



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

WORKFORCE EQUALITY REPORT 2022

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EXECUTIVE SUMMARY

This annual workforce equality data and analysis report has been produced to provide a detailed analysis of our workforce by the protected characteristics of age, gender, disability, race, religion, or belief, sexual orientation, and marital status.

This report will include:

- Workforce Race Equality Standards (WRES) report and action plan.
- Workforce Disability Equality Standards (WDES) report and action plan.
- Gender pay gap report.

This reports included within the wider workforce report fulfils the Trusts legal obligation to the Equality Act 2010 by completing these NHS England (NHSE) standards.

WORKFORCE RACE EQUALITY STANDARD (WRES)

INTRODUCTION

This section of the workforce report describes the Trusts approach to and performance against the Workforce Race Equality Standards (WRES) in 2021.

WRES was mandated by the NHS from April 2015 and was included within the NHS standard Contract from 2015 /16. WRES baseline data has been provided and published on a yearly basis by the NHS since July 2015.

The main purpose of the WRES is to help local and national NHS organisations review their data across nine WRES indicators and to produce an action plan to improve the workplan experiences of Black, Asian, Minority Ethnic (BAME) staff. The WRES places an obligation on the NHS organisation to improve BAME representation at Board and senior level.

The WRES is applicable to providers and commissioners alike.

The Trust has two roles in relation to the WRES -as a provider of NHS services and as an employer. In both roles, our work is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution
- The Equality Act and Public Sector Equality Duty
- The NHS Standard Contract
- The NHS Oversight Framework (this has replaced the CCG Improvement and Assessment Framework)

The NHS Standard Contract and NHS Oversight Framework both require CCGs to give assurance to the NHS England and Improvement (NHSE/I) WRES team that their providers are implementing and using WRES.

The Trust has monitoring agreements in place to provide the above assurance through contract monitoring work, equality audits and performance reporting.

THE NINE WRES INDICATORS

WORKFORCE INDICATORS

(FOR EACH OF THESE 4 WORKFORCE INDICATORS, COMPARE THE DATA FROM WHITE AND BAME STAFF)

Percentage of staff in each of the Agenda for Change (AfC) band 1-9 or medical/dental sub-groups and very senior managers (VSM) (including Board members) compared with the percentage of staff in the overall workforce.

NOTE: organisations should undertake this separately for clinical and non-clinical staff

Relative likelihood of staff being appointed from shortlisting across all posts

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

NOTE: this indicator will be based on year end data

Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

NATIONAL NHS STAFF SURVEY INDICATORS (OR EQUIVALENT)

FOR EACH OF THESE 4 STAFF SURVEY INDICATORS, COMPARE THE OUTCOME FOR RESPONSES FOR WHITE AND BAME STAFF.

Percentage of staff experience harassment, bullying or abuse from patients/service users, relatives, or the public in the last 12 months

Percentages of staff experience harassment, bullying or abuse from staff in the last 12 months

Percentage believing that the organisation provided equal opportunities for career progression and promotion

Percentage of staff experience discrimination at work from manager/team leader or other colleagues in the last 12 months

BOARD REPRESENTATION INDICATION

FOR EACH INDICATOR COMPARE THE DIFFERENCE FOR WHITE AND BAME STAFF.

Percentage difference between the organisation Board voting membership and its overall disaggregated - by voting membership and executive membership of the Board

DEFINITIONS OF ETHNICITY – PEOPLE COVERED BY THE WRES:

Within the WRES, BAME refers to Black, Asian and Minority Ethnic groups. WRES publications often cite the term 'BME' which refers to Black, Asian and Minority Ethnic groups.

Data regarding BAME within the WRES relates to staff in the following group which are categorised by the Office of National Statistics and cited within the [WRES technical guidance](#):

BAME includes

- Mixed White and Black - Caribbean
- Mixed White and Black - African
- Mixed White and Asian
- Asian or Asian British - Indian
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Pakistani
- Black or Black British - Caribbean
- Black or Black British- African
- Chinese
- Any other Asian background
- Any other Black background
- Any other Ethnic group

BAME excludes

- White British
- White Irish
- Any other White Background

IMPLEMENTATION OF THE WRES, TRUSTS SHOULD:

- Collect workforce data for the period April 2021 – March 2022 and submit through the Strategic Data Collection Service by 31st August 2022.
- Publish its WRES report and action plan by the 31st October 2022.

The Trusts reporting information and data has been collated from its Electronic Staff Record (ESR) and internal data set.

WRES technical guidance is available which notes that certain ‘white groups’ such as Gypsies and Travellers and Eastern European staff may be a significant minority group within an organisation and experience discrimination. Where this is the case, organisations should explore tackling such discrimination using workforce data, surveys and employing the principles of WRES.

OUR WRES DATA SETS

The following tables show WRES reporting from the last 2 reporting periods for each of the indicators. The following data has been collated from the WRES submission templates for The Roberts Jones and Agnes Hunt Orthopaedics Hospital NHS Foundation Trust – which are in excel format.

Table one below shows summary workforce data – relating to the indications 1 and 9:

Indicator 1: Percentage of staff in each of the Agenda for Change (AfC) band 1-9 or medical/dental sub-groups and very senior managers (VSM) (including Board members) compared with the percentage of staff in the overall workforce.

Indicator 9: Percentage difference between the organisation Board voting membership and its overall disaggregated:

- by voting membership of the Board
- by executive membership of the Board

These indicators link to domain 3 of the NHS Equality Delivery System 2022.

TABLE ONE -The RJAH Trust	2022	2021
Number of staff employed within the organisation – headcount	1685	1626
Proportion of BAME staff (%)	5.9%	5.7%
Proportion of BAME staff in VSM (%)	5.6%	0%
Total Board Members headcount and percentage	1 from 11 (9.1%)	0 from 11 (0%)
Proportion of BAME Executive board members headcount and percentage	0 from 5 (0%)	0 from 4 (0%)
Proportion of staff self-reporting their ethnicity (%)	94.8%	95.1%

The data sets shows a slight increase in staffing since last year, and BAME representation has increased slightly from 5.7% to 5.9% of staff.

CONTEXT – LOCAL BAME POPULATION

Steph Wilson

VERY SENIOR MANAGERS (VSM)

The proportion of BAME staff in VSM across the Trust has increased from 0% to 5.6%. The proportion of BAME staff in VSM is below local population. This can affect the confidence levels BAME staff as they do not see representation at senior levels.

BOARD MEMBERS

The proportion of BAME staff in Board level roles has increased from 0% to 9.1%

PROPORTION OF BAME EXECUTIVE BOARD MEMBERS

The number of Executive Board members is relatively small 0 with a total of 5 people in 2022. For this period and previous reporting period, the BAME proportion remains at 0%. BAME representation for Executive Board members is lower than both local populations and BAME overall staff representation.

SELF-REPORTING OF ETHNICITY

The self-reporting of ethnicity on staff record is lower than 2021 but remains high with overall reporting at 94.8%

Table 2 below shows the recruitment data relation to Indicator 2: the relative likelihood of staff being appointed from shortlisting across all posts.

TABLE TWO - The RJAH Trust	2022	2021
Number of shortlisted applicants (headcount)	623	779
BAME shortlisted applicants (head count and %)	77 12.4%	51 6.5%
Number appointed from shortlisting	174	190
BAME appointed from shortlisting (headcount and % from total appointed)	11 6.3%	5 2.6%
Relative likelihood of white staff being appointed from shortlisting compared to BAME staff	1.85	2.46

The above data shows the number of appointments has decreased from 190 in the last reporting period to 174 in 2022.

The percentage of BAME staff appointed from shortlisting has increased from 2.6% to 6.3% however, this is a lower percentage than BAME staff shortlisted which was 12.4%. This may affect the confidence levels in the likelihood of appointments across White, BAME and unknown backgrounds.

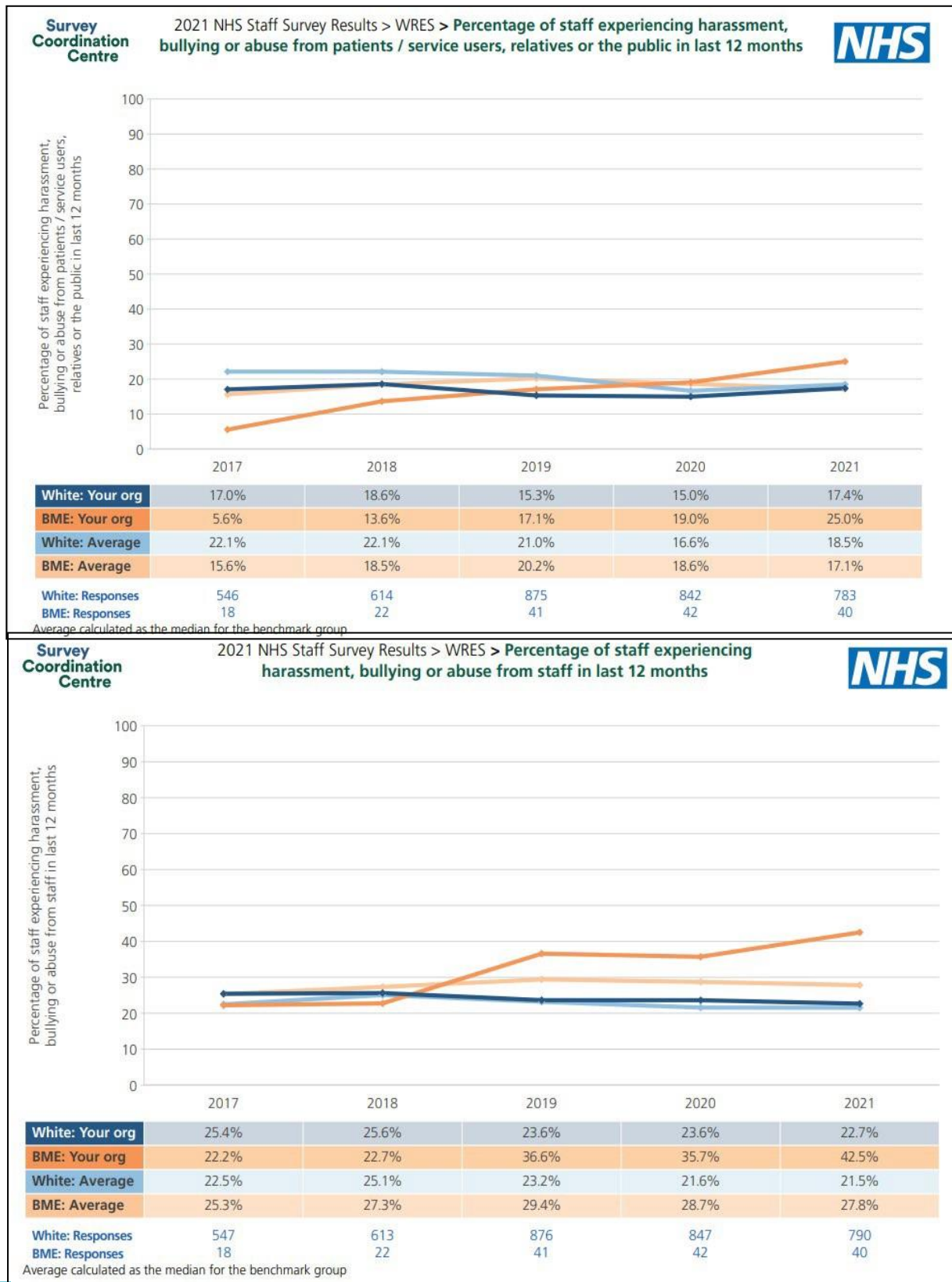
Table 3 shows disciplinary data relating to indicator 3: relative likelihood of BAME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

