

# Gender Pay Gap Report

2021 / 2022



Summary Report using March 2022 data Including our ethnicity pay gap snapshot

# Executive Summary:

## a) Gender Pay Gap Headlines:

This report covers a snapshot of gender pay gap data from March 2022, covering our gender pay gap submission for the 2021/22 period. We had previously set a median gender pay gap target of 11% by 2025. Currently, our median pay gap 11.7%. There has been a reduction in both the median/mean hourly and bonus gender pay gap since the previous year, after fluctuating in previous years.

### Why are we publishing this report?

- This report **works towards aspirations in our overarching WeBelong inclusion strategy by providing full transparency on where we need to improve with respect to the disparity in pay between men and women.** The gender pay gap is also a statutory requirement for NHS Trusts.
- **Whilst being an intersectional issue, the gender pay gap is a key priority area for the trust Women's Network.** The network initiated a gender pay gap task force in response, which resulted in providing the Trust with a deep understanding on the drivers of the gender pay gap and a plan of action to support reaching the Trust target.
- **Data included in this report covers 2021/22, up to March 2022,** so will not reflect any impact as a result of our updated strategy launched in the second half of 2022.
- Many of **the inequality gaps highlighted in this report are not unique to Barts Health,** they are wide spread across the NHS and society. By continuing to publish the extent of our own inequalities **we hope to give further recognition to this agenda and be open with our own challenges as a step in addressing them.**
- We previously published our 2020/21 gender pay gap report earlier this year, with many of the actions outlined in section 10 remaining in focus.

### Gender Hourly Pay Gap Data for March 2022:

- **Overall the, median gender pay gap has shown improvement from when we first started reporting.** Since first reporting in 2017, the median hourly pay gap of 13.3% between male and female colleagues has reduced to 11.7% (March 2022).
- The median pay gap is calculated by separately listing men and women across the entire workforce in increasing salary order, and counting up to the "middle" person in each of the lists. This avoids skewing the figure with the highest and lowest salaries. A median hourly difference of 11.7% in pay results in the "middle" women getting paid 88p per hour, for every £1 per hour the "middle" man receives.
- **The mean gender hourly pay gap has reduced from 20.2% when first reporting in 2017, to 19.2% in March 2022.** Between March 2021 and 2022, the gap reduced modestly from 19.6% to 19.2%. Although there has been a reduction overall, the hourly pay was lowest in March 2019 at 17.5%.
- The mean is calculated by adding up all the salaries or bonuses for men or women, and dividing it by the total number of people in each group.

### Gender Bonus Gap Data for March 2022:

- **The median bonus pay gap has reduced from 33.2% when first reporting (2017) to 0% (March 2022).** The bonus gap is mostly calculated from clinical excellence awards (CEA) which are given to senior doctors (Consultants). This drop is largely

driven down to a) more equal distribution to doctors during the pandemic b) opening CEA to part time workers.

- After increasing between 2020-21, the mean bonus pay gap has reduced in March 2022 to 29.6% - the lowest since first reporting, but still a notable gap.

#### How can the median be improving, but the mean isn't?

- The median helps give a picture of the middle and is less impacted by outliers (i.e. people in roles that are banded much higher, or lower). An improvement could indicate that the distribution of roles/pay across some parts of the organisations is becoming fairer.
- The mean is more impacted by higher salaries. Less improvement in the mean could indicate that men continue to disproportionately hold the most senior positions/ bonuses in the organisation.

#### Greater representation of women in senior positions is key to closing the gap:

- **The proportion of women in the highest pay quartiles has reduced from 58% to 55.6%** **The proportion of women in upper middle pay quartiles has increased by 1%.** A 15.2% gap exists between the trust gender profile (70.8% female) and the proportion of women in the highest pay quartile (55.6%). This gap has increased since last year.
- **The proportion of females in VSM positions and band 9 has decreased, likely driving an increase in the mean pay gap.** The proportion of female VSMs has reduced from 47% to 40%. This has reduced for the second year.
- **The proportion of females in 8c and d positions has increased for the second year in a row**, potentially providing an opportunity for nurturing a talent pipeline that can improve representation at VSM level in the future.
- In general across the trust, women are over represented between band 5 and 6, and underrepresented above band 8a when compared to the trust workforce profile as a whole. Band 5 has the highest female representation.
- In March 2022 we launched a career mentorship programme and an increasing number of development opportunities through an inclusive career development framework. In 2022/23 the trust will agree a consistent succession planning, better career conversations, Future VSM courses and a more inclusive recruitment process for different working patterns to improve representation.

