



**Berkshire Healthcare**  
NHS Foundation Trust

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# **Berkshire Healthcare NHS Foundation Trust**

**Equality Diversity & Inclusion**

**Gender Pay Gap Report**

**Annual Report 2022**

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To find out more about what Berkshire Healthcare NHS Foundation Trust is doing to be an 'Outstanding and Equal Employer and Care Provider for Everyone', please contact: [EDITeam@berkshire.nhs.uk](mailto:EDITeam@berkshire.nhs.uk)

Board Meeting Date	April 2022
Title	Gender Pay Gap Report 2022
Purpose	To provide a summary of Berkshire Healthcare Trust Gender Pay Gap results and request approval for their publication.
Business Area	Corporate
Author	Thanda Mhlanga (OD Lead for Equality, Diversity and Inclusion)
Relevant Strategic Objectives	As part of our "Supporting our Staff" objective we have a duty to facilitate gender equality within the Trust and address the difference in average pay between male and female staff.
CQC, Registration / Patient Care Impacts	N/A
Resource Impacts	N/A
Legal Implications	The Equality Act 2010; Public Sector Equality Duty
Equality and Diversity Implications	The Gender Pay Gap is a requirement for all NHS Trusts – it was mandated in March 2018. The Gender Pay Gap results are an important driver of our equality and inclusion activity in relation to improving gender equality and equalisation of pay within the organisation.
SUMMARY	This paper presents Berkshire Healthcare's 2022 Gender Pay Gap results and associated action plan. The Gender Pay Gap is the difference in average pay between the men and women in organisations. In March 2018, the Government Equalities Office formalised its commitment to tackle the historic pay inequality which exists between men and women and made the reporting of gender pay data a mandatory legal requirement for all organisations employing 250 or more staff. It is hoped that the reporting on pay gaps will facilitate understanding of the extent and causes of pay gaps and identification of any issues that need to be addressed.

	<p>Key Messages:</p> <ul style="list-style-type: none"> <li>• Similar to other NHS hospitals, the female workforce makes up the majority of our staffing (83.01%) – the male cohort is 16.98%.</li> <li>• There has been a slight increase in the number of women in quartiles 1-3 (Q1-Q3) of pay and a decrease in the highest quartile of pay (Q4).</li> <li>• The number of females in the lowest quartile of pay (Q1) has remained higher than the proportion of females employed in the Trust.</li> <li>• The gender pay gap is worse than it was three years ago, the number of female employees in the highest quartile of pay (Q4) has shrunk significantly.</li> <li>• For different reasons, the majority of staff employed on a part time basis are female – a factor that contributes to the gender pay gap.</li> <li>• The majority number of staff who use the childcare salary scheme are female – this has a disproportionate impact on the hourly rate of female staff.</li> <li>• The average bonus pay gap relating to Clinical Excellence Awards has decreased by 11.03%.</li> </ul>
<p><b>ACTION REQUIRED</b></p>	<p>To note the Gender Pay Gap results and proposed actions To approve the publication of the Gender Pay Gap results and proposed actions.</p>

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# Gender Pay Gap Report – Data as of 31 March 2022 (Report to Trust Board – April 2022)

## Background and Introduction

In March 2018 the Government Equalities Office asked all organisations employing 250 or more staff to report and publish the following metrics:

- Mean Gender Pay Gap
- Median Gender Pay Gap
- Mean Bonus Gender Pay Gap
- Median Bonus Gender Pay Gap
- Proportion of Males and Females receiving a bonus payment
- Proportion of Males and Females in each quartile

The way the Gender Pay Gap data is reported is standard, organisations must produce their respective figures in tables as set out in Appendices (Table 3 to 6) that capture Berkshire Healthcare's data. For all NHS employers, the NHS Electronic Staff Record system (ESR) has been updated so that they can produce the reports for this annual exercise using default filters.

