

Hull University Teaching Hospitals NHS Trust

Gender Pay Gap Reporting

1 BACKGROUND

New regulations that took effect on 31 March 2017 (The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017) require all public sector organisations in England employing 250 or more staff to publish gender pay gap information.

The gender pay gap shows the difference between the average (mean or median) earnings of all male and all female employees. It is expressed as a percentage of men's earnings. It is a measure of disadvantage. The Government anticipates that highlighting any imbalance and taking steps to reduce the gap at workforce level will help to narrow the gap at a national level, and hence boost the UK economy.

The gender pay gap is not the same as equal pay. Equal pay is about ensuring men and women doing similar work or work that is different but of equal value (in terms of skills, responsibility, effort) are paid the same. A gender pay gap could reflect a failure to provide equal pay but it usually reflects a range of factors, including a concentration of women in lower paid roles and women being less likely to reach senior management levels.

Gender pay gaps are the outcome of economic, cultural, societal and educational factors. Whilst also reflecting personal choice, the outcome of the choice is strongly influenced by matters outside individual control, and it is still the case that women's choices are more constrained than those of men. The key influences, which are complex and feed into each other, include unpaid caring responsibilities, part-time working, differences in human capital, occupational segregation, undervaluing of women's work and pay discrimination.

2 NHS PAY STRUCTURE

The majority of staff at the Trust are paid on the national Agenda for Change Terms and Conditions of Service. The basic pay structure for these staff is across 9 pay bands and staff are assigned to one of these on the basis of job weight as measured by the NHS Job Evaluation System (the system measures the job and not the post holder). This makes no reference to gender or any other personal characteristics of existing or potential job holders. Within each band there are a number of pay progression points.

During 2018 the NHS Staff Council reached agreement on reform of the pay structure for Agenda for Change staff, resulting in a 3-year pay deal covering the years 1 April 2018 to 31 March 2021. The agreement incorporated the reduction of the number of pay points in each pay band (over the 3 year period), the removal of overlaps between pay bands, shortening the amount of time it takes to progress to the top of pay bands, the move away from automatic annual progression, and upskilling of band 1 to band 2.

Medical and Dental staff have different sets of Terms and Conditions of Service, depending on seniority. However, these too are set across a number of pay scales, for basic pay, which have varying numbers of thresholds within them.

There are separate arrangements for Very Senior Managers, such as Executive Board Members, and Directors. There are also separate arrangements for Casual Workers.

3 GENDER PAY GAP DATA 2019

The figures set out below have been calculated using the standard methodologies used in the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, utilising the national NHS Electronic Staff Record Business Intelligence report functionality.

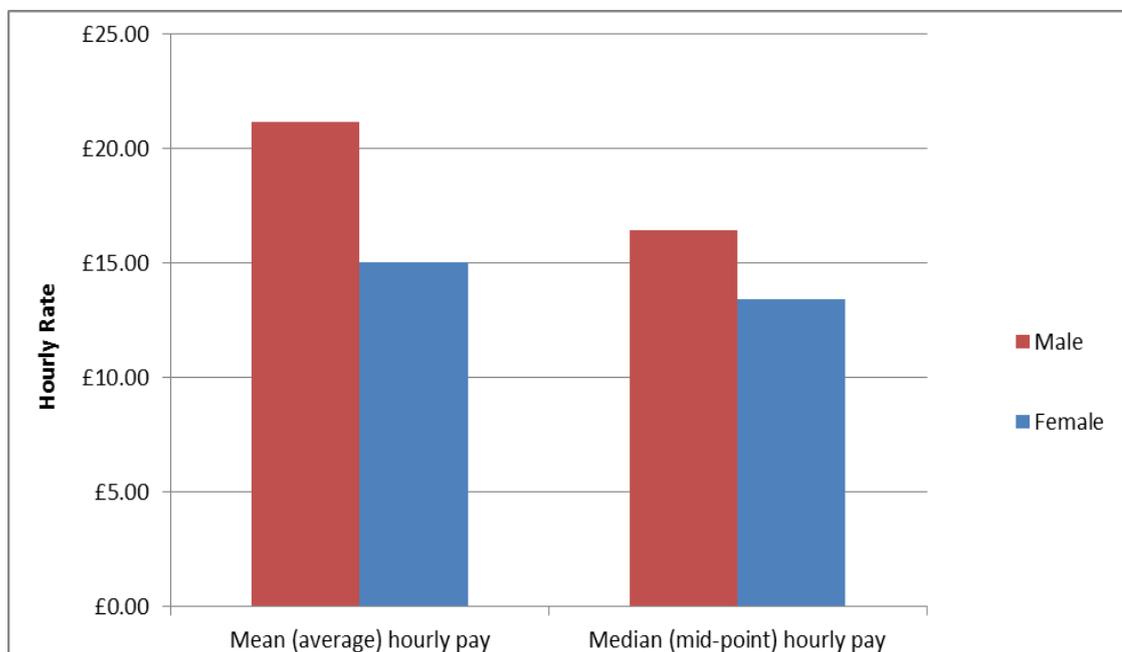
The analysis does not look at whether there are differences in pay for men and women in equivalent posts. Therefore the results will be affected by differences in the gender composition across the Trust's various professional groups and job grades.

