

GENDER PAY GAP REPORT 2020

1. Introduction and Background

The gender pay gap is a defined term in the Regulations and means the difference between the average hourly earnings of men and those of women. This is not the same as equal pay, which is concerned with men and women earning equal pay for the same jobs, similar jobs or work of equal value. It is unlawful to pay people inequitably because of gender. Instead the gender pay gap highlights any imbalance of average pay across an organisation. For example, if an organisation's workforce is predominantly female yet the majority of senior positions are held by men, the average female salary would be lower than the average male salary.

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the Regulations) require public sector organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31 March of each year, and each organisation is duty bound to publish information on their website. The snapshot date for this report is 31 March 2019.

York Teaching Hospital NHS Foundation Trust employs circa. 7,800 staff in a number of disciplines, including: administrative; nursing; allied health; and medical and dental roles.

2. Scope of this report

The following is a gender pay gap report for York Teaching Hospital NHS Foundation Trust and does not include the subsidiary company, York Teaching Hospital Facilities Management. A separate report has been produced for York Teaching Hospital Facilities Management as an organisation of 250+ employees they are required to report under the Regulations, this will be published on their website. This is the first year that the LLP have been reported separately.

The report includes all 'full pay relevant employees' who were employed by York Teaching Hospital (including bank staff on shift) as at the snapshot date of 31 March 2019. Employees who were absent on nil pay and agency workers are not included. For Consultants we include within 'pay' those payments made for Additional Programmed Activities (APA's). All calculations exclude overtime pay and expenses.

The majority of staff are on either Agenda for Change or medical and dental pay scales, which provide a clear process of paying employees equally, irrespective of their gender or ethnicity.

There are 16 individuals who are on personal salaries, 2 of which are medical and dental staff and for the purposes of this report are reported as such. The remaining 14 individuals are Very Senior Managers. The Very Senior Manager workforce includes executive directors and non-executive directors.

3. What do we have to report on?

The requirements of the Regulations are that each public sector organisation must calculate the following:

- The mean basic pay gender pay gap
- The median basic pay gender pay gap

- The proportion of males and females (men and women) in each quartile pay band
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of both males and females receiving a bonus payment

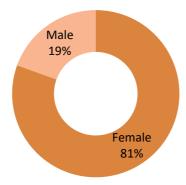
4. Definitions of gender pay gap

The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

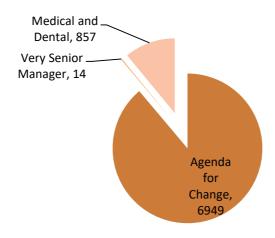
The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

5. Trust Gender Profile

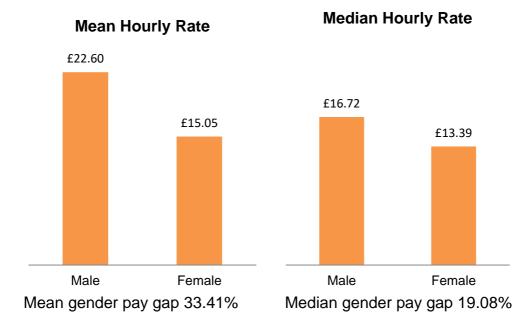
York Teaching Hospital employs a higher number of females than males. Of the 7,820 staff counted as part of the gender pay gap reporting, 6,297 were female compared to 1,523 male (percentages in the below chart have been rounded to the nearest whole number):



The below chart shows how the workforce is split between the agenda for change workforce, medical and dental workforce and the very senior manager workforce:



The below charts show the mean and median hourly rate for all Trust staff as at 31 March 2019:



The above charts show that the mean hourly rate of pay for males is £7.55 higher than that of females, a gender pay gap of 33.41%.

They also show that median pay for males is £3.19 higher than females, a gender pay gap of 19.08%.

We are also required to split the workforce into quartiles (blocks of 25%) split by pay and show the proportion of males and females in each quartile. The results of this split are shown below:

Quartile	% of Men	% of Women
1 Lower Quartile	15.96%	84.04%
2 Lower Middle Quartile	13.45%	86.55%
3 Upper Middle Quartile	14.22%	85.78%
4 Upper Quartile	34.72%	65.73%

In quartiles 1 to 3, the split between females and males is similar in that there are a higher percentage of women than men. In quartile 4 there is an increase in the percentage of men and a decrease in the percentage of women.

