

Bolton NHS Foundation Trust - Gender Pay Gap Report 2024

Executive Summary

This report examines the gender pay gaps across Bolton NHS Foundation Trust. Key data highlights include disparities in the Gender Pay Gap (GPG), underrepresentation of women in senior roles, and barriers to progression for part-time workers.

- The **mean** gender pay gap stands at **26.2%** while the **median** gender pay gap is **13.0%**. These figures are higher than last year.
- Women are well-represented in middle and lower pay bands, but poorly represented in senior medical roles.
- **Divisions** with the largest gender pay gaps are Acute Adult Care, Anaesthetics & Surgical, and Family Care. A sharp deterioration in the **Corporate Division's** gender pay gap (from 2.8% to 19.8%) indicates a potential emerging issue.
- **Part-time** female staff experience a **mean** pay gap of **32.36%** and a **median** gap of **14.93%**, highlighting a pay disparity for part-time roles.
- **Excluding medical staff** reduces the **mean** hourly pay gap to **4.6%** and the **median** to **2.6%**.
- The **mean bonus** gap is **25.52%** and the **median bonus** gap is **0%** with men more likely to receive bonuses. Only medical staff receive bonuses.

These findings are contextualised within broader national patterns (of which we are not an outlier) and compliance with the Equality Act 2010.

The root causes include systemic biases in recruitment and promotion processes, insufficient flexible working arrangements for senior roles, and historical patriarchal structures in the medical profession. Addressing these gaps is critical to meeting the NHS People Promise and fostering an inclusive culture aligned with our EDI objectives.

We will introduce targeted actions, including revising recruitment practices, enhancing flexible working policies for senior roles, and working on improving talent management practices in all professions, but especially focussed on medical roles. Accountability mechanisms will be strengthened through the newly launched EDI governance structure, ensuring measurable progress on these initiatives.

1. Background

- 1.1 In 2017 the Government introduced legislation that made it statutory for organisations with 250 employees or more to report annually on their Gender Pay Gap (GPG). The GPG reporting requirements are detailed within [The Equality Act 2010 \(Specific Duties and Public Authorities\) Regulations 2017](#).
- 1.2 The gender pay gap shows the difference in the average pay between all men and women in a workforce. Pay gaps often indicate that female workers are missing out on opportunities that could lead to higher pay, such as opportunities to progress in their careers, or to work full time hours through flexible working patterns.

- 1.3 The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally based on their gender.
- 1.4 Understanding the difference is important because the solutions to the gender pay gap are different to those required to ensure equal pay. It may be surprising, but it is possible to have genuine pay equality and still have a significant gender pay gap. For example if a company employs 11 people, i.e.; 10 engineers and one managing director, the 10 engineers (nine women and one man) all earn exactly £50,000 per year so they are all on equal pay. The managing director, who happens to be a man, is on £100,000 per year. The average salary for women in the organisation is £50,000 per annum while the average pay for men in the organisation is £75,000 per annum ($\frac{£50,000 + £100,000}{2}$), a gender pay gap of £25,000 or 50%. Although the reporting requirements apply to organisations larger than this the example illustrates the point.
- 1.5 All NHS organisations manage equal pay through robust job evaluation systems, these systems ensure that pay for work of equal value is recognised; for example, a male nurse and female nurse entering nursing with some qualifications and experience are paid the same pay scale; however, the best job evaluation system will not address the gender pay gap if an organisation has a majority of men in higher-paid roles.
- 1.6 Our workforce is predominantly female; however, women remain underrepresented in senior leadership roles. A significant portion of female staff work part-time or in flexible roles, impacting overall pay equity. These factors contribute to a complex pay landscape requiring tailored analysis and intervention.
- 1.7 The Gender Pay Gap is calculated and reported as six measures based on the hourly rates of pay and the bonuses of all eligible employees on a snapshot date, which for Public Sector organisations is 31st March 2024:
 - i. percentage of men and women in each hourly pay quarter
 - ii. mean (average) gender pay gap using hourly pay
 - iii. median gender pay gap using hourly pay
 - iv. percentage of men and women using bonus pay
 - v. mean average gender pay gap using bonus pay
 - vi. median gender pay gap using bonus pay
- 1.8 Gender pay gap reporting is a crucial step to better understanding our own position and the broader factors which contribute to pay disparity.
- 1.9 The cause of the gender pay gap is complex, and as the report will show there are certain issues peculiar to specific staffing bands / levels. Understanding these peculiarities is important as this will help to address the gender pay gap disparity in the years to come via robust actions.

