

**Agenda Item: EQUALITY & INCLUSION COMMITTEE - 15 MARCH 2022**

|   |  |                                     |                      |                          |
|---|--|-------------------------------------|----------------------|--------------------------|
| <b>Meeting</b>  | Equalities & Inclusion Committee                                 |                                     | <b>Agenda Item</b>   | [See note 2]             |
| <b>Report title</b>   | Gender Pay Gap Report  |                                     | <b>Meeting Date</b>  | 15/03/2022               |
| <b>Presenter</b>  | Amanda Harcus  |                                     |                      |                          |
| <b>Author</b>   | Celina Mfuko – Equality and Diversity lead                       |                                     |                      |                          |
| <b>Responsible Director</b>   | Thomas Pounds – Chief People Officer                             |                                     | <b>Approval Date</b> | 11/03/2022               |
| <b>Purpose</b> <i>(tick one box only)</i><br>[See note 8]   | <b>To Note</b>   | <input checked="" type="checkbox"/> | <b>Approval</b>      | <input type="checkbox"/> |
|   | <b>Discussion</b>  | <input checked="" type="checkbox"/> | <b>Decision</b>      | <input type="checkbox"/> |
| <b>Report Summary:</b>  |  |                                     |                      |                          |
| <p>This paper outlines the Gender Pay Gap analysis and findings based on data as at March 2021. The paper is split into two sections, the first on average pay and second on bonuses. The board is asked to consider and note the content and approve the publication of the same on the Trust and national websites.</p>   |  |                                     |                      |                          |
| <p><b>Impact:</b> where significant implication(s) need highlighting<br/> <i>Significant impact examples: Financial or resourcing; Equality; Patient &amp; clinical/staff engagement; Legal</i><br/> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i><br/> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p> |  |                                     |                      |                          |
| <p>ENHT has gender pay gaps and as good practice in future we should consider publication of ethnicity pay gap reporting and set out plans to close gender pay gaps</p>   |  |                                     |                      |                          |
| <b>Risk:</b> <i>Please specify any links to the BAF or Risk Register</i>  |  |                                     |                      |                          |
| <p>There is a risk that the trust is unable to recruit and retain sufficient supply of staff with the right skills to meet the demand for services. There is a risk that the culture and context of the organisation leave the workforce insufficiently empowered and motivated, impacting the trust's ability to deliver improvements and transformation and enable people to feel proud to work here</p>          |  |                                     |                      |                          |
| <b>Report previously considered by &amp; date(s):</b>   |  |                                     |                      |                          |
| October 2020  |  |                                     |                      |                          |
| <b>Recommendation</b>   | The Board/Committee is asked to note the contents of this paper. |                                     |                      |                          |

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## TRUST BOARD

### Gender Pay Gap Report 2022 (data as at 31 March 2021)

#### 1. CONTEXT AND REPORTING REQUIREMENTS

Gender pay gap reporting is a mandatory reporting requirement for public sector organisations employing more than 250 staff. Gender pay gap is the difference between average (mean and median\*<sup>1</sup>) earnings of men and women, expressed relative to men's earnings. It should not be confused with unequal pay, which is the unlawful practice of paying men and women differently for performing the same or similar work or work of equal value. In other words the report sets out our facts and figures regarding any undervaluing of female work and pay for that work compared to male workers.

East and North Hertfordshire NHS Trust ("Trust publishes its gender pay gap data and any supportive narrative on its public facing website annually and submits its gender pay gap report/data to the government online reporting service.

The Trust is reporting the following information, as per these requirements in sections:

##### Average pay section 3

1. The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
2. The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

##### Bonus pay section 4

The definition of bonus in gender pay gap report means Bonus pay is defined broadly under the Regulations as any remuneration that is in the form of money, vouchers, securities, securities options, or interests in securities; and relates to profit-sharing, productivity, performance, incentive or commission. IN ENHT clinical excellence awards carry one off or fixed term bonus awards

3. The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees
4. The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees
5. The proportions of male and female relevant employees who were paid bonus pay
6. The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands

The Trust analyses the data and updates its action plan to respond to these findings.

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<sup>1</sup> **Mean:** is the average found by adding up all the values in a set of data and dividing it by the total number of values you added together.  
**Median:** the middle number in the set of values. You find it by putting the numbers in order from the smallest to largest to find the middle number.

