

## Trust Board: 28<sup>th</sup> November 2023

### Gender Pay Gap Report 2022/23 and Action Plan 2023/24

#### Purpose of the Report

- Public authorities and private sector organisations with 250 or more employees have a statutory duty under the Gender Pay Gap (GPG) Regulations to publish information relating to the difference in pay between female and male employees.
- Actions for the Trust Board:
  - approve the 2022/23 Gender Pay Gap metrics for submission to central government via a reporting portal and publication on the Trust's website, both by 30<sup>th</sup> March 2024;
  - endorse the action plan to address the equality issues indicated by the GPG metrics.
- Assurance is provided that the Trust's statutory duties under the GPG Regulations will be met if the above actions are undertaken.

#### Analysis of the issue

- In March 2023, there was a Gender Pay Gap in favour of men in terms of:
  - mean hourly pay gap: 10.2%
  - median hourly pay gap: 3.4%
  - mean bonus pay gap: 47.0%

There was no median bonus pay gap (0%).

- This is an improved position compared to 2021/22.
- Please see the report below for the full analysis of the GPG metrics and a proposed action plan.

#### Proposal

- It is asked that the Board approves the 2021/22 GPG metrics for two purposes:
  - submission of summary figures to central government via a reporting portal by 30<sup>th</sup> March 2023,
  - publication of the accompanying GPG report on the Trust's public-facing website by 30<sup>th</sup> March 2023.
- These are legal requirements of the GPG Regulations.
- NHS Employers state that a GPG action plan should be produced to address issues arising from the GPG metrics and that this action plan should be discussed and endorsed by the Trust's Board to signal a strong commitment to tackling gender inequality in the workplace. The Board is therefore asked to endorse the action plan detailed in the accompanying report.
- The requirements above reflect an annual governance cycle.

## Decision required

Briefing – no decision required	
Discussion – no decision required	
Decision required – detail below	X

- Please approve the GPG metrics for submission to central government.
- Please approve the accompanying report for publication on the Trust’s public-facing website.
- Please endorse the GPG Action Plan, detailed in the accompanying report.
- Failure to comply to with the Gender Pay Gap Regulations can result in
  - enforcement action from the Equality and Human Rights Commission (EHRC), leading to court orders and fines.
  - reputational damage to the organisation
    - the names of organisations that fail to comply with the GPG regulations are published on the website of the Equality and Human Rights Commission
    - the names of organisations that fail to comply with the GPG regulations have also been published in the national press
    - The Gender Pay Gap service applies publicly visible ‘late badges’ to employers registered within the service and have failed to report and publish their gender pay gap information for any year they are required to do so.
- Ultimately, a failure to act upon the equality issues indicated by the GPG metrics could result in a failure to deliver workforce equality, diversity and inclusion (item 73 on the Trust’s risk register).

**Governance table**

<b>For Board and Board Committees: Paper sponsored by:</b>	Trust Board Sarah Willis (Director of Human Resources and Organisational Development)	
<b>Paper authored by:</b>	Roisin Ryan (EDI Specialist), Haseeb Ahmad (Head of Equality, Diversity and Inclusion)	
<b>Date submitted:</b>	11 <sup>th</sup> October 2023	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	EDI Workforce Group (10 <sup>th</sup> October 2023)	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	Assured	
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	This report is part of an annual governance cycle	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	X
	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trustwide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	73. Failure to deliver workforce equality, diversity and inclusion
<b>Is the decision required consistent with LPT's risk appetite:</b>	Y	
<b>False and misleading information (FOMI) considerations:</b>	N/A	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Y	
<b>Equality considerations:</b>	Y	

## Leicestershire Partnership NHS Trust: Gender Pay Gap Report 2022/23

### Background to the gender pay gap analyses

The Gender Pay Gap Regulations introduced an annual requirement for public authorities and private organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees.

Employees include bank staff and substantive staff, but not agency workers.

A **“relevant employee”** is a person who is employed on the snapshot date (31<sup>st</sup> March 2023). This is our total workforce. The bonus pay gap is calculated for all relevant employees (section 4).

A **“full-pay relevant employee”** is a relevant employee who is not, during the relevant pay period (March 2023), being paid at a reduced rate as a result of being on leave. The hourly pay gap is calculated for full-pay relevant employees only (section 2).

The Gender Pay Gap comprises:

1. the difference between the hourly rates of pay of male and female full-pay relevant employees (mean and median);
2. and the proportions of male and female full-pay relevant employees in the lower, lower-middle, upper-middle and upper quartile pay bands.
3. the difference between the bonuses paid to male and female relevant employees (mean and median);
4. and the proportions of male and female relevant employees who were paid bonus pay;

The gender pay gap is not the same as the issue of equal pay. Men and women in the same employment performing equal work must receive equal pay. The gender pay gap looks at the difference between what men and women each earn on average, and reflects the fact that there is inequality between the sexes in job roles which leaves women earning, on average, less than men.

### What has been included in the calculations?

**The Electronic Staff Record (ESR) reporting system for the Gender Pay Gap includes various pay elements in its calculation by default. Additional pay elements can be added for locally agreed pay arrangements.**

**“Hourly pay” includes, by default, payments related to ordinary pay:** basic pay, allowances (e.g. recruitment and retention premia), pay for leave, WTD payments, shift premium pay (e.g. enhancements, on call payments), and bonus payments made in the reference period. Hourly pay is calculated after deductions for salary sacrifice schemes, where applicable. Overtime, pay in lieu of notice, pay in lieu of annual leave and arrears are excluded. Hourly pay is calculated before tax, NI and pension deductions. Where an employee has more than one assignment, their pay and hours will be totalled from all assignments and divided together. Only those who are at work or on leave with full pay are included in the calculation for hourly pay; those on reduced pay or nil pay as a result of being on leave are excluded.

**The following locally agreed payments have also been included in the ordinary hourly pay calculations:** LeDeR payments and Ad Hoc Directors’ allowances (ongoing allowances for extra duties must be included); Covid-19 incentive payments for Bank staff (as ongoing recruitment and retention premia must be included), and percentage payments for working on call.

“**Bonus pay**” is defined as: payment related to profit-sharing, productivity, performance, incentive, commission, or long service awards with a monetary value (cash, vouchers, or securities). At LPT bonus pay includes Local Clinical Excellence Awards only.

