

Workforce Committee, May 2018

Gender Pay Gap Reporting

**1. Introduction**

This report shares the information published as part of our requirements to participate in national Gender Pay Gap reporting, whilst going a step further to make sense of this data within the context of Gloucestershire Hospitals Trust. The national reporting portal for Gender Pay Gap reporting groups staff together in broad terms therefore this report breaks this down into level of detail to help inform our understanding of the Gender Pay differences. Further analysis has been attached to the report, in Appendix 1, to offer additional visual representation of the data.

**2. Background**

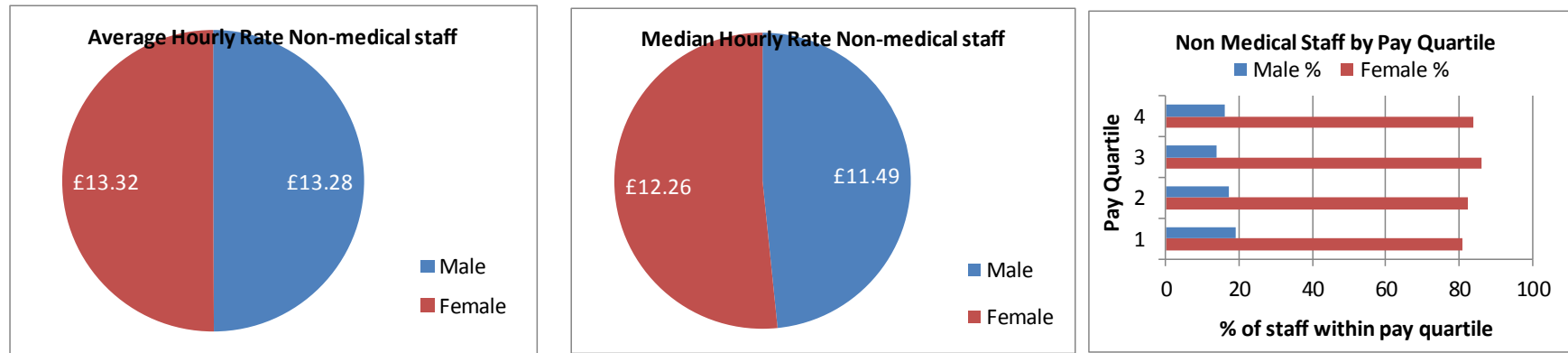
The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. The gender pay gap differs from equal pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. Whereas the gender pay gap shows the differences in the average pay between men and women.

**3. GHNHSFT Analysis - Non Medical Workforce**

82 % of our staff fall into the category of 'Non-Medical Workforce'. This group is predominantly remunerated through Agenda for Change terms and conditions which mean pay increases are dependent on length of service. As expected, this means there is **negligible difference** between the average or median hourly rate for this staff group (fig 1)

The volume of female staff in post far outweighs male staff leading to a greater number of females across all pay quartiles. This information provides us with assurance that there is **no Gender Pay Gap across our Non- Medical workforce**, which accounts for 82% of our total workforce.

Figure 1



#### 4. GHNHSFT - Medical Workforce

The remaining c18% of our reportable workforce is medical staff, with approximately 28% of the medical workforce in Consultant level posts. For consistency, all the figures in this report include the hosted GP Trainees since they are included in the National reporting template. The percentage of Medical staff working for GHNHSFT directly is 12% of the workforce.

