

## BOARD OF DIRECTORS MEETING

Agenda Item	P1/41/18	Date: 26 <sup>th</sup> March 2018
Subject /title	Gender Pay Gap	
Author	Linda M Morris	
Responsible Director	Heather Bebbington Director of Workforce and Organisational Development	
Executive summary and key issues for discussion		
Since the introduction of the Equality Act 2010 ( <i>Specific Duties</i> ) Regulations 2011 (SDR) on 10 <sup>th</sup> September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. Although the SDR did not require mandatory Gender Pay Gap (GPG) reporting, the Government Equality Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider using GPG information in the data they already publish. It became evident that not all employers did this, so the Government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps. This is the first Gender Pay Gap Report submitted by The Clatterbridge Cancer Centre NHS Foundation Trust		
Strategic context and background papers (if relevant)		
Recommended Resolution		
Please note: before publication, the Trust’s Gender Pay Gap Report requires the Trust Board to note the content, support the recommended actions and sign off the document.		
Final date to publish the Gender Pay Gap Report is 30 <sup>th</sup> March 2018		
Risk and assurance		
Failure to respond to the requirement to publish a Gender Pay Gap report would not only damage the Trusts reputation but could lead to a court order to requiring the Trust to submit evidence, after which the next enforcement action would be a “level 5” fine, meaning there is no maximum limit on their financial penalty.		
Link to CQC Regulations		
N/A		
Resource Implications		
The Trust aims to become an employer of choice by offering varied, challenging and unique career pathways that will attract the best candidates to work in its first class cancer centres by having a workforce that is representative of the local communities in which we are located and demonstrates transparent equality and diversity across the whole organisation.		

### Key communication points (internal and external)

Trust Internet and Intranet Pages

### Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

#### Application Exemptions:

- **Prejudice to effective conduct of public affairs**
- **Personal Information**
- **Info provided in confidence**
- **Commercial interests**
- **Info intended for future publication**

Please tick the appropriate box below:

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**A. This document is for full publication**

**B. This document includes FOI exempt information**

**C. This whole document is exempt under FOI**

**IMPORTANT:**

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

### Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		✓
Disability		✓
Sex (gender)		✓
Race		✓
Sexual Orientation		✓
Gender reassignment		✓
Religion / Belief		✓
Pregnancy and maternity		✓
Civil Partnership & Marriage		✓

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

### Next steps

Submit and Publish as required by 30<sup>th</sup> March 2018

### Appendices

Gender Pay Gap as at 31<sup>st</sup> March 2017

### Strategic Objectives supported by this report

Improving Quality		Maintaining financial sustainability	
Transforming how cancer care is provided across the Network	✓	Continuous improvement and innovation	✓
Research		Generating Intelligence	

### Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	✓
Quality of care and environment		<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	✓

## THE CLATTERBRIDGE CANCER CENTRE

**TITLE:** Gender Pay Gap Report  
**AUTHOR:** Linda Morris, Equality, Diversity and Wellbeing Business Partner  
**RESPONSIBLE**  
**DIRECTOR:** Heather Bebbington, Director of Workforce & OD  
**FOR:** Discussion and Agreement

### Executive Summary

Since the introduction of the Equality Act 2010 (*Specific Duties*) Regulations 2011 (SDR) on 10<sup>th</sup> September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. Although the SDR did not require mandatory Gender Pay Gap (GPG) reporting, the Government Equality Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider using GPG information in the data they already publish. It became evident that not all employers did this, so the Government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps. This is the first Gender Pay Gap Report submitted by The Clatterbridge Cancer Centre NHS Foundation Trust

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### The six key metrics required by legislation

All employers with 250 or more employees are required to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract to personally do work. This includes those under Agenda for Change (AfC) terms and conditions, medical staff and very senior managers.

The following information has been produced using the Business Intelligence Administration portal on ESR as at 31<sup>st</sup> March 2017.

Total Trust Employees as at 31<sup>st</sup> March 2017:-

Head count	Female	Male	Total
Headcount	864	204	1068
WTE	772.32	198.61	980.93

The six key metrics required by legislation are:

- The difference in the mean pay of full-pay men and women, expressed as a percentage

Gender	Avg. Hourly Rate %
Male	22.02
Female	15.45
Difference	6.58
Pay Gap %	29.86

The mean pay calculation indicates that there is a substantial difference between the average pay of the Trust male and female staff.