#### Gaps in pay and bonuses still vary by division and occupation, requiring a tailored approach:

- **Nursing still remains female dominated** but has a predominantly low to mid banding structure that may provide structural barriers to progression.
- **Currently, the consultant workforce is 42% female and 58% male**, however **the number of female junior doctors exceeds the number of males**. The consultant workforce has not changed since the 2021 snapshot, meaning these junior doctors are not yet entering more senior positions. **This reflects findings in the [Medical WRES report](#) where training and entry level medical positions are much more representative than senior grades.**

## b) Ethnicity Pay Gap Headlines:

- For the second time, we have shared our ethnicity pay gap data which evidences the impact of known inequalities in representation at senior levels. Presenting **ethnicity pay gap is not a statutory requirement, so we cannot benchmark against other organisations.**
- Our initial snapshot from March 2021 **shows for every £1 that the median white colleague earned, the median Black, Asian, and ethnic minority colleagues earned £0.82.** This has not changed significantly since last year.
- This gap echoes findings in workforce race equality standard (WRES) reporting which consistently shows Black, Asian, and ethnic minority colleagues are underrepresented in upper pay quartiles.
- We will continue to scale our career progression, recruitment and development workstreams to drive improvement in this area.
- A detailed breakdown of ethnicity shows high variation in colleagues with Black, Asian and ethnic minority heritages. For example, Bangladeshi colleagues have the lowest median pay, whilst Chinese colleagues have the highest. This shows the need to increasingly breakdown ethnicity to identify where inequalities exist.
- Our latest workforce race equality standard report (WRES) presents more recent data that indicates an improving trend in representation and details an action plan to close inequalities.

## c) How are we closing the gaps?

### WeBelong 2.0

In February 2022, we launched the second phase of our WeBelong Strategy. Our initial phase (2020-21) was focused on creating governance, infrastructure and raising awareness on inclusion. Our inclusion commitments for 2022/2023 are **focused on action and delivery.** Much of these plans are already underway and will be scaled across the next 12 months. These actions will be intended to impact both the gender, and ethnicity pay gap:

- **Career progression:** We have launched an ambitious career development offer at Barts Health that will seek to close the gap on multiple fronts. Our inclusive career development interventions will be phased up throughout 2022/23 to create a fully comprehensive set of opportunities including:
  - Shadowing and Career Mentorship service for all staff
  - Expansion of career development workshops for underrepresented colleagues
  - Expansion and improved access to general training opportunities
  - Consistent succession planning to create a fair talent pool
  - Coaching for line managers to provide better quality career conversations
  - Cohort 1 of Future VSM programme
  - Secondment and stretch assignment frameworks

- Job sharing matchmaking pilots
  - All the above programmes will be intensively advertised trust wide to engage with staff across all bandings
- **Processes:** Barts Health continues to develop our senior recruitment process to drive more equitable recruitment. The 8a+ process has had a positive impact on increasing representation and should be reflected in next years' report further. In addition, we have committed to revising board level recruitment and advertising processes to take a values/ impact based model that will seek to increase female and ethnic minority representation in VSM and board roles. Wider recruitment (including different working pattern JDs), bonus, and advertising processes will also be under review. A number of policies that impact gender equality are also being refreshed, some have recently been updated (Parents leave) and others are under review such as including a menopause policy.
  - **Inclusion Learning and Development:** In March 2022, we launched a refreshed, comprehensive set of learning modules to develop a more inclusive culture in the trust. Lessons include GPG specific modules, as well as broader cultural intelligence masterclasses. We have trained over 400 people in cultural intelligence in the initial launch phase. This programme will seek to raise awareness, as well as target the unconscious and conscious cultural drivers of GPG.
  - **Partnerships:** Barts Health has strengthened its partnerships with thought leaders in closing the gap to help accelerate change. This includes working with other NHS trusts and professional bodies. As part of this, we have joined *Working Families*, an expert member organisation to undertake detailed reviews of our policies, understand opportunities that remain, raise awareness and increase access to events.
  - **Networks:** The Women's Network, and Black, Asian and ethnic minority network are key in driving progress towards closing the gap, and ensuring our people shape out approach. A network development programme will seek to provide support to all networks in 2022/23 to further enable this work.

### Gender Pay Gap Task & Finish Group:

A core commitment in the 2020 GPG report was to **reinstate the GPG Task & Finish Group**. The trust Women's Network played a critical role in reinstating this group, which is now established as a key enabler in closing the gap. Using our Welimprove (quality improvement) approach, the group recommended Barts Health Inclusion Board to agree to a **gender pay gap target of 11% (median) by 2025**. The median hourly pay gap is now 11.7%. This is now reflected in our WeBelong 2.0 strategy. In addition to the interventions outlined above, the group defined key project areas that include:

- **Flexible Working:** Supporting the flexible working policy launch and adoption, gathering best practice and showcasing stories, liaising with key decision makers and boards and applying the NHS flex for the future model. A key achievement since the previous report is the approval and endorsement of an updated flexible working policy.
- **Career Progression:** Working closely with the people directorate to ensure the above career progression offer addresses the needs of women in the workforce, building in a talent management approach. This is linked to the Career Progression programme described above. This year the group focused on establishing a professional network for our Admin and Clerical (A&C) groups. With Executive support and local sponsorship, the newly formed A&C group will work to ensure A&C colleagues have a well defined career

development plan and support. The Task & Finish Group has also support the delivery of the Women in Finance leadership sessions.

