



Title of Meeting	Trust Board
Date of Meeting	31 July 2019
Report Title	2019 Gender Pay Gap Findings
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Responsible Executive	Mark Warner, Director of Workforce and Organisational Development
Purpose of Report (e.g. for decision, information) For information and to note actions set out in the Action Plan.	
Summary 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. 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). This report provides an analysis of the workforce with an effective date of 31 March 2019.	
Paper Previously Reviewed By Workforce Committee	
Strategic Impact 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.	
Risk Evaluation 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.	
Impact on Care Quality Commission Registration and/or Clinical Quality No specific implications relating to the contents of the action plan.	
Governance Implications (legal, clinical, equality and diversity or other): The gender pay gap results show the difference in the average pay between all men and women in the Trust.	
Financial Implications No specific implications relating to the contents of the action plan.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	Trust Board are asked to note the contents of this paper and the actions in response to the 2019 Gender Pay Gap analysis.

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.

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) team 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

All staff who were classed as “Full Pay Employees” as at the snapshot date of 31 March 2019 are included in the analysis. Any members of staff who had a reduced pay rate because of absence for example have been excluded.

The mean (average of numbers in the data range) gender pay gap for the Trust is 29.09%; and the median (middle value) gender pay gap is 10.74%

Mean (Average) & Median Hourly Rates						
Gender	2018/19				2017/18	
	Avg. Hourly Rate 2018/19	Movement in Year	Median Hourly Rate 2018/19	Movement in Year	Avg. Hourly Rate 2017/18	Median Hourly Rate 2017/18
Male	21.77	↑	15.38	↑	21.69	14.70
Female	15.43	↑	13.73	↑	15.15	13.55
Difference	6.33	↓	1.65	↑	6.54	1.15
Pay Gap %	29.09%	↓	10.74%	↑	30.15%	7.85%

The above table shows that the average hourly rate and median hourly rate have both increased in year; much of this is attributed to the pay award. Appendix B shows we have seen a switch from a male to female dominance in bands 4, 7 and ad-hoc salaries. Only the category of Band 8c, d and 9 showed a change from a female dominance to a male dominance. This has been due to staff leaving the organisation and interim structures being put into place.

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	2018/19				2017/18			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	590	170	77.63	22.37	552	158	77.75	22.25
2	649	130	83.31	16.69	576	134	81.13	18.87
3	657	112	85.44	14.56	607	103	85.49	14.51
4	504	266	65.45	34.55	461	250	64.84	35.16

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. There has not been an award round since the last report.

Bonus Pay Summary				
	2018/19		2017/18	
Gender	Avg. Pay	Median Pay	Avg. Pay	Median Pay
Male	12629.26	9048.00	12616.45	9040.5
Female	9704.59	3015.96	11592.55	5315.28
Difference	2924.67	6032.04	1023.91	3725.23
Pay Gap %	23.16%	66.67%	8.12	41.21

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

Bonus ratio						
	2018/19			2017/18		
Gender	Employees Paid Bonus	Total Relevant Employees	%	Employees Paid Bonus	Total Relevant Employees	%
Female	15	2796	0.54	14	2626	0.53
Male	55	830	0.63	55	743	7.4

Gender Pay Gap calculations by band group (Appendix B) 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.

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 Next Steps

5.1 Enabling Progression

To tackle underrepresentation at the top and remove barriers to progression for all staff who possess a protected characteristic, we are implementing a number of actions. Our leadership development programme is undergoing further development to provide a range of options to develop within the workplace that are as accessible as possible to all employees irrespective of gender, ethnicity or other protected characteristic.

5.2 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.

5.3 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.

5.4 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.

5.5 Make the most of flexible working

Flexible working is used increasingly by both male and female employees. However, flexible working uptake varies 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 an increase in the percentage of staff (from 51.5% to 54.3%) satisfied with opportunities for flexible working patterns.

We want to ensure that male employees are aware of the options that are available to them being able to work flexibly or taking leave for domestic and caring responsibilities. We will continue to promote our flexible working policy and hope that by raising awareness and encouraging such practices we will see a positive increase in this.

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 consider job-sharing proposals from employees and challenge the full-time requirement.

6.0 Conclusions

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.

Analysis of the data has shown that the workforce is predominantly female (75.86%, a decrease of 2.31% since last year).

We have a gender pay gap (median) of 10.74% an increase of 2.89% 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

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, although 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.

Our bonus pay gap reflects lower female representation across senior medical and dental staff; 30% of our Consultants are female, this is a 2.6% increase from last year. 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. At our most recent CEA Award panel (held in June 2019, which will be reflected in next year's report) we were encouraged to see an increase in the number of female clinicians who had applied for and were awarded a CEA.

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.

7.0 RECOMMENDATION

This report has identified a number of areas for action and these are detailed in Appendix A. Progress against these actions will also be monitored through the Equality, Diversity and Inclusion Steering group at their quarterly meetings.

APPENDIX A

Action	Owner	Timescale	Notes
Relaunch Recruitment process / Training	Workforce Resourcing Team	September 2019	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
Produce an easy to read infographic summarising results	Operational HR	Annually	To be shared with all staff within the organisation, the CCG and local press as appropriate

Outstanding care for people in ways which matter to them

SPLIT BY GRADE – Based on Spinal value						
	2018/19			2017/18		
GRADE	MEAN AVG SALARY		2018/19 GAP	MEAN AVG SALARY		2018/19 GAP
	FEMALE	MALE		FEMALE	MALE	
Band 1	£17,460.00	£17,460.00	0.00% equal	£15,641.56	£15,632.76	-0.06% in favour of female employees.
Band 2	£17,965.19	£17,790.22	-0.98% (in favour of female employees)	£17,021.12	£16,824.38	-1.17% in favour of female employees.
Band 3	£19,315.11	£19,493.36	0.91% (in favour of male employees)	£18,828.09	£18,904.58	0.41% in favour of male employees.
Band 4	£22,131.48	£22,112.23	-0.09% (in favour of female employees)	£21,435.91	£21,518.96	0.39% in favour of male employees.
Band 5	£27,034.77	£26,430.90	-2.28% (in favour of female employees)	£26,627.02	£25,809.75	-3.17% in favour of female employees.
Band 6	£33,211.89	£33,201.30	-0.03% (in favour of female employees)	£32,633.01	£32,127.29	-1.57% in favour of female employees.
Band 7	£40,073.14	£39,631.24	-1.12% (in favour of female employees)	£39,094.25	£39,539.81	1.14% in favour of male employees.
Band 8a	£47,377.91	£47,506.18	0.27% (in favour of male employees)	£44,908.29	£45,294.72	0.86% in favour of male employees.
Band 8b	£56,098.39	£57,001.30	1.58% (in favour of male employees)	£55,496.12	£57,773.57	4.1% in favour of male employees.
Band 8c, 8d, 9	£73,323.38	£75,601.86	3.01% (in favour of male employees)	£76,077.67	£69,048.67	-10.18% in favour of female employees.
Ad- Hoc	£85,142.96	£58,645.27	-45.18% (in favour of female employees)	£53,744.57	£65,633.08	22.12% in favour of male employees.
Medical & Dental	£57,083.20	£71,614.48	20.29% (in favour of male employees)	£54,437.55	£70,529.31	29.56% in favour of male employees.

Outstanding care for people in ways which matter to them