

Board of Directors - Public

Date: 10th March 2021

Item Ref: 12

TITLE OF PAPER	Gender Pay Gap (2020)
TO BE PRESENTED BY	Caroline Parry, Executive Director of People
ACTION REQUIRED	Board are asked to be assured as noted below of compliance with statutory requirements for gender pay gap reporting. To be apprised of review of our organisational gender pay gap and the gender pay gap report for general publication provided with this summary report.
WHAT ASSURANCE IS THIS PAPER PROVIDING TO COMMITTEE?	Board are assured of compliance with reporting requirements for Gender Pay set out in the Equality Act 2010 (Gender Pay Gap Information).

OUTCOME	Board are assured and support the content of this paper and the report for publication.
TIMETABLE FOR DECISION	March 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	Clinical Excellence Award Reports Gender Pay Gap reports from 2017 onwards
STRATEGIC AIM STRATEGIC PRIORITY BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Improve our use of resources Strategic Priority: Transformation: changing things that will make a difference BAF Risk Number: 0005 BAF Risk Description: There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Standard Contract - SC13 Equity of Access, Equality and Non-Discrimination
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	No
CONSIDERATION OF LEGAL ISSUES	Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. Specific requirement to publish the trust gender pay gap as of 31 st March 2020 on the national government GPG reporting site.

Author of Report	Liz Johnson
Designation	Head of Equality and Inclusion
Date of Report	25 th February 2021

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	*					
Board are asked to be assured of compliance with statutory requirements for gender pay gap reporting. To be appraised of review of our organisational gender pay gap and review the gender pay gap report for general publication provided with this summary report.						

2. Summary

Introduction

Legislation requires all organisations to publish their gender pay gap annually. For public organisations this requirement is set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. The Equality Act 2010 also contains legislation (The Public Sector Equality Duty) that requires public organisations to ensure they do not discriminate and that they promote equal opportunity. In this case equal opportunity relates to the evidence that there is an evidenced pay gap general between women and men. This report is therefore relevant to BAF risk 0005 in relation to:

- Recruiting and retaining the right staff with the right skills,
- Delivering and implementing effective transformation of the workforce, and
- Developing a new approach to leadership and culture with equal opportunity for growth and development.

Statutory Requirements

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require public organisations to publish information about the organisations Gender Pay Gap. For the Public Sector the Gender Pay Gap (GPG) must be published within 12 months of the 31st of March annually. The GPG data is published on the Government Gender Pay Gap reporting web site and there is a requirement to make this available through the organisations web site. There is no statutory requirement for an explanatory report or analysis but this is widely accepted as good practice. An organisations additional report can be highlighted as available on the reporting web site.

This is the fourth year of reporting under the regulations however reporting for 2019 was halted due to the Covid19 crisis. We did however publish our pay gap data for 2019.

This report is for the pay gap as of the 31st of March 2020 and is a snapshot of the pay gap on that date. The Equality and Human Rights Commission has the power to investigate employers that fail to report their gender pay gap and to issue an unlimited fine (after court action).

The pay gap reporting site also highlights where an organisation has missed the deadline for reporting so there is a reputational element around assurance that we are meeting these requirements.

The NHS standard contract explicitly requires us to meet the requirements set out in the Equality Act and related legislation so failure to report would also potentially constitute a contractual breach.

This report was considered by the People Committee at its meeting on the 28th of January 2021. Subsequently it has been announced that no action will be undertaken against organisations that do not publish their 2020 Gender Pay Gap by the 31st of March 2021 and the deadline for publication has been extended by six months. This information is provided to Board for Information as our organisation pay gap data is available for publication within the mandatory time scale.

Our Gender Pay Gaps

The attached report for publication contains details of our pay gaps at the 31st of March 2020. This summary report is intended for assurance and therefore provides further information not provided in the report for publication.

- **Mean Gender Pay Gap**

Our mean GPG for 2020 is **9.9%** a reduction from 2019 (12.6%). This is a reduction overall in the mean GPG since 2017 where it was 11.0%. (see p. 6 of the attached report for a detailed table). The mean pay gap relates to the average pay. Taking into account that we have previously identified that our pay gap is mainly driven by pay outside of agenda for change, the assumed reason for this reduction over time is changes in Clinical Excellence Award (CEA) pay and possibly changes in very senior management (see below for more details and the detailed analysis undertaken in 2019 and discussed at the time in the Executive Group).

- **Median Gender Pay Gap**

Our median GPG is **9.2%**. The median gap has varied between 7.1% and 10% over the last four years. (see p. 6 of the attached report for a detailed table).

Bonus Gender Pay Gaps

Bonus in the context of our organisation is the payment of Clinical Excellence Awards.

Mean

The mean Bonus GPG is 32.03% this is an increase from 2019 when it was 27.30%, this is likely to be due to one male, due to start dates and only having 2 months of CEA payments whereas for 2020 a full year of CEA payments is included.

Median

The median GPG is 26.40% which is also an increase from 2019 however overall the median bonus GPG has reduced since 2017 from 31.20%.

Proportion of men and women receiving a bonus payment

The percentage receiving a bonus must be calculated from the overall number of men or women in the organisation rather than just of those who are eligible to receive a bonus. For this reason, the percentages overall are very low. We do however report separately on CEA awards and these reports contain more detail about the number eligible for awards and areas such as gender, ethnicity and age.

In 2020 the percentage of men receiving a bonus was 2.10% this is a reduction from 2.30% in 2017 and represents a year on year reduction.

The percentage of women receiving a bonus was 0.42%, this is a slight decrease from 2019 (0.44%) but overall since 2017 is an increase from 0.36%.

Since 2017 the number of men in receipt of a CEA has reduced from 18 to 15 and the number of women in receipt of a CEA has increased from 8 to 9.

The Proportion of Men and Women in Each Pay Quartile 2020

The GPG includes publication of the percentage of men and women in each pay quartile

The proportion of men and women in each pay quartile 2020				
	Lower	Lower Middle	Upper Middle	Upper
Female	76.7% ↓	75.2% ↑	72.7% ↑	69.8% ↑
Male	23.3% ↑	24.8% ↓	27.3% ↓	30.2% ↓

The report attached (p.9) indicates that there is a consistent decrease over the last four years in the percentage of men in the upper middle quartile. However although there have been changes in the percentage of women and men in the upper quartile, if these figures were rounded for women they would be the same from 2017 to 2020 with the percentage of men again using rounded figures over time remaining roughly the same.

There are 74% of women in the organisation and 26% of men, so pay in each quartile is out of line with the gender split.

Benchmarking and Further Analysis

The attached report provides details of three national reports that are relevant to considering our GPG.

The 2019 Nuffield Trust analysis of some of the underlying causes of the gender pay gap in the NHS, was reviewed and discussed in detail in our 2019 report. The most relevant conclusion of this report was that there was a very small pay gap if only Agenda for Change pay was included and for staff paid under the Agenda for Change pay system, the pay gap favoured women (probably because of the high number of women working in the NHS in particular in the nursing and midwifery staff group) however, within the Agenda for Change pay bands, the pay gap moves from favouring women on lower pay bands to favouring men at higher grades. The overall pay gap in the NHS therefore is largely driven by the 12% or so of staff not paid through the Agenda for Change system (managers, senior managers and doctors). Our data review undertaken for the 2019 report aligned with this finding.

In 2020 the difference in pay gap between staff groups is illustrated in the following table:

Staff Group	Female	Male	Difference	Pay Gap %
Add Prof Scientific and Technic	£22.79	£23.02	0.23	1.01
Additional Clinical Services	£12.55	£12.43	-0.11	-0.91
Administrative and Clerical	£14.83	£18.83	4.00	21.24
Allied Health Professionals	£19.31	£17.87	-1.43	-8.01
Estates and Ancillary	£10.93	£9.58	-1.35	-14.08
Medical and Dental	£30.43	£35.25	4.82	13.67
Nursing and Midwifery Registered	£17.85	£17.96	0.11	0.62
Students	£9.62		-9.62	

The highest pay gaps are in the Administrative and Clerical groups and Medical and Dental groups. Administration and Clerical includes managers. This data supports the evidence that the pay gap in our organisation is still related to managerial roles and medical staff pay.

In December 2020, a national report that followed a three-year review, was published on the gender pay gap in medicine. The main findings of this report relevant to our GPG data were:

- The gender pay gap in medicine is large and the causes are multiple and complex.
- The mean whole-time equivalent pay gap is 18.9% for hospital doctors, 15.3% for GPs and 11.5% for clinical academics.
- The structure of a medical career has not evolved with the changes in demographic and in working patterns, resulting in a lower average salary per hour for the female workforce.
- Although women benefit from less than full-time (LTFT) working to have time to care for others, it has a disproportionate effect on their pay, even after accounting for hours worked and periods of leave.
- Women are segregated into different, often secondary career paths, because of the structure of careers in some specialties, and the difficulties with LTFT which result in pay penalties, especially in relation to Clinical Excellence Awards (CEAs) and additional non-basic pay components.
- Men are older, on average, and are employed in more senior positions which explains a significant component of the pay gap. Retaining women and enabling them to progress to senior levels will reduce the gap.

So, in terms of our local analysis of GPG data this suggests that our pay gap is strongly influenced by medical directorate pay and therefore the findings of this report are relevant to our identified pay gap. In addition, the report notes as our previous reports have, that the reasons for this pay gap are complex and only partially within the control of the organisation.

The report makes seven recommendations with several actions, the actions directly and indirectly relevant for our organisation are highlighted in Appendix 1. This report and the actions will be discussed with the Medical Director and People Director to agree how to progress. Many recommended actions are already in place in our organisation on for example through our People Strategy and Plan. It is likely that a national committee will be established to respond to the recommendations.

For 2020, we are also able to consider reports from the work of the Office for National Statistics (ONS). The national pay gap identified by the ONS used a specific data set but identified that in 2020, the median gap is higher for all employees than for each of full-time employees and part-time employees. They conclude this is because women fill more part-time jobs. Nationally this data indicated that:

- Among all employees the gap was 15.5% (a fall from 17.4% in 2019).
- The gap for full-time employees was 7.4% (a fall from 9.0% in 2019).

The attached report highlights the number of part time staff in our organisation and that there is a higher number of women who work part time (p.4), despite this our organisational median pay gap is lower than the national figure. A possible reason is the lower or positive pay gap in workforce groups other than those highlighted above.

Our GPG compared to other organisations with a similar number of people can be compared in terms of a benchmark, however the GPG is affected by a number of factors so benchmark data needs to be reviewed with caution both in terms of positive and negative comparisons.

The table below highlights the pay gap differences, this data is only available up to 2019 as a number of organisations have not yet published their Pay Gap Reports for 2020. Data is taken from the national reporting portal and is available to download for any organisation. The organisations below have been chosen due to their size in terms of workforce, this data will continue to be reviewed through reports to People Committee for assurance.

Benchmark Data March 2019

	WOMEN PAY QUARTILE									
	Mean	Median	lower quartile	lower middle quartile	upper middle quartile	top quartile	Bonus pay (Women)	Bonus pay (Men)	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
Bradford District Care Trust	7.2	-4.8	80.3	79.9	87.2	77.6	0.2	1.7	16.7	-25.2
Sheffiled Health and Social Care	12.6	7.6	77.6	73.7	71.4	68.9	2.1	0.4	27.3	25
Sheffield Childrens Hospital	22.4	15.8	84.7	86.7	85.6	73.9	1.2	6.5	40.4	27.8
Sheffiled Hallam University	12.9	16.2	68.7	61.5	53.7	50.1	2.3	2.9	6.5	-1.3
Rotherham Doncaster and South Humber NHS Foundation Trust	13.3	8.2	87	81.6	84.5	78	0.2	1.1	43.8	-0.8

Proposed action

- 1) Review with the medical directorate the actions set out in the Mend the Gap Independent Review into Gender Pay Gaps in Medicine in England.
- 2) Continue to take action in relation to flexible working – this is reported through the People Plan Implementation reporting. This will include considering how we improve our PDR/career planning and linking in with our leadership development programme in terms of raising awareness the many reasons why flexible working is of benefit in terms of recruitment, retention and fair/equal pay.

3. Next Steps

The Board are asked to consider the report for assurance and that the Gender Pay Gap data and attached report are published.

4. Required Actions

The Board are asked to consider the report for assurance.

5. Monitoring Arrangements

People Committee updates on progress against action plan.

6. Contact Details

For further information, please contact:

Liz Johnson Head of Equality and Inclusion

Ext 16703 liz.johnson@shsc.nhs.uk

Appendix 1 – Recommendations and Relevant Actions from Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England (November 2020)

1) Address structural barriers to the career and pay progression of women

- There are 12 actions all relevant to national and professional bodies.

2) Make senior jobs more accessible to women

- Employers should promote a flexible working culture when advertising jobs. They should make clear that reduced hours, flexible working and job-share opportunities are available (unless strong, justifiable reasons exist and are documented for not offering them). They should publish details of their flexible working and job-share policies on their website for all potential employees to access
- Talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants
- Increase provision of NHS nurseries and other support for childcare, including access for doctors working in primary care, to accommodate out-of-hours and shift working
- Promote flexible working to appeal more to men to increase the percentage of men that work LTFT, encouraging more equal sharing of caring responsibilities, reducing the stigma for men and, reducing the number of women obliged to choose LTFT working to accommodate caring responsibilities, particularly in primary care
- Implement better retention, re-entering and retraining policies to retain women. Begin with a review of the hurdles that exist and then work to eliminate them

3) Introduce increased transparency on gender pay gaps

- Increase the use of national pay contracts in place of local pay arrangements for hospital doctors
- As far as possible to use standard rates for additional paid activity that are consistent and transparent (for example, waiting list initiatives, locum work)
- Publish medical gender pay gap and action plans, agreed following staff consultation, in trust and CCG annual reports.
- Disaggregate the medical gender pay gap from other professional groups in trust gender pay gap reports
- Publish, monitor and report the gender balance of those applying for medical posts, the numbers shortlisted and appointed

4) Mandate changes to policy on gender pay gaps

- Implement a national equality scheme based on the Athena Swan programme in HEIs
- All candidates who meet the job description requirements will, wherever practicable, be shortlisted for senior medical jobs, clinical academic jobs and GP partnerships
- Trusts and CCGs to be assessed on gender pay gaps and their response, as part of the CQC well-led domain
- Develop and publish targets for the reduction of the gender pay gap in medicine, to be reported at board level with a mandatory reflective narrative to justify short-term changes; and report on action planning

5) Promote behaviour and cultural change

- Use current evidence on wellbeing to create an atmosphere where all doctors feel valued and welcome, especially in relation to caring responsibilities
- Enhance and enforce bullying, harassment and whistle-blowing policies in all NHS organisations. Particular attention should be paid to the bullying and undermining of those with caring responsibilities and those who work part-time
- A zero-tolerance approach to poor behaviour and multiple channels for reporting incidents, including the ability to do so anonymously. Ensure appropriate organisational action is taken in response
- Extend enhanced pay for shared parental leave to all doctors to overcome a cultural barrier to men playing more of a role in caring and to challenge stereotypical assumptions about gender roles

6) Review clinical excellence and performance payments and change accordingly

- Monitor applications and encourage equal numbers of eligible men and women to apply for local and national awards, and to facilitate applications from specialties in receipt of fewer awards
- Numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA), and in receipt of awards should be reported at medical school, trust board and national level
- Both nationally and locally, reward excellence in a gender-neutral way, including the need for LTFT doctors' contribution to be assessed against the proportionate hours they work; and by reviewing domain/ criteria, so additional activity undertaken more frequently by women, such as mentoring, is rewarded equally to that undertaken more frequently by men, such as additional clinical, managerial or research activity

7) Implement a programme of continuing and robust analysis of gender pay gaps

- Create a national centre for NHS pay gap monitoring, with a research strategy based on the learning from this report. This could be part of a national NHS EDI research observatory, looking at and publishing annual data via a dashboard, which feeds into local policy and process



