

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST



Gender Pay Gap Report 2018

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Introduction

In 2017 the Government introduced world-leading legislation that made it statutory for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service University NHS Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their second set of gender pay gap data by 30 March 2019 and continue annually, including mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

Differences in gender pay show a demographic pay gap. By taking the average hourly rate for all employees and comparing the difference in that metric for men and women, gender pay reporting is most notable about female representation in certain roles – not whether a man earns more for the same job.

Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

1. Gender Pay Gap Reporting Measure

The report will include the following areas

Mean gender pay gap in hourly pay - the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

Median gender pay gap in hourly pay - the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

Mean bonus gender pay gap - the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees

Median bonus gender pay gap - the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees

Proportion of males and females receiving a bonus payment - the proportions of male and female relevant employees who were paid bonus pay during the relevant period

Proportion of males and females in each pay quartile - The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands

2. Agenda for Change Pay

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) pay approach supports the fair treatment and reward of all staff irrespective of gender. WMAS uses the NHS Agenda for Change (AFC) pay and allowances.

a. Pay spines

The NHS pay system covering staff within the West Midlands Ambulance Service University NHS Foundation Trust falls within the extended remit of NHS Pay Review Body (NHSPRB). Pay bands have a number of pay spines, where incremental progression is awarded annually relating to performance. The pay and conditions for Directors are determined by the Remuneration and Nominations Committee of the Trust who apply a single spot salary. The pay and conditions however mirrors those covered by the NHS Pay Framework for Very Senior Managers (VSM), with guidance from the Senior Salaries Pay Review Body and NHS Improvement.

The pay spine for staff covered by the NHSPRB are divided into nine pay bands. All staff covered the AFC pay system are assigned to one of these pay bands on the basis of job weight, as measured by the NHS Job Evaluation Scheme.

To assist this process, a set of NHS jobs have been evaluated and national job profiles drawn up where the job evaluation score is agreed. Staff whose jobs match these profiles are assigned based on the profile score. Other jobs are evaluated locally on a partnership basis. When new posts are created, or existing posts re-designed the principles set out in the NHS Job Evaluation Handbook are applied.

The NHS Job Evaluation Handbook sets out the basis of job evaluation, which underpins the pay system and includes the factor plan, the weighting and scoring document and a guide for matching posts locally.

b. Pay progression

Incremental pay progression for all pay points, within each pay band, is conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery during the review period.

Provided the appropriate level of performance and delivery has been achieved during the review period, individuals progress from pay point to pay point on an annual basis. For pay bands 1 to 7, 8A and 8B this applies to all the pay points in each pay Band. For pay bands 8C, 8D and 9 this applies at each pay point in the band.

Ordinarily, pay progression would not be deferred on performance grounds unless there has been a prior documented discussion between the individual and the person undertaking their review, regarding failure to meet the required level of performance, and the employee has been given a reasonable opportunity to demonstrate the required improvement before the decision on pay progression is taken. This prior discussion would need to identify areas for improvement and any reasonable developmental support the individual may require to operate at the required local level of performance.

c. New pay progression system

The 2018 framework agreement on the reform of Agenda for Change has introduced provisions to move to a new pay system with faster progression to the top of pay bands

through fewer pay step points. The provisions will apply to all staff commencing NHS employment on or after 1 April 2019. Promotion means moving to a higher banded role.

For all other staff who were in post before 1 April 2019, current organisational pay progression procedures will continue to apply until 31 March 2021, after which time they will also be subject to the new provisions.

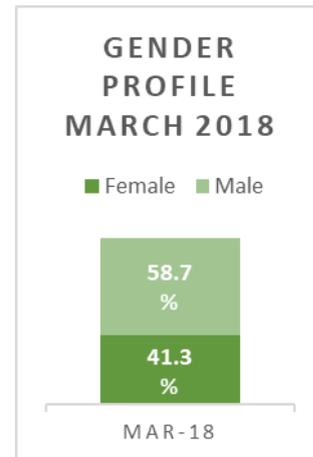
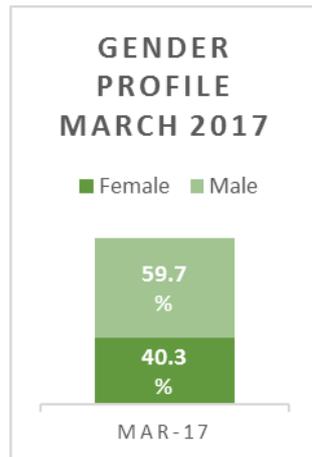
3. Mean and Median Definitions

The arithmetic mean is achieved by adding up all the numbers in a dataset and then dividing the total by the number of items. For example: a group of numbers of 20, 22, 30, 40, 50, will add together to form 162, which will be divided by the 5 numbers in the group, and result in a mean of 32.4.

