

Gender Pay Gap Report 2021



Introduction

This is the fifth Gender Pay Gap Report for Guy's and St Thomas' NHS Foundation Trust and the first Gender Pay Gap report following the merger with The Royal Brompton and Harefield NHS Foundation Trust in February 2021.

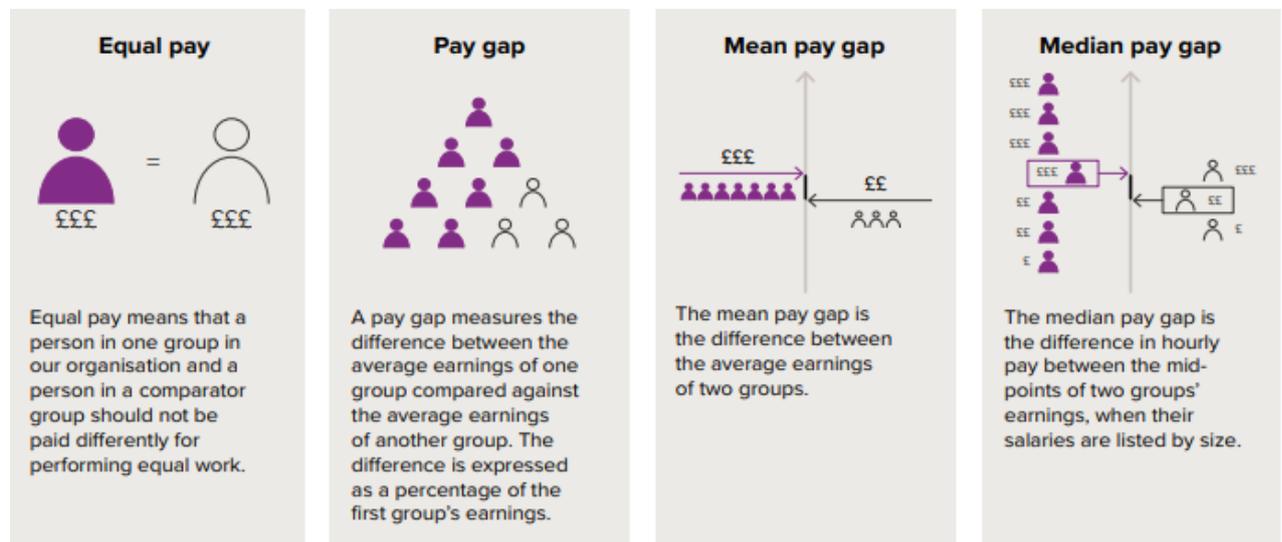
Guy's and St Thomas' NHS Foundation Trust now comprises of five of the UK's best known hospitals – Guy's, St Thomas', Evelina London Children's Hospital, Royal Brompton and Harefield – as well as community services in Lambeth and Southwark, all with a long history of high quality care, clinical excellence, research and innovation.

We have around 22,700 staff, making us one of the largest NHS trusts in the country and one of the biggest employers locally. We aim to reflect the diversity of the communities we serve and continue to develop new and existing partnerships with local people, patients, and neighbouring NHS organisations, local authorities and charitable bodies and GPs.

We recognise that collating and publishing gender pay gap information helps us to better identify and understand the causes of any gaps and to develop, and monitor solutions that are targeted, innovative, and effective.

Pay Gap reporting terms

It is important to distinguish between the gender pay gap and equal pay. An organisation may be an equal pay employer, paying staff equally for doing equal work, and it may still have a gender pay gap. This is because, while 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.



Gender Pay Gap

For the purposes of this report, our gender pay gap is calculated using the approach required by the legislation, which compares the pay of males and females. This report does not include data on other gender identities. As a Trust we recognise that gender diversity extends beyond the binary of male and female and we continue to take actions to create a more inclusive workplace for our trans, non-binary and intersex colleagues.

Gender Pay Gap by hourly rate

The tables below show the overall mean and median gender pay gap, based on those employed on the snapshot date of 31 March 2021.

Pay gap comparing mean (average) hourly pay



The mean gender pay gap is 16%. This means women earn 84p for every £1 that men earn when comparing mean hourly pay.

Pay gap comparing median (mid point) hourly pay



The median gender pay gap is 8%. When comparing median hourly pay women earn 92p for every £1 that men earn

The data presented in the report as at 31 March 2021 is for the whole of the Trust including Royal Brompton and Harefield staff. Royal Brompton and Harefield data is not included in trend data for previous years as it was a separate Trust - their previous GPG reports can be seen here: <https://gender-pay-gap.service.gov.uk/Employer/>. The tables below show the year on year information for the five years we have been reporting and an improvement in both the mean and median gender pay gap from initially reporting in 2017 to 2021.

