

## The Gender Pay Gap

### Introduction

Queen Victoria NHS Foundation Trust (QVH) as at 31 March 2022, employed about 1,100 people in full time and part time positions. Our people are at the centre of our clinical strategy and are crucial in delivering excellent, safe and high quality services to patients and service users.

We aspire to be an outstanding organisation for everyone – our people, our patients' and service users. We want to be an employer of choice providing a great, inclusive place to work, thrive and grow; a Trust where the health and wellbeing of staff is recognised to be fundamental in providing excellent patient care.

At QVH we are committed to an inclusive culture which supports equality, diversity and fair treatment in the reward of all staff, irrespective of gender. There is also more work to be done in respect of equity, meaning recognising individual circumstances (in this context in relation to gender), and the actions the Trust may need to take to ensure all staff actually have an equal opportunity regardless of gender.

In 2017, the government introduced legislation (Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017) that made it statutory for organisations with 250 or more employees to report annually on their gender pay gap by 30 March of each year.

Queen Victoria Hospital NHS Foundation Trust (QVH) employs over 250 staff therefore it is required to publish information in respect of its gender pay gap each year. The report must include information on:

- Mean and median gender pay gap in hourly pay
- Mean and median bonus gender pay gap
- Proportion of men and women employees in each pay quartile
- Proportion of men and women employees receiving a bonus payment

The gender pay gap shows the difference in the average pay between all men and women in the workforce. It is different from an assessment of equal pay which is the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value.

The **mean** is the sum of all the numbers in the set divided by the amount of numbers in the set.

The **median** is the middle point of a number set, in which half the numbers are above the **median** and half are below.

'**Bonus gender pay gap**' means the average difference in the amount of bonus payments given to men and women.

In this report the terms '**male**' and '**female**' are used where data is presented from our electronic system, as those are the reporting categories on the system. Gender is not the same as biological sex, and the terms '**men**' and '**women**' may be considered more

appropriate. The terminology may be explored further over the next year with staff groups and external experts.

This report fulfils our reporting requirements and more importantly sets out what we are doing to address the gender pay gap at QVH. This report is a snapshot of pay taken on 31 March 2022, as this is the date which all public authorities must use each year. The calculations used are those set out in the relevant legislation to ensure the data is calculated consistently across organisations.

## Methodology

The statutory calculations have been undertaken using the national Electronic Staff Record (ESR) Business Intelligence standard report, with quality assurance on data through a cleansing exercise. In line with NHS Employers guidance on Clinical Excellence Awards and the approach taken to award them at QVH these have been categorised as bonuses.

For ordinary pay, only 'full pay relevant employees' are included. A 'full pay relevant employee' is any employee who is employed on the snapshot date and who is paid their usual basic pay (or pay for piecework) during the relevant pay period. If employees are being paid less than their usual basic pay or piecework rate, or nil, during the relevant pay period as a result of being on leave, then they are not a 'full pay relevant employee'. If an employee is paid less than their usual basic pay or piecework rate during the relevant pay period for reasons other than leave, they still count as a 'full pay relevant employee'. The data analysis therefore includes bank workers and where employees hold more than one post they are counted separately for each post. Although non-executive directors are contracted for services, and in some contexts not considered 'employees', the guidance requires anybody paid through the payroll to be included in the gender pay gap report.

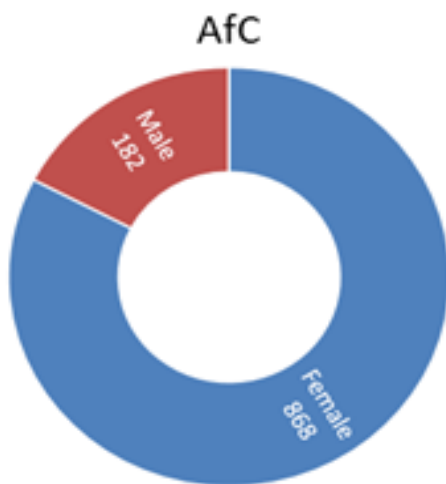
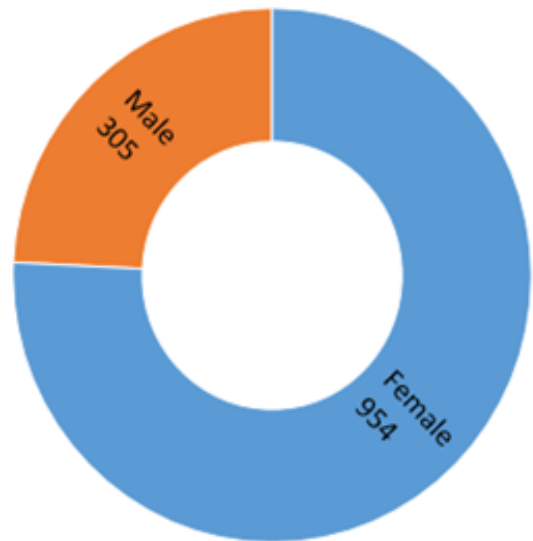
For bonus pay, all employees are included and their bonus pay over the 12 month period that ends on the snapshot date. In this reporting period, QVH only made bonus payments in respect of the national Clinical Excellence Awards (CEAs) to which the Medical Consultant body are entitled and no other staff groups received bonus pay under the definition in the guidance for the gender pay gap report.

The snapshot date is 31 March 2022.

## Gender summary of workforce

On 31 March 2022, QVH employed 1,259 relevant employees (substantive employees and temporary workers, please note a number of employees hold multiple posts).

The chart demonstrates the gender profile of the workforce, which shows that we continue to employ more women (75.8%, 954 headcount) than men (24.2%, 305 headcount).

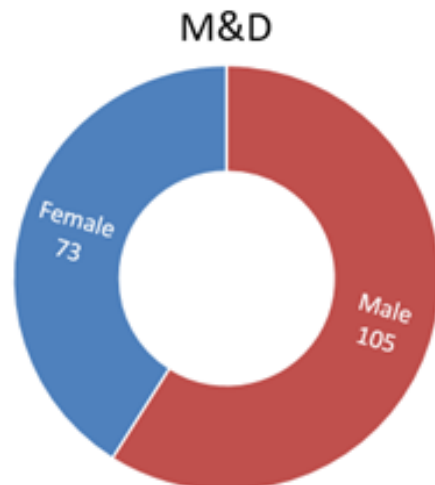


### Agenda for Change Workforce

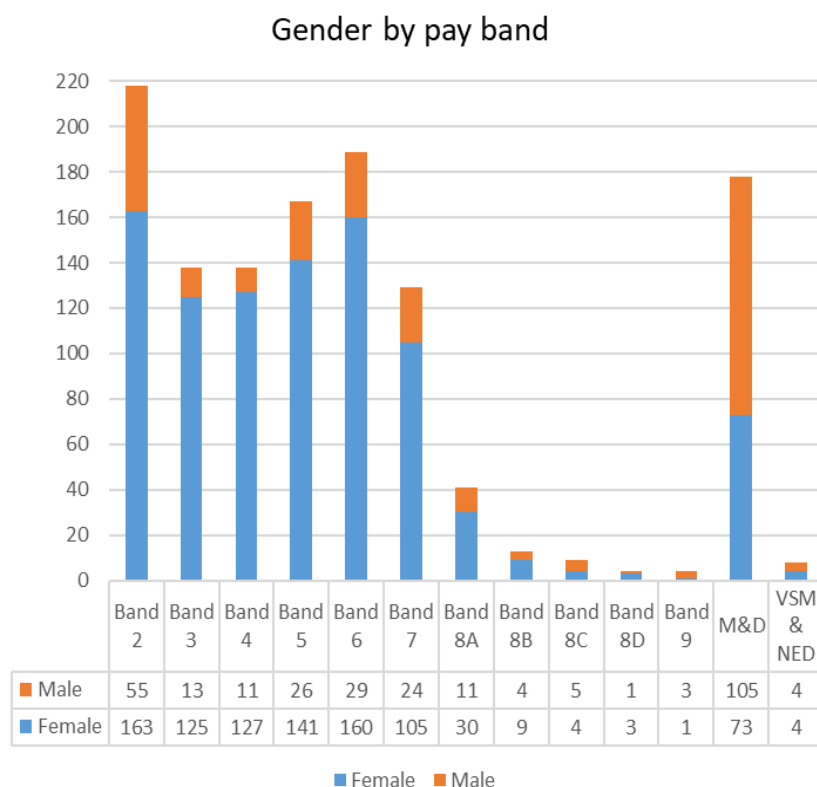
Of Agenda for Change (Afc) workforce, 82.7% were female and 17.3% male.

