

Disability Pay Gap Reporting (DPG) for the year 2024 – 2025

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

Executive Summary

- The aim of this disability pay gap report is to assess pay equality.
- Disability pay gap reporting is not a specified requirement under the Equality Act 2010.
- It is the difference between the full-time equivalent average pay of Disabled and nondisabled employees in an organisation.
- This is our third year of reporting the disability pay gap.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	-1.79%	-0.13%	Although narrowing, still in favour of Disabled staff.
Median Pay Gap	0%	0.49%	No pay gap to now a slight gap in favour of non-disabled.
Median Hourly Pay	£0 gap	£0.10 gap	No pay gap to now a slight gap in favour of non-disabled.
Mean Hourly Pay	£0.38 gap	£0.03 gap	Although narrowing, still in favour of Disabled staff.

- Our median disability pay gap in 2024-2025 was 0.49%. This means that on average our non-disabled colleagues earn £0.10p more than our disabled colleagues, this is an increase from 0% (no pay gap) last year.
- In comparison the 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. There is still a lack of organisations reporting to do any comparisons.
- Our mean hourly pay for disabled colleagues is £0.03p more than non-disabled colleagues, which is a negative gap of -0.13% in favour of disabled colleagues.
- We have disability representation at every level.
- Most of our workforce (93.33%) are openly sharing their disability status, reflecting a 0.83% increase from the previous year. This is a positive indicator of inclusion and suggests that we are fostering a more psychologically safe culture.

- 6.67% which is 367 of our workforce are 'Not Stated' which has improved from 7.5% (389) last year. We need to understand how this could influence the pay gap.
- Colleagues in bands 8c, 9, Medical are our highest categories of staff who have 'Not Stated' their disability status.
- This report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices for inclusivity, 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 actions.
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1. Background

We published our first Disability Pay Gap report in 2023. This is the third year we are reporting, 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 disability.

2. Our Disability Pay Gap Report

Our Disability pay gap report for 2024/2025 contains a few elements, using similar methodology to calculate our gender pay gap through ESR, at a snapshot as at March 2025:

- The mean basic pay gap.
- The median basic pay gap.
- An analysis of the pay gap across specific staff pay bands and quartiles within BHFT.
- A comparison with the 2023/2024 reporting data.

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

Mean: The hourly pay for all disabled staff is added together and divided by the total number of disabled staff. The same is done for non-disabled staff. The mean disability pay gap is the difference (%) between the mean hourly pay for disabled and non-disabled staff.

Median: If all disabled staff were lined up in order of their hourly pay, and so were all non-disabled staff, the median would be the hourly rate of pay of the individual disabled and non-disabled staff in the middle of each line. The median disability pay gap is the difference (0%) between the hourly pay of the middle disabled employee compared to the middle non-disabled 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 Disability Profile- 2024/25

- Data collected shows that our workforce consists of 5,503 people. (up 284 from 23/24)
- Disabled colleagues have increased by 99 to 477 from 378. (8.67% compared to 7.2% last year) and 6.4% the year prior and 5.3% the year before that).
- 4,659 are non-disabled and 367 (6.67%) have not stated, compared to 389 (7.5%) last year an improvement of 0.83% with 22 more colleagues sharing their disability status

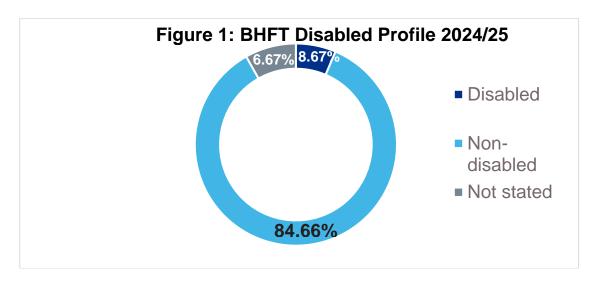


Figure 2: BHFT Workforce compared to Berkshire Population (from census data, 2021)

	Disabled	Non-disabled	Not stated
BHFT Workforce			
	8.67%	84.66%	6.67%
Berkshire			
Population	13%	87%	0