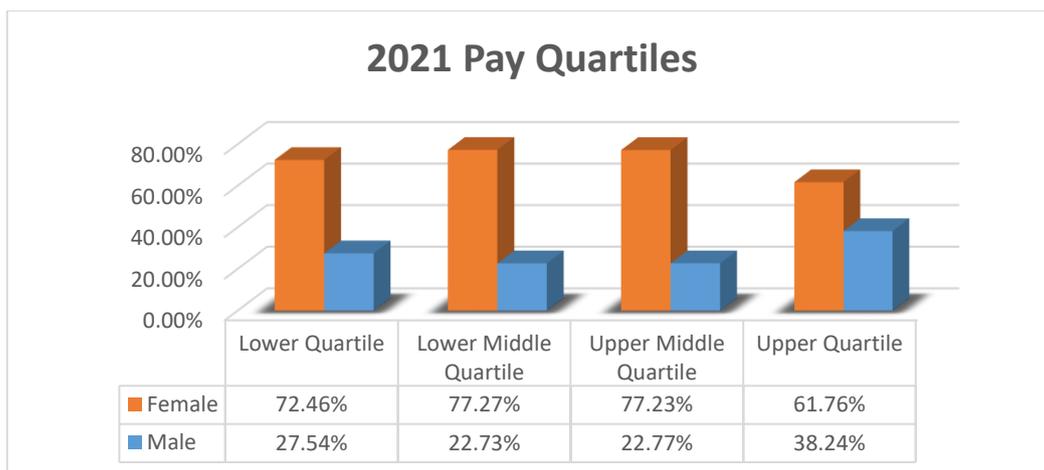
Gender Pay Gap	2017	2018	2019	2020	2021 ¹
Mean GPG hourly pay	16.50%	17.38%	18.80%	15.56%	15.87%
Median GPG hourly pay	10.74%	9.78%	13.20%	10.13%	7.55%

To understand the pay gap, it is helpful to look more closely at the distribution of male and female employees across the Trust.

Quartile Reporting

The NHS pay system is a series of nationally negotiated pay scales. For non-medical staff, including nursing and allied health professionals as well as administrative and clerical staff, there is a single pay scale divided into 12 pay bands. There are separate scales for doctors and dentists in training and consultants. While this pay system safeguards against equal pay issues, there is a gender pay gap owing to the distribution of male and female employees.

¹ 2021 Gender Pay Gap calculations relate to GSTT including RBH following merger in February 2021.



Like the NHS workforce as a whole, Guy's and St Thomas' workforce is predominantly female, with 72 % of staff female and 28% male. The gender split for the lower and middle pay quartiles are very similar to gender split across the workforce, however the upper quartile that has the highest proportion of male employees at 38%.

The table below sets out the year on year distribution of male and female employees within the quartiles. This shows that the split across the quartiles has remained broadly the same since 2017 with male employees over represented in the upper quartile.



To better understand the representation of staff in the upper quartile by staff group, an analysis was undertaken showing that medical staff are the only male dominated group in the upper quartile.

Upper Quartile Staff group	Female	Male	Total
Add Prof Scientific and Technic	219	72	291
Additional Clinical Services	26	2	28
Administrative and Clerical	512	452	964
Allied Health Professionals	299	77	376
Estates and Ancillary	25	32	57
Healthcare Scientists	103	99	202
Medical and Dental	1070	1119	2189
Nursing and Midwifery Registered	1079	210	1289
	3333	2063	5396

By excluding consultant staff from the calculations this reduces the median hourly pay gap from 8% to 4%. This means for every £1 earned by a male employee a female employee earns 0.96p.

By excluding medical staff from the calculations the median hourly pay gap moves to -3%, in favour of female employees. Meaning for every £1 a female employee earns a male employee earns 0.97p.

Bonus Pay Gap

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. The percentage of male staff in receipt of bonus pay is 5% and the percentage of female staff is 1%. The difference between the median shows women's bonus pay is 33% lower than men's and the average bonus pay for women is 28% lower than men's.

The table below shows the bonus pay gap from 2018 when first reported. Since 2019 we have seen a year on year improvement in the average bonus pay gap with the 2021 report reducing to a 28% gap and midpoint remaining at 33%.

