



Appendix 3

Gender Equality Report 2021/2022 (Data as at 31/03/20)

Introduction

Bradford Teaching Hospitals NHS Foundation Trust is committed to reducing our gender pay gap and this is our 3rd publication against this standard.

April 2017 saw the introduction of the Government regulation setting out the requirement for public sector bodies in England with 250 or more employees to publish their gender pay and bonus gap. Bradford Teaching Hospitals NHS Foundation Trust, as an organisation that employs more than 250 people, has met our contractual requirement of submitting gender pay gap data to the Government for two consecutive years i.e. 31 March 2017 and 31 March 2018. Data collection (as at March 2019) was paused in 2020 as a result of the Covid-19 pandemic. However, the data has been collated in this report to provide a comparison with the March 2020 data.

Gender pay reporting is different to equal pay. The gender pay gap is the average difference between the gross hourly earnings for all men and women which is expressed as a percentage of men's earnings (as set out in the explanation below). Equal pay refers to men and women being paid the same for like work; work rate as equivalent or work of equal value as set out in the Equality Act 2010. It is unlawful to pay people unequally purely because they are a man or a woman.

Gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

For the 2018 results (our 2nd publication) we produced four concise actions that built on the good progress we had made to narrow the gender pay gap between 2017 and 2018. These actions were successfully achieved and our data shows that our Gender Pay Gap further decreased in March 2019. Despite seeing a slight increase in the mean gender pay gap in March 2020; the median gender pay gap continues to decrease. Our mean bonus pay gap has decreased and the median bonus pay gap stays the same, which is positive. What is evident from the analysis in this report is that; although women make up c. 77% of our workforce, proportionately; they are significantly under-represented at senior leadership levels.

This years' action plan has been developed into three themes with an overall aim of ensuring we recruit, retain and support the right staff and develop excellent leaders who have the skills to empower our people and create a positive culture where our people feel valued, can take responsibility for their actions and flourish. Our main focus for this years' action plan to reduce our gender pay gap will be to:

- Increase engagement with aspiring females and representation of women in senior management roles. Exploring potential “blockers” for women progressing.
- Address the underrepresentation of men at all levels in the organisation and challenge the traditionally female role stereotypes
- Promote a culture of flexible working

Monitoring and Evaluation

The action plan will be monitored by the Trust People Academy on a bi-monthly basis and through the Trust Board on a 6-monthly basis as part of their Equality, Diversity & Inclusion update.

