







Meeting	Executive Committee	Date:	17.02.2020
Title	Gender Pay Gap Reporting – Results for 2018/19		
Summary of paper	<p>In order to meet the its obligations under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Trust is required to publish gender pay gap data on a government website and the Trust website.</p> <p>This paper summarises the results of the Gender Pay Gap analysis and background information.</p> <p>The gender pay gap reporting uses six different standard measures which are;</p> <ul style="list-style-type: none"> • The mean gender pay gap • The median gender pay gap • The mean bonus gender pay gap • The median bonus gender pay gap • The proportion of males and females receiving a bonus payment • The proportion of males and female in each quartile pay band <p>The gender pay gap reporting must be published by the 30th March 2020 (Public Sector Organisations) using a data snap shot from the 31st March 2019. Staff employed by the Trust on this date include GWH Acute Services and Swindon Community Health Services. The total number of staff included is 4861 with a split of 814 (16.75%) male and 4047 (83.25%) female.</p>		
Consultation / other committee views	This paper will be shared with the Equality and Human Rights Group		
Assurances			

Recommendations/decisions required	<p>(a) that the paper is noted</p> <p>(b) The information is agreed to be published as required (Subject to Board Approval)</p> <p>(c) that any further actions are agreed and documented</p>
---	---

Link to Trust Strategic Pillar				Link to Quality	
 Outstanding patient care and a focus on quality improvement in all that we do	 Staff and volunteers feeling valued and involved in helping improve quality of care for patients	 Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers	 Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care	 SAFE	
				 EFFECTIVE	
				 CARING	
				 RESPONSIVE	
				 WELL-LED	

Risk(s) Ref	Risk(s) description	Risk(s) score

Implications and impact summary	Director Sign off	Dated
Financial and other resources (Expenditure / Income net value)		
Operational		

Workforce / HR	Jude Gray, HR Director	
-----------------------	---------------------------	--

Regulations and legal considerations	Quality consideration and impact on patient and carers
Equality Act 2010 Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017	

Confidentiality This report does not contain any confidential information.
Equality Impact Assessment Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt. This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.

Lead Executive Director	Jude Gray	Title	HR Director
Report Author	Suzie Allison-Green	Title	HR Business Partner

1. What is in Our Report*

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

*as required by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

2. What is the pay gap report?

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year (from April 2017) which illustrates what the pay gap is between their male and female employees. In this report the data is taken from 31st March 2019 and this will be published on the Trust website and on the relevant government website by the 30th March 2020.

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

3. NHS Pay Structure

All staff are on NHS terms and conditions. The majority of 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.

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.

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 and will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who participate in Senior Manager on-call and non-clinical staff who provide 24/7 services such as Estates and IT.

4. Gender Proportions at GWH

At the time the snapshot was taken the Trust had 4861 employees/workers, of which **814 (16.75%) male** and **4047 (83.25%) female**. The breakdown of the proportion of males and females in each banding are as follows.

	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Medical	VSM
Female %	80.85%	90.69%	90.03%	89.31%	86.11%	91.40%	88.75%	86.30%	79.34%	77.78%	47.62%	40.00%	40.00%	47.68%	50.00%
Male %	19.15%	9.31%	9.97%	10.69%	13.89%	8.60%	11.25%	13.70%	20.66%	22.22%	52.38%	60.00%	60.00%	52.32%	50.00%

