

Gender Pay Gap Report

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Trust Board paper F

Executive Summary

Context

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.

Reducing the Gender Pay Gap is a fundamental priority for the Trust, which will 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 30 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 and how does this benchmark?
2. What is the gender pay gap for bonus payments (Clinical Excellence Awards) and how does this benchmark?
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

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 **27%** (a decrease of 2% compared to the previous year)
- UHL Median Gender Pay Gap is **13%**(a decrease of 2% compared to the previous year)
- Administrative and Clerical Gender Pay Gap 19% (23% in 2020)
- Medical and Dental Gender Pay Gap 13.18% (14.11% in 2020)
- Mean Bonus Pay Gap **30%** (31% last year)
- Median Bonus Pay Gap **0%**(50% last year)
- 1.6% of females were in receipt of a bonus compared to 0.74% last year
- 10.02% of males were in receipt of a bonus compared to 5.86% last year

Benchmarking across published results (a number remain unpublished) for public sector healthcare providers of 5000-19999 employees is:

Average mean Gender Pay Gap 21.47% - range 6.3% - 33.2%

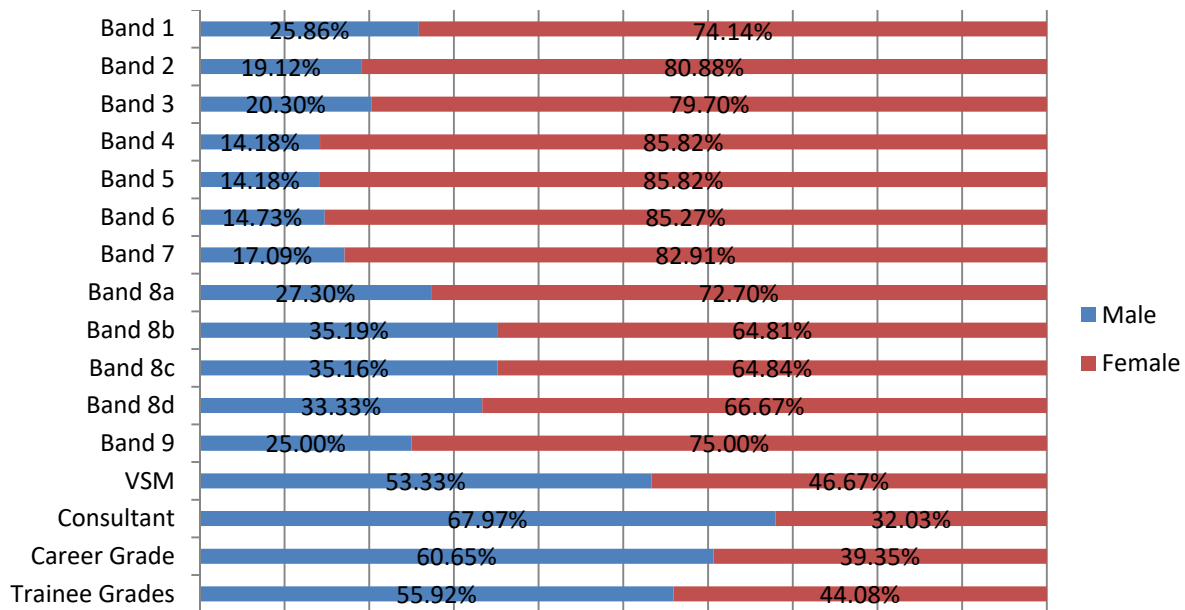
Average median Gender Pay Gap 10% - range -4.1%-25.4%

Average mean Bonus Gap 34.9% - range -98.7%-74.5%

Average median Bonus Gap 33.43% - range -200%-99.2%

At the Trust 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 %) and there is an imbalance in the lower, lower middle and upper middle quartiles where women are over-represented. The table below shows the distribution of workforce throughout our paybands which helps explain why there is a skewed distribution of workforce:



It is important to note, the bonus gender pay gap is derived from the consultant’s clinical excellence award process. In light of the ongoing effects of the pandemic, and requirement to focus resources on recovery efforts, employers were required to follow national guidance to equally distribute this year’s LCEA funds among all eligible consultants. This was paid as a one-off, non-consolidated payment in place of a normal LCEA round. This was agreed with NHS England and NHS Improvement (NHSEI) and the Department for Health and Social Care (DHSC). This was paid as a one-off, non-consolidated payment, without reference to FTE. This has impacted on the numbers of staff receiving a bonus and contributed to the reduction in Bonus Gap particularly the median bonus gap. It should be noted that the one off consolidated payment was not identified in last year’s submission and therefore a retrospective change will be made. This change has been reflected in this report.

