

Royal Devon & Exeter NHS Foundation Trust

Gender Paygap Report (March 2018)

INTRODUCTION

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

The Trust must both:

- publish their gender pay gap data and a written statement on their public-facing website
- report their data to government online using the gender pay gap reporting service.

This report fulfils our legal obligation to produce and comment upon the following data as regards our gender pay gap: mean gender pay gap, median gender pay gap, mean bonus gender pay gap (bonus refers to ACCEA Awards), median bonus gender pay gap, proportion of males and females receiving a bonus payment and proportion of males and females in each pay quartile.

Other than for medical and dental staff (doctors) all jobs are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. Outside of the Executive Directors and a small number of other senior roles all remuneration is made in accordance with the AfC pay bands.

The data in this report is based on a snapshot taken on 31st March 2017.

EXECUTIVE SUMMARY

Reportable Data

The data tabled below appears as it is uploaded to the Gender Pay Gap Reporting Service website. There is no opportunity to add explanatory text on the website but this report will be uploaded to the Trust website as part of the reporting requirements.

Women's hourly rate is:	
25.3% LOWER (mean)	4.9% LOWER (median)
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
31.1% MEN	68.9% WOMEN
Upper middle quartile	
17.1% MEN	82.9% WOMEN
Lower middle quartile	
16.2% MEN	83.8% WOMEN

Lower quartile	
24.5% MEN	75.5% WOMEN
Women's bonus pay is:	
43.2% LOWER (mean)	33.3% LOWER (median)
Who received bonus pay:	
7% OF MEN	1% OF WOMEN

Data findings

The high level benchmarks tabled below are taken from the latest Office for National Statistics release (October 2017).¹

Trust	Mean paygap (exc bonus pay)	Median paygap (exc. bonus pay)
RD&E	25.3%	4.9%
Hospital sector	27.2%	16.1%
National (all types of employer)	17.4%	18.4%

Commentary

The Office for National Statistics (ONS) in reporting the gender paygap focuses on the median average, rather than the mean, as this is less open to distortion by those at the extreme ends of the payrange. It is therefore particularly pleasing that using this median measure the RD&E's performance benchmarks well compared to both the hospital and national all types of employer data.

RD&E performance as regards the mean average is better than the hospitals benchmark given above, although our gap is bigger than the national average taken across all types of employer. This would suggest that the hospital sector as a whole has a larger proportion of males at the higher pay levels when contrasted against all types of employer. This may be due to the general factors of the NHS being predominantly female, women dominating the largest staff group of registered and unregistered caring roles that tend to be concentrated around the median pay and that hospitals have a relatively large, predominantly male group of high earners in its consultant body.

The analysis of the RD&E gender paygap by quartile range, shown later in this report, shows 31.1% of staff in the upper quartile are male although they are only 22.2% of the total staff.

Our gender paygap in the data excluding bonus pay is caused largely by issues with the following groups of staff:

¹

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/dataset/annualsurveyofhoursandearningsashegenderpaygaptables>

- Consultants (2% of Trust staff)
The Trust gender paygap based on the median swings slightly in favour of females (-2.1%) and the paygap based on the mean becomes very small (7.6%) when consultants are excluded.
- Admin & Clerical staff (22% of Trust staff)
The median average gender paygap disappears when Admin & Clerical staff are excluded although the one based on the mean average remains large (25.5%).

It is indicative of the significance of the issue among consultants that our gender paygap performance becomes so much better when they are removed from the calculation.

Although female representation at consultant level has gradually increased from 26% in 2010 to 32% currently increasing female representation among consultants would make a major contribution to improving our gender paygap performance. Across the wider Medical & Dental staff group 53% are female suggesting that greater balance will come as the doctors currently in training qualify as consultants. Given that training and therefore career progression within the Medical & Dental staff group is not managed from within the Trust, but is the responsibility of the Deanery, we may have limited potential to influence the consultant pipeline.

The most striking apparent imbalance in pay within the consultant group is in bonus pay. This “bonus pay” comes through either the national or local Advisory Committee on Clinical Excellence Awards (ACCEA) scheme.² Only Consultants are eligible for ACCEA award payments so a more realistic denominator for comparison when considering gender equality is the consultant body population rather than the total Trust population. On this basis the ratio of male to female consultants in receipt of ACCEA payments falls to 1.4:1 from 7:1.

ACCEA recognises and rewards NHS consultants and academic GPs who perform ‘over and above’ the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions. The process is very competitive. To be considered for an award, applicants have to demonstrate achievements in developing and delivering high quality patient care and commitment to the continuous improvement of the NHS. The assessing panel does not see the identity of applicants, as a safeguard for equality.

Excluding ACCEA pay, the paygap among consultants is 3.6% based on the mean average and 1.6% based on the median, whereas for ACCEA pay alone (which only goes to consultants) the Trust paygap is 33.3% based on the median average and 43.2% based on the mean.

In the most recent year where we have ACCEA data (2017) there were proportionally more females than expected who applied (see section 3b) and gender parity as regards success of females (section 3c).

The paygap within ACCEA is most likely to be driven by historical factors. Currently the awards are retained for working life and the present mix of awards reflects a time in the past when the consultant body was more preponderantly male.

² There is one doctor receiving bonus pay which does not arise from ACCEA, but from “Discretionary Pay Points”, a predecessor scheme.

Age in itself might also be a contributory factor, given that female consultants are, on average, 3 years younger than male counterparts and, due to the cumulative nature and retention for working life, age shows some correlation with the magnitude of ACCEA payments. (See section 3d for further detail.)

If we continue broadly at gender parity as regards females applying for and succeeding at ACCEA, then the gender paygap within ACCEA should gradually decline.

There are also issues of gender balance, however, within the Medical & Dental staff group below consultant level – see section 6, for further detail.

The root cause of the paygap within the Admin & Clerical staff group is that there is a preponderance of females at the pay bands within that group at Bands 1-4, whereas the genders are more evenly balanced at Band 5 and above (See Section 7 for further detail). This is, at least to some extent, a product of labour market factors which lie beyond the immediate control of this Trust. Women have been traditionally engaged in lower paid administrative jobs partly due to gender stereotyping and partly because of the greater preponderance of part-time jobs within this segment of the labour market. These jobs are attractive to those who need to balance working life with outside commitments, such as caring duties which have been traditionally female.

There is also a “qualification divide” between Band 4 Admin & Clerical jobs and those at Band 5, in that the latter commonly need professional qualifications or degrees. Consequently, it can be hard for women in roles at Band 4 and below to progress into jobs at Band 5 and above.

Action

a. Medical & Dental

- Promote positive action in the selection of female consultants during the selection process.
- Consult on reasons for the gender pay inequality, below consultant level.

b. Admin & Clerical

- Ensure our existing career development initiatives, aimed at all staff, are particularly relevant for females within the Admin & Clerical staff group, working part-time, who may not hold degree level qualifications. Whenever appropriate ensure that relevant experience is considered as an alternative to formal qualifications.

Current initiatives already include offering specific careers guidance and advice, jobhunting skills and advice on career progression paths. The latter includes information as to the qualifications necessary for career progression and with particular emphasis on flexible, non-traditional methods of gaining qualifications.

- Identify whether we can do more to promote flexible working options, job sharing and joint parental leave arrangements to staff, as all of these things have traditionally helped women progress their careers.

DETAILED DATA

1. Median gender paygap

This shows our gender paygap, using the median average hourly pay:

a. All staff

All staff	Headcount	Average hourly pay (exc. bonus)	Average bonus pay for last 12 months
Male	1767	£11.49	£8950.75
Female	6180	£10.92	£5967.20
% paygap		4.9%	33.3%

ACCEA pay is only received by consultants (2.2% of relevant staff) so is of marginal significance for this Trust.