The arithmetic median is achieved by identifying the middle number in the list. In the example above, the middle number is 30, this is therefore the median.

The following gender pay calculations have been based on both Mean and Median values.

4. Gender Profile



Since the inception of WMAS the gender profile between 2007 and 2017 has increased from 35.3% women to 40.3%. This has further increased in 2018 to 41.3%.

5. Gender Pay Gap Report for WMAS

1. Gender Pay Gap in Hourly Pay – Mean & Median

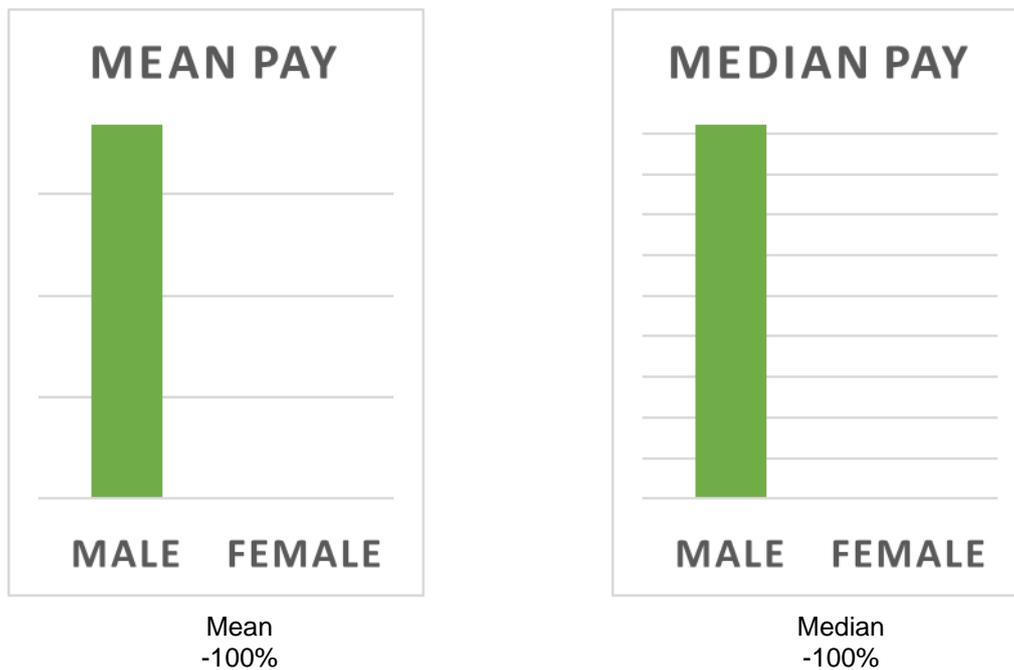


Mean
-5.79% (-6.68% in 2017)
A reduction of 0.89%



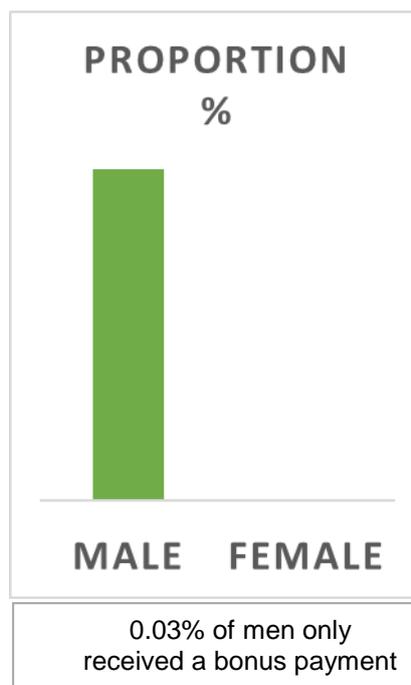
Median
-2.29% (-7.61% in 2017)
A reduction of 5.32%

