



Great Western Hospitals  
NHS Foundation Trust

# Gender Pay Gap Report

2021-2022



Equality, Diversity  
& Inclusion

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# Executive summary

Great Western Hospitals NHS Foundation Trust is committed to advancing equality, diversity and inclusion and our strategy is underpinned by the [NHS Constitution's](#) values: working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts.

The Trust supports a diverse workforce who have different backgrounds, with differing perspectives and different ways of working. This diversity is key to our success and helps us to provide the best possible care for our patients and population.

We recognise our role and responsibility to provide equal opportunities and advance inclusion, to eliminate discrimination and to foster good relationships as an employer, provider, partner and anchor institution.

We want the Trust to be a great place to work, to attract the best talent and we have an ambitious [Equality, Diversity & Inclusion Strategy](#) that supports this.

We regularly publish information relating to the wider diversity of our workforce in our [Equality Annual Reports](#) and our work to reduce our gender pay gap is taking us a step closer to equity for our staff.

The Trust has been required to report and publish specific details about its gender pay since 2018, including:

- Mean and median gender pay gaps
- Mean and median gender bonus payment gaps
- The proportion of males and females who received bonus payments
- The proportion of males and females in each pay quartile.

The gender pay gap measures the difference between the pay rates of all male and female staff across the Trust, irrespective of their role and seniority.

The data used in this report is taken from the NHS Workforce Electronic Staff Records (ESR).

- The mean gender pay gap has increased by 1.22%
- The median gender pay gap has decreased by 0.62%
- The mean bonus payments gap has increased by 4.28%
- The median bonus payments gap increased by 14.22%
- Proportion of males receiving bonus payments has reduced by 0.68%
- Proportion of females receiving bonus payments has reduced by 6.48%

# What is our Gender Pay Gap Report?

Under the provisions of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which relate to public sector employers in England and Wales, the Trust is required by law to publish an annual gender pay gap report.

The regulations apply to all public sector employers who employ more than 250 employees and require them to publish details of the gender pay gap as of 31 March as a snapshot each year. There is a separate requirement for employers to publish gender bonus payments gap information, based on data for those employees in receipt of bonus payments during the 12 months to 31 March.

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female employees receive. The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

This report is based on a snapshot of all Trust employees on 31 March 2022.

The areas of focus are:

- The median gender pay gap in hourly pay
- The mean gender pay gap in hourly pay
- The mean gender pay gaps for any bonus payments paid out during the year
- The median gender pay gap for any bonus payments paid out during the year
- The proportion of male and female staff that received bonus payments
- The proportion of male and female staff in each quartile of the pay structure

# Elements of our Gender Pay Gap Report

Our Gender Pay Gap report contains several elements, including:

- The specific information published on the government website for the snapshot date at 31 March 2022
- The report will be published on the Trust website and on the relevant government website by 30 March 2023
- A comparison with 2021 figures
- Existing and future recommended actions to reduce the gender pay gap.

## A Note on Terms

### What do we mean by pay 'parity'?

In the context of gender pay, 'parity' means that males and females are being paid the same amount for work assessed as of equal value. Parity is therefore a desired outcome.

### What do we mean by a 'more positive difference', or 'improvement' on a previous position?

This means that the pay of males and females for a specified measure is closer to parity (see above), than it was when we looked at the measure previously.

### What is a 'negative' data measure?

We are adopting the standard convention when looking at pay differences between males and females. A negative measure (for example, a gap of -1.57 as indicated for staff at Band 2 of the pay scale), indicates the extent to which females earn more per hour, on average, than their male counterparts.



### Gender pay reporting and equal pay




Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between males and females who carry out the same or similar jobs or work of equal value. In the UK it is unlawful to pay people unequally because they are a man or a woman.



# Gender pay gap summary – Mean Hourly



A summary of our position in 2022 using the mean data compared to 2021:

	Pay Gap	Movement from Last Year	Pay Gap % Movement
All Staff	£7.56	+£0.67	↓ +1.22%
Excluding medical and dental staff	£1.24	+£0.12	↓ +0.62%

	2021	2022
Similar position (mean)	 <p>The mean hourly rate of pay is greater for females across 5 out of 15 pay bands</p>	 <p>The mean hourly rate of pay is greater for females across 6 out of 15 pay bands</p>
<p><b>Note: The mean gap between female and male staff slightly increased this year by £0.67 (1.22%) in favour of male staff</b></p>		

Increased gender pay gap for some pay bands (mean)		Overall the gender pay gap has increased for male staff by £0.67.
		The gender pay gap has reduced across a number of Bands but they are still in favour of male staff (Band 4, 8A, 8C, 8D, 9, Medical Consultant and Doctors in Training).
		There is a pay gap in favour of female staff at Apprentice level, which was in favour of male staff last year.