National reporting requirements require the Trust to report the six gender pay gap measures to one decimal point (these six measures are shown in bold italics throughout the document), however to assist the Trust better analyse the data and progress made, the data is shown to two decimal places.

Hull University Teaching Hospitals NHS Trust's Gender Pay Gap Data for the snapshot date of 31 March 2019 is as follows;

3.1 Mean and Median Gender Pay Gap

Gender	Mean (average) hourly pay	Median (mid-point) hourly pay
Male	£21.18	£16.45
Female	£15.03	£13.46
£s difference	£6.15	£2.99
% difference	29.04% (29.0%)	18.18% (18.2%)



- The mean gender pay gap is 29.04% (i.e. this means that women's average earnings are 29.04% less than men's).
- The median gender pay gap is 18.18% (i.e. this means that women's average median earnings are 18.18% less than men's).

Note; Gender pay gap calculations are based on ordinary pay which includes; basic pay (including for Medical and Dental staff Additional Programmed Activities), allowances (including shift premiums), extra amounts for on-call, pay for leave but excludes; overtime, expenses, payments into salary sacrifice schemes (even though employees opted into the schemes voluntarily, as they provide a benefit in kind), Clinical Excellence Awards and Pensions.

3.1.1 Key Findings

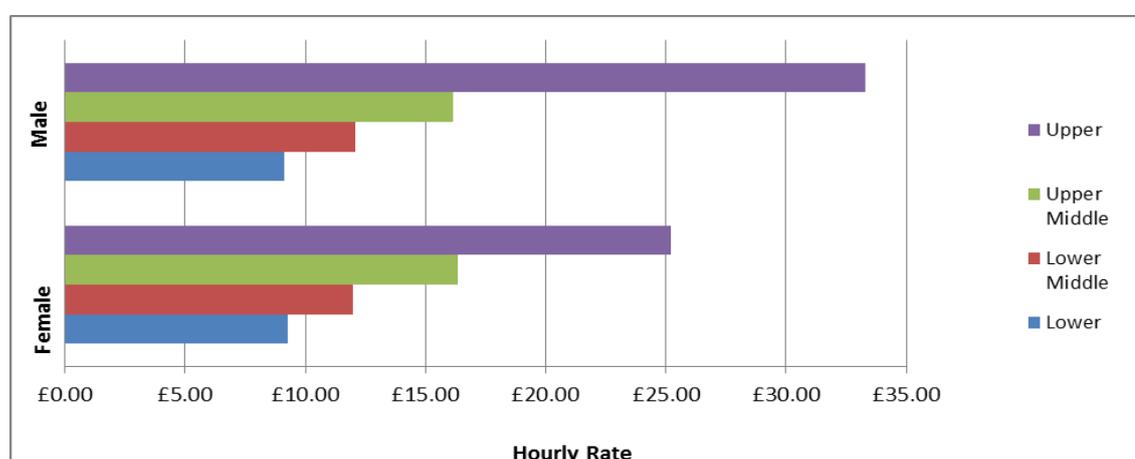
- The Trust has an overall gender split of 76.34% female and 23.66% male staff. The mean and median gender pay gap can be explained by the fact that while men make up only 23.66% of the workforce, there are a disproportionate number of males, 39.49% in the highest paid (upper) quartile, (predominantly medical staff) with 60.51% being female.
- The mean gender pay gap for the whole economy (according to the October 2019 Office for National Statistics Annual Survey of Hours and Earnings figures) is 16.2% while the Trust's mean gender pay gap is 29.04% in favour of males. The median gender pay gap for the whole economy is 17.3%, compared to the Trust average of 18.18%.
- Medical staff pay has a strong impact on the mean and median data. If Medical staff were excluded from the data above the mean (average) hourly pay gap is 3.29% or £0.48, and the median (mid-point) hourly pay is -0.23% or -£0.03. Nationally the Consultant workforce is predominately male.
- The median pay gap for the Trust has increased since the last reporting period. This is despite an improvement in the median pay gap for both Medical staff (improving from £11.11 in the 2018 report to £6.28 currently) and for non-medical staff (improving from £0.04 to -£0.03p for the same period) when reported separately. In the current reporting period (2019) the male median pay was between upper middle to upper pay quartiles and female median pay was between the lower middle to upper middle. In the previous 2018 data, the male median was between lower middle to upper middle, and the female median was between lower middle to upper middle. This is due to a shift in the percentages of males in each quartile (see section 3.2.1 for further details).
- The Trust operates a number of salary sacrifice schemes. Given 79.11% of those who pay into salary sacrifice schemes are female staff (compared to 20.89% of male staff) this has a significant impact on the Trust's gender pay gap data, including the mean and median female averages and also where females fall in pay quartiles (i.e. they might otherwise fall into a higher quartile).

