Dorset County Hospital
Dorset HealthCare

Report to	Joint People & Culture Committee in Common	
Date of Meeting	25 March 2026	
Report Title	Gender, Ethnicity & Disability Pay Gap Reports for the year 2024-2025	
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Approved by Accountable Executive	Nicola Plumb, Chief People Officer	
Previously Considered By	DHC SLG, 18 March 2026 DCH SLG, 19 March 2026	
Action Required	**Approval**	Y
	Assurance	N
	Information	N

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? *Delete as required*	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability		No
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	SR2: Culture – Pay gap reports are one of the controls within the Board Assurance Framework (BAF).	
Financial	No implication	
Statutory & Regulatory	Gender Pay Gap (GPG) is an annual statutory requirement under the Equality Act 2010. Ethnicity (EPG) and Disability Pay Gap (DPG) reports are recommended via the NHS Equality, Diversity & Inclusion (EDI) Improvement Framework and High Impact Action (HIA) 3 which introduced the need to develop and implement an improvement plan to eliminate pay gaps.	
Equality, Diversity & Inclusion	This report is one of the annual reports aligned to the above statute, NHS EDI Improvement Framework and our joint Inclusion & Belonging Strategy. We produce the GPG report each year as a control to focus our actions with the intention of closing the gap. The inclusion of EPG and DPG reports marks the first annual report for both these areas of reporting to help identify any gaps that exist and enabling an action plan to be put in place if needed.	
Co-production & Partnership	No implication as the data is Trust specific, however the reports for both Trusts are presented here within one overarching report for our Joint People & Culture Committee and Board in Common. Action plans for each Trust may have similarities so work can be done collaboratively on these.	

Executive Summary

Gender Pay Gap (GPG) Reporting

GPG reporting is a requirement under the Equality Act 2010 and is always retrospective based on data from the previous year. Organisations that employ more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, must publish and report specific information about their gender pay gap. The Gender Pay Gap is not the same as unequal pay and can be simplified by understanding that in both Trusts we have more men than women in higher paid roles.

Gender Pay Gap (GPG) - DHC

DHC's Gender Pay Gap in 2024-2025 was 1.90%. This represents a small improvement on last year's reported figure of 1.95% for the period 2023-2024. It is also the lowest reported figure over the last 6 years. At Dorset Healthcare, our figures conclude that women earn £18.30 as the median hourly pay and that men earn £18.66. When comparing this, women's median hourly pay is 1.90% lower than men's.

Gender Pay Gap (GPG) – DCH

DCH's Gender Pay Gap in 2024-2025 was 1.63%. This represents an increase on last year's reported figure of 1.43% for the period 2023-2024. At DCH, our figures conclude that women earn £18.66 as the median hourly pay and that men earn £18.97. When comparing this, women's median hourly pay is 1.63% lower than men's.

Ethnicity and Disability Pay Gap Reporting

For the first year both Trusts have also compiled reports on their Ethnicity Pay Gap (EPG) and Disability Pay Gap (DPG). This is based on the recommendation via the NHS Equality, Diversity & Inclusion (EDI) Improvement Framework and High Impact Action (HIA) 3 which introduced the need to develop and implement an improvement plan to eliminate pay gaps. These reports establish an important baseline against which progress will be measured.

Ethnicity Pay Gap (EPG) – DHC

The Median Ethnicity Pay Gap is **4.75% in favour of White staff:**

- Ethnic Minority median hourly pay: £17.77
- White median hourly pay: £18.66

This reflects differences in representation across pay bands and senior roles rather than unequal pay for equal work. While the median gap is in favour of White staff, the mean pay gap shows a different pattern, influenced by a small number of senior roles. The overall gap is primarily driven by workforce composition, particularly lower representation of ethnic minority colleagues in the highest-paid roles.

Ethnicity Pay Gap (EPG) – DCH

The Median Ethnicity Pay Gap is **13.63% in favour of ethnically diverse colleagues**:

- Ethnic Minority median hourly pay: £21.76
- White median hourly pay: £19.15

The headline position shows a reverse Ethnicity Pay Gap, reflecting workforce distribution across pay levels rather than unequal pay for equal work. Quartile analysis indicates proportionally lower representation of ethnically diverse colleagues in the lowest-paid quartile and stronger representation through the middle-to-upper pay range, which helps explain the overall position. However, a reverse organisational gap should not lead to complacency about equity of opportunity: representation at the most senior pay levels remains low.

Disability Pay Gap (DPG) – DHC

The Median Disability Pay Gap is **-6.10%, in favour of disabled staff**, meaning the median hourly pay of disabled colleagues is higher than that of non-disabled colleagues.

- Disabled median hourly pay: £19.06
- Non-disabled median hourly pay: £17.96

However, the mean disability pay gap is **10.80% in favour of non-disabled staff**, reflecting the underrepresentation of disabled colleagues in the most senior and highest-paid roles. As with ethnicity, the disability pay gap reflects representation and workforce distribution rather than unequal pay practices.

Disability Pay Gap (DPG) – DCH

The Median Disability Pay Gap is **14.78% in favour of non-disabled staff**, meaning the median hourly pay of disabled colleagues is lower than that of non-disabled colleagues:

- Disabled median hourly pay: £19.10
- Non-disabled median hourly pay: £22.42

The mean disability pay gap is **13.87% in favour of non-disabled staff**. The fact that the mean and median gaps are similar is an important signal: it suggests a broad distribution pattern across pay levels rather than the picture being driven by a small number of very highly paid roles. In practical terms, this points to progression and representation as the core issue—disabled colleagues are more likely to be concentrated in lower-paid roles and less likely to be represented at the top end of the pay distribution.

Across Gender, Ethnicity and Disability, both Trusts remain committed to:

- Promoting inclusive recruitment and progression practices
- Improving representation at senior levels
- Strengthening data quality and disclosure confidence
- Monitoring pay gap trends annually
- Delivering actions aligned to the Joint Inclusion & Belonging Strategy

Through sustained focus on inclusion, representation and equitable progression opportunities, we aim to reduce pay gaps over time and ensure fair outcomes for all colleagues.

Recommendation

Members of the Joint People & Culture Committee in Common are requested to:

- Receive the reports for approval and publication.

1. Methodology, scope and limitations (applies to all pay gap sections)

This joint report brings together our Gender, Ethnicity and Disability pay gap analysis. Pay gap reporting is about how pay and progression are distributed across an organisation as a whole. It is not the same as equal pay. Equal pay is whether individuals doing the same (or equivalent) work are paid the same under the relevant pay framework. Pay gaps, by contrast, are typically driven by workforce composition – for example, how different groups are represented across pay bands, staff groups and the most senior roles.

