

Gender Pay Gap Report 2017/18

1. Introduction

This paper provides a summary of the findings from the trust's first Gender Pay Gap audit which fulfils the legal requirement to report by 30 March 2018. The paper provides some general conclusions and a number of actions to address the findings and improve performance in this respect.

2. Background

All employers in Great Britain with more than 250 staff are required by law to publish their gender pay gap information, covering pay and bonuses by 30 March 2018 and annually thereafter. In January 2018, standard reports were introduced as part of the NHS Workforce Profile dashboard in ESR Business Intelligence, designed to provide the results of the calculations detailed in the gender pay gap reporting requirement based on the data in ESR. This is the mechanism that NHS trusts are likely to be using to review and report their data.

A gender pay gap shows the difference in the average pay between all men and woman in a workforce. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised. If a workforce has a particularly high gender pay gap, there can be a number of underlying factors which are causing this and further investigation of the data helps identify some of these factors. Once underlying causes for gender pay gap are understood, the trust may take suitable steps to minimise it.

It differs from an equal pay audit in that equal pay deals with the pay differences between men and women who carry out the same work, similar work or work of equal value. Pay inequality on the grounds of gender has been unlawful since 1970.

3. Statutory Responsibility

The trust is obliged to calculate, submit and publish the following information:

- The mean and median gender pay gap
- The mean and median bonus gender pay gap
- The proportion of males and females receiving a bonus payment
- The proportion of males and females in each quartile pay band
- A written statement, authorised by an appropriate senior person, which confirms the accuracy of the calculations.

4. Methodology

Full explanations of how the data is calculated may be found in Appendix 1. The date range for the bonus pay* data is the financial year 1 April 2016 to 31 March 2017; however the basic pay itself is a snapshot as at 31 March 2017.

*Bonus pay primarily relates to Clinical Excellence Awards (CEA's) at this trust.

5. Findings

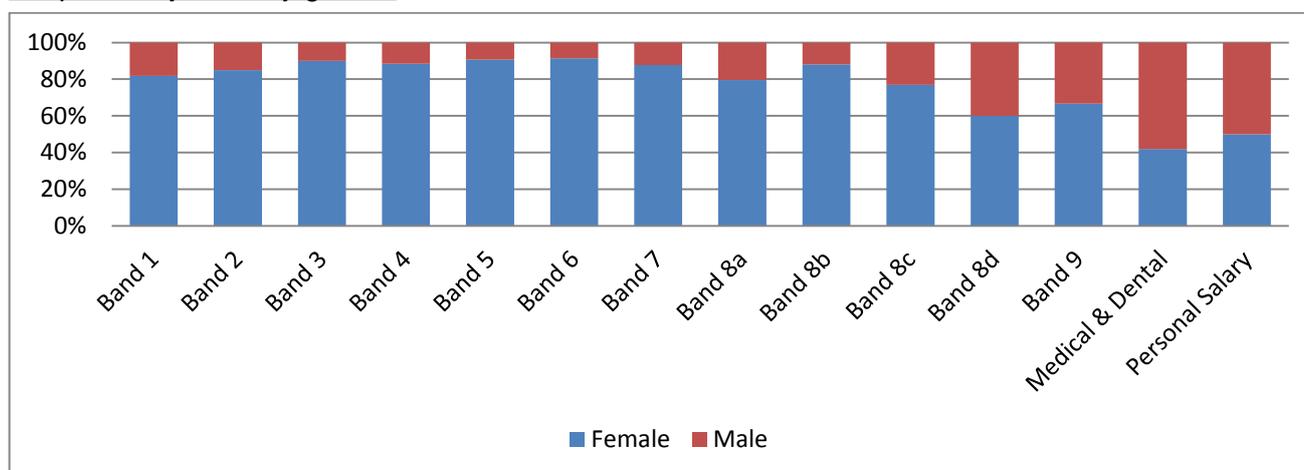
5.1 The mean and the median gender pay gap

Table 1 – Overall gender pay gap position (in relation to hourly pay)

	Male	Female	Difference	Pay Gap
The mean gender pay gap	£20.67	£13.55	£7.13	34.47%
The median gender pay gap	£13.62	£11.49	£2.14	15.69%

The overall position is that there is an average gender pay gap of 34% across the trust. To understand this further, the data by pay-band was reviewed, as demonstrated in the following graph;

Graph 1: Pay band by gender



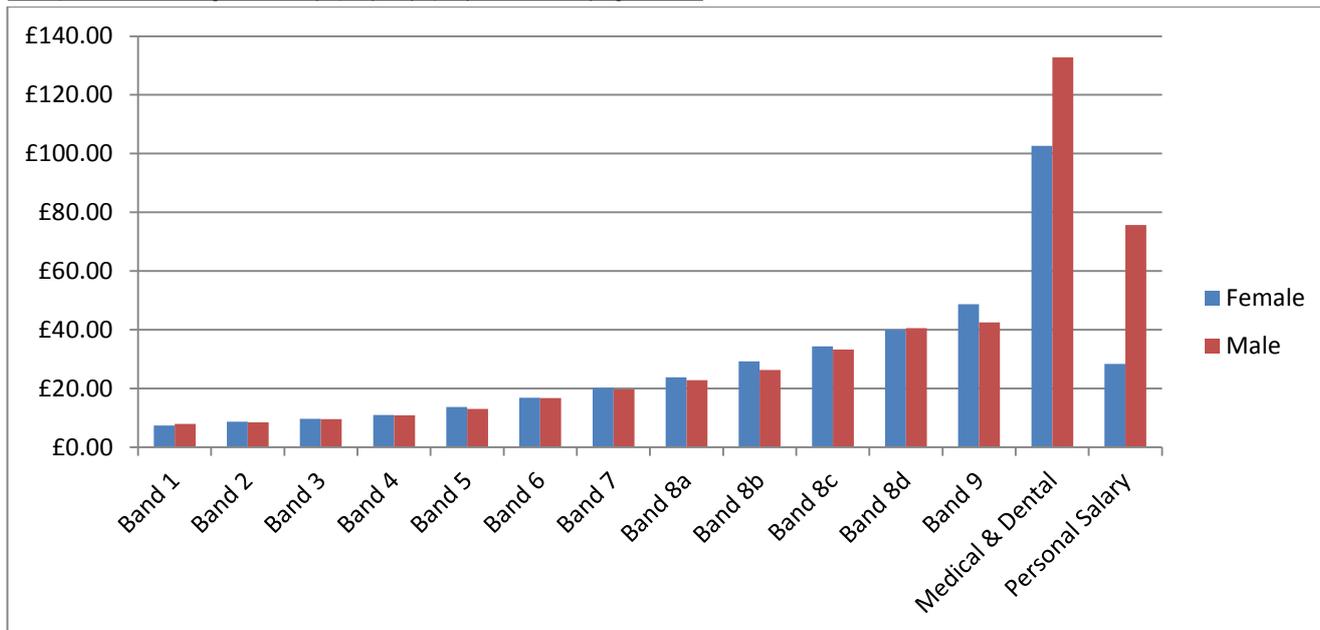
The trust's gender profile as at 31 March 2017 was 84% female and 16% male.

The data indicates that the higher the pay-scale / seniority of a role the greater likelihood of finding a larger proportion of men in comparison to the overall gender profile of the trust.

There is also a difference between the gender split of staff on personal salaries (which often attract higher pay); however numbers are low.

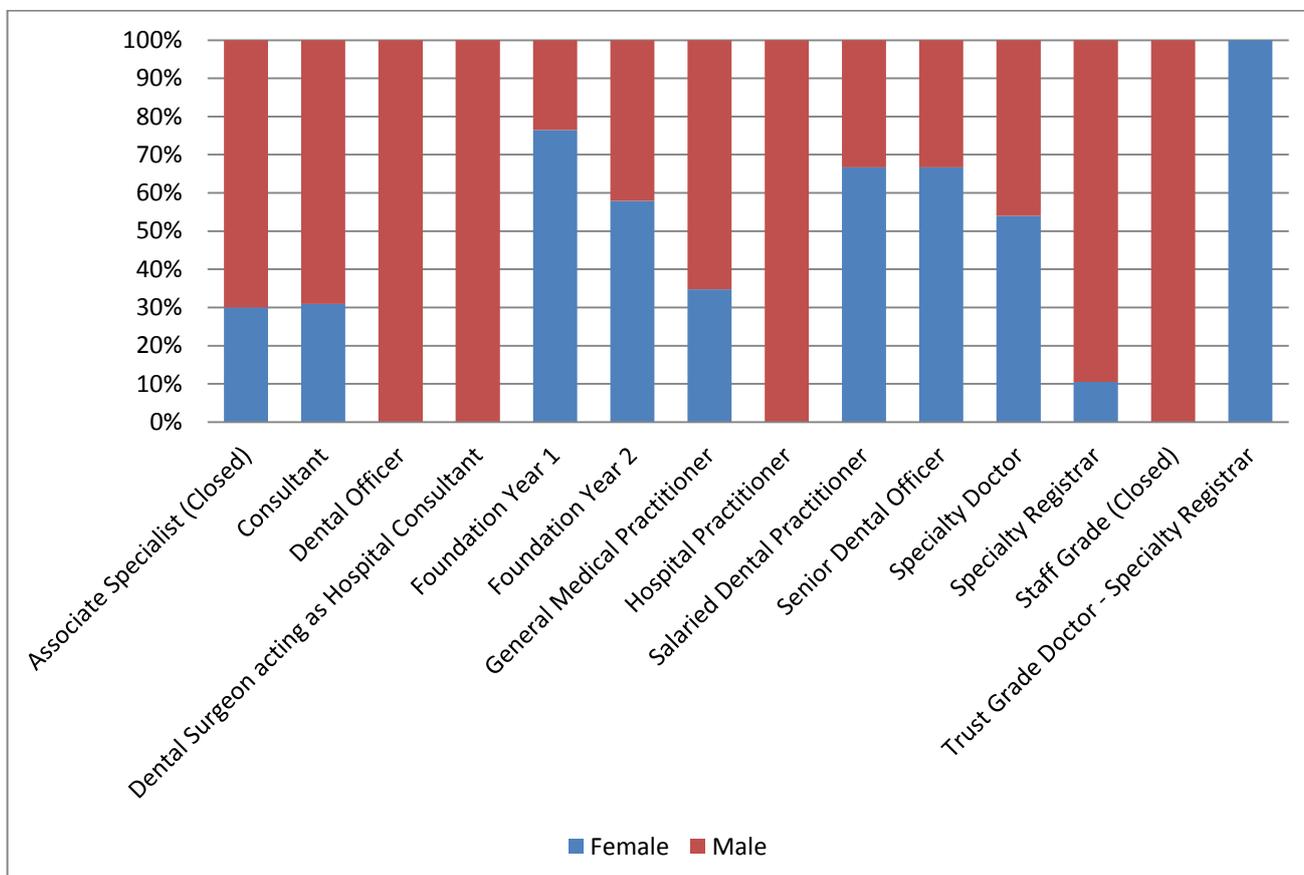
The hourly pay comparisons in graph 2, demonstrate that the hourly rate for men tends to be lower than women across all Agenda for Change (AfC) bandings, with the exception of Band 8d; and whilst the gender split of staff on personal salaries is 50/50, there is a marked difference in the average hourly pay depending upon the gender of the employee.

Graph 2: Average hourly pay by pay-band, by gender



The profile of our medical & dental staff workforce is 58% male. Medical & dental staff generally earn higher salaries than the majority of AfC staff and there is a higher proportion of male staff in senior medical positions (69% of our Consultant workforce is male), as shown within the following graph.