5. Gender Pay Gap Figures

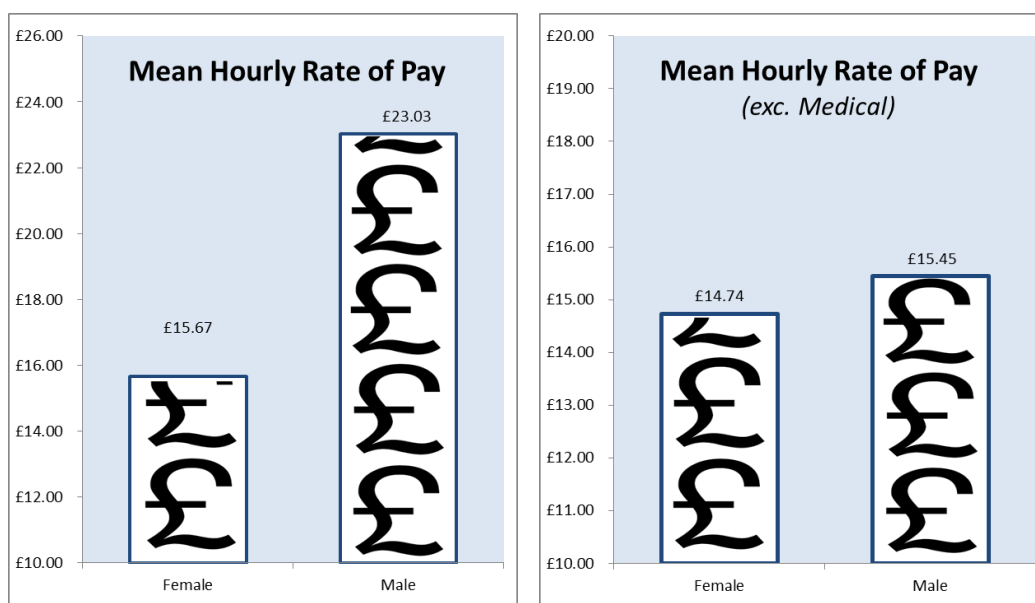
5.1 Gender pay gap as a mean average

The mean is the average of all the hourly rates in the dataset and shows that female staff are paid 31.99% less than male staff. The gap has increased when compared to the previous year report (26.44%) compared to 31.99% this year and excluding medical staff 2.49% last year compared 4.58% this year.

Mean hourly rate of pay	Female	Male	GAP%
% Mean GAP Ordinary Pay	£15.67	£23.03	31.99%

Further analysis shows that there is a higher number of male staff in senior medical and dental positions (68% male, 32% female). If medical and dental staff are excluded from the calculation the mean average changes significantly with females being paid 4.58% less than males.

Mean hourly rate of pay – excluding medical and dental	Female	Male	GAP%
% Mean GAP Ordinary Pay	£14.74	£15.45	4.58%



If this is broken down further, the mean shows that in the main females are paid more than males in each line as illustrated by band to the right.

The medical staff line includes all training grades, staff/career grade, consultant doctors and dentists.

The VSM and Non-Executive line shows a large difference due to the much smaller remuneration that Non-Executive Directors are paid (4 male and 2 female) compared with high salary VSM who are half male and half female (5 male and 5 female).

Group/Band	FEMALE	MALE	GAP%
Apprentice	£4.71	£4.77	1.25%
1	£10.51	£9.62	-9.20%
2	£11.04	£10.54	-4.67%
3	£10.35	£10.30	-0.48%
4	£11.56	£11.23	-2.93%
5	£15.73	£14.23	-10.54%
6	£18.50	£17.88	-3.48%
7	£21.23	£20.69	-2.58%
8a	£23.97	£23.72	-1.05%
8b	£28.90	£29.28	1.31%
8c	£31.73	£32.56	2.54%
8d	£42.13	£39.99	-5.33%
9	£44.82	£46.15	2.87%
Medical	£29.41	£37.43	21.42%
VSM	£57.32	£26.24	-118.50%

