

## **Barnsley Hospital NHS Foundation Trust**

### **Gender Pay Gap Report 2022**

#### **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 2022.

#### **Our Overall results:**

Overall, across our entire workforce our mean gender pay gap is 37%. This means that the average hourly pay rate for men is 37% higher than for women. This rate has increased from 36% at the last reporting period ending 31 March 2021.

Our overall median gender pay gap is 24% - this means that the mid-point hourly rate for men is 24% 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 18%
- For all other staff who are not medical or dental (which is our largest workforce group), the mean gender pay gap is 6%. See table 2 below.

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 (54%) and 27 male doctors (46%).

Over the last 7 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
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 2022 has increased to 18% from 17% in the previous reporting period ending 31 March 2021.

Table 2

Gender	Non-medical & dental staff mean hourly rate £	Medical & Dental staff mean hourly rate £	Overall workforce mean hourly rate £
Male	£16.47	£44.29	26.20
Female	£15.45	£36.23	16.52
Mean Pay Gap %	6.2%	18.2%	36.9%

Table 3

Gender	Non -Medical & dental staff headcount	Medical & dental staff headcount	Total headcount
Male	424	228	652
Female	2777	151	2928
Total	3201	379	3580*

\* excludes BFS and counts relevant employees only.

The proportion of male and female employees in the lowest pay quartile is 87% female and 13% 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 71%. Our median gender bonus pay gap has also increased since the previous reporting period from 88% to 96%.

### **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. A high-level Talent Management approach will be included as part of the Organisational Development (OD) Strategy by end of March 2023. It will highlight what more we can do to develop career progression and to effectively succession plan within the Trust, including how we identify and develop Talent at an organisational level. We are keeping abreast of wider NHS developments including the potential for career and talent management at regional level. Already, we invest in Talent Development programmes and in 2022 we extended our offering by including an intake programme for Bands 2-3, to complement existing intakes for Bands 4-6 and Bands 7+. Of the 10 successful applicants for the programmes, 100% are female.

We are also planning to expand our internal Coaching and Mentoring capability as part of the OD strategy, which will provide more support for the career progression of our Talent. With regards to Leadership, a Compassionate and Inclusive Leadership module was introduced to the trust in 2022 and uptake has been healthy – this is an area we wish to develop further as part of our investment in Leadership Development, which will include clearer signposting as to the Leadership Development support available. A further area of focus will be to align the right resources and capacity for Organisational Development 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 to help managers in applying these policies for our staff and have held a series of policy training sessions for managers. As the COVID-19 pandemic has taught us, it is possible for a number of roles to embrace a new type of flexible working known as hybrid working. Consultation has commenced on 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 are setting up a new working group in January 2023, focusing initially on supporting our nursing and midwifery colleagues, to review our approach and access to flexible working and fair rostering, learning from best practice areas and national toolkits to champion, showcase and pilot case studies to the Trust on what is possible as we work towards creating a flexible working culture.

In 2022 we have launched our carers support group to raise awareness and increase recognition and support of staff who are carers, to identify what issues they face, leading to improved engagement and retention.

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 2022) are as follows:

- Our mean gender pay gap is 37%
- Our median gender pay gap is 24%
- Our mean bonus gender pay gap is 71%
- Our median bonus gender pay gap is 96%
- Our proportion of males receiving a bonus payment is 9%
- Our proportion of females receiving a bonus payment is 2%

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

Quartile	Female %	Male %
1	87.3%	12.7%
2	86.0%	14.0%
3	88.3%	11.7%
4	65.6%	34.4%

#### **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 37% in favour of men (women earn 37% less than men) compared to the national 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 (6%). There is a mean gender pay gap of 18% in the Medical & Dental staff group.