As will be shown later in this report, our overall gender paygap is inflated by anomalies among the Medical & Dental (in particular among consultants) and the Admin & Clerical staff groups. The following tables show the effect on Trust performance of excluding these groups:

b. All staff, excluding Admin & Clerical staff

All staff, excluding Admin & Clerical	Headcount	Average hourly pay
Male	1410	£11.49
Female	4806	£11.49
% paygap		0.0%

c. All staff, excluding Medical & Dental

All staff, excluding Medical & Dental	Headcount	Average hourly pay (exc. ACCEA)
Male	1381	£9.83
Female	5896	£10.50
% paygap		-6.9%

d. All staff excluding consultants

All staff, excluding consultants	Headcount	Average hourly pay (exc. ACCEA)
Male	1547	£10.55
Female	6083	£10.77
% paygap		-2.1%

Key points:

- Our performance as regards the median (excluding ACCEA pay) is very good compared to national averages.
- Issues of female disadvantage within this indicator are driven by Admin & Clerical and Medical & Dental staff, as is shown by the impact of removing these staff groups from the calculation.
- The gender paygap as regards ACCEA pay looks large, but can be explained (see section 3) and should gradually disappear if the present broad gender parity in application and success within ACCEA is sustained.
- The ACCEA pay issue affects relatively few staff.

2. Mean gender paygap

This shows our gender paygap, using the mean average hourly pay:

a. All staff

All staff	Headcount	Average hourly pay (inc. ACCEA)	Average ACCEA pay for last 12 months
Male	1767	£17.00	£12,743.89
Female	6180	£12.69	£7233.74
% paygap		25.3%	43.2%

ACCEA pay is only received by consultants (2.2% of relevant staff) so is of marginal significance for this Trust.

Our overall gender paygap is inflated by anomalies within the Admin & Clerical and Medical & Dental staff groups. The following table shows the effect on Trust performance of excluding these groups:

b. All staff, excluding Admin & Clerical staff

All staff, excluding Admin & Clerical	Headcount	Average hourly pay
Male	1410	£17.46
Female	4806	£13.01
% paygap		25.5%

c. All staff, excluding Medical & Dental

All staff, excluding Medical & Dental	Headcount	Average hourly pay (exc. ACCEA)
Male	1381	£12.09
Female	5896	£11.98
% paygap		0.9%

d. All staff excluding consultants

All staff, excluding consultants	Headcount	Average hourly pay (exc. ACCEA)
Male	1547	£13.22
Female	6083	£12.22
% paygap		7.6%

Key points:

- Our paygap as regards the indicator based on the mean average is larger than the national average, but compares favourably to the relevant health benchmarks.
- In line with the above, there is little discernible impact on the indicator (excluding ACCEA pay) based on the mean average when Admin & Clerical staff are excluded.
- The gender paygap as regards ACCEA pay looks large, but can be explained (see section 3) and should gradually disappear if the present broad gender parity in applications and success within ACCEA is sustained.
- The ACCEA pay issue affects relatively few staff.

3. Receipt of ACCEA pay

ACCEA can be paid for both local and national contributions to the NHS. Employer-Based Awards Committees (EBAC) assess applications for the employer based awards (levels 1-9). Higher value national awards (9-12) are decided by the Advisory Committee on Clinical Excellence Awards (ACCEA) and its subcommittees. A level 9 award may be awarded by either the EBAC or the ACCEA, depending on the type of achievement being recognised. At levels 1-6 each level carries a monetary value of £3,016 and at levels 7-9 a value of £6,032 (see table in section d below).

a. Staff receiving ACCEA pay by gender

All of the staff shown in the table below are consultants and all of the ACCEA pay is from clinical excellence awards, apart from payments to one doctor made under a similar predecessor scheme.