Note on statistics:

- “Mean” is the average value, calculated by adding up all values and dividing by the number of values. Where there are one or two very small or very large values, this will skew the value of the mean. Mean is relevant because it helps us see the impact of having a few people, usually men, earning much more than the typical workforce, and a few people, usually women, earning less.
- “Median” is the middle value of a data set when all values are ordered smallest to largest. It is less affected by very small or very large values skewing the average. Median is thought to be more relevant to comparing pay in the ‘typical’ workforce, without being skewed by those few people who earn much less or much more than others.

Both mean and median can be useful to explain differences between men’s and women’s pay.

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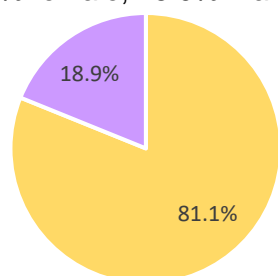
## Section 1: Workforce Overview

### 1.1 Leicestershire Partnership NHS Trust's workforce at March 2023

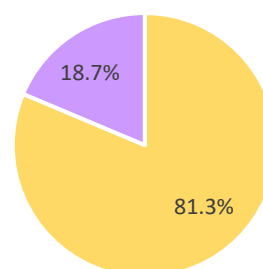
Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (population estimate at March 2021: 1,121,800, based on Census 2021 data).

LPT's workforce at the end of March 2023:

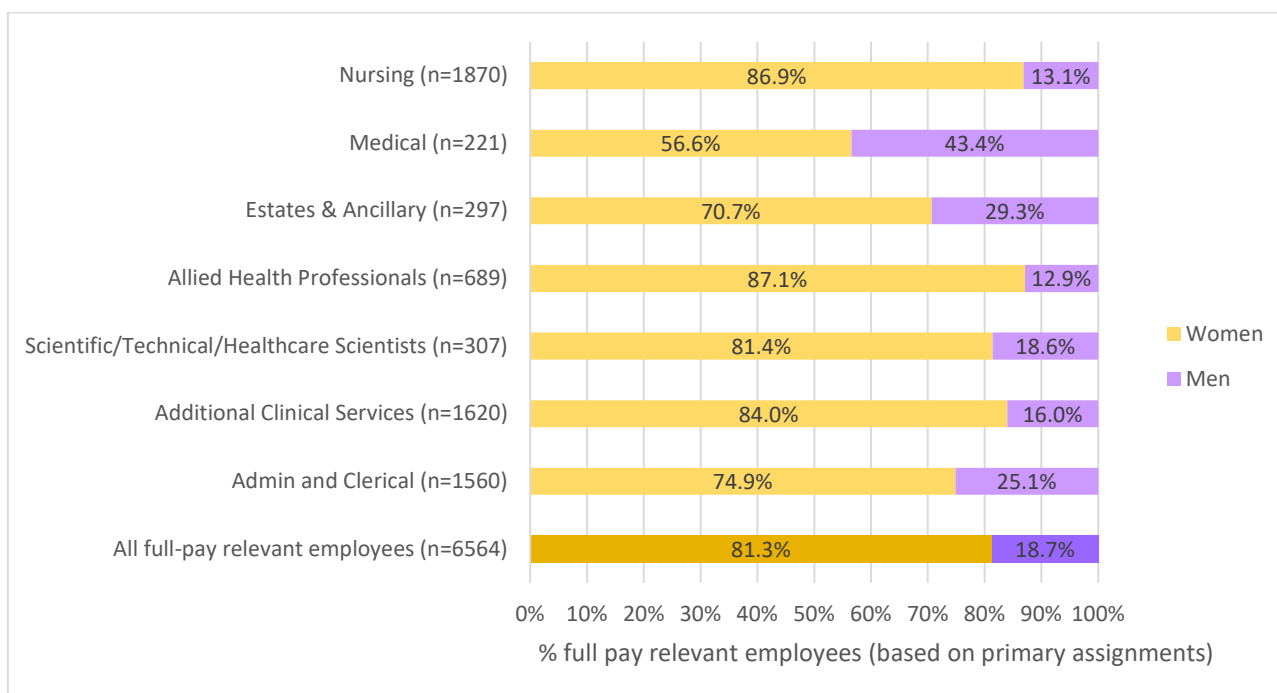
- 7644 relevant employees:
  - 81.1% female, 18.9% male
- of which 6564 were full-pay relevant employees:
  - 81.3% female, 18.7% male



■ Women ■ Men



■ Women ■ Men



In common with last year, women are over-represented in all aspects of the workforce, however the proportionality of this is skewed within each role. Men are disproportionately over-represented in Medical roles in comparison to the overall workforce, while women are disproportionately over-represented in Nursing and Allied Health Professional roles in comparison to the overall workforce.

## 1.2 Gender Pay Gap Myths

**Myth:** there can't be a gender pay gap because that is illegal.

**Reality:** it is illegal to pay men and women different amounts for doing the same work, but the gender pay gap looks at how much men and women each earn on average, across all roles. There are more women than men in some professions, and more men than women in others. This contributes to the gender pay gap.

**Myth:** There's only a gender pay gap because women are more likely to take parental leave and work part-time than men.

**Reality:** The GPG is based on hourly pay, so it makes no difference how many hours people work each week. Also, maternity leave doesn't impact incremental progression. However, it is likely that working part-time and taking time out to care for children will impact women's chances of career progression, which would certainly have an impact on the gender pay gap.

**Myth:** Women are more likely to participate in salary sacrifice schemes, which reduces their pay.

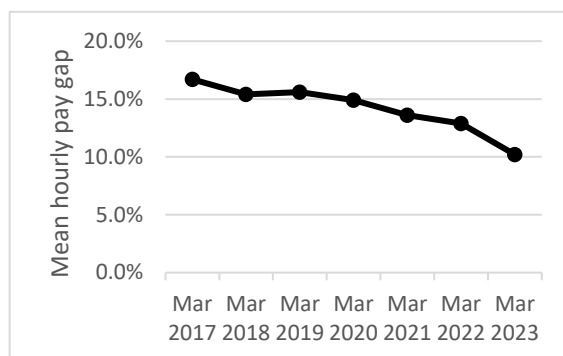
**Reality:** At LPT in March 2023, 78.5% of full-pay relevant employees participating in salary sacrifice schemes were women, and their deductions made up 68.6% of all salary sacrifice payments. 21.5% of full-pay relevant employees participating in salary sacrifice schemes were men, and their deductions made up 31.4% of all salary sacrifice deductions. As men make up only 18.7% of the workforce, figures show they are more likely than women to participate in such schemes, when compared to the workforce overall.