For the purposes of Gender Pay Gap Reporting, all Trusts have been instructed to split out all payments received by the workforce over the financial year into two defined categories:

- (a) Ordinary Pay
- (b) Bonus Pay

It should be noted that Gender Pay Gap data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions. Also, Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

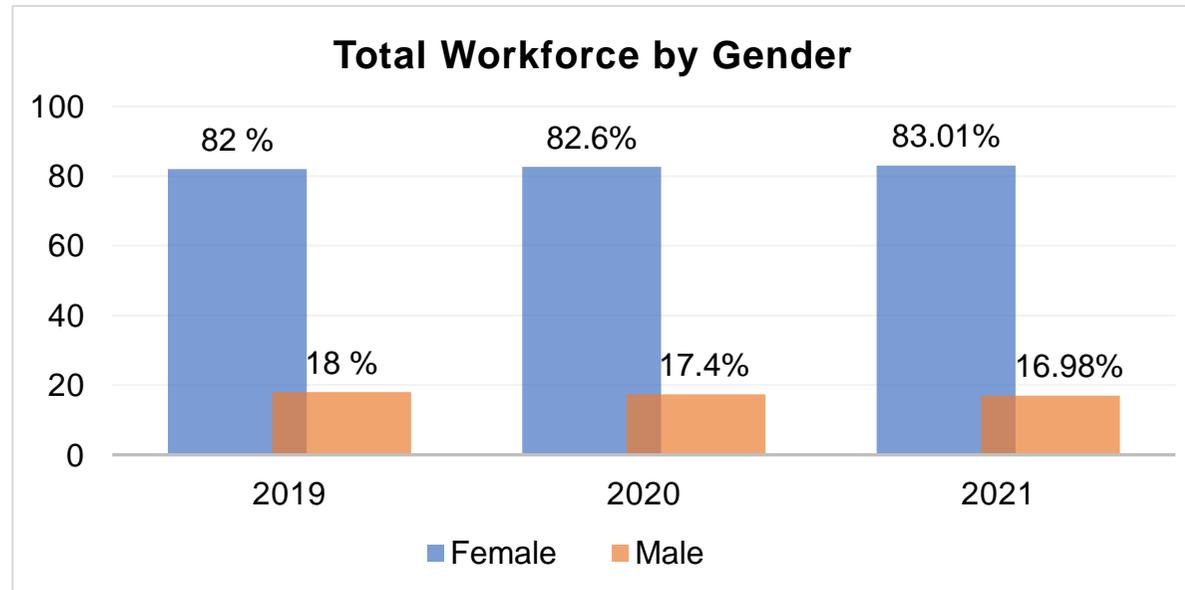
The definition of Gender Pay Gap is prescribed: it is the difference between the average earnings of men and women, expressed relative to men's earnings. It must be noted here that increasingly there is an awareness that gender is not binary. However, currently the NHS ESR system does not capture gender identity, it only captures sexual orientation.

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## Our Data

From the data that was uploaded by 31 March 2022, the main points to note about Berkshire Healthcare are presented below.

