



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	24 February 2021	
Agenda Item:	P1-034-21	
Title:	Gender Pay Gap Report – 31 March 2021	
Report prepared by:	Catrin Wilde - Workforce & OD Business Partner	
Executive Lead:	Jayne Shaw - Director of Workforce & OD	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	<p>To comply with regulations to produce a gender pay gap report annually with payroll data as of 31 March 2020 to be published on the Trust internet before 31 March 2021.</p> <p>The report summarises the gender pay gap data, analysis actions completed to date and plan going forward.</p>
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Action Required:	Discuss	X
	Approve	X
	For Information/Noting	

Next steps required	The committee is asked to discuss and approve the report in order for it to be published on the Trust website.
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally		Collaborative system leadership to deliver better patient care	X
Retain and develop outstanding staff	X	Be enterprising	

Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	
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The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

31st March 2020

Gender Pay Gap Report

1.0 Introduction:

The Equality Act 2010 (Specific Duties) Regulations 2017 require public bodies with 250 or more employees to publish information on their gender pay gap on a yearly basis. This is based on a snapshot from 31st March of each year and each organisation is duty bound to publish this information on their website.

2.1 What is the gender pay gap?

The gender pay gap is a defined term in the Regulations and means the difference between the average hourly earnings of men and those of women. This is not the same as equal pay, which is concerned with men and women earning equal pay for the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of gender. The gender pay gap highlights any imbalances of average pay across an organization.

2.2 The Gender Pay Gap Indicators:

The legislation requires an employer to publish six calculations:

- The difference between the average (mean) hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees ('the mean gender pay gap');
- The difference between the median rate of pay of male full-pay relevant employees and that of female full-pay relevant employees ('the median gender pay gap');
- The difference between the average (mean) bonus pay paid to male relevant employees and that of female relevant employees ('the mean gender bonus gap');
- The difference between the median bonus pay paid to male relevant employees and that of female relevant employees ('the median gender bonus gap');
- The proportions of male and female relevant employees paid bonus pay ('the proportions of men and women getting a bonus'); and
- The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper quartile pay band ('the proportion of men and women in each of four pay quartiles').

The information contained in this report has been extracted from the national Electronic Staff Record system using standard reports which have been produced to ensure that NHS organisations are able to meet their gender pay gap reporting requirements.

2.3 What employees count?

For the purposes of gender pay reporting, the definition of who counts as an employee is defined in the Equality Act 2010. This is known as an 'extended' definition which includes:

- employees (those with a contract of employment)
- workers and agency workers (those with a contract to do work or provide services)
- some self-employed people (where they have to personally perform the work)

For the purpose of the gender pay gap reporting, Agency workers will form part of the headcount of the agency that provides them, and not the employer they are on assignment to.

3.0 Our Gender Pay Gap data:

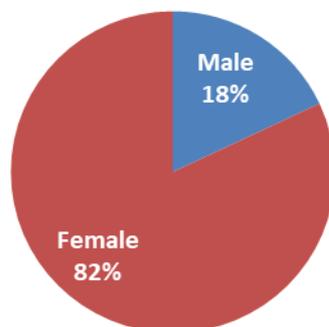
3.1 Total Number of Trust Employees as at 31st March 2020:

The Clatterbridge Cancer Centre NHS Foundation Trust is typical of NHS Trusts in that it has a higher number of females than males in its workforce as depicted below:

Headcount	Female	Male	Total
	1178	261	1,439

Despite a headcount growth of 174 staff the percentage ratio of male to female staff remained unchanged from 2019.

