

Gloucestershire Hospitals NHS Foundation Trust's Gender Pay Gap Report

February 2022

Data reported as at 31 March 2021, unless otherwise indicated.

1. Summary

This is Gloucestershire Hospitals NHS Foundation Trust's (GHFT) fifth Gender Pay Gap report. It is based on a snapshot of all GHFT employees on 31 March 2021. On that date, GHFT permanent workforce head count was made up of **7889 staff; 80% women and 20% men.**

The analysis used to prepare this Report identifies a 'mean' and a 'median' gender pay gap

The measured position on the gender pay gap at 31 March 2021 is as follows:-

- **The mean gender pay gap is the difference between mean pay for men and women in the organisation. In GHFT, the mean pay for men is 28.5% higher than for women 28.6% in 2020 (a decrease of 0.1%)**
- **The median gender pay gap is the difference between median for men and women in the organisation. In GHFT, the median pay for men is 23.4% higher than for women 19.8% in 2020 (an increase of 3.6%)**

It is critical to emphasise this does not mean that a male and a female staff member doing equal work receive different levels of pay. Rather, the above statistics are driven largely by (i) the pay of the medical workforce which has an amplified effect on statistics relating to the total workforce and (ii) the distribution of males and females within different parts of the workforce.

The dominant theme is that if the medical workforce and their CEA are excluded, the median gender pay gap is nullified. Analysing pay across all staff except medical staff creates a mean gender pay gap of 4.7% in favour of males, but a median gap of 0%. The clear implication is that the pay gap across the medical workforce is sufficient to nullify the female zero gender pay gap across the remainder of the Trust's workforce, and generate the overall results set out in the bullet points above.

Analysis of gender pay across the medical workforce reveals a complex distribution. For early years' medical trainees there is a gap in favour of female doctors, however at more senior consultant levels, the gap switches to one in favour of male doctors.

2. Introduction

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (*the Regulations*) require public sector organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31st March of each year, and each organisation is duty bound to publish information on their website. This report captures data as at 31st March 2021.

GHFT employs circa. 8000 staff in a number of Staff Groups, including: administrative; nursing; allied health; and medical roles. All staff except for medical and Very Senior Managers (VSMs) are on Agenda for Change pay-scales, which provide a clear process of paying employees equally, irrespective of their gender or ethnicity.

What is the gender pay gap?

The gender pay gap shows the difference in the average pay between all males and females in the Trust. If there is a particularly high gender pay gap, it can indicate there may be several issues with which to deal, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with pay difference between males and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are male or female.

What do we have to report on?

The statutory requirements of the Gender Pay Gap legislation is that each public sector organisation must calculate the following:

- The mean basic pay gender pay gap
- The median basic pay gender pay gap
- The proportion of males and females in each quartile pay band
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of both males and females receiving a bonus payment

Definitions of pay gap

The **mean pay gap** is the difference between the 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.

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.

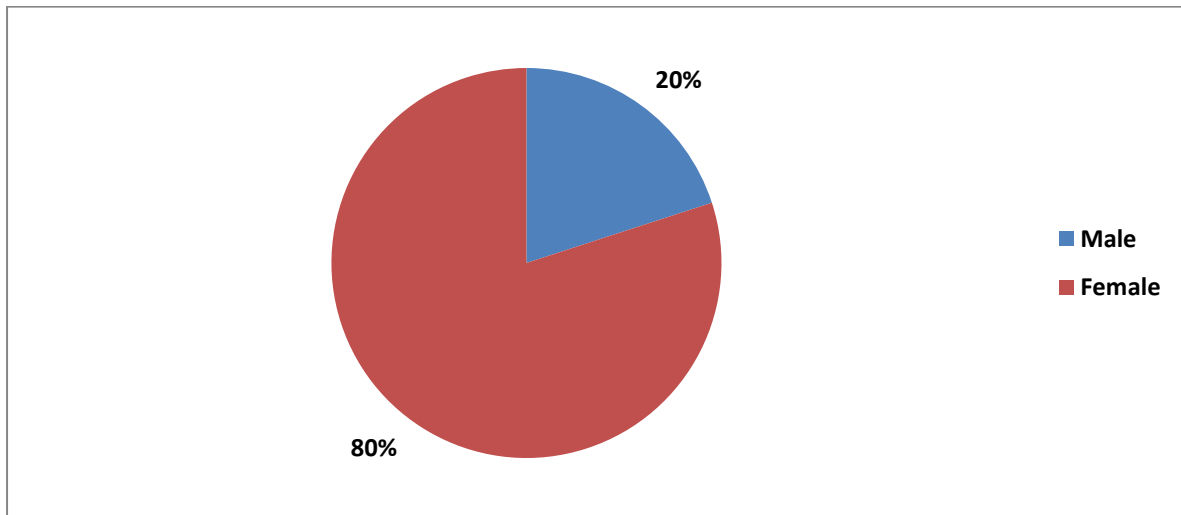
Who is included?

