

# Gender Pay Gap Report

Barnet Enfield and Haringey NHS Trust

Snapshot Date 31<sup>st</sup> March 2019

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### 1. Introduction and our Priorities

Equality and diversity are key priorities for BEH and explicitly exist in the strategy.

It is recognised that the gender balance actions will be dependent on the Trust culture and the equity of policies and processes applied (removing any un-necessary element that introduce bias).

Our ultimate aim is to achieve gender parity at all levels and ensure that any gap is down to personal choice rather than as a result of any direct or indirect discrimination. Gender pay gap reporting is a useful tool for monitoring equality in the workplace, gender participation and objective and fair talent management.

It is expected that the Trust will have improvements year on year as we continue to embed our inclusive culture.



*Celebrating difference equality and diversity are clear components of the BEH culture and 'Respect' an inherent value of the organisation*

This report sets out the gender pay gap (GPG) for 2019 and provides a year on year comparison since 2017. It also outlines progress against our planned actions to close the gap and achieve gender parity.

*NB The Gender Pay Gap is **different to 'equal pay'**, which is about ensuring that men and women are paid the same for carrying out work of equal value.*

*The Gender Pay Gap shows the **difference in the average** (mean and median earning) between all men and women in a workforce.*

### 2. Gender Pay Gap Reporting Background

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 requires employers with 250 or more employees to publish information relating to the GPG in terms of:

- ⇒ average gender pay gap as a mean (hourly rates of pay)
- ⇒ average gender pay gap as a median (hourly rates of pay)

- ⇒ proportion of males and females receiving a bonus payment
- ⇒ proportion of males and females in each pay quartile
- ⇒ mean bonus pay gap
- ⇒ median bonus pay gap

The information is required to be published annually at a 'snapshot date' of 31<sup>st</sup> March for relevant employees, showing the gender pay differences within the organisation. The headcount is of individuals rather than whole-time equivalents. As well as reporting via the government online portal, we will publish this data on our website.

The NHS Terms and conditions of service handbook contain the national agreement on pay and conditions of service for NHS staff other than very senior managers and medical staff. Job evaluation enables jobs to be matched to national profiles or allows local evaluation to determine the banding levels for a role.

For consistency across the NHS, the data to compile the snapshot of the workforce comes from the Electronic Staff Record and is generated automatically by a business intelligence report commissioned by NHS England and Improvement specifically for this purpose. The software is used by all NHS trusts in England to enable wider comparison and data analysis.

The report includes all full-pay relevant employees. It does not include NHS professionals, bank or agency staff.

### 3. Headline Gender Pay Figures - BEH

As at the 31<sup>st</sup> March 2019 (snapshot date) the relevant employee data (that included in GPG reporting) was **70% female and 30% male staff**.

The table overleaf (figure 1) shows the overall mean and median GPG and bonus gap based on hourly rates of pay.

	Median	Mean
Gender pay gap	5.1%	8.6%
Gender bonus pay gap	48%	58%
Proportion of males and females receiving a bonus payment	Male 3.8%	Female 1.3%
<i>NB bonuses paid relate to clinical excellence awards which are for applicable consultants only rather than all employees (even though the calculation includes all staff)</i>		
Proportion of females and males in each quartile band		
Quartile	Female	Male
Top Quartile	65%	35%
Upper Middle quartile	68%	32%
Lower Middle quartile	74%	26%
Lower quartile	71%	29%

Fig 1: Overall mean and median gender pay gap and bonus gap based on hourly rates of pay

The Trust's results show that at the snap shot date of 31<sup>st</sup> March 2019 that the female mean hourly pay is 8.6% less than the male mean and 5.1% less than the male median.

(If the mean gap is larger than the median gap it indicates the presence of a small number of top end outlier payment values favouring men, in relation to average hourly or bonus pay). This is **not** the case for BEH.

Fig 2: The hourly pay rate values overall and AFC / Medical breakdown

### Pay gap as a Median Av



Median hourly  
Rate £16.99



Median hourly  
Rate £17.90

### Pay gap as a Mean Av



Mean hourly  
Rate £18.90



Mean hourly  
Rate £20.68

## AFC and Medical Breakdown

### Pay gap as a Median Av



Median hourly Rate  
AFC. £17.44  
Medical £37.88



Median hourly Rate  
AFC £17.57  
Medical £42.50

### Pay gap as a Mean Av



Mean hourly Rate  
AFC £17.87  
Medical £38.16



Mean hourly Rate  
AFC £18.68  
Medical £40.73

The largest pay gap average calculation is the medical pay gap as a mean average.

