**APPENDIX 5 – ABOUT GENDER PAY GAP REPORTING**

**The Purpose of the National Gender Pay Gap Reporting Requirement**

Gender Pay Gap Legislation came into force in 2017. It was necessary even though 2017 marked 42 years since the Sex Discrimination Act 1975 made provision for Gender Equality in the work place.

This is because women actually still face long term inequalities and are disadvantaged by unfair or lesser treatment in the workplace (see pages 4-5)

The legislation requires all employers with 250 plus employees to capture and analyse specific data and to publish an Annual Gender Pay Gap Report.

**Gender Pay Gap and Equal Pay are not the same thing**

It is important to know that the gender pay gap differs to equal pay. Equal pay is about pay differences between men and women who carry out the same job for different pay, which is unlawful. The gender pay gap is not unlawful but shows the difference in average pay of all men and the average pay of all women employed by the Trust. It is possible to have genuine pay equality but still have a significant gender pay gap. Such a Gender Pay Gap could affect an employer’s reputation.

**The Trust’s capture of annual data and Reporting**

The first capture of annual data was at the 31st March 2017 with the statutory Report published by the deadline of March 30th 2018.

The data has to be captured annually at the 31st March, and specific data submitted to a national Government data base and publicly reported on by the 30th of the following March. The report has to be published transparently on the Trust’s website, and the submitted data is transparently available to all.

**What does the Trusts report show?**

Transparent data about gender and pay across the Trust which can be benchmarked with that of National, NHS, Public Sector or other group data. Also information and analysis to explain the resulting data and to detail any areas to address as part of demonstrating our commitment to equality.

For more detail about what this involves and outcomes:

* **View the reports on the Trust Website here**: - <https://www.bedfordshirehospitals.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents/>
* **View the submitted data and compare national employers’ results here**: <https://gender-pay-gap.service.gov.uk/>
* **View Gender pay gap guidance here:** <https://www.gov.uk/government/collections/gender-pay-gap-reporting>
* **View Understanding results here**: <https://gender-pay-gap.service.gov.uk/guidance/eight-ways-to-understand-your-organisations-gender-pay-gap/overview>

**The Trusts Gap is significant**

The key impacts to our results are the ratio of men to women which in 2020 is 19%:81% respectively along with a much lower representation of male in lower grades / pay quartiles and a much higher representation of male in higher grades/ pay quartiles.

For instance the greatest proportion of our employees are nurses and nursing support staff such as healthcare assistants, the majority of which are female whilst consultants who are in the higher pay quartile are mostly male and are the only grade who also receive a bonus.

**Find out more here:** <https://www.bedfordshirehospitals.nhs.uk/corporate-information/equality-and-diversity/annual-reports-and-relevant-documents/>

**How the data is used -** The data is used for measuring career opportunities, promotions and progress for women and the wider the gap the more indication of inequalities and poor organisational performance for women. There are significant benefits and values for both genders, for an organisation and for the UK economy in having an equalised workforce.

**Learning and Benchmarking –** All NHS organisations including NHS Employers, NHS England and CQC are completing Gender Pay Gap Reports.

View and compare national NHS employers’ results compared here <https://gender-pay-gap.service.gov.uk/>

NHS Employers offer support and encourage the sharing of good practice view here: <https://www.nhsemployers.org/genderpaygapreporting>

**Recommendations and actions -** the Trust is required to understand the data and have action plans for continuous improvements to the Gender Pay Gap.

**Trust Commitment** to promoting equality and diversity in the workforce, along with inclusive leadership is crucially associated with increased patient-centred care, innovation, staff morale and access to a wider talent pool.

**Well Led Domain - Care Quality Commission’s CQG Role –** This is part of the “well led” domain in the CQC inspection programme for NHS organisations. The CQC will look to see how the Trust is addressing any issues arising from their reports and data as part of the evidence used in the inspections.

