

# GENDER PAY GAP REPORT 2023

# Data as at 31st March 2022

# Introduction to Gender Pay Reporting

Since 2017, Gender Pay Gap Legislation mandates that all employers with 250 plus employees will capture and analyse specific data and 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 will be the 6th year of Gender Pay Gap Reporting. 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.

# Bedfordshire Hospitals NHS Foundation Trust BHFT

# On the 1st April 2020, Luton & Dunstable and Bedford Hospitals merged to form the Bedfordshire Hospitals NHS Foundation Trust BHFT. This report this year covers data for year end March 2022 and is the 2nd BHFT report with Trust wide results. Some site specific data is covered to ensure any differing results can be addressed.

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| This GENDER PAY GAP REPORT 2023 - Data as at 31st March 2022 |
| Signed and Approved for Publication by – David Carter |
| Role in the Organisation – Chief Executive Officer |
| Date – 28th March 2023 |

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

**The gender pay gap differs to equal pay**. Equal pay relates to pay differences between individuals or groups who carry out the same or similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender.

**The gender pay gap is not unlawful**. It shows the difference in the earnings of men and women by comparing the average pay of all men and all women employed by BHFT regardless of roles or seniority. 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 wider the gap the more indication of inequalities and poor organisational performance for women. Narrative should explain the results. The data used is a tool for measuring career opportunities, promotions and progress 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 comes 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 with 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 2022 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)
* ***NB: Bedford Hospital data included Bank / locum employees who worked in the 12 week preceding March 31 up until 2020***

**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.

# Terms and Conditions of Service

The majority of staff are on Agenda for Change Terms and Conditions of Service (AfC). AfC uses a national job evaluation framework to determine appropriate pay bandings giving a clear process for paying employees equally for the same or equivalent work. Each grade has a set of pay points for progression, so the longer the tenure in a grade the higher the salary irrespective of gender.

Medical / Dental staff have different Terms and Conditions depending on their seniority with a number of basic pay scales with different thresholds within them. Like AfC they give a clear process of paying employees equally for the same or equivalent work. Very Senior Managers e.g. Directors or Executives have separate pay arrangements agreed by the Trust Board.

As an Acute Trust services are 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. 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.

**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 applied, awarded and controlled Nationally (NCEA) or locally (LCEA) but the Trust pays the bonus for 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.

For some years only LCEA have been awarded to Trust consultants. This is was either because consultants were not eligible or chose not to apply. **NB** See page 13 in the Additional Information for the changes that have occurred to the Bonus systems during and since Covid 19.

**DATA SUBMISSION MARCH 2022**

# BHFT Statutory Data submitted March 2023 (relevant to year ending March 2022)

The payroll base for the Trust was not merged until 1st April 2021, and so last year’s BHFT data submission had to be manually merged which was not easy e.g. some staff work across site. At year end March 2022 there is more confidence of full data accuracy. Significant to this data is the Gender Profile of BHFT see page 5.

# Pay Gap - Mean and Median Results for 2022 data

|  |  |
| --- | --- |
| **MEAN** **PAY GAP** (or average) **27.2%** | **MEDIAN** **PAY GAP****18.5%** |

**DIFFERENCE IN AVERAGE AND MEDIAN HOURLY PAY MALE / FEMALE**

|  |  |  |
| --- | --- | --- |
| **Gender** | **Average Hourly Rate** | **Median Hourly Rate** |
| **Male** | £24.36 | £19.51 |
| **Female** | £17.74 | £15.89 |
| **Difference** | £6.62 | £3.62 |
| **Pay Gap %** | 27.2% | 18.5% |

*(Last year’s results were Average 28.46% and Mean 20.72%)*

**PAY QUARTILES LOW TO HIGH (1-4) BY MALE / FEMALE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quartile** | **Female** | **Male** | **Female %** | **Male %** |
| **1** | 1750 | 344 | 83.6% | 16.4% |
| **2** | 1710 | 375 | 82.0% | 18.0% |
| **3** | 1758 | 344 | 83.6% | 16.4% |
| **4** | 1338 | 756 | 63.9% | 36.1% |
| **TOTAL**  | **6556** | **1819** | 78.3% | 21.7% |
| **TOTAL EMPLOYEES**  | **8375** |  |  |

# NB: See pages 6 to 12 for further details and analysis

# BONUS Pay Gap - Mean and Median Results for 2021 data

The bonus data submitted under the regulations includes all staff even Bank and this totals 9820 staff. Relevant staff for Ordinary Pay Gap reporting totals 8375. This will impact the data results. (*Last year the 2 figures were 9546 and 8273*).

|  |  |
| --- | --- |
| **MEAN / Average** **BONUS PAY GAP****19.04%** | **MEDIAN** **BONUS PAY GAP****33.33%** |

**EMPLOYEES PAID A BONUS MALE / FEMALE – and THE BONUS PAY GAP [[3]](#footnote-3)**

|  |
| --- |
| **Bonus - Employees** |
| **Gender** | **Employees Paid Bonus** | **Total Relevant Employees** | **%** |
| **Female** | 47 | 7670 | 0.61% |
| **Male** | 90 | 2150 | 4.19% |
| **Overall** | **137** | **9820** | **1.40%** |
|  |  |  |  |
| **Gender** | **Average Bonus Pay** | **Median Bonus Pay** |  |
| **Female** | £8,729.24 | £6,032.04 |  |
| **Male** | £10,782.82 | £9,048.00 |  |
| **Difference** | £2,053.57 | £3,015.96 |  |
| **BONUS Pay Gap %** | 19.04% | 33.33% |  |

