

Title:	2021 Gender Pay Gap Report
Agenda item no:	
Meeting:	EMC/Workforce Committee
Date:	January/February 2022
Presented by:	Don Fairley (Chief People Officer)
Prepared by:	Pete Sandham (Head of OD, Engagement 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 FY 20/21 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 <input checked="" type="checkbox"/>

1 Executive Summary

- 1.1 This report is the RBFT's 5th Gender Pay Gap report following the statutory mandate in 2017 that all organisations with over 250 staff report annually on their Gender Pay Gap (GPG).
- 1.2 It is a statutory requirement that data is published both on the Trusts website and also through the Government Equalities Office Gender Pay Gap Reporting portal. Data must be published by the **30 March 2022**
- 1.3 The Trust Gender Pay Gap position as of the 31.03.21 shows a **mean gender pay gap of 20.28% and a median pay gap of 0.41%**. Relative to the 2020 data, this represents a decrease of 4% and 7% on each measures respectively
- 1.4 2021 figures represent the lowest RBFT Gender Pay Gaps since the reporting requirements were introduced and the single biggest in year reductions on both measures – leading to the very near elimination of the median pay gap.
- 1.5 Extremities in the data range is the key reason why the mean gap is not closing at the same pace as the median gap
- 1.6 Analysis of the top 500 hourly rates shows that the prevalence of women decreases relative to the increases in hourly rates. Women comprise 67% of the entire top pay quartile but only 45% of the top 500 rates (a small increases since 2019)
- 1.7 Medical and Dental Staff make up the vast proportion of the 500 highest hourly rates at around 80%. 48% 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 has the effect of entirely wiping out the mean pay gap in the organisation.
- 1.9 A headcount increase in the female Medical Consultant workforce is evident. Of the net growth of 21 heads seen between 2018 – 2021, 86% of this (or 18 heads) is female representation.
- 1.10 The Trust Gender Bonus Pay Gap position as of the 31.03.21 shows a **mean gender pay gap of 28.6% and a median pay gap of 30.2%**. Relative to the 2020 data, this represents a decrease of 1% and 3% on both measures respectively. Bonus gaps are at their lowest ever reported rates. Bonus in this context relates entirely to Clinical Excellence Awards (CEA's)
- 1.11 Our **Gender Pay Gap Action Plan 2022-2024**(Appendix 1) sets out in detail our planned actions for the period ahead

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 31.03.21)
- (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

	31.03.21		31.03.20		31.03.19	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Female (£)	17.43	15.65	16.98	15.39	16.38	14.82
Male (£)	21.86	15.72	22.39	16.63	22.13	16.34
Difference (£)	4.43	0.06	5.40	1.23	5.75	1.523
Pay Gap (%)	20.28	0.41	24.14	7.40	25.98	9.32

Relative to the 2020 data, this represents a decrease of 4% and 7% on both measures respectively

These 2021 figures represent the lowest Gender Pay Gaps that the Trust has reported since the reporting requirements were introduced in 2017 and the single biggest reduction on both measures – leading to the very near elimination of the median pay gap.

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	31.03.21				31.03.20				31.03.19			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	1086	372	74.49	25.51	1021	299	77.35	22.65	1006	271	78.78	21.22
2	1078	302	78.12	21.88	1063	258	80.47	19.53	1013	243	80.65	19.35
3	1313	227	85.26	14.74	1125	196	85.16	14.84	1104	202	84.53	15.47
4	974	486	66.71	33.29	868	453	65.71	34.29	828	453	64.64	35.36
Total	4451	1387	76.2	23.8	4077	1206	77.17	22.82	3951	1169	77.15	22.85

Table 3: Quartile composition changes by Gender (2018-2021)

Quartile	Headcount Growth (2018 – 21)			Quartile growth profile in % terms (2018-21)	
	Total	Female	Male	Female (%)	Male (%)
1	231	+127	+104	55	45
2	157	+91	+66	58	42
3	306	+286	+20	93.5	6.5
4	231	+190	+41	82.3	17.7

In terms of what the data is telling us:

- Efforts to improve the representation of women in the top pay quartile have yielded results with over 82% of the growth in the last 4 years accounted for by the increase in women in this pay quartile.
- Correspondingly, growth in the number of women in the 1st (lowest) quartile is also reported (55% of total growth).
- With the mean (average) pay gap influenced by extremities in the data range, the diverging trends in growth at both ends of the spectrum partially explains why the drop in the mean pay gap, whilst maintaining a very positive trend over the past 4 years, is not more marked.