**Sheffield Health
and Social Care**
NHS Foundation Trust

Our Gender Pay Gap 2020

**Promoting and ensuring Equality Diversity
and Inclusion in all that we do within our
diverse organisation**



Contents

Introduction.....	3
Gender Pay Gap Reporting.....	3
About Our Organisation	4
Workforce Profile	4
Sheffield Health and Social Care Gender Pay Gap 2020	5
About the Data used for this Report	5
Interpreting the Results	5
The Mean and Median Pay Gap.....	5
Mean Pay Gap	6
Median Pay Gap	6
The Bonus Pay Gap	6
Bonus Pay.....	7
Mean Bonus Gap	7
Median Bonus Gap.....	7
Proportion of Men and Women Receiving a Bonus Payment	8
Bonus Gap Action	8
The Proportion of Men and Women in Each Pay Quartile	9
National Data.....	10
Action to Remove Gender Pay Gaps 2021/22	11

This report is the Trusts Fourth Gender Pay Gap report. It provides information about the Trust 2020 pay gaps and the progress we are making on closing the gap in bonus pay between men and women in the organisation.

INTRODUCTION

Public sector organisations employing more than 250 employees are legally required to publish Gender Pay Gap information each year. This is our fourth pay gap report and looks at the Gender Pay Gap in March 2020.

GENDER PAY GAP REPORTING

The Gender Pay Gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

The gender pay gap is different to equal pay. Equal Pay deals with 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 because they are a man or a woman.

Six pieces of information are published in this report

- The **mean** gender pay gap in the hourly pay of men and women
- The **median** gender pay gap in the hourly pay of men and women
- The **mean bonus** gender pay gap of men and women
- The **median bonus** gender pay gap of men and women
- The **proportion** of men and women **receiving a bonus payment**
- The **proportion** of men and women **in each pay quartile**.

We publish our pay gap data on the [Government Gender Pay Gap Reporting Web Site](#) where our pay gap data can be compared with other similar organisations. We also publish this pay gap report annually which provides more details about our pay gaps and what we are doing to reduce them.

ABOUT OUR ORGANISATION

Sheffield Health and Social Care is an NHS Foundation Trust providing a wide range of specialist health and social care services to improve the mental, physical and social wellbeing of the people living in Sheffield, we provide:

- Services for adults with drug and alcohol misuse problems
- Psychological therapies for people with mild and moderate mental health problems
- Community-based mental health services for people with serious and enduring mental illness
- Services that support people with a learning disability and their families and Carers
- In-patient and community based mental health services for adults
- Some Specialist services
- Primary care services deliver through our GP Practices

WORKFORCE PROFILE

On the 31st of March 2020 73% of our workforce was female and 27% male there has been no significant change since 2019 in this breakdown. As noted in our 2019 report without Bank staff the split between female and male staff remains consistent with previous years at 74% women 26% men.

	2017	2018	2019	2020	2020 without Bank
Women	74.0%	74.0%	73.3%	73.8%	74.2%
Men	26.0%	26.0%	26.7%	26.2%	25.8%

Full Time and Part Time

The table below shows the percentage of full time and part time working for women and men. A significant percentage of women work part time and the percentage of men that work part time remains lower than in 2018. These figures do not include Bank.

	Full Time			Part Time		
	2018	2019	2020	2018	2019	2020
Women	44%	51%	52%	56%	49%	48%
Men	66%	77%	77%	34%	23%	23%

SHEFFIELD HEALTH AND SOCIAL CARE GENDER PAY GAP 2020

ABOUT THE DATA USED FOR THIS REPORT

The gender pay gap uses pay data from the pay period in which the 31st of March falls. The main pay gap data in this report includes all staff employed on the 31st of March 2020 apart from those who received lower pay, or no pay, because they were on leave¹.

Bonus pay gap information is based on all employed on the 31st of March 2020 even if they did not receive lower pay, or no pay in the period. Employees include staff employed by our Bank and apprentices. Where an employee has more than one role their hourly rate of pay is calculated as an average from all the pay they received and the hours that they worked.

The information provided in this report is drawn from the NHS Electronic Staff Record Gender Pay Gap business intelligence reports which have been developed to provide information for NHS organisations to calculate their gender pay gap.

INTERPRETING THE RESULTS

- A **positive** percentage figure reveals that typically or overall, female employees have lower pay or bonuses than male employees.
- A **negative** percentage figure reveals that typically or overall, male employees have lower pay or bonuses than female employees.
- A **zero-percentage** figure (which is highly unlikely, but could exist for a median pay gap where a lot of employees are concentrated in the same pay grade) would reveal no gap between the pay or bonuses of typical men and women employees or completely equal pay or bonuses overall.

THE MEAN AND MEDIAN PAY GAP

Mean average places the same value on every number used. Very large or small pay rates or bonuses can however 'dominate' and distort the figure. The Median indicates what the 'typical' situation is i.e. in the middle of an organisation and is not distorted by very large or small pay rates or bonuses.

¹ The type of leave included is defined in schedule 1 of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

MEAN PAY GAP

	Men	Women	Pay Gap	Mean Gap %
2020	£18.20	£16.40	£1.80	9.9%
2019	£18.01	£15.73	£2.26	12.6 %
2018	£17.46	£15.40	£2.06	11.8 %
2017	£16.50	£14.65	£1.85	11 %

The Mean pay gap for SHSC has decreased in 2020 from 12.6% to 9.9%.

MEDIAN PAY GAP

	Men	Women	Pay Gap	Median Gap %
2020	£15.40	£13.98	£1.41	9.2%
2019	£14.48	£13.37	£1.11	7.6%
2018	£14.65	£13.19	£1.46	10 %
2017	£13.42	£12.47	£0.95	7.1 %

The Median pay gap has risen slightly from 7.6% in 2019 9.2% in 2020.

Because we now have four years of data variations over a period can be seen. The median pay gap is said to be the most relevant pay gap to consider because the mean

THE BONUS PAY GAP

This section looks at pay gaps associated with bonuses paid by Sheffield Health and Social Care. In the NHS the main type of payments that are classed as bonuses are Clinical Excellence Awards and Long Service Awards. This Trust does not give Long Service Awards so the only bonus payments relevant to in this section are Clinical Excellence Awards. Clinical Excellence Awards are paid to NHS consultants and academic GPs who

perform 'over and above' the standard expected of their role². There is an application process for local and national awards.

BONUS PAY

The bonus pay gap is calculated based on bonus pay received in the 12 months before the 1st March 2020, bonuses for employees who received a bonus payment in that period and were employed on the 31st of March 2020 are included (so in the case of the data below for 2020 it refers to pay in the 2019/20 financial year).

MEAN BONUS GAP

	Mean Bonus Gap %
2020	32.30%
2019	27.30%
2018	33.60%
2017	29.98%

MEDIAN BONUS GAP

	Median Bonus Gap %
2020	26.40%
2019	25.00%
2018	25.00%
2017	31.20%

Both the mean and median bonus pay gaps have increased slightly between 2019 and 2020.

² <https://www.gov.uk/government/publications/clinical-excellence-awards-successful-candidates-2017>

PROPORTION OF MEN AND WOMEN RECEIVING A BONUS PAYMENT

The proportion of males and females receiving a bonus payment is calculated by counting the number of employees who received a bonus in the 12 months preceding the 31st of March 2020 and calculating the percentage of males and females who received a bonus in that period. The calculation required under Gender Pay Gap legislation requires us to calculate the percentage of men and women receiving a bonus as a percentage of all male and all female employees.

The number of men receiving a bonus in Sheffield Health and Social Care in 2020 was 15 which has reduced from 16 in 2019. The number of women receiving a bonus was 9.

The percentage of women receiving an award stayed at the same level at 0.42% whilst the percentage of men receiving an award reduced to 2.01%. The percentage of men receiving an award has reduced consistently over time, in line with the number of men receiving an award.

		Employees Paid Bonus	Total Relevant Employees	%
2020	Women	9	2118	0.42%
	Men	15	747	2.01%
2019	Women	9	2057	0.44%
	Men	16	747	2.14%
2018	Women	9	2063	0.44%
	Men	18	737	2.44%
2017	Women	8	2218	0.36%
	Men	18	781	2.30%

BONUS GAP ACTION

Addressing the Bonus Pay Gap has been a priority for the Trust since this was first reported in 2017, 2020 data indicates that action taken to address the pay gap has had an impact.

The percentage receiving a bonus must be calculated from the overall number of men or women in the organisation rather than just those who are eligible to receive a bonus. For this reason, the percentages overall are very low. We do however report separately on CEA awards and these reports contain more detail about the number eligible for awards and areas such as gender, ethnicity and age.

In 2020 the percentage of men receiving a bonus was 2.10% this is a reduction from 2.30% in 2017 and represents a year on year reduction.

The percentage of women receiving a bonus was 0.42%, this is a slight decrease from 2019 (0.44%) but overall since 2017 is an increase from 0.36%.

Since 2017 the number of men in receipt of a CEA has reduced from 18 to 15 and the number of women in receipt of a CEA has increased from 8 to 9.

THE PROPORTION OF MEN AND WOMEN IN EACH PAY QUARTILE

Pay quartiles are based on the hourly rate of pay from highest to lowest. This information is then split into four quartiles and by the percentage of men and women in each quartile.

	Pay Quartiles			
	2020			
	Lower	Lower Middle	Upper Middle	Upper
Female	76.7% ↓	75.2% ↑	72.7% ↑	69.8% ↑
Male	23.3% ↑	24.8% ↓	27.3% ↓	30.2% ↓
	2019			
	Lower	Lower Middle	Upper Middle	Upper
Female	77.6%	73.7%	71.4%	68.9%
Male	22.4%	26.3%	28.6%	31.1%
	2018			
	Lower	Lower Middle	Upper Middle	Upper
Female	76.3%	75.2%	71.0%	68.6%
Male	23.7%	24.8%	29.0%	31.4%
	2017			
	Lower	Lower Middle	Upper Middle	Upper
Female	74.0%	76.5%	72.0%	70.0%
Male	26.0%	23.5%	28.0%	30.0%

- The decrease trend since 2017 in the percentage of men in the lower quartile appears to be flattening off.
- There is a consistent decrease over the last four years in the percentage of men in the upper middle quartile.
- Although there have been changes in the percentage of women and men in the upper quartile if these figures were rounded for women they would be the same from 2017 to 2020 with the percentage of men again using rounded figures over time remaining roughly the same.

NATIONAL DATA

In 2019 we looked at the Nuffield Trust analysis of some of the underlying causes of the gender pay gap in the NHS, this report identified the following factors:

- The overall national median pay gap varies in terms of how the data is grouped. Across staff paid under the Agenda for Change pay system, the pay gap favors women, however, within the Agenda for Change pay bands, the pay gap moves from favoring women on lower pay bands to favoring men at higher grades.
- The overall pay gap is largely driven by the 12% or so of staff not paid through the Agenda for Change system (managers, senior managers and doctors).
- Differences in the distribution of men and women across different occupation groups was identified as the main pay gap driver.³ (p.18)

In 2019 we reviewed our data and found that a significant difference in the mean pay gap between Agenda for Change Bands and non- agenda for change pay grades. The overall gap for Agenda for Change Banding Assignments in favour of men was 2.99% for Agenda for Change and 17.42% for other groups. This analysis has not been repeated for 2020. For 2020, we also considered reports from the work of the Office for National Statistics (ONS), and a national report on the gender pay gap in the medical profession⁴.

³ John Appleby and Laura Schlepper – ‘The gender pay gap in the English NHS Analysis of some of the underlying causes’ Briefing May 2019 – Nuffield Trust

⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf

The national pay gap identified by the ONS⁵ used a specific data set but identified that in 2020, the median gap is higher for all employees than for each of full-time employees and part-time employees. They conclude this is because women fill more part-time jobs:

- Among all employees the gap was **15.5%** (a fall from 17.4% in 2019).
- The gap for full-time employees was **7.4%** (a fall from 9.0% in 2019).

Our gender pay gap report highlights the number of part time staff in our organisation and that there is a higher number of women who work part time. This may affect our pay gap but it is not possible to email.

The report into the pay gap in the medical profession that followed a three-year review, the report makes seven recommendations with several actions, the actions we intend to review all the actions that are relevant to action our organisation can take.

ACTION TO REMOVE GENDER PAY GAPS 2021/22

In 201/2 we will:

- 1) Review with the medical directorate the actions set out in the Mend the Gap Independent Review into Gender Pay Gaps in Medicine in England.
- 2) Continue to act in relation to flexible working – this is reported through the People Plan Implementation reporting. This will include considering how we improve our PDR/career planning and linking in with our leadership development programme in terms of raising awareness the many reasons why flexible working is of benefit in terms of recruitment, retention and fair/equal pay.

⁵<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2020>