

## Leicestershire Partnership NHS Trust: Gender Pay Gap Report 2022/23

### Background to the gender pay gap analyses

The Gender Pay Gap Regulations introduced an annual requirement for public authorities and private organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees.

Employees include bank staff and substantive staff, but not agency workers.

A **“relevant employee”** is a person who is employed on the snapshot date (31<sup>st</sup> March 2023). This is our total workforce. The bonus pay gap is calculated for all relevant employees (section 4).

A **“full-pay relevant employee”** is a relevant employee who is not, during the relevant pay period (March 2023), being paid at a reduced rate as a result of being on leave. The hourly pay gap is calculated for full-pay relevant employees only (section 2).

The Gender Pay Gap comprises:

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

The gender pay gap is not the same as the issue of equal pay. Men and women in the same employment performing equal work must receive equal pay. The gender pay gap looks at the difference between what men and women each earn on average, and reflects the fact that there is inequality between the sexes in job roles which leaves women earning, on average, less than men.

### What has been included in the calculations?

**The Electronic Staff Record (ESR) reporting system for the Gender Pay Gap includes various pay elements in its calculation by default. Additional pay elements can be added for locally agreed pay arrangements.**

**“Hourly pay” includes, by default, payments related to ordinary pay:** basic pay, allowances (e.g. recruitment and retention premia), pay for leave, WTD payments, shift premium pay (e.g. enhancements, on call payments), and bonus payments made in the reference period. Hourly pay is calculated after deductions for salary sacrifice schemes, where applicable. Overtime, pay in lieu of notice, pay in lieu of annual leave and arrears are excluded. Hourly pay is calculated before tax, NI and pension deductions. Where an employee has more than one assignment, their pay and

hours will be totalled from all assignments and divided together. Only those who are at work or on leave with full pay are included in the calculation for hourly pay; those on reduced pay or nil pay as a result of being on leave are excluded.

**The following locally agreed payments have also been included in the ordinary hourly pay calculations:** LeDeR payments and Ad Hoc Directors' allowances (ongoing allowances for extra duties must be included); Covid-19 incentive payments for Bank staff (as ongoing recruitment and retention premia must be included), and percentage payments for working on call.

**“Bonus pay”** is defined as: payment related to profit-sharing, productivity, performance, incentive, commission, or long service awards with a monetary value (cash, vouchers, or securities). At LPT bonus pay includes Local Clinical Excellence Awards only.

Note on statistics:

- “Mean” is the average value, calculated by adding up all values and dividing by the number of values. Where there are one or two very small or very large values, this will skew the value of the mean. Mean is relevant because it helps us see the impact of having a few people, usually men, earning much more than the typical workforce, and a few people, usually women, earning less.
- “Median” is the middle value of a data set when all values are ordered smallest to largest. It is less affected by very small or very large values skewing the average. Median is thought to be more relevant to comparing pay in the ‘typical’ workforce, without being skewed by those few people who earn much less or much more than others.

Both mean and median can be useful to explain differences between men’s and women’s pay.

Section 1 – Workforce Overview  
Section 2 – Hourly Pay Gap  
Section 3 – Part-time Working  
Section 4 – Bonus Pay Gap  
Section 5 – Benchmarking  
Section 6 – Next Steps

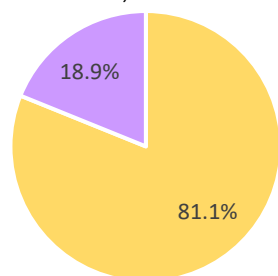
## Section 1: Workforce Overview

### 1.1 Leicestershire Partnership NHS Trust's workforce at March 2023

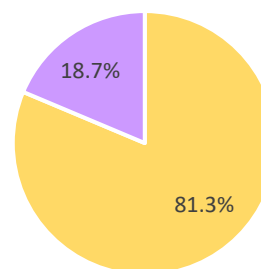
Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (population estimate at March 2021: 1,121,800, based on Census 2021 data).

