



## Gender Pay Gap Report

Employers with more than 250 employees must calculate figures comparing men and women’s average pay across the organisation. This is known as the gender pay gap and is calculated as the percentage difference between average hourly earnings for men and women.

### Equal pay and gender pay

Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010. The gender pay gap is different to equal pay and is a measure that shows the difference in average earnings between men and women across an organisation or the labour market. It is expressed as a percentage of men’s earnings.

UHNM’s pay approach supports the fair treatment and reward of all staff irrespective of gender. This is in line with our equality and diversity statement that was launched in May 2016. Remuneration to all staff, regardless of gender, is made in accordance with National Terms and Conditions.

This report fulfils the Trust’s reporting requirements, analyses the figures in more detail and sets out what we are doing to close the gender pay gap in the organisation.

### Our Gender Pay Gap Data

The data is a snapshot of pay taken on 31<sup>st</sup> March 2020:

Based on Hourly Pay	At 31 <sup>st</sup> March 2018	At 31 <sup>st</sup> March 2019	At 31 <sup>st</sup> March 2020	What this means
<b>Median Pay Gap</b>				
The median gender pay gap shows the difference in the midpoints of the ranges of hourly rates of pay for men and women. The individual hourly rates of pay are ordered from lowest to highest and the middle value is compared	10.3%	8.8%	12.6%	There has been a small decrease in the percentage of women, and a small increase in the percentage of men in the upper pay quartiles while at the same time there has also been a small increase in the percentage of women, and decrease in the percentage of men in the lower pay quartiles which has resulted in the median pay gap increasing.
<b>Average (Mean) Pay Gap</b>				
The mean gender pay gap is the difference in the average hourly rates of pay that male and female employees receive.  The hourly rates of all male or female full-pay are added, and then divided by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage.	28.1%	27.6%	27.7%	

	We are confident that our gender pay gap is a result of the workforce distribution, rather than an equal pay issue. This is because we adhere to the Agenda for Change system, national terms and conditions of service (TCS) for Medical staff and, for very senior managers (VSMs), there is a specific VSM pay framework. The Trust also has a robust job evaluation process in place.
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Bonus Pay Gap	At 31 <sup>st</sup> March 2018	At 31 <sup>st</sup> March 2019	At 31 <sup>st</sup> March 2020	What this means
<b>Median Bonus Pay Gap</b>				
The median gender bonus gap is calculated by arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range	1.2%	29.2%	20.5%	The number of consultants (both male and female), in receipt of a Clinical Excellence Awards has reduced, however it is positive that the median pay gap has decreased.  With only a very small proportion of employees receiving clinical excellence awards any fluctuation in the profile can impact on the pay gap.
<b>Average (Mean) Bonus Pay Gap</b>				
The mean gender bonus gap is the difference in the average bonus payment that male and female employees receive.  Bonus payments (*see below) for all male or female employees are added, then divided by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is multiplied by 100 to give a percentage	1.5%	11.0%	19.1%	

	<p>*Bonus payments relates only to Clinical Excellence Award (CEA) payments made to eligible Medical Consultant Staff. Clinical Excellence Awards recognise and reward NHS consultant medical staff who perform 'over and above' the standard expected of their role and who can demonstrate achievements in developing and delivering high quality care, and commitment to the continuous improvement of the NHS.</p> <p>There are two award types - Local and National. Both have eligibility criteria which means that not all consultants can apply (the criteria is explained in our Clinical Excellence Award Policy HR47). The local scheme changed in 2018 to a 3 year non pensionable award programme, each year the total number of applicants has decreased year on year. Due to the current pandemic the scheme has changed to an automatic allocation of the award which is to be paid to all eligible consultants in March 2021, as a result this is likely to see no change to the pay gap associated to this group.</p>
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The proportion of male and female workforce in each pay quartile was as follows at 31<sup>st</sup> March 2020:

	Female	Male
% of employees in the lower pay quartile	81.5%	18.5%
% of employees in the lower middle pay quartile	80.6%	19.4%
% of employees in the upper middle pay quartile	83.4%	16.6%
% of employees in the upper pay quartile	65.2%	34.8%
Number of employees receiving bonus pay (i.e. a Clinical Excellence Award)	44 (0.48% of all female employees)	176 (6.48% of all male employees)

Our workforce is 78 per cent female; therefore ideally women should make up 78 per cent of each quartile. Having a predominantly female workforce means that even small fluctuations in the proportion of male to female employees in each quartile will have a significant impact on our gender pay gap.

### Supporting Gender Equality at UHNM:

- UHNM actively promotes careers and roles within the organisation and the wider NHS through our Widening Participation strategy and this includes breaking down traditional stereotypes and demonstrating female role models
- We ensure the consistent application of Agenda for Change job evaluation rules through the job evaluation process including consistency panels
- We use a transparent structured approach to shortlisting and interviews with agreed criteria to reduce bias in the recruitment process and we provide recruitment training to our managers
- We actively promote and publicise our commitment to flexible working options for all staff and through the provision of a range of family friendly policies and benefits including shared parental leave and paternity leave
- We promote our internal leadership development brochure to all staff and monitor applications to ensure all protected groups are represented
- We provide career coaching and mentoring
- We demonstrate through our inclusive recruitment strategy a range of women role models in various clinical and non-clinical roles
- We ensure all staff have a Personal Development Review, which uses the Maximising Potential Tool as an inclusive approach to identifying talent
- We use a Values Based approach into our recruitment processes

### Progress from our previous Gender Pay Gap Report:

- Our Flexible Working Policy was reviewed in October 2020 to further enhance the family friendly workplace offering available, with the policy now including the right to request flexible working from the first day and flexible working as a reasonable adjustment to support employees with disabilities. Managers receive training on applying the policy in our Gateway to Management programme.
- The Trust ran a high profile awareness campaign on menopause and the workplace 'Let's Talk About Menopause' which promoted the support and adjustments available for workers experiencing menopausal symptoms when at work
- During 2020 the Staffordshire High Potential Scheme was launched. The HPS is a fully funded 24-month career development scheme to help high potential, aspiring middle level clinical or non-clinical NHS leaders accelerate their career to senior executive roles at a faster pace. There has been particular emphasis on encouraging applications from protected groups including females and it is extremely positive that 50% of UHNM representatives on the scheme are women
- Revised the nomination process for our Connects Leadership Development programmes to a self-nomination system designed to increase diversity of applications
- Launched an Agile working review across the organisation

- Participated in a Staffordshire Integrated Care System Winter Inclusion School event ‘Women Through the Leadership Lens’ held on 25<sup>th</sup> January 2021 with the keynote speaker being UHNM Chief Executive Tracy Bullock

### Proposed Actions to reduce the Gender Pay Gap:

We will build upon the flexible working changes that are emerging though Covid-19 and respond to the NHS People Plan aspirations of making flexible working a reality for our workforce, and also to the recommendations from Mend the Gap: The Independent Review into the Gender Pay Gap in Medicine by progressing the following actions:

Action / Recommendation	Timescale
1. Promoting flexible working, with jobs advertised as flexible unless there is a strong justification not to, helping to improve work–life balance	Q1 2021/22
2. Introduce an Agile Working Policy	Q1 2021/22
3. Review our annual PDR process so that it includes wellbeing conversations about flexible working	Q3 2021/22
4. Continue to make effective use of e-rostering systems	Ongoing
5. Focus on raising awareness of and improving flexible working in the medical profession – supporting doctors in training that are working flexibly and attracting and retaining doctors wishing to work less than full time. Action to include undertaking a survey of doctors in training views of flexible working opportunities in the organisation	Q1 2021/22
6. Support our staff with caring responsibilities through the introduction of a Carer’s Passport	Q4 2021/22
7. Continue to actively promote our personal and leadership development to all and ensure that applications are reflective of the diversity of our workforce	Ongoing

This report must be published on the UHNM website and the data reported on a designated government website at [www.gov.uk/genderpaygap](http://www.gov.uk/genderpaygap)

