

Gender pay gap report

2022-2023



Contents

Executive summary	3
Our gender pay gap report	5
Terminology	6
Gender pay gap summary	7
Mean gender pay in hourly pay	11
Median gender pay in hourly pay	14
Bonus gender pay gap	17
Proportion of males and females in each quartile	21
Conclusion	24
Appendix	27

If you have any questions or require this document in an alternative language or format please contact the Trust's Equality, Diversity and Inclusion Lead, Sharon Woma.

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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. Our commitment extends to addressing our gender pay gap which is an enduring challenge in every sector. We will continue to take positive steps towards pay equity.

We want the Trust to be a great place to work and 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.

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) and payroll information.

- The mean gender pay gap has decreased by 3.06%
- The median gender pay gap has decreased by 0.31%
- The mean bonus payments gap has decreased by 12.94%
- The median bonus payments gap increased by 4.88%
- Proportion of males receiving bonus payments has reduced by 9.76%
- Proportion of females receiving bonus payments has reduced by 17.23%.

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 2023.

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.

Our gender pay gap report contains several elements, including:

- Pay information as at the snapshot date of 31 March 2023
- Report to be published online by 30 March 2024
- A comparison with 2021 and 2022 figures
- Existing and future recommended actions to reduce the gender pay gap.

Terminology

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

A summary of our position in 2023 using the mean hourly rate of pay and mean bonus payment compared to 2022:

Mean pay gap	£6.88	(27.26%) reduced by £0.68 since last year from £7.56
Excluding medical and dental staff	£0.76	(4.18%) reduced by £0.48 since last year from £1.24
Mean bonus payment gap	£13,478.67	(70.71%) decreased by 12.94% since last year from 83.65%
Excluding medical and dental staff	£149.76	(47.17%) increased by 58.95% since last year from 11.78%

Why do we have a mean hourly gender pay gap?

- Male staff are over-represented in senior roles (the highest pay quartile, 29%) and are less likely to occupy junior positions, they therefore have a higher hourly mean rate of pay. If staff were representative across the Trust, there would be a gender split closer to 82% female and 18% male across all quartiles.
- Revision to Agenda for Change (AfC) means that there is no incremental pay until staff reach the top of their pay points and the difference between pay points is significant ranging from 12-16% or £6,000 to £14,340 per annum.
- Pay increase for specialist nurses and healthcare support workers have helped to reduce the gap.
- Higher proportion of male staff in senior roles who were at the top of pay scale (point) last year, have left the Trust, coupled with an increase in female staff who have moved to the top of their pay scale, resulting in a reduction in the gap.
- When medical and dental staff are removed from the equation, the gender pay gap decreases from £6.88 to £0.76. This is as a result of long-standing differences in terms and conditions of service for medical staff.

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 specialities. 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 Fiscal Studies 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?

- When medical staff are excluded, the bonus gender pay gap for Agenda for Change (AFC) staff is 47.17% in favour of male staff, up 59%. Last year the bonus was in favour of female staff (-11.78%). Re-classification of bonuses paid to specialist nurses has meant there was an increase in average hourly rate of pay for these nurses and reduction in bonus payments, primarily affecting female staff who are more prevalent in the nursing profession. Although more AFC female staff receive a bonus, they are smaller incentive payments.
- Waiting List Initiative payments for medical and nursing staff attract different rates, medical staff are on a higher rate, and given the higher proportion of males in the medical workforce (63.71%), this increases the bonus payment gap in favour of male staff.
- The bonus gender pay gap for medical only staff has reduced to 13.22% (down 3.09%).
- More male medical and dental staff receive bonuses (64%) than female medical and dental staff (36%), male staff have also received larger payments. What has helped to reduce the bonus pay gap for medical and dental staff is that the reduction in number of female staff who received a bonus was smaller than the reduction of male staff, 6 less compared to 38 less respectively.
- In addition, female medical staff who work part-time now receive a full payment.

Note, the Trust published its last Gender Pay Gap Report (2021-22) in March 2023, the actions from this report remain in progress. We have therefore carried these actions forward to 2023-24. To support this work, during the remainder of 2023, the Trust has focussed on initiatives that will enable greater involvement of staff to drive the inclusion agenda.

Gender breakdown

Gender proportions in our Trust

The Trust had 5,427 employees/workers in the year from 01 April 2022 to 31 March 2023. The gender split of paid employees was as follows:

Gender	Headcount	Proportion of workforce
Male	980	18.06%
Female	4,447	81.94%
Total	5,427	100.00%

