



# 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 and organisations are required to publish information relating to pay for six specific measures outlined in this report.

## Equal pay and gender pay

Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010. The gender pay gap is different to equal pay and is a measure that shows the difference in average earnings between men and women across an organisation or the labour market. It is expressed as a percentage of men's earnings.

UHNM's pay approach supports the fair treatment and reward of all staff irrespective of gender. This is in line with our Equality, Diversity and Inclusion policy. Remuneration to all staff, regardless of gender, is made in accordance with National Terms and Conditions.

This report fulfils the Trust's reporting requirements, analyses the figures in more detail and sets out what we are doing to close the gender pay gap in the organisation. The six measures are:

<b>Median gender pay gap</b>	This is the difference between the hourly pay of the median man and the hourly pay of the median woman. The median for each is the man or woman who is in the middle of a list of hourly pay ordered from highest to lowest paid. Medians are useful to indicate what the 'typical' situation is. They are not distorted by very high or low hourly pay.
<b>Mean gender pay gap</b>	The mean gender pay gap uses hourly pay of all employees to calculate the difference between the mean hourly pay of men, and the mean hourly pay of women. A mean involves adding up all of the numbers and dividing the result by how many numbers (employees) in the list. Mean averages are useful because they place the same value on every number they use, giving a good overall indication of gender pay but very high or low hourly pay can dominate and distort the figure.
<b>Median bonus gender pay gap</b>	This is the difference between the bonus pay of the median man and the bonus pay of the median woman. The median for each is the man or woman who is in the middle of a list of bonus pay ordered from highest to lowest paid.
<b>Mean bonus gender pay gap</b>	The mean gender bonus pay gap uses bonus pay of all relevant employees (which at UHNM is Consultant Medical staff in receipt of a Clinical Excellence Award) to calculate the difference between the mean bonus pay of men, and the mean bonus pay of women. A mean involves adding up all of the numbers and dividing the result by how many numbers (employees) in the list.
<b>Proportion of males and females receiving a bonus</b>	The proportions of relevant male and female employees who were paid a bonus payment. For UHNM this refers to local and national clinical excellence awards.
<b>Proportion of males and females in each quartile band</b>	The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper pay quartile pay bands

## Our Gender Pay Gap Data

The data is a snapshot of pay taken on 31<sup>st</sup> March 2021:

Based on Hourly Pay	At 31 <sup>st</sup> March 2018	At 31 <sup>st</sup> March 2019	At 31 <sup>st</sup> March 2020	At 31 <sup>st</sup> March 2021	What this means
Median gender pay gap	10.3%	8.8%	12.6%	13.3%	There has been a small decrease in the percentage of women, and a small increase in the percentage of men in the upper pay quartiles while at the same time there has also been a small increase in the percentage of women, and decrease in the percentage of men in the lower pay quartiles which has resulted in the median pay gap increasing.
Mean gender pay gap	28.1%	27.6%	27.7%	27.5%	

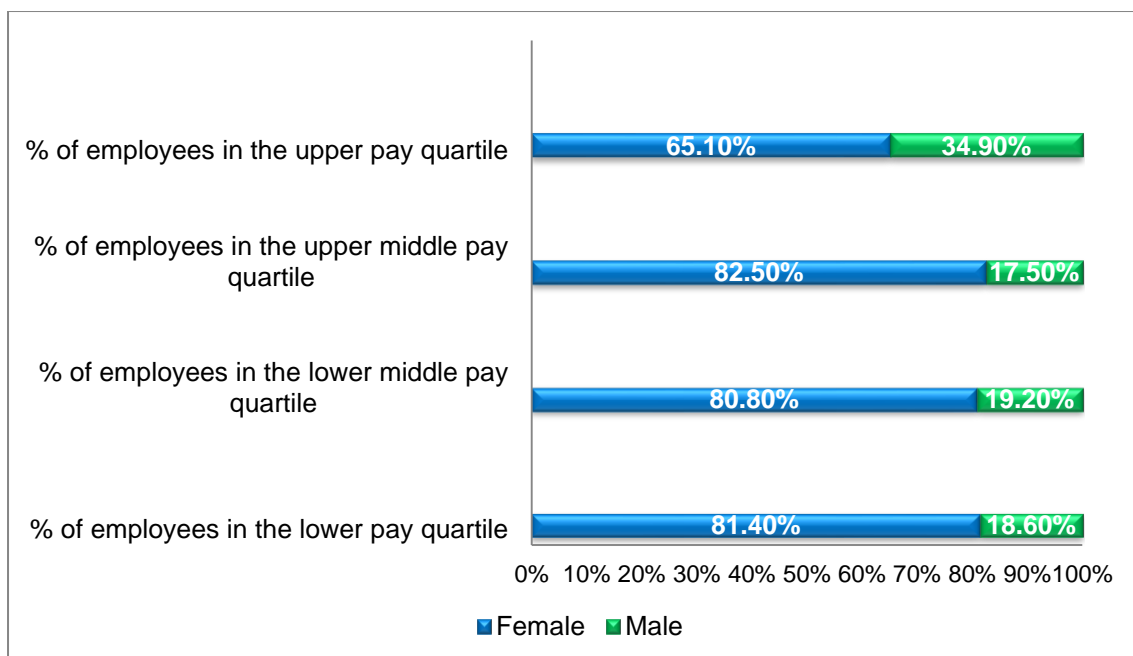
We are confident that our gender pay gap is a result of the workforce distribution, rather than an equal pay issue. This is because we adhere to the Agenda for Change system, national terms and conditions of service (TCS) for Medical staff and, for very senior managers (VSMs), there is a specific VSM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

