

GENDER PAY REPORTING

Author: Aloma Onyemah/ Gurprit Supra/ Joanne Tyler-Fantom

Sponsor: Hazel Wyton, Chief People Officer

Trust Board paper N

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	
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	X

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

Executive Summary

The report will detail the gender pay gap reporting findings for publication by September 2021, identifying key actions and next steps.

Strategic Context

Addressing the Gender Pay Gap is integral to our wider people agenda, as set out in the UHL People Strategy. The University Hospitals of Leicester (UHL) People Strategy sets out four key themes:

- Looking After Our People
- Belonging in the NHS
- New Ways of Working and Delivering Care
- Growing for the Future

All of these themes are underpinned by our People Promise.

Looking to reduce the Gender Pay Gap is a fundamental priority for the Trust, which is believed to enhance the sense of belonging for all staff, and ensure that we look after our staff through transparency in recognition. Equally, reducing the gap will be at the forefront of our minds when we are engaging in workforce transformation to develop new ways of working, and grow our future workforce.

Legal context

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. However, due to the impact of COVID-19 the UK Government extended the reporting period for the Gender Pay Gap to 5th October 2021. This change was in recognition of resources being directed to the pandemic response earlier this year.

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?

Conclusions

There are a number of key findings in our most recent analysis of gender pay equity which are detailed below:

- UHL Gender Pay Gap is **29%** (an increase of 1% compared to the previous year)
- UHL Median Gender Pay Gap is **15%**(an increase of 2% compared to the previous year)
- Administrative and Clerical Gender Pay Gap 23%
- Medical and Dental Gender Pay Gap 14.11%

- Mean Bonus Pay Gap **29%** (an increase of 3% compared to the previous year)
- Median Bonus Pay Gap **47%**(remains the same as the previous year)

Overall, the gender pay gap has remained broadly static, and reducing the gender pay gap is one of our priorities areas of consideration in the UHL broader portfolio of EDI work. The analysis undertaken with respect to the gender pay gap has identified a number of persistent trends, however it is suggested that the changes over the past 12 months are not deemed to be statistically significant. The statistical significance of the changes, however does not reduce the sense of urgency in addressing the gaps identified.

It is important to note, the bonus gender pay gap is derived from the consultant's clinical excellence award process which due to nationally agreed transition arrangements, over the last 3 years, has been equally split over the entire eligible consultant workforce which means there is very little opportunity to influence how it is applied.

The gender gap is principally driven by differences in gender demographics within each pay quartile, including a higher proportion of men in the upper pay quartile e.g. Very Senior Management pay and consultants.

The distribution of men and women in each quartile is set out on page 3 of the attached report. There is an over-representation of men in the upper pay quartile in comparison to their representation within the workforce overall (23.8%) and there is an imbalance in the lower, lower middle and upper middle quartiles where women are over-represented.

It is suggested that this quantitative analysis be triangulated with qualitative information exploring the lived experience of staff of both genders to understand some of the factors which may be influencing the gender pay gap e.g. outputs from focus groups with staff.

Over the past 18 months it is recognised that organisational and system pressures have required resources to be diverted to responding to surge and that this was the right approach. This has meant that progress in operationalising actions to address the gender pay gap have been impacted, as the input of a wider group of stakeholders is necessary to bring about change.

Actions to address our gender pay gap include:

- Build capacity of our UHL Gender Network
- Establish a Senior Gender Champion at Trust Board level
- Work with our Gender Network to design and deliver a series of focus groups to understand lived experience, and further explore the themes of this report
- Roll-out Diversifying Leadership development sessions
- Review our recruitment and promotion processes through a gender lens
- Develop and deliver mentoring and sponsorship interventions
- Implement Active Bystander Programme to promote a positive working culture
- Implementation of the Inclusive Decision making framework.

The actions set out above align to our EDI Strategic Plan high level gender equality objectives, and enable their implementation.

Input Sought

The Board is asked to:

1. Endorse the Gender Pay Report
2. Note the actions and alignment to the wider 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	Failure to deliver a fair and equitable People Strategy
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

July 2021

NHS

**University Hospitals
of Leicester**

NHS Trust

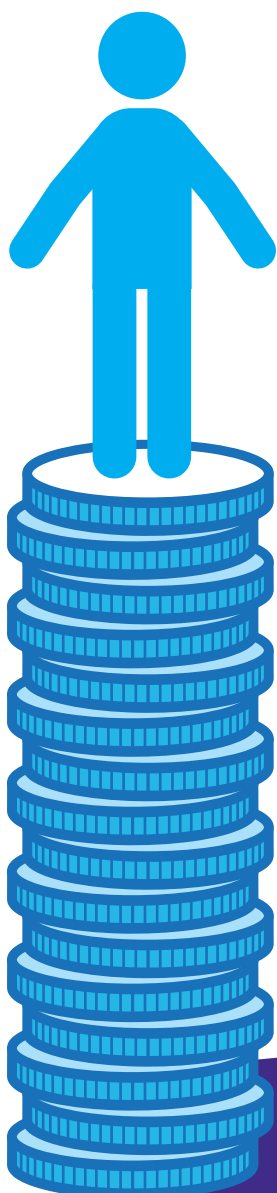
Caring at its best

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.



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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.



