**Gender Pay Gap Report**

1. **Introduction**

In 2018 the government made gender pay gap (GPG) reporting mandatory by amending the [Equalities Act 2010 (Specific Duties and Public Authorities) Regulations 2017](https://www.legislation.gov.uk/ukdsi/2017/9780111153277/contents) so that all public sector employers with more than 250 employees are required annually to measure and publish their gender pay gap prominently on [the government website](https://www.gov.uk/report-gender-pay-gap-data) and their own. The Equality and Human Rights Commission (EHRC) is responsible for monitoring how public bodies are complying with the GPG reporting requirements and can take enforcement action.

This year, the figures from the snapshot date of 31 March 2019 must be reported on no later than 30 March 2020**.**

The gender pay gap shows the difference between the **average** (mean or median) earnings of men and women.

Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

Employers must follow the rules in the regulations to calculate the following information: The

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

A **mean** average involves adding up all of the numbers and dividing the result by how many numbers were in the list. A **median** average involves listing all of the numbers in numerical order. If there are an odd number of values, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.

This report includes the statutory requirements of the Gender Pay Gap legislation but also provides further context to demonstrate our commitment to equality.

1. **Gender Profile of the Organisation**

The Trust’s workforce comprises of 80% Women and 20% Men.

|  |  |  |
| --- | --- | --- |
| **Gender** | **Headcount** | **%** |
| Female | 4375 | 76.43 |
| Male | 1115 | 19.48 |
| **Grand Total** | **5490** | **100** |

1. **Gender Profile by Banding**

The figures show the Gender Profile by Banding for the Trust. The Trust workforce comprises of a female workforce across all bandings apart from Medical & Consultant where 4.64% are male in comparison to 2.62% female.



1. **Gender Pay Gap**

The figures show the Mean Gender Pay Gap for the Trust is 23.92% and the Median Gender Pay Gap is 3.94%. This shows that gender pay gap has slightly increased from last year’s Mean figure of 22.2% to 23.9%. This shows that for every pound men are earning, women are earning just over 76 pence (2 pence decrease from last year.)



1. **Bonus Pay Gap**

Bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards. Under the national Medical & Dental terms and conditions Consultants are eligible to apply for Clinical Excellence Awards (CEA). This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The calculations below include both local and national CEA’s.



The average bonus pay gap is 53.01% and the median is 50%. There is a significant difference between male and female bonus pay gap.

**Table 1 Consultant by Gender**



**Table 2 Consultant Gender Profile with percentage of eligibility and applications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **No of Applicants** | **No Shortlisted** | **Successful Appointment** |
| **Female** | 93.00 | 31 | 14 |
| **Male** | 25.00 | 13 | 3 |

**Table 3 Proportion of Males and Females receiving a Bonus Payment**

Although there has been an increase in the number of female Consultants, there has been a slight decrease in the percentage of female and male Consultants receiving a Bonus Payment.

The figures show that the proportion of Women receiving a CEA is **39.68%** and the proportion of men **44.14%,** a minimal difference of **4.46%** which is still a slight increase from last year.

1. **Proportion of males and Females in each quartile band**



All female staff and all male staff are ranked separately according to their pay. They are then put in to four quartiles with quartile 1 being lowest paid staff, 2 being lower middle, 3 being upper middle and 4 being highest paid staff. The figures show that, compared to our workforce of 80% women and 20% men, women are over represented in quartile 3 and under-represented in quartile 4**.** There is a very slight improvement in quartile 1 for women and in quartiles 2, 3 and 4 there is an overall increase for men as can be seen from last year’s figures.

1. **Proportion of Doctors by Ethnicity, Disability and Age**

**Table 1 Doctors by Ethnicity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trust** | **Headcount** | **%** | **Doctors** | **Headcount** | **%** |
| White | 4509 | 82.13% | White | 181 | 45.36% |
| Mixed | 66 | 1.20% | Mixed | 10 | 2.51% |
| Asian | 463 | 8.43% | Asian | 149 | 37.34% |
| Black | 191 | 3.48% | Black | 19 | 4.76% |
| Other | 92 | 1.68% | Other | 29 | 7.27% |
| Not Stated | 169 | 3.08% | Not Stated | 11 | 2.76% |
| **Total**  | **5490** |  | **Total**  | **399** |  |

**Table 2 Doctors by Disability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trust** | **Headcount** | **%** | **Doctors** | **Headcount** | **%** |
| No | 4519 | 82.31% | No | 312 | 78.20% |
| Not Declared | 785 | 14.30% | Not Declared | 83 | 20.80% |
| Prefer Not To Answer | 7 | 0.13% | Yes | 4 | 1.00% |
| Unspecified | 1 | 0.02% |  |  |  |
| Yes | 178 | 3.24% |  |  |  |
| **Total**  | **5490** |  | **Total**  | **399** |  |

**Table 3 Doctors by Age**

|  |  |  |
| --- | --- | --- |
| **Trust** | **Headcount** | **%** |
| <=20 Years | 51 | 0.93% |
| >=71 Years | 24 | 0.44% |
| 21-25 | 321 | 5.85% |
| 26-30 | 583 | 10.62% |
| 31-35 | 591 | 10.77% |
| 36-40 | 642 | 11.69% |
| 41-45 | 610 | 11.11% |
| 46-50 | 756 | 13.77% |
| 51-55 | 824 | 15.01% |
| 56-60 | 667 | 12.15% |
| 61-65 | 355 | 6.47% |
| 66-70 | 66 | 1.20% |
| **Total**  | **5490** |  |

1. **Gender pay gap Comparison**

The mean gender pay gap for the whole of the Public Sector economy (according to the October 2019 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.3%, the national figure continues to decline. At 23.92 % the Trust’s mean gender pay gap is therefore, above that for the wider public sector and has increased since last year’s figures due to an increase in employment the increase is not viewed to be significant. The mean gender pay gap is reflective of the pattern from the wider UK healthcare economy; traditionally the NHS has a higher female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in Medical & Dental professions.

1. **Reducing the Gender Pay Gap**

One reason for the much higher mean pay rates than median pay rates, especially for male staff, may be the relatively high numbers of staff paid at VSM or higher non-Agenda for Change rates.

Further analysis for staff paid at the higher non-Agenda for Change rates have been provided in regards to Ethnicity, Disability and Age. Doctors with a Disability are significantly unrepresented with only 1% self-reporting a disability. The Trust has one BAME VSM; the percentage of Doctors from an ethnic minority background is proportionate to those of a white background. The data shows that the majority of doctors are predominately aged 46 – 55.

The following are some areas that will be discussed at the EDI steering group meeting, with a view to developing and monitoring an action plan going forward.

* Explore with the Trust’s EDI steering to promote positive discussion and develop further awareness of the issues around the Gender Pay Gap and how the report should be shared widely with the organisation.
* Further data analysis including Ethnicity Pay Gap Report and median pay gap further investigations.
* Identify if there are any barriers to training and development opportunities for women, ensure the internal Leadership development programme, coaching and mentoring opportunities are inclusive of women.
* Ensure that recruitment and selection practices are inclusive in attracting men to apply for entry-level positions and inclusive for staff and prospective applicants regardless of gender.
* Analysis of recruitment and selection data and use improvement methodologies in R&S processes to develop /promote flexible working options, such as, part-time work, remote working, job sharing or compressed hours for senior roles.
* Attracting women to take on higher-banded positions, by offering maternity/paternity and returner’s scheme support packages.
* Nurture a culture that enables staff to succeed regardless of gender
* Ensuring senior managers continue to promote and encourage Agile working across the Trust for both men and women to work flexibly, support childcare and other caring responsibilities.
* To work with other Trusts to gather intelligence on good practice.
* Examine gender issues experienced by staff to improve the staff experience and increase retention via staff surveys, Cultural Ambassadors network or develop a Gender Staff Network
1. **Conclusion**

In summary the report highlights that our gender pay gap has slightly increased form last year but not significantly. Our median pay gap shows that there has been a marginal increase which we anticipate is a consequence of the assimilation process of Bands 1 and 2; further data analysis will be completed to clarify this position. In addition, there has been a decrease in men and women receiving bonus payments maintaining a minimal gap. The percentage of women in the top quartile is lower than the Trust average of 80%. (74.1).

The preponderance of women in the lowest pay quartile suggests that there is work to do in upskilling and attracting women to take on higher-banded positions, and in attracting men to apply for entry-level positions.

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