

Gender Pay Gap Report 2022

1. Background

- 1.1 It became mandatory from 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap. The results must be published on a government website, as well as the employer's own website (and remain there for 3 years).
- 1.2 Gender pay reporting presents data on the difference between men and women's average pay within an organisation. It is important to highlight the distinction between this and equal pay reporting, which is instead concerned with men and women earning equal pay for the same (or equivalent) work. Across the country, average pay of women is lower than that of men and this tends to be because there are fewer women in senior high earning positions in organisations than men. Whilst a workforce may be predominantly female, if the most senior positions are taken up by men, the average pay of women in that organisation could well be lower. The Regulations have been brought in to highlight this imbalance, the aim being to enable employers to consider the reasons for any inequality within their organisation and to take steps to address it. ([NHS Employers](#). *Briefing Note: Gender Pay Gap Reporting* retrieved 2021-06)
- 1.3 University Hospitals Dorset NHS Trust published its first report in March 2021, following the integration of Poole Hospital and Royal Bournemouth and Christchurch Hospitals. This data was taken from a snapshot date of 31 March 2021.
- 1.4 The NHS terms and conditions of service handbook contain the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff. Job evaluation (JE) enables jobs to be matched to national job profiles or allows Trusts to evaluate jobs locally, to determine in which Agenda for Change pay band a post should sit.

2. The Gender Pay Gap Six Indicators

- 2.1 An employer must publish six calculations showing their:
 - 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.

This report was presented to the UHD Trust Board Meeting on the 25 May 2022 and noted

Under national guidance, medical staff clinical excellence awards are included within bonus pay.

3. Methodology

- 3.1 The statutory calculations have been undertaken at the snapshot date of 31 March 2021, using the national Electronic Staff Record (ESR) Business Intelligence standard report. In line with NHS Employers guidance Clinical Excellence Awards and the approach taken to award them at UHD have been categorised as bonuses.
- 3.2 Pay includes: basic pay, full paid leave including annual, sick, maternity, paternity, adoption or parental leave, bonus pay, area and other allowances and shift premium pay. **(Note: bonus pay is included, but only as a separate metric as one of the 6 key indicators we need to produce. The gender pay gap figure is calculated from hourly pay – which can only be ordinary pay, bonus pay is not hourly).**
- 3.3 Pay does not include: overtime pay, expenses (payments made to reimburse expenditure wholly and necessarily incurred in the course of employment, e.g. mileage for use of vehicle), remuneration in lieu of leave, the value of salary sacrifice schemes, benefits in kind (e.g. child care vouchers), redundancy pay and tax credits.

4. UHD Workforce Context

- 4.1 The gender split within the overall workforce is 76.5% female and 23.5% male. The breakdown of the proportion of females and males in each banding is as set out below:

	Female headcount	Male headcount	Total headcount	Female	Male
1	26	39	65	40.0%	60.0%
2	1397	449	1846	75.7%	24.3%
3	934	185	1119	83.5%	16.5%
4	574	106	680	84.5%	15.5%
5	1382	254	1636	84.5%	15.5%
6	1210	232	1442	83.9%	16.1%
7	733	156	889	82.9%	17.1%
8a	143	75	218	66.2%	33.8%
8b	76	48	124	66.1%	33.9%
8c	16	8	24	55.0%	45.0%
8d	18	7	25	66.7%	33.3%
9+	7	5	12	62.0%	38.0%
VSM	5	11	16	30.0%	70.0%
Medical	542	623	1165	46.5%	53.5%
Unknown	3	5	8	37.5%	62.5%
Grand Total	7066	2203	9269	76.5%	23.5%

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5. Results for UHD - 31 March 2021 snapshot

5.1 Gender Pay Gap Results

- Our headcount has increased since last year with 196 more female and 45 more males across UHD (31st March 2020 vs 31st March 2021).
- This year our Gender Pay Gap is 6.62%. This is a very small improvement on last year's reported figure of 6.72% and continues the positive trend following the organisational merger in 2020. In context, our gender pay gap is the lowest in Dorset hospital trusts (DHUFT 8.7%, DCH 9%).
- There is an increase in representation at senior Manager level (8a-8d) of female staff, related to the organisational restructure. This is a positive move towards equitable representation with our workforce demographics.