All information captured is based on calculations made relating to the pay period in which the snapshot day falls. Each snapshot is taken at the 31 March of the previous year. (n.b. any enhancements for unsocial hours for staff on ‘agenda for change’ and ‘medical and dental’<sup>2</sup> contracts are paid a month in arrears). A detail of how the calculations are undertaken in this report is available at appendix 1.

## 2. ORGANISATIONAL BACKGROUND

East and North Hertfordshire NHS Trust provides secondary and some acute health care services for a population of around 600,000 in East and North Hertfordshire, as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people across Hertfordshire, Bedfordshire, north-west London and parts of Thames Valley.

We are committed to Inclusion, Equality and Diversity being at the heart of all we do to deliver for service users their relatives, as well as our 6,000 staff.

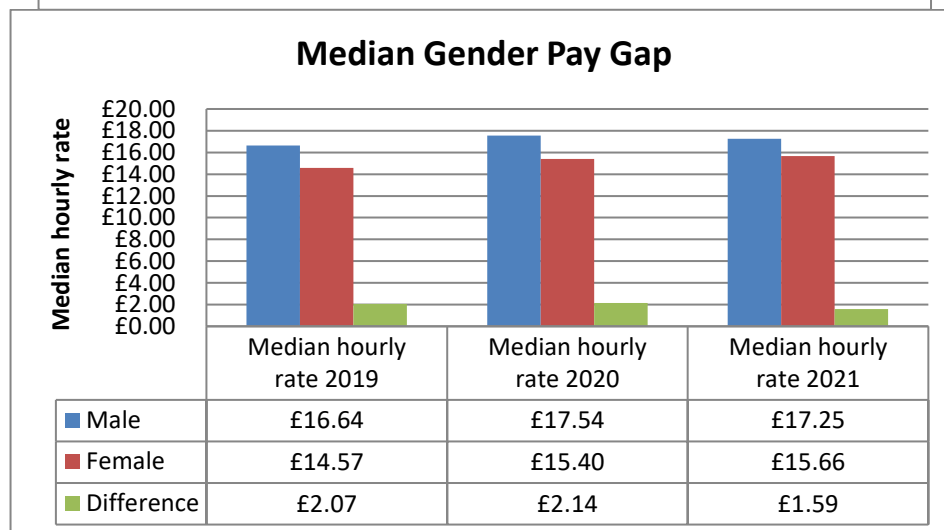
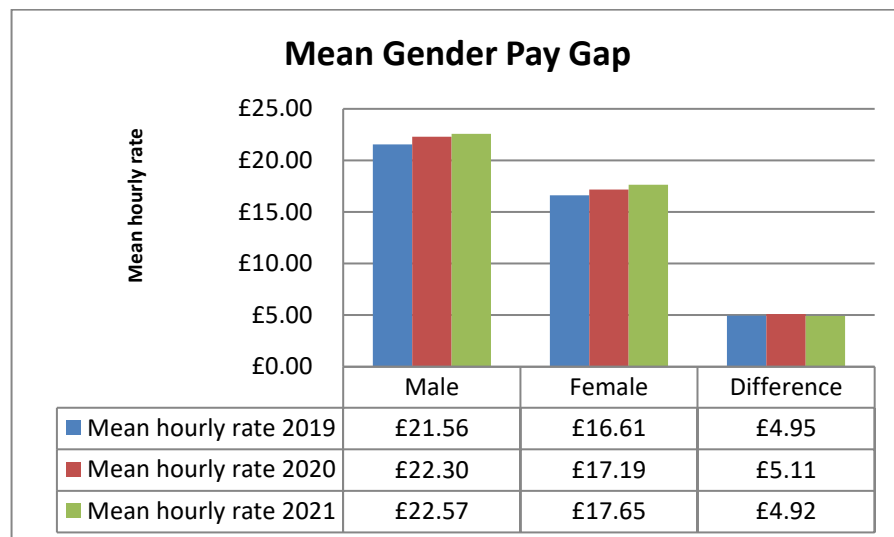
The composition of our workforce is presented in the table below; it is based on a staff list report from the Electronic Staff Record (ESR) as at 31<sup>st</sup> March 2021. It represents the ratio of females to males in each staff group; and females and males in relation to all staff in each staff group.

