

West Hampshire Clinical Commissioning Group Gender Pay Gap Report

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Snapshot date: 31 March 2018

Equal Pay is being paid equally for the same/similar work

Pay Gap is the difference in the average pay between two groups



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 are to publish information for the six specific measures detailed in this report.

Figures must be calculated using a specific reference date – this is called the ‘snapshot date’. The snapshot date for public sector organisations is 31st March.

Calculations are based on pay related information, extracted using the Business Intelligence tool within the Electronic Staff Records system (ESR), on 31 March 2018 for all permanent and fixed term employees. It should be noted that as bonus payments are not made to staff at West Hampshire Clinical Commissioning Group (CCG) there are no calculations.

The gender pay gap is the difference in the average hourly wage of all men and women across a workforce. If women do more of the less well-paid jobs within an organisation than men, the gender pay gap is usually bigger.

The pay gap is not the same as equal pay whereby men and women doing the same job should be paid the same, which has been a legal requirement for 47 years. Under the Equal Pay Act 1970, and more recently, the Equality Act 2010, it is unlawful to pay people unequally because they are a man or a woman. This applies to all employers, no matter how small. Therefore, a company might have a gender pay gap if a majority of men are in top jobs, despite paying male and female employees the same amount for similar roles.

Large employers are legally required to publish gender pay gap data on their own website and on the Government [website](#).

Most public sector employers must follow The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. This includes most government departments, the armed forces, local authorities, NHS bodies, maintained schools and academy trusts and universities. If a public sector employer listed in Schedule 2 has 250 or more staff on 31 March, then they must publish their data by 30 March of the following year.

All employers with 250 or more employees must calculate and publish the following data:

- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- The proportion of men in the organisation receiving a bonus payment
- The proportion of women the organisation receiving a bonus payment
- The proportion of men and women in each quartile pay band.

West Hampshire CCG was established on 1 April 2013 from predecessor organisations predominantly Primary Care Trusts. Employees work from offices across Hampshire with the main bases being in Eastleigh and Fareham.

This is the second gender pay gap report produced by the CCG, and we are making it publicly available to comply with the equalities legislation.

2. Background

As West Hampshire CCG has more than 250 employees we must comply with the gender pay gap reporting requirements under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. This involves an annual process of: Data collection and analysis of gender pay gap in line with Government Equalities Office guidance; review of previous action plan; and publication of gender pay gap data for snap shot date, together with an action plan.

After reporting on the gender pay gap for the first time in March 2018, the CCG set a target to reduce its gender pay gap and implemented an [action plan](#) to achieve this reduction.

Target:

- Reduce the gender pay gap in hourly pay to less than 20% by 31 March 2023.

Expected outcomes:

- The gender pay gap at the CCG is reduced
- Female employees have equal access to career opportunities and receive fair treatment in the workplace.

The Equality and Human Rights Commission (EHRC) is responsible for ensuring employers publish their pay gap figures. Organisations cannot be punished for a wide gender pay gap but they might be punished for failing to publish their data, or for publishing inaccurate or misleading figures. The UK Government says it will publish sector-specific league tables, highlighting companies failing to address pay differences between men and women.

A Gender Pay Gap Strategy and reduction plan 2018 to 2019 was developed and approved by the CCG.

3. Previous gender pay gap findings – March 2017

The full gender pay gap report 31 March 2017 was published in March 2018 and is available on the CCG [website](#).

The 2017 CCG report revealed that:

- Gender profile of the workforce was 81% female and 19% male
- CCG female employee's average hourly rate was 37.1% lower (mean) and 39.5% lower (median) than that of male staff.

This gender pay gap was influenced by:

- In the lowest pay quartile women make up 94.7% of staff
- The proportion of female employees in the lower three quartiles is greater than the proportion in the workforce as a whole (81%)
- Across the lower three pay quartiles male employees make up just 12% of staff (21 out of 150 individuals)
- Amongst our highest paid staff (upper quartile), men make up a greater proportion at 39.66% (23 out of 58 individuals).

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Further analysis revealed the gender pay gap differs between each pay quartile:

- In the lowest pay quartile the negative percentage figure revealed that overall male employees have 2.3% lower pay than female staff in this group
- Similarly in the middle-upper pay quartile men are paid 2.9% less per hour on average than women
- In the lower-middle and upper pay quartiles however, women are typically paid between 7.9% and 9.5% less compared to men.

In interpreting the data it is believed the gender pay gap is impacted by the relatively high proportion of men in the General Practitioner (GP) Clinical Leadership staff group. The pay gap has been recalculated to exclude this staff group to assess the impact on the pay gap. It shows a reduction on the overall gender pay gap, however, female employee's average hourly rate is still 22.06% lower (mean) and 23.35% lower (median) than that of male staff.

4. Gender pay gap report for March 2018

4.1 Gender Profile

As at the 31 March 2018 West Hampshire CCG had 289 employees in receipt of full pay. Of the total number of employees, 232 (80%) are female and 57 (20%) are male, shown in Figure 1.

WHCCG Gender Profile - 31 March 2018

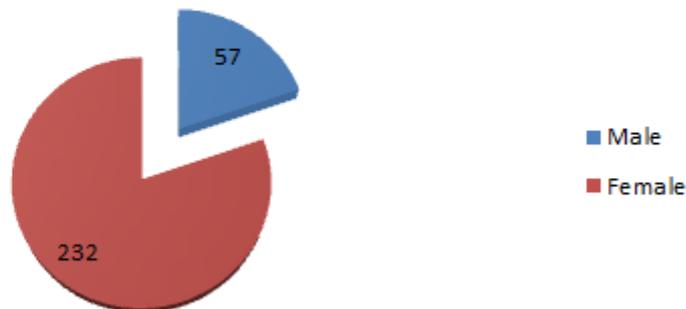


Figure 1

4.2 Remuneration Policy

255 employees, 88% of 289 employees are on NHS Agenda for Change (AfC) pay grades ranging from Band 2 to Band 9. The AfC job evaluation system allocates posts, in accordance with responsibility to set pay bands. As employees successfully develop their skills and knowledge they progress in annual increments up to the maximum of their pay band.

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The framework for the remuneration of very senior managers and directors is set by the Department of Health through the Very Senior Managers (VSM) pay framework. 7 employees, 2.5% of 289 employees are engaged as VSM's. 27 employees/ appointees, 9.5%, are non-VSM and non-AfC covering Governing Body, Clinical Director, Clinical Lead, and Lay Member job roles.

Employees are governed by Her Majesty's Treasury pay remit and are subject to current public sector pay rules and pay restraint.

4.3 Gender pay gap

West Hampshire CCG recognises that it does have a gender pay gap.

Gender	Mean (Average)	Median
Male hourly rate	£30.21	£24.05
Female hourly rate	£21.68	£18.19
Difference	£8.53	£5.86
Percentage pay gap 31 March 2018	28.2% (37.1% in 2017)	24.4% (39.5% in 2017)

Table 1

Based on the Government's methodology Table 1 shows West Hampshire CCG has a mean gender pay gap of 28%. This is calculated as the percentage difference between the average hourly salary for men and the average hourly salary for women. The median gender pay gap of 24% is calculated as the percentage difference between the mid-point hourly salary for men and the mid-point hourly salary for women.

This means our average male salary (mean or median) is higher than our average female salary.

The gender pay gap at West Hampshire CCG has reduced since March 2017.

4.4 Bonus gender pay gap

West Hampshire CCG does not have a bonus gender pay gap.

Since its inception the CCG has not paid bonuses to its employees. There is no scope for bonus payments within the Agenda for Change and VSM terms and conditions of service.

As a result, there are no males or females in receipt of bonus payments.

4.5 Proportion of males and females in each pay quartile

Table 2 below shows the proportion of male and female employees in each pay quartile.

Pay quartile	Number of female staff in quartile	Number of male staff in quartile	Percentage Female	Percentage Male
1 (Lower)	63	7	90.0%	10.0%
2 (Lower middle)	62	10	86.1%	13.9%
3 (Upper middle)	56	15	78.9%	21.1%
4 (Upper)	49	22	69.0%	31.0%

Table 2

90% of females are in the lower pay quartile, compared to 10% of males and 69% females in the upper quartile compared to 31% males. As 81% of West Hampshire CCG employees are female, it is clear from the table that female employees are overrepresented in the lower (quartile) pay bands. Figure 2 below shows gender by Pay Band.

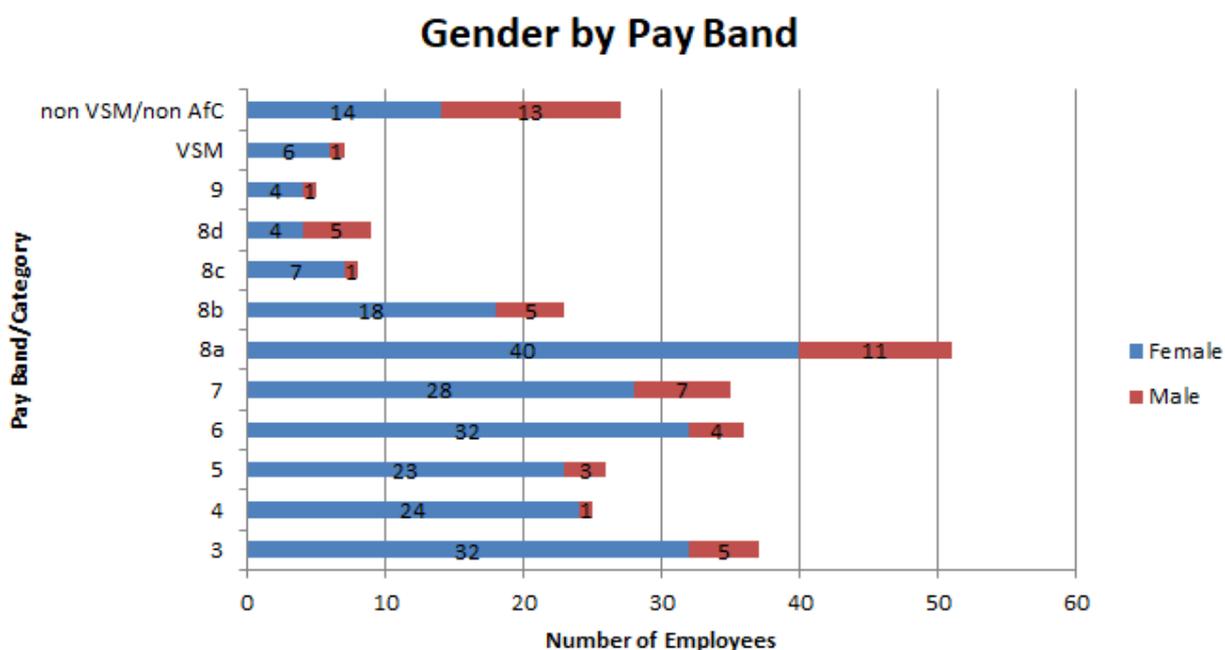


Figure 2

5. Review of activity to close the gender pay gap

West Hampshire CCG is committed to addressing the gender pay gap. It is noted that to reduce the gender pay gap to below 20% will take several years which is why the CCG set this as the target to achieve by 31st March 2023.

The focus of actions during 2018/ 19 has been twofold:

- Understanding the causes of the CCG gender pay gap, and

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- On reducing the gender pay gap in the CCG's GP Clinical Leadership

As outlined in the CCG gender pay gap reduction plan 2018 to 2019, we have undertaken further data analysis to better understand the factors that are driving the pay gap. This has shown that:

- The high proportion of men in GP Clinical Leadership roles increased our gender pay gap in 2017
- The Continuing Health Care (CHC) Team has a distinct workforce profile, which means we need to adopt different approaches to pay gap reduction in this directorate.

Analysis has found that in the CHC Team there are:

- Fewer male employees at 10.1%, compared to 24.5% male across all other CCG directorates, and 20% men in the CCG workforce overall
- A smaller proportion of part-time staff at 33%. This compares to 40% working part-time across all other CCG directorates, and 38% in the workforce overall
- There are also differences in the working pattern gender profile:

		CCG excluding CHC (196 employees)	CHC Only (79 employees)	Whole CCG workforce (275 employees)
Working pattern by gender				
Full-time	Female	43.4% (85)	58.2% (46)	47.6%
	Male	16.8% (33)	8.9% (-)	14.5%
Part-time	Female	32.1% (63)	31.6% (25)	32.0%
	Male	7.7% (15)	1.3% (-)	5.8%

- Within the CHC Team there are higher proportions of staff in Pay Band 3 (31.6%) and Pay Band 6 (30.4%) compared to the rest of the CCG where there are 3.6% and 6.6% respectively
- We have looked at the take-up by male and female staff of flexible working options, and whether women return to work after having a baby. Also take-up of paternity leave by male staff. This highlighted that only female employees are requesting flexible working, and only one man took paternity leave
- It has not been possible to complete the planned work to calculate the pay gap for different employee age groups and working patterns. Gaps in the recording of learning and development activities undertaken by staff meant that we could not calculate relative likelihood of female and male staff accessing non-mandatory training.

As set out in our plan, we established a Workforce Equalities Group to bring together expertise from Human Resources, Learning and Organisational Development, and Equality and Inclusion. This group has met regularly through 2018/ 19 to problem solve and implement actions to reduce the pay gap.

The second area of focus was on reducing the gender pay gap in the CCG's GP Clinical Leadership. This involved a number of actions:

- To understand potential barriers to recruiting female GPs into roles at the CCG we undertook a survey of local GPs. Initial findings suggest that we need to use a wider range of routes to advertise posts and better promote available flexible working options

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- This led to work to produce a standard suite of recruitment advertising and marketing materials to attract female clinicians, and that sell the benefits and flexible working options available to them should they join the CCG. This material is currently in draft form and is out for comment from senior managers. This work will be completed early in 2019/ 20.

In addition to implementing the gender pay gap action plan, we have completed other work in support of our efforts to reduce the pay gap:

- Review of clinicians' remuneration. In April 2018 we reviewed clinicians' remuneration and implemented new clinical sessional rates. Evidence from the data showed one female employee working 2 sessions per week received less than 2 males working 1 session per week. The data suggested this may have negatively impacted the gender pay gap in March 2017. It must be noted that technically pay was correct in its historic application when a set funding pot is available so was not gender bias.

The previous process was complicated, prone to error, and caused unnecessary confusion to GP members of staff. The new sessional rates simplify the remuneration for Clinicians and this is expected to reduce the gender pay gap in future years

- Regular and ongoing review of workforce policies, including completion of equality analysis and equality impact assessment.

6. Next steps

Although the CCG gender pay gap has reduced we need to take further action to achieve the below 20% target we have set ourselves.

In 2019/ 20 we will develop a refreshed pay gap reduction plan building on the work undertaken over the last 12 months. This will include:

- Implementing mandatory mixed gender recruitment panels
- Manage family-friendly leave successfully (e.g. pregnancy-related appointments, keeping in touch and parental leave)
- Encourage the uptake of Shared Parental Leave. The gender pay gap widens dramatically after women have children but this could be reduced if men and women were able to share childcare more equally. Shared Parental Leave and Pay enables working parents to share up to 50 weeks of leave and up to 37 weeks of pay in their child's first year. To encourage take up of Shared Parental Leave we will
 - Inform future fathers that it's their legal right to request Shared Parental Leave
 - Provide future parents guidance and personal support to understand the scheme
- A full review of the recruitment and selection processes specifically for clinicians will take place which will include:
 - Operating a blind recruitment application process – It must be noted that this is currently in operation for Agenda for Change staff but not for all Clinical leadership staff. The reason for the difference is that GP's do not necessarily apply through NHS Jobs, which may result in unconscious bias during the recruitment and selection process

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- Having diverse selection panels with a mix of men and women seems to help women's prospects of being appointed. Monitoring of future data will help evidence if a diverse selection panel is effective for improving gender equality
- Audit recruitment processes annually to ensure that policies and practices that counter unconscious bias are being followed
- Commence equalities monitoring and analysis of recruitment and selection to GP clinical roles. The CCG has been doing this for the last 5 years for recruitment via NHS Jobs, but not for GP clinical recruitment.

7. Have your say

If you would like to know more, or you have comments or questions about West Hampshire CCGs work on equality and inclusion, please contact the Equality and Diversity Manager:

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