## Appendix 1

### Notes and Explanations

#### 1 Explaining the Gender Pay gap:

Our gender pay gap is influenced by the make-up of our workforce which has:

- A greater proportion of male employees in the upper pay quartile compared to lower quartiles and
- A greater proportion of female employees in the lower pay quartiles compared to the upper quartile

Having a predominantly female workforce means that even small fluctuations in the proportion of male to female employees in each quartile will have a significant impact on our gender pay gap

**An example of how a Gender Pay Gap can come about:**

- ~ An organisation comprises 10 staff and 1 manager
- ~ The 10 staff are 9 females and 1 male and they all earn exactly £50,000 per year so they are all on equal pay
- ~ The manager, who is a man, earns £100,000 per year
- ~ The average salary for women in this organisation is £50,000
- ~ The average salary for men is  $(£50,000 + £100,000 / 2) = £75,000$
- ~ The gender pay gap is therefore £25,000 or 50%

#### 2 Explaining the Data

The data is a snapshot of pay taken on 31<sup>st</sup> March 2020 with the data presented in line with six key indicators:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males and females receiving a bonus payment
- Proportion of males and females when divided into four quartile pay bands

It is important to note that the gender pay gap may vary by occupation, age group and even working patterns.

*Note: The Trust does use agency workers who are not included in the data because they are part of the headcount of the agency company that provides them*

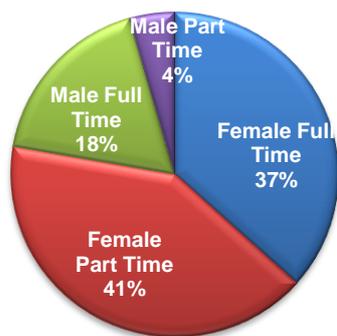
#### 3 How our workforce was made up (as at 31<sup>st</sup> March 2020)

UHNM is typical of any NHS Trust in that it has a higher number of females than males in its workforce. From a total headcount of 10,939 78% were female compared to 22% men.

Staff Group	Female	Male
Add Prof Scientific and Technic	77%	23%
Additional Clinical Services	85%	15%
Administrative and Clerical	82%	18%
Allied Health Professionals	79%	21%
Estates and Ancillary	52%	48%
Healthcare Scientists	63%	37%
Medical and Dental	37%	63%
Nursing and Midwifery Registered	92%	8%
<b>Grand Total</b>	<b>78%</b>	<b>22%</b>

Agenda for Change Pay Band	Female	Male
Apprenticeship	79%	21%
Band 1	91%	9%
Band 2	81%	19%
Band 3	85%	15%
Band 4	82%	18%
Band 5	87%	13%
Band 6	86%	14%
Band 7	81%	19%
Band 8a	77%	23%
Band 8b	66%	34%
Band 8c	63%	38%
Band 8d	47%	53%

### UHNM Workforce by Employment Status



### UHNM Gender Pay Gap Summary

		Year 4 2020	Year 3 2019	Year 2 2018	Year 1 2017
Mean Gender Pay Gap		27.7%	27.6%	28.1%	2.1%
Median Gender Pay Gap		12.6%	8.8%	10.3%	10.1%
Mean Gender Bonus Gap		19%	11%	1.5%	4.4%
Median Gender Bonus Gap		20.5%	29.2%	1.2%	0%
Proportion of males and females receiving a bonus payment	Women	0.5%	0.6%	0.5%	0.5%
	Men	6.5%	6.7%	6.7%	6.4%
% of employees in the upper pay quartile	Women	65.2%	65.8%	66.4%	65.9%
	Men	34.8%	34.2%	33.6%	34.1%
% of employees in the upper middle pay quartile	Women	83.4%	84.2%	84.2%	84.4%
	Men	16.6%	15.8%	15.8%	15.6%
% of employees in the lower middle pay quartile	Women	80.6%	80%	80.2%	80.9%
	Men	19.4%	20%	19.8%	19.1%
% of employees in the lower pay quartile	Women	81.5%	81%	80.9%	79.3%
	Men	18.5%	19%	19.1%	20.7%