### Medical and Dental Workforce

There was a higher percentage of males at 59.0% in the Medical & Dental (M&D) workforce than females at 41.0%.



## Proportion of males and females in each pay band

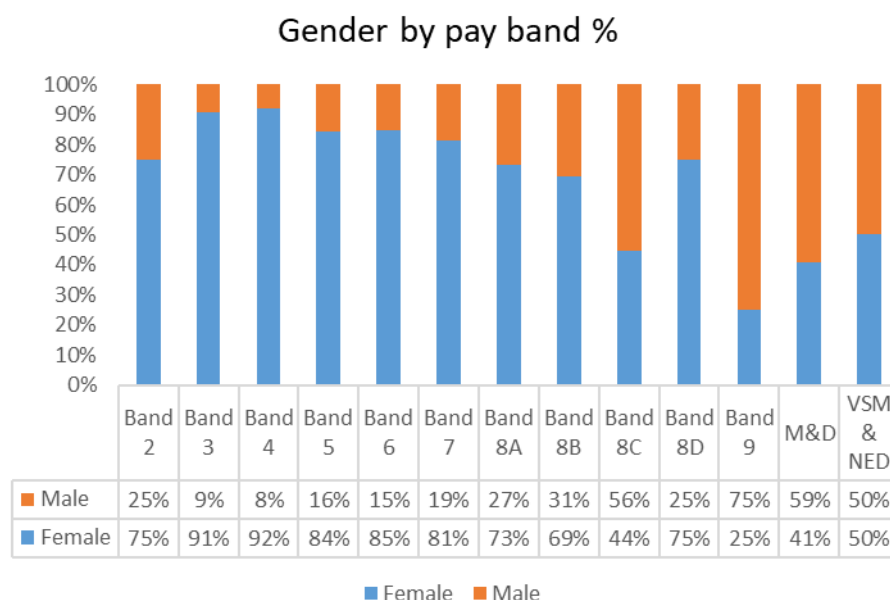


Agenda for Change pay bands vary by levels of responsibility and each band has a set pay range with pay-affecting increments. Employees move up the increments in their band on years of experience so that staff that have more years of experience earn more, regardless of gender.

The chart shows the total headcount of staff in each pay band by gender. There are also relevant employees who are on NHS Medical and Dental (M&D) salary scales and Executive (VSM). Non-Executive Directors (NEDs) are contracted for services and are included as shown.

## Percentage of men and women in each pay band

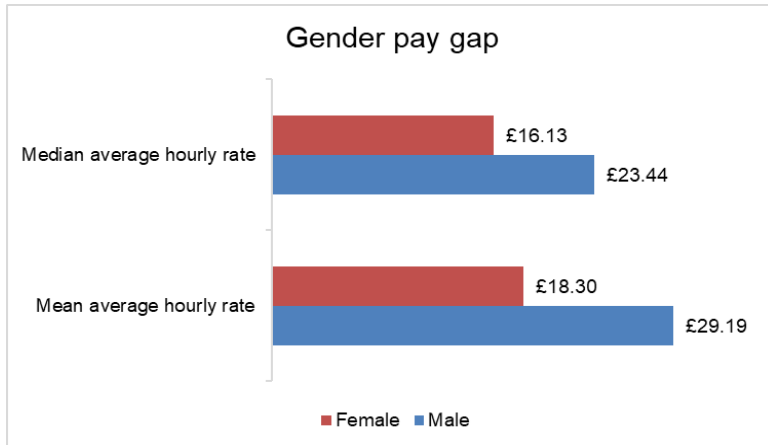
The percentage of men and women within each pay band is shown in the graph.