2. Bonus Gender Pay Gap – Mean & Median



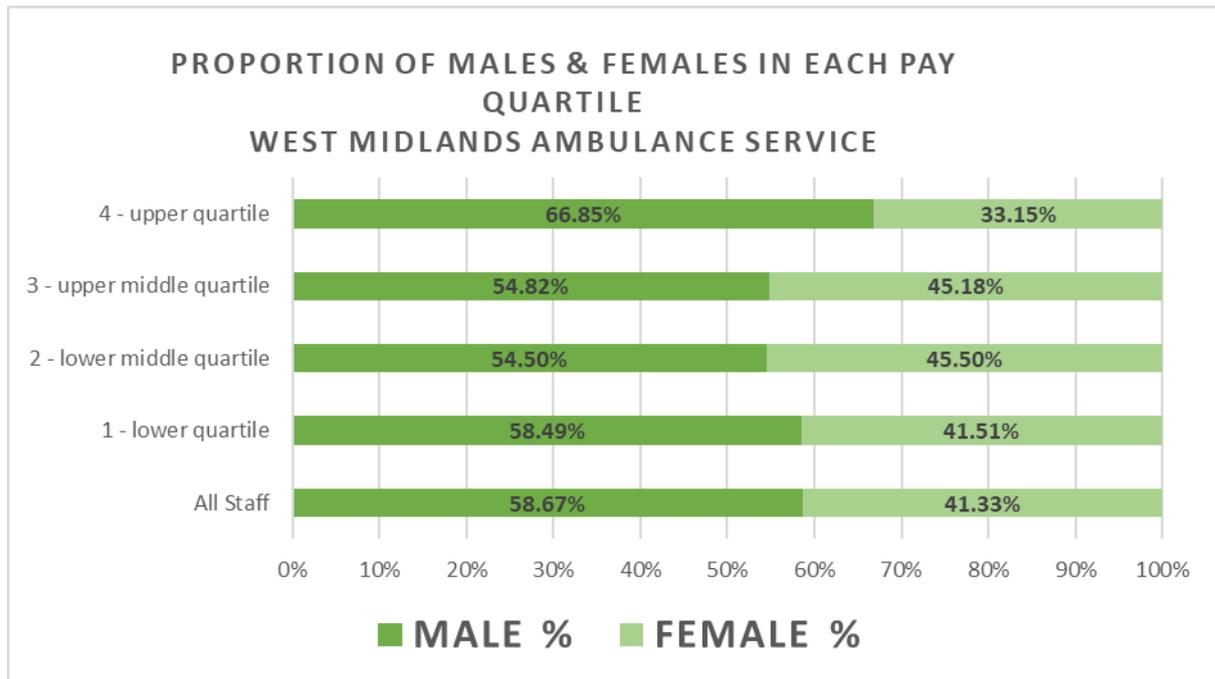
Any payment of a bonus is determined by the Remuneration and Nominations Committee. The Trust has determined only the Chief Executive Officer will be eligible for a bonus of up to 10% based on meeting pre-determined performance criteria set by the Remuneration Committee annually. All other Executive Directors on VSM contracts and Staff covered by Agenda for Change are not included in the bonus pay scheme. There is no change on 2017 data.

3. Proportion of Males and Females Receiving a Bonus Payment



4. Proportion of Males and Females in each Pay Quartile

The proportion of women in the lower, lower middle and upper middle pay quartiles is higher than the overall gender profile for the Trust in 2018. However, in the upper pay quartile this proportion is lower for women. This follows a similar pattern to 2017.



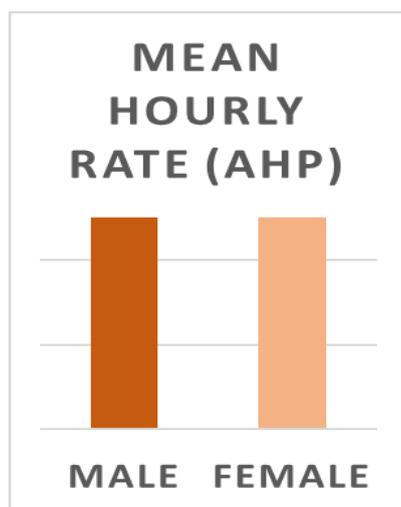
6. Data Review by the main NHS Staff Groups

The following data has been reviewed by different staff groups across directorates of the Trust.

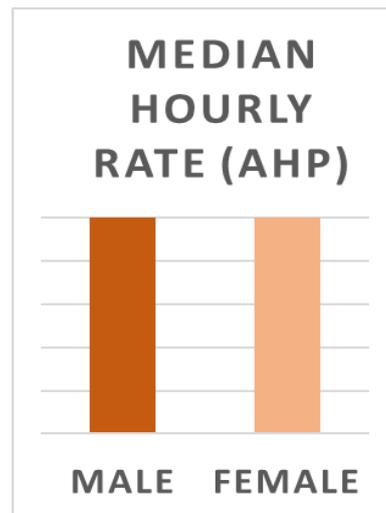
A. Allied Health Professionals (AHP)

Gender Pay Gap in Hourly Pay – Mean & Median

This staff group includes all clinically qualified staff in the Trust including paramedics and clinical managers who are required to hold a clinical qualification. All staff are registered with the Health and Care Professions Council.

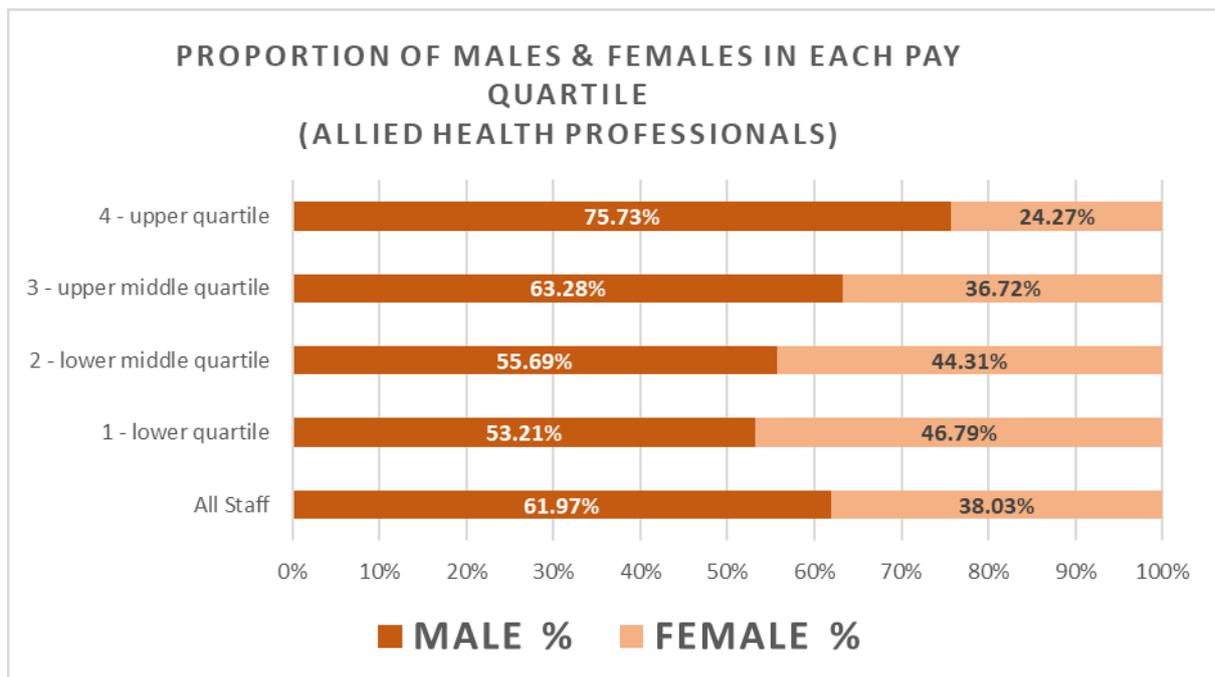


Mean
-6.22% (-11.51% in 2017)
A reduction of 5.29%



Median
-5.56% (-10.40% in 2017)
A reduction of 4.85%

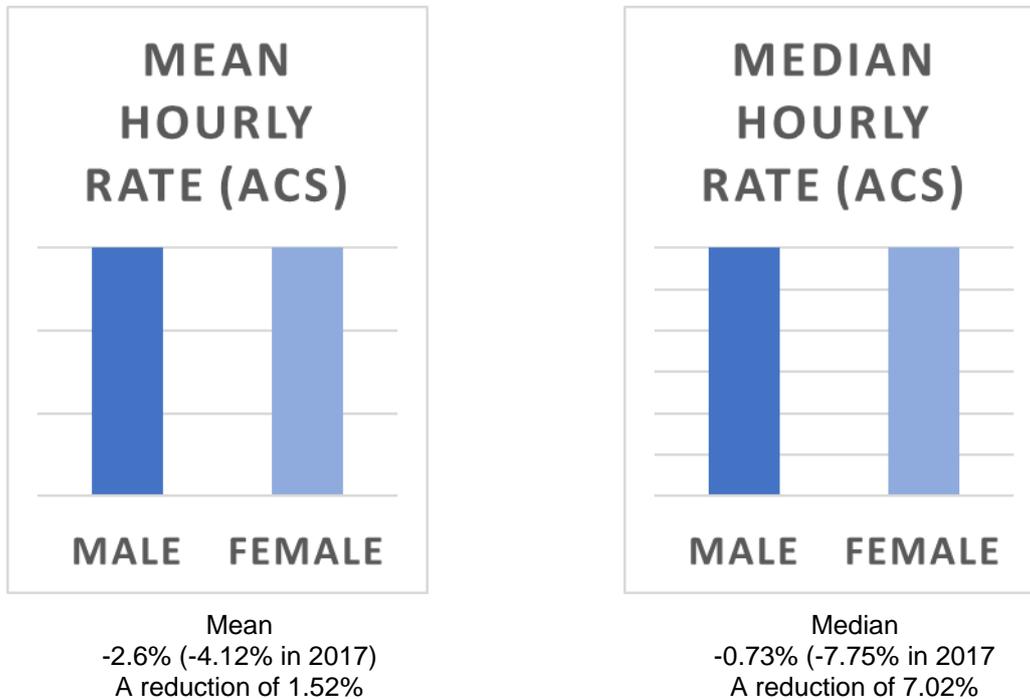
Proportion of Males and Females in each Pay Quartile



