Workforce Data to Support Compliance -- with the public sector equality duty.

August 2016

Title: Public Sector Equality Duty on Occupational Segregation and Equal Pay, Workforce Guidance.

Introduction

This paper is intended to provide a resource for Workforce teams to improve the quality and consistency of NHS Boards’ workforce equality data with particular focus on occupational segregation and equal pay.

Background

In 2014 a short life working group was established to develop guidance on workforce equality data reporting for consideration by the HR Directors group. This report outlined a range of priorities for action to:

- Improve disclosure rates across all protected characteristics;
- Enhance the quality, consistency and usability of workforce equality data;
- Enable Boards to report their workforce data consistently and efficiently.
- Ensure compliance with the requirements of the public sector equality duties and the Embracing Equality, Diversity and Human Rights PIN guideline.

The HR Directors endorsed this guidance and sought further support through the development of guidance on occupational segregation and equal pay. Again, the aim was to improve consistency and assist Boards in achieving compliance with the Public Sector Duty.

About this Guidance

The recommendations in our paper are based on the Equality and Human Rights Commission’s non-statutory guidance and good practice recommendations identified by Close the Gap. Close the Gap is a partnership project funded by Scottish Government working in Scotland on women’s participation in the labour market. Partners in the initiative include the Scottish Government, Scottish Enterprise, Highlands and Islands Enterprise, Skills Development Scotland, Equality and Human Rights Commission, and Scottish Trades Union Congress. The Scottish Government Equality Unit commissioned Close the Gap as part of Scotland’s National Equalities Improvement Programme to review and support improvements in the use of employee data, equal pay and gender equality. Further information is available on the Close the Gap website: http://www.closethegap.org.uk/.

In the following document, sections identified as ‘duties’ list or explain the duties as set out in the statutory regulations or EHRC’s non-statutory guidance. Sections identified as ‘guidance’ describe the working group’s recommended approach to implementing these duties in NHSScotland (NHSS) in a manner that is practical, meaningful, and as consistent as possible. ‘Top tips’ are additional suggested activities which can add value to the delivery of the duties. ‘Good practice examples’ are examples of approaches to collecting and using data in NHSS which illustrate the types of actions Boards could undertake if relevant in their equal pay action planning.
Section one describes the public sector duties on equal pay and occupational segregation, clarifying publication requirements, timescales and definitions of key terms. Where appropriate, we have proposed an NHSS approach to implementing these definitions for the NHSS workforce.

Section two describes the process of extracting, combining, analysing and presenting data on occupational segregation, suggesting options for presenting the data.

Section three sets out options for enhancing the NHSS model equal pay statement and guidance for Boards on customising the statement to reflect their local analysis and action planning.

Section four highlights examples of good practice from NHSS in collecting and using workforce data.
Section 1: The Public Sector Duties on Equal Pay and Occupational Segregation

Data: Requirements and Definitions

The specific duties to collect, publish and use employee information, to publish gender pay gap information, to analyse and publish information on patterns of occupational segregation and publish a statement on equal pay arise from the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The Equality and Human Rights Commission published non-statutory guidance for public authorities explaining these requirements; this guidance was updated in July 2016 and is available from the EHRC website at https://www.equalityhumanrights.com/en/advice-and-guidance/non-statutory-guidance-scottish-public-authorities.

This section summarises the essential statutory requirements for Boards in relation to collecting, analysing and publishing information on the gender pay gap, occupational segregation, and an equal pay statement.

Duty to publish gender pay gap information

- A listed authority must publish information on the percentage difference among its employees between men’s average hourly pay (excluding overtime) and women’s average hourly pay (excluding overtime).
- The information is to be published no later than 30 April 2013 and each second year after that.
- The information published must be based on the most recent data available for a date when the authority had at least 20 employees.

Duty - Calculation of the Pay Gap

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 specify the method that public authorities must use to calculate their gender pay gap. The Regulations stipulate that public authorities must first calculate the average hourly pay for women and for men for all staff (based on headcount), including all elements of pay (e.g. discretionary bonuses or awards) but excluding overtime, and then calculate the percentage difference between women’s and men’s hourly pay. According to statute, this is the figure we must publish. Note that all staff, including senior managers, must be included, regardless of the pay scale or terms and conditions under which they are employed.

The Regulations only require that a pay gap be published for gender. Public authorities must publish a statement of policy on equal pay and data about occupational segregation in relation to gender, disability and race, but they are not required to publish a pay gap for disability or race.

Top Tip:

Close the Gap recently published a useful guidance document on mean and median options for calculating the pay gap. The guidance also provides useful information to support organisations in gaining

1 The threshold for this duty changed from 150 to 20. This change will come into effect between 2016 and 2018 for different listed authorities. Further information on specific publishing dates for affected authorities is available on the EHRC website. All NHS Boards were previously subject to this duty as all Boards met the previous threshold of 150 employees.

Duty to publish statements on equal pay, etc

- A listed authority must publish a statement containing the information specified below no later than 30 April 2013 and each fourth year after that.
- The statement must specify the authority’s policy on equal pay among its employees between women and men, and people who are disabled and people who are not, and people who fall into a minority racial group and people who do not.
- The authority must also publish information on occupational segregation among its employees, being the concentration of men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not.