Mean and Median Pay Gap

- The gender pay gap for the Trust overall, is 6.62% This has slightly decreased from 6.67% reported in 2021.
- The mean gender pay gap for the Trust overall, is 21.81%. This has decreased from 22.82% reported for 2021.
- If the Medical and Dental workforce are excluded from the calculation, the Trust's mean gender hourly pay gap would be 0.65%, compared to 21.81%, reported overall for 2021. The Trust's median gender pay gap would be 8.02% in favour of female staff.

a) Average gender pay gap as a mean average

Overall

	Male	Female	% difference
Mean hourly rate	£21.43	£16.76	21.81%

Agenda for Change

	Male (AFC)	Female (AFC)	% difference
Mean hourly rate	£15.41	£15.51	0.65%

Medical

	Male (medical)	Female (medical)	% difference
Mean hourly rate	£37.52	£32.25	14.05%

b) Average gender pay gap as a median average

Overall

	Male	Female	% difference
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Median hourly rate	£16.15	£15.09	6.55%
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(Note small variation from published overall GPG figure, due to recalculating with the staff group breakdown)

Agenda for Change

	Male (AFC)	Female (AFC)	% difference
Median hourly rate	£13.13	£14.28	8.02%

Medical

	Male (medical)	Female (medical)	% difference
Median hourly rate	£36.82	£27.58	25.09%

5.2 Clinical Excellence Awards Bonus Payments

5.2.1 Local Clinical Excellence Award's (LCEA) recognise and reward NHS consultants in England, who perform over and above the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

During the pandemic LCEA rounds were suspended and funding distributed by way of annual one-off non-consolidated, non-pensionable payments to all eligible consultants. This was delivered by giving a per capita allocation to all Consultants irrespective of whether full or part time. Existing LCEAs remain pensionable and consolidated.

During the last two years, NHS Employers have been working in partnership with the British Medical Association, to negotiate changes to the LCEA's effective from 1 April 2022. Unfortunately, both parties report that agreement on a package of reform has not been reached.

It is likely that the current system will change from Clinical Excellence awards to clinical impact awards but how these will run and how they will impact is not yet clear.

The calculations below include both local and national CEA's and the one-off non-consolidated payments made by the trust during the pandemic. The National CEAs are determined externally and administered by the Department of Health whilst Local CEAs are administered within the Trust on an annual basis.

5.2.2 Overall, there is a large differential between the amount of CEA bonus pay for medical staff with 20.7% of male medics receiving CEA pay in comparison to 10.5% of female medics. The average annual CEA pay being just over £11,626 for male medics compared to £7,502 for female medics.

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The payment of existing CEA awards is pro-rata. However, agreement was reached with the Joint Local Negotiating Committee that non-consolidated payments would not be pro-rata. The lower payments received by some female medics relate to long term sick leave, maternity leave and leaving UHD part way through the year.

This is the first year the data has been further analysed for CEA awards for UHD.

Further detail and information on next steps in regard to the 2022 CEA scheme is awaited. In reforming the CEA scheme, the aim is to ensure that it is more inclusive, transparent and fair and encourages and rewards excellence and improvement, underpinning the delivery of local priorities.

c) Average Clinical Excellence Awards bonus gender pay gap as a mean average (medical)

	Male (Medical)	Female (Medical)	% difference
Mean bonus pay	£11,626.89	£7502.61	35.47%

d) Average Clinical Excellence Awards bonus gender pay gap as a median average (medical)

	Male (Medical)	Female (Medical)	% difference
Median bonus pay	£9048	£3015.97	66.7%

e) Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

Male proportion receiving bonus	Male medical staff overall	%	Female proportion receiving bonus	Female medical staff overall	%
129	623	20.7%	57	542	10.5%