This is because the gender pay gap calculations are based on pay excluding the value of payments made into salary sacrifice schemes (even though employees opt into the schemes voluntarily, as they provide a benefit in kind). Payment into these schemes reduces the basic salary and hourly rate of pay.

Exacerbating the Trust's gender pay gap data particularly in the Lower Middle and Upper Middle quartiles and thus mean and median pay gap data has been the introduction of an additional high value salary sacrifice scheme during this reporting period. This enables staff to save money on Home Electronics. This has proven popular amongst staff. Of the 898 staff who pay into the scheme, 84.63% (760) are female. This is on top of the existing high values schemes which again more female staff pay into (Family Car Lease 76.14% and Childcare Vouchers 71.01% of female staff respectively). 124 staff pay into 2 of the high value schemes, 5 staff pay into three of the high value schemes.

3.2 Pay Quartiles by Gender

Quartile	Male			Female			Total
	Headcount	% Headcount	Mean (Average) Hourly Pay	Headcount	% Headcount	Mean (Average) Hourly Pay	
Lower	387	18.19% (18.2%)	£9.10	1740	81.81% (81.8%)	£9.27	2127
Lower Middle	378	17.78% (17.8%)	£12.07	1749	82.22% (82.2%)	£11.99	2127
Upper Middle	408	19.18% (19.2%)	£16.17	1719	80.82% (80.8%)	£16.36	2127
Upper	840	39.49% (39.5%)	£33.28	1287	60.51% (60.5%)	£25.19	2127
Total	2013	23.66% (23.7%)	£21.18	6495	76.34% (76.3%)	£15.03	8508



