

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

### 1. Introduction and Background

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 2018.

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, excepting some medical and dental staff, on the Agenda for Change scale, and this framework provides assurance that equal pay for equal work is recognised i.e. someone entering the band 5 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.

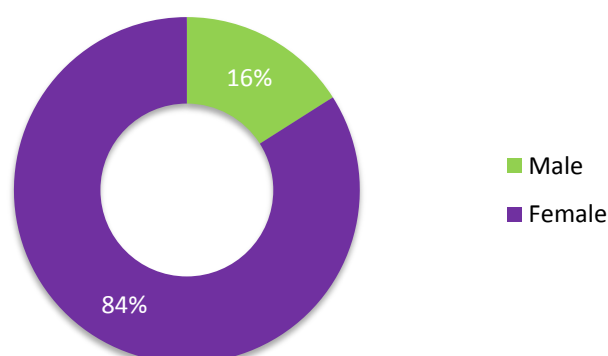
All organisations with over 250 employees are required to publish six key metrics;

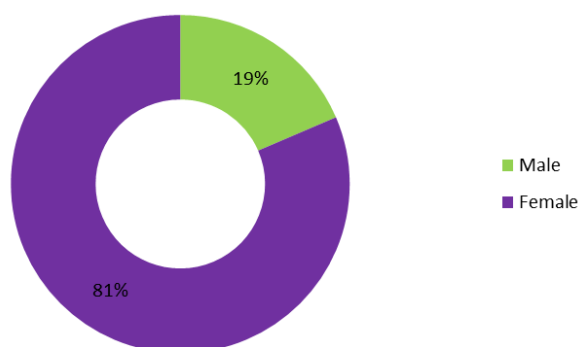
- mean gender pay gap in hourly pay
- median gender pay gap in hourly pay
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment
- proportion of males and females in each pay quartile

### 2. HDFT Position

Staff eligible for inclusion in the report as at the 31<sup>st</sup> March 2018 was 3641 (excludes those on career break, maternity, adoption leave) The workforce gender split at the time was as follows, female – 3070 male – 570 as illustrated in the diagram below.

2018





The differences with the reporting from 2017 data is that the gender split of eligible staff in 2017 at the time of the first report, was 3485 female and 818 male however since that time there has been a transfer out of Harrogate Integrated Facilities (HIF) staff which accounted for a reduction of 308 staff which are split 54% male and 46% female.

### The Influence of Medical and Dental Staff

Medical and Dental staff have a substantial impact on the Trusts Gender Pay Gap, as individuals in this staff group tend to be paid higher wages than other Trust employees. Although the Trust currently has 69 female consultants and 66 male, because the Trust employs fewer men overall, the number of male consultants as a proportion of the overall male workforce at 11.5% is higher than that of female consultants 2.2% of the female workforce.

The extent of this is that excluding medical and dental staff from the calculations would demonstrate that men are paid 5.2% more than women based on an average hourly rate, however the median differential is -1.23% where the female median hourly rate is higher than male.

### Gender Pay Information

The outcomes of the six key metrics are summarised in the next two sections of this report.

#### The mean and median gender pay gap in hourly pay between males and females:

Gender	Mean Hourly Rate 2017	Median Hourly Rate 2017	Mean Hourly Rate 2018	Median Hourly Rate 2018
Male (£)	21.06	14.56	23.80	17.35
Female (£)	15.71	14.56	16.23	14.70
Difference (£)	5.35	0.00	7.57	2.64
Pay Gap %	25.39	0.00	31.80	15.24

