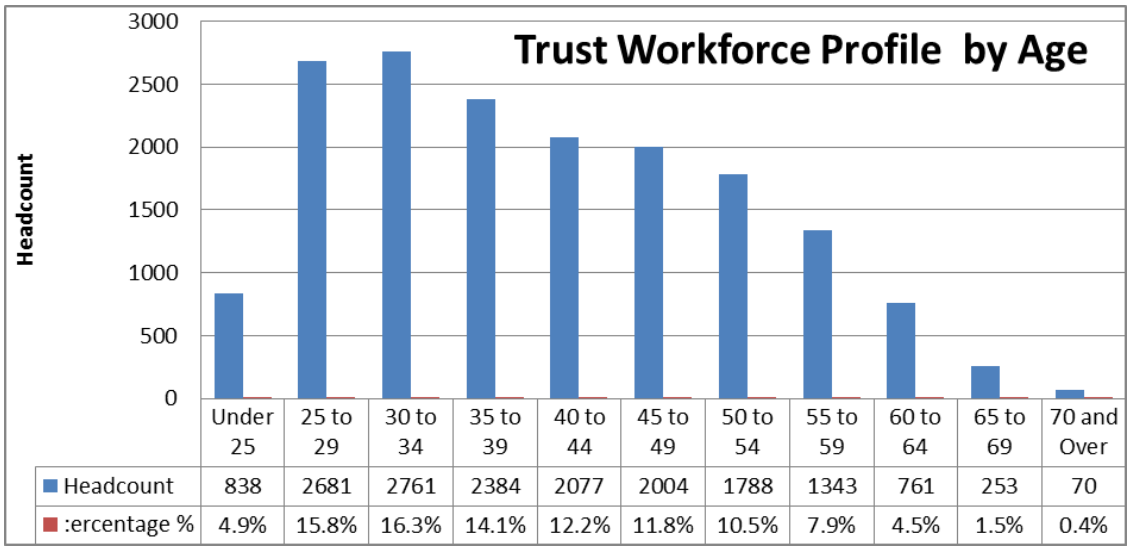
Gender	Average pay	Median pay
Male	13,474.07	9,048.00
Female	9,151.74	6,032.04
Difference	4,322.33	3,015.96
Pay gap %	32.08%	33.33%

Table 4

Gender	Employees paid bonus	Total relevant employees	%
Female	115	16,623	0.69%
Male	214	6,579	3.25%
Total	**329**	**23,202**	**1.42%**

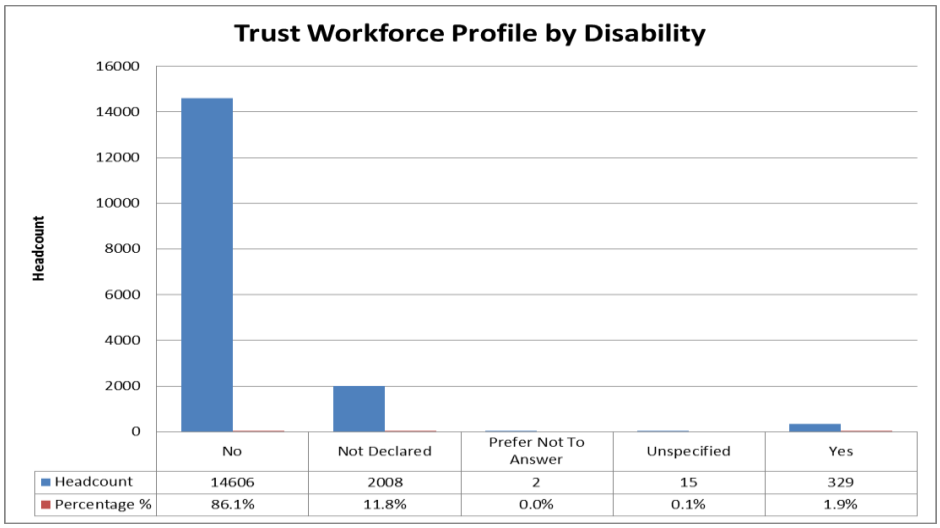
E. Workforce Information

1. **Trust Workforce Profile by Protected Characteristics**



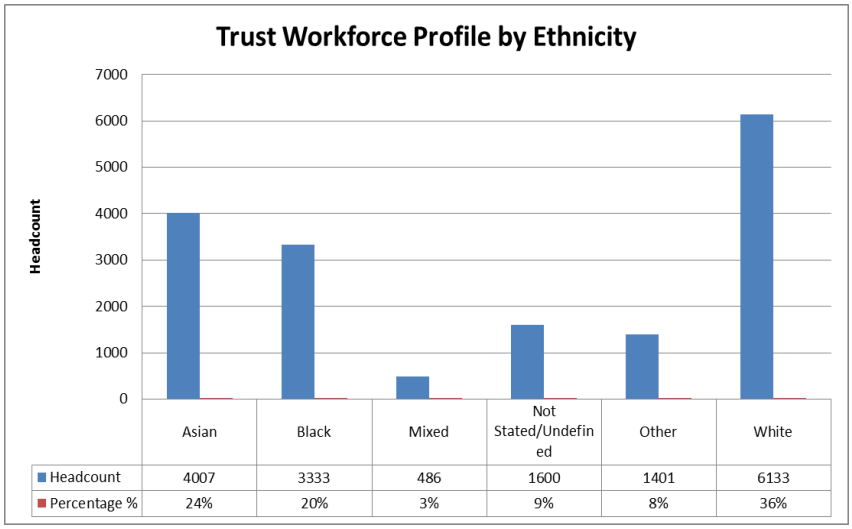
	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 and Over
Headcount	838	2681	2761	2384	2077	2004	1788	1343	761	253	70
:ercentage %	4.9%	15.8%	16.3%	14.1%	12.2%	11.8%	10.5%	7.9%	4.5%	1.5%	0.4%

