

Gender Pay Gap Reporting 2024 - 2025

1. Introduction

1.1 The purpose of this paper is to provide the Board with a comprehensive overview of the gender pay gap within the National Health Service (NHS). The gender pay gap represents the difference in average earnings between men and women across the workforce, expressed as a percentage of earnings. It is not a measure of equal pay for equal work, but rather an indicator of broader structural imbalances in representation, career progression, and access to senior roles.

1.2 Addressing the gender pay gap is a matter of fairness, compliance, and organisational effectiveness. As one of the largest employers in the United Kingdom, the NHS has a responsibility to lead by example in promoting equity and inclusivity.

1.3 This paper sets out the current position of PAHT in relation to the gender pay gap, explores the data, and outlines actions being taken to reduce inequalities. It aims to support the Board in understanding the scale of the challenge, evaluating progress to date, and considering further measures to ensure that PAHT continues to foster a diverse, equitable, and high-performing workforce.

2. Background & context

2.1 The gender pay gap has been a persistent feature of the UK labour market and remains a challenge within the NHS. Legislation introduced under the Equality Act 2010 requires all organisations with more than 250 employees to publish annual gender pay gap data. For NHS Trusts, this obligation is reinforced by the public sector equality duty, ensuring transparency and accountability in how pay disparities are monitored and addressed. The publication of this data provides both a legal requirement and an opportunity for organisations to reflect on their workforce composition and take action to promote fairness.

2.2 Despite women comprising the majority of the NHS workforce, men are disproportionately represented in higher-paid roles, particularly within medical, managerial, and executive positions. Women, by contrast, are more likely to be concentrated in lower-paid roles such as nursing, administrative, and support functions. This occupational segregation, combined with barriers to career progression and the impact of part-time work or caring responsibilities, contributes to the persistence of the pay gap.

2.3 The issue is not only one of compliance but also of organisational effectiveness. Pay disparities can undermine staff morale, hinder retention, and damage the NHS's reputation as an equitable employer. Conversely, tackling the gender pay gap supports the NHS's values of inclusivity and fairness, strengthens public trust, and contributes to building a workforce that is motivated, diverse, and capable of delivering high-quality patient care.

2.4 This context underscores the importance of sustained action. Addressing the gender pay gap requires a multifaceted approach, including targeted recruitment, leadership development, flexible working arrangements, and cultural change. For PAHT, progress in this area is not only a matter of equity but also a strategic imperative for the future resilience and success of the organisation.

2.5 PAHT's composition of workforce is 75% women and 25% men as at 31 March 2025.

3. Terminology and how to read the data

- **Mean pay gap** – the difference between the mean (average hourly earnings, excluding overtime) of men and women staff.
- **Median pay gap** – the difference between the median (the difference between the midpoints of hourly rates of earnings, excluding overtime) of men and women staff.
- **Mean bonus gap** – the difference between the mean bonus paid to men and women staff (bonus pay exclusively made up of local and national consultant clinical excellence awards (CEA), discretionary points and the welcome bonus for our international Nurses).
- **Pay distribution by gender** – the proportion of men and women staff in the lower, lower middle, upper middle and upper quartile pay bands.

4. Gender profile of the Trust

4.1 Table 1 provides a breakdown of staff who works full and part time by gender.

Gender	2024				2025			
	Full Time	%	Part Time	%	Full Time	%	Part Time	%
Female	2129	67%	1049	33%	2082	66%	1055	34%
Male	880	89%	105	11%	899	88%	121	12%
Grand Total	3009	72%	1154	28%	2981	72%	1176	28%

Table 1

5. Mean and median pay by gender

5.1 Graph 1 demonstrates across all three years that men consistently earn more than women on average. The narrowing of the gap in 2023/24 reflects the targeted interventions aimed at improving gender equity. The slight increase in 2024/25 indicates that those measures were insufficiently sustained and offset by other structural factors such as part-time workers and medical and dental staff being the highest paid staff group with more men staff in this reporting period compared 23/24.

