

Our Gender Pay Gap Report 2019/2020

What is gender pay gap reporting?

From 2017 onwards, any UK organisation employing 250 or more employees has to publicly report on its gender pay gap in six different ways:

- The mean and median gender pay gaps
- The mean and median gender bonus gaps
- The proportion of men and women who received bonuses
- The number of men and women according to quartile pay bands

The gender pay gap shows the difference in the average earnings between all men and women in an organisation.

The mean gender gap is the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees.

The median gender gap is the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees.

Gender pay gap reporting is not about equal pay. Equal pay is about the differences in the actual earnings of men and women doing equal work. It is unlawful to pay people unequally because they are a man or a woman. The RUH Bath NHS Foundation Trust is an equal opportunities employer.

Our Gender pay gap data

We collected our data on 31st March 2019. The figures show that the RUH has an average gender pay gap of 3.88% (median) favouring men. The average mean gender pay gap is 24.62% favouring men.

In 2018 our pay gap report highlighted a median gap of 2.75% favouring men and a mean gender pay of 21.89% favouring men.

In common with the NHS as a whole, our organisation is predominantly female, 76.8% of our workforce is female it is also the case that women outnumber men at every level, except at band 1 and within our medical workforce where the split is 50/50.

The breakdown of the proportion of males and females in each banding is provided in the table below, followed by the proportion of men and women in each pay quartile.

% of male and female staff employed by pay band as at 31st 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.

Our results - 31st March 2019 snap shot

There is a gap of 24.62% favouring males in our mean average gap. However when the Medical and Dental staff in our workforce are excluded, the mean gender gap closes and on average women earn 1.85% more than men. The medical workforce mean gender pay gap has increased up 5.87% this year with men earning a mean average of 24.61% more than female colleagues.

Average gender pay gap as a MEAN average

Gender	Female 2019	Male 2019	Female 2018	Male 2018	% difference 2019	% difference 2018
Trust	£16.2401	£21.5441	£15.8575	£20.3016	24.62%	21.89%
Non-Medical	£14.9674	£14.6950	£14.6114	£13.9186	(-1.85%)	(-4.97%)
Medical	£33.1782	£44.0085	£32.6922	£40.2307	24.61%	18.74%

The gap between male and female pay has widened by 2.73%, though when we exclude medical staff, women are paid on average more than men and this gap has continued to narrow for the last two years.

The decrease in the mean gender pay gap for non-medical staff can be explained in part due to the changes in Agenda for Change terms and conditions. This has seen the majority of staff in band 1 choosing to take up band 2 roles following the removal of the band 1 pay band and the subsequent consolidation and removal of some of the incremental points at the bottom of the pay scales. This has benefitted both men and women. However band 1 is where, unlike the majority of bands there is an equal gender split, with men and women making up 50% of the workforce each. A larger proportion of men overall therefore received an increase in salary, accounting for the closing of the mean gap between non-medical staff.

The increasing gap between gender pay in the overall Trust figure is due to changes within the medical workforce. On the surface it would appear pay for male medical staff has seen an average hourly rate increase of 10% this year, compared to female medical staff seeing only a 1.4% average hourly rate increase. The detail behind this figure reveals a number of factors which have resulted in this disparity which is explained later in this report.

Average gender pay gap as a **MEDIAN** average

Gender	Female 2019	Male 2019	% difference 2019	% difference 2018
Trust	£14.4904	£15.0748	3.88%	2.75%
Non-Medical	£14.0089	£12.2916	-13.97%	(-14.93%)
Medical	£31.1010	£41.6818	25.38%	22.29%

The Trust median figure shows that women are on average paid 58p less per hour than men. When medical staff are removed women earn £1.71 more per hour than their male colleagues, representing a minor narrowing of the gap between female and male pay within Agenda for Change.

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 2019	Male 2019	% difference 2019	% difference 2018
Trust	£9,643.18	£15,862.97	39.21%	38.31%
Non-Medical	£7,572.74	£12,853.26	41.08%	52.60%
Medical	£9,709.97	£15,897.57	38.92%	38.08%

Average bonus gender pay gap as MEDIAN average

Median Bonus Payment	Female	Male	% difference 2019	% difference 2018
Trust	£6,743.82	£9,048.00	25.47%	25.03%
Non-Medical	£7,572.74	£12,853.26	41.08%	52.34%
Medical	£6,032.04	£9,048.00	33.33%	28.01%

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 written to and invited to apply. Our LCEA data for the past three 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.