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Gender Pay Data

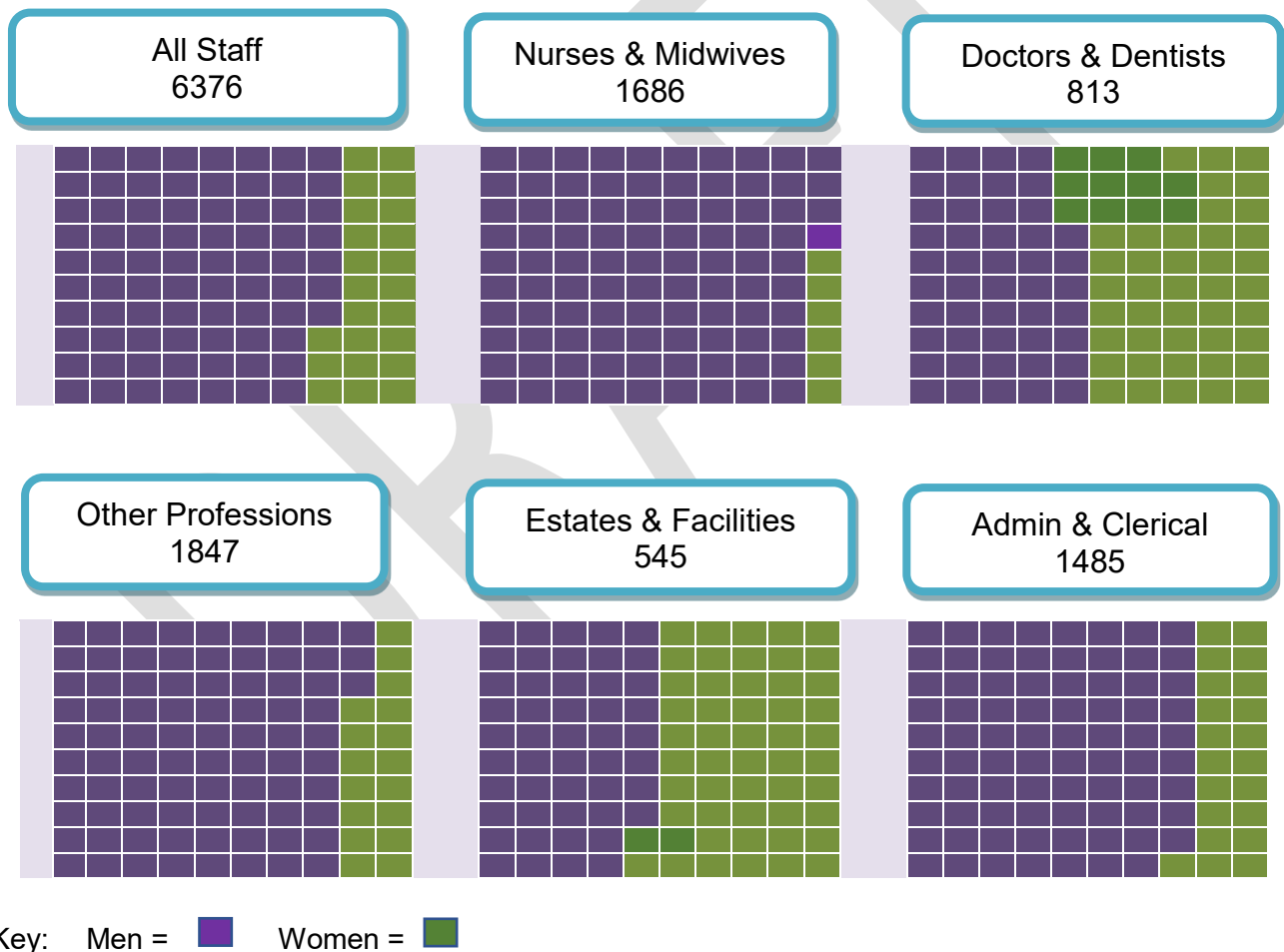
The following data was collected on 31 March 2020 when our workforce comprised 6,376 staff, of which; 4,916 (77.1%) were women and 1,460 (22.9%) were men (0.9% increase in men from March 2019).

Where appropriate; data for March 2018 and/or March 2019 has also been added to show a comparison and evidence our progress over the last three years.

Workforce by Gender

The table below illustrates how our workforce was made up by gender as at 31st March 2020.

The green squares represent males and the purple squares represent females. Women make up a significant proportion of our workforce (77.1%). Men are significantly under-represented in Nursing & Midwifery roles, Admin & Clerical and other professions.




Quartile Reporting

The pie charts below show the proportion of males and females when divided into four groups ordered from lowest to highest pay. The data below ranks our whole-time equivalent employees from

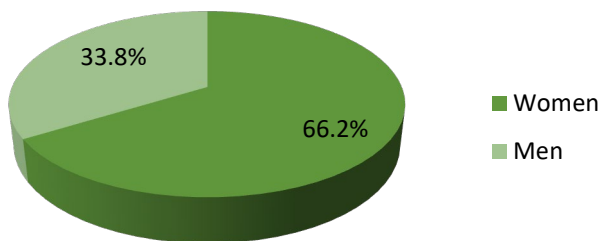
highest to lowest paid, divided into four equal parts (quartiles). The lower quartile (red) represents the lowest salaries in the Trust and the upper quartile (green) represents the highest salaries.

The charts show the percentage of males and females who fall into each quartile.

