

TRUST BOARD

Paper No:
Title of paper: Gender Pay Gap Report 2022
Purpose: To update the Trust Board on the Gender Pay Report 2022 to be published by the 30 th March 2023 following approval.
<p>Summary:</p> <p>In accordance with <i>The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017</i> this report details the Trusts Gender Pay Gap for the March 2022 snapshot date. The report includes the separate analysis for the substantive Trust workforce, and for the Lead Employer function.</p> <p>STHK key headlines are:</p> <ul style="list-style-type: none"> • The Mean Gender Pay Gap has decreased from 32.48% to 31.43% • The Median Gender Pay Gap has decreased from 16.59% to 14.46% • The Mean Bonus Pay Gap has decreased from 40.33% to 27.36% • The Median Bonus Pay Gap has decreased from 61.91% at 0.00% <p>The Lead Employer key headlines are:</p> <ul style="list-style-type: none"> • The Mean Gender Pay Gap has increased from -0.04% to 0.37% • The Median Gender Pay Gap has increased from 1.92% to 2.18% • The Mean Bonus Pay Gap has increased slightly from 0.00% to -0.96% • The Median Bonus Pay Gap has remained at 0.00%
Corporate objective met or risk addressed: Compliance with Trust's Public Sector Equality Duty under the Equality Act 2010.
Financial implications: N/A
Stakeholders: Trust Board, Management, Staff, Patients, NHS England, Commissioners, Staff-Side
<p>Recommendation(s):</p> <p>To note the March 2022 Gender Pay Gap report for publication on the Trusts website, and submissions of the data to the government portal.</p>
Presenting officer: Anne-Marie Stretch, Deputy CEO/ Director of HR
Meeting date: Thursday 28 th March 2023

Gender Pay Gap Report 2022

Contents

1.1.	Introduction	4
1.2.	About St Helens and Knowsley Teaching Hospitals NHS Trust.....	4
1.3.	Lead Employer.....	4
1.4.	Key Terms.....	5
1.5.	Meaning of colour coding and arrows	5
2.	Gender Pay Gap	7
2.1	Summary.....	7
2.2	Mean Pay Gap	8
2.3	Median Pay Gap	8
2.4	Population Quartiles.....	9
3.	Medical & Dental and Agenda for Change	10
3.1.	M&D/AfC Mean and Median Pay Gap.....	11
3.2.	M&D/AfC Population Quartiles	13
4.	Bonus Pay Gap.....	15
4.1.	Meaning of Bonus Pay	15
4.2.	What are Clinical Excellence Awards?.....	15
4.3.	Mean and Median Bonus Pay Gap	16
6.2.	Proportion of males and females receiving bonus payment.....	16
7.	NHS Comparators.....	20
8.	Lead Employer Gender Pay Gap Summary.....	21
8.1.	Lead Employer Bonus Pay.....	22
9.	Conclusion and Actions.....	22
	Appendix 1: Methodology and Data Definitions.....	24
	Appendix 2 - Acronyms and Key Terms.....	27

List of Tables

Table 1: Gender Pay Gap Summary 2020-2022	7
Table 2: Mean Hourly Rate of Pay	8
Table 3: Median Hourly Rate of Pay.....	8
Table 4: Population Pay Quartile 2021 and 2022.....	9
Table 5: Medical and Dental Mean and Median Hourly Rate of Pay	11
Table 6: Agenda for Change (AfC) Mean and Median Hourly Rate of Pay	12
Table 7: M&D/AfC Population Pay Quartile 2022.....	13
Table 8: Mean Bonus Pay	16
Table 9: Median Bonus Pay	16
Table 10: Number of Bonus Pay recipients.....	17
Table 11: Local Clinical Excellence Award values and pay dates	17
Table 12: National Clinical Excellence Awards 2021	18
Table 13: National Clinical Excellence Awards 2022	19
Table 14: Gender Pay Gap NHS Trust benchmarking	20
Table 15: Lead Employer Gender Pay Gap Summary 2020-2022	21
Table 16: Actions from 2020-2022 analysis	22
Table 17: New action from 2022 analysis.....	23
Table 18: Acronyms and Key Terms	27

List of Graphs

Graph 1: 2022 Population by Quartiles	10
Graph 2: 2022 Medicine & Dentistry Population by Quartiles.....	14
Graph 3: 2022 Agenda for Change Population by Quartiles	14

1.1. Introduction

In accordance with, St Helens and Knowsley Teaching Hospital NHS Trust is pleased to report its annual Gender Pay Gap for March 2022.

The Mean and Median Gender Pay Gaps are calculated from the **Hourly Rate of Pay** of the **Full Pay Relevant Employee (FPRE)** population as of the 31st March 2022. Please see Appendix 1: Methodology and Data Definitions for the full explanation of the calculation.

The Bonus Mean and Median Gender Pay Gaps are calculated from the total bonus pay received from the 1st April 2021 to 31st March 2022 by the Pay Relevant Population. Please see Appendix 1: Methodology and Data Definitions for the full explanation of the calculation.

1.2. About St Helens and Knowsley Teaching Hospitals NHS Trust

St Helens and Knowsley Teaching Hospitals NHS Trust (The Trust) provides acute and community healthcare services at St Helens and Whiston Hospitals, Community Intermediate Care services at Newton Community Hospital in Newton-le-Willows, and an Urgent Treatment Centre, operating from the Millennium Centre, in the centre of St Helens.

The Trust provides care to approximately 360,000 people, principally from St Helens, Knowsley, Halton, and Liverpool, but also from other neighbouring areas including Warrington, Ormskirk and Wigan. In addition, the Mersey Regional Burns and Plastic Surgery Unit provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the Northwest, serving a population of over 4 million.

In March 2022, 6,668 staff were employed by the Trust substantively, and a further 5,568 workers were registered on the Bank.

1.3. Lead Employer

St Helens and Knowsley Teaching Hospitals NHS Trust is the Lead Employer for over 13,000 medical and dental professionals. The service supports doctors and dentist-in-training throughout the full length of their training, overseeing all employment matters across six Health Education England regions (North West, West Midlands, East of England, East Midlands, Thames Valley, London and the South East).

The Lead Employer model is focused on improving the working lives of colleagues in speciality training, helping them to succeed in their chosen career paths and this is carried out through their five primary work areas of Employment Services, Case Management, Workforce Information, Payroll Services and Health Work and Wellbeing.

For the purposes of this report, the Lead Employer Gender Pay Gap data is reported separately to reflect the unique employment relationship this group has with the Trust.

1.4. Key Terms

- **Full Pay Relevant Employee (FPRE):** The population used to calculate the mean and median pay gap. To be considered a Full Pay Relevant Employee, the worker must not be receiving less than 100% of their hourly rate of pay. This will occur when a worker is receiving the lower-level statutory maternity pay, adoption pay, sick pay, or no pay (unpaid career break etc). The FPRE is based on **all posts** that received pay on the 31st March, not individual people.
- **Hourly Rate of Pay:** The calculation of a worker's total pay (before tax) which includes basic pay, shift pay and allowances, but after salary sacrifice deductions including pension and childcare vouchers. The Hourly Rate of Pay is used to calculate the mean and median gender pay gaps.
- **Bonus Pay:** Any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit-sharing arrangements, productivity, performance, incentives or commission. For the purposes of this report, this includes Clinical Excellence Awards and the Targeted Enhanced Recruitment Scheme.
- **Bonus Pay Population:** To be counted within the bonus pay population, the worker must be a Pay Relevant Employee, have received a bonus payment between the 1st April – 31st March, and be employed by the Trust on the 31st March snapshot date.
- **Pay Relevant Employee:** The total population of the Trust on the snapshot date. Used to identify the bonus pay population and calculate the proportion of workers in receipt of bonus pay.
- **Worker:** The population used to calculate the gender pay gap includes all employees, workers and apprentices including Bank staff. The population is based on posts filled, and not people, meaning that an individual can hold multiple posts, and will be counted within the population for each one.

Please see Appendix 1: Methodology and Data Definitions for a full explanation of the methodology and meaning of key terms.

1.5. Meaning of colour coding and arrows

Please familiarise yourself with the following meaning used by colour coding and arrows:

- **+Black Number:** means that the gender pay gap is in favour of men
- **-Red Number:** means that the gender pay gap is in favour of women
- **Green Arrows** ↑↓: denote a change that is positive, either an increase or decrease in a population, or a positive change in the gender pay gap e.g. decreasing.
- **Red Arrows** ↑↓: denote a change that is negative, either an increase or decrease in a population, or a negative change in the gender pay gap e.g. increasing.
- **Black Arrows** ↑↓: denote a change, either an increase or decrease in a population.
- **Side Arrows** ↔: denote that the data has not change from the previous year.

2. Gender Pay Gap

2.1 Summary

On the 31st March 2022 there were 7,109 **Full Pay Relevant Employees (FPRE)** within the snapshot data, of which 82% were female and 18% male.

Table 1 below outlines the Gender Pay Gap data for March 2021 and 2022:

Table 1: Gender Pay Gap Summary 2021-2022

	March 2021	March 2022	Trend
Population Size			
Total FPRE	7,027	7,109	↑
# Female (FPRE)	5,781	5,820	↑
# Male (FPRE)	1,246	1,289	↑
% Female (FPRE)	82.27%	81.86%	↓
% Male (FPRE)	17.73%	18.14%	↑
Gender Pay Gap Figures %			
Mean Pay Gap %	32.48%	31.43%	↓
Median Pay Gap %	16.59%	14.46%	↓
Bonus Mean Pay Gap %	40.33%	27.36%	↓
Bonus Median Pay Gap %	61.91%	0.00%	↓
Bonus Pay Population Size			
% of F who received a Bonus	1.08%	1.48%	↑
% of M who received a Bonus	8.68%	9.45%	↑
% of Bonus Recipients F	35.96%	41.91%	↑
% of Bonus Recipients M	64.04%	58.09%	↓
Total Population size in 4 equal quartiles (1 = lowest, 4 = highest)			
% Q1 Female (Lowest)	87.48%	86.45%	↓
% Q1 Male (Lowest)	12.52%	13.55%	↑
% Q2 Female	84.69%	84.37%	↓
% Q2 Male	15.31%	15.63%	↑
% Q3 Female	85.71%	85.10%	↓
% Q3 Male	14.29%	14.90%	↑
% Q4 Female (Highest)	71.18%	71.53%	↓
% Q4 Male (Highest)	28.82%	28.47%	↑

2.2 Mean Pay Gap

The mean pay gap is a comparison between the average hourly income of the whole male population, and the average hourly income of the whole female population expressed as a percentage. Table 2 outlines the Hourly Rate of Pay for 2021 and 2022, and the difference between men and women.

Table 2: Mean Hourly Rate of Pay

Sex	2021	2022
Female	£16.06	£16.67
Male	£23.79	£24.31
Difference	£7.73	£7.64
% Pay Gap	32.48	31.43

The Mean Gender Pay Gap has decreased by 1.05% from 2021 to 2022, from 32.48% to 31.43%.

2.3 Median Pay Gap

The median pay gap is a comparison between the middle value hourly income of the whole male population, and the middle value hourly income of the whole female population when arranged from lowest to highest, expressed as a percentage.

The median pay gap is generally considered to be the measure that is representative of the gender pay gap across the whole workforce and is the figure that is reported and compared nationally.

Table 3: Median Hourly Rate of Pay

Sex	2021	2022
Female	£13.63	£14.21
Male	£16.34	£16.61
Difference	£2.71	£2.40
% Pay Gap	16.59%	14.46%

The Median Gender Pay Gap has decreased by 2.08% from 2021 to 2022, from 16.59% to 14.51%.

Cause of the Trust Gender Pay Gap

There is no single cause for the gender pay gap for the Trust. A combination of the following factors will be impacting on the overall hourly rate of pay:

- The type of roles that male workers occupy compared to female workers (horizontal segregation), with men more likely to occupy medical and dental roles, and women more likely to occupy nursing & midwifery roles.
- 4.6% of female Full Pay Relevant Employees (FPRE) are in a Medical & Dental role, compared to 26% of male FPRE.
- The location of male FPRE compared to female FPRE within the Agenda for Change pay bands, and seniority within medical and dental roles (vertical segregation); with a higher proportion of male FPRE occupying higher pay levels.
- 0.23% of AfC FPRE have an hourly rate of pay of £50+, compared to 29.6% of Medical & Dental FPRE.

