

Gender Pay Gap Report 2019 taking snapshot data as at 31st March 2018

Introduction

Gender Pay Gap was introduced in 2017 with all employers with a workforce over 250 employees being required to publish data on an annual basis. The first reporting was to be done by 31st March 2018 using workforce data set at 31st March 2017, CHCP reported a pay gap of 15.36%

A year on we are now reporting on data set as at 31st March 2018 and to give some credence to the data, a comparison has been done based on last year’s figures against the current reporting year.

The tables below shows the average hourly rates and median rates:

2018 (Data set at 31/03/2017)

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	16.7616	11.8967
Female	14.1856	12.9564
Difference	2.5760	-1.0597
Pay Gap %	15.3683	-8.9073

2019 (Data set at 31/03/2018)

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	17.5927	12.2828
Female	14.0048	12.6300
Difference	3.5878	-0.3472
Pay Gap %	18.5384	-2.8264

2019 report shows a concerning increase of 3% in the mean gap when comparing to the data reported on in 2018. On analysing this information it is identified that there has been 6 new high earning medical staff, 4 of which are male, this would explain the gap.

The table below shows the total and percentage of staff in four quartiles:

Quartile one reports lower bands with quartile four reporting on the higher end of pay bands

2018 (Data set at 31/03/2017)

Quartile	Female	Male	Female %	Male %
1	296.00	51.00	85.30	14.70
2	309.00	39.00	88.79	11.21
3	319.00	26.00	92.46	7.54
4	299.00	52.00	85.19	14.81

2019 (Data set at 31/03/2018)

Quartile	Female	Male	Female %	Male %
1	443.00	67.00	86.86	13.14
2	481.00	49.00	90.75	9.25
3	481.00	48.00	90.93	9.07
4	453.00	77.00	85.47	14.53

There has been an overall increase in staff across all quartiles due to the significant number of staff that transferred into the organisation during this reporting year. On comparing with the previous year we can identify that in relation to female staff there has been a slight decrease in quartile 3 and a slight increase in quartile 4 this would indicate that the female workforce are successfully progressing into the higher paid roles within the organisation. The aim would be to see the decrease also in the lower quartile with the quartile 4 continuing to see an increase.

The tables below shows the percentage of staff receiving a bonus:

2018 (Data set at 31/03/2017)

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	1088.00	1088.00	100.00
Male	148.00	148.00	100.00

2019 (Data set at 31/03/2018)

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	25.00	2044.00	1.22
Male	10.00	293.00	3.41

Bonus payment in 2018 were in relation to a Christmas bonus that was paid to all staff, in 2019 these bonus payments were in relation to Senior Manager Awards and Clinical Excellence Awards.

The table below shows the average and median amounts of bonus received by Males and females:

2018 (Data set at 31/03/2017)

Gender	Avg. Pay	Median Pay
Male	395.43	40.00
Female	113.20	40.00
Difference	282.23	0.00
Pay Gap %	71.37	0.00

2019 (Data at 31/03/2018)

	Avg. Pay	Median Pay
Male	5,044.10	2,887.00
Female	3,677.47	2,060.00
Difference	1,366.63	827.00
Pay Gap %	27.09	28.65

The findings in respect of bonus payments shows that males are paid an average of 1,366.63 more than females reporting a 27.09% mean gender pay gap.

Data to be reported:

Average Hourly Rate		
Women 18.5384% - mean	Women -2.8264% - median	
Pay Quartiles		
	Men	Women
Top	14.53	85.47
Upper Middle	9.07	90.93
Lower Middle	9.25	90.75
Lower	14.53	85.47
Bonus Payments		
Women 27.09% mean	Women 28.65% median	
Women receiving bonus 1.22%	Men receiving bonus 3.41%	

Conclusion

The organisation has seen a 3% increase in the pay gap when comparing to 2018 reporting, the rationale for this is in regard to the number of medical staff recruited within the reporting year.

There has also been a significant increase in the workforce following a number of TUPE transfer of staff within the reporting period, therefore comparison between the two years of data could be disputed. What has been identified in this report is that there is a very slight shift to females being employed within the higher quartile, quartile 4.

This is a positive step and action to consider for the forthcoming year would be to continue to be flexible with all roles including those senior within the organisation, this may see a further shift of successful recruitment of females to these higher paid roles.

Gender Pay Gap Calculation Sign off:

City Health Care Partnership has calculated its Gender Pay Gap using the data snap shot as at 31st March 2018 using the reporting tool within the Electronic Staff Records system.

I can confirm that the results are correct and will be published to the governments on line reporting service: <https://www.gov.uk/report-gender-pay-gap-data>

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Signature: