# LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

# GENDER PAY GAP REPORT

# Data as at 31st March 2019

# Introduction to Gender Pay Reporting

Since 2017, Gender Pay Gap Legislation gives a statutory requirement to all employers with 250 or more employees to capture and analyse specific data and to publish an Annual Gender Pay Gap Report. [[1]](#footnote-1)

The legislation was necessary even though 2017 marked 42 years since the Sex Discrimination Act 1975 came into force making provision for Gender Equality in the work place. This is because women still face long term inequalities and are disadvantaged by unfair or lesser treatment. (Relevant NHS Gender Statistics can be seen in Appendix 1 of this report). This reporting provision is also relevant to the application of the Public Sector Equality Duty and part of NHS Contract.

# Publication Requirements

This the third annual report capturing the required annual data and results. Specific data is up-loaded to a UK Government website, and the report is published transparently on the Trust’s website, to ensure that the gender pay gap will be publicly available to stakeholders, employees and potential future recruits.

|  |
| --- |
| This GENDER PAY GAP REPORT - Data as at 31st March 2019 |
| Signed and Approved for Publication by – David Carter |
| Role in the Organisation – Chief Executive Officer |
| Date – |

# The Gender Pay Gap and Equal Pay are not the same thing

The gender pay gap differs to equal pay. Equal pay is in relation to 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. A significant Gender Pay Gap could affect an organisations reputation.

The data used is a tool 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.

# The Data Required by the Regulations

Employers are required to calculate:

* **Ordinary pay -** the gross hourly rate of ordinary pay relating to the pay period and then:
* **The gender difference** in the mean pay, median pay and mean bonus in the pay period;
* **Mean Gender Pay Gap -** difference between the mean hourly rate of ordinary pay
* **Median Gender Pay Gap -** difference between the mean (and median) ordinary pay
* **Mean Bonus Gender Pay Gap -** difference between the mean rate of bonus
* **Median Bonus Gender Pay Gap -** difference between the mean (and median) bonus
* **Proportion of Males and Females in Each Quartile Pay Band**

**Methodology**

The data in this report is calculated using the national Electronic Staff Record ESR Gender Pay Gap Reporting tool and Business Intelligence standard report. The tool uses the appropriate definitions, calculations and methodology. Technical guidance on how these indicators are calculated can be found on the ACAS website.

**What does the report show?**

Gender Pay Gap data gives transparency about gender and pay across the Trust which can be benchmarked with that of National, NHS, Public Sector or other group data. It also provides further information and analysis to explain the resulting data and to detail any areas to address as part of demonstrating our commitment to equality.

The narrative provided by the Trust in the report is extra to the statutory requirements but is a key part of assessing, understanding and explaining the data so that the data results are not misinterpreted for want of background detail and so that actions can be taken.

**Who is included in the calculations?**

All staff who were employed by the Trust on the 31st March 2019 are included.

* **Pay includes**: basic pay, full paid leave including annual, sick, maternity, paternity, adoption or parental leave, bonus pay, area or other allowances, shift premium pay, piecework pay.
* **Pay does not include**: overtime pay, expenses (e.g. mileage), salary sacrifice schemes, remuneration in lieu of leave, benefits in kind (e.g. child care vouchers), redundancy pay and tax credits. Employees who are on half or nil absence or maternity leave, hosted staff (e.g. GP Trainees) and agency staff are not included.
* For Consultants we include within ‘pay’ those payments made for AdditionalProgrammed Activities (APA’s), as well as Clinical Excellence Awards (CEA’s).[[2]](#footnote-2)

**Gender pay reporting and gender identity -** The regulations use, but do not define the terms ‘male’ and ‘female’. Employees should not be questioned about their gender. If they do not identify with male or female options and employers need to be sensitive to employees who choose to self-identify in terms of their gender e.g. as trans-fluid or gender neutral. If data is up to date, reliance can be placed on the gender identification the employee has provided and if they do not identify as male or female an employer may omit the employee from the calculations.

# Gender Profile

At March 31st 2019, the Luton and Dunstable University Hospital NHS Foundation Trust had 4544 relevant staff of which 3649 (80.31%) were female and 895 (19.69%) were male. The largest proportion of our employees are nurses and nursing support staff such as healthcare assistants, the majority of which are female.

# Terms and Conditions of Service

The majority of Trust staff are on Agenda for Change Terms and Conditions of Service (AfC). The national job evaluation framework for AfC staff is used to determine appropriate pay bandings which provides a clear process of paying employees equally for the same or equivalent work. Each grade has a set of pay points for annual progression, the longer period of time that someone has been in a grade the higher their salary is likely to be irrespective of their gender.

Medical and Dental staff have different Terms and Conditions of Service, depending on their seniority, these are also set across a number of basic pay scales with different thresholds within them and like AfC they provide a clear process of paying employees equally for the same or equivalent work. Very Senior Managers such as Directors and Chief Executive have separate pay arrangements that are agreed by the Trust Board.

As an Acute Hospital the Trust provides services 24/7 and some employees may have bank and permanent positions, work unsocial hours and participate in on-call rotas for which they receive enhanced pay in addition to their basic pay.

Senior medical staff are also paid additional responsibility payments where they hold management positions within the Trust, such as Medical, Clinical or Divisional Directors and eligible medical staff are also paid Clinical Excellence Awards and / or payments for Additional Programmed Activities (APA’s) in addition to their basic pay. This section of the workforce has a higher proportion of males with longer service.

# Pay Gap - Mean and Median Results for 2019 data

|  |  |
| --- | --- |
| MEAN PAY GAP  28.98% | MEDIAN PAY GAP  18.04% |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Average & Median Hourly Rates** | | |  | **Number of employees (Q1 = Low, Q4 = High)** | | | | |
|  |  |  |  |  |  |  |  |  |
| **Gender** | **Avg. Hourly Rate** | **Median Hourly Rate** |  | **Quartile** | **Female number** | **Male number** | **Female %** | **Male %** |
| **Male** | £22.83 | £17.50 |  | **1** | 948 | 188 | 83.45 | 16.55 |
| **Female** | £16.21 | £14.35 |  | **2** | 970 | 166 | 85.39 | 14.61 |
| **Difference** | £6.61 | £3.16 |  | **3** | 971 | 165 | 85.48 | 14.52 |
| **Pay Gap %** | 28.98% | 18.04% |  | **4** | 760 | 376 | 66.90 | 33.10 |
|  |  |  |  |  | **3649** | **895** |  |  |

**What do these results mean for the Trust?**

The median pay gap result is often considered to be more representative of the gender pay gap across the workforce. However it does not account for small numbers of higher paid employees that could skew the result. The mean (or average) result does highlight this. The median pay gap is at 18.04%, but the mean pay gap of 28.98% needs to be examined in more detail.

**For the Trust**:

* There is a higher ratio of female to male in the workforce. The ratio for the NHS was 78% to 22% and became 80% to 20% in 2019. The Trust has been consistently closer to 80% to 20% and has slightly higher presentation of female this year at 80.4%.
* In the quartile data chart above there is a higher percentage of males in the highest quartile, where the ratio of female to male is 66.9%: 33.1% (this was 67.5%: 32.5% in 2018 data).
* The Trust’s Very Senior Management, our executive board has a ratio of female to male at 66.3% to 33% male.
* Females tend to be higher than 80% in the lower bands. (The banding tables on Page 9 highlight where the average pay is higher by male or female cohort across bands).
* There is a predominantly male workforce in the higher banded Medical and Dental Professions where a bonus is applied (more details of the bonus follow this section).
* Looking at the mean gap of 28.98%, when staff in some of the higher quartile pay levels are excluded (e.g. Ad-hoc and Consultants in the chart below) this has a significant impact on the mean and median Gender Pay Gap; the mean pay gap reduces from 28.98% to 12.18%. (Last year’s mean gap of 29.2% reduced to 11.0% with Ad-hoc and Consultants excluded). This is because of fewer females in these higher paid bands. A similar impact can be observed if only the medical and dental grades are excluded from the data.

|  |  |  |
| --- | --- | --- |
| **Without Consultants and Ad-Hoc Grades** | | |
| **Gender** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| **Male** | £17.41 | £14.93 |
| **Female** | £15.29 | £14.15 |
| **Difference** | £2.12 | £0.78 |
| **Pay Gap %** | **12.18%** | **5.22%** |

# Bonus Pay Gap

**The Clinical Excellence Awards** **(CEA**)\* is a bonus system which only applies to Medical consultants in recognition of outstanding achievements in high quality patient care. Consultants are a higher banded profession and this is the only group who receive a bonus.