**Year ending 2022 –** Consultant numbers and ratios were unchanged from 2021 at 440 consultants and 170 female to 270 male (*38.6% to 61.4%)*. Of these 47 female and 90 male were paid a bonus (34.3%: 65.7% against a workforce ratio of 78.3% female: 21.7% male). Only 1.4% of the workforce are paid a Bonus and of this 0.61% are women and 4.19% are male. **NB See page 13 for further details.**

**IMPORTANT NOTATION -** NHS Trusts did not run the normal CEA awards due to Covid. All eligible Consultants received a one off payment in May 22 for this payment round which does not appear on this report but will be within the next report for data year ending March 2023. The payments that do appear this year are the monthly amounts for previous CEA’s awarded and this group may have been eligible for both awards which will also impact data at year ending March 2023.

# SUPPORTING DATA

# Gender Profile at March 31st 2021

# Bedfordshire Hospitals Foundation Trust BHFT staff at Year end:

* **March 2022 – 8375 staff –** this is an increase of 102 staff over the year at 71.5% (73) female and 28.4% (29) male. The **workforce ratio of 6691 female to 1819 male is 78.3%: 21.7%**
* **March 2021 – 8273 staff –** saw an increase of 556 staff of which 69% (386) female and 30% (170) were male. The workforce ratio of 6483 female to 1790 male (78.4% to 21.6%).

**1st April 2020 -** **7717** **staff at the point or merger** - 6097 female / 1620 male (79% to 21%)

* **L&D** had **4649** staff - 3722 female and 927 male staff (ratio 80.1% to 19.9%)
* **BH** had **3068** staff **-** 2375 female and 693 male staff (ratio 77.4% to 22.59%). ***NB -*** *BH included Bank staff who worked in the 12 weeks preceding March 31 2020* ***(circa 169 staff)***

**Gender Split**.

* On the sites pre-merger, BH had a pattern of circa 77% female to 23% male with the L&D at circa 80% female to 20% male.
* **In YE 2021and 2022 post merger, BHFT is 78.4% female to 21.6%** **male** – which is a balance of the gender profile data for BH and LDH.
* **The NHS ratio is mostly 77% to 23%.** The largest proportion of employees are nurses or nursing support staff such as healthcare assistants, the majority of which are female.

**NARRATIVE AND ANALYSIS BHFT**

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.

**GENDER PAY GAP RESULTS (For sites 2016 to 2021 and Trust wide 2021to 2022)**

|  |
| --- |
| **SIX YEARS RESULTS FOR MEAN AND MEDIAN PAY GAP 2016 to 2022 data**  |
| **DATA @**  | **LUTON PAY GAP %** | **BEDFORD PAY GAP %** | **BHFT PAY GAP %** |
| **MEAN**  | **MEDIAN**  | **MEAN**  | **MEDIAN** | **MEAN**  | **MEDIAN**  |
| **YE 2017**  | 29.90% | 17.40% | 28.96% | 11.79% |      |      |
| **YE 2018** | 29.20% | 17.00% | 32.06% | 16.13% |
| **YE 2019**  | 29.00% | 18.00% | 31.75% | 17.27% |
| **YE 2020** | 28.70% | 20.90% | 31.53% | 20.68% |
| **YE 2021** | **27.36%** | **19.20%** | **30.37%** | **17.77%** | **28.46%** | **20.72%** |
| **YE 2022** |  |  |  |  | **27.2%** | **18.5%** |

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

It shows the GPG trend at LDH and BH pre-merger and first 2 years BHFT post-merger to help track and address any site differentials. LDH mean gap made slow improvement each year, vice versa for the median. BH mean / median gap widened slightly each year.

The median pay gap result is often considered to be more representative of the GPG across the workforce. However it does not account for small numbers of higher paid employees that could skew the result, it is the mean (or average) result that highlights this.

BHFT mean and median pay gap has improved on Y/E March 2021 at 27.2% and 18.5%. The mean (or average) pay gap of 27.2% needs to be examined in more detail.

**Why is the gap so high?**

The Gender pay gap at BHFT does not stem from paying men and women differently for the same or equivalent work. It is more a result of the roles in which men and women work within the BHFT and the salaries these roles attract.

**PAY GAP BY STAFF GROUP**

The gender pay gap position is based on the gender of staff within the respective pay groups. A negative percentage gap indicates in favour of females and a positive percentage indicates a negative gap for females.