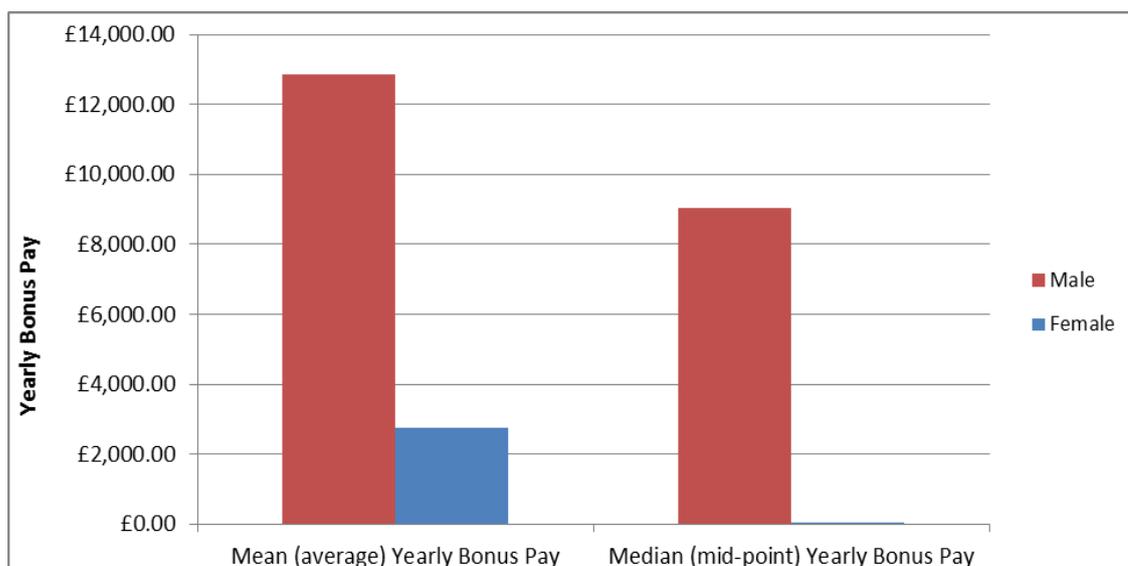
3.2.1 Key Findings

- Based on the Trust's overall gender split (76.34% female and 23.66% male), there is no significant gender pay gap in the lower, lower middle and upper middle quartiles. There are a disproportionate number of males, 39.49%, in the upper quartile compared to 60.51% being female. This accounts for the mean gender pay gap of 24.31% and £8.09 in the upper quartile, which is a 4.09% and £1.41 improvement on the previous reporting period.
- Analysis of the percentages of males within each pay quartile (as opposed to the gender pay split for each quartile) in this reporting period compared to the 2018 return highlights a shift, with -1.3% less males in the lower quartile, and an increase of +0.5% in both the lower and upper middle quartile, and a +0.4% increase in the upper quartile. This shift is attributed to the impact of the high percentages of females who pay into high value salary sacrifice schemes and the introduction in this reporting period of the high value Home Electronics scheme in particular.
- Within the Medical staff group there is a disproportionate gender split (35.56% females and 64.44% male). In the Upper Quartile for Medical staff the split is 34.30% female and 65.70% male. Medical staff account for the majority of the Trust's highest earners.
- The Trust has a split of 58.90% full time and 41.10% part time staff. 92.39% of part time staff are female. The majority of part time staff are in the lower quartiles (58.39% are in the lower and lower middle).

- Only 27.97% of staff in the upper quartile are part time. This is disproportionate when compared with the Trust wide figure of 41.10% of staff being part time. 88.91% of these are female staff.

3.3 Mean and Median Gender Bonus Gap

Gender	Mean (average) Yearly Bonus Pay	Median (mid-point) Yearly Bonus Pay
Male	£12,871.79	£9,048.00
Female	£2,742.82	£50
£s difference	£10,128.97	£8,998.00
% difference	78.69% (78.7%)	99.45% (99.5%)



3.3.1 Key Findings

- The mean gender bonus gap is 37.43% when long service awards¹ are excluded from the data, rising to 78.69% when they are included in line with national guidance.
- The median gender bonus gap is 33.33% (£3,016 per year) when long service awards are excluded from the data, rising to 99.45% when they are included. This is an improvement from 36.67% (£3,314.89) in the 2018 reporting period.

3.4 Bonus Distribution by Gender

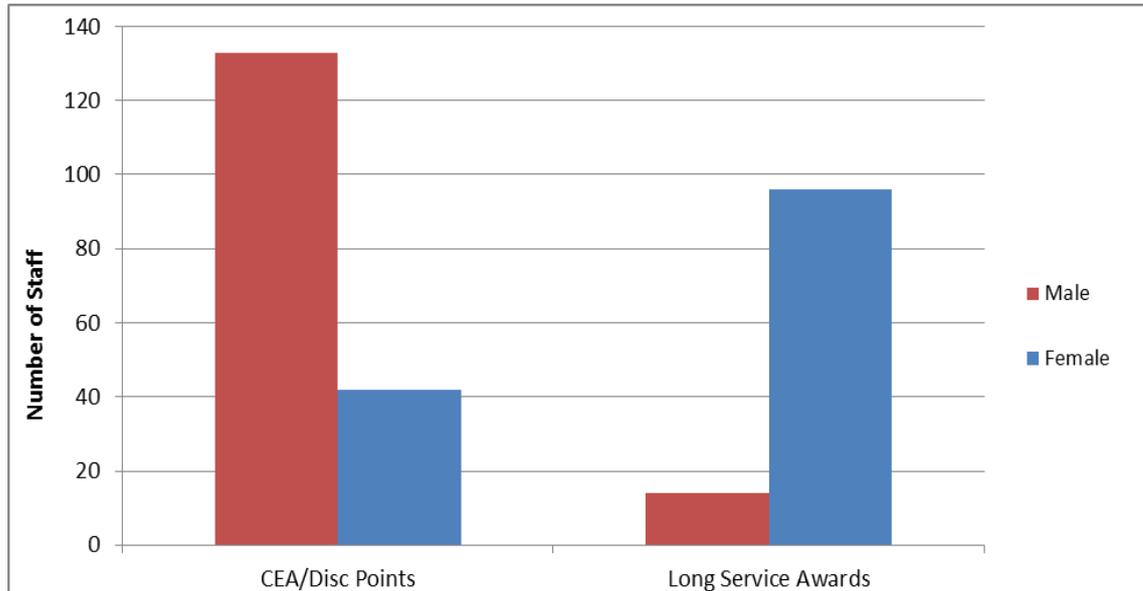
Gender	% Receiving Bonus
Male	7.30% (7.3%)
Female	2.12% (2.1%)

