

GENDER PAY GAP REPORT 2021

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 males and those of females. This is not the same as equal pay, which is concerned with males and females 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 males, 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 2020.

York and Scarborough Teaching Hospitals NHS Foundation Trust, on 31 March 2020 employed circa 7,704 staff in a number of disciplines, including: administrative; nursing; allied health; and medical and dental roles.

The 2021 gender pay gap reporting deadline has been extended to 5 October 2021 due to the continuing impact of the Coronavirus (COVID 19) pandemic.

2. Scope of this report

The following is a gender pay gap report for York and Scarborough Teaching Hospitals NHS Foundation Trust and does not include the subsidiary company, York Teaching Hospital Facilities Management. A separate report will be 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.

The report includes all 'full pay relevant employees' who were employed by York and Scarborough Teaching Hospitals (including bank staff on shift) as at the snapshot date of 31 March 2020. 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.

Employees who were not paid on that date or who were in receipt of a lower basic rate (reasons explored below) were automatically excluded by a pre-set national dashboard in the Electronic Staff Record Business Intelligence report, which produces the staff list for this report.

The following people have not been included as part of this report:

- Employees on a career break
- Employees on maternity & adoption leave, if earning less than their normal basic hourly pay rate

- Employees on long term sick leave
- Bank employees who did not work, and therefore did not earn a basic hourly rate on 31/03/2020
- Employees who were suspended without pay
- Employees on external unpaid secondments

This report is based on the 7,533 ‘full pay relevant employees’.

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 15 individuals who are on personal salaries, 2 of whom are medical and dental staff and for the purposes of this report are reported as such. The remaining 13 individuals are Very Senior Managers. The Very Senior Manager workforce includes executive directors and non-executive directors.

3. Comparison year on year

There are some challenges comparing the year on year position due to the variation in the headcount based on the factors described above. However to be able to demonstrate the changes we have produced a comparison chart which can be found in Section 14 of the report.

4. 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 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

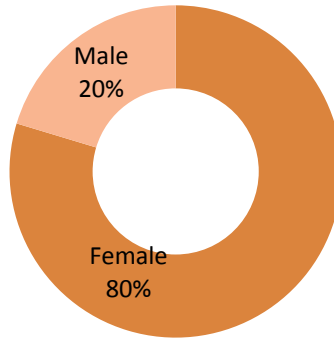
5. Definitions of gender pay gap

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.

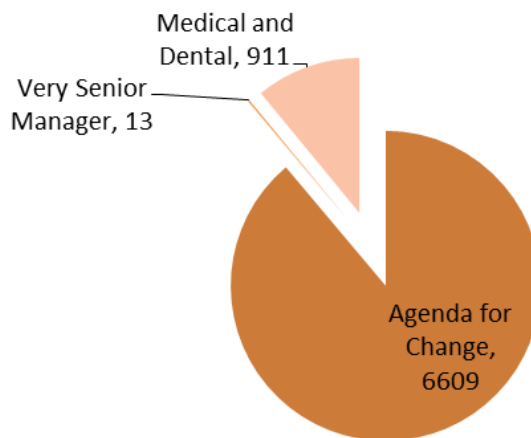
The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

6. Trust Gender Profile

York and Scarborough Teaching Hospitals employ a higher number of females than males. Of the 7,533 staff counted as part of the gender pay gap reporting, 6,001 were female compared to 1,532 male (percentages in the below chart have been rounded to the nearest whole number):

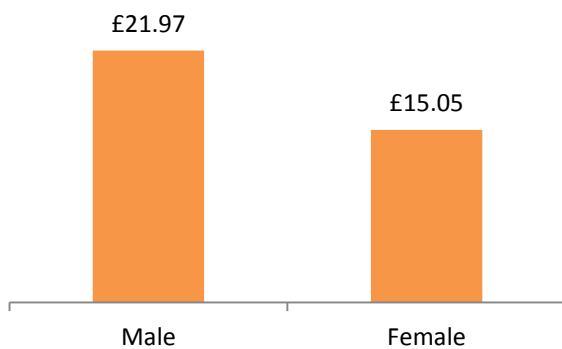


The below chart shows how the workforce is split between the agenda for change workforce, medical and dental workforce and the very senior manager workforce:



