

# Gender Pay Gap Report

## 31 March 2019 Snapshot



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## 1.0 Introduction

**The requirement to undertake gender pay gap reporting became mandatory for all public sector employers 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.

For the purposes of calculating the gender pay gap, employers must identify which of their employees are 'relevant employees' and which are 'full-pay relevant employees'. For example, 'full-pay relevant employees' excludes those individuals who are in receipt of lower pay, or no pay, because they are on maternity leave and in receipt of statutory maternity pay or because they are on sick leave and are in receipt of half pay or nil pay.

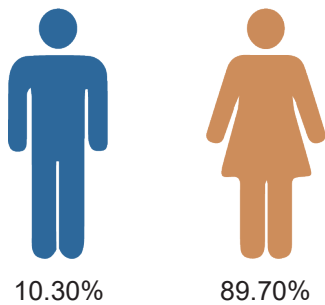
However, when calculating the average bonus pay of employees, employers must report on "relevant employees", which includes all employees regardless of whether they are on leave and in receipt of lower pay, or no pay, as a result.

## 2.0 Gender Pay Gap Results (2019)

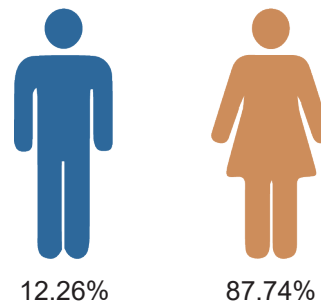
A summary of the 2019 results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below with the results from the 2018 gender pay gap as a comparator.

Gender Pay Gap Reporting Indicators		2018 %	2019 %
1.	Difference in hourly rate of pay – mean ( average)	34.17%	35.27%
2.	Difference in hourly rate of pay – median (middle)	18.95%	20.58%
3.	Difference in Bonus Pay – mean (average)	19.65%	25.21%
4.	Difference in bonus pay – median (middle)	27.33%	33.33%
5.	% of male employees who received bonus pay	8.73%	7.9%
6.	% of female employees who receive bonus pay	0.64%	0.62%
7.	% of Employees by Pay Quartile:		
Upper Quartile (Q4)	Male	26.74%	28.53%
	Female	73.26%	71.47%
Upper Middle Quartile (Q3)	Male	11.90%	12.80%
	Female	88.10%	87.20%
Lower Middle Quartile (Q2)	Male	12.41%	12.26%
	Female	87.59%	87.74%
Lower Quartile (Q1)	Male	11.05%	10.30%
	Female	88.95%	89.70%

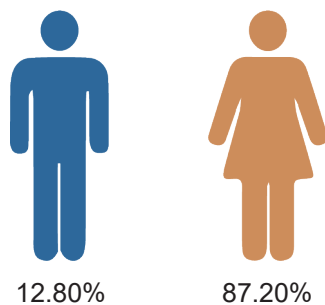
Lower Quartile



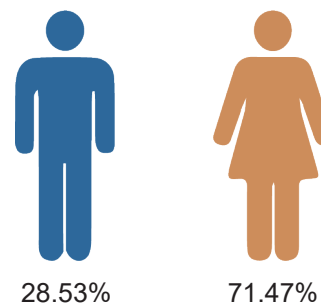
Lower Middle Quartile



Upper Middle Quartile



Upper Quartile



## 2.1 Workforce Gender Split

The current gender split within the Trust's overall workforce continues to show 84% female and 16% male. The proportion of females and males in each pay band is shown in the table below:

Band	Female	Male
Band 1	84%	16%
Band 2	91%	9%
Band 3	90%	10%
Band 4	88%	12%
Band 5	89%	11%
Band 6	90%	10%
Band 7	85%	15%
Band 8a	68%	32%
Band 8b	67%	33%
Band 8c	76%	24%
Band 8d	43%	57%
Band 9	100%	0%
Medical Grade	36%	64%
Senior Managers	40%	60%
Other	100%	0%
<b>Grand Total</b>	<b>84%</b>	<b>16%</b>

It can be seen from the information to the left that the proportion of female staff employed by the Trust is significantly higher than male staff. This is also reflective of the national position which reports that the % of the overall NHS workforce is 77% female and 23% male.