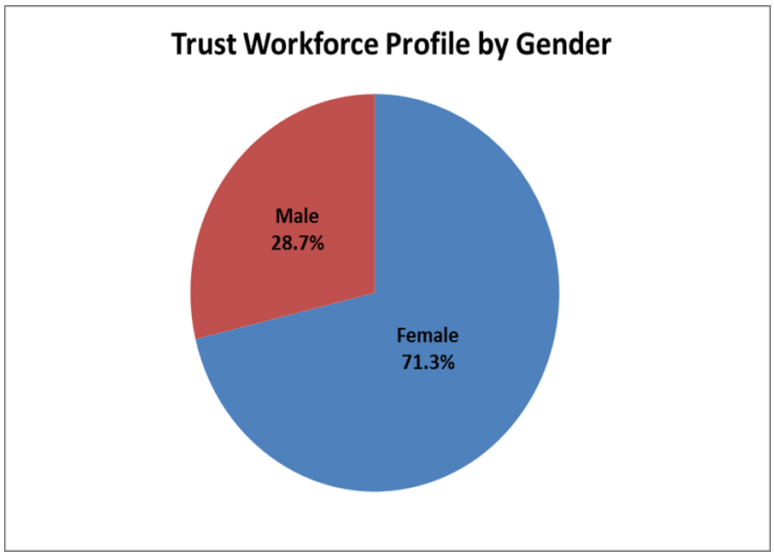
The largest age group in the Trust's workforce is the 30 to 34 years age group with just over 16% of the total workforce. This is followed closely by the 25 to 29 year age group.



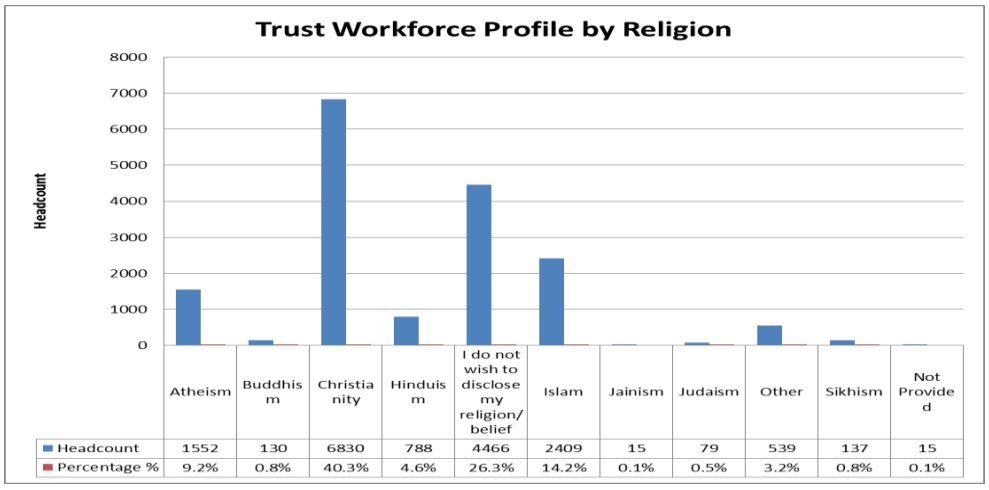
	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
Headcount	14606	2008	2	15	329
Percentage %	86.1%	11.8%	0.0%	0.1%	1.9%

Approximately 2% of our workforce share their disability information on ESR. This is low compared to percentage reported via NHS Staff Survey which is 12% as per 2018 data. With the 'Closing the Gap' campaign and the use of 'Self- Service ESR', we are beginning to see improvements.

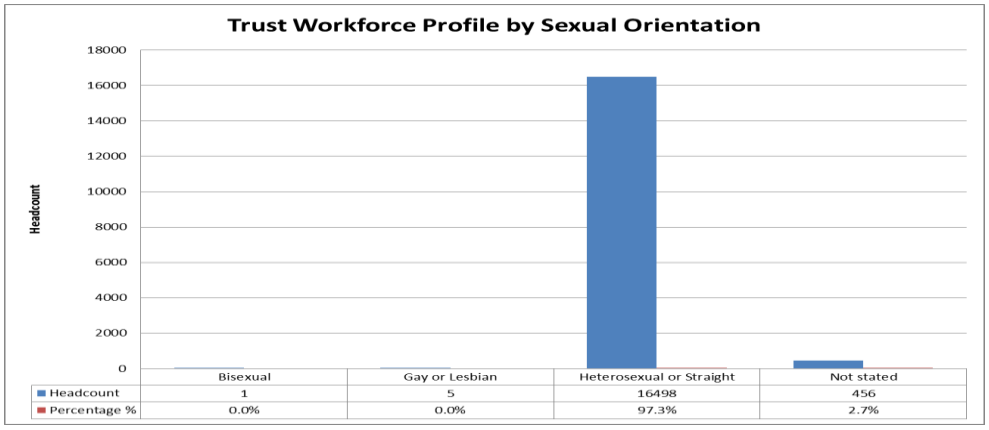




Barts Health, like most Trusts in the country, our workforce is predominantly female. Our current workforce diversity information shows that female workers make up approximately 71% of the workforce and approximately 29% of the workforce are male.



