

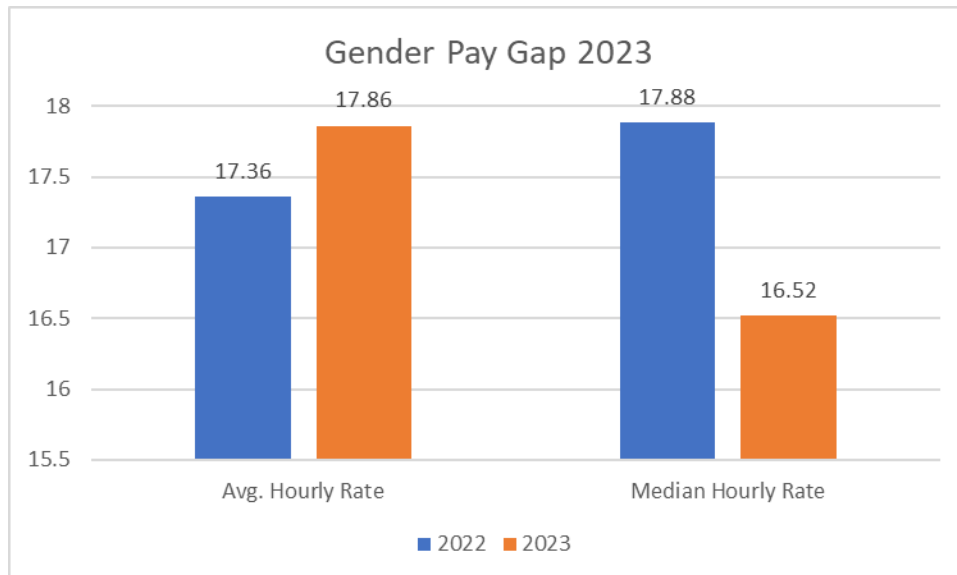
## Gender Pay Gap Report 2023

### 1. Introduction

- 1.1. As with all other employers with more than 250 staff, the Trust is required to report data relating to the Gender Pay Gap. The data reported in this paper shows the pay gap as at 31st March 2023, as required by the Regulations.
- 1.2. Whilst both equal pay and the gender gap deal with the disparity of pay women receive in the workplace, they are two different issues:
- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
  - The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation. It is expressed as a percentage of earnings and represents the difference between the mean hourly rate of ordinary pay of male and female employees, and the difference between the median hourly rate of ordinary pay of male and female employees.

### 2. Gender Pay Gap

- 2.1. In common with many organisations (including other NHS Trusts) MEH continues to have a gender pay gap. In 2023 the average pay for a male employee was £27.10 per hour which equated to £4.84 (17.86%) higher than the average female hourly rate, which was marginally higher than 2022. The median hourly rate gap was comparatively lower at £4.00 (16.52%) per hour.



**Figure 1: Average and Median Gender Pay Gap 2023 compared with 2022**

The cause of the gender pay gap is multifaceted. Looking at the percentage of women in the Moorfield's workforce at 68% (consistent with representation across the NHS) this is considerably higher than the UK workforce at 57%. Our data shows there are more women in lower paid roles /occupations, see staff group breakdowns below. Women are also more likely to work part-time, which is generally less well paid than full-time work on a per hour basis (28% for women compared to 20% for men in the Trust, compared with 38% for women and 14% for men across the UK), and to take time out of the labour force for caring responsibilities (58% of carers in the UK are women compared to 42% being men) . These factors limit women's labour market experience and progression; the gender pay gap widens significantly after women have children.

Compared with 2022 the Trust headcount has increased by 72 in total, of which there are 44 more Administrative and Clerical and 21 more Nursing & Midwifery Registered Female staff in these roles.

<b>Staff Overview</b>	<b>Headcount</b>		<b>% in Band</b>	
<b>Staff Group</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>
Add Prof Scientific and Technic	167	66	72%	28%
Additional Clinical Services	263	120	69%	31%
Administrative and Clerical	573	234	71%	29%
Allied Health Professionals	42	8	84%	16%
Estates and Ancillary	2	33	6%	94%
Healthcare Scientists	33	22	60%	40%
Medical and Dental	157	185	46%	54%
Nursing and Midwifery Registered	375	77	83%	17%
Students	3	1	75%	25%
<b>Grand Total</b>	<b>1615</b>	<b>746</b>	<b>68%</b>	<b>32%</b>

**Table 1: Staff Group Breakdown AfC**

<b>Staff Overview</b>	<b>Headcount</b>		<b>% in Band</b>	
<b>Staff Group</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>
Consultant	63	100	39%	61%
Non-consultant career grade	71	60	54%	46%
Trainee grades	23	25	48%	52%
<b>Grand Total</b>	<b>157</b>	<b>185</b>	<b>46%</b>	<b>54%</b>

**Table 2: Staff Group Breakdown Medical**

2.2. Whilst women make up 68% of our workforce, they are overrepresented in the Lower, Lower Middle and Upper Middle pay quartiles and underrepresented in the Upper pay quartile. This has improved only slightly compared to 2022 but in role there are 15 more Females in the Upper pay quartile and 8 fewer Males resulting in an almost 2% shift in representation.