The charts above show that most of our staff are concentrated in the lower pay bands (2-7). In addition, these pay bands have significantly higher percentages (above 75%) of female colleagues, compared to male staff. This gender split is not as great in some of the higher pay bands, with more males proportionally in bands 8C and 9. There are more males (59%) than females in M&D, this is less disproportionate than the AfC pay bands. There are an equal number of males and females at VSM & NED grades.

## Gender pay gap

The **mean**, commonly known as the average, is calculated by taking the hourly rate for each employee and the mean hourly rate by gender. The mean gender pay gap is the difference between mean male pay and mean female pay.



On 31 March 2022, QVH had a significant **mean** gender pay gap of 37.3% in favour of male employees. While pay scales ensure equal pay for work of equal value, there are more men in higher pay bands and more women in lower pay bands resulting in a gender pay gap of £10.89 an hour.

The **median** is the figure that falls in the middle of a range when the wages of all staff are lined up from the lowest to the highest salary. The median gap is the difference between the staff in the middle of the range of male wages and the middle employee in the range of female wages. The median is regarded as typically a more representative figure than the mean, which can be distorted by a handful of highly paid employees.

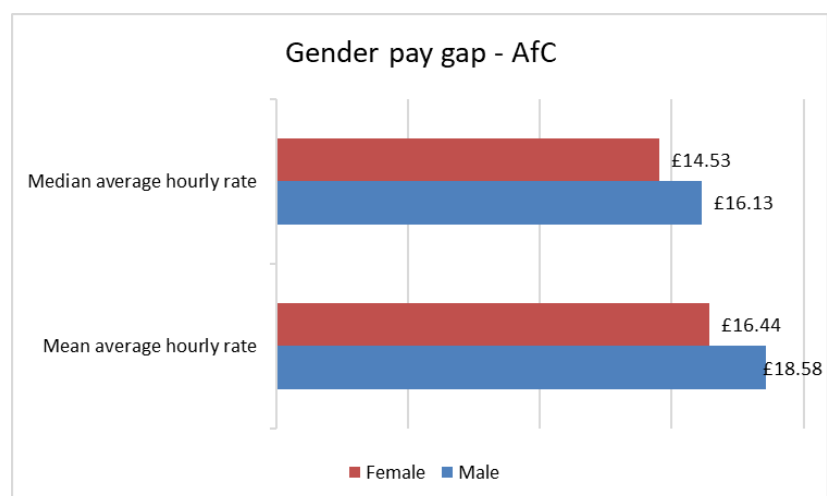
On 31 March 2022, the **median** gender pay gap at QVH was 31.2% lower for female employees. This equates to a gap of £7.31 an hour. This is the result of there being more men in higher pay bands and more women in lower pay bands.

QVH is broadly comparable to all other NHS acute hospitals where both **mean** and **median** pay gaps are significantly affected by the presence of the Medical & Dental Consultant body. This is because of their high base wage and the historical legacy of the profession originally being male dominated.

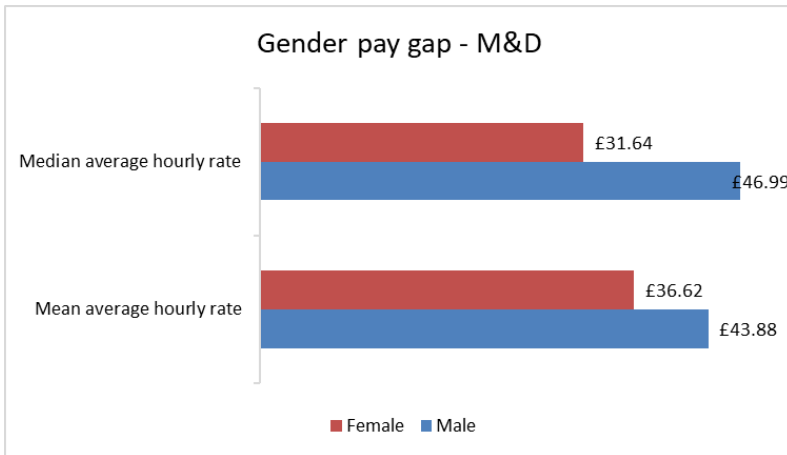
### Gender pay gap – Agenda for Change (AfC) workforce

In respect of Agenda for Change (AfC) staff only (excluding Executives, Non-Executives and Medical & Dental), the **mean** pay gap was 13.0%, a gap of £2.14 an hour in favour of men, because there are more men in higher paid roles.

The **median** pay gap was 9.9%, a gap of £1.60 an hour in favour of men, because there are more men in higher paid roles.



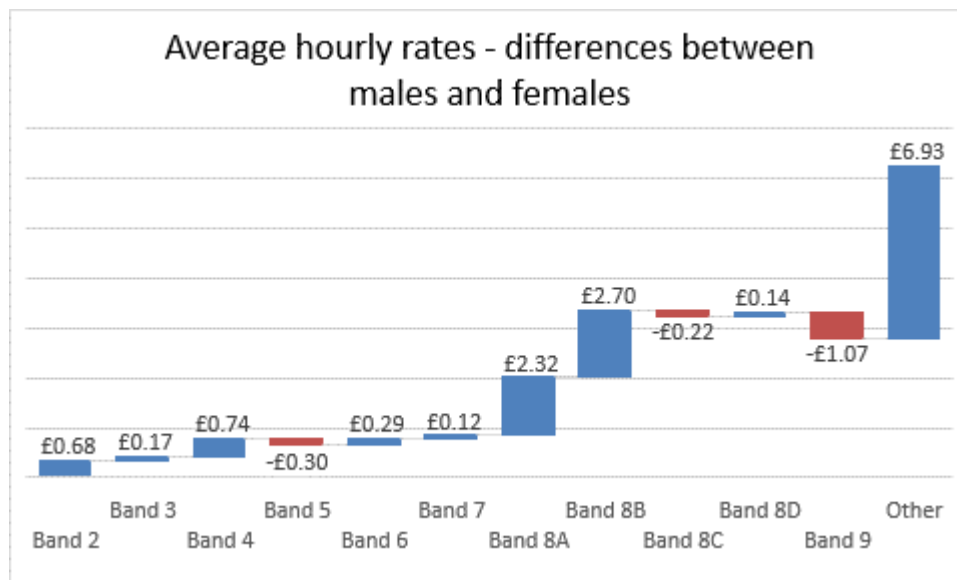
## Gender pay gap – Medical and Dental (M&D) workforce



With regard to Medical and Dental (M&D) staff only, the **mean** pay gap was very significant at 19.8%, a gap of £7.25 an hour in favour of men.

