

Gender Pay Gap paper 2024.

1.0 Introduction

On 31 March 2017 it became a legal requirement for employers with more than 250 employees to annually publish their gender pay gap. This paper provides information about the gender pay gap at Sheffield Children's Foundation Trust; and describes context to help understand the findings and proposes a gender pay gap action plan to help reduce the gap. It is recognised that reducing the gap may take a number of years due to the complexity and factors that make up a gender pay gap and the historical context.

2.0 Gender Pay Gap vs Equal pay

It is important to recognise that the gender pay gap differs to equal pay. Equal pay is in relation to pay differences between men and women who carry out the same job for different pay, which is unlawful. By law, men and women must get equal pay for doing 'equal work'. The job evaluation scheme provides a process to ensure equal pay for work of equal value. It is therefore possible to have genuine pay equality but still have a gender pay gap. The gender pay gap shows the difference in pay of all men and the pay of all women employed by the Trust.

3.0 Data collection

The snapshot data is collected from our Electronic Staff Record System (ESR) and is calculated by the following categories:

- Mean gender pay gap in hourly pay
- Median gender pay gap in hourly pay
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of males and females receiving bonus payment
- Proportion of males and females in each pay quartile.

The snapshot date for public sector organisations is 31st March each year. The snapshot data for this paper is 31st March 2023. It compares the data 31st March 2023 and 31st March 2022.

4.0 Gender profile of our workforce

As of 31st March 2023, the gender split of our workforce was 83% females and 17% males. This compares similarly with the overall gender profile of the NHS.

5.0 Gender Pay Gap findings

5.1 Mean gender pay gap

This is the difference between the average hourly earnings of men and women. Women's average hourly rate is 18.3% less than men's for 2023. The gender gap has decreased for women, the gender mean pay gap was 19.6% in 2022.

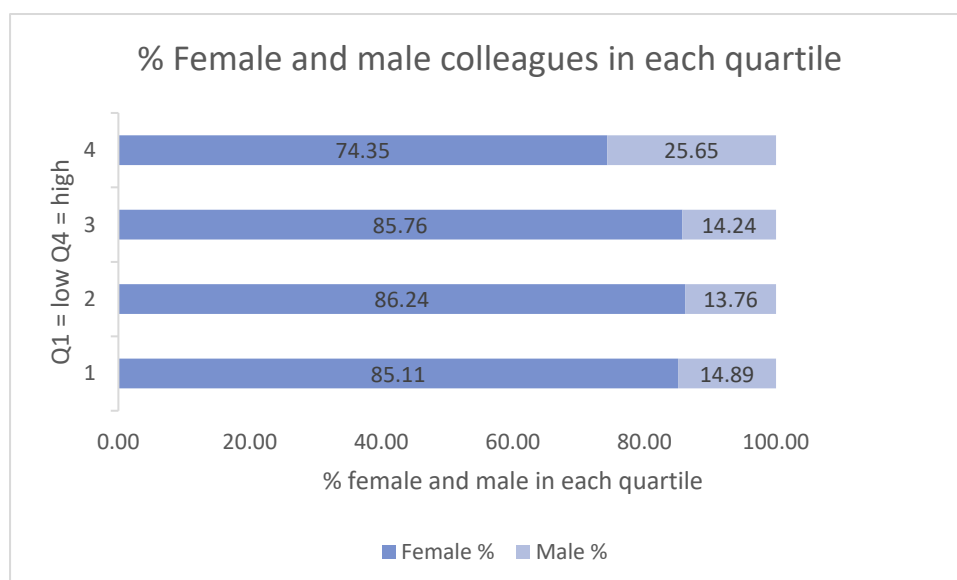
5.2 Median Gender Pay Gap

This is the difference between the midpoints in the ranges of hourly earnings of men and women. The median data tells us that women earn 19.8% less than men per hour in the Trust. There has been an increase from 17.84% in 2022 (inclusive of Clinical Excellence Awards payments that are paid to eligible medical staff).

5.3 Proportion of Men and Women in each Salary Quartile Band

What is a quartile?

Quartiles are points that divide a population/workforce into four equal parts. In the context of gender pay gap reporting into four quartile pay bands. Lower(Q1), lower middle (Q2), upper middle (Q3) and upper quartile (Q4). The below table 1 details the distribution of female and male colleagues in each pay quartile.



The lower quartile includes colleagues on the lowest pay per hour and the upper quartile includes colleagues on the highest pay per hour. The above diagram shows that men are overrepresented in the upper quartile (highest paid jobs) at 25.65% compared to the percentage of men in the Trust 17%. Women are overrepresented in all other quartiles compared with the percentage of women in the Trust at 83%. The over representation is greatest for women in quartile 2 and 3.

6.0 Medical workforce - bonus pay system

Bonus Pay forms part of basic pay for the purposes of calculating the mean and median average gender pay gap data. Bonus pay at Sheffield Children's received by consultants and is made up of two forms of payment which are detailed below.

6.1 Local Clinical Excellence Awards (LCEAS)

LCEAs are a yearly award scheme which are operated at a local level for consultants. A consultant applies for an award and the employer scores the application and issues payments to successful applicants. Trusts agree their own local reward systems. LCEAs were normally awarded by Local Committees. The 2018-21 rounds were suspended in 2019 due to covid and SCFT has made equal distribution payments by headcount (not pro-rata) through agreement with LJNC for the 4 years of

payments for the financial years 2018 -2022. The 2023 round will also be distributed in the same way, and then presents an opportunity to review application and award process to encourage more applications from female consultants.

6.2 National Clinical Impact Awards

A new bonus scheme for consultants called National Clinical Impact Awards (NCIA) was introduced in April 2023 to replace National Clinical Excellence Awards (NCEAs). The new scheme is intended to enable broader access, make the application process simpler, fairer and more inclusive, and ensure the scheme rewards and incentivises excellence across both work and behaviour. The new scheme provides for more awards but at lower levels. There are 3 levels rather than 4. Consultants who are successful obtain an award for a 5-year period. There will be up to 600 awards granted each year with 70 national 3 awards worth £40,000 per year, 200 national 2 at £30,000 per year and 330 national 1 awards at £20,000 per year. For the first time those who work less than full time, mostly women, will get the full value instead of pro-rata.

The new NCIA scheme started in April 2023. Therefore, the bonus pay gap data from the snapshot data 31st March 2023 is based on NCEA.

7.0 Mean Bonus Gender Pay Gap

The data tells us that on average bonus pay, female employees earn 39.44% less than male colleagues in 2023. This is a decrease in the bonus gap since 2022 when it was 41.43%.

8.0 Median Bonus Gender Pay Gap

The data tells us that on median bonus pay, female employees earn 41.60% less than male employees. This is a decrease in the bonus gap from 44.47% in 2022.

Gender pay gap bonus M&D workforce

31/03/2023	Employees Paid Bonus	Total Relevant Employees	%
Female	105.00	3442.00	3.05
Male	67.00	702.00	9.54

Table 2

31/03/2022	Employees Paid Bonus	Total Relevant Employees	%
Female	100	3274	3.05%
Male	63	689	9.14%

Table 3

The data in the above table 2 shows the total number of colleagues paid bonuses (CEA) against the total relevant employees - the total number of colleagues male and female in the workforce. Table 3 shows the 2022 for comparison.

The value of bonus payments (CEAs) for women in most cases is significantly less than their male counterparts as evidenced in the table below. The 5 year period of payments that colleagues under the old scheme receive makes the bigger difference.

Gender	Avg. Pay	Median Pay
Male	10,170.48	7,250.74
Female	6,159.10	4,234.78
Difference	4,011.38	3,015.96
Pay Gap %	39.44	41.60

Table 4 shows Gender pay gap bonus for medical and dental colleagues.

9.0 Comparing staff groups and pay bands

Sheffield Children's colleagues are employed on national contractual terms and conditions; Agenda for Change Bands 1-9, Medical and Dental, and Very Senior Managers (VSM). Tables 5 and 6 below shows the average median gender differences between staff groups and pay grades.

