

Bolton NHS Foundation Trust – Gender Pay Gap report 2025

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

- Mean gender pay gap: 26.8%
- Median gender pay gap: 12.68%
- Women are well-represented in middle and lower pay bands but remain underrepresented in senior medical roles.
- Divisions with the largest gaps: Family Care, Anaesthetics & Surgical, and Acute Adult Care.
- Part-time female staff: Mean gap 35.45%, median gap 14.69%, highlighting significant disparity for part-time roles.
- Excluding medical staff reduces the mean gap to 5.1% and median to 1.5%.
- Bonus gap: Mean 26.2%, median 0%, with men more likely to receive bonuses (only medical staff receive bonuses)

These findings reflect broader national patterns. Root causes include systemic biases in recruitment and promotion, limited flexible working for senior roles, and historical patriarchal structures in the medical profession. Addressing these gaps is critical.

Notably, there has not been an improvement in the figures since last year. Over the past year, our efforts have focused on strengthening governance, embedding EDI for both patients and staff, advancing disability inclusion, and promoting inclusive leadership. These foundational steps were essential, but they did not directly impact gender pay gap metrics. Even if actions had been implemented immediately, significant shifts in the data should not be expected because closing the gender pay gap is a complex, long-term challenge. It requires structural changes in workforce composition, career progression pathways, and cultural norms—areas that take sustained effort over multiple years to influence.

We will now introduce targeted actions, including revising recruitment practices, enhancing flexible working policies for senior roles, and improving talent management across all

professions, with a particular focus on medical roles. Accountability will be maintained through the EDI governance structure to ensure measurable progress.

1. Introduction

The EDI Assurance Group and People Committee reviewed and discussed the Gender Pay Gap Report.

2. People Committee discussion – summary of key points

The Committee emphasised that Equality, Diversity, and Inclusion (EDI) is vital in our organisation as it ensures fair treatment, improves patient outcomes, and creates a supportive environment for staff. By embracing diversity and tackling discrimination, at Bolton we can deliver care that meets the needs of all communities, particularly those who face health inequalities. EDI also strengthens staff wellbeing and retention, as employees who feel valued and included are more motivated and effective.

The Committee reviewed the Gender Pay Gap report and discussed progress and challenges. There was a discussion around how historic National Clinical Impact Awards contributes to the bonus pay gap.

It was recognised that, benchmarking against 2024 Greater Manchester data shows Bolton's position is consistent with other acute trusts and not an outlier, with relatively strong female representation in the top pay quartile compared to peers.

We know that we must be restless in tackling the gender pay gap, acknowledging that it longer terms solutions are required in order for it to reduce. The action plan included in this report will be prioritised and assured through the EDI Assurance Group and People Committee.

The report is due to be published externally prior to the deadline (31 March 26).

3. Recommendation to the Board of Directors

The Trust Board are asked to note the details of this paper and note that the People Committee and EDI Assurance Group will continue to oversee all relevant actions.

1. Background

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](#).

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.

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.

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 ($£50,000 + £100,000 \div 2$), a gender pay gap of £25,000 or 50%. Although the reporting requirements apply to organisations larger than this the example illustrates the point.

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.

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.

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

Gender pay gap reporting is a crucial step to better understanding our own position and the broader factors which contribute to pay disparity.

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?

The information in this report demonstrates the gender pay gap taking into account all Trust employees (excluding iFM).

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.

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.

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 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.

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 2025. 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

We collected our gender pay gap data on the snapshot date of 31st March 2025. At this time there were 5974 staff employed in the Trust. Of those 4994 (84%) were female and 980 (16%) were male.

