

# Gender Pay Gap Report 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



# Gender Pay Gap Reporting f/y 2023/24



Buckinghamshire Healthcare  
NHS Trust

## Introduction

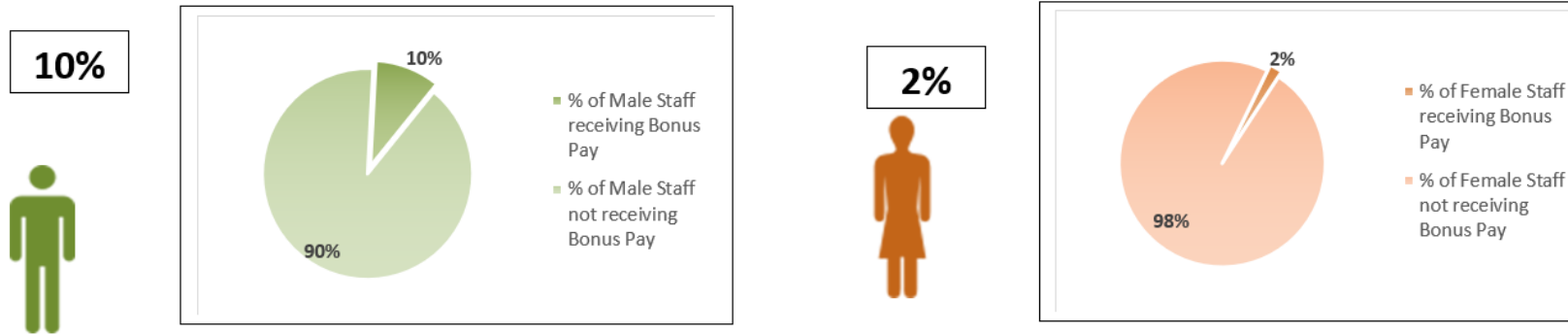
The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 apply to all public sector employers with 250 employees or more, which means that BHT must report its Gender Pay Gap data annually, by 30 March each year. However, understanding the Gender Pay Gap and the drivers behind it is also an important tool, which helps us determine how we can enable the closing of our Gender Pay Gap. This is crucial to increasing inclusivity within BHT through achieving parity between male and female colleagues in the Trust. This is the sixth year that the Trust has produced its Gender Pay Gap report.

	Difference between male and female colleagues			
	Mean		Median	
	2023	2024	2023	2024
Hourly fixed pay	26.9%	22.9%	15.5%	13.9%
Bonus Pay Gap	25.5%	21.0%	0%	0%

The median compares typical values and is less affected by extreme values, such as a relatively small number of high earners, whereas the mean may be skewed by very high earners. As the mean and median are widely different, with the mean being higher than the median, it can be inferred that the dataset is skewed, by presence of very high earners.

Our analysis indicates a significant reduction in the gender pay gap. The mean hourly fixed pay gap decreased from 26.9% in 2022/23 to 22.9% in 2023/24. Similarly, the median hourly fixed pay gap improved from 15.5% to 13.9% over the same period. Additionally, the mean bonus gap showed a positive trend, decreasing from 25.5% to 21.0% this year. These improvements reflect our ongoing efforts to address pay disparities and promote equity within the organisation.

# Proportion of colleagues receiving a bonus

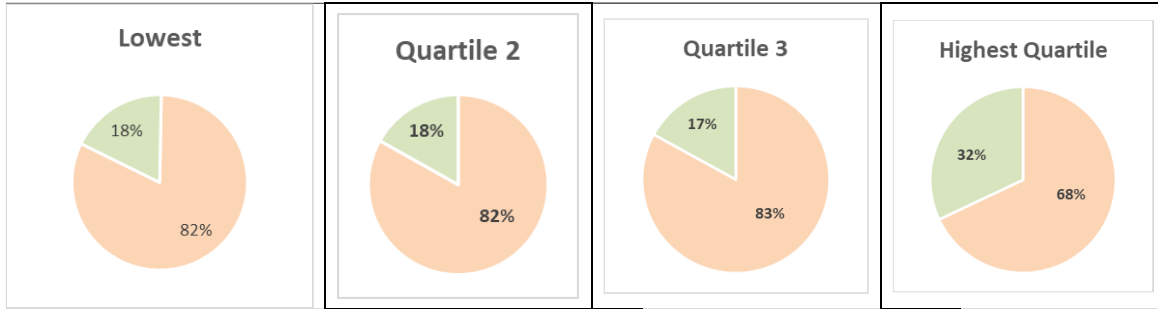


This shows an 8% difference in the number of male and female colleagues who received a bonus for their performance in 2023/24.

Only certain medical colleagues, within our Trust, receive pay that is classified as bonus pay. Bonus Pay applies to fewer than 4% of all our colleagues employed. A bonus pay element is awarded as a result of recognition of excellent clinical practice over and above contractual requirements and has no gender bias.

2023/24 was the last year of new payments associated with Local Clinical Excellence Awards (LCEAs). As per 2022/23, no agreement had been reached at a National Level between NHS Employers, the British Medical Association (BMA) and the Hospital Consultants Specialists Association (HCSA) on a new scheme in respect of LCEAs. In the absence of an agreement being reached, schedule 30 of the terms and conditions – consultants (England) 2003, sets out the contractual provisions that take effect from 1 April 2022. These provisions were confirmed in 2017 when the interim LCEA arrangements were agreed and were to take effect in the absence of an agreement being reached on a new set of arrangements. The provisions require organisations to continue to invest in and run annual LCEA rounds but with a greater degree of flexibility about how they do this. At BHT, the Joint Negotiating Consultative Committee (JCNC) requested that for 2023/24, equal distribution of awards should be considered. This is in recognition of the disruption to SPA and Clinical activity due to the various industrial actions. As such all consultants that met the qualifying criteria for an award received an equally distributed payment (pro-rata for less than full time consultants).

# Pay Quartiles



Percentage Female



Percentage Male

	Quartile 1 (Lower)		Quartile 2		Quartile 3		Quartile 4	
	Female	Male	Female	Male	Female	Male	Female	Male
Allied Health Professional	0	0	100	16	214	39	197	31
Medical	0	0	46	30	42	37	309	361
Nursing & Midwifery	13	0	561	51	998	124	429	43
Administrative and Clerical	597	92	312	79	80	47	20	28

The above images illustrate the gender distribution across the Trust in four equally sized quartiles. In order to create the quartile information all colleagues are sorted by their hourly rate of pay, this list is then split into 4 equal parts (where possible).

This demonstrates that in quartile 1, 2 and 3 the split between male and female colleagues is consistent, however in the highest quartile there are more male colleagues than the previous quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the Medical and Dental group when compared to the other quartiles; this is countered by a greater proportion of female colleagues in the Allied Health Professional, and Nursing staff groups, as is consistent with national NHS statistics on gender distribution in staff groups.

We are confident that male and female colleagues are paid equally doing equivalent jobs across the Trust. Our aim is to reduce the gender pay gap throughout the organisation but accept that this may take several years to achieve.

# Drivers of the Gender Pay Gap



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Detailed analysis of our data highlights that the gender pay gap is driven by the below factors:

- **Quartile 4 roles** - A relatively higher proportion of male colleagues are in roles which fall into the top quartile of pay when compared to the average workforce (33% of male colleagues in quartile 4 posts compared to 21% male colleagues in the BHT workforce).
- **Medical & Dental roles** - A higher proportion of male colleagues than female colleagues are in Medical and Dental consultant roles (54% male colleagues, 46% female colleagues). There is also a higher proportion of male consultants in the older age ranges; as medical and dental pay scales reward seniority in post, this is influencing our gender pay gap.

The Trust will continue to consider how we can encourage more female applicants to apply for consultant roles and progress into more senior management positions.

We will continue to address this through the Trust's talent management approach, and through the implementation and monitoring of inclusive recruitment processes.

However, the legacy of a higher proportion of male consultants is influencing the current imbalance, which will remain up until the point this cohort retires.

High Impact Action 3 in the NHS EDI Improvement Plan outlines the implementation of the Mend the Gap review recommendations, an independent review into gender pay gaps in medicine in England commissioned by the Department of Health and Social Care in 2017. This is pulled through into the EDI Action Plan 2024-26 and will support with closing the gender pay gap.