



Gender Pay Gap Report 2021

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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 2021 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.

2. 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

3. 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 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 applied 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, the previous organisational pay progression procedures continued until 31 March 2021. From 1 April 2021 all staff subject to the new provisions.

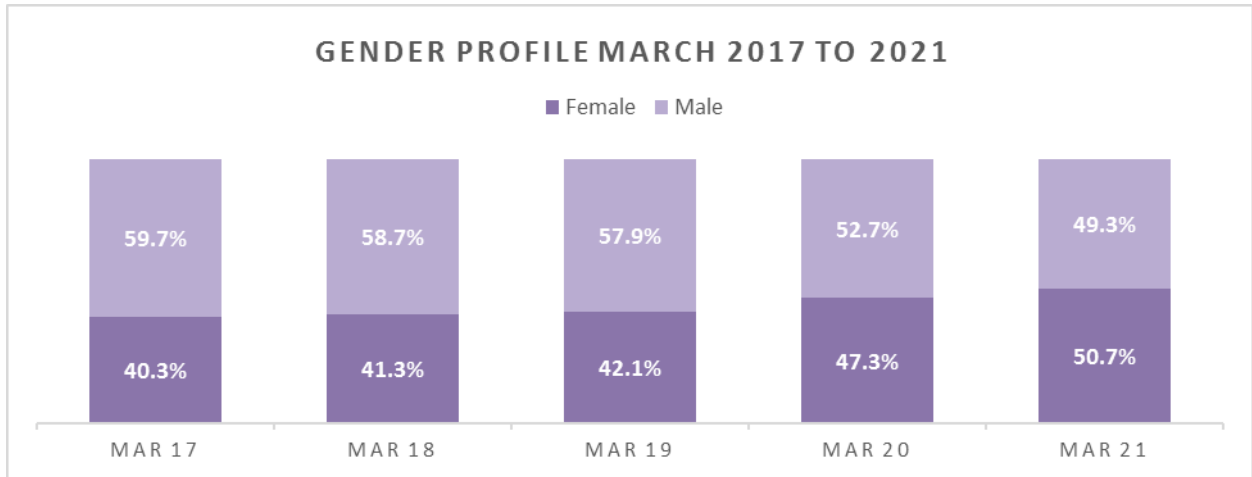
4. Mean and Median Definitions

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.

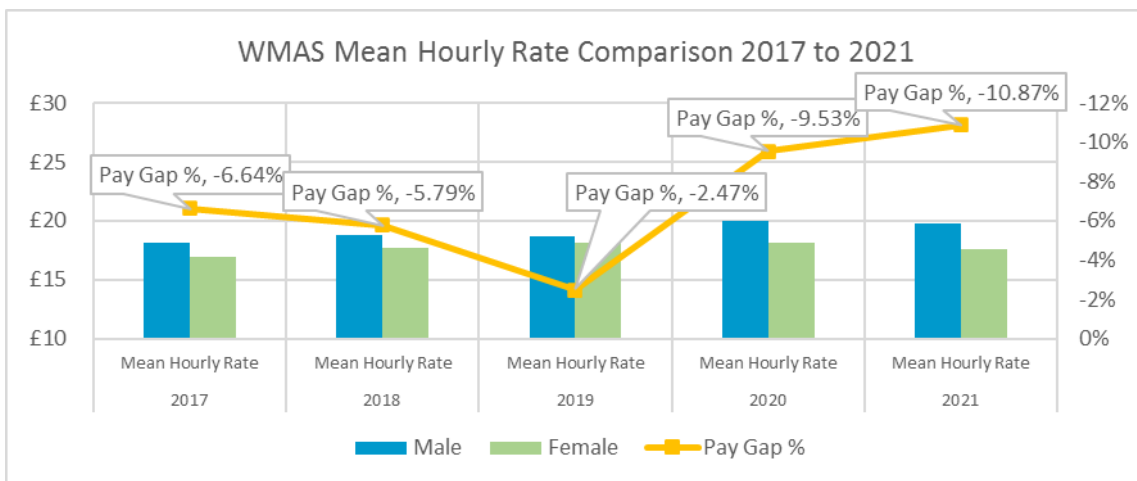
5. Gender Profile



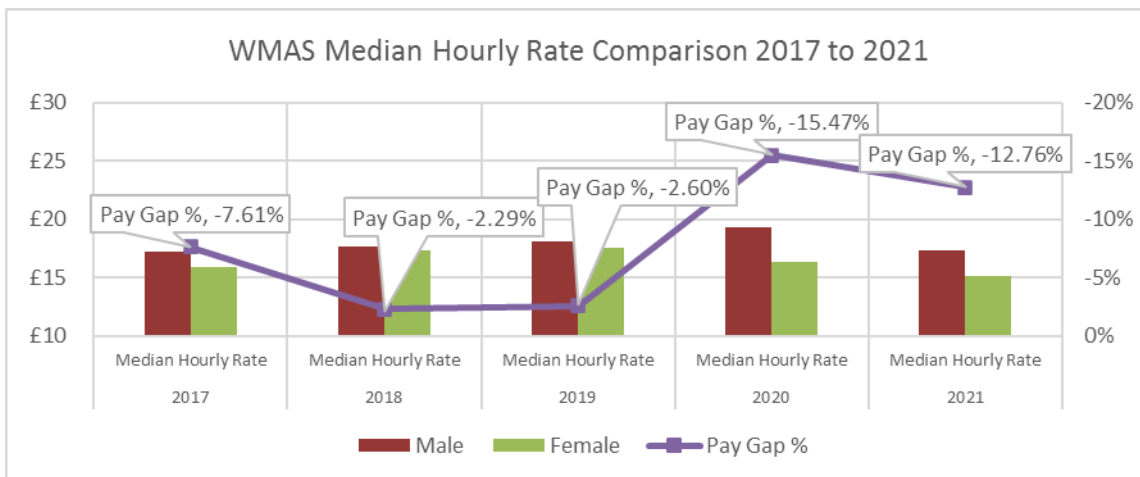
Since the inception of WMAS the gender profile between 2007 and 2021 had increased from 35.3% women to 50.7% in March 2021. This is a rising trend with year-on-year increases.

6. Gender Pay Gap Report for WMAS

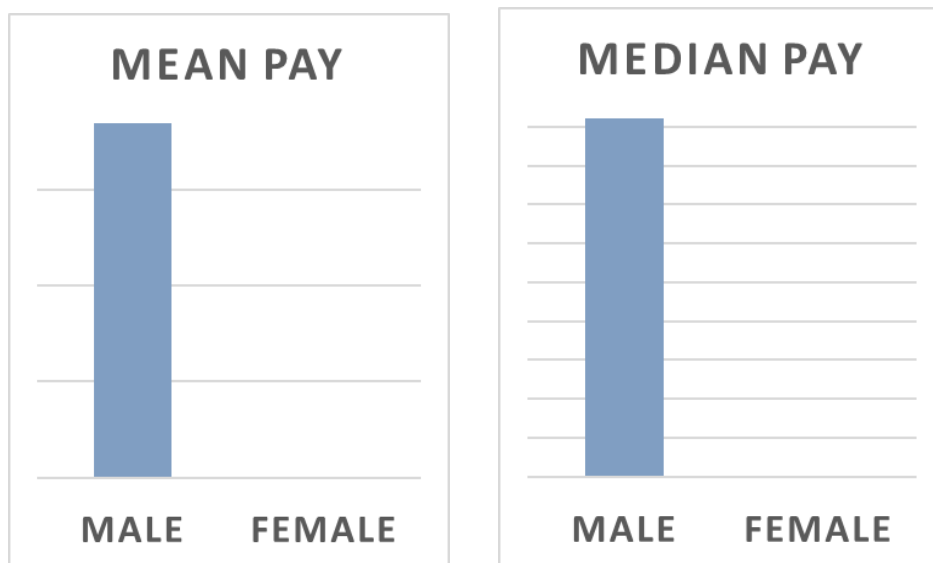
i. Gender Pay Gap in Hourly Pay – Mean



ii. Gender Pay Gap in Hourly Pay –Median



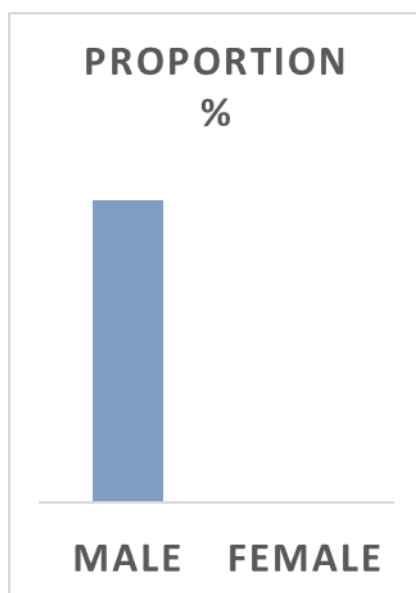
iii. Bonus Gender Pay Gap – Mean & Median



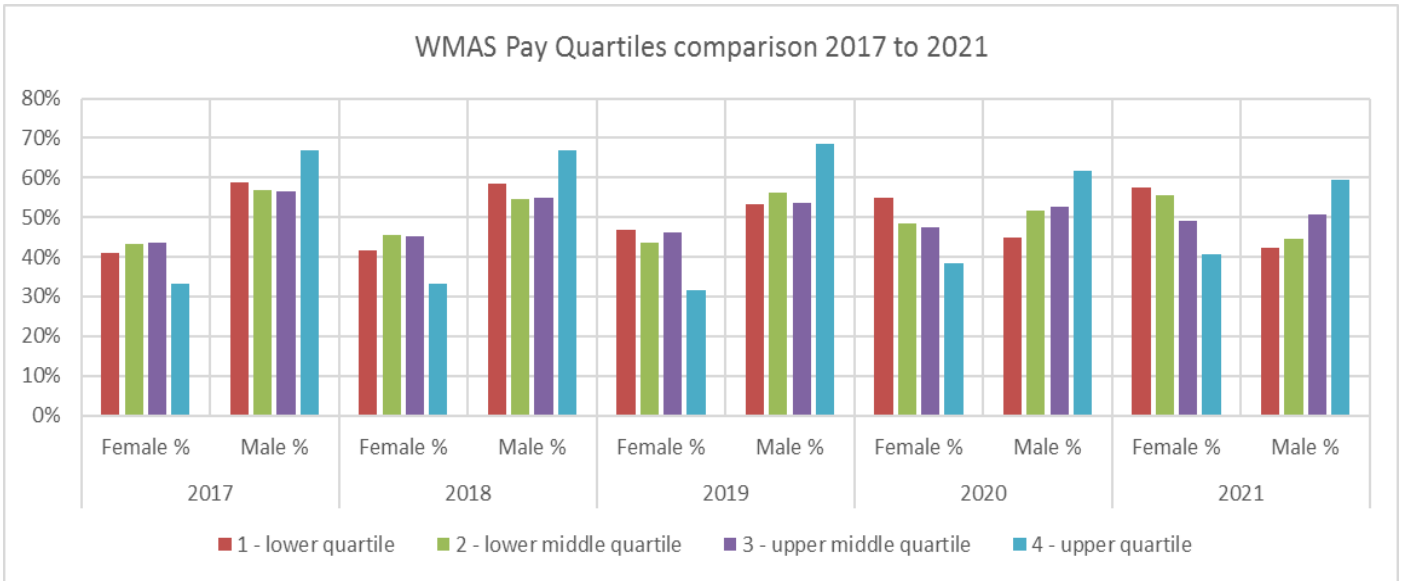
Any payment of a bonus is determined by the Remuneration and Nominations Committee. In previous years the Trust determined only the Chief Executive Officer was eligible for a bonus of up to 10% based on meeting pre-determined performance criteria set by the Remuneration Committee annually. All other Executive Directors on VSM contracts and Staff covered by Agenda for Change are not included in the bonus pay scheme.

iv. Proportion of Males and Females Receiving a Bonus Payment

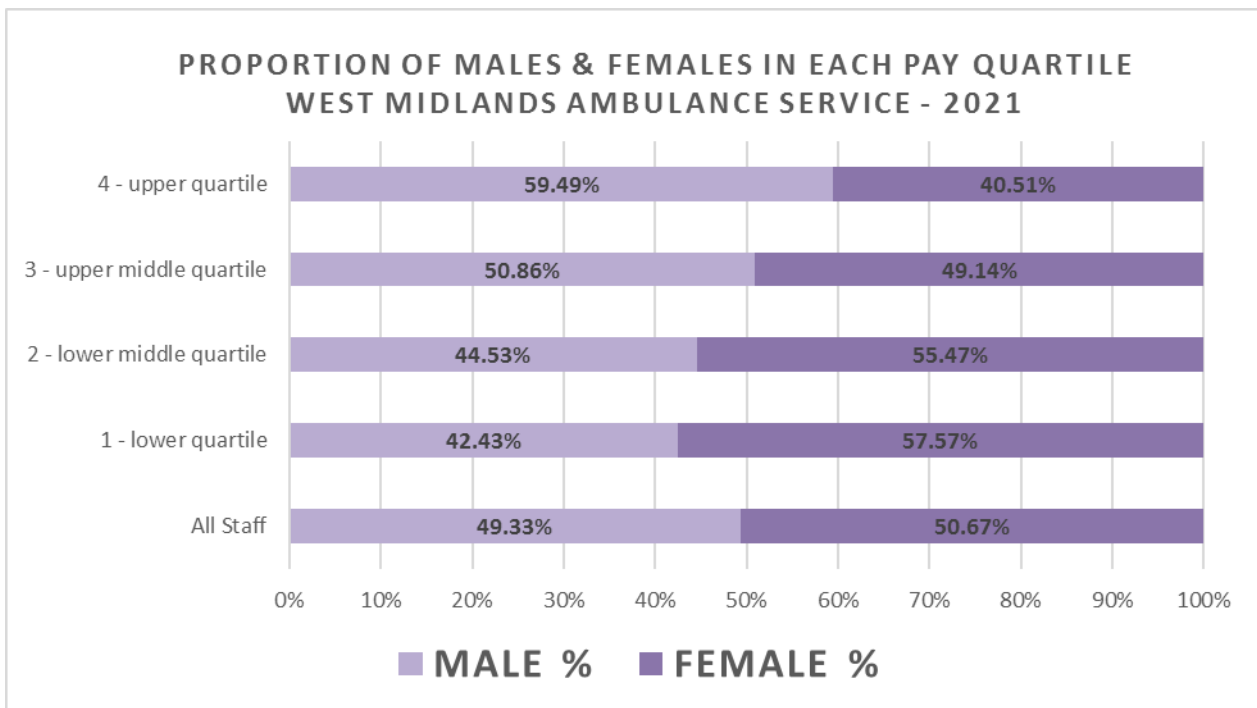
A bonus payment was only received by 0.03% of men. No women received such a payment.



v. Proportion of Males and Females in each Pay Quartile



In previous years the proportion of women in the lower, lower middle and upper middle pay quartiles was higher than the overall gender profile for the Trust. However, in the upper pay quartile this proportion was lower for women. This is replicated in 2021.



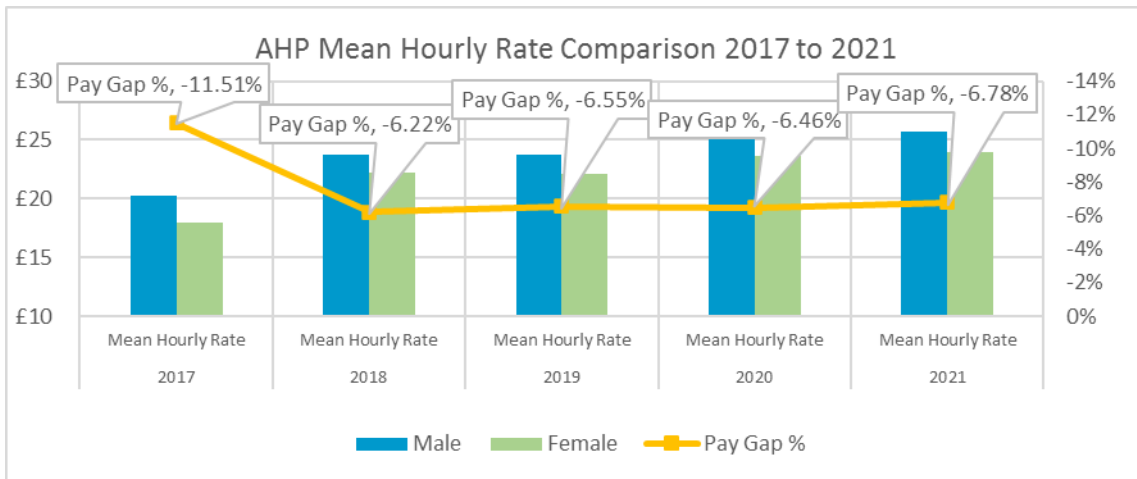
7. Data Review by the main NHS Staff Groups

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

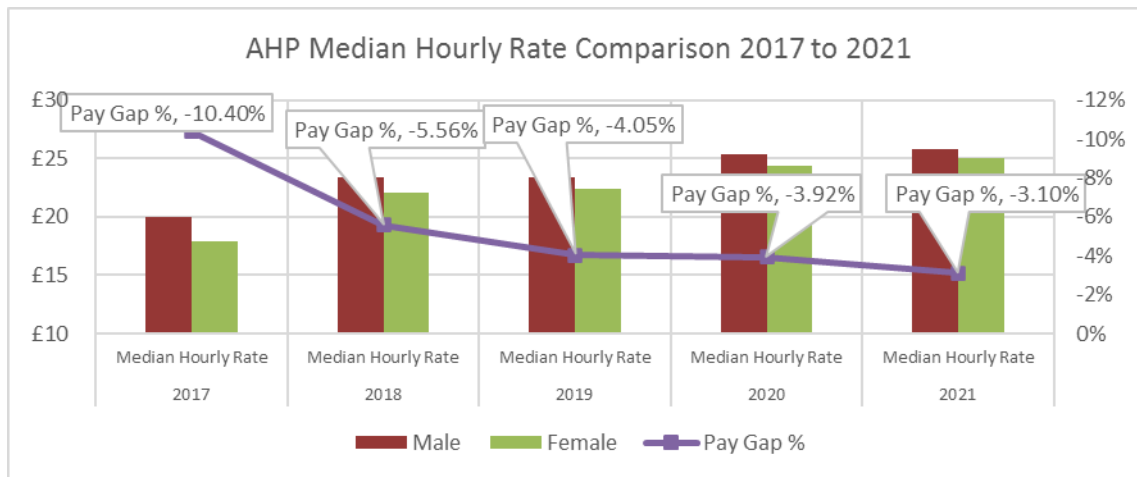
A. Allied Health Professionals (AHP)

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.

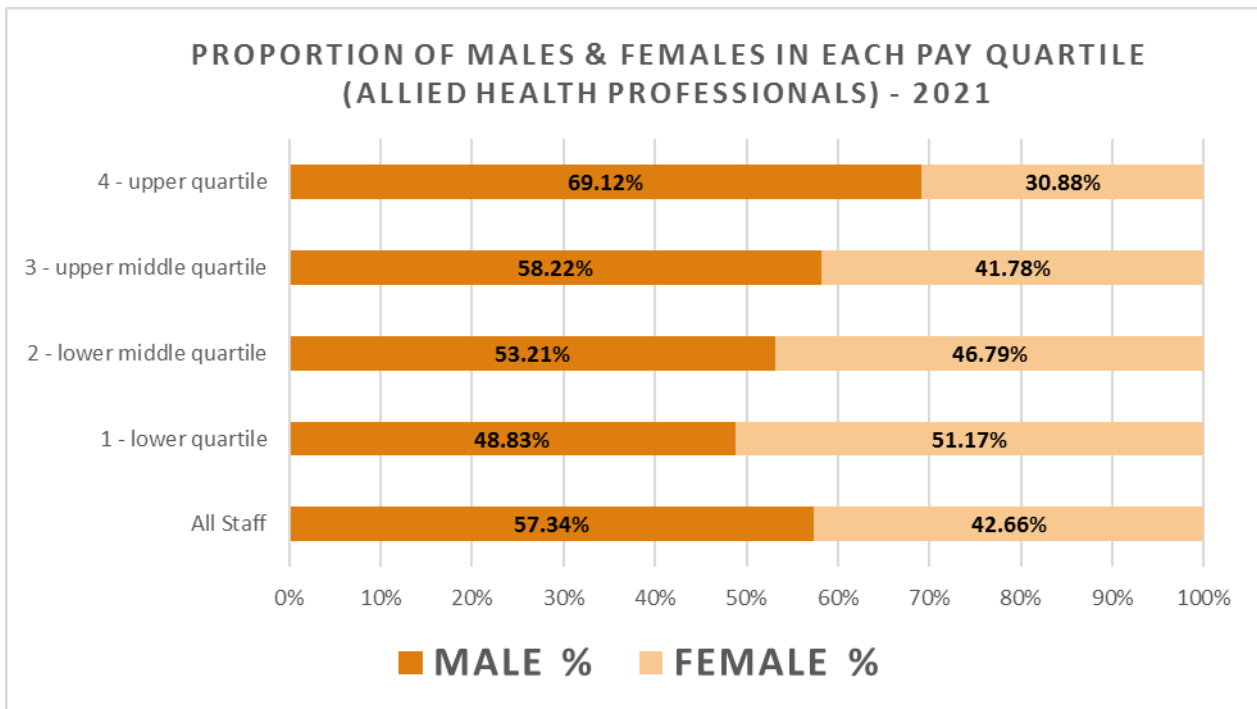
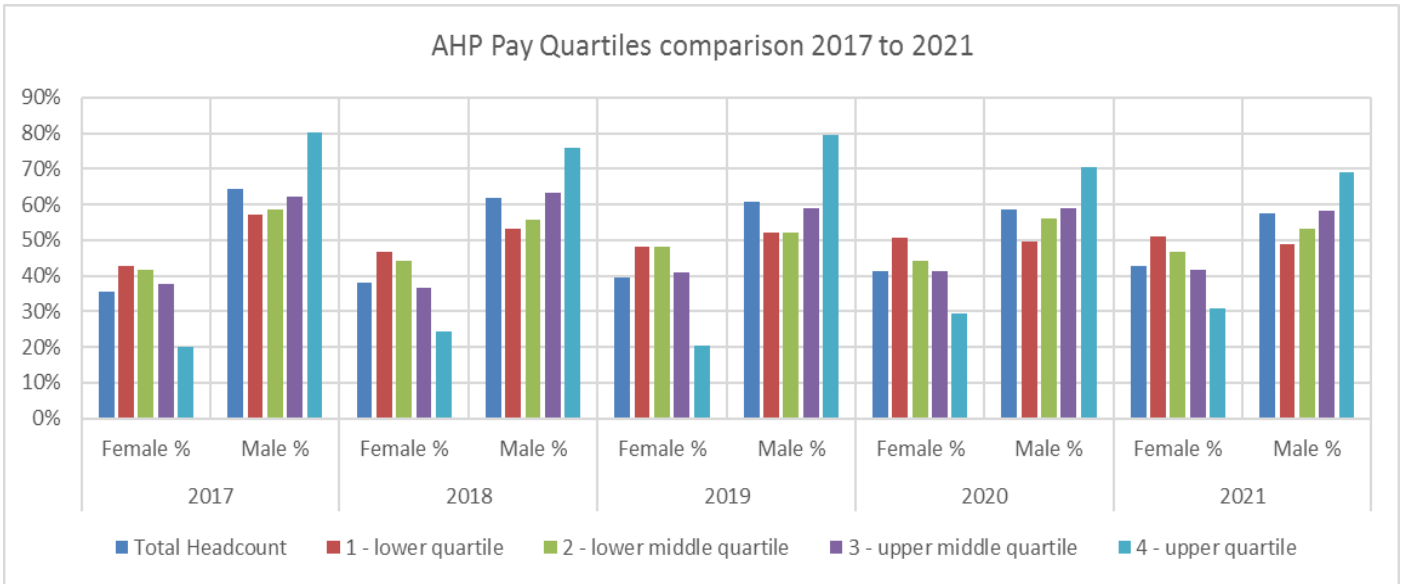
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



