# Gender Pay 

## Gap Report

## 2019/20

## Foreword

Fostering and supporting a diverse and inclusive workforce is at the forefront of our Trust's plans to be the Employer of Choice in order to enable on-going delivery of outstanding patient care.

Our organisation is $76 \%$ female and our results show that like the majority of other NHS organisations we continue to have a gender pay gap. This is the third gender pay gap report the Trust has published and the report shows a reduction of $0.9 \%$ in the median and $1.1 \%$ in the mean pay gap, but a pay gap still exists of $17.7 \%$ when expressed as a mean average and $11 \%$ as a median average, therefore there is more work to do.

The gender balance at Executive Director level is 50\% female and 50\% male compared to the overall workforce profile of $76 \%$ female and $24 \%$ male. This is favourable to the typical gender balance of female executive directors at Acute Trusts which is $42 \%$ across London (NHS Women on Boards 50:50 by 2020)

This year we have become joint chairs of the Trust's women's network and are committed and driven to support women with their career progression within the organisation, with a particular focus on BAME women working at the Trust. Goals will include extending the inclusion of an equality and diversity champion to Band 7 interviews and assisting with cultural induction of overseas nurses to fast track assimilation within the organisation. It is hoped that this will have a positive impact upon the number of women in senior posts within the organisation.

Plans for the rest of the financial year include undertaking work to support women focusing on preconception all the way through to returning to work following maternity leave, reviewing the flexible working policy and looking at supporting women with their health issues in the workplace. This will include developing a staff menopause policy to review supportive measures for more mature women to help keep them at work and comfortable in the workplace enhancing ability to apply for more senior posts within the organisation.


Cathy Hill and Victoria Cochrane
Joint Chairs of the Women's Network

## Gender Pay Gap Report

This report includes the statutory requirements of gender pay gap legislation and includes information about the Chelsea and Westminster Hospital NHS Foundation Trust's commitment to closing this gap. The snapshot date of this report is 31 Mar 2019.

## Our Workforce Profile



## Gender Pay Gap calculations

## Average gender pay gap as a mean average

The gender pay gap when expressed as a mean average shows that female staff earn $17.7 \%$ less than male staff. This equates to a difference of $£ 4.42$.


## Average gender pay gap as a median average

The gender pay gap when expressed as a median average shows that female staff earn $11.0 \%$ less than male staff. This equates to a difference of $£ 2.25$.


## Average bonus gender pay gap as a mean average*

The gender bonus pay gap when expressed as a mean average shows that female staff earn $23.2 \%$ less than male staff. This equates to a difference of $£ 3,419$ perannum.


## Average bonus gender pay gap as a median average*

In 2019/20 the average bonus pay gap as a median average was $£ 9,048$ for both males and females so there is no differentiation between genders in this area.

* For the purpose of this report the bonus payments referred to are those made to consultants in the form of Clinical Excellence Awards (CEAs)—as at 31 Mar2019 there were 482 consultants at the Trust ( $51 \%$ male / $49 \%$ female)


## Gender pay gap calculations by staff group

Beyond gender pay gap legislation reporting requirements, the Trust has looked at the gender pay gap by staff group to identify any areas of concern.

|  | Gender pay gap by staff group |  |
| :--- | :--- | :--- |
| Medical and dental <br> 9.43\% gap (male higher) | $52.5 \%(£ 44.66)$ | $(£ 40.45) 47.5 \%$ |
| Nursing and midwifery <br> 0.15\% gap (female higher) | $50.1 \%(£ 20.43)$ | $(£ 20.46) 49.9 \%$ |
| Allied health professionals <br> 0.76\% gap (female higher) | $49.8 \%(£ 22.34)$ | $(£ 22.51) 50.2 \%$ |
| Scientific and technical <br> 8.47\% gap (female higher) <br> Healthcare scientists <br> 11.3\% gap (female higher) | $49.6 \%(£ 19.18)$ | $(£ 20.81) 50.4 \%$ |
| Additional clinical services <br> 1.27\% gap (female higher) | $49.6 \%(£ 12.35)$ | $(£ 21.93) 52.6 \%$ |
| Admin and clerical <br> 17.3\% gap (male higher) | $54.7 \%(£ 18.92)$ | $(£ 12.36) 50.4 \%$ |

In nursing and midwifery (N\&M) the pay gap for the first time is in favour of females. This can be attributed to an increase in the numbers of predominately female nursing staff following national and in particular international recruitment campaigns.

For the medical and dental staff group the pay gap in favour of males has reduced by $2.87 \%$ from $12.3 \%$ to $9.43 \%$ as at March 2019. Whilst there remains more female staff than male staff in junior doctor grades, at consultant level there were more female than male consultants. The pay gap remains affected by the number of male consultants who are at the top of their pay scales which reflects that we have more male staff with a longer length of service in this grade.

## Gender pay gap by Quartiles

Rates of pay are placed into a list in order of value and the list is divided into four equal sections (quartiles) and shows the percentage of males and females in each quartile.


## Closing the gender pay gap

The Trust continues to be committed to taking action in order to close the gender pay issues identified in this report and it is positive that we have continued to see some overall improvements compared to the previous year with our pay gap. In 2018/19 across the seven staff groups four had pay gaps in favour of males in 2019/20 this has halved too two.

There has been a $0.9 \%$ reduction in mean and a $1.1 \%$ reduction in median average pay gaps. This suggests that the pay gap can be partially attributed to length of service and, as female staff continue to move through their pay bands, they are catching up to male colleagues who are already higher on the pay scale due to their NHS or equivalent length of service.

We have updated guidance for managers on starting salaries to provide consistency yet retain flexibility with starting salaries to attract staff with previous relevant experience or service. We also continue to review the pay variation process for those staff who take on additional duties or responsibilities.

The 2018 round of clinical excellence awards incorporated for the first time a new CEA scheme replacing the scheme that has been in operation in recent years. The national changes for local CEA Awards meant that awards were allocated as a lump sum payment which is non-pensionable, non-consolidated and not uplifted for additional programmed activities. It was agreed at Trust level
that in this first year, individual awards should be set at a minimum value of $£ 7,500$, with higher level awards being set at $£ 12,500$ which would be awarded at the discretion of the Employer Based Advisory Committee panel. There were 85 applicants made with more applications from male consultants, 49 ( $57.65 \%$ ) of applications as opposed to 36 ( $42.35 \%$ ) from female consultants, however more female applicants were successful 27 ( $58.70 \%$ ) of successful applications compared to $19(41.30 \%)$ of male consultants were successful.

We are committed to the continuing the following actions to help to close the gender pay gap:

- Working with the Trust's women's network to explore available options to support female staff move into leadership roles
- Reviewing the Trust's flexible working policy to ensure this adequately supports all staff
- Developing of an acting up policy and reviewing the internal recruitment processes to ensure that a fair and consistent approach is taken to enable career progression opportunities for all staff
- Reviewing the Trust pay variation form and process to ensure this is being applied consistently
- Reviewing the proportions of men and women applying for and obtaining promotions by division
- Reviewing the proportion of women still in post a year on from return to work after maternity leave