LPT's workforce at the end of March 2023:

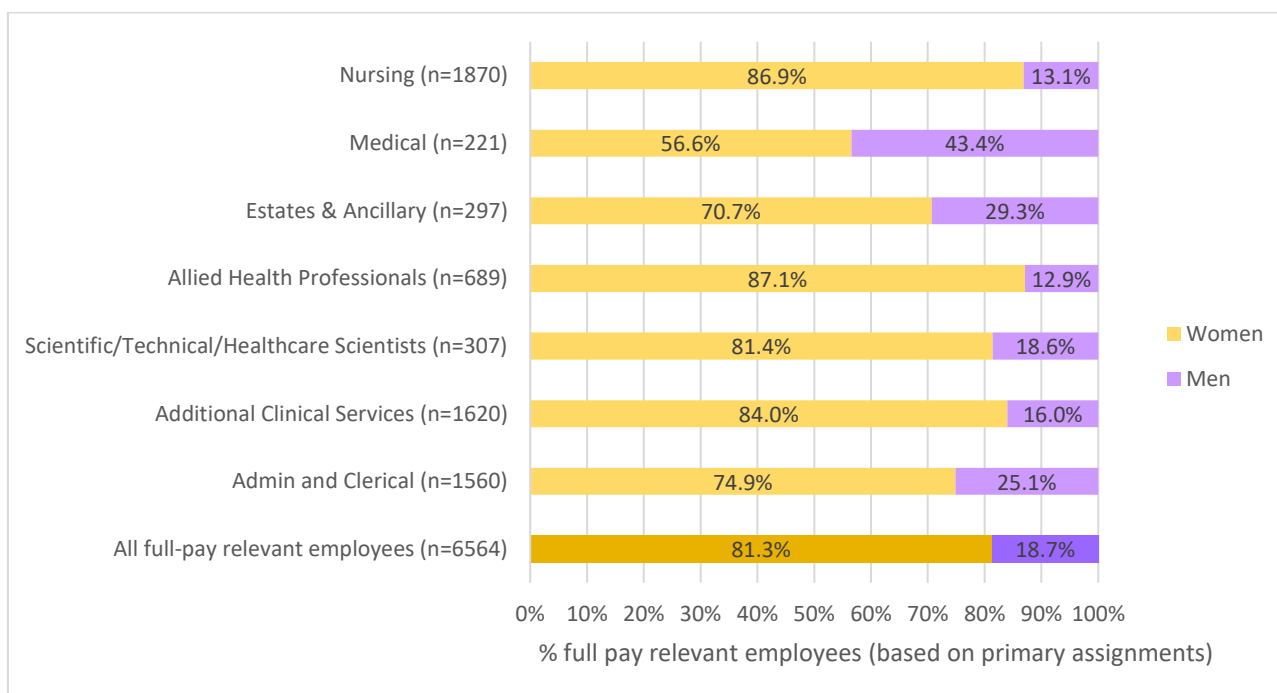
- 7644 relevant employees:
  - 81.1% female, 18.9% male
- of which 6564 were full-pay relevant employees:
  - 81.3% female, 18.7% male



■ Women ■ Men



■ Women ■ Men



In common with last year, women are over-represented in all aspects of the workforce, however the proportionality of this is skewed within each role. Men are disproportionately over-represented in Medical roles in comparison to the overall workforce, while women are disproportionately over-represented in Nursing and Allied Health Professional roles in comparison to the overall workforce.

## 1.2 Gender Pay Gap Myths

**Myth:** there can't be a gender pay gap because that is illegal.

**Reality:** it is illegal to pay men and women different amounts for doing the same work, but the gender pay gap looks at how much men and women each earn on average, across all roles. There are more women than men in some professions, and more men than women in others. This contributes to the gender pay gap.

**Myth:** There's only a gender pay gap because women are more likely to take parental leave and work part-time than men.

**Reality:** The GPG is based on hourly pay, so it makes no difference how many hours people work each week. Also, maternity leave doesn't impact incremental progression. However, it is likely that working part-time and taking time out to care for children will impact women's chances of career progression, which would certainly have an impact on the gender pay gap.

**Myth:** Women are more likely to participate in salary sacrifice schemes, which reduces their pay.

**Reality:** At LPT in March 2023, 78.5% of full-pay relevant employees participating in salary sacrifice schemes were women, and their deductions made up 68.6% of all salary sacrifice payments. 21.5% of full-pay relevant employees participating in salary sacrifice schemes were men, and their deductions made up 31.4% of all salary sacrifice deductions. As men make up only 18.7% of the workforce, figures show they are more likely than women to participate in such schemes, when compared to the workforce overall.

