

Gender Pay Gap Report

As of 31st March 2025



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



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GENDER PAY GAP REPORT – 31st MARCH 2025

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1. INTRODUCTION

The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people Betsi Cadwaladr University Health Board (BCUHB) must publish and report specific information about our gender pay gap on our own and Welsh Government's website.

The regulations state that the Gender Pay Gap Information should be provided as a snapshot on 31st March each year and published before the following March.

It is important to recognise and understand that the Gender Pay Gap differs from Equal Pay. Equal Pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change Job Evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without reference to gender or any other protected characteristic so equal pay is assured.

Gender pay gap reporting is a valuable tool for BCUHB not only in terms of compliance but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

The Gender Pay Gap report focuses on comparing the pay of male and female employees and shows the difference in average earnings.

2. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. A further report will be provided that breaks down Agenda for Change and Non-Agenda for Change pay to give a more comprehensive picture above what is required by statutory reporting requirements.

3. KEY REPORTING METRICS:

Mean Gender Pay Gap in hourly pay

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

Median Gender Pay Gap in hourly pay

The median hourly rate is calculated by arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of each range.

Proportion of males and females in each pay quartile

Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of men and women in each of the four parts.

This report does not look at whether there are differences in pay for men and women in equivalent post, or WTE at the size of the role. This means that the results will be impacted by differences in the gender composition across groups and job grades.

Gender pay reporting and gender identity

Current Advisory, Conciliation and Arbitration Service (ACAS) and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e., transgender or non-binary employees and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender. Regulations do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided as the means for determining male and female employees.

4. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA

Agenda for Change (AfC) is the current NHS grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.



The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

A set of national job profiles has been agreed to assist in the process of matching posts to pay bands. All staff will either be matched to a national job profile, or their job will be evaluated locally.

AfC is designed to evaluate the job rather than the person within it, and to ensure equity between similar posts in different areas.

The Non-Agenda for Change (Non-AfC) group which includes Medical, Dental and Senior Manager salaries reflects the highest paid positions within the Health Board.

As of 31st March 2025, BCUHB employed 17,692 women and 4,223 men therefore 80.73% of the workforce were female.

	Female: 80.73% (19,664)		Male: 19.27% (5031)
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Gender	People	%
Female	19664	80.73%
Male	5031	19.27%
Grand Total	21,915	

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	26.5947	19.3812
Female	20.0818	18.1882
Difference	6.5129	1.1931
Pay Gap %	24.4894	6.1557

Mean Gender Pay Gap = 24.49%; Median Gender Pay Gap = 6.16%

The average is calculated over different numbers of employees, we employ 13,469 more female employees than male therefore this will account for some of the variance.

Women’s mean hourly rate is 24.49% lower than men. In other words when comparing mean hourly rates, women are paid 75.51p for every £1 that men get paid.

Women’s median hourly rate is 6.16% lower than men. In other words when comparing median hourly rates, women are paid 93.84p for every £1 that men get paid.

We can see from the following graphs that the mean hourly rate pay gap has increased by 0.9%, and the median hourly rate has continued to close, this year by 0.49%. This indicates that proportionately more women are in higher paid roles than previously, but the men that are in higher paid roles are paid more than women overall.

Bonus Payments

Gender	Average Bonus (£)	Median Bonus (£)
Male	5,581.93	5,001.00
Female	3,990.32	3,027.18
Difference	1,591.61	1,973.82
Pay Gap %	28.51	39.47

In line with the reporting requirements, our Average bonus gap of 28.51% is based on actual bonuses, so it does not consider part-time work. This gap has increased from the previous year’s figure of 18.43% in 2024. The median bonus gap has increased from 15.99% to 39.47%. This is the midpoint in the range of bonuses that male and female staff received; this would suggest that the value of bonuses received by men at the high end of the range has increased, while the equivalent for women has decreased.

We see that 13 more men received a bonus this year compared to last year. The number of women receiving a bonus increased by 16. The number of men receiving a bonus continues to be almost exactly three times that of women. We can see that more women are moving into the bonus range, however as there have traditionally been more men receiving clinical excellence and long service bonuses, we see more men receiving more in

bonus, but we expect to see this gap start to close as more women continue to receive these bonuses, and those long service men retire.

The proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	99.00	19664.00	0.50
Male	261.00	5031.00	5.19



** Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts, or quartiles, and describes the percentage of men and women in each.