Graph 3: Medical & Dental staff grades by gender



5.2 The mean and the median bonus gender pay gap

Table 2 – Bonus gender pay gap (in relation to average bonus pay)

	Male	Female	Difference	Pay Gap
The mean bonus gender pay gap	£13,051.24	£8,257.19	£4,794.05	36.73%
The median bonus gender pay gap	£8,950.75	£3,678.16	£5,272.60	58.91%

5.3 The proportion of males and females receiving a bonus payment

Table 3: Bonus payments by Gender

	Employees Paid Bonus	Total Employees	%
The proportion of males receiving a bonus payment	33.00	508.00	6.50%
The proportion of females receiving a bonus payment	10.00	2569.00	0.39%

The overall position is that there is an average bonus gender pay gap of almost 37% across the trust and the median findings in table 2 suggest that men are likely to receive bonus payments that are higher than the average and women's bonus payments are likely to be lower. This is likely to be due to not only the gender split of staff receiving bonus payments but also the full time / part time profile of staff in posts that attract these payments, as bonus payments are not adjusted to account for part time workers.

The findings in table 3 are based on an assumption that all employees could be eligible for bonus payments. However, 99% of these payments are CEA's; only available to Consultant medical & dental staff. A manual re-run of the data based on a smaller number of eligible employees (Consultants only) demonstrates that the proportion of men receiving bonus payments is 21.85% and women is 9.09%, a gap of almost 13%.

5.4 The proportion of males and females in each quartile pay band

Table 4: Pay proportionality by gender

	Quartile	Female %	Male %
	Trust	84.10%	15.90%
The proportion of males and females in each quartile pay band	1 – Low	83.79%	16.21%
	2	88.67%	11.33%
	3	88.91%	11.09%
	4 – High	73.25%	26.75%

For the purposes of this report, the pay information for the trust is divided equally into 4 quartiles; Smaller salaries sit in the 1st quartile, and higher salaries in the 4th. The question is looking to understand what proportion of male/female employees fall into each pay quartile.

We understand from Q1 that we have an average gender pay gap of 34% so as anticipated, males are over-represented in the 4th quartile. We do however see under-representation of men in the 2nd and 3rd quartiles.

6. Conclusions

The trust's workforce is predominantly female, a similar position to most NHS Trusts. Pay-scales are set nationally, supported by local starting salary and pay progression processes which are designed to support equity and fairness. However, there is a gender pay gap across the workforce in relation to seniority of roles and pay, including CEA's.

The gender pay gap report has afforded the opportunity to perform a deeper analysis of the data upon which to base an action plan. In summary the following conclusions can be drawn;

- Average pay findings are significantly affected by the medical & dental workforce profile, where women are under-represented, particularly in senior clinical roles
- There is an equal gender split of staff on personal salary pay-scale, however there is a marked difference in the average hourly pay.
- As the seniority of a role increases, so does the likelihood of a greater proportion of men, which does not reflect the 'whole Trust' profile.
- Almost 22% of our male Consultants are in receipt of CEA's, in comparison with 9% of female Consultants.
- Men are under-represented in the 2nd and 3rd pay quartiles and their hourly rates are lower than women across all AfC bandings, with the exception of Band 8d

7. Ambition and Actions

The trust's ambition is to be a fair, inclusive and progressive employer, attracting a wider pool of potential recruits for vacancies. The trust strives to develop a workforce that feels valued and engaged through a culture committed to tackling inequality. A number of projects are already in place to support this; such as working with schools to promote NHS careers and address gender stereotyping and the development of work experience opportunities aimed at young men. The following recommendations seek to begin to address the findings within this report and support measurable progress in terms of reducing the gaps;

Action Required for 2018/19	Lead	Timescale
Ensure Directorate Delivery Plans outline local plans to improve inclusion and diversity and Directorate management teams understand their accountabilities in relation to equality and diversity	AD's supported by Workforce Leads	Q1
Ensure resourcing plans for the trust reflect the ambition to attract more men to the workforce and more women into senior medical roles	Christine Porter	Q1
Ensure future pay audits to make reference to gender equality	Ruth Knighton	Q1
Audit the application of the trust's policies for the management of CEA's, service and salary on appointment and pay progression	Emma Newton	Q2
Review Equality Impact Assessment of CEA process	Emma Newton	Q2
Further development of the trust's recruitment training programme	Christine Porter	Q2
Perform an Equal Pay review	Ruth Knighton	Q3

Where relevant, this work will be incorporated into the HR & OD Workstream plans for 2018/19. Assurance will be reported to the trust's Finance, Performance & Workforce Committee through the Workforce & OD Strategy Board.