



Equal Pay Statement and Gender Pay Gap Information

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1. Equality and the Gender Pay Gap

Women in Scotland currently earn, on average, 14.9% less per hour than men, and 32.2% less when you compare women's part time hourly rate to men's full time hourly rate¹. On average, women in Scotland earn £182.90 per week less than men.

The pay gap is the key indicator of the inequalities and differences that still exist in men and women's working lives. This is caused by three main factors: occupational segregation, inflexible working practices and pay discrimination.

Women are more likely than men to have primary caring responsibilities for children, sick people, older people and disabled people. Increasing costs in childcare, and the withdrawal of state support through tax credits is causing women to leave their jobs, or reduce their hours in an effort to balance family budgets.

The lack of flexible working options in some areas means that women are often required to look for part time work to balance caring responsibilities with their work. Most part time work is in low-paid, stereotypically female occupations. Women then become underemployed and their skills are lost to an employer. Women account for 49% of the labour market and 42% of women in Scotland work part-time compared to 13% of men².

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool;
- Improve staff retention
- Improve decision making and governance

Evidence also shows that enactment of effective flexible working can reduce sickness absence and improve staff recruitment and retention. In the context of economic downturn, there are studies that indicate that flexible working policies can help organisations to manage their workplace more effectively when recession hits.

Studies have also indicated productivity gains from flexible working, associated with enhanced employee wellbeing and morale, and reputational benefits that make the company more attractive to the best candidates³.

Despite the reported benefits of effective flexible working, research by the Equality and Human Rights Commission found that one in five mothers said that they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and/or colleagues; if scaled up the general population this could mean as many as 100,000 mothers a year. Around half of mothers (51%)

¹ Office of National Statistics, 2016, Annual Survey of Hours and Earnings

² Close the Gap, 2017, <https://www.closesthegap.org.uk/content/gap-statistics/>

³ Close the Gap, 2016, 'The Economic Case for Addressing Women's Labour Market Inequality'

who had a flexible working request approved said that they felt it resulted in negative consequences. The research also found that 17% of employers believed that pregnant women and mothers were less interested in career progression and promotion than other employees, with 78% of the opinion that mothers returning from maternity leave were as committed as other members of their team⁴.

2. Legislative Framework

The Equality Act 2010 sets out that people should not be discriminated against in employment, when seeking employment, or when engaged in occupations or activities related to work, because of their sex. The Equality Act also gives women and men a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

The Equality Act replaces previous legislation, including the Equal Pay Act 1970 and the Sex Discrimination Act 1975. The Equality Act's provisions on Equal Pay and other employment terms are determined without sex discrimination or bias.

The Equality Act 2010 also introduced the concept of nine 'protected characteristics'. These are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation
- Marriage and Civil Partnership

The Act stipulated that all Health Boards (as were all public bodies) across NHS Scotland were required to comply with the three aims of the Public Sector Equality Duty, and to meet the requirements of the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012.

The three aims of the Public Sector Equality Duty are to:

⁴ Equality and Human Rights Commission, 2015 'Pregnancy and Maternity Related Discrimination and Disadvantage'

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the act
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

Specific Duties

The General Duty is supported by **Specific Duties**, set out in regulation, which came into force on 27 May 2012. The requirements of the Specific Duties are as follows:

- Duty to report progress on mainstreaming the equality duty
- Duty to publish equality outcomes and report progress
- Duty to assess and review policies and practices
- Duty to gather and use employment information
- **Duty to publish gender pay gap information**
- **Duty to publish statements on equal pay, etc**
- Duty to consider award criteria and conditions in relation to public procurement
- Duty to publish in a manner that is accessible
- Duty to consider other matters
- Duty of the Scottish Ministers to publish proposals to enable better performance

In addition to gender, the specific duties also require that occupational segregation analysis and reporting must include the following:

- **Disability** – comparing distribution of people who identify as disabled vs those who identify as not disabled
- **Race** – comparing distribution of persons who fall into a minority racial group and those who do not

3. Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by NHS Dumfries and Galloway Area Partnership Forum and the Staff Governance Committee.

NHS Dumfries and Galloway is committed to the broad principles of equality of opportunity in employment and believe that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal

value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Dumfries and Galloway understand that the right to equal pay between women and men is a legal right under both domestic and European law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Dumfries and Galloway to taking the following steps:

- Publish gender pay gap information by 30 April 2017
- Publish a statement on equal pay between women and men by 30 April 2017, and to include the protected characteristics of race and disability.

