

REPORT TO: TRUST BOARD PUBLIC SESSION – 28 March 2024

PRESENTED BY: Neil Savage, Director of HR & Organisational Development

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SUBJECT: 2023 GENDER PAY GAP REPORT

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

Inform the Board of the latest 2023 gender pay gap across Gloucestershire Health & Care NHS Foundation Trust (GHC), and, provide an update on related actions from the last report alongside an outline of next steps and actions.

Recommendations and decisions required

The Trust Board is asked to:

- **Note** the current report which has been previously received and discussed at the Great Place To Work Committee (GPTW)
- **Agree** the next steps and actions
- **Agree** to publish this report on the Trust website and submit the data to the government website
- **Agree** the statement that will be published on the Trust website and via the government website.

Executive summary

From previous meetings, the Board will recollect that the UK Gender Pay Gap legislation requires NHS Trusts and other public sector employers to annually publish a series of details and calculations highlighting the employed workforce's gender pay gap.

For this latest reporting period, the information and report must be published on both the Trust and Gov.UK website by 30th March 2024.

Public and private sector organisations with 250 or more employees, must also publish their gender pay gap information on their own website and the related Government website. Employers that fail to report on time or report inaccurate data will be in breach of the regulations and risk facing legal action from the Equality and Human Rights Commission.

This latest report contains the requisite statutory calculations, presenting the pay gap against the six indicators. These are calculated from the Trust's workforce on the required date in 2023 and are summarised below:

- **Mean average gender pay gap.** Women earn less than men by 12.42%. This is an improvement and compares with a previous 2022 gap of 15.13%
- **Median average gender pay gap.** Women earn less than men by 4.72%. This is an improvement and compares with a previous 2022 gap of 7.09%
- **Mean average bonus gender pay gap.** Women are paid similar than men, a difference of 0.17% which compares with women being paid 7.25% more than men in 2022. This is thought to be almost exclusively due to the temporary pandemic changes in payment of Clinical Excellence Awards as an equal quantum to all consultants rather than the usual competitive process.
- **Median average bonus gender pay gap.** Women are paid more than men by 51%. This compares with a previous 2022 gap of 40%.
- **Employee numbers by quartile.** The proportion of men and women (when divided into four groups) ordered from lowest to highest pay shows there are a higher proportion of women in all quartiles and the gap closes with progression toward the upper quartile.

Our People Strategy makes a key strategic commitment to equality, diversity and inclusion. In agreeing this, the Board has previously committed to being *“a fair organisation that celebrates diversity and ensures real equality and inclusion. People will be able to bring their hearts to work, free from bullying or discrimination.”* Reducing, and ultimately removing, the pay gap is a key element to operationally delivering on this commitment alongside our actions on the Workforce Race and Disability Equality Schemes.

While this past year's data generally presents a modest improving picture for the Trust, it also shows that there is still far to go to reach the desired equity. The data also continues to demonstrate the scale of challenge and the inherent inequity globally and in the nation more widely. At scale and sustainable improvements require amendments to legislation, continued application of good practice, such as positive action, alongside changes in education, careers advice, flexible working, and a leadership culture that consistently values diversity and puts its intent into action.

Finally, in line with the national requirements, the Trust needs to reconsider its statement of commitment to reducing the pay gap and the Great Place to Work

Committee, have recommended that the Board **endorses** the detailed statement of intent as described later in the report.

Risks associated with meeting the Trust’s values

Failure to provide equality of opportunity may result in claims of discrimination, damage to the reputation of the Trust as a fair employer with resultant impact on retention and recruitment.

Corporate Considerations

Quality implications	The Trust strives to provide equality for all colleagues, leading to increased levels of colleague satisfaction and ultimately improved patient care and experience.
Resource implications:	By failing to recognise and address issues of equality, colleague turnover could increase and also increase the amount of casework by responding to claims of detrimental treatment.
Equalities implications:	The Equalities Act 2010 sets out the duties of the Trust in relation to equality generally, and the gender pay gap specifically. The Equality and Human Rights Commission gives guidance which the Trust endeavours to meet. This report is intended to progress the agenda to meet these duties and guidance and to ensure compliance.

