

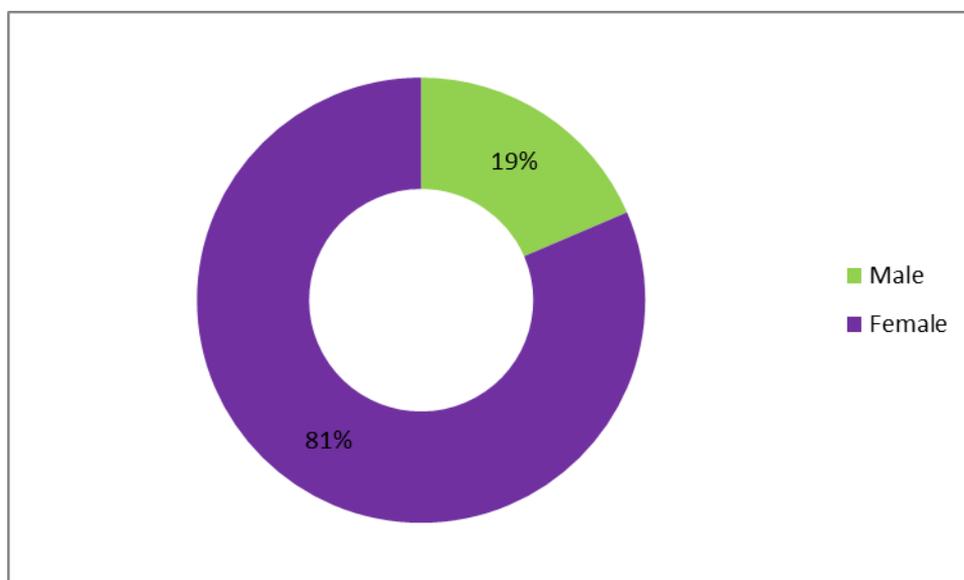
## Gender Pay Gap at Harrogate and District NHS Foundation Trust

New regulations enacted in 2017 now require the Trust to undertake detailed analysis relating to gender pay. The Trust is required to publicise a specific data set relating to a snapshot date of 31<sup>st</sup> March 2017.

It is important to highlight the difference between equal pay and a gender pay gap. Equal pay is unlawful and relates to men and women receiving different pay for work of equal value, whereas gender pay analyses the differences in average pay for men and women within an organisation. It is entirely possible to have a significant gender pay gap whilst having complete pay equality.

The Trust pays most employees, with the exception of Very Senior Managers (VSM) and medical and dental staff, on the Agenda for Change scale, which is underpinned by a job evaluation framework. Similar pay frameworks are in place for medical and dental roles. These frameworks provides assurance that equal pay for equal work is recognised i.e. someone entering the bottoms of any pay scale with the same level of qualification and experience would be paid the same irrespective of gender, they would then have the opportunity to progress up the pay scale annually.

The Trust employed 4303 staff on 31<sup>st</sup> March 2017 in a variety of different roles across the Trust. The workforce gender split at the time was as follows.



From the above it is clear that a high proportion of the Trust workforce is female, the new regulations have been brought into highlight any potential imbalances with the purpose of sparking necessary debate allowing for meaningful actions to be taken.

## Methodology

Data for this report has been prepared using the national dashboard via the Business Intelligence reporting tool which is part of the Trust's Electronic Staff Record system. The dashboard is able to pull data for all staff groups including all staff on Agenda for Change terms and conditions, Very Senior Managers and Medical and Dental staff.

The Regulations are clear that for the purposes of the headcount data all individuals employed by the Trust on the snapshot date should be included, each part-time or job-share individual counts as one employee. It is also clear that the hourly rate pay calculations should be for full-pay employees and not include those who are being paid at a reduced rate, or nil during the pay period. e.g. those on maternity leave

## Gender Pay Information

The Trust is required to publish six key metrics, the outcomes of which are summarised in the next two sections of this report.