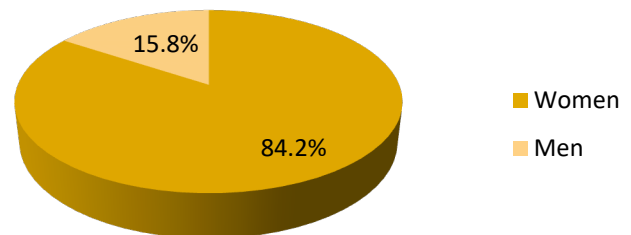
In March 2020 there were proportionately more women employed by the Trust (77.1%) than men (22.9%). If we are to have gender pay equality, the same proportion of men and women should be represented at all levels of the organisation. The following analysis shows that this is not the case at BTHFT and **women continue to be under-represented at more senior levels and over-represented at middle management levels. There has been little change in this metric from 2018/2019:**

- **At 66.21%; Women are proportionately under-represented in the Upper quartile (higher paid staff) by nearly 11% (compared to the 77.1% in the organisation overall)**
- The proportion of women in the upper quartile has fluctuated over the last three years, but there has been a slight reduction of 1.8% of women in the Upper Quartile since March 2019 (when this figure was 68%) 
- Women are proportionately over-represented in the Upper Middle quartile (84.2%) and Lower Middle quartile (80.3%)
- Women are equally represented in the lower quartile (lowest paid staff) at 77.6%

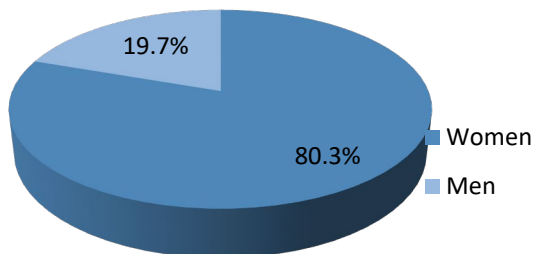
Upper Quartile



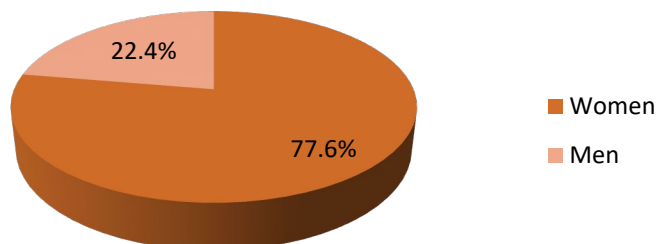
Upper Middle Quartile



Lower Middle Quartile



Lower Quartile



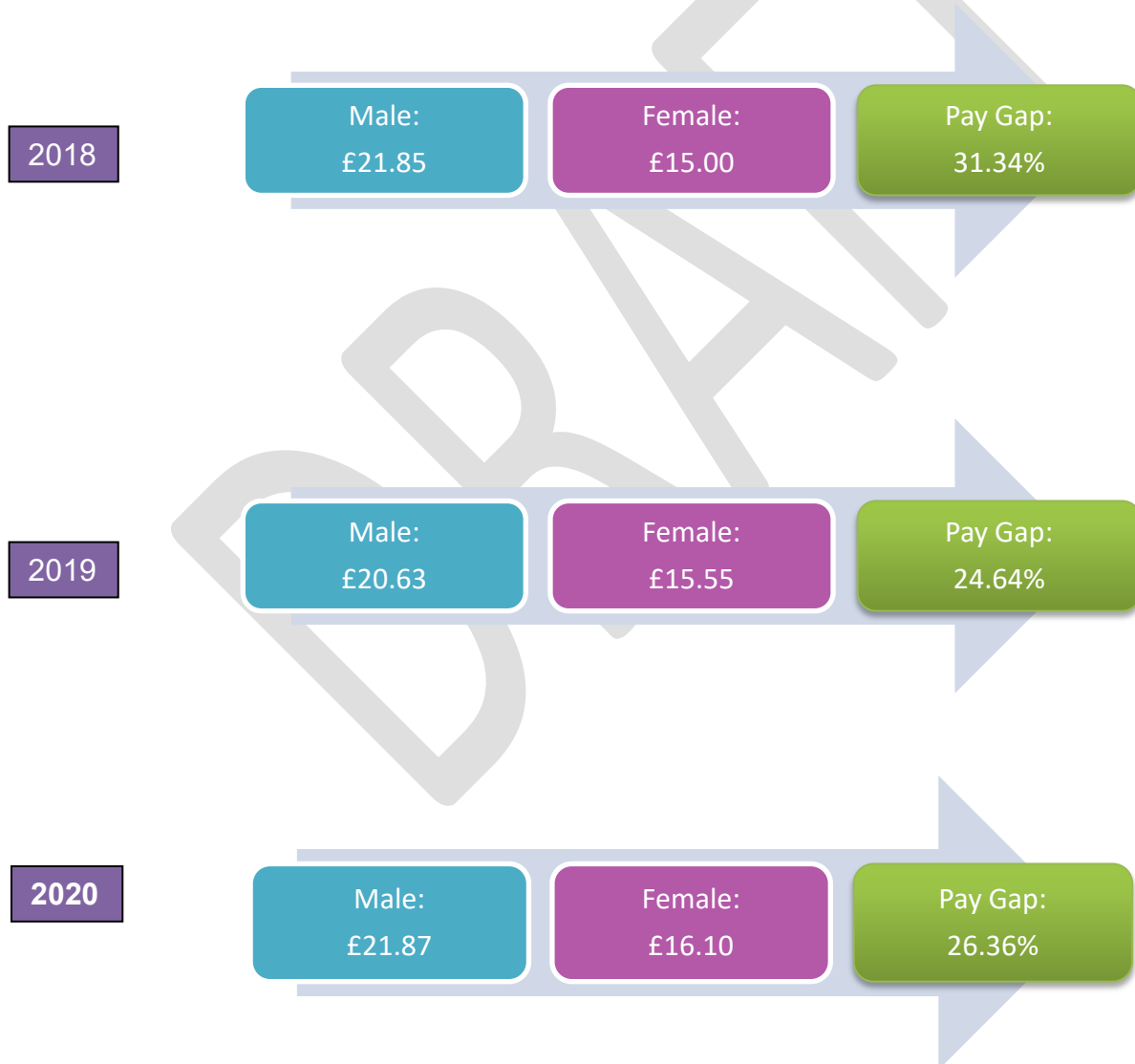
Average Gender Pay Gap as a Mean Average

Mean is calculated as the sum of all values (hourly rated) divided by the number of staff.

Table 1

Average Hourly Rate	2018	2019	2020
Male	£21.85	£20.63	£21.87
Female	£15.00	£15.55	£16.10
Gap	31.34%	24.64%	26.36%

When it comes to pay, although there are more women employed in the organisations; women earn less. Although, the mean average pay gap increased by 1.72%, from 24.64% in 2019 to 26.36% in 2020 this has not increased to the same level it was in 2018 which is positive. Between 2019 and 2020; women's mean average hourly pay increased by £0.55 but men's increased by £1.24.



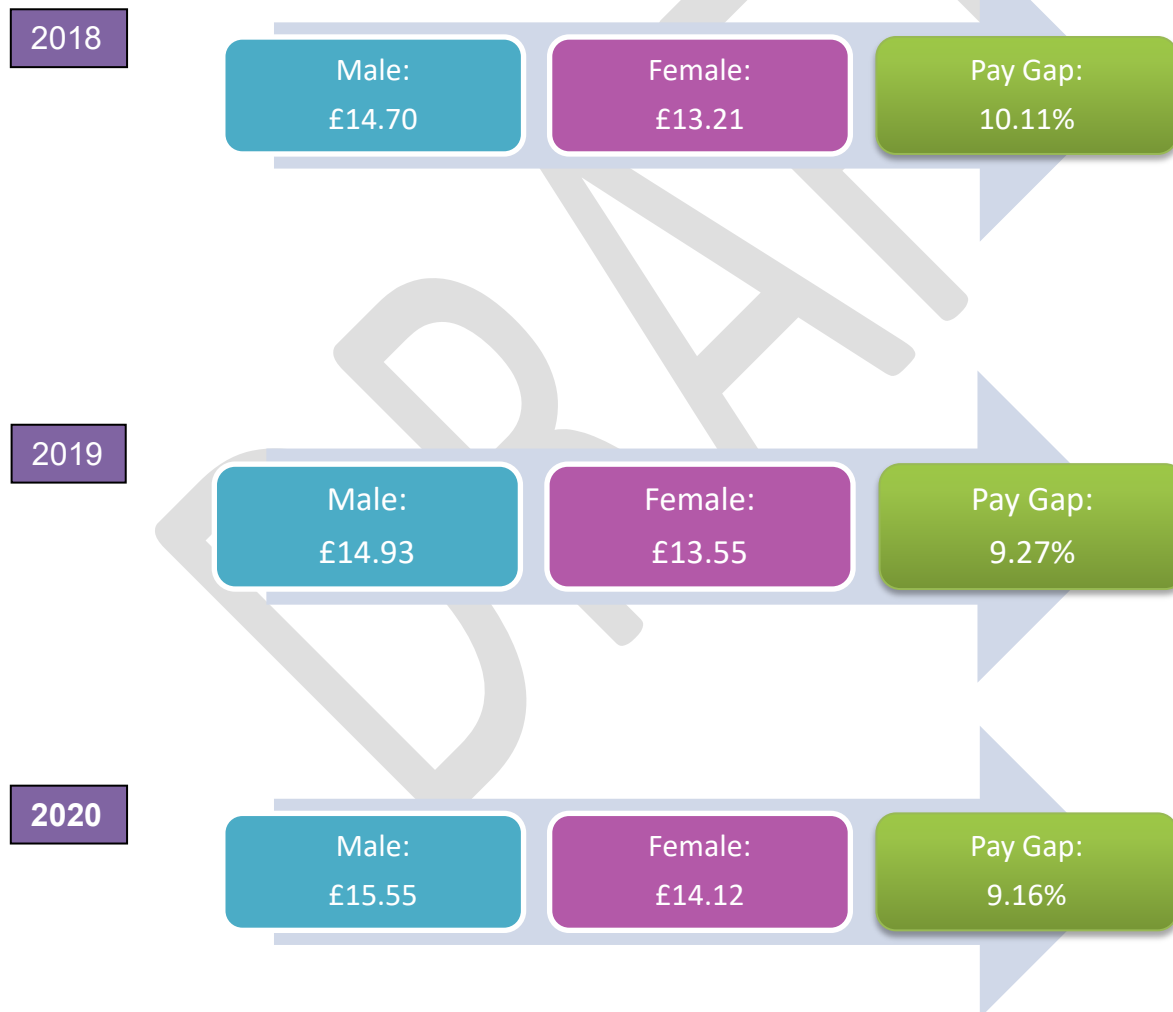
Average Gender Pay Gap as a Median Average

Median is calculated by separating each pay list by gender and then putting each list in order from lowest to highest. The Median is the middle number in each list

Table 2

Median Hourly Rate	2018	2019	2020
Male	£14.70	£14.93	£15.55
Female	£13.21	£13.55	£14.12
Gap	10.11%	9.27%	9.16%

Between March 2019 and March 2020; women's median average hourly pay increased by £0.57 and men's pay also increased by £0.62. The median average pay gap fell by 0.11%, from 9.27% in 2019 to 9.16% in 2020.



Percentage of Men and Women receiving a Bonus Pay at BTHFT

The only bonus payments made in the Trust are clinical excellence awards (CEA) to medical & dental consultants.

In previous years the number of female consultants applying for CEA has fluctuated but the proportion of female consultants being successful in their application increased.

In 2020 all eligible consultants received an equal share of the CEA pot of money without requirement to submit an application (pro-rata payment made to those working less than 6 PA's). As at March 2020 **83%** of male consultants were eligible for the payment of a CEA and **84%** of female consultants were eligible for the payment of a CEA. Although the proportion of consultants eligible is fairly equal, there are a greater number of male consultants than female consultants in the workforce.



In 2020;

- 172 **men** received a bonus payment. This equates to **11.78%** of the workforce as a whole
- 97 **women** received a bonus payment. This equates to **1.97%** of the workforce as a whole