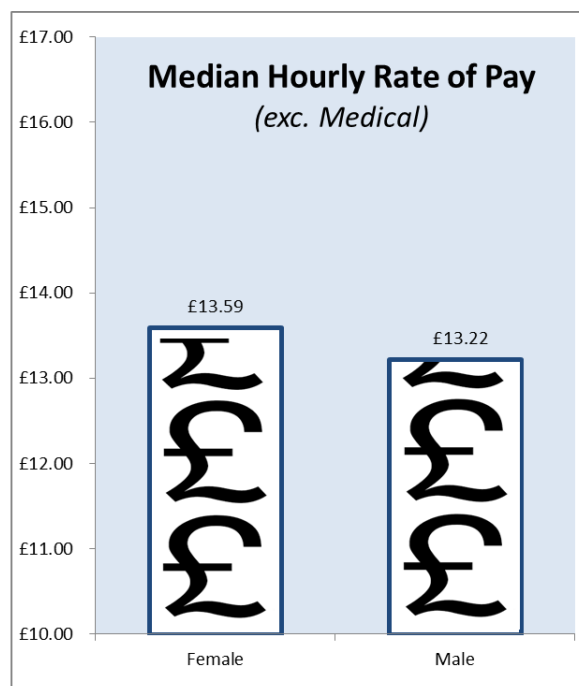
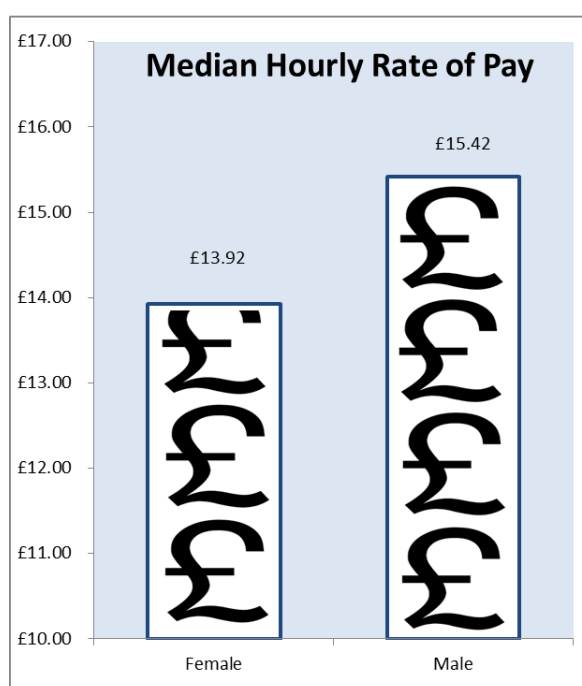
5.2 Gender pay gap as a median average

The median is the middle value when you list all the numbers in the dataset in numerical order and female staff are paid 9.73% less.

Median hourly rate of pay	Female	Male	GAP%
% Median GAP Ordinary Pay	£13.92	£15.42	9.73%

Again, if medical and dental staff are excluded from the calculation, the median average changes significantly and this shows males being paid 2.8% less than females.

Median hourly rate of pay – excluding medical and dental	Female	Male	GAP%
% Median GAP Ordinary Pay	£13.59	£13.22	-2.8%



% Median Gap Ordinary hourly rate of pay

Group/Band	FEMALE	MALE	GAP%
Apprentice	£3.50	£3.52	0.57%
Band 1	£8.38	£8.01	-4.56%
Band 2	£9.70	£9.35	-3.75%
Band 3	£10.15	£9.81	-3.47%
Band 4	£11.57	£11.04	-4.85%
Band 5	£14.70	£14.07	-4.48%
Band 6	£18.19	£17.15	-6.10%
Band 7	£21.37	£20.81	-2.72%
Band 8a	£23.97	£24.09	0.48%
Band 8b	£27.52	£29.77	7.56%
Band 8c	£34.39	£32.11	-7.10%
Band 8d	£42.58	£38.65	-10.17%
Band 9	£51.36	£43.71	-17.52%
Medical	£26.48	£33.91	21.91%
VSM	£55.91	£22.03	-153.79%

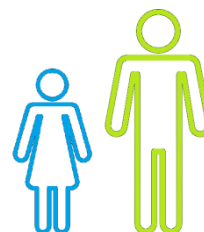
If this is broken down further, females in most pay bands are paid more than males. The medical staff line includes all training grades, staff/career grade and consultants', doctors and dentists.

The VSM and Non-Executive line shows a large difference due to the much smaller remuneration that Non-Executive Directors are paid and who are mainly male.

5.3 Bonus gender pay gap as a mean average

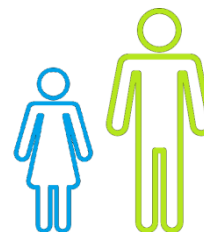
Included in the bonus calculations are one off recruitment and retention payments (in place for hard to recruit to roles) and incentive payments (for hard to fill shifts). The calculation also includes medical and dental staff's Clinical Excellence Awards, Discretionary Points and Distinction Awards. This shows a significant difference between male and female pay mainly due to consultants receiving Clinical Excellence Awards, Discretionary points and Distinction Awards. There has been a slight increase in the gap from last year's results when the mean gap was 88.16% and the median gap was 75%

	F	M	%
Mean GAP Bonus Pay	£648.41	£5,702.81	88.63%
Median GAP Bonus Pay	£200.00	£1,300.00	84.62%
% Receiving Bonus	21.70%	19.05%	



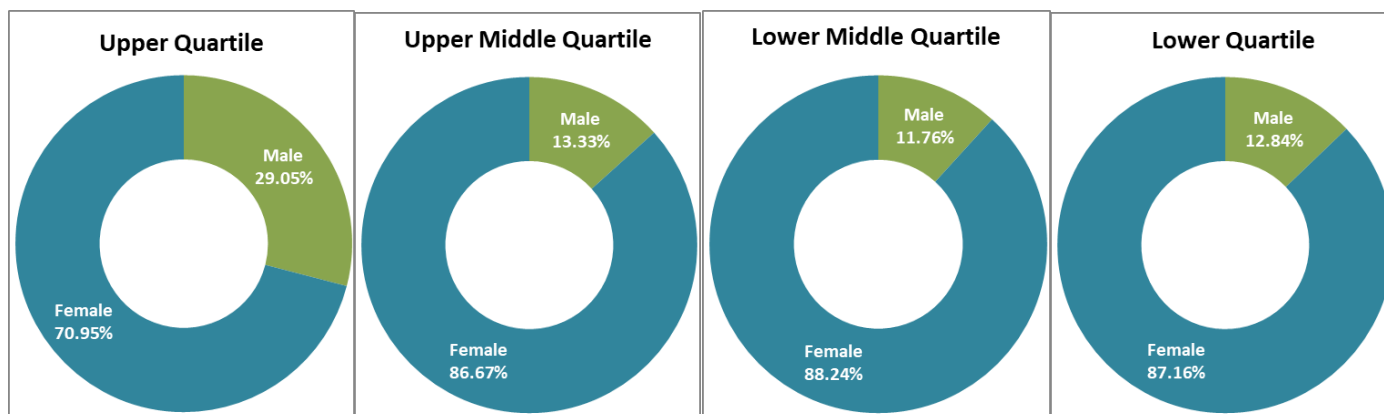
If medical and dental staff are excluded from the calculation, the difference significantly reduces but the bonus pay gap between males and females remains high due incentive payments. The incentive payment are the same for male and females, however males are earning more than females in incentive payments.

	F	M	%
Mean GAP Bonus Pay	£400.62	£566.19	29.24%
Median GAP Bonus Pay	£200.00	£300.00	33.33%
% Receiving Bonus	22.62%	16.57%	