Analysis shows that there is a higher number of male staff in medical positions as well as higher banded Agenda for Change roles.

- The difference in the median pay of full-pay men and women, expressed as a percentage

Gender	Median Hourly Rate %
Male	18.01
Female	13.99
Difference	4.02
Pay Gap %	22.33

The median gender pay calculation also indicates that there is a difference between the average pay of the Trust's male and female staff. This is lower than the mean average and still demonstrates that there is a gap that needs to be addressed.

- The difference in the mean bonus pay of men and women, expressed as a percentage

Gender	Avg. Pay%
Male	12,727.52
Female	15,128.09
Difference	-2,400.57
Pay Gap %	-18.86

- The difference in the median bonus pay of men and women, expressed as a percentage

Gender	Median Pay %
Male	7,458.98
Female	11,934.30
Difference	-4,475.33
Pay Gap %	-60.00

- The proportion of men and women, who receive bonus pay

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	9.00	898.00	1.00
Male	12.00	212.00	5.66

Bonus pay for the above represents Clinical Excellence Awards only. Whilst there are less women in receipt of this bonus the level of award is proportionally higher than that awarded to men.

- The proportion of full-pay men and women in each of the four quartile pay bands.

Quartile	Female	Male	Female %	Male %	Hourly rate of pay range
1	226.00	33.00	87.26	12.74	£8.37 – £10.05
2	210.00	30.00	87.50	12.50	£10.05 - £14.56
3	221.00	57.00	79.50	20.50	£14.56 - £19.67
4	176.00	84.00	67.69	32.31	£19.67 - £73.29

The information above indicates that the 41% of all male employees within the Trust are paid at above mid-point Band 7 or higher, whilst only 20% of female employees are within this quartile.

Whilst the Trust recognises the need to address this situation, these higher paid bands represent areas that have traditionally been male dominated, roles such as Consultant and Physicists.

### Underlying causes

AfC and other NHS pay structures are nationally set tariffs and progression through pay increments (where applicable) is applied in line with policy for all employees.

Gender Pay Gap calculations are expressed as a percentage in relation to the male salary. All values recorded as a negative (-) indicate the Gender pay Gap is in favour of the female workforce. It is noted that this bias towards the female workforce is greater in the lower pay bands.

The Gender Pay Gap shows an increase towards the male employees in the Medical and Physics workforce and is particularly noticeable in the higher AfC pay bands.

### Current Situation

This is the first year the Trust has been required to publish this information and sets us a challenge for improvement going forward.

The Trust already engages in Equality Initiatives through Family Friendly Policies with the aim of retaining and attracting employees as follows:

- Flexible Working
- Job Sharing
- Term Time Working
- Annualised Hours
- Compressed hours
- Maternity, Paternity, adoption and shared parental leave
- Keep in touch days

However it is recognised that we need to do more to address the gender pay gap issue in line with the workforce transformation agenda and new hospital workforce planning.

## Conclusion

The mean gender pay gap for the whole of the Public Sector economy (October 2017 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.7%. At 29.86% the Trust's mean gender pay gap is above that of the wider public sector.

This is reflective of the pattern from the wider UK healthcare economy; traditionally the NHS has had a higher female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical & Dental professions

## Actions

- Further develop reporting and analysis metrics to provide the data to drive improvements in the gender pay gap embedding it through the equality and diversity work streams and feeding into the workforce transformation agenda.
- Through the Trust values and behaviors and performance appraisal and development review system create and embed a positive culture supporting individual aspirations.
- Through the delivery of the clinical workforce strategy, leadership development programs and workforce transformation explore how we can attract and encourage a more representative workforce across the Trust
- Raise awareness of existing family friendly policies through internal communication channels.
- Ensure Recruitment policies, practices and training include fair, non-discriminatory unconscious bias references and consistent processes, supported by awareness workshops for line managers.

## 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: \_\_\_\_\_

**Name**

**Interim Chief Executive**

Date: \_\_\_\_\_

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