

**Humber and North Yorkshire Integrated Care Board**

**Workforce Race Equality Standard (WRES)**

**Workforce Disability Equality Standard (WDES)**

**Reporting Period - 2023 to 2024**

**Gender Pay Gap Report**

**Reporting Period - 2022 to 2023**

# INTRODUCTION

The Equality Report provides an update to Board Members on the ICB’s progress with regards to the following NHS England equality standards:

* Workforce Race Equality Standard (WRES)
* Workforce Disability Equality Standard (WDES)
* Gender Pay Gap Report

## 1.0 WORKFORCE RACE EQUALITY STANDARD (WRES) and WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

The main objectives of the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) are to:

* Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.
* Produce action plans to close the gaps in workplace experience between relevant groups of staff, and
* Improve representation of BME / Disabled people across all levels of the organisation, including Board level representation.

The WRES comprises nine indicators and is mandated by NHS England. The WDES comprises 10 indicators and it came into force on 1 April 2019. Mandatory reporting on WDES was restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. It currently not a requirement for ICBs to report their WRES and WDES data with NHS England. However, the NHSE Assurance Team does require us to report this data online.

The indicators of both standards are intended to highlight and reflect:

* The overall representation of BME and disabled staff in the ICB, across the pay structure.
* The relative likelihood of BME and disabled candidates being shortlisted and appointed.
* Relative likelihood of BME or disabled staff entering the formal disciplinary process.
* Uptake of non-mandatory training.
* Staff experience of bullying and harassment.
* Staff experience of whether the organisation provides equal opportunities and value their work, and
* For the WDES the extent to which disabled staff feel reasonable adjustments are made
* Board representation.

Both sets of indicators highlight any differences between the experience and treatment of BME and disabled staff and candidates in the ICB, with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

The ICB will need to give consideration to how such data is published and what conclusions are drawn due to the small numbers of staff which could breach data protection. The number of staff reporting as BME or Disabled on ESR in some instances would be so small (5 or less) that the ICB believes it would be possible to identify individuals as a result of publication, therefore this information would be redacted prior to wider circulation.

## GENDER PAY GAP

Gender Pay Gap legislation requires all NHS organisations with 250 or more employees on the 'snap shot date' (the 31st March each year) to report and publish gender pay gap information within a year of the snapshot date. This forms part of the organisation's public sector equality duty under the Equality Act 2010. The Equality and Human Rights Commission has the power to enforce any failure to comply with the regulations.

An action plan to address issues highlighted by the data gathered for the WRES, WDES and Gender Pay Gap Report is required and this is given at Appendix 1 as part of the combined Equality and Diversity Action Plan.

# 4.0 WRES REPORTING

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions and one indicator focuses upon BME representation on Boards. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the ICB with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

The WRES defines BME based on ethnic categories defined Office of National Statistics (ONS) and used in the 2011 Census. BME excludes A, B, C and Z in the table below. The category C ‘Any other white background’ contains minority groups including white European.

|  |
| --- |
| A – White -British  |
| B – White -Irish  |
| C – Any other white background  |
| D – Mixed White and Black Caribbean  |
| E – Mixed White and Black African  |
| F – Mixed White and Asian  |
| G – Any other mixed background  |
| H – Asian or Asian British -Indian  |
| J – Asian or Asian British -Pakistani  |
| K – Asian or Asian British - Bangladeshi  |
| L – Any other Asian background  |
| M – Black or Black British -Caribbean  |
| N – Black or Black British -African  |
| P – Any other Black background  |
| R – Chinese  |
| S – Any other ethnic group  |
| Z – not stated  |

## 4.1 WRES REPORT IN FULL

**General**

|  |
| --- |
| Total number of workforce on 31 March 2024 with Overall workforce: Does not include bank and locum staff, staff in post who are on long-term secondment from an external organisation, or sabbatical, students on placement and staff employed by contractors |
| Total number staff in the overall workforce | 840 |
| Total number of BME staff | Number is 24 =2.9% |
| Total number of White staff  | Number is 583 = 69.4% |
| % Unknown | Number is 233 = 27.7% |
| % of BME Staff in the overall workforce  | 2.86% |

When the report was last run for the 2022 to 2023 reporting period, the % of BME staff in the overall workforce was 2.79%, demonstrating that there has been a very marginal increase.

The first four metrics compare the data for white and BME staff.

**Metric 1**

|  |  |
| --- | --- |
| Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated where possible by: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.(This has been calculated for the whole employed workforce, not including bank staff or contractors).  |  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pay Band / Pay Grade Code**  | **Pay Grade Code Guidance** | **No.BME Per Pay Grade**  | **No staff in banding in total**  | **% BME Per Pay Grade** |
| 1 |   | 0 | <5 | 0% |
| 2 |   | <5 | <5 | 25% |
| 3 |   | <5 | 62 | 3.2% |
| 4 |   | <5 | 57 | 1.8% |
| 5 |   | <5 | 91 | 2.2% |
| 6 |   | <5 | 134 | 1.5% |
| 7 |   | 7 | 144 | 4.9% |
| 8a |   | 0 | 111 | 0% |
| 8b |   | <5 | 66 | 1.5% |
| 8c |   | <5 | 52 | 1.9% |
| 8d |   | 0 | 42 | 0% |
| 9 |   | 0 | 8 | 0% |
| Medical and consultant | None   | 0 | 0 | 0% |
| VSM |   | <5 | 25 | 4% |
| MQ00 | Clinical roles only  | <5 | 12 | 16.7% |
| MQ00 | Non - clinical roles  | <5 | 11 | 9.1% |
| SQ00  | Clinical roles only  | 0 | <5 | 0% |
| SQ00  | Non - clinical roles only  | 0 | 15 | 0% |
| WQ00 | None  | 0 | 0 | 0% |

 |

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

**Metric 2**

**Total application 1st April 2023 to 31st March 24**

|  |
| --- |
| Relative likelihood of staff being appointed from shortlisting across all posts *As the data of NHS jobs shortlist to appointment made was not available on ESR, this metric was calculated to the point of conditional offer being made on NHS Jobs.* |
|  | **No. BME** | **No. white staff** |
| Shortlisted | 173 | 566 |
| Conditional Offer Made  | 49 | 245 |
| Relative likelihood | 0.28 | 0.43 |
| Relative likelihood of white staff being conditionally offered a role from shortlisted staff compared to BME staff (0.43/0.28) is 1.54 times more.  |

Note: This refers to both external and internal posts.

**Metric 3**

|  |
| --- |
| Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. |
|  | **No. BME** | **No. White**  | **No. Not Known** |
| **Overall Number of Staff in the Workforce**  | **24** | **583** | **227** |
| Number of staff entering capability procedure | 0 | 0 | 0.008% |
| Relative likelihood | 0 |  |

Note: Data should be taken at year end.

**Metric 4**

|  |
| --- |
| Relative likelihood of staff accessing non – mandatory training and CPD *This has been calculated as the % BME and % White accessing CPD of overall known approved / accessed non mandatory training and CPD rather than relative likelihood. This is due to incomplete data to be able to calculate relative likelihood.* |
|  | **No. BME** | **No. White**  | **Not known**  |
|  | 2.5%  | 72.%  | 25.5% |

**Staff Survey Results**

**General**

|  |  |
| --- | --- |
| Total number and % of responses to the NHS Staff Survey in your organisation *A pulse survey was undertaken, with a total of 87 respondents.*  | 10.4% |
| Total number and % of BME staff responses to the NHS Staff Survey in your organisation | 8.1% |

**Metric 5-8 Staff Survey Q13a,b and c, Q14 and Q15 b**

A pulse survey was undertaken, with a total of 87 respondents, 7 of whom where BAME and 80 were white. This equates to 8.05% of respondents being BAME.

|  |  |  |
| --- | --- | --- |
| **WRES 5 (13a)** Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months  | **% BME**14.2%  | **% white**16.3% |
| **WRES 6 (13 b/c)** Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from staff in the last 12 months  | 43.0%  | 19.4% |
| **WRES 7 (Q14)** Percentage believing that trust provides equal opportunities for career progression or promotion. | 14.3% | 23.0% |
| **WRES 8 (Q15b)** In the last 12 months have you personally experienced discrimination at work from any of the following? (b) Manager/team leader or other colleagues | 14.3%  | 11.3% |

**Metric 9 ICB Board**

|  |
| --- |
| - Compare the difference for white and BME staff: Percentage difference between (i) the organisations’ Board voting membership and its overall workforce and (ii) the organisations’ Board executive membership and its overall workforce |
|  |
| % BME in Overall Workforce= | 1. **2.9%**
 |  |
| % BME voting membership of the Board = | **b) 0** | % difference between a) and b) = - 2.9% |
| % BME Executive and non- exec membership of the Board = | 1. **0**
 | % difference between a) and c) = -2.9% |

Of the voting membership, 5 are on honorary contracts and 2 do not have assignments registered on ESR, so would not be included in this calculation as they are not employees. Of those within the scope to be included as they do have an employment contract and are voting members (8 in total) 4 have not disclosed their ethnicity.

