

Gender Pay Gap Report

31 March 2020 Snapshot

North Tees and Hartlepool NHS Foundation Trust

Gender pay gap report March 2020 snapshot

Contents

1.0	Introduction	7
2.0	Gender pay gap results (2020)	8
3.0	Gender pay gap	9
3.1	Workforce gender split	9
3.2	Overview of medical and non-medical staff	10
3.3	Medical staff gender profile	10
3.3.1	Medical staff by grade	11
3.3.2	Analysis of the WTE for medical staff	11
3.3.3	Breakdown of medical staff in relation to age and length of service by gender	12
4.0	Gender bonus pay gap	13
5.0	What do the results tell us?	14
6.0	Next Steps	15
6.1	Branding/communication/transparency	17
6.2	Recruitment and promotion processes	17
6.3	Maternity and paternity and parental leave policies	17
6.4	Wellbeing and retention	17
6.5	Supporting female staff	17
6.6	Data analysis	17



1.0 Introduction

As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and are at the heart of the NHS workforce implementation plan.

The requirement to undertake gender pay gap reporting became mandatory for all public sector organisations from 31 March 2017, in accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

The Trust is required to report and publish its statutory calculations to the government equalities office every year, showing how large the pay gap is between our male and female employees. The gender pay gap reporting duties only applies to 'relevant employees' employed on the snapshot date of 31 March in the relevant year.

This report includes each of the statutory requirements as detailed within the legislation:

- 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 receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females, when divided into four groups ordered from lowest to highest pay

2.0 Gender Pay Gap Results (2020)

A summary of the Gender Pay Gap information for 2020 (as at the snap shot date of 31 March 2020 for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. The results from the 2019 gender pay gap report are included as a comparator.

Gender Pay Gap Reporting Indicators		2019	2020	Change
1.	Difference in hourly rate of pay – mean (average)	35.27%	35.67%	+0.4%
2.	Difference in hourly rate of pay – median (middle)	20.58%	22.34%	+1.76%
3.	Difference in Bonus Pay – mean (average)	25.21%	17.0%	-8.21%
4.	Difference in bonus pay – median (middle)	33.33%	0%	-33.33%
5.	% of male employees who received bonus pay	7.90%	5.71%	-2.19%
6.	% of female employees who receive bonus pay	0.62%	0.57%	-0.05%
7.	% of Employees by Pay Quartile:			
Upper Quartile (Q4)	Male	28.53%	28.75%	+0.22%
	Female	71.47%	71.25%	
Upper Middle Quartile (Q3)	Male	12.80%	12.32%	-0.48%
	Female	87.20%	87.68%	
Lower Middle Quartile (Q2)	Male	12.26%	11.07%	-1.19%
	Female	87.74%	88.93%	
Lower Quartile (Q1)	Male	10.30%	10.63%	+0.33%
	Female	89.70%	89.37%	

The above table represents the high level data which must be reported to the government's equalities office by 5 October 2021.

Section 3 of this report looks at the information in more detail to explore the possible reasons for the pay gap and contains detailed analysis of the Trust's workforce profile, particularly in relation to medical and non-medical staff.



3.0 Gender Pay Gap

This section of the report is focused on the Trust's Gender Pay Gap %, which is reported as being an average of 35.67% for 2020 – a slight increase from the figure of 35.27% as reported in 2019.

3.1 Workforce Gender Split

The current gender split within the Trust's overall workforce continues to show 84% female and 16% male. The Trust has 7% more females working within the organisation, as compared to the national average of female workers within the NHS as a whole (77% female and 23% male).

The proportion of females and males employed within each pay band is shown in the table below:

Band	Female	Male
Band 1	11 (100%)	0 (0%)
Band 2	916 (92%)	81 (8%)
Band 3	330 (89%)	39 (11%)
Band 4	336 (87%)	52 (13%)
Band 5	915 (90%)	102 (10%)
Band 6	683 (90%)	73 (10%)
Band 7	319 (86%)	52 (14%)
Band 8a	93 (70%)	40 (30%)
Band 8b	18 (58%)	13 (42%)
Band 8c	13 (72%)	5 (28%)
Band 8d	3 (43%)	4 (57%)
Band 9	2 (100%)	0 (0%)
Medical and dental staff	129 (36%)	230 (64%)
Very senior managers	8 (40%)	12 (60%)
Grand Total	84%	16%

Women have traditionally been attracted to roles in healthcare, and primarily the nursing and midwifery profession and support roles such as Health Care Assistant/Therapy Assistant, due to the flexibility and family friendly policies offered within the NHS.