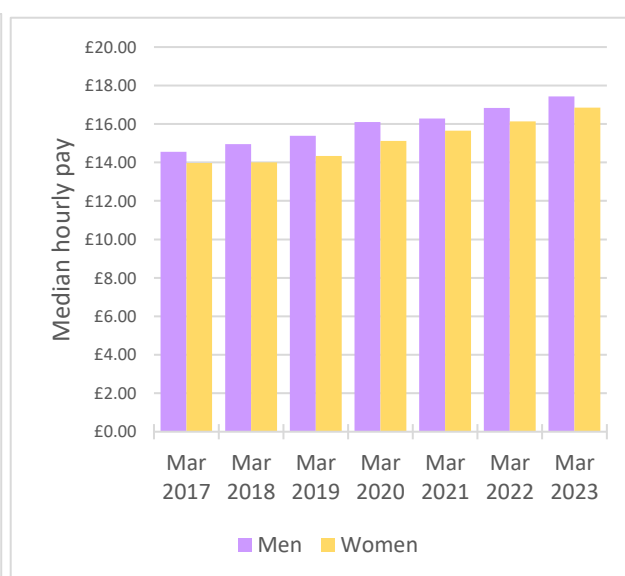
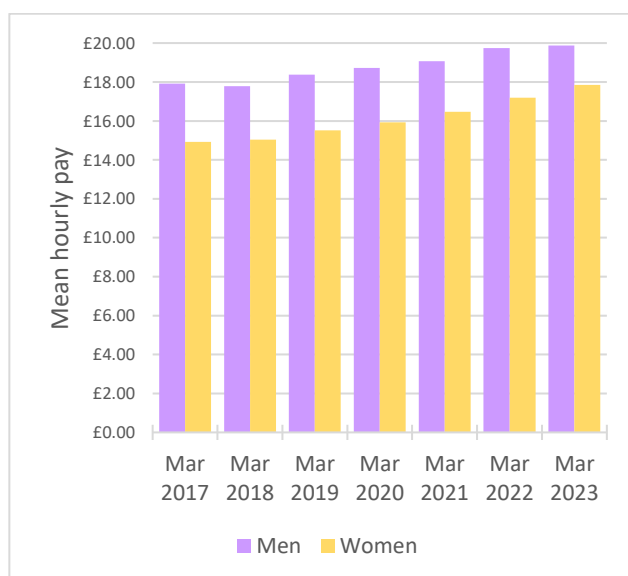
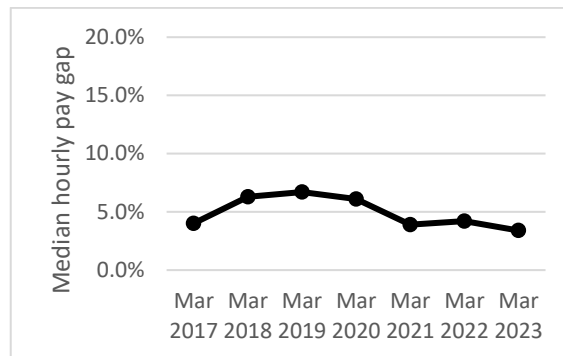
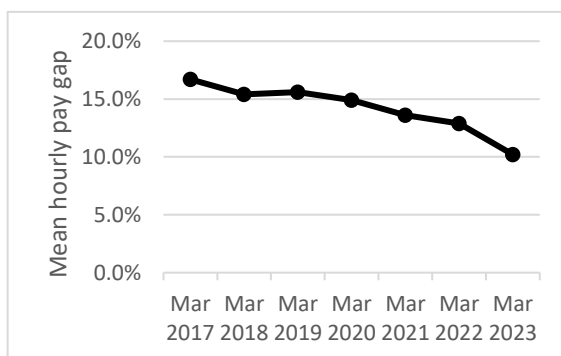
## Section 2: Hourly Pay Gap

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

In March 2023, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:

- mean hourly pay gap: +10.2%

- median hourly pay gap: +3.4%



The gender pay gap in terms of mean hourly pay was larger than the pay gap in terms of median hourly pay. Mean pay for men was skewed upwards due to over-representation in medical roles (43.4% of Medics were male compared to 18.7% of all full-pay relevant employees in the Trust). Medics were the highest paid staff group. When Medics were excluded from the calculations, the mean gender pay gap is +3.7% (in favour of men), and there was no pay gap in terms of median pay.