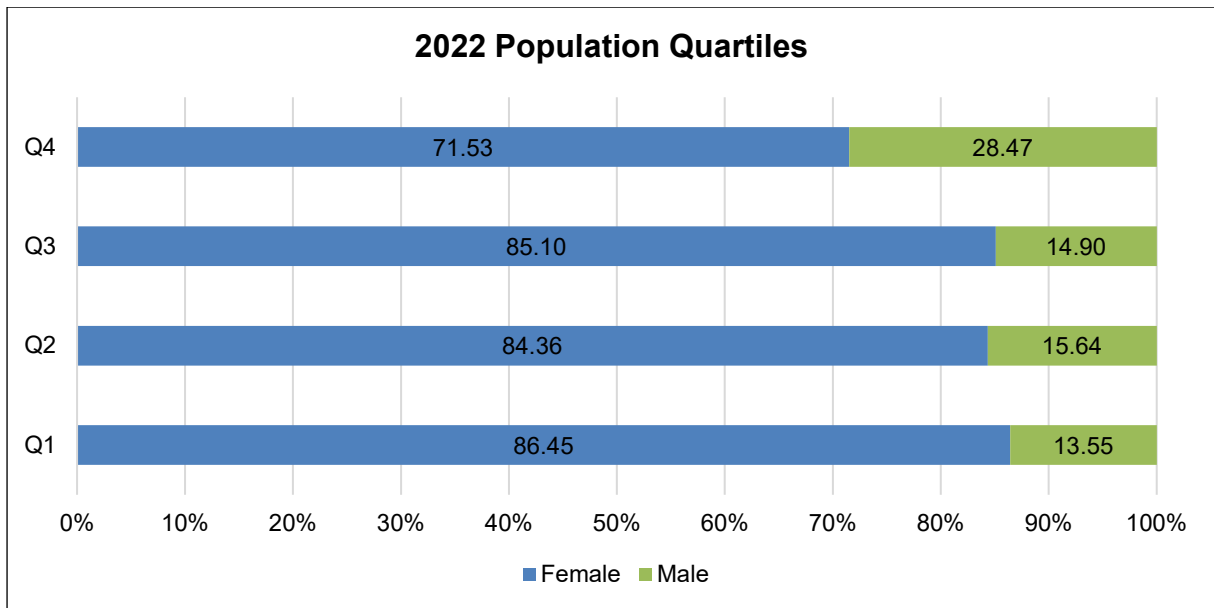
Section 2.4 outlines the overall population distribution by hourly rate of pay from lowest to highest. Section 3 expands on the gender pay gap and causes for Medical & Dental roles, and Agenda for Change roles providing context for the causes of the Trust pay gap.

2.4 Population Quartiles

The hourly rate of pay for all Full Pay Relevant Employees is ranked from lowest to highest. The population is then divided equally into 4 parts to create the 4 population quartiles, with 1 being lowest and 4 being highest. In each quartile the proportion of men and women is calculated.

Table 4: Population Pay Quartile 2021 and 2022

Quartile	2021				2022			
	Female #	Male #	Female %	Male %	Female #	Male #	Female %	Male %
1	1,537	220	87.48	12.52	1,537	241	86.45	13.55
2	1,488	269	84.69	15.31	1,500	278	84.37	15.63
3	1,506	251	85.71	14.29	1,513	265	85.10	14.90
4	1,250	506	71.18	28.82	1,270	505	71.53	28.47
Overall	5,781	1,246	82.27	17.73	5,820	1,289	81.56	18.14



Graph 1: 2022 Population by Quartiles

To be representative of the demography of the current workforce, each quartile would have to have a 82% female and 18% male split. There is an over representation of female posts and under representation of male posts in quartile 1, 2 and 3 and an over representation of men and under representation of women in the highest paying quartile 4.

3. Medical & Dental and Agenda for Change

Medical and Dental is a Staff Group comprised on doctors at all levels of training and seniority. This includes Foundation Level (F1/F2), Registrars, Consultants, Locum Consultants and Bank Medical workers. Pay levels for medical and dental staff is determined by the relevant NHS Terms and Conditions for doctors and dentists depending on their grade/role.

Agenda for Change is the NHS's terms and conditions for non-medical NHS staff with a 9 point pay scale. Agenda for change pay scales encompasses all other staff groups including nurses and midwives, clerical and admin, estates, laboratory technicians, and health care assistants,

On the 31st March 2022 there were:

- 602 Full Pay Relevant Employees (FPRE) **Medical & Dental** workers within the snapshot data, of which 44% were female and 55.6% were male.
- 6507 Full Pay Relevant Employees (FPRE) **Agenda for Change** workers within the snapshot data, of which 85.3% were female and 14.7% were male.

3.1. M&D/AfC Mean and Median Pay Gap

Table 5 details the Mean and Median Hourly Rates of Pay for both Male and Female Medical and Dental (M&D) Full Pay Relevant Employees.

Table 5: Medical and Dental Mean and Median Hourly Rate of Pay

	Medical and Dental			
	Mean		Median	
	2021	2022	2021	2022
% Pay Gap	6.03%	18.71%	7.52%	11.89%
# % Female	243 (44.3%)	267 (44.4%)	243 (44.3%)	267 (44.4%)
# % Male	318 (56.7%)	335 (55.6%)	318 (56.7%)	335 (55.6%)
£ Female	£43.78	£37.85	£41.81	£41.81
£ Male	£46.59	£46.56	£45.21	£47.45
£ Difference	£2.81	£8.11	£3.40	£5.64

The mean hourly pay gap has increased for medical and dental FPRE by 12.68 percentage points to 18.71% in the last year.

The median hourly pay gap has increased for medical and dental FPRE by 4.37 percentage points from 7.52% to 11.89%.

There is no single cause for the increase in the mean and median gender pay gaps for medical and dental FPRE. A combination of the following changes to the population is impacting the hourly rate of pay:

- 20% of female FPRE earn £50+ more per hour, compared to 37% of male FPRE.
- The lower paid Foundation 1, Foundation 2, Clinical Fellow 1 and Clinical Fellow 2 roles account for 25% of female medical and dental FPRE, but only 13% of male FPRE.
- Although the number of women on consultant posts increased between 2021 and 2022 by 4%, the number of men increased by 7% slightly reducing the proportion of women from 41.5% to 40.9%.
- Changes to the number of female and male consultants, including the recruitment of new consultations has had the effect of decreasing the female consultant mean hourly rate of pay, whereas the mean male hourly rate of pay has increased.
- A larger proportion of male consultants have been in post longer, where pay is linked to length of service.
- In 2021 there was a F48%/M52% split in the number and proportion of Medical Bank workers. In 2022 both the number of women and men increased but the proportion changed to F35%/M67%. The mean hourly rate

of pay also increased significantly between 2021 and 2022. Combined, this will have had a greater effect of pulling up the male hourly rates of pay compared to women.

