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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

GENDER PAY GAP



The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the gender pay gap of 31 March 2025, together with an outline of intended aims and future positive actions.

ANEURIN BEVAN UNIVERSITY HEALTH BOARD GENDER PAY GAP 2025

Table of Contents

01	Summary
02	Introduction
03	Background
04	Useful Definitions
05	Gender Profile
06	Our Analysis
07	Overall Workforce
08	Agenda for Change Workforce
09	Medical and Dental Workforce
10	Conclusions
11	Next Steps

1. Summary

Aneurin Bevan University Health Board's workforce remains predominantly female, consistent with the wider NHS workforce profile. While nationally agreed pay frameworks (Agenda for Change and Medical & Dental terms and conditions), are designed to promote equity and fairness, analysis of our workforce data continues to identify a gender pay gap across the organisation.

This report presents the Health Board's gender pay gap position as at 31 March 2025, which shows an improvement on the previous reporting period and sets out the actions underway and planned to further understand and reduce the gap.



2. Introduction

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public authorities with more than 250 employees to calculate and publish annual gender pay gap information. This duty forms part of the Public Sector Equality Duty under the Equality Act 2010.

Greater transparency in gender pay gap reporting supports organisations to better understand the factors that contribute to differences in average pay between men and women and encourages action to address these differences.

3. Background

Agenda for Change (AfC), implemented in 2004, established a consistent national pay structure across occupational groups in the NHS, underpinned by job evaluation to ensure equal pay for work of equal value.

At Aneurin Bevan University Health Board, the majority of staff are employed under AfC terms and conditions. Medical and Dental staff, Executives and Very Senior Managers are employed under other national contractual arrangements. In line with statutory gender pay gap reporting requirements, this report combines all staff groups into a single organisational dataset.

4. Useful Definitions

Equal Pay and Gender Pay Gap

The NHS Terms and Conditions of Service ensure that pay within the NHS is consistent with the requirements of equal pay law.

It is important to appreciate that the gender pay gap and equal pay are two distinct concepts:

- Equal pay is concerned with men and women earning equal pay for the same, or similar, work.
- The gender pay gap is about the difference between men's and women's average pay within an organisation.

Mean and Median Gender Pay Gap

The **mean gender pay gap** is calculated by determining the average hourly rate of pay for full-time male employees and comparing it with the average hourly rate for full-time female employees. This is done by adding the hourly rates for all male employees and dividing by the number of men, and then repeating the calculation for women. The mean gender pay gap is then expressed as a percentage by subtracting the average female hourly rate from the average male hourly rate, dividing the difference by the average male hourly rate, and multiplying by 100. A positive percentage indicates that women receive a lower average hourly rate than men.

The **median gender pay gap** is calculated by ranking male and female hourly rates separately from lowest to highest and identifying the midpoint value for each group. The difference between these two midpoint values represents the median pay gap. This figure is then also converted into a percentage by subtracting the median female hourly rate from the median male hourly rate, dividing the result by the median male rate, and multiplying by 100.

The median is often considered the most representative indicator of the typical male and female employee because it is less affected by extreme salary values. However, as pay distribution and pay progression are rarely uniform across the workforce, the median does not reflect any concentration of high earners in either group. In contrast, the mean is more sensitive to higher salary levels and can therefore more clearly highlight the gender pay gap where a greater proportion of men occupy higher-paid senior roles.

Gender Identity

It is important to note that sex and gender are terms that are often used interchangeably but they are in fact two different concepts. The World Health

Organisation describes sex as characteristics that are biologically defined and identified at birth, whereas gender is based on socially constructed features and is a personal, internal perception of oneself. We recognise that an individual can identify as more than male or female. The Gender Pay Gap mandates the use of male and female as comparators and therefore may not be representative of everyone at the Health Board.

5. Gender Profile

Our workforce is predominately female, which is reflective of most NHS Health Boards in Wales

On the 31 March 2025, Aneurin Bevan University Health Board employed 12,329 women and 2,977 men therefore, 80.6% of the workforce was female, total headcount is 15,306.



6. Our Analysis

Organisations are required to publish details of the positioning of male and female employees according to quartile pay bands.

The hourly pay rate for each employee has been established, and all employees (male and female together) are ranked from lowest to highest paid and then divided into four pay bands. The gender split in each quartile is then calculated as a percentage.

The relatively consistent gender distribution across pay quartiles reflects the predominantly female employed across all pay bands.

