

Title of Meeting	People and Culture Committee
Date of Meeting	20 March 2023
Report Title	Gender Pay Gap – annual report 2022
Author	Vicky Douglas, HR Project Manager Reviewed by, Catherine Youers, Acting Deputy Chief People Officer / Head of Human Resources

1. The Trust’s Overall Results

1.1 From 2017, as an employer who has a headcount of 250 or more on a ‘snapshot date’ we must comply with regulations on gender pay gap reporting. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the ‘snapshot date’. For the purpose of this report the snapshot date is 31 March 2022.

1.2 Across our entire workforce our mean gender pay gap is 25%. This means that the average hourly pay rate for men is 25% higher than for women. This is a 1% change on the pay gap of 26% recorded in 2021. Our overall median gender pay gap is 8%. This means that the mid-point hourly rate for men is 8% higher than for women. This is a change of 1% since 2021 where the overall median gender pay gap was 9%.

1.3 Our proportion of male and female staff should be taken into account when looking at our gender pay gap, as should the age range of our male and female workforce, as members of staff who have enjoyed long careers in the NHS can often be higher up the pay point scales than those who are just starting their careers.

2. The difference between gender pay and equal pay

2.1 It is important to be clear about the difference between gender pay and equal pay. The solutions to equal pay and gender pay are different. Closing the gender pay gap is a broader societal as well as organisational issue. Though we have a gender pay gap due to our disproportionate representation of men and women within the workforce (as reflected across the NHS), we are confident that we pay fairly in accordance with the nationally recognised Agenda for Change, Medical & Dental and our locally recognised Senior Manager and Director pay structures.

2.2 The NHS Job Evaluation Scheme, part of the Agenda for Change NHS pay structure introduced in 2004 was developed as a means of determining pay bands for posts. The key feature in both the design and implementation of this scheme was to ensure equal pay for

work of equal value. The scheme has been tested legally and has been found to be equal pay compliant.

2.3 The six basic calculations the Trust is required to report:

- mean gender pay gap;
- median gender pay gap;
- mean bonus gender pay gap;
- median bonus gender pay gap;
- proportion of males and females receiving a bonus payment;
- proportion of males and females in each quartile band.

As with any data analysis, the most critical aspect of the process is not just about reviewing the results but being clear about what needs to be done differently in future.

3. Purpose of this Report

3.1 This report will help the Trust to understand any underlying causes for their gender pay gap and take suitable steps to minimise it. Taking these steps will help us to continue to develop a reputation for being a fair and progressive employer, attracting a wider pool of potential recruits for vacancies and the enhanced productivity that can come from a workforce that feels valued and engaged in a culture committed to tackling inequality.

4. Methodology

3.1 Reports developed by our colleagues from the Electronic Staff Record (ESR) help organisations calculate GPG data. These are available via ESR and accessible via the dashboard of ESR Business Intelligence.

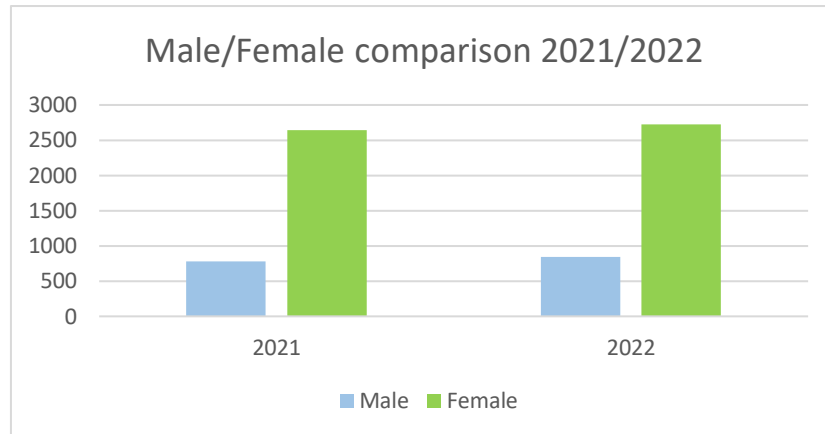
5. Gender Pay Gap Data

5.1 Our gender pay gap results (based on the hourly pay rates our employees received on 31 March 2022) are as follows:

- Our mean gender pay gap is 25%
- Our median gender pay gap is 8%
- Our mean bonus gender pay gap is 22%
- Our median bonus gender pay gap is 67%
- Our proportion of males within whole Trust receiving a bonus payment is 5%
- Our proportion of females within whole Trust receiving a bonus payment is 0.40%
- Our proportion of eligible males receiving a bonus payment is 36%
- Our proportion of eligible females receiving a bonus payment is 26%

5.2 The Trust collected data on 31 March 2022 when the workforce consisted of 2728 women and 845 men.

5.3 There has been some increase in staff numbers this year. Female members of staff have increased by 81 and males have increased by 62. There is a 1% shift from female to male employees in the workforce.



