

Trust Board Meeting in Public: Wednesday 10 July 2019

TB2019.78

Title	Combined Equality Standards Data Report 2019
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Status	For information
History	Disabled Staff Experience (WDES) Report 2018 Workforce Race Equality Standard Report 2018 Gender Pay Gap Report 2018/19

Board Lead(s)	Jane Nicholson, Interim Chief People Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. The purpose of this report is to:</p> <ul style="list-style-type: none">• Report on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract;• Report on the Trust's gender pay gap as required by Gender Pay Reporting Legislation;• Promote discussion around the metrics and what further analysis should be undertaken in preparation for the full reports and action plans.
<p>2. The report highlights some areas where the Trust has improved from last year, including:</p> <ul style="list-style-type: none">• An increase in the proportion of disabled and black and minority ethnic (BME) staff;• A decrease in the Trust's gender pay gap.
<p>3. The report also highlights some areas of concern that require further investigation. This includes:</p> <ul style="list-style-type: none">• Poor disclosure of disability;• Issues relating to bullying and harassment.
<p>4. Following this report, the metrics will be further analysed and further feedback will be gathered from staff with the aim to develop actions to mitigate the gap noted in this report. Full reports for each standard will then be produced for presentation at Trust Board in September; these will detail recommended actions to take.</p>
<p>5. The Trust Board is asked to:</p> <ul style="list-style-type: none">• Note the contents of this report;• Discuss the data within this report and highlight areas that should be analysed further as part of the development of the full reports;• Approve submission of the WRES and WDES metrics to NHS England;• Approve submission of the Gender Pay Gap figures to the Government Equalities Office. <p>.</p>

Gender Pay Gap Report 2018/19

1. Purpose

1.1. The purpose of this report is to:

- 1.1.1. Report on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract;
- 1.1.2. Report on the Trust's gender pay gap as required by Gender Pay Reporting Legislation;
- 1.1.3. Promote discussion around the metrics and what further analysis should be undertaken in preparation for the full reports and action plans.

2. Background

2.1. The Trust has a number of statutory reporting requirements relating to equality, diversity and inclusion. These include:

- 2.1.1. the Workforce Race Equality Standard (WRES);
- 2.1.2. the Workforce Disability Equality Standard (WDES); and
- 2.1.3. the Gender Pay Gap Reporting.

2.2. For each of these, the Trust is required to publish against a set of metrics. WRES and WDES metrics are required to be published by 1st August annually and Gender Pay Gap by 31st March annually.

2.3. Trusts are then required to analyse these metrics and undertaken consultation with affected staff in order to develop actions plans to address any disparities noted in these metrics.

2.4. This report details the Trust data for each of the metrics. Where possible comparison has been given to previous years, with a positive change between the two being indicated as green and a negative one as red.

2.5. This report will enable the publishing of the required metrics by the set deadlines, and this report will also be used to guide the consultation and data analysis that must be undertaken.

2.6. A summary of all metrics and the data sources used are given in the following Appendices:

- 2.6.1. WRES – **Appendix 1**;
- 2.6.2. WDES – **Appendix 2**;
- 2.6.3. Gender Pay Gap – **Appendix 3**.

2.7. Data for these metrics is accurate as of 31st March 2019.

3. WRES Metrics

Metric 1. Percentage of BME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

	2018	2019	Difference
Non-Clinical	12.16%	14.92%	2.76%
Under Band 1	20.00%	9.52%	-10.48%
Band 1	17.24%	0.00%	-17.24%
Band 2	14.55%	17.72%	3.18%
Band 3	13.17%	15.06%	1.88%
Band 4	11.93%	14.98%	3.05%
Band 5	13.60%	16.97%	3.37%
Band 6	15.00%	16.85%	1.85%
Band 7	6.82%	10.81%	3.99%
Band 8a	6.93%	11.61%	4.68%
Band 8b	3.23%	11.29%	8.06%
Band 8c	0.00%	5.26%	5.26%
Band 8d	10.53%	5.00%	-5.53%
Band 9	0.00%	0.00%	0.00%
VSM	0.00%	11.11%	11.11%
Clinical	18.21%	20.86%	2.66%
Under Band 1	10.00%	0.00%	-10.00%
Band 1	0.00%	25.00%	25.00%
Band 2	26.67%	29.08%	2.41%
Band 3	15.08%	19.37%	4.29%
Band 4	17.98%	20.68%	2.70%
Band 5	22.36%	24.77%	2.41%
Band 6	17.69%	21.25%	3.56%
Band 7	8.72%	11.71%	2.99%
Band 8a	7.00%	9.23%	2.22%
Band 8b	5.68%	5.00%	-0.68%
Band 8c	2.00%	2.44%	0.44%
Band 8d	0.00%	11.11%	11.11%
Band 9	0.00%	0.00%	0.00%
VSM	33.33%	11.11%	-22.22%
Medical and Dental	23.25%	28.12%	4.87%
Consultants	19.34%	22.69%	3.35%
Non-Consultant Career Grade	17.57%	28.43%	10.86%
Trainee Grade	26.37%	32.54%	6.16%
Trust Total	17.59%	20.69%	3.10%