The data is perhaps skewed as the Trust has a high percentage of women within its workforce. To provide additional context, the chart below shows the headcount and percentage of Trust workforce split by gender in each quartile:

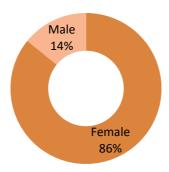
Quartile	Male Headcount & % of Trust Workforce	Female Headcount & % of Trust Workforce		
1 Lower Quartile	312 (20%)	1643 (26%)		
2 Lower Middle Quartile	263 (17%)	1692 (27%)		
3 Upper Middle Quartile	278 (18%)	1677 (27%)		
4 Upper Quartile	670 (44%)	1285 (20%)		

6. What does this mean?

The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce. However what it does not take account of is a small number of higher paid employees that could be skewing the data, therefore we have examined this in more detail, looking at gender composition and pay gaps in each individual band, and in the very senior manager category. Medical and dental staff details are explored separately later on in the report.

7. Agenda for Change and Very Senior Manager Workforce

6,963 of the workforce were employed on agenda for change pay scales or on a personal salary. Of these 5,978 were female compared to 985 male (percentages in the below chart have been rounded to the nearest whole number):



We have examined the gender composition and pay gaps in each individual band, and in the very senior manager category, this can be seen in the table below:

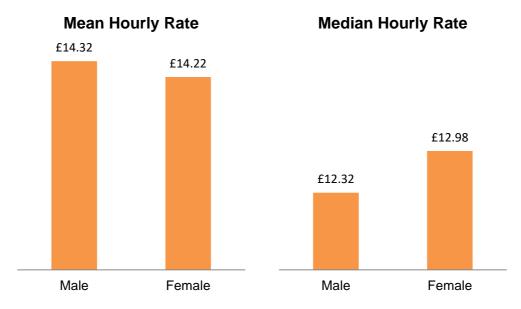
Pay Grade	Total Staff	Male Staff	Female Staff	Male average mean	Female average	Difference	Pay Gap %		
,	(Headcount)	(Headcount & %)	(Headcount & %)	hourly rate	mean hourly rate	2	. u, oup /o		
Apprentices	2		N/A there are only females in this pay grade *						
Band 1	24	13 (54.17%)	11 (45.83%)	£9.38	£8.91	£0.47	5.01%		
Band 2	1834	235 (12.81%)	1599(87.19%)	£10.45	£10.50	-£0.05	-0.48%		
Band 3	863	130 (15.06%)	733 (84.94%)	£9.92	£10.23	-£0.31	-3.13%		
Band 4	547	73 (13.35%)	474 (86.65%)	£10.75	£11.25	-£0.50	-4.65%		
Band 5	1511	174 (11.52%)	1337 (88.48%)	£13.99	£15.01	-£1.02	-7.29%		
Band 6	1231	149 (12.10%)	1082 (87.90%)	£16.10	£17.46	-£1.36	-8.45%		
Band 7	635	122 (19.21%)	513 (80.79%)	£19.52	£20.34	-£0.82	-4.20%		
Band 8a	206	54 (26.21%)	152 (73.79%)	£22.99	£23.57	-£0.58	-2.52%		
Band 8b	41	11 (26.83%)	30 (73.17%)	£29.21	£27.52	£1.69	5.79%		
Band 8c	42	17 (40.48%)	25 (59.52%)	£31.96	£32.68	-£0.72	-2.25%		
Band 8d	12	4 (33.33%)	8 (66.67%)	£41.20	£39.03	£2.17	5.27%		
Band 9	1	N/A there are only females in this pay grade							
Very Senior Managers **	14	3 (21.43%)	11 (78.57%)	£60.24	£28.17	£32.07	53.24%		

^{*}All other apprentices (both male and female) are spread across Band 2, Band 3 and Band 4. This is following a bid to increase apprentice salaries. All apprentices are captured in the figures detailed above via their respective pay bands.

The above table shows that, on average, females earn more in most pay bands than males. The only bands where males earn more are in band 1, band 8b, band 8d and very senior managers grouping. Of these the gender pay gap in personal salaries is the biggest with a pay gap of 53.24%. The very senior manager grouping includes both executive and non-executive directors, with the majority non-executive directors being female. Although females earn more than males in the majority of the pay bands above when looking at the mean and median pay (excluding medical and dental staff) the charts below show that the mean hourly rate of pay for males is 10 pence higher than that of females, a

⁺ Very Senior Managers include the data for Non-Executive Directors

gender pay gap of 0.07%. The median hourly pay rate shows a negative value, this shows that the difference and the gap are more favourable to females, with females earning 66 pence more an hour than men.