It is good practice and reflects the values of NHS Dumfries and Galloway that pay is awarded fairly and equitably.

NHS Dumfries and Galloway recognise that in order to achieve equal pay for employees doing the same or broadly similar work, work related as equivalent or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

National Terms and Conditions

NHS Dumfries and Galloway employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change Contract terms and conditions of employment, NHS Consultant and General Practice (GP), Speciality and Associate Specialist (SAS), Medical Trainee and General Dental Practice (GDP) Educator contracts of employment. Some staff are employed on NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay ranges and terms of conditions of employment.

Staff Governance Standard

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance procedure is available for their use.

Occupational Segregation

Occupational segregation refers to the distribution of people defined by specific characteristics, for example, by disability, gender or race, into different types of work. Many factors influence this clustering effect for example, gender norms and stereotypes; assumptions about men's and women's capabilities, preferences and skills; the culture associated with male dominated occupations and sectors and access to training and development opportunities. Occupational segregation restricts choices for men and women. The jobs most likely to be done by women are those associated with low pay, and fewer opportunities to progress.

Occupational segregation occurs both between and within economic sectors, and is typically described in two ways:

Horizontal segregation refers to the clustering of people, e.g. men and women, into different types of work. For example, the majority of nurses are women, while men are more likely to work in facilities and maintenance roles within NHS Scotland.

Vertical segregation refers to the clustering of people, e.g. men and women, into different levels of work. For example, a higher proportion of women work in lower pay bands, and a higher proportion of men work in senior management within NHS Scotland.

Horizontal segregation by gender

NHS Dumfries and Galloway employ more women than men. As at November 2016, the Board employed 84% women, compared with 16% men.

Appendices 1, 2, 3 & 4 show the distribution of men and women across all of the job families. Women represented the majority of the workforce within all of the job families.

The job families with the highest number of women within their workforce were within the Allied Health Professions (94%), Nursing (91%), Administrative Services (86%) and Other Therapeutic Roles (86%).

The job families with the highest number of men within their workforce were Medical and Dental (58%), Senior Managers (33%) and Support Services (31%).

Vertical Segregation by gender

The table below shows overall the numbers of men and women working across the different pay bands as at November 2016.

Band	Women	Percentage	Men	Percentage	Total
1	-	83%	-	17%	-
2	854	82%	187	18%	1041
3	450	88%	61	12%	511
4	276	93%	22	7%	298
5	897	91%	87	9%	984
6	185	70%	80	30%	265
7	135	73%	50	27%	185
8A	71	84%	14	16%	85
8B	29	76%	9	24%	38
8C	-	78%	<5	22%	-
8D	8	53%	7	47%	15
9	<5	50%	<5	50%	-
Senior Manager Grades	<5	67%	<5	33%	-
Medical and Dental Grades	115	42%	161	58%	276

The table above shows that there were more women than men employed across all of the pay grades with the exception of Medical and Dental grades. The band with the highest percentage of women is Band 4 and the Band with the highest percentage of men (excluding medical and dental grades) was Band 9.

Gender Pay Gap

Appendix 1 shows the overall gender pay gap for the organisation as at November 2016. On average, men employed within NHS Dumfries and Galloway were paid on average £2.58 or 9% more than women.

This varies quite considerably between the overall job families. The gap for Senior Managers is 11% and the gap for Medical and Dental staff is 9%, compared with Agenda for Change Staff where the pay gap is 2%. Since 2015, the gender pay gap for medical and dental staff has reduced from 12% to 9%. The gap for Agenda for Change staff has increased slightly from 1% to 2%. The gap for Senior Managers has decreased by 19% since 2015, bringing the overall Board pay gap down from 18%.

Appendix 2 shows that within the Medical and Dental job family, the pay gap is 9%. The post with the highest average hourly pay (Sessional GP Out Of Hours) has no pay gap. The main cause of the overall pay gap within medical grades appears to be in relation to the Core Trainee/Speciality Trainee Doctor in Training grade which has a pay gap of 24%.

Appendix 3 shows that within the Senior Manager job family, where the pay gap is 11%, men and women are spread out across the grades, however within the highest grade (grade F) there are no women.

Appendix 4 shows that overall for Agenda for Change staff, the pay gap is 2%. This is a slight increase of 1% since 2015. There are a number of reasons for this pay gap which is shown within the table where the agenda for change grades have been broken down into more specific job families.