The top three religions/beliefs in Barts Health's workforce are Christianity, Islam and Atheism with over one quarter (26%) not wishing to disclose their religion or belief.

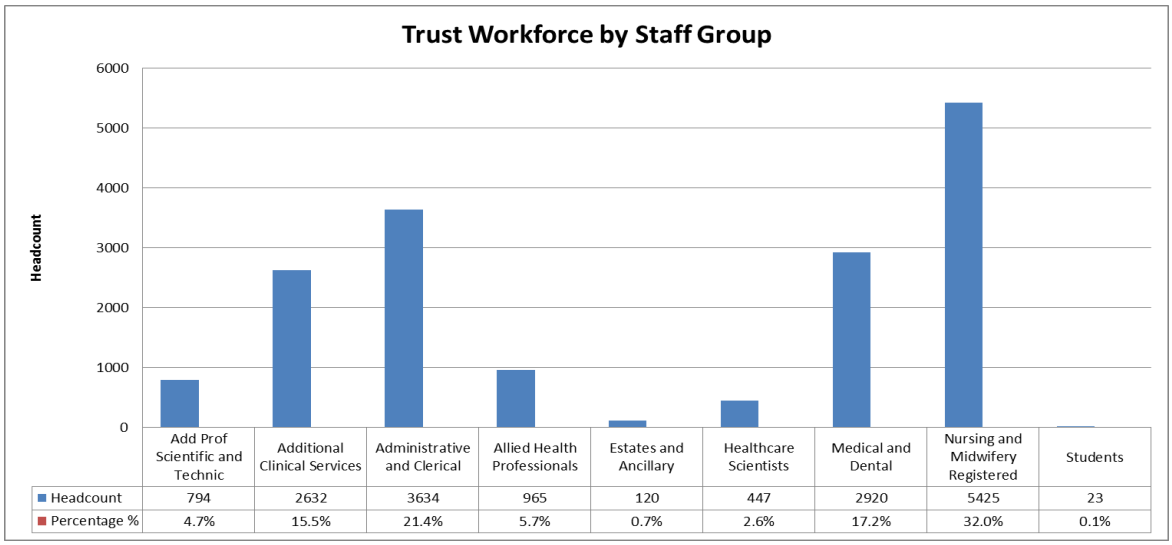


SEXUAL ORIENTATION	
Heterosexual or Straight	95.2%
Gay/Lesbian	2.45%
Unspecified	1.18%
Bisexual	1.04%
Undecided	0.07%
Other sexual orientation not listed	0.07%

Table: 1: ESR data as at July 2019

We should acknowledge that the systems we use are national systems and therefore we are unable to expand the questions ourselves, specifically around the capture of transgender and non-binary.

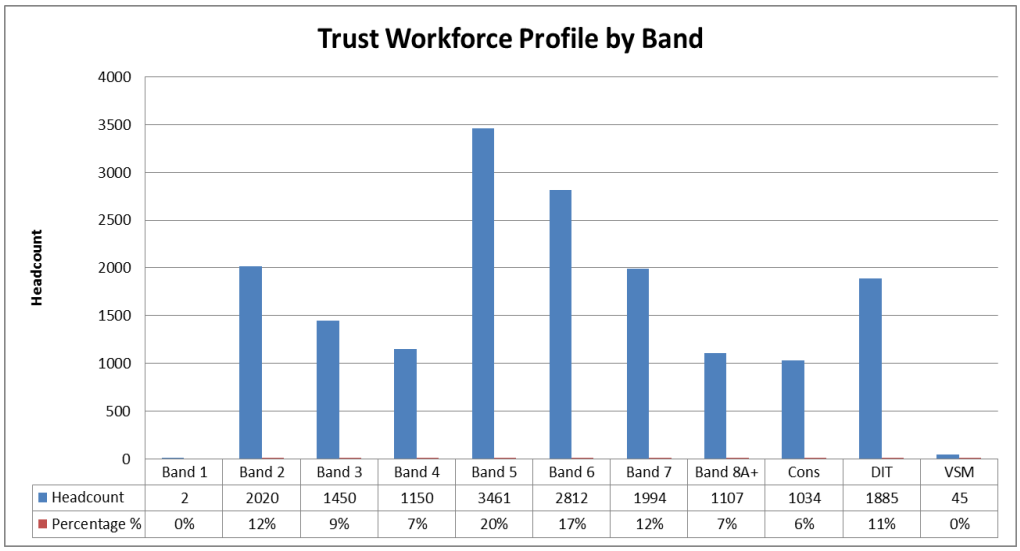
2. Trust workforce by Staff Group



Nursing and midwifery are the largest staff group at 32% followed by Administration and Clerical with 15.5%. In response to the national, PAN London and local issue of the under-representation of BME nurses and midwives in senior bands across the NHS, further to the Trust wide profile, site profiles are also available showing representation beyond Agenda for Change (AfC) Band 5.