- **Clinical Excellence Awards:** Providing peer to peer support to colleagues throughout the application process, enhancing the CEA group membership to include equality representation and levelling the awards to offer fairness to different working patterns.
- **Intersectionality:** The task force are starting to work closely with the Black, Asian and Minority ethnic network to explore opportunities for co-working on closing the gender and ethnicity gap. The group has reviewed gender pay gap data by ethnicity and other minority groups and is keen to support initiatives to reduce the gap.
- **Communications:** Raising awareness through large, staff sessions (most recently the 28<sup>th</sup> February “Understanding GPG” session) to build understanding of the GPG, as well as supporting culture change in the organisation. An infographic was also developed by the Gender Pay Gap Task and Finish group that explains the difference between GPG and equal pay. This infographic will be updated with the latest GPG data to raise awareness.

# Barts Health 2021 Gender Pay Gap Report

## 1. What is the gender pay gap report?

The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) regulations 2017.

The **Gender Pay Gap** (GPG) shows the disparity of *average* pay across any given 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. As a measure, it captures any pay inequalities resulting from differences in the sorts of jobs performed by men and women and the gender composition of the organisation by seniority. It does not mean that two people doing the same job get different pay.

This is the sixth year of Barts Health publishing its Gender Pay Gap data. As in previous years, **our ethnicity pay gap is also reported here. Although the ethnicity pay gap is not a statutory requirement, it identifies notable discrepancies between the different ethnic groups within our workforce**

The data reported on in this document is taken from the GPG **snapshot date of 31 March 2022** (unless stated otherwise) and is required to be published no later than the statutory date of 30 March 2023.

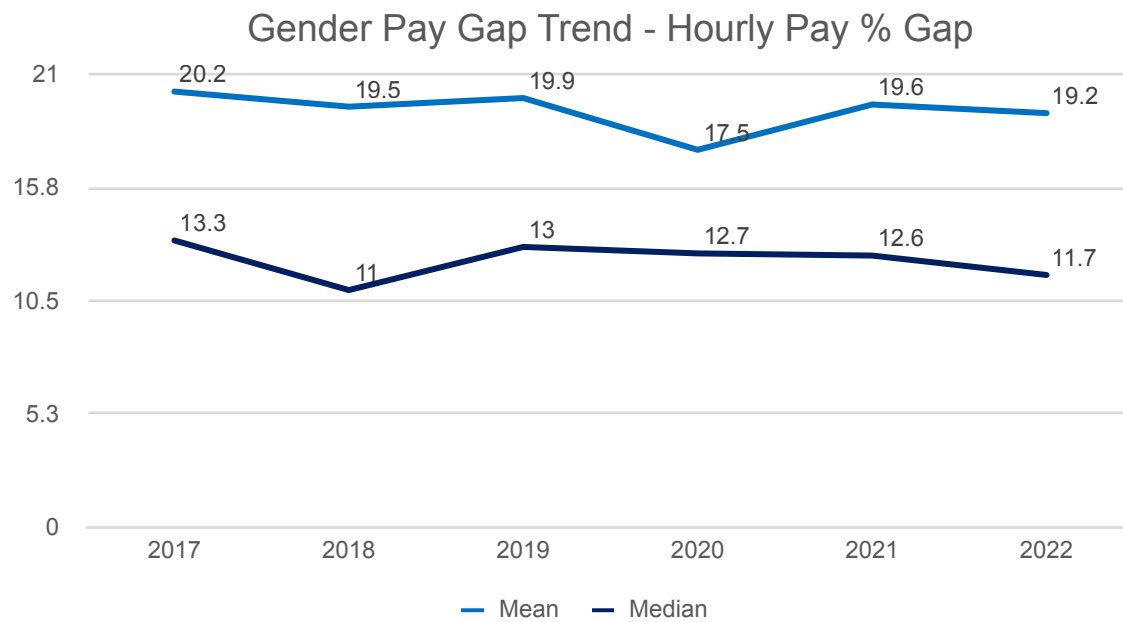
## 2. Local context

Barts Health is one of the largest Trusts in the country and one of Britain's leading healthcare providers. **With a diverse workforce of over 16,000 staff and thousands more volunteers, students, and contractors**, both the gender and ethnicity pay gap information provide a valuable insight into the challenges of inclusion and diversity across our entire workforce.

