

# Gender Pay Gap Report

2022/23 (data extract as of 31 March 2022)





## Table of Contents

Introduction	. 3
Background	. 4
Reporting requirements	. 6
Summary of Data March 22	. 8
Understanding the Gap1	10
Progress and the Gender Balance Action Plan1	16
Appendix 1: Action Plan1	18

## 1. Introduction

Derbyshire Healthcare NHS Foundation Trust is a specialist provider of mental health, learning disability, substance misuse and children's services across Derbyshire. Derbyshire is a county that covers 1000 square miles with a population of about one million people. The rural, semi-rural and urban landscape gives rise to a mixture of affluent and seriously deprived areas. The city of Derby is a vibrant place where over 300 languages are spoken.

Equality, diversity and inclusion are key priorities for DHCFT and explicitly exist in the Trust strategy. It is recognised that the gender balance actions will be dependent on the Trust culture and the equity of policies and processes applied (removing any un-necessary element that introduce bias).

Our aim is to achieve gender parity at all levels and ensure that any gap is down to personal choice rather than a result of any direct or indirect discrimination. Gender pay gap reporting is a useful tool for monitoring equality in the workplace, gender participation and objective and fair talent management.

It is expected that the Trust will have improvements year on year as we continue to embed our inclusive culture.

This is our sixth year of publishing the gender pay gap report is this report based on data as at 31st of March 2022. This report is in line with the Equality Act 2010 regulations. 2879 employees' data was categories as "relevant employees" and used in reporting the gender ay pay and the hourly pay gap statistics. 80.10% of the workforce in DHCFT have identified their sex as females, compared to 19.90% of males.

Currently the ESR data only records sex by male and females and does not other binary, non-binary or trans categories. Though we are unable to provide this local data, research by <u>Stonewall</u> shows that trans individuals are subject to high levels of bias, discrimination and abuse in the workplace. It is reasonable to assume that these individuals would also be subject to pay inequality.

## 2. Background

Legislation has made it a statutory obligation for organisations to report annually on their gender pay gap. NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty and require Employers with 250 employees and over need to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. All calculations are made relating to the pay period in which the snapshot day falls.

## What is the gender pay gap?

- The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.
- The mean pay gap is the difference between average hourly earnings of men and women.
- The median pay gap is the difference between the midpoints in the ranges of hourly earnings for men and women.

## What about equal pay?

Equal pay deals with the pay differences between men and women who carry out the same or similar jobs. It has been a statutory entitlement since the Equal Pay Act was introduced in 1970.

Paying men and women differently for the same or like work is unlawful, however it is possible to have pay equality at the same time as having a gender pay gap. The gender pay gap differs from equal pay as it is concerned with the differences in the average pay between men and women over a period of time no matter what their role is. The national NHS terms and conditions 'Agenda for Change' pay system introduced in October 2004 ensures that pay in the NHS is consistent with the requirements of equal pay law. This covers 94.08% of the workforce at DHCFT. The remaining 5.53% of the workforce is covered by the NHS Medical contract, and the NHS Very Senior Managers contract, which also adhere to the principles of equal pay.

## How is the report produced?

The production of the Report is an iterative process as illustrated in the diagram below. The process starts with commissioning the core data, which is used to compile the report. The data report is then analysed to understand the reasons for the Gender Pay Gap and identify lines of enquiry requiring further data as well as sense checking the accuracy of the data and calculations. This process of analysis, exploration and quality assurance happens multiple times before the first draft report is completed.



## 3. Reporting requirements

There are six calculations an organisation is required to publish, which are listed in the table below:

Table 1: Gender Pay Gap	reporting requirements.
Mean gender pay gap	The difference between the average of men's and women's hourly pay.
Median gender pay gap	The difference between the midpoints in the ranges of men's and women's pay. All salaries
	in the sample are lined up separately for men and women in order from lowest to highest,
	and the middle salary is used.
	The figure is the difference of these two middle points.
Mean gender pay gap	The difference between the mean bonus payments made to relevant male employees and
	that paid to relevant female employees. For DHCFT this refers to local and national clinical
	excellence awards.
Median bonus	The difference between the median bonus payments made to relevant male employees and
gender pay gap	that paid to relevant female employees. For DHCFT this refers to local and national clinical
	excellence awards.
Proportion of males	The proportions of relevant male and female employees who were paid a bonus payment.
and females receiving a bonus.	For DHCFT this refers to local and national clinical excellence awards.
Proportion of males	The proportions of male and female relevant employees in the lower, lower middle, upper
and females in each quartile band.	middle and upper quartile pay bands.

## Technical guidance

Ordinary pay includes:

- basic pay
- paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave)
- area and other allowances
- shift premium pay, defined as the difference between basic pay and any higher rate paid for work during different times of the day or night
- pay for piecework.

It does not include:

- remuneration referable to overtime.
- remuneration referable to redundancy or termination of employment
- remuneration in lieu of leave
- remuneration provided otherwise than in money.

The relevant pay period means the pay period within which the snapshot date falls,

which for monthly-paid staff would be the month in which the date is included.

Bonus pay relates to performance, productivity, incentive, commission or profitsharing, but excludes:

- remuneration referable to overtime
- remuneration referable to redundancy
- remuneration referable to termination of employment.

Doctors' clinical distinction/excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary for performance or expertise such as performance related pay for very senior managers, long service awards and others. The relevant period means the period of 12 months ending with the snapshot date.

## What employers need to publish

The information outlined above will need to be published within one year of the date for the 2022 snapshot (publishing deadline of 30 March 2023 for data as of 31 March 2022).

The information must be published on a website that is accessible to employees and the public free of charge. The information should remain on the website for a period of at least three years beginning with the date of publication.

In addition, employers have the option to provide narrative that will help people to understand why a gender pay gap is present and what the organisation intends to do to close it.

During the first publication employers will have already registered with the Government online reporting service to submit their GPG results.

Colleagues from the Electronic Staff Record (ESR) continue to refine the tool that helps organisations nationally to calculate their GPG data.

## 4. Summary of Data March 22

We collected our data on 31<sup>st</sup> March 2022, when our workforce consisted of 2306 (18.10%) women, 573 (9.90%) men and 2879 in total.

In common with the whole NHS, our Trust is predominantly female. Given that over 80% of staff are women, it is also the case that women outnumber men at every quartile.

Table 2 below shows DHCFT's overall mean and median gender pay gap and bonus gap based on hourly rates of pay.

Table 2: DHCFT Overall mean and median gender pay gap and bonus gap based on hourly rates of pay											
	DHCFT 2021 DHCFT 2022										
Mean gender pay gap.	15.41%	16.51%									
Median gender pay gap.	9.96%	10.39%									
Mean bonus gender pay gap.89.54%87.62%											
Median bonus gender pay gap.	88.93%	50.00%									
Proportion of men and women	5.11%	4.20%									
receiving a bonus.											
NB bonuses paid relate to clinical excellence awards when the calculation includes all staff)	nich are for applicable consultan	ts only rather than all employees (even though									
Proportion of females and males in eac	h quartile band: DHCF	T 2022									
Quartile	Women	Men									
Top quartile	84.35%	15.65%									
Upper Middle quartile	79.89%	20.11%									
Lower Middle quartile	81.86%	18.14%									
Lower quartile	71.94%	28.06%									

DHCFT's results show that at the snapshot date of 31st March 2022, that the mean hourly pay for women is 16.51% less than the male mean and 10.39%% less than the male median. (If the mean gap is larger than the median gap it indicates the presence of a small number of top end outlier payment values favouring men, in relation to average hourly or bonus pay).

Pay gap as a median average

Median hourly rate £18. 44





Median hourly rate £16.52

Pay gap as a mean average Mean hourly rate £21.04 Mean hourly rate £17.55



The tables below shows the average mean and median hourly rate for men and women and the pay gap as of March 2022. And the average mean and median salary for men and women.

Gender	Average Mean Hourly Rate	Median Hourly Rate
Male	£21.02	£18.44
Female	£17.55	£16.52
Differenc e	£3.47	£1.92
Pay Gap %	16.51%	10.39%

Gender	Average Mean Annual Salary	Median Annual Salary
Male	£41,106.69	£36,052.09
Female	£34,320.20	£32,305.26

The table below shows the proportion of Agenda for Change staff, medical and other.

					Grand	
Banding	Female	%	Male	%	Total	%
AFC	2211	81.29%	509	18.71%	2720	94.48%
Non-AFC -						
Medical	82	58.57%	58	41.43%	140	4.86%
Non-AFC - Other	8	72.73%	3	27.27%	11	0.38%
NON-AFC - VSM	5	62.50%	3	37.50%	8	0.28%
Grand Total	2306		573		2879	-

The table below shows the proporation men and women in each quartile as of March 2022.

Quartil e	Female	Male	Female %	Male %
1	636	118	84.35	15.65
2	580	146	79.89	20.11
3	650	144	81.86	18.14
4	546	213	71.94	28.06

The tables below show the Gender Pay Gap comparative results for DHCFT for March 2021 and March 2022.

	31 March 20	21		31 March 2022			Variation		
Gender	Average Mean Hourly Rate	Median Hourly Rate	Gender	Average Mean Hourly Rate	Median Hourly Rate		Average Mean Hourly Rate	Median Hourly Rate	
Male	£20.06	£17.27	Male	£21.02	£18.44		£0.96	£1.16	
Female	£16.97	£15.90	Female	£17.55	£16.52		£0.58	£0.62	
Differenc e	£3.09	£1.37	Difference	£3.47	£1.92	-	£0.38	£0.54	
Pay Gap %	15.41%	7.96%	Pay Gap %	16.51%	10.39%		1.10%	2.43%	

This graph shows the annual comparative mean and median gender pay gap since 2018.



## DHCFT GPG Tracker

The tables below show the proportion men and women in each quartile as of March 2021 and March 2022.

31 March 2021				31 March 2021 31 March 2022					Variation		
Quartil e	Female	Male	Female %	Male %	Quar e	il Female	Male	Female %	Male %	Female %	Male %
1	608	118	83.75	16.25	1	636	118	84.35	15.65	0.60	-0.60
2	557	132	80.84	19.16	2	580	146	79.89	20.11	-0.95	0.95
3	618	159	79.54	20.46	3	650	144	81.86	18.14	2.33	-2.33
4	522	211	71.21	28.79	4	546	213	71.94	28.06	0.72	-0.72

#### 5. Understanding the Gap

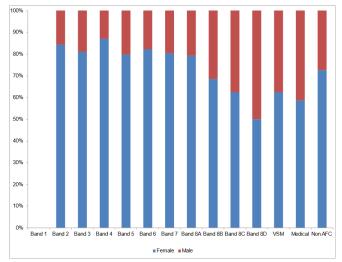
The differences in average pay between men and women occur for several reasons:

- The types of jobs people do
- Their tenure at work
- Natural variance
- Education and qualifications

A lower gender pay gap does not directly correlate to being a better organisation, however it is necessary to ensure that discrimination (direct or indirect) is not a factor.

## **DHCFT Challenges**

The GPG can be explained in the fact that the proportion of females employed by the Trust is significantly higher than males. There are more women represented at all banding levels than men, (which reduces the average hourly rates for women overall).



Pay Band	Female	Male
Band 1	100.00%	0.00%
Band 2	84.32%	15.68%
Band 3	81.14%	18.86%
Band 4	86.96%	13.04%
Band 5	79.80%	20.20%
Band 6	82.19%	17.81%
Band 7	80.47%	19.53%
Band 8A	79.25%	20.75%
Band 8B	68.63%	31.37%
Band 8C	62.50%	37.50%
Band 8D	50.00%	50.00%
VSM	62.50%	37.50%
Non AFC	72.73%	27.27%

#### Breakdown of proportion of females and males in each banding

If there were balance across all the quartiles compared to the Trust overall, there would be 80/20 ratio of women to men at all banding levels. The higher ratios of women to men exist at bands 2 – 7 and. There are fewer than 80% female at bands 8a-8-d, VSM and non -AfC.

As the proportion of men increases through the quartiles, it influences the gap in the median hourly rates. The most significant differential is at the upper middle quartile where there are 79.89% women to 20.11% men and lower quartile where there are 71.94% women to 28.06% men. There is an opportunity to take focused activities to attract men into posts in the lower and upper middle quartile agenda for change roles and continue to support women into senior management positions.

Further exploration of looking at the intersect of gender and age will help understand better barriers working aged women face across the organisation including childcare, flexible working etc.

The table below show the working pattern of men and women as of March 2022

Working pattern	Full Time	Workforce %	Part Time	Workforce %
Employees	1759	61.10%	1120	38.90%
Gender				
Female	1296	56.20%	1010	43.80%
Male	463	80.80%	110	19.20%

## Average Hourly Rate and Mean Gap by Staff Group

Average Hourly Rate	Gender							
Staff Group	Male	Female	Diff	Gap				
Add Prof Scientific and Technic	£24.37	£22.34	£2.02	8.30%				
Additional Clinical Services	£12.97	£12.50	£0.47	3.64%				
Administrative and Clerical	£20.93	£14.30	£6.63	31.69%				
Allied Health Professionals	£19.98	£18.96	£1.03	5.15%				
Estates and Ancillary	£12.84	£11.28	£1.56	12.16%				
Medical and Dental	£48.41	£39.25	£9.16	18.93%				
Nursing and Midwifery Registered	£20.37	£19.65	£0.73	3.56%				
Students	£10.24	£11.07	-£0.84	-8.19%				

## Average Hourly Rate and Mean Gap by Service area

Average Hourly Rate	Ger	nder		
Service Line	Male	Female	Diff	Gap
Adult Care Acute	£23.29	£17.66	£5.63	24.18%
Adult Care Community	£22.00	£18.69	£3.31	15.04%
Business Improvement + Transformation	£39.13	£18.27	£20.86	53.31%
Children's Services	£19.70	£17.07	£2.63	13.36%
Clinical Serv Management	£29.85	£26.68	£3.16	10.60%
Corporate Central	£18.95	£17.30	£1.65	8.71%
Estates + Facilities	£14.37	£11.98	£2.39	16.65%
Finance Services	£20.54	£20.42	£0.13	0.61%
Forensic + MH Rehab	£16.70	£17.54	-£0.84	-5.03%
Med Education & CRD	£19.55	£17.63	£1.91	9.79%
Neuro Developmental	£18.23	£17.07	£1.15	6.32%
Nursing + Quality	£21.35	£21.58	-£0.23	-1.05%
Older Peoples Care	£22.94	£16.33	£6.61	28.83%
Ops Support	£20.91	£15.74	£5.16	24.69%
People + Inclusion	£15.08	£16.79	-£1.72	-11.38%
Performance Delivery Clustering	£0.00	£15.09	-£15.09	0.00%
Psychology	£26.25	£24.30	£1.95	7.44%
Specialist Care Services	£27.39	£19.09	£8.30	30.32%

## Bonus Pay Gap

There is a gap in bonus payments at DHCFT. To gain a clearer understanding, bonuses have then broken down to illustrate the difference in Doctors' clinical excellence awards and long service awards.

Gender	Average Mean Bonus Pay	Median Bonus Pay
Male	£6,767.60	£400.00
Female	£837.69	£200.00
Differenc e	£5,929.90	£200.00
Pay Gap %	87.62%	50.00%

	31 March 2021				31 March 20	Variation			
Gender	Average Mean Bonus Pay	Median Bonus Pay		Gender	Average Mean Bonus Pay	Median Bonus Pay	Average Mean Bonus Pay	Median Bonus Pay	
Male	£8,350.38	£1,807.46		Male	£6,767.60	£400.00	-£1,582.79	-£1,407.46	
Female	£873.47	£200.00		Female	£837.69	£200.00	-£35.77	£0.00	
Differenc e	£7,476.91	£1,607.46		Differenc e	£5,929.90	£200.00	-£1,547.01	-£1,407.46	
Pay Gap %	89.54%	88.93%		Pay Gap %	87.62%	50.00%	-1.92%	-38.93%	

#### Clinical excellence and long service awards

The bonus table below relates exclusively to the Clinical Excellence Awards (CEAs) available to medical consultants. CEA is a national programme to recognise and reward medical consultants who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. They are determined locally, following a nationally agreed criterion.

Gender	Average Mean Bonus Pay	Median Bonus Pay
Male	£14,588.71	£9,048.00
Female	£4,775.33	£3,619.20
Differenc e	£9,813.38	£5,428.80
Pay Gap %	67.27%	60.00%

#### Long Service Awards

There are currently two schemes in operation within Derbyshire Healthcare NHS Foundation Trust. One is an 'in-service' award scheme which is only available to staff who transferred in from North Eastern Derbyshire PCT in 2004. The other is a scheme whereby individual employees receive a long service award on retirement if they have had 20 years or more continuous NHS service. The employee receives this automatically as part of the retirement process.

Long-service awards are considered as one of the most important forms of recognition, as it rewards staff for loyalty to the business and enhances staff's feeling of being valued by the organisation.

SI March 2022									
Gender	Average Mean Bonus Pay	Median Bonus Pay							
Male	£250.00	£200.00							
Female	£236.00	£200.00							
Differenc e	£14.00	£0.00							
Pay Gap %	5.60%	0.00%							

31 March 2022

The Long Service Award Scheme recognises employees' loyalty and continuous service within the NHS on the anniversary of 10, 20-, 30-, 40- and 50-years continuous service Continuous Service.

Chine an Ext	cenence Awards								
31 March 2021					31 March 20	Variation			
Gender	Average Mean Bonus Pay	Median Bonus Pay		Gender	Average Mean Bonus Pay	Median Bonus Pay		Average Mean Bonus Pay	Media
Male	£16,447.82	£12,063.96		Male	£14,588.71	£9,048.00		-£1,859.11	-£3,0
Female	£4,820.99	£5,358.94		Female	£4,775.33	£3,619.20		-£45.66	-£1,7
Differenc e	£11,626.83	£6,705.02	D	e e	£9,813.38	£5,428.80		-£1,813.45	-£1,2
Pay Gap %	70.69%	55.58%	F	Pay Gap %	67.27%	60.00%		-3.42%	4.
			_						

Clinical Excellence Awards

Long Service	Awards
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	31 March 20	21	31 March 2022					
Gender	Average Mean Bonus Pay	Median Bonus Pay	Gender	Average Mean Bonus Pay	Median Bonus			
Male	£252.94	£200.00	Male	£250.00	£200.00			
Female	£245.45	£200.00	Female	£236.00	£200.00			
Differenc e	£7.49	£0.00	Differenc e	£14.00	£0.00			
Pay Gap %	2.96%	0.00%	Pay Gap %	5.60%	0.00%			

Variation								
Average Mean Bonus Pay	Median Bonus Pay							
-£2.94	£0.00							
-£9.45	£0.00							
£6.51	£0.00							
2.64%	0.00%							

Median Bonus Pay -£3,015.96 -£1,739.74 -£1,276.22

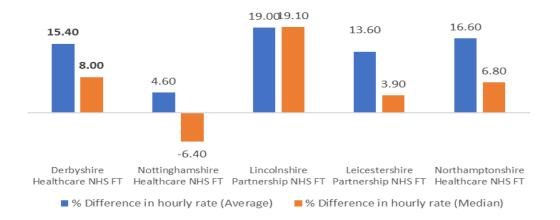
4.42%

## Benchmarking (latest available benchmarking data 31 March 2021):

	%	%		% Women	% Women				%	%
	Difference	Difference	% Women	in lower	in upper		% Who	% Who	Difference	Difference
	in hourly	in hourly	in lower	middle	middle	% Women	received	received	in bonus	in bonus
	rate	rate	рау	рау	pay	in top pay	bonus pay	bonus pay	рау	pay
Employer	(Average)	(Median)	quartile	quartile	quartile	quartile	(Women)	(Men)	(Mean)	(Median)
Derbyshire Healthcare NHS FT	15.40	8.00	83.80	80.80	79.50	71.20	75.00	25.00	89.50	50.00
Nottinghamshire Healthcare NHS FT	4.60	-6.40	73.80	69.00	76.40	73.70	33.90	42.30	13.40	33.30
Lincolnshire Partnership NHS FT	19.00	19.10	88.00	81.00	80.00	67.00	0.30	3.10	19.00	19.10
Leicestershire Partnership NHS FT	13.60	3.90	85.00	82.10	84.80	75.40	0.20	2.10	38.60	57.50
Northamptonshire Healthcare NHS FT	16.60	6.80	77.50	86.20	82.90	88.50	100.00	100.00	67.60	12.50

Source: GOV.UK

#### DHCFT GPG Benchmarking



## **Ethnicity Pay Reporting**

In the absence of legislation, DHCFT has voluntarily compiled the below ethnicity pay gap reporting, as part of the organisation's approach to improve inclusion and tackle inequality in the workplace. The tables below provide a snapshot of the ethnicity pay gap, which is reflective of where BME staff are positioned in DHFCT, further work will be required to understand the detail.

The table below shows the average mean and mean hourly rate for ethnicity and the pay gap as of March 2022.

Ethnic Group	Average Hourly Rate	Median Hourly Rate
White	£17.87	£16.52
BME	£19.83	£15.44
Difference	-£1.96	£1.08
Pay Gap %	-10.94%	6.53%

The table below shows the proportion Black and Minority Ethnic and White colleagues in each quartile as of March 2022.

Quartile	BME	White	BME %	White %
1	128	604	17.49	82.51
2	192	514	27.20	72.80
3	94	679	12.16	87.84
4	154	581	20.95	79.05

## 6. Progress and the Gender Balance Action Plan

Over the last 2 years in the aim towards gender parity, actions taken have been in line with the Government equalities office evidence-based publication<sup>1</sup> and the Advisory, Conciliation and Arbitration Service (Acas). These have included:

- Monitoring of gender characteristics success through the recruitment pipeline (Shortlisting, interview, selection).
- Women of Colour in Leadership workshop commissioned and organised as a joint venture between the BME and Women's Staff networks in 2022.
- Encouraging flexible working for all staff.
- An active women's network with an executive sponsor.
- Extensive Health and Wellbeing Offer for staff.

Wider targeted investment in initiatives at DHCFT that may help to close the gap in terms of evidence include:

- Above Difference Cultural Intelligence (CQ) Programme.
- Building leadership for inclusion Leadership development (covering inclusive leadership competencies).