- The table below shows Agenda for Change pay bands 2 to 8b split by gender and average hourly rate:

Band	Female	Male	Average hourly rate female	Average hourly rate male
2	565	72	10.77	10.44
3	468	62	11.40	11.52
4	189	32	12.29	11.86
5	645	86	16.14	15.36
6	504	65	18.67	17.94
7	284	54	21.75	21.64
8a	77	20	24.96	25.38
8b	16	11	28.74	29.48

- The female average hourly rate is higher in all AfC pay bands except band 3, 8a and 8b, where the male average hourly rate is higher by 0.12p, 0.42p and 0.74p.
- As at 31 March 2022 there were 12 female (50%) and 12 male (50%) 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 60 female (34%) and 116 male (66%) 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 32 female (54%) and 27 male (46%) foundation doctors.
- The gender split by age shows the majority of female doctors are young (of those aged 21 – 40, 50% are female compared to 50% male) and the majority of male doctors are older (of those aged 41 and over, 70% are male and 30% are female).

In the reporting period, there were 78 medical staff (22 women and 56 men) who received Clinical Excellence Awards and Discretionary Points Awards which accounts for 74% of all bonuses awarded. There were 27 staff (24 women and 3 men) who received Long Service Awards in the form of monetary awards which accounts for 26% of all bonuses awarded. 3% 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

- Eligible consultants higher in 2021 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 over the last 5 years. On average a slightly lower proportion of female consultants applied (23% compared to 27% males). Consultants that applied had equal chance of receiving the award regardless of gender and the panel's gender split was proportionate.

Three years ago, proactive communications, publicity and training support was 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. Of those who applied on average, 59% female consultants were successful compared to 66% males.

However, the increase in female applicants in 2016/17 (29% compared to 26% male applicants) has not been sustained. In 2017/18 there were 24% female and 24% male applicants. Of those who applied, 67% women and 90% men were successful in their applications.

Due to the ongoing Covid 19 pandemic the awards for the 2020, 2021 and 2022 financial years have been equally distributed to all eligible consultants.

In preparation for the 2023 round 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

93% of part time workers are female, compared to 74% of full time workers who are female;

	Female	Male	% Female working	% Male working
part time	1307	92	36.5%	2.6%
full time	1621	560	45.3%	15.6%

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	1307	92	£ 16.45	£ 25.42
full time	1621	560	£ 16.58	£ 26.33

As at 31 March 2022, there were 115 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.

30% of respondents to the 2021 staff survey were registered nurses and midwives. Only 50% of respondents agreed to the statement 'my organisation is committed to helping me balance my work and home life' and 59% were satisfied with opportunities for flexible working patterns. 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 completed a review of our flexible working policy to ensure access is offered from the first day of employment. We have updated the rostering policy and fair rostering top tips at a series of drop in training sessions for managers. A working group has now been established to focus on the next steps which are to support our managers and colleagues to be able to give access to flexible working arrangements which is fairly and consistently applied across the organisation. Taking learning from best practice areas and national toolkits to champion, showcase and pilot case studies to the Trust on what is possible as we work towards creating and embedding a flexible working culture. Improved monitoring and reporting of flexible working arrangements will help measure our success.

As the COVID-19 pandemic has taught us, it is possible for a number of roles to embrace a new type of flexible working known as hybrid working. Consultation has commenced on 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**

A high level Talent Management approach will be included as part of the OD Strategy by end of March 2023. It will highlight what more we can do to develop career progression and to effectively succession plan within the Trust, including how we

identify and develop Talent at an organisational level. We are keeping abreast of wider NHS developments including the potential for career and talent management at regional level. Already, we invest in Talent Development programmes and in 2022 we extended our offering by including an intake programme for Bands 2-3, to complement existing intakes for Bands 4-6 and Bands 7+. Of the 10 successful applicants for the programmes, 100% are female. We are also planning to expand our internal Coaching and Mentoring capability as part of the OD strategy, which will provide more support for the career progression of our Talent. With regards to Leadership, a Compassionate and Inclusive Leadership module was introduced to the trust in 2022 and uptake has been healthy – this is an area we wish to develop further as part of our investment in Leadership Development, which will include clearer signposting as to the Leadership Development support available. A further area of focus will be to align the right resources and capacity for Organisational Development to take forward the work planned.