Nursing and Midwifery is the largest staff group in the Trust however our data for this group shows that we still have a lot to do. Although we are starting to see the dial shift positively in some areas, further work planned as part of the implementation of the Inclusion Strategy is geared towards driving further improvement in this area.

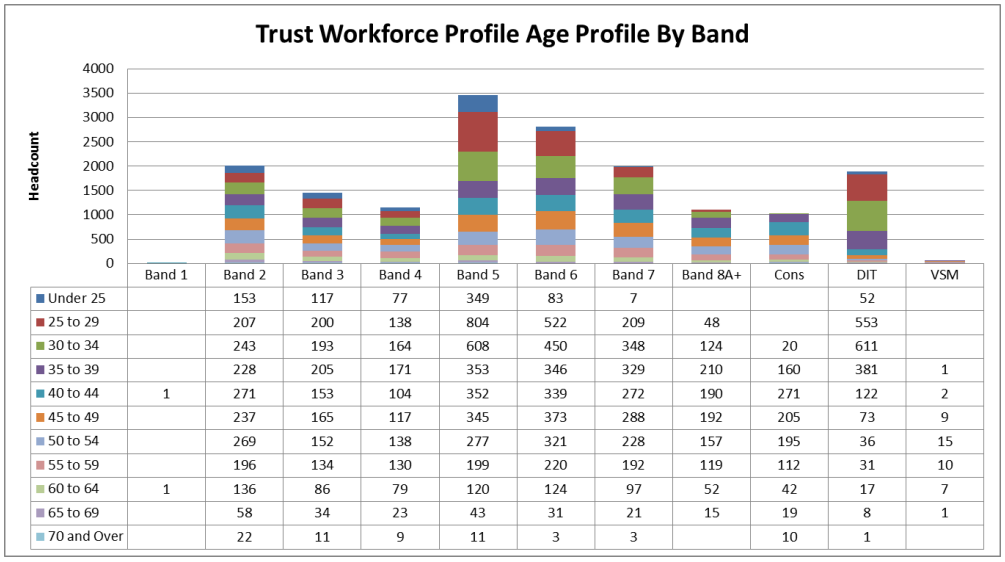
4. Workforce Profile by Band



	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A+	Cons	DIT	VSM
Headcount	2	2020	1450	1150	3461	2812	1994	1107	1034	1885	45
Percentage %	0%	12%	9%	7%	20%	17%	12%	7%	6%	11%	0%

The largest group of Barts Health staff are found in Band 5 – the entry point for Nurses.

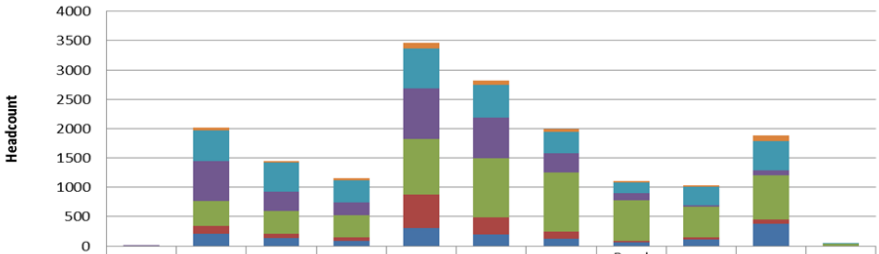
5. Trust Workforce by Band and by Protected Characteristic



	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A+	Cons	DIT	VSM
Under 25		153	117	77	349	83	7			52	
25 to 29		207	200	138	804	522	209	48		553	
30 to 34		243	193	164	608	450	348	124	20	611	
35 to 39		228	205	171	353	346	329	210	160	381	1
40 to 44	1	271	153	104	352	339	272	190	271	122	2
45 to 49		237	165	117	345	373	288	192	205	73	9
50 to 54		269	152	138	277	321	228	157	195	36	15
55 to 59		196	134	130	199	220	192	119	112	31	10
60 to 64	1	136	86	79	120	124	97	52	42	17	7
65 to 69		58	34	23	43	31	21	15	19	8	1
70 and Over		22	11	9	11	3	3		10	1	

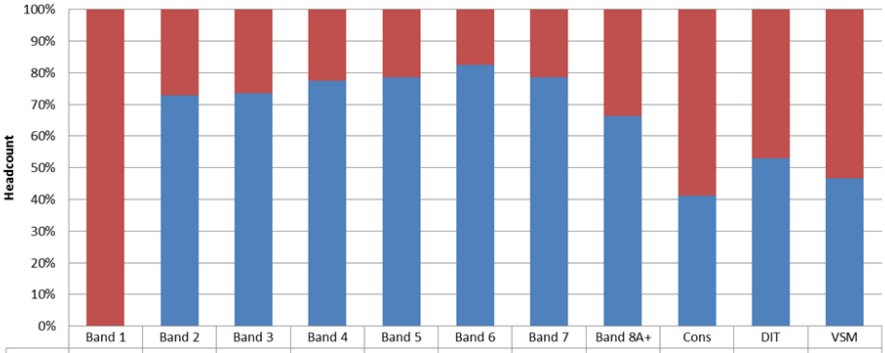
Band 5 has the largest range of age groups totalling 3461 spread across ages from Under 25 up to 70 and over. Such an age profile brings added diversity to the the staff groups involved (mainly Nursing and Midwifery).