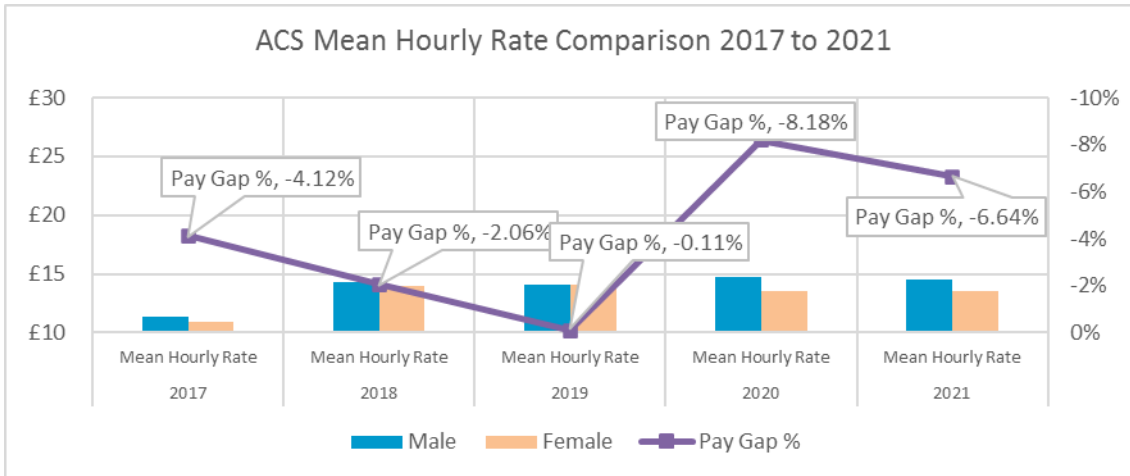
Proportion of Males and Females in each Pay Quartile



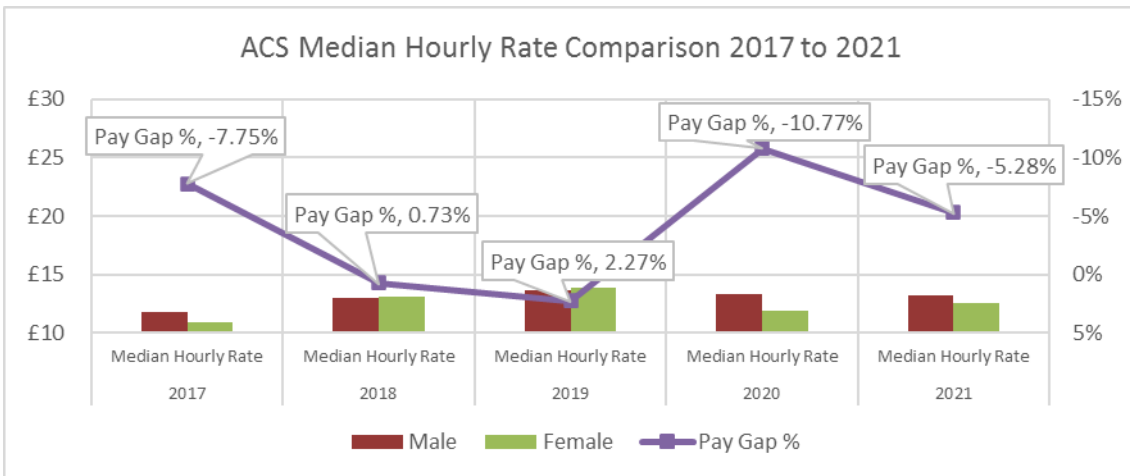
B. Additional Clinical Services (ACS)

This staff group includes: Emergency Care Practitioners, Education & Training Officers, Emergency Technicians, Student Paramedics (2017 to 2019 only), Emergency Care Assistants, Patient Transport Care Assistants, Emergency Call Takers and Emergency Medical Dispatchers, 111 Call Takers.

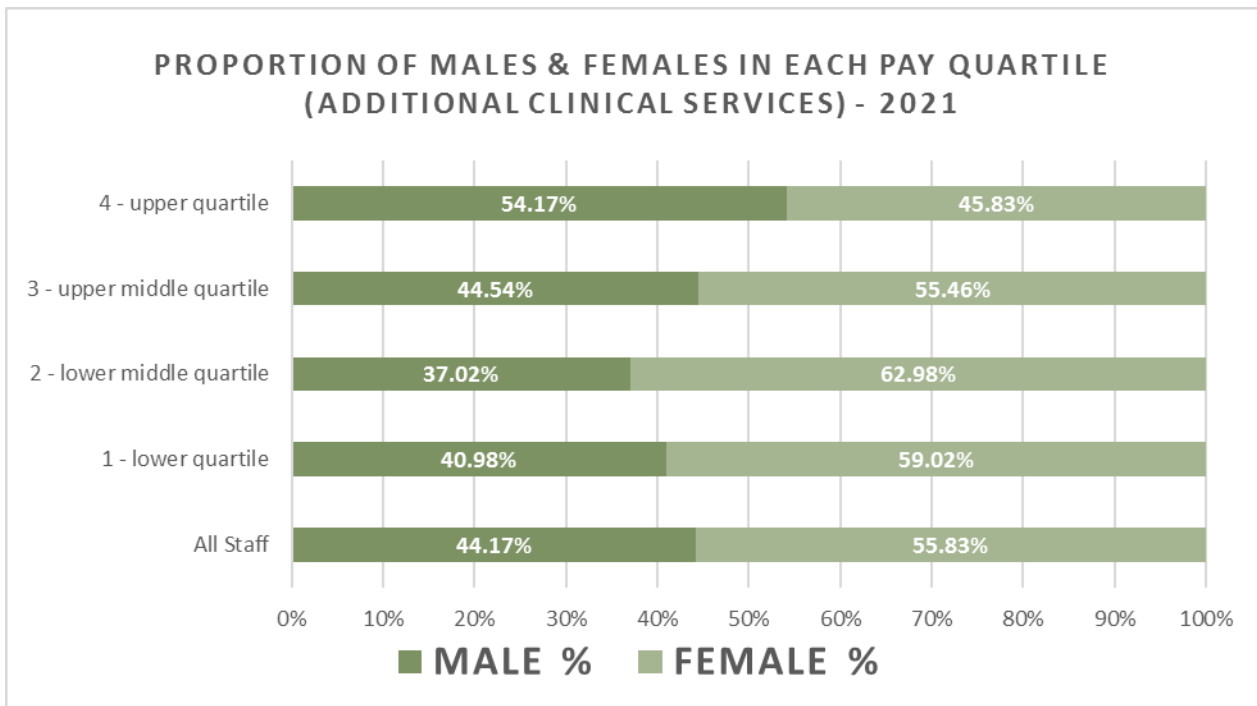
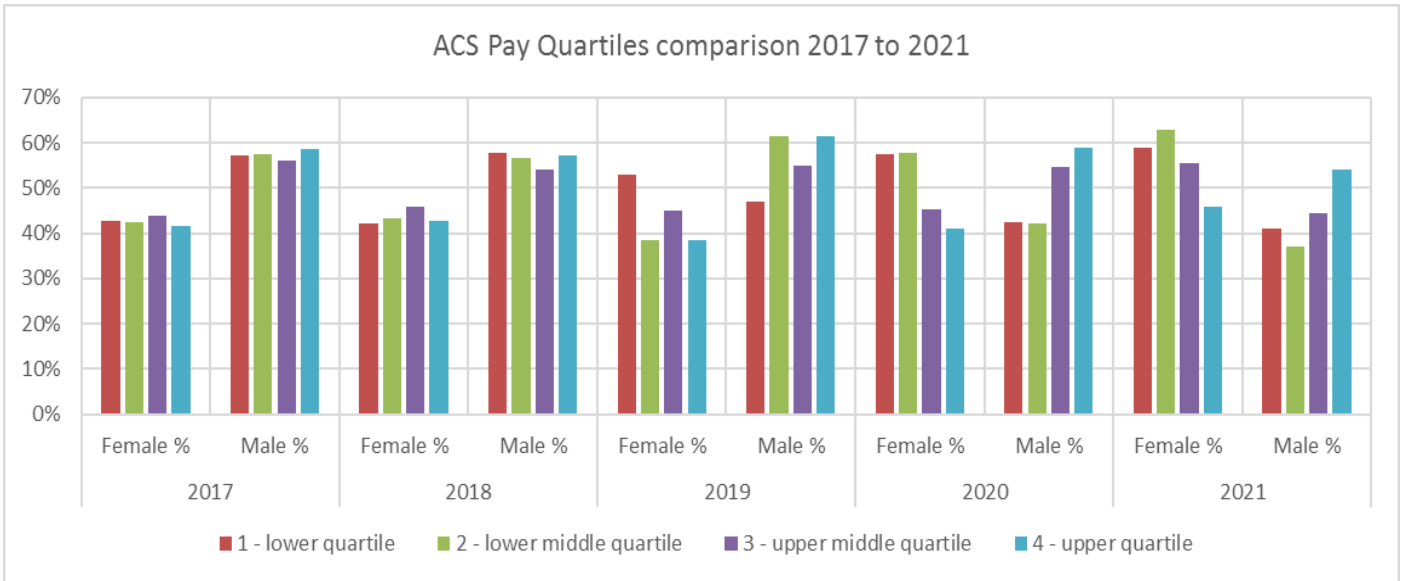
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Gender Pay Gap in Hourly Pay –Median



