

GENDER PAY REPORTING

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Trust Board paper F

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Executive Summary

Under legislation effective from 6th April 2017 (The Equality Act 2010 (Gender Pay Gap Information) Regulations), require organisations employing over 250 people to publish their Gender Pay Gap annually on the statutory census date of 31 March.

The publication accompanying this report will, once finalised, be placed on the Trust website. A summary of this information also has to be published on the Government website www.gov.uk/government/news/view-gender-pay-gap-information). University Hospitals of Leicester, alongside other public bodies are required to ensure that the accompanying report is accessible and transparent with respect to the manner of publication as set out in the specific duties of the Equality Act 2010.

The legislation specifically details the elements of the Gender Pay Gap which must be published and includes:

- **Mean** gender pay gap in hourly rate
- **Median** gender pay gap in hourly rate
- **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 pay quartile.

In addition this report contains more detailed analytics which are intended to help us understand what is driving our gender pay gap and therefore the most appropriate actions to address this.

Questions

1. What is our mean and median gender pay gap?
2. What is the gender pay gap for bonus payments (Clinical Excellence Awards)?
3. What is the distribution of males and females in each quartile of our hourly pay rate?

4. What is driving this gender pay gap?
5. What actions has the Trust taken to reduce the gender pay gap?
6. What further actions will the Trust take to reduce the gender pay gap?

Conclusion

1. The **mean** gender pay gap remained the same for 2019 (28%), and the median gender pay gap is 13% which represents a reduction of 2% in comparison to 2018 figures.
2. The **mean** gender pay gap for bonus payments is 26% which represents a 1% reduction compared to last year, and the median gender pay gap is 47% which is 13% higher than last year. NHS Employers have advised that the only payment which constitutes a bonus is a Clinical Excellence Award.
3. The distribution of males and females in each quartile is defined in figure 2. The largest differences are in the upper quartile and there is a positive difference in the lower.
4. The gender gap is principally driven by differences in the upper quartile including a higher proportion of men and higher rates of pay for males in receipt of Very Senior Management pay and consultants.
5. Actions to address our gender pay gap include:
 - Panel members to assume responsibility for guaranteeing that there is a gender balance on all recruitment and selection panels
 - Investigate opportunities to work flexibly at senior levels, e.g. part time, job share
 - Address any gender issues within our talent pipeline and actively promote participation in the High Potential scheme, which aims to identify talented individuals who can progress into senior leadership roles
 - Creation of a Women in Medicine Network
 - Design and conduct a series of focus groups with women doctors to identify and understand any barriers to career progression
 - Establish a senior champion at Trust Board for gender equality
 - Ensure that our active bystander programme addresses incidents of sexual harassment and other inappropriate behaviours

Input Sought

The Board is asked to:

1. Endorse the Gender Pay Report for publication.
2. Note the actions and further developments required which will be included within the EDI strategic plan.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[No]
Safely and timely discharge	[No]
Improved Cancer pathways	[No]
Streamlined emergency care	[No]
Better care pathways	[No]

2. Supporting priorities:

People strategy implementation	[Yes]
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3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA) TBC
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement?
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	x	
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

Gender Pay Gap Reporting



Introduction

University Hospitals of Leicester NHS Trust are committed to providing outstanding patient care and we do this by ensuring we have diverse, talented and high performing workforce.

As part of this commitment we will ensure everyone, regardless of background can contribute to creating an inclusive and compassionate culture and that gender equity is considered at each stage of the employee life cycle.

We will enable UHL to fulfil this ambition through our Becoming the Best Quality Strategy and our People Plan.

Gender Pay Gap legislation, introduced in April 2017, requires all employers with 250 or more employees to publish the gender pay gap of those in scope annually. The legislation requires employers to carry out seven calculations that show the difference between the average earnings of men and women in the hospital.

