

Barnsley Hospital NHS Foundation Trust

Gender Pay Gap Report 2023

Executive Summary

All UK employers have a legal requirement to publish their gender pay data on an annual basis.

The gender pay gap calculation is based on the average hourly rate paid to men and women. This calculation makes use of two types of averages; a mean average and a median average. In simple terms, the mean is the average hourly rate and the median is the mid-point hourly rate for men and for women in the workforce.

The mean figure is the figure most commonly used.

The report for Barnsley Hospital NHS Foundation Trust reviews the latest data set, which covers the 12 month period ending 31 March 2023.

Our Overall results:

Overall, across our entire workforce our mean gender pay gap is 35.5%. This means that the average hourly pay rate for men is 35% higher than for women. This rate has decreased from 37% at the last reporting period ending 31 March 2022.

Our overall median gender pay gap is 21.1% - this means that the mid-point hourly rate for men is 21% higher than for women.

However, this overall figure represents the combined data for our Medical and Dental staff group and all other staff groups.

A further analysis of the figures shows:

- For Medical and Dental staff, the mean gender pay gap is 16.7% and the median gender pay gap is 28.7%
- For all other staff who are not medical or dental (which is our largest workforce group), the mean gender pay gap is 6.8% and the median gender pay gap is 2.9% (see table 2).

Our proportion of male and female staff should be taken into account when looking at our gender pay gap, as should the age range of our male and female workforce, as members of staff who have enjoyed long careers in the NHS can often be higher up the pay point scales than those who are just starting their careers.

In Barnsley, whilst we have a higher proportion of female staff in our workforce, we also have a significant proportion of our male workforce who are now at the point in their careers where they are senior medical staff and therefore are higher up the pay grades than some more junior members of staff. This is reflected in our overall gender pay gap and, as a trust, we recognise that this is a generational and societal issue. We know that an increasing number of women are choosing medicine as a career and

our figures this year show that we have more female foundation doctors than male. 32 female doctors (56%) and 25 male doctors (44%).

Over the last 9 years we have seen a gradual increase in the number of female consultants working at the Trust and as a result, our consultant profile gender gap is reducing as shown below:

Table 1

as at 31 March	Female	% Female	Male	% Male	Total
2023	71	33.5%	141	66.5%	212
2022	60	34.1%	116	65.9%	176
2021	68	32.5%	141	67.5%	209
2020	62	31.5%	135	68.5%	197
2019	56	28.6%	140	71.4%	196
2018	48	28.4%	121	71.6%	169
2017	45	28.5%	113	71.5%	158
2016	41	28.3%	104	71.7%	145
2015	41	28.1%	105	71.9%	146

For Medical and Dental staff, the mean gender pay gap for the last reporting period ending 31 March 2023 has decreased to 16.7% from 18% in the previous reporting period ending 31 March 2022.

Table 2

Gender	Non-medical & dental staff mean hourly rate £	Non-medical & dental staff median hourly rate £	Medical & Dental staff mean hourly rate £	Medical & Dental staff median hourly rate £	Overall workforce mean hourly rate £	Overall workforce median hourly rate £
Male	£17.28	£15.43	£44.72	£47.24	26.67	19.44
Female	£16.10	£14.98	£37.24	£33.70	17.20	15.34
Mean Pay Gap %	6.8%	2.9%	16.7%	28.7%	35.5%	21.1%

Table 3

Gender	Non-medical & dental staff headcount	medical & dental staff headcount	Total Headcount
Male	434	226	660
Female	2819	155	2974
Total	3253	381	3634

* excludes BFS and counts relevant employees only.

The proportion of male and female employees in the lowest pay quartile is 86% female and 14% male, compared to the proportion of male and female employees in the highest pay quartile which is 66% female and 34% male. (The quartile information is created by sorting all employees by their hourly rate of pay and then splitting the list into 4 equal parts to create 4 pay quartiles).

The gender pay gap data we report also includes bonus payments. The consultants' clinical excellence awards (CEAs) are included in the bonus pay calculation. Following publication of previous results, we have undertaken proactive communications and publicity, and training support has been offered to female and male consultants on how to apply for CEAs.

Our mean gender bonus pay gap has increased slightly since the previous reporting period to 72%. Our median gender bonus pay gap has decreased since the previous reporting period from 96% to 91%.

Our future intentions:

As a trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. As part of our Organisational Development Strategy, we are looking at how we can introduce the NHS-wide Scope for Growth initiative, which seeks to develop more effective career conversations, talent identification and development support. We are keeping abreast of wider NHS developments including opportunities for career and talent management at regional level. Already, we invest in Talent Development programmes and our Programme currently has 10 female colleagues on it, who gain personal development support, coaching and mentoring.