5.4 Quartile Analysis

5.4.1 The table below shows the proportion of males and females in each of the quartile bands. (The quartile information is created by sorting all employees by their hourly rate of pay and then splitting the list into 4 equal parts to create 4 pay quartiles).

Quartile	2021/22				2020/21			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	676	216	76	24	674	183	79	21
2	719	174	81	19	685	173	80	20
3	716	153	82	18	713	142	83	17
4	617	302	67	33	575	285	67	33

5.4.2 The proportion of male and female employees in the lowest pay quartile is 76% female and 24% male, compared to the proportion of male and female employees in the highest pay quartile which is 67% female and 33% male.

5.4.3 There is an increase of male and female employees in all quartiles. The biggest increase in numbers for female employees was in quartile 4, the biggest increase for male employees was quartile 1.

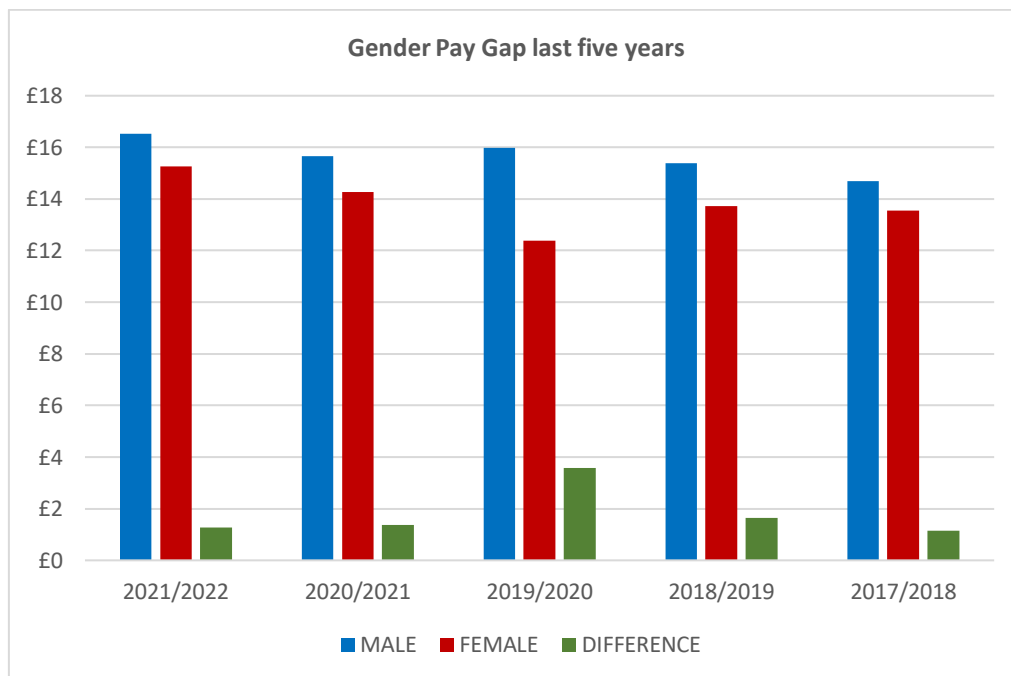
5.4.4 In quartiles 2, 3 and 4 the percentage change between 2021 and 2022 was not significant, i.e. 1% or less. In quartile 1 the male employees increased by 3%, whilst female employees decreased by 3%. However, both increased in number employed.

5.4.5 The graph below shows the percentage breakdown of pay bands by gender. Female employees are dominate in all pay bands, with the exception of bands 8C and 8D, although in 8C and 8D the numbers are small. In band 9 there are 2 female employees and 1 male.