Staff Group	No. of males receiving ACCEA pay	All relevant males	% of males receiving ACCEA pay	No. of females receiving ACCEA pay	All relevant females	% of females receiving ACCEA pay
Trust	129	1767	7%	42	6180	1%
Consultant body	129	229	56%	42	107	39%

Overall 78% of our staff are female leading to a reported result that is not truly representative of the 'bonus' situation within the Trust. Only Consultants are eligible for ACCEA award payments so a more realistic denominator for comparison when considering gender equality is the consultant body population. On this basis the ratio of male to female consultants in receipt of ACCEA payments falls to 3:1 from 7:1 with the ratio of men to women in the consultant body at 2.1:1.

b. Gender breakdown of recent applicants for ACCEA payments

This shows there is no gender inequality disadvantaging women in the application process, in that there tends to be more females than would be expected applying for the awards.

Year in which award was made	% females in consultant body as a whole	% females among applicants
2015	29%	31%
2016	30%	25%
2017	31%	40%

c. Success of female applicants for ACCEA

There were slightly fewer females than expected who were successful in the two earlier years reported above. In 2015, however, had one more female been successful (and one less male) this would have given virtual parity and in 2016 it would have taken two more female successes (and 2 less male) to achieve parity. In 2017 there was parity.

Year in which award was made	% females among applicants	% females among applicants given an award
2015	31%	27%
2016	25%	19%
2017	40%	40%

d. Age as a factor in ACCEA pay

The following analysis is not a legal requirement, but seeks to explore the possibility that age factors may be affecting the gender pay gap as regards ACCEA pay for consultants.

This has a certain prima facie credibility, as the awards for clinical excellence are cumulative, ie each successful application increases the number of CEA points and the associated payment increases in line with this.

- i. average age of consultants 48 years
- ii. average age of consultants getting ACCEA pay 51 years
- iii. average age of female consultants 46 years
- iv. average age of male consultants 49 years.
- v. Average age of consultants by clinical excellence (CE) band:

Our current clinical excellence awards are distributed across 11 levels (CE1-10 and CE Silver). The average age of those at each award level tends to increase with the value of the award as expected when awards are cumulative in nature:

Clinical Excellence Band	Average age of those at this Band	Monetary value £
Level 1	47	3,016
Level 2	48	6,032
Level 3	50	9,048
Level 4	49	12,064
Level 5	53	15,080
Level 6	54	18,096
Level 7	54	24,128
Level 8	57	30,160
Level 9/Bronze	56	36,192
Level 10/Silver	62	47,582
Silver	53	59,477

The average age of male consultants is three years higher than female consultants and the higher level awards carry twice the monetary value for each increase in level suggesting that at least some of the difference between male and female ACCEA payments is age related.

Proportion of females at each CE Band:

Clinical Excellence Band	Number of females	Number of males	% female
Band 1	19	26	42%
Band 2	14	27	34%
Band 3	7	27	21%

Band 4	9	15	38%
Band 5	1	18	5%
Band 6	3	17	15%
Band 7	1	9	10%
Band 8	0	5	0%
Band 9	1	11	8%
Band 10	0	2	0%
Silver	0	1	0%
Consultant body	107	229	32%

Key points:

- We have to report a relatively low proportion of females, compared to males, who receive ACCEA payments. When the consultant body is used as the denominator the ratio of male to female consultants in receipt of ACCEA payments falls to 3:1 from 7:1 with the ratio of men to women in the consultant body at 2.1:1.
- There is broad gender parity as regards application and success at ACCEA, over the last three years.
If this is sustained then we can expect the ACCEA gender paygap to gradually diminish.
- There are indicators that age may be a contributory factor in the amount of ACCEA paid, namely:
 - a. Female consultants are on average 3 years younger than their male counterparts.
 - b. Average age tends to rise alongside the value of the clinical excellence award.
 - c. There are more males (60%) than females (41%) at or over the average age for the first clinical excellence award (47 years).
- There is a preponderance of females at the lower ACCEA levels.

4. Males and females in each quartile pay band (excludes ACCEA pay)

	Quartile 1 (lowest)		Quartile 2		Quartile 3		Quartile 4 (highest)		Overall	
	No.	%	No.	%	No.	%	No.	%	No.	%
Male	475	24.5%	330	16.2%	334	17.1%	628	31.1%	1767	22.2%
Female	1460	75.5%	1708	83.8%	1621	82.9%	1391	68.9%	6180	77.8%

Key points:

- This data provides background to that which is given in sections 1 and 2 and does not, in itself, generate any new issues for consideration.
- It demonstrates that we could improve our gender paygap by having more females within the upper quartile.
- There are insufficient benchmarks as yet to enable meaningful comparison.

5. Gender paygap by staff group

This data is not a mandatory requirement, but is of value in showing which staff groups are driving our gender paygap issues.

a. Median average

Staff Group	Males		Females		% paygap
	No.	% ³	No.	%	
Add Prof Scientific and Technical	70	31%	157	69%	2.1%
Additional Clinical Services	241	15%	1378	85%	0.3%
Administrative and Clerical	357	21%	1374	79%	24.0%
Allied Health Professionals	91	17%	452	83%	-1.5%
Estates and Ancillary	362	46%	432	54%	3.8%
Healthcare Scientists	73	37%	122	63%	0%
Medical and Dental	386	58%	284	42%	45.0%
Medical and Dental (exc. consultants)	166	47%	187	53%	9.4%
Medical & Dental (consultants only)	220	69%	97	31%	1.6%
Nursing and Midwifery Registered	186	9%	1977	91%	-5.9%
Trust	1767	22%	6180	78%	4.9%

³ This is the % of males (and % of females) in the staff group out of the total number of staff in that group.

b. Mean average

Staff Group	Males		Females		% paygap
	No.	% ⁴	No.	%	
Add Prof Scientific and Technical	70	31%	157	69%	-2.3%
Additional Clinical Services	241	15%	1378	85%	-0.7%
Administrative and Clerical	357	21%	1374	79%	24.0%
Allied Health Professionals	91	17%	452	83%	-1.5%
Estates and Ancillary	362	46%	432	54%	5.6%
Healthcare Scientists	73	37%	122	63%	4.4%
Medical and Dental	386	58%	284	42%	20.5%
Medical and Dental (exc. consultants)	166	47%	187	53%	12.4%
Medical & Dental (consultants only)	220	69%	97	31%	3.6%
Nursing and Midwifery Registered	186	9%	1977	91%	-5.9%
Trust	1767	22%	6180	78%	25.3%

Key points:

- The most notable paygaps are within the Medical & Dental and Admin & Clerical staff groups.
- The pay gap for Admin & Clerical staff is broadly the same across both indicators, suggesting that the gap within this group is not caused by staff at the extreme ends of the pay range.
- The pay gap for Medical & Dental staff is much higher on the indicator based on the median average and for both indicators it remains relatively large when consultants are excluded.
This is consistent with the observation that a higher proportion of doctors entering training are female and therefore at lower pay bands.

⁴ Please make this the % of males (and % of females) in the staff group out of the total number of staff in that group.

| 6.

Medical & Dental staff (excluding consultants) by role

This data shows the gender breakdown of doctors below consultant level by role, splitting those who are in training posts (and so not directly under Trust management) and those who are in non-training roles and so more directly under Trust management.

The final table combines all roles in ascending order of pay, so it is clearer which ones, overall, may be driving any gender paygap.

a. Training roles

Medical & Dental staff (exc. consultants)	Male		Female		Average Hourly Rate
	No.	% ⁵	No.	% ⁵	
Foundation 1	17	49%	18	51%	£11.85
Foundation 2	12	30%	28	70%	£13.53
Senior House Officer	3	60%	2	40%	£15.20
Specialist Registrar	61	48%	66	52%	£18.58
Specialty Registrar	18	44%	23	56%	£19.62
Totals	111	45%	137	55%	£16.92