Average of median for gender & staff group

Group	Male	Female
Add Prof Scientific and Technic	20.76	22.40
Additional Clinical Services	12.32	12.43
Administrative and Clerical	16.84	12.25
Allied Health Professionals	21.21	20.90
Estates and Ancillary	12.63	11.92
Healthcare Scientists	22.40	22.05
Medical and Dental	43.28	38.21
Nursing and Midwifery Registered	21.00	20.35
Students		14.92

Table 5

Average of median for gender & pay grade

AfC pay bands	Male	Female
Band 1	11.67	10.37
Band 2	10.90	10.90
Band 3	11.85	11.85
Band 4	13.44	13.44
Band 5	16.44	16.59
Band 6	19.64	20.76
Band 7	22.92	23.77
Band 8 - Range A	24.82	24.82
Band 8 - Range B	28.72	28.72
Band 8 - Range C	34.30	39.22
Band 8 - Range D	41.31	46.49
Band 9	55.99	55.99
Other	42.36	37.75

Table 6

Average of the median for gender pay gap by staff group is largest in the staff groups A&C and M&D. These two staff groups increase the overall gender pay gap significantly due to their gender pay gaps being the greatest. The gender pay gap is due to having more higher paid men in admin and clerical

and medical pay and more men receiving bonuses. There is little difference in other occupational groups or bands.

The Agenda for Change banding median reveals equality in pay bands with men earning less than women in some of the pay bands. The section titled other (VSM/apprentices) pushes up the gender pay gap differences between male and female.

10.0 Conclusion

The overall gender pay gap at the Children's fluctuates. The gender pay gap is significantly affected by the A&C and M&D occupational groups that have the greatest pay gaps.

- The Trust's overall Median Pay Gap has increased from 17.84% in 2022 to 19.8% in 2023.
- The Trust's overall Mean Pay Gap has decreased from 19.6% in 2022 to 18.3% in 2023.
- Admin and Clerical is the occupational group with the highest median gender pay gap from 27.11% in 2022 to a slight increase 27.26% in 2023.
- Medical and Dental occupational group has the second highest median pay gap, 13.68% in 2022 this has decreased to 11.71% in 2023.
- Three occupational groups have a negative pay gap. These are, Add Prof Scientific & Tech, Additional Clinical Services and Healthcare Scientists.

The gender pay gap doesn't take into consideration characteristics that may further compound the gender pay gap e.g. age, disability, caring responsibility, ethnicity and sexual orientation.

It is hoped that we will be able to report on the disability and ethnicity pay gap in 2024.

Actions to close the gender pay gap are detailed below with a gender pay gap action plan on page 8.

11.0 Actions to close the gap.

- Men are overrepresented in higher paid roles, to work towards equilibrium women need to be encouraged and supported to apply for senior roles.
- Not enough women in medical and dental are receiving CEAS as a percentage of the female workforce. The bonuses that are received are of a lower value compared to their male counterparts. A campaign each year to encourage women in the medical workforce to apply for National Clinical Impact Awards. Women to be particularly encouraged to apply in their appraisals.
- Women are overrepresented in the lower pay quartiles, to work towards gender balance men need to be encouraged to apply for lower pay quartile roles. Actions that can be taken is to de-gender language -job titles e.g. medical secretaries, job descriptions and job adverts.
- Support a culture of inclusion and flexibility where flexible working arrangements are available for all including senior level roles. Also, that other policies and processes that support a culture of inclusion are in place.
- Address vertical as well as horizontal job segregation.
- Three occupational groups have a negative pay gap. These are, Additional, Professional, Scientific & Technical, Additional Clinical Services and Healthcare Scientists. Although the aim is gender pay gap equilibrium learning might be able to be gained as to why these occupations have a negative pay gap.
- Monitor starting pay for men and women, both on recruitment and on appointment to higher-paid roles including acting up. Differences in starting pay are one of the most common causes of the gender pay gap.

It is recognised that while the gender pay gap calculations can provide indications about the reasons for the gender pay gap, they will be more meaningful if effective gender monitoring procedures are in place related to the following broad areas of people management practice:

- Recruitment and progression
- Policy impact e.g. Take-up and impact of flexible working, Equality and Health Inequality Impact Assessments
- Salary
- Culture

A gender pay gap action plan has been proposed to take tangible impactful action to address and close the gender pay gap.

