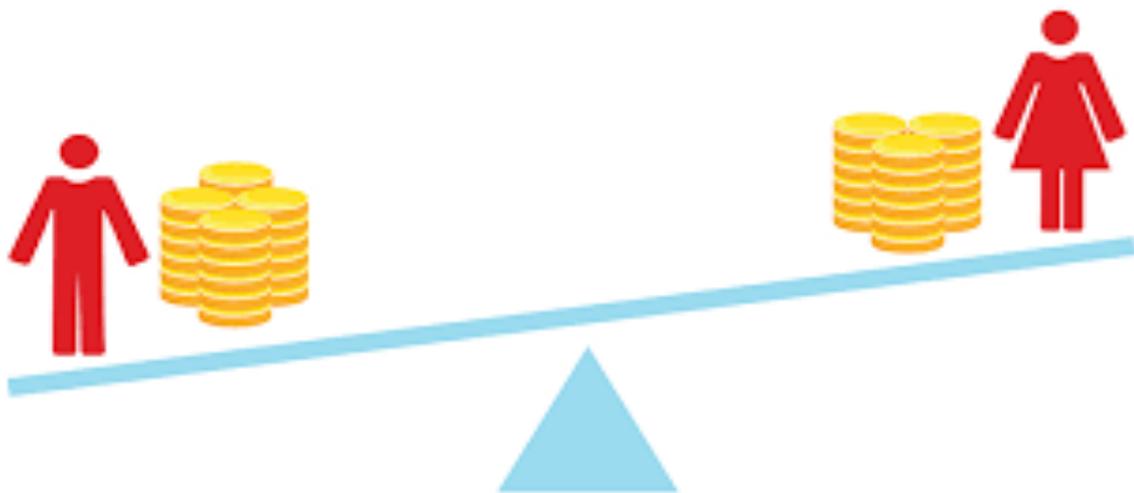


# Gender Pay Gap Report 2021

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## 1.0 Executive Summary

The gender pay gap legislation introduced in April 2017 requires that UK employers with 250 employees or more publish data about their gender pay gap on an annual basis (based on a snapshot date of 31<sup>st</sup> March each year for the public sector). This is therefore Wirral University Teaching Hospital's fourth gender pay gap report and falls in line with national reporting requirements. Information contained within this report is therefore based on 31<sup>st</sup> March 2021 data.

This year's report shows that the mean gender pay gap has remained the same this year at 21.1% in favour of male employees, however the median pay gap has increased from 6.2% last year to 8.78% this year. The mean gender pay gap continues to be below the NHS national average of 23%.

The data this year also shows the mean bonus pay gap has also remained static at 19.2% however a significant reduction can be seen in the median gender pay gap which has reduced from 13.5% last year to 5.63% this year.

The proportion of staff receiving bonuses is low overall, however continues to be extremely low for female employees with only 0.54% of female staff receiving, compared with 5.81% of male colleagues (a 5.3% difference). Whilst there continues to be a gap in favour of male colleagues, this gap has reduced slightly from last year by 0.5% (was 5.8% in 2020/21).

Bonus payments are largely related to clinical excellence awards (CEA) and discretionary points and can be correlated to the number of male consultants who have additional service with the Trust and have therefore reached higher levels of awards.

Previous reports identified a higher number of female applicants for CEAs however a lower success rate and therefore a number of actions have already been undertaken to reduce anonymity within applications and any potential bias during the process, along with sessions and development support for female colleagues. The CEA process and payments have however been different since the arrival of COVID-19 and the impact on service delivery. Therefore, as a result, CEAs were evenly distributed to all eligible colleagues on the last two rounds and not linked to an application process. This was in line with national guidance and agreed at JLNC and is set to continue for future rounds.

The number of female employees (79.2%) continues to significantly outweigh the number of males (20.8%). The ratio of female employees is higher in all pay quartiles, with the lowest ratio in the highest quartile (72.61%).

An update on the actions agreed for this year can be found at appendix A, in line with NHS Employers new self-assessment checklist.

## 2.0 Background and Introduction – reporting requirements

The gender pay gap legislation introduced in April 2017 requires that UK employers with 250 employees or more publish data about their gender pay gap on an annual basis (based on a snapshot date of 31<sup>st</sup> March for the public sector).

The gender pay gap shows the difference between the **average** (mean or median) earnings of men and women and is expressed as a percentage of men's earnings.

