

Meeting	<i>Trust Board</i>
Date of Meeting	<i>7th March 2023</i>
Item Number	<i>Item number allocated by admin</i>

Gender Pay Gap Statement

Accountable Director	<i>Claire Low, Director of People and Organisational Development</i>
Presented by	<i>Claire Low, Director of People and Organisational Development</i>
Author(s)	<i>Alison Marriott, EDI Project Manager</i>
Report previously considered at	<i>People & OD Committee, 23rd February 2023</i>

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver high quality care which is safe, responsive and able to meet the needs of the population	
1b Improve patient experience	
1c Improve clinical outcomes	
2a A modern and progressive workforce	X
2b Making ULHT the best place to work	X
2c Well Led Services	X
3a A modern, clean and fit for purpose environment	
3b Efficient use of our resources	
3c Enhanced data and digital capability	
3d Improving cancer services access	
3e Reduce waits for patients who require planned care and diagnostics to constitutional standards	
3f Urgent Care	
4a Establish collaborative models of care with our partners	
4b Becoming a university hospitals teaching trust	
4c Successful delivery of the Acute Services Review	

Risk Assessment	<i>Insert detail</i>
Financial Impact Assessment	<i>No financial impact</i>
Quality Impact Assessment	<i>Insert detail</i>
Equality Impact Assessment	<i>This report and associated action plan is to improve pay equity for the female workforce and includes associated benefits for others in the workforce.</i>
Assurance Level Assessment	<i>Insert assurance level</i> <ul style="list-style-type: none"> • <i>Moderate</i>

Recommendations/ Decision Required	<ul style="list-style-type: none"> • <i>Approve the publication of this Gender Pay Gap Report, which is due on 30 March 2023</i>
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Executive Summary

This paper provides the Trust Board with the proposed Gender Pay Gap Statement to be published by the Trust as part of our statutory obligations, by the statutory deadline of 30th March 2023.

It is important to note that the Trust, and indeed the NHS nationally, has Job Evaluation and national Pay systems that set the grade for a job regardless of gender. Anyone in that job would receive the grade and pay attached to it regardless of gender.

The Gender Pay Gap work is an opportunity to look at societal and organisational factors or characteristics that may impact pay parity e.g. education, working time, occupational segregation, skills and experience. The initial data is a starting point and the action plan provides for early actions around further data analysis to better understand the specific issues found in this Trust and put in place actions to address them.

United Lincolnshire Hospitals NHS Trust Gender Pay Gap 2022 Report

Executive Summary

Headlines

When reporting Gender Pay Gap data, we are working from the data as at previous 31st March, i.e. **this report is based on data from 31st March 2022.**

In this Trust, women earn 83p for every £1 that men earn when comparing median hourly pay.

When comparing mean (average) hourly pay, women's mean hourly pay is 29.3% lower than men's.

For women who receive a bonus, they receive 50p for every £1 men receive

Women hold 83% of the lowest paid jobs, and 65% of the highest paid jobs. Women also hold around 80% of the lower middle and upper middle-paid jobs.

This compares with a gender pay gap nationally in the NHS where overall, men are paid 7.4% more than women when comparing median pay, increasing to a 47% gender pay gap in favour of men when considering VSM and Directors' pay (Nuffield Trust, 2020).

This means that ULHT's median gender pay gap at 16.8% for snapshot date 31st March 2022 (financial year 2021/22) is more than double the NHS national average compared to the data from Nuffield, 2020.

Beyond the NHS, it is possible to compare like-with-like years, i.e. 2022 data. The national gender pay gap in the whole of the UK was 14.9% (2022) compared to ULHT's 16.8% gap. Therefore ULHT's gender pay gap is higher than national comparators.

For Agenda for Change roles below Band 8A, the gender pay gap is in favour of women. However, beyond 8a it favours men, with the exception of Band 9.

For colleagues on Agenda for Change pay scales (all bands), the gender pay gap is 2% overall. That is, average pay is 2% lower for women overall if working in any Agenda for Change role, whether clinical or non-clinical.

For Medical Consultants, pay is 2.3% higher for men.

