

Gender Pay Gap Report

2022 / 2023



Summary Report using March 2023 data Including our ethnicity pay gap snapshot

Executive Summary:

1. Purpose

The purpose of this report is to present our Gender Pay Gap (GPG) position for 2023. This report covers a snapshot of gender pay gap data from March 2023, covering our Gender Pay Gap (GPG) submission for the 2022/2023 period (unless otherwise stated) and is legally required to be published no later than the statutory date of 30 March 2024¹.

2. What is the Gender Pay Gap

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 seventh year of Barts Health publishing its Gender Pay Gap data. As in previous years, our ethnicity pay 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.

3. 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 18,000 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 69.8% of our workforce and approximately 30.2% are male. According to data from the period this GPG report covers, 31% of our staff are White, 26% are Asian, 21% are Black, 3% are from a mixed heritage background and 10% were from 'other' ethnic backgrounds.

One of our key aspirations as part of our WeBelong inclusion strategy is to ensure fair and equal progression for all staff. Reducing our GPG is a key driver of this ambition. We are providing this report to provide full transparency on where we are up to and where we need to improve and to comply with our statutory obligations.

Whilst being an intersectional issue, the GPG is a key priority area for the Barts Health Women's Network. The network initiated a GPG Task & Finish Group in summer 2021, which resulted in providing the Trust with a deeper understanding of the drivers of the GPG and a plan of action to support reaching the Trust target. Many of the inequality gaps highlighted in this report are not unique to Barts Health; they are widespread 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.

¹ The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

4. Key Trends – Gender Pay Gap & Ethnicity Pay Gap (March 2022 – March 2023)

Performing Well

Median Hourly Pay Gap

- The median hourly pay gap has reduced from 11.7% in March 2022 to 8.3% in March 2023 (a 3.4 percentage point improvement from the previous year).
- Without the TUPE transfer, we would be reporting a median of 11% (a 0.7 percentage point improvement from the previous year).

Median Gender Bonus Pay Gap

- The median gender bonus pay gap has remained at 0% since 2021.

VSM Representation

- The proportion of females in VSM positions has increased to 44% from 40% in the previous year, which is most likely driving improvement in the mean pay gap.

Band 8c/d Representation

- The proportion of females in band 8c /d positions has increased for a consecutive year, potentially providing further opportunities for a female talent pipeline into VSM positions.

Work Required

Mean Gender Bonus Pay Gap

- The mean bonus gap remains and has fluctuated between 30-36% since reporting, increasing from 29.6% to 32.6% in the last year.

Percentage of Women in the Lower Middle Pay Quartile

- Women are disproportionately represented in the lower middle quartiles of pay (75.8%) compared to the trust gender profile (69.8%).

Female Representation in Nursing & Midwifery Roles

- Nursing and Midwifery staff group remains female dominated (86% female). This profession predominantly has a low-mid banding structure that may provide structural barriers to progression.

Female Representation in Consultant v Junior Doctor Roles

- The consultant workforce continues to be 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.

Making improvements but further work required

Mean Hourly Pay Gap

- The mean hourly gap has reduced from 19.2% in March 2022 to 17.5% in March 2023 (a 1.7 percentage point improvement from the previous year).
- Without the TUPE transfer, we would be reporting a mean of 19.5% (a 0.3 percentage point increase from the previous year).

Percentage of Women in the Upper Pay Quartile

- The proportion of women in the upper pay quartile has increased by 0.8 percentage points from 55.6% to 56.4% in March 2023. However, a 13.4% gap exists between the trust gender profile (69.8% female) and the proportion of women in the highest pay quartile (56.4%)

Benchmarking to other Trusts (2022 data – latest available)

- Regarding the overall mean gap, Barts Health sits below the middle at 7th out of 10 other large London acute trusts (Or 6th when considering median pay gap).

Key Gender Pay Gap Trends

- Our GPG data covering the last 6 years is showing some signs that the gap is reducing. It is hoped that by putting multiple interventions in place, the trends highlighted in this report are indicative of a sustainable longer-term change.
- We had previously set a median GPG target of 11% by 2025. Currently our median pay gap is 8.3%. There has been a reduction in both the median and mean hourly pay gap since the previous year. The median bonus pay gap continues to remain at 0% since 2021, which represents a significant reduction since initial reporting in 2017, when the median bonus pay gap was 33.2%.

Median Ethnicity Pay Gap

- There is median ethnicity pay gap of 18.2%, which has shown no improvements since March 2021.

Mean Ethnicity Pay Gap

- There is a mean ethnicity pay gap of 18.3%, which has shown no improvement since the previous year.

BAME Representation in the Upper Pay Quartile

- There has been a 3 percentage point reduction in the % of staff from a Black, Asian, or mixed heritage background in the upper pay quartile between March 2022 (44%) and March 2023 (41%).

BAME Representation in the Lower / Lower Middle Pay Quartiles

- Compared to the Trust's overall ethnicity profile, black staff are overrepresented in the lower middle pay quartile and Asian staff are overrepresented in the lower pay quartile.