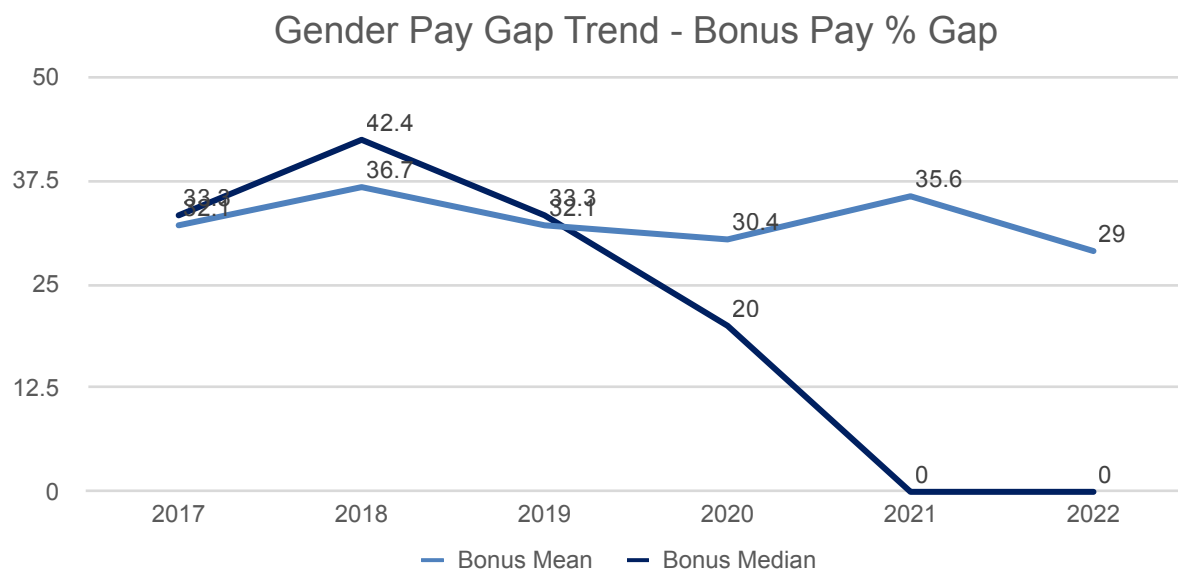
Like most Trusts in the country, Barts Health has a workforce that is predominantly female. Our current workforce diversity information shows that **female workers make up approximately 70.8% of the workforce and approximately 29.2% are male**. According to data from the period this GPG report covers, 36% of our staff are White, 30.6% Asian, 20.2% Black, 2.9% mixed heritage and 2.9% had other ethnic backgrounds.

Our GPG data covering the last 5 years is showing some signs that the gap is reducing. It is hoped that by putting multiple interventions in place, the trend shown in the next page is the start of a positive, longer term, change.

### 3. How is the Gender Pay Gap changing in Barts Health?



The median gender pay gap has decreased moderately for the fourth year in a row. The mean pay gap has fluctuated, but has decreased this year remaining below 2017 levels.



The Median bonus gap has reduced since 2018 and has remained at 0% for the last 2 years reflecting the approach to provide all consultants with a CEA payment to acknowledge their contribution towards the COVID pandemic. The mean bonus gap remains and has fluctuated since reporting, after reaching a 3 year high in the previous year, the mean bonus pay gap is now at its lowest since reporting.



## 4. Gender Pay Gap Breakdown (March 2022)

### 11.7% Median Gender Pay Gap (hourly rate)



For every £1 that the median man earned, the median woman earned £0.88

### 19.2% Mean Gender Pay Gap (hourly rate)



For every £1 that the average man earned, the average woman earned £0.81

### Mean bonus gender pay gap

#### 00.0% Median Bonus Gender Pay Gap



For every £1 that the median bonus earning man earned, the median woman earned £1. **This means, there is no median gap in 2022.**

#### 29.6% Mean Bonus Gender Pay Gap



For every £1 that the average bonus earning man earned, the average bonus earning woman earned £0.70

## 5. Proportion of males and females receiving a bonus/CEA payment March 2022

The Gender Pay Gap data requirement also looks at the difference between bonus payments received by men and women. For Barts Health, the main payment that would currently fit the description of bonus, per gender pay gap reporting, are the Clinical Excellence Awards (CEA).

In March 2022 the CEA award was split across the permanent consultant workforce, based on length of service (1yr+, 3yr+), in recognition of the COVID pandemic and as a result the median was brought down to zero.

There still exists a mean bonus gap, in part due to the historically dominated male workforce and as a result disproportionately more men have a longer term of service. 77% of female consultants received a CEA payment compared to 80% of male consultants in 2020/21.

The gender pay gap Task & Finish Group, established in response to last year's report have identified a number of actions to close this gap, including peer support in applying to CEA, and ensuring consistent awards for full and part time work.

