

**Royal Devon & Exeter NHS Foundation Trust**

**Gender Pay Gap Report  
(Data as at 31<sup>st</sup> March 2021)**

**Contents**

	<b>Page</b>
<b>1. Introduction</b>	<b>2</b>
<b>2. Executive Summary</b>	<b>2</b>
<b>3. Reportable Data</b>	<b>3</b>
<b>4. National Benchmarking</b>	<b>4</b>
<b>5. Comparison with Previous Year</b>	<b>4</b>
<b>6. Sources of Pay Gaps</b>	<b>6</b>
<b>7. Action Planning</b>	<b>6</b>

## 1. 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 the government online using the gender pay gap reporting service.

This report fulfils our legal obligation to produce and comment upon the following data with regards our gender pay gap:

- mean gender pay gap;
- median gender pay gap;
- mean bonus gender pay gap;
- median bonus gender pay gap;
- proportion of males and females receiving a bonus payment and proportion of males and females in each pay quartile.

It should be noted that no bonuses are paid within the Trust as part of pay packages; however, for the purposes of the Gender Pay Gap report, ACCEA<sup>1</sup> payments, part of a national scheme are classified as a bonus.

Other than for medical and dental staff (doctors and dentists), some Apprentices, Non-Executive Directors and Very Senior Managers, all other 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. VSM's include Executive Directors and a small number of other senior posts.

The data in this report is based on a snapshot taken on 31<sup>st</sup> March 2021. The value of this report is in making year-on-year comparisons and benchmarking nationally. We can compare our performance with our own results submitted in the previous year and we have used comparative estimates from the Office for National Statistics (ONS) website to establish our benchmarking.

This report proposes a range of actions to complete further analysis to complement our "diagnosis" of our gender pay gap and to ensure that any actions recommended will be effective in assisting to reduce our gender pay gap.

## 2. EXECUTIVE SUMMARY

Our performance against the relevant national benchmarks continues to be respectable overall. Our headline gender pay gap is smaller than the median national average and also lower than both median and mean averages of industry sectors.

Due to issues within the ACCEA system for consultants, gender inequality is greater than would be expected against any national benchmark measure relating to the mean average, or payment of bonuses.

In the last gender pay gap report, it was noted that the national ACCEA scheme is changing.

---

<sup>1</sup> "ACCEA" stands for Advisory Committee on Clinical Excellence Awards

A review has now taken place resulting in some national recommendations<sup>2</sup>, due to be implemented in 2022; however, the outcomes from these are unlikely to result in any significant impact for several years. The pay gap due to the ACCEA scheme is also unlikely to close significantly unless female consultant representation is increased alongside an increase in applications to the ACCEA scheme.

Overall, gender equality, when considering the distribution of staff across the pay quartiles is better than seen nationally as derived from our unofficial benchmarking exercise. Comparison with the previous year's data shows that our pay gap using both the mean and median indicators has continued to reduce. The equality gap with regards who receives bonus pay has closed slightly, although the pay gap in the average value of bonus pay remains high.

It is nationally recognised that a gender pay gap amongst medical consultants in England exists. A review by UCL academic Professor Dame Jane Dacre entitled 'Mend the Gap: The Independent review into Gender Pay Gaps in Medicine in England'<sup>3</sup> was undertaken to understand the reasons behind this and to make recommendations to reduce the gender pay gap over the medium to long term.

### 3. REPORTABLE DATA

The data shown below is that which has been 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:	
<b>22.2% LOWER (mean)</b>	<b>9.3% LOWER (median)</b>
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
<b>31.5% MEN</b>	<b>68.5% WOMEN</b>
Upper middle quartile	
<b>17.7% MEN</b>	<b>82.3% WOMEN</b>
Lower middle quartile	
<b>22.1% MEN</b>	<b>77.9% WOMEN</b>
Lower quartile	
<b>19.9% MEN</b>	<b>80.1% WOMEN</b>
Women's bonus pay is:	
<b>45.4% LOWER (mean)</b>	<b>34.9% LOWER (median)</b>
Who received bonus pay:	
<b>4.8% OF MEN</b>	<b>0.5% OF WOMEN</b>

<sup>2</sup> [New reforms to make consultant awards fairer and more accessible - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/new-reforms-to-make-consultant-awards-fairer-and-more-accessible)

<sup>3</sup> ["System-wide efforts" required to resolve gender pay gap in medicine | UCL News - UCL – University College London](https://www.ucl.ac.uk/news/2020/04/system-wide-efforts-required-to-resolve-gender-pay-gap-in-medicine)

## 4. NATIONAL BENCHMARKING

The table below shows our performance against the most recent official headline pay gap benchmarking, for all employers, from ONS<sup>4</sup>:

	Pay gap based on median average	Pay gap based on mean average
National benchmark	15.4%	14.9%
Human Health Activities	18.8%	21.3%
Hospital Activities	14.3%	20.4%
RD&E	9.3%	22.2%

The above benchmark is for “all employers”, as opposed to “large employers” (those with 250+ employees) who are legally required to produce reports such as this one.

