

Board of Directors – Meeting held in public

26.03.25

Paper title:	Gender Pay Gap 2025	Agenda Item
Presented by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Prepared by:	Lisa Wright, Head of Equality Diversity and Inclusion (EDI)	
Committees where content has been discussed previously	Strategic Staff EDI Partnership	
Purpose of the paper Please check ONE box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	√
	Belonging to our organisation	√
	New ways of working and delivering care	√
	Growing for the future	√
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	√
Making Best Use of Resources	Financial sustainability	√
	Our environment and workplace	
	Giving back to our communities	√
Being the Best Partner	Partnership	√
Good governance	Governance, accountability & oversight	√

Purpose of the report
This report presents the Trusts gender, ethnicity and disability pay gaps as measured on 31.03.24. Publishing the gender element is a requirement of the Equality Act 2010 and Gender Pay Gap 2017 Regulations.

Executive Summary

This is the eighth year that the Trust will be publishing its gender pay gap. The data is taken as a snapshot of the workforce on 31.03.24. The mean pay gap is 5.62% a reduction from 5.86% in 2024 and 7.89% in 2023. The mean bonus gender pay gap is -31.92% a reduction from -22.15% in 2024. The ethnicity pay gap is 11.29% an increase from 8.40% in 2024 but lower than 13% in 2023. The disability pay gap is 5.94% an increase from 5.57% in 2023 but less than 6.20% in 2023. The Trust performs in the top quartile of similar sized NHS organisations for its gender pay gap. Benchmarking data is not currently available for the ethnicity and disability pay gaps.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

☒ **Yes** (please set out in your paper what action has been taken to address this)

☐ **No**

Recommendation(s)

The Board of Directors is asked to:

- Note the approval to publish this report as evidence of our compliance with the Equality Act Regulations 2017 given in March 2025.
- Note that the data will be uploaded to the government Gender Pay Gap website for benchmarking with other organisations and businesses across England.

Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> Responsive | |

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Equality Act Regulations 2017.
- NHS England EDI Improvement Plan 2023.

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Gender Pay Gap 2025

1 Purpose

The Equality Act 2017 Regulations require organisations with more than 250 staff to publish their gender pay gap (GPG) and bonus gender pay gap (BGPG) data on the Governments reporting website by 31st March annually. There is clear guidance¹ on how to carry out the calculations in a way that can be benchmarked nationally. The data is a snapshot of the workforce on 31st March from the previous year meaning the data presented here is from 31st March 2024. This is the eighth year that the data has been reported and **appendix 1** shows the trends that are developing with the data.

It was agreed at the Senior Leadership Team in 2022 that additional data would be outlined within this report annually to build a bigger picture of the Trust's performance with pay gaps affecting ethnically diverse and disabled staff. This was made a requirement of the NHS England EDI Improvement Plan² in 2023 within the expectations set out for high impact action three 'develop and implement an improvement plan to eliminate pay gaps'. The requirements for this action are:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards (2024 for sex and race, disability by 2025 and other protected characteristics by 2026).
- Implement an effective flexible working policy including flexible working options on organisations' recruitment campaigns (2024).

The Trust is ahead in implementing these requirements. A summary of the Mend the Gap recommendations is included in **appendix 2**.

This report presents that data, alongside a benchmark (**appendix 1**) and the proposed ongoing actions (**section 3**).

2 Gender Pay Gaps

The mean gender pay gap (GPG) is 5.62%; that is a decrease of 0.24% since the March 2023 data. The median gender pay gap is -6.11%. The Trust aims to benchmark BDCFT's performance against NHS Trusts and reduce the pay gaps over time. The aspiration is that the Trust remains in the top performing quartile of Foundation Trusts.

¹ <https://gender-pay-gap.service.gov.uk/public/assets/pdf/gender-pay-gap-explained.pdf>

² [NHS England » NHS equality, diversity and inclusion \(EDI\) improvement plan](#)

Further analysis into the GPG by care group and directorate, staff group, pay band and professional group has been carried out to understand where the pay gap is higher than the Trust average 5.62% and the percentage of males in the service is the same as, or lower than the Trust average gender split of 20.1% (males). Where these two variables have been identified analysis of those areas and bands has been carried out to look at why the gap is higher or lower.

The table below shows the representative split across the four pay quartiles of male and female staff in March 2024. One is the lowest pay quartile and four is the highest.

Quartile	Female	Male	Female %	Male %
1	656.00	202.00	76.46	23.54
2	649.00	210.00	75.55	24.45
3	711.00	147.00	82.87	17.13
4	657.00	202.00	76.48	23.52

This shows that there is an over representation of males in quartile 1, 2 and 4 and an under-representation in quartile 3. The mean average hourly rate of pay for males within the Trust is £19.80 an increase from £19.01 in 2023 and from £18.49 in 2022 and for females is £18.69 an increase from £17.89 in 2023 and £17.03 in 2022. The difference between the hourly rate of pay in 2024 is £1.11 this is no change from 2023 and a decrease from £1.46 in 2022.

2.1 Care Groups

The Trust level mean pay gap is 5.62% in favour of male employees, looking across the care groups the pay gap varies from -23.89% to 100%. Some of these groups have low numbers of staff which impacts on the pay gap fluctuations in those areas year on year.

- In Estates and Facilities 36.7% of staff identify as male and the gender pay gap is 16.4%.
- In the Mental Health Directorate 24% of staff identify as male and the gender pay gap is 10.2%.
- In the Executive Office the pay gap is influenced by the low number of staff. 44.4% of staff identify as male and the gender pay gap is 7.1%.

There are pay gaps in some services in favour of staff who identify as female. These are as follows:

- In Finance the pay gap is influenced by the low number of staff. 48.4% of staff identify as male and the pay gap is -23.90%
- In the Community, Children's Services Care Group the pay gap is influenced by the low number of male staff (1.8%). The pay gap is -23.1%
- In the Medical Directorate 41.2% of staff identify as male and the gender pay gap is -2.3%.

2.1.1 Estates and Facilities

Looking further into the 16.4% pay gap in Estates and Facilities, there are statistically significant gaps in:

- Estates Central Services where 41.2% of staff identify as male and the difference between male and female rates of pay is £3.65 creating a pay gap of 19.2%.
- Estates Food Services where 53.9% of staff identify as male, the difference between hourly rate of pay is £1.58 creating a pay gap of 10.6%.
- Estates Maintenance where 92.9% of staff identify as male and the difference in hourly rate of pay is £3.83 creating a pay gap of 23.5%.

When we look at these pay gaps in relation to professional group, we can see that the gaps within the Estates and Facilities Hotspots are due to the senior manager roles being filled by male employees.

When looking at Ancillary roles within Estates and Facilities across all the hotspot areas identified above the pay gap is 8.8%. This is created by all female staff being concentrated in bands 1 – 3.

2.1.2 Mental Health Directorate

Within the Mental Health Care Directorate, the pay gap is 10.2%. The proportion of staff identifying as male across the directorate is higher than the Trust average at 24%. The difference between male and female hourly rates of pay is £2.23 in favour of males. The pay gap is statistically significant in Adult Mental Health Inpatient Services where 30% of staff identify as male and the pay gap is 14.3% and in Older People's Mental Health Services where 26% of staff are male and the pay gap is 18.2%. In Child and Adolescent Mental Health Services the pay gap has reduced from 18% in 2023 to 2.7% in 2024.

Looking at Inpatient Services the overall pay gap in this area appears to be due to the Medical Staff being predominantly male (84.6%). There is a reasonably high gap within Qualified Nurses where male staff represent 24% and the pay gap is 7.7%, this requires further analysis. Within the Older People's Mental Health Services analysing the data by staff group does not show an obvious reason for the pay gap. When we consider the pay gap in this service the overall pay gap is split across bands 2-5, and band 7, these gaps are due to male employees having a longer average length of service than females.

When we analyse the data further for nursing staff within inpatient services the pay gap is concentrated in band 6 where 20.7% of staff identify as male, the difference in rate of pay is £2.71 and the pay gap is 11.5%. This is attributable to length of service for male employees.

2.2 Bonus Gender Pay Gap

The Trusts Median Bonus Gender Pay Gap is -80.99% a reduction from 73.54% in 2024. 0.13% of staff who identify as female and 0.90% of staff who identify as males were paid a bonus. This is the Clinical Impact Award³.