Where has this issue been discussed before?

- Great Place To Work Committee – February 2024
- Gender Pay Gap Reporting has been in place since 2018 and has been reported annually to WOMAG, ATOS, and the Board of Directors in 2019, 2020, 2021, 2022, 2023

Appendices:

Appendix 1 – Staff Survey Benchmark Report
Appendix 2 – Staff Survey Breakdown Report

Report authorised by:
Neil Savage

Title:
Director of Human Resources & Organisation Development

GENDER PAY GAP REPORT 2023

1.0 CONTEXT & DEFINITIONS

UK legislation requires employers with over 250 employees to publish annually a range of statutory calculations showing the size of the pay gap between their woman and man employees. There are two sets of regulations, one mainly for the private and voluntary sectors, which became effective from 2017. The second, mainly for public sector organisations, took effect from March 2017.

The Government has required subsequent rounds of reporting to be published on both organisation's and the Government's websites by 30 March annually. The data is based on a snapshot of the workforce on 31 March of the previous year. This report it is based on data drawn from the Trust's Electronic Staff Record (ESR) from March 2023.

These results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. In the Trust we have historically always made this statement on behalf of the Board. Any actions should also be published outlining how the organisation plans to reduce the gender pay gap.

Gender pay reporting is different to equal pay. This is important and often a point of confusion and misunderstanding. Definitions are outlined below.

Equal pay deals with the difference in pay between men and women doing the same or similar jobs or jobs of equal value. It is unlawful to pay people unequally because of their gender and has been since the adoption of the Equal Pay Act, 1970 which prohibited less favourable treatment between men and women in terms of pay and conditions of employment.

This differs from the **gender pay gap** which shows the difference in the **average (or mean) pay** between all men and all women in the workforce. If the workforce has a high gender pay gap, this may indicate a number of issues to deal with, and the individual calculation can help to identify what these issues are.

NHS Agenda for Change terms and conditions of service contain the national pay and conditions of service for NHS colleagues other than Very Senior Managers (VSMs) and medical staff. The majority of Trust colleagues work under these national NHS terms and conditions. These terms were introduced in 2004 with the express intention of removing pay inequalities. The terms cover over 1 million workers and harmonises their scales and career progression arrangements across previously separate pay groups. Colleagues are expected to progress through pay bands irrespective of gender. The Agenda for Change job evaluation process enables jobs to be matched to national job profiles and allows Trusts to evaluate jobs locally to determine in which pay band post should sit. There is some concern about the equalities impact element of the current Department of Health consultation on creating a new and different pay spine and pay rates for nurses.

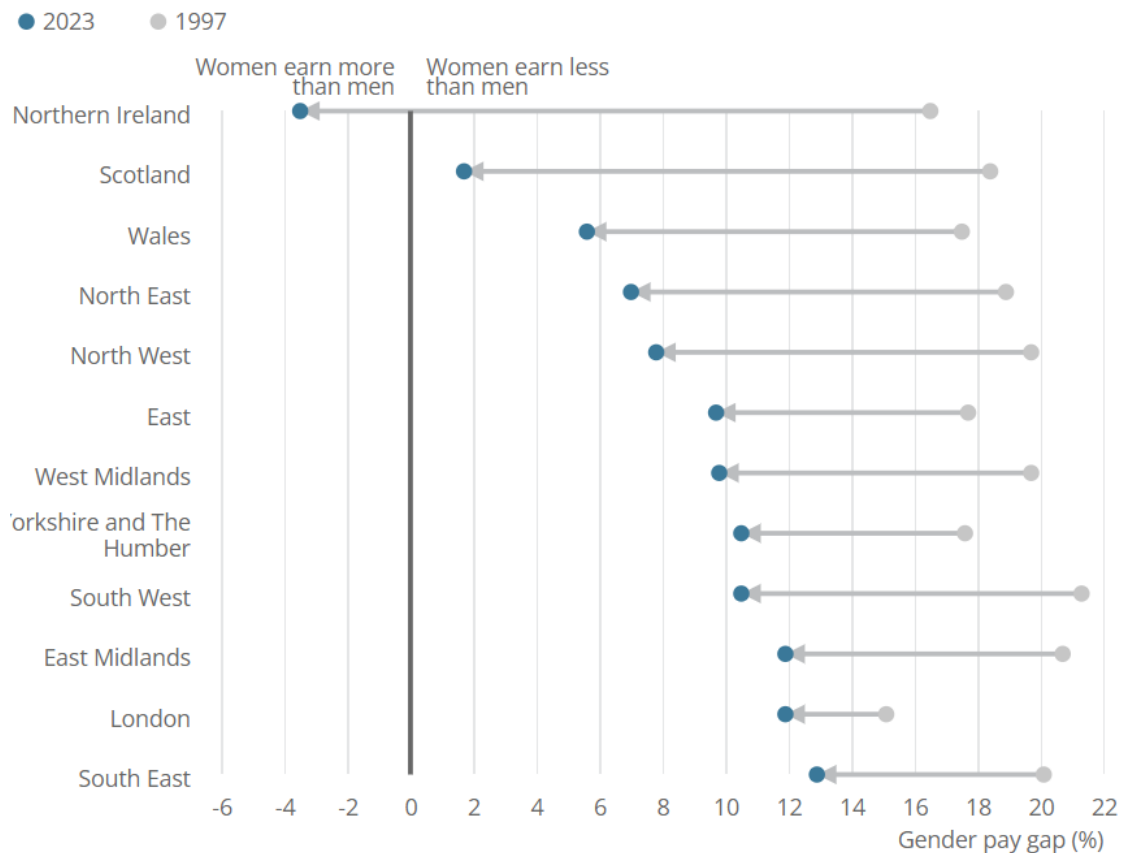
Medical and Dental colleagues have different sets of terms and conditions, depending upon their seniority. However, these too are based on the principles

of equal opportunity and are set across a number of pay scales for basic pay, which have varying thresholds within them. Directors have been appointed on similar equal opportunity job evaluation methods, informed by the national NHS Improvement VSM Guidance and benchmarked using national surveys, for example from NHS Providers, regional and local labour market data.

By means of wider background and context, the national 2022 gender pay gap reported in 2023 continues to vary substantially between regions. Regional variations in the gender pay gap are likely to be caused by differences in the types of jobs and industries.

The gender pay gap among full-time employees is higher in every English region than in Wales, Scotland or Northern Ireland. In Northern Ireland the gap is negative at 3.5%, in Scotland it is 1.7% and in Wales 5.6%. The main reason for the negative gender pay gap in Northern Ireland is thought to be due to the higher proportion of women working in the public sector where pay rates for some jobs are higher than in the private sector. Scotland is following a similar pattern. From the 2023 national picture, this remains a different position from 1997, when the gender pay gap was relatively equal between the regions.

Gender pay gap for median gross hourly earnings (excluding overtime) for full-time employees, by work region, UK, April 1997 and 2023



Source: Annual Survey of Hours and Earnings (ASHE) from the Office for National

Drivers of the gender pay gap continue to be numerous and although jobs in London are more skewed to higher-skilled occupations, the relative change in proportion of full-time jobs by occupation since 1997 shows a similar pattern in London to that of the whole UK, meaning that factors beyond this need to be considered for the capital. This demonstrates how much further progress is needed to remove the gender pay gap within the Trust and the wider NHS, which mirrors its performance.

2.0 GENDER PAY GAP INDICATORS

Employers must publish the results of six calculations showing their:

1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Average bonus gender pay gap as a mean average
4. Average bonus gender pay gap as a median average
5. Proportion of men receiving a bonus payment and proportion of Women receiving a bonus payment
6. Proportion of men and Women when divided into four groups ordered from lowest to highest pay

It should be noted that Consultant Medical colleagues are now the only employees to receive bonus payments within the Trust in the form of either national or local Clinical Excellence Awards. However, it should also be noted that the usual competitive process was put on hold during COVID nationally and a temporary equal distribution was put in place. Subject to the outcome of the British Medical Association's consultant ballot on new terms, local awards may cease to exist on a marked time basis in the future.

3.0 GENDER PAY GAP ANALYSIS

Table 1 – Employee by assignment as at 31 March 2023.

AfC Pay Grade	Totals			
	Female	% makeup	Male	% makeup
Band 1*	11.00	92%	1.00	8%
Band 2	808.00	85%	146.00	15%
Band 3	798.00	83%	158.00	17%
Band 4	473.00	85%	83.00	15%
Band 5	911.00	88%	127.00	12%
Band 6	1060.00	86%	168.00	14%
Band 7	510.00	84%	96.00	16%
Band 8 - Range A	151.00	81%	35.00	19%
Band 8 - Range B	55.00	74%	19.00	26%
Band 8 - Range C	12.00	75%	4.00	25%
Band 8 - Range D	10.00	59%	7.00	41%
Band 9	2.00	67%	1.00	33%
Other	162.00	64%	93.00	36%
Totals	4963.00	84%	938.00	16%

The percentages in table 1 above remain similar to previous years' data 84% women and 16% men, with a 1% reduction in the number of women making up the workforce.

NB Band 1 roles are part-time roles in Facilities. While all Trusts have previously closed entrance to new Band 1 roles, in line with national terms, all these colleagues were given the option to accept Band 2 roles. Across NHS Trusts a small number of Band 1 colleagues rejected this offer, as it meant they would lose benefits / Universal Credit and be worse off from a pay rise. All GHC colleagues in this situation are provided with an annual review opportunity with their manager and HR to reconsider accepting a Band 2 role. The number of Band 1 colleagues within GHC has now reduced to under 20 (11 wte) in 2023 since this reporting data was gathered. The proposed higher spot rate for Band 2 proposed by the Secretary of State for Health and the planned work to potentially move a number of Band 2 roles to Band 3 in 2024 are expected to impact the positively impact the gender pay gap for 2024 onwards.

Table 2– Average and Median Hourly Rates – all eligible staff and pay schemes.

Gender	Avg. Hourly Rate '23	Avg. Hourly Rate '22	Median Hourly Rate '23	Median Hourly Rate '22
Female	£18.53	£17.13	£17.07	£16.13
Male	£21.16	£20.35	£17.91	£17.36
Difference	£2.63	£3.22	£0.85	£1.23
Pay Gap %	12.42%	15.85%	4.72%	7.09%

The figures in Table 2 above show modest reductions in the average hourly and median gender pay gaps over the previous year's reporting period.

Table 3 – Number of employees – Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1,081 (1,052)	184 (151)	85 (87)	15 (13)
2	1,068 (1,031)	183 (174)	85 (86)	15 (14)
3	1,091 (1,019)	189 (176)	85 (85)	15 (15)
4	1,001 (968)	265 (247)	79 (80)	21 (20)

(Previous year's figures in brackets)

Table 3 above shows that whilst overall numbers have increased, there remains a reasonably static workforce percentage in relation to gender breakdown.

Table 4 – Average Bonus* Gender Pay Gap

Gender	Avg Bonus Pay '23	Avg. Pay '22	Median Bonus Pay '23	Median Bonus Pay '22
Male	£9,406.89	£9,654.98	£6,032.04	£7,540.02
Female	£9,422.46	£10,354.92	£9,110.84	£10,555.98
Difference	-£15.57	-£699.94	-£3,078.80	-£3,015.96
Pay Gap %	-0.17%	-7.25%	-51.04%	-40%

The figures in table 4 above illustrates a continued reversal in payments of bonus pay showing women are paid more than men in both average and median despite the pandemic driven equal distribution of Clinical Excellence Awards. The only bonus pay the Trust operates is the Local Clinical Excellence Award Scheme, which is solely open to Medical Consultants who have been in post for at least one year.