31st March 2020 - Male / Female Headcount Percentages



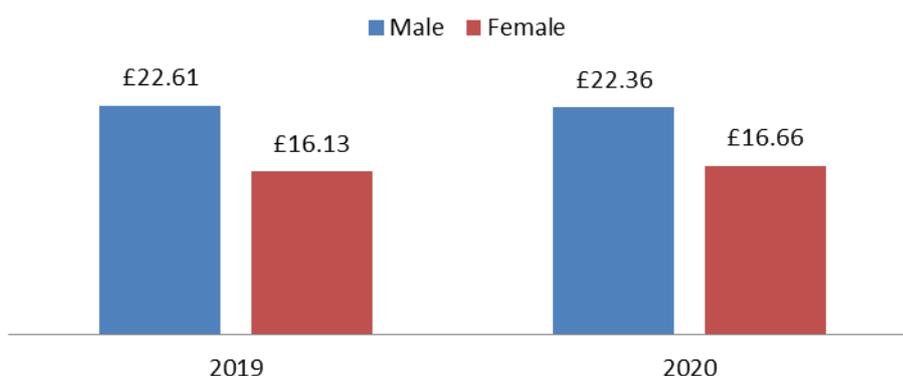
3.2 Average (mean) pay of male and female staff:

The next table and graph shows that the average hourly pay for males is £5.69 per hour higher than that for females, a gender pay gap of 25.48%.

Gender	Average Hourly Rate	
	31 March 2020	31 March 2019
Male	£22.36	£22.61
Female	£16.66	£16.14
Difference	£5.69	£6.47
Pay Gap %	25.48%	28.6%

The average pay has decreased slightly for men and increased for women across the Trust; however, the pay of male staff remains higher than that of women. The pay gap percentage has decreased since 2019 from 28.6% to 25.48%. The following graph depicts the changes over the last 2 years.

Average Hourly Rate



3.3 Median pay of full-pay male and female staff:

The median hourly rate is £3.66 higher for males than females which is a pay gap of 19.20%.

Gender	Median Hourly Rate	
	31 March 2020	31 March 2019
Male	£19.06	£18.79
Female	£15.40	£14.48
Difference	£3.66	£4.31
Pay Gap %	19.20%	22.9%

The median pay has increased slightly for both men and women across the Trust between 31 March 2019 and 31 March 2020. The median pay gap percentage reduced from last year. The information is also presented in the following graph:

Median Hourly Rate



3.4 The proportion of full-pay male and female staff in each of the four quartile pay bands:

The data below divides the workforce into four equal parts (quartiles) and shows the proportion of males and females in each quartile (increasing in pay with quartile 1 being the lowest pay and 4 being the highest).

31 March 2020:

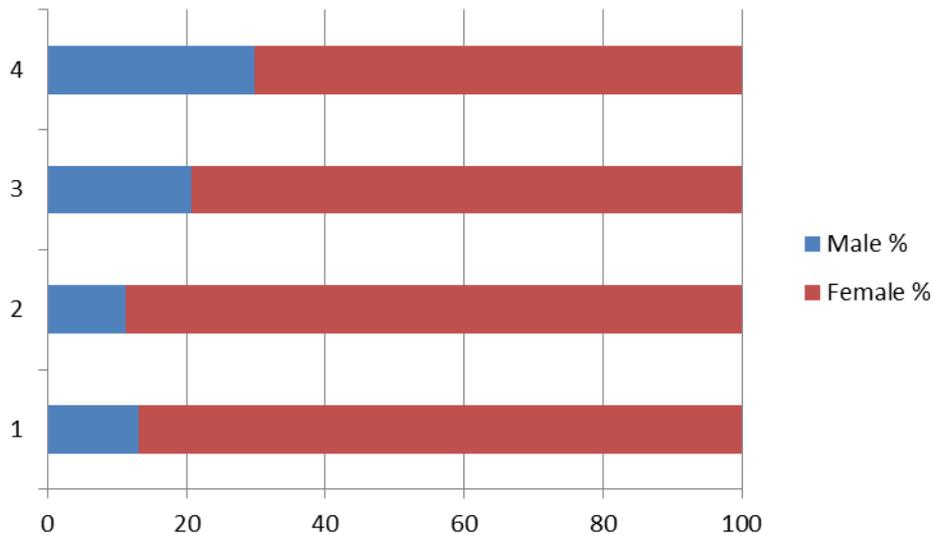
Quartile	Female	Male
1	298 (87%)	45 (13%)
2	308 (89%)	39 (11%)
3	277 (79%)	72 (21%)
4	244 (70%)	104 (30%)

31 March 2019:

Quartile	Female	Male
1	276 (87%)	40 (13%)
2	275 (87%)	41 (13%)
3	268 (85%)	48 (15%)
4	215 (68%)	102 (32%)

There is a fairly even split between female staff in each of the quartiles however the figure does fall in quartile 4 (the highest paid staff) with only a 2% increase in this area since 2019. In comparison, the quartile 4 for male staff the numbers of men proportionately increases in quartile 4 suggesting that men tend to be paid more even though there are less male staff across the Trust.

The above quartile analysis for 2020 is depicted in the following graph:



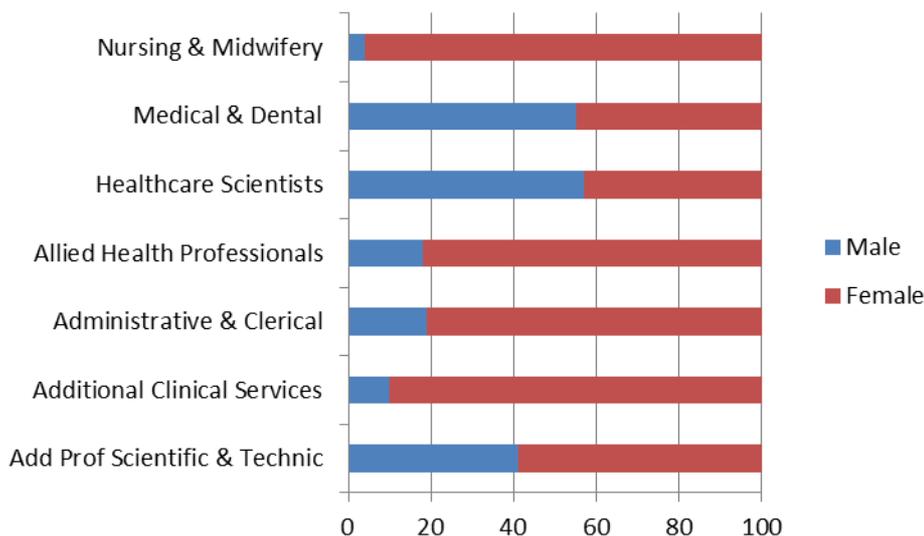
3.5 What does this indicate?

The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce; however, it does not take account of small numbers of higher paid employees that could be skewing the data of the mean (or average). The Trust's data would seem to indicate a bigger pay gap in the average pay data which suggests that there are a disproportionate number of males that are paid higher salaries. This is also supported by the quartiles analysis where the proportion of men increases in the higher quartiles.

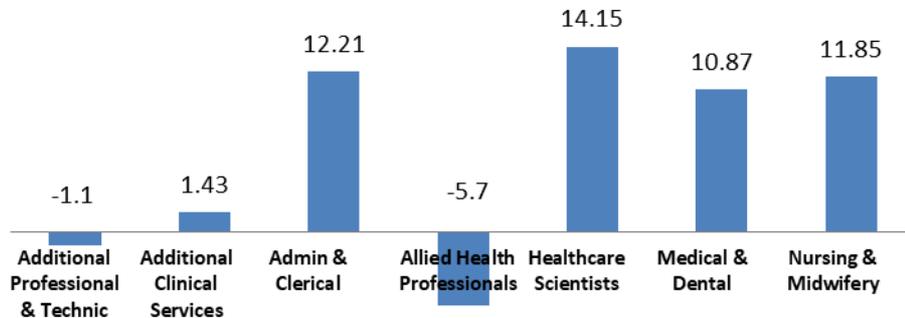
3.6 Further Analysis per Staff Groups

Percentage of male and female in each staff group:

Historically, certain professions within the NHS have been predominately female orientated whilst others are more male orientated the analysis of male and female ratios within the current workforce is summarised in the graph below:



Average Gender Pay Gap by Staff Group



* negative values indicate that the pay gap favours females

The gender pay gap analysis for staff groups would indicate that the highest gender pay gaps remain consistent with previous years and exist within the Medical, Healthcare Scientists, Administrative & Clerical and Nursing & Midwifery. Female staff are paid more than their male counterparts in the Allied Health Professionals and marginally higher within the Additional Professional and Technical staff group.