- The data shows that BHFT disabled workforce is underrepresented by 4.33% compared to overall Berkshire population.
- The caveat is that we still have 6.67% of our workforce who have not shared their disability status which could potentially increase the representation in line with the Berkshire population (caveat, the census includes non-working age).
- Whilst it may look like we are employing 4.3% less compared to people in the population, the whole population figure also includes those who are unable to work due to their disability.
- While specific Berkshire population data on how many of the 13% have disabilities preventing them from entering the workforce cannot be attained, nationally, 42.3% of individuals with disabilities were neither working nor actively seeking work. (Gov.UK, 2023)
- Applying this figure to our Berkshire population rates implies that approximately 7.5% of the
 assumed population of Berkshire with disabilities can enter the workforce. Consequently, this
 indicates that we have more staff with disabilities than the proportion of the Berkshire population
 with disabilities.

4. Disability confident

As Disability Confident Leaders, which we gained re-accreditation for this year, we've made a commitment as an organisation that should someone share with us that they are disabled at the job application stage

and select that they want to take part in the scheme, they're guaranteed an interview if they meet the advert's minimum requirements.



Disability Confident and Inclusive Recruitment

In our 2024 NHS National Staff Survey results 81.9% of staff said that we made reasonable adjustments to help them carry out their work. The national average for Trusts was 75.12%.

5. Median and Mean Hourly Rate in BHFT

Figure 3: Disability Pay Gap 24/25 – with 3 year comparison

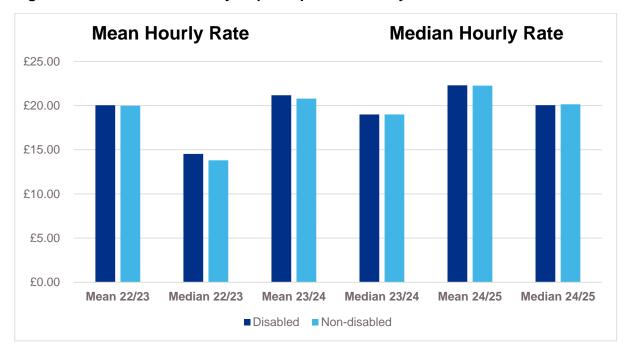
	2022/23		202	3/24	2024/25	
Disability	Mean Median Hourly Hourly Rate Rate		Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Yes	£20.04	£14.53	£21.17	£19.00	£22.29	£20.05
No	£19.98	£13.81	£20.79	£19.00	£22.26	£20.15
Not Stated	£26.48	£14.11	£28.01	£24.55	£30.12	£25.90
Difference	0.06	0.72	0.38	0.00	0.03	0.10
Pay Gap %	-0.30%	-4.95%	-1.79%	0.00%	-0.13%	0.49%

- The mean hourly pay for disabled colleagues is £0.03 more than non-disabled colleagues, which is a gap of -0.13% in favour of disabled colleagues. Reduced last year down from £0.38p by £0.35p.
- The median pay for non-disabled colleagues is £0.10p more than disabled colleagues, therefore a gap of 0.49%. This means that, disabled colleagues earn slightly less than non-disabled colleagues. There was no gap last year.
- The 'Not Stated' population is 6.67% (367) of the workforce, and this group on average earns over £7 more an hour than both our disabled and non-disabled colleagues.
- Therefore, to give us a true reflection of our pay gap, we need more colleagues to share their disability status on our equality monitoring system.

Benchmarking

In comparing our Disability Pay Gap to other organisations, the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. Meaning we are better than average based on our current declarations, and current pay gap of 0.49%.





• From Figure 4, we can see that the mean and median has increased for both disabled, non-disabled, although the mean more so for non-disabled staff.

