

Title:	2023 Gender Pay Gap Report
Agenda item no:	
Meeting:	People Committee
Date:	8 February 2024
Presented by:	Don Fairley (Chief People Officer)
Prepared by:	Pete Sandham (Associate Director – Staff Experience and Inclusion) and Emily Stannard (Inclusive Staff Experience Manager)

Purpose of the Report	<ul style="list-style-type: none"> To provide the committee with an overview of the Trusts Gender Pay Gap position for Financial Year 22/23 Seek approval to publish in accordance with legislative requirement
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Report History	
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What action is required?	The Committee is asked to review and approve publication in line with statutory reporting requirements.			
Assurance	Information	<input checked="" type="checkbox"/>	Discussion/input	<input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>

Resource Impact:	None
Relationship to Risk in BAF:	Failure to Invest in our staff and live out our values

Strategic objectives This report impacts on (tick all that apply)::				
Provide the highest quality care				
Invest in our staff and live out our values				<input checked="" type="checkbox"/>
Drive the development of integrated services				
Cultivate innovation and transformation				
Achieve long-term financial sustainability				
Well Led Framework applicability:				Not applicable <input type="checkbox"/>
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input checked="" type="checkbox"/>	4. Governance <input type="checkbox"/>	
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input checked="" type="checkbox"/>	

Publication				
Published on website	<input checked="" type="checkbox"/>	Confidentiality (FoI)	Private	Public

1 Executive Summary

- 1.1 The Trust Gender Pay Gap position as of the 31.03.23 shows a **mean gender pay gap of 21.19% and a median pay gap of 10.9%**.
- 1.2 Relative to the 2022 data, this represents an increase of 0.95% in the mean gap and an increase of 5.6% in the median gap. The latest median gap is the highest we have seen since 2019.
- 1.3 Workforce composition and extremities in the data ranges are the key reason why the historic improvements in the mean gap have stalled this year and why the median position has worsened.
- 1.4 The in-year trend evidences net growth in female representation in the lower pay quartiles and net decrease in the upper pay quartiles.
- 1.5 The overall in year net reduction in male representation is predominantly concentrated in the lower pay quartiles, whilst male representation in higher quartiles evidences a largely static position.
- 1.6 Further analysis in the upper extremities and echelons of the highest hourly rates evidences that Medical and Dental Staff make up the vast proportion of the 500 highest hourly rates - around 79%. 46.2% of the top 500 rates are male medics. The male composition of the RBFT overall is 23.7%.
- 1.7 Excluding the Medical and Dental staff group from the overall analysis results in the near elimination of the gender pay gap in the organisation.
- 1.8 The **Trust Gender Bonus Pay Gap position** as of the 31.03.23 shows a **mean gender bonus pay gap of 28%**, an increase from 2022 and a **0% median gender bonus pay gap** for the first time since reporting commenced due to changes to the way the bonuses are paid. 'Bonus' in this context relates entirely to Clinical Excellence Awards (CEA's)
- 1.9 Our **Draft Gender Pay Gap Action Plan 2024-2026** (Appendix 1) sets out the detail of actions to be taken in the period ahead. Thematically, key areas of focus will include:
- (a) **Medical Workforce** – sustain the increasing proportion of female consultants recruited in addition to fully and purposefully enable greater numbers to apply for National CEA's.
 - (b) **Lived experience and Network engagement** – elevating the agenda and ensuring organisational responses focus on those areas that matter the most in relation to the lived experience of RBFT colleagues
 - (c) **Recruitment and Development into Senior roles** – delivering inclusive recruitment and development pipelines; fully enabling flexibility in work; positive action recruitment to key development platforms
- 1.10 It is to be noted that the contextual structural composition of the workforce provides for a very challenging backdrop to effect improvements in our overall mean gender pay gap position, particularly in the short/medium term.
- 1.11 It is a statutory requirement that data is published both on the Trust's website and also through the Government Equalities Office Gender Pay Gap Reporting portal. Data must be published by the **30 March 2024**.

