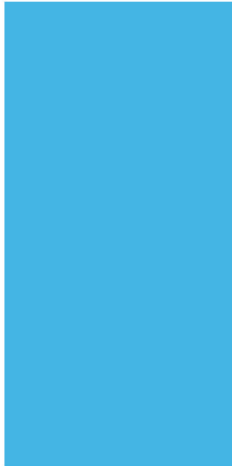


Excellence as
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North Tees and Hartlepool
NHS Foundation Trust



Gender Pay Gap Report |
31 March 2022 | Snapshot

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1.0 Introduction

North Tees and Hartlepool NHS Foundation Trust (NTHFT) is required to carry out Gender Pay Gap (GPG) reporting under the Equality Act 2010 (Gender Pay Gap Information Regulations 2017).

It is important to understand that gender pay gap and equal pay are two distinct concepts:

Equal Pay is concerned with male and female employees earning equal pay for the same jobs, similar jobs or work of equal value.

The Gender Pay Gap is about the difference between male and female employee's average pay within an organisation.

Reporting the Gender Pay Gap involves carrying out six calculations that show the difference between the average earnings of male and female employees within NTHFT. It does not involve publishing individual employee data.

The information contained within this report relates to 2021/22 and is based on the snapshot date of 31 March 2022.

2.0 Gender Profile

As at the snapshot date of 31 March 2022, the Trust employed 4531 employees.

The overall gender profile for the Trust is reported as:

Male	Female
15%	85%

When compared against the NHS as a whole, the Trust's gender profile shows that female representation is 8% higher, when compared to the national average which reports female representation at 77% and male at 23%.

3.0 Gender Pay Gap

3.1 Mean and Median Analysis

The gender pay gap measured by the median hourly rate is 23.46%, a reduction of 1.27% since the previous year.

The median hourly rate is calculated as the mid-point of the salary distribution range for male and female employees.

Gender	Average Hourly Rate	Median Hourly Rate
Female	£18.51	£16.93
Male	£28.78	£22.13
Difference	£10.27	£5.19
Pay Gap %	35.69%	23.46%

To calculate the mean (average) hourly rate, earnings are totalled and then divided by the number of male and female employees.

The gender pay gap measured by the average hourly rate is 35.69%, a reduction of 1.04% since the previous year.

A summary showing the position for the previous five years (2018 – 2022) is contained at Appendix 1 of this report.

3.2 Quartile Reporting

The table below illustrates the gender distribution in NTHFT across four equally sized pay quartiles. The values for 2021 are shown in brackets.

Quartile	Female	Male	Female %	Male %
Upper Quartile (Q4)	798 (816)	334 (333)	70.49% (71.02%)	29.51% (28.98%)
Upper Middle Quartile (Q3)	1024 (1017)	109 (132)	90.38% (88.51%)	9.62% (11.49%)
Lower Middle Quartile (Q2)	1019 (1020)	114 (129)	89.94% (88.77%)	10.06% (11.23%)
Lower Quartile (Q1)	1014 (1036)	119 (113)	89.50% (90.17%)	10.50% (9.83%)

3.3 Where is the Pay Gap?

The reduction in the mean (average) gender pay gap can be attributed to a number of factors:

- A slight decrease in the representation of female employees in the upper and lower quartiles (Q4 and Q1), resulting in an increase in female representation in the middle 2 quartiles (Q3 and Q2).
- The median hourly increase from 2021 to 2022 was £2.75 for male employees and £2.35 for female employees, therefore whilst the median salary for male employees increased by 14.18%, the actual gap only increased by 8.35% therefore resulting in an overall reduction.

The most significant changes in the quartile representation are:

- A reduction in the headcount of male employees in Q2: down 11.62% from 129 employees in 2021 to 114 employees in 2022. Female representation has remained static.
- A reduction in the headcount of female employees in Q1: down 2.12% from 1036 employees in 2021 to 1014 employees in 2022.
- A decrease in the headcount of female employees in Q4 – from 816 employees in 2021 to 798 employees in 2022 – a reduction of 2.2%. Male representation has remained static.
- There was also a notable decrease in the headcount of male employees in Q3 – from 132 employees in 2021 to 109 employees in 2022 – a reduction of 17.4%. The female equivalent was a reduction of 0.68%.

