

Barnsley Hospital NHS Foundation Trust

Gender Pay Gap Report 2024

Executive Summary

All UK employers have a legal requirement to publish their gender pay data on an annual basis.

The gender pay gap calculation is based on the average hourly rate paid to men and women. This calculation makes use of two types of averages; a mean average and a median average. In simple terms, the mean is the average hourly rate and the median is the mid-point hourly rate for men and for women in the workforce.

The mean figure is the figure most commonly used.

The report for Barnsley Hospital NHS Foundation Trust reviews the latest data set, which covers the 12-month period ending 31 March 2024.

Our Overall results

Overall, across our entire workforce our mean gender pay gap is 35.7%. This means that the average hourly pay rate for men is 36% higher than for women.

Our overall median gender pay gap is 26.1% - this means that the mid-point hourly rate for men is 26% higher than for women.

However, this overall figure represents the combined data for our Medical and Dental staff group and all other staff groups.

A further analysis of the figures shows:

- For Medical and Dental staff, the mean gender pay gap is 23.1% and the median gender pay gap is 37.4%
- For all other staff who are not medical or dental (which is our largest workforce group), the mean gender pay gap is 6.4% and the median gender pay gap is 0.2% (see table 3).

The Trust's gender pay gap rate has remained fairly static over the last 5 years as shown in Table 1.

Table 1: The last 5 years' mean and median gender pay gap (GPG) rates:

	2020	2021	2022	2023	2024
Mean GPG for medical staff	24%	17%	18%	17%	23%
Mean GPG for non- medical staff	11%	9%	6%	7%	6%
Overall mean GPG	39%	36%	37%	35%	36%
Median GPG for medical staff	36%	27%	29%	29%	37%
Median GPG for non- medical staff	3%	7%	1%	3%	1%
Overall median GPG	25%	27%	24%	21%	26%

Our proportion of male and female staff should be taken into account when looking at our gender pay gap, as should the age range of our male and female workforce, as members of staff who have enjoyed long careers in the NHS can often be higher up the pay point scales than those who are just starting their careers.

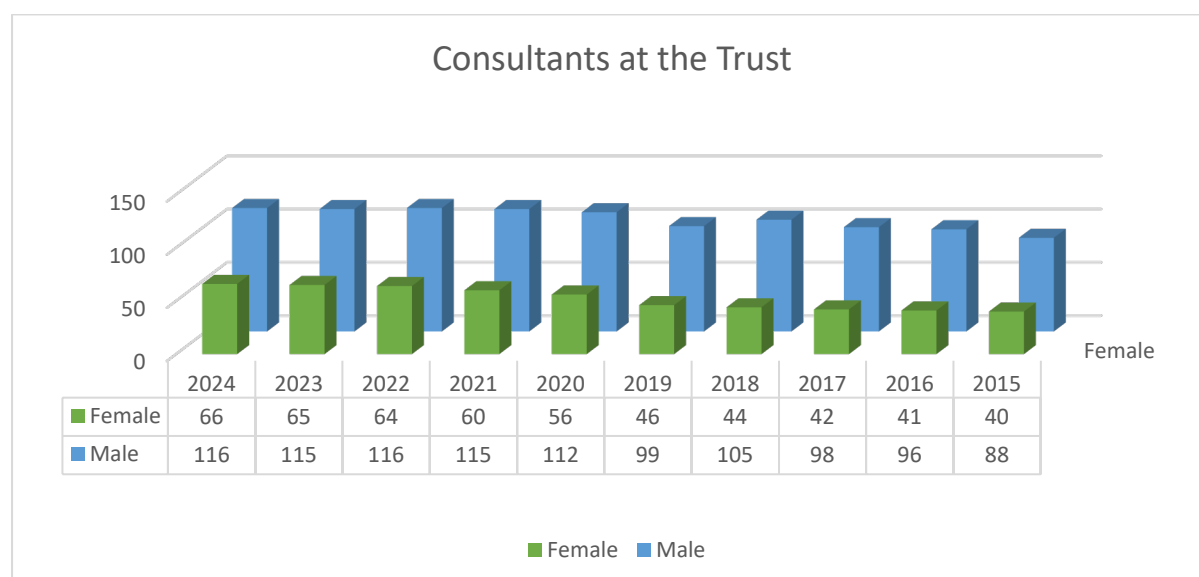
In Barnsley, whilst we have a higher proportion of female staff in our workforce, we also have a significant proportion of our male workforce who are now at the point in their careers where they are senior medical staff and therefore are higher up the pay grades than some more junior members of staff. This is reflected in our overall gender pay gap and, as a trust, we recognise that this is a generational and societal issue. We know that an increasing number of women are choosing medicine as a

