

Gender Pay Gap Report 2019/20



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 2020 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.

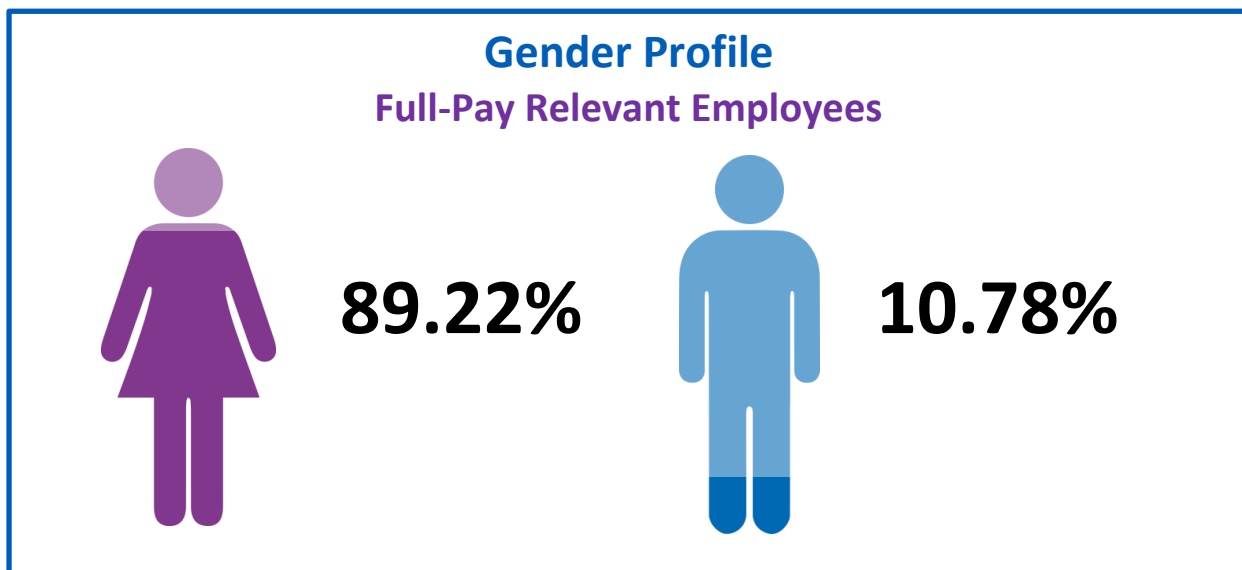
The Gender Pay Gap measures the difference between the average pay of female and male employees irrespective of job role or seniority. The regulations require the following metrics to be reported:

- 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 881 ‘Full-Pay Relevant Employees’ and 1,108 ‘Relevant Employees’ on the Snapshot Date of the 5th April 2019. 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 2018 to 5 April 2019. Ordinarily the ‘Relevant Pay Period’ for our hourly pay and quartile band calculations should be April 2019, as our payroll is run on a monthly basis. This

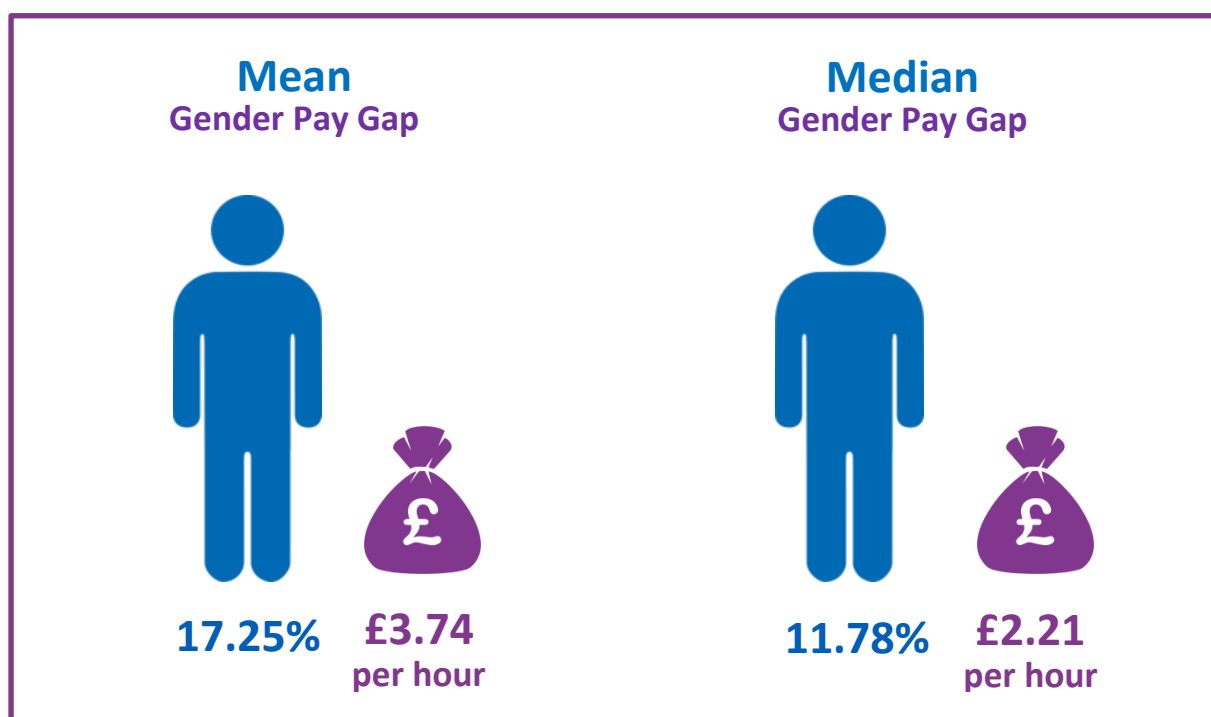
period has been used for our substantive employees; however, we have excluded all unsociable hours' payments made in April 2019 from the hourly pay calculations because these are paid one month in arrears. This follows the ACAS guidance that allowances should not be included in the calculations if they 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 2019 to substantive employees who were employed on the Snapshot date 5 April 2019.

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 2019 rather than April. The hourly rate of pay for our Bank staff has therefore also been calculated using May 2019 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 2019. 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.

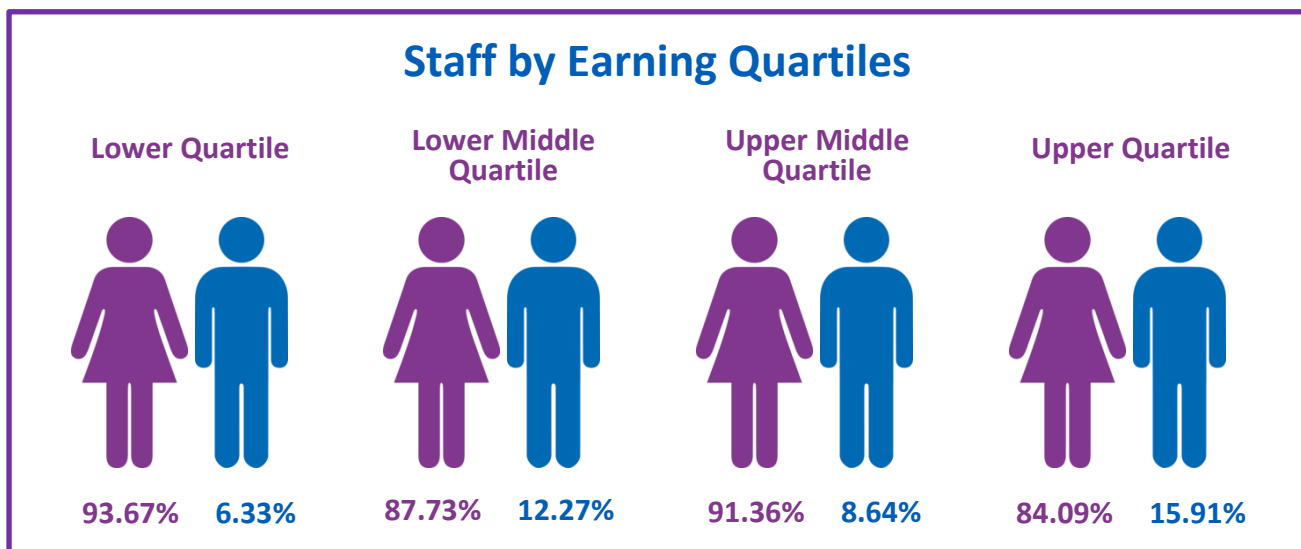
Our Gender Pay Gap data for 2019

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	83.89%	83.89%

Proportion of men receiving a bonus	0.84%
Proportion of women receiving a bonus	0.20%

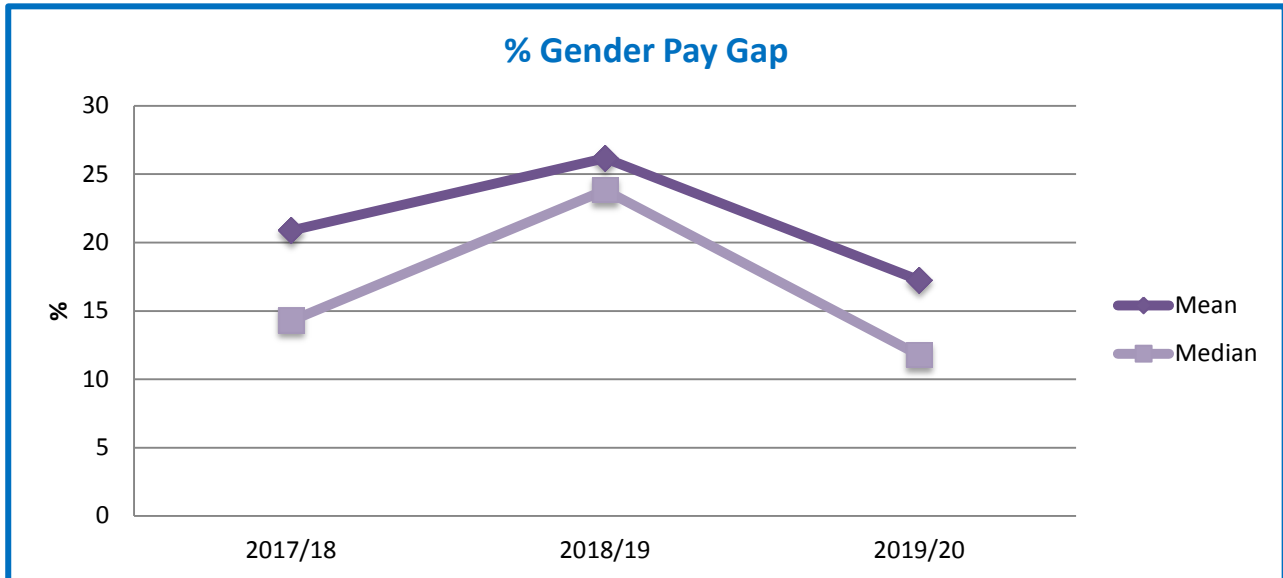
This data is based on three members of staff (one male and two females) receiving what the Regulations would deem to be bonus pay, for Clinical Excellence Award (CEA) payments. These are awards that Consultants are eligible to apply for under the national Medical and Dental terms and conditions and that are either awarded at a national or local (employer) level.¹

