



Gender Pay Gap Report 2018/19



Who we are

Bromley Healthcare was established in April 2011 as an employee owned social enterprise (Community Interest Company). We have now grown to employ over 1,000 staff including Nurses, Therapists, Doctors and Dentists. Bromley Healthcare's community work ranges from helping new parents to care for new born children to supporting the elderly to continue living at home as long as they can, with services including therapy services, health visiting, district nursing, school nursing and specialist nursing.

Bromley Healthcare aims to be the best community care provider, striving to deliver caring, safe and effective services to local people, either within peoples' homes or close to their home and their community. As an employee owned organisation our commitment to fairness, equality and inclusion is at the heart of our approach not only to providing care, but to engaging with and treating our staff.

We know that staff who join us are passionate about caring for people and their community, and that it is important to support them so that they can continue to be compassionate; take pride in their clinical expertise and be innovative. We also understand that healthcare delivery is constantly changing to improve people's experiences of care. We are committed to working in partnership with patients and carers, other health and social care colleagues and voluntary services to ensure that our local community receives the best care for themselves and their families.

Gender Pay Gap Reporting

The Equality Act 2010 (specific Duties and Public Authorities) Regulations 2017 came into force on the 31st March 2017. These regulations underpin the Public Sector Equality Duty which requires all public and private sector bodies with a workforce of more than 250 members of staff to publish details of any gender pay gap within their organisation. The data must be published annually on its public website by 4th April 2019 and is a snapshot of pay taken on the 5th April in the preceding year.

The Gender Pay Gap is not the same as Equal Pay. Equal Pay is concerned with the difference in pay between female and male employees performing the same or similar work, or work of equal value. Although we are not part of the NHS, we follow 'Agenda for Change', which provides a nationally agreed pay system for NHS staff (with the exception of very senior managers and medical and dental staff). This system, which includes a national job evaluation framework and national pay bandings, ensures there is a clear process for paying employees equally for the same or equivalent work. Using a nationally recognised job evaluation process for all of our roles we are therefore confident that all employees carrying out the same or similar work, or work of equal value, are paid equally regardless of their gender.

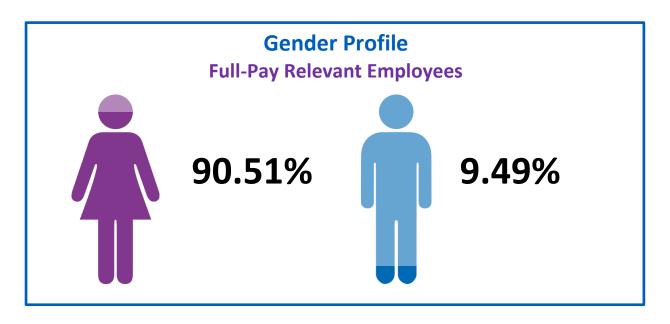
The Gender Pay Gap measures the difference between the average pay of female and male employees irrespective of job role or seniority. The regulations require the following metrics to be reported:

- Our mean gender pay gap
- Our median gender pay gap
- Our mean bonus gender pay gap
- Our median bonus gender pay gap
- The proportion of our male employees receiving a bonus
- The proportion of our female employees receiving a bonus
- The proportion of our male and female employees in each of the four quartile pay bands

How we have calculated our Gender Pay Gap data

Our Gender Pay Gap Data has been calculated using the data held in our HR and Payroll system – the Electronic Staff Record (ESR); the national HR and Payroll system for the NHS. Within this system we have used the specific Gender Pay Gap reporting tool, developed by the national ESR team, to calculate our Gender Pay Gap data.

ESR holds the pay details of all substantive and bank employees. Our Gender Pay Gap is calculated based on a total of 780 'Full-Pay Relevant Employees' and 1,093 'Relevant Employees' on the Snapshot Date of the 5th April 2018. As the infographic below shows, the vast majority of our employees are female.