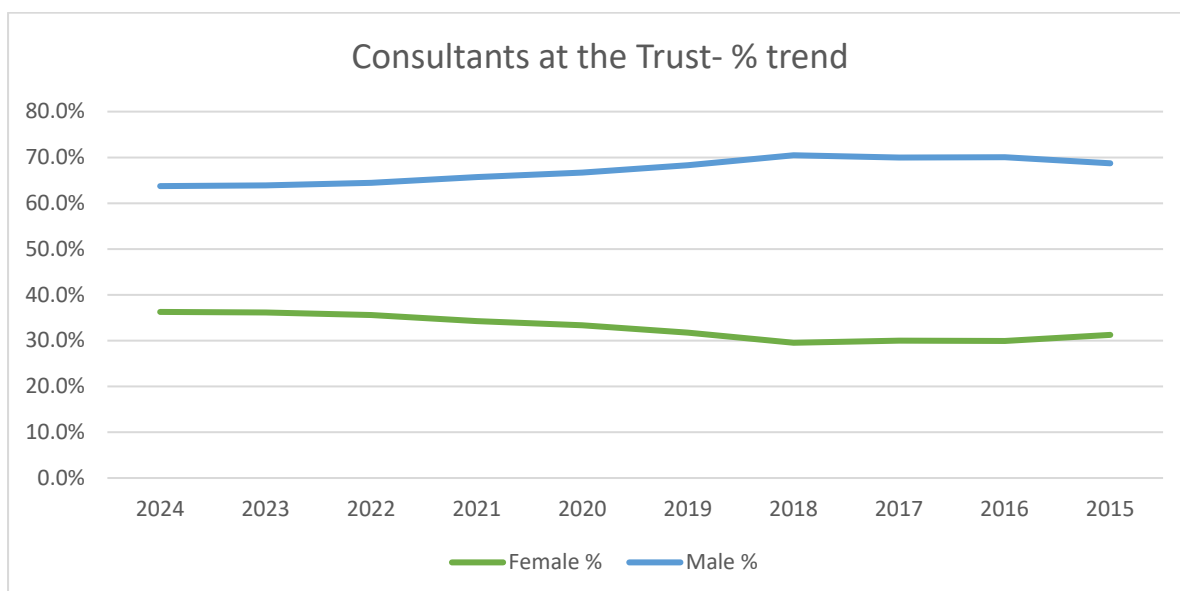
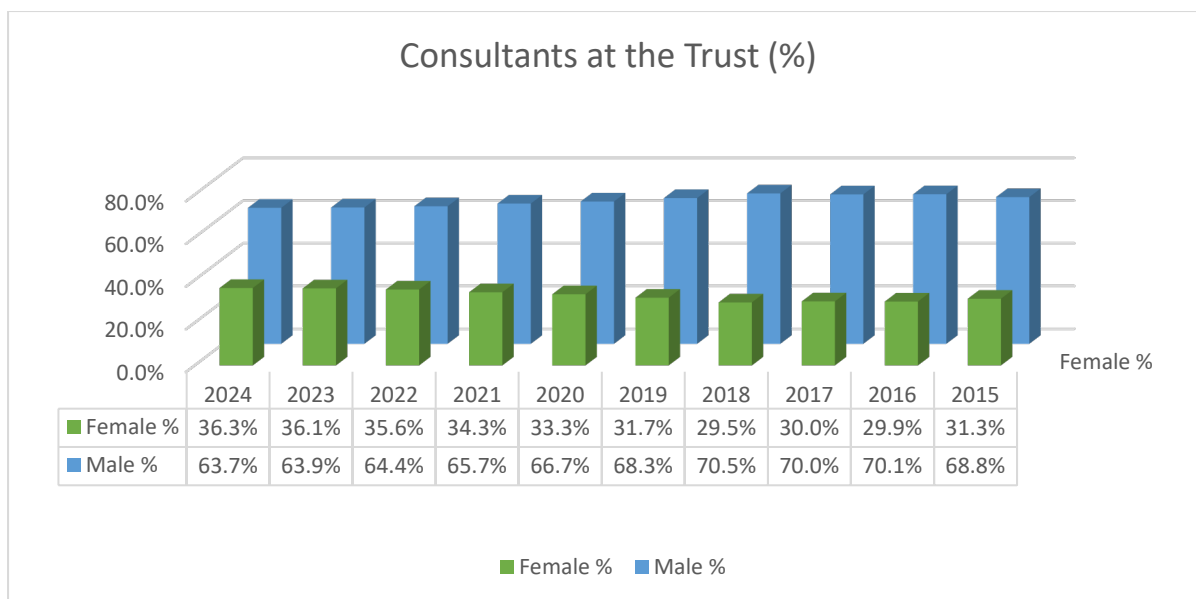
career and our figures this year show that we have more female foundation doctors than male. 46 female doctors (72%) and 18 male doctors (28%).

Over the last 9 years we have seen a gradual increase in the number of female consultants working at the Trust and as a result, our consultant profile gender gap is reducing as shown below:

Table 2: The last 9 years' headcount and percentage of female and male consultants:

as at 31 March	Female	% Female	Male	% Male	Total
2024	66	36.3%	116	63.7%	182
2023	65	36.1%	115	63.9%	180
2022	64	35.6%	116	64.4%	180
2021	60	34.3%	115	65.7%	175
2020	56	33.3%	112	66.7%	168
2019	46	31.7%	99	68.3%	145
2018	44	29.5%	105	70.5%	149
2017	42	30.0%	98	70.0%	140
2016	41	29.9%	96	70.1%	137
2015	40	31.3%	88	68.8%	128





← % Gap narrows over time

For Medical and Dental staff, the mean gender pay gap has increased to 23.1% from 16.7% in the previous reporting period ending 31 March 2023. For all other staff who are not medical or dental, the mean gender pay gap is 6.4%, as shown in Table 3.

Table 3: Current mean & median hourly rates and GPG percentages:

Gender	Non-medical & dental staff mean hourly rate	Non-medical & dental staff median hourly rate	Medical & dental staff mean hourly rate	Medical & dental staff median hourly rate	Overall workforce mean hourly rate	Overall workforce median hourly rate
Male	£18.30	£16.24	£49.70	£51.35	£29.28	£22.37
Female	£17.12	£16.03	£38.24	£32.14	£18.22	£16.52
Mean Pay Gap	6.4%	0.2%	23.1%	37.4%	35.6%	26.2%

Table 4: Headcount of male and female employees:

Gender	Non-medical & dental staff	Medical & dental staff	Total
Male	470	225	695
Female	2995	165	3160
Total	3465	390	3855

** excludes BFS and counts relevant employees only.*

The proportion of male and female employees in the lowest pay quartile is 86% female and 14% male, compared to the proportion of male and female employees in the highest pay quartile which is 66% female and 34% male (see appendix 1). [The quartile information is created by sorting all employees by their hourly rate of pay and then splitting the list into 4 equal parts to create 4 pay quartiles].