2. Key Issues

2.1 The Reporting Requirements

The details of the GPG reporting requirements are prescribed. Employers must:

- (i) calculate the hourly rate of ordinary pay relating to the pay period in which the snapshot day falls (snapshot day was 31.03.23)
- (ii) calculate the difference between the mean and median hourly rate of ordinary pay of male and female employees
- (iii) calculate the difference between the mean and median bonus pay paid to male and female employees
- (iv) calculate the proportions of male and female employees who were paid bonus pay
- (v) calculate the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees rather than rate of pay

2.2 RBFT Gender Pay Gap Data Detail

The mean and median hourly rates of ordinary pay, pay difference and % pay gap are presented in the table below. The Mean measure in this analysis is the average as commonly understood. The Median measure is the middle value in the full data range. With the mean measure, extremities and outliers at both ends of the data range will influence the mean value, whereas with the median measure - as simply the middle value in the data range - extremities and outliers do not influence the value

Table 1: Mean and median hourly rates of ordinary pay, pay difference and % pay gap

	31.03.23	31.03.23	31.03.22		31.03.21		31.03.20	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Female (£)	19.31	17.24	18.27	16.37	17.43	15.65	16.98	15.39
Male (£)	24.51	19.35	22.92	17.29	21.86	15.72	22.39	16.63
Difference (£)	5.2	2.11	4.63	0.91	4.43	0.06	5.40	1.23
Pay Gap (%)	21.19	10.9	20.24	5.3	20.28	0.41	24.14	7.40

Relative to the 2022 data, this represents an increase of 0.95% in the mean gap and 5.6% increase in the median gap. The 2023 Median Hourly Pay Gap is currently the highest out of the last five years.

Last year (2022) had the lowest Mean Average Gender Pay Gap in the Trust since the reporting requirements were introduced in 2017. 2023 has seen an increase in this Mean Average Gender Pay Gap since 2022 and 2021, though there is an overall decrease since 2020.

2.3 RBFT Workforce Composition

The number of employees, by gender in each pay quartile is presented in the table below. Each quartile simply represents the total workforce numbers split into four groups based on average hourly rates and gender composition. Quartile 1 is the lowest earners; Quartile 4 is the highest earners.

Table 2: Workforce Composition by Gender

Quartile	31.03.23				31.03.22				31.03.21			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	1102	347	76.05	23.95	1103	378	74.5	25.5	1086	372	74.48	25.51
2	1186	264	81.79	18.21	1148	314	78.52	21.48	1078	302	78.12	21.88
3	1177	272	81.23	18.77	1249	255	83.05	16.95	1313	227	85.26	14.74
4	958	494	65.98	34.02	960	523	64.73	35.27	974	486	66.71	33.29
Total	4423	1377	76.3	23.7	4460	1470	75.3	24.7	4451	1387	76.2	23.8

Table 3: Quartile composition changes by Gender (Four Year Trend 2020-2023)

Quartile	Quartile Change (2022– 2023)			Quartile Change (2000-2023)		
	Female	Male	Total	Female	Male	Total
1	-1	-31	-32	81	48	129
2	38	-50	-12	123	6	129
3	-72	17	-55	52	76	128
4	-2	-29	-31	90	41	131

As a key driver of the pay gap, the following trends and insights from the quartile profile are drawn:

- The in-year trend evidences net growth in female representation in the lower pay quartiles and net decrease in the upper pay quartiles.
- The overall net reduction in male representation is predominantly concentrated in the lower pay quartiles, whilst male representation in higher quartiles evidences a largely static position.
- The female growth in below average pay quartiles coupled with the largely static male presence in above average pay quartiles explains why the mean gap has increased slightly, but the median gap more significantly.
- The profile of the top 500 and top 100 hourly rates is largely unchanged from last year
- The four-year trend evidences that the number of women in the bottom two pay quartiles has outpaced the growth of men in the these quartiles by a rate of nearly 4 to 1. The rate of growth of female representation in the top two quartiles also has outpaced that of the men, but at a significantly slower rate (1.3 to 1)

2.4 Further Analysis by Staff Group

Having identified the fundamental impact of workforce composition in driving pay gaps, there is merit in further analysing the composition of the top pay quartile by staff group to further understand driving trends and factors.

Medical and Dental Staff make up the vast proportion of the 500 highest hourly rates at almost 79%. 46.2% of the top 500 rates are male medics. The male composition of the RBFT overall is 23.7%.