2.3 Ethnicity Pay Gap

The mean ethnicity pay gap is 11.29% which is an increase from 8% in 2023. The difference in hourly rate of pay between Ethnically and Culturally Diverse (ECD) staff and White staff is £2.30 and increase from £1.58 in 2023. The largest pay gaps are in Trust Exec Office (33.2%)

³ [Clinical Impact Awards: guidance - GOV.UK](https://www.gov.uk/guidance/clinical-impact-awards)

Staff Bank (18.6%), Nursing, Professions and Care Standards (14.6%), Business Performance (14.6%) and Trust Management (13.9%). When looking at professions the largest pay gaps are in Senior Managers (21.8%), Medical Staff (29%). When looking at the bands the largest pay gaps are in Band 9 (32.5%), Medical (32%) and Exec (24.3%). To get a more accurate picture the number of staff who have 'not stated' their ethnicity could be lowered. At the time of data pull this was 130 staff across the Trust.

2.4 Disability Pay Gap

The number of staff sharing their disability status in the Electronic Staff Record (ESR) has increased over the years from 3% before the NHS Workforce Disability Standard Programme was launched to 14% in 2024 (593) people. The disability pay gap is 5.94% an increase from 5.57% with a difference in hourly pay of £1.18 an increase from £1.06 in 2023. It is difficult to do further analysis of this data at service, professional group, band and length of service due to the low numbers of staff across each area. We will continue to decrease 'prefer not to stay' and 'not stated' categories in ESR to enable deeper analysis.

3 Options

In addition to the usual requirements the Trust has considered the directive to implement the MEND the Gap recommendations made in the NHS EDI Improvement Plan.

Priorities for the Trust are:

- Increase the use of national pay contracts in place of local pay arrangements for hospital doctors – a Medical Staffing Lead has been recruited as a new resource to support this requirement.
- Promote a flexible working culture to all staff including supporting male staff to work 'less than full time' (LTFT). The Trust has been working with the West Yorkshire Mental Health Collaborative to develop resources that promote and support flexible working with our Trusts. These include a toolkits for managers and colleagues, 'Top Tips', poster campaign and a video - [Flexible working in West Yorkshire](#). These have been launched, shared and are being embedded throughout our communication platforms and policies.
- Talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants. The Reciprocal Mentoring Programme is about to launch its fourth cohort, and a graduate network has been established. The evaluation shows positive impacts on progression and recruitment for participant progression from bands 5 and 6 into more senior roles. The NHS Equality Delivery System 2022 evaluation process completed in January 2025 looked in detail at representation at bands 8c and above. The report will be published here [Equality and diversity reports - Bradford District Care NHS Foundation Trust](#).
- Further analysis is required into the pay gap for qualified nurses. This was not available at the time of the report submission. An update will be shared at the Strategic Staff EDI Partnership.

- Continue to implement retention, re-entering and retraining policies to retain women. New processes have been set in place to reduce attrition and check in with new staff at nine and eighteen months to support retention. Staff turnover targets are in place and monitored at the People and Culture Committee.
- Include the gender, ethnicity and disability pay gap data as part of the NHS Workforce Equality Standard Reporting processes to the Board. The Trust is complying with this and is planning a new programme to report on religion and belief in the future.
- Increase the number of staff completing the personal information relating to disability and ethnicity in the electronic staff record to enable more detailed analysis.

4 Risk and Implications

The Trust has a small gender pay gap when compared to other NHS organisations and continues to perform within the top quartile. A summary of that benchmarking is included in **Appendix 1**. The gap is 5.62% and the Trust is committed to ‘mending’ the gap using the recommendations set out in **Appendix 2**.

Some services have small numbers of staff which can account for considerable fluctuations in the gap year to year.

It should be remembered that this report is based on the statutory requirement to analyse the data from 31st March in the previous year (2024) and therefore the gap may already be significantly different.

5 Results

Ongoing progress in implementing the actions set out in section 3 are reported to the Strategic EDI Staff Partnership and the People and Culture Committee as part of the Trusts Belonging and Inclusion Plan updates. The information will be shared with the Trusts Staff Side Partnership and staff networks.

Lisa Wright
Head of Equality, Diversity and Inclusion (EDI)
14.03.25