Within the NHS, Clinical Excellence Awards can be awarded Nationally (NCEA) or locally (LCEA). NCEA awards are controlled nationally and the Trust pay the bonus. The LCEA are awarded locally and the Trust has responsibility for both the application and payment of these. A consultant needs to hold a substantive consultant appointment at the Trust for one year to be eligible to make an application for an LCEA.

The NCEA results can be shown separately in the report if there is a negative impact on the gender bonus gap as the NCEA award is outside of the Trust’s control. However, over the last 3 years only LCEA have been awarded to Trust consultants. This is was either because consultants were not eligible to apply or chose not to apply.

**The results from Employees who are paid a bonus**

|  |  |
| --- | --- |
| **MEAN BONUS PAY GAP**  **35.88%** | **MEDIAN BONUS PAY GAP**  **50.00%** |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Avg. Bonus Pay** | **Median Bonus Pay** |
| **Female** | £6185.31 | £3015.97 |
| **Male** | £9646.40 | £6032.04 |
| **Difference** | £3461.09 | £3016.07 |
| **Pay Gap %** | 35.88% | 50.00% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Employees Paid Bonus** | **Total Relevant Employees** | **% of workforce** | **% of workforce last year** |
| **Female** | 35 | 4,467 | 0.78% | 0.67% |
| **Male** | 69 | 1,276 | 5.41% | 4.72% |
| **Overall** | **104** | **5,743** | **1.81%** | **1.65%** |
|  |  |  | 5743 | 5686 |

**What do these results mean for the Trust?**

From the charts above, since only medical consultants receive a bonus it means that proportionally only 1.81% of the workforce receive a bonus of which this is 0.78% of the female and 5.41% of the male employees in the workforce. This has contributed to the high mean and median Pay Gap for females.

In the general pay gap the mean is 28.98% and the median gap 18.04%, here the mean bonus pay gap is 35.9% and the median is higher at 50%. The median result is often considered to be more representative of the bonus gap. However it is the mean result that accounts for small numbers of higher paid employees that could skew the result. From the table that follows, the median bonus gap has reduced 15.4% since 2017 but the mean has increased 2.5%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Mean and Median Bonus Pay Gap between 2017 and 2019** | | | |
| **Data Year end** | **Mean** | **Median** | **% of females** |
| **Mar-19** | 35.9% | 50.0% | 33.7% |
| **Mar-18** | 43.7% | 65.4% | 30.8% |
| **Mar-17** | 33.4% | 65.4% | 26.0% |
| **Difference in Mean since 2017** | **2.5%** |  |  |
| **Difference in Median since 2017** | | **-15.4%** |  |
| **Average over the 3 years** | 37.7% | 60.3% |  |

From the chart below, numbers of female have increased faster since 2017 at 66.7% to males at 15% but the ratio of females to males at March in 2019 is still only 33.7%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employees in receipt of an LCEA Award** | | | |
| **Data Year end** | **Total** | **Female** | **% of females** |
| **Mar-19** | 104 | 35 | 33.7% |
| **Mar-18** | 94 | 29 | 30.8% |
| **Mar-17** | 81 | 21 | 26.0% |
| **Increase in numbers since 2017** | **28.4%** |  |  |
| **Increase in female since 2017** | | **66.7%** |  |
| **Increase in male since 2017** | **15%** |  |  |

Medical consultants are a predominantly male workforce. The bonus is currently incremental to length of service with new consultants starting at the lowest level of bonus paid. More senior long serving consultants will have higher bonuses and are typically male.

There has been a 28.4% increase in medical consultants receiving the LCEA between the 3 years and the percentage of female consultants has increased to 33.7% from 26%.