Trust Workforce Ethnicity Profile By Band



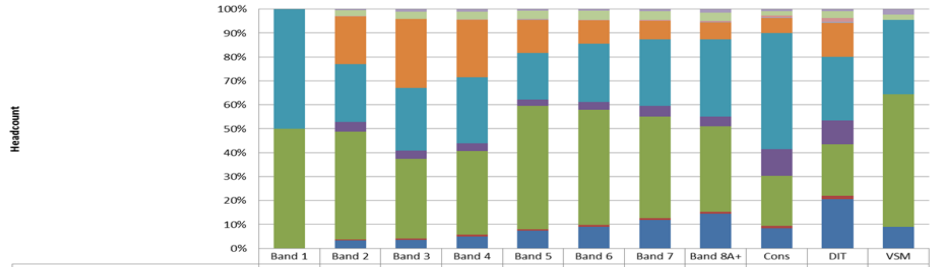
	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A+	Cons	DIT	VSM
Mixed		51	32	33	99	71	48	31	25	96	
Asian		529	492	380	681	552	371	182	314	503	3
Black	1	675	332	213	860	696	326	119	24	86	1
White	1	424	388	378	942	1003	1003	684	527	745	38
Other		131	69	60	580	299	124	32	34	72	
Not Stated		210	137	86	299	191	122	59	110	383	3

Trust Workforce Gender Profile by Band



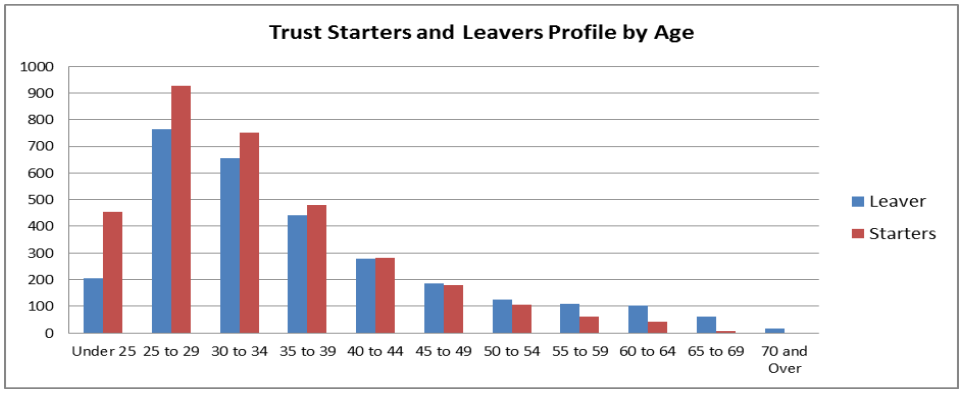
	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A+	Cons	DIT	VSM
Male	2	550	385	259	745	496	426	372	607	887	24
Female		1470	1065	891	2716	2316	1568	735	427	998	21

Trust Workforce Religious Profile by Band

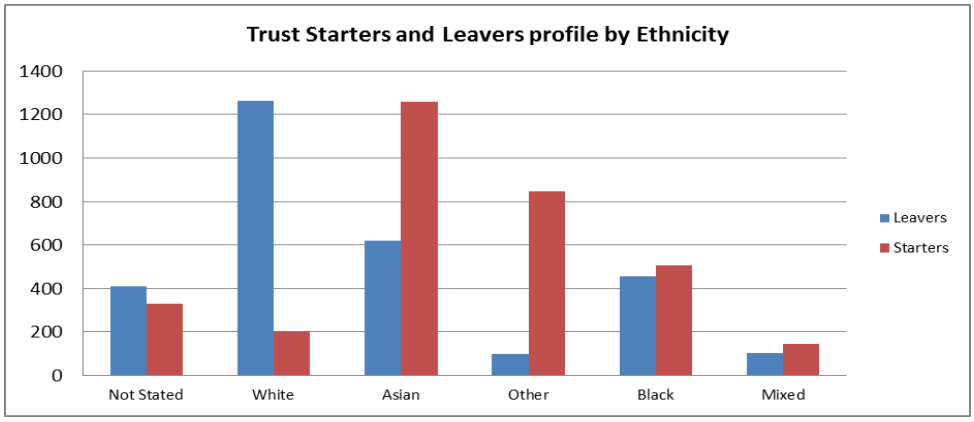


	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A+	Cons	DIT	VSM
Not Provided					3					1	
Sikhism		9	16	13	20	19	16	17	9	17	1
Other		49	43	37	123	106	73	37	18	52	1
Judaism		3	2	2	7	11	8	5	10	31	
Jainism		1			1		3	2	1	7	
Islam		402	417	276	480	271	151	78	66	268	
I do not wish to disclose my religion/belief	1	490	379	317	673	685	556	358	501	503	14
Hinduism		79	50	38	94	90	89	46	115	187	
Christianity	1	914	483	401	1785	1357	846	396	217	405	25
Buddhism		5	8	9	20	22	18	9	11	28	
Atheism		68	52	57	255	251	234	159	86	386	4