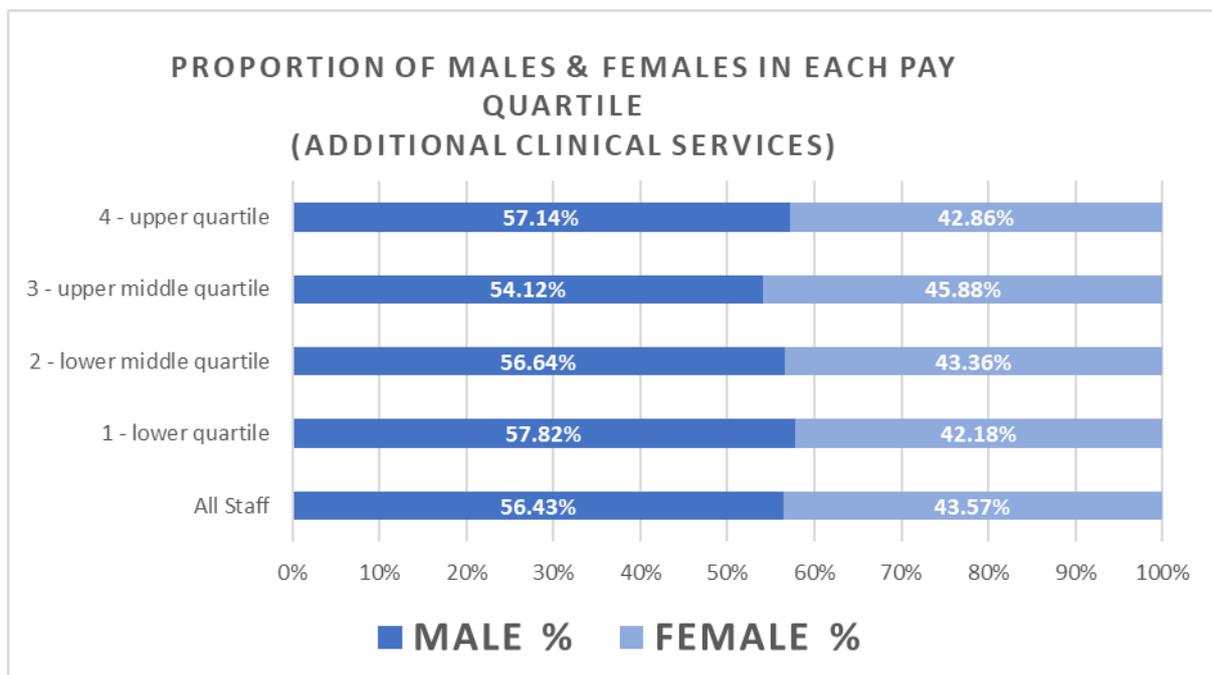
B. Additional Clinical Services (ACS)

Gender Pay Gap in Hourly Pay – Mean & Median

This staff group includes: Emergency Care Practitioners, Education & Training Officers, Emergency Technicians, Student Paramedics, Emergency Care Assistants, Patient Transport Care Assistants, Call Takers and Emergency Medical Dispatchers.



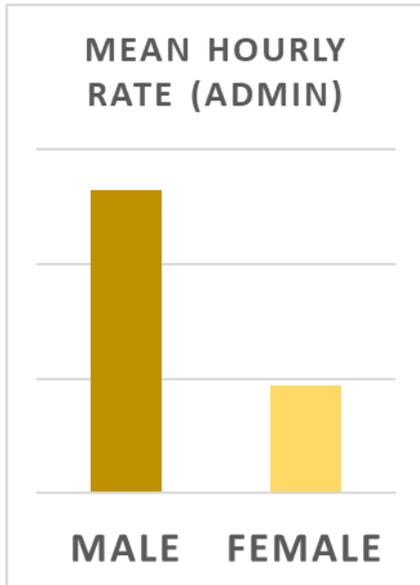
Proportion of Males and Females in each Pay Quartile



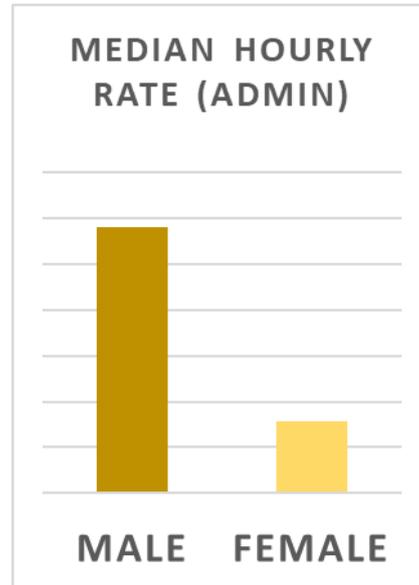
C. Administrative and Clerical

Gender Pay Gap in Hourly Pay – Mean & Median

This staff group includes NHS Infrastructure staff: Senior Managers, Managers and Administration & Clerical staff.

