

Clinical Partners Gender Pay Gap Report April 2023



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CLINICAL PARTNERS GENDER PAY GAP REPORT APRIL 2023



CEO's statement

Since starting Clinical Partners in 2013, we have been dedicated to delivering the highest standards of clinical care to everyone we work with. In just over a decade, we've grown from our office in Wiltshire to a nationwide workforce of over 450 people.

Equality, diversity, and inclusion are values Each year, we will review data from at the heart of our business and central previous reports to identify areas for I attribute this success to our people to how we work. We are committed to fair improvement and, where possible, take not just our clinicians who consistently the necessary steps to turn findings into pay and facilitating career progression provide excellent care but equally to our opportunities for everyone. It is, therefore, tangible outcomes. operational staff, who form the backbone essential that we openly communicate of our business and play a pivotal role in the measures we are taking across these My hope is that these annual gender our strategic growth. areas in order to promote transparency.

We currently support around 40,000 patients annually, and while I'm immensely proud of our achievements so far, I know there's lots more we can do to deliver quality clinical services to as many people as possible.

To support this, I'm proud to present our first gender pay report, which brings together data and analysis on our gender pay gap across the business. The report uses the latest and most comprehensive data available to us. Understanding, analysing, and translating this into actionable measures will be pivotal in our commitments to diversity and inclusivity in the future.

My hope is that these annual gender pay reports will help us establish a more transparent and connected workplace where everyone feels included, supported and represented, allowing us to spend time improving outcomes for the people, families, and communities we support.

> Barny Guthrie CEO



Organisational context

We are one of the UK's leading providers of mental health and neurodevelopmental services that works both privately and with the NHS to help people and families experiencing mental and emotional difficulties to get the support they need.

Our goal is to become the nation's most trusted provider of safe, personalised and effective care, delivering positive outcomes for everyone we work with.

The snapshot date for gender pay gap reporting was 5 April 2023. At this time, we employed 203 colleagues across the UK, the majority of whom worked fully remotely or attended the office one day per week. In addition, we worked with 152 self-employed clinicians who saw clients remotely or from one of our clinics across the country.





Gender identity

While the current gender pay gap regulations require us to report using the binary terms 'men' and 'women', we want to emphasise our commitment to inclusivity.

We fully recognise and celebrate the diverse spectrum of gender identities. These terms do not capture the rich diversity within our community, and we want to make it clear that we fully respect and acknowledge the various ways people identify beyond this binary framework.

We are actively working to create an environment that embraces and values all gender identities and remain committed to promoting diversity, equality, and understanding within our organisation.







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Our results

Our gender pay gap is higher than we would like, and we are committed to reducing it.

It's important to acknowledge that the gap is, in part, influenced by broader societal and industry dynamics. Some types of roles, such as administrative and certain clinical positions, traditionally attract more women, and these roles are typically lower paid.

We will analyse our results and take action to reduce our gender pay gap.



Mean pay gap 43.14%

Median pay gap 41.15%



Why do we have a gender pay gap?

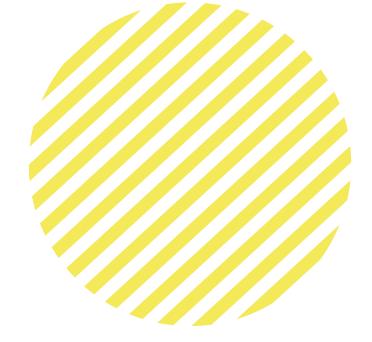
Our people are split mainly between employed non-clinical roles and selfemployed clinical roles. Within both populations, the proportion of women is high, particularly in roles which attract lower compensation.

Within the employed population, 63.05% of our people support our frontline services in roles such as patient services administrators and assistant psychologists. This group, which is made up mainly of call handlers and administrators, is 92.19% female. Sector market rates for these roles are typically in the lower earnings bracket, and the significant female predominance mirrors societal expectations associated with these roles, which traditionally draw more women than men. We are committed to becoming an accredited Real Living Wage employer in the next 12 months, which will raise the salaries for our lowest-paid positions.

The gender profile is mixed in the remaining non-clinical roles, including HR, IT, finance, governance, compliance, and marketing. Salaries for roles in these functions are benchmarked every year and reflect market expectations.

