

Gender Pay Gap Report 2023 [2022 data]

1. Introduction

The Trust is committed to providing outstanding care and we do this by ensuring we have a diverse, talented and high performing workforce where gender equity is considered at all stages of employment.

Gender Pay Gap legislation was introduced in 2017 and requires employers with 250 or more employees to publish statutory calculations no later than 30th March each year.

The gender pay gap is different to equal pay. Equal pay deals with the difference between men and women who carry out the same or similar jobs or work of equal value. The gender pay gap shows the difference in average pay between men and women.

The information aims to establish the pay gap between male and female employees as at 31st March the previous year. For example, 31st March 2022 pay information must be published by 30th March 2023 on the employer's website.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

1. Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
2. The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

2. Our Workforce

Every job at the Trust is evaluated through a national NHS job evaluation scheme. Panels of colleagues conduct job evaluations through the review of a job description and person specification; the post holder is not evaluated and there is no reference to gender or any other personal characteristics of existing or potential job holders.

Once evaluated, a role is placed within a band, each of which varies depending upon levels of responsibility and/or specialism. Bandings enable clinical and non-clinical staff to progress through the grades of pay within the band as they develop their careers and their years of service in the NHS.

In addition, the Trust has adopted and implemented national NHS pay schemes which have undergone equality analysis.

Analysis of our data within the Trust indicates that 78.4% of our workforce are women and 21.6% are men.

3. Gender Identity

Gender identity is often assumed from the sex assigned at birth. As a Trust, we acknowledge that gender is more complex than 'men' and 'women' and that there are people that don't fit into these binary categories, for example, people who are non-binary or intersex. We also recognise that a person's sex or gender identity doesn't always align to the sex and/or gender they were assigned at birth.

In producing this report, we have to follow the current statutory requirements for it and that requires gender to be reported in a binary way, i.e. men and women and we use the words men and women in the knowledge that this may not be a satisfactory description for some of the colleagues categorised in this way.

4. Our Gender Pay Gap

Table 1: Overall Gender Pay Gap

As 31st March 2022	Mean Hourly Rate	Median Hourly Rate
Male	£23.08	£18.47
Female	£16.44	£15.91
Difference	£6.65	£2.56
Pay Gap %	28.8%	13.8%

The mean average and median hourly rate of pay is calculated from a specific pay period, in this case it is March 2022. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

The percentage variance for the mean average hourly rate of pay is 28.8%, a decrease of 5.4% from 2021. This calculation is based on the average hourly rate of 5,620 female staff compared to 1,213 male staff; because the average is calculated over different numbers of staff and pay bands, some variance can be expected.

The percentage variance for the median hourly rate of pay is 13.8%, a decrease of 6.7% from 2021. For our organisation this is more indicative than the average hourly rate of pay as it is impacted less by the female to male ratio. When looking at the variance some consideration will need to be given to the variety of roles within the organisation.

5. Why do we have a gender pay gap?

The gap is because of the imbalance between males and females in the organisation and the roles they undertake; whilst our workforce is predominately women, there are a greater number of men in the upper quartile of our pay structure:

Table 2: Proportion of men & women in each quartile of the organisations pay structure

As 31st March 2022	Female	Male	Female %	Male %
1 - Lower	1,499	234	86.5	13.5
2 – Lower Middle	1,412	195	87.9	12.1
3 – Upper Middle	1,500	260	85.2	14.8
4 - Upper	1,209	524	69.8	30.2

Note: In order to complete these calculations, we are required to list all employees along with their gender in order of lowest hourly to highest hourly rate of pay.

When reviewing the quartile data, it is important to consider the types of roles available within the organisation and the different gender splits that occur within specific roles.

In 2022, we saw an increase in the number of female staff in the Upper Middle and Upper quartiles whilst numbers of male staff has remained broadly the same; increasing the number of females in the higher quartiles has resulted in an overall decrease in our gender pay gap (as shown in table. i)

The highest variances for the quartiles when compared to the overall Trust value are in the lower and lower middle quartiles. It is these quartiles which have the most pronounced gender split, where female staff are the predominant majority. This is driving the mean and median pay differences. Included in the lower quartiles for instance are administrative & ancillary staff groups (such as Health Care Support Workers) that traditionally have attracted a higher proportion of female staff.

The upper quartile has a lower proportion of female staff than the other quartiles because of different gender splits in medical staffing and senior managerial roles in the Trust although the gap here is closing.