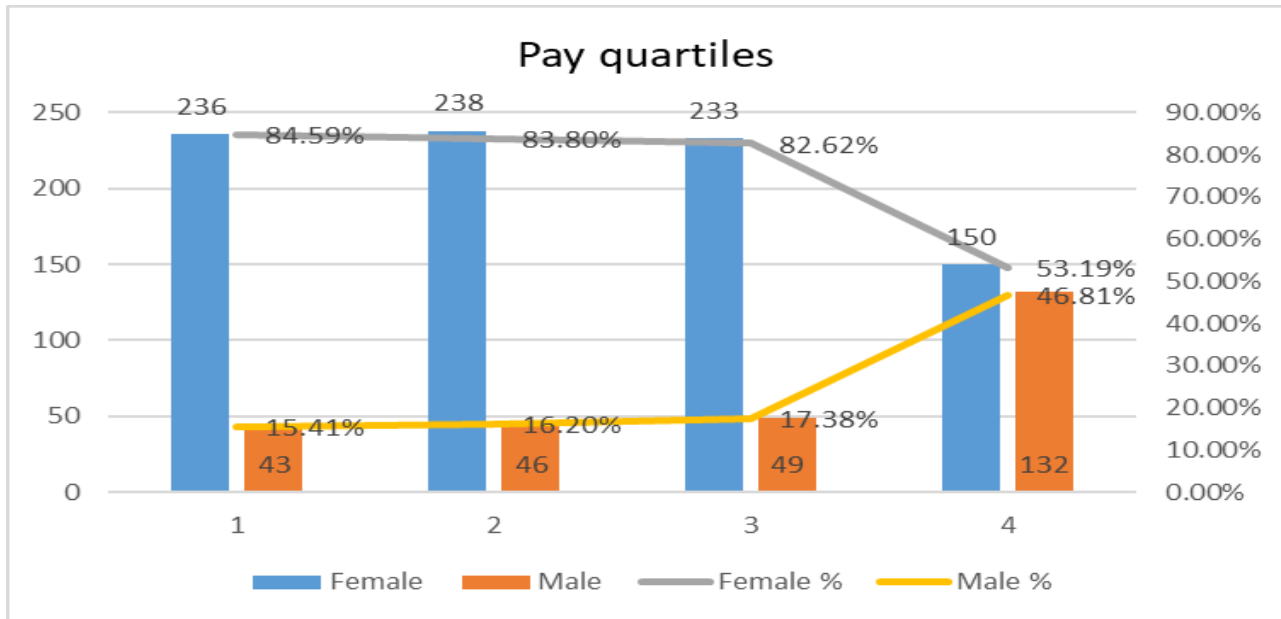
The **median** pay gap was even more significant at 32.7%, a gap of £15.35 an hour in favour of men. This is expected given there was a higher percentage (59.0%) of men in the M&D workforce.

## Gender pay gap within each pay band



In the graph above blue shows a mean average hourly rate in favour of males, and red shows a mean average hourly rate in favour of females. Males are paid the highest point of the pay band in the majority of AfC grades, with the exception of bands 5, 8C and 9 where the difference is favourable to females. 'Other' is M&D, VSM and NEDs combined.

## Pay quartiles



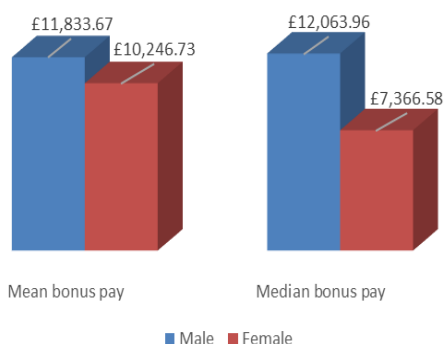
The graph above and table below illustrate the gender distribution of the workforce across four quartiles. The proportion of males and females in each quartile, from the lowest to the highest paid, is calculated by dividing the workforce into four equal parts. The first three quartiles contain a higher percentage of women than men, and there is a more equal split in the highest quartile. This reflects the analysis by pay band.

Quartile	Total female	Total male	Female	Male
Lower	236	43	84.6%	15.4%
Lower middle	238	46	83.8%	16.2%
Upper middle	233	49	82.6%	17.4%
Upper	150	132	53.2%	46.8%

## Bonus pay gap

### Bonus payments – overall workforce

Gender pay gap bonus pay - CEA



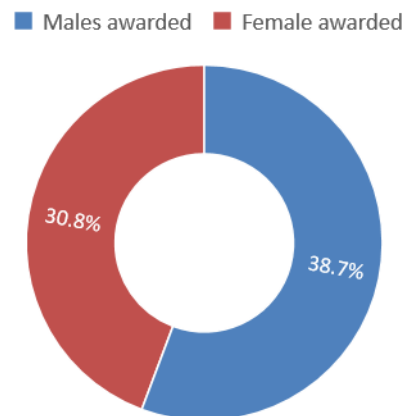
In 2022, QVH only made bonus payments in respect of the national Clinical Excellence Awards (CEAs) to which the Medical Consultant body are entitled.