## Section 2: Hourly Pay Gap

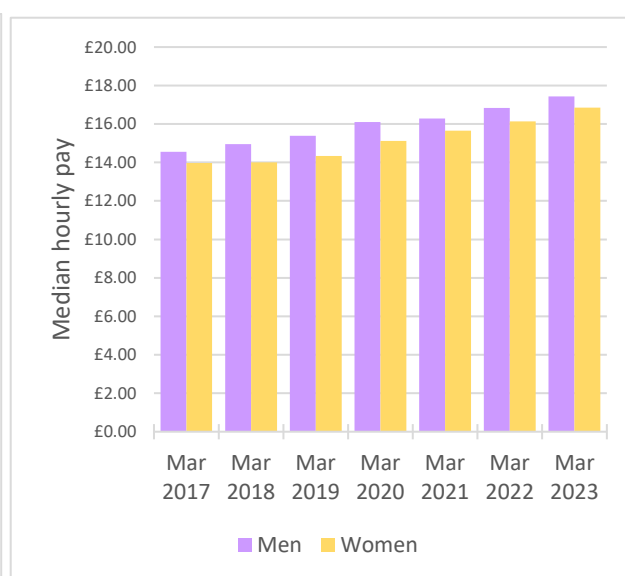
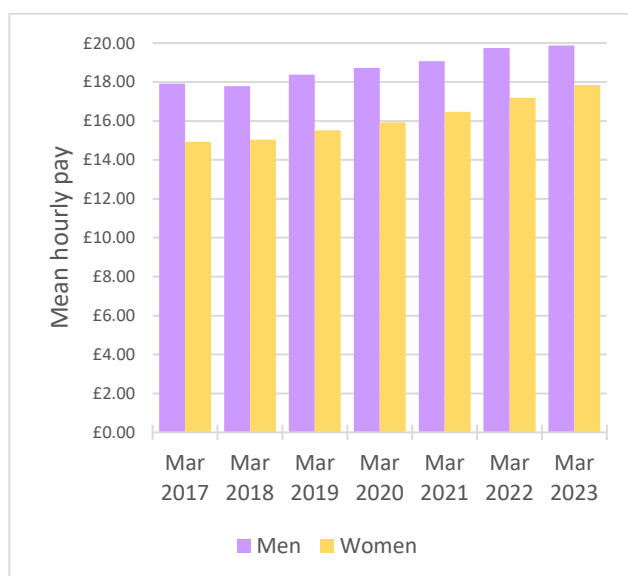
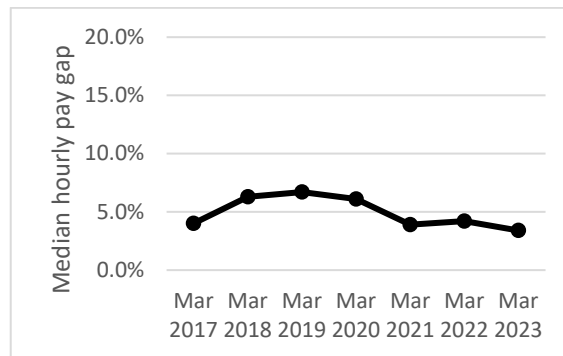
### 2.1 Gender Pay Gap in mean and median hourly pay

In March 2023, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:

- mean hourly pay gap: +10.2%



- median hourly pay gap: +3.4%



The gender pay gap in terms of mean hourly pay was larger than the pay gap in terms of median hourly pay. Mean pay for men was skewed upwards due to over-representation in medical roles (43.4% of Medics were male compared to 18.7% of all full-pay relevant employees in the Trust). Medics were the highest paid staff group. When Medics were excluded from the calculations, the mean gender pay gap is +3.7% (in favour of men), and there was no pay gap in terms of median pay.

The hourly pay gap has seen a downward trend in recent years:

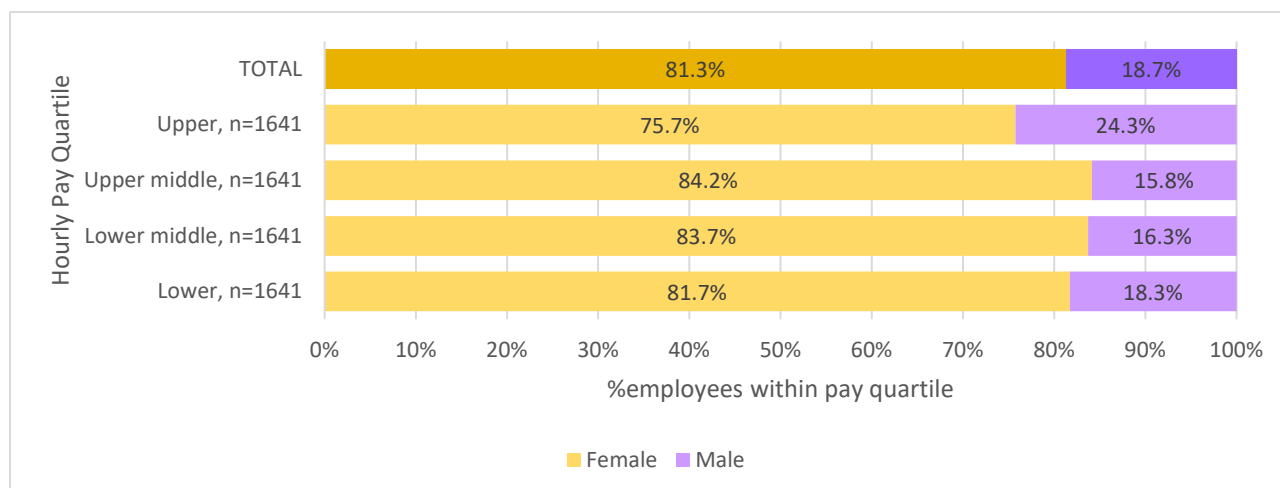
- Mean hourly pay gap has reduced from 16.7% in 2016/17 to 12.9% last year, to 10.2% this year.
- Median hourly pay gap has overall reduced from 4.0% in 2016/17 to 4.2% last year, to 3.4% this year.