### Gender Bonus Pay (CEA) Gap March 2019-2021

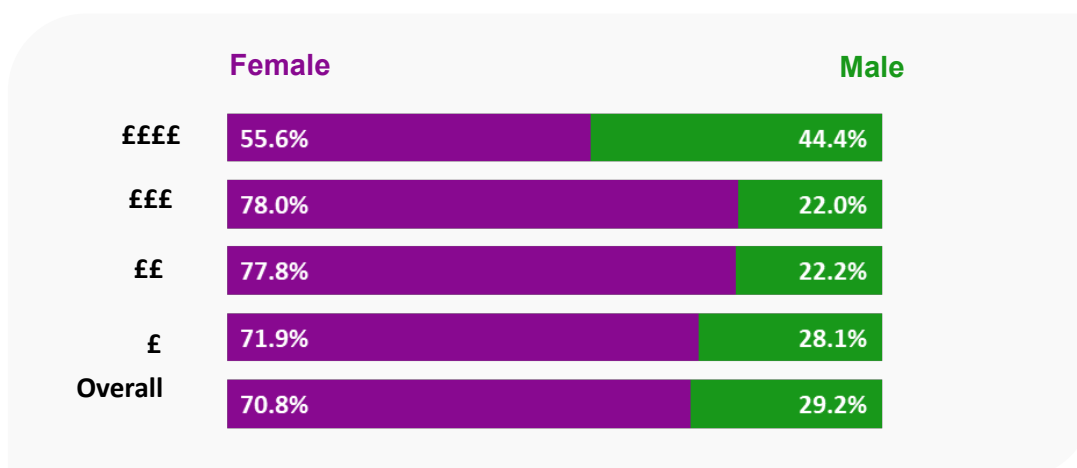
Year:	2022	2021	2020	2019
<b>Employees Paid a bonus</b>				
Female	391	418	131	115
Male	549	518	243	214
<b>Total</b>	<b>940</b>	<b>936</b>	<b>374</b>	<b>329</b>
<b>Eligible Employees</b>				
Female	16,369	15,846	17,794	16,623
Male	6,813	6,502	7,133	6,579
<b>Total</b>	<b>23,182</b>	<b>22,348</b>	<b>24,927</b>	<b>23,202</b>
<b>% Staff receiving payments</b>				
Female	2.40%	2.60%	0.74%	0.69%
Male	8.10%	8.00%	3.41%	3.25%
<b>Total</b>	<b>4.10%</b>	<b>4.20%</b>	<b>1.50%</b>	<b>1.42%</b>

*Note: These figures have been calculated using a snapshot from March 2022 applying the GPG recommended methodology therefore may not reflect the exact number of staff that currently work at Barts Health. The methodology includes all eligible staff as well as the core 16,000+ workforce Barts Health employ.*

## 6. Proportion of males and females in each pay quartile.

To give an overview of where women and men are distributed in terms of seniority, the proportions of male and female employees are split between four “quartiles” - lower, lower middle, upper middle and upper pay bands, representing increasing seniority. The proportion of women and men in these quartiles are summarized below.

The distribution of pay in these quartiles appears as follows:



**Highest pay quartile (££££):** Men are disproportionately represented in the highest positions, making up 44.4% of colleagues in the highest pay bands. This has increased from 42% in the 2021 snapshot. Considering 70.8% of our workforce are female overall, this is a key area for improvement.

**Upper Middle (£££):** 78% of upper middle quartile positions are filled by women, this is a 1% increase on last year, continued the trend from previous reports. Increasing the proportion of women in the top two quartiles is a key approach to reducing the mean pay gap and can create a pipeline of talent to enter the highest quartile. The Trust has recognised the need to demonstrate fair recruitment and progression opportunities regardless of gender or any other protected characteristics. To do so, an inclusive career progression framework has been established with various interventions and development opportunities launching throughout 2022 and 2023.

**Lower and Lower Middle quartiles (££ and £):** Men and women are broadly distributed in an equitable way, based on the overall workforce being 70.8% female.

**Change in Proportion of Women by Pay Quartile:**

Pay quartile	% Women in Pay Quartile		
	2020	2021	2022
££££	58%	58%	55.6%
£££	77.8%	77%	78%
££	78.9%	77%	71.9%

£	70.7%	71%	70.8%
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## 7. Gender Pay Gap: Benchmarking against similar Trusts

2022 data is not yet available for all 10 large acute trusts in London for benchmarking purposes. We instead present complete figures from the March 2020/21 snapshot which is the latest complete comparison of data from relevant trusts.

Regarding overall mean pay gap, Barts Health sits in the middle at 6<sup>th</sup> out of 10 other large London acute trusts (or 7<sup>th</sup> when considering media pay gap). Along with Barts Health, the majority of Trusts in the comparison below saw a decrease in the mean and median pay gap in the previous reporting years. Note that these figures are based on snapshots from 2 years ago so comparisons should be used with caution – for example, applying Barts Health’s latest median pay gap of 0% would place it very differently.