5.3 Proportion of Males and Females in each Quartile Pay Band

5.3.1 At the time the snapshot was taken the percentage of female staff was 76.5% female and 23.5% male. As shown in the tables below, this percentage split is broadly mirrored in the lower, lower middle, and upper middle quartiles.

f) Proportion of males and females in all staff groups when divided into four groups ordered from lowest to highest pay

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	Male %	Female %
Lower	22.16%	77.84%
Lower Middle	22.34%	77.66%
Upper Middle	15.89%	84.11%
Upper	35.27%	64.73%

g) Proportion of Agenda for Change males and females when divided into four groups ordered from lowest to highest pay

	Male %	Female %
Lower	22.45%	77.55%
Lower Middle	22.55%	77.45%
Upper Middle	15.69%	84.31%
Upper	18.71%	81.29%

h) Proportion of Medical staff males and females when divided into four groups ordered from lowest to highest pay

	Male %	Female %
Lower	46.42%	53.58%
Lower Middle	46.08%	53.92%
Upper Middle	54.14%	45.86%
Upper	67.57%	32.43%

For Medical and Dental staff, there are a higher proportion of males in the highest paid quartile.

i) Average (mean) Gender Pay Gap per quartile – Medical and Dental

	Male	Female	% difference
Lower	£18.78	£18.35	2.32%
Lower Middle	£26.45	£25.73	2.70%
Upper Middle	£41.20	£40.52	1.65%
Upper	£54.87	£54.27	1.08%

j) Median Gender Pay Gap per quartile – Medical and Dental

	Male	Female	% difference
Lower	£19.48	£19.29	0.95%
Lower Middle	£26.45	£25.75	2.63%
Upper Middle	£42.02	£41.41	1.47%
Upper	£53.07	£51.59	2.79%

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6. Conclusion

- 6.1 The Trust is required to report on snapshot data as at 31 March 2021. This data demonstrates that there could be greater female representation in its senior clinical roles. The position is consistent with previous snapshot data taken from 31 March 2021 data. Similarly, the Trust acknowledges that there could be greater male representation in less senior clinical and non-clinical roles.
- 6.2 It should be noted that the 2020 data was first published in March 2021, and this latest data snapshot took place on 31 March 2021, as per the regulations. Therefore, any effectiveness of actions in place to reduce the gender pay gap will not be evident until at least the next gender pay gap publication.
- 6.3 Separating the data for Agenda for Change and the Medical/Dental workforce gives a better understanding of where the greatest difference in pay and gender representation.
- 6.4 Comparing the median hourly pay gap women earn 93p for every £1 that men earn. Their median hourly pay is 6.6% lower than men's.
- 6.5 Comparing the median bonus pay gap women earn 33p for every £1 that men earn. When comparing mean (average) bonus pay, women's mean bonus pay is 35.4% lower than men.

7. Update on 2021 Actions

- 7.1 The following actions continue to support closing the gender pay gap:

Action Plan 2021	Progress
Share Gender Pay Gap information across the Trust	Published on intranet and internet. Shared with Care Groups
Develop a values proposition for employee life cycle/support	This is part of a wider project, still in development phase
Commit to values based shortlisting and interview questions	Now embedded into the recruitment process
Refreshed recruitment and selection training to include values and more details unconscious bias content	Implemented in 2021, staff inclusion networks consulted and contributed to the training programme
Continue the Trust's commitment to an equitable workforce	Trust objectives and values
Continue equitable access to trust leadership training and development	On-going leadership programmes and additional capacity through the Dorset Integrated Care System for underrepresented groups
Support all staff in protected groups through living our Trust values and implementing our people strategy	Trust objectives and values. Staff inclusion networks People Strategy Flexible Working policy

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8. Next Steps

8.1 The following actions are in place to further support the gender pay gap during 2022:

- **Share the Gender Pay Gap** - include the data in the development of culture and workforce dashboards for all our Care Groups.
- **Flexible working** – Raising the profile of the benefits of Flexible Working across UHD through a range of methods, including communication briefings, inclusive leadership conversations.
- **Career Progression** - Accessible bite sized and online training will continue, to ensure development can be accessed by those working part time and flexible work patterns. Bias awareness is included in new leadership and development modules.
- **A Women's network** is being scoped, with interest from staff across the organisation.
- **CEA awards** – Once national guidance is received on the reform of LCEA's a new award process will be developed for UHD. This will be more inclusive, transparent and fair and will reward excellence and improvement, underpinning the delivery of local priorities.

