

Gender Pay Gap Report

Period: 31st March 2024

Publication March 2025

NHS Greater Manchester – Our Gender Pay Gap Report

Foreword

This is the second Gender Pay Gap report published by NHS Greater Manchester (NHS GM) and marks another key milestone in our ongoing commitment to transparency, fairness, and equity.

Our workforce is the beating heart of our organisation, and we value the lived experience, skill, talent and potential that each one of our colleagues bring, enriching our organisation's culture and reflecting the communities we serve.

Addressing inequalities is a key priority for NHS GM, both as an organisation and in supporting our wider health and care system, as set out in our Greater Manchester People and Culture Strategy.

This report acknowledges the limited progress we have made to reduce the gender pay gap this year, and further reinforces our commitment to creating a fair and equitable workplace. We recognise the need for more decisive action and are dedicated to making significant strides in the coming year.

Last year we identified several key deliverables which we set out to deliver collaboratively through our joint People and Culture Equality Diversity and Inclusion Action Plan. These included:

- Aligning closely with GM Women's Health Strategy
- Implementing the #InclusiveHR initiative to create more representative and inclusive People and Culture services
- Delivery of Fair and Inclusive training for all managers,
- Promotion of the NHS GM Wellbeing Toolkit and enhancing menopause support
- Delivery of a Mutual Mentoring programme connecting senior leaders with colleagues across our organisation.

The specific progress we have made against actions to address the gender pay gap are set out in this report. It is important to consider these results and the impact of actions taken over the last year within the context of an organisation that is only two years old, along with the challenging financial climate which has limited external recruitment.

Over the next few years, NHS GM is committed to closing our gender pay gap and must continue to advance the opportunities for all women, particularly women of colour and with disabilities, in our organisation and across our communities.

Janet Wilkinson

Chief People Officer, NHS Greater Manchester

Gender Pay Gap Reporting- An Overview

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the NHS along with all public bodies with more than 250 employees, are required to publish gender pay gap information by 30th March each year, using six different measures based on annual data and to upload these on the government's online reporting service <https://www.gov.uk/report-gender-pay-gap-data>.

This report provides information on each of these six calculations, the formulas for which are explained below (Albeit there is a nil return on bonus payments and there was no bonus scheme in place for the reporting period), The calculations used are those set out in the relevant legislation to ensure the data is calculated consistently across organisations. The data is taken from the existing employee records using the standard Business Intelligence Dashboard Report within the Electronic Staff Records.

It should be noted that whilst current pay structures support equal pay for men and women, factors such as length of service can affect the gender pay gap.

This report fulfils our reporting requirements and sets out what we are doing to address the gender pay gap in our organisation. The data is based on a snapshot of all employees as of 31 March 2024.

1. **Mean gender pay gap in hourly pay** - adding together the hourly pay rates of all male or female full pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage.
2. **Median gender pay gap in hourly pay** - arranging the hourly pay rates of all male or female employees from highest to lowest and find the point that is in the middle of range.
3. **Mean bonus gender pay gap** - add together bonus payments for all male or female employees and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is multiplied by 100 to give a percentage.
4. **Median bonus gender pay gap** - arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range.
5. **Proportion of males and females receiving a bonus payment** - total males and females receiving a bonus payment divided by the number of relevant employees.
6. **Proportion of males and females in each pay quartile** - ranking our employees from highest to lowest paid, dividing this into four equal parts ('quartiles') and working out the percentage of men and women in each of the four parts

It is important to note that gender pay gap is different to the issue of equal pay – the legal requirement to pay men and women the same for equal work and came into effect through the Equal Pay Act 1970, governed by the Equality Act and UK Equality Human Rights Commission.

At NHS Greater Manchester (NHS GM), our Health and Care People & Culture Strategy sets out how we plan to be an employer of choice, providing a great place to work that supports colleagues to develop their career aspirations, to recruit and retain the right talent with the wide range of knowledge, skills and capabilities we need, from the widest pool. We are committed to a diverse and inclusive culture which supports the fair treatment and reward of all colleagues, irrespective of gender, and our pay framework is based on the principles of fairness, transparency, and consistency.

NHS Greater Manchester Gender Pay Gap Data

NHS GM employs 1690 people on the payroll. 1163 (68.8%) are female and 527 (31.2%) are male, this gender split remains unchanged from 2023. Calculated using a snapshot of earnings as of 31st March 2024.

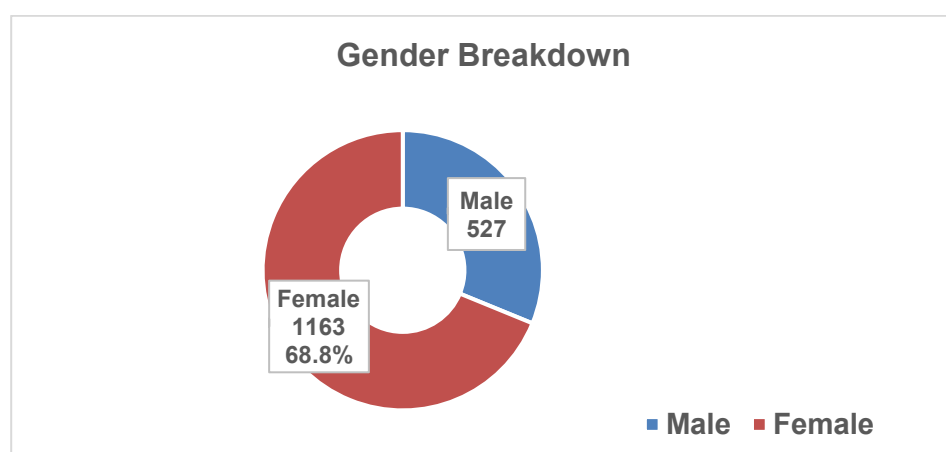


Chart 1

NHS GM uses NHS Agenda for Change pay bands for the vast majority of staff. Bands vary by levels of responsibility and each band has a set pay range with increments. In the main colleagues move up the increments in their band on a length of service basis so that generally those who have spent longer in the same grade would be expected to earn more, regardless of gender.

In addition, we have a small group of employees who are on pay scales other than Agenda for Change (AfC). These are our most senior employees who receive NHS Executive and Very Senior Manager salaries.

A significant driver for the pay gap is having a higher proportion of men in some of the higher bands, such as bands 8c, 9 and non-AfC. Reducing our gender pay gap implies increasing the proportion of men in the organisation and continuing the focus on progression particularly from band 7, creating pay equity across pay bands.

Percentage of Females and Males in each Pay Band at 31st March 2024

Agenda for Change Band	2023	2023	2023	2024		2024		2024
	Female	Male	Proportion of overall	Female		Male		Proportion of overall
AfC2	66.7%	33.3%	0.3%	44.5%	↓	55.5%	↑	0.5%
AfC3	71.3%	28.7%	5.8%	69.2%	↓	30.7%	↑	4.6%
AfC4	85.2%	14.8%	7.7%	86.4%	↑	13.6%	↓	7.3%
AfC5	63.1%	36.9%	11.3%	64.4%	↑	35.5%	↓	11.4%
AfC6	67.4%	32.6%	13.5%	67.3%	↔	32.6%	↔	13.9%
AfC7	73.0%	27.0%	21.6%	74.1%	↑	25.8%	↓	21.7%
AfC8a	70.3%	29.7%	14.2%	69.3%	↓	30.6%	↑	13.7%
AfC8b	62.4%	37.6%	8.5%	68.0%	↑	31.9%	↓	9.8%
AfC8c	65.2%	34.8%	3.8%	57.5%	↓	42.4%	↑	4.3%
AfC8d	70.6%	29.4%	2.9%	69.3%	↓	30.6%	↑	3.6%
AfC9	70.6%	29.4%	1.0%	56.5%	↓	43.4%	↑	1.3%
Apprentice	38.5%	61.5%	1.5%	33.3%	↓	66.6%	↑	0.1%
Non-Afc	52.9%	47.1%	7.9%	55.3%	↓	44.6%	↑	7.1%
Grand Total	68.2%	31.8%	100.0%	68.8%		31.2%		100%