<b>Gender</b>	<b>Mean Hourly Rate</b>	<b>Median Hourly Rate</b>
<b>Male (£)</b>	21.06	14.56
<b>Female (£)</b>	15.71	14.56
<b>Difference (£)</b>	5.35	0.00
<b>Pay Gap %</b>	25.39	0.00

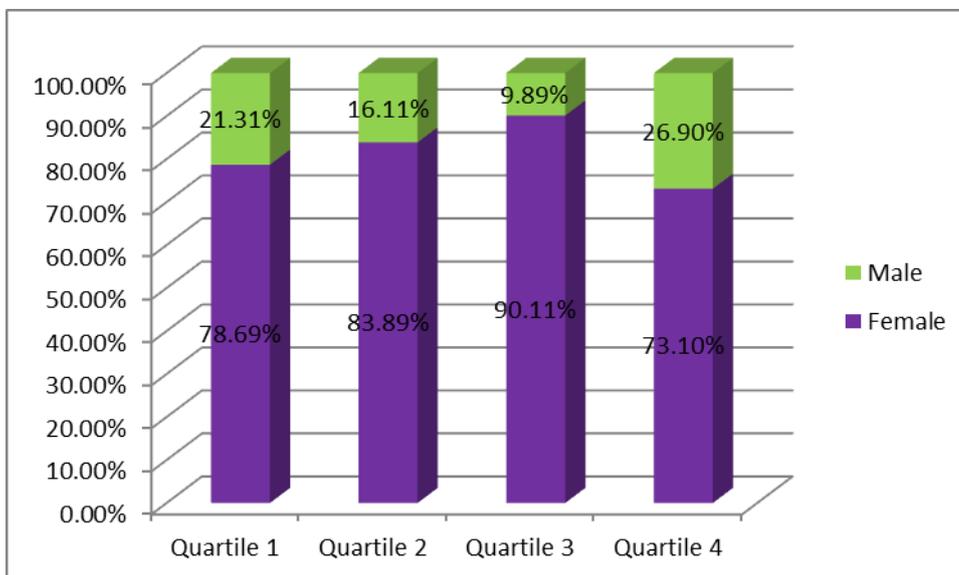
As shown the Trust is reporting a 25% gender pay gap, meaning that based on an average hourly rate men are paid 25% more than women. To understand this further a detailed analysis by staff group was undertaken with some staff groups showing that women are paid more than men, including Nursing and Midwifery and Additional Clinical Services.

It has been reported that the Medical and Dental staff group may have an impact on the gender pay gap. Excluding medical and dental staff from the calculations significantly changes the above information to demonstrate that women are paid 4.03% more than men based on an average hourly rate.

The Trust currently has 133 Consultants; 62 of those are female and 71 male. Whilst there is only a small difference in the gender split of the consultant body as the Trust employs fewer men overall the number of male consultants as a proportion of the overall male workforce is higher than that of female consultants. Overall this contributes to the gender pay gap.

The figures also demonstrate that the Trust has a 0% median gender pay gap. That is expected as most employees of the Trust are paid on the Agenda for Change pay scale. This scale means that there are large groups of male and female employees being paid the same hourly wage, and therefore it is likely that there will not be a large, or indeed any, median gap.

To gain further understanding of the potential reasons for the reported gender pay gap the below quartile analysis (1 is low and 4 is high) was undertaken demonstrating that the highest proportion of males is found in the upper quartile, this is 35.67% of the overall male workforce. In contrast, the lowest proportion of females is found in the top quartile (73.10%) which is 22.16% of the overall female workforce.



### Bonus Pay Gap information

The Trust operates a Long Service Award scheme and an annual Clinical Excellence Awards scheme. Information relating to both schemes is contained in this section.

