



**United Lincolnshire
Hospitals**
NHS Trust

United Lincolnshire Hospitals NHS Trust Gender Pay Gap



OUTSTANDING CARE
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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 2023.

In this Trust, women earn 85p for every £1 that men earn when comparing median hourly pay. This is an improvement on last year's data (83p for every £1)

For women who receive a bonus, they receive £1 for every £1 men receive. In an NHS Acute Trust, bonuses are defined as the Clinical Excellence Awards (CEAs) which are only applicable to Consultants in the medical workforce.

At ULHT, women hold 83.5% of the lowest paid jobs, and 63.7% of the highest paid jobs.

There has been a slight increase (0.3%) in the number of women holding the lowest paid jobs, and also a 0.9% decrease in the number of women holding the highest paid jobs – this was the case as at the 31st March 2023 snapshot date, however changes may have occurred after this that will be reflected in the 2024 data.

Women still hold around 80% of the lower middle and upper middle-paid jobs, which has remained stable since last year.

The median is the generally-accepted main indicator across all organisations who take part in Gender Pay Gap reporting. Comparing like-for-like years, i.e. 2023 data, the national gender pay gap in the UK was 14.3%, compared to ULHT's 14.9% gap.

Despite some changes in representation at the highest and lowest pay bands in the Trust, the ULHT pay gap has improved to be much closer to the national median UK pay gap. The national gap has improved by 0.6%, and ULHT's gap has improved by 1.9%.

When comparing mean (average) hourly pay, women's mean hourly pay is 28.7% lower than men's. This is also an improvement on last year's data (29.3%)

National Sources:

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

This report contains:

- Background to the requirements for Gender Pay Gap Reporting
- Guidance to assist 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 improved (i.e. reduced)
- A proposed Action Plan to further reduce the Gender Pay Gap, incorporating the actions from the Mend the Gap report.
- Appendix with all the required data which has been submitted to the Gov.Uk Gender Pay Gap reporting portal, ahead of the 30th March 2024 deadline

This report will provide a high level of assurance in terms of compliance with Gender Pay Gap Reporting, 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. It also provides evidence for High Impact Action 3 of the NHS EDI Improvement 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://www.legislation.gov.uk/ukpga/2010/151/section-75).

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 2023. 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 2024.

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.

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/publications/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 six 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?

