**Gender Pay Gap Report**

**31 March 2024**

**Date: April 2024**

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**Introduction**

Welcome to the Gender Pay Gap report for March 2024 for Bridgewater Community Healthcare NHS Foundation Trust (the Trust).

Outlined in this report are the results for our gender pay gap for 31 March 2024 with a comparison to previous years showing any changes, both positive and negative. There is also a brief overview of the work programmes being delivered to improve equity and workplace experience for our female staff.

Since 2017 Gender Pay Gap legislation has required all employers with more than 250 staff to publish annual information on the pay gap between their male and female staff. For public sector organisations such as the NHS the snapshot date for data capture is 31 March every year.

The Gender Pay Gap regulations require six figures to be reported annually:

* Mean (average) gender pay gap in hourly ordinary pay
* Median (middle) gender pay gap in hourly ordinary pay
* Mean (average) gender pay gap in bonus pay
* Median (middle) gender pay gap in bonus pay
* Proportion of men and women in each pay quartile
* Proportion of men and women receiving bonus pay

Ordinary pay includes basic pay, allowances, and enhanced and special duties pay. It does not include any type of bonus pay. For this calculation just the snapshot date is used, so if staff were not paid for any reason (career break, or statutory sick or maternity pay for example) on 31 March 2024 they are not included.

Bonus pay in the Trust relates to Clinical Excellence Awards, a national scheme for medical consultants that recognises contribution to high quality care, and service improvement and innovation. The relevant dates for bonus pay are the full financial year, so in this report 1 April 2023 to 31 March 2024.

More information on gender pay gap and calculations can be found on the Government website at <https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers>

The Trust understands the importance of gender pay equity not just as an employer but also how it impacts at a personal and societal level. We understand that there are many factors that can contribute to the gender pay gap, and we are continuing to further embed the use of equality analysis and impact assessments across all areas of business so that we can be assured that everything we do supports gender equality, and the equality of all protected characteristic groups.

**Equitable and transparent pay**

As an employer we are committed to ensuring that our pay practices are transparent, fair, and equitable.

It is important to recognise that the gender pay gap is not the same as equal pay. Equal Pay legislation relates to unequal pay, a difference in pay between a man and a woman, or a group of men and a group of women, doing the same or a similar job (or a job of equal value) – unequal pay is unlawful, unless objectively justified showing the treatment being proportionate as a means to achieving a legitimate business aim.

The gender pay gap shows the difference in average pay of all men and all women employed by an organisation – everyone, in every role. It is possible to have equal pay within an organisation while still having a gender pay gap, however it should be noted that a particularly large gender pay gap can indicate pressing issues needing to be addressed.

As a Trust we operate the national NHS Job Evaluation Scheme and Terms and Conditions of Service. Roles in the Trust are placed within one of these agreed pay grades, with grades being determined based on level of responsibility, qualification, and experience required to effectively undertake the job.

Progression for all staff in Agenda for Change pay bands from 2021 is through the nationally agreed pay step progression process which we have assessed for equality impact internally, noting that this has also had a national equality assessment. We also operate Medical and Dental pay and terms. The Trust works closely with staff-side colleagues to ensure the schemes are implemented fairly and consistently at every stage of employment.

It is important to note is that staff are positioned within the national pay scales based on length of service and experience. Jobs may be rated as equivalent by banding and have staff within the same job role at different points of the pay spine; this will be as a consequential result in pay differentials and differences in hourly rates

**It is important before we begin to highlight that while the national reporting mandate for the gender pay gap is for the binary norm of male and female, as a Trust we recognise that not all staff will identify within these confines. We are working to engage with these staff, to listen to their lived experience so that we can ensure that their employment experience is equitable, and that they feel supported, valued, and included within the team that is Bridgewater.**

**Results for 31 March 2024**

**Ordinary pay**

On 31 March 2024 we employed 1,609 staff who were relevant to gender pay gap reporting, including bank staff paid for work in the relevant period, and excluding substantive staff on statutory sick or maternity pay only on that date for example.

Tables 1 and 2 shows the number of female and male staff in each pay quartile, the division of female and male staff into four roughly equal groups based on hourly pay.