3.1. Overall there has been a 3.10% increase in the proportion of BME staff within the Trust; this is 409 more BME staff within the Trust this year as compared to last year.

- 3.2. The breakdown BME within each Band shows that, across almost all bands, the proportion of BME staff has increased. Notable increases include Band 8b non-clinical staff, as well as medical and dental staff. When clinical and non-clinical VSM staff are taken together there is also an overall increased proportion of staff at VSM level.
- 3.3. For groupings with very large percentage differences (Under Band 1, Band 1, Band 8d, and VSM) it should be noted that these groups are relatively small a low number of staff can have a large impact, creating a larger swing in the figures.
- 3.4. The representation of BME staff is much higher in clinical roles and medical and Dental roles than it is for non-clinical roles, with representation in the medical and dental workforce being particularly high.
- 3.5. As with last year, the proportion of BME staff decreases as seniority increases, with a notable drop from Band 7 upwards. However, the overall proportion of BME staff in these bands has increased.

Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

	2018	2019	Difference
Relative Likelihood	1.62	1.66	0.04

- 3.6. White applicants are 1.66 times more likely to be appointed from shortlisting when compared to BME applicants; this is a slight increase from last year.

Metric 3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

	2018	2019	Difference
Relative Likelihood	1.73	1.37	-0.36

- 3.7. BME staff are 1.37 times more likely to enter a disciplinary process; this is lower than the figure reported last year.
- 3.8. There are, however, still concerns with this metric as the changes to how employee relations cases are recorded have not yet taken place. Therefore there is some uncertainty around the accuracy of this metric.

Metric 4. Relative likelihood of staff accessing non-mandatory training and CPD.

	2018	2019	Difference
Relative Likelihood	0.99	1.00	0.01

3.9. This metric shows that BME and White staff are equally likely to access non-mandatory training and CPD.

3.10. There are concerns with the accuracy of this metric as it relies on ELMS for reporting and does not currently capture all training and development opportunities that staff can access. How the Trust reports on this metric is going to be a focus for the coming year to ensure this metric is useful.

Metric 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

	2018	2019	Difference
White	26.42%	26.60%	0.18%
BME	25.63%	26.40%	0.77%

3.11. There has been a slight increase for both White and BME staff experiencing bullying and harassment from patients, relatives or the public, with a larger increase for BME staff. The proportion of White staff experiencing this is slightly higher than for BME staff.

Metric 6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

	2018	2019	Difference
White	27.32%	27.90%	0.58%
BME	32.25%	31.90%	-0.35%

3.12. This metrics shows that there has been a very slight difference between the reported bullying from other staff by both BME and White staff between the two years, with it being greater for White staff and lesser for BME staff. The proportion of BME staff experiencing bullying from other staff is greater than is it for White staff.

Metric 7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

	2018	2019	Difference
White	85.18%	83.80%	-1.38%
BME	71.30%	71.70%	0.40%

3.13. The percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion has increased slightly, whilst it has decreased slightly for White Staff. BME staff are still significantly less likely than White staff to believe this though.

Metric 8. Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

	2018	2019	Difference
White	7.31%	8.2%	0.89%
BME	17.06%	17.00%	-0.06%

3.14. There has been a slight decrease in BME staff reporting they have personally experience discrimination at work, whereas this has slightly increased for White Staff. BME report experiencing discrimination at work at a significantly higher rate than White staff.

Metric 9. Percentage difference between the organisation's Board voting membership and its overall workforce.

3.15. 8.33% of the Board's voting members are BME; there is a 12.36% difference between this and the overall workforce where 20.69% of staff are BME. This is an improvement on last year where the Trust reported 0% of the Board's voting membership were BME.

4. WDES Metrics

Metric 1. Percentage of Disabled staff in each AfC Band cluster 1-4, 5-7, 8a-8b and 8c-VSM (including executive Board members) and Medical and Dental subgroups compared with the percentage of staff in the overall workforce.

