

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 23/24 • Seek approval to publish in accordance with legislative requirements
------------------------------	--

What action is required?		The Committee is asked to review and approve publication in line with statutory reporting requirements.					
Assurance		Information	✓	Discussion/input	✓	Decision/approval	✓

Strategic objectives This report impacts on (tick all that apply)::									
Provide the highest quality care									
Invest in our staff and live out our values								✓	
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 ✓		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 ✓			
Publication									
Published on website		✓		Confidentiality (FoI)		Private		Public	

1 Executive Summary

- (a) The Trust Gender Pay Gap position as of the 31.03.24 shows a mean gender pay gap of 19.96% and a median pay gap of 10.9%.
- (b) Relative to the 2023 data, this represents a decrease of 1.23% in the mean gap and no change in the median gap.
- (c) The 2024 mean gap is the lowest the Trust has reported since reporting requirements commenced in 2017.
- (d) The narrowing in the mean gap is driven predominantly by the in-year growth in female representation in the above average upper pay quartiles (3 and 4) accompanied with very small increases in proportional representation in the top 500 and top 100 rates.
- (e) The modest nature of the improvement in the mean gap is explained by counteracting trends, including the growth in female representation in below average pay quartiles (1 and 2) and accompanying headcount growth in male representation in the top quartile.
- (f) 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 – 84% compared to 79% in 2023. 48.6% of the top 500 rates are male medics. The male composition of the RBFT overall is 24%.
- (g) Excluding the Medical and Dental staff group from the overall analysis results in the elimination of the gender pay gap in the organisation
- (h) The Trust Mean Gender Bonus Pay Gap position is improving (down 5% to 23% in 2024). A 0% median gender bonus pay gap is maintained.
- (i) RBFT's position is broadly consistent and slightly favourable to prevailing NHS trends and benchmarks (comparable basket of Trust who had reported as of the 31.01.25)
- (j) Delivery of our **Gender Pay Gap Action Plan 2025-2027** (Appendix 1) will continue Thematically, key priorities of focus will include:
 - (i) Recruitment and Selection
 - (ii) Career Development and Talent Progression
 - (iii) Lived experience and Network engagement
 - (iv) Trust Profile and Culture
- (k) It is to be noted that the contextual structural composition of the workforce provides for a very challenging backdrop to effect accelerated improvements in our overall mean gender pay gap position.
- (l) 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 2025**.
- (m) 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 31.03.24)
- (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

	31.03.24		31.03.23		31.03.22		31.03.21	
	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 (£)	20.51	18.09	19.31	17.24	18.27	16.37	17.43	15.65
Male (£)	25.63	20.31	24.51	19.35	22.92	17.29	21.86	15.72
Difference (£)	5.12	2.21	5.2	2.11	4.63	0.91	4.43	0.06
Pay Gap (%)	19.96	10.9	21.19	10.9	20.24	5.3	20.28	0.41

Relative to the 2023 data, this represents a decrease of 1.23% in the mean gap and no change in the median gap. 2024 data represents the lowest Mean Average Gender Pay Gap reported by the Trust since the reporting requirements were introduced in 2017.

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 hourly rates; Quartile 4 is the highest hourly rates.

Table 2: Workforce Composition by Gender

	31.03.24				31.03.23				31.03.22			
Quartile	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	1098	360	75.31	24.69	1102	347	76.05	23.95	1103	378	74.5	25.5
2	1329	313	80.94	19.06	1186	264	81.79	18.21	1148	314	78.52	21.48
3	1274	276	82.19	17.81	1177	272	81.23	18.77	1249	255	83.05	16.95
4	1016	535	65.61	34.49	958	494	65.98	34.02	960	523	64.73	35.27
Total	4717	1484	76.0	24.0	4423	1377	76.3	23.7	4460	1470	75.3	24.7

Table 3: Quartile composition changes by Gender (23/24 Trend)