All staff who were employed by GHFT and on full pay on the snapshot date (31st March 2021) are included. Bank staff who worked a shift on that date are also included. Employees who are on half or nil absence, less than full pay maternity leave and agency staff are not included.

3. Results for Gloucestershire Hospitals NHS Foundation Trust

Trust Gender Profile (based on headcount)

GHFT, as is typical of the NHS, has a higher proportion of females to males in its workforce – of the 7889 staff counted as part of the gender pay gap reporting, **6,313 were female compared to 1576 male**



Gender Pay Gap GHFT including Medical Staff



Mean gender pay gap – 28.5%

Median gender pay gap – 23.4%

The above charts show that the mean hourly pay for males is **£6.78** higher than that of females, a gender pay gap of **28.5%**

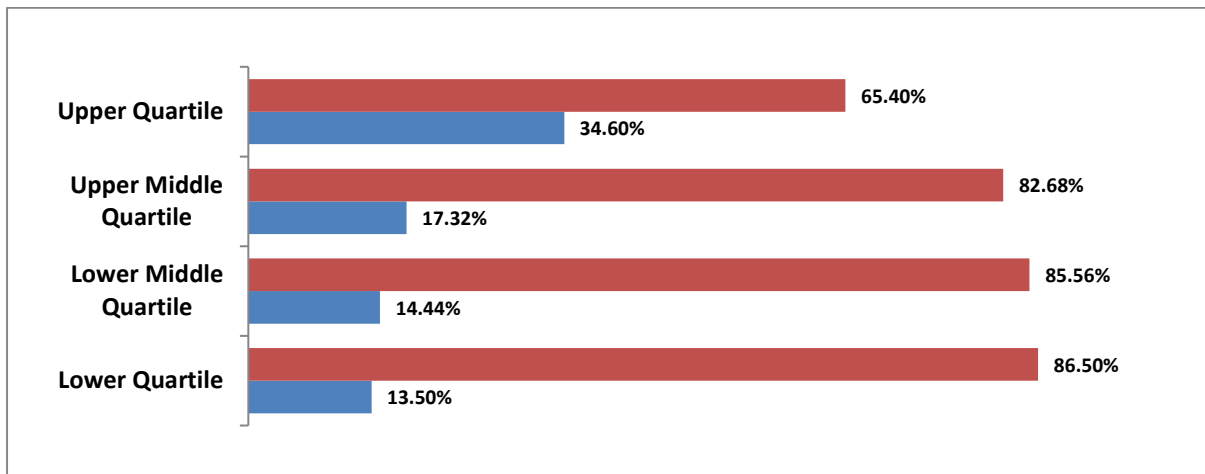
They also show that median pay for males is £5 higher than females, a gender pay gap of **23.4%**.

We are also required to split the workforce into quartiles (blocks of 25%) split by pay and show the proportion of males and females in each quartile. The results of this split are shown below. In broad terms this shows that compared to the position across the workforce as a whole, where males represent **20%** of the workforce there are relatively more males in the highest pay quartile (**34.6%**).

As explained in the introduction, the inclusion of Medical staff with the rest of the workforce has a significant effect on the GPG figures. The next three pages illustrate this.

Pay quartile split:

Percentage of gender in Pay Quartiles including Medical Staff



Gender Pay Gap GHFT excluding Medical Staff

When removing Medical Staff from the equation, GHFT has an even higher percentage of females than males in its workforce – of the 6407 staff counted as part of the gender pay gap reporting, 86% were female (from 80% when Medical Staff included). The Gender Pay Gap is much smaller as an average, and is zero for the median.

