

Safe &amp; compassionate care,

every time

TRUST BOARD  
28 March 2018

<b>Title</b>	Workforce Report				
<b>Responsible Director</b>	Bridget O Kelly, Director OD and Workforce Transformation				
<b>Purpose of the paper</b>	To provide assurance on key people metrics and activities				
<b>Action / decision required</b>	The Board is asked to note: <ul style="list-style-type: none"> <li>• The update on the workforce performance metrics</li> <li>• Actions in place to address identified issues</li> </ul>				
<b>IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)</b>					
<b>Patient Quality</b>	<b>Financial Performance</b>	<b>Operational Performance</b>	<b>Strategy</b>	<b>Workforce performance</b>	<b>New or elevated risk</b>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement /Reputation</i>	<i>Equality &amp; Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>
<b>ANNUAL OBJECTIVE</b>					
<i>Which Strategic Objective/s does this paper link to?</i>					
People - implement our people strategy to develop a culture of safe and compassionate care every time					
<i>Please summarise the potential benefit or value arising from this paper:</i>					
Trust Corporate Objectives					
<ul style="list-style-type: none"> <li>• Well led and actively engaged staff</li> <li>• Recruit an appropriately skilled, permanent workforce</li> </ul>					
<b>RISK</b>					
Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> 11a - There is a risk to delivering organisational objectives if we do not have the right calibre of staff. 11b - If staff are not actively engaged with organisational goals there is a risk that these objectives will not be delivered. 12a - If we do not develop and nurture skilled leadership there is a risk that staff engagement will be impacted in a negative way and that other corporate objectives will not be achieved 13a - There is a risk that we will not deliver the highest quality care if we do not embed Trust values and behaviours and do not sufficiently engage with staff to deliver this				
	<i>Financial Risk:</i>				
<b>LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY</b>					
Which CQC standard/s does this paper relate to?	<i>(if you need advice on completing this box please contact the Director for Governance)</i>				
<b>Author of paper:</b> Karon Hart, Assistant Director HR					
<b>Presenter of Paper:</b> Bridget O Kelly, Director of OD and Workforce Transformation					
<b>Other committees / groups where this paper / item has been considered:</b>					
<b>Date of Paper:</b> 20/03/2018					

# Workforce Report- March 2018 (February Data)

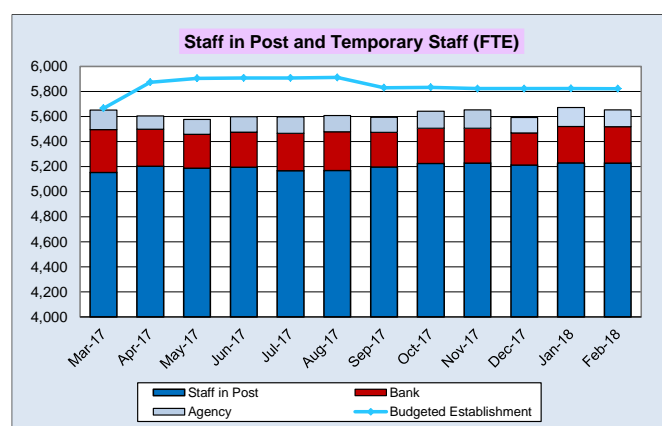
## Executive Summary

- The Trust-wide vacancy rate is the same as last month, at 10.2%; the nurse vacancy rate (which includes all registered nurses and midwives) is 18.5%, a 0.5% increase from January.
- YTD total agency spend is just over £9.1m; overall, agency spend decreased by £18k in February, compared to January's spend.
- Statutory training has reached 90% compliance.
- 400 staff have been recognised through long service awards.
- Delivery and further development of leadership and organisational development initiatives.

## DETAIL

### Substantive Workforce

#### Staff in Post



Total staff numbers, including temporary staff, as at 28 February were 5,653.6fte (down by 18.6fte from January), 168.5fte under the budgeted establishment of 5822.1fte.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Substantive	£18,380,578	£18,525,786	£18,546,763	£18,378,374	£18,541,303	£18,539,415	£18,601,470	£18,736,279	£18,837,361	£18,613,021	£18,736,089
Agency	£628,583	£835,233	£813,835	£685,740	£720,893	£721,275	£870,203	£948,570	£900,760	£1,012,271	£993,312
Locum	£328,113	£449,663	£371,240	£425,525	£445,756	£392,267	£478,481	£509,806	£468,190	£511,022	£436,853
Bank	£916,726	£810,526	£791,938	£969,348	£1,012,611	£937,040	£940,639	£951,964	£852,586	£973,109	£1,018,362
<b>Total</b>	<b>£20,254,000</b>	<b>£20,621,208</b>	<b>£20,523,775</b>	<b>£20,458,986</b>	<b>£20,720,563</b>	<b>£20,589,999</b>	<b>£20,890,793</b>	<b>£21,146,619</b>	<b>£21,058,897</b>	<b>£21,109,423</b>	<b>£21,184,616</b>

### Turnover

- Turnover (all staff groups) was 15.9% in February 2018, an increase of 0.3% from January.
- Turnover of both qualified nurses (17.3%) and Healthcare Assistants (HCAs) (18.1%) remains the primary contributing factor; turnover for qualified nurses remained the same and for HCAs decreased by 0.2% compared to January.

### Trust-wide vacancy levels

- The Trust-wide vacancy rate was 10.2%; no change from the previous month.

### Nurse vacancy levels

- The number of registered nursing & midwifery staff employed at the Trust was 1643.9fte, a decrease of 9.9fte from January 2018.
- The nursing & midwifery vacancy rate at the end of February was 18.5%, an increase of 0.5% from January 2018. (Nursing numbers for f/y 2017-18 are set out in appendix 1.)
- The vacancy rate is driven by retention, recruitment and establishment levels. This year, we have seen higher than predicted levels of attrition alongside fewer numbers of nurse joiners from overseas and extended timescales in these individuals gaining NMC registration. We have worked hard to maintain levels of recruitment from the UK, in a highly competitive market.

Given the challenges we face in nurse recruitment and retention and the national current and projected forecast shortfall in nurses (currently c40000) we are actively reviewing our approach to our non-clinical workforce activities. In 2018-19, we are taking a programme management approach to the non-medical clinical workforce, linking all current activities including career pathways, skill mix and inter-professional working.

## **Nurse Recruitment**

- During February 2018, 14.3fte nurses and midwives commenced employment with the Trust, against a projection of 15fte; 8.7fte had NMC registrations, against a projection of 10fte.
- There were 17.5fte internal movers with NMC registrations. These are staff who have been encouraged locally to apply to new opportunities or applied of their own choice.
- 29 individuals studying with the University of Bedfordshire (our partner university) qualify in March 2018. Of these, 14 are taking up employment at the Trust, 11 declined our offer of employment and 4 are undecided.
- The Erasmus programme and the influence of recruitment from Portugal through a partnership approach with local universities continue to grow. The National Spinal Injuries Centre (NSIC) has welcomed 5 individuals on placements from February to April 2018 with the aim of appointing them to permanent jobs. The Recruitment and NSIC team were in Portugal week commencing 12 March interviewing prospective candidates from two universities. First indications are that this will result in 28 offers being made.
- An NSIC recruitment day was held on Wednesday 28 February. 24 prospective candidates attended, with 3 Nursing Assistant Practitioner and 6 HCA appointments made.
- The recruitment team attended a community health event in Friars Square, Aylesbury on 23 February; 2 nurses and 2 HCAs are being followed up as potential joiners.
- During March, BHT is attending two local school job fairs where we will be promoting nursing as a career.
- The Trust is attending the Career Transition Partnership (CTP) employment fair in March, which is aimed at supporting ex-armed service personnel into civilian employment.
- There are 62 trained overseas nurses without NMC registration. Of the 30 who were due to sit their English Language Test in December 2017, 3 individuals were successful; 2 are sitting the IELTS in April, 1 is sitting the OET in April, and 1 is sitting the OET in May. We are working with the 22 who failed the IELTS and the 1 who has not yet taken the exam to review their options, including the Band 4 skill mix and permanent HCA roles.

## **Retention**

Attrition rates remain high; we continue to work to address the underlying issues.

- We have a Trust internal retention lead, in post since February. An action plan has been developed, with targeted actions for next 4 months, which was discussed at EMC in February 2018.
- 17.6 fte nurses left the Trust in February, against a target of 15 fte; the reasons for leaving gained from exit interviews are being collated by our Retention lead to inform further retention initiatives.
- The Trust wellbeing service is expanding its support by offering drop in sessions in the wellbeing hub and on wards.
- The retention work is being incorporated into the non-clinical workforce transformation programme.
- STP funding is in place to support nurse recruitment and retention across the STP, which we will host; this post has now been successfully recruited to.
- While the focus will be on nursing, initiatives will be available to all staff groups

## **Safe Staffing**

- Safe Staffing is reviewed daily through the bed meetings; there is also a daily safety huddle, with a particular focus on the quality of care.
- Weekly reviews through safe staffing meetings continue to take place with HR, Nursing leads and NHSP.
- Oversight of demand, fill and hot spot areas takes place weekly with the executive team.

## **Nurse undergraduate programmes**

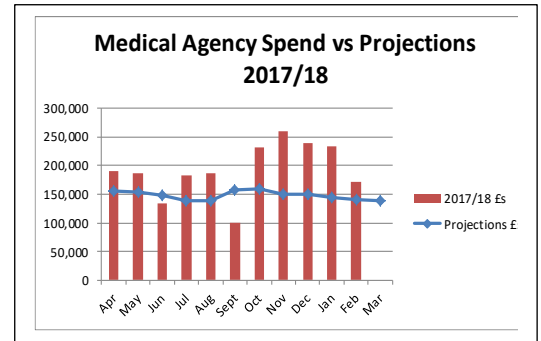
- The impact of the government changes to the funding for nursing undergraduate degree programmes (from a bursary to a loan system) has had an impact on student numbers recruited for adult nursing degrees in 2017/18 at our partner university, University of Bedfordshire. Against a requested commission of 115 adult nursing students for 2017/18, 26 direct entry students were recruited onto the programme in September 2017 and none in February 2018 – equating to 22% of our total requested student commissions. This will impact on the recruitment of newly qualified nurses in July/August 2020. We are liaising with the University as well as other local partner higher education institutions to consider mitigating options. We are also exploring a young degree nurse apprenticeship programme recruited from students at that are currently undertaking Access to Healthcare and Nursing programmes.
- Our first nurse degree apprenticeship programme started on 5 March 2018. Five trust-employed HCAs who have foundation degrees started on a fast-track 18 or 24 month programme (depending on individual expe-

rience) leading to qualification as registered nurses at the end of the programme. In addition, we recruited one HCA onto the first child branch degree nursing apprenticeship.

- A key part of our strategy is to clarify the career pathway for nursing; under the widening participation agenda, we have 64 level 3 employees studying advanced healthcare assistant apprenticeships and 16 Healthcare Assistant Practitioner apprenticeships. We are also exploring new apprenticeships for nursing assistant trainees for September 2018.

### **Medical Recruitment**

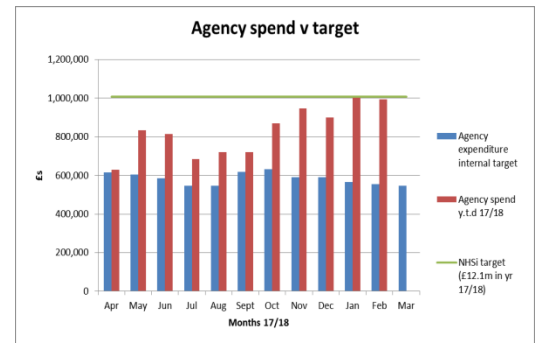
There are currently 35 WTE active open medical vacancies. These include 8 consultant, 3 locum consultant, 7 specialty doctor (SAS), 3 fellow, and 14 junior vacancies across a range of specialties within the Trust. The junior vacancies are to fill the departmental and or deanery gaps following the August 2017 and February 2018 intakes, to ensure the rotas are compliant with the new junior doctor 2016 contract. 16.6 WTE posts are currently filled but applicants are not yet ready to start due to required notice periods. In addition, we have 3 consultant posts waiting for the market to refresh and these are to be re-advertised by end of March 2018.