The chart below shows the gender split of the 8375 BHFT staff across the staff groups at year end 2022. **A minus pay gap result is positive for females**

**BHFT – Gender Split and Pay Gap results across staff groups at Year End March 2022.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Group** | **Avg. Hourly Rate** | **Female No** | **Male no** | **Female Hourly Rate** | **Male Hourly Rate** | **Differ****-ence** | **Pay Gap % 2022** | **Pay gap 2021** |
| **Add Prof Scientific Technic** | £20.58 | 168 | 83 | £19.89 | £21.96 | £2.07 | 9.42% | 9.28% |
| **Additional Clinical Services** | £12.15 | 1,493 | 245 | £12.05 | £12.76 | £0.71 | 5.58% | 3.25% |
| **Administrative and Clerical** | £15.36 | 1,381 | 319 | £14.50 | £19.06 | £4.56 | 23.91% | 29.71% |
| **Allied Health Professionals** | £20.35 | 327 | 84 | £20.50 | £19.73 | -£0.77 | -3.92% | -4.36% |
| **Estates and Ancillary** | £11.82 | 204 | 215 | £11.40 | £12.21 | £0.80 | 6.58% | 10.64% |
| **Healthcare Scientists** | £21.53 | 123 | 67 | £21.25 | £22.04 | £0.79 | 3.59% | 5.07% |
| **Medical and Dental** | £37.18 | 463 | 612 | £34.97 | £38.86 | £3.89 | 10.01% | 11.73% |
| **Nursing and Midwifery**  | £19.64 | 2,390 | 193 | £19.67 | £19.38 | -£0.28 | -1.47% | -2.60% |
| **Students** | £15.77 | 7 | 1 | £16.34 | £11.75 | -£4.59 | 0.00% | 0.00% |
| **Grand Total** | £19.18 | 6,556 | 1,819 | £17.74 | £24.36 | £6.62 | 27.19% |  |

**A minus pay gap result is positive for females -** But there are only 2 groups where the pay gap % result is positive for females with female ratio at which are;

* Allied health professionals (411 staff) at -3.92% (female ratio 79.5%) and;
* Nursing and midwifery (2583) at -1.47% (female ratio has reduced 2.5% to 92.5% from 2021)

**Much higher % pay gaps in favour of male** - However, these 2 positive results for female compare much less favourably to the much higher % pay gaps in favour of male in:

* Admin/clerical (1700 Staff) a significant **23.91%** albeit a 6% reduction on YE 2021 at 29.71%
* Medical / dental (1075 staff) **10.01%** (or average £3.89 an hour), a 1.7% reduction from 2021
* Estates/ ancillary (419 staff) 6.58% (or average £0.80 an hour) a 4% reduction from 2021
* Additional Professionals (251 staff) **9.42%** (or average £0.80 an hour) similar to 2021

From these pay gaps in favour of male groups there has been some improvements against 2021

**Impact on the Pay gap if a high quartile pay group with high male ratio are removed**

|  |  |
| --- | --- |
| **Without Consultants and Ad-Hoc Grades** | When staff numbers in some of the higher quartile pay levels where male ratio is higher are removed this shows the impact on the mean Gender Pay Gap. This reduces the pay gap from 27.19 to 12.07%. Removing the higher AfC pay bands would also impact for the same reasons. This is because there is proportionally much less females in the higher paid bands - which is why the gender pay gap regulations exist. |
| **Gender** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| **Male** | £19.08 | £16.13 |
| **Female** | £16.77 | £16.13 |
| **Difference** | £2.30 | £0.00 |
| **Pay Gap %** | 12.07% | 0.00% |

**PAY QUARTILES BHFT 2022 – female continues to be under-represented in the top quartile which has a high impact on the pay gap**

BHFT Male at 1819 staff form 21.7% of the workforce but circa a third or 36.1% of male staff are in the top quartile and in higher paid staff groups. This 15% or 268 male over representation in the top quartile compares to a 15% under representation of 972 female.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quartile** | **Female** | **Male** | **Total** | **Female %** | **Male %** |  | **Female % 2021** | **Changed %**  |
| **1** | 1750 | 344 | 2094 | 83.6% | 16.4% |  | 83.6% | Static % |
| **2** | 1710 | 375 | 2085 | 82.0% | 18.0% |  | 81.7% | +0.3% |
| **3** | 1758 | 344 | 2102 | 83.6% | 16.4% |  | 84.7% | - 1.1%  |
| **4** | 1338 | 756 | 2094 | 63.9% | 36.1% |  | 63.4% | +0.5%  |
|  | **6556** | **1819** | **8375** |  |  |  |  |  |

Gender changes in the top quartile since Y/E 2021 are +26 female and – 1 male

**The line chart below shows the impact of this across the pay quartiles**

**Further details of the pay quartiles, consultants in the top quartile and the impact on the Bonus Pay gap can be found in the additional information later in this document.**

**Site differentials, gender and numbers in the Staff groups**

Estates is the only group at BH which has higher numbers than at the LDH. From the staff in Estates at BH, 55% are female. This is due to catering and cleaning being in-house at BH and outsourced at LDH. This is a significant amount of females in a lower pay quartile.

**PAY GAP BY PAY BANDS**

**BHFT Average Hourly Rates by Pay Band - YE March 31st 2022**

There are no female in Band 1 so there is no gap to measure.