**The lower percentage of female consultant staff, the lower percentage of female receiving a bonus and the lower amount paid due to role tenure and LCEA tenure has an impact on both the overall Gender Pay Gap results and the Gender Bonus Pay Gap results.**

# Additional Analysis

By undertaking additional analysis the Trust can better understand and share where the gender pay gaps mainly occur, for instance not just by the pay quartiles but by band and by staff group.

**Three years of results**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **DATA @** | MEAN PAY GAP | MEDIAN PAY GAP |  |
| **YE 2019** | 29.0% | 18.0% |  |
| **YE 2018** | 29.2% | 17.0% |  |
| **YE 2017** | 29.9% | 17.4% |  |

This shows that overall the mean gap has very slightly decreased and the median very slightly increased. The mean hourly rate pay gap is circa £6.50 over the 3 years and the median circa £2.92 over the 3 years.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019 Hourly rates** | | **2018 Hourly rates** | | **2017 Hourly rates** | |
| **Gender** | **Avg. mean** | **Median** | **Avg. mean** | **Median** | **Avg. mean** | **Median** |
| **Male** | £22.83 | £17.50 | £22.26 | £16.69 | £22.04 | £16.57 |
| **Female** | £16.21 | £14.35 | £15.76 | £13.86 | £15.63 | £13.68 |
| **Difference** | £6.61 | £3.16 | £6.50 | £2.83 | £6.41 | £2.89 |
| **Pay Gap %** | 28.98% | 18.04% | 29.20% | 16.96% | 29.90% | 17.42% |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2019 | | | | 2018 | | | | 2017 | | | |
| **Quartile** | **Fem** | **Male** | **Fem %** | **Male %** | **Fem.** | **Male** | **Fem%** | **Male%** | **Fem.** | **Male** | **Fem%** | **Male%** |
| **1** | 913 | 172 | 84.2% | 15.9% | 948 | 188 | 83.5% | 16.6% | 851 | 186 | 82.1% | 17.9% |
| **2** | 919 | 181 | 83.6% | 16.5% | 970 | 166 | 85.4% | 14.6% | 890 | 150 | 85.6% | 14.4% |
| **3** | 935 | 156 | 85.7% | 14.3% | 971 | 165 | 85.5% | 15.5% | 899 | 140 | 86.5% | 13.4% |
| **4** | 741 | 357 | 67.5% | 32.5% | 760 | 376 | 66.9% | 33.1% | 676 | 364 | 65.0% | 35.0% |
| **Total** | **3508** | **866** |  |  | **3649** | **895** |  |  | **3316** | **840** | **79.79%** | **20.21%** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Males continue to be overrepresented in the top quartile and females in the lower three quartiles

**Three years results from Employees who are paid a bonus**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **MEAN BONUS PAY GAP** | **MEDIAN BONUS PAY GAP** | **female** | **male** | **hourly rate differs** | **totals** |
| **2019** | **35.88%** | **50.00%** | **35** | **69** |  | **104** |
| **Average Mean Bonus pay** | | £6,185 | £9,646 | £3,461 |  |
| **Median bonus pay** | | £3,015 | £6,032 | £3,016 |  |
| **Total Relevant employees** | | 4467 | 1276 |  | **5743** |
| **% of relevant employees paid bonus by gender / total** | | 0.78% | 5.4% |  | 1.7% |
| **2018** | **43.73%** | **65.37%** | **29** | **65** |  | **94** |
| **Average Mean Bonus pay** | | £6,010 | £10,681 | £4,671 |  |
| **Median bonus pay** | | £3,013 | £8,701 | £5,687 |  |
| **Total Relevant employees** | | 4308 | 1378 |  | 5686 |
| **% of relevant employees paid bonus by gender / total** | | 0.67% | 4.72% |  | 1.65% |
| **2017** | **33.44%** | **33.33%** | **21** | **60** |  | **81** |
| **Average Mean Bonus pay** | | £7,299 | £10,964 | £3,666 |  |
| **Median bonus pay** | | £5,967 | £8,951 | £2,984 |  |
| **Total Relevant employees** | | 3969 | 1086 |  | **4782** |
| **% of relevant employees paid bonus by gender / total** | | 0.53% | 5.52% |  | 1.60% |
|  |  |  |  |  |  |  |

It is still the case that only 1.6% to 1.7% of the workforce receive a bonus. And although the workforce split is 80% female: 20% male, this leaves the bonus split at proportionally 5.4% of male and 0.78% of female.