Key Ethnicity Pay Gap Trends

- Our ethnicity pay gap data reinforces the impact of known inequalities in representation at senior levels.
- Our initial snapshot from March 2021 shows that for every £1 that the median white colleague earned, the median Black, Asian, and Minority Ethnic (BAME) colleagues earned £0.82. This has not changed significantly since 2021. This gap echoes findings in Workforce Race Equality Standard (WRES) reporting which consistently shows that BAME colleagues are underrepresented in upper pay quartiles.
- There is high variation associated with different ethnicities. For example, Bangladeshi colleagues continue to have the lowest median pay, whilst White Irish colleagues have the highest. This represents a change from the previous year when Chinese colleagues had the highest medium pay. The difference between the lowest, and highest median pay is significant. This demonstrates the need to increasingly breakdown ethnicity pay gap data to better understand where inequalities exist so that they can be appropriately addressed.

Barts Health 2021 Gender Pay Gap Report

1. How is the Gender Pay Gap Changing in Barts Health?

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 8.3%. This means that for every £1 that the median man earned, the median woman earned £0.92. This is a significant improvement of 3.4 percentage points from the previous year (11.7%). 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 8.3% in pay results in the “middle” women getting paid £0.92 for every £1.00 per hour the “middle” man receives.

The mean pay gap fluctuated year on year between 2017 and 2021, however has since shown a downward trajectory for two consecutive years between March 2021 and March 2023, with a notable reduction of 1.7 percentage points in last year. In March 2023, the mean pay gap was 17.5%, which means that for every £1 the average man earned, the average woman earned £0.83. 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.

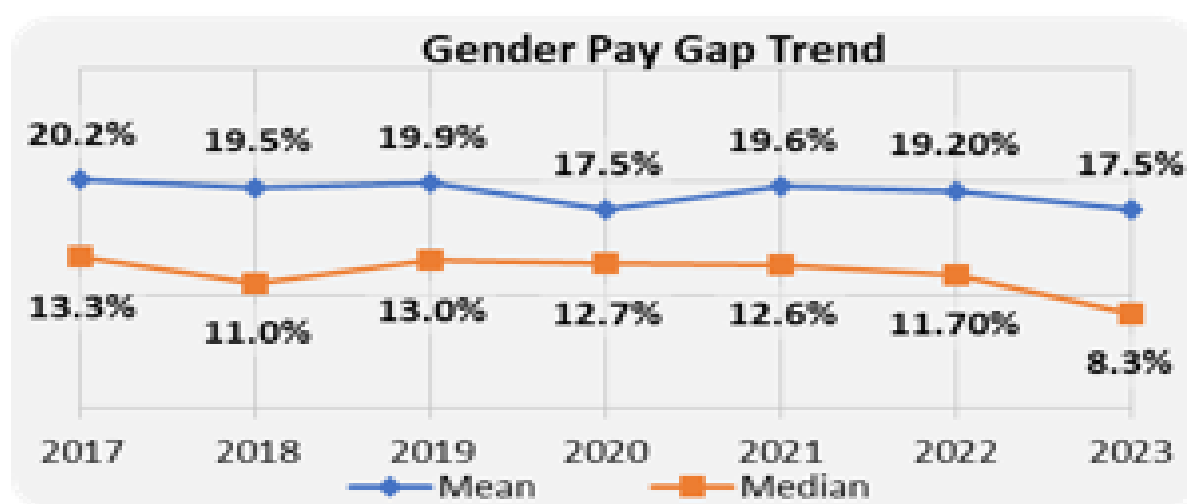


Fig.1

The TUPE transfer of our SERCO workforce to Barts Health between the 1st November 2022 to the 1st February 2023 has most likely had an impact on our improved gender pay gap position. Without the TUPE transfer, we would be reporting a medium of 11% (a 0.7 percentage point improvement from the previous year). This would mean that for every £1 that the median man earned, the median women earned £0.89. However, without the SERCO transfer, we would be reporting a mean pay gap of 19.5%, which would represent a slight increase of 0.3 percentage points from the previous year (19.2%).

A total of 1,803 staff have transferred from SERCO during the period 1st November 2022 to the 1st May 2023. However only approximately 24% of these staff (427 staff) transferred during 2023 GPG reporting period and would have had an impact on our GPG results for this year.

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. No improvement in the mean could indicate that men continue to disproportionately hold the most senior positions/bonuses in the organisation.

2. Gender Bonus Pay Gap Data: March 2019 - 2023

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, is the clinical excellence award (CEA) which are given to senior doctors (Consultants). Here we see a difference that is in part a reflection of the historically male dominated workforce, however, there remains a challenge to ensure equitable access to the process in order to reduce this gap.

The median bonus gap was on a downward trend since 2018. Since 2021, it has remained at 0% reflecting the approach to provide all consultants with a CEA payment to acknowledge their contribution towards the COVID-19 pandemic, as well as the opening of CEA to part time workers. In March 2023 the CEA award was split across the permanent consultant workforce, based on length of service (1yr+), in recognition of the COVID pandemic and as a result the median remained at zero.

The mean bonus gap remains and has fluctuated between 30-36% since reporting, increasing from 29.6% to 32.6% in the last year.

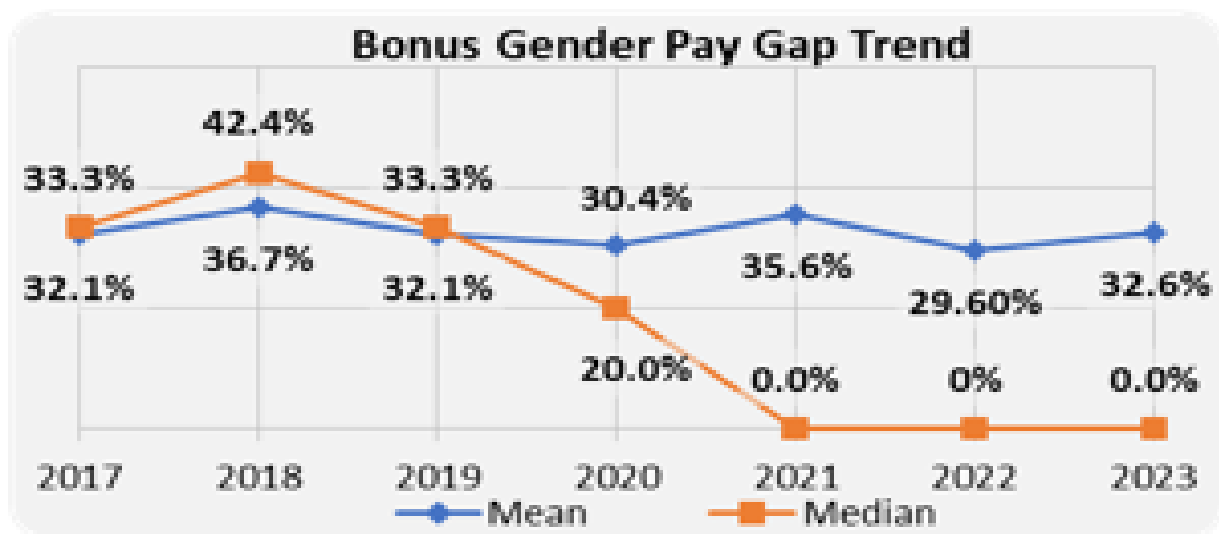


Fig. 2

The mean bonus pay gap remains, in part due to the historically male dominated workforce and as a result disproportionately more men have a longer term of service. 78% of female consultants received a CEA payment compared to 77% of male consultants in 2021/22.

The Gender Pay Gap Task & Finish Group 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.

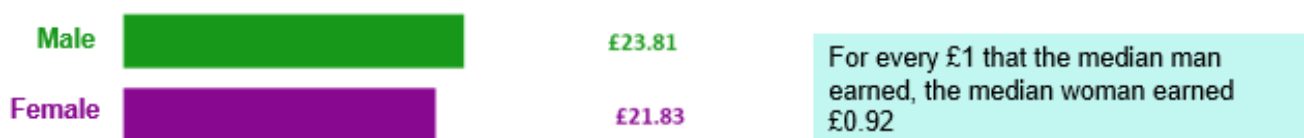
| | 2023 | 2022 | 2021 | 2020 | 2019 |
|-----------------------------------|---------------|---------------|---------------|---------------|---------------|
| Employees Paid a Bonus | | | | | |
| Female | 416 | 391 | 418 | 131 | 115 |
| Male | 547 | 549 | 518 | 243 | 214 |
| Total | 963 | 940 | 936 | 374 | 329 |
| Eligible Employees | | | | | |
| Female | 16,415 | 16,369 | 15,846 | 17,794 | 16,623 |
| Male | 7,175 | 6,813 | 6,502 | 7,133 | 6,579 |
| Total | 23,590 | 23,182 | 22,348 | 24,927 | 23,202 |
| % Staff Receiving Payments | | | | | |
| Female | 2.5% | 2.40% | 2.60% | 0.74% | 0.69% |
| Male | 7.6% | 8.10% | 8.00% | 3.41% | 3.25% |
| Total | 4.1% | 4.10% | 4.20% | 1.50% | 1.42% |

Table 1.

Note: These figures have been calculated using a snapshot from March 2021 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.

3. Gender Pay Gap Breakdown (March 2023)

8.3% Median Gender Pay Gap (hourly rate)



17.5% Mean Gender Pay Gap (hourly rate)



Proportion of Males and Females in each pay quartile



Men are disproportionately represented in our workforce at the higher levels of pay. In the top pay decile 44% of the workforce is male

00.0% Median Bonus Gender Pay Gap



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

32.6% Mean Bonus Gender Pay Gap



For every £1 that the average bonus earning man earned, the average woman earned £0.67

Fig.3

4. 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 summarised in Figure 4 below:



Fig.4

Highest Pay Quartile (££££): The proportion of women in the upper pay quartile has increased by 0.8 percentage points from 55.6% to 56.4% in March 2023. However, a 13.4% gap exists between the trust gender profile (69.8% female) and the proportion of women in the highest pay quartile (56.4%). This gap has reduced by 1.8 percentage points since the previous year (15.2%). Whilst this is a significant improvement, men continue to be disproportionately represented in our workforce at the higher levels of pay. At the top pay decile 44% of the workforce is male, despite men only accounting for around 30% of the total workforce.

Upper Middle (£££): 78.5% of upper middle quartile positions are filled by women. This is a 0.5% increase on last year, continuing the trend from previous reports. However, the data does suggest that there currently continues to be a ceiling which exists for women between the upper middle and highest quartile. 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.

Middle and Lower Quartiles (££ and £): Women are disproportionately represented in the lower middle quartiles of pay (75.8%) compared to the trust gender profile (69.8%). In the lowest quartile, men and women are broadly distributed in an equitable way, in relation to overall trust gender profile.

