



Gender Pay Gap Report 2024

Pay gaps refer to the disparities in earnings that different groups of employees receive influenced by factors such as gender, race, or ethnicity. The gender pay gap, for instance, highlights the average difference in earnings between men and women within an organisation. These gaps can stem from a variety of factors, including discriminatory practices, unequal access to opportunities, and systemic biases within hiring, promotion, and compensation processes.

- 'Equal pay' means being paid equally for the same/similar work.
- 'Pay gap' is the difference in the average pay between two groups.

Organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 are to publish information relating to pay for six specific measures, as details in this report.

The pay gap reporting intends to focus organisational attention on taking action to reduce those inequalities bringing to life our commitments from the People Promise and focusing effort on improving staff experiences within our workforce, improving retention, and making the NHS the best place to work. Evidence indicates that disparity in pay has a lasting socioeconomic impact on staff and that establishing what good looks like across the employee cycle and ensuring best practices in the following:

- Recruitment processes
- Retention initiatives
- Career development and management infrastructure



This report is based on a snapshot of the workforce data as of 31 March 2024 in line with the stipulated guidelines. For the purposes of this report, we are using electronic staff record (ESR) data to undertake this analysis, and therefore we are dependent on staff reporting their protected characteristics on ESR (via ESR self service).

The system currently does not have the functionality to enable the inclusion of non-binary or transgender employees as this would breach legislation in the Gender Recognition Act (2004).

The report for the gender pay gaps only includes full pay for relevant employees. Therefore, headcount and some overall percentages for this report will vary from the PSED, WRES & WDES reports. Bank Locum Doctors are included, in line with the nationally depicted criteria.

Mandatory information that must be shared within the report are

The difference between the:

- Mean hourly rate of male and female employees
- Median hourly rate of male and female employees
- Mean bonus paid to male and female employees (as bonus payments are not provided within the NHS sector, clinical excellence award data is utilised as the nearest comparator)
- Median bonus paid to male and female employees employees (as bonus payments are not provided within the NHS sector, clinical excellence award data is utilised as the nearest comparator); and

The proportions of:

- Male and female employees who were paid a bonus employees (as bonus payments are not provided within the NHS sector, clinical excellence award data is utilised as the nearest comparator)
- Male and female employees in the 1st (lower) quartile, 2nd quartile, 3rd quartile and 4th (upper) quartile pay bands

From a statistical point of view, the median is considered to be a more accurate measure as it is not skewed by very low or very high hourly pay. However, it can more likely that very highly paid people tend to be males, and the very low paid people tend to be female. The mean provides an important picture of the pay gap as it reflects this issue. Therefore, it is good practice to use both mean and median when reporting on pay gaps.



- **The median** pay gap is the difference between the midpoints in the range of hourly rates of males and females. It takes hourly rates in the sample, lines them up in order from lowest to highest, and identifies the middle figure.
- **The mean** gender pay gap confirms the difference between the average hourly rates of males and females.
- The overall mean and median gender pay gap has decreased in 2024 (24.40%). This is the third consecutive year the pay gap has fallen and shows positive steps that the trust has taken.
- However, the overall gender pay gap remains high at 23.5%.
- When compared to the NHS, the Trust's gender profile shows that female representation is 8.25% higher (76.95%) than the national average which reports females at 68.7% and males at 31.3%.
- Data shows a decrease in female colleagues in senior manager levels (from 8c and above).
- For the last few years, there has been an overrepresentation of female colleagues in lower and middle quartiles, while this pattern remains, for the second consecutive year a continuous trend of a small shift has been seen.
- As recommended in the Mend the Gap review, the pay gap for medical staff specifically has been calculated (15.6%).
- The pay gap has also been calculated specifically for Agenda for Change role (3.3%, lower than the national average), where the Medical and Dental workforce were excluded from the calculation, this demonstrates that the medical pay gap is having a significant % on the overall Trust pay gap figure. This is common among NHS Trusts.
- Separating the data for Agenda for Change and Medical workforce provides a better understanding of where the greatest difference in pay and gender representation are, which in turn allows more targeted and impactful actions.