Bonus Pay Gap	At 31 <sup>st</sup> March 2018	At 31 <sup>st</sup> March 2019	At 31 <sup>st</sup> March 2020	At 31 <sup>st</sup> March 2021	What this means
Median gender bonus gap	1.2%	29.2%	20.5%	19.4%	The number of consultants (both male and female), in receipt of a Clinical Excellence Award has reduced, however it is positive that the median bonus pay gap has decreased.  With only a very small proportion of employees receiving clinical excellence awards any fluctuation in the profile can impact on the pay gap.
Mean gender bonus gap	1.5%	11.0%	19.1%	19.5%	

\*At UHNM bonus payments relates only to Clinical Excellence Award (CEA) payments made to eligible Medical Consultant Staff. Clinical Excellence Awards 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.

There are two award types - Local and National. Both have eligibility criteria which means that not all consultants can apply (the criteria is explained in our Clinical Excellence Award Policy HR47). The local scheme changed in 2018 to a 3 year non pensionable award programme, each year the total number of applicants has decreased year on year. Due to the current pandemic the scheme has changed to an automatic allocation of the award which is to be paid to all eligible consultants in March 2021, as a result this is likely to see no change to the pay gap associated to this group.

The proportion of male and female workforce in each pay quartile was as follows at 31<sup>st</sup> March 2021:



	Female	Male
<b>Number of employees receiving bonus pay (i.e. a Clinical Excellence Award)</b>	43 (0.45% of all female employees in the organisation)	175 (6.28% of all male employees in the organisation)

Our workforce is 78 per cent female; therefore ideally women should make up 78 per cent of each quartile. Having a predominantly 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.

### Supporting Gender Equality at UHNM:

- UHNM actively promotes careers and roles within the organisation and the wider NHS through our Widening Participation strategy and this includes breaking down traditional stereotypes and demonstrating female role models
- 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
- We actively promote and publicise our commitment to flexible working options for all staff and through the provision of a range of family friendly policies and benefits including shared parental leave and paternity leave and staff self rostering practices
- We promote our internal leadership development brochure to all staff and monitor applications to ensure all protected groups are represented
- We provide career coaching and mentoring
- We demonstrate through our inclusive recruitment strategy a range of women role models in various clinical and non-clinical roles
- We ensure all staff have a Personal Development Review, which uses the Maximising Potential Tool as an inclusive approach to identifying talent
- We use a Values Based approach in our recruitment processes

### Progress from our previous Gender Pay Gap Report

The following actions have, by formalising our commitment to flexible working at recruitment stage and enhanced family friendly policies, and the support for aspiring women leaders in our organisation, demonstrated our inclusive approach to tackling the gender pay gap:

- Flexible Working is now promoted at recruitment stage, adopting a flexible by default approach with all jobs advertised as available for flexible working unless there is a strong justification not to
- Further enhanced our Values Based Recruitment approach and apprenticeship opportunities
- Embedded a requirement for diverse recruitment panels for AfC Band 6 and above roles
- Ran 4 cohorts of the Gold and Platinum leadership development programmes and continued the High Potential Scheme for aspiring executive leaders
- Continued our focus on menopause and the workplace promoting the normalising of menopause conversations and the support and adjustments available for workers experiencing menopausal symptoms
- Undertook an Agile working review across the organisation which informed the creation and launch of an Agile Working Policy
- Reviewed our PDR processes to focus on a wellbeing conversation
- The provision of extensive Covid-19 staff support and wellbeing strategy
- Promoted national women's network events and celebrated UHNM women role models for our 2021 International Women's Day campaign

