

Gender Pay Gap Report

South East London (SEL) Clinical Commissioning Group

Version: Draft v0.2 Snapshot Date: 31 March 2021

Publication Date: 30 March 2022



Contents



#	Section	Page
	Executive Summary	3
1	Introduction	4
2	Approach	4
3	Remuneration Policy	5
4	What is our bonus pay gap?	5
5	Pay Gap	6
6	Representation by pay band	7
7	Representation at Governing Body level	8
8	Comparison to other NHS commissioning groups	9
9	Gender equality themes and staff survey results	10
10	Addressing the Gender Pay Gap	11
	Appendix A – Routes into the NHS	14
	Appendix B – Frequently Asked Questions (FAQs)	15
	Appendix C – Acronyms and terms	16

Executive summary



The report highlights a lot of positive data for female representation with the Governing Body being the only area with a higher male representation compared to female representation (see pages 7 and 8).

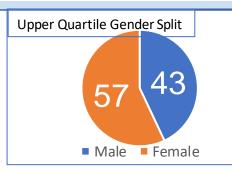
The median "typical" pay gap is 12.4% for all substantive staff and 9% for the Governing Body. Common pay gap drivers such as female representation in recruitment and senior roles are not an issue for the CCG.

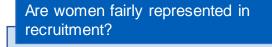
The report includes staff lived experience feedback from the 2020 NHS Staff Survey (page 10) and engagement session (page 11).

Key data analysis and common drivers of the gender pay gap

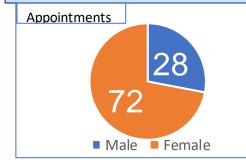
Are women fairly represented at all levels of the organisation?

72% of all staff and 57% of the upper pay quartile are women



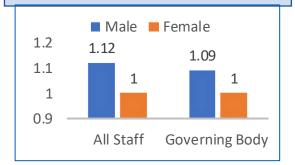


72% of appointments were female (financial year 2020/21)



What is the "typical" gender pay gap?

The pay gap is 12% for all staff and 9% at Governing Body level.



Next steps

- 1. The most significant driver of the gender pay gap is low male representation at lower bands (see page 7). This could be addressed by exploring Routes into the NHS (appendix A).
- 2. The CCG should evaluate the 7 suggestions from staff engagement to create a better work environment (page 10).
- 3. Female representation at Governing Body level could be further explored to create a better gender balance.

1. Introduction



All organisations within the United Kingdom with more than 250 employees have been required since April 2017 to publish details of their gender pay gap. The specific requirements of the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017 and Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 are to publish information for the six specific measures detailed in this report.

The CCG was established on 1 April 2020 from 6 predecessor organisations:

Bromley CCG, Bexley CCG, Greenwich CCG, Lewisham CCG, Southwark CCG and Lambeth CCG.

Employees work from bases across the 6 London Boroughs. Like other NHS staff, employees based in Inner and Outer London receive supplements to reflect the higher costs of living in those areas.

As at the 31 March 2021, the organisation had 511 (437 as at 1 April 2020) substantive employees. The organisation is predominately female, with female employees making up 72% (72% as at 1 April 2020) of the workforce.

2. Approach

- 2.1 The CCG will meet the statutory requirements on gender pay and report for substantive employees:
- the mean (average hourly salary) and median (middle-point hourly salary) for male and female employees
- · The gender split of staff overall and split into 4 each quartiles to analyse gender balance at all levels of the CCG
- 2.2 The CCG will analyse Board level representation and gender pay in addition to the statutory requirements. The Board membership has a number of non-substantive posts which would normally be excluded from the report.
- 2.3 Staff lived experience is as integral to gender equality as data. The CCG analysed the 2020 NHS Staff Survey data and carried out staff engagement session to discuss the data, Staff Survey results and common equality themes:
- Parental leave
- Flexible working
- Dignity and respect at work (staff survey data)

All three approaches will direct the actions to address the gender equality action at the CCG.

3. Remuneration Policy



96.4% of the CCGs employees are on NHS Agenda for Change (AfC) pay grades ranging from Band 3 to Band 9.

