NHS
Royal Papworth Hospital
NHS Foundation Trust

Gender Pay Gap Report

As of 31st March 2025

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Introduction

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In line with the The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, this report presents our annual gender pay gap data based on a snapshot date of 31 March 2025.

The gender pay gap shows the difference in average earnings between men and women across our Trust and should not be confused with equal pay, which the NHS supports through nationally agreed pay frameworks and robust job evaluation processes.

We are committed to promoting equality, diversity and inclusion and to supporting a workforce that reflects the communities we serve. Publishing our gender pay gap data helps us understand where inequalities exist and informs the actions we take to address them.

This report includes statutory measures relating to pay, bonuses and the distribution of men and women across pay quartiles.

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Definitions

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Mean gender pay gap

The mean hourly rate represents the average hourly pay across the Trust. The mean gender pay gap shows the percentage difference between the average hourly earnings of women and men. This measure reflects the overall pay distribution and can be influenced by differences in the spread of roles and seniority across the workforce.

Median gender pay gap

The median hourly rate is determined by ranking all employees by hourly pay from highest to lowest and identifying the midpoint. The median gender pay gap compares the hourly earnings of the middle-paid woman and the middle-paid man and is widely regarded as a more representative measure of typical earnings.

Pay quartiles

Pay quartiles divide the workforce into four equal groups based on hourly pay, from the lowest to the highest paid. The distribution of men and women across these quartiles provides insight into gender representation at different organisational pay levels.

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Scope

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This report is based on a snapshot of employee pay data taken on 31 March 2025, in accordance with statutory requirements. Bonus data relates to payments made during the reporting period 1 April 2024 to 31 March 2025.

The dataset includes all staff directly employed by Royal Papworth Hospital NHS Foundation Trust, covering both Agenda for Change and Medical and Dental terms and conditions. Directly employed bank and temporary staff are included within the dataset.

The report excludes Non-Executive Directors and individuals employed by hosted organisations.

All data has been extracted from the Electronic Staff Record (ESR) system and prepared in line with The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

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Workforce data

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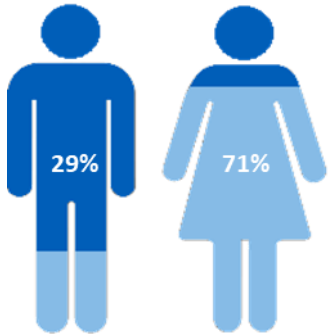
Trust Gender profile

The workforce data set out in this report provides important context for understanding our gender pay gap. Although women represent a substantial proportion of the Trust's workforce, differences remain in the distribution of male and female staff across roles, grades and departments.



Staff Group	Male	%	Female	%	Total
Add Prof Scientific and Technic	26	28.26%	66	71.74%	92
Additional Clinical Services	117	34.93%	218	65.07%	335
Administrative and Clerical	138	24.60%	423	75.40%	561
Allied Health Professionals	31	24.41%	96	75.59%	127
Estates and Ancillary	45	48.39%	48	51.61%	93
Healthcare Scientists	29	29.90%	68	70.10%	97
Medical and Dental	173	63.14%	101	36.86%	274
Nursing and Midwifery Registered	121	15.37%	666	84.63%	787
TOTAL	**680**	**28.74%**	**1686**	**71.26%**	**2366**
Non-Medical	**507**	**24.24%**	**1585**	**75.76%**	**2092**

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Median & Mean Pay Gap

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Median gender pay gap at RPH

The median hourly wage for men is £22.23

The median hourly wage for women is £20.15

This equates to a £2.08 difference

The median hourly rate is 9.3% lower for women than it is for men

This means that for every £1 earnt by men, women earn 91p

Mean gender pay gap at RPH

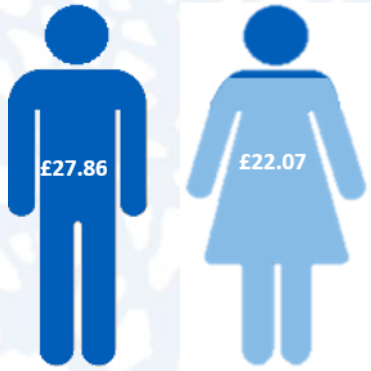
The mean hourly rate for men is £27.86

The mean hourly rate for women is £22.07

This is a difference of £5.79 in the average hourly rates between men and women

When comparing mean hourly wages, women's mean hourly wage is 20.78% lower than men's