## 2.2 Proportions of men and women within each pay quartile

At March 2023:

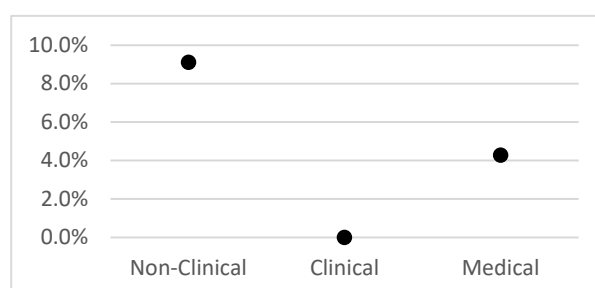
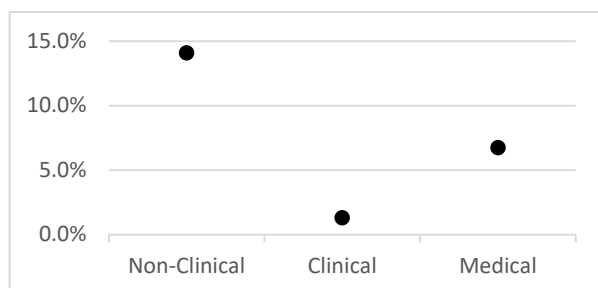
- women comprised **81.3%** of the 6564 full-pay relevant employees;
- women were underrepresented in the upper pay quartile, making up only **75.7%**, similar to 75.4% last year;
- women were proportionately represented in the upper-middle, lower-middle, and lower pay quartiles.
- There are proportionally more men in the lower quartile this year (18.3%) than there were last year (15.3%). This will have contributed to the reduction the gender pay gap.



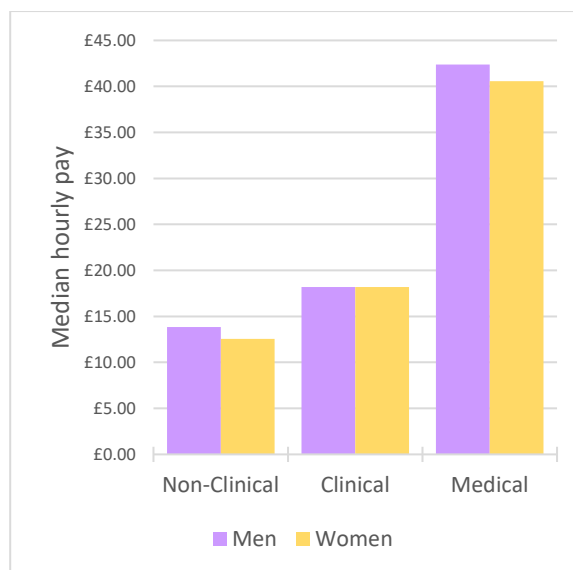
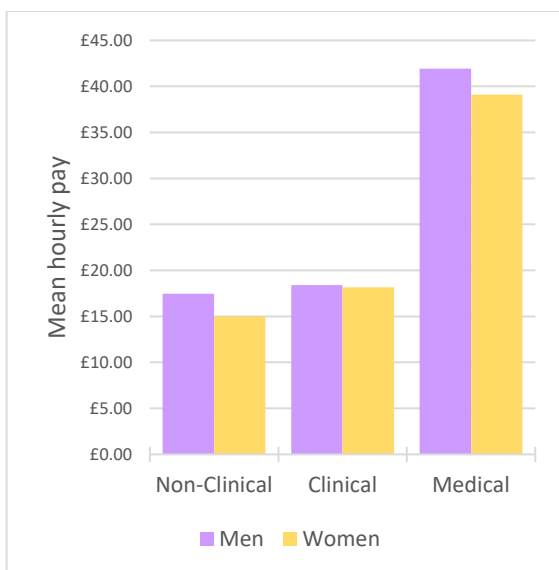
## 2.3 Breakdown by Staff Group

Gender Pay Gaps in different sections of the workforce at March 2023:

- **mean hourly pay gap:**
  - non-clinical staff **+14.1%**
  - clinical staff (not medics) **+1.3%**
  - medics **+6.7%**
- **median hourly pay gap:**
  - non-clinical staff **+9.1%**
  - clinical staff (not medics) **0.0%**
  - medics **+4.3%**



Positive values indicate male pay is higher, negative values indicate female pay is higher.



Mean and median gender pay gaps were highest amongst non-clinical staff in favour of men, still the most significant pay gap despite some improvement on last year (16.0% mean, 15.3% median). The differences in mean and median hourly pay for men and women were much smaller in the clinical and medical workforce, particularly outside of medicine. The clinical pay gap is similar to last year (0.6% mean, -2.0% median in favour of women). The medical staff gender pay gap has reduced since last year (10.4% mean, 8.3% median).

A summary of the gender pay gap within specific non-clinical staff groups is given below:

Area of Work (as listed on ESR, for primary assignment. Smaller categories with fewer people are not included)	Mean hourly pay gap	Median hourly pay gap
Administration (n= 689)	6.90%	2.81%
Audit & Clinical Audit (n= 46)	-9.33%	0.00%
Estates & Facilities (n= 315)	12.58%	-2.98%
Finance & Financial Management (n= 49)	8.81%	21.14%
Human Resources (n= 63)	-10.90%	-13.49%
Information and Communication Technology and Information Management (n= 175)	5.09%	12.36%

- The most significant gender pay gaps in favour of men are in Estates & Facilities, Information and Communication Technology & Information Management, and Finance.
  - In Finance and IT, there are a few women paid much higher hourly rates than the typical female workforce, which skews the average hourly pay up, and the pay gap between men and women down. The median pay gap is more reliable here, showing that there is still a pay gap in favour of men among the typical Finance and IT workforces.
  - In Estates & Facilities, the high average pay gap reflects the fact that there are some men paid much more than women in this staff group. However, the small median pay gap (in favour of women) shows that there is not such a significant gap for the majority of the E&F workforce.
- Human Resources and Audit & Clinical Audit teams have a negative gender pay gap, meaning women are paid on average more than men in these staff groups.

## Section 3: Part-Time Working

### 3.1 Overview

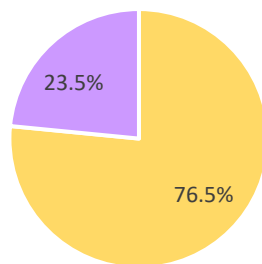
Part-time working does not directly cause the gender pay gap because this is based on hourly rates of pay. However, part-time working is relevant to the pay gap because it may cause perceived or genuine barriers to career progression, if part-time working is not available across different pay bands and professions.