	2018	2019	Difference
Non-Clinical	2.49%	3.16%	0.67%
AfC 1-4	2.25%	3.57%	1.32%
AfC 5-7	2.69%	2.87%	0.18%
AfC 8a & 8b	-	1.15%	-
AfC 8c - VSM	-	2.25%	-
Clinical	2.48%	2.48%	0.00%
AfC 1-4	2.91%	3.18%	0.27%
AfC 5-7	2.35%	2.79%	0.44%
AfC 8a & 8b	-	1.08%	-
AfC 8c - VSM	-	1.54%	-
Medical and Dental	1.17%	1.25%	0.08%
Consultants	0.61%	0.82%	0.21%
Non-Consultant Career Grade	0.00%	0.00%	0.00%
Trainee Grade	1.63%	1.72%	0.09%
Trust Total	2.26%	2.64%	0.38%

- 4.1. Across the Trust it can be seen there has been a slight increase in the proportion of disabled staff. No comparison can be given in clusters AfC 8a & 8b and AfC 8c – VSM as these clusters have changed since it was last reported.
- 4.2. There is a higher reported proportion of disabled staff in AfC Bands 7 and below, with a lower proportion in more senior bands and within medical and dental roles.
- 4.3. Disclosure of disability is very low with 17.44% of staff who have not disclosed at all. Disclosure rates on the staff survey is much higher, with approximately 14% of those completing it identifying as disabled, so there are clear gaps in the data available on ESR.
- 4.4. It should be noted that this low disclosure rate on ESR will also have an impact on the robustness of WDES metrics 2, 3 and 10.

Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

	2018	2019	Difference
Relative Likelihood	1.12	1.19	0.07

4.5. Non-disabled applicants are 1.19 times more likely to be appointed from shortlisting than disabled applicants. This is slightly higher than the figure reported last year.

Metric 3. Relative likelihood of entering the formal capability procedure

	2019
Relative Likelihood	0

4.6. No comparison was given to 2018 as the draft WDES metrics also looked at formal sickness procedures and it no longer does this.

4.7. There are no reported capability cases against a member of staff with a disclosed disability therefore relative likelihood cannot be calculated.

Metric 4. Percentage of staff experiencing harassment, bullying or abuse from patients and the public, managers, and other colleagues in the last 12 months, and percentage of staff who reported this.

	2018		2019		Difference (Non-Disabled)	Difference (Disabled)
	Non-Disabled	Disabled	Non-Disabled	Disabled		
a) i. Patients	26.00%	31.00%	25.80%	31.10%	-0.20%	0.10%
a) ii. Managers	12.00%	20.00%	11.60%	20.10%	-0.40%	0.10%
a) iii. Colleagues	21.00%	30.00%	22.00%	32.70%	1.00%	2.70%
b) Reported	39.00%	38.00%	37.90%	40.60%	-1.10%	2.60%

4.8. Disabled staff have reported a slight increase in bullying and harassment over the past year, with the largest increase coming from other colleagues. There was also an increase in the number of disabled staff reporting incidents.

4.9. Non-disabled staff also reported increase in bullying and harassment experienced from their colleagues but saw a slight reduction in bullying and harassment from other sources. There was also a decrease in non-disabled staff reporting incidents.

4.10. Disabled staff reporting experiencing bullying and harassment from all sources at a significantly higher rate than non-disabled staff.

Metric 5. Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.

	2018	2019	Difference
Non-Disabled	84.00%	83.30%	-0.70%
Disabled	77.00%	75.30%	-1.70%

4.11. The percentage of disabled staff believing that the Trust provides equal opportunities for career progression or promotion has decreased slightly; the same can be seen for non-disabled staff but to a lesser extent. Disabled staff are still significantly less likely than non-disabled staff to believe this.

Metric 6. Percentage of staff who say they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019	Difference
Non-Disabled	21.00%	19.20%	-1.80%
Disabled	30.00%	30.70%	0.70%

4.12. Disabled staff report feeling pressure to come into work from their manager, despite not feeling well enough to perform their duties, at a much higher rate than non-disabled staff. For disabled staff there has been a slight increase from last year; the converse is seen for non-disabled staff.

Metric 7. Percentage of staff satisfied with the extent to which the organisation values their work.

	2018	2019	Difference
Non-Disabled	43%	47%	4%
Disabled	38%	35%	-3%

4.13. A greater proportion of non-disabled staff feel satisfied with the extent to which the organisation values their work than disabled staff. There has been a positive increase from last year for non-disabled staff on this metric whilst the opposite is true for disabled staff.

Metric 8. Percentage of staff that feels their employer made adequate adjustments to enable them to carry out their work.

	2018	2019	Difference
Response	76%	75%	-1%

4.14. 75% of disabled staff feel that the Trust has made adequate adjustments to enable them to carry out their work. This is 1% lower than last year.

Metric 9. Staff Engagement Scores for Disabled and Non-Disabled Staff compared to the organisations' Average.

	Organisation Average	Disabled	Non-Disabled
Staff Engagement Score	6.9	6.5	7
I would recommend my organisation as a place to work.	6.1	5.6	6.2
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	7.1	6.9	7.2
Care of patients / service users is my organisation's top priority.	7.2	7	7.2
I am able to make suggestions to improve the work of my team / department.	7	6.6	7.1
There are frequent opportunities for me to show initiative in my role.	7	6.5	7.1
I am able to make improvements happen in my area of work.	6.1	5.6	6.2
I look forward to going to work.	6.6	6.2	6.6
I am enthusiastic about my job.	7.4	7.2	7.4
Time passes quickly when I am working.	7.7	7.2	7.7

4.15. The engagement score for disabled staff is lower than the Trust average and the score for non-disabled staff.

4.16. Disabled staff have lower scores across all nine statements that make up the engagement score with a significantly lower score, as compared to the Trust average, on six of these.

Metric 10. Percentage difference between the organisations' and Board voting membership and its overall workforce.

4.17. 0% of voting Board members have a disclosed disability. Compared with the overall workforce this is a difference of 2.64%.

5. Gender Pay Gap Figures

Metric 1. Mean and median gender pay gap for ordinary pay.

	Mean Hourly Rate			Median Hourly Rate		
	2018	2019	Difference	2018	2019	Difference
Men	£22.90	£23.55	£0.65	£17.38	£17.60	£0.22
Women	£16.80	£17.24	£0.44	£14.74	£15.28	£0.54
Difference	£6.10	£6.31	£0.21	£2.64	£2.32	-£0.32
Pay Gap %	26.60%	26.78%	0.17%	15.20%	13.16%	-2.04%

5.1. There has been a slight increase in the mean pay gap of 0.17% and a reduction in the median pay gap of 2.04%. A reduction in the median pay gap indicates there has been a slight change in the proportion of women within the Trust's pay structure – with a higher proportion of women in higher paid roles.

Metric 2. Mean and median gender pay gap for bonus pay

	Mean Bonus Pay			Median Bonus Pay		
	2018	2019	Difference	2018	2019	Difference
Men	£9,471.77	£8,455.35	-£1,016.42	£3,013.47	£3,015.96	£2.49
Women	£2,218.50	£2,112.73	-£105.77	£350.00	£660.00	£310.00
Difference	£7,253.27	£6,342.62	-£910.65	£2,663.47	£2,355.96	-£307.51
Pay Gap %	76.60%	75.01%	-1.59%	88.40%	78.12%	-10.28%

5.2. There has been a decrease in both the mean and median bonus pay gap with the median gap having reduced quite significantly at 10.28%.

5.3. There has been an increase in the median bonus payment given to women which has resulted in this drop. The decrease in the mean bonus pay gap comes from a decrease in the mean bonus pay for men.

Metric 3. Proportion of men and women receiving bonuses

	2018	2019	Percentage Increase
Men	11.20%	12.26%	9.46%
Women	6.30%	9.26%	46.98%

5.4. The proportion of staff receiving bonuses has increased significantly, especially so for women. A higher proportion of men received bonus payments in the reporting period.

Metric 4: Proportion of men and women in each quartile of the Trust's pay structure (Q1=low, Q4=high). Headcounts given in italics.

Quartile	2018		2019		Difference in proportion of women
	Women	Men	Women	Men	
1	79.10% <i>2247</i>	20.90% <i>595</i>	78.76% <i>2324</i>	21.33% <i>630</i>	-0.34% <i>77</i>
2	79.60% <i>2370</i>	20.40% <i>606</i>	79.75% <i>2355</i>	20.25% <i>598</i>	0.15% <i>-15</i>
3	79.90% <i>2310</i>	20.10% <i>581</i>	80.91% <i>2391</i>	19.09% <i>564</i>	1.01% <i>81</i>
4	61.10% <i>1788</i>	38.90% <i>1139</i>	61.68% <i>1822</i>	38.32% <i>1132</i>	0.58% <i>34</i>

5.5. The proportion of women has increased within the upper quartiles of the Trust's pay structure. Men remain disproportionately represented within the highest quartile of the Trust's pay structure.

