

Gender Pay Gap Report 2019





Message from Ian Abbs, Chief Executive

I am pleased to introduce the third Gender Pay Gap Report for Guy's and St Thomas' NHS Foundation Trust. We see this as a valuable complement to the range of employment data which the Trust collects and analyses to monitor diversity of all kinds, and address inequalities.

We serve diverse local communities across 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. It is important to acknowledge that inequalities remain, and these may affect the quality of patient care or the experience of our staff.

In accordance with the Equality Act 2010 and the Trust's public sector equality duties, we are 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, along with 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; however, we recognise that gender is no longer considered as a binary characteristic.

In common with the wider NHS, the Trust's workforce is predominantly female and I am proud that this is reflected in our senior leadership team. In spite of this, as was the case in our report for 2018, the Trust continues to have a gender pay gap.

We have identified two significant drivers behind our gender pay gap: the uneven distribution of men in our overall workforce, and the higher number of male than female consultant doctors in the upper quartile of our pay distribution. We continue to scrutinise our gender pay gap data and build on the insights from our first report. We are identifying and addressing any inequalities in career opportunities between male and female staff, and ensuring that our senior management group reflects the diversity of the wider organisation and patient population.

lan Abbs 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 public sector deadline for publication of the data is 30 March each year, with calculations based on a 'snapshot date' of the previous 31 March.

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

Mean gender pay gap	The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
Median gender pay gap	The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
Mean bonus gap	The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees
Median bonus gap	The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees
Bonus proportions	The proportions of male and female relevant employees who were paid bonus pay during the relevant period
Quartile pay bands	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 second gender pay gap report is 31 March 2019, with data based on the relevant pay periods of March 2019 for ordinary pay and the 12 months to 31 March 2019 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 NHS terms and conditions, medical staff and very senior managers (VSM).

Our gender pay gap

There is an increase in the gender pay gap figures compared to the figures reported for 2018:

	Women's earnings in 2019:	Women's earnings in 2018:
Mean gender pay gap in hourly pay	18.8% lower	17.38% lower
Median gender pay gap in hourly pay	13.2% lower	9.78% lower

To understand the pay gap, it is helpful to look more closely at the pay quartile data, and the distribution of male and female staff across professional grades.

Pay quartiles

Pay 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.

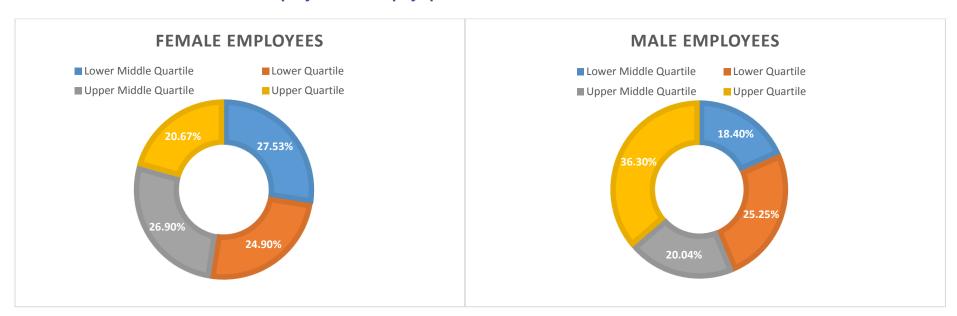
Like the NHS workforce as a whole, Guy's and St Thomas' workforce is predominantly female, with 72.32% of staff female and 27.68% male. Gender splits for the middle pay quartiles are very similar, approximately 80% female and 20% male. While female employees significantly outnumber male employees in all four quartiles, the upper quartile has the highest proportion of male employees – 40.20% – 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 scales. There are separate scales for doctors and dentists in training and consultants. 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. An employee's pay point on their pay scale is determined by years of experience and, in the case of non-medical and dental staff, the band of the post as determined by the NHS job evaluation scheme.

While this pay system safeguards against equal pay issues, there is a gender pay gap owing to the distribution of male and female employees. The impact of the top-heavy distribution of male employees is to skew male median pay higher than female median pay, even though male employees are significantly outnumbered by female employees in all four pay quartiles.

Distribution of male and female employees in the pay quartiles



With more than one third of male employees falling in the upper quartile of hourly pay rates, the median male hourly pay rate falls in the upper middle quartile of all data, whereas the median female hourly pay rate falls in the lower middle quartile. The pay gap is further distorted by the wide range of upper quartile pay rates, with male data more sensitive to this distortion than female data.

