

2021 Gender pay gap report

(Reported October 2021)

NHS Resolution's mean gender pay gap has increased from 7.8% in 2020 to 8.4% in 2021. However, the median pay gap has decreased from 9.1% to 7%. In relation to the bonus pay gap, female employees received a higher amount of bonus pay compared to male employees which means there is no pay gap to report in this regard.

Our workforce profile is 64% female as at 31 March 2021, which represents a 2% increase against our 2020 data. While 2021 saw a positive increase of 5% of female employees in the upper middle pay quartile, there was a decrease of 2% of females employees in the upper quartile and an increase of 1% of females employees in the lower quartile. There was a marginal change to the percentage of females in the lower middle quartile.

Our purpose and values

Resolving concerns fairly and learning from harm is at the heart of what NHS Resolution is about, embedding our values in the way we work internally and externally.

We are an arm's length body of the Department of Health and Social Care. We are a Special Health Authority which provides:

- Indemnity cover for clinical and non-clinical liabilities
- Learning from claims
- Legal and professional services
- Dispute resolution between commissioners and primary care contractors
- Advice and support to healthcare organisations on the effective management and resolution of performance concerns relating to practitioners.

Our purpose

To provide expertise to the NHS on resolving concerns fairly, share learning for improvement and preserve resources for patient care.

Our values

Professional – We are dedicated to providing a professional, high quality service, working flexibly to find effective and efficient solutions.

Expert – We bring unique skills, knowledge and expertise to everything we do.

Ethical – We are committed to acting with honesty, integrity and fairness.

Respectful – We treat people with consideration and respect, and encourage supportive, collaboration and inclusive team working.

Reporting requirements

From April 2017 onwards, any UK organisation employing 250 or more employees is required to report annually on its gender pay in six different ways:

1. Mean gender pay gap – ordinary pay
2. Median gender pay gap – ordinary pay
3. Mean gender pay gap – bonus pay in the 12 months ending 31 March
4. Median gender pay gap – bonus pay in the 12 months ending 31 March
5. The proportion of male and female employees paid a bonus in the 12 months ending 31 March
6. The proportion of male and female employees in each quartile

The gender pay gap shows the difference in the average earnings between male and female employees within NHS Resolution.

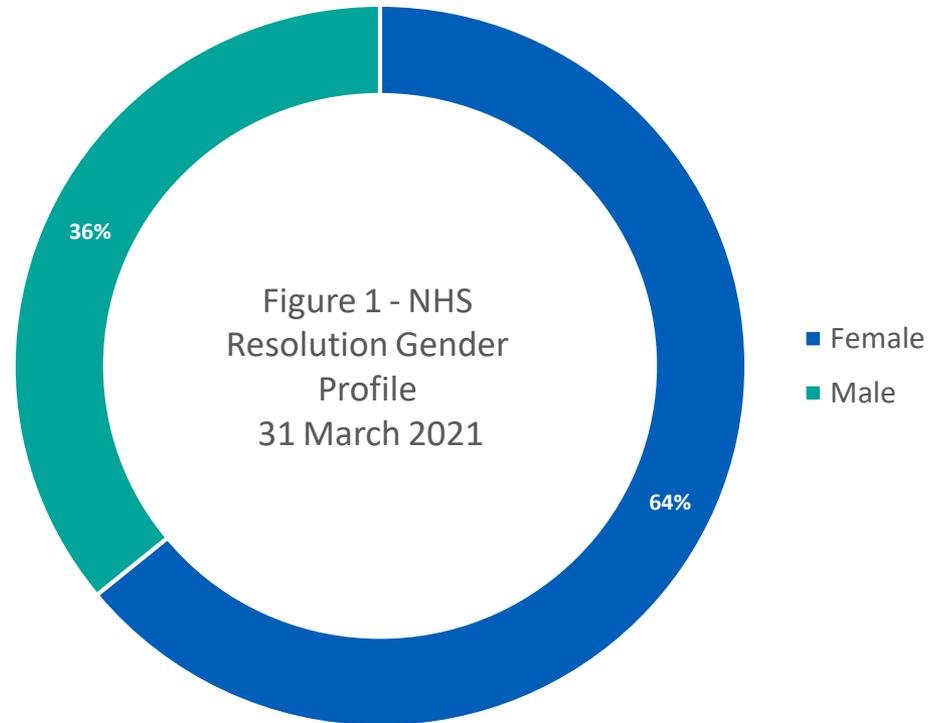
The mean gender pay gap is the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees.

The median gender pay gap is the difference between the median hourly rate of pay for male full-pay relevant employees and that of female full-pay relevant employees.

Our gender profile

Snapshot date – 31 March 2021

The chart below details our gender profile which shows a 2% increase in the number of female employees. Our workforce consisted of 287 female and 161 male employees.



Gender profile by pay band

Pay structure

All NHS Resolution staff, except for medical and dental staff (M&D), executive and senior managers (ESM) are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

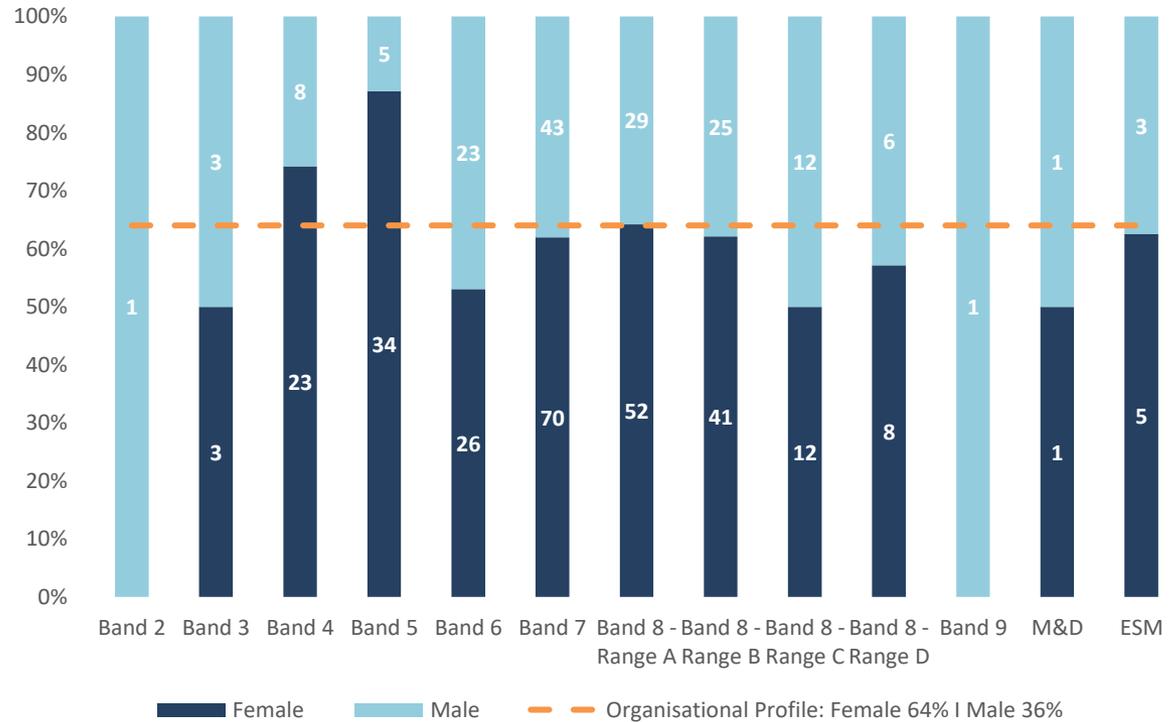
Profile across bands

Figure 2 details the number and percentage of female and male staff within each pay bands as at 31 March 2021.

While bands 7 to 8b are largely reflective of the organisation's profile, as in the 2020 report there is an upwards trend in employing more female staff in band 5 during 2021. We are however employing more male staff in bands 3 and 6.

Pay band 9 is representative of just 1 individual. The individual employed at Band 2 has since been promoted to a Band 4 position.

Figure 2 - Gender Profile by Pay Band 2021



Our gender pay gap data

NHS Resolution has a mean gender pay gap of 8.4%. This has increased from 7.8% in 2020 although the increase is smaller than that seen from 2019. The median gender pay gap has reduced to 7% down from 9.1% in 2020.

Ordinary pay	
Mean gender pay gap	8.4%
Median gender pay gap	7%

Bonus pay	
Mean gender pay gap – bonus pay	-18.6%*
Median gender pay gap – bonus pay	-18.6%*

Proportion of staff paid a bonus	
Female	Male
0.69%	0.6%

Recruitment and Turnover activity

Over the 12 month reporting period, NHS Resolution appointed 1.5 times more females into senior roles than males. For appointments at band 8a and above there were 22 females appointed compared to 14 males. This is less than in 2020 where the organisation appointed 3.5 times more females into senior roles.

As in 2020, the number of roles within bands 3-6 have been filled predominantly by females. There were 24 female appointments compared to 9 males. Due to a large proportion of these vacancies being filled by female employees (72%), and because a majority of these new hires are in the lower pay grades, in the short term the organisation we will see a slight increase in our gender pay gap figures.

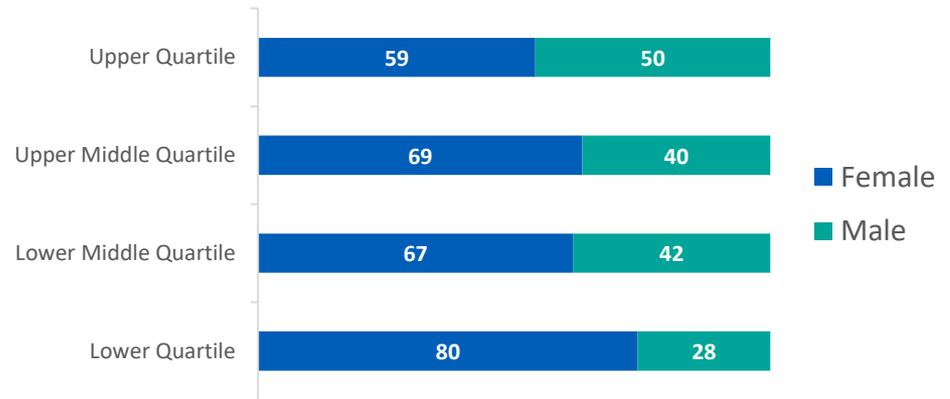
In the reporting period, NHS Resolution had 6 voluntary leavers in senior roles. Of the six leavers, five were female, with two quoting work-life balance as the reason for leaving. The male leaver also stated work-life balance and child/family commitment as their reason for leaving.

**In 2021, females received a higher level of bonus compared to male employees. The minus figure, therefore denotes a mean and median bonus pay figure which is higher for females than males.*

Our gender pay gap data

The information below details the number of staff and the percentage of staff within each salary quartile.

Figure 3 – Number of staff in each quartile



Percentage of staff in each quartile	2021 rates		2020 rates		Year on year change	
	Female %	Male %	Female %	Male %	Female %	Male %
Lower quartile	74	26	73	27	1	-1
Lower middle quartile	61.5	38.5	62	38	-0.5	0.5
Upper middle quartile	63	37	58	42	5	-5
Upper quartile	54	46	56	44	-2	2

The main changes within the quartiles has been in the upper middle and upper quartiles. While there has been an increase of 5% in female employees in the upper middle quartile, there has been a decrease in 2% of female employees in the upper quartile. There has also been an increase of 1% of female employees in the lower quartile and a negligible decrease of 0.5% of female employees in the lower middle.

Considered impacts

There has been a slight increase in the organisation's mean gender pay gap compared to 2020 and a decrease in its median gender pay gap. The decrease in the median pay gap could be in part due to the removal of pay points across all pay bands as part of the Agenda for Change terms and conditions contract refresh.

While it is difficult to identify and capture specific reasons for the increase in the mean pay gap, below outlines some possible drivers.

Recruitment and turnover

To help support and create an environment that develops staff from all backgrounds and create a talent pipeline that is inclusive, NHS Resolution has continued to offer apprenticeships and in the reporting period, the Claims directorate successfully rolled out the second cohort of their apprentices in the Junior Case Manager role. All six appointments into this role were female so this may have had an impact on the gender pay gap increase. It should be noted, however, that this impact will be short term as on successful completion of the apprenticeship, Junior Case Managers will have the opportunity to interview for the Band 7 Case Manager role.

Sector/role specific considerations

Roles including Personal Assistants and Administrators are predominantly occupied by females and NHS Resolution's new hire metrics for the relevant reporting period reflects this trend. For example, to support the GP Indemnity Scheme, six Claims Assistants (Band 4) were appointed, five of whom were female. Additionally, to support the changing demands within Claims, the new Training and Recruitment Coordinator role (Band 4) was created; two of the three appointments were female. Similarly, in HR&OD, three of the four new hires in bands 4-6, were female. Again, the appointment of females into these roles is reflective of the Human Resources sector being predominantly occupied by females.