The job families of Administrative Services, Allied Health Professions, Dental Support, Other Therapeutic and Support Services all have a gender pay gap in favour of men. Within each of these job families, the percentage of men employed increases as the pay grades increase.

Occupational segregation by minority ethnic group

The spread of minority ethnic staff across job families and pay bands has been analysed and due to small numbers, it was considered appropriate to aggregate the workforce ethnicity data into three groups; one aggregating all of the White British and Irish ethnic groups, one aggregating all of the other White groups (White Minority) and one aggregating all of the Black, Asian, mixed and other ethnic groups. The small numbers of minority ethnic staff is small and as such, it is not possible to publish the detailed information within this report as individuals may be identified.

As at November 2016, 0.9% of the NHS Dumfries and Galloway workforce had disclosed that they were from a black or minority ethnic (BME) group. The majority of staff (65.7%) identified as White Scottish, British or Irish, with 8.6% identifying with other White groups.

Black and Minority Ethnic staff were represented across pay bands 2 – 7. The majority of BME staff (44.7%) occupied posts within the Medical and Dental grades. This was followed by 26.3% within pay bands 2 – 3, 15.8% within pay bands 4 – 5 and 13.2% within pay bands 6 - 7.

As mentioned previously, the majority of staff who identify as BME were employed within the Medical and Dental job family, followed by 21% that were employed within Nursing and Midwifery. BME staff were not represented at all within the job families of Dental Support, Medical Support, Personal and Social Care and Senior Managers. These job families however only represent 2% of the overall workforce.

It is recognised that there are gaps in the data; no information was provided from 24.7% of the workforce, either because this field was left unanswered, or because the staff member has selected 'prefer not to answer'.

According to the 2011 census, only 1.2% of the overall population of Dumfries and Galloway identify as being from a BME group.

Occupational segregation by disability

As at November 2016, 1.5% of the workforce had disclosed that they were disabled. The spread of disabled staff across the pay bands and job families has been analysed. The number of disabled staff is very small and as such, it is not possible to publish the detailed information.

29% of all disabled staff were employed within Nursing and Midwifery and 29% were employed within Administrative Services. In terms of the job family employing the most disabled people in relation to the size of the job family group, 10% of Personal and Social Care indicated that they have a disability. There were no posts occupied by disabled staff within the job families of Senior Managers, Dental Support or Medical Support; however these job families only represent 1% of the overall workforce.

Disabled staff were represented across pay bands 1 – 8. The majority (34%) occupy posts within pay bands 1 - 3, closely followed by pay bands 4 - 5 (33%). 22% were employed at pay bands 6 – 7 and 5% of disabled staff were employed at pay bands 8 – 9. However, in terms of the overall workforce employed at each pay band group, 2% of the workforce within pay bands 8 – 9 declared a disability, compared with less than 2% in each of the other pay band groups.

There are also gaps within the disability staff data. The current HR system also allows staff to answer 'don't know' as to whether they have a disability or not. The system currently indicates that 63% of the workforce 'don't know' whether they have a disability or not. This is in part due to issues with the migration of data from the previous HR system. Staff are asked on an ongoing basis at present to look at their equality and diversity data and to update it as required.

4. Positive action to enhance attraction, development and retention of underrepresented groups

Glasgow Centre for Inclusive Living Graduate Scheme

NHS Chief Executives supported the establishment of the Glasgow Centre for Inclusive Living Equality Academy's Professional Careers Programmes within NHS Scotland Boards. The aim of the programme is for boards to provide a two year paid employment opportunity for disabled graduates by providing experience of employment and to help set them up for a long-term sustainable career.

Disability 'Positive about Disabled People'

NHS Dumfries and Galloway agreed to take action to meet the five commitments of the 'Positive about Disabled People' scheme.

The five commitments are:

- To interview all disabled candidates who meet the minimum criteria for a job vacancy and consider them on their abilities
- To ensure there is a mechanism in place to discuss with disabled employees what can be done to make sure they can develop and use their abilities. Discussions may take place any time, and will take place once a year
- To make every effort when employees become disabled to make sure they stay in employment
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- To review these commitments and what has been achieved annually and to plan ways to improve them

The 'Positive about Disabled People scheme' has recently been replaced by the 'Disability Confident' scheme.