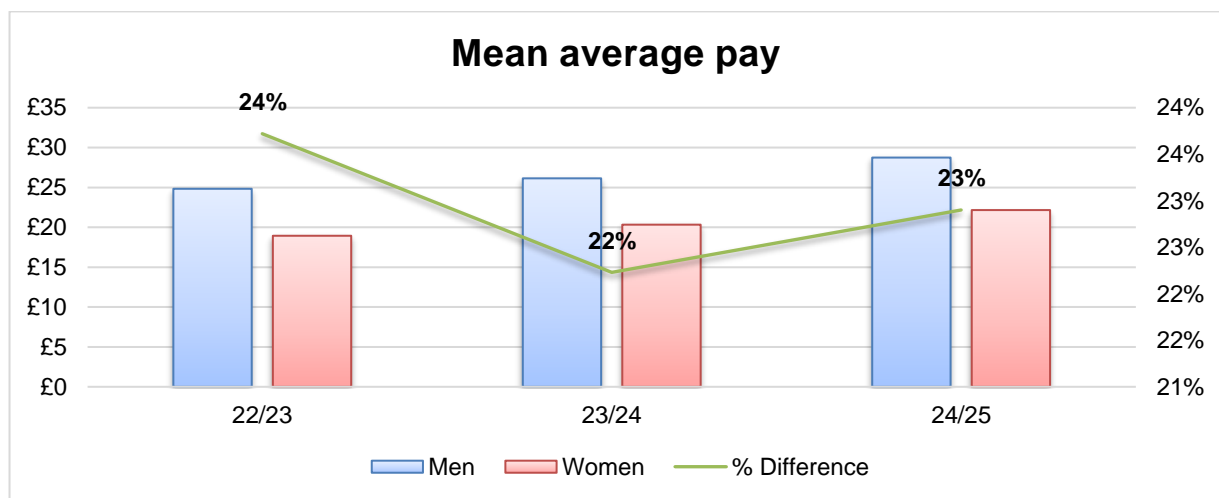


Chart 1

5.2 Graph 2 shows that both men and women saw pay increases, but men's grew faster, causing the gap to increase. The gap was stable at 13% for two years, but then jumped to 16%, indicating a structural concern as per previous paragraph.

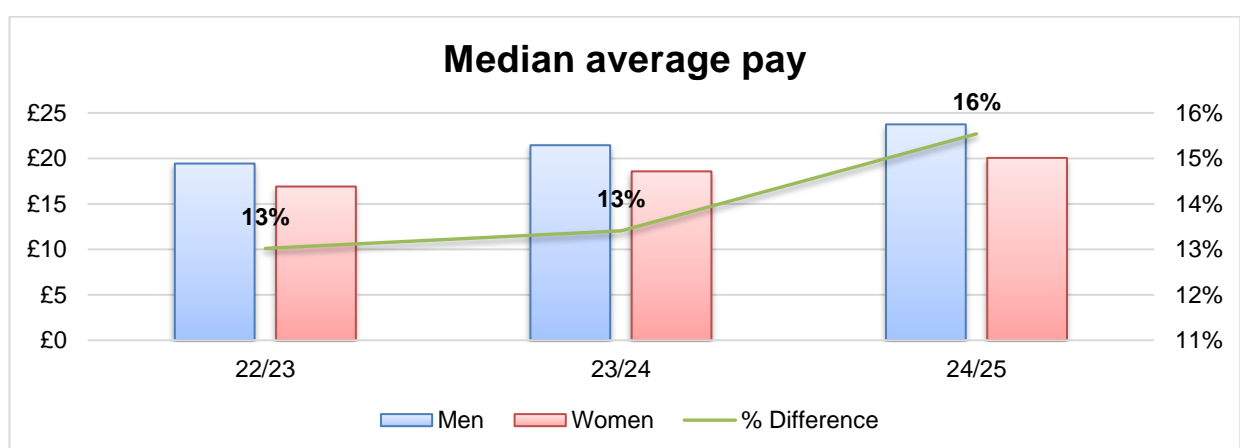


Chart 2

5.3 Tables 2, 3 and 4 give a clear separation of medical and dental staff group when compared to Agenda for Change (AFC) pay bands (including very senior managers - VSM) for this reporting period as at 31st March 2025.

AFC & VSM	Mean Hourly Rate	Median Hourly Rate
Men	£20.68	£17.98
Women	£20.56	£19.59

Table 2

M&D only	Mean Hourly Rate	Median Hourly Rate
Men	£43.44	£40.41
Women	£39.14	£34.95

Table 3

Summary of Overall Pay Gap		
Gender	Mean Hourly Rate	Median Hourly Rate
Male	£28.74	£23.74
Female	£22.16	£20.05
Difference	£6.58	£3.69
Pay Gap %	23%	16%

Table 4

6. Mean and median bonus pay gap

6.1 For the purposes of this report, bonuses are exclusively made up of local and national consultant clinical excellence awards (CEA), discretionary points and welcome bonus payment for our international nurses and allied health professionals.