Historical arrangements remain for staff who hold existing local CEA’s (pre-2018), which does impact on the data.

The CEA scheme is being reviewed nationally to improve gender equality.

Actions to address our gender pay gap are not as extensive as we had planned in 2021 for two principle reasons. Firstly results were not analysed and published until August 2021 and secondly the difficulty of gaining traction of actions during the pandemic.

In terms of progress we have:

- Refreshed our flexible working policy and established a work stream group to take develop and take forward the NHS people promise commitments around flexibility and agile working.
- Developed and communicated a support framework for women going through the menopause as part of our Health and Wellbeing support offer.
- Committed to always trying to ensure gender balance on recruitment panels.
- Ran a week long programme of events, involving wider networks, which was opened by the CEO, to showcase women at work across UHL, which was positively received and evaluated. Attended by inspirational leaders from the system, region and national teams.
- Established a women's network, reflecting feedback gained from the week long programme.

For 2022/23 we will take further actions to reduce the pay gap:

- Given previous commitment around representative panels we will seek to monitor and feedback areas for improvement
- Investigate opportunities to increase representative balance at all levels for flexible working practices 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
- Promote 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
- Ensuring that our active bystander programme responds to any behavioural concerns arising from feedback mechanisms such as, Your Voice, Freedom to Speak Up
- Undertake further analysis of the drivers of the Gender Pay Gap within staff groups

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

Input Sought

EQB is asked to:

1. Endorse the Gender Pay Report and recommend to the Trust Board
2. Note the actions and alignment to the wider EDI Strategic Plan

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[N/A]
Effective, integrated emergency care	[N/A]
Consistently meeting national access standards	[N/A]
Integrated care in partnership with others	[N/A]
Enhanced delivery in research, innovation & ed'	[N/A]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[No]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[No]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken: N/A

4. Results of any Equality Impact Assessment, relating to this matter: [The information contained within the report forms part of the evidence-base for an equality analysis with respect to pay, and actions to mitigate disparities and advance gender equality]

5. Scheduled date for the next paper on this topic: [TBC]

6. Executive Summaries should not exceed 1 page.

7. Papers should not exceed 7 pages. [My paper does comply]

Gender Pay Gap Reporting



University Hospitals
of Leicester

NHS Trust

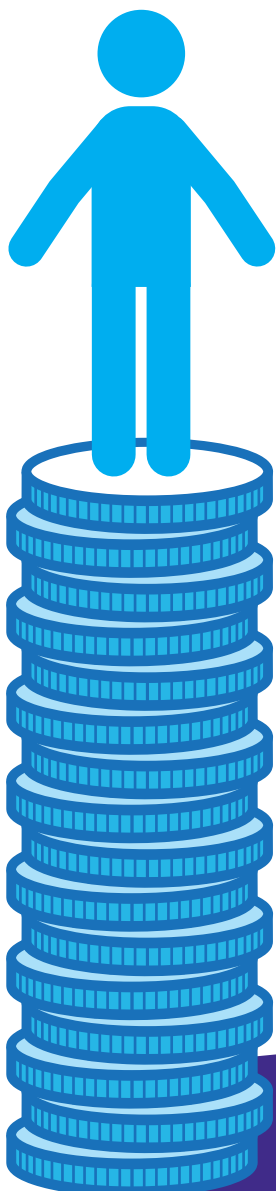
March 2022

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.