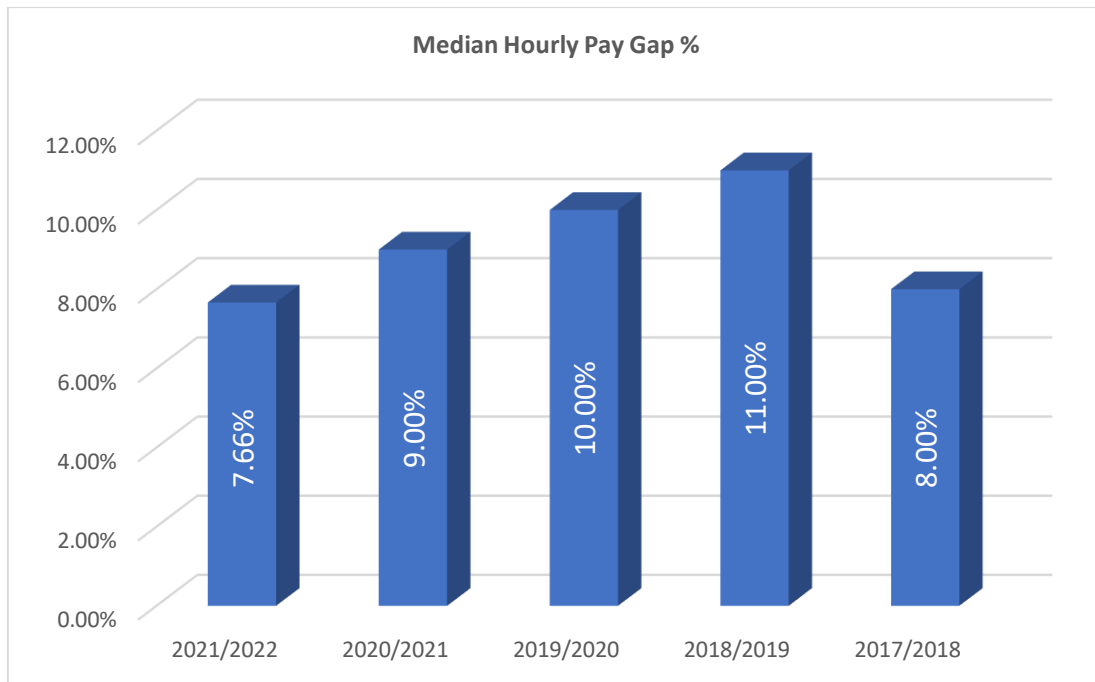
Male	£22.42	£0.57	£16.52	£0.86	£21.85	0.05	£15.66	-£0.31
Female	£16.90	£0.74	£15.26	£0.98	£16.16	£1.17	£14.28	£1.90
Difference	£5.52	-£0.17	£1.27	-£0.10	£5.69	-£1.12	£1.37	-2.22
Pay Gap %	25%		8%		26%		9%	

5.6.1 The Trust’s mean gender pay gap is 25% in favour of men (women earn 25% less than men) compared to the national average of 8.3% (full time employees/14.9% all employees) in favour of men (source: Gender Pay Gap in the UK: 2022 Office for National Statistics, April 2022).

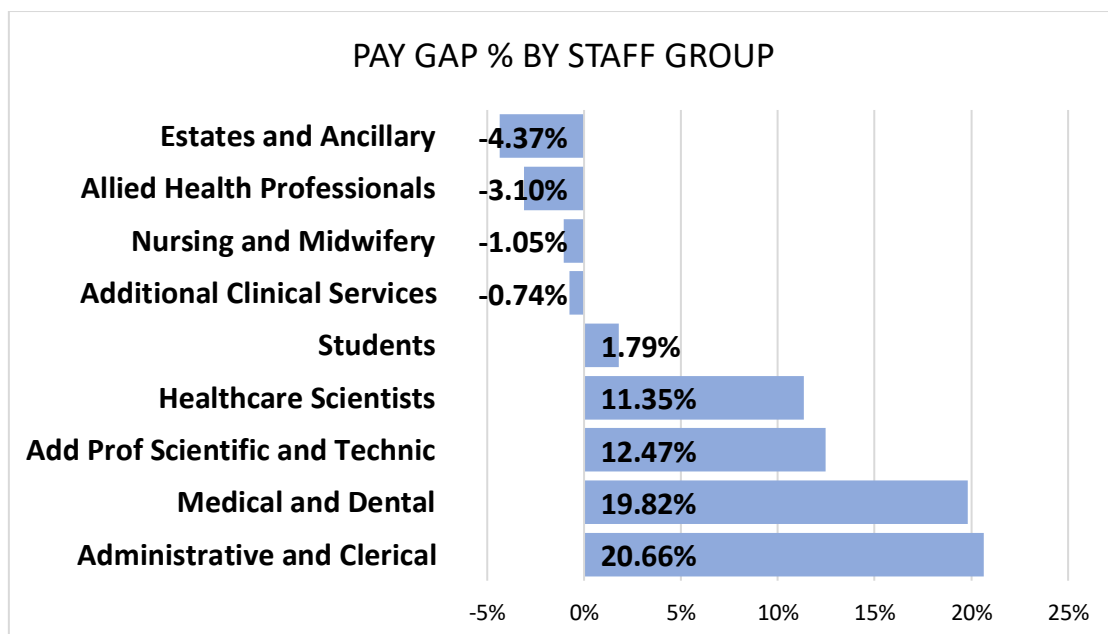
5.6.2 Reviewing the Gender Pay Gap data for the past five years shows our progress over that time. The gap between male and female median hourly rates of pay is less than since 2017/18, with a difference of £1.26 per hour. The difference peaked in 2019/20 with a difference of £3.59 per hour, as shown in the chart below.