Due to the high preponderance of medics amongst the highest hourly rates (and the relatively high percentages of males in this group), a further historic line of enquiry has been to analyse the **mean pay gap by staff group** in order to identify key areas influencing the overall trust position. The breakdown is presented below (as of 31.03.23)

Table 4: Pay Gaps by Staff Group 2023

Staff Group	2023 Average Hourly Rate (£) Female	2023 Average Hourly Rate (£) Male	2023 Difference (£)	2023 Pay Gap %	Mean Pay Gap Trend (22/23) %
Add Prof Scientific and Technic	21.29	22.51	1.22	5.42	-0.16
Additional Clinical Services	12.62	12.88	0.26	2.02	-0.52
Administrative and Clerical	16.37	20.58	4.21	20.47	-2.14
Allied Health Professionals	20.61	20.20	-0.41	-2.01	-0.26
Estates and Ancillary	12.37	12.43	0.06	0.52	0.21
Healthcare Scientists	22.49	22.99	0.50	2.19	-6.85
Medical and Dental	35.31	39.92	4.61	11.55	0.55
Nursing and Midwifery Registered	20.20	20.74	0.55	2.63	1.77

The highest % pay gaps exist in the Administrative and Clerical group (which includes senior management), Medical and Dental, and Additional Professional Scientific and Technical. Administrative and Clerical has shown some in-year reduction, and Healthcare Scientists has shown strong in-year reduction, meaning it is no longer one of the three areas with the highest Mean Pay Gap.

Nursing and Midwifery Registered have had a greater Mean Pay Gap increase than any other staff group this year.

The analysis was further developed to attempt to identify the impacts that the gaps in the respective key staff groups have on the overall trust position. This was done by excluding the Medical and Dental and the Admin and Clerical staff groups in turn from the overall analysis to identify impacts. The exclusion of the Admin and Clerical staff group had negligible impact on the overall position. Excluding the Medical and Dental Group however had significant impacts, as set out below:

Table 5: RBFT GPG Excluding Medical and Dental Staff Group

2023 RBFT Gender Pay Gap (Excluding Medical and Dental Staff Group from Analysis)	Female Average Hourly Rate (£)	Male Average Hourly Rate (£)	Difference (£)	Pay Gap %
193 Royal Berkshire NHS Foundation Trust	17.71	17.89	0.18	1.01

The exclusion of the Medical and Dental staff group from the overall analysis has the effect of the near eradication of the mean pay gap in the organisation to only 1%. The reason for this is the (relative to organisational average) high male composition of the Medical and Dental Group and also the fact that the average hourly rate for Medical and Dental staff is by some distance the highest average rate in the Trust.

The Medical and Dental Pay Gap at the RBFT is not an outlier. The most recent data shows the National pay gap for hospital doctors in 2020 was recorded at 24.4%.

The past two years has seen the growth in number of female consultants recruited outpace that of male consultants recruited. It remains the case however female representation in the consultant workforce is lower than the overall female representation across the workforce.

Table 6: Gender of medical consultants recruited at RBFT

Financial Year	Female Consultants Recruited	Male Consultants Recruited	Total Consultants Recruited	% Female Consultants Recruited
2018-2019	10	14	24	42
2019-2020	16	20	36	44
2020-2021	8	13	21	38
2021-2022	18	14	32	56
2022-2023	15	10	25	60
Total	67	71	138	49

2.5 Bonus Payments

The Gender Pay Gap also brings requirements to report on bonus pay and differentials. The number and proportion of staff receiving bonus payments are noted below. Clinical Excellence Awards (CEA), which recognise excellence among consultants, are regarded as 'bonus pay' for the purpose of GPG and these awards **account for all bonus payment recorded** under this element at the RBFT. Bracketed figures highlight changes relative to 2022.

Table 7: Numbers receiving bonus payments

	Gender	Employees Paid Bonus	Total number of Employees in Workforce (as of 31.03.23)	% of total workforce receiving bonus
2023	Female	119 (+89)	4928	2.41
	Male	171 (+96)	1538	11.12

The percentage of staff receiving a bonus has increased across both men and women since 2022. Though the percentage of men receiving bonuses remains significantly higher than the percentage of women receiving bonuses (4.6 times higher), the rate of increase is greater for women than men: the percentage of men receiving a bonus is 2.2 times more since 2022 and for women it is 3.6 times more since 2022.

Table 9: Mean and median bonus payments, differentials and gender pay gaps in relation to bonuses.

