

**Gender Pay Gap Report 2017**



## Message from Amanda Pritchard, Chief Executive

I am pleased to introduce the first Gender Pay Gap Report for Guy's and St Thomas' NHS Foundation Trust, which we see as a valuable addition to the range of employment data which the Trust already collects and analyses to monitor diversity and address inequalities.

The Trust serves diverse local communities in both the London boroughs of Lambeth and Southwark and further afield. This diversity is reflected in the profiles of both our patients and our workforce, and brings many benefits. However, it is important to recognise that inequalities still exist, which may affect the quality of patient care or the experience of our staff.

In accordance with the Equality Act 2010 and our public sector equality duties, the Trust is committed to providing services and employment opportunities which are inclusive across all strands of equality - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In this report, we set out the statistics we are required to publish under the reporting regulations, and we also set out some of the analyses we have undertaken to help us to understand our results. As required by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, this report compares the pay of female employees to that of male employees; we acknowledge, however, that increasingly, gender is not considered as a binary characteristic.

The Trust's workforce – in common with the wider NHS workforce – is predominantly female. As the female chief executive of a gender-balanced board of directors, I am enormously proud to lead an organisation that employs, provides opportunity to and supports the careers and development of so many women at all levels, up to and including senior leadership. In spite of this, and the fact that the vast majority of our staff are paid on national pay scales, the Trust does have a gender pay gap.

We are confident that we have identified two significant drivers behind the Trust's gender pay gap: the uneven distribution of men in our overall workforce, and the higher number of male consultants than female consultants in the upper quartile of our pay distribution. We look forward to diving deeper into our data and to building on the insights from this first report to identify and address any inequalities of opportunity for career progression, and to ensure that our senior management group reflects the diversity of the wider organisation and patient population.



**Amanda Pritchard**  
Chief Executive

Guy's and St Thomas' NHS Foundation Trust

## Overview of the requirements

On 31 March 2017, it became mandatory for public sector organisations with more than 250 employees to report annually on their gender pay gap. The deadline for publication of the data is 30 March 2018. All calculations are based on a “snapshot date” which, for public sector organisations reporting for the first time, is 31 March 2017.

The requirement is to publish six key measures of the gender pay gap:

|                              |   |
|------------------------------|---|
| <b>Mean gender pay gap</b>   | The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees   |
| <b>Median gender pay gap</b> | The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees |
| <b>Mean bonus gap</b>        | The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees                    |
| <b>Median bonus gap</b>      | The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees                  |
| <b>Bonus proportions</b>     | The proportions of male and female relevant employees who were paid bonus pay during the relevant period                                |
| <b>Quartile pay bands</b>    | The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands    |

The information must be published on a website that is accessible to employees and the public free of charge, and it should remain on the website for a period of at least three years from the date of publication.

## What is the gender pay gap?

The gender pay gap is the average earnings difference between all male employees and all female employees in an organisation, regardless of the nature of their work.

It is important to distinguish between the gender pay gap and equal pay. Equal pay concerns differences between the actual earnings of male and female employees doing like work, or work of equal value.

An organisation may be an equal pay employer, paying male and female staff equally for doing equal work, and it may still have a gender pay gap. This is because, while male and female employees doing like work or work of equal value are paid equally, there are different numbers of male and female employees doing different work for which they are paid differently.

## Calculating the gender pay gap

The “snapshot date” for our data is 31 March 2017, we therefore considered employee pay data for the relevant pay periods, March 2017 for ordinary pay and 12 months to 31 March 2017 for bonus pay.

For gender pay gap reporting, employees are those 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 (VSM).

We have followed The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and NHS Employers guidance on the definitions of ordinary and bonus pay and how these translate to pay in the NHS (see Appendix 1, Definitions of pay).

## Our gender pay gap in 2017

### Women's earnings are:

|  |                     |
|--|---------------------|
| <b>Mean gender pay gap in hourly pay</b>   | <b>16.50% lower</b> |
| <b>Median gender pay gap in hourly pay</b> | <b>10.74% lower</b> |

To understand the pay gap, it is helpful to look more closely at the pay quartile data.

## Pay quartiles

Quartiles are calculated by ranking the hourly pay rates for each employee from lowest to highest, before splitting the ranking into four equal-sized groups and calculating the percentage of males and females in each group.