Overall the differences in the gender pay gaps by staff group have reduced over the last 12 months, with the exception of the gap for male medical staff which increased by 0.57% and gap for female staff within Additional Professional & Technical which increased by 0.90%.

The Nursing & Midwifery staff group would indicate a significant anomaly since even though 96% of this staff group is female there is a 11.85% pay gap, although improved from last year (15.9%), further analysis shows the small numbers of males within this staff group is skewing the data since 9 of the 13 male staff captured in this group are Band 7 and above, 102 women (out of 308 within this staff group) are employed at Band 7 and above.

The Administrative & Clerical group is also predominantly female due to the lower banded clerical and secretarial roles however this staff group includes Information Technology roles and Project Management roles which have a high proportion of senior banded males.

3.7 Bonus payments:

The only bonuses paid in the timeframe by the Trust were to Medical Consultants. Under the National Medical & Dental Terms and Conditions, Consultants are eligible to apply for Clinical Excellence Awards (CEA). These recognise and reward individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to

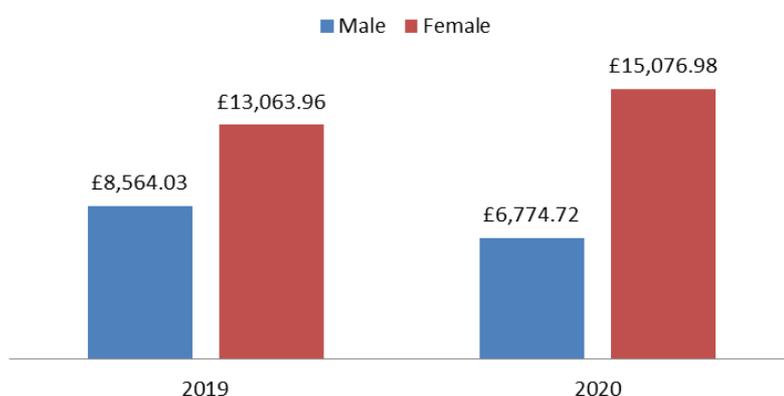
the continuous improvement of the NHS. An analysis of these bonus payments follows:

3.7.1 Average (mean) bonus pay of male and female staff:

Gender	Mean Bonus	
	31 March 2020	31 March 2019
Male	£6,774.72	£8,564.03
Female	£15,076.98	£13,063.96
Difference	-£8,302.26*	£-4,499.93*
Pay Gap %	-122.55%*	-52.54%*

* negative values indicate that the pay gap favours females

Average Bonus Payment

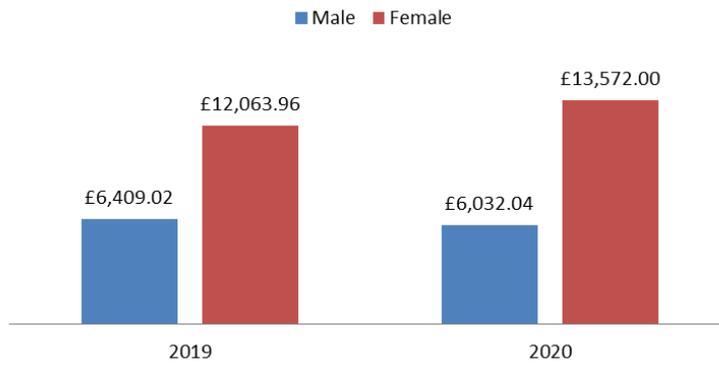


The bonus payments made to the eligible Consultant staff group would indicate that the mean bonus paid to our female staff is higher than what is paid to the male staff and that this difference has increased between 31 March 2019 and 31 March 2020. Similarly the same is true for the median payment as indicated below.

