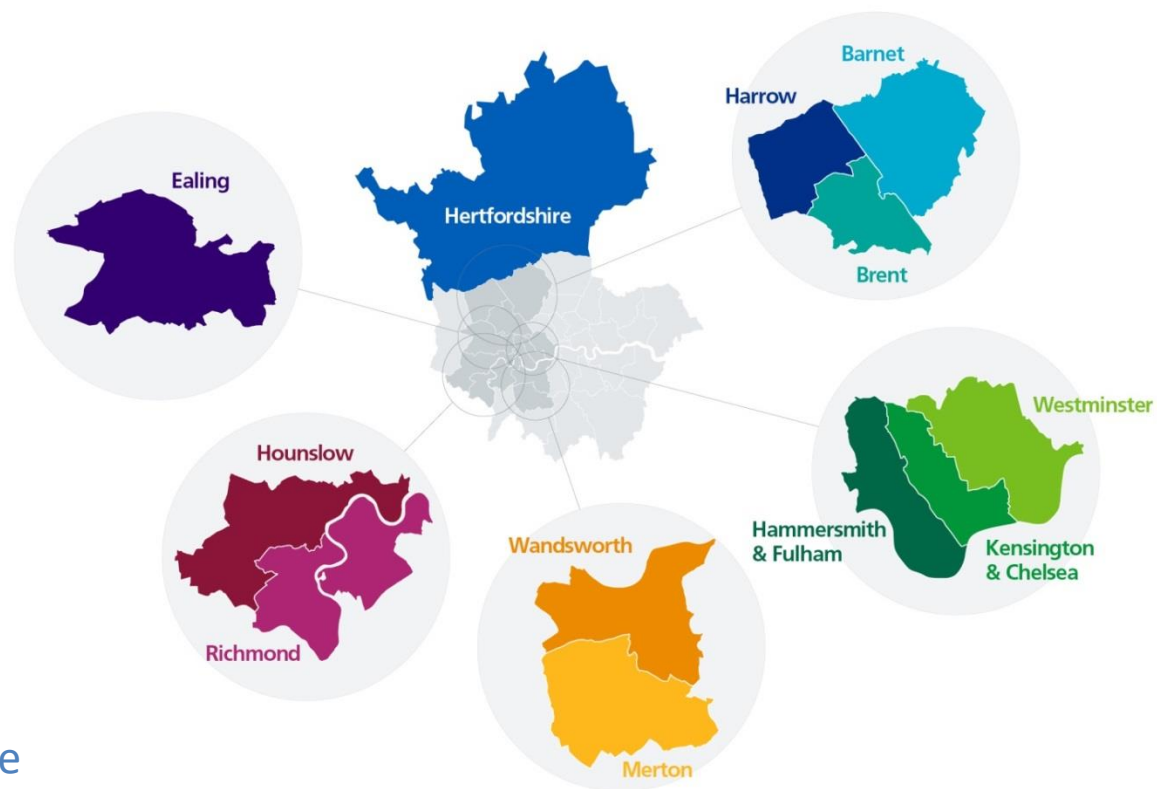




Central London  
Community Healthcare  
NHS Trust

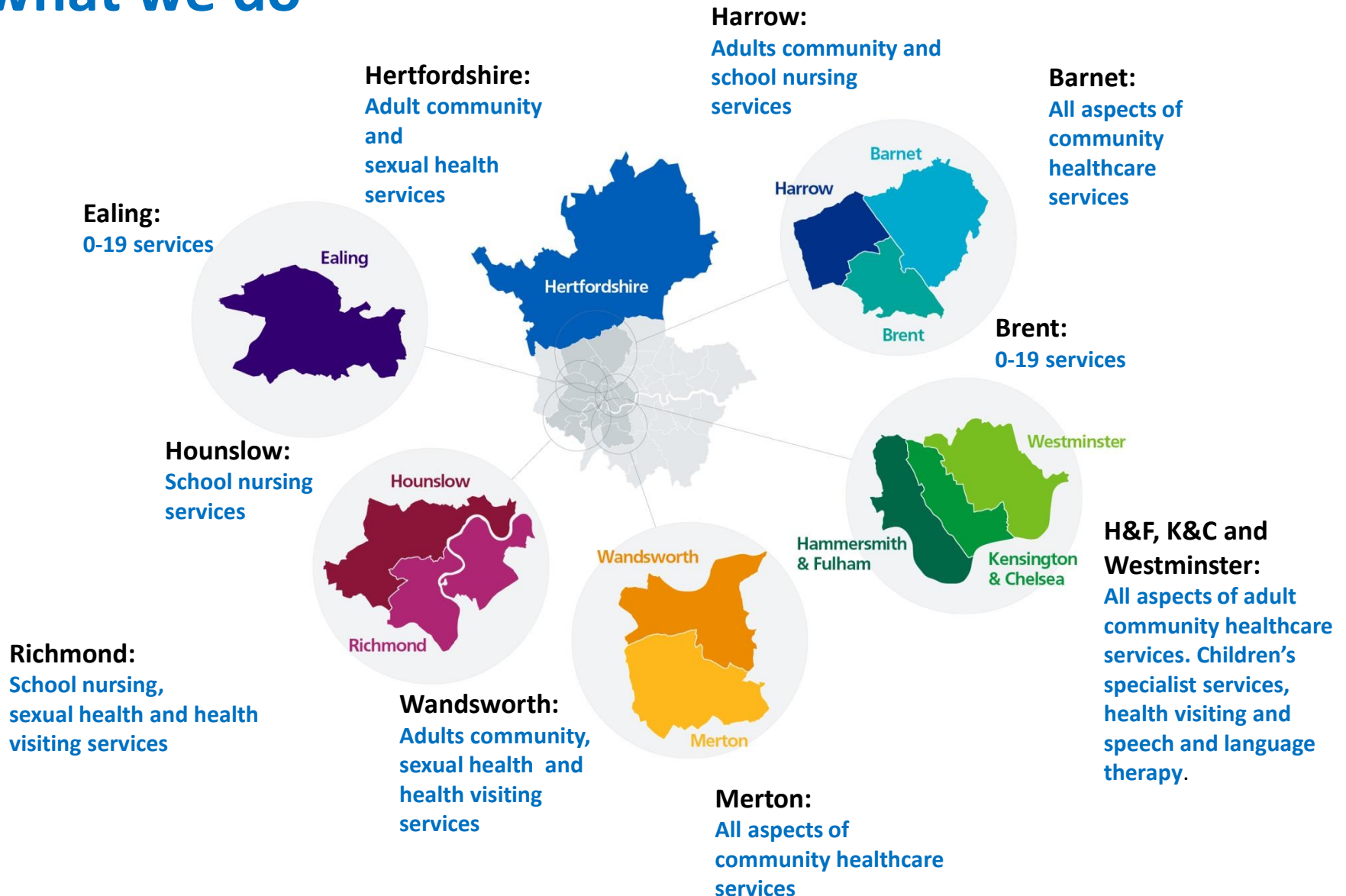
# CLCH Gender Pay Gap Report For 2018/19

Report published March 2020



Your healthcare closer to home

# CLCH - Where we work and what we do



# Key facts about our staff

## Our workforce and their pay (as at 31.03.19)

- We have 4000 staff of whom about 87% are women.
- Pay for most staff (98%) is covered by Agenda for Change terms and conditions of employment.
- Doctors and Dentists (57 in number) are covered by the Medical and Dental Terms and Conditions.
- Executive Directors are covered by Very Senior Manager (VSM) terms and conditions.
- Agenda for Change and Medical and Dental terms and conditions have been developed nationally with the trade unions.

## Workforce Profile

- Although the organisation has a very high representation of women, the percentage of men and women varies between the senior (higher paying), middle and lower grades. The graph shows the distribution of men and women across the pay grades. The high proportion of male staff at the highest levels in the upper bands has had an impact on the pay gap.
- Band 9/VSM and Medical and Dental grades also have an impact on the Pay Gap given the pay rate for these grades and the higher proportion of men in roles at the highest levels of the bands.

## About the 2018/19 Gender Pay Gap Report

This report provides 6 elements of pay related information:

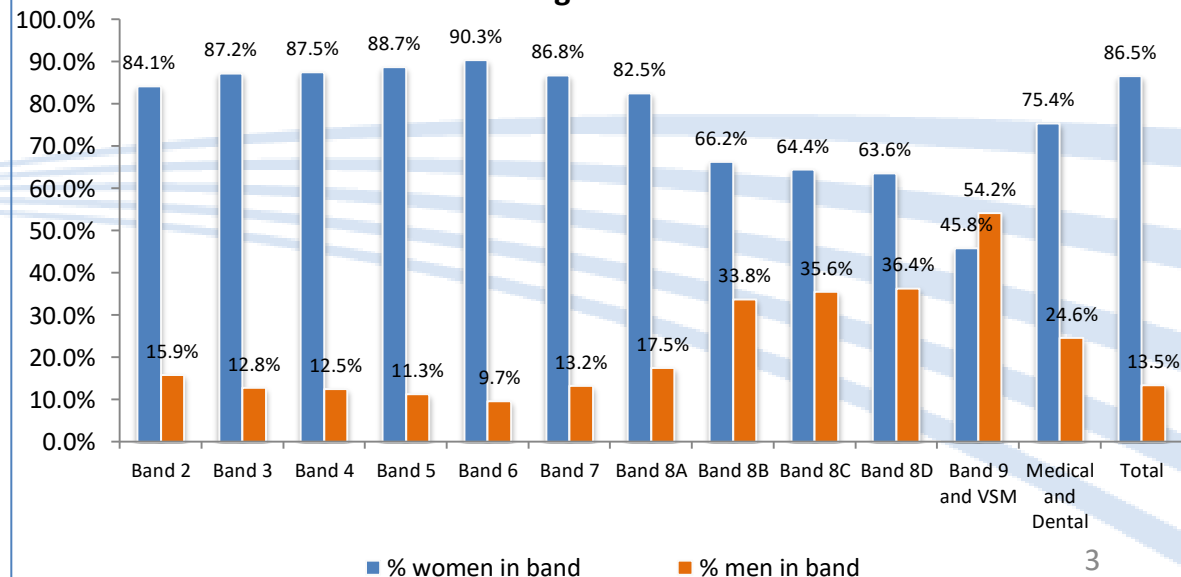
The differences as at 31.03.2019 between the:

1. Mean hourly rate of male and female employees.
2. Median hourly rate of male and female employees.
3. Mean bonus paid to male and female employees.
4. Median bonus paid to male and female employees.

The proportions of:

5. Male and female employees who in the year ending 31.03.19 were paid a bonus.
6. Male and female employees in the 1<sup>st</sup> (lower) quartile, 2<sup>nd</sup> quartile, 3<sup>rd</sup> quartile and 4<sup>th</sup> (upper) quartile pay bands.

chart showing percentage of females and males within pay grades



# CLCH gender pay gap – statutory disclosure for 2019

The gender pay gap is *not* about equal pay for work or equal value for the same of similar work

## The gender pay gap at CLCH – 2018/19

- Women’s mean hourly rate is 11.6% lower than men.
- Women’s median hourly rate is 4.9% lower than men.

The table to the right shows the detail and comparison to previous year. The mean pay gap has remained consistent across both years, while the median pay gap has increased by 3.2% in 2018/19.

Gender	Mean (average) hourly rate	Median Hourly Rate	Mean (average) hourly rate	Median Hourly Rate
	2017/18		2018/19	
Male	£21.14	£17.95	£21.91	£19.10
Female	£18.70	£17.64	£19.38	£18.17
Difference	£2.43	£0.31	£2.53	£0.93
Pay Gap (mean)	11.5%		11.6%	
Pay Gap (median)	1.7%		4.9%	

## The gender pay gap in bonus pay

The table to the right shows the range of bonus payments made to male and female staff as at year ending 31.03.19. The mean bonus pay for men is higher than for women (£25 vs £20); making the gender bonus pay gap 20%. The gap was 9.10% in 2017/18. The median bonus pay gap for men and women is £3 making the gender bonus pay gap 0%. The gap was 0.00% in 2017/18.

Bonus	£ Value		Number of staff	
	Female	Male	Female	Male
Performance Related Pay	£3,030	£4,179	1	1
Long Service Award	£7,300	£200	73	2
Employee of the Month	£600	£50	12	1
Switch payment for temporary staffing moving to a substantive role	£12,500	£1,000	25	2
Flu campaign related payment	£4,425	£1,297	1299	258
Overall average of all bonus pay	£20	£25		
Mean bonus Pay	£20	£25		
Median bonus Pay	£3	£3		

# CLCH gender pay gap: Quartile variations

## Quartile distribution of men's and women's hourly pay rates

CLCH employed approximately **4000 staff** at 31.03.19. The table to the right shows the distribution of men's and women's hourly pay rates by Quartile.

As shown in the workforce profile section on page 2, the quartile information is in line with the representation levels at the senior, middle and lower pay bands.

