

Leicestershire Partnership NHS Trust: Gender Pay Gap Report 2023/24

Background to the gender pay gap analyses

The Gender Pay Gap comprises:

1. the difference between men and women's hourly pay (mean and median);
2. the proportions of men and women in the highest paid jobs and the lowest paid jobs (pay quartiles);
3. the difference between the bonuses paid to men and women (mean and median);
4. and the proportions of men and women who were paid bonus pay.

For a summary of how the gender pay gap is calculated and pay elements included, please see Appendix 1: Technical Guidance.

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.

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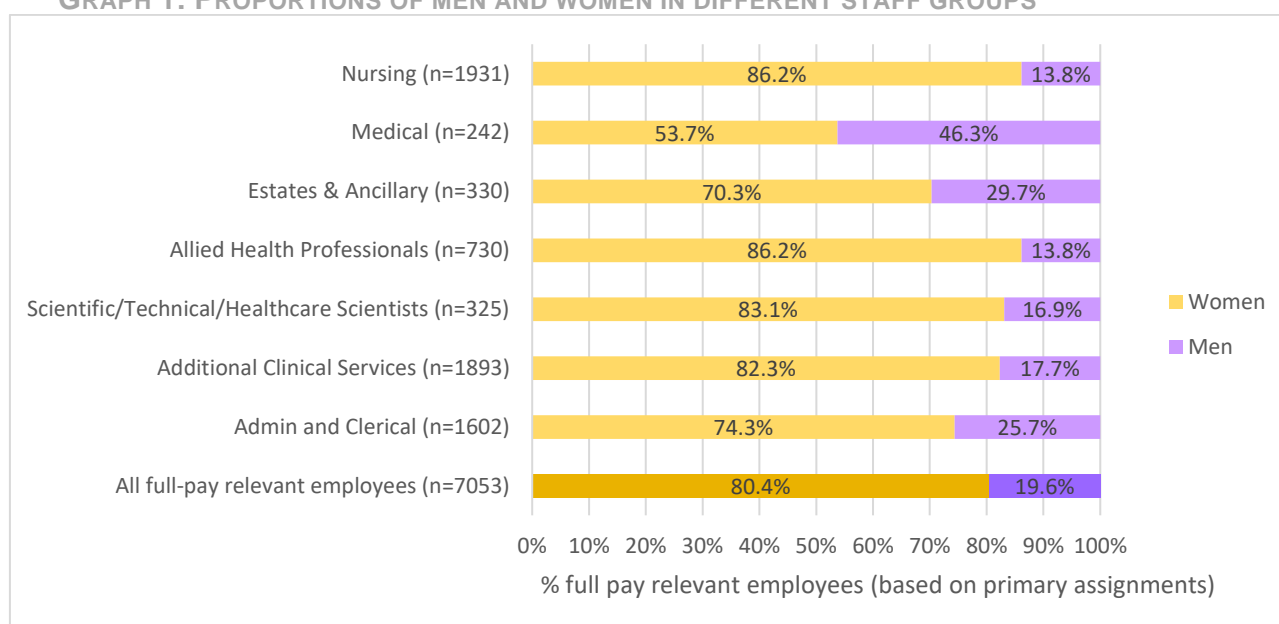
Section 1: Workforce Overview

1.1 Leicestershire Partnership NHS Trust's workforce at March 2024

LPT's workforce at the end of March 2024:

- 7901 relevant employees (total workforce):
 - 80.8% female, 19.2% male
- of which 7053 were full-pay relevant employees (excludes anyone on reduced pay):
 - 80.4% female, 19.6% male

GRAPH 1: PROPORTIONS OF MEN AND WOMEN IN DIFFERENT STAFF GROUPS



There are more women than men in our workforce. However, the men we do have are more likely to be in higher-earning professions, such as medics. Therefore, even with fewer men in the workforce, men earn more on average.

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.