Table 5 – Proportion of Men and Women receiving a bonus against the overall totals

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Male	Female	Male	Female	Male	Female	Male	Female
2022	132	50	82	38%	62%	18	6	14%	5%
2023	148	57	91	39%	61%	17	5	11%	3%

As part of previous pay gap actions agreed, *if* the new competitive post pandemic Local Clinical Excellence Scheme is operational the Trust will continue to strive to communicate and encourage applications from women and also ethnic minority colleagues, alongside providing extension training and support to maximise the quality of applications. However, it is important to note that subject to the outcome of the British Medical Association’s consultant ballot on new terms, local awards may cease to exist on a marked time basis in the future.

4.0 CONCLUSIONS AND NEXT STEPS

4.1 Conclusions

The headline figure based on all eligible Trust employees and pay schemes indicated that the gap continues to slowly close and women are paid 12.42% less on average than men against a previous year of 15.13%, 17.09% the year before and 18.63% in the year before that. However, at this rate, it would take circa another 13 years for the gender pay gap to be neutralised.

The gap for median (middle point) earnings in the Trust stands at 4.72%, 7.09% in 2023, 4.31% in 2021 and 7.55% in 2020.

The data shows that 84% (85% in 2022) of the Trust's substantive workforce were women, and ideally an analysis would show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and VSM / Executive Board level pay. However, it is also noted that there has been some growth in the lowest quartile, with the Trust employing more male at lower banding levels.

However, while improving, as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive.

Even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a wide range of contributory factors including incremental pay progression, student pipeline recruitment changes via Higher Education Institutes (HEIs), and how they recruit students, and with a significant shift in the number of senior and very senior managers and senior clinician appointments. From the route of the student pipeline, with training and career progression it takes many years to rise through the nationally set pay bands. The term 'feminisation of the medical workforce' was used increasingly from the mid-1990s as a driver for change. 2017 was originally forecast as the year that the number of women on the medical register would exceed the number of men. But despite this, with the exception of Scotland, this has still not happened. That's despite more than 60% of medical students being female and, at the other end, older, mainly male, doctors retiring. The most recent General Medical Council (GMC) report confirms the medical register is made up of 52.6% men and 47.4% women.

A range of measures, including increasingly improving flexible working and wider choices about career breaks, changes in working patterns, turnover, positive action in targeted recruitment advertising (particularly for director and deputy director level), will all continue to factor into this, alongside improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.

The gender pay gap remains significant at Executive Director level with an average hourly rate which is 10.01% lower for women than men compared to 11.27% previously. Five of the post holders were men and two were women. There may be a further positive shift in the forthcoming 2024 report with this in light of ATOS's most recent benchmarking exercise and subsequent remuneration decisions after the current reporting period. However, for 2025 reporting onwards, key to progress will also be the gender of appointees to three vacancies -- the Director of Nursing, Therapies and Quality, the Director of Strategy and Partnerships, and the Chief Operating Officer. The recent Chief Executive Officer appointment process did not enable the appointment of a woman. Given the level of remuneration for this role, this will again present a continued impact on the Executive Director level gender pay gap.

The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the gender pay gap. Evidence suggests that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make a positive difference.

4.2 2023 Actions

Over the past year, the Trust had continued to take positive action in actively encouraging women to participate in our various local leadership development offers including the One Gloucestershire Elements, Flourish, Thrive, Leading Better Care Together programmes. The impact and success of these is continually assessed as part of their programme reviews, with input from the external programme developers and trainers. However, with the relatively short time frame, it is currently difficult to determine the longitudinal or lasting impact these development programmes are having on the pay gap. Additionally, the Trust has supported and sponsored senior colleagues apply and / or undertake aspiring director programmes as well as one colleague to successfully apply to the South West Developing Aspirant Leadership programme for Ethnic Minority Nurses and Midwives.

Our Flexible Working Policy (which was previously reviewed and updated in 2021) has again been reviewed and refreshed in 2023/24 to better support the use and accessibility of flexible and non-standard working. The new policy was published in February 2024 and there is a comprehensive roll out planned for managers and colleagues.