### **Temporary Workforce**

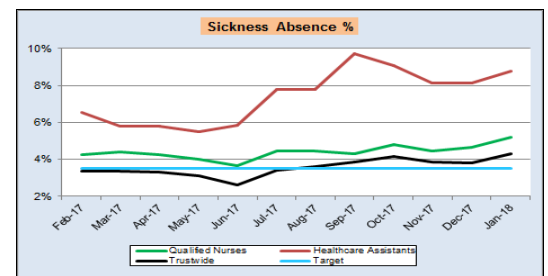
We set an internal target for 2017-18 of an agency spend of £8m – a stretch target set to enable us to continue to deliver high quality, safe care within our financial envelope. We expect now to spend a total of c£10m, with YTD total agency spend at just over £9.1m, against the NHSI target of £12.1m. YTD medical agency spend is £2.1m, meaning that we expect to be close to delivering the £452k reduction in medical agency spend mandated by NHSI. Spend is monitored through monthly Divisional deep dives. NHS Improvement monitors us on a weekly and monthly basis on our performance against the agency rules and we consistently perform well.

- Overall, in-month agency spend decreased by £19k in February.
- Medical agency spend fell by £61k in February. Agency use continues to be primarily due to long term hard to fill vacancies being covered in October by new agency locums in Dermatology, Elderly Care Medicine, Obstetrics & Gynaecology, Oncology and Community Paediatrics.
- Prof & Tech agency decreased in February by £35k and A&C increased by £61k to £177k.
- Nursing agency spend increased by £13.5k to £330K – the highest level this financial year; a reflection of the vacancy rate and high demand for our services.



### **Sickness Absence**

Trust-wide sickness absence increased by 0.5% in January to 4.3%. Sickness absence for registered nurses increased by 0.5% in January to 5.2% and for HCAs it increased by 0.7% in January to 8.8%. The level for HCAs still remains significantly higher than for other staff groups. All teams within HR are working to ensure we have both pro-active interventions and formal re active management, in line with the revised sickness and absence policy.



### **Flu update**

Despite the efforts of our teams we were unable to reach the (nationally set) target for all Trusts to reach 70%. On 5 March 2018 we reported a final total of 60% of patient-facing staff having had the flu vaccine this year (a drop from last year's total of 69%). Occupational Health will be co-ordinating a lessons learnt exercise in May to review this year's campaign and plan for the September launch of winter 2018/9 flu season campaign.

### **Trust-wide Statutory & Mandatory Training**

Overall compliance at the end of February increased by 2% from the January compliance figure, which means we have reached the Trust target of 90% compliance. We are following up those areas that have not reached 90% compliance. We are reviewing of our approach to Statutory and Mandatory training for 2018/19.

### **Medical Appraisals**

There are 413 doctors with a GMC prescribed connection to the Trust. As of 28 February 2018, the Trust workforce report shows that 81% of medical appraisals have been completed and signed off.

	Feb-18	% Compliance
Corporate		92%
Integrated Elderly Care		90%
Integrated Medicine		85%
Specialist Services		92%
Surgery & Critical Care		88%
Women & Children		90%
Trust overall		90%

### **Non-medical Appraisals**

The annual appraisal cycle for non-medical staff starts on 1 April each year. As at 28 February 2018, the trust wide appraisal compliance for non-medical staff was 83%, down 1% from January; there is significant variance across the Divisions. The Education team has started work across the Trust for the 2018 appraisal season.

Appraisals by Division	% Compliance
Integrated Medicine	75%
Women & Children	92%
Integrated Elderly Care	90%
Surgery & Critical Care	81%
Specialist Services	82%
Corporate	78%

### **Nurse Revalidation**

There were no revalidation or professional registration lapses during February 2018.

### **Staff Survey**

The final response rate in the 2017 NHS national staff survey, which closed on 1 December 2017, was 49%; this compares to 53% in the previous year, but is higher than the national average of 43%. The benchmark report which compares us with other combined acute and community trusts was published on 20 February 2018. The CEO of Quality Health (which runs our survey) presented the highlights at the Trust on 5 March and we are currently identifying our priority areas.

Overall the results reflected a year of consolidation, with the Trust staff engagement improving slightly to 3.78, equating to the national average when compared with similar trusts. This year we will be implementing the "go engage" staff engagement framework developed by Wigan, Wrightington and Leigh NHS Trust, which has demonstrated significant improvements in staff engagement for their organisation. Investing in this framework will enable the trust to target interventions and deliver both top down and bottom up activities to improve staff engagement. This will go live in April 2018.

### **Recognising Long Service**

We have held three events to recognise and acknowledge 400 staff members eligible this financial year for long service recognition, with the total number of years recognised 10,181 years. In addition to this, senior managers have been sending out letters and pins to staff members who are celebrating their 5th, 10th or 15th year of service during this financial year; c600 letters have been sent.