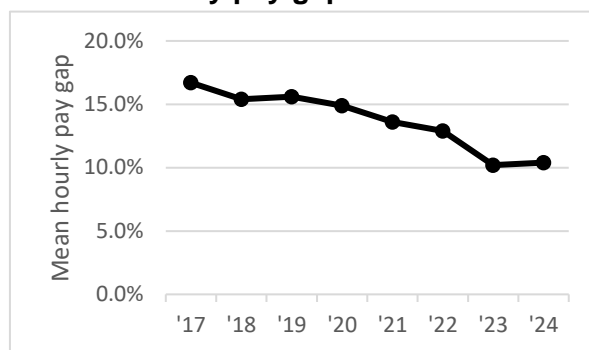
Section 2: Hourly Pay Gap

2.1 Gender Pay Gap in mean and median hourly pay

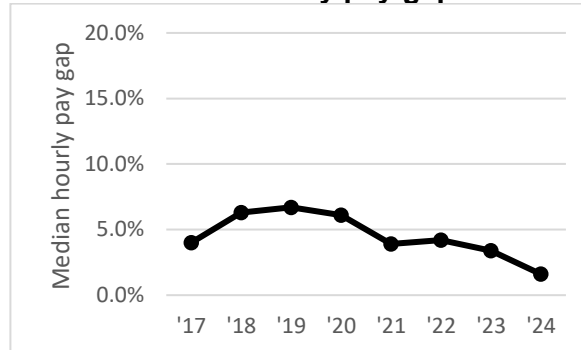
In March 2024, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:

GRAPHS 2A AND 2B, AND TABLE 1: MEAN AND MEDIAN GENDER PAY GAP OVER TIME

- mean hourly pay gap: +10.4%



- median hourly pay gap: +1.6%



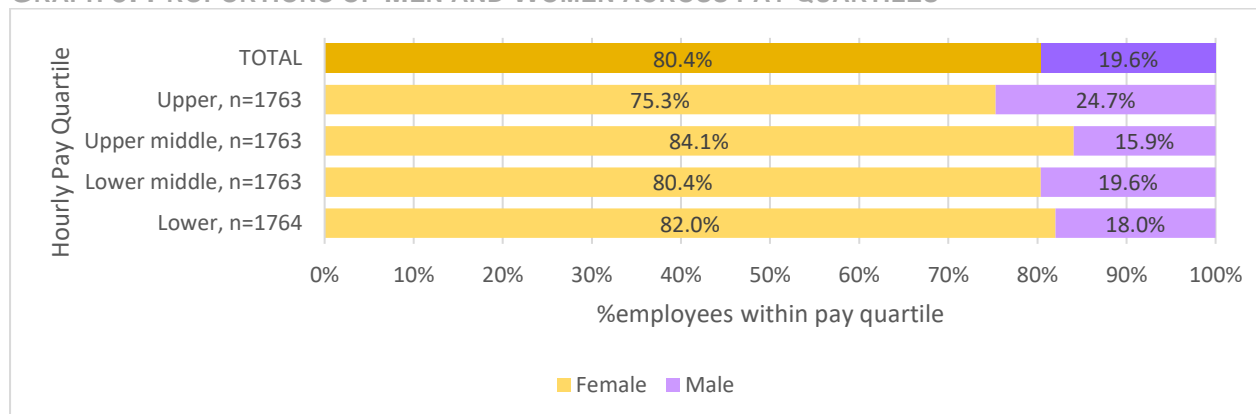
	Mean Pay		Median Pay	
	Men	Women	Men	Women
Mar-23	£19.87	£17.85	£17.43	£16.84
MAR-24	£20.83	£18.65	£17.97	£17.68

The Gender Pay Gap is driven mainly by the fact that a higher percentage of men than women are medics. 7.4% of men employed by LPT are medics, compared to just 2.0% of women. As Medics are the highest paid staff group, this drives the gender pay gap.