The no of females receiving a bonus has increased at a faster rate than males but there was an increase in the mean and median bonus pay gaps in 2018 that has affected these gaps in 2019 making them lower than in 2018 but higher than in 2017.

**Gender by Staff Group**

**Staff groups**

From the table that follows, in the staff groups the largest gender pay gaps for women appear in Administrative and Clerical (26.97**%)** and Medical and Dental (15.54%) followed by Estates and Ancillary (7.51*%)*and Add Prof Scientific and Technic (5.49%).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Group** | **Avg. Hourly Rate** | **Female Staff** | **Male Staff** | **Female Hourly Rate** | **Male Hourly Rate** | **Difference** | **Pay Gap %** |
| **Add Prof Scientific, Technic** | £17.71 | 90 | 39 | £17.40 | £18.41 | £1.01 | 5.49% |
| **Additional Clinical Services** | £11.21 | 828 | 108 | £11.22 | £11.14 | -£0.09 | -0.78% |
| **Administrative and Clerical** | £13.85 | 804 | 175 | £12.99 | £17.79 | £4.80 | 26.97% |
| **Allied Health Professionals** | £18.29 | 191 | 37 | £18.47 | £17.38 | -£1.09 | -6.25% |
| **Estates and Ancillary** | £11.50 | 44 | 97 | £10.89 | £11.78 | £0.88 | 7.51% |
| **Healthcare Scientists** | £19.17 | 76 | 38 | £19.12 | £19.27 | £0.16 | 0.82% |
| **Medical and Dental** | £34.42 | 272 | 299 | £31.40 | £37.18 | £5.78 | 15.54% |
| **Nursing/Midwifery Registered** | £17.74 | 1,335 | 101 | £17.77 | £17.30 | -£0.47 | -2.73% |
| **Students** | £13.97 | 9 | 1 | £13.93 | £14.34 | £0.42 | 2.90% |
| **Grand Total** | **£17.51** | **3,649** | **895** | **£16.21** | **£22.83** | **£6.61** | **28.98%** |

Marginally lower hourly rates for male are particularly seen for Allied Health Professionals (-£1.09) and Nursing and Midwifery (-£0.47) staff groups.

**Very Senior Managers - VSM –** The count of male to female across our VSM is 6 female to 3 male with a ratio of 66% female to 33% male whereas our workforce ratio is 80%:20%. Our VSM are included in admin and clerical in the preceding chart and within the ad-hoc band in the chart on page 9.

**Medical staff -** As can be seen on page 5 if consultant and ad-hoc grades are removed from the calculations, the gap is lowered. The chart that follows shows the pay gap at ad-hoc, consultant, junior and the middle Doctor levels.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Average Hourly Rates By Pay Band** | **Avg. Hourly Rate** | **Female Staff** | **Male Staff** | **Female Hourly Rate** | **Male Hourly Rate** | **Difference** | **Gap** |
| **Ad-Hoc** | £47.41 | 9 | 14 | £57.16 | £41.15 | -£16.02 | -38.92% |
| **Apprentice** | £4.80 | 3 | 1 | £4.43 | £5.90 | £1.47 | 24.86% |
| **Band 1** | £11.00 | 18 | 62 | £10.52 | £11.13 | £0.62 | 5.54% |
| **Band 2** | £10.85 | 798 | 114 | £10.87 | £10.70 | -£0.16 | -1.52% |
| **Band 3** | £10.25 | 299 | 46 | £10.24 | £10.35 | £0.11 | 1.05% |
| **Band 4** | £11.59 | 347 | 59 | £11.61 | £11.50 | -£0.12 | -1.00% |
| **Band 5** | £14.44 | 723 | 84 | £14.51 | £13.84 | -£0.67 | -4.86% |
| **Band 6** | £17.84 | 676 | 104 | £17.91 | £17.34 | -£0.58 | -3.32% |
| **Band 7** | £20.84 | 353 | 59 | £21.00 | £19.87 | -£1.13 | -5.69% |
| **Band 8a** | £24.09 | 93 | 30 | £24.19 | £23.78 | -£0.40 | -1.70% |
| **Band 8b** | £28.99 | 37 | 9 | £29.04 | £28.77 | -£0.27 | -0.94% |
| **Band 8c** | £33.70 | 10 | 5 | £32.77 | £35.58 | £2.81 | 7.90% |
| **Band 8d** | £40.45 | 10 | 7 | £41.47 | £39.00 | -£2.47 | -6.33% |
| **Band 9** | £52.95 | 1 | 2 | £53.99 | £52.42 | -£1.57 | -3.00% |
| **Consultant** | £46.13 | 102 | 152 | £44.69 | £47.10 | £2.40 | 5.10% |
| **Junior** | £23.62 | 145 | 118 | £22.14 | £25.44 | £3.30 | 12.96% |
| **Middle** | £31.96 | 25 | 29 | £30.83 | £32.92 | £2.09 | 6.35% |
| **Total 2019** | **£17.51** | **3,649** | **895** | **£16.21** | **£22.83** | **£6.61** | **28.98%** |
| **Total 2018** | **£17.04** | **3,508** | **866** | **£15.76** | **£22.26** | **£6.50** | **29.20%** |

**Please note that a “–%“figure denotes a positive pay gap for women.**

**Consultants and Clinical Excellence Awards**

The recommendations from last year’s Gender Pay Gap report for the consultants was that going forward, **the Trust will evaluate the LCEA applications as follows**:

* How many apply / do not apply for CEAS and who is successful and who is not and why.
* The potential effect of length of service and age on the gender pay gap and bonus results
* The potential effect of part-time / full time working on the gender pay gap and bonus results.
* To monitor and review the gender balance across the medical and non- medical workforce. E.g. the proportion of females to males in the Junior Doctor roles and throughout the career path to support a shift in female representation at consultant level over time.

**Evaluation**

Consultants are amongst the highest paid roles in the Trust. They may be eligible to apply for and receive clinical excellence awards (CEAs) which are consolidated into the basic pay calculations.

A consultant needs to hold a substantive consultant appointment at the Trust for one year to be eligible to make an application for an LCEA. An LCEA is paid over 2 years and so the number of those awarded an LCEA and the number of LCEA payments made in a year are different figures. For the bonus payment details in the Gender Pay Gap data it is the number who are paid.

Consultants numbered 251 in March 2018, and this increased by 3 females at March 2019 to 254. At March 2019 the ratio was 102 female: 152 male or 40.2%: 59.8%.

The chart that follows looks at the number and percentage of male and female eligible to receive a bonus; those who apply and those who are successful; and those receiving their second year of LCEA payments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consultants 2019** | **female no** | **male no** | **Total** | **female ratio %** | **male ratio%** |
| **Award details for year end 2019** | | | | | |
| **Total Consultants** | 102 | 152 | 254 | 40.2% | 59.8% |
| **Those Eligible for a Bonus** | 72 | 99 | 171 | 42.1% | 57.9% |
| **Eligibility as % of total** | 70.6% | 65.1% | 64.6% |  |  |
| **Applications** | 14 | 14 | 28 |  |  |
| **Successful applications** | 14 | 14 | 28 | 50% | 50% |
| **Proportion of total consultants by gender** | 13.7% | 9.2% |  |  |  |
| **Applicants who were part time** | 5 |  | 5 |  |  |
| **Applicants who were full time** | 9 | 14 | 23 |  |  |
| **Number eligible who did not apply** | 58 | 85 | 143 |  |  |
| **Bonus payments year end 2019** | | | | | |
| **Those in the 2nd year of payments** | 21 | 55 | 76 | 27.6% | 72.4% |
| **Proportion of Total consultants by gender** | 20.6% | 36.2% |  |  |  |
| **TOTAL who received bonus payment** | 35 | 69 | 104 | 33.7% | 66.3% |
|  |  |  |  |  |  |
| **Consultants awarded a Bonus** | **female no** | **male no** | **Total** | **female ratio %** | **male ratio%** |
| **Y/E 2019 Total awarded bonus payment** | **14** | **14** | **28** | **50.0%** | **50.0%** |
| **Y/E 2018 Total awarded bonus payment** |  |  |  |  |  |
| **Y/E 2017 Total awarded bonus payment** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Consultants Paid a Bonus 2018 and 2017** | **female no** | **male no** | **Total** | **female ratio %** | **male ratio%** |
| **Y/E 2019 Total receiving bonus** | **35** | **69** | **104** | **33.7%** | **66.3%** |
| **Y/E 2018 Total receiving bonus** | **29** | **65** | **94** | **30.9%** | **69.1%** |
| **Y/E 2017 Total receiving bonus** | **21** | **60** | **81** | **25.9%** | **74.1%** |