Quartile	Female	Male	Female %	Male %
0-25%	397	158	71.53	28.47
25%-50%	413	164	71.58	28.42
50%-75%	451	155	74.42	25.58
75%-100%	319	270	54.16	45.84

**Table 3: Gender by Pay Quartile**

### 3. Medical vs. Non-Medical Gender Pay Gap

3.1. When considering the data on a more granular level, it is clear that the main driver of the gender pay gap at MEH is the difference our consultant workforce makes on pay across the organisation.

Band Groupings	Female		Male		GPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean GPG	Median GPG
Band 1-4	£ 14.13	£ 14.35	£ 14.45	£ 14.35	2.21%	0.00%
Band 5-7	£ 22.91	£ 22.74	£ 23.34	£ 24.53	1.84%	7.30%
Bands 8-9	£ 34.81	£ 31.77	£ 35.64	£ 31.87	2.33%	0.31%
Medical Staffing	£ 37.80	£ 35.37	£ 41.87	£ 45.17	9.72%	21.70%

**Table 4: Medical vs. Non-Medical Gender Pay Gap**

3.2. Whilst the overall percentage comparison of men and women at a medical grade (54% and 46% respectively) has moved closer than in 2022, the split at consultant grade has remained at 60% and 40% in favour of men. In addition, the women in the medical grades form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 68% female). Consequently, their effect on female average pay is less than male consultant pay is on male average pay.

#### 4. Bonus Gender Pay Gap

- 4.1. The Bonus Gender Pay Gap is driven by the Clinical Excellence Awards (CEA's), which our medical consultants are eligible for and this has shown no change from 2022.
- 4.2. For the period 2022/2023 the Mean Bonus Gender Pay Gap showed an increase from 2.66% in 2022 to 7.13%. The median was 0%, consistent with that of 2022.
- 4.3. Since 2021/2022 the Trust has distributed the CEA's equally across all consultant colleagues. However, for the period 2022/2023 CEA's were pro-rated relative to colleagues' Full Time Equivalent (FTE) working patterns. This is the primary driver for the increase in the Mean Bonus Gender Pay Gap. For 2022/23 the full FTE value was £5013.48.
- 4.4. In the 2022/2023 period 13% of male colleagues received a bonus, compared with 4.46% of female colleagues. Compared with 2021/2022 this showed a small increase in female colleagues receiving the bonus and a slight reduction in male colleagues receiving the bonus.

#### 5. Ethnicity Pay Gap (EPG)

- 5.1. Whilst not required to report on it formally, the Trust continues our practice of analysing our pay data by ethnicity as well as gender.
- 5.2. The Mean EPG has increased from 13.20% in 2022 to 14.17% in 2023. The biggest increase in the EPG was in Bands 8–9 where it went from 7.28% to 9.93%.
- 5.3. Table 5 shows that EPG is primarily driven by pay at the AfC Bands 8-9 and within the Medical Staffing workforce. This reflects our underrepresentation rates for Black, Asian and Minority Ethnic (BME) colleagues within Band 7, and similarly at Bands 8c and above.

Band Groupings	BME		WHITE		EPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean EPG	Median EPG
Band 1-4	£ 14.35	£ 14.35	£ 14.49	£ 14.35	0.97%	0.00%
Band 5-7	£ 22.86	£ 22.87	£ 23.37	£ 24.53	2.18%	6.77%
Bands 8-9	£ 32.83	£ 31.71	£ 36.45	£ 32.50	9.93%	2.43%
Medical Staffing	£ 39.40	£ 40.60	£ 43.30	£ 47.69	9.01%	14.87%

**Table 5: Pay by Ethnicity, analysed by pay band groupings as of 31 March 2023**

- 5.4. In 2023, the mean bonus pay gap for our Black, Asian and Minority Ethnic colleagues was actually 5.89% in favour of BME colleagues compared with 14.17% in favour of White colleagues in 2022. This shows significant improvement. In addition, the imbalance of the Median Pay Rate was addressed and a 0% variance recorded.

Ethnicity	Mean Pay Value	Median Pay Rate
White	£ 4,167.86	£ 5,013.48
BME	£ 4,413.30	£ 5,013.48
EPG	-5.89%	0.00%

**Table 6: Bonus Pay by Ethnicity**

## 6. Benchmarking

6.1. Benchmarking data is not yet available for the Integrated Care System (ICS) of North Central London (NCL) since all trust have until 30<sup>th</sup> March 2024 to report their figures.

## 7. Recommendations

7.1. The recommendations below have been developed to assist specifically in closing the gap re both gender and ethnicity. It should be noted that this is a process that cannot achieve immediate corrective impact but rather a gradual reduction in the disparity. There are historical issues regarding representation within medical staffing and length of service, which will only be corrected over time.

Action	Lead
Introduce a Women's Staff Network Group to ensure challenges around succession and equality are given a suitable platform.	EDI Manager
Implement the recommendations within the "Mind the Gap" report	Medical HR
Following the successful launch of the first Career Sponsorship programme in 2023 the Trust will look to roll out further cohorts with the aspiration of enhancing the promotional opportunities for BME colleagues.	EDI Manager