

Gap Report 2023/ 24

**NHS Humber Health Partnership
Northern Lincolnshire and Goole NHS Foundation
Trust**

Gender Pay Gap Report

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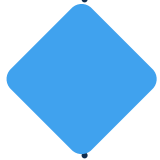


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EXECUTIVE SUMMARY

This report presents the gender pay gap data for Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) for the period from 1 April 2023 to 31 March 2024. Under the Equality Act 2010, all employers with 250 or more employees must publish their gender pay gap data annually. This report not only meets these statutory requirements, but also underscores NLaG's commitment to equality. The Trust's gender pay gap shows the difference in average pay between men and women within the workforce.

By March 30 each year, Organisations must publish:

- Mean and median gender pay gaps
- Mean and median gender bonus gaps
- Proportion of men and women who received bonuses
- Proportions of male and female employees in each pay quartile

**This report is statistically comprehensive, adhering to the national reporting guidelines. Further details on these measures can be found on page 4 of this report.*

NLaG's mean gender pay gap is 29.49%, up 2.78% from last year which indicates the extent to which women earn, on average, less per hour than their male counterparts. The median gender pay gap is 25.73%, an increase of 6.54%. Both figures are above the Department of Health and Social Care's 2024 average of 13.1% (median). The rise is due to more men in the highest pay quartile and a greater increase in the average hourly rate for male employees, while female employees' mean and median hourly pay rates have remained relatively unchanged.

Like most Trusts in the country, women make up a significant proportion of the healthcare workforce, yet they still face pay disparities. Currently, about 81% of our workforce is female, and 19% is male. Nationally, the gender pay gap is influenced by a variety of factors, including occupational segregation, where men and women are funneled into different industries and roles with varying pay scales (ONS, 2018). At NLaG, this gap mirrors broader societal issues, such as the concentration of women in lower-paid roles and their underrepresentation in senior management positions (NHS England, 2024). Women are often concentrated in lower-paying roles within the healthcare sector, such as administrative and healthcare positions, while men are more likely to occupy higher-paying roles such as consultants, engineers, and senior leaders. Although women are still the majority, their representation sharply declines at higher pay bands compared to entry-level positions which increases the gender pay gap.

The gender pay gap in healthcare is also influenced by differences in working hours as there are a higher proportion of women in the NHS who work part-time compared to men, often due to caregiving responsibilities. Part-time roles typically offer lower hourly wages and fewer opportunities for advancement and can limit the availability of full-time or higher-paying roles, impacting overall career progression.

Bonus pay gaps in the health sector are significantly influenced by the medical consultant body due to their high base wage and historical differences in bonuses awarded under the Clinical Excellence Award scheme. NLaG's average bonus pay gap is 89.41%, or £3,758.96 per year, a slight increase of 1.01% from the previous year.

The Trust's gender bonus pay gap is affected by three main factors: delayed winter incentive payments, which were mostly paid to women; higher accumulated bonuses under the old and new Clinical Excellence Award schemes for consultant medical staff (where men are more prevalent); and more male employees receiving higher bonus amounts due to longer service.

PURPOSE OF THIS REPORT

The report presents the gender pay gap data for Northern Lincolnshire and Goole NHS Foundation Trust for April 1, 2023, to March 31, 2024. It will be reviewed by the Workforce Education and Culture Committee before Group Board approval in February 2025. The Trust must submit its own report to meet statutory requirements. This report has been harmonised following the move to a Group structure. The data is based on the employing organisation of each individual.

BACKGROUND

Employers with 250+ employees must publish gender pay gap data annually by March 30, as required by the Equality Act 2010. The Equality and Human Rights Commission enforces compliance. This report includes the statutory requirements and provides additional context to demonstrate our commitment to equality. It shows the difference in average earnings between male and female employees, expressed as a percentage of men's earnings.

The gender pay gap is different from equal pay. Equal pay ensures men and women are paid equally for similar work. A gender pay gap could reflect unequal pay but usually indicates other factors, such as more women in lower-paid roles and fewer women in senior management (NHS England, April 24). At December 2023, women made up 36.9% of Senior Manager roles within the NHS (NHS England, April 24). These issues are not unique to NLaG or the NHS. The Trust uses a national job evaluation framework to ensure equal pay for similar work. Pay progression is linked to service length and performance, affecting salary regardless of gender. The analysis does not compare pay for men and women in equivalent posts, so results are influenced by gender composition across job grades and professional groups.

The figures in this report are calculated using standard methodologies from the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, using the national NHS Electronic Staff Record Business Intelligence report functionality.