The data shows a reduction in the amount of money awarded as a bonus for both female and male staff compared to last year. However the disparity in average amount awarded has increased, favouring men.

Proportion of males and females receiving a bonus payment

Gender	Female	Male	% difference 2019	% difference 2018
Trust	0.65%	6.33%	5.67%	5.25%
Non-Medical	0.02%	0.09%	(0.07%)	(0.02%)
Medical	8.61%	26.52%	15.62%	15.62%

The proportion of staff receiving bonuses has remained static.

The Medical workforce

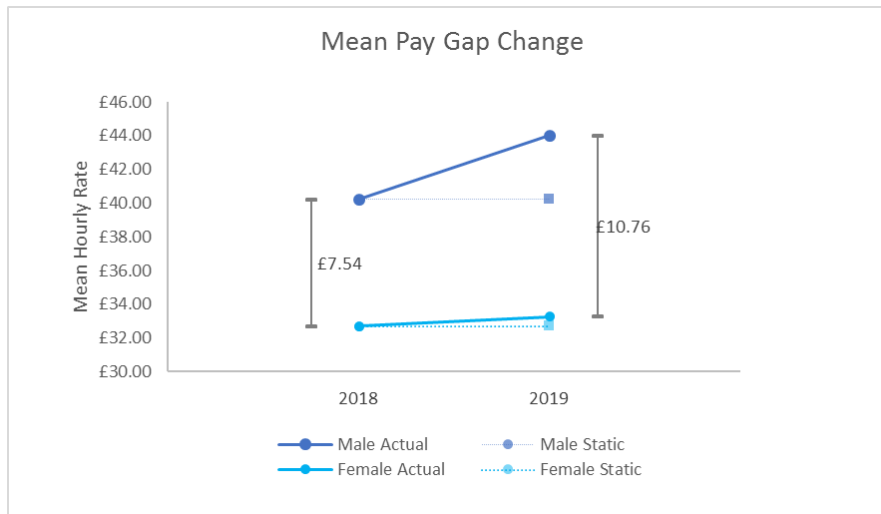
The greatest disparity in pay arises within our Medical and Dental workforce. As part of the action plan following last year's gender pay gap audit, further work was undertaken to understand the differences between male and female pay in the medical workforce, reviewing the last 5 years of data for medical pay.

This showed that more men hold an LCEA*, though it is important to note proportionately men and women apply and are successful in receiving an award. However more men are in post, which means historically significantly more male consultants than female, hold an award.

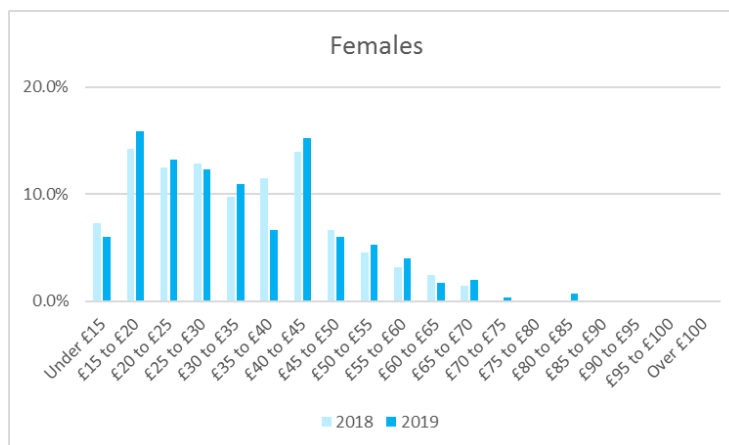
This holds true for this year's figures also, however a marked increase in the average hourly rate for male medical staff has increased the overall gender gap further requiring deeper analysis.



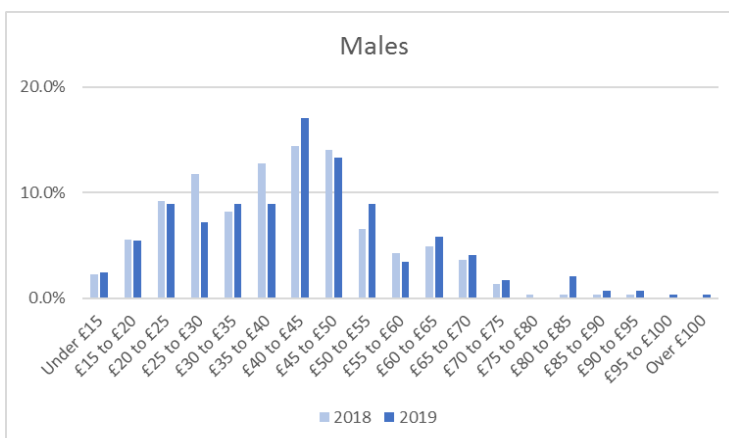
What has happened?