### **Sharing our gender pay gap with our employees**

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 Senior Manager and Director pay structures.

It is proposed to share the information with the People & Engagement Group, Joint Partnership Forum and the Joint Local Negotiating Committee and explain what the data shows. Also, to agree an internal communications message for distribution and briefing all staff.

### **The difference between gender pay and equal pay**

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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 Senior Manager and Director pay structures.

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 received the report at its meeting held on 24 January 2023 and supported the submission of the paper to the Trust Board meeting to be held on 2 February 2023, 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 2023.**

## Gender Pay Gap Data

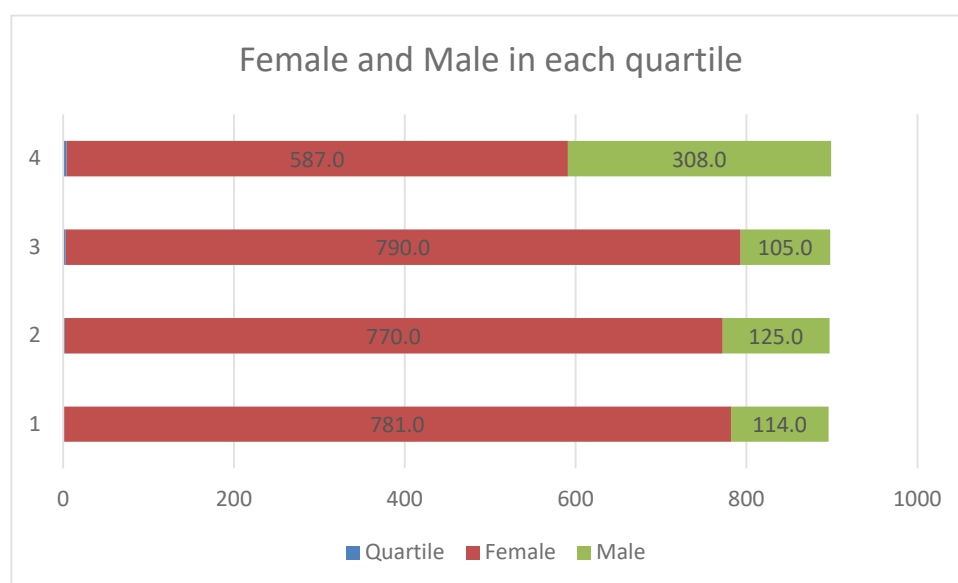
Data from ESR as at 31 March 2022

Data based on 3580 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2022) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2022).

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

Quartile	Female	Male	Female %	Male %
1	781.00	114.00	87.3%	12.7%
2	770.00	125.00	86.0%	14.0%
3	790.00	105.00	88.3%	11.7%
4	587.00	308.00	65.6%	34.4%

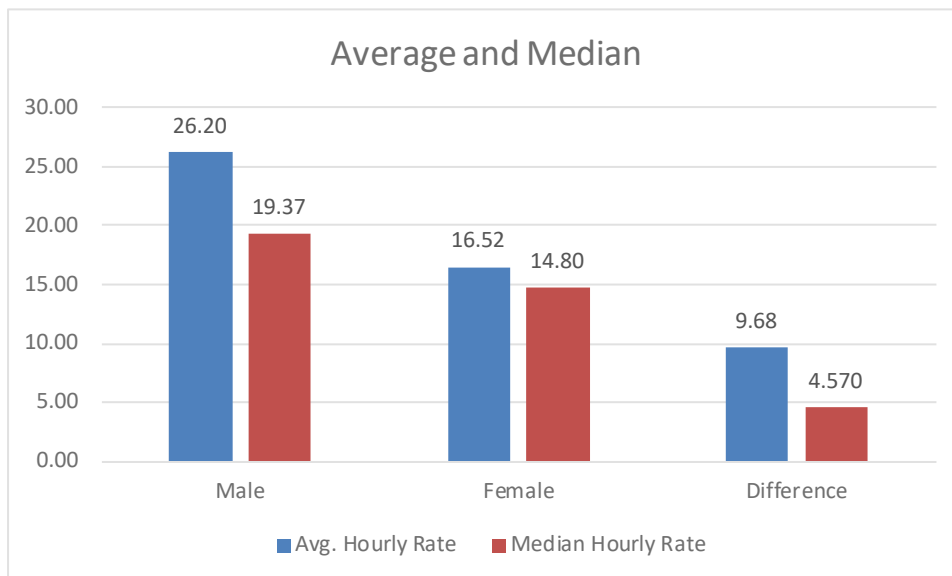


### **Key Points:**

- 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 Rate	Median Hourly Rate
Male	26.20	19.37
Female	16.52	14.80
Difference	9.68	4.570
Pay Gap %	36.9%	23.6%



### 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 2022. 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 variance for the mean hourly rate of pay is 9.7%. This calculation is based on the mean hourly rate of 2928 female staff compared to 652 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 5<sup>th</sup> April.

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

Quartile 1					
	Female	Male	% Female Working	% Male Working	Total
Part time	374	23	94.2%	5.8%	397
Full Time	407	91	81.7%	18.3%	498
Quartile 2					
	Female	Male	% Female Working	% Male Working	Total
Part time	294	16	94.8%	5.2%	310
Full Time	476	109	81.4%	18.6%	585
Quartile 3					
	Female	Male	% Female Working	% Male Working	Total
Part time	393	16	96.1%	3.9%	409
Full Time	397	89	81.7%	18.3%	486
Quartile 4					
	Female	Male	% Female Working	% Male Working	Total
Part time	246	37	86.9%	13.1%	283
Full Time	341	271	55.7%	44.3%	612

**Key Points:**

Proportion of part time workers who are female is consistent throughout pay quartiles 1 to 3 (45 – 96%). There are less full time workers who are female in quartile 4 (56%) compared to the lower pay quartiles.

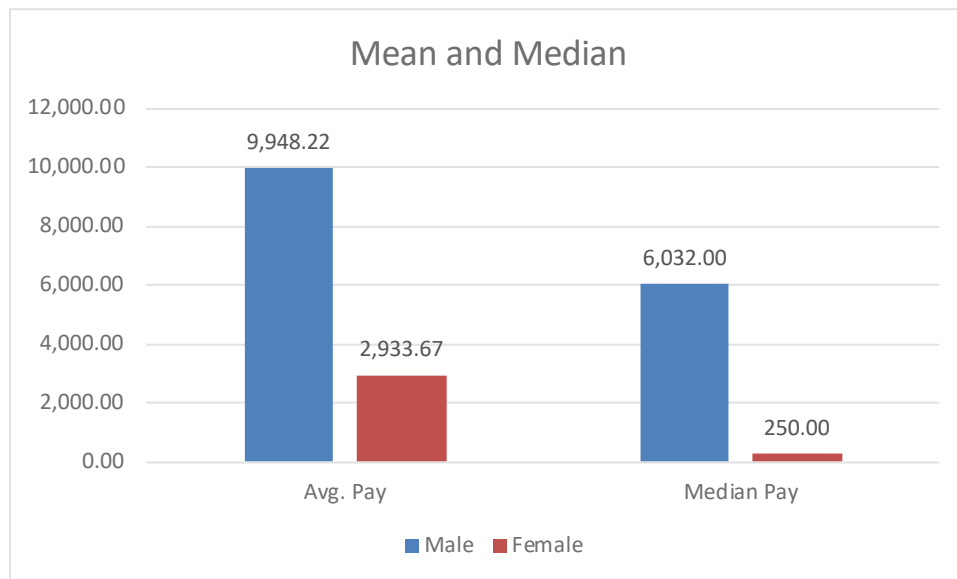
## **Mean and Median Gender Bonus Pay Gap Results**

Data based on **3580** Relevant Employees.

“Relevant Employees” are all employees who are employed on the snapshot date (31 March 2022) 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	9,948.22	6,032.00
Female	2,933.67	250.00
Difference	7,014.55	5,782.00
Pay Gap %	70.5%	95.9%

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



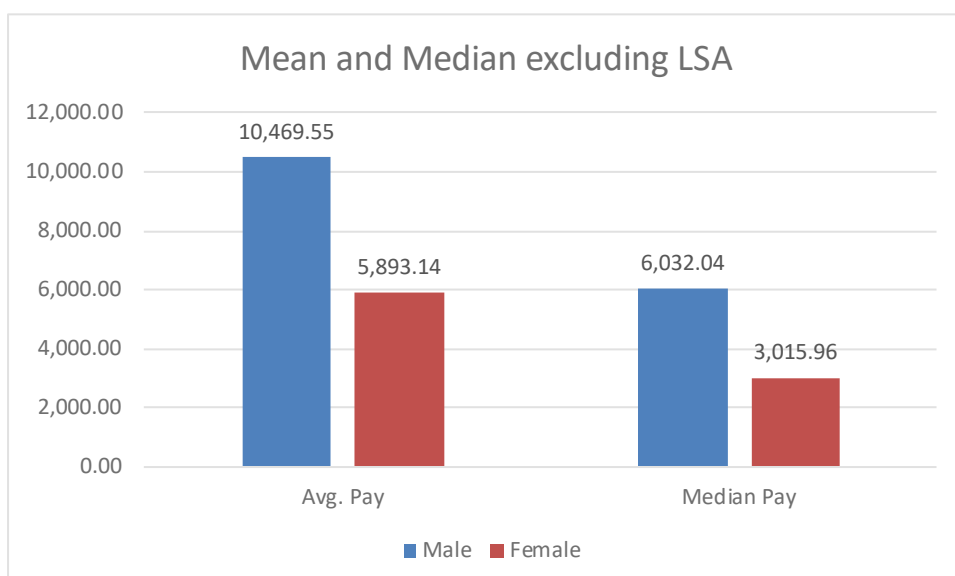
## **Proportion of male and female employees who received bonus pay**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	46	2928	1.6%
Male	59	652	9.0%

### **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 46 female and 59 male medical staff during 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022. It also includes Long Service Awards (monetary awards in the form of shopping vouchers) given in 2022 for service gained in 2021. 24 Females and 3 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.



### Non - Medical and Dental Gender Pay Gap Results

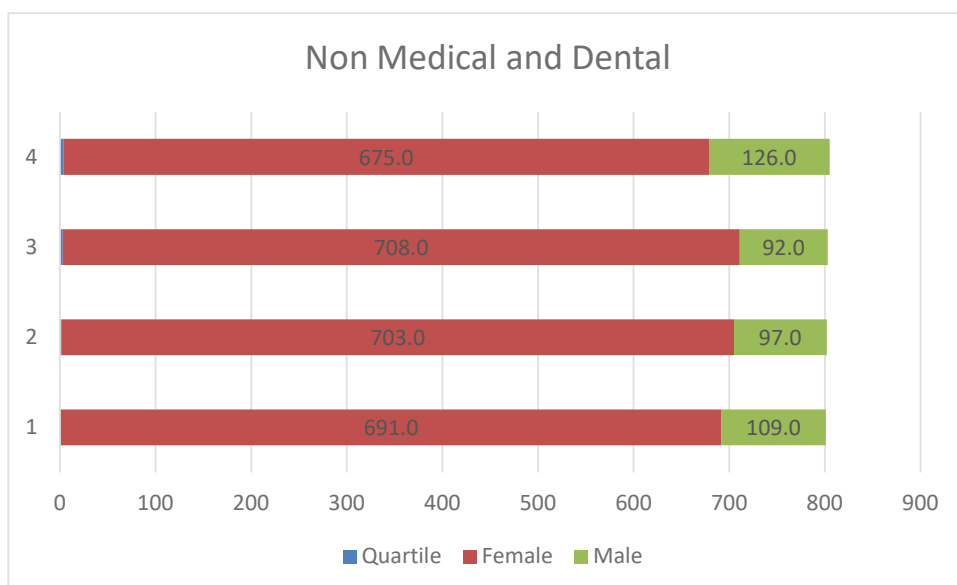
Data from ESR as at 31 March 2022

Data based on 3201 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2022) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2022).