Median gender
pay gap 2024
10.1%

Mean gender
pay gap 2024
23.5%

	Mean	Median
Female hourly rate 2022	25.1% lower	15% lower
Female hourly rate 2023	24.4% lower	10.5% lower
Female hourly rate 2024	23.5% lower	10.1% lower



While it is important to recognise the achievements that have been made over the period of this report, it is vital to note that there is still a great amount of work needed to be undertaken to achieve the Trust's strategic goals and truly embed EDI throughout the organisation.

There are a number of possible contributory factors which can influence the gender pay gap differences. Age, length of service, and progression are key factors.

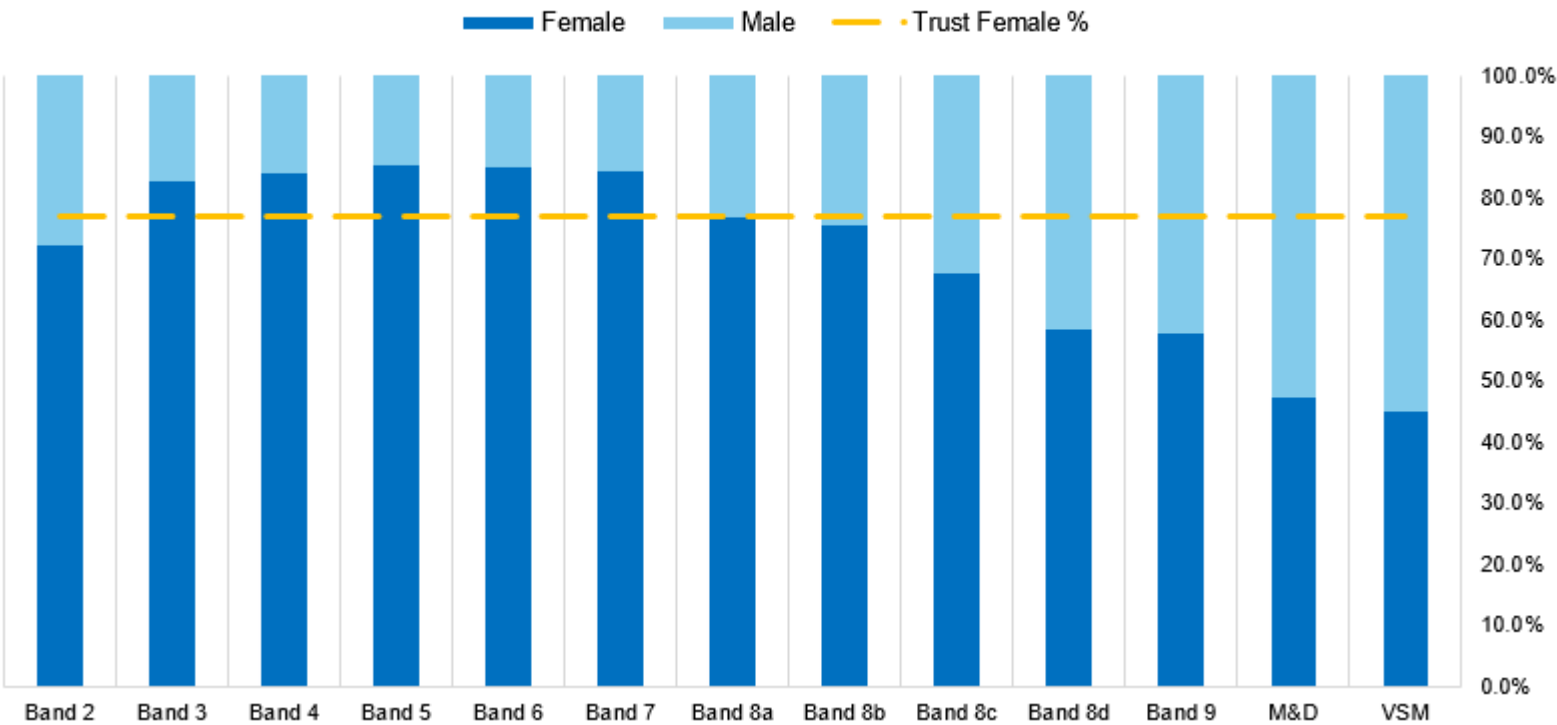
Other factors to consider when looking at the data;

