

# York and Scarborough Teaching Hospitals

**NHS Foundation Trust** 

# **GENDER PAY GAP REPORT 2022**

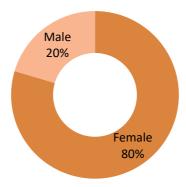
#### 1. Introduction

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap as at 31 March each year. This report details the position as at 31 March 2021. Further information regarding the reporting requirements can be found in Appendix 1.

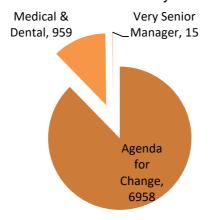
York and Scarborough Teaching Hospitals NHS Foundation Trust, on 31 March 2021 employed circa 7,932 staff in a number of disciplines, including: administrative; nursing; allied health; and medical and dental roles.

The national pay grades used in the Trust have a set of points for pay progression, linked to number of years of experience. Therefore, the longer the period of time that someone has been in a role the higher their salary is likely to be, irrespective of their gender.

York and Scarborough Teaching Hospitals employ a higher number of females than males. Of the 7,932 staff counted as part of the gender pay gap reporting, 6,312 were female compared to 1,620 male (percentages in the below chart have been rounded to the nearest whole number):

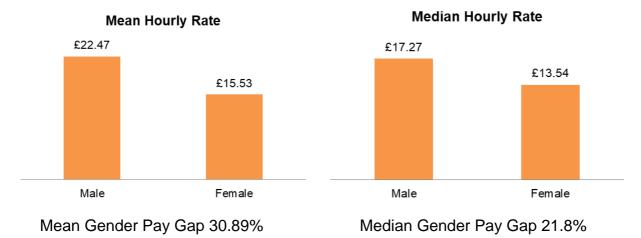


The below chart shows how the workforce is split between the agenda for change workforce, medical and dental workforce and the very senior manager workforce:



## 2. Gender Pay Gap Statistics

The below charts show the mean and median hourly rate for all Trust staff as at 31 March 2021:

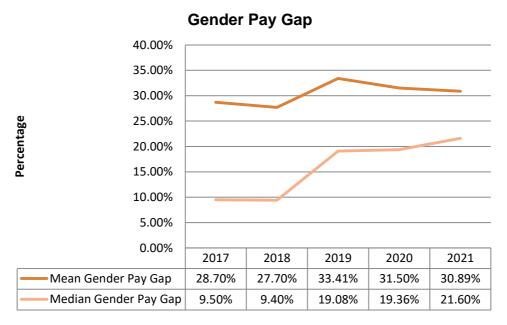


The above charts show that the mean hourly rate of pay for males is £6.94 higher than that of females, a gender pay gap of 30.89%. They also show that median pay for males is £3.73 higher than females, a gender pay gap of 21.6%.

Splitting the workforce in to Agenda for Change (A4C) and Very Senior Managers (VSM) and then Medical and Dental (M&D) we the Gender Pay Gap is as shown below:

	Mean GPG	Median GPG
Trust	30.89%	21.6%
A4C and VSM	5%	0%
M&D	16.22%	36.11%

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



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The above demonstrates an increase in both our mean and median gender pay gap.

Further analysis was conducted to explore if the increase in the Gender Pay Gap was caused by bank shifts/locum shifts attracting higher rates of pay. The table bellows shows the Gender Pay Gap when looking at the substantive workforce only:

	Mean GPG	Median GPG
Substantive Trust	31.61%	21.6%
Substantive A4C and VSM	5.12%	0%
Substantive M&D	16.24%	36.11%

The above demonstrates when excluding the workforce who have undertaken bank/locum shifts the Gender Pay Gap does remains very similar. The above however does confirm that the greatest Gender Pay Gap is with the Trust's Medical and Dental Workforce.

#### 3. Quartiles

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	14.5%	85.5%
2 Lower Middle Quartile	16.1%	85.9%
3 Upper Middle Quartile	17.8%	82.2%
4 Upper Quartile	31.5%	68.5%

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 males and a decrease in the percentage of females.

## 4. 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 173 bonuses paid (under the pre 2018 Clinical Excellence Award process, local and national), 44 were to female consultants and 129 were to male consultants. When compared with the proportion of male Consultants to female Consultants, 75% of bonuses were paid to male Consultants when they make up 70% of all Consultants, and 25% were paid to female Consultants, when female Consultants make up 30% 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 0.7% receiving a bonus. In comparison, 8% 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.