Guidance: Options for Practical and Consistent Approaches to Implementing the Duties in NHSScotland

Guidance - Occupational Segregation Analysis

Boards are expected to report on patterns of occupational segregation in their workforce. This should include both horizontal and vertical segregation. From April 2017, this requirement will apply to gender, disability and race.

Definition of Occupational Segregation

Occupational segregation refers to the distribution of people defined by specific characteristics, for example, gender, race or disability, into different types of work. Occupational segregation occurs both between and within economic sectors, and is typically described in two ways:

**Horizontal segregation** refers to the clustering of people, e.g., men and women, into different types of work. For example, the majority of nurses are women, while men are more likely to work in the facilities and maintenance roles within the NHS.

**Vertical segregation** refers to the clustering of people, e.g. men and women, into different levels of work. For example, a higher proportion of women may work in roles at lower pay bands, and a higher proportion of men in senior management.

It would be beneficial for NHSS to carry out this analysis using a consistent methodology where possible as this would enhance comparability of findings between Boards and would enable NHSS to develop an aggregate picture of occupational segregation within the health sector. To support this consistency, the following approach is proposed.

**Horizontal segregation** –For NHSS, horizontal segregation can be defined by using the job families in e:ESS. NB: this recommendation may be insufficient for national boards with large non-clinical workforces, which are likely to require further subdivision in order to carry out a meaningful analysis of horizontal segregation. See below for more detail.
Vertical segregation – For NHSS, vertical segregation can be defined by using the Agenda for Change pay bands and the Medical/Dental grades. It may be helpful to aggregate some of the Medical/Dental grades for analytic purposes. This is discussed further below.
**Top Tips:**
An analysis of vertical segregation within a board may describe the distribution of staff at each pay grade. An additional option would be to describe the characteristics of ‘senior’ staff relative to the overall staff profile e.g. the relative proportions of senior staff who are women, disabled people, or from BME backgrounds, relative to the overall representation of women, disabled people or people from BME backgrounds within the total staff population of the Board.

**Top Tips:**
The specialist nature of the national NHS Boards means that their staff composition can differ significantly from that of the territorial Boards. National Boards may find that the job families in e:ESS are too broad to enable a meaningful analysis of horizontal segregation within their workforce. For example, most of NHS Education for Scotland’s (NES) staff could be described as ‘Administrative’, and to address this issue, NES developed a set of more general categories to describe the types of work done by its staff and used these categories as subdivisions for its analysis of horizontal occupational segregation. National Boards will need to develop these categories in ways that are practical to implement and enable meaningful analysis of their workforce. Agenda for Change post descriptors are likely to be a useful starting point and would also enable Boards to balance the need for greater specificity while maintaining consistency.

**Definitions: Gender, Disability and Race**

The specific duties require that the occupational segregation analysis and reporting consider the following:

- **Gender:** compares distribution of men vs women.
- **Disability:** compares distribution of people who identify as disabled vs. those identifying as not disabled.
- **Race:** compares distribution of persons ‘who fall into a racial minority group and those who do not’.

**Guidance: Occupational Segregation Analysis by Race**

The race element will require agreement of definitions of the categories to be compared. Literature reviews on the pattern and causes of pay gaps carried out for the Equality and Human Rights Commission, as well as research on labour market participation by individuals from different ethnic origins in the UK labour market highlights significant challenges and issues with aggregating distinct ethnic groups into a single ‘BME’ category. The EHRC’s research also cautions against aggregating all white categories as the labour market outcomes for migrants may vary significantly from those of the native UK population (and there is considerable internal variation among migrants). They recommend that the ‘white’ category be defined as an aggregate of the White British ethnicities (British, Scottish, English, Welsh and Northern Irish), with White Other and White Irish considered separately.

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2 This approach is used by the NHS England Workforce Race Equality Standard, which has established a series of metrics on workforce race equality. Further information is available at [https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/](https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/).

Top Tips:
We recommend that Boards carry out a more nuanced analysis using the actual ethnicities identified by staff (using the full set of ethnicity categories from the Scottish Census) to gain a better understanding of the distribution of people from different ethnic groups in their workforce in the first instance. This may result in individual table cells which are too small for reporting without aggregation. It may be preferable in such cases to draft a narrative summary describing the general pattern of occupational segregation without providing specific numbers.

If ethnicity categories are aggregated, you should clearly explain which categories were aggregated to form the larger category, and also provide a narrative analysis describing any intra-category variation which may not be visible as a result of the aggregation.

Examples:
Two percent of senior staff were from a Black and Minority Ethnic background, while 9% of staff overall were from a BME background. ‘Black and Minority Ethnic’ in this case represents a category aggregating Black African, Black Caribbean, Other Black, Indian, Pakistani or Bangladeshi, Chinese, Other Asian, Mixed or Multiple Ethnicities, Arab and Other. Individuals identifying themselves as being of Indian or Chinese ethnic origin were over-represented among senior staff relative to other ethnic groups.

A note on intersectional analysis
When carrying out an analysis of the pay gap by disability and race, the EHRC carried out these comparisons holding gender constant. That is, they compared the pay of disabled men to non-disabled men, and disabled women to non-disabled women (and similarly with analysis by race or ethnic group), so that the results were not confounded by the effects of the gender pay gap. This demonstrated that there is a pay gap for disabled people and for people from particular ethnic groups which operates independently of gender. However, people may also be affected by multiple factors, experiencing pay gaps because of gender and disability, for example.

Using Data on Occupational Segregation, Gender Pay Gap, and other Employee Diversity Data

The requirements set out in the regulations are:

Duty to gather and use employee information

- A listed authority must take steps to gather information on:
  - the composition of the authority’s employees (if any); and
  - the recruitment, development and retention of persons as employees of the authority, with respect to, in each year, the number and relevant protected characteristics of such persons.

- The authority must use this information to better perform the general equality duty.

- A listed authority must publish a mainstreaming report which must include:
  - an annual breakdown of information gathered which has not been published previously in such a report (NB: although we require to publish this data every two years, the data should be publish as 2 separate sets of data for each 12 month reporting period to allow greater transparency in trends) ; and
  - details of the progress that the authority has made in gathering and using that information to enable it to better perform the equality duty.
Duty: Key Milestones for Publication

<table>
<thead>
<tr>
<th>Action</th>
<th>April 2013</th>
<th>April 2014</th>
<th>April 2015</th>
<th>April 2016</th>
<th>April 2017</th>
<th>April 2018</th>
<th>April 2019</th>
<th>April 2020</th>
<th>April 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty to publish gender pay gap information</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Duty to publish statements on equal pay</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Duty to gather and use employee information</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Public authorities, with at least 20 employees, are required to publish Equal Pay Statements every four years. At that time, they are expected to carry out and publish a full analysis of occupational segregation and their gender pay gap. Updated calculations of the gender pay gap must be published every two years.

**Top tips:**

- Data quality is important. **If you are missing data on disability and ethnicity for staff, consider how you can improve this data now.**
- Consider how equal pay links to the wider aims of the Staff Governance Standard. Relevant actions to address occupational segregation or reduce the pay gap might involve areas like opportunities for training and development and consistent performance management as well as actions related to pay systems per se.
- The statutory pay gap figure is a very broad measure. It may not tell you a great deal about the actual patterns of pay in your organisation. You might want to run additional analysis to understand causes of the pay gap, which will help you identify relevant actions and interventions.
- Be aware that ‘racial’ groups (such as Black, White, Asian, BME) are very broad categories and that there may be significant differences in outcome within groups. Evidence suggests that there are significant problems with aggregating ethnic groups together into broader categories like ‘white’ or ‘BME’ because this may mask significant intra-group differences.
- The duty to gather and use employee information as well as carry out occupational segregation analysis to inform equal pay statements is provided in the next section. This information can be used in a variety of ways, to inform policy development, equality impact assessment, succession planning and talent management.
Section 2: Implementation Guidance

Each Board must publish an analysis of the distribution of its staff in different types of jobs (horizontal segregation) and at different grades (vertical segregation) by gender, disability and race. The duty to use employment data sets the expectation that Boards will use this data to inform their policies, Staff Governance and equality outcomes.

This section provides guidance, practical examples and top tips for producing and reporting information on occupational segregation.

The following table sets out the process and data required to carry out the analysis, indicating where the data is most likely to be held in Health Board systems, the particular data fields required, and process for combining data from different sources. All calculations are based upon headcount (actual individuals).

<table>
<thead>
<tr>
<th>Process Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Each Health Board will have its own workforce data repository. NHS X has pulled data from its' Payroll System and SWISS System. These data sets have been extracted separately because NHS X does not currently have all these fields in either SWISS or Payroll in the format needed.</td>
</tr>
<tr>
<td>2. The two sets of data are combined by means of spreadsheet look up formulas.</td>
</tr>
<tr>
<td>3. The fields utilised by NHS X in a combined spreadsheet are shown below. Other Health Boards may wish to add or delete fields from this list.</td>
</tr>
<tr>
<td>4. The combined data set is then analysed by means of a pivot table to drill into the data by Gender and AfC banding etc.</td>
</tr>
<tr>
<td>5. The averages are also calculated using the pivot table.</td>
</tr>
<tr>
<td>6. Once the data has been formatted into the appropriate table format, (layout). An additional column is added to calculate the percentage difference between the two genders</td>
</tr>
<tr>
<td>7. Where there are 100% variances or divisional problems due to there being only one sex/gender to compare, these cells are emptied/cleared.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce Data Fields Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Number</td>
</tr>
<tr>
<td>Personal Identity</td>
</tr>
<tr>
<td>Contract Description</td>
</tr>
<tr>
<td>Contract Type</td>
</tr>
<tr>
<td>Whole Part Time</td>
</tr>
<tr>
<td>Senior Manager Grade</td>
</tr>
<tr>
<td>NI Number</td>
</tr>
<tr>
<td>Forename</td>
</tr>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Specialty</td>
</tr>
<tr>
<td>Main Cost Centre</td>
</tr>
<tr>
<td>Date Started</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Date Left</td>
</tr>
<tr>
<td>Reason Left</td>
</tr>
</tbody>
</table>
Options for Reporting on the Gender Pay Gap

Table A illustrates an option for reporting on the gender pay gap in a health board. In this example, the gap in pay has been calculated overall, but also within each of the sets of pay arrangements (Agenda for Change, Medical/Dental, and Senior Managers). This presentation begins to provide more information about what lies behind the overall pay gap figure, offering headline comparisons within broad categories of professional groupings.