* Band 5 to 6 where females are 85.9 to 87.3% of the bands (of 2140 staff) and 26% of the work force can earn more an hour by 59 to 88p which is up from 27 to 41p at year end 2021.

* Bands 9 and Ad-hoc, which are generally VSM levels with 17 and 19 staff respectively, have a female ratio of 63.6% and 40% have females earning £7.49 and £15.81 an hour more than male. (The ad-hoc figure needs to be checked for any non VSM ad-hoc

**BHFT - Average Hourly Rates and pay gap by Pay Band - YE March 31st 2022**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Average Hourly Rates By Pay Band** | **Avg. Hourly Rate** | **Female count** | **Male count** | **Female - Hourly Rate** | **Male - Hourly Rate** | **Differ****-ence** | **Gap** | **Total staff in band**  | **% female in band**  |
| **Band 1** | £10.63 | 0 | 4 | £0.00 | £10.63 | £10.63 | 100.00% | 4 | 0.0% |
| **Band 2** | £11.73 | 1,348 | 352 | £11.64 | £12.04 | £0.39 | 3.28% | 1,700 | 79.3% |
| **Band 3** | £11.52 | 696 | 112 | £11.52 | £11.54 | £0.02 | 0.20% | 808 | 86.1% |
| **Band 4** | £12.47 | 635 | 104 | £12.47 | £12.44 | -£0.03 | -0.27% | 739 | 85.9% |
| **Band 5** | £15.81 | 1,280 | 187 | £15.89 | £15.29 | -£0.59 | -3.88% | 1,467 | 87.3% |
| **Band 6** | £20.03 | 1,130 | 186 | £20.16 | £19.27 | -£0.88 | -4.58% | 1,316 | 85.9% |
| **Band 7** | £23.00 | 702 | 136 | £23.00 | £22.98 | -£0.02 | -0.07% | 838 | 83.8% |
| **Band 8a** | £25.96 | 180 | 68 | £25.96 | £25.94 | -£0.03 | -0.11% | 248 | 72.6% |
| **Band 8b** | £30.49 | 69 | 16 | £30.38 | £30.94 | £0.56 | 1.81% | 85 | 81.2% |
| **Band 8c** | £36.33 | 23 | 14 | £36.28 | £36.41 | £0.14 | 0.38% | 37 | 62.2% |
| **Band 8d** | £44.83 | 13 | 9 | £44.58 | £45.19 | £0.62 | 1.37% | 22 | 59.1% |
| **Band 9** | £54.54 | 7 | 4 | £57.26 | £49.77 | -£7.49 | -15.06% | 11 | 63.6% |
| **Ad-Hoc** | £54.87 | 10 | 15 | £64.36 | £48.55 | -£15.81 | -32.56% | 25 | 40.0% |
| **Consultant** | £50.92 | 180 | 279 | £49.31 | £51.96 | £2.65 | 5.10% | 459 | 39.2% |
| **Junior** | £25.54 | 245 | 273 | £24.64 | £26.36 | £1.72 | 6.54% | 518 | 47.3% |
| **Middle** | £34.31 | 38 | 60 | £33.61 | £34.76 | £1.14 | 3.29% | 98 | 38.8% |
| **Grand Total** | **£19.18** | **6,556** | **1,819** | **£17.74** | **£24.36** | **£6.62** | **27.19%** | **8,375** | **78.3%** |

**Medical grades workforce are the largest group at 1079, and 12.83% of the workforce with 459 consultants in the highest paid quartile.** However the female representation in the 3 grades is consultant 39.2%, middle-grades are 38.8% and junior 47.3% which is a low ratio for female when they make up 78% of the work force. The pay gap here is 3.29 to 6.54%. Female ratios decrease the higher the grade.

**Average hourly rate pay gaps 2017 to 2020 reports – SITE RESULTS**

***Lower rates at Bedford than Luton 2017 to 2021***

*The chart below shows average mean hourly rate trends for BH and LDH where the rate:*

* *Is lower for Male at BH than Male at LDH – in 2017 by £1.20 and 2021 by £0.65*
* *Is lower for female at BH than female at LDH – in 2017 by £0.82 and 2021 by £1.18*

*In terms of male to female pay in 2017 and 2021:*

* *BH females received £6.03 less an hour in 2017 and £7.10 less in 2021 than BH male*
* *LDH females received £6.41 less an hour in 2017 and £6.58 less in 2021 than LDH male.*
* *NB BH females received £7.75 less than LDH male in 2021.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender BHFT**  | **Avg. Hourly Rate 2021** | **Median Hourly Rate 2021** | **Avg. Hourly Rate 2022** | **Median Hourly Rate 2022** |
| **Male** | £23.77 | £19.02 | £24.36 | £19.51 |
| **Female** | £17.01 | £15.08 | £17.74 | £15.89 |
| **Difference** | £6.77 | £3.94 | £6.62 | £3.62 |
| **Pay Gap %** | **28.46%** | **20.71%** | 27.2% | 18.5% |

**MEDIAN HOURLY RATE PAY GAPS 2017 to 2021 for BH and LDH – 2021 for BHFT**

T**he chart below shows median hourly rate trends for BH and LDH where the rate:**

* Is lower for Male at BH than Male at LDH – in 2017 by £1.43 and 2021 by £2.00
* Is lower for female at BH than female at LDH – in 2017 by £0.32 and 2021 by £1.37

**In terms of male to female pay in 2017 and 2021:**

* BH females received £1.78 less an hour in 2017 and £3.09 less in 2021 than BH male
* LDH females received £2.89 less an hour in 2017 and £3.72 less in 2021 than LDH male.