1.1 Snapshot date and scope

All pay gap calculations in this report are based on the snapshot date of 31 March 2025. The Gender Pay Gap figures are produced in line with statutory requirements and include all relevant employees who were paid during the snapshot pay period, including bank workers. The Ethnicity and Disability pay gap analysis is published voluntarily and is based on full-pay relevant employees only; it does not include bank-only workers. These differences in scope should be kept in mind when comparing headlines across characteristics.

1.2 Median, mean and pay quartiles

We report both the median and the mean pay gap. The median compares the middle hourly pay value between two groups and is used as the headline measure because it is usually the best indicator of what is “typical” for most colleagues. The mean compares average hourly pay and can be influenced by a small number of highly paid roles. Where the mean and median tell a different story, this often indicates that representation at the top end of the pay range is shaping the overall picture.

Pay quartiles divide the workforce into four equal groups by hourly pay. They help us move from “what is the gap?” to “what is most likely driving it?” by showing representation across pay levels. Across each section, the headline figures are interpreted alongside the quartiles and relevant workforce breakdowns to understand the most likely drivers and where action has the greatest leverage.

1.3 Data quality and limitations

Pay gap reporting reflects workforce composition at a single point in time. It does not, on its own, demonstrate unequal pay for equal work. The accuracy of ethnicity and disability analysis depends on self-declared data. For ethnicity and disability reporting, colleagues recorded as “not known” are excluded from pay gap calculations but are included in workforce profile reporting. Small numbers in some senior grades can also lead to year-to-year fluctuations in mean pay gaps, so figures should be interpreted as indicators of representation and progression patterns rather than evidence of pay discrimination. The purpose of the analysis is therefore diagnostic: to support transparent governance and to target practical action over time, rather than to draw conclusions about individual pay decisions.

1.4 Intersectionality

This report analyses gender, ethnicity and disability separately, but we recognise that colleagues may identify with more than one protected characteristic and may experience compounded barriers to progression. Due to small subgroup sizes (particularly within senior grades) and to protect confidentiality, detailed intersectional pay gap analysis has not been published at this stage. As data quality and declaration rates improve, we will explore opportunities to strengthen our understanding of intersectional representation and career progression patterns, alongside wider workforce evidence and lived-experience insight.

2. Dorset Healthcare Gender Pay Gap Report (GPG) for the year 2024-2025

2.1 Our Gender profile in Dorset Healthcare on 31st March 2025, shows that the workforce consisted of 5865 women and 1280 men including bank workers. It's important to note that our bank worker data can vary considerably year on year due to the snapshot taken on 31st March and the number of bank workers who have been active and paid on that date.

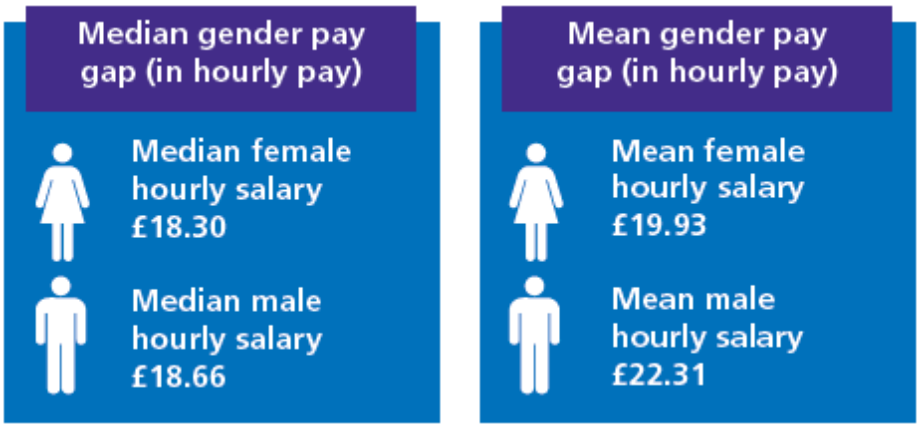
2.2 The table on the next page shows the median and mean hourly rate in Dorset Healthcare over the last 5 years. It also includes data in relation to bonus payments which for GPG calculations relate to Clinical Excellence Awards (CEA) only. Traditionally, these recognise and reward NHS Consultants in England, who perform over and above the standard expected of their role. Awards are given for quality and excellence, acknowledging expectational personal contributions. It's worth noting CEAs have now been incorporated into overall pay so cease to exist. However, a few contractual CEAs will remain in place for some longstanding consultants across the NHS which may see a continuation of the disparity in medics pay.

2.3 In comparison to last year, the rates have mainly moved in a positive position with an improvement across mean and median hourly pay as well as median bonus pay. The mean bonus pay has increased in favour of male colleagues.

2.4 The bonus pay figures demonstrate that because there are fewer males than females in the overall workforce, and although equal numbers of males and females have received a CEA bonus payment, the percentage of males receiving a bonus of the overall male workforce is higher in comparison to females.

2.5 **Mean** GPG in hourly pay is 11.26% which is a 0.49% decrease from our 2023-2024 data, continuing to move in the right direction, year on year since 2021. Nearly all NHS organisations have a GPG in favour of men. The reasons for this are explained below.

2.6 **Median** GPG in hourly pay is 1.90% in favour of men. This is a 0.05% decrease from our 2023-2024 data, which again is moving in the right direction, year on year since 2021.



2.7 It is important to note that **Mean** and **Median** are **independent of each other.** Mean value is the average of the hourly rate or bonus paid and can be affected by extreme outliers. Median is the middle value when all values are sorted from smallest to largest and shows what's typical for most people. A change in values in the list results in each of these numbers changing and as a result it is possible for one to go up whilst the other goes down as demonstrated by the difference in the mean and median bonus gender pay gap in the table overleaf.

Mandatory Reporting Area	Data for 2020-21	Data for 2021-22	Data for 2022-23	Data for 2023-2024	Data for 2024-2025
Mean gender pay gap in hourly pay	14.79%	13.78%	13.05%	11.75%	11.26%
Median gender pay gap in hourly pay	8.69%	6.28%	4.58%	1.95%	1.90%
Mean bonus gender pay gap	33.96%	16.89%	25.23%	24.38%	25.69%
Median bonus gender pay gap	19.25%	9.02%	25.00%	24.50%	10.00%

Proportion of males & females within the whole workforce receiving a bonus payment	Males (%)		Females (%)		Males (%)		Females (%)		Males (%)		Females (%)		Males (%)		Females (%)		Males (%)		Females (%)	
	14	1.16	14	0.25	13	0.89	13	0.19	13	0.91	15	0.22	13	0.87	13	0.18	13	0.88	13	0.19

2.8 All DHC staff, except for medical staff, and executive managers (VSM) are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all. The table below details the number and percentage of female and male staff within each pay band. All the pay bands, except for the Board, are representative of the organisations gender ratio showing more female staff than male across each band.