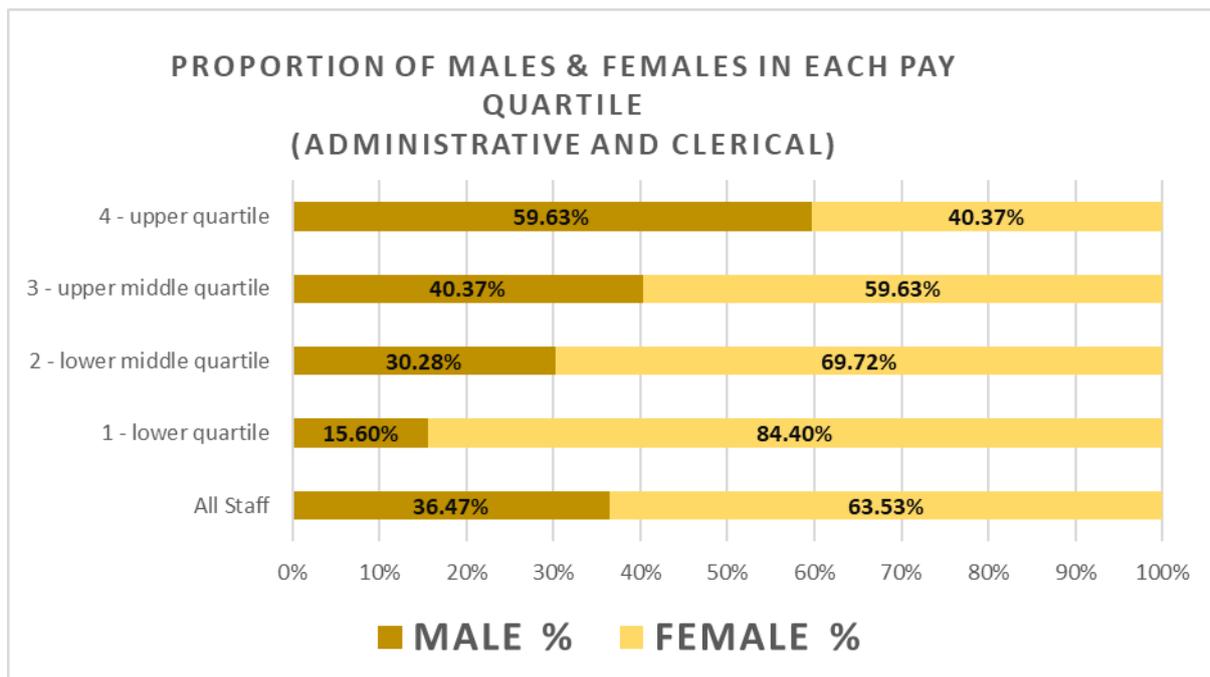


Mean
-30.07% (-26.61% in 2017)
An increase of 3.46%



Median
-31.90% (-27.13% in 2017)
An increase of 4.77%

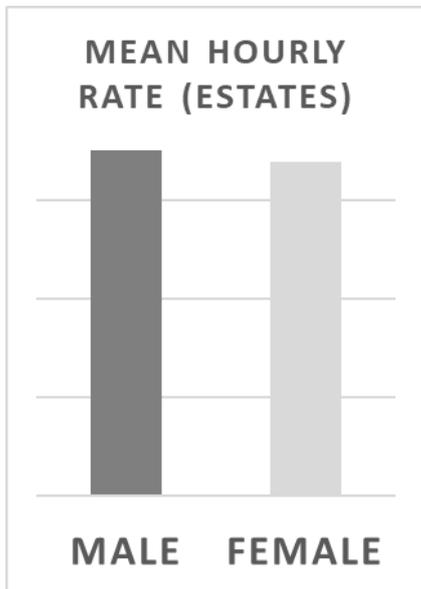
Proportion of Males and Females in each Pay Quartile



D. Estates and Ancillary

Gender Pay Gap in Hourly Pay – Mean & Median

This staff group includes Mechanics, Ambulance Fleet Assistants and Drivers in the Logistics Service.

