

Date of Meeting:	Tuesday 28 th March 2023
Meeting:	People Committee
Title of report:	Gender Pay Gap Report 2022
Author:	Alexis Brown, Head of People Partnering
Previous Forums:	None
Purpose of the Report	
<p>Gender Pay Gap (GPG) reporting legislation requires employers with 250 or more employees to publish statutory calculations every year detailing the gender pay gap. This report provides the data for the Trust across the required six domains as at March 2022, the required publication deadline is 30th March. In addition, suggested actions to reduce the GPG are included in this paper with oversight in the Inclusion Group.</p>	
Key Points to Note	
<p>The Trusts mean gender pay gap, based on hourly rate of pay, is 32.46% and the median rate of pay is 23.06%. This means that on average women's pay is 32.46% lower than males across the organisation. The national mean average gender pay gap for the public sector is 13.06%.</p> <p>The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce, for Airedale this has decreased from 27.61% in 2021 to 23.06% in 2022.</p> <p>The largest factor attributing to the high GPG is the medical and dental workforce where there are a high proportion of highly paid male employees (consultants) in comparison to the overall male workforce of the Trust.</p> <p>A number of actions have been identified in the Gender Pay Gap Report which will continue to support in addressing the gender pay gap, including:</p> <ul style="list-style-type: none"> • The compilation of case studies built from the lived experience of colleagues working at Airedale to be used as part of recruitment information to support the attraction of females into leadership positions • Undertake a series of flexible working focus groups to understand the experience of colleagues to inform further actions required • A commitment to embed the 'flexibility from day one' as outlined in the NHS People Plan. • Through the gender network, consider how positive action might be used with regards to medical recruitment, including into leadership positions <p>People Committee members are asked to review the content and approve for publication the data and actions for the Trust.</p>	
EQIA – Equality Impact Assessment	



This report forms a part of the Trust's overall approach to inclusion, highlighting areas where there is a potential equality impact related to gender suggesting areas where improvements can be made.

Fit with strategic objective	Population	Patients	People	Partnership	Progressing
		X	X		X

Recommendation

The People Committee are asked to:

- a) Review and discuss the content of this report
- b) Identify any additional areas of focus or actions not already documented
- c) Approve the publication of this report on the Trust and Government website as delegated by the Trust Board.



Gender Pay Gap Report

(Airedale NHS Foundation Trust - 31 March 2022 snapshot)

1.0 Introduction

Gender Pay Gap (GPG) reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between male and female employees.

It is important to highlight the difference between equal pay and gender pay gap. Equal pay deals with the pay **differences between men and women who carry out the same jobs, similar jobs or work of equal value**. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the **difference in the average pay between all men and women in a workforce**. It is entirely possible to have a significant gender pay gap whilst having complete pay equality.

The GPG results for the year ending 31st March 2022 must be published on the Trusts website and submitted nationally by 30th March 2023.

2.0 Reporting requirements

For the purposes of gender pay reporting, the definition of who is included as an employee is defined in the Equality Act 2010. This is known as an 'extended' definition which includes:

- employment under a contract of employment, a contract of apprenticeship or a contract personally to do work

All employees of Airedale NHS Foundation Trust who were employed and on full pay on the snapshot date (31st March 2022) are included. Bank staff who worked a shift on that date are also included. For medical staff we include within 'pay' those payments made for Additional Programmed Activities (APA's), as well as Clinical Excellence Awards (CEA's).

Employees who are on half or nil absence or maternity leave (not receiving full pay), hosted staff and agency staff are not included.

In line with the guidance, earnings in the GPG calculations do not include: Overtime pay, Redundancy or termination pay, pay in lieu of annual leave, Interest free loans, expenses and reduced pay leave.

The Trust has based the reporting on the gender identification an employee has provided through ESR.

The Trust is required to report annually on the gender pay gap in six different ways:

- the mean gender pay gap;
- the median gender pay gap;
- the mean gender bonus gap;

- the median gender bonus gap;
- the proportion of men and women who received bonuses; and
- the number of men and women according to quartile pay bands

3.0 Overall Workforce Representation

The gender pay gap shows the difference in average earnings between all male full-pay relevant employees and all female full-pay relevant employees in the organisation.