	Females	Males
Mean hourly rates of pay	 <p>Increase in mean rate of pay for females to £17.37</p>	 <p>Overall, mean rate of pay is still higher for males at £24.93</p>
<p><b>Notes: This is due to a greater proportion of males in roles with higher pay: such as VSM, Non-Execs, Medical Consultants, Medical-Other, Band 8 to 9.</b></p>		

	Females	Males
Gender proportion at the top of the pay bands (7+)	 <p>The proportion of females at the top of these pay bands is down from 41% to 39%</p>	 <p>The proportion of males at the top of these pay bands is down from 47% to 45%</p>

# Gender pay gap summary

Why do we have a mean hourly gender pay gap?

The Trust data indicates:

- The Trust has recruited more males at Band 8A and above this year, resulting in a net increase of 17 compared to a net reduction of 17 for females.
- More males are on the top increment at Bands 8A and above compared to female (see appendix).
- AFC has widened the gap as there is no incremental pay until staff reach the top of increment and the difference between the pay points is significant: ranging between 12-16% or £6000 -£14340 per annum.
- Male staff are over-represented in the highest pay quartile (30%). If staff were representative across the Trust, there would be a gender split closer to 18% male and 82% female across all quartiles.

In addition, other studies highlight likely causes:

- According to the 'Mend the Gap: The Independent Review into the Gender Pay Gap in Medicine' there is an unequal impact of caring responsibilities on careers; and female medical staff tend to be segregated into lower paid career paths (particular roles and specialties), this is due to the difficulties working LTFT (less-than full time), or the structure of careers in some specialties. This results in pay penalties, especially relating to non-basic pay additions, such as CEAs (clinical excellence awards).
- The report also indicates that males in the profession are more likely to be older and been in practice for longer. This leads to them occupying the highest paid positions (consultants, associate specialists, GP partners, professors).
- The [Institute of Fiscals Study IFS Deaton review](#) indicates that gender gaps in employment and hours increase substantially immediately upon parenthood and a higher percentage of women employed in part-time work also contributes to less wage growth and career progression.

Why do we have a bonus payments gap when we include all staff?

- More male medical staff have received a bonus (m 171, f 83), and the level of local bonuses has increased this year from £2470 to £5316 per person.
- When medical staff are excluded from the calculations the mean bonus payments gap is £52.47 (-11.78%) in favour of female staff; and median pay gap is at parity (0%).

We have included a summary of initiatives we have undertaken to address the gender pay gap in the appendix.

# Four-year review

Below is our gender pay gap scores for the last four years. Comparisons are from 2019 to 2022. A column has been included which indicates our direction of travel with an assessment of positive or negative referring to the indicator's impact on our staff for the measures numbered one to six in the table.

The mean gender hourly pay gap has remained relatively similar year-on-year, fluctuating between 29.10% and 31.99% (its highest in 2018/19). Likewise, the median gender pay gap has also remained at a similar percentage, fluctuating between 19.00% and 19.85% (its highest in 2019/20).

The mean bonus pay gap has worsened this year, increasing from 79.37% to 83.65%. Likewise, the median bonus pay gap has also worsened, increasing from 79.76% to 93.98%. The bonus pay gap has worsened because the CEA payment has increased from £2,470 to £5,316 and most people who get this are male.

## Summary table

Gender pay gap standard measures (difference)		2018-19	2019-20	2020-21	2021-22	Comparison of male and female average earnings: Direction of travel	
1	The mean gender pay gap	31.99% £7.36	29.66% £6.80	29.10% £6.89	30.32% £7.56	Similar	↔
2	The median gender pay gap	19.00% £3.36	19.85% £3.61	19.81% £3.84	19.19% £3.83	Similar	↔
3	The mean bonus gender pay gap	88.63%	88.97%	79.37%	83.65%	Up / Negative	↓
4	The median bonus gender pay gap	84.62%	84.48%	79.76%	93.98%	Up / Negative	↓
5	The proportions of males and females receiving a bonus payment	N/A	19.05% M 21.70% F	21.44% M 28.97% F	20.76% M 22.49% F	Down / Positive	↑
The Gender Pay Gap Excluding medical and dental staff							
6	The mean gender pay gap	2.49% £0.37	4.58% £0.71	6.47% £1.09	7.07% £1.24	Similar	↔
	The median gender pay gap	-2.80% -£0.37	0.07% £0.01	3.05% £0.47	6.26% £1.01	Up / Negative	↓
	The mean gender bonus gap	16.40% £92.26	29.24% £165.57	-2.41% -£17.09	-11.78% -£52.47	Up / Negative (favours females)	↓
	The median gender bonus gap	27.27% £75.00	33.33% £100.00	-20.00% -£80.00	0.00% £0	Down / Positive (parity)	↑
The proportions of males and females in each quartile pay band:							
7	i. Lower Quartile	29.05% M 70.95% F	29.38% M 70.62% F	13.81% M 86.19% F	13.52% M 86.48% F		
	ii. Lower Middle Quartile	13.33% M 86.67% F	14.34% M 85.66% F	11.01% M 88.99% F	12.71% M 87.29% F		
	iii. Upper Middle Quartile	11.76% M 88.24% F	11.01% M 88.99% F	14.34% M 85.66% F	14.32% M 86.68% F		
	iv. Upper Quartile	12.84% M 87.16% F	13.64% M 86.36% F	29.38% M 70.62% F	29.90% M 70.10% F		