TABLE THREE - The RJAH Trust	2022	2021
Number of staff entering into formal disciplinary process	REDACTED	REDACTED
Likelihood of staff entering the formal disciplinary process (%)		
a) White staff	0.47%	0.07%
b) BAME staff	1.00%	0.00%
c) Unknown	0.00%	0.00%

The data set has been redacted within this report due to possible identifiable data.

The data shows that in 2022, 1% of BAME staff entered into a disciplinary process compared to 0.47% of White staff.

STAFF SURVEY - EXPERIENCE



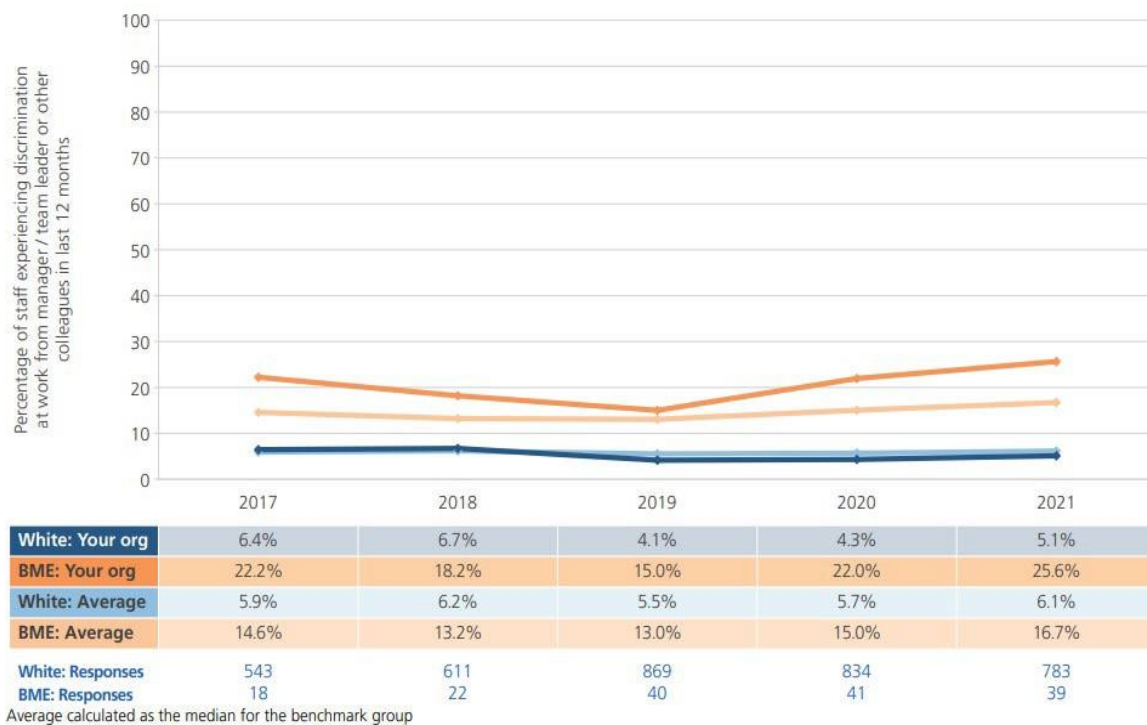
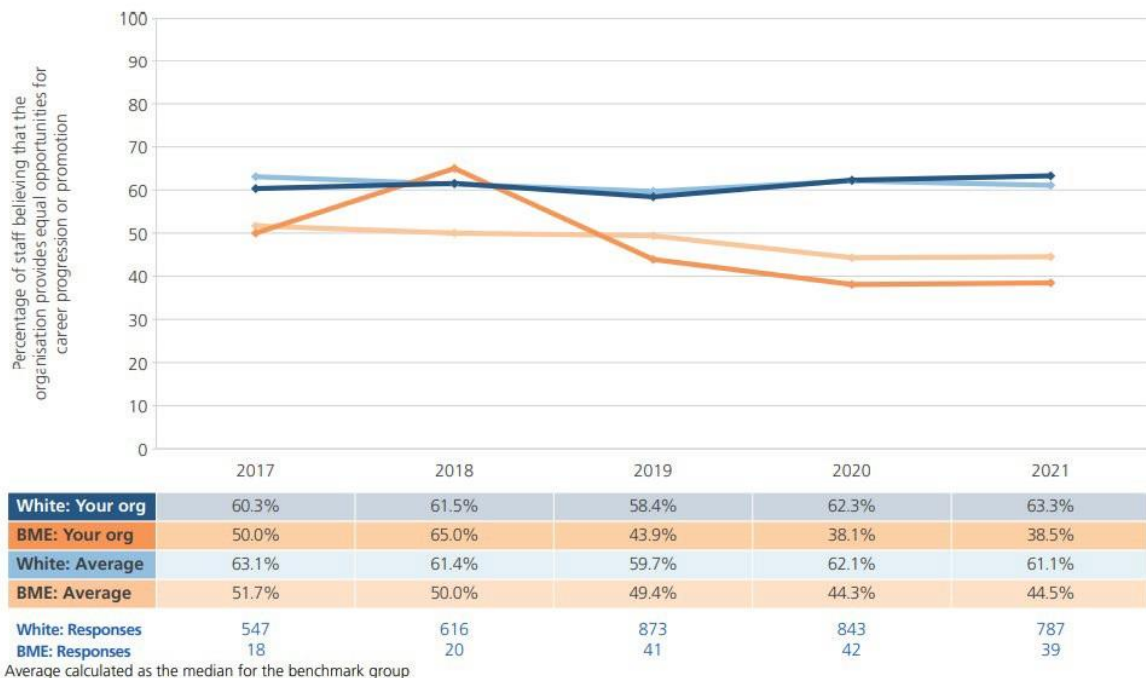
Survey Coordination Centre