Mean gender pay gap 0.07%

Median gender pay gap -5.36%

We have split the agenda for change and very senior manager's workforce into quartiles (blocks of 25%) split by pay and show the proportion of males and females in each quartile. The results of this split are shown below:

Quartile	% of Men	% of Women
1 Lower Quartile	15.65%	84.35%
2 Lower Middle Quartile	14.37%	85.63%
3 Upper Middle Quartile	12.52%	87.48%
4 Upper Quartile	14.08%	85.92%

This shows a similar split in each of the quartiles between the percentage of men and women:

Quartile	Male Headcount & % of Male Workforce	Female Headcount & % of Female Workforce
1 Lower Quartile	278 (28.22%)	1465 (24.51%)
2 Lower Middle Quartile	244 (24.77%)	1496 (25.035)
3 Upper Middle Quartile	218 (22.13%)	1522 (25.46%)
4 Upper Quartile	245 (24.87%)	1495 (25.01%)

8. Medical and Dental Workforce

One significant feature of the data at 31 March 2019, as has been seen above and in previous years' reports, is that, if all Medical staff are removed from the calculations, then the gap is reduced. This prompted us to undertake a review of the position of York Teaching Hospital's medical and dental workforce and why it appeared to have an effect on the overall gender pay gap.

The Medical and Dental staff group comprises a large group, from trainees to those in Consultant roles. This is a staff group where males (536) outnumber females (319), and it is comprised over 855 employees.

We have split the medical and dental workforce in to the following groups:

- doctors in training and trust grades
- SAS Grade doctors and dentists
- Consultants

We have examined the gender composition and pay gaps in each of the training grades, this can be seen in the below table:

Pay Grade	Total Staff (Headcount)	Male Staff (Headcount & %)	Female Staff (Headcount & %)	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Foundation Year 1 Doctors	62	35 (56.45%)	27 (43.55%)	£14.54	£14.60	-£0.06	-0.41%
Foundation Year 2 Doctors	50	24 (48%)	26 (52%)	£16.77	£17.05	-£0.28	-1.67%
Doctors & Dentists in Training (Core Trainees)	52	30 (57.69%)	22 (42.31%)	£21.72	£21.10	£0.62	2.85%
Doctors & Dentists in Training (Specialty Trainees & GP Specialty Trainees)	186	96 (51.61%)	90 (48.39%)	£26.48	£24.13	£2.35	8.87%
Locum Appointment for Service Doctors (LAS Doctors)	51	28 (54.90%)	23 (45.10%)	£26.04	£23.61	£2.43	9.33%
Trust Doctors	4	3 (75%)	1 (25%)	£37.34	£30.90	£6.44	17.25%
Dental Practitioners	2	N/A there are only men working in this pay band					

As at 31 March 2019 York Teaching Hospital had 407 doctors in training and trust grades. These comprised 218 male doctors (53.56% of total) and 189 female doctors (46.44% of total). It should be noted that two medical and dental staff are on personal salaries, there is no gender pay gap data to report as there are no female comparators.

The data suggests that in the early years of training, the gender pay gap is marginally in favour of female doctors, this profile changes as training progresses.

For this group of medical and dental workforce they are on a structured basic pay scale with additional payments (that are equally available to male and female) to determine their full salary which include on-call availability allowance, less than full time allowance, weekend allowance and flexible pay premia.

It also includes individuals who are in receipt of nationally agreed protected pay due to changes in national contracts. Maternity leave is not a negative factor in determining years of experience and therefore should not put women in a detrimental position when compared to a male colleague. However it could take a female doctor who has taken a period of maternity leave longer to complete their training leaving male colleagues to progress slightly quicker to Consultant level.

In recording salaries on the Electronic Staff Record system all the above are taken in to account for determining salaries.

We have examined the gender composition and pay gaps in SAS Grade Doctors and Dentists and Consultants, this can be seen in the below table:

Pay Grade	Total Staff (Headcount)	Male Staff (Headcount & %)	Female Staff (Headcount & %)	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Speciality Doctors & Associate Specialists (SAS Doctors and Dentists)	93	63 (67.74%)	30 (32.26%)	£33.68	£36.61	-£2.93	-8.70%
Consultants	355	255 (71.83%)	100 (28.17%)	£50.70	£46.32	£4.38	8.64%

What is clear is that as doctors careers develop, there appears to be a higher attrition of female than male doctors, such that in the more senior grades taken together (SAS grades and Consultants) male doctors are the majority. This potentially raises complex issues

around career progression, family-friendly policies, and career support to our female doctors.