	Headcount Change by Quartile Profile (23-24 Trend)	
Quartile	Female	Male
1	-4	13
2	143	49
3	97	4
4	58	41

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

- The narrowing in the mean gap is driven predominantly by the in year growth in female representation in the above average upper pay quartiles (3 and 4) accompanied with very small increases in proportional representation in the top 500 and top 100 rates.
- The modest nature of the improvement in the mean gap is explained by counteracting trends, including the growth in female representation in below average pay quartiles (1 and 2) and accompanying headcount growth in male representation in the top quartile.
- No impact on the median gap is seen because of the relatively balanced nature of the growth in representation both above and below the midpoint for men and women alike.
- The three-year trend evidences that the increase in the number of women in the top two quartiles has outpaced the growth in men by a rate of 2.45:1. Conversely, the same trend is evident in the lower pay quartiles, but at higher rate, with female representation growth outpacing that of men at a ratio of 9:1.

2.4 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 – 84% compared to 79% in 2023. 48.6% of the top 500 rates are male medics. The male composition of the RBFT overall is 24%.

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 31.03.24)

Table 5: Pay Gaps by Staff Group 2024

Staff Group	2024 Average Hourly Rate (£)	2024 Average Hourly Rate (£) Male	2024 Difference (£)	2024 Pay Gap %	Mean Pay Gap Trend (23/24) %
	Female	Male			
Add Prof Scientific and Technic	22.48	23.44	0.96	4.11	-1.31
Additional Clinical Services	13.49	13.40	-0.08	-0.60	-2.62
Administrative and Clerical	17.13	21.37	4.24	19.83	-0.64
Allied Health Professionals	21.60	20.66	-0.94	-4.57	-2.56
Estates and Ancillary	13.01	13.16	0.15	1.11	0.59
Healthcare Scientists	23.02	23.33	0.32	1.35	-0.84
Medical and Dental	37.02	42.37	5.35	12.62	1.07
Nursing and Midwifery Registered	21.17	21.22	0.05	0.25	-2.38

The highest % pay gaps remain in the Administrative and Clerical group (which includes senior management), Medical and Dental, and Additional Professional Scientific and Technical. All staff groups report in year reductions in their pay gaps aside from the Medical and Dental and Estates and Ancillary groups)

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 2024 as in previous years:

	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	194 Royal Berkshire NHS Foundation Trust	18.73	18.66	-0.08	-0.41

The exclusion of the Medical and Dental staff group from the overall analysis eliminates the mean gender pay gap in the organisation. 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 and is in fact significantly lower than the 18.9% reported for Hospital Doctors Nationally in the most recently available data.

Consultant Recruitment trends over the past 6 year continue to evidence a balanced and equitable approach, but recent trend of the growth in female consultant recruitment outpacing that of male consultant recruitment has dropped back a little in year.

Table 7: 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	41.7
2019-2020	16	20	36	44.4
2020-2021	8	13	21	38.1
2021-2022	18	14	32	56.3
2022-2023	15	10	25	60.0
2023-2024	10	11	21	47.6
Total	77	82	159	48.4

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 2023.

Table 8: Numbers receiving bonus payments

	Gender	Employees Paid Bonus	Total number of Employees in Workforce (as of 31.03.23)	% of total workforce receiving bonus
2024	Female	139 (+20)	5259	2.64 (+0.23)
	Male	181 (+10)	1677	11.12 (-0.33)

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

Gender	2024 Mean Pay (Bonus)	2024 Median Pay (Bonus)	2023 Mean Pay (Bonus)	2023 Median Pay (Bonus)	2022 Mean Pay (Bonus)	2022 Median Pay (Bonus)	2021 Mean Pay (Bonus)	2021 Median Pay (Bonus)
Male	£8,803	£5,741	£8,448	£4,500	£10,590	£7,238	£10,869	£8,645
Female	£6,752	£5,741	£6,078	£4,500	£8,193	£6,032	£7,756	£6,032
Difference	£2,051	£0	£2,369	0	£2,396	£1,206	£3,112	£2,613
Pay Gap %	23.3	0	28.04	0	22.63	16.67	28.6	30.2

There has been a decrease of nearly 5% in the 2024 Mean Bonus Pay Gap in year, whilst the 0% median gap from 2023 is maintained.