Gender	2023 Mean Pay (Bonus)	2023 Median Pay (Bonus)	2022 Mean Pay (Bonus)	2022 Median Pay (Bonus)	2021 Mean Pay (Bonus)	2021 Median Pay (Bonus)	2020 Mean Pay (Bonus)	2020 Median Pay (Bonus)
Male	£8,448	£4,500	£10,590	£7238	£10,869	£8,645	£11,378	£9,048
Female	£6,078	£4,500	£8193	£6032	£7,756	£6,032	£8,027	£6,032
Difference	£2,369	0	£2396	£1206	£3,112	£2,613	£3,351	£3,015
Pay Gap %	28.04	0	22.63	16.67	28.6	30.2	29.45	33.33

There has been an increase of 5.41% in the 2023 Mean Bonus Pay Gap since the previous year, but this is still lower than 2021.

As of 2023 the Median Bonus Pay Gap has been eliminated. This is due to the fact that since Covid-19 the bonus pay has been equitably distributed at a local level, meaning that all medics receive the same rate of bonus pay from the Clinical Excellence Awards, with it being distributed on a pro-rata basis for those who work less than full time. This has resulted in more men and more women receiving the award..

The reason why the Mean Bonus Pay Gap has not eliminated is due to a legacy issue where national historical legacy means that senior male medics are more likely to apply for the national awards which leads to a higher number of male recipients of the award.

3. Previous Reviews

The Trusts GPG report is annually reviewed at the People Committee.

4. Conclusion

Our 2023 GPG report evidences a small increase in our Mean gap position, breaking the three year improvement trend previously delivered. Our mean gap has increased to its highest level since 2019

Workforce composition and extremities in the data range are the key factors affecting the reported position

The headline conclusion in 2023 as it has been in previous reports is that the highest paid roles in the top quartile are predominantly filled by male medics. This contextual structural composition provides for a challenging backdrop to effect improvements in our overall mean gender pay gap position.

Continued focus on improvements through the delivery of the actions as set out in our **GPG Action Plan 2024-2026 (Appendix 1)** remain important

The Committee is requested to note the contents of this report and approve publication in line with relevant requirements by the 30.03.2024.

5. Attachments

The following is attached to this report:

- Draft RBFT Gender Pay Gap Improvement Plan (2024-2026)

Appendix 1: Draft RBFT Gender Pay Gap Improvement Plan 2024-2026

Key Focus	How	When	Who	Update	Measure	RAG Status
Recruitment and Selection	Roll out of Inclusive Recruitment Checklist as part of ICS EDI work stream	Q3 2024/25	VD	Part of wider overhaul of R&S processes, including exploration of AI in shortlisting	Process Audit and Recruitment outcomes	
	Integration of Leadership Behaviours Framework into Recruitment and Selection Processes	Q4 2024	VD	Build on successful launch to fully integrate	Tangible demonstration of LBF and focus on inclusion	
	Analyse recruitment data to understand demographics of applicants and successful candidates to particular roles (especially those where there is a higher gender pay gap). Make amendments to communication and language throughout the hiring process and evaluate the impact.	On-going (every quarter for AfC 8a-9 and medical staff; as required for VSM)	VD = VSM PP = medical staff ES = AfC 8a-9		Recruitment/promotion into Senior Leadership positions becomes more reflective of trust demographic.	
	Develop an inclusive recruitment resource pack to provide parameters and upskill managers in best-practice inclusive recruitment.	Q1 2025/26	Recruitment Team and ES		Recruitment/promotion into Senior Leadership positions becomes more reflective of trust demographic.	
Career Development	Increased utilisation of Knowledge and Development Fund	On-going	Charity and Comms Teams	Increase in applications resultant from ongoing promotion	Effective promotion and subsequent engagement.	
	Continued equitable recruitment onto planned leadership development programmes – ensuring equity with overall composition of the workforce	Every enrolment window	NKS	Current recruitment onto leadership programmes – circa 71% female	Recruitment onto key programmes reflective of overall workforce composition – 76% female	

