Meeting of the People Committee

Wednesday, 31 July 2024

Gender Pay Gap Report for 2024

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Executive Summary

This report sets out the gender pay gap calculations for 2024. Publication is not due to 31 March 2025, but it is presented at this stage to consider actions and a supporting statement. The report is required under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

The Trust’s mean gender pay gap is 27.9% and the median gender pay gap of 17.2%. This is a narrower average (mean) gap, and a narrower median gap than last year, but still considerably above the UK average. The gender pay gap relates to gender differentials in the progression to senior roles, in both Agenda for Change and Medical and Dental roles.

Since medical and dental pay averages at a higher rate compared to AfC, and the proportion of men in the medical workforce is higher than the AfC workforce, this has a higher impact on the overall gender pay gap. Improving the gender profile of medical and dental roles, therefore, is likely to have the greatest impact on improving the pay gap, and current work using a Patient First A3 improvement process is focusing on the medical gender pay gap. The gender pay gap for both AfC and Medical and Dental narrowed, but the relative differential between the two has resulted in a marginally wider average pay gap

Additional Appendices:

1a Pay Gap calculations and supporting statement

1b Background and reporting requirements

1c Pay Gap by staff group

**Appendix 1a -** **PAY GAP CALCULATIONS and supporting statement**

**1. GENDER PAY GAP CALCULATIONS**

1.1 **Mean and Median Hourly Rates (All staff groups)** – latest figures to the left

1.1.1 As at 31 March each year

 **Average (mean) Hourly Rate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** |  |  |  |
| **Year** | 2024 | 2023 | 2022 |
| **Male** | 26.21 | 25.75 | 24.4 |
| **Female** | 18.99 | 17.90 | 17.1 |
| **Difference** | 7.31 | 7.85 | 7.3 |
| **Pay Gap %** | 27.9% | 30.51 | 30.0% |
| **Direction of travel** | **Gap Narrowed** |

 **Median Hourly Rate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** |  |  |  |
| **Year** | 2024 | 2023 | 2022 |
| **Male** | 20.66 | 20.34 | 19.4 |
| **Female** | 17.11 | 16.10 | 15.2 |
| **Difference** | 3.55 | 4.24 | 4.2 |
| **Pay Gap %** | 17.2% | 20.85 | 21.4% |
| **Direction of travel** | **Gap Narrowed** |

1.2 **Number and Percentage of employees per quartile**

1.2.1 Number of employees per quartile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartile** | **Female** | **Female** | **Female** | **Male** | **Male** | **Male** |
| **Year** | 2024 | 2023 | 2022 | 2024 | 2023 | 2022 |
| **1 (lower)** | 1056 | 991.00 | 936.00 | 254 | 203.00 |  |
| **2 (lower middle)** | 1053 | 968.00 | 941.00 | 260 | 231.00 |  |
| **3 (upper middle)** | 1076 | 1005.00 | 934.00 | 201 | 193.00 |  |
| **4 (upper)** | 818 | 722.00 | 735.00 | 534 | 477.00 |  |

1.2.1 Percentage of employees per quartile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartile** | **Female %** | **Female %** | **Female %** | **Male %** | **Male %** | **Male %** |
| **Year** | 2024 | 2023 | 2022 | 2024 | 2023 | 2022 |
| **1 (lower)** | 80.61 | 83.00 | 82.91 | 19.39 | 17.00 | 17.09 |
| **2 (lower middle)** | 80.20 | 80.73 | 82.76 | 19.80 | 19.27 | 17.24 |
| **3 (upper middle)** | 84.26 | 83.89 | 84.45 | 15.74 | 16.11 | 15.55 |
| **4 (upper)** | 60.50 | 60.22 | 63.25 | 39.50 | 39.78 | 36.75 |

1.3 **Bonus Payments**

1.3.1 Bonus payments comprise chiefly of clinical excellence awards (CEAs). There are a comparatively small number of CEAs, so the impact on the mean and median pay rates is statistically negligible.

|  |  |  |
| --- | --- | --- |
| **Gender** | **Avg. Pay** | **Median Pay** |
| Male | 9,837.85 | 5,999.61 |
| Female | 6,520.99 | 6,015.82 |
| Difference | 3,316.86 | -16.21 |
| Pay Gap % | 33.72 | -0.27 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Employees Paid Bonus** | **Total Relevant Employees** | **%** |
| **Female** | 15.00 | 4442.00 | 0.34 |
| **Male** | 35.00 | 1346.00 | 2.60 |

# SUPPORTING STATEMENT

2.1 The headline calculations for this Trust are a Mean gender pay gap of 27.9% and a Median gender pay gap of 17.2%, which, although high, is a significant improvement on previous years. It is evident that the proportion of men in the workforce increases in the upper quartile, compared to quartiles 1 to 3. The Medical and Dental Pay Gap is 17.9%, and disproportionately affects the overall pay gap, owing to the proportion of men in the consultant workforce and the higher average pay rate for medics compared to Agenda for Change.