Table A: Gender Pay Gap

<table>
<thead>
<tr>
<th>Organisational Segregation</th>
<th>Female Employments</th>
<th>Female Employments as %</th>
<th>Male Employments</th>
<th>Male Employments as %</th>
<th>Gender Pay Gap Male to Female %</th>
<th>Total Employments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSL Total Organisation</td>
<td>10098</td>
<td>83.74%</td>
<td>1961</td>
<td>16.26%</td>
<td>27.81%</td>
<td>12059</td>
</tr>
<tr>
<td>Medical + Dental</td>
<td>541</td>
<td>49.68%</td>
<td>548</td>
<td>50.32%</td>
<td>13.14%</td>
<td>1089</td>
</tr>
<tr>
<td>All Agenda for Change</td>
<td>9526</td>
<td>87.36%</td>
<td>1378</td>
<td>12.64%</td>
<td>3.25%</td>
<td>10904</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>31</td>
<td>46.97%</td>
<td>35</td>
<td>53.03%</td>
<td>0.36%</td>
<td>66</td>
</tr>
</tbody>
</table>

Options for Reporting on Occupational Segregation

The following tables offer several options for reporting patterns of occupational segregation. We recommend that tables be accompanied by narrative summaries to explain and clarify patterns identified in analysis.

Option: Occupational Segregation by Gender, with Pay Gap

Research has shown that occupational segregation is one of the contributing factors to the gender pay gap, and Boards may find it useful to present information on gender occupational segregation (horizontal or vertical) and the gender pay gap within the same table to aid analysis. The following examples illustrate this, Table B illustrates within the Medical/Dental pay grades, and Table C illustrates within the Agenda for Change staff groupings.
Table B: Occupational Segregation by Gender

<table>
<thead>
<tr>
<th>Medical Grade</th>
<th>Female Employments</th>
<th>Male Employments</th>
<th>Gender Pay Gap Male to Female %</th>
<th>Total Employments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Specialist</td>
<td>16</td>
<td>22</td>
<td>-1.53%</td>
<td>38</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Clinical Medical Officer</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Consultant</td>
<td>173</td>
<td>259</td>
<td>2.51%</td>
<td>432</td>
</tr>
<tr>
<td>Dental Officer</td>
<td>20</td>
<td>5</td>
<td>19.46%</td>
<td>25</td>
</tr>
<tr>
<td>Fixed Term Specialist Training Appointment</td>
<td>13</td>
<td>6</td>
<td>11.66%</td>
<td>19</td>
</tr>
<tr>
<td>Foundation Year 1</td>
<td>35</td>
<td>40</td>
<td>1.92%</td>
<td>75</td>
</tr>
<tr>
<td>Foundation Year 2</td>
<td>43</td>
<td>26</td>
<td>-2.39%</td>
<td>69</td>
</tr>
<tr>
<td>General Practice Specialty Training</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Hospital Practitioner</td>
<td>2</td>
<td>2</td>
<td>0.00%</td>
<td>4</td>
</tr>
<tr>
<td>Locum Appointment Service</td>
<td>18</td>
<td>8</td>
<td>-0.50%</td>
<td>26</td>
</tr>
<tr>
<td>Locum Appointment Training</td>
<td>14</td>
<td>14</td>
<td>10.91%</td>
<td>28</td>
</tr>
<tr>
<td>Medical Director</td>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6</td>
<td>-10.66%</td>
<td>9</td>
</tr>
<tr>
<td>Part time Dental Practitioner Para 107 app.</td>
<td>1</td>
<td>1</td>
<td>0.00%</td>
<td>2</td>
</tr>
<tr>
<td>Part time Medical Practitioner Para 94 app. [clin ass]</td>
<td>3</td>
<td>1</td>
<td>-68.04%</td>
<td>4</td>
</tr>
<tr>
<td>Salaried GP</td>
<td>12</td>
<td>11</td>
<td>6.84%</td>
<td>23</td>
</tr>
<tr>
<td>Senior Dental Officer</td>
<td>4</td>
<td>2</td>
<td>-2.34%</td>
<td>6</td>
</tr>
<tr>
<td>Senior House Officer</td>
<td>5</td>
<td>3</td>
<td>-1.23%</td>
<td>8</td>
</tr>
<tr>
<td>Specialty Doctor</td>
<td>52</td>
<td>38</td>
<td>2.88%</td>
<td>90</td>
</tr>
<tr>
<td>Specialty Registrar</td>
<td>123</td>
<td>90</td>
<td>-3.50%</td>
<td>213</td>
</tr>
<tr>
<td>Staff Grade</td>
<td>1</td>
<td>2</td>
<td>-15.90%</td>
<td>3</td>
</tr>
<tr>
<td>(blank)</td>
<td>3</td>
<td>1</td>
<td>-84.22%</td>
<td>4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>541</td>
<td>548</td>
<td>13.14%</td>
<td>1089</td>
</tr>
</tbody>
</table>

Normally numbers below 5 in any individual cell are not reported – they have been retained in this table for illustrative purposes only. Boards may find it useful to aggregate medical and dental grades into larger categories, e.g. training grades, Specialty and Associate Specialist doctors (SAS), Consultants, etc for more meaningful analysis and presentation. As noted on page 6, the accompanying narrative should describe the categories aggregated and any intra-group variation.
Table C: Occupational Segregation by Gender – Agenda for Change Staff Groups

The following table summarises patterns of employment by job family. However, certain job families, particularly administrative services and support services, are very broad. Aggregation at this level may mask internal patterns of occupational segregation within the job families (e.g., within support services, domestic and catering posts may be dominated by women, while facilities and maintenance posts are predominately male). Breaking down these larger job families using post descriptors may uncover these patterns. This can be done in the narrative if presenting such a level of detail in the tables is too unwieldy.