The availability of flexible working, including part-time hours, is likely to influence people's decision to apply for promotions and progress their careers.

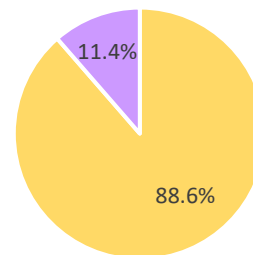
### 3.2 Proportions of Part-Time Working by Gender and Pay Band

39.7% of full-pay relevant employees worked part-time, with 43.2% of women working part-time compared to 24.2% of men. These figures are similar to last year.

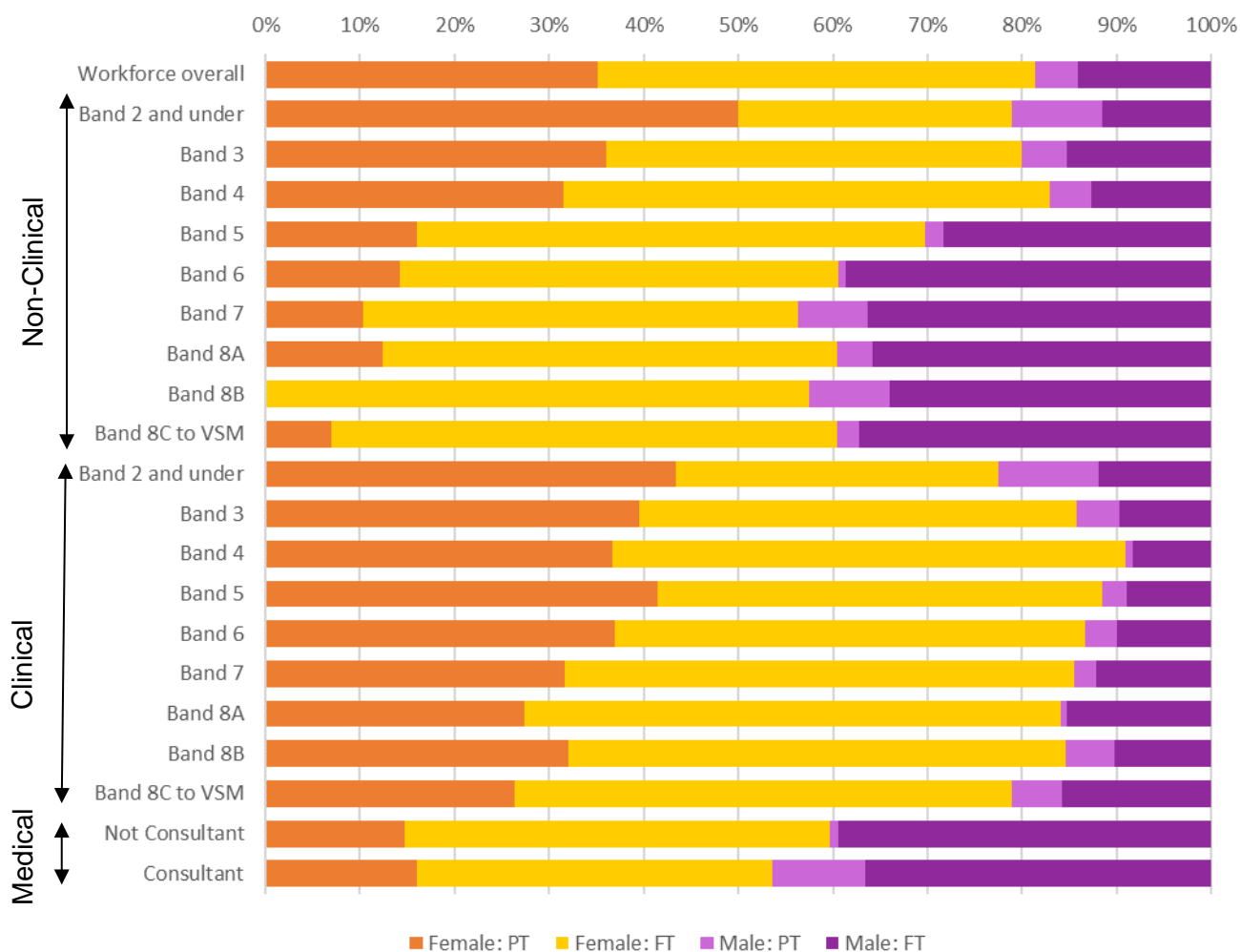
- 3957 full time employees:
  - 76.5% female, 23.5% male
- 2607 part time employees:
  - 88.6% female, 11.4% male



■ Women ■ Men



■ Women ■ Men



Part-time working is more common at lower bands, although this trend is less stark in clinical roles. Women are more likely to work part-time than men across the vast majority of bands.

In common with last year, part-time working is more common in clinical roles, but women are still more likely to work part-time than men. For medics, very few men work part-time, and again this is more common for women regardless of grade.

### 3.3 Why is women's hourly pay less than men's?

1. Women are more likely to work in lower bands than men.
2. Men are more likely to work as Consultants, the highest paid professional group.
3. Women are more likely to work part-time than men. While part-time working does not in itself affect hourly pay, it may be barrier to women progressing to higher bands if this flexibility is not available.

