The Dudley Group
NHS Foundation Trust

Gender Pay Gap Report 2025/2026
The Dudley Group NHS Foundation Trust
(Snapshot of March 2025)

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Equality, Diversity, and Inclusion Team

Gender Pay Gap
2025/2026

Contents

1. Gender Pay Gap Overview 2025

As of March 2025, The Dudley Group NHS Foundation Trust (DGFT) reports a mean gender pay gap of 31.8% and a median gap of 21.3%. This marks our second consecutive year of improvement, though structural imbalances remain. Women make up 80% of our workforce but are overrepresented in lower-paid roles, while men are concentrated in higher-paid positions, particularly within Medical and Dental roles. When this group is excluded, the pay gap reduces significantly, highlighting the impact of occupational segregation.

There is no gender bonus pay gap to report. Our focus is on increasing female representation in senior and higher-paid roles, expanding flexible working, and embedding inclusive leadership. We will also extend our analysis to include intersectional data and continue publishing annual reports to monitor progress and drive equity across all staff groups.

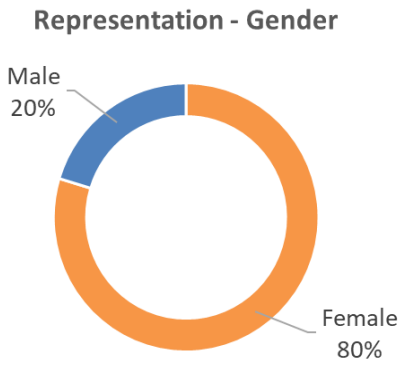
2. Introduction

The government mandates organisations with 250 or more employees to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 are to publish information relating to pay for six specific measures as detailed in this report.

The report is based on the Government's methodology for calculating the pay difference between female and male employees, considering full-pay relevant employees of DGFT. Full-pay relevant employees are those who received their full usual pay during the reporting period and are therefore included in the gender pay gap calculations, excluding individuals on reduced pay due to leave (e.g. maternity, sick leave).

While 51% of the population of England is female, DGFT employs a workforce that is 80% female and 20% male as of 31st March 2025. This gender split has remained broadly consistent over recent years and reflects wider NHS sector trends, where women are significantly overrepresented in clinical support, nursing, and administrative roles.

The higher proportion of female staff in these typically lower-paid roles contributes to the overall gender pay gap, despite strong female representation. Conversely, male staff remain overrepresented in higher-paid Medical and Dental roles, particularly at consultant level, which continues to influence the pay gap. These sector-specific patterns highlight the importance of targeted actions to address occupational segregation and promote gender balance across all staff groups.



3. What is our gender pay gap?

As of March 2025, our data shows a mean gender pay gap of 31.8%, a reduction of 1.4 percentage points compared with March 2024 (33.2%). This marks our second consecutive year of improvement, following a gap of 39.5% in 2023, and reflects sustained progress in narrowing the gap.

The median gender pay gap remains unchanged at 21.3%, indicating that while progress is being made, further action is needed to address structural imbalances, particularly within the Medical and Dental workforce, where male representation remains high in senior roles. When viewed in terms of hourly pay, on average, men earn £9.61 more per hour than women (mean), and £5.08 more based on the median difference.

The contrast between the mean and median figures is important in understanding the drivers behind the gap. For example, a high concentration of lower earners can reduce the mean figure, while a small number of very high earners can increase it. This distinction provides valuable insight into the underlying structure of pay across the organisation.

The following pages provide further analysis of the gender pay gap and outline the key factors influencing these figures.

4. What is our bonus gender pay gap?

As Bonus payments are not part of Agenda for Change terms and conditions, there is no gender bonus pay gap to report.

5. What is the proportion of men and women in the highest and lowest-paid staff groups?

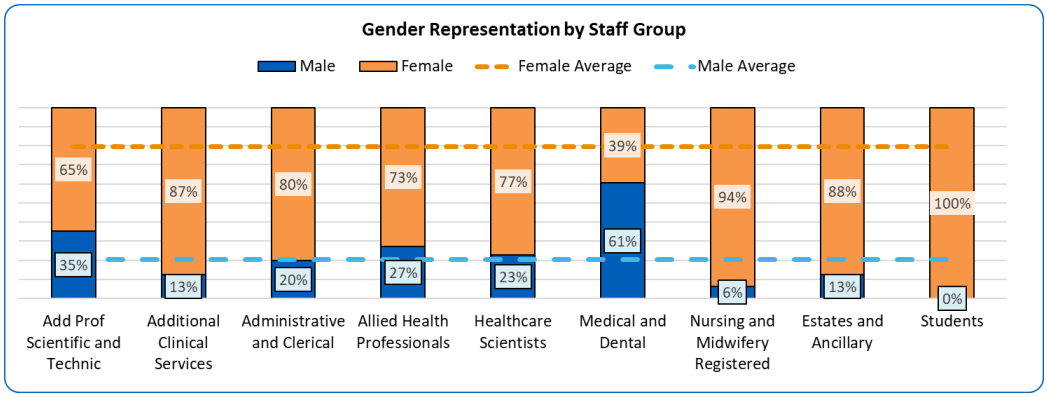
Across our workforce, women represent 80% of employees and men 20%. However, representation within different pay groups is uneven, and this is a key factor influencing our gender pay gap. This disparity in representation is a key contributor to the overall gender pay gap.

- Women are overrepresented in the lowest-paid staff group (87%), while men are overrepresented in the highest-paid staff group (38%).
- Almost half of all male employees (46%) are in the highest-paid group, compared with only 19% of female employees.
- Conversely, 30% of women are in the lowest-paid group, compared with 18% of men.

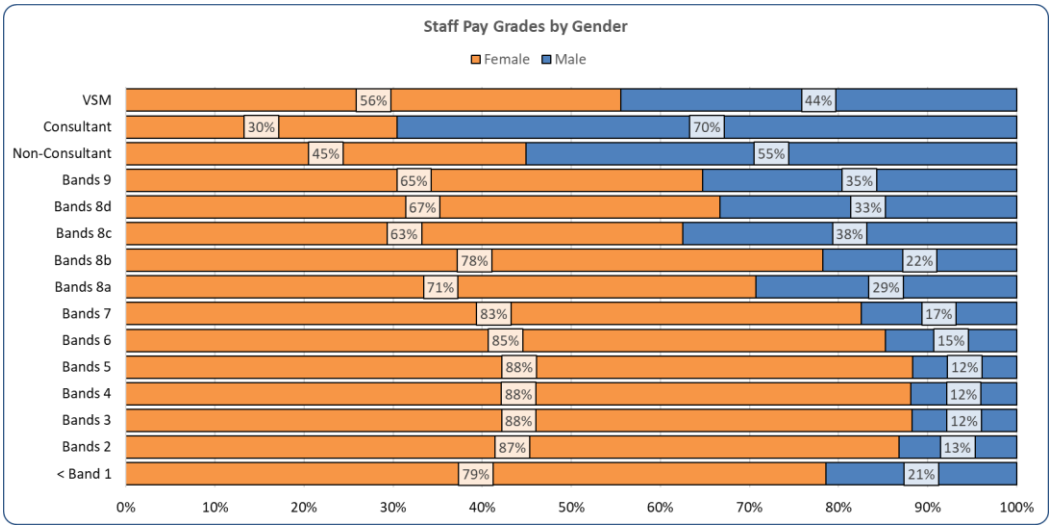
This distribution shows that women are more likely to be in lower-paid roles, while men are more likely to hold higher-paid positions. As a result, this structural imbalance is the primary driver of our gender pay gap.

Our focus moving forward is to address this imbalance by creating greater opportunities for women to progress into higher-paid roles, while continuing to support career development and fair representation across all staff groups.

The graphic below illustrates the proportion of males and females in each staff group compared to the overall average; males are represented in blue, females in orange.



The graphic below illustrates the proportion of males and females in each pay band.



VSM = Very Senior Manager; Band 1 is our Apprentices.

6. What is contributing to our gender pay gap

Several factors, including occupational segregation, slower career progression for women, part-time working patterns, and systemic biases in pay and promotion, shape the gender pay gap in the NHS. These patterns are also reflected within DGFT.

Women are overrepresented in lower-paid roles and staff groups. Our largest staff group is nursing, where 94% of employees are female, while men are disproportionately concentrated in higher-paid positions, such as consultants and surgeons. Although men represent just 20% of our overall workforce, they make up 45% of the highest earners, compared with only 12% of the highest earners being women.

The medical and dental workforce plays a significant role in shaping our results. Within this group, 69% of consultants are male, and this concentration of higher-paid male staff drives up the overall gender pay gap. Our analysis shows that the gap improves substantially when the medical and dental workforce is excluded:

- Mean gender pay gap reduces to 6.9%
- Median gender pay gap reduces to 2.9%
- On average, men earn £1.44 more per hour (mean) and £0.57 more per hour (median)

This highlights the importance of detailed analysis, as greater parity exists across the wider workforce outside medical and dental roles. For example, in 2025/26, 9 out of 10 staff in clinical bands 2–5 were female, whereas 6 out of 10 medical and dental staff were male.