**PAY GAPS – for SITE results over 5 years 2017 to 2021 - see page 6**

**Gender in Pay Quartiles 2017 to 2021 reports**

* LDH workforce increased 16% in the 5 years of reporting. BH increase was similar. BH gender split female to male was circa 77% to 23% whereas LDH was circa 80% to 20%.
* **Male over-representation in the Top Pay quartile is a constant -**  this is by up to 15% - and females over represented in the lower three pay quartiles at 3.8% to 4.9%.
* **For BH top pay quartile -** The female to male ratio at the top quartile was 65% to 35% in 2017 and 63% to 37% in 2021. Against the workforce split this is a 15% under presentation of female and 15% over representation of male.

**For LDH top pay quartile (see chart that follows) -** The female to male ratio was 65% to 35% in 2017 and 64% to 36% in 2021. Against workforce split this is again a 15% under presentation of female and 15% over representation of male.

Banding tables on pages 9-10 highlight where 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).

# Additional Data - Bonus Pay Gap

**The Clinical Excellence Awards** **(CEA**)\* is a bonus system applicable 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. CEA can be awarded Nationally (NCEA - controlled nationally and paid locally) or awarded locally (LCEA) with Trust responsibility for the application and payment of these.

A consultant needs to hold a substantive consultant appointment at BHFT for a year to be eligible to make an application for an LCEA. In the last 4-6 years only LCEA have been awarded to consultants. (Due to consultants not being eligible to apply/ choosing not to apply for NCEA).

**CHANGES AND INTERIM PROVISIONS TO THE LCEA**

LCEA used to be paid monthly, with amounts dependant on the level / tenure of the consultant Female were less likely to apply than male. Male could reach a higher level of excellence award.

* **Renegotiating a new LCEA process** - In 2018 NHS Employers, the BMA and the Hospital Consultants and Specialists Association HCSA, were renegotiating a new LCEA process. An interim 3 year process was put in place with annual payments in April for 2019 / 2020 / 2021.
* **Interim LCEA provision 2021 and 2022 -** Covid hampered the new LCEA negotiation process and it was not completed. As a result, NHS England, NHS Improvement (NHSEI) and the Department for HSC (DHSC) agreed and required that Trusts were to equally distribute LCEA funds among all eligible consultants.This was paid in a one‐off, non‐consolidated payment in place of a normal LCEA round. **In 2021 this extended to locums supporting the Covid response. In 2022, it’s the same process.**

**CHANGES TO THE NCEA**

* **New national awards are to replace NCEA and be called \*\* National Clinical Impact Awards (NCIAs) but are not yet agreed.** These aim to reward hard-working senior doctors, as an important feature of the total reward package for the consultant workforce. But also to broaden access to the scheme, make application processes fairer and more inclusive and ensure the scheme rewards and incentivises excellence across a broader range of activity. **However the the BMA were not yet able to agree to the final proposal.**  There are some areas of contention such as not applying awards pro-rata for less than fulltime posts.

# Interim steps for Trusts running LCEA arrangements from April 2022 and schedule 30 can be viewed here:

[**https://www.nhsemployers.org/publications/next-steps-employers-running-lcea-rounds-2022**](https://www.nhsemployers.org/publications/next-steps-employers-running-lcea-rounds-2022)

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

**Note - The bonus data submitted under the regulations includes all staff even Bank and this totals 9820 staff. Relevant staff for Ordinary Pay Gap reporting totals 8375. This will impact the data results.**

**Mean and Median Bonus Pay Gaps LDH BH and BHFT**

**Re - for LDH / BH 2017 to 2021 and BHFT for 2021-2022 –**

As can be seen in the chart that follows;

* **NOTES - The historical wide differences in results between the 2 sites should even out more when the new LCEA and NCEA provisions are applied. Medical workforce functions and LCEA NCEA provision are now Trust wide and not site specific.**

|  |  |  |
| --- | --- | --- |
|  | **MEAN BONUS PAY GAPS** | **MEDIAN BONUS PAY GAPS**  |
| **Year**  | **LUTON GAP**  | **BEDFORD GAP**  | **LUTON GAP**  | **BEDFORD GAP**  |
| **2017** | **33.44%** | **-12.39%** | **33.33%** | **0.00%** |
| **2018** | **43.73%** | **-7.76%** | **65.37%** | **8.33%** |
| **2019** | **35.88%** | **-1.97%** | **50.00%** | **0.00%** |
| **2020** | **32.50%** | **3.96%** | **24.87%** | **0.00%** |
| **2021** | **30.84%** | **27.61%** | **32.80%** | **66.67%** |
| **BHFT 2021**  | **20.22%** | **33.33%** |
| **BHFT 2022** | **19.04%** | **33.33%** |