2.9 It shows we have a median gender pay gap in favour of males in Bands 2-4, 7, 9 and medical staff. However, an improvement in the percentage of women in more senior roles including a median gender pay gap in favour of females in Apprentices, Bands 5, 8c, 8d and Board with a neutral position for Band 6, Bands 8a and 8b neither favouring male or female employees.

Gender Profile by Pay Band (based on the median pay of that band)

	Female		Male		Total	
Grouped Pay Scale	**Headcount**	**%**	**Headcount**	**%**	**Headcount**	**Median Pay Gap**
Ad Hoc*	0	0	0	0	0	**0.00%**
Apprentice	88	82.24	19	17.76	107	**-0.95%**
Band 2	366	73.20	134	26.80	500	**9.22%**
Band 3	1527	83.53	301	16.47	1828	**9.02%**
Band 4	631	85.39	108	14.61	739	**1.21%**
Band 5	959	84.87	171	15.13	1130	**-0.29%**
Band 6	1209	85.14	211	14.86	1420	**0.00%**
Band 7	665	80.90	157	19.10	822	**7.74%**
Band 8a	237	77.45	69	22.55	306	**0.00%**
Band 8b	68	70.10	29	29.90	97	**0.00%**
Band 8c	21	67.74	10	32.26	31	**-3.70%**
Band 8d	6	60.00	4	40.00	10	**-2.98%**
Band 9	7	77.78	2	22.22	9	**2.76%**
Board*	5	50.00	5	50.00	10	**-27.59%**
Medical*	108	61.71	67	38.29	175	**14.31%**
Grand Total	**5897**	**82.09**	**1287**	**17.91**	**7184**	

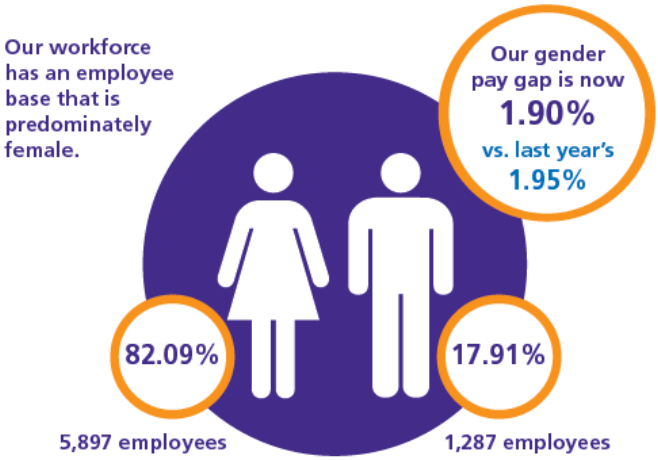
**indicates sits outside Agenda for Change* *- indicates positive for females or neutral*

2.10 Whilst DHC has a GPG of 1.90%, it's lower than the national average of 6.9% for full time employees, (Source: Gender Pay Gap in the UK: Office for National Statistics, April 2025) it is worth remembering that the gender pay gap is not the same as unequal pay. This can be simplified by understanding that we have more men than women in higher paid roles.

2.11 Conclusion

2.12 The causes of the gender pay gap can be complex and overlapping. Even though we have seen a significant decrease to 1.90% from a high of 8.69% in 2021 the gap remains due to:

- Roles in Bands 2-7 are predominantly staffed by females (above 73% in Band 2 and in Bands 3-7 this figure goes up to over 80%).
- As a percentage there are more males in higher paid jobs (Band 8b – 8d. Medical Grades and at Board level) than lower paid jobs and as a percentage more women in lower paid jobs (Bands 3-7) than in higher paid jobs.
- A higher proportion of women work in occupations that offer less financial reward for example, in administration. Many high-paying sectors are disproportionately made up of male workers, for example, medical, finance or information and communications technology.
- Being a female dominated organisation, more of our female staff may be subject to the 'motherhood gap.' A much higher proportion of women work part-time, and part-time workers earn less than their full-time counterparts on average.
- In general, according to the national landscape women are still less likely to progress up the career ladder into high-paying senior roles. Although we have seen an increase year on year in the percentage of females in Band 8a, 8c, 8d, Medical and Board levels there has been a year on year decrease in Bands 8b & 9.



2.13 Ongoing actions to continue our improvement journey in relation to our GPG include:

- Commitment to support the Women's Staff Network in empowering female colleagues and understanding any barriers to career progression.
- Improve the composition of diverse selection panels.
- Promote all opportunities across the workforce with a focus on those colleagues covered by a protected characteristic including females.
- Continue to develop flexible working options and strategies to improve recruitment and retention.
- 82% of our mentors in our most recent cohort of our Reciprocal Mentoring Programme are females who are also covered by a range of other protected characteristics.
- Ongoing analysis into why a gap still exists with some specific focus on Bands 2-4, 7, 9 and our medical colleagues to influence change.

2.14 In summary, a positive improvement in our GPG has continued for 4 consecutive years to reach 1.90% at 31st March 2025. The ongoing action plan aligned to our joint Inclusion & Belonging Strategy will enable us to continually review and hopefully make further improvements to close the gap even further.

3. Dorset Healthcare Ethnicity Pay Gap Report (EPG) for the year 2024-2025

(First year of reporting)

3.1 Our workforce ethnicity profile on **31 March 2025** shows that Dorset HealthCare employed **7184** full-pay relevant employees. Of these, **659 (9.17%)** identified as being from an ethnically diverse background, **6378 (88.78%)** identified as White, and **147 (2.05%)** were recorded as ethnicity not known. It is important to note that ethnicity data relies on self-reporting. While the proportion of staff with unknown ethnicity is relatively small, continued efforts to encourage staff to complete their ethnicity information will further strengthen the accuracy of future reporting.

3.2 Across the organisation, the **median hourly pay** is:

- £17.77 for ethnic minority staff
- £18.66 for White staff
- £18.45 for staff with ethnicity not known

This results in a median **ethnicity pay gap of 4.75%** in favour of White employees.

3.3 The **mean hourly pay** shows a different picture, with ethnically diverse staff having a higher mean hourly rate (£21.36) than White staff (£19.95). This equates to a mean ethnicity pay gap of -7.05%, in favour of ethnic minority employees. This difference reflects a small number of ethnic minority staff working in very senior or highly paid roles, which can significantly affect the mean. While the mean hourly pay indicates a gap in favour of ethnically diverse staff, the median ethnicity pay gap of 4.75% in favour of White staff is considered the more representative measure, as it is less influenced by small numbers of very highly paid roles.

3.4 When looking at detailed ethnicity groupings, Asian staff have the highest mean hourly rate (£23.23), while White British staff have a median hourly rate of £18.66. However, the overall workforce remains predominantly White British, particularly in senior roles, which influences the overall median gap.

3.5 The quartile analysis shows that White British staff are overrepresented in all four pay quartiles, particularly in the upper quartile (Q4 – highest paid roles). Staff from an ethnic minority background are more evenly distributed across the lower and middle quartiles, with fewer representation in the highest-paid quartile. This distribution is a key driver of the ethnicity pay gap. All staff, except medical staff and Board-level roles, are paid under the National Agenda for Change (AfC) pay framework. AfC provides transparent pay banding and progression, ensuring that staff performing the same roles are paid equally regardless of ethnicity.

3.6 Analysis by pay band shows variation in the median ethnicity pay gap:

Medical and Board-level roles show some of the largest ethnicity pay gaps. This reflects lower representation of BME staff in these roles rather than differences in pay rates within the same roles.

- In Bands 2 and 3, the median pay gap favours White staff.
- In Bands 4, 6 and 7, the median pay gap favours ethnic minority staff.
- Several senior bands (8b, 8d, Board and Medical) show a gap in favour of White staff; however, these bands have very small ethnic minority headcounts, meaning small changes can have a disproportionate impact on the results.

Ethnicity Profile by Pay Band *(Based on the median pay of that band)*

Grouped Pay Scale	Ethnic Minority Headcount	%	White Headcount	%	Total Headcount	Median Pay Gap
Apprentice	5	4.67%	99	92.52%	107	0.76%
Band 2	30	6.00%	456	91.20%	500	-5.60%
Band 3	251	13.73%	1534	83.92%	1828	-11.39%
Band 4	38	5.14%	695	94.05%	739	6.95%
Band 5	139	12.30%	956	84.60%	1130	-0.01%
Band 6	82	5.77%	1321	93.03%	1420	6.64%
Band 7	50	6.08%	760	92.46%	822	5.52%
Band 8a	4	1.31%	297	97.06%	306	-3.59%
Band 8b	2	2.06%	92	94.85%	97	-10.65%
Band 8c	1	3.23%	30	96.77%	31	3.78%
Band 8d	1	10.00%	9	90.00%	10	-11.97%
Band 9	1	11.11%	7	77.78%	9	1.96%
Board*	1	10.00%	9	90.00%	10	15.35%
Medical*	54	30.86%	113	64.57%	175	13.46%
Grand Total	659	9.17%	6378	88.78%	7184	4.75%

** Indicates sits outside Agenda for Change*
Positive % indicates gap in favour of White staff

3.7 In line with Gender Pay Gap reporting, bonus payments made during the reporting period have been reviewed as part of the Ethnicity Pay Gap analysis. A total of 26 employees (0.36% of the workforce) received a Clinical Excellence Award. While a slightly higher proportion of ethnic minority staff received a bonus (0.56%) compared to White staff (0.34%), the number of payments is small and does not materially influence the overall ethnicity pay gap.

3.8 As this is our first year of ethnicity pay gap reporting, there is no historical trend for comparison. However, the findings provide a baseline against which future progress can be measured.

3.9 Conclusion

3.10 The causes of the ethnicity pay gap are complex and multifactorial. Our **median ethnicity pay gap of 4.75%** reflects workforce representation rather than unequal pay practices. Key contributing factors include:

- A lower proportion of ethnic minority staff in senior and higher-paid roles, particularly at Bands 8b–9, Medical grades and Board level.
- A concentration of ethnic minority staff in lower and middle pay bands, where median hourly rates are lower overall.

- Small ethnic minority headcounts in some senior bands, which can exaggerate percentage differences.
- Incomplete ethnicity data for a small proportion of the workforce.

3.11 It is important to emphasise that the ethnicity pay gap does not indicate unequal pay for equal work. Dorset HealthCare remains committed to fair pay practices through national pay frameworks and transparent recruitment and progression processes.

3.12 To support improvement and reduce the ethnicity pay gap over time, Dorset HealthCare will:

- Continue to support and engage with the Multicultural Staff Network to understand barriers to recruitment, retention and progression.
- Encourage staff to complete their ethnicity data to improve reporting accuracy.
- Promote inclusive recruitment practices, including diverse shortlisting and selection panels.
- Support development, mentoring and leadership opportunities targeted at underrepresented ethnic groups.
- Monitor progression and representation of ethnic minority staff across pay bands, with particular focus on senior and medical roles**.**
- Review the ethnicity pay gap data annually to track progress and inform targeted actions aligned to the organisation's Inclusion and Belonging Strategy.

3.13 In summary, the first Ethnicity Pay Gap report establishes an important baseline for Dorset HealthCare. While a median gap of **4.75%** exists, it is primarily driven by workforce composition rather than pay inequality. Through sustained focus on inclusion, representation and career progression, we aim to reduce the gap over time and ensure equitable opportunities for all colleagues.

4. Dorset Healthcare Disability Pay Gap Report (DPG) for the year 2024-2025

(First year of reporting)

4.1 On 31 March 2025, Dorset HealthCare employed **7184 full-pay relevant employees**. Of these:

- 532 (7.41%) identified as disabled
- 5,759 (80.16%) identified as not disabled
- 893 (12.43%) had disability status recorded as not known

4.2 Disability data relies on self-reporting. The proportion of staff with disability status recorded as "not known" is higher than for other protected characteristics. Continued efforts to encourage staff to declare their disability status will improve the accuracy and robustness of future reporting. At the snapshot date, **12.43% of staff had a disability status recorded as "not known"**. While these staff are excluded from pay gap calculations, improving data completeness remains a priority to strengthen future analysis.