Nationally, there remains a large difference in the gender pay gap between employees aged over 40 years and those aged below 40 years – when aged over 40 years, women are more likely to experience a larger gender pay gap.

Compared with lower-paid employees, higher earners experience a much larger difference in hourly pay between the sexes. This is mirrored at ULHT.

National Sources:

[Gender pay gap in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[The gender pay gap in the English NHS: Analysis of some of the underlying causes | The Nuffield Trust](#)

This report contains:

- Background to the requirements for Gender Pay Gap Reporting
- Guidance to increase understanding of the indicators and calculations used
- Narrative about the Trust's Gender Pay Gap results, in line with reporting requirements - but most importantly to assist with the Gender Pay Gap Action Plan
- Comparison with previous year's results, which show that the Gender Pay Gap has widened (got worse)
- A proposed Action Plan to address this
- Appendix with all the required data which has been submitted to the Gov.Uk Gender Pay Gap reporting portal, ahead of the 30th March 2023 deadline

This report, which has been completed with input from Equality, Diversity and Inclusion Operational Group (EDIG), the ULHT Women's Network and Staffside representatives, will provide a high level of assurance in terms of compliance with Gender Pay Gap Reporting ready for People and OD Committee (PODC) and Trust Board approval.

It will also provide high levels of assurance that the Trust will take action to reduce (improve) the disparity between pay for men and women, in the form of a detailed action plan.

1. Background

Employers with 250 or more employees have been required to publish information on the pay gap between male and female employees since 31st March 2017, under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which can be found at: [The Equality Act 2010 \(Specific Duties and Public Authorities\) Regulations 2017 \(legislation.gov.uk\)](https://legislation.gov.uk).

Organisations in the public sector, such as NHS Trusts, are required to report against a set of six key indicators, based on data from 31st March each previous year. For example, the "snapshot date" for this report is 31st March 2022. They are then required to publish that data and narrative ("Gender Pay Gap Report") so that employees and members of the public can access it, along with an action plan to address disparities, by 31st March each year. For example, this report is to be published on Trust's website by 31st March 2023.

Separately from the report, employers are required to upload their data to the HM Government portal by 31st March at the latest. This data upload has been made already in preparation for publication of this report in March: [United Lincolnshire Hospitals Nhs Trust gender pay gap data for 2022-23 reporting year - GOV.UK - GOV.UK \(gender-pay-gap.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107448/United_Lincolnshire_Hospitals_Nhs_Trust_gender_pay_gap_data_for_2022-23_reporting_year_-_GOV.UK_-_GOV.UK_(gender-pay-gap.service.gov.uk).pdf)

Private sector employers with 250 or more employees are also required to publish Gender Pay Gap information, albeit with a slightly later publication date of 5th April each year.

In preparing this report, the author has consulted and followed the NHS Employers Gender Pay Gap guide: [Addressing-your-gender-pay-gap-guide.pdf \(nhsemployers.org\)](https://www.nhsemployers.org/gender-pay-gap-guide) which was co-produced with the Health and Care Women Leaders Network.

2. Understanding the Gender Pay Gap Calculations

The six key indicators that the Trust is required to report on are:

1. percentage of men and women in each hourly pay quarter (lower, lower middle, upper middle and upper quartile) by number of employees
2. mean (average) gender pay gap using hourly pay
3. median gender pay gap using hourly pay
4. percentage of men and women receiving bonus pay
5. mean (average) gender pay gap using bonus pay
6. median gender pay gap using bonus pay

The data for the report is drawn from the national Electronic Staff Record (ESR) Business Intelligence standard report.

For the purposes of these calculations, pay includes: basic pay, full paid leave, including annual, sick, maternity, paternity, adoption or parental leave, bonus pay, area and other allowances, shift premium pay, pay for piecework.

Pay does not include: overtime pay, expenses (payments made to reimburse expenditure wholly and necessarily incurred in the course of employment, e.g. mileage for use of vehicle), remuneration in lieu of leave, the value of salary sacrifice schemes, benefits in kind (e.g. child-care vouchers), redundancy pay and tax credits.