Mean Bonus Pay Gaps remain and stem from National CEA's (now rebranded to 'Clinical Impact Awards'). National review and efforts to modernise National CEA's (now CIA'S) seek to drive improved representation from eligible groups, recognising that historically, they have contributed to widening both gender and ethnicity pay gaps.

A closing in the mean gap is to be welcomed whilst ongoing vigilance will be required to monitor future trends and whether aims of National reform in driving equity are delivered.

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

To provide broader context, the relative reported positions of a range of benchmark organisations was assessed. There are a limited number of organisations who have published their snapshot data (as of the 31.03.2024) at the time of writing this report.

Of those reviewed RBFT's position is broadly consistent with prevailing trends. Update on more 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. Previous Reviews

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

4. Conclusion

Our 2024 GPG report evidences our lowest ever mean gender pay gap and improvements in our Bonus pay gap position.

Structural workforce composition is the key factor affecting the reported position.

Continued focus on improvements through the delivery of the actions as set out in our **Gender Pay Gap Improvement Plan 2025-2027 (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 30.03.2025.

5. Appendix

The following is attached to this report:

Appendix 1: RBFT Gender Pay Gap Improvement Plan (2025-202)

Appendix 1:RBFT Gender Pay Gap Improvement Plan (2025-2027)

Key Focus	How	When	Who	Measure	RAG Status
Recruitment and Selection	Continue to embed Inclusive Recruitment principles into recruitment practice.	Ongoing	VD	Equitable recruitment evidenced by intake trends and progress through recruitment stages	
	Audit of non-standard starting salaries	Q2 2025	VD	Equitable and proportional application	
Career Development	Increased utilisation of Knowledge and Development Fund	On-going	Charity	Effective promotion and increase in applications.	
	Continued equitable recruitment onto planned leadership development programmes	Every enrolment window	NKS	Recruitment onto key programmes reflective of overall workforce composition – target 76% female representation	
	Monitor and report RISE pathway compositions for gender equity and trends and respond to emergent trends	Q2 2025	NKS	Equitable representation of female talent in succession pipelines for Tier 1 and 2 roles	
	Support the activity and focus of the Women's+ Network and further build engagement with programme of events.	Ongoing	PS and Network Chair	Programmes of events delivered and uptick in active membership of 20%	
	Launch Coaching and Mentoring Platform as an equitable and transparent mechanism to access support.	Q1 2025	CR	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	Gender of delegates on the programme is proportionate to the overall Trust gender split.	
Trust Profile and Culture	'Up the Anti' programme to further develop Trust Anti Discrimination Culture	Q1 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 to shape trust responses and interventions in areas such as HWB, flexible working etc	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:RBFT Gender Pay Gap Improvement Plan (2025-2027)

Key Focus	How	When	Who	Measure	RAG Status
General	Deep Dive into 2024 Staff Survey data from colleagues on Maternity leave to understand and respond to trends	Q2 2025	PS	Improvements in 2025 results and survey engagement.	
	Promote and encourage National CIA applications.	2025 window TBC	PP	Increase in number of successful female applications	
	Introduction of Carers' Passport to the Trust, to support Carers in the workplace	Q3 2025	ES and KO'L	Passport launched.	
	Continued delivery of our commitments in line with the Sexual Safety at Work Charter, including profile Trust training and support interventions	Ongoing	ES	Decreasing prevalence of unwanted, harmful inappropriate sexual behaviours in the workplace as measure in Staff Survey data	
	<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 KO'L - Patient Experience Liaison Nurse and Carers Lead 				