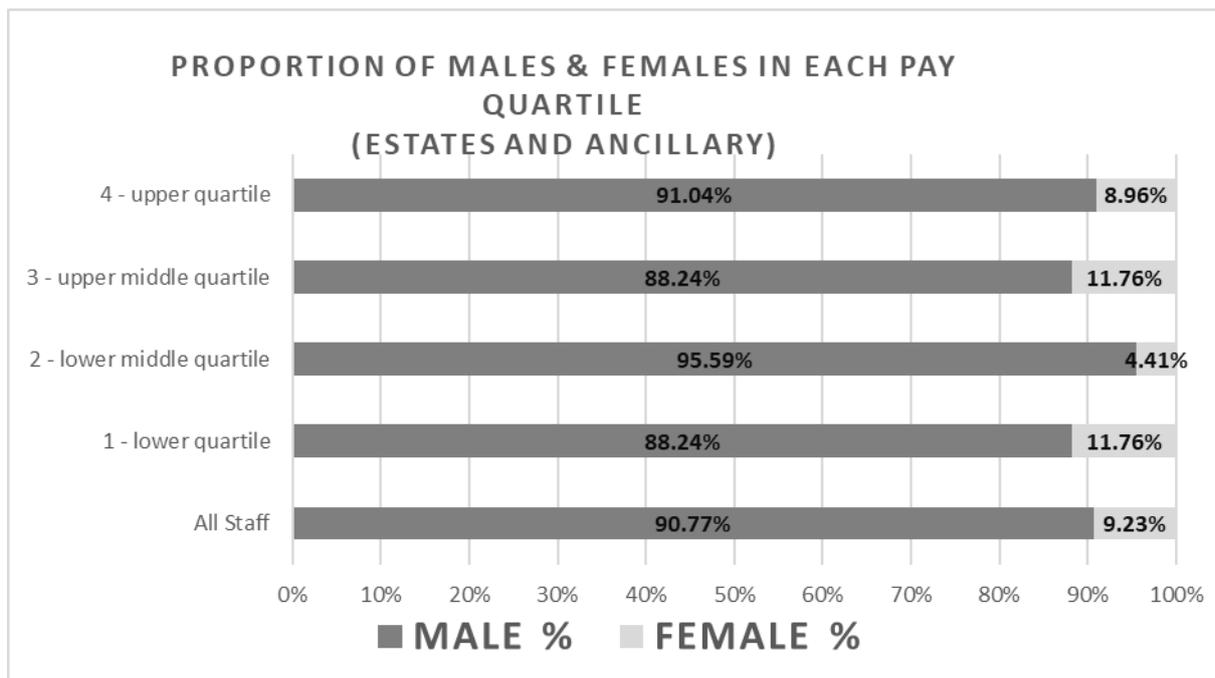


Mean
-7.22% (-4.12 in 2017)
An increase of 3.1%



Median
-1.05% (0.01% in 2017)
An increase of 1.06%

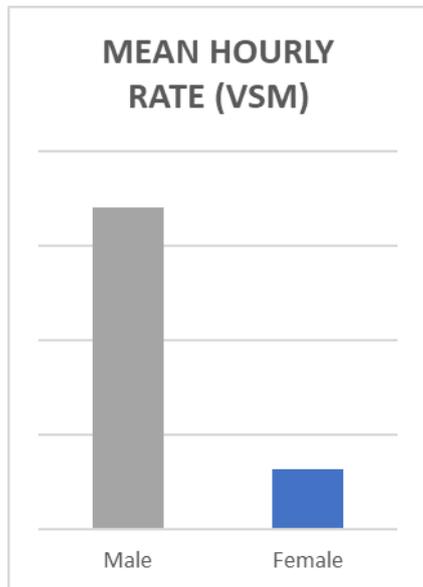
Proportion of Males and Females in each Pay Quartile



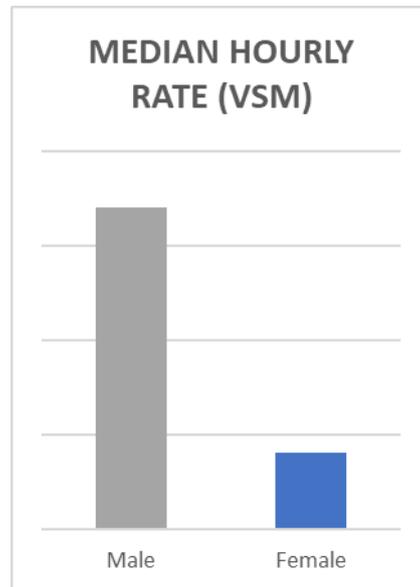
E. Very Senior Managers

Gender Pay Gap in Hourly Pay – Mean & Median

This staff group includes: Chief Executive, Director of Finance, Workforce Director, Medical Director, Nursing Director and Strategy, Planning and Corporate Director.



Mean
-29.30%



Median
-27.42%

7. Analysis and Conclusion by NHS Staff Group

WMAS has an active workforce plan in place that has seen the recruitment of over 1600 student paramedics into the workforce since 2013. This programme has been instrumental in changing the demographics of the organisation, as can be demonstrated by the continuing change in the gender profile from 35.3% women in 2007 to 40.7% in 2017 and 41.3% in 2018.