| Staff Group 2020                 | Males to | Females to | Males to all | Females to all staff |
|----------------------------------|----------|------------|--------------|----------------------|
| Add Prof Scientific and Technic  | 20.21    | 79.79      | 0.63%        | 2.48%                |
| Additional Clinical Services     | 16.56    | 83.44      | 2.52%        | 12.68%               |
| Administrative and Clerical      | 15.74    | 84.26      | 3.74%        | 20.04%               |
| Allied Health Professionals      | 16.89    | 83.11      | 0.81%        | 3.97%                |
| Estates and Ancillary            | 57.38    | 42.62      | 3.32%        | 2.47%                |
| Healthcare Scientists            | 40.31    | 59.69      | 1.27%        | 1.89%                |
| Medical and Dental               | 55.34    | 44.66      | 7.78%        | 6.28%                |
| Nursing and Midwifery Registered | 9.48%    | 90.52      | 2.86%        | 27.28%               |
| Overall                          | 22.92    | 77.08      | 22.92        | 77.08%               |

| Staff Group 2021                 | Males to | Females to | Males to all | Females to all |
|----------------------------------|----------|------------|--------------|----------------|
| Add Prof Scientific and Technic  | 19.35%   | 80.65%     | 0.68%        | 2.82%          |
| Additional Clinical Services     | 16.65%   | 83.35%     | 2.68%        | 13.41%         |
| Administrative and Clerical      | 16.73%   | 83.27%     | 3.97%        | 19.75%         |
| Allied Health Professionals      | 20.77%   | 79.23%     | 0.95%        | 3.63%          |
| Estates and Ancillary            | 60.40%   | 39.60%     | 3.37%        | 2.21%          |
| Healthcare Scientists            | 37.78%   | 62.22%     | 1.10%        | 1.81%          |
| Medical and Dental               | 56.32%   | 43.68%     | 7.55%        | 5.86%          |
| Nursing and Midwifery Registered | 11.32%   | 88.68%     | 3.45%        | 27.05%         |
| Overall                          | 23.68%   | 76.32%     | 23.75%       | 76.53%         |

<sup>2</sup><https://www.nhsemployers.org/topics-networks/pay-pensions-and-reward/nhs-terms-and-conditions-service-agenda-change>  
<https://www.nhsemployers.org/topics-networks/pay-pensions-and-reward/medical-and-dental-pay-and-contracts>