In addition to seeking best practice from other Trusts, we have recently joined Working Families , which also provide a range of toolkits and support that will work towards closing the gap.

### Gender Pay Benchmarking March 2021

*Note: Large London Acute used with NEL Acutes included. (Workforce 5,000+). Source: <https://gender-pay-gap.service.gov.uk/> / Figures for March 21 reflect those submitted as at 12/08/22.*

Trust	2019/2020		2020/21	
	Mean Gap %	Median Gap %	Mean Gap %	Median Gap %
University College Hospital	15.2%	9.4%	13.7%	8.9%
St George's	13.7%	9.5%	13.9%	7.9%
Guy's & St Thomas'	15.6%	10.1%	16.0%	8.0%
Imperial College Healthcare	16.8%	11.4%	9.7%	-1.2%
Royal Free London	16.1%	12.7%	14.7%	11.8%
<b>Barts Health</b>	<b>17.5%</b>	<b>12.7%</b>	<b>19.6%</b>	<b>12.6%</b>
King's College Hospital	18.9%	13.2%	18.0%	12.0%
Homerton	21.5%	14.2%	18.2%	11.6%
Lewisham And Greenwich	23.0%	17.9%	21.7%	16.2%
Barking, Havering & Redbridge	27.4%	23.5%	25.1%	20.9%

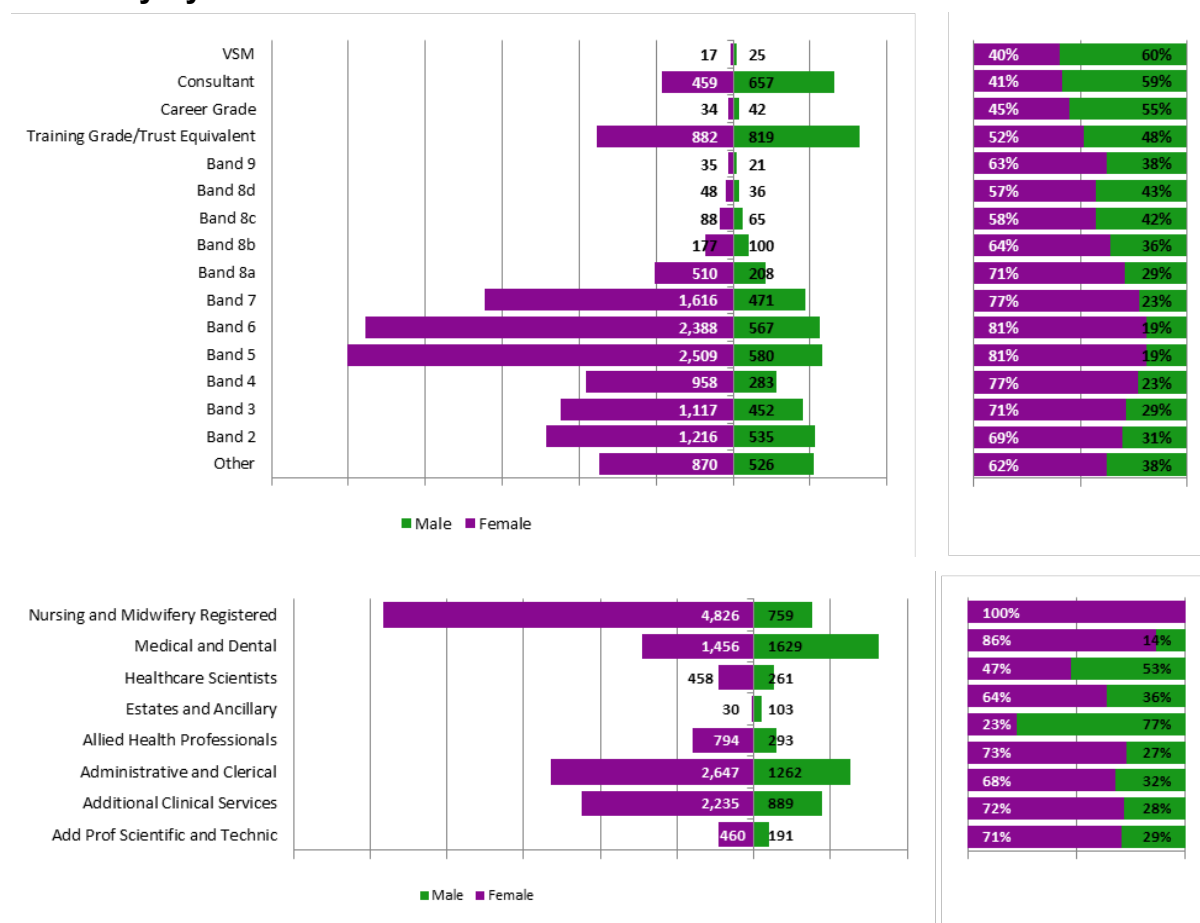
## 8. Gender Pay Gap Snapshot by band and by staff group

Both staff group and band charts reflect the historical, and still prevalent, gender roles of the hospital workforce. Understanding where gaps exist can help identify what is working well, and where structures exist that reinforce inequality.