6. Bonus gap

Sherwood Forest Hospitals only 'bonus' scheme is the Clinical Excellence Awards scheme; this scheme is only open to consultants in the Trust who meet specific criteria for the awards which is set nationally although the Trust can use its discretion when applying the award criteria.

In 2022 the continued unprecedented pressure in our hospitals prevented the Trust from holding the Clinical Excellence Awards. As directed by NHS Employers, and in agreement with the British Medical Association, as in previous years, the financial envelope for the awards was distributed evenly between eligible consultants.

In 2022, the criteria for eligibility changed to include fixed-term consultants and those consultants working part-time who had been working for us for at least one year or more; broadening the criteria for this year has resulted in a larger number of consultants receiving bonus pay (176 consultants in 2022 compared to 74 in 2021).

For 2022, and that year only, part-time consultants received the same amount as full-time consultants. This change in criteria means that more employees were considered eligible and received a bonus payment:

Table 3: Employees receiving bonus payment

As 31st March 2022	Employees Paid Bonus	Total Employees	%
Male	122	1,764	6.91%
Female	54	6,391	0.84%

Table 4: Bonus pay gap

As 31st March 2022	Mean Pay	Median Pay
Male	£11,841.85	£8,526.47
Female	£10,719.16	£6,032.04
Difference	£1,122.69	£2,494.43
Pay Gap %	9.48%	29.26%

The percentage variance for the mean bonus pay has reduced by 1.42% from 2021.

The percentage variance for the median bonus pay gap has reduced for the first time since 2019 which is testament to our efforts to reduce the gender pay gap within our medical workforce (in 2018, the first year of the awards, the gap was 66.6%).

Whilst distributing the money available for the Clinical Excellence Awards equally between those who are eligible awards ensures equality, the amount of an award can be impacted by individual circumstances, for example; length of service, part-time working, absence due to maternity, paternity, adoption or shared parental leave or other absence from work which may impact pay (i.e. sickness).

7. Closing the gap 2021 to 2022

Annually, we identify areas for improvement for the following 12-18 months from our gender pay gap data and the following are the highlights of our achievements from our Closing the Gap Action Plan from 2021:

Action identified	Update
Introduction of a women's network	We launched our brand-new Women in Sherwood staff network in the Summer of 2022 and have recently appointed a Chair for the network. In the short time since it's launch, the network already has 50 members across the Trust. Our 2022 report will be shared with the network in order to identify any areas for network action.
Identify an Executive	Our Chief Nurse, Phil Bolton has been appointed as the

Lead for gender equality	Executive Lead for our Women in Sherwood network. Phil is an active Exec and we are confident that his leadership will support our efforts in closing the gap on gender pay.
Flexible and/or agile working in senior and leadership roles	<p>We continue to support colleagues to work flexibly and in new and innovative ways (for example working from home) since the Covid-19 pandemic. This enables us to provide more options for colleagues (in particular females as our predominant gender in the Trust) who are balancing their career alongside parenting or caring outside of the work environment.</p> <p>We also have our Carers network within Sherwood which seeks to support unpaid carers in the workplace further strengthening our support to female colleagues.</p> <p>Notes: There are approximately 4.7m unpaid cares in England and Wales. The percentage of people providing care is higher in females than males [Census 2021]. It is estimated that 1 in 3 NHS colleagues are providing unpaid care [HR news].</p>
Review training offer to ensure colleagues are empowered to challenge gender inequality	Allyship training was launched in the Trust in August 2022 with an aspiration to train 50 colleagues by the end of March 2022. At the time of writing, more than 50 colleagues have attended the training including all Ward Leaders in the Trust. Whilst this training is not focussed specifically on gender, it aims to help colleagues to identify their own bias, recognise it in others and challenge bias and discrimination at work.

8. Closing the gap 2023 to 2024

The following actions are identified to support our efforts to close the gender pay gap in the coming 12-18 months:

- Ensure gender balance on recruitment panels are in place
- Continued approach to identify and address the gap in the female medical workforce
- Address gender pay gaps in Divisions where gaps are evident
- Actively promote leadership development opportunities to those identified through our talent management programme

The above actions will be underpinned by our People Strategy 2023-2025. The strategy aims to empower and support all our colleagues in being the very best they can be through four pillars; looking after our people, belonging in the NHS, growing for the future and new ways of working and delivering care. Our People Strategy links to our Trust Strategy and our CARE values. The actions herein are part of the belonging in the NHS pillar.

Oversight of these actions and updates on delivery will be reported via the People, Culture and Improvement Committee.