While the overall working population of England is male-dominated, with a split of 53% male and 47% female, the NHS workforce in England is female-dominated, with 77% female staff and 23% male.

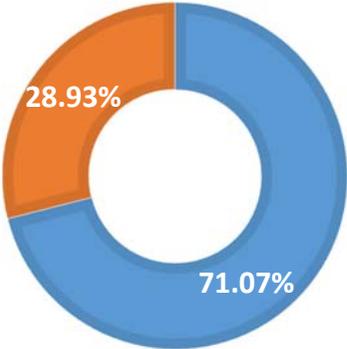
Like the NHS workforce, Guy's and St Thomas' workforce is predominantly female, with 76% of staff female and 23% male. Gender splits for the middle pay quartiles are very similar, approximately 80% female and 20% male. While female employees significantly outnumber male employees in all four quartiles, the upper quartile has the highest proportion of male employees – nearly 39% - and is a clear indicator of why male median pay exceeds female median pay.

The NHS pay system is a series of nationally negotiated pay spines. There are separate spines for doctors and dentists in training and consultants. For non-medical staff, which include nursing and allied health professionals as well as administrative and clerical staff, there is a single 12 banded pay spine known as Agenda for Change. An employee's position on the pay spine is determined by years of service and, in the case of Agenda for Change, the band of the post as determined by a national job evaluation scheme.

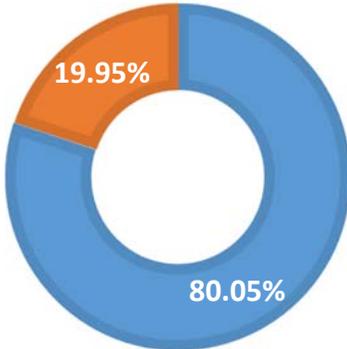
While this pay system safeguards against equal pay issues, there is still a gender pay gap owing to the distribution of male and female employees across the pay quartiles. As can be seen from the charts on page 7, the distribution of female staff across the pay quartiles is relatively even, with 24% of females in the lower quartile for pay, 27% in each of the middle quartiles, and 21% in the upper quartile. By comparison, male employees are less evenly distributed, with over one third of male employees, 36%, in the upper quartile, 27% in the lower quartile, and 18% and 19% in the lower and upper middle quartiles respectively. The impact of this top-heavy distribution is to skew the male median pay higher than female median pay, even though male employees are significantly outnumbered by female employees in all of the pay quartiles.

Proportion of male and female employees according to quartile pay bands

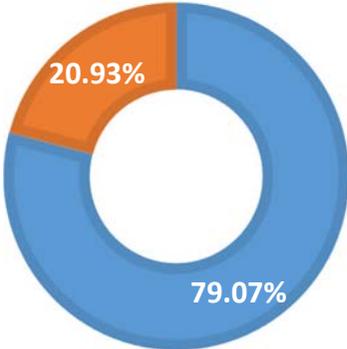
Lower Quartile



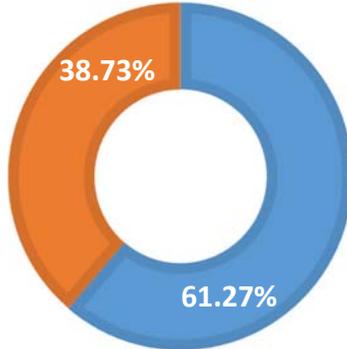
Lower Middle Quartile



Upper Middle Quartile

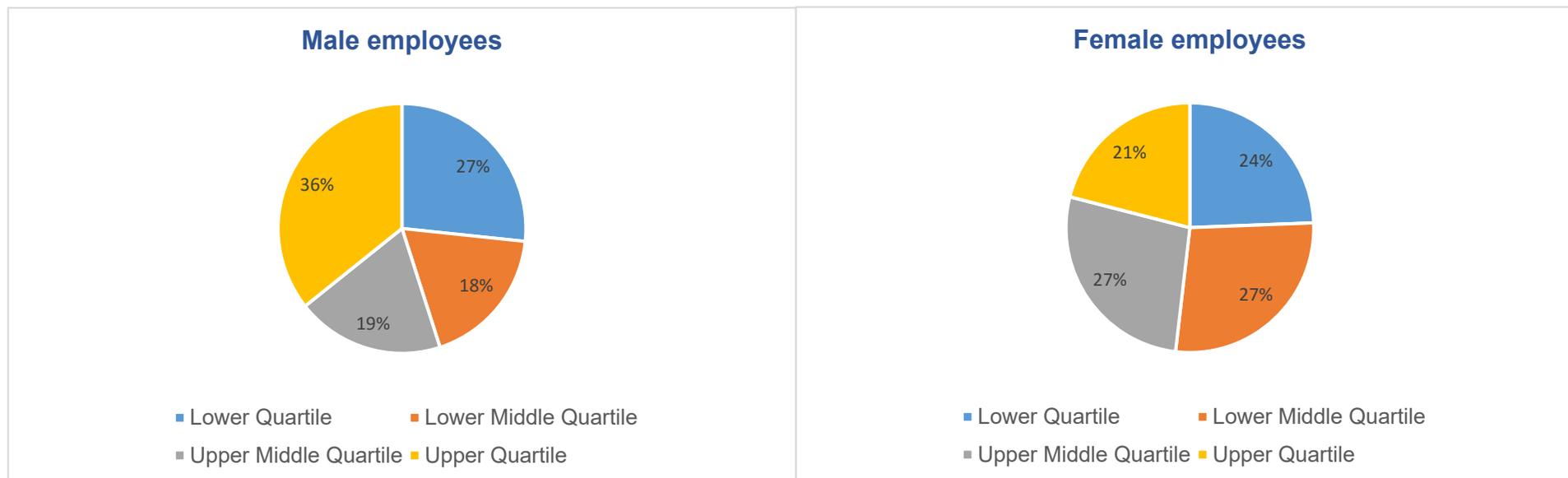


Upper Quartile



Male  
Female

### Distribution of male and female employees in the pay quartiles



The median rate of male hourly pay falls in the upper middle quartile, whereas the median rate of female hourly pay falls in the lower middle quartile. In addition to this, the pay gap is distorted by the wide range of pay among staff in the upper quartile, with male data more sensitive to this than female data.

By pay band/grade, there are only two staff groups within the Trust with more male employees than female employees: Agenda for Change Band 9 (57% male) and consultant doctors and dentists (57.6% male). As the Band 9 population numbers fewer than 30 in total, this is not statistically significant, however, the male-dominated consultant workforce has quite an impact. As consultants fall into the upper pay quartile, it is clear that male consultants and clinical excellence awards (considered in more detail in the bonus gap sections of this report) are a significant contributing factor to the overall gender pay gap.

Male consultants make up 35% of male employees in the upper pay quartile, and 13.6% of all employees in the upper pay quartile. While not male-dominated, with 43.5% male, specialist registrars also contribute to the gap, since their pay falls into the upper quartile;

male doctors and dentists, including consultants, account for 57.3% of all male employees in the upper pay quartile, whereas female doctors and dentists, including consultants, account for 31.3% of female employees in the upper pay quartile.

**The impact of removing consultants from the median gender pay gap calculation is to close the gap from 10.74% to 1.55%. No other staff group has been identified as having such a marked influence on the Trust's gender pay gap.**