Gender Awareness Event

In 2016, members of staff from NHS Dumfries and Galloway and Dumfries and Galloway held two cross sector events examining and discussing various elements of gender inequality. The most recent event in September 2016 was also open to the public. This was a whole day event ran in conjunction with Engender, and provided participants with the opportunity to discuss a range of topics, including flexible working, gender pay gap, stereotyping and the impact of the media. Participants were asked to come up with a number of actions at the end of the day, both within their work and personal capacity to try to take action to promote gender equality.

5. Next Steps

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statements and action points with trade unions and professional organisations as appropriate, every two years and provide a formal report within four years;
- Continue to inform employees as to how pay practices work and how their own pay is determined;

- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the Equality Act 2010;
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.
- Continue to hold at least one gender inequality awareness event per year.
- Investigate the numbers of staff who work part time, whether there are any patterns of part time working and the pay gap taking part time work into account.
- Raise awareness within the Board of flexible working options for all staff, at all levels. Adverts for vacancies should include the 'happy to talk flexible working' logo and managers given a brief/information on what these options might look like. This will be of potential benefit to all members of staff, but will particularly impact on women's choices and options for career progression, carers (who are more likely to be women), those who are returning to work following maternity leave and those people who have a disability. Part-time/flexible working must be seen as an option within Senior Roles.
- Achieve 'established' Carer Positive Status, building on the work that has already been completed in achieving 'engaged' status.
- Consider within the 'Developing the Young Workforce' strategy the other protected characteristics besides age, as an integral part of the work. For example, encouraging younger women into a range of various roles within the Board, including those which are often stereotyped as 'men's work'.
- Work towards the Disability Confident Level 2 award.
- Hold local, confidential, surveys or focus groups for female employees, disabled employees and employees from BME groups to establish what some of the issues and barriers are.
- Review our job descriptions and person specifications to remove unnecessary criteria that may be indirectly disadvantaging people from protected characteristic groups
- Develop an action plan for this work which will be monitored through the internal Staff Governance Committee

Responsibility for implementing this policy is held by the NHS Dumfries and Galloway Workforce Director.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance procedure is available for their use.

Appendices

Overview

The tables contained within the appendices from page 15 onwards, show the pay differences and occupational segregation data between male and female staff.

- Summary of the overall gender pay gap across NHS Dumfries and Galloway (Appendix 1)
- Medical and Dental Staff by Grade (Appendix 2)
- Senior Managers by pay grade (Appendix 3)
- Agenda for Change staff by job families and pay band (Appendix 4)

Data Definitions

The data presented covers all substantively employed staff and the average hourly rate for basic pay, i.e. excluding overtime.

Where data relates to five or less individuals, detail on pay has been asterisked (*) out to avoid individuals being identified.

The data is presented in the following format:

- Employment count by gender and the proportional percentage of gender split within the grade.
- The average hourly basic rate pay by both genders and the total (for both males and females) represented in pounds (£)
- The monetary variance when comparing male to female average hourly pay
- The percentage variance when comparing male to female average hourly pay rates

**Please note that the totals within Appendix 1 for the total organisation differ from the overall totals from the Job family tables. This is due to a number of staff who have pay band 'not assimilated' and are not included in the 'job family' tables but are included within the overall organisation figures.*

Appendix 1

Organisation Gender Pay Gap

	Female			Male						
	Female Gender Count	Female Gender Count as % of Job Family	Average Basic Hourly Rate £	Male Gender Count	Male Gender Count as % of Job Family	Average Basic Hourly Rate £	Monetary Variance Male to Female £	Monetary Variance Male to Female %	Total Gender Count	Average Total of Basic Hourly Rate £
Medical	124	40%	30.28	184	60%	33.24	2.96	9%	*	32.05
Senior Managers	*	67%	38.80	*	33%	43.37	4.57	11%	*	41.09
Agenda for Change Staff	3484	87%	13.36	526	13%	13.58	0.22	2%	*	13.47
TOTAL	*	84%	27.48	*	16%	30.06	2.58	9%	*	28.87