Change in Proportion of Women by Pay Quartile:

| Pay Quartile | % Women in Each Pay Quartile | | | |
|--------------|------------------------------|--------------------|------------------|------------------|
| | 2020 | 2021 | 2022 | 2023 |
| ££££ | 58% | 58% (no change) | 55.6% (-2.4%) | 56.4% (+0.8%) |
| £££ | 77.8% | 77% (-0.8%) | 78% (+1%) | 78.5% (+0.5%) |
| ££ | 78.9% | 77% (-1.9%) | 71.9% (-5.1%) | 68.6% (-3.3%) |
| £ | 70.7% | 71% (+0.3%) | 70.8% (-0.2%) | 69.8% (-1.0%) |

Table 2.

5. Gender Pay Gap: Benchmarking Against Similar Trusts

2023 data is not yet available for all 10 large acute trusts in London for benchmarking purposes, as the 2023 position is not due to be published until March 2024. We instead present complete figures from the March 2021/22 snapshot which is the latest complete comparison of data from relevant trusts. We can therefore only benchmark retrospectively, until the 2023 data from all other trusts is published.

Regarding overall mean pay gap, Barts Health sits below the middle at 7th out of 10 other large London acute trusts (or 6th when considering median pay gap). Along with Barts Health, the majority of Trusts in the comparison at Table 3 below saw a decrease in the mean and medium pay gap in the previous reporting year. It should be noted that these figures are based on snapshots from 2 years ago so comparisons should be used with caution.

Large London Acute used with NEL Acutes included. (Workforce 5,000+). Source: <https://gender-pay-gap.service.gov.uk/> Figures for March 22 reflect those submitted as at 11/07/23. Note in the period between March 2020 and March 2021 Imperial in housed 'hotel services'. No benchmarking for March 23 is available at this stage.

| Trust | 2020 | | 2021 | | 2022 | |
|-------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Mean Gap % | Median Gap % | Mean Gap % | Median Gap % | Mean Gap % | Median Gap % |
| University College Hospital | 15.2% | 9.4% | 13.7% | 8.9% | 14.0% | 6.4% |
| St George's | 13.7% | 9.5% | 13.9% | 7.9% | 14.6% | 9.5% |
| Guy's & St Thomas' | 15.6% | 10.1% | 16.0% | 8.0% | 13.3% | 6.9% |
| Imperial College Healthcare | 16.8% | 11.4% | 9.7% | -1.2% | 9.3% | 1.6% |
| Royal Free London | 16.1% | 12.7% | 14.7% | 11.8% | 13.9% | 12.4% |
| Barts Health | 17.5% | 12.7% | 19.6% | 12.6% | 19.2% | 11.7% |
| King's College Hospital | 18.9% | 13.2% | 18.0% | 12.0% | 17.9% | 7.7% |
| Homerton | 21.5% | 14.2% | 18.2% | 11.6% | 5.4% | 2.9% |
| Lewisham And Greenwich | 23.0% | 17.9% | 21.7% | 16.2% | 21.7% | 16.2% |
| Barking, Havering & Redbridge | 27.4% | 23.5% | 25.1% | 20.9% | 24.9% | 19.5% |

Table 3.

6. Gender Pay Gap Snapshot by Band and by Staff Group

The staff group and band charts at Figure 5 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.