2021 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months





WRES ACTION PLAN

Trusts are required to produce an action plan based on the WRES findings. We will produce a Trust WRES action plan which will be published on the Trusts website. This will outline the steps to be taken by the Trust to improve inclusion and ensure that support is in place to meet the needs of all staff including BAME staff are at higher risk of experiencing discrimination at work.

The Trusts action plan will also refer to the Equality Delivery Systems (EDS) goals.

The NHS EDS is an equality performance and evaluation tool to help improve equality performance across three domains:

1. Commissioned or Providers services
2. Workforce health and wellbeing
3. Inclusive leadership

WRES relates directly to all domains but specifically domains 2 and 3.

Our action plan and progress will be regularly reviewed throughout the year with oversight from our governance processes. This is documented separately to this report.

The Executive Management Team will have overall oversight for monitoring with Trusts Chief People and Culture Office holding overall responsibility from reducing equalities. A Non-Executive Director has also been appointed to lead on the Equality, Diversity, and Inclusion agenda.

Progress will be reported and published within:

- 2022/23 Equality and Inclusion Annual Report
- 2023 WRES Report

Red	Behind plan
Amber	In Progress
Green	Complete
Blue	Implemented
NS	Not Started

WRES ACTION PLAN 2022

Ref.	Action	Progress/Issues/Risks	Target Date	Status	Committee	Lead
1	E,D& I Strategy	To be scheduled for discussion at a 2023 Board Strategy session	Sep-23	Not Started	Board	CPO
2	Board statement - anti-racism	To be scheduled for discussion at a 2023 Board Strategy session	Sep-23	Not Started	Board	CPO
3	NED EDI lead	To be confirmed at People and Culture Committee	Dec-22	In Progress	Board	Chair
4	Review Trust E,D&I resource and expertise	Trust People Team structure has been reviewed and recommendations made to strengthen E,D&I resource and expertise. Short-term support options to be discussed with STW ICB and NOA colleagues.	Jan-22	In Progress	People	CPO / CEO
5	EDI Committee	Extraordinary committee met 29th September 2022, terms of reference have been agreed and ongoing meetings will be established.	Dec-22	In Progress	People	CPO
6	System EDI network	AM to attend System EDI network meeting going forward to link in with partners. DH to attend EDI development session with the ICS.	Sep-23	In Progress	People	CPO
7	Staff story at Board	EDI Committee to consider	Sep-23	Not Started	People	CPO
8	Board training	CPO and CEO to consider	Sep-23	Not Started	People	CPO/ CEO
9	EDI training	Since April 2020, staff have been required to complete the HEE national e-learning module "Equality and Diversity and Human Rights Level 1", which has a 3-year validity period. This is a core subject and mandatory for all staff. Other training is also available including: optional STW ICS EDI training (not recorded on RJAH ESR records) and HEE podcasts on health inequalities training. The ICS is creating videos for a new EDI learning module for 2023/22 (approx. 1 hour) - bespoke to local learning requirements rather than the generic national module.	Sep-23	In Progress	People	CPO
10	Allyship	NHS Providers have produced a toolkit of questions for Boards to consider and also provide a series of events for directors to attend.	Sep-23	Not Started	People	CPO/ CEO
11	Review BAME staff network effectiveness	Trust IJC network is not currently active, consider revamping or moving to a system wide network.	Sep-23	Not Started	People	CPO

12	Keeping in Touch conversations	Framework for keeping in touch conversations has been agreed and is currently being rolled out.	Mar-23	In Progress	People	CPO
13	Leadership development programme	A Leadership Development Programme has been agreed and will be rolled out from 2023.	Mar-23	In Progress	People	CPO
14	FTSU/Whistle Blowing awareness	Additional FTSU guardians have now been appointed and new training has been rolled out (starting at Board level). The Whistle Blowing Policy is also currently being reviewed.	Feb-23	In Progress	People	CPO
15	Induction process	Ensure induction process has sufficient focus on E,D&I	Sep-23	Not Started	People	CPO
16	Consider use of Trust buddy programme to discuss EDI with staff to understand and explore staff experience	To be considered by Executive Team and People Committee	Mar-23	In Progress	People	CPO
17	Listening Events	Revised framework to be drafted.	Mar-23	In Progress	People	CPO
18	Review calendar of events to celebrate	Communications team to lead	Mar-23	Not Started	People	CPO
19	Improve recording of ethnicity data	Trust Workforce Information Lead has identified actions to improve capture of ethnicity data.	Mar-23	In Progress	People	CPO
20	Encourage increased uptake of staff survey	52% completion rate of 2022 staff survey.	Sep-23	Complete	People	CPO
21	EDI newsletter	Consider roll out and liaise with ICS	Jun-23	Not Started	People	CPO

WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

INTRODUCTION

This report has been compiled following the 2022 submission of the Trusts data against the Workforce Disability Equality Standard (WDES)

This report therefore sets out The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trusts performance information against the mandatory WDES metrics and our actions.