Distribution of male and female employees by professional grade

Professional Grade	Female Headcount	Females as % Of Grade	Male Headcount	Males as % of Grade	Total Headcount
Ad Hoc Payscale	49	51.60%	46	48.40%	95
Apprentice	8	100.00%		0.00%	8
Band 1	369	69.90%	159	30.10%	528
Band 2	385	56.80%	293	43.20%	678
Band 3	1266	72.90%	470	27.10%	1736
Band 4	883	75.70%	283	24.30%	1166
Band 5	2093	82.20%	454	17.80%	2547
Band 6	2030	82.80%	423	17.20%	2453
Band 7	1623	77.50%	471	22.50%	2094
Band 8a	592	69.90%	255	30.10%	847
Band 8b	177	58.20%	127	41.80%	304
Band 8c	140	71.10%	57	28.90%	197
Band 8d	61	58.70%	43	41.30%	104
Band 9	23	60.50%	15	39.50%	38
Senior Mgt	3	75.00%	1	25.00%	4
Consultant	454	44.60%	565	55.40%	1019
Associate Specialist	15	68.20%	7	31.80%	22
Foundation Doctor	89	63.10%	52	36.90%	141
Specialist Registrar	134	53.20%	118	46.80%	252
Specialty Doctor	67	63.80%	38	36.20%	105

Specialty Registrar	168	61.10%	107	38.90%	275
Staff Grade Practitioner	1	100.00%		0.00%	1
Trust Grade	200	55.20%	162	44.80%	362
Grand Total	10830	72.30%	4146	27.70%	14976

Male consultants make up 37% of male employees and 15% of all employees in the upper pay quartile; female consultants represent 20% of females and 12% of all in the upper quartile. Consultants are the only male-dominated professional grade in the Guy's and St Thomas' workforce. As the hourly pay rate of Consultants falls in the upper quartile, this group of staff in the male population disproportionately inflates male median pay.

The effect of removing Consultants from the median gender pay gap calculation reduces the gap to 7.4%.

Proportion of male and female employees receiving a bonus payment

Male staff receiving bonus	5.69%
Female staff receiving bonus	1.13%

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. From 1 April 2018, and in order for the Trust's gender pay gap reporting to be consistent with that of other NHS employers, it was agreed that all CEAs should be treated as bonus payments. The percentage of male staff receiving a bonus has increased slightly from 5.56% in the 2018 report, to 5.69% in the 2019 report while the percentage of female staff receiving a bonus has also increased slightly from 1.10% in 2018 to 1.13% in 2019.

Our bonus pay gap in 2019

Women's bonus payments are:

Mean bonus gender pay gap	33.50% lower
Median bonus gender pay gap	33.30% lower

The Trust's bonus gender pay gap in 2019 is calculated on a population of 358 consultants – 236 male and 122 female – in receipt of CEA payments. 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. Of the 236 male consultants in receipt of CEAs, 28 work less than full time, or 11.86%, while 35 of 122 female consultants in receipt of CEAs, 28.69%, work less than full time. In combination with a greater number of CEAs being held by male consultants, this is a contributory factor to the bonus gap.

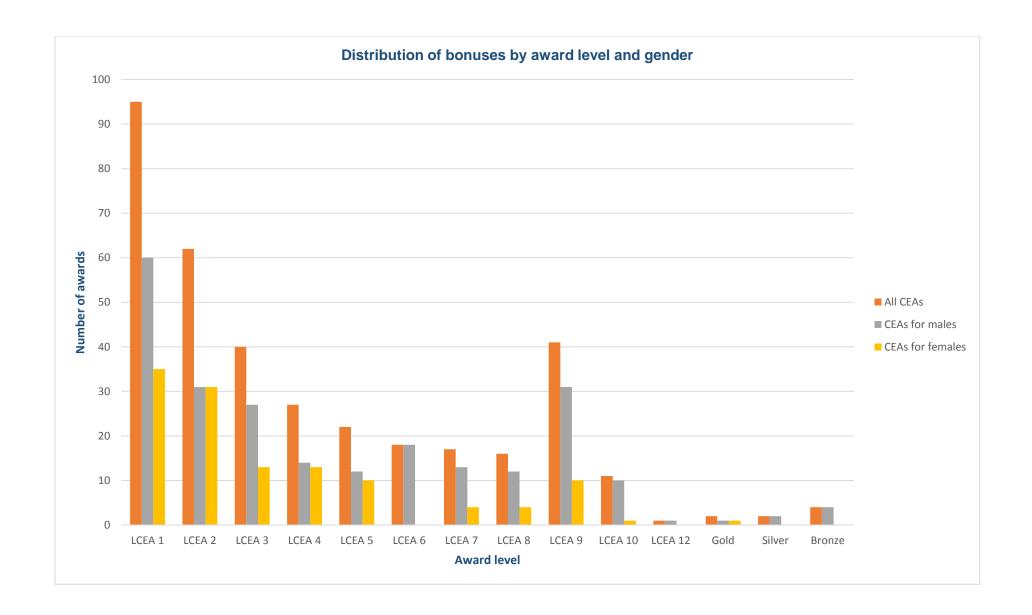
CEAs are not awarded automatically, but must be applied for and are given for quality and excellence, acknowledging exceptional personal contributions.

The government Consultation on the revised national CEA scheme reported women are much less likely to self-promote than men, which may explain why in the 2018 competition only 26.0% of applicants for national CEAs were female whereas about 37% of the consultant community in the NHS in England is female. Analysis of the Trust's data on its local CEA awards also indicated that female consultants are less likely to apply than male consultants, and they apply less frequently than male consultants.

It has been noted that there is no obvious gender bias in the award process and a female consultant who applies is proportionately as likely as a male consultant who applies to be successful. However, following publication of the 2017 report, the Trust committed to exploring whether providing CEA workshops aimed specifically at female consultants would drive an increase in applications from this group, and whether providing feedback to female consultants on their applications would drive an increase in applicants reapplying sooner. In view of this commitment, and as part of the reform of the local CEA process, the Trust held applicant workshops for female only consultants in the 2018 round. The workshops were run by a very senior higher-level award holder who herself is female. There was fantastic uptake with a large volume of women in attendance, many of who had not applied for a local award before. The 2018 process is still underway, but data will be available post-round (early 2020) to determine the proportion of female to male applicants, how many of the female applicants who attended the workshops applied and how many of them went on to be successful.

Distribution of clinical excellence awards by award level and gender

Award level	All CEAs	CEAs for males	CEAs for males as percentage of all CEAs	CEAs for females	CEAs for females as percentage of all CEAs
LCEA 1	95	60	63.20%	35	36.80%
LCEA 2	62	31	50.00%	31	50.00%
LCEA 3	40	27	67.50%	13	32.50%
LCEA 4	27	14	51.90%	13	48.10%
LCEA 5	22	12	54.50%	10	45.50%
LCEA 6	18	18	100.00%		0.00%
LCEA 7	17	13	76.50%	4	23.50%
LCEA 8	16	12	75.00%	4	25.00%
LCEA 9	41	31	75.60%	10	24.40%
LCEA 10	11	10	90.90%	1	9.10%
LCEA 12	1	1	100.00%		0.00%
Gold	2	1	50.00%	1	50.00%
Silver	2	2	100.00%		0.00%
Bronze	4	4	100.00%		0.00%
	358	236	65.90%	122	34.10%



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, gender identities, cultures, nationalities and religions.

Embedding our values in everything that we do

Guy's and St Thomas' Values and Behaviour Framework has been developed to ensure a better culture and a more engaged workforce with the expectation that staff are involved and that leaders create engaging settings for staff, 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:

- An inclusive network 'Women in Essentia' open to all staff. The focus of the network is to help promote diversity and the development and progression of women within the organisation.
- Guy's and St Thomas' hosts the local branch of the South East London Women's Leadership Network. This is a place
 to bring together colleagues from across different organisations for networking, support and personal and professional
 development.
- Developed a web-based accessibility guide for patients and visitors to our Trust.
- Run bespoke work experience and widening participation programmes for vulnerable or at-risk individuals from our local community
- Required that all interviews for senior positions are conducted by a diverse panel to ensure a range of perspectives, and promote and embrace the diversity of our workforce and those we recruit. We will extend this to all positions at all levels. This network aims to create a happier, healthier workforce and to shape an NHS leadership that is truly diverse and inclusive at every level.

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. Our Disability forum brings together staff who either have a disability or long term illness, sharing experiences and working together to see how practices can be amended to ensure staff are able to continue to work and be supported. A growing Dyslexia forum is helping to raise awareness of neurodiversity and learning difficulties and to improve the support available both in assisted technology as well as mental coping strategies.

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 daily interactions with, and care for, patients.

We will promote visible role-modelling of under-represented groups in particular professions and will hold open sessions to encourage higher numbers of applications for CEAs from female consultants through understanding the potential barriers to their applying.

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.

We also have a Reverse Mentoring programme with junior staff mentoring senior staff, sharing their experience of any challenges or barriers they have seen or felt. Our senior leaders are committed to ensuring there is equality and equity of opportunity, we are also seeing this in our senior leaders role modelling compassionate and inclusive behaviour.

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

In May 2019 a flexible working task and finish group was established to take a fresh look at our flexible working approaches. The flexible working task and finish group has the goal of making flexibility open to everyone through encouraging open discussions about between employees, teams and their managers and providing tools, case studies and practical support to help create working patterns that meet the needs of both staff and services. The aims of the working group are nicely summed up within the strapline 'happy to talk flexible working'.

Conclusion

As in the last year of reporting, there is a gender pay gap within the Trust, with mean and median women's pay 18.8% and 13.2% lower than men's pay respectively. We remain 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 – removing consultants from the data set eliminates the median pay gap, reducing it to 7.4%. Removal of all medical grades tips the median pay gap in favour of female employees to 2.77%.

The Trust has introduced a package of support for consultants generally, and for female consultants in particular, around applications for clinical excellence awards (CEAs) and will be introducing the monitoring of consultant appointments to support reporting on the source of consultants - external appointment or internal promotion, existing consultant or promotion from another medical grade, i.e. first or subsequent appointment, with or without CEAs.

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 paid for equivalent private sector jobs.

We are proud to be the employer of choice for people at all levels of our workforce. We are committed to attracting and retaining employees from all the communities we serve by promoting the benefits of working at Guy's and St Thomas' and highlighting the many career opportunities available to them across all professional groups, and at all levels, within the Trust.