We continually seek to expand our internal Coaching and Mentoring capability as part of the OD strategy, providing more support for the career progression of our Talent. With regards to Leadership, we regularly run a Compassionate and Inclusive Leadership module and have trained senior clinical and non-clinical leaders. We are currently rolling out 2 senior leadership development programmes which will support this style of leadership and have further plans to develop all of our leaders through programmes in this way. We have expanded the Organisational Development team slightly to take forward the work planned.

We have a range of family friendly policies, supporting childcare and other carer commitments, flexible working, fair rostering and leave provision. We have published a number of toolkits and guidance to help managers in applying these policies for our staff. In our 2022 staff survey, we achieved the best results in our acute and community trust comparator group for the 'We work flexibly' theme. 61% of respondents agreed to the statement 'I achieve a good balance between my work life and my home life' (an improvement on 58% in 2021) and 61% were satisfied with opportunities for flexible working patterns (an improvement on 59% in 2021). In 2023 we launched a new hybrid working and home working policy and toolkit, which will help in embedding flexibility in where and how people work going forward.

We have also set up a new multi-disciplinary working group in 2023, of flexible working change champions, as we know it is cultural change that will develop and sustain flexible working across all our wards and departments in practice. The group is currently reviewing our approach and access to flexible working and fair rostering, learning from best practice areas and national toolkits to champion and showcase case studies to the Trust on what is possible as we work towards creating a flexible working culture for all.

The carers support forum, which was launched in 2022 to increase recognition and support of staff who are carers continues to be active and meets bi-monthly. Links have been made with the Patient Engagement Team who have launched the Carer and Care Partner Steering Group and Toolkit. An event was hosted for Carers week in June 2023 with good attendance and positive feedback.

We welcome this report and the findings. The data has given us the opportunity to understand what else we can do to further reduce our gender pay gap. Ultimately, our aim is to ensure that men and women have equal opportunities in the workforce at all levels.

Gender Pay Gap Detailed Results

Our gender pay gap results (based on the hourly pay rates our employees received on 31 March 2023) are as follows:

- Our mean gender pay gap is 35%
- Our median gender pay gap is 21%
- Our mean bonus gender pay gap is 72%
- Our median bonus gender pay gap is 92%
- Our proportion of males receiving a bonus payment is 5%
- Our proportion of females receiving a bonus payment is 1%

Our proportion of males and females in each quartile pay band is;

Quartile	Female	Male	Female %	Male %
1	784.00	124.00	86.34%	13.66%
2	794.00	115.00	87.35%	12.65%
3	797.00	111.00	87.78%	12.22%
4	599.00	310.00	65.90%	34.10%

The reasons behind our gender pay gap -

- The mean and median gender pay gap can be explained by the observation that while men make up only 18% of the workforce, there is a disproportionate number of males, 34% in the highest paid quartile.
- The Trust's mean gender pay gap is 35% in favour of men (women earn 35% less than men) compared to the national UK average of 14.9% in favour of men (a decrease from 15.1% in 2021 and 17.4% in 2019) [source: Annual Survey of Hours and Earnings, Office for National Statistics, 2022].
- There is no significant mean gender pay gap in the Non-medical & Dental staff groups (7%). There is a mean gender pay gap of 17% in the Medical & Dental staff group.

- The table below shows Agenda for Change pay bands 2 to 9 split by gender and average hourly rate:

Band	Female	Male	Average hourly rate female	Average hourly rate male
2	386	66	11.32	11.14
3	642	76	12.33	12.64
4	192	28	13.05	12.65
5	660	84	16.30	15.94
6	531	63	19.26	18.89
7	290	59	22.39	22.04
8 (8a)	73	22	24.90	24.90
9 (8b)	19	14	29.19	29.74
10 (8c)	4	2	31.43	29.95
11 (8d)	7	4	35.29	42.83
12 (9)	0	1	0.00	55.61

- The female average hourly rate is the same or higher in all AfC pay bands except band 3, 8b and 8d, where the male average hourly rate is higher by 0.31p, 0.55p and £7.54.
- As at 31 March 2023 there were 8 female (37%) and 11 male (63%) employees on Local Senior Manager or Exec/Non-Exec Director pay scales, compared to 47% of very senior manager roles in the NHS held by women (NHS Employers data from NHS Digital workforce statistics 2018).
- There were 71 female (33%) and 141 male (67%) M&D consultants, compared to 63% of consultants who are men and 37% of consultants who are women in the NHS (NHS Employers data from the NHS Digital workforce statistics 2018). There were 28 female (56%) and 22 male (44%) foundation doctors.
- The gender split by age shows the majority of female doctors are young (of those aged 21 – 40, 49% are female compared to 51% male) and the majority of male doctors are older (of those aged 41 and over, 66% are male and 34% are female).

