

## Leicestershire Partnership NHS Trust: Gender Pay Gap Report

31<sup>st</sup> March 2018

### Background to the gender pay gap analyses

The Gender Pay Gap Regulations (a 2017 update to the Equality Act 2010) introduced an annual requirement for listed public authorities and private sector organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees:

1. the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees;
2. the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees;
3. the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees;
4. the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees;
5. the proportions of male and female relevant employees who were paid bonus pay;
6. the proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands.

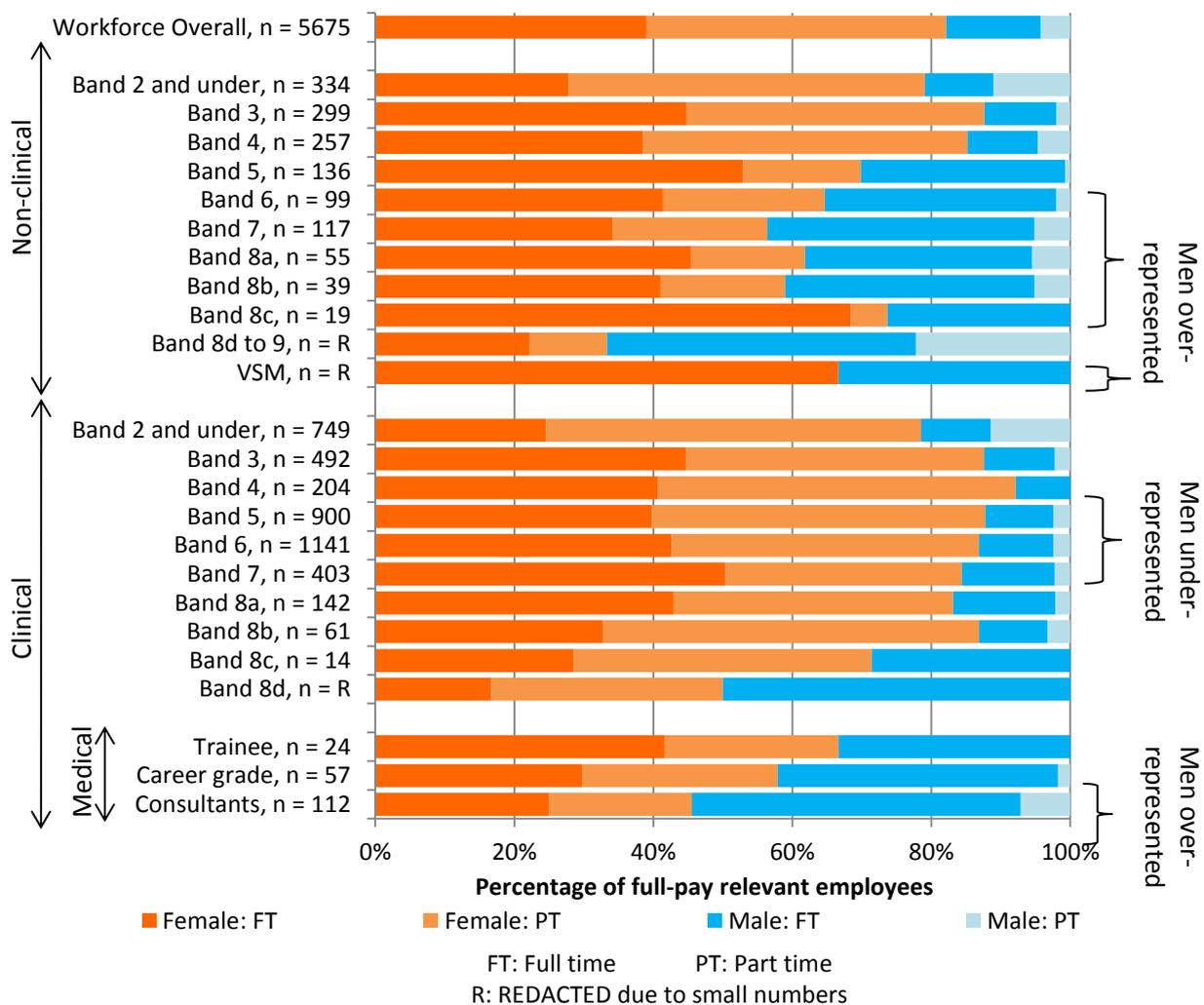
(A “relevant employee” means a person who is employed on the snapshot date; whilst a “full-pay relevant employee” means a relevant employee who is not, during the relevant pay period, being paid at a reduced rate or nil as a result of the employee being on leave.)

### Leicestershire Partnership NHS Trust’s workforce at March 2018

Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (mid-year population estimate at June 2017: 1,083,226). At the end of March 2018, LPT had a workforce of 6607 relevant employees (81.9% female, 18.1% male) of which 5675 were full-pay relevant employees (82.1% female, 17.9% male).

LPT’s workforce (full-pay relevant employees) encompassed a variety of job roles: Additional Clinical Services (25.7%), Additional Professional Scientific and Technical / Healthcare Scientists (3.6%), Administrative and Clerical / Estates and Ancillary (24.1%), Allied Health Professionals (10.3%), Medical (3.4%), Registered Nurses (32.8%); with men overrepresented in Administrative and in Medical roles (23.5% male and 48.2% male, respectively). Nearly half of the workforce worked part time (47.3%), with women more likely to work part time than men (52.5% vs 23.7%).

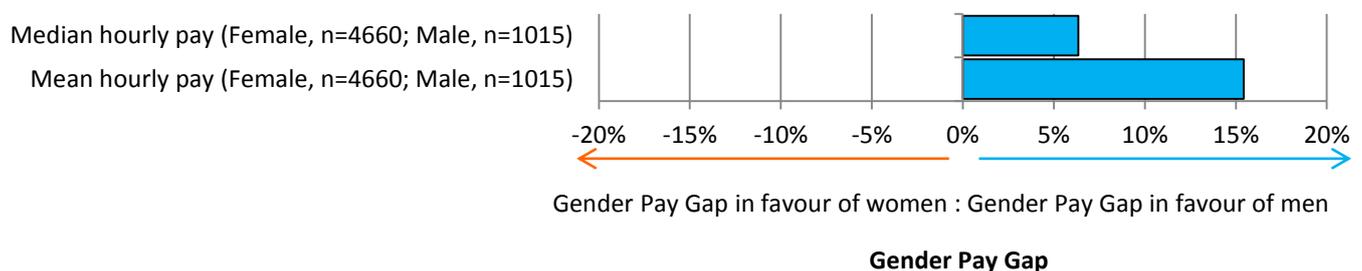
The levels of pay for jobs within the NHS are set according to a national agreement called Agenda for Change (which applies to all except very senior managers (VSM) and medics). Individual jobs are assigned an Agenda for Change pay band based on the levels of responsibility and expertise required, as evaluated against criteria in national job profiles. The chart below illustrates the gender profile of LPT's workforce (full-pay relevant employees) by pay band and working pattern (full time or part time), for non-clinical and clinical staff. Broadly, Administrative and Clerical and Estates and Ancillary staff are referred to as non-clinical, whilst all other groups of staff, including Nurses, Additional Clinical Services, and Medics, are referred to as clinical.



There was a trend amongst non-clinical staff for the proportion of females to fall with increasing pay band, with especially high proportions of female staff at non-clinical bands 2 to 4 and a marked drop in the proportion of females at non-clinical band 5 and above. For clinical staff outside of medicine (largely Additional Clinical Service staff at bands 2 to 4 and Nurses at bands 5 and above) females were well represented up to band 8b. There was an association between part time working and the distribution of females within the workforce. In non-clinical roles, part-time working was common up to and including band 4, but became less common at band 5 and above – the point at which the representation of females drops. In clinical roles (outside of medicine) the proportion of part time workers remains high up to band 8b, with females well represented up to this level too.

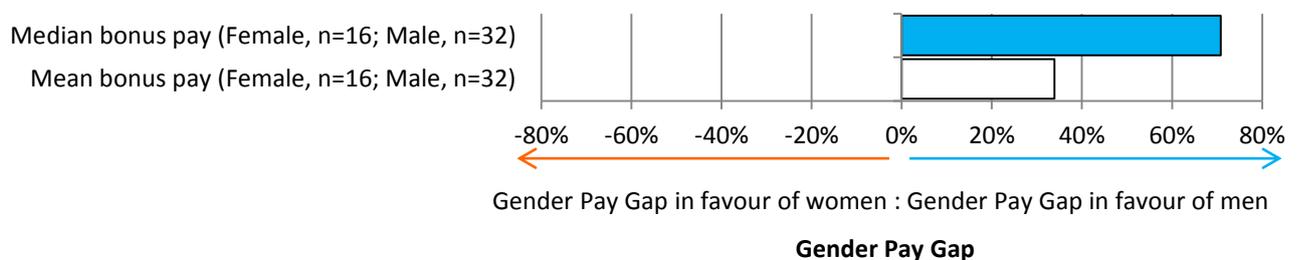
### Gender Pay Gap in mean and median hourly pay

At March 2018, there was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, **+15.4%**, and in terms of median hourly pay, **+6.3%**. The Gender Pay Gap in terms of mean hourly pay was larger than that in terms of median hourly pay, as the calculation of mean pay for men was skewed upwards by a relatively small number of men on the highest rates of pay in the organisation. Nonetheless, both measures reflected a statistically significant Gender Pay Gap in favour of men. For reference, at March 2017 there was also a Gender Pay Gap in favour of men, both in terms of mean hourly pay, +16.7%, and in terms of median hourly pay, +4.0% (both were statistically significant).



### Gender Pay Gap in mean and median annual bonus pay

At March 2018, the Gender Pay Gap in annual bonus pay amongst those that received a bonus was **+33.9%** in terms of the mean and **+70.8%** in terms of the median, both in favour of men. However, very few staff within the Trust received bonus pay (48 out of 6607 relevant employees\*), and the level of bonus pay varied considerably from one person to the next. Consequently, the Gender Pay Gap in annual bonus pay was only statistically significant in terms of median annual bonus pay. The discrepancy between the mean and median based Gender Pay Gaps in annual bonus pay arose because, amongst women, a small number of very high bonus payments skewed the mean upwards (reducing the pay gap), but did not affect the median. In this case, the median gives a better indication of typical annual bonus pay. (For reference, at March 2017, the Gender Pay Gap in annual bonus pay amongst those that received a bonus was +22.1% in terms of the mean and +60.0% in terms of the median, both in favour of men – neither was statistically significant due to the small numbers receiving bonus pay\* and large variations in the amounts paid from person to person.)

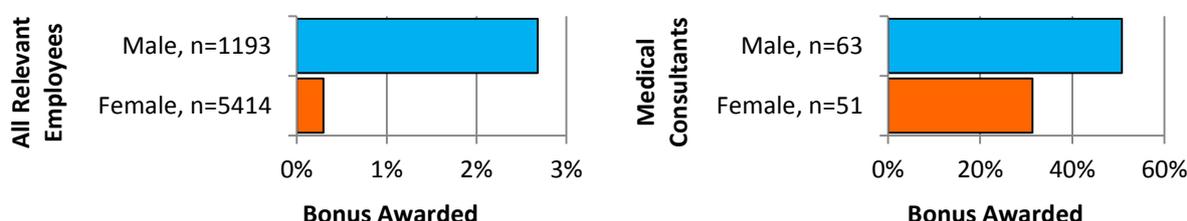


\* Only Medical Consultants received bonus payments; specifically, Clinical Excellence Awards to recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services.

### Proportions of men and women in receipt of bonus pay

At March 2018, **0.3%** of female relevant employees received a bonus, whilst **2.7%** of male relevant employees received a bonus; this represented a statistically significant difference in favour of men. (For reference, at March 2017, the percentages of female and male relevant employees receiving a bonus were 0.3% and 2.7% respectively; the same as at March 2018.)

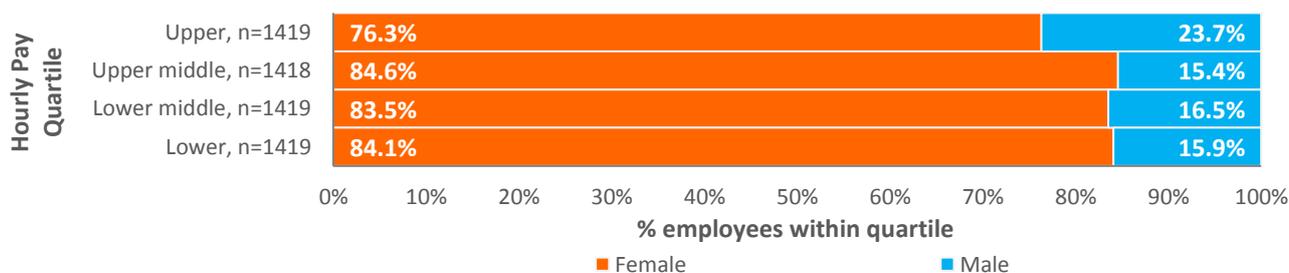
However, it is noted that only Medical Consultants received bonus pay (Clinical Excellence Awards) and that men were overrepresented amongst Medical Consultants. Nonetheless, even when considering Medical Consultants in isolation, there was a statistically significant difference in the receipt of bonus payments in favour of men: 31.4% of female Consultants received a bonus, whilst 50.8% of male Consultants received a bonus\*\*. (For reference, at March 2017, 31.3% of female Consultants received a bonus, compared to 54.8% of male Consultants.)



\*\* It is noted that not all Medical Consultants were eligible to apply for Clinical Excellence Awards. Looking at the award of Clinical Excellence Awards over the past ten years (2007 – 2017), application rates were lower amongst eligible female Consultants than amongst eligible male Consultants, but amongst those Consultants who applied, there was no significant difference in success rates by gender. Figures for awards due to be paid on 1<sup>st</sup> April 2018 were not available at the time of writing this report.

### Proportions of men and women within each quartile pay band

At March 2018, women comprised 82.1% of full-pay relevant employees. Women were underrepresented in the upper pay quartile, **76.3%**, and were proportionately represented in the upper-middle, **84.6%**, lower-middle, **83.5%**, and lower, **84.1%**, pay quartiles. Overall, women were **0.70** times as likely as men to be in the top pay quartile. (For reference, at March 2017, women were 0.69 times as likely as men to be in the top pay quartile; women comprised 81.6% of full-pay relevant employees, were underrepresented in the upper pay quartile, 75.3%, and were proportionately represented in the upper-middle, 85.1%, lower-middle, 82.6%, and lower, 83.4%, pay quartiles.)

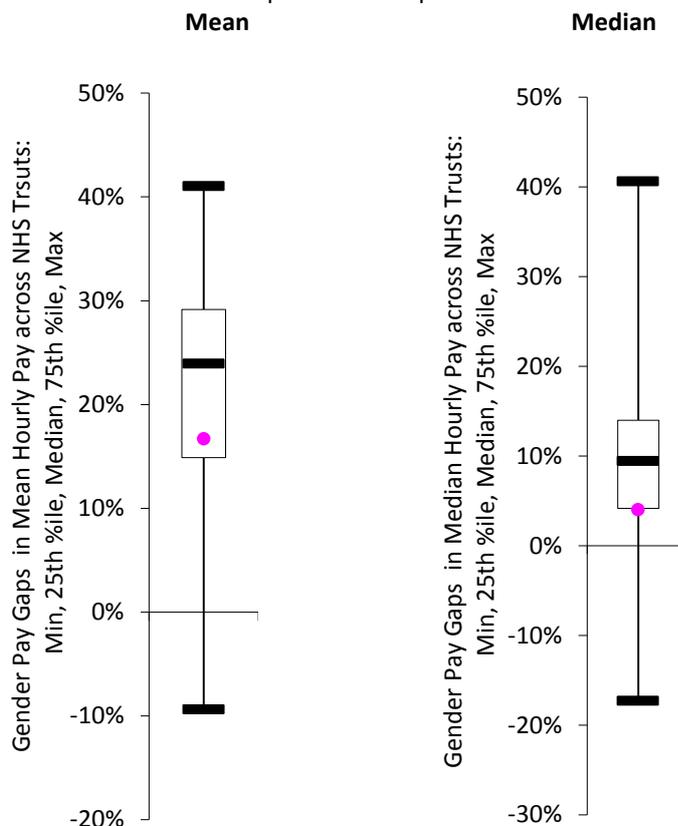


**Benchmarking Leicestershire Partnership NHS Trust’s Gender Pay Gap for the 16/17 financial year against other NHS provider trusts**

**Hourly pay:** At March 2017, LPT had a Gender Pay Gap of **+16.7%** for mean hourly pay and **+4.0%** for median hourly pay, both in favour of men. In terms of the size of these Gender Pay Gaps compared to other NHS provider trusts, this placed LPT at the **28<sup>th</sup> percentile** for mean hourly pay and at the **23<sup>rd</sup> percentile** for median hourly pay (*i.e.*, in the lowest third of NHS provider trusts for both measures).

**Gender Pay Gaps in Hourly Pay across NHS Provider Trusts (box and whisker plots)**

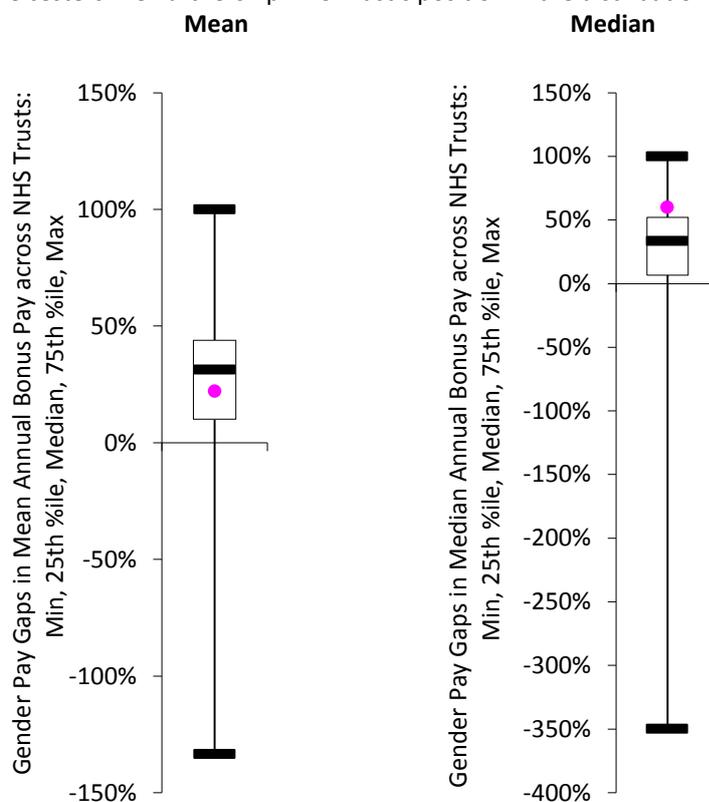
- Leicestershire Partnership NHS Trust’s position in the distribution is indicated by a pink dot



**Annual bonus pay:** At March 2017, LPT had a Gender Pay Gap of **+22.1%** for mean annual bonus pay and **+60.0%** for median annual bonus pay, both in favour of men. In terms of the size of these Gender Pay Gaps compared to other NHS provider trusts, this placed LPT at the **34<sup>th</sup> percentile** for mean annual bonus pay and at the **81<sup>st</sup> percentile** for median annual bonus pay (*i.e.*, just above the lowest third of NHS provider trusts in terms of mean annual bonus pay and in the highest fifth of trusts in terms of median annual bonus pay). It is noted that at LPT, bonus payments were made only in the form of Clinical Excellence Awards, and only to Medical Consultants; this may not have been the case at other NHS provider trusts.

**Gender Pay Gaps in Annual Bonus Pay across NHS Provider Trusts (box and whisker plots)**

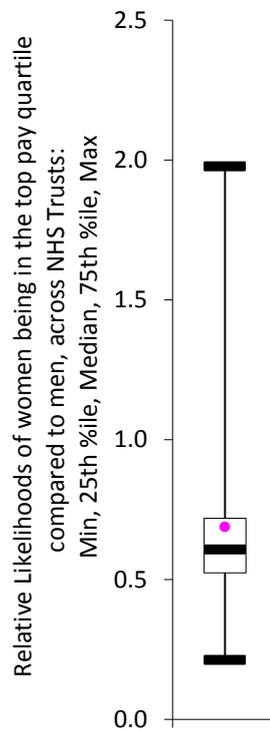
- Leicestershire Partnership NHS Trust's position in the distribution is indicated by a pink dot



**Relative likelihood of women being in the top pay quartile compared to men:** At March 2017, women at LPT were **0.69** times as likely as men to be in the top quartile for hourly pay; this placed LPT at the **71<sup>st</sup> percentile** of NHS provider trusts (*i.e.*, within the highest third of NHS provider trusts for the relative likelihood of women being in the top pay quartile compared to men – although women were still less likely than men to be in the top pay quartile).

**Relative Likelihoods of Women being in the Top Pay Quartile Compared to Men, across NHS Provider Trusts (box and whisker plot)**

- Leicestershire Partnership NHS Trust’s position in the distribution is indicated by a pink dot



## Summary and actions

The Gender Pay Gap analyses for LPT at March 2018 indicated the presence of Gender Pay Gaps in favour of men in terms of mean and median hourly pay, and in terms of median annual bonus pay. Additionally, women were less likely than men to receive bonus pay, and women were less likely than men to be in the top pay quartile. The overall picture was very similar to that observed at March 2017.

Further analyses indicated that, in terms of the number of staff affected, the Gender Pay Gap in favour of men was driven mainly by those in non-clinical, administrative roles (there was also a Gender Pay Gap in favour of men amongst medical consultants, but relatively few staff were affected). An analysis of the gender profile of the workforce by pay band and working pattern (full time or part time) indicated that, within non-clinical roles, women tended to be concentrated in lower paid, part-time positions (band 4 and below), with less part-time working at higher levels (band 5 and above), and an overrepresentation of men in more senior, full-time roles. A disadvantage in career progression for women, potentially associated with part time working, could be inferred.

In comparison to other NHS provider trusts, based on Gender Pay Gaps in hourly pay for the 16/17 financial year, LPT had a smaller Gender Pay Gap in favour of men than two thirds of other trusts. Additionally, LPT was in the top third of trusts in terms of the likelihood of women being in the top pay quartile relative to men – although women were still less likely to be in the top pay quartile than men in absolute terms. Comparisons across trusts in terms of Gender Pay Gaps in annual bonus pay may not be reliable as LPT only made bonus payments in the form of Clinical Excellence Awards and only to medical consultants; this may not have been the case at other NHS trusts.

A table summarising the main findings of the present analyses and proposed actions is included in the Appendix.

Appendix:

Metric	Findings	Action
Gender Pay Gap in mean and median hourly pay	There was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, <b>+15.4%</b> , and in terms of median hourly pay, <b>+6.3%</b> .	Research and identify best practice within and outside of the NHS in respect of initiatives to promote gender equality in career progression (e.g., the Athena SWAN charter - advancing the careers of women in science, technology, engineering, maths and medicine <a href="https://www.ecu.ac.uk/equality-charters/athena-swan/about-athena-swan/">https://www.ecu.ac.uk/equality-charters/athena-swan/about-athena-swan/</a> )
Proportions of men and women within each quartile pay band	Women were underrepresented within the highest pay quartile ( <b>76.3%</b> ), compared to their level of representation amongst all full-pay relevant employees ( <b>82.1%</b> ).	Review the Trust’s flexible working policy to ensure that flexible working can be supported in senior administrative roles.  At all levels, encourage job applications from those seeking flexible / family friendly working patterns. Some employers (e.g., Public Health England) have signed up to the “happy to talk flexible working” initiative to ensure that their posts are designed with flexibility in mind. The “happy to talk flexible working” tag line and logo can then be used in job adverts to encourage applications from a wider pool of candidates: - <a href="https://www.workingfamilies.org.uk/campaigns/happy-to-talk-flexible-working/">https://www.workingfamilies.org.uk/campaigns/happy-to-talk-flexible-working/</a>  Schedule meetings and training at “family friendly” times.  Continue to progress the LPT’s WeNurture programme, which is a career development programme, ensuring that it is accessible to all. Evaluate numbers of applications coming through from part time female employees.
Gender Pay Gap in mean and median annual bonus pay	The Gender Pay Gap in annual bonus pay amongst those that received a bonus was <b>+33.9%</b> in terms of the mean and <b>+70.8%</b> in terms of the median, both in favour of men.	Further analysis indicated that female consultants were less likely to apply for an award, but were as likely as men to be successful if they applied: consider further promotion of the scheme, encouraging applications from women and ensuring accessibility for women.  Consider eliminating any unconscious bias by anonymising the award process.
Proportions of men and women in receipt of bonus pay	Overall, <b>0.3%</b> of female relevant employees received a bonus, whilst <b>2.7%</b> of male relevant employees received a bonus. Only Medical Consultants received bonus pay (Clinical Excellence Awards). Considering Medical Consultants in isolation: 31.4% of female Consultants received a bonus, whilst 50.8% of male Consultants received a bonus.	