

**Northern Devon Healthcare NHS Trust**

**Gender Pay Gap Report  
(Data as at 31<sup>st</sup> March 2022)**

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## 1. INTRODUCTION

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

The Trust must both:

- publish their gender pay gap data and a written statement on their public-facing website
- report their data to government online using the gender pay gap reporting service.

This report fulfils our legal obligation to produce and comment upon the following data with regards our gender pay gap:

- mean gender pay gap;
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment and proportion of males and females in each pay quartile.

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the Gender Pay Gap report, ACCEA<sup>1</sup> payments, part of a national scheme are classified as a bonus.

Other than for medical and dental staff (doctors and dentists), some Apprentices, Non-Executive Directors and Very Senior Managers, all other jobs are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. VSM's include Executive Directors and a small number of other senior posts.

The data in this report is based on a snapshot taken on 31<sup>st</sup> March 2021. The value of this report is in making year-on-year comparisons and benchmarking nationally. We can compare our performance with our own results submitted in the previous year and we have used comparative estimates from the Office for National Statistics (ONS) website to establish our benchmarking.

This report proposes a range of actions to complete further analysis to complement our "diagnosis" of our gender pay gap and to ensure that any actions recommended will be effective in assisting to reduce our gender pay gap.

## 2. EXECUTIVE SUMMARY

Our performance against relevant local and national benchmarks continues to be poor. Analysis of numbers of staff within respective quartiles shows minimal change across all but the lower quartile, which remains the same.

Due to issues within the ACCEA system for consultants, gender inequality is greater than would be expected against any national benchmark measure relating to the mean average, or payment of bonuses.

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<sup>1</sup> "ACCEA" stands for Advisory Committee on Clinical Excellence Awards

In the last gender pay gap report, it was noted that the national ACCEA scheme is changing. A review has now taken place resulting in some national recommendations<sup>2</sup>, however, recent indications are that there will be no national changes for the 2022 upcoming cycle, meaning that any changes from the recommendations are unlikely to result in any significant impact for several years. The pay gap due to the ACCEA scheme is also unlikely to close significantly unless female consultant representation is increased alongside an increase in applications to the ACCEA scheme.

Comparison with the previous year's data shows that our pay gap, using both the mean and median average indicators, has remained relatively stable. The percentage comparison between males and females receiving bonus pay has shown a decrease in males receiving bonus payments but not for females. Although the percentage of male consultants receiving bonus payments remains significantly higher than females, the bonus payment gap has reduced positively both in the median and mean pay.

It is nationally recognised that a gender pay gap amongst medical consultants in England exists. A review by UCL academic Professor Dame Jane Dacre entitled 'Mend the Gap: The Independent review into Gender Pay Gaps in Medicine in England'<sup>3</sup> was undertaken to understand the reasons behind this and to make recommendations to reduce the gender pay gap over the medium to long term.

### 3. REPORTABLE DATA

The data shown below is that which has been uploaded to the Gender Pay Gap Reporting Service website. There is no opportunity to add explanatory text on the website but this report will be uploaded to the Trust website as part of the reporting requirements.

Women's hourly rate is:	
<b>32.1% LOWER (mean)</b>	<b>23.3% LOWER (median)</b>
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll	
Top quartile	
<b>36.3% MEN</b>	<b>63.7% WOMEN</b>
Upper middle quartile	
<b>15.3% MEN</b>	<b>84.7% WOMEN</b>
Lower middle quartile	
<b>12.6% MEN</b>	<b>87.4% WOMEN</b>
Lower quartile	
<b>14.0% MEN</b>	<b>86.0% WOMEN</b>
Women's bonus pay is:	
<b>39.9% LOWER (mean)</b>	<b>48.8% LOWER (median)</b>
Who received bonus pay:	
<b>5.2% OF MEN</b>	<b>0.7% OF WOMEN</b>

<sup>2</sup> [New reforms to make consultant awards fairer and more accessible - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/new-reforms-to-make-consultant-awards-fairer-and-more-accessible)

<sup>3</sup> ["System-wide efforts" required to resolve gender pay gap in medicine | UCL News - UCL - University College London](https://www.ucl.ac.uk/news/2019/04/system-wide-efforts-required-to-resolve-gender-pay-gap-in-medicine)

#### 4. NATIONAL BENCHMARKING

The table below shows our performance against the most recent official headline pay gap benchmarking, for all employers, from the Office for National Statistics (ONS)<sup>4</sup>:

	2021 pay gap based on median average	2021 pay gap based on mean average
National benchmark	15.4%	14.9%
Human Health Activities	18.8%	21.3%
Hospital Activities	14.3%	20.4%
NDHT	32.1%	23.3%

#### Commentary

The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. When the pay gap is measured using the mean average, this allows “outliers” at either end to distort the measure. The figures above indicate that the NDHT gender pay gap is significantly higher than local and national benchmarks.

The gender pay gap has increased slightly based on last year’s figures, and the gap has further widened from the 2019 reported figures as well.

#### 5. COMPARISON WITH PREVIOUS YEAR

##### Mean average (hourly rate of pay)

	2020	2021	% change
Male	£22.83	£24.84	8.80%
Female	£16.07	£16.86	4.92%
% difference	29.58%	32.12%	8.59%

##### Median average (hourly rate of pay)

	2020	2021	% change
Male	£18.33	£19.38	5.73%
Female	£14.15	£14.86	5.02%
% difference	22.83%	23.30%	2.06%

#### Quartiles

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<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/annualsurveyofhoursandearningsashegenderpaygaptables>

Quartile	2020 (3250 staff)		2021 (3421 staff)		% change	
	Male	Female	Male	Female	Male	Female
Top	34.2%	65.8%	36.3%	63.7%	2.1%	-2.1%
Upper middle	16.0%	84.0%	15.3%	84.7%	-0.7%	0.7%
Lower middle	15.5%	84.5%	12.6%	87.4%	-2.9%	2.9%
Lower	12.7%	87.3%	14.0%	86.0%	1.3%	-1.3%

### **Bonus pay**

% receiving bonus pay	2020	2021	% change
Male	5.8%	5.2%	-0.6%
Female	0.7%	0.7%	0.0%

### **Bonus pay (mean average)**

Mean bonus pay	2020	2021	% change
Male	£11,100	£10,903	-1.78%
Female	£6,712	£7,191	+7.10%
% difference	39.50%	34.10%	-5.40%

### **Bonus pay (median average)**

Median bonus pay	2020	2021	% change
Male	£9,048	£9,048	0.0%
Female	£4,651	£5,372	15.5%
% difference	48.6%	40.6%	-8.0%

### **Consultants**

Consultants	Male	Female	Total	% Female
2020	81	30	111	27%
2021	78	32	110	29%

### **Commentary**

Comparison with the previous years' data shows that our pay gap, using both the mean and median average indicators, has remained relatively stable. The percentage comparison between males and females receiving bonus pay has shown that there is a decrease in the overall amount of bonus payments received by males and an increase in the overall amount of bonus payments received by females, although the percentage and overall payments received by males is significantly higher than that received by females.

## 6. SOURCES OF PAY GAPS

The table below shows our gender pay gap for all staff, excluding medical and dental staff:

	NDHT All Staff			NDHT Excluding Consultants		
	Male Hourly Rate	Female Hourly Rate	Gap	Male Hourly Rate	Female Hourly Rate	Gap
Mean average	£24.84	£16.86	32.1%	£19.99	£16.32	18.4%
Median average	£19.38	£14.86	23.3%	£17.27	£14.60	15.5%

The gender pay gap data with medical consultants removed shows a significantly lower gender pay gap, and is lower than national, local and sector benchmarks. This confirms that Medical staff account for a large proportion of the gender pay gap; however, there is still much work to do to eradicate the pay gap overall.

## 7. ACTION PLANNING

The Gender Pay Gap data relating to bonus pay relates to the distribution of ACCEA awards for consultants. Although female representation at consultant level has improved marginally from the previous year, the lower proportion of female consultants impact these figures.

To enable future equity and change some of the actions needed are external to the organisation and will be subject to review by other professional bodies such as the ACCEA, however, we recognise the future merger between Royal Devon and Exeter Hospitals and Northern Devon Healthcare Trust will provide an opportunity to review existing and future workforce needs and areas of disparity between males and females.

Our inclusion plans will look to improve our overall recruitment processes, training requirements and policies, which the Trust believes will have a positive impact on our workforce and gender equity. The Diversity and Inclusion Steering Group has begun to review the existing inclusion plans and will consider these alongside the outcomes from statutory reporting as well as wider intelligence to produce an overarching action plan. It is planned that the Group will agree new joint priorities for 2022/23 and look to develop a three-year Equality, Diversity & Inclusion Strategy.

Further to the above actions with the proposed merger or RD&E and NDHT it is recommended that a separate report and a joint report would be submitted in 2022/23 in order to provide a baseline for the transition to one organisation. The reporting will also be done earlier in the year in order to reduce the reporting lag and enable action to be taken earlier in the year.