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| Meeting: | Equality and Human Rights Group | Date: | 21 st February 2019 |
| Title: | Gender Pay Gap Reporting – Results for 2017/18 | | |

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| Summary of paper: | <p>In order to meet the 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.</p> <p>This paper summarises the results of the Gender Pay Gap analysis and background information.</p> <p>The gender pay gap reporting uses six different standard measures which are;</p> <ul style="list-style-type: none"> • 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 female in each quartile pay band <p>The gender pay gap reporting must be published by the 30th March 2019 (Public Sector Organisations) using a data snap shot from the 31st March 2018. Staff employed by the Trust on this date include Wiltshire Health and Care, GWH Acute Services and Swindon Community Health Services. The total number of staff included is 5691 with a split of 893 (15.69%) male and 4798 (84.31%) female.</p> <p>Gender Pay Gap The median¹ gap between male and female pay is 9.53% meaning that females earn 9.53% less per hour then males at the Trust. The mean² pay gap is 26.19%. If doctors are taken out of the median calculation the pay gap is -2.8% with females earning 2.8% more per hour than males.</p> <p>Upper and Lower Quartile Gender Pay Gap The Trust is also required to report on the quartiles into which employees split (employees are listed by hourly rate and split into 4 equal groups). The figures show a smaller percentage of female employees in the Upper Quartile (76.6%) compared with the other quartiles. The Trust Upper Quartile, (if doctors are removed from the figures), changes the percentage of females in the Upper Quartile increasing it from 76.6% to 88.79% which brings this more in line with the other Quartiles.</p> <p>Bonus Pay Gender Pay Gap There is also a large difference between male and female for bonus pay (75%), which includes incentives, recruitment premia, Clinical Excellence Awards, Discretionary Points and Distinction Awards for doctors. If doctors are not included in the calculation, this figure reduces to 27.27% meaning that male have received higher bonus pay than females.</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Results and narrative presented to the Equality and Human Rights Group and actions agreed - February 2019 • Results and narrative presented to Weekly Executive Meeting – February 2019 • Results and narrative presented at the Employee Partnership Forum – March 2019 • Communications including the results and narrative to go out to staff with key messages – March 2019 |
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¹ The “**median**” is the middle value when you list all the numbers in the dataset in numerical order

² The “**mean**” is the “average” - add up all the numbers and then divide by the number of numbers.

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| | <ul style="list-style-type: none"> Results to be published on the government website and Trust website – March 2019 Press statement to be prepared explaining the gap and the actions proposed to reduce it – March 2019 |
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| Consultation / other committee views: | |
| Assurances: | |

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| Recommendations/decisions required: | <p>(a) that the paper is noted</p> <p>(b) that any further actions are agreed and documented</p> |
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| <p>Link to Trust Priorities</p> <p>(1) We will make the patient the centre of everything we do. (2) We will work smarter not harder to make best use of existing resource. (3) We will innovate and identify new ways of working. (4) We will build capacity and capability by investing in our staff, infrastructure and partnerships.</p> | <p>Link to Quality</p> <p>(1) Safety (staffing, falls, never events, handover, SI, safeguarding, infection control, environment, medicines, equipment). (2) Effectiveness (HMSR, SHMI, Mortality, Clinical audits, care bundles, deteriorating patient). (3) Caring (patient experience, patient surveys, friends and family test, patient stories, response to call bells). (4) Responsiveness (complaints, waiting times, cancelled operations, ambulance stays, translation services, comfort factors – TV and seating). (5) Well led (staff survey, staffing levels, sickness rates, flu vaccinations rates, board/ward interactions, staff reports, governance and reporting, risk management, financial control).</p> |
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| Risk issues: | Risk Register Ref No: | Risk Score: |
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| Resource Implications: Expenditure / Income net value | Regulations and legal considerations: Equality Act 2010 Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 | Quality consideration and impact on patient and carers: Improved equality of pay and opportunity for all staff. |
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| Report Sign Off: | | |
| Financial | Operational | HR |
| | | Sheridan Flavin, Interim Director of HR |

Confidentiality
This report does not contain any confidential information.

Equality Impact Assessment
Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt. This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.
This report has been assessed against the Trust's Equality Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities:

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|---------------------------------|---------------------|--------|------------------------|
| Lead Executive Director: | Sheridan Flavin | Title: | Interim Director of HR |
| Report Author: | Suzie Allison-Green | Title: | HR Business Partner |

1. What is the pay gap report?

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year (from April 2017) which illustrates what the pay gap is between their male and female employees. In this report the data is taken from 31st March 2018 and this will be published on the Trust website and on the relevant government website by the 30th March 2019.