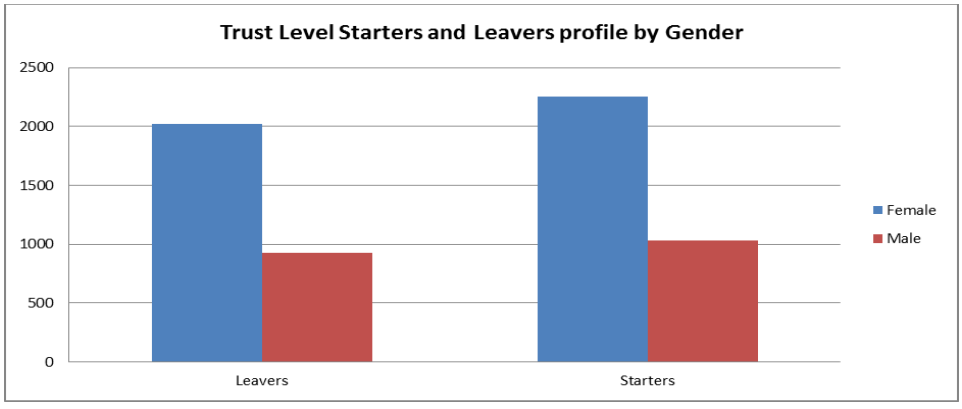
6. Trust Level Starter Leaver information



There are more leavers in the younger age groups 25 to 29 and 30 to 34 than there are in the age groups 40 years and above. With the age group 40 to 44, the number of starters is close to the number of leavers.

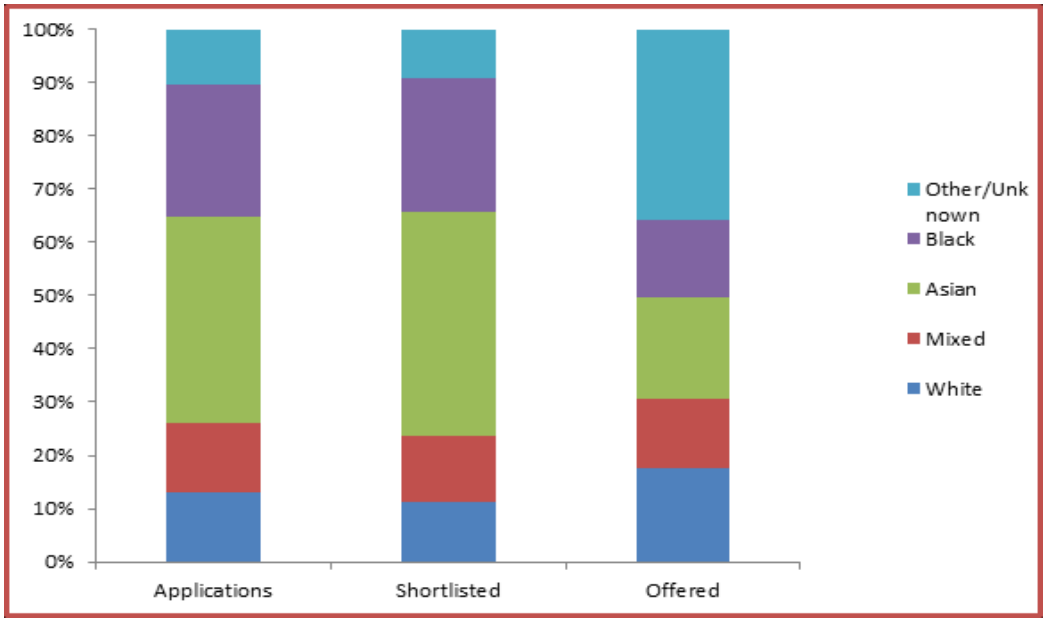


Compared to approximately 200 starters who identify as White, there were over 1200 leavers during the reporting period. It is also noted that there is a higher starter figure for BME staff (over 1800) when compared to White (200).



Comparing the starter vs leaver data by Sex/Gender, the number of Female and Male starters are both higher than the number of leavers.