### Year on Year Comparisons

Year	Median %			Mean %		
	2017	2018	2019	2017	2018	2019
Gender Pay Gap	5	5.2	5.1	9	8.8	8.6
Gender Bonus Pay Gap	25	33	40			58

NB – The mean bonus pay gap was calculated differently previously, so figures not comparable

Year	Male%			Female %		
	2017	2018	2019	2017	2018	2019
Proportion males/ females receiving a bonus			3.8			1.3

NB – The bonus proportion from previous years was calculated differently so figures not comparable

Proportion of males and females in each quartile band						
Year	Male %			Female %		
	2017	2018	2019	2017	2018	2019
Top Quartile	27	36	35	73	64	65
Upper Middle Quartile	29	30	32	71	70	68
Lower Middle Quartile	32	29	26	68	71	74
Lower Quartile	34	28	29	66	72	71

Fig 3: The year on year comparison data for the Trust is outlined below:

Through targeted actions since 2017, we have seen the mean pay gap narrow from 9 to 8.6%. The median pay gap has slightly widened from 5% to 5.1%.

In the Health Education England collated 18/19 GPG data for London, BEH had the 6<sup>th</sup> smallest mean GPG (the average for London was 16.3%). BEH had the 9<sup>th</sup> narrowest median gap in London (the average being 9.7%). NB the data for 19/20 is not available as the final reporting date is 30<sup>th</sup> March 2020.

## 4. Understanding the Gap

The differences in average pay between men and women occur for several reasons:

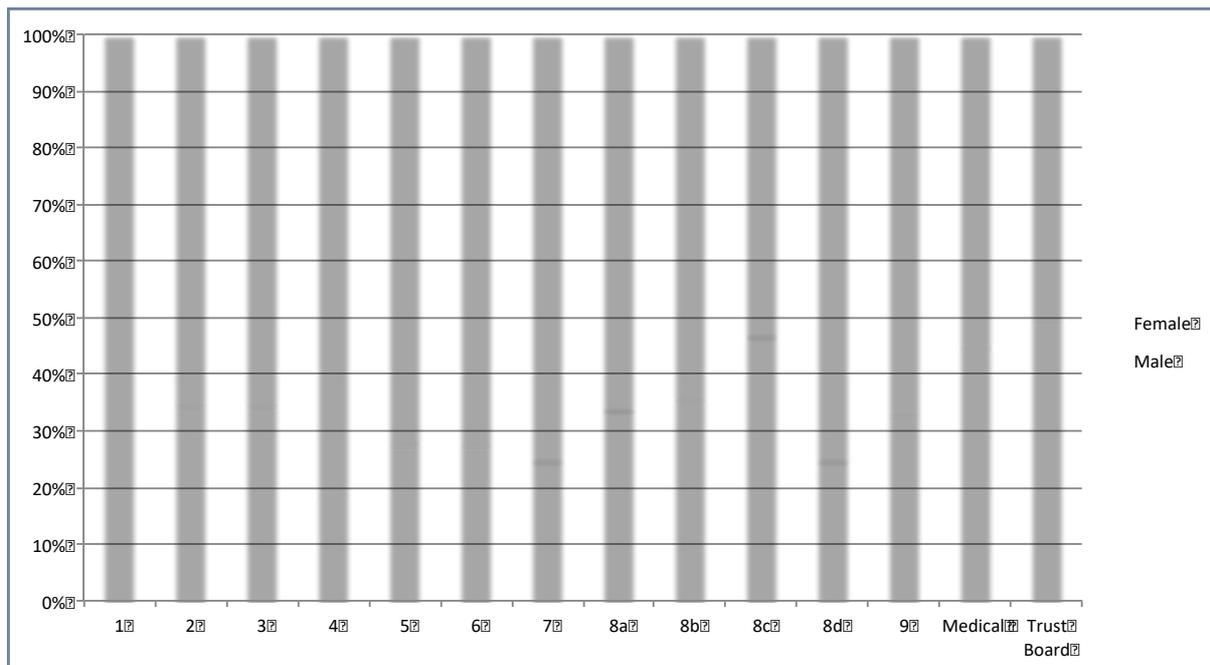
- ⇒ The types of jobs people do
- ⇒ Their tenure at work
- ⇒ Natural variance
- ⇒ Education and qualifications

A lower gender pay gap does not directly correlate to being a better organisation, however it is necessary to ensure that discrimination (direct or indirect) is not a factor.

### 4.1 BEH Challenges

a) **The GPG** can be explained in the fact that the proportion of females employed by the Trust as a whole is significantly higher than males. There are more women represented at all banding levels than men, (which reduces the average hourly rates for women overall).