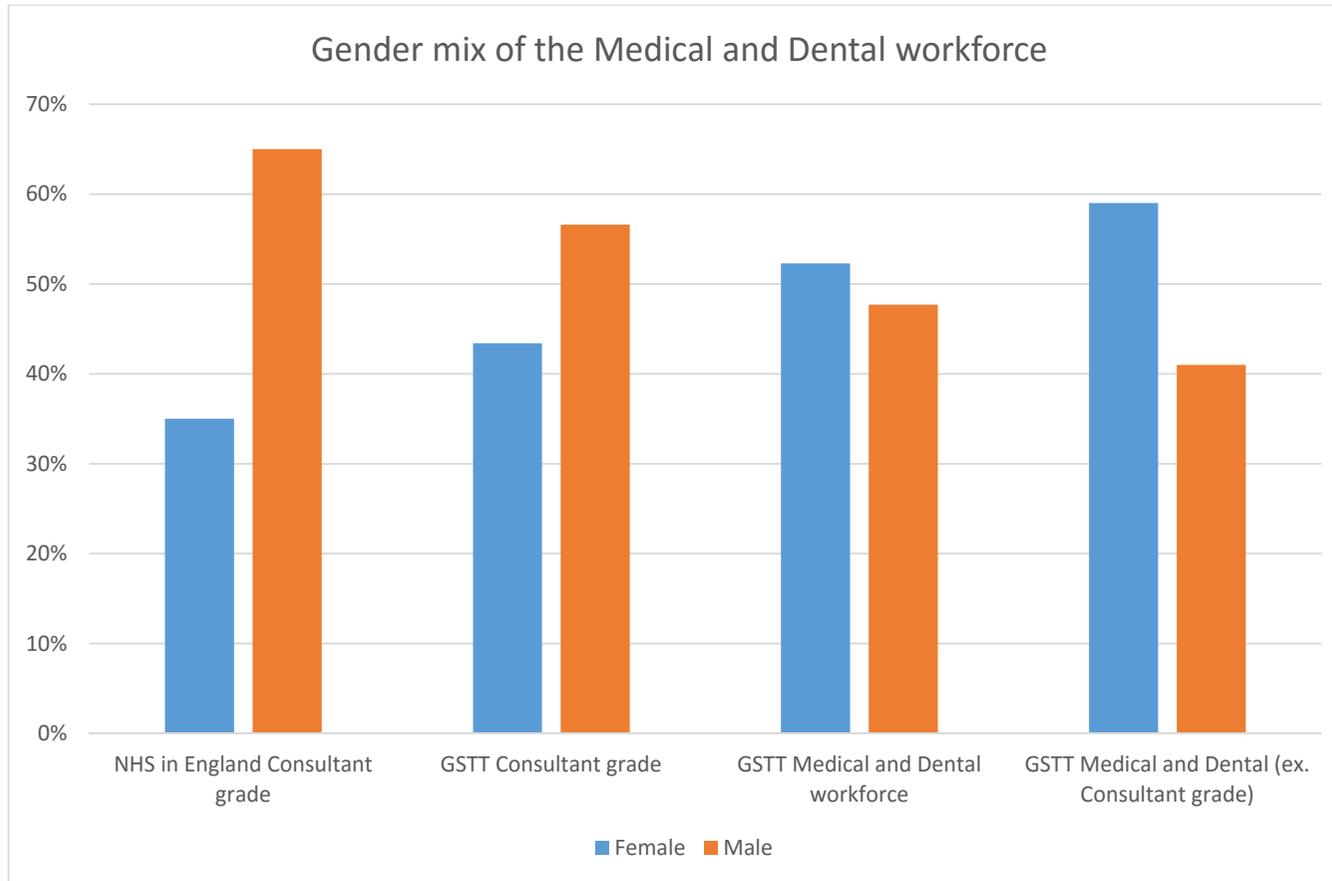
### Proportion of male and female employees receiving a bonus payment

|                                     |              |
|-------------------------------------|--------------|
| <b>Male staff receiving bonus</b>   | <b>1.32%</b> |
| <b>Female staff receiving bonus</b> | <b>0.14%</b> |

The Trust does not pay traditional performance bonuses. For the purposes of gender pay gap reporting, clinical excellence awards (CEAs), for which only medical and dental consultants are eligible, are considered as bonus pay where they are subject to a renewal process based on a consultant making an application for renewal. On this basis, only local CEAs at level 9 and national CEAs (levels 9 to 12, or Bronze, Silver, Gold and Platinum awards) are treated as bonus payments for the purposes of calculating the gender bonus gap. This is why the reported proportions of staff receiving bonus payments are so low: consultants make up just 6% of the total workforce, and only 69 consultants received CEAs which are reportable as bonus pay, of whom 76.8% were male consultants and 23.2% were female.

Looking not just at those CEAs reportable as bonuses, but including local CEAs at levels 1-8 (treated as ordinary pay only under the regulations), as a proportion of all Trust consultants, 40.9% received CEA payments during the relevant pay period, 12 months to 31 March 2017, with a split of 14.4% female consultants and 26.5% male consultants. Of our male consultants, 47% received CEAs, whereas 33.2% of our female consultants received CEAs. In summary, just over one third, or 35.1% of those consultants receiving CEAs on the snapshot date were female.

The gender split of consultants in the NHS in England is 65% male and 35% female. The Trust's consultant population is also male-dominated, but more evenly balanced than nationally, with 56.6% of consultants male and 43.4% female. The medical and dental workforce of the Trust as a whole is marginally female dominated, with 52.3% female and 47.7% male; below consultant grade, the medical and dental population is more markedly female, with 59% female and 41% male.



