

Board of Directors: 12.07.2018

Agenda Item: Bo.7.18.16

Workforce Race Equality Standard and Equality and Diversity Update July 2018

Presented by:	Pat Campbell, Director of Human Resources	Author:	Lorraine Cameron, Head of Equality & Diversity
Previously considered by:	N/A		

Key points	Purpose:
1. The Workforce Race Equality Standard (WRES) data will be submitted to NHS Bradford District CCG; NHSE North, Yorkshire & Humber Commissioning Hub and published on our website by 1 August 2018 along with the actions we intend to take to address disparity.	To discuss and note
2. This report includes our performance between April 2017 and March 2018 against targets for achieving a workforce that reflects the local population.	To discuss and note
3. This report includes comparative regional data on our gender pay gap.	To discuss and note
4. This report highlights the action we are taken to address the poorer experience of disabled and Lesbian, Gay and Bisexual (LGB) staff as indicated through the 2017 staff survey.	To discuss and note

Executive Summary:
<p>The purpose of this paper is to advise the Board of Directors of our fourth submission under the WRES. The report also includes areas where Black, Asian and Minority Ethnic (BAME) people are either under-represented or report poorer staff experience.</p> <p>It includes the annual update on our equality targets, for achieving a workforce more reflective of the local BAME population. It shows encouraging progress against our targets in all areas and highlights the action we recommend to address the lower percentage of BAME staff at Bands 8+.</p> <p>The paper also highlights the actions we have taken and plan to take to address poorer experience of disabled and LGB staff through the staff survey.</p>

Financial implications:
No

Regulatory relevance:

Monitor:	Quality Governance Framework
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Equality Impact / Implications:	Improving access for disabled people
	Improve access to services for people from Gypsy and Traveller Communities
	Improve the access and experience of BME patients and service users
	Reduce inequalities experienced by BME staff and job applicants
	Reduce inequalities experienced by staff
	Increase the diversity of boards and their understanding of equality issues

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	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p> <p>Positive impact in relation to having a workforce that reflects the local population and ongoing equality activity around the equality objectives.</p>
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Other:	NHS England WRES requirements and Gender Pay Gap reporting requirements
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To be in the top 20% of NHS employers
	To collaborate effectively with local and regional partners

Workforce Race Equality Standard and Equality and Diversity Update July 2018

1. BACKGROUND AND PURPOSE

- 1.1** As previously reported, the Equality Act 2010 requires that we undertake outcome focused activity in addressing equality and diversity issues as a service provider and employer, across nine protected characteristics. We have a general duty to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not share it. As a public sector organisation, we also have specific duty to prepare and publish specific and measurable equality objectives every four years (which we did in April 2012 and 2016) and publish details of engagement on setting our objectives.
- 1.2** The 2017/18 Standard Contract places a Service Condition (13.) - Equity of Access, Equality and Non-Discrimination - requires that we show evidence of how we:
- 13.1 must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by the Law.
 - 13.2 provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.
 - 13.3 comply with the public sector equality duties and section 6 of the Human Rights Act 1998.
 - 13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, provide a plan or plans setting out how we will comply with our obligations. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.
 - 13.5 must:
 - 13.5.1 implement EDS2; and
 - 13.5.2 implement the national Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.
- 1.3** The WRES seeks to tackle one particular aspect of equality – the consistently less favourable treatment of the BAME workforce - in respect of their treatment and experience. It draws on new research about both the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care.
- 1.4** The Equality Delivery System (EDS2) is designed to help us, in discussion with local stakeholders, review and improve our performance for patients, communities and staff in respect to all characteristics protected by the Equality Act 2010. The Board of Directors receive regular updates on our progress against EDS2. There are eighteen goals attached to EDS2. Instead of

trying to focus on all goals, in 2015, in consultation with local communities, the health economy across Bradford and Airedale agreed to focus on the following eight outcomes from EDS2:

Goal 2:

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access
- People are informed and supported to be as involved as they wish to be in decisions about their care

Goal 3:

- Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- Training and development opportunities are taken up and positively evaluated by all staff
- When at work staff are free from abuse, harassment, bullying and violence from any source
- Staff report positive experiences of their membership of the workforce

Goal 4:

- Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

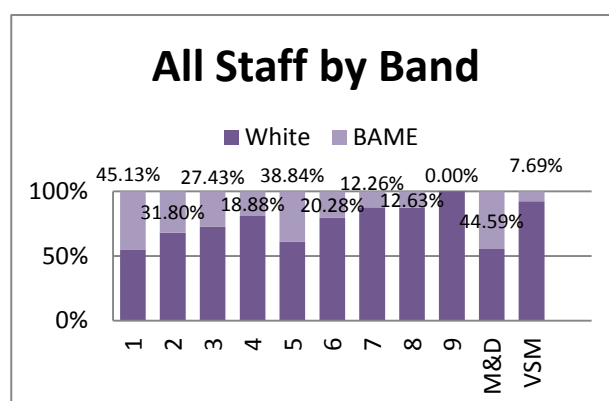
1.5 The WRES and EDS2 are complementary but distinct. The indicators used in the WRES, and the progress made in closing the gap, will assist us in implementing the EDS2. We will continually check how the data published for the WRES can assist and align with EDS2, and in particular with the outcomes under Goals 3 and 4.

1.6 This paper advises the Board of Directors of the draft data we are reporting on our third yearly assessment against the WRES.

2. WORKFORCE RACE EQUALITY STANDARD (WRES)

2.1 The WRES return is due by 10 August 2018. There have been no significant changes in the Indicators since last year, although the WRES team have indicated that there will be an added focus on WRES indicator 9 - Percentage difference between the organisations' board voting membership and its overall workforce. The WRES is to be uploaded via NHS Digital Strategic Data Collection Service (which replaces Unify 2), so that progress can be measured at national level. In addition, we will publish our report on our website by 28 September deadline. We will receive the WRES data report in December 2018 and our next Equality Update will include our relative progress.

2.2 *Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. 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.

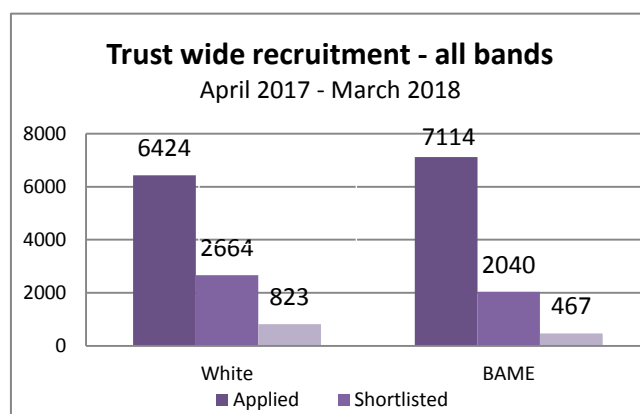
Narrative: Our overall percentage of BAME staff is 29.27%. This is an increase of 1.22% since our last WRES report was produced, which encouragingly puts us ahead of our trajectory for overall staff numbers reflecting the ethnic diversity of our local population. The graph above shows the percentage of staff at each of the pay bands and medical and dental staff. We agreed to set a 35% employment target for employing BAME people by 2025.

Action: The Head of Equality and Diversity and Director of HR will work with Divisions to identify action to continue to increase the percentage of BAME staff above Band 5.

2.3 Indicator 2: Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts

Narrative: White candidates have a 31% chance of being appointed to jobs for which they have been shortlisted compared to a 23% chance for BAME candidates. This is an improvement on last year's position when on 1 in 6 staff were appointed from interview.

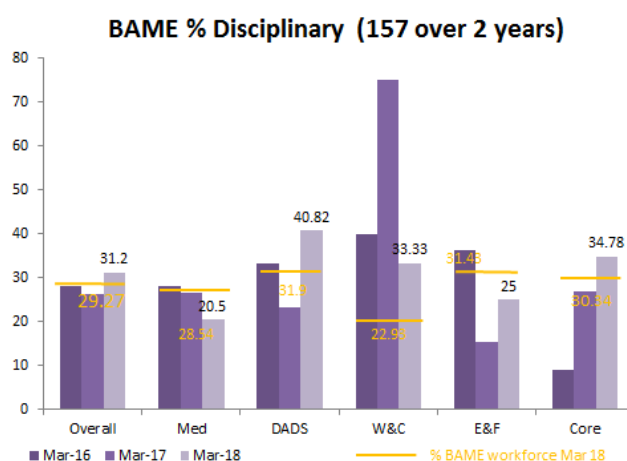
Action: We have a breakdown of the chances of appointment by Division and Department. The Director of HR and the Head of Equality and Diversity, will discuss the disparity with Divisions and look at ways of reducing this.



2.4 Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (two year rolling average)

Narrative: A total of 157 staff entered the disciplinary process between April 2016 and March 2018, of whom we know the ethnicity of 157. (This is an increase since our last report in 2017 when 133 staff entered formal disciplinary processes). 108 white and 49 BAME staff entered the process in the past two years. 31.2% were from BAME backgrounds, which indicate that BAME staff are more likely (1.1) to be disciplined than white staff. This is a worse position than last year (0.92). Although significant progress has been made in Women and Children's, BAME staff are still 1.68 times more likely to enter formal disciplinary than white staff. DADS is also significantly higher with BAME staff being 1.48 times more likely to enter formal disciplinary than white staff. In Core Departments BAME staff are 1.26 times more likely than white staff to enter disciplinary processes.

Action: Human Resource Department to prioritise review of processes in Women and Children's, DADS and Core Departments to determine why there is the disparity and review the outcomes of disciplinary process to determine outcomes (with a view to determining whether BAME staff are more likely to enter formal disciplinary process inappropriately).



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2.5 **Indicator 4: Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff**

Narrative: There were 2,531 in-house non-mandatory training sessions between April 2017 and March 2018. Of those for whom we know the ethnicity (1,770), 74.75% of sessions were undertaken by white staff and 25.25% by BAME staff. This means that white staff are more likely to access non-mandatory training and CPD than BAME staff at 1.22. This is the second year that white staff are more likely to access non-mandatory training. However, BAME staff report significantly higher satisfaction with the quality of non-mandatory training (4.10) compared to white staff (4.01). 172 members of staff were supported through University of Bradford courses of these 51 were from BAME backgrounds which represents 29.65% of the total. That means that BAME staff are slightly more likely to be supported through university courses, which is very encouraging.

Action: Divisions and departments will consider own performance to determine the action they can take to address the disparity.

2.6 **Staff Experience Indicators 5-8:** The WRES data compares BAME and white staff experience across four indicators. The table below compares perception of BAME and white staff to the four indicators. The experience of BAME staff has improved since the last staff survey results in three out of four of the indicators, but the overall experience of BAME staff remains worse for all the four indicators.

Staff Survey Indicator	White	BAME	White	BAME	White	BAME
	2017		2016		2015	
KF25: Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	26%	28%	34%	29%	32%	48%
KF26: Percentage experiencing harassment, bullying or abuse from staff in the last 12 months.	22%	27%	24%	28%	26%	34%
KF21: Percentage believing that the trust provides equal opportunities for career progression or promotion.	89%	68%	88%	80%	94%	78%
Q27: In the last 12 months, have you personally experienced discrimination at work from any of the following? b) manager/team leader or other colleagues	6%	14%	6%	17%	8%	36%

Narrative: Encouragingly, there is a downward trend against three of the four WRES indicators. However, it is a concern that there has been a significant decrease in the percentage of BAME staff who believe that the trust provides equal opportunities for career progress or promotion. We have already taken action on this indicator through changes made to the recruitment and selection policy requiring a recruitment process for any internal acting up or secondment opportunities. With regard to harassment and bullying, we know that this is the area in which most staff who raise concerns through Freedom to Speak Up. We have overhauled the harassment and bullying policy and have trained fourteen staff to take on the new role of Staff Advocate. These staff will support colleagues within their own areas to have their voice heard and address workplace problems informally, at an early stage, before they become serious. All concerns raised with Staff Advocates will be logged to determine where there are "hotspots" and support will be provided to both the individual and the work

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area to address the issues raised. Staff will have someone to talk to if they think they are experiencing:

- Discrimination
- Harassment and bullying
- Barriers to career development
- Concerns about recruitment practice
- Unhealthy workplace culture
- Workplace conflict including 'personality clashes'

Action: Publicise and roll out the Staff Advocate role across the Trust.

2.7 Indicator 9: Percentage difference between the Trusts' Board i. voting membership and its overall workforce and ii. Executive membership and its overall workforce.

Narrative: As at March 2018, there were 17 members on the Board of Directors.

	Total Board Membership	i. Voting membership	ii. Executive membership
Total	18	14	9
White	83.33% (15)	78.6% (11)	100% (9)
BAME	16.66% (3)	21.4% (3)	0% (0)
Workforce	29.3%		
% BAME +/-	-12.64%		

Action: To review every appointment as it arises and seek to ensure that we continue to strive to have a Board of Directors that reflects the diversity of the local population.

3. GENDER PAY GAP (GPG)

3.1 It is important to appreciate that the GPG and equal pay are two distinct concepts:

- Equal pay is concerned with men and women earning equal pay for the same or similar work.
- The gender pay gap is about the difference between men and women's average pay within the organisation.

3.2 Generally, the average pay of women is lower than that of men and this tends to be because there are fewer women in senior high earning positions in organisations than men. Whilst a workforce may be predominantly female (like ours), if the most senior positions are taken up by men, the average pay of women in that organisation could be lower. The GPG regulations have been brought in to highlight this imbalance. The aim is to enable employers to consider the reasons for any inequality and to take steps to address it.

3.3 It became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG) by end of March 2018. [We published our first Gender Pay Gap on 8 March 2018.](#) (For explanation and background on the requirements for reporting, see Appendix 1). We have regional comparisons for our performance.

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3.4 Average and Median Pay Rate

Average and Median Pay		
Name of Trust	Women's Hourly Rate (Pay gap)	Women's Median Rate (Pay gap)
Airedale	31.2	19.6
Barnsley	30	10.5
BTHFT	27.3	3.2%
Calderdale and Huddersfield	26.6	7.8
Doncaster Bassetlaw	45.1	28.4
Doncaster Children's	13.1	8.2
Hull and East Yorks	32.9	22.9
Leeds Teaching	27.9	9.4
Mid Yorkshire	34	21.8
Northern Lincs and Goole	32.5	19
Rotherham	26.1	13.8
Sheffield Children's	20.2	9.3
Sheffield Teaching	24.1	10.2
York Teaching	28.7	9.5
Harrogate and District	25.4	0

Narrative: Comparing our performance to our regional neighbours we are 7th for hourly pay gap (out of 15). We have the 2nd lowest median gap.

3.5 Bonus Reporting: The only group of staff who receive a bonus are Consultants, through Clinical Excellence Awards (CEA).

Bonus Reporting		
Name of Trust	Female Gap	Median Bonus Gap
Airedale	29.8	34.7
Barnsley	80.5	96
BTHFT	45.8	33.3
Calderdale and Huddersfield	18.4	0
Doncaster Bassetlaw	+7.9	+50
Doncaster Children's	0	0
Hull and East Yorks	61	99.4
Leeds Teaching	39.6	34.5
Mid Yorkshire	37.4	33.3
Northern Lincs and Goole	93.1	95
Rotherham	16.1	33.3
Sheffield Children's	46.5	14.8
Sheffield Teaching	73.9	94.3
York Teaching	39.6	33.3
Harrogate and District	23.8	42

Narrative: Comparing our performance to our regional neighbours we are 11th for bonus pay gap and (out of 15). We have the joint 4th lowest median bonus gap.

3.6 Quartile Reporting: Quartile 1 represents the lowest paid staff, quartile 2, lower middle, quartile 3, upper middle and quartile 4 the highest paid staff.

Name of Trust	Q1	Q2	Q3	Q4	Overall
Airedale	82	86.9	86	67.9	80.7
Barnsley	82	87	85	70	81
BTHFT	75.9	80.5	84.6	66.7	76.9
Calderdale and Huddersfield	81.9	84.5	87.2	71.7	81.3
Doncaster Bassetlaw	86.7	88.5	87.3	67.6	82.5
Doncaster Children's	89.5	83.7	83	78.8	83.7
Hull and East Yorks	81.1	85.8	81.1	61.1	77.3
Leeds Teaching	76	79	82	61	74.5
Mid Yorkshire	87.1	87.3	87.7	69.3	82.8
Northern Lincs and Goole	84.1	83.8	87.1	68.3	80.8
Rotherham	86.1	85.6	87.6	74.5	83.4
Sheffield Children's	84.5	84.7	87.4	75.5	83
Sheffield Teaching	78.3	80.5	83.3	64.5	76.7
York Teaching	79.6	82.2	85.8	68.2	78.9
Harrogate and District	78.7	83.9	90.1	73	81.4

Narrative: In BTHFT, 76.92% of the workforce is female. Women are very slightly under-represented in quartile 1, over-represented in quartiles 2&3 and under-represented by just over 10% among the highest paid staff. Comparing BTHFT with other Trusts for the percentage difference in quartile 4, we are mid-table.

