



**United Lincolnshire
Teaching Hospitals**
NHS Trust

United Lincolnshire Teaching Hospitals NHS Trust Gender Pay Gap Report 2025



Caring and building a
healthier future for all

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Executive Summary

In line with national guidelines, when reporting Gender Pay Gap data, United Lincolnshire Teaching Hospitals NHS Trust (ULTH) is working on the data as at the previous 31st March. This means the snapshot date for data in this report is 31 March 2025.

It should be noted that United Lincolnshire Teaching Hospitals NHS Trust (ULTH) is in a group arrangement with Lincolnshire Community Health Services NHS Trust (LCHS) – together known as Lincolnshire Community and Hospitals NHS Group (LCHG). The Board and senior leadership team have come together as one single team, however, individuals remain employed by their original organisations. This means that those individuals in senior leadership positions will be reported within separate organisational data and therefore this has impacted on the reporting data which is not wholly representative of the actual workforce, particularly at the more senior bands.

In ULTH, women earn £0.87 for every £1 that men earn, when comparing median hourly pay. This is a small improvement on last year's data (£0.86 for every £1), and £0.85 in the previous year.

The median is the generally accepted main indicator across all organisations who take part in Gender Pay Gap reporting. The Trust's median gender pay gap is 12.6% in 2025, compared to 14.2% in 2024 and 14.6% in 2023.

For women who receive a bonus, they received £0.51 for every £1 men received. In an NHS Acute Trust, bonuses are defined as the Clinical Excellence Awards (CEAs) which are only applicable to consultants in the medical workforce. Changes nationally mean that only consultants on the previous (2018) scheme now still receive a bonus.

It is important to note that the Government's Gender Pay Gap portal incorrectly calculates the Trust's bonus pay gap, as it assumes that all of the workforce is on the same terms and conditions and therefore the whole workforce is eligible for a bonus. This is not the case for NHS employees. Our narrative here acknowledges this, and our data reported in this report represents the true picture: percentage of those eligible for a bonus – i.e. Consultants on Medical and Dental terms and conditions - versus percentage of those from that part of the workforce receiving a bonus.

At this Trust, women hold 79.6% of the lowest paid jobs (the figure was 81.7% last year, and 83.5% the year before). Women hold 61.6% of the highest paid jobs, compared to 63.8% last year, and 63.7% the year before.

There has been a decrease of 2.1% in the number of women holding the lowest paid jobs, which is an improving trend in the context of the gender pay gap. However, in the same year, disappointingly there has been a decline of 2.2% in the number of women holding the highest paid jobs.

These fluctuations may reflect the changes at the highest-paid level of the organisation, with a newly formed LCHG Group Executive and Senior Leadership team during the last year, with some members of this team being employed by the partner organisation (LCHS).

Women hold 80.2% of the lower middle-paid jobs (81% last year) and 81.4% of the upper-middle paid jobs (79.8% last year). The overall picture is one of slow progression steadily upwards through the lower to middle and upper-middle pay quartiles for women, but also with the disappointing decrease in the top pay quartile in this reporting period.

When comparing mean (average) hourly pay, women's mean hourly pay is 27.6% lower than men's. This is a slight worsening of the position (0.4%) compared to last year's data of 27.2% lower-paid, whereas the year before that it was even lower, with a 29.3% gap in pay between men and women, based on the mean.

ULTH now has nine years' worth of data, since Gender Pay Gap reporting was introduced in 2017. The opportunity is taken in this report to indicate trends in that data. The headline is that, since reporting was made a statutory requirement in 2017, both the median and mean pay gaps are very slowly getting smaller, by just 1.5% in nine years for the most reliable measure (median) and 5.2% for the less-reliable average (mean).

The national Gender Pay Gap in the UK, on current available data (2024) is 13.1% (median) compared to the Trust's 14.2% gap in 2024. However, the median gap for the Trust based on the most recent data (2025) has improved to 12.6%, and when the latest national Gender Pay Gap data is published, like-for-like comparison will be possible.

It is important to note that the gender pay gap is not the same as an equal pay gap, i.e. men being paid more than women for doing the same job (or vice-

versa) which would be unlawful. The Trust follows the national NHS job evaluation schemes to ensure equal pay for equal work.

Background

Whilst the two constituent trusts of the Lincolnshire Community and Hospitals Group (LCHG) each have a statutory duty to report on their gender pay gaps in their own right, a Group Gender Pay Gap action plan has been developed, and further analysis of the data as a Group has been undertaken in preparing this.