Whilst we see a small majority of female doctors in the training grades, which bodes well for the future. It does not reflect the overall gender split of the Barts Health workforce and so is unlikely to have a significant impact on the overall gender pay gap position.

The dual challenge here is around increasing the proportion of female representation in the higher AfC bands whilst also increasing male representation at the lower bands.

### Summary by band/role March 2022



## Ethnicity Pay Gap Information (March 2022)

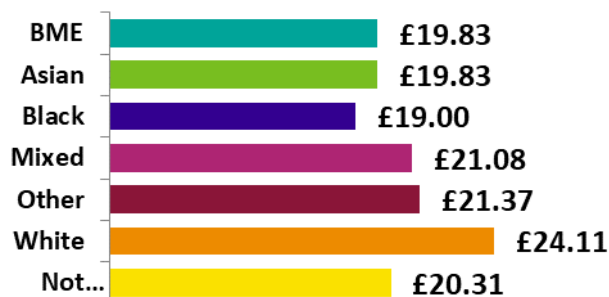
At first glance, it would appear that female colleagues are over represented in all bands other than VSM and consultant, and in all role groups other than estates, medical and dental. However, this data has to be viewed in reference to the overall proportion of females in the trust which is 70.8%. When taking this into account, **female staff are underrepresented in all bands above 8a and over represented in bands 5 and 6.** The over representation of males in medical and dental/estates and ancillary also becomes more apparent.

The ethnicity pay gap is an emerging part of this report – further data and analysis will be carried out to dig into the driving factors of inequalities in pay ethnicity. This will feed closely into existing work around addressing representation gaps in Barts Health that are outlined in WeBelong. Actions Barts are taking to reduce the inequalities between ethnicities are outlined in more detail as part of our Workforce Race Equality Standard (WRES) reporting, which is available separately on our website.

The snapshot included in this report contains a) median and mean ethnicity pay gap, b) proportion of Black, Asian, ethnic minority and white colleagues in each pay quartile.

### Median Ethnicity Pay Gap March 2022

17.8% Median Ethnicity Pay Gap (hourly rate)



For every £1 that the median white colleague earned, the median Black, Asian or Minority ethnic colleague earned £0.82. The median ethnicity pay gap has remained the same since March 2021, after improving in March 2020.

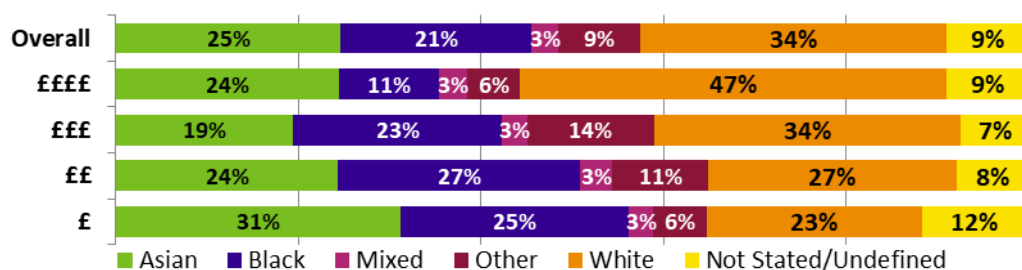
### Mean Ethnicity Pay Gap March 2022

17.9% Mean Ethnicity Pay Gap (hourly rate)



For every £1 that the average white colleague earned, the average Black, Asian or Minority ethnic colleague earned £0.82. This has increased 0.9% since last year.

## Proportion of Asian, Black, Mixed and White colleagues in each pay quartile



- **Highest quartile (££££):** 47% are White, 44% are of Black, Asian, mixed or ethnic minority heritage. Asian and mixed colleagues are represented in line with the overall trust workforce, whilst black and colleagues listing their ethnicity as other are underrepresented. White colleagues are over represented.
- **Upper middle quartile (£££):** 34% are white, 59% are of Black, Asian, mixed or ethnic minority heritage. Asian colleagues are underrepresented in this group. White, Black, and mixed colleagues are represented in line with the overall workforce. Colleagues listing their ethnicity as other are over represented.
- **Lower middle quartile (££):** 27% are white, 65% are of Black, Asian, mixed or ethnic minority heritage. Asian, mixed heritage, and colleagues listing their ethnicity as other are represented in-line with the workforce. White colleagues are underrepresented, black colleagues are over represented.
- **Lower quartile (£):** 23% are white, 65% are of Black, Asian, mixed or ethnic minority heritage. Asian and black colleagues are over represented in this group. White colleagues are underrepresented.