3.7 The following actions have been identified to take forward:

- Encourage female participation in development programmes to fast-track into leadership roles
- Review career and talent development opportunities to enable employees of both gender to progress
- Provide workshop sessions to Consultants to encourage CEA applications from across the workforce
- Review reward processes to ensure fairness and consistency in approach and application and training in unconscious bias for CEA panels
- Raise awareness and be more responsive to flexible working opportunities

3.8 In addition, the Director of HR has run one workshop with staff to discuss our GPG and another is due to take place in August. From this, we will look at further actions we can take to reduce the pay gap.

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4. BAME RECRUITMENT AND EXPERIENCE TARGETS (ANNUAL TARGET PROGRESS REPORT)

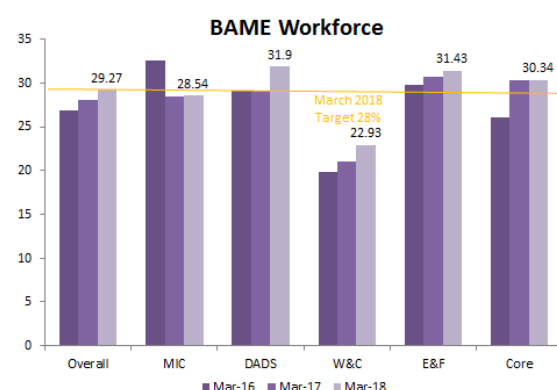
4.1 In February 2015, the Board of Directors decided to set a target of 35% staff from BAME groups to reflect the local population (mirroring the target set by Bradford District Care Foundation Trust). BTHFT gave itself 10 years to achieve the target. The Board agreed to monitor progress every six months. Below is the data regarding overall numbers and recruitment targets for March 2018. The staff experience targets from the Staff Survey are included.

4.2 The Board agreed that when looking at BAME recruitment and retention data, the following indicators are included:

- Overall % of staff
- Overall Band 8+ Senior Managers
- % recruited
- % recruited at Band 8+
- % promoted
- % BAME of all staff leavers

4.3 The graph below show the current status of all the above indicators:

4.4 Overall Workforce: There are 5996 staff in the trust of whom 5835 have declared their ethnicity. For the second year, there has been a significant overall increase of 1.22% in the proportion of BAME staff in the last 12 months. This is encouraging and puts us ahead of trajectory for overall staffing numbers. If the current rate trajectory continues, we will exceed our overall BAME workforce target by around 6%.



	March 2018		March 2017		March 2016	
	No	%	No	%	No	%
White	4127	70.73	4115	71.95	4100	73.19
BAME	1708	29.27	1612	28.05	1502	26.81

4.5 Overall Band 8+ Senior Managers: There are 293 Band 8-9 staff of whom 290 have declared their ethnicity. There has been an increase of 2.45% in the overall percentage of BAME staff in these posts compared with the same time last year. The overall number of white and BAME staff at these levels has risen by 10 and 9 respectively. Based on this percentage increase, and assuming a similar % increase each six months, we would fall short by around 13% on our target to have a senior management workforce of 35% BAME by 2025.

	March 2018		March 2017		March 2016	
	No	%	No	%	No	%
White	254	87.59	244	90.04	247	89.82
BAME	36	12.41	27	9.96	28	10.18

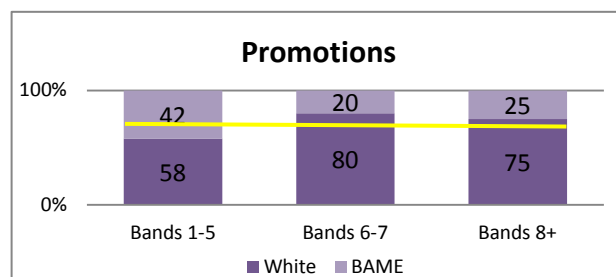
4.6 Staff Promotions: Between October 2017 and March 2018, 107 staff have been promoted. 28.97% are from BAME backgrounds which is broadly comparable with the BAME workforce. The BAME

