

**Gender Pay Gap Reporting (GPG) for the reporting year 2023-2024**

<b>Author</b>	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
<b>Purpose of Report</b>	This report sets out an analysis of the Trust's Gender Pay Gap Report for 2023-2024
<b>Executive Summary</b> <ul style="list-style-type: none"> <li>Gender Pay Gap reporting is a requirement under the Equality Act 2010 and is based on data from the previous year. The Gender Pay Gap is not the same as unequal pay. The Gender Pay Gap is the difference between the average pay of men and women in an organisation.</li> <li>BHFT's Median Gender Pay Gap in 2023-2024 was 13.25%. This represents a decrease of 3.21% from 16.46% from 2022-2023, moving in the right direction. BHFT's Mean Gender Pay Gap in 2023-24 is 15.54%, this represents a 1.42% decrease from 2022-2023 moving in the right direction.</li> <li>This is the first year we have also applied an intersectionality lens to provide an insight into hidden gaps and greater inequalities that can exist, such as those between gender and ethnicity. White males have a £3.43 gap in their favour compared to black males. White males have a £4.25 gap in their favour compared to black females.</li> <li>The reasons for the Gender Pay Gap can be varied and complex, some of which are within our control and some will be more systemic within society. One of the major reasons for the pay gap is that there is a higher proportion of males in more senior bands within the Trust. Females represent 83% of our workforce yet only represent 74.88% of the workforce in the upper quartile; males represent 17% of our workforce but are overrepresented in the upper quartile (25.12%). This means that females are underrepresented by 8.12% in the senior bands and males overrepresented by 8.12%.</li> <li>The proportion of females in the lowest quartile of pay (86.25%) represents a slight decrease from 87.05% in the previous year: a higher figure than the proportion of females employed in the Trust (83%).</li> <li>The Gender Pay Gap data will be published on the Trust's website. The information should remain on the Trust website for a period of at least three years, beginning with the date of publication.</li> <li>The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Gender Pay Gap where practically possible and will continue to work closely with our Diversity Steering Group, staff networks, Trade Unions and other stakeholders to develop effective actions. This action plan will sit within the Trust's overall EDI action plan and agreed priorities.</li> </ul>	
<b>Recommendation</b>	The Board is asked to acknowledge the report and subsequent approach to develop actions.



1. Reporting Requirement

The gender pay gap audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap. The report is always retrospective based on the last financial year period.

- a) The gender pay gap can be defined as the **difference between the median hourly earnings of men and of women**. This is distinct from equal pay, which refers to men and women in the same job earning an equal wage.
- b) Median and mean is what we are required to report on. Median is the middle value of the arranged set of data. Mean is the total of the numbers divided by how many numbers there are.

From a purely statistical standpoint, the median is considered to be a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid people tend to be men, and the very low paid people tend to be women, and the mean paints an important picture of the pay gap because it reflects this issue. It is therefore good practice to use both the mean and the median when analysing or reporting on the pay gap.

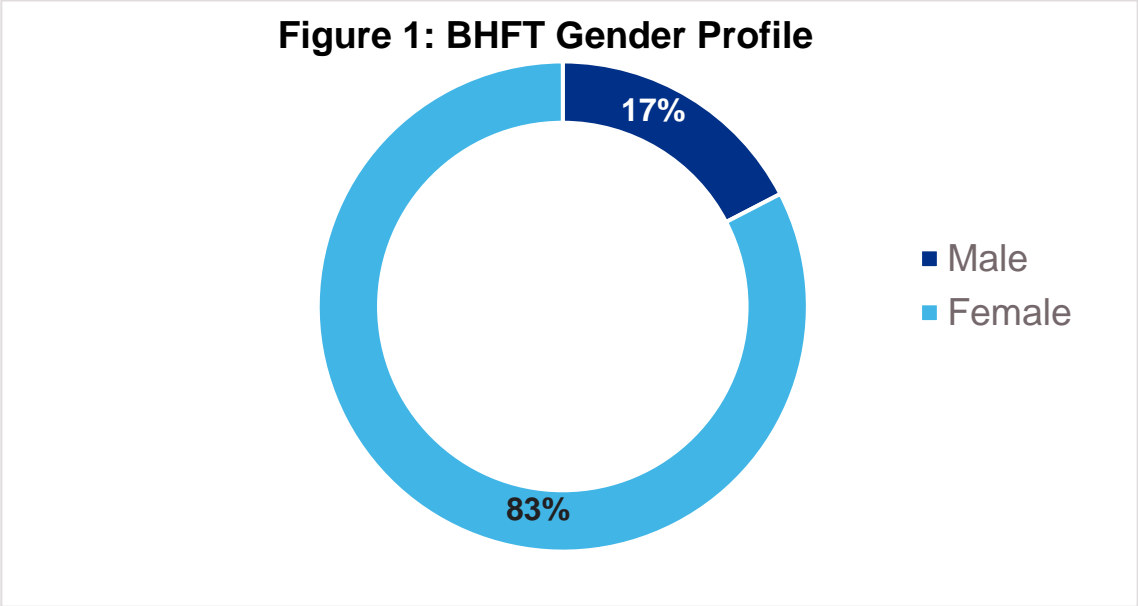
2. Our Gender Pay Gap Report in Berkshire Healthcare (BHFT)

