

## Leicestershire Partnership NHS Trust: Gender Pay Gap Report

31<sup>st</sup> March 2020

### 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.

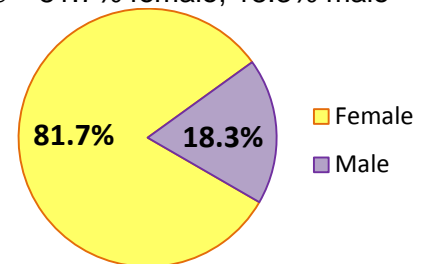
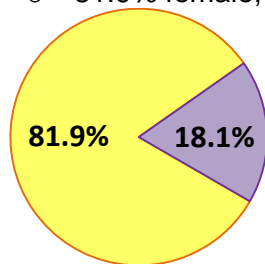
(A “relevant employee” means a person who is employed on the snapshot date; whilst a “full-pay relevant employee” means a relevant employee who is not, during the relevant pay period, being paid at a reduced rate or nil as a result of the employee being on leave.)

## Leicestershire Partnership NHS Trust's workforce at March 2020

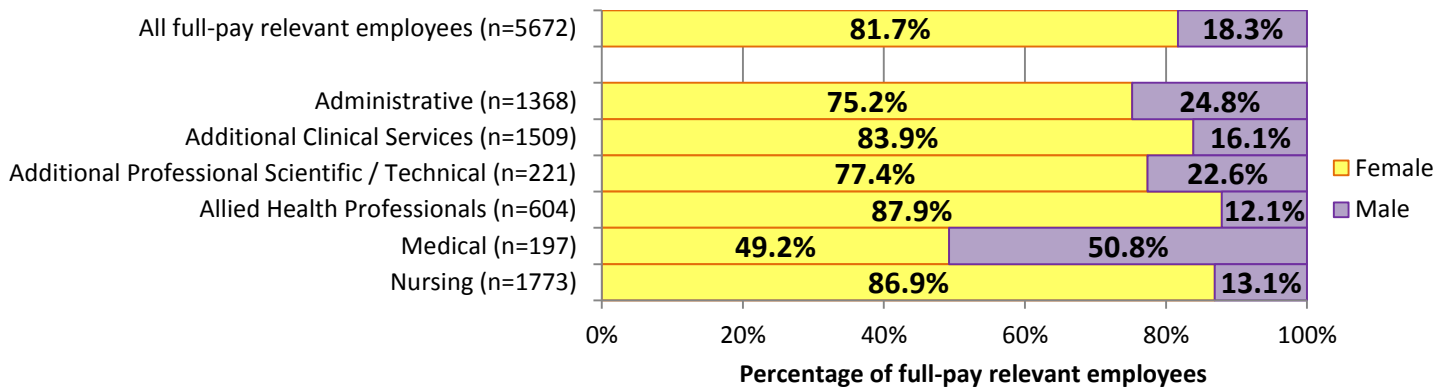
Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (mid-year population estimate at June 2019: 1,100,306).

LPT's workforce at the end of March 2020:

- 6522 relevant employees:
  - 81.9% female, 18.1% male
- of which 5672 were full-pay relevant employees:
  - 81.7% female, 18.3% male

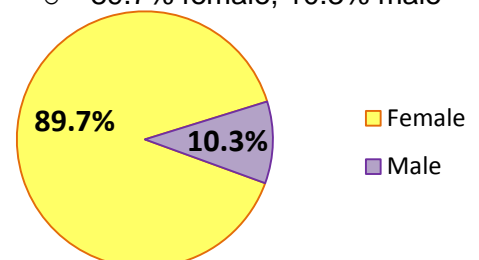
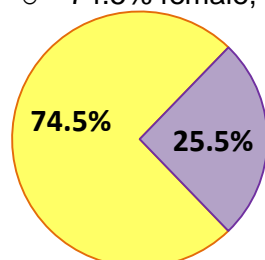


Amongst full-pay relevant employees, men were overrepresented in Administrative roles (24.8% male) and in Medical roles (50.8% male); whilst men were underrepresented amongst Allied Health Professionals (11.9% male) and Registered Nurses (13.0% male).



