

# Gender Pay Gap Reporting (GPG) for the reporting year 2024-2025

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Purpose of Report	This report sets out an analysis of the Trust's Gender Pay Gap Report for 2024-2025

## Executive Summary

- This report aims to assess pay equality.
- Gender Pay Gap reporting is required under the Equality Act 2010.
- It measures the difference in average full-time equivalent pay between men and women, not unequal pay.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	15.54%	15.99%	▲ A '–' increase
Median Pay Gap	13.25%	12.36%	▼ A '+' Improvement
Mean Bonus Pay	24.29%	3.42%	▼ A '+' big drop
Median Bonus Pay	0%	25%	▲ A '–' increase
Median Hourly Pay (M vs F)	£2.90 gap	£2.84 gap	▼ A '+' narrowing
Mean Hourly Pay (M vs F)	£3.81 gap	£4.20 gap	▲ A '–' Increase

- Our Median Gender Pay Gap for 24-25 is 12.36%, a drop of 0.85% from 23/24. This means men earn, on average, £2.84 more than women. Our Mean Gender Pay Gap is 15.99%, representing a 0.45% increase.
- Applying an intersectional lens; White males earn £4.64 more than Black males (an increase of £1.21) and £5.17 more than Black females (an increase of £0.92).
- Males are underrepresented at all pay bands by 32% compared to the Berkshire population. Although 82.77% of our workforce is female, only 74.91% are in the upper pay quartile, while 25.09% of the upper quartile is male.
- The proportion of females in the lowest pay quartile is 85.83%, slightly down from last year, but higher than the overall female representation of 83%.

- The gender pay gap is driven by complex, overlapping factors including a female-dominated workforce in lower-paid roles, underrepresentation of women in senior and full-time positions, slower progression beyond mid-bands, higher average age and longevity of male staff in top roles, and structural barriers that disadvantage part-time and non-linear career paths.
- This report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices to reduce the Gender Pay Gap, working closely with staff networks, unions, and stakeholders to develop effective actions.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.
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## 1. Background

Gender pay gap legislation was introduced in April 2017 as a regulation under the Equality Act 2010. We've been required to report since, enabling us to compare data to previous years. This provides a basis on which to build, ensuring we have equality in pay when it comes to gender.

## 2. Our Gender Pay Gap Report

We must publish and report specific information about our gender pay gap. Therefore our gender pay gap report for the 2024/2025, calculated through ESR, at a snapshot as at March 2025 include:

- The mean basic pay gap, and bonus pay.
- The median basic pay gap, and bonus pay.
- An analysis of the pay gap across specific staff pay bands and quartiles within BHFT.
- A comparison with the 2023/2024 reporting data.
- Future action to support reducing the gender pay gap.

A pay gap above 0% shows that on average female staff earn less than their male counterparts and the opposite would be true if the pay gap is below 0%.

**Mean:** The hourly pay for all female staff is added together and divided by the total number of female staff. The same is done for male staff. The mean gender pay gap is the difference (%) between the mean hourly pay for female and male staff.

**Median:** If all female staff were lined up in order of their hourly pay, and so were all male staff, the median would be the hourly rate of pay of the individual female and male staff in the middle of each line. The median gender pay gap is the difference (0%) between the hourly pay of the middle female employee compared to the middle male employee.

The median is the most representative measure as it voids a small amount of very high and low salaries skewing the results. Organisations use this figure when sharing their pay gap %.

## 3. Our Workforce Gender Profile

- Data collected shows that our workforce consists of 5,503 employees (up 284 from 23/24),
- 4,555 females (up 223 from 23/24), 650 more females in our workforce since 2021.
- 948 males (up 61 from 23/24), 132 more males in our workforce since 2021.

Figure 1: BHFT Gender Profile 2024/25

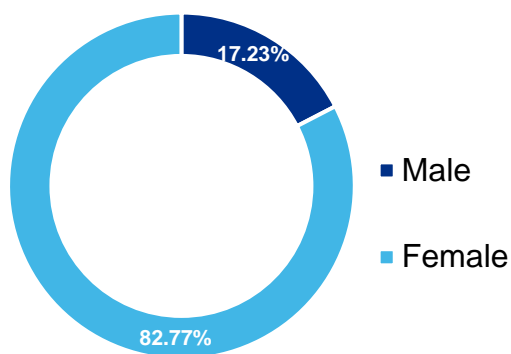


Figure 2a: BHFT Workforce compared to Berkshire Population (from census data, 2021)

	Female	Male
BHFT Workforce	82.77%	17.23%
Berkshire Population	50.61%	49.39%

- Comparing our workforce to the local population (Figure 2a) helps assess representation.
- The data shows that our male workforce is underrepresented by 32.16%, while females are overrepresented by the same percentage.
- To note, census includes non-working age individuals.
- To understand gender representation, we must consider role types, professional registration trends, and pay band distributions. This approach provides a clearer benchmark for evaluating gender equity and highlights factors influencing workforce demographics. Further analysis is in Appendix 1.