Gender Bonus Pay Gap					
Staff group	2017	2018	2019	2020	2021 ²
Mean bonus GPG	-	23.93%	33.50%	32.78%	27.65%
Median bonus GPG	-	35.48%	33.30%	33.33%	33.33%

Conclusion

The data presented in the report as at 31 March 2021 is for the whole of Guy's and St Thomas' including Royal Brompton and Harefield following a merger in February 2021. Trend data prior to this year does not include Royal Brompton and Harefield who completed reporting as a separate Trust. Their previous GPG reports can be seen here: <https://gender-pay-gap.service.gov.uk/Employer/>.

In the five years we have been reporting the mean gender pay gap has remained relatively stable, the table in the main body of the report show there has been a small reduction from 17% in 2017 to 16% in 2021 – so in effect for every £1 a man earned in 2017 a woman earned £0.83 which has increased to £0.84 in 2021.

Two dominant themes stand out. Despite being underrepresented in the total workforce, male staff are overrepresented in the highest earnings quartiles and secondly, if the medical workforce is excluded from the calculation the gender pay gap is reversed and becomes one which favours female staff.

Analysis of gender pay across the medical workforce reveals a complex distribution. For early years' medical trainees and non-consultant grades there are more female doctors, however at consultant levels the gap switches to one in favour of male doctors. As the table below shows:

² 2021 Gender Pay Gap calculations relate to GSTT including RBH following merger in February 2021.

	Female	Male	Total
Trainee	647	517	1164
Non-consultant	215	191	406
Consultant	643	732	1375
	1505	1440	2945

Medical staff are marginally overrepresented with male staff in the Guy's and St Thomas' workforce. The underrepresentation of women in these roles is a national challenge, in 2018 an independent review, was commissioned by the Department of Health and Social Care to advise on action to improve gender equality in the NHS. This showed two-thirds of doctors in training grades are women, but within senior grades this drops to under half and underlying causes, include the impact of motherhood and women's career progression while working irregular hours or part-time.

As the hourly pay rate of consultant's falls in the upper quartile, this group of staff in the male population disproportionately inflates male median pay. If we exclude the medical workforce, females get paid more than males by 3%. This implies a material gender pay gap within the medical workforce and represents an area we will continue to focus on.

Our bonus pay gap was first reported by the Trust since 2018. In 2019 the average bonus pay gap rose to 33.50%. Following this an analysis of applications for the local CEAs indicated that women are less likely to apply for these awards than men. In the same year a government consultation on the national CEA scheme also reported women are much less likely to self-promote than men. In response to this, an initiative was introduced by the Trust to encourage higher numbers of applications for CEAs from female consultants and open sessions were arranged for consultants to understand the potential barriers to applying for CEAs.

Since 2019 we have seen a decrease in the average bonus pay gap with the 2021 report reducing from 33.50% to a 28% gap and midpoint remaining at 33%. Our current reporting process does not account for the local CEAs awarded and so will not reflect that the process for awarding local CEAs last year was not competitive and each eligible consultant (1 years' service as a consultant) received an equal share of the CEA funding.

Additional factors that influence the bonus pay gap are that values are not annualised - 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. As we have a higher number of female than male consultants that work part time this is also a contributory factor to the bonus pay gap.

Proposals to implement changes to the CEA scheme have ended because the agreed proposal was rejected by both trade union committees, opting not to take it to ballot with their wider membership.

The national CEA scheme has been reviewed and will be renamed the National Clinical Impact Awards from April 2022. The review is an attempt to create a more inclusive and accessible. The highlights of the changes are:

- Awards for those working less than full time will be paid at the full value instead of pro-rata. This is one of the recommendations from the Independent Review of the Gender Pay Gap in Medicine commissioned by the government.

- All award levels will be open to all applicants as the requirement to move up through the tiers of awards over subsequent years will be removed. This will help ensure outstanding contributions from younger consultants are equitably recognised.
- Awards will continue to be held for 5 years but reapplication after this will be assessed in open competition against new applicants to create a more level playing field and reduce bias towards older, established award holders.
- The scheme will move from 4 award levels to 3 and the first award level will become more attainable. There are more awards available at each level than in previous years, meaning that overall more people should – providing they reach the threshold – be able to achieve an award: roughly 330 at level 1, 200 at level 2 and 70 at level 3.
- Employers will not need to contribute to recipients' pension funds to reflect modern remuneration arrangements and align with the Local Clinical Excellence Awards – this will also allow for more awards to become available.
- Refreshed assessment criteria will reflect modern consultant careers and recognise contributions from under-represented groups, including allowing more flexibility in the type of evidence provided in applications. Applicants would be expected to provide evidence that demonstrates their impact on current NHS priorities,