## Our bonus pay gap in 2017

### Women's bonus payments are:

|                                    |                      |
|------------------------------------|----------------------|
| <b>Mean bonus gender pay gap</b>   | <b>0.96% higher</b>  |
| <b>Median bonus gender pay gap</b> | <b>0% - the same</b> |

The Trust's bonus gender pay gap is calculated on a small population of 69 consultants – 53 male and 16 female – in receipt of CEA payments at level 9 under the local scheme and levels 9 to 12 under the national scheme. The values are not annualised, therefore a consultant who joined the Trust part-way through the year or who works part-time will be included in the calculation with less than the full annual value.

CEAs are not awarded automatically, but must be applied for. They recognise and reward NHS consultants who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

There are 12 levels of award. In England, levels 1-8 are awarded locally (employer based awards) and levels 10-12 (Silver, Gold and Platinum) are awarded nationally. Level 9 awards in England can be awarded locally as employer-based awards or nationally as Bronze. The Advisory Committee on Clinical Excellence Awards makes recommendations to Ministers for national Bronze, Silver, Gold and Platinum awards. Employers decide on awards for local levels 1-9. Guidance is clear that the CEA scheme aims to be completely open, and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive. Awards are also monitored to ensure that the scheme is implemented fairly.

Data on the 2015 and 2016 CEA rounds for local awards (levels 1-8) reveal that more male consultants applied than female consultants, with male applicants outnumbering female applicants approximately 2:1. This mirrors the proportions of the Trust's consultant population receiving CEAs. What is also clear is that male consultants are more likely to apply in the three years following their last award: in 2015 and 2016, 14% of female applicants for a local CEA had received a local award in the previous three rounds, compared to 25-27% of male applicants.

Not only do more male consultants in the Trust receive CEAs, they also receive higher values of CEAs. Across both local and national schemes, 35% of Trust consultants with CEAs are female and 65% are male. In terms of the total value of CEAs held, female consultants receive 30% of CEA money and male consultants receive 70%.

One of the areas we will focus on, working in partnership with training bodies and those providing the pipeline for doctors to enter training, is identifying and tackling any barriers, or perceived barriers, to female doctors becoming, or applying to become consultants, or to female consultants applying for CEAs. Regular training is available for doctors preparing to become consultants, and for consultants on submitting successful CEA applications. Consultants whose CEA applications are unsuccessful may appeal the decision, and feedback on unsuccessful applications is available on request from the Medical Directors office, however, the take-up of this feedback is low.

We will explore whether providing CEA workshops aimed specifically at female 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. It should be noted that reform of local CEA schemes is underway at the national level, and this element of consultant remuneration will change in future.

Additionally, we will devote attention to understanding whether the proportion of female consultants in our consultant population is representative of medical school intakes at the time when these women started their training, in order to understand whether the more feminised medical and dental workforce below consultant grade is likely to face barriers to career progression, resulting in their eventual under-representation at consultant level. This will inform strategies to support the development of female doctors and dentists into consultant posts.

## How we are supporting equality of opportunity, diversity and inclusion in our workforce

### Our commitment

We have a longstanding commitment to ensuring that our services and employment practices are fair, accessible and appropriate for all patients, visitors and carers in the community we serve, as well as the talented and diverse workforce we employ. We are committed to providing an environment equally welcoming to people of all backgrounds, cultures, nationalities and religions.

### Embedding our values in everything that we do

Over the last 10 years, Guy's and St Thomas' has worked to co-create a better culture and a more engaged workforce by "discovering" its values, developing a Values and Behaviour Framework with the expectation that staff are involved and that leaders create engaging settings for staff, and continually identifying and doing more of what is already working to generate energy and momentum. Over time, our values have been integrated into leadership programmes, corporate induction, recruitment, appraisals, day-to-day performance management, HR policies and other development programmes.

#### Our values

Our values have been developed in close collaboration with staff who strive to provide our patients with exceptional care every day.

- Put patients first
- Take pride in what we do
- Respect others
- Strive to be the best
- Act with integrity.

### Developing fair recruitment practices to ensure equal access to employment opportunities for all

We are committed to the Department of Work and Pensions' Disability Confident scheme, designed to help recruit and retain people with disabilities and those with health conditions for their skills and talent, and are working to achieve the top level of employer recognition under the scheme, Disability Confident Leader.

