

# Gender Pay Gap Report 2022 (GPG)

A report for NHS Isle of Wight Trust - meeting the duty to report on and publish specific information about our gender pay gap

Reporting period: 1<sup>st</sup> April 2021 - 31<sup>st</sup> March 2022





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## 1. Introduction

The Isle of Wight NHS Trust is committed to creating a positive culture for its staff and for the communities and residents that it provides services to. The ambition is for a culture where diversity, equality, and inclusion are promoted and allowed to flourish from Board to Ward, a culture where unlawful discrimination is not tolerated or accepted in any form.

To meet this ambition the Trust accepts it has a responsibility to work toward building and maintaining a working environment which truly sees the value of diversity and where people feel that their differences are recognised, understood, acknowledged, and celebrated, and where people have equitable working conditions driven by inclusive and fair employment policies and practices.

The Trusts People and Organisational Development Strategy sets out our commitment to focus on the people that work for it, recognising that there has never been a more important time to have a workforce that has the right values, skills, support, and development to deliver outstanding care whilst also enabling the Trust to attract, recruit, and retain the best talent. Diversity and inclusion are a key part of our People Priorities as well as being fundamental to realising our Trust's overarching vision, values, and priorities.

The Gender Pay audit is an integral part of how the Trust meets the Public Sector Equality Duty where:

**"People at all levels conduct and plan their business to demonstrate due regard to eliminate unlawful discrimination; promote equal opportunity; and foster good relations within their organisation and beyond"**

Specifically concentrating on gender equality, our organisation views statutory Gender Pay Gap, (GPG) reporting as an invaluable tool to understand our workforce and consider the best strategies for responding to any identified issues.

The NHS Job Evaluation (NHS JE) Scheme is used to determine the pay bands for all posts under the NHS Terms and Conditions of Service (Agenda for Change). For Medical and Dental staff, pay is reviewed annually by the Review Body on Doctors' and Dentists' Remuneration (DDRB), who make recommendations to the government with regards to national contracts.

The scheme evaluates the job and not the post holder. It makes no reference to gender or any other protected characteristics, therefore, we are confident that we are paying the same salary to roles of equal value.

It is useful to understand the gender split across the organisation. As of 31st March 2022, the NHS IOW Trust employed **3852** people, **25.86%** male and **74.14%** female.



| Staff Group Gender Profile      |                       |             |               |            |               |
|---------------------------------|-----------------------|-------------|---------------|------------|---------------|
|                                 |                       | Female      |               | Male       |               |
|                                 | Workforce (headcount) | Headcount   | %             | Headcount  | %             |
| Add Prof Scientific and Technic | 132                   | 98          | 74.24%        | 34         | 25.76%        |
| Additional Clinical Services    | 945                   | 763         | 80.74%        | 182        | 19.26%        |
| Administrative and Clerical     | 865                   | 683         | 78.96%        | 182        | 21.04%        |
| Allied Health Professionals     | 307                   | 218         | 71.01%        | 89         | 28.99%        |
| Estates and Ancillary           | 287                   | 123         | 42.86%        | 164        | 57.14%        |
| Healthcare Scientists           | 49                    | 35          | 71.43%        | 14         | 28.57%        |
| Medical and Dental              | 273                   | 99          | 36.26%        | 174        | 63.74%        |
| Nursing & Midwifery Registered  | 994                   | 837         | 84.21%        | 157        | 15.79%        |
| <b>All Staff</b>                | <b>3852</b>           | <b>2856</b> | <b>74.14%</b> | <b>996</b> | <b>25.86%</b> |

|                                  | Summary Gender Profile |                         |
|----------------------------------|------------------------|-------------------------|
|                                  | MALE                   | FEMALE                  |
| Overall gender profile           | 25.86%<br>(996 people) | 74.14%<br>(2856 people) |
| Medical & Dental gender profile: | 63.74%<br>(174 people) | 36.26%<br>(99 people)   |
| Consultants gender profile:      | 67.35%<br>(66 people)  | 32.65%<br>(32 people)   |

In common with all NHS organisations, the Trusts workforce is predominantly female, particularly in Additional Clinical Services and Nursing and Midwifery. Within the professional groups, our medical, dental and consultant workforce is predominantly male.