The employee's eligible for inclusion in the report as at the 31st March 2022 was 3623. There has been a headcount increase of 309 since the previous reporting period, this increased has resulted in a change in the overall gender split as follows:

Gender	31 st March 2021	31 st March 2022
Female	2724 (82.2%)	2927 (80.79%)
Male	590 (17.8%)	696 (19.21%)
Total	3314	3623





The above shows an increase in both the female and male workforce with the number of females increasing by 7.4% and males increasing by 17.9% based on March 2021.

It is a common theme for Acute Trusts that Medical and Dental colleagues have an impact on the Trusts Gender Pay Gap, as individuals in this staff group tend to be paid higher salaries than other staff groups with a higher proportion of male colleagues. The below information is provided to understand the potential impact on the overall pay gap information.

The Trust employs 61 female consultants and 101 male consultants, because the Trust employs fewer men overall, the number of male consultants as a proportion of the overall male workforce is 14.5% and 2.78% of the overall workforce. Compared to female consultants who make up 2.08% of the overall Female workforce and 1.68% of the overall workforce.

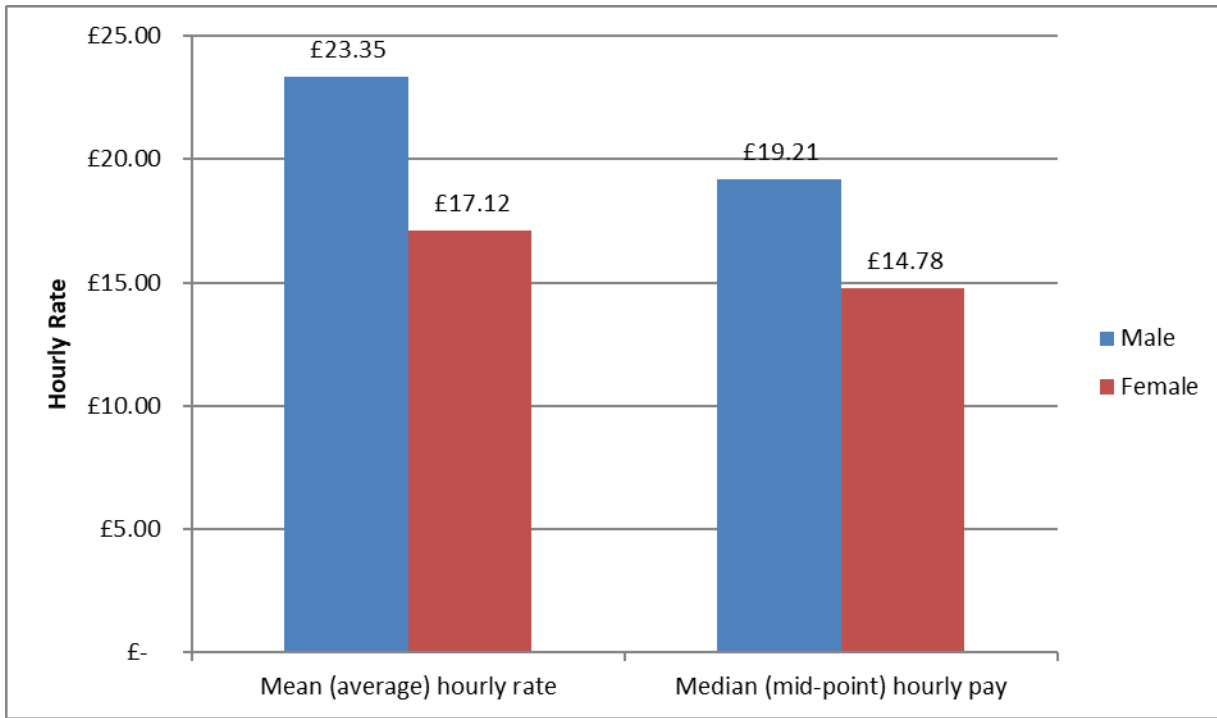
3.1 Mean and Median Gender Pay Gap

The below table provides the GPG reporting information with appropriate comparisons to previous years.

	2018 Women's earnings are:	2019 Women's earnings are:	2020 Women's earnings are:	2021 Women's earnings are:	2022 Women's earnings are:	Progress from 2021 to 2022
Mean gender pay gap in hourly pay	37.1% lower	34.81% lower	33.3% lower	30.33% lower	32.46% lower	
Median gender pay gap in hourly pay	22.8% lower	24.6% lower	26.9% lower	27.61% lower	23.06% lower	
Difference in mean bonus payments	32.0% lower	21.3% lower	18.9% lower	20.85% lower	20.39% lower	
Difference in median bonus payments	33.3% lower	33.3% lower	38.9% lower	33.89% lower	40% lower	

3.2 Pay Gap by Hourly Rate

In order to further understand the factors driving the overall GPG, the below chart provides further analysis on the mean and median hourly rate of males compared to females.



The above graph shows that the Trust gender pay gap is:

- Based on the mean (average) hourly pay is £6.23.
- Based on the median (mid-point) hourly pay is £4.43.

3.3 Gender Pay Gap by Quartile

The table and graph below show the GPG by quartile for male and female employees as well as the gender split in each of these quartiles.

Quartile	Male			Female			Total
	Headcount	% Headcount	Mean (Average) Hourly Pay	Headcount	% Headcount	Mean (Average) Hourly Pay	
Lower	122	13.48%	£10.00	783	86.52%	£10.16	905
Lower Middle	131	14.46%	£13.03	775	85.54%	£13.11	906
Upper Middle	141	15.56%	£18.14	765	84.44%	£18.06	906
Upper	302	33.33%	£40.26	604	66.67%	£30.12	906
Total	696	19.21%	£25.35	2927	80.79%	£17.12	3623



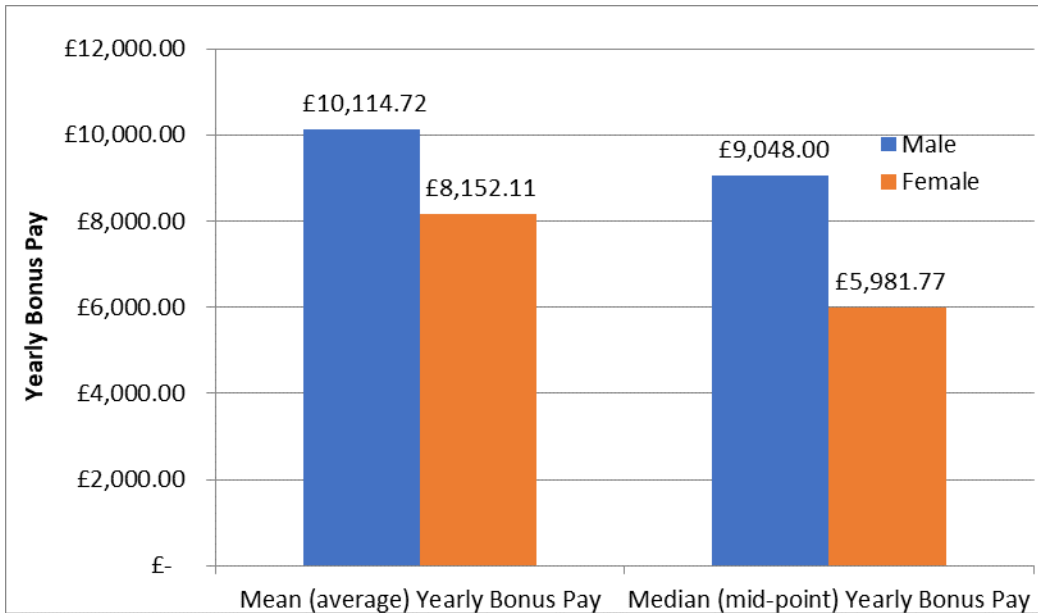
The Trust has an overall gender split of 80.79% female and 19.21% male. Compared to the overall gender split for the Trust there is a disproportionate number of males (33.33%) in the higher paid quartile and only 66.67% female. This is a contributing factor to overall pay gap and has deteriorated from 2021 where the top quartile was 32.69% male and 67.31% female. The above analysis shows that in the lower quartiles female colleagues are paid more, indicating that they spend longer in the lower pay bands and therefore progress to the top of the band. It is in the higher quartiles where males earn more than females, with the hourly rate difference of £10.14 an hour in quartile 4.

It is important to reference section 3.0 above where the impact of the medical workforce is detailed, signalling a higher proportion of male consultants overall, despite a total of 13 new Consultants joining the Trust in the last 12 months, 6 of whom were female.

3.4 Mean and Median Bonus Pay Gap

The below table provides data on the number of colleagues receiving a bonus and the overall bonus pay gap.

Gender	Mean (average) Yearly Bonus Pay	Median (mid-point) Yearly Bonus Pay	% Receiving Bonus
Male	£10,114.72	£9,048.00	4.23%
Female	£8,052.11	£5,428.80	0.73%
£s difference	£2,062.61	£3,619.20	
% difference	20.39%	40.00%	



Bonus information is gathered from Clinical Excellence Awards, including both local and national awards, and discretionary points. As the overall workforce has increased since 2021 the proportion of colleagues receiving a bonus has decreased. The median bonus pay gap has increased from the previous year to 40%. As the awards for 2022 were distributed evenly the gap is driven by historic consolidated CEAs and national awards.

The distribution of CEA awards over the last three years can be seen below, eligibility is defined as having 12 months service as a Consultant and so newly appointed Consultants may not be eligible.

Year	Male	Female
2020	66	42
2021	62	45
2022	67	51

4.0 Conclusion

Airedale is typical of most NHS Trust's, in that it has a higher number of females than males in its workforce – of the 3623 employees counted as part of the gender pay gap reporting, 2927 were female compared to 696 male.

The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce, this has decreased from 27.61% in 2021 to 23.06% in 2022. However there has been an increase in the mean GPG from 30.33 in 2021 to 32.46% in 2022.

The mean gender pay gap for the whole of the Public Sector economy is 13.06% (ONS at October 2022). At 32.46% the Trust's mean gender pay gap is therefore, above that for the wider public sector. A comparison with other NHS Trusts can be undertaken when data is published externally.

In considering the quartile figures earlier in this report the chart shows that there are a higher proportionate percentage of males in the upper quartile than in the others when compared to the overall male headcount. This is the main contributing factor in the overall gender pay gap.

The Trust must also take into account that the pay of medical and dental colleagues has a significant contributing factor to the gender pay gap, which is seen across other acute providers in comparison. Due to the higher proportion of Consultants being male and on higher points of the Consultant pay scale.

The Bonus pay gap is also driven by the higher proportion of males in receipt of CEA's as well as the fact they are in receipt of the higher level historic and national CEA's.

5.0 Reducing the Gender Pay Gap

The Trust is committed to being an inclusive employer and taking positive steps to reduce the pay gap on a continual basis.

The Trust has a Gender Network made up of a diverse range of colleagues representatives including medical colleagues. The Trust also supports an Inclusion Group which is a sub-committee of the People Committee to ensure board level oversight of the actions being taken in response to the gender pay gap.

During 2022 a number of initiatives were implemented with a focus on promoting awareness and building leadership skills and confidence to respond to the information shown in the gender pay gap, including identifying potential for bias and indirect discrimination. The actions taken included:

- The launch of new Recruitment and Selection Policy with associated manager skills training, the training had a focus on inclusion and how to consider flexible working as part of attraction campaigns. 39 colleagues have attended this training since the refresh in September 2022.
- Promotion of women's health matters and the need for flexibility to support colleagues to contribute fully to the workplace
- Promotion of family friendly policies including flexible working and parental leave
- Focus on flexible working through the People Pulse to gather the experiences of colleagues
- The launch of a Trustwide EDI charter detailing the Trust's commitments to colleagues
- Promotion of International Women's Day

Recognising the need to drive further improvements in the gender pay gap, the following new actions are proposed for 2023. These will be implemented in addition to the continuation of the above actions:

- The compilation of case studies built from the lived experience of colleagues working at Airedale to be used as part of recruitment information to support the attraction of females into leadership positions
- Undertake a series of flexible working focus groups to understand the experience of colleagues to inform further actions required
- A commitment to embed the 'flexibility from day one' as outlined in the NHS People Plan.
- Through the gender network, consider how positive action might be used with regards to medical recruitment, including into leadership positions

6.0 Recommendations

The People Committee are asked to

- a) Review and discuss the content of this report
- b) Identify any additional areas of focus or actions not already documented
- c) Approve the publication of this report on the Trust and Government website as delegated by the Trust Board.