

## Board of Directors - Public

### SUMMARY REPORT

Meeting Date: 23<sup>rd</sup> March 2022

Agenda Item: 13

<b>Report Title:</b>	<b>Gender Pay Gap 2021</b>	
<b>Author(s):</b>	Liz Johnson – Head of Equality and Inclusion	
<b>Accountable Director:</b>	Caroline Parry Executive Director of People	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	People Committee
	<b>Date:</b>	8 <sup>th</sup> March 2022
<b>Key points/recommendations from those meetings</b>	Noted that the Median pay gap was green in relation to benchmarking though the model hospital Noted the high proportion of men in the upper pay quartile against the organisations average. Approved the report to proceed to Board for Board to Approve publication.	

### Summary of key points in report

We have a statutory duty to publish our Gender Pay Gap data annually and within a year of the 31<sup>st</sup> of March of the preceding year. The purpose of this paper is to present our data prior to publication.

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 set out how our pay gap information must be published and the elements that must be included, these are:

- Our Mean Pay Gap
- Our Median Pay Gap
- Our Mean Bonus Gap
- Our Median Bonus Gap
- The percentage of Men and Women that have received a Bonus
- The proportion of Men and Women in the Upper, Middle Upper, Middle Lower and Lower pay quartiles

The Gender Pay Gap data above must be uploaded to a government Gender Pay Gap reporting site by the 31<sup>st</sup> of March annually. Associated reports published by an organisation such as the report in appendix 1 appendix 1, can be uploaded alongside the data, but this is not mandatory.

This paper to Board sets out our Gender Pay Gap 2021 the document appended to this report is our proposed report for publication of our **Gender Pay Gap Report 2021** Board are asked to approve this paper

approve the report for publication before the 31<sup>st</sup> of March 2021.

The appended report provides additional information on trends in our pay gap since 2017 when pay gap reporting first started.

The summary report below provides comment on these trends and additional information for Board, this is intended to provide context and assurance when considering our pay gap.

A detailed paper was submitted to the People Committee and Board in November 2021 this provided a detailed analysis of our Pay Gap; this is not repeated in this paper although some of the data reported in that paper was 2021 pay gap data. The report in November 2021 noted that a further report on the 2021 pay gap would be submitted to People Committee and Board in March 2022 this paper is presented in line with that action.

### Key Points for Board

- Benchmarking is now available through the NHS Model Hospital; this provides benchmarking against the Median Pay Gap but is only available for the 2020 pay gap rather than 21. The Model Hospital puts our organisations Median Pay Gap in Quartile 2 (Green).
- Our Bonus pay gaps are reducing however the number of women receiving a bonus has reduced since 2020.
- There are proportionately more men in the upper pay quartile than the average percentage of men in the organisation, previous reports to Board have highlighted the assumed reasons for this as being associated with the medical pay and senior manager pay, changes in senior management in 2021 may not be reflected in the 2021 pay gap report but may be in the 2022 data which will be available for early review in April / May 2022.
- Our Flex for the Future action plan is appended to this report.

### Recommendation for the Board to consider:

Consider for Action	Approval	X	Assurance	X	Information	X
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1. It is recommended that Board approve the Report in Appendix 1 for Publication

### Please identify which strategic priorities will be impacted by this report:

	Yes	No	X
Covid-19 Getting through safely	Yes	No	X
CQC Getting Back to Good- Continuous Improvement	Yes	No	X
Transformation – Changing things that will make a difference	Yes	No	X
Partnerships – working together to make a bigger impact	Yes	No	X

### Is this report relevant to compliance with any key standards? State specific standard

Is this report relevant to compliance with any key standards?	Yes	No	X	State specific standard
Care Quality Commission Fundamental Standards	Yes	No	X	
Data Protection and Security Toolkit	Yes	No	X	

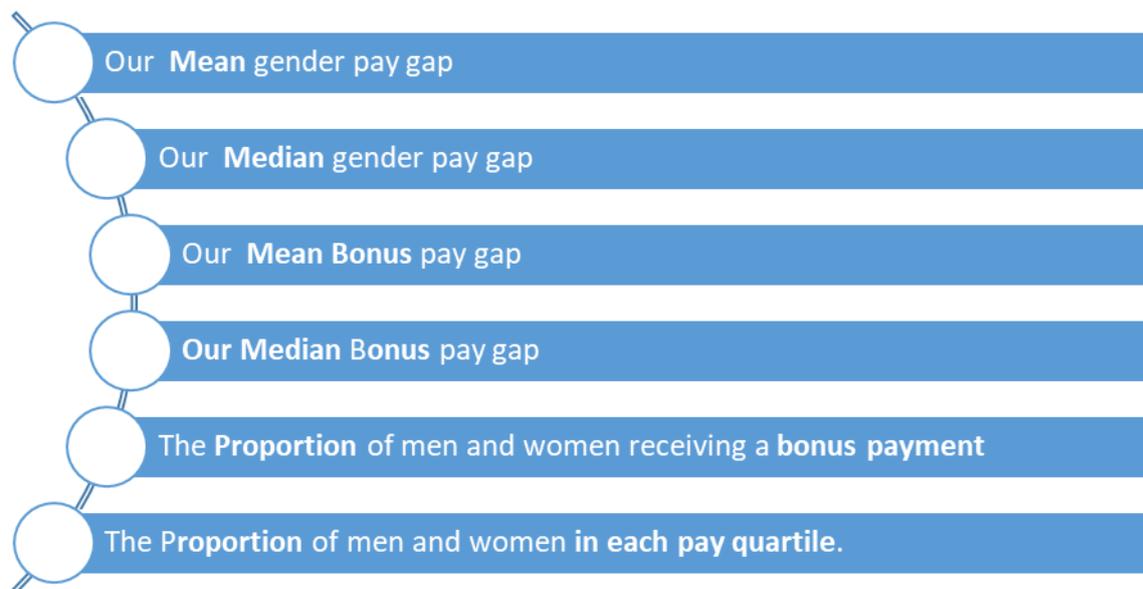
Any other specific standard?					Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. The NHS Standard Contract
<b>Have these areas been considered? YES/NO</b>					<b>If Yes, what are the implications or the impact? If no, please explain why</b>
Service User and Carer Safety and Experience	Yes		No	x	
Financial (revenue & capital)	Yes		No	X	There are no direct implications for expenditure related to the content of this paper however to note a detailed report on allocation of Clinical Excellence Awards is submitted separately to the Board annually.
Organisational Development/Workforce	Yes	X	No		The content of this report is specifically relevant to the composition of workforce in terms of gender; equal opportunity in terms of career progression to senior roles for women; the pay of women in lower agenda for change pay bands and organisational culture which may impact on these areas such as availability of flexible working options.
Equality, Diversity & Inclusion	Yes	X	No		See section 4.2
Legal	Yes	X	No		Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