# WDES REPORTING

There are ten WDES metrics focusing on:

* Workforce data: representation across pay bands, likelihood of appointment from short-listing and likelihood of entering formal capability procedures
* Five are based on questions from the national NHS Staff Survey, these map to WRES indicator plus the following
	+ Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
	+ Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
	+ Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
	+ Percentage of Disabled staff saying that their employer has made adequate
	+ adjustment(s) to enable them to carry out their work.
	+ The staff engagement score for Disabled staff, compared to non-disabled staff.
	+ Whether disabled staff feel the organisation has taken action to facilitate the voices of Disabled staff in your organisation to be heard?
	+ Disability representation on boards

## 5.1 WDES REPORT IN FULL

**General**

|  |
| --- |
| Total number of staff employed within the organisation on 31 March 2024 with Overall percentage of staff in the following groups: |
| Total number staff | 840 |
| % Disabled staff |  4.6% |
| % Non-disabled staff |  59% |
| % Unknown/Null | 36.1% |
| % Other | 0 |
| % Prefer not to say  | 0.83% |

**Metric 1**

|  |  |
| --- | --- |
| Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members but not including Non Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff. |  |
|  | **% disabled** | **% non-disabled** | **Not declared** |
| Cluster 1: AfC Band 1, 2, 3 and 4  | 5.6% | 68% | 26.4% |
| Cluster 2: AfC Band 5, 6 and 7  | 3.52% | 57% | 39.5% |
| Cluster 3: AfC Band 8a and 8b | 6.24% | 58.8% | 35% |
| Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) | 5.48% | 58.22% | 36.3% |
| Cluster 5: Medical and Dental staff, Consultants | Nil | Nil  | Nil |
| Cluster 6: Medical and Dental staff, Non-consultant career grade | 0  | 30.43% | 69.57% |
| Cluster 7: Medical and Dental staff, Medical and dental trainee grades | Nil | Nil  | Nil |

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

**Metric 2**

**Total application 1st April 2023 to 31st March 24 793**

|  |
| --- |
| Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. *As the data of NHS jobs shortlist to appointment made was not available on ESR, this metric was calculated to the point of conditional offer being made on NHS Jobs.* |
|  | **No. disabled** | **No. non-disabled** |
| Shortlisted | 56 | 672 |
| Conditional Offer Made  | 21 | 266 |
| Relative likelihood | 0.38% | 0.40% |
| Relative likelihood of disabled staff being given a conditional offer from shortlisted applicants compared to non - disabled staff is 1.05 (0.40/0.38). This indicates that there is no difference: i.e. disabled applicants are equally as likely of being given a conditional offer from shortlisting as non- disabled applicants.  |

Note: This refers to both external and internal posts.

**Metric 3**

|  |
| --- |
| Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure *(formal performance management process).* |
|  | **No. disabled** | **No. non-disabled** | **No. unknown** |
| Number of staff | 39 | 491 | 310 |
| Number of staff entering capability procedure | 0 | 0 | <5 |
| Likelihood  | 0 | 0 | 0.003 |
| Relative likelihood of disabled staff compared with non- disabled staff  | 0 |  |

Note: This Metric will be based on data from a two-year rolling average of the current year and the previous year. This metric applies to capability on the grounds of performance only and not ill health. *This data is gathered from 1st July 2022 from the start of HNYICB to 31st March 2024*

**Staff Survey Results**

**General**

|  |  |
| --- | --- |
| Total number and % of responses to the NHS Staff Survey in your organisation *A pulse survey was undertaken, with a total of 87 respondents.* | 10.34% |
| Total number and % of Disabled staff responses to the NHS Staff Survey in your organisation | 28.7% |