Bonus pay relates to the Clinical Excellence Awards (CEAs) to Consultants, following the NHS Employers Gender Pay Gap Guide.

We now have five years' worth of data and the opportunity is taken in this report to indicate trends in that data.

What does median mean?

This is the difference between the hourly pay of the median man and the hourly pay of the median woman. The median for each is the man or woman who is in the middle of a list of hourly pay ordered from highest to lowest paid.

Medians are useful to indicate what the 'typical' situation is. They are not distorted by very high or low hourly pay (or bonuses). However, this means that not all gender pay gap issues will be picked up. They could also fail to pick up as effectively where the gender pay gap issues are most pronounced in the lowest paid or highest paid employees.

And mean?

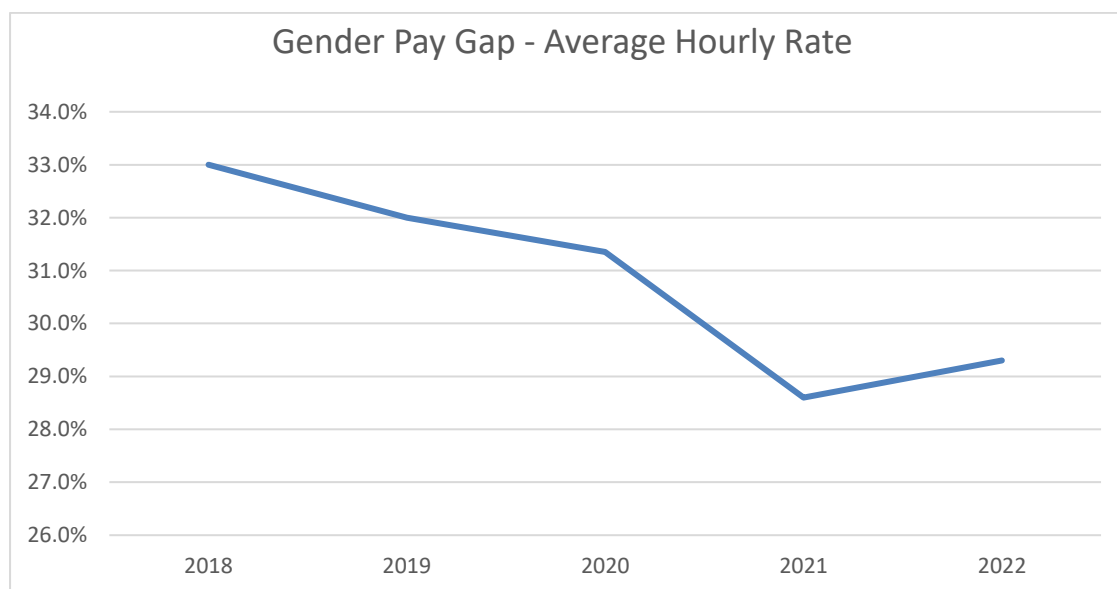
The mean gender pay gap figure uses hourly pay of all employees to calculate the difference between the mean hourly pay of men, and the mean hourly pay of women. A mean involves adding up all of the numbers and dividing the result by how many numbers were in the list. Very high or very low pay can distort this figure.