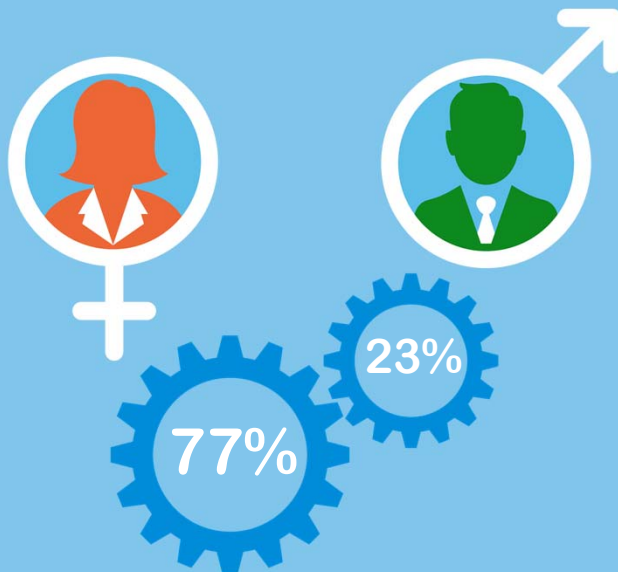
The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. The gender pay gap shows the difference in average pay between men and women.

We are committed to ensuring that our pay practices are transparent, fair and equitable. The Trust has adopted and implemented national NHS pay schemes which have undergone an equality analysis.

Our Workforce

Every job at UHL is evaluated and placed within a grade. Grades vary by level of responsibility and each grade has a specific pay range and clinical and non-clinical staff will progress through the pay range as staff develop their careers. Some of our employees are appointed on fixed rate salary such as our apprentices.

Analysis of our internal equality data indicates that: 76.9% of our workforce are women and 23.1% of our workforce are men.



Gender Pay Gap

This report details our headline pay gap figures as at 31 March 2019, a brief analysis of why we have a pay gap and an overview of our actions to close the gap.

Our Gender Pay Gap

Mean 28% (28% 2018)

Median 13% (15% 2018)



The Gender Pay Gap is defined as the difference between the **mean** or **median** hourly rate of pay of men and women.

The **mean** gender pay gap is the difference between the average hourly earnings of men and women.

The **median** hourly pay gap is the **difference between the midpoints** in the ranges of hourly earnings of men and women. Pay excludes payments overtime but includes enhancements for shifts and weekend working.

Our mean gender pay gap is 28% and is calculated on the basis of earnings as at the pay period which includes the 31.03.19.

Our median gender pay gap is 13% (and improvement of 1.5%, for the same period. This suggests that our pay gap is impacted by the highest (male) earners in the organisation.

Gender Pay Gap Reporting



Why do we have a gender pay gap?

The main reason for the gender pay gap is an in-balance in the numbers of men and women across the whole workforce and a 26% pay gap in the upper quartile. The Medical Consultant workforce is predominantly men (66%) and Consultants are in the highest paid group of staff - this difference is influencing the gender pay gap. We expect this to change over time as there are now more women students in medical schools than men whereas historically there were significantly more male medical students than female.

The gender pay gap for the medical and dental workforce overall is 14.96% (13.36% in 2018) which suggests a lack of pay consistency but an improving position. The bonus analysis shows fewer women receive Clinical Excellence Awards than men, and the value of these is also less for women as they are more likely to work part time. Healthcare scientists, qualified nursing and midwifery staff and allied health professionals is predominantly comprised of women.

For administration and clerical staff we have a pay gap of 21 % (23% in 2018). This is attributable to the disproportionate number of men in the most senior manager roles, e.g. Directors.

Bonus Gap

Proportion of men and women receiving a bonus

At University Hospitals of Leicester NHS Trust only medical Consultants receive a payment that must be classed as a bonus. The payments are called 'Clinical Excellence Awards' and come from the national contract for Consultants, plus a separate local scheme. These awards are paid on a pro rata basis linked to how many hours a week each Consultant works for the Trust. UHL employs 729 Consultants - 34% were women in March 2019 - an increase of 1% since March 2018.

In 2019 of all Medical Consultants eligible to receive an award, 35% (down from 37% in 2018) of female consultants and 45% (down from 47% in 2018) of male consultants were in receipt of an award.

Proportion of employees who were paid a bonus by gender: 0.7% of women received an Award (Bonus) payment compared to 6% of the men.

This helps to explain the whole workforce mean bonus pay gap of 26% (down from last year 27%) and the median bonus gap of 47.4% (up from 34% in 2018).

'Bonus' Pay Gap

Mean 26% (27% 2018)
Median 47% (34% 2018)



Staff Receiving 'Bonus'

0.70%	6.08%
(0.74% 2018)	(6.52% 2018)



Gender Pay Gap Reporting



Pay Quartiles

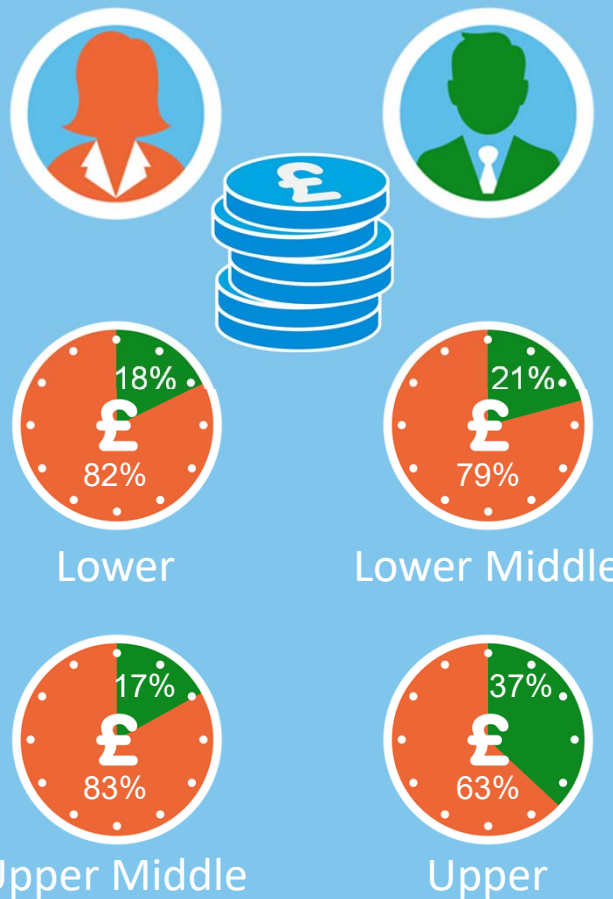
Proportion of men and women in each pay quartile

77% of our workforce are women which mirrors the NHS as whole (source: NHS Digital 2018) showing that our workforce profile is reflective of the national workforce.

The infographic below shows the proportion of men and women employees within our workforce as at 31st March 2019 in four quartile pay band; lower, lower middle, upper middle and upper.

In order to complete the calculations UHL is required to list all employees along with their gender in order of lowest hourly to highest hourly rate of pay.

Hourly Pay Quartiles



The lowest pay quartile is 82% (80% in 2018) women and 18% men (20% in 2018).
 The highest pay quartile is 63% women (63% in 2018) and 37% men (37% men in 2018)
 Since the lower middle and upper middle quartiles are 79%,3% female and 21%, 17% men, the gender pay gap is principally driven by the differences in the upper quartile.

Gender Pay Gap Reporting



Closing the Gap

We aim to achieve a gender balance across our workforce as a whole, as well as at the most senior levels of our Trust. This will make a significant contribution to the reduction in gender pay gaps and gender occupational segregation across some of our staff groups.

In terms of progress we have:

- Increased the % of female participants on the NHS Graduate Programme from 67% in 2018 to 75% in 2019
- Created a Task and Finish Group to develop a UHL approach to flexible working
- Developed and communicated a support framework for women going through the menopause
- Implemented a lay chair diverse recruitment campaign for consultant roles

Actions to reduce the gap for 2020 /2021

- Ensure there is a gender balance on all recruitment and selection panels
- Investigate opportunities to work flexibly at senior levels, e.g. part time, job share
- Address any gender issues within our talent pipeline and actively promote participation in the High Potential scheme which aims to identify talented individuals who can progress into senior leadership roles
- Create a Women in Medicine Network
- Design and conduct a series of focus groups with women doctors to identify and understand any barriers to career progression
- Establish a senior champion at Trust Board for gender equality
- Ensure that our active bystander programme addresses incidents of sexual harassment and other inappropriate behaviours



The actions above are aligned to our Trust EDI Strategic Plan.