

# Gender and ethnicity pay gap reporting

April 2024 – March 2025



Under the provisions of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which relate to public sector employers in England and Wales, the Trust is required by law to publish an annual gender pay gap report.

We publish our Gender Pay Gap each year based on a snapshot date of 31 March.

The Trust has been required to report and publish specific details about its gender pay since 2018, including:

- Mean and median gender pay gaps
- Mean and median gender pay gap for bonus payments
- The proportion of males and females who received bonus payments
- The proportion of males and females in each pay quartile.

#### **What are the pay gaps?**

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

The mean pay gap is the difference between average hourly earnings of men and women.

The median pay gap is the difference between the midpoints in the ranges of hourly earnings for men and women.

#### **What do we mean by a 'more positive difference', or 'improvement' on a previous position?**

This means that the pay of males and females for a specified measure is closer to parity (see above), than it was when we looked at the measure previously.

#### **What is a 'negative' data measure?**

We are adopting the standard convention when looking at pay differences between males and females.

A negative measure (for example, a gap of -1.57 as indicated for staff at Band 2 of the pay scale), indicates the extent to which females earn more per hour, on average, than their male counterparts.

#### **Gender pay reporting and equal pay**

Equal pay and gender pay gap reporting are not the same thing. The gender pay gap does not look at comparable roles, it highlights the average and median difference in hourly pay across all male and female staff. Where there is no parity between these values, this can highlight issues such as gender imbalances in senior roles, the existence of historical pay structures or unequal access to progression opportunities.

Pay parity, or equal pay, means men and women engaged in comparable roles must have equal terms and conditions for doing 'equal work', which is defined as being the same, similar, equivalent work, or of equal value. This includes basic salary and contractual terms such as bonuses, pensions, and leave entitlements.

In the UK it is unlawful to pay people unequally because they are a man or a woman; differences in pay are only allowed in some circumstances, for example, when staff work different shifts.

Our Gender Pay Gap data at the snapshot date of 31.03.2025 is: -

### The Mean Gender Pay Gap

The mean gender pay gap is £7.32 (26.03%). A small decrease of £0.48 (1.99%) since last year.

- All Staff – Female staff earn £0.74 for every £1 a male staff earns (£7.32 less per hour) when comparing the mean pay.
- Excluding medical and dental staff – female staff earn £0.96 for every £1 a male staff earn (£0.82p less per hour) when comparing the mean pay.
- Medical only staff – female staff earn £0.82 for every £1 male staff earn (£8.45 less per hour) when comparing the mean pay.

Note, the mean pay gap reflects the average earnings and is therefore more sensitive to extreme values (high or low hourly payments). Key drivers for the mean pay gap include under-representation of male staff in lower paid roles and over-representation of male staff in the highest paid roles which skews the average upwards (see quartiles section); female staff are less representative in the highest paid roles and more evenly distributed in the lower and middle tiers of pay, pulling down the average.

Contributory bands in favour of male staff include Band 8d +£3.71 more (8.3% gap), Band 9 +£7.72 (15.8% gap), VSM +£2.01 (3%), medical consultants +£1.72 (2.8% gap) and junior consultants +£2.01 (7.4% gap).



### The Median Gender Pay Gap

The median gender pay gap is £3.04 (13.76%). A small increase of £0.42 (1%) since last year.

- All Staff – Female staff earn £0.86 for every £1 a male staff earns (£3.04 less per hour) when comparing the median pay.
- Excluding medical and dental staff – the gap is in favour of female staff; male staff earn £0.96 for every £1 female staff earn (£0.78p less per hour) when comparing the median pay.
- Medical only staff – female staff earn £0.78 for every £1 male staff earn (£11.50 less per hour) when comparing the median pay.

The median gap suggests more subtle inequalities, such as progression or working patterns.

The median gap is also driven pay differences in pay between male staff and female staff in higher paid roles (VSM + £4.60, Medical Consultant +£1.83, Medical Other +£0.02 and Band 9 +£8.72) but is more sensitive to distributions with the banding.



### Impact of movement in bandings

The largest growth in female staff is in Bands 0-Apprenticeship to Band 5, maintaining a percentage of 61% of female staff in the lower banding, compared to 41% of male staff.

There has also been an increase of 90 female staff in the middle banding, Bands 6 and 7, and a smaller increase of 43 male staff in this group, 26% of female staff are Band 6-7, and 18% male staff. The small reduction in the pay gap is helped by the increase in female staff in the Band 6 and above roles, notably female medical consultants have increased by 76.

There are more female resident doctors and medical other staff than males, which should help to diversify our consultant pipeline, any barriers to progression would need to be identified.

13% of female staff and 44% of male staff are in senior roles (Band 8a and above), this percentage is relatively the same as 2024 when it was 12% and 41%.

Although we have increased the number of male staff in Bands 0-5 and 6-7, overall men remain over-represented in senior roles, largely sustained by an increase in medical consultant doctors, 132 additional male consultants, compared to 76 additional female consultants.

	Female 2025		Female 2024		Female Difference	Male 2025		Male 2024		Male Difference
AfC Bands <1 to 5	3305	60.80%	2943	60.53%	362	515	38.49%	448	40.76%	67
AfC bands 6 to 7	1440	26.49%	1350	27.77%	90	238	17.79%	195	17.74%	43
AfC bands 8a and 8d	214	3.94%	191	3.93%	23	84	6.28%	76	6.92%	8
AfC band 9	7	0.13%	6	0.12%	1	5	0.37%	5	0.45%	0
Medical - consultant	167	3.07%	91	1.87%	76	283	21.15%	151	13.74%	132
Medical - junior	215	3.96%	212	4.36%	3	137	10.24%	169	15.38%	-32
Medical - other	81	1.49%	61	1.25%	20	66	4.93%	44	4.00%	22
Non-Exec	4	0.07%	4	0.08%	0	6	0.45%	8	0.73%	-2
VSM	3	0.06%	4	0.08%	-1	4	0.30%	3	0.27%	1
	5436	100%	4862	100%	574	1338	100%	1099	100%	239

## Pay Quartile Representation

Pay quartiles divide all staff into four equal groups based on their hourly pay, highlighting the proportion of males and females in each pay band, from the lowest to the highest paid earners.

There is an increase of 2.33% in male staff in the upper quartile (the highest paid staff), from 391 last year to 456 this year, female representation in the upper quartile decreased by the same margin, however there was growth in numbers from 986 to 1028 female staff. An increase in male staff in the middle lower (+25) and lower quartile (+98) has supported a 5.08% improvement in the pay gap.

Male staff continue to be disproportionately over-represented in the upper quartile, just over 30% of male staff are in this quartile – a figure closer to 18% would be representative; female staff are more evenly spread across the lower, lower middle and upper middle quartiles, but under-represented in the upper quartile where the percentage is 69%, a figure of 81% would be representative. This trend will sustain the pay gap.



Variance 2024 - 2025				
Ordinary Pay Quartiles	Male	Female	Male	Female
Upper Quartile %	30.73% (456)	69.27% (1028)	2.33% (65)	-2.33% (42)
Upper Middle Quartile %	13.28% (196)	86.72% (1280)	-0.26% (3)	0.26% (48)
Lower Middle Quartile %	15.20% (225)	84.80% (1255)	-1.01% (5)	1.01% (118)
Lower Quartile %	16.08% (238)	83.92% (1242)	0.31% (25)	-0.31% (104)
Trust Total %	18.83% (1115)	81.17% (4805)	0.38% (98)	-0.38% (312)

### The Bonus Pay Gap

The gender pay gap for bonus payments shows how bonus/incentive payments were distributed between male and female employees who received bonuses in the 12 months leading up to 31<sup>st</sup> March 2025.

### The Mean Bonus Pay Gap

- All staff – The mean bonus payment gap is 30.76% in favour of male staff. Female staff received on average £0.69 for every £1 male staff received. 2.75% of all eligible male staff received a bonus, compared to 0.39% of eligible female staff.
- Excluding medical and dental staff – No bonus payments were made to this group of staff. Incentives like ‘waiting list initiatives’ are included in ordinary pay.
- Medical and dental staff – The bonus payment gap is 36.79% in favour of female staff. Male staff received on average £0.63 for every £1 female staff received. 13.58% of male staff and 4.10% of female staff received a bonus.

The mean bonus pay for medical staff is in favour of female staff because it is driven by a few high value awards. Note, due to the small sample size (85 staff), high value awards will skew both the mean and median value, making the data sensitive to outliers.

In addition, the bonus payments for medical staff are based on the number of payments made (disaggregated data), in contrast the bonus payments for all staff are based on the aggregated bonus each recipient receives, resulting in a shorter range with higher values, thus resulting in differing values.

### The Median Bonus Pay Gap

- All staff – The median bonus pay gap for all staff is 62.44%. Indicating typical bonuses are higher for White staff.
- Excluding medical and dental staff – No bonus payments were made to this group of staff.
- Medical and dental staff – The median bonus pay gap for medical and dental staff is 0%, parity. This indicates fairness in typical award amounts.

### Local and National Awards

There were 19 bonus payments (22%) given to female consultants and 66 bonus payments to male consultants, this is under-representative of the gender split in consultants (39% Female, 61% male). Some staff receive more than one bonus payments.

72% of the total bonus payment was received by male consultants. However, although they received payments more frequently, they received more bonuses of a lower financial value. In contrast, more female consultants received the highest valued awards including the top Silver Award which has significantly boosted the average mean bonus payment for female consultants.

Award Level	Male %	Female %
Bronze to CEA Level 5	71.21%	63.16%
Mid-level CEA 6-9	25.76%	26.32%
National and Silver	3.03%	10.53%



### Gender Pay Gap Summary

The Trust has a mean gender pay gap for all staff (both medical and dental and non-medical), of £7.32 and a median pay gap of £3.04, both in favour of male staff.

There is slight narrowing of the mean ordinary pay gap since last year (down 0.48p); a small increase of male staff in the lowest quartile has supported an improvement, however male staff continue to be over-represented in the highest paid roles and female staff under-represented in the highest paid roles. The median pay gap has increased by £0.42.

The mean bonus pay gap which only went to medical and dental staff this year, is in favour of female staff, however the proportion of female staff who received a bonus (22%) was not representative of the percentage of female consultants (39%).

The Trust recognises the longstanding contractual factors that sustain the medical pay gap but is committed to supporting improvements. In 2025-26 we will offer a range of development opportunities for medical and dental staff including coaching, mentoring and leadership education.

Our staff survey results, when disaggregated demonstrates that female and male staff feel the organisation acts fairly with regard to career progression and promotion to the same degree (56.5% female and 56.4% male respondents felt this).

Our Medical Workforce Strategy for 2025-26 seeks to improve equity, this includes debiased recruitment processes, consultant mentorship, Scope for Growth career conversations and medical degree apprenticeships. Interview panel members will also receive anti-bias training and there will be EDI representatives on

interview panels for senior medical roles.

The aim is to improve representation at senior medical levels and support career progression for all doctors.

We will continue to offer an extensive leadership and development programme for the wider workforce, 82% female, and look for opportunities to improve our recruitment processes to ensure they remain fair and promote and support female staff to apply eligible bonuses.



## Ethnicity Pay Gap Reporting

The ethnicity pay gap reflects the difference in average hourly pay between staff from an ethnic minority background (BME) and White staff. This is the first reporting of the ethnicity pay gap by GWH based on a snapshot date of 31 March 2025.

The NHS uses the Agenda for Change (AfC) pay framework, which seeks to harmonise pay for NHS staff across the country. Agenda for Change attempts to deliver on the principles of 'equal pay for work of equal value', this ensures that staff are paid equitably irrespective of their race, ethnicity, or any other protected characteristic.

Pay grades are determined by the level of responsibility for each role, and a formal process is used to evaluate and approve all jobs.

At the snapshot date, the Trust employed 1,750 (30%) ethnic minority staff, 3,727 (63%) white staff and 443 (7%) staff are of unknown ethnicity.

### The mean and median ethnicity pay gap

Ethnic origin grouping	Mean ordinary pay (hour)	Median ordinary pay (hour)
BME	£21.83	£19.38
White	£22.62	£19.10
Not known	£24.40	£19.53
% Difference White – BME	3.60%	-1.45%
% Difference White – Not known	-7.90%	-2.26%

Ethnic origin grouping	Mean ordinary pay (hour)	Median ordinary pay (hour)
Asian	£22.28	£19.52
Black	£20.53	£19.37
Mixed	£22.55	£19.93
Not Stated	£24.40	£19.53
Other	£21.50	£18.43
White British	£22.35	£19.09
White Other	£25.61	£19.71
% Difference White British – Asian	0.31%	-2.21%
% Difference White British – Black	8.12%	-1.43%
% Difference White British – Mixed	-0.90%	-4.36%
% Difference White British – Not stated	-9.19%	-2.26%
% Difference White British – Other	3.78%	3.47%
% Difference White British – White Other	-14.59%	-3.21%

The mean ethnicity pay gap is £0.79, a 3.6% gap in favour of White staff. The median ethnicity pay gap is -£0.28, a -1.45% gap in favour of ethnic minority (BME) staff. The mean pay gap occurs because White staff earn more per hour on average, they are over-represented in the Upper Quartile; 76.37% White vs 23.63% BME.



The median, however, is not affected by extreme values, it looks at the two middle values. BME staff are more concentrated around the middle two quartiles, especially the upper middle quartile 42.01%.

When the BME group is disaggregated, the gap for Black staff is larger than other ethnic minority groups, a mean bonus gap of £1.81 (8.12%) in favour of White staff and median of -£0.27 (-1.43%) in favour of Black staff.

443 staff (7%) are of an unknown ethnicity, this can distort the pay gap accuracy, BME representation and pay statistics could be understated.

The Trust's Workforce Race Equality Standard report also highlights that ethnic minority staff are under-represented in non-clinical roles, 11% compared to 36% in clinical roles. This could explain the higher concentration of ethnic minority staff around the middle quartiles who are likely to be in clinical roles.



### Pay Quartile Representation

Pay quartiles divide all staff into four equal groups based on their hourly pay, highlighting the proportion of White and BME staff in each pay band, from the lowest to the highest paid earners.

White staff are over-represented in the Upper and Lower pay quartiles (76.37% and 79.10% respectively), leading to a small mean pay gap of £0.79 in favour of White staff. BME staff are concentrated around the median pay, leading to a median pay gap in favour of BME staff.

Ordinary Pay Quartiles	BME	White	Not Known
Upper Quartile %	23.63% (323)	76.37% (1044)	10.08% (117)
Upper Middle Quartile %	42.01% (573)	57.99% (791)	12.40% (112)
Lower Middle Quartile %	41.37% (566)	58.63% (802)	12.25% (112)
Lower Quartile %	20.90% (288)	79.10% (1090)	8.56% (102)
Trust Total %	<b>31.95%</b>	<b>68.05%</b>	<b>10.62%</b>
Trust Ordinary Pay Number of Staff	1750	3727	443

### The mean and median ethnicity bonus pay gap

- All staff - The ethnicity mean bonus pay gap for all staff is 8.24%. Ethnic minority staff receive £0.92 mean bonus for every £1 White staff receive. 24 (1.37%) ethnic minority staff and 55 (1.48%) White staff received bonuses.
- Non-medical and dental staff – No bonus payments were made to this group of staff. Incentives like ‘waiting list initiatives’ are included in ordinary pay.
- Medical and dental staff – the ethnicity mean bonus pay gap for medical staff is 62.69%. Ethnic minority staff receive £0.37 in bonuses for every £1 White staff receive

The mean bonus pay is in favour of White staff because it is driven by a few high value awards.

Six staff (1.35%) who received bonuses did not have their ethnicity recorded, this will mean that the bonus gap could be better or less favourable than recorded.

The median is less sensitive to outliers and is more indicative of what a typical staff will receive.

- All staff – The median bonus payment gap for all staff is 35.81% in favour of Ethnic minority staff. This is because fewer BME staff received a bonus; and the distribution of payments is more compact.
- Non-medical and dental staff – No bonus payments were made to this group of staff.
- Medical and dental staff only – The median bonus payment gap for medical/dental staff is 12.36% in favour of White staff, indicating typical bonuses are higher for White staff in this group. Ethnic minority staff receive £0.87 for every £1 White staff receive.

### Local and National Awards

There were 24 bonus payments (28%) given to consultants from an ethnic minority background (4 payments to Black staff and 20 to Asian staff) and 45 bonus payments to White consultants, the ethnicity was not recorded for six payments – there were 85 bonus payments in total, a consultant can receive more than one payment.

The bonus payments to ethnic minority consultants are slightly under-representative, 28% of eligible staff received a bonus, compared to 30% of the total workforce being from an ethnic minority background.

The bonus payment gap is in favour of White consultants because more White consultants received higher paid bonuses; 31% of White consultants who received a bonus, received the Clinical Excellence Award (CEA) between Level 6 and 9; and 4% of White consultants received the highest awards.

Most consultants from an ethnic minority background received the lower valued awards, 71% of BME consultants who won an award received a Bronze or Level 1 to 5 CEA award. The clinical awards are more likely to be received by senior consultants or long-serving consultants and ethnic minority staff are under-represented in senior roles. Twenty awards were made to Asian consultants and four to Black consultants.

Award Level	White %	White Other %	BME %	Not Stated %
Bronze to CEA Level 5	64% (29)	90% (9)	71% (17)	67% (4)
Mid-level CEA 6-9	31% (14)	10% (1)	2% (5)	33% (2)
National and Silver	4% (2)	0% (0)	8% (2)	0% (0)

### **Ethnicity Pay Summary**

Our data highlights that staff from minoritised backgrounds are under-represented in senior leadership roles and are centred around the middle grades. Interventions that support progression is important for this group.

We will continue to provide leadership development opportunities, for example mentoring, coaching and Scope for Growth conversations, utilise our Inclusion Recruitment Champions for Band 8B and above interviews and provide opportunities for staff to speak-up about their concerns.

Our Workforce Race Equality Standard (metric 4) that measure the likelihood of ethnic minority staff accessing training compared to White staff is 1.02, indicating they are just as likely to access non-mandatory and CPD-funded training as White staff.

Understanding the lived experience of our staff is key to effecting change. In the autumn of 2025, BME staff will engage with the Trust board representatives, and they will be able to highlight the challenges they face and celebrate what is working well.

We currently tailor support for our internationally educated staff and this work will continue and there are plans to introduce a programme for internationally educated Allied Health Professionals (AHPs).

The Trust will also encourage staff to update their demographic information on the electronic staff record system, this will improve the data quality.

Our Medical Workforce Strategy for 2025-26 seeks to improve equity, this includes debiased recruitment processes, consultant mentorship, Scope for Growth career conversations and medical degree apprenticeships.

Interview panel members will also receive anti-bias training and there will be EDI representatives on interview panels for senior medical roles. The aim is to improve representation at senior medical levels and support career progression for all doctors.

