

Gender pay gap report

Gender pay gap legislation requires all employers with 250 or more staff to publish their gender pay gap as at 31 March 2020.

The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust. It is important to recognise the difference between gender pay and equal pay. Equal pay is pay differences between men and women who carry out the same job for different pay, which is unlawful.

It is therefore possible to have genuine pay equality but still have a significant gender pay gap.

Royal Brompton & Harefield NHS Foundation Trust employs over 3,800 staff in a range of roles, including administrative, medical, allied health and managerial positions.

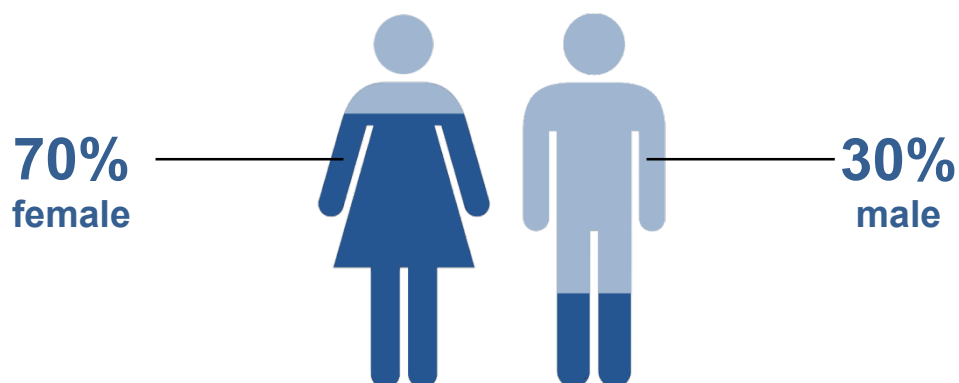
The Trust incorporates the Agenda for Change national job evaluation framework for staff to determine appropriate pay bandings from Bands 2 – 9; this provides a clear process of paying employees equally for the same or equivalent work.

Each grade has a set of pay points for annual progression, meaning that the longer period that someone has been in a grade, the higher their salary is likely to be, irrespective of their gender.

This report includes the statutory requirements of the gender pay gap legislation.

On the following pages are the Trust's figures for the gender pay gap as at 31 March 2020.

The Trust's gender profile



Gender pay gap, by hourly rate

Women's hourly rate is on average:

21.38% lower

or

£5.94

lower per hour
than men's

The difference between the midpoints in the ranges of men's and women's pay (**median**) shows women's pay is:

10.78% lower

or

£2.49

lower per hour

This means that, on average, for every pound that men earn in the Trust, women earn just over 78 pence. With respect to the median, for every pound men earn, women earn just over 89 pence.

In comparison with 31st March 2019, the average hourly rate has risen by **1.01%** from 20.37% to **21.38%** whilst the median hourly rate has risen by **0.29%** from 10.49% to **10.78%**.

If the medical workforce (both men and women) were excluded from the calculations above, the average (mean) gender pay gap would be 4.81 per cent in favour of men, whilst the median gap would be 0.35 per cent in favour of women.

Gender pay gap, excluding medical

Women's hourly rate is on average:

4.81% lower

or

£1.03
lower per hour
than men's

The difference between the midpoints in the ranges of men's and women's pay (**median**) shows women's pay is:

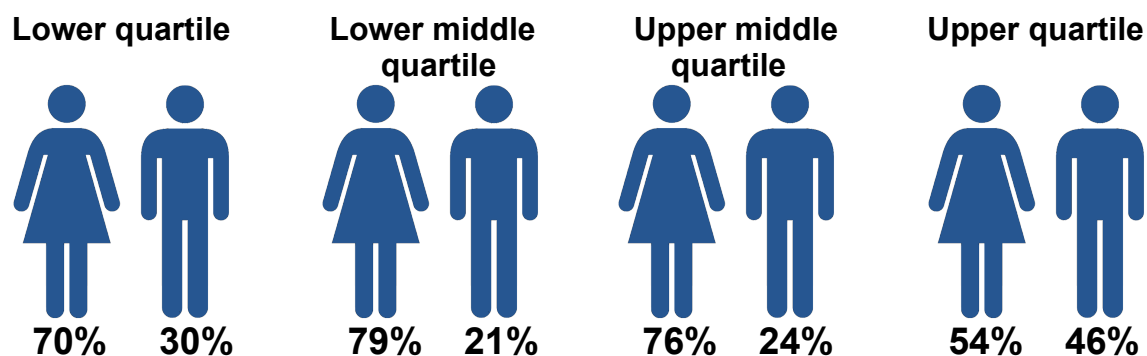
0.35% higher

or

£0.07
higher per hour

Quartile reporting

This is how many men and women are in each quarter of the employer's payroll.