When Medics are excluded from the calculations, the mean gender pay gap is just +2.3% (in favour of men), and the median gender pay gap is -1.7% (in favour of women).

2.2 Proportions of men and women within each pay quartile

GRAPH 3: PROPORTIONS OF MEN AND WOMEN ACROSS PAY QUARTILES



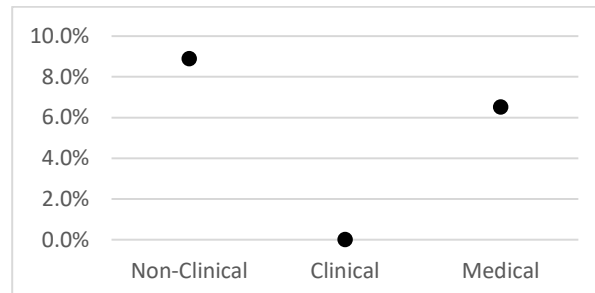
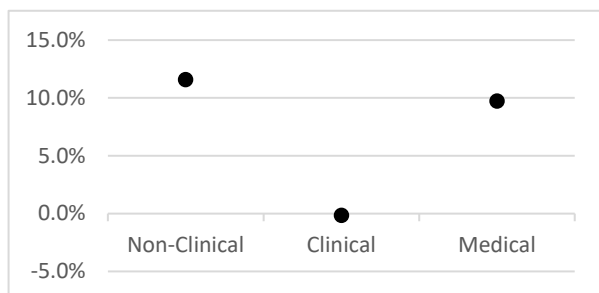
- women comprised **80.4%** of the 7053 relevant employees receiving full pay in March 2024;
- women occupy 75.3% of the highest paid jobs and 82.0% of the lowest paid jobs;

2.3 Breakdown by Staff Group

Gender Pay Gaps in different sections of the workforce at March 2024:

GRAPHS 4A AND 4B: PAY GAPS BY STAFF GROUP

- **mean hourly pay gap:**
 - non-clinical staff +11.6%
 - clinical staff (not medics) 0.0%
 - medics +9.7%
- **median hourly pay gap:**
 - non-clinical staff +8.9%
 - clinical staff (not medics) 0.0%
 - medics +6.5%



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

The pay gap for non-clinical staff is still the most significant, although it has reduced since last year (14.1% to 11.6% mean; 9.1% to 8.9% median).

As was the case last year, there is no gender pay gap for clinical (non-medical) staff. This means men and women earn the same on average.

The medical staff gender pay gap has increased since last year (6.7% to 9.7% mean; 4.3% to 6.5% median). There are more male Consultants this year (58 up from 55) whereas the number of female Consultants has decreased (55 down from 61).

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

TABLE 2: NON-CLINICAL TEAM PAY GAPS

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= 704)	6.4%	0.7%
Audit & Clinical Audit (n= 51)	-7.4%	-11.9%
Estates & Facilities (n= 339)	10.1%	-0.2%
Finance & Financial Management (n= 46)	13.1%	25.6%
Human Resources (n= 69)	-10.0%	-2.0%
Information and Communication Technology and Information Management (n= 185)	4.3%	15.0%

A positive number means men are paid more on average; a negative number means women are paid more on average.

The most significant gender pay gaps in favour of men are in Estates & Facilities, IT, and Finance.

- In Finance, the pay gap is similar to 2022/23 when it was 8.8% mean and 21.1% median. Men are paid more on average than women in this staff group, despite a few women earning more than men.
- In IT, there is a similar situation although improvement has been made since last year (5.1% mean and 12.4% median in 2022/23).
- 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. The pay gap is similar to 2022/23 when it was 12.6% mean and -3.0% median.
- Administration also has a pay gap in favour of men, driven by a small number of men earning significantly more than the typical workforce, and a much larger number of women in this staff group earning less, driving the male average pay up.

Other areas have a pay gap in favour of women:

- HR has a pay gap in favour of women, although this has reduced slightly since last year (-10.9% mean and -13.5% median in 2022/23). HR's small median pay gap shows that although women are paid more than men on average, the pay gap is driven by a few women earning significantly more than men, whereas the typical HR workforce has a much smaller gap between men and women's pay.
- Audit & Clinical Audit's median pay gap has increased in favour of women this year (from no pay gap), so the typical workforce in this area is made up of women earning more on average than men.

Section 3: Bonus Pay Gap

3.1 Gender Pay Gap in mean and median annual bonus pay

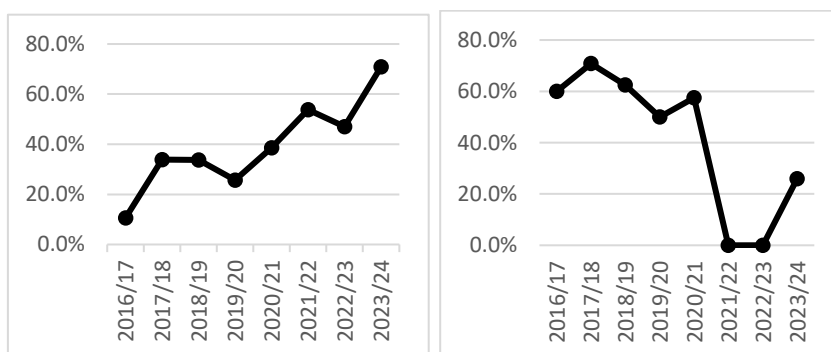
Bonus payments as defined by the Gender Pay Gap regulations include any incentive payments. Therefore in 2023/24, bonuses comprised:

- 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.
- **Work/Earn More: Incentive for front line clinical staff (including nursing and AHP staff groups) to work additional shifts on the bank to support the organisation. Open to bank only workers and substantive staff working additional shifts in a bank post. Band 2 to Band 6 only.**

GRAPHS 5A AND 5B: MEAN AND MEDIAN BONUS PAY GAPS OVER TIME

mean annual bonus pay gap: +70.9%

median annual bonus pay gap: 25.9%



Since Covid, the Local CEA process has followed national guidance to pay an equal distribution of the CEA fund to all eligible Consultants as a one-off lump sum. Each eligible doctor received £2918.76 (regardless of hours worked; 46 women and 45 men). Thus, bonus payments made during the 2023/24 financial year reflect this non-competitive process, as well as awards made in previous years pre-2020 when there was an application process.

Pre-2020 competitive CEAs are paid a pro-rata basis for part-time doctors. This applied to an equal number of men and women in 2023/24, so this alone cannot explain the bonus pay gap.

3.2 What drives the bonus pay gap?

The inclusion of Work/Earn More incentive payments this year means a much higher number of people are included in the bonus pay calculations. Work/Earn More incentives are much smaller payments than Clinical Excellence Awards, so they skew the average bonus pay down, particularly for women who make up the majority of recipients. If Work/Earn More payments had not been included, the mean bonus pay gap would have been **46.0%**, similar to previous years. The median bonus pay gap would have been **41.9%**. This is higher than previous years due to very slight changes in the number of Consultants being awarded CEAs, which have tipped the male median to be higher than the female median, unlike in previous years when they were the same.

The mean bonus pay gap is higher than the median bonus pay gap because the mean is inflated by a few very high bonus payments made to men, whereas the median looks more at the typical workforce, where there are multiple men and women earning around the same level of bonus payment.

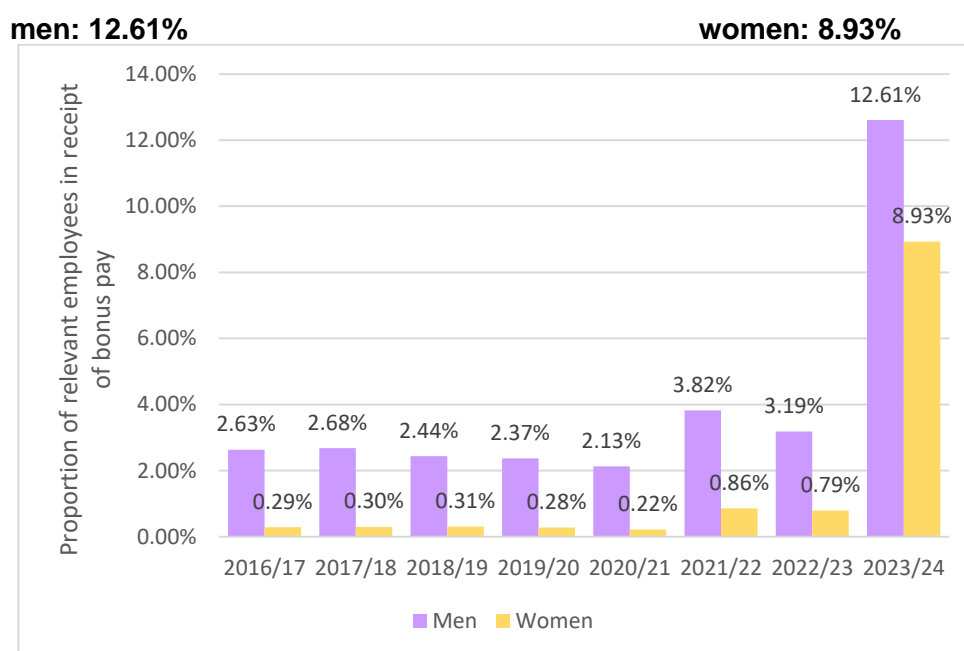
Clinical Excellence Awards, whether pre-Covid (competitive) or post-Covid (awarded equally to all eligible doctors) are only available to Consultants, and therefore a larger proportion of men than women in LPT's workforce will receive them.

The pre-Covid competitive Clinical Excellence Awards which are still in place apply to 23 men and 10 women, despite half of Consultants being women.

3.3 Proportions of men and women in receipt of bonus pay

A higher percentage of men than women received a bonus:

GRAPH 6: BONUS PAYMENT AWARDS OVER TIME



The percentage of men and women receiving bonus payments in 2023/24 includes those receiving previous competitive CEAs, the non-competitive one off CEA lump sum, and those receiving Work More/Earn payments: therefore the figures are much higher this year.

Section 4: Benchmarking

4.1 Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2022/23 financial year against other NHS provider trusts

Trust	Difference in hourly pay		Difference in bonus pay	
	Mean	Median	Mean	Median
LPT	10.2%	3.4%	47.0%	0.0%
Lincolnshire Partnership	17.3%	13.2%	0.0%	0.0%
Northamptonshire Healthcare	15.1%	3.2%	68.4%	0.0%
Nottinghamshire Healthcare	5.6%	-5.6% (pay gap in favour of women)	9.6%	0.0%

Section 5: Next Steps

5.1 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 and medical roles.

The bonus pay gap is once again in favour of men, driven by the fact that most of the people receiving the very highest bonus payments are male Consultants.

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

5.2 Action Plan (August 2024)

See attached spreadsheet.

Appendix 1: Technical Guidance

Technical guidance was obtained from the gov.uk Gender Pay Gap website.

A **“relevant employee”** is a person who is employed on the snapshot date (31st March 2024). 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 2024), 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).

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

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 gross pay 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: Ad Hoc Directors’ allowances (ongoing allowances for extra duties must be included); percentage payments for working on call, doctors’ basic hourly pay where this is paid through local pay elements; ad hoc teaching fees for doctors; recruit & retain pay.

“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). **In previous years, Covid payments have been considered ongoing allowances (not bonuses) as staff could be expected to receive these on an ongoing basis. This year, Work/Earn More payments have been included as incentives, therefore bonuses.**

“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.