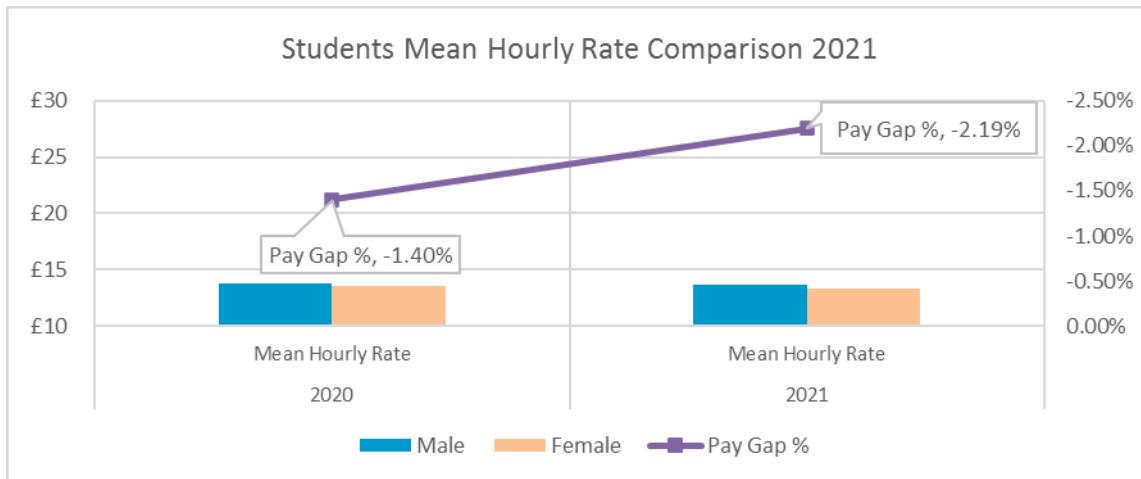
Proportion of Males and Females in each Pay Quartile



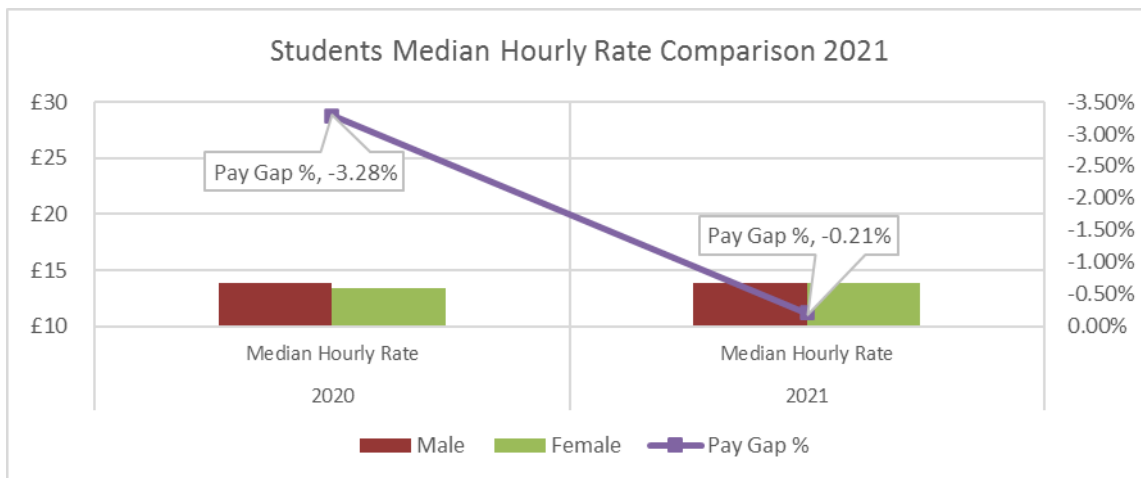
C. Students

This staff group includes Student Paramedics only. Student paramedics were recoded nationally in April 2019 and can now be shown as a separate group. They were previously coded as Additional Clinical Services.

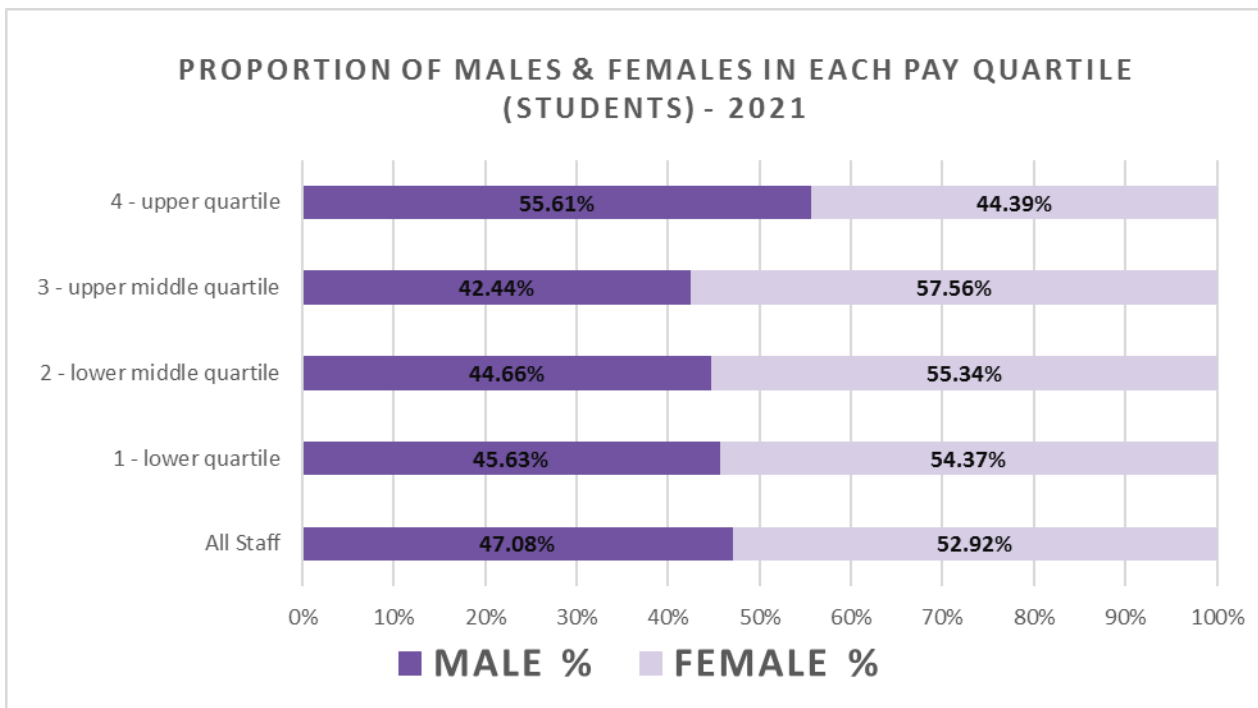
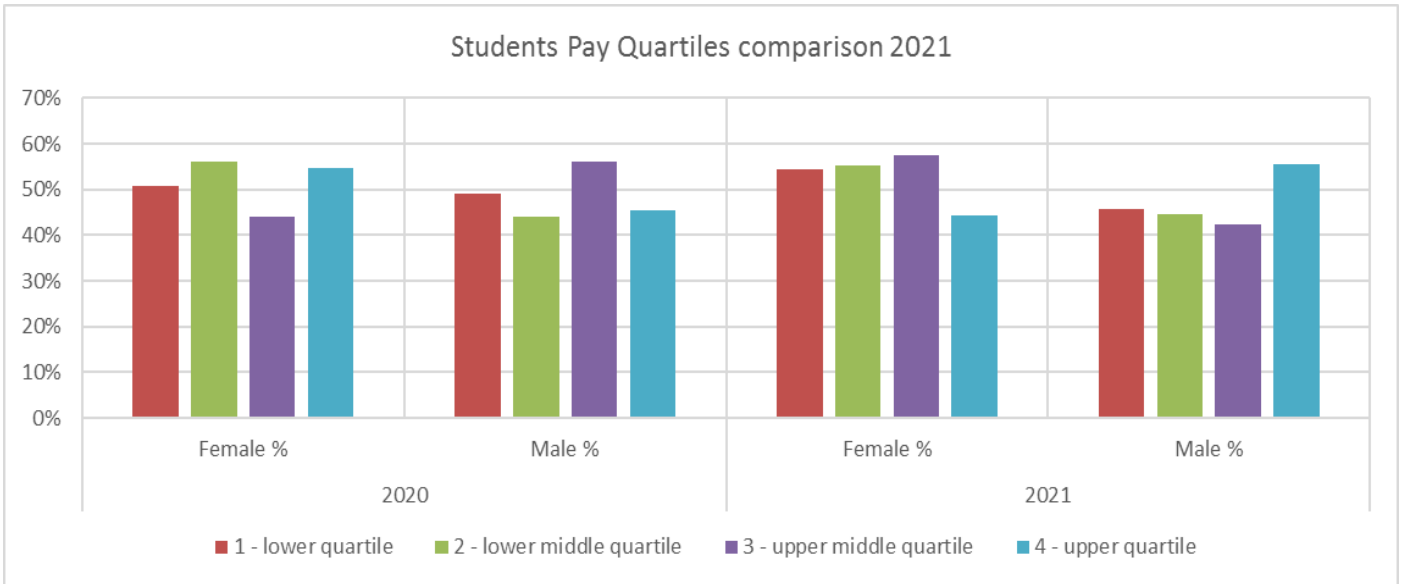
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Gender Pay Gap in Hourly Pay –Median