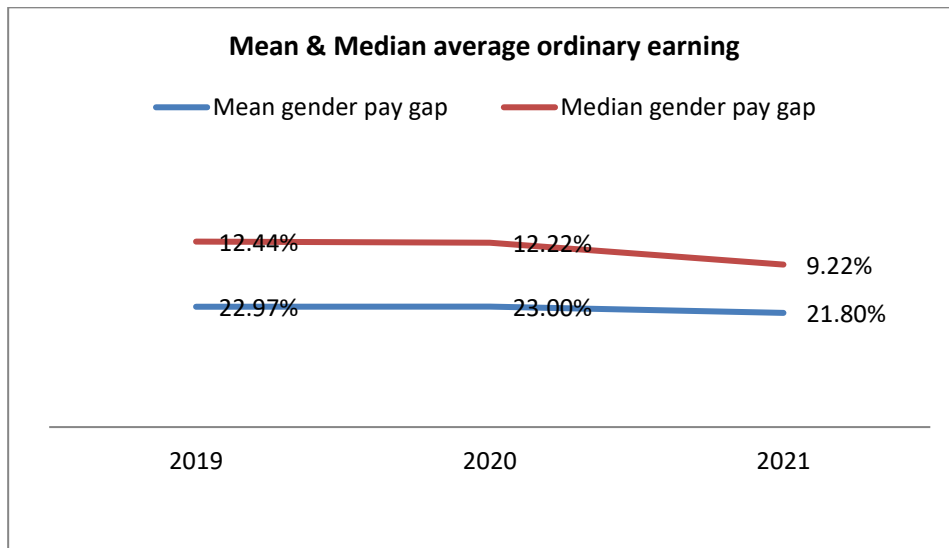
### 3. AVERAGE PAY



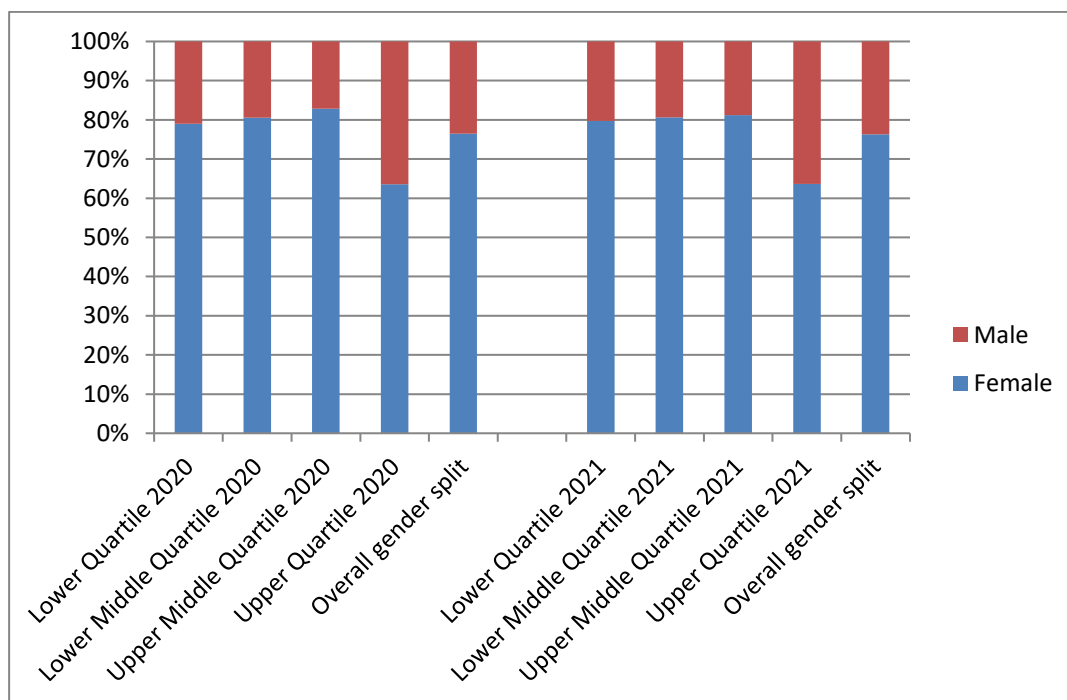
#### Mean & Median Average ordinary earning

|  | 2019   | 2020   | 2021   |
|--|--------|--------|--------|
| <b>Gender pay gap for mean average</b>   | 22.97% | 23.00% | 21.80% |
| <b>Gender pay gap for median average</b> | 12.44% | 12.22% | 9.22%  |

1. **Mean gender pay gap** – the data shows the gender pay gap for mean average ordinary earnings for women is **21.80%** less than for men, a 1.2% improvement compared to 2020.
2. **Median gender pay gap** – the data suggests that the gender pay gap for median average ordinary earnings for women is **9.22%** less than for men, a 3% improvement in comparison to 2020.



3. **Gender composition in each quartile pay band** – the tables below represent the proportion of male and female employees in each quartile pay band



The above tables highlight that although representation at each quartile remains largely consistent, there is disparity in tier 4 (highest pay) which is influenced by the ‘administrative and clerical’ staff group, in corporate areas, where there are more males in senior positions (senior managers who are non-clinical staff are categorised as ‘administrative and clerical’ staff).

#### 4. Additional reporting

To give greater detail around the mean difference, additional reports were taken from the Electronic Staff record (ESR). This highlights the differences by different staff groups. A negative figure indicates a gender pay gap in favour of females a positive figure indicates the pay gap that exists. Allied Health Professionals (AHP) and Nursing and Midwifery staff groups indicate a gender pay gap which is in favour of females. The most significant gender pay gap, in favour of males arises in Add Prof Scientific and Technical, Additional Clinical Services, Estates and Ancillary, and medical & dental staff, the table below shows a pay gap of **9.72%** (worse than 2020), **2.06%** (worse than 2020), **10.01%** (worse than 2020) and **13.30%** (worse than 2020) respectively. The reverse is true for Allied Health Professionals and Nursing and Midwifery roles where the pay gap is reversed.

| Main Staff Group                | Female Avg. Hourly | Male Avg. Hourly | Difference | Pay gap 2019 | Pay gap 2020 | Pay gap 2021 |
|---------------------------------|--------------------|------------------|------------|--------------|--------------|--------------|
| Add Prof Scientific and Technic | 19.39              | 21.28            | 1.89       | 7.38%        | 6.99%        | 9.72%        |
| Additional Clinical Services    | 11.54              | 11.78            | 0.24       | 0.20%        | 1.90%        | 2.06%        |
| Administrative and Clerical     | 14.62              | 17.87            | 3.25       | 21.76%       | 25.62%       | 22.22%       |
| Allied Health Professionals     | 21.23              | 19.67            | -1.56      | -5.33%       | -4.16%       | -7.34%       |
| Estates and Ancillary           | 11.54              | 12.69            | 1.15       | 6.74%        | 7.62%        | 10.01%       |
| Healthcare Scientists           | 20.83              | 22.77            | 1.94       | 12.90%       | 10.54%       | 9.30%        |
| Medical and Dental              | 35.53              | 40.25            | 4.73       | 14.19%       | 12.93%       | 13.30%       |
| Nursing and Midwifery           | 19.00              | 17.60            | -1.40      | -7.91%       | -5.55%       | -7.38%       |

The RAG rating above is classified as follows compared to 2020:

- Green highlights a positive change for female workers,
- Amber shows a positive change towards female favour however remains significantly in favour of males
- Red shows a change in favour / or significant level in favour of male workers.

