**2024 GENDER, ETHNICITY & DISABILITY PAY GAP**

1. **CONTEXT & DEFINITIONS**

1.1 UK law requires employers with over 250 employees to annually publish statutory calculations showing the size of the pay gap between their female and male employees. There are two sets of regulations, one mainly for the private and voluntary sectors, which became effective from 2017. The second, mainly for public sector organisations, took effect from March 2017.

1.2 The Government has required subsequent rounds of reporting to be published on both organisation and the Government’s websites by 30 March annually. The data is based on a snapshot of the workforce from a required date the previous year. This report it is based on 2024 data drawn from the Trust’s ESR.

1.3 These results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. The Trust has historically made this statement from the whole Board. Any actions should also be published outlining how the organisation plans to reduce the gender pay gap.

*1.4 Importantly, and often misunderstood, gender pay gap reporting is different to equal pay.* This is important and often a point of confusion and misunderstanding. An explanation and definitions are outlined as follows:

**Equal pay** covers with the difference in pay between men and women doing the same or similar jobs or jobs of equal value. It is unlawful to pay people unequally because of gender and this has been in place since 1970 and the Equal Pay Act, which prohibits less favourable treatment between men and women in terms of pay and conditions of employment.

This differs from the **gender pay gap** which shows the difference in the **average (or mean) pay** between men and women in the workforce. If the workforce has a high gender pay gap, this can indicate a number of issues, and the individual calculation can help to identify what these issues are.

1.5 National NHS Agenda for Change terms and conditions contain the pay and conditions of service for NHS colleagues other than VSMs, medical and dental colleagues. The majority of colleagues are employed on these national NHS terms and conditions, and the terms were introduced in 2004 with the express intention of removing pay inequalities. The terms cover over 1 million workers and harmonise their banding and career progression arrangements across previously separate pay groups. Colleagues are expected to progress through pay bands irrespective of gender or any other protected characteristic. The Agenda for Change job evaluation process enables jobs to be matched to national job profiles and allows employers to evaluate jobs locally with trained evaluators to determine which pay band posts should sit. There is some concern about the equalities impact element of the current Department of Health consultation on creating a new and different pay spine and pay rates exclusively for nurses, as this could risk legal equalities claims from non-nursing colleagues.

1.6 Dental and Medical colleagues have different terms and conditions, depending upon their seniority. However, these are also based on principles of equality and are set across a number of pay scales for basic pay, which have varying thresholds within them.

1.7 Executive Directors have been appointed on similar equal opportunity job evaluation methods, informed by the national NHS Improvement VSM Guidance and benchmarked using national surveys, for example from NHS Providers, regional and local labour market data.

1.8 By means of wider background and context, the national gender pay gap continues to vary substantially between regions. Regional variations in the gender pay gap are likely to be caused by differences in the types of jobs and industries.

1.9 The national gender pay gap has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full-time employees. In April 2024, the gender pay gap among full-time employees was higher in every English region than in Wales, Scotland, or Northern Ireland. The details can be seen in the following chart.

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Gender pay gap drivers continue to be numerous, and the evidence shows just how much further improvement is needed to remove the gender pay gap within the Trust, the wider NHS, and the United Kingdom.

1. **Pay Gap Indicators**

2.1 Using the guidance, this paper reports on:

* 1. The mean (i.e. average) and median (i.e. the mid-point) pay gap based on hourly rates of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
  2. The difference between the mean and median hourly rate of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
  3. The proportion of colleagues in each pay quartile band by hourly rates of pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
  4. The mean and median bonus pay gap based on the bonus paid at the snap-shot date in relation to Gender, Ethnicity and Disability.
  5. The proportion of colleagues receiving a bonus payment at the snap-shot date in relation to Gender, Ethnicity and Disability.

2.2 It should be noted that following the national removal of the previous LCEAs, Consultant Medical colleagues are now the only employees to receive bonus payments within the Trust in the form of the NCIAs. The decisions on these awards sit wholly outside the Trust’s processes and span of influence.

1. **Workforce Demographic Information**

3.1 As of the requisite 2024 date, the Trust had a total of 4935 headcount, substantive colleagues. The tables below show the percentages of colleagues in relation to Gender, Ethnicity and Disability. This provides a context to view the pay gaps.