### **Leadership and Organisational Development (OD)**

Updates on the current priorities which form part of the OD programme:

- Cohort 10 of the leadership pathway is underway, with module 1 completed. A band 7 ward sister/ charge nurse development programme has begun, and the second iteration of introduction to leadership and management has been delivered, as well as the drop in bite size learning open for all leaders.
- The new CARE Leadership 360 feedback process has been piloted using the Actus platform and has been well received. An updated version is being refined and will be made available/incorporated into the Talent Management Strategy and will be available for leaders in due course. A nurse revalidation module has been developed on Actus, and is currently being piloted.
- Development and roll out of bespoke intervention and team coaching (currently taking place in theatres, A&E, infection control and CYP).

### **Appendix 1: Nursing recruitment data**

Overall Trust Summary

Qualified Nursing	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Establishment	2029.9	2058.9	2059.9	2060.2	2060.2	2060.2	2013.4	2020.7	2018.1	2018.1	2017.1	2017.1	2017.1
Staff in post	1700.8	1700.5	1690.4	1690.7	1680.3	1663.3	1658.7	1683.8	1679.0	1651.8	1653.8	1643.9	0.0
Vacancies	329.1	358.4	369.6	369.5	379.9	396.9	354.7	336.9	339.1	366.3	363.3	373.1	0.0
Vacancy rate	16.2%	17.4%	17.9%	17.9%	18.4%	19.3%	17.6%	16.7%	16.8%	18.2%	18.0%	18.5%	0.0%
Nurses waiting for PINs	66.0	74.8	78.0	80.8	76.8	69.5	82.8	66.0	67.0	66.0	62.0	62.6	0.0
Attrition (Actual) <i>These numbers reflect the position as at the last day of the month</i>	16.8	30.6	18.9	17.7	27.5	35.4	28.9	27.2	19.4	19.9	24.0	17.6	0.0
Joiners (With PINs)	16.5	15.9	16.8	11.7	11.6	12.3	24.3	26.8	6.0	7.3	11.1	8.7	0.0
Joiners (Waiting for PINs)	19.0	10.0	3.0	11.0	1.0	1.0	16.3	6.0	10.2	2.0	1.0	5.6	0.0
Total Joiners	35.5	25.9	19.8	22.7	12.6	13.3	40.6	32.8	16.2	9.3	12.1	14.3	0.0

## PRIVATE BOARD MEETING 28 March 2018

### Details of the Paper

<b>Title</b>	Gender Pay Gap Report
<b>Responsible Director</b>	Bridget O'Kelly
<b>Purpose of the paper</b>	Provide assurance that the Trust is meeting its requirements under the Gender Pay Gap Information Regulations (The Equalities Act 2010 – Specific Duties and Public Authorities Regulations 2017), to publish Gender Pay Gap data
<b>Action / decision required (e.g., approve, support, endorse)</b>	The Board are asked to; 1. Note this report, 2. Approve the attached report for publication on the Trust's external website, Approve the upload of data onto the Government's Gender Pay Gap Reporting Service

### IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<b>Legal</b>	<b>Regulatory/ Compliance</b>	<b>Public Engagement /Reputation</b>	<b>Equality &amp; Diversity</b>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

### ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?  
People, Money

Please summarise the potential benefit or value arising from this paper:

Information & Assurance

### RISK

Are there any specific risks associated with this paper? If so, please summarise here.	Non-Financial risk:
	<i>Financial Risk:</i> The Trust will face financial sanctions should the Trust's Gender Pay Gap report not be published in line with specified time lines

### LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	(if you need advice on completing this box please contact the Director for Governance)
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**Author of paper: Inderjit Bhambra**

**Presenter of Paper: Bridget O'Kelly**

**Other committees / groups where this paper / item has been considered: EMC, SWC**

**Date of Paper: 15 March 2018**

## **Gender Pay Gap Reporting**

### **Introduction**

The Gender Pay Gap Information Regulations (The Equalities Act 2010 – Specific Duties and Public Authorities Regulations 2017) apply to employers in the private and public sectors; the Specific Duties Regulations apply to public sector bodies.