This means that for every £1 earnt by men, women earn 79p



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Pay Quartiles

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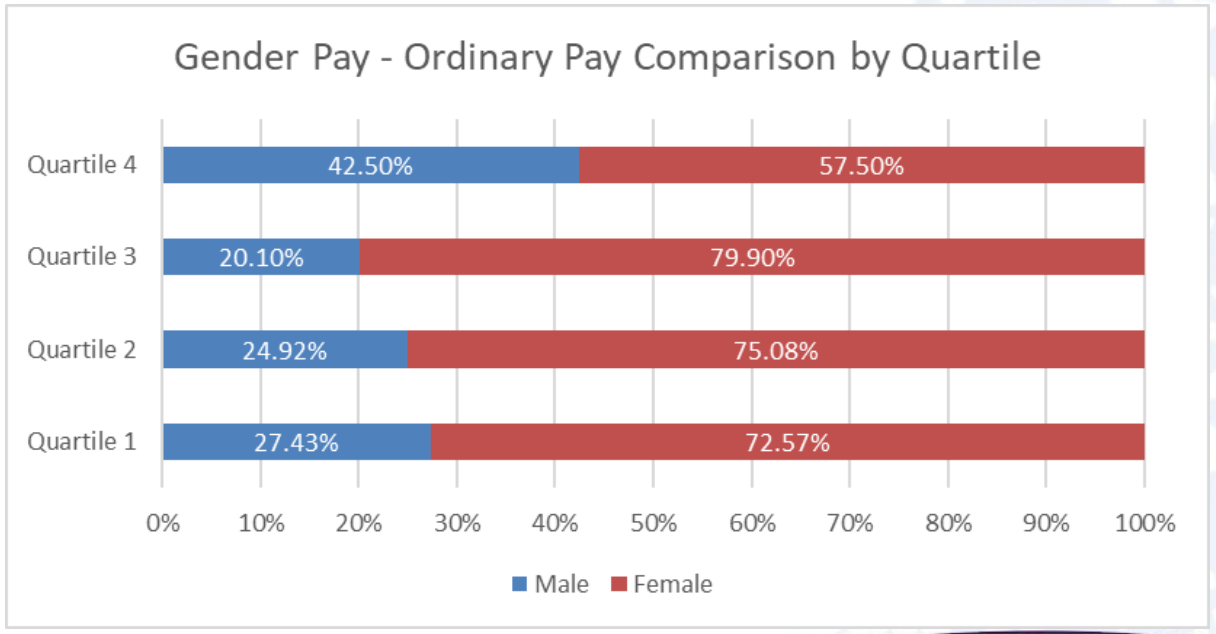
The gender profile of Royal Papworth is 71% female to 29% male, which is a common workforce profile across NHS Trusts

The Trust employ significantly more women in Quartiles 1, 2 and 3, (accounting for 72.5, 75.0 & 79.9% of the total), however there is a smaller proportion within the top quartile (4) at 57.5%

The profile of our medical staff is different from non-medical staff. There are 129 consultant medical staff of which 44 (34.1%) are female and 85 (65.9%) male. All consultants fall into Q4.

There are 145 resident doctors, with 88 (60.7%) being male, and 57 (39.3%) being female.