The AfC job evaluation system allocates posts, in accordance with responsibility to set pay bands. The 2018 framework agreement on the reform of Agenda for Change introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points.

The new pay progression system will be underpinned by local appraisal policies that deliver the mandatory annual appraisal process. It is intended to ensure that within each pay band, staff have the appropriate knowledge and skills they need to carry out their roles, allowing them to make the greatest possible contribution to patient care.

The framework for the remuneration of senior managers and directors is set by the Department of Health and Social Care through the Very Senior Managers (VSM) pay framework for arm's length bodies. 3% of the CCGs employees are engaged as VSM's with a further 0.6% of employees on Medical pay scales. Employees are governed by HM Treasury's pay remit and are subject to current public sector pay rules and pay restraint

4. What is our bonus gender pay gap?

The CCG **does not have a bonus gender pay gap**. The CCG has not paid bonuses to its employees, even though this is an option, for senior managers and directors in the terms and conditions of the Executive and Senior Managers pay arrangements. There is no scope for bonus payments within the Agenda for Change terms and conditions.



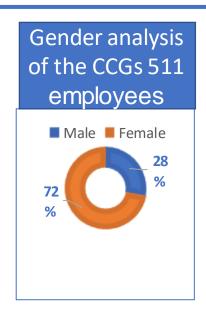
5. Pay Gap

The CCG has a **mean gender pay gap of 16% (a decrease of 1.4% from 17.4% since 1 April 2020).** This is the percentage difference between the average hourly salary of men and women.

The **median gender pay gap of 12.4% (no change since 1 April 2020).** This is calculated as the percentage difference between the mid-point hourly salary for men and women.

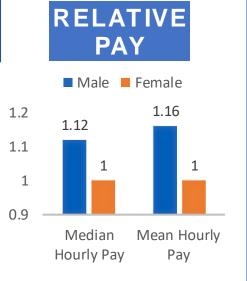
The mean relative pay calculation shows that for every £1 a female is paid, a male is paid £1.16. The median relative pay figures shows that for every £1 a female is paid, a male is paid £1.12.

This does not mean women and men are being paid differently for doing the same job, which would be an equal pay issue.



Average and Median Hourly Gender Pay Gaps

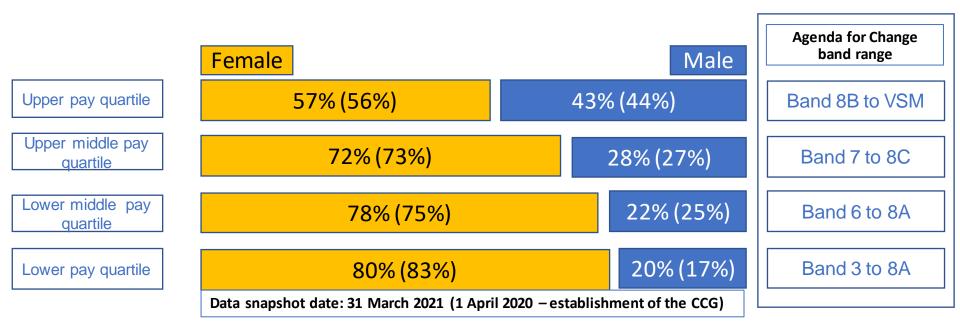
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	35.06	30.71
Female	29.43	26.92
Difference	5.63	3.79
Pay Gap %	16.05	12.35



6. Representation by pay band



Pay quartiles: The Gender Pay Gap report takes all employees and sorts them by hourly pay. This list is then split into 4 equal quartiles. The gender split of each quartile is analysed to produce the data below.



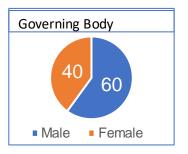
Context

Population parity: 50% of the population of London are female (source: <u>Statista data for 2020</u>), and females make up at least 57% of each of the CCGs pay quartile.