In the reporting period, there were 51 medical staff (16 women and 35 men) who received Clinical Excellence Awards which accounts for 63% of all bonuses awarded. There were 30 staff (26 women and 4 men) who received Long Service Awards in the form of monetary awards which accounts for 37% of all bonuses awarded. 2% of the total number of 'relevant employees' received bonus pay.

Table below shows number of Clinical Excellence Awards received:

Year	Female	Male	Total Received CEA	
2019	23	58	81	
2020	23	51	74	
2021	46	91	137	*
2022	51	99	150	*
2023	16	35	51	*

*Eligible consultants higher in 2021 and 2023 as the funds were distributed equally amongst all eligible consultants instead of running an award ceremony.

Reducing our gender pay gap:

➤ Female consultants applying for Clinical Excellence Awards (CEAs)

Following the publication of previous gender pay gap results, further analysis was undertaken on the gender split of eligible consultants who applied and were successful in receiving CEAs in previous years. On average a slightly lower proportion of female consultants applied (23% compared to 25% males). Consultants that applied had equal chance of receiving the award regardless of gender and the panel's gender split was proportionate.

Proactive communications, publicity and training support has been offered to female and male consultants on how to apply for CEAs. The data has been refreshed to include the last financial year awarded and over the last 5 years on average the gender gap of CEA applicants has slightly reduced to 23% female consultants applied compared to 25% males.

In preparation for future rounds the Trust will look to offer a mentoring and buddying scheme for female and male consultants to encourage and support them with their CEA applications as the scheme has changed. Consultants both male and female will be encouraged to be part of the working group to develop the new process and offer a mentoring scheme from individuals who have previously been successful in their applications.

➤ Supporting flexible working and ensuring fair rostering

92% of part time workers are female, compared to 74% of full time workers who are female;

	Female	Male	% Female working	% Male working
part time	1375	113	92.4%	7.6%
full time	1599	547	74.5%	25.5%

The gender pay gap results show that men’s average hourly rate is higher for both part time and full time workers;

	Female	Male	Average hourly rate female	Average hourly rate male
part time	1375	113	£16.97	£27.91
full time	1599	547	£17.45	£26.46

As at 31 March 2023, there were 107 women on maternity leave and no women on adoption leave. There were no men on adoption or maternity support (paternity leave). There were no women or men on shared parental leave.

These results tell us that the provision and fair access to part time and flexible working opportunities are important to support the needs and retention of our workforce.

33% of respondents to the 2022 staff survey were registered nurses and midwives. 43% of respondents told us that they have regular caring responsibility for children and 32% of respondents told us that they look after or give support to family, friends, neighbours or others with either long term physical or mental ill health/disability or problems related to old age. 61% of respondents agreed to the statement ‘I achieve a good balance between my work life and my home life’ (an improvement on 58% in 2021) and 61% were satisfied with opportunities for flexible working patterns (an improvement on 59% in 2021). It is one of the key drivers to improve our staff retention and wellbeing, and also help address our gender pay gap, as reflected in our gender pay gap action plan.

We have set up a new multi-disciplinary working group in 2023, of flexible working change champions, as we know it is cultural change that will develop and sustain flexible working across our wards and departments in practice. The group is currently reviewing our approach and access to flexible working and fair rostering, to support it being fairly and consistently applied across the organisation, learning from best practice areas and national toolkits to champion and showcase case studies to the Trust on what is possible as we work towards creating a flexible working culture. Improved monitoring and reporting of flexible working arrangements will help measure our success. We are currently developing a health and wellbeing conversations toolkit and personalised plan to support and encourage open conversations between line managers and staff about flexible working and other wellbeing needs.

In 2023 we launched a new hybrid working and home working policy and toolkit, which will help in embedding flexibility in where and how people work going forward.

➤ **Developing and refining our approach to talent management and succession planning**

As a trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. As part of our Organisational Development Strategy, we are looking at how we can introduce the NHS-wide Scope for Growth initiative, which seeks to develop more effective career conversations,

talent identification and development support. We are keeping abreast of wider NHS developments including opportunities for career and talent management at regional level. Already, we invest in Talent Development programmes and our Programme currently has 10 female colleagues on it, who gain personal development support, coaching and mentoring.

➤ **Expanding our internal Coaching and Mentoring capability**

We continually seek to expand our internal Coaching and Mentoring capability as part of the OD strategy, providing more support for the career progression of our Talent. With regards to Leadership, we regularly run a Compassionate and Inclusive Leadership module and have trained senior clinical and non-clinical leaders. We are currently rolling out 2 senior leadership development programmes which will support this style of leadership and have further plans to develop all of our leaders through programmes in this way. We have expanded the Organisational Development team slightly to take forward the work planned.

