



## Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	25 March 2020	
Agenda Item:	P1-050-20	
Title:	Gender Pay Gap Report – 31 March 2019	
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:	WOD Committee
Date & Decision:	14 January 2020

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 2019 to be published on the Trust internet before 31 March 2020.</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.
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>		Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	<b>X</b>
<b>Retain and develop outstanding staff</b>	<b>X</b>	Be <b>enterprising</b>	
<b>Invest in research &amp; innovation</b> to deliver <b>excellent</b> patient		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	

care in the future			
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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

**31<sup>st</sup> March 2019**

# **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 31<sup>st</sup> 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 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 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.

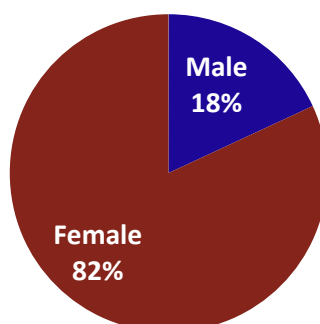
### 3.0 Our Gender Pay Gap data:

#### 3.1 Total Number of Trust Employees as at 31<sup>st</sup> March 2019:

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
	1034	231	1265

**31 March 2019 Male/Female headcount percentages:**



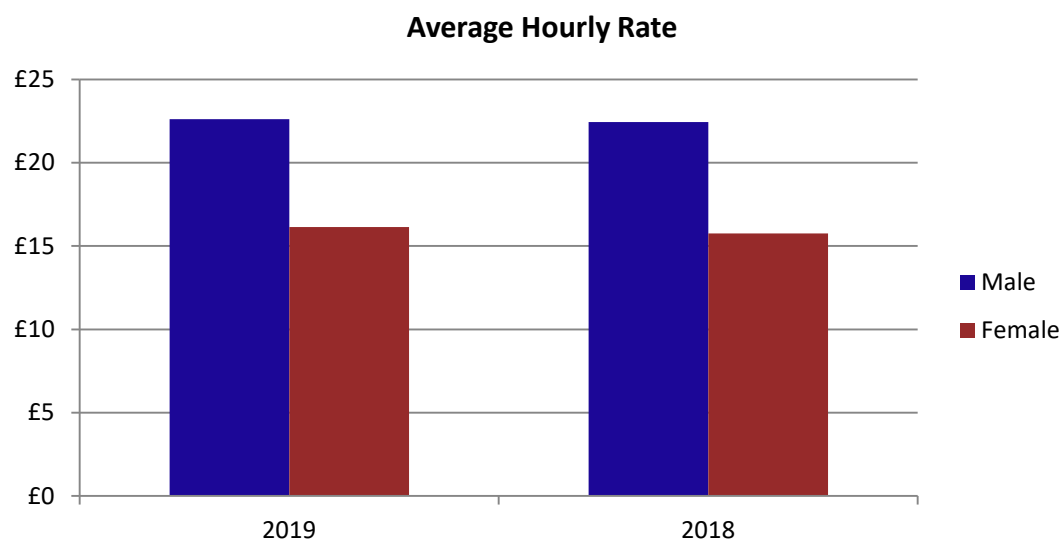
#### 3.2 Mean (average) pay of male and female staff:

The table and graph below shows that the mean hourly pay for males is £6.47 per hour higher than that for females, a gender pay gap of 28.6%.

Gender	Average Hourly Rate	
	31 March 2019	31 March 2019
Male	£22.61	£22.43
Female	£16.14	£15.75
Difference	£6.47	£6.68

Pay Gap %	28.6%	29.8%
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The mean pay has increased slightly for both men and women across the Trust; however, the pay of male staff remains higher than that of women. The pay gap percentage has decreased slightly but not significantly from 29.8% to 28.6% and the comparison between the two years is depicted in the following graph:

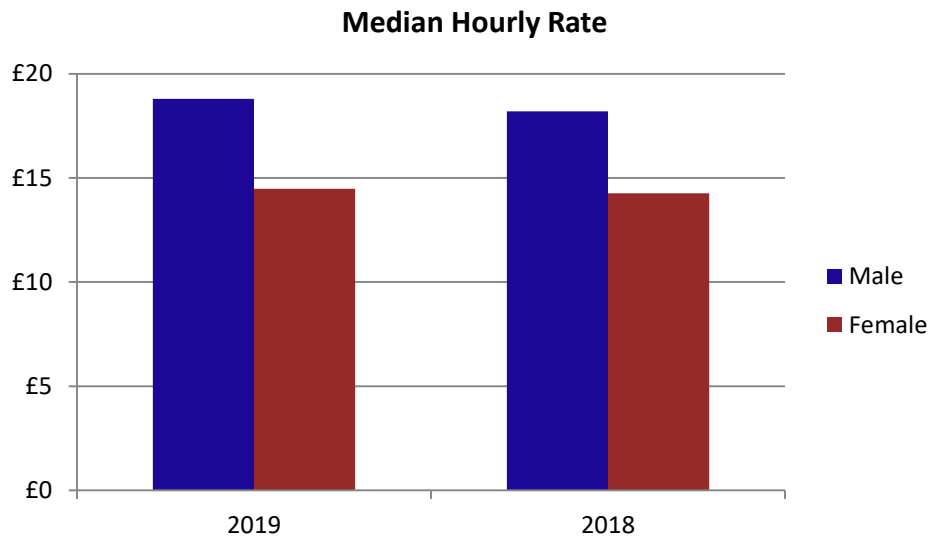


### 3.3 Median pay of full-pay male and female staff:

The median hourly rate is £4.31 higher for males than females which is a pay gap of 22.9%.

Gender	Median Hourly Rate	
	31 March 2019	31 March 2018
Male	£18.79	£18.19
Female	£14.48	£14.27
Difference	£4.31	£3.92
Pay Gap %	22.9%	21.5%

The median pay has increased slightly for both men and women across the Trust between 31 March 2018 and 31 March 2019. The median pay gap has also increased slightly by 1.4%. The information is also presented in the following graph:



### 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 2019:

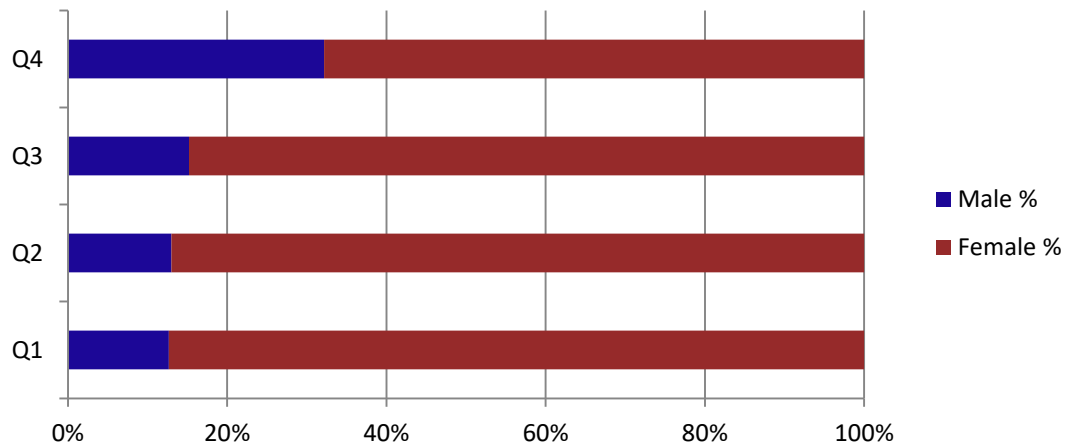
Quartile	Female	Male
1	276 (87%)	40 (13%)
2	275 (87%)	41 (13%)
3	268 (85%)	48 (15%)
4	215 (68%)	102 (32%)

#### 31 March 2018:

Quartile	Female	Male
1	270 (87%)	39 (13%)
2	276 (90%)	32 (10%)
3	253 (82%)	56 (18%)
4	207 (67%)	101(33%)

Whilst there is a fairly high percentage of female staff in the first three quartiles, this number falls in quartile 4 which is the highest paid category. 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 2019 is depicted in the following graph:



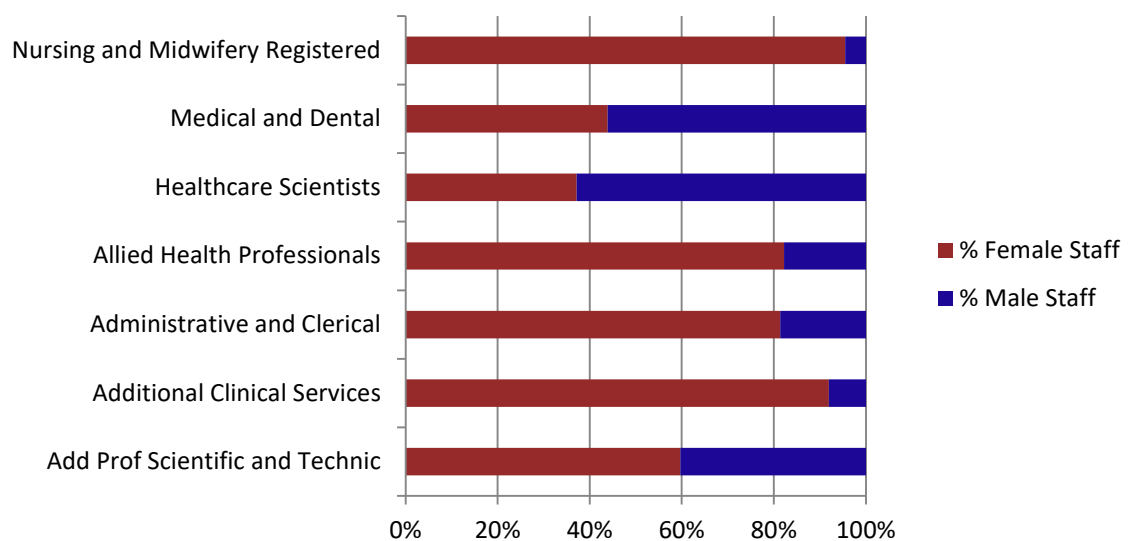
### 3.5 What does this indicate?

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 mean pay data which suggests that there is 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

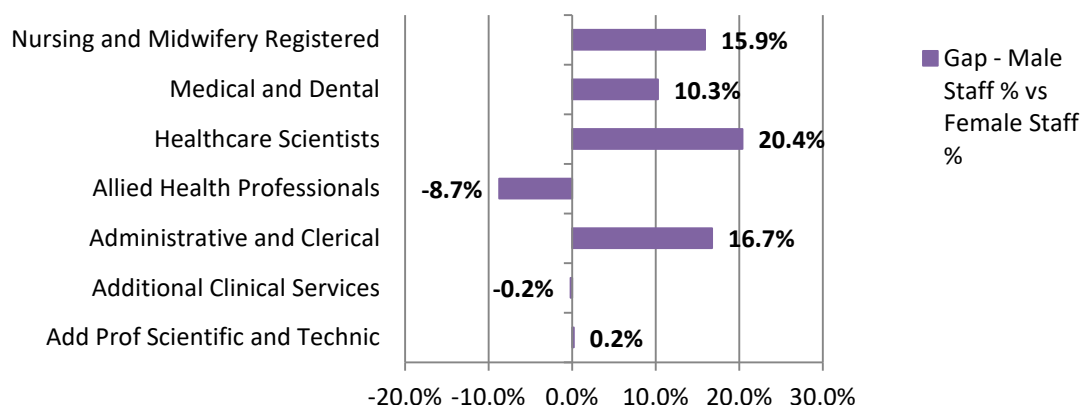
#### Percentage of male and female in each staff group:

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:





## Gender Pay Gap for Staff Groups



\* negative values indicate that the pay gap favours females

The gender pay gap analysis for staff groups would indicate that the biggest gender pay gap exists within Medical, Healthcare Scientists, Administrative & Clerical and Nursing & Midwifery. Female staff are paid more than their male counterparts in the Allied Health Professionals staff group whilst the figures are fairly even in terms of pay within Additional Clinical Services and Additional Professional Scientific and Technical.

The Nursing & Midwifery staff group would indicate a significant anomaly since even though 95% of this staff group is female and despite this there is a 15.9% gender pay gap. On further analysis the small numbers of males within this staff group is skewing the data to a certain extent since 9 of the 14 male staff captured in this group are Band 7 and above, 91 women (out of 293 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.

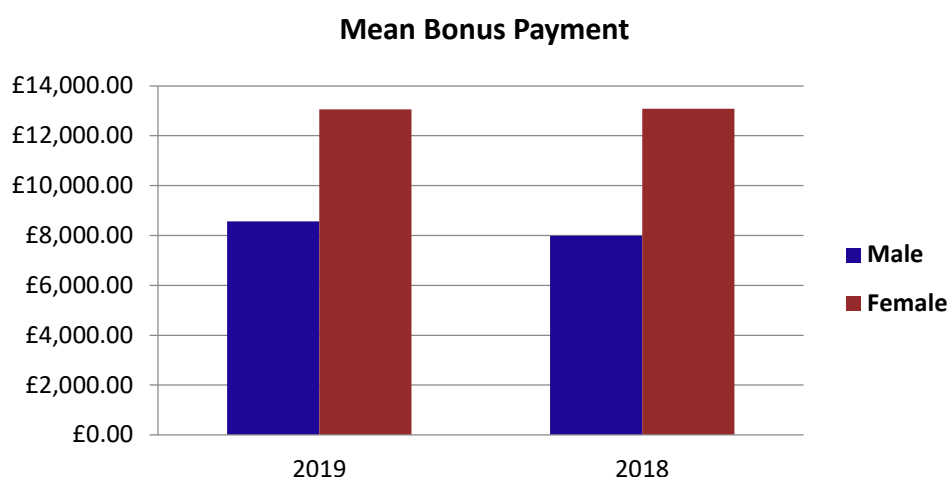
### 3.7 Bonus payments:

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 Mean bonus pay of male and female staff:

Gender	Mean Bonus	
	31 March 2019	31 March 2018
Male	£8,564.03	£7,992.45
Female	£13,063.96	£13,083.16
Difference	£-4,499.93*	-£5,090.71*
Pay Gap %	-52.54%*	-63.7%*

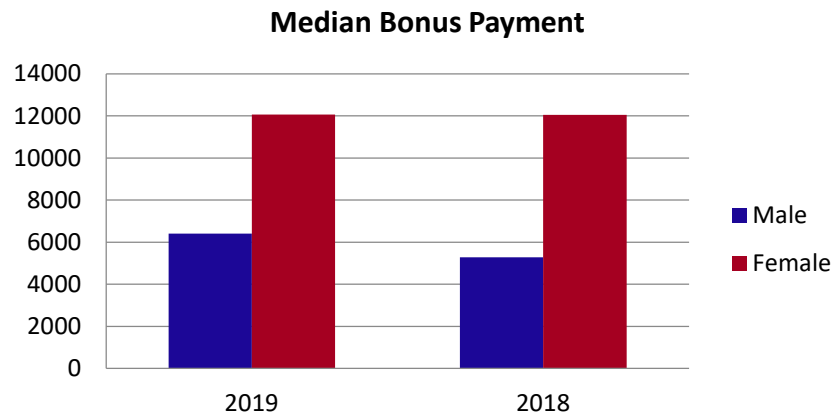
\* negative values indicate that the pay gap favours females



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 decreased between 31 March 2018 and 31 March 2019. 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:

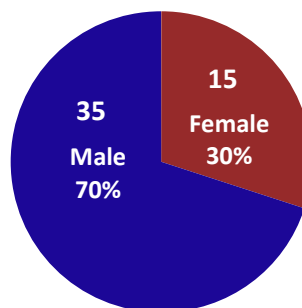
Gender	Median Bonus Pay %	
	31 March 2019	31 March 2018
Male	£6409.02	£5,275.54
Female	£12,063.96	£12,053.96
Difference	£-5,654.94	£-6,778.43
Pay Gap %	-88.23%	-128.5%



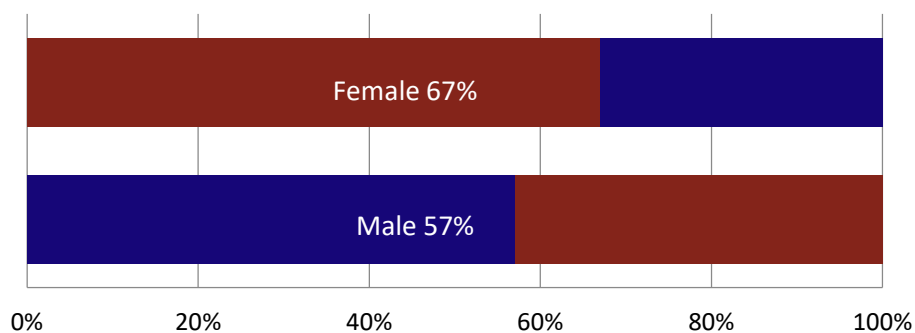
### 3.7.3 The proportion of male and female staff, who receive bonus pay:

Gender	Employees Paid Bonus	Total Eligible Employees	Employees Paid Bonus	Total Eligible Employees
	31 March 2019		31 March 2018	
<b>Female</b>	10 (67%)	15	11 (61%)	18
<b>Male</b>	20 (57%)	35	18 (69%)	26

### Employees eligible to be paid bonus



### Percentage of eligible staff who received bonus payments at 31 March 2019



The percentage of eligible female staff in receipt of bonus payment has increased from 61% to 67% between 2018 to 2019 however the actual numbers of female staff receiving a bonus has decreased by 1 person. There has been an increase in the overall numbers of male staff receiving bonuses (from 18 to 20) but this is a fall in total percentage terms (69% to 57%) due to more men becoming eligible. 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?**

Since the last gender pay gap report a Gender Pay Gap Working Group working in partnership with trade union colleagues have been meeting on a quarterly basis. As a result the following actions have been completed:

- a sample of job descriptions and job adverts have been reviewed using a gender neutral tool to ensure gender neutral language is used. No bias was identified;
- the recruitment training content has been reviewed and amended to ensure gender bias training is included and the impact of this will continue to be reviewed;
- reports have been produced from recruitment IT system to identify the gender split at different stages of recruitment process which will be monitored;
- The Trust has improved its promotion of its family friendly workforce policies and access to development and leadership programmes and these will continue to be monitored.

#### **5.0 Conclusion**

In real terms there remains a significant gender pay gap within the Trust of 28.6% in terms of average hourly pay and 22.9% in terms of median pay. 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, currently 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
- Analyse the gender profile of applicants for the 2017/18 CEAs and review application process

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

**Elizabeth Bishop**  
**Chief Executive**

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