

# ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

***GENDER, ETHNICITY AND  
DISABILITY PAY GAP  
REPORT 31 March 2025***

# REPORT

## Purpose

This report presents our organisation's gender, ethnicity and Disability pay gap data. It includes an analysis of pay differences, identifies contributing factors, and outlines our commitments to addressing and closing the gap. Pay gap reporting aims to focus organisational efforts on reducing disparities, enhancing staff experience, improving retention, and fostering a workplace environment that is inclusive and rewarding for all.

The purpose of this report is to present information on the following:

Gender Pay Gap (GPG)  
Ethnicity Pay Gap (EPG)  
Disability Pay Gap (DPG)

The reporting information is based on a snapshot staff data as of **31 March 2025**, following national guidelines. The data is extracted from the Electronic Staff Record (ESR).

We use mean and median methods of calculation for the following reasons:

- Median pay provides a clearer picture of typical earnings, as it is not distorted by extremely high or low salaries.
- Mean pay shows how those very high or very low salaries influence overall averages.

By looking at both measures, we gain a more balanced and accurate understanding of the GPG, EPG, DPG.

We need to highlight the differences by showcasing the following aspects:

- an hourly rate (average)
- Median hourly rate (middle value)
- Mean doctors' bonus payments pay
- Median doctors' bonus payments pay
- Pay Quartile (from lowest to highest)
- Proportion of staff who: Clinical Excellence

## Context

Essex Partnership University NHS Foundation Trust (EPUT) was established 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 provides community health, mental health, and learning disability services to a large population across Bedfordshire, Essex, Suffolk, and Luton. We employ approximately 7,100 staff, excluding bank staff, volunteers, students, and contractors. The pay gap data offers valuable insights into the challenges related to inclusion and diversity within our entire workforce.

Like many NHS Trusts nationwide, EPUT has a predominantly female workforce. Our current diversity data indicates that around 76% of our employees are female, with approximately 24% male. During the period covered by this report, 53% of staff identified as White, while 39% identified as from BME backgrounds. During this reporting period 92% as no disability, while 8% identified with a disability.

One of our primary goals at EPUT is to promote fair and equitable career progression for all staff. Addressing gender, ethnicity, and disability pay gaps is a key component of this commitment. This report aims to provide full transparency regarding our current position, identify areas for improvement, and support both our statutory obligations and strategic objectives.

Many of the inequality issues highlighted in this report are not unique to EPUT; they are common across the NHS and society as a whole. By continuing to publish data on our inequalities, we aim to reinforce our commitment to understanding our own workforce, addressing challenges and to foster openness as a positive step toward meaningful change.

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

## **Gender Pay, Ethnicity Pay and Disability Pay Gap reporting requirements**

Legislation mandates that organisations with 250 or more employees provide an annual report on their gender pay gap. NHS organisations are subject to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31 March 2017. These regulations support the Public Sector Equality Duty, requiring organisations to publish their gender pay gap data each year. This includes information on both mean and median gender pay gaps, as well as mean and median gender doctors' bonus payments gaps, the proportion of men and women receiving doctors' bonus payments, and the distribution of male and female employees across each pay quartile. Please note that only staff receiving full pay are included; therefore, figures may differ from other reports such as the PSED, WRES, or WDES.

Gender pay gap reporting illustrates the difference in average earnings between men and women within a workforce. Variations in pay gaps can be influenced by several factors, including age, length of service, and opportunities for career advancement. Recognising and addressing these factors will be key to fostering meaningful and sustainable progress.

Historical gender stereotypes and role perceptions also impact pay disparities. For example, consultants on legacy contracts receive ongoing doctors' bonus payments known as Clinical Excellence Awards.

It is important to emphasise that the gender pay gap differs from the concept of equal pay. Equal pay relates to ensuring that individuals performing the same or comparable work receive the same pay. Discriminatory pay differences based on gender are unlawful.

The Ethnicity Pay Gap (EPG) assesses the disparity in average remuneration between White staff and individuals from Black, Asian, and Minority Ethnic (BME) backgrounds. The Disability Pay Gap (DPG) measures the difference in average pay between disabled and non-disabled employees.