Analysis of the Trust's workforce profile shows that there is higher representation of male workers within our Very Senior Manager (VSM) grade and our medical workforce. As these are the highest paid roles within the organisation, it is not surprising that the Trust is reported as having a gender pay gap.

In Bands 1 to 7, there is a higher percentage of female staff as compared to our Trust average of 84%.

There are two ways of reducing the gap and this includes: increasing the number of female workers within the VSM grade and medical profession, and; increasing the number of male workers who are employed in the more lower grades.

It is noted that the Trust does not directly employ any staff within the Estates workforce and very few ancillary workers. These roles used to account for a significant proportion of Band 1 and 2 roles within the Trust, and predominantly attracted a higher number of male candidates for vacancies due to the nature of the work, i.e. Porters, Security Officers, etc. Following the transfer of the estates service to North Tees and Hartlepool Solutions on 1 March 2018, this reduced the number of male workers within the lower grades and therefore has a direct impact on the Trust's gender pay gap %.

3.2 Overview of medical and non-medical staff

As shown in the table contained in section 3.1 of this report, men account for 64% of all Trust medical staff and 60% of our Very Senior Managers. These roles are the highest paid workers of the organisation. Conversely, Bands 1 to 7 account for a minimum of 86% of female workers.

The data provided below breaks this information down further, to show the separate average hourly rates for medical staff, and those staff employed on agenda for change terms and conditions.

Medical staff			Non-medical staff		
Gender	Average Hourly Rate	Median Hourly Rate	Gender	Average Hourly Rate	Median Hourly Rate
	(mean)			(mean)	
Male	£39.70	£43.33	Male	£16.85	£14.88
Female	£35.47	£3.44	Female	£14.95	£13.86
Difference	£4.23	£3.89	Difference	£1.02	£1.02
Pay Gap %	10.65%	8.89%	Pay Gap %	11.27%	6.85%

The variance of £4.23 between male and female medical staff indicates that, overall, men earn 10.65% more than women.

The variance of £1.02 between male and female staff employed on agenda for change terms and conditions indicates that, overall, men earn 11.27% more than women.

3.3 Medical staff gender profile (detailed)

The gender pay gap is attributable to a number of factors, however it is primarily impacted by the high number of male staff in the medical and dental staff group.

This section of the report examines the Trust's medical workforce in more detail, by grade, length of service and WTE.



3.3.1 Medical staff by grade

The Trust's gender profile for medical staff is shown in the table below. This includes all grades of medical staff; however, it excludes trainees who are on rotation to the Trust from the Lead Employer Trust as these staff are not directly employed by the Trust.

The information has been broken down to show the gender profile by grade.

Medical Staff by Role/Grade	Female	Male	Total
Clinical Director – Dental Staff Group	1	0	1
Medical Director Function (includes clinical leads) * not counted in the total figure as they are reflected in the consultant figure	1	3	4
Clinical Director – medical staff group * not counted in the total figure as they are reflected in the Consultant figure	3	8	11
Consultant	65	132	197
Associate Specialist	4	10	14
Specialty Doctor	5	18	23
Dental Officer	5	0	5
Specialty Registrar	0	2	2
Trust Grade Doctor - Specialty Registrar	4	13	17
Trust Grade Doctor - Career Grade level	3	4	7
Trust Grade Doctor - Foundation Level	5	2	7
Foundation Year 2	17	24	41
Foundation Year 1	20	21	41
Grand Total	129	230	359

The analysis shows that the gender split appears to be slightly more balanced within the lower grades of our medical workforce, which is reflective of the fact that a higher number of females are entering the medical profession.