Nearly half of full-pay relevant employees worked part time (47.7%), with women more likely to work part time than men:

- 2964 full time employees:
  - 74.5% female, 25.5% male
- 2708 part time employees:
  - 89.7% female, 10.3% male

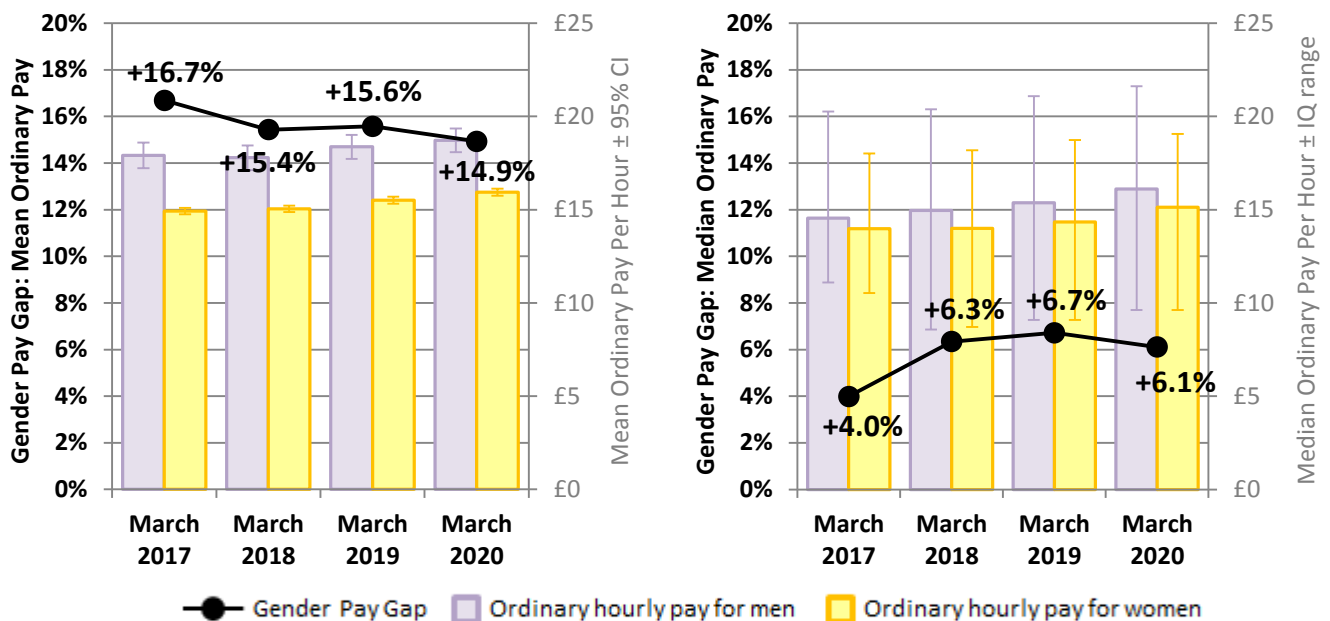


### Gender Pay Gap in mean and median hourly pay

At March 2020, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:

- mean hourly pay gap: +14.9%

- median hourly pay gap: +6.1%

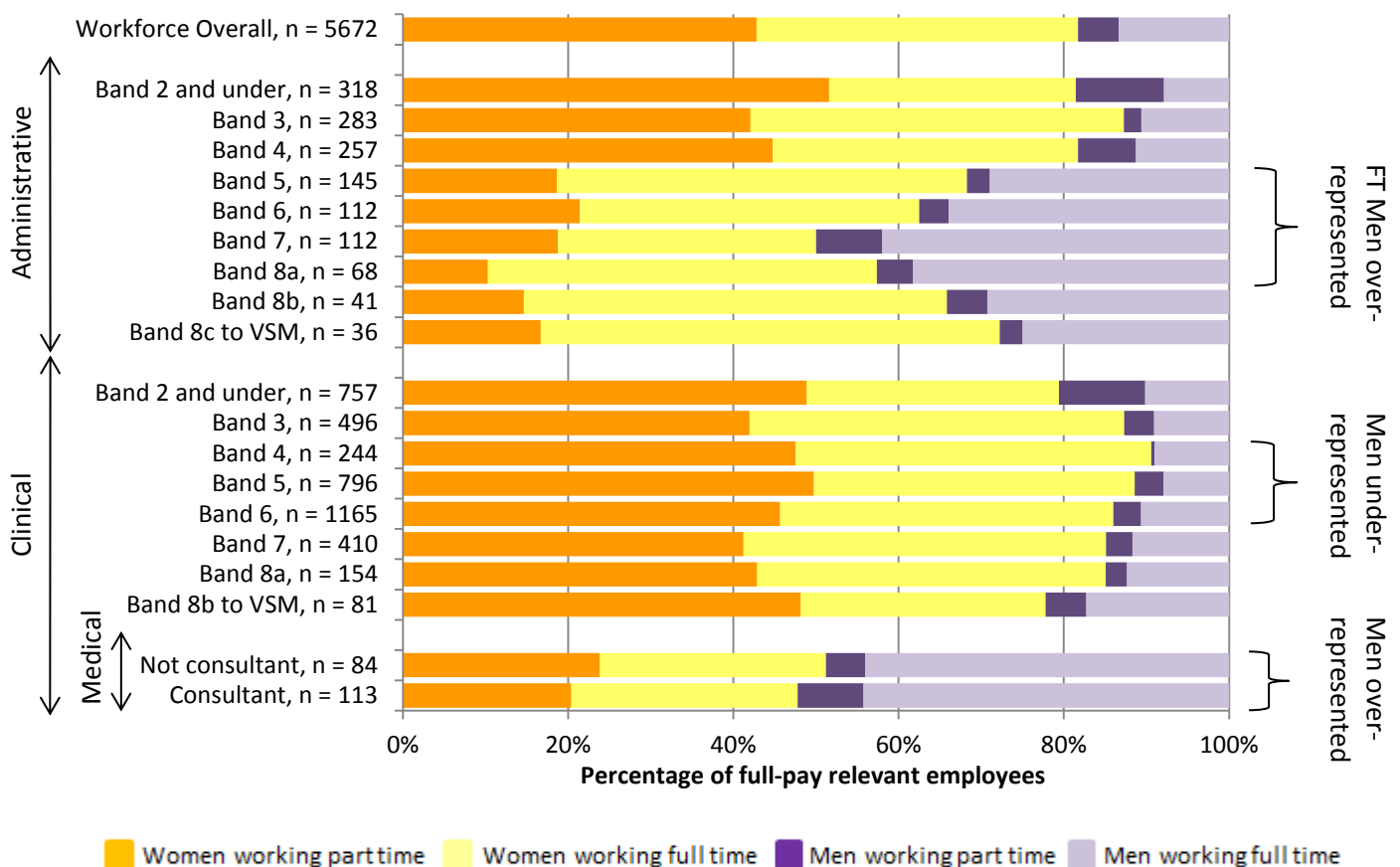


The gender pay gap in terms of mean hourly pay was larger than that in terms of median hourly pay, as the calculation of mean pay for men was skewed upwards by a disproportionately high number of men in medical roles (50.8% of Medics were male compared to 18.3% of all full-pay relevant employees in the Trust). Medics were the highest paid staff group in the Trust, earning 2.4 times the Trust average rate of pay. When Medics were excluded from the calculations, the mean and median gender pay gaps came down to +5.7% and +4.6% respectively (in favour of men).

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.

To understand the origins of the Trust-wide gender pay gap, it is necessary to consider the differing patterns of part time working, for men and women, by pay band, in the administrative and the clinical sections of the workforce.

In administrative roles, women made up 83.4% of the workforce at the lowest pay bands (bands 4 and under), with much lower levels of representation, 61.7%, at higher pay bands (bands 5 and above); this coincided with a drop in part time working from 53.1% at bands 4 and under to 22.2% at bands 5 and above. In contrast, in the clinical workforce outside of medicine (primarily nursing and nursing assistants), women were well represented at all levels, 85.4% overall, and part time working was common at all levels, 50.7% overall.