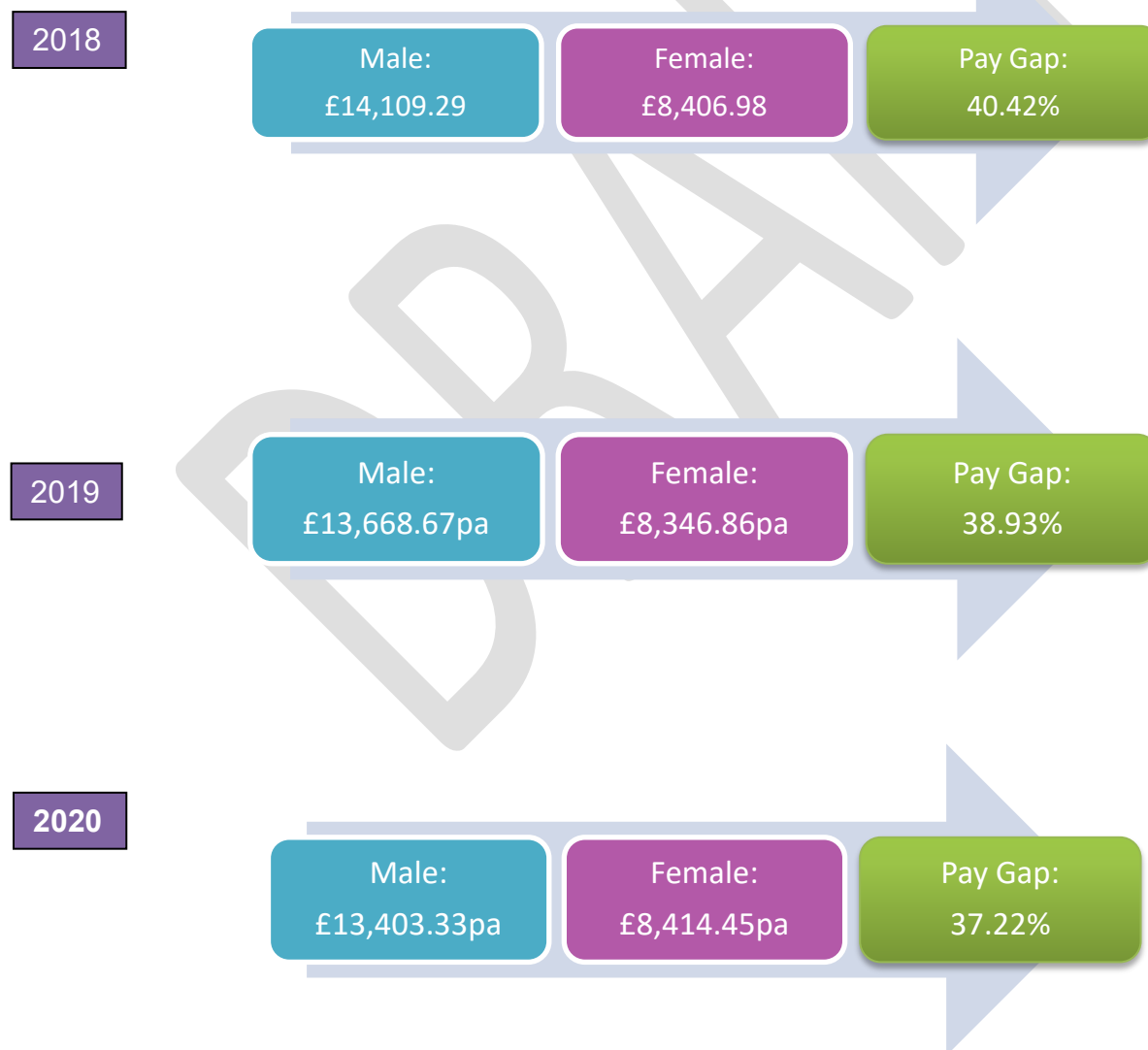
Average Bonus Gender Pay Gap as a Mean Average

The Trust has paid bonuses only to some Medical Consultants (of whom there are more men than women).

