

Gender Pay Gap Metrics Report 2020/21

Purpose of the Report

- The Gender Pay Gap (GPG) 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.
- The present report aims to fulfil the Trust's statutory duties under the GPG Regulations, which include actions for the Trust's Board:
 - approve the 2020/21 Gender Pay Gap metrics for submission to central government via a reporting portal and publication on the Trust's website, both by 30th March 2022;
 - provide a written statement to confirm that the information is accurate, signed by the Trust's most senior employee;
 - endorse the action plan to address the equality issues indicated by the GPG metrics.
- Assurance is provided that the Trust's statutory duties under the GPG Regulations will be met if the above actions are undertaken.

Analysis of the Issue

- At March 2021, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:
 - mean hourly pay gap: +13.6%
 - median hourly pay gap: +3.9%
- The main cause of the Trust's Gender Pay Gap was that, in administrative and clerical roles, women were more likely to work at pay band 4 and below – associated with a drop in part-time working at pay band 5 and above:
 - women made up 83.8% of the administrative and clerical workforce at pay band 4 and below;
 - women made up 63.4% of the administrative and clerical workforce at pay band 5 and above;
 - the drop in the representation of women in the administrative and clerical workforce at pay band 5 and above was associated with a drop in part-time working from 54.4% at pay band 4 and below to 21.1% at pay band 5 and above;
 - in contrast, within the clinical workforce outside of medicine, women were well represented at all levels, 85.2% overall, and part time working was common at all levels, 49.8% overall.

- The NHS People Plan for 2020/21 states that employers should be open to all clinical and non-clinical permanent roles being flexible, and asks that Board members give flexible working their focus and support.
- Actions to address the Trust's Gender Pay Gap follow recommended actions for employers to take around flexible working, derived from the 2020/21 NHS People Plan. Please see the report that accompanies this summary for the full analysis of the GPG metrics and further details of the action plan.

Proposal

- It is asked that the Trust's Board approves the 2019/20 GPG metrics for two purposes:
 - submission of summary figures to central government via a reporting portal by 30th March 2022,
 - publication of the accompanying GPG report on the Trust's public-facing website by 30th March 2022.
- It is asked that the Trust provides a written statement which confirms that the GPG information is accurate, signed by the Trust's most senior employee.
- These are legal requirements of the GPG Regulations.
- NHS Employers state that a GPG action plan should be produced to address issues arising from the GPG metrics and that this action plan should be discussed and endorsed by the Trust's Board to signal a strong commitment to tackling gender inequality in the workplace. The Trust's Board is therefore asked to endorse the action plan detailed in the accompanying report.
- The requirements above reflect an annual governance cycle.
- The 2020/21 GPG Report, which is intended for publication on the Trust's public-facing website, is provided below for information.

Decision required

- Please approve the GPG metrics for submission to central government.
- Please approve the accompanying report for publication on the Trust's public-facing website.
- Please provide a written statement which confirms that the GPG information is accurate, signed by the Trust's most senior employee.
- Please endorse the GPG Action Plan, detailed in the accompanying report:

- this endorsement could take the form of a minuted statement, recorded at this meeting;
 - an endorsement of the action plan could be provided alongside the written statement which confirms that the GPG information is accurate.
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- Failure to comply to with the Gender Pay Gap Regulations can result in:
 - enforcement action undertaken by the Equality and Human Rights Commission
 - formal investigations and assessments
 - action to ensure that the metrics are produced and published.
 - reputational damage to the organisation
 - the names of organisations that fail to comply with the GPG regulations are published on the website of the Equality and Human Rights Commission
 - the names of organisations that fail to comply with the GPG regulations have also been published in the national press.
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- Ultimately, a failure to act upon the equality issues indicated by the GPG metrics could result in a failure to deliver workforce equality, diversity and inclusion (item 24 on the Trust's risk register).

Governance table

For Board and Board Committees:		
Paper sponsored by:	Sarah Willis (Director of Human Resources and Organisational Development)	
Paper authored by:	Haseeb Ahmad (Head of Equality, Diversity and Inclusion); Iain Darker (Data Analyst: Equality, Diversity and Inclusion)	
Date submitted:	13 September 2021	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	N/A	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	This report is part of an annual governance cycle	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	X
	Single Patient Record	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	24. Failure to deliver workforce equality, diversity and inclusion
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Confirmation provided	
Equality considerations:	Y	

Leicestershire Partnership NHS Trust: Gender Pay Gap Report

31st March 2021

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.