2.3 Differences in pace in the reduction in the median and mean pay gaps

The pay quartile composition is a key driver of the pay gap. We also know that extremities in the data range influence the size of the mean average gap. With this in mind a further profile analysis of the top quartile and the 1460 roles therein has been undertaken, focussing on the gender profile of the top 500 hourly rates. The composition change over the past 4 years is also represented.

Table 4: Breakdown analysis of top pay quartile

2021 Breakdown analysis of top pay quartile	Male		Female		2018-21 Composition Trend
	Heads	% of grouping	Heads	% of grouping	% Change in Female representation
All Top Quartile (1460 Heads)	486	33	974	67	+3
Top 500	276	55	224	45	+1

The analysis shows that the prevalence of women decreases significantly relative to the increases in hourly rates. Women comprise 67% of the top quartile, but only 45% of the top 500 highest hourly rates.

Small increases in the % composition of women in the top 500 highest hourly rates are evidenced. So whilst the number of women in the top quartile overall has increased in recent years, these increases remain predominantly in the 'lower reaches' of the top quartile.

Medical and Dental Staff make up the vast proportion of the 500 highest hourly rates at around 80%. 48% 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 31.03.21)

Table 5: Pay Gaps by Staff Group 2021

Staff Group	Average Hourly Rate (£) Female	Average Hourly Rate (£) Male	Difference (£)	Pay Gap %	Mean Pay Gap Trend 20/21 (%)	% of Staff Group - Female
Add Prof Scientific and Technic	19.38	20.10	0.72	3.60	-0.77	70
Additional Clinical Services	11.41	11.36	-0.05	-0.40	-1.4	80
Administrative and Clerical	14.53	17.36	2.82	16.27	-10.6	75
Allied Health Professionals	19.33	18.52	-0.81	-4.38	-1.97	82
Estates and Ancillary	10.84	11.26	0.42	3.73	+7.94	55
Healthcare Scientists	20.03	23.16	3.13	13.50	-1.5	64
Medical and Dental	32.11	39.83	7.72	19.39	+3	52
Nursing and Midwifery Registered	18.87	19.03	0.16	0.83	+0.46	91

The largest pay gap is in the Medical and Dental staff group and this gap has increased since last year.

High % pay gaps also exist in the Admin and Clerical group (which includes senior management) and also amongst the Healthcare Scientist Group (although both these gaps have reduced in year - the admin and clerical gap significantly so).

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, Admin and Clerical and Healthcare Scientist groups, in turn from the overall analysis to identify impacts. The exclusion of the A&C group and the Healthcare Scientist group had no or negligible impact on the overall position. Excluding the Medical and Dental Group however had significant impacts, as set out below:

Table 6: RBFT GPG Excluding Medical and Dental Staff Group

Impact on overall pay gap position of excluding Medical and Dental Staff Group from analysis	Female	Male	Pay Gap (£)	Mean Pay Gap (%)
	Avg Hourly Rate	Avg Hourly Rate		
All Staff Groups (Excluding Medical and Dental)	16.04	15.73	-0.31	-1.98%

The exclusion of the Medical and Dental staff group from the overall analysis has the effect of entirely wiping out the mean pay gap in the organisation and in fact produces a male pay gap. The reason for this is the relatively 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 far the highest average rate in the Trust.

Changes in the gender profile of the permanent Medical Consultant workforce are tracked to monitor progress in representation in this group. Positive progress is reported. A net increase in 21 heads is reported between March 2018 and March 2021 with 86% of this growth (18 heads) constituting an increase in female headcount.

The Medical and Dental Pay Gap at the RBFT is not an outlier. The National pay gap for hospital doctors in 2020 was 24.4% - [Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England - December 2020 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

2.4 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) 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 2020

Table 6: Numbers receiving bonus payments

	Gender	Employees Paid Bonus	Total eligible Employees (Permanent Medical Consultants)	% of eligible employees receiving bonus	Total number of Employees in Workforce (as of 31.03.21)	% of total workforce receiving bonus
2021	Female	33 (-)	121	27	4451	0.74
	Male	76 (-8)	171	44	1387	5.47

Table 7: Mean and median bonus payments, differentials and gender pay gaps in relation to bonuses.