**Improvements Since 2017**

* **The number of females has increased -** The number of consultants has increased since March 2017 to 254 along with the number of females – now at 102 female to 152 male.
* **The number of females paid a bonus has increased** - The number of consultants paid a bonus has increased 28.4% since 2017. Within this there was a 66.7% increase in female bonuses paid from 21 to 35 (14) and a 15% increase in male bonuses paid from 60 to 69 (9).
* **The ratio of females paid a bonus has increased -** The ratio of female consultants paid a bonus has increased 7.8% (from 25.9% of applications in 2017 to 33.7% in 2019)

**At March 2019 – Bonus Eligibility – application and award is improving**

* consultant ratio is female 40.2%: to 59.8% male
* bonus eligibility ratio is female 42.1% to 57.9% male
* Bonus applications is female 50% / Male 50%
* Bonus Award was female 50% / Male 50%

**At March 2019 –**

* **Those receiving a second year of LCEA payment** were 20.6% female and 36.2% of male consultants -
* **Those receiving an award** were a much lower number than the previous year for both genders at 13.7% of female consultants and 9.2% of male consultants. 58 females and 85 males did not apply even though eligible.
* **All those who applied (male and female) were successful**
* **The proportions above for second year and new year Awards may or may not change significantly next year as those who have reached year 2 of the 2 year LCEA may re-apply.**

**What still impacts the results at March 2019 even though there is increased representation from female in the consultants and the LCEA process?-**

**Females compared to males are:**

* **more likely to have lower role tenure thus lower position on payment bands**
* **more likely to have lower role tenure thus lower on the LCEA payment structure**
* **more likely to be part-time e.g. ratio of 5:0 in LCEA application / award 2019 – with lower pro rata payment**
* **more likely to be part time and thus not eligible to have APA payment**

Since there is value in researching the impact of working full or part time, or on receiving an Additional Programmed Activity (APA’s) on making application for a bonus, the Trust collects data on this and initial details are within the chart that follows.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Eligible Consultants for CEA's 2018** | | | | | | | |
| **Gender** | **F/T** | **F/T %** | **APA's** | **P/T** | **P/T %** | **Total H/C** | **Total HC %** |
| Female | 55 | 35.9% | 12.63 | 17 | 81.0% | **72** | 41.4% |
| Male | 98 | 64.1% | 62.23 | 4 | 19.0% | **102** | 58.6% |
| **Grand Total** | **153** |  | **74.86** | **21** |  | **174** |  |
| **Eligible Consultants for CEA's 2017** | | | | | | | |
| **Gender** | **F/T** | **F/T %** | **APA's** | **P/T** | **P/T %** | **Total H/C** | **Total HC %** |
| Female | 47 | 33.8% | 12.12 | 16 | 76.2% | **63** | 36.2% |
| Male | 92 | 66.2% | 35.32 | 3 | 14.3% | **95** | 54.6% |
| **Grand Total** | **139** |  | **47.44** | **19** |  | **158** |  |

**Summary:**

* The Trust has a higher percentage of female staff at 80% comparable to NHS in general
* The pay gap as at 31st March 2019 is 28.98% Mean and 18.04% Median

# The 4 pay quartiles show a higher proportion of males in the highest paid quartiles (33%) despite the workforce being 80% female. Conversely male make up 14.5% - 16.5% of the 3 other quartiles despite being 20% of the workforce.