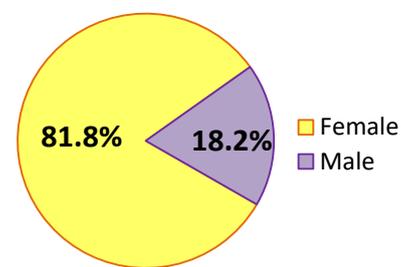
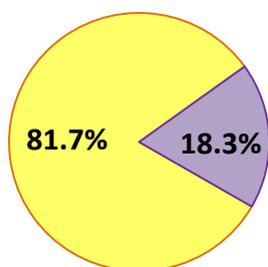
(A “relevant employee” means a person who is employed on the snapshot date; whilst a “full-pay relevant employee” means a relevant employee who is not, during the relevant pay period, being paid at a reduced rate or nil as a result of the employee being on leave).

Leicestershire Partnership NHS Trust's workforce at March 2021

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).

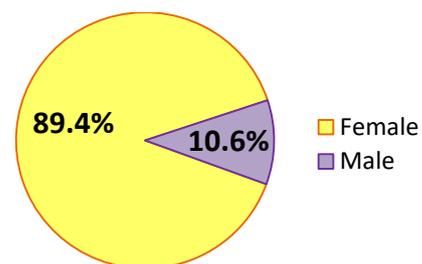
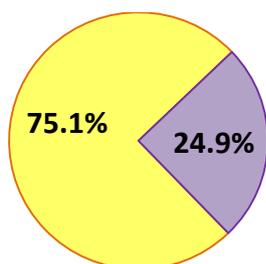
LPT's workforce at the end of March 2021:

- 6671 relevant employees:
 - 81.7% female, 18.3% male
- of which 5865 were full-pay relevant employees:
 - 81.8% female, 18.2% male

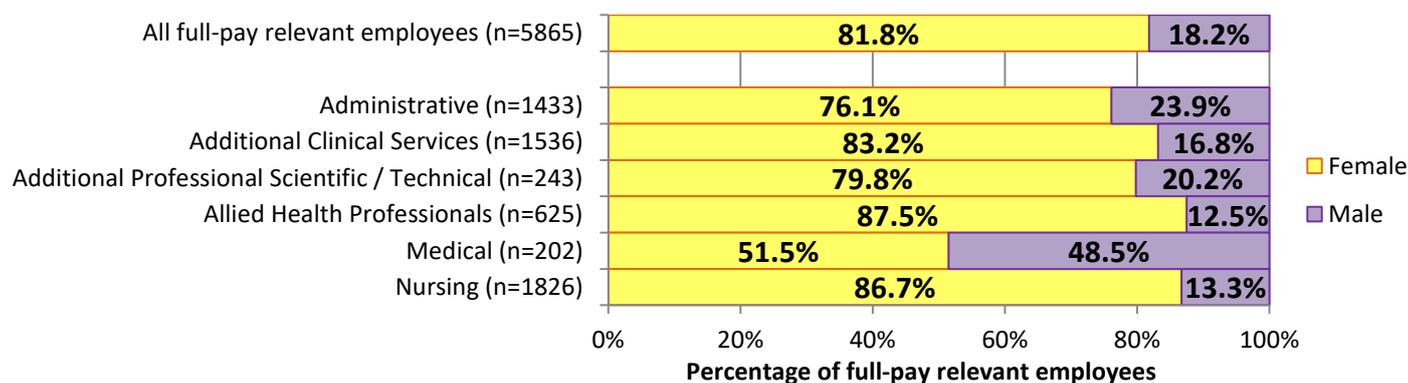


Around half of full-pay relevant employees worked part time (47.1%), with women 1.9 times more likely to work part time than men (51.4% of women worked part time compared to 27.6% of men):

- 3101 full time employees:
 - 75.1% female, 24.9% male
- 2764 part time employees:
 - 89.4% female, 10.6% male

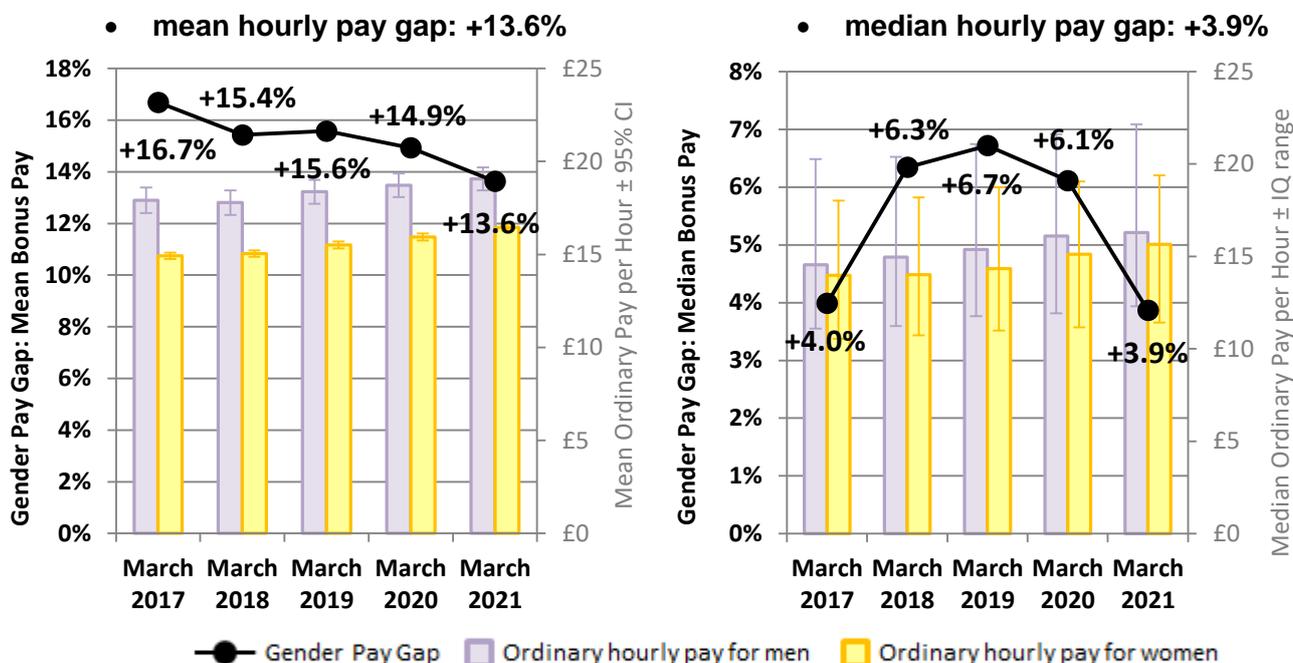


Amongst full-pay relevant employees, men were overrepresented in Administrative roles (23.9% male) and in Medical roles (48.5% male); whilst men were underrepresented amongst Allied Health Professionals (12.5% male) and Registered Nurses (13.3% male).



Gender Pay Gap in mean and median hourly pay

At March 2021, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:

