

**Royal Orthopaedic Hospital NHS Foundation Trust – Gender Pay Gap Report as at 30<sup>th</sup> March 2019**

This report provides data for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 in line with the Government Gender Pay reporting requirements. To inform this report we have used the Electronic Staff Record system to analyse pay data and meet our statutory obligations.

The results have been posted on the Government portal <https://gender-pay-gap.service.gov.uk/> in accordance with our statutory duty.

**Figure 1** provides the Gender Pay Gap for all staff (including bank-staff) working at the Royal Orthopaedic Hospital NHS Foundation Trust during the relevant period.

**Figure 2** provides the Gender Pay Gap for all staff working (including bank-staff) at the Royal Orthopaedic Hospital NHS Foundation Trust during the relevant period, excluding our medical workforce.

The data is based on a total of 1073 staff employed at ROH as at 31<sup>st</sup> March 2018 comprising of the following split:

|  | Female       | Male         |
|--|--------------|--------------|
| <b>Total Workforce</b>                             | <b>69.9%</b> | <b>30.1%</b> |
| <b>Medical Workforce as a % of Total Workforce</b> | <b>1.83%</b> | <b>30.7%</b> |

**Figure 1: Gender Pay Gap as of March 2018 – All ROH Trust staff (including bank-workers)**

|   |              |
|---|--------------|
| <b>Difference in <u>mean</u> hourly rate of pay –</b>   | <b>36.2%</b> |
| <b>Difference in <u>median</u> hourly rate of pay –</b> | <b>27.8%</b> |

**Employees by pay quartile**

|                           | Female       | Male         |
|---------------------------|--------------|--------------|
| <b>Upper Quartile</b>     | <b>46.8%</b> | <b>53.2%</b> |
| <b>Upper Mid Quartile</b> | <b>79.1%</b> | <b>20.9%</b> |
| <b>Lower Mid Quartile</b> | <b>78.7%</b> | <b>21.3%</b> |
| <b>Lower Quartile</b>     | <b>72.4%</b> | <b>27.6%</b> |

**Bonus Payments**

|                                     | Male | Female |
|-------------------------------------|------|--------|
| % of employees who received a bonus | 6.3% | 0.3%   |

Difference in mean bonus\* pay – 53.9%

Difference in median bonus\* pay – 62.2%

\*Total value of all bonus payments made in the relevant period

**Figure 2: Gender Pay Gap as of March 2018 – All ROH Trust staff excluding medical workforce**

Difference in mean hourly rate of pay – 5.9%

Difference in median hourly rate of pay – -0.9%

**Employees by pay quartile (excluding medical workforce)**

|                    | Female | Male  |
|--------------------|--------|-------|
| Upper Quartile     | 71.8%  | 28.2% |
| Upper Mid Quartile | 80.1%  | 19.9% |
| Lower Mid Quartile | 80.3%  | 19.7% |
| Lower Quartile     | 70.6%  | 29.4% |

**Bonus Payments (excluding medical workforce)**

|                                     | Male | Female |
|-------------------------------------|------|--------|
| % of employees who received a bonus | 0%   | 0%     |

Difference in mean bonus pay – 0%

Difference in median bonus pay – 0%

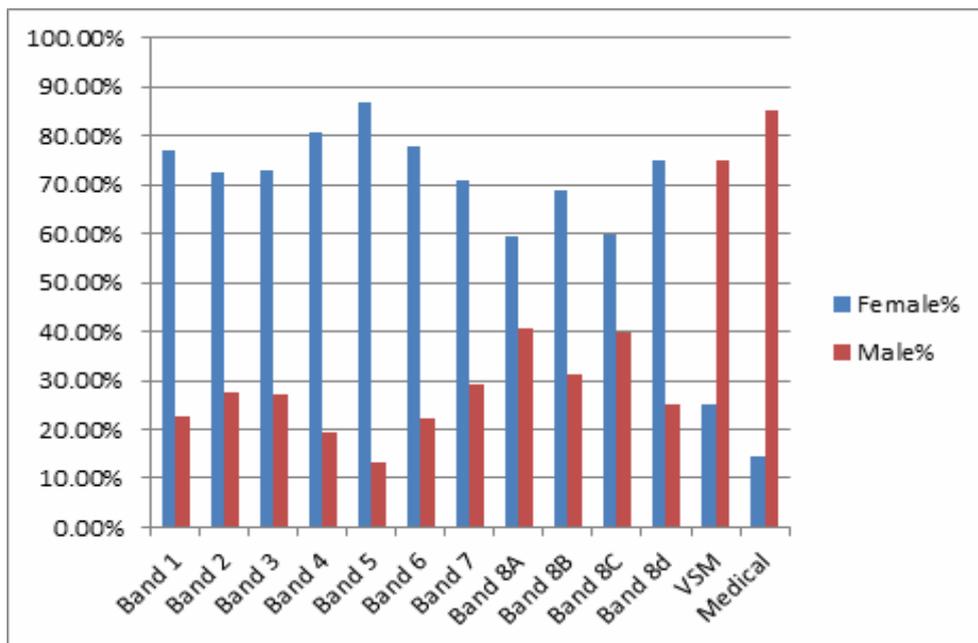
The only bonus payments made within the Trust are National and Local Clinical Excellence Awards (CEA) paid to Consultants in line with National NHS guidelines. The difference in bonus pay data is driven by the significantly higher ratio of male to female consultants. During the period the Trust employed 80 consultants of whom 76 were male and only 4 were female.