* **Mean Bonus Gaps** - BH negative -% results between 2017 and 2019 are positive to females. LDH had a negative result for females (albeit closer to NHS average) at circa 35% with a best result of 30.8% by year end 2021 when BH reached a more comparable 27.61%.
* **Median Bonus Pay Gaps –** The BHFT results for 2021 and 2022 show balancing and more consistency in results **but the site specific results need to be looked at in case any wider differentials still exist.**

**Average Bonus pay LDH / BH BHFT – from the chart that follows:**

* The chart shows higher average and mean bonus payments for BH staff than for LDH staff. Significantly BH female is the highest paid followed BH male, LDH male then LDH female
* The female gap in bonus pay in 2021 between BH and LDH is £7775 (average) and £9575 (median) – the male gap between LDH and BH is £1288 (average) and £1005 (median).
* BH result is unusual, whereas LDH result is more in keeping with national Acute Trust results
* **The data in the merged BHFT 2021 result has a mean gap of 20.22% / median of 33.33% which is a better result but disguises the difference on the 2 sites.** The BHFT results for 2022 also show balancing and more consistency in results ***but the site specific results need to be looked at in case any wider differentials still exist.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | **AVERAGE BONUS PAY 2021**  | **MEDIAN BONUS PAY 2021 FOR :** | **Gender** | **BHFT 2021**  | **BHFT 2022** |
| **LDH**  | **BH** | **LDH**  | **BH** | **Average Bonus £** | **Median Bonus £** | **Average Bonus £** | **Median Bonus £** |
| **Fem.** | £7,255 | £15,030 | £5,405 | £15,080 | **Fem.** | £8,744 | £6,032 | £8,744 | £6,032 |
| **Male** | £10,490 | £11,778 | £8,043 | £9,048 | **Male** | £10,959 | £9,048 | £10,959 | £9,048 |
| **Diff.** | £3,235 | -£3,252 | £2,638 | -£6,032 | **Diff** | £2,216 | £3,016 | £2,216 | £3,016 |
| **Pay Gap %** | **30.84%** | **-27.61%** | **32.80%** | **-66.67%** | **Pay Gap %** | **20.22%** | **33.33%** | **19.04%** | **33.33%** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical consultants who receive a bonus by site / Trust wide**  | **6 year** | **2017** | **2022** |  |
| **Year End** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **Change**  | **split**  | **Split**  |  |
| **LUTON** |  |  |  |  |
| **Female**  | 21 | 29 | 35 | 43 | 38 | 38 | 18.1% | 25.9% | 38.4% | **12.5%** |
| **Male**  | 60 | 65 | 69 | 69 | 61 | 61 | 1.0% | 74.1% | 61.6% |  |
| **total**  | **81** | **94** | **104** | **112** | **99** | **99** | **22.2%** |  |  |  |
| **BEDFORD**  |  |  |  |  |
| **female**  | 13 | 14 | 12 | 13 | 19 | 9 | -30.8% | 24.1% | 20.5% | -3.6% |
| **Male**  | 41 | 41 | 39 | 36 | 25 | 35 | -14.7% | 75.9% | 79.5% |  |
| **Total**  | **54** | **55** | **51** | **49** | **44** | **44** | **-18.5%** |  |  |  |
| **BHFT TRUST TOTALS** |  |  |  |  |
| **Fem. BHFT** | 34 | 43 | 47 | 56 | 47 | 47 | 38.2% | 25.2% | 32.9% | **7.7%** |
| **Male BHFT**  | 101 | 106 | 108 | 105 | 96 | 96 | -10.9% | 74.8% | 67.1% |  |
| **TOTAL** | **135** | **149** | **155** | **161** | **143** | **143** | 1.5% |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Medical consultants**  |  |  |  |  |
| **Year end**  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** |  |  |  |  |
| **LUTON** |  |  |  |  |
| **Female**  | 94 | 102 | 102 | 118 | 124 | 124 | 31.9% | 39.5% | 43.2% | **3.7%** |
| **Male**  | 144 | 152 | 152 | 165 | 163 | 163 | 13.2% | 60.5% | 56.8% |  |
| **total**  | **238** | **254** | **254** | **283** | **287** | **287** | **20.60%** |  |  |  |
| **BEDFORD**  |  |  |  |  |
| **female**  | TBC | TBC | 44 | 46 | 46 | 46 | 4.60% | 28.9% | 30.1% | **1.1%** |
| **Male**  | TBC | TBC | 108 | 107 | 107 | 107 | -0.92% | 71.1% | 69.9% |  |
| **Total**  | **0** | **0** | **152** | **153** | **153** | **153** | **0.65%** |  |  |  |
| **BHFT TRUST TOTALS** |  |  |  |  |
| **Fem BHFT** | TBC | TBC | 146 | 164 | 170 | 170 | 16.43% | 36.0% | 38.6% | **2.7%** |
| **Male BHFT**  | TBC | TBC | 260 | 272 | 270 | 270 | 3.84% | 64.0% | 61.4% |  |
| **TOTAL** | **0** | **0** | **406** | **436** | **440** | **440** | **8.50%** |  |  |  |

In the above chart, **the top pay quartile trends** for BH are for the female ratio to decrease and at LDH for female ratio to increase. The BHFT result is balanced between to the site figures but it is important to know these trends to help address the results even if numbers are relatively small.