The 'Relevant Period' for the purpose of our bonus calculations is 6 April 2017 to 5 April 2018. Ordinarily the 'Relevant Pay Period' for our hourly pay and quartile band calculations should be April 2018, as our payroll is run on a monthly basis. This

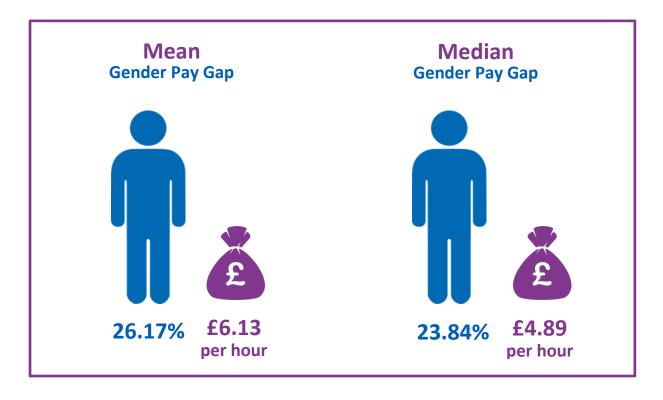
period has been used for our substantive employees; however, we have excluded all unsociable hours' payments made in April 2018 from the hourly pay calculations because these are paid one month in arrears. This follows the ACAS guidance that allowances should not be included in the calculations if they are not attributable to the Relevant Pay Period. Instead, in order to provide a more accurate figure we have included the unsociable hours' payments made in May 2018 to substantive employees who were employed on the Snapshot date 5 April 2018.

Our Bank staff, who do not have set or regular working hours, are paid their entire pay (basic pay and allowances) one month in arrears. Any pay received in April 2018 therefore was attributable to March 2018 rather than April. The hourly rate of pay for our Bank staff has therefore also been calculated using May 2018 as the Relevant Pay Period (the month in which April pay was paid), but we have only included Bank staff who worked on the Snapshot date of 5 April 2018. Having identified these individuals we have taken their hourly rate of pay (as averaged out by the ESR reporting programme because they have no fixed working hours each week) including all allowances. This approach has been taken in order to calculate a fairer and more accurate Gender Pay Gap figure.

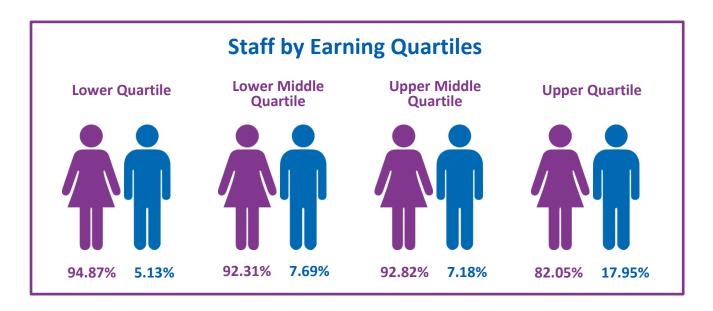
Our Gender Pay Gap data for 2018

Hourly Rates of Pay

The infographic below sets out the mean and median Gender Pay Gap for our Full-Pay Relevant employees.



The following infographic sets out the proportion of our male and female employees in each of the four quartile pay bands.



Bonus Pay

Our Bonus Gender Pay Gap data shows that the average 'bonus' paid to female employees was higher than that paid to male employees.

	Mean	Median
Bonus Gender Pay Gap	-15.27%	0%
Proportion of men receiving a bonus	2.78%	
Proportion of women receiving a bonus	0.30%	

This data is based on six members of staff (three males and three females) receiving what the Regulations would deem to be bonus pay, which includes one-off retention payments and Clinical Excellence Award (CEA) payments. These are awards that Consultants are eligible to apply for under the national Medical and Dental terms and conditions and that are either awarded at a national or local (employer) level. Despite bonuses being evenly split between males and females, the proportion of men receiving a bonus is bigger than the proportion of women receiving a bonus because there are significantly more females than males employed by the organisation.