3.2 In our workforce, there were 84% females and 16% males. This generally reflects the overall gender demographics nationally within the NHS. In our Trust females are represented across all pay bandings, including at VSM levels**.**

3.3 Our ethnic minority workforce population is at 11%. In comparison to the overall ethnic population of 6.9% in Gloucestershire, (data extracted from the Gloucestershire County Council Population Profile 2023 overview - <https://www.gloucestershire.gov.uk/media/uxvcfrsp/equality-profile-2023.pdf> ), the Trust has higher representation overall. But also noting that Gloucestershire, despite recent increases remains well below the national average of 19%.

3.4 We have a people with disabilities workforce population of 8%. Data derived from the Gloucestershire County Council Population Profile 2023 overview - <https://www.gloucestershire.gov.uk/media/uxvcfrsp/equality-profile-2023.pdf> , shows that the percentage of population of people with disabilities within our area of coverage is 16.8%, therefore we do not have proportional representation of in our organisation. This may be due to the on-going challenges of colleagues declaring a disability through ESR data reporting, despite the regular reminders.

1. **Gender Pay Gap Analysis**

Table 1 – Employees by assignment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Totals** | | | |
| **AfC Pay Grade** | **Female** | **% makeup** | **Male** | **% makeup** |
| Band 1 | 12 | 92% | 1 | 8% |
| Band 2 | 693 | 86% | 117 | 14% |
| Band 3 | 839 | 82% | 183 | 18% |
| Band 4 | 491 | 84% | 95 | 16% |
| Band 5 | 957 | 87% | 139 | 13% |
| Band 6 | 1116 | 86% | 177 | 14% |
| Band 7 | 551 | 83% | 116 | 17% |
| Band 8 - Range A | 164 | 81% | 39 | 19% |
| Band 8 - Range B | 62 | 76% | 20 | 24% |
| Band 8 - Range C | 9 | 60% | 6 | 40% |
| Band 8 - Range D | 7 | 50% | 7 | 50% |
| Band 9 | 3 | 75% | 1 | 25% |
| Other | 110 | 57% | 82 | 43% |
| **Totals** | 5014 | 84% | 983 | 16% |

4.1 The percentages in table 1 above remain similar to previous years’ data 84% women and 16% men.

4.2 NB Band 1 roles are part-time roles in Facilities. While all Trusts have previously closed entrance to new Band 1 roles, in line with national terms, all these colleagues were given the option to accept Band 2 roles. Across NHS Trusts a small number of Band 1 colleagues rejected this offer, as it meant they would lose benefits and be made worse off from a pay rise. GHC colleagues in this situation are provided with an annual review opportunity with their manager and HR to reconsider accepting a Band 2 role. The changes in national minimum wage planned for April 2025 will mean all Band 1 colleagues will have to transition to Band 2 roles, unless there is a national remedy for protected Band 1s.

**Table 2– Average and Median Hourly Rates – all eligible staff and pay schemes.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Avg. Hourly Rate ‘24** | **Avg. Hourly Rate ‘23** | **Median Hourly Rate ‘24** | **Median Hourly Rate**  **‘23** |
| **Female** | £19.16 | £18.53 | £18.09 | £17.07 |
| **Male** | £21.77 | £21.16 | £19.10 | £17.91 |
| **Difference** | £2.61 | £2.63 | £1.00 | £0.85 |
| **Pay Gap %** | 11.99% | 12.42% | 5.27% | 4.72% |

4.3 The figures in Table 2 above show minor changes in the average hourly and median gender pay gaps over the previous year’s reporting period.

**Table 3 – Number of employees – Q1 = Low, Q4 = High**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quartile** | **Female** | **Male** | **Female %** | **Male %** |
| **1** | 1,111 (1,081) | 185 (184) | 86 (85) | 14 (15) |
| **2** | 1,069 (1,068) | 202 (183) | 84 (85) | 16 (15) |
| **3** | 1,126 (1,091) | 199 (189) | 85 (85) | 15 (15) |
| **4** | 1,026 (1,001) | 272 (265) | 79 (79) | 21 (21) |

(Previous year’s figures in brackets)

4.4 Table 3 above shows that whilst overall numbers have increased, there remains a reasonably static workforce percentage in relation to gender breakdown.