**Metric 4 Staff Survey Q13**

|  |
| --- |
| a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: |
|  | **% disabled** | **% non-disabled** |
| i. Patients/service users, their relatives or other members of the public | 16% |  16% |
| ii. Managers | 16% |  17.7% |
| iii. Other colleagues |  32% | 22.6% |

|  |
| --- |
| b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it: |
|  | **% disabled** | **% non-disabled** |
|  | 8% | 8.1% |

**Metric 5 Staff Survey Q15**

|  |
| --- |
| Percentage of Disabled staff compared to non-disabled staff believing that the ICB provides equal opportunities for career progression or promotion.  |
|  | **% disabled** | **% non-disabled** |
|  | 25% | 25.8% |

**Metric 6 Staff Survey Q11e**

|  |
| --- |
| Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. |
|  | **% disabled** | **% non-disabled** |
|  | 12% | 6.5% |

The following NHS Staff Survey Metric only includes the responses of Disabled staff

**Metric 7 Staff Survey Q4b**

|  |  |
| --- | --- |
| Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. *Responses of satisfaction include both 'to some extend' and 'yes definitely'.*  | 40% disabled compared with 35.5% not disabled  |

**Metric 8 Staff Survey Q30b**

|  |  |
| --- | --- |
| Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. | 56% adjustments made24% adjustments not made20% did not require an adjustment  |

**Metric 9**

|  |
| --- |
| a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation made up of responses from Q2a, Q2b, Q2c, Q3c,Q3d, Q3f, Q23a,Q23c and Q23d of the staff survey) |
| Questions Q2a, Q2b, Q2c, Q3d and Q3f were averaged to give an engagement score for disabled staff, compared with non- disabled staff (out of a total score of 5)Engagement score for disabled staff = 3.3 Engagement score of non - disabled staff = 3.5Overall score for the organisation = 3.4Questions Q23a, Q23c and Q23d provided the following information:-* Percentage of disabled staff who responded to the questionnaire who had had an appraisal, annual review or development review in the last 12 months:- 68%
* Percentage of non- disabled staff who responded to the questionnaire who had an appraisal, annual review or development review in the last 12 months:- 74%
* Percentage of staff overall, who responded to the questionnaire who had had an appraisal, annual review or development in the last 12 months:- 72%

Of the disabled respondents who had had an appraisal, annual review, or development review in the last 12 months:-* 58.8% felt that *'to some extent'* or *'yes, definitely'* it had helped them to improve how they did their job;
* 41.2 % of these disabled respondents felt that it didn’t.

Of the non-disabled respondents who had had an appraisal, annual review or development review in the last 12 months:- * 48.9% felt that *'to some extent'* or *'yes, definitely'* it had helped them to improve how they did their job;
* 48.9% of these non-disabled respondents felt that it didn’t'.
 |
| b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance. | Yes – the ICB has set up an intersectional Inclusion Group, which welcomes the voices of disabled staff  |

**Metric 10 ICB Board**

|  |
| --- |
| Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated: |
|  | **% disabled** | **% non-disabled** | **Not known \*** |
| By voting and non - voting membership of the Board (this includes Exec and Non- Exec membership of the Board) | 3.7% of Board is disabled Overall workforce is 4.6% The difference is - 0.94 percentage points  | 14.8% of Board is non- disabled Overall workforce is 59%The difference is - 44.2 percentage points  | 81.5% of Board is not known Overall workforce is 36.9%The difference is +44.6 percentage points\*included in this measure are Board members for whom there is no record on the electronic staff record (ESR) system (10 in total)  |

The ICB is a Disability Confident and Mindful Employer and more information about the schemes can be found at: [www.gov.uk/government/collections/disability-confident-campaign](http://www.gov.uk/government/collections/disability-confident-campaign) and [www.mindfulemployer.dpt.nhs.uk/our-charter/signing-the-charter](http://www.mindfulemployer.dpt.nhs.uk/our-charter/signing-the-charter)

**GENDER PAY GAP REPORT**

**6.0 GENDER PAY GAP REPORTING**

The ICB uses the national job evaluation framework for Agenda for Change staff to determine appropriate pay bandings. This provides a clear process of paying employees equally for the same or equivalent work. The national pay grades used in the organisation have a set of points for pay progression, linked to number of years of experience. Therefore, the longer the period of time that someone has been in a role the higher their salary is likely to be, irrespective of their gender.

The gender pay gap shows the difference between the average (mean or median) earnings of all male and all female employees. It is expressed as a percentage of men’s earnings and is a measure of disadvantage. The gender pay gap is not the same as equal pay. Equal pay is about ensuring men and women doing similar work or work that is different but of equal value (in terms of skills, responsibility, effort) are paid the same.

A gender pay gap could reflect a failure to provide equal pay but it usually reflects a range of factors, including a concentration of women in lower paid roles and women being less likely to reach senior management levels.

**6.1 GENDER PAY GAP REPORT IN FULL**

This report details the 'snap shot date' of 31 March 2023, at which time NHS Humber and North Yorkshire Integrated Care Board (the ICB) employed 689 staff in a number of disciplines, including: administrative; nursing; managerial and medical roles. This data was reported on the Gender Pay Gap Reporting GOV.UK Portal on 30th March 2024 as required.

The ICB has a higher number of females than males. Of the 688 staff counted as part of the gender pay gap reporting, 534 were female compared to 154 male (percentages in the below chart have been rounded to the nearest whole number)

* 1. **GENDER PAY GAP DATA 2023**

The figures set out below have been calculated using the standard methodologies used in the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, utilising the national NHS Electronic Staff Record Business Intelligence report functionality.

The calculation is based on 'ordinary pay' which includes basic pay, paid leave including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave). It also includes area and other allowances, shift premium pay and pay for piecework. It does not include remuneration referable to overtime, remuneration referable to redundancy or termination of employment, remuneration in lieu of leave or remuneration provided otherwise than money.

The analysis 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 the ICB's various professional groups and job grades.

National reporting requirements require the ICB to report the six gender pay gap measures to one decimal point.

NHS Humber and North Yorkshire ICB's Gender Pay Gap Data for the snapshot date of 31 March 2023 is as follows:

* + 1. **Mean and Media Gender Pay Gap**

|  |  |
| --- | --- |
| Mean Gender Pay Gap 23.9% | Median Gender Pay Gap 14.2% |

The above charts show that the mean hourly rate of pay for males is £8.02 higher than that of females, a gender pay gap of 23.9%. They also show that median pay for males is £3.51 higher than females, a gender pay gap of 14.2%.

As this is the first year that the ICB has carried out a gender pay gap report, there are no previous results against which to compare the mean and median pay gap for the organisation. However, it has carried out some benchmarking against neighbouring ICBs and NHS Trusts as below from their 2023- 24 gender pay gap reports which are published on the government website (<https://gender-pay-gap.service.gov.uk/compare-employers/2023>)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employer** | **% Difference in hourly rate (Mean)** | **% Difference in hourly rate (Median)** | **% Women in lower pay quartile** | **% Women in lower middle pay quartile** | **% Women in upper middle pay quartile** | **% Women in top pay quartile** |
| **NHS Humber and North Yorkshire Integrated Care Board** | **23.9** | **14.2** | **83.3** | **82.6** | **79.3** | **66.7** |
| NHS West Yorkshire Integrated Care Board | 26.8 | 10.9 | 82.5 | 81 | 77.5 | 63.9 |
| York Teaching Hospital NHS Foundation Trust | 26.9 | 7.4 | 82 | 83 | 80 | 67 |
| Hull University Teaching Hospitals NHS Trust | 28.5 | 19.1 | 82.4 | 81.1 | 83 | 60.4 |
| NHS South Yorkshire Integrated Care Board | 33.4 | 16.4 | 83 | 86.2 | 79.5 | 65 |
| North East and North Cumbria Integrated Care Board | 39.3 | 45.2 | 93.7 | 85 | 76.6 | 50.3 |

Out of these six organisations, the ICB is the third lowest in terms of the % difference (or pay gap) between men and women in hourly rate (median) and the lowest in terms of the % difference (or pay gap) between men and women in hourly rate (average). It has the second highest percentage of women in the top pay quartile.