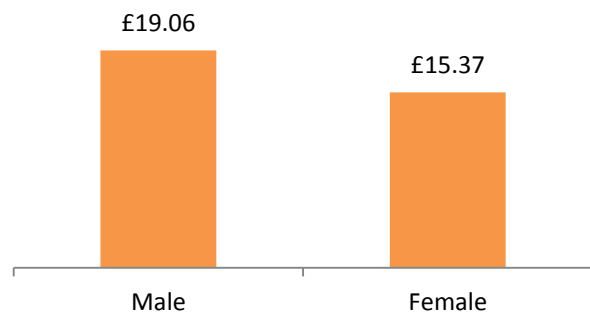
The below charts show the mean and median hourly rate for all Trust staff as at 31 March 2020:

Mean Hourly Rate



Mean gender pay gap 31.5%

Median Hourly Rate



Median gender pay gap 19.36%

The above charts show that the mean hourly rate of pay for males is £6.92 higher than that of females, a gender pay gap of 31.5%. They also show that median pay for males is £3.69 higher than females, a gender pay gap of 19.36%.

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 Males	% of Females
1 Lower Quartile	15.99%	84.01%
2 Lower Middle Quartile	14.65%	85.35%
3 Upper Middle Quartile	16.96%	83.04%
4 Upper Quartile	32.48%	67.52%

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

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

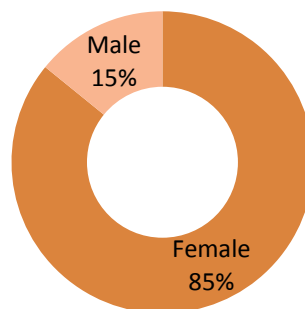
Quartile	Male Headcount & % of Trust Workforce	Female Headcount & % of Trust Workforce
1 Lower Quartile	301 (4%)	1582 (21%)
2 Lower Middle Quartile	274 (3.64%)	1596 (21.19%)
3 Upper Middle Quartile	296 (3.93%)	1449 (19.24%)
4 Upper Quartile	661 (8.77%)	1374 (18.24%)

7. 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.

8. Agenda for Change and Very Senior Manager Workforce

6,622 of the workforce were employed on agenda for change pay scales or on a personal salary. Of these 5,645 were female compared to 977 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 Headcount	Male Headcount	Male %	Female Headcount	Female %	Male average mean hourly rate	Female average mean hourly rate	Difference	Pay Gap %
Band 1	4	1	25.00%	3	75.00%	£9.03	£9.03	£0.00	0%
Band 2	1622	227	14.00%	1395	86.00%	£9.18	£9.30	-£0.12	-1.31%
Band 3	814	142	17.44%	672	82.56%	£9.95	£10.10	-£0.15	-1.51%
Band 4	587	81	13.80%	506	86.20%	£11.18	£11.49	-£0.31	-2.77%
Band 5	1420	177	12.46%	1243	87.54%	£13.79	£14.05	-£0.26	-1.89%
Band 6	1222	150	12.27%	1072	87.73%	£17.23	£17.51	-£0.28	-1.63%
Band 7	633	113	17.85%	520	82.15%	£20.82	£20.83	-£0.01	-0.05%
Band 8a	203	52	25.62%	151	74.38%	£24.60	£24.51	£0.09	0.37%
Band 8b	48	12	25.00%	36	75.00%	£29.59	£28.85	£0.74	2.50%
Band 8c	35	13	37.14%	22	62.86%	£34.86	£33.64	£1.22	3.50%
Band 8d	20	5	25.00%	15	75.00%	£41.72	£41.33	£0.39	0.93%
Band 9	1	N/A there is only 1 female in this pay band							
Very Senior Manager*	13	4	30.77%	9	69.23%	£48.66	£35.27	£13.39	27.52%

* Very Senior Managers include the data for Directors and Non-Executive Directors

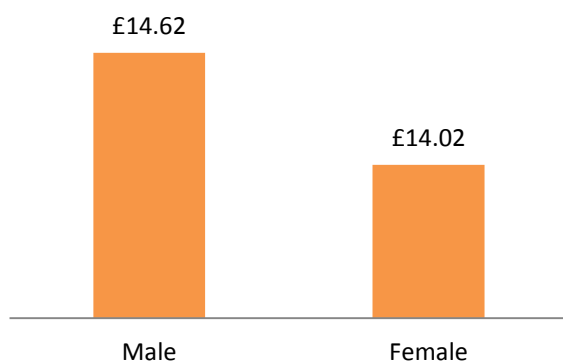
The above table shows that, on average, females earn more in most pay bands than males, however this is in the lower pay bands. There was an equal return in band 1 for both genders. The bands where males earn more than females are in band 8a, band 8b, band 8c, band 8d and the very senior manager grouping.