<p>The mean gender pay gap stands at 26.8% while the median gender pay gap is 12.68%</p>	<p>Excluding medical staff reduces the mean hourly pay gap to 5.1% and the median to 1.5%</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 35.45% and a median gap of 14.69%, highlighting a pay disparity for part-time roles.</p>
<p>Divisions with the largest gender pay gaps are Family Care, Anaesthetics & Surgical, and Acute Adult Care</p>	<p>Administrative and Clerical staff have the largest mean pay gap, with men earning 22.3% more per hour than women. This group includes corporate, senior management, and clerical roles.</p>	<p>The mean bonus gap is 26.2% 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.</p>

Hourly Pay Gap: Over the last 12 months the Trust’s gender pay gap has increased in on the mean measure but decreased on the median measure. The Table 1 and Table 2 show the mean and median hourly rates by gender and the overall percentage pay gap as at March 2024 and March 2025. The data indicates that:

- Overall on a mean average men earn more than women by 26.8% meaning the gender pay gap has increased by 0.6%.
- Overall on a median indicator men earn more than women by 12.68% which is an overall decrease in the median gender pay gap of 0.32%.
- 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: 2024 Mean and median hourly pay gap Table 2: 2025 Mean and median hourly pay gap

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%	

2025			
Gender	Mean Hourly Rate	Median Hourly Rate	
Male	£ 27.9	£ 21.4	
Female	£ 20.4	£ 18.6	
Difference	£ 7.5	£ 2.7	
Pay Gap %	26.81	12.68	

Regional Context (2024 comparator data)

Comparator data for other trusts for the 2025 snapshot is not yet available; organisations publish by 31st March. Table 3 therefore uses the latest published figures from 2024. This is for context only and should be interpreted with caution as it reflects a different reporting year. Single-year comparisons, especially across varied workforce profiles, can be volatile. This section was included at the request of the EDI Assurance Group and should be read with these caveats in mind.

Table 3: Benchmarking of 2024 Gender Pay Gap data across Greater Manchester.

Employer	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Women in top pay quartile	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
Greater Manchester Mental Health NHS Foundation Trust	5.10	-12.90	73.65	9.60	0.00
Lancashire & South Cumbria NHS Foundation Trust	9.10	0.20	75.20	21.70	0.00
Pennine Care NHS Foundation Trust	9.86	0.00	74.48	38.65	59.41
The Christie Nhs Foundation Trust	16.50	6.00	61.50	51.20	0.00
Mid Cheshire Hospitals Nhs Foundation Trust	20.87	7.20	74.30	21.58	0.00
Lancashire Teaching Hospitals Nhs Foundation Trust	22.00	3.20	67.00	35.90	0.00
Northern Care Alliance NHS Foundation Trust	23.40	6.20	67.20	20.00	0.00
Bolton N H S Foundation Trust	26.16	12.98	74.69	25.50	0.00
Tameside and Glossop Integrated Care NHS Foundation Trust	26.42	11.93	67.96	26.23	49.99
Wrightington, Wigan And Leigh Nhs Foundation Trust.	26.80	11.14	70.10	57.90	0.00
East Cheshire Nhs Trust	28.50	9.97	69.72	31.19	0.00

How Bolton compares (using 2024 comparators):

- Mean hourly gap: Bolton 26.16%. This sits within the range seen across acute trusts in Greater Manchester, coloured in green for clarity (approx. 20.9%–28.5%), and is higher than the mean gaps typically seen in mental health/specialist Trusts (e.g., GMMH 5.10%, Pennine Care 9.86%, Lancashire & South Cumbria (9.10%) and The Christie (16.5%)). Acute trusts (with larger, senior medical workforces) typically show higher mean gaps than mental health/community trusts. Bolton’s mean is consistent with acute trust patterns rather than outlying performance.
- Median hourly gap: Bolton 12.98%, broadly in line with acute peers (e.g., Tameside 11.93%, WWL 11.14%, East Cheshire 9.97%, NCA 6.20%).
- Top pay quartile (women): Bolton 74.69%, which is higher than several acute peers (e.g., WWL 70.10%, East Cheshire 69.72%, LTH 67.00%, NCA 67.20%). This indicates relatively stronger female representation at the top end compared to many local acute organisations. Representation at the top quartile is comparatively strong. Our 74.69% women in the top quartile compares well locally; we are not seeing unusually low female representation in senior pay bands relative to peers.
- Bonus gap: Median 0.00% (equal), mean 25.50%, which is lower than some peers (e.g., WWL 57.90%, The Christie 51.20%, LTH 35.90%, Pennine Care 38.65%). As with all NHS organisations, only the medical workforce is eligible for bonus payments.

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 2024.

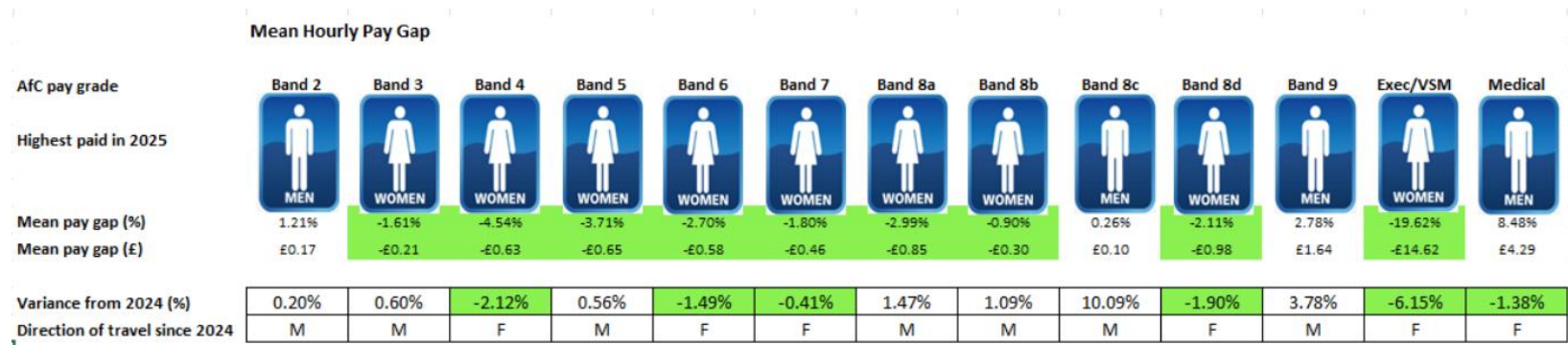


Fig 1: Mean hourly gender pay gap 2025 split by pay band

On the mean indicator, women earn more than men in in every job band except Band 2, Band 9 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 5.1%. 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 2024.

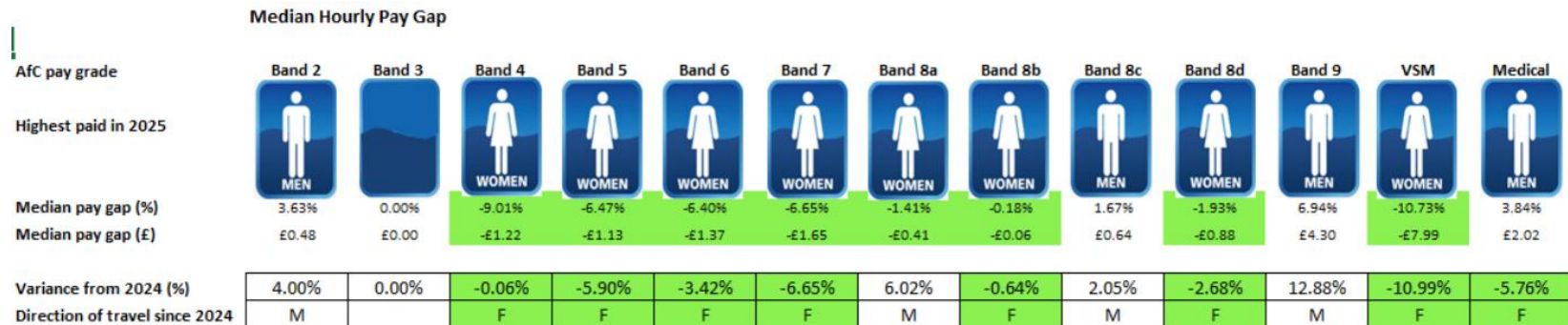


Fig 2: Median hourly gender pay gap 2024 split by pay band

On a median measure, **women earn more** than men in bands 4,5,6,7,8a,8b,8d and VSM.

On a median measure, women and men earn the same in band 3.

On a median measure, **men earn more** than women in bands 2, 8c, 9 and Medical/dental grades

If medical staff were removed from the calculations **our median Gender Pay Gap reduces to 1.5%**,

Full/ Part time Gender pay gap

Tables 4 and 5 compare the gender pay gaps for full and part time staff.