REPORTING REQUIREMENTS

The Trust is required to publish six gender pay gap measures:

- **Mean (average) pay gap** – the difference between the mean hourly rate of pay (excluding overtime) of male and female employees
- **Median (mid-point) pay gap** – the difference between the median hourly rate of pay (excluding overtime) of male and female employees. The median is the point at which half of employees earn more and half earn less.
- **Mean (average) bonus gap** – the difference between the mean bonus paid to male and female employees who received a bonus in the relevant pay period
- **Median (mid-point) bonus gap** – the difference in the median bonus pay for male and female employees who received a bonus
- **Bonus distribution by gender** – the proportions of male and female employees who received bonus pay
- **Pay distribution by gender** – the proportion of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands

These measures are based on data from the pay period including 31 March 2024 and must be published by 30 March 2025. The figures must be calculated using the mechanisms set out in the gender pay gap reporting legislation. The report will be accessible on the Trust's website and the gov.uk website for three years.

RECOMMENDATION

The Workforce Education and Culture Committee is requested to approve this report before it is presented to the Group Board in February 2025. Upon approval, the report will be published to meet statutory deadlines on gov.uk by 30 March 2025.

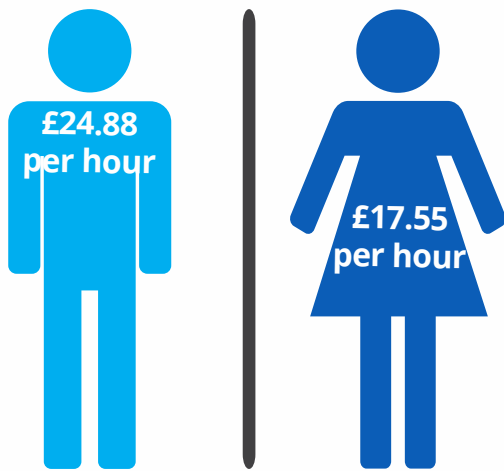
Highlights



Overall
Headcount
7,834



81% of Women the total workforce are Female



Based on the Mean Hourly Rate, females earn on average £17.55 per hour compared to males who earn on average £24.88 per hour. Men earn on average, **£7.34** per hour than women

The mean hourly pay gap stands at



29.5%

An in year increase of **2.78%**

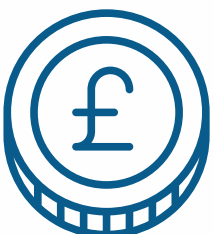
There is a higher mean gender pay gap in favour of males specifically within the Add Prof Scientific and Technic (30.27%) and Administrative and Clerical (29.38%) staff groups.



The Trust has an average (mean) bonus pay gap of

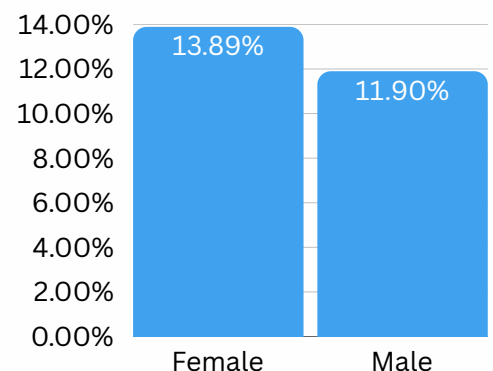
89.4%

NB: Bonus payments include Clinical Excellence Awards and delayed Winter Incentive Payments.



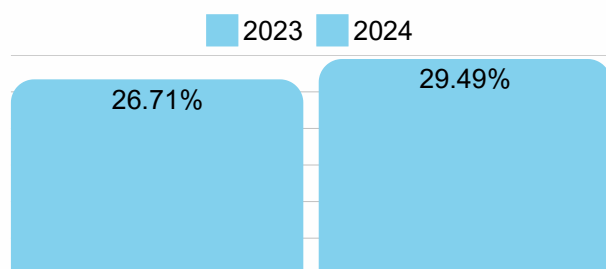
In terms of Bonus Pay (medium), For every 7p females earned in bonus payments, males earnt £1

