

## GENDER PAY REPORT 2021

### EXECUTIVE SUMMARY

Gender pay reporting is about showing the difference in average pay and bonus payments between male and female staff. This report shows the Trust's position in the pay period up to 31 March 2021.

- The mean gender pay gap has decreased by 4.26% and the median gender pay gap has increased by 1.07%.
- The mean bonus gap has decreased by 4.94% and the median bonus pay gap has decreased by 0.07%.

Where staff are in receipt of a bonus payment on the relevant date, they are also factored into the calculation of hourly rates of pay. Clinical Excellence Award (CEA) payments impact the gender pay gap and the gender bonus gap.

#### **Clinical Excellence Awards**

- at the relevant date there were 9 fewer bonus payment associated with CEAs
- CEAs or distinction awards cease to be payable when staff retire and return to work and are not reinstated after retirement
- national awards are awarded for 5 years before they are subject to reassessment and a demonstration of ongoing activity is required to maintain the awards

#### **Gender Pay Gap**

- 24.07% (1,925) of all staff in the upper middle and upper pay quartiles are male. This is a negative increase from 23.5% last year
- number of CEAs paid to males and females decreased in the period – the reduction was greater for males (1 female / 8 male)
- total value of bonuses received for males reduced by greater extent than females
- above points apply equally below

#### **Gender Bonus Gap**

- proportionally more male staff are in receipt of a CEA bonus compared to females
- percentage of staff in receipt of senior staff excellence award is 43% male, 57% female
- a higher proportion of males on senior staff contracts and in Pharmacy Production (when compared to overall males in the workforce) are in receipt of bonus than females
- the difference in the mean and median bonus payments remains strongly influenced by the pay and gender make-up of the medical and dental staff group

An action plan to address the pay and bonus gap is in place.

# GENDER PAY GAP REPORT

## 1. INTRODUCTION

The Trust has been required to report and publish specific details about its gender pay since 2017. [www.gov.uk/genderpaygap](http://www.gov.uk/genderpaygap)

The report must show:

- mean and median gender pay gaps
- mean and median gender bonus gaps
- proportion of males and females who received bonus
- proportion of males and females in each pay quartile

The gender pay gap measures the difference between the pay rates of all male and female staff across the Trust irrespective of their role and seniority. It should not be confused with equal pay where males and females performing similar roles or work of equal value must be paid equally. Under the Equality Act 2010 it is unlawful to pay people unequally because they are male or female.

The Trust is committed to ensuring our workforce is representative of the community it serves. We aim to attract and retain talented staff from a wide range of backgrounds and with diverse skills and experience to operate in a workplace which is underpinned by #FlourishAtNewcastleHospitals – our cornerstone programme to enable all staff to liberate their potential. We regularly publish information on the wider diversity of our workforce, including the Trust's Annual Report and Accounts, Public Sector Equality Duty report, Workforce Race Equality Standard report, and Workforce Disability Equality Standard report.

## 2. OUR COMMITMENT TO EQUALITY, DIVERSITY, AND INCLUSION

Our aim is to be the recognised employer and educator of choice in the Northeast and to enable all staff to liberate their potential. Our organisation supports people from different backgrounds, with different perspectives and different ways of working to succeed and help us provide the best possible service to our patients.

We are committed to advancing equality, recognising diversity, and promoting social inclusion. We recognise our responsibility to provide equal opportunities, eliminate discrimination and foster good relations in our activities as an employer, service provider and partner. The measures we will take are set out in our local People Plan.

Salaries within the Trust for staff employed on Agenda for Change are determined through the NHS Job Evaluation Handbook and the NHS Terms and Conditions of Service Handbook (Agenda for Change). Salaries for Medical and Dental Staff are in accordance with NHS terms and conditions of service for this staff group.

Staff undertaking the same job are paid the same irrespective of gender.

Newcastle Hospitals is an equal pay employer.

### 3. DECLARATION

I confirm this report is accurate to the best of my knowledge and belief. It reflects a snapshot of our organisation on 31 March 2021. We have a number of actions in place which are intended to address our gender pay gap. We will publish our data by 30 March 2022.

A handwritten signature in black ink, appearing to read 'Jackie Daniel', written in a cursive style.

Signed:

Name: Dame Jackie Daniel

Designation: Chief Executive

Date: March 2022

## 4. OUR GENDER PAY GAP DATA

### 4.1 Gender profile

Profile	Male 2022	Female 2022	Male 2021	Female 2021	Male 2020	Female 2020
All staff	22.59%	77.41%	22%	78%	22%	78%
All staff except M&D	17.96%	73.72%	17%	74%	17%	74%
M&D only	4.63%	3.69%	5.2%	3.9%	5.2%	3.9%

The Trust has a predominantly female workforce.