The gender pay gap in the very senior managers grouping is the biggest with a pay gap of 27.52%. The very senior manager grouping includes both executive and non-executive directors, with the majority of which are female.

Trust 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.

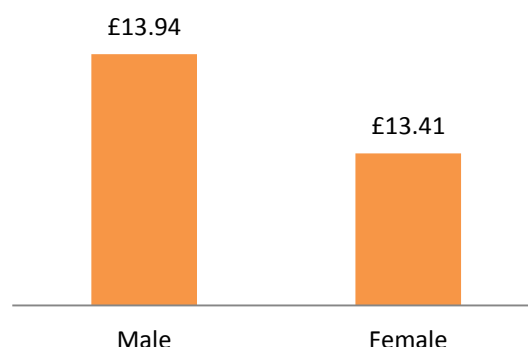
Although females earn more than males in the majority of the pay bands when looking at the mean and median pay (excluding the medical and dental workforce) the charts below show that the mean hourly rate of pay for males is £0.60 higher than that of females, a gender pay gap of 4.1%. The median hourly pay rate shows females earning £0.53 per hour more than males.

Mean Hourly Rate



Mean gender pay gap 4.1%

Median Hourly Rate



Median gender pay gap 3.8%

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 Males	% of Females
1 Lower Quartile	15.99%	84.01%
2 Lower Middle Quartile	13.76%	86.24%
3 Upper Middle Quartile	11.90%	88.10%
4 Upper Quartile	17.46%	82.54%

This shows a similar split in each of the quartiles between the percentage of males and females:

Quartile	Male Headcount & % of Male Workforce	Female Headcount & % of Female Workforce
1 Lower Quartile	301 (30.81%)	1582 (28.02%)
2 Lower Middle Quartile	249 (25.49%)	1560 (27.64%)
3 Upper Middle Quartile	181 (18.53%)	1340 (23.74%)
4 Upper Quartile	246 (25.18%)	1163 (20.60%)

9. Medical and Dental Workforce

One significant feature of the data which has been seen across previous reporting 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 and Scarborough Teaching Hospitals 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 (555, 61%) outnumber females (356, 39%), and it is comprised of 911 employees.

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

- Doctors and Dentists in Training and Trust Grades
- Specialty Doctors, Associate Specialists (collectively known as SAS Doctors) and 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 Headcount	Male %	Female Headcount	Female %	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Foundation Doctor Year 1	61	25	40.98%	36	59.02%	£13.28	£13.28	£0.00	0%
Foundation Doctor Year 2	56	37	66.07%	19	33.93%	£15.37	£15.37	£0.00	0%
Doctors & Dentists in Training (Core Trainees)	56	27	46.43%	29	53.57%	£18.80	£18.34	£0.46	2.45%
Doctors & Dentists in Training (Specialty Trainees & GP Specialty Trainees)	210	99	47.14%	111	52.86%	£20.75	£20.98	-£0.23	-1.11%
Trust Doctors / Trust Dentists	50	22	44%	28	56%	£22.94	£20.45	£2.49	10.85%

As at 31 March 2020 York and Scarborough Teaching Hospital had 433 doctors and dentists in training and trust grades. These comprised 210 male doctors (48.50% of total) and 223 female doctors (51.50% of total).

The data shows an equal return for both genders for Foundations Doctors in Year 1 and Year 2. However 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 females 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 Specialty Doctors, Associate Specialists (collectively known as SAS Doctors) and Consultants, this can be seen in the below table:

Pay Grade	Total Headcount	Male Headcount	Male %	Female Headcount	Female %	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Specialty Doctors	76	59	77.63%	17	22.37%	£31.60	£30.77	£0.83	2.63%
Associate Specialists	23	15	65.22%	8	34.78%	£39.80	£53.04	-£13.24	-33.27%
Consultants	377	269	71.35%	108	28.65%	£49.05	£45.09	£3.96	8.07%
Personal Salary	2	N/A there are only 2 males on personal salaries							

Of the two members of the medical and dental workforce of whom are on personal salaries, of whom are both male, there is no gender pay gap data to report as there are no female comparators.