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between men and women 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.

The gender pay gap shows the **difference in the average pay between all men and all women in a workforce**. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with and the individual calculations may help to identify those issues.

2. NHS Pay Structure

All staff are on NHS terms and conditions. The majority of 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.

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.

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 and will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who participate in Senior Manager on-call and non-clinical staff who provide 24/7 services such as Estates and IT.

3. The gender pay gap indicators

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Trust has to calculate the following statutory calculations for its employees and workers:

- 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 receiving a bonus payment
- The proportion of females receiving a bonus payment
- The proportion of males and female in each quartile pay band

At the time the snap shot was taken the Trust had 5691 employees/workers, of which **4798 (84.31%) were female** and **893 (15.69%) were male**. The breakdown of the proportion of males and females in each banding are as follows.

| Group | Male % | Female % |
|------------|--------|----------|
| Apprentice | 23.26% | 76.74% |
| Band 1 | 10.53% | 89.47% |
| Band 2 | 10.22% | 89.78% |
| Band 3 | 11.62% | 88.38% |
| Band 4 | 14.45% | 85.55% |
| Band 5 | 8.63% | 91.37% |
| Band 6 | 11.98% | 88.02% |

| Group | Male % | Female % |
|---------|--------|----------|
| Band 7 | 13.01% | 86.99% |
| Band 8a | 19.29% | 80.71% |
| Band 8b | 23.08% | 76.92% |
| Band 8c | 43.48% | 56.52% |
| Band 8d | 30.00% | 70.00% |
| Band 9 | 40.00% | 60.00% |
| Medical | 53.92% | 46.08% |
| VSM | 56.25% | 43.75% |

4. Gender Pay Gap Results for Great Western Hospitals NHS Foundation Trust

a) Gender pay gap as a mean average

The mean is the average of all the hourly rates in the dataset and shows that female staff are paid 26.44% less than male staff which is an improvement from the previous year when females were paid 27.17% less than male staff.

| Mean hourly rate of pay | Male | Female | GAP% |
|-------------------------|--------|--------|--------|
| % Mean GAP Ordinary Pay | £20.54 | £15.11 | 26.44% |

Further analysis shows that there is a higher number of male staff in senior medical and dental positions (69% male, 31% female). If medical and dental staff are excluded from the calculation the mean average changes significantly with females being paid 2.49% less than males.

| Mean hourly rate of pay – excluding medical and dental | Male | Female | GAP% |
|--|--------|--------|-------|
| % Mean GAP Ordinary Pay | £14.83 | £14.46 | 2.49% |

If this is broken down further, the mean shows that in the main females are paid more than males in each line as illustrated by band below.

The medical staff line includes all training grades, staff/career grade, consultant 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 and who are mainly male (5 male and 2 female) compared with high salary VSM who are more than half female (4 male and 5 female).

| Group | MALE | FEMALE | GAP% |
|------------|--------|--------|---------|
| Apprentice | £4.72 | £4.21 | 10.82% |
| Band 1 | £8.64 | £9.27 | -7.28% |
| Band 2 | £10.03 | £10.61 | -5.84% |
| Band 3 | £10.05 | £10.21 | -1.51% |
| Band 4 | £11.08 | £11.33 | -2.22% |
| Band 5 | £13.98 | £15.24 | -9.02% |
| Band 6 | £17.44 | £18.25 | -4.64% |
| Band 7 | £20.18 | £21.07 | -4.41% |
| Band 8a | £23.21 | £23.59 | -1.64% |
| Band 8b | £29.48 | £27.84 | 5.59% |
| Band 8c | £32.42 | £33.01 | -1.84% |
| Band 8d | £39.36 | £42.58 | -8.18% |
| Band 9 | £43.71 | £48.79 | -11.63% |
| Medical | £32.97 | £27.65 | 16.13% |
| VSM | £35.04 | £48.14 | -37.39% |

b) Gender pay gap as a median average

The median is the middle value when you list all the numbers in the dataset in numerical order and female staff are paid 9.73% less.

| Median hourly rate of pay | Male | Female | GAP% |
|---------------------------|--------|--------|-------|
| % Median GAP Ordinary Pay | £15.42 | £13.92 | 9.73% |

Again, if medical and dental staff are excluded from the calculation, the median average changes significantly and this shows males being paid 2.8% less than females.

| Median hourly rate of pay – excluding medical and dental | Male | Female | GAP% |
|--|--------|--------|-------|
| % Median GAP Ordinary Pay | £13.22 | £13.59 | -2.8% |

If this is broken down further, females in most pay bands are paid more than males. 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 and who are mainly male.