## 2.2 Breakdown of Medical and Non-Medical Staff

Analysis of the Trust's workforce profile indicates that the gender pay gap is due to the fact that the Trust's highest earners are from within our medical workforce, who are predominately male. This is demonstrated in the table contained in section 3.1 of this report; with men accounting for 64% of all Trust medical staff, as compared to 36% of females.

The data provided below further breaks down the information to show the average hourly rates for medical staff as compared to 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	£38.76	£41.73	Male	£16.13	£14.34
Female	£34.06	£38.74	Female	£14.56	£13.45
Difference	£4.70	£2.99	Difference	£1.57	£0.89
Pay Gap %	12.12%	7.17%	Pay Gap %	9.73%	6.24%

The results clearly show that the average and median pay gap is higher amongst the medical workforce, as compared to non-medical staff.

## 2.3 Medical Staff Gender Profile

The Trust's gender profile for medical staff is shown in the table below. This includes all grades of medical staff; however, this excludes trainees who are on rotation to the Trust from the Lead Employer Trust.

Directorate	Female	Male	Total
Medical Workforce	133	236	369

This can be broken down further to show the gender profile by grade. The analysis shows that the gender split is more balanced within the lower grades, which is reflective of the fact that a higher number of females are entering the medical profession.

Medical Staff by Role/Grade	Female	Male	Total
<b>Clinical Director – Dental Staff Group</b>	1	0	1
<b>Medical Director Function</b> * not counted in the total figure as they are reflected in the Consultant figure	1	2	3
<b>Clinical Director – Medical Staff Group</b> * not counted in the total figure as they are reflected in the Consultant figure	0	4	4
<b>Consultant</b>	63	130	193
<b>Associate Specialist</b>	4	11	15
<b>Specialty Doctor</b>	8	18	26
<b>Clinical Assistant</b>	0	1	1
<b>Dental Officer</b>	5	0	5
<b>Specialty Registrar</b>	0	3	3
<b>Trust Grade Doctor - Specialty Registrar</b>	6	15	21
<b>Trust Grade Doctor - Career Grade level</b>	6	8	14
<b>Trust Grade Doctor - Foundation Level</b>	3	12	5
<b>Foundation Year 2</b>	16	17	33
<b>Foundation Year 1</b>	21	21	42
<b>Grand Total</b>	<b>133</b>	<b>236</b>	<b>369</b>

## 2.4 Analysis of the WTE for Medical Staff

Whilst the figures show us 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 expressed as a percentage, this is notably higher with 25% of female medical staff working on a part-time basis, as compared to 11% of male medical staff.

Full time/Part time	Female	Male	Total
Full Time	100	212	312
Part Time	33	24	57
<b>Total</b>	<b>133</b>	<b>236</b>	<b>369</b>



## 2.5 Breakdown of part time Medical Staff by age

Age	Female
21-25	1
26-30	2
31-35	3
36-40	5
41-45	5
46-50	6
51-55	3
56-60	2
61-65	1
66-70	4
>=71 Years	1
<b>Grand Total</b>	<b>33</b>

Age	Male
41-45	1
46-50	1
51-55	2
56-60	6
61-65	12
66-70	2
<b>Grand Total</b>	<b>24</b>

The breakdown shows that there is a higher proportion of female medical staff working part time between the age of 33-55 (67%) this could be due to carer/dependence responsibilities. When we compare the age profile of male medical staff working part time this shows a higher proportion of male staff within the 56-65 (75%) age bracket, which could be due to staff taking flexible retirement and returning to work.