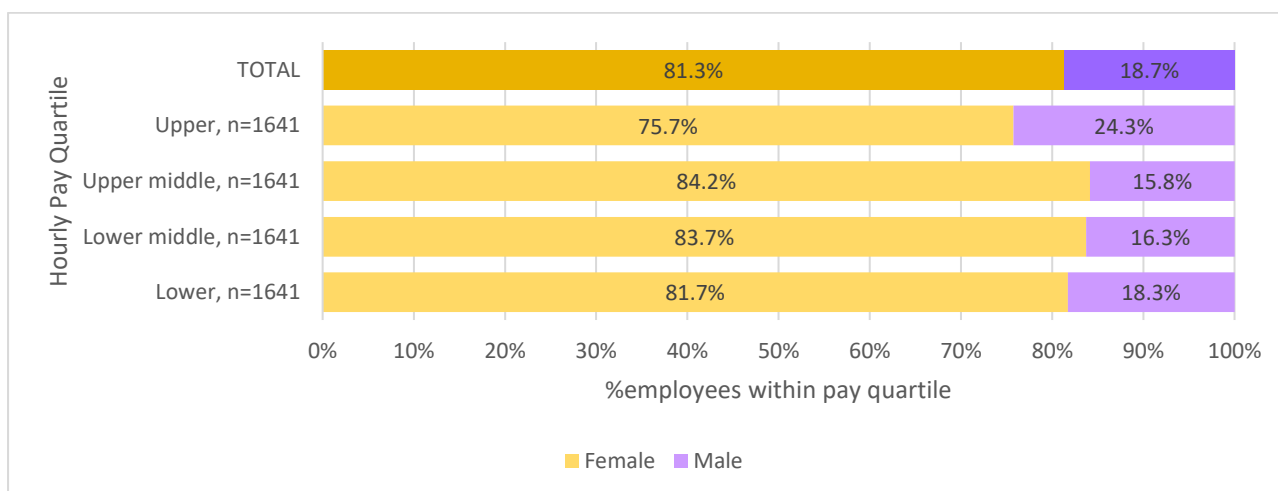
The hourly pay gap has seen a downward trend in recent years:

- Mean hourly pay gap has reduced from 16.7% in 2016/17 to 12.9% last year, to 10.2% this year.
- Median hourly pay gap has overall reduced from 4.0% in 2016/17 to 4.2% last year, to 3.4% this year.

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

At March 2023:

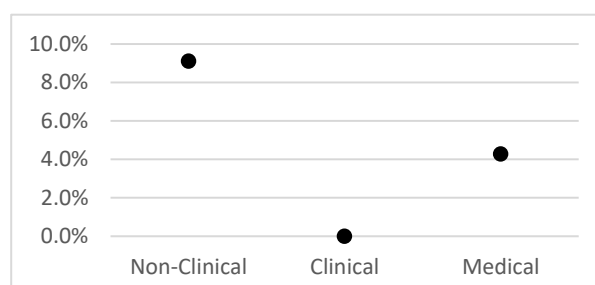
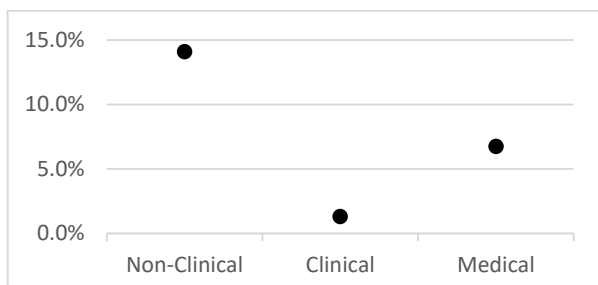
- women comprised **81.3%** of the 6564 full-pay relevant employees;
- women were underrepresented in the upper pay quartile, making up only **75.7%**, similar to 75.4% last year;
- women were proportionately represented in the upper-middle, lower-middle, and lower pay quartiles.
- There are proportionally more men in the lower quartile this year (18.3%) than there were last year (15.3%). This will have contributed to the reduction the gender pay gap.