# Equality Delivery System EDS – CQC also look at the Trusts performance on Gender as part of the EDS2 which is designed to help the Trust review and improve their performance for patients, communities and staff for characteristics protected by the Equality Act 2010. This falls especially under EDS2 Goals 3 and 4:

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| Goal 3: A representative and supported workforce – EDS2 outcomes:3.1 – Fair NHS recruitment and selection processes lead to a more representative workforce at all levels3.3 – Training and development opportunities are taken up / positively evaluated by all staff3.4 – When at work, staff are free from abuse, harassment, bullying and violence from any source3.6 – Staff report positive experience of their membership of the workforce |
| Goal 4: Inclusive leadership – notably EDS2 outcomes:4.1 – Boards / senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations4.3 – Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. |

**How this connects to other Equality Areas and Initiatives**

* **The Workforce Race Equality Standard WRES 2016** onwards (see appendix 3) also looks to see if Black and Minority Ethnicities BME staff have equal access to career opportunities and fair treatment within the NHS.

Of the 9 WRES indicators, 2 focus on Board level representation and clinical and non-clinical band representation of BME staff. (The Trust seek to add gender and BME females to the measures of performance in these areas).

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| **WRES Indicator 1 -** Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Note: by non-clinical and clinical staff |
|  **WRES Indicator 9** - Percentage difference between the Trusts Board voting membership and its overall workforce  |

This will help with evidence based action, show the degree of gender / BME representation at senior management, board and band levels and highlight differences to show where we are, where we need to be and to consider and plan how we can get there.

* **The Workforce Disability Equality Scheme WDES 2019 onwards**

As for the WRES above this also applies to the WDES (see appendix 4)

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| **WDES Metric 1 -** Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Undertake this calculation separately for non-clinical and for clinical staff and across 7 different banding Groups (see Appdx 4).  |
| **WDES Metric 10 -** Compare the difference for Disabled / non-disabled staff. The Percentage difference between the organisations’ Board voting membership and its organisations’ overall workforce, disaggregated by:* By voting membership of the Board.
* By Executive membership of the Board
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**Ethnicity and Disability Pay Gaps**

The Government / Government Equalities Office are looking at the potential for future legislative requirements to measure Ethnicity, Ethnicity and Gender, and Disability Pay Gaps.

**National Information about the causes of the Gender Pay Gap**

Entrenched Inequalities have meant limited progress for Women, these include:

**Division of Unpaid care and domestic work**

A major cause of gender inequalities lies in unequal division of unpaid care and domestic work where currently on average, women carry out 60% more unpaid work than men reducing their ability to participate in the paid labour market so that women:

* Have an employment rate of 73%, compared to 80% for men
* Are more likely to be in low-paid sectors and insecure employment,
* Make up the majority of low-paid earners, part-time employees, temporary workers, zero-hours contract workers, and part-time self-employed workers
* Have a negative pay gap - in 2019, the national gender pay gap for full-time employees was 8.9%, and 17.3% for all employees (it is generally much higher for the NHS)

These bring about a greater incidence of poverty among women, with fewer assets and lower incomes over their lifetime. The gender inequalities in the paid economy also work to reinforce the unequal division of unpaid care.

* Career wise for women, there may be still be bias about employment due to breaks in employment and perceived lack of focus or costs to the organisation if a the woman is a mother or carer.

* But the costs of those breaks or of time spent caring to a mother or carer can mean reduction or loss of e.g. wellbeing, career prospects, income or pension.
* 90% of lone parents are women, and so women are likely to earn less, use social security more, and have lower savings.
* Where gender inequality exists, it is generally women who are disadvantaged. For instance by being carers or mothers, having fewer opportunities for paid work or careers, for health education, unequal power in a sexual partnership, or exposure to gender-based violence.
* Maternal health is also an issue of specific concern. Also being able to contribute to decision-making and access to economic and social resources.
* Gender attributes and expectations vary widely among societies and are changeable. Changes have especially meant progressively more inclusion and fair treatment over time for the UK and Western world but more work is needed.

**Gender and other characteristics or impacts**

Progress and experiences can be impacted by diverse communities within the UK where change is also affected by other characteristics such as religion or belief, ethnicity or socio-cultural norms or gender identity.

These can affect female roles and their employment, mental or physical health, wellbeing, access to and uptake of health services and health outcomes experienced throughout their lifetime.

**Violence against Women and Girls -** is another form of gender inequality, with links to women’s economic inequality. Poverty is linked to higher rates of domestic abuse and can also prolong women’s exposure to abuse by reducing ability to leave violent relationships. Also abusive relationships disadvantage women by limiting opportunities for paid work making violence against women a cause and a consequence of women’s economic inequality.