***Table 1: Showing the numbers and percentages of female staff in the four pay quartiles at 31st March 2024***

|  |  |  |
| --- | --- | --- |
| Quartiles – Female Workforce | **Total** | **Percentage %** |
| 1 | **325** | **84.6** |
| 2 | **372** | **92.8** |
| 3 | **375** | **91.7** |
| 4 | **354** | **85.3** |

***Table 2: Showing the numbers and percentages of male staff in the four pay quartiles at 31st March 2024.***

|  |  |  |
| --- | --- | --- |
| Quartile – Male Workforce | Total | Percentage % |
| 1 | **59** | **15.4** |
| 2 | **59** | **7.2** |
| 3 | **34** | **8.3** |
| 4 | **61** | **14.7** |

Table3 shows the mean and median gender pay gap results for 31 March 2024.

***Table 3: Showing the mean and median hourly rate of pay for female and male staff, and the gender pay gap shown as both a monetary value and as a percentage. At 31 March 2024.***

|  |  |  |
| --- | --- | --- |
|  | Mean hourly rate of pay | Median hourly rate of pay |
| Female | **£19.01** | **£17.68** |
| Male | **£21.82** | **£18.09** |
| Pay Gap monetary value | **£2.81** | **£0.41** |
| Pay Gap percentage value | **12.88%** | **2.29%** |

**Bonus pay – results for year ending 31 March 2024**

Bonus pay for the Trust refers to Clinical Excellence Awards; this is a national scheme that recognises and rewards consultants who contribute most to the delivery of safe and high-quality care to patients and to continuous improvement of NHS services. This is awarded annually based on a full year, April to March, and is determined by a panel convened to review applications made.

In 2023 – 2024 less than 10 members of staff received Clinical Excellence Awards.

The percentage of female and male staff receiving a clinical excellence award, and the mean and median bonus gender pay gap results can be seen in Table 4 below.

***Table 4: Showing the bonus pay gender pay gap for 2023/2024.***

|  |  |  |
| --- | --- | --- |
| Bonus Pay | | |
| Female bonus pay as a monetary value | **£7,505** |
| Females receiving bonus pay as a percentage of overall workforce | **0.4%** |
| Male bonus pay as a monetary value | **£7,505** |
| Males receiving bonus pay as a percentage of overall workforce | **1.06%** |
| Difference as a monetary value | **£0.00** |
| Mean Pay Gap as a percentage value | **0%** |
| Median Pay Gap as a percentage value | **0%** |

**Comparison to previous years: 2017 to 2024**

**Overall workforce**

To begin to understand the gender pay gap in the Trust it is important to start by looking at the workforce, and the changes that have taken place in the years since gender reporting began.

As a Trust, Bridgewater has seen significant changes in its workforce since the start of gender pay gap reporting.

For example, reflecting the changing landscape of the NHS and the move to place-based systems i.e. borough and regional footprints, a number of services have left the organisation to join Trusts in Greater Manchester, Cheshire, and Merseyside.

In addition, we have seen some services move into Bridgewater, particularly specialist dental services from across the region and in 2023 the Community Infection Prevention and Control team for Halton, St Helens, and Warrington.

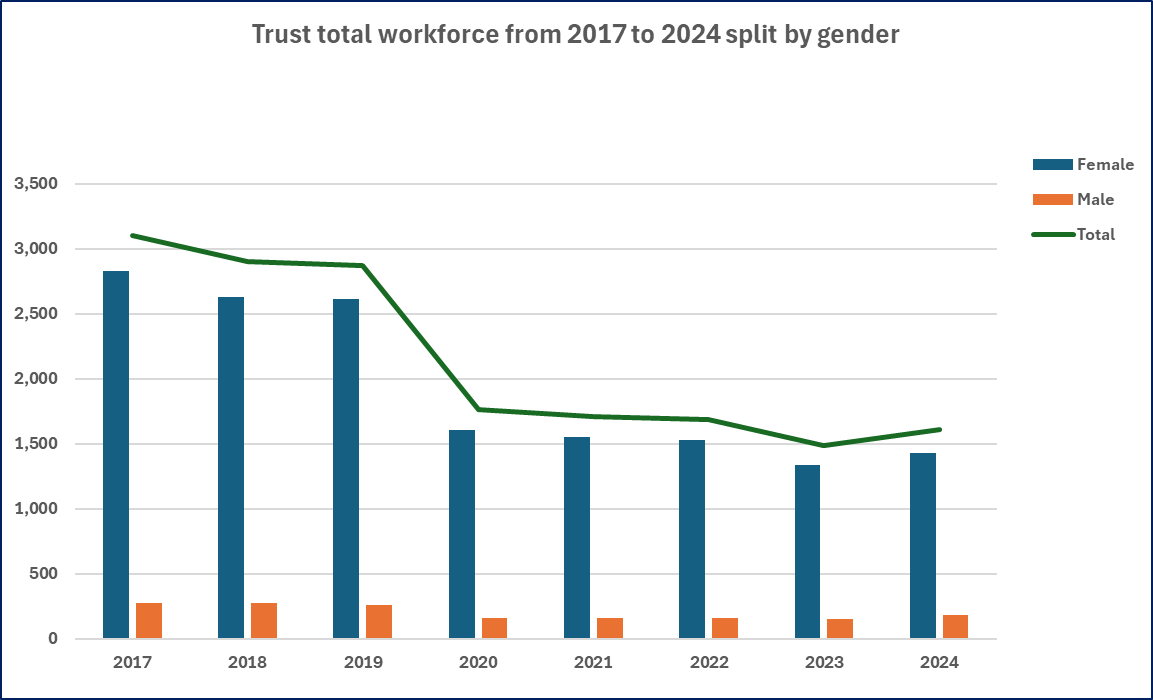
These changes to the overall workforce can be seen in Table 5, below, which gives the female and male workforce totals for 2017 to 2024.