# Omitting medical and ad-hoc staff data lowers the gender pay gap to 12.18% Mean /5.22% Median indicating groups can skew the result. Further analysis of this is within the Report.

# Medical consultants are amongst the highest paid and the only group to receive a bonus (Local Clinical Excellence Awards LCEAs).

# The numbers of female consultants are increasing

# The levels of LCEA bonus received by females is becoming more proportionate

* However, the bonus increases with length of service and is incremental hence more senior long serving consultants will have higher bonuses and are typically male.
* New consultants start at the lowest level of bonus paid. Females are increasing but enter at LCEA starter level. A higher ratio of females are part time which affects income. Thus the higher levels of remuneration and bonus paid to male than to female consultants.

# Measures to continue or consider for reducing the Gender Pay Gap

The Trust will continue to research and evaluate for the next Gender Pay Gap Report which includes:

* Any new BMA / NHSE Employers approach to arranging and awarding LCEA
* To monitor and review the gender balance across the medical / non- medical workforce. Such as the proportion of females to males in the Junior Doctor roles and throughout the career path to support a shift in female representation at consultant level over time. Attrition of females may occur as career develops which may indicate support needed. E.g. in family friendly policies, or career paths for female doctors.
* Continuing to review annually the gender split across all bands and staff groups including the Board and look to see if there are barriers to female career progression.
* Reviewing CEA applications, who applied, who was successful and who wasn’t, and also who did not apply by male and by female and any impact being full time or part may make to the gender pay gap result.
* The potential effect of length of service and age on the gender pay gap and bonus results
* Review our leadership programmes and talent management initiatives as required to see if these are attractive to women and support them to progress.
* Take account of gender in the providing of leadership opportunities e.g. NHS Insight Improvement Programme, Shadow Board Programme, coaching, mentoring or opportunity for secondments or to lead important projects.
* Explore how we can attract more men into the profession at lower bands and within Nursing and Midwifery to get a better gender balance and equalities.

The Trust will also consider the evidence based actions provided by lead bodies for making a difference to this agenda and report back on our general approach and planned actions in our next Gender Pay Gap Report. This includes those provided by the Government Equalities Office such as: <https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based_actions_for_employers.pdf>

### Appendix 1

### Gender Statistics in the NHS March 2019

### NHS workforce data shows:

**NHS General Ratios**

* In 2019 the overall national work force is made up of 47% female but the ratio of women to men within the overall NHS workforce is 78% female to 22% Male – in 2017 it was 77% female to 23% male and so a 1% increase in females within the NHS.
* In 2017 from the 77% female staff, females made up only:
  + 42% per cent of chief executives,
  + 32% of finance directors,
  + 24% of medical directors,
  + 68% of human resources directors   
    However, they did make up 85 % of nursing directors.
* In 2019, 47% of Very Senior Managers in the NHS are female

**NHS Doctors in 2017**

* In 2017 47% of all doctors practising in the NHS were female
* In 2019 54% of GPs are female (a 2% increase from 2017 which recorded a 46% increase in the headcount of female GPs since 2004 while male headcount has decreased 4.7%)
* In 2017, a striking 68% of GP registrars (those training to become GPs), were female and 49% of practising hospital / community doctors who qualified in the UK, were female

**NHS Medical and Dental in 2019**

* 45% of this group are female with only 37% of NHS consultants being female and the balance of staff in this group being 48% female
* 53% of trainee Doctors are female

**NHS Agenda for Change Bands**

* NHS female representation in AfC Bands is at 80% against low female representation at senior Bands 8a to 9 with only 69% female. This is also against higher female representation in Bands 5 -7 at 82% female and Bands 1-4 at 80% female.

1. (The new reporting requirements for public bodies are set out in the [Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017](http://www.legislation.gov.uk/ukdsi/2017/9780111153277/contents)). [↑](#footnote-ref-1)
2. # Clinical Excellence Awards are categorised as bonuses. *NHS Employers. Briefing Note: Gender Pay Gap Reporting January 2019: http://www.nhsemployers.org//media/Employers/Documents/Pay-and-reward/Gender-pay-gap-reporting*

   [↑](#footnote-ref-2)