# LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

# GENDER PAY GAP REPORT 2021

# Data as at 31st March 2020

# Introduction to Gender Pay Reporting

Since 2017, Gender Pay Gap Legislation gives a statutory requirement to all employers with 250 plus 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 made 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. This reporting provision is also relevant to application of the Public Sector Equality Duty and the NHS Contract.

# Publication Requirements

This the fourth annual report on 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 results are publicly available to stakeholders, employees or potential recruits.

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| --- |
| This GENDER PAY GAP REPORT - Data as at 31st March 2020 |
| Signed and Approved for Publication by – David Carter |
| Role in the Organisation – Chief Executive Officer |
| Date – |

# Bedfordshire Hospitals NHS Foundation Trust BHFT

# From the 1st April 2020, Luton & Dunstable and Bedford Hospitals merged to form the Bedfordshire Hospitals NHS Foundation Trust BHFT which will result in a merged report.

# 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. 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 from the national Electronic Staff Record ESR Gender Pay Gap Reporting tool and 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. It can be benchmarked 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 is extra to the statutory requirements but is a key part of assessing, understanding and explaining the data so that 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 2020, the Luton and Dunstable University Hospital NHS Foundation Trust had 4649 relevant staff of which 3722 (80.1%) were female and 927 (19.9%) 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 / Dental staff have different Terms and Conditions 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 2020 data

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| --- | --- |
| MEAN PAY GAP  28.7% | MEDIAN PAY GAP  20.96% |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | £23.76 | £19.14 |  | **1** | 992 | 191 | 83.85 | 16.15 |
| **Female** | £16.94 | £15.13 |  | **2** | 1004 | 179 | 84.87 | 15.13 |
| **Difference** | £6.81 | £4.01 |  | **3** | 999 | 184 | 84.45 | 15.55 |
| **Pay Gap %** | 28.7% | 20.96% |  | **4** | 764 | 419 | 64.58 | 35.42 |
|  |  |  |  |  | **3722** | **972** |  |  |

**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 20.96%, but the mean pay gap of 28.7% needs to be examined in more detail. (*Last year’s results were 18.04% and 28.98% respectively*)

**For the Trust**:

* There is a higher ratio of female to male in the workforce. The NHS ratio is mostly 77% to 23%. The Trust has been consistently closer to 80% to 20%
* In the quartile data chart above the percentage of female is lower in the highest quartile, at 64.58% (a decrease from 66.9% in 2019/ 67.5% in 2018)
* Females tend to be higher than 80% (at circa 84%) 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 / Dental Professions where a bonus is applied (more details of the bonus follow this section).
* The mean gap is 28.7% in 2020. 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 reduces from 28.7% to 13.67%. This is due to fewer females in these higher paid bands. A similar impact occurs if medical and dental grades are excluded from the data.

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| --- | --- | --- |
| **Without Consultants and Ad-Hoc Grades in 2020** | | |
| **Gender** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| **Male** | £18.44 | £15.86 |
| **Female** | £15.92 | £14.76 |
| **Difference** | £2.52 | £1.10 |
| **Pay Gap %** | **13.67%** | **6.94%** |

# 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 the only group who receive a bonus.

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 with Trust responsibility for the application and payment of these. A consultant needs to hold a substantive consultant appointment at the Trust for a 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 4 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**

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| --- | --- |
| **MEAN BONUS PAY GAP 2020**  **32.50%** | **MEDIAN BONUS PAY GAP 2020**  **24.87%** |

|  |  |  |
| --- | --- | --- |
| **Gender 2020** | **Average Bonus Pay** | **Median Bonus Pay** |
| **Female** | £6816.99 | £5098.06 |
| **Male** | £10099.64 | £6786.00 |
| **Difference** | £3282.65 | £1687.94 |
| **Pay Gap %** | 32.50% | 24.87% |

|  |  |  |
| --- | --- | --- |
| **Gender 2019** | **Average 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 2020** | **Employees Paid Bonus** | **Total Relevant Employees** | **% of workforce in 2020** | **% of workforce 2019** | **% of workforce 2018** |
| **Female** | 43 | 4,697 | 0.92% | 0.78% | 0.67% |
| **Male** | 69 | 1,383 | 5.41% | 4.72% | 4.99% |
| **Overall** | **112** | **6,080** | **1.81%** | **1.65%** | **1.84%** |
| **Total** |  |  | 6080 | 5743 | 5686 |
| **Paid Bonus** |  |  | 112 | 104 |  |

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

From the charts above, as only consultants receive a bonus it means that proportionally only 1.81% of the workforce receive a bonus (0.92% of female and 5.41% of male employees). This has contributed to the high mean and median Pay Gap for females.