Table 3

Average Bonus Pay Per Annum	2018	2019	2020
Male	£14,109.29	£13,668.67	£13,403.33
Female	£8,406.98	£8,346.86	£8,414.45
Gap	40.42%	38.93% 	37.22% 

Men earn on average 37% more in bonuses than women, but in the 12 months (from March 2019 to March 2020) this mean average gap reduced again by around 1.7%

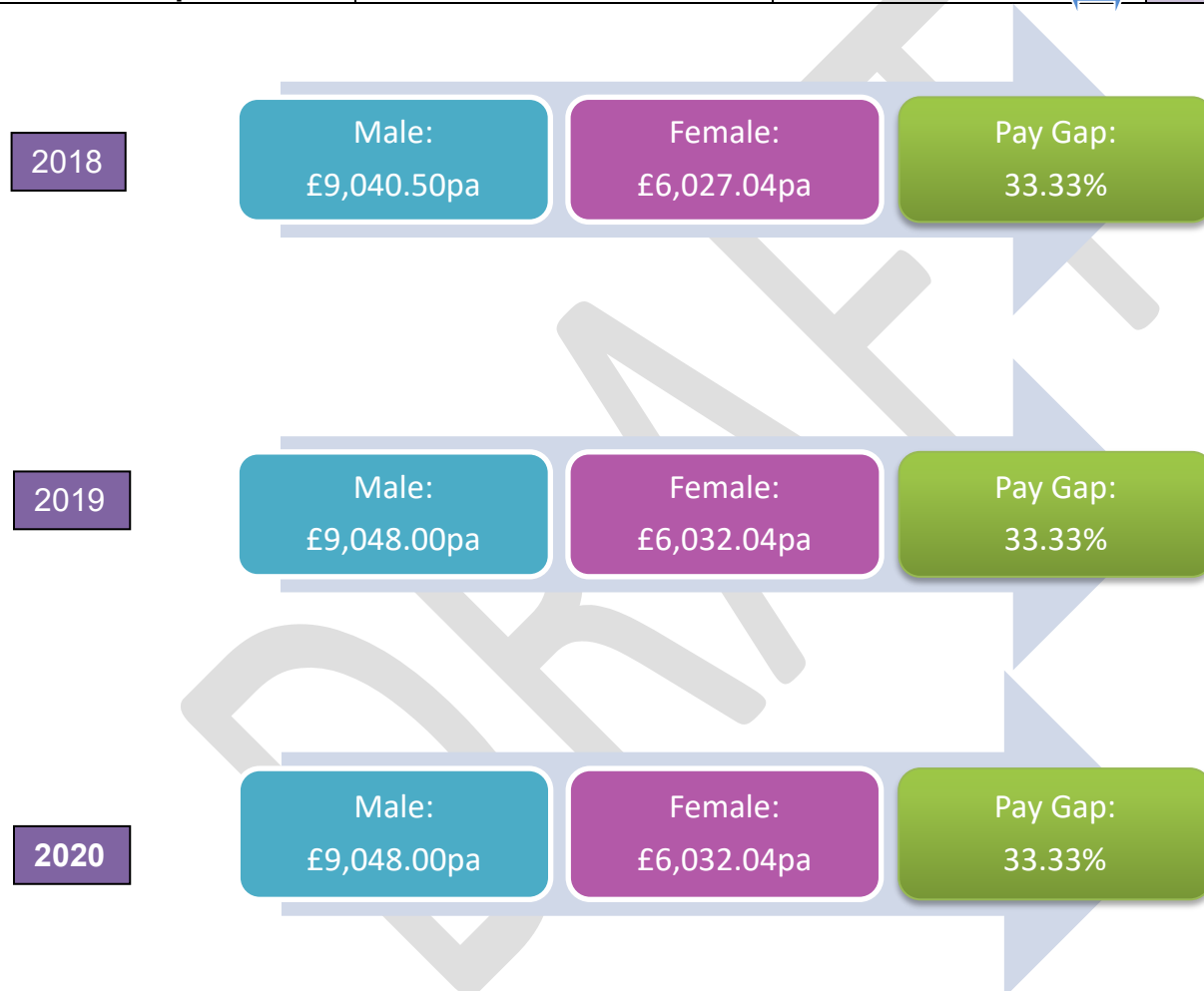


Average Bonus Gender Pay Gap as a Median Average

The Trust has paid bonuses only to some Medical Consultants (of whom there are more men than women). As a median average: men earned 33.33% more than women in bonuses. This gap has stayed the same since reporting as at 31 March 2018.