There are 62 male and 26 female Consultants in the workforce at QVH. Considerably more males (n=24) compared to females (n=8) received bonus pay. This equates to 38.7% of men in the medical consultant body receiving a bonus and 30.8% of women in the medical consultant body. When reviewed in the context of the entire workforce 7.9% of males (24 out of 305) being awarded a bonus payment, and 0.8% of females (8 out of 954).

## Bonus payments – Consultant workforce

The CEA payments totalled £365,981.91; of which 77.6% (£284,008.09) was awarded to males and 22.4% (£81,973.82) awarded to females, which is proportionally less in terms of **mean** (7.2%) and **median** (24.2%) average bonus pay compared to males. On average male employees received £1,586.94 more in bonuses than females.

Bonus payments - % of Consultant workforce



The gender bonus gap has been distorted because the pro-rated bonuses received by part-time employees are not adjusted for the purposes of the gender bonus gap calculations. Of those awarded bonus pay, 50% of females are part-time compared to 42% of males (this includes 1 part-time male where the calculation is pro-rata due to an unpaid employment break as at the snapshot date). In 2022 the Local CEA payments were equally distributed to all eligible Consultants.

## Summary

The mean gender pay gap for hourly pay at QVH on 31 March 2022 was 37.3% in favour of male employees. This difference in hourly pay is influenced by the majority of staff in our lower paid bands being female, and the majority of staff in our higher paid Medical & Dental grades being male.

The median is regarded as typically a more representative figure than the mean, which can be distorted by a handful of highly paid employees. On 31 March 2022 there was a 31.2% median gender pay gap between men and women in favour of men.

In 2022 the mean bonus gender pay gap for the entire workforce was 7.2% and the median bonus gender pay gap was 24.2%. QVH only made bonus payments to the Medical Consultant body where the majority of the workforce is male (62 male, 26 female).