The mean pay gap is 28.7% and the median is 20.96% but here the mean bonus pay gap is 32.5% and the median bonus pay gap 24.87% (last year at 35.9% / 50% respectively). 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.

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| --- | --- | --- | --- |
| **Mean and Median Bonus Pay Gap between 2017 and 2019** | | | |
| **Data Year end** | **Mean** | **Median** | **% of females** |
| **Mar-20** | 32.5% | 24.9% | 38.4% |
| **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** | **0.9%** |  |  |
| **Difference in Median since 2017** | | * **40.5%** |  |
| **Average over the 3 years** | 36.3% | 51.4% |  |

From the chart below, numbers of female have increased faster since 2017 at 104.7% to males at 15% but the ratio of females to males at March in 2020 is still only 38.4%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employees in receipt of an LCEA Award** | | | |
| **Data Year end** | **Total** | **Female** | **% of females** |
| **Mar-20** | **112** | **43** | **38.4%** |
| **Mar-19** | 104 | 35 | 33.7% |
| **Mar-18** | 94 | 29 | 30.8% |
| **Mar-17** | 81 | 21 | 26.0% |
| **Increase in numbers since 2017** | **38.2%** |  |  |
| **Increase in female since 2017** | | **104.7%** |  |
| **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 38.2% increase in medical consultants receiving the LCEA between the 3 years and the percentage of female consultants has increased to 38.4% 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.

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| **DATA @** | **MEAN PAY GAP** | **MEDIAN PAY GAP** |  |
| **YE 2020** | 28.7% | 20.9% |  |
| **YE 2019** | 29.0% | 18.0% |  |
| **YE 2018** | 29.2% | 17.0% |  |
| **YE 2017** | 29.9% | 17.4% |  |

**Four years of Pay Gap results:**

This chart opposite shows that overall the mean gap has slightly decreased and the median slightly increased.

**Average hourly rate pay gaps 2017 to 2020 reports -** The chart below shows the average mean hourly rate pay gap is circa £6.58 and average median circa £3.22 over the 4 years.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2020 hourly rates** | | **2019 Hourly rates** | | **2018 Hourly rates** | | **2017 Hourly rates** | |
| **Gender** | **Avg. mean** | **Median** | **Avg. mean** | **Median** | **Avg. mean** | **Median** | **Avg. mean** | **Median** |
| **Male** | £23.76 | £19.14 | £22.83 | £17.50 | £22.26 | £16.69 | £22.04 | £16.57 |
| **Female** | £16.94 | £15.13 | £16.21 | £14.35 | £15.76 | £13.86 | £15.63 | £13.68 |
| **Difference** | £6.81 | £4.01 | £6.61 | £3.16 | £6.50 | £2.83 | £6.41 | £2.89 |
| **Pay Gap %** | 28.7% | 20.96% | 28.98% | 18.04% | 29.20% | 16.96% | 29.90% | 17.42% |

**Gender in Pay Quartiles 2017 to 2020 reports -** The workforce has increased 13% in the 4 years. With an 80% female workforce, men continue to be overrepresented in the top pay quartile by 15% - females in the lower three pay quartiles at 3.8% to 4.9%.

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| --- | --- | --- |
|  |  |  |
|  | **2020** | | **2019** | | **2018** | | **2017** | |
| **Quartile** | **Fem %** | **Male %** | **Fem %** | **Male %** | **Fem %** | **Male %** | **Fem %** | **Male %** |
| **1** | 83.8% | 16.2% | 84.2% | 15.9% | 83.5% | 16.6% | 82.1% | 17.9% |
| **2** | 84.9% | 15.1% | 83.6% | 16.5% | 85.4% | 14.6% | 85.6% | 14.4% |
| **3** | 84.5% | 15.6% | 85.7% | 14.3% | 85.5% | 15.5% | 86.5% | 13.4% |
| **4** | 64.6% | 35.4% | 67.5% | 32.5% | 66.9% | 33.1% | 65.0% | 35.0% |
| **Total staff** | **3722** | **972** | 3508 | 866 | 3649 | 895 | 3316 | 840 |
|  | **4694** | | 4374 | | 4544 | | 4156 | |
|  |  |  |  |  |  |  |  |  |

**Four years of results from Employees who are paid a bonus**

Only 1.6% to 1.8% of the workforce receive a bonus. The workforce split is 80% female: 20% male, but the percent who receive a bonus split is 4.51% male and 0.92% female. The no of females receiving a bonus has increased at a faster rate than males and this is the best bonus result of the 4 years but still needs a lot of work to be done as progress is slight and slow.

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| --- | --- | --- | --- | --- | --- | --- |
| Y/E **March**: | **MEAN BONUS PAY GAP** | **MEDIAN BONUS PAY GAP** | **female** | **male** | **rate differs** | **totals** |
| **2020** | **32.5%** | **24.87%** | **43** | **69** |  | **112** |
|  | **Average Mean Bonus pay** | | £6,816 | £10,099 | £3,282 |  |
|  | **Median bonus pay** | | £5,098 | £6,786 | £1,684 |  |
|  | **Total Relevant employees** | | £4,697 | £1,383 |  | **6,080** |
|  | **% paid bonus by gender / total** | | **0.92%** | **4.51%** |  |  |
| **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** |
| **% 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 |
| **% paid bonus by gender / total** | | 0.67% | 4.72% |  | 1.65% |
|  |  |  |  |  |  |  |

**Gender by Staff Group**

**Staff groups**

By staff groups the largest gender pay gaps for women appear in Admin and Clerical at 27.33% (last year26.93%), Medical and Dental at 12.09%( last year 15.04%) followed by Add Prof Scientific and Technic at 8.93%(last year 5.49%) and estates & Ancillary 4.26% (last year 7.5%).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Group** | **Avg. Hourly Rate** | **Female Head count** | **Male Head count** | **Female Hourly Rate** | **Male - Hourly Rate** | **Difference** | **Pay Gap %** |
| **Add Prof Scientific and Technic** | £18.68 | 95 | 39 | £18.16 | £19.94 | £1.78 | 8.93% |
| **Additional Clinical Services** | £11.35 | 792 | 119 | £11.32 | £11.51 | £0.19 | 1.64% |
| **Administrative and Clerical** | £14.40 | 826 | 179 | £13.49 | £18.57 | £5.08 | 27.33% |
| **Allied Health Professionals** | £18.83 | 208 | 38 | £18.97 | £18.02 | -£0.96 | -5.30% |
| **Estates and Ancillary** | £11.68 | 51 | 90 | £11.35 | £11.86 | £0.51 | 4.26% |
| **Healthcare Scientists** | £19.48 | 79 | 40 | £19.17 | £20.10 | £0.92 | 4.60% |
| **Medical and Dental** | £34.91 | 307 | 353 | £32.52 | £36.99 | £4.47 | 12.09% |
| **Nursing and Midwifery Registered** | £18.39 | 1,392 | 114 | £18.44 | £17.68 | -£0.76 | -4.30% |
| **Students** | £14.14 | 9 | 1 | £14.33 | £12.38 | -£1.95 | -15.76% |
| **Grand Total** | **£18.34** | **3,759** | **973** | **£16.94** | **£23.75** | **£6.82** | **28.70%** |

Lower hourly rates for male are particularly seen for Allied Health Professionals and Nursing and Midwifery staff groups.

