

# Disability Pay Gap Reporting (DPG) for the year 2022-2023

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<b>Purpose of Report</b>	This report sets out an analysis of the Trust's Disability Pay Gap Report for 2022-2023

## 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.
- Berkshire Healthcare's Median Disability Pay Gap in 2022-2023 was -4.95%. This means that on average our disabled colleagues earn £0.72p more than 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.
- 8.18% (413) of our workforce are 'Not Stated' which needs more exploration to understand how this could influence the pay gap further. Colleagues in bands 8c, 8d, 9, Medical, and the Board are our highest categories of staff who have not declared their disability status.
- The majority of the pay bands are broadly representative of the organisation's overall workforce disability ratio (6.41%), There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. There is underrepresentation of disabled colleagues in band 6 by 0.19%, and 8a by 0.38%. We have no disability representation at band 8c, although this is also one of the highest groups that have not disclosed their status.
- 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 work closely with our Diversity Steering Group, staff networks, Purple Network, Trade Unions and other stakeholders to develop an effective action plan. This action plan will sit within the Trust's overall EDI action plan and agreed priorities.



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

Although not yet mandated to do so, Berkshire Healthcare will publish its first Disability Pay Gap report alongside its mandated Gender Pay Gap report. We believe this is an important step on our journey towards greater equality, diversity and inclusion.

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.

As this is the first year, we are reporting on this, we cannot compare the figures with the previous year. But this does give us a basis on which to build and ensure that we have equality in pay when it comes to disability.

## 2. Our Disability Pay Gap Report in Berkshire Healthcare

Our Disability Pay Gap report for 2022/2023 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 Berkshire Healthcare.
- Recommendation as to any future action to reduce any inequality

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 disabled employee and the middle non-disabled employee, when all of the employees are listed from the highest to the lowest paid.

## 3. Our Disability Profile in Berkshire Healthcare – 2022 / 2023

Data collected shows that our workforce consists of 4,968 people.

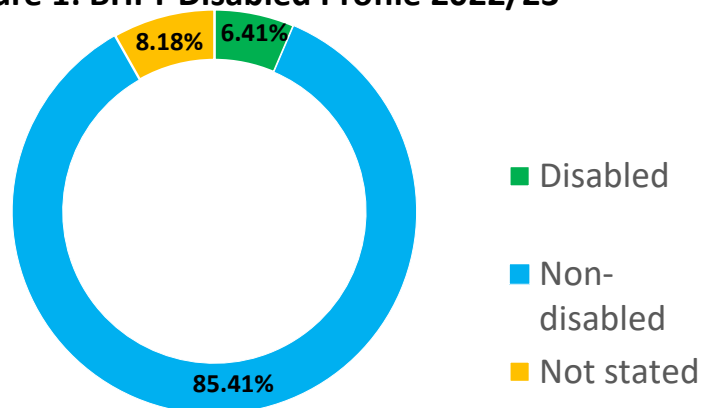
The number of Disabled colleagues has increased by 63 to 318 from 255.

6.41% of our colleagues are declared Disabled, compared to 5% last year.

318 are Disabled and 4,237 are non-disabled and 413 have not stated.

Figure 1 below shows our Disabled profile.

**Figure 1: BHFT Disabled Profile 2022/23**



According to UK Disability Statistics, approximately 22% of people in the UK are disabled.

**Figure 2: Berkshire Healthcare workforce compared to Berkshire Population**

(From census data, 2021)

	Disabled	Non-disabled	Not stated	Total
<b>BHFT Workforce</b>	318 (6.41%)	4,237 (85.41%)	413 (8.18%)	4,968
<b>Berkshire Population</b>	135,102 (13.40%)	811,294 (80.60%)	59,988 (6%)	1,006,384



**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.

#### 4. Median and Mean Hourly Rate in Berkshire Healthcare

**Figure 3: Disability Pay Gap 2022/23**

Disability	Mean Hourly Rate	Median Hourly Rate
Yes	£20.04	£14.53
No	£19.98	£13.81
Not Stated	£26.48	£14.11
Difference	0.06	0.72
Pay Gap %	-0.30%	-4.95%

The mean hourly pay for disabled colleagues is £0.06p more than non-disabled colleagues, which is a negative gap of 0.30% in favour of disabled colleagues.