THE WORKFORCE DISABILITY EQUALITY STANDARD

The Workforce Disability Equality Standards (WDES) is mandated by the NHS Standard Contract and applied to all NHS Trusts and Foundations Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experience of disabled staff on the NHS. Four of the indicators focus on the workforce data, four are based on data from the national NHS staff survey questions and one indicator focuses on disability representation on the Board.

THE TEN WDES INDICATORS

WORKFORCE INDICATORS

The WOES is a data-based standard that uses a series of ten measures (metrics) to improve the experience of disabled staff on the NHS. Four of the indicators focus on the workforce data, four are based on data from the national NHS staff survey questions and one indicator focuses on disability representation on the Board.

Percentage of staff in AfC pay bands or medical and dental sub-groups and very senior leaders (including Executive Board members) compared with the percentage staff in the overall workforce

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts

Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into formal capability procedure.
NOTE: based on a two-year rolling average (April 2022 - March 2022)

a) Percentage of disabled staff, compared to non-disabled staff experiencing harassment, bullying or abuse (patients/public, managers or colleagues)
b) Percentage of staff reporting it

Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work

a) The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation
b) action taken to facilitate the voices of your disabled staff to be heard

Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated by voting membership and executive membership of the Board (snapshot of March 2022)

Metric 1 – Percentage of staff in AfC pay-bands or medical subgroups and very senior manager (including Executive Board Members) compared with the percentage of staff overall.

	Disabled Staff			Non-Disabled Staff		
	2022 %	2021 %	Difference %	2022 %	2021 %	Difference %
Bands 1 – 4	3.47	3.01	+0.45	69.87	63.29	+6.58
Bands 5 – 7	3.20	2.84	+0.35	56.98	52.54	+4.43
Bands 8a – 8b	2.82	3.33	-0.52	70.00	53.57	+16.43
Bands 8c – 9 and VSM	5.00	3.57	+1.43	71.43	73.33	-1.90
Medical Staff (Consultants)	0	0	0	50.00	47.96	+2.04
Medical Staff (non-career grades)	0	0	0	78.57	69.57	+9.01
Medical Staff (trainee grades)	0	0	0	63.65	52.63	+11.00

Metric 2 – Relative likelihood of non-disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

	2022	2021
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	1.07	1.58

Metric 3 – Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.

	2022	2021
Relative likelihood of disabled staff compared to non-disabled staff from entering the formal capability process, as measured by entry into the formal capability process.	0.00	0.00