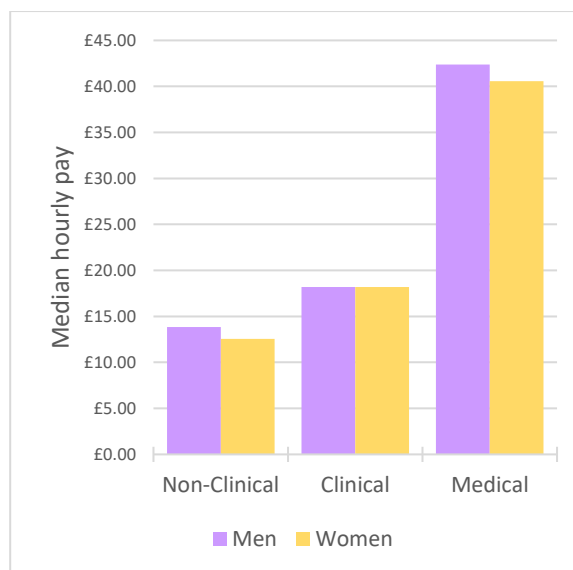
## 2.3 Breakdown by Staff Group

Gender Pay Gaps in different sections of the workforce at March 2023:

- **mean hourly pay gap:**
  - non-clinical staff **+14.1%**
  - clinical staff (not medics) **+1.3%**
  - medics **+6.7%**
- **median hourly pay gap:**
  - non-clinical staff **+9.1%**
  - clinical staff (not medics) **0.0%**
  - medics **+4.3%**



Positive values indicate male pay is higher, negative values indicate female pay is higher.



Mean and median gender pay gaps were highest amongst non-clinical staff in favour of men, still the most significant pay gap despite some improvement on last year (16.0% mean, 15.3% median). The differences in mean and median hourly pay for men and women were much smaller in the clinical and medical workforce, particularly outside of medicine. The clinical pay gap is similar to last year (0.6% mean, -2.0% median in favour of women). The medical staff gender pay gap has reduced since last year (10.4% mean, 8.3% median).

A summary of the gender pay gap within specific non-clinical staff groups is given below:

Area of Work (as listed on ESR, for primary assignment. Smaller categories with fewer people are not included)	Mean hourly pay gap	Median hourly pay gap
Administration (n= 689)	6.90%	2.81%
Audit & Clinical Audit (n= 46)	-9.33%	0.00%
Estates & Facilities (n= 315)	12.58%	-2.98%
Finance & Financial Management (n= 49)	8.81%	21.14%
Human Resources (n= 63)	-10.90%	-13.49%
Information and Communication Technology and Information Management (n= 175)	5.09%	12.36%

- The most significant gender pay gaps in favour of men are in Estates & Facilities, Information and Communication Technology & Information Management, and Finance.
  - In Finance and IT, there are a few women paid much higher hourly rates than the typical female workforce, which skews the average hourly pay up, and the pay gap between men and women down. The median pay gap is more reliable here, showing that there is still a pay gap in favour of men among the typical Finance and IT workforces.
  - In Estates & Facilities, the high average pay gap reflects the fact that there are some men paid much more than women in this staff group. However, the small median pay gap (in favour of women) shows that there is not such a significant gap for the majority of the E&F workforce.
- Human Resources and Audit & Clinical Audit teams have a negative gender pay gap, meaning women are paid on average more than men in these staff groups.

## Section 3: Part-Time Working

### 3.1 Overview

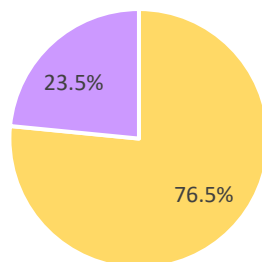
Part-time working does not directly cause the gender pay gap because this is based on hourly rates of pay. However, part-time working is relevant to the pay gap because it may cause perceived or genuine barriers to career progression, if part-time working is not available across different pay bands and professions.

The availability of flexible working, including part-time hours, is likely to influence people's decision to apply for promotions and progress their careers.

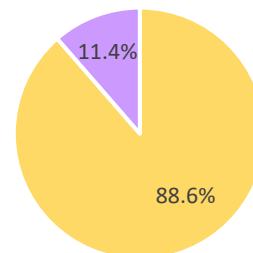
### 3.2 Proportions of Part-Time Working by Gender and Pay Band

39.7% of full-pay relevant employees worked part-time, with 43.2% of women working part-time compared to 24.2% of men. These figures are similar to last year.

