

Gender Pay Gap Report

As of the 31st March 2022



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

GENDER PAY GAP REPORT – 31 MARCH 2022

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1. INTRODUCTION

The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people Aneurin Bevan University Health Board must publish and report specific information about our gender pay gap on our own and Welsh Government's website.

The regulations state that the Gender Pay Gap Information should be provided as a snapshot on 31 March each year and published before the following March.

It is important to recognise and understand that the Gender Pay Gap differs Equal Pay. Equal Pay means that all staff, performing 'equal work' or broadly similar work rated as "of equivalent value" by a job evaluation study should receive equal pay. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change Job Evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without reference to gender or any other protected characteristic so equal pay is assured.

Gender pay gap reporting is a valuable tool for the Health Board not only in terms of compliance but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

The Gender Pay Gap report focuses on comparing the pay of male and female employees and shows the difference in average earnings.

2. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. It has been broken down into Agenda for Change (which reflects 94% of the workforce) and non-Agenda for Change (which reflects 6% of the workforce). The non-agenda for change group which includes Medical, Dental and Senior Manager salaries reflects the highest paid positions within the Health Board. If the report only showed the data for both groups combined, the averages in mean and median pay would not reflect the pay gaps in the two groups proportionally and provide the information needed to develop initiatives to close gaps.

At the end of this report, data is combined for the Agenda for Change and non-Agenda for Change for clarity.

Key Reporting Metrics:

Mean Gender Pay Gap in hourly pay

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

Median Gender Pay Gap in hourly pay

The median hourly rate is calculated by 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 each range.

Proportion of males and females in each pay quartile

Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of men and women in each of the four parts.

This report does not look at whether there are differences in pay for men and women in equivalent post, or WTE at the size of the role. This means that the results will be impacted by differences in the gender composition across groups and job grades.

Gender pay reporting and gender identity

Current Advisory, Conciliation and Arbitration Service (ACAS) and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e., transgender or non-binary employees and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender. Regulations do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided as the means for determining male and female employees.

3. AGENDA FOR CHANGE PAY DATA



Agenda for Change (AfC) is the current NHS job evaluation, grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.

The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

A set of national job profiles has been agreed to assist in the process of matching posts to pay bands. All staff will either be matched to a national job profile, or their job will be evaluated locally.

AfC is designed to evaluate the job rather than the person within it, and to ensure equity between similar posts in different areas.

As of 31 March 2022, the Health Board employed A4C: 11,335 (9,391.15 FTE) women and 2,211 (2,058.23 FTE) men therefore 83.68% of the workforce were female (total: 13,546; 11,449 FTE)

	Female: 83% (11,335)		Male: 16% (2,211)
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Gender	People	FTE	People	FTE
Female	11,335	9,391.15	83.68%	82.02%
Male	2,211	2,058.23	16.32%	17.98%
Grand Total	13,546	11,449.38		

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£15.60	£17.52
Female	£15.19	£14.24
Difference	£0.41	£3.28
Pay Gap %	2.70%	18.72%

Mean Gender Pay Gap = 2.70%; Median Gender Pay Gap = 18.72%

The average is calculated over different numbers of employees, we employ 9,124 more female employees than male therefore this will account for some of the variance.

Women's mean hourly rate is 2.70% lower than men. In other words when comparing mean hourly rates, women are paid 97p for every £1 that men are paid.

Women's median hourly rate is 18.72% lower than men. In other words when comparing median hourly rates, women are paid 81p for every £1 that men get paid.



No bonus payments (as part of terms and conditions) were made therefore, there is no mean or median bonus gender pay gap to report.

Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and describes the percentage of men and women in each.



Quartile	Female	Male	Female %	Male %
1	3,107	682	82.00	18.00
2	3,218	586	84.60	15.40
3	4,412	729	85.82	14.18
4	598	214	73.65	26.35

Quartile 1: Lower quartile (lowest paid)

	82.00% (3,107)		18.00% (682)
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18.00% of the lower quartile are men

Quartile 2: Lower middle quartile

	84.60% (3,218)		15.40% (586)
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15.40% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	85.82% (4,412)		14.18% (729)
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14.18% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)



	73.65% (598)		26.35% (214)
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26.35% of the top quartile are men



The highest variances are in the upper quartile.

55.80% (6,325) of females were in roles within the lower and lower middle quartiles and 44.20% (5,010) in the upper middle and upper pay quartiles. This compares with 57.35% (1,268) males in the lower and lower middle quartiles and 42.65% (943) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	83.30% (6,325)		16.70% (1,268)
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Upper Middle and Upper Pay Quartiles

	84.16% (5,010)		15.84% (943)
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Gender Pay Gap by Pay Band

The table below shows the ratios of male to female staff across the pay bands.

Pay Band	Female	Male
Band 1	83.33%	16.67%
Band 2	82.27%	17.73%
Band 3	82.58%	17.42%
Band 4	86.68%	13.32%
Band 5	86.18%	13.82%
Band 6	85.62%	14.38%
Band 7	83.44%	16.56%
Band 8a	74.94%	25.06%
Band 8b	73.50%	26.50%
Band 8c	76.80%	23.20%
Band 8d	65.31%	34.69%
Band 9	56.52%	43.48%
Grand Total	83.68%	16.32%

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5



Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

4. NON-AGENDA FOR CHANGE PAY DATA

The data below refers to roles in the Health Board such as doctors, consultants, dentists, apprentices and Senior Managers roles. This would include members of the Executive Committee.

As of 31 March 2022, the Health Board's Non-Agenda for Change staff (Medical and Dental and Health Committee/Board) breakdown was 410 (357.82 FTE) women and 503 (466.98 FTE) men therefore 44.90% of the workforce was female.

	44.90% (410)		55.10% (503)
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Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£139.32	£96.61
Female	£133.57	£61.34
Difference	£5.75	£35.27
Pay Gap %	4.13%	36.51%

Mean Gender Pay Gap = 4.13%, Median Gender Pay Gap = 36.51%

The average is calculated over different numbers of employees, we employ 93 more male employees than female.

Women's mean hourly rate is 4.13% lower than men's. In other words when comparing mean hourly rates, women are paid 96p for every £1 that men get paid.

Women's median hourly rate is 36.51% lower than men's. In other words when comparing median hourly rates, women are paid 63.5p for every £1 that men get paid.



No bonus payments were made therefore, there is no mean or median bonus gender pay gap to report.

Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of men and women in each.



Quartile	Female	Male	Female %	Male %
1	99	128	43.61	56.39
2	33	20	62.26	37.74
3	42	49	46.15	53.85
4	236	306	43.54	56.46

Quartile 1: Lower quartile (lowest paid)

	43.61% (99)		56.39% (128)
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56.39% of the lower quartile are men

Quartile 2: Lower middle quartile

	62.26% (33)		37.74% (20)
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37.74% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	46.15% (42)		53.85% (49)
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53.85% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)



	43.54% (236)		56.46% (306)
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56.46% of the top quartile are men



The highest variances are in the lower middle.

32.20% (132) of females were in roles within the lower and lower middle quartiles and 67.80% (278) in the upper middle and upper pay quartiles. This compares with 29.42% (148) males in the lower and lower middle quartiles and 70.58% (355) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	47.14% (132)		52.86% (148)
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Upper Middle and Upper Pay Quartiles

	43.92% (278)		56.08% (355)
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Gender Pay Gap by Pay Band

The table below shows the ratios of male to female staff across the job roles.

Roles	Female	Male
Board/ Executives	50.00%	50.00%
Other Grade Drs Total	43.01%	56.48%
Consultant	44.26%	55.53%
Dental Grade	79.17%	20.83%

5. COMBINATION OF AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE

As of 31 March 2022, the Health Board employed 11,745 (9,748.97 FTE) women and 2,714 (2,525.21 FTE) men therefore 81.23% of the workforce was female.

	Female: 81.23% (11,745)		Male: 18.77% (2,714)
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Gender	People	FTE	People	FTE
Female	11,745	9,748.97	81.23%	79.43%
Male	2,714	2,525.21	18.77%	20.57%
Grand Total	14,459	12,274.18		

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£38.55	£48.06
Female	£19.36	£33.09
Difference	£19.18	£14.97
Pay Gap %	99.16%	31.15%

Mean Gender Pay Gap = 99.16% Median Gender Pay Gap = 31.15%



The average is calculated over different numbers of employees, we employ 9,031 more female employees than male therefore, this will account for some of the variance.

Women's mean hourly rate is 99.16% lower than men's. In other words when comparing mean hourly rates, women are paid 50p for every £1 that men get paid.

Women's median hourly rate is 31.15% lower than men's. In other words when comparing median hourly rates, women are paid 69p for every £1 that men get paid.

Impact of combined data

When we look at the combined data, we need to recognise the impact of joining both data sets together as we can miss the impact of having proportionally more men in higher paid positions and the impact that this has on overall data and averages.

	AfC 96.51% (11,335)	Non- AfC 3.49% (410)
	AfC 81.47% (2,211)	Non- AfC 18.53% (503)

6. PROGRESS ON CLOSING THE GENDER PAY GAP

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

7. NEXT STEPS

The Health Board has several key documents that identify the important of fair recruitment, staff wellbeing and equity. These include our People Plan, our current Strategic Equality Plan 2020-2024 and our Integrated Medium-Term

Plan. These strategic documents outline the Health Board's plans for addressing our pay gaps and pay differences.

We will consider how to improve and promote by:

- Using data in Pulse surveys, staff wellbeing and the NHS staff survey to identify areas of support needed such as work-life balance needs, career progression and training opportunities to ensure staff have all the opportunities to develop and progress in the Health Board.
- Raising awareness of shared parental leave and other work-life balance options. Improving attitudes to flexible working and part time working across a wider range of roles.
- Exploring data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Exploring how to increase recruitment in underrepresented areas through widening access schemes, including exploring options for improving recruitment training for managers.
- Looking at ensuring leadership and personal development opportunities are not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- Providing active bystander training as part of recruitment training for managers.
- Continuing and grow menopause support for staff, recognising the impact menopause can have on personal development and staff retention.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprentices, and mentoring.

8. CONCLUSION

Over the past 2-3 years, the Health Board has not seen a significant improvement in its pay gap, which has remained around the 20-22% mark. For this we have to acknowledge the impact that Covid-19 has had on our workforce. In addition, we are now seeing emerging evidence that the cost-of-living situation is impacting on our workforce as staff are leaving the NHS to work in other sectors.

In the Health Board we have approximately 300 nurse vacancies which we know has a predominately higher female uptake. These vacancies have a significant impact on our workforce data.

This report highlights the disproportionate imbalance of pay for men in non-Agenda for Change roles relative to women.

Also worth noting, at this current time, is that the Health Board no longer employs junior doctors. They are now employed by NHS Wales Shared Services to facilitate their rotational training across NHS Wales.

In recent years there has been more female junior doctors coming through training. The impact of this is that we should start to see a greater balance of genders in medical and dental roles over the next 10 years. This should then address the imbalance we currently see in the pay gap across all roles in the NHS.

Gender pay is prioritised and included in the Health Boards Strategic Equality Objectives (SEP) for 2020-2024, and will continue to be included in the future SEP.

Aneurin Bevan University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our gender pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.