Proportion of males and females (headcount) receiving a bonus payment

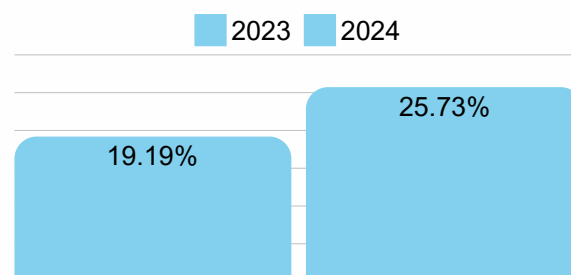


Mean (average) and Median Gender Pay Gap – Trustwide

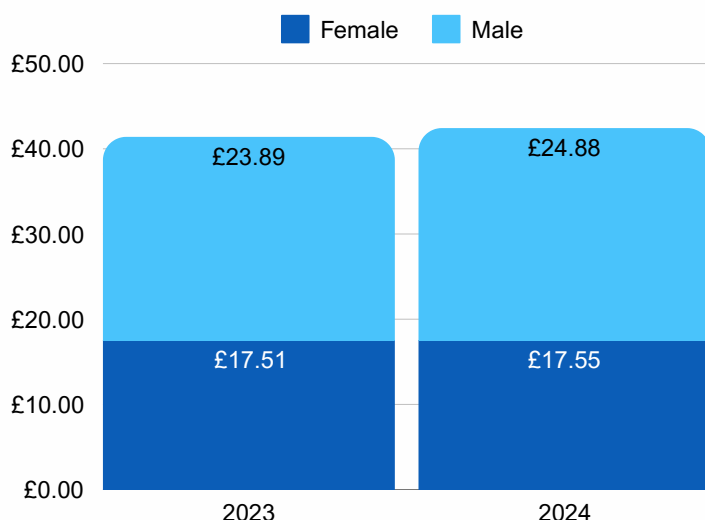
Mean Pay Gap by Year



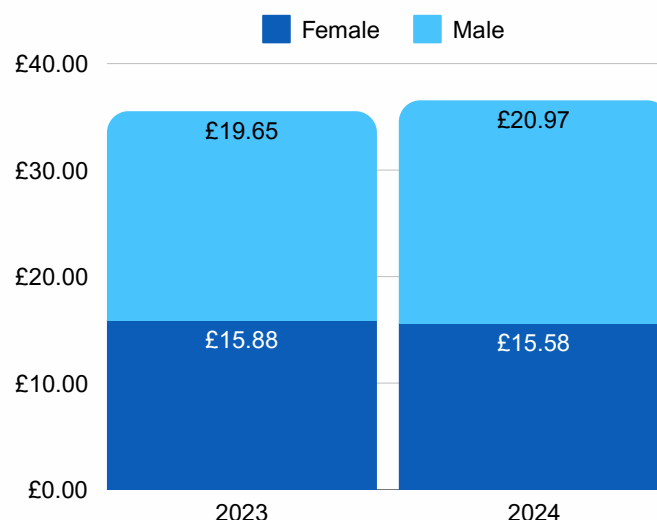
Median Pay Gap by Year



Male and Female Mean Hourly Rates



Male and Female Median Hourly Rates



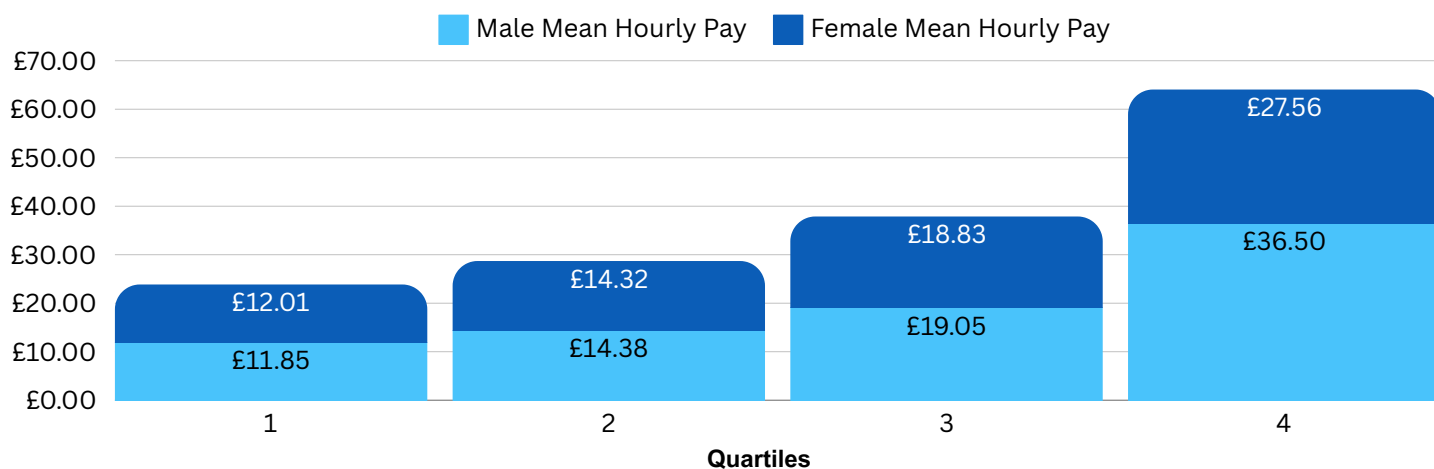
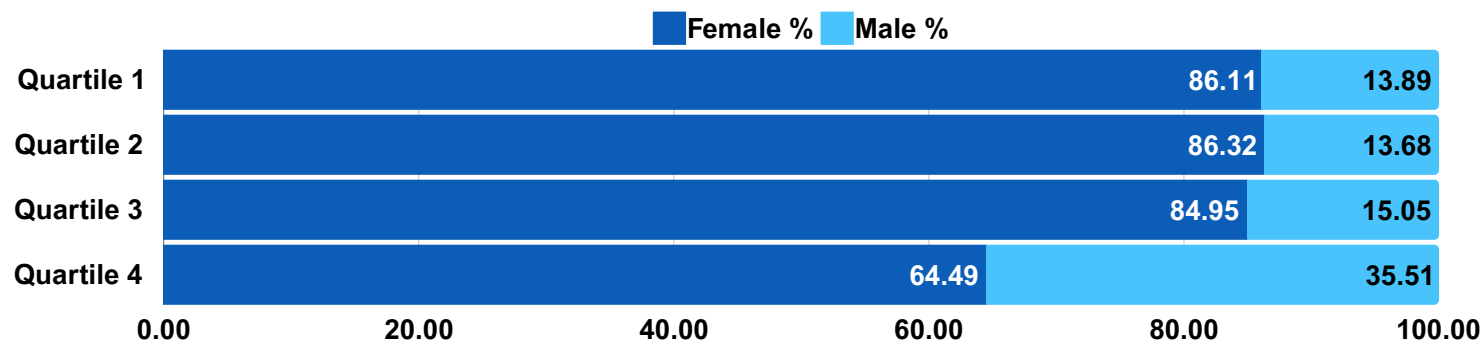
Comments