Title	Gender Pay Gap Report 2021
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## Section 1: Analysis and supporting detail

### Background

1.1 We have a statutory duty to publish Gender Pay Gap data annually, for public sector organisations this requirement is set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. Data that must be reported are:



Gender Pay Gap information must be uploaded to a government *Gender Pay Gap Reporting* site by the 31<sup>st</sup> of March annually. Associated reports published by an organisation such as the report presented to Board today in appendix 1 can be uploaded alongside the data, but this is not mandatory.

1.2 This paper to Board presents our **Gender Pay Gap Report 2021** for publication (Appendix 1). The report in appendix 1 includes reportable 2021 data, the appended report includes additional information on trends in our pay gap since 2017 when pay gap reporting first started.

Board are asked to approve this for publication before the 31<sup>st</sup> of March 2021.

This summary report to Board provides comment on these trends and additional information for Board, this is intended to provide context and assurance when considering our pay gap. A detailed paper was submitted to Committee and Board in November 2021 this provided a detailed analysis of our Pay Gap and,

- Reviewed the likely reasons for our organisations pay gap that are within the direct control of the organisation,
- Reviewed benchmarking for assurance against other similar organisations, and
- Highlighted progress in areas that are under our control

Detailed analysis is not repeated in this paper however some of the data reported in the November 2021 report was based on 2021 pay gap data. The report in November 2021 noted that a further report setting out our 2021 pay gap would be submitted to People Committee and the Board in March 2022, this is the paper referred to.

## Section 2: Risks

No significant risks have been identified, please see section 3 below for information that has been used in reaching this conclusion.

## Section 3: Assurance

### 3.1 Our Mean Pay Gap and Our Median Pay Gap

Benchmarking information previously provided to Board and now supported by some benchmarking analysis the Model Hospital (see 3.6 below) indicates that our Mean, and Median pay gaps are not significantly out of line with our peer groups.

### 3.2 Our Mean Bonus Gap and Our Median Bonus Gap

Although any gap is unacceptable there is a continuing downward trend in both the Mean and the Median gaps (p.7 Appendix 1).

### 3.3 The Percentage of Men and Women that have received a Bonus

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 men and all women employees rather than the percentage that could have received a bonus (which is a much smaller group because only a limited number of employees are able to apply for Clinical Excellence Awards). Because our Bonus pay is only associated with CEA's this can impact significantly on how this data appears, for example organisations that pay a long service award may have percentage that favors women even though the amount of 'Bonus Pay' is low, because of these factors the percentage figure (p. 8 appendix 1) is not particularly

useful data. Numbers of people (p.8 appendix 1) have also been included in this year's report to provide a clearer picture, numbers show that there has been a reduction in the number of women receiving an award however women who already have an award may receive an additional award that increases their Bonus pay therefore the Mean and Median are improving but not the percentage figure.

### **3.4 The proportion of Men and Women in the Upper, Middle Upper, Middle Lower and Lower pay quartiles**

A higher percentage of women are in the lower quartile and lower percentage of women are in the upper quartile compared to our organisations average of men and women (p.9 appendix 1). The percentage of women in the lower quartile may be affected by the inclusion of Bank pay (which we are required to include). Although there are a larger number of men working for our Bank than the proportion in the organisation as a whole, we know anecdotally that Bank workers often pick up a high proportion of night shifts and the opportunities to pick up night shifts may be more available to men than women (for example due to caring responsibilities).

Previous reports have highlighted that the mean and median gaps are associated with medical pay and possibly with senior manager pay. Review has taken place of the 2021 data report to see if it was possible to exclude the VSM in the report to see if this had an impact on the overall pay gap. This was not possible, but it was possible to run a report of the gap associated only with VSM pay included in the 2021 pay gap report. Of VSM currently in post four had pay included in the 2021 Gender Pay Gap report. 50% were women and 50% men. Running the report based on these four posts indicated a Pay Gap in favour of women.

- A Mean Pay Gap of -6.5%
- A Median Pay Gap of -6.5%

Changes in the senior leadership team are unlikely to impact on the Upper quartile however this will be reviewed in May when 2022 pay gap data will be available and all new post holders will be accounted for.

### **3.5 Flex for the Future**

A 'Flex for the Future' action plan has now been developed as part of our inclusion in this initiative, this is provided in **Appendix 3** of this paper. A change team is in place to lead implementation of the action plan this will be reported through the Health and Wellbeing group.