The gender pay gap data we report also includes bonus payments. The consultants' clinical excellence awards (local CEAs and national Clinical Impact Awards) are included in the bonus pay calculation. The last CEA award we made was paid on 1st April 2023 (and therefore within this 12-month reporting period ending 31st March 2024). The next award would have been payable on 1st April 2024 but has been withdrawn under the new consultant pay deal. The National Clinical Impact awards are remaining.

Our mean gender bonus pay gap has increased since the previous reporting period to 87%. Our median gender bonus pay gap has increased since the previous reporting period from 91% to 96%.

To calculate the hourly rate of pay, the employee's ordinary pay (which includes basic pay, allowances, shift enhancements and on-call pay) is added to their bonus payments (which includes CEA awards and long service awards) and this is divided by their number of working hours. The gender pay gap is calculated from gross hourly rates, not net. However, any pay deduction for products chosen by the employee to be made via salary sacrifice must be taken into account.

This is because salary sacrifices are not a true deduction, but instead a negative "payment". A salary sacrifice is an agreement to get paid less on condition that a benefit is provided. It should be noted that this would reduce an employee's hourly rate and give the appearance that they are being paid less than another employee, who does not have any salary sacrifice pay deductions.

Our future intentions

As a trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. As part of our Organisational Development Strategy, we have explored the NHS-wide Scope for Growth initiative, and introduced nursing career coaching clinics, which seek to develop more effective career conversations, talent identification and development support. We are keeping abreast of wider NHS developments including opportunities for career and talent management at regional level. Already, we invest in in-house Talent Development programmes to enable colleagues to gain personal development support, coaching and mentoring.

We continually seek to expand our internal Coaching and Mentoring capability as part of the OD strategy, providing more support for the career progression of our Talent. With regards to Leadership, we regularly run a Compassionate and Inclusive Leadership module and have trained senior clinical and non-clinical leaders. We have provided 2 senior leadership development programmes and are currently rolling out the Royal College of Nursing (RCN) leadership development programme which support this style of leadership and have further plans to develop all of our leaders through programmes in this way.

We have a range of family friendly policies, supporting childcare and other carer commitments, flexible working, fair rostering and leave provision. We have published a number of toolkits and guidance to help managers in applying these policies for our colleagues. In our 2023 staff survey, we achieved the best results in our acute and community trust comparator group for Support for work-life balance. 65% of respondents agreed to the statement 'I achieve a good balance between my work life and my home life' (an improvement on 61% in 2022 and 59% in 2021) , 65% were satisfied with opportunities for flexible working patterns (an improvement

on 61% in 2022 and 59% in 2021), and 79% of respondents agreed to the statement 'I can approach my immediate manager to talk openly about flexible working' (an improvement on 77% in 2022 and 74% in 2021). In 2023 we launched a new hybrid working and home working policy and toolkit, which is helping to embed flexibility in where and how people work.

We also set up a multi-disciplinary working group of flexible working culture champions, to help develop and sustain flexible working across all our wards and departments in practice. The group has reviewed our approach and access to flexible working and fair rostering, learning from best practice areas and national toolkits. This is showcased in staff stories case studies and our flexible working intranet hub showing what is possible as we work towards embedding a flexible working culture for all.

The carers support forum, which was launched in 2022 to increase recognition and support of staff who are carers continues to be active and meets bi-monthly. Links have been made with the Patient Engagement Team who have launched the Carer and Care Partner Steering Group and Toolkit. The new menopause peer support group drop-in sessions, known as the 'Meno Fan Club' commenced in January 2024, training continues to enable colleagues to fulfil the role of menopause advocates or champions, and we host menopause awareness and celebration days to increase recognition and support of our colleagues.

We are committed to embedding fair and inclusive values-based recruitment, selection and promotion process and practices that target under representation and lack of diversity. With this in mind, we will be shortly setting up a new task & finish group to review and refresh our recruitment and selection process and strengthen inclusive recruitment to ensure practice is consistently fair, objective, reliable and free from bias. Regular updates on our progress will be provided to the Trust's People and Engagement Group.

We welcome this report and the findings. The data has given us the opportunity to understand what else we can do to further reduce our gender pay gap. Ultimately, our aim is to ensure that men and women have equal opportunities in the workforce at all levels.

Gender Pay Gap Detailed Results

Our gender pay gap results (based on the hourly pay rates our employees received on 31 March 2024) are as follows:

- Our mean gender pay gap is 36%
- Our median gender pay gap is 26%
- Our mean bonus gender pay gap is 87%
- Our median bonus gender pay gap is 96%
- Our proportion of males receiving a bonus payment is 4.8%
- Our proportion of females receiving a bonus payment is 2.1%

Our proportion of males and females in each quartile pay band is;

Quartile	Female	Male	Female %	Male %
1	835.00	136.00	85.99	14.01
2	839.00	130.00	86.58	13.42
3	856.00	115.00	88.16	11.84
4	644.00	327.00	66.32	33.68

The reasons behind our gender pay gap

- The mean and median gender pay gap can be explained by the observation that while men make up only 22% of the workforce, there is a disproportionate number of males, 34% in the highest paid quartile.
- The Trust's mean gender pay gap is 36% in favour of men (women earn 36% less than men) compared to the national UK average among full-time employees of 7.7% in favour of men (a decrease from 8.3% in 2022, 7.7% in 2021 and 9.0% in 2019) [source: Annual Survey of Hours and Earnings (ASHE) Gender pay gap in the UK: 2023 report, Office for National Statistics].