6. Disability Profile by pay band and quartiles in BHFT 24/25

All BHFT staff, except for medical staff, Board members, and very senior managers (VSM), 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: Disability Profile by Pay Band and Pay Quartile 24/25

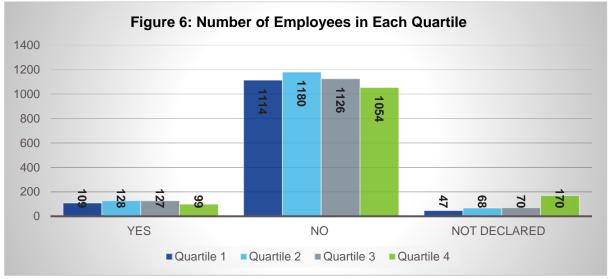
	Yes		No		Not Shared		Total
Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	2	66.67%	1	33.33%	3
Apprentice	3	23.08%	10	76.92%	0	0.00%	13
Band 2	8	7.34%	93	85.32%	8	7.34%	109
Band 3	34	4.18%	745	91.52%	35	4.30%	814
Band 4	102	11.83%	714	82.83%	46	5.34%	862
Band 5	68	9.83%	591	85.40%	33	4.77%	692
Band 6	90	9.05%	857	86.22%	47	4.73%	994
Band 7	101	9.54%	901	85.08%	57	5.38%	1059
Band 8a	33	7.76%	378	88.94%	14	3.29%	425
Band 8b	17	9.39%	158	87.29%	6	3.31%	181
Band 8c	2	2.86%	60	85.71%	8	11.43%	70
Band 8d	3	9.38%	27	84.38%	2	6.25%	32
Band 9	2	16.67%	8	66.67%	2	16.67%	12
Board	1	7.14%	13	92.86%	0	0.00%	14
Medical & Dental	13	5.83%	102	45.74%	108	48.43%	223
Grand Total	477	8.67%	4659	84.66%	367	6.67%	5503

- Figure 5 details the number and percentage of disabled and non-disabled colleagues within each pay band.
- Most of the pay bands are within 2-3% disability representation of the organisation's overall workforce disability ratio (8.67%).
- There is larger underrepresentation of disabled colleagues compared to overall workforce disability ratio in bands 3 (4.18%), 8c (2.86%)
- There is larger overrepresentation of disabled colleagues compared to overall workforce disability ratio in Apprentice (23.08%), band 4 (11.83%) and 9 (16.67%).

Improving staff Equality Monitoring

- We have disability representation at all bands for the second year running,
- Increases in sharing at most Bands except a decrease at Band 2 and Band 7.
- Band 8d, 9 remained the same as last year.
- Colleagues in bands 8c, 9, and Medical are our highest categories of staff who have not shared their disability status.

- A QI project to increase disability declaration rates within Medical Staffing has shown good progress, particularly among Resident Doctors, resulting in 17 more medics sharing this year. A planned second countermeasure will try to address the issue in existing Medical staff.
- Further efforts include promoting data completion during Trust induction, through staff networks, and at educational events.
- Senior leaders have also encouraged Board-level participation, resulting in improved data sharing and a stronger sense of safety and belonging for all staff.
- We now have one of the highest levels of declaration for an NHS trust.



- Figure 6, shows the breakdown into pay quartiles.
- We have the most people sharing a disability in the lower middle quartile (2)
- The most who don't have a disability in the lower middle quartile (2),
- The most who have not shared in the upper quartile (4).

7. Disability breakdown of staff who have received bonus pay – Medical Clinical Excellence Awards

Figure 7: Disability breakdown of bonus payments in BHFT

	2022/23		2023/24		2024/25		
	Count of Disability	%	Count of Disability	%	Count of Disability	%	
No	43	60.56%	47	55.29%	19	67.86%	
Yes	2	2.82%	4	4.71%	2	7.14%	
Not Stated	26	36.62%	34	40.00%	7	25%	
Grand Total	71	100%	85	100%	28	100%	

- 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. However, this was rejected by the Local Negotiating Committee, and pro-rata calculations were implemented per BMA guidance.
- 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.
- It's also helpful to point out that over 48% (108) of our medical and dental staff have not shared their disability status.

8. Conclusion and actions

Although our disability pay gap has increased since last year, it is under 1%. While this isn't what we want to see, the picture is still positive, and work continues to improve this. Most of our colleagues are openly sharing their disability data, which is a positive statistic. With more to do, below outlines what has been the focus and where we will go next.

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 values based 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 nonclinical 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 Trust 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.

We continue work in 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.

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See our Trust website for our Gender and Ethnicity Pay Gap reports, and previous years.