### 4.2 Gender pay

Profile	Male 2022	Female 2022	Pay Gap 2022	Male 2021	Female 2021	Pay Gap 2021	Male 2020	Female 2020	Pay Gap 2020
Mean hourly pay rate (all staff)	£22.01	£17.46	20.65%	£21.49	£16.13	24.91%	£20.92	£15.64	25.2%
Median hourly pay rate (all staff)	£16.49	£15.66	5.07%	£15.56	£14.93	4.0%	£15.14	£14.34	5.3%

Male staff are paid more than females though the mean hourly pay rate gap has reduced by 4.26% from £5.36 to £4.55 compared to last year.

The median hourly pay rate gap has increased by 1.07% from £0.63 to £0.83 compared to last year.

The Trust's overall mean gender pay gap is strongly influenced by the pay and gender make-up of the medical and dental staff group. This group is predominantly male and their higher pay relative to other staff increases the level of male average pay compared to females.

### 4.3 Gender bonus pay

The Trust has four payments classed as bonus for the purposes of gender pay reporting:

- Clinical excellence awards (CEAs) for medical and dental staff
- Excellence awards for senior staff employed on a Trust senior staff contract
- Discretionary performance-related pay bonus for executive directors/very senior managers (VSM)
- Performance bonus for staff in the pharmacy production unit (PPU)

Profile	Male 2022	Female 2022	Bonus pay gap 2022	Male 2021	Female 2021	Bonus pay gap 2021	Male 2020	Female 2020	Bonus pay gap 2020
Mean bonus pay per annum	£14,103	£5,082	63.96%	£15,075	£4,721	68.9%	£16,220	£5,930	64.4%
Median bonus pay per annum	£9,048	£2,186	75.83%	£8,225	£1,985	75.9%	£9,048	£2,951	67.4%
Proportion of staff in receipt of bonus	6.19%	1.11%		6.85%	1.13%		6.4%	1.0%	

The mean and median gender bonus pay gap has decreased compared to last year. Proportionally, significantly more male staff are in receipt of bonus compared to females. This year's allocation of clinical excellence awards is not included within the calculations because they fell outside the reporting period.

The difference in the mean and median bonus payments is strongly influenced by the pay and gender make-up of the medical and dental staff group. This group is predominantly male and their higher bonus payments relative to other staff significantly increases the level of male average bonus pay compared to females.

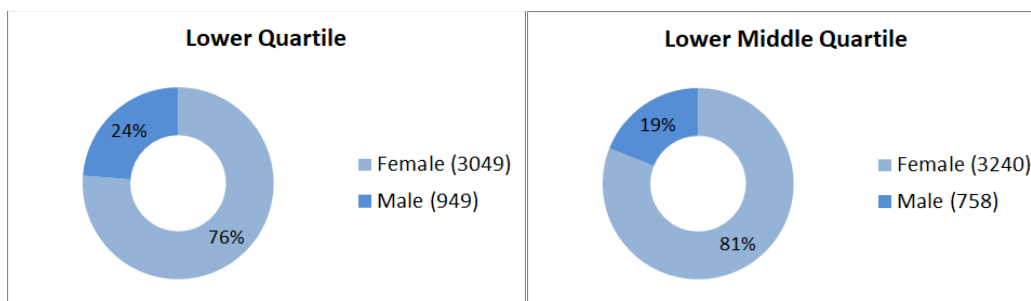
Bonus Type 2021	Female	Male	Female	Male
Cash Bonus	54%	46%	73	61
Clinical Ex Award PAY NHS	29%	71%	70	175
Discretionary Points PAY NHS	75%	25%	3	1
<b>Clinical Ex Award PAY NHS (including discretionary points)</b>	<b>29%</b>	<b>71%</b>	<b>73</b>	<b>176</b>
Performance Pay Payment	100%	0%	1	0
Cash Bonus NP PAY NHS 2021	Female	Male	Female	Male
Pharmacy Production Unit	53%	48%	42	38
Excellence Award	57%	43%	28	21
Discretionary Performance Bonus (Exec/VSM)	60%	40%	3	2