## Section 4: Bonus Pay Gap

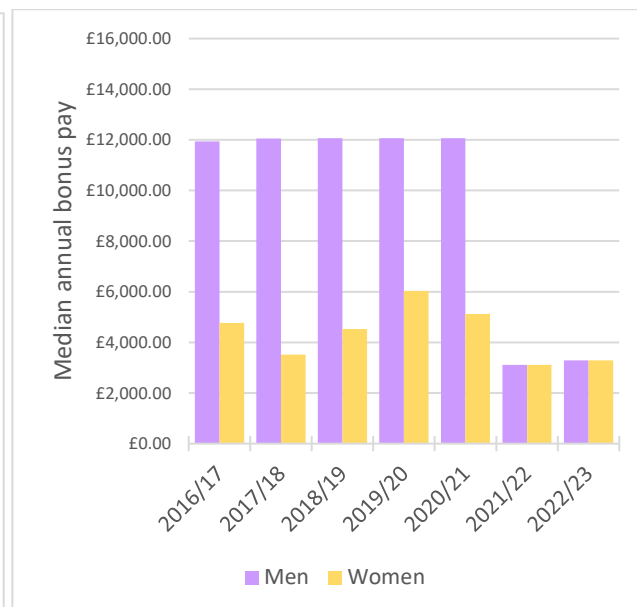
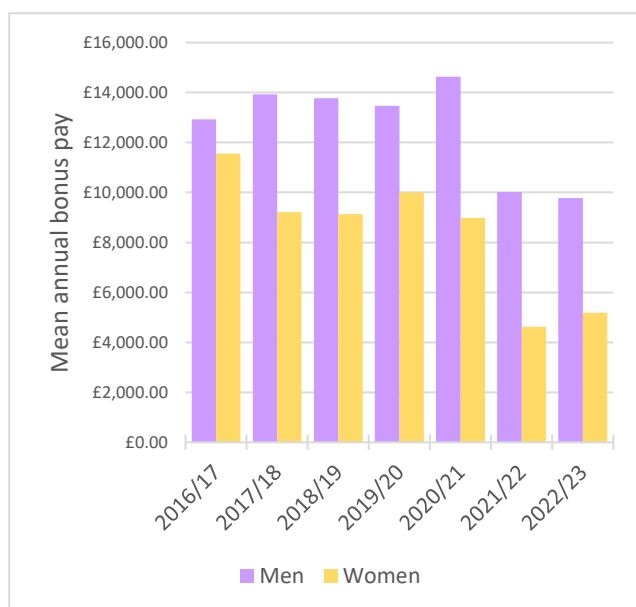
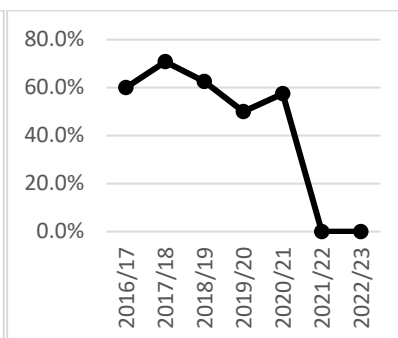
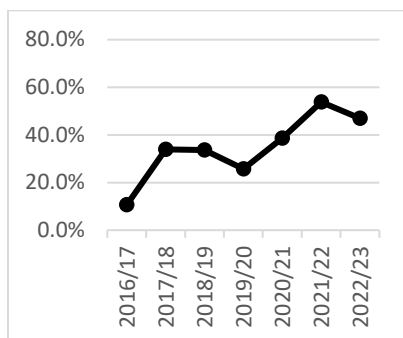
### 4.1 Gender Pay Gap in mean and median annual bonus pay

As in previous years, bonus payments in 2022/23 were exclusively Local Clinical Excellence Awards (CEAs). These payments are paid to eligible Consultants who must usually apply for the award themselves in recognition of providing safe and high-quality care to patients, and commitment to continuous improvement of NHS services.

As in 2020 and 2021, the Local CEA application process did not go ahead in 2022, and national guidance was to pay an equal distribution of the CEA fund to all eligible Consultants as a one-off lump sum. Each eligible doctor received £3285.87 (not pro rata for less than full time; 49 women and 46 men). Thus, bonus payments made during the 2022/23 financial year reflect this non-competitive process, as well as awards made in previous years pre-2020 when there was an application process.

mean annual bonus pay gap: +47.0%

median annual bonus pay gap: 0.0%\*



**\*PLEASE NOTE:** There is no gender pay gap between men and women in terms of median pay this year, as the median bonus pay value for both men and women is £3285.87: the one-off lump sum amount paid to all eligible Consultants.

There was a similar non-competitive process in 2020/21 but this is not included in the figures or graphs above.

Part-time consultants are eligible for Clinical Excellence Awards and will be paid on a pro-rata basis. This applies only to the CEAs which were applied for and awarded in previous years, not the one-off lump sum paid to all eligible Consultants, which was not paid on a pro-rata basis. Unlike last year, an equal number of men and women receiving competitive CEAs worked part-time, so this has not driven the bonus pay gap this year.

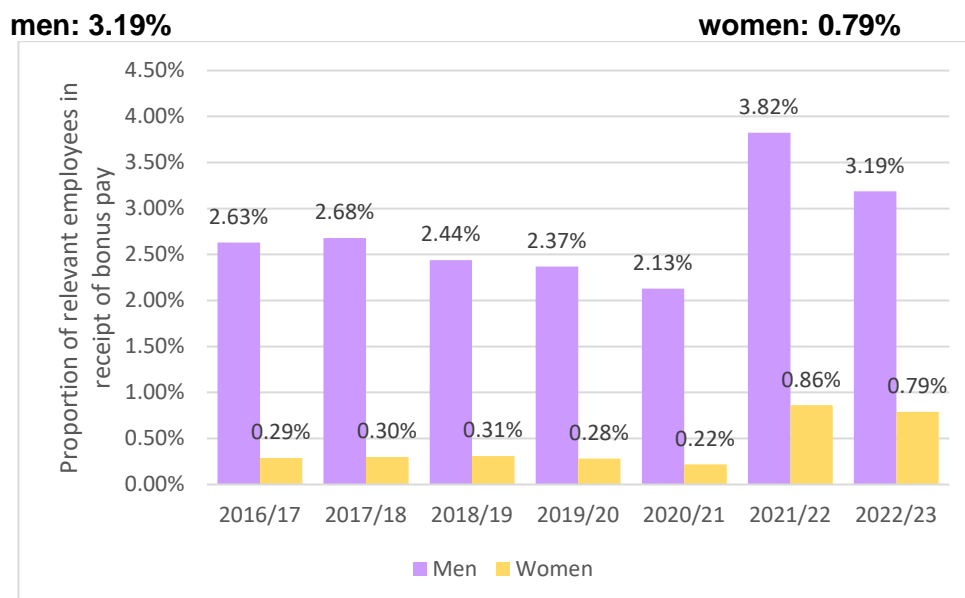
## 4.2 Why is women’s bonus pay less than men’s?

When considering those who received bonus payments after an application process (pre-2020):

1. Despite 54% of Consultants being women, more men than women received Clinical Excellence Awards.
2. Men are more likely to receive a higher level (therefore, payment) of Clinical Excellence Award than women.