**Contextual Information:**

Gender pay reporting is different to equal pay which deals with the right for men and women to be paid the same when doing the same, or equivalent, work. The gender pay gap shows the difference in average pay of all men and average pay of all women within one organisation. It is therefore possible to have genuine equality of pay but still have a pay gap between genders. As a trust ROH, uses the Agenda for Change job evaluation framework to benchmark appropriate pay bandings to our roles, this in turn provides a process for paying staff equally for the same or equivalent work. Progression through pay steps under the Agenda for Change framework is based on time in post and satisfactory performance irrespective of gender.

The gender pay gap within the Trust is driven by the strong male bias in our medical workforce. This population of staff is generally our higher earning staff and makes up 8% of our total workforce. By comparison there is a strong female bias in our support roles which tend to be at the lower end of the pay range. As an acute NHS trust specialising in orthopaedics our medical workforce is reflective of the strong male bias in orthopaedic medical workforces nationally.

The chart below is used to illustrate how the composition of the workforce at ROH is distributed male to female by banding. What this shows is a significantly higher proportion of males in the highest two bands (VSM and Medical) while similarly at the lower bands the reverse is true with the proportion of females to males being significantly higher.



When our gender pay gap is recalculated removing the medical workforce the gap closes significantly to a gender pay gap of 5.9%, which is well below the national average of 17.9%. Furthermore the median pay gap is actually showing a negative at -0.9% for of our staff, excluding medical workforce, indicating that women are paid slightly more at the mid-point of pay than men. The median is often considered to be more statistically valid due to removing the extremes at either end of the pay scale. In addition while it has moved from -2.7% to -0.9% this can be seen as a positive shift towards pay parity.

The table below illustrates how ROH has much closer pay parity between the majority of our staff than our headline GPG figure suggests. Our data is skewed by the significantly higher pay rates of our medical workforce who are primarily male and reflected in the far higher GPG for the upper quartile group.

**Mean Gender Pay Gap by pay quartile (entire workforce)**

|                    | Average Hourly Pay<br>Female | Average Hourly Pay<br>Male | % GPG |
|--------------------|------------------------------|----------------------------|-------|
| Upper Quartile     | 24.95                        | 36.04                      | 30.8% |
| Upper Mid Quartile | 16.13                        | 16.34                      | 1.3%  |
| Lower Mid Quartile | 11.06                        | 11.11                      | 0.4%  |
| Lower Quartile     | 8.35                         | 8.42                       | 0.9%  |

**Why have we seen an increase in our GPG since we reported in March 2018?**

Since we first reported our gender pay gap data in March 2018 we have seen an increase in our Mean GPG by 2.4% and in our median GPG by 1.6%. This is of course disappointing but it is important to remember that gender pay gap reporting and measures to address any such gap must be based on long-term initiatives.

The following observations from our data may help to explain the reported increase:

- 25% of all female starters who joined the trust on a permanent basis started on a salary of £20,000 or less, that is they started at the lowest bands.
- We lost 3 permanent consultants one of whom was female and recruited 4 permanent consultants all of whom were male.
- Of all new permanent staff recruited during the period 19% of male recruits joined on a salary of £60,000 or more while only 1% of all female recruits during the period joined on a salary of £60,000 or more.

### Positive measures taken in 2018/19:

During the financial year 2018/19 ROH have been actively working on diversity, inclusion and equality activities to support the OD and wider Workforce Strategy. This has included:

- Leadership Development programmes including the NHS BAME Leadership Academy programme for women
- Establishment of an Equality & Diversity Network actively involved in events to support equality
- External career coaching programme to support senior females within ROH
- Implementation of a Band 6 Nursing Programme to enable professional development and grow our future leadership talent

### Summary:

The Executive team and the Board remain fully committed to taking positive steps towards closing our gender pay gap while being mindful of the professional and societal influences which affect an acute specialist trust such as the ROH. As such we will try to identify ways in which we can become more involved in national work to encourage more women into the orthopaedic speciality at a senior medical level, working for example with the National Orthopaedic Alliance and the British Orthopaedic Association.

The Royal Orthopaedic Hospital NHS Foundation Trust is committed to respecting and promoting equality, diversity and inclusion across all aspects of the people agenda. In 2018 we established the Equality & Diversity Network group and we will continue to work closely with them as well as our People Committee and Staff Side to look at ways in which we can continue the good work undertaken in 2018/19 and further address the issues which underline our gender pay gap.