5.6.3 We saw the median hourly pay gap increase to 11% in 2018/2019 and reduce each of the following years, with 2021/22 seeing a further reduction of 1.34% to 7.66%.



5.6.4 In order to gain a better understanding of what is creating our gender pay gap we have carried out analysis by staff group. This shows quite a variance across the groups. Ranging from a 20.66% pay gap for Administrative and Clerical and 19.82% pay gap for Medical & Dental, to a minus pay gap of 4.37% for Estates, 3.10% Allied Health Professionals, 1.05% Nursing and Midwives and 0.74% for Professional and Technical staff.



5.6.5 The main reason for the gender pay gap at the Trust is that there is a higher proportion of males in more senior bands and females in lower bands within the Trust.

5.7 Gender Bonus Pay Gap Results

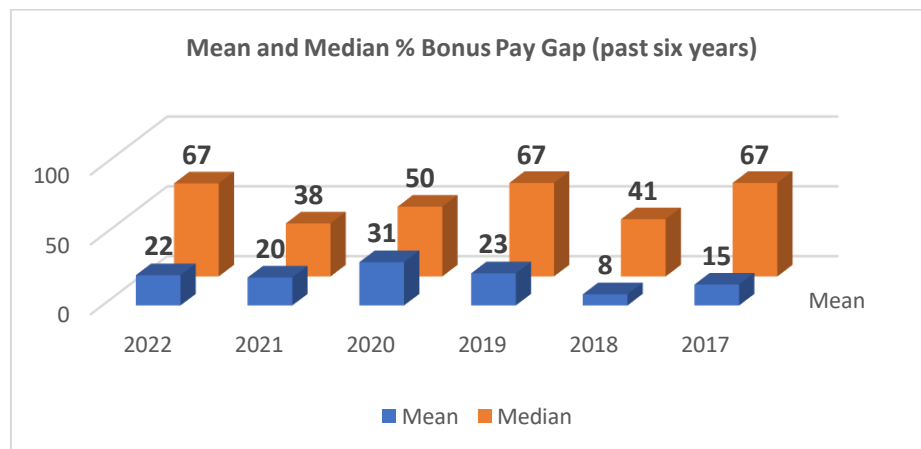
5.7.1 For Gender Pay Gap calculations, our bonus payments relate to Clinical Excellence Awards only. Traditionally, these award Consultants who perform 'over and above' the standard expected of their role there are 12 levels of award, awarded locally and nationally. However, in the absence of a national agreement and for the last three years of award rounds the funds have been divided equally between eligible consultants.

5.8 Bonus Pay Summary

5.8.1 The table below shows the summary of male and female employees receiving a bonus payment. The only bonus payments paid by the Trust are local and national Clinical Excellence Awards, paid to eligible Consultants.

Gender	Mean Pay	Median Pay
Male	12,586.24	9,048.00
Female	9,866.44	3,015.96
Difference	2,719.80	6,032.04
Pay Gap %	21.61	66.67

5.8.2 As can be seen in the graph below the mean % pay gap has a small increase this year and the median % bonus pay gap has increased by 29%, similar to 2019.



5.9 Bonus Ratio

5.9.1 The number of employees eligible for a bonus is 190. Of that number 50 employees are female and 140 male.

5.9.2 The proportion of female employees (24%) eligible for bonus payments is considerably lower than eligible male employees (76%). This is due to the lower number of female employees progressing to consultant level. As a Trust we have followed the national guidance by sharing the CEA funds equally across all eligible Consultants.

5.9.3 The below table shows the proportion of male employees and female employees within the whole Trust receiving a bonus payment. Of those who were eligible, 36% of males and 26% of females received a bonus.

Gender	Employees Paid Bonus	Total Relevant Employees (inc bank)	%
Female	13	3258	0.40%
Male	50	1000	5.00%

6. Understanding our Gender Pay Gap

6.1 Male employees make up 24% of the workforce, which means the 33% of males in the highest paid quartile is a disproportionate number. However, female employees occupy 67% of the highest paid quartile. This represents a higher proportion of females than in the general population of England and Wales, which according to national statistics is 51%. In the latest available data (2021) 56% of NHS England’s upper quartile senior staff are female.

6.2 76% of employees in the lower quartile (lowest paid) jobs were female and although this is 3% fewer than 2021, male employees remain more highly represented in higher paid jobs. This demonstrates that a significant driver for the pay gap is a consequence of having a lower proportion of male employees in lower pay bands relative to their share of the population.

6.3 The Trust’s median gender pay gap is 8% in favour of male employees (female employees earn 25% less than male employees) compared to the national average of 8.3% (full time employees/14.9% all employees) in favour of males (source: Gender Pay Gap in the UK: 2022, Office for National Statistics, April 2022). This is not the same as saying females and males are being paid differently for doing the same job (which would be an equal pay issue).

6.4 At the Trust, whilst we have a higher proportion of female staff in our workforce, we also have a significant proportion of our male workforce now at the point in their careers where they are senior medical staff and therefore are higher up the pay grades than some more junior members of staff.

6.5 This is reflected in our overall gender pay gap and, as a Trust, we recognise that this is a generational and societal issue. We know, however, that an increasing number of females are choosing to pursue medicine and other previously male-dominated roles as a career.

7. Addressing our Gender Pay Gap/ Recommendations

7.1 Reducing our gender pay gap indicates a need to either increase the number of male employees in lower grades or increasing the number of female employees in the more senior roles.

7.2 To implement change there is a need to address the barriers for female employees and target the inequalities faced by females belonging to specific groups, based on characteristics such as ethnicity, age and profession. It remains that there are fewer female employees in senior medical roles.

7.3 There is movement on the focus of advanced practice roles, which are Band 7 and above and therefore likely to have a positive impact on female senior post holders.

7.4 Further possible barriers that may be contributing to the pay gap could be addressed by:

- Ensuring equality of recruitment, including unidentifiable external recruitment.
- Flexible working options, including hybrid working/working at home. The Trust made many changes to the way in which it worked during the pandemic and as such there are many more employees now working from home on a regular basis. This has allowed these employees to address their work life balance in a positive way.
- Further promoting our Flexible Working policy and ensuring staff and managers are aware of broader flexible working options, such as hybrid working, adjusted hours, types of contracts and trialling possible changes etc.
- Supporting managers in having health and wellbeing conversations that cover flexible working in annual appraisals, regular 1:1 meetings and with new starters as part of their induction. As a healthcare setting it is also important to recognise there are some roles that cannot be performed at home.
- Our current Staff Networks continuing to offer networking and peer support for females in the workplace.
- Supporting the development of female employees through talent progression opportunities, mentoring and leadership development. Giving focus to our female employees in the lower bands to equip them with the skills and confidence to apply for our more senior posts.
- Continued work underpinned by our People Plan and our goal to be recognised as a highly attractive place to develop a long term clinical and non-clinical career.

7.4 Whilst we have commenced our work with local communities to build a sustainable and representative workforce we could continue to do so giving access and increased opportunity to vacancies at the Trust.

8. References

[Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](#)

[Gender pay gap in the UK - Office for National Statistics \(ons.gov.uk\)](#)

[gov.uk - What is the Gender Pay Gap Information Act 2021? \(www.gov.uk\)](http://www.gov.uk/government/what-is-the-gender-pay-gap-information-act-2021)

[B0986 iii Gender-Pay-Gap-Report_2021.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/consult/other/B0986-iii-Gender-Pay-Gap-Report-2021.pdf)

9. Recommendation

9.1 The committee are asked to approve the report and authorise the submission of gender pay data to the Government portal by the national deadline of 31 March 2023, and the publication of this report on the Trust's intranet.