Our Gender Pay Gap report for the 2023/2024 reporting year contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2024.
- A comparison with the 2022/2023 reporting data.
- An analysis of the pay gap across specific staff bands and quartiles within BHFT.
- Recommendation as to future action to support reducing the Gender Pay Gap where possible.

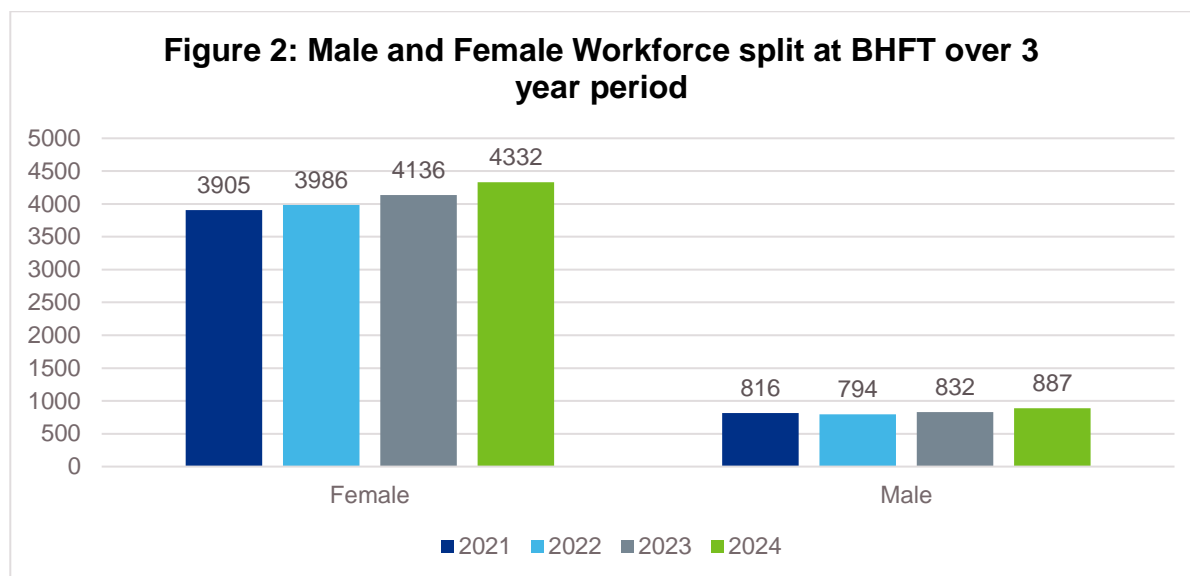
3. Our Gender Profile

Data collected shows that our workforce consists of 5,219 people, 4,332 female and 887 male, Figure 1 below shows our gender profile.



BHFT have 427 more females in our workforce since 2021, and 71 more males in our workforce since 2021.

Figure 2 below shows there has been an increase in the number of staff over 3 years since 2020/2021, with females increasing at a steady level and males fluctuating around the same.



#### 4. Median and Mean Pay gap data in BHFT over the last 4 years

Mandatory Reporting Area	Data for 2020-21				Data for 2021-22				Data for 2022-23				Data for 2023-24			
Mean gender pay gap in hourly pay	19.14%				20.45 %				16.96%				15.54%			
Median gender pay gap in hourly pay	14.5%				17.01%				16.46%				13.25%			
Mean bonus gender pay gap	37%				25.97%				29.58%				24.29%			
Median bonus gender pay gap	27.92%				0%				0%				0%			
Proportion of males and females within the whole workforce receiving a bonus payment	Males		Females		Males		Females		Males		Females		Males		Females	
	17	1.98 %	14	0.35%	38	4.63%	40	1%	34	3.88%	37	0.88%	43	4.61 %	42	0.96 %
Bonus pay Mean	£8,086.07		£5,094.43		£6,906.77		£5,113.12		£8,062.62		£5,677.54		£7,484.01		£5,666.37	
Difference	£2,991.63				£1,793.65				£2,385.07				£1,817.65			
Bonus pay Median	£1,487.83		£1,413.44		£3,745.29		£3,745.29		£4,790		£4,790		£4,944.60		£4,944.60	
Difference	£74.39				£0				£0				£0			
Gender Hourly rates	Males		Females		Males		Females		Males		Females		Males		Females	
Median					£20.90		£17.35		£21.66		£18.10		£21.91		£19.00	
Difference					£3.55				£3.57				£2.90			
Mean	£22.29		£18.02		£23.74		£18.88		£23.89		£19.84		£24.52		£21.91	
Difference	£4.27				£4.85				£4.05				£3.81			

Figure 3 above demonstrates that although relatively equal number of males and females have received a bonus payment, the percentage of males receiving a bonus out of the overall male workforce (4.61%) is higher in comparison to females (0.96%). With no Median Bonus-Pay gap.

**Mean** gender pay gap in hourly pay is 15.54%, which is a **1.42%** decrease from our 2022-23 data of 16.96%, moving in the right direction. The hourly difference is £3.81 and the mean gender pay gap has reduced by £0.24p.

**Median** gender pay gap in hourly pay is 13.25% in favour of men. This is a **3.21%** decrease from our 2022-23 data of 16.46% moving in the right direction. The hourly difference is £2.90, which the gender median pay gap has decreased by £0.67p.

Nearly all NHS organisations have a higher ratio of female then male in their workforce but have a Gender Pay Gap in favour of men.

**Bonus Pay**, the data presented in Figure 3 suggests that the average bonus pay gap at BHFT has decreased by 5.29% from 29.58% to 24.29%. The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year. However, it is important to note the context and challenges associated with the bonus pay system:

- CEA's are not a one-off annual performance payment. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
- This system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
- Third, many of the CEA's that are still being paid out are historic and will be maintained until the recipient's retirement.

In 2022-23 the Trust proposed equal bonus payments for all eligible male and female Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate gender pay gap in the year, since our data suggests female consultants are more likely to work less than full time in the Trust. However, this proposal was rejected by the Local Negotiating Committee and BMA guidance (for pro-rata payment) was required to be implemented. Additionally, as stated above, the gender pay gap also arises from on-going annual legacy bonus payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

**Figure 4: Our hourly pay gap**



## 5. Gender Profile by pay band and quartiles in BHFT 2023-2024

All BHFT staff, except for medical staff, Board members, and very senior managers are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

Figure 5 below details the number and percentage of female and male staff within each pay band. A majority of the pay bands are broadly representative of the organisations gender ratio, however we do show more male staff as percentages increase in bands 8a, 8c, 8d, 9 and Board and less female staff in bands 8a, 8b, 8c, 8d and Board as female percentages decrease. Pay band 3 – band 7 is underrepresented of males.