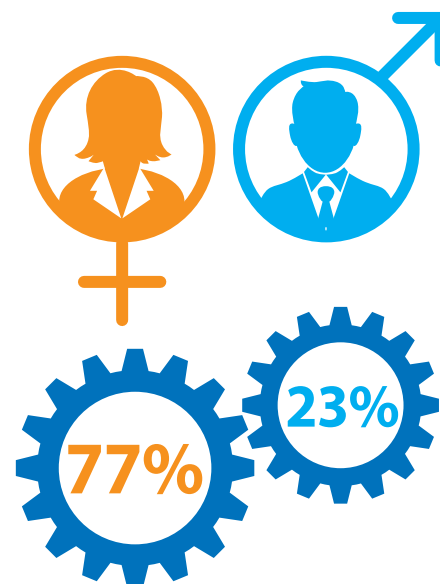


Our Workforce

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: 76.67% of our workforce are women and 23.33% of our workforce are men.



Gender Pay Gap

This report details our headline pay gap figures as at 31 March 2021, 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 27% (29% 2020) Median 13% (15% 2020)

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 27% (an improvement of 2%, on the previous year) and is calculated on the basis of earnings as at the pay period which includes the 31.03.21.

Our median gender pay gap is 13% (an improvement of 2%, on the previous year.)

This suggests that our pay gap is impacted by the highest (male) earners in the organisation.



Mean 27% (29% 2020)
Median 13% (15% 2020)

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 with proportionately more men in the upper quartile than other quartiles.

The Medical Consultant workforce is predominantly men (65%) 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 13.18% (14.11% in 2020) 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 19% (23% in 2020). This is attributable to the disproportionate number of women in the most junior roles.

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 784 Consultants - 35% were women in March 2021 - an increase of 1% since March 2020.

Proportion of employees who were paid a bonus by gender:

In 2021, following national guidance, local Clinical Excellence Awards were issued to all eligible consultants on an even distribution basis. This has meant this year and

last year that more people have been in receipt of a bonus.

1.6% of women received an Award (Bonus) pay compared to 10.02% of men.

This helps to explain the whole workforce mean bonus pay gap of 30% (last year 31%) and median 0% (last year 50%)

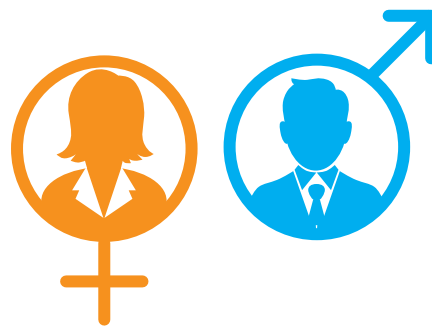
'Bonus' Pay Gap

Mean 30%
(31% last year)

Median 0%
(50% last year)



Staff Receiving 'Bonus'



1.6% females
2021
(0.74% last year)

10.02% males
2021
(5.86% last year)

Pay Quartiles

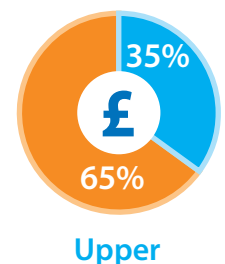
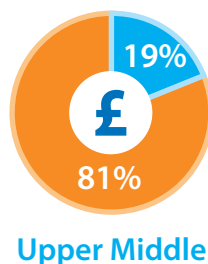
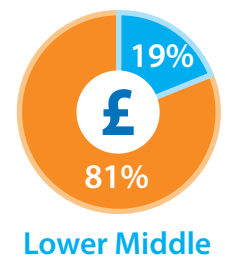
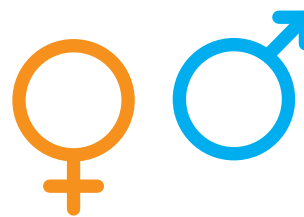
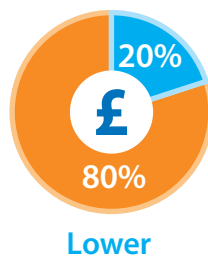
Proportion of men and women in each pay quartile

77% of our workforce are women which mirrors the NHS as whole (76.7% published March 2021) 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 2021 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 80% (80% in 2020) women and 20% men (20% in 2020).

The highest pay quartile is 65% women (61% in 2020) and 35% men (39% men in 2020)

Since the lower middle and upper middle quartiles are 81% female and 19% male, 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:

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

Joanne Tyler-Fantom
Acting Chief People Officer