7. Overall Workforce

Quartile 1: Lower Quartile (Lowest Paid)



81.94% Female



18.06% Male

Quartile 2: Lower Middle Quartile



82.42% Female



17.58% Male

Quartile 3: Upper Middle Quartile



85.03% Female



14.97% Male

Quartile 4: Upper Quartile (Highest Paid)



72.14% Female



27.86% Male

Mean and Median Hourly Rates

Table 1 overleaf outlines our mean and median gender pay gap in hourly pay between our female and male workforce, the mean hourly pay gap is 23.8% and the median hourly pay gap is 6.13%. For this reporting period, women earn £0.94 for every £1 that men earn. This is an improvement from 2024, when women earned £0.90 for every £1 earned by men.

Recruitment practices across both AfC and Medical & Dental roles continue to be strengthened. Unconscious bias awareness is embedded within recruitment training for appointing managers, alongside inclusive recruitment guidance and structured, values-based selection approaches, to support fair and transparent decision-making at all stages of the recruitment process.

All figures are provided from payroll data within our ESR system. ESR rounds up all figures cumulatively to provide the figures presented in the report which is in line with all NHS organisations using ESR.

<i>Table 1</i>	Mean Hourly Rate	Median Hourly Rate
Male	£26.75	£19.02
Female	£20.39	£17.85
Difference	£6.37	£1.61
Pay Gap %	23.8%	6.13%

8. Agenda for Change (AfC)

The national Gender Pay Gap reporting requires the Health Board to submit its pay gap figures based on the whole workforce. However, within the NHS, we know there is a difference between AfC Pay Bands and Medical and Dental Pay Bands. For the purpose of this report, we have broken the data down further.

Table 2 below outlines the Gender Pay Gap for AfC staff groups only. The following table shows that within AfC, the pay gap between males and females is 1.62% which means females earn £0.99 for every £1 males earn when comparing the average rates of pay, and for the median hourly rate, females earn £1.03 for every £1 males earn.

<i>Table 2</i>	Mean Hourly Rate	Median Hourly Rate
Male	£19.35	£16.77
Female	£19.04	£17.42
Difference	£0.31	£0.65
Pay Gap %	1.62%	3.73%

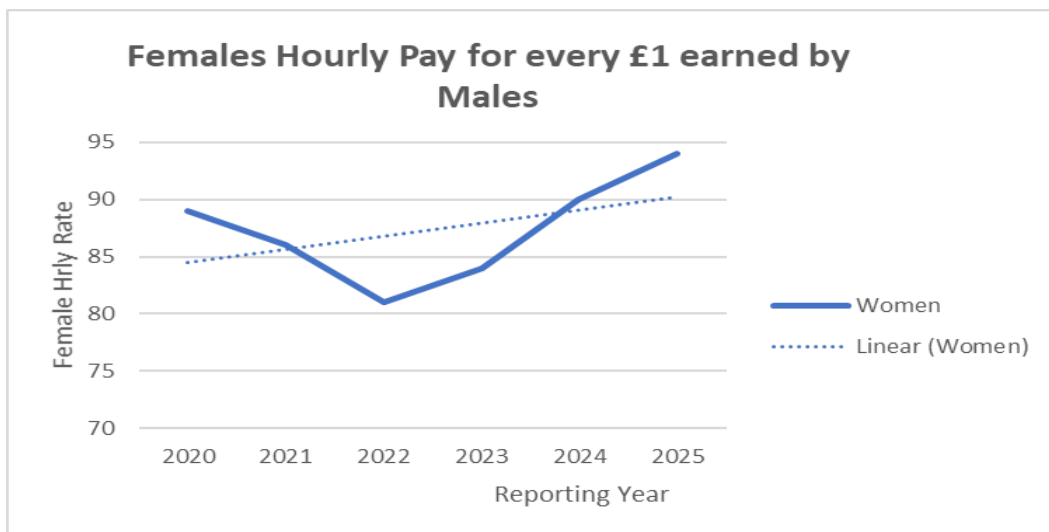
9. Medical & Dental Workforce

Table 3 below outlines the Gender Pay Gap for the Medical and Dental workforce. The pay gap between males and females is 3.13%. This means for every £1 males earn, women earn £0.97 when comparing the average rates of pay, and when comparing the median rate of pay females earn £0.98 for every £1 earned by males.

