

# Gender Pay Gap Reporting 2018/19

# Introduction

The Equality Act 2010 (Gender Pay Gap Information Regulations 2017) requires all 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 31<sup>st</sup> March of each year, and each organisation is duty bound to publish information on their website. This report captures data as at 31<sup>st</sup> March 2019.

St George's University Hospitals NHS Foundation Trust employs over 8,500 staff in a number of staff groups, including administrative, medical, nursing, and allied health roles. All staff except for medical and Very Senior Management (VSM) are on Agenda for Change payscales, which provide a clear process of paying employees equally, irrespective of their gender.

## What is the gender pay gap?

The gender pay gap is the difference between the average hourly earnings of men and women – this is not the same as equal pay, which is concerned with men and women earning equal pay for the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. Instead the gender pay gap highlights the imbalance of pay across an organisation. For example, if an organisation's workforce is predominantly female yet the majority of senior positions are held by men, the average female salary could be lower.

#### What do we have to report on?

The statutory requirements of the Gender Pay Gap legislation is that each 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 female employees when added up separately and divided 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 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 St George's and on full pay on the snapshot date (31<sup>st</sup> March 2019) are included. Bank staff who worked a shift on the snapshot date are included. Consultant Additional Programmed Activities (APA's) are included, but general overtime pay and expenses are excluded.

Employees who are on half or nil absence or maternity leave, hosted staff (e.g. GP Trainees) and agency staff have not been included.

Bonus pay is defined as any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. This therefore also includes CEA's and also Distinction Awards. Recruitment & retention payments (RRP's) are only included if they are a one-off payment at the start of recruitment, not if they are continuous. Workplace vouchers that are paid in addition to basic salary should be included, but not if they take the form of a salary sacrifice arrangement.

## Background

This is the third gender pay gap report produced. Our last Gender Pay Gap report was in March 2019 based on snapshot data from 31<sup>st</sup> March 2018. The findings were:

- Our mean pay gap was 13.61%
- Our median pay gap was 4.96%
- Our mean bonus pay gap was 12.25%
- Our median bonus pay gap was 17.19%

The total workforce was comprised of 73% female and 27% male. The pay quartile split was as follows:

Lower Quartile	32.41%	67.59%	Female
Lower Middle Quartile	21.77%	78.23%	Male
Upper Middle Quartile	21.39%	78.61%	
Upper Quartile	37.84%	62.16%	

Further analysis of this data revealed that although most of the higher bands had a higher proportion of males than the overall Trust composition, the gender gap lay primarily within the Medical & Dental staff group, specifically the Consultant role. If this staff group was excluded from the calculations then the pay gap would actually have been in favour of females.

The only bonuses that paid within this period were to Medical Consultants. It was noted that although 55% of Consultants were male, 64% of bonuses had been paid to males whereas 45% of Consultants were female and just 36% of bonuses had been paid to females.



# Trust Gender Profile (based on headcount)

St George's University Hospitals NHS Trust, as is typical of the NHS, has a higher proportion of females to males in its workforce – of the 8,947 staff counted as part of the gender pay gap reporting, 6,423 were female compared to 2,524 male:



#### **Gender Pay Gap**



#### Mean gender pay gap- 14.83% (2017/18 - 13.61%)

**Median gender pay gap – 7.85%** (2017/18 – 4.96%)

The above figures show that the mean hourly pay for males is  $\pm 3.49$  higher than that of females, which is a gap of 14.83%. Male median pay is  $\pm 1.55$  higher than females, which is a gap of 7.85%.

# Lower Quartile31.20%68.80%FemaleLower Middle Quartile21.13%78.87%MaleUpper Middle Quartile21.59%78.41%Upper Quartile38.88%61.12%

# Pay quartile split:



# What does this mean?

Both the mean and median pay gaps have increased since the previous year. To understand where this increase has occurred in the mean pay gap it is helpful to look at the differences in each band.

#### Mean Pay Gap

To determine the cause of the mean pay gap is it worthwhile examining the gender composition and pay gaps in each individual pay grade. This is shown in the following table, with the higher average pay by gender highlighted in green.

	No. of male	No. of female	Male Hourly	Female Hourly			2017/18
Grade	staff	staff	Rate*	Rate*	Difference	Gap⁺	Gap⁺
Band 2	458	893	12.10	12.17	-0.07	-0.56%	-1.03%
Band 3	195	450	12.16	12.00	0.16	1.34%	1.00%
Band 4	162	478	13.12	13.36	-0.23	-1.78%	-2.90%
Band 5	261	1,155	16.67	16.86	-0.19	-1.15%	-1.06%
Band 6	288	1,259	20.71	20.63	0.08	0.40%	-1.89%
Band 7	231	892	23.42	23.68	-0.27	-1.15%	-0.55%
Band 8a	112	268	27.92	27.30	0.62	2.21%	0.90%
Band 8b	39	80	32.43	32.13	0.30	0.92%	1.39%
Band 8c	18	23	36.36	36.27	0.08	0.23%	-0.02%
Band 8d	19	23	43.17	42.64	0.53	1.22%	1.28%
Band 9	6	5	51.72	53.00	-1.27	-2.46%	-3.86%
VSM	10	8	69.93	67.88	2.05	2.94%	3.63%
Medical - Non Consultant	325	410	28.51	26.74	1.77	6.20%	7.17%
Medical - Consultant	333	266	48.91	46.79	2.12	4.33%	3.94%

