

Gender Pay Gap Report

Data as at 31 March 2023

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Introduction

The gender pay gap report 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 mean and median are different ways of expressing an average. Mean hourly pay for a group of ten people would be calculated by adding together the hourly rates of all ten people, and then dividing the result by 10. To find the median hourly rate for the same ten people, you would put the hourly rates in order, from lowest to highest, and the median would be a value halfway between the 5th and 6th rate. When used in relation to pay, the mean can be significantly affected by a small number of very high earning staff.

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. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

As a public body employing over 250 staff the Trust is required to publish the following gender pay gap information:

- a) Mean gender pay gap
- b) Median gender pay gap
- c) Mean bonus gender pay gap
- d) Median bonus gender pay gap
- e) Proportion of males receiving a bonus payment
- f) Proportion of females receiving a bonus payment
- g) Proportion of males and females in each quartile pay band

Gender Pay Gap Reporting

Data and statistics provided for this report have been created using the national Electronic Staff Records System Business Intelligence reporting tool, specifically designed to allow NHS Trusts to meet the statutory reporting requirements.

As at 31st March 2023, the Trust's workforce included 4166 women, and 871 men. Men made up 17.29% of the overall workforce. The numbers of female and male employees have increased over the last year, however, the proportion of the Trust's workforce who are male has increased very slightly. The national NHS Electronic Staff Record system does not facilitate the recording of genders other than male or female.

As at 31st March 2023, the Trust employed 4653 full-pay relevant employees. Of these, 3823 were women and 830 were men. 17.8% of full-pay relevant employees were men. Employees who are on maternity, maternity support, adoption, or sick leave, or on a career break are not full-pay relevant employees.

(A & B) - Mean Gender Pay Gap and Median Gender Pay Gap

All Staff Average & Median Hourly Rates

Gender	Mean Hourly Rate	Median Hourly Rate
Female	£17.58	£15.97
Male	£24.33	£19.30
Difference	£6.74	£3.33
Pay Gap %	27.72%	17.24%

The Trust's Gender Pay Gap (mean and median) as of 31st March 2023 is 27.72% & 17.24%, this has improved since last year when it stood at 30.30% and 25.73% respectively. There does not appear to be a single explanation for this change, but some of the reasons are explored further in this report.

(C & D) - Mean Bonus Gender Pay Gap and Median Bonus Gender Pay Gap

All Staff Average & Median Bonus Pay

Gender	Mean Bonus Pay	Median Bonus Pay
Female	£6,877.06	£5,567.26
Male	£10,100.69	£9,048.00
Difference	£3,223.62	£3,480.74
Pay Gap %	31.91%	38.47%

* This data excludes Long Service Awards

The only large sums of bonus pay are Clinical Excellence Awards (CEAs) which are paid only to medical staff. During Covid temporary arrangements were introduced and some continued (these involved the amount available for new CEAs being split between all eligible consultants and paid as a non-pensionable lump sum, rather than a bonus). Pre-existing CEAs continued to be paid, although there is an ongoing reduction in the number of staff receiving them due to retirements and resignations.

During 2021-22, the majority of Trust staff received a £200 bonus payment, in recognition of the work they were doing to support the NHS's recovery from the Covid-19 pandemic (all staff in the Trust's employment as of a specific date were entitled to the payment). This is why both the mean and median bonus payments in 2021-22 were much lower than in previous years; however, this bonus payment was not implemented for 2022-23.

Historic CEA processes tended to attract more male applicants nationally. Current CEAs are retained once awarded; however, the CEA process is changing, and Trusts will be required to develop processes for Local Clinical Excellence Awards (LCEAs), which will have to be reapplied for periodically. In designing and implementing a process for LCEAs, the Trust will devote time, energy, and effort into devising an equitable process that supports and encourages female consultants to apply for awards. All elements of the process will be subjected to a rigorous Equality Impact Assessment, and the results of awards rounds will be very closely monitored and checked for consistency.