### **Improving accessibility to information and employment opportunities**

We are committed to attracting and retaining a diverse, highly skilled and productive workforce whilst providing the highest possible standard of accessible healthcare to our patients. To achieve this, we have developed:

- A web based accessibility guide for patients and visitors to our Trust
- Bespoke work experience and widening participation programmes for vulnerable or at-risk individuals from our local community.

### **Participating in the Department of Work and Pensions' Access to Work scheme**

This scheme supports staff returning to work after a period of ill health or if they have or have developed a disability. The Trust provides guidance to managers and all staff about the scheme as well as funding to make reasonable adjustments in the workplace. Our occupational health team also has a dedicated rehabilitation nurse manager to support staff who develop physical disabilities or long-term conditions during their employment.

### **Building internal networks**

Our staff networks exist to promote a positive working environment, free from fear of discrimination or prejudice and in which career opportunities are accessible on an equal basis to all. Our Black Asian Ethnic minority (BAME) Network is open to all staff from BAME backgrounds, and those with a positive interest in driving forward race equality. Our vibrant Lesbian, Gay, Bisexual and Transgender (LGBT) staff forum meets regularly to discuss key issues and initiatives, and organise social events, to support our LGBT+ colleagues; all staff, including allies, are welcome. There is also a disability forum, and a dyslexia forum is launching later in the year.

### **Providing high-quality apprenticeships**

We offer a wide range of apprenticeships designed to give talented people an opportunity to gain a nationally-recognised qualification while completing on-the-job training with our skilled staff members. We have won multiple awards for our programmes, and our apprenticeships are endorsed by our senior leaders.

### **Having open conversations and raising awareness**

We provide a variety of ways for our staff to engage, learn and take away practical examples of how unconscious biases can influence decision-making. Training is provided at the point of induction and through continuous learning and development. We provide equality,

diversity and inclusion training that enhances both staff awareness during recruitment processes and HR processes as well as in our interactions with and care for patients.

### **Supporting staff through coaching and mentoring**

Our award-winning coaching and mentoring service is the largest internal coaching and mentoring service within the NHS and is designed to release the talent of staff within our organisation. The service is readily accessible and coaches and mentors are available to support clearly-defined development needs identified in staff performance appraisals.

*“As the executive sponsor of the Guy's and St Thomas' Coaching and Mentoring programme, I am delighted to support the internal coaching and mentoring service. Building a coaching and mentoring community within the Trust is an important initiative designed to support individual staff development and equip staff to deliver sustainable, high quality patient care.*

*Coaching and mentoring are of mutual benefit to the coach/coachee and mentor/mentee. The process benefits their departments and adds value at an organisational level. Both coaching and mentoring have a positive impact on personal, professional and organisational development, including: improved career management and succession planning, increased job commitment, reduced stress, retention of talent and improved cross-organisational communication*

*I strongly encourage staff to participate in this service and to contribute towards creating a coaching and mentoring culture within our Trust”.*

Amanda Pritchard, Chief Executive

### **Developing our people, from managers to leaders**

We understand the importance of developing our managers so they can build great teams. We also want to create opportunities for leaders at all levels to take steps towards senior management. Working with our highly-acclaimed training provider (QA) we've developed Leadership and Management Diplomas via the new Chartered Management Institute apprenticeship models (CMI levels 3 and 5) to provide front-line and operational team leaders and managers with the confidence and skills for their current managerial roles and in preparation for the next level.

### **Enabling flexible working**

We are committed to supporting all staff to achieve an effective balance between work and life's other needs, while continuing to meet the needs of our services. We have recently updated our flexible working policy, providing clarification around the role of staff and

management in managing new and existing flexible working arrangements in order to ensure that as many staff as possible are able to benefit from the policy.

## **Conclusion**

The Trust welcomes the opportunity to publish its gender pay gap information. While there is a gender pay gap within the Trust, with mean and median women's pay 16.50% and 10.74% lower than men's pay respectively, we are confident that we have identified two key drivers of our pay gap: the uneven distribution of men in our overall workforce, and the higher number of male consultants than female consultants in the upper quartile of our pay distribution.