8.2 The Chief People Officer/Director of OD will continue to work with the Executive team to support the identified actions. Delivery of these will be supported by the Trust's Equality, Diversity and Inclusion Group (EDIG) and assured through the Workforce Committee.

6 April 2022

Debbie Robinson, Equality, Diversity and Inclusion Lead

Useful Abbreviations;

- BAME - Black, Asian and Minority Ethnic
- BME - Black Minority Ethnic
- EDI - Equality Diversity and inclusion
- EDIG - Equality Diversity and Inclusion Group
- WRES - Work Race Equality Standards
- WDES - Work Disability Equality Standards
- ICS – Integrated Care System

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Appendix A

Figures taken as of 31 March 2021

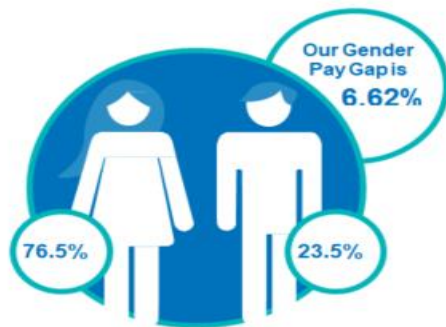
Story of our Gender Pay Gap

Our Trust objectives and values commit to equal opportunities for all our people. Female staff are represented in many senior positions and we acknowledge there are still significant gaps in senior clinical roles, which drive the greatest variances in our results.

Actions:

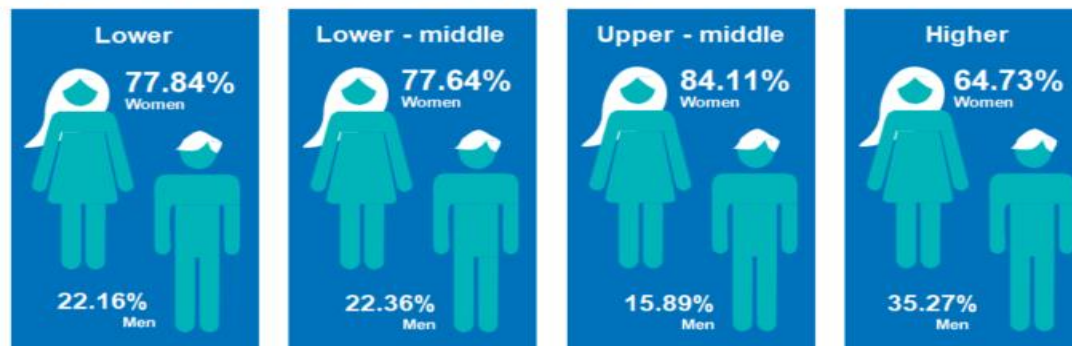
Share the Gender Pay Gap Information

- Include the data in the development of culture and workforce dashboards for all our care groups
- **Career Progression**
- Accessible bite sized and online training will continue, to ensure development can be accessed by those working part time and flexible work patterns.
- Bias awareness is included in new leadership and development modules
- A Women's network is being scoped
- **Flexible Working**
- Raising the profile of the benefits of flexible working across UHD through a range of methods, including communication briefings, Inclusive leadership conversations
- **Clinical Excellence Awards (CEA)**
- Once national guidance is received on the reform of LCEA's a new award process will be developed for UHD.
- This will be more inclusive, transparent and fair and will reward excellence and improvement, underpinning the delivery of local priorities.



Our Workforce has an employee base that is predominantly female.

Proportion of males and females in each pay quartile



Senior agenda for change grades