This year Specialty Doctors and Associate Specialists have been reported separately, where as in the previous report they were combined. The gender pay gap for Associate Specialists maybe skewed by one individual undertaking bank shifts which attracts a higher rate of pay.

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 and dentists.

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.

In order to understand the gender pay gap for consultants it may be useful to look at the findings of a recent survey.

In March 2021 a survey was undertaken by two female Care Group Directors and was sent to all female consultants in York and Scarborough Teaching Hospitals National Health Service Foundation Trust. This was to explore the lower than expected percentage of female consultants within the Trust and to look at how the Trust could improve this situation.

Out of the 127 individuals 91 females responded giving a 72% response rate.

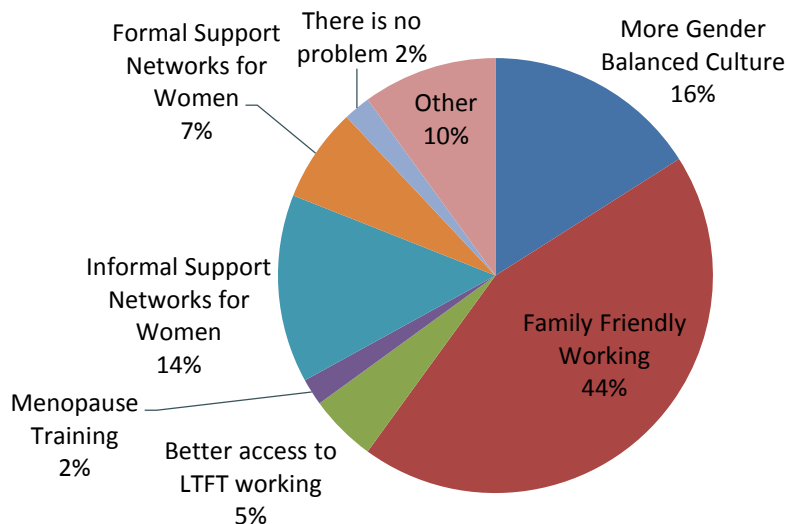
Individuals were asked:

- Care Group
- Age
- Base
- Contracted PA's
- Recommend the Trust to a female consultant colleague as a place to work
- Experienced any difficulties working less than full time
- Considered a clinical leadership role
- What the Trust could do to improve recruitment of female consultants

60% of females worked full time with 40% of respondents working less than full time.

74% stated that they would recommend the Trust as a place to work, with 16% being unsure and 10% responding no.

When asked what the Trust could do to improve recruitment of female consultants, the responses can be seen below:



Generally female consultants, although interested in clinical leadership roles felt they could not balance the time they needed with clinical work and family life. There was a sense that they felt they would need to increase their PA's to be able to undertake a clinical leadership role.

In order to address the issues this survey highlighted it has been suggested that a female consultant trust network is established to look at these issues further. Some further actions suggested were for admin and SPA time to be worked at home and for annualised hours to be explored where individuals could work more PA's in term time and less in school holidays. This is something which the revised job planning principles looks to address.

The Trust recognises that there will be challenges for any member of staff in balancing work and home life responsibilities, we are seeking to address this through the Agile & Flexible Working Policy, establishing a Carer's Network and implementing a new Values and Behaviours framework.

10. 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 189 bonuses paid (under the pre 2018 Clinical Excellence Award process, local and national), 47 were to female consultants and 142 were to male consultants. When compared with the proportion of male Consultants to female Consultants, 75.13% of bonuses were paid to male Consultants when they make up 71.35% of all Consultants, and 24.87% were paid to female Consultants, when female Consultants make up 28.65% 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 0.78% receiving a bonus. In comparison, 9.27% 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.

11. 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.

We have compared the mean and median gender pay gap since gender pay gap reporting began:

Year	Mean Gender Pay Gap	Median Gender Pay Gap
2017	28.7%	9.5%
2018	27.7%	9.4%
2019	33.41%	19.08%
2020	31.5%	19.36%

There are some challenges comparing the year on year position due to the variation in the headcount based on the snap shot data and the who falls in to the definitions of 'full pay relevant employees'.

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.