4.3 Across the organisation, the **median hourly pay** is:

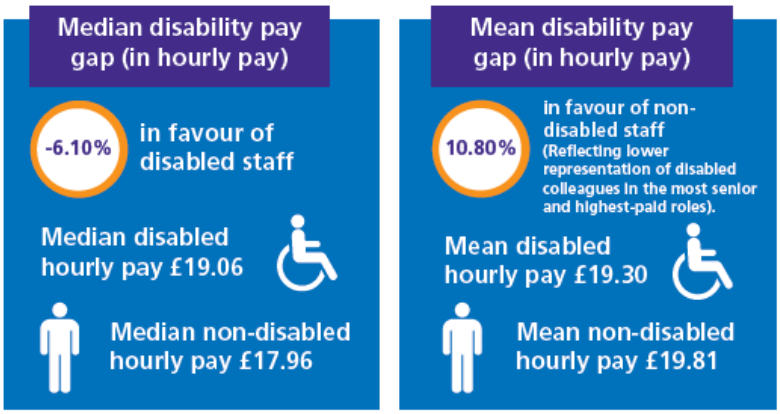
- £19.06 for disabled staff
- £17.96 for non-disabled staff

4.4 This results in a **median disability pay gap of -6.10% in favour of disabled staff**. A negative figure means the median hourly pay of disabled staff is higher than that of non-disabled staff. However, this does not mean there are no differences in representation at senior levels, as reflected in the mean pay gap.

4.5 The **mean hourly pay** is:

- £19.30 for disabled staff
- £19.81 for non-disabled staff

4.6 The **mean hourly pay** shows a different pattern, with a mean hourly rate of **£19.30 for disabled staff** and £**19.81 for non-disabled staff**. This results in a **mean disability pay gap of 10.80% in favour of non-disabled staff**. Staff whose disability status is recorded as "not known" are excluded from the pay gap calculation, in line with standard reporting methodology. However, they account for **12.43% of the workforce**, and continued efforts to improve disability data completeness will further strengthen future analysis. The mean pay gap reflects the underrepresentation of disabled staff in very senior and highly paid roles, which has a greater impact on the mean than on the median.



4.7 The quartile analysis shows that disabled staff are represented across all four pay quartiles but are proportionally under-represented in the highest-paid quartile (Q4). Disabled colleagues make up 7.52% of the lowest quartile, 6.29% of the lower-middle quartile, 9.08% of the upper-middle quartile and 6.74% of the highest quartile, compared to an overall workforce representation of 7.41%. The proportion of colleagues with disability status recorded as “not known” increases in the higher quartiles, rising to 15.65% in the highest-paid quartile. This distribution influences the overall disability pay gap and contributes to the difference observed between the median and mean calculations.

4.8 All staff, except medical staff and Board-level roles, are paid under the National Agenda for Change (AfC) pay framework. AfC provides transparent pay banding and progression arrangements, ensuring that staff undertaking the same roles are paid equally regardless of disability status.

4.9 Analysis by pay band shows variation in the disability pay gap across grades:

- In some lower and middle bands, the median hourly rate for disabled staff is comparable to or higher than that of non-disabled staff.
- In several senior bands, including Bands 8b and above, headcounts of disabled staff are small, meaning percentage differences can fluctuate year on year.
- Medical and Board-level roles show variation in median pay; however, this reflects representation differences rather than pay differences within equivalent roles.

4.10 In line with Gender Pay Gap reporting, bonus payments made during the reporting period have been reviewed as part of the Disability Pay Gap analysis. A total of 26 employees (0.36% of the workforce) received a bonus payment. The proportion of disabled staff receiving a bonus was 0.19%, compared to 0.21% of non-disabled staff. Given the small number of payments, percentage differences should be interpreted with caution and do not materially influence the overall disability pay gap.

4.11 As this is the first year of disability pay gap reporting, there is no historical trend for comparison. The data provides a baseline against which future progress can be measured.

Disability Profile by Pay Band

(Based on the median pay of that band)

Grouped Pay Scale	Disabled Headcount	%	Non-Disabled Headcount	%	Total Headcount	Median Pay Gap
Apprentice	10	9.35%	94	87.85%	107	1.03%
Band 2	28	5.60%	368	73.60%	500	1.07%
Band 3	114	6.24%	1498	81.95%	1828	2.43%
Band 4	53	7.17%	611	82.68%	739	1.44%
Band 5	75	6.64%	946	83.72%	1130	8.80%
Band 6	159	11.20%	1099	77.39%	1420	0.00%
Band 7	59	7.18%	658	80.05%	822	2.16%
Band 8a	21	6.86%	248	81.05%	306	-0.41%
Band 8b	7	7.22%	70	72.16%	97	6.09%
Band 8c	1	3.23%	19	61.29%	31	5.90%
Band 8d	0	0.00%	4	40.00%	10	100.00%*
Band 9	0	0.00%	7	77.78%	9	100.00%*
Board*	0	0.00%	9	90.00%	10	100.00%*
Medical*	5	2.86%	128	73.14%	175	26.78%
Grand Total	532	7.41%	5759	80.16%	7184	-6.10%

** Small or zero headcount – percentage not meaningful and should be interpreted with caution.*

Negative % indicates gap in favour of disabled staff

4.12 Conclusion

4.13 The disability pay gap reflects workforce composition and representation rather than unequal pay practices. While the median disability pay gap of -6.10% indicates higher median pay for disabled staff, the mean gap of 10.80% in favour of non-disabled staff highlights underrepresentation of disabled colleagues in the most senior and highest-paid roles. Key contributing factors include:

- Underrepresentation of disabled staff at senior levels
- Concentration of disabled staff within certain pay bands
- A proportion of staff with disability status recorded as not known
- Small disabled staff headcounts in some senior roles, which can amplify percentage differences

4.14 It is important to emphasise that the disability pay gap does not indicate unequal pay for equal work. Dorset HealthCare remains committed to fair and transparent pay through national pay frameworks and inclusive recruitment and progression processes.

4.15 To support improvement and address the drivers identified within the disability pay gap analysis, Dorset HealthCare will:

- Continue to support and engage with the Helping Disabilities and Navigating Neurodiversity Staff Networks to better understand lived experience and barriers to recruitment, retention and progression.
- Promote inclusive recruitment practices and ensure reasonable adjustments are proactively discussed, implemented and reviewed throughout the employment lifecycle.
- Improve the identification, implementation and consistency of reasonable adjustments, ensuring managers are supported to provide timely and appropriate workplace support.
- Increase confidence and psychological safety for colleagues to declare disability status, recognising that improved disclosure strengthens data quality and enables more targeted action.
- Monitor representation and progression of disabled colleagues across pay bands, with particular focus on senior and higher-paid roles.
- Review disability pay gap data annually to track trends and inform targeted interventions aligned to the organisation's Inclusion and Belonging Strategy.