Quartile	Female	Female %	Male	Male %
1	4552.00	83.16	922.00	16.84
2	4479.00	81.73	1001.00	18.27
3	4667.00	85.18	812.00	14.82
4	3994.00	72.86	1488.00	27.14

Quartile 1: Lower quartile (lowest paid)

	83.16% (4,552)		16.84% (922)
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16.84% of the lower quartile are men

Quartile 2: Lower middle quartile

	81.73% (4,479)		18.27% (1001)
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18.27% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	85.18% (4,667)		14.82% (812)
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14.82% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)



	72.86% (3,994)		27.14% (1488)
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27.14% of the top quartile are men



The highest variances are in the upper middle quartile.

51.04% (9031) of females were in roles within the lower and lower middle quartiles and 48.96% (8661) in the upper middle and upper pay quartiles. This compares with 45.53% (1,923) males in the lower and lower middle quartiles and 54.47% (2300) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	82.45% (9,031)		17.56% (1,923)
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Upper Middle and Upper Pay Quartiles

	79.02% (8,661)		20.98% (2,300)
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Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

5. PROGRESS ON CLOSING THE GENDER PAY GAP

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

6. NEXT STEPS

The Health Board has several key documents that identify the importance of fair recruitment, staff wellbeing and equity. These include our People Plan, our current Strategic Equality Plan 2024-2028 and our Integrated Medium-Term Plan. These strategic documents outline the Health Board's plans for addressing our pay gaps and pay differences.

We will consider how to positively influence our pay gap results by:

- Continue to raise awareness of shared parental leave and other work-life balance options. Improving attitudes to flexible working and part time working across a wider range of roles.
- Build on opportunities within the Foundations of the Future program and other organisational development projects as appropriate to remove barriers to progression and maximise opportunities for development of staff, such as the revised PADR process.

- Continue to explore data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Exploring how to increase recruitment in underrepresented areas through widening access schemes, including exploring options for improving recruitment training for managers.
- Build in to leadership and personal development opportunities the recognition that good leadership potential is not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- As part of the review of onboarding, ensuring training such as active bystander training is part of recruitment training for managers.
- Continuing and expanding menopause support for staff, recognising the impact menopause can have on personal development and staff retention.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprenticeships, and mentoring.

7. CONCLUSION

Over the past 3-4 years, the average hourly rate of pay gap has steadily fallen, however, this year has seen the figure increase by 0.91%. The median hourly pay rate gap has continued a downward trajectory, falling from 6.65% last year to 6.16% this year.

This year we have seen that while 16 more women received bonuses this year compared to 13 more men, men received more in bonuses, leading to an increase in the average bonus gap from 18.43% to 28.51%. This has, as one would expect, caused the median bonus gap to increase from 15.99% to 39.47%.

We can see that more women are moving into the bonus range, however as there have traditionally been more men receiving clinical excellence and long service bonuses, we see more men receiving more in bonus, but we expect to see this gap start to close as more women receive these bonuses, and those men with long service retire.

This report highlights the disproportionate imbalance of pay for men in Non-AfC roles relative to women.

We can see from the table on page 5, although our staff population is 80% women, our consultant staff group is made up of only 32% women. This staff group is from the upper quartile of pay, and this gender imbalance will therefore negatively impact our pay gap results.

Also worth noting, at this current time, that the process for employing junior doctors has changed; whereby they are now employed by NHS Wales Shared Services to facilitate their rotational training across NHS Wales.

In recent years there has been more female junior doctors coming through training. The impact of this is that we should start to see a greater balance of genders in medical and dental roles over the next 10 years. This should then address the imbalance we currently see in the pay gap across all roles in the NHS. The initial results of this can be seen in the changes to the number of women paid bonuses.

Betsi Cadwaladr University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our gender pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.

8. STATEMENT BY OUR HEAD OF EQUALITY AND HUMAN RIGHTS

"Pay gap reporting is very important in understanding women's position our organisation, and the differences between women and men's pay and bonuses in BCUHB.

It is widely recognised that historical gender inequality in society has resulted in a much higher proportion of senior medical workforce roles being occupied by men. Despite the majority of the workforce being women, this factor influences our bonus pay gap, and our medical workforce benefit from Clinical Excellence and Commitment Awards, driving our bonus gaps.

We are committed to doing what we can do at health board level to reduce our gender pay gap, and to tackling all forms of inequality, including gender inequality at work. Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan.

With this in mind, we will continue to improve our understanding of the professional experiences of women in our medical workforce to ensure equitable career progression between men and women, inclusive of non-binary colleagues. Our determination to embed our values of compassion, openness and respect into all areas of our workforce systems and service delivery and our commitment to promote and improve sexual safety in healthcare will contribute towards these goals"