(E & F) - Proportion of Males Receiving a Bonus Payment and Proportion of Females Receiving a Bonus Payment

All Staff Bonus Payment Ratio

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	11	4084	0.27%
Male	39	900	4.33%

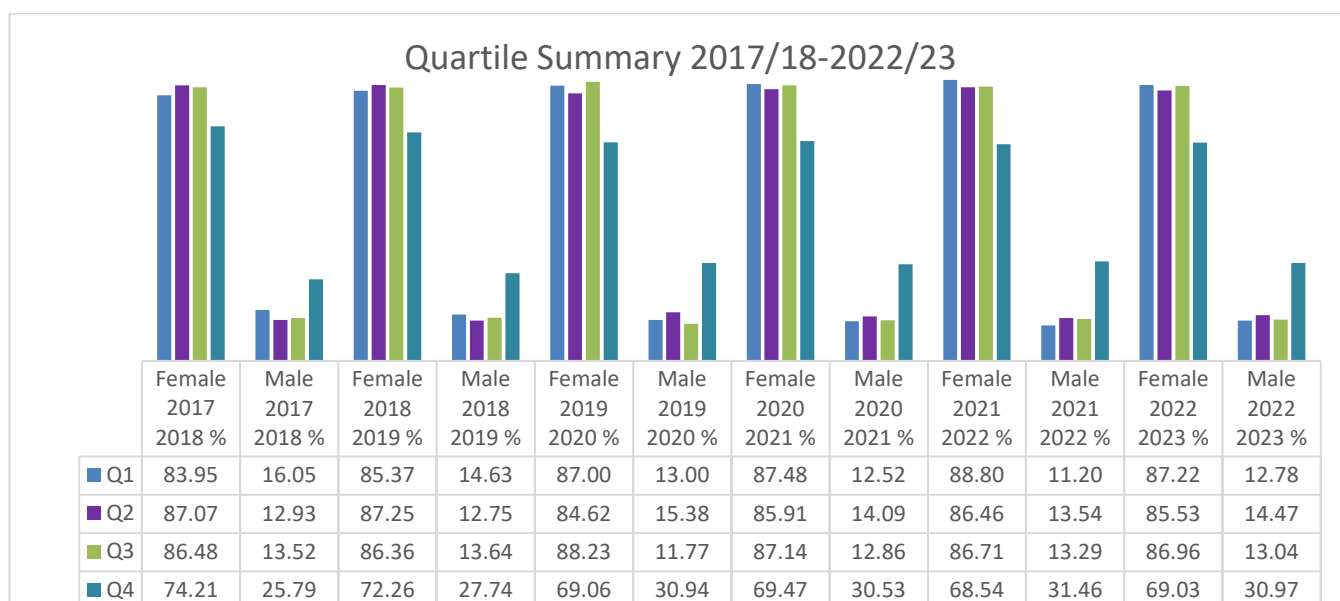
There has been a significant change in the proportion of colleagues receiving a bonus payment this year compared with last. During 2022-23, 4.33% of male colleagues and 0.27% of female colleagues received payments all of which related to CEA's. This is noticeably different from 2021-22 (male 87.33%; and female 95.32%) when colleagues received the £200 bonus payment referenced above which significantly impacted on this metric.

(G) - Proportion of Males and Females in each Quartile Pay Band

Quartile 1 - lowest paid and quartile 4 - highest paid employees.

Quartile	Female	Male	Female %	Male %
1	1010	148	87.22%	12.78%
2	999	169	85.53%	14.47%
3	1007	151	86.96%	13.04%
4	807	362	69.03%	30.97%

The graph below shows data on the proportion of male and female staff in each pay quartile over the last 5 years.