- There is no significant mean gender pay gap in the Non-medical & Dental staff groups (6%). There is a mean gender pay gap of 23% in the Medical & Dental staff group.
- The table below shows Agenda for Change pay bands 2 to 9 split by gender and average hourly rate:

Band	Female	Male	Average hourly rate female	Average hourly rate male
2	391	72	12.40	12.19
3	690	86	13.04	13.18
4	199	32	13.66	13.33
5	725	96	17.27	16.62
6	562	75	20.11	19.57
7	285	55	23.63	24.11
8(8a)	105	33	26.35	26.61
9(8b)	23	14	29.09	30.93
10(8c)	6	3	36.42	31.56
11(8d)	9	4	39.84	44.77

- The female average hourly rate is the same or higher in all AfC pay bands except band 3,7,8a, 8b and 8d, where the male average hourly rate is higher by 0.14p,0.48p,0.26p, £1.84 and £4.93
- As at 31 March 2024 there were 6 female (35%) and 11 male (65%) employees on Director/Executive Director/Non-Executive Director pay scales, compared to 47% of very senior manager roles in the NHS held by women (NHS Employers data from NHS Digital workforce statistics 2018).
- There were 65 female (36%) and 116 male (64%) M&D consultants, compared to 63% of consultants who are men and 37% of consultants who are women in the NHS (NHS Employers data from the NHS Digital workforce

statistics 2018). There were 46 female (72%) and 18 male (28%) foundation doctors.

- The gender split by age shows the majority of female doctors are young (of those aged 21 – 40, 52% are female compared to 48% male) and the majority of male doctors are older (of those aged 41 and over, 74% are male and 26% are female).

In the reporting period, there were 147 medical staff (55 women and 92 men) who received Clinical Excellence Awards which accounts for 63% of all bonuses awarded. There were 30 staff (26 women and 4 men) who received Long Service Awards in the form of monetary awards which accounts for 37% of all bonuses awarded. 2% of the total number of 'relevant employees' received bonus Pay.

Table below shows number of Clinical Excellence Awards received:

Year	Female	Male	Total received CEA	
2019	23	58	81	
2020	23	51	74	
2021	46	91	137	*
2022	51	99	150	*
2023	55	92	147	*

**Eligible consultants higher in 2021 and 2023 as the funds were distributed equally amongst all eligible consultants instead of running an award ceremony.*

Reducing our gender pay gap

Supporting flexible working and ensuring fair rostering

92% of part time workers are female, compared to 74% of full- time workers who are female.

	Female	Male	% Female working	% Male working
Part time	1533	133	92.0%	8.0%
Full Time	1641	575	74.1%	25.9%

The gender pay gap results show that men's average hourly rate is higher for both part time and full time workers;

	Female	Male	Average hourly rate female	Average hourly rate male
Part time	1533	133	£17.93	£27.91
Full Time	1641	575	£18.49	£29.12

As at 31 March 2024, there were 144 women on maternity leave and no women on adoption leave. There were no men on adoption or maternity support (paternity leave). There were no women or men on shared parental leave.

These results tell us that the provision and fair access to part time and flexible working opportunities are important to support the needs and retention of our workforce.

31% of respondents to the 2023 staff survey were registered nurses and midwives. 44% of respondents told us that they have regular caring responsibility for children and 33% of respondents told us that they look after or give support to family, friends, neighbours or others with either long term physical or mental ill health/disability or problems related to old age. 65% of respondents agreed to the statement 'I achieve a good balance between my work life and my home life' (an improvement on 61% in 2022 and 58% in 2021) and 65% were satisfied with opportunities for flexible working patterns (an improvement on 61% in 2022 and 59% in 2021). It is one of the key

drivers to improve our staff retention and wellbeing, and also help address our gender pay gap.

We set up a multi-disciplinary working group of flexible working culture champions, to help develop and sustain flexible working across all our wards and departments in practice. The group has reviewed our approach and access to flexible working and fair rostering, learning from best practice areas and national toolkits. This is showcased in staff stories case studies and our flexible working intranet hub showing what is possible as we work towards embedding a flexible working culture for all. Improved monitoring and reporting of flexible working arrangements will help measure our success. We have developed a health and wellbeing passport and toolkit to support and encourage open conversations between line managers and staff about flexible working and other wellbeing needs.

In 2023 we launched a new hybrid working and home working policy and toolkit, which is helping to embed flexibility in where and how people work.

Developing and refining our approach to talent management and succession planning

As a trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. As part of our Organisational Development Strategy, we have explored the NHS-wide Scope for Growth initiative, and introduced nursing career coaching clinics, which seek to develop more effective career conversations, talent identification and development support. We are keeping abreast of wider NHS developments including opportunities for career and talent management at regional level. Already, we invest in in-house Talent Development programmes to enable colleagues to gain personal development support, coaching and mentoring.

Expanding our internal Coaching and Mentoring capability

We continually seek to expand our internal Coaching and Mentoring capability as part of the OD strategy, providing more support for the career progression of our Talent. With regards to Leadership, we regularly run a Compassionate and Inclusive Leadership module and have trained senior clinical and non-clinical leaders. We have provided 2 senior leadership development programmes and are currently rolling out the Royal College of Nursing (RCN) leadership development programme which support this style of leadership and have further plans to develop all of our leaders through programmes in this way.

Strengthening our staff networks and peer support groups

The carers support forum, which was launched in 2022 to increase recognition and support of staff who are carers continues to be active and meets bi-monthly. Links

have been made with the Patient Engagement Team who have launched the Carer and Care Partner Steering Group and Toolkit. The new menopause peer support group drop-in sessions, known as the 'Meno Fan Club' commenced in January 2024, training continues to enable colleagues to fulfil the role of menopause advocates or champions, and we host menopause awareness and celebration days to increase recognition and support of our colleagues.

