

Title:	2022 Gender Pay Gap Report
Agenda item no:	
Meeting:	Workforce Committee
Date:	February 2023
Presented by:	Don Fairley (Chief People Officer)
Prepared by:	Pete Sandham (Associate Director – 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 21/22 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	✓	Discussion/input	✓	Decision/approval	✓

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				✓
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		Confidentiality (FoI)	Private	✓	Public	
Exempt: Section 22 – Information intended for future publication						

1 Executive Summary

- 1.1 This report is the RBFT's 6th 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 2023**
- 1.3 The Trust Gender Pay Gap position as of the 31.03.22 shows a **mean gender pay gap of 20.24% and a median pay gap of 5.3%**.
- 1.4 Relative to the 2021 data, this represents a decrease of 0.04% in the mean gap and an increase of 4.9% in the median gap. The 2022 Mean pay gap is the lowest ever reported by the Trust. The median gap is the second lowest ever reported by the Trust, but a deterioration from the record low reported last year.
- 1.5 Workforce composition and extremities in the data ranges are the key reason why the pace in improvement in the mean gap has stalled.
- 1.6 The relative static position of female representation in the top pay quartile coupled with the growth in the number of women in the lowest pay quartile outpacing the growth in men in this quartile – explains the relative static position of the mean gap compared to last year and the drop off in pace of improvement historically delivered.
- 1.7 Similar trends are driving the increase in the median ('middle value' gap). The overall organisational growth in men equates +73 compared to increase in women of +9 relative to 2021 data. Net increases in male representation is most concentrated in the above median ranges of quartile 4 (highest pay quartile) and quartile 3 (second highest pay quartile). Net increases in female representation is concentrated in in the below median ranges of quartile 1 and 2 with decrease particularly concentrated in the 3rd quartile. The cumulative impact of these diverging trends is that the male median, relative to the female median is being dragged up due to increasing representation in upper pay echelons
- 1.8 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 77%. 59% of the top 500 rates are male medics. The male composition of the RBFT overall is 24%.
- 1.9 Excluding the Medical and Dental staff group from the overall analysis has the effect of almost eliminating out the mean pay gap in the organisation.
- 1.10 The **Trust Gender Bonus Pay Gap position** as of the 31.03.2 shows a mean gender bonus pay gap of 22.6% and a median pay gap of 16.7% - both measures, by some distance, the lowest gaps ever reported by the Trust. '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 key headline actions in 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 31.03.22)
- (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

	31.03.22		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	Mean Hourly Rate	Median Hourly Rate
Female (£)	18.27	16.37	17.43	15.65	16.98	15.39	16.38	14.82
Male (£)	22.92	17.29	21.86	15.72	22.39	16.63	22.13	16.34
Difference (£)	4.63	0.91	4.43	0.06	5.40	1.23	5.75	1.523
Pay Gap (%)	20.24	5.3	20.28	0.41	24.14	7.40	25.98	9.32

Relative to the 2021 data, this represents a very slight decrease of 0.04% in the mean gap and 4.9% increase in the median gap.

These 2022 figures represent the lowest Mean Average Gender Pay Gaps that the Trust has reported since the reporting requirements were introduced in 2017, albeit with a very small in year reduction. The four year trend evidences that both the mean and median hourly rates for women has increased at a rate almost twice that of the male increase.

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	31.03.22				31.03.21				31.03.20			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1	1103	378	74.5	25.5	1086	372	74.48	25.51	1021	299	77.35	22.65
2	1148	314	78.52	21.48	1078	302	78.12	21.88	1063	258	80.47	19.53
3	1249	255	83.05	16.95	1313	227	85.26	14.74	1125	196	85.16	14.84
4	960	523	64.73	35.27	974	486	66.71	33.29	868	453	65.71	34.29
Total	4460	1470	75.3	24.7	4451	1387	76.2	23.8	4077	1206	77.17	22.82

Table 3: Quartile composition changes by Gender (Four Year Trend 2018-2022)

Quartile	Headcount Growth (2018 – 2022)			Quartile growth profile in % terms (2018-21)	
	Total	Female	Male	Female (%)	Male (%)
1	+204	+97	+107	47.5	52.5
2	+206	+135	+71	65.5	34.5
3	+138	+85	+53	61.6	38.4
4	+202	+132	+70	65.3	34.7

Table 4: Breakdown of Top Pay Quartile

Breakdown analysis of top pay quartile	2022				2021			
	Male		Female		Male		Female	
	Heads	%	Heads	%	Heads	%	Heads	%
Top Quartile	523	35	960	65	486	33	974	67
Top 500	279	56	221	44	276	55	224	45

In terms of what the data is telling us:

- The pay quartile composition is a key driver of the pay gap. Extremities in the data range influence the size of the mean average gap
- The number of women in the top pay quartile has shown a small decrease in year (-14). The composition of the top 500 hourly rates show a very small decrease in female representation.
- The relative static position of the top quartile representation coupled with the growth in the number of women in the 1st (lowest) quartile outpacing the growth in men in this quartile – explains the static position of the mean gap relative to last year and the drop off in pace of improvement relative to historic performance .