The trust has undertaken analysis of staff pay to identify potential gender pay gap separating Agenda for Change and Medical and Dental terms and conditions of pay to further understand differences in pay gaps across professional areas, this can support understanding of impact of different terms and conditions of employment. The data suggests that there is a positive gender pay gap for Agenda for Change employees' (in favour of females), whereas medical and dental staff group's gender pay gap still shows a higher for males. This also reflects the historical narrative of widespread gender-biased roles of the healthcare workforce. More analysis of data is needed to inform existing barriers to close that gap.

|            | 2020                                     | 2020                     | 2021                                     | 2021                     |
|------------|--|--------------------------|--|--------------------------|
|            | Mean average hourly rate                 | Mean average hourly rate | Mean average hourly rate                 | Mean average hourly rate |
|            | Non Medical (AfC, Trust Pay, VSM & Tupe) | Medical and Dental staff | Non Medical (AfC, Trust Pay, VSM & Tupe) | Medical and Dental staff |
| Female     | £16.19                                   | £33.62                   | £16.57                                   | £35.53                   |
| Male       | £16.10                                   | £38.61                   | £16.27                                   | £40.25                   |
| Difference | £0.09                                    | £4.99                    | -£0.3                                    | £4.72                    |

#### 4. BONUS PAY

| Gender     | Mean average bonus 2019 | Mean average bonus 2020 | Mean average bonus 2021 | Median average bonus 2019 | Median average bonus 2020 | Median average bonus 2021 |
|------------|-------------------------|-------------------------|-------------------------|---------------------------|---------------------------|---------------------------|
| Male       | £9383.32                | £9,607.81               | £13,034                 | £9227.42                  | £9,048                    | £9,048                    |
| Female     | £8880.49                | £9,117.48               | £11,123                 | £8524.57                  | £6,032.0                  | £6,032                    |
| Difference | £502.38                 | £490.33                 | £1,912                  | £702.85                   | £3,015.9                  | £3,016                    |
| Pay Gap %  | <b>5.4%</b>             | <b>5.10%</b>            | <b>14.7%</b>            | <b>7.6%</b>               | <b>33.3%</b>              | <b>33.3%</b>              |

- Mean bonus pay gap** – the gender pay gap data for mean average bonus earnings shows women’s bonus payments are, on average, **14.7%** less than their male colleagues. This is an increase of 9.6% on the previous years’ data.
- Median bonus pay gap** – the data suggests that the gender pay gap for median average bonus earnings for women is **33.33%** less than for men, which is identical to last year’s data. The most likely reason for this is that most bonus’ at the Trust are earned by Consultants who receive clinical excellence awards which are at set rates and for fixed periods of time, additionally, we employ more male consultants than female, therefore the data will not vary much between one year and the next.
- Gender composition of bonuses** – the data shows that the proportion of males receiving a bonus was **5.03%**, whilst **0.82%** of female employees were in receipt of a bonus payment. While the number of female recipients is almost comparable with last year the number of male recipients has reduced by 0.6% compared to 2020.

| Gender | No. Paid Bonus | Total Employees | % - 2020 | No. Paid Bonus | Total Employee | % 2021 |
|--------|----------------|-----------------|----------|----------------|----------------|--------|
| Female | 38             | 4778            | 0.8%     | 39             | 4744           | 0.82%  |
| Male   | 80             | 1421            | 5.63%    | 74             | 1472           | 5.03%  |

Staff receiving a bonus will only apply to medical consultants due to the awards known as Clinical Excellence Awards, therefore when this is represented as a proportion of the entire Trust, which has a majority female workforce, it will show a far higher proportion in favour of males. A total staff, 355 employees (medical consultants) were eligible for bonus payments in 2021, as this represents a deterioration, further analysis to understand how and why this occurs or whether this was an exception can be undertaken, and considerations made as to how we increase, support and encourage applications

for clinical excellence awards from more female consultants.