The Estates and Ancillary staff group are the most evenly split in their gender profile, with **14%** more males to females.

## Definitions and Aim

All data contained in this report has been extracted from the Trust maintained Electronic Service Record, (ESR) system and is a snapshot as of 31<sup>st</sup> March 2022 covering a reporting period of 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022. The following definitions are used for this report:

- **Mean gender pay gap in hourly pay** – adding together the hourly pay rates of all male or female full-pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is then multiplied by 100 to give a percentage.
- **Median gender pay gap in hourly pay** – arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of the range.
- **Mean bonus gender pay gap** – add together bonus payments for all male or female employees and divide by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is then multiplied by 100 to give a percentage.
- **Median bonus gender pay gap** – arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range.
- **Proportion of males and females receiving a bonus payment** – total males and females receiving a bonus payment divided by the number of relevant employees
- **Proportion of males and females in each pay quartile** – ranking all our employees from highest to lowest paid, dividing this into four equal parts ('quartiles') and working out the percentage of men and women in each of the four parts.

The principle aim of the GPG is to meet the statutory requirement stated in the [Specific Duties](#) of the Equality Act Regulations 2017 requiring public authorities to publish their gender pay gap by 31<sup>st</sup> March annually in terms of:

- mean and median gender pay gaps.
- proportions of male and female employees in each pay quartile.
- mean and median gender bonus gaps.
- proportion of men and women who received bonuses.

This report does not look at whether there are differences in pay for men and women in equivalent posts. Therefore, the results will be affected by differences in the gender composition across our various professional groups and job grades. Gender pay reporting does not take into consideration the difference in size or scope of roles either.

It should be noted that whilst current pay structures support equal pay for men and women, factors such as length of service can affect the gender pay gap.

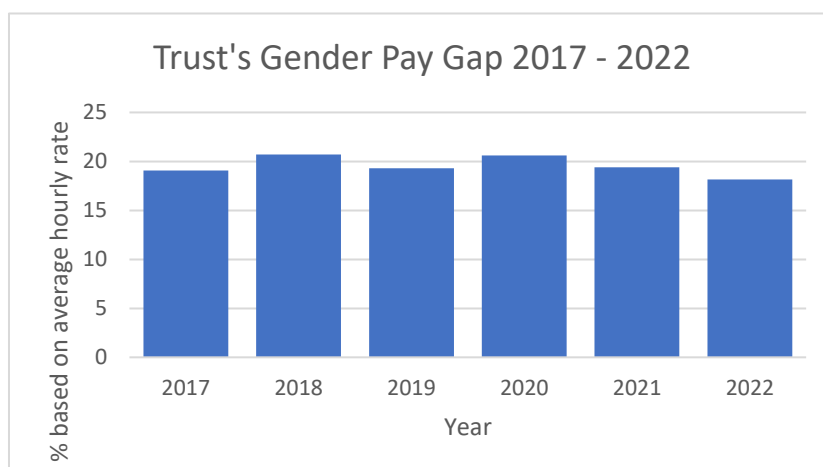
The majority of the Trust's staff are on national terms and conditions of employment. These are recognised as being an excellent example of equal pay for work of equal value. This will have an impact on reducing our pay gap.



## 2. What is our gender pay gap?

This year shows a slight fall in our GPG in relation to previous years and is indeed the lowest since 2017. It is worth highlighting that this has been achieved against a backdrop of providing a response to the pandemic and the urgency to fill roles to support this and the subsequent on-going operational pressures.