Embedding fair and inclusive recruitment and selection practice

We are committed to embedding and sustaining fair and inclusive values-based recruitment, selection and promotion process and practices that target under representation and lack of diversity. With this in mind, we will be shortly setting up a new task & finish group to review and refresh our recruitment and selection process and strengthen inclusive recruitment to ensure practice is consistently fair, objective, reliable and free from bias. Regular updates on our progress will be provided to the Trust's People and Engagement Group.

Sharing our gender pay gap with our employees: The difference between gender pay and equal pay

It is important to share and explain our gender pay gap and our action plan to reduce the gap with our employees, trade union representatives and managers. In particular to be clear about the difference between gender pay and equal pay. The solutions to equal pay and gender pay are different. Closing the gender pay gap is a broader societal as well as organisational issue. Though we have a gender pay gap due to our disproportionate representation of men and women within the workforce (as reflected across the NHS), we are confident that we pay fairly in accordance with the nationally recognised Agenda for Change and Medical & Dental pay structures and our locally recognised Director pay structure.

Agenda for Change pay structure Job Evaluation Scheme

As part of the introduction of the Agenda for Change modernised NHS pay structure in 2004 was the development of the NHS Job Evaluation Scheme as a means of determining pay bands for posts. The key feature in both the design and implementation of this scheme was to ensure equal pay for work of equal value. The scheme has been tested legally and has been found to be equal pay compliant. The process involves use of job descriptions and person specifications which accurately reflect the demands of the job. Jobs are then locally matched to national benchmark profiles or locally evaluated and consistency checked by trained matching panel members and job evaluators consisting of management and staff side representatives working in partnership. The jobs are scored against a sufficiently large number of weighted factors (16) to ensure that all significant job features have been measured fairly. This includes specific factors to ensure that features of

predominantly female jobs are fairly measured, for example communication and relationship skills, physical skills, responsibilities for patients and emotional effort. Scoring and weighting has been designed in accordance with a set of gender-neutral principles, rather than with the aim of achieving a particular outcome, for example all responsibility factors are equally weighted to avoid one form of responsibility been viewed as more important than others.

The NHS Staff Council job evaluation handbook provides guidance and advice on the NHS job evaluation scheme, which has been used to shape the Trust's locally agreed job evaluation policy and procedure.

Conclusion

The People Committee is asked to receive the report at its meeting on 28 January 2025 and support the submission of the paper to the Trust Board meeting to be held on 6 February 2025, to request approval of the report and action plan for external publication on the designated government website and the Trust's website by **the reporting deadline of 30 March 2025.**

Appendix 1: Gender Pay Gap Data

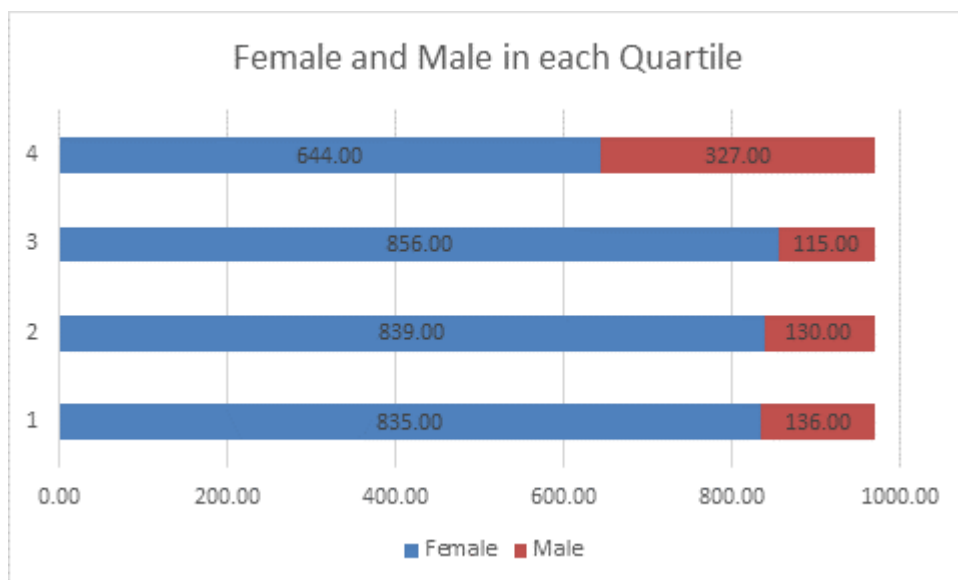
Data from ESR as at 31 March 2024

Data based on 3882 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2024) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2024).

Proportions of male and female employees in each pay quartile based on Ordinary Pay

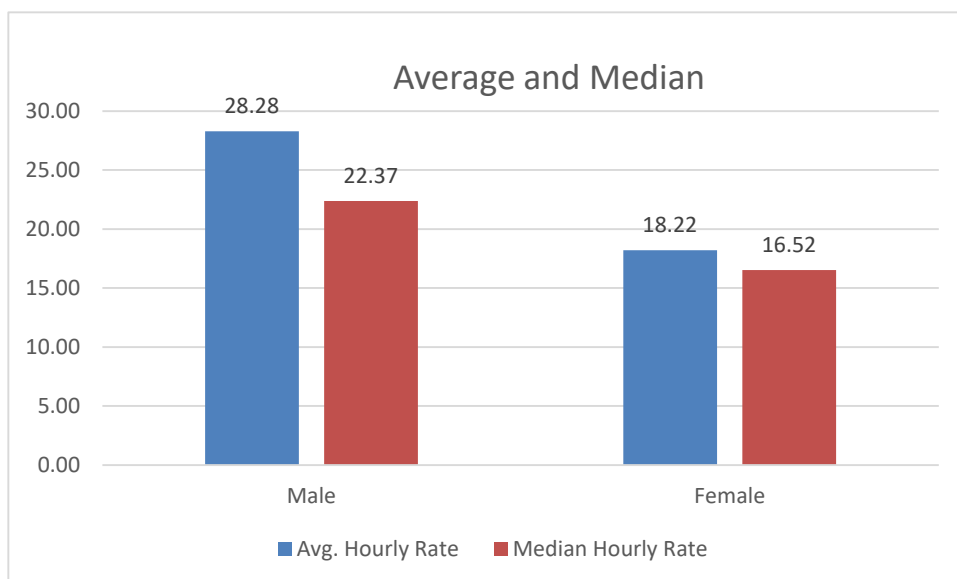
Quartile	Female	Male	Female %	Male %
1	835.00	136.00	85.99	14.01
2	839.00	130.00	86.58	13.42
3	856.00	115.00	88.16	11.84
4	644.00	327.00	66.32	33.68