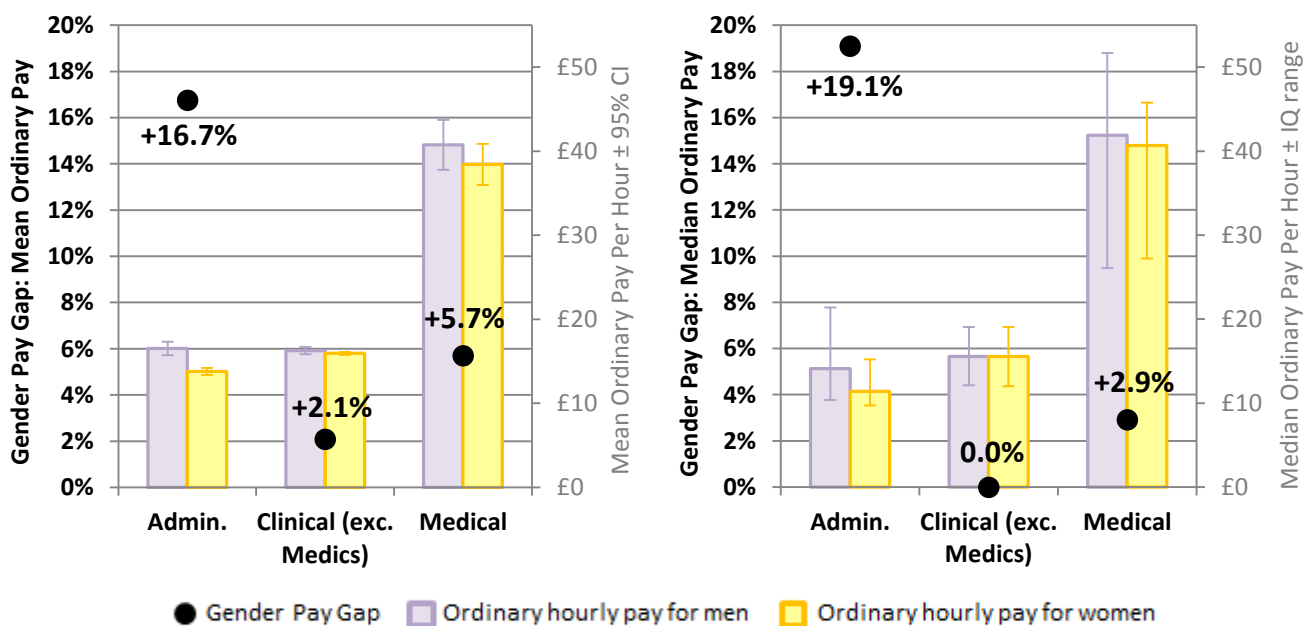
Gender Pay Gaps in different sections of the workforce at March 2020:

- **mean hourly pay gap:**

**administrative staff +16.7%**  
**clinical staff (not medics) +2.1%**  
**medics +5.7%**

- **median hourly pay gap:**

**administrative staff +19.1%**  
**clinical staff (not medics) +0.0%**  
**medics +2.9%**



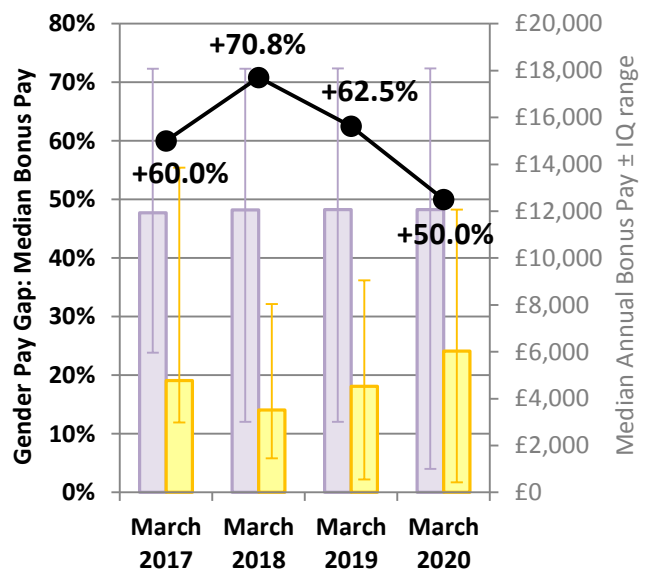
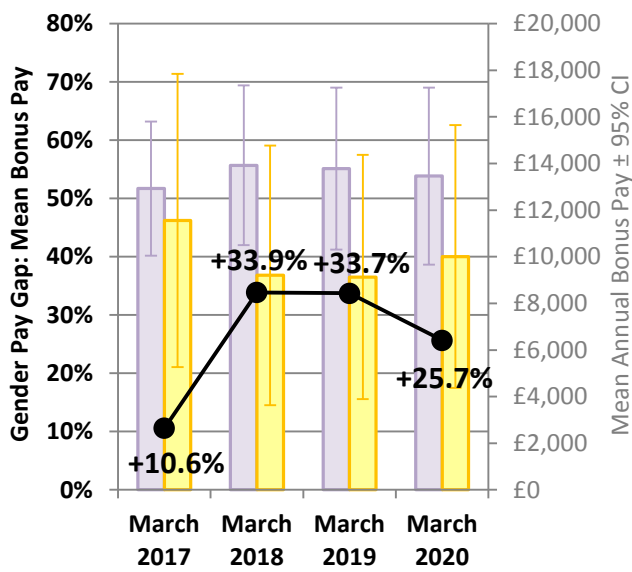
Accordingly, the mean and median gender pay gaps were highest amongst administrative and clerical staff at +16.7% and +19.1% respectively (in favour of men). Meanwhile, the differences in mean and median hourly pay for men and women were not significant in the clinical workforce outside of medicine where the mean and median gender pay gaps were +2.0% and +0.0% respectively. Similarly, differences in mean and median hourly pay for men and women were not significant amongst medics with mean and median gender pay gaps of +5.7% and +2.9% respectively.

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

At March 2020, there was no significant Gender Pay Gap in terms of annual bonus pay:

- **mean annual bonus pay gap: +25.7%**

- **median annual bonus pay gap: +50.0%**



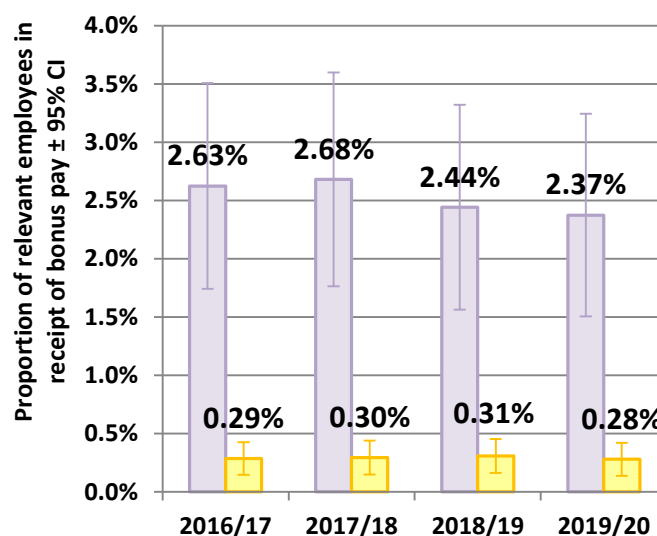
● Gender Pay Gap    ■ Annual bonus pay for men    ■ Annual bonus pay for women

The discrepancy between the mean and median based Gender Pay Gaps in annual bonus pay arose because a small number of high bonus payments amongst women skewed the mean gender pay gap in annual bonus pay downwards, but did not have such a large effect on the median. It is noted that only eligible 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.

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

In 2019/20, amongst relevant employees, a higher percentage of men than women received bonus pay:

- **men: 2.37%**
- **women: 0.28%**



It is noted that, at LPT, 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; although 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. Thus, it is necessary to look specifically at eligible Medical Consultants.

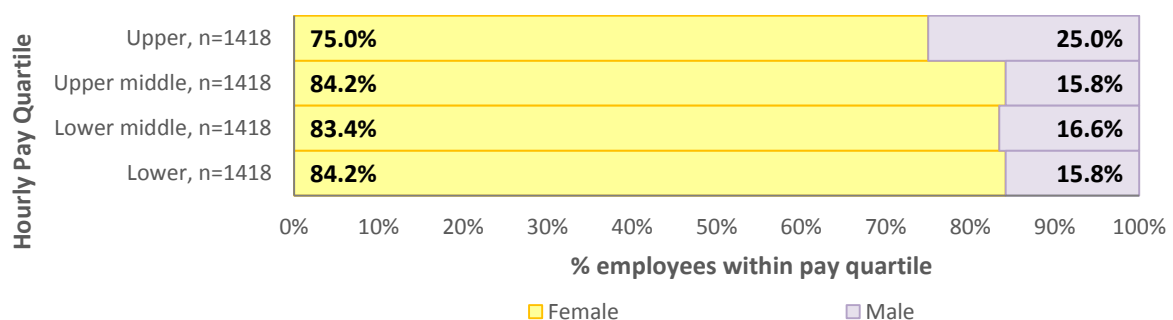
In 2019, from amongst eligible Medical Consultants, men (19.5%, 8/41) and women (14.6%, 6/41) were similarly likely to apply for a Clinical Excellence Award. Amongst these applicants, men (87.5%, 7/8) and women (83.3%, 5/6) were similarly likely to be successful. For comparison, in 2018, from amongst eligible Medical Consultants, men (17.4%, 8/46) were less likely to apply for a Clinical Excellence Award than women (37.5%, 15/40). Amongst these applicants, men (62.5%, 5/8) and women (66.7%, 10/15) were similarly likely to be successful.

Thus, the overall gap in the proportions of bonus payments made to men and women, in favour of men, reflected that bonuses are offered almost exclusively in the form of Clinical Excellence Awards, and only to eligible Medical Consultants, amongst whom men are overrepresented. When looking specifically at the Medical Consultants eligible for these bonuses, there is no evidence of a bias against women in terms of the rates of application for these awards or in terms of the rates of successful application.

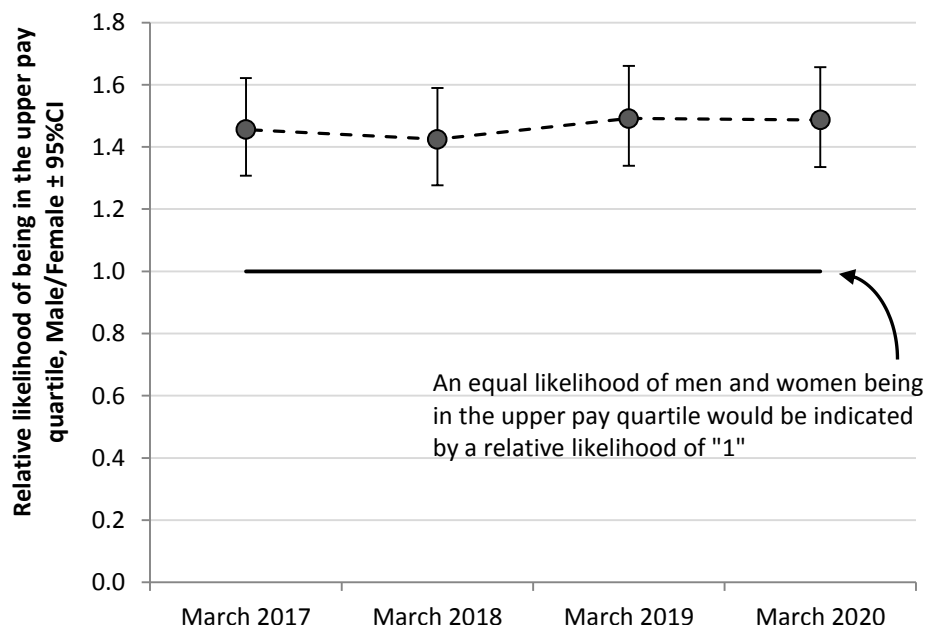
### Proportions of men and women within each quartile pay band

At March 2020:

- women comprised **81.7%** of the 5672 full-pay relevant employees;
- women were underrepresented in the upper pay quartile, **75.0%**;
- women were proportionately represented in the upper-middle, **84.2%**, lower-middle, **83.4%**, and lower, **84.2%**, pay quartiles.



At March 2020, male full-pay relevant employees were 1.5 times more likely than female full-pay relevant employees to be in the upper pay quartile; a similar pattern has been apparent since at least March 2017.



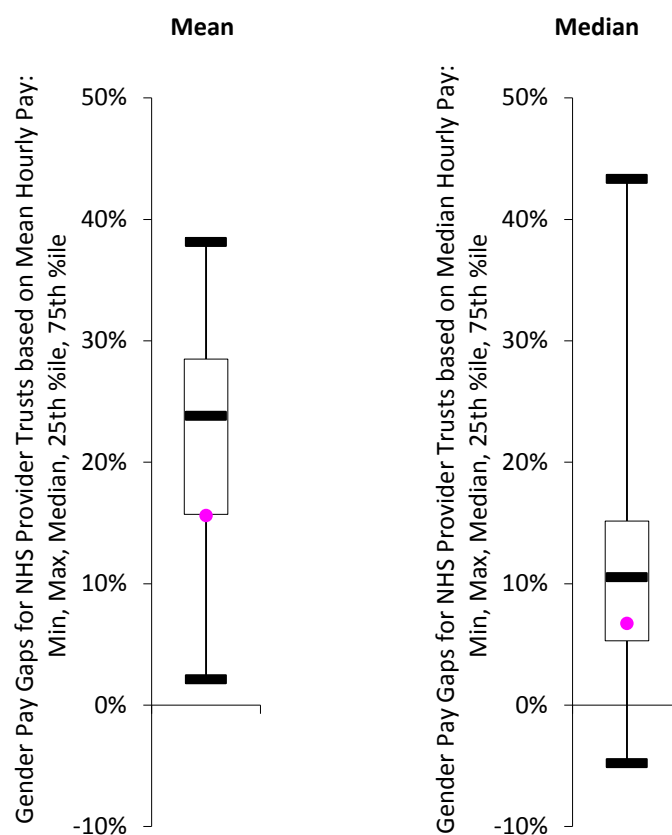


## Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2018/19 financial year against other NHS provider trusts

**Hourly pay:** At March 2019, LPT had a Gender Pay Gap of **+15.6%** for mean hourly pay and **+6.7%** 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 **24<sup>th</sup> percentile** for the mean hourly pay gap and at the **29<sup>th</sup> percentile** for the median hourly pay gap (*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), March 2019

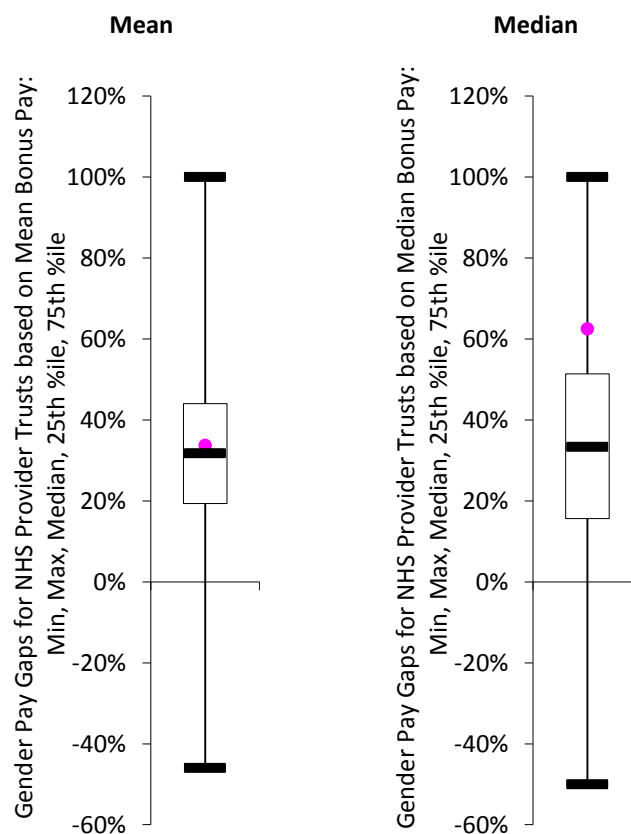
- Leicestershire Partnership NHS Trust's position in the distribution is indicated by a pink dot



**Annual bonus pay:** In 2018/19, LPT had a Gender Pay Gap of **+33.7%** for mean annual bonus pay and **+62.5%** 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 **54<sup>th</sup> percentile** for mean annual bonus pay and at the **82<sup>nd</sup> percentile** for median annual bonus pay (*i.e.*, just in the top half of NHS provider trusts in terms of the mean annual bonus pay gap and in the highest fifth of trusts in terms of the median annual bonus pay gap). 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 high bonus payments skewed the mean gender pay gap downwards without having such a large effect on the median gender pay gap; 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 eligible Medical Consultants (in the form of Clinical Excellence Awards); 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), 2018/19**

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

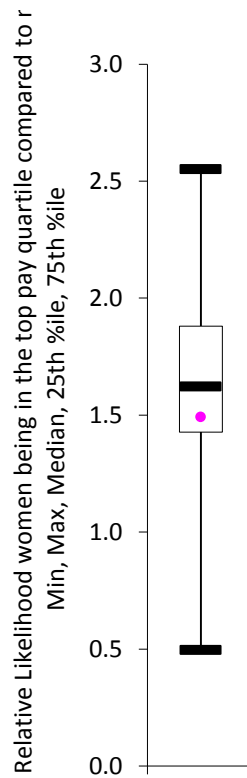


**Relative likelihood of men being in the top pay quartile compared to women:**

At March 2019, men at LPT were **1.49** times more likely than women to be in the top quartile for hourly pay; this placed LPT at the **34<sup>th</sup> percentile** of NHS provider trusts (*i.e.*, just above the lowest third of NHS provider trusts for the relative likelihood of men being in the top pay quartile compared to women – although men were still more likely than women to be in the top pay quartile in absolute terms).

**Relative Likelihoods of Men being in the Top Pay Quartile Compared to Women, across NHS Provider Trusts (box and whisker plot), March 2019**

- 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 2020 indicated the presence of Gender Pay Gaps in favour of men in terms of mean and median hourly pay, but not in terms of mean or median annual bonus pay. Additionally, men were more likely than women to receive bonus pay, and men were more likely than women to be in the top pay quartile. The overall picture in terms of hourly pay and the proportion of men and women in the top pay quartile was very similar to that observed each year since March 2017. Meanwhile, annual bonus pay was similar for men and women in 2019/20, representing an improvement on the positions observed in 2017/18 and 2018/19 (in terms of the median annual bonus pay gap).

Further analyses the hourly pay Gender Pay Gap in favour of men indicated that, in terms of the number of staff affected, this pay gap was driven mainly by staff in non-clinical, administrative roles. An analysis of the gender profile of the workforce by pay band and working pattern (full-time or part-time) indicated that, within administrative roles, women tended to be concentrated in lower paid, part-time positions (band 4 and below), with lower levels of representation for women and a paucity of part-time working in higher paid positions (band 5 and above). A disadvantage in career progression for women, potentially associated with part time working, could be inferred. In contrast, in clinical roles outside of medicine, women were well represented at all levels, with part time working common at all levels.

In comparison to other NHS provider trusts, in the 2018/19 financial year LPT had a smaller hourly pay Gender Pay Gap in favour of men than most other trusts (lower than 76% in terms of the mean and lower than 71% in terms of the median). Additionally, LPT was just above the bottom third of trusts in terms of the relative likelihood of men and women being in the top pay quartile – although men were still more likely than women to be in the top pay quartile 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.

## Main Findings and Action Plan

### Main finding 1

#### Metrics:

- Gender Pay Gap in mean and median hourly pay
- Proportions of men and women within each quartile pay band

#### Findings:

- There was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, **+14.9%**, and in terms of median hourly pay, **+6.1%**.
- Women were underrepresented within the highest pay quartile (**75.0%**), compared to their level of representation amongst all full-pay relevant employees (**81.7%**).

#### Actions:

The Gender Pay Gap in hourly pay was most pronounced in administrative roles; driven by a disproportionately high number of women in lower paid part time administrative roles, and lower levels of representation for women in higher paid administrative roles, coupled with a paucity of part time working in these higher paid roles.

The NHS People Plan for 2020/21 (page 20) states that employers should be open to all clinical and non-clinical permanent roles being flexible. Board members must give flexible working their focus and support. NHS England and NHS Improvement will add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.

[https://www.england.nhs.uk/wp-content/uploads/2020/07/We\\_Are\\_The\\_NHS\\_Action\\_For\\_All\\_Of\\_Us\\_FINAL\\_24\\_08\\_20.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf)

Government guidance on actions to close the gender pay gap can be found here  
[https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based\\_actions\\_for\\_employers.pdf](https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence-based_actions_for_employers.pdf)

Four steps to developing a gender pay gap action plan  
<https://gender-pay-gap.service.gov.uk/public/assets/pdf/action-plan-guidance.pdf>

Actions for employers to take around flexible working, from the 2020/21 NHS People Plan:

- Be open to all clinical and non-clinical permanent roles being flexible.
- Cover flexible working in standard induction conversations for new starters and in annual appraisals.
- Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.
- Board members must give flexible working their focus and support.
- Roll out the new working carers passport to support people with caring responsibilities.

**Lead:**

- Kathryn Burt, Assistant Director of Human Resources

**Review Date**

September 2021

**Main Finding 2****Metrics:**

- Gender Pay Gap in mean and median annual bonus pay
- Proportions of men and women in receipt of bonus pay

**Findings:**

- The Gender Pay Gap in annual bonus pay amongst those that received a bonus was **+25.7%** in terms of the mean and **+50.0%** in terms of the median, neither were statistically significant.
- Overall, **0.28%** of female relevant employees received a bonus, whilst **2.37%** 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 in 2019: 83.3% of female Consultants were successful compared to 87.5% of male Consultants.

**Actions:**

Bonus payments within LPT were almost exclusively in the form Clinical Excellence Awards made only to eligible Medical Consultants.

Analysis of Clinical Excellence Awards in 2019 indicated that female and male consultants were similarly likely to apply for an award, and were similarly likely to be successful if they applied.

The action is to continue promoting and monitoring of access to Clinical Excellence Awards.

**Lead:**

- Angela Salmen, Medical Staffing and Revalidation Support Manager

**Review Date**

September 2021