The main areas of progress have been within the Allied Health Professionals (AHP) and Additional Clinical Services (ACS).

Additional Clinical Services (ACS)

In Additional Clinical Services, the proportion of women in all quartiles is higher than the overall Trust gender profile. This is the staff group where all the student paramedic recruitment has taken place. The mean gender pay is however lower than the overall Trust at -2.62%. This may be due to these new starters commencing on the first spinal point in the grade and will progress as they develop their careers. Generally, those staff who have spent longer in the same grade would be expected to earn more regardless of gender. The median gender pay gap has reduced significantly.

Variations can also be attributed to payments for differences in working hours that are spent in unsocial hours periods. As more work is undertaken during these unsocial hours period, the higher the payment. This is paid regardless of gender.

Allied Health Professionals (AHP)

In AHP, a similar pattern is seen in the lower and lower middle quartiles. Once the students have completed their 30-month training programme and qualified as a paramedic with Health and Care Professions Council registration, they move into this NHS Staff Group. Over 750 staff have qualified from the student paramedic programme since 2015, and these staff show in the lower and lower middle quartiles. The mean gender pay is lower than the overall Trust at -6.62%. The median gender pay gap is also lower at -5.56%.

These variations can also be attributed to payments for unsocial hours but will also be as a result of a higher proportion of men in the upper quartiles as described. Historically, ambulance services had attracted a higher than average proportion of men in its frontline operations. This demographic has now changed. As staff progress up the pay spines through incremental pay the proportion of women in the upper middle and upper quartiles should increase. In 2018 the number of women in the upper quartile increase by 4.37% to 24.27%.

Administrative and Clerical (A&C)

In this staff group the proportion of women in all quartiles is higher than the overall gender profile for the Trust in 2017. It is this group where there is a much higher gender pay gap.

This pay gap is largely as a result of a larger concentration of women in lower pay banded roles. There has been an increase in the mean and median pay gap in 2018.

Estates and Ancillary

This staff group has a largely male workforce, as can be seen from the proportions in the table. The mean gender pay is higher than the overall Trust, and there has been a slight increase in the median gender pay gap.

Very Senior Managers (VSM)

Guidance on pay for very senior managers in NHS trusts and foundation trusts is provided by NHS Improvement, with “Established” pay ranges in Ambulance FTs and NHS Trusts provided. The pay and terms and conditions for Executive Directors are determined by the Remuneration and Nominations Committee who apply a single spot salary.

8. Actions to Eradicate the Gender Pay Gap

The Board of Directors and the senior leadership team are committed to improving our gender pay gap and published a number of initiatives to address this in the 2017/18 gender pay gap report. This report offers an update on progress being made.

Initiative	Actions	Progress
	<p>Active support for women returning to work following maternity or adoption leave.</p>	<p>We are currently running quarterly sessions for staff regarding all family friendly policies and work life balance options to inform and support re-introduction to work following time away.</p> <p>We offer shared parental leave, job share and part time opportunities, and have reviewed our guidance to help line managers ensure those returning from maternity/adoption leave feel supported and welcomed.</p>
	<p>Ensure women have the opportunity and ability to progress their careers within the Trust through talent management schemes, such as the Positive Action Pathway.</p>	<p>We have reviewed training opportunities that other trusts have put in place to encourage women into management positions.</p> <p>We have commissioned Springboard to deliver women's development training to a first tranche of 30 women. This will then be evaluated prior to any further tranches being delivered.</p> <p>Women are actively encouraged to attend the Engaging Leaders and Engaging managers programmes</p>
	<p>Review whether staff of the Trust would wish to establish a Women's Equality Network.</p> <p>[Such a network might actively promote gender equality, run upskilling events, promote campaigns or hold talks to inspire and support other women in the Trust.]</p>	<p>There is currently no appetite for a women's network in the Trust. However, Springboard development schemes have resulted in women's support groups being built</p>
	<p>Review our recruitment processes, focusing on how to attract women into the Ambulance Service, including a review of the application process to reduce the potential for unconscious bias and ensuring all interviewers have undergone unconscious bias training.</p>	<p>Our recruitment figures are almost equal for men and women and the unconscious bias training content for interviewers has been reviewed and adapted to specifically include gender bias.</p>
	<p>Ensure that gender equality is a central point in the Trusts Diversity and Inclusion strategy.</p>	<p>The D&I strategy is inclusive of all the characteristics covered by the Equality Act</p>

This is the second report from West Midlands Ambulance Service NHS Foundation Trust (WMAS). It is based on a snapshot of all WMAS staff as at 31 March 2018.
February 2019