4.16 In summary, the first Disability Pay Gap report establishes an important baseline for Dorset HealthCare. While the median disability pay gap of -6.10% indicates higher median hourly pay for disabled staff, variation across senior grades is primarily driven by representation rather than unequal pay practices. Where disabled colleagues are underrepresented in the most senior and highest-paid roles, this has a greater influence on the mean disability pay gap than on the median. Through sustained focus on inclusion, workplace support and career progression, we aim to improve representation at senior levels and ensure equitable opportunities for disabled colleagues across the organisation.

5. Dorset County Hospital Gender Pay Gap Report (GPG) for the year 2024-2025

5.1 Our gender profile at Dorset County Hospital on 31 March 2025 shows 4,036 full-pay relevant employees used for the hourly pay calculations (2,988 women; 1,048 men; 74.03% women; 25.97% men). As with statutory reporting, this population reflects who received usual full pay in the relevant period and can vary year on year.

5.2 The table on the next page sets out DCH's statutory GPG measures across the last five reporting years, showing the current 31 March 2025 snapshot and direction of travel. Alongside mean and median hourly pay gaps, it includes the statutory "bonus pay" measures (CEAs). Because CEAs apply to a small proportion of colleagues, the results can be sensitive to distribution and small-number effects. The five-year view helps distinguish sustained structural change from normal year-to-year movement.

5.3 Compared with 2023–2024, the hourly gender pay gap widened slightly: mean increased to 19.27% (from 18.95%), and median moved to 1.63% in favour of men (from –1.43% in favour of women). This indicates a modest reversal in the snapshot while remaining materially improved versus earlier years.

5.4 Bonus pay (CEA Pay NHS) applies to a very small proportion of the workforce. In the snapshot population for bonus reporting, 0.31% of women (11 of 3,498) and 3.29% of men (39 of 1,184) received a CEA-related payment. This reflects the location of CEA-eligible roles, not uniform opportunity across all staff groups.

5.5 Mean GPG: 19.27% in favour of men (up 0.32pp from 18.95%). As the mean is sensitive to higher-paid roles, the overall average continues to be shaped by pay distribution and seniority mix, not like-for-like differences.

5.6 Median GPG: 1.63% in favour of men (a 3.06pp shift from –1.43%). As the median reflects the midpoint, this suggests movement near the centre of the pay range between snapshots, not a uniform shift across all roles.

5.7 Mean and median are complementary. The materially larger mean vs median gap indicates the upper end of the workforce continues to influence the average, again pointing to seniority mix effects. Bonus measures are likewise more volatile and require caution.

Mandatory Reporting Area	Data for 2019-20				Data for 2020-21				Data for 2022-23				Data for 2023-2024				Data for 2024-2025			
Mean gender pay gap in hourly pay	30.24%				28.20%				24.02%				18.95%				19.27%			
Median gender pay gap in hourly pay	14.19%				11.19%				7.65%				-1.43%				1.63%			
Mean bonus gender pay gap	16.19%				20.46%				5.21%				1.92%				-5.53%			
Median bonus gender pay gap	66.67%				37.78%				34.58%				48.46%				30.00%			
Proportion of males & females within the whole workforce receiving a bonus payment	Males	(%)	Females	(%)	Males	(%)	Females	(%)	Males	(%)	Females	(%)	Males	(%)	Females	(%)	Males	(%)	Females	(%)
	52	6.44%	15	0.52%	51	5.76%	14	0.47%	44	4.43%	12	0.38%	39	3.40%	12	0.35%	39	3.29%	11	0.31%

5.8 As most pay at DCH is determined through national pay frameworks (primarily Agenda for Change, with separate arrangements for Medical & Dental and Very Senior Managers), GPG results are best read as workforce distribution/seniority questions rather than like-for-like pay differences. To strengthen the narrative, we include a staff group diagnostic using BI staff group breakdowns: average hourly rates (women vs men) and distribution across pay quartiles. Together, these views identify where concentration in higher-paid roles within parts of the workforce shapes the overall result, versus areas closer to parity.

Average Hourly Rates:

Staff Group	Female	Male	Difference	Pay Gap %
Add Prof Scientific and Technic	22,11	20,77	-1,34	-6,45
Additional Clinical Services	14,39	14,49	0,09	0,65
Administrative and Clerical	17,13	20,55	3,41	16,61
Allied Health Professionals	22,75	22,26	-0,49	-2,20
Estates and Ancillary	14,35	14,60	0,25	1,72
Healthcare Scientists	18,98	22,15	3,18	14,35
Medical and Dental	38,34	45,81	7,48	16,32
Nursing and Midwifery Registered	22,32	22,44	0,12	0,52
Students	13,23	13,69	0,46	3,35

Q	1	1	2	2	3	3	4	4
Staff Group	F	M	F	M	F	M	F	M
Add Prof Scientific and Technic	5	3	15	5	16	5	23	5
Additional Clinical Services	337	107	314	79	39	13		
Administrative and Clerical	320	79	179	37	61	32	76	53
Allied Health Professionals	1		33	10	99	26	88	17

Estates and Ancillary	60	95	41	83	12	23	1	4
Healthcare Scientists	9	3	11	3	18	18	27	14
Medical and Dental			18	10	25	19	177	238
Nursing and Midwifery Registered	4		213	14	617	53	320	34
Students	49	4	10	2				

Number of assignments | Q1 = Low, Q4 = High

5.9 The diagnostic shows the headline GPG is not generated evenly. Several staff groups are close to parity (e.g., Nursing & Midwifery Registered 0.52%, Additional Clinical Services 0.65%, Estates & Ancillary 1.72%), while others show materially higher gaps in favour of men (Administrative & Clerical 16.61%, Medical & Dental 16.32%, Healthcare Scientists 14.35%).

5.10 Quartile distribution within staff groups reinforces a distribution effect rather than a uniform pay difference. In Administrative & Clerical, women are heavily represented in Q1 (320 female assignments vs 79 male), while Q4 is more even (76 female vs 53 male). Men are thus proportionally more concentrated in higher-paid roles within the group, widening the average hourly gap even where pay frameworks are equal.

5.11 The staff group lens is not one-directional: there are areas where women's average hourly rate is higher (e.g., Add Prof Scientific & Technic –6.45%, Allied Health Professionals –2.20%). This underlines that DCH's story is about structure and senior role distribution, not a single uniform pattern.