Table 1

The table above reveals that most of our staff are concentrated in bands (6-8a). In addition, band 7 has significantly higher percentages of staff compared to other bands, band 4 has the highest concentration of female staff followed closely by band 7. There are more male apprentices than female (albeit a low number), likewise there is narrower gap between males and females in non-AFC. Compared to 2023 data, there has been a significant % decrease in female staff across several banding groups producing an under representation of female staff in band 2, which measured a 22.2% reduction from 66.7% to 44.5%; band 9 with a reduction of 14.1% from 70.6% to 56.5%; and band 8c with just under a 10% reduction, from 67.2% to 57.5%

It should also be noted that during this reporting period the organisation completed a second Mutually Agreed Retirement Scheme of which 4.9% of the total workforce applied (88% female and 12% male) and resulted in 2.2% leavers (82.5% female and 17.5% male) which has impacted the workforce profile and could explain the significant decline in % of female at bands 8+.

Calculation 1 and 2: Median Calculation

Mean gender pay gap in hourly pay - adding together the hourly pay rates of all male or female full pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage.

The **median** is the figure that falls in the middle of a range when the wages of all relevant employees are lined up from smallest to largest. The median gap is calculated based on the difference between the employee in the middle of the range of male wages and the middle employee in the range of female.

Table 2 below shows the overall median and mean gender pay gap based on hourly rates of pay as at the snapshot date of 31 March 2024 and compared with data as at 31 March 2023, **highlighting no change**.

	2023		2024	
Gender	Mean Rate	Hourly	Mean Hourly Rate	Median Hourly Rate
Male	£28.74		£30.36	£25.59
Female	£25.33		£26.79	£23.52
Pay Gap	£3.41		£3.57	£2.07
Pay Gap %	11.87%		11.76%	8.11%