2. What do the calculations mean?

- 2.2 The information in this report demonstrates the gender pay gap taking into account all Trust employees (excluding iFM).
- 2.3 Definitions of the terminology used in this report are included in appendix 1. When reporting the gender pay gap, both mean and median averages are used.
- 2.4 The median is often used as a headline measure because it's less swayed by extreme values, particularly the small number of people on high salaries.
- 2.5 The mean is useful because it does capture the effect of a small number of high earners. This is something we're interested in, given that women's responsibilities beyond work have traditionally limited their access to higher-level, higher-paid jobs.
- 2.6 The difference between an organisation's mean and median pay gap can provide valuable insight. The presence of very low earners can make the mean smaller than the median. A group of very high earners can make the mean larger than the median.
- 2.7 The bonus pay gap is intended to reflect the distribution of bonus payments made to male and female employees in the 12 months to 31st March 2024. As an NHS organisation the only pay elements that fall under the bonus pay criteria are within the medical workforce, i.e. National clinical impact awards/distinction awards.

3. Key Findings

| | | | |
|--|---|---|---|
| <p>The mean gender pay gap stands at 26.2% while the median gender pay gap is 13.0%</p> | <p>Excluding medical staff reduces the mean hourly pay gap to 4.6% and the median to 2.6%</p> | <p>Women are well-represented in middle and lower pay bands, but poorly represented in senior medical roles.</p> | <p>Part-time female staff experience a mean pay gap of 32.36% and a median gap of 14.93%, highlighting a pay disparity for part-time roles.</p> |
| <p>Divisions with the largest gender pay gaps are Acute Adult Care, Anaesthetics & Surgical, and Family Care.</p> | <p>A sharp deterioration in the Corporate Division's gender pay gap (from 2.8% to 19.8%) indicates a potential emerging issue.</p> | <p>The mean bonus gap is 25.52% and the median bonus gap is 0% with men more likely to receive bonuses.</p> | <p>Although women make up a high proportion of employees in all pay quartiles, the top pay quartile has a higher proportion of men (and shows a 2.2% increase over last year).</p> |

4. Findings

4.1 Our Workforce

We collected our gender pay gap data on the snapshot date of 31st March 2024. At this time there were 6195 staff employed in the Trust. Of those 5256 (85%) were female and 939 (15%) were male.

4.2 Hourly Pay Gap

Over the last 12 months the Trust’s gender pay gap has increased in both the median and mean measures. The Table 1 and Table 2 show the mean and median hourly rates by gender and the overall percentage pay gap as at March 2023 and March 2024.

The data indicates that:

- Overall on a mean average men earn more than women by 26.2% meaning the gender pay gap has increased by 0.3%.
- Overall on a median indicator men earn more than women by 13.0% which is an overall increase in the median gender pay gap of 3.17%.

As set out in section 2 the median is often used as a headline measure because it’s less swayed by extreme values, particularly a small number of people on high salaries. The mean is useful because it does capture the effect of a small number of high earners. This is something we’re interested in, given that women’s responsibilities beyond work have traditionally limited their access to higher-level, higher-paid jobs.

The Trust’s mean is significantly larger than the median, indicating that it is likely that a number of high earning male staff are impacting on the average figures.

Table 1: 2023 Mean and median hourly pay gap Table 2: 2024 Mean and median hourly pay gap

| 2023 | | | |
|------------|------------------|--------------------|--|
| Gender | Mean Hourly Rate | Median Hourly Rate | |
| Male | £ 24.5 | £ 18.6 | |
| Female | £ 18.1 | £ 16.7 | |
| Difference | £ 6.3 | £ 1.8 | |
| Pay Gap % | 25.9% | 9.83% | |

| 2024 | | | |
|------------|------------------|--------------------|--|
| Gender | Mean Hourly Rate | Median Hourly Rate | |
| Male | £ 25.9 | £ 20.2 | |
| Female | £ 19.1 | £ 17.6 | |
| Difference | £ 6.8 | £ 2.6 | |
| Pay Gap % | 26.2% | 13.0% | |

4.3 Pay Gap by Band

Mean

Figure 1 aims to illustrate a number of trends in the mean hourly pay gaps across different bands in the Trust and the variance since 2023.