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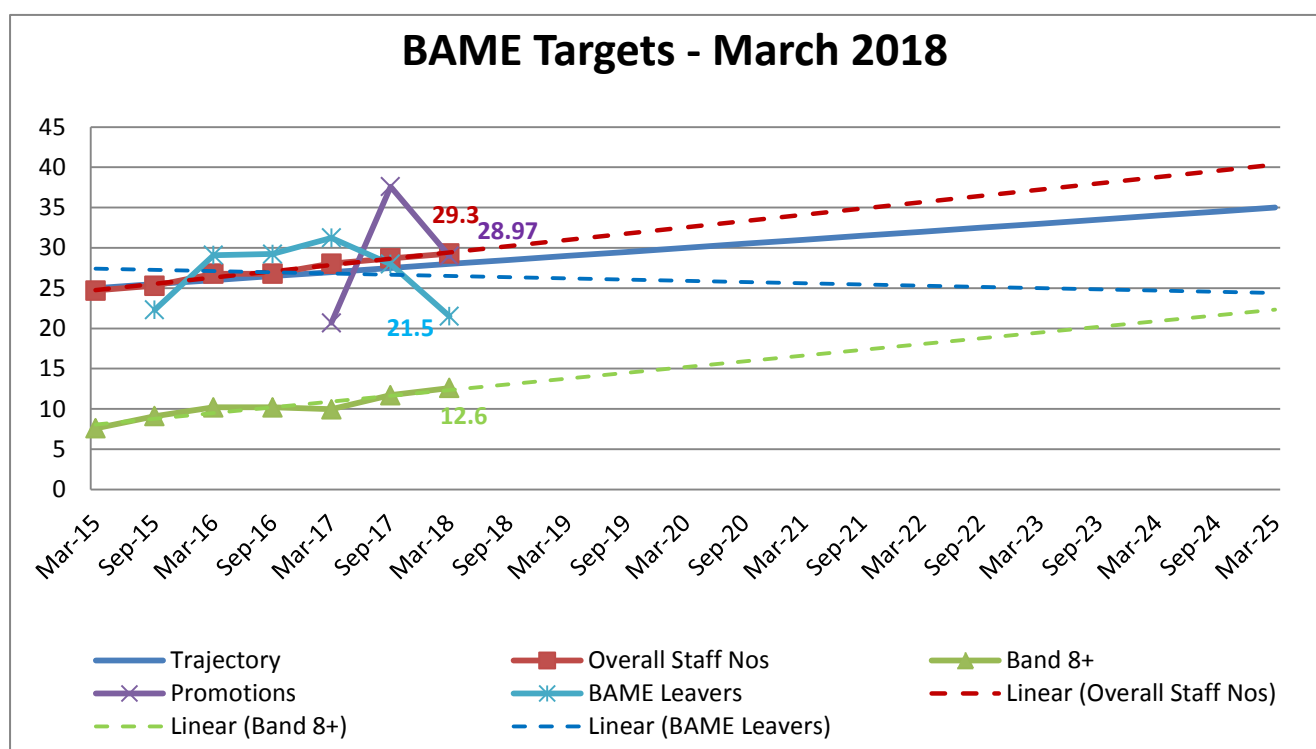
staff network has asked that reports show a breakdown of promotions across bands. The graph below shows that there is a concentration of BAME staff being promoted within Bands 1-5. It is encouraging that 25% of all promotions at Band 8+ were BAME.

	March 2018		March 2017	
	No	%	No	%
White	76	71.03	85	79.28
BAME	31	28.97	23	20.72



4.7 Staff Leavers: 293 staff left the Trust between October 2017 and March 2018 of whom we know the ethnicity of 289. 62 of those who left were BAME which represents 21.45% of the total. Again it would be expected that around 29.3% of those leaving would be from BAME backgrounds. This is a vast improvement on the figures reported last year (31.25%) and is encouraging.

4.8 Trajectory progress: Below is a graphic illustration of the progress we are making against our BAME employment targets.



4.9 BAME staff experience: It was agreed in February 2015 that we would analyse annually other workforce data to review BAME staff experience rates. The WRES data compares BAME and white staff experience across four indicators and is shown in 2.6 above.

