## 1. Introduction

In February 2021, RemNom was presented with the CCG's Gender Pay Gap report for 2020. The data that is required to be published in the report, often paints a high level picture of the gap in pay between men and women in the organisation, without providing further detail to help tell the full story. As such RemNom requested that the People and OD Business Unit provide further data in the format of a breakdown of gender by banding. The aim of this is to better asses the reasons for the current Gender Pay Gap at the CCG.

## 2. The Data

The table below provides the number of staff that identify as each gender at each band in the organisation as of March 31<sup>st</sup> 2020. With the exception of 2 individuals who chose not to select a gender, 384 of 386 staff can be accounted for. The table also shows the range of years spent at each band for each gender group.

	Condor		Length of time at	
Daniel	Gender		band in years	
Band	Female	Male	Female	Male
2	6	0	0.5 - 1.0	N/A
			0.68 -	0.06 -
3	13	5	7.0	7.0
			0.23 -	0.31 -
4	28	3	7.0	5.15
			0.06 -	0.67 -
5	31	8	7.0	3.42
			0.04 -	0.21 -
6	64	13	7.0	7.0
			0.16 -	0.16 -
7	38	16	7.0	6.93
			0.08 -	0.39 -
8a	50	14	7.0	7.0
			0.16 -	0.25 -
8b	20	8	7.0	6.96
			0.16 -	0.09 -
8c	9	6	7.0	3.08
			0.41 -	2.42 -
8d	7	4	4.91	7.0
9	1	0	0.25	N/A
			0.23 -	1.74 -
Other	21	19	7.0	6.16

## 3. Analysis

The CCG is by no means a male dominated workforce with women out numbering men at every band. The further highlights the anomaly of having such a large

gender pay gap (25.64% hourly Average). Some of the gap can be explained by the low numbers of men at lower bands as approximately 83% of the workforce at band 5 and below are female and that drops to 57% of the workforce being female at band 8c and above.

Another factor to consider is the length of time spent at that band. Agenda For Change(AFC) provides strict criteria for pay upon appointment in the NHS, issuing Recruitment and Retention Premiums, and the criteria for moving up to the next pay point. All of this should mean that NHS organisations have minimal gender pay gaps, however in some cases the rigidity of AFC can cause more disparity.

At many of the bands some female staff had only been in post a short time. This would mean that they would be at the very bottom spine point of their pay banding. In comparison in at least 7 of the bands the male counterpart with the shortest tenure had still been at that band longer than the female colleague with the shortest tenure. Where length of time at the band is similar for males and females the number of staff with a short tenure at that band comes in to play. For example, at band 7 over 50% of female colleagues had been at that band for less than a year whereas over 75% of male colleagues had been at that band for a year or more.

## 4. Conclusion

The CCG should rest assured that they are providing plenty opportunities for women to work at all levels of the organisation. The pay gap observed seems to be due to the number of female colleagues who are fairly new to the band, in comparison to male colleague who have been in the band for longer periods of time. This in itself points to the continual opportunities for upwards progression for female colleagues within the CCG.

Despite this, taking the actions mentioned in the gender pay gap paper will continue to encourage men into the organisation in entry level positions with the opportunity to progress. In addition continuing to support female members of staff with management and leadership development should help with retention which in turn will help the organisation to see a shift in the gender pay gap figures.