## **Benchmarking**

**3.6** The report provided to Board in November 2021 included a detailed benchmarking report which is not repeated in this paper. Since the November report benchmarking opportunities have been identified within the NHS Model Hospital resource. Currently the data available for review is limited to the Median Pay Gap for 2020. This has been reviewed for the purposes of providing assurance of the position of our organisation in relation to peer

groups. The information in appendix 2 covers two peer groups, Mental Health providers in the North East and Yorkshire and organisations that have a Good Rating from the CQC (as of 2020) in the North East and Yorkshire.

This benchmark indicates that:

### **Positive**

We are in Quartile 2 (Green)

We had a lower Median Gap in 2020 than a number of the peer group CQC rated Good

### **Negative**

All peer mental health organisations had a lower median pay gap apart from one (South West Yorkshire Partnership Trust 12.9%)

To note our median pay gap has reduced from 9.2% in 2020 to 8.09% in 2021.

### **Engagement**

There is no consultation relevant to this report however the Flex for the Future action plan has been produced in collaboration with change team members and informed by Flex for the Future

## **Section 4: Implications**

### **Strategic Aims and Board Assurance Framework**

- 4.1 This paper is relevant to the strategic aim of -Transformation - Changing things that will make a difference
- 4.2 This paper is also relevant to the BAF Risk of not retaining staff, not workforce planning effectively, failing to provide effective leadership impacting on quality of care.

### **Equalities, diversity, and inclusion**

4.3 This report is directly relevant to the pay gap between women and men and narrowing the gap is an organisational Equality Objective relevant to the Goal of our People being Empowered Engaged and Well Supported. Reviewing pay gaps and acting in response also supports the proactive element of the Public Sector Equality Duty found in s149 of the Equality Act 2010 to advance equality of opportunity and to foster good relations.

This data is collated and reported in line with meeting the requirements of Gender Pay Gap reporting set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

### **Culture and People and Integration and system thinking**

4.4 Many areas outside of the direct control of our organisation impact on the gender pay gap however the following areas are within our organisations control:

**Availability of flexible working** – as noted above the national NHS ‘flex for the future’ programme, is a national programme focused on the availability of flexible working options in the NHS.

An Action Plan and priorities have now been identified and these are included as appendix 3 of this report.

The Flex for the Future Change Team will be reconvened in late March to take forward and oversee this action, reporting on progress will be through the Health and Wellbeing Group.

### **Financial**

4.5 There are no specific financial considerations associated with this report

### **Compliance - Legal/Regulatory**

4.6 This paper is relevant to compliance with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. This paper is also relevant to meeting our contractual duties set out in the NHS Standard Contract

## **Section 5: List of Appendices**

**Appendix 1 – Gender Pay Gap Report 2021 – Separate Document**

**Appendix 2 – Benchmark Dashboard Median Pay Gap 2020**

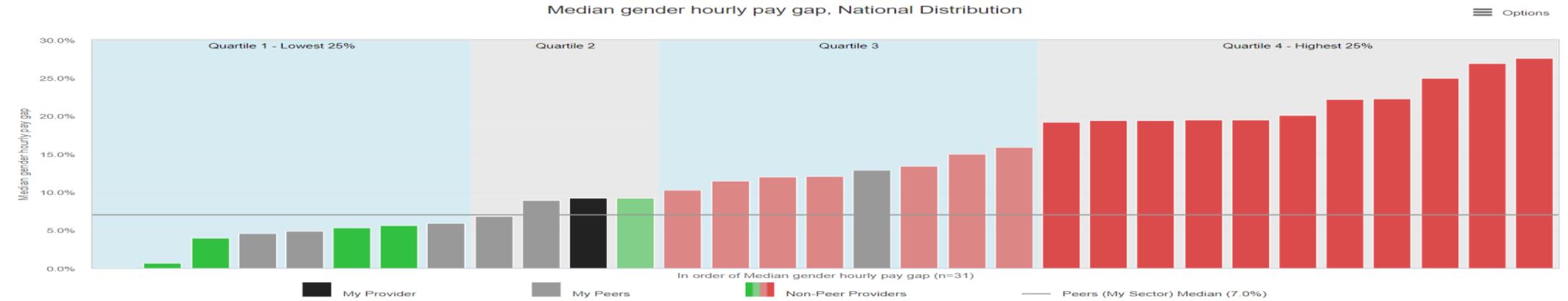
**Appendix 3 – Flex for the Future Action Plan 22/23**

## Appendix 2 – Benchmark Dashboard Median Pay Gap 2020

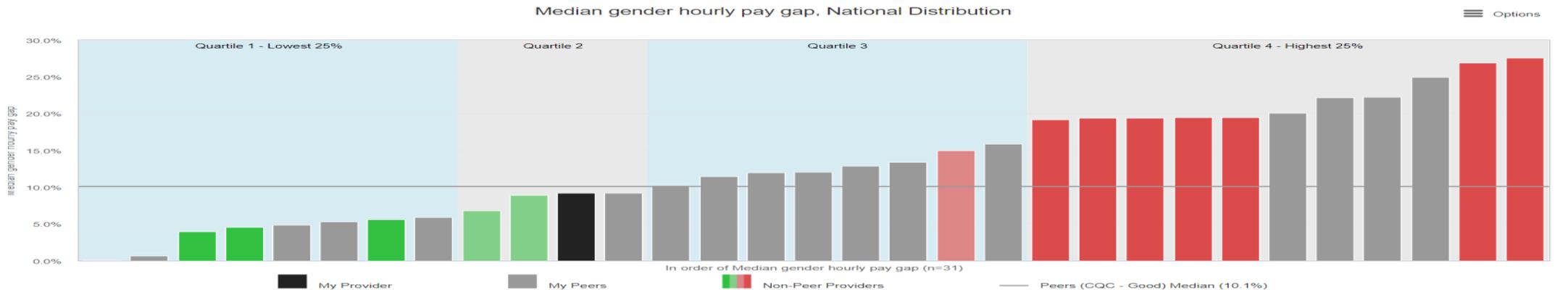
**Positive** – We are in Quartile 2 (Column Marked My Provider) – we had a lower Median Gap in 2020 than a number of the peer group CQC rated Good

**Negative** – All peer organisations (Grey Pillars) have a lower median pay gap apart from one (South West Yorkshire Partnership Trust 12.9%)

### Benchmark Providers in the North East and Yorkshire - Peer Group My Sector



### Benchmark Providers in the North East and Yorkshire - Peer Group CQC Good



### **Appendix 3 - Flex for the Future Action Plan 22/23 – (Flex for the Future Template)**

#### **Aspirations identified**

**In the next three months we will have:**

- **Reconvened our change team**
- **Agreed our approach to recording flexible working agreements using workforce information systems**
- **Identified a senior nurse lead**
- **Developed an implementation plan for our new Agile Working Policy**
- **Review our organisation position on the Staff Survey People Promise element**
- **Establish if Trac can provide information on the number of roles offered with flexible working options**
- **Included data on people working flexible in leadership development programme demographic**

**In the following six months we will have:**

- **Identified one or more services to pilot team rostering**
- **Started to develop an EDI dashboard including flexible working performance**
- **Developed a resource package for line managers based on flex for the future resource**
- **Included clear information about flexible working opportunities in our recruitment and retention offer and approach**
- **Included flexible working in our leadership Development / manager Development Programmes**

## Dashboard – Summary of Year One outcomes, activities, and indicators

<i>NHS Flex for the Future Framework</i>	Main activities	Expected outcomes	Success indicators
<b>Leadership and culture of trust</b>	<p>Reconvene the Flex for the Future Change Team – implement proposal to include wider membership including staff side and a senior nurse champion.</p> <p>Agree reporting group (health and wellbeing or Recruitment and retention)</p> <p>Develop a communications plan to engage widely about the benefits of flexible working</p> <p>Encourage senior leaders who work flexibly to share their experiences</p>	<p>Use of a dashboard or workforce report that enables the board to monitor progress against defined flexible working metrics, with an identified Senior Nurse Champion</p>	<p>Number of Flexible Working Agreements recorded on a new EDI Dashboard.</p> <p>All services have access to a local EDI dashboard</p> <p>Senior Nurse Champion agreed and part of change team</p>
<b>Flexible working policy and process</b>	<p>Current policy assumes offer of flexible working from day one.</p> <p>Undertake a review of knowledge of the policy and flexible working options</p>	<p>Evidence of communicating and adopting the flexible working policy changes recently introduced in the NHS Terms &amp; Conditions</p>	<p>Feedback from review and action agreed</p>
<b>Manager capability and support</b>	<p>Work with the Workforce Systems and Information managers to identify the best way to record flexible working agreements (formal and informal)</p> <p>Working with senior leaders' identity areas to trial a team rostering including holding focus groups and other engagement activity</p> <p>Provide training on the agile working policy</p>	<p>Efficient use of e-rostering with an audit of the level to which team rostering are used to facilitate flexible working</p>	<p>Pilot service identified</p> <p>Pilot Complete</p> <p>Review learning and consider roll out</p> <p>Review the number of agile working agreements in place</p>

	<p>Formally Trial application of the agile working policy and procedures</p> <p>Develop a resource pack for managers</p> <p>Establish a Flexible working Jarvis page and use Microsoft teams to store and share information across the change team and stakeholders.</p> <p>Develop a set of case studies</p>		<p>Resource pack in place and used</p> <p>Jarvis page in place</p> <p>Teams in place</p> <p>Case Studies identified and communicated</p>
<b>Employer brand and talent acquisition</b>	<p>Review the options on Trac for recording the number of roles offered with a flexible working option.</p> <p>Consider how we include flexible working offers in our recruitment and retention strategies and associated action plans</p>	<p>A minimum of 25% of permanent roles are advertised with clear flexible working options outlined (<i>national average currently at 14% so this represents an initial stretch target</i>)</p>	<p>KPI 25% of roles are offered with a flexible working option.</p>
<b>Inclusive career paths and progression</b>	<p>Review access to leadership development and other development programmes by full time and part time working of participants.</p> <p>Review accessibility for development opportunities for part time employees.</p> <p>Review advertising and recruitment and Retention resources for reference to flexible working options</p>	<p>Those working flexibly have access to training and promotion and this is monitored</p>	<p>Data on access to development y full and part time</p> <p>Equitable access</p>
<b>Social responsibility and advocacy</b>	<p>Maximise opportunities for sharing good practice and learning through the NHS Futures platform.</p> <p>Identify good practice and develop this</p>	<p>The organisation shares best practice and learns from others</p>	<p>Use of information and input from the Flex for the Future Flexible Working Platform</p>