Sharing our gender pay gap with our employees: The difference between gender pay and equal pay

It is important to share and explain our gender pay gap and our action plan to reduce the gap with our employees, trade union representatives and managers. In particular to be clear about the difference between gender pay and equal pay. The solutions to equal pay and gender pay are different. Closing the gender pay gap is a broader societal as well as organisational issue. Though we have a gender pay gap due to our disproportionate representation of men and women within the workforce (as reflected across the NHS), we are confident that we pay fairly in accordance with the nationally recognised Agenda for Change and Medical & Dental pay structures and our locally recognised Director pay structure.

Agenda for Change pay structure Job Evaluation Scheme

As part of the introduction of the Agenda for Change modernised NHS pay structure in 2004 was the development of the NHS Job Evaluation Scheme as a means of determining pay bands for posts. The key feature in both the design and implementation of this scheme was to ensure equal pay for work of equal value. The scheme has been tested legally and has been found to be equal pay compliant. The process involves use of job descriptions and person specifications which accurately reflect the demands of the job. Jobs are then locally matched to national benchmark profiles or locally evaluated and consistency checked by trained matching panel members and job evaluators consisting of management and staff side representatives working in partnership. The jobs are scored against a sufficiently large number of weighted factors (16) to ensure that all significant job features have been measured fairly. This includes specific factors to ensure that features of predominantly female jobs are fairly measured, for example communication and relationship skills, physical skills, responsibilities for patients and emotional effort. Scoring and weighting has been designed in accordance with a set of gender neutral principles, rather than with the aim of achieving a particular outcome, for example all responsibility factors are

equally weighted to avoid one form of responsibility been viewed as more important than others.

The NHS Staff Council job evaluation handbook provides guidance and advice on the NHS job evaluation scheme, which has been used to shape the Trust's locally agreed job evaluation policy and procedure.

Conclusion

The People Committee is asked to receive the report at its meeting on 28 November 2023 and support the submission of the paper to the Trust Board meeting to be held on 1 February 2024, to request approval of the report and action plan for external publication on the designated government website and the Trust's website by **the reporting deadline of 30 March 2024.**

Gender Pay Gap Data

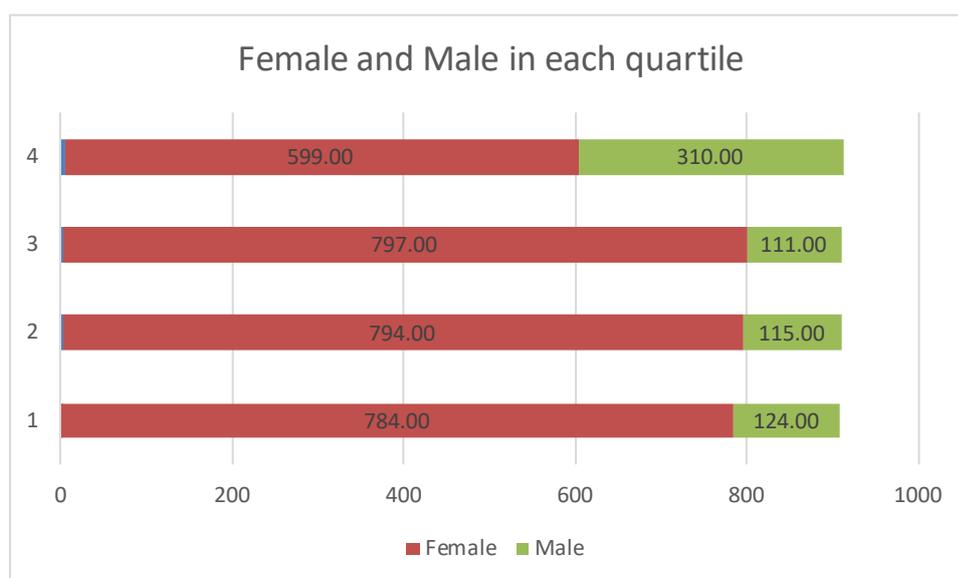
Data from ESR as at 31 March 2023

Data based on 3634 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2023) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2023).

Proportions of male and female employees in each pay quartile based on Ordinary Pay

Quartile	Female	Male	Female %	Male %
1	784.00	124.00	86.34%	13.66%
2	794.00	115.00	87.35%	12.65%
3	797.00	111.00	87.78%	12.22%
4	599.00	310.00	65.90%	34.10%