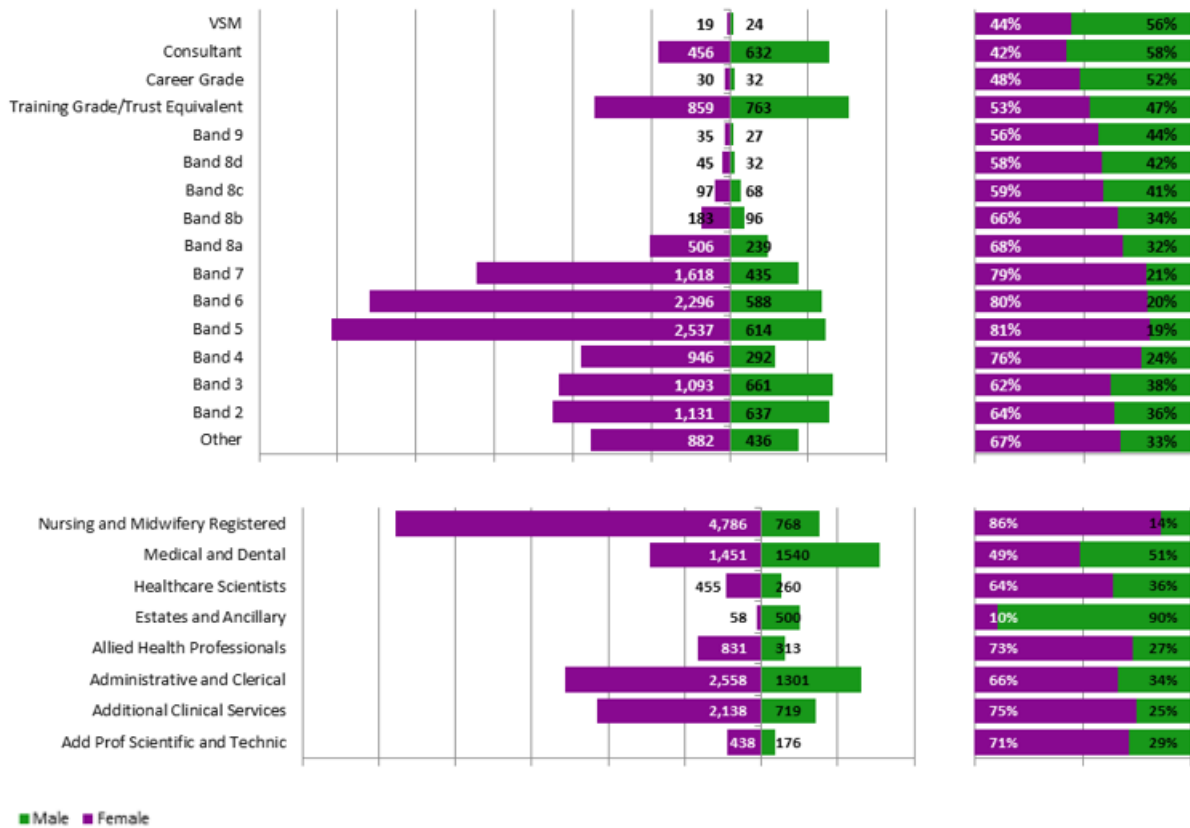


Fig.5

The level of female representation varies by band and staff group. It is important that the Trust understands the drivers of this variation, in order to fully address the drivers of our GPG. Key trends within the March 2023 data include:

- At first glance, it appears that female colleagues are overrepresented in all bands other than VSM and consultant, and in all role groups other than estates, medical and dental. However, this data must be viewed in reference to the overall proportion of females in the trust which is 69.8%. When taking this into account, female staff are underrepresented in all bands at 8a and above and are overrepresented in bands 4 to 7.
- The proportion of females in VSM positions has increased to 44% from 40% in the previous year, which is most likely driving improvement in the mean pay gap.
- Whilst the number of women in band 9 positions has remained the same from the previous year, the number of men in band 9 positions has increased, thereby reducing the overall proportion of women in band 9 positions compared to their male counterparts.
- The proportion of females in band 8c /d positions has increased for a consecutive year, potentially providing further opportunities for a female talent pipeline into VSM positions to drive further improvements in the Trust’s gender pay gap. These improvements in the representation of women at band 8c / d level may be attributed to changes in the 8a+ recruitment process. Recruiting managers now shortlist one ethnic minority candidate and one woman for vacant 8a + posts or readvertise the job if they cannot. The trust has also

trained circa 200 inclusion ambassadors who are active on interview panels to ensure any bias is challenged and removed from the decision-making process.

- The Nursing and Midwifery staff group remains female dominated (86% female). This profession predominantly has a low-mid banding structure that may provide structural barriers to progression.
- The consultant workforce continues to be 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 2022 Medical WRES report², which identified that training and entry level medical positions are much more representative than senior grades.
- Medical & Dental, and Estates and Ancillary are the only two staff groups that have an over representation of male staff, compared to the trust gender profile.

7. Ethnicity Pay Gap Information (March 2023)

For the third time, we have shared our ethnicity pay gap data which reinforces the impact of known inequalities in representation at senior levels. Presenting ethnicity pay gap data is not a statutory requirement, so we cannot benchmark against other organisations.

Our initial snapshot from March 2021 shows that for every £1 that the median white colleague earned, the median Black, Asian, and Minority Ethnic (BAME) colleagues earned £0.82. This has not changed significantly since 2021. This gap echoes findings in Workforce Race Equality Standard (WRES) reporting which consistently shows that BAME 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.

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 and b) proportion of BAME and white colleagues in each pay quartile.

² <https://www.england.nhs.uk/long-read/medical-workforce-race-equality-standard-2022/>

18.2% Median Ethnicity Pay Gap (White/BAME) (hourly rate)



Fig.6

For every £1 that the medium white colleague earned, the medium Black, Asian, and Minority Ethnic (BAME) colleague earned £0.82. The medium ethnicity pay gap has remained the same since March 2021, after improving in March 2020.

18.3% Mean Ethnicity Pay Gap (White/BAME) (hourly rate)



Fig.7

For every £1 that the average white colleague earned, the average Black, Asian or Minority ethnic colleague earned £0.82. This has remained same from the previous year.

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

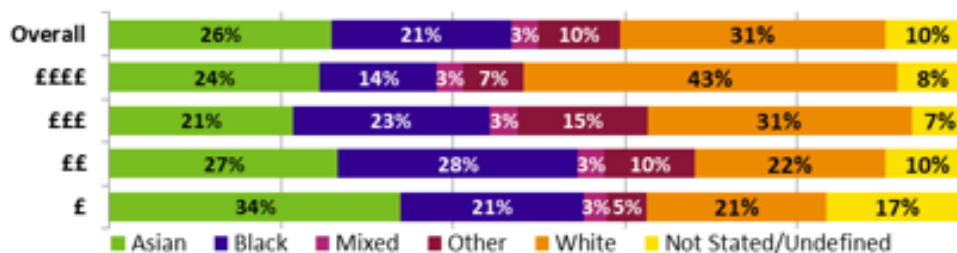


Fig.8

Highest Quartile (££££): 43% of the highest earners in the Trust are White and 41% are from a Black, Asian, or mixed heritage background (a 3 percentage point reduction in BAME representation from the previous year). Asian and mixed heritage colleagues are represented in line with the overall workforce, whilst Black colleagues and colleagues recording their ethnicity as 'other' are underrepresented. White colleagues are overrepresented.