**Table 4 – Average Bonus\* Gender Pay Gap**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Avg Bonus Pay ‘24** | **Avg. Pay ‘23** | **Median Bonus Pay ‘24** | **Median Bonus Pay ‘23** |
| **Male** | £9,480.54 | £9,406.89 | £7,540.02 | £6,032.04 |
| **Female** | £9,463.81 | £9,422.46 | £9,418.54 | £9,110.84 |
| **Difference** | -£16.72 | -£15.57 | -£1,878.53 | -£3,078.80 |
| **Pay Gap %** | -0.18% | -0.17% | -24.91% | -51.04% |

4.5 The figures in table 4 above illustrates a continued reversal in payments of bonus pay showing women are paid more than men in both average and median despite the pandemic driven equal distribution of LCEAs in the final two years of operation prior to scheme removal. The only new bonus pay scheme a very small number of colleagues can apply for are the new NCIAs. These are solely open to Medical and Dental Consultants who can evidence that their work demonstrates a national impact above the expectations of their job role over the previous five years or since a prior national award if within the last five years.

**Table 5 – Proportion of Men and Women receiving a bonus against the overall totals**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Total** | **Gender** | | **% of total** | | **Number receiving a bonus** | | **% receiving bonus** | |
|  |  | Male | Female | Male | Female | Male | Female | Male | Female |
| **2023** | 148 | 57 | 91 | 39% | 61% | 17 | 5 | 11% | 3% |
| **2024** | 146 | 59 | 87 | 40% | 60% | 16 | 5 | 11% | 3% |

4.6 As part of previous pay gap actions agreed, the Trust will continue to strive to communicate and encourage NQIA applications from women, BAME and colleagues with a disability, offering training and support to maximise the quality of the very small number of applications likely.

## **ETHNICITY PAY GAP**

5.1 As shown in Table 6 below, the mean Ethnicity pay gap is at 2.41% in favour of BAME colleagues. The median pay gap shows a 0.67% hourly rate in favour of White employees.

**Table 6 – Ethnicity Group Average and Median Hourly Rates – all eligible staff and pay schemes.**

|  |  |  |
| --- | --- | --- |
| **Ethnic Origin Grouping Summary** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| **BME** | £19.88 | £17.97 |
| **White** | £19.41 | £18.09 |
| **Difference** | £-0.47 | £0.12 |
| **Ethnicity Pay Gap %** | -2.41% | 0.67% |

**Table 7 – Number of employees by Ethnicity group – Q1 = Low, Q4 = High**

5.2 Data below shows the detailed 2024 ethnicity headcount split. Going forwards, all data will be tracked and compared each year in order to show trends. The table shows the proportion of colleagues in four pay quartiles by hourly rates of pay, ranked from the lowest hourly rate to the highest hourly rate.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quartile** | **Asian** | **Black** | **Mixed** | **NULL** | **Not Stated** | **Other** | **White British** | **White Other** |
| **1** | 57 | 38 | 18 |  | 17 | 7 | 1097 | 62 |
| **2** | 82 | 70 | 21 | 1 | 17 | 6 | 995 | 79 |
| **3** | 73 | 58 | 20 |  | 28 | 6 | 1092 | 48 |
| **4** | 54 | 42 | 26 | 2 | 25 | 9 | 1083 | 57 |

**Table 8 – Proportion of BAME/White receiving a bonus against the overall totals**

|  |  |  |
| --- | --- | --- |
| Ethnicity Group | Average Bonus Pay '24 | Median Bonus '24 |
| BAME | £7,854.79 | £6,032.04 |
| White | £11,440.87 | £9,233.27 |
| Difference | £3,586.08 | £3,201.23 |
| **Pay Gap %** | **-31.34%** | **-34.67%** |

**Table 9 - Proportion of those eligible receiving a bonus against the overall totals by ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | **Headcount** | **% of total** | **Number receiving a bonus** | **% receiving bonus** |
| Asian | 29 | 21% | 5 | 17% |
| Black | 3 | 2% | 0 | 0% |
| Mixed | 4 | 3% | 0 | 0% |
| Not Stated | 5 | 4% | 2 | 40% |
| Other | 4 | 3% | 1 | 25% |
| White British | 73 | 54% | 9 | 12% |
| White Other | 17 | 13% | 3 | 18% |

### **DISABILITY PAY GAP**

**Table 10 – Disability Average and Median Hourly Rates – all eligible staff and pay schemes.**

6.1 The mean Disability pay gap is at 7.20% in favour of Non-Disabled colleagues and the median pay gap is 6.90% in favour of Non-Disabled colleagues.