See Graph 2: 2022 Medicine & Dentistry Population by Quartiles

Table 5 details the Mean and Median Hourly Rates of Pay for both Male and Female staff categorised as Agenda for Change (AfC).

Table 6: Agenda for Change (AfC) Mean and Median Hourly Rate of Pay

	Agenda for Change (AfC)			
	Mean		Median	
	2021	2022	2021	2022
% Pay Gap	7.07%	5.15%	2.29%	1.62%
# % Female	5538 (85.7%)	5553 (85.3%)	5538 (85.7%)	5553 (85.3%)
# % Male	928 (14.3%)	954 (14.7%)	928 (14.3%)	954 (14.7%)
£ Female	£14.85	£15.65	£13.19	£13.95
£ Male	£15.98	£16.50	£13.50	£14.19
£ Difference	£1.13	£0.85	£0.31	£0.24

The mean hourly pay gap has decreased for agenda for change staff by 1.92 percentage points from 7.07% to 5.15% in the last year.

The median hourly pay gap has decreased for agenda for change staff by 0.67 percentage points from 2.29% to 1.62%. The AfC median pay gap is less than 3% and is statistically insignificant and no further action is required.

There is no single cause for the mean gender pay gap for Agenda for Change workers. A combination of the following factors will be impacting on the overall mean hourly rate of pay:

- Only 14.7% of AfC workers are male, small changes in the number of male workers, and their location within the pay band, will have a larger effect on the mean hourly rate of pay, than similar changes within the larger female population.
- Between 2021 and 2022, the proportion of male workers has increased on Band 2, 3, 5, 7, 9 (mostly lower bands); whereas the proportion of female workers has increased on Band 4, 6, 8a, 8b, 8c, 8d (mostly higher bands)
- The proportion of female workers on Band 8a+ has increased from 4.1% (2021) to 4.9% (2022). The proportion of male workers on Band 8a+ has remained the same at 9.8%.

- With a larger proportion of male workers on higher pay bands will have the effect of pulling up the male hourly rate of pay, compared to women. However, the increase in the proportion of male workers on lower bands, and the increase of female workers on higher bands from 2021 to 2022 will have contributed to increasing the female hourly rate of pay, and therefore reducing the mean gender pay gap.

See Graph 2: 2022 Agenda for Change Population by Quartiles

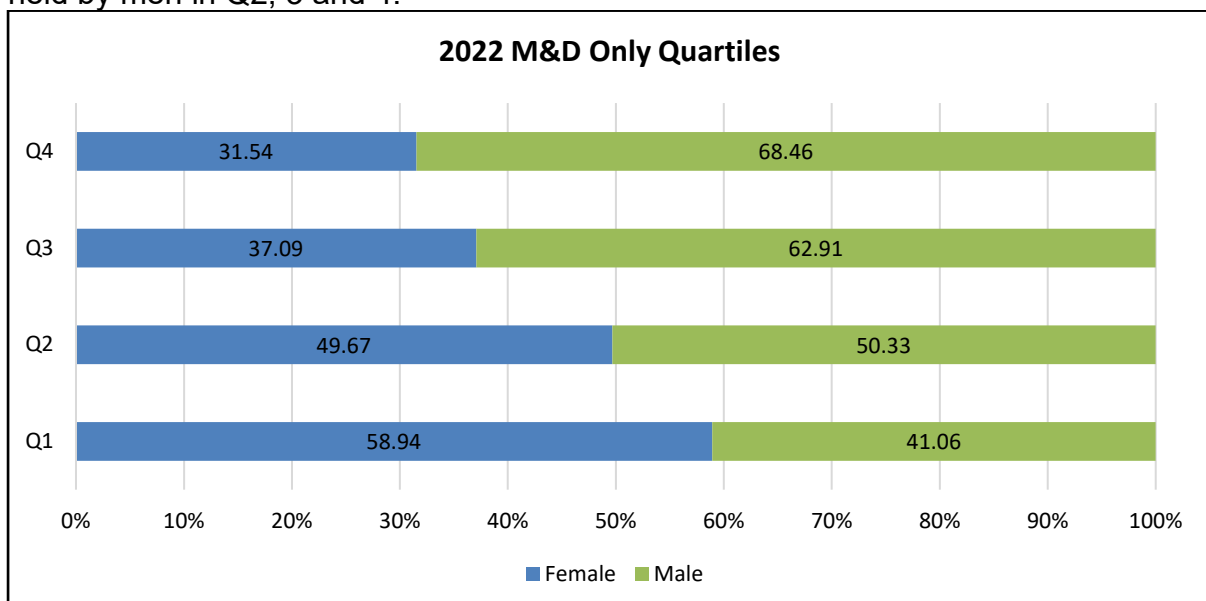
3.2. M&D/AfC Population Quartiles

The hourly rate of pay for all Full Pay Relevant Employees is ranked from lowest to highest. The population is then divided equally into 4 parts to create the 4 population quartiles, with 1 being lowest and 4 being highest. In each quartile the proportion of men and women is calculated.

Table 7: M&D/AfC Population Pay Quartile 2022

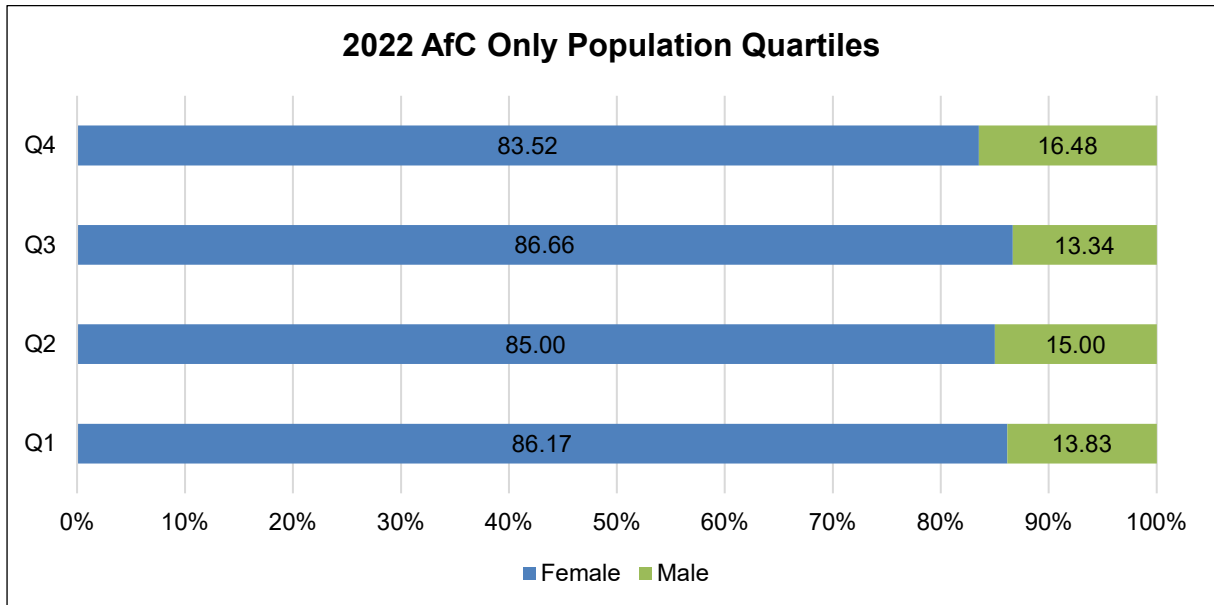
Quartile	M&D 2022				AfC 2022			
	Female #	Male #	Female %	Male %	Female #	Male #	Female %	Male %
1	89	62	58.94	41.06	1402	225	86.17	13.83
2	75	76	49.67	50.33	1383	244	85.00	15.00
3	56	95	37.09	62.91	1410	217	86.66	13.34
4	47	102	31.54	68.46	1358	268	83.52	16.48
Overall	267	335	44.35	55.65	5553	954	85.34	14.66

For Medical and Dental posts only, there is a significant overrepresentation of men in all quartiles when compared to the Trust population; with the majority of posts being held by men in Q2, 3 and 4.



Graph 3: 2022 Medicine & Dentistry Population by Quartiles

For Agenda for Change (AfC) posts only, there is a underrepresentation of men in all quartiles compared to the Trust population. However, there is a larger proportion of men in the higher Quartile 4 than in the other quartiles.



Graph 4: 2022 Agenda for Change Population by Quartiles

4. Bonus Pay Gap

4.1. Meaning of Bonus Pay

Bonus Pay is defined as any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit-sharing arrangements, productivity, performance, incentives or commission. For the purpose of this report, this means the Clinical Excellence Awards (Trust), and the Targeted Enhanced Recruitment Scheme (Lead Employer)

Bonus Pay is the total amount of pay received from the 1st April to the 31st March of the respective year, and where the worker is still engaged by the Trust on the 31st March snapshot date.

The eligible Bonus Pay Population is called the “**Pay Relevant Employee**” population and is the total number of workers at the Trust on the 31st March and includes those classed as Full Pay Relevant Employees as well as those that are not.

4.2. What are Clinical Excellence Awards?

Local Clinical Excellence Awards (2018-2021)

The Local Clinical Excellence Awards (LCEA) are awarded by the Trust to qualifying employees on an annual basis. To qualify an employee must be:

- A Consultant employed on the 2003 Terms and Conditions
- Have held a substantive Consultant post for at least 12 months

Prior to COVID-19, the Local Clinical Excellence Awards were awarded based on a competitive application process. In 2020 (The 2019 LCEA Round) a national decision was taken to distribute the LCEA equally amongst the eligible population, which has continued into this year's reporting.

The value of the total award pot is fixed with the individual award value shared amongst the qualifying population which varies each year. The methodology used to award the LCEA changes on a regular basis and may impact the year-on-year comparison.

National Clinical Excellence Awards

The National Clinical Excellence Awards (NCEA) are awarded by the NHS to qualifying medical and dental practitioners on the General Dental Council (GDC) specialist list or General Medical Council (GMC) specialist list, or GP register.

To be considered for a NCEA, an applicant needs to show that they have an impact at a national level in developing and delivering high quality service, improving NHS leadership, education and training, and innovation and research

The value of the NCEA is up to a maximum value of £77,000 (Platinum) and was historically issued for a period of 5 years. At the end of the 5-year period, the award

holder was required to reapply. As a result of the length of award period, in any given year, employees could be in receipt of a NCEA which was awarded in the current year, or in the previous 5 years.

The Trust has no direct involvement in the assessment or awarding of NCEA however, the payment of these awards is through the Trust payroll and therefore is included in the Gender Pay Gap calculation.

4.3. Mean and Median Bonus Pay Gap

For the purposes of the Trust Bonus Pay, this is a combination of the Local Clinical Excellence Awards, and the National Clinical Excellence Awards. An individual may receive multiple payments in a year depending on which award they are receiving, or because the award has been paid in the following financial year to the year it was awarded e.g. 2020-2021 round, paid in 2021-2022 gender pay gap data.

Please see Appendix 1: Methodology and Data Definitions for further details.

The mean and median bonus gender pay gaps were as follows:

Table 8: Mean Bonus Pay

Sex	2021	2022
Female	£4,279.78	£5,809.76
Male	£7,171.83	£7,997.98
Difference	£2,892.05	£2,188.22
% Pay Gap	40.33	27.36

Table 9: Median Bonus Pay

Sex	2021	2022
Female	£1,855.20	£5,270.71
Male	£4,871.16	£5,270.71
Difference	£3015.96	£0.00
% Pay Gap	61.91	0.00

4.4 Proportion of males and females receiving bonus payment

The proportion of males and females receiving bonus payments is calculated from the “pay relevant” population and therefore includes all posts at the Trust. A individual may hold multiple posts, and will be counted in the data for each post. Therefore the “population” numbers within this report are not comparable to the Trust standard headcount.