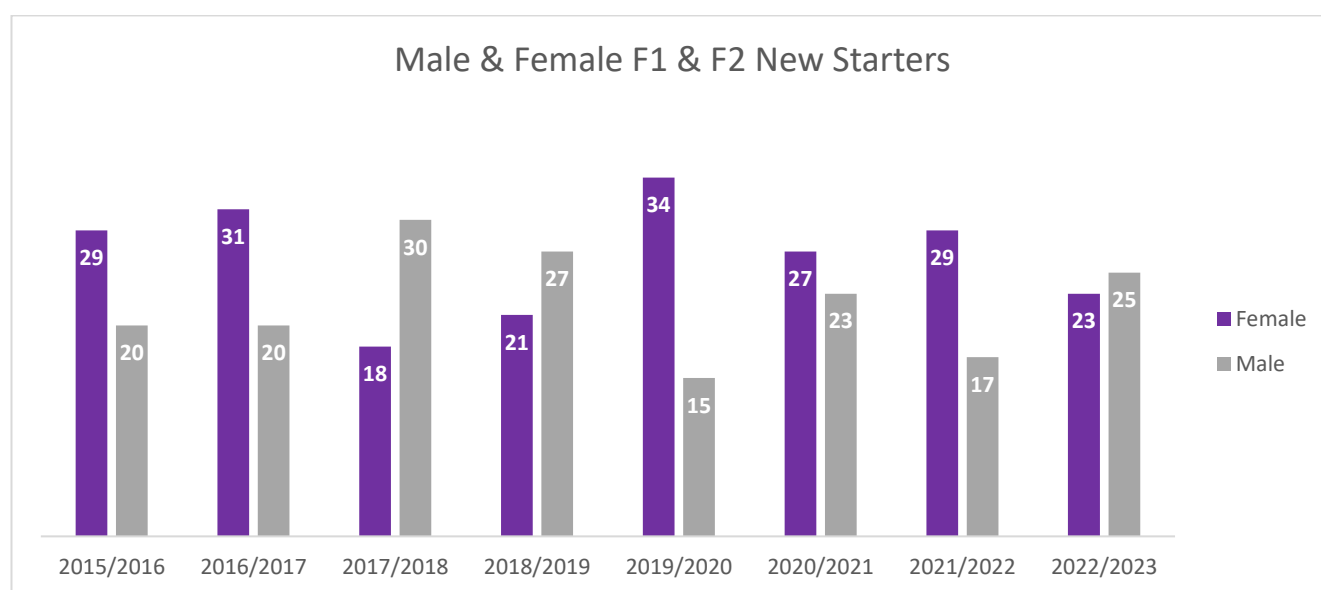


The data shows that statistically the Trust pays the male workforce more than the female workforce. Past analysis has shown this to be partly as a result of the highest earners being within the medical workforce, which is a predominantly male workforce. It takes up to 14 years

of under and postgraduate training for individuals to achieve the highest grade of consultant and a further 20 years to achieve the top of the consultant salary scale.

1. Trainee Comparison (FY 1&2)

The table below shows number of female and male trainee Foundation Years 1 and 2 new starters for all years since 2015 - 16. Over the period, there have been 212 female new starters within this group, compared to 177 male new starters. Coupled with long-term trends showing increased numbers of female medical students, it is likely that the gender balance of the medical workforce will shift over time, however this may be significantly influenced by the availability or otherwise of flexible working opportunities within hospital medical posts, and no significant shift in gender balance has been seen at Consultant level in the Trust as yet.



2. Comparison of hourly pay rates amongst non-medical and medical staff groups

2.1 Non-medical

Gender	Mean Hourly Rate	*Median Hourly Rate
Female	£16.57	£15.37
Male	£18.09	£16.55
Difference	£1.52	£1.18
Pay Gap %	8.39%	7.14%

The gender pay gap amongst non-medical staff is relatively small compared to the Trust's overall gender pay gap, and both the mean and median hourly rates have improved from last year (10.61% and 11.57%).

2.2 Medical and dental

Gender	Mean Hourly Rate	*Median Hourly Rate
Female	£38.18	£35.90

Male	£40.41	£42.71
Difference	£2.23	£6.82
Pay Gap %	5.51%	15.96%

Although there remains a significant pay gap within the medical and dental workforce, this has almost halved from last year mean of 15.35% and median of 28.43%, to the much-improved position of 5.51% and 15.96% respectively. Some of this change will be due to male colleagues retiring / leaving the organisation, more females progressing and taking on leadership roles, more females entering the medical workforce.

3. Comparison of proportion of non-medical and medical staff in each pay quartile

3.1 Non-medical

Quartile	Female	Male	Female %	Male %
1	1010	147	87.29%	12.71%
2	989	154	86.53%	13.47%
3	990	138	87.77%	12.23%
4	655	159	80.47%	19.53%

Quartile 1 - lowest paid and quartile 4 - highest paid employees.

There continues to be a slight decrease in the proportion of men within the highest pay quartile; and an increase in men in the lower quartile 1 - (12.71% v 11.21% last year).