Key Points:

- Ordinary pay includes basic pay, allowances, pay for leave, shift premium pay and on call pay.
- In order to create the quartile information all staff are sorted by their hourly rate of pay this list is then split into 4 equal parts (where possible).
-
- To calculate the hourly pay, the employee's bonus payments (this includes clinical excellence awards, discretionary points awards and long service awards) are added to their ordinary pay and this is divided by the employee's number of working hours.
- The gender pay gap is calculated from gross hourly rates, not net. However, elements of salary sacrifice must be taken into account. This is because salary sacrifices are not a true deduction, but instead a negative "payment". A salary sacrifice is an agreement to get paid less on condition that a benefit is provided.

Gender	Average hourly rate	Median Hourly rate
Male	28.28	22.37
Female	18.22	16.52
Difference	10.06	5.85
Pay gap%	35.57	26.15



Key Points:

The mean hourly and the median hourly rate of pay is calculated from a specific pay period, in this case it is 1st of March to 31st March 2024. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay. The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

The percentage difference between the mean and the median hourly rate of pay is 9.42%. This calculation is based on the mean and median hourly rate of 3174 female staff compared to 708 male staff; because the average is calculated over different numbers of staff (there are over 4 times more female staff), some variance is to be expected.

The data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions (see sections below for a breakdown of Medical & Dental Staff and Non-Medical & Dental Staff gender pay gap results).

This data excludes Barnsley Facility Services as they have a separate payroll and as they are a Private company they have a different snapshot date of 5th April.

Within each Quartile by Gender working Part time or Full time:

Quartile 1

	Female	Male	% Female working	% Male working	Total
Part time	449	23	95.1%	4.9%	472
Full time	386	113	77.4%	18.7%	499

Quartile 2

	Female	Male	% Female working	% Male working	Total
Part time	365	21	94.6%	5.4%	386
Full time	474	109	81.3%	18.7%	583

Quartile 3

	Female	Male	% Female working	% Male working	Total
Part time	410	18	95.8%	4.2%	428
Full time	446	97	82.1%	17.9%	543

Quartile 4

	Female	Male	% Female working	% Male working	Total
Part time	309	71	81.3%	18.7%	380
Full time	335	256	56.7%	43.3%	591

Key Points

Proportion of part time workers who are female is fairly consistent throughout pay quartiles 1 to 3 (94 – 96%). There are less full time workers who are female in quartile 4 (56%) compared to the lower pay quartiles (77 – 83%).

Mean and Median Gender Bonus Pay Gap Results

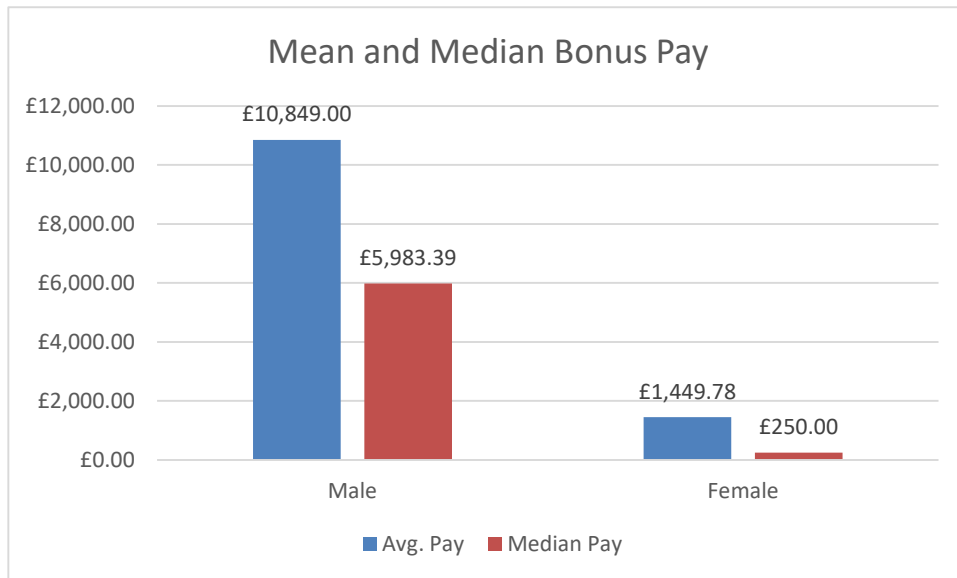
Data based on **4170** Relevant Employees.

“Relevant Employees” are all employees who are employed on the snapshot date (31 March 2024) and this term includes full-pay relevant employees and also other employees employed on the snapshot date but on less than full pay because of leave (which has reduced pay).

