Great Western Hospitals NHS Foundation Trust

Title: Gender Pay Gap

Meeting	Trust Board	Date	6th May 2021

Summary of Report

In order to meet 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.

This paper summarises the results of the Gender Pay Gap analysis and background information.

The gender pay gap reporting uses six different standard measures which are;

- 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 females in each quartile pay band

Gender pay gap reporting is required to be published by 30 March 2021 (for Public Sector Organisations) using a data snap shot from the 31 March 2020 (but note that due to the continuing impact of Covid-19, employers have an additional six months after the current reporting deadline to report their gender pay gap information). Staff employed by the Trust on this date includes GWH Acute Services, Swindon Community Health Services and Primary Care. The total number of staff included is 5160 with a split of 882 (17.09%) male and 4278 (82.91%) female.

Our findings and recommendations are in line with an independent review into gender pay gaps in medicine, commissioned by the Department of Health and Social Care. The report's main findings and recommendations are summarised in Appendix 1a, along with a link to that report, for further reference.

For Information	x	Assurance		Discussion & input	x	Decision / approval	x

Executive Lead	Jude Gray, HR Director
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Risk Implications - Link to Assurance Framework or Trust Risk Register

Risk(s) Ref	Risk(s) Description	Risk(s) Score

Legal / Regulatory / Reputation Implications	Equality Act 2010 Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

Link to relevant CQC Domain

Safe		Effective		Caring		Responsive		Well Led	x

Link to relevant Trust Commitment	

Consultations / other committee views

Equality, Diversity and Inclusion (EDI) Group
Executive Committee
People Place and Performance Committee

Recommendations / Decision Required

(a) **that the paper is noted**
(b) **the information is agreed to be published as required (Subject to Board Approval)**
(c) **that any further actions are agreed and documented**

1. What is in Our Report*

The purpose of a gender pay gap audit is to compare the pay of male and female employees and show the difference in average earnings. Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year (from April 2017). 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 bonuses paid out during the year;
- The median gender pay gap for any bonuses paid put 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.

2. Our Gender Pay Gap Report 2021

Our Gender Pay Gap report for 2021 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2020. The report will be published on the Trust website and on the relevant government website the following Board approval.
- A comparison with the 2019 figures.
- Existing and future recommended actions to reduce the Gender Pay Gap

3. 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. It is unlawful to pay people unequally because they are a man or a woman

4. Gender Proportions at GWH as of 31 March 2020

At the time the snapshot was taken (31 March 2020), the Trust had 5160 employees/workers. The gender split is as follows:

Gender	Headcount	Proportion of Workforce
Male	882	17.09%
Female	4278	82.91%

5. Agenda for Change[1] Gender Breakdown

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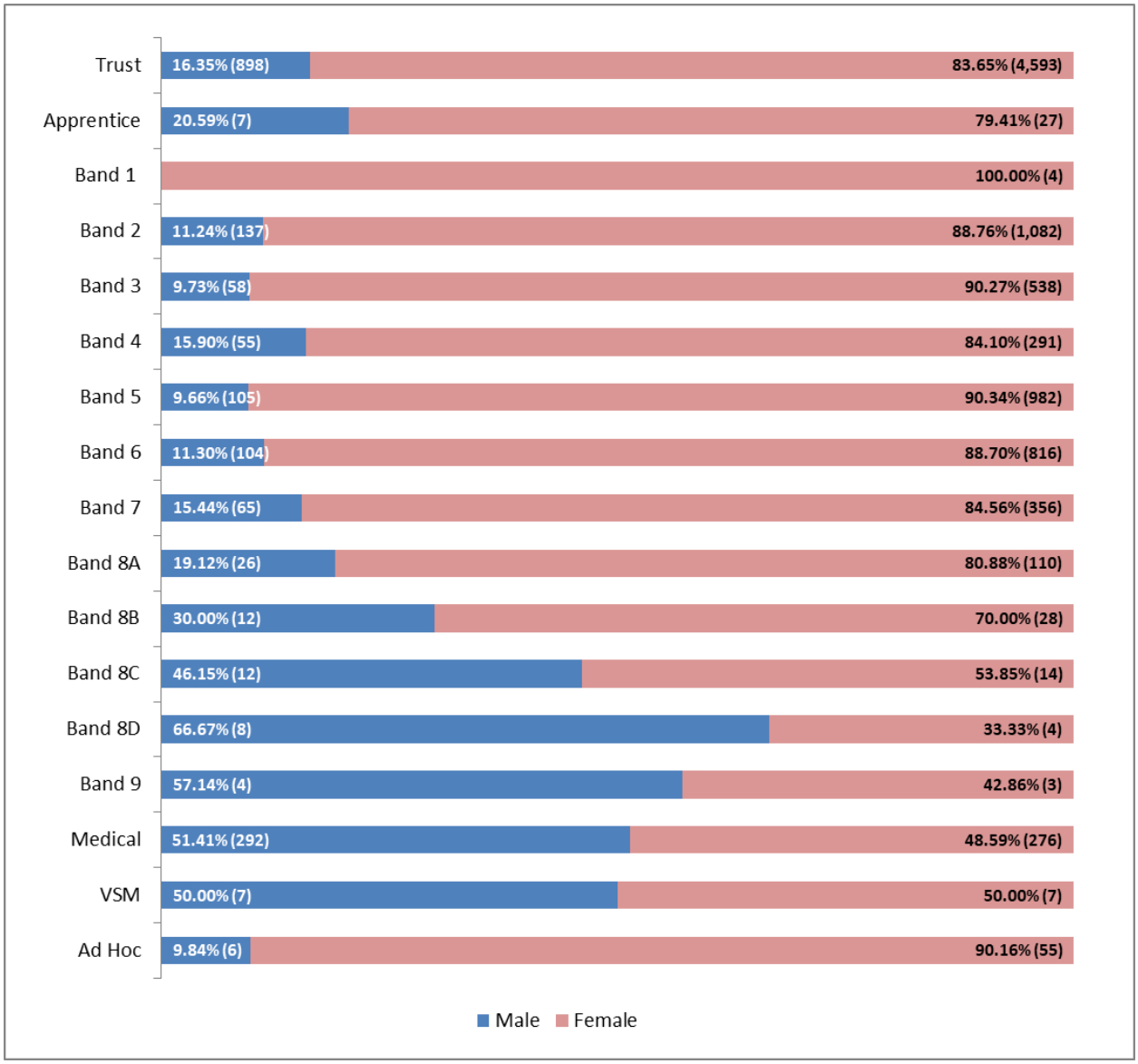
The breakdown of the proportion of males and females in each banding is as follows.



6. Mean Gender Pay Gap in hourly pay

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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.

	Mean Hourly Rate		
	Year to 31/03/19	Year to 31/03/20	Difference (between 2019 and 2020)
Male	£23.03	£22.91	-£0.12
Female	£15.67	£16.11	+£0.44
Difference	£7.36	£6.80	-£0.56
Pay Gap %	31.99%	29.66%	-2.33%

Our Mean Hourly Pay Gap has **decreased**

Excluding Medical and Dental Staff

	Male	Female
Mean hourly rate of pay excluding Medical and Dental	£16.28	£15.10
% Mean GAP Ordinary Pay	←7.30%→	

What does our data tell us?

- Female staff are paid 29.66% less than male staff.
- The gap for the previous year's report was 31.99%, showing that the gap has decreased (improved).
- If medical and dental staff are excluded from the calculation then the mean average changes significantly, with females being paid 7.30% less than males, compared with 4.58% (in 2019) which is an increase (deterioration).

% Mean Gap Ordinary hourly rate of pay

Group/Band	Male	Female	Gap % This Year	Gap % Last Year
Apprentice	£5.16	£5.34	-3.51%	1.25%
Band 1	-	£9.03	-	-9.20%
Band 2	£10.57	£10.87	-2.86%	-4.67%
Band 3	£10.49	£10.70	-1.95%	-0.48%
Band 4	£11.43	£11.84	-3.64%	-2.93%
Band 5	£14.78	£15.75	-6.55%	-10.54%
Band 6	£18.49	£19.38	-4.80%	-3.48%
Band 7	£21.94	£21.94	0.00%	-2.58%
Band 8a	£24.52	£24.67	-0.63%	-1.05%
Band 8b	£29.01	£29.86	-2.93%	1.31%
Band 8c	£34.77	£33.19	4.55%	2.54%
Band 8d	£41.97	£43.16	-2.85%	-5.33%
Band 9	£49.81	£47.65	4.33%	2.87%
Medical	£36.30	£31.19	14.07%	21.42%

VSM*	£27.99	£38.65	-38.09%	-118.50%
Ad hoc	£13.09	£12.93	1.20%	1.25%

Due to the TUPE transfer of Primary Care Services to the Trust in November 2019, there are staff on ad hoc terms and conditions as they TUPE'd across on their existing non-NHS terms and conditions of employment. This group are included in the ad hoc category of information.

Disaggregated data shows that in the main females are paid more than males in each line, as illustrated by the figures in the second column from the right, table above. A negative measure (for example, a gap of -3.51 as indicated for the Apprentice group), indicates the extent to which females earn more per hour, on average, than their male counterparts.

What else does the data tell us, when compared with last year?

- The mean gender pay gap has been reduced for staff in Bands 2, 5, 7 and 8a; and for ad hoc and medical staff;
- Females now earn more than men at apprentice level and at Band 8b;
- The gender pay gap has increased for females at Bands 3, 4, and 6;
- There is an increase in the gender pay gap for males at Band 8c. Two of the 17 staff at this grade are males at the top of the pay scale, thus increasing the pay gap.
- There is an increase in the gender pay gap for males at Band 9 and 8C. The proportion of males at the top of the pay band is 80%. The majority of females (75%) are at a lower increment point.
- Although mean averages for females are higher than males for several of the Bands, the overall result is higher for males. This is due to a greater proportion of males in roles with higher pay: such as VSM, consultants, other medical, and Band 9.

7. Median Gender Pay Gap in hourly pay

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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.

	Median Hourly Rate		
	Year to 31/03/19	Year to 31/03/20	Difference (between 2019 and 2020)
Male	£17.66	£18.19	+£0.53
Female	£14.30	£14.58	+£0.28
Difference	£3.36	£3.61	+£0.25
Pay Gap %	19.00%	19.85%	+0.85%

Our Median Hourly Pay Gap shows a slight **increase**

Excluding Medical and Dental Staff	Male	Female
Median hourly rate of pay excluding Medical and Dental	£14.28	£13.94
% Median GAP Ordinary Pay	←2.35%→	

What does our data tell us?

- Our median average pay gap has remained constant.
- If medical and dental staff are excluded from the calculation, the median average reduces significantly, and shows female's median gap is 2.35% less than males. Last year males median gap was 2.8% lower than females (-2.8%).
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% Median Gap Ordinary hourly rate of pay

Group/Band	Male	Female	Gap % This Year	Gap % Last Year
Apprentice	£4.44	£4.17	6.08%	0.57%
Band 1	-	£9.03	-	-4.56%
Band 2	£10.12	£10.23	-1.09%	-3.75%
Band 3	£10.46	£10.63	-1.67%	-3.47%
Band 4	£11.16	£11.78	-5.51%	-4.85%
Band 5	£15.12	£15.40	-1.85%	-4.48%
Band 6	£17.79	£19.06	-7.14%	-6.10%
Band 7	£21.98	£22.38	-1.82%	-2.72%
Band 8a	£24.47	£24.71	-1.00%	0.48%
Band 8b	£28.49	£30.86	-8.30%	7.56%
Band 8c	£35.29	£33.07	-6.29%	-7.10%
Band 8d	£41.68	£44.33	-6.36%	-10.17%
Band 9	£50.55	£47.99	5.06%	-17.52%
Medical	£38.29	£28.93	24.45%	21.91%
Ad hoc	£10.00	£11.28	-12.80%	See[2]
VSM[3]	£7.26	£52.65	-625.21%	-153.79%

Due to the TUPE transfer of Primary Care Services to the Trust in November 2019, there are staff on ad hoc terms and conditions as they TUPE'd across on their existing non-NHS terms and conditions of employment. This group are included in the ad hoc category of information.

Disaggregated data shows that in the main, females are paid more than males in the majority of the lines, as illustrated by the figures in the second column from the right, above table. 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 salary that Non-Executive Directors are paid (five male, three female).

What else does the data tell us, when compared with last year?

- The median gender pay gap has been reduced for staff in Bands 2, 3, 5, 7;
- The median average is more for females in Bands 8a, 8b;
- The median average is more for females in Bands 8c and 8d, although the gap has been reduced;

- The female mean average is more for females than males at Bands 4, 6, and VSM level, and the gap has increased;
- The median average is more for males than females at Band 9
- The male median average remains higher than for females in medical and apprentice grades, and the gap has increased.
- The VSM and Non-Executive line shows a large difference due to the much smaller remuneration that Non-Executive Directors (NEDs) are paid and there is a higher proportion of NED males.

8. Bonus Gender Pay Gap as a Mean Average

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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, Discretionary Points and Distinction Awards. In this year, as a result of the pandemic, there was a national change to local Clinical Excellence Awards (CEA). All funding was evenly distributed between the eligible consultants (there were 154) instead of running a full CEA round, to allow focus on Clinical Work. Of the 154 Consultants who received the payments, 54 were female and 100 male.

	Male	Female	Gap % (this year)	Gap % (last year)
% Mean GAP Bonus Pay	£7,269.63	£801.49	88.97%	88.63%
% Median GAP Bonus Pay	£3,092.00	£480.00	84.48%	84.62%
% Receiving Bonus (this year)	10.62%	16.40%		
% Receiving Bonus (last year)	19.05%	21.70%		

What does the data tell us?

- That there is a significant difference between male and female pay mainly due to consultants receiving Clinical Excellence Awards, Discretionary points and Distinction Awards.
- A higher number of senior consultants earning higher value clinical excellence awards are male. At the highest consultant grade for example, 62.61% of staff are male, compared with 47.8% for all Medical & Dental roles.
- To understand the bonus pay gap further, we looked at non-medical bonus payments. If we categorise these as small, medium and large, then the proportion of males receiving any type of bonus was lower than last year. For example, the proportion of males receiving the middle bonus payments reduced by 14%, (18.09% to 3.57%).

Bonus Pay (excluding medical and dental staff)

	Male	Female	Gap %	LY Gap %
% Mean GAP Bonus Pay	£393.68	£508.75	-29.23%	29.24%
% Median GAP Bonus Pay	£165.00	£420.00	-154.55%	33.33%
% Receiving Bonus Pay (this year)	6.41%	16.91%		
% Receiving Bonus Pay (last year)	16.57%	22.62%		

What does the data tell us?

- If medical and dental staff are excluded from the calculation, the gender pay difference significantly reduces.

- However, the bonus pay gap between males and females remains high due to incentive payments.
- Incentive payments are the same for males and females.
- The median bonus pay gap has changed and is now significantly higher for females. Our incentive payments were reviewed around 18 months ago. Following the review, ad hoc sessional payments were stopped, and the incentives were more focused on nursing which is a large and majority female workforce. Prior to the review, it is possible that high sessional/waiting list payments for male staff may also have had an impact on this figure.

9. Proportion of Males and Females in each Quartile

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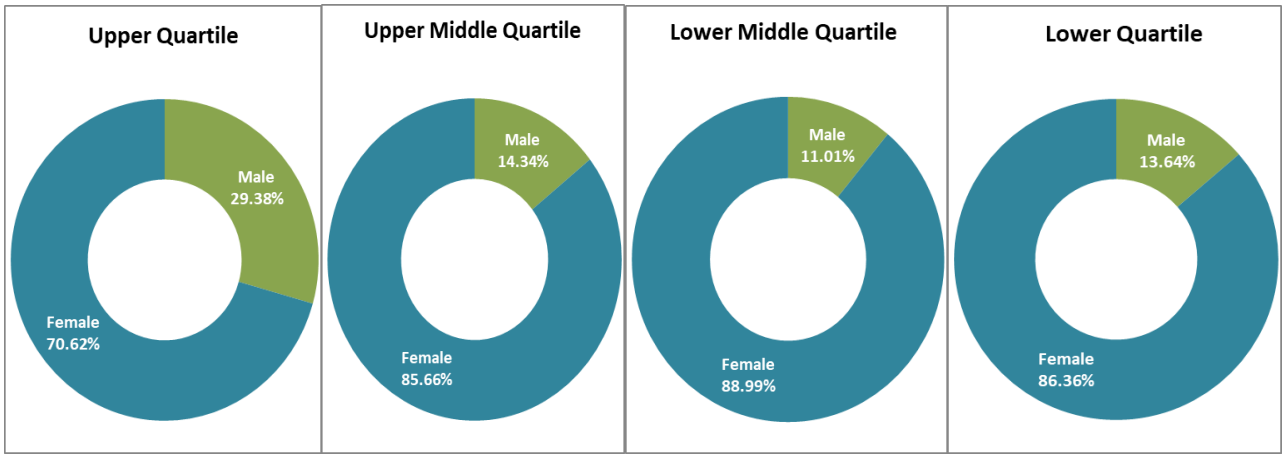
Quartiles are calculated by ranking all of our employees from highest to lowest paid, dividing this into four equal parts (quartiles) and working out the percentage of males and females in each of the four parts. Due to the proportion of doctors in the Upper Quartile, there is a decrease in the proportion of females in comparison to the other quartiles.

The Trust has a high proportion of females at Trust Board executive level, and Senior Management level. If medical staffing is excluded from the Upper Quartile, the proportion changes to 14.80% Male and 85.20% Female, which is more comparable to the other quartiles.



911 female staff	1,105 female staff	1,148 female staff	1,114 female staff
379 male staff	185 male staff	142 male staff	176 male staff

10. Gender Pay Gap Summary

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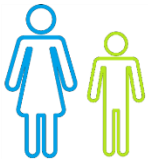
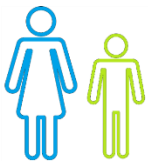
Gender Proportions demonstrate more

Female than Male staff



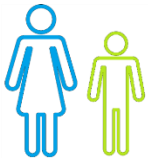
Mean Average Hourly Pay has improved and is 29.66% higher for Males than for Females. This reduces to 7.30% when medical staff are excluded, but is an increase on last year's figures.

Median Average Hourly pay is higher for Males (the gap reduces to 2.35% 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.



The pay gap has increased for males in some Bands, and has increased for females in some Bands.

Conclusion

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Whilst we have made progress in reducing the gender pay gap between males and females across the majority of our bands, others have widened or remained constant. For example, the median gender pay gap has been reduced for staff in Bands 2, 3, 5 and 7; and increased for apprentice staff and those at Band 8b.

It should also be acknowledged that some elements of our gender pay gap have a historical /national context which will take a period of time to resolve. Over the last two years there has been a slight reduction in the overall pay gap. This amounts to 2.33%. At the same time, we have seen that females are paid more than males across some of the pay bands.

As can be seen from the above data, removing medical and dental staff from our calculations significantly lowers the gender pay gap. For this reason, our action plan will focus on
Medical grades that most affect the pay gap, and any barriers to progression.

Notes

1 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 7.30% 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 1:
What we are doing and planning to do, to address the gender pay gap

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What we have achieved in the last 12 months:

We produced an action plan to address the gender pay gap. The delivery of parts of the action plan (for instance, our commitment to ensuring that all clinical staff involved in recruitment decisions are trained in equality and diversity) has been affected by our response to the treatment and spread of the Covid-19 virus. In brief:

- We have a more gender balanced recruitment panel for all consultant and senior medical staffing positions. All senior interviews are now monitored, and currently 44% of panel members for these interviews are female.
- Our consultants are encouraged to apply for the National Clinical Excellence Awards, and there have been significant changes to the gender mix of staff receiving these in 2020. The Trust currently has three female and one male consultant in receipt of National Awards, with one female consultant holding a prestigious Silver award.
- This year, local award payments were evenly distributed amongst all eligible candidates, 65% males and 45% females received an equal share of the award payments

Appendix 1a:

A summary of *Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England*

The above titled report found substantive gender pay gaps for hospital doctors, GPs and clinical academics, even when statistical methods were used to create hypothetical like-for-like comparisons of men and women across hours worked, grade, experience and specialty.

The report's analysis showed that the causes of these pay gaps were explained by several factors. For example:

- Women being more likely to work less than full-time (LTFT), which helps to explain why their pay is lower. Periods of LTFT working were seen to have long-term implications for women's career and pay trajectories as they reduced their experience and slowed down or stalled their progress to senior positions.

- Men reporting as working more unpaid overtime, which meant their effective pay was overstated.

- Men doctors more likely to be older, have more experience and hold more senior positions.

- Among hospital doctors, gaps in *total pay* – which includes Clinical Excellence Awards (CEAs), allowances and money from additional work – are larger than gaps in basic pay alone.

Following these findings, the report made several recommendations. These included:

- A review of pay-setting arrangements. Among hospital doctors, this would mean using fewer scale points and increased use of job evaluation, to ensure that gaps related to grade are justified.

- Increased transparency around additional allowances and individually negotiated pay (for example, for locums or waiting list initiatives).
- Monitoring the gender split of applications for CEAs;
- Changing the criteria to recognise excellent work in a broader range of specialties; and encourage more applications from women.
- Promoting flexible working for both men and women
- Advertising all jobs as available for LTFT.
- Reconsidering the structure of LTFT training, so that it focuses on competency not time served, to help reduce long-term career penalties.

Further reading:
Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

What we are planning to achieve in the next 12 months:

Appendix 1b details our action plan going forwards. Our findings broadly align with the afore referenced independent review, and our action plan in part reflects the report's recommendations. For example, the report recommended increased transparency around additional allowances and individually negotiated pay; and monitoring the gender split of applications for Clinical Excellence Awards. We already promote flexible working for both men and women.

Appendix 1b: Our Action Plan going forwards:

Objective	Action	Lead	Timescale	Desired Outcome
Better promotion of our senior vacancies to women and organisations that support women, including Medical and Dental vacancies.	Review of recruitment adverts for possible unconscious bias and gender specific terms, in particular for Medical and Dental vacancies. By: • Selecting a sample of medical and dental job descriptions across a range of senior roles, to provide a snapshot; • Working with partners to examine any evidence of unconscious bias in job descriptions or use of gender-specific language used that may deter female applicants. • Guidance provided for changing wording of adverts, to further encourage female applicants. Review of other print and social media outlets for placing job adverts, in addition to ones we already use.	EDI lead, supported by Medical HRBP and Head of Resourcing	October 2021	A 10-15% increase in the number of female applicants for higher banded roles. Reduction in pay gap within Bands 8c and 9.
Ensure that grades contributing to the pay gap are reduced and barriers to progression removed.	Put a process in place for Bands 8c and 9 to ensure equality for male and females for progression. Consider implementing a formal governance process Executive Sign Off for payments outside AFC	EDI, supported by Head of Resourcing	May 2021	Reduce gender pay gap across Bands 8c, and 9

Reduce barriers to progression.	Evaluate and promote support to female consultants to encourage an increase in applications for local Clinical Excellence Awards. • 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.	EDI lead and HR BP for Medical Workforce	November 2021	An increase in the number of applications for CEAs from female Consultants. Qualitative data to better understand and reduce barriers to progression.
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.	EDI lead, HR Business Partner and Head of Workforce Intelligence	September 2021	Addressing the mixed picture as it exists across our Bands and reducing the gender pay gaps. A better understanding of where the pay gaps are bigger, and gain more insight to plan further actions.

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?

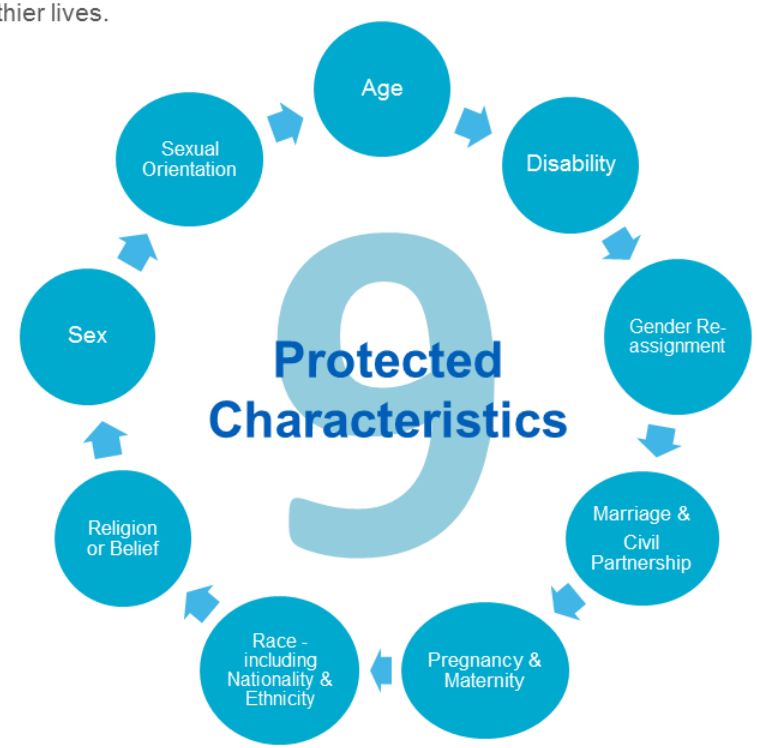
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey,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