In contrast, roles within Digital, Data and Technology are currently in high demand and at times attract recruitment and retention premiums. Roles within this sector predominately attract males.

Considered impacts

Covid-19 pandemic

The impact of the Covid-19 pandemic on working women has been widely reported. In a CIPD¹ report on the gender pay gap and the pandemic it noted: “Despite the higher death rates of older men from COVID-19, women have been taking a disproportionate, unequal share of the economic hardship caused by this...virus. Due to factors such as assuming a greater responsibility for childcare and home-schooling in lockdown, women have been more likely than men to work fewer hours, be away from work temporarily or drop out of the labour market altogether since the pandemic struck.”

Having reviewed NHS Resolution’s leaver metrics for the reporting period, of the 24 voluntary resignations, 17 were female. Five quoted work-life balance, one stated child dependents and one stated carer’s responsibilities as reasons for leaving. Five females quoted promotion as their reason for leaving. Of the seven male leavers, two stated work-life balance as their reason for leaving. The remaining five males quoted better remuneration or promotion as their reason for leaving.

¹ See https://www.cipd.co.uk/Images/gender-pay-gap-reporting-supplementary-guide_tcm18-91630.pdf

Our commitment

Our Equality, Diversity and Inclusion strategy has identified a number of activities/ programmes that NHS Resolution continues to drive forward to promote pay balance in the workplace. Some of these activities that can support closing the gender pay gap include promotion of agile, flexible and part-time working as well as wider implementation of the apprenticeship programmes.

In addition to the above activities, the organisation recognises the importance of minimising the barriers for individuals from all backgrounds right from the start of their journey with NHS Resolution. As such one of the actions completed as part of the strategy is work to improve the recruitment, selection and probation training to include input on conscious inclusion and other potential inclusion challenges. This ensures managers recruit in an equitable manner.

Other actions taken include:

- NHS Resolution becoming a part of the Arm's Length Body (ALB) Reciprocal Mentoring Scheme. The platform has 18 mentors 16 mentees and five live mentoring relationships. Further details can be found on the Mentoring page on Connect.
- The introduction of the values and behaviours framework in February 2021. The framework was introduced at the February all staff briefing by Executive Director of Finance and Corporate Planning, Joanne Evans, and introduced at appraisal awareness sessions.
- Continuation of the apprenticeship scheme to support individuals progressing as part of the talent pipeline and staff develop in HR&OD, Claims and Policy, strategy and transformation functions.
- Information on our internal and external coaching and mentoring offers have been added to the Mentoring and Coaching pages.
- The introduction of the NHS Resolution People Committee. The purpose of this is to be a sub-committee of the Board. The Committee's scope includes oversight and assurance of NHS Resolution's people and organisational development strategies and associated work-streams. This will provide an appropriate dedicated forum and more time to discuss people related activities including the ED&I strategy.
- Bespoke sessions designed to promote the ED&I strategy and action plan have been facilitated for Safety and Learning and Membership Stakeholder and Engagement.

Our intended actions

The action plan to support the Equality, Diversity & Inclusion strategy² has recently been updated to ensure NHS Resolution continues to have a culture where fair treatment and social inclusion is at the heart of what the organisation does. The intended actions below, mostly drawn from the updated action plan, will help address our gender pay gap.

- Exploring ED&I partnerships to enable the expansion of recruitment campaigns, as well as supporting the organisation to attract and support candidates.
- Building a candidate microsite to showcase the organisation and the following:
 - our purpose, values, and strategy.
 - to share our culture, ways of working, for people to make connections with us and apply for the roles.
 - to meet employees in the organisation, building further connections o to promote staff networks
- HR will continue to audit the diversity of candidates across a range of protected characteristics at each stage of individual recruitment campaigns to include age, sex, ethnicity, disability and sexual orientation. Where necessary the results will be used to inform further qualitative analysis in the form of conversations with recruitment managers. Overall audit findings will be shared with SMT and the Board as appropriate.
- Promoting and embedding the values and behaviours framework across the organisation and into all of our policies and processes with effect from September 2021
- To specifically address the impact that the pandemic is having on female employees, work needs to continue to promote and champion flexible working, particularly part-time working for employees returning from parental leave or with carer responsibilities.
- Continue to review existing and new job descriptions and adverts to identify and de-bias gender-coded language.

² [Equality, Diversity & Inclusion strategy action plan update August 2021](#)