For both female and male medical staff the average hourly rates has increased year on year, increasing the respective pots to be split. However the number of women in post increased in 2019 compared to 2018, (meaning their pot is split between more people, resulting in a lower average), whilst the number of male medical staff has decreased, increasing their share of the pot on average.



The female pot is notably lower than the males, reflecting the fact that female medical staff are concentrated in the lower end of the medical grades, with men making up 63% of the consultant staff group.



There is also a tale to the right of the male distribution, meaning there are a few higher figures which pulls the average up.

There is a particular outlier in the male grouping which significantly distorts the average. This appears to relate to a locum payment on an assignment with limited contracted hours. When this figure is removed from the male pot it reduced the male average hourly wage by £1.53. This contributes significantly to, but does not fully explain the widening gap between male and female medical pay.

The next step was to take a look at movement within the medical workforce. In summary females have experience greater movement; presumably due to training rotations. In contrast male movement has been more static, reflecting there are proportionally more males in post training senior positions.

For females the number of staff leaving and joining the Trust tends to be like for like, with there being a marginal net gain in the average hourly rate of pay for starters versus leavers.

In contrast, males joining the Trust had a higher average hourly rate than male leavers, with a greater proportion of joiners starting with an hourly rate above the 2018 average hourly rate than left. This has been influenced by a net get of 6 individuals having joined with an hourly rate over £80, (thus pushing up the average) and a net loss of 13 individuals in the £25-£35 average per hour bracket, (reducing the numbers and pulling down the average).

Taking Action

Following last year's gender pay gap report the Trust undertook the following actions:

- Continued to review the EBA process annually to ensure equity at all stages, application, shortlisting and awarding.
- Increased the frequency of gender pay updates to DISCo, (the Trust's Diversity and Inclusion Steering Committee) and the Strategic Workforce Committee for scrutiny and discussion.
- The Trust also reviewed its exit and retention data to establish whether any correlation between the number of women entering the medical profession (74% of medical trainees joining the Trust are female) is not reflected at consultant level. The analysis did not reveal any indication that women are leaving the Trust in higher proportions and that appointments to Consultant posts show a 50/50 split between male and female appointments.

Action for 2020

- Continue reviewing and working with other NHS organisations and partners, both nationally and locally to learn from best practice and explore opportunities to develop joint activities.
- Continue to analyse recruitment data to monitor number of male and female applications to senior medical posts versus those short listed and appointed.
- Identify opportunities to work with existing female staff who may be considering their next consultant post to look at what might draw them into applying for a role versus what would put them off.



Footnote:

*Employer Based Awards (now called Local clinical excellence awards)

LCEAs are awards which are applied for annually to reward those Consultants & Dentists who have delivered beyond the expectations of their role and who have made a significant contribution to the delivery of a safe, high quality and continuously improving patient centred experience including those who have done so through their contribution to academic medicine.

Any substantive consultant who has been in post for 12 months or more is eligible to apply for an award and can apply for further awards on an annual basis, (additional awards are given for different work, a consultant cannot receive multiple awards for the same piece of work).

Consultants have to complete an application for an award which is reviewed by their clinical lead and the clinical lead for their division prior to submission to the awards committee.

The value of the awards is set out each year in the national medical and dental pay circular. These can be found on the NHS employers website.

To ensure a fair and robust process the committee has between ten and fifteen members, of whom at least 50% will be substantive Consultants employed by the Trust. The composition of the LCEA Committee is made up of the following:

- Chief Executive or (Deputy)
- Up to two other Management representatives, including the Medical Director;
- Three lay representatives with one from outside of the Trust. Up to nine Consultants reflecting an appropriate range of specialties, gender and minorities, one of which should be a non-award holder; An HR Representative who will act as the secretary to the Employer Based Awards Committee, (non-scoring).

Awards once granted are reviewed every 3 years in line with the terms and conditions for consultants as to whether the consultant continues to receive the award.

In addition to local awards there are National Clinical Excellence Awards which are centrally administered by Advisory Committee on Clinical Excellence Awards (ACCEA). Information regarding the National Clinical Excellence Awards is disseminated annually by the Trust's Medical Director in association with the Trust's Human Resources Directorate.