- 3957 full time employees:
  - 76.5% female, 23.5% male
- 2607 part time employees:
  - 88.6% female, 11.4% male

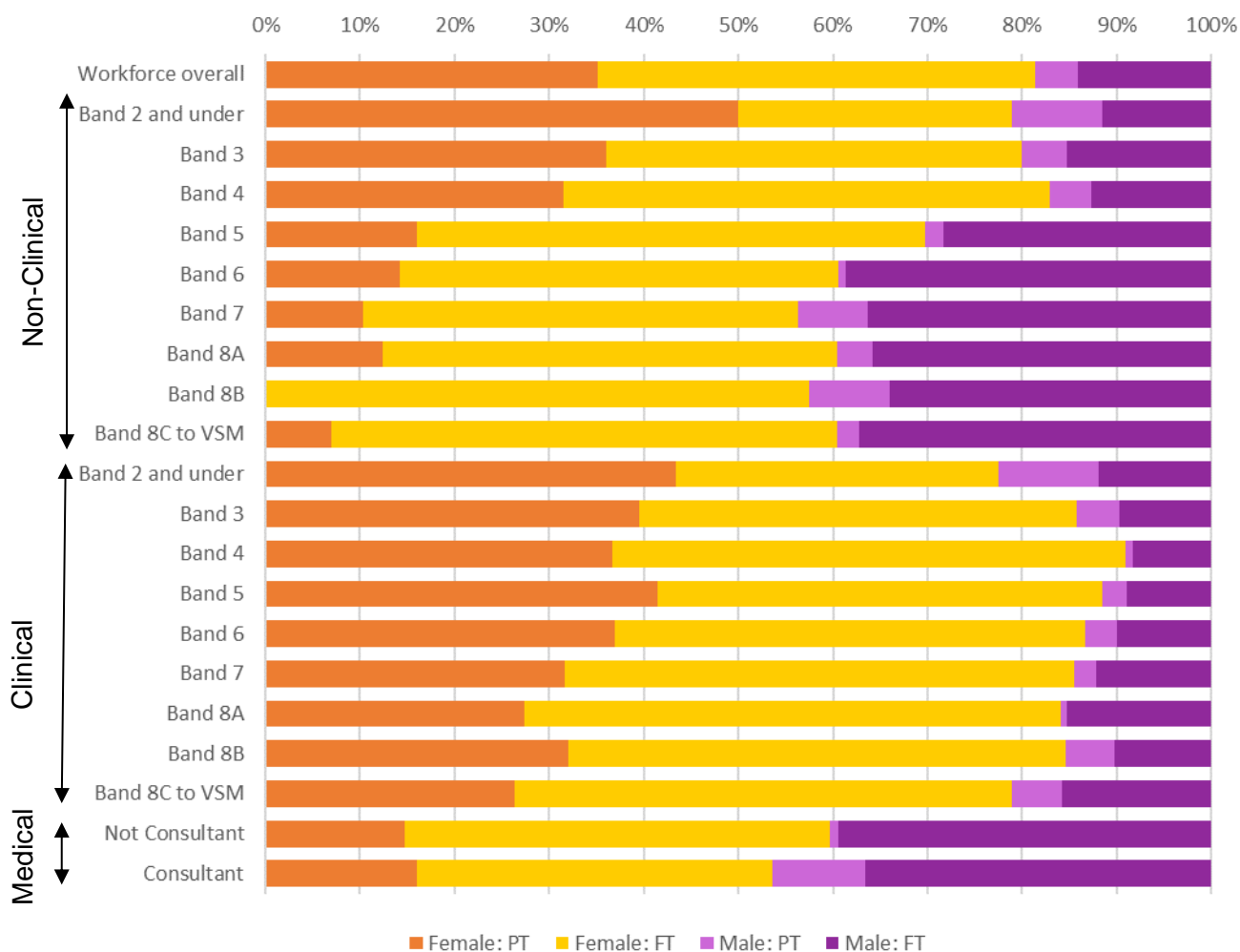


■ Women ■ Men



■ Women ■ Men





Part-time working is more common at lower bands, although this trend is less stark in clinical roles. Women are more likely to work part-time than men across the vast majority of bands.

In common with last year, part-time working is more common in clinical roles, but women are still more likely to work part-time than men. For medics, very few men work part-time, and again this is more common for women regardless of grade.