- The Trust's salary sacrifice schemes of childcare, cycle to work, and car lease schemes
- Overtime pay
- On call pay
- Historical clinical excellence awards – bonus pay
- Historical stereotypes of gendered roles



Pay Band Review

Gender Profile by Pay Band 2023-2024



	2022	2023	2024	Change 2023-24
Female	77.70%	77.50%	76.95%	-0.55%
Male	22.30%	22.50%	23.05%	0.55%

	2023		2024	
Banding	Female	Male	Female	Male
Bands 2 - 8d	82.69%	17.31%	81.74%	18.26%
Band 9+	48.48%	51.52%	51.28%	48.72%
Consultant	45.37%	54.63%	44.20%	55.80%
Other Medic	46.52%	53.48%	49.68%	50.32%

	2024	
Banding	Female	Male
All Medics	47.4%	52.6%
All AFC + VSM	81.5%	18.5%

- Our overall female representation has decreased by 0.55%
- Data shows that representation decreases in female colleagues in senior manager levels (from 8c and above)
- Band 9 + has increased for females from 2023 by 2.8%
- Other medical has increased for females from 2023 by 3.16%
- Bands 2 -8d has decreased by 0.95%



Gender pay gap – Quartile reporting

All staff	Female %	Male %
1. Lower	77.7%	22.3%
2. Lower Middle	80.1%	19.8%
3. Upper Middle	82.1%	17.8%
4. Top	64.2%	35.7%

Agenda for Change	Female %	Male %
1. Lower	78.5%	21.5%
2. Lower Middle	81.9%	18.1%
3. Upper Middle	84.1%	15.9%
4. Top	78.5%	21.5%

Medical & Dental	Female %	Male %
1. Lower	62.5%	37.5%
2. Lower Middle	52.3%	47.7%
3. Upper Middle	57.1%	42.9%
4. Top	43.3%	56.7%

- All Staff**- Overrepresentation of female colleagues in lower and middle quartiles can still be seen, however small year on year shifts toward proportional representation are continuing to take place. The ‘ceiling effect’ is still apparent where proportional representation has yet to be achieved within the upper quartile, where males remain significantly overrepresented (35.7%) compared to the overall workforce (23.5%). The top 50 highest earners are majority male.
- Agenda for Change** - looking at this cohort specifically including VSM, where overall female representation is 81%, there is considerably less variance across the quartiles. However, there is still underrepresentation in the top quartile.
- Medical and Dental** - overall female representation within the doctor cohort is 47%. The biggest pay gap in highest paid quartiles is linked to consultants.



Gender pay gap – Mean

- The below data is the mean. The mean gender pay gap confirms the difference between the average hourly rates of males and females.

All staff	Male	Female	Difference	Pay Gap %
Mean hourly rate 2024	£27.51	£21.05	£6.46	23.5%
Mean hourly rate 2023	£26.3	£19.9	£6.4	24.4%

Agenda for Change only	Male	Female	Difference	Pay Gap %
Mean hourly rate	£20.26	£19.59	£0.67	3.3%

Medical & Dental staff only	Male	Female	Difference	Pay Gap %
Mean hourly rate	£42.61	£35.98	£6.63	15.6%

- All Staff** – the data shows an increase in mean pay for both males and females and a small incremental decrease within the pay gap.
- Agenda for Change** – the removal of Medical and Dental, leaving only AFC and VSM posts, the pay gap is significantly lower at 3.3%.
- Medical and Dental** – the pay gap for this group is at 15.6% which shows this group has a significant impact on our overall pay gap.



Gender pay gap - Median

- The below data is the median. The median pay gap is the difference between the midpoints in the range of hourly rates of males and females. It takes hourly rates in the sample, lines them up in order from lowest to highest, and picks the middle figure.