Fig 4: Breakdown of proportion of females and males in each banding



Band	Male%	Female%	Band	Male%	Female%
1	0	100	8a	34	66
2	35	65	8b	36	64
3	35	65	8c	47	53
4	19	81	8d	25	75
5	28	72	9	33	67
6	28	72	Medical	45	55
7	25	75	Trust Board	50	50

If there were balance across all the quartiles compared to the Trust overall, there would be 70/30 ratio of women to men at all banding levels. The higher ratios of women to men exist at bands 4 – 7 and 8D. There are fewer than 70% female at bands \*a-c and band 9. (The balance of females to males in the upper quartile will further balance next year as we know through the Divisional restructuring that there were a number of females successful in achieving posts in the upper quartile for pay).

As the proportion of men increases through the quartiles, it influences the gap in the median hourly rates. The most significant differential is at the lower middle quartile where there are 74% women to 26% men. There is an opportunity to take focused activities to attract men into posts in the lower and middle quartile agenda for change roles and continue to support women into senior management positions.

More women in junior roles are currently taking advantage of flexible working than their male peers. This provides an opportunity in the staff wellbeing agenda to ensure men are aware of, requesting and accessing these opportunities.

**b) Bonus Pay Gap** There is a gap in bonus payments at BEH. The bonus data presented relates exclusively to the Clinical Excellence Awards (CEAs) available to medical consultants. CEA is a national programme to recognise and reward medical consultants who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. They are determined locally, following a nationally agreed process, by a panel made up of members of the Consultant body, Local Negotiating Committee members, Trust Chief Executive and Medical Director.

The gap can be partially attributed to the old CEA process phasing out (this was cumulative and built up over time and higher years of tenure were held by male rather than female consultants.) The new process awards are considered annually and non-consolidated). It is anticipated that the bonus pay gap will reduce going forward as the medical gender profile is shifting and female medical staff now have higher representation in the Trust.

It is important that there is continued awareness across male and female consultants and the balance in applications and awards are monitored. The monitoring to date doesn't highlight a gender bias in the percentage of applications awarded for each gender group.

*Fig 5: Comparison of applications and those awarded*

Medical CEA					
	Number of Consultants	Number Applied for CEA	% applied	Number Awarded	% awarded a CEA
Women	46	10	22%	10	100%
Male	45	8	18%	8	100%

## 4.2 Successes and the Gender Balance Long Term Action Plan

Over the last 2 years in the aim towards gender parity, actions taken have been informed by the Government equalities office evidence based publication<sup>1</sup> and the Advisory, Conciliation and Arbitration Service (Acas). These have included:

- Structured interviews, values based assessments and objective assessment exercises were included in the Divisional restructure process 2019
- Monitoring of gender characteristics success through the recruitment pipeline (shortlisting, interview, selection)
- A dedicated diversity and inclusion specialist post and equality and diversity committee has been formed and chaired by the Chief Executive
- Transparency of processes and policies for promotion and reward
- Revised clinical excellence award policy
- A reverse mentorship programme has been introduced providing support, advice and sponsorship for all communities of staff
- Encouraging flexible working for men and women and sponsored by senior leaders and an agile working programme
- An active womens network as part

Wider targeted investment in initiatives at BEH that may help to close the gap in terms of evidence include:

- Unconscious bias training
- Leadership development (covering inclusive leadership competencies)

*See appendix 1: Action Plan*

## 5. Conclusions and Additional Focus to Address the Gap

There is a gender pay gap (GPG) that exists for BEH but the mean GPG is narrowing. Some of the pay gap exists by choice (individuals choosing the jobs that they do.) The Government guide will be applied to assist in examining whether the GPG is caused by employee choice, or lack of opportunity. The key areas to be further monitored are:

- ⇒ Equity versus lack of career progression (and barriers)
- ⇒ Gender balance in promotion
- ⇒ Gender balance of leavers
- ⇒ Starting salaries by gender
- ⇒ Part time employee career progression
- ⇒ Supporting carers responsibilities

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<sup>1</sup> Reducing the gender pay gap and improving gender equality in organisations: Evidence-based actions for employers Government Equalities Office

There are higher percentages of women employed in all quartiles than the percentage of women in the UK population. To reduce the GPG as defined by the government would therefore suggest that as well as supporting and encouraging female applicants into senior posts, that advertising and attraction campaigns should consider how to increase the representation of men into bands lower and middle quartile salary ranges. Targeted apprenticeship schemes will be investigated as part of the ongoing action plan.

In 2020 the Trust is refreshing the values and behaviours to further embed the desired culture and will monitor the feedback and experiences of all staff as part of this programme.

In support of the wider equity and inclusion agenda the Trust will continue to check equality in opportunities for selection, development and promotion in the organisation and parity across the whole employee lifecycle.

Through the Equality and Diversity Committee, the Trust will set specific goals for GPG and monitor these with other KPIs such as the Workforce Race Equality Standards to apply fairness of opportunity and parity. We know that sustained improvements will take time but have confidence in the targeted actions being applied.

