

Gender Pay Gap Report

2024 - 2025

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1. Introduction

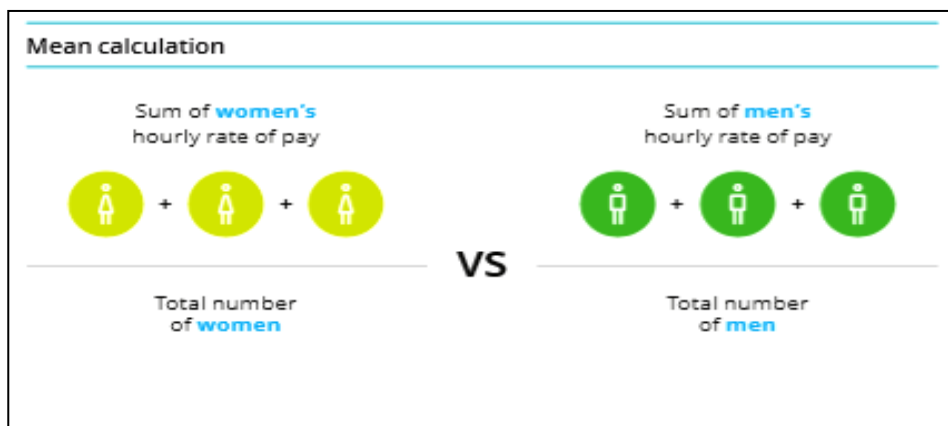
Gender pay gap legislation requires all employers of 250 or more employees to publish their gender pay gap as at 31st March each year. This report details Stockport NHS Foundation Trust's position as at 31st March 2025.

As at 31st March 2025, the Trust employed 6,194 staff in a range of roles, including administrative, medical, allied health professionals and managerial roles. The Trust uses the national job evaluation framework for Agenda for Change (AfC) staff to determine appropriate pay bandings; this provides a clear process of paying employees equally for the same or equivalent work. The national pay grades used in the Trust have a set of points for pay progression, linked to length of service and performance.

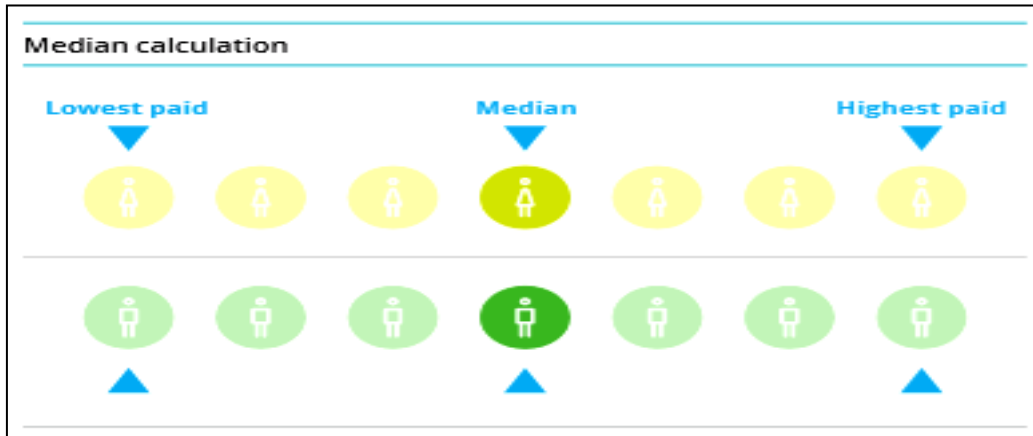
Gender pay gap legislation requires the Trust to report:

1. *Mean* gender pay gap
2. *Median* gender pay gap
3. Mean bonus gender pay gap
4. Median bonus gender pay gap
5. Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
6. Proportion of males and females when divided into four quartiles in comparison to the number of employees in terms of a) Lower b) Lower middle c) Upper middle and d) Upper quartile.

Mean calculation: – this is calculated by adding up the hourly rates of pay of all men, and of all women, and dividing that by the number in each group. The mean gender pay gap is calculated based on the difference between mean male pay and mean female pay:



Median calculation: – the median is the figure that falls in the middle of a range when the wages of all relevant employees are lined up lowest pay to the highest pay. The median gender pay gap is calculated based on the difference between the middle employee in the range of male wages and the middle employee in the range of female wages:



This report includes the statutory requirements of the gender pay gap legislation but also provides further context to demonstrate our commitment to equality.

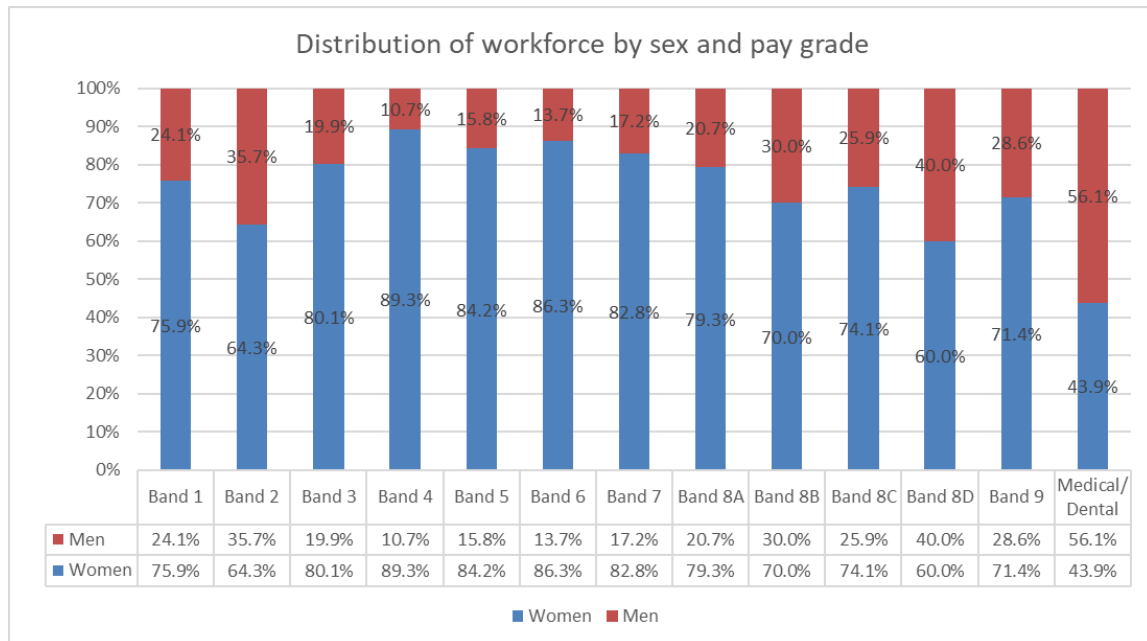
2. Gender Profile of the Organisation

The Trust's workforce comprises of 76% women and 24% men.

Gender	Headcount	%
Female	4699	75.9
Male	1495	24.1
Grand Total	6194	100.0%

3. Gender Profile by Banding

The chart below shows the proportion of men and women across the Trust, at each Agenda for Change (AfC) pay band, and the proportion of men and women within medical and dental staffing terms & conditions.



The Trust’s workforce comprises of predominantly female employees across all bandings apart from medical and dental where 56.1% are male in comparison to 413.9% female.

4. Gender Pay Gap Analysis

Indicator 1: Average gender pay gap as a mean average

In comparison to 2024, the overall gender pay gap has increased marginally from 17.81% to 17.97%. It is higher than the whole UK economy figure of 12.8%. There is a significant difference in the gender pay gap between medical staff and non-medical staff (AfC) group. By considering those staff groups separately, we can see that the gender pay gap has decreased since 2024 in the medical workforce, and decreased in the AfC grades, where the overall AfC pay gap now favours women.

	Female		Male		Difference £		Difference %	
	2024	2025	2024	2025	2024	2025	2024	2025
Mean hourly rate	£18.88	£20.08	£22.97	£24.48	£4.09	£4.40	17.81%	17.97%
Mean hourly rate medical	£37.00	£43.13	£45.08	£50.01	£8.08	£6.88	17.92%	13.75%
Mean hourly rate non-medical	£17.84	£18.96	£16.94	£17.91	-£0.90	-£1.05	-5.31%	-5.83%

Analysis has been undertaken to establish the gender pay gap within each of the staff groups on Agenda for Change pay scales. The results are presented in the table below:

Staff Group	Average Male	Average Female	Difference	Pay Gap
Additional Scientific and Professional	23.93	22.65	1.28	5.3%
Additional Clinical Services	14.4	14.48	-0.08	-0.6%
Admin and Clerical	19.36	16.08	3.28	16.9%
AHP	21.9	22.42	-0.52	-2.4%
Estates and Ancillary	14.43	14.18	0.25	1.7%
Healthcare Sciences	23.9	22.9	1	4.2%
Nursing and Midwifery	22.15	22.25	-0.1	-0.5%

Analysis shows that the widest gender pay gap is amongst the admin and clerical staff group, largely driven by the gender distribution in the senior manager roles within the Trust. Within the AHP staff group, the negative gap is a reflection that the gender pay gap favours women in those areas.