Figure 2b: Male and Female Workforce split at BHFT over 5 year period

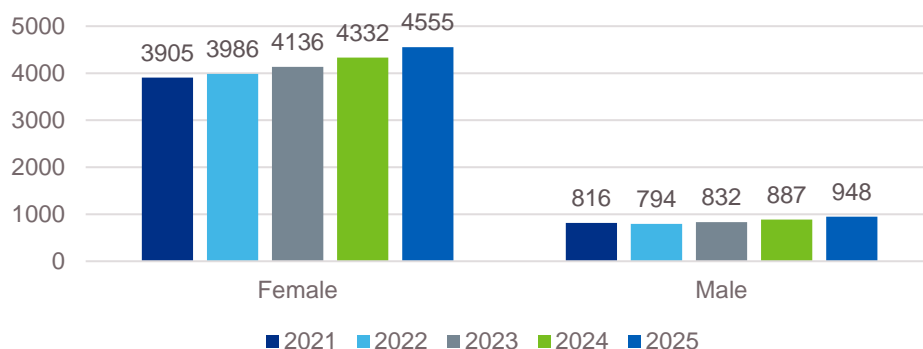


Figure 2b shows there has been a steady increase in the number of staff over 5 years since 2020/2021, with females increasing at a steady level and males increasing at a lower rate.

## 4. Median and Mean Pay gap

**Figure 3: Median and Mean Pay gender gap data over the last 5 years**

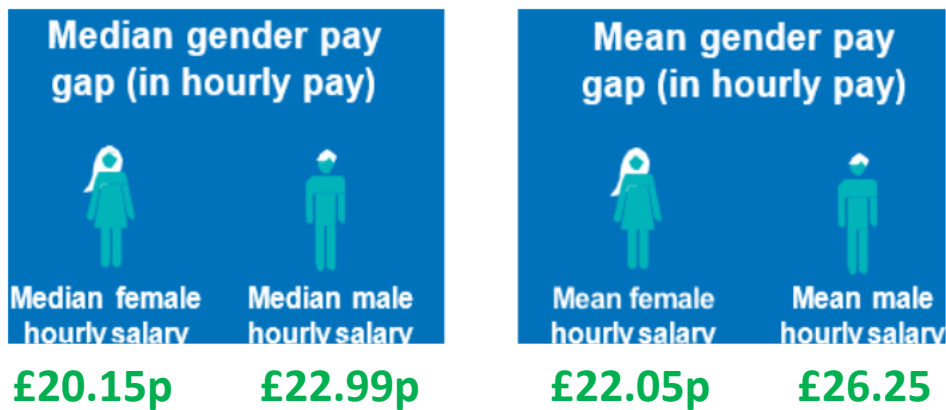
	Data for 2020-21				Data for 2021-22				Data for 2022-23				Data for 2023-24				Data for 2024-25			
Mean pay gap in hourly pay	19.14%				20.45 %				16.96%				15.54%				15.99%			
Median pay gap in hourly pay	14.5%				17.01%				16.46%				13.25%				12.36%			
Mean bonus pay gap	37%				25.97%				29.58%				24.29%				3.42%			
Median bonus pay gap	27.92%				0%				0%				0%				25%			
Males and Females receiving a bonus payment	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
	17	1.98	14	0.35 %	38	4.63	40	1	34	3.88	37	0.88	43	4.61	42	0.96	16	1.61	12	0.26
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		£5,442.94		£5,256.94	
Difference	£2,991.63				£1,793.65				£2,385.07				£1,817.65				£186.00			
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		£6,032.04		£4,524.00	
Difference	£74.39				£0				£0				£0				£1,508.04			
Gender Hourly rates	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
Median					£20.90		£17.35		£21.66		£18.10		£21.91		£19.00		£22.99		£20.15	
Difference					£3.55				£3.57				£2.90				£2.84			
Mean	£22.29		£18.02		£23.74		£18.88		£23.89		£19.84		£24.52		£21.91		£26.25		£22.05	
Difference	£4.27				£4.85				£4.05				£3.81				£4.20			

**Key: green represents a positive change and red a negative change.**

- Figure 3 shows that while an equal number of males and females received a bonus, the percentage of males (1.61%) receiving a bonus is higher than females (0.26%), with a Median Bonus-Pay gap of £1,508.04.
- The **Mean** gender pay gap in hourly pay is 15.99%, a 0.45% increase from 2023-24, with a £4.20 hourly difference.
- The **Median** gender pay gap is 12.36%, a 0.85% decrease from 2023-24, with a £2.84 hourly difference, showing progress.
- Bonus Pay:** The bonus data refers to Clinical Excellence Awards (CEA) for eligible Consultant Medical Staff with at least one year in post. Key points to note:
  - CEA is a contractual payment, not a one-off annual bonus, and is part of the Consultant's reward package for those who qualify.
  - The system, agreed by the British Medical Association (BMA) and NHS Employers, is nationally standardised.
  - Many CEAs are historic and will continue until the recipient's retirement or until end of the awarding period.
- In 2022-23, the Trust proposed equal bonus payments for all eligible Consultants, regardless of full-time or part-time status, to address the gender pay gap. However, this was rejected by the Local Negotiating Committee, and pro-rata calculations were implemented per BMA guidance.