With the current “bonus scheme” being limited to Clinical Excellence Awards it should be noted that the population figures are not based on the eligible consultant population, but the whole “pay relevant” population, even though most of them are not eligible for the award.

Table 10: Number of Bonus Pay recipients

Sex		Employees Paid Bonus	Total "Pay Relevant" Employees	% Pay Relevant Employees Receive Bonus	% Bonus Recipients
2021	Female	73	6,743	1.08	35.96
	Male	130	1,497	8.68	64.04
2022	Female	101	6,827	1.48	41.91
	Male	140	1,482	9.45	58.09

There are more men in consultant positions, meaning that a higher proportion of men are eligible for the Local Clinical Excellence Awards, and the National Clinical Excellence Awards. Even though the pay practices relating to the Local Clinical Excellence Awards are such that the same value is now awarded, how those have been paid, and the addition of the NCEA is continuing to cause a pay gap in favour of men.

Impact of Local Clinical Excellence Awards (2021 / 2022)

The Local Clinical Excellence Award rounds do not directly map onto the Bonus Gender Pay Gap period. The value of the LCEA varies each round as this is linked to the size of the funding pot and the eligible population it is shared with, which will vary. The current pay practices for these awards means that some are paid in March and some in April, splitting them across the bonus pay period. This can result in an individual receiving one or two payments within the data, or moving to the next report period. This makes the year on year comparison of the pay gap difficult because the award levels and population are not stable.

Table 11 outlines the LCEA pay dates and values that correspond with the Gender Pay Gap snapshot periods.

Table 11: Local Clinical Excellence Award values and pay dates

	LCEA Pay Date	Value	Pro Rata
2021 GPG	April 2020	£3480	Yes
	August 2020	£1,855.20	Yes
2022 GPG	April 2021	£1,341	Yes
	March 2022	£3,930	No
2023 GPG	April 2022	£3,930	No

Local Clinical Excellence Awards (2018-2022) and National Clinical Excellence Awards 2021

In 2021 there was 84 recipients of a Pre-2018 Local Clinical Excellence Awards (Level 1-8) and the National Clinical Excellence Award (Bronze – Platinum) of which 22.6% were female, and 77.4% were male. 17% of Male Consultants achieved a Level 6 or above, compared to 5.3% of Female Consultants

Table 12: National Clinical Excellence Awards 2021

	NCEA	Value	% Female ↔	% Male ↔	% Female ↓	% Male ↓
LCEA (pre-2018)	Level 1	£3,016	16.1	83.9	26.3	40.0
	Level 2	£6,032	25.0	75.0	26.3	23.1
	Level 3	£9,048	50.0	50.0	26.3	7.7
	Level 4	£12,064	20.0	80.0	5.3	6.2
	Level 5	£15,080	33.3	66.7	10.5	6.2
	Level 6	£18,096	-	100.0	-	4.6
	Level 7	£24,128	-	100.0	-	4.6
	Level 8	£30,160	-	100.0	-	4.6
NCEA	Level Bronze	£36,192	33.3	66.7	5.3	3.1
	Level Silver	£47,582	-	-	-	-
	Level Gold	£59,477	-	-	-	-
	Level Platinum	£77,320	-	-	-	-

National Clinical Excellence Awards 2022

In 2022 there was 80 recipients of a of a Pre-2018 Local Clinical Excellence Awards (Level 1-8) and the National Clinical Excellence Award (Bronze – Platinum) of which 22.5% were female, and 77.5% were male. 16.1% of Male Consultants achieved a Level 6 or above, compared to 5.3% of Female Consultants.

Table 13: National Clinical Excellence Awards 2022

	NCEA	Value	% Female ↔	% Male ↔	% Female ↓	% Male ↓
LCEA (Pre-2018)	Level 1	£3,016	16.7	83.3	27.8	40.3
	Level 2	£6,032	25.0	75.0	27.8	24.2
	Level 3	£9,048	44.4	55.6	22.2	8.1
	Level 4	£12,064	20.0	80.0	5.6	6.5
	Level 5	£15,080	40.0	60.0	11.1	4.8
	Level 6	£18,096	-	100.0	-	4.8
	Level 7	£24,128	-	100.0	-	3.2
	Level 8	£30,160	-	100.0	-	3.2
NCEA	Level Bronze	£36,192	33.3	66.7	5.6	3.2
	Level Silver	£47,582	-	100.0	-	1.6
	Level Gold	£59,477	-	-	-	-
	Level Platinum	£77,320	-	-	-	-

Causes of the Bonus Pay Gap

The Median Bonus Gender Pay Gap has reduced to 0%.

The Mean Bonus Pay Gap is being caused by a combination of the following:

- The total bonus pay of an employee is a combination of any Local Clinical Excellence Awards (New, 2018-2021), Local Clinical Excellence Awards (Old, Pre-2018) and National Clinical Excellence Awards.
- The total value of the LCEA (New) is not comparable across the population because of the ability of the employee to choose payment in March or April, where April has moved the payment into the following Gender Pay Gap Period.
- The value of the LCEA (New) changes each year making the movement of the payment between GPG years and contributing factor in the variation of the bonus pay levels.
- For 2022, the LCEA (New) value is no longer pro-rata, meaning the same value is awarded to all recipients which will help reduce the pay gap.
- Where an employee had deferred the payment into the following GPG period, and has subsequently left the Trust, the bonus payment is not being included in the current or previous calculation. This means that the bonus pay is not a direct reflection of actual number of LCEA (New) recipients.
- Overall a higher proportion of men receive LCEA and NCEA, and a larger proportion of men receive higher value NCEA.

7. NHS Comparators

When comparing with other organisations, even within the NHS, there are several caveats that need to be taken into consideration:

- The sizes and type of organisation may impact on the number of men and women in the workforce, and their distribution in the pay bands and staff groups,
- Whether key services are inhouse or have been outsourced such as maintenance, cleaners, catering, which may remove high numbers of specific staff groups and pay bands from the population.
- Whether the Trust is a provider of, or has outsourced, key services to other organisations, such as their HR, Payroll or other services. This will impact on the overall headcount.
- Whether key functions have been structured as subsidiaries of the organisation, and therefore possibly removing those staff from the population.
- Local employment and industrial relations during the snapshot month, including staffing levels and the use of Bank staff; strike action or other similar workforce decisions that impact on staff numbers and pay distribution.
- Whether the Trust has local bonus schemes in addition to CEA. This would include performance relates schemes for senior leaders, or the lack of these schemes.
- How Local Clinical Excellence Awards are awarded, such as whether it is a competitive process or not
- The size of the eligible population for National Clinical Excellence Awards, and the proportion of men and women who receive them, and their value.