Metric 4 – 9 extracts from 2021 staff survey results

Survey
Coordination
Centre

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

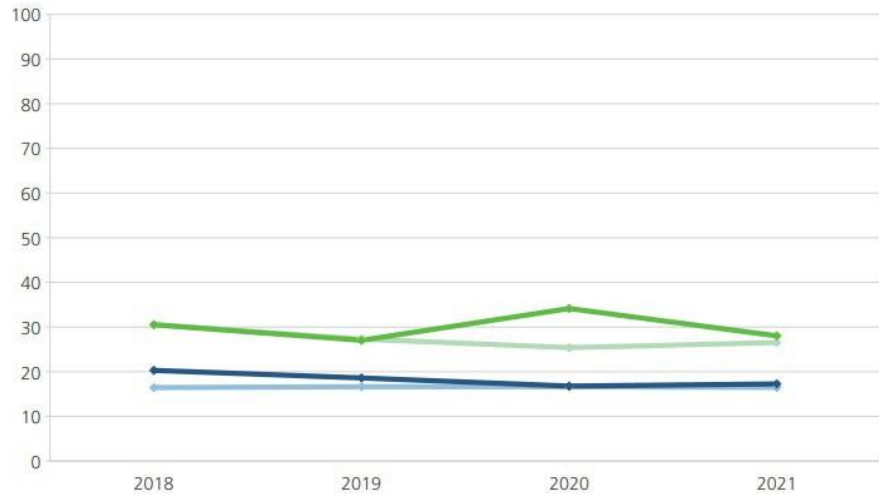


Survey
Coordination
Centre

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months



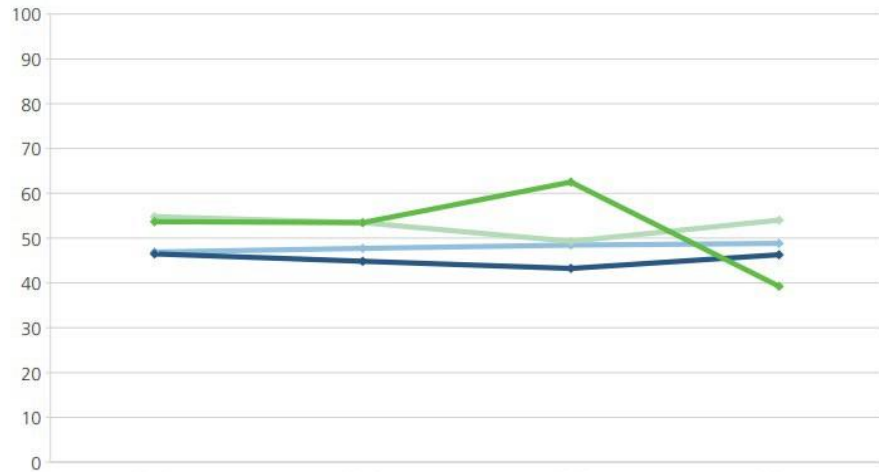
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	30.5%	27.0%	34.1%	28.0%
Staff without a LTC or illness: Your org	20.3%	18.6%	16.8%	17.3%
Staff with a LTC or illness: Average	30.5%	27.3%	25.4%	26.5%
Staff without a LTC or illness: Average	16.4%	16.6%	16.6%	16.5%

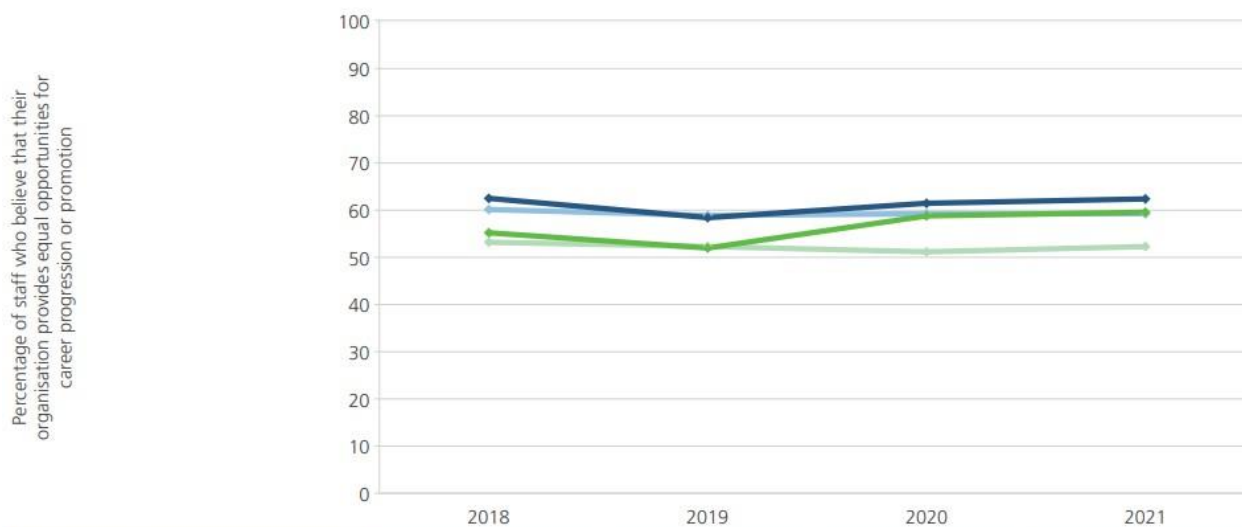
Staff with a LTC or illness: Responses 95 148 164 182
 Staff without a LTC or illness: Responses 542 758 721 643
 Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



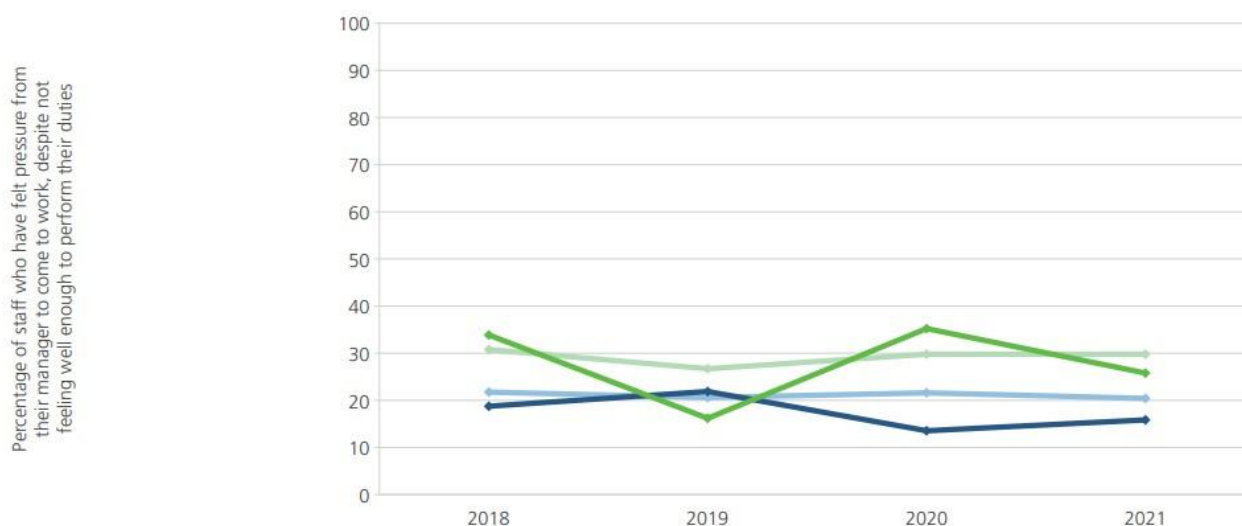
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	53.7%	53.4%	62.5%	39.2%
Staff without a LTC or illness: Your org	46.5%	44.8%	43.2%	46.3%
Staff with a LTC or illness: Average	54.8%	53.4%	49.3%	54.0%
Staff without a LTC or illness: Average	46.9%	47.7%	48.4%	48.8%