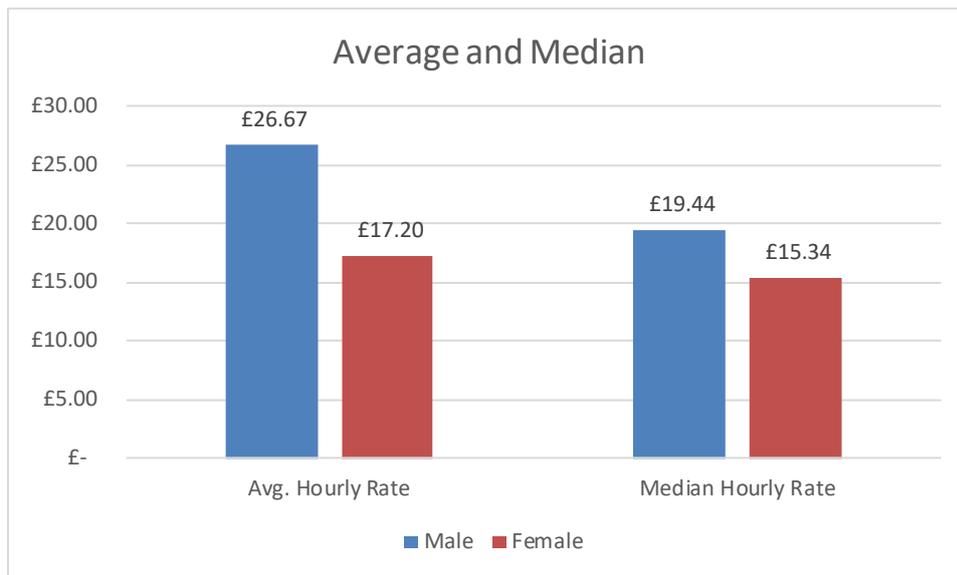


Key Points:

- Ordinary pay includes basic pay, allowances, pay for leave, shift premium pay and on call pay.
- In order to create the quartile information all staff are sorted by their hourly rate of pay this list is then split into 4 equal parts (where possible).
- To calculate the hourly pay, the employee’s bonus payments (this includes clinical excellence awards, discretionary points awards and long service awards) are added to their ordinary pay and this is divided by the employee’s number of working hours.

- To calculate the number of working hours the on call units worked and basic hours are added together. This inflates the units worked which then lowers the hourly pay. For example 162.95 basic hours plus 48.00 on call weekend plus 121.00 on call weekday equals 331.95 units worked divided by the pay value £4301.41 equals an hourly pay of £12.96
- Elements of salary sacrifice have been removed

Gender	Avg. Hourly	Median
Male	£ 26.67	£ 19.44
Female	£ 17.20	£ 15.34
Difference	£ 9.47	£ 4.10
Pay Gap %	35.50%	21.10%



Key Points:

- The mean hourly and the median hourly rate of pay is calculated from a specific pay period, in this case it is 1st of March to 31st March 2023. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay. The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

- The percentage difference between the mean and the median hourly rate of pay is 14.4%. This calculation is based on the mean and median hourly rate of 2974 female staff compared to 660 male staff; because the average is calculated over different numbers of staff (there are over 4 times more female staff), some variance is to be expected.

•The data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions (see sections below for a breakdown of Medical & Dental Staff and Non-Medical & Dental Staff gender pay gap results).

This data excludes Barnsley Facility Services as they have a separate payroll and as they are a Private company they have a different snapshot date of 5th April.

Within each Quartile by Gender working Part time or Full time :

Quartile 1					
	Female	Male	% Female Working	% Male Working	Total
Part time	404	18	95.7%	4.3%	422
Full Time	380	106	78.2%	21.8%	486
Quartile 2					
	Female	Male	% Female Working	% Male Working	Total
Part time	302	23	92.9%	7.1%	325
Full Time	492	92	84.2%	15.8%	584
Quartile 3					
	Female	Male	% Female Working	% Male Working	Total
Part time	403	10	97.6%	2.4%	413
Full Time	394	101	79.6%	20.4%	495
Quartile 4					
	Female	Male	% Female Working	% Male Working	Total
Part time	266	62	81.1%	18.9%	328
Full Time	333	248	57.3%	42.7%	581

Key Points:

Proportion of part time workers who are female is fairly consistent throughout pay quartiles 1 to 4 (92 – 98%). There are less full time workers who are female in quartile 4 (57%) compared to the lower pay quartiles (78 – 84%).