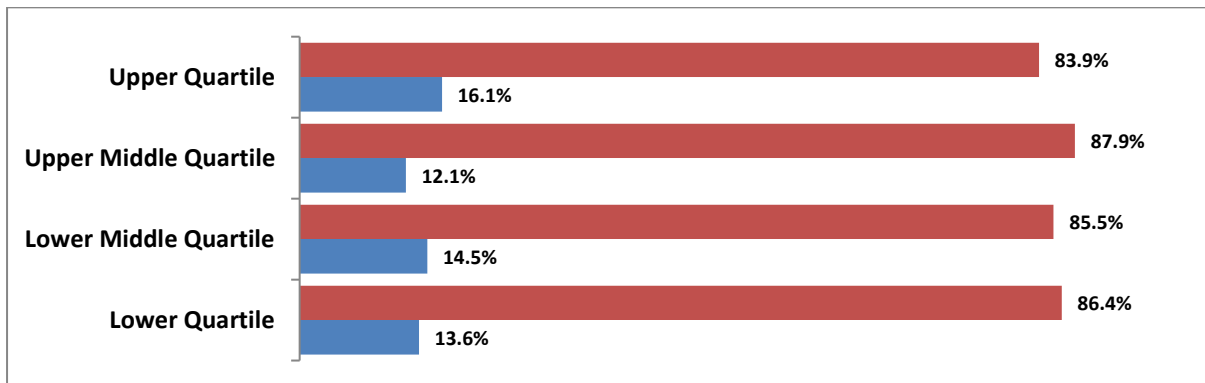


The above charts show that the mean hourly pay for males is £0.81 higher than that of females, a gender pay gap of 4.7%.

They also show that median pay for males is the same as females - a gender pay gap of 0%

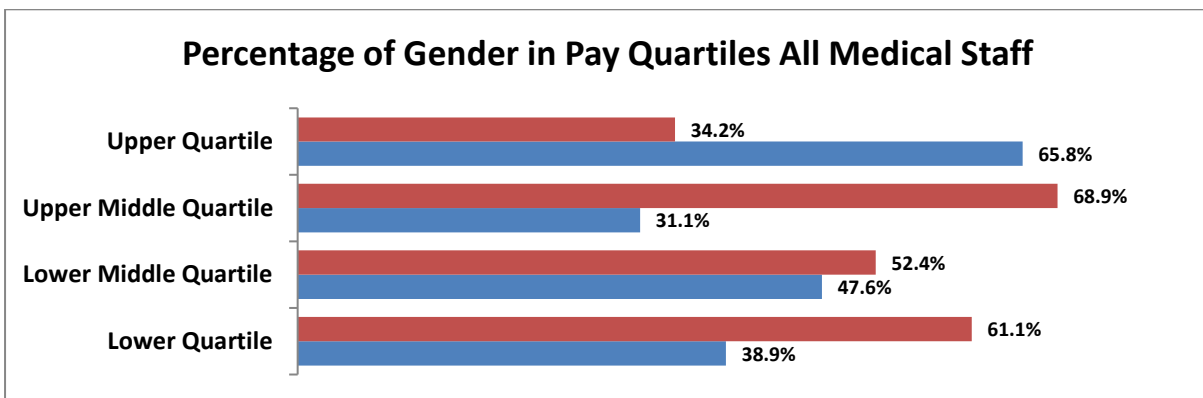
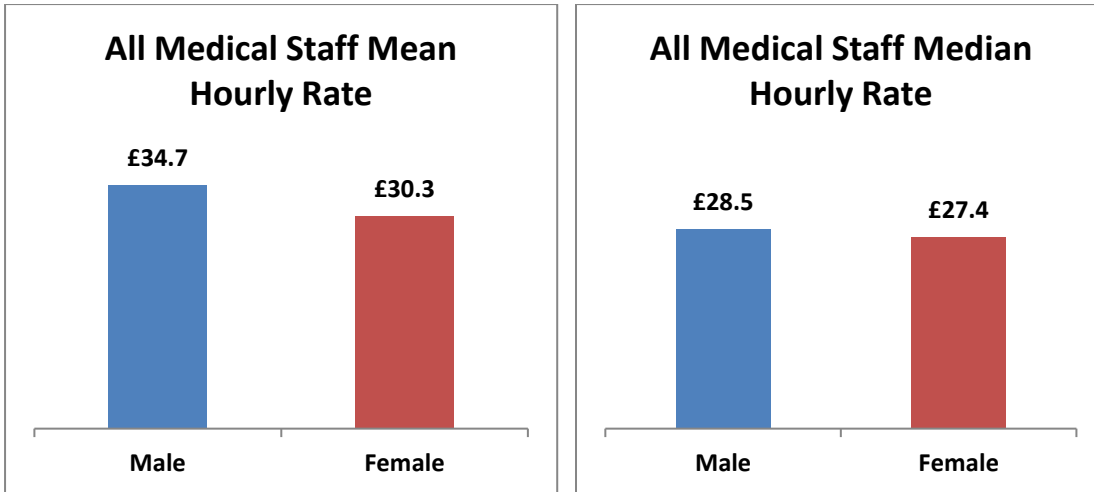
The quartile split also looks very different, where males are again in a higher proportion in the Upper Quartile; however the margin is considerably smaller.

