



Essex Partnership University  
NHS Foundation Trust

# ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

***GENDER PAY GAP REPORT  
2024-2025***

REPORT

## Background to the Trust

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT). EPUT provide community health, mental health and learning disability services for a large population of people throughout Bedfordshire, Essex, Suffolk and Luton. We employ approximately 7,000 staff excluding bank across multiple sites.

EPUT is committed to being an equal opportunities employer and to building equality, diversity and inclusion into everything that it does.

## Gender pay gap reporting

Legislation requires organisations with 250 or more employees to report annually on their gender pay gap. NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into effect on 31 March 2017. These regulations underpin the Public Sector Equality Duty, which requires organisations to publish their gender pay gap data annually, including mean and median gender pay gaps; mean and median gender bonus gaps; proportion of men and women receiving bonuses; and the proportions of male and female employees in each pay quartile.

Gender pay gap reporting demonstrates the difference in average pay between men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate issues to deal address, and further analysis may help identify the cause of those issues.

It is important to stress that the gender pay gap is different to equal pay. Equal pay considers 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 on the grounds of their gender.

In June 2023, NHS England launched the [EDI Improvement Plan](#) which sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The independent review [Mend the gap \(2020\)](#) describes actions that the NHS should take to address the gender pay gaps in medicine. Many of its recommendations can also be applied to non-medical senior leaders. By 31 March 2024, organisations are required to analyse data to understand relationships between pay, sex, and race.

This report includes:

- Data and analysis relating to the gender pay gap
- Data and analysis relating to the race pay gap, based on pay grades
- An action plan to address the pay gap (see appendix 2).

## Definitions and scope

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female colleagues receive. The mean pay gap is the difference between average hourly earnings of men and women. This is commonly known as the average and is calculated when you add up the wages of all employees and divide the figure by the number of employees (see appendix 1).

## What is the gender bonus gap?

Within the gender pay gap regulations, 'bonus pay' means any remuneration that is the form of money relating to profit sharing, productivity, performance, incentive or commission (see appendix 1).

## EPUT's gender pay gap

The following gender pay gap report data is taken as the snapshot date of 31 March 2024.

1.	The mean gender pay gap for EPUT	<b>12.41%</b>
2.	The median gender pay gap for EPUT	<b>3.90%</b>
3.	The mean gender bonus* gap for EPUT	<b>55.31%</b>
4.	The median gender bonus* gap for EPUT	<b>0%</b>

\* Please see comments later in this report explaining what constitutes a bonus.

## Pay quartiles by gender

Quartile	Female	Male	Female %	Male %	Description
1	1520.00	373.00	80.30	19.70	Includes all employees whose standard hourly rate places them at or below the lower quartile
2	1415.00	485.00	74.47	25.53	Includes all employees whose standard hourly rate places them above the lower quartile but at or below the median
3	1483.00	417.00	78.05	21.95	Includes all employees whose standard hourly rate places them above the median but at or below the upper quartile
4	1364.00	536.00	71.79	28.21	Includes all employees whose standard hourly rate places them above the upper quartile

## What do we do to ensure equal pay?

As noted earlier in this report, it is important to stress that the gender pay gap is different to equal pay. 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 of their gender.

Legislation requires that men and women must receive equal pay for

- the same or broadly similar work
- work rated as equivalent under a job evaluation scheme; or work of equal value.

We are committed to providing equal opportunities and equal treatment for all employees, regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy/ maternity, sexual orientation, gender reassignment or disability. We pay employees equally for the same or equivalent work, regardless of their sex or race (or any other characteristic set out above).

We deliver equal pay through a number of means but primarily through adopting nationally agreed terms and conditions for our workforce (see AfC, TCS, VSMs, NEDs appendix 1)

## What is the data telling us?

The Gender Pay Gap (GPG) report looks at the average and median rates of two key indicators:

- The GPG hourly rate pay gap for EPUT is **12.41%**, with **males receiving an average of £21.64ph** and **females receiving £18.02ph**. When comparing the median hourly rate this reduces to 3.9%. This is a reduction of 0.52% in the average percentage and the median has decreased by 3.41% compared to 2023.

This result means that **men on average are being paid 3.9% higher in the organisation than females.**

- The GPG **bonus pay gap for EPUT is 55.31%**, with **males receiving an average bonus pay of £6,204.85** compared to **£2,773.00 for females**. When comparing the median rate this has decreased to 0% due to the CEA scheme ceasing. The average percentage has reduced by 0.70% and the median has reduced by 66.84% compared to 2023.

This result means that **men are on average receiving a 0% increase on bonus pay than females** within the organisation.

- A total of **2.76% of males received a bonus compared to 0.34% of females** during the reporting period.

Bonus payments include elements of doctors pay, this staff group have a higher number of male employees, therefore increasing the bonus pay gap in comparison to other staff groups within the trust. The bonus pay elements are as follows:

- Clinical Excellence Awards
- Discretionary Points
- Performance Related Pay.

Positively, over the past fifteen years there has been significant growth in the percentage of women in medical roles, which should see the gender bonus pay gap diminish with time:

- **Female medical workforce – 17.7% growth** from 31.2% in 2008 to 48.5% in 2024, although this is a reduction on the 2023 figure of 48.9%. Currently 164 females employed.
- **Female medical consultants – 10.4% growth** from 22.7% in 2008 to 33.0% in 2024, although this is a reduction on the 2023 figure of 35.6%.

Whilst there has been a growth in the female consultant medical workforce, the legacy of the CEA scheme means that there will continue to be a gender bonus pay gap because there are more male consultants than female consultants. The Trusts current medical consultant gender breakdown is detailed in the table below.

Reporting Year	Female Consultant Headcount	% of Total	Male Consultant Headcount	% of Total	% Difference between Female/Male
2022/23	36	35.60%	65	64.40%	28.80%
2023/24	36	33.00%	73	67.00%	34.00%

## EPUT's staff pay profile by Ethnicity

The table below is a new breakdown for 2024 as outlined in the NHS EDI Improvement Plan (High Impact Action 3) and shows the breakdown of staff in scope by gender and race for the reporting period 1 April 2023 - 31<sup>st</sup> March 2024.

Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	20.24	17.71	2,595
White	19.19	16.84	4,838
Not Known	21.46	18.47	160
% Diff White - BME	-5.48	-5.17	46
% Diff White - Not Known	-11.85	-9.67	97

The table below is a breakdown of pay quartile by Ethnicity:

Quartile	Asian	Black	Mixed	Other	White British	White Other	Not Stated
1	104	256	37	20	<b>1,328</b>	119	29
2	149	<b>651</b>	35	13	899	115	38
3	117	551	<b>49</b>	25	996	127	35
4	<b>225</b>	286	35	<b>42</b>	1,071	<b>183</b>	58

Looking at the above table the largest representation for each Ethnic Group by quartile is as follows:

- 32.68% of our BME workforce are in the 2nd quartile, followed by 28.59% in the 3<sup>rd</sup> quartile
- 29.91% of our White workforce are in the 1<sup>st</sup> quartile, followed by 25.92% in the 4<sup>th</sup> quartile

The table below shows the bonus payments broken down by race as of 31<sup>st</sup> March 2024.

Ethnic Origin Grouping Summary	Employees Paid Bonus	Total Relevant Employees	Total Full Pay Relevant Employees
BME	28.00	3251.00	0.86%
White	12.00	5455.00	0.22%
Not Known	2.00	205.00	0.98%

## The national picture

[The gender pay gap for workers is in favour of men for the majority of occupations](#); however, occupational crowding has an effect since those occupations with the smallest gender pay gap have almost equal employment shares between men and women.

It is also important to note that men and women have different personal and job characteristics, which ultimately impact their respective pay.

Across the UK, men earned on average 14.3% more than women in 2023, according to the Office of National Statistics, meaning that EPUT's gender pay gap is below the national average.

Below is a comparison table of how EPUT's gender pay gap sits in comparison to local neighbouring NHS organisations.

The mean gender pay gap for EPUT	Mean hourly rate 2023/24	Median hourly rate 2023/24
Hertfordshire Partnership University NHS Foundation Trust (HPFT)	7.9% lower than men	-2% lower than men
East London NHS Foundation Trust (ELFT)	7.2% lower than men	1.2% lower than men
EPUT	13.1% lower than men	6.2% lower than men
Norfolk And Suffolk NHS Foundation Trust	13.5% lower than men	7.4% lower than men
North East London NHS Foundation Trust (NELFT)	23% lower than men	5% lower than men
Mid and South Essex NHS Foundation Trust (MSEFT)	26% lower than men	11.3% lower than men
The Princess Alexandra Hospital NHS Trust	24% lower than men	13% lower than men
PROVIDE	20.3% lower than men	2.6% lower than men

Sample comparison data with neighbouring Trusts tells us:

- EPUT is performing well in comparison with neighbouring providers
- EPUT is a top performing NHS Provider in Mid & South Essex ICS (EPUT, MSEFT, NELFT, and Provide).

As part of our action plan, we will be working with HPFT and ELFT to share best practice and to learn what steps they have taken to reduce their gender pay gap.

## EPUT's progress

On comparison to EPUT's gender pay gap for the year 2017, we have seen a **reduction of 4.49% over the seven years to 2024.**

The mean gender pay gap for EPUT	2017	2018	2019	2020	2021	2022	2023	2024
The mean gender pay gap for EPUT	16.90%	15.90%	15.90%	14.30%	11.90%	13%	12.93%	12.41%
The median gender pay gap for EPUT	7.50%	7.40%	8.90%	8.10%	6.50%	6.20%	7.31%	3.90%
The mean gender bonus gap for EPUT	34.40%	31.20%	25.20%	33.60%	47%	59.50%	56.01%	55.31%
The median gender bonus* gap for EPUT	50.30%	51.70%	45%	30.80%	75%	79.60%	66.84%	0.00%

When comparing EPUT's gender pay gap nationally, EPUT is **below the national average of 14.3%**.

**Lisa Fricker**  
**Workforce/ESR and Payroll Manager**

**Sonia Lollia**  
**Employee Experience Manager**

**On behalf of:**

**Andrew McMenemy**  
**Chief People Officer**

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## APPENDIX 1: GENDER PAY GAP ACTION PLAN 2025

This action plan is built upon our ED&I Strategy, the NHS EDI Improvement Plan and the Mend the Gap review. Each action will be developed into a delivery plan and monitored throughout the year, with outcomes and delivery metrics.

EPUT's Executive Team have made a commitment to prioritising Equality Diversity and Inclusion through driving transformational work through their directorates, policies and work streams. This approach will make positive changes to the culture of EPUT and lead to greater equity for all staff. Progress against these actions will be driven through the Equality and Inclusion Sub Committee, the Gender Equality Network, and the Ethnic Minority and Race Equality Network and assurance provided to the People Equality and Culture Committee (PECC).

### **Roles and responsibilities: Executive**

#### **Directors**

- Executive Team accountable for the delivery of the Action Plan
- Sponsor and drive the implementation of these actions and provide support to ensure their delivery
- Allocate appropriate resources to ensure that responsible teams are able to deliver effectively
- Sponsor the staff networks and attend meetings regularly to increase engagement with staff across the Trust.
- Ensure that ED&I is at the heart of executive decision making for staff and patients.

## Appendix 1

### Definitions and scope

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female colleagues receive. The mean pay gap is the difference between average hourly earnings of men and women. This is commonly known as the average and is calculated when you add up the wages of all employees and divide the figure by the number of employees.

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

It is important to note that although this report includes the breakdown of pay grades by race, the scope is different to that of the Workforce Race Equality Standard (WRES). While the WRES is based on a snapshot of one day (31 March), the data extracted for this report is based on the financial year (1 April – 31 March). Therefore, as it includes paid substantive assignments and bonuses within that period, the total number of staff in this report will be different to that in the WRES.

### What is the gender bonus gap?

Within the gender pay gap regulations, 'bonus pay' means any remuneration that is the form of money relating to profit sharing, productivity, performance, incentive or commission.

It is clear within the regulations that bonus pay does not include ordinary pay, overtime pay and redundancy pay or termination payments.

For the purpose of gender pay reporting, 'Clinical Excellence Awards' payments are regarded as 'bonus pay'. The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who perform 'over and above' the standard expected for their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services.

There are 12 Levels of award with monetary value. Levels 1-9 are awarded locally (employer-based awards) and Levels 10-12 (silver, gold and platinum hereafter) are awarded nationally in accordance with assessment criteria and application.

Consultants with an existing distinction award or discretionary points retain them, subject to existing review provisions, and are eligible to apply for awards under the new scheme in the normal way.

Accordingly, the legacy of the CEA scheme means that there will continue to be a gender pay gap because there are more male consultants than female consultants and the gender balance is only likely to improve over time (see above, and medical workforce and CEA breakdown below). CEA has now ceased.

### What do we do to ensure equal pay?

As noted earlier in this report, it is important to stress that the **gender pay gap is different to equal pay**. 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 of their gender.

Legislation requires that men and women must receive equal pay for:

- the same or broadly similar work
- work rated as equivalent under a job evaluation scheme; or work of equal value.

We are committed to providing equal opportunities and equal treatment for all employees, regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy/ maternity, sexual orientation, gender reassignment or disability. We pay employees equally for the same or equivalent work, regardless of their sex or race (or any other characteristic set out above).

We deliver equal pay through a number of means but primarily through adopting nationally agreed terms and conditions for our workforce:

#### **National NHS Agenda for Change Terms and Conditions of Service (AfC)**

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place at EPUT.