<table>
<thead>
<tr>
<th>Job Family</th>
<th>Band</th>
<th>Female Employments</th>
<th>Male Employments</th>
<th>Gender Pay Gap Male to Female %</th>
<th>Total Employments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE SERVICES</td>
<td>BAND 1</td>
<td>1</td>
<td>1</td>
<td>8.25%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>BAND 2</td>
<td>475</td>
<td>51</td>
<td>-3.83%</td>
<td>526</td>
</tr>
<tr>
<td></td>
<td>BAND 3</td>
<td>427</td>
<td>15</td>
<td>-1.13%</td>
<td>442</td>
</tr>
<tr>
<td></td>
<td>BAND 4</td>
<td>557</td>
<td>14</td>
<td>-3.95%</td>
<td>571</td>
</tr>
<tr>
<td></td>
<td>BAND 5</td>
<td>138</td>
<td>34</td>
<td>-0.47%</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td>BAND 6</td>
<td>86</td>
<td>38</td>
<td>-1.79%</td>
<td>124</td>
</tr>
<tr>
<td></td>
<td>BAND 7</td>
<td>38</td>
<td>33</td>
<td>-1.51%</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>BAND 8A</td>
<td>17</td>
<td>3</td>
<td>3.57%</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>BAND 8B</td>
<td>8</td>
<td>4</td>
<td>0.34%</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>BAND 8C</td>
<td>3</td>
<td>1</td>
<td>9.18%</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>BAND 8D</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1750</td>
<td>195</td>
<td>21.37%</td>
<td>1945</td>
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<td>-4.61%</td>
<td>99</td>
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<tr>
<td></td>
<td>BAND 4</td>
<td>51</td>
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<td>1.04%</td>
<td>58</td>
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<tr>
<td>BAND 5</td>
<td>192</td>
<td>27</td>
<td>-2.65%</td>
<td>219</td>
<td></td>
</tr>
<tr>
<td>BAND 6</td>
<td>422</td>
<td>36</td>
<td>-2.77%</td>
<td>458</td>
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<tr>
<td>BAND 7</td>
<td>171</td>
<td>15</td>
<td>-2.47%</td>
<td>186</td>
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<tr>
<td>BAND 8A</td>
<td>26</td>
<td>9</td>
<td>-1.41%</td>
<td>35</td>
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</tr>
<tr>
<td>BAND 8B</td>
<td>6</td>
<td>2</td>
<td>-2.62%</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>BAND 8C</td>
<td>3</td>
<td>2</td>
<td>-3.76%</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**ALLIED HEALTH PROFESSION Total**

| BAND 2 | 31 | 12 | -13.76% | 43 |
| BAND 3 | 77 | 23 | -4.85% | 100 |
| BAND 4 | 25 | 7 | -1.90% | 32 |
| BAND 5 | 15 | 4 | 3.56% | 19 |
| BAND 6 | 138 | 30 | -1.39% | 168 |
| BAND 7 | 41 | 29 | 2.10% | 70 |
| BAND 8A | 5 | 4 | -0.15% | 9 |
| BAND 8B | 4 | 4 | 7.34% | 8 |
| BAND 8C | 3 | 3 |
| BAND 8D | 2 | 1 | 9.61% | 3 |

**HEALTHCARE SCIENCES Total**

| 338 | 117 | 8.93% | 455 |

**MEDICAL AND DENTAL SUPPORT**

<p>| BAND 3 | 13 |
| BAND 4 | 65 |
| BAND 5 | 33 | 4 | -1.58% | 37 |
| BAND 6 | 10 | 1 | 6.61% | 11 |
| BAND 7 | 9 | 3 | 8.22% | 12 |
| BAND 8A | 1 | 1 | 13.87% | 2 |</p>
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<tr>
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<th>9</th>
<th>28.92%</th>
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<td></td>
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<td>103</td>
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<td>7.20%</td>
<td>27</td>
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<tr>
<td>BAND 8C</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
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<tr>
<td>BAND 8D</td>
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<td>1</td>
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<tr>
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<td></td>
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<td>-9.31%</td>
<td>26</td>
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<tr>
<td>BAND 3</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>BAND 4</td>
<td>13</td>
<td>5</td>
<td>-15.19%</td>
<td>18</td>
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<td>82</td>
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<td>BAND 8B</td>
<td>24</td>
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<td>2.50%</td>
<td>32</td>
</tr>
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<td>-0.66%</td>
<td>20</td>
</tr>
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<td>BAND 8D</td>
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<td>2</td>
<td>0.00%</td>
<td>4</td>
</tr>
<tr>
<td>BAND 9</td>
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<td>1</td>
<td>-9.83%</td>
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<tr>
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<td>356</td>
<td>85</td>
<td>4.37%</td>
<td>441</td>
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</table>