Table 2

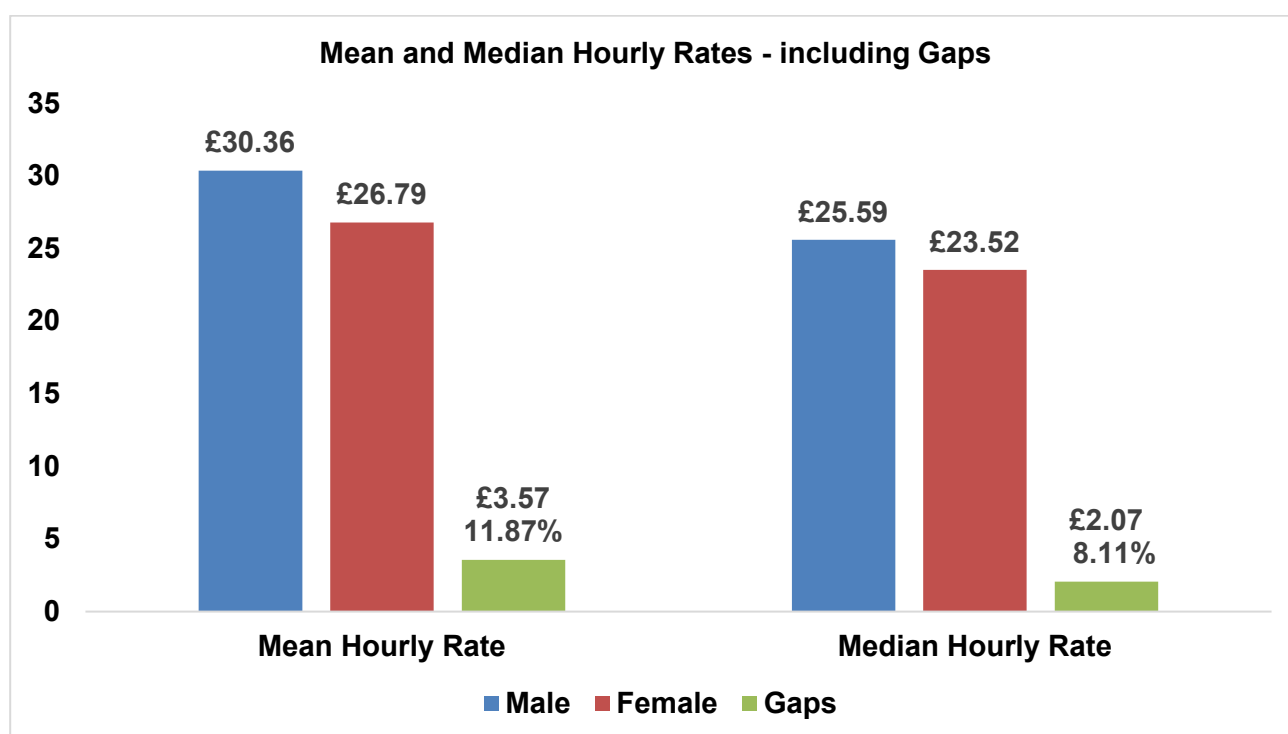


Chart 2

Table/Chart 2 shows that on average, female staff earn £3.57 per hour less than male staff. The median (mid-point) salary is also £2.07 lower.

Because the highest representation (37.79%) of males is in the highest quartile and the lowest representation (27.10%) in the lowest quartile, this will inevitably have an impact on the mean and medium pay gaps.

Compared to 2023 data, there has been a slight % decrease in the pay gap for **mean hourly rate** whilst the **median hourly rate** remains unchanged.

Calculation 3,4,5: No Bonus schemes operated in this pay period.

Calculation 6: Number and percentage of females and males in each hourly pay quartile

Pay quartiles show the percentage of full-time female and male relevant employees in four equal sized groups based on their hourly pay.

Number of employees | Quartile 1 = Lowest to Quartile 4 = Highest

	2023	2023	2023	2023	2024	2024	2024	2024
Quartile	Female No.	Male No.	Female %	Male %	Female No.	Male No.	Female %	Male %
1	261	90	74.36%	25.64%	304	113	72.90%	27.10%
2	313	155	66.88%	33.12%	301	127	70.33%	29.67%
3	285	114	71.43%	28.57%	288	123	70.07%	29.93%
4	334	198	62.78%	37.22%	270	164	62.21%	37.79%