# 5. Gender Pay Gap by Band and Very Senior Managers

In addition to the statutory requirements, we have also analysed our gender pay gap by banding as follows:

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%	3	75%	£9.20	£9.20	£0.00	0%
Band 2	1590	222	14%	1368	86%	£9.59	£9.70	-£0.11	-1.13%
Band 3	907	144	16%	763	84%	£10.54	£10.57	-£0.03	-0.28%
Band 4	736	102	14%	634	86%	£11.58	£11.77	-£0.19	-1.61%
Band 5	1425	199	14%	1226	86%	£14.19	£14.46	-£0.27	-1.87%
Band 6	1290	155	12%	1135	88%	£17.58	£17.85	-£0.27	-1.51%
Band 7	677	121	18%	556	82%	£21.46	£21.52	-£0.06	-0.28%
Band 8a	216	52	24%	164	76%	£24.92	£24.81	£0.11	0.44%
Band 8b	54	17	31%	37	69%	£29.58	£28.89	£0.69	2.39%
Band 8c	34	12	35%	22	65%	£35.13	£34.42	£0.71	2.06%
Band 8d	24	8	33%	16	67%	£41.09	£41.75	-£0.66	-1.58%
Band 9	1	N/A (there are only females in this pay grade)							
Very Senior Manager**	15	7	47%	8	53%	£40.17	£38.96	£1.21	3.11%

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 and the very senior manager grouping.

There are more females in each pay band as there are men.

Further details of the Agenda for Change and Very Senior Manager Workforce can be found in Appendix 2.

### 6. Gender Pay Gap in the Medical and Dental Workforce

The Medical and Dental staff group comprises a large group, from trainees to those in Consultant roles. This is a staff group where males (580, 61%) outnumber females (379, 39%), and it is comprised over 959 employees.

In addition to the statutory requirements, we have also analysed our gender pay gap by banding as follows:

Pay Grade	Total Staff (Headcount)	Male Headcount	Male %	Female Headcount	Female %	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Foundation Doctor	,					£13.54	£13.54	£0.00	0%
Year 1	59	27	46%	32	54%				
Foundation Doctor Year 2	52	20	38%	32	62%	£15.67	£15.67	£0.00	0%
Doctors & Dentists in Training (Core						£19.09	£18.55	£0.54	2.9%
Trainees)	59	31	53%	28	47%				
Doctors & Dentists in Training (Specialty Trainees & GP						£21.67	£22.04	-£0.37	-1.7%
Specialty Trainees)	226	119	53%	107	47%				
Trust Doctors / Trust Dentists	69	40	58%	29	42%	£21.95	£20.93	£1.02	4.9%
Specialty Doctors	82	55	67%	27	33%	£33.03	£37.40	-£4.37	-11.68%
Associate Specialists	23	16	70%	7	30%	£41.28	£57.41	-£16.13	-28.1%
Consultants	387	270	70%	117	30%	£49.11	£46.19	£3.96	6.32%
Personal Salary	2			N/A There	are only ma	ales in this p	oay grade		•

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.

Further details of the Medical and Dental Workforce can be found in Appendix 3.

## 7. Reducing the Gender Pay Gap

Reviewing our actions taken to date and our continuous improvement in line with the NHS People Promise to reduce our gender pay gap

### **Our People Promise: We are Compassionate and Inclusive**

## Development of the Carer's network

A Carers network was implemented in June 2021. They convene on a monthly basis. Two videos have been developed and were launched on social media in November 2021 to help promote the network. The network are currently working on a Carers Passport and are linking in with the review of the special leave policy and procedure to give an increased allocation of special leave for individuals with caring responsibilities. These will be completed in 2022.

## **Equality and Diversity Training**

In 2021 Equality, Diversity and Inclusion training was delivered in areas across the Trust where this was requested, in 2022 ED&I Training will become part of mandatory training for every staff member.

The Leadership and Management Development Programme will be released in 2022, modules will highlight ED&I considerations and unconscious bias.

#### Review of recruitment adverts

A review is underway through recruitment and selection to reduce unconscious bias wording within adverts, there will be a focus on Medical and Dental vacancies however we

are committed to ensuring that gender biased job titles are stopped for all new vacancies in 2022 e.g. Ward Sister.