Appendix 1: Draft RBFT Gender Pay Gap Improvement Plan 2024-2026

Key Focus	How	When	Who	Update	Measure	RAG Status
	Roll out of our RISE Talent Management Framework beyond tiers 1-3. Underpinned by equity and inclusion providing a pipeline of female leaders into the future.	Q2 2024	NKS	RISE was launched end of 2023 to Band 8a+ rated outstanding. Further roll out to other bands and staff with other ratings to happen across 2024.	Equitable representation of female talent in succession pipelines for Tier 1 and 2 roles	
	Launch of Women's+ Network for staff to share experiences, build confidence and create networking opportunities for women in the organisation.	March 2024	RC, ES, AM	This will be launched on 8 March 2024 with monthly meetings proposed.	Launch. Attendance from staff across all staff groups, care groups and from a range of bandings. Appropriate engagement from exec team.	
	Launch of Parents' Network for staff to share experiences, build confidence and create networking opportunities for women in the organisation.	Q3-Q4 2024/2025	ES		Launch. Attendance from staff across all staff groups, care groups and from a range of bandings. Appropriate engagement from exec team.	
	Expanded Coaching and Mentoring Network	Every Year	CR	Commitment to increase accredited coaching capacity by 20 between 2024-2026.	Increase coaching capacity by 20 between 2024-2026.	
	Equitable recruitment of women onto the Aspiring Ethnic Minority Senior Leaders programme.	Every enrolment window	PS, PCPs	Next cohort recruitment is in Q4 2023/24.	Gender of delegates on the programme is proportionate to the overall Trust gender split.	
	Review of existing apprenticeship offering to ensure there is an equal spread of opportunities across all staff groups and across all apprenticeship levels.	Q2 2024/25	AO		Equal spread of opportunities across all staff groups and across all apprenticeship levels, create appropriate development pathway that links relevant qualifications.	

Appendix 1: Draft RBFT Gender Pay Gap Improvement Plan 2024-2026

Key Focus	How	When	Who	Update	Measure	RAG Status
	Specific career development offerings to support and empower part-time and flexible-working staff (of whom the majority are women)	2025-2026	L&OD Team		TBC – Review end of 2024	
Community Engagement	Ensure Widening Participation interventions challenge perceptions around careers in healthcare, especially medicine and raise aspirations.	On-going	AO		Targeted interventions supporting STEM careers. Link to Education Strategy	
Clinical Excellence Awards	Deliver feedback sessions on submitting successful CEA applications – both local and national.	Run up to launch	PP		Increase in number of successful female applications	
	Ensure gender balance and representation on CEA awarding panels.	On going	PP	Policy stipulation in place	Representative panels in terms of both gender and ethnicity	
	Programme of communication to encourage female CEA applications.	Run up to launch	PP and JL		10% increase in female applications	
	Learning from other Trusts reporting low pay gaps on best practice in application of CEA system.	As required	Head of Medical Ed		Improvements in local RBFT system practice	
Trust Profile and Culture	'Up the Anti' campaign to address the Trust's culture towards discrimination.	2024-2025	CR		Staff survey will show reduced rates of bullying, harassment and discrimination and will show improved staff experience. have a senior leadership team that reflects the Trust demographics.	
	Use learnings from lived experience shared at staff networks (particularly Women's+ and Parents') to implement changes to the organisation	Ongoing	HR and L&OD teams		Staff survey will show reduced rates of bullying, harassment and discrimination and will show improved staff experience. have a senior leadership team that reflects the Trust demographics.	

Appendix 1: Draft RBFT Gender Pay Gap Improvement Plan 2024-2026

Key Focus	How	When	Who	Update	Measure	RAG Status
General	Drive up Staff Survey Response rates for staff on Maternity Leave (historically low)	November 2024, November 2025, November 2026	HR and L&OD teams	Circa 20% + increase delivered in 2022 but further room for improvement	Improved engagement and retention metrics measured through NSS and trust KPI's. Improved staff survey response rate.	
	Introduction of Carers' Passport to the Trust, to support Carers in the workplace – the majority of whom are women.	Q2-Q3 2024/2025	ES		Passport launched.	
Initials of staff leading actions						
	<ul style="list-style-type: none"> • PS – Associate Director Staff Experience and Inclusion • NKS – Associate Director Learning and Talent • VD – Associate Director Employee Relations and Resourcing • RC – Associate Director Strategy & Performance • PP – Head of Medical Workforce • CR – Head of Learning and Engagement Services 		<ul style="list-style-type: none"> • PCPs – People Change Partners • ES – Inclusive Staff Experience Manager • AO – Widening Participation Officer • AM – HR Graduate Trainee • JL – Chief Medical Officer 			