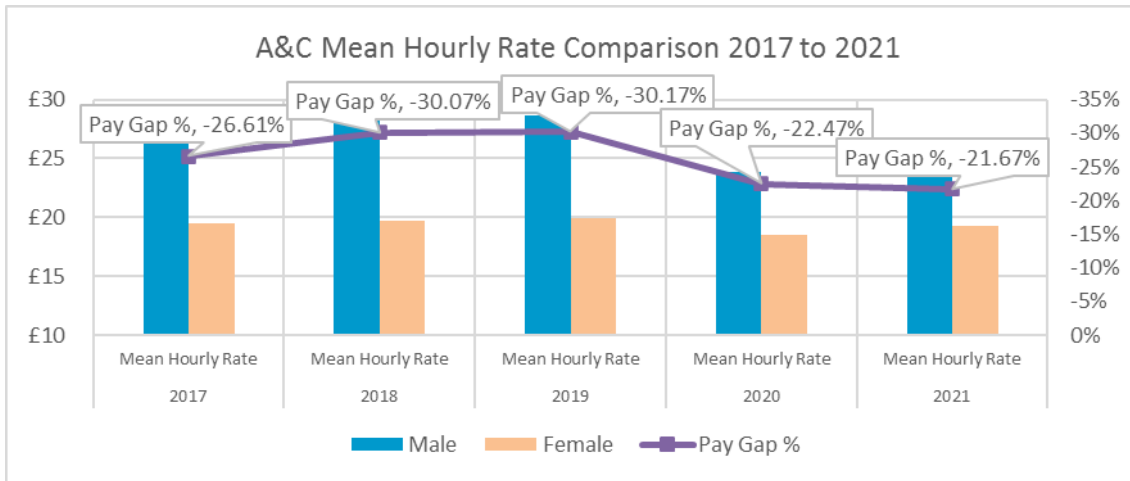
Proportion of Males and Females in each Pay Quartile



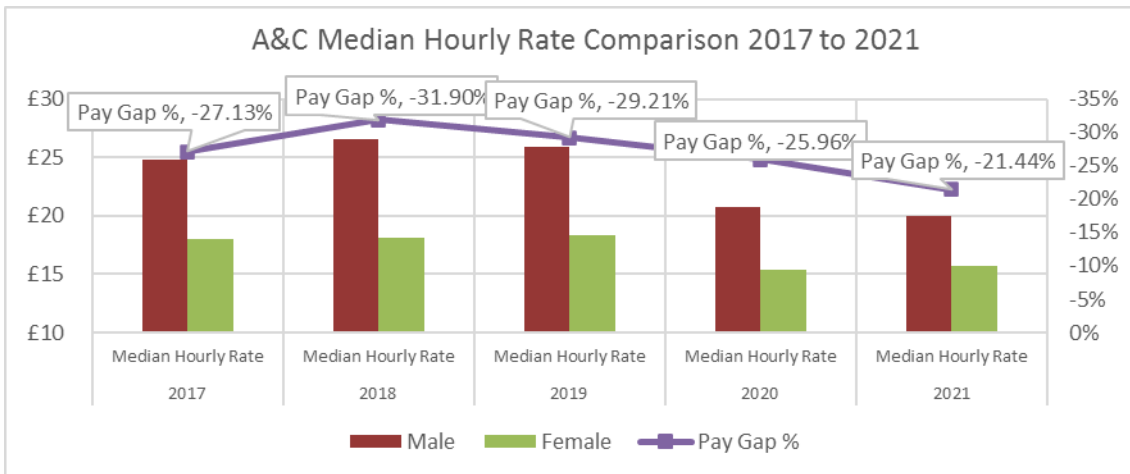
D. Administrative and Clerical (A&C)

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

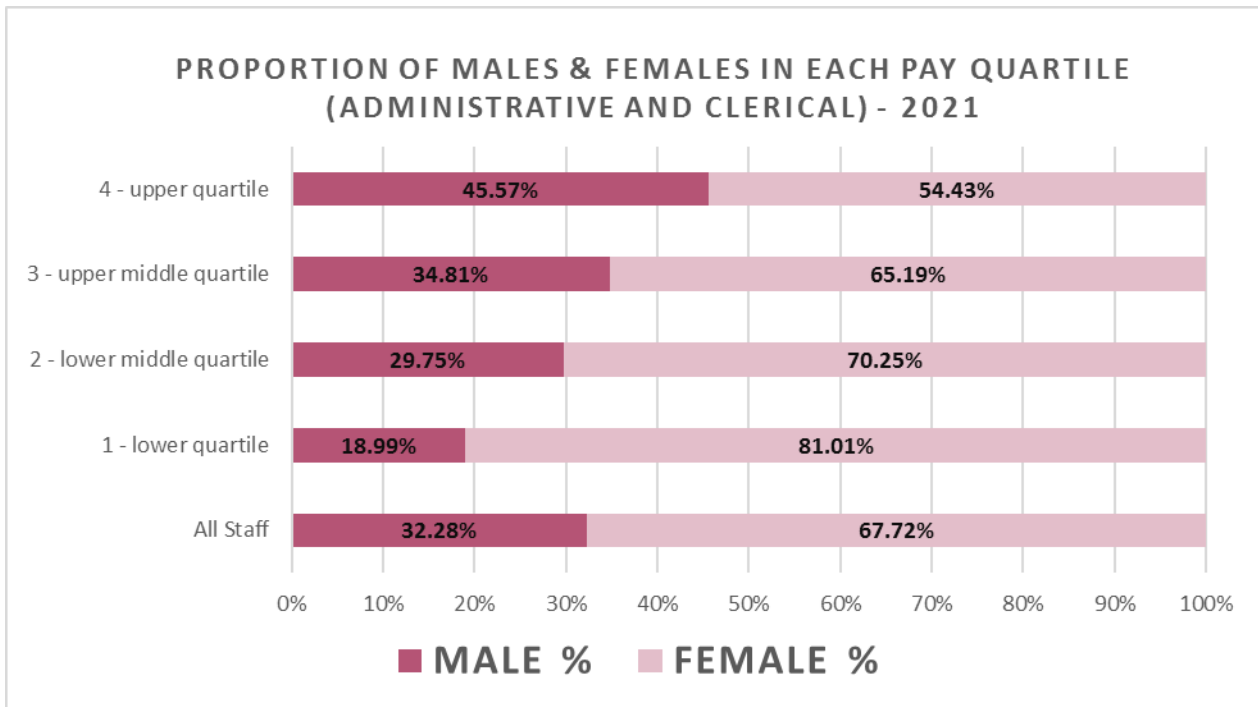
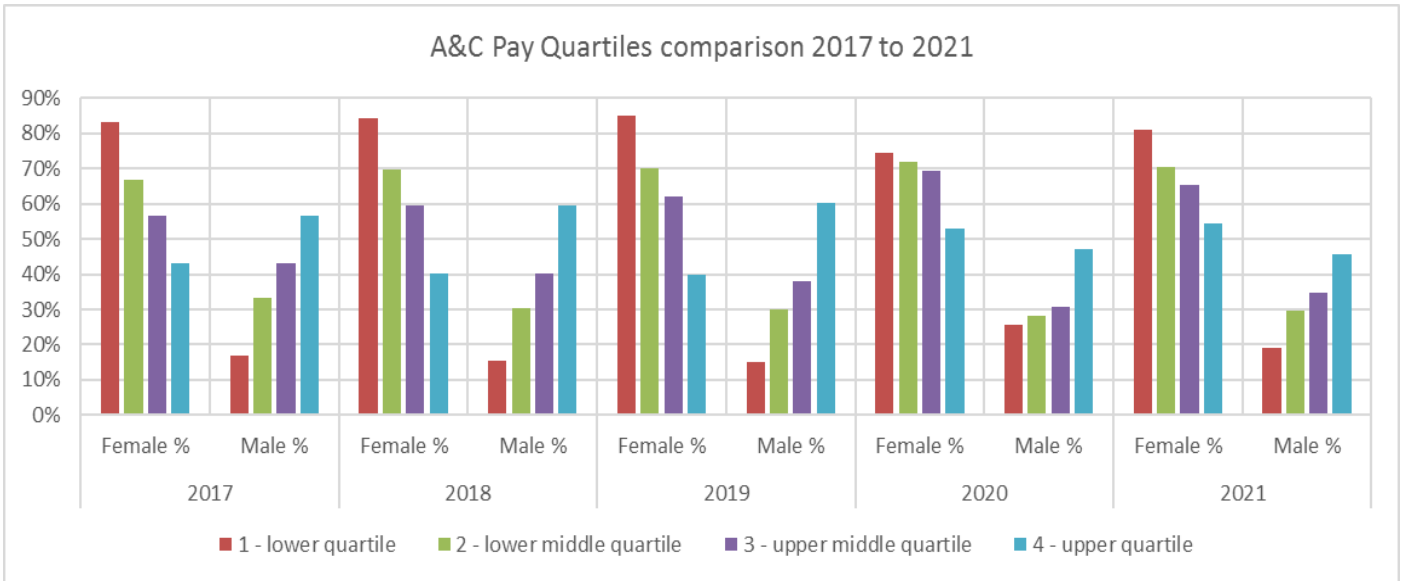
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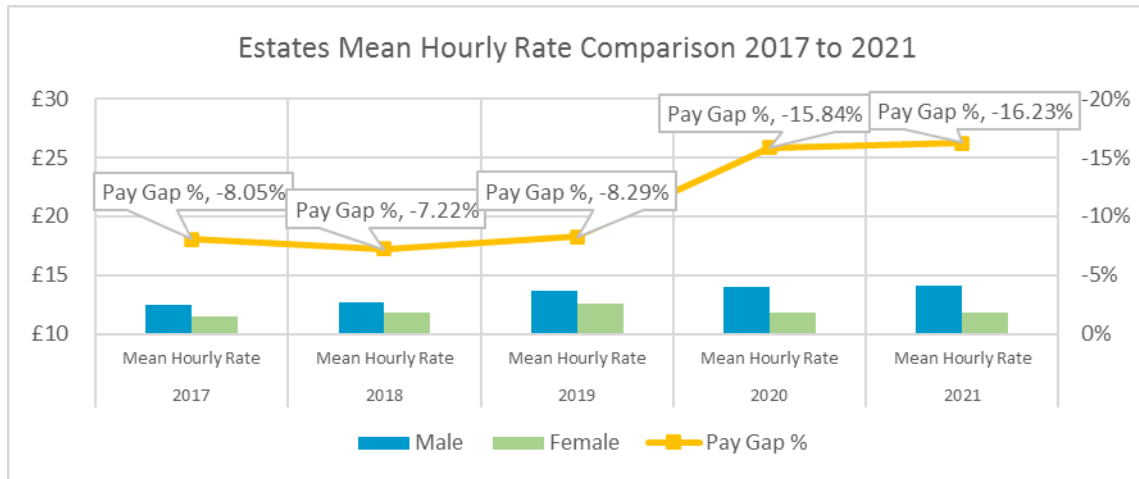
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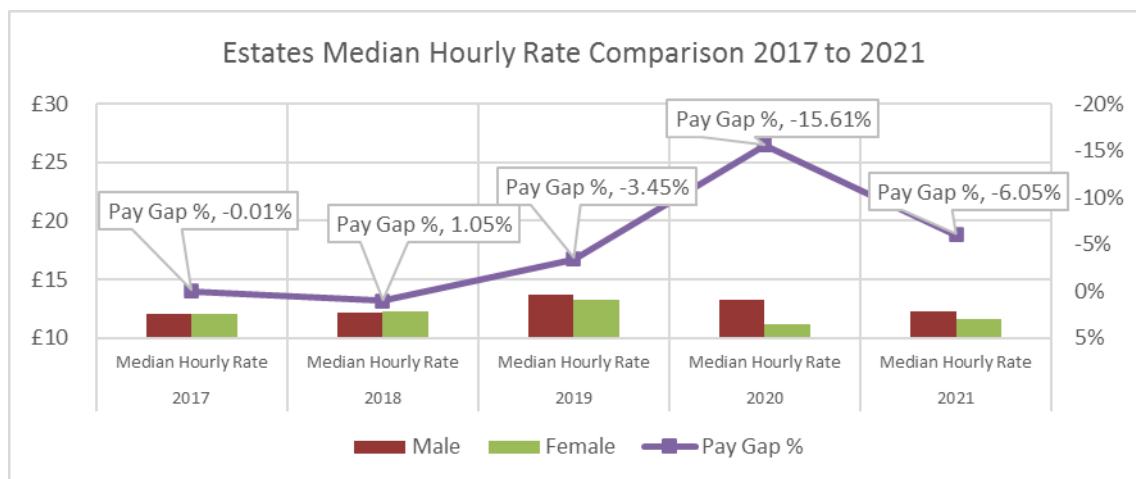
E. Estates and Ancillary (Estates)

