

Leicestershire Partnership NHS Trust: Gender Pay Gap Report

31st March 2017

Background to the gender pay gap analyses

The Gender Pay Gap Regulations (a 2017 update to the Equality Act 2010) introduced a 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:

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

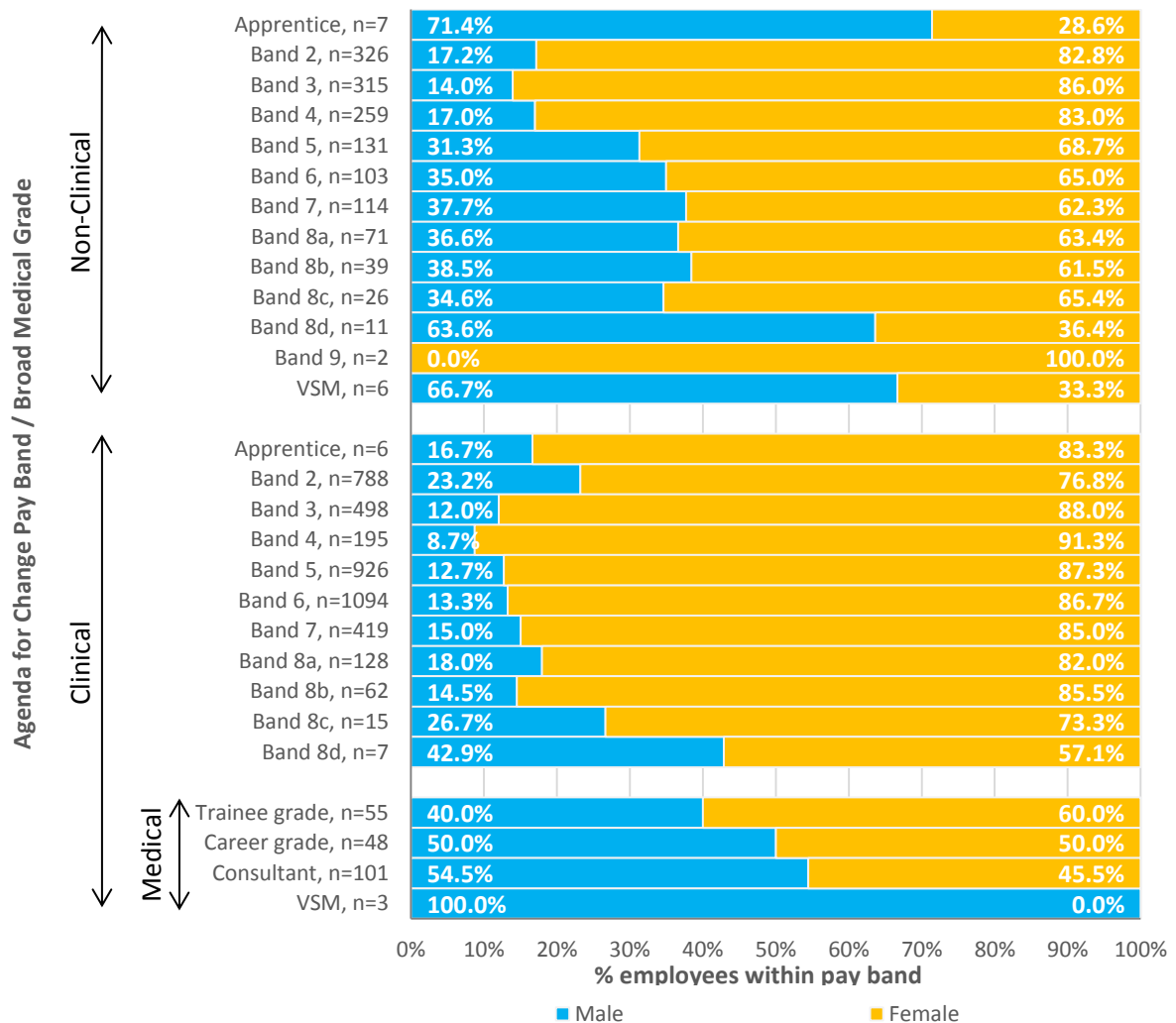
(A “relevant employee” means a person who is employed on the snapshot date; whilst a “full-pay relevant employee” means a relevant employee who is not, during the relevant pay period, being paid at a reduced rate or nil as a result of the employee being on leave.)

Leicestershire Partnership NHS Trust’s workforce

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 2016: 1,069,906). At the end of March 2017, LPT had a workforce of 6835 relevant employees (81.6% female, 18.4% male) of which 5755 were full-pay relevant employees (also 81.6% female, 18.4% male).

LPT’s workforce (full-pay relevant employees) encompassed a variety of job roles: Additional Clinical Services (25.9%), Additional Professional Scientific and Technical / Healthcare Scientists (2.8%), Administrative and Clerical / Estates and Ancillary (24.5%), Allied Health Professionals (10.2%), Medical (3.6%), Registered Nurses (33.0%); with men overrepresented in Administrative and Medical roles (23.4% male and 50.2% male, respectively). Nearly half of the workforce worked part time (47.5%), with women more likely to work part time than men (52.5% vs 25.4%).

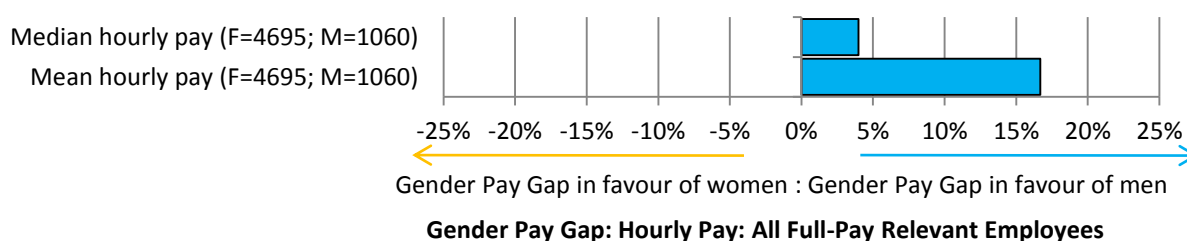
The levels of pay for jobs within the NHS are set according to a national agreement called the Agenda for Change (which applies to all except very senior managers, VSM, and medics). Individual jobs are assigned to an Agenda for Change pay band based on the levels of responsibility and expertise required, 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, 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.



Broadly, there was a trend amongst non-clinical staff for the proportion of women to fall with increasing pay band, with especially high proportions of women at non-clinical bands 2 to 4 and a marked drop in the proportion of women at non-clinical band 5. For clinical staff outside of medicine (largely Additional Clinical Service staff at bands 2 to 4 and Nurses at bands 5 and above) women were well represented at all but the two highest clinical pay bands present within the workforce (clinical bands 8c and 8d).

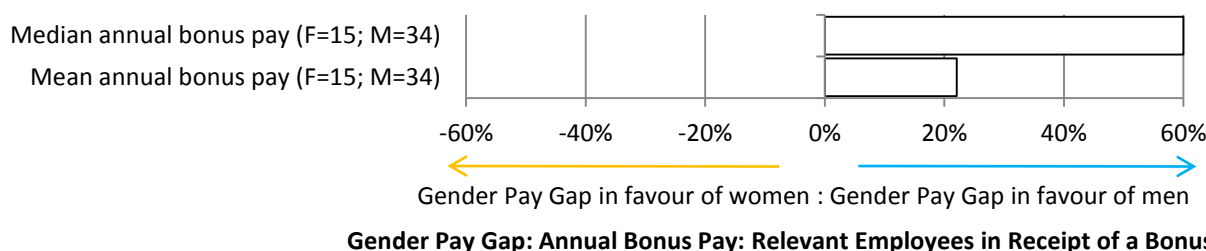
Gender Pay Gap in mean and median hourly pay

Overall, there was 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%**. 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.



Gender Pay Gap in mean and median annual bonus pay

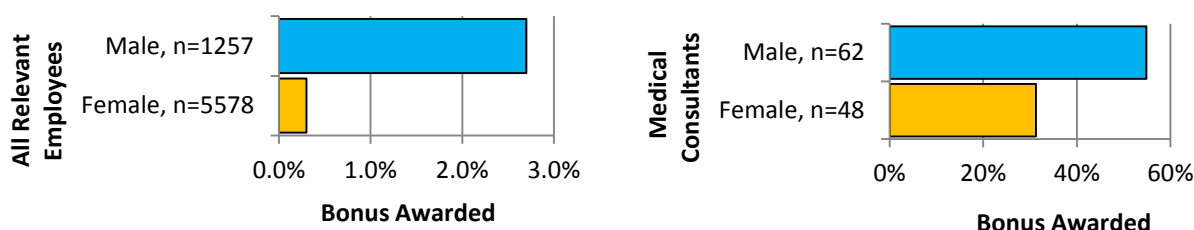
Overall, the Gender Pay Gap in annual bonus pay amongst those that received a bonus was **+22.1%** in terms of the mean and **+60.0%** in terms of the median, both in favour of men. However, very few people within the organisation received bonus pay (49 out of 6835 relevant employees*), and the level of bonus pay varied considerably from one person to the next. Consequently, the Gender Pay Gaps in mean and median bonus pay do not reflect statistically significant differences in the levels of bonus pay paid to men and women.



* 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

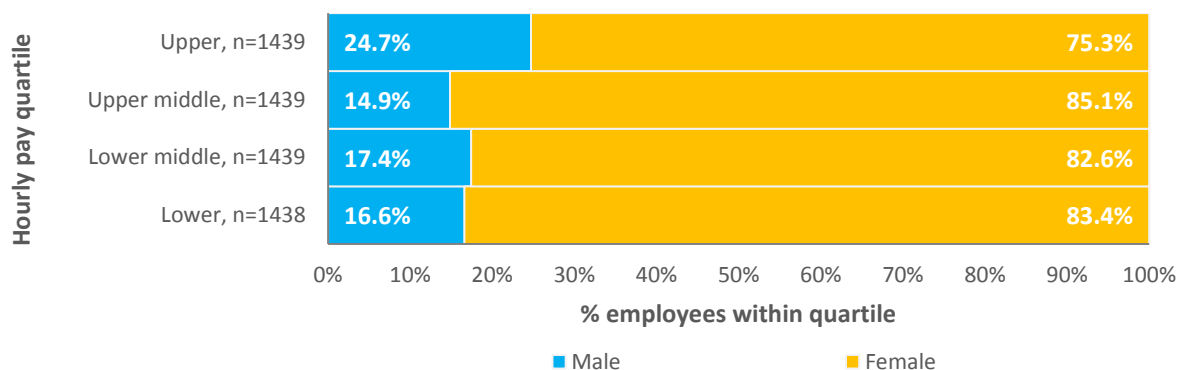
Overall, **0.3%** of female relevant employees received a bonus, whilst **2.7%** of male relevant employees received a bonus; this represented a statistically significant difference in favour of men. However, it is noted that only Medical Consultants received bonus pay (Clinical Excellence Awards) and 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: 31.3% of female Consultants received a bonus, whilst 54.8% of male Consultants received a bonus**.



** It is noted that not all Medical Consultants were eligible to apply for Clinical Excellence Awards, which may have skewed this result. 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.

Proportions of men and women within each quartile pay band

Overall, women comprised 81.6% of full-pay relevant employees. Women 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.



Summary and actions

Further analyses were performed to gain greater insight into the Gender Pay Gap at Leicestershire Partnership NHS Trust. In terms of the number of staff affected, the Gender Pay Gap in favour of men was driven mainly by those in Administrative and Clerical roles (there was also a Gender Pay Gap in favour of men amongst Medical Consultants, but relatively few staff were affected). There was an overrepresentation of men in more senior roles in the organisation, and a higher proportion of women in part time roles which tended to be lower paid. A disadvantage in career progression for women, potentially associated with part time working, could be inferred. Amongst younger staff, who tended to be lower paid, there was a gender pay gap in favour of women in both full time and part time roles. However, amongst older staff in full time roles, who tended to be higher paid, the gender pay gap was reversed to favour men.

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, +16.7% , and in terms of median hourly pay, +4.0% .	Review Trust flexible working policy to ensure part time and flexible working in senior roles can be supported. Encourage through job adverts that applicants can request job share / part time / flexible / family friendly working patterns as appropriate.
Proportions of men and women within each quartile pay band	Women were underrepresented within the highest pay quartile (75.3%), compared to their level of representation amongst all full-pay relevant employees (81.6%).	Consider scheduling of important meetings and training to be held at "family friendly" times. Continue to progress the Trust programme of We Nurture which is a supportive career development programme. 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 +22.1% in terms of the mean and +60.0% in terms of the median, both in favour of men (but not to a statistically significant degree).	Evaluate numbers of applications which have come through including part time employees. Consider further promotion of the scheme should there be a shortfall in applications. Consider eliminating whether there is any unconscious bias by anonymising the process.
Proportions of men and women in receipt of bonus pay	Overall, 0.3% of female relevant employees received a bonus, whilst 2.7% of male relevant employees received a bonus. Only Medical Consultants received bonus pay (Clinical Excellence Awards). Considering Medical Consultants in isolation: 31.3% of female Consultants received a bonus, whilst 54.8% of male Consultants received a bonus.	