Percentage of gender in Pay Quartiles excluding Medical Staff



Gender Pay Gap GHFT Medical Staff Only

When including only Medical Staff, GHFT still has a higher percentage of females than males overall in its workforce, but the difference isn't so great. Of the 1471 Medical staff counted as part of the gender pay gap reporting (including GPT), 54.2% were female (from 80% when non-Medical Staff included).



The above charts show that the mean hourly pay for males is **£4.40** higher than that of females, a gender pay gap of **12.7%**.

They also show that median pay for males is **£1.10** higher than females, a gender pay gap of **3.9%**.

The quartile split shows that the lower quartile is **61.1%** female, while in the upper quartile this is completely reversed and **65.8%** are male.

What does this mean?

The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce. However that still does not take account of the small numbers of higher paid employees (Senior Medical staff) that are skewing the data when combined with non-medical staff. The effect is simply more extreme when using the mean.

The gender composition and pay gaps in each individual band are examined below; for ease of reference we have highlighted in green where the higher average pay is to be found (male or female cohort).

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Grade	No. of Male Staff	No. of Female Staff	Male Average Hourly Rate*	Female Average Hourly Rate*	Difference	Gap
Apprentice	3	50	£5.42	£5.70	-0.28	-5.10%
Band 1	3	5	£9.21	£9.21	0.00	0.00%
Band 2	208	1170	£10.86	£10.67	0.19	1.82%
Band 3	77	741	£10.93	£11.00	-0.07	-0.71%
Band 4	62	369	£11.75	£12.06	-0.31	-2.63%
Band 5	221	1459	£14.89	£15.06	-0.18	-1.16%
Band 6	144	1125	£18.46	£18.34	0.13	0.70%
Band 7	98	521	£21.98	£21.81	0.17	0.78%
Band 8a	40	151	£24.94	£24.98	-0.04	-0.15%
Band 8b	23	44	£30.28	£30.05	0.24	0.67%
Band 8c	20	16	£34.33	£35.30	-0.97	-2.81%
Band 8d	10	20	£37.85	£34.52	3.33	9.35%
Band 9	2	7	£53.66	£50.75	2.91	5.43%
VSM	4	4	£70.28	£88.47	-18.19	-5.88%
Medical - Consultant	273	157	53.51	51.41	£2.10	3.93%
Medical - non Consultant	392	638	£27.53	£26.23	1.30	4.74%