6. Conclusion and Next Steps

- 6.1. The metrics show a number of positive changes in the metrics over the past year including increase proportions of BME and Disabled Staff across the Trust and a reduction in the gender pay gap.
- 6.2. The metrics also show some areas for concern, such as the poor disclosure of disability, and bullying and harassment.
- 6.3. Further areas for analysis should be considered to enable effective action planning to reduce gaps highlighted in the report.
- 6.4. Feedback is currently being gathered from staff regarding barriers to advancing equality, diversity and inclusion. A survey has been circulated looking specifically and race, gender and disability equality, and feedback gathered through the Culture and Leadership Programme will also be utilised.
- 6.5. An event is planned for 26th July to present key themes from the metrics and feedback. The event will engage with staff to develop priorities to advance progress on WRES, WDES and Gender Pay Gap.
- 6.6. Following this event, all feedback will be collated and full reports for WRES, WDES and Gender Pay Gap will be written including recommendations for action. These will be presented to Trust Board in September.

7. Recommendations

- 7.1. The Trust Board is asked to:
 - 7.1.1. Note the reported figures;
 - 7.1.2. Discuss the data within this report and highlight areas that should be analysed further as part of the development of the full reports;
 - 7.1.3. Approve submission of the WRES and WDES metrics to NHS England;

7.1.4. Approve submission of the Gender Pay Gap figures to the Government Equalities Office.

Lead Executive:

Jane Nicholson, Interim Chief People Officer

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July 2019

Appendix 1: Workforce Race Equality Standard Metrics

	Metric	Data Source
1	<p>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:</p> <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p><i>Note:</i> Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>	ESR
2	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p><i>Note:</i> This refers to both external and internal posts</p>	TRAC
3	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p><i>Note:</i> This indicator will be based on data from a two year rolling average of the current year and the previous year</p>	ER Case Tracker
4	Relative likelihood of staff accessing non-mandatory training and CPD	eLMS
5	Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	NHS Staff Survey Q13
6	Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from staff in last 12 months	NHS Staff Survey Q13
7	Percentage BME staff compared to white staff believing that trust provides equal opportunities for career progression or promotion	NHS Staff Survey Q14
8	Percentage of BME staff compared to white staff who have personally experienced discrimination at work from a manager/team leader or other colleague in the last 12 months	NHS Staff Survey Q15
9	<p>Percentage difference between the organisations' Board membership and its overall workforce disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p><i>Note:</i> this is an amended version of the previous definition of Indicator 9</p>	ESR

Appendix 1: Workforce Disability Equality Standard Metrics

	Metric	Data Source
1	<p>Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades</p> <p><i>Note:</i> Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes</p>	ESR
2	<p>Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.</p> <p><i>Note:</i> This refers to both external and internal posts.</p>	TRAC
3	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p><i>Note:</i> This Metric will be based on data from a two-year rolling average of the current year and the previous year.</p>	ER Case Tracker
4	<p>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <p>i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues</p> <p>b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.</p>	NHS Staff Survey Q13
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	NHS Staff Survey Q14
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	NHS Staff Survey Q11
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	NHS Staff Survey Q5
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	NHS Staff Survey Q28b
9	<p>a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</p>	NHS Staff Survey
10	<p>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board. • By Executive membership of the Board. 	ESR

Appendix 3: Gender Pay Gap Metrics

Under the Gender Pay Gap Reporting Legislation, organisations are required to publish the following figures:

- Gender Pay Gap (mean and median averages);
- Gender Bonus Gap (mean and median averages);
- Proportion of men and women receiving bonuses;
- Proportion of men and women in each quartile of the organisation's pay structure.

These figures have been compiled using a report created by IBM that utilises data kept on ESR.

Bonus pay includes:

- Clinical Excellence Awards;
- Discretionary Points for non-training grade doctors e.g. staff grades and associate specialists;
- Payments made under Trust incentive schemes (including the Winter Incentive Scheme);
- Bonus payments;
- Distinction awards.

Pay gaps are reported as the relative percentage difference between men's and women's earnings. A positive percentage difference indicates men are paid higher and a negative percentage difference indicates women are paid higher. All percentages are given to 1 decimal place, as required upon submission to the Government Equalities Office.