When publishing Gender Pay Gap Information, employers are required to base their calculations on gross 'ordinary pay' and 'bonus pay' paid in the pay period spanning the 'snapshot date' (hourly pay rates as at 31<sup>st</sup> March 2017 and bonuses paid between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017).

The Trust's Gender Pay Gap Information report will need to be published on the Trust's website in a manner that is accessible to employees and the public. The report will need to remain on the website for at least three years.

In addition to the above, Employers must upload the required information onto the Government's Gender Pay Gap Reporting Service: <https://www.gov.uk/report-gender-pay-gap-data>.

### **What has been calculated**

Employers must follow the rules in the regulations to calculate and publish the following information:

1. The mean gender pay gap (ordinary pay)
2. The median gender pay gap (ordinary pay)
3. The mean bonus gender pay gap (bonus pay)
4. The median bonus gender pay gap (bonus pay)
5. The proportion of males receiving a bonus payment (bonus pay)
6. The proportion of females receiving a bonus payment (bonus pay)
7. The proportion of males and females in each quartile pay band (ordinary pay)

'Ordinary pay' includes: basic pay; allowances (other than payments to reimburse necessary expenses); shift premium pay; and pay for leave. It does not include; overtime pay; pay in lieu of leave; benefits in kind; redundancy pay; and other payments referable to termination.

'Bonus pay' means remuneration that that is in the form of money. In the case of BHT, this will only apply to Consultants employed on National Terms and Conditions (Terms and Conditions – Consultants (England) 2003), and some doctors on the old Staff Grade and old Associate Specialist Contracts. Bonus pay does not include ordinary pay, overtime pay, redundancy pay or payments referable to termination.

The ESR HR / Payroll system has been used to run the Trust's Gender Pay reports, following an upgrade to the ESR system over the Christmas / New Year period. These reports are now part of the standard suite of reports available and should ensure consistency in calculating the gender pay gap across the NHS.

### **Gender Pay Gap and Equal Pay Gap**

The gender pay gap and equal pay gap are not the same, but are often confused to be one of the same:

- The right to equal pay is an individual contractual right which arises only when there is an unjustifiable difference in the individual earnings of a woman and a man doing equal work.
- The gender pay gap is a measure of labour market or workplace disadvantage, expressed in terms of a comparison between men's and women's average hourly rates of pay.

### **What the Data Demonstrates**



Gender pay gap calculations are expressed as a percentage in relation to the male salary. All values recorded as negative (-) indicate that the gender pay gap is in favour of the female workforce. As the data for BHT is expressed as a positive (+) figure, the data demonstrates that there is a gender pay gap in the favour of the male workforce.

**Difference between men and women**

	<b>Mean</b>	<b>Median</b>
Hourly fixed pay	29.6%	12.1%
Bonus Pay Gap	31.2%	0.1%

The median compares typical values and is less affected by extreme values, such as a relatively small number of high earners, whereas the mean may be skewed by very high earners. As the mean and median are widely different, with the mean being higher than the median, it can be inferred that the dataset is skewed, by presence of very high earners.

We know that we have more male Medical Consultants who are older and therefore earn more than women (see below), and we know we have a greater proportion of more male staff in senior positions in non-medical roles. Both Agenda for Change and Medical & Dental pay scales reward seniority in post, and this is reflected in the figures above.

<b>All Consultants split by Gender &amp; Age (Headcount)</b>				
<b>Age Range</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>% Female</b>
30-39	17	22	39	44%
40-49	42	60	102	41%
50-59	23	59	82	28%
60+	2	21	23	9%
<b>Total</b>	<b>84</b>	<b>162</b>	<b>246</b>	<b>34%</b>

The table above, demonstrates that male consultants, make up 66% of the overall consultant workforce, and we have significantly more male consultants in the older age ranges than female consultants.

We are assured through the Agenda for Change job matching process that staff are remunerated correctly for the work that they undertake (equal pay, for equal work). We are also assured that medical staff are remunerated correctly as they are appointed to a pay scale depending upon their grade (i.e. Consultant, Specialty Doctor, Doctor in Training).

In terms of bonus pay, there is a 6% difference in the number of men (7%) and women (1%) who received a bonus for their performance in 2016/17. This group has a significantly different gender split when compared to the Trust as a whole. Bonus Pay applies to fewer than 2% per cent of all our staff employed. Bonus pay elements are awarded as a result of recognition of excellent practice over and above contractual requirements and should have no gender bias. Bonuses are retained by recipients until the point they retire, and as a consequence are no longer eligible to retain the payment.

In terms of quartiles, the data demonstrates that in quartiles 1, 2 and 3 the split between male and female employees is fairly consistent, however in the highest quartile there are more male employees than the previous quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the medical staffing group, this is countered by a greater proportion of female staff in the Allied Health Professional and Nursing staff groups, as demonstrated below:

	Quartile 1 (Lower)		Quartile 2		Quartile 3		Quartile 4 (Higher)	
	Female	Male	Female	Male	Female	Male	Female	Male
<b>Allied Health Professional</b>	2	0	99	13	137	18	150	9
<b>Medical</b>	0	0	40	16	31	25	257	310
<b>Nursing &amp; Midwifery</b>	29	13	362	68	957	55	430	24

### **Closing the Gap**

In order to close the gender pay gap, we will be working in partnership with Staff Side Colleagues at both JMSC and JCNC to identify possible actions that would help address the gender pay gap.

### **Next Steps**

The Board are asked to;

1. Note this report,
2. Approve the attached report for publication on the Trust's external website,
3. Approve the upload of data onto the Government's Gender Pay Gap Reporting Service

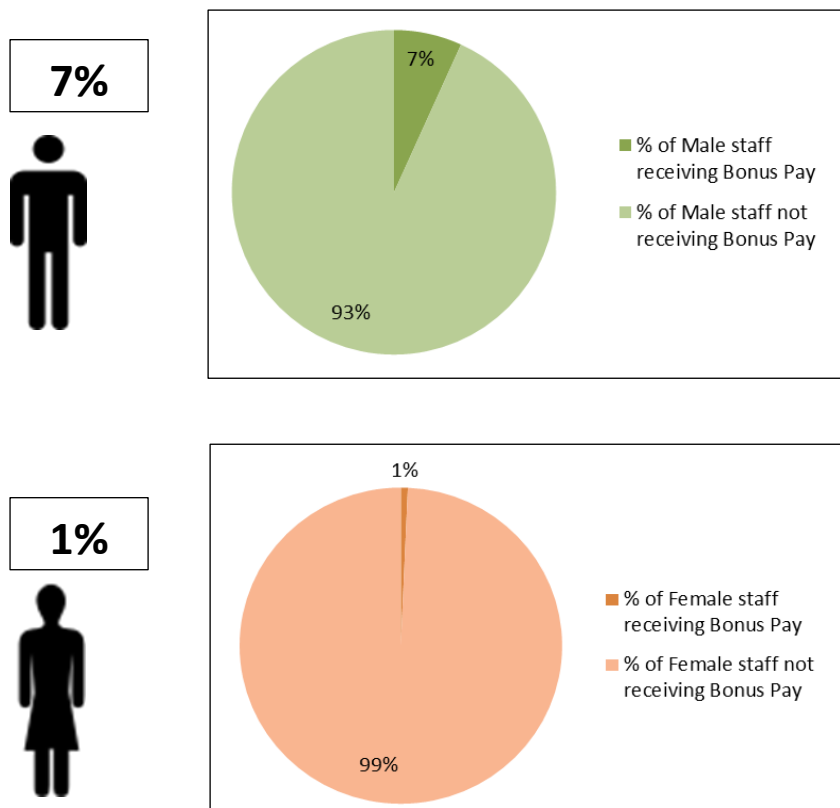
## Gender Pay Report – 2017

### Pay and Bonus Gap - BHT

	Difference between men and women	
	Mean	Median
Hourly fixed pay	29.6%	12.1%
Bonus Pay Gap	31.2%	0.1%