3.3.2 Analysis of the WTE for medical staff

Whilst the figures show that there is a higher proportion of male medical staff working within the Trust, the number of females working on a part-time basis is only slightly higher than the number of males.

However, when this figure is expressed as an overall percentage of males and females, this is notably higher with 23% of female medical staff working on a part-time basis, as compared to 13% of male medical staff.

Full time/Part time	Female	Male	Total
Full Time	99	203	302
Part Time	30	27	57
Total	129	230	359

If we break this information down even further, we can see in the table below that we have no male doctors under the age of 40 working on a part-time basis, as compared to 10 female doctors. The data suggests this difference could be due to carer/dependent responsibilities.

When we compare the age profile of male medical staff working part time this shows a higher proportion of male staff within the 61-70 (70%) age bracket, which could be due to staff taking flexible retirement with reduced hours on return to work

Age	Female	Male
21-25	1	0
26-30	0	0
31-35	3	0
36-40	6	0
41-45	5	1
46-50	5	1
51-55	4	3
56-60	2	3
61-65	0	14
66-70	3	5
>=71 Years	1	0
Grand Total	30	27

3.3.3 Breakdown of medical staff in relation to age and length of service by gender

A further breakdown is shown in the tables below relating to the age profile and length of service for medical staff.

Medical staff by age

Age Group	Female	Male	Total
21-25	30	23	53
26-30	7	25	32
31-35	9	14	23
36-40	17	18	35
41-45	18	31	49
46-50	16	31	47
51-55	10	29	39
56-60	16	28	44
61-65	1	24	25
66-70	4	6	10
>71 Years	1	1	2
Total	129	230	359

By length of service

Length of Service	Female	Male	Total
Less than 5 years	74	130	204
5 to 10 years	21	36	57
10 to 15 years	17	27	44
15 to 20 years	11	28	41
20 to 25 years	6	9	15
Total	129	230	359

The gender pay gap is likely to reduce in the future given the larger number of female staff in the medical and dental workforce in the younger age brackets, e.g. those who are under 30 are 43.5% female and 56.5% male.



4.0 Gender bonus pay gap

This section of the report is focused on the Trust's Gender Bonus Pay Gap %, which is reported as being an average of 17% for 2020 – a reduction of 8.21% since the 2019 report.

The Trust does not operate a bonus scheme, however consultant medical staff are eligible to apply for clinical excellence awards (CEA), which are considered to be a bonus payment and therefore form part of the gender pay gap calculations. The table below provides a breakdown of the average mean and median rate of bonus pay (CEAs).

Medical staff only:

Gender	Average Pay	Median Pay
Male	£10,673.23	£6,032.04
Female	£8,859.00	£6,032.04
Difference	£1,814.23	£0.00
Bonus Pay Gap %	17.00%	0.00%

As our consultant medical workforce are predominantly male, the results show that male consultants earn a higher average rate of bonus pay (CEAs) than female consultants.

It is positive to note that the median bonus pay reports that there is a 0% pay gap between male and female employees.

The Bonus Pay Gap has reduced from 25.21% as reported in 2019, to 17% for 2020.

The table below shows the number of CEA applications received for the 2019 Awards Round, including the number of successful applicants, split by gender.

Gender	Number of eligible consultants	Applications received (CEA 2019)
Male	88	22
Female	46	13

This shows that of the 35 applications received as part of the 2019 awards round, only 13 applications were from female consultants. This is disappointing as we had arranged for separate CEA briefings to be held for our female consultants, with the aim of encouraging more female applicants to apply.

The information can be viewed more positively if we consider the proportion of female v male consultants who chose to apply, with 28% of eligible female consultants submitting an application as compared to 25% of male consultants.

It is noted that there has been a significant decrease in the overall number of CEA applications received for 2019 (22 less), which we believe is attributable to the implications of pension taxation.

As in previous years, the analysis indicates that much of the Trust's bonus pay gap is explained simply by the larger number of male consultants rather than by any perceived discrimination in favour of men in the scoring process.

5.0 What do the results tell us?

The results show a positive percentage for six out of the seven indicators which means that on average, male employees earn a higher rate of pay and a higher average rate of bonus pay (CEAs) than female employees. The median bonus pay shows a positive 0% gender pay gap.