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

|  |  |  |
| --- | --- | --- |
| **Percentage of the Workforce who received a Bonus BY GENDER**  | **BHFT 2021**  | **BHFT 2022** |
| **TRUST**  | **% Female 2017**  | **% Male 2017**  | **% Female 2020** | **% Male 2020** | **% Female 2021** | **% Male 2021** | **% female** | **% Male**  | **% female** | **% Male**  |
| **LDH**  | 0.50% | 5.50% | 0.90% | 4.90% | 0.95% | 5.68% | 0.63% | 4.58% | 0.61% | 4.19% |
| **BEDFORD**  | 0.50% | 5.00% | 0.50% | 4.90% | 0.32% | 4.27% |

**Note - The bonus data submitted under the regulations includes all staff even Bank and so for BHFT in 2021 this totals 9546 staff. Relevant staff for Ordinary Pay Gap reporting totals 8273. This impacts the data results. The same applies to 2022 data.** From the charts above, as only consultants receive a bonus it means that proportionally only 1.5% of the 9546 workforce (Including Bank) receive a bonus of which 0.63% are female and 5.41% are male.

This has contributed to the high mean and median Pay Gap for females.

BHFT 2022 mean bonus pay gap is 19.2% and the median bonus pay gap is 33.33%. The median result is often considered to be more representative of the bonus gap. However it is usually the mean result that accounts for small numbers of higher paid employees that could skew the result.

**Medical consultants BHFT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical staff number 2021** | **Total** | **Mean pay gap** | **Diff in hourly pay** | **Medical Staff %** | There are 38 more medical staff in Y/E 2022 (a 3.6% increase). From this female increased by 25 (5.7%) and male by 13 (2.1%).At consultant level the increase was 19 staff or 4.3% and from this female grew by 10 (5.9%) and Male by 9 (3.33%)A good increase but the split is still not representative of the female workforce - |
|  | **Female**  | **Male**  | **female %**  | **male %**  |
|  **Junior** | 232 | 275 | 507 | 9.28% | £2.45 | 45.8% | 54.2% |
| **Middle** | 36 | 54 | 90 | 9.72% | £3.36 | 40.0% | 60.0% |
| **Consultant** | 170 | 270 | 440 | 6.55% | £3.36 | 38.6% | 61.4% |
|  | **438** | **599** | **1037** |  |   |   |   |
| **Medical staff number 2022** | **Total** | **Mean pay gap** | **Diff in hourly pay** | **Medical Staff %** |
|  | **Female**  | **Male**  | **Fem %**  | **male %**  |
| **Junior** | 245 | 273 | 518 | 6.54% | £1.72 | 47.3% | 52.7% |
| **Middle** | 38 | 60 | 98 | 3.29%  | £1.14 | 38.8% | 61.2% |
| **Consultant** | 170  | 270 | 440 | 5.10% | £2.65 | 38.6% | 61.4% |
|  | 453 | 603 | 1056 |  |  |  |  |

* Consultants are predominantly male and amongst the highest paid roles in the NHS Trust.
* More senior long serving consultants are typically male
* Onlyconsultants can be awarded a bonus[[4]](#footnote-4)
* Pay and bonus are incremental to length of service and so male consultants with role tenure will have higher pay and higher bonuses
* New consultants of both genders start at the lowest level of bonus paid so where there are more female consultants more role tenure is needed to achieve a higher bonus
* (CEAs) are consolidated into the basic pay calculations.

At BHFT in 2022 Females make up 47.3% of junior doctors, and only 38.8% of middle / 38.6% of Consultants. Are these levels part of a caring and flexibility issue for females?

In last year’s BHFT report for the GPG it was noted that the national GP register, female outnumber male with over 35 thousand female GPs for 27 thousand male GPs.Also according to the BMA February 2022, Female GPs earn on average 15.3% and clinical academics 11.9% less than male. The total non-adjusted gender pay gap is 24.4% for hospital doctors, 33.5% for GPs and 21.4% for clinical academics.

BHFT consultants number 440 but only 143 received a bonus. Of this 47 or 32.9% were female. **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.** When the LCEA /NCEA process has settled down following Covid and negotiation changes BHFT 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.

**Very Senior Managers - VSM –** The count of male to female across our VSM in BHFT in year 2020 has not changed from year end 2021 at 19 female to 18 male with a ratio of 51.3% female to 48.7% male whereas our workforce ratio 78% female to 22% male. Our VSM are Band 9 and Ad-hoc in our pay bands.