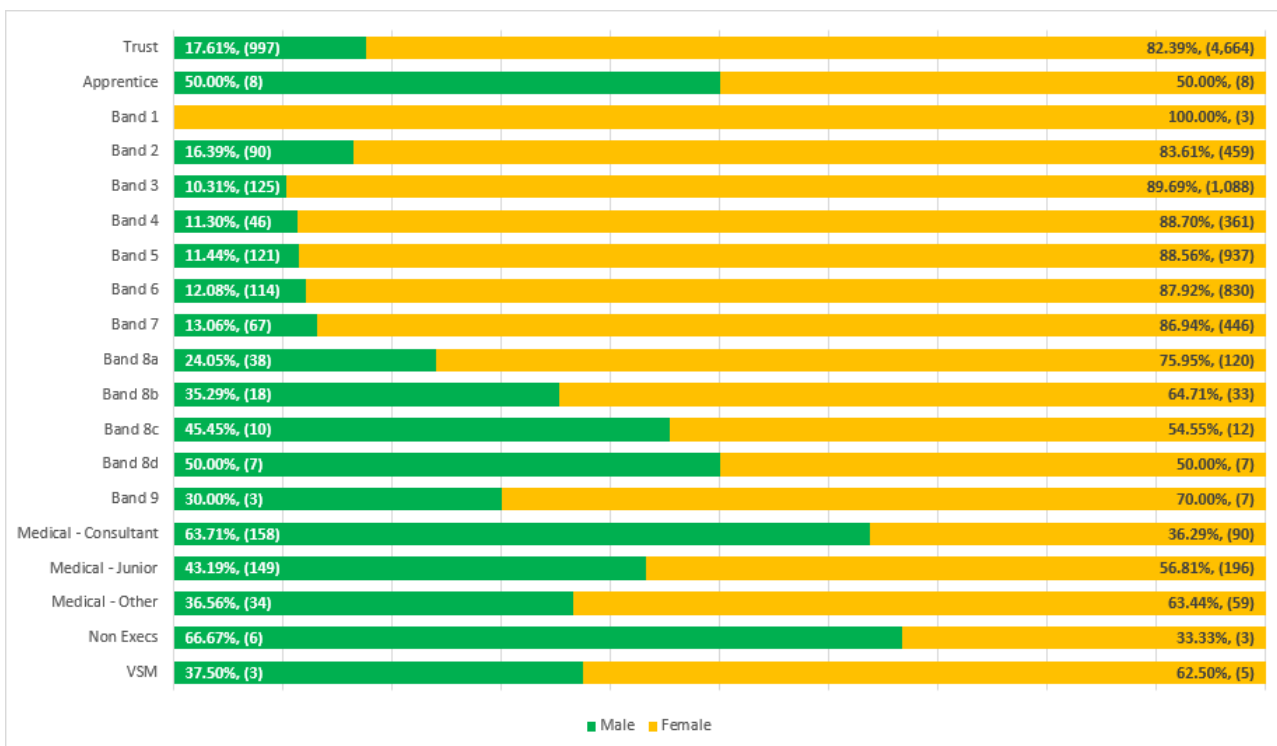
Gender	Full-time	Part-time
Male	800 (25%)	197 (8%)
Female	2,402 (75%)	2,262 (92%)
Total	3,202	2,459

Medical and dental workforce

The medical and dental workforce comprises of 650 staff, 330 male staff (50.77%) and 320 female staff (49.23%). This is broadly representative of the Swindon demographic and national picture – a split of 50:50. The workforce excluding medical and dental staff is 4,777 staff, 652 male staff (13.65%) and 4,125 female staff (86.35%), which reflects the greater proportion of staff working in the Nursing, Midwifery and AHP professions on Agenda for Change terms.

3,202 staff are full-time, 800 (24.98%) male and 2,402 (75.02%) female; and 2,459 staff work part-time, 197 male (8.01%) and 2,262 (91.99%) female.

The gender split of staff across all bands can be found on the next page.



Mean gender pay 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 Mar 2022	Year to 31 Mar 2023	Difference (between 2022 and 2023)
Male	£24.93	£25.25	+£0.32
Female	£17.37	£18.37	+£1.00
Difference	£7.56	£6.88	-£0.68
Pay gap %	30.32%	27.26%	-3.06%

Table: Mean hourly rate excluding medical and dental staff

	Year to 31 Mar 2022	Year to 31 Mar 2023	Difference (between 2022 and 2023)
Male	£17.53	£18.07	+£0.54
Female	£16.29	£17.31	+£1.02
Difference	£1.24	£0.76	-£0.48
Pay gap %	7.07%	4.18%	-2.89%

Differential pay rates

Female staff earn £0.73 for every £1 that male staff earn when comparing mean hourly pay. This has improved since last year, when female staff earned 70p for every £1 a male staff earned.

The impact of medical and dental staff

When medical and dental staff are removed, female staff would earn £0.96 for every £1 a male staff earned.

Table: % mean gap ordinary hourly rate of pay

Group	Male 22-23	Female 22-23	Gap % 2020-21	Gap % 2021-22	Gap % 2022-23
0 - Apprentice	£6.73	£6.44	9.03%	-43.85%	4.37%
1	-	£10.37	-	-	-
2	£11.69	£12.35	-1.57%	-4.05%	-5.66%
3	£12.56	£12.66	-0.89%	-0.87%	-0.80%
4	£13.10	£13.22	2.34%	0.45%	-0.94%
5	£17.03	£18.27	-7.60%	-5.26%	-7.28%
6	£21.15	£21.58	-5.83%	-3.19%	-2.05%
7	£23.40	£23.67	0.54%	-1.19%	-1.19%
8a	£26.68	£26.33	1.18%	0.50%	1.29%
8b	£30.68	£30.82	-2.85%	3.22%	-0.44%
8c	£37.36	£37.43	7.57%	1.89%	-0.18%
8d	£45.90	£46.16	8.11%	4.41%	-0.56%
9	£56.25	£53.54	11.85%	3.28%	4.82%
Medical - Consultant	£53.22	£46.33	5.75%	3.81%	12.95%
Medical - Junior	£26.41	£23.70	8.35%	2.40%	10.24%
Medical - Other	£32.40	£27.12	6.43%	17.93%	16.28%
Non-Execs	£9.94	£6.02	70.79%	35.11%	39.46%
VSM	£82.21	£68.39	3.28%	10.26%	16.81%

Where have there been changes?

The picture remains mixed, however female staff are faring better. Since last year:

- Existing gaps that were in favour of female staff (Bands 2 and 5) have continued to increase
- There was a significant reduction of female staff in Band 2 (reduced by 605 staff) and significant increase of female staff in Band 3 (increased by 484 staff). The Band 2 healthcare support worker roles were re-evaluated, and staff had the opportunity to be re-banded to Band 3, subject to meeting criteria and these staff will have benefited from increased pay, this movement has helped to reduce the mean gender pay gap.

- Some bands (Band 4, 8b, 8c, 8d) that were in favour of male staff last year, are now in favour of female staff
- Five pay bands are close to parity with a gap less than 1% (Bands 3, 4, 8b, 8c, 8d), with improvements in three of these – all higher bands (8b-d)
- The gaps in favour of male staff are Band 8a, 9 and above including all medical roles and these gaps have increased since last year.

Why do we have a mean gender pay gap?

There are more male staff in the upper quartile (highest pay bracket) 29.47%, than compared in the lower quartile (14.40%), in comparison female staff are more evenly spread across the quartiles, however there is greater representation of female staff in the lower quartile (85.60%), than in the upper quartile (70.53%). Therefore, male staff on average earn more per hour. The gap has reduced due to:

- The re-banding of female Band 2 staff, resulting in an increase in number of female staff in Band 3 roles, and therefore attracting higher pay.
- There is a small increase in the number of male staff across the lower (Band 0-5) and upper bands (8a and above), 34 and 3 respectively; with a corresponding larger increase in female staff across the lower (Band 0-5), middle (Band 6 and 7) and upper (8a and above), 42, 70 and 6, respectively.

	2021-22 Female	2021-22 Male	2022-23 Female	2022-23 Male
Lower band (B0-5)	2814	356	2856	390
Lower middle band (B6-7)	1206	185	1276	181
Upper band (B8a+)	526	423	532	426

- In addition, due to changes in how bonus payments are classified, most non-medical incentives have been replaced with ad-hoc increased hourly rates resulting in an increase in pay for specialist nurses, who are predominantly female.

National evidence suggests that male medical staff are more likely to be in practice 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 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.

The median is considered to better represent the gender pay gap, it is often lower than the mean because the median data is not distorted by very high or low hourly pay (or bonus payments).

Table: Median hourly rate including medical and dental staff

	Year to 31 Mar 2022	Year to 31 Mar 2023	Difference (between 2022 and 2023)
Male	£19.96	£20.76	+£0.80
Female	£16.13	£16.84	+£0.71
Difference	£3.83	£3.92	+£0.09
Pay gap %	19.19%	18.88%	-0.31%

Table: Median hourly rate excluding medical and dental staff

	Year to 31 Mar 2022	Year to 31 Mar 2023	Difference (between 2022 and 2023)
Male	£16.13	£16.77	+£0.64
Female	£15.12	£16.56	+£1.44
Difference	£1.01	£0.21	-£0.80
Pay gap %	6.26%	1.25%	-5.01%

Differential pay rates

Female staff earn £0.81 for every £1 that male staff earn when comparing median hourly pay. There is no change since last year (a very slight increase of 0.31%). When medical and dental staff are removed from the equation female staff earn £0.99 for every £1 male staff earn, an improvement from last year when female staff earned £0.94 for every £1 male staff earned.

Table: % median gap ordinary hourly rate of pay

Group	Male 22-23	Female 22-23	Gap % 2020-21	Gap % 2021-22	Gap % 2022-23
0 Apprentice	£6.83	£4.81	11.95%	0.00%	29.58%
1	-	£10.37	-	-	-
2	£10.90	£10.90	-3.48%	-0.19%	0.00%
3	£11.85	£11.85	0.00%	0.00%	0.00%
4	£13.44	£13.44	0.00%	0.00%	0.00%
5	£16.84	£17.10	-2.20%	-1.49%	-1.51%
6	£20.76	£20.76	0.00%	0.00%	0.00%
7	£22.80	£24.38	0.00%	-1.30%	-6.93%
8a	£26.40	£25.64	2.29%	0.32%	2.86%
8b	£28.83	£29.34	0.00%	14.24%	-1.75%
8c	£39.52	£38.32	13.46%	13.03%	3.05%
8d	£46.94	£46.94	6.75%	13.48%	0.00%
Group	Male 22-23	Female 22-23	Gap % 2020-21	Gap % 2021-22	Gap % 2022-23
9	£56.00	£55.99	7.11%	0.00%	0.02%
Medical-Consultant	£52.45	£50.42	6.20%	2.87%	3.87%
Medical-Junior	£25.49	£22.85	6.27%	4.83%	10.36%
Medical-Other	£30.80	£25.72	6.18%	11.15%	16.49%
Non-Executives	£7.26	£7.00	10.37%	7.16%	3.58%
VSM	£84.69	£63.69	6.42%	16.39%	24.80%

Where have there been changes?

The gaps in favour of male staff have increased in seven bands (Band 0, 8a, 9 and above) and decreased in 3 bands (Band 8c, 8d and Non-Executives).

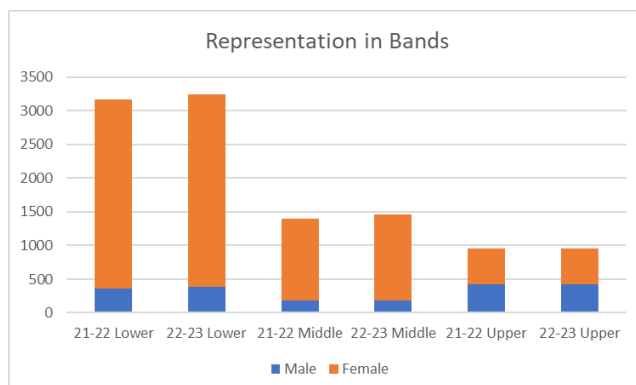
The gaps in favour of female staff have increased in two bands (Band 5 and 7); and Band 8b, the gap which was previously in favour of male staff is now in favour of female staff, a significant swing from 14.24% to -1.75% due to changes in the number of female staff at the top of the pay scale in Band 8a and above, and reduction in male staff at the top of the pay scale in the same bands.

However, the gap has widened further in favour of male staff in Bands 9 and above.

The Trust has achieved parity in five bands (Band 2, 3, 4, 6 and 8d). We achieved parity in Bands 3 and 4 last year.

Why do we have a median pay gap?

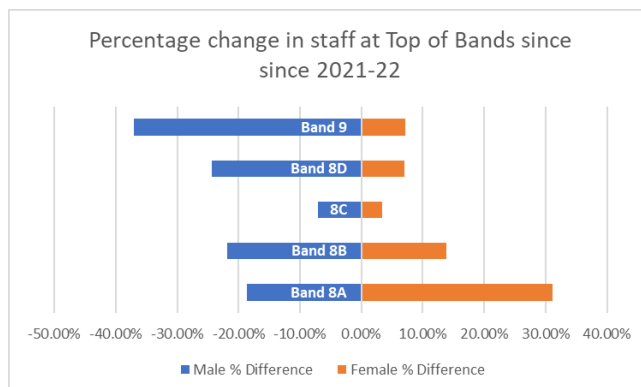
Although we employ fewer male staff (997 male, 4664 female), male staff are disproportionately represented in senior roles, when compared to female staff and therefore earn more per hour on average and have a higher midpoint value.



39% of all male staff (390 of 997) are Band 0 to 5 compared to 61% of all female staff (2856 of 4664); and 43% of all male staff are in senior roles (426 out of 997), Band 8a and above, compared to 11% of all female staff (532 of 4664).

The levels have remained similar to 2021-22 (indicated in table above), with most growth in the middle range of roles for females (increased by 70 staff).

Last year, we reported an increase in the number of male staff at the top of the pay scale in senior roles, the trend has reversed this year, contributing to an improvement in the median pay gap, particularly for non-medical staff where the median pay gap is now £0.21 (1.25%), from £1.01 (6.26%) last year, compared to £11.00 (27.65%), a slight



improvement, for medical and dental staff this year (from £11.90/29.08% last year). The table highlights the difference between the percentages of male or female staff in senior roles at the top of their pay scale last year, compared to those at the top of their pay scale this year.

Bonus gender pay gap

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

What is included in the 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 and median bonus gender payment gap averages inc. medical and dental staff

	2021-22			2022-23		
	Male	Female	Gap %	Male	Female	Gap %
% Mean gap bonus pay	£6,184.51	£1,011.16	83.65%	£19,063.21	£5,584.54	70.71%
% Median gap bonus pay	£5,316.00	£320.00	93.98%	£14,082.88	£160.00	98.86%
% Receiving bonus	20.76%	22.49%		11.00%	5.26%	
No. of staff receiving bonus	201	1,024		108	234	

Differential bonus pay

When including all staff, 342 bonus payments were made to staff, 108 to male staff (11.00% of eligible male staff - 982) and 234 to female staff (5.26% of eligible female staff – 4,445).

Fewer male and female staff have received bonuses this year, however, this has had a greater impact on female staff – 201 male staff received a bonus last year compared to 108 this year and 1,024 female staff received a bonus last year compared to 234 this year.

The reduction has largely been in non-medical female staff, last year 952 female staff received a bonus compared to 168 this year (784 less), compared to 71 male staff last year and 16 this year (55 less).

Fewer awards have been granted this year due to reclassification. Most specialist nurse incentives have been replaced with ad-hoc increased hourly rates and these payments do not meet the guidance for bonus pay and have therefore been counted as allowances in ordinary pay. This has predominantly impacted nursing rates of pay, therefore there is a notable decrease in the bonuses awarded to nurses and this has impacted female staff more; there are significantly fewer male nurses.

Therefore, the mean bonus payment gap:

- For all staff has reduced from 83.65% last year to 70.71% this year and remains in favour of male staff
- For staff excluding medical and dental, the mean has increased from -11.78% (in favour of female staff) to 47.17% (in favour of male staff)
- For medical and dental staff only, the mean has decreased from 16.31% to 13.22%.

The median bonus payment gap:

- For all staff has increased from 93.98% last year to 98.86% this year
- For non-medical staff, the median has increased from 0% last year to 50% this year in favour of male staff
- For medical and dental staff only, the median remains at parity, 0%.

Clinical Excellence Awards (CEAs)

CEAs are awarded to consultants. A total of 197 award payments were made, with some consultants receiving more than one payment. More payments were made to male staff (122 payments, 61.93% and 75 to female staff, 38.07%). This is split between local and national awards.

However, fewer awards have been paid this year and this has had a greater impact on male consultant staff (down from 171 to 122 payments, 49 less). Last year 83 payments were made to female consultant staff (a reduction of 8 this year).

This has resulted in a reduction in the mean bonus pay gap for medical and dental staff mentioned in the previous section. What has also helped to reduce the gap is a change in local policy – part-time female consultants received a full award payment.

Local CEA

139 payments were made, 78 to male consultant staff (56.12%) and 61 to female consultant staff (43.88%), a gap of 12.24 percentage points. Each received a payment of £7,041.44, the award has increased as a result of national guidance to use all unspent funds since 2018. The Local CEA also increased compared to the previous year (2021-22) when it was £5,316. The gap between male and female awards has closed from 51.72 percentage points last year to 12.24 percentage points this year. Male staff are under-represented and female staff over-represented in local awards, when compared to the gender split of male and female consultants below.

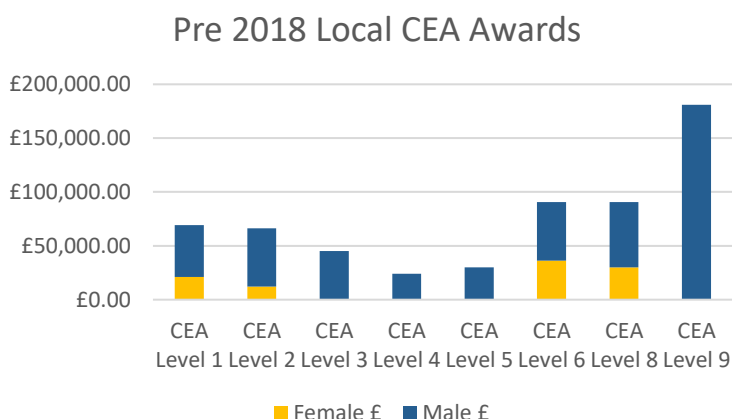
Pre 2018 Local CEA award

56 pre 2018 local CEA award were paid, 44 payments to male consultants (79%) and 12 payments to female consultants (21%), resulting in male consultants receiving a larger share of the national awards – 83% of the total money paid in this category. In

CEA Awards Level 1-9			
Level 1	£3,016.00	Level 6	£18,096.00
Level 2	£6,032.00	Level 7	£24,128.00
Level 3	£9,048.00	Level 8	£30,160.00
Level 4	£12,064.00	Level 9	£36,192.00
Level 5	£15,080.00		

addition, male staff are more likely to receive the higher value awards, as highlighted in the table below, Level 1 representing the smallest value award and 9 the highest.

Note, consultants are eligible for both local awards, the current award of £7K and the pre-2018 award. Therefore, some consultants will have received both payments.



National CEAs

Two staff received the national awards (Bronze and Silver), both staff were female, although these payments are amongst the highest monetary value awards, they represent just 5% of the total payments made.

Award	Value
Bronze	£36,192
Silver	£47,582
Gold	£59,477
Platinum	£77,320

Overall, male staff are over-represented in CEA awards, when compared to the gender split between male and female consultants below.

Gender split of consultants

The gender split for consultants is 158 male (65%) and 90 female (36%). When the total bonuses paid (all local and national payments) are considered, financial payments were relatively proportionate with 63% of the money going to male consultants and 37% to female consultants.

Why do we have a bonus payment gap?

The bonus payment gap is mainly driven by changes to non-medical (Agenda for Change) bonus payments:

- Marked reduction in number of non-medical awards given to female staff (748 less), compared to male staff (55 less)
- Although significantly more non-medical female staff have received bonuses (168, compared to 16 male), the bonuses are small incentives
- In monetary terms, most of the pre-2018 bonus payments (83%) was received by male consultants and male consultants also received a larger share of local CEAs (56%)
- Male consultants are also more likely to receive the higher value awards, resulting in a higher median
- What has had a positive impact on the gender bonus payments is the reduction in the number of payments to male consultants (a reduction of 38, compared 6 less for females), and the change in policy that has benefited part-time female consultants.

Proportion of males and females in each quartile

Quartiles are calculated by ranking all 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, a third of non-executives and 62% of Very Senior Managers (VSMs) are female. When looking at all staff, male staff are disproportionately represented in the upper quartile (highest paid staff) – 29.47% male and 70.53% female, a small change from 2021-22 (29.90% male, 70.10% female). In contrast there are more female staff in the Lower, Lower Middle and Upper Middle Quartiles (80+%) than there are in the Upper Quartile (70%).

This is compounded by the fact that our medical and dental staff, who receive higher rates of pay, predominantly reside in the upper quartile. When medical and dental staff are excluded, male staff are more evenly spread across the quartiles, 14+% in Lower and Highest Quartile and 12+% in the two middle quartiles, as are female staff. 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

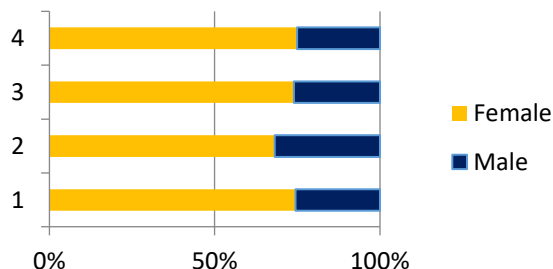
Quartile	Total staff	Male	Female	% Male	% Female
Lower	1354	195	1159	14.40%	85.60%
Lower Middle	1354	182	1172	13.44%	86.56%
Upper Middle	1355	204	1151	15.06%	84.94%
Upper	1354	399	955	29.47%	70.53%

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

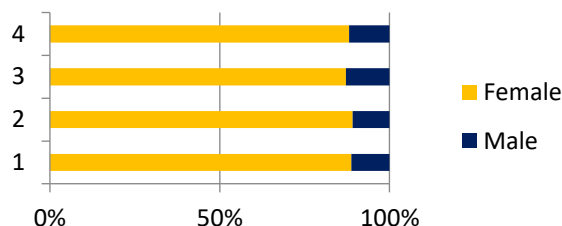
Quartile	Total staff	Male	Female	% Male	% Female
Lower	1196	173	1023	14.46%	85.54%
Lower Middle	1193	151	1042	12.66%	87.34%
Upper Middle	1195	154	1041	12.89%	87.11%
Upper	1193	176	1017	14.75%	85.25%

The following charts depict the pay quartiles per division.

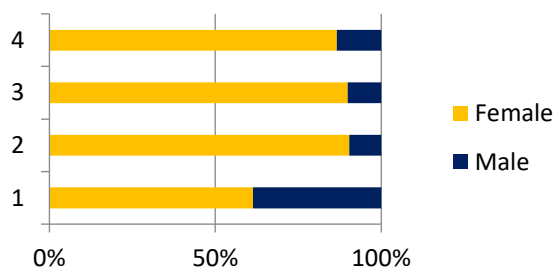
Corporate Services Quartiles



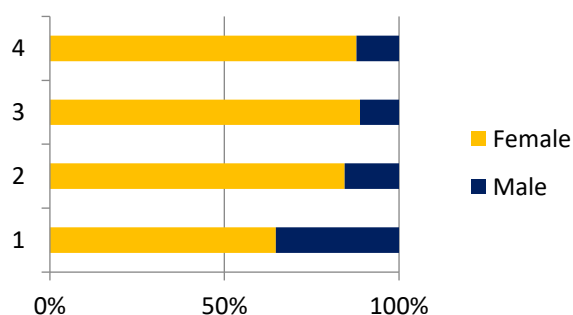
Integrated and Community Care Quartiles



Surgery, Women's & Children's Quartiles



Unscheduled Care Quartiles



Surgery Women's & Children (38.64%) and Unscheduled Care (35.24%) have the largest percentage of male staff in the Upper Quartile (quartile one, the highest pay bracket), and 62.96% of all male staff are based in these two divisions. 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.

Five-year review

Below are our gender pay gap scores for the last five years. Comparisons are from 2019 to 2023. 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 column is colour-coded – green is a positive change, red negative and yellow signifies little or no change.

The mean gender pay gap has reduced this year from £7.56 to £6.88, the percentage gap of 27.26% is the most favourable since we started reporting this data in 2018-19 when the gap was 29.66%. The median gender pay gap is similar to last year, with a slight reduction, from 19.19% (£3.83) last year to 18.88% (£3.92) this year, again, this is the lowest recorded percentage gap since 2018-19, albeit an incremental change. The mean bonus payment gap has improved substantially, from 83.65% to 70.71%, a decrease of 12.94%. However, the median bonus gender payment gap has worsened, an increase from 93.98% last year to 98.86% this year.

Gender pay gap standard measures (difference)		2018-19	2019-20	2020-21	2021-22	2022-23	Comparison of male and female average earnings: Direction of travel	
1	The mean gender pay gap	0	29.66% £6.80	29.10% £6.89	30.32% £7.56	27.26% £6.88	Down/Positive	
2	The median gender pay gap	19.00% £3.36	19.85% £3.61	19.81% £3.84	19.19% £3.83	18.88% £3.92	Similar	
3	The mean bonus gender pay gap	88.63%	88.97%	79.37%	83.65%	70.71%	Down/Positive	
4	The median bonus gender pay gap	84.62%	84.48%	79.76%	93.98%	98.86%	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	11.00% M 5.26% F	Down for both groups, however gap increased/ Negative	
The Gender Pay Gap Excluding medical and dental staff								
6	The mean gender payment gap	2.49% £0.37	4.58% £0.71	6.47% £1.09	7.07% £1.24	4.18% £0.76	Down/Positive	
	The median gender payment gap	-2.80% -£0.37	0.07% £0.01	3.05% £0.47	6.26% £1.01	1.25% £0.21	Down/Positive	
	The mean gender bonus gap	16.40% £92.26	29.24% £165.57	-2.41% -£17.09	-11.78% -£52.47	47.17% £149.76	Up/Negative	
	The median gender bonus gap	27.27% £75.00	33.33% £100.00	-20.00% -£80.00	0.00% £0	50.00% £90.00	Up/Negative	
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	14.40% M 85.60% 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	13.44% M 86.56% 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	15.06% M 84.94% 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	29.47% M 70.53% F		

Conclusion

In summary, the Trust has a gender mean hourly pay gap of £6.88, and median hourly pay gap of £3.92, both in favour of male staff. We have continued to reduce our gender pay gap between male and female staff across a number of our bands, the mean pay gap is now in favour of male staff in eight out of 17 pay bands and pay gaps in favour of female staff in nine out of 17 bands; the bands where there are gaps in favour of male staff tend to be in more senior roles, thus attract higher pay. We are close to parity (<1%) in five bands.

When examining the median hourly pay gap, there is a pay gap in favour of male staff in nine bands, compared to gaps in favour of female staff in three bands; however, we have achieved parity in five pay bands (two new pay bands, Bands 2 and 8b and maintained parity in three, Band 3, 4 and 6).

The Trust's gender pay gap is caused by the following:

Male staff are disproportionately over-represented in upper quartile of pay bands and under-represented in lower quartiles, and therefore receive on average more pay per hour

In contrast female staff are more evenly represented across all quartiles

There are more male consultants employed by the Trust than female consultants, and they receive a higher level of pay, due to longstanding differences in terms and conditions of service

The gap has decreased since last year because of re-banding of some healthcare support workers and an increase in pay for specialist nurses.

The mean hourly and median hourly pay gap (£0.76 and £0.21 respectively) is significantly reduced when medical and dental staff are removed from the equation.

The Trust's bonus payment gap continues to be driven by the number of male consultants (n.149, 64%), compared to female consultants (n.83, 36%) receiving payments – there are more male consultants, and male staff have received larger payments on average.

In addition, for non-medical staff (AFC), changes in the bonus classification, which has mostly affected nurses, has led to a reduction in female staff receiving bonuses (but increased hourly

pay) and most non-medical bonuses tend to be incentive payments which are relatively small. When the data is viewed over a number of years, progress is slow, we acknowledge it will take several years to change the make-up of staff across all levels of the organisation and we are taking positive steps to achieve year-on-year progress.

How have we addressed our gender pay gap and bonus payment gap?

Over the past year we have taken steps to improve our job advertising to ensure that it is appealing to candidates from diverse backgrounds and we use images in the adverts that are representative of our workforce. We now advertise roles using LinkedIn and Black Leadership Job Boards which has increased our audience and this has had a positive impact.

We have also invested in equipping our aspiring and existing leaders through internal and external leadership development and training opportunities including programmes for staff in Bands 4-6 and Bands 7-8a and we have continued to provide apprenticeship opportunities which are a route into leadership and career change. All of these efforts will help to prepare more female staff for senior positions.

In 2023-24 we will introduce leadership programmes for Consultants and junior staff in Bands 2-3. In addition, we will be supporting all staff through leadership and coaching and Scope for Growth career conversations. The Trust's Resourcing Plan for 2023-24 will implement additional measures to improve inclusive recruitment including utilising gender decoders to screen job adverts and remove gender-biased language and we will introduce Inclusion Recruitment Champions (IRCs) in November 2023. The Champions will sit on interview panels for Band 8b and above roles and they will support the interview panel to reduce the likelihood of bias and improve equity. We will also review the whole recruitment process to identify further opportunities to improve the process and equality, diversity and inclusion will be a part of this.

We continue to seek opportunities to reduce the bonus payment gap, this year payments to part-time staff match payments to full-time staff and 97% of part-time staff are female. The Trust is unable to make changes to national CEA awards policy but will continue to influence change where possible.

Finally, we have carried forward the actions from the Gender Pay Gap report that was published in March 2023 – this includes reviewing data for minoritized groups of staff to identify if the intersection of gender and other protected characteristics has an impact on the gender pay gap and to undertake engagement with female medical and dental staff in January 2024 to explore their perceptions and experience of equal opportunities.

A copy of the action plan is included in the appendix. Please note, the Trust has developed a single action plan that responds to the EDI performance frameworks that we complete during the year and this action plan is published in the Equality Diversity Inclusion (EDI) Annual Report 2022-23, which is available on the Trust's website.

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 4.18% 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.

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.

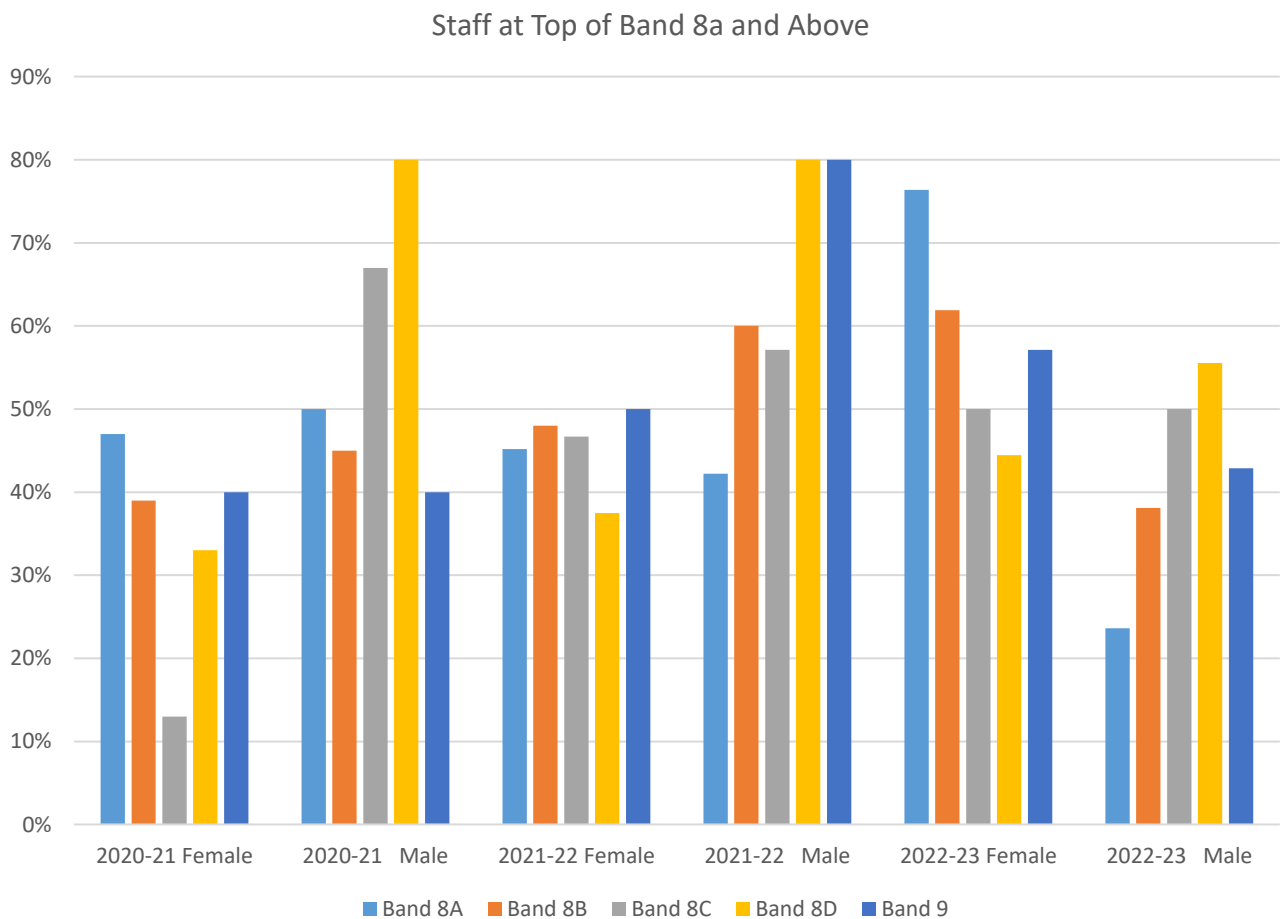
As an NHS Trust, our services are provided on a 24/7 basis, and therefore staff that work unsocial hours, participate in on-call rotas and work on general public holidays will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers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

Appendix

The Trust has fewer male staff at the top of Bands 8a and above (i.e. more senior male staff at the top of the pay scale have exited the Trust) and more female staff have reached the top of the pay scale this year compared to last year.

Pay Point	Band	2020-21 Female	2020-21 Male	2021-22 Female	2021-22 Male	2022-23 Female	2022-23 Male
TOP	Band 8A	47%	50%	45.19%	42.22%	76.39%	23.61%
TOP	Band 8B	39%	45%	48.00%	60.00%	61.90%	38.10%
TOP	Band 8C	13%	67%	46.67%	57.14%	50.00%	50.00%
TOP	Band 8D	33%	80%	37.50%	80.00%	44.44%	55.56%
TOP	Band 9	40%	40%	50.00%	80.00%	57.14%	42.86%

This is depicted in the graph below:



All three actions have been carried forward to 2023-24 and have been incorporated into the Trust’s single EDI Action Plan published in the EDI Annual Report for 2022-23.

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.	<p>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 and identify good practice.</p> <p>(actions to engage with staff and review good practice have been amalgamated).</p> <p>As a result of findings in this year’s data (more senior male staff leaving the Trust), we will explore themes for Leavers during this review process.</p>	EDI Lead	Jan 2024 (revised)	<p>Carried Forward – EDI Annual Report Action Plan</p> <p>To engage with female staff to understand their perceptions and experience regarding equal opportunities. January 2024</p>
Ensure that grades contributing to the pay gap are reduced and barriers to progression removed	<p>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.</p>	EDI Lead and HR Business Partner	May 2024 (revised)	<p>Carried Forward – EDI Annual Report Action Plan</p> <p>Refreshed workforce data including other protected characteristics to be provided in Quarter 1/2024</p>
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"> • Collaborate with partners to devise a new or review existing ‘perception/reality’ surveys; • Distribute survey to a sample of senior staff (male and female) who are eligible for CEAs; • Analyse results to see if these indicate a mismatch between candidates perception of their abilities, and reality, by gender; • Determine next steps/ measures to put in place depending on findings. 	HR Business Partner	Nov 2023	Carried Forward – EDI Annual Report Action Plan