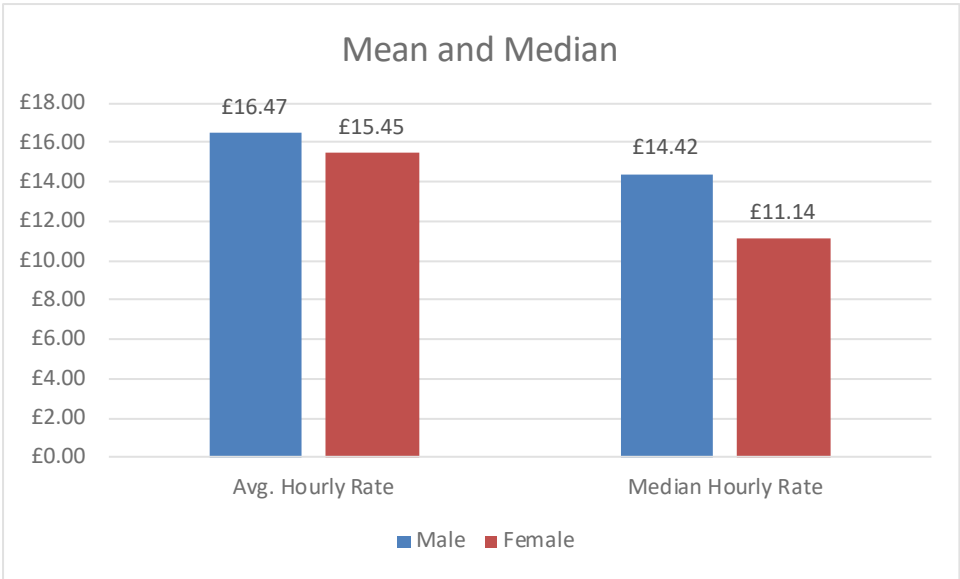
#### Proportions of male and female employees in each pay quartile based on ordinary pay

Quartile	Female	Male	Female %	Male %
1	691.00	109.00	86.4%	13.6%
2	703.00	97.00	87.9%	12.1%
3	708.00	92.00	88.5%	11.5%
4	675.00	126.00	84.3%	15.7%



#### Mean and Medial Gender Pay Gap Results

Gender	Avg. Hourly	Median
Male	£16.47	£14.42
Female	£15.45	£11.14
Difference	£1.02	£3.28
Pay Gap %	6.2%	22.7%



**Key Points:**

- The percentage variance for the mean hourly rate of pay is 6.2%. This calculation is based on the average hourly rate of 2777 female staff compared to 424 male staff; because the average is calculated over different numbers of staff, some variance is to be expected.