\*refers to the mean hourly rate

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

#### Gender split by band – based on headcount:





The mean gender pay gap has increased by just over 1% in the last year. The table above shows where the changes are in each grade – however there have been no significant changes over the year. The gap in some cases have narrowed, in other cases it has increased – this is part of the constant movement of the Trust staff profile, which remains fairly consistent. In the majority of grades the pay gap is less than 2%, but where it is higher than 2% tends to be in the higher grades where male staff are over-represented. In the past 2 years the proportion of females in band 9 and VSM has increased, most notably in the VSM grade which has gone from 37.5% in March 2017 to 44.44% in 2019.

The biggest gap in hourly pay is in the medical staff group, and as with previous years it is this pay gap that is the most significant. Although the gap has narrowed in the non-Consultant group, at 6.2% it is still significant and there is a £1.77 difference in average hourly pay. The pay gap has increased for Consultants and there is a £2.12 difference in hourly pay. The medical staff group consists of 1,334 staff and so these differences are notable and once again this is where the overall pay gap lies. If medical staff are removed from the overall total then the gender pay gap would be 1.32% in favour of females.

#### **Medical Staff**

Medical staff group comprises of all trainee to Consultant roles. The pay gap for Medical staff as a whole is is 10.82% (up from 11.43% last year) - males get paid on average £4.20p/h more than females. The proportion of male to female staff is 49.33% to 50.67%.

Band	No. of male staff	No. of female staff	Male hourly rate*	Female hourly rate*	Difference	Gap⁺	2017/18 gap <sup>+</sup>
Foundation 1	12	29	14.97	14.86	0.11	0.76%	1.11%
Foundation 2	19	26	17.91	17.80	0.12	0.65%	1.45%
Junior Dr	278	342	29.27	28.02	1.25	4.26%	6.24%
Associate Specialist	5	7	39.23	44.96	-5.73	-14.60%	2.63%
Specialty Doctor	11	5	37.37	29.22	8.15	21.82%	-0.95%
Consultant	333	266	48.91	46.79	2.12	4.33%	3.94%

#### \*refers to the mean hourly rate

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

#### Gender Split by Medical Role – based on headcount





#### Consultants

St George's had 599 consultants in post on 31<sup>st</sup> March 2019. It was noted in the 2016/17 report that Medical Consultants are one of the highest paid roles in the Trust, and are eligible to receive clinical excellence awards (CEAs) and Additional Programmed Activities (APAs) which are consolidated into the basic pay calculations.

There are more male consultants than female (respectively 56% male to 44% female). Male Consultants were paid on average £2.12 p/h more than female Consultants, and this gap has increased since 2017/18 when it was 3.94%.

#### Non-Consultants

The pay gap for Foundation level Doctors has narrowed slightly since 2017/18, so the gap is now less than 1% for both level 1 and level 2. The proprtion of females to males in level 2 has also increased from 53% female to 58%, which suggests that more female are going into doctor training.

The Trust has over 600 junior doctors, and they are the most numerous of the medical roles. The overall pay gap for Junior doctors has decreased from 6.24% to 4.26%, and although there is a higher propriion of females in this role, male Junior Doctors are paid on average £1.25 p/h more than female Junior Doctors. Male Junior Doctors are getting more basic pay than female Junior Doctors, with 71% of male Junior Doctors being in the overall upper quartile compared with 61% of females. There are 10 spine points on the basic Junior Doctor payscale, and males tend to be on the higher points which suggests that males are continuing the training for longer and that females are dropping out or taking longer to complete their training, possibly taking a break to start a family.

#### **Median Pay Gap**

The median is based on the hourly rate that is in the middle when lined up from lowest to highest. Keeping in mind that the Trust profile is 72% female to 28% male, females are over-represented in the middle quartiles, whilst slightly under-represented in the lower quartile. However in the upper quartile males are over-represented at 39%, which has increased slightly from 38% last year and 37% the previous year. The proportion of males and females in each quarter is shown below:

	Males	Females
Lower Quartile	27.81%	24.10%
Lower Middle Quartile	18.58%	27.26%
Upper Middle Quartile	19.18%	27.37%
Upper Quartile	34.43%	21.27%

The highest concentration of males is in the upper quartile, whereas this is where the lowest concentration of females sits. We can see that this disproportionately high number of males in the Upper Quartile is affecting where the median gap is – adding the percentages from the lowest we can see that the median male hourly rate will be in the Upper Middle Quartile, whilst for females it will be in the Lower Middle Quartile.