Table 3

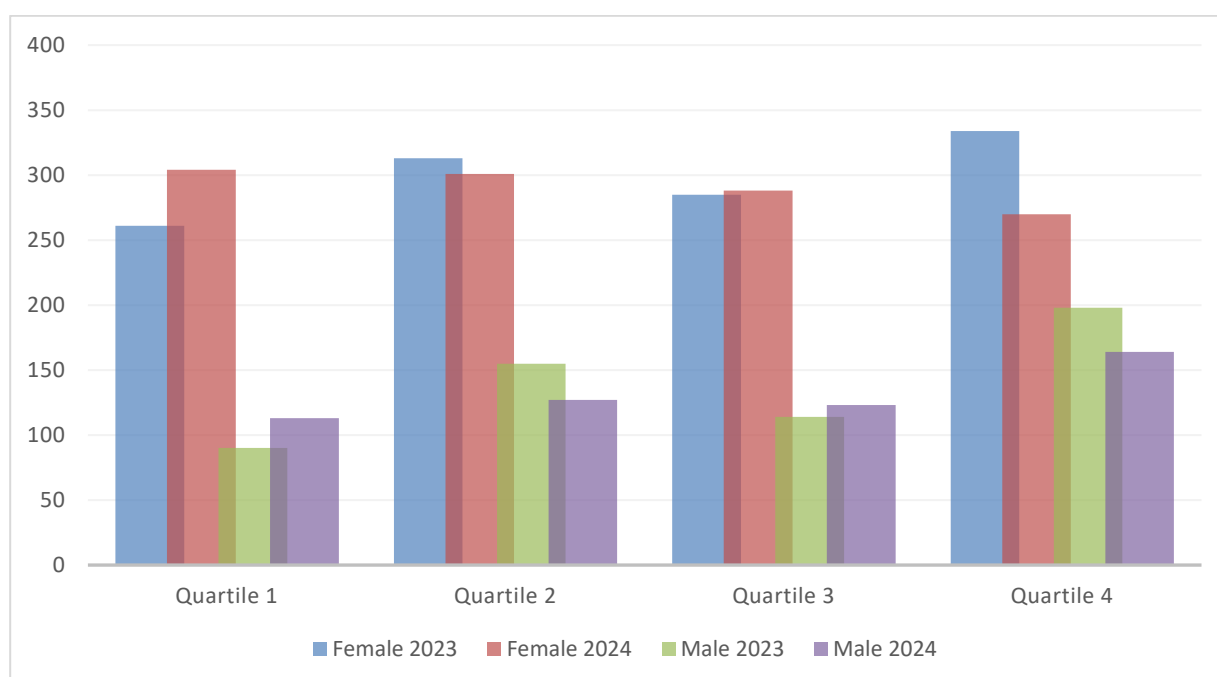


Chart 3

Table and chart 3 show the number and percentage of female and male staff in each pay quartile. Given that the overall percentage of male staff is 31.2%, female staff are overrepresented in three of the four pay quartiles. However, it must be noted the highest representation (37.79%) of males is in the highest quartile and the lowest representation (27.10%) in the lowest quartile, therefore will have an impact on the mean and medium pay gaps.

The pay quartiles are created by ranking each full-time employee in order from lowest earning (first quartile) to highest earning (fourth quartile).

Pay quarters give an indication of women's representation at different levels of the organisation. In the NHS GM in each pay quarter, as illustrated in the above table, women occupy:

- 62.21% of the upper hourly pay quarter (highest paid jobs)
- 70.07% of the upper middle hourly pay quarter
- 70.33% of the lower middle hourly pay quarter
- 72.90% of the lower hourly pay quarter (lowest paid jobs).

There has been minimal change across the pay quartiles over the last reporting year however there has been a decline in number of female staff in the upper hourly pay quarter which may be explained by the roll out of Mutually Agreed Resignation Scheme, of which 47.5% of leavers were female staff at bands 8+.

Closing Our Gender Pay Gap

Our NHS GM Health and Care People & Culture Strategy, along with supporting Equality Frameworks and Duties, continues to drive forward several key actions and programmes to support closing the Gender Pay Gap. We acknowledge the challenge to address the gender pay gap requires direct and specific activity, alongside the broader cultural developments to improve all our pay gap disparities, and experience of the workplace. Here is an update on progress made over the last year that captures both the direct and broader activity;

- » An enhanced **flexible working offer** has been successfully implemented and promotion of agile, flexible, and part-time working arrangements, are benefiting a diverse range of employees.
- » Work is underway to **improve recruitment, selection, and progression processes** to ensure fair and equitable hiring practices. This includes mapping current gaps and ensuring EDI reps are embedded at each stage of the recruitment and selection cycle. Plans are in place to create more inclusive recruitment process and practice, de-bias job descriptions, and adverts to remove gender-coded language. Additionally, a commitment has been made to implement the HPMA #InclusiveHR Initiative to develop a more representative and inclusive People and Culture services.
- » Work to **improve data collection and reporting** to understand gender disparities in CPD opportunities for funded training requests and apprenticeship applications is underway, informed by staff survey results and learning training needs analysis.
- » A new **in-house mutual mentoring program** was launched which focuses on inclusion, supporting under-represented colleagues, and fostering leadership development. Phase One has been a success, with colleagues reporting personal and professional growth, and several achieving career promotions. The programme focuses on inclusion issues, particularly women's equality, and supports under-represented colleagues' development. The initial phase addressed Race and Disability, ensuring gender-balanced pairings, and will be expanded out to other protected groups in 2025.
- » As part of a commitment to improving organisational culture, extensive engagement across the organisation has taken place to **co-design our organisational values**. Our newly launched values—integrity, collaboration, compassion, and inclusion—have been incorporated into a recently launched appraisal system. These values are central to the quality appraisal conversation training provided to all staff, with specific discussions during sessions specifically designed for line managers. To assess how these values are demonstrated through observed behaviours across the organisation, a bespoke question has been included in the 2024/25 NHS National Staff Survey and will continue to be measured through quarterly pulse surveys starting in 2025.
- » Limited progress has been made to support and expand the **apprenticeship scheme**, to aid talent pipeline development including promotion of apprenticeships and CPD opportunities through learning and development.

