

Mid Yorkshire Hospital Gender Pay Gap Report 2019

Introduction

1. This report provides the Trust's Gender Pay Gap (GPG) information for the period including the snapshot date of 31 March 2018.
2. This report is published in line with the requirements set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

Gender Pay Gap Information 2017/18

3. Ordinary Pay

- Mean Ordinary Pay Gap = 30.2%
- Median Ordinary Pay Gap = 16.3%
- Quartile Information:

Quartile	% Female	%Male
1 Upper	69.6	30.4
2	86.2	13.8
3	84.2	15.8
4 Lower	85.5	14.5

Appendix A provides an analysis of Ordinary Pay Gap by staff group

4. Bonus Pay

- Mean Bonus Gap = 37.8%
- Median Bonus Gap = 33.2%
- The proportion of women in receipt of bonus = 0.60%
- The proportion of men in receipt of bonus = 8.2%

Comparison with 2018

5. Appendix B provides a comparison between the data above and the data published in March 2018 for the period 2016/17

Commentary

- The Trust has a job evaluation system which underpins our Agenda for Change pay system. This ensures that men and women receive the same pay for work of equal value (equal pay)
- However, as the data show, the Trust's has a pay gap. The following are amongst the factors that contribute to these gaps:

Ordinary Pay Gap

- The relatively high proportion of women in the NHS workforce; around 80%
- The predominance of women in the mid-range Agenda for Change Pay Bands 5 and 6 particularly in nursing and therapies
- The relatively higher proportion of men in higher paid Medical and Dental Consultant posts and senior management positions

Bonus Pay Gap

- The relatively high proportion of male Medical and Dental Consultants who receive clinical excellence awards compared to women Consultants

- A further contributing factor for the Trust relates to the fact that our Pinderfields and Pontefract hospital sites are part of a Private Finance Initiative (PFI). As such the main buildings and grounds for both sites are maintained by staff employed by our PFI partner. The impact of this is that jobs that are more likely to be undertaken by men (i.e. plumbers, painters, joiners, gardeners, etc.) and sit in the lower two quartiles are employed by Engie and not by the Trust, hence contributing to the gender pay gap.
- This certainly seems to be the case when we benchmarked our 2018 results against other acute trusts locally. Whilst our Ordinary Pay Gap was 34% other trusts figures were around the 26% mark. And when we compared gender analysis by pay quartiles (overleaf) we believe it supports this hypothesis:

	Lower Quartile % Male	Lower Middle Quartile % Male	Upper Middle Quartile % Male
MYHT	14.5	15.8	13.7
Bradford THFT	24.1	19.5	15.4
Leeds THT	24.0	21.0	18.0

- As the figures above show quite clearly, MYHT has lower proportions of men in the lower three quartiles compared to our acute neighbours, having an adverse impact on our pay gaps.

11. In putting forward these factors, some of which are societal, we are not seeking to talk down the Trust's pay gaps, but rather to provide the context in which they exist. For example, in wider society, roles that have traditionally attracted a higher proportion of women (e.g. caring and childcare) are often less valued than male dominated roles.

What Actions Are Being Taken In Response?

12. Due to having a workforce of c8000 and a complex pay system we were reliant on the NHS Electronic Staff Record Team developing a software package to calculate our Gender Pay Gap data. In the event, the package was not delivered until late January 2018 so we did not actually get our 2016/17 results until February 2018. This meant there was no time to act on the initial set of data in order to influence the results being published in this report.

13. Ordinary Pay Gap

As explained above, this is in the main a product of the gender profile of the NHS workforce rather than a reflection of how this Trust pay women compared to men.

In particular, it is driven by the historic gender imbalance in the Medical and Dental Consultant body such that, if this group of staff were not included in the calculation, our Ordinary Pay gap would be 5.4% rather than around 30%. Whilst sex discrimination may have been a cause of the gender imbalance in the past fortunately there has been an increasing recognition across the NHS and within Mid Yorkshire, that part-time working can be accommodated at consultant level so, whilst it will take time, we should start to see the gender imbalance gradually eroded.

As the analysis of pay gaps by staff groups shows, the gender imbalance in Admin and Clerical is also significant. At Director level, there is a good gender balance, with women in the roles of Director of Finance, Director of Operations, Director of Community Services and a women Medical Director. However, the predominance of men in jobs below that level adds to the pay imbalance. This will be something that will need to be considered in the development of the Trust's new Talent Management programme.

14. Bonus Pay Gap

The only bonuses paid by the Trust are Clinical Excellence Awards (CEAs) to Medical and Dental Consultants and the current Bonus Pay Gap arises from the gender imbalance in those receiving CEAs.