3.4 Impact of Consultant Medical Staff

As reported in previous years, there is a greater proportion of male workers within the categories of medical and dental (M&D) and very senior manager (VSM). These roles are the highest paid workers of the organisation and equate to 6.9% of the total workforce.

This information has been broken down further to show the impact of medical staff on the Trust's gender pay gap and this shows that if we exclude medical staff, the gap is dramatically reduced. This is apparent again for 2021-22, with an overall average (mean) pay gap of 14.33%, when medical staff are excluded.

Gender	Medical Staff	Medical Staff	Non-Medical Staff	Non-Medical Staff
	Average Hourly Rate	Median Hourly Rate	Average Hourly Rate	Median Hourly Rate
Female	£44.34	£46.68	£17.82	£16.61
Male	£47.66	£48.88	£20.80	£17.71
Difference	£3.32	£2.21	£2.98	£1.10
Pay Gap %	6.97%	4.51%	14.33%	6.20%

The quartile with the highest representation of male employees is the Upper Quartile (Q4), which represents the highest paid employees of the organisation.

Of the 334 male employees within Q4, 41% (137) are medical Consultants. There are 65 female medical Consultants, which accounts for only 8.14% of the 798 female employees in Q4.

The imbalance in these numbers has a significant impact on the overall gender pay gap. The table below shows the age profile of all medical consultants as at 31 March 2022.

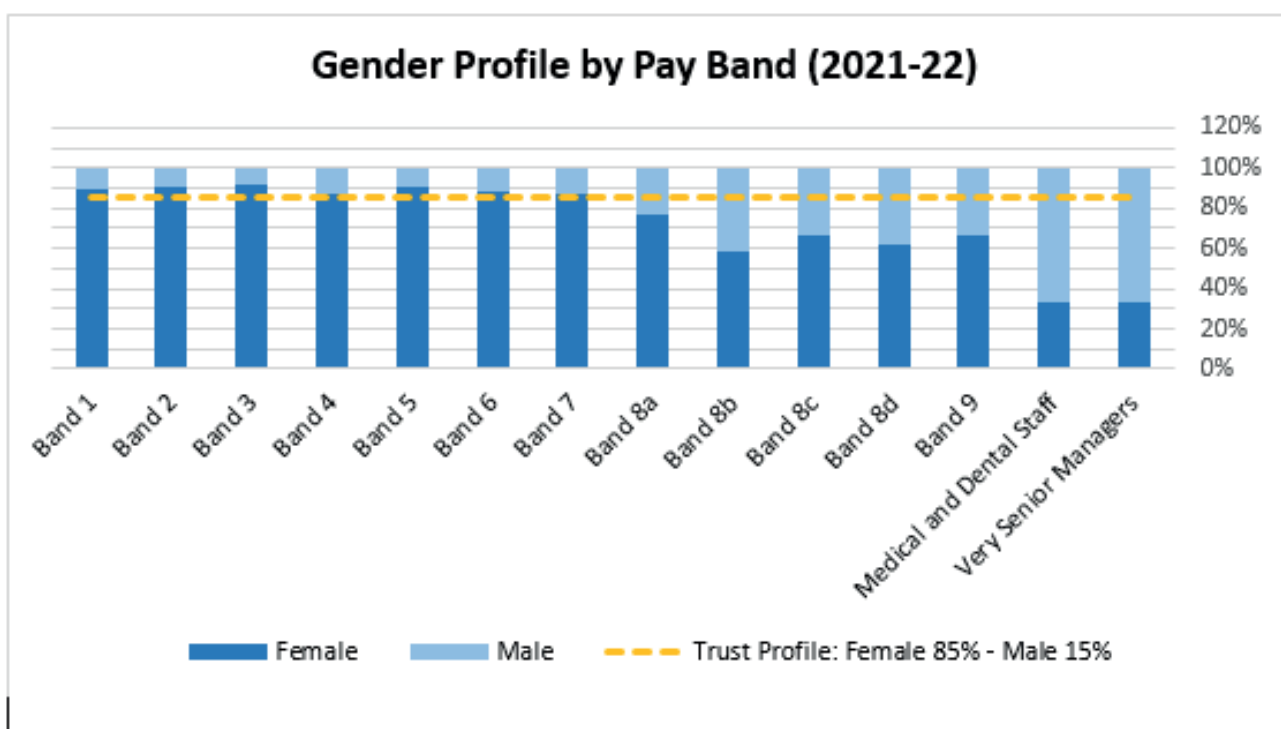
Age Profile	Female	%	Male	%
31-35	2	(33%)	4	(67%)
36-40	13	(62%)	8	(38%)
41-45	17	(40%)	25	(60%)
46-50	11	(26%)	32	(74%)
51-55	8	(27%)	22	(73%)
56-60	8	(29%)	20	(71%)
61-65	2	(8%)	22	(92%)
66+	2	(22%)	7	(78%)