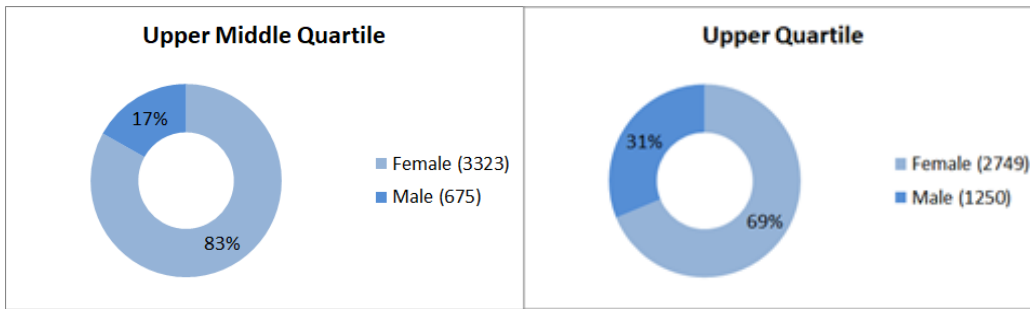
Bonus Type 2020	Female	Male	Female	Male
Cash Bonus	57%	43%	67	50
Clinical Ex Award PAY NHS	28%	72%	71	184
Discretionary Points PAY NHS	100%	0%	3	0
<b>Clinical Ex Award PAY NHS (including discretionary points)</b>	<b>29%</b>	<b>71%</b>	<b>74</b>	<b>184</b>
Perf Pay Payment NHS	100%	0%	1	0
Cash Bonus NP PAY NHS 2020	Female	Male	Female	Male
Pharmacy Production Unit	58%	42%	66	48
Excellence Award	0	0	0	0
Discretionary Performance Bonus (Exec/VSM)	33%	67%	1	2

- The total financial values of bonus received for males is £3.18m (£3.36m) (£3.54m) and for females is £0.74m (£0.75m) (£0.67m)
- Percentage of males in receipt of bonus is 81.03% (81.79%) (84%)
- Percentage of females is 18.96% (18.21%) (16%).
- 94.50% of all bonus payments relate to Clinical Excellence Awards (CEAs).
- 71% (71%) of CEA payments are attributed to men.
- 29% (29%) of CEA payments are attributed to women.
- Of the National CEAs, females are represented in the bronze category (only) to the value of £0.11m (£0.06m) compared to a male value of £1.32m (£1.38m)

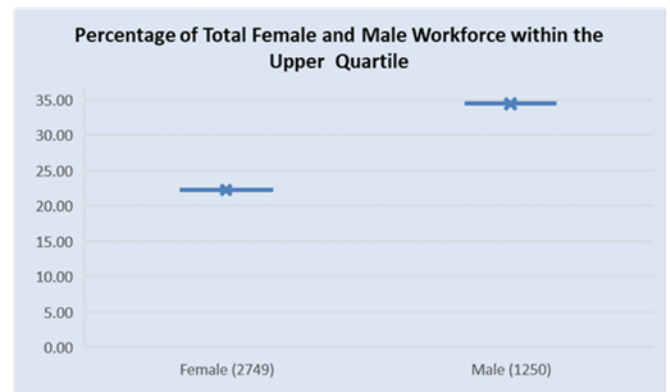
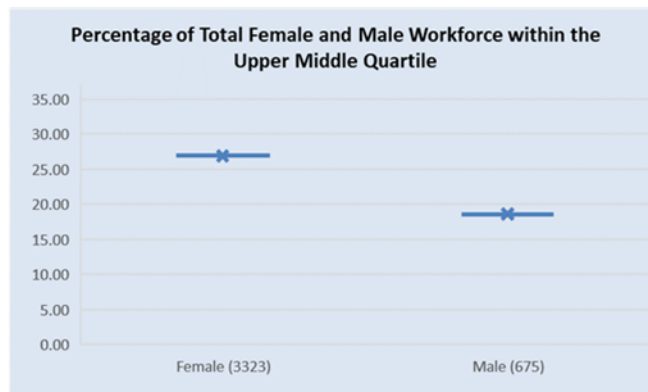
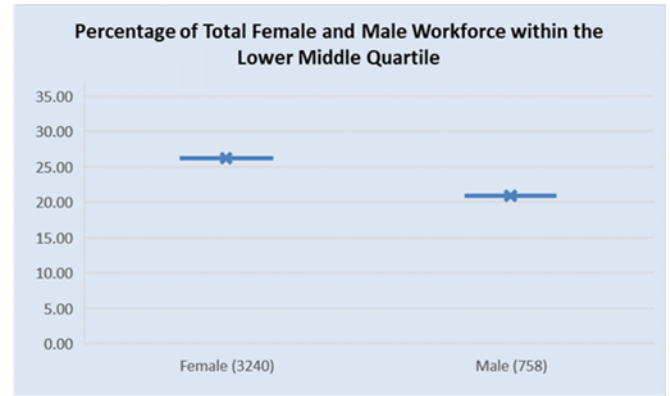
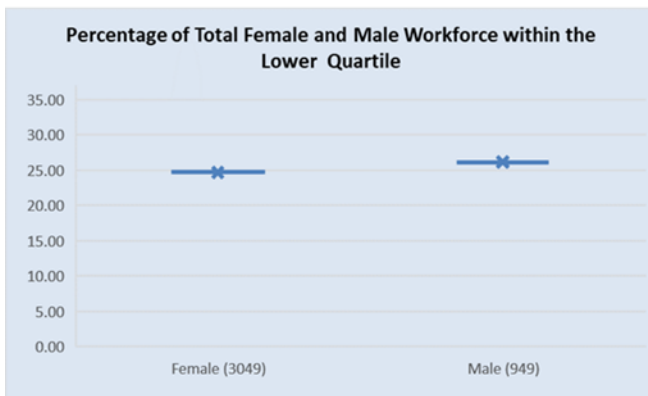
#### 4.4 Pay distribution by quartiles