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Staff Group Breakdown

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	MEAN				MEDIAN			
Staff Group	Male	Female	Difference	Pay Gap	Male	Female	Difference	Pay Gap
Add Prof Scientific and Technic	£25.53	£23.09	2.44	9.57%	£25.92	£22.99	2.93	11.29%
Additional Clinical Services	£14.89	£14.96	-0.07	-0.46%	£15.23	£14.37	0.86	5.65%
Administrative and Clerical	£22.25	£18.57	3.68	16.54%	£20.32	£15.08	5.24	25.79%
Allied Health Professionals	£22.07	£23.29	-1.22	-5.54%	£21.26	£23.62	-2.35	-11.06%
Estates and Ancillary	£13.60	£14.14	-0.54	-3.99%	£13.53	£14.38	-0.85	-6.27%
Healthcare Scientists	£27.14	£25.74	1.40	5.16%	£27.74	£26.32	1.41	5.09%
Medical and Dental	£49.31	£44.71	4.60	9.33%	£50.58	£40.89	9.70	19.17%
Nursing and Midwifery Registered	£23.60	£23.11	0.49	2.08%	£23.15	£22.44	0.72	3.10%
Non-Medical	£20.54	£20.63	-0.09	-0.42%	£19.14	£20.33	-1.19	-6.22%

The workforce pay data shows that gender pay gaps vary across staff groups and are influenced by how men and women are distributed by role, grade and seniority. The largest gender pay gaps are evident within Administrative and Clerical roles and Medical and Dental staff. More moderate positive gaps are also present within Additional Professional Scientific and Technical and Healthcare Scientist groups. In contrast, Registered Nursing and Midwifery shows a relatively small gender pay gap, reflecting a predominantly female workforce and the structured progression associated with Agenda for Change roles.

Several staff groups demonstrate a negative gender pay gap, meaning that average female earnings are higher than those of male colleagues. This is most notable within Allied Health Professionals, where both mean and median figures suggest stronger female representation in senior or specialist roles. Smaller negative gaps are also observed within Estates and Ancillary, Additional Clinical Services, and the aggregated Non-Medical workforce. Within several staff groups, median pay gaps are larger than mean pay gaps, particularly within Administrative and Clerical roles and Medical and Dental staff. This suggests that differences in typical earnings within these groups may be influenced by grade distribution and workforce composition. However, at whole-organisation level, the mean gender pay gap remains substantially larger than the median pay gap, reflecting the influence of higher-paid roles and the concentration of male staff within senior medical positions.

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Staff Group Breakdown

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The pay band analysis shows that gender pay gaps within individual Agenda for Change bands are generally small and balanced, with several bands showing marginal differences or a slight advantage for female staff. At Bands 2, 4, 6, 8A, 8C, 8D and 9, both mean and median figures indicate a negative gender pay gap, meaning average female pay is higher than male pay. This pattern is particularly evident at senior AfC bands (8C–9), suggesting stronger female representation in more senior roles within these bands. Lower and mid-level bands (Bands 2–7) show minimal variation overall, reflecting the nationally agreed pay structure and incremental progression under Agenda for Change.

	MEAN				MEDIAN			
Pay Band	Male	Female	Difference	Pay Gap	Male	Female	Difference	Pay Gap
Band 2	£13.37	£13.41	-0.04	-0.32%	£13.58	£13.55	0.03	0.19%
Band 3	£14.45	£14.10	0.35	2.42%	£15.01	£13.93	1.09	7.23%
Band 4	£14.53	£14.61	-0.09	-0.60%	£14.95	£14.89	0.06	0.41%
Band 5	£19.63	£19.50	0.12	0.62%	£20.29	£19.36	0.93	4.61%
Band 6	£21.73	£22.40	-0.67	-3.09%	£22.50	£22.91	-0.41	-1.84%
Band 7	£27.08	£26.70	0.38	1.40%	£27.10	£27.01	0.09	0.34%
Band 8A	£30.47	£30.57	-0.10	-0.33%	£30.93	£30.94	-0.02	-0.05%
Band 8B	£35.36	£33.89	1.46	4.13%	£35.56	£33.88	1.68	4.73%
Band 8C	£39.75	£41.10	-1.34	-3.38%	£39.15	£40.36	-1.21	-3.09%
Band 8D	£45.09	£48.16	-3.07	-6.80%	£45.09	£49.56	-4.47	-9.91%
Band 9	£58.68	£60.40	-1.72	-2.93%	£58.68	£60.40	-1.72	-2.93%
Consultant	£66.68	£62.26	4.42	6.62%	£65.26	£60.50	4.75	7.29%
Resident	£32.53	£31.16	1.37	4.22%	£33.77	£29.73	4.04	11.95%
Other	£45.29	£41.54	3.75	8.29%	£67.24	£17.12	50.12	74.53%