The average pay gap is slightly higher amongst the non-medical workforce in comparison to medical staffing. This is because the proportion of male senior managers employed by the Trust is higher than the number of female senior managers. It is therefore reasonable to conclude that male workers earn a higher rate of average pay than female workers

The median pay gap is higher amongst medical staffing in comparison to non-medical staffing, as reported in section 3.2 of this paper. Since the proportion of male medical staff working in 'career grade' roles is higher than females, it is reasonable to conclude that male doctors earn a higher rate of pay and bonuses than female doctors.

Although there is a higher proportion of female employees working for the Trust, when we look at the more highly paid roles such as senior medical staff and senior managers (bands 8d and above) we have more male employees employed at this level, which brings the average hourly rate up.

When we compare the 2020 results to the previous year, they show a (negative) increase in two of the indicators and a (positive) decrease in the percentage of male employees who receive bonus pay, which has seen a 0.83% reduction and the percentage of female employees who receive bonus pay has seen a 0.02% reduction.

Taking all of the information into consideration, we acknowledge that there could be greater female representation in our senior clinical roles, however the consultant workforce has a greater proportion of males to females across the NHS, which limits the pool of available applicants to these types of roles. However, as our results indicate in section 3.3.3 of this report the number of female medical staff is increasing in the younger age profile.

The Trust has a robust recruitment process that has equality and diversity embedded into its processes. We are also in the process of implementing values based recruitment across the organisation. The Trust will continue to recruit in a non-gender biased manner to ensure that adverts and applicants are recruited in a fair, open and transparent manner.

Further investigation will be given to the internal movement and promotion of staff, in particular reviewing the gender split for internal progression to determine if there are any imbalances or barriers to women being promoted, given the over representation of women in the lower quartile and under representation in high quartiles.



6.0 Next Steps

The Trust is committed to continuing to address the gender and bonus pay gaps and we will work to develop a range of activities over the next 12 months to advance gender pay. Most notably, this will focus on the development of a Women's Staff Network which we plan to launch in April 2021. Expressions of interest were invited from those Trust employees who are willing to take up the challenge of the role of Network Chair and we have recently confirmed the appointment of a Paediatric Nurse working within Emergency Medicine who is extremely passionate and enthusiastic about supporting the professional and personal development of our female workforce.