## 4.3 Proportions of men and women in receipt of bonus pay

In 2022/23, amongst relevant employees, a higher percentage of men than women received bonus pay:



The percentage of men and women receiving bonus payments in 2022/23 includes those receiving the non-competitive one off lump sum, and therefore the figures are higher than pre-2020.

Men are more likely to receive to bonus payments than women because they are exclusively available to Consultants, which is a staff group where men are over-represented compared to the rest of our workforce.

## Section 5: Benchmarking

### 5.1 Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2021/22 financial year against other NHS provider trusts (2022/23 comparison not yet available)

Trust	Difference in hourly pay		Difference in bonus pay	
	Mean	Median	Mean	Median
<b>LPT</b>	<b>12.9%</b>	<b>4.2%</b>	<b>53.8%</b>	<b>0.0%</b>
Lincolnshire Partnership	17.7%	14.0%	18.0%	17.7%
Northamptonshire Healthcare	16.9%	5.7%	42.9%	39.4%
Nottinghamshire Healthcare	5.4%	-9.3% (pay gap in favour of women)	14.4%	33.3%

## Section 6: Next Steps

### 6.1 Summary and actions

In summary, LPT's gender pay gap has decreased slightly since last year, when looking at hourly pay. However, there still exists a significant pay gap in favour of men, particularly in non-clinical roles.

The bonus pay gap is once again in favour of men, although due to the very small number of people receiving bonuses, it is not as significant as the hourly pay gap.

There are measures we can take to close to gender pay gap, and these are detailed in the action plan attached.



## **6.2 Action Plan (August 2023)**

See attached spreadsheet

Gender Pay Gap Action Plan 2022 - 2024



Objective 1: Promote flexible working for 100% of all LPT job roles

Links to NHS EDI High Impact Actions: [2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity; [3] Develop and implement an improvement plan to eliminate pay gaps

No.	Action	Lead	By When	Milestone	Links to Trust strategies and NHS high impact action	Ambition/Outcomes	New/Ongoing/Revised	Progress	RAG
1	Be open to all clinical and non-clinical permanent roles being flexible: job share, flexible hours, working from home, part time working, term time working, annualised hours, short term hours reductions, parental leave, flexible retirement, and support for staff with caring responsibilities	Directorates, managers	Ongoing	Flexible Working Policy due for review: June 2023. Opportunity to promote the benefits of different types of flexible working and encourage managers to consider applications positively where service demands allow this. Promote flexible working, including shared parental leave, for both men and women.	People Promise, Step Up To Great	Improved career progression for people working flexibly/part-time <input type="checkbox"/> increased representation of women at higher bands <input type="checkbox"/> normalising flexible/part-time working for men and women at all levels <input type="checkbox"/> improved staff experience and engagement <input type="checkbox"/> closing the gender pay gap	Ongoing		3
2	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Organisational Development Team, Equality Diversity & Inclusion Team	Mar-24	Incorporate flexible working discussion into recruitment process as appropriate. Update induction documentation and appraisal form to include discussions with the line manager about flexible working.	People Promise, Step Up To Great	As above	Revised (to add reference to First 90 days toolkit)	OD to explore how best to add this to appraisals and new starter inductions	3
3	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, or grade.	Resourcing Manager	Ongoing	Ensure this is incorporated into job adverts wherever possible - needs to be included at an early stage of the process so people are encouraged to apply.	People Promise, Step Up To Great	As above	Ongoing	Recruitment team already highlight this on relevant job adverts. Flexible working is automatically selected in the advert set up. This will be added to recruitment training (2024)	4
4	Board members give flexible working their focus and support as champions.	Trust Board, Equality Diversity & Inclusion Team	Mar-24	Briefing in monthly Team Brief Spotlight examples of people in senior positions who work flexibly		As above	Ongoing		1
5	Promote examples of good practice with flexible working	Directorates, Equality Diversity & Inclusion Team	Mar-24	Promote flexible working by sharing examples of where it works well - celebrate our successes.	People Promise	As above	Ongoing		1
6	Carers' Passport refreshed rollout	Equality Diversity & Inclusion Team, Deputy Head of Patient Experience and Involvement, supported by Communications and L&D	2023	Communications to all staff have been shared. H&W team also promoting as part of their agenda and signposting/supporting staff to join the carers network and access carers passport. L&D to further add information about carers passports in managers training.	Carers' Working Group	Support for carers (who are disproportionately women) → normalise a healthy work/life balance → increased representation of women at higher bands → improved staff experience and engagement → closing the gender pay gap	Ongoing	Rollout has happened. L&D to update managers' training	3

Objective 2: Ensure National Clinical Impact Award applications are accessible to all

Links to NHS EDI High Impact Actions: [3] Develop and implement an improvement plan to eliminate pay gaps

No.	Action	Lead	By When	Milestone	Links to Trust strategies and NHS high impact action	Ambition/Outcomes	Progress	RAG
1	Continue promoting and monitoring access to National Clinical Impact Awards (NCIAs) (previously called Clinical Excellence Awards)	Medical HR, Comms	Applications deadline, tentatively June 2024 (subject to change)	Raise awareness of the application process among eligible Consultants. Monitor the demographics of who applies, and who doesn't apply, for these awards to identify any missed opportunities.	[NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	All Consultants made aware of how to apply <input type="checkbox"/> transparent fair process for awarding payments <input type="checkbox"/> closing the bonus pay gap	Ongoing	1
2	Provide support for all Consultants to apply for NCIAs.	Medical HR	As above	LPT must provide written support for any application to be successful, by the application deadline. Sam Wood to link in with Consultants in DMH for their views.	[NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	As above	Ongoing	1

Objective 3: Promoting career progression opportunities for all, particularly where the gender pay gap is most significant in non-clinical roles