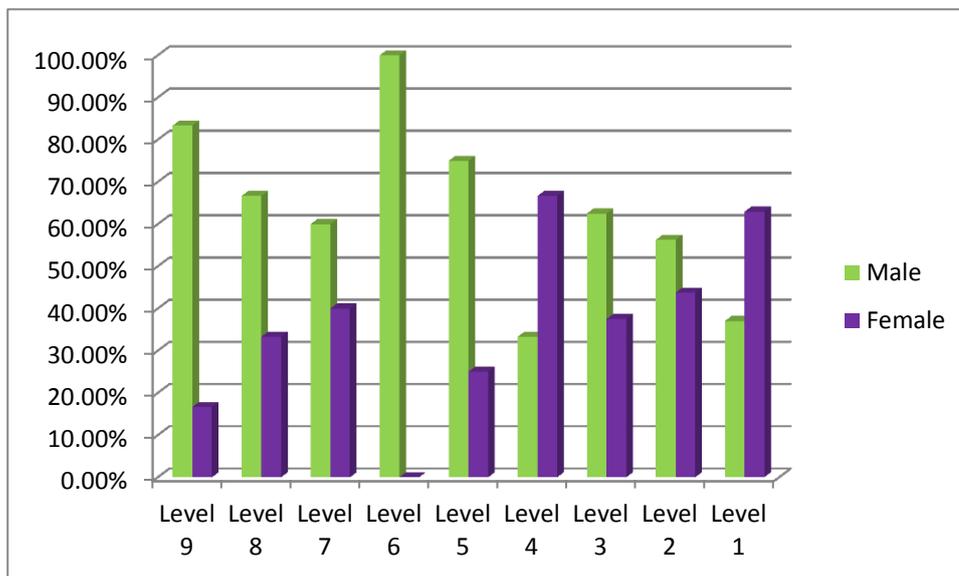
The below figures reflect an average of the Clinical Excellence Award payments for consultant medical staff received in the relevant period up to 31<sup>st</sup> March 2017. Clinical Excellence Awards are paid at 9 different levels and recognise individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role.

Gender	Mean Bonus	Median Bonus
Male (£)	11,418.23	7,458.97
Female (3)	8,704.60	4,363.54
Difference (3)	2,713.63	3,095.44
Pay Gap %	23.77	41.50

The Trust currently employs 133 Consultants; 62 of those are female and 71 male. Of those 62 females, 36 (58.06%) received a Clinical Excellence Award payment. Of the 71 males, 44 (61.9%) received a clinical excellence award.

A higher level of Clinical Excellence award attracts a higher payment, the below graph shows the proportion of men receiving an award at each level, while there is not a

significant difference in the number of awards received it appears more men receive a higher level of award which contributes to the overall bonus pay gap.



Traditionally the medical workforce was predominantly male whereas there is now a more balanced representation. It is therefore anticipated that the bonus pay gap will reduce over time as more senior female medical staff become eligible for higher levels of Clinical Excellence awards.

In addition to the above the Trust issues Long Service Awards. In the relevant period the Trust issued 158 long service awards, 82% were issued to females with the remaining 18% being issued to males. All long service awards carry the same financial value of £40 meaning that the gender bonus gap would be zero.

Taking both clinical excellence awards and long service awards into account, as a proportion 4.66% of females received a bonus compared to 9.11% of males.

### Regional Comparison

Across the Yorkshire and Humber region a benchmarking exercise has been undertaken to understand regional variability. The results show a range of pay gaps between 7% and 33% which is reported to be broadly in line with the rest of the NHS. The analysis indicates acute Trusts tend to report a higher gender pay gap.

At 25.39% the Trust’s mean gender pay gap is therefore within the range for NHS Trusts in the region.

### Reducing the Gender Pay Gap

Whilst it is acknowledged that to narrow and close the gap significant societal changes may be required the Trust is passionate about promoting workforce equality and reducing the gender pay gap. In pursuit of this the Trust is committing to the following actions:

- Raise awareness and be more responsive to flexible working opportunities through internal communications and training.
- Explore options for female Leaders programme to encourage women to progress more quickly into managerial and leadership senior roles.
- Evaluate current recruitment practices, to ensure that the Trust does all it can to encourage applications to achieve a more even gender balance.
- Continue in its efforts to encourage more female applicants, both internal and external, to senior medical positions.
- Consider the use of additional training, e.g. unconscious bias training
- Continue work in relation to encouraging more applications for Clinical Excellence awards from women and providing support for individuals who have submitted unsuccessful applications in the past.
- Establish a staff network to explore the findings; this network will be open to all staff.

The above actions and any further analysis required will be undertaken by the Workforce Equality Group.