

# Our Gender Pay Gap Report 2020/2021

## Executive Summary

As an organisation employing more than 250 staff the Trust is required under the Equality Act 2010, to publish information on its gender pay audit.

This report sets out the 2020 gender pay gap in comparison to 2019 data, provides and update on a key national report published on the disparity in pay between men and women in the medical workforce, alongside recommendations and actions for the Trust to address its gender pay gap.

In common with the NHS as a whole, our workforce is predominantly female, 73% of our workforce is female. Women outnumber men at every level of the organisation, except at band 1 and within our medical workforce where the split is approximately 50/50.

Our data for this year's report was collected on 31<sup>st</sup> March 2020.

### Key findings:

- Improvement of the gender median pay gap, narrowing to **0.22%** favouring men, (previous gap was 3.88%).
- Improvement of the gender mean pay gap, to **21.72%**, favouring men, a reduction of 2.9% on the previous year.
- Improvement in the gender pay gap across all measured areas, with the exception of bonuses paid to the Executive team.
- In comparison with the acute Trust's within Bath, Swindon and Wiltshire ICS the Trust has the lowest mean and median gender pay gaps.
- As with previous years and reflecting the national picture, the biggest inequalities in pay lie within our medical workforce. A summary of causes and recommendations for this gap outlined in the national report, 'Mending the gap' is included.

## Our results - 31<sup>st</sup> March 2020 snap shot

### Gender pay gap as a MEAN average

Gender	Female 2019	Male 2019	Female 2020	Male 2020	% difference 2020	% difference 2019
Trust	£16.24	£21.54	£16.72	£21.36	21.72%	24.62%
Non-Medical	£14.96	£14.69	£15.38	£15.34	-0.31%	(-1.85%)
Medical	£33.17	£44.00	£34.10	£41.44	17.73%	24.61%

On average men earn £4.64 per hour more than women. When medical staff are removed, women earn on average 4p more per hour than men do. Men in the medical workforce earn on average £7.34 more than women.

### Gender pay gap as a **MEDIAN** average

Gender	Female 2020	Male 2020	% difference 2019	% difference 2020
Trust	£15.36	£15.39	3.88%	0.22%
Non-Medical	£14.51	£12.87	-13.97%	-12.70%
Medical	£32.43	£41.27	25.38%	21.42%

The Trust median figure continues to show improvement in reaching pay equity with men paid on average 3p more per hour than women are. This is not reflected in medical pay where men are paid on average £8.84 per hour more than women. This is an improvement on the previous year, (£10.58) but still represents a long way to go to reach parity. When considering non-medical staff women are paid more than men, earning on average £1.64 more per hour.

### Bonus Payments

As an NHS organisation the pay elements we have that fall under bonus pay criteria are, Local Clinical Excellence Awards, (LCEA), paid to Consultants and performance bonuses paid to the Executive Directors.

### Average bonus gender pay gap as **MEAN** average

Mean Bonus Payment	Female 2020	Male 2020	% difference 2019	% difference 2020
Trust	£9,883	£15,256	39.21%	35.22%
Non-Medical	£8,200	£14,855	41.08%	44.80%
Medical	£10,132	£15,261	38.92%	33.61%

Bonus payments for non-medical staff have increased, this figure fluctuates yearly. Given the small numbers of executives who receive bonuses, a change of just one person leaving a post and another filling it who is of a different gender can have a significant impact.

The gender pay gap for bonuses for medical staff, (local clinical excellence awards) has decreased this year.

### Average bonus gender pay gap as **MEDIAN** average

Median Bonus Payment	Female	Male	% difference 2019	% difference 2020
Trust	£7,040.90	£9,048.00	25.47%	22.18%
Non-Medical	£8,481.94	£14,855.44	41.08%	42.90%
Medical	£6,032.04	£9,048.00	33.33%	33.33%

The average bonus payment data shows a disparity between both mean and median pay for men and women. At Consultant level the gender split is 63% male to 37% female.

Awards are given for recognition of excellent practice over and above contractual requirements. All eligible consultants are invited to apply. Our LCEA data for the past four years shows that both male and female Consultants applied for an award in equal proportion and that of those awarded, these were equally spread between both men and women.

### Proportion of males and females receiving a bonus payment

Gender	Female	Male	% difference 2019	% difference 2020
Trust	0.62%	5.35%	5.67%	4.73%
Non-Medical	0.09%	0.09%	-0.07%	0
Medical	7.34%	22.01%	15.62%	14.67%

The proportion of staff receiving bonuses has remained largely static, with a slight overall improvement in all scores.

### The Medical workforce

The greatest disparity in pay arises within our Medical and Dental workforce and this has been the case since gender pay reporting has been undertaken and reflects the national picture.

'Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England', Chaired by Professor Dame Jane Dacre with Lead Researcher Professor Carol Woodhams was published in December 2020.

The review looked at Hospital Doctors, GPs and Clinical Academics and came to the following conclusions:

- For hospital doctors: Mean gap 24.4% (RUH 17.73%) Median gap is 28.7%, (RUH 21.42%)
- The main reasons for pay difference are Age, Hours worked and Bonuses.
- Once hours are accounted for the national mean and median drop to 13.8% and 18.9% respectively
- Women are more likely to be part time
- Women are more likely to be the second career in relationships
- The gap widens as women age, not closing until women reach their 60s
- Whilst women are over-represented in non-surgical specialties, this is not driving gender gaps in basic pay.
- There is a seniority gap, which is accounted largely by family and structural factors, (i.e. Women taking time out to have children, or take on caring roles, inflexible training places) and workplace culture.
- About 20% of the pay gap for hospital consultants is down to LCEAs, (again male doctors more able to travel and partake in 'extra' activities/committees that lead to LCEAs being awarded, plus an overrepresentation of men at consultant level).



Recommendations for hospital doctors from the review.

- Offering flexible working, advertising all posts with the option of being on a part time basis.
- Reviewing pay setting arrangements and making greater use of job evaluation, (this might mean having shorter pay scales in hospitals for instance)
- Give greater attention to the distribution of additional work and extra payments (i.e. greater transparency for locum payments and waiting list initiatives to reduce inequity)

### Taking Action

One of the key components of the NHS People plan is responding to new challenges and opportunities and within that encouraging a flexible workforce. Covid-19 has seen staff work more flexibly than ever with virtual clinics and new ways of working implemented rapidly in response to the pandemic. Whilst many of the recommendations in the 'Mend the gap' review will be driven at a national level, locally the RUH is working to incorporate the lessons learned in the pandemic to embed flexible working practices across the workforce.

It is recommend that the Diversity and Inclusion Steering Committee on behalf of RUH take the following action to reduce the Gender Pay Gap further:

- Review actions within the NHS People Plan and subsequent RUH action plan relating to the Gender Pay Gap.
- Progress actions together with relevant staff to reduce the Gender Pay Gap.



### % of male and female staff employed by pay band as at 31<sup>st</sup> March 2019

At all levels the largest majority of employees are female, with the exception of band 1 AFC staff and Medical staff which have a 50/50 split.

Band	Male	Female
Non AFC	0.0%	100.0%
Band 1	50.0%	50.0%
Band 2	27.8%	72.2%
Band 3	15.9%	84.1%
Band 4	17.1%	82.9%
Band 5	14.3%	85.7%

Band	Male	Female
Band 6	14.0%	86.0%
Band 7	18.0%	82.0%
Band 8	26.3%	73.7%
Band 9	50.0%	50.0%
M&D	50.1%	49.9%
VSM	28.6%	71.4%

### Proportion of men and women in each pay quartile (%)

Quartile	Male	Female
Lower	21.4%	78.6%
Lower Middle	22.2%	77.8%
Upper Middle	15.5%	84.5%
Upper	31.0%	69.0%

There has been little movement from 2018 to 2019 in terms of percentage of men/women in each band and the quartiles.