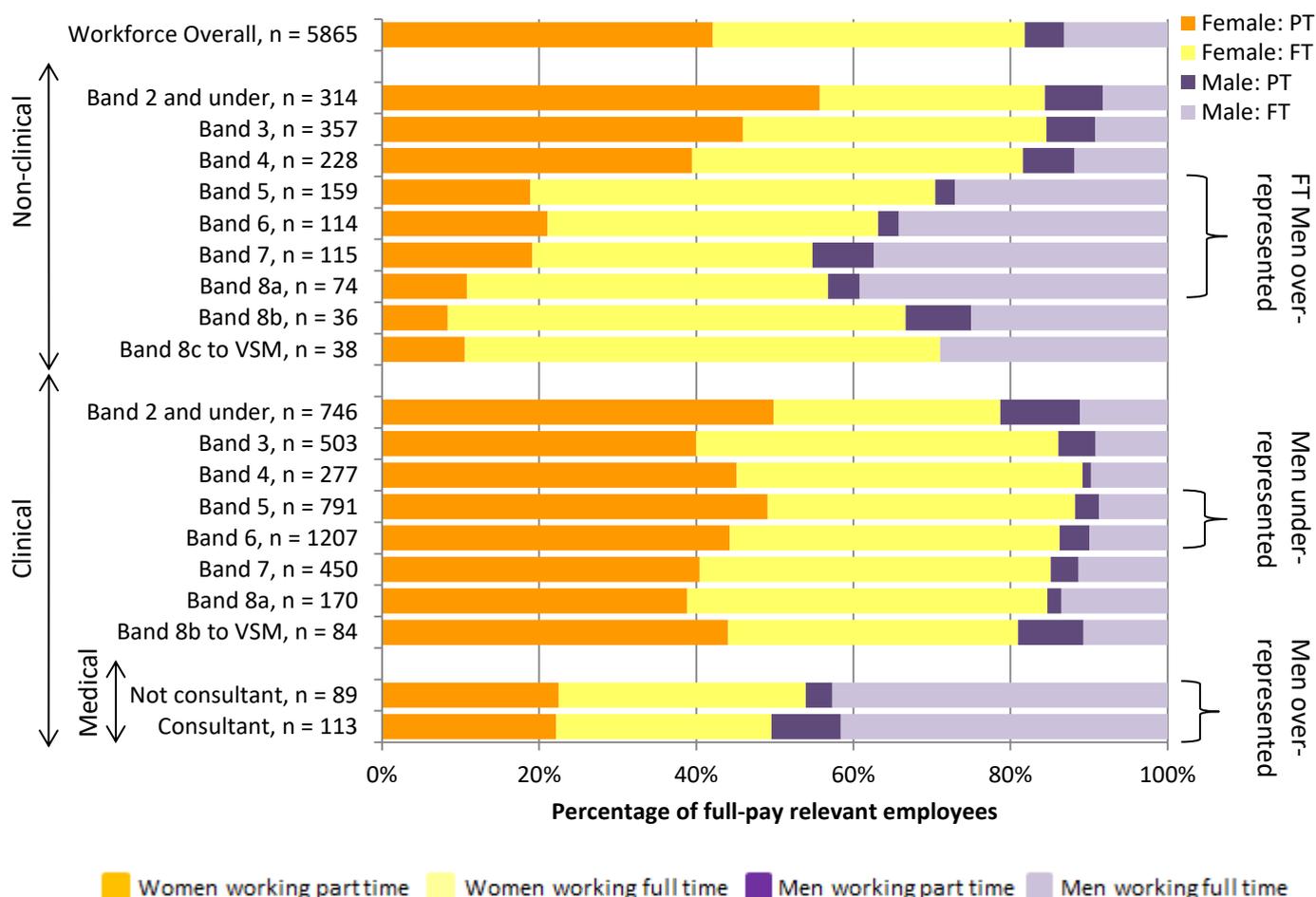


The gender pay gap in terms of mean hourly pay was larger than that in terms of median hourly pay, as the calculation of mean pay for men was skewed upwards by a disproportionately high number of men in medical roles (48.5% of Medics were male compared to 18.2% of all full-pay relevant employees in the Trust). Medics were the highest paid staff group in the Trust, earning 2.3 times the Trust average rate of pay. When Medics were excluded from the calculations, the mean and median gender pay gaps came down to +5.0% and +1.3% 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.

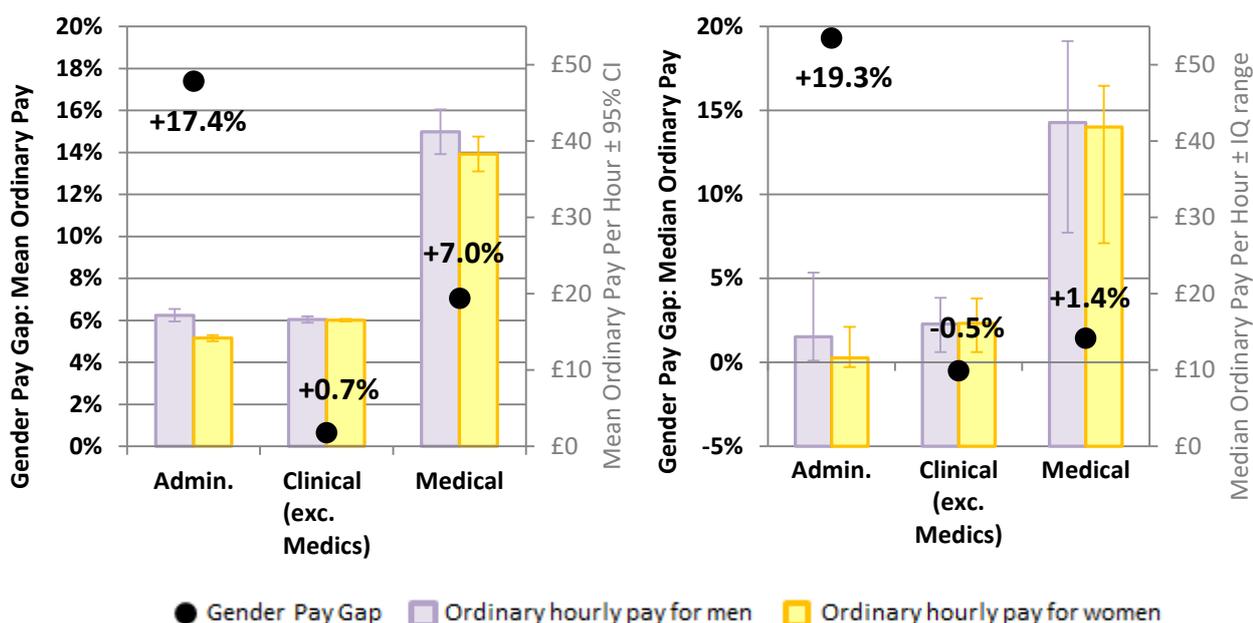
To understand the origins of the Trust-wide gender pay gap, it is necessary to consider the differing patterns of part time working, for men and women, by pay band, in the administrative and the clinical sections of the workforce.