5.12 The diagnostic should be read as targeted insight to inform workforce planning and progression. It also requires caution: the BI extract notes the average hourly rate method is not a recommended methodology, and the ESR dashboard does not explain the groupings.

5.13 Although the median hourly gap is relatively low, a gender pay gap ≠ unequal pay. It reflects distribution across higher-/lower-paid roles. Where men are proportionally more represented in upper pay quartiles (including within specific staff groups), the overall gap widens even under consistent national pay frameworks.

5.14 Conclusion

5.15 DCH's 2024–2025 results underline that the GPG is primarily shaped by distribution, not like-for-like pay. This year shows a modest widening vs 2023–2024, yet remains materially improved versus earlier years; the contrast between mean and median indicates upper-end roles continue to influence the average.

5.16 The staff group diagnostic clarifies that many parts of the workforce sit close to parity, while a smaller number contribute more to the overall picture. Quartile views show that where men are relatively more concentrated in upper quartiles, the average hourly gap widens, even with national pay frameworks. This gives a clear line of sight for future focus on progression, representation and senior-role mix.

5.17 Bonus pay should continue to be treated with caution: it relates to a small number of CEA payments and is sensitive to small-number variation.

5.18 Overall, this section serves as an annual diagnostic and governance control: avoid over-interpreting normal fluctuation; keep attention on structural drivers; support targeted, measurable action aligned with the Joint Inclusion & Belonging Strategy.

6. Dorset County Hospital Ethnicity Pay Gap Report (EPG) for the year 2024-2025

(First year of reporting)

6.1 Our workforce ethnicity profile on **31 March 2025** shows **4,002 full-pay relevant employees**, with **882 (22.04%) ethnically diverse**, **3,039 (75.94%) White**, and **81 (2.02%) not known**. Ethnicity information is self-reported, so data quality depends on accurate and confident disclosure.

6.2 The **median hourly pay** for ethnically diverse colleagues was **£21.76**, compared with **£19.15** for White colleagues, yielding a median ethnicity pay gap of **–13.63%** (i.e., higher median hourly pay for ethnically diverse staff). The median reflects the "typical colleague" but does not explain distribution across pay levels.

6.3 The **mean hourly pay** was **£25.17** for ethnically diverse colleagues and **£22.08** for White colleagues, resulting in a mean gap of **–14.02%**. Because the mean is influenced by the full range of pay, it is shaped by representation across higher-paid roles and therefore moves more noticeably where distribution differs.

6.4 Looking beyond the headline BME/White comparison, the detailed ethnicity groupings show that pay outcomes are not uniform across groups, and that the overall position reflects different patterns within the data.

Median and mean hourly rates by ethnicity

Asian colleagues:
Median £21.64, mean £24.66 (n=661)

Black colleagues:
Median £23.82, mean £26.86 (n=105)

White British colleagues:
Median £19.04, mean £21.81 (n=2,833)

White Other colleagues:
Median £19.71, mean £25.71 (n=206)
The similar median but notably higher mean indicates that the average is influenced by colleagues positioned towards the upper end of the pay distribution.

"Not Stated" category:
Median £22.89, mean £29.06 (n=57)
This category reflects missing disclosure, not a meaningful ethnicity group.
It should therefore be treated as a data-quality factor, not an "outcome" in its own right.

These variations show that the organisational result is shaped by multiple different distribution patterns, not a single uniform experience across all ethnically diverse groups.

6.5 **Pay quartile analysis** shows that ethnically diverse colleagues are proportionally **under-represented in the lowest-paid quartile (Q1)** and more represented in the **middle and upper quartiles**, which helps explain the reverse pay gap:

- **Q1:** 10.00% (100 of 1,000)

- **Q2:** 21.48% (215 of 1,001)
- **Q3:** 31.98% (308 of 963)
- **Q4:** 24.95% (259 of 1,038)

This pattern demonstrates that ethnically diverse colleagues are more likely to be positioned in the middle-to-upper pay range than in the lowest quartile.

6.6 These headline measures are therefore structurally driven. The reverse pay gap reflects current distribution across the pay range, not a uniform “advantage”. The quartiles show stronger representation of ethnically diverse colleagues in Q2–Q3. The detailed ethnicity breakdown confirms differences between groups. Representation at the top end is also relevant: small numbers in senior roles can disproportionately affect the mean.

6.7 Looking specifically at **senior pay levels** (AfC Bands 8A–8D, Band 9, VSM), the cohort of **216 colleagues** includes **204 White (94.44%)**, **7 ethnically diverse (3.24%)**, and **5 not stated (2.31%)**. Low representation at senior levels means that even small changes can create visible movement in the mean and are important for interpreting the overall picture.

6.8 As this is the first year of ethnicity pay gap reporting for DCH, the current snapshot provides a baseline to measure future change. While the headline gaps offer a starting-point, the most meaningful test will be whether distribution across quartiles and representation in senior roles shifts over time.

6.9 Conclusion

6.10 This first EPG report enhances understanding of how pay outcomes vary by ethnicity at DCH. It presents a structural measure of representation and progression across pay levels, not a like-for-like equal pay comparison.

6.11 The headline reverse pay gap must be interpreted carefully: it reflects current distribution, not uniform experience across groups. “Ethnically diverse colleagues” comprise multiple groups with different patterns of representation and pay; the overall figure can therefore conceal important variation.

6.12 A reverse organisational gap does not imply equity of opportunity. Ethnically diverse colleagues remain under-represented at the most senior levels, where access to progression pathways, development, sponsorship and recruitment into leadership roles is crucial. Small numbers amplify percentage effects, but the substantive issue is representation, not statistics

6.13 Data quality is also a dependency. “Not stated” reflects missing disclosure and should not be read as a meaningful category. Improving confidence and accuracy in ethnicity data is important for reliable analysis and governance.

6.14 Taken together, this baseline creates a clear direction for improvement. Success will be measured not by the headline gap alone, but by whether underlying patterns change over time: more equitable access to progression, stronger representation at senior levels, and more complete ethnicity data.