14
<table>
<thead>
<tr>
<th>PERSONAL AND SOCIAL CARE</th>
<th>BAND 3</th>
<th>6</th>
<th></th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAND 4</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>BAND 5</td>
<td>17</td>
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<td></td>
<td>17</td>
</tr>
<tr>
<td>BAND 6</td>
<td>22</td>
<td>8</td>
<td>0.65%</td>
<td>30</td>
</tr>
<tr>
<td>BAND 7</td>
<td>20</td>
<td>7</td>
<td>-2.29%</td>
<td>27</td>
</tr>
<tr>
<td>BAND 8A</td>
<td>6</td>
<td>3</td>
<td>-2.80%</td>
<td>9</td>
</tr>
<tr>
<td>BAND 8B</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>BAND 8C</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>BAND 8D</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PERSONAL AND SOCIAL CARE Total</td>
<td>82</td>
<td>19</td>
<td>11.24%</td>
<td>101</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORT SERVICES</th>
<th>BAND 1</th>
<th>570</th>
<th>85</th>
<th>-0.16%</th>
<th>655</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAND 2</td>
<td>11</td>
<td>109</td>
<td>-3.55%</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>BAND 3</td>
<td>66</td>
<td>53</td>
<td>0.32%</td>
<td>119</td>
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</tr>
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<td>BAND 4</td>
<td>5</td>
<td>49</td>
<td>1.22%</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>BAND 5</td>
<td>4</td>
<td>2</td>
<td>0.97%</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>BAND 6</td>
<td>13</td>
<td>15</td>
<td>-2.96%</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>BAND 7</td>
<td>2</td>
<td>8</td>
<td>5.05%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>BAND 8A</td>
<td>1</td>
<td>2</td>
<td>-9.17%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAND 8B</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
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<td>BAND 8C</td>
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<tr>
<td>SUPPORT SERVICES Total</td>
<td>673</td>
<td>324</td>
<td>15.16%</td>
<td>997</td>
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<td>Grand Total</td>
<td>9526</td>
<td>1378</td>
<td>3.25%</td>
<td>10904</td>
<td></td>
</tr>
</tbody>
</table>
When reporting on disability and race, Boards are likely to find that they have a number of cells with numbers which are too small to report, and may need to consider the best option for meaningful reporting. In such cases, there are a number of possible options:

- Rather than providing tables, provide a narrative analysis describing the patterns observed.
• Aggregate smaller categories into larger categories, being careful to describe any intra-category variation. This may involve aggregating pay grades (e.g. bands 1-3; Consultant grades) or ethnic categories.
• Separate the vertical and horizontal tables, reporting on vertical occupational segregation and horizontal occupational segregation separately.

**Single Table Option:**

In this option, the percentage of staff identifying themselves as disabled is presented in a single matrix. This table allows simultaneous visualisation of horizontal and vertical occupational segregation, and has the benefit of showing the interaction between the two. The disadvantage of the approach is that, unless the Board is particularly large or has a particularly large representation of staff identifying as disabled, many of the cells may contain numbers which are too small to report. Boards should consider whether aggregating pay grades may alleviate this problem while still maintaining a meaningful analysis.

A partial example of this approach is as follows, where the percentage represents the percentage of staff in that category identifying themselves as disabled. This example draws from Agenda for Change and is a hypothetical example:

**Table D: Single Table Option Occupational Segregation by Disability**

<table>
<thead>
<tr>
<th></th>
<th>Admin</th>
<th>AHP</th>
<th>Healthcare Sciences</th>
<th>M &amp; D Support</th>
<th>Nursing / Midwifery</th>
<th>Other Therapeutic</th>
<th>Per &amp; Social Care</th>
<th>Snr Mgrs Support Svcs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bands 2-3</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td>1%</td>
<td></td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Bands 4-5</td>
<td></td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bands 6-7</td>
<td></td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bands 8+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
Table E: Occupational Segregation by Disability

<table>
<thead>
<tr>
<th>Occupational Segregation</th>
<th>Disabled</th>
<th>Total Employments</th>
<th>Comparison to Ave Basic Hourly</th>
</tr>
</thead>
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<td>-17.59%</td>
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<td>347.00</td>
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</tr>
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<td>Yes</td>
<td>12.00</td>
<td>-6.27%</td>
</tr>
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<td></td>
<td>1946</td>
<td>0.00%</td>
</tr>
<tr>
<td>ALLIED HEALTH PROFESSION</td>
<td>Declined</td>
<td>40.00</td>
<td>-20.80%</td>
</tr>
<tr>
<td></td>
<td>Don't Know</td>
<td>750.00</td>
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<td></td>
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<td>8.26%</td>
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<td>Declined</td>
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<td>-18.69%</td>
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<td>3.40%</td>
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<td>-11.55%</td>
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<td>14.83%</td>
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</tr>
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</tr>
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<td>3.00</td>
<td>-10.92%</td>
</tr>
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<td>Grand Total</td>
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<td>12059</td>
<td>0.00%</td>
</tr>
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</table>
Table F: Occupational Segregation by Ethnicity

NB: Disaggregation has the potential to allow individuals to be identified (as outlined in the table below) therefore it is preferable to provide narrative for smaller data sets.

<table>
<thead>
<tr>
<th>Occupational Segregation</th>
<th>Ethnicity</th>
<th>Total Employments</th>
<th>Ave Basic Hourly Rate</th>
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<tbody>
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<td>ADMINISTRATIVE SERVICES</td>
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</tr>
<tr>
<td></td>
<td>African</td>
<td>1.00</td>
<td>9.10</td>
</tr>
<tr>
<td></td>
<td>Any Mixed Background</td>
<td>2.00</td>
<td>14.18</td>
</tr>
<tr>
<td></td>
<td>Don’t Know</td>
<td>642.00</td>
<td>11.08</td>
</tr>
<tr>
<td></td>
<td>Indian</td>
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</tr>
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<td></td>
<td>Other Asian</td>
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<td>Other Ethnic Background</td>
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<td>Other White</td>
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<td></td>
<td>White British</td>
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<td>White Irish</td>
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| Total              | **12059**  | **15.17** |
Section 3: Equal Pay Statements

Model Equal Pay Statement

Below is the model Equal Pay Statement for NHSS Boards which was agreed nationally for use as part of reporting in 2013.

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHS BOARD Area Partnership Forum and the staff governance Committee.

NHS BOARD is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS BOARD understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties)(Scotland) Regulations require NHS BOARD to taking the following steps:

- Publish gender pay gap information by 30 April 2017.
- Publish a statement on equal pay between men and women by 30 April 2017, and to include the protected characteristics of race and disability.

It is good practice and reflects the values of NHS BOARD that pay is awarded fairly and equitably.

NHS BOARD recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce.
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.

Responsibility for implementing this policy is held by the NHS BOARD Chief Executive.

If a member of staff wishes to raise a concern at a formal level within NHS BOARD relating to equal pay, the Grievance Procedure is available for their use.
Guidance: Additional text for the Equal Pay Statement

Boards noted that it would be useful to have consistent wording about NHSS national terms and conditions and the Staff Governance Standard which could be added to the model Equal Pay Statement. The proposed insertions are as follows:

**National terms and conditions:**

[NHS Board] employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Consultant and General Practice (GP) and General Dental Practice (GDP) Educator contracts of employment. Some staff are employed on NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment. [Boards to edit as appropriate to their board]

**Staff Governance Standard:**

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHSS employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:
- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

**Quality Assurance of Equal Pay Statements**

Since the development of the model equal pay statement further consideration has been given to the need for improvement in equal pay statements across the public sector. Close the Gap, who were commissioned to carry out analysis of public authorities’ equal pay statements by Scottish Government, noted that many organisations appear to view publishing their gender pay gap, or undertaking an equal pay review, as an end in itself. There are few examples of specific actions to tackle the causes of the pay gap. Where work is described it includes little beyond monitoring the pay gap or organisational commitment to equal pay. They noted several key issues and recommendations for improvement:
• Statements which do not reflect understanding of the causes of the pay gap, and particular issues, within own organisation.
• The need for statements to include actions, not just principles.
• Ensuring sectoral approaches still consider organisational differences, and that these are clear in Equal Pay Statements.

The Equality and Human Rights Commission’s Code of Practice on Equal Pay recommends that an equal pay policy should:

• commit the organisation to carry out an equal pay review and to monitor pay regularly in partnership with trade union(s)/employee representatives;
• set objectives;
• identify the action to be taken;
• implement that action in a planned programme, in partnership with the workforce;
• assign responsibility and accountability for the policy to a senior manager; and
• commit the organisation to set aside the resources necessary to achieve equal pay.

Guidance: Enhancing and Customising the Equal Pay Statement

This guidance provides the framework for an equal pay statement which can form the basis for a consistent approach across NHSS. In accordance with best practice recommendations from Close the Gap and the Equality and Human Rights Commission, Boards are encouraged to adapt the model statement by adding additional detail and context from their local analysis of occupational segregation and the calculation of their pay gap, as well as an action plan specific to their Board, as appropriate.

Supplements to the Equal Pay Statement should include:

• Gender pay gap calculation[s]. Boards may wish to supplement the basic calculation with a more refined analysis – e.g. comparison of pay gaps by contract type, working pattern, etc, to refine understanding of causes of any overall pay gap.
• Analysis of horizontal and vertical occupational segregation by gender, disability and race. In addition to any tabular information, this should also include a short narrative analysis of the overall findings. In the case of gender, this information should be analysed in relation to the gender pay gap.
• A concluding section highlighting any issues the Board wishes to address or areas for improvement.
• An action plan setting out how the Board plans to address these issues. It is useful to consider the aims of the Staff Governance Standard when setting out the action plan. The Board may wish to link the action plan to the Board’s equality outcomes.

Top tips:

Boards may wish to:
• Append tables or graphs and a narrative analysis describing the patterns of horizontal and vertical occupational segregation in their Board and how they compare with the health sector and NHSS more generally.

• Reflect on possible contributing factors to the pay gap in their organisation. In many NHS Boards, the concentration of women in lower pay bands and the historical concentration of men in senior management and highly paid clinical professions has contributed to the gender pay gap. These patterns of employment are changing, and Boards may wish to discuss how this is changing in their workforce.

• Consider how they apply flexible working policies, the uptake of flexible working, and patterns of flexible working as a supplement to their occupational segregation analysis. In the UK labour market more widely, access to quality part-time and flexible working opportunities has been highlighted as a contributing factor to gender occupational segregation.

• Review existing programmes or activity which may have relevance to tackling occupational segregation and advancing equal pay. Reviewing these from the perspective of their possible contribution to equal pay may be a useful basis for developing an action plan. Specific areas you may wish to consider are:
  
  o Positive action employment schemes for disabled people – e.g. Positive about Disabled People, the Glasgow Centre for Inclusive Living Disabled Graduate Employment Scheme, Project Search – what contribution can/are these programmes making to reducing patterns of occupational segregation for disabled people?
  o Modern Apprenticeships --- what opportunities are there to use MAs to expand job and career opportunities for young people in a way that tackles occupational segregation?
  o Talent management, succession planning and leadership development – if vertical occupational segregation is an issue in your board, how can these processes help to address the issue? What actions will you take to ensure that they do?
  o Flexible working – how do flexible working opportunities support access to quality work throughout the workforce, and at all levels?
  o Training and development – how are staff at all levels supported to access training and development opportunities? How is this assured for part-time or shift workers?
  o Living Wage – The NHS Scotland commitment to pay the Living Wage, raising hourly earnings for the lowest pay band, will particularly improve pay for women.

• Highlight the positive contribution that the NHSS commitment to paying the Living Wage will make to reducing the gender pay gap.

• Consider whether to link their equal pay statements to specific equality outcomes.

• Highlight the significance of tackling occupational segregation and advancing equal pay for achieving the aims of the Staff Governance Standard.
Section 4: Examples of Good Practice in Collecting and Using Workforce Data

Improving Disclosure Rates
Low disclosure levels are still a widespread issue, however very few Boards describe taking action to tackle this. The EHRC Measuring Up 4 report highlights a few examples of public bodies who are taking steps to improve data disclosure rates.

Materials to Support Increased Disclosure Rates
A wide range of materials are available to support boards to increase disclosure and in turn enhance the identification of priorities for action.

A practical example of the importance of Disclosure
http://bit.ly/1l1eHzw - Project SEARCH, Hairmyers Hospital

Strategic Action Plan for effective and responsible collection, management and use of data across Scottish Public Services

‘Smart Metrics’, a report commissioned by NHS Greater Glasgow and Clyde, sets out recommendations for using hypothesis-driven approaches to link data collection to strategic issues, improving the quality and usability of equalities data:
http://www.equalitiesinhealth.org/Link-Files/Smart-metrics.pdf.pdf

Stonewall resource “What’s It Got To Do With You?” and “What’s It Got To Do With Me?”

Using Data – Positive Action to Enhance Attraction, Development, Retention of Under-Represented Groups

Glasgow Centre for Inclusive Living

NHS Chief Executives supported the establishment of the Glasgow Centre for Inclusive Living (GCIL) Equality Academy’s Professional Careers Programme within all NHS Boards. This work builds on and expands upon the successful existing partnership arrangement with the Golden Jubilee National Hospital (GJNH). The overall aim of this Programme is for NHSS to provide a two year employment opportunity for disabled graduates by providing them with a challenging and rewarding experience of employment and to help set them up for a long-term sustainable career.

Project Search

Project Search is a partnership model that aims to help individuals with learning disabilities to secure and retain employment, NHSL works in partnership with North & South Lanarkshire
Councils, Serco, ISS and New College Lanarkshire on this initiative. The first year commenced in September 2010. Since the Project Started 79 students have graduated, with 49 students securing employment. Lanarkshire were the first local authority area to have adopted the project search model which originated at the Cincinnati Childrens Hospital, USA and has some 150 sites worldwide. The model blends work based education and practical work experience to deliver a unique preparation and induction to employment.

**Modern Apprenticeships**

NHSL has introduced a programme of modern apprenticeships in partnership with Job Centre Plus and both South Lanarkshire Council and North Lanarkshire. In this financial year there have been seven positions appointed to within South Lanarkshire, five of which completed an SVQ in Business Administration (MA). Eighteen positions have been appointed to within North Lanarkshire with eight completing an SVQ in Business Administration (MA)

One Board has developed an outcome on young people and Modern Apprenticeships, which included as one of its progress measures “[Increase] the percentage of employees in non-traditional apprenticeships by sex” with the aim of reducing occupational segregation. While the measure did not include a particular percentage increase they wished to achieve, the aim of the outcome was clear and progress measurable. The positive example described here is particularly pertinent, as a number of boards include work on Modern Apprenticeships in their mainstreaming and outcomes reporting, however only one example was found where a gender analysis was included.

**Disability Symbol ‘Positive about Disabled People’**

In recognition of our commitment to equality and diversity, the NHS BOARD has agreed to take action to meet five commitments regarding the employment, retention, training and career development of staff with a disability.

The five commitments are:

- To interview all disabled candidates who meet the minimum criteria for a job vacancy and consider them on their abilities.
- To ensure there is a mechanism in place to discuss with disabled employees what can be done to make sure they can develop and use their abilities. Discussions may take place at any time, and will take place once a year.
- To make every effort when employees become disabled to make sure they stay in employment.
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- To review these commitments and what has been achieved annually and to plan ways to improve on them.
Useful links


Paper
2~CDN+webinar+PSI

ISD proposal.docx