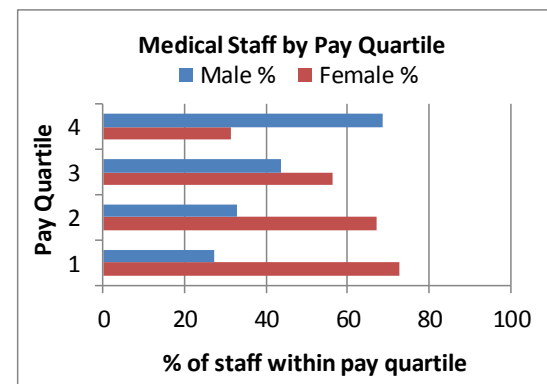
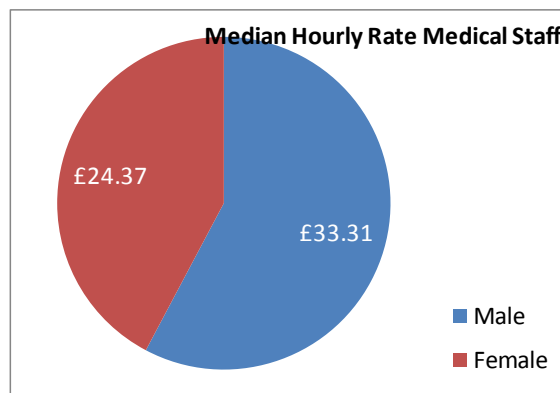
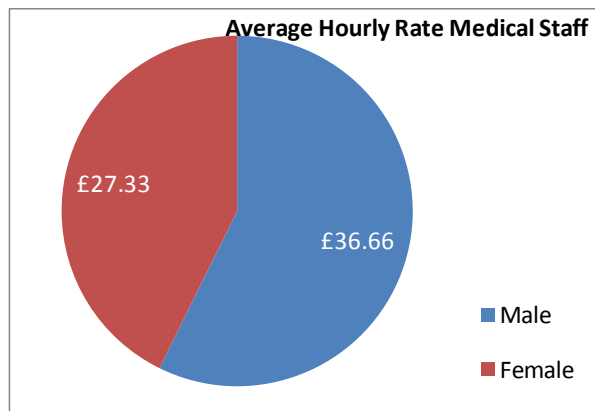
Our analysis tells us that there are significantly more men (2:1) in the upper pay quartile of the Medical workforce than women. Furthermore, whilst 58% of the total Medical workforce is female, only **10.1%** of women within their gender group have been registered for more than 20 years, compared to **40%** of men in theirs. (Fig 2). For clarity, we have shown the GMC/GDC first registration date for the Medical Workforce as it is a more helpful indicator of seniority than pure length of service with the Trust.

Within the set of Medical staff who have been qualified for more than 20 years, 74.5% are male and 25.5% are female. Therefore whilst our analysis **highlights a gender pay gap within the senior medical workforce**, we can be assured that this is related to **length of service**, which is a parameter used to determine pay within the national terms and conditions we apply. This trend reverses in pay quartiles 1-3. (Fig 3) as the number of female medical staff increases.

Figure 2

All Staff Groups	FTE			% of Gender	FTE		Medical staff only	FTE			% of Gender	FTE	
	Gender	Female	Male		Female	Male		Gender	Female	Male		Female	Male
Service Band (GHNHSFT)				Service Band			Yrs since 1st GMC/GDC registration Band				Service Band		
0 - 1 yrs		878.24	280.96	0 - 1 yrs	16.06%	17.79%	0 - 1 yrs		36.00	15.00	0 - 1 yrs	4.99%	2.82%
01 - 05		1,847.24	532.56	01 - 05	33.79%	33.72%	01 - 05		270.80	121.80	01 - 05	37.54%	22.93%
06 - 10		881.07	289.27	06 - 10	16.11%	18.31%	06 - 10		255.85	120.00	06 - 10	35.47%	22.59%
11 - 15		868.15	237.87	11 - 15	15.88%	15.06%	11 - 15		56.47	60.75	11 - 15	7.83%	11.44%
16 - 20		472.10	127.91	16 - 20	8.63%	8.10%	16 - 20		28.99	51.09	16 - 20	4.02%	9.62%
21 - 25		238.79	41.98	21 - 25	4.37%	2.66%	21 - 25		29.45	51.48	21 - 25	4.08%	9.69%
26 - 30		180.89	42.61	26 - 30	3.31%	2.70%	26 - 30		23.67	55.58	26 - 30	3.28%	10.46%
31 - 35		71.08	16.33	31 - 35	1.30%	1.03%	31 - 35		12.05	25.99	31 - 35	1.67%	4.89%
36 - 40		26.45	9.09	36 - 40	0.48%	0.58%	36 - 40		6.19	24.52	36 - 40	0.86%	4.62%
40+ yrs		3.61	1.00	40+ yrs	0.07%	0.06%	40+ yrs		1.80	4.96	40+ yrs	0.25%	0.93%
Trust Total		5,467.62	1,579.59				Trust Total		721.27	531.17			

Figure 3



## 'Bonus' Information – Clinical Excellence Awards

The national reporting requirements specify the recording of 'bonus' payments. For our organisation this means reporting on the payment of Clinical Excellence Awards for 51 of our Senior Medical Staff. These values are not annualised; therefore a consultant who joined the Trust part-way through the year or who works part-time will be included in the calculation with less than the full annual value. There are 12 levels of award. In England, levels 1-8 are awarded locally (employer based awards) and levels 10-12 (Silver, Gold and Platinum) are awarded nationally. Employers decide on awards for local levels 1-9. Guidance is clear that the CEA scheme aims to be completely open, and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive.