In contrast, positive gender pay gaps are more evident at Band 3, Band 5, Band 8B, and within Medical roles, particularly among Consultants and Resident Doctors, where both mean and median gaps indicate higher average earnings for male staff. The largest variation appears within the small “Other” category, where extreme differences in median pay suggest a very limited and atypical cohort and should therefore be interpreted with caution. Consistent with the staff-group analysis, these figures indicate that overall gender pay differences are driven primarily by workforce composition, role distribution and progression pathways, rather than by unequal pay within the same band or grade.

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Staff Group Breakdown

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Women make up 71% of the overall workforce, however they are predominantly concentrated within Bands 4 to 7, where representation ranges from 78% to 83%. These bands form the core of the organisation's workforce but are associated with lower average pay levels compared to more senior roles. While representation becomes more balanced in the higher Agenda for Change bands (8A to 9), the number of roles at these levels is relatively small, limiting the overall impact on closing the gender pay gap.

Pay Band	Male	%	Female	%	Total
Band 2	56	36.36%	98	63.64%	154
Band 3	120	32.09%	254	67.91%	374
Band 4	34	19.10%	144	80.90%	178
Band 5	98	20.12%	389	79.88%	487
Band 6	69	16.59%	347	83.41%	416
Band 7	66	21.71%	238	78.29%	304
Band 8A	38	36.54%	66	63.46%	104
Band 8B	10	38.46%	16	61.54%	26
Band 8C	6	26.09%	17	73.91%	23
Band 8D	3	33.33%	6	66.67%	9
Band 9	2	66.67%	1	33.33%	3
Consultant	85	65.89%	44	34.11%	129
Resident	88	60.69%	57	39.31%	145
Other	5	35.71%	9	64.29%	14
TOTAL	680	28.74%	1686	71.26%	2366

While representation becomes more balanced in the higher Agenda for Change bands (8A to 9), the number of roles at these levels is relatively small, limiting the overall impact on closing the gender pay gap. In addition, findings for Bands 8B, 8C, 8D and Band 9 should be interpreted with caution because the small number of staff within these groups means that minor changes can have a disproportionate effect on reported pay gap figures.

A more significant imbalance is evident within senior medical roles, where men remain overrepresented, accounting for 66% of consultants and 61% of resident doctors. These positions fall within the highest pay quartile and therefore have a disproportionate influence on overall earnings. As a result, the gender pay gap is primarily driven by differences in role distribution and seniority rather than unequal pay within roles. This leads to lower average earnings for women, which in turn has wider implications, including reduced lifetime earnings, lower pension accumulation, and more limited access to high-value rewards and progression opportunities.

Gender Pay Gap Bonus Pay

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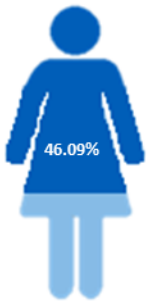
Bonus pay within the Trust has historically been associated with Clinical Excellence Awards for consultant staff. Local Clinical Excellence Awards ceased to accept new applications from 1 April 2024 following national contractual reform, with funding redirected into core pay. As a result, bonus pay figures within this report primarily reflect payments associated with historic local awards granted prior to this change, and a small number of national Clinical Impact Awards. While bonus pay therefore continues to feature within gender pay gap reporting, it relates to legacy arrangements rather than an actively operating local bonus scheme.

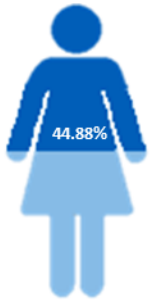
At Royal Papworth Hospital, the women's median bonus pay is 46.09% lower than men's.

When comparing the mean bonus pay gap, women's mean bonus pay is 44.88% lower than men's

Median bonus gender pay gap



Mean bonus gender pay gap



Gender	Total Employees	Paid Bonus	%
Male	**680**	37	5.44%
Female	**1686**	11	0.65%

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Comparison to Previous Years

Royal Papworth Hospital NHS Foundation Trust

The Trust's ordinary pay gender pay gap has remained relatively stable over time, with fluctuations from year to year but no sustained upward or downward trend. Both mean and median figures have consistently favoured male staff, reflecting the ongoing impact of workforce composition and seniority rather than changes to pay structures. The most recent year shows only marginal movement compared to previous years, indicating that the overall position has largely plateaued rather than materially improved or deteriorated.

Ordinary pay			
MEAN		MEDIAN	
Year	Pay Gap %	Year	Pay Gap %
2017	28.79%	2017	9.94%
2018	25.96%	2018	10.25%
2019	25.02%	2019	7.84%
2020	25.03%	2020	7.42%
2021	23.52%	2021	10.01%
2022	25.21%	2022	17.22%
2023	21.66%	2023	11.07%
2024	21.69%	2024	11.09%
2025	20.78%	2025	9.33%

Bonus pay			
MEAN		MEDIAN	
Year	Pay Gap %	Year	Pay Gap %
2017	45.01%	2017	67.96%
2018	46.21%	2018	78.86%
2019	42.51%	2019	66.67%
2020	47.77%	2020	72.72%
2021	59.52%	2021	62.50%
2022	61.58%	2022	80.00%
2023	49.13%	2023	34.31%
2024	51.86%	2024	41.63%
2025	44.88%	2025	46.09%

In contrast, the bonus pay gender pay gap shows greater volatility across reporting years, with notably larger differences between men and women. This variation reflects the small and specific population eligible for bonus payments, historically linked to Clinical Excellence Awards, where changes in recipient numbers or award values can have a disproportionate impact on year-on-year figures. Recent data should be interpreted in the context of national reforms, with local Clinical Excellence Awards ceasing from April 2024, meaning that bonus pay trends increasingly reflect legacy arrangements rather than an actively operating scheme.

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Comparison to Previous Years

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The ordinary pay gender pay gap has remained relatively stable over time, and this reflects the structural composition of the workforce rather than stagnation in policy or practice. Gender pay gaps are influenced by long-term factors such as occupations, seniority, part-time working patterns and historical career pathways. Changes to representation at senior levels take several years to translate into measurable shifts in pay gap figures. While recent actions focus on progression, recruitment and retention, particularly at senior levels, the impact of these interventions will be gradual rather than immediate.

The gender pay gap within Administrative and Clerical roles reflects differences in role mix and seniority rather than unequal pay for equivalent work. While the workforce is predominantly female, male staff are disproportionately represented in higher-graded and specialist administrative roles, including senior management. This skews both mean and median pay outcomes, resulting in a larger apparent pay gap despite consistent pay rates within grades.

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Comparison to Previous Years: Medical

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The Consultant workforce reflects historic recruitment and retention patterns, particularly in several traditionally male dominated specialties, where gender balance has improved gradually over time. As Consultant appointments are relatively low-turnover, improvements that we can see now within training grades may take a significant time to be reflected at Consultant level.

Secondly, there remain recognised barriers nationally in the transition from training into Consultant careers for some women. These can include the impact of maternity leave and caring responsibilities, less flexible access to less than full-time working at senior grades, and slower progression into senior posts where working patterns are perceived as less flexible.

Whilst some of this reflects the time lag between training and senior appointment, there is a clear opportunity for the Trust to take proactive steps to support improved gender parity at Consultant level for future years.

Consideration should be given to the following actions:

- Continuing to monitor gender distribution across recruitment, appointment, promotion and retention within consultant grades
- Reviewing whether recruitment practices, job plan design and role flexibility are sufficiently supportive of women moving into consultant roles
- Strengthening access to less than full-time and flexible working arrangements at senior medical grades
- Supporting leadership development, mentorship and sponsorship opportunities for senior female doctors progressing towards consultant careers
- Ensuring leadership opportunities are accessible and encouraged across genders

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Conclusion

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This report highlights that whilst Royal Papworth Hospital NHS Foundation Trust continues to operate within nationally agreed pay frameworks that support equal pay for equal work, a gender pay gap persists. In 2025, women earn on average 20.78% less than men on a mean basis and 9.33% less on a median basis, reflecting the ongoing impact of workforce composition, occupational segregation and representation at senior levels rather than unequal pay within roles.

The implications of this gap extend beyond immediate earnings. Lower average pay has a cumulative impact over the course of a career, influencing overall financial wellbeing, lifetime earnings and long-term financial security. In particular, reduced earnings can directly affect pension contributions and outcomes, as pensions are typically calculated as a proportion of salary. This means that even relatively small differences in pay can compound over time, contributing to significant disparities in retirement income between male and female staff.

In addition to pensions, there are wider, less visible impacts associated with lower earnings. These include reduced access to savings, lower financial resilience, and potential differences in opportunities linked to pay, such as eligibility for bonuses or progression into higher-paid roles. The data also indicates that bonus payments, historically linked to Clinical Excellence Awards, continue to show a substantial gender gap, further reinforcing differences in total reward.

Importantly, the analysis demonstrates that the gender pay gap at the Trust is largely driven by structural factors. Women remain under-represented in the highest-paid quartile and in senior medical roles, particularly at consultant level, while being over-represented in lower and mid-pay bands and in staff groups such as Administrative and Clerical roles, where larger pay gaps are evident. These patterns reflect long-standing workforce trends, including career pathways, access to progression opportunities, and the impact of caring responsibilities and flexible working patterns

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Conclusion

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While the Trust has made progress in maintaining stable pay gap levels and has identified key areas for action, the data demonstrates that meaningful change will require sustained, long-term effort. Addressing the gender pay gap is therefore not solely about pay, but about ensuring equitable access to progression, leadership opportunities and reward structures across all staff groups. A key message to also note is that looking at our data gaps are attributed to workforce composition and seniority distribution, not unequal pay for equivalent roles/grades (pay is nationally set via Agenda for Change/job evaluation)

The actions outlined in this report, including, how we use our data to be able to support career progression, improving access to leadership development, and taking a more intersectional approach to workforce data. This represents an important step towards reducing these disparities. Continued focus on these areas, alongside regular monitoring and transparency, will be essential to ensure that progress is both measurable and sustained. We also want to ensure that the actions align with our WRES and WDES priorities. The Government has indicated its intention to introduce mandatory ethnicity and disability pay gap reporting in the coming years, potentially from 2027, and we will continue to monitor developments so that our approach supports these wider reporting requirements.

Reducing the Gender Pay Gap:

Action Plan: 2026/2027

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Actions	Owner
Use of data Use an intersectional analysis approach to pay gaps and pay gaps across functions and roles to understand the relationship across protected characteristics and engage staff networks on this subject to identify further positive action.	Head of EDI and EDI Compliance Manager
Medical workforce review Undertake an annual review of Consultant job plans, across all Directorates to assess whether they create barriers to recruitment, retention or progression for Less Than Full Time (LTFT) and flexible-working Consultants.	Head of Medical Staffing and Head of EDI
Career progression – Administrative and Clerical workforce Undertake a role-mapping exercise across Administrative and Clerical services to identify the distribution of men and women within Bands 5–8 and specialist administrative roles, including a review of whether these posts were advertised as flexible or part-time opportunities. Using the findings, implement targeted actions to improve progression opportunities for women into higher-banded administrative roles.	Head of Workforce Information and Head of EDI
Clinical Excellence awards The Medical Director will annually monitor and report Clinical Impact Award eligibility, application and success rates by gender and actively encourage eligible female Consultants to apply. Named support, mentoring and application workshops will be offered to all eligible female Consultants prior to each national application round.	Head of Medical Staff and Medical Director

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