## Section 4: Bonus Pay Gap

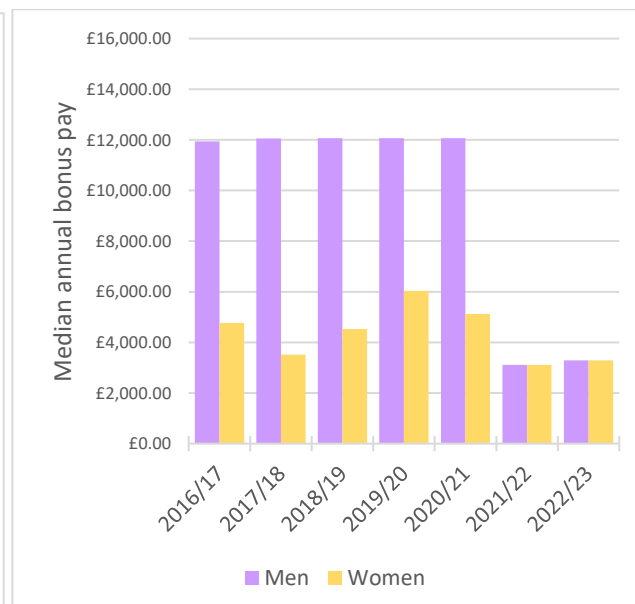
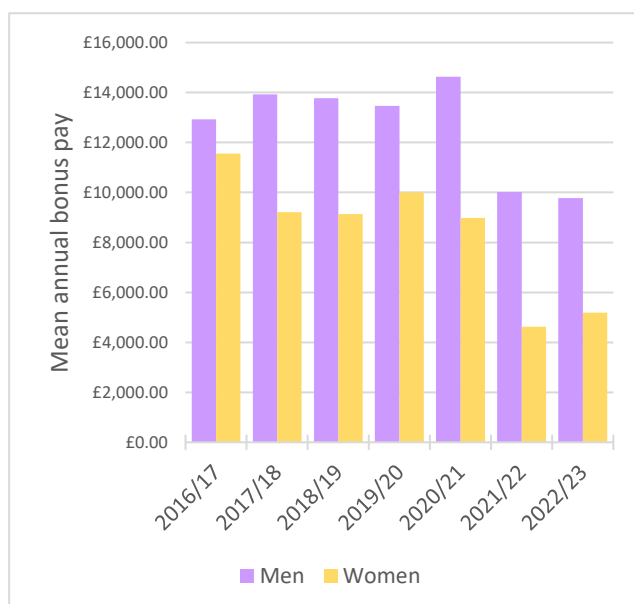
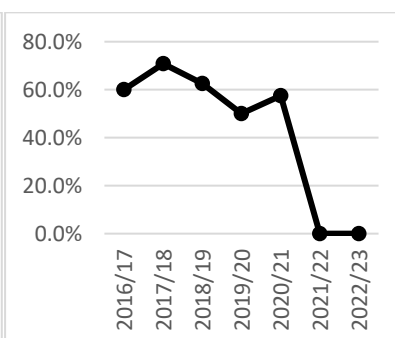
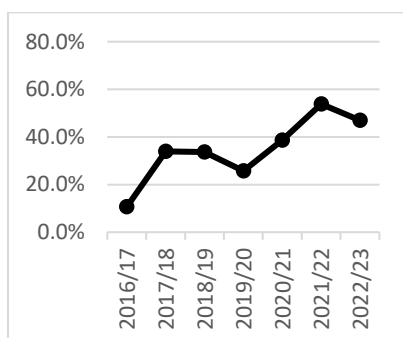
### 4.1 Gender Pay Gap in mean and median annual bonus pay

As in previous years, bonus payments in 2022/23 were exclusively Local Clinical Excellence Awards (CEAs). These payments are paid to eligible Consultants who must usually apply for the award themselves in recognition of providing safe and high-quality care to patients, and commitment to continuous improvement of NHS services.

As in 2020 and 2021, the Local CEA application process did not go ahead in 2022, and national guidance was to pay an equal distribution of the CEA fund to all eligible Consultants as a one-off lump sum. Each eligible doctor received £3285.87 (not pro rata for less than full time; 49 women and 46 men). Thus, bonus payments made during the 2022/23 financial year reflect this non-competitive process, as well as awards made in previous years pre-2020 when there was an application process.

mean annual bonus pay gap: +47.0%

median annual bonus pay gap: 0.0%\*



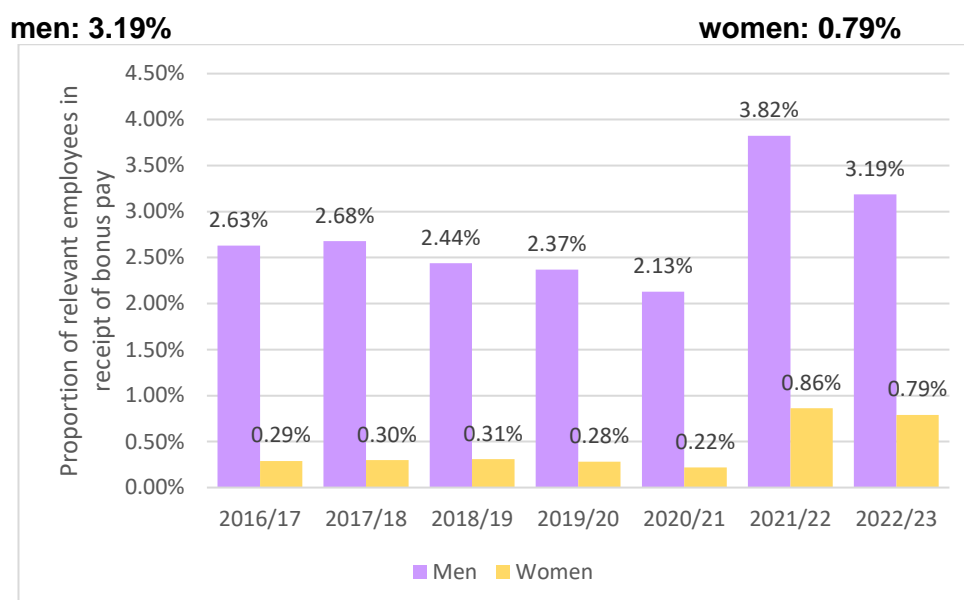
**\*PLEASE NOTE:** There is no gender pay gap between men and women in terms of median pay this year, as the median bonus pay value for both men and women is £3285.87: the one-off lump sum amount paid to all eligible Consultants.

There was a similar non-competitive process in 2020/21 but this is not included in the figures or graphs above.

Part-time consultants are eligible for Clinical Excellence Awards and will be paid on a pro-rata basis. This applies only to the CEAs which were applied for and awarded in previous years, not the one-off lump sum paid to all eligible Consultants, which was not paid on a pro-rata basis. Unlike last year, an equal number of men and women receiving competitive CEAs worked part-time, so this has not driven the bonus pay gap this year.

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

In 2022/23, amongst relevant employees, a higher percentage of men than women received bonus pay:



The percentage of men and women receiving bonus payments in 2022/23 includes those receiving the non-competitive one off lump sum, and therefore the figures are higher than pre-2020.

Men are more likely to receive to bonus payments than women because they are exclusively available to Consultants, which is a staff group where men are over-represented compared to the rest of our workforce.

## Section 5: Benchmarking

### 5.1 Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2021/22 financial year against other NHS provider trusts (2022/23 comparison not yet available)

Trust	Difference in hourly pay		Difference in bonus pay	
	Mean	Median	Mean	Median
<b>LPT</b>	<b>12.9%</b>	<b>4.2%</b>	<b>53.8%</b>	<b>0.0%</b>
Lincolnshire Partnership	17.7%	14.0%	18.0%	17.7%
Northamptonshire Healthcare	16.9%	5.7%	42.9%	39.4%
Nottinghamshire Healthcare	5.4%	-9.3% (pay gap in favour of women)	14.4%	33.3%

## Section 6: Next Steps

### 6.1 Summary and actions

In summary, LPT's gender pay gap has decreased slightly since last year, when looking at hourly pay. However, there still exists a significant pay gap in favour of men, particularly in non-clinical roles.

The bonus pay gap is once again in favour of men, although due to the very small number of people receiving bonuses, it is not as significant as the hourly pay gap.

There are measures we can take to close to gender pay gap, and these are detailed in the action plan attached.

## **6.2 Action Plan (August 2023)**

See attached spreadsheet