

Gender Pay Gap Report 2019

1. What is the gender pay gap?

All employers with 250 or more employees are required by law to publish their gender pay gap each year on their own and the Government's website. The Trust must publish data for the year ending 31 March 2019 by 30 March 2020.

The gender pay gap (GPG) looks at the difference in the average pay between all men and women in an organisation, taking account of the full range of jobs and salaries.

The gender pay gap is not about equal pay for work of equal value i.e. paying men and women the same for doing the same or broadly similar jobs or for work of equal value. Our arrangements for ensuring equal pay for work of equal value are detailed in section 6.

This report is based on 31 March 2019 data.

2. Gender Pay Gap - Average Pay

The figures reported below show West Suffolk NHS Foundation Trust's gender pay gap in two ways – as median and mean average hourly rates.

The mean calculates the total amount earned across the organisation, divided by the number of people employed. The median looks at all the salaries in the range and identifies the mid-point.

For example, in a team of 20 people five have a salary of £10k a year, five have a salary of £20k a year and ten have a salary of £30k a year. The mean salary is £22.5k and the median salary is £25k a year.

Average hourly rates:

	Average hourly rate (mean) % pay gap	Median hourly rate % pay gap
31.3.17	24.2%	8.1%
31.3.18	23.5%	6.0%
31.3.19	22.8%	5.3%

In 2018/19 the average hourly rate of pay for women remained lower than that of men but the trend towards narrowing the gap continued.

What causes this gap?

We have proportionately more men in more skilled, senior, higher paying jobs than we have women; in particular amongst senior management roles and medical staff.

Comments

Detailed analysis of the data by pay band highlights that female pay is higher than male pay in 9 out of the 15 pay bands/groups. The average hourly rates of men are still higher than those of women at executive level and amongst medical staff.

3. Gender Pay Gap – Bonus Pay

What bonuses are paid to staff?

New guidance was issued nationally on what constitutes bonus pay for the reporting year ending 31.3.19. Bonus pay is any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. The following payments are now included in the calculation of bonus pay:

- Clinical excellence awards (CEA) and discretionary points awarded to senior medical staff (NB: in 2017 and 2018 these were the only payments counted as bonus pay).
- Welcome payments. These are incentives paid in the form of one or two lump sums to staff appointed to areas where recruitment is difficult e.g. pharmacy and staff nurses.
- Recruitment and retention premium. These are on-going increases to base salary for staff appointed to areas where recruitment is difficult e.g. estates trades and craftspeople, pharmacy, clinical coding, sonographers.
- Commitment awards e.g. bonus paid to nursing assistants on completion of their Care Certificate
- Recommend a friend payment i.e. payments made to existing staff who recommend WSFT as a place to work to a friend who joins and remains with the Trust
- Long service awards paid on retirement to staff with over 25 years' service at WSFT

2017 and 2018 bonus gender pay gap data is not, therefore, directly comparable with 2019 data.

Bonus pay	2017		2018		2019	
	Female	Male	Female	Male	Female	Male
% staff receiving bonus pay	1.0%	4.5%	1.09%	5.14%	5.99%	10.97%
Mean average bonus pay	£8088	£12130	£7563	£9857	£2634	£5088
Mean average bonus GPG	33.10%		23.27%		48.23%	
Median average bonus pay	£5972	£8958	£6032	£6032	£1500	£3000
Median average bonus GPG	33.33%		0%		50%	

What causes this gap?

Proportionately more men than women receive the highest level of the highest paying bonuses (i.e. Clinical Excellence Awards (CEA) made to consultant medical staff). 56% of the 89 men receiving bonus payments were consultant medical staff in receipt of CEA, whilst only 19% of the 202 women receiving bonus payments were consultant medical staff in receipt of CEA.

Therefore, the inclusion for 2019 reporting of a large number of additional, lower, awards in addition to CEA, has exacerbated this situation. The impact has been to drive down both the mean and median bonus disproportionately for women and increased the bonus GPG.

Using this data and further analysis

As highlighted in the 2018 report, bonus GPG figures are not particularly helpful for identifying or monitoring the equality of payments made to men and women. As described above, the widening of the definition of what is included as bonus pay has exacerbated this.

In 2018 it was agreed we would measure the number of male and female consultants in receipt of an award and that this would be monitored by EBAC and the Trust Board. This analysis has been made again for 2019 and details are summarised below and full details are provided in Appendix A. All the additional payments now considered bonus pay have been reviewed to determine whether or not there would be value analysing them further and recommendations are provided below.

Clinical Excellence Awards

To remove the bonus gender pay gap in the award of CEA we are aiming for an equal number (consistent with the representation of males/females in the consultant workforce) and an equal spread of levels of award amongst male and female recipients.

Appendix A provides data from 2017 to 2019. At 31.3.19 female consultants made up 44% of the consultant workforce and 44% of those receiving CEA were female. Overall, therefore, the award of CEAs to women was proportionate to their representation in the consultant workforce.

At 31.3.19 73% of awards held were at levels 1 to 3. Awards to women in these levels are generally proportionate to their representation in the consultant workforce. The distribution of awards at the higher levels remains in favour of men with only three women holding awards at level six or above compared to six men.

NB: Since the number of awards in each category and the total number are relatively small caution must be used when considering year-on-year changes in percentages.

Discretionary Awards for senior medical staff

It is not appropriate to monitor currently as only one member of staff (female) has been in receipt of a discretionary award since the first GPG report for 2016/17 (see appendix A).

Long Service Awards

It is not appropriate to monitor as the award is made automatically on retirement to any member of staff who completes 25 years' service.

Welcome Payments

All Band 5 nurses joining the trust who had not worked for WSFT for at least the last six months received welcome payments. This payment was stopped in January 2020 as it was no longer needed.

Recruitment and Retention Premia (RRP)

A recruitment and retention premium is in addition to the pay of an individual post or specific group of posts where market pressures would otherwise prevent the Trust from being able to recruit staff to and retain staff in sufficient numbers for the posts concerned at the normal salary for a job of that weight. They may also be paid where a post is unique within the Trust.

Some RRP have been agreed nationally and payment is governed by national Agenda for Change terms and conditions. Trusts may also establish local RRP in response to local circumstances. All locally agreed RRP are established and paid in accordance with the Trust's policy on the application of recruitment and retention premia. This sets out clear criteria and an application process that is signed off by both a Staff Side Representative and the Chief Executive to ensure that awards are made without bias. It is, therefore, not appropriate to monitor the award of RRP beyond processes already in place.

Successful completion of the Care Certificate

It is not appropriate to monitor as the award is made automatically to all nursing assistants who successfully complete the Care Certificate.

Refer a friend

It is not appropriate to monitor this scheme as the payment is made automatically once the new member of staff referred has joined the trust and remained in post as set out in the terms of the scheme.

It is, therefore, recommended that monitoring of the award of CEA continues as agreed in February 2019 but no further detailed analysis of bonus payments by gender is justified.

4. What are we doing to close the gender pay gap?

We are committed to promoting greater equality, diversity and inclusion across the Trust. This means making sure men and women have equal opportunities on recruitment, pay, training and career progression. We have processes in place that help ensure gender equality including:

- A structured recruitment process using the national NHS jobs website, helping to support us to make unbiased recruitment decisions.
- We use the national job evaluation scheme for all staff on agenda for change terms and conditions of employment. This makes sure all non-medical jobs are measured against the same criteria and weighting of job elements is consistent. Medical staff have national terms and conditions of service and pay arrangements (see section 6 below: Equal pay for work of equal value).
- An agreed, standard process is in place for consultant job planning to ensure it is bias free.
- All trust staff are encouraged to undertake unconscious bias training and it is mandatory for everyone who is involved in recruitment and selection.
- A range of family friendly policies, including for maternity, paternity, shared parental leave, and flexible working that help support work/life balance for women and men.
- Clinical Excellence Awards are made on the basis of national guidance set out by the Advisory Committee on Clinical Excellence Awards. An internal process is in place to monitor the distribution of awards. Additionally in 2018/19 we reviewed our policy and processes and made changes to ensure any scope for bias on any basis is identified and removed. The changes came into effect in October 2019 and any impact will be seen from our next GPG Report based on 31 March 2020 data.