Typically, AfC terms and conditions apply to nursing, allied health professionals and administration and clerical staff, which are the majority of the workforce.

Where appropriate, locally agreed policies may supplement AfC arrangements, such as:

- family friendly policies
- evaluating job roles and pay grades as necessary to ensure a fair structure
- starting salaries policy.

#### **Medical and dental staff are employed on national Terms and Conditions of Service (TCS) and pay arrangements**

These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all consultants, medical and dental staff and doctors and dentists in training

#### **Very senior managers (VSMs), Chairs and non-executive directors (NEDs)**

As an NHS Foundation Trust, EPUT is free to determine its own rates of pay for its VSMs, Chairs and NEDs. VSMs include chief executives, executive directors and other senior managers with board level responsibility who report directly to the chief executive.

\* Negative figures in the column 'gender pay gap by pay band' indicate a gender pay gap in favour of females.

High Impact Action	Progress to date	Next Steps	Timescale
<p>Promoting a flexible working culture</p>	<p>Implemented a policy that ensures all staff have a right to request flexible working.</p> <p>Regularly promoted flexible working to all staff in the Trust – these include promotion through:</p> <ul style="list-style-type: none"> <li>• internal communications</li> <li>• recruitment campaigns</li> <li>• Employee Experience Managers</li> <li>• Engagement Champion events</li> <li>• international recruitment on boarding sessions</li> </ul> <p>Reviewed and reported grievances including concerns relating to flexible working requests, broken down by gender and race, with appropriate action taken.</p>	<p>Include flexible working awareness sessions in Health and wellbeing events to address cultural barriers associated with flexible working to help with reducing the pay gap.</p> <p>Work with managers understand what additional guidance would help them to support their staff in seeking and securing flexible working arrangements</p> <p>New data collected on flexible working.</p> <p>Development of handbook for staff and Line Managers on flexible guidance - toolkit.</p> <p>Work with Rostering on flexible working solutions.</p>	<p>March 2025</p>
<p>Embedding fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity</p>	<p>Successfully launched a recruitment de-bias toolkit and an inclusion ambassadors scheme to ensure a fair and inclusive recruitment process.</p> <p>Ensured that wherever practicable, all applicants who meet the essential criteria were shortlisted for interview</p>	<p>Work in collaboration with Staff Networks to revise the process and start to actively recruit new trust inclusion ambassadors.</p> <p>Report the gender and race balance of candidates</p>	<p>November 2024</p> <p>March 2025</p>

	<p>Minimised the use of local pay agreements by increasing the recruitment of senior managers on the Agenda for Change (AfC) Band 9 scale, instead of appointing managers where pay is agreed at a local level.</p> <p>Separated medical staffing data from other groups in the gender pay gap report, to better understand pay gaps specific to doctors and consultants.</p>	<p>shortlisted following a job application. Data to also include a breakdown down by disability.</p> <p>Promote career development programmes to medical staff, with the aim of increasing the appointment of a senior workforce which is diverse, representative of the workforce, including those with protected characteristics.</p> <p>Through the all Staff Network, utilise data from a range of listening tools to inform key stakeholders of barriers staff face, and how these may contribute towards pay gaps based on gender, race and disability.</p>	<p>March 2025</p> <p>June 2024</p>
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<p><input type="checkbox"/> Reported, monitored and published the gender balance of those who have been appointed to work at the Trust.</p> <p><input type="checkbox"/> Facilitated, promoted and monitored career development programmes:</p> <ul style="list-style-type: none"> <li>• Management Development Programme</li> <li>• Leadership Development Programme</li> <li>• RISE Programme</li> <li>• Edward Jenner Programme</li> <li>• Mary Seacole Programme</li> <li>• Elizabeth Garrett Anderson Programme.</li> </ul> <p><input type="checkbox"/> Facilitated career development conversations with staff, informing them of relevant opportunities to develop within the Trust.</p>	<p>Establish a Gender Equality Network, working in partnership with the Ethnic Minority and Race Network and staff to:</p> <ul style="list-style-type: none"> <li>• address the gender and race pay gap</li> <li>• explore opportunities to support equity between men and women being represented in leadership roles</li> <li>• connect staff and promote gender and race equality across the Trust.</li> <li>• Menopause training sessions for Managers and staff members embedding as a response to staff requests. It helps informal discussions and</li> </ul>	<p>March 2024</p>
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		<p>understanding around the menopause, women's or those who identify as women needs, including shaping the supportive measures in place such as Menopause policy and encourage reasonable adjustments.</p>	
	<p>Promote career development programmes to medical staff, with the aim of increasing the appointment of a senior workforce which is diverse, representative of the workforce, including those with protected characteristics.</p> <p>The group courses held of SAS Doctors:</p> <ul style="list-style-type: none"> <li>▪ Introduction to Medical Ethics</li> <li>▪ Preparing for CESR</li> <li>▪ Managing Complaints</li> <li>▪ ISTDP Training</li> <li>▪ SAS Doctors Development Day</li> <li>▪ Medical Update for Mental Health.</li> </ul>	<p>In the south of the Trust, weekly teaching sessions for all grades of doctors, both face to face and online, which counts towards their CPD record. Our core trainees also attend the MRCPsych sessions on a weekly basis.</p> <p>Group training sessions for the SAS Doctors/IMG Fellows. Funding from HEE for the use of Group Activities.</p>	<p>January 2024</p>