# Our Gender Pay Gap 2021

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

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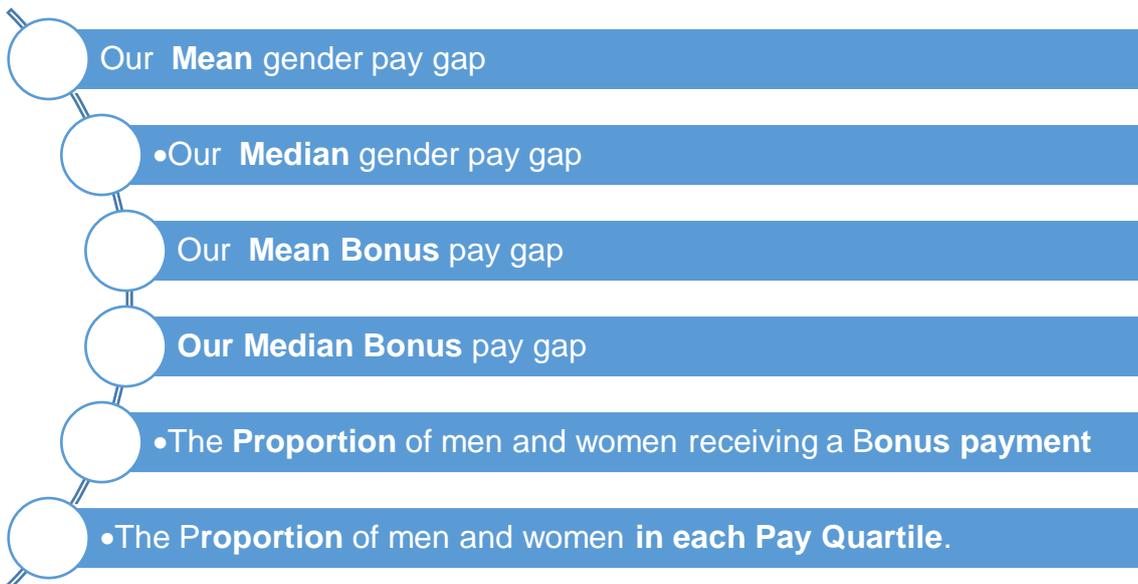
## INTRODUCTION

Public sector organisations employing more than 250 employees must publish Gender Pay Gap information each year. This report provides information about our Gender Pay Gap as of March 2021.

## 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 women and men 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.

This report provides information about:

- 
- Our **Mean** gender pay gap
  - Our **Median** gender pay gap
  - Our **Mean Bonus** pay gap
  - Our **Median Bonus** pay gap
  - The **Proportion** of men and women receiving a **Bonus** payment
  - The **Proportion** of men and women in each **Pay Quartile**.

Organisations must report the pay gap data above on the [Government Gender Pay Gap Reporting Web Site](#) you can visit this site to compared our pay gaps with those of similar organisations.

## 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
- Specialist Services

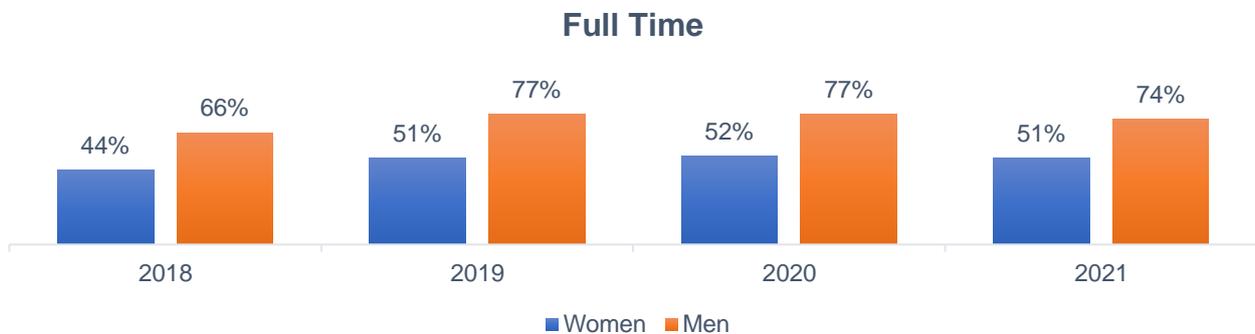
## WORKFORCE PROFILE

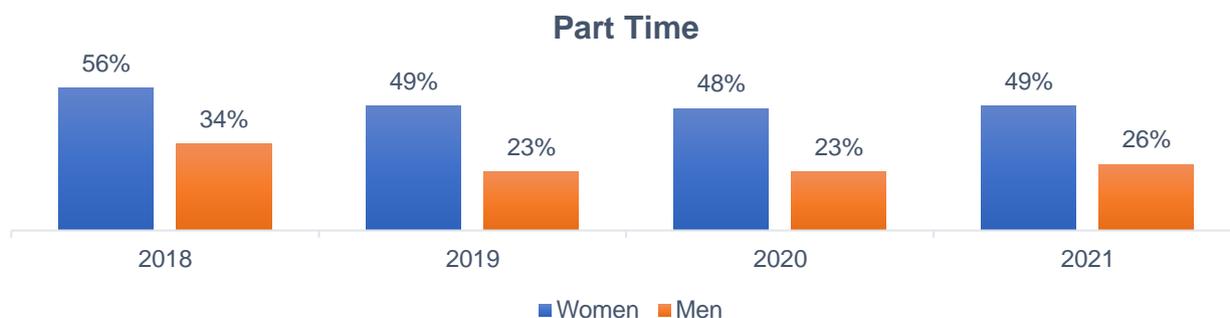
On the 31<sup>st</sup> of March 2021 74% of our workforce were women and 26% men, there has been no significant change from 2017 in this breakdown.

	2017	2018	2019	2020	2021
Women	74%	74%	73%	74%	74%
Men	26%	26%	27%	26%	26%

## FULL TIME AND PART TIME

The tables below show the percentage of full time and part time working for women and men. These figures do not include Bank. Almost 50% of women work part time, this has reduced since 2018, however.





## SHEFFIELD HEALTH AND SOCIAL CARE GENDER PAY GAP 2021

### ABOUT THE DATA USED FOR THIS REPORT

The gender pay gap calculation uses pay data from the pay period in which the 31<sup>st</sup> of March each year falls. The main pay gap data in this report includes all staff employed on the 31<sup>st</sup> of March 2021 apart from those who received lower pay, or no pay, because they were on leave<sup>1</sup>.