***Table 5: Showing the number of female and male staff from 2017 to 2024.***

|  |  |  |
| --- | --- | --- |
|  | Total Female Staff | Total Male Staff |
| 2017 | 2828 | 276 |
| 2018 | 2628 | 273 |
| 2019 | 2614 | 257 |
| 2020 | 1601 | 160 |
| 2021 | 1550 | 158 |
| 2022 | 1524 | 160 |
| 2023 | 1334 | 152 |
| 2024 | 1426 | 183 |
| Workforce reduction from 2017 | 49% | 33% |

Figure 1 visualises the changes in overall staffing by gender from 2017 to 2024. The reduction in staff can be clearly seen, approximately halving the overall staff number from 2017 to 2024.

***Figure 1: Showing the total workforce by female and male from 2017 to 2024 to demonstrate the overall workforce reduction.***



It is observed that against the recent trend for a reduction in the workforce, the overall workforce has increased by 8% in the last 12 months, this has not been reflected evenly in the gender increase in staffing:

* The female workforce has increased by 7% since 31st March 2023.
* The male workforce has increased by 20% since 31st March 2023.

In 2023 – 2024 84.5% of new starters were female, and 15.5% were male. Recruitment of male staff was over-represented in Administrative and Clerical role, and under-represented in Nursing and Midwifery and Medical and Dental staff groups.

**Quartiles**

Looking next at the changes in quartiles between 2017 and 2024, it can be observed in table 6 below that the reduction in total numbers of female and male staff in each quartile are not comparable.

The table details the numbers, but to summarise the years 2017 and 2024:

* In quartile 1 the number of female staff has roughly halved, but the number of male staff has increased.
* In quartiles 2 in 2024 the number of female staff is 47% that of 2017, and for male staff this is 44% of the 2017 total.
* In quartile 3 significantly the number of female staff is 57% that of 2017, and the number of male staff is 68% of that in 2017.
* And in quartile 4 the number of female staff is 48% that of 2017, and for male staff 57% of that in 2017.
* It is these latter two figures that it is suggested can greatly influence gender pay gaps, moving as they do the mean and median figures for male staff in particular when compared to female staff.

***Table 6: Showing the number of female and male staff by quartile from 2017 to 2024.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Female Quartile 1 | Male Quartile 1 | Female Quartile 2 | Male Quartile 2 | Female Quartile 3 | Male Quartile 3 | Female Quartile 4 | Male Quartile 4 |
| 2017 | **637** | **53** | **796** | **66** | **658** | **50** | **737** | **107** |
| 2018 | **663** | **57** | **597** | **58** | **748** | **53** | **620** | **105** |
| 2019 | **660** | **57** | **621** | **61** | **626** | **42** | **707** | **97** |
| 2020 | **396** | **44** | **417** | **24** | **414** | **26** | **374** | **66** |
| 2021 | **377** | **50** | **404** | **23** | **398** | **29** | **371** | **56** |
| 2022 | **371** | **50** | **391** | **30** | **395** | **26** | **367** | **54** |
| 2023 | **328** | **44** | **347** | **24** | **343** | **29** | **316** | **55** |
| 2024 | **325** | **59** | **372** | **29** | **375** | **34** | **354** | **61** |

In the Trust the Agenda for Change and Medical and Dental pay scales inform the majority of staff pay. This supports equal pay for equal work while slight variations in final salary, and therefore hourly rate, reflect levels of experience and length of service-based pay progression in each staff role.

The figure to follow on page 10 shows the percentage breakdown of the overall Trust workforce by staff group. It is observed that the two biggest staff groups are Nursing and Midwifery at 34.2% of the overall workforce, and Administrative and Clerical at 25.9% of the overall workforce.

***Figure 2: Showing the overall workforce by staff group as a percentage at 31st March 2024.***

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**Nursing and Midwifery**

Further analysis of the Nursing and Midwifery staff group notes the majority of staff in Agenda for Change pay bands 5 to 7, with small numbers in lower or higher pay bands dependant on post and role.

Due to the large numbers involved in this staff group, and the necessary calculations for gender pay gap reporting there are cross overs for hourly rates across the quartiles, e.g. there are Band 6 staff in both quartile 3 and quartile 4.

A review of this staff group reveals a diversity of individual post titles, but looking more specifically at roles it can be observed that the largest staff group is the Community Nurses group followed by the Community Practitioner group, between them making up 75% of the overall staff group composition. 97% of this staff group are female.

**Administrative and Clerical**

The Administrative and Clerical staff group differs from the Nursing and Midwifery staff group at quartile 3 where there is a significantly smaller number of Administrative and Clerical staffing than in the other three quartiles.

Again, this is reflective of the post types, particularly the diversity of these, in this staff group. Within the Administrative and Clerical staff group there are most corporate roles, some clinical service support roles, and importantly most of the Board level roles (excluding those Board members who are clinical or Medical and Dental staff). 82.9% of this staff group are female.

**Additional Clinical Services**

Additional Clinical Services are the third highest group. Analysis shows they are only represented in quartiles 1 to 3, this reflects the roles within this group, the majority being Health Care Support Workers, and Healthcare Assistants.

Many trainees and apprentices are within this staff group; this reflects the Trust commitments to growing our own workforce, and creating the opportunities for existing staff and also those new to the NHS to undertake training and qualifications that can lead to further careers in the NHS. 92.4% of this staff group are female.

**Allied Health Professionals**

Allied Health Professionals are the next group, they represent the Trust’s therapies workforce, including Physiotherapists, Occupational Therapists, Podiatrists, and Speech and Language Therapists.

This group are not represented at quartile 1, reflective of the skills, qualifications, and experiences that have informed Agenda for Change job evaluation. Females make up 79.6% of this group.

**Additional Professional Scientific and Technical**

Additional Professional Scientific and Technical staff group roles cover a wide range, including Dental staff, warehouse technicians and drivers, hearing screening staff, and some leads for services such as Audiology and Medicines Management.

It is this diversity of roles that means the staff group is represented across all four quartiles – very different jobs all sitting within one staff group. Female staff make up 83% of this staff group.

**Medical and Dental**

There are 68 members of staff in the Medical and Dental staff group, most in the Dental services across the boroughs. This group includes Trust Consultants, Specialist medical roles, and Senior Dental Officers. The role requirements reflect on pay meaning this group is represented within quartile 4, and 82.3% of this group are female.

**Ordinary pay**

The information to follow offers a comparison of gender pay gaps for ordinary pay.

Table 7 shows the change to both mean and median gender pay gaps as a percentage from March 2017 to March 2024. It can be observed that results have fluctuated, but overall pay gaps are reducing for the Trust.

***Table 7: Showing mean and median gender pay gap results by percentage from 2017 to 2023.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mean Gender Pay Gap | Median Gender Pay Gap | Total Female Staff | Total Male Staff |
| 2017 | 23.52% | 8.48% | 2828 | 276 |
| 2018 | 23.87% | 7.34% | 2628 | 273 |
| 2019 | 22.38% | 1.54% | 2614 | 257 |
| 2020 | 25.34% | 9.19% | 1601 | 160 |
| 2021 | 16.24% | 4.13% | 1550 | 158 |
| 2022 | 14.45% | 0.34% | 1524 | 160 |
| 2023 | 15.97% | 3.16% | 1334 | 152 |
| 2024 | 12.88% | 2.29% | 1426 | 183 |

Table 8 shows the change to both mean and median gender pay gaps as a monetary value from March 2017 to March 2024.

***Table 8: Showing the mean and median gender pay gaps as a monetary value from 2017 to 2024.***

|  |  |  |
| --- | --- | --- |
|  | Mean Gender Pay Gap £ | Median Gender Pay Gap £ |
| 2017 | £4.55 | £1.27 |
| 2018 | £4.84 | £1.16 |
| 2019 | £4.53 | £0.24 |
| 2020 | £5.56 | £1.56 |
| 2021 | £3.28 | £0.67 |
| 2022 | £2.96 | £0.05 |
| 2023 | £3.48 | £0.55 |
| 2024 | £2.81 | £0.41 |

**Median and Mean Gender Pay Gaps**

The median gender pay gap has always been the smaller gap between female and male pay in the Trust, we believe this reflects the Agenda for Change pay bands and the large numbers of staff who sit within this pay scale:

* More than 1,000 members of staff (approximately 62%) of the total workforce are paid between £10 - £20 per hour, based on Gender Pay Gap calculations.
* A further 490+ are paid between £20 and £30 per hour, 30.6%.
* Smaller numbers of staff are paid between £30 and £50 per hour, and then very small numbers are at either end of the hourly rate scale.
* This means that the median figure is very broad, and with both male and female staff in Agenda for Change bands, analysis returns as similar figures for median hourly pay.
* There are influences that prevent this being a matching figure. It was referenced earlier that Medical and Dental roles are represented within quartile 4, and within Medical and Dental roles the percentage of males in the workforce is higher than in the overall workforce.
* Further roles at opposite ends of the hourly rate also move the median figure for male staff particularly, for example executive roles at the higher quartile range are over-represented of males compared to the overall workforce (though the Trust has a positive gender split for female staff at Executive Board), and at the other end where there is a greater percentage of female staff in trainee roles.

The mean or average Gender Pay Gap figure the Trust believes to be influenced by the significant differences in the percentage of female and male staff in the Trust workforce. Data published by NHS Employers in 2021 showed that in the NHS in England 77% of the national workforce was female, in Bridgewater that figure is 88.6%.

* In Bridgewater 62.7% of female staff have an hourly rate of between £10 and £20, a further 31.6% have an hourly rate of between £20 and £30, and 5.4% earn more than £30 as an hourly rate.
* 59.6% of male staff have an hourly rate of between £10 and £20, 23.5% have an hourly rate between £20 and £30, and 14% earn more than £30 as an hourly rate. It is this last figure that greatly influences the mean Gender Pay Gap, increasing as it does the overall earnings for all male staff in the Trust.
* This data has been explained through the details provided about pay scales, positions etc.
* As a Trust we are aware that there are roles and posts, particularly in community health provision and administration that have traditionally been viewed as female jobs.
* As an employer we are committed to actions that will positively support gender equality in the workplace, and the reduction of the Gender Pay Gap, more detail is included in the Current Work section, and includes leadership development, flexible working, carers support, and career development opportunities.

**Bonus pay**

Due to the very small numbers of staff involved a comparison with previous years is not provided, however all previous gender pay gap reports can be viewed at <https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/>

**Current and future work programmes**

The Gender Pay Gap is an equality issue, and the Trust is committed to creating an employment offer and workplace culture that supports gender equality. The Trust’s aim is to reduce the Gender Pay Gap year on year, continuing the work that has been undertaken that has seen a reduction in the pay gap since 2017.

The Trust’s Strategic Equality Objective is to *‘ensure that equality, diversity, and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff’*.

The Strategic Staff Objective is to *‘ensure the Trust is a great place to work by creating an environment for staff to develop, grow, and thrive’.*

The Strategic Objectives set out in the [Communities Matter Strategy](https://bridgewater.nhs.uk/communities-matter/) are supported by the enabling strategies for People and for [Equality, Diversity, and Inclusion](https://bridgewater.nhs.uk/aboutus/equalitydiversity/equality-reporting/).

Workforce is a core theme in the [NHS Anchor Institute](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/our-approach-to-reducing-healthcare-inequalities/anchors-and-social-value/) commitments made by the Trust. Widening access to quality work is one of the priorities of anchor institutes in the NHS, recognising as it does the vital importance of quality employment to the wider social determinates of health.

Effective actions for closing the Gender Pay Gap seek to address factors and barriers common to female staff, as well as target inequalities faced by women belonging to specific groups based on characteristics such as ethnicity and age.

We have implemented a number of actions over the last two years that have supported reduction of the Gender Pay Gap in Bridgewater, for example:

* Developing our inclusive approach to recruitment and talent management, including:
  + Where and how we recruit to increase the diversity of applicants.
  + Updated careers pages, including new Recruitment Pack.
  + Review of job description and creation of standardised job descriptions for staff groups. This has included a review to ensure exclusive and unnecessary criteria are removed where necessary, for example to support women returning to the workplace following career breaks.
  + The offers provided through apprenticeships that have seen an increase in the diversity of recruits through the support provided to those in the programmes.
  + Development of universal leadership development offers, career conversations, and access to externally funded programmes.
* Implementing the Reciprocal Mentoring for Inclusion Programme, facilitated by Liverpool John Moores University. Six mentoring pairs, with 66% female representation in the programme.
* Embedding the Just Culture Programme, including training of 30 ambassadors from across the Trust, and the role out of new supportive policy, practice, and training for management of incidents and employee relations.
* Development of the Civility and Respect Project, aligning Violence Prevention and Reduction Standard, equality, and existing bullying and harassment work in a refresh of policy, training, reporting, and communications.
* Early adopter Trust for new Wellbeing and Absence Management Policy and Toolkit, creating a person centred, and supportive and preventative approach to staff health and wellbeing. This includes:
  + Embedded health and wellbeing conversation offers at least annually within the appraisal process and at target points such as return to work interviews.
  + A new Wellbeing at Work Action Plan that replaces the current Employee Adjustment Passport to allow all staff to agree and capture support for their wellbeing at work, including carers, menopause, disability, and ill health.
* Gender Diversity in the Workplace Policy and Toolkit publication.
* Making Flexible Work campaign launched in April 2024 aligned to the priorities identified in the NHS Staff Survey action plan for the Trust. Focusing on increasing staff awareness of the options for flexible working across the Trust. Communications include posters featuring staff saying why flexible works for them, including to support unpaid caring responsibilities.

In 2024 – 2025 the Trust has identified priority action areas that should continue to support reduction of the Gender Pay Gap:

* Continued work on the NHS EDI Improvement Plan through the EDI Strategy. The Strategy commits to research and collaboration with the diversity of staff to develop action plans that create equality of opportunity and that don’t indirectly discriminate through a failure to fully recognise disadvantage, barriers, and intersectionality.
* Review of the equality impact assessment process across all Trust policy, process, service delivery, and staff offers.
* The Trust recognises intersectionality can increase inequity, for example we know that in the UK there are pay gaps and employment gaps for ethnicity and disability. With our commitments to Disability Confident, Navajo LGBT+ Charter Mark, and NHS North West Anti-Racist Framework we will consider intersectionality and the inequalities faced by women in diverse groups as part of our work in these areas.
* NHS Sexual Safety in the Workplace Charter. Board commitment made in 2023, and the Trust is awaiting publication of national policy and toolkits that will be aligned to existing Trust policy and practice for the prevention of sexual harassment at work, and support provided to staff who experience sexual harassment or domestic violence.
* Care Leaver Covenant. In 2023 the Trust Board also committed to the Care Leaver Covenant, a national inclusion programme that supports care leavers between 16 and 25 to live independently. Through prioritisation and support from recruitment into employment the Trust is supporting care leavers to develop NHS careers that can support their long term futures and wellbeing. Aligned to career options such as apprenticeships in the Trust this should support equality, including gender equality, in a group that is known to face additional challenges as a result of their early years.
* Carer Staff Support Policy publication, including additional paid carers leave of five days per year, pro rata.
* Reservists Policy and Armed Forces Toolkit to support our armed forces community, including family members managing home and family life while spouse/partner etc are mobilised/on active duty.
* A new Baby Loss Policy is being drafted based on the nationally published policy in April 2024. And the Trust is awaiting the publication of the national Menopause Support Policy.
* Consultation with the Menopause Support Network regarding its potential future remit as a women’s health network following developments such as the British Standard Institute Menstruation, Menstrual Health and Menopause in the Workplace Standard, and staff conversations regarding other fertility, ill-health, and menstrual health challenges.

**Contact details**

Thank you for taking the time to read our gender pay gap report. Should you have any queries or questions or if you would prefer the contents of this report in another language or format, please contact our Equality & Inclusion Manager in the first instance, details below.

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