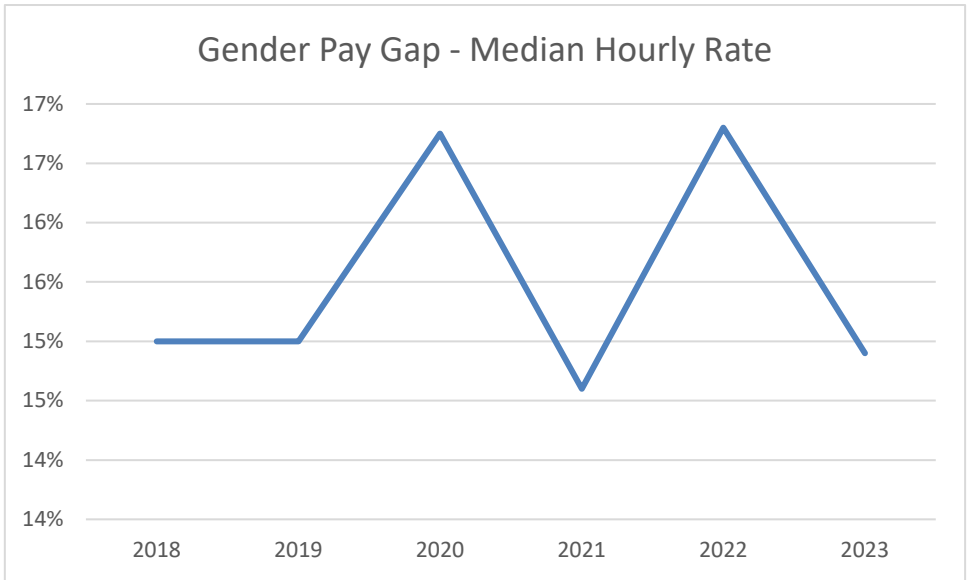
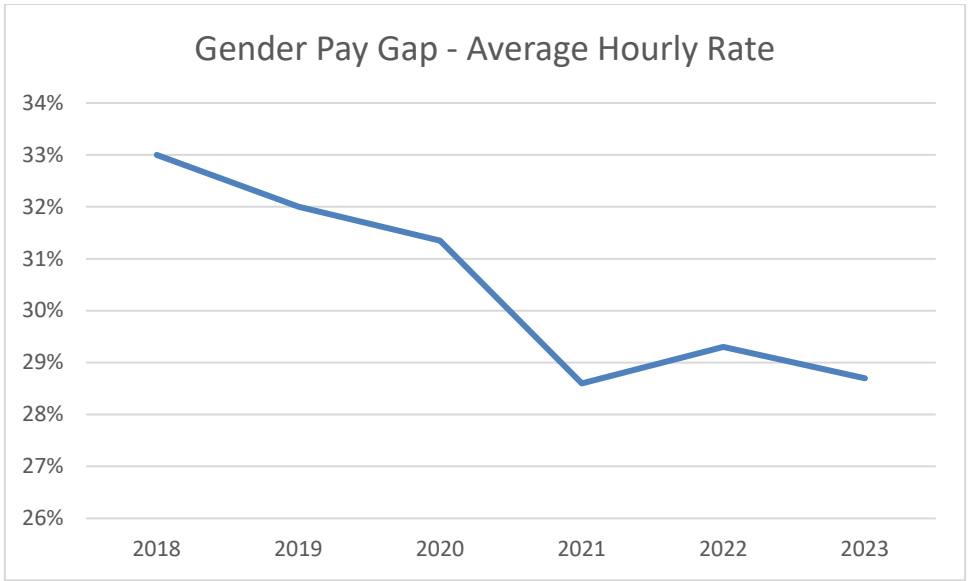
The mean gender pay gap figure uses hourly pay of all employees to calculate the difference between the mean hourly pay of men, and the mean hourly pay of women. A mean involves adding up all of the numbers and dividing the result by how many numbers were in the list. Very high or very low pay can distort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

3 About our results

The Trust's Gender Pay Gap 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.

Compared to last year, the median is 1.9% better (smaller gender pay gap), and the average hourly rate is 0.6% better. Since reporting began, the median has fluctuated and the overall improvement since then is only around 0.1%

The trends are illustrated in the charts and tables below:



Trend 2018 when reporting began, to present data (2023)

| 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% |
| 2023 | 28.7% | 14.9% |

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 including the medical workforce (especially Consultant medical staff) and Very Senior Management (VSM) roles.

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, 63% of the workforce in the top pay quartile are women. This means that women hold 63% of the highest paid jobs, disproportionately low for their representation in the lowest pay quartile (83%) and throughout the other pay quartiles (around 80%).

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 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, as with last year, men are still consistently paid more than women. The reasons for this are not evident from the gender pay gap data, and may relate to length of service and gaining of higher increments. An action is therefore noted, to explore the reasons for this further.

Male Consultants and Speciality Doctors are paid more than their female colleagues, at +1.59% and +8.1% respectively. This disparity has a specific action in the Gender Pay Gap action plan – to ensure that the “Mend the Gap” report recommendations are implemented at this Trust (NHS EDI Improvement Plan, High Impact Action 3). However, overall, across the medical workforce, women earn +2% more.

Gender Disparity – Bonus Pay

Bonus pay relates to the Clinical Excellence Awards (CEAs) which only apply to Consultants.

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 2023. There is now greater equity in terms of equal bonus payments. For every £1 that male consultants receive, female consultants receive the same amount. In terms of uptake, Appendix 1 illustrates that the take-up rate is 5.4% lower for female consultants than it is for male consultants, indicating that efforts to encourage higher uptake of CEA applications need to continue.

4 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), EDI Objectives 2022-2025 and the NHS EDI Improvement Plan.

The Gender Pay Gap Action Plan, proposed for further discussion, including key stakeholders such as the ULHT Women’s Staff Network and the Medical Workforce, is included on the next page of this report.

| Gap | Lead | Action | Timescale |
|--|--|--|----------------------|
| <p>Data & Analysis</p> <p>Supporting data and analysis, beyond the statutory reporting requirements</p> | <p>EDI team</p> <p>Supported by:</p> <p>Workforce Intelligence Team</p> <p>ULHT Women's Network</p> <p>HR</p> | <p>Supply further details alongside the statutory data to allow for more detailed analysis:</p> <ul style="list-style-type: none"> • Include age as a factor • By team profile & role – e.g. areas where there may traditionally be over-representation/under-representation of men & women. • <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, compared to length of service in that band. | <p>December 2024</p> |

| | | | |
|---|--|---|--|
| <p>Recruitment & Career Development</p> <p>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.</p> <p>Ensure talent pipeline is inclusive and supportive of all genders, to access all – e.g. increase male representation in lower and lower middle pay quartiles. Increase female representation in top quartile.</p> | <p>Associate Director – Culture and OD</p> <p>Supported by:</p> <p>Head of Recruitment</p> <p>HR Policy Manager</p> <p>EDI team</p> <p>ULHT Women’s Network</p> <p>Talent Academy</p> <p>Medical Workforce team</p> <p>People Promise Manager</p> | <ul style="list-style-type: none"> • Talent Academy – continue excellent work to promote the wide range of opportunities in the NHS to people of all genders, ages and other protected characteristics. • Analyse turnover and exit feedback by protected characteristic and themes (qualitative) and quantitative (as % of the workforce and absolute numbers leaving). Aim is to establish detailed picture of barriers to staying and progressing. • Grow and develop ULHT Men’s Network (already in progress) – to include a range of stories and guest speakers from men working at ULHT in a wide range of roles • Establish Mutual Mentoring | <p>Talent Academy Leads – ongoing</p> <p>People Promise Manager – end June 2024</p> <p>Chair Men’s Network, Executive Sponsor.</p> <p>EDI team ULHT (& LCHS)</p> |
|---|--|---|--|

| | | | |
|---|--|---|--|
| <p>Ensure positive trend in recruitment of female Consultants is maintained and intentionally increased.</p> | | | |
| <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 confident to request them.</p> | <p>Head of OD</p> <p>Supported by:</p> <p>Flexible Working Lead (People Promise Manager)</p> <p>Head of Recruitment</p> <p>EDI team</p> <p>Wellbeing Team</p> <p>Medical Workforce Team</p> | <p>Continue progress with:</p> <ul style="list-style-type: none"> • Carers Network • Flexible working – including in patient facing and senior roles, executive roles. • Menopause support – in place, work on sustainability. | <p>Ongoing and progress by December 2024</p> |

| | | | |
|--|---|---|--|
| | | | |
| <p>Medical Workforce</p> <p>Clinical Excellence Awards (CEAs)</p> <p>Mend the Gap actions</p> | <p>Director of People and OD and Medical Director</p> <p>Supported by:</p> <p>Local Negotiating Committee (LNC)</p> <p>CEA Task & Finish Group</p> | <p>Establish ULHT data as per Mend the Gap (MTG) recommendations</p> <p>Establish and agree an action plan, for the areas of support identified in MTG, and apply actions/support meaningfully to medical workforce at ULHT:</p> <ul style="list-style-type: none"> • Flexible Working & Less Than Full Time • Mentorship – particularly in underrepresented areas • Carers • Childcare • Sexism and sexual safety | <p>September 2024</p> <p>November 2024</p> |

| | | | |
|--|--|---|--|
| | | Many of the Mend the Gap actions would also support Agenda for Change colleagues, in VSM/Band 9 and other senior roles. There is a separate project and working group on Sexual Safety, to meet the requirements of the NHS Sexual Safety Charter fully by end July 2024. | |
|--|--|---|--|