For SAS Grade Doctors their starting salary is determined by the years of experience. Their current activity and previous experience in grade or working at an equivalent level supports this determination. The job plan programmed activities is also a determining factor in relation to the number of contracted programmed activities, additional programmed activities and on-call commitment.

For Consultants their starting salary is determined by years of experience in grade. The job plan programmed activities is also a determining factor in relation to the number of contracted programmed activities, additional programmed activities and on-call commitment.

Since the last snapshot data of 31 March 2018 there are 74 "new" Medical and Dental staff who are earning a wage that would put them in the Upper Quartile. As a headcount 56 (76%) of these are male, 18 (24%) are female. In addition, a further 56 Consultants have seen their pay increase from the last snap-shot, and 46 (82%) of these are male.

9. Bonuses

Only Medical Consultants were in receipt of bonus payments in the snapshot data. These were in the form of Clinical Excellence Awards (Local and National) and Distinction Awards.

There were 205 bonuses paid (under the pre 2018 Clinical Excellence Award process, local and national), 50 were to female consultants and 155 were to male consultants. When compared with the proportion of male Consultants to female Consultants, 75.61% of bonuses were paid to male Consultants when they make up 71.83% of all Consultants, and 24.39% were paid to female Consultants, when female Consultants make up 28.17% of all consultants.

When these payments are related to all employees of the Trust, out of the total number of female employees in the Trust this represents 0.76% receiving a bonus. In comparison, 8.14% of the total male employees in the Trust received a bonus.

Locally the Trust has explored other ways to recognise Consultants eligible to apply for a Clinical Excellence Award away from the traditional application and award model. This is applied in the same way for males and females.

10. Summary

We have identified some areas where a gender pay gap is evident. It should be acknowledged that some elements of our gender pay gap have a historical / national context which will take a period of time to resolve.

The 2017 snapshot data showed a mean gender pay gap of 28.7% and a median gender pay gap of 9.5%. In 2018 the snapshot data showed a mean gender pay gap of 27.7% and a median gender pay gap of 9.4%.

However when reviewed against 2017 and 2018; our statistics are not comparable on a like for like basis as since that snapshot date, established the York Teaching Hospital Facilities Management LLP which saw a reduction of circa 992 staff employed directly by the Trust transfer into the LLP on 1st October 2018. The exclusion of the LLP staff has

removed a proportion of men and women from the lower quartiles. Also it will not have had any impact on the gender pay gap for bonus payments as this staff group were not in receipt of bonuses.

We have not looked in detail at any specific impact of the NHS Agenda for Change contract refresh which included the removal of band 1 for new entrants (from December 2018) and the reduction in the number of incremental steps within the bands.

Our action plan is set out below and aims to address any inequalities experienced by women and to enhance the experience of both men and women in our workforce.



11. Action Plan

Objective	Lead	Timescales	Measurement of success
Review of flexible working policy and procedure	HRBP	Policy review date or December 2020 whichever is earlier	
Review of family leave policy	HRBP	Policy review date or December 2020 whichever is earlier	
Review of starting salaries guidance	HRBP	Policy review date or December 2020 whichever is earlier	Policies and guidance reflect
Working with other NHS Organisations to learn from best practice	WL/HRBP/Recruitment Team	Immediately and ongoing	best practice
Implementation of Talent Management Framework	WFL	April 2020	
Review Leading and Managing People training encouraging managers to support female talent	HRBP	August 2020	An increase in the number of internal female applicants for higher banded roles
Exploring how we can better promote our vacancies in senior positions to women and organisations that support women, including Medical and Dental vacancies	Recruitment Team	Immediately and ongoing	An increase in the number of female applicants for higher banded roles
Review of recruitment adverts to reduce unconscious bias and gender specific terms in particular for Medical and Dental vacancies	Recruitment Team	Immediately and ongoing	
If an application and award process takes place for local Clinical Excellence Awards provide support to female consultants to encourage an increase in applications	Medical Director Team/Medical Staffing Team	April 2020	An increase in the number of applications from female Consultants