Working to reduce the pay gap

Our commitment

Guy's and St Thomas' is firmly committed to meeting the aim of the NHS constitution in providing equity service, provision and opportunity to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. Our People Strategy sets out our commitment under key headings of 'Join Us', 'Learn with Us', 'Stay and Grow' and 'Make a Difference' which have a common thread of equity and inclusion, health and wellbeing. Our equality objectives concentrate on demonstrating our Trust values with each other to:

- respect diversity and strive for inclusion through equitable and fair processes
- develop an environment where all staff feel valued and able to challenge discrimination
- support, maintain and sustain a diverse and talented workforce and to ensure all patients receive the best quality and equitable care respectful of their protected characteristics.

Embedding our values in everything that we do

Our Values and Behaviours Framework describes what it means for every one of us in the Trust to put our values into action. Our values are a key part of everything that we do, how we interact with one another, respect each other and work in an inclusive way together. We recognise that by being values-led we create an environment which removes or reduces the impact of barriers and encourage greater representation of women in senior roles, which should in turn impact on closing the pay gap. We are proud of the collaboration across our staff network groups to advance our work on leadership development, promoting and shaping our training and development opportunities, apprenticeship programmes, supporting our staff through effective performance management and improved HR policies. As we progress through the integration activity following our merger with Royal Brompton and Harefield we have committed to reviewing the values and behaviours of both organisations resulting in one set of core values that are aligned to the NHS People Plan and People Promise.

Providing high-quality apprenticeships

We've seen continued success in our wide range of apprenticeships designed to give our staff 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 biases can influence decision-making provided at the point of induction and through continuous learning and development for all staff at every level and location. We provide a variety of interventions including:

- equality, diversity and inclusion training and workshops to advance staff understanding of:
 - inclusive recruitment practices,
 - the impact of micro aggressions and incivility,
 - developing and advancing cultural competence,
 - authentic ally ship, and
 - embedding an inclusive approach to all our practices, interactions and decision making.

Having open and honest conversations is paramount in bringing awareness and change. We continue to hold specific themed conversations where a knowledge or engagement gap has been identified, this has included specific support for women regarding clinical excellence awards, race and racism workshops following black lives matter, and gender and Trans awareness relating to HR policies and provision. This approach goes beyond our workforce and is equally applied to our service delivery of care and treatment to our patients and carers.

Coaching and mentoring support for staff

Over 1500 Trust staff have accessed our coaching and mentoring service to date. The service is designed to release the potential and talent of staff within our organisation and is readily accessible with coaches and mentors available to support the development needs identified in staff performance appraisals.

The service currently runs introduction to coaching skills for managers - 28 sessions have taken place since 2019 and attended by 280 staff. The feedback from participants is positive with 90% agreeing or strongly agreeing that the delivery was high quality, it was a good use of their time and they would recommend workshops to a colleague.

We recently strengthened our offer with the Apprenticeship in Level 5 Coaching Standard.

A coaching and mentoring review, completed in November 2021 assessing the impact of the service, identified that 83% of participants feel confident or very confident in explaining and understanding the concept and components of coaching and mentoring as well as identifying situations when to use those forms of support. Applying GROW model received slightly lower results (75% feeling confident and very confident) which is acknowledged understandable considering the limited opportunity to practise during the workshops.

With that in mind, work has now begun to realign and revise the coaching and mentoring service to focus our resource on recruiting and training mentors and sponsors to support

staff on our targeted programmes, such as the MBA and Positive Pathways programme as we recognise the importance of improving the diversity of the pipeline to senior roles.

We have a successful Reverse Mentoring programme, running 3 cohorts a year. This programme has become embedded within the senior team with both chief executives participating in multiple cohorts. This programme disrupts the traditional power hierarchy to provide opportunity for staff who have experienced discrimination or barriers based on their protected characteristic or other social determinant to share their lived experience with a senior member of staff. This programme breaks down barriers, enables senior staff (mentee) to see through the eyes of their mentor (more junior to them) advances cultural competence and encourages change and to influence across the organisation based on the recognition and appreciation of the barriers that some staff face.

Coaching, mentoring and cultural competence and confidence are essential skills to managing and leading compassionately and inclusively. These skills, competencies and approach will assist in highlighting and removing barrier that some of our staff namely females, Black, Asian and minority colleagues and those with disabilities or long term health conditions.