% all females in these roles whose pay is below the average (£16.92):	56%
% all females in these roles whose pay is above the average (£16.92):	44%

b. Non-training roles

Medical & Dental staff (exc. consultants)	Male		Female		Average Hourly Rate
	No.	% ⁶	No.	% ⁶	
Trust Grade Doctor - Registrar	21	54%	18	46%	£17.25
Specialty Doctor	16	44%	20	56%	£31.03
Associate Specialist	11	65%	6	35%	£38.42
General Medical Practitioner	4	80%	1	20%	£43.43
Medical Director	1	100%	0	0%	£68.42
Staff Grade	1	33%	2	67%	£69.14

⁵ This is the % of all males and females out of the total number of people at each payband

⁶ This is the % of all males and females out of the total number of people at each payband

Hospital Practitioner	1	25%	3	75%	£79.95
Totals	55	52%	50	48%	£31.01

% all females in these roles whose pay is below the average (£31.01):	64%
% all females in these roles whose pay is above the average (£31.01):	36%

c. All roles

Medical & Dental staff (exc. consultants)	Male		Female		Average Hourly Rate
	No.	% ⁷	No.	%	
Foundation 1	17	49%	18	51%	£11.85
Foundation 2	12	30%	28	70%	£13.53
Senior House Officer	3	60%	2	40%	£15.20
Specialist Registrar	61	48%	66	52%	£18.58
Specialty Registrar	18	44%	23	56%	£19.62
Trust Grade Doctor - Registrar	21	54%	18	46%	£17.25
Specialty Doctor	16	44%	20	56%	£31.03
Associate Specialist	11	65%	6	35%	£38.42
General Medical Practitioner	4	80%	1	20%	£43.43
Medical Director	1	100%	0	0%	£68.42
Staff Grade	1	33%	2	67%	£69.14
Hospital Practitioner	1	25%	3	75%	£79.95
Totals	166	47%	187	53%	£21.11

% all females in these roles whose pay is below the average (£21.11):	75%
% all females in these roles whose pay is above the average (£21.11):	25%

⁷ This is the % of all males and females out of the total number of people at each payband

Key point:

- Across Medical and Dental staff in training roles, non-training roles, or overall, women are more likely to be earning less than the average hourly rate. This reflects the higher proportion of women currently entering training but also suggests a need to explore issues of career progression for women across all roles below consultant level.

7. Admin & Clerical staff by payband

a. Distribution of Admin & Clerical staff by payband

The percentage of all females at Bands 1-4 is currently high (78%) and has changed little since 2010 (79%).

Admin & Clerical staff	Male		Female		Female (2010)	
	No.	% ⁸	No.	% ⁸	No.	%
Apprentices	5	45%	6	55%	-	-
Band 1	4	33%	8	67%	14	88%
Band 2	69	15%	398	85%	360	85%
Band 3	42	10%	385	90%	259	94%
Band 4	44	14%	269	86%	352	91%
Band 5	37	27%	99	73%	101	64%
Band 6	51	44%	66	56%	65	63%
Band 7	36	40%	54	60%	37	61%
Band 8+	69	44%	89	56%	59	48%
All bands	357	21%	1374	79%	1247	81%

b. Paygap by payband for Admin & Clerical staff (median)

Admin & Clerical staff	Male hourly pay (median average)	Female hourly pay (median average)	% paygap
Band 1-4 (inc. apprentices)	£9.19	£9.19	0%
Band 5+	£18.01	£17.16	4.7%

a. Paygap by payband for Admin & Clerical staff (mean)

Admin & Clerical staff	Male hourly pay (mean average)	Female hourly pay (mean average)	% paygap
Band 1-4 (inc. apprentices)	£9.07	£9.48	-4.6%
Band 5+	£20.45	£18.81	8.0%

Key points:

- The proportion of females starts to drop noticeably, within the Admin & Clerical staff group, past Band 5.
- This is consistent with the pay gap appearing at Band 5+, rather than within Bands 1-4.

⁸ This is the % of all males and females out of the total number of people at each payband