- Legacy CEA payments awarded before 2018 also contribute to the gender pay gap, which will continue until retirement or until end of the awarding period.
- The drop in bonus payments is due to previous years when CEAs were distributed to all eligible doctors, but now only 28 Consultants, holding historic pensionable CEAs, remain eligible. In 2024/25, 2 retirees and 4 leavers have affected the figures. It is also because the local CEA's have now ceased and replaced by the national awards, not under Trust control.

**Figure 4: Our hourly pay gap**



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

- All BHFT staff, except medical staff, Board members, and senior managers, are paid under the National Agenda for Change (AfC) system.
- Figure 5a below shows most bands reflect the overall workforce gender ratio.
- When comparing bands to overall workforce gender ratio, male staff are overrepresented in bands 2, 8a – 9, Medical and Dental, and Board. Female staff are underrepresented in bands 8a – 9 and Board.
- Band 2 has fewer females than the Trust's overall gender ratio, though females are still overrepresented in every pay band compared to the Berkshire gender population ratio.

**Figure 5a: Gender Profile by Pay Band 24/25**

	Female		Male		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount
Ad-Hoc	2	66.67%	1	33.33%	3
Apprentice	15	100.00%	0	0.00%	15
Band 2	76	69.72%	33	30.28%	109
Band 3	673	82.88%	139	17.12%	812
Band 4	752	87.24%	110	12.76%	862
Band 5	608	87.86%	84	12.14%	692
Band 6	832	83.70%	162	16.30%	994
Band 7	899	84.89%	160	15.11%	1059
Band 8a	336	79.06%	89	20.94%	425
Band 8b	141	77.90%	40	22.10%	181
Band 8c	52	74.29%	18	25.71%	70
Band 8d	24	75.00%	8	25.00%	32
Band 9	9	75.00%	3	25.00%	12
Board	6	42.86%	8	57.14%	14
Medical & Dental	130	58.30%	93	41.70%	223
Grand Total	4555	82.77%	948	17.23%	5503

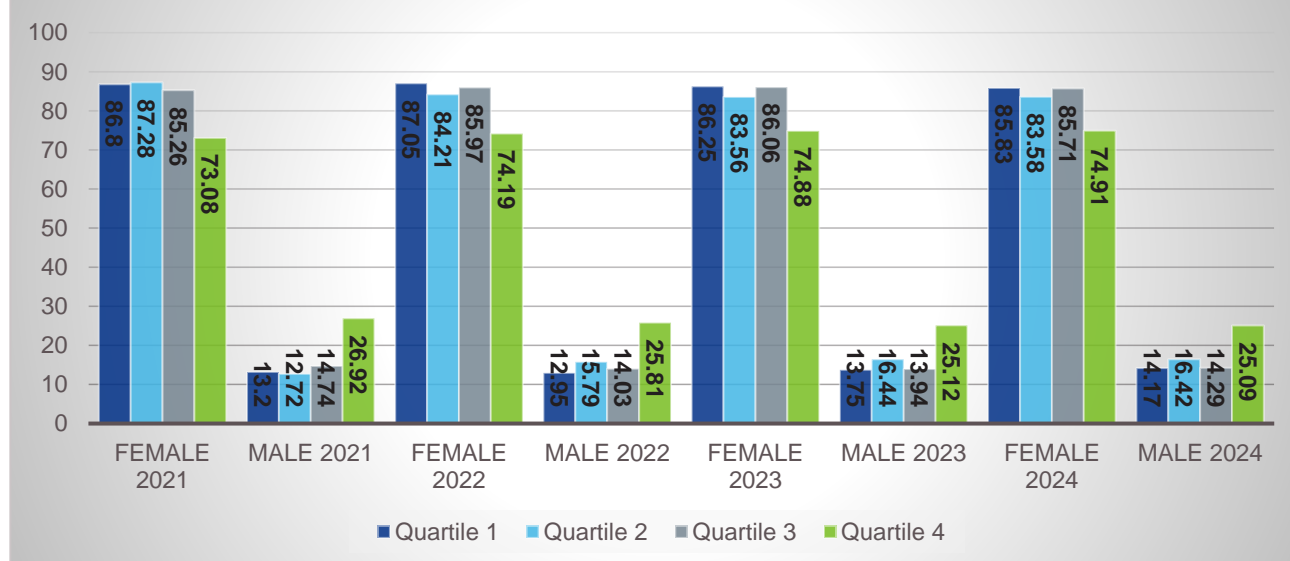
**Figure 5b: Gender Profile by Pay Band 24/25**

This table provides a visual composition of our workforce where we can assume the Berkshire population is 50/50 and seeing how each pay grade looks. E.g. 30% of those on ad-hoc pay grade are male

Pay Band	Gender % of workforce									
	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Ad-Hoc	Male	Male	Male	Female	Female	Female	Female	Female	Female	Female
Apprentice	Female	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 2	Male	Male	Male	Female	Female	Female	Female	Female	Female	Female
Band 3	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 4	Male	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 5	Male	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 6	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 7	Male	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 8a	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 8b	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 8c	Male	Male	Male	Female	Female	Female	Female	Female	Female	Female
Band 8d	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 9	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Board	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female
Medical & Dental	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female

- Figure 5b shows that at every level except Board the representation of males is notably lower, particularly for bands 4, band 5 and band 7.
- This may also demonstrate why efforts to recruit more female staff at more senior roles will likely increase the issue of male representation in the Trust to attain a closer gender gap figure which is extremely nuanced as to why the gap exists.
- Further analysis in Appendix 1.

**Figure 6: Percentage of staff in each pay quartile last 4 years**





Pay quartiles are created by ranking staff from lowest to highest paid and dividing the list into four equal groups, then analysing the gender distribution in each quartile.

- Figure 6 shows the pay gap is partly due to a higher proportion of men in senior bands and a lower proportion in lower bands.
- Females make up 83% of the workforce but only 74.91% of the top quartile,
- Males make up 17% of the workforce but 25.09% of the top quartile.
- Females in the lowest pay quartile decreased slightly to 85.83% from 86.25%, which has helped improve the pay gap this year.

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

- The 2024 Office for National Statistics shows the UK gender pay gap is 13.1%, meaning BHFT performs better than average with a median pay gap of 12.36%.
- Most NHS bodies have a higher ratio of females but a gender pay gap favouring men.
- Figure 7 shows our gender pay gap compared to our health and social care partners.

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

Employer	Employer Size	Gender pay gap (hourly pay)		Percentage of women in each pay quarter				Who received bonus pay	
		% Mean	% Median	% lower	% lower middle	% upper middle	% Upper	% Women	% Men
Berkshire Healthcare	5000 to 19,999	15.99	12.36	85.83	83.58	85.71	74.91	0.26	1.61
Frimley Health	5000 to 19,999	19.65	2.83	75.9	75.5	82.2	65.7	56.88	43.12
Surrey & Borders Partnership	1000 to 4999	9.61	14.94	80	78.42	78.75	72.01	5.96	10.95
Royal Berkshire	5000 to 19,999	19.96	10.9	75.31	80.94	82.19	65.61	2.64	11.12
Oxford Health	5000 to 19,999	20.45	5.76	83.54	81.24	84.78	73.50	1.03	4.04
Buckinghamshire HealthCare	5000 to 19,999	22.9	13.9	82.0	82.0	83.0	68.0	2.0	10
Oxford University Hospitals	5000 to 19,999	25.5	9.0	73.8	78.6	79.6	63.1	1.4	4.0
Frimley ICB	250 to 499	20.0	25.0	83.5	80.9	72.5	61.8	0	0
BOB ICB	250 to 499	21.4	12.7	90.7	77.8	71.8	67.5	0	0
BHFT Position in comparison to partners	BHFT is in the same size category as the majority	BHFT is 2 <sup>nd</sup> lowest mean pay gap out of 9 in favour of males	BHFT is 5 <sup>th</sup> lowest median pay gap out of 9 in favour of males	BHFT has the 2 <sup>nd</sup> highest ratio of females in the lower pay quartile	BHFT has the highest ratio of females in the lower middle pay quartile	BHFT has the highest ratio of females in the upper middle pay quartile	BHFT has the highest ratio of females in the top pay quartile	BHFT has the 3 <sup>rd</sup> lowest out of 9 number of females to receive bonus pay	BHFT has the 3 <sup>rd</sup> lowest out of 9 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 fewer female staff receiving a bonus.

## 7. Intersectionality – Gender and Ethnicity

- 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 24/25 and comparison to last year**

Gender	Ethnicity						Grand Total
	Asian	Black	Mixed	Not Stated	Other	White	
<b>Female</b>	660 (14.49%)	471 (10.34%)	140 (3.07%)	94 (2.06%)	70 (1.54%)	3120 (68.50%)	4555
<i>Movement from 23/24</i>	+ 99	+ 64	+ 7	-3	+6	+50	+223
<b>Male</b>	193 (20.36%)	222 (23.42%)	23 (2.43%)	24 (3.04%)	25 (2.64%)	461 (48.63%)	948
<i>Movement from 23/24</i>	+ 16	+ 45	-2	-3	+4	+1	0
<b>Grand Total</b>	<b>853</b> <b>(15.50%)</b>	<b>693</b> <b>(12.59%)</b>	<b>163</b> <b>(2.96%)</b>	<b>118</b> <b>(2.14%)</b>	<b>95</b> <b>(1.73%)</b>	<b>3581</b> <b>(65.07%)</b>	<b>5503</b>
<i>Movement from 23/24</i>	<b>+ 115</b>	<b>+ 109</b>	<b>+ 5</b>	<b>-6</b>	<b>+10</b>	<b>+51</b>	<b>+284</b>

- Figure 8 shows that we have increased our Asian, and Black staff the most, this is overall and for both male and female.
- Aside from 'not stated' Mixed males were the only group to decrease from last year.

Ethnicity	Male		Female		Median Difference
	Mean	Median	Mean	Median	
Asian	£29.42	£23.68	£21.86	£19.09	£4.59 in favour of male
<i>Comparison to 23/24</i>	£28.38	£22.82	£20.97	£18.78	<i>Increase of £0.55p</i>
Black	£21.93	£20.05	£20.54	£19.52	£0.53 in favour of male
<i>Comparison to 23/24</i>	£20.80	£19.39	£19.33	£18.57	<i>Decrease of £0.29p</i>
Mixed	£27.23	£20.76	£21.42	£20.05	£0.71p in favour of male
<i>Comparison to 23/24</i>	£23.35	£20.06	£19.91	£18.10	<i>Decrease of £1.25p</i>
Other	£28.45	£22.62	£24.44	£21.16	£1.46 in favour of male

Comparison to 23/24	£27.54	£22.82	£21.14	£19.80	Decrease of £1.56p
White	£26.57	£24.69	£22.27	£21.16	£3.53 in favour of male
Comparison to 23/24	£24.18	£22.82	£20.83	£19.16	Decrease of £0.13p
Not Stated	£31.89	£27.12	£22.44	£21.16	£5.96 in favour of male
Comparison to 23/24	£28.54	£21.80	£22.34	£22.27	Increase of £5.49p

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

- 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 £5 in median pay in favour of 'Not stated' males over 'Not stated' females, and a difference of over £9 more in mean hourly rate.
- The next biggest gap is in favour of Asian males compared to Asian females who earn over £4 more in median hourly pay, this is a similar picture for White colleagues in favour of males.
- White females have a £1.64 gap in their favour compared to Black females.
- White males have a £4.64 gap in their favour compared to Black males.
- White males have a £5.17 gap in their favour compared to Black females.
- Last year Black males had a £0.23 gap in their favour compared to White females but this year White females have a £1.11 gap in their favour compared to Black males.

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

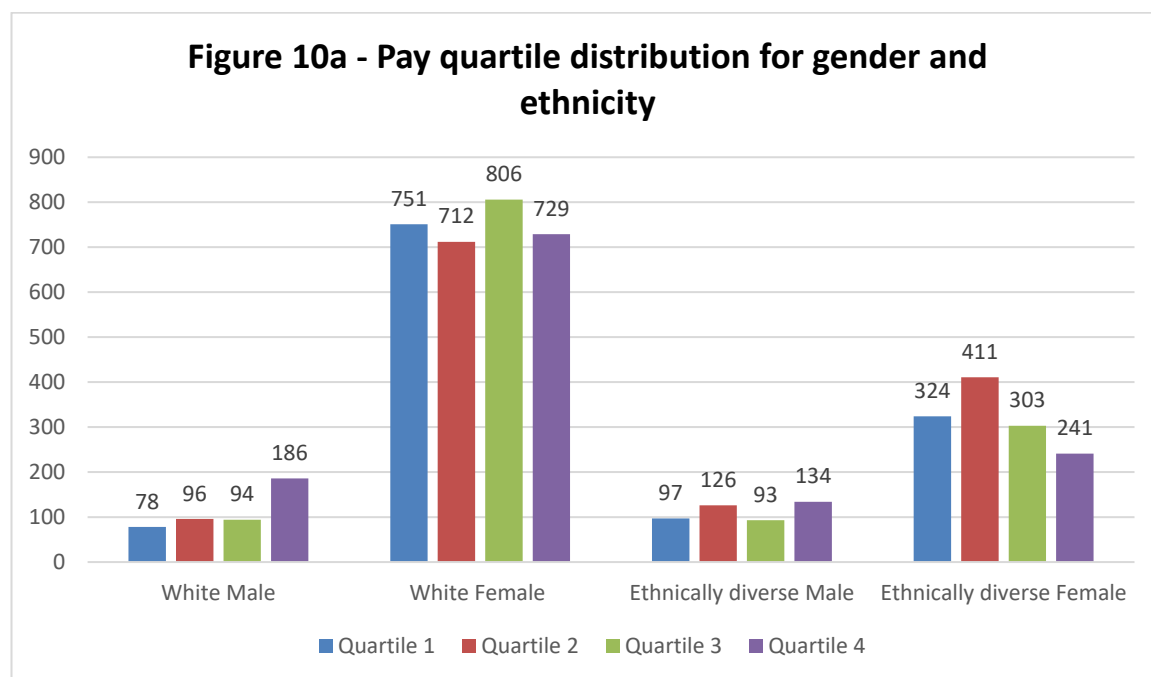


Figure 10a, shows that when considering pay quartiles through the intersectional lens of gender and ethnicity:

- White males generally increase up through the pay quartiles.
- White females remain at similar levels through the quartiles but lower in quartile 2 and 4.
- Ethnically diverse males generally increase up through the quartiles.
- Ethnically diverse females generally decrease through the quartiles but increase in quartile 2.

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

Our median gender pay gap has steadily decreased from 17.01% in 2021/22 to 12.36% in 2024/25. However, the mean gender pay gap in 2024/25 rose slightly to 15.99%, a 0.45% increase from the previous year but a decrease overall since 2021/22 from 19.4%.

A deeper analysis of data has been undertaken which is found in Appendix 1. However, we will highlight some key points here, as the causes of the gender pay gap are complex and overlapping, some of the reasons for the gap could be attributed to:

### Workforce gender composition

- Our workforce is 83% female, while the predicted composition based on national registration data is 65% female.
- Many healthcare roles (e.g. nursing, midwifery, speech therapy) are overwhelmingly female-dominated, which naturally skews the workforce composition.
- This gender distribution explains why more women are found in lower-banded roles, which tend to be essential clinical roles but are less well-paid.

### Role Types and Pay Bandings

- At senior pay bands (8a–9 and Board), non-clinical roles like Admin & Clerical are more common (33.6% vs. 25% in Bands 1–7), and these roles are more gender-balanced or male-skewed.
- Senior clinical leadership roles are often in medical fields (e.g. consultant posts), which, in our trust, have higher male representation, further skewing high pay bands towards men.

### Working Patterns: Full-Time vs. Part-Time

- 83.5% of male staff work full-time, versus 60.3% of female staff.
- Senior roles are predominantly full-time (e.g. Band 9 and Board are 100% full-time), making it harder for part-time-preferencing women to access them.

### Internal Progression Trends

- While women represent the majority of staff, male staff have slightly higher internal promotion rates, especially from Band 5 upwards.
  - e.g., 12.1% of male staff were promoted vs. 10.1% of female staff overall.
- Progression slows for women at Band 7 and above — potentially due to a mix of structural and personal constraints (e.g. availability for full-time roles).

### Age and Longevity in Senior Roles

- Male staff are on average 1.5 years older and more likely to work beyond pension age.
- Staff aged 66+ earn £33.70/hour on average, the highest of all age bands — contributing to the male-weighted top end of the pay distribution.

### Contextual observations

- The pay gap could be attributed to a product of workforce design, career path choices, and work patterns. While this does not diminish the importance of equity, it highlights the need to interpret pay gap data in the context of occupational structures and gendered trends in career choices.
- The most significant disparities relate to career timing, especially how progression years overlap with caregiving responsibilities.
- NHS career structures favour linear, full-time progression, disadvantaging those (typically women) with non-linear or flexible career paths.

- 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.

### **We take an intersectional approach to action, so what has been our focus?**

- **Inclusive Recruitment:** We introduced the guaranteed interview scheme for those who meet essential criteria and are ethnically diverse for roles at 8b and above, along with a reflection form, and debiasing job descriptions. Continuation of exploring sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience. This can also assist neurodivergent, carers, racialised or under resourced people.
- **Learning and Development:** Introduced our talent and career conversations at Mid-year appraisal, developed an 'access to CPD' dashboard enabling deeper dives into our data. Promoted and encouraged our women and ethnically diverse colleagues in clinical and non-clinical Bands 5 to 8a, to access a leadership development programme running in March 2025 titled "Braver than Before".
- **Culture and Engagement:** Shared pay gap reports and co-produced actions with staff networks. Continued our Equality Network Steering Group to enhance cross-collaboration and joint working. Developed and introduced our new behaviours framework. Undertaken a reasonable adjustments QI project to improve staff experience. Developed an Inclusion passport for staff that considers all their needs.
- **Women's Network:** celebrated a year of our Women's Network which has held events, webinars to support addressing 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 and further embed our talent management and career progression work.
  - This includes reviewing our internal promotion data and staff survey results, as well as reviewing our Widening Participation initiatives.
- 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.
  - This includes better understanding who is accessing CPD and non-mandatory training, and what services we can support to remove inequality of access.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will further develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.

- We still have a number of colleagues not sharing their personal information and we will continue to promote and support colleagues sharing, helping them understand the reasons for this and how it can help us tailor better interventions.

**Contact for further information:**

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See our Trust website for our Disability and Ethnicity pay gap reports, and previous years.



# Appendix 1: Analysis of data helping to explore our gender pay gap

## 1. Gender representation in the workforce

If we were to assume that our workforce should reflect the gender distribution of the Berkshire population, we might expect roughly a 50/50 split between male and female staff. However, it is important to consider the nature of our workforce, which is predominantly made up of healthcare professions. Nationally, these professions have a significantly higher proportion of female registrants – see figure 1 below.

**Figure 1 – National registration rates for various professions**

Profession	% of female clinicians
Art Therapists	83.6
Dentists	52.7
Dietitians	91.3
Drama Therapists	83.6
Music Therapists	83.6
Nurses (all types)	88.2
Occupational Therapists	89.2
Orthoptists	86.8
Pharmacy technicians	85.8
Pharmacists	62.5
Physiotherapists	69.8
Podiatrists	72.1
Qualified clinical psychologists	79.4
Qualified doctors	48.9
Radiographers	69.3
Social workers	83.4
Speech and Language Therapists	94.6
Dental Nurse	98

To better understand whether our workforce gender distribution is reflective of what might be expected, we can approach this by:

1. Identifying each professional group within our organisation.
2. Applying national registration data (e.g., from professional bodies like the NMC, HCPC, etc.) to determine the expected gender distribution for each profession.
3. Aggregating these expectations to generate a predicted overall gender profile for our organisation.

For roles that do not require professional registration, such as healthcare support workers, we would default to using the Berkshire population's gender distribution — meaning roughly a 50/50 split. However, it's still reasonable to expect a higher proportion of female staff in these unregistered roles, given the broader trend of women occupying healthcare-related roles.

Based on this method, we would predict a workforce that is approximately 65% female. Our workforce is currently 83% female. This significant difference highlights how heavily skewed our workforce is towards female-dominated roles, which is important context when considering issues such as the gender pay gap.

## 2. Workforce Composition, type of role and professional registration

The composition of our workforce and the types of roles within different pay bandings are likely key contributors to our gender pay gap. For example:

- In Bands 1–7, 27% of roles are in Nursing and Midwifery.
- In Bands 8a–9 and at Board level, this drops to 20.7%.

Given that over 80% of registered nurses in the UK are female (NMC data), it's expected that the lower bandings will have a higher proportion of female staff due to the concentration of nursing roles.

Conversely, certain non-clinical staff groups such as Administrative & Clerical and Estates & Ancillary roles do not have the same gender imbalance in terms of professional registration, and can be transferable across many different sectors. These roles are also more likely to include male staff. In our workforce they make up 25% of the overall workforce.

- In Bands 1–7, 25% of roles are in Admin & Clerical or Estates & Ancillary.
- In Bands 8a–9 and Board level, this rises to 33.6%.

This suggests that there are proportionally more non-clinical (and potentially more gender-balanced) roles at the senior levels.

An analysis of registration rates across various healthcare roles within the Trust reveals that the percentage of registered males is significantly low. Consequently, achieving 50% gender representation in these roles is challenging. However, this restriction does not apply to staff groups such as "admin clerical" and "estates and ancillary." Therefore, demonstrating a higher rate of non-healthcare roles in senior bandings may partly explain the existing gender pay gap within our trust.

**Figure 2 – our Trust workforce profession make up by gender**

All staff	Female	% which are female	Male	% which are male	Grand Total	% of staff groups contribution to roles
<b>Add Prof Scientific and Technic</b>	515	87.1	76	12.9	591	10.7
<b>Additional Clinical Services</b>	1079	83.3	217	16.7	1296	23.6
<b>Administrative and Clerical</b>	1086	81	255	19	1341	24.4
<b>Allied Health Professionals</b>	501	84.3	93	15.7	594	10.8
<b>Estates and Ancillary</b>	11	34.4	21	65.6	32	0.6
<b>Healthcare Scientists</b>	10	76.9	3	23.1	13	0.2
<b>Medical and Dental</b>	130	57.8	95	42.2	225	4.1
<b>Nursing and Midwifery Registered</b>	1205	86.6	187	13.4	1392	25.3
<b>Students</b>	18	94.7	1	5.3	19	0.3

### 3. Recruitment data

A review of both external and internal recruitment data provides further insight into gender representation across our pay bands.

#### External Recruitment

Across all pay bands, the percentage of female external hires exceeded the predicted proportion of female staff based on the expected workforce composition for each band. This trend holds true across both lower and senior bands. This suggests there is no immediate concern of female candidates being disproportionately disadvantaged in the external recruitment process when compared to their male counterparts.

#### Internal Recruitment and Progression

When examining internal hires, the data reflects the AfC band that staff were recruited from rather than the band they moved to. Despite this limitation, the data still shows that women make up at least 50% of internal hires at every banding.

However, a clearer trend emerges: the rate of internal progression is notably higher at the lower bandings, and begins to decline at senior levels — particularly from Band 7 upwards. While the proportion of female internal hires decreases in these higher bands, it never falls below that of males. In other words, men are not being promoted at a significantly higher rate than women overall. There are several possible explanations for this pattern:

1. **Workforce Composition** – The types of staff groups found in higher bands may inherently include a lower proportion of female staff due to national registration trends and the distribution of professions.
2. **Work Pattern Flexibility** – Senior roles are often less accommodating of part-time working patterns. Given that a higher proportion of female staff seek or require part-time hours, this may present a structural barrier to progression.
3. **Bias** – While the data does not suggest overt bias, it remains important to continue reviewing our inclusive recruitment practices.

Overall, recruitment data suggests fair treatment of female candidates in both external and internal hiring processes. However, the decreasing proportion of female internal hires at senior levels highlights potential barriers to progression that warrant further investigation — including the types of roles available, flexibility in working arrangements, and possible systemic bias.

## 4. Considering the difference in age between male and female (and inclination to work beyond pension age)

Differences in the age of our workforce may contribute to the pay disparity. While age should not determine salary, older employees typically have more time to gain experience, qualifications, or meet the requirements for senior roles. The average age of male staff at the Trust is 1.52 years older than female staff.

The proportion of male staff within each age range is highest among those at state pension age and above, suggesting a difference between the genders, with one gender tending to work beyond state pension age more frequently than the other. This indicates that males are more likely to continue working and earning higher-than-average salaries, while females who retire may have had above-average salaries which are not included in the data set.

**Figure 3 – Hourly rate for each age range in the Trust**

Age range	Average hourly rate
16-25 years	14.2
26-35 years	20.2
36-45 years	26.3
46-55 years	30.6
56-65 years	30.5
66 plus years	33.7
<b>Grand Total</b>	<b>26.2</b>

- The most intense years for progression (late 20s to early 40s) overlap with childbearing and caregiving responsibilities, disproportionately affecting women.
- Many women move to part-time or flexible roles during these years, which can reduce progression opportunities and result in long-term earnings penalties.
- NHS and medical career pathways are designed around linear, full-time progression, making it harder for those who take breaks or work flexibly to catch up.

## 5. Considering the full time rate %

- There is a significant point of difference between male and female staff which is the % who work full time. Male staff work full time 23.2% points more than female staff.
- Currently, 64.3% of the positions within the trust are full-time posts.
- It is observed that in band 8c, band 8d, band 9, and Board director roles, the percentage of full-time roles exceeds the trust average of 64.3% and significantly surpasses the percentage of female staff occupying full-time roles, which stands at 60.3%.
- The difference between the average mean hourly rate and median hourly rate for full time staff only compared to all staff is much lower and allows us to contribute a significant portion of the gap disparity to this reason alone.
- From Band 3 upwards, within each pay bracket there are a much higher proportion of males who work full time than females.

According to the Trade Union Congress, women are far more likely to be working flexibly than men, and note that:

- Three times more likely to work part-time than men
- Over four times as likely to work term-time only.
- Three times more represented in job share arrangements.

**Figure 4 – split of full time vs part time at each pay bracket**

Pay scale	Full Time	Part Time	% full tome	Grand Total
Under Band 1	13		100.0	13
Band 2	61	48	56.0	109
Band 3	487	327	59.8	814
Band 4	610	252	70.8	862
Band 5	512	180	74.0	692
Band 6	629	364	63.3	993
Band 7	651	408	61.5	1059
Band 8 - Range A	252	173	59.3	425
Band 8 - Range B	110	71	60.8	181
Band 8 - Range C	46	24	65.7	70
Band 8 - Range D	22	10	68.8	32
Band 9	9	3	75.0	12
Board Director	7		100.0	7
Consultant	52	47	52.5	99
NED		7	0.0	7
Non-consultant Career Grade	42	42	50.0	84
Trainee Grades	32	8	80.0	40
VSM	3		100.0	3
<b>Grand Total</b>	<b>3538</b>	<b>1964</b>	<b>64.3</b>	<b>5502</b>

## 6. Average hourly rate for males and females at each pay grade.

Figure 5 below shows us that:

- 8 out of 18 pay bands females earn more per hour than males.
- 8 out of 18 pay bands males earn more per hour than females.
- 2 out of 18 pay bands males and females earn the same.

Pay Band	Female	Male	Difference	Grand Total
Band 2	12.08	12.08	0.00	12.08
Band 3	12.82	12.69	0.13	12.80
Band 4	14.22	14.03	0.19	14.19
Band 5	16.78	16.48	0.30	16.74
Band 6	21.22	20.96	0.26	21.18
Band 7	25.25	25.44	-0.19	25.28
Band 8 - Range A	29.16	29.17	-0.02	29.16
Band 8 - Range B	34.59	34.70	-0.12	34.61
Band 8 - Range C	41.66	41.40	0.26	41.60
Band 8 - Range D	50.10	48.20	1.90	49.62
Band 9	59.13	59.31	-0.18	59.18
Board Director	83.69	207.82	-124.13	172.36
Consultant	240.38	250.08	-9.70	245.18
NED			0.00	
Non-consultant Career Grade	117.42	124.33	-6.91	120.08
Trainee Grades	28.53	28.08	0.44	28.40
Under Band 1	6.40		6.40	6.40
VSM	67.08	76.54	-9.45	70.23
<b>Grand Total</b>	<b>23.87</b>	<b>37.61</b>	<b>-13.74</b>	<b>26.23</b>