This report is therefore based on the snapshot date of 31<sup>st</sup> March 2021 and is based on six calculations as required under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 applicable to the public sector:

1. mean (average) gender pay gap using hourly pay
2. median gender pay gap using hourly pay
3. percentage of men and women in each hourly pay quarter
4. percentage of men and women receiving bonus pay
5. mean (average) gender pay gap using bonus pay
6. median gender pay gap using bonus pay

Wirral University Teaching Hospital (WUTH) is committed to ensuring that the principles of the Public Sector Equality Duty (PSED) are upheld and that we eliminate discrimination and ensure working towards advancing opportunities and fostering good relations. This report is therefore vital not only to ensure compliance with national requirements, but to support the Trust in identifying where any gaps may lie and what actions are required to create improvements.

The Trust views analysis of any gaps in gender pay as a valuable tool in identifying levels of equality in the workplace, female / male participation and how effectively talent is being maximised.

The gender pay gap differs from equal pay (which deals with the pay difference between men and women who carry out the same or similar jobs, or work of equal value). Wirral University Teaching Hospital pays staff of different genders equally if they perform the same job or work of similar value.

### 2.1 Staff included in the gender pay gap data

Data is based on full-pay relevant employees at the snapshot date of 31<sup>st</sup> March 2021.

### 2.2 What counts as pay?

The gender pay gap **includes** basic pay, paid leave, allowances, pay for any piecework and bonus pay and **excludes** overtime pay, expenses, pay in lieu of notice, the value of salary sacrifice, redundancy or termination payments, arrears of pay, shift premiums and benefits in kind.

### 2.3 Median and Mean

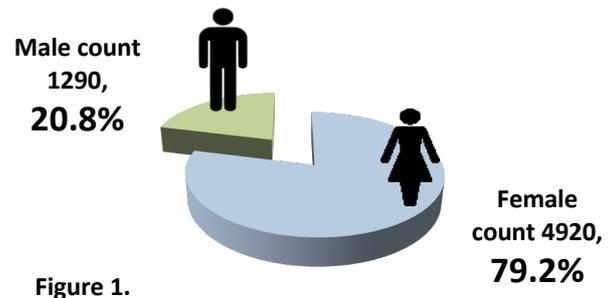
The mean hourly rate is the average hourly wage across the entire organisation so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women’s median hourly wage (the middle paid woman) and men’s median hourly wage (the middle paid man).

### 3.0 Wirral University Teaching Hospital Demographics

The overall gender split within WUTH is shown in figure 1.

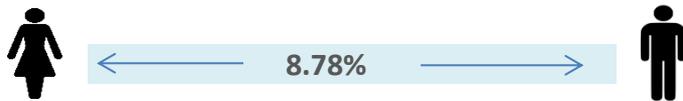
The number of female employees significantly outweighs the number of male employees and the split has remained the same as 2020/21 data.



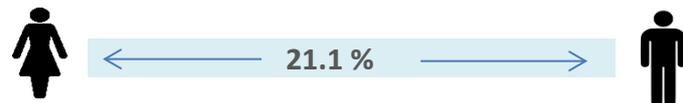
### 4.0 Wirral University Teaching Hospital’s gender pay gap

Gender pay gap calculations are based on the reporting requirements listed above and include bonus pay.

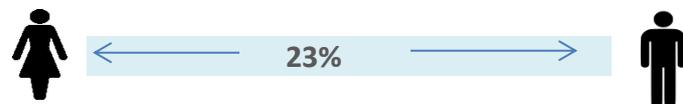
#### 4.1 Median gender pay gap (%)



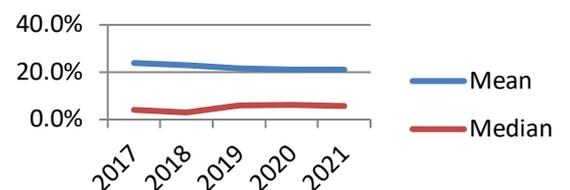
#### 4.2 Mean gender pay gap (%)