While reporting on EPG and DPG is not mandated by legislation, the NHS England Equality, Diversity, and Inclusion (EDI) Improvement Plan [EDI Improvement Plan](#) recommends that all Trusts analyse pay gap data based on protected characteristics and develop corresponding improvement strategies. Targets are set to implement plans for sex and race by 2024, disability by 2025, and for all other protected characteristics by 2026.

While we provide separate snapshots for the GPG, EPG, and DPG, we acknowledge that various factors—including flexible working arrangements, caring responsibilities, and socio-economic backgrounds—may intersect with different protected characteristics, resulting in compounded disadvantages.

## **Scope**

The pay gap is defined as the difference between the mean or median hourly rate of pay colleagues receive. The mean pay gap is the difference between average hourly earnings. 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).

## Gender doctors' bonus payments gap

Within the pay gap regulations, 'doctors' bonus payments 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 below table provides a snapshot of gender pay gap taken from 31 March 2025:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	23.14	19.09
Female	20.3	18.66
<b>Difference</b>	<b>2.84</b>	<b>0.44</b>
Pay %	12.26	2.29

The below gender pay gap doctors' bonus payments table is taken as at the snapshot date of 31 March 2025.

Gender	Avg. Pay	Median Hourly Rate
Male	8,095.74	2,030.93
Female	4,172.29	2,030.93
<b>Difference</b>	<b>3,923.46</b>	<b>0</b>
Pay %	48.46	0

\* Please see comments later in this report explaining what constitutes a doctors' bonus payments\*

## Pay quartiles by gender

To provide an overview of gender distribution across different levels of seniority, the proportions of male and female employees are segmented into four pay quartiles—lower, lower middle, upper middle, and upper—in lowest to highest order (ascending). The distribution of men and women within these quartiles is summarised in the table below:

Quartile	Female	Male	Female %	Male %	Description
1	1499	396	79.1	20.9	Lower - Includes all employees whose standard hourly rate places them at or below the lower quartile
2	1420	476	74.89	25.11	Lower Middle - Includes all employees whose standard hourly rate places them above the lower quartile but at or below the median
3	1482	415	78.12	21.88	Upper Middle - Includes all employees whose standard hourly rate places them above the median but at or below the upper quartile
4	1362	534	71.84	28.16	Top - Includes all employees whose standard hourly rate places them above the upper quartile

Upon analysing the quartile distribution, although female colleagues constitute over 76% of the overall workforce, their distribution is predominantly concentrated within the first and second quartiles.

In the fourth quartile, female representation declines to 71.8%, with male representation increasing to 28.1%, compared to 20.9% in the first quartile.

This suggests that while women are well-represented throughout the organisation, their presence diminishes at more senior levels. Addressing this disparity is crucial for promoting equitable career advancement and fostering greater organisational diversity.

## How we ensure equal pay

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 deliver equal pay through a number of means but primarily through adopting nationally agreed terms and conditions for our workforce with Agenda for Change Pay Terms and separate arrangements for Non-Executive Directors and Very Senior Managers (see appendix 1)

## What our data is telling us

The Gender Pay Gap (GPG) report examines key indicators, specifically the average and median pay differences:

- The GPG hourly pay gap for EPUT stands at 12.26%, with males earning an average of £23.14 per hour and females earning £19.09 per hour. When considering the median hourly rate, the gap narrows to 2.29%. **Compared to 2024, this represents a decrease of 0.15% in the average percentage and a 1.61% reduction in the median.** This is an improvement in our gender pay gap.

This indicates that, on average, male employees are paid approximately 2.29% more than female employees within the organisation.

- The GPG doctors' bonus payments pay gap for EPUT is 48.46%, with males receiving an average doctors' bonus payments of £8,095.74 and females receiving £4,172.29. The median doctors' bonus payments pay has remained at 0%, primarily due to the cessation of the CEA scheme for new members. **The average doctors' bonus payments pay gap has decreased by 6.85%, while the median remains unchanged compared to 2024.** This is an improvement

This suggests that there is no significant difference in doctors' bonus payments pay between males and females within the organisation.

- During the reporting period, 2.44% of male employees received a doctors' bonus payments compared to 0.37% of female employees. The Trust's workforce of consultants is composed of 62.1% males and 37.9% females, which significantly influences these figures.

Doctors' bonus payments payments include components of doctors' pay. This staff group has a higher proportion of male employees, which contributes to a larger doctors' bonus payments pay gap compared to other staff groups within the organisation. The components of doctors' bonus payments pay are as follows:

- Clinical Excellence Awards (LCEAs ceased from 1<sup>st</sup> April 2024)
- Discretionary Points
- Performance-Related Pay

Over the past seventeen years, there has been substantial growth in the representation of women in medical roles, which is expected to contribute to a reduction in the gender doctors' bonus payments pay gap over time:

- **Female medical workforce:** A 17.9% increase, from 31.2% in 2008 to an estimated 49.1% in 2025. Currently, there are 163 females employed in medical roles.
- **Female medical consultants:** A 15.3% increase, from 22.7% in 2008 to an anticipated 37.9% in 2025. This represents the highest number of female consultants employed since the commencement of monitoring.

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 doctors' bonus payments 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 Headcount	% of Total	Male 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%
2024/25	44	37.93%	72	62.07%	24.14%

## EPUT's Race Pay Gap

This is the second year that EPUT is publicly reporting its Ethnicity Pay Gap (EPG) data. As the presentation of ethnicity pay gap information is not yet a statutory requirement, we are currently unable to benchmark our data against other organisations. The ethnicity pay gap is an emerging area of focus in this report, and we will continue collecting and analysing data to better understand the underlying factors contributing to pay disparities among different ethnic groups.

The table below provides a breakdown of staff within scope by gender and ethnicity for the reporting period from 1 April 2024 to 31 March 2025:

Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	21.84	19.09	2,707
White	20.43	18.13	4,778
Not Known	24.13	22.99	99
% Diff White - BME	-6.93	-5.32	43
% Diff White - Not Known	-18.11	-26.82	98

Our snapshot for March 2025 shows an overall mean and median pay gap which is better for our BME workforce or Global Majority. In comparison to NHS England, in March 2024 the median ethnicity pay gap was reported at 1.98% in favour of white employees.

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

Quartile	Asian	Black	Mixed	Other	White British	White Other	Not Stated
1. Lower	114	291	39	17	<b>1,308</b>	113	13
2. Lower Middle	119	<b>644</b>	40	14	944	113	22
3. Upper Middle	142	570	<b>47</b>	30	962	122	24
4. Top	<b>259</b>	292	43	<b>46</b>	1,038	<b>179</b>	<b>40</b>

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

- 43.09% of our BME workforce are in the 2<sup>nd</sup> quartile followed by 41.39% in the 3<sup>rd</sup> quartile.
- 74.99% of our White workforce are in the 1<sup>st</sup> quartile followed by 64.15% in the 4<sup>th</sup> quartile

Which consistently shows that there are disparities between White and BME colleagues in relation to career progression. The actions we are taking to reduce inequalities between ethnicities are further detailed in our 2025 WRES Report, which is published on our website and available here [\(insert once approved for publication\)](#)

The table below shows the doctors' bonus payments payments broken down by race as of 31<sup>st</sup> March 2025.

Ethnic Origin Grouping Summary	Employees Paid Doctors' bonus payments	Total Relevant Employees	Total Full Pay Relevant Employees
BME	53.00	3470.00	1.53%
White	24.00	5320.00	0.45%
Not Known	1.00	184.00	0.54%

The mean doctors' bonus payments pay gap was 1.5% in favour of BME colleagues. This legacy structure continues to impact equity in senior medical pay.

Changes to Clinical Excellence Awards (CEAs) over time have created disparities in doctors' bonus payments pay:

- Pre-2017 consultants receive automatic annual increases (Levels 1–9).
- 2017–March 2023 consultants must reapply every three years.
- Post-March 2023 consultants are no longer eligible.
- COVID-19 pause led to equal distribution of CEA funds for two years.

No new CEAs will be awarded going forward.

## EPUT's Disability Pay Gap

This marks EPUT's first year of reporting disability pay data. It is an advisory requirement outlined in the NHS EDI improvement plan and represents a key milestone in our efforts to understand and address disparities related to pay and representation within the Trust. This initiative reinforces the Trust's commitment to workplace accessibility, promotes equitable career progression, and supports our goal of becoming a truly inclusive employer.