**6.2.2 Pay Quartiles by Gender**

We are also required to split the workforce into quartiles (blocks of 25%) split by pay and show the proportion of males and females in each quartile. The results of this split are shown below:

|  |  |  |
| --- | --- | --- |
| **Quartile** | **Female %** | **Male** **%** |
| 1 Lower Quartile  | 83.3 | 16.7 |
| 2 Lower Middle Quartile  | 82.6 | 17.4 |
| 3 Upper Middle Quartile  | 79.3 | 20.7 |
| 4 Upper Quartile | 66.7 | 33.3 |

On the snapshot date, 78% of the workforce was female, and 22 % men, therefore ideally, women should make up 78% of each quartile and men, 22% respectively. However, the quartile breakdown indicates that there is a higher percentage of women in quartiles 1 to 3 than the percentage of women to men in the overall workforce, with this trend decreasing through the 3 quartiles as pay levels increase, until it is most pronounced in the upper quartile where there is around 11% fewer women in this quartile compared with the percentage of women who make up the overall workforce. This highlights a concentration of women in lower paid roles and less representation at senior management levels.

The Pay bands Grouped by Gender ESR chart, illustrates by gender, the proportion of men and women represented across the different pay bands.

On the snapshot date, 51% of female staff (FTE) employed by the ICB were part time whereas 19% of male staff (FTE) employed by the ICB were part time.

Pay Gap research carried out in 2017 by the Equality and Human Rights Commission noted that Male and female part-time workers generally earn less per hour than full-time workers, but women who work part-time generally earn more than men who do. (<https://www.equalityhumanrights.com/sites/default/files/research-report-109-the-gender-pay-gap.pdf>).

On the snapshot date, 75% of the workforce was aged 41 + and 25% of the workforce was aged 40 or younger (including male and female).

The Pay Gap research (<https://www.nhsemployers.org/system/files/2021-06/Addressing-your-gender-pay-gap-guide.pdf>) found that while younger married women earn more than unmarried women, this advantage reverses with age. From their 40s onwards, married women experience a pay disadvantage compared to unmarried women. The analysis found that having a child increases the pay gap considerably for women.

The research showed that married men, by contrast, earn substantially more than unmarried men in all age groups. It has also been identified that the pay gap widens with age. Older women experience a larger pay gap compared with their male peers than younger women with their male peers. The reason given for this mainly because women are more likely than men to take time out of the labour market to care for children, which may slow career development. The statistical analysis found that women's shorter job tenure, a likely consequence of starting a family, is a factor driving the pay gap.

It has also been found that younger married women earn more than unmarried women, this advantage reverses with age. From their 40s onwards, married women experience a pay disadvantage compared to unmarried women which is likely to be linked with child rearing. Married men, by contrast, earn substantially more than unmarried men in all age groups.

**6.2.3 Bonuses**

As the ICB does not pay bonuses, there was no data to report on to determine whether or not a bonus pay gap exists within the organisation.

1. **ADDRESSING THE GENDER PAY GAP**

The ICB is committed to addressing the gender pay gap and is undertaking a range of actions and initiatives to reduce it. In preparation for this report, an engagement exercise was carried out with the Humber and North Yorkshire ICB Inclusion group (HNYINC) which was encouraged to provide feedback on the initial Pay Gap results and some NHS nationally suggested measures which the ICB could undertake to reduce the pay gap.

Feedback and insight was provided by colleagues from the Best Place to Work team. Insight was also sought from NHS Employer Guidance (<https://www.nhsemployers.org/system/files/2021-06/Addressing-your-gender-pay-gap-guide.pdf>) This insight has been incorporated into an EDI action plan, some of which is intersectional, and some of which is specific to addressing the gender pay gap and can be found in Appendix 1 of this report.

Solutions to the gender pay gap lie in culture changes both in society and organisations. Social pressures and norms influence gender roles and often shape the types of occupations and careers which men and women follow and therefore their level of pay.

Nationally most of the issues driving gender pay gaps require a longer - term view. The ICB seeks to address this over time through it’s commitment to fostering inclusion, fairness and flexibility.

**8.0 PAY GAP REPORTING**

It is recognised that aside from the gender pay gap, other gaps in pay exist such as for ethnic minorities and disabled people. The NHS Equality Diversity and Inclusion Improvement plan, [NHS England » NHS equality, diversity, and inclusion improvement plan](https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/) under High Impact Action 3.2, has outlined a requirement for NHS organisations to carry out pay gap analysis by protected characteristics and reflecting the maturity of the data sets and to put plans in place by sex, and race and disability by 2024, disability by 2025 and by other protected characteristics by 2026.