There are 71 male medical Consultants who are aged 51+. The number of female medical Consultants in the same age range is 20. It would usually be within this age range where medical Consultants would reach the top of the pay scale as it takes 19 years from the first year of employment as a medical Consultant. This will therefore give rise to a significant gap in the average earnings.

In the lower age brackets (31 to 50) there are 43 female Consultants and 69 male Consultants. There is a notable increase in the numbers of female employees occupying consultant roles through the lower age brackets, when compared to the upper age brackets.

3.5 Pay Band Review

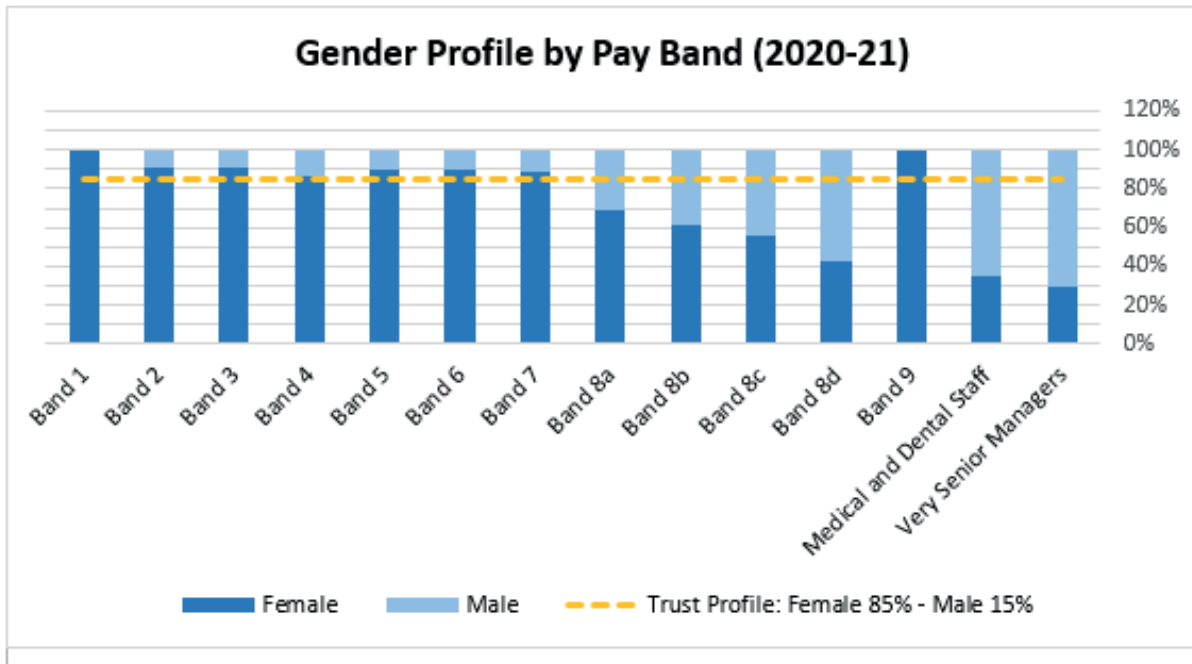
The proportion of females and males employed within each pay band is shown in the chart below. This illustrates the proportion of female and male staff within each of the pay bands.