11.0 General factors affecting the gender pay gap in organisations

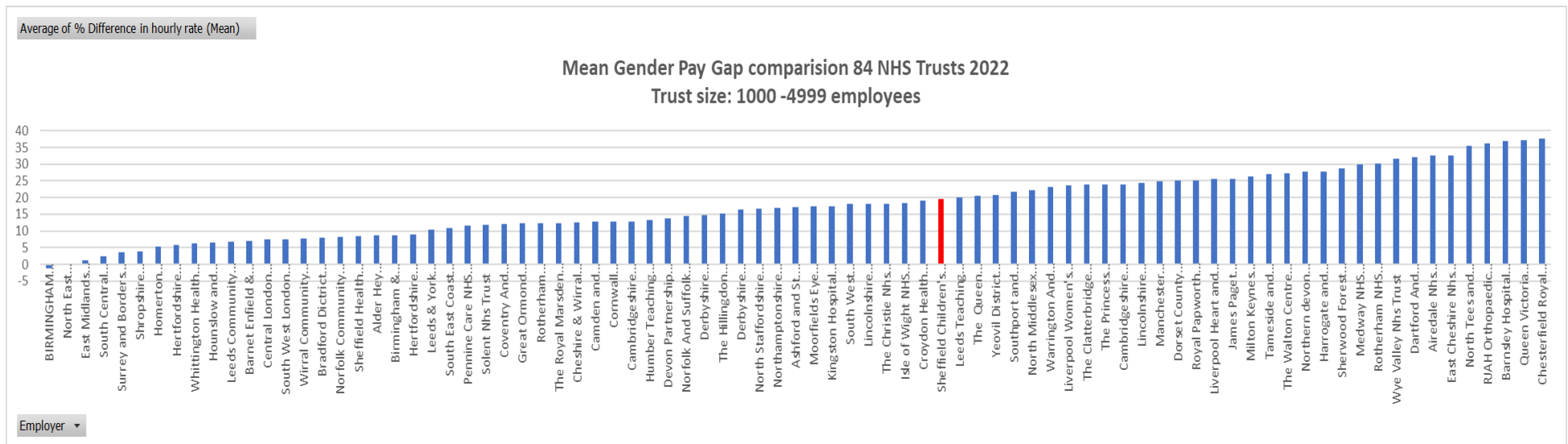
- The gender pay gap within different groups of occupations varies considerably, and in different ways for different occupations.
- A lack of flexible working arrangements on offer at senior levels more generally is a factor affecting women's progression opportunities.
- The UK labour market is highly segregated, with men dominating some types of job and women others; many women are concentrated in what is known as the 'five Cs' of caring, cleaning, catering, clerical and cashiering, all of which tend to be low-paid. In terms of the gender pay gap, the problem with occupational segregation is not that men and women are doing different types of work, but that segregation is associated with these jobs being valued differently.
- Vertical segregation – jobs in the higher levels of an organisation being dominated by men. Horizontal segregation occurs lower down the hierarchy and manifests as men and women doing distinctly different types of work, with the perceived 'male' jobs being paid more than the 'female' jobs. When the reverse is true – the 'female' jobs being paid more than the 'male' jobs – a negative gender pay gap may arise.
- Cultural norms and socialisation and stereotyping into female and male roles.
- It has been suggested that the 'motherhood penalty' makes up 80% of the gender pay gap. A small gender pay gap exists between men and women in their 20's, but it starts to widen when women hit their 30's and start to have children.

Findings from Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England December 2020

- Hours: Women are more likely to work less than full-time (LTFT), which helps to explain why their pay is lower. Men report working more unpaid overtime, which means that their effective pay is overstated. When these factors are adjusted for, the gender wage gap is smaller.
- Grade and experience: Men doctors are more likely to be older, have more experience and hold more senior positions – all of these characteristics lead to higher pay. Periods of LTFT working have long-term implications for women's career and pay trajectories as they reduce their experience and slow down or stall their progress to senior positions.
- Additional payments: Among hospital doctors, we find that gaps in total pay – which include Clinical Excellence Awards (CEAs), allowances and money from additional work – are larger than gaps in basic pay alone.

Reference: [Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England December 2020](#)

The Behavioural Insight Team - [How to improve gender equality in the workplace Evidence-based actions for employers](#)



Further information

- Sheffield has the 34th highest mean gender pay gap at 19.6% out of 84 Trust.
- The mean gender pay gap of the 84 Trusts ranges from the lowest at -1.3% and the highest at 37.6%

Specialist Children Hospitals gender pay gap mean % 2022	
Sheffield Childrens Hospital	19.6%
Great Ormond Street Hospital	12.2%
Alderhey Hospital	8.7%