% Median Gap Ordinary hourly rate of pay

| Group | MALE | FEMALE | GAP% |
|------------|--------|--------|----------|
| Apprentice | £3.52 | £3.50 | 0.57% |
| Band 1 | £8.01 | £8.38 | -4.56% |
| Band 2 | £9.35 | £9.70 | -3.75% |
| Band 3 | £9.81 | £10.15 | -3.47% |
| Band 4 | £11.04 | £11.57 | -4.85% |
| Band 5 | £14.07 | £14.70 | -4.48% |
| Band 6 | £17.15 | £18.19 | -6.10% |
| Band 7 | £20.81 | £21.37 | -2.72% |
| Band 8a | £24.09 | £23.97 | 0.48% |
| Band 8b | £29.77 | £27.52 | 7.56% |
| Band 8c | £32.11 | £34.39 | -7.10% |
| Band 8d | £38.65 | £42.58 | -10.17% |
| Band 9 | £43.71 | £51.36 | -17.52% |
| Medical | £33.91 | £26.48 | 21.91% |
| VSM | £22.03 | £55.91 | -153.79% |

c) Bonus gender pay gap as a mean average

Included in the bonus calculations are one off recruitment and retention payments (in place for hard to recruit to roles) and incentive payments (for hard to fill shifts). The calculation also includes medical and dental staff's Clinical Excellence Awards, Discretionary Points and Distinction Awards. This shows a significant difference between male and female pay mainly due to consultants receiving Clinical Excellence Awards, Discretionary points and Distinction Awards. There has been an improvement from last year's results when the mean gap was 90.02% and the median gap was 87.1%

| Bonus gender pay gap | Male | Female | GAP% |
|------------------------|-----------|---------|--------|
| % Mean GAP Bonus Pay | £5,541.21 | £655.86 | 88.16% |
| % Median GAP Bonus Pay | £800.00 | £200.00 | 75.00% |
| % Receiving Bonus | 17.63% | 21.74% | |

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

| Bonus gender pay gap – excluding medical and dental | Male | Female | GAP% |
|---|---------|---------|--------|
| % Mean GAP Bonus Pay | £562.65 | £470.39 | 16.40% |
| % Median GAP Bonus Pay | £275.00 | £200.00 | 27.27% |
| % Receiving Bonus | 15.81% | 22.43% | |

d) Proportion of males and females in each Quartile

Quartiles are all relevant employees and workers listed in hourly rate order and split into four equal groups. 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 level, and Senior Management level and if medical staffing is excluded from the Upper Quartile the proportion changes to 11.21% Male and 88.79% Female which is comparable to the other quartiles.

| | Male | Female |
|-------------------------------|--------|--------|
| Upper Quartile % | 23.37% | 76.63% |
| Upper Quartile Numbers | 333 | 1092 |
| Upper Middle Quartile % | 12.56% | 87.44% |
| Upper Middle Quartile Numbers | 179 | 1246 |
| Lower Middle Quartile % | 12.83% | 87.17% |
| Lower Middle Quartile Numbers | 183 | 1243 |
| Lower Quartile % | 13.89% | 86.11% |
| Lower Quartile Numbers | 198 | 1227 |

5. Conclusion

The Trust has improved the mean gap from 27.17% to 26.44% for 2017/18. The Trust acknowledges that there could be greater female representation in the consultant workforce and this is reflected nationally. Where possible we are ensuring that at least two female applicants for consultant roles are shortlisted for interview to increase the likelihood of females being appointed following national guidance. However, the Trust will always appoint the best candidate for the position.

Our present intake of junior doctors in training are 53% female and 47% male showing an increase of females entering the profession which should over time reduce the pay gap.

The Trust offers flexible working to all staff and has a robust recruitment process. For many years we have worked with local schools to inform pupils on the variety of roles and careers that are possible in the NHS and to encourage all to consider a career in healthcare. In addition to this we undertake careers events and help with employability skills sessions – such as interviewing.

The Trust will continue to recruit in a non-gender biased manner to ensure that applicants are recruited in a fair, open and transparent manner.

Next steps are as follows.

- Results and narrative presented to the Equality and Human Rights Group and actions agreed - February 2019
- Results and narrative presented to Weekly Executive Meeting – February 2019
- Results and narrative presented at the Employee Partnership Forum – March 2019
- Communications including the results and narrative to go out to staff with key messages – March 2019
- Results to be published on the government website and Trust website – March 2019
- Press statement to be prepared explaining the gap and the actions proposed to reduce it – March 2019

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 |