Figure 1: Total Workforce by Gender

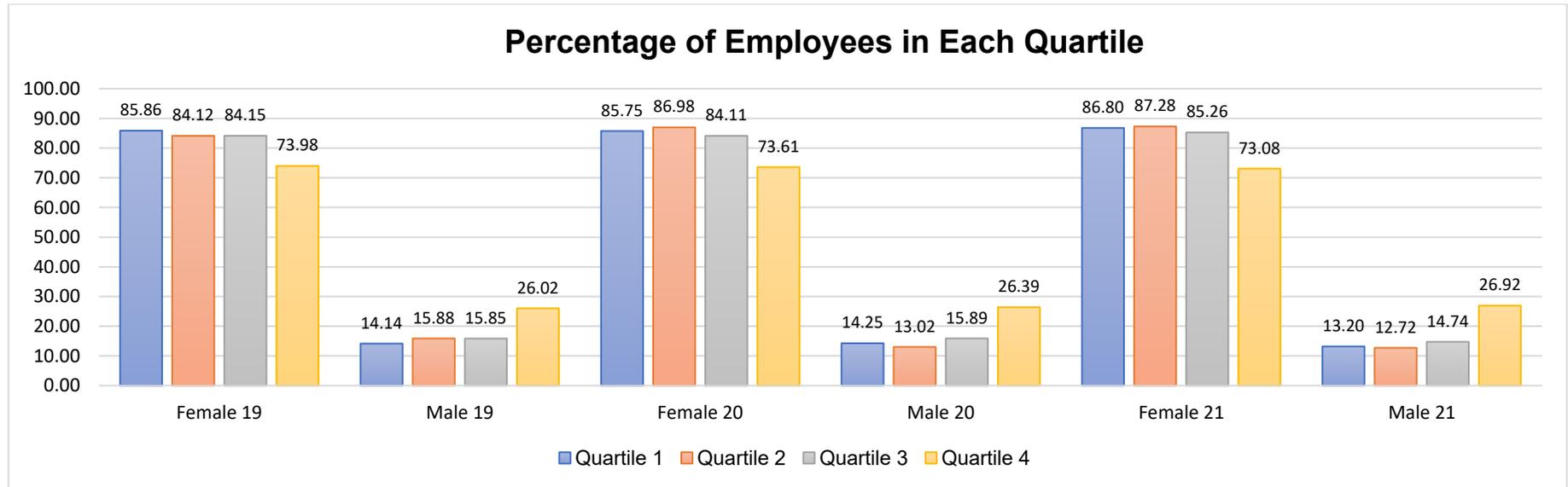


1. The number of employees in the Trust increased slightly from 4545 to 4552. However, similar to trends in other NHS hospitals, the female workforce at Berkshire Healthcare makes up the majority of our staffing at 3779 (83.01%), with the remaining 773 (16.98%) being male. These figures suggest that there has been a nominal increase in the number female employees and a gradual decrease in the number of male employees over the last three years – see Figure 1 above.
2. Since reporting last year, there has been a slight increase and continued overrepresentation of females in the lower Quartiles of pay: Quartile 1 (Q1), Quartile 2 (Q2) and Quartile 3 (Q3). However, there is underrepresentation by 9.93% in the highest quartile (Quartile 4 - Q4). Contrastingly, in the same period the number of males employed by the Trust in the lowest pay quartile (Q1) has decreased by 1.05%, and the number of those in the highest quartile of pay has increased slightly (by 0.53%) - see Figure 2 below for detail.

The Trust continues to address the challenges highlighted in Figures 1 and 2, however there are a number of societal and market challenges:

- For a labyrinth of traditional and economic reasons, it has proven difficult to attract males to lowest quartile (Q1) roles.
- A purposely inclusive recruitment approach has been adopted for the most senior (Q4) roles. However, in spite of recent efforts to attract diverse candidates for the role of Chief Finance Officer, the market has only delivered male applicants.
- Our recently advertised COO role has been offered to a female candidate.

Figure 2: Percentage of Employees in Each Quartile



3. The results presented in Table 1 below highlight that the pay gap in the average hourly rate reported this year increased by 1.31% (from 19.14% to 20.45%). Whilst some progress was made in 2020, this year's results illustrate that there has been regression - the female position is worse off than it was three years ago. Deeper analysis 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 83.01% of our workforce yet only represent 73.08% of the workforce in the upper quartile; males represent 16.98% of our workforce but are overrepresented in the upper quartile (26.92%) – see Figure 2 above for numbers in each quartile. This means that females are underrepresented by 9.93% in the senior bands and males overrepresented by 9.94%.

