

Title:	2025 Gender Pay Gap Report
Agenda item no:	
Meeting:	People Committee
Date:	February 2026
Presented by:	Paul Da Gama (Chief People Officer)
Prepared by:	Pete Sandham (Associate Director – Staff Experience and Inclusion)

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 24/25 Seek approval to publish in accordance with legislative requirements
------------------------------	--

Report History	
-----------------------	--

What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	The Committee is asked to approve the report in accordance with legislative requirements.

Resource Impact:	None
Relationship to Risk in BAF:	BAF Risk 2.2 -If we fail to uphold our Values (CARE and Diversity & Inclusion) the Trust will not be an employer of choice or considered an exemplar organisation for staff
Corporate Risk Register (CRR) Reference /score	None
Title of CRR	None

Strategic objectives This report impacts on (tick all that apply)::				
Delivering the highest quality care for all				
Supporting our people to thrive				✓
Partnering for impact				
Driving improving and enabling innovation				
Building a sustainable future together				
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 checked="" type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input checked="" type="checkbox"/>	
Publication				
Published on website		Confidentiality (FoI)	Private	Public
Exempt: Section 22 – Information intended for future publication				

1 Executive Summary

- 1.1 The Trust Gender Pay Gap (GPG) position as of the 31.03.25 shows a mean gender pay gap of 19.83 and a median pay gap of 5.15%.
- 1.2 Relative to the 2024 data, this represents a decrease of 0.16% in the mean gap and a decrease of 5.75% in the median gap.
- 1.3 The 2025 mean gap is the lowest the Trust has reported since reporting requirements commenced in 2017.
- 1.4 The modest nature of the in-year improvement in the mean gap is explained by counteracting trends, particularly the growth in female representation in both the lowest pay quartile (Quartile 1) and highest pay quartile (Quartile 4).
- 1.5 The larger impact on the median gap is understood with reference to changes in both male and female workforce composition. Composition changes in male representation evidences net growth in below average pay quartiles and contraction in above average pay quartiles. The opposite is true of female composition. The net impact of these diverging trends is one of 'pull down' the middle value in data range for males and 'push up' the middle value in the data range for women
- 1.6 Small increases in female representation in the top 500 and more significant increases in the top 100 pay rates are reported in year.
- 1.7 Structural workforce composition is the key factor affecting the reported position. In particular, Medical and Dental Staff make up the vast proportion of the 500 highest hourly rates – 91% compared to 84% in 2024. 49.6% of the top 500 rates are male medics. The male composition of the RBFT overall is 24%.
- 1.8 Excluding the Medical and Dental staff group from the overall analysis results in the elimination of the gender pay gap in the organisation and in fact drives a mean gap of 1.27% in favour of women.
- 1.9 There has been a decrease of 1% in the 2024 Mean Bonus Pay Gap (continuing the historic improvement trend), whilst the median gap, at 17% has re-emerged back to 2021 levels. This is driven by the contractual cessation of local clinical impact awards (which had been sustaining a historic equity position in terms of median bonus pay over recent years). The Bonus pay disparity is driven by legacy, pre 2018 CLINICAL Excellence Awards which are retained.
- 1.10 Our **Gender Pay Gap Improvement Plan on a Page 2025-2027** (Appendix 2) has been refreshed. Thematically, key priorities of focus will include:
 - (i) Recruitment, Progression and Talent Development
 - (ii) Trust Profile and Culture
 - (iii) National Clinical Impact Awards (support and promotion)
- 1.11 It is to be noted that the contextual structural composition of the workforce once again provides for a very challenging backdrop to effect accelerated improvements in our overall mean gender pay gap position.
- 1.12 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 2026**.
- 1.13 Approval for the publication of the relevant data is requested.

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 31.03.25)
- (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

2.2.1 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

	31.03.25		31.03.24		31.03.23		31.03.22	
	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 (£)	22.31	19.96	20.51	18.09	19.31	17.24	18.27	16.37
Male (£)	27.83	21.04	25.63	20.31	24.51	19.35	22.92	17.29
Difference (£)	5.52	1.08	5.12	2.21	5.2	2.11	4.63	0.91
Pay Gap (%)	19.83	5.15	19.96	10.9	21.19	10.9	20.24	5.3

2.2.2 Relative to the 2024 data, this represents a decrease of 0.16% in the mean gap and a decrease of 5.75% in the median gap. 2024 data evidences the lowest Mean Average Gender Pay Gap reported by the Trust since the reporting requirements were introduced in 2017.

2.3 RBFT Workforce Composition

2.3.1 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 hourly rates; Quartile 4 is the highest hourly rates.

Table 2: Workforce Composition by Gender

	31.03.25				31.03.24				31.03.23			
Quartile	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	1174	374	75.84	24.16	1098	360	75.31	24.69	1102	347	76.05	23.95
2	1226	331	78.74	21.26	1329	313	80.94	19.06	1186	264	81.79	18.21
3	1252	253	83.19	16.81	1274	276	82.19	17.81	1177	272	81.23	18.77
4	1048	552	65.5	34.5	1016	535	65.61	34.49	958	494	65.98	34.02
Total	4700	1510	75.82	24.18	4717	1484	76.0	24.0	4423	1377	76.3	23.7

Table 4: Top quartile composition breakdown

Breakdown analysis of top pay quartile	2025				2024				2023			
	Male		Female		Male		Female		Male		Female	
	Heads	%	Heads	%	Heads	%	Heads	%	Heads	%	Heads	%
Top Quartile	552	34.5	1048	65.5	535	34.5	1016	66	494	34.02	958	65.98
Top 500	267	53.4	233	46.6	272	54.4	228	46	275	55	225	45
Top 100	61	61	39	39	69	69	31	31	72	72	28	28

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

- The modest nature of the improvement in the mean gap is explained by counteracting trends, including the growth in female representation in both the lowest pay quartile (Quartile 1) and Highest pay quartile (Quartile 4).
- The larger impact on the median gap is understood with reference to changes in both male and female workforce composition.
 - The male composition of the workforce evidences small in year growth. The growth is predominantly clustered in below average pay quartiles 1 and 2. A + 32 net composition growth in Quartiles 1 and 2 coupled with a -6 net decrease in Quartiles 3 and 4 is reported.
 - The opposite trend is evidence in female composition, namely a -27 net decrease in quartiles 1 and 2, coupled with a +10 growth in composition in quartiles 3 and 4
 - The net impact of these diverging trends is one of ‘pull down’ the middle value in data range for males and ‘push up’ the middle value in the data range for women
 - Small increases in female representation in the top 500 and more significant increases in the top 100 pay rates are reported in year.

2.4 Analysis by Staff Group

- 2.4.1 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.
- 2.4.2 Medical and Dental Staff make up the vast proportion of the 500 highest hourly rates – up to 91% in 2025 compared to 84% in 2024. 49.6% of the top 500 rates are male medics. The male composition of the RBFT overall is 24%.
- 2.4.3 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

Table 5: Pay Gaps by Staff Group

Staff Group	2025 Average Hourly Rate (£)	2025 Average Hourly Rate (£)	2025 Difference (£)	2025 Pay Gap %	Mean Pay Gap Trend (24/25) %
	Female	Male			
Add Prof Scientific and Technic	24.19	23.82	-0.36	-1.53	-5.64
Additional Clinical Services	14.45	14.56	0.11	0.73	1.33
Administrative and Clerical	18.47	22.62	4.14	18.32	-1.51
Allied Health Professionals	23.13	22.07	-1.07	-4.83	-0.26
Estates and Ancillary	13.72	13.93	0.21	1.51	0.40
Healthcare Scientists	24.21	24.56	0.35	1.43	0.08
Medical and Dental	41.42	46.27	4.85	10.49	-2.13
Nursing and Midwifery Registered	22.54	22.28	-0.26	-1.19	-1.44

- 2.4.4 The highest % pay gaps remain in the Administrative and Clerical group (which includes senior management) and Medical and Dental. Nursing and Midwifery; Allied Health Professionals and Additional Professional Scientific and Technical Staff all report pay gaps in favour of women.
- 2.4.5 In order to map the impacts of staff group trends to the overall Trust position the Medical and Dental and the Admin and Clerical staff groups were excluded for analysis purposes. 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 once more in 2025 as in previous years:

Table 5: Mean Gender Pay Gap (excluding the Medical and Dental Staff Group)

	RBFT Mean Gender Pay Gap (Excluding Medical and Dental Staff Group from Analysis)	Female Average Hourly Rate (£)	Male Average Hourly Rate (£)	Difference (£)	Pay Gap %
2023	193 Royal Berkshire NHS Foundation Trust	17.71	17.89	0.18	1.01
2024	193 Royal Berkshire NHS Foundation Trust	18.73	18.66	-0.08	-0.41
2025	193 Royal Berkshire NHS Foundation Trust	20.08	19.83	-0.25	-1.27

- 2.4.6 The exclusion of the Medical and Dental staff group from the overall analysis eliminates the mean gender pay gap in the organisation and generates an overall pay gap in favour of women. 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.
- 2.4.7 The Medical and Dental Pay Gap at the RBFT is not an outlier and is in fact significantly lower than the 18.9% reported for Hospital Doctors Nationally in the most recently available data.
- 2.4.8 A review of recruitment activity into Medical Consultant posts has been undertaken to understand trends and female talent flows into senior medical roles in the organisation. Consultant Recruitment trends over the past 6 years continue to evidence a balanced and equitable approach. 2024/25 data saw the highest proportional recruitment of female consultants (63%) since this data has been collected. Over the past 6 years the overall position demonstrates 50/50.

2.5 Bonus Payments

- 2.5.1 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.
- 2.5.2 National Clinical Impact Awards (formerly Clinical Excellence Awards), 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.
- 2.5.2 Contractual entitlement to access an annual local award round ceased on 1 April 2024 and no new local Clinical Impact Awards have been issued. The Bonus disparity position stems from pre 2018 Clinical Excellence Awards which are contractually retained and thus represent a legacy issue. A small number of National Awards are in scope

Table 8: Numbers Receiving Bonus Payment

	Employees Paid Bonus 2025	Total Relevant Employees 2025	% of relevant employees receiving Bonus - 2025		Employees Paid Bonus 2024	Total Relevant Employees 2024	% of relevant employees receiving Bonus - 2024
Female	32	5306	0.6		139	5259	2.64
Male	66	1716	3.85		181	1677	10.79

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

	2025 Mean Pay (Bonus)	2025 Median Pay (Bonus)	2024 Mean Pay (Bonus)	2024 Median Pay (Bonus)	2023 Mean Pay (Bonus)	2023 Median Pay (Bonus)
Male	£9,552	£6,032	£8,803	£5,741	£8,448	£4,500
Female	£7,409	£4,987	£6,752	£5,741	£6,078	£4,500
Difference	£2,112	£1,044	£2,051	£0	£2,369	0
Pay Gap %	22.18	17.31	23.3	0	28.04	0

- 2.5.3 There has been a decrease of 1% in the 2024 Mean Bonus Pay Gap (continuing the historic improvement trend), whilst the median gap, at 17% has re-emerged back from 2021 levels.
- 2.5.4 In previous years our local, equitable distribution of the local award round was driving equity in the median position. Pre 2018 Clinical Excellence Awards (which are contractually retained) provide a legacy context underpinning the current position

2.6 Our Benchmarked Position – Mean, Median and Bonus Pay Gaps

- 2.6.1 There is an extreme paucity of organisations who have published their snapshot data (as of the 31.03.2025) at the time of writing this report, therefore meaningful benchmark data is not currently available.
- 2.6.2 An update on focussed benchmarking data across Acute Trusts in our region will be provided to a future committee once the relevant organisations have published their data.

3. Conclusion

- Ongoing improvement in reducing the Trusts Gender Pay Gap is reported
- The contextual structural composition of the workforce once again provides for a very challenging backdrop to effect accelerated improvements in our overall mean gender pay gap position.
- Pre 2018 Clinical Excellence Awards (which are contractually retained) provide a legacy context underpinning the current bonus pay disparity position.
- Our Improvement plan has been refreshed to enable improvements
- Approval is sought to publish results in line with statutory requirements

4. Attachments

The following are attached to this report:

- Appendix 1 – Supplementary Data Tables
- Appendix 2 – RBFT Gender Pay Gap Improvement Plan on a Page 2025-2027

Appendix 1

Table 3: Quartile composition changes by Gender 24/25 Trend

Quartile	Headcount change by Quartile Profile (24/25 Trend)	
	Female	Male
1	+76	+14
2	-103	+28
3	-22	-23
4	+32	+17
Net Change (All Quartiles)	-17	+36

Table 7: Gender of medical consultants recruited at RBFT (2018-2025)

Financial Year	Female Consultants Recruited	Male Consultants Recruited	Total Consultants Recruited	% Female Consultants Recruited
2018-2019	10	14	24	41.67
2019-2020	16	20	36	44.44
2020-2021	8	13	21	38.10
2021-2022	18	14	32	56.25
2022-2023	15	10	25	60.00
2023-2024	10	11	21	47.62
2024-2025	12	7	19	63.16
Total	89	89	178	50.00

Appendix 2: RBFT Gender Pay Gap Improvement Plan on a Page (2025-2027)

Key Focus	How	When	Who	Measure	RAG Status
Recruitment, Progression and Talent Development	Deep dive into interview practice at the Trust focusing across equality outcomes across protected characteristics.	By Sept 2026	Recruitment and L&OD	Equitable recruitment evidenced by intake trends and progress through recruitment stages	
	Monitor and report RISE pathway compositions and succession plans for gender equity and trends and respond to emergent areas	Twice per annum	NKS	Equitable representation of female talent in succession pipelines for Tier 1 and 2 roles	
	Promote Coaching and Mentoring Platform as growth mechanism to access support.	Ongoing	KD	Grow coaching and mentoring connections to 200+ per annum	
	Continued equitable recruitment onto planned leadership development programmes	Every available enrolment window	NKS	Recruitment onto key programmes reflective of overall workforce composition – target 76% female representation	
Trust Profile and Culture	Develop and deliver a Pregnancy and Maternity Forum and co-create targeted interventions to support women returning from periods of leave	Apr 26	CR	Forum established and operational.	
	Ongoing focus on our 'Up the Anti' programme to further develop Trusts Anti-Discrimination Culture	Ongoing	CR	Staff survey will show reduced rates of bullying, harassment and discrimination and will show improved staff experience.	
	Use learnings from lived experience shared at staff networks to shape trust responses and interventions in areas such as HWB, flexible working, Career Development etc	Ongoing	Women's + Network	Co-created outputs focussed on the areas that matter to our people	
	Continued delivery of our commitments in line with the Sexual Safety at Work Charter	Ongoing	ES	Decreasing prevalence of unwanted, harmful inappropriate sexual behaviours in the workplace as measure in Staff Survey data	
National Clinical Impact Awards	Promote and encourage National CIA applications through a range of targeted interventions	Relevant Application windows	CMO and PP	15% increase in number of successful female applications	