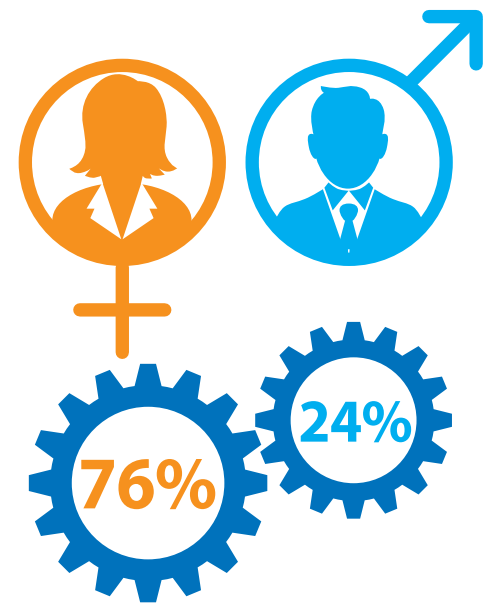
Our Workforce

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:

76.1% of our workforce are women and 23.8% of our workforce are men.



Gender Pay Gap

This report details our headline pay gap figures as at 31 March 2020, a brief analysis of why we have a pay gap and an overview of our actions to close the gap.

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 29% and is calculated on the basis of earnings as at the pay period which includes the 31.03.20.

Our median gender pay gap is 15% (a increase of 2%, for the same period).



Mean 29% (28% 2019)
Median 15% (13% 2019)

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 24% pay gap in the upper quartile (26% 2019).

The Medical Consultant workforce predominantly consists of men (66%) and Consultants are 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.

The gender pay gap for the medical and dental workforce overall is 14.11% (14.97% in 2019). The bonus pay analysis shows fewer women receive Clinical Excellence Awards than men, and the value of these is less for women as they are more likely to work part time.

We recognise that there is gender occupational segregation within our workforce and that this leads to an over-representation of one gender which may impact on the overall gender pay gap for the

Trust. For example Healthcare scientists, qualified nursing and midwifery staff and allied health professionals are predominantly women.

For administration and clerical staff we have a pay gap of 23% (21% in 2019). This is attributable to the disproportionate number of men in the most senior manager roles, e.g. Directors.

Bonus Gap

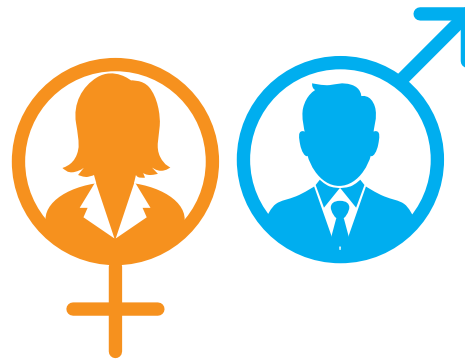
Proportion of men and women receiving a bonus

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 759 Consultants - 34% were women in March 2020 - same as 2019.

In 2020 of all Medical Consultants eligible to receive an award, 37% (up from 35% in 2019) were women and 46% (up from 45% in 2019) were men were in receipt of an award.

Proportion of employees who were paid a bonus by gender: 0.9% of women received an Award (Bonus) payment compared to 7% of the men. This helps to explain the whole workforce mean bonus pay gap of 29% (up from last year 26%) and the median bonus gap of 47.4% (same as 2019).



'Bonus' Pay Gap

Mean 29% (26% 2019)
Median 47% (47% 2019)



Staff Receiving 'Bonus'



0.9% (0.7% 2019) 6.71% (6.08% 2019)

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Pay Quartiles

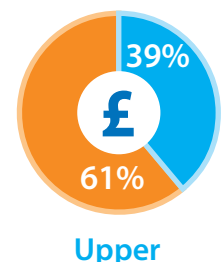
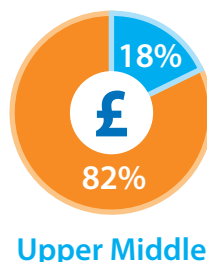
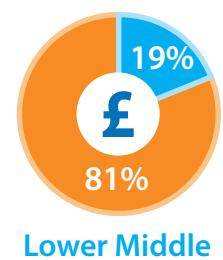
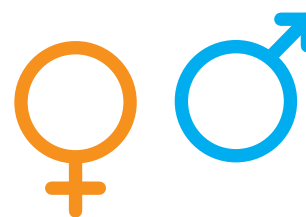
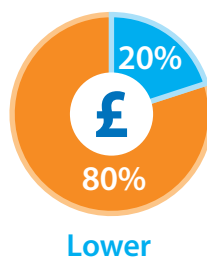
Proportion of men and women in each pay quartile

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 right shows the proportion of men and women employees within our workforce as at 31st March 2020 divided into four pay band quartiles; 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 80% (82% in 2019) women and 20% men (18% in 2019).

The highest pay quartile is 61% women (63% in 2019) and 39% men (37% men in 2019).

Since the lower middle and upper middle quartiles are 81%, 82% female and 19%, 18% men respectively, the gender pay gap is principally driven by the differences in the upper quartile.

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 2021
- Created a Gender Network to inform the development of our approach
- Designed an Active Bystander programme which addresses incidents of sexual harassment and other inappropriate behaviours
- Developed and communicated a support framework for women going through the menopause

Actions to reduce the gap for 2020/2021

- Build capacity of our UHL Gender Network
- Establish a Senior Gender Champion at Trust Board level
- Work with our Gender Network to design and deliver a series of focus groups to understand lived experience, and further explore the themes of this report
- Roll-out Diversifying Leadership development sessions
- Review our recruitment and promotion processes through a gender lens
- Develop and deliver mentoring and sponsorship interventions
- Implement Active Bystander Programme to promote a positive working culture

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

Hazel Wyton
Director of People and OD

