**GENDER PAY GAP REPORT**

**February 2023**

Data reported as at 31 March 2022, unless otherwise indicated.

**1. Summary**

This is Gloucestershire Hospitals NHS Foundation Trust’s (GHFT) sixth Gender Pay Gap report. It is based on a snapshot of all GHFT staff on 31 March 2022. On that date, GHFT permanent workforce head count was made up of **7,457 staff;** (**approx. 79.2% women and 20.8% 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 2022 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 28.2% higher than for women 28.5% in 2021 (a decrease of 0.3%)**
* **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 21.7% higher than for women 23.4% in 2021 (a decrease of 1.7%)**

It is critical to emphasise this does not mean that a male and a female employee member doing equal work receive different levels of pay. Rather, the above statistics are driven largely by

1. The pay of the medical workforce which has an amplified effect on statistics relating to the total workforce and
2. The distribution of males and females within different parts of the workforce.

The dominant theme is that if the medical workforce and their Clinical Excellence Award (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 4.1% in favour of males, but a median gap of -2%. 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.

**2. Introduction**

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (***the Regulations***) require public sector organisations with over 250 staff 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 2022.

GHFT employs circa. **7,457** 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 staff 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 Staff 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 Staff and then all female Staff 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 2022) are included. Bank staff who worked a shift on that date are also included. Staff 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 **7,457** staff counted as part of the gender pay gap reporting**, 5,906 female Staff compared to 1,551 male staff.**

**Gender Pay Gap GHFT Including Medical Staff**

|  |  |
| --- | --- |
| **Mean gender pay gap – 28.2%** | **Median gender pay gap 21.7 %** |

The above charts show that the mean hourly pay for males is **£7.11** higher than that of females, a gender pay gap of **28.2%**

They also show that median pay for males is £**4.61** higher than females, a gender pay gap of **21.7%.** 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. Even though females make up the majority of the workforce at **79.2%** and males **20.8%** there continues to be more males in the highest pay quartile (**35.41%).**

As explained in the introduction, the inclusion of medical staff with the rest of the workforce has a significant effect on the GPG figures.

**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 **6664** staff counted as part of the gender pay gap reporting, **85%** were female (**from 79.2%** when Medical Staff were included). The Gender Pay Gap is much smaller as an average, and is **-2%** for the median.

The above charts show that the mean hourly pay for males is **£0.70** higher than that of females, a gender pay gap of **4.1%.** The quartile split also show a higher proportion of females in all pay quartiles.

**Gender Pay Gap GHFT Medical Staff Only**

When including only Medical Staff, the Trust still has a higher percentage of females than males overall in its workforce, but the difference isn’t so great. Of the **793** **(Based on this assignment Category)** Medical Staff counted as part of the gender pay gap reporting (including GPT), 52.6% were female (from 79.2% when non-Medical staff included).

The above charts show that the mean hourly pay for males is **£6.65** higher than that of females, a gender pay gap of **18%.** The above chart also shows that median pay for males is **£1.44** higher than females, a gender pay gap of **4.9%.** The quartile split shows that the lower quartile is **58.7%** female, while in the upper quartile this is completely reversed and **64.7%** 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 staff (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).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **No. of Male Staff** | **Male Average Hourly Rate\*** | **No. of Female Staff** | **Female Average Hourly Rate\*** | **Difference** | **Gap** |
| Apprentice | 7 | £7.40 | 36 | £6.23 | 1.17 | 15.8% |
| Band 1 | 1 | £9.48 | 4 | £9.48 | 0.00 | 0.00% |
| Band 2 | 258 | £12.07 | 1303 | £12.04 | 0.03 | 0.25% |
| Band 3 | 94 | £11.16 | 756 | £11.11 | 0.6 | 5.4% |
| Band 4 | 56 | £12.23 | 392 | £12.37 | 0.14 | -1.14% |
| Band 5 | 246 | £16.72 | 1508 | £17.87 | 1.15 | - 6.9% |
| Band 6 | 154 | £18.66 | 1092 | £19.64 | 0.98 | -5.25% |
| Band 7 | 103 | £22.36 | 524 | £22.53 | 0.17 | -0.76% |
| Band 8a | 50 | £25.26 | 153 | £25.64 | 0.38 | -1.5% |
| Band 8b | 30 | £30.28 | 51 | £29.68 | 0.6 | 1.9% |
| Band 8c | 14 | £35.63 | 21 | £35.80 | 0.17 | -0.5% |
| Band 8d | 8 | £38.17 | 20 | £36.39 | 1.78 | 4.6% |
| Band 9 | 4 | £52.00 | 2 | £47.94 | 4.06 | 7.8% |
| VSM | 5 | £68.81 | 3 | £86.06 | 24.25 | -35.2% |
| Consultant | 267 | £54.74 | 153 | £51.72 | 3.02 | 5.5% |
| Trainee Grade | 359 | £24.72 | 559 | £24.41 | 0.31 | 1.25% |
| Career Grade | 88 | £32.25 | 81 | £29.67 | 2.58 | 8% |

**\*Refers to the mean hourly rate**

**Ɨ**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, Apprentice, 2, 3,8b, 8d, 9 VSM and medical roles (Consultant, Trainee Grade and Career Grades ).

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.

**Gender split by band – based on headcount**

**4. Specific Focus Areas**

**Medical Staff**

The most significant feature of the data at 31 March 2022 is that if Medical Staff were to be removed from the calculations, then the median gap is nullified and the mean is reduced to **4.1%** from **28.2%.**

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 **18%** - males get paid on average **£36.87** per hour whereas females are paid **£30.22** per hour.

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

**5. Bonuses**

The only bonuses paid in the time frame covered by this report (1st April 2021 to 31st March 2022) were to Medical Consultants, in the form of Clinical Excellence Awards. There were **184** bonuses paid in the period; **59** were to female consultants and **125** were to male consultants. When compared with the proportion of male Consultants to female Consultants, **67.7%** of bonuses were paid to male consultants who make up **63.5%** of all consultant posts, and **32.5%** were paid to female consultants, who make up **36.4%** of all consultant posts. The data is encouraging as it shows a slight decrease since 2021 with the mean GPG decreasing to **45.36%** from **47.8%** last year.

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 45.36% Median gender pay gap, bonus 43.89%**

Following the 2021 consultation on reform of the national Clinical Excellence Awards, the Department of Health and Social Care (DHSC) and the Welsh Government have agreed the following changes will be implemented in a revised scheme as the national Clinical Impact Awards.

The awards have been re-branded as the national Clinical Excellence Awards to reflect to applicants and scorers that the primary focus of the awards is the output of activities, rather than undertaking activities in the absence of describing their impact and results. (More Information can be found <https://www.gov.uk/government/publications/clinical-excellence-awards-application-guidance/guide-for-applicants-national-clinical-excellence-awards-2021-awards-round>

**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 - 2024.
* Support the development of our female leaders through a Senior Leadership Development Programme.
* Consider Implementing a Woman’s Network
* As part of development of our new EDI priorities for 2022 – 24, work to 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.

**7. Conclusion**

The Gloucestershire Hospitals NHS Foundation Trust gender pay gap **at 31 March 2022** is reported at:

* **Median gender pay gap, 21.7% in favour of male staff (23.4% in 2021)**
* **Mean pay for men is** **28.2% in favour of male staff 28.5% in 2021**

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 **(-2%)** Gender Pay Gap reported across our Non-Medical workforce, which accounts for approximately **85%** of the total workforce as a result of the agenda for change framework.

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

**\*This is a proposed report subject to approval of the People & Organisational Development Committee in April 2023\***