_

¹ Further information about Clinical Excellence Awards can be found in the following government publication: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/681287/Final_Guide_for_Applicants _2018.pdf

What the data tells us

The headline data tells us that we have a Gender Pay Gap of 26.17% and that the gap has increased in the last 12 months since we published our 2017/18 Gender Pay Gap of 20.89%. This is the figure that we are required by law to publish; however, we believe this figure alone tells only a fraction of the story.

As with the figure we published in 2018, the primary reason we have a Mean Gender Pay Gap of 26.17% and a Median Gender Pay Gap of 23.84% is because men are proportionately underrepresented in lower paying bands across the organisation. In our 2018/19 data this underrepresentation has increased with men representing 5.13% of the lower quartile this year, compared to 11.1% in 2018. This is in part due to a cohort of lower paid male employees being part of a service that transferred out of the organisation during the year, rather than the salaries of male employees previously in the lower quartile increasing.

Of the 94.87% of females who make up the lower quartile, a small number are trainee nurses employed by the organisation, but who are at college. They therefore receive a lower salary because they are in full-time training and benefit from tax and NI exemptions. More than 50% of the employees engaged via the Bromley Healthcare bank are also in the lower quartile because they are working in lower banded roles. With 90% of these being female it also has an impact on our Gender Pay Gap.

Conversely, the proportional overrepresentation of men in the Upper quartile (over 47% of male employees can be found in the Upper quartile) has a significant bearing on our Gender Pay Gap. This percentage of male employees includes a number of directors, senior managers and senior medical and dental staff. This percentage, however, only represents a relatively small number of men, as men continue to make up only around a tenth of the workforce. The vast majority of the organisation's highest earners remain women, with 80% of the Executive team currently female.

A more detailed analysis of our 2019 data also shows that 61 employees had deductions made to their salary through salary sacrifice arrangements. This is an increase of 27 individuals since 2018 and reflects the increased employee benefits on offer at Bromley Healthcare. Following the Regulations, however, the Gender Pay Gap hourly rates of pay exclude amounts of gross pay that have been 'sacrificed' under salary sacrifice schemes. Crucially, 55 of the 61 employees were female, so this also has an impact on our Gender Pay Gap. We do not believe that excluding gross pay that employees have chosen to sacrifice in return for other benefits paints an accurate or fair picture of the Gender Pay Gap.

As we concluded last year, the root cause of such a Gender Pay Gap lies much deeper within our society than our employment practices. Traditionally nursing and

caring roles have been perceived to be female roles. As a healthcare organisation we are not alone in the majority of our workforce being female and in more females falling into the lower pay quartiles proportionally than males.

In 2017 the Nursing and Midwifery Council (NMC) reported only 11.5% of registered nurses were male.² The underrepresentation of males in the nursing profession or willing to consider careers in more junior healthcare roles has a significant impact on our employee profile and subsequently our Gender Pay Gap. Despite encouraging reports that "a record breaking number of male school leavers have applied to be nurses following NHS England's successful 'We Are The NHS' recruitment campaign"³, the vast majority of qualified candidates for many of our nursing and caring roles remain female at this moment in time.

Taking all of this into consideration, whilst we are disappointed that our Gender Pay Gap has increased in the last year, it does not come as a surprise to us that we still have a gap above 20%. We don't believe it should alarm anyone either. With a relatively stable workforce and a sector that is heavily female we would not expect to see a dramatic decrease in our Gender Pay Gap within the space of a year. Furthermore, we are aware of, and have highlighted in this report, the primary reasons for the increase in the last year.

As we have previously stated, the important distinction between Equal Pay and the Gender Pay Gap means that it possible to have genuine pay equality but still have a significant Gender Pay Gap. Our employee profile also shows that it is possible to have more women than men at the most senior levels within an organisation and still have a Gender Pay Gap. Whilst we will continue to monitor our Gender Pay Gap, we remain committed to ensuring equality of opportunity and offering rewarding jobs and careers based on merit, irrespective of gender.

Jacqui Scott
Chief Executive

4 April 2019

_

² https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/edi/edi-report-2016-2017.pdf

³ https://www.england.nhs.uk/2019/02/young-male-nursing-applicants-surge-after-we-are-the-nhs-recruitment-campaign/