- Similar trends are driving the increase in the median ('middle value' gap). The number of men in the relevant data range has increase by +73 compared to increase in women of +9. Increases in male representation in the above median ranges of quartile 3 and 4 is evidenced, whereas the increase in female representation is evidenced in the below median ranges of quartile 1 and 2. The net impact of these diverging trends is that the male median, relative to the female median is being dragged up due to increasing representation in upper pay echelons

2.4 Further Analysis by Staff Group

Having identified the fundamental impact of extremities in 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 around 77%. 59% 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 31.03.22)

Table 5: Pay Gaps by Staff Group 2022

Staff Group	2022 Average Hourly Rate (£) Female	2022 Average Hourly Rate (£) Male	2022 Difference (£)	2022 Pay Gap %	Mean Pay Gap Trend (21/22) %
Add Prof Scientific and Technic	19.77	20.94	1.17	5.58	+1.98
Additional Clinical Services	12.12	12.43	0.32	2.54	+2.94
Administrative and Clerical	15.18	19.61	4.44	22.61	+5.89
Allied Health Professionals	19.95	19.61	-0.34	-1.75	(+2.63)
Estates and Ancillary	11.57	11.61	0.04	0.31	-8.25
Healthcare Scientists	22.03	24.22	2.19	9.04	-4.46
Medical and Dental	34.43	38.68	4.25	11.00	-8.39
Nursing and Midwifery Registered	19.49	19.66	0.17	0.86	+0.03

The highest % pay gaps exist in the Admin and Clerical group (which includes senior management), Medical and Dental and Healthcare Scientists (both of which have reduced strongly in 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, 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 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 Avg Hourly Rate	Male Avg Hourly Rate	Mean Pay Gap (£)	Mean Pay Gap %
193 Royal Berkshire NHS Foundation Trust	16.82	16.88	0.06	0.33

The exclusion of the Medical and Dental staff group from the overall analysis has the effect of the very near eradication of the mean 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. The most recent data the National pay gap for hospital doctors in 2020 was recorded at 24.4%.

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) 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 2021

Table 7: Numbers receiving bonus payments

	Gender	Employees Paid Bonus	Total number of Employees in Workforce (as of 31.03.22)	% of total workforce receiving bonus
2022	Female	30 (-3)	4460	0.67
	Male	75 (-1)	1470	5.10

Table 8: Mean and median bonus payments, differentials and gender pay gaps in relation to bonuses.

Gender	2022 Mean Pay (Bonus)	2022 Median Pay (Bonus)	2021 Mean Pay (Bonus)	2021 Median Pay (Bonus)	2020 Mean Pay (Bonus)	2020 Median Pay (Bonus)	2019 Mean Pay (Bonus)
Male	£10,590	£7,238	£10,869	£8,645	£11,378	£9,048	£11,681
Female	£8,193	£6,032	£7,756	£6,032	£8,027	£6,032	£7,842
Difference	£2,396	£1,206	£3,112	£2,613	£3,351	£3,015	£3,839
Pay Gap %	22.63	16.67	28.6	30.2	29.45	33.33	32.87

The Mean and Median Bonus Pay Gaps reported are the lowest the Trust has reported since the regulations commenced, with significant reductions evidenced in 2022 data and continuation of the three year trend

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 is noted in the table below.

The table below evidences a relative consistency of positions across the benchmark group. Of note benchmark organisation data is as of 31.03.21 whereas for the RBFT the position as of 31.03.22 is reported. More recent benchmarked organisation data is not currently publically available.

Table 9: Regional Gender Pay Gap Data

Employer	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Women in top pay quartile	% Difference in bonus pay (Mean)
Royal Berkshire NHS Foundation Trust	20.2	5.3	64.7	22.6
The Oxford University Hospitals NHS Trust	25	17.2	61.9	42.8
Buckinghamshire Healthcare NHS Trust	27.8	15.5	68	21.4
Frimley Health NHS Foundation Trust	20.1	6	66.8	39.2
Oxford Health NHS Foundation Trust	21.5	5.6	72.6	53.2
Berkshire Healthcare NHS Foundation Trust	4.9	3.6	73.1	26

3. Previous Reviews

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

4. Conclusion

Our 2022 GPG report evidences the lowest ever reported mean GPG figure. The rate of improvement has slowed from previous reports, whilst an increase in our median pay gap figure is reported

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

The headline conclusion in 2022 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 2022-2024 (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 30.03.2023.

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 Focus	How	When	Who	Update	Measure	RAG Status
Recruitment and Selection	Deliver our 'batch' recruitment process with pilot in key high volume recruitment pipelines	Sept '23	Head of Recruitment		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 '23	Head of Recruitment	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	Apr '23	Head of Recruitment	Build on successful launch to fully integrate	Tangible demonstration of LBF and focus on inclusion	
	Scale up our Winning at Interviews training programme	Feb '23	CP	Moved to e-learning during Covid 19	Programme feedback and progression rates	
Career Development	Increased utilisation of Knowledge and Development Fund	On-going	Charity and Comms	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	
	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.	May '23	NKS	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	Every Year	CR	Commitment to increase accredited coaching capacity by 30 over next 4 years		
Community Engagement	Ensure Widening Participation interventions challenge perceptions around careers in healthcare, especially medicine and raise aspirations	On-going	AO	Activity now fully re-instated post covid	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	Head of Medical Workforce		Increase in number of successful female applications	
	Ensure gender balance and representation on CEA awarding panels.	On going	Head of Medical Workforce	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	Head of Medical Workforce and CMO		10% increase in female applications	

RBFT Gender Pay Gap – Improvement Plan 2022-2024

Key Focus	How	When	Who	Update	Measure	RAG Status
	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 and Nov '23	HR and OD Team	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.	
	Ongoing review and implementation of other relevant recommendations of 'Mend the Gap: Independent review into Gender Pay Gaps in Medicine (Dec 2020)	As required	Head of Medical Workforce			

