

Report to	DCH Board of Directors	
Date of Meeting	8 th April 2025	
Report Title	Gender Pay Gap Report (GPG) for the year 2023-2024 (DCH)	
Prepared By	Melanie Harris, HR Manager	
Approved by Accountable Executive	Nicola Plumb, Chief People Officer	
Previously Considered By	Senior Leadership Group 20 th March 2025 People and Culture Committee in Common 24 th March 2025	
Action Required	Approval	Y
	Assurance	-
	Information	-

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability		No
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	SR2: Culture If we do not achieve a culture of compassion and empowerment and engagement, we will not have a motivated workforce with the required capacity and skills to improve patient outcomes and deliver safe care.	
Financial	No implications	
Statutory & Regulatory	GPG is an annual statutory requirement under the Equality Act 2010.	
Equality, Diversity & Inclusion	This report is one of the annual reports aligned to the People Promise. We produce the report each year as a statutory requirement and to focus our actions with the intention of closing the gender pay gap.	
Co-production & Partnership	No implication as the data is Trust specific	

Executive Summary
Gender Pay Gap (GPG) reporting is a requirement under the Equality Act 2010 and is always retrospective based on data from the previous year. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, we must publish and report specific information about our gender pay gap. The Gender Pay Gap is not the same as unequal pay. The Gender Pay Gap can be simplified by understanding that we have more men than women in higher paid roles. Dorset County Hospital's Median Gender Pay Gap in 2023-2024 was 1.43% in favour of women. This represents an improvement on last year's reported figure of 7.65% in favour of men for the period 2022-2023. It is also the lowest reported figure over the last 6 years. At Dorset County Hospital, our figures conclude that women earn £17.53 as the median hourly pay and that men earn £17.29. When comparing this, women's median hourly pay is 1.43% higher than men's. Overall, like many organisations Dorset County Hospital still has a gender pay gap in favour of men in some pay bands. As a Trust we will continue to look at ways in which we can close the gap through the actions that are outlined in our People Plan.

Recommendation

The Board are requested to:
Receive the report for **approval**.

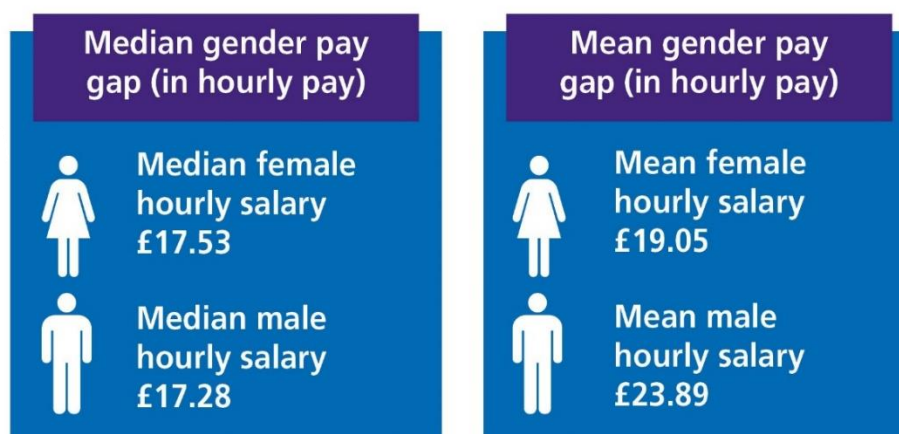
Gender Pay Gap (GPG) Report for the year 2023-2024

1. Introduction

- 1.1. The gender pay gap can be defined as the difference between the median hourly earnings of men and of women. This is distinct from equal pay, which refers to men and women in the same job earning an equal wage.
- 1.2. Median and mean is what we are required to report on. Median is the middle value of the arranged set of data. Mean is the total of the numbers divided by how many numbers there are.
- 1.3. The data aims to collate a basic understanding of the gender pay balance and structure within an organisation by comparing the hourly pay of the middle ranking man and the middle ranking women.
- 1.4. Our Gender Pay Gap Report for 2023/2024 contains these elements:
 - The specific information published on the government website for the snapshot on 31st March 2024.
 - An analysis of the pay gap across specific staff bands within Dorset HealthCare.
 - Summary of the causes of our Gender Pay Gap and recommendations for future action to support reducing the gap where possible, considering the data is from 31st March 2024.
- 1.5 The Trust is required to report on six basic calculations:
 - mean gender pay gap;
 - median gender pay gap;
 - mean bonus gender pay gap;
 - median bonus gender pay gap;
 - proportion of males and females receiving a bonus payment;
 - proportion of males and females in each quartile band.
- 1.6 The data reported is based on:
 - gross ordinary pay;
 - bonus pay;
 - in the relevant pay period;
 - by the snapshot date.
- 1.7 As with any data analysis, the most critical aspect of the process is not just about reviewing the results but being clear about what needs to be done differently in future.

2. Main narrative

- 2.1. Our Gender profile in Dorset County Hospital on 31st March 2024, shows that the workforce consisted of **2939** women and **1011** men inclusive of bank workers. It's important to note that our bank worker data can vary considerably year on year due to the snapshot taken as at 31st March and the number of bank workers who have been active and paid on that date.
- 2.2. The table on the next page shows the median and mean hourly rate in Dorset County Hospital over the last 5 years. It also includes data in relation to bonus payments which for GPG calculations relate to Clinical Excellence Awards (CEA) only. Traditionally, these recognise and reward NHS Consultants in England, who perform over and above the standard expected of their role. Awards are given for quality and excellence, acknowledging expectational personal contributions. It's worth noting CEAs have now been incorporated into overall pay so cease to exist. However, a few contractual CEAs will remain in place for some longstanding consultants across the NHS which may see a continuation of the disparity in medics pay.
- 2.3. In comparison to last year, the rates have mostly moved in a positive position with an improvement across mean and median hourly pay as well as mean bonus pay.
- 2.4. **Mean** GPG in hourly pay is 18.95% which is a 5.07% decrease from our 2022-2023 data, a significant improvement that is continuing to move in the right direction. Nearly all NHS organisations have a GPG in favour of men. The reasons for this are explained below.
- 2.5. **Median** GPG in hourly pay is 1.43% in favour of women. This is a 9.08% increase from our 2022-2023 data, which again is moving in the right direction, year on year since 2020. This is a more significant shift compared to previous years and is due to an increase in the median hourly rate for females. Median rate for males remained almost the same between year.



Mandatory Reporting Area	Data for 2019-20				Data for 2020-21				Data for 2021-22				Data for 2022-23				Data for 2023-2024			
Mean gender pay gap in hourly pay	30.24%				28.20%				27.39%				24.02%				18.95%			
Median gender pay gap in hourly pay	14.19%				11.19%				10.63%				7.65%				-1.43%			
Mean bonus gender pay gap	16.19%				20.46%				21.61%				5.21%				1.92%			
Median bonus gender pay gap	66.67%				37.78%				66.67%				34.58%				48.46%			
Proportion of males & females within the whole workforce receiving a bonus payment	Males (%)		Females (%)		Males (%)		Females (%)		Males (%)		Females (%)		Males (%)		Females (%)		Males (%)		Females (%)	
	52	6.44%	15	0.52%	51	5.76%	14	0.47%	50	5.33%	13	0.42%	44	4.43%	12	0.38%	39	3.40%	12	0.35%

- 2.6. All DCH staff, except for medical staff, and executive managers (VSM) are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all. The table below details the number and percentage of female and male staff within each pay band. All the pay bands, except for the Board, Medical and Band 9 are representative of the organisations gender ratio showing more female staff than male across each band.
- 2.7. It shows we have a median gender pay gap in favour of males in Ad Hoc salaries, Bands 2, 3, 5, 8a, 8c, 8d and medical staff. However, an improvement in women in more senior roles with a median gender pay gap in favour of females in Bands 8a and 9 with a neutral position for Bands 7 and 8b neither favouring male or female employees.

Gender Profile by Pay Band (based on the median pay of that band)

Grouped Pay Scale	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	Median Pay Gap
Ad Hoc*	1	25.00	3	75.00	4	20.74%
Apprentice	57	77.03	17	22.97	74	-22.56%
Band 1	11	91.67	1	8.33	12	-10.06%
Band 2	469	64.51	258	35.49	727	1.53%
Band 3	509	80.67	122	19.33	631	1.24%
Band 4	235	79.39	61	20.61	296	-2.32%
Band 5	551	85.83	91	14.17	642	1.15%
Band 6	476	84.40	88	15.60	564	-0.94%
Band 7	299	83.29	60	16.71	359	0.00%
Band 8a	85	71.43	34	28.57	119	2.67%
Band 8b	31	73.81	11	26.19	42	0.00%
Band 8c	13	65.00	7	35.00	20	10.91%
Band 8d	1	33.33	2	66.67	3	31.06%
Band 9	4	40.00	6	60.00	10	3.85%
Medical*	197	44.37	247	55.63	444	20.26%
Board*	0	0.00	3	100.00	3	-
Grand Total	2939	74.41	1011	25.59	3950	

*indicates sits outside Agenda for Change

- indicates positive for females

- 2.8. The DCH GPG of -1.43% means we are significantly lower than the national average of 7% for full time employees, (Source: Gender Pay Gap in the UK: Office for National Statistics, April 2024) it is worth remembering that the gender pay gap is not the same

as unequal pay. This can be simplified by understanding that we have more men than women in higher paid roles.

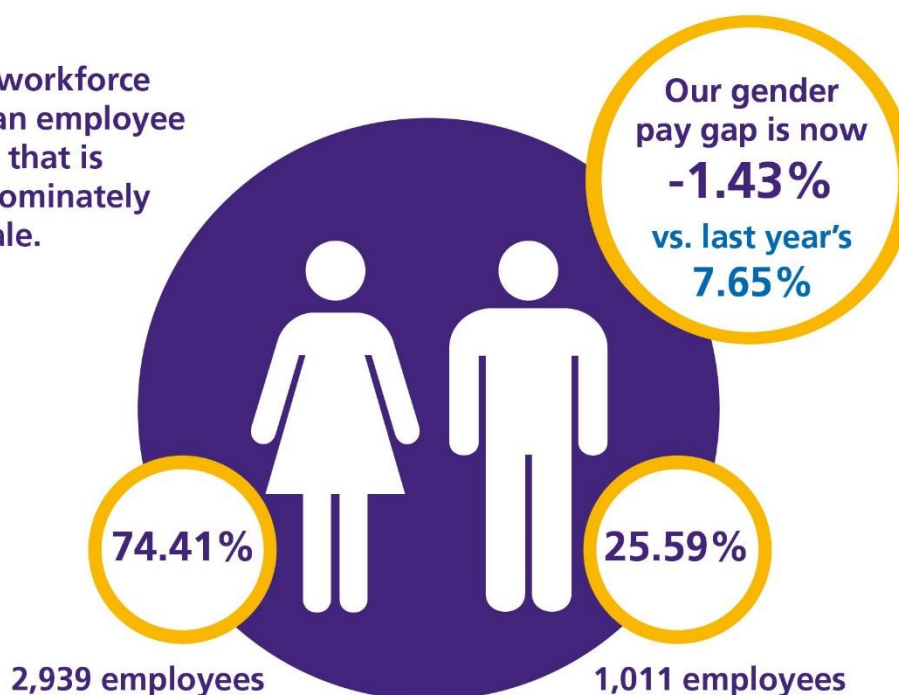
2.9. While men make up only 25.59% of the DCH workforce, there is a disproportionate number of males in the higher paid roles, namely 34.1% of those are in roles band 8a and above. Showing men remain more highly represented in higher paid roles. Significant improvement between years indicates women are becoming more represented in the higher quartiles.

3. Conclusion

3.1 The causes of the gender pay gap can be complex and overlapping. Even though we have seen a significant decrease to -1.43% from a high of 14.19% in 2020 the gap remains due to:

- An overall increase in the workforce in the last three years
- Roles in the lower quartiles, specifically, Bands 1-7 are predominantly staffed by females.
- As a percentage there are more males in higher paid jobs (Band 8d and above) than lower paid jobs. Despite a significant improvement in the number of females in senior roles at DCH, as a percentage more females remain in lower paid jobs than in higher paid jobs.
- A higher proportion of women choose occupations that offer less financial reward for example, in administration, catering and domestics. Many high-paying sectors are disproportionately made up of male workers, for example, medical, finance or digital information technology.
- Being a female dominated organisation, more of our female staff may be subject to the 'motherhood gap.' A much higher proportion of women work part-time, and part-time workers earn less than their full-time counterparts on average.
- In general, according to the national landscape women are still less likely to progress up the career ladder into high-paying senior roles. Although we have seen an increase year on year in the percentage of females in Band 8a, 8b, 8c, and medical levels there remains a significantly fewer females in bands 8d, 9 and Board level.
- At DCH, whilst we have a higher proportion of female staff in our workforce, we also have a significant proportion of our male workforce now at the point in their careers where they are senior medical staff and therefore are higher up the pay grades than some more junior members of staff. This is reflected in the GPG amongst our medical staff. With an increasing number of females choosing to pursue medicine and other previously male-dominated roles as a career we can see gradual improvements in the GPG.

Our workforce has an employee base that is predominately female.



4. Addressing our Gender Pay Gap / Recommendations

4.1 Ongoing actions to continue our improvement journey in relation to our GPG include:

- Continued commitment to support workplace flexibility, encouraging managers to advocate flexible working.
- Promote flexible working options as part of advertising new roles to improve recruitment and retention.
- Improve the composition of diverse selection panels.
- Promote all opportunities across the workforce with a focus on those colleagues covered by a protected characteristic including females.
- Ongoing analysis into why a gap still exists with some specific focus on differences between pay-band and un-banded staff to influence change.
- In addition to our current Staff Networks offer networking and peer support for females in the workplace.
- Support the development of female employees through mentoring and leadership development. Give focus to our female employees in the lower bands to equip them with the skills and to give them the confidence to apply for our more senior posts.
- Whilst we have commenced our work with local communities to build a sustainable and representative workforce, we could continue to do so giving access and increased opportunity to vacancies at DCH.

- Ensuring the Trust is aligned with the principles of the NHS People Plan which will contribute to our goal to be recognised as an employer of choice and a place to develop a long term clinical and non-clinical career.

To conclude, a positive improvement in our GPG has continued for 4 consecutive years to reach -1.43% as of 31st March 2024. The introduction of an Inclusion & Belonging Strategy will enable us to continually review and hopefully make further improvements to close the gap even further.

5. Recommendations

The Board is recommended to:
Receive the report for **assurance**

Name of Author: **Melanie Harris**
Title of Author: **HR Manager**
Date **28 January 2025**

6. Appendices

6.1 Appendix A – DCH GPG summary infographic