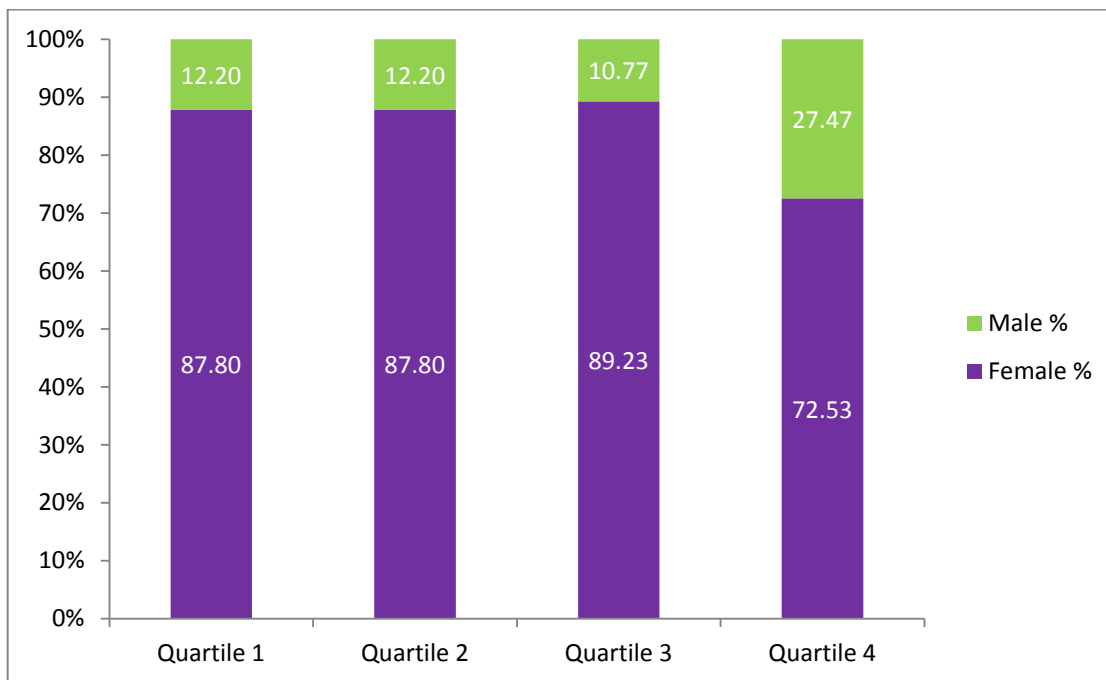
- It is noted that the 2017 figures include the now HIF staff who transferred out on the 1<sup>st</sup> March 2018 therefore should they be included for the 2018 figures for comparative purposes, this would have shown an overall reduction in the gender pay gap and no median variation. The impact of the TUPE out is that the reduction in the male workforce

has been 22%, where as the female reduction was 4%. (308 staff 54% male and 46% female). Therefore the male workforce who were TUPE'd out were, for the majority at the lower earnings end and this has meant the remaining male workforce is a higher paid resulting in the differential.

- As shown the Trust is reporting a 31.8% gender pay gap, meaning that based on an average hourly rate men are paid 31.8% more than women.
- The figures also demonstrate that the Trust has a 15.24% median gender pay gap, which was an increase on 2017.

**Proportion of males and females in each pay quartile (1 is low, 4 is high):**

The graph below shows that the highest proportion of males is found in the upper quartile, this is 27.47% (2017 - 35.67%) of the overall male workforce. In contrast, the lowest proportion of females is found in the top quartile 72.53% (2017 - 73.10%). This is influenced by the large proportion of male doctors and dentists within the Trust.