In CLCH, men represent 13% of staff but the representation at the senior levels is higher (from 18% at band 8A to 54% at band 9 and VSM).

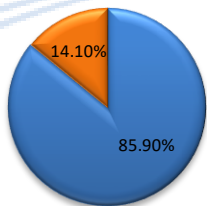
Quartile	Female no.	Male no.	Female %	Male %
1 (lower)	748	123	85.9%	14.1%
2	765	109	87.5%	12.5%
3	776	95	89.1%	10.9%
4 (Upper)	706	169	80.7%	19.3%

## Why the differences and pay gaps?

The next slide examines why we might have the gaps in hourly rates and what we are doing about it.

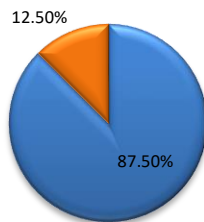
As the bonus pay is predominately related to specific staffing initiatives (e.g. incentives to support the flu vaccination campaign) there are no specific actions related to this area.

Lower (Quartile 1)



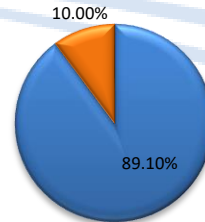
Female % Male %

Lower-Middle (Quartile 2)



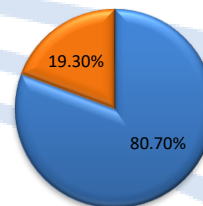
Female % Male %

Upper-Middle (Quartile 3)



Female % Male %

Upper (Quartile 4)



Female % Male %

# Possible reasons for the gender pay gap

## The Percentage of male staff in pay band increases the higher the pay band

As with previous reports, the highest level of male representation is in the higher pay bands (Band 8A upwards). Our National Staff Survey Results 2018 highlights that, 77% of men and women said there was equal opportunity in career progression and promotion and 8% of men and women stated they experienced discrimination – showing no difference by gender in terms of perceptions related to discrimination.

According to *Gender and Nursing As A Profession (2020)*, a study by the Royal College of Nursing, a gender pay gap exists among all health care professionals (nurses, doctors, managers and allied health professionals) – with women receiving an average of 30% less than men per week, or 16% less per hour as a result of men working on average more hours than women and sex discrimination.

Among nurses, the gender pay gap amounts to 17% on a weekly basis, however, when other factors are considered (age, number of dependents or having management responsibilities) this gap disappears almost completely due to differences in working hours. Women in nursing are more likely to work on a part-time basis than men and as a result earn less.

## Doctor's and Dentist's and Band 9/VSM pay

The widest range of pay on set scales is for Medical staff (Doctors and Dentists) with male medical staff represented on the higher end of the pay range. Male staff at Band 9 and VSM pay are also at the higher end of the range. CLCH had 57 Medics within the pay gap analysis, of which 24.6% were male (over 10% higher than 13% of the staffing population). Also at Band 9 and VSM, 54.2% of those grades were male.

## Executive Directors

The Executive Director make up of the board at the 31<sup>st</sup> March 2019 was four male (Chief Executive, Chief Operations Officer, Chief Nurse and Director of Finance) and two women (The Medical Director and the Director of People & Communications).

# Gender Pay Gap Action Plan 2020/21

The Gender Pay Gap Action Plan for 2020/21 will be a continuation of the plan set out in the Gender Pay Report published in March 2019. This is to ensure improvements are embedded in a sustainable and systematic manner.

The Equality Group, a corporate steering group set up in August 2019 to monitor progress of the Equality Strategy 2019/22, will have oversight of the improvement plan. The actions from the Gender Pay Gap Report 2018/19 have informed the Equality Strategy 2019/20.

The group, which is co-chaired by the Chief Executive and Medical Director, meets monthly and ensures improvement plans are co-designed and informed by staff with insight into the barriers causing the Gender Pay Gap. Progress is also reported to the Workforce Committee and signed off by the Board.

## Actions

- Continue to monitor pay gap for senior management and medical and dental roles and reviewing barriers that prevent women from applying for these roles.
- Identifying barriers faced by staff returning to work after maternity, adoption or surrogacy leave that may affect pay and progression and making required improvements to employment practices.
- Promoting flexible working at all levels to promote work-life balance for all staff.
- Promoting career progression initiatives at all levels.

As Chief Executive for Central London Community Healthcare NHS Trust, I, Andrew Ridley can confirm that the information contained herein is accurate.