The data below is achieved by dividing the workforce into four equal parts (quartiles). All staff are ranked from the lowest hourly rate of pay to the highest. The rank order is then divided into four sections with an equal number of staff in each. With a female workforce of 76.19% ideally females should make up 76% per cent of each quartile. Females are under-represented in the upper quartile and over-represented in the lower middle and upper middle quartiles. This is compounded by the fact that our medical workforce predominantly resides in the upper quartile and there are a higher percentage of males represented in the medical and dental workforce.





The highest variance remains in the upper middle quartile where 17% of staff are male and 83% are female; the lowest remains the upper quartile where 31% of staff are male and 69% are female.



78.6% (6,289) of all staff in the lower and lower middle quartiles are female. This is a positive decrease from 80.5% last year.

75.9% (6,072) of all staff in the upper middle and upper pay quartiles are female. This is a negative decrease from 76.5% last year.

21.43% (1,707) of all staff in the lower and lower middle quartiles are male. This is a positive increase from 19.5% last year.

24.07% (1,925) of all staff in the upper middle and upper pay quartiles are male. This is a negative increase from 23.5% last year.

A key reason for the Trust’s gender pay gap in favour of males is that proportionally more males hold senior positions. 34.42% of the male workforce reside within the upper quartile compared to 22.24% of the female workforce.

**4.5 Gender profile by staff group**



The majority of females are nursing, and midwifery (4,533) followed by additional clinical services (2,796) then admin and clerical (1,924). The majority of males are in additional clinical services (813) followed by medical and dental (726) then admin and clerical (571) and estates and ancillary (561). (Management staff are generally included in the admin and clerical staff group).



#### 4.6 Gender profile by pay band/scale

PayScale	Female (Within pay scale)	Male (Within pay scale)
Band 1	63%	37%
Band 2	76%	24%
Band 3	78%	22%
Band 4	83%	17%
Band 5	88%	12%
Band 6	86%	14%
Band 7	83%	17%
Band 8a	75%	25%
Band 8b	60%	40%
Band 8c	59%	41%
Band 8d	71%	29%
Band 9	100%	0%
Consultant	36%	64%
Junior Doctor	49%	51%
Senior Staff Contract	59%	41%
Specialty Doctor/AS	54%	46%

#### 5. ACTIVITIES THAT SUPPORT CLOSING THE GENDER PAY GAP

The Trust undertakes a wide range of activity to ensure that our processes and systems attract, retain and support people from all backgrounds. Many of these activities will contribute to closing the gender pay gap – these are set out below and include updates on previous actions.

##### 5.1 Clinical excellence awards

- Appointments and remuneration committee taking positive action to ensure the opportunities for recognition and reward are open to all. This involved actively encouraging female and BME consultant staff to put themselves forward to be members of the EBAC as these groups had long been under-represented
- Refreshed employer-based awards committee (EBAC) to better represent the diversity of the consultant body
- Published list of higher award holders to assist potential applicants with application process
- Sessions conducted by 10 higher award holders to offer advice and guidance - published list available to be approached by potential LCEA applicants for advice and guidance

- Verification of applications within the directorate required prior to submission
- A clear instruction that applicants who are less than full time consideration was to be given to their reduced hours and decisions proportionate to this
- All personal data was removed prior to scoring
- All scores and rankings provided to the EBAC remained anonymised
- Applications from female consultants – increase of 8.61%
- Applications from BME consultants – increase of 2.41%
- Applications from male consultants – increase of 0.07%