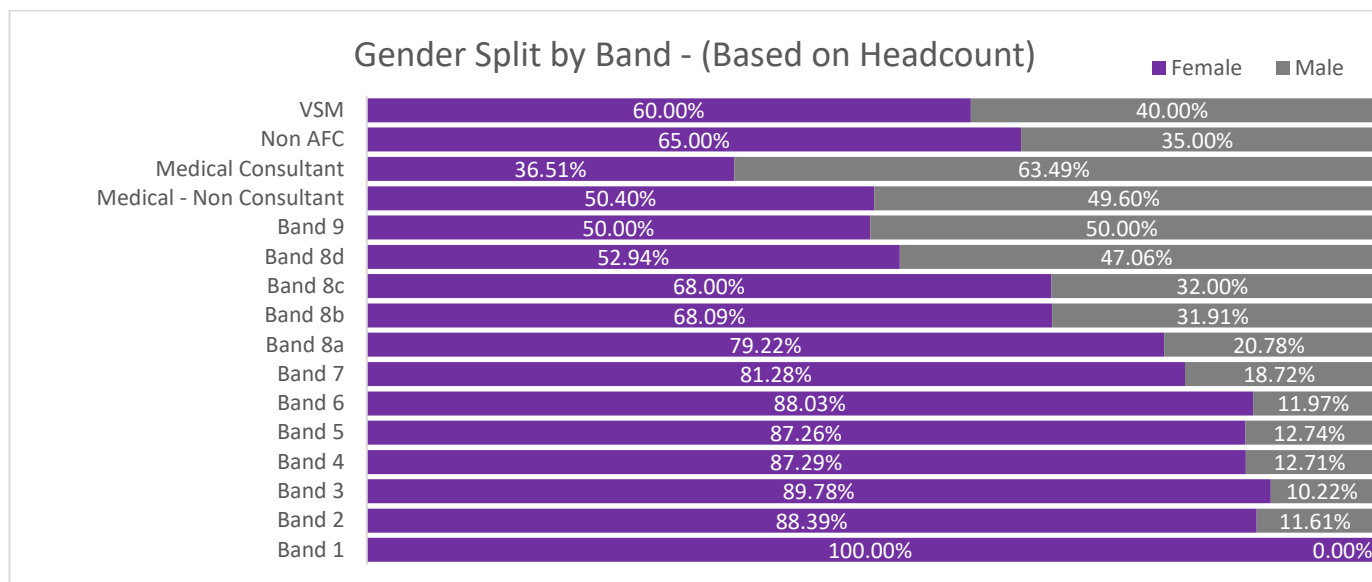
3.2 Medical

Quartile	Female	Male	Female %	Male %
1	0	1	0.00%	100.00%
2	10	15	40.00%	60.00%
3	17	13	56.67%	43.33%
4	152	203	42.82%	57.18%

Quartile 1 - lowest paid and quartile 4 - highest paid employees.

The overwhelming majority of medical staff continue to be in the highest-paid quartile of Trust staff with the majority being male (57.18%).

4. Gender split by pay band



5. Gender pay gap by staff group

Staff Group	**Headcount		Pay Gap
	Female	Male	
Add Prof Scientific and Technic	75	25	15.32%
Additional Clinical Services	860	96	8.49%
Administrative and Clerical	795	162	41.22%
Allied Health Professionals	359	89	14.14%
Estates and Ancillary	184	96	44.34%
Healthcare Scientists	70	39	15.82%
Medical and Dental	179	232	17.91%
Nursing and Midwifery Registered	1292	91	9.90%
Students	9	0	0

The largest pay gaps are within the administrative and clerical and estates and ancillary staff groups.

6. Conclusion

As most staff groups and employees are part of the Agenda for Change framework then this negates a large element of gender pay gap variance; however, the Trust needs to ensure that recruitment processes and career opportunities remain fair and transparent to avoid any potential longer-term problems.

The main contributing factor to the pay gap differential remains with the medical & dental workforce. Some of the issues relate to previous societal norms, e.g. doctors seen as a male career pathway, particularly a few decades ago – however, the impact of this is still visible within the organisation as this cohort generally have senior consultant roles and CEA's which will remain in place until they leave or retire. The robust job planning and consistency checking process that has been agreed should ensure more fairness and recognition of colleague's extra efforts entitled to CEA's. Where appropriate female colleagues should be encouraged to apply for CEA/promotional job opportunities.

There is a need to highlight and promote female leadership within the Trust and also the wider community – actively encourage colleagues to participate in International Women’s Day and be part of the ICS women in leadership network (which TRFT participate).

There are a couple of staff groups where the gender pay gap is significantly large (admin & clerical and estates and ancillary); therefore, some further analysis may need to be undertaken to determine what actions can be developed to address this, if it is a concern.

There is no statutory requirement for either recommendations or an action plan in relation to gender pay gap; however, following future discussion at relevant forums it is expected that some associated actions will be added to the overarching EDI action plan.