Staff with a LTC or illness: Responses 41 58 72 79
 Staff without a LTC or illness: Responses 142 203 192 175
 Average calculated as the median for the benchmark group



Staff with a LTC or illness: Responses	96	152	165	183
Staff without a LTC or illness: Responses	544	767	724	646

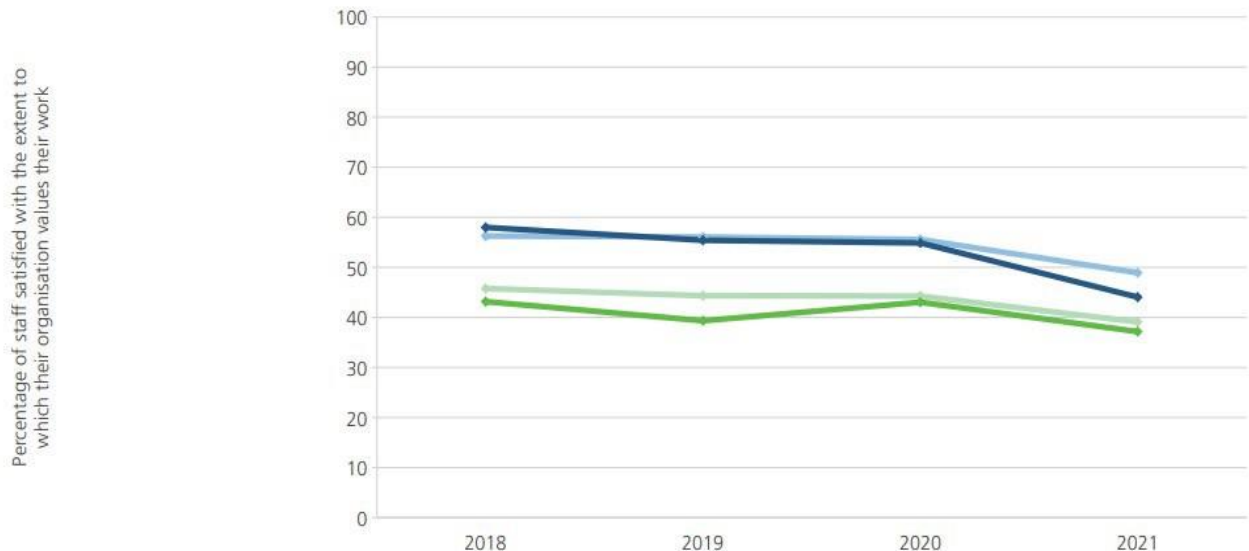
Average calculated as the median for the benchmark group



Staff with a LTC or illness: Responses	62	105	88	128
Staff without a LTC or illness: Responses	240	320	251	265

Average calculated as the median for the benchmark group

2021 NHS Staff Survey Results > WDES > Percentage of staff satisfied with the extent to which their organisation values their work



Staff with a LTC or illness: Responses	95	150	165	183
Staff without a LTC or illness: Responses	545	767	718	647

2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



Staff with a LTC or illness: Responses	61	93	101	104
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Average calculated as the median for the benchmark group



	2018	2019	2020	2021
Organisation average	7.6	7.5	7.5	7.1
Staff with a LTC or illness: Your org	7.2	7.2	7.2	6.9
Staff without a LTC or illness: Your org	7.7	7.6	7.6	7.2
Staff with a LTC or illness: Average	7.2	7.2	7.1	6.9
Staff without a LTC or illness: Average	7.5	7.6	7.5	7.4
Organisation Responses	657	948	897	841
Staff with a LTC or illness: Responses	97	152	165	184
Staff without a LTC or illness: Responses	548	774	726	648

Average calculated as the median for the benchmark group

Metric 9b– has your organisation taken action to facilitate the voices of your disabled staff to be heard?

Yes – The STW ICS Disability Network meeting is chaired by Meredith Vivian OBE, Non-Executive Director of NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB)

The network will be asking colleagues from across the system to complete a short confidential survey, to help shape the disability equality and inclusion agenda.

Metric 10 – percentage difference between the organisations Board voting membership and its organisational overall workforce.

	2021			2022		
	Disabled	Non-Disabled	Not Known	Disabled	Non-Disabled	Not Known
Executive	0	9	2	0	3	2
Non-Executive	0	5	1	0	3	4
Voting	0	8	2	0	6	5
Non-Voting	0	1	0	0	0	1

WDES ACTION PLAN

Trusts are required to produce an action plan based on the WDES findings. We will produce a Trust WDES action plan which will be published on the Trusts website. This will outline the steps taken by the Trust to improve inclusion and ensure that support is in place to meet the needs of staff including disabled staff that are at higher risk of experiencing discrimination at work.

The Trusts action plan will also make reference to the Equality Delivery System (EDS) goals.

The NHS EDS is an equality performance and evaluation tool to help improve equality performance across three domains:

4. Commissioned or Providers services
5. Workforce health and wellbeing
6. Inclusive leadership

WDES relates directly to all domains but specifically domains 3 and 4.

Our action plan and progress will be regularly reviewed throughout the year with oversight from our governance processes. This is documented separately to this report.