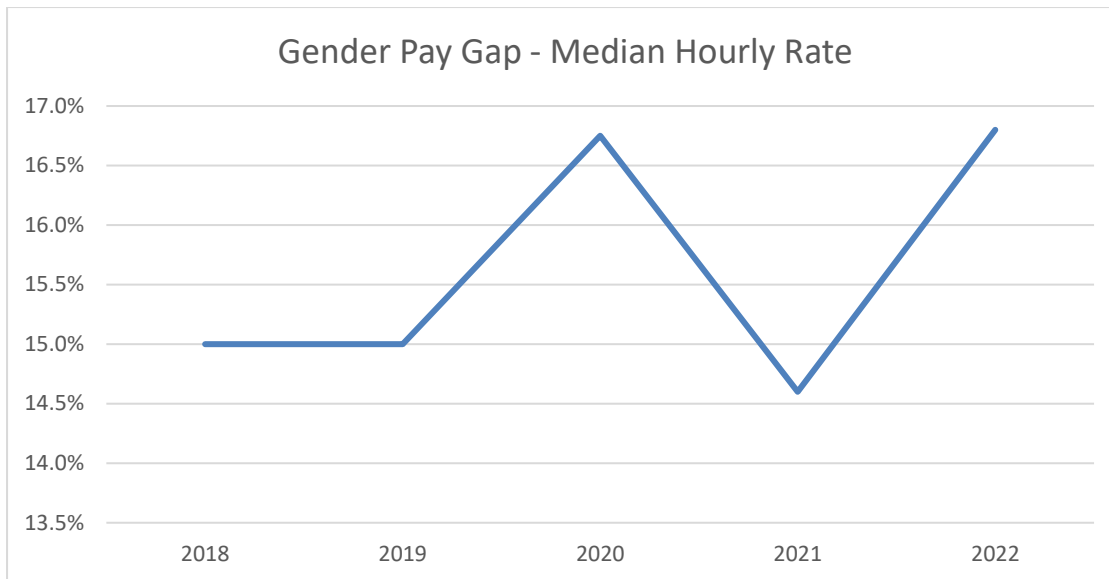
3. About our results

The Trust's Gender Pay Gap had been on a generally decreasing (i.e. improving) trend since reporting began, in line with the national trend both inside and outside of the NHS, until 2022. Based on estimated 2022 data, the national trend of improvement has continued.

It is disappointing to report that the gender pay gap has widened overall in the Trust compared to 2021, by 0.7% for average (mean) hourly rate and 2.2% for median hourly rate. The Trust's gender pay gap for average hourly rate is still better than when reporting began, however the median hourly rate gap is now 1.8% worse.

The trends are illustrated in the charts and tables below.





Trend 2018, 2019, 2020, 2021, 2022

Year	Average Hourly Rate	Median Hourly Rate
2018	33%	15%
2019	32%	15%
2020	31.35%	16.75%
2021	28.6%	14.6%
2022	29.3%	16.8%

As with previous years, the main driver of the Trust's gender pay gap remains the structure of the NHS workforce, with female colleagues comprising the majority of the lower paid roles and men in higher paid roles – for example Consultant medical staff. Also, men are more likely to occupy Very Senior Management (VSM) roles.

Female starters and leavers, April 2021 to March 2022

Grade	Starter	Leaver	Trend
Band 8D	1	1	No improvement
Band 9	1	4	Downward
Director*	1	1	No improvement
Consultant	8	5	Improved

*Does not include Director on secondment to the Trust as data is drawn from the ULHT ESR system.

Gender Disparity - Pay Quartiles

83% of the workforce in the lowest pay quartile is female. This means that women hold 83% of the lowest paid jobs. In comparison, 65% of the workforce in the top pay quartile are women. This means that women hold 65% of the highest paid jobs, disproportionately low for their representation in the lowest pay quartile (83%) and throughout the other pay quartiles (around 80-81%). This position has deteriorated from 2021 data. Please see Appendix 1 for the data table and comparison.

Gender Disparity – Mean Salary

The data in Appendix 1 highlights that below Band 8A Agenda for Change (AfC), women are paid more than men. The exception is where Apprentices are concerned, and men are paid more. The reasons why female colleagues are more highly-paid may relate to length of time in post, career progression and seniority in the nursing and midwifery workforce. Further investigation and actions are included in the Gender Pay Gap Action Plan.

However, from AfC Band 8A to 8D inclusive, men are consistently paid more than women. The reasons for this are not evident from the gender pay gap data, or further analysis of higher increments and gender split in these bands. Therefore, further analysis of the reasons behind this form part of the Gender Pay Gap Action Plan.

Based on Mean Salary	Gap
8a	Pay is 1.32% higher for men
8b	Pay is 2.27% higher for men
8c	Pay is 6.7% higher for men
8d	Pay is 8.1% higher for men
9	Pay is +1.02% higher for women
Director	Pay is 12.65% higher for men

At AfC Band 9, women are paid more than men, but at Director-level, men are again paid more than women.

This disparity, combined with the disparity in the pay quartiles where women form the majority of the Trust's workforce, but this is not reflected in the higher pay quartiles and men are paid more in those higher pay quartiles, is contributing to the Trust's gender pay gap.

