

Gender Pay Gap Analysis

1. Introduction

In April 2017 the government made a commitment to increasing transparency in how dispersed pay and remuneration is between men and women.

The gender pay gap report is an integral part of the Equality Act (2010) and a statutory requirement. All organisations whether in the private, public or third sector are required to publish, annually, their data on the divergence of pay and remuneration between men and women.

This is our second report since the legislation was implemented. In this report we share the data required as part of the legislation, but also aim to go further into detail as to what the statistics mean for our organisation, and review our progress from our previous report.

The data presented is accurate as at 31 March 2018, which is the statutory data capture point.

2. Gender pay and equal pay

The gender pay gap analysis is not the same as equal pay.

Equal pay deals with the pay differences between men and women who carry out the same job, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

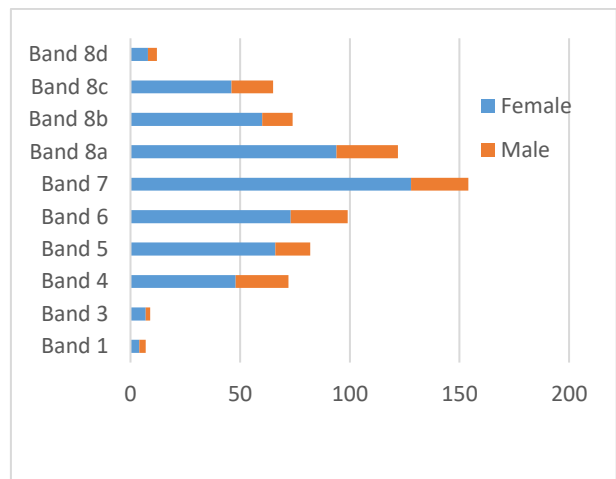
The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

3. Our workforce composition

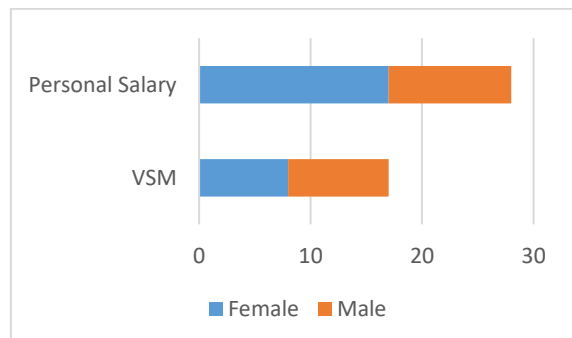
At the Tavistock and Portman we employ a workforce which is not dissimilar to other NHS organisations with just under a third of our staff being men.



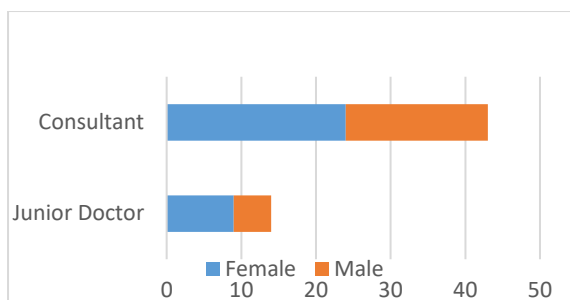
Provided below is an analysis of gender distribution across all of our pay grades. The data shows that women make up the majority in every pay scale.



Gender distribution by AfC grade



Gender distribution for those on local terms and conditions of service



Gender distribution for those on medical terms and conditions of service

4. Our organisation's pay systems

In our organisation we have six sets of terms and conditions. The first three are determined nationally by the Department of Health and Social Care (DHSC) and negotiated on the government's behalf by NHS Employers. These terms and conditions are the:

- NHS terms and conditions of service, formerly known as Agenda for Change and apply to the vast majority of our workforce. Pay in this scheme is determined through a structured and weighted job evaluation system;
- Junior doctor (2015) terms and conditions of service which apply to all doctors who work at the Trust after leaving medical school to the point of them obtaining their certificate upon completion of training (CCT) and becoming eligible to apply for a consultant position. Pay for these individuals are set in a structured pay scale which aligns to the level of training they have reached; and
- Consultant contract (2003) terms and conditions of service which apply to all medically qualified consultants.
- School teachers pay and conditions which apply to the teachers we employ at Gloucester House. There is a pay structure in place which is based on experience and responsibilities. Staff also receive an additional payment for working with Special Educational Needs.

The local pay schemes which we operate are the:

- Very senior manager (VSM) terms and conditions which are determined by the Trust's executive appointments and

remuneration committee and apply to all members of the executive management team; and

- Senior manager terms and conditions which apply to staff where their pay arrangements cannot be determined through the AfC job grading process. These salaries are reviewed annually by the chief executive, deputy chief executive and director of human resources and are set by using remuneration benchmarking.

5. The basic pay gap analysis

The basic pay gap is an analysis of all employees and the fixed pay elements that they receive (e.g. basic pay, high cost area supplement and others) and then an assessment of how pay differs by genders.