Table 4: mean gender pay gaps by working pattern

Table 5: median gender pay gaps by working pattern

Mean	Full Time	Part Time
Men	£27.42	£30.86
Women	£20.95	£19.92
Difference	£6.47	£10.94
Gender Pay Gap%	23.60%	35.45%

Median	Full Time	Part Time
Men	£21.24	£21.77
Women	£18.66	£18.57
Difference	£2.59	£3.20
Gender Pay Gap%	12.18%	14.69%

The Trust’s gender pay gap is significantly wider for part-time staff than for full-time staff, on both mean and median measures. This indicates a structural issue rather than a small number of outliers. The data suggests that women working part-time are disproportionately concentrated in lower-paid roles, while men working part-time are more likely to retain access to higher-paid posts (potentially specialist roles). This points to challenges around access to senior and well-paid roles on a part-time or flexible basis, rather than unequal pay for equal work.

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.

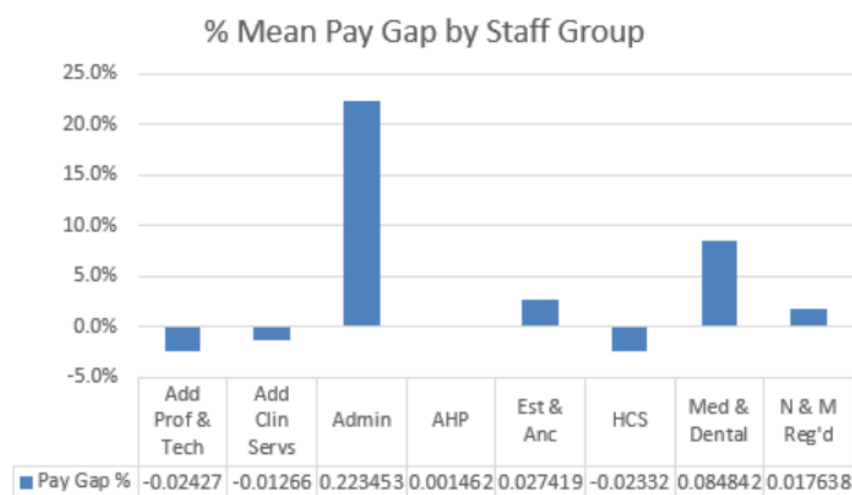


Fig. 3: Mean Pay Gap by Staff Group

The staff group with the largest mean pay gap is Administrative and Clerical, where the mean hourly pay rate is 22.3% 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 8.5% higher.

Staff groups where women receive a marginally higher mean hourly rate than men are Estates & Anc, and Nursing and Midwifery.

Analysis by Division

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

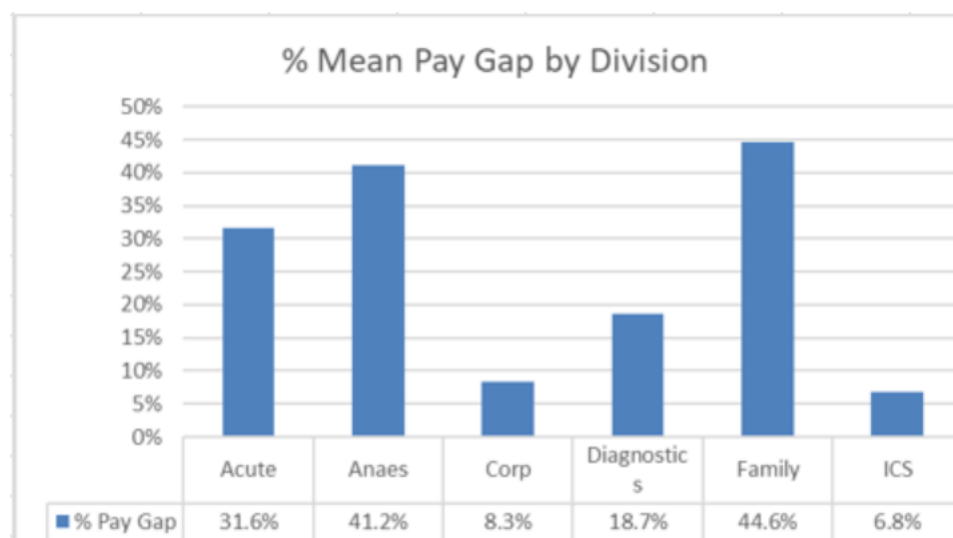


Fig.4: Divisional Gender Pay Gaps

The three divisions with the largest pay gap are Family Care, Anaesthetics & Surgical, and Acute Adult Care. It should be noted that these are also the three divisions with the largest medical workforces. However, there has been a large improvement in the gender pay gap in Corporate division where the gender pay gap last year was 19.8% and is now at 8.3%.

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 (quartile 4). This correlates with the analysis by pay band, showing that the largest pay gaps exist within the more senior AfC and medical/dental pay grades.



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

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 6-9

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

2025		(Bonus)	
Gender	Mean Pay	Median Pay	
Male	£ 11,814.6	£ 9,048.0	
Female	£ 8,720.5	£ 9,048.0	
Difference	£ 3,094.2	£ -	
Pay Gap %	26.2%	0.0%	

Table 8
2024

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

Table 9
2025

Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	48	1312	3.66%
Female	27	5521	0.49%

Points of note are:

- 0.49% of females in the Trust received an award (bonus) compared to 3.66% 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 11% 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 26.2% lower for women than for men. This has increased from the 2024 mean bonus pay gap of 25.52%.
- 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.

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. The action plan that comes from this report will be prioritised and assured through the EDI Assurance Group.

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:

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 is one of the top 4 EDI priorities and this is reflected in the ambitions of the new EDI Plan 2025-2027. The inclusive recruitment workstream includes inclusive recruitment training, having 'Equality Advocates' as panel members on shortlisting and recruitment panels, providing interview questions in advance, widening recruitment routes into the Trust, using work based assessments more in recruitment and building more accountability into the recruitment process.

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:

Video guide: To help staff and managers better understand the updated Flexible Working Policy and application process, we created a short video guide. It provides a clear overview of the flexible working application process, including how to make a request, what managers should consider, and how decisions are made to support both individual and service needs. The video was developed in response to colleague feedback from the 2023 NHS Staff Survey, which was actioned in 2024 through the Our Voice Change Programme, under the Flexible Working theme.

Flexible Working Policy and SOP: strengthened, made clearer and more accessible, with links to the reasonable adjustment process.

Appeal Process: to ensure that staff have the opportunity to challenge a decision.

Mythbusting guide: to tackle common misconceptions, leading to underuse of the policy. This guide debunks outdated or incorrect beliefs and promote clarity and consistency.

Case Studies: To show staff what possibilities there are, a range of case studies are available to read on the staff intranet.

Action Plans

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 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 10 sets out the areas of focus that are recommended to narrow the Trust's Gender Pay Gap.

Table 10: Gender Pay Gap Action Plan

Key Matters	Potential underlying causes	Suggested actions
<p>Overall Gender Pay Gap Trends:</p>	<p>A higher concentration of men in senior, high-paying roles, particularly in the medical workforce, is driving the gap. Historical barriers, such as limited access to leadership development and full-time working opportunities for women, persist. 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>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 and medical/dental 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.
<p>Pay quartiles Although women make up a high proportion of employees in all pay quartiles, the top pay quartile has a higher proportion of men</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>	<ul style="list-style-type: none"> • Talent conversations and succession planning: As a Trust, we are strengthening our development conversations and are introducing transparency and quality into our talent

		<p>conversations and process for succession planning.</p>
<p>Part-Time Work Impact Part-time female staff experience a larger pay gap than part time males.</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. • Improve the organisation's use of job sharing, especially for senior roles.
<p>Divisional Variances Divisions with the largest gender pay gaps (e.g., Acute Adult Care, Anaesthetics & Surgical, and Family) also have the largest medical workforces.</p>	<p>Divisional gaps reflect the distribution of male-dominated senior roles within those areas.</p>	<ul style="list-style-type: none"> • Collaborate with divisions 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 Excluding medical staff significantly reduces the gender pay gap. 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 lower for women and less women as a proportion, received a bonus.</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.
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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 31/03/24. 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.