## **5.2 People Dashboard**

- Key to achieving the Trust's ambition of a representative and inclusive workforce at all levels is to have clear sight of accurate and meaningful data to help monitor progress and inform decisions about priorities
- The equality dashboard is a bespoke resource designed entirely in-house to provide top-level analysis of key performance indicators for equality, diversity and inclusion
- The aim that greater availability and use of data at directorate-level will promote local ownership of the Trust's EDI agenda and ambition and help embed a culture of inclusion
- Gender is one of five protected characteristics incorporated and areas covered include, representative workforce and leadership, the likelihood of being appointed, career progression and flexible working

## **5.3 Flexible Working**

- Refreshed policy; introduced right to request flexible working from day one of employment; removed limit on number of requests; includes agile working
- Participating in 'NHS flex for the future' programme to develop a deeper level of flexible working knowledge and expertise and increase understanding of and practical ideas for gaining the support of key stakeholders
- Key principles established to be used at local operational level to enable staff and managers to implement flexible and agile working options
- Plans in place to identify support for line managers to listen to and enable constructive response to requests, including where appropriate, explaining why a request may be declined
- Plans in place to identify how to measure what 'excellence' looks like (to ensure we're able to identify what's changed/improved over time) and refresh general HR advice to support line managers
- Strategic aim to be most flexible employer in NHS peer group by 2022

## **5.4 Recruiting, retaining, and developing a diverse workforce**

- Review adverts and job descriptions for 'diversity barriers'
- Promotion of male employment in female orientated roles i.e., nursing
- Actions to improve mixed gender selection panels and positive action on panels for posts at band 6 and above to ensure they are ethnically diverse
- Placement provider for NHS graduate management programme trainees
- Enabled homeworking for staff who can work from home
- Promotion of family friendly policies/special leave and carers provisions

- Promotion of shared parental leave to men
- Implementation of health and carer passports to ease transfer of role across the organisation and the health and care system
- Building our Trust-wide coaching offer and exploring mentoring options
- Delivered specific campaigns to recruit for diversity, such as integrated covid hub northeast (ICHNE)
- Continuing to partner with key external stakeholders to increase diversity (careers service, kickstart, NUFC foundations) and continuation of the employability programme

#### **5.4 Progression and career paths**

- Delivery of systems-wide leadership development programmes ensuring diversity of participants
- Undertake an annual talent round to track progression into and within the Trust. This includes a review of diversity
- Deliver internal talent development programmes across a range of grades and for staff from diverse ethnic backgrounds and staff with a disability
- Offer a range of apprenticeship programmes from entry to degree level of learning and development
- Actively review the diversity of leadership development programmes (applications and participants)
- Continue to work with our staff networks on the design and implementation of specific initiatives
- Delivered a reverse mentoring programme for senior managers, including executive level

#### **5.5 Performance Management**

- Implemented an appraisal policy which includes assessment of performance, behaviours and Equality and Inclusion production of a personal development plan and career conversations
- Embedded a single system and process of performance appraisal, review and moderation for senior staff employed on a Trust senior staff contract

### **6. NEXT STEPS**

We have made progression in a number of areas but recognise there is still more to do. We will endeavour to develop a range of activities over the next 12 months to advance gender pay, these include:

- Providing Directorate level information on; the gender diversity of our workforce, leadership representation, career progressions (disparity ratio's) and flexible working requests/data
- Exploring how we can better support and promote our vacancies in senior positions to women and organisations that support women.
- Explore the likelihood of being appointed to pay bands featured in the quartiles to understand the barriers in more detail
- Exploring how we can better support female talent. For example, encourage the next generation of female leaders by establishing an internal task and finish group/staff

network to explore how we can better support women into middle and senior management roles

- Effective communication plan to share flexible working key principles to enable staff and managers engage, consider, and implement flexible and agile working options.
- Identity support for line managers to listen to and enable constructive response to requests
- Continue the roll out leadership development programmes throughout the Trust to staff in band 6 and below
- Working with other NHS and partners to learn from best practice and explore opportunities to develop joint activities
- Review our policy and process to ensure there is no gender bias in the starting salaries and remuneration packages of new employees, including very senior staff, and regularly monitor
- We are cognisant of the recommendations of the report 'Mind the gap: the independent review into gender pay gaps in medicine' published in December 2020 and the government's announcement that it will establish an implementation panel to help address the structural barriers outlined

## **7. CONCLUSION**

The gap in our mean and median pay and particularly bonus pay shows there is more work to be done. Whilst we do not have an equal pay issue, we will continue to take steps to reduce our pay gap and explore best practice.