### Commentary

The pay gap based on the median average is the most reliable and widely used measure of gender pay equality. It is therefore particularly pleasing that our Trust compares well with the benchmarks, shown above, against this measure.

When the pay gap is measured using the mean average, this allows “outliers” at either end to distort the measure. That the human health & hospital activities benchmark is higher than the national score for this criterion suggests that the sector as a whole is vulnerable to such distortion. It is pleasing, however, that our own result compares favourably with the sector benchmarks.

## 5. COMPARISON WITH PREVIOUS YEAR

### Mean average (hourly rate of pay)

	2020	2021	% change
Male	£20.30	£20.60	1.48%
Female	£15.55	£16.03	3.08%
% difference	23.40%	22.17%	-1.23%

### Median average (hourly rate of pay)

	2020	2021	% change
Male	£15.40	£15.66	1.69%
Female	£13.67	£14.20	3.88%
% difference	11.23%	9.34%	-1.89%

### Quartiles

Quartile	2020		2021		% change	
	Male	Female	Male	Female	Male	Female
Top	31.9%	68.1%	31.5%	68.5%	-0.4%	0.4%
Upper middle	18.5%	81.5%	17.7%	82.3%	-0.8%	0.8%
Lower middle	21.1%	78.9%	22.1%	77.9%	1.0%	-1.0%
Lower	19.9%	80.1%	19.9%	80.1%	0.0%	-0.0%

### Bonus pay

% receiving bonus pay	2020	2021	% change
Male	5.50%	4.79%	-0.71%
Female	0.60%	0.54%	-0.60%

### Bonus pay mean average

	2020	2021	% change
Male	£12,507.19	£12,740.13	1.86%
Female	£7,619.17	£6,957.46	-8.68%
% difference	39.08% (lower)	45.39% (lower)	6.80%

### Bonus pay median average

	2020	2021	% change
Male	£9,048.00	£9,048.00	0.00%
Female	£5,910.36	£5,893.77	-0.28%
% difference	34.70%	34.86%	0.16%

### Consultants

Consultants	Male	Female	Total	% Female
2020	254	132	386	34%
2021	259	138	397	35%

### **Commentary**

Since last year, performance against the mean average pay gap and the median average pay has improved slightly, with the mean pay gap reducing. There have only been slight changes in the composition of representation in all pay quartiles.

Bonus pay affects higher earners, so would be linked more directly to performance against the mean average gender pay gap indicator (which is sensitive to changes in the “outliers” i.e. those who are the highest and the lowest earners), as opposed to the indicator based on the median average. The changes within the patterns on bonus pay have not had any significant impact on the mean average gender pay gap indicator.

This might suggest that within the consultant staff group, the gender balance of those within ACCEA has improved slightly, but equality gaps remain on both measures.

The information relating specifically to consultants suggests that gender inequalities with regards to accessing consultant jobs are improving, as the proportion of female consultants is increasing; however, further action is required in line with the aforementioned national report to support female consultant colleagues.

## 6. SOURCE OF PAY GAP

Last year, our data analysis showed that our pay gaps were largely being driven by the bonus pay (ACCEA) given to consultants. The table below shows the impact of excluding consultants from our mean and median average gender pay gap indicator, as last year their exclusion significantly impacted the indicators.

	RD&E All Staff			RD&E Excluding Consultants		
	Male Hourly Rate	Female Hourly Rate	Gap	Male Hourly Rate	Female Hourly Rate	Gap
Mean average	£20.60	£16.03	22.18%	£16.45	£15.43	6.20%
Median average	£15.66	£14.20	9.32%	£14.02	£14.02	0.00%

This year the impact of removing consultants from the average is again significant, with the mean pay gap reducing to less than half the national average and for median rates showing almost no gender pay gap. This demonstrates an improvement on last year's data, however, it is not hugely significant in comparison but a positive step nonetheless.

## 7. ACTION PLANNING

The recent review of the medical gender pay gap has provided further insight into this issue within medicine and has resulted in several recommendations, which are likely to become a focus for the health service over the coming years in attempting to reduce the gender pay gap.

It is recommended that a senior clinician is appointed to lead the review of this report and creation of an action plan with a view to enabling the gender pay gap to be closed within this key staff group and that any actions planned are coordinated with NDHT as part of the integration planning and as a contribution towards the 'Towards Inclusion' programme.

Our inclusion plans will look to improve our overall recruitment processes, training requirements and policies, which the Trust believes will have a positive impact on our workforce and gender equity. The Diversity and Inclusion Steering Group has begun to review the existing inclusion plans and will consider these alongside the outcomes from statutory reporting as well as wider intelligence to produce an overarching action plan. It is planned that the Group will agree new joint priorities for 2022/23 and look to develop a three-year Equality, Diversity & Inclusion Strategy.

Further to the above actions with the proposed merger of RD&E and NDHT it is recommended that a separate report and a joint report would be submitted in 2022/23 in order to provide a baseline for the transition to one organisation. The reporting will also be done earlier in the year in order to reduce the reporting lag and enable action to be taken earlier in the year.