Upper Middle Quartile (£££): 31% of the staff in this quartile are White and 47% are from a Black, Asian, or mixed heritage background. Compared to the overall trust ethnicity profile, Asian colleagues are underrepresented in this quartile, whilst colleagues recording their

ethnicity as 'other' are overrepresented. Black, mixed heritage and White staff are represented in line with the overall trust ethnicity profile.

Lower Middle Quartile (££): 22% of staff in this quartile are White and 58% are from a Black, Asian, or mixed heritage background. Compared to the overall trust ethnicity profile, White colleagues are underrepresented in this quartile, whilst Black colleagues are overrepresented. Asian, mixed heritage and colleagues reporting their ethnicity as 'other' are represented in line with the overall trust ethnicity profile.

Lower Quartile (£): 21% of the lowest earners in the Trust are White and 58% are from a Black, Asian or mixed heritage background. Compared to the overall trust ethnicity profile, White colleagues and colleagues reporting their ethnicity as 'other' are underrepresented in this quartile. Asian colleagues are overrepresented in this quartile, whilst Black and mixed heritage colleagues are represented in line with the overall trust ethnicity profile.

Ethnicity Pay Gap as at March 2021 – Top 20 represented Ethnic Groups

Looking at the top 20 ethnic groups by size represented at Barts Health (see Table 4.), there is high variation associated with different ethnicities. For example, Bangladeshi colleagues continue to have the lowest median pay, whilst White Irish colleagues have the highest. This represents a change from the previous year when Chinese colleagues had the highest medium pay. The difference between the lowest, and highest median pay is significant. This demonstrates the need to increasingly breakdown ethnicity pay gap data to better understand where inequalities exist so that they can be appropriately addressed.

| Ethnicity | Mean pay by hour (£) | Median pay by hour (£) | Count |
|---|----------------------|------------------------|-------|
| B White - Irish | £ 30.40 | £ 26.39 | 298 |
| R Chinese | £ 31.07 | £ 26.02 | 178 |
| A White - British | £ 29.13 | £ 26.01 | 3697 |
| C White - Any other White background | £ 28.40 | £ 25.08 | 1113 |
| H Asian or Asian British - Indian | £ 28.48 | £ 24.53 | 1603 |
| F Mixed - White & Asian | £ 26.80 | £ 23.95 | 117 |
| S Any Other Ethnic Group | £ 25.91 | £ 23.42 | 416 |
| G Mixed - Any other mixed background | £ 25.32 | £ 23.19 | 167 |
| L Asian or Asian British - Any other Asian background | £ 25.63 | £ 23.01 | 650 |
| CY White Other European | £ 26.85 | £ 22.99 | 189 |
| SC Filipino | £ 21.93 | £ 21.89 | 1177 |
| J Asian or Asian British - Pakistani | £ 25.96 | £ 21.38 | 485 |
| N Black or Black British - African | £ 22.39 | £ 20.92 | 2172 |
| PA Black Somali | £ 20.67 | £ 20.09 | 129 |
| PD Black British | £ 21.34 | £ 19.81 | 226 |
| P Black or Black British - Any other Black background | £ 20.80 | £ 19.50 | 268 |
| Z Not Stated | £ 24.83 | £ 18.40 | 1749 |
| M Black or Black British - Caribbean | £ 20.42 | £ 17.91 | 682 |
| PC Black Nigerian | £ 20.32 | £ 17.03 | 309 |
| K Asian or Asian British - Bangladeshi | £ 19.03 | £ 16.13 | 1406 |

Table 4

8. 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 during 2022/2023 have been completely focused on action and delivery. Much of these plans are already underway and our inclusion workstreams have gone from strength to strength since the launch of WeBelong. Our focus is now about continuation and scale, ensuring the impact of inclusion projects penetrate into our hospitals.

We now have a set of well-coordinated workstreams which are leading to notable improvements in our GPG position. Despite these improvements, key challenges remain. The 2022 refreshed WeBelong strategy outlined some of our priorities for the future to address these challenges. We believe that our areas of focus remain the right areas for 2023 and will spend another 12 months focusing on delivering impactful programmes, but critically ensuring that the reach of these programmes is increased. These programmes are intended to impact from the gender and ethnicity pay gap.

- **Career Progression:** We have launched an ambitious career development offer at Barts Health that will contribute to close the gap on multiple fronts. For example, we have partnered with Inclusive Boards to deliver our Future VSM Programme. Inclusive Boards is the UK's leading agency that supports organisations and sectors in their efforts to develop more diverse boards and senior leadership teams. They have worked with several organisations to embed diversity and inclusion in their leadership development and governance structures. Our Future VSM Programme is an innovative and inspirational 7 - month positive action career development initiative, which takes senior leaders in band 8c+ or equivalent senior medical leadership roles on a transformational learning journey, helping them to realise their potential and take the next step up to Director level role and beyond. This opportunity is being launched as part of the Trust's wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is more representative of our workforce.