Table 1: Gender Pay Gap

Gender	Average Hourly Rate 2019-20	Average Hourly Rate 2020-21	Average Hourly Rate 2021-22
Male	21.14	22.29	23.74
Female	16.90	18.02	18.88
Difference	4.24	4.27	4.85
Pay Gap %	20.07	19.14	20.45

4. The proportion of females in the lowest quartile of pay (86.80%) represents a slight increase from 85.75% in the previous year: a higher figure than the proportion of females employed in the Trust (83.01%).
5. We currently employ 1832 staff on a part time basis – in the previous year this figure stood at 1816 people. 92.68% of part time staff are female – this figure represents a slight increase from 92.19% the previous year.
6. It should be noted that the calculation of the hourly rate is based on the gross pay after any deductions for salary sacrifice. As at March 2022, a total of 147 staff were on the childcare salary scheme, 131 (89.12%) of them were female. This ratio is consistent with previous trends: last year 169 people used the childcare salary sacrifice scheme and 152 (89.94%) of them were female. This trend is largely underpinned by societal values and expectations – it has a disproportionate impact on the hourly rate of female staff resulting in a lower average.
7. 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:
  - First, the word ‘bonus’ is perceived as inappropriate in an NHS context. CEAs are not a one-off annual performance payment as would be made by private sector. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
  - Second, this system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
  - Third, many of the CEAs that are still being paid out are historic and will be maintained until the recipient’s retirement.

That noted, the data presented in Table 2 below suggests that the average bonus pay gap at Berkshire Healthcare has decreased by 11.03% (from 37.00% in 2020-21 to 25.97% in 2021-22). In 2020-21, the Trust used the nationally agreed system presented above and split the CEAs equally (pro-rata) amongst all eligible Consultants due to Covid-19. This approach exacerbated the pay gap seeing that the majority (70%) of the part-time cohort were female and 30% were male. In 2021-22 equal bonus payments were made to all eligible male and female Consultants in the Trust, irrespective of whether or not they were full-time or part-time without any pro-rata calculations.

However, as stated above the gender pay gap 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.

Table 2: Average Bonus Pay

<b>Gender</b>	<b>Average Bonus Pay 2019-20</b>	<b>Average Bonus Pay 2020-21</b>	<b>Average Bonus Pay 2021-22</b>
<b>Male</b>	9056.48	8,086.07	6,906.77
<b>Female</b>	5104.27	5,094.43	5,113.12
<b>Difference</b>	3952.21	2,991.63	1,793.65
<b>Pay Gap %</b>	43.64	37.00	25.97

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## Actions for the Trust to take

The actions proposed to address the Gender Pay Gap will be considered and agreed as part of the refreshed ED&I Strategy.

The following actions are currently proposed:

- We need to increase the focused work to attract more males to work for the Trust, particularly at entry level and in part-time roles. Adverts and social media include an increased number of photographs of our male workforce, but over the coming 12 months, however significantly fewer men than women enter the degrees which are needed for many of our clinical roles such as audiology, speech and language therapy. We need to identify more ways of making these roles an attractive choice for men to study either at university or through degree apprenticeships
  - Continue to support the development of female staff through mentoring, leadership development and talent management. We need to focus on ensuring that our female staff at lower bands have the confidence, skills and are supported to apply for our more senior posts at band 8A and above, including executive posts.
  - Although the Terms and Conditions do not allow the legacy Consultant bonus payments to be changed, the Trust should continue exploring every opportunity, within the confines of national guidance for Local CEA (bonus payments), to ensure that the gender pay gap arising from Consultant bonus payments continues to reduce year on year.
  - Share our Gender Pay Gap position (as reported) with all our staff, including the actions we will take to improve our position.
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# Appendices

Table 4: Average and Median Hourly Rates

Gender	Average Hourly Rate	Median Hourly Rate
Male	23.74	20.90
Female	18.88	17.35
Difference	4.85	3.55
Pay Gap %	20.45	17.01

Table 3: Number of employees in each quartile (Q1 low pay to Q4 high pay)

Quartile	Female	Male	Female %	Male %
Quartile 1	986.00	150.00	86.80	13.20
Quartile 2	995.00	145.00	87.28	12.72
Quartile 3	943.00	163.00	85.26	14.74
Quartile 4	855.00	315.00	73.08	26.92

Table 5: Bonus Payments

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	6,906.77	3,745.29
Female	5,113.12	3,745.29
Difference	1,793.65	0.00
Pay Gap %	25.97	0.00

Table 6: Payment of Bonuses by Gender

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	40.00	4000.00	1.00
Male	38.00	821.00	4.63