Appendix 2	Medical and Dental Grades						Monetary Variance Male to Female £	Monetary Variance Male to Female %
	Female			Male				
Medical Grade	Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate		
Associate Specialist	14	70%	41.48	6	30%	40.91	-0.57	-1%
Clinical Director	*	100%	40.70	-	-	-	-	-
Consultant	32	30%	42.47	75	70%	45.13	2.66	6%
Dental Core Training Grade 1	*	33%	17.79	*	67%	17.79	*	*
Dental Officer	*	67%	30.10	*	33%	28.99	-1.11	-4%
Foundation Year 1	*	25%	13.93	*	75%	13.93	*	*
Foundation Year 2	*	43%	14.82	*	57%	13.93	-0.89	-6%
General practice Speciality Training	10	53%	19.17	9	47%	16.05	-3.12	-3.12%
Locum Appointment Service	*	100%	17.37	*	*	*	*	*
Locum Appointment Training	*	*	*	*	100%	28.29	*	*
Medical Director	*	33%	44.58	*	67%	46.01	1.43	3%
Other	*	40%	42.09	*	60%	42.80	0.71	2%
Part time Medical Practitioner Para 94 app	*	*	*	*	100%	38.18	*	*
Salaried GDP	*	100%	30.10	*	*	*	*	*
Salaried GP	*	20%	30.25	*	80%	28.91	-1.34	-5%
Senior Dental Officer	*	80%	36.31	*	20%	36.52	0.21	1%
Sessional GP Out of Hours	*	50%	47.47	*	50%	47.47	*	*
Core Trainee/Speciality	24	46%	18.02	28	54%	23.77	5.75	24%

Trainee Doctor in Training								
Speciality Doctor	14	54%	30.74	12	46%	28.94	-1.80	-6%
Staff Grade	-	-	-	*	100%	26.46	*	*

Appendix 3

		Senior Manager Grades						
		Female			Male			
	Female Gender Count	Female Gender Count as % of Job Family	Average Basic Hourly Rate	Male Gender Count	Male Gender Count as % of Job Family	Average Basic Hourly Rate	Monetary Variance Male to Female £	Monetary Variance Male to Female %
EXECUTIVE MANAGER GRADE F	-	0%	-	*	100%	49.61	-	-
EXECUTIVE MANAGER GRADE E	*	100%	44.47	-	-	-	-	-
EXECUTIVE MANAGER GRADE D	*	66%	38.38	*	33%	37.14	-1.24	-3%
EXECUTIVE MANAGER GRADE B	*	100%	33.97	-	-	-	-	-

Appendix 4

Agenda for Change Job Families

	AGENDA FOR CHANGE BANDS	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %
		Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate		
ADMINISTRATIVE SERVICES	Band 2	122	90%	9.17	14	10%	8.96	-0.21	-2%
	Band 3	207	93%	10.06	16	7%	9.66	-0.40	-4%
	Band 4	171	92%	11.37	15	8%	10.91	-0.46	-4%
	Band 5	61	82%	14.06	13	18%	13.80	-0.26	-2%
	Band 6	25	58%	16.42	18	42%	16.79	0.37	2%
	Band 7	31	74%	19.52	11	26%	20.16	0.64	3%
	Band 8A	10	67%	24.33	5	33%	23.15	-1.18	-5%
	Band 8B	*	75%	28.81	*	25%	27.52	-1.29	-5%
	Band 8C	*	75%	31.60	*	25%	35.72	4.12	12%
	Band 8D	*	43%	38.42	*	57%	39.69	1.27	3%
Band 9	-	-	-	*	100%	47.23	-	-	
ADMINISTRATIVE SERVICES Total		639	86%	20.38	100	14%	23.05	2.67	11%
ALLIED HEALTH PROFESSION	Band 3	58	100%	9.96	-	-	-	-	-
	Band 4	10	100%	11.21	-	-	-	-	--
	Band 5	43	100%	12.90	-	-	-	-	-
	Band 6	111	93%	16.84	8	7%	16.20	-0.64	-4%
	Band 7	69	88%	20.69	9	12%	19.88	-0.81	-4%
	Band 8A	*	92%	23.89	*	8%	24.81	0.92	4%
	Band 8B	-	50%	29.77	*	50%	29.77	-	-
ALLIED HEALTH PROFESSION Total		305	94%	17.89	20	6%	22.67	4.78	21%