All staff	Male	Female	Difference	Pay Gap %
Median hourly rate 2024	£21.1	£19.0	£2.1	10.1%
Median hourly rate 2023	£20.2	£18.1	£2.1	10.5%

Agenda for Change only	Male	Female	Difference	Pay Gap %
Median hourly rate	£18.52	£18.69	-£0.17	-0.9%

Medical & Dental staff only	Male	Female	Difference	Pay Gap %
Median hourly rate	£37.67	£31.67	£6.00	18.9%

- All staff** – the data shows an increase in median pay for both males and females and a mean pay gap similar to 2023.
- Agenda for change** – the data shows the median pay gap is fractionally in favour of female colleagues.
- Medical and Dental**- the data shows a median pay of 18.9% which shows this group has a significant impact on our overall pay gap.



Gender pay gap

- The below data is the mean for Staff Groups. The mean gender pay gap confirms the difference between the average hourly rates of males and females.

	2023				2024			
	Female	Male	Difference	Pay Gap %	Female	Male	Difference	Pay Gap %
Add Prof Scientific and Technic	24.23	24.66	0.43	1.75%	24.20	25.50	1.30	5.11%
Additional Clinical Services	13.22	13.19	-0.03	-0.20%	14.18	14.32	0.14	1.00%
Administrative and Clerical	16.95	21.41	4.46	20.85 %	18.00	22.99	5.00	21.73 %
Allied Health Professionals	21.45	21.66	0.22	1.00%	22.25	22.81	0.56	2.46%
Estates and Ancillary	11.82	19.37	7.55	38.96 %	12.76	19.29	6.52	33.83 %
Healthcare Scientists	23.16	24.22	1.06	4.39%	24.80	25.06	0.26	1.02%
Medical and Dental	34.7	40.1	5.4	13.47 %	35.98	42.61	6.63	15.56 %
Nursing and Midwifery Registered	20.93	21.17	0.24	1.11%	22.28	21.67	-0.61	-2.82%

The extent of the gender pay gap varies considerably across the 8 different staff groups.

There is minimal variance in 5 groups.

However, the largest pay gap being seen in favour of male colleagues remain:

- **Administrative and Clerical**
- **Estates and Ancillary**
- **Medical and Dental**

Estates and Ancillary is comprised of a small number of employees (less than 90) as such would be more sensitive to the gender pay gap. Nevertheless, improvements on last year can be seen.

Its unsurprising to see Administrative and Clerical as the highest pay gap as it includes all VSM posts, 9/15 Band 9 roles and 19 out of 24 8D posts – where female representation is at its lowest.



Clinical Excellence Awards

Under the national Medical & Dental terms and conditions, Consultants are eligible to apply for Clinical Excellence Awards (CEA). These awards recognise individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role and are part of a commitment to the continuous improvement of the NHS. As bonus payments are not provided within the NHS, clinical excellence award data is utilised as the nearest comparator.

The national methodology to report bonus pay gap is based on the overall workforce and can be seen in the table below.

Gender	Paid Bonus	Employees	Employees Paid Bonus %
Female	99	4634	2.14%
Male	141	1481	9.52%

This demonstrates that there is a variance of 7.38% which is a small decrease from 2023 between men and women receiving a bonus, in favour of male colleagues. However, as CEA pay is only received by consultants within the organisation, calculating the pay gap based on this staff group provides a more accurate picture

Gender	Paid Bonus	Consultants	Percentages Paid Bonus %
Female	99	141	70.21%
Male	141	177	79.66%

This calculation demonstrates a larger variance of 9.45% which has reduced from 9.7% from 2023, in favour of male colleagues. The variance has reduced incrementally over the last two years.



Clinical Excellence Awards

In terms of the mean, the pay gap is larger than what is seen regarding hourly pay for both the overall workforce and the medical staff group.

This has increased in 2024 compared to 2023 data. However, utilising the median, it demonstrates for the second year in a row there is no pay gap regarding bonus pay.