The table below shows the breakdown of staff in scope by disability for the period 1 April 2024 - 31<sup>st</sup> March 2025:

Disability Declarations	Mean Hourly Rate	Median Hourly Rate Grouping	Total Full Pay Relevant Employees
No	20.84	21.21	6,113
Yes	20.40	20.86	656
Prefer Not To Answer	20.50	19.98	35
Not Declared	22.28	23.08	645
Unspecified	23.89	24.65	137
% Diff No - Yes	2.14	1.65	89
% Diff No - Prefer Not To Answer	1.67	5.77	99
% Diff No - Not Declared	-6.91	-8.81	89
% Diff No - Unspecified	-14.60	-16.23	98

EPUT has 8.65% of staff who have reported a disability, compared to the overall workforce. It is important to note that at the initial stages of the employee lifecycle, candidates may choose to disclose their long-term condition (LTC) during the application process; however, this information is not always transferred into ESR. This is due to the use of separate recruitment systems, such as TRAC online application forms. This disconnection can result in underreporting at the onboarding stage, which subsequently impacts data accuracy and the Trust's ability to present an accurate picture in national workforce validation submissions.

The above table indicates that further efforts are needed to encourage our highest earners to disclose whether they have a disability.

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

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1. Lower	1,520	163	11	17	184
2. Lower Middle	1,560	156	4	38	139
3. Upper Middle	1,579	113	9	30	166
4. Top	1,454	213	11	52	167

- 9.71% of our workforce with a recorded disability are in the 1<sup>st</sup> quartile followed by 8.80% in the 4<sup>th</sup> quartile.

- 3.64% of our workforce in the 4<sup>th</sup> quartile have not declared, this is the highest number of no declaration.

It is important to highlight that the 'Not Declared' responses are most prevalent in the highest quartile. This may indicate that more experienced colleagues are not consistently reporting this information. In order to avoid making assumptions, we must prioritise promoting accurate data entry and fostering a culture of transparency in information sharing.

The table below shows the doctors' bonus payments broken down by Disability as of 31<sup>st</sup> March 2025.

Disability Category	Employees Paid Doctors' bonus payments	Total Relevant Employees	%
No	63.00	7481.00	0.84
Yes - Unspecified		108.00	
Learning disability/difficulty	1.00	189.00	0.53
Long-standing illness (LTC)		194.00	
Mental Health Condition		104.00	
Physical Impairment		91.00	
Prefer Not to Answer		55.00	
Sensory Impairment		75.00	
Other		87.00	
Not Declared	15.00	847.00	1.77
Unspecified	1.00	1.00	100.00
		122.00	

Currently, there is no available data regarding the Clinical Excellence Awards for our LTC colleagues. This likely reflects a participant count of fewer than 10 which means that sharing such information could potentially compromise confidentiality and privacy. Therefore, we are unable to provide any specific details at this time.

## EPUT comparison to the local NHS

Nationally [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 **12.8%** more than women in 2024, according to the Office of National Statistics 23<sup>rd</sup> October 2025, 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 2024/25	Median hourly rate 2024/25
Hertfordshire Partnership University NHS Foundation Trust (HPFT)	5.26% lower than men's	-3.93% lower than men's
East London NHS Foundation Trust (ELFT)	7.57% lower than men's	0.85% lower than men's
EPUT	12.41% lower than men's	3.90% lower than men's
Norfolk And Suffolk NHS Foundation Trust	13.17% lower than men's	10.41% lower than men's
North East London NHS Foundation Trust (NELFT)	12.84% lower than men's	12.48% lower than men's
Mid and South Essex NHS Foundation Trust (MSEFT)	24.16% lower than men's	7.46% lower than men's
The Princess Alexandra Hospital NHS Trust	22% lower than men's	13% lower than men's
PROVIDE	17.35% lower than men's	9.51% lower than men's

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 improvement 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.

## A summary of our progress - 2025

On comparison to EPUT's gender pay gap for the year 2017, we have seen an improvement (reduction) of 4.64% over the eight years to 2025.