6.2 Charts 2 and 3 show the mean and median bonus pay amount as a percentage between men and women, while charts 4 and 5 show welcome bonus and CEA by headcount. Whilst reviewing the data the decrease in median bonus pay to women and increase in median bonus to men, is due to the reduced number of welcome bonus paid to women staff from 149 in the last reporting to 18 in this reporting period. In addition the NHS has a structural concern in relation to CEA's being mostly granted to men, due to the nature of the process. The pattern indicates a participation and size inequality. Women's bonus distribution remains highly skewed – more small awards, fewer mid-large awards – even though a subset received significantly higher bonus in 24/25.

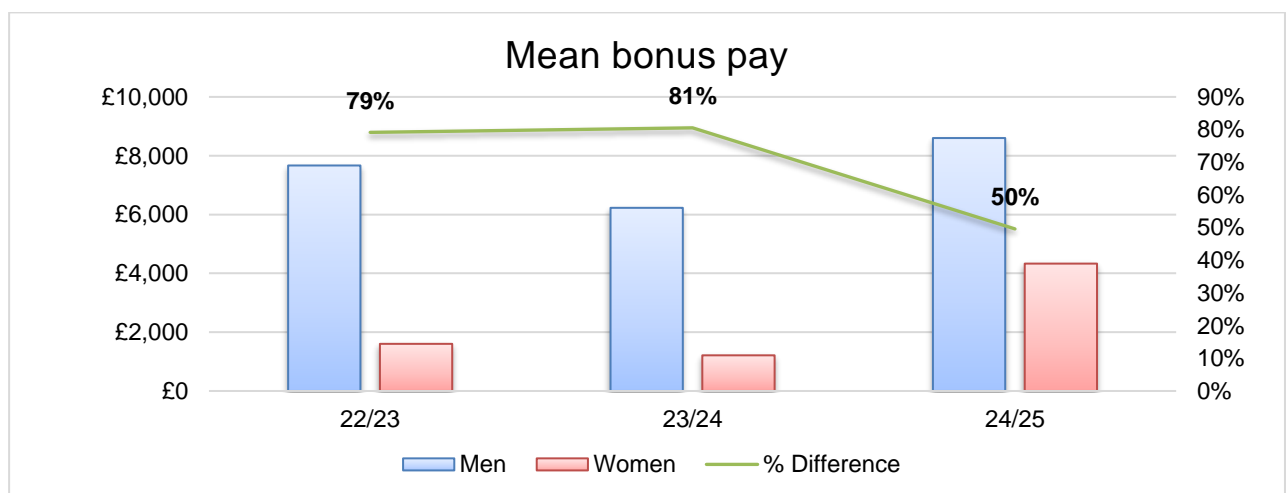
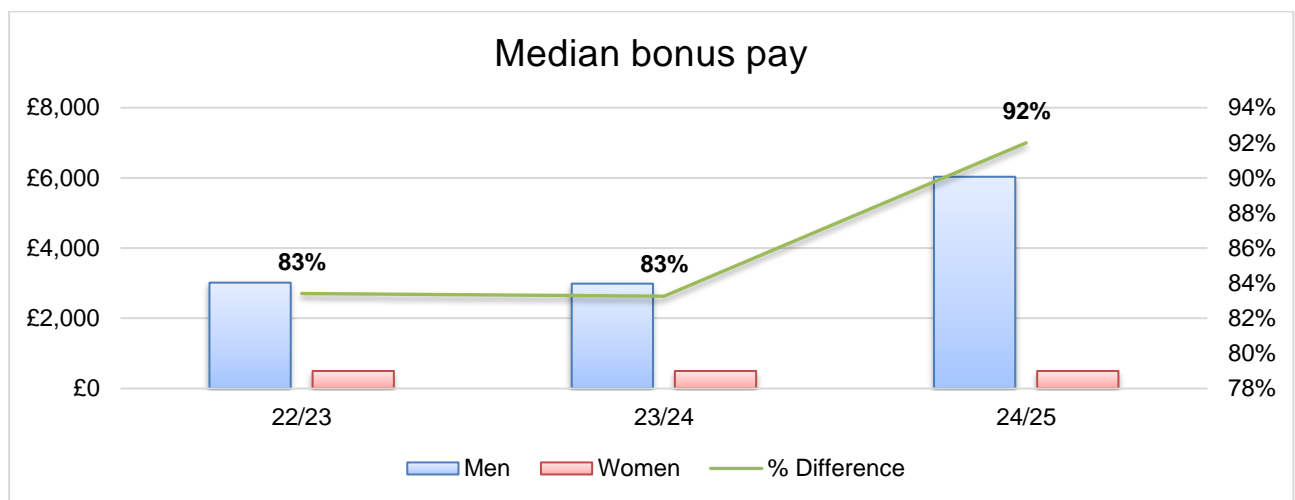


Chart 2



.Chart 3

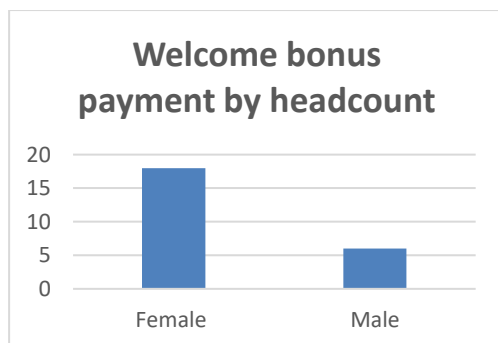


Chart 4.

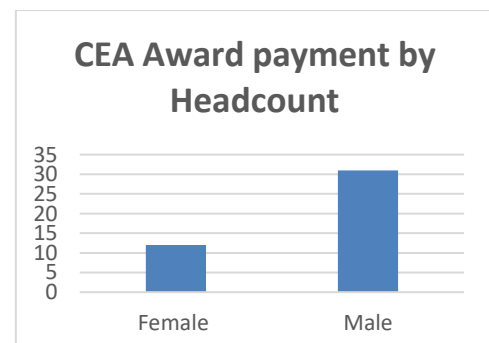


Chart 5

7. Pay distribution by quartiles

7.1 Chart 6 shows the proportion of employees by disability status in each quartile, this is calculated based on total pay and not banding or grade.

7.2 Staff are allocated into each quartile based on their hourly rate of pay and does not differentiate full time from part-time hours – it only considers salary paid and banding.

7.3 Lower quartile is our lowest pay quartile, and upper quartile is our highest pay quartile as per the requirement. Job roles included in each quartile are as follows:

- Lower quartile – roles include domestics porters, HCA and clerical staff
- Lower middle quartile – roles included staff nurse
- Upper middle quartile – roles include manager, F1, F2 doctors and specialists
- Upper quartile – consultants, senior managers, heads of service and directors

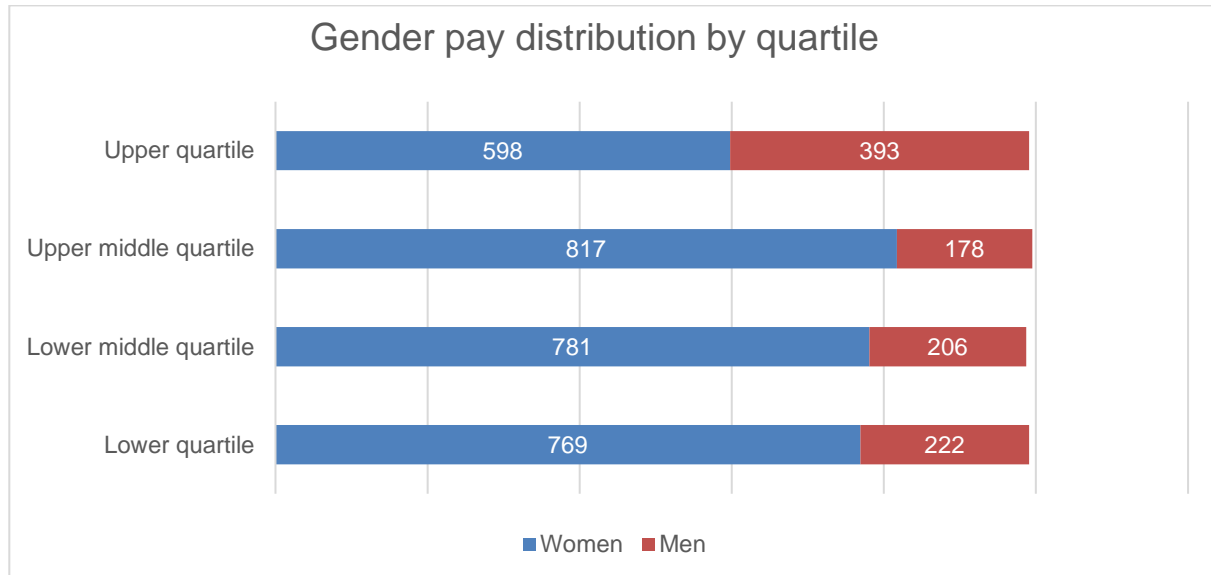


Chart 6

7.4 Table 5 provides the corresponding number of staff on each category according to their banding – Agenda for Change and Very Senior Manager framework and Table 6 provides the corresponding number of staff on each category for Medical and Dental terms and conditions.

Pay Bands	Female	%	Male	%
Band 1	12	86%	2	14%
Band 2	404	72%	154	28%
Band 3	503	83%	106	17%
Band 4	228	85%	40	15%
Band 5	658	84%	125	16%
Band 6	489	85%	84	15%
Band 7	328	82%	72	18%
Band 8 - Range A	149	81%	34	19%
Band 8 - Range B	51	76%	16	24%
Band 8 - Range C	14	64%	8	36%
Band 8 - Range D	14	67%	7	33%
Band 9	9	64%	5	36%
NED	5	50%	5	50%
VSM	3	38%	5	63%
Grand Total	2867	81%	663	19%

Table 5

Grade	Female	%	Male	%
Foundation Year 1	27	49%	28	51%
Foundation Year 2	30	58%	22	42%
Specialty Registrar	66	55%	55	45%
Trust Grade	33	38%	55	63%
Career Grade Doctor	31	33%	64	67%
Consultant	83	38%	133	62%
Grand Total	270	43%	357	57%

Table 6

8. Conclusion

8.1 The gender pay gap within the Trust is not due to unequal pay for the same role but is driven by role distribution and progression disparities. Women dominate lower-paid AfC bands, while men hold a greater share of senior clinical and managerial positions. Closing the gap requires targeted action on career progression, leadership development, and flexible working opportunities, particularly for women in mid-bands and medical grades.

8.2 Our vision is to close the gender pay gap between women and men. It's important to note the gender profile of men in our trust has increased from 23% in March 2024 to 25% in March 2025.

8.3 Whilst we are committed to flexible working and this is an opportunity we continue to promote, this trend highlights the need to address career progression for part-time staff. The bonus pay gap is driven by recruitment trends (fewer welcome bonuses for women). AfC pay bands show narrow gaps, suggesting structural pay equality within standard roles, but leadership roles skew the overall picture.

8.4 In our EDI Strategy & Delivery Plan we have set out our ambition to close the gender pay gap. The activity to address the mean and median gender pay gap for women in the senior roles within medical and dental is the action plan. As the gap is driven by senior leadership concentration of men, not by AfC pay structure, we are implementing the recommendations from the Mend the Pay Gap report. Our aim is to create equality of opportunity for women at PAHT, this commitment is not just about compliance as it reflects our vision for women at every level.

9. Recommendations

9.1 Board is requested to discuss this paper and approve for publication.

9.0 Action Plan

Area and Objective	Action	Outcome and impact	Lead	Timescales	Where will this be reported / monitored
To Reduce the Gender Pay Gap	Rollout de-biased recruitment tool kit to line managers at the beginning of the recruitment process.	Recruiting managers are more aware of gender biases Toolkit available on Alex net	Head of People – Recruitment & Retention	Dec-25	People Committee
	Develop coaching /mentoring schemes for women to build skills and encourage development in line with NHS programmes	Female employees are confident to explore and apply for more senior roles	Head of OD & Learning	Dec-25	People Committee
	Introduce women's networks to develop peer support across the organisation	Employees are confident they can receive guidance on progressing within their careers	Head of EDI	Dec-25	People Committee
	Leadership pipeline development for women working full and part-time through succession planning and talent management	To increase the number of senior women in the upper quartile	Head of OD & Learning	Sept-26	People Committee
	Promote talent development programmes to ensure that we have a pipeline of qualified and skilled female employees who feel confident and motivated to apply for promotion and be successful when applying for more senior roles.	Increase the proportion of female staff in upper pay quartile.	Head of OD & Learning	Dec-25	People Committee
	Review the Mend the Gap recommendations and assess which ones are applicable to our Trust:	Address the gender pay gap and bonus in medical.	Chief medical Officer & Head of EDI	Dec- 2026	People Committee

	<p>Theme 1 - Address structural barriers to the career and pay progression of women</p> <p>Theme 2 - Make senior jobs more accessible to more women</p> <p>Theme 3 - Introduce increased transparency on gender pay gaps</p> <p>Theme 4 - Mandate changes to policy on gender pay gaps</p> <p>Theme 5 - Promote behaviour and cultural change – national conversation</p> <p>Theme 6 - Review clinical excellence and performance payments and change accordingly</p> <p>Theme 7- Implement a programme for continued and robust analysis of gender pay gaps</p>				
--	--	--	--	--	--