In administrative roles, women made up 83.8% of the workforce at the lowest pay bands (bands 4 and under), with much lower levels of representation, 63.4%, at higher pay bands (bands 5 and above); this coincided with a drop in part time working from 54.4% at bands 4 and under to 21.1% 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, 85.2% overall, and part time working was common at all levels, 49.8% overall.



Gender Pay Gaps in different sections of the workforce at March 2021:

- **mean hourly pay gap:**
 - administrative staff **+17.4%**
 - clinical staff (not medics) **+0.7%**
 - medics **+7.0%**
- **median hourly pay gap:**
 - administrative staff **+19.3%**
 - clinical staff (not medics) **-0.5%**
 - medics **+1.4%**



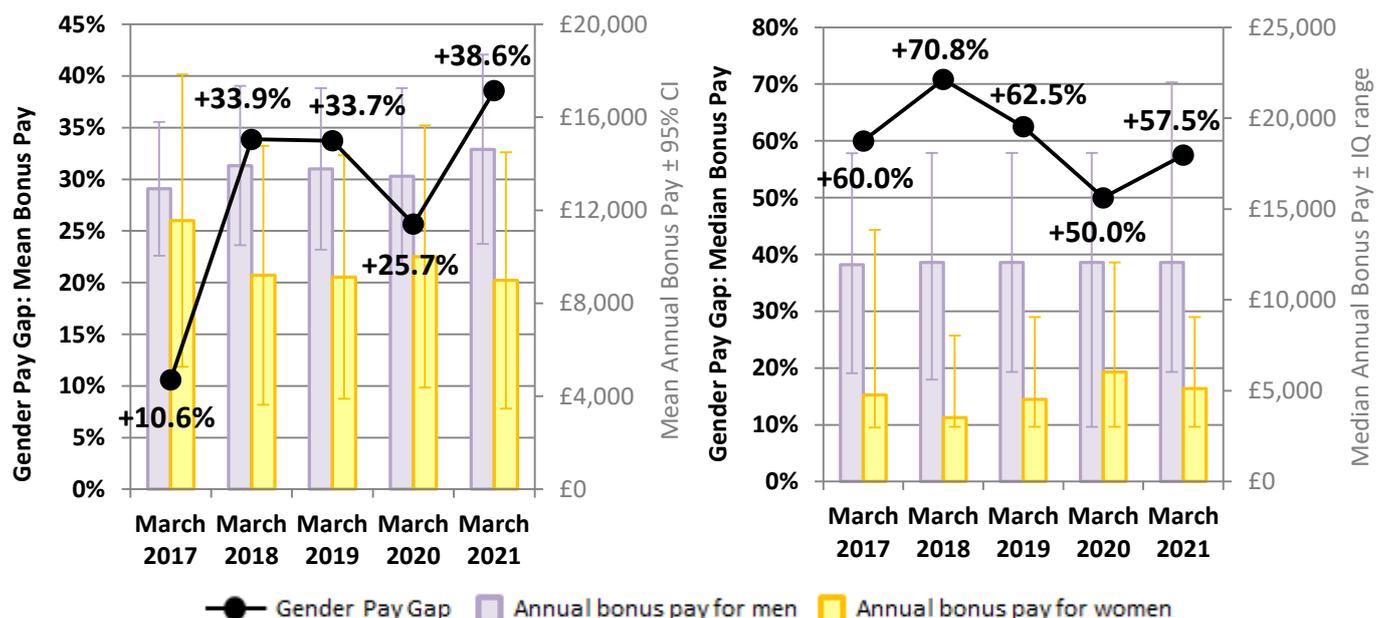
Accordingly, the mean and median gender pay gaps were highest amongst administrative and clerical staff at +17.4% and +19.3% respectively (in favour of men). Meanwhile, the differences in mean and median hourly pay for men and women were not significant in the clinical workforce outside of medicine where the mean and median gender pay gaps were +0.7% and -0.5% 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 +7.0% and +1.4% respectively.