No.	Action	Lead	By When	Milestone	Links to Trust strategies and NHS high impact action	Ambition/Outcomes	Progress	RAG	
1	Review of the Recruitment and Selection Policy	Deputy Director of HR and OD, Resourcing Manager, and Head of EDI	February 2023 (policy due for review)	Commencement of review and engagement with stakeholders Autumn 2022 Production of revised policy and process February 2023	WRES and WDES Action Plans [NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity	Reduce any areas of potential bias → fair recruitment processes → men and women proportionately represented across bands	Ongoing	Policy updated, with input from Staff Support Networks and EDI team	4
2	Review Recruitment and Selection training to ensure it is up to date	Resourcing Manager, Equality Diversity and Inclusion Team	Summer 2024	Consider how to recruit more men into professions and bands typically dominated by women: fair recruitment processes, positive recruitment statements in adverts, links with universities, apprenticeships To add interview debrief guidance and guidance for diverse panels - should be inclusive, as well as diverse. At least 80% of panels are ethnically diverse - July 2023. To add guidance for feeding back to those who are unsuccessful. Social media/recruitment marketing for 2023 will be inclusive. We have a schedule of events (schools, colleges, unis) for 2023. StaffNet has examples of inclusive adverts. Inclusive job descriptions to be added at a later date (completion date TBC) Trialling sharing interview questions with candidates beforehand.	WRES and WDES Action Plans [NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity [NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	As above	Ongoing		1

3	Understand intersectionality and how this affects career progression of certain groups, e.g. women from Black, Asian and minority ethnic backgrounds; those with disabilities/long-term conditions. Identify additional specific needs of International recruits. Identify hot spots driving the pay gap.	Head of OD/Executive Team, Head of International Recruitment	Ongoing	Continue We Nurture training Continue to promote learning and development opportunities where these occur nationally, regionally, and locally (for example the Developing Diverse Leadership Programme). Engaging with the staff groups such as carers network, women's network, and neurodiversity network, to ensure that we are working with people from all groups Identify hot spots driving the pay gap using data we have available (see report - non-clinical areas)	WRES and WDES Action Plans, Culture & Leadership Programme, Step Up to Great, Together Against Racism [NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity [NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	Understand the barriers to career progression and how these may differ between different groups. Address any specific needs. Women proportionately represented across bands	Revised (to add reference to identifying particular hot spots)	<b>Regional:</b> Inclusive Culture and Leadership programme across LLR has inclusive talent management as a key component (BAME Nursing and Midwifery Development Programme, Developing Diverse Leadership). Introduction of the Developing You, Developing Me programme for bands 8a and 8b nurses and AHPs from cultural and ethnic minority backgrounds  <b>Local:</b> BAME Interview Skills sessions are regularly run and have positive feedback. Scoping Careers Advice sessions, run on Teams, as an addition.  Local opportunities for exposure which puts people in a favourable position for development, not just promotions.	3
4	Review the leadership development offering to enable progression	Organisational Development Team, Equality Diversity & Inclusion Team, supported by Communications	Summer 2024	Review whether the leadership development on offer can be better targeted at under-represented groups (e.g. women in non-clinical roles, who have historically been under-represented from Band 5 upwards) Review recognition schemes for admin & clerical staff to encourage development Acknowledge that development doesn't always mean upwards promotion. Admin Professionals Group - open to admin & clerical colleagues, with a rotating chair, to look at A&C development opportunities.	Culture & Leadership Programme, Step Up to Great [NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity [NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	As above	Ongoing	<b>Regional:</b> Scope for Growth talent management pilot to commence in 2023. Managers will be trained on talent conversations incorporating cultural competency, and targeted provision for cultural and ethnic minorities. EDI team and Staff Networks to be consulted to make sure framework is inclusive. LPT will look at utilising this once up and running.  <b>Local:</b> WeNurture available for staff including those in non-clinical roles. Creation of a landing page on staffnet for Grow Our Own/career development. Creation of a career development area on uLearn that will sign post to LPT, LLR system, and National development opportunities, as well as sign posting to all the career development pathways that have been created or are in development (Nursing, AHP, Admin & Clerical, volunteers, pharmacy, patient/lived experience etc).	3
5	Completion of fourth cohort of Reverse Mentoring Programme	Head of EDI	Dec-23	4th cohort launched Programme underway Review and evaluation	WRES and WDES Action Plans, Culture & Leadership Programme, Step Up to Great, Together Against Racism [NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity	Normalise conversations about gender, ethnicity, disability, sexual orientation, etc. and the barriers faced by certain groups → fairer recruitment and talent development processes → representation across bands → narrow the gender pay gap	Ongoing	Latest programme is underway. Newsletter developed and shared with participants. Feedback is positive. Delegates to commit to an EDI objective in their next appraisal based on learning and actions coming from the programme.	4
6	Continue to embed EDI outcome based objectives within all appraisals.	Head of EDI and Head of OD	Sep-22	Roll out of guidance for implementation with examples	WRES and WDES Action Plans, Culture & Leadership Programme [NHS High Impact Action 1] Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable	As above	Ongoing		4
7	Develop and share guidance on Shared Parental Leave and Pay	HR, supported by Comms	Oct-23	Produce guidance on how to apply for Shared Parental Leave and share with all staff. Explain who is eligible, how to apply if your partner doesn't also work for LPT, etc. Shared with Neurodiversity network to ensure it is an accessible read. ShPL provisions to be added to the line manager's pathway (Carolyn Feeney)	[NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity	Make shared parental leave normalised and easy to apply for. Enhance career progression for women, and improve work/life balance and staff experience for everyone	Ongoing	Simple guidance developed and discussed at Women's Network in September 2023 - Nichola Wood. Also incorporated feedback from Neurodiversity network. Now going through policy sign off as part of the parental leave policy.	3
8	Continue to promote the Women's Network and associated events	Women's Network Chairs	Ongoing	Promote Women's Network membership and opportunities to take part in events, development sessions, and webinars.	[NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity	Have a safe space for women and allies to come together, share experiences, and uplift and empower each other.	New	Network is well established and new Chairs will be recruited around January 2024 as current Chairs come to the end of their time.	4
9	Reference GPG in succession planning templates so this is a consideration for forward planning	OD Team	Jan-24	Identify opportunities to reference GPG in succession planning/talent management templates.	[NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity [NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	Managers consider the gender pay gap, and women's progression in the workforce, as a key part of succession planning → improved representation of women in the upper pay quartile → gender pay gap reduces	New (as %women in upper quartile is still lower than for other quartiles)		1
10	Specify recruitment actions in place to reduce the non-clinical pay gap.	Deputy Director of HR and OD, Head of EDI	Mar-24	Work with service areas where pay gap is largest (Finance, IT)	[NHS High Impact Action 2] Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity [NHS High Impact Action 3] Develop and implement an improvement plan to eliminate pay gaps	Recruitment is targeted and inclusive → improved representation of women in the upper pay quartile → > gender pay gap reduces	New (as non-clinical pay gap is still our largest gap)		1