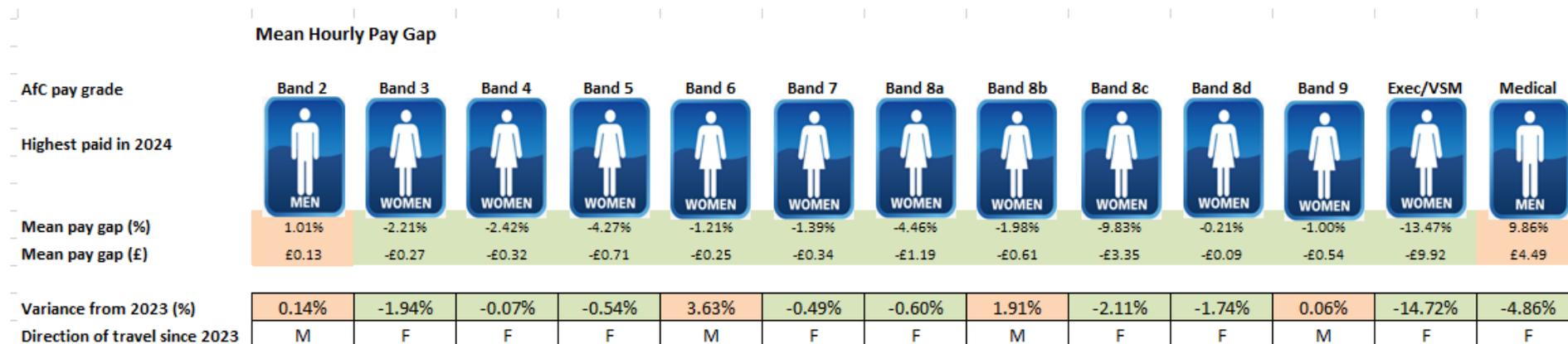


Fig 1: Mean hourly gender pay gap 2024 split by pay band

On the mean indicator, **women earn more** than men in in every job band except Band 2 and in medical/dental grades, where men earn more than women.

If medical staff are removed from the calculations, our mean Gender Pay Gap reduces to 4.6%. This highlights that the disparity in our gender pay gap is significantly influenced by the medical workforce, a group historically dominated by men, particularly in senior and higher-paid roles.

Median

Figure 2 aims to illustrate a number of trends in the median hourly pay gaps across different bands in the Trust and the variance since 2023.

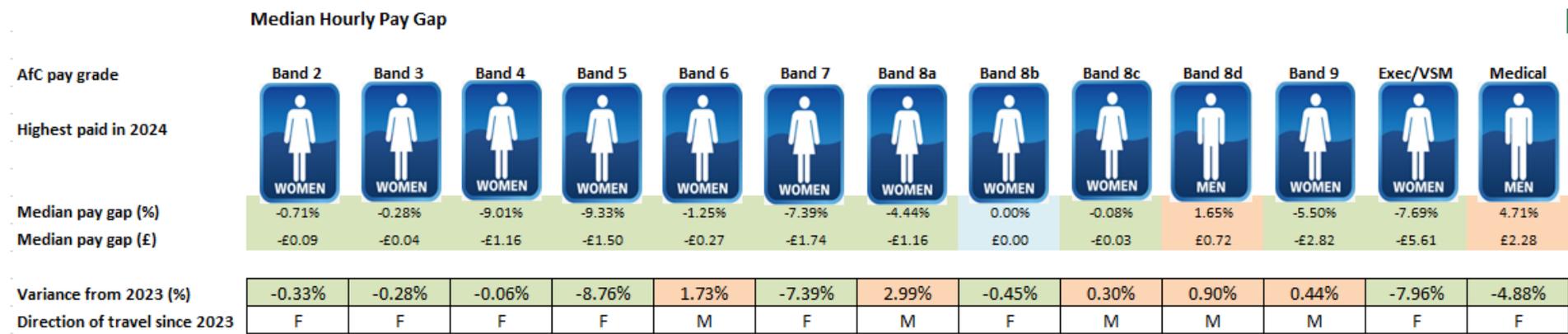


Fig 2: Median hourly gender pay gap 2024 split by pay band

On a median measure, **women earn more** than men in bands 2,3,4,5,6,8a,8c, 9 and VSM.

On a median measure, women and men earn the same in band 8b.

On a median measure, **men earn more** than women in bands 8d and Medical/dental grades

If medical staff were removed from the calculations **our median Gender Pay Gap reduces to 2.58%**,

4.4 Full/ Part time Gender pay gap

Tables 3 and 4 compare the gender pay gaps for full and part time staff.

Table 3: mean gender pay gaps by working pattern Table 4: media gender pay gaps by working pattern

| Mean | Full Time | Part Time |
|-----------------|-----------|-----------|
| Men | £25.60 | £27.38 |
| Women | £19.66 | £18.52 |
| Difference | £5.94 | £8.86 |
| Gender Pay Gap% | 23.20% | 32.36% |

| Median | Full Time | Part Time |
|-----------------|-----------|-----------|
| Men | £20.19 | £20.68 |
| Women | £17.59 | £17.59 |
| Difference | £2.60 | £3.09 |
| Gender Pay Gap% | 12.86% | 14.93% |

There is a slightly higher pay gap for full time staff than for part time staff, although the pay gap for part time staff is still significant at 23.26% (mean) and 2.95% (median).

4.5 Analysis by staff group

In order to provide further understanding of the gender pay gap a breakdown of mean gender pay gap by staff group is depicted in Figure 3.

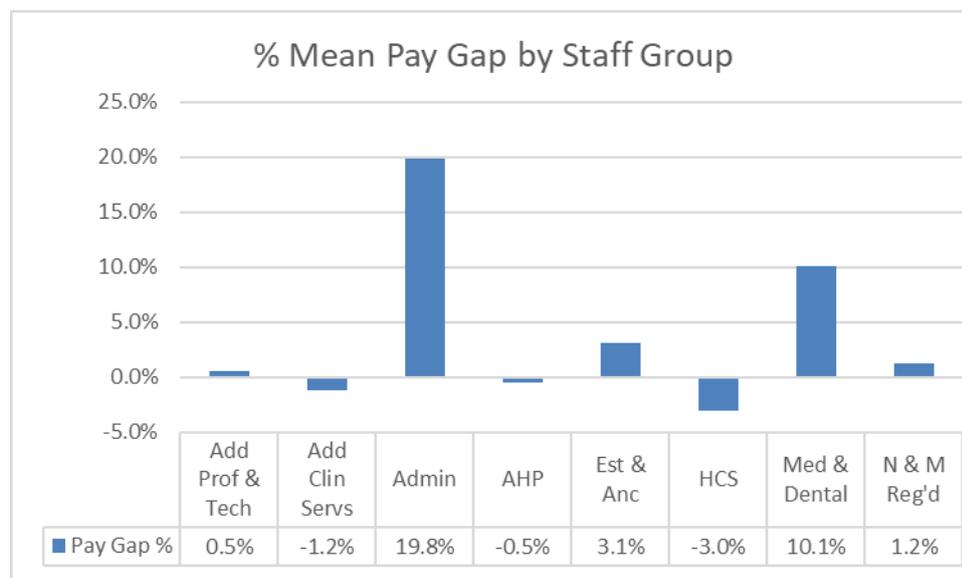


Fig. 3: Mean Pay Gap by Staff Group

The staff group with the largest mean pay gap is Administrative and Clerical, where the mean hourly pay rate is 19.8% higher for men than for women. This group includes corporate and senior management posts, as well as administrative and clerical staff.

This is followed by the medical and dental staff group, where the mean hourly pay rate is 10.1% higher.

Staff groups where women receive a marginally higher mean hourly rate than men are Additional Clinical Services (1.2% higher) AHPs (0.5% higher) and Healthcare Scientists (3.0% higher).

4.6 Analysis by Division

The mean gender pay gap by Division is depicted in Figure 4.

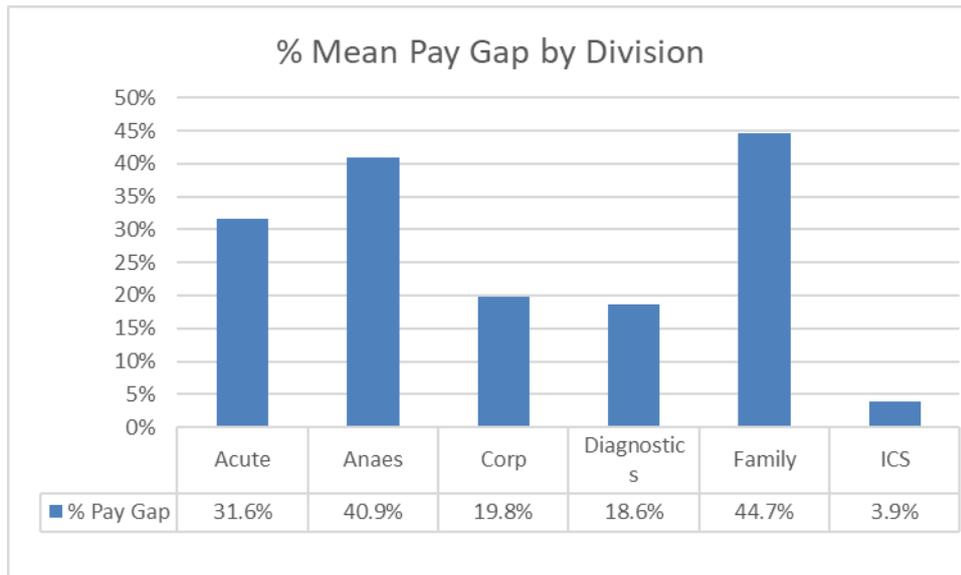


Fig.4: Divisional Gender Pay Gaps

The three divisions with the largest pay gap are Acute Adult Care, Anaesthetics & Surgical and Family Care. It should be noted that these are also the three divisions with the largest medical workforces. However, there has been a deterioration in the gender pay gap in Corporate division where the gender pay gap last year was 2.8% and is now at 19.8%.

4.7 Proportion of males and females in each pay quartile

Figure 5 demonstrates that the number of females within each pay quartile is reasonably consistent, although there is a significant increase in the proportion of males in the top pay quarter and this has increased since the last reporting year by 2.2%. This correlates with the analysis by pay band, showing that the largest pay gaps exist within the 8d and medical pay grades.

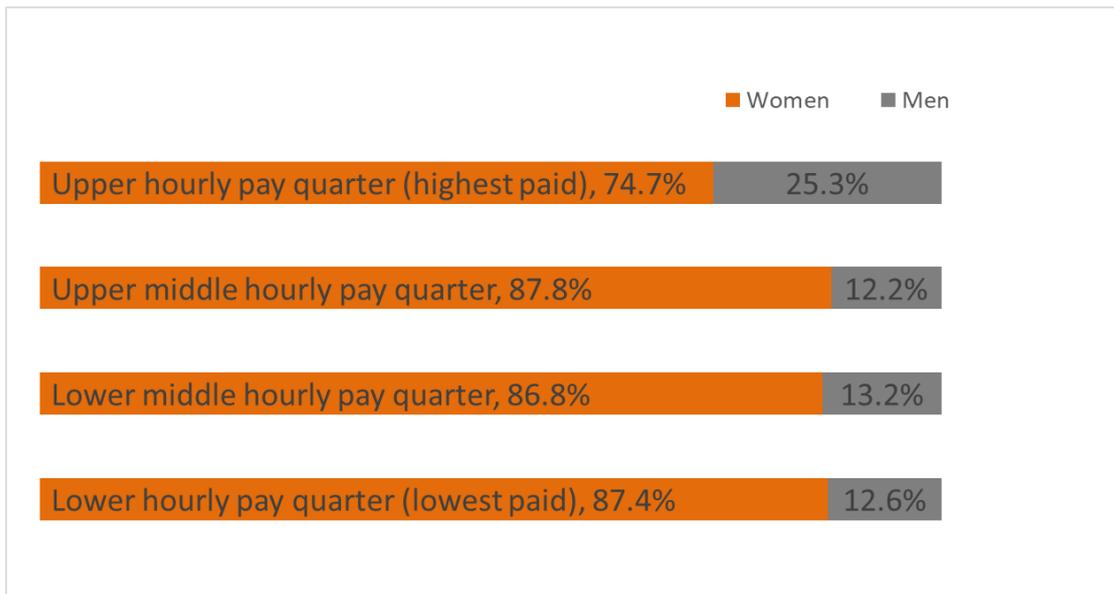


Fig.5: Analysis of proportion of females and males in each pay quartile

4.8 Bonus Pay Gap

We are required to report on the gender pay gap for bonus awards. Agenda for Change (AFC) staff are not eligible for bonus awards. This metric is therefore focused on payment of the consultant National Clinical Impact Awards and Distinction Awards.

Bonus pay gap is set out in Tables 5-8

Table 5

The mean and median gender bonus gap at Bolton NHS Foundation Trust

| 2023 (Bonus) | | |
|--------------|------------|------------|
| Gender | Mean Pay | Median Pay |
| Male | £ 12,722.7 | £ 9,048.0 |
| Female | £ 10,028.4 | £ 9,048.0 |
| Difference | £ 2,694.2 | £ - |
| Pay Gap % | 21.2% | 0.0% |

Table 6

| 2024 (Bonus) | | |
|--------------|-----------|------------|
| Gender | Mean Pay | Median Pay |
| Male | £ 8,519.1 | £ 3,983.9 |
| Female | £ 6,346.7 | £ 3,983.9 |
| Difference | £ 2,172.4 | £ - |
| Pay Gap % | 25.5% | 0.0% |

Table 7

| 2023 | | | |
|--------|----------------------|--------------------------|-------|
| Gender | Employees Paid Bonus | Total Relevant Employees | % |
| Male | 49 | 954 | 5.14% |
| Female | 30 | 5516 | 0.54% |

Table 8

| 2024 | | | |
|--------|----------------------|--------------------------|-------|
| Gender | Employees Paid Bonus | Total Relevant Employees | % |
| Male | 115 | 1155 | 9.96% |
| Female | 99 | 5386 | 1.84% |

Points of note are:

- 1.84% of females in the Trust received an award (bonus) compared to 9.96% of males. However, this is distorted by the fact that only medical staff (where the gender split is more equal than the Trust’s profile) receive a bonus.

- When looking at this in the context of the medical workforce 13% of female medics and 19% of male medics received bonus pay.
- In relation to the value of the award women earn £1 for every £1 that men earn when comparing median bonus pay, meaning that on a median calculation there is no bonus pay gap.
- However average (mean) bonus pay is 25.52% lower for women than for men. This has increased from the 2023 mean bonus pay gap of 21.2%.
- Since 2018 the local Clinical Excellence Award monies have been shared equally amongst all eligible consultants.
- Those that were given awards before 2018 under the previous scheme arrangements have maintained those awards, which will contribute to the mean bonus pay gap. There has been no opportunity to redress any bonus pay gap during that period under the local scheme.
- National Clinical Impact Awards will also contribute to the bonus pay gap.
- As the consultant pay award offer was accepted effective April 2024 the contractual entitlement to access an awards round ceased and the allowance is incorporated into basic pay. Therefore going forward, the historical pre 2018 awards and the national clinical impact awards will be the only factors influencing the bonus pay gap.

5. Current position

We know that we must be restless in tackling the gender pay gap, despite acknowledging that it cannot be 'fixed' quickly and longer term solutions are required in order for it to reduce. We know from the latest data that we are not an outlier across Greater Manchester Trusts in our hourly mean, median or bonus gender pay gaps (see Table 9 in Appendix 2)

5.1 What have we done so far?

Closing the gender pay gap is about more than just the numbers, it's about increasing support for female staff. There is significant good work already going on in relation to this within the Trust:

5.1.1. Recruitment / Promotion

All Trust adverts and advertising materials (e.g. Job Descriptions, and Person Specifications etc.) are reviewed and approved by our HR team before being advertised to ensure they do not contain any discriminatory statements. Good practice is already in place around shortlisting processes, to ensure fairness and equality of the process at this stage. The Trust TRAC e-recruitment system ensures that applications to Trust employment are shortlisted on the basis of skills, experience, education and knowledge only (no personal details such as name / gender etc. are provided to shortlisting panels). This eliminates, as much as possible, any potential for discrimination at application stage.

Interview panels comprise at least two people, to increase objectivity of decision making, and other assessments are encouraged to further increase objectivity- e.g. work related testing; criteria based interviewing against defined criteria. . Guidance is provided to every interview panel stating that interview questions should be based on role requirements only.

This year, Board have agreed that inclusive recruitment initiatives should be prioritised and the inclusive recruitment and career progression working group has been set up. This group will be trialling a number of initiatives to increase diversity of our workforce through recruitment and promotion opportunities. The initiatives that have been agreed by People Committee include inclusive recruitment training, having an independent panel member on recruitment panels, providing interview questions in advance, using Equality Advocates that can challenge if they feel a biased decision has been made, widening recruitment routes into the Trust, using work based assessments more in recruitment and interview and application workshops.

5.1.2. Flexible Working

To become a truly modern organisation and support staff in balancing their home and work lives, the Flexible Working Change Team has been driving efforts to ensure flexible working is accessible to all. The team's main achievements and ongoing priorities include:

Training and Development

The Change Team has collaborated with Organisational Development (OD) to design a flexible working 'masterclass.' This training includes:

- Real-life examples and scenarios to improve understanding and application of policies.
- Common-sense guidance for staff and managers** to promote flexible working effectively.
- Insights from staff networks and forums, enhanced by case studies, to foster deeper understanding.

Developing a Myth-Busting Guide

The team has addressed misconceptions and unwritten "rules" that create barriers to flexible working. A Myth-Busting Guide has been developed to debunk outdated or incorrect beliefs and promote clarity and consistency.

Policy Review

The Flexible Working policy has been reviewed, and work has progressed on:

- Updating the Agile Working Policy to align with flexible working principles.
- Evaluating the Reasonable Adjustments Passport to ensure compatibility with flexible working.
- An Agile Working Group—comprising colleagues from operations, estates, HR, BI, and facilities management—has been established to define objectives and draft a comprehensive Agile Working Policy.

Additional Focus Areas

- Stay Interviews: Processes have been developed to gather data and feedback on how flexible working influences retention.
- Manager Awareness: Myth-busting communications have been introduced to ensure managers understand what is and isn't possible under flexible working policies.

Sexual Safety Charter

The Trust's adoption of the sexual safety charter demonstrates that we are committed to ensuring sexual safety in the workplace for all our staff. The Trust has an action plan to ensure that it is meeting the 10 pledges outlined in the charter. A Policy for sexual misconduct is in initial draft stage and incorporates the NHSE guidance and template policy which was released in November 2024. The Trust has strengthened the links to other existing policies (Disciplinary, FTSU) with this new policy. The Trust is also reviewing the ongoing training requirement associated with the Policy and Charter.

6. Action Plans

6.1 The Trust's People Plan sets out that we will make Bolton a place where people will have long and happy careers, and where we all feel we belong. This includes embedding equality, diversity and inclusion best practices into everything we do, building a workforce that represents the communities we serve, and embracing flexible working so that people don't have to choose between their personal and professional lives.

The EDI Action Plan carries a number of actions that aim to close gender pay gaps and these are monitored through the EDI Our People Steering Group and assured through the EDI Assurance Group.

With this in mind, Table 9 sets out the areas of focus that are recommended to close the Trust's Gender Pay Gap.

Table 9: Key matters to note, potential underlying causes and suggested actions

| Key Matters | Potential underlying causes | Suggested actions |
|--|--|--|
| <p>Overall Gender Pay Gap Trends:</p> <p>The Trust’s mean hourly pay gap is 26.2%, and the median hourly pay gap is 13.0%, both of which have increased compared to the previous year.</p> <p>The widening of the median gap suggests a structural issue affecting a broader range of pay levels. The disparity in the mean pay gap highlights the influence of high-earning male staff on the overall figures.</p> | <p>A higher concentration of men in senior, high-paying roles, particularly in the medical workforce, is driving the gap.</p> <p>Historical barriers, such as limited access to leadership development and full-time working opportunities for women, persist.</p> <p>Social and cultural factors, including women’s disproportionate caregiving responsibilities, restrict their access to higher-paid, senior-level roles.</p> | <p>Inclusive recruitment actions such as:</p> <ul style="list-style-type: none"> • Representative panels • Interview questions provided in advance • Equality Advocates • Inclusive recruitment training for hiring managers • Widening recruitment routes into the Trust, • Using work based assessments in selection processes • Application and interview skills workshops |
| <p>Analysis by Pay Band:</p> <p>On the mean measure, men earn more in Band 2 and medical/dental grades, but women earn more in all other bands.</p> <p>On the median measure, women earn more in most bands, but men earn more in Band 8d and medical/dental grades.</p> | <p>Women are well-represented in middle and lower pay bands, which correlates with flexible working patterns.</p> <p>Men’s dominance in higher pay bands, such as 8d and medical grades, is a key contributor to the overall pay gap.</p> | <ul style="list-style-type: none"> • Medical Talent: Identify and nurture high-potential female medics • Leadership training: Track data to assure that a high proportion of leaders on the Our Leaders programme are female. • Talent conversations and succession planning: As a Trust, we are strengthening our development conversations and are introducing transparency and quality into our talent conversations and process for succession planning. |
| <p>Pay quartiles</p> <p>Although women make up a high proportion of employees in all pay quartiles, the top pay quartile has a higher proportion of men (2.2% increase over last year).</p> | <p>An increase in high-earning male staff, combined with limited progression opportunities for women into the top quartile, has contributed to the pay gap.</p> | |
| <p>Part-Time Work Impact</p> <p>Part-time female staff experience a mean pay gap of 32.36% and a median gap of 14.93%, highlighting a pay disparity for part-time roles.</p> | <p>Part-time roles are more common among women and are often concentrated in lower-paid positions.</p> <p>Men in part-time roles are more likely to occupy higher-paying positions, skewing the mean and median figures</p> | <ul style="list-style-type: none"> • Explore pathways for part-time employees to access progression opportunities, addressing the significant gap for part-time women • Improve flexible working culture ‘norm’ of working part time. |

| | | |
|--|---|---|
| | | <ul style="list-style-type: none"> • Improve the organisation’s use of job sharing, especially for senior roles. |
| <p>Divisional Variances</p> <p>Divisions with the largest gender pay gaps (e.g., Acute Adult Care, Anaesthetics & Surgical, and Family) also have the largest medical workforces.</p> <p>A sharp deterioration in the Corporate Division’s gender pay gap (from 2.8% to 19.8%) indicates a potential emerging issue.</p> | <p>Divisional gaps reflect the distribution of male-dominated senior roles within those areas.</p> <p>The significant increase in the gender pay gap in the Corporate division, from 2.8% to 19.8%, could be due to factors such as shifts in the gender composition of the workforce, with women potentially moving into lower-paid roles or fewer women being promoted to senior positions.</p> <p>Changes in bonus structures, temporary staffing, or organisational restructuring might also disproportionately affect women’s pay.</p> <p>Additionally, data reporting issues or changes in role classifications could contribute to this discrepancy.</p> | <ul style="list-style-type: none"> • Collaborate with divisions such as Acute Adult Care and Corporate and analyse data to identify specific barriers contributing to their higher pay gaps and develop tailored interventions. • Use surveys or focus groups to identify perceived barriers and priorities for female employees. |
| <p>Medical Workforce Impact</p> <p>Excluding medical staff significantly reduces the gender pay gap, bringing the mean gap down to 4.6% and the median gap to 2.58%.</p> <p>Men dominate senior medical and dental roles, which are among the Trust’s highest-paid positions.</p> | <p>The gender imbalance in medical specialties and senior consultant roles reflects wider societal trends in healthcare.</p> <p>The bonus pay gap, while equal at the median, has widened at the mean level due to legacy payments under pre-2018 Clinical Excellence Award schemes, which disproportionately benefited men.</p> | <ul style="list-style-type: none"> • Encourage and support more women into senior medical roles through leadership development through mentorship, and career coaching. • Attract senior female medics to work at BFT. • Implement the Mending the Gap actions. |
| <p>Bonus Pay Gap</p> <p>Mean bonus pay is 25.52% lower for women, an increase from the previous year’s 21.2%.</p> <p>Only 1.84% of women received bonuses compared to 9.96% of men, though the median bonus gap remains 0%.</p> | <p>Historical legacy bonus schemes (pre-2018) continue to disproportionately benefit male consultants.</p> <p>Current bonus eligibility, limited to the medical workforce, is gender-equal but fails to redress historical imbalances.</p> <p>Who applies for (and are granted) National Clinical Impact Awards will impact future bonus gender pay gaps.</p> | <ul style="list-style-type: none"> • Current national impact award holders to mentor female colleagues who are eligible to encourage and coach them through the application process. |

Appendix 1: Glossary of Acronyms and Specialist words/phrases

- **Agile Working Policy:** A policy enabling staff to work flexibly across different locations and settings, aligned with organisational needs.
- **AHPs (Allied Health Professionals):** Healthcare professionals such as physiotherapists, radiographers, and occupational therapists.
- **Bonus payment percentages:** These are intended to reflect the distribution of bonus payments made to men and women employees, who were paid bonus pay in the 12 months up to the 31st March 2024. As an NHS organisation the only pay elements that fall under the bonus pay criteria are within the medical workforce.
- **Distinction Awards:** Bonus payments made to medical consultants for outstanding contributions, under older NHS schemes.
- **Equality Act 2010:** UK legislation that protects against discrimination based on protected characteristics e.g. gender, race, and disability.
- **Equality Advocates:** Individuals who ensure fairness and challenge biases in recruitment processes.
- **Flexible Working Policy:** Guidelines allowing staff to modify their working arrangements to balance personal and professional needs.
- **Mean hourly rate:** The difference between the mean (average) hourly pay of men, and the mean (average) hourly pay of women. It is calculated by adding up all the hourly rates of men or women and then dividing by the number of men or women.
- **Median hourly rate:** The difference between the median hourly pay for a man and the median hourly pay for a 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.
- **Mean and median pay and bonus gaps:** These are expressed as a percentage. So if our mean gender pay gap, for example is 15% this means that women in the workforce are paid 15% less than the men in the workforce or 85p for every £1 paid to men. If the gap is a negative percentage this means that men are paid on average less than female employees.
- **National Clinical Impact Awards:** A National bonus payment scheme recognising the exceptional contributions of NHS consultants.
- **OD (Organisational Development):** The department focused on improving organisational performance and staff experience.
- **Pay Quartile:** A division of the workforce into four equal groups based on pay, used to analyse pay distribution. This is designed to show the spread of employees across salary ranges. The assumption is that for most organisations women will be concentrated in the lower quartiles but men will be concentrated in the upper quartiles.

- **Stay Interviews:** Conversations with employees to understand their needs and motivations for staying with the organisation.

Appendix 2

Table 9: Benchmarking of gender pay gap across Greater Manchester NHS Trusts – sorted by Median hourly pay gap.

| Employer | % Difference in hourly rate (Mean) | % Difference in hourly rate (Median) | % Women in lower pay quartile | % Women in lower middle pay quartile | % Women in upper middle pay quartile | % Women in top pay quartile | % Who received bonus pay (Women) | % Who received bonus pay (Men) | % Difference in bonus pay (Mean) | % Difference in bonus pay (Median) |
|---|------------------------------------|--------------------------------------|-------------------------------|--------------------------------------|--------------------------------------|-----------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------|
| Greater Manchester Mental Health NHS Foundation Trust | 7.50 | -2.30 | 75.60 | 72.70 | 79.80 | 70.80 | 1.00 | 4.70 | 6.30 | 0.00 |
| Lancashire & South Cumbria NHS Foundation Trust | 12.20 | 1.10 | 82.60 | 76.40 | 80.70 | 74.70 | 0.50 | 3.00 | 17.10 | 0.00 |
| Pennine Care NHS Foundation Trust | 11.20 | 2.00 | 81.70 | 76.10 | 77.60 | 73.70 | 0.30 | 2.00 | -2.80 | 50.00 |
| Lancashire Teaching Hospitals Nhs Foundation Trust | 21.00 | 3.20 | 77.00 | 77.00 | 82.00 | 69.00 | 1.20 | 7.60 | 45.90 | 0.00 |
| The Christie Nhs Foundation Trust | 19.00 | 5.50 | 72.70 | 78.70 | 76.10 | 62.50 | 2.40 | 9.40 | 36.00 | 0.00 |
| Northern Care Alliance NHS Foundation Trust | 23.50 | 8.80 | 80.00 | 81.00 | 83.30 | 67.60 | 1.90 | 13.00 | 21.40 | 0.00 |
| Bolton N H S Foundation Trust | 25.90 | 9.80 | 88.10 | 88.40 | 87.60 | 77.10 | 0.50 | 5.10 | 21.20 | 0.00 |
| East Cheshire Nhs Trust | 30.90 | 11.50 | 85.40 | 84.70 | 83.60 | 71.80 | 0.90 | 8.10 | 46.80 | 0.00 |
| Mid Cheshire Hospitals Nhs Foundation Trust | 21.30 | 11.60 | 86.80 | 82.90 | 84.60 | 75.90 | 0.20 | 2.60 | 10.10 | 0.00 |
| Tameside and Glossop Integrated Care NHS Foundation Trust | 27.50 | 12.50 | 85.70 | 79.70 | 84.70 | 68.60 | 0.30 | 3.00 | 22.70 | 34.80 |
| Wrightington, Wigan And Leigh Nhs Foundation Trust. | 27.60 | 12.70 | 84.30 | 82.10 | 84.90 | 69.70 | 0.80 | 10.60 | 63.50 | 0.00 |