# Gender breakdown

## Gender proportions in our Trust

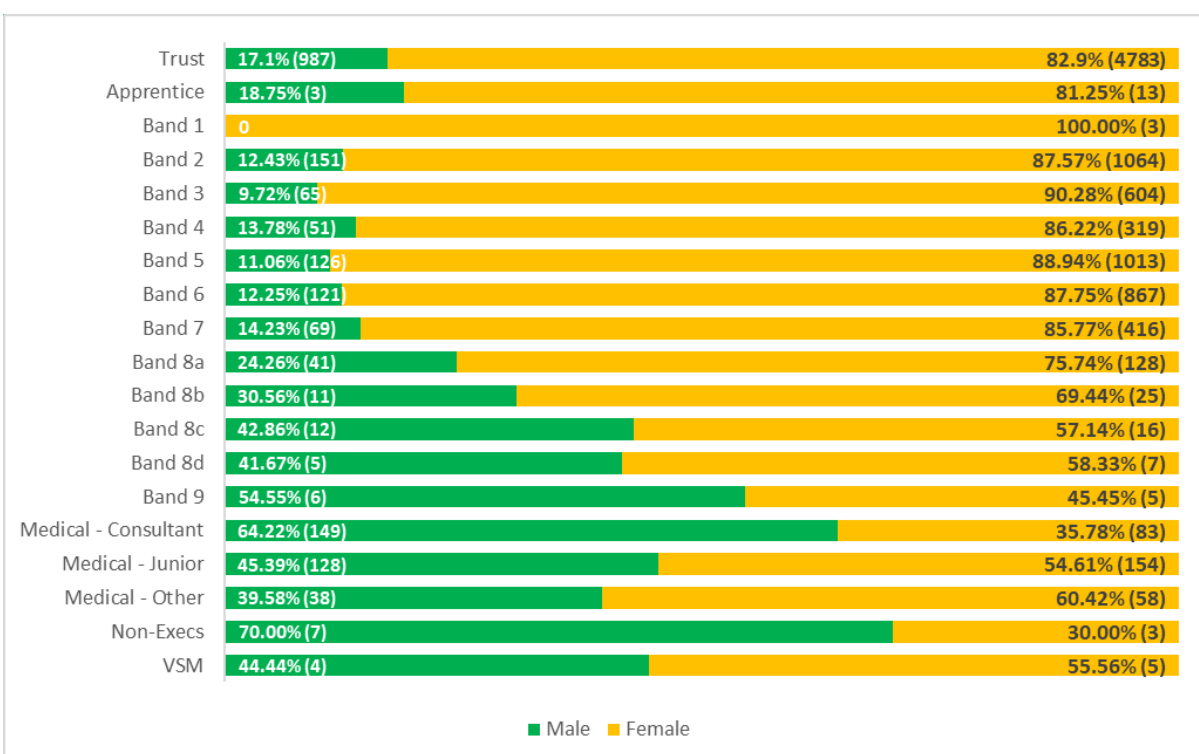
The Trust had 5445 employees/workers in the year from 01 April 2021 to 31 March 2022. The gender split of paid employees was as follows:

Gender	Headcount	Proportion of workforce
Male	959	17.61%
Female	4486	82.39%
Total	5445	100.00%

## Medical and dental workforce

The medical and dental workforce comprises a large group, from trainees to those in consultant roles. This represented 609 staff, with a gender split: 316 (51.89%) males to 293 (48.11%) females. When medical staff are removed from calculations there is a total of 4836 staff – 643 (13.30%) male and 4193 (86.70%) female.

The gender split of staff across all bands is as follows:



# Gender breakdown

## Medical and dental workforce cont.

There is a larger number of female staff than male staff in all bands except Band 9, non-execs and medical consultant grades, a disproportionate number of males in the higher pay band will contribute to a gender pay gap.

## Mean gender pay gap in hourly pay

### How is this calculated?

The mean gender pay gap is the difference between the hourly pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce. A negative measure indicates the extent to which females earn more per hour, on average, than their male counterparts.