The table below represents the consultant body, with gender composition and bonus payments distribution shown. In 2021 the CEA bonus was awarded to everyone who was eligible, although the data below does not seem to show any marked improvement, however the overall distribution of bonuses for consultants remains comparable to previous years.

|                    | 2019<br>headcount<br>consultants | 2019<br>% of<br>consultants<br>with bonus | 2020<br>headcount<br>consultants | 2020<br>% of<br>consultants<br>with bonus | 2021<br>headcount<br>consultants | 2021<br>% of<br>consultants<br>with bonus |
|--------------------|----------------------------------|---|----------------------------------|---|----------------------------------|---|
| <b>Female</b>      | 108                              | 36.11%                                    | 122                              | 31.15                                     | 135                              | 28.15%                                    |
| <b>Male</b>        | 209                              | 41.15%                                    | 218                              | 36.7%                                     | 220                              | 33.18%                                    |
| <b>Grand Total</b> | 317                              | 39.43%                                    | 340                              | 34.71                                     | 355                              | 31.27%                                    |



## 5. KEY FINDINGS & RECOMMENDATIONS

A review of 'Trust pay' arrangements by remuneration committee agreed everyone to move to Agenda for Change (AfC), for any remained members of staff this will be completed by the current financial year. Increased promotion of flexible working arrangements are happening, which are expected to make an impact in later years. National action is also underway with regard to medical gender pay gaps, following the publication of the report 'Mend the gap: The Independent Review into Gender Pay Gaps in Medicine in England' published in December 2020<sup>3</sup>.

|The key findings in this year's report indicate there is more to do and the Trust will conduct a deep dive into the quartile and staff group data to establish and verify understanding of why the gaps exist and explore and recommend any costed short and medium term interventions that may be suitable, which could address the gap. Secondly, a deep dive into clinical excellence awards for medics will be planned and scheduled, which again shows a significant disparity between male and female recipients.

It is therefore suggested that the trust consider and implement the following actions to progress this agenda in the first half of 2022/23.

1. Development of a Gender Pay Gap Task Force to:
  - undertake a deep dive on the data
  - Establish and present back findings and root causes of gaps/data themes emerging
  - .
  - Consider the checklists and actions recommended in the NHS Employers guidance
  - Propose a range of costed interventions, that can be taken with measures of success in making a difference Develop and agree internal long term targets and timelines for improvement to close pay gaps
2. Produce data on Ethnicity Gender Pay Gap to explore the impact of known inequalities and lack of representation at senior levels
3. Review the trust's inclusive recruitment and selection policy and process for internal and external candidates to ensure it avoids potential bias against women.
4. Explore whether there are any genuine occupational requirements which may enable recruitment to post that are underrepresented by female employees.
5. Consider occupational stereotypes and create staff stories and share role models to reduce these.
6. To ensure that flexible arrangements apply equally to all posts irrespective of seniority which may assist female under representation at higher bandings.

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<sup>3</sup> <https://www.gov.uk/government/publications/independent-review-into-gender-pay-gaps-in-medicine-in-england>

7. Agreed actions for progress to be monitored and reported quarterly to the new Trust People Board.
8. Early analysis of 2022 data to implement change in preparation for the March 2023, this can be used for a deep dive analysis in June2022.

## Appendix 1 Details on how calculations are completed.

For the calculation of **ordinary pay** the following has been taken into consideration:

- Basic pay
- Paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave)
- Area and other allowances (N.B. the Trust, due to its sites geographical location, awards outer, fringe and no High Cost Area Supplement, depending on employees' main base of work)
- Shift premium pay, defined as the difference between basic pay and any higher rate paid for work during different times of the day or night
- Pay for piecework

The calculation of an ordinary pay does not include any of the following:

- Remuneration referable to overtime.
- Remuneration referable to redundancy or termination of employment
- Remuneration in lieu of leave
- Remuneration provided otherwise than in money.

For the calculation of **bonus pay** the following has been taken into consideration:

- Any remuneration that is in the form of money, vouchers, securities, securities options, or interests in securities, and
- Relating to profit sharing, productivity, performance, incentive or commission.

The calculation of a bonus pay does not include any of the following:

- Ordinary pay
- Remuneration referable to overtime
- Remuneration referable to redundancy or termination of employment
- Remuneration in lieu of leave

NB – Bonus payments in the Trust are exclusively made up from Medical Consultants' merit awards (i.e. Clinical Excellence Awards)