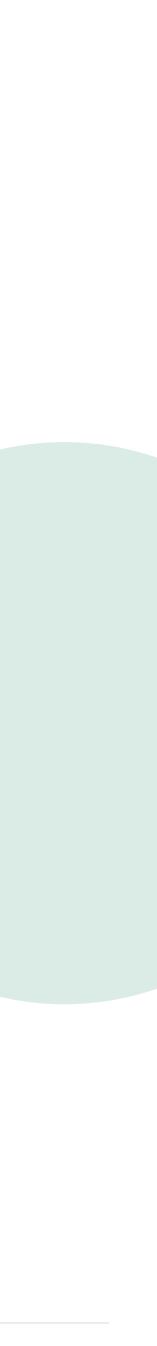
In the UK, clinical roles with higher salaries, particularly in psychiatry, are progressing towards a more equitable gender balance. However, women continue to be disproportionately represented in lower-paid clinical positions, such as speech and language therapists (SLTs), occupational therapists (OTs) and those providing talking therapies. According to the Health & Care





Professions Council, over 95% of SLTs and 89% of OTs are women, and our workforce naturally mirrors this gender distribution. The lower salaries of those in our frontline service support roles, combined with the salaries of lower-paid female clinicians, emphasise our overall gender pay gap.

Gender pay is not the same as equal pay. Equal pay is a legal concept that ensures that men and women are paid for completing the same or similar work. This is not the same as the gender pay gap, so it's possible to have genuine pay equality and a gender pay gap because gender pay is often the outcome of economic, cultural, societal and educational factors.



Salary quartiles

In the upper quartile, 44.19% of the group are male, which translates to 56.72% of the total men within the data set.

When we split our salary data over the four equal salary quartiles, the number of male clinicians increases as they move from the lower and lower-middle quartile through to the upper quartile. In comparison, 55.81% in the upper salary quartile are female, which only translates to 17.33% of the total female salary data.

This further illustrates that while we employ more women overall, there are more men in higher-paid roles and more women in lower-paid roles.

Percentage of men and women in each salary quartile





Women % In Quartile Compared to Male

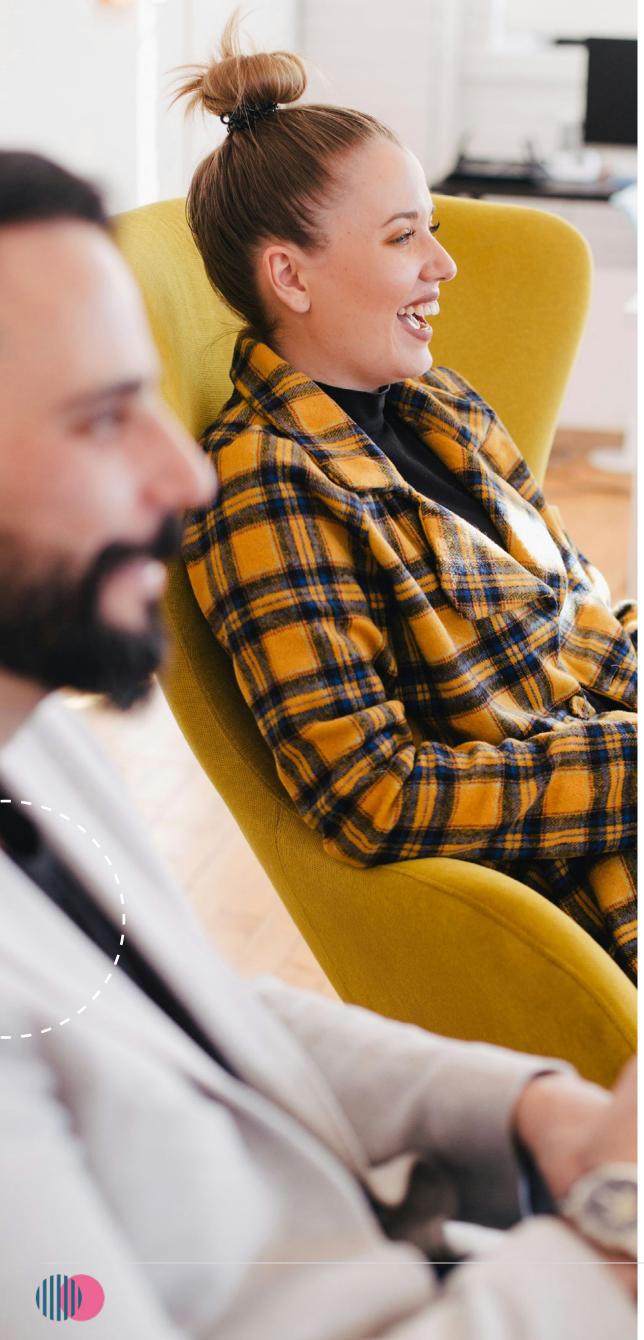
Male % In Quartile Compared to Women

55.81%	44.19%
79.07%	20.93%
94.19%	5.81
93.02%	6.98





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We offer only one bonus scheme for senior management. This is a performancerelated bonus that is available to a small group of senior managers. Due to the lower number of men across our organisation, the statistics appear to reflect that a higher percentage of men received a bonus in comparison to women. In practice, due to our gender split, nearly double the number of women received a bonus.

The gap also reflects that the bonus is based on a percentage of actual salary and therefore reflects the lower salaries of some of the part-time senior women in the organisation. 14.85% of our employed people who have non-clinical roles are parttime. Of these, 96.15% are women and 3.85% are men. Part-time work means that the base salary is lower and, therefore, also impacts performance bonuses, which are calculated on base salary. Although there is pay equity at the senior levels, the number of part-time women makes a noticeable impact on the gender pay gap for bonuses.

Gender bonus gaps

Gender bonus gap

Mean pay gap 9.57%

Median pay gap 27.43%

Percentage of men and women receiving a bonus

Women with bonuses 3.51%

Men with bonuses 8.57%



How we will address gender pay disparity

We are committed to reducing and subsequently closing any identified gender pay disparity where it is within our remit. It will take time to achieve this, and we must explore numerous options before developing an action plan.

Societal factors outside of our control continue to influence the types of roles that typically attract certain genders, and we need to work with the broader industry to overcome these.

Addressing the gender pay gap can mean attracting men and women in equal numbers to all types of roles, as well as removing any barriers that might prevent either gender from taking up or progressing in certain roles.







What have we done?



All employees have had an increase to bring their pay in line with the National Living Wage. This is being reviewed again to consider the Real Living Wage, and we aim to become an accredited Real Living Wage employer within the next 12 months.



Line manager development programme

We will roll out a line manager development programme early in 2024. This will help us support the development and progression of all our current and future leaders, identify where further support is needed, and remove any barriers to progression and promotion.



We have introduced a menopause and andropause policy to support employees during this time of their lives. The policy gives those affected and their line managers the tools to make suitable adjustments as and when necessary.



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National Living Wage



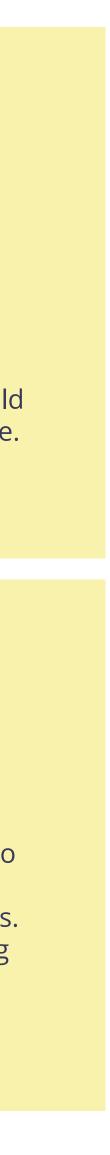
Increased number of female directors

Through a mixture of internal promotion and external hiring, there are now (at the time of publishing the report) six women and five men directors. Within the senior management team, there are seven men and nine women. This should positively impact the gender pay gap in the future.

Menopause and andropause policy



We have retained a culture of hybrid working, which gives our people the choice and freedom to adopt a working pattern suitable for them while balancing the needs of the work and the business. This allows greater flexibility for those with caring responsibilities, which historically impacts more women who are also more likely to be part-time.



What will we do?

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We will roll out the first engagement survey in 2024, which will give us the information we need to be proactive in supporting our colleagues. Alongside this, we will be carrying out a benefits review to understand if more could be done to attract a more diverse gender profile to the organisation, particularly in certain roles.



Reducing possible biases in recruitment

We aim to introduce assessments into all our selection processes alongside other changes to remove any possible bias. We will also be refreshing the recruitment website in order to demonstrate the range of careers that are available and the diversity of our workforce.



We have hired an internal communications manager to help engage with our people and intend to introduce employee forums in the next 12 months to support diversity, equity, and inclusion (DEI) and corporate social responsibility (CSR) initiatives.



Engagement survey and benefits review



Real Living Wage accreditation

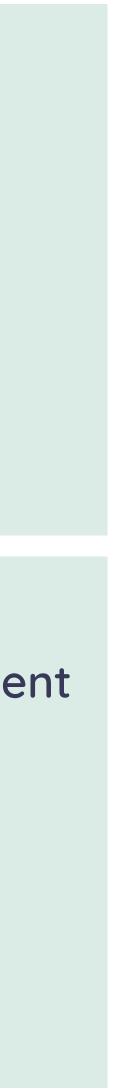
We are working towards the Real Living Wage Accreditation and aim to achieve this in the next 12 months.

Employee forum and internal communication



Line manager and leadership development

We will continue to evolve the line manager development programme to select and prepare those with leadership potential in a way that minimises bias.









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