It is worth noting however that the overall median figure for hourly pay across the Trust regardless of gender is £18.42, which is much close to the female figure of £18.17 than the male figure of £19.72.



#### Bonuses



The recipients of the long service awards have previously been gifted a crystal bowl and therefore haven't been included in the figures for bonus awards. However they now receive a voucher for £50 and so this is classed as a monetary value and as such are classed as a bonus and have been included in the calculations. As the Trust profile is 72% female most of these were given to female staff. The other bonuses paid in the time frame (1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019) were to medical Consultants in the form of CEA's and Distinction Awards. These were paid mainly to males, and have a much higher value. This has caused a dramatic increase in the bonus pay gap since last year. We know from previous analysis that the main issue in the provision of bonuses is that the CEA's are typically paid more to males than females, therefore although it is this higher pay gap that we will have to report on to the government, the following analysis will look at the bonus pay gap with the long service awards excluded.

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#### Mean Bonus Pay (excluding long Median Bonus Pay (excluding long service awards)

Mean gender pay gap – 25.4% (2017/18 12.25%)

Median gender pay gap – 36.11% (2017/18 17.19%)

service awards)

Aside from the Long Service Awards the only bonuses paid were the distinction awards and Clinical Excellence Awards, both paid only to Consultants. Focussing just one these both the mean and the median pay gaps have doubled since last year, Only 6 Distinction Awards were paid (4 to male Consultants and 2 to female Consultants) compared to 190 CEA's so this analysis will focus on the CEA's. Whilst this initially looks alarming, both previous gender pay gap reports have noted that the Consultant role has traditionally been male dominated and so males will be getting higher paid CEA's as they will have worked up the Clinical Excellence Award scale over the years. It has been noted in previous reports that there is no quick fix to this as these high value bonuses will be getting paid for several years, until the Consultants leave or retire. However last year the Trust committed to encouraging female Consultants to apply so that in time the balance can be redressed, and in 2018/19 there are 7 females Consultants who were not paid a CEA in the previous year and are now on CEA Level 1, compared with just 3 males. This suggests that the encouragement has been successful and that more females are applying for the CEA – but because they are on the lower paid first level this will bring both the mean and the median bonus pay for females down, thereby increasing the bonus gender pay gap.

Another encouraging sign is that the proportion of females now receiving CEA's in the lower age range has increased, suggesting a positive change for addressing the bonus pay gap in the future:

#### 2017/18:

Age Range	Female	Male
31-40	80%	20%
41-50	36%	64%
51-60	35%	65%
61-70	33%	67%



Age Range	Female	Male	
31-40	86%	14%	
41-50	42%	58%	
51-60	34%	66%	
61-70	0%	100%	

Including the Long Service Awards there were a total of 245 bonuses paid in the period. 108 of these were to females, which is 1.68% of the total female employees in the Trust. In comparison 137 were paid to males, which is 5.43% of the total male employees in the Trust. Excluding the Long Service Awards 1.15% of the total female employees in the Trust and 4.83% of total male employees were paid a bonus.

When compared with the proportion of male Consultants to female Consultants, 62% of bonuses were paid to males when they make up 56% of the role. 38% were paid to females, who make up 44% of the role.

#### Year on Year

Though we are unable to determine trends with 3 years worth of data, the figures for each metric over the year are presented here for reference.

	2016-17	2017-18	2018-19
Mean Pay Gap	13.94%	13.61%	14.83%
Median Pay Gap	2.11%	4.96%	7.85%
Mean Bonus Pay Gap	15.05%	12.25%	25.40%
Median Bonus Pay Gap	15.36%	17.19%	36.11%
% males getting bonus	5.28%	4.98%	4.83%
% females getting bonus	1.08%	1.11%	1.15%

#### Comparison

At the time of writing 69 Trusts had published their gender pay gap results for 2018-19. Twenty-two of these Trusts had reported a lower mean pay gap than St George's, and forty-seven had a higher mean pay gap. Similarly twenty-eight Trusts reported a lower median pay gap, and forty-one Trusts reported a higher median pay gap.

#### **Progress and Next Steps**

There is still a higher proportion of males in the higher paid roles than females when comparing with the general Trust proportion, however the balance at band 9 and VSM is nearly equal and the pay gap has decreased. There is still a significant pay gap at Consultant level which is again primarily due to males getting paid more for CEA's than females, though the number of females receiving CEA's is increasing. This should



eventually reduce the pay gap, though this will not start happening in the near future as they will need to work their way up the levels.

The Trust will soon publish its Diversity and Inclusion Action Plan for 2020/21 which has a specific action for the Trust Women's network group around reducing the Gender Pay Gap, though the next Gender Pay Gap report will be for the snapshot date 31<sup>st</sup> March 2020 so this may not have an impact until the following Gender Pay Gap report in 2021.