**Medical and Dental Gender Pay Gap Results**

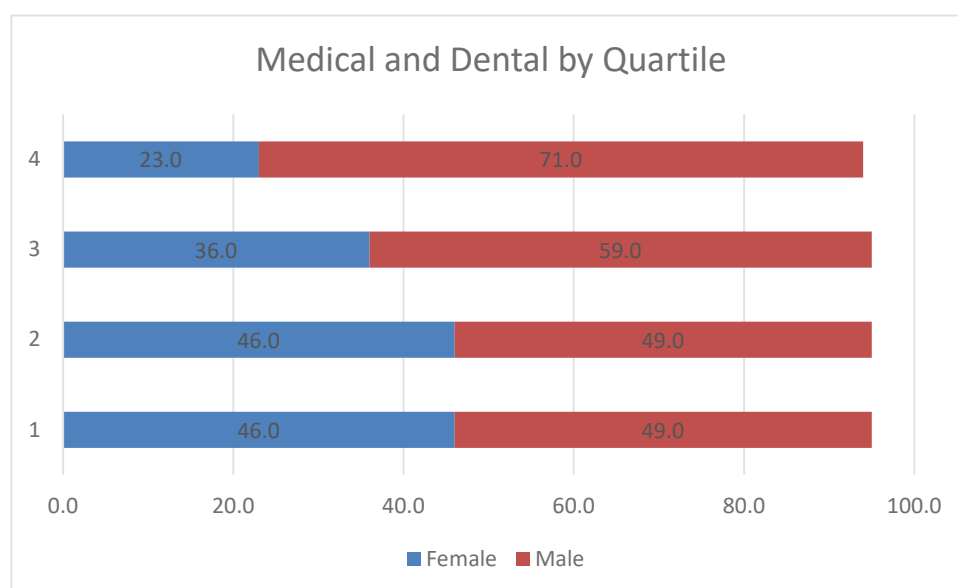
Data from ESR as at 31 March 2022

Data based on 379 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2022) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2022).

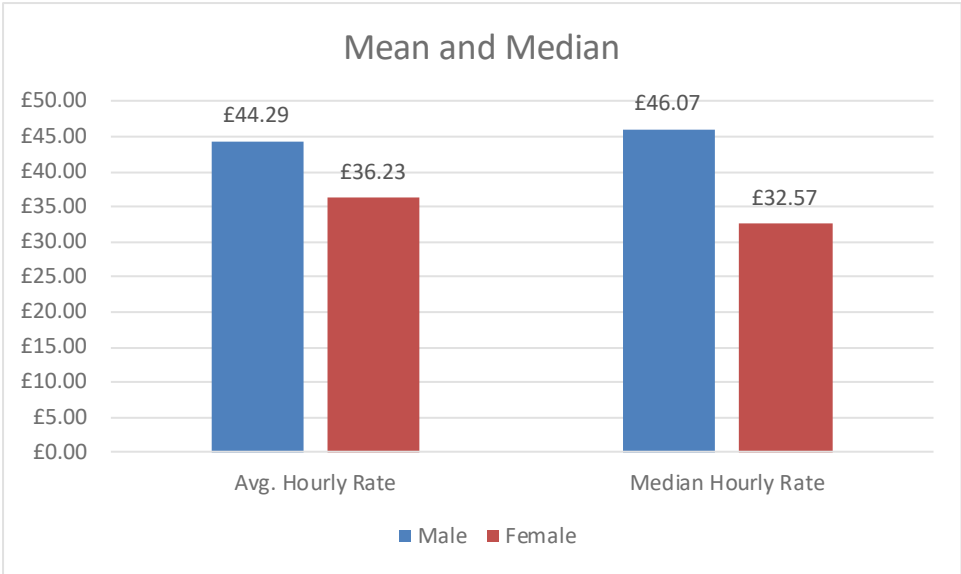
**Proportions of male and female employees in each pay quartile based on Ordinary Pay**

Quartile	Female	Male	Female %	Male %
1	46.00	49.00	48.4%	51.6%
2	46.00	49.00	48.4%	51.6%
3	36.00	59.00	37.9%	62.1%
4	23.00	71.00	24.5%	75.5%



**Mean and Median Gender Pay Gap Results**

Gender	Avg. Hourly	Median
Male	£44.29	£46.07
Female	£36.23	£32.57
Difference	£8.06	£13.50
Pay Gap %	18.2%	29.3%



**Key Points:**

- The percentage variance for the mean hourly rate of pay is 18%. This calculation is based on the average hourly rate of 151 female staff compared to 228 male staff; because the average is calculated over different numbers of staff, some variance is to be expected.