### Proposed Actions to reduce the Gender Pay Gap:

We will build upon the flexible working changes that have emerged though Covid-19. Whilst evidence is showing that nationally there has been a negative impact of Covid-19 on the gender pay gap (with women taking a disproportional share of the economic hardship caused by the virus, taking a greater responsibility for childcare and home schooling meaning women have been more likely than men to work fewer hours and be away from work temporarily or drop out of the labour market altogether since the pandemic struck). However; in the longer term it could bring dividends, with agile working during the pandemic demonstrating how flexibility could be achieved.

The information from this gender pay gap audit will be used to help understand any 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, we are prioritising the following areas that will support the NHS People Plan aspirations of making flexible working and inclusive talent management a reality for our workforce.

Action / Recommendation	Timescale
1. Introduction of a revised and inclusive talent management approach which will include the launch a dedicated management programme open to both Divisional nominees and any other member of staff to apply by a self-nomination route. "A day in the life of a UHNM leader" events will be held to promote awareness and attract a diverse range of applicants, with a diverse panel to review all applications and progression to a development centre	Q3 2022-23
2. Working with Carers UK we will recognise and support our working carers through the launch of our own Carer's passport	Q3 2022-23
3. Review our compassionate leave best practice with a view of extending our special leave provision and support for employees going through fertility treatment, premature birth, and miscarriage and baby loss	Q4 2022-23
4. Increase awareness of the flexible and agile working policies and provision through our management programmes and policy toolkits. Encourage staff to embrace compassionate conversations about what support would be helpful to support work life balance including flexible working	Q3 2022-23
5. Re-start the focused work with women in our medical profession to understand the challenges facing female doctors in training and in senior medical roles to identify actions for UHNM to complement the national recommendations from the Mend the Gap report	Q1 2022-23

6. Hold a range of engagement events with staff to understand the experiences, challenges and needs of women working at UHNM to inform our gender equality plans	Q1 2022-23
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This report must be published on the UHNM website and the data reported on a designated government website at [www.gov.uk/genderpaygap](http://www.gov.uk/genderpaygap)

## Appendix 1

### Notes and Explanations

#### 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 lower quartiles and
- A greater proportion of female employees in the lower 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

**An example of how a Gender Pay Gap can come about:**

- ~ An organisation comprises 10 staff and 1 manager
- ~ The 10 staff are 9 females and 1 male and they all earn exactly £50,000 per year so they are all on equal pay
- ~ The manager, who is a man, earns £100,000 per year
- ~ The average salary for women in this organisation is £50,000
- ~ The average salary for men is  $(£50,000 + £100,000 / 2) = £75,000$
- ~ The gender pay gap is therefore £25,000 or 50%

#### 2 Explaining the Data

The data is a snapshot of pay taken on 31<sup>st</sup> March 2020 with the data presented in line with six key indicators:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males and females receiving a bonus payment
- Proportion of males and females when divided into four quartile pay bands

It is important to note that the gender pay gap may vary by occupation, age group and even working patterns.

*Note: The Trust does use agency workers who are not included in the data because they are part of the headcount of the agency company that provides them*

#### 3 How our workforce was made up (as at 31<sup>st</sup> March 2021)

UHNM is typical of any NHS Trust in that it has a higher number of females than males in its workforce. From a total headcount of 11,513; 78% were female compared to 22% men.

Staff Group	Female	Male
Add Prof Scientific and Technical	79%	21%
Additional Clinical Services	84%	16%
Administrative and Clerical	82%	18%
Allied Health Professionals	78%	22%
Estates and Ancillary	53%	47%
Healthcare Scientists	66%	34%
Medical and Dental	36%	64%
Nursing and Midwifery Registered	92%	8%
Students	100%	0%
<b>Grand Total</b>	<b>78%</b>	<b>22%</b>

Payscale	Female	Male
Apprenticeship	79%	21%
B1	88%	13%
B2	81%	19%
B3	84%	16%
B4	83%	17%
B5	87%	13%
B6	85%	15%
B7	81%	19%
B8a	77%	23%
B8b	65%	35%
B8c	64%	36%
B8d	56%	44%
B9	67%	33%
Medical & Dental	36%	64%
Directors/Very Senior Managers	70%	30%
<b>Grand Total</b>	<b>78%</b>	<b>22%</b>