- The mean gender pay gap is 29.49% or £7.34 (i.e. women's average earnings are 29.49% or £7.34 less than men's).
- The average pay gap has increased by 2.78%, from 26.71% in 2023 to 29.49% in 2024. The in year increase is due to a greater in-year increase in average hourly rate for male employees. For females, the mean and median hourly pay rates have stayed very similar to last year, whereas males median and average pay has increased.
- Male's average Hourly rate (pay) increased by £0.99 and females by £0.04 over the two-year reporting period, therefore a much higher percentage increase for male staff which explains why the gap has widened.
- The median (mid-point) gender pay gap stands at 25.73% or £5.39 (i.e. this means that women's average median earnings are 25.73% or £5.39 less than men's). This is an increase of 6.54% or £1.62 on the previous reporting period. The median gender pay gap is the difference in hourly pay between the woman who would be in the middle if you lined up female employees from the lowest to the highest paid and the man who would be in the middle of a similar line-up of male employees. This method avoids the influence of very high or very low salaries on the average.
- Women's median hourly pay was 25.73% lower than men's – this means they earned 75p for every £1 that men earn when comparing median hourly pay.
- The median (mid-point) gender pay gap for the whole economy is 13.1% (Department of Health and Social Care, 2024), compared to the Trust's at 25.73%.
- The hourly rates in June 2023 included non-consolidated Covid payments which were awarded to all Agenda for Change staff. This was paid as part of employees ordinary pay. This increased the hourly rate across all pay points so does not effect the overall pay gap. These non-consolidated payments were based on basic pay by pay point, as opposed to individual salaries.

Note: Gender pay gap calculations are based on ordinary pay which includes; basic pay (including for medical and dental staff additional programmed activities – APAs), allowances (including shift premiums), extra amounts for on-call, pay for leave (including average holiday pay payments) but excludes; overtime, expenses, payments into salary sacrifice schemes (even though employees opted into the schemes voluntarily, as they provide a benefit in kind), Clinical Excellence Awards (CEAs) and pensions.

Gender Pay Gap by Quartile

The data below ranks the number of employees (headcount) from highest to lowest paid, divided into four equal parts (quartiles) and then calculates the percentage of men and women in each of the four groups. The lower quartile represents the lowest salaries and the upper quartile represents the highest salaries in the Trust. Quartile ranges are listed below.



Quartile Ranges

Lower= £3.39 to £12.89 per hour. The majority of staff within this quartile are Apprentice and AfC Band 1-3.

Lower Middle= £12.90 to £16.16 per hour. The majority of staff within this quartile are AfC Band 2-5.

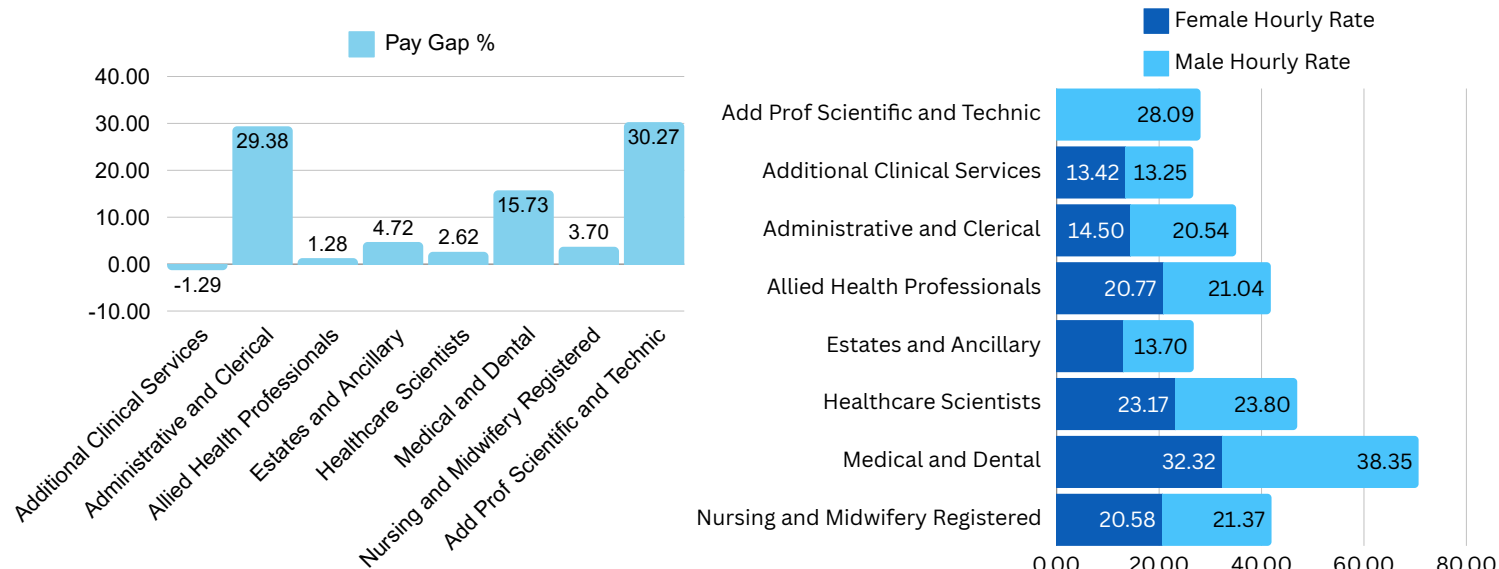
Upper Middle= £16.16 to £21.93 per hour. The majority of staff within this quartile are AfC Band 5-7 and Foundation Doctors.

Upper= £21.93 to £108.61 per hour. The majority of staff within this quartile are AfC Band 7-9, Specialty Registrar, Specialty Doctor, Consultants and very senior managers.

Comments

- The graph above shows that in the lower quartile, male employees are paid less than female employees based on hourly rates. In the lower middle quartile both male employees and female employees are paid very similar. In the upper middle quartile male employees are paid more than female. In the upper quartile, male employees are paid more than female employees.
- In the current reporting period the male mean pay (£24.88) falls in the upper quartile, and the female mean pay (£17.55) falls in the upper middle quartile.
- The Trust is made up of 80.72% female and 19.28% male. The mean (average) and median (mid-point) gender pay gap can be explained by the fact that men make up only 19% of the workforce, however, there are 29.65% of the male workforce in the highest paid (upper) quartile, (predominantly medical staff and senior leadership roles).
- There remains a disproportionate number of males (35.51%) in the upper quartile compared with females (64.49%). The female representation in this quartile has decreased by 0.71% in the last year therefore, this contributes to increased gender pay gap %.
- Female representation in quartile 1 and 2 is highest, demonstrating that females occupy lower banded roles.

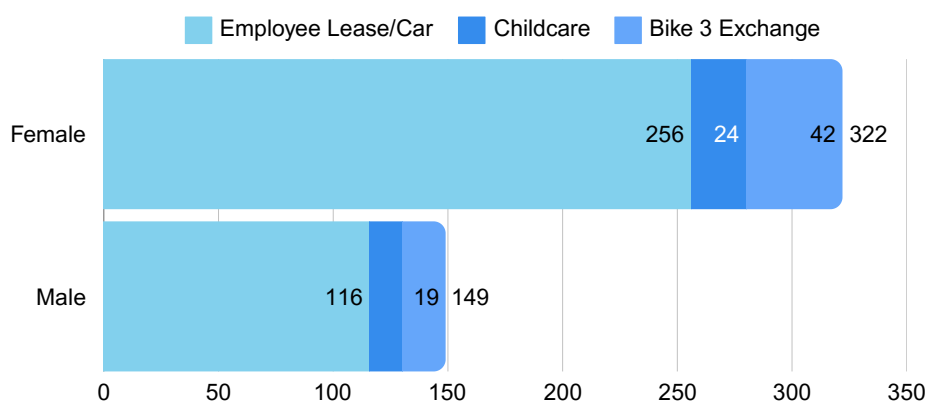
Gender Pay Gap by Staff Group



Comments

- The graphs illustrate the gender pay gap across different staff groups, highlighting the largest gaps in Add Prof Scientific and Technic (30.27%) and Administrative and Clerical (29.38%). The high pay gap within Administrative and Clerical is due to male employees at a senior leadership level. Employees on ‘very senior managers’ pay grade are including within this staff group.
- There is no pay gap within Additional Clinical Services (-1.29%); women are paid more on average than men.
- The Trust has an overall gender split of 81% female and 19% male. Within the medical workforce there is a disproportionate gender split (34% females and 66% male) compared to the rest of the workforce. Nationally, the consultant workforce is predominately male. In the upper quartile, for medical staff the split is 29.75% female and 70.25% male. This staff group accounts for the majority of the Trust’s highest earners. Medical and Dental staff pay has a strong impact on the mean and median gender pay gap. If medical staff were excluded from the gender pay gap analysis, the mean/average hourly pay gap would stand at 9.05% or a difference of £1.68. In comparison, the mean gender pay gap for medical staff is 15.73% or £6.03 difference per hour.

Salary Sacrifice by Quartile (No. of Employees)

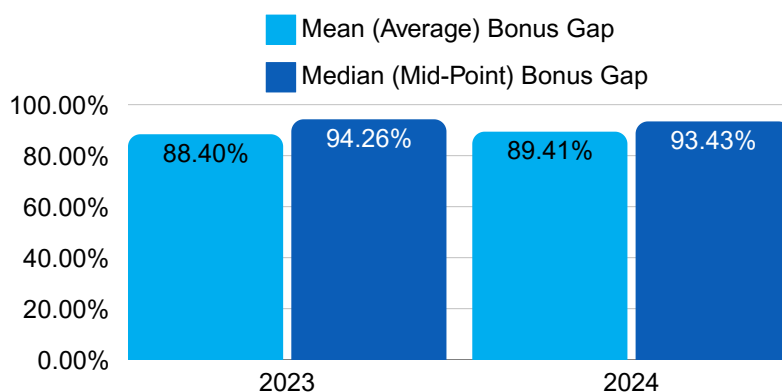
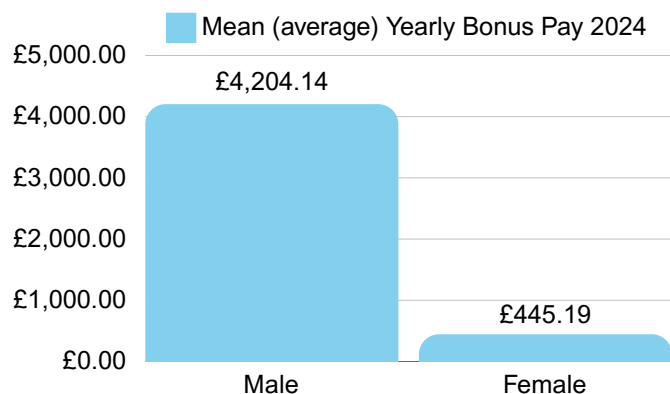


Comments

- The Trust operates a number of salary sacrifice schemes. The overall percentage of staff who pay into salary sacrifice schemes (69.48% or 322 females and 30.52% or 149 males) broadly reflects the Trust’s gender split.
- For every male that pays into a salary sacrifice scheme, more than double the number of female staff pay into a scheme. In particular, high values schemes i.e. car lease and childcare vouchers.
- Salary sacrifice schemes can distort the mean and median hourly rates and an individuals placement in the pay quartiles. This happens because gender pay gap calculations exclude payments made into these schemes, which lowers the basic salary and hourly rate of pay for those participating.

