



**OD, Culture & Inclusion**

**Gender Pay Gap**

**Introduction**

All organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The gender pay gap is calculated as the percentage difference between average hourly earnings for men and women. The gender pay gap is different to equal pay, which relates to men and women performing equal work and must receive equal pay, as set out in the Equality Act 2010. This report fulfils the Trust’s reporting requirements to publish information relating to six measures and explains why we have a gender pay gap. The six measures are:

|  |  |
| --- | --- |
| **Median gender pay gap** | Difference between the median hourly rate of pay for female and male employees. Median is the middle value in a sorted list of values such that 50% of employees earn more than the median and 50% earn less than the median. |
| **Mean gender pay gap** | Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values. |
| **Median bonus gender pay gap** | Difference between the median bonus pay for female and male employees. Median is the middle value in a sorted list of values such that 50% of employees earn more than the median and 50% earn less than the median. |
| **Mean bonus gender pay gap** | Difference between the mean bonus pay paid to female and male employees. Mean is the sum of the values divided by the number of values. |
| **Proportion of males and females receiving a bonus** | The proportions of male and female employees paid a bonus payment. For UHNM this refers to local and national clinical excellence awards. |
| **Proportion of males and females in each quartile** | The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper pay quartile pay bands. |

Note: From a statistical perspective the median is considered to be a more accurate measure as it is not skewed by very low or very high hourly pay. However, we know that our gender pay gap is driven by an over representation of men in the upper pay quartile compared to the overall workforce, notably within the Medical and Dental professional group. Therefore the mean is also useful in analysing a pay gap.

**Our Gender Pay Gap Data**

The gender pay data is a snapshot of pay taken on 31st March each year:

The Mean and Median pay gaps have improved in 2023. This is because we have seen an increase in the percentage of women in the upper pay quartiles while at the same time the percentage of men has increased in the lower pay quartiles which has resulted in the pay gap getting smaller.

The Median bonus pay gap has reduced to 0.0%. A median bonus pay gap of 0.0 indicates that the median (middle in the ranked list of individuals receiving bonus pay) woman and the median man in receipt of a bonus (CEA) have both received exactly the same amount.

1.3% of all female employees in the organisation are in receipt of bonus pay, compared to 10.4% of all male employees in the organisation. 100% of all eligible consultants received an internal CEA regardless of gender. However there are more men employed in the Medical and Dental professional group compared to women. The number of men and women in receipt of a CEA has improved on last year.

At UHNMbonus payments relate only to Clinical Excellence Award (CEA) payments made to eligible medical consultant colleagues. CEAs recognise and reward NHS consultant medical staff who perform ‘over and above’ the standard expected of their role and who can demonstrate achievements in developing and delivering high quality care, and commitment to the continuous improvement of the NHS.

CEA’s are not a one off annual performance payment, rather they relate to a nationally agreed contractual payment which forms part of the salary package for consultant medical staff. Eligible individuals can apply for a national CEA (known as Clinical Impact Awards, which last for 5 years) or a locally awarded CEA which are recorded as bonus pay on ESR.

The national awards are prescribed by the British Medical Association and NHS Employers. Many of the CEAs are historic and will be maintained until the recipient’s retirement.

For the 2022-2023 year we continued with an amended internal scheme, introduced due to the Covid-19 pandemic whereby an automatic allocation of the local award has been paid to all eligible consultants regardless of whether they are full or part time.

The publication of Mend the Gap – the independent review into gender pay gaps in medicine in England in December 2020 found that CEAs, both national and local, are a contributory factor of the overall gender pay gap in medicine. It highlighted a number of reasons why women are less likely to hold a CEA. For example, female consultants are more likely to be younger and are more likely to work in under-represented specialisms. They are also more likely to take career breaks, making it harder to compile 5 years’ worth of CEA evidence. The Department of Health & Social Care is looking to reform the CEA process (currently under consultation), with a number of proposed changes that fall under 3 overarching themes:

* broadening access to the scheme
* making the application process simpler, fairer and more inclusive
* ensuring the scheme rewards and incentivises excellence across a broader range of work and behaviours

The aim of a reformed scheme is to modernise CEAs and take account of new ways of working, including improved recognition of those who are working less than full time (LTFT), and recognise and reward excellence across a broader range of clinical, academic and leadership contributions. Should these reforms be accepted, this should positively impact on the number of women being recognised through the clinical excellence scheme.

**The proportion of male and female workforce in each pay quartile at 31st March 2023:**

Quartile 1: Percentage of employees in the lower pay quartile

Quartile 2: Percentage of employees in the lower middle pay quartile

Quartile 3: Percentage of employees in the upper middle pay quartile

Quartile 4: Percentage of employees in the upper pay quartile

This data shows that the percentage of women in the most highly paid roles has increased with representation in Quartile 4 increasing by 0.9% and Quartile 3 by 0.8%. At the same time male representation has increased in both Quartile 1 (by 2.2%) and Quartile 2 (by 0.6%). A greater proportion of the male workforce continues to be employed in the upper pay quartile, which drives our gender pay gap.

Our workforce is 77 per cent female; therefore ideally women should make up 77 per cent of each pay quartile. Women are least represented in our medical and dental staff group, (which is within the upper pay quartile) and is where men are most represented.

The percentage of women in the medical and dental staff group has increased by 4.4% compared to the previous year, but whilst overall numbers of women have increased, women are under-represented at Consultant level, at just 28.7% but have greater representation in specialty doctor/registrar roles at 42%; and 47% at Trust Grade Registrar. Furthermore women make up 56.2% of Foundation Year 1 and 48.7% of Foundation Year 2 doctors.

It is important for us to understand how we can support and enable women in non-consultant roles to translate into proportional Consultant postholders. We will be engaging with our medical workforce to help inform our actions in this area.

Having a majority female workforce means that even small fluctuations in the proportion of male to female employees in each quartile, or in receipt of bonus pay will have a significant impact on our gender pay gap.

**What frameworks do we have in place to ensure gender equality at UHNM?**

We are confident that our gender pay gap is a result of the workforce distribution, rather than an equal pay issue. This is because we adhere to the Agenda for Change system, national terms and conditions of service for Medical staff and, for very senior managers (VSMs), there is a specific VSM pay framework.

* We ensure the consistent application of Agenda for Change job evaluation rules through the job evaluation process including consistency panels
* We use a transparent structured approach to shortlisting and interviews with agreed criteria to reduce bias in the recruitment process and we provide recruitment training to our managers
* UHNM promotes careers and roles within the organisation and the wider NHS through our Widening Participation strategy, and this includes breaking down traditional stereotypes
* We actively promote and publicise our commitment to flexible working and agile working options for all colleagues and through the provision of a range of family friendly policies and benefits including shared parental leave, paternity leave and self rostering practices, salary sacrifice for childcare vouchers etc.
* We promote our internal and system leadership development programmes to all colleagues and monitor applications to ensure all protected groups including women are represented
* We ensure all staff have a Personal Development Review and can access independent career coaching
* We have a quarterly Leaders Network sessions and dedicated Women’s Network
* Our Executive board membership is 70% female

**What is our Staff Survey telling us?**

The following information demonstrates UHNM responses to the People Promise element – we work flexibly and the work-life balance questions in the NHS National Staff Survey. It tells us that there has been a positive upward trend and a notable improvement on each of the questions compared to the previous survey. It also tells us that there is no significant difference between the responses of women and men in our organisation, but that UHNM positive scores are below the comparator average.

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The following questions are a breakdown of the work-life balance, flexible working and fair opportunities for career progression and promotion questions by gender.

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| --- | --- | --- | --- | --- | --- | --- |
| **NSS Question** | **UHNM** | | **Female** | | **Male** | |
| **2022** | **2023** | **2022** | **2023** | **2022** | **2023** |
| Achieve a good balance between work and home life | 49.0% | 53.8% | 49.7% | 54.8% | 47.8% | 53.1% |
| Can approach immediate manager to talk openly about flexible working | 60.0% | 65.1% | 61.2% | 65.8% | 61.3% | 65.6% |
| Organisation acts fairly: career progression | 55.6% | 56.1% | 57.4% | 57.9% | 53.4% | 53.4% |

Data extracted from raw unweighted NSS report

**Progress from our previous Gender Pay Gap report**

We have made good progress against a number of the actions we set ourselves in our last report:

|  |  |
| --- | --- |
| **Action / Recommendation** | **Progress** |
| 1. Launch the UHNM Menopause Guidance and continue with Menopause Café. | Menopause Guidance launched with a webinar open to all colleagues. |
| 1. Progress implementation of the UHNM revised inclusive talent management approach and begin inclusive recruitment work. | Succession planning commenced with tiers 1 – 3 (VSM) followed by the remainder of the workforce. Talent management Personal Development Review to launch in January 2024 with new paperwork and training along with the Scope for Growth career conversation. |
| 1. Focus on increasing line manager understanding and application of our flexible and agile working policies via bitesize webinar sessions. | Webinars have been held during 2023 about our:  - flexible and agile working policies  - new reasonable adjustments policy  - menopause support  - carer’s passport awareness during Carers Week |
| 1. Undertake targeted work to understand specific barriers to women in the medical and dental professional group. | Data analysis of medical and dental responses to the national Staff Survey undertaken. Applying Improving Together methodology to identify root causes and collaborating with the Women’s Network on actions during 2024. |
| 1. Establish a UHNM Women’s Network to ensure that women have a voice in the organisation. | Women’s Network established. Chaired by Deputy Medical Director, with Chief People Officer as Executive Sponsor. |

In addition, we have also:

* Established a Flexible Working Task & Finish Group and flexible working project which has included a trust wide flexible working questionnaire
* Commenced Stay Conversations with colleagues in high turnover/difficult to recruit areas
* UHNM is a signatory to the NHS Sexual Safety Charter and established a Sexual Safety Task & Finish Group
* Introduced a Carer’s Passport for colleagues with caring responsibilities
* Created EDI Dashboards for our divisions to monitor key performance indicators including flexible working metrics
* Created an Employee Experience Network of champions across the organisation

**Summary and proposed actions to reduce the Gender Pay Gap:**

Our gender pay gap is not due to the under representation of women in the workplace. Like the majority of NHS providers our workforce is predominately female; however, the smaller proportion of men working at UHNM are more likely to be employed in higher paying roles, most notably in the medical and dental professional group. It is this that influences our negative gender pay gap.

Nationally the NHS pay gap is relatively small for the 88% of NHS staff employed on Agenda for Change (AfC) terms and conditions. However, it is 47% for the 12% of NHS staff who are not, essentially doctors and senior leaders (Source: NHS Equality, Diversity, and Inclusion Improvement Plan 2023)

At UHNM there has been a positive increase in 2023 of female representation in the upper-middle and upper pay quartiles, in addition to an increase in female representation in the medical and dental professional group, which is where women are under-represented compared to their wider organisational representation.

We will use our gender pay gap data to help understand underlying causes for the gender pay gap so that the Trust can take suitable steps to minimise it. Whilst structural changes to the NHS workforce will take time to work through, for example seeing the impact of the recommendations from the Mend The Gap report and reforms of clinical excellence awards. We are prioritising the following areas that will support the NHS People Plan and UHNM People Strategy aspirations of making flexible working and inclusive talent management a reality for our workforce:

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| --- | --- | --- | --- |
| **Action / Recommendation** | **Owner** | **Time**  **scale** | **Desired Outcome/success criteria** |
| 1. Analyse our staff survey data from a gender perspective by comparing the experiences of our male and female staff, particularly around the themes of equality, diversity and inclusion, line management and appraisals. | EDI Lead | Q1 | Identify areas of good practice, and areas where targeted action may be required. |
| 1. Monitor our progress against the NHS Equality, Diversity, and Inclusion Improvement Plan High Impact Action 3 – ‘Eliminate Pay Gaps’. | EDI Lead | Q1 | Year on year reduction in the gender pay gap. Our progress will be documented in the Trust’s Annual Equality, Diversity and Inclusion Report. |
| 1. Extend the Scope for Growth career conversation tool for personal development following the System pilot. | Assist. Director of OD | Q2 | Colleagues receive a tailored conversation about career aspirations and create a development plan. Measured by improvement in the NHS National Staff Survey (NSS) metrics relating to appraisal and fair opportunities for career progression. |
| 1. Continue with the Flexible Working Task & Finish Group including analysing the flexible working project outputs and make recommendations. | Head of Employee Relations | Q4 | Implementation of the recommendations of the Task & Finish Group with evaluation through year on year improvement on the flexible working metrics of the NSS. |
| 1. Take forward the recommendations from the UHNM’s Women’s Network sub-group into the gender pay gap in medicine once they have been made. | EDI Lead | Q4 | Co-creation of actions designed to balance gender representation in medicine across all pay bands and clinical excellence awards. |
| 1. Continue with the work around sexual safety, led by the UHNM Sexual Safety Task & Finish Group | Chief People Officer | Q4 | UHNM colleagues feel safe from sexual misconduct at work, measured by improvement of the NSS questions ‘in the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives, or other members of the public? or from staff or other colleagues? |

This report must be published on the UHNM website, and the data reported on a designated government website at [www.gov.uk/genderpaygap by 31st March 2024](http://www.gov.uk/genderpaygap%20by%2031st%20March%202024).

**Appendix 1 Explaining the Gender Pay gap:**

Our gender pay gap is influenced by the make-up of our workforce which has:

* A greater proportion of male employees in the upper pay quartile compared to middle and lower quartiles and;
* A greater proportion of female employees in the lower and middle pay quartiles compared to the upper quartile

Having a predominantly female workforce means that even small fluctuations in the proportion of male to female employees in each quartile will have a significant impact on our gender pay gap.



**How our workforce was made up (as at 31st March 2023)**

UHNM is typical of any NHS Trust in that it has a higher number of females than males in its workforce. 77% of our workforce are female compared to 23% men.

|  |  |  |
| --- | --- | --- |
| **AfC Pay Band** | **Female** | **Male** |
| Band 2 | 78.9% | 21.1% |
| Band 3 | 84.8% | 15.2% |
| Band 4 | 82.1% | 17.9% |
| Band 5 | 87.4% | 12.6% |
| Band 6 | 83.9% | 16.1% |
| Band 7 | 81.4% | 18.6% |
| Band 8a | 74.5% | 25.5% |
| Band 8b | 64.6% | 35.4% |
| Band 8c | 60.6% | 39.4% |
| Band 8d | 45.5% | 54.5% |
| Band 9 | 73.3% | 26.7% |

|  |  |  |
| --- | --- | --- |
| **Staff Group** | **Female** | **Male** |
| Add Prof Scientific and Technical | 80.1% | 19.9% |
| Additional Clinical Services | 82.5% | 17.5% |
| Administrative and Clerical | 81.0% | 19.0% |
| Allied Health Professionals | 77.1% | 22.9% |
| Estates and Ancillary | 49.3% | 50.7% |
| Healthcare Scientists | 64.6% | 35.4% |
| Medical and Dental | 38.4% | 61.6% |
| Nursing and Midwifery Registered | 91.5% | 8.5% |
| Students | 95.3% | 4.7% |
| **Trust Total** | 77% | 23.0% |

The percentage of women in the medical and dental staff group has increased by 4.4% compared to the previous year.

Whilst overall numbers of women have increased, they are under-represented at Consultant level, at just 28.7% but have greater representation in trust grade specialty doctor roles at 47%. Furthermore women make up 56.2% of Foundation Year 1 and 48.7% of Foundation Year 2 doctors.

It is important for us to understand how we can support and enable women in non-consultant roles to translate into proportional Consultant postholders. We will be engaging with our medical workforce to help inform our actions in this area.

The amount of colleagues (male or female) working part time decreases as pay bands increase.

12.6% of doctors work less than full time (16.9% of female doctors and 9.9% of male doctors)

A greater proportion of women are in part time roles, which in comparison with full time jobs, tend to have a lower hourly median pay.

There has been an increase of 0.9% female representation in Quartile 4 (upper pay) and 0.8% in Quartile 3 (middle to upper pay) compared to the previous year. The Medical and Dental professional group has seen the most notable movement in gender representation, with females increasing by a headcount of 75, while male representation has reduced by a headcount of 37.

**How do we compare with other similar organisations?**

We can compare our gender pay performance against our Model Hospital recommended peers using the gender pay gap data from the last report

(**31st March 2022** snapshot), which is available from the NHS Model Hospital website.

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