

Gender Pay Gap Report

at March 2025



Our Commitment

The latest Gender Pay Gap analysis shows a story of progress with some persistent challenges. Overall, pay equity is improving for most staff, particularly in mid-range roles, but structural imbalances at senior levels continue to influence the headline figures. While the median gap has narrowed—suggesting fairer pay for the majority—the average gap remains higher because men are still overrepresented in the most senior and highest-paid positions.

Within Agenda for Change roles, the Trust demonstrates strong equity, thanks to standardised pay structures and transparent progression pathways. In contrast, the Medical and Dental workforce, historically more uneven, has seen steady improvement, though bonus payments and awards still favour men. Disparities remain in certain staff groups, such as Administrative and Clerical, Estates, and Healthcare Scientists. These gaps are largely driven by occupational segregation and slower progression for women, often linked to career breaks, part-time work, and underrepresentation in leadership pipelines.

Bonus pay continues to be a challenge. Although reforms have reduced the gap significantly, men still receive higher awards, particularly in schemes recognising clinical excellence. The introduction of the National Clinical Impact Awards aims to create a fairer system, but early signs show that cultural and systemic barriers persist. Finally, the distribution of staff across pay quartiles highlights the core issue: women dominate the workforce overall but are less present in the top quartile, where the highest-paid roles sit. Closing this gap will require sustained action to support women's progression into senior positions and address the underlying cultural and structural factors.

We are committed to creating an inclusive workplace where every member of staff can succeed, because supporting our people is key to delivering outstanding care for patients. Equality, diversity, and inclusion are central to our approach as an employer, service provider, and partner. These principles are embedded in our People Plan and supported by our EDI and Health & Wellbeing workstreams. Pay within the Trust is fair and transparent. Agenda for Change salaries follow the NHS Job Evaluation Scheme and national terms, while Medical and Dental staff are paid under NHS contractual frameworks. Staff performing the same role receive the same pay, regardless of gender. We are proud to be an equal pay employer.

DECLARATION

I confirm this report is accurate to the best of my knowledge and belief. It reflects a snapshot of our organisation on 31 March 2025. We have a number of actions in place which are intended to make progress towards addressing our gender pay gap. We will publish our data by 30 March 2026.

Signed:

Date: 2nd January 2026



Name: Rob Harrison

Designation: Acting Chief Executive Officer

Gender Pay Gap - Exec Summary

As at March 2025 23% of our people were Male and 77% Female

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

The 2025 Gender Pay Gap analysis for the Trust shows a mixed but generally positive picture. The overall mean gender pay gap across all staff has slightly increased to 22.31% (from 21.59% in 2024), while the median pay gap has reduced to 1.83% (from 2.29%), indicating improved equity in the mid-range of earnings.

For Agenda for Change staff, the gender pay gap remains negligible, with a mean difference of -0.46% and a median gap of 0%, demonstrating near parity between male and female staff. This reflects a consistent approach to fair pay within this group overall.

Within the Medical and Dental workforce, the mean pay gap has continued to narrow to 6.95% (from 7.71% in 2024), with the median gap reducing to 1.81% (from 3.03%). This suggests ongoing progress in addressing pay disparities within senior clinical roles.

Overall, while the Trust's mean pay gap remains influenced by the distribution of senior roles and the higher proportion of male staff in medical positions. The continued improvement in median figures indicates meaningful movement towards greater gender pay balance across the Trust.

The Trust demonstrates strong gender pay equity across most staff groups, particularly in Agenda for Change roles, where pay structures are standardised and transparent. However, targeted efforts are needed within Administrative & Clerical, Estates & Ancillary, and Medical & Dental groups to address structural factors that continue to contribute to gender disparities.

Focusing on career progression, leadership development, and equitable access to higher-banded roles will be key to achieving further improvement in the Trust's gender pay position.

The 2025 analysis shows overall pay parity across ethnic groups:

- **Male staff:** Mean gap: -7.76% (BME males earn slightly more than White males). Median gap: **0%** (equal at midpoint)
- **Female staff:** Mean gap: 1.88% (BME females earn slightly less). Median gap: -0.58% (BME females earn marginally more at midpoint)

Differences are small and mainly reflect representation in senior roles rather than systemic inequity. Continued monitoring will ensure fairness and transparency.

