The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Agenda Item 4.

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Karen Charman	Decision		High	Med	Low
	Discussion			√	
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	√			
	Operational				
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			HR Strategy – Recruit , Retain and Manage Well		
CQC Domain: (safe, caring, effective, responsive, well-led)	Effective, Well Led				

Meeting Date: **27 March 2018**

Report Title: **Gender Pay Gap Report – March 2018**

PURPOSE:

To provide the Trust Board with the outcomes of our the first Gender Pay Gap report which will loaded onto the HRMC website by March 31st 2018 , together with explanations and future actions

SUMMARY:

Introduction

Legislation has made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. Government departments are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data by 30 March 2018 (and then annually), including mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

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.

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

Top line Results

1.	The mean gender pay gap for QEH	27.35%
2.	The median gender pay gap for QEH	14.82%
3.	The mean gender bonus* gap for QEH	37.40%
4.	The median gender bonus* gap for QEH	33.33%

Tables illustrating the quartile pay distributions and also the differential between the differing pay grades are included in the attached report

The Trust Board should note that although the overall mean gender pay gap for QEH is 27.35% this is not represented across the differing pay bands. In fact 9 out of 15 pay bands have a positive gender pay gap in favour of women. Analysis suggests that the gender pay gap may be attributed to the medical roles, typically the highest earning roles within the QEH. Such is the disproportionality, relative to the pay rates for all staff groups, the gender pay gap is enhanced.

Positively, over the past ten years there has been significant growth in the percentage of women in medical roles, which should see the gender pay gap diminish with time e.g.

- Female consultants – increased from 19.32% in 2007 to 23.77% in 2017
- Female non consultant medical roles – increased from 30.41% in 2007 to 52.66% in 2017

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√					√

RECOMMENDATIONS:

The Trust Board is requested to note the content of the report and its subsequent publication of the key figures and to agree to the full report attached being made available as link on the national page. This will allow any person seeking to know more about the reasons behind our pay gap to access the fuller information more easily.