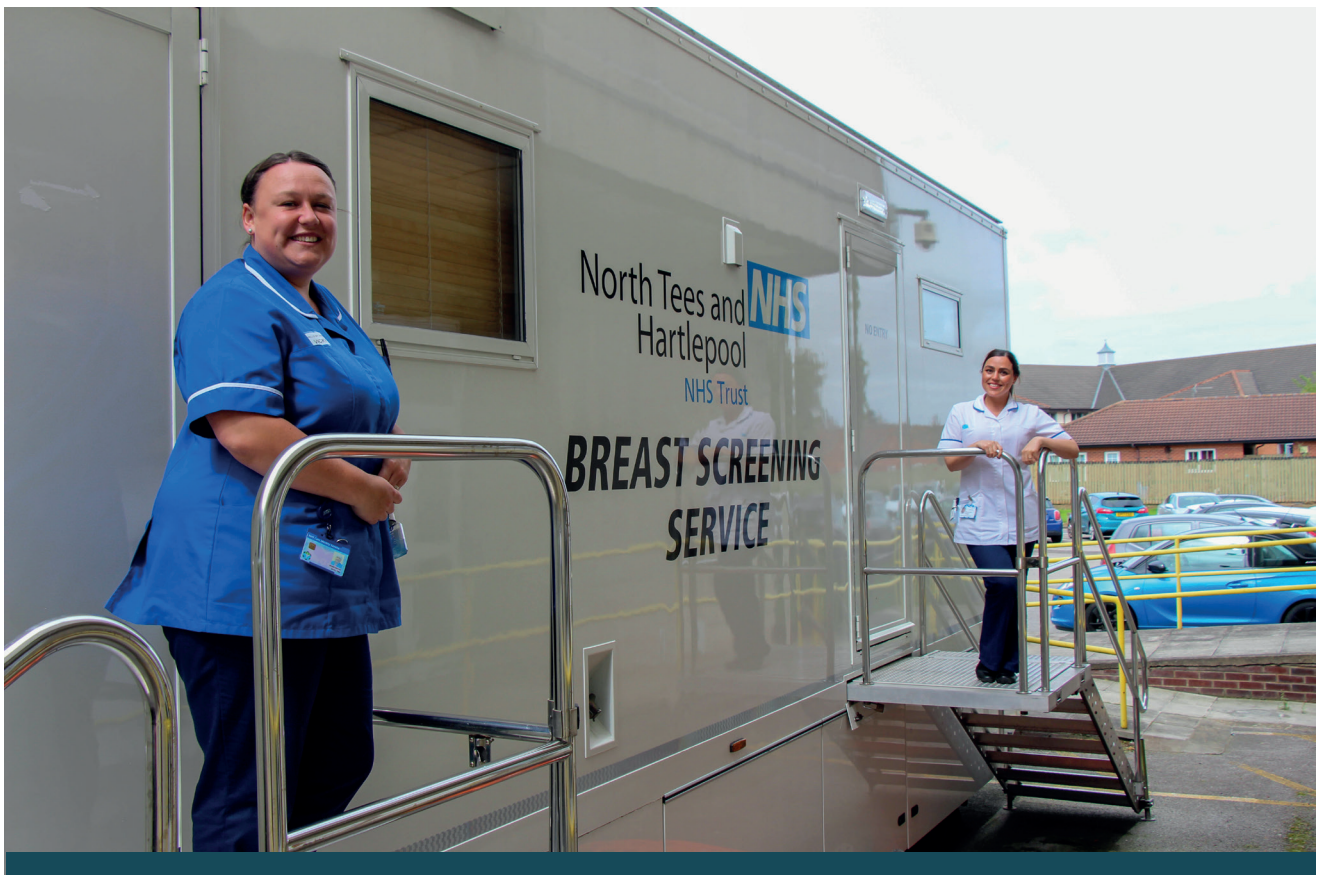
We believe that our Women's Staff network will offer a place for staff to come together, share experiences and facilitate learning and development. The network will also assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues and adding more depth to our Gender Pay Gap Action Plan.

The Trust is committed to reducing the Gender Pay Gap within our organisation and we have undertaken numerous activities which promote equality of opportunity and develop a culture of diversity and inclusivity for all staff. This includes:

- The Trust has actively engaged with the regional network groups that have recently been implemented within the North East and North Cumbria ICS. This was originally take forward as part of the Great Place to Work Programme and more recently this has developed into the ICS Women's Network, with the first meeting planned for 21 April 2021.
- We are a Disability Confident employer and encourage applications for employment from individuals who may have a disability and/or a long term condition.
- There are various routes in which we seek to obtain feedback from staff, this information is analysed to identify trends/concerns with feedback to the Trust's Culture Group for discussion and agreed actions.
- We have recently reviewed and updated the Trust's Parental Leave Policy to ensure that that this continues to provide appropriate support and guidance to our workforce, particularly our female workers.
- We have significantly updated our Flexible Working Policy to ensure that we actively promote the flexible working opportunities which exist across the organisation and to make it easier for staff to request a flexible working arrangement.
- All of our full-time positions are advertised as being 'up to full-time hours' to encourage applications from individuals who may only wish to work on a part-time basis.
- We are working with our colleagues within the Communications and Marketing team to develop a year-round campaign to promote our equal opportunities strategy and raise awareness of the many good initiatives that we have in place within the organisation. We want our staff to have a voice in the organisation – to share their experiences so that we can listen and act on staff feedback.
- We actively promote our inspirational women leaders and we were delighted when Catherine Monaghan was named as the most inspiring physician in the country by the Royal College of Physicians in Edinburgh. This award not only recognised Catherine's commitment to medicine, but also her ability to hold equality and diversity at the centre of her work and her outstanding ability to inspire peers.