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

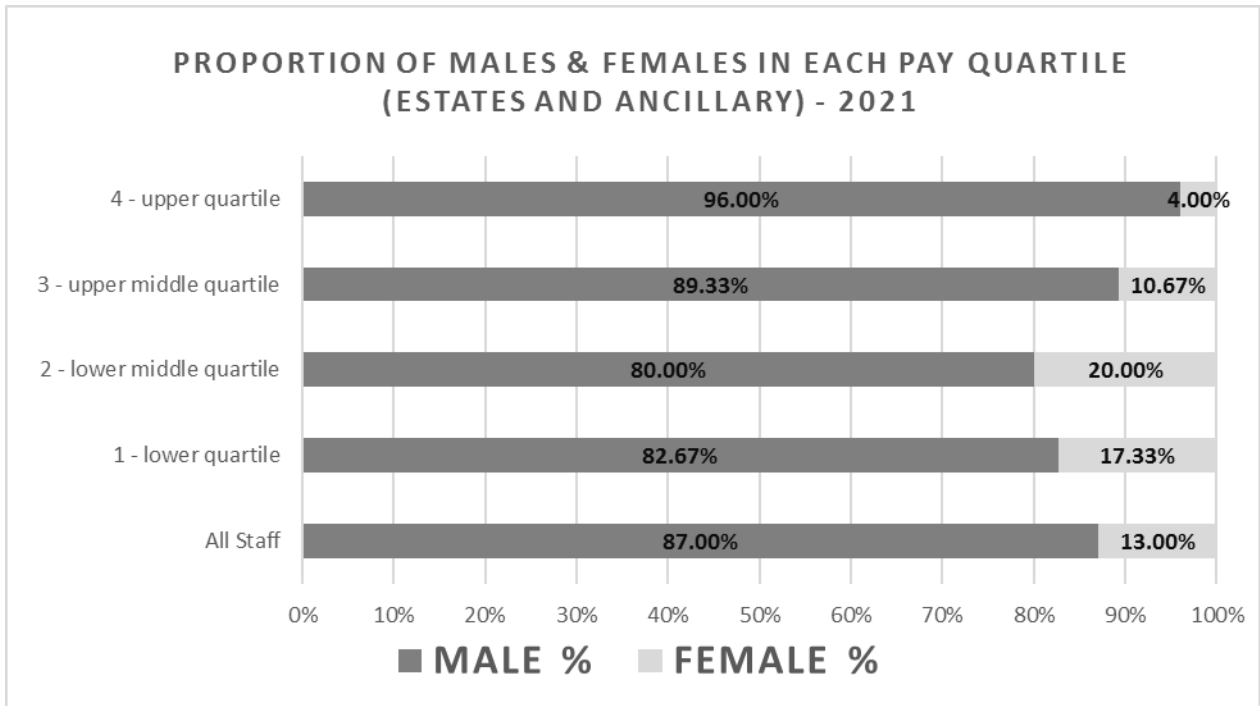
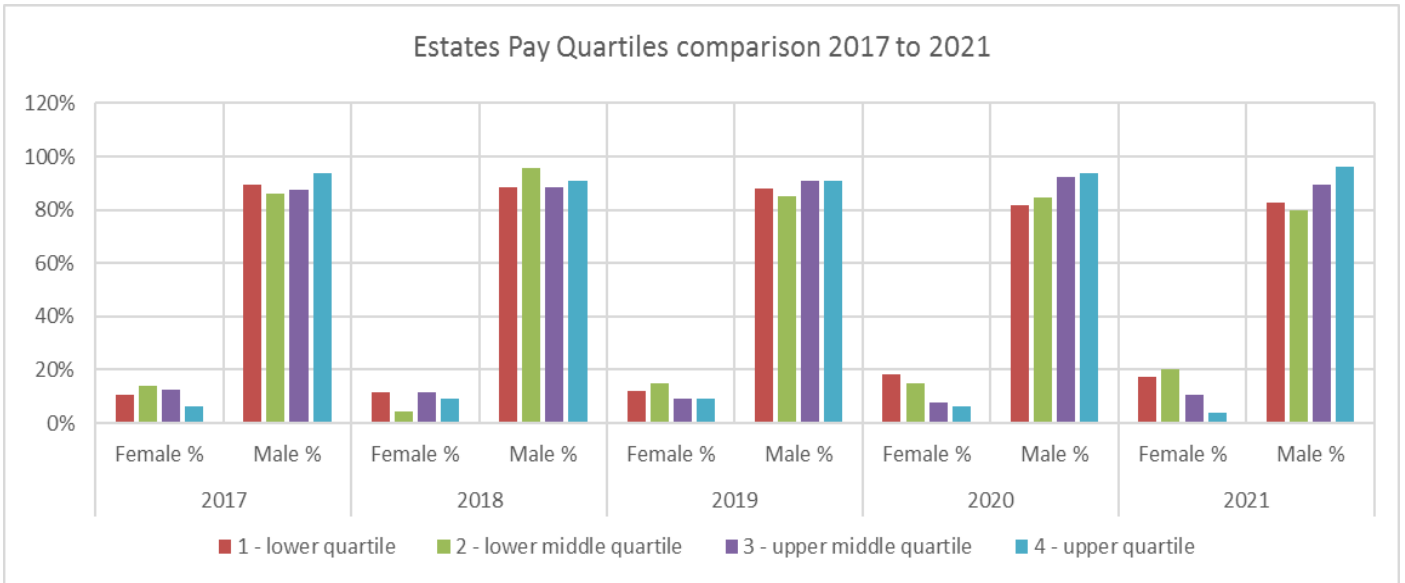
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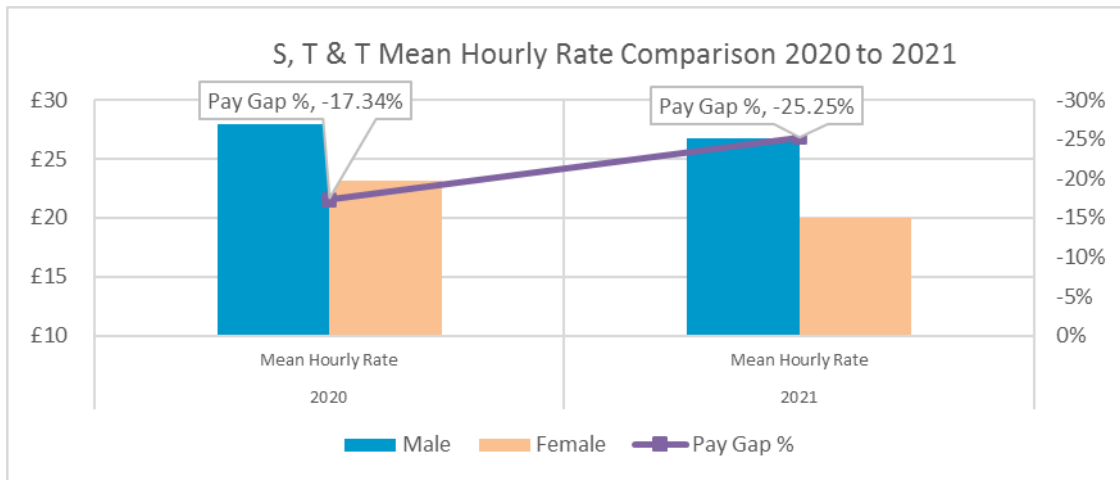
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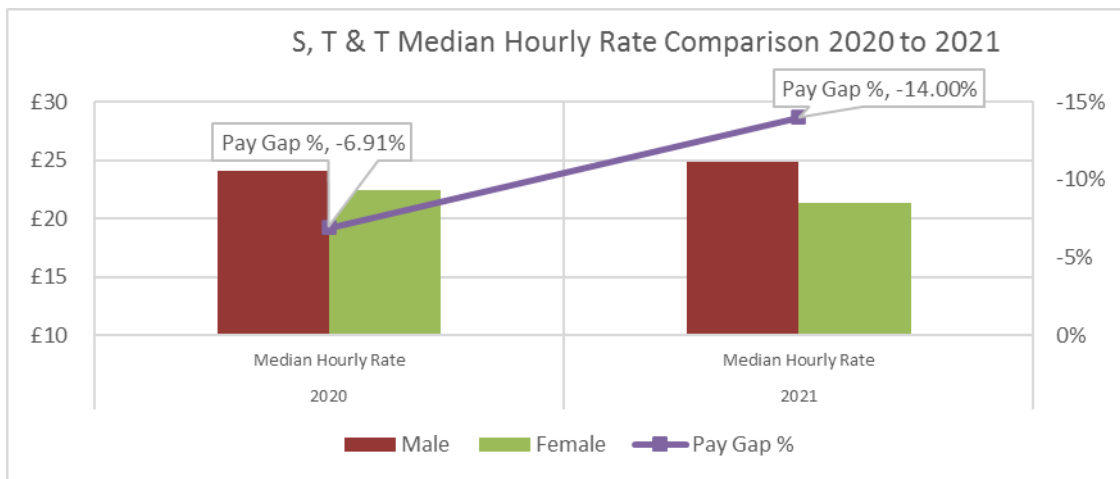
F. Scientific, Therapeutic & Technical (Other Qualified AHPs and Support Staff)

This staff group includes: Pharmacy, Psychotherapy and Dental Nurses.

