

Leicestershire Partnership NHS Trust: Gender Pay Gap Report

31st March 2019

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. 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 at March 2019

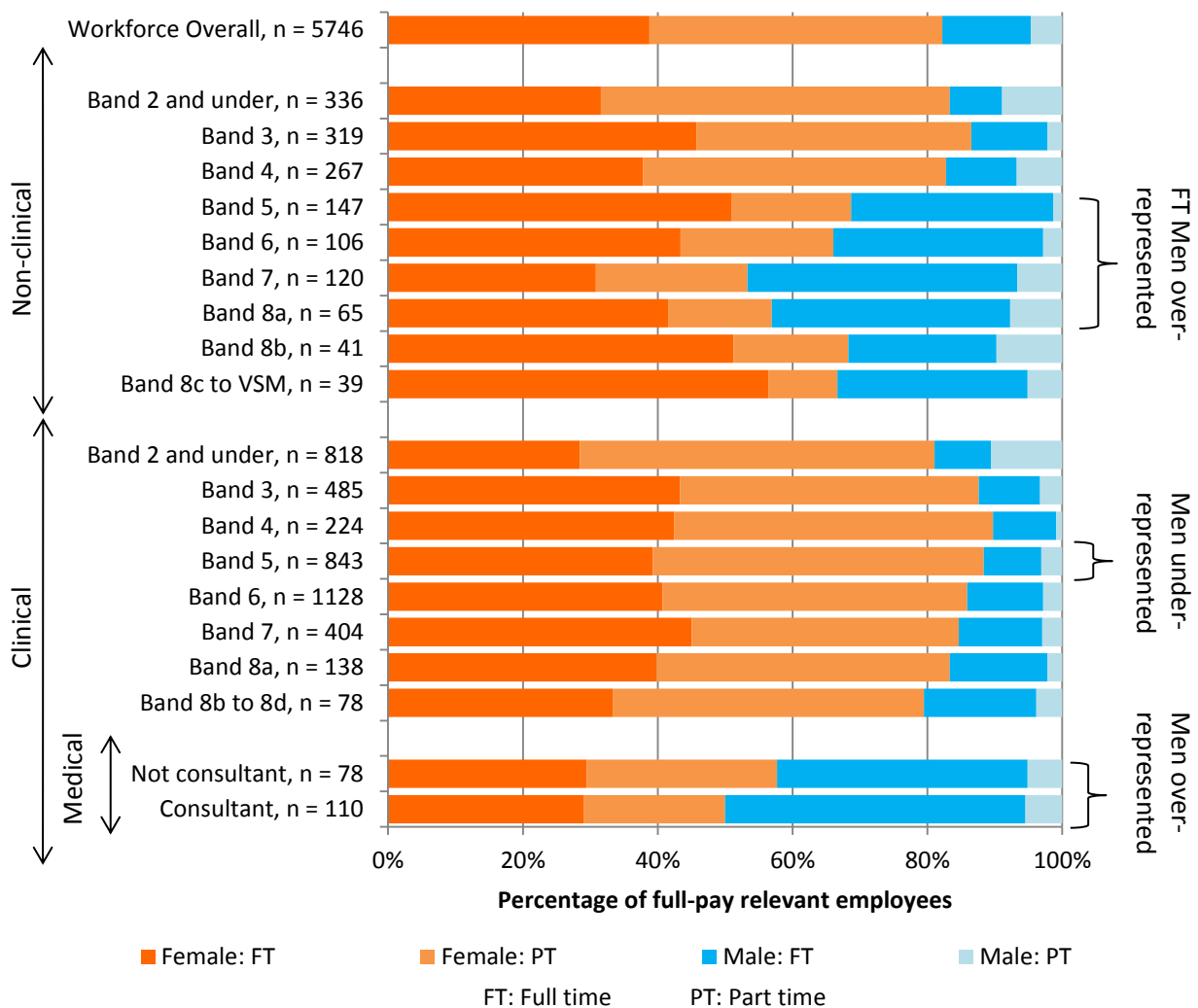
Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (mid-year population estimate at June 2018: 1,093,183). At the end of March 2019, LPT had a workforce of 6699 relevant employees (82.3% female, 17.7% male) of which 5746 were full-pay relevant employees (82.2% female, 17.8% male).

LPT's workforce (full-pay relevant employees) encompassed a variety of job roles: Additional Clinical Services (26.7%), Additional Professional Scientific and Technical / Healthcare Scientists (3.3%), Administrative and Clerical / Estates and Ancillary (25.0%), Allied Health Professionals (10.3%), Medical (3.3%), and Registered Nurses (31.4%). Men were overrepresented in Administrative and Clerical roles and in Medical roles (23.4% male and 46.8% male, respectively); whilst men were underrepresented in Allied Health Professional roles and in Registered Nursing roles (13.0% male and 13.5% male, respectively). Nearly half of the workforce worked part time (48.2%), with women more likely to work part time than men (52.9% vs 26.3%).

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 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 on the next page illustrates the gender profile of LPT's workforce (full-pay relevant employees at March 2019) 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 staff, whilst all other groups of staff, including Nurses, Additional Clinical Services, and Medics, are referred to as clinical staff. (The chart is given first as a graphical summary and then as a plain text list.)

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 (84% of 922 staff) and a marked drop in the proportion of women at non-clinical band 5 and above (63% of 518 staff). For clinical staff outside of medicine (largely Additional Clinical Service staff at bands 4 and under and registered Nurses at bands 5 and above) women were well represented at all levels (86% of 4118 staff across all clinical roles outside of medicine). Meanwhile, women were underrepresented in Medical roles (53% of 188 staff).

There was an association between part time working and the distribution of women within the workforce. In non-clinical roles, part-time working was common up to and including band 4 (52% of 922 staff), but became less common at band 5 and above (24% of 518 staff) – the same point at which the representation of women dropped. In clinical roles outside of medicine, the proportion of part time workers remains high at all levels (51% of 4118 staff), with women well represented at all levels, too. Meanwhile, in medical roles, part-time working was less common (29% of 188 staff), with women underrepresented in Medical roles.



Start of plain text summary of chart detailing variations in levels of representation by gender and working pattern, at each pay band (Full Pay Relevant Employees at March 2019):

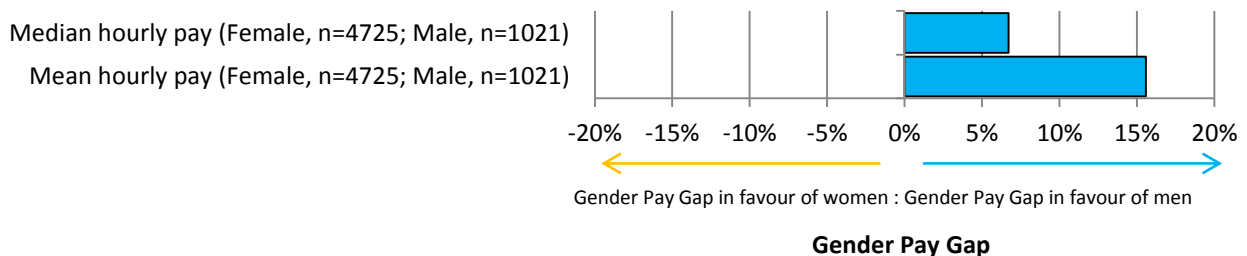
- Workforce Overall (n=5746): 39% female full-time, 43% female part-time, 13% male full-time, 5% male part-time
- Non Clinical - Band 2 and under (n=336): 32% female full-time, 52% female part-time, 8% male full-time, 9% male part-time
- Non Clinical - Band 3 (n=319): 46% female full-time, 41% female part-time, 11% male full-time, 2% male part-time
- Non Clinical - Band 4 (n=267): 38% female full-time, 45% female part-time, 10% male full-time, 7% male part-time
- Non Clinical - Band 5 (n=147): 51% female full-time, 18% female part-time, 30% male full-time, 1% male part-time
- Non Clinical - Band 6 (n=106): 43% female full-time, 23% female part-time, 31% male full-time, 3% male part-time
- Non Clinical - Band 7 (n=120): 31% female full-time, 23% female part-time, 40% male full-time, 7% male part-time
- Non Clinical - Band 8a (n=65): 42% female full-time, 15% female part-time, 35% male full-time, 8% male part-time
- Non Clinical - Band 8b (n=41): 51% female full-time, 17% female part-time, 22% male full-time, 10% male part-time
- Non Clinical - Band 8c to VSM (n=39): 56% female full-time, 10% female part-time, 28% male full-time, 5% male part-time
- Clinical - Band 2 and under (n=818): 28% female full-time, 53% female part-time, 8% male full-time, 11% male part-time
- Clinical - Band 3 (n=485): 43% female full-time, 44% female part-time, 9% male full-time, 3% male part-time
- Clinical - Band 4 (n=224): 42% female full-time, 47% female part-time, 9% male full-time, 1% male part-time
- Clinical - Band 5 (n=843): 39% female full-time, 49% female part-time, 9% male full-time, 3% male part-time
- Clinical - Band 6 (n=1128): 41% female full-time, 45% female part-time, 11% male full-time, 3% male part-time
- Clinical - Band 7 (n=404): 45% female full-time, 40% female part-time, 12% male full-time, 3% male part-time
- Clinical - Band 8a (n=138): 40% female full-time, 43% female part-time, 14% male full-time, 2% male part-time
- Clinical - Band 8b to 8d (n=78): 33% female full-time, 46% female part-time, 17% male full-time, 4% male part-time
- Clinical - Medical Consultant (n=110): 29% female full-time, 21% female part-time, 45% male full-time, 5% male part-time
- Clinical - Medical Not consultant (n=78): 29% female full-time, 28% female part-time, 37% male full-time, 5% male part-time

End of plain text summary of chart.

Gender Pay Gap in mean and median hourly pay

At March 2019, there was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, **+15.6%**, and in terms of median hourly pay, **+6.7%**. Both measures reflected a statistically significant Gender Pay Gap in favour of men. 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 disproportionately high number of men in roles with especially high rates of pay. For example, medics were, on average, the highest paid staff group in the Trust. Medics earned two and a half times the Trust average rate of pay, whilst medical consultants earned three times the Trust average rate of pay. Men were overrepresented amongst medics (47% of the 188 medics were male compared to 18% of the Trust's 5746 full pay relevant staff overall). Nonetheless, even with medics excluded from the analyses, the mean and median Gender Pay Gaps remained statistically significant and in favour of men at +6.8% for the mean and +4.6% for the median.

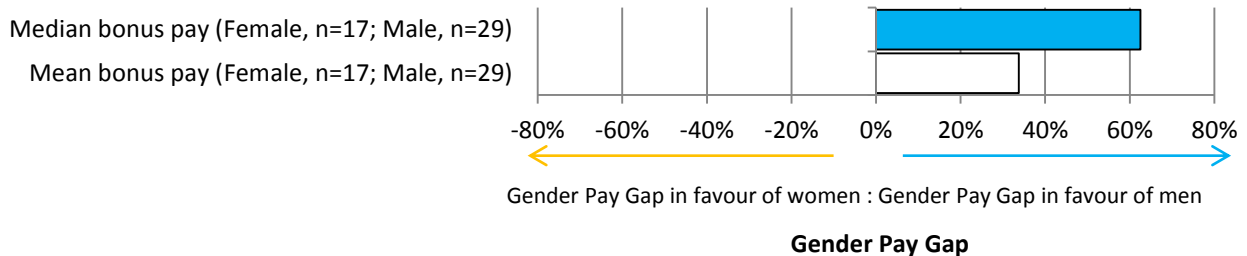
For reference, at March 2018, there was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, +15.4%, and in terms of median hourly pay, +6.3%; and also at March 2017 there was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, +16.7%, and in terms of median hourly pay, +4.0% (all were statistically significant).



Gender Pay Gap in mean and median annual bonus pay

At March 2019, the Gender Pay Gap in annual bonus pay amongst those that received a bonus was **+33.7%** in terms of the mean and **+62.5%** in terms of the median, both in favour of men. However, very few people within the organisation received bonus pay (46 out of 6699 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 a small number of especially high bonus payments amongst women skewed the mean gender pay gap downwards, but did not have such a large effect on the median. It is noted that only Medical Consultants received bonus payments; and in all but one instance these bonus payments were in the form of 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.

For reference, 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. Again, the Gender Pay Gap in annual bonus pay was only statistically significant in terms of median annual bonus pay. 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.



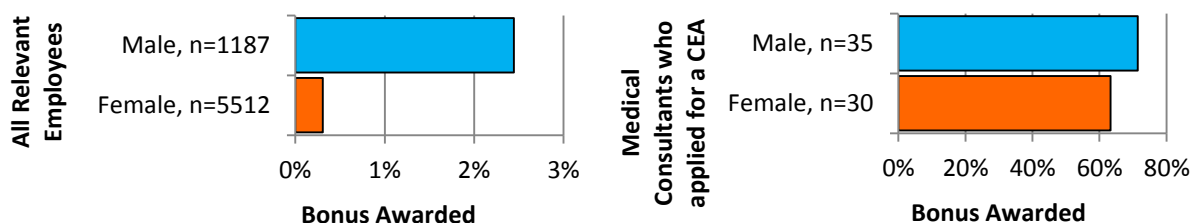
Proportions of men and women in receipt of bonus pay

In 2018/19, **0.3%** of female relevant employees received a bonus (17 out of 5512), whilst **2.4%** of male relevant employees received a bonus (29 out of 1187); this represented a statistically significant difference in favour of men. However, it is noted that only Medical Consultants received bonus pay, and in all but one case, these bonuses were in the form of Clinical Excellence Awards. Clinical Excellence Awards are made only to eligible Medical Consultants, who must apply for the award.

Once a Clinical Excellence Award is made, it is paid annually thereafter; only recently has a time-limit been placed on these awards (from April 2018, the awards can be made for a maximum of three years, and awards made prior to this date will be subject to review in March 2021). The number of Medical Consultants in receipt of a Clinical Excellence Award in 2018/19 (45 awards), tallies closely with the number of awards made over the past three years, from April 2016 to April 2018 inclusive (44 awards). Over this period, eligible female and male consultants have been similarly likely to apply for a Clinical Excellence Award (26.5% of women, 30 out of 113, compared to 24.6% of men, 35 out of 142), and from amongst these applicants, female and male consultants have been similarly likely to be successful in securing an award (63.3% of women, 19 out of 30, compared to 71.4% of men, 25 out of 35).

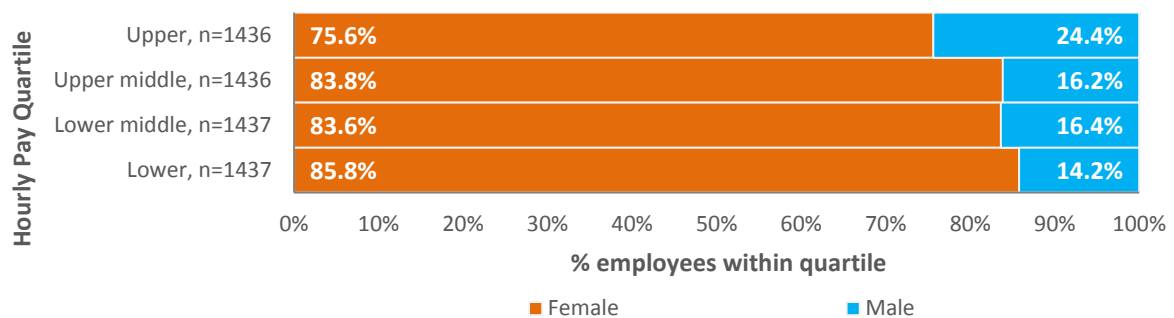
Thus, the overall gap in the proportions of bonus payments made to men and women, in favour of men, appears to reflect that only Medical Consultants are eligible for the bonuses on offer, amongst whom men are overrepresented. When looking at eligible Medical Consultants in isolation, there is no evidence of a gender bias, either in terms of the rates at which women and men apply for a Clinical Excellence Award, or in terms of the rates of successful application.

For reference, in 2017/18, 0.3% of female relevant employees received a bonus, whilst 2.7% of male relevant employees received a bonus (this was also the case in 2016/17). Again, the bonuses paid were almost exclusively in the form of Clinical Excellence Awards, paid only to eligible Medical Consultants.



Proportions of men and women within each quartile pay band

At March 2019, women comprised 82.2% of the 5746 full-pay relevant employees. Women were underrepresented in the upper pay quartile, **75.6%**, and were proportionately represented in the upper-middle, **83.8%**, lower-middle, **83.6%**, and lower, **85.8%**, pay quartiles. Overall, women were **0.67** times as likely as men to be in the top pay quartile. (For reference, at March 2018, women were 0.70 times as likely as men to be in the top pay quartile, and at March 2017, women were 0.69 times as likely as men to be in the top pay quartile.)

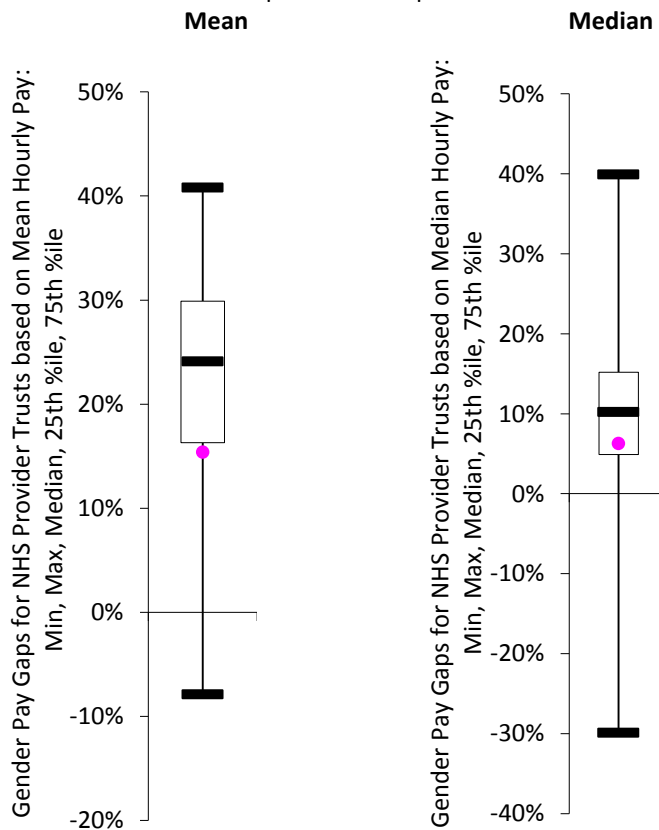


Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2017/18 financial year against other NHS provider trusts

Hourly pay: At March 2018, LPT had a Gender Pay Gap of **+15.4%** for mean hourly pay and **+6.3%** 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 **21st percentile** for mean hourly pay and at the **31st percentile** for median hourly pay (*i.e.*, in the lowest third of NHS provider trusts for both measures). For reference, at March 2017, LPT had a Gender Pay Gap of +16.7% for mean hourly pay (28th percentile) and +4.0% for median hourly pay (23rd percentile).

Gender Pay Gaps in Hourly Pay across NHS Provider Trusts (box and whisker plots), March 2018

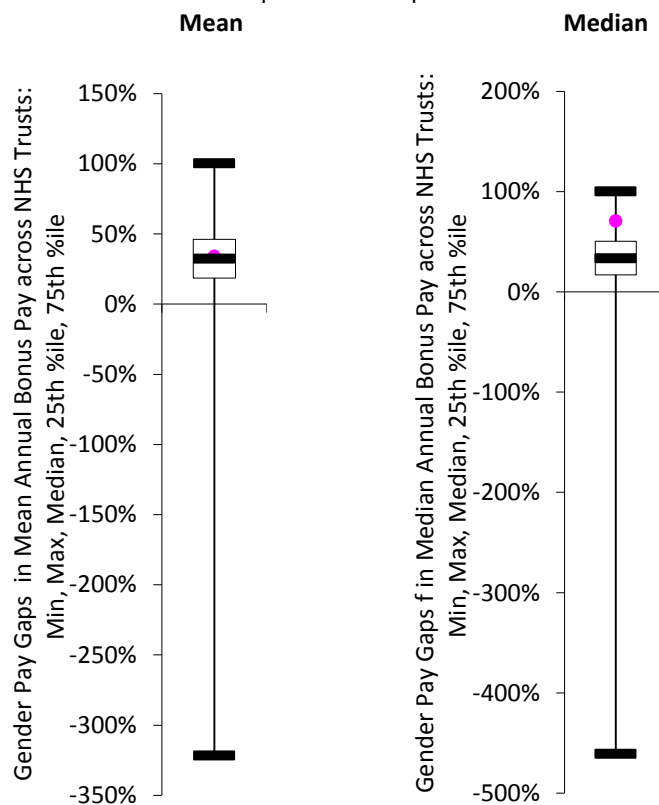
- Leicestershire Partnership NHS Trust's position in the distribution is indicated by a pink dot



Annual bonus pay: In 2017/18, LPT had a Gender Pay Gap of **+33.9%** for mean annual bonus pay and **+70.8%** 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 **54th percentile** for mean annual bonus pay and at the **87th percentile** for median annual bonus pay (*i.e.*, just in the top half 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 – the discrepancy between the mean and median based Gender Pay Gaps in annual bonus pay at LPT arose because, amongst women, a small number of very high bonus payments skewed the mean gender pay gap downwards without having such a large effect on the median; under these circumstances the median gives a better indication of typical bonus pay). It is noted that at LPT, bonus payments were made only to Medical Consultants (in the form of Clinical Excellence Awards); this may not have been the case at other NHS provider trusts. For reference, in 2016/17, LPT had a Gender Pay Gap of +22.1% (34th percentile) for mean annual bonus pay and +60.0% (81st percentile) for median annual bonus pay, both in favour of men.

Gender Pay Gaps in Annual Bonus Pay across NHS Provider Trusts (box and whisker plots), 2017/18

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

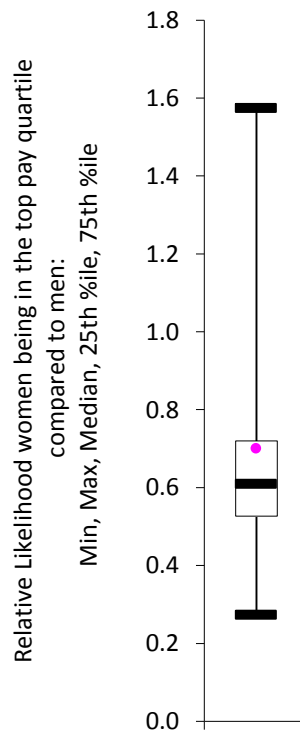


Relative likelihood of women being in the top pay quartile compared to men:

At March 2018, women at LPT were **0.70** times as likely as men to be in the top quartile for hourly pay; this placed LPT at the **69th 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). For reference, at March 2017, women at LPT were 0.69 times as likely as men to be in the top quartile for hourly pay (71st percentile).

Relative Likelihoods of Women being in the Top Pay Quartile Compared to Men, across NHS Provider Trusts (box and whisker plot), March 2018

- 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 2019 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 2018 and 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 a paucity of part-time working at higher levels (band 5 and above). There was also an overrepresentation of men in middle to upper-middle level, full-time roles (band 5 to band 8a). 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 17/18 financial year, LPT had a smaller Gender Pay Gap in favour of men than most other trusts (lower than 79% in terms of the mean and lower than 69% in terms of the median). 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 trusts.

A table summarising the main findings of the present analyses and proposing actions is given overleaf.

Metric	Findings	Action	Lead	Review Date
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, +15.6% , and in terms of median hourly pay, +6.7% .	<p>Draw parallels with the Athena SWAN charter (advancing the careers of women in science, technology, engineering, maths and medicine) to help shape the Trust's approach to gender equality in career progression: https://www.ecu.ac.uk/equality-charters/athena-swan/about-athena-swan/</p> <p>Promote the Trust's flexible working policy to ensure that flexible working can be supported in senior roles.</p>	Head of EDI and HR Team	August 2020
Proportions of men and women within each quartile pay band	Women were underrepresented within the highest pay quartile (75.6%), compared to their level of representation amongst all full-pay relevant employees (82.2%).	<p>At all levels, encourage job applications from those seeking flexible / family friendly working patterns. Some employers (for example 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 is used in their job adverts, even for their most senior roles, to encourage applications from a wider pool of candidates:</p> <ul style="list-style-type: none"> - https://www.workingfamilies.org.uk/campaigns/happy-to-talk-flexible-working/ - https://www.workingfamilies.org.uk/wp-content/uploads/2016/01/Happy-to-Talk-Flexible-Working-strapline-Jan-16-with-all-logos.pdf <p>Schedule important meetings and training at "family friendly" times.</p> <p>Continue to progress LPT's WeNurture programme, which is a career development programme, ensuring that it is accessible to all. Evaluate the number of applications coming through from part-time female employees.</p> <p>Government guidance on actions to take to address a gender pay gap: https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based_actions_for_employers.pdf</p>		

Table continued overleaf...

Metric	Findings	Action	Lead	Review Date
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 +33.7% in terms of the mean and +62.5% in terms of the median, both in favour of men.	Further analysis on the award of Clinical Excellence Awards over the past three years (April 2016 to April 2018 – corresponding approximately to the number in receipt of CEAs in 2018/19) indicated that female and male consultants were similarly likely to apply for an award, and were similarly likely to be successful if they applied.	Medical Staffing and Revalidation Support Manager	August 2020
Proportions of men and women in receipt of bonus pay	Overall, 0.3% of female relevant employees received a bonus, whilst 2.4% of male relevant employees received a bonus. Only Medical Consultants received bonus pay (Clinical Excellence Awards). Considering only Medical Consultants who applied for a CEA (Apr16 to Apr18): 63.3% of female Consultants were successful compared to 71.4% of male Consultants.	Historically (over the past ten years), men have been more likely to apply for a CEA, although this trend is not apparent more recently. Ongoing promotion of the CEA scheme should continue to encourage applications from all eligible consultants, ensuring accessibility for all. Consideration could be given to eliminating any unconscious bias by anonymising the award process. The Trust is working with the Government Equalities Office on a pilot project designed to research access to CEAs for female and male clinicians.		