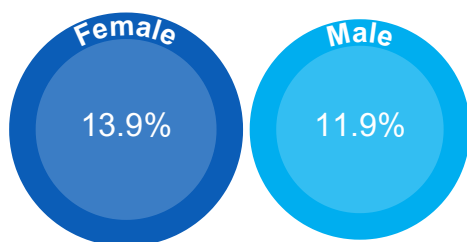
BONUS PAY GAP

Mean and Median Bonus Pay Gap



Bonus Type	Male		Female	
	Headcount	%	Headcount	%
CEA/Discretionary	148	12.16%	42	3.45%
Delayed Winter Incentive Bonus	83	6.82%	944	77.57%
Total	231	18.98%	986	81.02%

Proportion (%) of males and females receiving a bonus payment



Comments

- The Trust has a mean bonus pay gap of 89.41% or £3,758.96 difference in bonus payment between male and females. A slight increase of 1.01%.
- The gap is largely due to a large proportion of bonus payments attributable to Clinical Excellence Awards (CEAs). CEAs are awarded to consultants who perform their role 'over and above' the expected standard and can be in the form of both national and local CEAs.
- The Trust has a median bonus pay gap of 93.43%, or £3,555.68 per year. This means women's bonus pay is 93.43% lower than men's, equating to women earning 7p for every £1 that men earn in median bonus pay.
- As of March 31, 2024, the Trust's overall gender split is 80.72% female and 19.28% male. Of the bonus payments made, 81.02% went to females and 18.98% to males. Conversely, in the Medical staff group, the gender split is 29.75% female and 70.25% male, with 22.11% of females and 77.89% of males receiving CEA/discretionary payments. This indicates that more males received national awards and in higher amounts. The CEA eligibility criteria follows the Consultant Terms and Conditions of Employment.
- Bonus payments include delayed Winter Incentive Bonus from the financial year 2022/23, paid within this reporting year (in April 2023). Unlike year 2022/23, there were no winter incentives during 2023/24. The payments included in 2023/24 relate to shifts undertaken February - March 2023 that attracted a £250 bonus if a certain criteria was met. Those eligible for the additional £250 were identified after the shifts had been worked and payments were made in April 2023.

Bonus ranges

- CEA and discretionary points payments= £1,987.45 to £35,851.49.
- Delayed Winter Incentive Bonus payments = £250

CONCLUSION

The gender pay gap is a persistent issue that highlights the disparity in average earnings between men and women, often reflecting broader systemic inequalities within the workforce. Like most Trusts in the country, women make up a significant proportion of the healthcare workforce, yet they still face pay disparities. Our current workforce diversity information shows that female workers make up approximately 81% of our workforce and approximately 19% are male.

Nationally, the gender pay gap is influenced by a variety of factors, including occupational segregation, where men and women predominantly fill certain job roles, leading to disparities in pay scales (ONS, 2018). Women are often concentrated in lower-paying roles within the healthcare sector, such as administrative positions, while men are more likely to occupy higher-paying roles like consultants, engineering and senior leadership roles.

The gender pay gap in healthcare is also influenced by differences in working hours as there are a higher proportion of women in the NHS who work part-time compared to men, often due to caregiving responsibilities. Part-time roles typically offer lower hourly wages and fewer opportunities for advancement. This can limit women's availability for fulltime or higher-paying roles and impact their overall career progression. Likewise women are more likely to take career breaks for childcare or elderly care, which can affect their career trajectory and earning potential when they return to work.

In the NHS, while women may have higher mean salaries in lower pay bands, men dominate the higher pay bands, leading to a significant overall pay gap. Despite advances in gender equality, women are still underrepresented in high-paying leadership positions due to the lack of flexible working arrangements on offer at a senior level (NHS England, 2024) (CIPD, 2024). This lack of representation at the top contributes to the overall pay gap. Addressing the gender pay gap requires comprehensive policy interventions, such as supporting work-life balance through flexible work arrangements and parental leave policies, job share and part time working patterns. Overcoming these issues will enable the trust to move towards greater economic equality in the workplace.

WHAT HAVE WE DONE TO DATE

The Trust has been proactive in addressing the gender pay gap and promoting inclusivity. NLaG has undertaken a range of actions and initiatives to reduce the gap:

Inclusive Recruitment – Ensure that all job advertisements are inclusive and, that job descriptions and person specification are fully inclusive and offer opportunities for flexibility where possible.

Advanced Practice Roles - The continued development of a number of advanced practice roles across the Trust provides nursing and other clinical staff with the chance to progress to higher paid roles. Approximately, half of these roles are filled by women, which supports the ongoing work to close the gender pay gap.

Flexible Working Policies - The Trust continues to promote the suite of flexible working options to staff to better cater for work-life balance, including part-time working, job-sharing, flexitime, annual hours contracts, flexible rostering, term-time working, fixed work patterns, flexible retirement and homeworking. The Trust is committed to moving to a culture where flexible working becomes the 'norm' and where flexible working applications are rejected they are escalated to understand the reasons why. There is a groupwide 'People Promise We Work Flexibly' working group which aims to make flexible working more accessible to all staff.

Engagement Events - A number of inclusive engagement events for staff have taken place, aiming to celebrate the values of having an inclusive and diverse workforce and to demonstrate that NLaG are an 'Employer of Choice'. These engagement events also include a specific celebrations such as International Women's day during March.

Education - The last year has seen a revamp of the Trusts training programmes to reflect the establishment of the Humber Health Partnership Group structures, and more in-depth a higher level inclusive training programme has been developed. The Trust continues to offer a wide variety of apprenticeships starting from Level 2 (equivalent to GCSE), extending up to Level 7 (equivalent to a master's degree), in areas including nursing, allied health professions, leadership and many more. Apprenticeships support both 'grow your own' and external candidates through traditional study and on-the-job learning, in addition to providing opportunities to staff who wish to further their qualifications. Since 2017, the Trust has supported over 1,000 individuals to advance their careers through apprenticeship programmes, with the majority of apprentices being women. This supports them to gain new skills and advance into higher paid roles, this will continue to help narrow the gender pay gap overtime.

- **Menopause Network** - With a predominately female workforce and reports of around 6% of people in the UK leaving their workplaces due to a lack of support in relation to menopause symptoms (Menopause in the workplace: Employee experiences in 2023, CIPD), the Trust continues to explore how to best support perimenopausal and menopausal women to remain in the workplace. The report highlights that a majority of staff are female but recognising intersectionality it is also identified that the Trust has an aging workforce. Therefore, the Trust has introduced a virtual Menopause Network, accessed by a large number of staff, giving them an opportunity to share lived experience and gain support.
- **Women's Staff Network** - Still in its infancy the Trust has launched a Women's Staff Network to support and empower women in the workplace, providing a platform for networking, mentorship, and professional development.

NEXT STEPS

The Trust believes, that over time, it's commitment to fostering inclusion, fairness and flexibility will be reflected in its gender pay gap figures, building a strong foundation for individual and organisational growth. This will be strengthened by operating as a cohesive Humber Health Partnership Group. The Trust will continue to take steps and seek further opportunities to reduce its pay gap and continue to explore best practice across the sector and beyond, such as offering a range of flexible working opportunities to close the pay gap between men and women, such as job shares opportunities, condensed hours and actively promoting these on job adverts. Addressing these issues requires targeted policies and initiatives to promote gender equality, such as flexible working arrangements, mentorship programs, and efforts to increase female representation in senior roles. Solutions to the gender pay gap lie in culture changes both in society and organisations. Closing the gap will take time, and progress will not always be linear.

The Trust is committed to addressing the gender pay gap and is undertaking a range of actions and initiatives to reduce this including:

- **Menopause Workplace Pledge** – We plan to adapt the Menopause Pledge to be applicable across the Humber Health Partnership Group. Research indicates approximately 10% of staff actually give up their jobs, cut their hours or pass up promotion because they struggle with what can be varied and often long-lasting symptoms. Guidance and practical resources to help staff and their managers understand the Trust's approach to the menopause are being developed which will include establishing support networks, special drop-in clinics and safe spaces to share views and ideas. Continuing to take positive action to retain peri-menopausal and menopausal women, is a key focus for the Trust in the future. This will include reviewing the provision of alternative lightweight uniforms for staff.
- **Celebrating our Staff** - The Trust will celebrate 'International Nurses Day' on an annual basis to reflect on the commitment, the care, and the expert clinical skills nurses bring and the impact nurses have on so many people; patients, families, colleagues, communities.
- **Returning Parents Project** - To support and integrate parents back into the workplace following a period of parental leave. The aim is to help with confidence boosting as well as personal and professional development.
- **Engagement** - Continuing to engage with the diverse workforce at every opportunity and embed the benefits which diversity brings to the Trust through training and education such as further develop the Trust's apprenticeship offer.
- **Women's Staff Network** - To promote and grow the newly established Women's Staff Network and the virtual Menopause Network to support career development and progression and representation in higher paid professions.
- **Clinical Excellence Award (CEA) Scheme** – The consultant pay award regarding CEAs has been removed therefore, going forward this will reduce the bonus pay gap. This will only be seen in the GPG report that will be generated for the year commencing April 2026. However, some consultants will still receive consolidated bonus payments.
- **Flexible Working Policies** - Solutions to the gender pay gap lie in culture changes both in society and organisations. Therefore, increasing the offer of flexible working opportunities across the Trust will be explored further.
- **Equitable Promotions and Opportunities** - At senior level as the new structures come into place we will strive to be inclusive and give women the opportunity to be represented at Board level and in the Care Group structures across the Humber Health Partnership Group.
- **Widening Participation** - Work with the Widening Participation team as to how we can work locally with our schools and colleges to encourage more women to go into medicine.