## 5. Conclusions and Additional Focus to Address the Gap

There is a gender pay gap (GPG) that exists for DHCFT, but the mean GPG is narrowing. Some of the pay gap exists by choice (individuals choosing the jobs that they do). Going forward Government guide will be applied to assist in examining whether the GPG is caused by employee choice, or lack of opportunity. The key areas to be further monitored are:

- Equity versus lack of career progression (and barriers)
- Gender balance in promotion
- Gender balance of leavers
- Starting salaries by gender
- Part time employee career progression
- Supporting carers responsibilities

There are higher percentages of women employed in all quartiles than the percentage of women in the UK population. To reduce the GPG as defined by the government would therefore suggest that as well as supporting and encouraging female applicants into senior posts, that advertising and attraction campaigns should consider how to increase the representation of men into bands lower and middle quartile salary ranges.

<sup>&</sup>lt;sup>1</sup> <u>https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based\_actions\_for\_employers.pdf</u>

DHCFT has been working in partnership to target more apprenticeship schemes and will be doing as part of the ongoing recruitment action plan.

The Trust strategy has been refreshed which include our values and behaviours to further embed the desired culture and will monitor the feedback and experiences of all staff as part of this programme.

In support of the wider Equality Diversity and Inclusion EDI agenda the Trust will continue to check equality in opportunities for selection, development and promotion in the organisation and parity across the whole employee lifecycle.

Through the new EDI Steering Group DHFCT will set specific goals for GPG and monitor these with other KPIs such as the Workforce Race/Disability Equality Standards to apply fairness of opportunity and parity. We know that sustained improvements will take time but have confidence in the targeted actions being applied.

## Appendix 1: Action Plan

The action plan below has been developed with the Women's staff network, with a focus on improving gender parity. Improvements in these areas should impact on the overall engagement, experience and feelings of value for colleagues.

Appendix 1: Gender Pay Gap Action Plan 2023/24							
	Outcome	Actions	Leads and collaborators	Timescales			
1	Additional Data Analysis	<ul> <li>Equity versus lack of career progression (and barriers)</li> <li>Gender balance in promotion</li> <li>Gender balance of leavers</li> <li>Starting salaries by gender</li> <li>Part time employee career progression</li> <li>Supporting carers responsibilities</li> <li>Detailed Ethnicity pay Gap</li> <li>Age and Disability pay gap</li> </ul>	Data team EDI Team	March 2024			
1.b	Carry out an Equal Pay Audit for roles that fall under the Administrative and Clerical Positions and audit the following:	<ul> <li>AFC bandings against the roles and positions held.</li> <li>Job titles o Job descriptions (roles and responsibilities)</li> <li>Start date against the spine point for the AFC</li> <li>Are these posts' part time? Flexible hours? Job shares?</li> <li>Additional resources will be required to carry out the audit and a development of a tool that will capture this data on a quarterly basis to explore the problem areas.</li> </ul>	ESR, data team				
2	Recruitment and selection	Provide career coaching for staff     and self-confidence sessions	Recruitment Lead and EDI team	March 2024			

	Appendix 1: Gender Pay Gap Action Plan 2023/24						
3	Career Development Promotion and Talent	<ul> <li>Introduce values-based recruitment for all roles and provide objective assessment training for all hiring managers to support consistency and fairness</li> <li>Review the use of assessment tests in the interview process to improve objectivity beyond the competency-based interview</li> <li>Work with schools and colleges to promote the NHS for male and female careers</li> <li>Promote cohorts of reverse mentoring to support and sponsor women in their career</li> </ul>	Leadership and EDI Women's Network	March 2024			
		<ul> <li>women in their career development / returning to work after maternity</li> <li>Develop a talent management and succession planning process and include a self-nomination process as part of this</li> <li>Offer career coaching for all staff and training for managers in their role in talent management</li> </ul>					
2	Support, Awareness and Education	<ul> <li>Bias</li> <li>Continue to roll out unleashed</li> <li>EIA Training</li> </ul>	EDI team	March 2024			
3	Policies	Menopause policy     Review safety on sight	Policy authors and Women's Network	March 2024			
4	Wider Cultural Activities and Health and well being	<ul> <li>CQ Facilitators train the trainer</li> <li>Wellbeing offers champions</li> </ul>	CQ Facilitators and well being leads	March 2024			