Therefore, due to this combination of factors, benchmarking should be viewed as a indicator of gender pay gap performance, but not a like-for-like comparison of pay or workforce practices.

All employers have until the 30th of March 2023 to report their gender pay gap information. The Trust position in relation to other NHS organisations is as follows:

Table 14: Gender Pay Gap NHS Trust benchmarking

	Mean GPG	Median GPG
2020 STHK	29.2%	16.3%
2020 Ranking out of 235	166 / 198	152 / 198
2021 STHK	32.5%	16.6%
2021 Ranking out of 131	187 / 200	159 / 200
2022 STHK	32.9%	14.5%
2022 Ranking	TBC when ranking is listed	TBC when ranking is listed

8. Lead Employer Gender Pay Gap Summary

On the 31st March 2022 there was 10,551 **Full Pay Relevant Employees (FPRE)** within the Lead Employer snapshot data, of which 55% were female and 45% male.

Table 12 below outlines the Lead Employer Gender Pay Gap data for March 2021 and 2022:

Table 15: Lead Employer Gender Pay Gap Summary 2020-2022

	March 2021	March 2022	Trend
Population Size			
Total FPRE	9756	10551	↑
# Female (FPRE)	5406	5805	↑
# Male (FPRE)	4350	4746	↑
% Female (FPRE)	55.4	55.0	↓
% Male (FPRE)	44.6	45.0	↑
Gender Pay Gap Figures %			
Mean Pay Gap %	-0.04	0.37	↑
Median Pay Gap %	1.92	2.18	↑
Bonus Mean Pay Gap %	0.00	-0.96	↑
Bonus Median Pay Gap %	0.00	0.00	↔
Bonus Pay Population Size			
% of F who received a Bonus	0.90	1.63	↑
% of M who received a Bonus	1.50	2.82	↑
% of Bonus Recipients F	45.00	44.07	↓
% of Bonus Recipients M	55.00	55.93	↑
Total Population size in 4 equal quartiles (1 = lowest, 4 = highest)			
% Q1 Female (Lowest)	55.68	53.94	↓
% Q1 Male (Lowest)	44.32	46.06	↓
% Q2 Female	56.58	57.58	↑
% Q2 Male	43.42	42.42	↓
% Q3 Female	49.41	48.48	↓
% Q3 Male	50.59	51.51	↑
% Q4 Female (Highest)	59.98	60.07	↑
% Q4 Male (Highest)	40.02	39.93	↓

Both the Mean and Median Gender Pay Gap is less than 3% and therefore require no further analysis or commentary. The Mean and Median Bonus Pay Gap is a result of the very small number of recipients (0.02% and 0.04% respectively) and the value of the Clinical Excellence Awards received.

8.1. Lead Employer Bonus Pay

GP's in Training are not eligible for Clinical Excellence Awards, but are eligible to apply for the Targeted Enhanced Recruitment Scheme.

The **Targeted Enhanced Recruitment Scheme** is a Health Education England (HEE) initiative as part of the national recruitment and retention strategy offering one off payments of £20,000 to GP Specialty Trainees committed to working in a select number of training locations in England that either have a past history of under-recruitment or are in under-doctored or deprived areas.

Those interested in the scheme apply directly to Health Education England as part of the placement preference process.

The incentive payment is paid upon starting the training post and is administered by the Trust as the GP Trainees employer (Lead Employer), and as such is a form of bonus payment for the purposes of the Gender Pay Gap calculation.

9. Conclusion and Actions

The analysis of the 2022 data indicates that there remain some differences in pay between the men and women at STHK. The following actions were identified in 2020/2021 with progress noted and additional actions listed for 2022.

Table 16: Actions from 2020-2022 analysis

Action 2020-2022 Gender Pay Report	Progress
Analysis of flexible working requests to identify the working patterns of males and females (by department) and any barriers that females may face when pursuing career opportunities.	Review has taken place. New Flexible Working Policy launched March 2022
E8ducate and support employees to be aware of the inclusive people practices they can access and utilise including reasonable adjustments, flexible working, carers' passport and HWWB services.	New Reasonable Adjustments Policy and disability passport was been developed and launched in 2022.
Ongoing work to identify flexible working options to be included on job adverts in order to promote the Trust as a supportive employer.	Workforce team reviewing approach to attraction and recruitment using outcomes from

Action 2020-2022 Gender Pay Report	Progress
Review of how we welcome back and support staff that may have had a significant amount of time away from work (i.e., maternity or adoption leave) and analysis of what the barriers are to further career progression when returning to work.	an external review and service user feedback with a focus on Refreshed Recruitment and Retention Strategy for March 2022
Undertake a review of recruitment processes to remove any gender bias. i.e., at the shortlisting stage or during interviews.	

The following new actions are proposed for 2023/24:

Table 17: New action from 2022 analysis

Action
1. Deep dive into drivers and consequences of part time working in the Trust on career progression.
2. To disaggregate the data to assess the Gender Pay Gap for the substantive workforce only, and the Bank staff separately, to determine if there are any gender based issues.
3. Review approaches to the recruitment and retention of men in lower pay bands, in particular Admin and Clerical; Nursing and Midwifery with the aim to improve the recruitment and retention of men in lower pay bands.
4. Review promotion/progression process and support for women into higher pay bands.
5. Review support for female medical and dental staff on achieving higher level clinical excellence awards.
6. Review how flexible working and family friendly policies, guidance, advice and support can improve retention, progression, and childcaring stereotypes.

Appendix 1: Methodology and Data Definitions

In accordance with *The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017* the Trust Gender Pay Gap has been calculated in accordance with the following methodology.

Mean and Median Pay

The **Mean Gender Pay Gap** is a comparison between the average hourly rate of pay of the whole male population compared to the whole female population. The difference between the average male and female hourly rate of pay is the Mean Gender Pay Gap and is expressed as a percentage.

The **Median Gender Pay Gap** is a comparison between the median or middle hourly rate of pay when all pay is ranked from smallest to largest, for the whole male population, compared to the whole female population. The difference between the median hourly rates of pay is the Median Gender Pay Gap and is expressed as a percentage.