#### 4.3 NHS average gender pay gap (%)



#### Gender Pay Gap Annual Comparison



### Summary of Findings

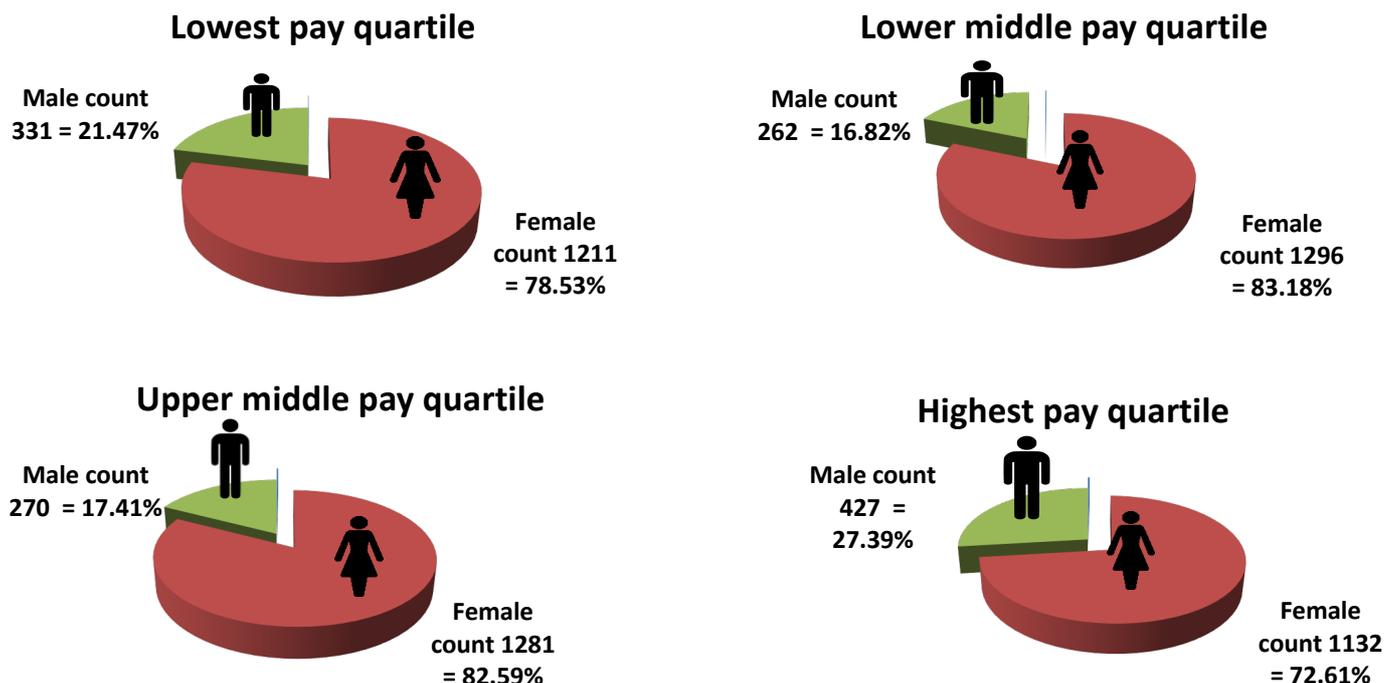
The mean gender pay gap has remained the same this year at 21.1% and continues to fall below the national average of 23%. The median gender pay gap however has increased slightly from 6.2% to 8.78% this year.

## 5.0 Salary

### WUTH salary quartiles

Females are in the majority in all pay quartiles however there is a lower proportion of females in the highest pay quartile. With the exception of males in the lower middle pay quartile; numbers of male and female staff have increased.

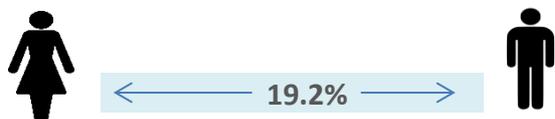
There has been a 1.5 % reduction in the number of females in the lowest quartile, however a 2% increase in the lowest middle quartile, which is positive to see. There has however been a 1% reduction in the number of females in the highest pay quartile this year.



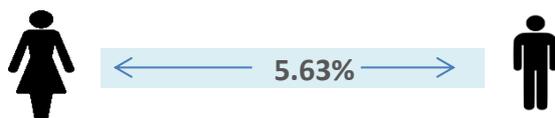
## 6.0 Bonus pay gender gap

Bonus pay includes clinical excellence awards and discretionary points.

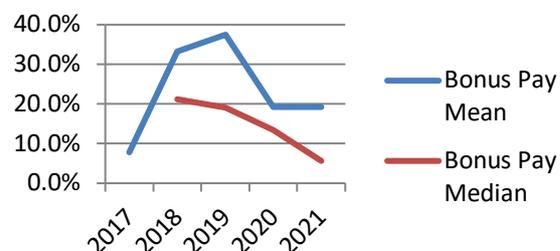
### 6.1 Mean bonus gap (%)



### 6.2 Median bonus gap (%)



Bonus Pay Gender Pay Gap Annual Comparison



Clinical excellence award (CEA) payments increase up an agreed framework as service continues. The Trust has a number of male employees with long-service that will therefore receive a higher scale of award.

## 7.0 Bonus pay proportions

The proportion of staff receiving bonuses is low overall, however continues to be extremely low for female employees with only 0.54% of female staff receiving, compared with 5.81% of male colleagues (a 5.3% difference). Whilst there continues to be a gap in favour of male colleagues, this gap has reduced slightly from last year by 0.5% (was 5.8% in 2020/21).

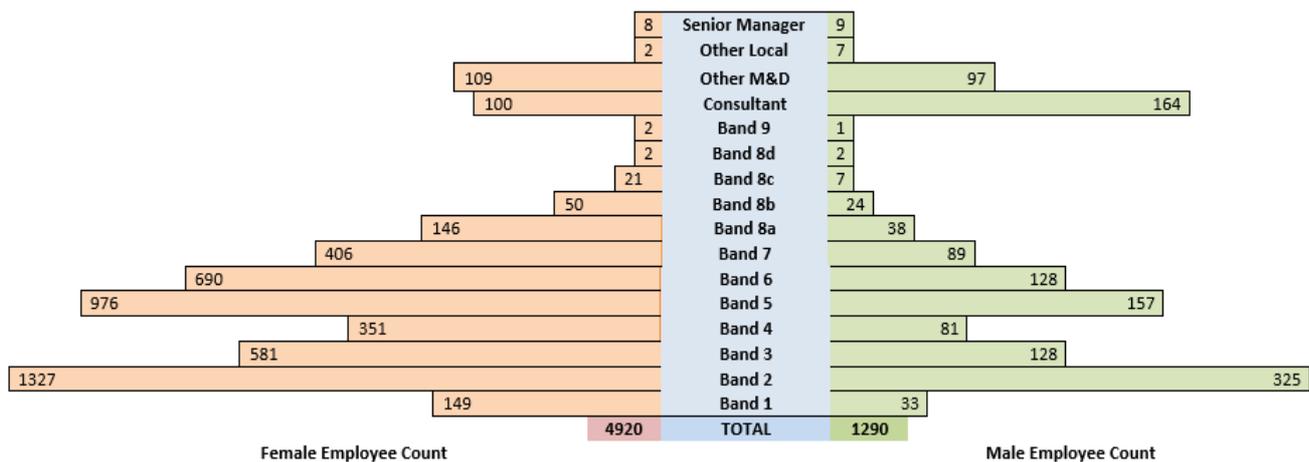
Due to the impact of COVID-19 on the service, CEAs were evenly distributed to all eligible colleagues on the last two rounds and not linked to an application process. This was in line with national guidance and agreed at JLNC. This process is also set to continue for the 2021/2022 awards.

## 8.0 Additional Data

In addition to the legislative requirements and in order to further analyse data and seek improvements, WUTH have decided to further breakdown data collected per pay bands as follows:

### Gender count and mean averages per pay grade

Grade	Female		Male		Difference in hourly rate
	Employee Count	Average Hourly Rate	Employee Count	Average Hourly Rate	
Band 1	149	£13.31	33	£11.23	£2.08
Band 2	1327	£10.72	325	£10.60	£0.12
Band 3	581	£11.26	128	£11.39	-£0.13
Band 4	351	£12.15	81	£12.72	-£0.57
Band 5	976	£15.78	157	£15.67	£0.12
Band 6	690	£19.03	128	£18.36	£0.66
Band 7	406	£21.99	89	£21.73	£0.26
Band 8A	146	£25.29	38	£25.50	-£0.21
Band 8B	50	£29.14	24	£29.35	-£0.20
Band 8C	21	£35.86	7	£33.49	£2.38
Band 8D	2	£42.41	2	£38.82	£3.59
Band 9	2	£55.53	1	£44.94	£10.59
Consultant	100	£47.53	164	£50.07	-£2.54
Other Local	2	£7.10	7	£14.07	-£6.97
Other M&D	109	£23.24	97	£22.47	£0.77
Senior Manager	8	£58.06	9	£51.14	£6.92
<b>Grand Total</b>	<b>4920</b>	<b>£15.92</b>	<b>1290</b>	<b>£20.18</b>	<b>-£4.25</b>



## 9.0 Key Findings

- 1) The mean gender pay gap has remained the same this year at 21.1% and continues to be lower than that of the NHS average of 23% however the median pay gap has increased from 6.2% last year to 8.78% this year.
- 2) The mean bonus pay gap has also stayed the same this year at 19.2% with the median bonus pay gap reducing from 13.5% to 5.6%
- 3) WUTH continues to employ a significantly higher number of female employees in all pay quartiles with a similar ratio in all except the highest quartile. Whilst still a significantly higher ratio of females than males (72.61% female and 27.39% male), this quartile shows the lowest proportion overall.
- 4) There are more female employees in all grades except within Consultants, local and senior manager grades. That said, the number of female consultants continues to increase from 87 in 2019, to 100 this year.
- 5) A small number of employees continue to receive bonus pay and this proportion continues to be higher for male employees in certain roles within the highest quartile, although the gap has reduced this year

## 10.0 Actions undertaken

The Trust has been working on a series of interventions over the last few years to try and address areas for improvement. These have included:

- 1) Bonus Pay – the Trust removed personal identifiable information from applications for clinical excellence awards and discretionary points in order to remove any potential conscious / unconscious bias from the process. Prior to COVID-19, the application process had seen a rise in the number of female applicants.
- 2) Additional engagement and support with female Consultant colleagues regarding application for CEA and support offered as necessary.
- 3) Promotion of male and female role models – the Trust continues to promote and celebrate the achievements of our staff including as part of International Mens and Womens Day.
- 4) Springboard, a personal development programme for women commenced a further cohort in October 2021, however attendance was affected due to the ongoing system pressures as a result of COVID-19. The mens personal development programme (Navigator) was also commissioned, however has not commenced as yet due to service pressures. It is hoped that this will commence Autumn 2022.

- 5) The Trust's recruitment team were brought back in-house with effect from April 2020 and an extensive review of workforce monitoring processes and data have taken place and revisions made to ensure robust and effective monitoring.
- 6) The Trust is striving to ensure equality, diversity and inclusion is embedded within its core functions and decision-making processes. Awareness raising on the importance of valuing and ensuring equality, diversity and inclusion is included within development programmes and in particular our leadership and management development offerings.

COVID-19 has continued to impact on the Trust's ability to progress some actions however the Trust will continue to strive for improvements wherever possible.

## 11.0 Summary

In summary, key findings are:

- 1) Mean Gender pay gap remained the same as last year, with 21.1% gap in favour of males and continues to be lower than the NHS national average.
- 2) Increased median gender pay gap from 6.2% to 8.78%, in favour of males
- 3) Significant reduction in the median bonus pay gap this year, from 13.5% to 5.63% although still in favour of males
- 4) A maintained mean bonus pay gap of 19.2%
- 5) Disproportionate level of bonus pay, again in favour of males
- 6) Significantly lower levels of female employees in Consultant positions
- 7) Significantly lower levels of male staff compared with females.
- 8) Lowest ratio of female staff in the upper quartile

## 12.0 Action planning and next steps

A new self-assessment tool was developed by NHS Employers, to support organisations in addressing gender pay gaps. This was included within last years' report and approval given by the Trust. Due to the increased demands across the equality, diversity and inclusion agenda, all associated action plans have been reviewed and collated so as to ensure greater effectiveness and so the revised plan and updates are attached at appendix A.

This report will be circulated via all necessary Trust reporting structures and findings noted and published as required on the internal and external diversity and inclusion pages of the Trust's website.

## Gender Pay Gap Action Plan – March 2022

No.	Action	Deadline	RAG	Progress
1.	Identification & promotion of personal & leadership development programmes specifically for protected groups e.g. Multicultural, disabled & female staff	31/03/22	Green	Springboard session completed Jan 2022. Navigator commissioned, however due to pressures, launch postponed. Awaiting Ready Now & Stepping up programmes to recommence following COVID. 2 places secured on the 2022 Disability Rights UK Leadership Programme for staff with disabilities.
2.	Consideration of higher level D&I training for managers and Board level, ensuring links with NHSE/I plans to update national offering	31/03/22	Green	Considered – however not progressing at this stage. Level 1 D&I is currently mandatory and links with the national core skills framework, therefore to introduce additional levels may have further wider implications. Current position is to focus on individual sessions e.g. cultural awareness / competence and continue to review alongside new implied NHSE/I developments.
3.	WUTH to establish and host stakeholder opportunities to annually review EDI performance against agreed EDS2 goals, including Healthwatch Wirral partners	31/03/22	Red	Review against EDS2 framework remains overdue. Workforce indicators identified for review have been approved however engagement postponed due to workforce pressures and temporary reassignment of D&I Lead.
4.	Ensure links with appropriate D&I related local, regional and national forums, considering collaborative approaches where appropriate, including local WRES /WDES experts and sharing best practice	31/03/22	Green	Links made with NHS Wirral colleagues, D&I Lead is a member of the regional Workforce equality focussed forum & patient equality focussed forums, with additional membership of regional task and finish groups e.g. trans & military veterans & armed force personnel. Local WRES experts are linked to WEFF. Also member of Cheshire Equality Leads Forum & regional network chair meetings.
5.	Work with stakeholders to understand any challenges / barriers for vulnerable / minority groups to obtain roles with WUTH. Actions identified to support improvements	31/03/22	Amber	Working with Trust multicultural, LGBT+ and disability staff network members to identify areas for improvement and initial discussions held with multicultural community organisation. Enhanced engagement with stakeholders delayed due to temporary reassignment of D&I Lead. Consideration of separate Womens and mens network groups however currently postponed
6.	Explore new staff networking opportunities e.g. female, male or multi-faith networks	31/03/21	Green	Initial discussions held by Chaplaincy Lead for multifaith network, however delayed due to COVID. Exploration underway as to the feasibility of a separate Womens and mens network group following the completion of Navigator and Springboard programmes. Menopause staff network group commencing 17/03/22 and could be widened; network for parents with children with neurodiverse conditions/ poor mental health trialled with positive feedback and awaiting further planning. Trust looking to launch a network for forces families, with Trustwide promotion and a few people now interested.
7.	Review of recruitment processes (including adverts, information packs and recruitment guidelines) to ensure inclusive and fair practices are used. To include values based shortlisting, effective interview approaches and the consideration of skills-based assessments and a requirement for applicants in senior posts to demonstrate prior EDI work / legacy during interviews	31/12/21	Amber	New toolkit produced, development sessions delivered with EDI session included. New EDI statement included on Trust website.

8.	Annual review of staff progression data disaggregated by protected characteristic and including part time staff	31/07/22		Actions not commenced as yet
9	Deep dive into gender pay gap data to identify any differences across those who share different protected characteristics. E.g. BAME and those with disabilities or long-term health conditions	31/07/22		Actions not commenced as yet
10.	Annual and six monthly D&I update reports	31/08/22	Green	Completed
11.	Annual gender pay gap data submission, report and action plan	31/03/22	Green	2020/21 reporting completed and 2021/22 report to be submitted for approval 29/03/22. Deadline for submission is 30/03/22 so data will be uploaded as soon as ratified
12.	Annual review of staff survey data linked to EDI themes, including feedback received from those who hold protected characteristics e.g. BAME, disabled and gender	30/06/22	Green	Review conducted for 20/21 for WDES and WRES components. 21/22 review to include a review of wider protected characteristics and identify and trends / themes
13.	Review of parental, maternity and special leave policies with benchmarking undertaken to ensure provision is in line with other Trusts and best practice.	31/03/22	Amber	Policies currently under review by HR although not completed as yet.
14.	Review to be completed on the provision of flexible working opportunities for staff <i>*linked to no.3</i>	31/03/22	Amber	Included as part of the EDS2 Indicator approved by August WSB meeting. Feedback received from staff side colleagues and further feedback opportunities under planning however postponed due to temp reassignment of D&I Lead. Focus groups held by HR due to new changes in national reporting requirements and processes to be reinforced
15.	Link with Trust communications and engagement team to promote D&I activities, events and support for protected groups along with role modelling opportunities where possible	ongoing	Green	Comms and engagement team currently members of the D&I Steering group and increased communications already in place. Communications have increased with Trust wide communications of a variety of national and international awareness days and sharing of staff stories. Continued messages of support from staff network members and links to HWB agenda. Variety of community links added to D&I webpages.
16.	Female staff actively supported to apply for clinical excellence awards (if appropriate) and other opportunities to seek recognition for their work.	31/03/20 22	Green	Support offered to female staff prior to COVID including workshops to offer support and springboard programme. International Womens Day celebrated across the Trust and stories shared of female staff at regular opportunities, linked also to national and international awareness days too