It can be seen that a number of the pay grades are broadly representative of the Trust's gender ratio (85:15), however there is higher female representation employed in bands 1 -7, and higher male representation for medical and dental staff and very senior managers.

When we compare this information against the previous year, the notable differences are reported as:

- There is male representation at Band 1 for 2021-22.
- There is increased female representation at Bands 8a, 8c and 8d.
- There is reduced female representation at Band 8b and Band 9.



All employees of the Trust, with the exception of medical and dental staff (M&D) and very senior managers (VSM) are paid on national Agenda for Change (AfC) pay, terms and conditions of service.

The terms and conditions set out the band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.



4.0 Bonus Pay Gap

The Trust's bonus pay gap has been calculated using all bonus payments made in the 12 months to 31 March 2022. This includes two categories of payment and these are:

- Clinical Excellence Awards (CEAs) for medical Consultants.
- Two separate, non-pensionable 'thank you' cash payments of £200 in August 2021 and £250 in March 2022, which were paid to all employees.

The table below provides details of the Trust's Mean and Median Gender Bonus Pay Gap:

Gender	Mean Bonus Pay	Median Bonus Pay
Male	£1,183.85	£450
Female	£466.01	£450
Difference	£717.85	£0.00
Bonus Pay Gap	60.64%	0.00%

The average gender bonus rate of pay is reported at 60.64% for 2022, which is an increase of 38.65% from the previous year.

This has been significantly impacted by the 'thank you' cash bonus payments paid to all employees and this is also the reason as to why the median Bonus Pay Gap has reduced to 0% for 2021-22.

4.1 Where is the Bonus Pay Gap?

If we look at the bonus pay gap by both medical and non-medical staff, there is no change to the median bonus pay gap, which remains 0% for both staff groups.

However, when we look at the average (mean) bonus pay gap, this is reported as:

-0.27% for non-medical staff
39.43% for consultant medical staff

If we explore the bonus pay gap for the consultant medical workforce, in pre-Covid years consultants would normally be invited to apply for a Clinical Excellence Award (CEA) on an annual basis and this would be a competitive process with a fixed amount of investment allocated to the highest scoring applications.

However, as a result of the Covid pandemic it was agreed that the normal process for awarding CEAs would be suspended for the award years of 2020-21 and 2021-22, and the annual amount for investment was equally distributed amongst all eligible consultants as a one-off, non-consolidated payment.

This resulted in new awards being paid to a total of 131 male consultants and 58 female consultants for 2021-22.

Whilst each consultant received an equal share of the funding for 2021-22, there are 67 consultants who received payment for an existing (pre 2018) CEA. This is where the bonus pay gap exists and a summary is provided in the table below:

Level	Value	Male	Female
Level 1	£3,016	12	8
Level 2	£6,032	12	6
Level 3	£9,048	7	3
Level 4	£12,064	2	2
Level 5	£15,080	5	0
Level 6	£18,096	3	1
Level 7	£24,128	3	1
Level 8	£30,160	0	0
Level 9	£36,192	1	0
Level 10	£47,582	1	0

This shows that 69% of award holders are male, where the average value of the 'existing' award is valued at £10,475.78 per consultant. Whereas for female consultants the average payment is £7,324.57.

It is noted that the 'older' (pre 2018) awards are paid pro rata to contracted hours and this continues to be the case since these awards are substantive in nature. However, for the awards round 2020/21 (which this gender pay gap report relates to) the new awards were equally distributed meaning that part-time consultants received the same amount as those working full-time. A review of the awards process is currently taking place at a national level and we await further guidance to understand how awards will be paid for future years.