Explaining the pay gap: Female representation is strong across all pay quartiles. Male representation is highest in the upper pay quartile and lowest in the lower middle and lower pay quartiles. This demonstrates that a significant driver for the pay gap is a consequence of having a lower proportion of men in the 3 lowest quartiles, thus producing a higher average hourly pay amount.

7. Representation at Governing Body level

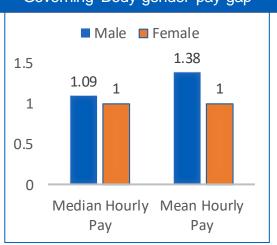
Governing Body				
31 March 2021	Male	Female		
Board level	60%	40%		
Population	50%	50%		



What does the data tells us?

The Governing Body is 60% male and 40% female compared to a 50%-50% population representation.

Governing Body gender pay gap



What does the data tells us?

The median "typical" pay for males is 9% higher than females. This is the preferred pay gap measure.

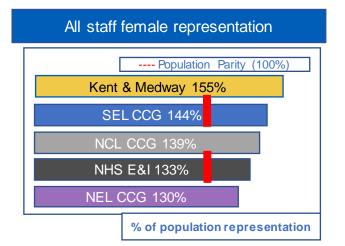
Mean pay for males is 38% higher than females. This measure is used less due to the weighting factor that high or low salaries have

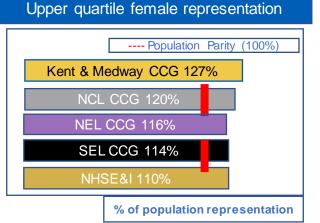
The likely driver of the mean pay gap is that the highest paid roles (Chief Financial Officer and Accountable Officer) are occupied by males.

Next steps

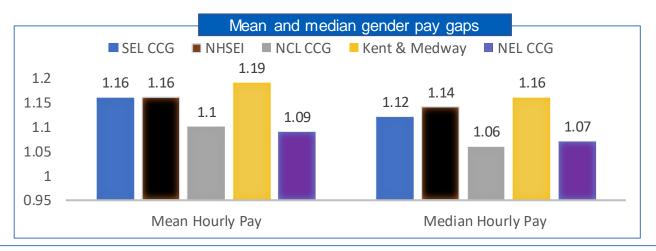
Female representation at Governing Body level could be further explored to create a better gender balance.

8. How does the CCG compare to similar commissioning organisations?









Context

SEL CCG sit in the middle of the median "typical" pay gap.

It is worth considering the correlation between female representation and the pay gap. Kent and Medway have the highest pay gap and the highest female representation and NEL CCG have the lowest pay gap and the lowest female representation.

9. Gender equality themes and staff survey results



The gender equality responses from the 2020 NHS Staff Survey 2020 were included in the staff engagement sessions. As there is no gender equality standard, a selection of indicators / metrics from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports has been analysed with the relevant CCG median data.

Gender equality	WRES/WDES Indicator 5	WRES Indicator 6	WRES Indicator 7	WDES Metric 6	WDES Metric 8
staff survey 2020	% staff experience	% staff experiencing	% staff believing equal	% staff that felt pressure from	% staff state employer has
	harassment, bullying or	harassment, bullying or	opportunities career	their manager to come to work,	made adequate adjustments at
	abuse from patients	abuse from staff.	progression/ promotion	despite not feeling well	work
	(CCG Median Disabled	(CCG Median Black, Asian	(CCG Median BAME 55%)	(CCG Median non-disabled 13%)	(CCG Median disabled 86%)
	11%)	and Minority Ethnic			
		(BAME) 24%)			

Organisation name	Female	Male	Female	Male	Fem ale	Male	Female	Male	Female	Male
SELCCG 2020-21	8%	4%	13%	10%	47%	58%	13%	19%	78%	91%

Key variances from the CCG median levels

Indicator 7 - 47% of female staff (median = 55%) feel there is equal opportunity for progression or promotion

Metric 6 - 19% of male staff (median = 13%) felt pressure to come to work despite not feeling well.

Metric 8 - 78% of female staff (Median = 86%) state the CCG has made adequate adjustments at work.

Gender Equality Themes

Several topics to be explored in engagement sessions to better understand the CCG's working environment:

- •Stereotyping Unconscious <u>stereotyping</u> might be negatively impacting women. There could be assumptions that women don't want to be promoted or take on more responsibilities; this could be more acute where women have caring responsibilities
- •The Parenting Penalty Sociologists developed this term to describe <u>working parents who face disadvantages</u> within the workplace due to the notion that their competence has been reduced relative to childless co-workers
- •Flexible working This also overlaps neatly with the parenting penalty. Lower paying jobs may be more likely to offer <u>part-time</u> working, and therefore appeal to the primary child carer.



10. Addressing the Gender Pay Gap

Progress from the last report:

This is the second report for the CCG. The previous report was published on 5 October 2021. There has been a 8% reduction in the mean gender pay gap. The has been minor variance in the staff gender representation with 72% of all staff being female (no change).

The following actions have been carried out to improve inclusivity for all staff:

Action	Description
Mentoring and coaching	Mentoring is an ongoing initiative at the CCG and there are 10 female and 13 male mentors and 10 female and 2 male mentees have used the initiative to date.
2. Coaching	A professional coaching pilot, initially for 21 female and 2 male staff offers three one-to-one confidential sessions focusing on boosting resilience, confidence and personal insight.
3. Training	The CCG has approved access to NHS Elect, a suite of over 150 online training courses
4. Recruitment panels	The CCG mandates gender and ethnicity diverse recruitment panels and unconscious bias training is mandatory for all panel members.
5. Male representation at lower bands	The CCG will give consideration to using the "Routes into the NHS" (Appendix A) to boost community participation in the lower quartiles as part of the ICS Workforce Supply planning work stream. This would enable the CCG to consider a focus on local and lower income applicants as part of the Public Sector Equality Duty.

Assurance is provide by the Equality Committee:

The CCGs holds a monthly committee comprising of representatives from staff networks, senior management, Human Resources (HR) and Organisational Development (OD) and Equality, Diversity and Inclusion (EDI) specialists. There are also lay members and a member from Health Watch. The group has been established to drive improvements across the CCG to monitor gender pay equality, staff representation compared to local population, and recruitment outcomes.

Further actions from staff engagement

A staff engagement session was held on 22 February 2022 to explore the Gender Pay Gap data and gender equality themes.

- Unconscious stereotyping such as assumptions that women don't want to be promoted or take on more responsibilities;
- The Parenting Penalty working parents who face disadvantages within the workplace
- **Flexible working** This also overlaps with the parenting penalty. <u>Part-time</u> roles appeal to the primary carer and tend to more available in lower paid bands.

Key barriers	Suggested actions
Women and Black, Asian and Minority Ethnic (BAME) colleagues have high representation at lower bands	Shadowing and mentoring (senior management) Engage with colleagues who have not progressed for several years to better understand the situation
The confidence to speak up about abilities and skills and for that message to be heard	3. Create a more compassionate and creative culture
Progression whilst raising a family and feeling judged if one raises problems/ issues	4. Open support for family care givers, flexible working patterns/location
Lack of responsibility and trust to deliver the work without micro- management	5. Encourage staff to be themselves and take more freedom with work tasks
Not seeing the whole person, background, home-life, health and wellbeing	6. Teams to develop a dignity and respect at work charter
Lack of support from line managers	7. Leadership training and awareness on key issues

There are 7 suggested actions and the CCG should evaluate these to consider how best top address the feedback from the lived experience of staff engagement.

Further actions from the data analysis



Staff Representation and Recruitment

Action 5: The data from this report reinforces the need to carry out action 5. The most likely driver of the gender pay gap is low representation of males in the lower middle and lower quartiles (on average 21% of staff in these bands are male compared to 50% of the SEL population). The CCG should consider increasing participation of local people through apprenticeships, traineeships and work trials (see appendix A). These routes into employment tend to have a greater representation amongst males so this is likely to:

- 1. Lower the gender pay gap by boosting male representation in lower pay bands;
- 2. Help tackle deprivation by providing routes into employment for local people;
- 3. Create an organisation that is representative of the local community.