	AGENDA FOR CHANGE BANDS	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %
		Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate		
DENTAL SUPPORT	Band 4	30	100%	11.50	-	-	-	-	-
	Band 5	5	100%	14.70	-	-	-	-	--
	Band 7	*	100%	18.72	-	-	-	-	-
	Band 8A	-	-	-	*	100%	24.81	-	-
	Band 8B	*	100%	29.77	-	-	-	-	-
DENTAL SUPPORT Total		40	98%	18.67	*	*	24.81	6.14	25%
HEALTHCARE SCIENCES	Band 2	*	80%	8.94	*	20%	8.25	-0.69	-8%
	Band 3	*	91%	10.17	*	9%	10.28	0.11	1%
	Band 4	*	100%	11.07	*	*	*	*	*
	Band 5	7	58%	12.87	5	42%	12.86	-0.01	0%
	Band 6	29	74%	17.43	10	26%	17.25	-0.18	-1%
	Band 7	11	65%	20.37	6	35%	20.69	0.32	2%
	Band 8A	*	67%	24.80	*	33%	24.80	0	0%
	Band 8C	*	100%	35.72	-	-	-	-	-
HEALTHCARE SCIENCES Total		80	76%	17.67	25	24%	15.69	-1.98	-13%
MEDICAL SUPPORT	Band 5	*	*	14.70	*	*	14.70	0	0%
MEDICAL SUPPORT Total		*	*	14.70	*	*	14.70	0	0%
NURSING/MIDWIFERY	Band 2	401	87%	9.13	59	13%	8.81	-0.32	-4%
	Band 3	165	90%	10.20	18	10%	10.10	-0.01	-1%
	Band 4	26	100%	11.42	-	-	-	-	-
	Band 5	762	93%	14.09	59	7%	13.90	-0.19	-1%

	AGENDA FOR CHANGE BANDS	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %
		Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate		
	Band 6	362	92%	17.11	33	8%	17.03	-0.08	0%
	Band 7	148	91%	20.03	15	9%	20.42	0.39	2%
	Band 8A	*	85%	23.25	*	15%	22.51	-0.74	-3%
	Band 8B	*	90%	28.43	*	10%	29.77	1.34	5%
	Band 8C	*	100%	28.97	-	-	-	-	-
	Band 8D	*	100%	38.80	-	-	-	-	-
NURSING/MIDWIFERY Total		1898	91%	20.14	189	9%	17.50	-2.64	-15%
OTHER THERAPUTIC	Band 2	11	85%	9.21	*	*	9.46	0.25	3%
	Band 3	2	67%	10.87	*	*	8.87	-2.00	-23%
	Band 4	21	100%	11.15	-	-	-	-	-
	Band 5	11	100%	13.88	-	-	-	-	-
	Band 6	18	78%	15.38	5	22%	15.64	0.26	2%
	Band 7	12	80%	18.39	*	*	17.24	-1.15	-7%
	Band 8A	23	96%	23.99	*	*	24.81	0.82	3%
	Band 8B	11	79%	29.29	*	*	29.50	0.21	1%
	Band 8C	*	67%	32.35	*	*	35.72	3.37	9%
	Band 8D	*	40%	36.38	*	*	43.00	6.62	15%
	Band 9	*	100%	37.50	-	-	-	-	-
OTHER THERAPUTIC Total		114	86%	21.67	19	14%	23.03	1.36	6%
PERSONAL AND SOCIAL CARE	Band 3	*	50%	9.92	*	50%	9.32	-0.60	-6%
	Band 4	5	100%	10.53	-	-	-	-	-
	Band 5	*	100%	13.38	-	-	-	-	-

	AGENDA FOR CHANGE BANDS	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %
		Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of the JF	Average of Basic Hourly Rate		
	Band 7	5	83%	21.37	*	*	21.37	0	0%
	Band 8A	*	100%	24.81	-	-	-	-	-
	Band 8D	*	100%	39.03	-	-	-	-	-
	PERSONAL AND SOCIAL CARE Total	17	85%	19.84	*	*	15.35	-4.49	-29%
SUPPORT SERVICES	Band 1	*	17%	8.25	*	83%	8.25	*	0%
	Band 2	316	74%	8.58	111	26%	8.96	0.38	4%
	Band 3	25	53%	10.11	22	47%	10.13	0.02	0%
	Band 4	7	50%	11.18	7	50%	11.35	0.17	1%
	Band 5	5	36%	13.95	9	64%	13.41	-0.54	-4%
	Band 6	*	25%	15.94	*	75%	16.86	0.92	5%
	Band 7	*	38%	20.48	*	62%	21.37	0.89	4%
	Band 8A	-	-	-	*	100%	24.08	-	-
	Band 8B	-	-	-	*	100%	29.77	-	-
	SUPPORT SERVICES Total	377	69%	12.64	166	31%	16.02	3.38	21%