The mean gender pay gap for EPUT	2017	2018	2019	2020	2021	2022	2023	2024	2025
The mean gender pay gap for EPUT	16.90%	15.90%	15.90%	14.30%	11.90%	13%	12.93%	12.41%	12.26%
The median gender pay gap for EPUT	7.50%	7.40%	8.90%	8.10%	6.50%	6.20%	7.31%	3.90%	2.29%
The mean gender doctors' bonus payments gap for EPUT	34.40%	31.20%	25.20%	33.60%	47.00%	59.50%	56.01%	55.31%	48.46%
The median gender doctors' bonus payments* gap for EPUT	50.30%	51.70%	45.00%	30.80%	75.00%	79.60%	66.84%	0.00%	0.00%

When comparing EPUT's gender pay gap nationally, EPUT is **below the national average of 12.8%**.

## Next steps and Actions

Over the coming year, we want to build on the progress already made and focus on a few practical areas that will help us continue to improve reduce our pay gaps and strengthen inclusion across the Trust. Our priorities are:

- Improving the quality of our disability and long-term condition data by:
  - Encouraging colleagues to update their information and explaining why accurate records matter.
  - Making sure the recruitment process captures this information properly and that it transfers across systems.
  - Creating the right conditions for open conversations about support needs.
- Embedding a clearer approach to reasonable adjustments and flexible working, so that staff have the best opportunity to thrive and grow at work and managers understand what is available and how to put adjustments in place with confidence.
- Continuing to improve representation in senior roles, particularly for women, Global Majority colleagues and staff with disabilities or LTCs, by:
  - Actively reviewing developing and evaluating leadership programmes such as our management development programme, national programmes and Women in Leadership opportunities
  - Strengthening our Gender Staff Network including encouraging routine career-development conversations, making sure staff know what pathways are open to them.
- Strengthening our culture and day-to-day behaviours through:
  - The introduction of a cultural awareness roll out programme starting with leaders
  - Continued emphasis on our anti-racist charter and commitments.
  - Further rollout of the Unprofessional Behaviours work and a refreshed Behaviours Framework to support a respectful working environment.

- Tracking improvement through:
  - Staff Survey and WDES/WRES indicators.
  - Appraisal data, training uptake and representation across pay bands.
  - Improvements in disclosure rates and reductions in pay gaps.
  - Qualitative engagement work with staff focus groups and a developed culture champions scheme

These steps will help us build a fairer and more supportive organisation where all colleagues can develop and progress.

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## GPG, EPG and DPG Action Plan: 2025/26

Objective	Action	Timescale	Lead	Measure/Success
Increase LTC and Disability status and Data accuracy	Launch awareness to encourage voluntary sharing of LTC or Disability status for colleagues with LTC or disability.	Dec-26	EDI Lead, Workforce team	10% increase of reporting shared LTC or disability
	Embed the importance of sharing LTC or disability at recruitment stage.	Dec-26	Recruitment	5% increase from Applicant stage.
Implement and promote reasonable adjustments process	Promote and implement reasonable adjustment and flexible working process supporting managers and staff in having the conversations building psychological safety when disclosing LTC or a disability.	Oct-26	Wellbeing lead	WDES and NHS National Survey results
Advance representation of gender, global majority and LTC of staff in senior roles	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.	Nov-26	OD Lead	NHS National Survey results
	To improve representation and reduce disparities the Trust needs to develop and promote the career development programmes: MDP, LDP, RISE, Edward Jenner, Mary Seacole and Women in Leadership.	Nov-26	OD Lead	NHS National Survey results
	To continue to build representation within the Trust embed and facilitate career development conversations with staff, informing them of relevant opportunities to develop within the Trust.	Oct-26	OD Lead	NHS National Survey results and monitor Appraisal
Culture change	To Continue to equip staff with inclusive, anti-racist and equitable training to build cultural competence	Continued	EDI Lead and OD lead	Mandatory training data
	Continue to roll our Unprofessional Behaviours and promote the behaviour framework Trust wide, to build on staff work ethic and civility.	Continued	OD Lead, Wellbeing and EDI lead	Evaluation and Attendees data