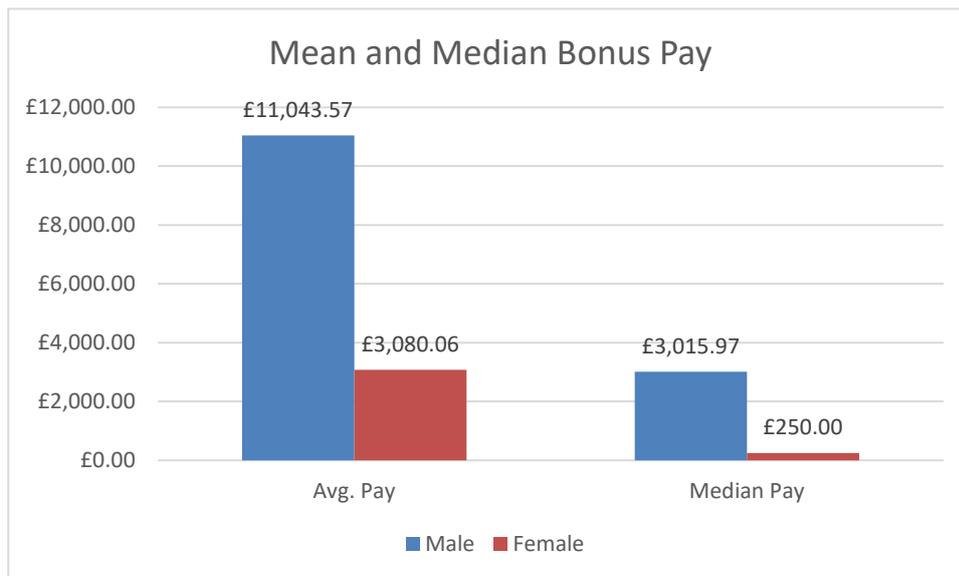
Mean and Median Gender Bonus Pay Gap Results

Data based on **4017** Relevant Employees.

“Relevant Employees” are all employees who are employed on the snapshot date (31 March 2023) and this term includes full-pay relevant employees and also other employees employed on the snapshot date but on less than full pay because of leave (which has reduced pay).

Gender	Avg. Pay	Median Pay
Male	11,043.57	3,015.97
Female	3,080.06	250.00
Difference	7,963.51	2,765.97
Pay Gap %	72.11%	91.71%

The bonus period is a twelve month period that ends on the snapshot date. And will always be the preceding twelve months.

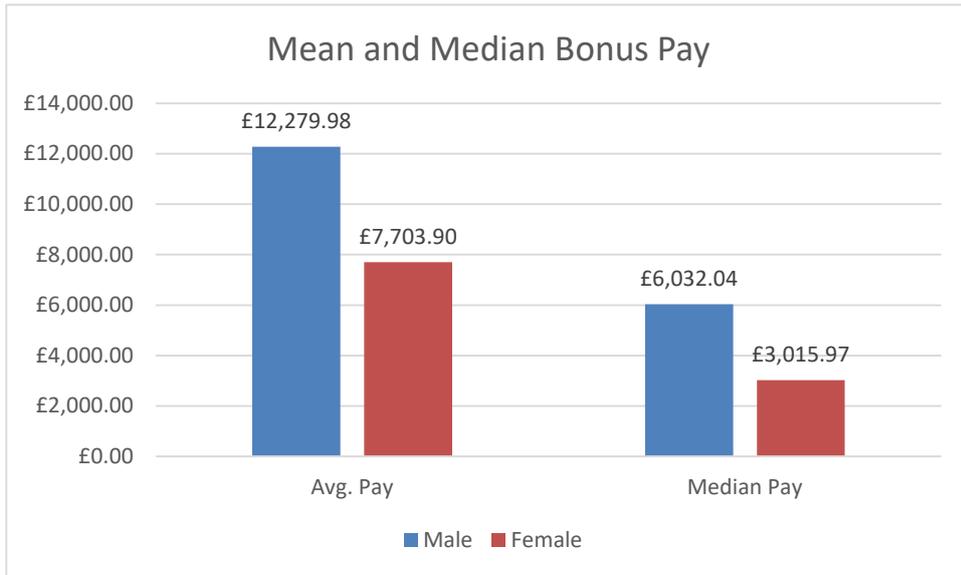


Proportion of male and female employees who received bonus pay

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	42.00	3259.00	1.29%
Male	39.00	758.00	5.15%

Key Points:

- The gender pay gap calculations make use of two types of averages; a mean average and a median average.
- Mean averages give a good overall indication of the gender pay gap, but very large or small pay rates or bonuses can 'dominate' and distort the answer. For example, mean averages can be useful where most employees in an organisation receive a bonus but could be less useful in an organisation where the vast majority of bonus pay is received by a small number of employees (as is the case here).
- Median averages are useful to indicate what the 'typical' situation is i.e. in the middle of an organisation and are not distorted by very large or small pay rates or bonuses. However, this means that not all gender pay gap issues will be picked up.
- The bonus pay criteria includes Clinical Excellence Awards (CEAs) and Discretionary Points Awards paid to 16 female and 35 male medical staff during 1st April 2022 and 31st March 2023. It also includes Long Service Awards (monetary awards in the form of shopping vouchers) given in 2022 for service gained in 2021. 26 Females and 4 Males received a Long Service Award (LSA). Therefore the number of employees who received a bonus payment is small, the value and type of bonus payments received is varied with more men receiving the higher value CEAs and more women receiving the lower value LSAs and this has distorted the figure.
- The Clinical Excellence Awards payments have been included in the bonus pay calculation (and the average hourly rate calculation) because the payments are subject to eligible applicants demonstrating that they are performing 'over and above' the standards expected in their role. Also in accordance with the Trust's Local Employer Based Awards (Clinical Excellence Awards) Policy the awards are subject to application for renewal every 5 years.
- This calculation expresses the number of staff receiving bonus pay as a percentage of the total number of staff in each gender group.