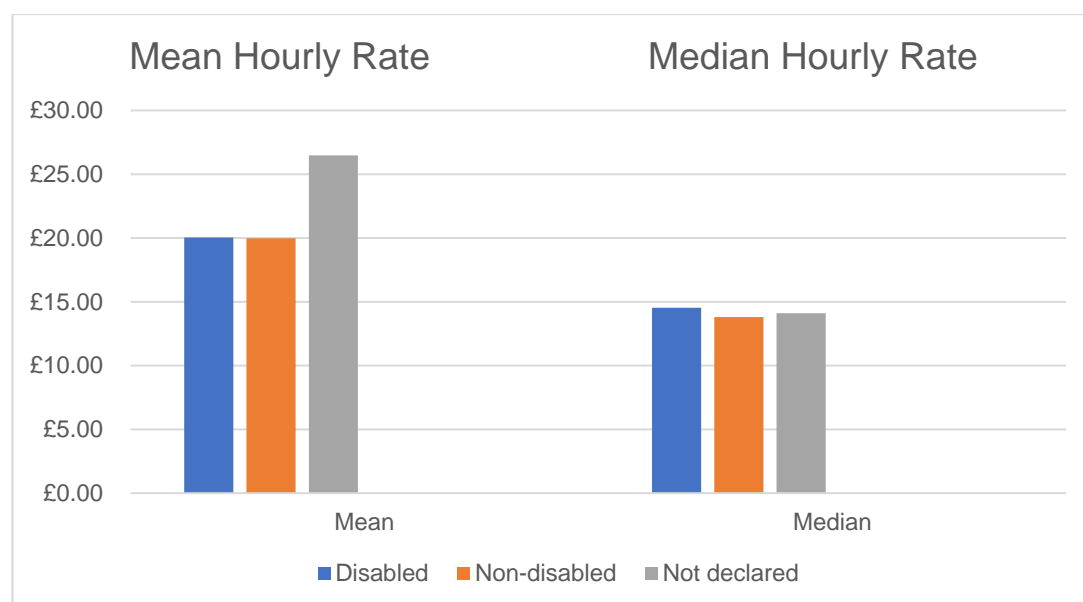
The median pay for disabled colleagues is £0.72p higher than non-disabled colleagues, which is a negative gap of 4.95% in favour of disabled colleagues. This means that, on average, disabled colleagues earn slightly more than non-disabled colleagues.

However, more exploration is needed to understand the ‘not stated’ population as this is 8.18% (413) of the workforce, and this group on average earns up to £6.44 more an hour than our disabled colleagues and £6.50 more than non-disabled colleagues. Therefore, to give us a true reflection of our pay gap, we need more colleagues to declare their disability status.

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.

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**



## 5. Disability Profile by pay band and quartiles in Berkshire Healthcare 2022-2023

All BHFT staff, except for medical staff, executive (6) and very senior managers (3) 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 4: Disability Profile by Pay Band and pay quartile**

Grouped Pay Scale	Female		Male		Total
	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	3	60.00%	2
Apprentice	2	12.50%	14	87.50%	
Band 2	11	4.87%	196	86.73%	19
Band 3	27	4.27%	566	89.42%	40
Band 4	61	7.80%	671	85.81%	50
Band 5	49	8.02%	531	86.91%	31
Band 6	60	6.22%	849	88.07%	55
Band 7	63	7.13%	757	85.73%	63
Band 8a	22	6.03%	327	89.59%	16
Band 8b	11	6.71%	142	86.59%	11
Band 8c	0	0.00%	50	84.75%	9
Band 8d	3	8.82%	27	79.41%	4
Band 9	1	9.09%	9	81.82%	1
Board	1	7.70%	6	46.15%	6
Medical & Dental	7	3.47%	91	45.05%	104
<b>Grand Total</b>	<b>318</b>	<b>6.40%</b>	<b>4239</b>	<b>85.33%</b>	<b>411</b>

Figure 4 details the number and percentage of disabled and non-disabled colleagues within each pay band.

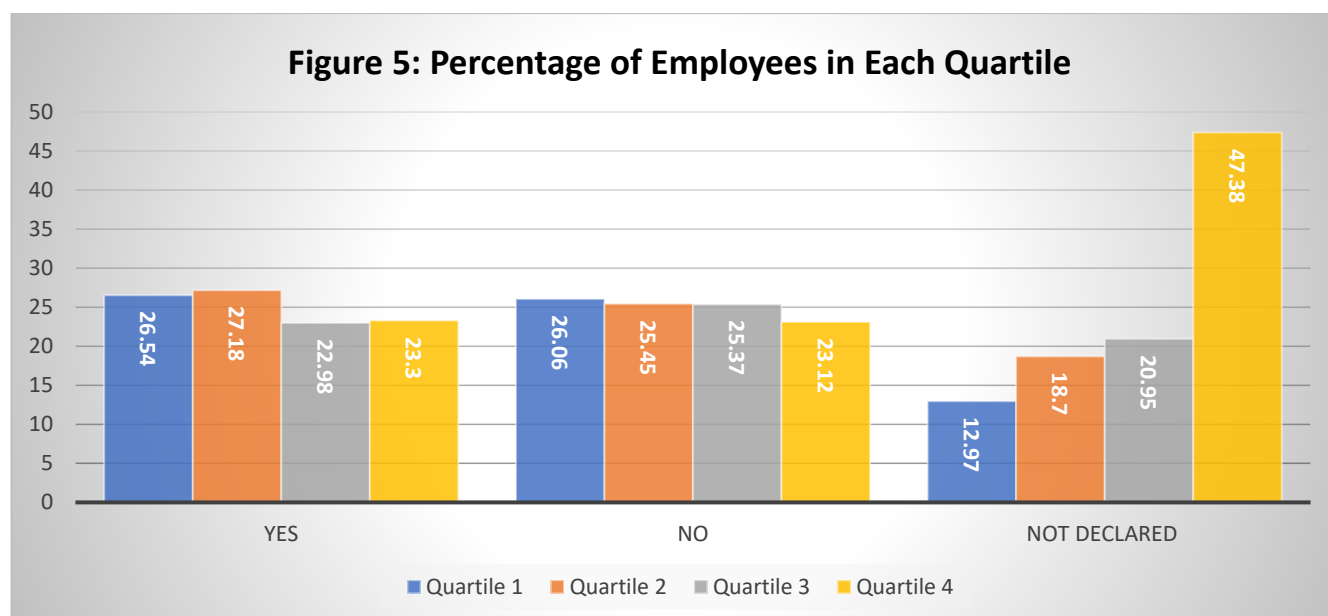
A majority of the pay bands are broadly representative of the organisation's overall workforce disability ratio (6.41%).

There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. There is underrepresentation of disabled colleagues in band 6 by 0.19% and 8a by 0.38%

We have no disability representation at band 8c, although this is also one of the highest groups that have not disclosed their status.

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

Figure 5 below, shows the breakdown into pay quartiles. Overall, the difference between disability and non-disability is around 1-2% in each quartile. Disability % is higher in all pay quartiles with the exception of middle upper quartile (quartile 3).





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

**Figure 6: Disability breakdown of bonus payments in Berkshire Healthcare**

	Count of Disability	%
No	43	60.56%
Yes	2	2.82%
Not Stated	26	36.62%
<b>Grand Total</b>	71	

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 – 71 in the group. 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.
- Many of the CEA’s that are still being paid out are historic and will be maintained until the recipient’s retirement.

## 7. Conclusion and recommendations

Actions to further improve the Trust's disability 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 the Trust has refreshed its strategy and has committed to:

- Scale workforce gap closing action including international recruitment, apprenticeships and streamline student placement employment offer. Attraction focus widens into schools, T levels, NHS Reservists and underrepresented groups including veterans – this will support our aim to try and increase the diversity of our workforce at all levels in all pay quartiles.
- Internal matching to place staff into roles prior to external recruitment – in time this could help our disabled workforce with progression and carer development.
- Recruitment and onboarding process improvement supported by automation and customer focused recruit/candidate connection prior to start – will be developed alongside our review of inclusive recruitment to ensure removes any bias.
- Talent management cycle/pooling and leadership programme development. Service management skills set development – this will support our disabled staff to progress and develop their careers within BHFT.
- Streamline internal progression path (competency based) with smooth upward grade movement – providing more opportunity for disabled workforce to progress up bands.

As part of our EDI priorities work, we will have key areas of focus which are designed to reduce/eliminate Pay Gap. Within our EDI Priorities outlined in the EDI and People Strategies, our disability Pay Gap actions will focus on 5 key areas:

- Inclusive Recruitment – consider as to how we might increase underrepresented groups in all quartiles. We will remain a Disability Confident Leader.
- Pay and Reward - although the NHS Terms and Conditions do not allow the legacy Consultant bonus payments to be changed, we will explore further to ensure that disability is looked at against this. Also exploring the disability pay gap through an intersectional lens is vital to understanding the different dimensions of historically marginalised groups. Looking at the disability pay gap through regions, departments and job role will provide useful insight but also for managers and leaders to take action.
- Learning and Development – we need to ensure our disabled colleagues at lower bands are supported to access development and apply for posts at band 8A and above.
- Culture and Engagement – we need to share our disability pay gap position with our staff and include them in the co-production of any action plan. We will continue to publish disability pay gap every year from now on, and we hope this will encourage others to do the same. We also need to encourage and support people to self-declare on ESR, as 8.18% (413) of our workforce have not stated their disability, and this could have further bearing on the pay gap and the action we take.
- Ways of working – continue to embed flexible working and ensuring our people policies are supportive and enabling of greater flexibility in the way we deliver our services.

We will develop dedicated and detailed actions in collaboration with our Diversity Steering Group, Purple Network, Trade Unions and other stakeholders. This will also intertwine with our WDES action plan.



**Berkshire Healthcare**  
NHS Foundation Trust

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