### Ethnicity Pay Gap as at March 2022 – Top 20 represented Ethnic Groups

Looking at the top 20 ethnic groups by size represented at Barts Health, there is high variation associated with different ethnicity. Bangladeshi staff have the lowest median pay, along with Black colleagues across different heritage. Chinese and white colleagues have the highest median pay. The difference between the lowest, and highest median pay is significant.

	Mean pay by hour (£)	Median pay by hour (£)	Count
Chinese	£ 29.68	£ 25.98	216
White - Irish	£ 28.50	£ 25.17	318
White - British	£ 27.37	£ 24.12	4118
White - Any other White background	£ 26.84	£ 24.10	1094
Asian or Asian British - Indian	£ 27.55	£ 23.76	1519
Mixed - White & Asian	£ 26.30	£ 23.28	120
Any Other Ethnic Group	£ 24.73	£ 22.83	388
Asian or Asian British - Any other Asian background	£ 24.52	£ 22.60	591
White Other European	£ 24.17	£ 21.34	195
Mixed - Any other mixed background	£ 24.62	£ 21.22	152
Filipino	£ 20.72	£ 20.92	1103
Asian or Asian British - Pakistani	£ 24.86	£ 20.90	489
Not Stated	£ 24.76	£ 20.31	1631
Black or Black British - African	£ 20.79	£ 19.83	2103
Black British	£ 19.76	£ 18.15	211
Black or Black British - Any other Black background	£ 19.72	£ 18.01	303
Black Somali	£ 18.79	£ 17.48	128
Black or Black British - Caribbean	£ 19.31	£ 17.07	746
Black Nigerian	£ 18.81	£ 15.71	284
Asian or Asian British - Bangladeshi	£ 17.52	£ 14.81	1333

## 10. Fulfilling Our Commitments and our plans for the coming 12 months:

We published our 2021 gender pay gap snapshot earlier this year. In this report, we committed to a number of actions which can be viewed in full [here](#). Our objectives will remain the same for 2023 to create a sustained change in culture. Below summarises progress in the last 5 months against each of our aims since the 2021 report.

Workstream and lead	Aim	Progress so far	Plans for the next 6m
<b>GPG Task &amp; Finish Group</b>	Support BH commitment to reduce GPG through providing deeper understanding of	<ul style="list-style-type: none"> <li>Data deep dive reviewing +75% of staff</li> <li>Identified key drivers</li> <li>Developed workplan for closing the gap</li> <li>Join Working Families to</li> </ul>	<ul style="list-style-type: none"> <li>Group continues to meet monthly to review data available, discuss issues delivering key priorities and overseeing progress</li> <li>Next staff group to be</li> </ul>
<b>Flexible working</b>	Support the implementation of flexible working	<ul style="list-style-type: none"> <li>Linking in with various groups and Trusts to understand guidelines, policies and best practice</li> <li>Drafted manager's guide to</li> </ul>	<ul style="list-style-type: none"> <li>Launch the manager's guide on flexible working</li> <li>Continue running Trustwide and site-led events to support</li> </ul>
<b>Career progression</b>	Support career development across Barts Health, prioritising groups experiencing higher barriers	<ul style="list-style-type: none"> <li>Kicked off admin and clerical (A&amp;C) development workstream</li> <li>Working on careers week with Education Academy groups</li> <li>Secured funding to support A&amp;C development</li> <li>Launched career conversations guidance and</li> <li>Launched career</li> </ul>	<ul style="list-style-type: none"> <li>A&amp;C Careers week – Feb 23</li> <li>Women in Leadership training planned for Nov</li> <li>BH and J&amp;J Women in Leadership event planned for November</li> <li>Continue working with inclusion team and wider People Team to support</li> </ul>
<b>Clinical Excellence Awards</b>	Support the reduction of CEA (bonus) gap	<ul style="list-style-type: none"> <li>Workstream started in Dec 21, current median is still zero as the awards had been equally distributed during the</li> </ul>	<ul style="list-style-type: none"> <li>CEA group working on plans for next year when normal application processes resume</li> </ul>
<b>Intersectionality</b>	Support our colleagues to link GPG with Ethnicity Pay Gap and Disability Pay Gap	<ul style="list-style-type: none"> <li>Reviewed ethnicity pay gap data at GPG working group sessions</li> <li>Offered support to BAME network leads</li> <li>Launched cultural</li> </ul>	<ul style="list-style-type: none"> <li>Continue working with our network colleagues</li> </ul>
<b>Communications</b>	Raising awareness of the current GPG at Barts and plans of action to address it	<ul style="list-style-type: none"> <li>GPG target included as part of the WeBelong refresh</li> <li>GPG trust-wide session Feb 22</li> <li>GPG presentations outside Barts NHS Confed WMD2022</li> </ul>	<ul style="list-style-type: none"> <li>Run follow up events, including another GPG session for Equal Pay Day in Sept</li> <li>Update GPG infographic with latest report and</li> </ul>



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