	<p>90 day Challenge project. Promotion of career development for Midwives and Nurses from minority background – Inclusive recruitment process and talent Management project.          Explore opportunity to reduce race inequalities.</p>	<p>EDI project led by selected system wide members of staff from Provide, MSEFT, NELFT, EPUT, including Senior Leaders. Team has facilitated and supported a number of sessions with Senior Leaders within the Trust and system wide, attending online and face-to-face career development sessions.</p> <p>Regional presentation of 90-day-Challenge project.</p> <p>Rise and Thrive cohort and career conversations in progress.</p>	<p>October 2024</p>
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<p>Promoting behaviour and cultural change</p>	<p>Reviewed and updated the whistleblowing policy to comply with the mandate for all NHS organisations to implement the NHS England National Freedom to Speak Up Policy.</p> <p>Conducted in-person and virtual focus sessions to promote the Trust's zero-tolerance approach to poor and/or abusive behaviour. In addition, promoted channels available to staff for reporting incidents, and how to do so anonymously.</p> <p>Embedded the 'no space for abuse' campaign, alongside sexual safety training.</p> <p>Reviewed and updated the Equality, Diversity and Inclusion (ED&amp;I) training, which now includes an 'active bystander module'.</p> <p>Implemented a 'fair and just culture' which is reflected in all policies and procedures, ensuring best practice in supporting staff experience.</p>	<p>Promote wellbeing at work and related initiatives through health and wellbeing events, including underrepresented roles such as medical staff and senior managers.</p> <p>Facilitate health and wellbeing initiatives which promote behaviour and cultural change. These initiatives will align to the NHS Health and Wellbeing Framework.</p> <p>Roadshows provided by Safeguarding Team</p>	<p>January 2024</p>
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Clinical Excellence Awards (CEA) and performance payments

- Monitored applications and ensured that both men and women had equal opportunity to apply for local and national awards.
- Reported on those in receipt of CEA in the gender pay gap report.

Report on the numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA).

No longer required after year 2023

### **Priorities:**

We aim to continuously reduce the gender and ethnicity gap year after year, fostering greater equality within our pay frameworks. Achieving this requires a multifaceted approach that encompasses attraction, recruitment, development and retention initiatives. To enhance our outreach, we will engage even more with local schools with career fairs, work experience opportunities, apprenticeship and buddy schemes. We aim to refine our recruitment practices to increase our workforce diversity and eliminate bias. This includes more development programmes, promotions of our leadership programmes, develop our new HCA Academy with an EDI focus and continue to develop comprehensive training courses for our Managers, including cultural awareness, civility and behaviour frameworks. Collaboration with all staff networks will be crucial as we take an intersectional approach to identify actions that support pay equality. We will design and conduct focus groups to uncover barriers to career progression, continue developing our Inclusion Ambassador and Lived Experience programs, and work closely with multicultural colleagues.

We will also create opportunities for women to share their experiences through events and activities, such as World Menopause Day, and encourage all staff networks to embrace and celebrate diversity and inclusion.

### **Conclusions:**

While it is essential to acknowledge the progress made during this reporting period, we must recognise that substantial work remains to fully realise the Trust's strategic goals and effectively integrate Equality, Diversity, and Inclusion (EDI) across the organisation.

Advancing the initiatives outlined in our people strategy and enhancing values-based recruitment and HR practices are crucial steps toward achieving the cultural transformation necessary for the Trust to become a genuinely inclusive and supportive workplace.

Moreover, to achieve meaningful reductions in both gender and ethnicity pay gaps, we must give serious attention to developing and implementing positive action programs. These initiatives should focus on empowering underrepresented colleagues to assume senior roles and establishing talent pipelines to identify internal candidates before seeking external recruitment.

### **Recommendation**

The Board is asked to receive this report for information and approve this report for publication on the Trust website in line with legal requirements.