

Gender Pay Gap Report

As at 31 March 2017

Background to the Trust

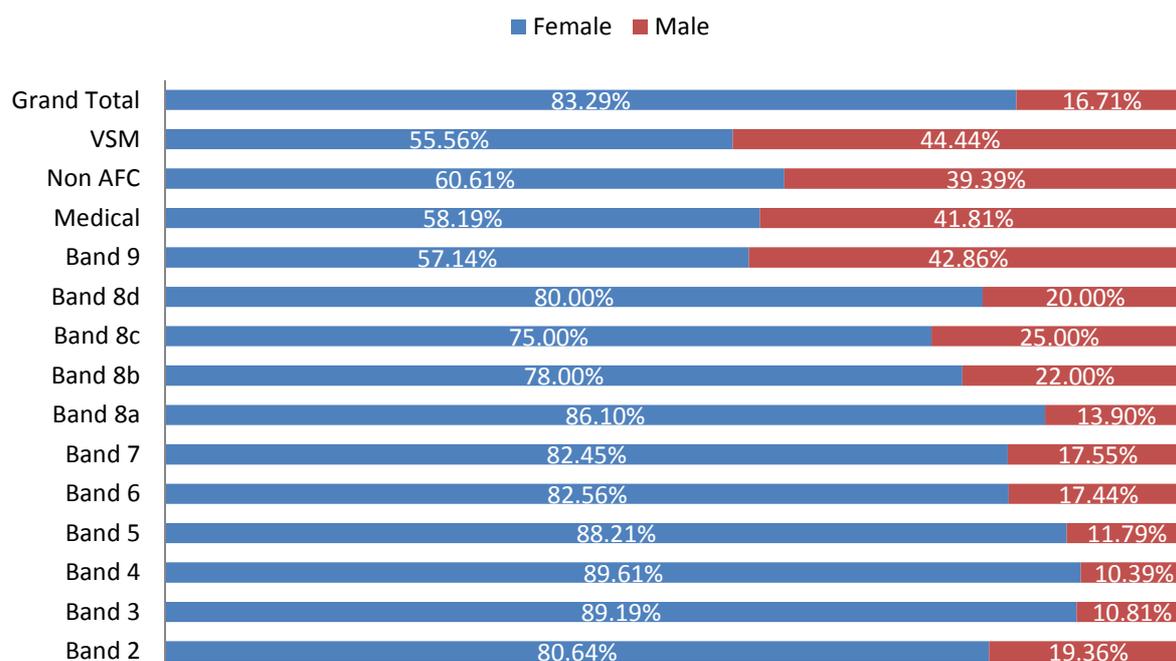
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is a health and social care organisation supporting a population of about a million people each year with around 4,000 staff. Our largest bases are at the Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge, but our staff are based in more than 50 locations.

With an active diversity network CPFT is committed to being an equal opportunities employer and to building equality, diversity and inclusion into everything that it does.

It is important to stress that the **Gender Pay Gap is different to Equal Pay**. CPFT is confident that its gender pay gap does not stem from paying men and women differently for the same or equivalent work as it is unlawful to pay people unequally because they are a man or a woman. The Trust's gender pay gap is the result of the roles in which men and women work within the organisation and the salaries that these roles attract.

The graph below details the gender distribution within the Trust for March 2017. In all pay bands women outnumber men and in some cases by a significant number. The pay band with the largest proportion of staff is Band 6, these are predominately Nurses and Therapists. Band 1 is omitted as the Trust currently employs only one female Band 1.

Distribution Of Male & Female Staff Within Pay Bands By Headcount



What do we do to ensure equal pay?

As noted earlier in this report, gender pay is different to equal pay.

Legislation requires that men and women must receive equal pay for:

- The same or broadly similar work
- Work rated as equivalent under a job evaluation scheme
- Work of equal value

CPFT is committed to the principle of equal opportunities and equal treatment for all employees, regardless of sex, race, religion/belief, age, marriage/civil partnership, pregnancy/maternity, sexual orientation, gender reassignment or disability. It has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristics set out above).

We deliver equal pay through a number but primarily through adopting nationally agreed terms and conditions for NHS workforce:

NHS Agenda for Change Terms and Conditions of Service (AfC).

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place at CPFT.

Typically, AfC terms and conditions apply to nursing, allied health professionals and administration and clerical staff, which are the majority of the workforce.