Table 4

Average Bonus Pay Per Annum	2018	2019	2020
Male	£9,040.50	£9,048.00	£9,048.00
Female	£6,027.04	£6,032.04	£6,032.04
Gap	33.33%	33.33% ⇄	33.33% ⇄



Gender Equality: Action Plan 2021-2022

Key Theme	Specific Action	Lead	Timeline
1 Increase engagement with aspiring females and representation of women in senior management roles. Exploring potential “blockers” for women progressing	<p>Celebration of “International Women’s Day” – raising the profile of gender equality and championing female leaders at BTHFT:</p> <ul style="list-style-type: none"> • Develop e.g. case studies, video clips, articles and communications to showcase the journey of successful female senior leaders and aspiring leaders at BTHFT • Director of HR to become a Gender Equality Champion • Q&A session with diverse panel of senior female leaders, led by Director of HR - questions from aspiring females. • Posters of senior female role models. 	<p>Director of HR</p> <p>Support from EDI/ OD</p>	Mar 22
	Review of the HR starting salary policy and practice (ensuring there is no inherent bias)	Asst Dir of HR	Jan 22
	Positive action in recruitment (e.g. targeted advertising to redress the gender balance for very senior roles)	Recruitment & Contracts Manager with support from EDI	Ongoing
	<p>Focus on Equality in Leadership Development:</p> <ul style="list-style-type: none"> • Develop our approach to talent management ensuring both men and women have the same opportunity to develop • Positive action in learning & development (e.g. use of Mentoring to support the development of women into senior management/ medical & dental consultant roles), ensuring female potential is realised and aspiring females are retained by the organisation • Consider targeting females at Band 7 and above for the next Trust Reciprocal Mentoring scheme 	Head of OD/ Head of EDI/	Aug 22
	Work with other NHS Trusts and partners at place level to learn from best practice and explore opportunities to develop joint initiatives	Head of EDI	Ongoing
	Develop a Gender Equality Reference Group to explore in more detail some of the issues raised at the Gender Equality Focus group sessions and to work together on improving gender equality in the Trust.	Director of HR with support from EDI and workforce	Jan 22
	Consideration of a women’s staff equality network	Gender Equality Reference Group	Jul 22

Key Theme		Specific Action	Lead	Timeline
2	Address the underrepresentation of men at all levels of the organisation and challenge the traditionally female role stereotypes	Work with Universities and the “Ambassadors Programme (targeting 14-15 year olds) to encourage men (and more specifically Ethnic Minority males) into e.g. nursing/ AHP/ midwifery courses/ careers.	Apprenticeship lead/ widening participation lead	Ongoing
		Set up a working group to explore opportunities to raise the profile of men in under-represented professional roles (such as nursing/ AHP/ midwifery); e.g. Using BTHFT male nursing role models to share their “lived experience” or to create case studies to support this work.	Head of EDI/ Men into N&M/ AHP roles working group	Mar 22
		Review the language used for certain roles and how we portray these roles in the recruitment process/ across the organisation (e.g. traditionally female gendered language: matron/ sister)	Recruitment & Contracts Manager with support from EDI	Apr 22
3	Promote a culture of flexible working	Widely promote the revised “Flexible Working” policy with a view to creating a culture change;	Rachel Lewis/ Laura Jones	May 22
		<ul style="list-style-type: none"> • Promoting Flexible working on the new Thrive platform for staff • Engagement sessions/ Roadshows (for managers and staff), encouraging managers to think differently/ more creatively and to encourage a culture shift towards more flexible working opportunities for all levels of staff. • Development of a “Managers Flexible Working Toolkit” • Establishing a “flexible working reference group”, including senior clinicians, to explore opportunities to promote and role model a culture of flexible working, particularly at senior levels or in certain clinical roles where this may be more challenging • Ensuring those who are on maternity/ paternity/ adoption leave are fully aware of the flexible working and home working policies 		
		Use of menopause survey data to increase understanding and compassion/ prevent women retiring early, leaving or reducing their pay band as a result of menopause symptoms	OD Manager/ Workplace Health & Wellbeing Manager	Apr 22
		Develop a Recruitment & Selection guide for applicants and a toolkit for managers (with focus on flexible/ agile working along with other EDI considerations identified by the WRES/ WDES).	Recruitment & Contracts Manager with support from EDI	Jan 22