

**Disability Pay Gap Reporting (DPG) for the year 2023-2024**

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<b>Purpose of Report</b>	This report sets out an analysis of the Trust's Disability Pay Gap Report for 2023-2024

**Executive Summary**

- Disability Pay Gap reporting is not a specified requirement under the Equality Act 2010 like the Gender Pay Gap.
- The Disability Pay Gap is not the same as unequal pay. The Disability Pay Gap is the difference between the average pay of Disabled and non-disabled employees in an organisation.
- This is our second year of undertaking the disability pay gap, and so we have our first annual comparison.
- BHFT's Median Disability Pay Gap in 2023-2024 was 0. This means that on average our disabled colleagues earn the same as our non-disabled colleagues. In comparison the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. The mean hourly pay for disabled colleagues is £0.38p more than non-disabled colleagues, which is a negative gap of 1.79% in favour of disabled colleagues.
- 7.5% (389) of our workforce are 'Not Stated' which needs more exploration to understand how this could influence the pay gap further Although 8.18% (413) last year, so has improved slightly. Colleagues in bands 8c, 9, Medical are our highest categories of staff who have not declared their disability status.
- A majority of the pay bands are broadly representative of the organisation's overall workforce disability ratio (7.2%), There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. We have disability representation at every level, and overrepresentation at Band 6 and Band 9, compared to overall workforce.
- The Disability Pay Gap data will be published on the Trust's website. In line with the Gender pay gap the information should remain on the Trust website for a period of at least three years, beginning with the date of publication.
- The overall aim of this disability pay gap exercise is to assess the pay equality in BHFT, the balance of disabled and non-disabled colleagues at different paygrades, and how effective we are at nurturing and rewarding talent.
- The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our 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 as part of our EDI Strategy.

**Recommendation**

The Board is asked to acknowledge the report and subsequent approach to develop actions.

**1. Background**

Although not yet mandated to do so, Berkshire Healthcare (BHFT) published its first Disability Pay Gap report in 2023 alongside its mandated Gender Pay Gap report. We believe this is an important step towards greater equality, diversity and inclusion.

This is the second year we are reporting on this so we can begin to compare the figures with the previous year. This gives us a basis on which to build and ensure that we have equality in pay when it comes to disability.

To try and compare with other organisations is a challenge as not many organisations undertake and/or publish their disability pay gap, there is certainly a lack of NHS Trusts undertaking this review across the country.

**2. Our Disability Pay Gap Report**

Our Disability Pay Gap report for 2023/2024 contains a number of elements:

- The mean basic pay gap.
- The median basic pay gap.
- An analysis of the pay gap across specific staff bands and quartiles within BHFT.
- A comparison with the 2022/2023 reporting data.

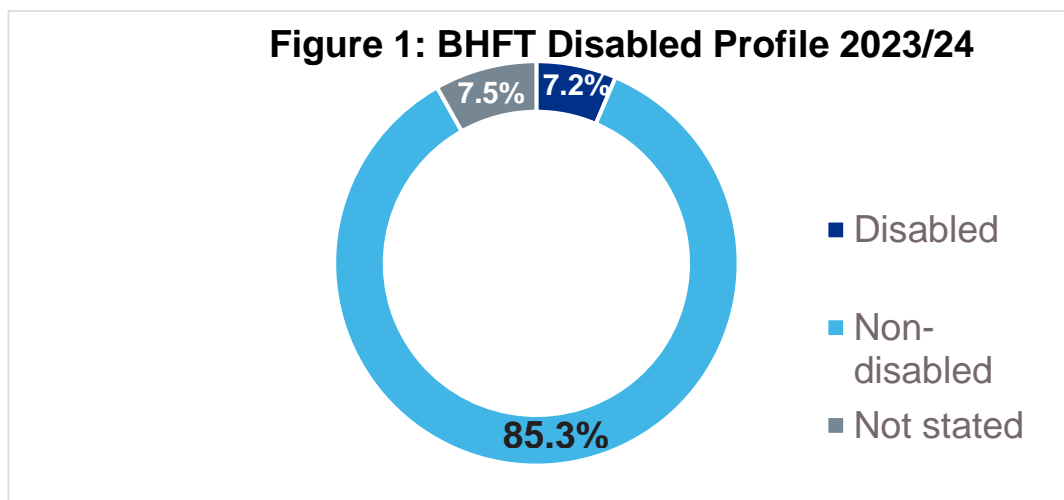
The mean pay gap is the difference between the pay of all disabled and non-disabled employees when added up separately and divided by the total number of disabled and non-disabled employees in the workforce.

The median pay gap is the difference between the pay of the middle of all disabled employees and the middle of all non-disabled employee, when all of the employees are listed from the highest to the lowest paid.

**3. Our Disability Profile– 2023/24**

Data collected shows that our workforce consists of 5,219 people. The number of Disabled colleagues has increased by 60 to 378 from 318. 7.2% of our colleagues are declared Disabled, compared to 6.4% last year, and 5.3% the year prior. 378 are Disabled and 4,452 are non-disabled and 389 (7.5%) have not stated.

Figure 1 below shows our Disabled workforce profile.



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

	Disabled	Non-disabled	Not stated
<b>BHFT Workforce</b>	7.2%	85.3%	7.2%
<b>Berkshire Population</b>	13%	87%	0

It's also useful to look at our workforce compared to the communities we support (Figure 2) to see how representative our workforce is of our local population. The data shows that BHFT disabled workforce is underrepresented by 5.08% compared to overall Berkshire population. The caveat is that we still have 7.2% 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 less 7.2% people in the population, the whole population figure includes those both who are unable to work due to their disability.

#### 4. Disability confident



#### Disability Confident and Inclusive Recruitment

As a Disability Confident Leader, we've made a commitment as an organisation that should someone share with us that they are disabled at the 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.

#### 5. Median and Mean Hourly Rate in BHFT

Figure 3: Disability Pay Gap 2023/24

Disability	2022/23		2023/24	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
<b>Yes</b>	£20.04	£14.53	£21.17	£19.00
<b>No</b>	£19.98	£13.81	£20.79	£19.00
<b>Not Stated</b>	£26.48	£14.11	£28.01	£24.55
<b>Difference</b>	0.06	0.72	0.38	0.00
<b>Pay Gap %</b>	-0.30%	-4.95%	-1.79%	0.00%

The mean hourly pay for disabled colleagues is £0.38 more than non-disabled colleagues, which is a negative gap of 1.79% in favour of disabled colleagues. Reduced last year down from £0.42p by £0.04p.

The median pay for disabled colleagues is the same as non-disabled colleagues, therefore with no gap. This means that, disabled colleagues earn the same as non-disabled colleagues. The gap last year was £0.42p more in favour of disabled colleagues,

However, we will continue to explore the 'not stated' population as this is 7.5% (389) of the workforce, and this group on average earns up to £5.55 more an hour than 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.

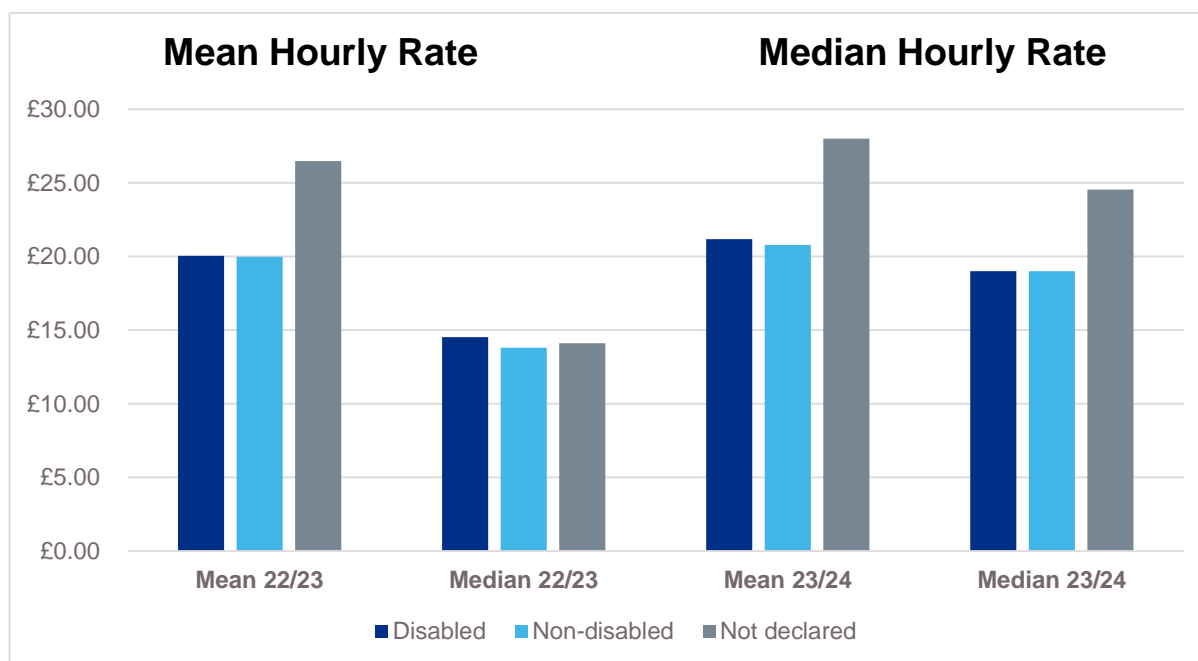
From a purely statistical standpoint, the median is a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid 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.

### 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.

**Figure 4: Median and Mean Pay Gap comparison last 2 years**

From Figure 4, we can see that the mean and median has increased for disabled, non-disabled and those not declaring. The mean and median pay has increased more for those with a disability, compared to those without. Although our pay gap is positive, we can see the mean has reduced slightly and median has reduced from in favour of disabled colleagues to level with non-disabled colleagues.



## 6. Disability 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: Disability Profile by Pay Band and Pay Quartile**

Pay Scale	Yes		No		Not Declared		Total Headcount
	Headcount	%	Headcount	%	Headcount	%	
Ad-Hoc	0	0.00%	2	66.67%	1	33.33%	3
Apprentice	2	22.22%	7	77.78%	0	0.00%	9
Band 2	10	4.05%	219	88.66%	18	7.29%	247

Band 3	23	3.53%	595	91.40%	33	5.07%	651
Band 4	73	8.90%	698	85.12%	49	5.98%	820
Band 5	51	7.81%	566	86.68%	36	5.51%	653
Band 6	88	9.30%	813	85.94%	45	4.76%	946
Band 7	79	7.94%	859	86.33%	57	5.73%	995
Band 8a	24	6.14%	350	89.51%	17	4.35%	391
Band 8b	13	7.74%	149	88.69%	6	3.57%	168
Band 8c	1	1.43%	60	85.71%	9	12.86%	70
Band 8d	3	8.57%	29	82.86%	3	8.57%	35
Band 9	2	20.00%	6	60.00%	2	20.00%	10
Board	1	7.69%	9	69.23%	3	23.08%	13
Medical & Dental	8	3.85%	90	43.27%	110	52.88%	208
<b>Grand Total</b>	<b>378</b>	<b>7.24%</b>	<b>4452</b>	<b>85.30%</b>	<b>389</b>	<b>7.45%</b>	<b>5219</b>

Figure 5 details the number and percentage of disabled and non-disabled colleagues within each pay band.

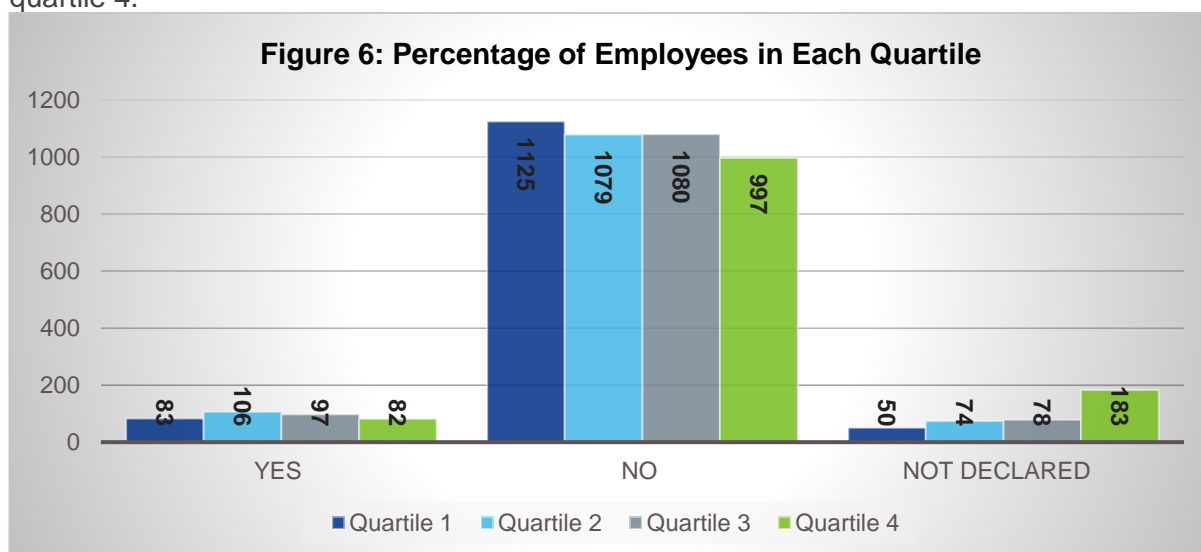
A majority of the pay bands are broadly close to the representation of the organisation's overall workforce disability ratio (7.3%).

There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. We are aware, however that we have a very low declaration rate for our medical staff and we have a project currently underway to improve declaration rates for our medics.

We have disability representation at all bands for the first time in a while.

Colleagues in bands 8c, 8d, 9, Medical, and the Board are our highest categories of staff who have not declared their disability status.

Figure 6 below, shows the breakdown into pay quartiles. We have the most people declaring a disability in quartile 2, the most who don't have a disability in quartile 1, and the most who have not declared in 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	
	Count of Disability	%	Count of Disability	%
<b>No</b>	43	60.56%	47	55.29%
<b>Yes</b>	2	2.82%	4	4.71%
<b>Not Stated</b>	26	36.62%	34	40.00%
<b>Grand Total</b>	71	100%	85	100%

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 – 85 in the group. However, it is important to note the context and challenges associated with the bonus pay system:

- CEAs 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.
- Many of the CEAs 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 Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate any pay gap in the year. 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, there is an 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.

It's also helpful to point out that 40% (34) of our consultant medical staff have not shared their disability status.

## **8. Conclusion and recommendations**

### **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 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.

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Though we don't have an obvious disability pay gap, we continue to work according to our 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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