

Statutory Gender Pay Gap Reporting

1. Background

In 2018, it became mandatory for public sector organisations with more than 250 employees to report annually on their gender pay gap.

The gender pay gap differs from equal pay and the two terms are not interchangeable. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the differences in the **average pay** between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of reasons for inequality such as access to career progression, recruitment bias etc. The individual calculations may help to identify what those issues are.

The Trust is obliged to publish the following information on our public-facing website and report to government by the 31st March 2025:

- The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees ('the mean gender pay gap');
- The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees ('the median gender pay gap');
- The difference between the mean bonus pay paid to male relevant employees and that of female relevant employees ('the mean gender bonus gap');
- The difference between the median bonus pay paid to male relevant employees and that of female relevant employees ('the median gender bonus gap');
- The proportions of male and female relevant employees paid bonus pay ('the proportions of men and women getting a bonus'); and
- The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper quartile pay band ('the proportion of men and women in each of four pay quartiles').

2 Gender Pay Gap Reporting Key points

Appendix 1 includes a full copy of the Trust's Gender Pay Gap information which has been obtained from the Electronic Staff Record (ESR) standard reports. The ESR standard reports are nationally produced to ensure the NHS meet their gender pay gap reporting requirements and the reporting period for the gender pay gap data is as at 31st March 2024.

2.1 Key Points to note are:

- The Trust workforce is **81% female and 19% male.**

- The Trust Medical & Dental workforce is 65% male and 35% female with 25% of the Trust's overall male workforce being constituted within the Medical & Dental staff group.
- As at March 2024 the Trust has a **26.82% mean average** gender pay gap with females earning **£6.54 an hour less** than males. The mean average gender pay gap in 2024 is comparable to 2023 data when as at 31st March 2023 females earned **£6.46 an hour less** than males with a 27.46% mean average gender pay gap.
- As at March 2024 the Trust has a **11.14% median hourly rate** gender pay gap with females earning **£2.02 an hour less** than males. The median hourly rate gender pay gap in 2023 has slightly improved in comparison with 2023 data when as at 31st March 2023 females earned **£2.19 an hour less** than males with a **12.69%** median gender pay gap.
- As at 31st March 2024 male staff proportionately continue to be heavily constituted within the highest earning quartile at 29.9% within quartile 4 compared to male staff representing 19% of the overall workforce. A key factor is due to the Medical & Dental workforce being predominantly male at 65% and this staff group are predominantly constituted within the highest earning quartile.
- As at 31st March 2024 female staff proportionately continue to have lower representation in the highest earning quartile at 70.1% compared with female staff representing 81% of the overall workforce. Compared to the previous year in 2023 there was a similar percentage of females in the highest earning quartile at 69.88%.
- The data highlights that the average bonus pay gap for females as at March 2024 is 57.93% and the median bonus pay gap is 0.00%. Compared to the previous year in 2023 the average bonus pay gap for females was 63.5% and this figure made the Trust an outlier comparison with other Trusts in Greater Manchester. The bonus pay is primarily related to clinical excellence awards that are awarded to recognise and reward Consultants who perform 'over and above' the standard expected in their role. It should be noted the Consultant workforce is predominantly male at 72% excluding locum consultants.

2.2 Gender Pay Gap Granular reporting

In response to the gender pay gap reporting the Trust has undertaken a granular analysis of the gender pay gap data by staff group to identify any hot spot areas. Medical & Dental and Administrative & Clerical staff groups continue to be areas where gender pay is a particular concern.

Medical and dental staff group

The medical & dental staff group has a **20.59%** mean gender pay gap with female medical & dental staff earning **£9 per hour less** than male medical & dental staff. This is an improving position compared to the previous year where there was a 25.95% average pay gap with female medical and dental staff earning £10.90 an hour less than male female medical and dental staff in 2023. The gap is due to female medical & dental staff being primarily constituted within this staff group's lower pay quartiles with them representing only 28% of the highest pay quartile (quartile 4).

If we exclude Medical & Dental staff from the Trust wide gender pay gap figures the Trust's mean gender pay gap is **2.40%** which equates to females earning **£0.43** less than male staff per hour. Last

year the Trust wide gender pay gap figure excluding medical and dental was 3.07% which equates to females earning £0.52 less than male staff per hour.

Administrative and clerical staff group

An analysis of the gender pay gap for the Administrative & Clerical staff group highlights this staff group has a **21.54%** average pay gap with female staff earning **£4.27 an hour less** than male staff. This is an improved position compared to the previous year where there was a 23.64% average pay gap with female administrative & clerical staff earning £4.51 an hour less than male administrative & clerical staff in 2023. Males within this staff group continue to remain significantly constituted within the highest pay quartile at 39% male in quartile 4 compared with 12% male in quartile 1, 13% male in quartile 2 and 30% male in quartile 3. Comparing these figures to the previous year, the percentage of males in the higher quartiles has reduced e.g. quartile 4 male representation was 42% and quartile 3 male representation was 26%.