Table: Mean hourly rate including medical and dental staff

	Year to 31.3.21	Year to 31.3.22	Difference (between 2021 & 2022)
Male	£23.69	£24.93	+£1.24
Female	£16.80	£17.37	+£0.57
Difference	£6.89	£7.56	+£0.67
Pay Gap %	29.10%	30.32%	↓ +1.22%

Our mean hourly pay gap shows a slight increase (worsening position)

Table: Mean hourly rate excluding medical and dental staff

	Year to 31.3.21	Year to 31.3.22	Difference (between 2021 & 2022)
Male	£16.91	£17.53	+£0.62
Female	£15.82	£16.29	+£0.47
Difference	£1.09	£1.24	+£0.15
Pay Gap %	6.45%	7.07%	↓ +0.62%

Our mean hourly pay gap (excluding medical staff) shows a slight increase (worsening position)

# Gender breakdown

## What does our data tell us about this year's position, and compared with previous years?

### Differential pay rates

The mean hourly pay for male staff is £7.56 (30.32%) higher than for female staff.

This would mean female staff earn 69.7p for every £1 that male staff earn when comparing mean hourly pay.

### Slightly increased gap

The mean gender pay gap including medical staff has increased slightly by 1.22 percentage points (£0.67) since last year.

### The impact of medical and dental staff

When the medical and dental staff were excluded from the calculation then the mean average changed significantly, resulting in a mean gender pay gap of £1.24 (7.07%) - this would mean female staff would earn 93p for every £1 a male staff earned. Although this is lower once medical staff are excluded – we have slightly worsened over the last 12 months by 0.62% (£0.15).

Table: % Mean gap ordinary hourly rate of pay

Group	Male	Female	Gap % 2020-21	Gap % 2021-22
0 - Apprentice	£4.38	£6.30	9.03%	-43.85%
1	-	£9.48	-	-
2	£11.08	£11.53	-1.57%	-4.05%
3	£11.44	£11.54	-0.89%	-0.87%
4	£12.73	£12.67	2.34%	0.45%
5	£16.11	£16.96	-7.60%	-5.26%
6	£19.83	£20.46	-5.83%	-3.19%
7	£22.83	£23.10	0.54%	-1.19%
8a	£25.72	£25.59	1.18%	0.50%
8b	£31.13	£30.13	-2.85%	3.22%
8c	£36.65	£35.96	7.57%	1.89%
8d	£44.97	£42.99	8.11%	4.41%
9	£54.11	£52.34	11.85%	3.28%
Medical - Consultant	£53.75	£51.70	5.75%	3.81%
Medical - Junior	£23.62	£23.06	8.35%	2.40%
Medical - Other	£40.05	£32.87	6.43%	17.93%
Non-Execs	£8.87	£5.76	70.79%	35.11%
VSM	£73.74	£66.17	3.28%	10.26%

Note the non-executives figures are skewed as the Chairman's remuneration is higher than the Non-Executive Directors – the NEDs work less hours and their salary is set within national guideline ranges.

# Gender breakdown

## What does our data tell us about this year's position, and compared with previous years?

### Where have there been changes?

An overall mixed picture:

- There has been an increase in the mean pay gap in favour of females in Apprenticeship, Band 2 and Band 7. There has been an increase in the mean pay gap in favour of males at Band 8B and VSM.
- The Trust has moved closer to parity in some bands including Band 3, Band 4, Band 8A and 8C.
- The mean hourly rate of pay is greater for females across 6 out of 15 pay bands (Band 0 to 4 and 5 to 7) and greater for males across 8 of the 15 pay bands (Band 8B and above, and marginally in Band 4 and Band 8A which is close to parity).
- There are no male Band 1 staff.

### Why do we have a mean gender pay gap?

Despite the mean rate of pay increasing for females in some bandings (Band 0, 2, 7), the overall result, when looking at the Trust as a whole, is the mean pay gap of £7.56 is in favour of male staff because there is a greater proportion of males with higher pay including senior managers (Band 8a and above), consultant and other medical staff, and non-executives.

The upper quartile (highest pay bracket) is made up of 29.90% male staff and 70.10% female staff (compared to the Trust wide breakdown of 82% female and 18% male).

In summary, the mean pay gap has occurred because:

- There are more male consultants.
- Consultants are on higher pay band.
- 8A and above males are more likely to be on the higher increment.
- Distribution of males on higher salary (30% in top quartile, compared to average of 13.5% lower quartiles).
- The number of staff at Band 8A and above have remained the same, but movement has resulted in a net increase in male staff (17 staff).
- National evidence suggests that male medical staff are more likely to be in practice for longer, thus occupying higher paid roles and there is a negative impact for female staff due to caring responsibilities and career breaks.

# Median gender pay gap in hourly pay

## How is this calculated?

The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

Table: Median hourly rate **including** medical and dental staff

	Year to 31 March 2021	Year to 31 March 2022	Difference (between 2021 & 2022)
Male	£19.38	£19.96	+£0.58
Female	£15.54	£16.13	+£0.59
Difference	£3.84	£3.83	-£0.01
Pay Gap %	19.81%	19.19%	↑ -0.62%

Our median hourly pay gap shows a slight decrease (improved position)

Table: Median hourly rate **excluding** medical and dental staff

	Year to 31 March 2021	Year to 31 March 2022	Difference (between 2021 & 2022)
Male	£15.24	£16.13	+£0.89
Female	£14.77	£15.12	+£0.35
Difference	£0.47	£1.01	+£0.54
Pay Gap %	3.08%	6.26%	↓ +3.18%

Our median hourly pay gap (excluding medical staff) has doubled (worsening position)

Table: % Median gap ordinary hourly rate of pay

Group	Male	Female	Gap % 2020-21	Gap % 2021-22
0 Apprentice	£4.30	£4.30	11.95%	0.00%
1	0	£9.48	-	-
2	£10.64	£10.66	-3.48%	-0.19%
3	£11.14	£11.14	0.00%	0.00%
4	£12.72	£12.72	0.00%	0.00%
5	£16.13	£16.37	-2.20%	-1.49%
6	£19.96	£19.96	0.00%	0.00%

# Median gender pay gap in hourly pay

Table: % Median gap ordinary hourly rate of pay cont.

Group	Male	Female	Gap % 2020-21	Gap % 2021-22
7	£23.14	£23.44	0.00%	-1.30%
8a	£24.65	£24.57	2.29%	0.32%
8b	£32.66	£28.01	0.00%	14.24%
8c	£38.80	£33.75	13.46%	13.03%
8d	£46.22	£39.99	6.75%	13.48%
9	£55.27	£55.27	7.11%	0.00%
Medical - Consultant	£51.18	£49.71	6.20%	2.87%
Medical - Junior	£22.98	£21.87	6.27%	4.83%
Medical - Other	£37.91	£33.68	6.18%	11.15%
Non-Execs	£7.26	£6.74	10.37%	7.16%
VSM	£74.15	£62.00	6.42%	16.39%

## Differential pay rates

The median pay for male staff is £3.83 (19.19%) higher than female staff and has stayed relatively the same compared to the previous year.

When excluding medical staff, the median pay gap is significantly reduced to a gap of £1.01 (6.26%).

However, the median gap excluding medical and dental staff has increased since last year when it was £0.47 (3.08%), an increase of £0.54.

Reminder – the median pay gap is usually considered to be more representative of the gender pay gap across the workforce.

## Why do we have a median pay gap?

The median pay gap has occurred because:

- An increase gender pay gap (for AFC Staff) has occurred due to a higher proportion of male staff in Band 8A to Band 9 being at the top of the pay scale, when compared to the percentage of female staff at the top of the pay scale (i.e. males in senior roles earn more).
- In addition, male staff are disproportionately represented in senior roles as highlighted earlier.

## Median gender pay gap in hourly pay cont. Bonus gender pay gap as a mean average

- It should also be noted that the Agenda for Change 3 year pay deal will mean that Band 8A staff will remain on the lower salary for a longer period until they achieve the top of the pay scale, this could result in the gap widening if a higher percentage of males are at the top of the Band.

### Bonus gender pay gap as a mean average

The bonus gender pay gap reflects the distribution of bonus payments made to relevant male and female employees, who were paid bonus pay in the 12 months that ended on the snapshot date.

### What is included in bonus payments?

- One-off recruitment and retention payments (in place for hard to recruit to roles).
- Incentive payments (for hard to fill shifts).
- Medical and dental staff's Clinical Excellence Awards (Local and National).

Table: Mean Bonus gender pay gap averages **including** medical and dental staff

	2020-21			2021-22		
	Male	Female	Gap %	Male	Female	Gap %
% Mean gap bonus pay	£4,592.65	£947.53	79.37%	£6,184.51	£1,011.16	83.65%
% Median gap bonus pay	£2,470.00	£500	79.76%	£5,316.00	£320.00	93.98%
% Receiving bonus	21.44%	28.97%		20.76%	22.49%	
No. of staff receiving bonus	208	1336		201	1024	

Table: Mean Bonus Gender Pay Gap averages **excluding** Medical and Dental Staff

	2020-21			2021-22		
	Male	Female	Gap %	Male	Female	Gap %
% Mean gap bonus pay	£710.50	£727.59	-2.41%	£445.35	£497.82	-11.78%
% Median gap bonus pay	£400.00	£480.00	-20.00%	£300.00	£300.00	0.00%
% Receiving bonus	15.18%	29.66%		10.89%	22.36%	
No of staff receiving bonus	99	1283		71	952	

### Differential bonus pay

When including medical staff, 1225 staff received a bonus, 201 male (20.76% of eligible male staff) and 1024 female staff (22.49% of eligible female staff).

# Bonus gender pay gap as a mean average

## Differential bonus pay cont.

More medical male staff (171 staff, 67%) have received a Clinical Excellence Award than female staff (83 staff, 33%). This is split between local and national awards.

Local CEA – Due to guidance from NHS Employers, there was an increase in monies for Local Clinical Excellence Awards (LCEA) in 2021-22 as all monies unspent since 2018 were required to be spent in the 2021-22 LCEA's. Due to this, the pot of money to be spent was higher than normal and when equally split between all eligible consultants meant the payment increased from £2470 in 2020 – 2021 to £5316 in 2021-22. This resulted in a significant increase in the Median gap as there are more male (125) recipients of this award than female (69). Overall although local CEAs were 67% male, this is fairly representative of the gender split, 64% of consultants are male.

NCEA (National Clinical Excellence Award) – 60 staff received the national CEA awards – 14 female (23%) and 46 male (77%). Female consultants were under-represented in the NCEAs, 36% of consultants are female.

However, when taken as a whole (both national and local CEAs), the gender split was relatively representative, 83 female (33%) and 171 male (67%) consultants received an award – the Trust employs 83 female consultants (36%) and 149 male (64%). The financial award was also fairly representative, 68% of the award in monetary terms went to male consultants.

Fewer staff have received bonus payments this year (1225 staff in 2021/22, compared to 1544 staff in 2020/21), but there is still a higher percentage of female staff receiving a bonus, although the gap between the percentage of male and female staff receiving a bonus has decreased to 20.76% for males and 22.49% for females.

## The impact of medical and dental staff

When medical and dental staff are included in the calculation, the mean bonus gender pay gap between male and female staff is £5173.35 (83.65%).

The median pay gap when including medical and dental staff is £4996.00 (93.98%).



# Bonus gender pay gap as a mean average

## The impact of AFC

If medical and dental staff are excluded from the calculation, the mean bonus payments gender pay gap between male and female staff is markedly reduced from £5173.35 (83.65%) in favour of male staff to £52.47 (-11.78%) in favour of female staff.

In addition, when excluding medical staff, the median value indicates there is a parity of payment.

## Why do we have a bonus gap when we include all staff?

The bonus pay gap has occurred because there are more male consultants (m 149, 64% vs f 83, 36%), correspondingly a greater share of the bonus was received by male staff – financial payments were relatively proportionate (68% of the award in monetary terms went to male consultants).

## Proportion of males and females in each quartile

Quartiles are calculated by ranking all of our employees from highest to lowest paid, dividing this into four equal parts (quartiles) and working out the percentage of males and females in each of the four parts.

The Trust continues to have a good proportion of females at Trust Board Executive and Senior Management levels, 42% of non-execs and VSMS are female. When looking at all staff, men are disproportionately represented in the upper quartile (highest paid staff) – 29.90% male and 70.10% female. This is compounded by the fact that our medical and dental staff predominantly reside in the upper quartile.

In contrast, when medical and dental staff are removed from the calculation the proportion changes to 15.96% male and 84.04% female which is more comparable with the other quartiles and representative of the gender split in the Trust (82%). Female staff are over-represented in the remaining quartiles – lower (86%), lower middle (87%) and upper middle (86%).

The tables below depict the gender split per quartiles.

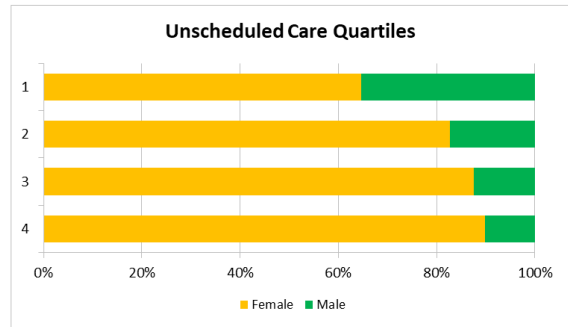
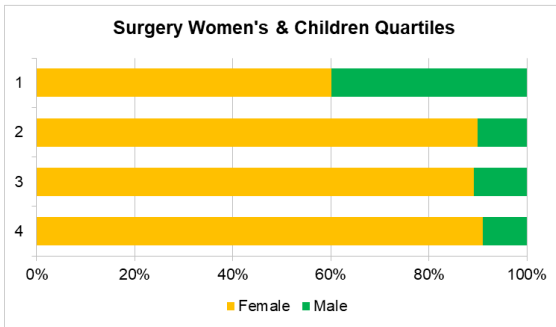
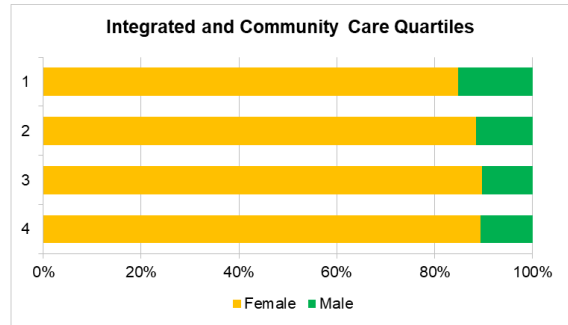
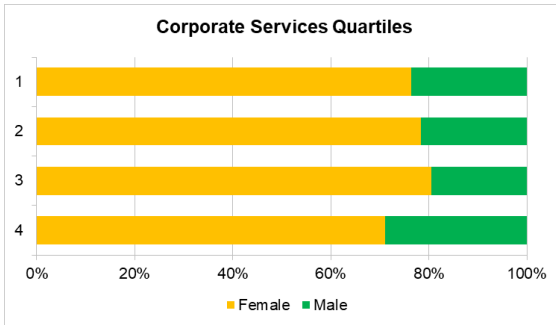
Table: Gender split for pay in each of the four quartiles – **including** medical and dental staff

Quartile	Total staff	Male	Female	% Male	% Female
Lower	1361	184	1177	13.52	86.48
Lower Middle	1361	173	1188	12.71	87.29
Upper Middle	1362	195	1167	14.32	85.68
Upper	1361	407	954	29.90	70.10

Table: Gender split for pay in each of the four quartiles – **excluding** medical and dental staff

Quartile	Total staff	Male	Female	% Male	% Female
Lower	1209	163	1046	13.48	86.52
Lower Middle	1209	142	1067	11.75	88.25
Upper Middle	1209	145	1064	11.99	88.01
Upper	1209	193	1016	15.96	84.04

# Proportion of males and females in each quartile



The above graphs depict the pay quartiles per division: The Surgery Women's & Children and Unscheduled Care Divisions have a larger percentage of male staff in quartile one, the upper quartile (highest pay bracket), this is reflective of the number of medical and dental male senior staff who work in these specialities. In comparison, Corporate Services and Integrated & Community Care have a relatively even spread of male staff across the quartiles.

# Conclusion

We have made some progress in reducing the pay gap between males and females across a number of our Bands (Band 4, 8A, 8C, 8D, 9, Medical Consultant, Medical Junior and Non-Exec) however they are still in favour of male staff. The Trust's gender pay gap is caused by the following:

- Male staff are both disproportionately represented in the upper quartile of pay (highest earners) and are more likely to be at the top end of the pay scale across a number of those Bands.
- In 2021/22 the Trust employed additional male staff at Bands 8a and above, increasing representation of male staff in senior roles, in contrast the number of female staff in these Bands reduced.
- In addition, male staff are under-represented in the lower, lower middle and lower upper quartiles – if male staff were representative across the Trust, there would be a gender split closer to 18% male and 82% female across all quartiles.

A bonus pay gap has resulted because there are more male consultants (64%), and therefore more male staff have received an award.

The pay gap is significantly reduced when medical and dental staff are removed from calculations.

A number of initiatives were undertaken in 2020/21 to reduce the pay gap including reviewing the recruitment adverts to remove bias and gender specific terms to ensure adverts are attractive to both genders and introducing a governance process for negotiating salaries. More information about the initiatives we have undertaken can be found in the appendix and the 2021/22 action plan will build on previous work.

## Notes

### Agenda for Change: The NHS Pay Structure

Agenda for Change was implemented to harmonise pay scales and career progression arrangements in the NHS, to ensure that there is equity and transparency in relation to pay arrangements. This is reflected in the Trust gender pay gap reporting which identifies a 7.07% gap (excluding medical staff).

The majority of staff are on NHS terms and conditions. Most staff are on the national Agenda for Change Terms and Conditions of Service which uses 9 pay bands and staff are assigned to one of these on the basis of the NHS Job Evaluation Scheme. Within each band there are a number of incremental pay progression points.

The largest disparity is within medical staffing and the Trust acknowledges that there could be greater female representation in the consultant workforce and this is reflected nationally. Nationally action has been taken to increase the number of female trainees, however the impact of this will take a number of years. This discrepancy is reflected in the Trust Action Plan which focuses on closing the gap for medical staffing.

# Conclusion

## Notes

### **Agenda for Change: The NHS Pay Structure cont.**

Within the NHS there are also national Medical and Dental terms and conditions of service. Depending upon seniority there are a number of pay scales for basic pay. There are separate terms and conditions for Very Senior Managers, such as Chief Executives and Directors, which is based on benchmarking information and agreed by Remuneration Committee.