**Very Senior Managers - VSM –** The count of male to female across our VSM is 8 female to 12 male with a ratio of 40% female to 60% male whereas our workforce ratio is 80%:20%. Last year this was 6 female to 3 male with a ratio of 66% female to 33% male whereas our workforce ratio is. 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 2019** | **Avg. Hourly Rate** | **Female Head count** | **Male Head count** | **Female - Hourly Rate** | **Male - Hourly Rate** | **Difference** | **Gap** |
| **Ad-Hoc** | £43.94 | 8 | 12 | £52.11 | £38.49 | -£13.61 | -35.37% |
| **Apprentice** | £4.99 | 4 | 1 | £5.26 | £3.90 | -£1.36 | -34.79% |
| **Band 1** | £11.69 | 5 | 34 | £12.04 | £11.64 | -£0.40 | -3.42% |
| **Band 2** | £10.93 | 739 | 155 | £10.90 | £11.07 | £0.17 | 1.53% |
| **Band 3** | £10.46 | 300 | 43 | £10.45 | £10.52 | £0.07 | 0.67% |
| **Band 4** | £11.75 | 385 | 47 | £11.75 | £11.76 | £0.02 | 0.16% |
| **Band 5** | £14.75 | 756 | 102 | £14.86 | £13.91 | -£0.95 | -6.82% |
| **Band 6** | £18.65 | 710 | 98 | £18.71 | £18.19 | -£0.52 | -2.87% |
| **Band 7** | £21.55 | 377 | 69 | £21.68 | £20.84 | -£0.84 | -4.02% |
| **Band 8a** | £24.89 | 103 | 31 | £24.87 | £24.99 | £0.12 | 0.48% |
| **Band 8b** | £29.92 | 39 | 10 | £29.96 | £29.78 | -£0.18 | -0.61% |
| **Band 8c** | £34.38 | 12 | 5 | £34.06 | £35.13 | £1.07 | 3.04% |
| **Band 8d** | £41.78 | 9 | 7 | £43.12 | £40.04 | -£3.08 | -7.69% |
| **Band 9** | £50.91 | 5 | 6 | £50.95 | £50.88 | -£0.07 | -0.14% |
| **Consultant** | £47.26 | 118 | 165 | £45.78 | £48.32 | £2.54 | 5.26% |
| **Junior** | £24.31 | 158 | 156 | £22.88 | £25.76 | £2.88 | 11.18% |
| **Middle** | £32.27 | 31 | 32 | £31.18 | £33.33 | £2.15 | 6.45% |
| **Total 2020** | £18.34 | 3,759 | 973 | £16.94 | £23.75 | £6.82 | 28.70% |
| **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 –** 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.

**The Trust had 288 consultants at March 2020 of which 122 were female and 166 male with a ratio of 42.36%: 57.64%.**

Not all consultants are eligible for a bonus. A consultant had to hold a substantive appointment at the Trust for one year to be eligible to apply for an LCEA. An LCEA was paid over 2 years and so the number of those awarded an LCEA / and of LCEA payments made in a year are different figures. For bonus payment details in the Gender Pay Gap data it is the number who are paid.

Previous reports also show a lower ratio for female eligible to receive a bonus/ and in receipt. Going forward, the Trust will evaluate and review the CEA applications, who applied, who was successful or not, and who did not apply by male / female. Plus full time/ part time impact on the gender pay gap result.

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| --- | --- | --- | --- | --- | --- |
| **Consultants Paid a Bonus** | **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 as recorded in 2019:**

* **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 2nd year of LCEA payment :** 20.6% female / 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 2nd year and new year Awards may or may not change significantly next year as those reaching 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**

**Summary:**

* LDH has a higher percentage of female staff at 80% compared to the NHS in general at 76%.
* The pay gap as at 31st March 2020 is 28.7% Mean and 20.96% Median
* Quartiles have a higher proportion of males in the highest paid quartiles, despite an 80% female workforce.
* Excluding medical and ad-hoc workforce data lowers the gender pay gap indicating that groups can skew the result. A more detailed analysis of this is included in the Report.
* Medical consultants are amongst the highest paid and only group paid bonuses (LCEAs).
  + Senior long serving consultants are typicallymale and will have higher pay and bonuses because these are incremental to length of service.
  + Proportionally more males received CEAs than females
  + New consultants generally start at the lowest salary and level of bonus paid. Females are increasing but enter at starter level with lower levels of remuneration/ bonus paid.

*There are several areas that the Trust will be researching for the next Gender Pay Gap Report which includes:*

* *Any new BMA / NHSE Employers approach to arranging and awarding LCEA*
* *How many apply and do not apply for CEAS and who is successful and who is not and why. (Is the success rate of male and female consultants who do apply broadly the same? If there is a lower female application level is there specific targeted support that would help remove the gap in this area).*
* *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. Initially, this is especially with regard to 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.*

**Measures we can additionally consider for reducing Gender Pay Gap**

The Trust will continue 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. We will also consider the following:

* Review the 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.
* Review our leadership programmes and talent management initiatives 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>

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)