This is a good performance area for BHFT as the pay gap result is positive for female at -19.93% and a higher average hourly pay of £9.58 for Band 9 and -11.18% and £4.98 an hour for Ad-hoc. However, there is impact from the 26.7% lower than workforce female representation in our VSM.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Band 9** | £54.44 | 8 | 4 | £57.63 | £48.05 | -£9.58 | -19.93% | 12 | 66.7% | 0.1% |
| **Ad-Hoc** | £46.72 | 11 | 14 | £49.51 | £44.53 | -£4.98 | -11.18% | 25 | 44.0% | 0.3% |

**As can be seen on page 5 if consultant and ad-hoc grades are removed from the calculations, the gap is lowered.**

**BOARD REPRESENTATION BY GENDER**

|  |  |  |
| --- | --- | --- |
| **BHFT BOARD AND DIRECTORS at April 2021 and 2022** |  |  |
| **Category** | **male**  | **female**  | **total**  | **male %** | **female %**  |
| **Voting Executive Director**  | 3 | 5 | 8 | 37.5% | 62.5% |
| **Voting Non-Executive Director**  | 7 | 1 | 8 | 87.5% | 12.5% |
| **Non-Voting Director**  | 2 | 3 | 5 | 40.0% | 60.0% |
| **Total**  | 12 | 9 | 21 | 57.1% | 42.9% |
| **Voting Directors**  | 10 | 6 | 16 | 62.5% | 37.5% |

BHFT female at 12.5% is under-represented on Voting Non Exec Directors so that the voting proportion is only 37.5% and across the Board female are 42.9%. The NED in-balance needs to be addressed and this article still applies. <https://www.theguardian.com/world/2020/sep/09/nhs-misses-target-of-having-half-its-top-jobs-held-by-women>

**SUMMARY**

* **Site specific and Trust wide areas -** Historic GPG data for BH and LDH sites (2017 to 2021) is covered with BHFT wide data for year-end March 2021 and 2022. This shows generic and site specific progress and areas to address, and for areas that may be lost within BHFT data.
* **Workforce BHFT Female to Male Split -** at 78%: 22% is closer to the NHS average.
* **BHFT 2022 Mean and Median Pay Gaps at 27.2% and 18.5% are and improvement**  on 2021 at 28.46% Mean and 20.72% Median
* **Highest Paid Quartiles –** A circa 15% over representation of male in the highest paid quartile at 272 equates to a 15% under-representation of female at 983 (workforce proportions).
* **Impact of Highest Pay Quartile and High Level of Male** - Excluding data for high paid, high level male groups such as medical or ad-hoc significantly lowers the GPG indicating how these groups can skew the whole result. A more detailed analysis is included in the Report.
* **Medical consultants are among the highest paid and only group paid bonus (LCEAs).** Senior long serving consultants are typicallymale with higher pay and bonuses as 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.

***Several areas that the Trust will continue researching for the next GPG Report, includes:***

* *The new BMA / NHSE Employers approach to arranging and awarding LCEA and NCEA one in situation.*
* *How many apply and do not apply for CEAS and who is successful and who is not and why.*
* *The potential effect of length of service and age and 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, 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 further support needed. E.g. in family friendly policies, or career paths for female doctors.*

**Measures we take and 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 have also undertaken / will consider the following:

* 1. **BHFT Approach to revised LCEA** and new **National Clinical Impact Awards NCIAs.** BHFT Medical Workforce / HR teams now have a Trust wide approach. Once the new national guidance and process for the revised LCEA and new NCIA’s is available, BHFT will establish policy, practice and outcomes to address this withbroader data being captured.
	2. **Workforce Committee -** This is on the committee agenda for delegation, progress updates, actions or measures for improving male / female representation e.g. by organisational and quartile proportions. Including attracting more male to careers within the Trust at quartiles 1-3. This includes continuing to:
* 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.
	1. **The Teams and Committee at (1) (2) to review for workforce strategy / People Plan:**
* **Government Equalities Office GEO Evidenced Based Actions for Employers -** offers positive actions to consider in addressing concerns for BME senior representation / career progression. <https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based_actions_for_employers.pdf>
* **New EHRC Strategy** – This [website](https://www.equalityhumanrights.com/en/publication-download/fair-opportunities-all-strategy-reduce-pay-gaps-britain) link outlines EHRC strategy in 2021 for closing the pay gap. Its main recommendations should be considered.
* **Fawcett Society recommendations**
* **As part of reporting for Y/E March 2023 – A broader look at Full time /Part time staff by gender;** at BHFT by site and grade, division and quartile (not bank etc.). **Review of actions** following fuller analysis of data for Y/E 2021 for BHFT including the Gender Bonus Pay Gap Mean and Median in the report for Y/E March 2022.
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.

 [↑](#footnote-ref-2)
3. ***No bank staff paid a bonus– This chart shows that 1.64% of employed staff are paid bonus***

|  |
| --- |
| ***Bonus using Ordinary Pay Relevant Employees (no bank)*** |
| ***Gender*** | ***Employees Paid Bonus*** | ***Total Employees*** | ***%*** |
| ***Female*** | ***47*** | *6556* | *0.72%* |
| ***Male*** | ***90*** | *1819* | *4.95%* |
| ***Overall*** | ***137*** | *8375* | *1.64%* |

 [↑](#footnote-ref-3)
4. Not all consultants are eligible to apply for and/or receive clinical excellence awards for a bonus. They need to have held a substantive appointment at BHFT for one year to be eligible to apply. 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. [↑](#footnote-ref-4)