5. Key statistics from our 2019 gender pay gap report

The reference (or snapshot) date for the gender pay gap data in this report is 31.3.19. 31 March each year is the date all public sector organisations must use.

- Difference in mean pay between male and female staff 22.76%
- Difference in median pay between male and female staff 5.26%
- Difference in mean bonus pay between male and female staff 48.23%
- Difference in median bonus pay between male and female employees – 50.00%
- The proportion of men receiving a bonus 11.01%
- The proportion of women receiving a bonus 5.99%
- Proportion of men and women working for the Trust by pay quartile

Quartile	Men %	Women %
Upper (higher pay)	27.2	72.8
Upper middle	14.6	85.4
Lower middle	18.0	82.0
Lower quartile	17.7	82.3

- Proportion people working for the Trust by gender:

Men %
19

Women %
81

6. How we ensure equal pay for work of equal value

West Suffolk NHSFT delivers equal pay through adopting nationally agreed terms and conditions for our workforce. These are the National NHS Agenda for Change Terms and Conditions of Service (AfC).

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place at West Suffolk NHSFT. Typically, AfC terms and conditions apply to nursing, allied health professionals and administration, management and clerical staff, which are the majority of the workforce.

Medical staff are employed on national terms and conditions of service and pay arrangements. These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all Consultants, Medical and Dental staff and Doctors and Dentists in Training.

Appendix A
Clinical Excellence Awards and Discretionary Points by gender and level 2017 to 2019

CEA Level	31-Mar-17						31-Mar-18						31-Mar-19					
	Female		Male		Total		Female		Male		Total		Female		Male		Total	
	No.	%*	No.	%*	No.	%**	No.	%*	No.	%*	No.	%**	No.	%*	No.	%*	No.	%**
1	8	38.10	13	61.90	21	30.00	12	42.86	16	57.14	28	34.57	12	48.00	13	52.00	25	28.09
2	8	61.54	5	38.46	13	18.57	9	52.94	8	47.06	17	20.99	12	46.15	14	53.84	26	29.21
3	6	60.00	4	40.00	10	14.29	6	60.00	4	40.00	10	12.35	6	42.86	8	57.14	14	15.73
4	4	50.00	4	50.00	8	11.43	5	50.00	5	50.00	10	12.35	2	25.00	6	75.00	8	8.99
5	2	40.00	3	60.00	5	7.14	2	66.67	1	33.33	3	3.70	4	57.14	3	42.86	7	7.87
6	1	50.00	1	50.00	2	2.86	1	25.00	3	75.00	4	4.94	1	33.33	2	66.66	3	3.37
7	3	60.00	2	40.00	5	7.14	3	60.00	2	40.00	5	6.17	2	66.66	1	33.33	3	3.37
8	0	0.00	1	100.00	1	1.43	0	0.00	0	0.00	0	0.00	0	0	2	100	2	2.25
9	0	0.00	5	100.00	5	7.14	0	0.00	4	100.00	4	4.94	0	0	1	0.00	1	1.12
Total	32	46%	38	54%	70	100	38	47%	43	53%	81	100	39	44%	50	56%	89	100

* = % of awards at this CEA level

** = % of total CEA awards

Consultant medical staff in post at 31st March by gender 2017 to 2019

Consultant medical staff in post	31-Mar-17						31-Mar-18						31-Mar-19					
	Female Headcount		Male Headcount		Total		Female Headcount		Male Headcount		Total		Female Headcount		Male Headcount		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	79	43	104	57	183	100	80	43	106	57	186	100	83	44	107	56	190	100

Discretionary points by gender 31st March 2017 to 2019

Discretionary point	31-Mar-17						31-Mar-18						31-March-19					
	Female		Male		Total		Female		Male		Total		Female		Male		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	1	100	0	0	1	100	1	100	0	0	1	100	1	100	0	0	1	100