

# GENDER PAY GAP 2018: CALCULATIONS AND SUPPORTING STATEMENT 6 MARCH 2019

## 1 GENDER PAY GAP CALCULATIONS

### 1.1 Mean and Median Hourly Rates (All staff groups)

Gender	Average (mean) Hourly Rate		Median Hourly Rate	
	2018	2017	2018	2017
Male	21.82	21.81	16.42	16.44
Female	14.82	14.55	12.83	12.56
Difference	7.00	7.26	3.59	3.88
Pay Gap % (2018)	32.09%	33.27%	21.84%	23.60%
Direction of travel	Improvement		Improvement	

### 1.2 Number of employees per quartile

Quartile	Female		Male		Female %		Male %	
	2018	2017	2018	2017	2018	2017	2018	2017
1 (lower)	882	866	156	156	84.97	84.74	15.03	15.26
2 (lower middle)	899	932	157	160	85.13	85.35	14.87	14.65
3 (upper middle)	887	908	157	151	84.96	85.74	15.04	14.26
4 (upper)	691	688	360	372	65.75	64.91	34.25	35.09

### 1.3 Bonus Payments

1.3.1 There is no comparator for 2017, as bonus payments (CEAs, i.e. clinical excellence awards) in that year were incorporated into pay. As there was comparatively small number of CEAs, the impact on the mean and median pay rates was statistically negligible.

#### 1.3.2 Mean and Median Bonus Rates (2018 only)

Gender	Average (mean) Hourly Rate	Median Hourly Rate
Male	6.11	4.34
Female	4.99	3.62
Difference	1.12	0.72
Pay Gap %	18.37	16.67

### 1.3.3 Number of Employees paid bonuses per quartile

Quartile	Female	Male	Female %	Male %
1	6	13	31.58	68.42
2	4	15	21.05	78.95
3	6	12	33.33	66.67
4	4	17	19.05	80.95

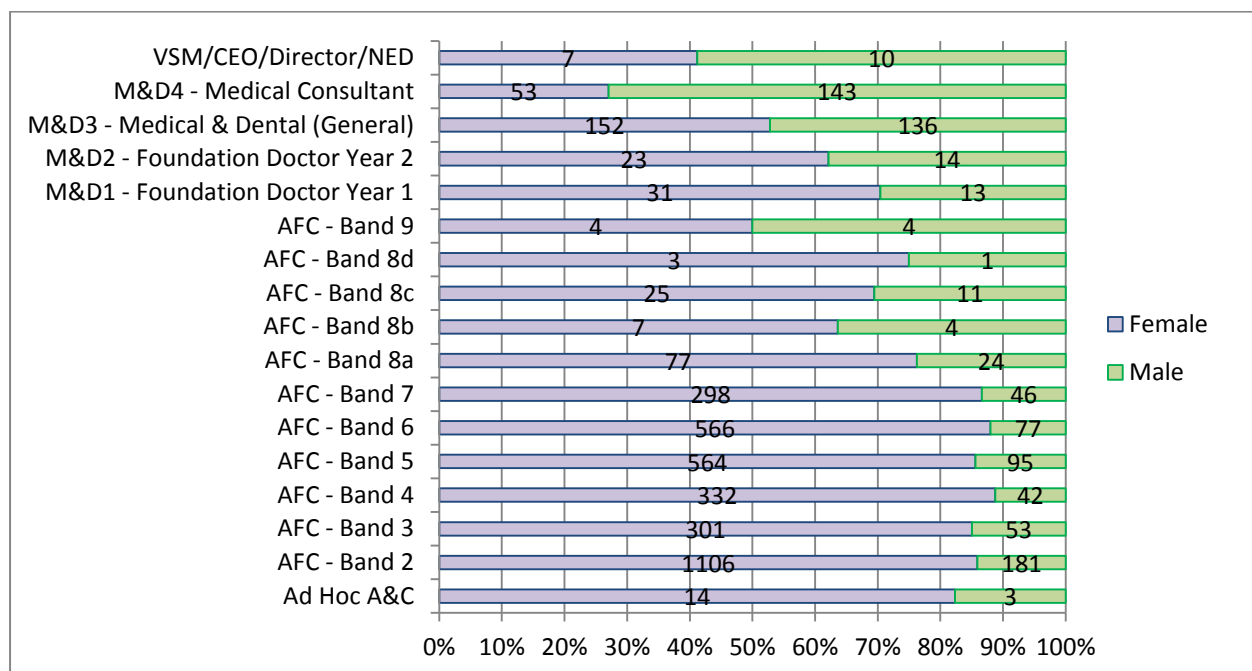
### 1.3.4 Percentage of Employees paid bonuses

	Female	Male	Total
Number of employees	2559	830	3389
Number paid bonuses	20	57	77
Percentage	0.78%	6.87%	2.27%

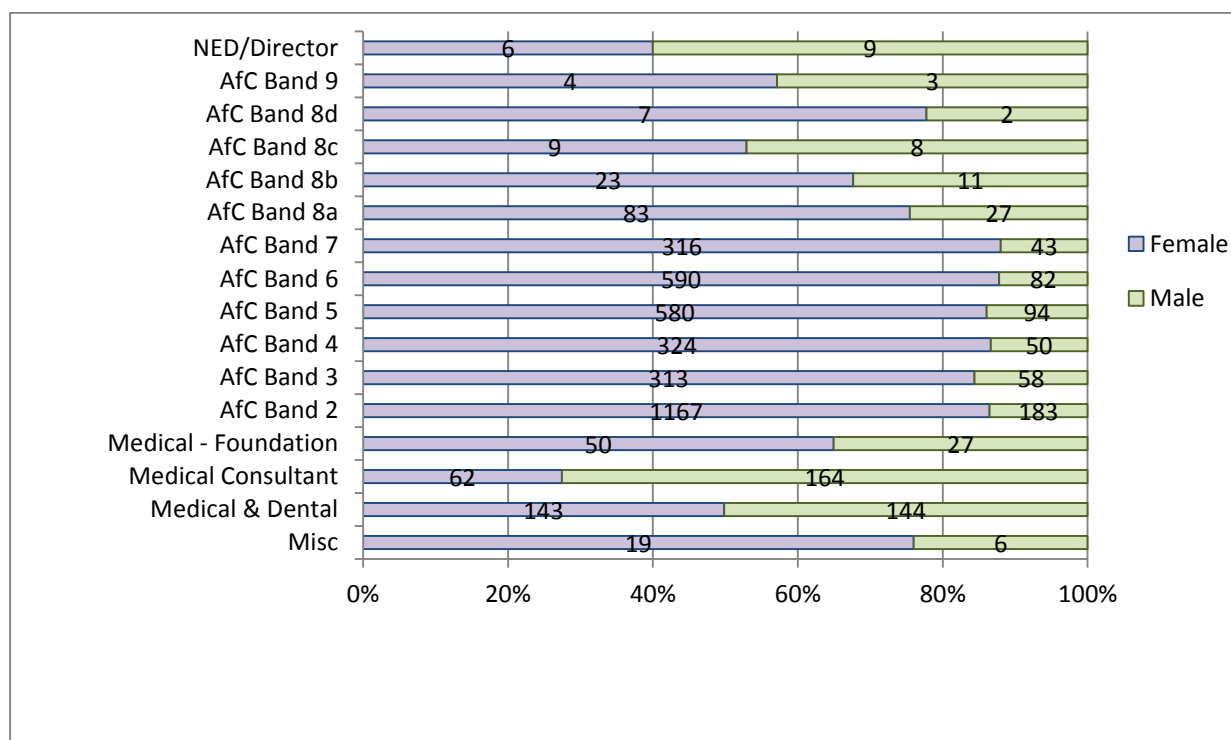
## 2 SUPPORTING STATEMENT

- 2.1 The headline calculations for this Trust are a Mean gender pay gap of 32.09 (compared to 33.27% in 2017) and a Median gender pay gap of 21.84% (compared to 23.60% in 2017). It is evident that the proportion of men in the workforce increases in the upper quartile, compared to quartiles 1 to 3
- 2.2 When calculating the pay gap separately for medical and dental, and non-medical staff, the mean reduces for both groups, and the median reduces for non-medical staff. Indeed, the mean pay gap for non-medical staff (chiefly AfC pay bands) there is very little variation in the mean, at 5.36%, and the median is 1.2%.
- 2.3 The gender pay gap issue for the Trust comes when we combine medical and non-medical grades, as the number of men in the medical workforce, particularly consultants, is significantly higher than the number of women. The graph below illustrates, from the Trust's workforce demographics report 2017, that amongst medical consultants, men comprise over 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. A current externally managed study of organisational culture and gender pay may help the trust identify the reasons for apparent glass ceilings of women, and what practical actions can be taken to address these.

Graph 1: Gender by payband, 2018



Graph 2: Gender by payband, 2017 (as presented in last year's report)



- 2.4 Comparisons with neighbouring trusts and the general situation across England shows that there is a similar pattern across Acute Trusts. 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 are significantly more men progressing to the most senior levels resulting in a gender pay gap.
- 2.5 Further work is needed to understand the reasons for the differences in progression for men and women, especially in medical and dental roles. There is also little that the Trust can do in the short term to remove the gender pay gap, precisely because the issue affects professions that have long term career pathways.
- 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 be able to develop plans 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.
  - Participating in national Gender Pay Gap research.

### **3 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.

Approved by the Trust Board, 6 March 2019