## Appendix 1: Gender Pay Gap Action Plan

NB – This action plan is interdependent with the OD plan, WRES action plan and cultural development programme which celebrates difference and has wider activity to embed a culture of equality, diversity and inclusion.

### BEH Gender Pay Gap Action Plan 2020 - 2021

Area of Action	Activity	Lead	Timeframe	Impact
Additional Data Analysis	<p>the following areas:</p> <ul style="list-style-type: none"> <li>⇒ Equity versus lack of career progression (and barriers)</li> <li>⇒ Gender balance in promotion</li> <li>⇒ Gender balance of leavers</li> <li>⇒ Starting salaries by gender</li> <li>⇒ Part time employee career progression</li> <li>⇒ Supporting carers responsibilities</li> <li>⇒ CEA applications</li> </ul> <p>2. Equality and Diversity Committee and Womens network to set and sponsor these targets</p> <p>3. Review the staff and pulse surveys to draw conclusions on experience of staff in the workplace</p>	<p>Equality and Diversity Lead (EDL) With Workforce Information (WI)</p> <p>E&amp;D Committee Womens Network</p> <p>Ass Dir OD</p>	<p>Report every 6 months</p> <p>Q2</p> <p>Quarterly</p>	<p>Responding to government 8 ideas and to produce further analysis to enable activity to narrow the GPG</p> <p>Highlight processes that could introduce gender bias</p> <p>Focus on improvements and regular monitoring of progress</p>
Recruitment and Selection	<ol style="list-style-type: none"> <li>1. Provide career coaching for staff and self-confidence sessions</li> <li>2. Introduce values based recruitment for all roles and provide objective assessment training for all hiring managers to support consistency and fairness</li> <li>3. Review the use of assessment tests in the interview process to improve objectivity beyond the competency based interview</li> <li>4. Work with schools and colleges to promote the NHS for male and female careers</li> </ol>	<p>Deputy Director Workforce</p> <p>Deputy Director Workforce</p> <p>Recruitment Lead</p>	<p>Q4</p> <p>Q3 – Q4</p> <p>Q3 – Q4</p> <p>Q4</p>	<p>Increasing confidence for women to apply for promotion</p> <p>All staff to consider their career options at BEH increasing retention</p> <p>Fairness and equity – reducing the negative impacts of bias</p> <p>Perception that NHS is good career choice for men and women</p>
Career Development Promotion and Talent	<ol style="list-style-type: none"> <li>1. Promote cohorts of reverse mentoring to support and sponsor women in their career development / returning to work after maternity</li> <li>2. Develop a talent management and succession planning process and</li> </ol>	<p>Ass Dir OD</p>	<p>Q3 – Q4</p>	<p>Balance in the promotion, succession planning and development opportunities</p>

Management	<p>include a self-nomination process as part of this</p> <p>3. Offer career coaching for all staff and training for managers in their role in talent management</p>			
Support, Awareness And Education	<p>1. Continue to ensure awareness and encourage female and part time eligible consultants to apply for clinical excellence awards (and seek feedback from those who don't to assess any potential conscious or unconscious bias)</p> <p>2. Focus advertising and consider how to attract male employees into lower and medium quartile banding levels through apprenticeships</p> <p>3. Build inclusive leadership competencies and awareness into management and leadership development programmes</p> <p>4. Promote support for people on maternity leave with keeping in touch days</p>	<p>Head Medical Staffing</p> <p>Dep Dir Workforce</p> <p>Ass Dir OD</p> <p>Dep Dir Workforce</p>	<p>Q2 – Q4</p> <p>Q4</p> <p>Q4</p> <p>Q4</p>	<p>Narrowing of bonus pay gap</p> <p>Narrowing of pay gap and balance or proportion staff through pay quartiles</p>
Policies	<p>1. Review take up and awareness of flexible working policies as part of the wellbeing agenda</p> <p>2. Review policies to ensure transparency of processes and policies for recruitment, reward and promotion</p> <p>3. Encourage shared uptake of parental leave and review maternity and paternity leave policies</p>	<p>Dep Dir Workforce</p>	<p>Q2 – Q4</p>	<p>Narrowing of pay gap</p> <p>Increased uptake of job shares, flexible working both male and female</p>
Wider Cultural Initiatives	<p>1. Complete a refresh of the Trust behaviours / values programme to ensure equity and respect are explicit in monitoring behaviour</p> <p>2. Build behavioural competencies into the appraisal process</p>	<p>Ass Dir OD</p>	<p>Q4</p>	<p>Embed equality and diversity as a cultural norm</p> <p>Reward and improve desired values</p>