

Manchester University NHS Foundation Trust

Gender Pay Gap Report 2019

1. Background

- 1.1. Manchester University NHS Foundation Trust (MFT) was established on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) to become one of the largest Foundation Trusts in England. MFT is responsible for running nine hospitals, across six separate sites, hosting Manchester and Trafford Local Care Organisation community services and employs over 22,000 people. This report is reflective of the organisations second year as a single organisation.
- 1.2. MFT is committed to advancing equality and diversity. Our equality, diversity and inclusion strategy 2019-2023, Diversity Matters, sets out our ambition to be the best place for patient safety, quality and experience and the best place to work. Our aims are:
 - Improved patient access, safety and experience
 - A representative and supported workforce
 - Inclusive leadership

2. Introduction

- 2.1. This report sets out MFT's Gender Pay Gap data, provides analysis of the data and explains the actions being undertaken to address the gap. The key theme from the gender pay gap is the profile of MFT has proportionately more men in the top quartile of its workforce. This imbalance in the workforce profile is significant with 32% of the top quartile being men compared to an overall workforce of 19.8%. This challenge is reflected in the wider NHS, with the overall gender pay gap in the NHS at 23%, with significant variance across the sector. In general practice the gap is 33% and in the acute sector the Queen Victoria Hospital NHS foundation trust in West Sussex reported the highest pay gap of almost 40%.¹ Despite this wider national context MFT believes it can make positive changes to ensure that men and women in MFT receive equal and fair treatment.
- 2.2. This report includes:
 - An overview of gender pay gap reporting requirements.

¹ <https://www.theguardian.com/society/2019/apr/03/nhs-trusts-gender-pay-gap-public-sector>

- Definitions of gender pay gap.
- MFT's gender pay gap data.
- Sets out MFT's response and priority actions

3. Overview of Gender Pay Gap reporting requirements.

3.1. The Equality Act 2010 (Gender Pay Gap) Information Regulation 2017 came into force on 6th April 2017. This requires employers with 250 or more employees to report annually on the gap in pay between men and women in their organisation. Public sector organisations must publish their gender pay information by the 31st March each year using pay data from a snapshot a year before the reporting deadline. The data in this report is reflective of a snapshot taken in 2019. The data provided includes all MFT and MFT staff who are on Retention of Employment (RoE) contracts with MFT who are managed by Sodexo. The data includes Medical and Dental Consultants local and national clinical excellence awards.

3.2. There are six calculations that an organisation is required to publish, which are outlined in table 1 below.

Table 1: Gender Pay Gap reporting requirements.	
Mean gender pay gap.	The difference between the average of men's and women's hourly pay.
Median gender pay gap.	The difference between the midpoints in the ranges of men's and women's pay. All salaries in the sample are lined up separately for men and women in order from lowest to highest, and the middle salary is used. The figure is the difference of these two middle points.
Mean bonus gender pay gap.	The difference between the mean bonus payments made to relevant male employees and that paid to female relevant employees. For MFT this refers to local and national clinical excellence awards.
Median bonus gender pay gap.	The difference between the median bonus payments made to relevant male employees and that paid to female relevant employees. For MFT this refers to local and national clinical excellence awards.
Proportion of males and females receiving a bonus.	The proportions of relevant male and female employees who were paid a bonus payment. For MFT this refers to local and national clinical excellence awards.
Proportion of males and females in each quartile band.	The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper quartile pay bands.

4. Definition of Gender Pay Gap

- 4.1. The gender pay gap shows the differences in the average pay between men and women working in the same organisation albeit in different jobs. It is calculated between the mean (average) and the median (the median value of a range of values) earnings of men and women expressed as a percentage of men's earnings e.g. women earn 15% more or less than men.
- 4.2. The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. Equal pay has been a statutory entitlement since 1970, when the Equal Pay Act came into force. The Agenda for Change pay system was introduced in October 2004 to ensure that pay in the NHS was consistent with the requirements of equal pay law.
- 4.3. The gender pay gap highlights any imbalance of average pay across an organisation. For example, if an organisation's workforce is predominantly female yet the majority of senior positions are held by men, the average female salary would be lower than the average male salary. This reflects the Nuffield Trust analysis of the overall gender pay gap in the NHS, 'analysis by staff group has also shown that, while the pay gap for the 88% of staff covered by the Agenda for Change pay system is 3.9% in favour of women, the overall pay gap for all staff is partly driven by consultant and other non-Agenda for Change staff groups, which are generally more highly paid and dominated by men.'²

5. MFT's Gender Pay Gap Data

- 5.1. MFT's gender pay gap data is set out in table 2 below for the calculations that an organisation is required to publish. Table 2 also compares the data from MFT's Gender Pay Gap report from March 2018, with March 2019:

Table 2: MFT's gender pay gap data.		
	MFT 2018	MFT 2019
Mean gender pay gap.	27.24%	27.99%
Median gender pay gap.	9.72%	13.62%
Mean bonus gender pay gap.	28.49%	29.50%
Median bonus gender pay gap.	33.33%	33.33%
Proportion of males and	Male – 6.63%	Male – 5.37%

² <https://www.nuffieldtrust.org.uk/news-item/the-gender-pay-gap-in-the-english-nhs#what-next>

females receiving a bonus.	Female – 0.80%	Female - 0.64%
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5.1.1. Analysis of MFT’s gender pay gap identifies a difference in the mean and median pay gap. When there is a significant difference between a mean and medium it indicates that something is skewing the data, in gender pay terms this can mean a small number of higher paid men or women. At MFT we can see a higher proportion of men in the upper pay quartile, 32% male, compared to the other three quartiles and significantly higher than the Trust overall demographic of 80.1% female and 19.8% male. This imbalance can be explained by the fact that the top pay quartile (quartile 1), as shown below, includes the medical workforce which contains a significantly higher proportion of men. Male consultants make up over 61.6% of the consultant workforce (in contrast to other parts of the workforce). Table 3 below sets out the gender profile of different parts of MFT’s workforce, it is notable that at band 5, 87.6% of the workforce is female.

5.1.2. MFT’s data has not changed significantly from last year but it is worth noting that the female representation has decreased by 1% in the Upper Quartile this year compared to the previous year. This correlates with the overall slight increase in the mean (0.75%) and median (3.9%) pay gap.

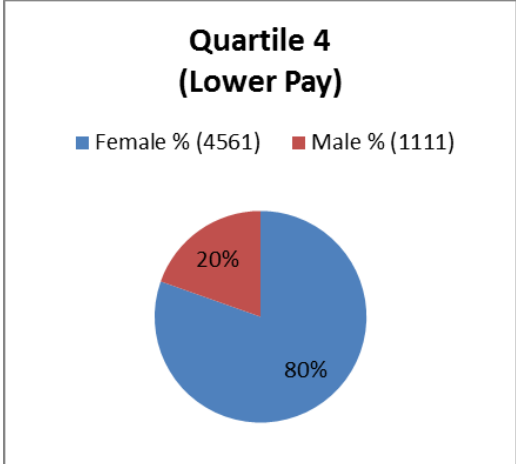
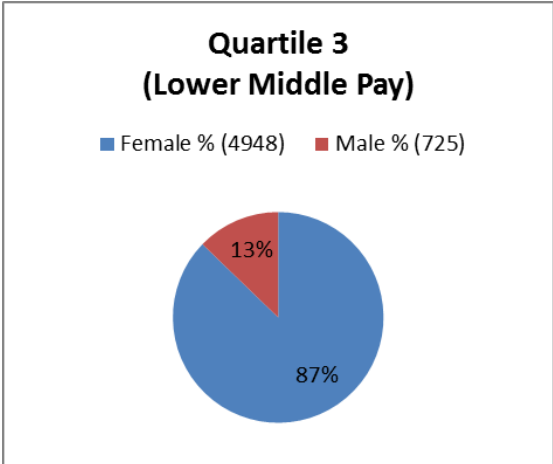
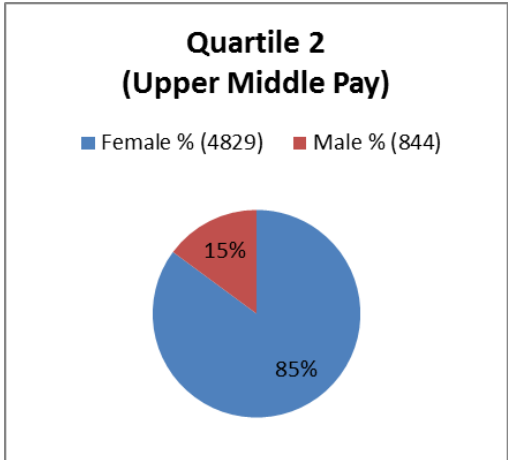
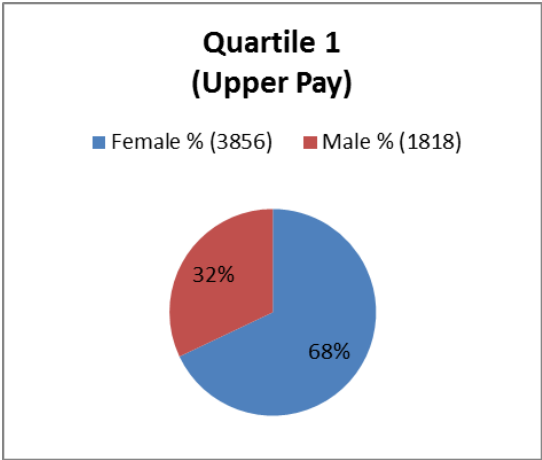


Table 3: MFT's Percentage of Females in Workforce		
	2018	2019
The Workforce	79.6% (16,591)	80.1% (18,194)
Band 5	87.5% (3,732)	87.6% (3,942)
Band 9	59.3% (16)	61.3% (19)
Consultants	38.8% (416)	38.4% (455)
Trust Grade/Staff Doctor	44.5% (332)	48.0% (370)
Trainee Doctor	57.7% (97)	58.9% (107)

6. Impact of the Medical and Dental Workforce on MFT's Gender Pay Gap

- 6.1. To explore the impact of the medical and dental workforce on the gender pay gap analysis has been undertaken removing the medical and dental workforce from the data set. MFT's gender pay gap data excluding the medical and dental workforce is set out in table 4. Without the medical and dental workforce we can see that the mean gender pay gap drops from 27.99% to 5.10%.

Table 4: MFT's Gender Pay Gap excluding the medical and dental workforce.		
	MFT	MFT Excluding Medical and Dental Workforce
Mean gender pay gap.	27.99%	5.10%
Median gender pay gap.	13.62%	-2.79%

- 6.2. The national 'Gender Pay Gap in Medicine Review'³ led by Professor Dame Jane Dacre undertaken in 2019 identified that two out of three consultants were male; however two thirds of doctors in training grades are women. In addition, the report found that women nationally were over represented in lower paid specialties such as public and occupational health and underrepresented in highest paying specialties such as urology and surgery.

7. MFT Response

- 7.1. MFT applies the national NHS pay frameworks of Agenda for Change (AfC) and conditions for medical & dental staff. This means that job descriptions are evaluated using the national job evaluation system to determine appropriate pay bandings and assure equal pay for equal roles. This system reduces the risk of any equal pay issues arising.

³ <https://www.gov.uk/government/news/new-data-on-gender-pay-gap-in-medicine>

- 7.2. The mean gender pay gap has increased by 0.75% from last year. Whilst this is not a significant change, it is worth noting that it is across medical and non-medical pay gap, it reflects a slight change in the workforce profile.
- 7.3. There is a 4% increase in the median pay gap. This is because The Trust uses fixed AfC increments, the median average will move up or down as the majority of staff moves from one increment to another. This explains why there is a greater percentage change in the median compared to the mean. As the Trust adopts AfC increments, where there are less incremental steps a greater variance becomes more likely for a difference between the mean and median averages.
- 7.4. There has been a 1% increase in the mean bonus pay gap. This is because there are more men receiving a higher bonus compared to women. There has been an increase of the average bonus being received by men of £371 rather than a significant decrease in the female average bonus being received. Bonus pay refers to local and national clinical excellence awards. Prior to 2018 local clinical excellence awards were received as cash indefinitely in salaries. As historically there were more men receiving these awards, the gender bonus pay gap continues to show the impact of this.
- 7.5. Proportion of males and females receiving a bonus metric is calculated from the whole workforce not just the eligible medical and dental workforce and there has been a slight decrease in both male and female receiving a bonus pay award. This is because the non-medical and dental workforce has increased.
- 7.6. The mean and median gender pay gaps excluding the medical workforce are 5.10% and -2.79% respectively. The Mean Average highlights a gender pay gap because this includes a small number of highly paid men which increases the figure overall. When using the Median Average the effect of these individuals is removed as outliers and the average salary drops resulting in a negative pay gap in favour of women.

8. Local Clinical Excellence Awards

- 8.1. In response to the gender pay data, further analysis that showed females were less likely to apply for local clinical excellence awards. As part of the major review of the implementation of Local CEAs across MFT, the team made significant changes to the awards process. The review was led by Miss Toli Onon, Joint Group Medical Director. The team consulted with consultants in engagement session across the Trust. The engagement sessions were led by the Associate Medical Director and the Associate Director of Wellbeing, Inclusion and Community.
- 8.2. Key themes from the consultation were shared with CEA review team and changes were made to the programme. Changes included: offering training to colleagues on how to complete the form; a FAQ to de-bust myths that had been highlighted in the engagement events; clear communications from the medical

leadership; a new category building on rewarding colleagues for work on the Trust values and a new electronic portal to make the application process easier for staff.

- 8.3. The 2018/19 LCEA's were concluded in July 2019 and the payments have been made to the successful candidates.

Table 5: Analysis of the applications and success rate for CEA by Gender for the 2018/19 awards				
Gender	% of applications	% successful applicants	% unsuccessful applicants	% of consultant workforce
Male	57.5 (195)	56.9 (144)	59.3 (51)	61%
Female	41.9 (142)	42.3 (107)	40.7 (41.9)	39%
I do not wish to disclose this	0.6 (2)	0.8 (2)	0.0 (0)	0
Total	100.0 (339)	100.0 (253)	100.0 (86)	100%

- 8.4. The data indicates that male candidates were slightly less likely to apply and be successful compared to their representation in the workforce. Females were slightly more likely to apply and be successful than their representation in the workforce. The success rate of women was 75.35% compared to men at 73.84%.

- 8.5. It should be noted that the impact of this work does not appear in the 2019 Gender Pay Report, as the rewards will be received by the successful candidates after the data capture window set out in the government guidelines.

- 8.6. The 2019/20 LCEs were concluded in February 2019 and the payments will be made to the successful candidates in March 2020. The analysis of the second round of CEA's will take place in February/March 2020 and results shared as part the MFT annual report for Local Clinical Excellence Awards.

9. Next Steps & Actions

- 9.1. As any imbalances in pay, are partly a reflection of the workforce profile the 'Diversity Matters,' strategy implementation is critical to creating a fairer more inclusive MFT.
- 9.2. The Trust continues to track the process and impact of the local clinical excellence awards to ensure that the awards are accessible and open to all consultants. It should be noted that the national pay awards, which have a substantial remuneration reward, the process sits outside of MFT's control,

however discussions are taking place on how the work on local CEA's in encouraging more female consultants to apply for awards can support more females consultants from MFT to apply for the national awards.

- 9.3. As part of the Trust's talent mapping process MFT will undertake a pay review across its leadership teams, using 31st March 2020 data. This review will be used to inform how the Trust builds its approach to inclusively developing and supporting talent.
- 9.4. The Trust will continue to build its attraction strategy so that it promotes a more diverse workforce and providing strong visual role models to encourage under-represented groups into workforce for example encouraging more men into nursing.