Employers with 250 or more employees have been required to publish information on the pay gap between male and female employees since 31 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://www.legislation.gov.uk/uk/2010/248/2017)

Organisations in the public sector, such as NHS Trusts, are required to report on the gov.uk Gender Pay Gap website (Search and compare gender pay gap data - Gender pay gap service - GOV.UK), against a set of six key indicators, based on data from 31 March each previous year, for example, the “snapshot date” for this report is 31st March 2025. Organisations are then required to publish the data and a narrative (“Gender Pay Gap Report”) so that employees and members of the public can access the data and report, along with an action plan to address disparities, by 31 March each year, for example, this report is to be published on the Trust’s website by 31 March 2026 (Gender pay gap reporting - United Lincolnshire Hospitals).

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.pdf) which was co-produced with the Health and Care Women Leaders Network.

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 a 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.

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.

What is the meaning of 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 the numbers and dividing the result by how many numbers were in the list. Very high or very low pay can distort this figure, which is why the median is used as the headline figure in gender pay gap reporting.

About our results

The Trust's Gender Pay Gap has 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.

The data sets on which the Trust's Gender Pay Gap report for the current reporting cycle are based can be viewed in appendix 1.

Since reporting was made a statutory requirement in 2017, the median pay gap is very slowly getting smaller, by just 1.5% in nine years for this, the most reliable measure. The improvement since reporting began for the less-reliable average (mean) is 5.2%.

The trend data from 2017 for the median hourly rate and the average hourly rate (mean) are noted as follows:

Median Hourly Rate Gap

- 2017-2018: 14.1%
- 2018-2019: 15.2%
- 2019-2020: 15.3%
- 2020-2021: 16.8%
- 2021-2022: 14.6%
- 2022-2023: 16.8%
- 2023-2024: 14.6%
- 2024-2025: 14.2%
- 2025-2026 (current): 12.6%

Average (Mean) Hourly Rate Gap

- 2017-2018: 32.8%
- 2018-2019: 32.8%
- 2019-2020: 31.6%

- 2020-2021: 31.4%
- 2021-2022: 28.6%
- 2022-2023: 29.3%
- 2023-2024: 29.3%
- 2024-2025: 27.3%
- 2025-2026 (current): 27.6%

A trend chart for the Median Hourly Rate and the Average Hourly Rate (mean) is included in appendix 2.

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 majority of the male colleagues in the Trust occupying higher paid roles, including the medical workforce (especially consultant medical staff) and Very Senior Manager (VSM) roles.

For this reason, further analysis on the gender pay gap has been undertaken to identify the Agenda for Change gender pay gap and the Medical and Dental gender pay gap. Please note that this information is only available as the mean rather than the median.

Overall, the mean Gender Pay Gap for all colleagues on Agenda for Change terms and conditions of employment is small, at £296.79 per year and a percentage gap of 0.56% overall (Bands 1/Apprentice to Band 9 inclusive). This does not include those on Very Senior Manager (VSM) contracts and Executive Directors, to avoid distortion from higher salaries.

To assist further, each band has been analysed. This does reveal a couple of "hotspots" which would benefit from further analysis as indicated below:

Agenda for Change

Difference in Mean Salary

- Band 8b: -£957.77
- Band 8c: -£2,156.94
- Band 8d: -£4,472.23
- Very Senior Manager: +£3,616.67
- Executive Director: -£27,362.93

Pay Gap Percentage (Mean)

- Band 8b: 1.4% lower for women
- Band 8c: 2.61% lower for women
- Band 8d: 4.53% lower for women
- Very Senior Manager: 2.64% lower for men
- Executive Director: 14.42% lower for women

Further investigation, as captured in the action plan, will establish the reasons for the difference at these bands and whether they are explained by the Agenda for Change pay structure, and in particular any length of service-related differences which are objectively justifiable. The Very Senior Manager (VSM) and Executive Director gaps may also benefit from further enquiries, to establish whether the differences there are also objectively justifiable.

Medical and Dental

This Trust has a large medical workforce, employing 417 Full-Time Equivalent (FTE) female doctors, and 742 FTE male doctors. The overall gender pay gap for the medical and dental workforce is +5.4% (mean). This means that overall, the female medical workforce is paid more than men, not including any bonus (CEA for Consultants) pay.

As with all averages, in a small workforce a significantly higher or lower salary can distort the outcome substantially. An example of this can be seen in the large gender pay gap for men at GPCA/Hospital Practitioner grade, which is a very small workforce of 1.73 FTE.

Difference in Mean Salary

- Specialty Doctor: -£6,414.66
- GPCA/Hospital Practitioner: +£11,786.03

Pay Gap Percentage (Mean)

- Specialty Doctor: Women earn 7.18% less
- GPCA/Hospital Practitioner: Men earn 13.7% less

As with the Agenda for Change Workforce, a couple of hotspots, highlighted in the table above, have been identified as warranting further investigation, particularly to establish the objective justification behind the substantial pay gap for women at Specialty Doctor grade, and this is therefore reflected in the action plan.

Gender Disparity – Pay Quartiles

79.6% of the workforce in the lowest pay quartile are female. This means that women hold 79.6% of the lowest paid jobs. In comparison, 61.6 % of the workforce in the top pay quartile are women. This means that women hold 61.6% of the highest paid jobs, which is disproportionately low considering their representation throughout the lower and upper middle quartiles (around 80-81%). Also of note, the percentage of women in the top pay quartile has decreased by 2.2% over the last year.

Further detail relating to the pay quartiles can be located in appendix 1.

Gender Disparity – Mean Salary

The data in Appendix 1 highlights that below Band 8A Agenda for Change (AfC), women are likely to be paid more than men. The reasons why female colleagues are more highly paid in some of the pay bandings is likely to relate to factors like length of time in post, career progression and seniority in the nursing and midwifery workforce.

However, from AfC Bands 8B through to Band 8D inclusive, similar to the previous year, men are paid more than women, with the most significant gaps in monetary amounts occurring throughout these bands. The reasons for this are not evident from the gender pay gap data on the face of it but may relate to length of service and associated gaining of higher increments. It is a narrowing gap, and in previous years the disparity started earlier at Band 8A and continued into Band 9, which suggests that the gap may be related to increments and time-served. Further analysis as a Gender Pay Gap action will confirm. This would then inform further action if the difference cannot be objectively justified.

The NHS EDI Improvement Plan asks all Trusts, as part of High Impact Action 3, to consider the gender pay gap for the medical workforce and ensure that the “Mend the Gap” report recommendations are implemented at the Trust (NHS EDI Improvement Plan, High Impact Action 3). Overall, across the medical workforce, women earn +5.44% more than men.

Gender Disparity – Bonus Pay

Bonus pay relates to the CEAs which only apply to members of the consultant workforce.

Historically, CEAs were an area where gender disparity was evident. In recent years the Trust has transformed its approach to CEAs by ensuring a gender balance on the awarding panel and taking steps to encourage applications from female consultants for the CEAs and has distributed awards equally in the current reporting cycle. Equity was achieved in previous years, in that for every £1 that a male consultant received, a female consultant received the same amount.

Bonus pay relates to the CEAs which only apply to members of the consultant workforce. Due to the national changes, in reality this now applies to an even smaller group, those who were already receiving a CEA as of 2018.

Mean & median bonus payments for males and females

Average Pay

- Male: £9,841.42
- Female: £5,400.40
- Difference: £4,441.02
- Pay Gap percentage: 45.1%

Median Pay

- Male: £6,032.04
- Female: £3,079.40
- Difference: £2,952.65
- Pay Gap percentage: 48.9%

For every £1.00 that a male consultant receives in bonus, a female consultant receives £0.51. Last reporting year, there was no gender disparity with bonus pay within the Trust due to the steps taken by the Trust to ensure equity. However, due to the cessation of the CEA scheme nationally, new CEA bonuses are no longer paid and therefore only legacy (2018) CEAs are paid.

This inequity is enshrined in the national CEA agreement. It will lessen over time with retirements and other natural attrition, but the gap will close more quickly if more equitable arrangements can be agreed nationally.

How we will make progress to close the gap

It has been identified where the Trust needs to take action which will be taken forward within the context of the overall LCHG strategic objectives, the LCHG EDI Objectives 2025-2026 and the NHS EDI Improvement Plan.

The Gender Pay Gap action plan will be developed as an LCHG Group Action Plan this year and will be discussed further with key stakeholders such as the Women's Staff Network and Men's Staff Network. It will also take account of the Ethnicity Pay Gap reports and resulting actions, to be discussed further with the Race, Ethnicity and Cultural Heritage network (RE&CH) and the CODE Staff Network.

Disability Pay Gap reporting is also a requirement of the NHS EDI Improvement Plan, with Trusts required to implement an improvement plan to analyse the data and identify any improvements required now (2025) and by other protected characteristics by 2026.

Themes identified as areas for action in both Gender and Race Pay data are:

- Inclusive Recruitment – improvement of WRES 2 indicator (likelihood of job offer from shortlisting) through the inclusive recruitment project, working with the Inclusive Recruitment Champion, considering this from both a race and gender perspective.
- Explore declining trend of female leaders at middle and upper pay quartiles, identify root cause(s) and act accordingly.
- Work with the Talent Academy, Women's Network and Men's Network, to encourage more men into areas where they are underrepresented (i.e. at the lower pay quartiles) and continue to encourage women into occupations where they are under-represented, including science, technology, engineering and mathematics (STEM) roles.
- Progression as well as pay – develop a Group wide approach to talent management, which is strategic and inclusive, allowing for equitable rates of career progression.
- Continuing to apply pay rules fairly and consistently, and addressing any anomalies identified through further analysis of specific gaps identified in this report.

Gender Pay Gap Data on which this report is based

Appendix 1: – Data 2025

The mean and median hourly rates for males and females:

Average Hourly Rate

- Male: £26.82
- Female: £19.43
- Difference: £7.39
- Pay Gap Percentage: 27.7%

Median Hourly Rate

- Male: £20.14
- Female: £17.60
- Difference: £2.54
- Pay Gap Percentage: 12.6%

The proportion of male and female staff in each pay quartile:

Quartile 1

- Female: 2074 headcounts, 79.6%
- Male: 530 headcounts, 20.4%

Quartile 2

- Female: 2088 headcounts, 80.2%
- Male: 517 headcounts, 19.8%

Quartile 3

- Female: 2092 headcounts, 81.4%
- Male: 477 headcounts, 18.6%

Quartile 4

- Female: 1629 headcounts, 61.6%
- Male: 1016 headcounts, 38.4%

Table 1. Mean salary for men and women within each Agenda for Change pay band or grade.

Pay Band/Grade	Female (full time equivalent)	Male (full time equivalent)	Female Mean Salary (£)	Male Mean Salary (£)
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Band 1 & Apprentice	15.93	9.99	£22,765.77	£19,942.69
Band 2	902.14	295.75	£23,615.00	£23,615.00
Band 3	1406.64	325.43	£25,015.33	£24,764.81
Band 4	442.19	130.19	£27,704.31	£27,675.38
Band 5	1769.73	320.86	£32,341.93	£32,173.87
Band 6	897.02	246.76	£40,785.71	£40,426.42
Band 7	544.52	128.03	£49,336.28	£49,265.50
Band 8A	232.95	84.71	£56,874.34	£56,703.00
Band 8B	72.73	31.69	£67,328.58	£68,286.35
Band 8C	25.02	11.00	£80,564.78	£82,721.73
Band 8D	9.00	9.80	£94,172.22	£98,644.45
Band 9	13.82	10.00	£113,799.36	£113,645.90
Very Senior Manager	2.00	3.00	£136,925.00	£133,308.33
Executive Director	5.00	3.00	£162,378.40	£189,741.33

Table 2. Mean salary for men and women within each Medical Workforce pay band or grade.

Pay Band/Grade	Female (full time equivalent)	Male (full time equivalent)	Female Mean Salary (£)	Male Mean Salary (£)
General Medical Practitioner	0.11	0	£125,033.12	0
Consultant	99.49	287.95	£126,554.47	£126,748.87
Associate Specialist	1.65	17.54	£116,361.00	£115,434.42
Staff Grade	0	0.78	0	£87,867.00
Specialty Doctor	69.58	159.82	£79,158.57	£85,573.23
Specialist	1.87	1.00	£99,014.55	£100,784.00
GPCA/Hospital Practitioner	1.00	0.73	£85,895.00	£74,108.97
Specialty Registrar	111.46	154.01	£56,247.01	£56,002.07
Foundation Year 2	72.49	77.00	£42,008.00	£42,008.00
Foundation Year 1	58.84	43.00	£36,616.00	£36,616.00

Mean and median bonus payments for males and females - Clinical Excellence Awards within the medical workforce consultant pay grade:

Average Pay

- Male: £9,841.42
- Female: £5,400.40
- Difference: £4,441.02
- Pay Gap Percentage: 45.1%

Median Pay

- Male: £6,032.04
- Female: £3,079.40
- Difference: £2,952.65
- Pay Gap Percentage: 48.9%

Number of female and male medical staff receiving a bonus payment:

Employees Paid Bonus

- Female: 22
- Male: 70

Total Relevant Employees

- Female: 99.5
- Male: 288

Percentage

- Female: 22.1%
- Male: 24.3%

NB: adjusted for relevant employee population (consultants on medical and dental terms and conditions), not total workforce headcount.

Appendix 2: – Trend Graph to 2025

