

Gender Pay Gap Report 2023

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information. Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

We have therefore, decided to go beyond the specific legal requirements contained in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and to voluntarily publish this pay gap report based upon the 2017 Regulations.

This is our fifth Gender Pay Gap Report. All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2022).

This report contains the following:-

- Average & Median Hourly Rates and Pay Gaps
- Average and Median Bonus and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

Table 1. Average & Median Hourly Rates and Pay Gaps

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	23.1038	16.5214
Female	17.1672	15.4151
Difference	5.9366	1.1063
Pay Gap %	25.6954	6.6963

The gender pay gap is defined as the gap in median pay that male and female employees receive.

The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary.

The figures above highlight a gap between the average hourly pay for men and women in the organisation. Further research has been undertaken to better understand why these gaps exist, and the indications are that this could be attributable to the high numbers of women in some of the lower grades. This is coupled with a higher proportion of men in senior grades, where staff numbers are not so great, and a greater proportion of the consultant grade in the organisation being men. This is borne out by the numbers shown in Table 4 and the accompanying graph. The average and median pay gap numbers have, however reduced since the previous two years ; Average pay gap has dropped from 27.97% to 25.99% and then 25.69% and Median pay gap from 11.36% to 7.99% and then 6.69%.

Gender pay reporting is different to equal pay – equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. We are confident that men and women are paid equally for doing equivalent jobs across BCUHB. More than 93% of BCUHB staff are paid in accordance with NHS Agenda for Change Terms and Conditions – these are the national agreements on

pay and conditions of service for NHS staff other than very senior managers and medical staff.

Table 2. Average and Median Bonus and Pay Gaps**

Gender	Average Bonus (£)	Median Bonus (£)
Male	12,070.15	10,002.00
Female	9,724.69	10,002.00
Difference	2,345.46	0.00
Pay Gap %	19.43	0.00

In line with the reporting requirements, our Average bonus gap of 19.43% is based on actual bonuses and so it does not take into account part-time working. This gap has increased from the previous year figure of 16.65% in 2021.

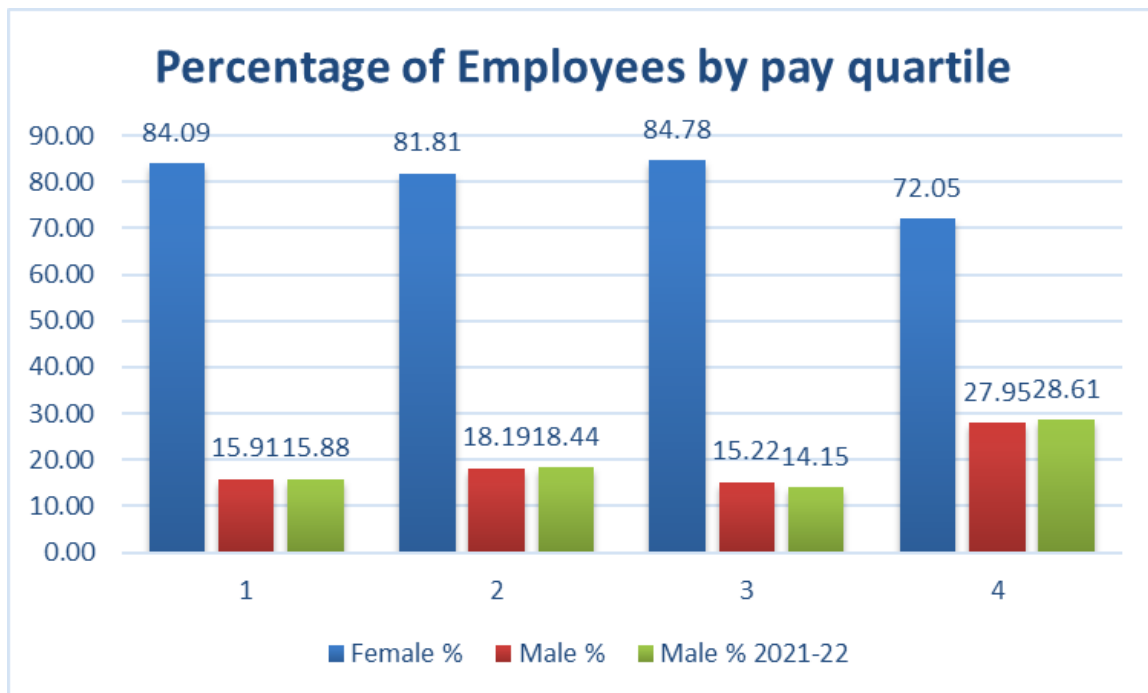
Table 3. Proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	76.00	18406.00	0.41
Male	234.00	4716.00	4.96

** Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

Table 4. Number and percentage of Employees by Pay Quartile

Pay Quartile	Female	Female %	Male	Male %
1 (Lowest)	4240.00	84.09	802.00	15.91
2	4128.00	81.81	918.00	18.19
3	4277.00	84.78	768.00	15.22
4 (Highest)	3635.00	72.05	1410.00	27.95



The table and graph demonstrate how the proportions of women and men change from lowest to highest pay quartiles, meaning that women occupy a much greater proportion of all pay quartiles than men. As there are significantly fewer men in the organisation, and more women in lower quartile roles than women in high quartile roles, this directly influences the pay gap results. It is useful to note that women occupy 72% of the highest pay quartile, but overall occupy 80% of the roles in BCUHB. Men occupy 80% of the consultant roles in the organisation – a reversal of the typical split of men and women in the organisation. This will be one of the main drivers of the pay gap. The spread of Male and Female across the pay quartiles has changed very little since 2018, however it should be noted that the proportion of men in quartiles 1, 2 and 4 have remained fairly static since the previous year, while the proportion of men in quartile 3 has increased.

Conclusions and Next Steps

The Health Board's workforce is predominantly female, this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce. We continue to work to better understand these issues. A

number of themes have emerged which will inform our future work in this area:

- 1. Work-life balance**
- 2. Networks and Support Mechanisms**
- 3. Organisational Development and Training**
- 4. Recruitment, Retention and Progression**

Statement by our Executive Director Workforce and Organisational Development

“Pay gap reporting is a vital tool in helping us understand both the organisation and tackle gender inequality at work. Creating a culture of inclusion, fairness and equity across our workforce is at the heart of our People Strategy and Plan. This is reflective of the Health Boards’ strategic equality objectives, and is supported by an increasing body of evidence, which correlates inclusion, wellbeing and the engagement of the workforce with the quality of health and care experienced by the people we serve. With this in mind, the next stage of our gender pay actions will involve improving our understanding of the professional experiences of the women in our medical workforce with aim of ensuring equitable career progression between men and women.

We are encouraged to see that the gender pay gap has reduced in pay rate again this year, and indeed our median hourly pay gap had reduced over 40% in two years.

Our move since the pandemic to agile and more flexible working continues to provide further valuable insights going forward as women hold the majority of the primary carer roles in the UK. Maintaining a clear picture of both the pay gap and lived staff experience is vital to advancing in this area. We have established a further BCUnity staff network to include the BCU GEN (gender equality network) to ensure the lived experiences and voices of both women and men, inclusive of non-binary colleagues in the organisation are heard, and will help us take the right steps as we progress.”