Gender Pay Gap in mean and median annual bonus pay

At March 2021, there was no significant Gender Pay Gap in terms of annual bonus pay:

- mean annual bonus pay gap: +38.6%

- median annual bonus pay gap: +57.5%

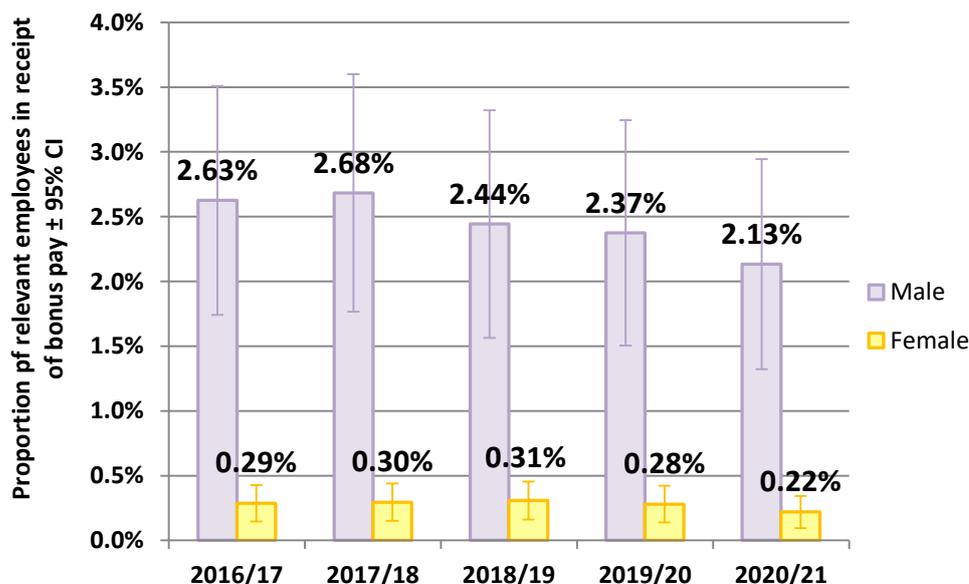


The discrepancy between the mean and median based Gender Pay Gaps in annual bonus pay arose because a small number of high bonus payments amongst women skewed the mean gender pay gap in annual bonus pay downwards, but did not have such a large effect on the median. It is noted that only eligible Medical Consultants received bonus payments; and in all instances 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 2020/21, amongst relevant employees, a higher percentage of men than women received bonus pay:

- men: 2.13%
- women: 0.22%



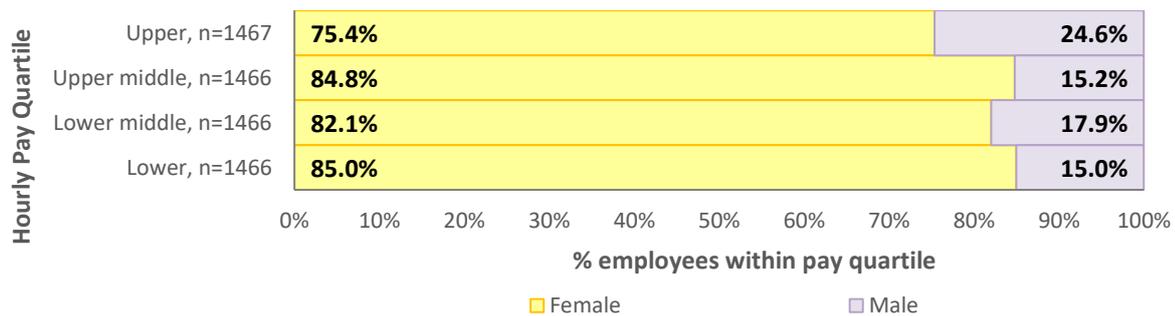
At LPT, only Medical Consultants received bonus pay, and in all cases these bonuses were in the form of Clinical Excellence Awards. Clinical Excellence Awards are made only to eligible Medical Consultants, who must normally apply for the award, to be paid annually thereafter for a maximum of three years. However, NHS Employers and the British Medical Association published a joint statement to notify that the 2020 round of awards would be halted nationally as a result of the Covid-19 pandemic; with the award money to be distributed equally amongst eligible Consultants (pro rata of full-time employment). There was no application process. Thus, bonus payments made during the 2020/21 financial year reflect this non-competitive process, as well as awards made in previous years.

In 2019, analyses of the competitive process for awarding Clinical Excellence Awards indicated that, 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. Thus, the overall gap in the proportions of bonus payments made to men and women, in favour of men, reflected that bonuses are offered exclusively in the form of Clinical Excellence Awards, and only to eligible Medical Consultants, amongst whom men are overrepresented.