7. Applicant to Shortlisting to Offers/Appointment by ethnicity

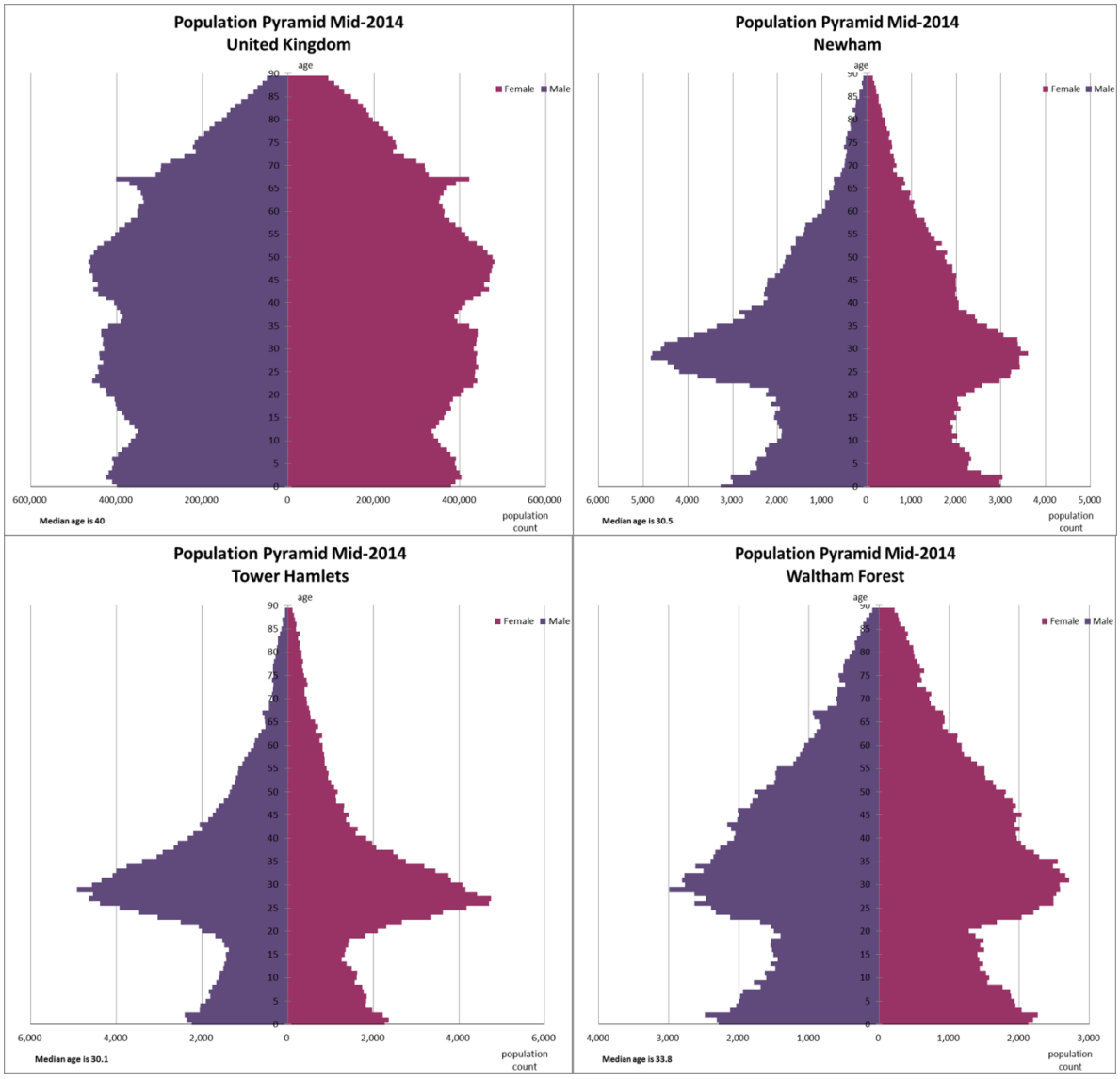


As already identified in our WRES 2 data, we recognise that we have a lot to do with regards to addressing the disparity in outcomes by ethnicity past the shortlisting stage. The introduction of Inclusion Ambassadors on Interview Panels as a pilot with Nursing and Midwifery is beginning to yield positive outcomes.

F. Catchment Area Demographic Information

Figure 1 below, shows the population pyramids for the three boroughs covered by Barts Health NHS Trust, compared with that of the United Kingdom, based on mid-2014 population estimates. This demonstrates that the local population currently has a much younger age profile than is the case for the UK. As the local population ages, there would be expected to be changes in the prevalence of diseases seen locally, with an increased prevalence of age related diseases. However the extent of this will depend on other factors. The current young age profile of the population offers good opportunities for effective preventive action at an early stage.

Figure 1: Population pyramids for the UK and Newham, Tower Hamlets and Waltham Forest.



Source: Office for National Statistics.

Population estimates for the local population are shown in table 1, below.

Table 1: Mid-2014 population estimates by age and sex.

	Newham		Tower Hamlets		Waltham Forest		Total		Grand Total
Age	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	
0-4	14,387	13,793	11,102	10,631	11,242	10,576	36,731	35,000	71,731
5-9	11,657	11,165	9,000	8,737	9,392	9,001	30,049	28,903	58,952
10-14	9,787	9,634	7,597	7,365	7,707	7,456	25,091	24,455	49,546
15-19	10,250	10,112	7,505	7,355	7,525	7,220	25,280	24,687	49,967
20-24	14,246	13,371	13,073	14,060	9,177	8,663	36,496	36,094	72,590
25-29	22,605	17,078	22,416	22,191	13,116	12,379	58,137	51,648	109,785
30-34	20,798	16,192	20,786	18,310	13,476	12,999	55,060	47,501	102,561
35-39	14,518	11,867	14,607	11,837	11,528	11,164	40,653	34,868	75,521
40-44	11,351	10,044	10,444	7,879	10,418	9,825	32,213	27,748	59,961
45-49	9,944	9,601	7,918	6,291	9,382	9,594	27,244	25,486	52,730
50-54	8,381	8,294	6,255	5,159	7,834	8,134	22,470	21,587	44,057
55-59	6,536	6,530	5,001	4,301	6,081	6,612	17,618	17,443	35,061
60-64	4,535	5,103	3,376	3,728	4,707	5,301	12,618	14,132	26,750
65-69	3,351	3,725	2,547	2,641	4,052	4,333	9,950	10,699	20,649
70-74	2,421	2,971	1,768	2,126	2,838	3,290	7,027	8,387	15,414
75-79	2,100	2,424	1,619	1,763	2,503	2,867	6,222	7,054	13,276
80-84	1,395	1,656	1,161	1,413	1,649	2,216	4,205	5,285	9,490
85-89	623	974	515	825	852	1,462	1,990	3,261	5,251
90+	299	604	249	464	397	1,052	945	2,120	3,065
Grand Total	**169,184**	**155,138**	**146,939**	**137,076**	**133,876**	**134,144**	**449,999**	**426,358**	**876,357**

Source: Office for National Statistics

Population projections through to 2037 are shown in table 2. These figures are for Newham, Tower Hamlets and Waltham Forest combined.

Table 2: Population projections 2017-2037

Age	**2017**	**2022**	**2027**	**2032**	**2037**
0-4	75,300	78,300	78,800	79,000	80,300
5-9	61,100	66,800	69,300	69,800	69,900
10-14	51,300	56,500	61,400	63,600	64,100
15-19	49,300	52,300	57,200	61,600	63,600
20-24	79,100	77,700	80,200	86,400	90,100
25-29	110,100	109,300	106,300	109,300	116,800
30-34	105,500	107,400	106,000	102,900	105,900
35-39	83,900	92,100	94,100	92,900	90,000
40-44	62,600	74,700	81,300	83,200	82,100
45-49	54,500	57,800	68,200	73,700	75,500
50-54	46,800	51,400	54,000	63,200	68,200
55-59	37,800	43,700	47,600	49,800	58,000
60-64	28,500	34,000	39,100	42,400	44,300
65-69	21,900	25,100	29,800	34,400	37,100
70-74	16,400	19,100	21,900	26,100	30,100
75-79	12,700	13,800	16,300	18,500	22,300
80-84	9,500	9,900	11,200	13,100	15,100
85-89	5,600	6,300	6,800	7,800	9,300
90+	3,100	3,900	4,900	5,800	7,100
All ages	915,100	979,900	1,034,300	1,083,600	1,129,700

Source: Office for National Statistics

The percentage of the population from different ethnic groups is shown in table 3.
This shows that although there is some variation between boroughs, the majority of the population served by Barts Health NHS Trust comes from non-white ethnic groups.

Table 3: Percentage of population from different ethnic groups, 2011 census.

	Newham			Tower Hamlets			Waltham Forest			Total
	Male	Female	All	Male	Female	All	Male	Female	All	All
White: Total	28.0%	30.0%	29.0%	46.4%	43.9%	45.2%	51.9%	52.5%	52.2%	41.3%
English/ Welsh/ Scottish/ Northern Irish/ British	16.3%	17.2%	16.7%	32.4%	29.9%	31.2%	35.9%	36.1%	36.0%	27.3%
Irish	0.7%	0.7%	0.7%	1.6%	1.4%	1.5%	1.4%	1.7%	1.5%	1.2%
Gypsy or Irish Traveller	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%
Other White	10.9%	11.9%	11.4%	12.4%	12.5%	12.4%	14.5%	14.5%	14.5%	12.7%
Mixed/ multiple ethnic group: Total	4.3%	4.8%	4.5%	3.9%	4.2%	4.1%	5.3%	5.3%	5.3%	4.6%
White and Black Caribbean	1.2%	1.4%	1.3%	1.1%	1.2%	1.1%	1.8%	1.8%	1.8%	1.4%
White and Black African	1.0%	1.2%	1.1%	0.6%	0.6%	0.6%	0.9%	1.0%	0.9%	0.9%
White and Asian	0.9%	0.9%	0.9%	1.2%	1.2%	1.2%	1.1%	1.0%	1.0%	1.0%
Other Mixed	1.2%	1.4%	1.3%	1.1%	1.3%	1.2%	1.6%	1.6%	1.6%	1.4%
Asian/ Asian British: Total	46.1%	40.6%	43.5%	40.3%	42.0%	41.1%	21.9%	20.2%	21.1%	35.7%
Indian	15.2%	12.3%	13.8%	2.8%	2.5%	2.7%	3.6%	3.5%	3.5%	7.1%
Pakistani	10.6%	9.0%	9.8%	1.1%	0.9%	1.0%	10.7%	9.7%	10.2%	7.2%
Bangladeshi	12.6%	11.6%	12.1%	31.6%	32.5%	32.0%	2.1%	1.5%	1.8%	15.0%
Chinese	1.2%	1.3%	1.3%	2.9%	3.5%	3.2%	1.0%	1.0%	1.0%	1.8%
Other Asian	6.6%	6.4%	6.5%	2.0%	2.6%	2.3%	4.5%	4.5%	4.5%	4.6%
Black/ African/ Caribbean/ Black British: Total	17.9%	21.4%	19.6%	6.8%	7.9%	7.3%	16.2%	18.5%	17.3%	15.1%
African	11.5%	13.2%	12.3%	3.5%	4.0%	3.7%	7.1%	7.4%	7.3%	8.1%
Caribbean	4.1%	5.7%	4.9%	1.9%	2.3%	2.1%	6.4%	8.2%	7.3%	4.8%
Other Black	2.3%	2.5%	2.4%	1.4%	1.6%	1.5%	2.7%	2.8%	2.8%	2.2%
Other ethnic group: Total	3.7%	3.2%	3.5%	2.6%	1.9%	2.3%	4.7%	3.4%	4.1%	3.3%
Arab	1.3%	0.9%	1.1%	1.2%	0.8%	1.0%	2.0%	0.9%	1.5%	1.2%
Any other ethnic group	2.4%	2.3%	2.3%	1.4%	1.1%	1.3%	2.7%	2.5%	2.6%	2.1%

Source: NOMIS. Office for National Statistics.