Bonus pay gap information is based on all people employed on the 31<sup>st</sup> of March 2021, 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 pay received and the hours that they worked.

The information provided in this report is drawn from the NHS Electronic Staff Record (ESR) Gender Pay Gap business intelligence reports, these reports have been developed nationally to provide information for NHS organizations on their gender pay gap.

### INTERPRETING THE RESULTS

- A **positive** percentage figure reveals that typically or overall, **women** have lower pay or bonuses than men.
- A **negative** percentage figure reveals that typically or overall, **men** have lower pay or bonuses than women.
- 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

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

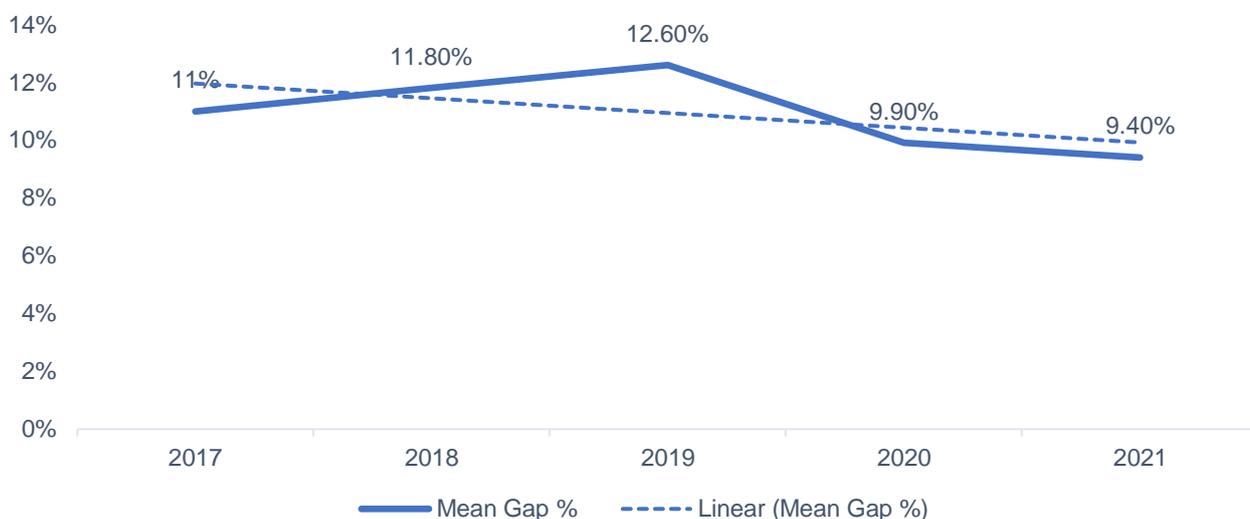
between the pay or bonuses of typical men and women employees or completely equal pay or bonuses overall.

### MEAN AND MEDIAN PAY GAPS

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.

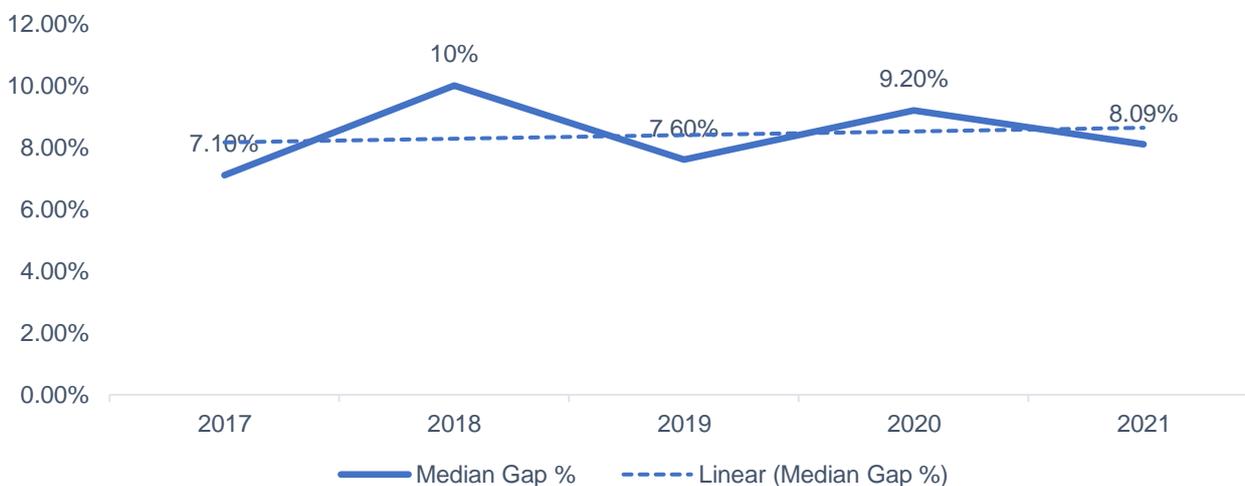
#### OUR MEAN PAY GAP 2021

Trend – Gap Reducing Over Time



#### OUR MEDIAN PAY GAP 2021

Trend – Slight Increase Over Time



# BONUS PAY GAP

## BONUS PAY

**Bonus Pay in the NHS**

In NHS organisations the main types of pay classed as bonus pay are Clinical Excellence Awards and Long Service Awards. Our organisation does not give Long Service Awards so the only bonus payments included in this report are Clinical Excellence Awards. Clinical Excellence Awards are paid to NHS consultants and academic GPs. There is an annual application process for local and national awards.

The bonus pay gap is calculated based on bonus pay received in the 12 months before the 1<sup>st</sup> March 2021, bonuses for employees who received a bonus payment in that period and were employed on the 31<sup>st</sup> of March 2021 are included (so in the case of the data below for 2021 it refers to pay in the 2020/21 financial year).