Of the total awards received, 30% of recipients are female & 70% are male, closely reflecting the overall proportion of female to male Consultants. Again, these results show a gap between Male and Female colleagues (Fig 4), reflective of the position on pay across the senior medical staff group; nearly 24% of male consultants who receive CEA are on levels 8 and above (£29,835 to £76500 pa), whereas the figure for females is 10%. Conversely 40.68% of female staff receive CEA level 1 (£2984 pa) whilst only 17.5% of males are at this level.

Gender	Avg. Pay	Median Pay
Male	16,207.05	11,934.30
Female	8,515.35	4,773.71
Difference	7,691.70	7,160.59
Pay Gap %	47.46	60.00

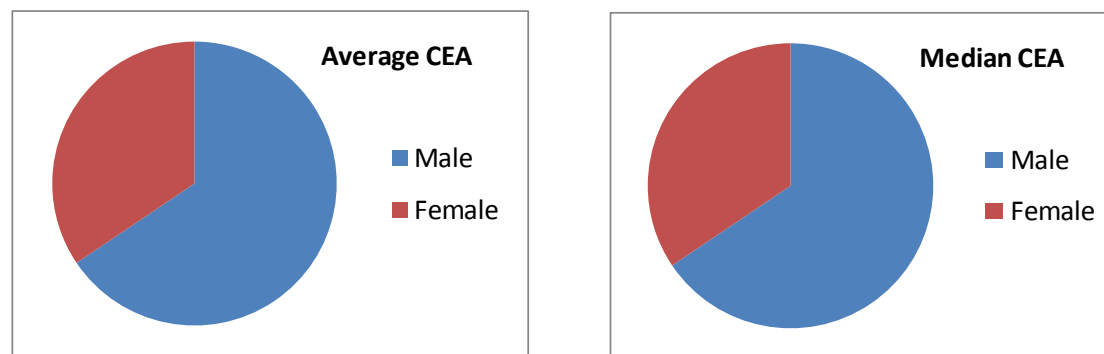


Figure 4

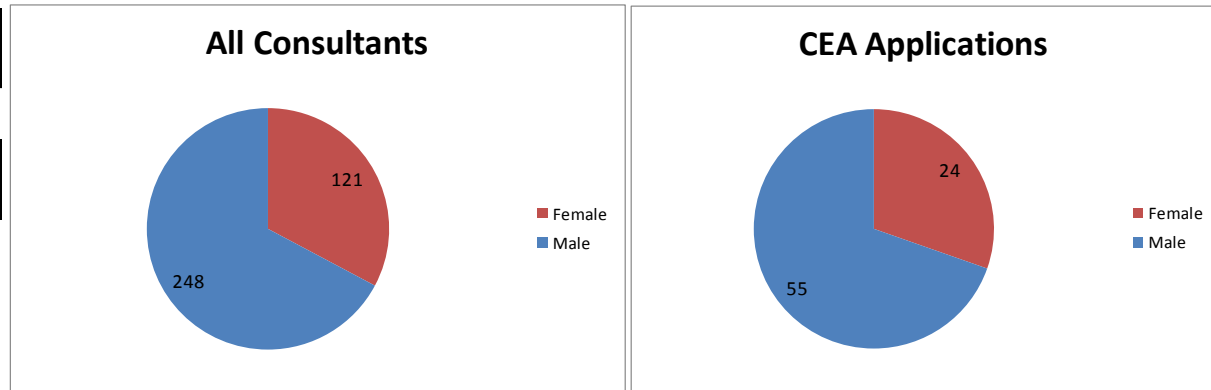
In 2016 (our last CEA round) the panel considering CEA applications consisted of six female members and 9 males. **The female representation on the committee** was therefore 40% which was higher than the 32.8% of females who made up the Consultant body at that time.

During the 2016 CEA round 30.4% of the applications received were from **female consultants (Fig 5)**, falling below the 32.4% of eligible female consultants who could have applied (Fig 5). Conversely 69.6% of applications belonged to **male consultants, which exceeded** the proportionate number of male consultants eligible to apply at 67.2%. This raises questions regarding potential differences in behaviour between the gender groups and highlights a need to understand the reasons why more female consultants are not applying.

Figure 5

All Consultants	Female	Male	Total
Heads	121	248	369
%	32.8	67.2	100

CEA Applications	Female	Male	Total
Heads	24	55	79
%	30.4	69.6	100



Despite a smaller proportionate number of applications, it is important to note that from the CEA applications received, **female consultants were proportionately more successful in securing Clinical Excellence Awards** during our last (2016) round with 66% of female applicants securing an award, versus a 63% success rate for male applicants. Therefore, whilst a gender pay gap exists, this is impacted by the number of Male consultants in post, with significant service and therefore within upper pay quartiles; this **does not therefore suggest inequitable allocation of CEA awards**

	Eligible to Apply	Applied	Awarded	% Awarded within Gender Group
<b>Female</b>	121	24	16	66.66%
<b>Male</b>	248	55	35	63.63%
<b>Total</b>	369	79	51	

Figure 6

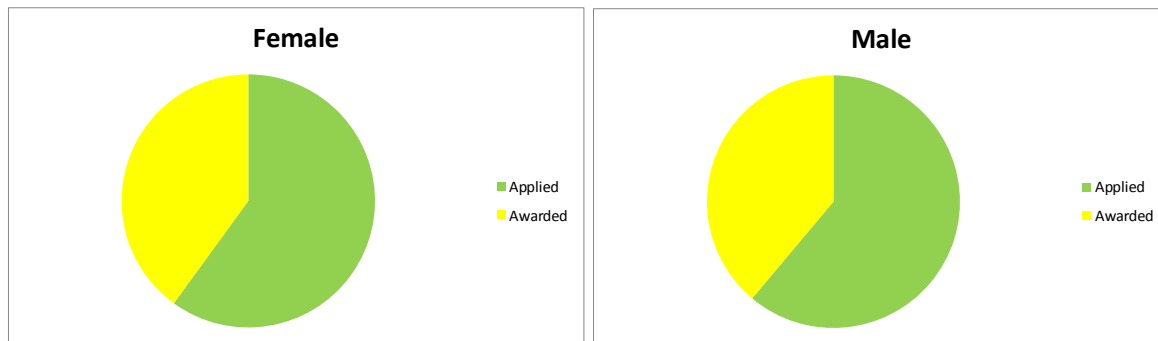


Figure 7

Medical Consultants	Gender	FTE		% of Gender	FTE	
		Female	Male		Female	Male
<b>Yrs since 1st GMC/GDC registration</b>				<b>Service Band</b>		
<b>01 - 05</b>		1.00	3.00	<b>01 - 05</b>	0.89%	1.26%
<b>06 - 10</b>		1.95	6.20	<b>06 - 10</b>	1.73%	2.61%
<b>11 - 15</b>		25.60	35.75	<b>11 - 15</b>	22.70%	15.03%
<b>16 - 20</b>		22.63	40.00	<b>16 - 20</b>	20.06%	16.81%
<b>21 - 25</b>		24.06	47.38	<b>21 - 25</b>	21.33%	19.92%
<b>26 - 30</b>		21.80	51.75	<b>26 - 30</b>	19.33%	21.75%
<b>31 - 35</b>		9.92	25.51	<b>31 - 35</b>	8.79%	10.72%
<b>36 - 40</b>		4.19	24.52	<b>36 - 40</b>	3.71%	10.31%
<b>40+ yrs</b>		1.65	3.80	<b>40+ yrs</b>	1.46%	1.60%
<b>Trust Total</b>		112.80	237.91			

## 5. Gender Pay Gap – Collective National Reporting

Collectively, the gender pay gap report shows a pay gap of 11.52% (Median hourly rate) when both medical and non-medical staff groups are combined (fig 5) However, as explained within this report the gap is attributable to the differences in the medical workforce and are associated with length of service, rather than the number of recruits and successful candidates. Figure 9 shows the detail behind this position and appendix 1 shows further visual representation of this data.

Figure 8

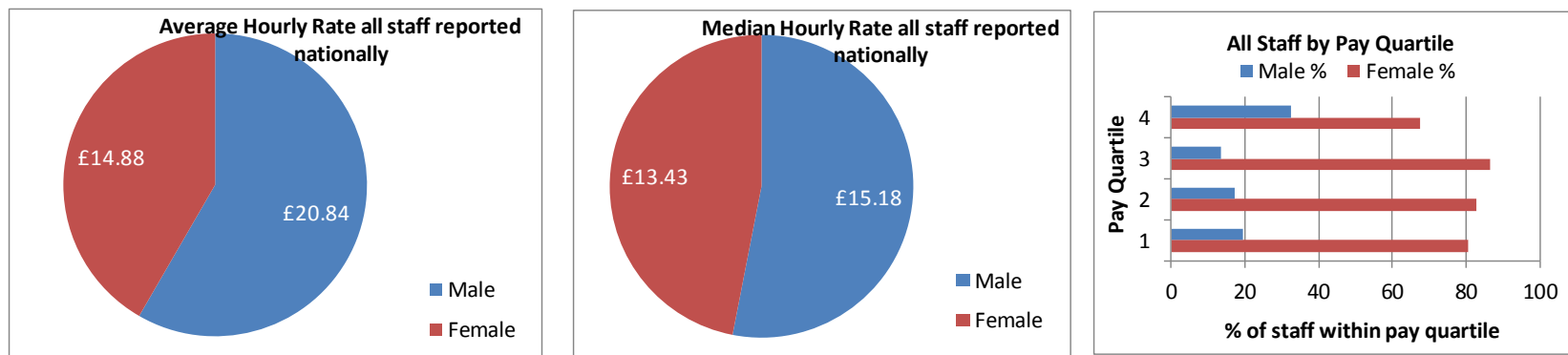


Figure 9

Non Medical Staff (calculated by GHNHSFT Workforce Information)

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	13.2800	11.4900
Female	13.3200	12.2600
Difference	-0.0400	-0.7700
Pay Gap %	-0.0030	-0.0670

Quartile	Female	Male	Female %	Male %
1	1397.00	326.00	81.08	18.92
2	1423.00	300.00	82.59	17.41
3	1483.00	240.00	86.07	13.93
4	1448.00	276.00	83.99	16.01

Medical Staff (calculated by GHNHSFT Workforce Information)

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	36.6600	33.3100
Female	27.3300	24.3700
Difference	9.3300	8.9400
Pay Gap %	25.4500	26.8400

Quartile	Female	Male	Female %	Male %
1	231.00	86.00	72.87	27.13
2	213.00	105.00	66.98	33.02
3	179.00	138.00	56.47	43.53
4	100.00	217.00	31.55	68.45

National BI report results calculated on all Staff Groups

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	20.8413	15.1785
Female	14.8812	13.4284
Difference	5.9601	1.7500
Pay Gap %	28.5977	11.5297

Number of employees | Q1 = Low, Q4 = High

Pay Quartile	Female	Male	Female %	Male %
1	1640.00	394.00	80.63	19.37
2	1687.00	353.00	82.70	17.30
3	1766.00	278.00	86.40	13.60
4	1381.00	663.00	67.56	32.44

## 6. Next Steps

### Clinical Excellence Awards - Promotion

This year we will be paying particular attention to the split of applications received from female consultants and promoting the CEA round more proactively to this staff group. We intend to further support female consultants with dedicated workshops aimed at senior female colleagues who may be new to the CEA process.

### Clinical Excellence Awards – Process

The system for the allocation of Clinical Excellence awards is rigorous; however given the known pay gap we will apply additional scrutiny through a revised Equality Impact Assessment to the process in 2018, to assure the board that the process is fair and the awards are proportionate to the gender split across the professional group. A follow up report will also be presented to the trust Local Negotiating Committee for medical staff, and to the Workforce Committee for information. We will continue to ensure the CEA panel is representative of the eligible staff groups.

### Unconscious Bias Training

We will promote unconscious bias training to our leaders and recruiters, enhancing the recruitment skills within our organisation.

## 7. Conclusions

The Board are asked to **NOTE** that there is **no Gender Pay Gap across our Non- Medical workforce**, which accounts for 82% of the total workforce. This is primarily due to the agenda for change framework and job evaluation processes associated with this framework.

The Board are however **ADVISED** that collectively, the gender pay gap report shows a pay gap of 11.52% (median hourly rate) when both medical and non-medical staff groups are combined. However, the Board are asked to note that **there is no gender pay gap that cannot be objectively explained**. The pay gap identified can be justified as it reflects the rigorous application of pay terms and conditions which are set nationally and reward length of service.

With regard to the distribution of Clinical Excellence Awards, the Board are asked to **NOTE the gender pay gap** associated with the proportion of male to female consultants receiving levels 8 and above. However the board are advised that the allocation of awards in relation to the number of female and male applicants is proportionate to the gender split within this professional group.

There is evidence that supports the assumption that this 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; as such, the current pay gap is justified.

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