Hourly Rate of Pay: For each pay record, an hourly rate of pay is calculated. This is a combination of a workers “**Ordinary Pay**”, which includes their basic pay, allowances, shift premium pay, any pay for piecework, and paid leave (at full pay) (excluding overtime), plus any **bonus pay** received. From this any salary sacrifice deductions (such as Pension) are removed and the total is divided by the number of hours worked. This provides an hourly rate of pay for each pay record before tax.

Only workers who are in receipt of their full rate of pay are included within the Mean and Median calculation. These are called the **Full Pay Relevant Population**.

Full Pay Relevant Population means the employee has not received a reduction to their pay below 100% of their hourly rate. If they has received a reduction, then they are not Full Pay Relevant and are excluded from the population. Examples of this include when an employee on maternity leave is only receiving the lower statutory maternity pay, or an employee is on a unpaid career break. The exception to this rule is when an employee has pay deducted for strike action, they are still included within the data sample.

It is important to note, that due to the methodology outlined, the Gender Pay Gap calculation is not a direct comparison of employees contracted pay or is directly comparable with an Equal Pay Audit.

Bonus Pay

Bonus Pay is any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit-sharing arrangements, productivity, performance, incentives or commission.

The **Bonus Pay Gap** is the difference between the total bonus pay received by the whole male population, compared to the whole female population, within a 12 month period from the 1st April to the 31st March before the snapshot date.

The mean and median bonus pay is then calculated the same way as the mean and median pay gap.

The bonus pay population comes from the **Pay Relevant Population**. This is the total number of workers in the Trust on the 31st March snapshot date. This includes all Full Pay Relevant Employees, and all workers who are not classed as Full Pay Relevant Employees. This population is used to calculate the proportion of workers who receive a bonus payment.

To be included in the Bonus Pay calculation, the worker must:

- Be employed on the 31st March,
- Have received a bonus payment from the 1st April to the 31st March
- Be a Pay Relevant Employee

Population

The 31st March 2022 is the snapshot date used to compile the data for the calculation. It includes all contracted employees, workers (Bank Staff) and apprentices; but does not include agency workers which are employed by their own organisation.

An individual person will be counted for **each post** (otherwise known as assignment within NHS data) that they have received payment for, this means that a person with 2 posts will be counted in the population twice. Population numbers within the Gender Pay Gap do not match the workforce headcount that is reported in other equality monitoring reports.

Changes in the year-on-year population numbers will be a combination of increases/decreases in the number of employees, changes in individual full pay relevant status because of leave pay levels, the number of bank staff paid in March each year, and the variations in the number of posts individuals hold at the same time.

How the pay gap is reported

Where a pay gap number is a positive figure and coloured black, this means that the pay gap is in favour of men, and where it is a negative figure and coloured red, it is in favour of women.

The Gender Pay Gap categories that are reported are:

- the mean (average) gender pay gap using hourly pay;

- the median gender pay gap using hourly pay;
- the percentage of men and women in 4 equal population quarters based on hourly pay;
- the mean (average) bonus gender pay gap,
- the median bonus gender pay gap,
- the percentage of men and women receiving bonus pay;

Using Sex v Gender

The Equality Act 2010 defines that the protected characteristic of “sex” to mean being male or female. With reference to the term “gender” within **Schedule 1. Gender Pay Gap Reporting** of the regulations, it is a reference to a comparison between the male and female sex groups only. Where a data record has recorded non-binary or another gender marker or missing, this data is omitted from the sample

Gender Pay Gap v Equal Pay

The Gender Pay Gap should not be confused with an Equal Pay Audit. The Gender Pay Gap is an assessment of the difference between the average and median income between the whole male and female population, which is usually a reflection of the vertical segregation of men and women within pay bands, and the horizontal segregation of men and women within professions.

Where women are more likely to occupy lower pay bands than men, this will be reflected as a pay gap in favour of men. Even where there are more women within the workforce, such as in the NHS, it is the distribution and number of those women relative to men that is important.

This does not mean a woman is being paid less than man for doing the same or equivalent roles. 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 direct discrimination and unlawful to pay people unequally based on their sex.

Equal pay has been a statutory entitlement since 1970, when the Equal Pay Act came into force, and the agenda for change pay system was introduced in October 2004 to ensure that pay in the NHS was consistent with legal requirements.

Gender Pay Gap reports are an effective tool to highlight continued systemic gender inequality within an organisation. If a workforce has a particularly high Gender Pay Gap, this can indicate there are underlying issues to address, and that the organisation needs to take action to address them.

Appendix 2 - Acronyms and Key Terms

Table 18: Acronyms and Key Terms

Term	Explanation
Agenda for Change (AfC)	Name given to the NHS Terms and Conditions of Service, and the respective pay rates / pay bands for non-medical staff. AfC Pay Bands go from 1 to 9. See .
Bonus Pay	Any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit sharing arrangements, productivity, performance, incentives or commission.
Clinical Excellence Awards (CEA)	Bonus Scheme aimed at rewarding consultants who contribute the most to the delivery of a safe and high quality care, and the improvement of NHS services. See .
Full Pay Relevant Employee (FPRE)	All employees/workers who are receiving 100% of their hourly rate of pay, that being they have not received any deductions for leave or are receiving nil. Used to calculate the Mean and Median Gender Pay Gap
Gender	For the purpose of the Gender Pay Gap, it means the protected characteristic of sex, that being male and female, as defined by the Equality Act 2010.
Hourly Rate of Pay	Calculation of the hourly income of a employee/worker based on their Ordinary Pay, Bonus Pay, and hours worked within the relevant pay period. Used to calculate the Mean and Median Pay Gaps.
Lead Employer	Employment function provided by STHK to 13,000+ doctors in training who are based across the UK, but employed via Lead Employer with STHK.
Ordinary Pay	The calculation of the income of a employee/worker composed of their basic pay, allowances, shift premium pay, and any pay for piecework. Ordinary pay does not include overtime payments and is calculated after salary sacrifice deductions have been made, such as pension contributions, but before tax. Used to calculate the mean and median pay gap,
Pay Relevant Employee	All employees/workers will in the population, whether 100% pay, reduced pay or nil. Used to calculate the proportion of staff who received a Bonus Payment.