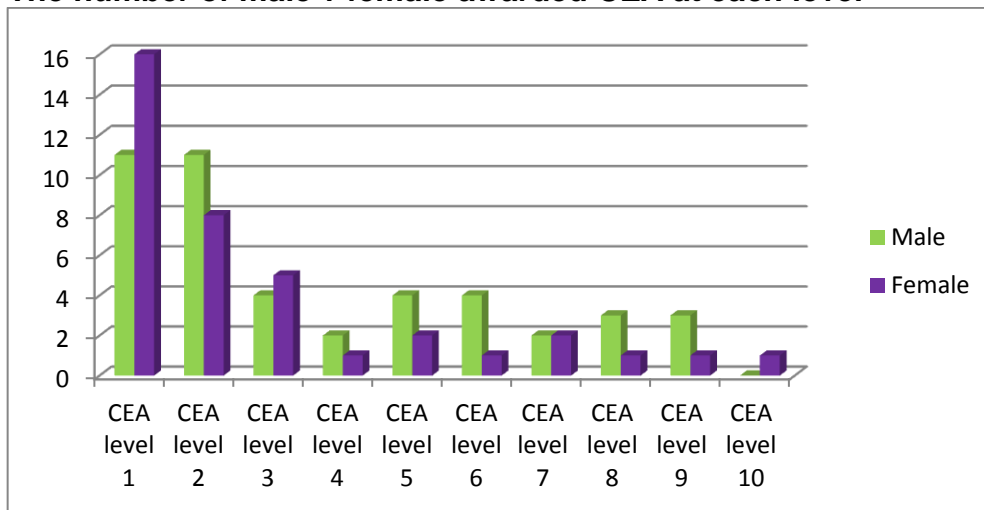


**The mean and median bonus gender pay gap across 12 months from the 30th March 2017 to the 31st March 2018:**

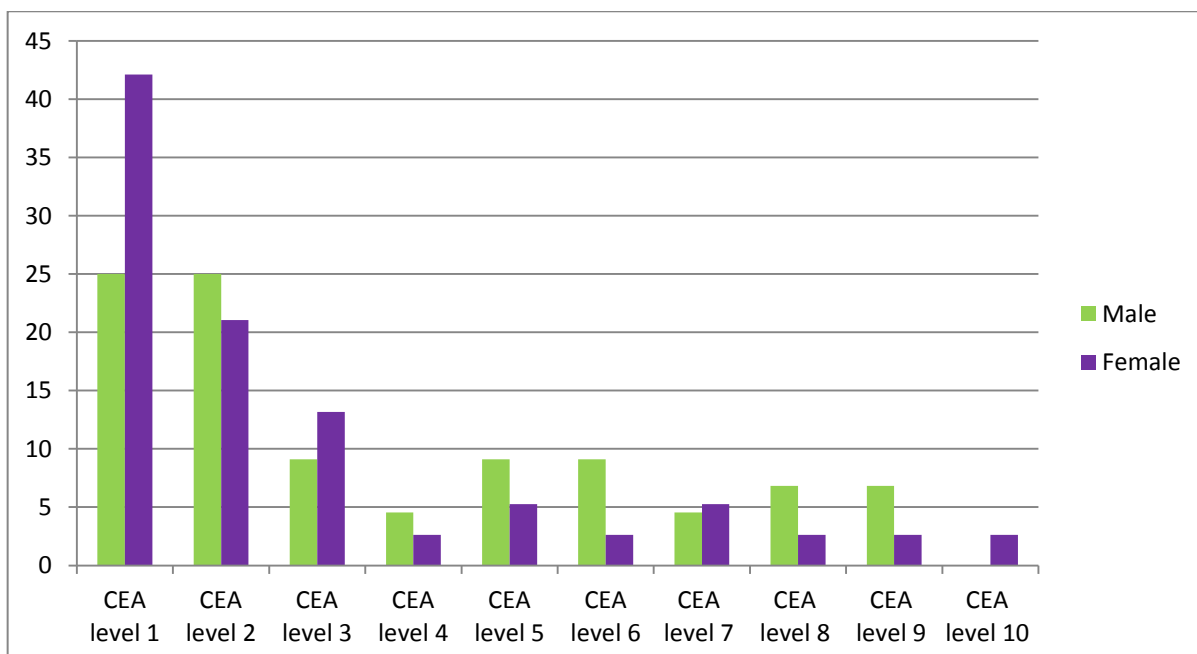
The Trust pays out two types of bonuses, Clinical Excellence Awards and long service awards. The latter takes the shape of a £40 bonus paid to both males and females in recognition of 25, 35 and 40 years service at the Trust. As this bonus is paid out at an equal level to all employees it has no influence on the figures.

Clinical Excellence Awards are paid at 10 different levels, and a higher level of reward results in a higher level of payment. They are awarded to Consultants in recognition of a number of different factors, such as high performance, by the Trust. These awards are applied for by the Consultants themselves, and their applications are reviewed by a Panel. The Trust currently employs 135 Consultants of which 69 are female and 66 are male (as at 31-3-18) 38 females – 55% of female consultants received a Clinical Excellence Award payment, 44 males – 66% of male consultants received a Clinical Excellence Award.

**The number of male v female awarded CEA at each level**



**The percentage of male v female awarded CEA at each level of the overall awards given**



This data demonstrates that males make up a larger proportion of those earning the higher levels of bonus. It is noted that this is a lesser proportion than 2017. This in turn influences the Trusts bonus pay gap:

<b>Gender</b>	<b>Mean Bonus 2017</b>	<b>Median Bonus 2017</b>	<b>Mean Bonus 2018</b>	<b>Median Bonus 2018</b>
Male (£)	11,418.23	7,458.97	11,164.04	6,051.97
Female (£)	8,704.60	4,363.54	9,034.83	5,542.72
Difference (£)	2,713.63	3,095.44	2,129.21	509.26
Pay Gap %	23.77	41.50	19.07	8.41

- This shows that there has been a reduction in the pay gap differential in 2018 due to more females receiving CEA's, and at the higher level,
- In addition there are more female consultants than males. Although the gap has reduced by 3.7% the continuing gap in the bonus pay is linked to the fact that the medical workforce has traditionally been male dominated, and the change in HDFT is a recent reflection there is now a more balanced representation.
- This means that there are lower numbers of female employees who are eligible to apply for the higher levels of reward. It is therefore anticipated that the bonus pay gap will reduce over time as more senior female medical staff become eligible for these higher levels.

### **Proportion of males and females receiving a bonus payment**

Taking both clinical excellence awards and long service awards into account, as a proportion 3.52% of females (146) received a bonus compared to 10.4% of males (59). This is again influenced by the ratio of males in receipt of bonus to the overall number of males.

### **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 considering 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.
- Consider the use of additional training, e.g. unconscious bias training
- Establish a staff network to explore the findings; this network will be open to all staff.

It is also recognised that the actions taken in the last 12 months have had a positive effect but it is recommended that the Trust continues with the following:

- Continue in its efforts to encourage more female applicants, both internal and external, to senior medical positions. There has been an improvement since 2017 in the number of female consultants who now are the majority.
- 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. 2018 submission shows the larger number of females being awarded CEA but these are still at the lower level.