*refers to the mean hourly rate

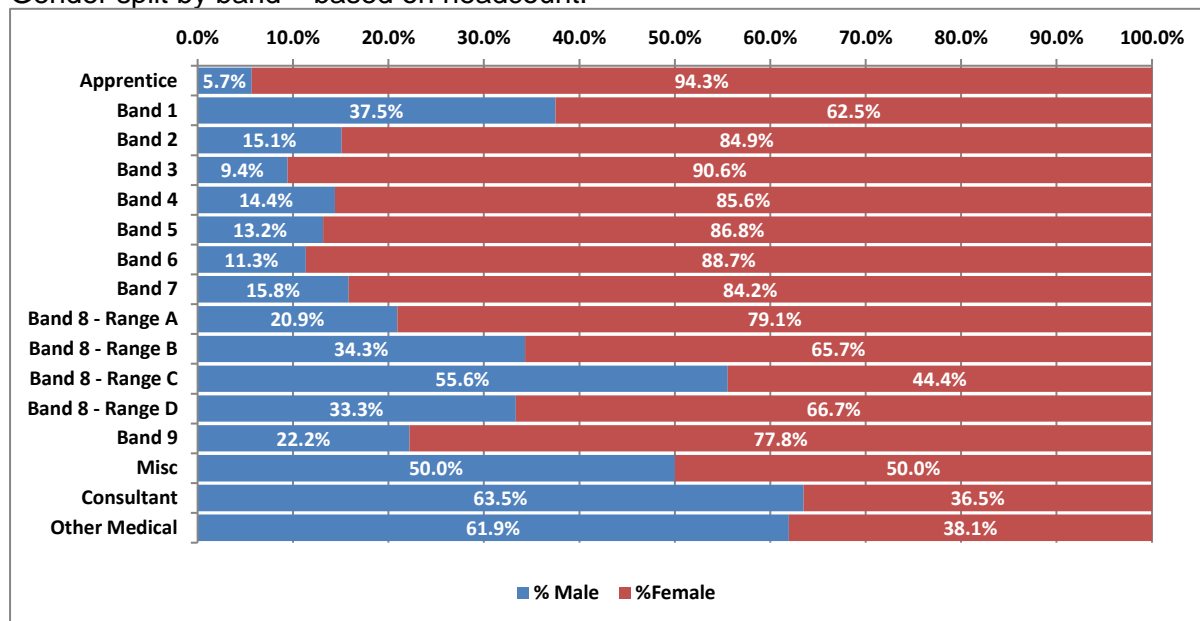
†negative values mean that the difference and the gap are favourable to females

The above table shows that, on average, females earn more in half of the pay bands than males - the bands where males earn more are 2, 6, 7, 8b, 8d & 9; and medical roles (both Consultant and non-Consultant).

We have also analysed the proportion of males and females across each of the above bands, and the results of this are shown in the bar chart below.

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Gender split by band – based on headcount:



4. Specific Focus Areas

Medical staff

The most significant feature of the data at 31 March 2021 is that if all Medical staff were to be removed from the calculations, then the median gap is nullified and the mean is reduced to 4.7% from 27.3%.

Medical staff group comprises a large group, from Foundation level doctors in their first year post qualification to Consultants. The pay gap for Medical staff as a whole is 20% - males get paid on average £4.40 per hour more than females.

Please note Clinical Excellence awards have been excluded from the Medical Pay Calculations in this document. The Bonus section will address the Awards.

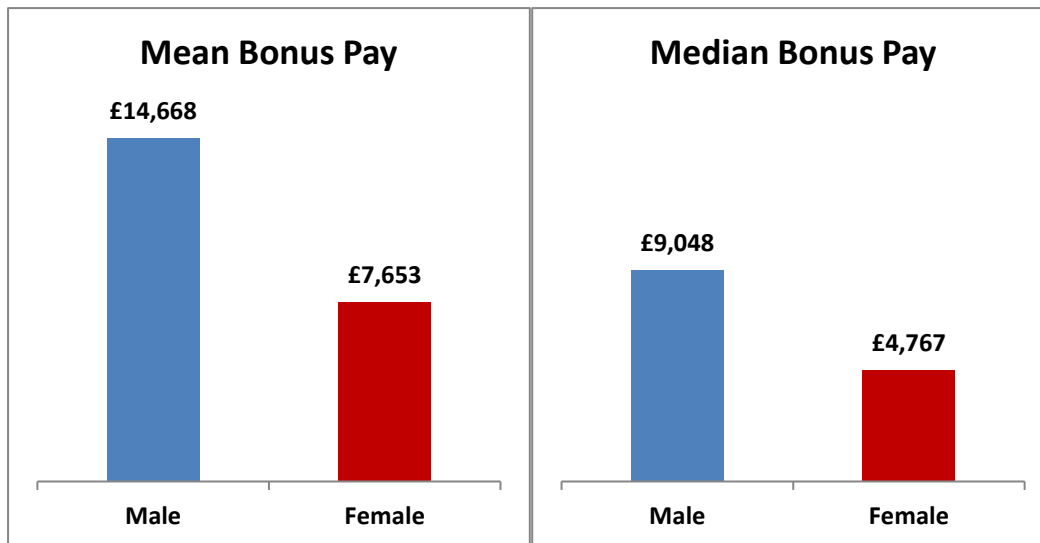
	No. Male Staff	No. Female Staff	Male Average Hourly Rate	Female Average Hourly Rate	Difference	Gap
Foundation Year 1	15	39	14.81	14.83	-£0.02	-0.14%
Foundation Year 2	17	38	17.53	17.88	-£0.35	-2.01%
Specialty Registrar	288	488	23.98	24.42	-£0.44	-1.85%
Clinical Assistant (Closed to new entrants)	2	3	23.99	23.99	£0.00	0.00%
Hospital Practitioner (Closed to new entrants)	2	0	31.66			
Specialty Doctor	32	39	32.91	33.40	-£0.49	-1.50%
Associate Specialist (Closed to new entrants)	11	8	38.95	44.18	£5.23	11.84%
Consultant	273	157	53.51	51.41	£2.10	3.93%