Other career development interventions include:

- Launch of Shadowing and Career Mentorship service for all staff, which over 245 staff have joined.
- Expansion of career development workshops and seminars for underrepresented colleagues.
- Expansion and improved access to training opportunities.
- Succession planning and stretch assignment pilots.
- Coaching for line managers to provide better quality career conversations.
- Cohort 1 of Future VSM programme.
- Secondment and stretch assignment frameworks.
- Internal talent pipeline planning in all hospitals.
- Job sharing matchmaking pilots.

- Launch of our inclusive career development framework across all sites, which includes career conversations for staff and a more consistent approach to succession planning.
- **Processes:** Barts Health continues to develop our senior recruitment processes 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. Plans are also in place to develop and roll our inclusive recruitment training for managers, as reflected in our 2023 Workforce Race Equality Standard (WRES) action plan.
- **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. This programme seeks to raise awareness, as well as target the unconscious and conscious cultural drivers of GPG. Also, in August 2023, we will launch of our innovative agile inclusion reflective learning and development modules. These modules have been designed to strengthen our collective knowledge and skills in creating an inclusive culture at Barts Health.
- **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. We have also partnered with Inclusive Employers and Dods D&I to deliver a comprehensive training programme to staff at Barts Health. Dods D&I also provided a suite of 'into leadership' products and full access to an e-library of content aimed at managers wanting to develop and progress.

Gender Pay Gap Task & Finish Group:

The GPG Task and Finish Group have been meeting regularly for two years since its refresh in 2021. During 2023, the Group have continued to focus on the following key priority areas:

- **Flexible Working:** Supporting the flexible working policy launch/adoption, gathering best practice and showcasing stories, liaising with key decision makers and boards and applying the NHS flex for the future model.
- **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.

- **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 Group are working closely with the Black, Asian and Minority Ethnic network to explore opportunities for co-working on closing the gender and ethnicity gap.
- **Communications:** Raising awareness through large, regular events to build understanding of the GPG, as well as supporting culture change in the organisation.

9. Fulfilling Our Commitments:

In last year's report, we committed to several actions to address the gender pay gap. These actions are summarised in Table 5, along with an update for transparency. Our core commitments for the coming year are to deliver the outlined interventions in our WeBelong strategy.

| Commitment | Update | Forward plan |
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| Establish GPG and EPG task group. | <ul style="list-style-type: none"> The Gender Pay Gap Task & Finish group was reinstated, and a chair appointed in March 2021. A highly active group has been key in driving the trust work in closing the gap and presented to Board a GPG reduction target which the Board committed to in November 2021. The GPG Task and Finish group also support ethnicity pay gap group and work with other networks to support review of intersectionality data. | <ul style="list-style-type: none"> The GPG will continue to meet regularly reviewing professional level data with the Women's Network, professional representatives as well working with the flexible working group, CEA local group and focussed career development working groups such as administration and clerical with cross site representatives. The administration and clerical working group will be chaired by the Trust's Chief Operating Officer and will ensure that key actions arising from the GPG Task & Finish Group are driven forward. |
| Update Benchmarking | <ul style="list-style-type: none"> This has been reviewed annually as one of the targets is reaching 5th best GPG across London. | <ul style="list-style-type: none"> Whilst exercising caution with data from Trusts that have undergone insourcing as well as adjustment for any potential Barts insourcing, we continue to track our GPG against that of other Trusts and are currently positioned as having the 6th best median GPG across London, based off the current available data (March 2022). |
| The Barts NHS Trust Gender Pay Gap target | <ul style="list-style-type: none"> In November 2021, Barts Health set the following GPG targets: <ol style="list-style-type: none"> Reach a median GPG of 11%. Ensuring that reaching the 11% target is reached genuinely and not through TUPE. Reach 5th best median GPG if benchmarking across London. Reach this target within 3yrs. Continued improvement if we reach the target earlier than 2025. | <ul style="list-style-type: none"> Update Board and Trust regarding progress made against the targets: <ol style="list-style-type: none"> We have reached a median GPG of 11% or less. Target was reached without SERCO in-housing. Reached 6th best GPG across London. 11% median GPG target was reached within 3yrs. Continue improvement includes the 'true- up' (lowering) the median GPG target to reflect the SERCO in-housing effect. Having made 'true' the target to reflect SERCO in-housing we need to ensure this improvement is sustained and continued. Continued improvement includes ensuring both mean and median continue to improve. |
| Assessing impact of SERCO in-housing | <ul style="list-style-type: none"> The GPG Task and Finish group have tracked the impact of changes to the workforce structure which could impact on progress against the GPG target. The GPG Task and Finish group can advocate for a 'true-up' adjustment to the target to ensure that extrinsic factors (whether they negatively or positively impact on progress) are properly taken into account. | <ul style="list-style-type: none"> We can see that the drop in GPG this year is in part due to SERCO in-housing and will look to set a new target to reflect the impact of this. We have already checked that without the SERCO TUPE workforce the Trust had reached the previous target of 11% median GPG. |
| Board approval for revised GPG Target | <ul style="list-style-type: none"> N/A | <ul style="list-style-type: none"> To consider/agree that 5th best GPG remains an appropriate aspiration for the Trust. |