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

Inclusive recruitment practices are fundamental in how we attract and recruit staff. We are committed to the Department of Work and Pensions' Disability Confident scheme, designed to enable people with disabilities, long term health conditions or are neurodivergent to receive equitable access and opportunities from the point of recruitment throughout their employee lifecycle. We are currently working towards the highest level in this scheme to become a Disability Confident Leader. Adjustments includes changes to our processes and practices, installation of adaptable software, application of a staff health passport and the sunflower initiative for those with hidden disabilities to ensure everyone is able to perform and develop to the best of their abilities. We work closely with a number of partners to support, train and provide resources for employees and managers such as Autism, ADHD, and Dyslexia.

Improving accessibility to information and employment opportunities

We are committed to attracting and retaining a diverse, highly skilled and productive workforce. This requires the provision of information in ways that is beneficial to the individual including adaptations to meet the needs of the different groups of staff, which could include style, format and frequency. This is important not only to convey information but is important to ensure everyone has access to development and training opportunities. Understanding these barriers and the working through the best way to engage and communicate with various roles and levels has been achieved more so, through the virtual College of Healthcare.

Building staff networks

Staff networks play an important part in creating and promoting a positive working environment, highlighting areas for improvement and areas of success. They are essential to enhancing a culture of inclusivity and ensuring people feel able to bring their whole selves to work. We have vibrant staff networks that work closely across the organisation and influence decision making. These networks include the multicultural staff network, open to all staff who identify as being from a Black, Asian and minority ethnic heritage, as well as any allies are committed to change. Our Lesbian, Gay, Bisexual and Trans plus (LGBT+), Disability and

long term health conditions forum and the Dyslexia and neurodiversity forums also provide a similar platforms for building a sense of community, engagement and actions. We also co-lead on the South East London Women's leadership group.

Developing our people, from managers to leaders

Our staff are our best asset. We are committed to supporting our people to grow, develop and reach their full potential. We offer a number of programmes aimed at supporting staff to develop their leadership skills and reach their career aspirations.

All staff have access to our career workshop to help them with reflecting on their career aspirations, setting goals and creating and working on their career action plan. Further support is provided through our application writing and job interview skills sessions. Given the importance of networking, we provide insights, tools and tips to help all staff boost their skills, confidence and career progression through raising their visibility and impact.

We also provide dedicated career support for our staff, from an ethnic minority background, to further enhance their visibility, impact and career progression. This is through a 5-day Positive Pathways Development Programme and a tailored career workshop. Since March 2020, we have supported over 800 colleagues progress their careers through our workshops and programmes.

In 2021 we also developed a dedicated administrative and clerical training and development brochure and skills framework launched for frontline clinical facing staff bands 2 to 6. We also recognise the importance of highlighting opportunities and gained significant attention through our virtual careers fair as part of the Trust's 'Love Admin' week. It is our ambition to extend this work over more professional groups in 2022 and beyond, to increase visibility and access to development and progression.

Our Leadership academy offer is split in to three main development areas:

Development programmes - Aspiring Team Leader and Passport to People Management course which are blended learning offers encompassing foundation leadership skills.

Leadership Masterclasses - shorter online workshops aimed at the development of key skills to lead teams and deliver excellence including Great to Difficult Conversations, Understanding Your Leadership Style and Business Skills (E.g. report writing)

Compassionate Leadership sessions - Bitesize sessions available to all and designed to support and embed a culture of compassionate leadership and also to provide support and a safe learning space for our leaders with the challenges they face in their roles. This includes Leadership Support Circles.

These offers are currently undergoing full evaluation and review with a refresh planned to commence in 2022. This will include:

- A clear pathway to learning for all leaders and managers
- Manager's fundamentals e-Learning package with a focus on compassionate leadership, cultural competency and a coaching approach to conversations
- A suite of learning embedding our core values which will include Leadership Support Circles and 'Civility saves lives'.
- Exploring a wider range of apprenticeship routes to build talent programmes across all levels

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, along with the hybrid working provision. We recognise that for many of our staff this flexible approach to working, learning and contributing will provide additional opportunities to contribute and for our women this could see them take opportunities that might have previously been out of reach or out of sight.

Sharing activities from Royal Brompton and Harefield Hospital

We recognise that before the merger to join Guy's and St Thomas' NHS Foundation Trust in 2021 there were many activities in place to reduce the gender pay gap which should feature in this report. Evaluation of their impact will be undertaken as part of the Strategic Review and integration activity:

- 'The Lean-in Circle' network to encourage women to progress more quickly into leadership roles.
- 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.
- Workshop sessions to encourage both National and Local CEA applications from across the consultant workforce.
- Continued input from Medical Revalidation Manager in supporting female, Black, Asian and minority ethnic 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.
- 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.