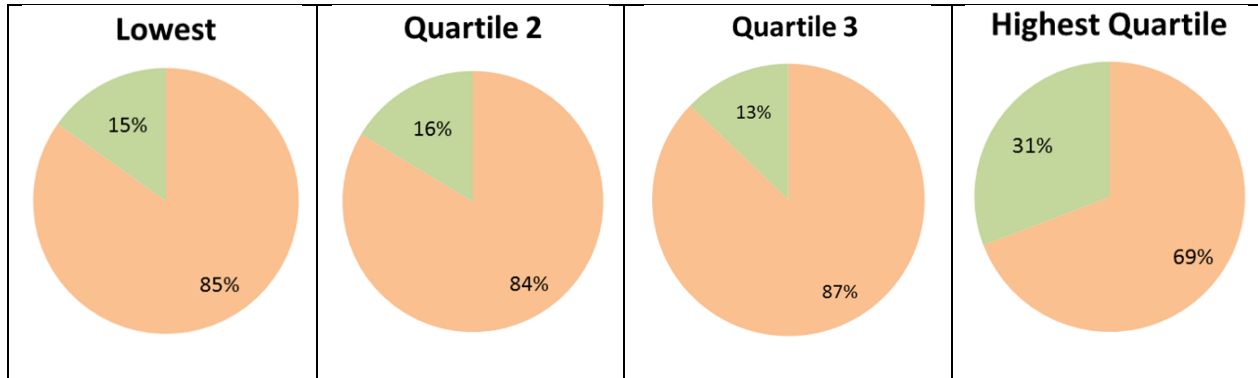
The above table shows our overall mean and median gender pay gap based on hourly rates of pay as at the snapshot date (31 March 2017). It also captures the mean and median difference between bonuses paid to men and women in Buckinghamshire Healthcare NHS Trust in the year up to 31 March 2017 (i.e. 1 April 16 – 31 March 17).

### Proportion of employees receiving a bonus



This shows a 6% difference in the number of men and women who received a bonus for their performance in 2016/17. Only certain medical staff within our Trust receive pay that is classified as bonus pay. This group has a significantly different gender split when compared to the Trust as a whole. Bonus Pay applies to fewer than 2% per cent of all our staff employed. Bonus pay elements are awarded as a result of recognition of excellent practice over and above contractual requirements and have no gender bias.

## Pay Quartiles



The above images illustrate the gender distribution across Buckinghamshire Healthcare NHS Trust in four equally sized quartiles. In order to create the quartile information all staff are sorted by their hourly rate of pay, this list is then split into 4 equal parts (where possible).

This demonstrates that in quartile 1, 2 and 3 the split between male and female employees is fairly consistent, however in the highest quartile there are more male employees than the previous quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the medical staffing group, this is countered by a greater proportion of female staff in the Allied Health Professional and Nursing staff groups.

We are confident that men and women are paid equally doing equivalent jobs across the business. Our aim is to reduce the gender pay gap throughout the organisation, but accept that this may take several years to achieve.

I confirm the data reported is accurate.

**Bridget O'Kelly**  
**Director of Organisational Development and Workforce Transformation**  
 15 March 2018



**BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD  
 28 March 2018**

**Details of the Committee**

<b>Name of Committee</b>	Strategic Workforce Committee
<b>Committee Chair</b>	David Sines
<b>Meeting date:</b>	13 February 2018
<b>Was the meeting quorate?</b>	Yes
<b>Any specific conflicts of interest?</b>	No
<b>Any apologies</b>	Dr Tina Kenny, Hattie Llewelyn-Davies, Natalie Fox, Neil Dardis, Bridget O’Kelly, Inderjit Bhambra, Jan Marote and Vicky Adams

**KEY AREAS OF DISCUSSION:**

- The Committee noted the TOR which had been approved at January’s Trust Board.
- The Deputy Director of OD & Education presented the quarterly Education report. Issues covered included doctors in training, lessons learnt, academic half days and recruitment to undergraduate nursing programmes.
- The Committee discussed paths into nursing and agreed to hold a workshop session prior to the next committee meeting to look at nurse recruitment.
- The Deputy Director of OD & Education updated the Committee on the electronic appraisal system introduced in 2017. In advance of the 2018 appraisal period, appraisers will receive face-to-face training; appraisees are able to access online training manuals.
- The Committee noted the update on safe staffing from the Assistant Director of HR.
- The Committee noted the actions to increase compliance of statutory training across the Trust and asked for greater assurance around compliance with hand hygiene training.
- The Assistant Director of HR updated the Committee on local pay arrangements. (This issue had been referred to the Committee by the Finance & Business Performance Committee.)
- The Committee noted the Workforce Report.

**AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:**

The risks highlighted at this committee meeting were:

- Statutory training – Hand Hygiene
- Junior Doctor rota issues

**ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:**

Juliet Anderson HEE-TV commended the Trust on its creative approach to recruitment.

**AUTHOR OF PAPER:** Bridget O’Kelly