- The proportion of male employees receiving a bonus is 6.61% excluding long service awards (7.30% when included) and the proportion of female employees receiving a bonus is 0.65% excluding long service awards (2.12% when included).

3.5 Bonus Type by Gender

¹ The Long Service Award scheme is applicable to any employee, whether male or female, who has achieved 25 years substantive service within the NHS. Staff are invited to attend an awards ceremony to be presented with a certificate and a token gift to the value of £50 in recognition of their contribution and commitment.

Bonus Type	Male		Female		Total Headcount
	Headcount	%	Headcount	%	
CEA/Discretionary	133	76.00	42	24.00	175
Long Service Awards	14	12.73	96	87.27	110
Total	147	51.58	138	48.42	285



3.5.1 Key Findings

- This year the Trust has two types of bonus that meet reporting requirements – Long Service Awards and Clinical Excellence Awards (CEAs - which are awarded based on the performance of Consultant Medical staff subject to national and local eligibility criteria in recognition of excellent practice over and above contractual requirements).
- The Trust's gender bonus data is significantly distorted by the Trust's Long Service Award scheme as, given the gender makeup of our workforce, more females receive an award. Calculations have therefore been made both including and excluding this data. Including long service awards, the median bonus pay for females is £50. Excluding long service awards, the median bonus pay for females is £6,032.00. This compares to £9,048.00 for males (the figure is the same inclusive or exclusive of the long service award).
- The gender split for bonus pay is 48.42% female and 51.58% male, however as 87.27% of female bonus pay is the £50 long service award, this results negatively on mean bonus pay.
- There has been a significant increase in female staff numbers receiving long service awards during this reporting period (an increase from 47 in 2018 to 96 in 2019, compared to an increase in eligible male staff from 7 in 2018 to 14 in 2019), as two long service award ceremonies were held. This has resulted in an increase in the mean bonus pay gap compared to the 2018 reporting period.
- If long services awards are excluded, the mean bonus pay gap reduces from 78.69% (£10,128.97) to 37.43% (£5,323.61) and the median bonus pay gap reduces from 99.45% (£8,998.00) to 33.33% (£3,016.00).
- Nationally agreed changes to the local Clinical Excellence Awards scheme effective from 1 April 2018 will gradually impact on the Trust Gender Pay Gap data, commencing with this, the 2019 Gender Pay Gap report, as awards are

made retrospectively. This is evident in the small 3.34% improvement this year in the median bonus pay gap (excluding long service awards).

- *Existing* local awards awarded prior to April 2018 will remain consolidated and pensionable and the associated payments will remain protected until at least 31st March 2021.
- *New* local awards post-April 2018 (including new awards to existing award holders) are: time limited, (payable for up to two years within Hull University Teaching Hospitals NHS Trust), paid as a lump sum, non-consolidated, non-pensionable and do not include uplifts for Consultants undertaking Additional Programmed Activities.
- CEA and Discretionary points account for 61.40% of all bonuses awarded.
- The difference in bonus pay is also driven by the payment of higher (accumulated) bonuses for Consultant Medical staff where there is a greater proportion of men.
- The proportion of male medical staff currently receiving accumulated CEAs (i.e. including both old and new style CEA's) is higher than females (the gender split of those receiving a CEA/Discretionary award is 76.00% male compared to 24.00% female).
- Of the CEA's held under the old pre-April 2018 CEA scheme, 77.8% are held by male staff compared to 22.2% by female staff.
- Under the new post-April 2018, CEA scheme 63.6% of awards are held by male staff, 36.4% by female staff.
- Eligibility for the new CEA/Discretionary points (27.79% female, 72.21% male) was broadly consistent with the Consultant gender split (26.17% female and 73.83% male), however, when it came to applying, of those eligible, a slightly higher percentage of females (29.17%) applied compared to males (70.83%).
- Within the 12 months up to 31 March 2019 the percentage of applications resulting in a successful new CEA award was 41.18% for male medical staff, and for females this was higher at 57.14%, i.e. for females this was considerably above the Consultant gender split.
- A greater number of the Trust's female Consultants work flexibly on a part-time basis (6.98% male, 25.86% female). This distorts both the mean and median bonus pay as CEA bonus payments are pro-rated for part-time employees. This part-time split is broadly reflected in those with CEAs (3.01% of male CEAs are for part-time Consultants, 23.81% of female CEAs are for part-time Consultants).
- The number of applications for Clinical Excellence Awards has been gradually decreasing. This may be due to the changes in the local award scheme from April 2018 as well as the changes in the pension scheme for Consultants and the annual allowance.