Additional Professional Scientific and Technical staff group

An analysis of the gender pay gap for the Additional Professional Scientific and Technical staff group highlights this staff group has an 8.39% average pay gap with female staff earning £1.88 an hour less than male staff. This is an improved position compared to the previous year where there was a 13.98% average pay gap with female staff earning £3.23 an hour less than male staff in 2023. Representation in the higher quartiles are more proportionate to other staffing groups: quartile 4 male representation was 23% and quartile 3 male representation was 19%. Comparing these figures to the previous year the percentage of males in the quarter 4 was previously 27%.

It should be noted that in a number of staff groups there is a negative pay gap, i.e. females earn more than males, and these are within:

- Healthcare Scientists staff group **-5.59%** pay gap (females earn **£1.14** more than male staff per hour). The gap has reduced compared to last year when the figure was -9.94% with females earning £1.84 more than male staff per hour.
- Nursing and Midwifery registered staff group **-3.21%** pay gap (females earn **£0.64** more than male staff per hour). The gap has slightly reduced compared to last year when the figure was -4.07 with females earning £0.77 more than male staff per hour.
- Allied Health Professionals staff group with a **-1.31%** pay gap (females earn **£0.28** more than male staff per hour). The gap has increased compared to last year when the figure was -0.05 with females earning the same as male staff per hour (£0.01 difference).

Although these gaps are much smaller compared to the pay gaps in which males earn more than females e.g. Admin & Clerical and Medical & Dental.

3 Insights from Gender Pay Gap research

3.1 Mend the Gap Report

The [Mend the Gap Report](#), an independent review into gender pay gaps in medicine in England has found that the causes are multiple and complex, requiring a deep dive into current career and pay structures and a sustained commitment.

Hours: Women are more likely to work less than full-time (LTFT), which helps to explain why their pay is lower. Men report working more unpaid overtime, which means that their effective pay is overstated. When these factors are adjusted for, the gender wage gap is smaller.

Grade and experience: Men doctors are more likely to be older, have more experience and hold more senior positions – all of these characteristics lead to higher pay. Periods of LTFT working have long-term implications for women's career and pay trajectories as they reduce their experience and slow down or stall their progress to senior positions.

Additional payments: Among hospital doctors, we find that gaps in total pay – which include Clinical Excellence Awards (CEAs), allowances and money from additional work – are larger than gaps in basic pay alone.

Their recommendations to minimise the pay gaps include:

Review pay-setting arrangements

- Among hospital doctors, this means using fewer scale points and greater use of job evaluation. The aim is to ensure that gaps related to grade are justified.

Give greater attention to the distribution of additional work and extra payments

- Increase transparency around additional allowances and individually negotiated pay (for example, for locums or waiting list initiatives). An expanded workforce would reduce dependence on these gender-segregated pay elements.
- Monitor the gender split of applications for CEAs; change the criteria to recognise excellent work in a broader range of specialties; and encourage more applications from women.

Promote flexible working for both men and women

- Advertise all jobs as available for less than full time (LTFT).
- Reconsider the structure of LTFT training, so that it focuses on competency not time served, reducing long-term career penalties.

3.2 Reducing the gender pay gap and improving gender equality in organisations report

The Government Equalities Office and Behavioural Insights Team ([2021](#)) published a report on evidence-based actions which have found to have a positive impact on reducing gender pay gaps. This includes:

1. Review percentage of women at shortlisting stage and set targets to improve shortlisting rate
2. Use skill-based assessment tasks in recruitment
3. Use structured interviews for recruitment and promotions
4. Encourage salary negotiation by showing salary ranges
5. Introduce transparency to promotion pay and reward processes
6. Appoint diversity managers/diversity task forces to increase accountability for recruitment decisions

4 Developing actions to reduce Gender Pay Gap

Using this year's Gender Pay Gap data, we will develop an action plan which will contribute to identifying root causes for gender pay gaps at WWL, improving fairness and transparency around pay setting, making recruitment processes more inclusive and supporting our staff with work life balance by providing flexible working options. The draft actions will include:

- Deep dive into data for Admin & Clerical and Medical and dental workforce – review ratio of staff being shortlisting/recruited, proportion of LTFT by gender, proportion of staff leaving by grade/banding, qualitative feedback on barriers.
- Review pay setting arrangements for medical and dental, moving towards more transparency in how entry salaries and changes are negotiated.
- Review of clinical excellence awards application process for medical and dental and explore changes to criteria for recognising excellent work. Promote the National Clinical Impact Assessment Awards to female medical & dental staff through communications and case studies.
- Review and promote inclusive recruitment processes as part of the inclusive recruitment process workstream; including on a focus on medical recruitment.
- Promote flexible working for all, through job vacancies and case studies, and ensure that flexible working guidance is available for managers.
- Analyse reasons why flexible working requests are declined and use information to provide support/guidance to address challenges in approving requests.
- Proactively promote talent management and leadership development offer to female staff and monitor take up.
- Ensure that health & wellbeing support is in place that enables women to thrive at work.

Action planning will be led by the Pay Equality workstream whilst recognising that elements of the action plan will also sit with other workstreams, such as the inclusive recruitment programme. To finalise the action plan, relevant stakeholders will be involved including People Services leaders, recruitment teams, Staff Side and Medical and Dental workforce. The action plan will also be shared at EDI Strategy Group which will have oversight and monitor its implementation.

Appendices

Appendix 1

Gender Pay Gap Report summary data as at 31st March 2024

2.1 Table 1- Average & Median Hourly rate

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	24.3854	18.0996
Female	17.8449	16.0835
Difference	6.54	2.02
Pay Gap %	26.82	11.14

2.1.1 Average Hourly rate

As at March 2024 the Trust has a has a 26.82% mean average gender pay gap with females earning £6.54 an hour less than males. The mean average gender pay gap in 2024 is comparable to 2023 data when as at 31st March 2023 females earned £6.46 an hour less than males with a 27.46% mean average gender pay gap.

2.1.2 Median Hourly rate

As at March 2024 the Trust has a 11.14% median hourly rate gender pay gap with females earning £2.02 an hour less than males. The median hourly rate gender pay gap in 2024 has slightly improved in comparison with 2023 data when as at 31st March 2023 females earned £2.19 an hour less than males with a 12.69% median gender pay gap.

2.2 Table 2- % male and female employees in each pay quartile

Quartile	Female	Male	Female %	Male %
1	1514.00	276.00	84.6	15.4
2	1479.00	311.00	82.6	17.4
3	1496.00	293.00	83.6	16.4
4	1256.00	536.00	70.1	29.9

This calculation requires an employer to show the proportions of male and female full-pay relevant employees in four quartile pay bands with quartile 1 being the lowest paid and quartile 4 being the highest paid. All employees are placed into the cumulative order according to their pay which is undertaken by dividing the workforce into 4 equal parts.

Compared with quartiles 1-3 males are more highly constituted within quarter 4 at 29.9% compared with an average of between 15.4% - 17.4% within the other quartiles. Comparatively the reverse is

true for females and they constitute 70.1% of quartile 4 compared with an average of between 82.6%- 84.6% within the other quartiles.

The information compares % within the individual quartiles. However, if we review the broader picture comparing the overall workforce constitution there are 1416 male employees and of these 536 are within quartile 4 which represents 38% of all male employees. Comparatively of 5745 female employees only 1256 females are constituted within quartile 4 which represents only 22% of all female employees.

2.3 Bonus information

Table 3

Gender	Avg. Pay	Median Pay
Male	10,849.51	3,794.57
Female	4,564.36	3,794.57
Difference	6,285.14	0.00
Pay Gap %	57.93	0.00

Table 4

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	52.00	5934.00	0.88
Male	138.00	1426.00	9.68

The data in tables 3 & 4 relates to clinical excellence awards for medical staff as this is the only payment identified within the ESR standard report which falls within the set definition of 'bonus pay'. Clinical Excellence Awards recognise and reward Consultants who perform 'over and above' the standard expected in their role. The payments within the Trust's bonus information contains both local and national Clinical Excellence Awards. The Local CEAs are administered within the Trust on an annual basis and the national CEAs are determined externally and administered by the Department of Health. During the reference period, the process for submitting an application for a national CEA was subject to an initial application followed by a renewal process every five years, instigated by the consultant. However, for a local CEA, the award was equally split between consultants who had successfully applied for a CEA. This was the same for the previous year.

The data highlights that the average bonus pay gap for females as at March 2024 is 57.93% and the median pay gap is 0.00%.

As at 31st March 2024 0.88% of female staff received a bonus payment in comparison with 9.68% of male staff. All consultants with a minimum of 12-months service are eligible to submit an application for a CEA, so when reviewing these figures consideration should be given to the overall consultant workforce profile which is predominately male at 72%, and this should provide some context as to the disparity of the number of male applications compared to the number of female applications. Consideration should also be given to the number of consultants excluding locums and

the proportion of these receiving a bonus. There were 223 consultants excluding locums, 83% of female consultants were paid a bonus and 86% of male consultants were paid a bonus.