For the medical workforce, it is positive to note that no gender pay disparity is now reported between starting on same mean salary at FY1 and men earning more by FY2, as was evident in previous data.

However, male Consultants and Speciality Doctors are paid more than their female colleagues, which is likely to relate to the Bonus Pay disparity detailed below, but is also included for closer investigation in the Gender Pay Gap Action Plan as there may be other factors influencing this.

For the group "Hospital Practitioners", women are paid more than men, although the numbers recorded in this part of the workforce are very low and this can influence the results e.g. if one person has much longer service than others and has progressed in their pay band.

Gender Disparity – Bonus Pay

Women’s mean bonus pay is 47.2% lower than male staff (48.8% in previous year) and median pay was 50% lower (50.3%). Whilst the mean has improved, the median has not made significant improvement. Women receive 50p in bonus pay for every £1 which men receive in this Trust. In the context of an NHS acute Trust, “bonus pay” relates to the Clinical Excellence Awards Consultants.

0.3% of women received a bonus, compared to 3.8% of men.

This data is particularly stark because the calculations are unweighted and the number of male consultants significantly outweighs the number of female consultants. Further analysis is recommended in the proposed action plan.

The percentage difference in who receives a bonus is also magnified by the fact that calculations have historically been based on percentage of whole workforce. Further investigation of this is included in the action plan, to establish more accurate reporting going forward, should this be approved. For this year, the historical pattern of reporting has continued, but this additional narrative has been added.

The Trust has ensured a gender balance on the awarding panel and taken steps to encourage applications from female consultants for the CEA, and also has distributed awards equally in 2022. However, because there are more male consultants than female, there is still a bonus pay gap.

Also, for the period April 2021 to 2022, the number of female consultants joining the Trust was greater than the number leaving (+3). This is a positive trend but not sufficient to make a difference regarding the bonus pay gap.

As with previous years, ULHT is not out of step with equivalent NHS organisations and national action is still necessary. At a national level, the scheme is generally seen as not delivering on its intent to improve performance and as inequitable. A proposed new scheme was discussed at national level in 2022, but was rejected by BMA on the grounds that it would make inequality worse.

However, some of the fundamental issues relating to the make-up of the NHS workforce can be influenced in a positive direction as a Trust, Integrated Care System (ICS) and Region, with continued and increased focus on fair and equitable recruitment and reward processes. Intentional actions are necessary to improve it.

4. Comparison with other NHS Provider Trusts in Lincolnshire ICB

LPFT (data as at 31st March 2022)

Hourly pay gap

In this organisation, women earn 82p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 17.7% lower than men’s.

When comparing mean (average) hourly pay, women’s mean hourly pay is 18% lower than men’s.

Percentage of women in each pay quartile

Women occupy 28% of the highest paid jobs and 14% of the lowest paid jobs.

Who received bonus pay?

When comparing mean (average) bonus pay, women's mean bonus pay is 18% lower than men's.

0.2% of women received a bonus, and 2.8% of men

LCHS (data as at 31st March 2021 – 2022 data not yet published)

Hourly pay gap

In this organisation, women earn 84p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 16.4% lower than men's.

When comparing mean (average) hourly pay, women's mean hourly pay is 26.3% lower than men's.

The percentage of women in each pay quarter

In this organisation, women occupy 78% of the highest paid jobs and 91.6% of the lowest paid jobs.

Who received bonus pay?

No bonus payments were made.

5. How we will make progress to close the gap (Action Plan)

We have identified where we believe the Trust needs to take action. These actions will be taken forward within the context of the overall Integrated Improvement Plan (IIP) and EDI Objectives 2022-2025.

The Gender Pay Gap Action Plan, proposed for further discussion, is included on the next page of this report.