This year our Mean and Median are identical as there is only one male and the total number of female staff who have received a bonus is 2 and therefore the Median is calculated in exactly the same way as the Mean.

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 for 2019/20 tells us that we have a Gender Pay Gap of 17.25%. This has significantly reduced from 26.17% in 2018/19 and is also lower than our first Gender Pay Gap reported figure of 20.89% in 2017/18.



Analysis of our Gender Pay Gap data tells us that the reduction to 17.25% can be attributed predominately to two factors:

- The increase in the percentage of males in both the lower and lower middle quartiles; and
- The reduction in the percentage of male staff in the upper quartile.

Overall the percentage of Full-Pay Relevant male employees has increased this year by just over 25% with a little over 20 more males included in the calculations; An increase in male employees of over 25%. Crucially a large number of these are to be found in the lower and lower middle quartiles as they are represent male employees who have joined us in lower banded apprenticeships and administrative and support roles. This includes a small cohort of employees in a service that transferred into the organisation during the year. At the same time the percentage of male employees in the upper quartile has also decreased. This is largely the result of one higher earning male employee leaving the organisation during the year. These changes have also led to a significant reduction in our Median pay gap from 23.84% to 11.78%.

Notwithstanding the significant reduction, we continue to have a Gender Pay Gap. This continues to stem from the proportional underrepresentation of men in the lower and lower middle quartiles and conversely the proportional overrepresentation of men in the Upper quartile. For example, although the percentage of men in the lower quartile has increased, it still only represents 15% of male employees within the organisation; whilst 37% can be found in the upper

quartile. This is in part influenced by the number of trainee nurses (predominantly female) employed by the organisation, but who are at college and therefore receive a lower salary (placing them at the very bottom of the lower quartile) because they are in full-time training. We continue to be proud of the career opportunities that women have at all levels within the organisation. This is demonstrated in particular by how well women are represented amongst our highest earners and leadership teams. 57% of our board members are currently female whilst over 75% of our Directors, Associate Directors, Heads of Service and Service Leads are also female.

Again we also have a cohort of employees making deductions to their salaries through salary sacrifice arrangements, which increases our Gender Pay Gap. This year 62 employees had deductions made to their salary through salary sacrifice arrangements; however, 85% of these were female. We continue to believe that having to exclude gross pay that employees have chosen to sacrifice in return for other benefits paints an inaccurate and unfair picture of the Gender Pay Gap.

In terms of our Bonus Pay Gap, it is only three of our medical staff who have received a 'bonus' in the form of their Clinical Excellence Awards. These are paid pro-rata, therefore the gap of 83.89% is largely attributable to the fact that the two female employees in receipt of an award choose to work part-time. The proportion of men receiving a bonus is also understandably much higher than the proportion of women, as our organisational gender profile is weighted heavily towards females.

As we have previously maintained, our Gender Pay Gap is likely to fluctuate year after year, and as we have seen this year can change quite considerably simply as an unintended consequence of a small number of changes in our workforce. Whilst we remain committed to ensuring equality of opportunity regardless of gender, we fully expect and accept that we will continue to have both a Mean and Median gap as the vast majority of our workforce is female. This continues to mirror the sector and comes against a backdrop of a nursing profession that reported a drop in male registered nurses in 2018 to 11% compared to 11.5% in 2017.² Albeit a small reduction, it highlights the huge challenge that the health and care sector overall faces in the underrepresentation of males in the sector. We will continue to play our part in attempting to attract men into clinical apprenticeships and lower banded health and care roles, as well as invaluable administrative and support roles. We will do this first and foremost as we strive to continue to provide the best care possible to the people who need it within our community; however, we hope that in doing so it will also help us to reduce our Gender Pay Gap.

Jacqui Scott
Chief Executive
27 January 2020

² <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>