- We have appointed Dr Basu to the role of Champion of Flexible Working and we have also encouraged trainees within our medical workforce to take up supporting roles within their directorates to promote flexible working and offer support to those trainees who are struggling to achieve a work life balance.
- Neil Schneider has been appointed as the Trust's Health and Wellbeing Guardian in accordance with the requirements of the People Plan.
- Our actions to address the Trust's Gender Bonus Pay Gap are beginning to come to fruition and we have reported a significant reduction in the bonus pay gap for 2020. We have held dedicated briefing sessions for our female consultants to encourage more applications from the female workforce and we continue to ensure that our CEA panels are representative of our workforce, with equal representation in terms of gender, age, ethnicity and specialism.
- We are currently in the process of implementing the Cultural Ambassador Framework within the organisation. The Cultural Ambassador Programme aims to ensure that staff from BAME backgrounds are treated fairly and in a consistent manner when facing potential disciplinary action from their employer. Cultural ambassadors are trained to identify and challenge discrimination and cultural bias and use these skills in their role by acting as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving staff from BAME backgrounds. The skills of the Cultural Ambassador are transferable to all areas of equality and it is expected that this will also have a positive impact in terms of identifying and 'calling out' gender related bias.

The above actions demonstrate our strong commitment to the promoting equal opportunities at all levels of the organisation and reducing our gender pay gap. However, we can further evidence our commitment via a self-assessment tool which has been developed by NHS Employers. The tool considers a range of six indicators which can then form the basis of the Trust's Gender Pay Gap Action Plan.



The self-assessment has indicated that we have appropriate processes in place in the following areas:

1.1 Branding/Communication/Transparency

- ✓ We encourage salary negotiation by showing salary ranges when advertising vacancies.

1.2 Recruitment and promotion processes

- ✓ We provide good-quality interview training to our line managers.
- ✓ We support progression for part-time and flexible workers.
- ✓ We give recruiters structured interview templates so they give every candidate an equal chance.

1.3 Maternity and paternity and parental leave policies

- ✓ We actively support women on maternity leave and encourage line managers to ensure staff use keeping in touch days as a stepping stone to creating a positive return to work experience.
- ✓ We actively promote the existence of a shared parental leave policy and encourage new parents to take advantage of the scheme.

1.4 Wellbeing and retention

- ✓ We offer and actively promote a range of opportunities for flexible working to all staff, to suit their parental and caring responsibilities and commitments outside of work.
- ✓ We actively 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.

1.5 Supporting female staff

- ✓ We actively support our female staff in considering and applying for clinical excellence awards (if appropriate) and other opportunities to seek recognition for their work.
- ✓ We are in the process of implementing a Women's staff network which is aimed at improving the experience of our female workforce and supporting their professional and personal development.
- ✓ We have published our gender pay gap data on our website and produced a narrative that clearly explains the issues and what we are doing to address them.

1.6 Data analysis

- ✓ We fully understand our gender pay gap data and have analysed it to identify patterns and trends within service areas, departments and occupations, and across other protected characteristics.



All of the above evidence provides assurance that the Trust takes the matter of gender pay seriously and we have already implemented a number of practices which will have a positive impact in this area. It is noted that many of these have been implemented as areas of good practice and not just as a means of promoting gender pay – this is because we consider them to be ‘the right thing to do’.

Despite all of the current good practice within exists within the Trust, we cannot be complacent and the self-assessment has indicated that there is still more that we can do to promote gender pay, specifically in the following areas:

- We are transparent about our promotion, pay and reward processes.
- We consider the language, images and branding that we use to promote and advertise roles and careers within our organisation.
- We actively target women who have not returned to the organisation after maternity leave and encourage them to return in a way that works for them.
- We identify and support aspiring women leaders within our organisation by providing them with opportunities for development and career progression.

Change will require a significant cultural shift within the organisation, in terms of our overall workforce gender profile and we are mindful that this will not happen overnight. With more females entering the medical profession, this should have a positive impact on the gender pay gap in future years, however it can take 9+ years for a medical student to train to become a consultant following graduation.

Whilst we work towards achieving gender balance within the medical workforce, we will continue to promote the activities and good practice that we already undertake, including undertaking fair and transparent recruitment processes, delivery of unconscious bias training and promotion of various leadership and development opportunities which exist across the Trust.