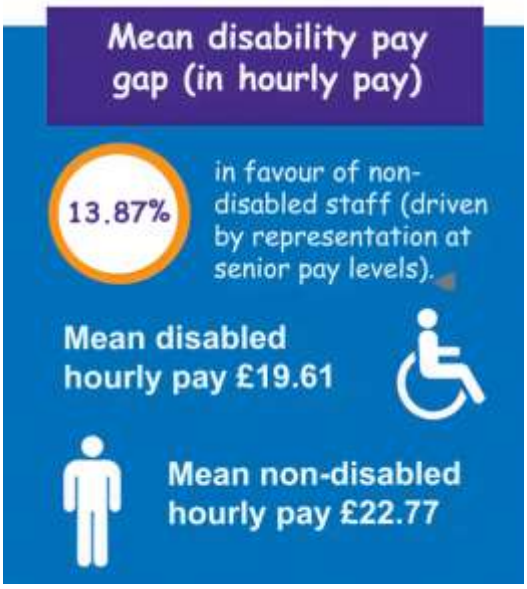
7. Dorset County Hospital Disability Pay Gap Report (DPG) for the year 2024-2025

(First year of reporting)

7.1 At the snapshot date (31 March 2025), Dorset County Hospital had **4,002 full-pay relevant employees**. Disability status was recorded as **disabled for 265 colleagues (6.62%)**, **not disabled for 3,458 colleagues (86.41%)**, and **not known for 279 colleagues (6.97%)**. In line with standard methodology, the "not known" group is **excluded** from pay gap calculations.

7.2 The **median hourly pay** was **£19.10 for disabled colleagues** and **£22.42 for non-disabled colleagues**, resulting in a **median disability pay gap of 14.78% in favour of non-disabled colleagues**. The median captures the typical hourly rate, showing that the midpoint of the pay distribution is noticeably lower for disabled colleagues. This indicates structural differences in representation across pay levels, not unequal pay for the same work.

7.3 The **mean hourly pay** was **£19.61 for disabled colleagues** and **£22.77 for non-disabled colleagues**, giving a **mean disability pay gap of 13.87%**. The closeness of the median and mean gaps suggests that the difference is not driven by a small number of outliers but reflects a broader distribution pattern across roles and pay levels.



7.4 Quartile analysis shows how representation shapes the gap. Disabled colleagues are **over-represented in the lowest-paid quartile (Q1: 10.20%)**, and then become progressively less represented in higher pay quartiles (**Q2: 6.39%, Q3: 5.71%, Q4: 4.24%**). In contrast, the "not known" category is **more common in Q4 (9.06%)**, underscoring the need for improved disclosure. Overall, disabled colleagues are about 2.4 times more likely to appear in Q1 than in Q4 — a key structural driver of both the median and mean gaps.

7.5 Most roles at Dorset County Hospital are paid under Agenda for Change (AfC), with separate arrangements for medical and very senior roles. AfC ensures equal pay for like roles, meaning the disability pay gap reflects where disabled colleagues are represented across bands, rather than differences in pay for the same work.

7.6 The DCH disability pay gap is best understood as a distribution and progression issue. Disabled colleagues are disproportionately present in lower-paid roles and under-represented in higher-paid roles, which lowers both the median and mean hourly pay. This reflects barriers that shape entry, progression, retention, and access to development, rather than unequal pay structures. Improving disability disclosure is also critical to fully understanding representation at senior levels.

7.7 To add further context on representation at the top end of the pay structure, we reviewed a senior pay lens covering AfC Bands 8A to 8D, Band 9 and very senior (VSM) roles. In the underlying extract, this senior cohort comprises 216 distinct colleagues (220 assignments). Within these grades, the number of colleagues recorded as disabled is small at band level, which means any differences in average or median pay by disability status can move noticeably with small changes in headcount and should be interpreted with care. The main value of this lens is therefore not to over-read small percentage movements, but to reinforce the broader story from the quartiles: the disability pay gap at DCH is closely linked to whether disabled colleagues are proportionately represented and able to progress into higher-paid roles over time.

7.8 As this is Dorset County Hospital's first year of disability pay gap reporting, these figures represent a baseline at 31 March 2025. Future reporting will show whether the distribution changes over time and whether targeted actions are improving representation and progression for disabled colleagues.

7.9 Conclusion

7.10 The median (14.78%) and mean (13.87%) disability pay gaps both confirm a structural pattern: disabled colleagues are more likely to be in lower-paid roles and less likely to be represented in higher-paid roles. This is consistent with the quartile analysis and reflects workforce distribution, not pay inequity within roles. Strengthening inclusive progression pathways, improving disability disclosure, and ensuring timely and effective workplace adjustments will be essential to shifting the distribution and demonstrating progress in future reporting.

7.11 Dorset County Hospital will use this baseline to focus improvement activity where it can most influence the underlying drivers identified in this report. Key actions include:

- Make workplace adjustments timely, consistent and enabling.
- Normalise and proactively review Staff Passports so adjustments follow colleagues across roles.
- Develop a more consistent, centralised approach to reasonable adjustments for clearer decisions and quicker solutions.
- Build manager confidence and accountability in implementing adjustments well.
- Strengthen inclusive development and progression pathways for disabled colleagues.
- Identify and remove barriers in job design, recruitment, training access, rostering and informal gatekeeping.
- Improve the quality and completeness of disability data.

8. Overall Summary

8.1 This joint report outlines the Gender, Ethnicity and Disability Pay Gaps for 2024–2025, providing statutory Gender Pay Gap data and first-year baseline reporting for Ethnicity and Disability. Gender Pay Gap results show small gaps at both Trusts, with DHC reporting a median gap of 1.90% (a slight improvement) and DCH reporting 1.63%, a small decline on the previous year. In both organisations, gaps are driven not by unequal pay for equal work but by workforce distribution—specifically a higher proportion of men occupying senior, higher-paid roles. Ethnicity and Disability Pay Gap findings reflect similar structural patterns. At DHC, the median ethnicity gap is 4.75% in favour of White colleagues, while at DCH the median ethnicity gap reverses to -13.63% in favour of ethnically diverse colleagues, driven by stronger representation in mid-to-upper pay bands. Disability reporting shows a median gap at DHC of -6.10% in favour of disabled colleagues, whereas DCH reports a 14.78% gap in favour of non-disabled colleagues, reflecting under-representation of disabled staff in higher-paid roles.

8.2 Across all protected characteristics, the report emphasises that pay gaps primarily reflect patterns of representation, progression and workforce distribution rather than unequal pay within the same roles—given national frameworks such as Agenda for Change ensure consistent pay for equivalent work. Both Trusts highlight ongoing priorities to address these structural drivers, including improving diversity in senior roles, strengthening inclusive recruitment and development pathways, and improving data quality—particularly in relation to disability and ethnicity disclosure. Each Trust commits to annual monitoring and targeted action aligned to the Joint Inclusion & Belonging Strategy, with the overarching aim of achieving fairer progression, increased representation at senior levels and a continued reduction in pay gaps over time.

9. Recommendations

The Committee is recommended to:
Receive the reports for **approval and publication.**

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