Appendix 2

Non - Medical and Dental Gender Pay Gap Results

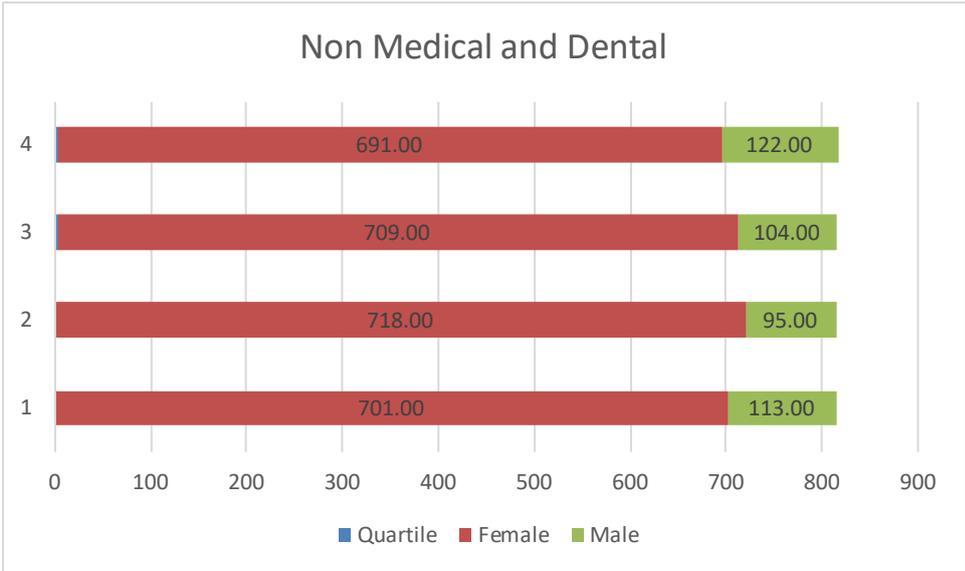
Data from ESR as at 31 March 2023

Data based on 3253 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2023) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2023).

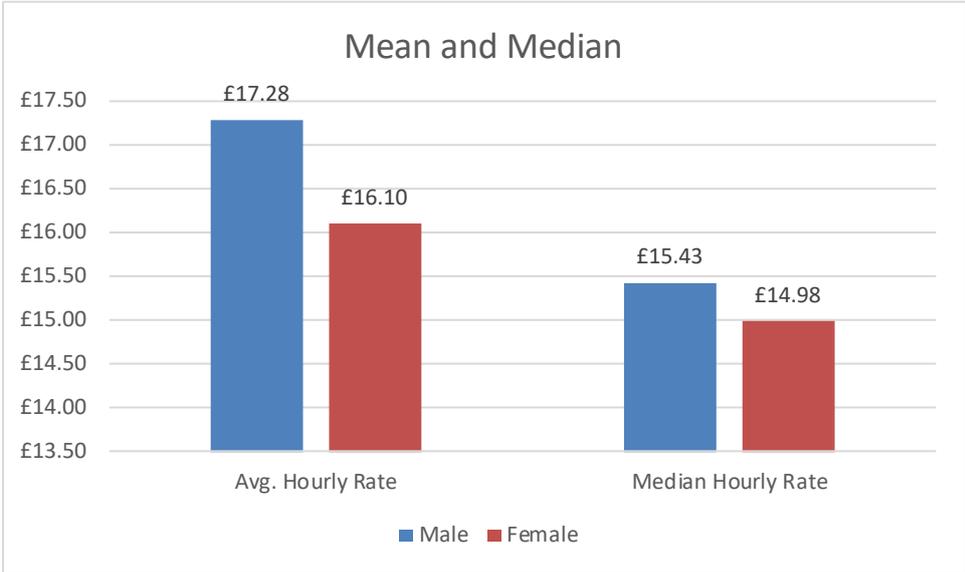
Proportions of male and female employees in each pay quartile based on ordinary pay

Quartile	Female	Male	Female %	Male %
1	701.00	113.00	86.1%	13.9%
2	718.00	95.00	88.3%	11.7%
3	709.00	104.00	87.2%	12.8%
4	691.00	122.00	85.0%	15.0%



Mean and Median Gender Pay Gap Results

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£17.28	£15.43
Female	£16.10	£14.98
Difference	£1.18	£0.45
Pay Gap %	6.8%	2.9%



Key Points:

- The percentage difference between the mean and the median hourly rate of pay is 3.9%. This calculation is based on the mean and median hourly rate of 2819 female staff compared to 434 male staff; because the average is calculated over different numbers of staff (there are over 6 times more female staff), some variance is to be expected.

Medical and Dental Gender Pay Gap Results

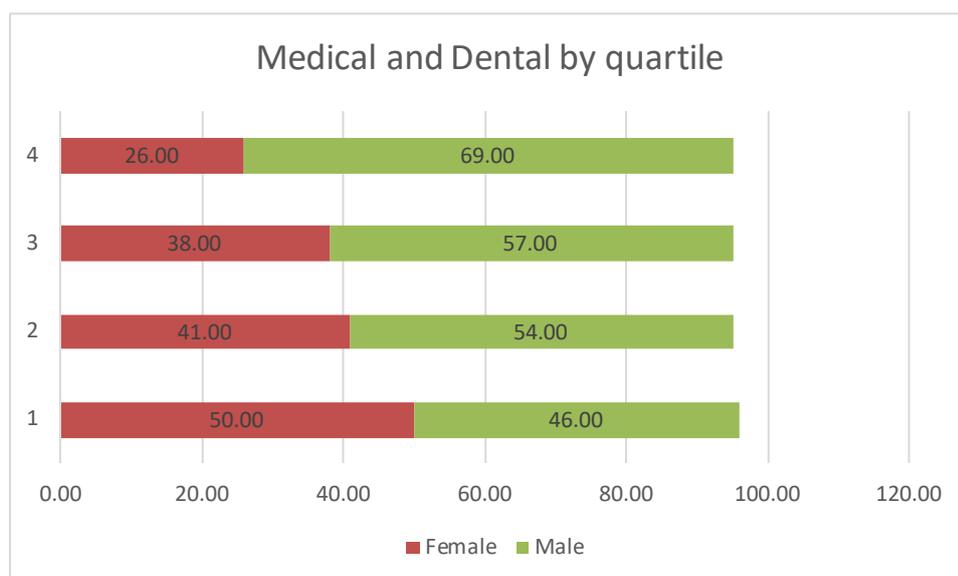
Data from ESR as at 31 March 2023

Data based on 381 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2023) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2023).

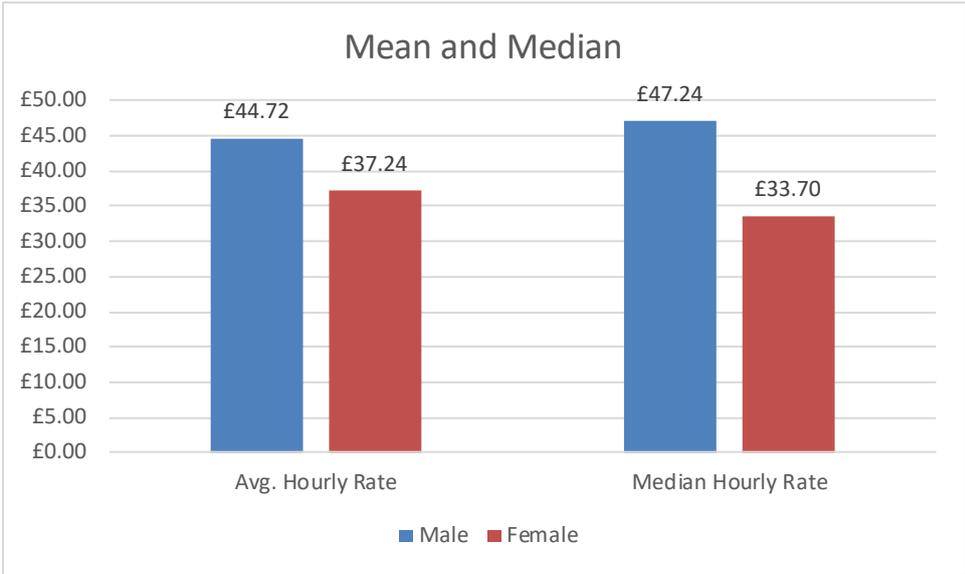
Proportions of male and female employees in each pay quartile based on Ordinary Pay

Quartile	Female	Male	Female %	Male %
1	50.00	46.00	52.08%	47.92%
2	41.00	54.00	43.16%	56.84%
3	38.00	57.00	40.00%	60.00%
4	26.00	69.00	27.37%	72.63%



Mean and Median Gender Pay Gap Results

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£44.72	£47.24
Female	£37.24	£33.70
Difference	£7.48	£13.54
Pay Gap %	16.7%	28.7%



Key Points:

- The percentage difference between the mean and median hourly rate of pay is 17%. This calculation is based on the mean and median hourly rate of 155 female staff compared to 226 male staff; because the average is calculated over different numbers of staff, some variance is to be expected.