5. Bonuses

The only bonuses paid in the time frame covered by this Report (1st April 2020 to 31st March 2021) were to Medical Consultants, in the form of Clinical Excellence Awards (CEA's) and distinction awards. There were **194 bonuses** paid in the period, **63** were to female consultants and **131** were to male consultants. When compared with the proportion of male Consultants to female Consultants, **67.5%** of bonuses were paid to male consultants when they make up **63.5%** of all consultants, and **32.5%** were paid to female consultants, when female consultants make up 36.5% of all consultants.

Despite efforts to encourage more female staff to apply for CEA over the last 3 years, the mean GPG has increased to **47.8%** from **43%** last year, and the median has increased to **47.3%** from 40% in 2020.

NHS Employers recognise that the current local clinical excellence award system does not work and exacerbates inequalities for women, BME colleagues and those that work part-time. In response to this a consultation commenced in September 2020 with a tripartite negotiating group, which includes the Department for Health and Social Care (DHSC) and the British Medical Association (BMA) and the HCSA. Further feedback on potential proposals is expected in April 2022.



Mean gender pay gap, bonus – 47.8%

Median gender pay gap, bonus – 47.3%

6. Recommendations

The gap in our mean and median pay and particularly bonus pay, shows there is more work to be done. we will continue to take steps to reduce our pay gap and explore best practice, to support the integration and learning from these findings, the following next steps are proposed:

- Consider and identify specific actions to reduce and eliminate the existing gender pay gap as part of formulating our EDI priorities for 2022-24
- As part of development of our new EDI priorities for 2022 – 24, by May 2022 we will identify specific actions we can take to reduce and eliminate the existing gender pay gap. In line with other EDI activities these will be monitored through the bimonthly Equality, Diversity and Inclusion Steering Group which reports to the People and Organisational Development Committee.
- During March and April 2022, there were plans to review the system which was due to replace the Clinical Excellence Awards under a commission from the Department for Health and Social Care, the British Medical Association and the HCSA, the parties report that agreement on a package of reform has not been reached.

7. Conclusion

The Gloucestershire Hospitals NHS Foundation Trust gender pay gap at **31 March 2021** is reported at:

- **Median gender pay gap, 23.4% in favour of male employees (19.8% in 2020)**
- **Mean gender pay gap, 28.5% in favour of male employees (28.6% in 2020)**

These figures reflect the **combined** gender pay gap of both medical and non-medical staff.

The People and OD Committee are asked to **NOTE** that the gender pay gap can be objectively explained, when we consider the application of terms and conditions which are set nationally and reward length of service. Furthermore, there is no significant Gender Pay Gap reported across our Non-Medical workforce, which accounts for approximately **83%** of the total workforce as a result of the agenda for change framework.

With regard to the distribution of Clinical Excellence Awards, the People & OD Committee are asked to **NOTE** the trend reported in previous gender pay gap reports associated with the proportion of male to female consultants receiving levels 8 and above.

The gender pay report continues to evidence the assumption that the overarching pay gap is associated with length of service of a number of senior male Doctors; with further analysis demonstrating that the number of females both entering the Medical workforce and existing staff within pay quartiles 1-3 will lead to a reverse in this pay gap in future years. The committee are therefore advised that as such, the current pay gap is a consequence of the application nationally driven terms and conditions and clinical excellence awards.