Gender Pay Gap Analysis

All Staff

Profile	Male 2025	Female 2025	Pay Gap 2025	Male 2024	Female 2024	Pay Gap 2024	Male 2023	Female 2023	Pay Gap 2023	Male 2022	Female 2022	Pay Gap 2022
Mean hourly pay rate (all staff)	26.86	20.87	22.31%	£24.57	£19.26	21.59%	£23.34	£18.10	22.44%	£22.29	£17.30	22.42%
Median hourly pay rate (all staff)	19.09	18.74	1.83%	£18.10	£17.68	2.29%	£17.24	£16.84	2.29%	£16.39	£15.12	1.65%

Agenda for Change Staff

Profile	Male 2025	Female 2025	Pay Gap 2025	Male 2024	Female 2024	Pay Gap 2024
Mean hourly pay rate (all staff)	19.08	19.71	-0.46%	17.89	17.92	-0.18%
Median hourly pay rate (all staff)	18.66	18.66	0.00%	16.11	17.52	-8.76

Medical and Dental Staff

Profile	Male 2025	Female 2025	Pay Gap 2025	Male 2024	Female 2024	Pay Gap 2024
Mean hourly pay rate (all staff)	56.54	52.61	6.95%	51.38	47.42	7.71%
Median hourly pay rate (all staff)	57.03	56.00	1.81%	51.59	50.02	3.03%

Overall:

- the mean pay gap has widened (slightly)
- the median gap has narrowed, suggesting a small improvement in pay equality among the majority of staff.

The pay gap for AfC staff remains minimal, indicating near parity between male and female employees, with females slightly ahead on average.

The Medical and Dental group shows a continuing reduction in both mean and median pay gaps, suggesting positive movement towards pay equity.

Staff Groups March 2025

Staff Group	Male	Female	Pay Gap
Add Prof Scientific and Technical	24.04	25.05	-4.18%
Additional Clinical Services	14.29	14.43	-0.96%
Admin and Clerical	20.03	16.92	15.57%
22.44	21.90	22.44	-2.48
Estates and Ancillary	15.15	13.82	8.72
Healthcare Scientists	25.11	23.79	5.27
Medical and Dental	56.54	52.61	6.95
Nursing and Midwifery Registered	21.86	21.47	1.77
Students	14.70	15.95	-8.56

Pay parity or female advantage in several groups:

- Add Prof Scientific & Technical (-4.18%), Additional Clinical Services (-0.96%), and Students (-8.56%) show no pay gap or a small female advantage.
- These areas indicate good gender balance in pay and grading.

Largest gender pay gap:

- The Administrative & Clerical group has the widest gap (15.57%), with males earning significantly more on average.
- This reflects grade distribution, with proportionally more men in higher bands (e.g. managerial/leadership roles).

Moderate gaps requiring focus:

- Estates & Ancillary (8.72%), Healthcare Scientists (5.27%), and Medical & Dental (6.95%) show moderate gaps.
- These areas may have structural or progression-related disparities, potentially linked to underrepresentation of women in senior or specialist posts.

Minimal gap among clinical professions:

- Allied Health Professionals (2.48%) and Nursing & Midwifery (1.77%) demonstrate near parity, suggesting effective application of Agenda for Change principles and transparent pay progression when looking at gender only. This changes when ethnicity is a factor of intersectionality.

Gender Pay Gap Analysis (Banding)

Pay Band	Male	Female	Pay Gap
Band 1	12.08	15.31	-26.76%
Band 2	13.65	13.61	0.33%
Band 3	14.37	14.51	-0.95%
Band 4	14.61	14.90	-1.98%
Band 5	18.39	19.43	-5.63%
Band 6	21.28	22.05	-3.59%
Band 7	25.61	25.74	-0.53%
Band 8a	29.07	29.08	-0.03%
Band 8b	34.36	34.16	0.59%
Band 8c	41.06	40.60	1.10%
Band 8d	47.92	47.32	1.25%
Band 9	58.68	54.00	7.98%

Pay Band	Male	Female	Pay Gap
Consultant	62.79	60.27	4.01%
Staff and Associate Specialist	40.46	40.52	-0.16%
Trainee	44.46	37.05	16.69%

Pay Band	Male	Female	Pay Gap
Pharma services - Professional		15.98	infinity
Pharma services – Non-Qualified	12.26	11.90	2.88%
Pharma services - Pharmacist	24.66	22.71	7.90%

Female advantage:

- Found mainly at lower and mid-bands (Bands 1, 3, 4, 6, 8a, 8b).
- Indicates higher average female pay, potentially due to longer tenure or higher representation at top spine points.
- Also, over representation of females in bands 5 and 6

Male advantage:

- Evident at Bands 5, 7, 8c, 8d, 9, and in Trainee doctors and Pharmacists, where the gap is more significant (5–17%).
- Suggests that men may be clustered in higher-paid roles or progressing faster within those bands.

Gender Bonus Gap Analysis



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Profile	Male 2025	Female 2025	Bonus pay gap 2025	Male 2024	Female 2024	Bonus pay gap 2024	Male 2023	Female 2023	Bonus pay gap 2023	Male 2022	Female 2022	Bonus pay gap 2022
Mean bonus pay	£9,811.41	£6,238.07	35.50%	£9,363.65	£3,683.95	60.66%	£12,038.50	£2,484.38	79.36%	£1,009.03	£205.24	79.66% (* 77.24% without thank you bonus)
Median bonus pay	£4,815.00	£4,815.00	0.00%	£4,298.00	£4,298.00	0.00%	£6,032.04	£200.00	96.68%	£147.05	£147.05	0% (* 90.78% without thank you bonus)
Proportion of staff in receipt of bonus	12.34%	2.71		12.92%	3.93%		7.27%	2.35%		92.41%	94.06%	

Trend: The mean bonus gap has reduced significantly from **79% in 2022–2023** to **35.5% in 2025**, but remains substantial.

- Mean bonus gap is improving but still large (35.5% in 2025).
- Median bonus gap is mostly zero, except for 2023 anomaly.
- Access to bonuses is unequal, with males far more likely to receive bonuses

Gender Bonus Gap Analysis (Staff Group)

Staff Group	Gender	%
Add Prof Scientific and Technic	Female	6.67%
	Male	13.89%
Additional Clinical Services	Female	0.28%
	Male	2.85%
Administrative and Clerical	Female	0.19%
	Male	0.53%
Allied Health Professionals	Female	0.00%
	Male	0.00%
Estates and Ancillary	Female	0.00%
	Male	0.00%
Healthcare Scientists	Female	0.21%
	Male	0.00%
Medical and Dental	Female	49.44%
	Male	56.23%
Nursing and Midwifery Registered	Female	0.08%
	Male	0.22%
Totals	Female	2.71%
	Male	12.34%

Overall bonus likelihood is significantly higher for men

- Female: 2.71%
- Male: 12.34%
- Men are proportionally much more likely to receive a bonus.

Medical & Dental

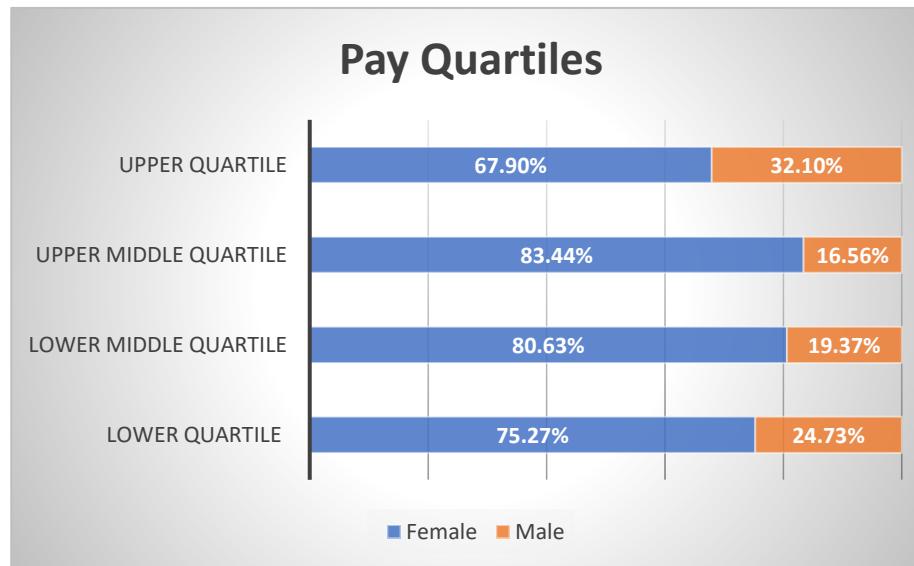
- Female: 49.44%
- Male: 56.23%
- This group represents the majority of bonus payments, with a higher share going to men.

In summary: the Trusts bonus gap is driven primarily by CEA distribution and concentration of bonus eligibility within senior medical roles, which are male dominated.

No or Lower bonus access in female-majority staffing groups, including Nursing and Admin, reinforces the disparity.

Impact of Clinical Excellence Awards / National Impact Awards

- Data highlights a significant gender gap in CEAs in terms of total value.
- While the majority of recipients are men, the total and average values of awards received by men are consistently higher across all levels.
- The gap widens significantly at the higher CEA levels suggesting historically fewer women were supported or self-nominated for the higher tier awards.
- At CEA Bronze, Silver, Gold, male representation is dominant.
- No women are recorded at Gold or Silver demonstrating a persistent under representation of female consultants at the top performance recognition levels.
- CEA -1-10 Men receive almost five times the total bonus value awarded to women.
- This trend is also beginning to be present in the new Clinical Impact Awards.



The pay quartile distribution highlights a key driver behind the gender pay gap **at the Trust**. While women make up the majority of the workforce across all quartiles, their representation decreases in the highest pay bands:

- **Lower Quartile:** 75.27% female vs 24.73% male
- **Lower Middle Quartile:** 80.63% female vs 19.37% male
- **Upper Middle Quartile:** 83.44% female vs 16.56% male
- **Upper Quartile:** 67.9% female vs 32.1% male

This pattern shows that although women dominate the workforce overall, men are disproportionately represented in the highest-paying roles.

Senior clinical roles often fall into the upper quartile, explaining why men's presence there impacts the overall pay gap.

Across the NHS nationally, similar trends are observed: Women typically make up 75–80% of the workforce, but men are more likely to occupy senior medical and managerial positions.

The persistence of a gap in medical roles and bonus distribution indicates structural challenges. Increasing female representation in the upper quartile—particularly in medical and leadership roles—remains critical to closing the gap further.

Intersectionality - Gender and Ethnicity

Average Hourly Pay

Male White	Male GM	Pay Gap
26.24	28.27	-7.76%

The data indicates that the average ethnicity pay gap between White and Global Majority staff shows a mixed picture by gender.

Among male employees, the mean pay gap is -7.76%, meaning that, on average, Global Majority males earn 7.76% more than their White counterparts. The median pay gap is 0.00%, indicating that at the mid-point of pay distribution, there is no difference between White and Global Majority males. This suggests that while some higher earnings among Global Majority males are influencing the mean, overall pay levels are broadly equitable across the male workforce.

For female employees, the mean pay gap is 1.88%, showing that Global Majority females earn 1.88% less than White females on average. However, the median pay gap is -0.58%, meaning that at the midpoint, Global Majority females actually earn slightly more than White females. This pattern suggests relative parity at most levels, with a small disparity at the higher end of the pay distribution.

Overall, the data highlights that pay parity is largely being achieved across ethnic groups, particularly when viewed through the median measure, which is less affected by outliers.

The small variations in mean figures may reflect differences in representation across senior roles or specific occupational groups rather than systemic inequity. Continued monitoring and analysis of pay distribution and progression opportunities will help ensure sustained fairness and transparency across all ethnic groups and genders.

Male White	Male GM	Pay Gap
19.09	19.09	0.00%

Female White	Female GM	Pay Gap
18.67	18.78	-0.58%

The findings mirror national trends, where men are disproportionately represented in higher CEA levels and receive larger total rewards.

The CEA system was designed to reward exceptional clinical skills but contributes to compounding existing inequity due to social factors such as career breaks and part time work. Work was undertaken to address potential bias in the application/nomination/assessment process as reported in previous Gender Pay Gap reports. Action showed positive outcomes in increasing applications and awards to women.

The new National Clinical Impact Award (NCIA) scheme has replaced the Consultant Clinical Excellence Awards (CEA). Introduced in 2022, the new scheme aims to recognise senior clinicians who have the greatest national impact on areas like patient safety, quality of care, and academic medicine. Key elements impacting on equity include;

- Changes to assessment: The assessment criteria have been updated to reflect modern consultant careers and may be more accessible.
- Employer support: Employers are encouraged to support and encourage all eligible clinicians to apply, especially those from underrepresented groups.

With the introduction of the National Clinical Impact Awards (NCIA) in 2022, local Clinical Excellence Awards (CEAs) are no longer available. This change reflects a national move toward a more consistent and equitable recognition system, addressing long-standing concerns about bias and unequal access. While the NCIA scheme introduces fairer assessment criteria and encourages employer support for underrepresented groups, the transition will take time to close the gender pay gap in medicine.

Early signs show awards to men in the Trust outweighing awards to Women. As highlighted in Mend the Gap, systemic issues such as career breaks, part-time work, and historic disparities in reward structures require sustained attention and cultural change to ensure lasting equity.

Mend the Gap – EDI Improvement Plan

The Trust has developed a set of recommendations and proposed actions to reduce the gender pay gap, directly aligned with the national Mend the Gap programme and forming a key component of the NHS Equality Improvement Plan. These actions span flexible working, childcare support, cultural change, and transparency in pay data, with a particular focus on the medical workforce. There are 3 elements where efforts need to be concentrated and leads assigned.

- Facilitate new care models, as suggested in the NHS Long Term Plan, including the use of AI and technology to encourage remote working.
- Lead to be identified to take forward a specific medical action plan re medical gender pay gap
- Develop and publish targets for the reduction of the gender pay gap in medicine, to be reported at board level with a mandatory reflective narrative to justify short-term changes; and report on action planning. Discussions are taking place with the Medical Director Team through Medical HR colleagues.



Healthcare at its best
with people at our heart