## Our People Promise: We are recognised and rewarded

## Starting salaries guidance

The Trust's starting salaries guidance for all staff on Agenda for Change has been updated to ensure starting salaries are agreed based on number of years' experience in line with the National Terms and Conditions.

# **Our People Promise: We Work Flexibly**

## Flexible Working

The five work streams that were set up to scope the modernisation of the Trust's working practices during and beyond the pandemic have all come to a natural conclusion.

The remits of these work streams included: scoping the practical and technological issues relating to implementing effective hybrid working options (whereby individuals can work a combination of onsite and remotely); developing appropriate guidance and training to support a change in working practices (and managing teams that are working differently); the legal / information governance / health & safety issues; and how best to engage both staff and managers with this work.

The Trust has signed up to be part of the 'Flex for the Future' programme jointly delivered by NHSEI and Timewise. This project will set the direction of travel for further expansion of the Flexible and Agile working agenda. This will specifically look to pilot flexible and agile working initiatives in historically hard to access areas for flexible working. The previous years' work has provided a sound footing in relation to the practicalities of agile and flexible working. The next year will focus on tackling cultural issues.

## Review of the family leave policy

The policy review is ongoing, due consideration has been given to ensure inclusivity of language and approach. The policy has been to the Employment Policy Review Group where feedback is obtained from our trade union colleagues. This policy will be going for ratification to the Employment Policy Review Group and the Joint Negotiating Consultative Committee.

## Review of the Job Planning Principles

A review was undertaken into the Job Planning Principles for medical staff in 2021. Ratification from our trade union colleagues was obtained in the spring with implementation following this. The principles signal a significant shift change in our approach to agile working for colleagues employed in Medical and Dental roles, the changes allow for SPA time to be worked from home, something which was not considered an option previously.

#### Retention Strategy

The gender pay gap and the findings from this report will play a key part in informing the Trust's retention strategy.

These actions should be read alongside our annual Equality Action Plan which is developed to improve the working lives and provide equal opportunities for all our employees.

# 8. Year on Year Comparison

The table below provides a summary of the 2019, 2020 and 2021 gender pay gap results side by side:

	2019		2020		2021		
Total Headcount	7820		7533		7932		
Agenda for Change Staff Headcount	6946		6609		6958		
Very Senior Manager Headcount	14		13	13		15	
Medical and Dental Headcount	857		911	911		959	
	Male	Female	Male	Female	Male	Female	
Gender Profile	19%	81%	20%	80%	20%	80%	
Headcount of A4C Staff and VSM	14%	86%	15%	85%	15%	85%	
Headcount of M&D	63%	37%	61%	39%	61%	39%	
% of Medical and Dental Staff Bonuses	75.61%	24.39%	75.13%	24.87%	75%	25%	
	Gender Pay Gap (GPG)		Gender Pay	Gender Pay Gap (GPG)		Gender Pay Gap (GPG)	
Mean GPG whole workforce	33.41%		31.5%	31.5%		30.89%	
Median GPG whole workforce	19.08%		19.36%		21.6%		
Mean GPG A4C and VSM	0.07%		4.1%		5%		
Median GPG A4C and VSM	-5.36%		3.8%		0%		
Foundation Year 1 Doctors GPG	-0.41%		0%		0%		
Foundation Year 2 Doctors GPG	-1.67%		0%		0%		
Core Trainees GPG	2.85%		2.45%		2.9%		
Specialty Trainees GPG	8.87%		-1.11%		-1.7%		
LAS Doctors GPG	9.33%		N/A		N/A		
Trust Doctors GPG	17.25%		10.85%		4.9%		
SAS Doctors and Dentists GPG	-8.70%		N/A		N/A		
Specialty Doctors GPG	N/A		2.63%		-11.68%		
Associate Specialists GPG	N/A		-33.27%		-28.1%		
Consultants GPG	8.64%		8.07%		6.32%		

# 9. Appendix Table

Appendix	Appendix
1	Further information on Gender Pay Gap Reporting
	Appendix 1 Further information on Gende
2	Agenda for Change and Very Senior Manager Workforce
	Appendix 2 Agenda for Change and Very
3	Medical and Dental Workforce
	Appenidx 3 Medical and Dental Workforce