5.4 Proportion of males and females in each Quartile

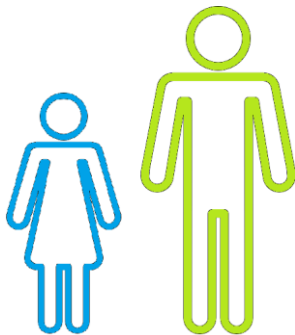
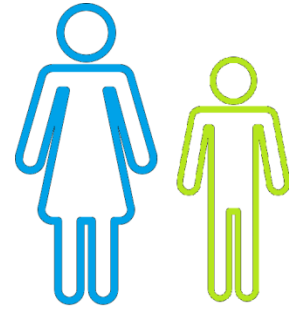
Quartiles are all relevant employees and workers listed in hourly rate order and split into four equal groups. Due to the proportion of doctors in the Upper Quartile, there is a decrease in the proportion of females in comparison to the other quartiles. The Trust has a high proportion of females at Trust Board level, and Senior Management level and if medical staffing is excluded from the Upper Quartile the proportion changes to 13.41% Male and 86.59% Female which is more comparable to the other quartiles.



862 female staff	1,053 female staff	1,073 female staff	1,059 female staff
353 male staff	162 male staff	143 male staff	156 male staff

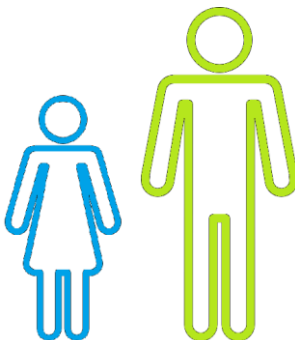
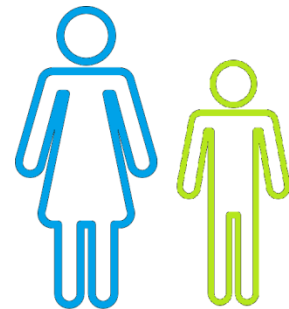
6. Gender Pay Gap Summary

Gender Proportions demonstrate more Female than Male staff



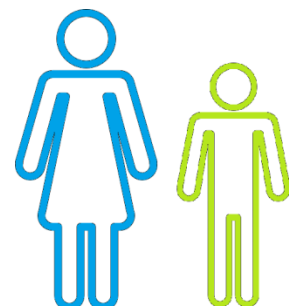
Mean Averages Hourly Pay is higher for Males than for Females (this reduces to 4.58% when medical staff are excluded)

Median Average Hourly pay is higher for Females, except when including Medical Staff (this reduces to -2.8% when medical staff are excluded)



Proportionally there are more female staff receiving 'bonuses', though the amount is higher for males than females

Female staff are proportionately higher in hourly rates across all quartiles. Male staff proportions are highest in the Upper Quartile of higher paid staff when you include medical staff.



7. Conclusion

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 4.5% gap (excluding medical staff).

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 this impact of this remains slow. This discrepancy is reflected in the Trust Action Plan which focuses on closing the gap for medical staffing.

Recent medical appointments may also reduce the gender pay gap for medical staffing including a female Medical Director and female consultants in Cardiology, Palliative Care, Geriatrics, Anaesthetics, ICU, Surgery, Paediatrics, Acute Medicine, Respiratory Medicine, Trauma & Orthopaedics, Diabetes and Emergency Medicine. For every selection process, the strongest candidate on the day was appointed.

Appendix 1 – Gender Pay Gap Action Plan

Ref	Area	Objectives	Actions	Desired Outcome	Action due date	Person Responsible	Outcome and impact
1	Medical Recruitment	Ensure recruitment processes for medical staffing is non-gender bias	Benchmark recruitment practices and review CIPD best practice	Assurance that medical recruitment practices are non-gender bias	July 2020	Danny Little, Head of Medical Staffing	
2	Medical Recruitment	Ensure that all medical staffing recruitment data is reportable	For all shortlisting, offers and new starters to be completed on nhs.jobs for all medical and dental recruitment excluding recruitment via the Deanery	100% of medical staffing recruitment data (excluding staff recruited via the Deanery or introduction agencies) to be reportable	April 2020	Danny Little, Head of Medical Staffing	
3	Flexible working for medical staff	Increase awareness of flexible working for medical staff and improve understanding for leaders to respond to requests	Promote flexible working and report the number of flexible working requests via MSG reports monthly	Increase awareness of flexible working opportunities for medical staff – including those in junior roles	April 2020	Danny Little, Head of Medical Staffing	
4	Medical Recruitment	Ensure there is a gender balanced recruitment panel for all consultant and senior medical staffing positions	For the medical staffing team to review the panel and ensure that there is gender balance ahead of the recruitment taking place	That there is 100% gender balance panel for all consultant and senior medical staffing positions	Reportable 6 monthly (E&D report)	Danny Little, Head of Medical Staffing	

Ref	Area	Objectives	Actions	Desired Outcome	Action due date	Person Responsible	Outcome and impact
5	Clinical Lead Training and Development	Ensure Clinical staff involved in recruitment decisions are trained in equality and diversity	As part of the leadership development programme, ensure a module of E&D and recruitment is included	At least 1 member of the interview panel has received the training	September 2020	Sally Fox OD lead and Danny Little Head of Medical staffing	
6	Deep dive into Medical Staff pay	Identify which grades are contributing to the pay gap and the barriers for progression	Undertake a deep dive by medical grade on the gender pay gap. Identify any barriers that prevent progression and develop an action plan to address these	Clear understanding of the gender pay gap for medical staffing by grade and actions to reduce the gap	September 2020 report to E&D group for consideration	Danny Little Head of Medical Staffing and Lara Hughes HR system Analysts	
7	Appointments and promotions	Ensure AFC is applied in Appointments and Promotions of senior posts (8B – 9)	Any decision outside of the AFC requires oversight by the HRD	Close the gap to 0% for senior roles for the mean gap	Any decisions outside AFC to be in the 6 monthly report (E&D Report)	Suzie Allison-Green HR Business Partner (E&D)	
8	Bonus Schemes	Review WLI and incentive award	Review incentive scheme across the Trust	Close the gap for bonus pay	Incentive review by June 2020	Claire Warner Associate Director of HR	

Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

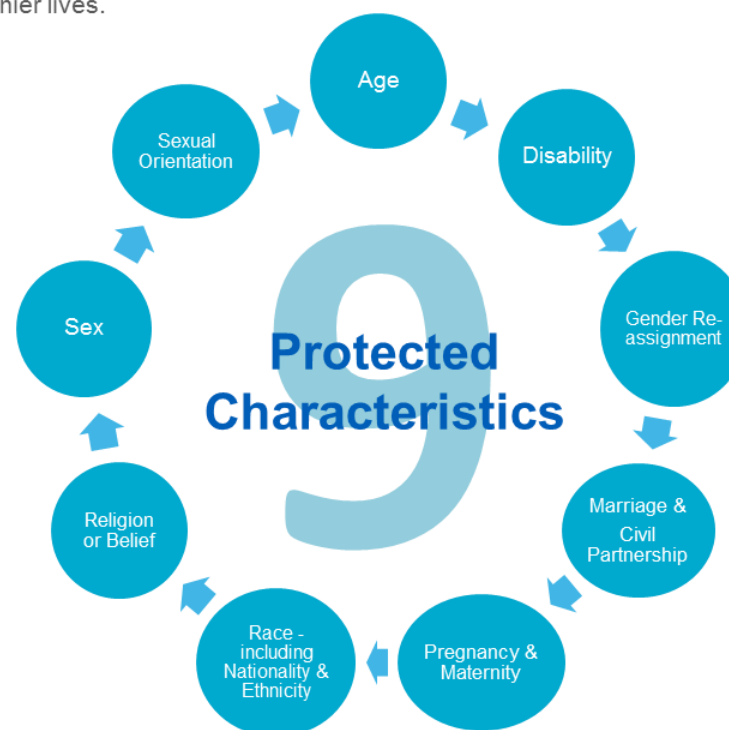
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
--------------------------------	--------------------------------------	------------------------------------	------------------------------------