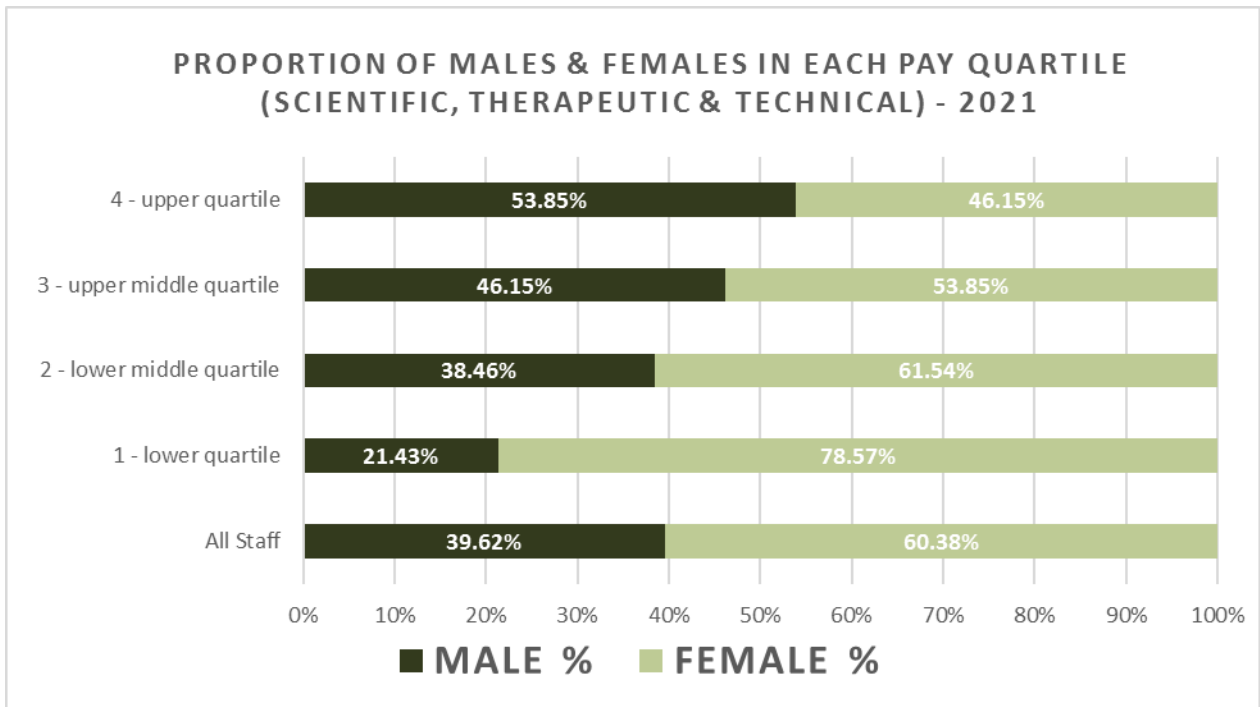
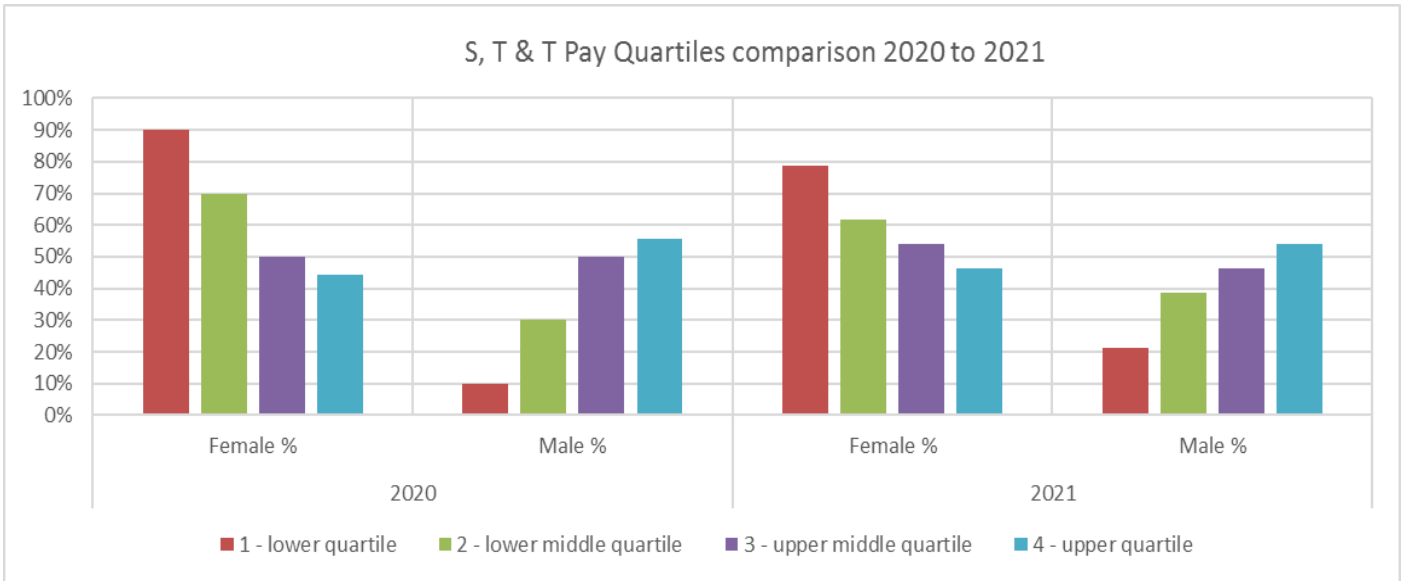
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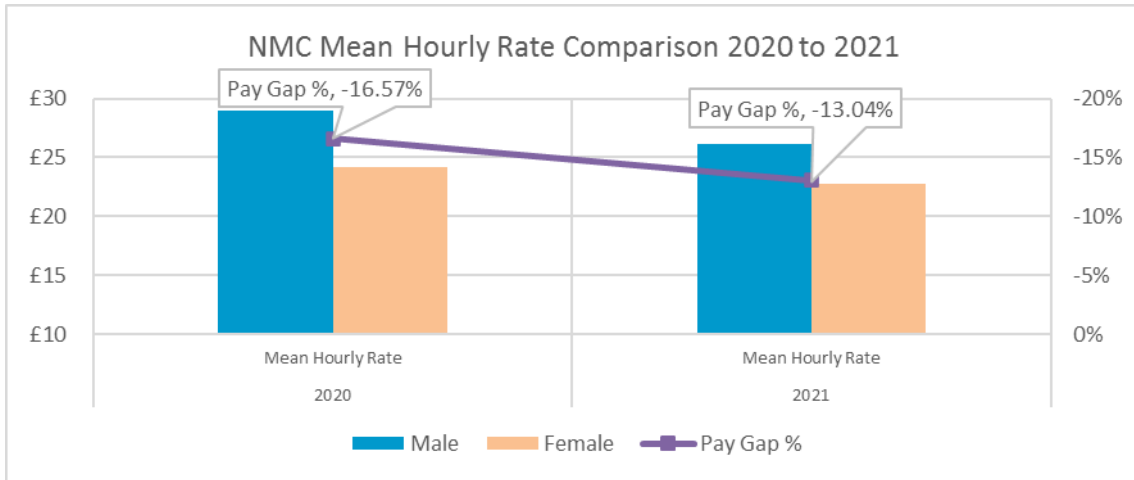
Proportion of Males and Females in each Pay Quartile



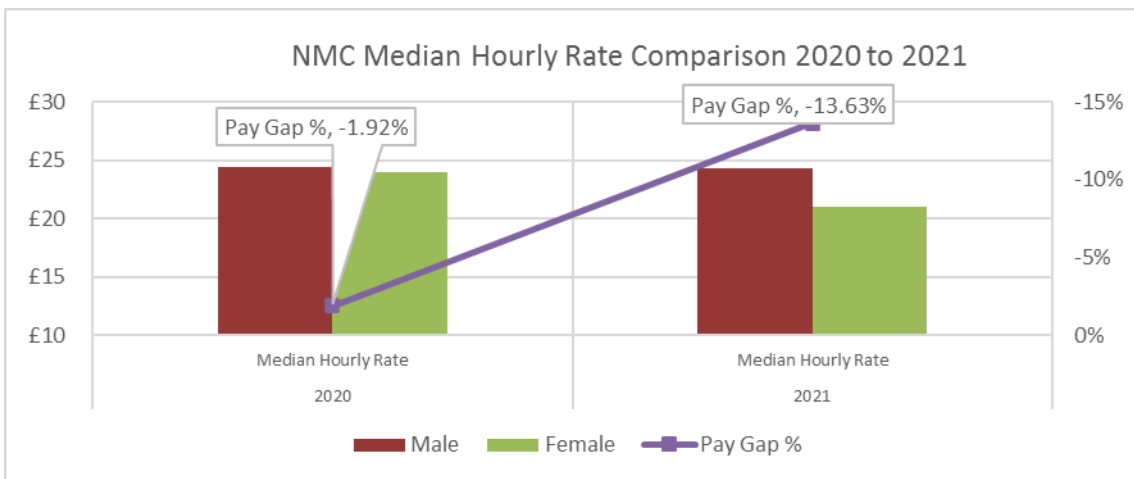
G. Nursing & Midwifery (Registered Nurses)

This staff group includes: Registered Nurses. The group is included in this year for the first time following

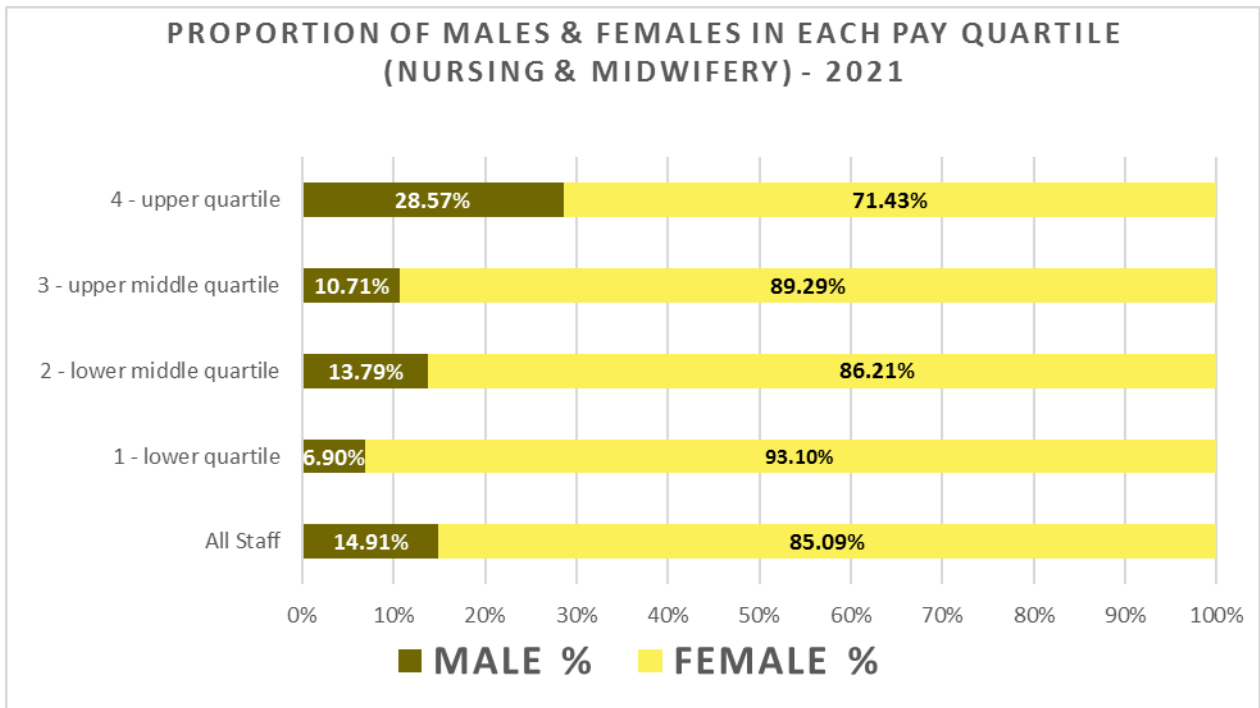
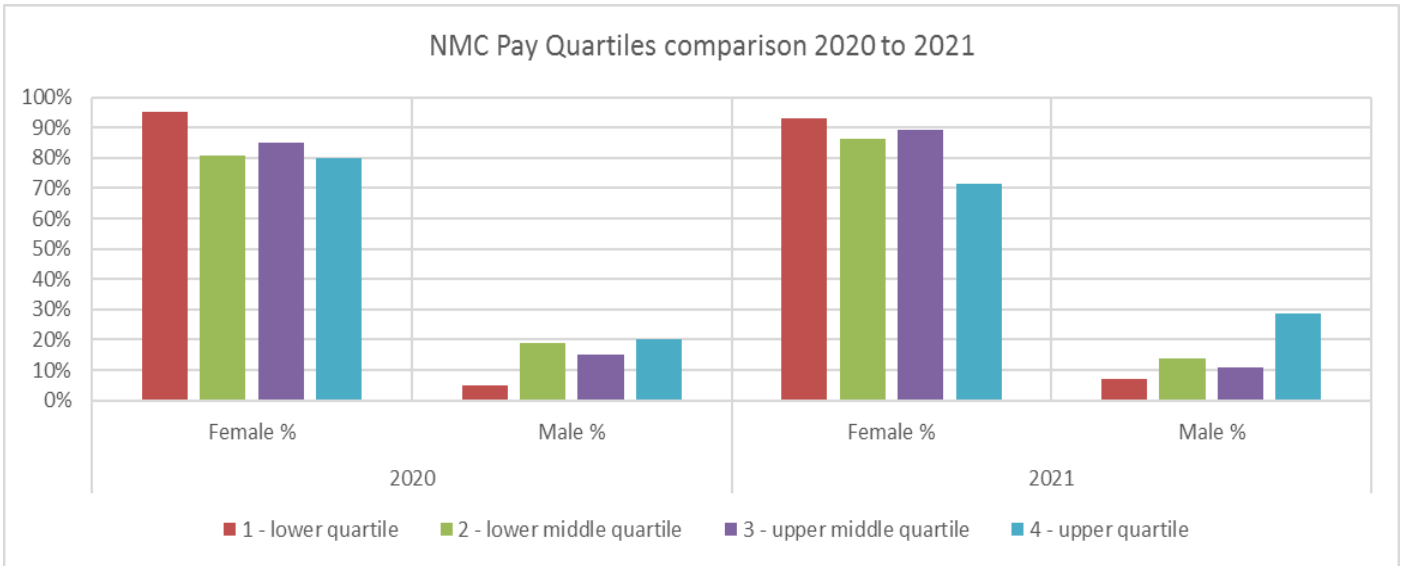
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



Proportion of Males and Females in each Pay Quartile



8. Analysis and Conclusion by NHS Staff Group

WMAS has an active workforce plan in place that has seen the recruitment of over 2600 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, 41.3% in 2018, 42.1% in 2019, 47.3% in 2020 and 50.67% in 2021.

It is worth noting that WMAS took on the NHS 111 Service in November 2019. The gender profile in that part of the Trust is 77.10% which is slightly down from 78.36% in 2020.

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

Additional Clinical Services (ACS)

In Additional Clinical Services, the proportion of women is 55.83%. The lower and lower middle quartiles are higher than the overall Trust gender profile. This is the staff group where all the student paramedic recruitment took place up to March 2019. If these staff are still student paramedics they have been recoded into the 'Student' staff group.

The mean gender pay is lower than the overall Trust at -6.64%% compared to -10.87% for the whole Trust. This may be due to the new starters commencing on the first spinal point in the grade and now progressing as they develop their careers. Generally, those staff who have spent longer in the same grade would have progressed incrementally regardless of gender. The median gender pay gap is also lower than the overall all Trust -5.28% compared to -12.76%. Both measures have decreased since 2020.

Variations could 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 as it is assigned to job role.

Students

The national coding structure for the Ambulance Workforce was reviewed between 2017 and 2019. Major changes were implemented in April 2019. The Staff Group 'Students' was implemented for Student Paramedics. The rationale for this role is to help identify those staff that are on a training programme to become Paramedics.

The proportion of women has increased to 52.92%. The lower, lower middle and upper quartiles are higher than the overall Trust gender profile. The mean (-2.19%) and median (-0.21%) pay gap are well below the overall Trust pay gap.

Allied Health Professionals (AHP)

In AHP, the proportion of women is 42.66%. Only the lower quartiles proportion is higher than the overall Trust percentage. 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. Staff in the higher quartiles will increase as newly qualified paramedics progress over a 2-year period from band 5 to band 6. These staff show in the lower and lower middle quartiles. The mean gender pay is lower than the overall Trust at -6.78%. The median gender pay gap is also lower at -3.10%. The median rate has decreased from 2020.

The variations could 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 similarly increase.

Administrative and Clerical (A&C)

In this staff group the proportion of women is 67.72%. The proportion in all quartiles is higher than the overall gender profile for the Trust in 2021. It is this group where there is a much higher gender pay gap.

In 2021 the mean pay gap is -21.67% and median pay gap -21.44%. There has been a continued decrease since 2019 in both the mean pay gap from -30.17% (2019) and -22.47% (2020); and the median pay gap from 29.21% (2019) and -25.96% (2020).

This pay gap is largely as a result of a larger concentration of women in lower pay banded roles.

Estates and Ancillary

This staff group has a largely male workforce, the proportion of women has increased from 11.74% to 13.00% in 2021.

The mean gender pay is higher than the overall Trust at -16.23%, and the median gender pay gap has significantly decreased from -15.61% in 2020 to -6.05% in 2021.

Scientific, Therapeutic & Technical (Other Qualified AHPs and Support Staff) (S,T &T)

WMAS took on the NHS 111 Service in November 2019 which included the Scientific, Therapeutic & Technical (Other Qualified AHPs and Support Staff) staff group. The gender profile in 111 is 77.10%.

In the S,T&T staff group the proportion of women has reduced from 64.10% to 60.38%. This is higher than the Trust percentage of 50.67%.

The mean gender pay is higher than the overall Trust at -25.25%, and the median gender pay gap is also higher at -14.00%.

Nursing & Midwifery (Registered Nurses) (NMC)



WMAS took on the NHS 111 Service in November 2019 which included the NMC staff group. The gender profile in 111 is 77.10%.

In the NMC staff group the proportion of women has increased from 81.97% in 2020 to 85.09%. This is the highest percentage in the Trust.


The mean gender pay is higher than the overall Trust at -13.04%, and the median gender pay gap is also higher at -13.63%; this is up from -1.92% in 2020.

9. Actions to Eradicate the Gender Pay Gap 2021/2022



The Board of Directors and the senior leadership team are committed to improving our gender pay gap and this report offers an update on progress being made.

Initiative	Actions	Progress	Monitoring	Accountability.	Due Date	RAG / Evidence
	Active support for women returning to work following maternity or adoption leave.	We will continue to run 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. 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.	Evidence of quarterly sessions, dates held and attendance figures. Evidence of number of requests for shared parental leave. For quarterly review	HR Manager, local HR advisors for collection of data.	30 April 2022	
	Ensure women have the opportunity and ability to progress their careers within the Trust through talent management schemes, such as the Positive Action Pathway.	The Springboard programme was successfully delivered for a 3 rd consecutive year on a virtual platform a further course is planned for 2022. Active promotion of the engaging leaders and engaging managers programmes for	Evidence of numbers of attendee's on the Springboard programme, both historical and future. For completion March 2022.	HR Manager Recruitment Manager Head of Organisational Development	30 July 2022	

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		<p>women to attend.</p> <p>Continual promotion of women developing into the Operational manager and Tactical Incident Commander roles supported by the women's network. Personal case studies to be published in the weekly briefing to promote the roles and improve the gender split. Supported by the Women's Network.</p>	<p>Current figures for women in specific roles, both substantive and developing in the roles.</p> <p>Through active recruitment to improve the current figures by 20% over the next 2 years.</p> <p>Review January 2023</p>	<p>Women's Network Chair</p> <p>Recruitment Manager</p>		
	<p>Maintain the Women's Equality Network.</p>	<p>The Women's Network was created in 2021, to improve and enhance women's experience in the workplace. To provide mentorship, support and guidance. Focusing on women's issues, health and wellbeing, career development and progression.</p> <p>Links made with other Women's Networks from NHS organisations to offer best practice and share learning.</p> <p>Launch event planned for March 2022 to coincide with international women's</p>	<p>Evidence of quarterly meetings being held.</p> <p>Membership numbers to show increased engagement and inclusion.</p> <p>Evidence of launch event.</p> <p>Completion March</p>	<p>Women's Network Chair</p> <p>Diversity and Inclusion lead.</p>	<p>31 March 2023</p>	

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		day.	2022			
	Review our recruitment processes, focusing on how to attract women into the Ambulance Service, focusing on roles that are less well represented by women in the organisation.	Our recruitment figures are almost equal for men and women in an operational role. Fleet department, I.T and Logistics remain less well represented, focused recruitment aimed at these roles.	Benchmark number of women in these roles currently and after positive recruitment drive. Ensure wording in recruitment adverts are focused towards women showing under representation.	Recruitment Manager HR Manager Diversity and Inclusion Lead	30 September 2022	
	Ensure that gender equality is a central point in the Trusts Diversity and Inclusion strategy.	The D&I strategy is inclusive of all the characteristics covered by the Equality Act	Publication of the Gender pay report and action plan. Review of Equality Impact assessments, inclusivity of women. Completion March 2022	Diversity and Inclusion Lead People Director	31 March 2022	

This is the fourth report from West Midlands Ambulance Service University NHS Foundation Trust (WMAS). It is based on a snapshot of all WMAS staff as at 31 March 2021.