4 NATIONAL CHANGES

In April 2018 the Department of Health and Social Care commissioned an independent review to advise on action to improve gender equality in the NHS. The interim update from the Gender Pay Gap in Medicine Review (published 29 March 2019) has found that the continued dominance of men in senior medical positions is one of the main causes of the gender pay gap in medicine. The update includes; that the gender pay gap for doctors is 17% based on their total pay, women are not yet represented in equal proportions in senior medical grades, two-thirds of doctors in training grades are women, but within consultant grades this drops to under half, women are over-represented in lower paid specialties, but under-represented in the highest paid specialties. The final report is due imminently.

There is currently no identifiable impact on the Trust's gender pay gap data of the 2018 Agenda for Change contract refresh, although it is envisaged this will gradually have an impact for staff paid under these terms and conditions.

Any national changes will be pivotal in helping reduce the Trust's gender pay gap.

5 SUMMARY OF RESULTS AND ACTIONS

The Trust is committed to ensuring all staff are treated and rewarded fairly irrespective of gender.

The Trust is using the workforce gender pay gap figures to help understand the underlying causes for its gender pay gap and to identify suitable steps to minimise it.

Some elements of the Trust's gender pay gap have a historical/national context which will take a period of time to resolve.

The Trust's gender pay gap data, which shows the difference in average pay between men and women in the workforce, reflects that the Trust has a majority of men in higher-paid roles, predominantly medical staff.

The mean and median hourly pay gap percentages across the health sector and bonus pay gaps are significantly affected by the presence of the Medical Consultant body - due to both their high base wage and the historical differences in bonuses awarded under the Clinical Excellence Awards scheme.

This year's gender pay data has been particularly impacted by the introduction of the Trust's Home Electronics salary sacrifice scheme, and the large increase in staff numbers receiving a long service award.

The Trust's mean gender pay gap at 29.04% has reduced since the 2018 report (30.74%) but remains higher than the average national figure of 16.2%. The Trust's median gender pay gap is above the national average of 17.3%. Excluding medical and dental staff these figures would be 3.29% and -0.23% respectively, an improvement on the 2018 reporting period (2018 data; 3.61% and 0.32%). The overall NHS gender pay gap is 23%.

Whilst the impact of the new CEAs is not reflected in the overall CEA bonus gap data (due to the historically awarded CEAs that consultants are still in receipt of), analysis of those who have achieved a new style local CEA for the first time suggest positive changes in addressing the bonus pay gap for future years. Notably, when it came to applying, of those eligible, a slightly higher percentage of females applied compared to males. In addition the percentage of applications resulting in a successful new CEA award was higher for female medical staff.

Actions to address the gender pay gap will be taken within the context of the Trust's People Strategy 2019-22 and programme plan.

5.1 What Have we Done to Date?

- Continued to review output of exit data to better understand blocks to gender pay progression, to help identify and implement actions to improve this.
- Analysed data from recent retention surveys. This included both a nurse retention survey and a survey sent to nursing staff who were within 5 years of retirement, to ascertain what would make them consider flexible retirement and remain working for the Trust.