|  |  |  |
| --- | --- | --- |
| **Disability** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| No | 19.03 | 17.69 |
| Yes | 17.66 | 16.47 |
| **Difference** | 1.37 | 1.22 |
| **Disability Pay Gap %** | 7.20% | 6.90% |

**Table 11 – Number of employees by Disability grouping – Q1 = Low, Q4 = High**

6.2 Data below shows the 2024 Disability headcount split. Again, going forwards, all data will be tracked and compared annually to identify trends and performance. The table shows the proportion of colleagues in four pay quartiles by hourly rates of pay, ranked from the lowest hourly rate to the highest hourly rate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quartile** | **No** | **Not Declared** | **Prefer Not To Answer** | **Unspecified** | **Yes** |
| 1 | 1093 | 103 | 2 | 13 | 79 |
| 2 | 998 | 94 | 3 | 16 | 72 |
| 3 | 1039 | 99 | 3 | 8 | 77 |
| 4 | 912 | 101 | 2 | 6 | 42 |

**Table 12 – Proportion of those recorded of having a Disability or not receiving a bonus.**

|  |  |  |
| --- | --- | --- |
| **Disability** | **Average Bonus Pay '24** | **Median Bonus '24** |
| No | £9,958.99 | £9,048.00 |
| Yes | £6,032.04 | £6,032.04 |
| Difference | £3,926.95 | £3,015.96 |
| Pay Gap % | 39.43% | 33.33% |

6.3 The mean bonus pay gap is at 39.43% in favour of Non-Disabled colleagues and the median pay gap is 33.33% in favour of Non-Disabled colleagues. Importantly, for context, one colleague with a disability is recorded within the data group of 21 colleagues.

**Table 13 - Proportion of those eligible receiving a bonus against the overall totals by disability group**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability** | **Headcount** | **% of total** | **Number receiving a bonus** | **% receiving bonus** |
| No | 108 | 80% | 15 | 14% |
| Not Declared | 18 | 13% | 3 | 17% |
| Unspecified | 2 | 1% | 1 | 50% |
| Yes | 7 | 5% | 1 | 14% |

## **7. CONCLUSIONS AND NEXT STEPS**

## **7.1 Conclusions**

7.1.1 The headline figure based on all eligible Trust employees and pay schemes indicated that the gender pay gap continues to slowly close, and, that women are paid 11.99% less on average than men against a previous year of 12.42%. Longitudinal trend data is shown below, however, at this rate, it would take at least another decade for the mean gender pay gap to be neutralised.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender Pay Gap Trend - Mean percentages | | | | | | |
|  | 2020 | 2021 | 2022 | 2023 | 2024 |
| Mean GPG in favour of men | 18.63% | 17.09% | 15.13% | 12.42% | 11.99% |

7.1.2 The gap for median (middle point) earnings in the Trust stands at 5.27%, trend data shown below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender Pay Gap Trend - Median percentages | | | | | | |
|  | 2020 | 2021 | 2022 | 2023 | 2024 |
| Median GPG in favour of men | 7.55% | 4.31% | 7.09% | 4.72% | 5.27% |

7.1.3 The median gender pay gap is likely to take longer than the mean pay gap to be neutralised.

7.1.4 The data indicates that in 2024 some 84% (84% also in 2023) of the Trust’s substantive workforce were women. An analysis would be expected to show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and VSM / Executive Board level pay. However, it is also noted that there has been some growth in the lowest quartile, with the Trust employing more male at lower banding levels.

7.1.5 While seeing minor improvements, as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive. The appointment of three women Directors in the 2024/25 year and some other key senior appointments is expected to positively impact improvements further.

7.1.6 However, even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a wide range of contributory factors including incremental pay progression, student pipeline recruitment changes (via HEIs and how they recruit and retain students) and with further significant shifts in the number of senior and very senior management and clinical appointments.

7.1.7 In light of the Trust’s student labour pipeline, with associated training time and the subsequent career progression timeframes, it takes many years to be trained and to rise through pay bands. The term ‘feminisation of the medical workforce’ was used increasingly from the mid-1990s as a driver for change. 2017 was originally forecast as the year that the number of women on the medical register would exceed the number of men. But despite this, with the exception of Scotland, this has still not happened. That’s despite the GMC’s “The state of medical education and practice in the UK” reporting confirming that there are now more than 60% of medical students who are women, and, at the other end, older, mainly male, doctors are retiring. The most recent GMC report confirms the national Medical Register is slowly changing and now nearly equal, with 49% women and 51% men.

7.1.8 Improvement interventions contained in last year’s report, including better flexible working and wider choices about career breaks, alternative working patterns, turnover, positive action in targeted recruitment advertising -- particularly for senior levels-- will all continue to factor into this, alongside improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.

7.1.9 The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the pay gaps. Our experience shows that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make a positive difference.

**7.2 Proposed 2025 Actions**

Improving and reducing the combined Gender, Ethnicity and Disability related pay gaps is clearly a long-term goal. Year-on-year improvements will only be possible through sustainable actions that will take time to make an impact. In assessing the pay gap data, we will take the following actions:

1. **Diversity Networks** – As with previous years, sharing of the pay gap report and below proposals with the Disability Awareness Network, the Women’s Leadership Network and the Race and Cultural Awareness Network, for feedback and further ideas. Action: Director of HR & OD, and EDI Lead. Q1 2025/26. NB Executives have asked that this is done for the next 2025 report prior to bringing to Committee.
2. **Inclusion Allies system wide programme** – Following the completion of the latest ICS Reciprocal Mentoring Programme, partner OD functions are taking forward an Inclusion Allies programme, which may include the development of provision for a “Shadowing Executives” programme. This aims at giving people from under-represented protected characteristics extra exposure and support to senior leaders to support their career options and promotion opportunities. Action: ICS OD Leads. Q2 2025/26.
3. **Flexible Working** – While our Flexible Working Policy was previously reviewed and updated in 2023/24, it is again under further partnership review with our Trades Unions to see what else can be enacted to maximise flexible working. While our score remains above average, colleagues’ rating in the “We Work Flexibly” Theme in the Staff Survey have only seen very minor year-on-year improvements in the 2022, 2023 and 2024 periods of 4%. Action: Head of HR and OD. Q1 2025/26.
4. **Management and Leadership Development** - Positive Action in Management and Leadership Development training programme, for example, prioritised access for women, BAME colleagues and those with a disability for our First Line Managers Induction, Foundational Management Programme, and wider Leadership Academy regional and national programme. This will include further supported nominations to future Ready Now and Developing Aspirant Leaders (DAL) programmes intakes which support ethnic minority colleagues aspiring towards a senior leadership role. Two Trust colleagues have been supported through the latter programme in 2024. Action: Director of HR and OD with Executive Directors. Qs 1 to 4 2025/26.
5. **National Clinical Impact Award Bespoke Training & Buddying.** This support had to be paused pending the cessation of the previous LCEAs and introduction of the new NCIA process. This presents limited opportunity in light of the very low historic success rate for Trust applicants but considering the values remains worthwhile. Action: Medical Director with the Director of HR and OD. 1 April 2025 to 27 May 2025.
6. **Effectiveness Review** – an effectiveness review will be carried out to determine how successful the previous and recent support of women and BAME colleagues on regional, King’s Fund and national DALs programmes has been, to inform future approaches. Action: Head of Leadership and OD with EDI Lead. Q3 2025/26
7. **Executive Succession Planning** - the Appointment and Terms of Service Committee received succession planning and talent management updates in 2023 and 2024 for Executive Recruitment, with a focus on equity and opportunities for positive action in recruitment. This will be refreshed again in 2025. Action: ATOS supported by the CEO, Director of HR and OD with Director of Corporate Governance. TBC 2025/26.
8. **Utilization of the new ESR reporting functions for Pay Gap** – for the 2025 report the Trust will use the increased and improved reporting function for Pay Gap analysis to identify hot spot areas and opportunities for positive action. Using this, the completion of the 2025 pay gap will be completed within the next quarter and may influence the further development of actions. Action: GPTWC supported by the Associate Director of Workforce Systems and Planning and EDI lead. Q1 2025/26

**8.0 RECOMMENDATIONS**

8.1 The Great Place To Work Committee is asked to:

* **Note** the current report
* **Agree** in principle tothe proposed actions, and to consider any additional ideas
* **Agree** in principle to publish this report on the Trust website and submit the data to the government website
* **Agree** in principle the recommended statement **(below in bold**), is recommitted to, and then be published on the Trust website and via the government website.

***“Gloucestershire Health & Care NHS Foundation Trust’s Board of Directors confirms its commitment to the ongoing monitoring and analysis of its Gender, Disabled and Ethnicity Pay Gap data and to developing the appropriate actions aimed at reducing and eradicating the gaps over time.***

***Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove pay gaps.”***