	2023		2024	
Gender	Mean bonus pay	Median bonus pay	Mean bonus pay	Median bonus pay
Male	£10,206	£4,199	£6,721	£1,021
Female	£7,148	£4,199	£3,721	£1,021
Difference	£3,058	£0	£2,985	£0
Bonus pay gap %	30%	0%	44.41%	0%



Clinical Excellence Awards

- The nature of the CEA awards have overtime evolved
- Consultants on an employment contract pre 2017 are on a rolling award value, whereby the value of the award increases year on year (from level 1 to level 9) without needing to reapply.
- Consultants on post 2017 contracts but pre-31st March 2023 who receive EA only have them granted for a three-year period after which they would need to reapply
- Those who started after the 31st March 2023 are not eligible under the new contract
- For the past two years CEA funding has been evenly distributed to all consultants this was due to the pause of issuing CEAs due to Covid and as such there was no application or selection process involved
- Our bonus pay gap therefore is significantly impacted by the historical nature in which the awards were allocated. Until those on the pre 2017 contracts with awards leave the organisation or retire and return these payments will continue
- Moving forward, there are no further new CEAs will be awarded

Type	Female	Male	Total	Female %	Male%
Clinical Excellence Award	32	61	93	34%	66%
CEA Bronze	1		1	100%	0%
CEA Level 1	9	12	21	43%	57%
CEA Level 2	6	10	16	38%	63%
CEA Level 3	6	5	11	55%	45%
CEA Level 4	4	7	11	36%	64%
CEA Level 5	1	5	6	17%	83%
CEA Level 6	2	4	6	33%	67%
CEA Level 7	2	5	7	29%	71%
CEA Level 8		9	9	0%	100%
CEA Level 9	1	4	5	20%	80%
Type	Female	Male	Total	Female %	Male%
Local CEA 1	113	159	272	42%	58%

The table above provides a head count split by gender of the CEA award allocations based on type.

Level 1 – 9 are the historically awarded, individuals will go up a level and receive additional funds year on year.



Actions to address our gender pay gap

Priority area	Action & timeline	Lead
Interview education	<ul style="list-style-type: none"> • Redesign and implement recruitment training programmes to provide inclusive recruitment and selection training for all interviewers to support inclusively. • To run regular training for managers to understand interview expectations and to provide clear, constructive effective feedback. 	Head of Recruitment
Recruitment	<ul style="list-style-type: none"> • Undertake 'root and branch review' of recruitment processes to identify where the process where we see a reduction in representation and spot check where bias is contributing to existing pay gaps and action accordingly. • Making job adverts more inclusive and in alignment with employee expectations e.g. reviewing language, openly discussing flexible working options, and providing transparent job descriptions with less rigid requirements that explicitly recognise the value of transferable experience and skills through alternative workplace settings. 	Head of Recruitment
Minimising bias in progression	<ul style="list-style-type: none"> • Redesign appraisal process to support meaningful career conversations. • Redesign and implement training for managers on how to conduct appraisals so that they are supportive and developmental. • Incorporate 360-degree feedback in appraisal for senior leaders so that evaluation outcomes are not reliant on one individual. • Create and implement a talent management plan to improve the gender representation of executive and senior leaders 8c and above. • Work with senior medical representatives and associated HRBPs to review data and develop bespoke action plans for doctors. • Work with senior environment representatives and associated HRBP to review data and develop bespoke action plans for estates. 	People Promise Manager, Head of Learning & Development, Workforce Improvement Lead
Evaluate how progression opportunities are decided	<ul style="list-style-type: none"> • Recording all expressions of interest for learning and development training. • Conduct an annual learning and development audit by gender and ethnicity to track: <ul style="list-style-type: none"> • How training budgets are spent • Who is being given access to high value training or development • Progression journey for employees after accessing training or development opportunities 	Head of Learning & Development
Evaluate the effectiveness	<ul style="list-style-type: none"> • To identify and implement impact measures to evaluate the effectiveness of all pay gap actions to include, <ul style="list-style-type: none"> • Flexible working initiatives and requests • Value Based Recruitment process (AFC & Medical staff) 	AD of People - OD and Culture