Gap	Lead	Action	Timescale
<p>Data & Analysis Supporting data and analysis, beyond the statutory reporting requirements</p>	<p>EDI team Supported by: Workforce Intelligence Team ULHT Women's Network HR</p>	<p>Supply further details alongside the statutory data to allow for more detailed analysis:</p> <p>Role data:</p> <ul style="list-style-type: none"> • Split of those in each band by gender as already reported • Split of those in each occupational type (as per National Staff Survey – NSS) • Then a cut of both those together – so each band, split by role type, by gender • Include age as a factor • By team profile – e.g. areas where there may traditionally be over-representation/under-representation of men & women. <p>Recruitment data:</p> <ul style="list-style-type: none"> • Applicants overall – split by gender • Drilled-down – applicants for job types by gender and success rates (job offer) <p>Pay data:</p> <ul style="list-style-type: none"> • Number of people asking for an uplift to their band/scale point by gender, and the outcome of their request • Colleagues at top/bottom of each band – by gender <p>Bonus (CEA) data:</p> <ul style="list-style-type: none"> • Number of applications for a Clinical Excellence Award by gender • Number of successful applicants by gender • Anonymised reasons for refusal of CEA application, by theme. 	<p>End May 2023, for next reporting cycle</p> <p>Based on gender pay data as at 30.03.23</p> <p>Data from 2022 round of CEA's will need to be used because of timescales</p>

		<ul style="list-style-type: none"> Investigate further ways of reporting the data more accurately in next reporting cycle <p>All of the above will allow more accurate identification of the issues.</p>	
Deeper investigation and analysis on 2023 data	EDI Team Supported by: Workforce Intelligence HR ULHT Women's Network Talent Academy Medical Director's Office	<ul style="list-style-type: none"> Reasons for higher salaries for men from Band 8a upwards Reasons for lower salaries for men below Band 8a Reasons for Apprentice gender salary gap Any further reasons for the Consultant gender pay gap, beyond the Bonus pay (CEA) disparity Reasons for the Speciality Doctor gender pay gap 	End August 2023
Recruitment & Career Development Ensure that recruitment and other employment processes will increase the likelihood that a woman will a) apply for a top pay quartile role b) succeed in a job offer for the role and c) will be supported to remain and thrive in the role. Ensure talent pipeline is inclusive and supportive of all genders, to access all – e.g. increase male	Associate Director – Culture and OD Supported by: Head of Recruitment HR Policy Manager EDI team ULHT Women's Network Talent Academy Medical Workforce team	<ul style="list-style-type: none"> Establish confidential Career Clinics, in conjunction with other staff networks Staff Network representatives, who have completed the Trust's Recruitment and Selection training, to be invited to join Interview Panels/Assessment Centres/AAC Panels for senior roles, including AfC 8a upwards and Divisional Leadership roles, as well as Board appointments. Identify barriers to applying and succeeding in senior roles – engagement in the Trust and beyond, research papers, NHS Employers. Talent Academy – continue with excellent schools work to promote the wide range of opportunities in the NHS to people of all genders. Re-establish exit interviews in ULHT fully, with the opportunity to speak to someone who is not 	End March 2024

<p>representation in lower and lower middle pay quartiles. Increase female representation in top quartile.</p> <p>Ensure positive trend in recruitment of female Consultants is maintained and intentionally increased.</p>		<p>your line manager, with opt-back-in if happy to discuss with line manager, to ensure true picture is gained. Analyse by protected characteristic and themes (qualitative) and quantitative (as % of the workforce and absolute numbers leaving). Aim is to establish truer picture of barriers to staying and progressing.</p> <ul style="list-style-type: none"> • Re-establish “stay interviews” as part of the confidential Career Clinics work • Establish a ULHT Men’s Network (already in progress) • Ensure that Consultant recruitment processes encourage applications from women, support them with the process, and help them to succeed at interview/assessment centre, including any potential intersectionality with race, cultural heritage and gender. Also that there is support for them to thrive in their role. • Reset previous “Reverse-Mentoring” programme as “Mutual Mentoring”. 	
<p>Flexible Working</p> <p>To support all colleagues, including all people with caring responsibilities, whilst recognising that women are still more likely to have these, and men are less likely to be supported or feel</p>	<p>Head of OD</p> <p>Supported by: Flexible Working Lead Head of Recruitment EDI team Wellbeing Team Medical Workforce Team</p>	<p>Obtain data for:</p> <ul style="list-style-type: none"> • Applications for flexible working – number, split by gender, number successful. Reasons by theme and anonymised for rejection. • % of jobs advertised which state flexible working options available • Number of jobs offered with option of part time/job share available • Number of staff working to an adjusted contract (part time, condensed hours, annualised hours etc.) – split by gender 	<p>End April 2023</p> <p>By end 2023</p>

<p>confident to request them.</p>		<p>NB: this data split for flexible working is also part of the WDES Action Plan for 2022-23, in relation to disability. And also:</p> <ul style="list-style-type: none"> • Increase the range of shift patterns available • Increase the number of part-time and/or job-share opportunities at all Bands and types of role • Ensure the Less Than Full Time (LTFT) request process is well-supported and inclusive in the Trust, with medical engagement. • Consider the wellbeing and support offer for colleagues with caring responsibilities in the Trust, be they child or adult dependents. Links with EDI objective: setting up a Carers Network for unpaid carers who work at ULHT as well as their caring responsibilities at home. Links to Lincs ICS carers project. 	
<p>Menopause and workplace support</p> <p>To ensure that women impacted by the menopause are supported to remain well, in work, and thrive in their careers, especially as they may be among the most experienced colleagues we have.</p>	<p>Associate Director – Culture and OD ULHT Women’s Network Supported by: Head of Occupational Health Director of People & OD</p>	<ul style="list-style-type: none"> • Pursue menopause-friendly employer accreditation • Implement the ULHT Women’s Network proposals, following presentation of business case during 2023. 	<p>Approval of business case by end 2023 and implementation begun</p>

<p>This is the right thing to do, and also may contribute significantly to the Trust's staffing position, retention, and to increasing the number of women in the upper pay quartiles – with associated reduction in gender pay gap.</p>			
<p>Bonus Pay Gap Clinical Excellence Awards (CEAs)</p>	<p>Director of People and OD and Medical Director Supported by: Local Negotiating Committee (LNC) CEA Task & Finish Group</p>	<ul style="list-style-type: none"> • CEA Panel to be as diverse as possible including a minimum of two representatives to be invited from the ULHT Women's Network, • Encourage female Consultants who are eligible to apply for a CEA to apply, including workshops in Summer/early Autumn 2023. Start process early as CEA closing date is two weeks before Christmas. • CEA Task & Finish Group to advise further • Gather feedback on barriers for female Doctors who wish to CESR to become Consultants, and address the barriers. 	<p>2023 CEA's</p>
<p>Allyship</p>	<p>Associate Director – Culture and OD Supported by: EDI team ULHT Women's Network Executive Leadership Team</p>	<ul style="list-style-type: none"> • To use the Lincs ICS Allyship toolkit in support of all colleagues, including women. • To have visible male Allies in the Trust, including the Executive Leadership Team and the Divisional Triumverates (leaders) 	<p>Throughout 2023</p>

Appendix 1 – Gender Pay Gap Data on which this report is based

ULHT Overall Gender Pay Gap 2022 (with 2021 figures in brackets)

The mean and median hourly rates for men and women

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£22.93 (£22.07)	£17.30 (£16.19)
Female	£16.21 (£15.75)	£14.40 (£13.83)
Difference	£6.71 (£6.32)	£2.90 (£2.36)
Pay Gap %	29.3% (28.6%)	16.8% (14.6%)

The proportion of male and female staff in each quartile

Quartile	Female	Male	Female %	Male %
1	1786 (1743)	362 (365)	83.2% (82.7%)	16.9% (17.3%)
2	1726 (1738)	424 (379)	80.3% (82.1%)	19.7% (17.9%)
3	1760 (1752)	390 (361)	81.9% (82.9%)	18.1% (17.1%)
4	1390 (1418)	761 (694)	64.6% (67.1%)	35.4% (32.9%)