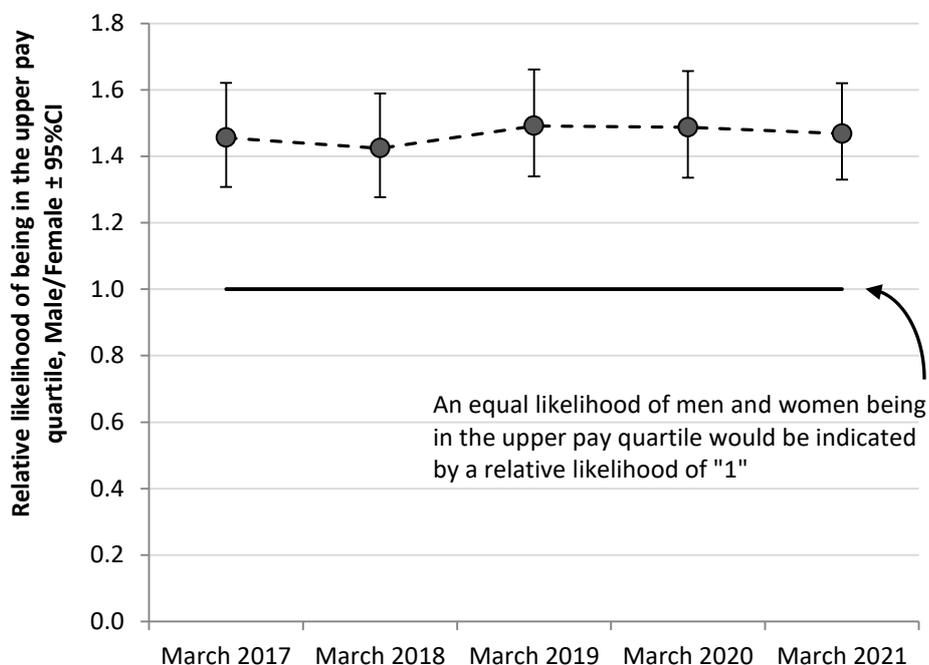
Proportions of men and women within each quartile pay band

At March 2021:

- women comprised **81.8%** of the 5865 full-pay relevant employees;
- women were underrepresented in the upper pay quartile, **75.4%**;
- women were proportionately represented in the upper-middle **84.8%**, lower-middle **82.1%**, and lower **85.0%**, pay quartiles.



At March 2021, 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.



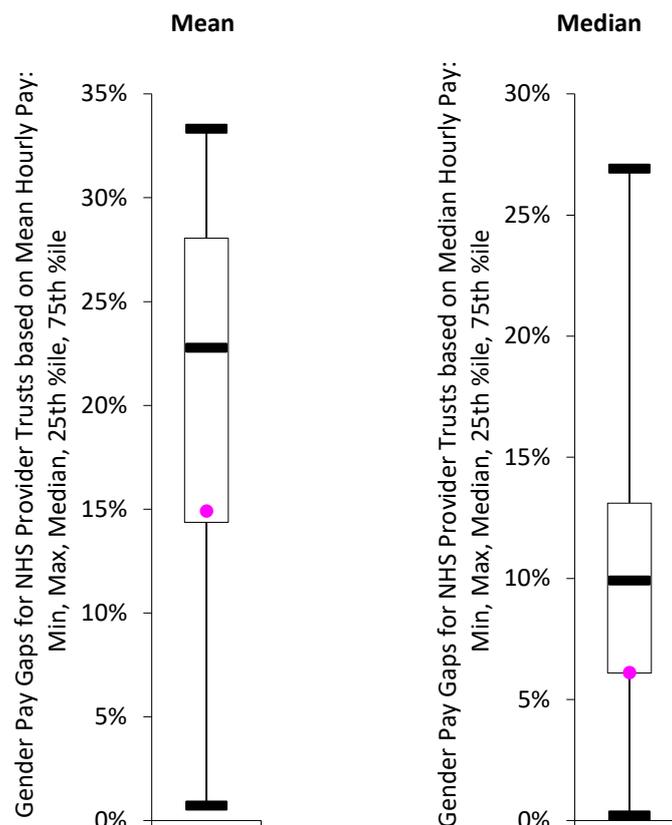
Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2019/20 financial year against other NHS provider trusts

In response to the COVID-19 pandemic, there were changes to the enforcement of the gender pay gap reporting regulations for the previous reporting year (*i.e.*, for normal pay figures based on a snapshot date of 31st March 2020 and bonuses paid during 2019/20). Just 64 NHS Trusts submitted gender pay gap data for the previous reporting year, compared to 151 NHS Trusts for the reporting year prior to that. The benchmarking analyses presented below may be unreliable as a result of the NHS Trusts for which data are missing.

Hourly pay: At March 2020, LPT had a Gender Pay Gap of **+14.9%** for mean hourly pay and **+6.1%** 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 **27th percentile** for the mean hourly pay gap and at the **23rd 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 2020

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

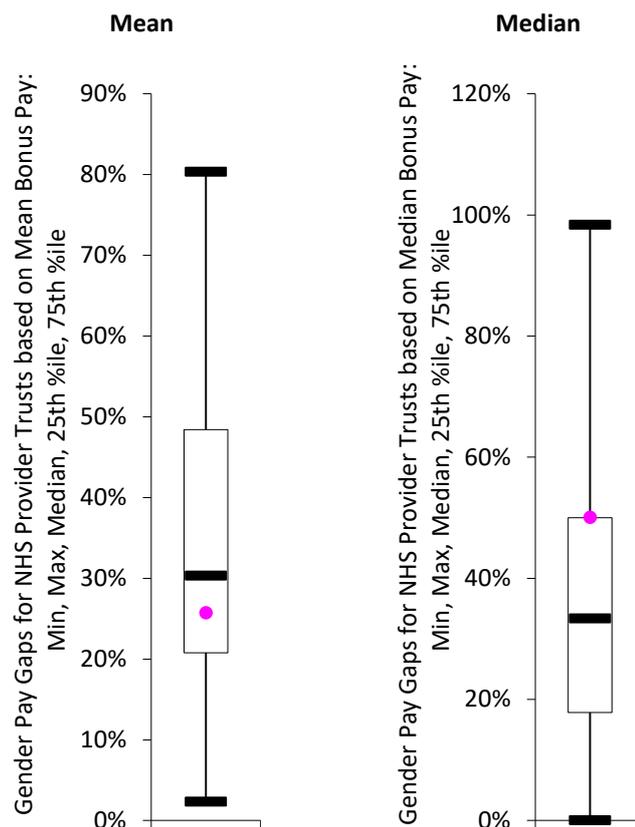


Annual bonus pay: In 2019/20, LPT had a Gender Pay Gap of **+25.7%** for mean annual bonus pay and **+50.0%** for median annual bonus pay, both in favour of men. In terms of the size of these Gender Pay Gaps compared to other NHS provider trusts, this placed LPT at the **35^h percentile** for mean annual bonus pay and at the **72nd percentile** for median annual bonus pay (*i.e.*, in the bottom half of NHS provider trusts in terms of the mean annual bonus pay gap and in the highest third 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), 2019/20

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

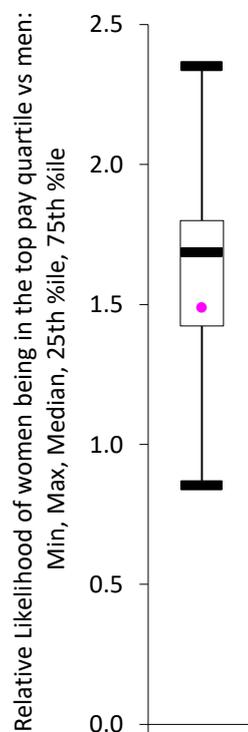


Relative likelihood of men being in the top pay quartile compared to women:

At March 2020, 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 **30th percentile** of NHS provider trusts (*i.e.*, just in 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 2020

- 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 2021 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 both 2020/21 and 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 of 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 in administrative roles, 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 2019/20 financial year LPT had a smaller hourly pay Gender Pay Gap in favour of men than most other trusts (lower than 73% in terms of the mean and lower than 77% in terms of the median). Additionally, LPT was in 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. It is noted that these benchmarking analyses may be unreliable as less than half the number of Trusts submitted Gender Pay Gap data last year, relative to the year before that (related to changes in the enforcement of the gender pay gap reporting regulations in response to the COVID-19 pandemic).

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, **+13.6%**, and in terms of median hourly pay, **+3.9%**.
- Women were underrepresented within the highest pay quartile (**75.4%**), compared to their level of representation amongst all full-pay relevant employees (**81.8%**).

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 to the oversight and performance frameworks a key performance indicator on the percentage of roles advertised as flexible <https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.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

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, Deputy Director of HR & OD

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 **+38.6%** in terms of the mean and **+57.5%** in terms of the median, neither were statistically significant.
- Overall, **0.22%** of female relevant employees received a bonus, whilst **2.13%** of male relevant employees received a bonus. However, only Medical Consultants received bonus pay (Clinical Excellence Awards); amongst whom men were overrepresented.

Actions:

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

In 2020, Clinical Excellence Awards were made to all eligible consultants as a result of a direction from NHS Employers and the BMA that the 2020 round of awards be halted nationally (associated with the Covid-19 pandemic); with the award money to be distributed equally amongst eligible 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.

Action: continue promoting and monitoring of access to Clinical Excellence Awards.

Lead:

- Angela West, Medical Staffing and Revalidation Support Manager

Review Date: September 2021