12. Reducing the Gender Pay Gap

This section details our actions in reducing the gender pay gap. It should be noted that the Trust response to the COVID pandemic has inevitably delayed some of the planned policy reviews. There is also a larger piece of work within the NHS people plan with respect to a national review of recruitment processes which is ongoing and will lead to work at a local level in due course.

In October 2020 the Trust launched the new Agile, Alternative & Flexible Working Policy. York and Scarborough Teaching Hospital NHS Foundation Trust actively supports its staff to work in flexible ways wherever possible. The Trust understands that someone's employment is just one part of who they are. Each one of our employees is a person with needs and responsibilities outside of the workplace.

Through looking at alternative approaches to work a better balance can be achieved, staff are more engaged and as a result more productive. Increasing agile and flexible working in the NHS is a key target within the NHS People Plan.

A full review of the family leave policy is underway and should be concluded during the early part of 2021.

We have significantly increased our links with other NHS organisations due to the COVID pandemic; this provides greater opportunity for learning from best practice and benchmarking against others and will continue going forward.

A talent management program was introduced during 2020, this means that proactive conversations are happening at appraisals about future aspirations. From these

conversations, individuals will have a plan of appropriate learning and development to enable them to achieve their goals.

The current leadership training has been reviewed and is being replaced by a leadership development program; the aim is to ensure that women in the organisation have the support and confidence to continue to apply for senior roles.

Our 2021 action plan at section 13 below aims to address any inequalities experienced by females and to enhance the experience of both males and females in our workforce. As we continue to reset as an organisation after a challenging year; our action plans reflects a focused approach on a smaller number of actions to ensure that they are completed and fully embedded; we also publish a single equality action plan each year which should improve the working lives of all of our employees regardless of the protected characteristic.

Section 14 provides a summary of the 2019 and 2020 gender pay gap results side by side.

13.2021 Action Plan

Objective	Lead	Timescales	Measurement of success
Implementation of an agile working, group to review to Trust's approach to flexible and remote working post pandemic.	HR Workforce Lead	June 2021	Policies and guidance reflect best practice
Complete the ongoing review of family leave policy	HRBP	June 2021	
Action carried forward - Review of starting salaries guidance	HRBP	Policy review date or December 2021 whichever is earlier	
Ensure appropriate support to individuals with caring responsibilities through the full implementation the Trust Carers network.	HR Workforce Lead HRBP	August 2021	Identified barriers are reduced / removed for individuals who balance caring responsibilities with work.
Review the Equality and Diversity Training offering with a particular focus on recruitment and selection.	HR Workforce Lead HRBP Organisational Development	August 2021	An increase in the number of internal female applicants for higher banded roles
Action carried forward - Exploring how we can better promote our vacancies in senior positions to females and organisations that support females, including Medical and Dental vacancies	Recruitment Team	Immediately and ongoing	An increase in the number of female applicants for higher banded roles
Action carried forward - Review of recruitment adverts to reduce unconscious bias and gender specific terms in particular for Medical and Dental vacancies	Recruitment Team	Immediately and ongoing	

14. Year on Year Comparison

	2019		2020		2021
Total Headcount	7820		7533		
Agenda for Change Staff Headcount	6946		6609		
Very Senior Manager Headcount	14		13		
Medical and Dental Headcount	857		911		
	Male	Female	Male	Female	
Gender Profile	19%	81%	20%	80%	
Headcount of A4C Staff and VSM	14%	86%	15%	85%	
Headcount of M&D	63%	37%	61%	39%	
% of Medical and Dental Staff Bonuses	75.61%	24.39%	75.13%	24.87%	
	Gender Pay Gap (GPG)				
Mean GPG whole workforce	33.41%		31.5%		
Median GPG whole workforce	19.08%		19.36%		
Mean GPG A4C and VSM	0.07%		4.1%		
Median GPG A4C and VSM	-5.36%		3.8%		
Foundation Year 1 Doctors GPG	-0.41%		0%		
Foundation Year 2 Doctors GPG	-1.67%		0%		
Core Trainees GPG	2.85%		2.45%		
Specialty Trainees GPG	8.87%		-1.11%		
LAS Doctors GPG	9.33%		N/A		
Trust Doctors GPG	17.25%		10.85%		
SAS Doctors and Dentists GPG	-8.70%		N/A		
Specialty Doctors GPG	N/A		2.63%		
Associate Specialists GPG	N/A		-33.27%		
Consultants GPG	8.64%		8.07%		