3.7.2 Median bonus pay of male and female staff, expressed as a percentage:

Gender	Median Bonus Pay %	
	31 March 2020	31 March 2019
Male	£6,032.04	£6409.02
Female	£13,572.00	£12,063.96
Difference	-£7,539.96*	£-5,654.94*
Pay Gap %	-125.00*	-88.23%*

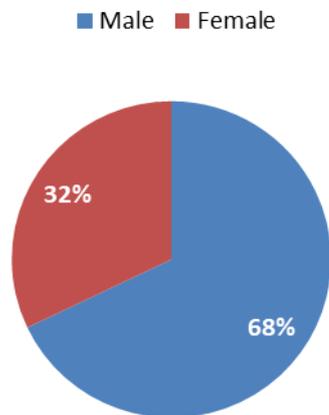
Median Bonus Payment



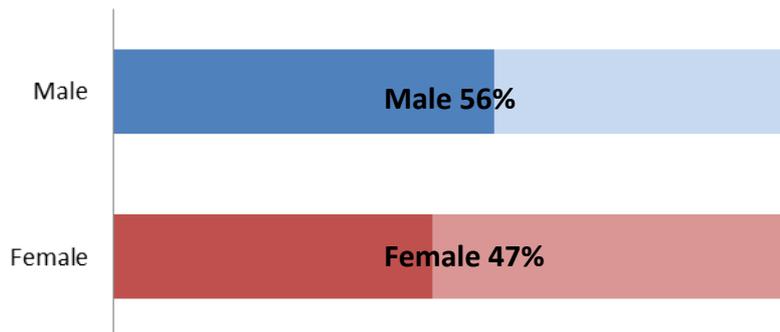
3.7.3 The proportion of male and female staff, who receive bonus pay:

Gender	Employees Paid Bonus	Total Eligible Employees	Employees Paid Bonus	Total Eligible Employees
	31 March 2020		31 March 2019	
Female	8 (47%)	17	10 (67%)	18
Male	20 (56%)	36	20 (57%)	35

Employees Eligible To Be Paid Bonus



Percentage of eligible staff who received bonus payments as at 31st March 2020



The percentage of eligible female staff in receipt of a bonus payment has decreased from 67% to 47% in 2020. The actual numbers of female staff receiving a bonus has decreased by 2 whilst the number of female staff eligible to received a bonus has also decreased by 1.

There has been no change in the overall number of male staff receiving bonuses (20) the decrease in the total percentage (57% to 56%) is due to an increase of 1 additional male member of staff being eligible for a bonus payment within the qualifying timeframe. The Trust's data in relation to bonus payments and gender is a positive one and reflects the current cohort of senior female oncologists and the cumulative nature of the awards to date.

4.0 What have we done to date?

Due to the COVID-19 pandemic and the consequent pressures on the workforce, the Trust has not made significant progress with the actions identified in last year's report. We have however been able to further developed the Trust's family friendly workforce policies which are used in our recruitment documentation to attract new staff and and also to support existing staff. We have also been running webinars for line managers on flexible and remote working during the pandemic and are in the process of gathering feedback from staff about flexible and home working to ascertain what learnings we can take into the future.

5.0 Conclusion

In real terms there remains a significant gender pay gap difference within the Trust of 25.5%, in terms of average hourly pay however there has been a positive indication that this has decreased this year (from 28.6%). In March 2019 the overall NHS gender pay gap was 23% as per the www.gov.uk website, the Trust therefore has a slightly higher gender pay gap than the average NHS rate.

There has also been a positive reduction in the median pay gap from 22.9% last year to 19.2% this year. Whilst some of the reasons for these differences are described in detail above, there is still a need for further analysis across paybands to better understand the reasons for these differences and ensure that there is parity of

opportunities for female staff across staff groups and pay bands. The Trust does however, continue to have a positive gender pay difference in relation to bonuses paid to medical staff through Clinical Excellence Awards.

6.0 Next steps:

To update the Gender Pay Gap Action Plan to include the following actions:

- To further analyse pay differences according to pay bands to provide wider intelligence regarding the gender pay gap
- To produce a report and analyse take up of leadership and development programmes by males and females across the Trust to identify any under representation in specific areas
- Continue to produce recruitment reports on a bi-annual basis to identify any gender trends across roles and paybands

7.0 Recommendations

The Trust Board of Directors is asked to confirm their understanding of the above report and support the recommended actions.

Signed on Behalf of the Trust Board: _____

Dr Liz Bishop
Chief Executive Officer

Date: _____