<i>Table 3</i>	Mean Hourly Rate	Median Hourly Rate
Male	£57.16	£62.43
Female	£55.38	£61.38
Difference	£1.79	£1.05
Pay Gap %	3.13%	1.68%

10. Conclusions

The Gender Pay Gap analysis for Aneurin Bevan University Health Board, based on a workforce snapshot as at 31 March 2025, confirms that a gender pay gap continues to exist within the organisation. The analysis identifies a mean hourly gender pay gap of 23.8% and a median hourly gender pay gap of 6.13%, in favour of men. Compared with the previous reporting year, there has been a small reduction in the mean pay gap (24.7% March 2024) whilst the median gap reduced by 3.56% from 9.69%. indicates that progress is being made, whilst we recognise that further sustained effort remains necessary to deliver further improvement.



It is important to emphasize that the gender pay gap identified does not indicate unequal pay for equal work. The Health Board operates within nationally agreed pay frameworks, including Agenda for Change and Medical and Dental terms and conditions, which are underpinned by job evaluation processes designed to ensure fairness, transparency and consistency in pay irrespective of gender. Individuals undertaking the same roles are paid the same rates of pay regardless of gender. The gender pay gap therefore reflects differences in the distribution of men and women

across roles, grades, specialties and working patterns, rather than disparities in pay rates for comparable roles.

Large clinical staff groups, particularly Nursing and Midwifery, account for a significant proportion of the workforce and continue to be overwhelmingly female. These roles are predominantly employed within specific pay bands, with entry typically at Band 5 and progression over time linked to length of service and career pathways. This contributes to a higher concentration of women within lower and middle pay bands and has a direct impact on the overall gender pay gap.



Conversely, men continue to be more highly represented within certain senior medical, technical and specialist roles, which attract higher rates of pay. The concentration of higher-paid roles within smaller staff groups can have a disproportionate effect on the mean gender pay gap, which is particularly sensitive to the distribution of higher earners across the workforce.

A number of organisational changes during the reporting year have also influenced the 2025 gender pay gap data. These include the TUPE transfer of managed GP practices, which introduced additional staff groups with differing pay structures and gender distributions, and the TUPE transfer of security services, a predominantly male workforce group. They have had a marginal impact on pay distribution and should be considered when interpreting year-on-year movement in the data.

Working patterns continue to be a significant contributing factor. A substantially higher proportion of women (53%) within the Health Board work part time compared with men (26.39%), reflecting wider societal trends including caring responsibilities, childcare costs and career breaks, which continue to disproportionately affect women. While hourly pay calculations adjust for part-time working, part-time status can influence

career progression, access to development opportunities and representation within senior roles over time, and therefore indirectly contributes to the observed pay gap.



The Health Board recognises that the gender pay gap is a long-standing and complex issue influenced by both organisational and societal factors that extend beyond pay structures alone. While nationally agreed pay systems provide a strong foundation for pay equity, addressing the underlying drivers of the gender pay gap requires sustained focus on workforce planning, inclusive recruitment, flexible working, leadership development, talent and succession planning, and cultural change.

It is also recognised that gender does not operate in isolation. Differences in pay outcomes may be further influenced by the interaction of gender with other protected characteristics such as ethnicity, disability and age. As workforce data quality continues to improve, the Health Board will increasingly apply an intersectional approach to pay gap analysis to better understand and address compounded disadvantage.

11. Next Steps

Over the last year, the Health Board has continued to strengthen its approach to understanding and addressing the gender pay gap through a range of workforce and inclusion initiatives. While recognising that progress remains gradual, the Health Board is committed to building on this work to support continued improvement.

The Health Board will continue to support the Women's Network, as a key forum for engagement, peer support and co-production. Activity during 2024–25 included the delivery of a Women's Network Conference in March 2025, focused on leadership, confidence, career pathways and lived experience. The Network will continue to inform organisational priorities relating to career progression, wellbeing and work-life balance.



Inclusive leadership development will remain a priority. The Health Board will continue to support pathways, engagement with Talent and Succession Planning, and participation in national and regional leadership programmes, including HEIW Stepping into Leadership, to support fair access to progression and address under-representation at senior levels.

We will also continue to embed inclusive recruitment practice across Agenda for Change and Medical & Dental roles, including the use of structured recruitment processes and unconscious bias awareness within recruitment training for appointing managers, to support fair and transparent decision-making.

Flexible working will remain a central focus. All flexible working requests are now processed through ESR, enabling improved data capture and analysis. Further work will be undertaken with Workforce and Organisational Development leads to review trends and the trajectory of flexible working applications, including whether uptake is increasing and how this varies across staff groups and grades, to better understand the impact on retention and progression.

The Gender Pay Gap Report will continue to inform and align with wider workforce strategies and governance arrangements, including the Equality, Diversity and Inclusion programme of work. Progress will be kept under review, recognising that addressing the gender pay gap requires sustained, long-term commitment rather than short term interventions.