Whilst the evidence in Mid Yorkshire shows that women who apply are more likely to be awarded a CEA than their male counterparts, the fact is that they are less likely to apply. A number of factors contribute to this phenomenon:

- A misconception that they will not be successful if they apply
- They do not believe the work they are doing would qualify as excellence
- Part-time staff will not be recognized

In the 2018 CEA round the Medical Director's Office at MYHT undertook an engagement and information exercise to encourage more of our female doctors to apply for awards, and commissioned diversity and unconscious-bias training for the assessment panel.

Whilst the full data analysis is not yet available we can report that as a result of the actions taken by the Trust, the most recent round of CEA awards saw

- A preponderance of women amongst the highest scoring applicants
- An increase in the number of part-time consultants receiving an award
- All but one of the women who applied receiving an award

15. A more detailed analysis of the pay gap issues for Doctors is provided in Appendix C attached.

Reducing Our Gender Pay Gap

16. The Trust is committed to ensuring equity in the workforce and a range of actions which aim to achieve this, including:

- Ensure gender equity is considered in the development of the Trust's new Talent Management programme
- Continuing to promote and be more responsive to requests for flexible working opportunities and shared parental leave entitlements
- Promote national programmes that focus on the development of female leaders
- Consider the outcomes of the national review being conducted under chair-ship of Professor Jane Dacre on the Gender Pay Gap for doctors and initiate proposals locally, as appropriate.
- Rerun the engagement and information exercise to encourage more of our female doctors to apply for CEAs and provide diversity and unconscious-bias training for the CEA assessment panel as required.

APPENDIX A

MYHT Gender Pay Gap 2019 by Staff Group

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Add Prof S&T	Male	18.8258	17.3354	62
	Female	17.9783	16.2097	168
	Difference	0.8475	1.1257	
	Pay Gap %	4.5018	6.4936	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Add Clinical Services	Male	10.2687	10.1523	170
	Female	10.4969	10.1526	1606
	Difference	-0.2282	-0.0003	
	Pay Gap %	-2.2223	-0.0030	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
A&C	Male	16.2566	11.6001	219
	Female	11.7403	10.1523	1342
	Difference	4.5163	1.4478	
	Pay Gap %	27.7813	12.4809	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Allied Health Prof	Male	17.5424	17.4668	105
	Female	17.2094	18.1238	475
	Difference	0.3330	-0.6570	
	Pay Gap %	1.8983	-3.7614	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Estates & Ancillary	Male	10.7718	10.1711	288
	Female	9.9972	9.2855	534
	Difference	0.7746	0.8856	
	Pay Gap %	7.1910	8.7070	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Healthcare Scientists	Male	19.8308	18.1942	67
	Female	18.0490	18.1942	77
	Difference	1.7818	0.0000	
	Pay Gap %	8.9850	0.0000	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
M&D	Male	36.0525	40.2130	439
	Female	29.7744	26.5826	333
	Difference	6.2781	13.6304	
	Pay Gap %	17.4138	33.8955	

Quartile	Female	Male	Female %	Male %
1	0.00	1.00	0.00	100.00
2	4.00	4.00	50.00	50.00
3	64.00	41.00	60.95	39.05
4	264.00	393.00	40.18	59.82

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
N&M	Male	18.0287	17.0394	143
	Female	17.4450	17.0946	1962
	Difference	0.5837	-0.0552	
	Pay Gap %	3.2376	-0.3240	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Students	Male	0.0000	0.0000	0
	Female	9.4550	9.4550	1
	Difference	-9.4550	-9.4550	
	Pay Gap %	0.0000	0.0000	

APPENDIX B

Comparison of Trust Pay Gap Data for 2018 and 2019

1. Ordinary Pay

	2018 %	2019 %	DIF %
Mean Ordinary Pay Gap	34.0	30.2	- 3.8
Median Ordinary Pay Gap	21.8	16.3	- 5.5

Quartile Information:

Quartile	Female %			Male %		
	2018	2019	DIF	2018	2019	DIF
1 Upper	69.3	69.6	+ 0.3	30.7	30.4	- 0.3
2	87.7	86.2	- 1.5	12.3	13.8	+ 1.5
3	87.3	84.2	- 3.1	12.7	15.8	+ 3.1
4 Lower	87.1	85.5	- 1.6	12.9	14.5	+ 1.6

2. Bonuses

	2018 %	2019 %	DIF %
Mean Bonus Pay Gap	37.4	37.8	+ 0.4
Median Bonus Pay Gap	33.3	33.3	0.0

Bonus Pay Gender Split

	2018 %	2019 %	DIF %
Male	8.5	8.2	- 0.3
Female	0.7	0.6	- 0.1

3. Commentary

The Ordinary Pay Gap does show a slight reduction, which is to be welcomed. However, this is more a consequence of natural changes in the workforce profile than as a result of action taken by the Trust. This is because we did not actually get our 2016/17 results until February 2018. This meant there was no time to act on the initial set of data in order to influence the results being published in this report for the 'snapshot' date of 31 March 2018.