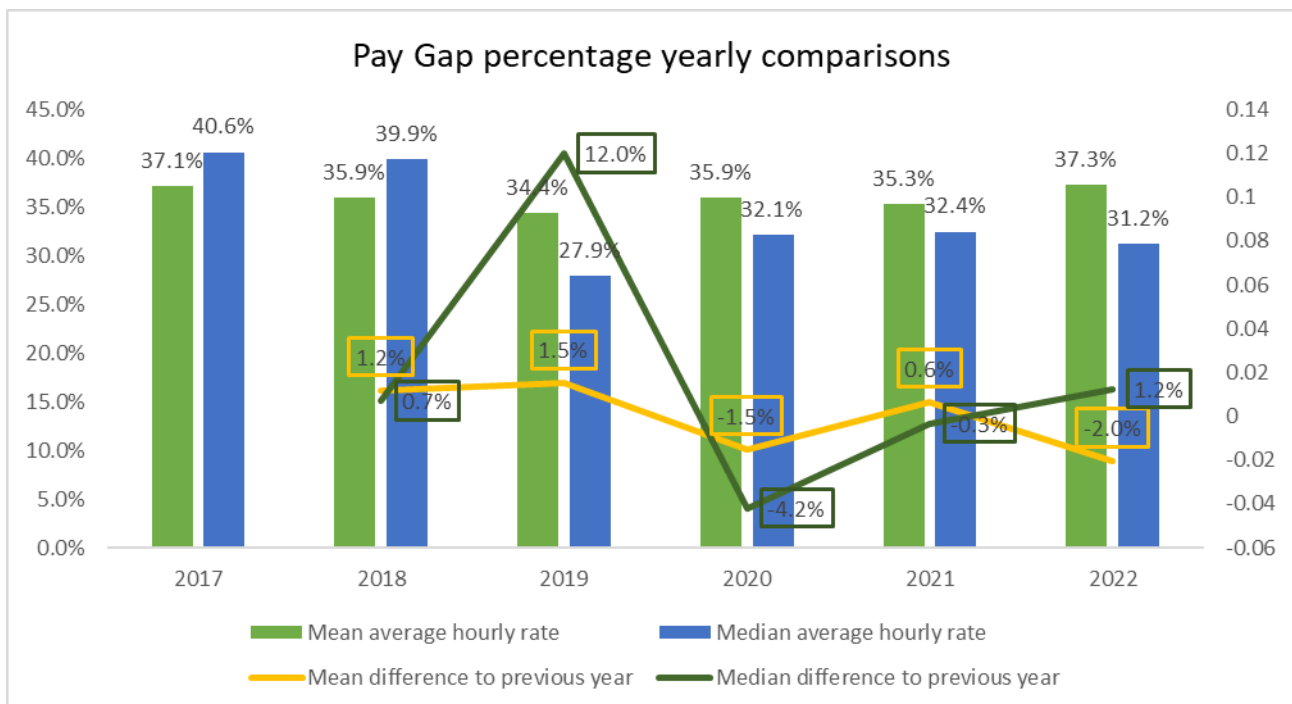
## Gender Pay Trend since 2017

At QVH we have been reporting our gender pay gap since 2017 for both mean and median averages. The median is regarded as typically a more representative figure measure of pay gap, and the Trust has seen a 9.40% reduction in the gap between genders since 2017 in this metric.

The year on year data below is not directly comparable as before 2022 'full pay relevant employees' was not taken to include bank staff and employees holding more than one post were not counted separately for each post. More work is needed to know if the Trust has made progress each year on the pay gap. The data does however show that over the six years since 2017 the gender pay gap (median hourly rate) has reduced by just 9.4%. To meet the Trust's expressed aspiration to close the gender pay gap in a decade considerable acceleration in progress is required.



	Gap in Mean average hourly rate	Gap in Median average hourly rate
<b>2017</b>	<b>37.1%</b>	<b>40.6%</b>
<b>2018</b>	<b>35.9%</b>	<b>39.9%</b>
<b>2019</b>	<b>34.4%</b>	<b>27.9%</b>
<b>2020</b>	<b>35.9%</b>	<b>32.1%</b>
<b>2021</b>	<b>35.3%</b>	<b>32.4%</b>
<b>2022</b>	<b>37.3%</b>	<b>31.2%</b>
<b>6 year effect</b>	<b>0.2%</b>	<b>-9.4%</b>



## Steps taken since 31st March 2021 to remove the gender pay gap

In 2021/22 action was taken in the following areas:

- We developed new guidance for managers on supporting colleagues with menopause in the workplace as this can have a hugely detrimental impact on the career development of women.
- We replaced the Equality Impact Assessment process with the Equality Due Regard Assessment process that ensures each policy promotes the FREDAs (fairness, respect, equality, dignity and autonomy) principles and consideration is given to gender.

It is clear that more action is required to close the significant gender pay gap.

## Action planning to reduce gender pay gap

The table below sets out actions currently in the planning process to reduce the gender pay gap at pace.

Action	Timeframe
Establish Women's Colleague Network to give female staff a voice – focussing on issues specific to women, empowering them to work on areas and issues they identify for action in collaboration with the relevant workforce teams and other colleague networks	April 2023
Identification of developmental roles including direct appointment	Effective from 1 April 2023
Targeted career development/ progression opportunities for female staff and understanding how to remove barriers.	September 2023
Scrutiny of exceptional pay requests to include consideration of gender pay impact	Effective from 1 April 2023
To increase workplace satisfaction of female staff and therefore likelihood of promotion through initiatives such as: <ul style="list-style-type: none"> <li>Improve opportunity for flexible working across the Trust through promotion of flexible working practices and right to request</li> <li>Improve awareness of family friendly policies through promotion</li> </ul>	<p>March 2024</p> <p>March 2024</p>
Encourage female Consultants to apply for Local Clinical Excellence Awards (2023 round) through conversations with Medical Director/ Clinical Director	April 2023 to the application deadline in December 2023