## 2.6 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.

Age Group	Female	Male	Total
20's	41	50	91
30's	24	41	65
40's	33	60	93
50's	27	56	83
60's	7	28	35
70's	1	1	2
<b>Total</b>	<b>133</b>	<b>236</b>	<b>366</b>

Length of Service	Female	Male	Total
Less than 5 years	78	135	213
6 to 10 years	26	38	64
11 to 15 years	13	24	37
16 to 20 years	12	29	41
21 to 25 years	4	9	13
60 to 30 years	0	1	1
<b>Total</b>	<b>133</b>	<b>236</b>	<b>366</b>

The data shows that the recruitment of female medical staff has slightly decreased in the 20's age group, and recruitment of male doctors continues to be higher (50 employees) in comparison to female medical staff (41 employees).

## 2.7 Bonus Pay

As part of the gender pay gap reporting duties, employers are required to publish data relating to bonus pay. 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	£11,895.17	£9,048.00
Female	£8,895.99	£6,032.04
Difference	£2,999.18	£3,015.96
Bonus Pay Gap %	25.21%	33.33%

Since medical staff are predominantly male, the results show that male workers earn a higher rate of bonus pay (CEA) than female workers. As a comparison, the rates could be viewed as male consultants receiving a Level 4 CEA, and female consultants receiving a Level 3 CEA (although the amounts shown above are slightly less than the actual values, due to the effect of part-time calculations).

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

Gender	Number of Eligible Consultants	2019 CEA Applications Received
Male	86	22 (26% of those eligible)
Female	44	13 (30% of those eligible)

This shows that of the 35 applications received as part of the 2019 awards round, only 13 applications were from female consultants which was unfortunate when separate CEA briefings were carried out for female 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 due to the implications of pension taxation.

The awards round for 2019 has just been concluded in March 2020 and, due to the low number of awards received as compared to the number of points available, all consultants have been successful in their application with 13 points to be carried forward to the 2020 awards.

As in previous years, this 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.

### 3.0 Non Medical Staff Gender Profile

The Trust's gender profile for non-medical staff is shown in the table below.

Directorate	Female	Male	Total
Non-Medical Workforce	3650	483	4133

This can be broken down further to show the gender profile by banding. The analysis of senior agenda for change grades show that more females hold posts at bands 8a,8b,8c, where male staff hold more band 8d posts and Senior Management pay bands. The figures highlight a higher proportion of males working within the Senior Managers band which increases the gender pay gap.

	Female	Male	Total
Band 1	16	3	19
Band 2	906	89	995
Band 3	331	35	366
Band 4	335	47	382
Band 5	936	111	1047
Band 6	662	73	735
Band 7	337	59	396
Band 8a	79	38	117
Band 8b	20	10	30
Band 8c	16	5	21
Band 8d	3	4	7
Band 9	2		2
Other	1		1
Senior Managers	6	9	15
<b>Grand Total</b>	<b>3650</b>	<b>483</b>	<b>4133</b>

## 4.0 Summary of Results

The results show a positive percentage for each of the seven indicators which means that on average, male employees earn a higher rate of pay and higher bonuses (CEAs) than female employees.

The average and median pay gap is much 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 is higher than females, it is reasonable to conclude that male workers earn a higher rate of pay and bonuses than female workers.

When we compare the 2019 results to the previous year, they show an increase in four of the indicators apart from 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.

The Trust has a robust recruitment process that has equality and diversity embedded into its processes and we are also about to implement values based recruitment. 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 any imbalances or barriers to women being promoted, given the over representation of women in the lower quartile and under representation in high quartiles.



## 5.0 Next Steps

We will work to develop a range of activities over the next 12 months to advance gender pay and we have completed a self-assessment across a range of 6 indicators which will form part 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 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 should 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 that, the self-assessment has indicated that there is still more that can be done 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.
- We have a women’s network which offers staff the opportunity to access mentoring and coaching from colleagues and peers.

A draft action plan has been developed which is being discussed and implemented through the Trust’s Culture Group.