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

ULHT Overall Gender Pay Gap 2023

The mean and median hourly rates for men and women

The mean and median hourly rates for males and females

| Gender | Avg. Hourly Rate | Median Hourly Rate |
|------------|------------------|--------------------|
| Male | £23.53 | £17.37 |
| Female | £16.77 | £14.84 |
| Difference | £6.75 | £2.53 |
| Pay Gap % | 28.7 | 14.6 |

The proportion of male and female staff in each quartile

The proportion of male and female staff in each pay quartile

| Quartile | Female | Male | Female % | Male % |
|----------|--------|------|----------|--------|
| 1 | 1913 | 378 | 83.5 | 16.5 |
| 2 | 1837 | 456 | 80.1 | 19.9 |
| 3 | 1834 | 459 | 80.0 | 20.0 |
| 4 | 1461 | 832 | 63.7 | 36.3 |

Mean salary for men and women within each Agenda for Change pay band or grade 2023

Mean salary for males and females within each pay band or grade

| Pay Band/Grade | Gender (Fte) | | Mean Salary (£) | |
|----------------------|--------------|--------|-----------------|----------|
| | Female | Male | Female | Male |
| Band 1 & Apprentices | 25.81 | 9.79 | £17,349 | £16,969 |
| Band 2 | 1612.24 | 372.09 | £20,964 | £20,925 |
| Band 3 | 566.33 | 137.98 | £22,514 | £22,412 |
| Band 4 | 498.46 | 111.53 | £24,832 | £24,799 |
| Band 5 | 1304.30 | 251.43 | £29,644 | £28,843 |
| Band 6 | 786.83 | 204.65 | £37,028 | £36,203 |
| Band 7 | 480.46 | 112.07 | £44,372 | £44,043 |
| Band 8A | 194.27 | 59.19 | £50,260 | £50,750 |
| Band 8B | 56.03 | 24.80 | £59,809 | £62,327 |
| Band 8C | 23.00 | 13.00 | £71,059 | £73,347 |
| Band 8D | 11.00 | 6.80 | £80,701 | £88,200 |
| Band 9 | 9.00 | 10.00 | £99,915 | £99,437 |
| Director | 3.00 | 6.00 | £140,930 | £173,789 |

Mean salary for men and women within each Medical Workforce pay band or grade 2023

| Pay Band/Grade | Gender (Fte) | | Mean Salary (£) | |
|----------------------------|--------------|--------|-----------------|----------|
| | Female | Male | Female | Male |
| Consultant | 89.05 | 254.90 | £104,356 | £106,041 |
| Associate Specialist | 2.65 | 18.18 | £101,072 | £100,934 |
| Staff Grade | | 0.78 | | £76,880 |
| Specialty Doctor | 53.10 | 152.83 | £67,240 | £73,174 |
| Specialist | 1.87 | 0.00 | £83,599 | |
| GPCA/Hospital Practitioner | 1.09 | 0.73 | £75,554 | £64,626 |
| Specialty Registrar | 83.31 | 102.53 | £45,925 | £45,841 |
| Foundation Year 2 | 47.36 | 78.94 | £34,012 | £34,012 |
| Foundation Year 1 | 38.36 | 59.00 | £29,384 | £29,384 |

Bonus Payments for men and women within each Medical Workforce pay band or grade 2023

Mean & median bonus payments for males and females

| Gender | Avg. Pay | Median Pay |
|------------|----------|------------|
| Male | 6,690.60 | 3,094.00 |
| Female | 4,487.26 | 3,094.00 |
| Difference | 2,203.34 | 0.00 |
| Pay Gap % | 32.93 | 0.00 |

Number of staff receiving bonus

| Gender | Employees Paid Bonus | Total Relevant Employees (FTE) | % |
|--------|----------------------|--------------------------------|------|
| Female | 80 | 89.00 | 89.9 |
| Male | 243 | 255.00 | 95.3 |

END

07 May 2024 – Approved by Trust Board