Mean salary for men and women within each pay band or grade 2022

Pay Band/Grade	Gender (Full Time Equivalent)		Mean Salary (£)	
	Female	Male	Female	Male
Band 1 & Apprentices	46.88	11.51	£15,671	£16,057
Band 2	1568.87	364.13	£19,437	£19,419
Band 3	570.02	117.68	£21,126	£21,098
Band 4	359.72	91.13	£23,715	£23,670
Band 5	1180.73	233.95	£28,847	£27,785
Band 6	780.80	191.10	£35,894	£34,857
Band 7	453.39	99.87	£43,003	£42,922
Band 8A	181.59	57.41	£49,062	£49,718
Band 8B	52.67	23.07	£59,333	£60,707
Band 8C	19.60	11.00	£68,581	£73,089



Band 8D	12.00	6.00	£81,241	£88,355
Band 9	4.00	7.00	£100,905	£99,881
Director	1.00	5.00	£146,494	£167,708
Consultant	90.62	247.64	£99,025	£101,354
Associate Specialist	2.60	19.38	£96,698	£96,512
Staff Grade		0.73		£73,570
Specialty Doctor	48.76	140.70	£66,421	£69,938
GPCA/Hospital Practitioner	1.89	0.73	£63,178	£61,843
Specialty Registrar	68.79	87.50	£45,196	£45,739
Foundation Year 2	65.80	60.44	£33,345	£33,345
Foundation Year 1	57.00	36.00	£28,808	£28,808

Mean salary for men and women within each pay band or grade, 2021 figures for comparison

Pay Band/Grade	Gender (Fte)		Mean Salary (£)	
	Female	Male	Female	Male
Band 1	94.14	19.40	£17,246	£16,694
Band 2	1622.28	345.45	£18,907	£18,912
Band 3	538.29	121.46	£20,634	£20,520
Band 4	358.15	97.60	£23,112	£23,278
Band 5	1135.62	189.88	£28,229	£27,788
Band 6	775.02	153.69	£34,809	£33,841
Band 7	421.09	97.32	£42,112	£41,679
Band 8A	160.52	49.95	£47,803	£48,286
Band 8B	47.48	19.07	£57,439	£58,758
Band 8C	21.60	10.00	£67,239	£66,725
Band 8D	7.00	7.85	£77,605	£83,452
Band 9	7.00	6.00	£100,949	£93,325
Director	1.00	5.00	£145,356	£147,695
Consultant	89.36	242.29	£95,713	£97,668
Associate Specialist	3.28	20.34	£93,236	£92,766
Staff Grade		0.73		£71,427
Specialty Doctor	45.77	114.90	£64,754	£67,917
GPCA/Hospital Practitioner	1.18	0.73	£69,158	£60,045
Specialty Registrar	83.34	66.74	£44,251	£44,693
Foundation Year 2	46.19	48.56	£32,691	£32,726
Foundation Year 1	27.00	51.00	£28,243	£28,243

Bonus Payments

Mean & median bonus payments for men and women 2022 (with 2021 figures in brackets)

Gender	Avg. Pay £	Median Pay £
Male	11,597.05 (11,579.93)	6,032.04 (6,066.75)
Female	6,127.84 (5,932.45)	3,015.96 (3,015.96)
Difference	5,469.21	3,016.08

	(5,647.48)	(3,050.79)
Pay Gap %	47.2% (48.8%)	50.0% (50.3%)

Number of employees receiving a bonus (with 2021 figures in brackets)

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	25 (25)	7604 (7533)	0.3% (0.3%)
Male	85 (90)	2266 (2079)	3.8% (4.3%)

Number of Female & Male Employees by Band

Grade	Female	Male	Total
Associate Specialist	3	20	23
Band 1	79	14	93
Band 2	2,097	414	2,511
Band 3	676	122	798
Band 4	405	96	501
Band 5	1,377	244	1,621
Band 6	936	203	1,139
Band 7	505	102	607
Band 8A	198	60	258
Band 8B	56	24	80
Band 8C	21	11	32
Band 8D	12	6	18
Band 9	4	7	11
Consultant	96	270	366
Director	1	5	6
Foundation 1	57	36	93
Foundation 2	66	61	127
GPCA/Hospital Practitioner	4	5	9
Specialty Doctor	53	142	195
Specialty Registrar	71	88	159
Staff Grade		1	1
Total	6,717	1,931	8,648

END