



<b>Title of Meeting</b>	<b>Finance and Performance Committee</b>
<b>Date of Meeting</b>	<b>July 2018</b>
<b>Report Title</b>	<b>2018 Gender Pay Gap Findings</b>
<b>Author</b>	<b>Sarah Stickland, HR Manager</b>
<b>Responsible Executive</b>	<b>Mark Warner, Director of Workforce and Organisational Development</b>

<p><b>Purpose of Report (e.g. for decision, information)</b> For information and to note actions set out in the Action Plan.</p>
<p><b>Summary</b> The Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force in September 2011, placing a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. Although the SDR did not require mandatory Gender Pay Gap (GPG) reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps. Following government consultation, it became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG).</p>
<p><b>Paper Previously Reviewed By</b> None.</p>
<p><b>Strategic Impact</b> Data received through the gender pay gap analysis provides a source to inform improvements to leadership and management practices and changes to the working environment. Research suggests that there is a gender pay gap even before the arrival of a first child. Unequal sharing of care responsibilities contributes to a higher proportion of women taking part-time work, which is generally lower paid. Consequently the gender pay gap widens, particularly for those employees over 40.</p>
<p><b>Risk Evaluation</b> The analysis of the gender pay gap results has assisted in identifying key areas of concern and potential risk and these were incorporated into the action plan.</p>
<p><b>Impact on Care Quality Commission Registration and/or Clinical Quality</b> No specific implications relating to the contents of the action plan.</p>
<p><b>Governance Implications (legal, clinical, equality and diversity or other):</b> The gender pay gap results show the difference in the average pay between all men and women in the</p>



Trust.	
<b>Financial Implications</b> No specific implications relating to the contents of the action plan.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes
<b>Recommendations</b>	The Trust Board is asked to note the contents of this paper and the actions in response to the 2018 Gender Pay Gap analysis.



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**1.0 CONTEXT**

1.1 Gender pay gap obligations have been introduced alongside the existing requirements for specified public bodies, including publishing annual information to demonstrate compliance under the Public Sector Equality Duties (PSED) and publishing equality objectives every four years. The deadline for publishing requirements has now been streamlined to 30 March each year. We will refresh our report in July of each year; using data from 31 March; this will enable us to see if the actions we are taking are having an impact on the overall picture.

1.2 All organisations with over 250 employees must follow the methodology set out in the regulations and accompanying guidance, regardless of how this data may have been previously calculated. The gender pay gap differs from equal pay. Equal pay deals with the **pay difference between men and women who carry out the same jobs, similar jobs or work of equal value**. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the difference between the **average hourly pay between all men and women** in a workforce.

1.3 There are six basic calculations the Trust is required to report:

- mean gender pay gap;
- median gender pay gap;
- mean bonus gender pay gap;
- median bonus gender pay gap;
- proportion of males and females receiving a bonus payment;
- proportion of males and females in each quartile band.

1.4 As with any data analysis, the most critical aspect of the process is not just about reviewing the results but being clear about what needs to be done differently in future.

1.5 For the 2017 data we used the mean rate as our headline figure, further research into this area indicates that the Financial Times, The Guardian and the Office for National Statistics all suggest the median value is used. This value is not affected by extreme



values; such as changes in the earnings of small numbers of very high earners. From this report onwards we will use the median value as the headline figure.

## 2.0 PURPOSE OF THE REPORT

2.1 This report will help the Trust to understand any underlying causes for their gender pay gap and take suitable steps to minimise it. Taking these steps will help us to continue to develop a reputation for being a fair and progressive employer, attracting a wider pool of potential recruits for vacancies and the enhanced productivity that can come from a workforce that feels valued and engaged in a culture committed to tackling inequality.

## 3.0 METHODOLOGY

3.1 Colleagues from the Electronic Staff Record (ESR) have developed reports which will help organisations calculate their GPG data. These are available via ESR and accessible via the dashboard of ESR Business Intelligence.

## 4.0 FINDINGS

4.1 All staff who were classed as “Full Pay Employees” as at the snapshot date of 31 March 2018 are included in the analysis. Any members of staff who had a reduced pay rate because of absence for example have been excluded.

4.2 The mean (average of numbers in the data range) gender pay gap for the Trust is 30.1%; and the median (middle value) gender pay gap is 7.8%

Mean (Average) & Median Hourly Rates		
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	21.6886	14.7008
Female	15.1498	13.54687
Difference	6.5388	1.1542
Pay Gap %	30.1486	7.8510

4.3 The below table shows the proportion of males and females in each of the quartile bands. To calculate this proportion all employees are sorted by hourly rate of pay, that list is then divided into four equal quarters and the proportion of males and females is calculated.

Number of employees   Q1 = Low, Q4 = High				
Quartile	Female	Male	Female %	Male %
1	552	158	77.75	22.25
2	576	134	81.13	18.87
3	607	103	85.49	14.51



4	461	250	64.84	35.16
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4.4 The below table shows the summary of males and females receiving a bonus payment. For GPG calculations our bonus payments relate to Clinical Excellence Awards only, Clinical excellence awards are designed to reward medical practice that goes above and beyond the norm and can be awarded for truly outstanding work or research.

Bonus Pay Summary		
Gender	Avg. Pay	Median Pay
Male	12616.45	9040.5
Female	11592.55	5315.28
Difference	1023.91	3725.23
Pay Gap %	8.12	41.21

4.5 The below table shows the proportion of males and females receiving a bonus payment

Bonus ratio			
Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	14	2626	0.53
Male	55	743	7.4

4.6 Gender Pay Gap calculations are expressed as a percentage in relation to the male salary. All values recorded as a negative (-) indicate that the Gender pay Gap is in favour of the female workforce.

SPLIT BY GRADE					
	FEMALE		MALE		
GRADE	MEAN AVE SALARY	FTE	MEAN AVE SALARY	FTE	GAP
Band 1	£15,641.56	50.6	£15,632.76	18.5	-0.06% in favour of female employees.
Band 2	£17,021.12	347.4	£16,824.38	77.8	-1.17% in favour of female employees.
Band 3	£18,828.09	199.8	£18,904.58	53.0	0.41% in favour of male employees.
Band 4	£21,435.91	104.1	£21,518.96	25.5	0.39% in favour of male employees.
Band 5	£26,627.02	375.9	£25,809.75	51.7	-3.17% in favour of female employees.
Band 6	£32,633.01	259.3	£32,127.29	60.2	-1.57% in favour of female employees.
Band 7	£39,094.25	165.1	£39,539.81	34.0	1.14% in favour of male employees.
Band 8a	£44,908.29	47.4	£45,294.72	17.8	0.86% in favour of male employees.



<b>Band 8b</b>	<b>£55,496.12</b>	<b>16.1</b>	<b>£57,773.57</b>	<b>6.8</b>	<b>4.1% in favour of male employees.</b>
<b>Band 8c,d,9</b>	<b>£76,077.67</b>	<b>8.8</b>	<b>£69,048.67</b>	<b>6.0</b>	<b>-10.18% in favour of female employees.</b>
<b>M &amp; D</b>	<b>£54,437.55</b>	<b>126.0</b>	<b>£70,529.31</b>	<b>173.2</b>	<b>29.56% in favour of male employees.</b>
<b>Non- M&amp;D ad hoc</b>	<b>£53,744.57</b>	<b>10.9</b>	<b>£65,633.08</b>	<b>5.3</b>	<b>22.12% in favour of male employees.</b>
<b>Other</b>	<b>£14,213.87</b>	<b>7.0</b>	<b>£18,190.17</b>	<b>6.0</b>	<b>27.97% in favour of male employees.</b>
<b>TOTAL</b>	<b>£63,3629.50</b>	<b>1718.4</b>	<b>£57,4961.70</b>	<b>535.8</b>	<b>10.2% in favour of female employees.</b>

4.7 It is noted that although the Gender Pay Gap is small in most of these instances, this bias toward the female workforce is greater in the lower pay bandings. The GPG increases toward the male employees in the medical workforce and is also noticeable in the Non-Medical and Dental ad hoc group which consists of apprentices and directors.

**5.0 Conclusions**

5.1 The vast majority of employees are part of NHS pay grade structures that are nationally set tariffs. Progression through pay increments (where applicable) is applied in line with policy for all staff, therefore the Gender Pay Gap when calculated in this manner should be negligible. The only exception to this is Very Senior Managers – Contracted Directors and Apprentices.

5.2 Analysis of the data has shown that the workforce is predominantly female (77.3%, a decrease of 1.17% since last year),

5.3 We have a gender pay gap (median) of 7.85% a decrease of 0.16% over the past year. In common with most NHS organisations, the primary reason for our gender pay gap is an imbalance of male and female colleagues at different levels across the organisation. Although we are making progress, Medical and Dental grade employees represent the highest pay grade and there are a greater proportion of males in this category than females. Conversely at the lower bands there is a higher proportion of female staff. This has resulted in the gender pay gap, and suggests there is no obvious discrimination based on gender at our senior grades

5.4 In every grade other than medical and dental there is a greater proportion of female to males. Historically medicine has been a male dominated profession, in recent years this position has changed and predictions suggest that in time females will become the higher proportion rather than males. This reflects societal change, equal access to opportunities and commitment to flexible working patterns. In time we should expect the gender pay gap for this workgroup to shift.

5.4 Our bonus pay gap reflects lower female representation across senior medical and dental staff; 27.6% of our Consultants are female. This staff group is where bonus is a larger component of overall pay and Clinical Excellence Awards (CEA's) account for all our bonus payments.

5.6 As we adhere to structured national incremental pay scales there is no evidence to suggest there is gender discrimination in relation to pay awards and setting of



salaries. The GPG identified appears to be as a result of the gender mix of different workgroups.

**5.9 Enabling Progression**

To tackle underrepresentation at the top and remove barriers to progression, we are implementing a number of actions. Our leadership development programme is in its second phase with the aim of increasing confidence amongst our band 4, 5 and 6 employees and mentoring them on career progression, we are currently planning how this can be widened further. Options to develop within the workplace are made as accessible as possible to all employees of both genders.

**5.10 Early Career Support**

We invest heavily in the quality of our preceptorship programmes, focusing on providing opportunities to learn new skills, to work with talented and experienced colleagues and to make a positive impact on patients near and far. The fresh perspectives and ideas preceptees bring to our diverse and evolving business are invaluable.

**5.11 Recruitment**

We aim to recruit from the widest possible talent pool. Our recruitment training is about to be re-launched; it is anticipated this will help our hiring managers ensure that the language in the job advert is both gender neutral and inclusive; so we encourage diverse applications for all jobs; and to understand the importance of interviewing people with diverse panels in order to mitigate unconscious biases. As an example of our commitment to ensuring equality of opportunity our applications are anonymised with no biometric data visible at the time of screening and shortlisting.

**5.12 Manage family-friendly leave successfully**

We will continue to actively encourage the use of family friendly policies with all employees. This will include simple steps, such as encouraging male employees to consider taking shared parental leave.

**5.13 Make the most of flexible working**

Flexible working is used increasingly by both male and female employees. However, flexible working uptake levels in many departments vary significantly by employee gender, as do certain types of flexible working arrangements (such as condensed hours or job shares). Employees may also feel that flexible working arrangements may sometimes be an obstacle to career development for certain roles, particularly at senior levels of employment. As a Trust we will ensure we look at all flexible working requests equally whether they are submitted by male or female employees at any level across the organisation. In our most recent staff opinion survey we have seen a significant increase in the percentage of staff satisfied with opportunities for flexible working patterns.

5.14 Male employees may feel there are obstacles to their working flexibly or taking leave for domestic and caring responsibilities. This may be down to individual or workplace cultures, or a lack of awareness of equality rights or workplace policies. By raising awareness and encouraging such practices we hope to help here.



- 5.15 As a Trust we have a high proportion of female employees on flexible working or part time contracts. If there is an opportunity to be involved in a career-developing project that requires full-time resource, we will consider job-sharing proposals from employees and challenge the full-time requirement.
- 5.16 We expect the changes detailed above will begin to impact over the next two to four years. We believe if this is successful both our patients and prospective employees will perceive us to be a good place to be treated or to work.

## **6.0 RECOMMENDATION**

- 6.1 This report has identified a number of areas for action and these are detailed in Appendix A.
- 6.2 The infographic (Appendix B) will be shared with all staff within the organisation, the CCG and local press as appropriate.



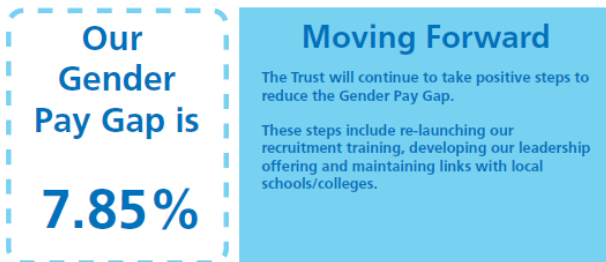
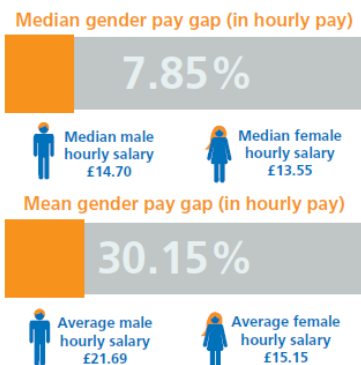
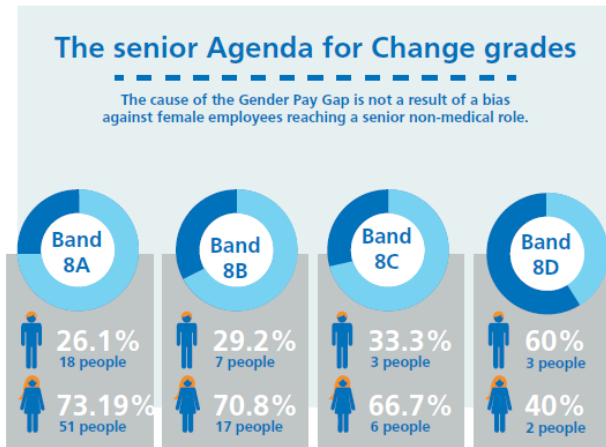
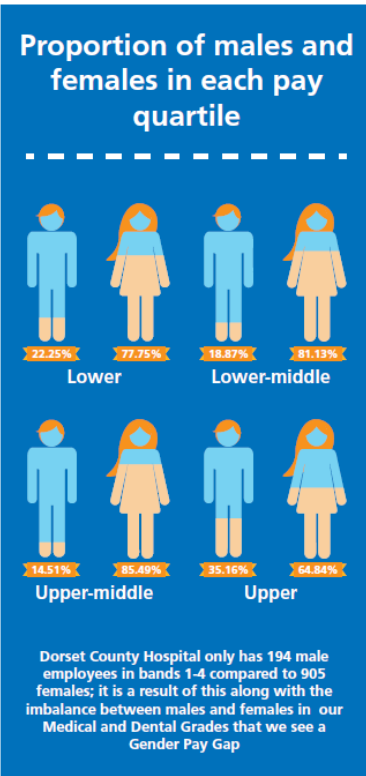
**APPENDIX A**

Action	Owner	Timescale	Notes
Relaunch Recruitment process / Training	Workforce Resourcing Team	September 2018	To ensure equality in language used in adverts and prevent unconscious bias during process
Continue to promote links with local schools and colleges. To include career taster days and encourage all young people to consider health as a career irrespective of gender	Education	Ongoing	To provide information and inspiration regarding career options
Continue to develop and utilise the leadership programme, to ensure all staff irrespective of gender have opportunities for career progression	Education	Ongoing	To provide employees with the skills to enable them to be promoted to band 7, 8a, 8b roles
To review Gender Pay Gap data on an annual basis	Operational HR	Ongoing	Data to be published in July each year



### Summary of the Gender Pay Gap ...

Dorset County Hospital NHS Foundation Trust is an employer required by law to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. Gender Pay Gap reporting is distinct from Equal Pay. The Gender Pay Gap refers to the overall picture of average pay of male and female employees. For the 2017 data we used the mean rate as our headline figure, further research into this area suggests the median value is used. This value is not affected by extreme values; such as changes in the earnings of small numbers of very high earners. From this report onwards we will use the median value as our headline figure.



Figures taken as of 31 March 2018

*Outstanding care for people in ways which matter to them*