It is also important to note that DGFT does not directly employ facilities staff, as these services are contracted to Mitie. Mitie employs a higher proportion of men in bands 2–5; if these roles were within DGFT, our lower quartile would be more balanced and would likely reduce the overall gender pay gap. This structural difference should be considered when comparing DGFT's pay gap with other NHS organisations.

Beyond workforce distribution, wider factors contribute to slower pay progression for women. Career breaks for maternity leave and caregiving responsibilities can impact pay growth, while historical pay structures, such as the Clinical Excellence Awards, have historically advantaged men.

7. Addressing the gender pay gap

Reducing our gender pay gap means increasing the representation of men in lower-paid roles while supporting more women to progress into senior and higher-paid positions. To achieve this, we continue to take a multi-layered approach, which includes:

- Expanding flexible working options to ensure caring responsibilities do not disproportionately impact women.
- Encouraging more women to apply for senior leadership positions by changing the narrative around NHS leadership roles and highlighting their importance.
- Strengthening our workplace culture to support belonging, value, and retention of female staff, encouraging progression.
- Using our Women's Network to provide lived-experience insight and help shape actions that drive long-term change.
- Embedding intersectional analysis by overlaying gender pay data with ethnicity and disability to ensure we are addressing inequalities faced by women from specific groups.

Actions already implemented

- Introduced flexible working options from day one of employment.
- Promoted policies such as Shared Parental Leave and Remote/Hybrid Working.
- Established a working group to review talent and promotion processes, with a focus on fair career conversations during appraisals.
- Signed up to the Sexual Safety in Healthcare Charter and committed to a zero-tolerance approach to inappropriate behaviour.
- Engaged in ongoing career conversations with women across the Trust to better understand lived experience and inform change.

We propose to take further action in 2026/27 to reduce our pay gap:

No.	Action	When	Review
1	By the end of 2026, The Dudley Group NHS Foundation Trust aims to increase female representation in senior roles, including Medical, Dental, and other leadership positions by 5%. This will be achieved through targeted outreach, inclusive recruitment practices, and the promotion of senior careers to women using visible role models. Role models will be selected based on lived experience, professional achievements, and willingness to engage in outreach activities, ensuring diverse representation across specialities, departments, and career stages.	End of 2026	April 2026
2	Continue to implement the 10 core principles of the Sexual Safety in Healthcare Charter. Launch the national sexual misconduct policy framework, provide training, and ensure zero tolerance for harassment or discrimination.	Throughout 2026/27	August 2026
3	Extend the pay gap analysis to combine gender, ethnicity, and disability data. Use insights from the Women's Network and lived-experience groups to design targeted interventions for underrepresented groups.	April 2026	November 2026
4	Work with leadership teams in areas where the pay gap is most significant. Introduce the inclusive mentoring programme pairing senior leaders with mid-career women to support progression into senior roles and ensure transparent access to development opportunities.	January 2026	November 2026
5	Train all managers in compassionate leadership, incorporating recruitment, flexible working, and sexual safety. Embed this through Trust leadership programmes such as Manager Essentials and Developing Leaders.	Throughout 2026/27	December 2026
6	Actively promote nursing, admin, and clerical careers to men, and medical/consultant careers to women, using visible role models and outreach to schools, colleges, and universities. Role models will be selected based on their lived experience, professional achievements, and willingness to engage in outreach activities, ensuring diverse representation across roles, backgrounds, and career stages.	Throughout 2026/27	November 2026
7	Collaborate with local Trusts and the Black Country Integrated Care System to benchmark pay gap data, share best practice, and strengthen system-wide EDI strategies to diversify senior roles.	June 2026	January 2027

9. Definitions, assumptions, and scope

This report contains all employee data extracted from the Dudley Group Electronic Staff Record system (ESR) snapshot as of 31 March 2025. Therefore, the reporting period covers 2025/2026.

Hourly rate is calculated using base pay, allowances and bonus pay (where applicable).

We do not directly employ estates or facilities staff groups. This differs within NHS organisations, making comparisons between organisations challenging.

Table 1 – Definitions	
Pay Gap	Difference in pay between groups.
Mean Gap	Difference between the mean (1) hourly rate for female and male employees.
Median Gap	Difference between the median (2) hourly pay rate for female and male employees.
Quartile proportions	Proportions of female and male employees in the lower, lower middle, upper middle, and upper quartiles (3) pay bands.
Equal pay	Being paid equally for the same/similar work.

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2 Mean the sum of the values divided by the number of values.
3 Median is the middle value in a sorted list of values. For example, it is the middle value of the pay distribution, such that 50% of people earn more than this and 50% earn less than the median.
4 Quartile is the value that divides a list of numbers into quarters.