The NHS provides great careers with opportunity at all levels and favourable terms and conditions, including generous annual leave entitlement and pension provision, fair, inclusive and family-friendly policies supportive of work-life balance, flexibility and job security, underpinned by nationally negotiated pay rates which, at lower levels, are higher than the national living wage rate typically found in equivalent private sector jobs. We are proud to be the employer of choice for so many women at all levels of our workforce, however, we would like to promote the benefits of working at Guy's and St Thomas' to all constituents of the communities we serve, attracting all people to career opportunities across all professional groups and at all levels within our workforce.

## Useful resources

Guidance on what employers must publish is available on the Government website:

<https://www.gov.uk/guidance/gender-pay-gap-reporting-what-employers-must-publish>

ACAS has produced a helpful “mini guide” on Gender Pay Gap Reporting for the Public Sector:

[http://www.acas.org.uk/media/pdf/l/c/Gender\\_Pay\\_Reporting\\_PUBLIC1.pdf](http://www.acas.org.uk/media/pdf/l/c/Gender_Pay_Reporting_PUBLIC1.pdf)

Further information on Gender Pay Gap Reporting may be found on the NHS Employers website, including links to the regulations:

<http://www.nhsemployers.org/genderpaygapreporting>

Further information on the Trust's commitment to equality and diversity may be found on our website:

<https://www.guysandstthomas.nhs.uk/about-us/equality/equality-and-diversity.aspx>

Under the Equality Act 2010, employers need to set out arrangements for how they will meet specific employment duties. We collect a range of employment data to monitor diversity and inequalities and publish the results in our monitoring reports, which may be found here:

<https://www.guysandstthomas.nhs.uk/about-us/equality/reporting.aspx>

## Appendix 1: Definitions of pay

| Pay category        | The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, Schedule 1   | NHS pay elements   |
|---------------------|---|--|
| <b>Ordinary pay</b> | <p>Ordinary pay for the purposes of calculating mean and median gender pay gaps:</p> <ul style="list-style-type: none"> <li>• basic pay;</li> <li>• allowances (including any sum paid with respect to any duty of the employee, the location of the employment in a particular area, the recruitment and retention of an employee or the purchase, lease or maintenance of a vehicle or item);</li> <li>• pay for piecework;</li> <li>• pay for leave; and</li> <li>• shift premium pay (the difference between basic pay and any higher rate paid for work during different times of the day or night).</li> </ul> <p>Ordinary pay does not include:</p> <ul style="list-style-type: none"> <li>• remuneration referable to overtime;</li> <li>• remuneration referable to redundancy or termination of employment;</li> <li>• remuneration in lieu of leave; or</li> <li>• remuneration provided otherwise than in money.</li> </ul> | <p>Included as ordinary pay:</p> <ul style="list-style-type: none"> <li>• basic pay;</li> <li>• unconsolidated pay increases;</li> <li>• high cost area supplement or London zone pay;</li> <li>• recruitment and retention premium (RRP);</li> <li>• responsibility allowances;</li> <li>• unsocial hours enhancements;</li> <li>• banding supplements (doctors in training);</li> <li>• on-call availability payments;</li> <li>• annual leave pay; and</li> <li>• clinical excellence awards (medical consultants only).</li> </ul> <p>Excluded from ordinary pay:</p> <ul style="list-style-type: none"> <li>• overtime (including pay for emergency work done while on call);</li> <li>• redundancy or other termination payments;</li> <li>• pay in lieu of annual leave.</li> </ul> |
| <b>Bonus pay</b>    | <p>Bonus pay means (Schedule 1, paragraph 4) any remuneration that:</p> <ul style="list-style-type: none"> <li>• is in the form of money, vouchers, securities, securities options or interests in securities, and</li> <li>• relates to profit sharing, productivity, performance, incentive or commission.</li> </ul> <p>Bonus pay does not include:</p> <ul style="list-style-type: none"> <li>• ordinary pay;</li> <li>• remuneration referable to overtime; or</li> <li>• remuneration referable to redundancy or termination of employment.</li> </ul>  | <p>Included as bonus pay:</p> <ul style="list-style-type: none"> <li>• clinical excellence awards (medical consultants only);</li> </ul> <p>Excluded from bonus pay:</p> <ul style="list-style-type: none"> <li>• ordinary pay;</li> <li>• overtime (including pay for emergency work done while on call);</li> <li>• redundancy or other termination payments.</li> </ul>   |