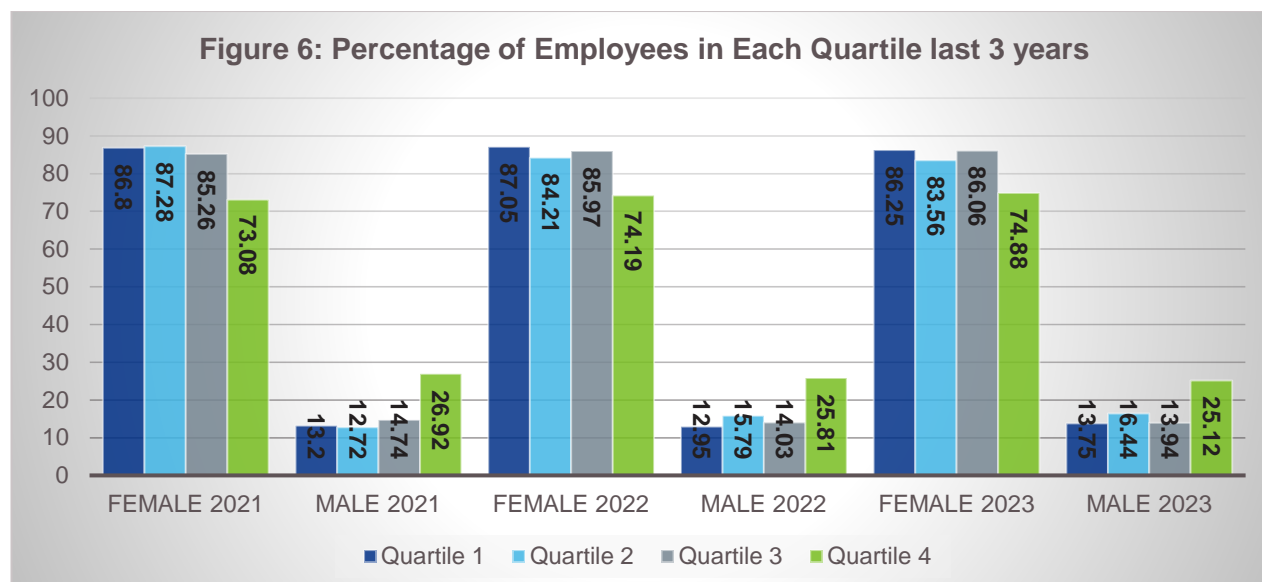
**Figure 5: Gender Profile by Pay Band**

	Female		Male		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount
Ad-Hoc	2	66.67%	1	33.33%	3
Apprentice	9	100.00%	0	0.00%	9
Band 2	184	74.49%	63	25.51%	247
Band 3	565	86.79%	86	13.21%	651
Band 4	714	87.07%	106	12.93%	820
Band 5	555	84.99%	98	15.01%	653
Band 6	807	85.31%	139	14.69%	946
Band 7	843	84.72%	152	15.28%	995
Band 8a	312	79.80%	79	20.20%	391
Band 8b	131	77.98%	37	22.02%	168
Band 8c	50	71.43%	20	28.57%	70
Band 8d	25	71.43%	10	28.57%	35
Band 9	8	80.00%	2	20.00%	10
Board	6	46.15%	7	53.85%	13
Medical & Dental	121	58.17%	87	41.83%	208
<b>Grand Total</b>	<b>4332</b>	<b>83.00%</b>	<b>887</b>	<b>17.00%</b>	<b>5219</b>

Figure 6 below demonstrates that one of the major reasons for the pay gap is that there is a higher proportion of men in more senior bands within the Trust. As highlighted in Figure 1, females represent 83% of our workforce yet only represent 74.88% of the workforce in the upper quartile; males represent 17% of our workforce but are overrepresented in the upper quartile (25.12%). This means that females are underrepresented by 8.12% (a 0.94% positive increase on last year) in the senior bands and males overrepresented by 8.12%.

The proportion of females in the lowest quartile of pay (86.25%) represents a slight decrease from 87.05% the previous year: higher than the overall number of females in the Trust (83%).





## 6. Comparison with Integrated Care System Partners (ICS)

It's helpful to see our performance in comparison to our public sector system health partners in terms of how BHFT is performing but also BOB/Frimley as a whole in the health care sector.

Figure 7 below shows our performance in the gender pay gap in comparison with our health and social care partners.

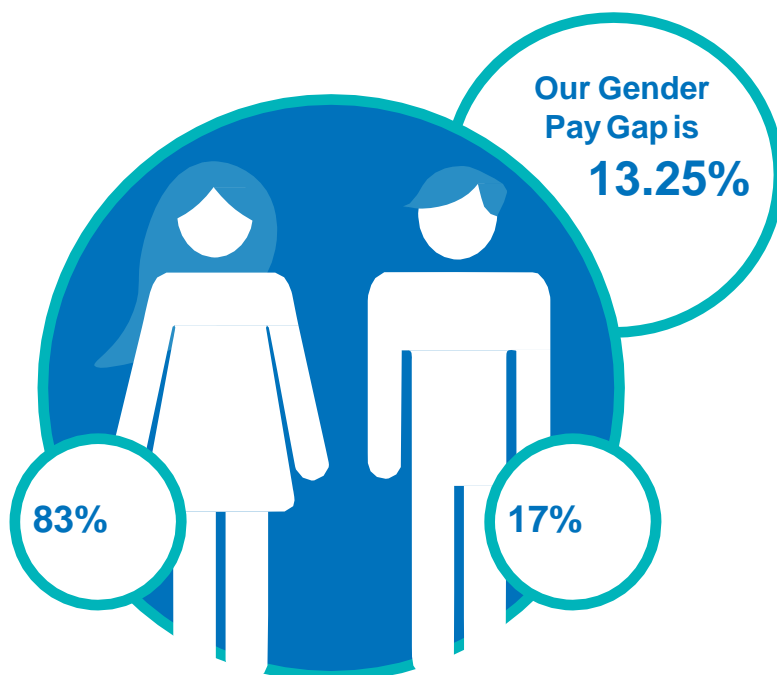
**Figure 7: Gender Pay Gap comparison 2023-2024 reporting**

Employer	Employer Size	% Difference in hourly pay (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)
Berkshire Healthcare NHS Foundation Trust	5000 to 19,999	15.5	13.3	86.3	83.6	86.1	74.9	1	4.6
Frimley Health NHS Foundation Trust	5000 to 19,999	20.9	2.1	76.8	75.5	83.8	66.3	58.5	41.5
Surrey & Borders Partnership NHS Foundation Trust	1000 to 4999	12.2	16.3	80.1	80.1	78.7	69.9	5.5	9.2
Royal Berkshire NHS Foundation Trust	5000 to 19,999	21.2	10.9	76.1	81.8	81.2	66.0	2.4	11.1
Oxford Health NHS Foundation Trust	5000 to 19,999	20.3	8.7	84.0	82.1	85.2	72.7	0.9	3.7

Buckinghamshire HealthCare NHS Trust	5000 to 19,999	26.9	15.5	82.0	82.0	85.0	67.0	2.0	11.0
Oxford University Hospitals NHS Trust	5000 to 19,999	28.7	13.6	74.3	81.8	77.9	61.4	4.7	10.7
BHFT Position in comparison to partners	BHFT is in the same size category as the majority	BHFT is 2 <sup>nd</sup> lowest out of 7 in favour of males	BHFT is 3 <sup>rd</sup> lowest out of 7 in favour of males	BHFT has the largest ratio of females in the lower pay quartile	BHFT has the largest ratio of females in the lower middle pay quartile	BHFT has the largest ratio of females in the upper middle pay quartile	BHFT has the largest ratio of females in the top pay quartile	BHFT has the 2 <sup>nd</sup> lowest out of 7 number of females to receive bonus pay	BHFT has the 2 <sup>nd</sup> lowest out of 7 number of males to receive bonus pay

From figure 7, it's worth noting that we also have one of the lowest number of medics so we will naturally have less female staff receiving a bonus.

Whilst the Trust has a Gender Pay Gap of 13.25%, it is worth remembering that the gender pay gap is not the same as unequal pay. This can be simplified by understanding that we have more males than females in higher paid roles, and more females than males in lower paid roles. We also have a considerably lot less males working in the Trust than we do females.



## 7. Intersectionality producing for 2024 4392 employees 687 employees

Intersectionality is key to achieving pay equity because it recognises that individuals can experience discrimination and inequality based on the intersection of multiple identities, such as race, gender, and age.

Further work to understand the data from an intersectional point of view is underway to provide an insight into hidden gaps, such as those that can exist between gender and ethnicity.

**Figure 8 – Gender and Ethnicity of staff in post**

	Ethnicity						
Gender	Asian	Black	Mixed	Not Stated	Other	White	Grand Total
Female	561 (10.77%)	407 (7.82%)	133 (2.56%)	97 (1.86%)	64 (1.23%)	3070 (58.64%)	4332
Male	177 (19.96%)	177 (19.96%)	25 (2.82%)	27 (3.04%)	21 (2.37%)	460 (51.90%)	887
Grand Total	738 (14.14%)	584 (11.20%)	158 (3.03%)	124 (2.38%)	85 (1.63%)	3530 (67.63%)	5219

The above table in figure 8 shows us the make up of the workforce split across gender and ethnicity. For Other and Not stated there are almost treble the number of males for females.

**Figure 9 – Intersectional (Gender and Ethnicity) Mean and Median pay in BHFT**

	Male		Female		
Ethnicity	Mean	Median	Mean	Median	Median Difference
Asian	£28.38	£22.82	£20.97	£18.78	£4.04 in favour of male
Black	£20.80	£19.39	£19.33	£18.57	£0.82 in favour of male
Mixed	£23.35	£20.06	£19.91	£18.10	£1.96 in favour of male
Other	£27.54	£22.82	£21.14	£19.80	£3.02 in favour of male
White	£24.18	£22.82	£20.83	£19.16	£3.66 in favour of male
Not Stated	£28.54	£21.80	£22.34	£22.27	£0.47 in favour of female

The total headcount for ethnicity is lower than gender because of an absence of data due to those 'not stated'.

The median hourly rate of pay for all males is higher than that of all females, regardless of its intersection with ethnicity. This picture is consistent with our understanding of the current gender pay gap data. There is variance in the hourly rates between gender and ethnicity when examined through each collected ethnic identity.

The highest difference is over £4 in median pay in favour of Asian males over Asian females, and a difference of nearly £8 more in mean hourly rate. The next biggest gap is in favour of Mixed males compared to Mixed females who earn £3 more in median hourly pay, this is also the same gap for those 'Other' colleagues in favour of males.

In comparing White and Black colleagues, White females have a £0.59 gap in their favour compared to Black females. White males have a £3.43 gap in their favour compared to Black males. White males have a £4.25 gap in their favour compared to Black females. Black males have a £0.23 gap in their favour compared to White females.

**Figure 10 – Intersectional distribution of gender and ethnicity by pay quartiles**

	Quartile 1 (lowest pay)	Quartile 2 (Lower mid pay)	Quartile 3 (upper mid pay)	Quartile 4 (highest pay)
White Male	41.21%	43.44%	53.26%	63.72%
White Female	73.95%	63.24%	86.48%	82.70%
Ethnically diverse Male	58.79%	56.56%	46.74%	36.28%



<b>Ethnically diverse Female</b>	27.01%	34.44%	24.99%	25.36%
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#### When considering pay quartiles through the intersectional lens of gender and ethnicity:

- White males increase up through the pay quartiles.
- White females remain at similar levels through the quartiles but dip in quartile 2.
- Ethnically diverse males decrease up through the quartiles.
- Ethnically diverse females remain at similar levels through the quartiles but increase in quartile 2.

## 8. What are the causes of the gender pay gap?

BHFT has seen a decrease in the median gender pay gap over the last year from 16.46% to 13.25%. BHFT's Mean Gender Pay Gap in 2023-23 was 15.54%, this represents a 1.42% decrease from 2022-2023 moving in the right direction.

The causes of the gender pay gap are complex and overlapping, some of the reasons for the increase could be attributed to:

- Overall increase in the workforce in the last three years
- Roles in bands 2-7 are predominantly staffed by females (80% and above in most of the bands and in bands 3-4 this figures goes up to >87%).
- As a percentage there are more males in higher paid jobs than lower paid jobs and as a percentage more women in lower paid jobs than in higher paid jobs.
- A higher proportion of females are in occupations that offer less financial reward for example, in administration. Many high-paying sectors are disproportionately made up of male workers, for example, medical or information and communications technology.
- A much higher proportion of women work part-time, and subsequently part-time workers earn less than their full-time counterparts on average.
- In general, according to the national landscape women are still less likely to progress up the career ladder into high-paying senior roles, we need to help change this landscape.

## 9. Actions to close the gender pay gap.

Our gender pay gap has fallen over the last couple of years, this could be attributed to the fact that there has been a decrease in males in the upper quartiles, and an increase in males in the lower quartiles, whilst also seeing a higher decrease in females in the lower quartiles, and a slight increase in the upper quartiles.

#### What has been our focus?

- Inclusive Recruitment: Explored sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience.
- Pay and Reward: Explored opportunities within national guidance for Local clinical excellence awards (LCEA) to ensure the reduction of the pay gap year on year, while remaining constrained by NHS Terms and Conditions. Continued joint meetings discussing matters around pay and reward.
- Learning and Development: Developed leadership programme embedding inclusion and offered inclusion-based webinars. Created a career progression tip webinar to support minoritised colleagues at lower bands in applying for higher positions.
- Culture and Engagement: Shared pay gap reports and action plans with staff networks. Introduced an Equality Network Steering Group to enhance cross-collaboration and joint working.

- Ways of Working: Explored competency-based progression approaches, developed Trust behaviour framework, and launched an Anti-Racism workstream to address recruitment, progression, retention, and conditions.
- Exploration of Women's Network: Launched Women's Network in March to address gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women's health, and promotion opportunities.

Actions to improve the Trust's gender pay gap align with the Trust's strategic ambitions and priorities, in particular making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding through.
- We will develop actions to improve the experience of minoritised colleagues through our reasonable adjustment quality improvement project.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.

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