We have secured some external investment to increase T Level placement capacity across Greater Manchester, offering the H&SC system a fresh opportunity to tap into this

workforce pipeline; this forms a key component of the GMCA's MBacc piece. We are currently exploring supporting T Level placements in NHS GM.

- » **E&I representation has been strengthened** through engagement with the People and Culture Committee, and establishment of BAME Leadership Council, Inclusion Staff Network and peer support networks to sharpen the focus on Equality and Inclusion.
- » **Diversity at Senior Levels:** steps continue to be taken towards improving diversity among senior managers and executives, which includes ensuring EDI representatives on selection and interview panels, ELT engagement with allyship programmes and establishment of BAME Leadership Council and Leadership development amongst underrepresented groups.
- » **Women's Health Initiatives:** Advanced equality for women and girls through the Women's Health Strategy and Fairer Health for All initiatives. Work to date has centred around embedding women's health concerns, and developing through the GM Good Employment Charter, as well as developing culturally appropriate resources to support menopause, building on our health campaign.
- » **Menopause Awareness:** Delivered interactive sessions for employees alongside clinical partners and developed and promoted a range of resources. During IWD we held a round table with CEO, CPO and female colleagues to explore the barriers for women in the workplace and agreed action. NHS GM have provided direction and support to VCSE partners the BHA for Equality resource focussed on the specific experience of menopause for women from BAME backgrounds. There is also an active working group to help curate and plan for communication channels across the life cycle of women's health activities.
- » **Awareness campaigns** and various articles promoting gender equality aimed at NHS GM staff have been delivered in 2024/25, including:
 - NHS GM Gender Pay Gap Report
 - National Women's Health Week; and Menopause Walking Football Project
 - Free period products available to NHS GM colleagues in Tootal Buildings, and provision has been made across the wider workforce in collaborative and partnership buildings.
 - Reminder for pregnant women urged to get the RSV
 - Parliamentary under-secretary of state for patient safety, women's health and mental health, visit to WWL maternity services
 - Rainbow clinics in Greater Manchester help women and their families, who have experienced stillbirth or neonatal death, through later pregnancies
- » In October, we marked Breast Cancer Awareness month, Back Care Awareness Week, Baby Loss Awareness Week and World Menopause Day events for health and care staff and will be marking International Women's Day in March 2025, with a second round table event to discuss what matters most to our workforce.

These actions reflect the organisation's commitment to promoting equality and inclusion, and to closing the gender pay gap.

Ongoing & Future Actions

NHS GM is committed to equality and inclusion for its workforce and reducing/ eliminating the gender pay gap. Therefore, its recommended that the following actions continue/be taken to support and progress this work:

- Continue to monitor for and address gender bias in recruitment processes.
- Continue to monitor for gender bias in the uptake of its training offers and other development processes.
- Continue to Impact assess and monitor gender bias during application of policies and procedures, such as flexible working.
- Review the application pathway for staff development so that monitoring information can be picked up earlier in the process and including for free to access development opportunities.
- Design and deliver targeted comms campaign to increase recording of CPD activities that are undertaken outside of the learning management system.
- Continue to monitor and review EDI data reporting for local feedback mechanisms such as Freedom to Speak Up or Staff Surveys.
- Ensure proactive response to address thematic issues/behaviours related to sex discrimination/ indicators from staff surveys, grievances and or exit interviews, and co-produce actions to respond to these.
- Continue to update our family-friendly People policies to ensure they are as accessible, inclusive and engaging as possible and developing supporting guidance for colleagues and managers and increasing awareness of these through communication and engagement campaigns.
- Continue to actively seek feedback from our colleagues about their work/life balance needs.
- Review and update our approach to colleagues who are carers to ensure they are supported and can work flexibly in their roles within our organisation, and roll out the GMCA Carers Passport
- Champion the Greater Manchester Baccalaureate initiative by supporting the initial aim – supporting T Level placements – in NHS GM.

Useful Resources

- Government guidance on actions to close the gender pay gap can be found here: [Closing your gender pay gap - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/closing-your-gender-pay-gap)
- CIPD Measures to Tackle the Gender Pay Gap: [Measures to tackle the gender pay gap | CIPD](#)
- [Your guide to Menopause - BHA for Equality](#)