Action 6: Carry out further analysis into gender representation at Governing Body level.

There is currently 40% of staff on the Governing Body who are female and this should be further analysed to understand if there are any underlying barriers or actions to be taken to promote a better gender balance.



ROUTES INTO THE NHS

Routes to support your traditional talent pipelines and workforce supply. Many of the routes can work together or be a step to another one.





EMPLOYABILITY PROGRAMMES

- 4-13 week training programmes, including a work placement, aimed at specific people such as unemployed.
- Free Prince's Trust programmes can support young people aged 16-30 years old into entry level roles and apprenticeships.



NHS WORKFORCE



APPRENTICESHIPS

- The apprenticeship levy can be used to train anyone aged 16 and over, including new and existing workforce.
- A variety of clinical and non-clinical apprenticeships available from levels 2-8.



WORK EXPERIENCE

- Hands on experience for anyone looking to move into a career in health.
- Can be placed in clinical (over 14s) and non-clinical settings.

T LEVELS

- An education option for 16-19 year-olds which includes a mandatory industry placement.
- Designed with employers to provide more workplace focused skills.

SUPPORTED INTERNSHIPS

- For 16-24 year-olds with learning difficulties, disabilities or autism, for up to 1 year.
- Builds core skills and confidence to move into paid work.

RETURN TO PRACTICE

- 1-12 month programmes for previously registered professionals.
- Updates skills and knowledge in order to return to practice.

TRAINEESHIPS

- Programmes for 16-24 year-olds not in education which last up to 6 months and include a work placement.
- Programmes last between 100-240 hours.

KICKSTART SCHEME

- 6 month work placements for 16-24 year olds on universal credit.
- Fully funded for 25 hours per week and roles must be new.



ELIPTHED INCODMATION

- www.nhsemployers.org/apprenticeships
- www.nhsemployers.org/princestrust
- www.nhsemployers.org/tlevels
- www.nhsemployers.org/yourcommunity
- www.nhsemployers.org/jcp
- www.nhsemployers.org/routes-in

Appendix B – Frequently Asked Questions (FAQ)



Question	Answer
What is the Gender Pay Gap report?	This report is required under the equality Act 2010 for any company with more than 250 employees.
When is the data taken?	The snapshot date is the 31 March each year
What does the report look at?	The report looks at mean and median hourly pay and the make up of employees by gender across four equal pay quartiles.
What are the mean and median hourly pay rates?	The median figure is calculated by comparing the pay for the midpoint or "typical" male and female. This is the most reported figure.
	The mean figure is the comparison of average hourly pay of all the male / female full-pay relevant employees.
How are the four quartiles of staff representation calculated?	The entire staff list is sorted by hourly pay and then divided into 4 equal quartiles. The staff representation by gender is then analysed for each quartile.
Are men and women paid different rates in the NHS? (Equal Pay)	The NHS pay scale is the same regardless of gender. Paying men and women different rates of pay for the same work is illegal.

Appendix C – Acronyms and terms



	Clinical Commissioning Group
Acronyms / term	Explanation
BME (Black and Minority Ethnic)	This term refers to all ethnic minorities including White ethnic minorities.
BAME (Black, Asian, Minority Ethnic)	This term refers to people of colour and specifically excludes White ethnic minorities
SELCCG	South East London Clinical Commissioning Group - commissions most of the hospital and community NHS services in South East London. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.
Equal Pay compared to Gender Pay	Equal pay is a legal requirement for men and women to be paid the same pay for the same or similar work.
	Gender pay is a comparison of "typical" pay for men and women in an organisation. It does not compare the job roles. Gender pay gives indications of gender representation at different levels in the organisation and flexible and inclusive working practices.
EDI	Equality, Diversity and Inclusion ensures fair treatment and opportunity for all. It aims to tackle prejudice and discrimination based on an individual or groups protected characteristics
HR and OD	Human Resources and Organisational Development functions within the CCG.
Protected Characteristics	These are characteristics given protected status under the Equality Act 2010. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation