

# Gender Pay Gap Report

2019/20 (data extract as at 31 March 2019)

## Background

Since the Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force on 10 September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. Although the SDR did not require mandatory GPG reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

Employers with 250 employees and over need to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. All calculations are made relating to the pay period in which the snapshot day falls. For this third year of publication, it will be the pay period including 31 March 2019.

Employers will need to:

- calculate the hourly rate of ordinary pay relating to the pay period in which the snapshot day falls
- calculate the difference between the mean hourly rate of ordinary pay of male and female employees, and the difference between the median hourly rate of ordinary pay of male and female employees
- calculate the difference between the mean (and median) bonus pay paid to male and female employees
- calculate the proportions of male and female employees who were paid bonus pay
- calculate the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees rather than rate of pay.

Ordinary pay includes:

- basic pay
- paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave)
- area and other allowances
- shift premium pay, defined as the difference between basic pay and any higher rate paid for work during different times of the day or night
- pay for piecework.

It does not include:

- remuneration referable to overtime.
- remuneration referable to redundancy or termination of employment
- remuneration in lieu of leave
- remuneration provided otherwise than in money.

The relevant pay period means the pay period within which the snapshot date falls, which for monthly-paid staff would be the month in which the date is included.

Bonus pay relates to performance, productivity, incentive, commission or profit-sharing, but excludes:

- remuneration referable to overtime
- remuneration referable to redundancy
- remuneration referable to termination of employment.

Doctors' clinical distinction/excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary for performance or expertise such as performance related pay for very senior managers, long service awards and others. The relevant period means the period of 12 months ending with the snapshot date.

### **Calculating the quartiles**

Determine the hourly rate of pay and then rank the relevant employees in rank order from the lowest to the highest.

Divide those employees into four sections, each comprising an equal number of employees to determine the lower, lower middle, upper middle and upper quartile pay bands.

Show the proportion of male and female employees in each band as a percentage of the total employees in each band.

### **What employers need to publish**

The information outlined above will need to be published within one year of the date for the 2019 snapshot (publishing deadline of 30 March 2020 for data as at 31 March 2019)

The information must be published on a website that is accessible to employees and the public free of charge. The information should remain on the website for a period of at least three years beginning with the date of publication.

In addition employers have the option to provide narrative that will help people to understand why a gender pay gap is present and what the organisation intends to do to close it.

During the first publication employers will have already registered with the Government online reporting service to submit their GPG results.

Colleagues from the Electronic Staff Record (ESR) continue to refine the tool that helps organisations nationally to calculate their GPG data.

The 2019 Gender Pay Gap (GPG) results for Derbyshire Healthcare NHS FT are detailed below:

**GPG results as at 31 March 2019:**

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.40	16.30
Female	15.86	14.42
Difference	3.54	1.88
Pay Gap %	<b>18.26</b>	<b>11.53</b>

Quartile	Female	Male	Female %	Male %
1	571	97	85.48	14.52
2	531	137	79.49	20.51
3	542	125	81.26	18.74
4	474	194	70.96	29.04

Q1 = Lowest, Q4 = Highest

**GPG Bonus results as at 31 March 2019:**

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	8,282.73	3,141.64
Female	1,220.45	200.00
Difference	7,062.28	2,941.64
Pay Gap %	<b>85.27</b>	<b>93.63</b>

A comparison of 2018 v 2019 Gender Pay Gap results for Derbyshire Healthcare NHS FT are detailed below:

**GPG comparison 31 March 2018 v 31 March 2019:**

31 March 2018			31 March 2019			Variation	
Gender	Avg. Hourly Rate	Median Hourly Rate	Gender	Avg. Hourly Rate	Median Hourly Rate	Variation	Variation
Male	19.00	16.18	Male	19.40	16.30	0.40	0.12
Female	15.44	13.99	Female	15.86	14.42	0.42	0.43
Difference	3.56	2.19	Difference	3.54	1.88	-0.02	-0.31
Pay Gap %	18.73	13.52	Pay Gap %	18.26	11.53	-0.47	-1.99

31 March 2018					31 March 2019					Variation	
Quartile	Female	Male	Female %	Male %	Quartile	Female	Male	Female %	Male %	Female %	Male %
1	560	96	85.37	14.63	1	571	97	85.48	14.52	0.11	-0.11
2	527	129	80.34	19.66	2	531	137	79.49	20.51	-0.85	0.85
3	531	125	80.95	19.05	3	542	125	81.26	18.74	0.31	-0.31
4	457	200	69.56	30.44	4	474	194	70.96	29.04	1.40	-1.40
Total	2625				Total	2671					

**GPG Bonus comparison 31 March 2018 v 31 March 2019:**

31 March 2018			31 March 2019			Variation	
Gender	Avg. Bonus Pay	Med. Bonus Pay	Gender	Avg. Bonus Pay	Med. Bonus Pay	Avg. Bonus Pay	Median Bonus Pay
Male	9,104.90	4,220.38	Male	8,282.73	3,141.64	-822.17	-1,078.74
Female	1,485.36	300.00	Female	1,220.45	200.00	-264.91	-100.00
Difference	7,619.54	3,920.38	Difference	7,062.28	2,941.64	-557.26	-978.74
Pay Gap %	83.69	92.89	Pay Gap %	85.27	93.63	1.58	0.74

## Further GPG Hourly Rate analysis as at 31 March 2019 by Staff Group and Service Area

### By Staff Group

Avg. Hourly Rate Staff Group	Gender		Diff	Gap
	Male	Female		
Add Prof Scientific and Technic	22.41	19.86	2.55	11.38
Additional Clinical Services	11.92	11.57	0.36	2.99
Administrative and Clerical	18.71	12.54	6.17	32.98
Allied Health Professionals	15.95	17.34	-1.39	-8.70
Estates and Ancillary	11.29	10.22	1.07	9.50
Medical and Dental	45.06	40.35	4.71	10.46
Nursing and Midwifery Registered	18.51	17.77	0.74	3.99
Students		13.26		

### By Service Line

Avg. Hourly Rate Service Line	Gender		Diff	Gap
	Male	Female		
Adult Care Acute	19.19	16.04	3.15	16.41
Adult Care Community	26.19	16.70	9.49	36.25
Children's Services	19.78	16.00	3.78	19.13
Clinical Serv Management	29.29	25.29	4.00	13.66
Corporate Services	16.10	14.40	1.70	10.56
Forensic + MH Rehab	15.21	14.97	0.23	1.54
Neighbourhood	22.23	18.30	3.92	17.66
Older Peoples Care	16.44	14.24	2.20	13.38
Psychology	22.26	23.10	-0.84	-3.77
Specialist Care Services	23.31	16.96	6.34	27.22

### Latest benchmarking data available (31 March 2018):

	Pay Gap %	
	Average	Median
Lincolnshire Partnership NHS FT	20.0%	20.1%
Leicester Partnership NHS FT	15.4%	6.3%
Nottinghamshire Healthcare NHS FT	8.7%	-3.4%
Northamptonshire NHS FT	20.1%	6.4%

## Our Gender Pay Gap (GPG) Action plan endorsed by Derbyshire Healthcare Trust Board

In the actions areas there is a range of expected outcomes all of which have the same impact: to narrow our pay gap (and eventually close it)

We know that by achieving success in addressing the drivers of this particular action area we will also have positive outcomes and impacts for our wider inclusion activities.

Area and objective	Action	Lead	Timescales	Resources	Outcome
Data Analysis	<ol style="list-style-type: none"> <li>1. Greater scrutiny of GPG data - reviewing differences in:               <ol style="list-style-type: none"> <li>a) Departments</li> <li>b) Services</li> <li>c) Occupations</li> </ol> </li> <li>2. Overlay analysis by age, disability, race and other protected characteristics</li> <li>3. Analyse staff survey results with particular focus on women's experiences</li> </ol>	Deputy CEO in conjunction with  Director of People Inclusion and Engagement	By end July 2020	<ul style="list-style-type: none"> <li>• Executive Leadership Team</li> <li>• Trust Leadership</li> <li>• People Services</li> </ul>	Outcome <ul style="list-style-type: none"> <li>• Better understanding of the drivers in order to target the actions most effectively</li> </ul>
Branding communication and transparency	<ol style="list-style-type: none"> <li>1. Data analysis across the recruitment path (being application, shortlisting and appointment)</li> <li>2. Use of action planning guide* to focus on areas identified</li> <li>3. Promotion of ambitions and successes</li> </ol>	Deputy CEO in conjunction with  Director of People Inclusion and Engagement	Bi-annual review	<ul style="list-style-type: none"> <li>• Gender Network</li> <li>• Recruitment Action Steering Group</li> <li>• Communications team</li> <li>• Recruitment team</li> <li>• Trust Leadership</li> </ul>	Outcome: <ul style="list-style-type: none"> <li>• Improved visibility of focus areas and enhanced areas for support</li> <li>• Improved representation balance across bandings</li> </ul>
Recruitment and promotion processes	<ol style="list-style-type: none"> <li>1. Regular reporting on male/female profile across: Recruitment path, occupations and working patterns</li> <li>2. Review of recruitment practices and consideration of target setting and disruptive processes</li> <li>3. Continued Review of Clinical Excellence Awards process and Award Round</li> </ol>	Deputy CEO in conjunction with Director of People Inclusion and Engagement	Bi-annual review	<ul style="list-style-type: none"> <li>• Gender Network</li> <li>• Recruitment  Action Steering Group</li> <li>• People Services</li> <li>• Local Negotiating Committee</li> <li>• Output from</li> </ul>	Outcome: <ul style="list-style-type: none"> <li>• Improved visibility and oversight of progress</li> <li>• Improved representation balance across bandings</li> <li>• 'Bonus' component</li> </ul>

	<p>results (including the impact of changes made to differential weighting of domains in scoring)</p> <p>4. Review of output from the Government Equalities Office project exploring gender bias in Clinical Excellence Awards**</p>			<p>Government Equalities Office</p> <ul style="list-style-type: none"> <li>Trust Leadership</li> </ul>	<p>of GPG improved</p>
<p>Policy review including maternity, paternity and parental leave</p>	<ol style="list-style-type: none"> <li>Review policies for inclusivity and encourage shared parental leave</li> <li>Share and promote success stories</li> </ol>	<p>Deputy CEO in conjunction with</p> <p>Director of People Inclusion and Engagement</p>	<p>Bi-annual review</p>	<ul style="list-style-type: none"> <li>Executive Leadership Team</li> <li>Policy groups</li> <li>Communication team</li> <li>Trust Leadership</li> </ul>	<p>Outcome:</p> <ul style="list-style-type: none"> <li>Improved visibility and oversight of progress</li> <li>Improved representation balance across bandings</li> </ul>
<p>Wellbeing and Retention</p>	<ol style="list-style-type: none"> <li>Increased promotion of flexible working for new and existing employees</li> <li>Share success stories and role models</li> </ol>	<p>Deputy CEO in conjunction with</p> <p>Director of People Inclusion and Engagement</p>	<p>Bi-annual review</p>	<ul style="list-style-type: none"> <li>Executive Leadership Team</li> <li>Policy groups</li> <li>Communication team</li> <li>Trust Leadership</li> </ul>	<p>Outcome</p> <ul style="list-style-type: none"> <li>Improved wellbeing</li> <li>Improved balance of recruitment and retention</li> <li>Greater uptake of flexible working (for males and females)</li> </ul>
<p>Supporting Female Staff</p>	<ol style="list-style-type: none"> <li>Expansion of DHCFT gender network agenda in response to regular review of progress, shared stories and insight</li> <li>Encourage use of coaching and mentoring</li> <li>Review of maternity policy for most effective use of keep in touch days and returning experience</li> <li>Menopause support</li> </ol>	<p>Deputy CEO in conjunction with</p> <p>Director of People Inclusion and Engagement</p>	<p>Bi-annual review</p>	<ul style="list-style-type: none"> <li>Gender Network</li> <li>Reverse Mentoring Steering Group</li> <li>Communication Team</li> <li>People Services</li> <li>Trust Leadership</li> </ul>	<p>Outcome</p> <ul style="list-style-type: none"> <li>Improved wellbeing</li> <li>Improved retention</li> <li>Improved staff satisfaction and experience</li> </ul>

\*This action plan has been compiled with reference to the: 'Addressing Your Gender Pay Gap – A Guide for Employers' produced by Health and Care Women Leaders Network and NHS Employers

\*\*In 2019 we participated in a research project funded by the Government Equalities Office, conducted by the Gender and Behavioural Insights programme team, examining whether there is any gender bias in Clinical Excellence Awards. For this evaluation, Derbyshire Healthcare provided pseudonymised data on our consultant population and CEA applications and awards, to help understand any gender disparity in local award schemes and why it may be occurring. The results of this analysis are forthcoming.