Gender	Average pay	Median pay
Male	£10,849.00	£5,983.39
Female	£1,449.78	£250.00

Difference	£9,399.22	5,733.39
Pay Gap %	86.64%	95.82%

The bonus period is a twelve month period that ends on the snapshot date. And will always be the preceding twelve months.



Proportion of male and female employees who received bonus pay

Gender	Employees paid bonus	Total Relevant Employees	%
Female	71.00	3380.00	2.10%
Male	38.00	790.00	4.81%

Key Points

- The gender pay gap calculations make use of two types of averages; a mean average and a median average.
- Mean averages give a good overall indication of the gender pay gap, but very large or small pay rates or bonuses can 'dominate' and distort the answer. For example, mean averages can be useful where most employees in an organisation receive a bonus but could be less useful in an organisation

where the vast majority of bonus pay is received by a small number of employees (as is the case here).

- Median averages are useful to indicate what the 'typical' situation is i.e. in the middle of an organisation and are not distorted by very large or small pay rates or bonuses. However, this means that not all gender pay gap issues will be picked up.
- The bonus pay criteria includes Clinical Excellence Awards (CEAs) and Discretionary Points Awards paid to 55 female and 92 male medical staff during 1st April 2023 and 31st March 2024. It also includes Long Service Awards (monetary awards in the form of shopping vouchers) given in 2023 for service gained in 2022. 26 Females and 4 Males received a Long Service Award (LSA). Therefore the number of employees who received a bonus payment is small, the value and type of bonus payments received is varied with more men receiving the higher value CEAs and more women receiving the lower value LSAs and this has distorted the figure.
- The Clinical Excellence Awards payments have been included in the bonus pay calculation (and the average hourly rate calculation) because the payments are subject to eligible applicants demonstrating that they are performing 'over and above' the standards expected in their role. Also, in accordance with the Trust's Local Employer Based Awards (Clinical Excellence Awards) Policy the awards are subject to application for renewal every 5 years.
- This calculation expresses the number of staff receiving bonus pay as a percentage of the total number of staff in each gender group.

Appendix 2: Non - Medical and Dental Gender Pay Gap Results

Data from ESR as at 31 March 2024

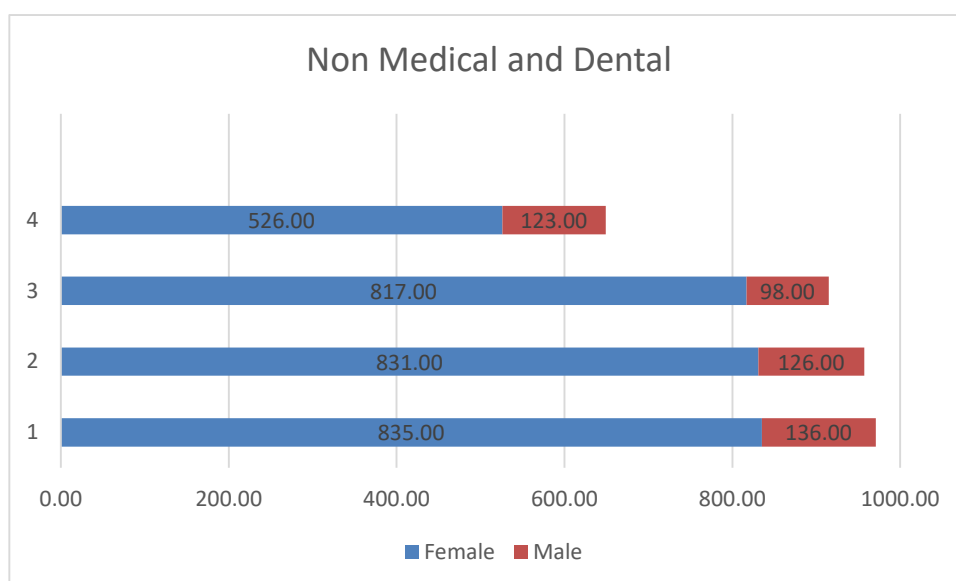
Data based on 3492 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2024) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2024).

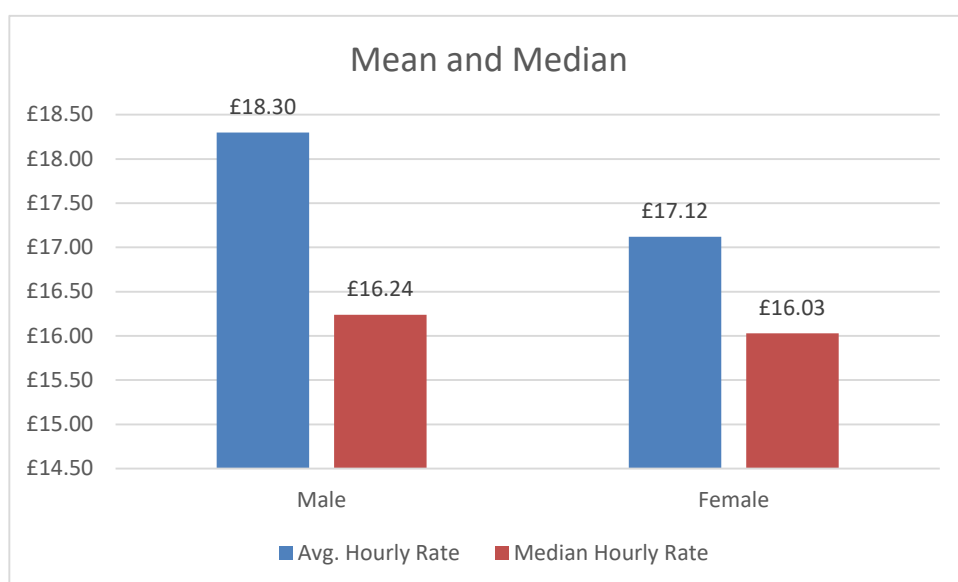
Proportions of male and female employees in each pay quartile based on ordinary pay

Quartile	Female	Male	Female %	Male %
1	835.00	136.00	86.0%	14.0%
2	831.00	126.00	86.8%	13.2%
3	817.00	98.00	89.3%	10.7%
4	526.00	123.00	81.0%	19.0%

Mean and Median Gender Pay Gap Results



Gender	Average Hourly Rate	Median Hourly Rate
Male	£18.30	£16.24
Female	£17.12	£16.03
Difference	£1.18	£0.21
Pay Gap %	6.4%	1.3%



Key Points:

The percentage difference between the mean and the median hourly rate of pay is 5.2%. This calculation is based on the mean and median hourly rate of 3009 female staff compared to 483 male staff; because the average is calculated over different numbers of staff (there are over 6 times more female staff), some variance is to be expected.

Appendix 3: Medical and Dental Gender Pay Gap Results

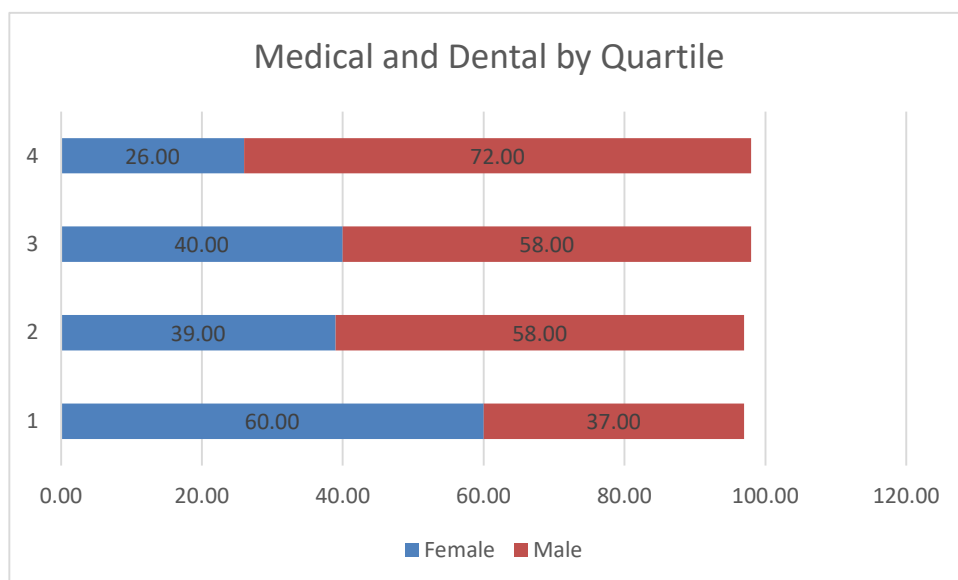
Data from ESR as at 31 March 2024

Data based on 381 Full Pay Relevant Employees.

A “Full Pay Relevant Employee” is any employee who is employed on the snapshot date (31 March 2024) and who is paid their usual full basic pay during the relevant pay period (1 – 31 March 2024).

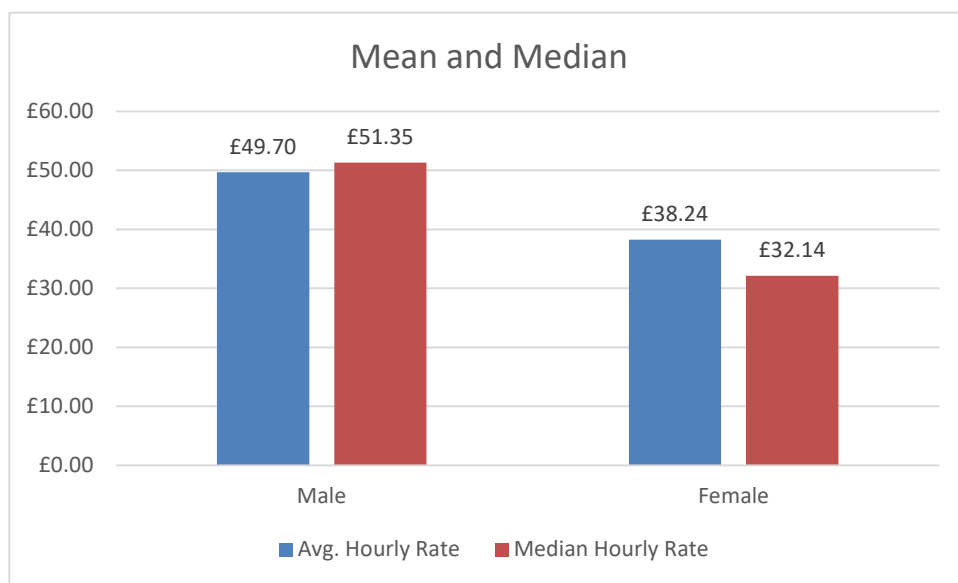
Proportions of male and female employees in each pay quartile based on Ordinary Pay

Quartile	Female	Male	Female %	Male %
1	60.00	37.00	0.00%	0.00%
2	39.00	58.00	40.21%	59.79%
3	40.00	58.00	40.82%	59.18%
4	26.00	72.00	26.53%	73.47%



Mean and Median Gender Pay Gap Results

Gender	Average Hourly Rate	Median Hourly Rate
Male	£49.70	£51.35
Female	£38.24	£32.14
Difference	£11.46	£19.21
Pay Gap %	23.1%	37.4%



Key Points

The percentage difference between the mean and median hourly rate of pay is 14%. This calculation is based on the mean and median hourly rate of 165 female staff compared to 225 male staff; because the average is calculated over different numbers of staff, some variance is to be expected.