Gender	2021 Mean Pay (Bonus)	2021 Median Pay (Bonus)	2020 Mean Pay (Bonus)	2020 Median Pay (Bonus)	2019 Mean Pay (Bonus)	2019 Median Pay (Bonus)	2018 Mean Pay (Bonus)	2018 Median Pay (Bonus)
Male	£10,869	£8,645	£11,378	£9,048	£11,681	£9,048	£12,092	£9,041
Female	£7,756	£6,032	£8,027	£6,032	£7,842	£6,032	£6,962	£4,019
Difference	£3,112	£2,613	£3,351	£3,015	£3,839	£3,015	£5,131	£5,022
Pay Gap %	28.6	30.2	29.45	33.33	32.87	33.33	42.43	55.55

Once more the Mean and Median Bonus Pay Gaps reported are the lowest the Trust has reported since the regulations commenced.

3. Previous Reviews

The Trusts GPG report is annually reviewed at the Workforce Committee. This 2021 report continues to highlight positive trends in GPG reduction previously reported in addition to identifying the same substantive challenges to further improving our position

4. Conclusion

Our 2021 GPG report evidences both the single largest in year decrease and our lowest ever reported GPG figures

The four-year trend shows a strong, significant, accelerated net growth in women in the top two pay quartiles – a trend that is driving improvements in the median pay gap.

Extremities in the data range are the key reason why the mean gap is not closing more significantly.

The headline conclusion in 2021 as it has been for the past 4 years 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. Positive progress in terms of the net increase of female consultants is reported.

The impact of our actions is translating into improvements and as such, the continued delivery of the actions as set out in our **GPG Action Plan (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 30.03.2022.

5. Attachments

The following is attached to this report:

- RBFT Gender Pay Gap Improvement Plan (2022-2024)

RBFT Gender Pay Gap – Improvement Plan 2022 - 2024

Key area for improvement	How	When	Who	Priority	Update	Measure	RAG Status
Recruitment and Selection	Deliver our 'batch' recruitment process with pilot in key high volume recruitment pipelines	By Sept '22	Head of Recruitment	M	Carry forward from 2021 plan due to operational pressures.	Co-ordinated process to better retain and support the development of female talent	
	Roll out of Inclusive Recruitment Checklist as part of ICS EDI work stream	Sept '22	Head of Recruitment	H		Process Audit and Recruitment outcomes	
	Full roll out of Values Based Recruitment Training for hiring managers	Jul '22	Head of Recruitment	H	Build on successful launch to fully integrate	100+ recruiting managers trained	
	Scale up our Winning at Interviews training programme	Feb '23	CP	M	Moved to e-learning during Covid 19	100+ delegates per annum and tracking of promotions	
Career Development	Increased utilisation of Knowledge and Development Fund	On-going	Charity and Comms	M	Increase in applications resultant from ongoing promotion but not at capacity	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	M		Recruitment onto key programmes reflective of overall workforce composition.	
	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.	Sept '22	NKS	M	Roll out plans for 2021 pushed back due to operational pressures.	Equitable representation of female talent in succession pipelines for Tier 1 and 2 roles	
	Expanded Coaching and Mentoring Network	Aug '22	CR	M			
Community Engagement	Ensure Widening Participation interventions challenge perceptions around careers in healthcare, especially medicine and raise aspirations	On-going	AO	L	Widening Participation initiatives severely impacted by Covid 19. Reinvigorate as circumstances permit	Targeted interventions supporting STEM careers. Link to Education Strategy	
Flexible Working and Family Leave Provisions	Launch and roll out our Hybrid Working Policy and embed into recruitment offer	TBC	SED	M	Flexible working strongly promoted as part and parcel of our pandemic response.	Uptake of hybrid working provisions	
	Appoint a consultant to support flexible working medical trainees.	TBC	JL	M		Satisfaction and support measurers for trainees –	
Clinical Excellence	Deliver feedback sessions on submitting successful CEA applications – both local and national.	Run up to launch	Head of Medical Ed	M		Increase in number of successful female applications	

RBFT Gender Pay Gap – Improvement Plan 2022 - 2024

Key area for improvement	How	When	Who	Priority	Update	Measure	RAG Status
Awards	Ensure gender balance and representation on CEA awarding panels.	On going	Head of Medical Ed	H	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	KS and JL	H		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	
General	Drive up Staff Survey Response rates for staff on Maternity Leave (historically low)	Nov '22	HR and OD Team	M		Improved engagement and retention metrics measured through NSS and trust KPI's. Improved staff survey response rate.	
	Ongoing review and implementation of other relevant recommendations of 'Mend the Gap: Independent review into Gender Pay Gaps in Medicine (Dec 2020)	TBC	Head of Medical Ed and JL	H			