The data for the whole Trust shows a median gender pay gap, (hourly rate) of **8.05%** whilst the mean is **18.17%**. This represents a decrease from 2021, (19.4%) but still highlights a gap.



| Ordinary Pay for whole Trust |                  |                    |
|------------------------------|------------------|--------------------|
| Gender                       | Avg. Hourly Rate | Median Hourly Rate |
| Male                         | £20.02           | £15.45             |
| Female                       | £16.38           | £14.21             |
| Difference                   | £3.64            | £1.24              |
| Pay Gap %                    | 18.17%           | 8.05%              |

It is important to flag the difference in terminology. This gap is not saying women and men are paid differently for doing the same job, as this would be an equal pay issue; it highlights a disparity in the representation of the number of men or women in the higher pay band roles.

| Summary of Gender within Quartiles |        |       |
|------------------------------------|--------|-------|
| Quartile                           | Female | Male  |
| Lower quartile                     | 75.6%  | 24.4% |
| Lower middle quartile              | 78.3%  | 21.7% |
| Upper middle quartile              | 74.0%  | 36.0% |
| Upper quartile                     | 57.6%  | 42.4% |



The comparison of these quartiles indicates that the lower proportion of men in lower pay bands relative to their share of the overall workforce, **25.86%** is a key driver of the gender pay gap in the IOW Trust.

|            |         | Employment Salary Banding by Gender |           |              |           |              |  |
|------------|---------|-------------------------------------|-----------|--------------|-----------|--------------|--|
| Quartile   |         | Female                              |           |              | Male      |              |  |
|            | Banding | Workforce (headcount)               | Headcount | % Of banding | Headcount | % Of banding |  |
| Lower      | Band 1  | 4                                   | 3         | 75.00%       | 1         | 25.00%       |  |
|            | Band 2  | 775                                 | 574       | 74.06%       | 201       | 25.94%       |  |
|            | Band 3  | 549                                 | 429       | 78.14%       | 120       | 21.86%       |  |
| Mid Lower  | Band 4  | 423                                 | 333       | 78.72%       | 90        | 21.28%       |  |
|            | Band 5  | 686                                 | 542       | 79.01%       | 144       | 20.99%       |  |
|            | Band 6  | 614                                 | 484       | 78.83%       | 130       | 21.17%       |  |
| Mid Higher | Band 7  | 358                                 | 277       | 77.37%       | 81        | 22.63%       |  |
|            | Band 8a | 117                                 | 85        | 72.65%       | 32        | 27.35%       |  |
|            | Band 8b | 34                                  | 25        | 73.53%       | 9         | 26.47%       |  |
| Higher     | Band 8c | 28                                  | 20        | 71.43%       | 8         | 28.57%       |  |
|            | Band 8d | 11                                  | 5         | 45.45%       | 6         | 54.55%       |  |
|            | Band 9  | 7                                   | 4         | 57.14%       | 3         | 42.86%       |  |

In relation to the proportion of male and female employees in each pay quartile the data clearly indicates that females significantly outnumber males across all quartiles, (consistent with our gender profile), except for at **band 8d** and **band 9** with a more even distribution of male and females.

### 3. What is our Bonus Pay Gap?

This relates to performance, productivity, incentive, commission or profit-sharing, but excludes remuneration referable to overtime, redundancy, and termination of employment. This data applies to our medical workforce who receive a Clinical Excellence Award (CEA). CEAs are awarded as a result of recognition of excellent practice over and above contractual requirements. Applications are scored independently by a multi-disciplinary panel to eliminate the risk of gender bias. The bonus is received by a very small number of staff, (34) which makes the GPG for bonus payments less significant to the wider understanding of the GPG across the Trust

The bonus pay gap is **16.63%** (mean) or **-5.26%** (median).



The obvious disparity in the mean figure is due to the disproportionate number of males who receive the CEA (27) as opposed to women (7) which again reflects the number of men occupying medical roles. However the data this year shows that the median bonus pay gap favours females. This is because the mid-point for the 7 females receiving the CEA sits at £12,063 whilst for males it is £11,460.

| Bonus Pay Gap |            |            |
|---------------|------------|------------|
|               | Mean       | Median     |
| Male          | £13,074.93 | £11,460.80 |
| Female        | £10,900.68 | £12,063.96 |
| Difference    | £2,174.25  | -£603.16   |
| Difference %  | 16.63%     | -5.26%     |

| Proportion of men/women receiving Bonus Pay (%) |         |    |
|---|---------|----|
| Male  | 79.41%  | 27 |
| Female  | 20.59%  | 7  |
| Total   | 100.00% | 34 |

| Breakdown of Staff receiving Bonus Payment |              |                |             |                 |
|--|--------------|----------------|-------------|-----------------|
| Gender                                     | No. of staff | Lowest payment | Mid Payment | Highest payment |
| Male                                       | 27           | £3015          | £11,460     | £30,159         |
| Female                                     | 7            | £5,428         | £12,063     | £19,604         |

## 4. Conclusion

The following points are identified from analysis of the data:

1. Since commencing reporting on Gender Pay Gap in 2017, our 'gap' has remained between 19% and 20%, with 2022 data demonstrating a 1.23% decrease, at 18.17%.
2. A significant number of staff in clinical/non-clinical support roles are female, whereas there are more males in senior medical roles across the Trust than female.
3. Historically across the NHS the medical profession has been predominantly male and only in recent years have equal numbers of females been entering the profession as junior doctors. With length of service also an influencing factor in higher rates of pay, this could be a contributing factor to our gender pay gap.
4. When examining the AfC Band 8+ group differences, the relatively small number of individuals, (255) means that the variation across Bands 8a, 8b, 8c, 8d and 9 has a disproportionate effect.
5. Our data suggests that our Gender Pay Gap occurs with our medical, dental and consultant workforce, which is predominantly male and likely to have more long service personnel, obtaining higher rates of pay and performance related bonuses.

## 5. Addressing the Gap

Reducing our gender pay gap implies either increasing the proportion of men in lower grades or increasing the proportion of women occupying the more senior roles in the IOW Trust.





Effective policies for closing the gender pay gap not only seek to address factors and barriers common to all women, (such as the number in lower grade jobs with lower pay), they target the inequalities faced by women belonging to specific groups based on characteristics such as age, ethnicity, and profession.

The Employee Experience Cultural Review initiative that is currently being developed by the Organisational Development team will use the GPG data to feed into the diagnostic element of the review and subsequent activity across the employee lifecycle workstreams.

Undoubtedly the actions will include:

- Embedding an inclusive Talent Management process.
- Creating clear and accessible career pathways.
- Building the skills of our leader and managers to identify career progress and development opportunities within their teams.
- Expanding our inclusive approaches to recruitment and retention.
- Providing development and support to underrepresented or disadvantaged groups within the workforce.
- Continuing to redefine options for how and where we work to provide greater flexibility to manage personal commitments at home.
- Continuing to build our networks groups and peer support for women.

It is worth noting that the GPG may be impacted by key projects that will be implemented in the coming years:

- 1) Financial Improvement Plan  
Staff are our highest cost and as such will obviously be the focus of the drive to reduce costs which depending on where the reductions take place could have an impact.
- 2) Project Fusion  
The creation of the new Trust which brings together several local Community and Mental Health Trusts into one organisation has the potential to impact of the number and location of staff which in turn may have affect the GPG
- 3) Partnership with Portsmouth  
Again the impact on staff is yet to be determined but in the same way as points 1 & 2 this may affect the GPG

## 6. Action Plan

See appendix 1 for our action plan for 2022/23.