4.10 Divisional monitoring: The following Divisions/Departments have monthly performance meetings and will receive their individual performance data in July/August 2018:

- Division of Anaesthetics, Diagnostics and Surgery
- Medicine and Integrated Care
- Women and Children's
- Estates and Facilities.

4.11 Conclusion: The April 2017 to March 2018 data is positive in relation to the overall numbers of BAME staff, promotion and leavers. However, should the trend shown in the data continue, we will fail our ten year target in relation to BAME staff:

- Band 8+ Senior Managers

This has been a persistent area of concern. We will work with the BAME network to identify areas where there is underrepresentation and identify action we can take to improve this position.

5. 2017 STAFF SURVEY RESULTS BY DISABILITY AND SEXUAL ORIENTATION

5.1 In 2017, staff with a long term health condition or disability reported a significantly worse experience than non-disabled people in 85% of staff survey questions. Some key areas are:

- Experience of discrimination at work
- Lack of belief that trust provides equal opportunities
- Lower levels of satisfaction with opportunities for flexible working patterns
- Experience of harassment, bullying or abuse from patients, relatives, the public and staff

5.2 We have been working with Enable (the network for staff with long term health conditions or disability) to consider the action we can take. We organised a number of workshops, encouraging staff to participate. However, only five members of staff engaged with us. From that discussion, a clear concern was identified regarding the application of the attendance management policy. We are therefore reviewing the policy and including a new section "supporting staff with long term health conditions or disability" in which we will incorporate *Disability Confident* measures.

5.3 We are devising an electronic survey to seek further engagement from disabled staff. This survey will go live by mid-July. We will ask staff to identify further action we need to take to address the worse experience reported through the staff survey.

5.4 The metrics for the forthcoming Workforce Disability Equality Standard (WDES) have still to be finalised. Once these are published, we will be able to benchmark our progress on improving experience of disabled staff with other NHS Trusts.

5.5 For the first time, we are able to report on the experience of lesbians, gay men and bisexual (LGB) staff (we wrote the requirement in to our new contract). As a result we were able to identify that LGB report worse experience in a significant number of areas.

5.6 In conjunction with the LGBT staff network we organised a number of workshops to discuss the concerns. Again, there was very small numbers attending. As a result we are also launching an electronic survey to ask staff to identify the action we need to take to address the worse experience reported through the staff survey.

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6. RECOMMENDATIONS

6.1 The Board of Directors is asked to note:

- The draft WRES data submission and the action we intend to take to address the findings
- Our performance between April 2017 and March 2018 against targets for achieving a workforce that reflects the local population
- The action we are proposing to address the Gender Pay Gap and worse experience of disabled and LGB staff (as identified through the staff survey).

Lorraine Cameron
Head of Equality and Diversity
June 2018

Gender Pay Gap Reporting Inclusions

We need to:

- calculate the hourly rate of ordinary pay relating to the pay period in which 31 March falls
- calculate the difference between the mean hourly rate of ordinary pay of male and female employees, and the difference between the median hourly rate of ordinary pay of male and female employees
- calculate the difference between the mean (and median) bonus pay paid to male and female employees
- calculate the proportions of male and female employees who were paid bonus pay
- calculate the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees rather than rate of pay.

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 31 March 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 profit-sharing, 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 and others.

Calculating the quartiles

- Determine the hourly rate of pay and then rank the relevant employees in rank order from the lowest to the highest.
- Divide those employees into four sections, each comprising an equal number of employees to determine the lower, lower middle, upper middle and upper quartile pay bands.
- Show the proportion of male and female employees in each band as a percentage of the total employees in each band.

What will employers need to publish: The information outlined above will need to be published within one year of 31 March. 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. The Equality and Human Rights Commission will be

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responsible for monitoring how public bodies are complying with the GPG reporting requirements and can take enforcement action. We must record our data with the Government online reporting service

Snapshot day: For contracted staff the snapshot date is 31 March. For bank staff – the relevant pay period referred to is the week that has 31 March in with their 'weekly working hours' being the average number of hours worked (excluding any hours worked as overtime). This will usually be found by dividing the total number of hours worked over the twelve weeks that end with the last complete week of the relevant pay period.