2.2 Amongst medical consultants, men comprise approximately 75% of the workforce. In Agenda for Change (AfC) pay bands, women form over 80% of the workforce. This means that, compared to women, a greater proportion of men are in higher paid roles. Another potential matter to consider is the fact that the Trust has not outsourced some services, such as catering and housekeeping, which have a higher proportion of women in lower pay bands.

2.3 Comparisons with neighbouring trusts and the general situation across England in previous years shows that there is a similar pattern across Acute Trusts, and this will be benchmarked again once all Trusts have published their most recent data. On the one hand, there is reasonable confidence that, owing to Agenda for Change and medical pay reviews, the NHS is providing equal pay (men and women paid equally to carry out the same jobs, similar jobs or work of equal value). However, it is evident that in medical roles there have been, traditionally, significantly more men progressing to the most senior levels, resulting in a gender pay gap.

2.4 Whilst there is also little that the Trust can do in the short term to remove the gender pay gap, because the issue affects professions that have long term career pathways, action can and is being taken to encourage the retention and career progression of women into senior roles, in particular in medicine. Currently, the Patient First Improvement System is being used to identify root causes and potential countermeasures and actions to address them, specifically around the progression of women into senior medical roles, and into consultant roles.

2.6 The important issue with gender pay gap analysis is not only to know the data and understand the reasons for the gaps, but to ensure action is taken to address the gap. Noting that the gender pay gap issue is common to many other acute trusts across the NHS, it will be important to continue to explore with partners across the NHS what practical changes can be made. Ideas currently under consideration include:

* Continuing to keep pay structures under proper review, to ensure that equal pay is maintained;
* Improving the professional pathways for women in medical roles to encourage more female medics into consultant and other senior roles;
* Working with Medical Schools/Universities to explore how medical graduates choose the direction of their careers;
* Reviewing the international dimension of medical recruitment, recognising the pattern of male dominance in medical roles across the world. This must include practical steps to encourage more women medics from international recruitment;
* Reviewing how well the Trust manages women’s progression after career gaps/maternity;
* Reviewing how well the Trust is managing the progression into senior medical roles for women who work part-time;
* Active promotion of current policies on flexible and family-friendly working, workforce planning and career development opportunities and career pathways for all staff.

2.7 Commitments in the current Equality, Diversity and Inclusion Action Plan are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aim | Dependencies | Current Gap | Success Measure for the current action | Timescale |
| Deliver actions in the People Strategy that aim to close the AfC Gender Pay Gap | Senior managers, Resourcing and OD teams (links with talent management for lower bands and the Band 7/8a threshold) | AfC GPG is currently <1%(reduced from 3.1% in 2022) | Narrow the gap by at least 0.5 percentage point (i.e. to 1.4% or less) (currently ahead of target) | April 2025 |
| Increase the proportion of women moving into senior medical roles, through recruitment and retention | Medical Directorate, Resourcing Teams, Senior Medical Managers(Narrowing the gap in medical pay is a longer-term achievement, owing to the gender balance of medics in different age groups and the length of career paths to senior medical roles) | Medical GPG is 17.9% (also 18.9% in 2022) | Narrow the gap by at least 4 percentage point (i.e. to 15% or less)  | Improvements by April 2025 |

**2.8. Women’s Network and Female Medical Staff as Stakeholders**

 A Women’s Network launched in 2023, which will be a key stakeholder providing insights and assurance on actions to reduce the gender pay gap. A Patient First A3 thinking has been used in 2024, involving women in medical careers, to help identify root causes, impacts and countermeasures to address the medical gender pay gap

**2.9 Assurance statement.** The gender pay gap for Medway Foundation Trust has been prepared using the NHS Electronic Staff Record (ESR) gender pay gap calculator. The Trust has also used the ACAS guidance to calculate and verify the result.

**Appendix 1b: Background and Reporting Requirements**

**1: Background**

1.1 Following government consultation, it became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG). Since the Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force on 10 September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce (these are published annually on the Trust website). Although the SDR did not require mandatory GPG reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

1.2 The requirement to publish GPG reports is set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. The requirements are summarised in section 4 of this report.

1.3 The difference between the gender pay gap and equal pay

1.3.1 **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.

1.3.2 **The gender pay gap** shows the differences in the average pay, across the whole workforce, between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may a number of issues to deal with, and the individual calculations may help to identify what those issues are. In some cases, the gender pay gap may include unlawful inequality in pay but this is not necessarily the case.

1.4 Although each individual NHS Trust is responsible for its own GPG report, the NHS has a nationwide tool to make the relevant calculations.

**2: REPORTING REQUIREMENTS**

2.1 Employers with 250 employees and over need to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This includes those under Agenda for Change terms and conditions, medical staff and very senior managers. All calculations must be made relating to the pay period in which the snapshot day falls.  For this first year, this will be the pay period ending 31 March 2024.  This does not need to be reported on the Government portal until 31 March 2025.

2.2 Employers must:

* calculate the hourly rate of ordinary pay relating to the pay period in which the snapshot day falls;
* calculate the differences between both the median and mean hourly rate of ordinary pay of male and female employees;
* calculate the difference between the median (and mean) bonus pay paid to male and female employees. For the NHS, bonus payments are defined as: clinical excellence awards; long service awards (monetary vouchers); workplace vouchers in addition to salary; recruitment bonuses; and relocation costs in excess of expenses. [The following are not to be considered as either pay or bonuses: salary sacrifice schemes, benefits in kind (e.g. NHS discounts); and the reimbursement of expenses.]
* calculate the proportions of male and female employees who were paid bonus pay;
* calculate the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees rather than rate of pay.

2.3 The Trust is also required to publish a supporting narrative, which must include an assurance statement, agreed by a senior representative of the Trust, and/or the Executive Group and The Trust Board or a Committee of the Board. The calculations must be published on both the Trust website and a Government portal, and supporting statement must be published on the Trust website. Once published, employers are required to implement an action plan to address the gender pay gap.

2.4 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 identify gender as male and female. There is no consideration in the regulations to people to identify as intersex, or gender non-binary. In terms of gender identity (e.g. Transgender status) the advice provided to employers is to ensure that for the purposes of the GPG report, people’s gender is recorded according to their HR/Payroll records.

**Appendix 1c: Pay Gap by Staff Group**

The Trust must report its pay gap on the Government portal, as set out in Appendix 1 section 1. However, these tables illustrate the pay gap by staff groups.

**Individual Staff Groups:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Group** | **Female** | **Male** | **Difference** | **Pay Gap %** |
| Add Prof Scientific and Technic | 20.36 | 19.35 | -1.01 | -5.22 |
| Additional Clinical Services | 13.35 | 13.71 | 0.36 | 2.61 |
| Administrative and Clerical | 16.27 | 19.74 | 3.48 | 17.62 |
| Allied Health Professionals | 20.55 | 20.02 | -0.53 | -2.64 |
| Estates and Ancillary | 13.10 | 14.60 | 1.50 | 10.31 |
| Healthcare Scientists | 25.83 | 41.71 | 15.88 | 38.07 |
| Medical and Dental | 33.35 | 40.66 | 7.32 | 17.99 |
| Nursing and Midwifery Registered | 20.66 | 21.27 | 0.61 | 2.87 |

**Headcount by pay quartile (1 is lowest)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | **1** | **1** | **2** | **2** | **3** | **3** | **4** | **4** |
| **Staff Group** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |
| Add Prof Scientific and Technic | 13 | 8 | 21 | 7 | 38 | 10 | 43 | 9 |
| Additional Clinical Services | 447 | 96 | 331 | 77 | 11 | 7 | 2 | 1 |
| Administrative and Clerical | 405 | 84 | 223 | 35 | 116 | 28 | 103 | 54 |
| Allied Health Professionals | 5 | 2 | 43 | 24 | 66 | 31 | 67 | 23 |
| Estates and Ancillary | 185 | 65 | 90 | 61 | 41 | 21 |   | 6 |
| Healthcare Scientists |   |   |   |   |   |   | 2 | 2 |
| Medical and Dental |   |   | 31 | 19 | 50 | 29 | 269 | 398 |
| Nursing and Midwifery Registered | 7 |   | 312 | 36 | 763 | 77 | 338 | 41 |

**Average (Mean) Pay Gap comparing Medical and Dental with Agenda for Change**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** |
| Agenda for Change | 6.20% | 6% | 6.88% | 3.1% | 1.91% | 1% |
| Medical and Dental | 19.04% | 19% | 21.23% | 18.86% | 18.87% | 17.9% |

**Agenda for Change Pay Gap detail**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Org L1** | **Female** | **Male** | **Difference** | **Pay Gap %** |
| 275 Medway NHS Foundation Trust |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AfC Pay Grade** | **Female** | **Male** | **Difference** | **Pay Gap %** |
| Band 2 | 12.90 | 13.14 | 0.24 | 1.85 |
| Band 3 | 12.62 | 13.05 | 0.42 | 3.25 |
| Band 4 | 13.70 | 13.51 | -0.19 | -1.44 |
| Band 5 | 17.33 | 16.69 | -0.64 | -3.83 |
| Band 6 | 20.43 | 20.44 | 0.01 | 0.06 |
| Band 7 | 23.96 | 22.80 | -1.16 | -5.09 |
| Band 8 - Range A | 26.89 | 25.00 | -1.88 | -7.54 |
| Band 8 - Range B | 30.13 | 29.76 | -0.37 | -1.24 |
| Band 8 - Range C | 33.60 | 39.09 | 5.50 | 14.06 |
| Band 8 - Range D | 44.10 | 43.23 | -0.88 | -2.02 |
| Band 9 | 46.10 | 51.38 | 5.28 | 10.28 |
| Other | 78.02 | 64.55 | -13.47 | -20.86 |