The Executive Management Team will have overall oversight for monitoring with Trusts Chief People and Culture Office holding overall responsibility from reducing equalities. A Non-Executive Director has also been appointed to lead on the Equality, Diversity, and Inclusion agenda.

Progress will be reported and published within:

- 2022/23 Equality and Inclusion Annual Report
- 2023 WDES Report

Red	Behind plan
Amber	In Progress
Green	Complete
Blue	Implemented
NS	Not Started

WDES ACTION PLAN

Ref	Action	Progress/ Issues/ Risks	Target date	Status	Committee	Lead
1	E,D&I Strategy	To be scheduled for discussion at a 2023 Board Strategy session	Sep-23	Not Started	Board	CPO
2	NED EDI lead	To be confirmed at People and Culture Committee	Dec-22	In Progress	Board	Chair
3	Review Trust E,D&I resource and expertise	Trust People Team structure has been reviewed and recommendations made to strengthen E,D&I resource and expertise. Short-term support options to be discussed with STW ICB and NOA colleagues.	Jan-22	In Progress	People	CPO / CEO
4	EDI Committee	Extraordinary committee met 29th September 2022, terms of reference have been agreed and ongoing meetings will be established.	Dec-22	In Progress	People	CPO
5	System EDI network	AM to attend System EDI network meeting going forward to link in with partners. DH to attend EDI development session with the ICS.	Sep-23	In Progress	People	CPO
6	Staff story at Board	EDI Committee to consider	Sep-23	Not Started	People	CPO
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9	Disability Network	The STW ICS Disability Network Meeting is chaired by Meredith Vivian OBE, Non-Executive Director of NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB). The network will be asking colleagues from across the system to complete a short confidential survey during December 2022, to help shape the disability equality and inclusion agenda.	Dec-23	In Progress	People	CPO
10	Keeping in Touch conversations	Framework for keeping in touch conversations has been agreed and is currently being rolled out.	Mar-23	In Progress	People	CPO
11	Leadership development programme	A Leadership Development Programme has been agreed and will be rolled out from 2023.	Mar-23	In Progress	People	CPO
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13	Induction process	Ensure induction process has sufficient focus on E,D&I	Sep-23	Not Started	People	CPO
14	Consider use of Trust buddy programme to discuss EDI with staff to understand and explore staff experience	To be considered by Executive Team and People Committee	Mar-23	In Progress	People	CPO
15	Listening Events	Revised framework to be drafted.	Mar-23	In Progress	People	CPO
16	Review calendar of events to celebrate	Communications team to lead	Mar-23	Not Started	People	CPO
17	Improve recording of disability data	Trust Workforce Information Lead has identified actions to improve capture of disability data.	Mar-23	In Progress	People	CPO
18	Encourage increased uptake of staff survey	52% completion rate of 2022 staff survey.	Sep-23	Complete	People	CPO
19	EDI newsletter	Consider roll out and liaise with ICS	Jun-23	Not Started	People	CPO
20	Accessible awareness	Consider working with Accessible to create Access Guides to facilities, wards and departments across the hospital.	Jun-23	Not Started	People	CPO

GENDER PAY GAP

INTRODUCTION

We can use the results of this Gender Pay Gap report to assess:

- The levels of gender equality in our workplace
- The balance of male and female employees at difference levels
- How effectively talent is being maximised and rewarded

Through analysis of the report's findings the challenge in our organisation and across Great Britain is to eliminate any gender pay gap. However, the gender pay gap should not be confused with equal pay.

Equal pays deal with the pay difference between male and females who carry out the same jobs, similar jobs, or work of equal value It is unlawful to pay people unequally because of their gender. The Roberts Jones and Agnes Hunt Hospital Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristics.

In producing this report, we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

WHAT IS THE GENDER PAY GAP?

The gender pay gap shows the difference between the average (mean and median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female, and male participation, and how effectively talent is being maximised.

WHAT IS THE DIFFERENCE BETWEEN THE GENDER PAY GAP AND EQUAL PAY?

The gender pay gap differed from the equal pay. Equal pay deals with the pay difference between men and women who carry out the same jobs, similar jobs, or work of equal value.

It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the difference in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those areas are. In some cases, the gender pay gap may include unlawful inequality in pay, but this is not necessarily the case.

GENDER PROFILE ACROSS THE TRUST

The Trust is required by law to carry out Gender Pay reporting under the Equality Action 2010 (Gender Pay Gap Information) Regulations 2017. This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisations; it does not involve publishing individuals employees' data.

	Average and Median Hourly Rate					
	Average Hourly Rate	2022	2021	Median Hourly Rate	2022	2021
Men		24.55	23.70		16.84	16.72
Women		15.46	15.15		13.14	13.27
Difference		8.79	8.55		3.7	3.45
Pay Gap (%)		36.26%	36.06%		21.95%	20.63%

Number of employees (Q1 = Low | Q4 = High) highest rate of pay at 31/03/2022

Quartile	Female	Male	Female Percentage	Male Percentage
1	344.00	87.00	79.81	20.19
2	359.00	72.00	83.29	16.71
3	346.00	72.00	82.78	17.22
4	265.00	179.00	59.68	40.32

Bonus Pay Figures at 31/03/2022 (CEAS)

	Average Pay	Median Pay
Male	9,999.22	7,452.03
Female	10,254.41	9,048
Difference	-255.19	-1,595.97
Pay Gap %	-2.55	-21.42
	Employees Paid Bonus	Total Relevant Employees
Female	5.00	1434.00 (0.35)
Male	33.00	438.00 (7.53)