The lower quartile represents the lowest salaries in the Trust and the upper quartile represents the highest salaries. The Trust employs more women than men in every quartile and compared to 2019 has seen increases of men in the lowest quartile, upper middle quartile and upper quartile with increases of women in the lower middle quartile.

Bonus pay

Bonus pay in this case is solely due to the National and Local Clinical Excellence Awards (CEA's). Under the national medical and dental terms and conditions, consultants are eligible to apply for clinical excellence awards (CEA). These recognise and reward individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. However, bonuses are only paid to some senior doctors (consultants), with the majority currently being male.

Bonus pay gap

Women's bonus pay is on average:

11.61%
lower

The difference between the midpoints in the ranges of men's and women's bonus pay (**median**) shows women's bonus pay is:

25%
lower

Proportion of staff who received bonus pay

5.1%
of male staff
received bonus
pay



0.9%
of female staff
received bonus
pay



Clinical excellence awards (CEAs), applicable to medical and dental consultants, are considered as a form of bonus where they will now be subject to a renewal process based on a consultant making an application for renewal / new application. National data dictates women are under-represented in CEA applications, although they have an almost identical success rate when they do apply. There are slight gender variations in local CEA awards being paid, which appears to be a result of the previous CEA scheme being tiered and points accrued being built on with subsequent awards. As we have a male-dominated consultant workforce (circa 70:30) this has quite an impact (the gender split of consultants in the NHS in England is 65% male and 35% female).

Consultants make up a small percentage of the total workforce, and only approximately 84 consultants received CEAs of whom 71% were male consultants and 29% were female. Reform of local CEA schemes has been implemented at the national level, and this element of consultant remuneration has changed.

One of the areas we will focus on is to identify and overcome any restrictions or perceived barriers to female or even BAME consultants applying for CEAs. At present we don't have any formal regular training available for consultants submitting successful LCEA applications. Feedback on unsuccessful applications is available on request from, however, the take-up of this feedback is low.

This year the Medical Revalidation manager had 1-1 conversations with all consultants as part of the job planning discussions to encourage applications from female and BAME Consultants. We will explore whether providing LCEA workshops aimed specifically at female / BAME consultants drives an increase in applications from this group, and whether providing automatic feedback to female consultants on unsuccessful applications drives an increase in applicants reapplying sooner. Generally, we will be looking to implement workshop sessions to Consultants to encourage CEA applications from across the workforce.

Working to reduce the gender pay gap

The Clinical Group is committed to ensuring an equitable workforce and we will continue to work towards achieving the following actions:

- Continued development of the 'The Lean In Circle' network to encourage women to progress more quickly into leadership roles across the Clinical Group with identified programmes in place.
- Introduction of 'Women in Technology Initiative' (WITI) to develop women who either work directly with technology or whose clinical role incorporates an element of technology.
- Continue to explore how we can attract men into the organisation at lower bands, to create a more even gender balance.
- Raise awareness of shared parental leave entitlements and flexible working opportunities through our training and communications.
- Continue to undertake an annual review of gender split across all bands as part of the annual public-sector Equality Duty process and act where appropriate.
- Develop and launch workshop sessions in 2021/22 to encourage both National and Local CEA applications from across the consultant workforce.
- Continued input from Medical Revalidation Manager in supporting female and BAME consultants during revalidation process.
- Provide support for women returning to work - through shared parental leave, job sharing, part-time, and term-time only opportunities as well as additional flexible working approaches.
- Look to introduce flexible working commitment to encourage women from outside the Clinical Group to take up job opportunities within whilst carrying across their flexible working arrangements from their previous employer.
- Encourage men to take advantage of arrangements which enable them to fulfil their caring responsibilities, such as shared parental leave, part time working and compressed hours.
- Monitor pay - to identify pay differences and take targeted action where appropriate, within Agenda for Change pay controls.
- Continuously improve recruitment processes – utilise use of RecruitNow to support process.

Recommendations

It is recommended that the Board approve the continued strategy and plan with review at each quarterly meeting. Ultimate success of the strategy will be seen in the results of the 2021 and 2022 gender pay gap responses (data due in 2023 and 2024).