## Appendix 1

### Gender Action Plan 2022/23

The Isle of Wight NHS Trust is committed to reducing our gender pay gap and this is our 6<sup>th</sup> publication against this standard. The Trust recognises that more work is required to balance the gender pay gap. The action plan below has been developed to reflect the themes of our People Priorities:

- Growing our Future Workforce
- Culture & Leadership Development
- Staff Engagement
- Health and Wellbeing
- Diversity and Inclusion
- Learning, Education and Development

It is envisaged that most of the objectives set against each People Priority will have a direct and positive impact on the others.



| No.  | Objective   | Specific Action  | Lead  | Timeline  | Indicators of Improvement   | Progress |
|--|---|--|---|-----------|---|----------|
| <b>1.0 Growing our Future Workforce</b>      |   |  |   |           |   |          |
| 1.1  | Ensure that recruitment and selection practices are inclusive for all prospective applicants regardless of gender   | Regularly monitor and report on the male/female profile for applicants, shortlisted candidates and appointments, at all levels and across all occupations and working patterns. Review and analyse inclusivity of recruitment materials (including where adverts are placed). Provide recruiting managers with training around good recruitment practices and interviewing skills and techniques | Workforce Lead<br>EDI Lead  | July 2023 | We aim to have gender representation on all recruitment and selection panels.<br>Gender Pay Gap Report<br>Workforce Disability Standard (WDES)<br>Workforce Race Equality Standard (WRES) |          |
| <b>2. Culture and Leadership Development</b> |   |  |   |           |   |          |
| 2.1  | Active promotion of current policies on flexible and family-friendly working for all genders, ensuring staff awareness and they feel encouraged to take up flexible and family-friendly working arrangements. | Socialise the Flexile Working Policy For all newly created jobs and for all individual requests we will commit to exploring whether flexible working could be introduced into a wider range of roles, including at senior level. Encourage our senior leaders to role model working flexibly and to champion flexible working.   | HR Advisors<br>Recruitment Leads  | July 2023 | Flexible working policy usage monitoring<br>Monitor data on flexible working requests submitted via ESR.<br>Equality Impact Assessment  |          |
| <b>3. Staff Engagement</b>                   |   |  |   |           |   |          |
| 3.1  | Analyse our staff survey data according to gender   | Extract data from 2022 staff survey data by gender to analyse findings   | Staff Experience Lead<br>EDI Lead   | Sep 2023  | Staff Survey Data   |          |
| <b>4. Health and Wellbeing</b>               |   |  |   |           |   |          |
| 4.1  | Build on our work focused on the menopause  | Continue to promote our Menopause Network and menopause health and wellbeing offers. Increase awareness of our Menopause Champions. Increase awareness that menopause can be given as a reason for absence on ESR and monitor data   | Workforce Information Lead<br>EDI Lead<br>Health and Wellbeing Business Partner | Sept 2023 | Increased membership to Menopause Network<br>Increased reporting on ESR menopause as reason for absence.  |          |



|   |  |   |   |     |     |   |
|---|--|---|---|-----|-----|---|
| 4.2   | To ensure that the health and wellbeing services reflect the gender specific needs of staff  | Review the current Equality Impact Assessment (EIA) Policy and Procedure  | EDI<br>Health and Wellbeing<br>Business Partner | TBC |     |   |
| <b>5. Diversity and Inclusion</b>             |  |   |   |     |     |   |
| 5.1   | Staff work in a environment free from bullying, harrassment and discrimination<br><br>Develop a culture of dignity and respect for all staff which includes any behaviour considered to be disrespectful as a result of gender | Disaggregate our data in different ways, not just be gender. Look at age, disability and race to see if this gives us better insight<br>Introduce Allyship Training<br>Continue to promote International Women's Day in March each year, advising on events taking place.<br>Socialise this report to all staff to raise awareness of our data. | Workforce<br>Information Analysts<br>EDI Lead   | TBC | ESR | Discover if there are other factors influencing our gender pay gap. |
| <b>6. Learning, Education and Development</b> |  |   |   |     |     |   |
| 6.1   | To have enabling strategies that support staff to succeed regardless of gender.  | Ensure equality, diversity and human rights embedded in training.<br>Monitor take-up of learning and development opportunities by protected characteristic.   | Training Manager<br>EDI Lead                    | TBC |     |   |