Hourly rate	Male	Female	Difference	% Difference
Mean	£25.52	£23.45	£2.07	8.09%
Median	£22.63	£21.50	£1.12	4.97%

Basic pay gap analysis table (2018)

Hourly rate	Male	Female	Difference	% Difference
Mean	£25.89	£23.38	£2.51	9.70%
Median	£22.40	£21.28	£1.11	4.97%

Basic pay gap analysis table (2017)

Our statistics show that we have a pay gap, but it is small. There has been minimal shift in the data since 2017 which has marginally reduced the mean pay gap.

6. Bonus pay gap

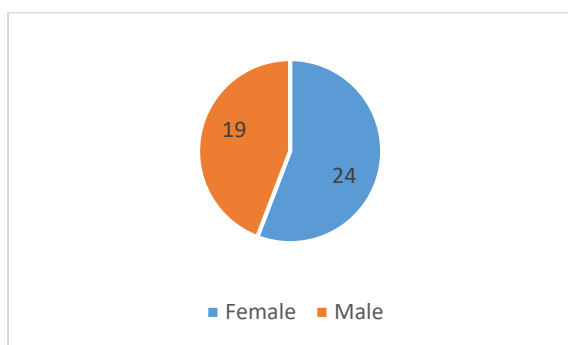
At the Tavistock and Portman we do not operate bonus schemes for any of our staff employed on agenda for change or very senior manager terms and conditions of service.

Part of the consultant contract (2003) terms and conditions of service, senior medical staff are eligible to apply, annually, for discretionary pay to award them for their merits in clinical care, education and research – these are known more commonly as clinical

excellence awards (CEAs). These are classified, for the purposes of this report, as bonuses.

There are two types of CEAs one which can be awarded by local employers through an annual application and assessment regime. The second is a national scheme operated by the Advisory Committee on Clinical Excellence Awards (ACCEA) which is a committee hosted by the Department of Health and Social Care (DHSC).

At the time that the data was captured to inform this report we employed 43 medical grade consultants.



Consultant gender distribution

Of those consultants 15 held local awards and 2 had been recognised by the ACCEA, nationally, for their achievement.

Bonus	Male	Female	Difference	% Difference
Mean	£14,972.06	£10,934.12	£4,037.94	26.97%
Median	£10,547.23	£8,613.70	£1,933.53	18.33%

Bonus pay gap analysis table (2018)

Bonus	Male	Female	Difference	% Difference
Mean	£17,789.92	£10,343.34	£7,446.57	41.86%
Median	£17,901.50	£5,769.55	£12,131.95	67.77%

Bonus pay gap analysis table (2017)

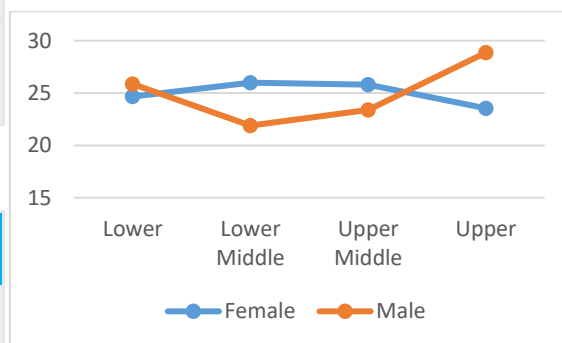
The data has identified that we have a difference in the number of male consultants receiving CEA payments compared to women. However since 2017 our bonus pay gap has reduced significantly. The mean pay gap has reduced by 14.89%, and the median has reduced by almost 50%.

The data point is from April 2017 to March 2018, therefore it is worth noting that the Gender Identity Clinic joined the Trust in April 2017. This contributed to the increase in Medical Consultant positions from 33 in 2017 to 43 in 2018.

One of the known issues with the CEA process is that the national framework tends to favour those that work full time. Through our local panel consideration process the assessors are mindful of the part time nature of our consultant workforce and that many of those that chose to work less than full time hours are normally women. Based on this, robust discussions have taken place at previous panels about to acknowledge this and give appropriate weighted credit, where it is appropriate.

7. Proportion of Males & Females in Pay Quartiles

Looking at the proportion of males and females in the pay quartiles overall at the Trust it is possible to see a trend in the data. Although over two thirds of our workforce are female there are differences in where the majority of males and females are in the pay quartiles.



Percentage of males & females in the Pay Quartiles (2018)

The statistics show that females peak in the middle two quartiles and then the proportion reduces in the upper pay quartile. However the proportion of males in the upper quartile increases.

The upper quartile will cover those individuals in the most senior positions in the Trust including higher banded Agenda for Change staff, Medical Consultants and also VSM's.

8. Conclusions and next steps

The workforce statistics have shown improvements since we have been reporting however they have highlighted a number of areas which we need to continue to address.

Over the coming months we will be exploring the data in a much more granular way to understand where our pay disparities are arising from and what action we can take to address these.