Where appropriate, locally agreed policies may supplement AfC arrangements, such as:

- Family friendly policies
- Evaluating job roles and pay grades as necessary to ensure a fair structure starting salaries policy

Medical and Dental Staff are employed on national Terms and Conditions of Service (TCS) and pay arrangements.

These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all Consultants, Medical and Dental staff and Doctors and Dentists in training.

Very Senior Managers (VSM) and Chairs and Non-Executive Directors (NED).

As an NHS Foundation Trust, CPFT is free to determine its own rates of pay for its VSM's and NED's. VSM's include Chief Executives, Executive Directors and other senior managers with board level responsibility who report directly to the Chief Executive.

Gender Pay Gap Reporting

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 the 31st 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.

A quartile is where you take the range of data and divide it up. In this case it would be the range of hourly earners divided into four groups. So the Lower quartile will be the lower 25% of staff hourly wages.

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.

CPFT supports the fair treatment and reward of all staff regardless of their protected characteristic.

Definitions and Scope

The gender pay gap is the difference between the mean earnings of men and women, expressed relative to men's earnings. For example, 'women earn 15% less than men per hour'. We are also required to express this percentage from the median hourly wage also.

The mean pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women, i.e The hourly gap divided by the average for men equates to the mean gender pay gap.

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

The report is based on rates of pay for the financial year 2016/17. It includes all workers in scope at 31 March 2017. A positive figure indicates a gender pay gap disadvantageous to women; a negative figure indicates the gender pay gap disadvantageous to men:

<i>Figure 1: Gender Pay Gap</i>			<i>Figure 2: Gender Pay Gap Bonus*</i>		
Gender	Mean Hourly Rate	Median Hourly Rate	Gender	Mean Hourly Rate	Median Hourly Rate
Male	19.07	15.60	Male	10,918.40	5,967.20
Female	15.69	14.56	Female	12,199.14	5,215.83
Difference	3.38	1.04	Difference	1,280.74	751.37
Pay Gap %	17.75	6.68	Pay Gap %	-11.73	12.59

**Please see comments later in this report explaining what constitutes a bonus*

As already highlighted from the Distribution chart on page 1, the proportion of female to male staff is much higher in lower bands, which would explain why there is a gender pay gap. To understand in more detail, you can see the breakdown of the workforce in pay quartiles.

Pay Quartiles by Gender

The table shown below is the standard gender pay gap report from OBIEE which is the new reporting platform for ESR data. Those in the 1st quartile will be all employees whose standard hourly rate places them at or below the lower quartile. Equally those who are in the 4th quartile will include all employees whose standard hourly rate places them above the upper quartile.

Figure 3: Gender Pay Gap Quartiles

Quartile	Female	Male	Female %	Male %
1 (Lowest Paid)	793	150	84.09	15.91
<i>Lower Quartile</i>				
2	748	139	84.33	15.67
<i>Median Quartile</i>				
3	840	156	84.34	15.66
<i>Upper Quartile</i>				
4 (Highest Paid)	730	216	77.17	22.83

This shows that proportionally there are more male staff working in the upper quartile to other quartiles, and also that this quartile has the lowest number of female staff, compared with the other quartiles, illustrating why there is a gender pay gap.

Figure 4 details how many of our staff received what would be classified as a bonus, this is a Clinical Excellence Award, which is awarded to medical staff only. Of the total workforce, only 0.47% of female staff received a bonus, while 2.47% of Male staff received a bonus, whilst a larger proportion of the male workforce received a Clinical Excellence Award, figure 2 highlights the mean gender pay gap for bonuses is in favour of females, whilst the median gender pay gap is in favour of males.

Figure 4: Gender Pay Gap Bonus

Gender	Employees Paid Bonus	Total Relevant Employees	Percentage paid bonus
Female	17	3581	0.47
Male	19	769	2.47

Next Steps

The Gender pay gap report will be shared with the Diversity Network and Workforce Executive to make informed decisions on any actions that are required to improve the gender pay gap. It is clear from the information provided that types of roles often attract a particular gender and this is an area we can work on to challenge associations of gender roles when promoting Healthcare and administrative professions. One of our methods of achieving this would be using work experience and school career events.

One area the Trust is currently focusing on is flexible working opportunities and ensuring women are not put off furthering their career by rigid schedules and lack of flexibility. Since March 2017 a number of senior female appointments have been made, with an Executive team in March 18 accounting of 6 females to 2 males.