Indicator 2: Average gender pay gap as a median average

The median average rates of pay show that the gender pay gap has increased since last year and still favours women across the organisation as a whole.

Median Hourly Rate	Female	Male	Difference (£)	Difference (%)
2021	£14.61	£15.18	£0.58	3.97%
2022	£15.00	£16.03	£0.03	0.2%

2023	£16.01	£16.84	£0.83	5.18%
2024	£17.68	£17.45	-£0.23	-1.3%
2025	£18.66	£18.19	-£0.47	-2.52%

Indicator 3: Average bonus gender pay gap as a mean average

The Trust does not operate a bonus scheme. It complies with the Medical terms and conditions in running an annual Clinical Excellence Award (CEA) scheme which has been used to calculate indicators 3 to 5. CEAs are only eligible for employees working as a Consultant (Medical role) and are not usually automatically paid. Under normal circumstances, consultants are required to apply if they wish to be considered for a Clinical Excellence Award subject to National qualifying guidelines.

However, in 2020, NHS Employers and the negotiation partners the British Medical Association (BMA) and HCSA received government approval to recommend that employers distribute funds equally among all eligible consultants as a one-off, non-consolidated, non-pensionable payment in 2020, instead of running an annual awards round, as a response to the pandemic. All consultants were therefore awarded a CEA payment. This has been replicated each year since 2020.

The table below shows that there is a 53.10% gap between male and female CEA payments.

Mean Bonus Pay	Female	Male	Difference (£)	Difference (%)
2021	£7126.10	11428.70	£4302.59	37.65%
2022	£5340.54	£8586.19	£3245.65	37.80%
2023	£5898.00	£8586.47	£2688.47	31.31%
2024	£5,731.98	£8,684.56	£2,952.59	34.00%
2025	£4,385.29	£9,350.16	£4,964.87	53.10%

Indicator 4 - Average bonus gender pay gap as a median average

Median Bonus pay	Female	Male	Difference (£)	Difference (%)
2021	£5670.33	£9086.02	3415.99	37.60%
2022	£3817.03	£3817.03	0	0%
2023	£4590.00	£4590.00	0	0%
2024	£4,748.84	£4,748.84	0	0%
2025	£3,015.96	£6,032.04	3016.08	50.00%

The median difference in bonus pay is 50.00% between male and female CEA payments.

Indicator 5: Proportion of males and females receiving a bonus payment

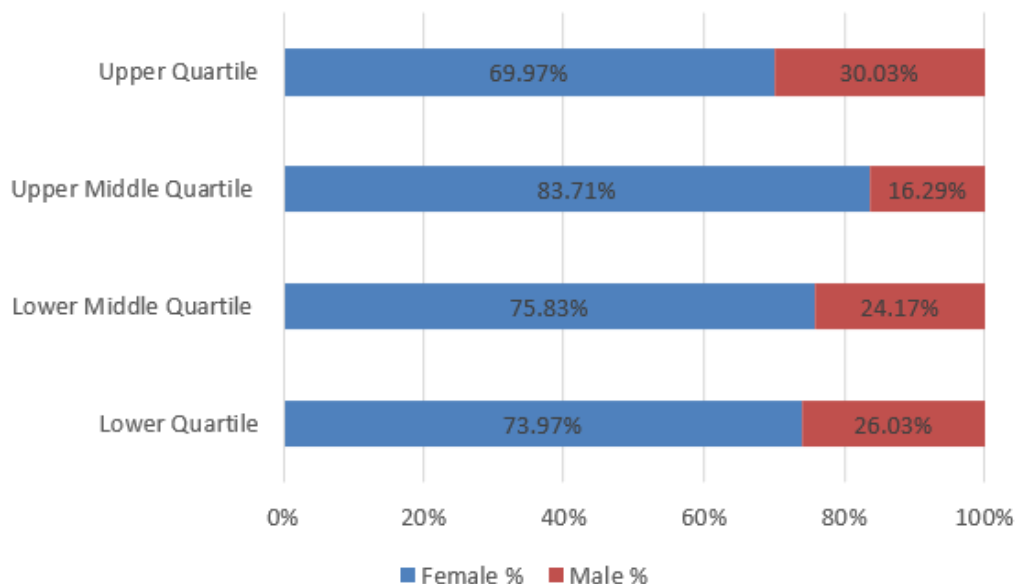
Of the total workforce, 3.55% of men received a bonus and 0.40% of women received a bonus in 2025. However, as bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards.

The awards were closed to new entrants in 2025, and therefore it is not possible to conduct an analysis of those who were eligible, compared to successful recipients, as done in previous years.

2025	CEA Eligible Consultant Workforce by Gender		2025 Bonuses Awarded	
Gender	Headcount	%	Headcount	% of Gender Eligible
Male	0	0	53	N/A
Female	0	0	19	N/A
Total	0		72	

Indicator 6: Proportion of males and females when divided into four quartiles in comparison to the number of employees in terms of a) lower b) lower middle c) upper middle and d) upper quartile

Given there is a greater representation of female employees in almost all bands in the Trust, it is not surprising that females feature at higher in % across all quartiles. However, there is a notable increase of women in the upper middle quartile and men in the upper quartile, compared to the rest of the workforce.



5. Reducing the Gender Pay Gap

The gender pay gap is not a measure of equal pay, but is influenced by the distribution of men and women in the workforce. The gender pay gap at the Trust is driven by the make-up of the medical workforce. The UK medical workforce faces a persistent gender pay gap, with women earning less than their male counterparts.

The reasons for the gender pay gap in the medical workforce relate to the composition of the medical workforce, and in particular, the consultant workforce. This composition is affected by:

- **Unequal representation in consultant roles:** Women are underrepresented in senior and leadership positions within the medical workforce, particularly in specific specialties.
- **Part-time work and career breaks:** Women are more likely to work part-time or take career breaks for childcare or other responsibilities, leading to lower total earnings compared to fulltime male colleagues. This is particularly the case within medical staff, where women may take longer to complete their training due to having time out to have children.

- **Horizontal gender segregation:** Women are over-represented within general practice in the UK, which in itself can distort the makeup of the consultant workforce within NHS organisations.
- **Discrimination and bias:** Gender bias may exist in promotion decisions, performance evaluations, and pay negotiations, disadvantaging women and hindering their career advancement.

The new combined EDI strategy will aim to address the issues identified by the data in this report and previous reports. The following table identifies some of the key actions contained within the strategy that aims to address the issues identified.

The actions will be monitored by the Combined EDI Steering Group and will be reported to the Workforce Committee/People Performance Committee as part of the regular reporting on EDI actions.

Through the combined EDI strategy, we have committed to:
Implement a structured "Return to Work" support package for those returning from parental leave to ensure career momentum is maintained.
Design and implementing a Talent Management & Succession Planning Framework
Implement a Mentoring Programme Pilot for newly appointed band 7 & 8A nursing, AHP, and midwifery staff at both organisations.
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams.
Create a Trust wide women's network

6. Conclusion

In summary, the report highlights that our mean gender pay gap has marginally increased from 17.81% to 17.97%. The median pay gap has slightly increased to -2.52%, which favours women.

Desegregating the medical and non-medical workforce shows that the organisation-wide gender pay gap is driven by the gender pay gap within the medical workforce, which stands at 13.75%.

Addressing the gender pay gap in the medical workforce can only be achieved when the medical workforce, and in particular, the gender balance in the consultant workforce is gender balanced.

Within the overall AfC data, there exists a negative gender pay gap, favouring women at -5.83%. When conducting further analysis looking at AfC staff groups, the widest gender pay gap is amongst the Admin and Clerical Staff (16.9%), largely driven by the gender distribution in the senior manager roles within the Trust.

There has been an increase in the mean bonus pay gap from 34.00% to 53.10%. The median gender pay gap for bonus payments has also increased from 0% last year to 50% this year.

A national review is underway in respect of the CEA payments, which in itself may impact on the bonus pay gap that exists within the medical workforce.