5.0 Actions to address our gender and bonus pay gap

North Tees and Hartlepool NHS Foundation Trust unequivocally supports fair representation across all levels of the organisation, irrespective of gender, or any other protected characteristic. Our approach to pay is based on the principles of consistency, fairness and transparency, which supports the fair treatment and reward of all staff.

Our actions to improve the Trust's Gender Pay Gap align with the Trust's wider organisational strategic goals, specifically 'Valuing our People'. They also support our commitments to the NHS People Plan.

We are pleased to report an improvement in the Trust's gender pay gap information for 2021-22 and note that this is a direct reflection of our EDI programme of work and the significant investment we have made in terms of data analysis and focused interventions to improve staff experience across the range of protected characteristics.

We will continue to promote the activities and good practice that we already undertake, including: undertaking fair and transparent recruitment processes, including values based recruitment; delivery of unconscious bias training and promotion of various leadership and development opportunities which exist across the Trust.

We continue to commit to address our gender and bonus pay gaps and we pledge to implement the following actions:

- For the upcoming Gender Pay Gap Report (using the snapshot date of 31 March 2023), a further review is planned to better understand in which departments, services and job roles the gender pay gap is most apparent. This information will be used to inform action plans and initiatives for the coming years.
- We will explore the Scope for Growth programme and formal talent management processes within the Trust to encourage access to developmental opportunities.
- We will undertake more detailed analysis of our staff survey data, particularly focused on the experience of women.
- We will encourage our senior leaders to role model working flexibly and to champion flexible working arrangements.
- We will explore ways in which the Trust supports our internal unsuccessful applicants, where recruiting managers will be coached in providing constructive feedback to applicants following interview and the substantive manager will agree a development plan with the individual to address gaps in knowledge and experience which will help support future applications.
- We will undertake a full review of the Clinical Excellence Award (CEA) process as we return to a competitive process for 2023.
- We will seek to increase the number of female consultants applying for awards and we will directly engage with our workforce to promote the awards and enhance our application process with focused training for applicants delivered by our clinical effectiveness team.

Appendix 1

Gender Pay Gap Reporting – Five Year Analysis

Gender Pay Gap Report Indicators		2017	2018	2019	2020	2021	2022	Difference for 2022
1	Difference in hourly rate of pay Mean (average)	27.64%	34.17%	35.27%	35.67%	36.73%	35.69%	-1.04%
2	Difference in hourly rate of pay Median (middle)	13.16%	18.95%	20.58%	22.34%	24.73%	23.46%	-1.27%
3	Difference in Bonus Pay Mean (average)	20.57%	19.65%	25.21%	17.00%	21.99%	60.64%	38.65%
4	Difference in bonus pay Median (middle)	27.29%	27.33%	33.33%	0%	14.67%	0.00%	-14.67%
5	% of male employees who received bonus pay	6.51%	8.73%	7.90%	5.71%	7.08%	100.00%	92.92%
6	% of female employees who receive bonus pay	0.52%	0.64%	0.62%	0.57%	0.59%	100.00%	99.41%
7	% of Employees by Pay Quartile:							
7a	Upper Quartile (Q4)							
	Male	27.13%	26.74%	28.53%	28.75%	28.98%	29.51%	0.53%
	Female	72.87%	73.26%	71.47%	71.25%	71.02%	70.49%	-0.53%
7b	Upper Middle Quartile (Q3)							
	Male	13.09%	11.90%	12.80%	12.32%	11.49%	9.62%	-1.87%
	Female	86.91%	88.10%	87.20%	87.68%	88.51%	90.38%	1.87%
7c	Lower Middle Quartile (Q2)							
	Male	14.17%	12.41%	12.26%	11.07%	11.23%	10.06%	-1.17%
	Female	85.83%	87.59%	87.74%	88.93%	88.77%	89.94%	1.17%
7d	Lower Quartile (Q1)							
	Male	17.71%	11.05%	10.30%	10.63%	9.83%	10.50%	0.67%
	Female	82.29%	88.95%	89.70%	89.37%	90.17%	89.50%	-0.67%