- Put in place an approach to talent management which ensures that the talent of all individuals in Hull University Teaching Hospitals NHS Trust are maximised and continue to work to open up professions to under-represented groups, particularly through apprenticeships.
- Embedded the Trust's commitment to developing a comprehensive 'grow our own' approach across all staff groups and promoted development opportunities for non-stereotypical male/female roles
- Invested in a number of new medical workforce roles and medical associate professions including advanced clinical practitioners, physicians associates, advanced critical care practitioners, anaesthetic associates, surgical care practitioners which provides career development opportunities at a more senior, higher paid level.
- In 2019 the Trust participated in a research project funded by the Government Equalities Office, conducted by the Gender and Behavioural Insights programme team, examining whether there is any gender bias in Clinical Excellence Awards. For this evaluation, the Trust provided pseudonymised data on our consultant population and CEA applications and awards, to help understand any gender disparity in local award schemes and why it may be occurring. The results of this analysis are forthcoming.
- The benefits of providing flexible working options for Doctors in Training are well documented and the Trust has, therefore, set up a quarterly forum for those doctors already working, and those considering working, less than full-time. The forums, run in partnership with the BMA, have been supported by a number of speakers covering impact on pay, pensions and rotas. The Medical Staffing Team have identified a Less Than Full-Time Champion to support existing doctors and those returning to training or returning from, for example, family friendly leave.
- Following funding received from Health Education England the Trust has appointed to the role of SuppoRRT Champion for a 3 year period. This role is to provide advice and guidance to medical trainees who are returning to work after a lengthy period of absence (for example maternity leave) as well as supporting trainers with this process.
- From August 2019, Medical and Dental staff returning to the Trust following a period of family friendly leave were provided with 3 paid supernumerary days (funded by Health Education England) to support their return to work.
- Continued to; encourage a greater proportion of eligible female Consultants to apply for local Clinical Excellence Awards; provide mentorship from some of the Trust's current higher level local female award holders to female Consultants who were thinking of submitting an application, run local CEA Information sessions led by the Chief Medical Officer available to any eligible Consultants (both male and female) who were thinking of applying for a local award. These sessions provided guidance on how to complete an application form for a local Award, as well as changes to the local scheme with effect from April 2018.
- The Trust continues to deliver the Equality, Inclusion and Diversity training programme and forms part of the Trust's Recruitment and Selection training. Equality and Diversity training now forms part of the Trust's mandatory training programme.
- To support our leaders to fully model a compassionate, inclusive leadership approach a range of leadership programmes for both medical and non-medical leaders (including Trust Board) have been delivered including; Great Leaders – Be Remarkable, a Supervisors+ programme, a Rise and Shine programme, and Great Leaders Bitesize.

- A Coaching and Mentoring Network, with over 30 accredited coaches in place within the Trust. Three senior coaches have attended a National Leadership Academy programme on Coaching for Inclusion.
- Set up a weekly Pay Group to consider elevated starting salary requests for Agenda for Change staff, to ensure fairness and equity of application in light of the new pay structure.

5.2 **Next Steps**

The Trust is committed to addressing the gender pay gap and is undertaking a range of actions and initiatives to reduce this including;

- Further developing the evidence base of data to ensure effective gender monitoring is in place, for example increasing the frequency of targeted recruitment reports for the upper pay quartile, for example for vacancies band 8 (and above), and Medics.
- Continue to review and update appropriate policies and practises, for example flexible working, in partnership with staff side representatives and managers.
- Continue to take steps to make the most of flexible working, including a review of flexible working arrangements across the Trust, removing barriers to this, and ensuring that the Trust's culture supports staff to do so at all levels, including senior staff and Medics.
- Continue to encourage female participation in leadership development programmes and review career and talent development opportunities so that capable employees of both genders can progress.
- Consider the findings, and take action in light of the final Government commissioned Gender Pay Gap in Medicine review, which is due imminently.
- Given the reducing numbers of Consultants applying for Clinical Excellence Awards, opening up the mentorship scheme to all Consultants (both male and female) who were thinking of applying for an award.
- Bring forward the next Gender Pay Gap report (for the period to 31 March 2020) to help ensure contemporaneous information is published and actions agreed at an earlier stage.

Solutions to the gender pay gap lie in culture changes both in society and organisations. None of the initiatives will, in themselves, remove the gender pay gap, and it may be several years before some have any impact at all. In the interim the Trust is committed to reporting on an annual basis on what it is doing to reduce the gender pay gap, and the progress it is making.

Nationally most of the issues driving gender pay gaps require a longer term view. The Trust will continue to take steps to reduce it's pay gap and continue to explore best practise across the sector and beyond.