Positively, colleagues' rating for the two People Promise Theme "We Work Flexibly" questions -- Support For Work-life Balance, and Flexible Working -- have both improved in the 2023 Staff Survey outcomes, suggesting that the 2021 revisions to the Flexible Working Policy have modestly helped. For example, the number of woman reporting that they can approach their immediate manager to talk openly about flexible working (Agree/Strongly agree) was 81.9% in comparison with 78.6% for men. In 2023/24 the Trust bid for external funding to appoint a 12-month People Promise Manager. The bid was successful and the colleague starts in May. One of their key delivery priorities will be flexible working.

The Trust continued to keep on top of compliance with its mandatory requirement to complete Equality, Diversity and Human Rights Level 1 training every three years. Compliance has been maintained at consistently over 98% (currently 98.9%).

Additional bespoke Equality, Diversity and Inclusion (EDI) training continues to be provided for teams and individual appointments. Most recently targeted unconscious bias training has been provided to recruitment panels for Board level appointments with Directors and Governors. The Equality, Diversity and Inclusion and Safer Recruitment Training programme, is provided for recruiting

managers and key modules on our leadership development programme continue to upskill colleagues too.

The Deputy Chief Executive/Director of Finance has continued with her personal support on the development of the Trust's Women's Leadership Network (WLN). The gender pay gap and actions have been discussed with the network in February and August 2023 alongside future ideas for action. Initial progress has also been made in relation to a Trust Women's Charter following a meeting to review options, including the Athena Swan Charter as an example which covers education institutes. A re-prioritised focus on the new nationally mandated work on the NHS England Sexual Safety Charter and the Health Education England Safe Learning Environment Charter implementations has commenced. Updates on progress will shortly be provided to Executives and the GPTW Committee thereafter.

Provision of a Leadership & Management Development Workshop for members of the Women's Leadership Network and a Development Session on psychological barriers to women in leadership development and career progression. These have not yet been completed and remain in progress. While these have been explored with members of the WLN, in light of the low interest they have not yet been delivered. Tania Hamilton, Equality, Diversity, Inclusion Lead, attended the February 2024 WLN to explore whether interest can be improved, or whether alternative support options can be developed and delivered. A follow meeting with the WLN Executive sponsor is being held to finalise actions.

Clinical Excellence Award Training Session & Buddying System. This had to be paused pending the new Clinical Excellence Award (CEA) processes following the temporary cessation of the competitive process for the last two years and the expected outcome of the current ballot.

The Appointment and Terms of Service Committee (ATOS) received succession planning and talent management updates in 2023 and there has been a focus on supporting women who are aspiring leaders and directors. Three women have been supported with applications on regional aspiring directors programmes and.

4.3 Consultation

The Gender Pay Gap has been shared with the WLN, with discussions on the network's ideas of what actions would further help. Further on-going consultation will be continued throughout 2024/25.

4.4 Action Plan

Following discussions with the network, wider colleagues and GPTW Committee, the following actions will be progressed to tackle the Trust's pay gap.

Action 1: Progress analysis of pay gaps within occupational groups and use resultant information to target identified staff career, leadership development,

and Organisational Development needs and related positive action approaches (Q1).

Action 2: Finalise provision of the WLN Development Sessions to address the psychological barriers to women in leadership development and career progression (Q1).

Action 3: Finalise and agree the Women's Charter (Q2).

Action 4: Scope Positive Action Internal Transfer scheme to help support career development (Q3/4).

Action 5: Work collaboratively across the Gloucestershire Integrated Care System (ICS) in developing more inclusive recruitment and career development opportunities (Qs1/2/3).

Additionally, in Q1 2024/25 the Trust will develop its first Pay Gap Report covering gender, ethnicity and disability. This will come back to the Workforce Management Group (WOMAG), Executives and GPTW Committee in April. Further engagement is also planned with the Diversity Network and WLN.

5.0 RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE** the current report.
- **AGREE** the actions.
- **AGREE** to publish this report on the Trust website and submit the data to the government website.
- **AGREE** the recommended statement (below in bold), is recommitted to, and then be published on the Trust website and via the government website.

“The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time.

Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap.”