As an NHS Trust, our services are provided on a 24/7 basis, and therefore staff that work unsocial hours, participate in on-call rotas and work on general public holidays will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who undertake Senior Manager on-call duties, and non-clinical staff who provide 24/7 services such as Estates and IT.

# Appendix

**Table: Percentage of male and female staff at the top of the pay scale across Bands 8A to Band 9**

The table indicates that a higher percentage of male staff are at the top of the pay scale, compared to female staff:

Pay Scale Description	Female	Male
Band 8 - Range A	45.19%	42.22%
Band 8 - Range B	48.00%	60.00%
Band 8 - Range C	46.67%	57.14%
Band 8 - Range D	37.50%	80.00%
Band 9	50.00%	80.00%

## Closing the gender pay gap

The Trust has undertaken a range of activities to close the gender pay gap including ensuring our systems and processes attract, retain and support people from all backgrounds. The following is a snapshot of the programme of work and existing policies that support getting to equity:

**Recruitment** – Reviewed recruitment adverts for possible unconscious bias and gender specific terms to ensure job adverts appeal to both sexes. In addition, processes have been put in place for Band 8C and 9 to ensure equality for male and female progression

**Salary** – Established a process to ensure there is formal governance for negotiating salaries

**Flexible working** – Promoted flexible working policy including work from home opportunities and part-time working

**Development** – Established internal and external leadership programmes across all grades from Band 4 and above including leadership programme for clinical leads. Programmes will also be developed for Band 2 and 3 staff and new consultants

**Development** – The Trust is piloting Scope for Growth Career Conversations which is a national talent management programme that provides a framework to support organisations in structuring career conversations around the priorities that matter to staff so we can best understand our talent, their aspirations and help shape their career-journey.

# Appendix

**Staff Network** – The Trust has four staff networks who support the organisation to understand the needs of our diverse workforce. The networks act as a voice for the staff they represent at key strategic meetings and have the opportunity to influence policy and change.

**Bonus Pay** – Evaluated and promoted support to female consultants to encourage the increase in applications for local Clinical Excellence Awards.

## Great Western Hospitals NHS Foundation Trust Gender Pay Gap Action Plan

We have produced an Action Plan to address the Gender Pay Gap. The plan below includes incomplete actions carried forward from 2020/21.

### Action Plan

Objective	Action	Lead	Time-scale	Desired Outcome
Better promotion of our senior vacancies to women and organisations that support women, including Medical and Dental vacancies.	Equal Opportunities Review – review quantitative and qualitative evidence to assess staff experience and perceptions around equal opportunities across three domains – access to opportunities, recruitment and appointment and development	Equality Diversity Inclusion Lead	September 2023	<ul style="list-style-type: none"> <li>Improve GWH WRES and WDES metrics – shortlisting to appointment, perceptions around equal opportunities/career progression, perceptions around feeling valued</li> <li>Demonstrate commitment to having a diverse workforce at every level of the organisation</li> <li>Improve job candidate perceptions and experience around transparency, equal opportunities and fairness in the recruitment process</li> <li>Identify and implement inclusive recruitment good practice</li> </ul>
Identify other areas of good practice across the system	Identify good practice across the system to reduce gender pay gap and inform future action plans	Equality Diversity Inclusion Lead	July 2023	<ul style="list-style-type: none"> <li>Identify evidence-based practice</li> <li>Collaborate and share resources across the health and care system</li> </ul>

# Appendix

## Action Plan

Objective	Action	Lead	Time-scale	Desired Outcome
Ensure that grades contributing to the pay gap are reduced and barriers to progression removed.	Determine if other protected characteristics affect the gender pay gap. Expand review on gender pay gap to include data on religion, sexuality, disability and 'race'. Review this data across a range of occupations and directorates. As part of WRES/DES, expand on actions that may impact on gender pay.	SW, Suzie Allison-Green	September 2023	Carried forward
Reduce barriers to progression.	<p>Evaluate and promote support to female consultants to encourage an increase in applications for local Clinical Excellence Awards.</p> <ul style="list-style-type: none"> <li>Collaborate with partners to devise a new or review existing 'perception/reality' surveys;</li> <li>Distribute survey to a sample of senior staff (male and female) who are eligible for CEAs;</li> <li>Analyse results to see if these indicate a mismatch between candidates perception of their abilities, and reality, by gender;</li> <li>Determine next steps/ measures to put in place depending on findings.</li> </ul>	SW, HR Business Partner	November 2023	<p>In progress</p> <p>New process in place</p> <ul style="list-style-type: none"> <li>Next step to review national CEA and extend criteria for 2023/24 awards</li> </ul>