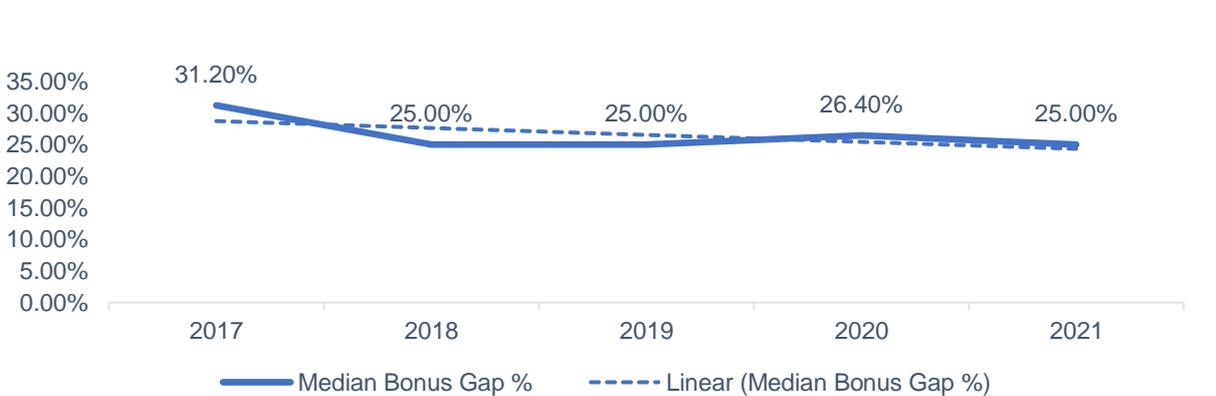
### OUR MEAN BONUS GAP 2021

Trend – Gap Reducing Over Time



### OUR MEDIAN BONUS GAP 2021

Trend – Gap Reducing Over Time

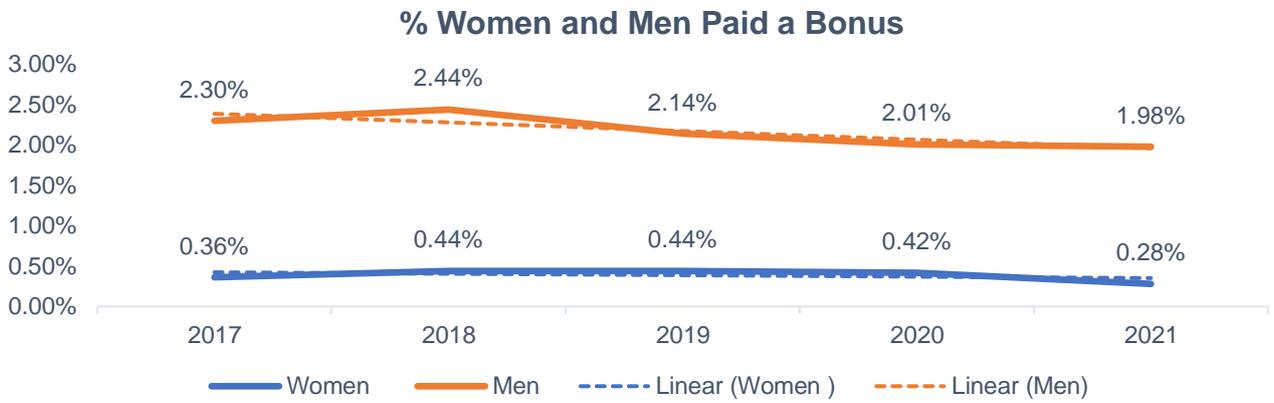


**THE PROPORTION OF MEN AND WOMEN RECEIVING A BONUS PAYMENT**

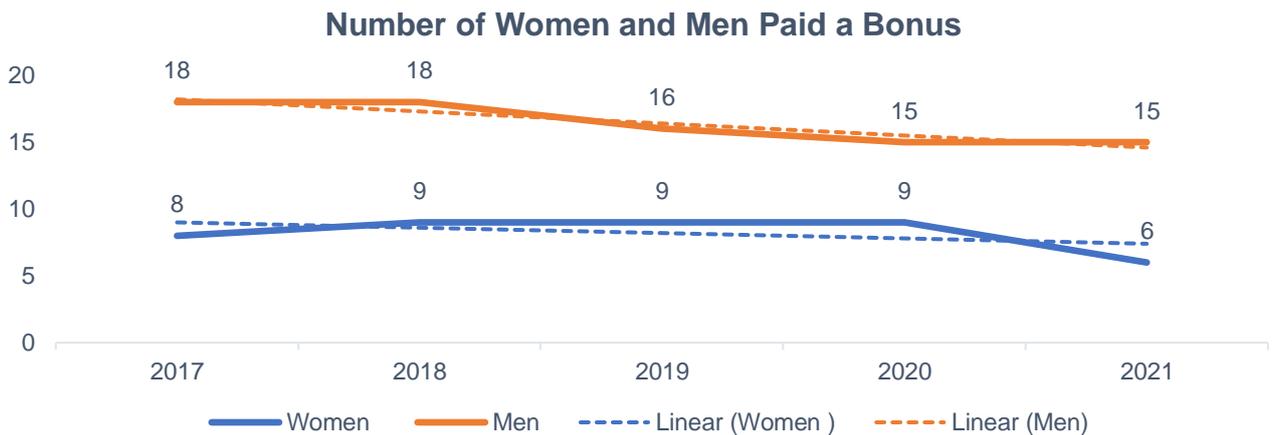
The proportion of men and women receiving a bonus payment is calculated by counting the number of employees who received a bonus in the 12 months up to the 31<sup>st</sup> of March 2021 and calculating the percentage of men and women who received a bonus in that period.

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 men and all women employees rather than the percentage that could have received a bonus (which is a much smaller group because only a limited number of employees are able to apply for Clinical Excellence Awards)

**Trend – Down for Women and Men**



**NUMBER OF PEOPLE PAID A BONUS**



## THE PROPORTION OF MEN AND WOMEN IN EACH PAY QUARTILE

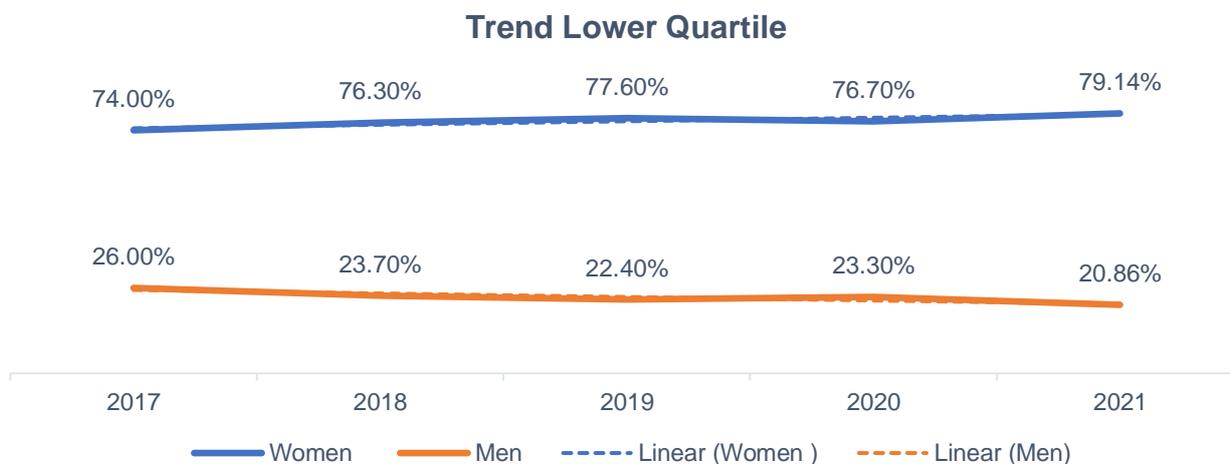
Pay quartiles are based on the hourly rate of pay from highest to lowest. This information is split into four quartiles, Upper; Upper Middle; Lower Middle; Lower, and reported by the percentage of men and women in each quartile.

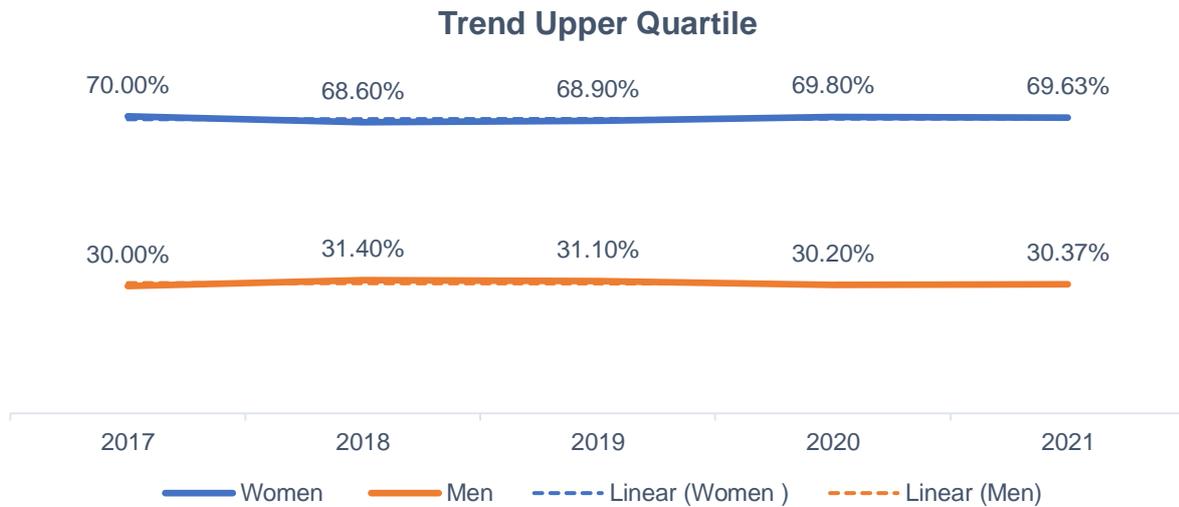
**Position 2021 - A Higher Percentage of Women in the Lower Quartile and Lower Percentage of Women in the Upper Quartile Compared to our Organisations average of Men and Women**



## QUARTILE TREND 2017 TO 2021

**Trend – An Increase in the percentage of Women in the Lower Pay Quartile and a Decrease in the number of Men in the Lower Pay Quartile**





## ACTION TO REDUCE OUR GENDER PAY GAPS

In 2021/22 we looked at our pay gap in detail to see how we compare to similar organisations, this review indicated that our median gap was around the same as similar organisations. Our review also indicated that pay gaps in agenda for change pay were very low but higher in medical and senior roles in our organisation. Action we planned for 21/22 was impacted by Covid 19 however we did continue our action to progress flexible working opportunities.

- We took part in the national ‘Flex for the Future’ initiative, this has been an opportunity for a detailed review of flexible working opportunity in our organisation. We have a detailed action plan and change team and plan to make progress in 2022 in implementing this action plan.
- We introduced an agile working policy which is being implemented in 2022.

Our aspiration over time is an increase in the number of women in the upper pay quartile leading to a further reduction in the overall pay gaps. We also intend to continue to focus on opportunities to reduce the bonus pay gap.