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| | | <ul style="list-style-type: none"> To consider a review over time of GPG within the quartiles, including top quartile as a potential driver of difference of median and mean GPG. To review the current data and work with the Inclusion Board to agree an approach to sustain and build on the improvement that have been achieved. |
| <p>Develop understand of what is driving GPG at Barts Health</p> | <ul style="list-style-type: none"> A systematic approach was adopted by the Gender Pay Gap Task and Finish Group of reviewing GPG data profession by profession covering 74% of the Barts workforce to look at common cross cutting drivers, as well as factors of particular impact within a profession. Women constitute 78% of NHS staff and 1:3 are carers (excluding childcare). England has some of the highest childcare costs in the world (OECD). | <ul style="list-style-type: none"> Continue to expand professional groups reviewed. Re-review prominent professions e.g., nursing. Re-review impact of flexible working. Re-review CEA awards. |
| <p>Cross cutting theme Strategy developed by GPG T&F group</p> | <ul style="list-style-type: none"> Flexible working career progression issues (e.g., A&C) CEA Review of top quartile (% female) 'Pinch' points are highlighted and fed back to professional leadership groups such as NMAHP by GPG T&G. | <ul style="list-style-type: none"> Flexible Working: Supporting the flexible working policy launch/adoption. Career Progression: Working closely with the people directorate to ensure the current career progression offer continues to address the needs of women in the workforce. Clinical Excellence Awards: Providing peer to peer support to colleagues through applications and refining the process to be fairer, as well as ensuring that there is no impact from working less than full time. This piece of work will be driven by our Chief Medical Officer and Head of Medical Workforce. Focus on the top quartile. Intersectionality: Working closely with the BAME network to explore opportunities for co-working on closing the gender and ethnicity gap, as well as other inclusion networks. This will be raised at the next bi-monthly meeting with the BAME network to ensure that this is build into the Network's work programme to ensure a coordinated and joined up approach. Communications: Raising awareness through large, regular events and written media. A key element of this is building engagement at senior Boards, and talking to staff to understand what interventions can be put in place. Mentoring, and shadowing opportunities by Women's' Network. Site-based data E&I groups that focus on data by profession. |
| <p>Monitor and refine existing interventions</p> | <ul style="list-style-type: none"> Existing interventions in our recruitment processes have been under constant review and refinement, this has included a pilot to scale our inclusion ambassador panel participation to further bands. We have also scaled our inclusion training offer and the frequency in which we run our career development programmes for Black, Asian, ethnic minority colleagues and women. Progress on increasing | <ul style="list-style-type: none"> The inclusive career development programme commenced with the roll out of our career development programme for BAME, disabled and female staff, which has been completed by circa 700 staff, across 41 Cohorts. Barts Health has also launched a career mentorship programme, which has successfully matched 93 staff members with senior leaders throughout the organisation. |

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| | <p>representation across gender and ethnicity is reported on monthly to the group Inclusion Board.</p> | <ul style="list-style-type: none"> Moreover, in addition to a central repository of career development webinars, guides, and career conversation toolkits (available on the Trust intranet), staff also have access level 1 bitesize learning tool kits, with 12 modules for staff to have facilitated inclusion conversations along with 16 reflective e-learning modules to upskill our workforce to foster an inclusive culture. The GPG Task & Finish Group believe that these interventions remain suitable for the coming year. The GPG Task & Finish Group will keep the effectiveness of the interventions under review and will consider the appropriateness of additional/alternative interventions. |
| Raise awareness | <ul style="list-style-type: none"> GPG Task & Finish Group developed an infographic explaining GPG and Equal pay but ongoing awareness is needed. | <ul style="list-style-type: none"> Use of infographic, women's network events, E&I training. Regular 'live' listening and awareness events hosted by Women's network. |
| Awareness of GPG throughout the organisation | <ul style="list-style-type: none"> GPG findings were fed back to Board, local E&I and key professional bodies such as NMAHP. | <ul style="list-style-type: none"> Develop further links to enhance review of site based professional data through work with; site people directors, E&I groups, E&I networks (in particular Women's network), and key professional bodies such as NMAHP. |
| Broader scope interventions | <ul style="list-style-type: none"> Further refined inclusive recruitment processes (including shortlisting process and having unbiased panel members). A refreshed inclusion and learning development curriculum has launched which is recommended for all staff. This includes building inclusive cultures, as well as specific sessions on understanding the GPG. The trust wide career progression framework including interventions designed at reducing disparities in development/job opportunities (including shadowing, sponsorship, stretch opportunities, job sharing, secondments, and targeted development programmes). Recruited new leads for the women's network at hospital sites and represented at monthly hospital inclusion committees. Improving flexible working policy and use. Reviewing key policies, including the uptake of Shared Parental Leave. Trust wide mentoring and sponsorship programme. Networking opportunities via Women's Network. | <ul style="list-style-type: none"> The Trust has now formally launched the Inclusive Career Development Framework across all sites and work is underway to identify a cohort for the Future VSM Programme. We have launched the opportunity as part of our wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is representative of our workforce. We have also partnered with an external consultant to review and improve our Board level recruitment and advertising processes to adopt a more values/ impact-based model that seeks to increase female and ethnic minority representation in VSM and board level roles. We have carried out two live exercises using the new values / impact-based model for a CEO role and Director level role. There will be a robust evaluation of these programmes to identify learning and best practice, which we will embed within our other inclusive career development initiatives. Our systematic approach to evaluation of the impact of the programmes will include gathering feedback from participants, which we will use to drive our continuous improvement efforts and ensure that our inclusive career development opportunities are delivered in a way that is personalised, supportive and that has an impact on our gender and ethnicity pay gaps. |