**LLR ICB**

**Gender Pay Gap Report 2023 - 2024**

**Baseline data (snapshot) 31st March 2023**

Since 31 March 2017, all public sector organisations in England employing 250 or

more staff have been required to publish annually their gender pay gap information.

Previously, Leicester City CCG, East Leicestershire & Rutland CCG and West Leicestershire CCG were not required to report this information as each organisation had less than 250 employees.

Since the establishment of the LLR Integrated Care Board in July 2022 there is now a requirement to report on the gender pay gap as we are above the 250-employee threshold. The Government’s Equalities Office has advised that the first date for public reporting is April 2024. This year the ICB needs to collect baseline data as of 31st March 2023 in readiness to publish in 2024.

Gender pay reporting 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.

The guidelines require the ICB to publish the following calculations:

1. Average gender pay gap as a mean average

2. Average gender pay gap as a median average

3. Their mean bonus gender pay gap (The ICB does not pay staff bonuses)

4. Their median bonus gender pay gap (The ICB does not pay staff bonuses)

5. Their proportion of males receiving a bonus payment (The ICBs does not pay staff

bonuses)

6. Their proportion of females receiving a bonus payment (The ICB does not pay staff bonuses)

7. Their proportion of males and females in each quartile pay band

**Table of Definitions**

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| --- | --- |
| Pay gap | Difference in the average pay between two groups |
| Mean gap | Difference between the mean hourly rate for female and male employees |
| Median gap | Difference between the median hourly rate of pay for female and male employees |
| Mean bonus gap | Difference between the mean bonus paid to female and male employees |
| Median bonus gap | Difference between the median bonus pay paid to female and male employees |
| Bonus proportions | Proportions of female employees who were paid a bonus and the proportion of male employees who were paid a bonus |
| Quartile pay bands | Proportions of female and male employees in the lower; lower middle; upper middle; and upper quartile4 pay bands |
| Equal pay | Being paid equally for the same/similar work |

The calculations make use of two types of averages as noted above. A mean average and a median average. Using these two different types of average is helpful to give a more balanced overview of an employer’s overall gender pay gap.

The gender pay gap shows the difference between the average (mean or median)

earnings of men and women in an organisation. It is expressed as a percentage of

earnings.

Mean averages are useful because they give a good overall indication of the gender pay gap, but very large or small pay rates can ‘dominate’ and/or distort the results. For example, a median average might show a better indication of the ‘middle of the road’ pay gap where a mean average might be distorted by very highly paid specific employees and board members. However, it could also fail to pick up, as effectively, where the pay gap issues are most pronounced, for example in the lowest paid or highest paid employees.

**Summary of findings**

**Average Hourly Rates**

|  |  |
| --- | --- |
| **Gender** | **Gender (Mean Average)** |
| **Male** | 32.8813 |
| **Female** | 26.4363 |
| **Difference** | 6.4450 |
| **Pay Gap %** | **19.6008** |

**Analysis**

When we consider the population of LLR the 2021 census data shows that 49.5% of our population are male and 50.5% of our population are female. Across the LLR NHS workforce we employ 69.5% who are female and 30.5% who are male. This is representative of the wider national NHS workforce where the workforce is predominately female across all professions.

The mean/average Gender Pay Gap (GPG) table above shows the mean hourly rates for LLR ICB. The mean hourly rate is the average hourly wage across the entire workforce and is a measure of the difference between women’s mean hourly wage and men’s mean hourly wage. **The Mean Pay Gap is 19.6 % in favour of men.**

The mean pay gap is significant statistically however the difference of average hourly pay is small i.e. £6.45 per hour, once the analysis of what is driving the difference in pay which is predominantly due to the medical pay rates.

It is important to note that, the data is from 31st March 2023 as a base line and throughout 2024 we have seen changes that is likely to see a closing of the pay gap due some significant changes; 25 clinical leads TUPE transferring into the ICB on 1st July 2023 which has more women in posts and the change of the Executive Team which has more women in the executive leadership roles. This will be evaluated in 2024 when we use our 2024 data to understand trends and impacts of actions.

**Comparative data:**

This is the first year that LLR ICB is required to collect their baseline data and makes comparison difficult with other ICBs. Therefore, for this baseline year, we have used two local provider Trusts as comparators the data point for our providers is June 2023

* Leicestershire Partnership Trust (LPT) mean pay gap is 12.9% in favour of men. This is below the ICBs figure.
* University Hospital Leicester (UHL) mean pay gap is 28% in favour of men. This is above the ICBs figure.

**Median Hourly Rates**

|  |  |
| --- | --- |
| **Gender** | **Gender (Median Average)** |
| **Male** | 26.2518 |
| **Female** | 24.8164 |
| **Difference** | 1.4354 |
| **Pay Gap %** | **5.4679** |

**Analysis**

The median Gender Pay Gap table above shows the median hourly rates for LLR ICB. Median average is useful to indicate what the ‘typical’ situation is i.e., in the middle of an organisation and are not distorted by very large or small pay rates. **The Median Pay Gap is 5.5%**

**Comparative data as of 21/06/23**

* LPT median pay gap is 4.2% in favour of men. This is below the ICB figure.
* UHL median pay gap is 13% in favour of men. This is above the ICB figure.

|  |  |
| --- | --- |
| **Proportion of Males and Females by Pay Bands** |  |

Note for analysis – left axis is the % of the workforce, the right axis is the equivalent mean hourly rate

**Analysis of male/female workforce representation by pay band**

When looking at the female and male mean salary by banding, the pay gap is negligible. However, when considering all the statistical information and the reason for there are some information that should be explored.

* More men than women are found at band 2 (75% compared to 25%) & band 3 (60% compared to 40%). In the ICB these band 2 posts represent the ICB Apprentices and are all currently held by males. Apprentice posts by nature are development posts and therefore these lowest banded posts are the most likely to change by gender due to annual changes to apprentices.
* More women are found in bands 4 to 9.
* Band 8d is only occupied by women. There are also a higher proportion of women to men at band 9 (75% compared to 25%).
* More men are found in the medical band (79% compared to 21 %) and VSM band (53 compared to 47%). The significant male dominance in the medical banding explains the majority of the pay disparity when looking at mean hourly rates due to the increased hourly rate for medical staff.

**Analysis of pay bands by quartile**

**Number of employees | Q1 = Low, Q4 = High**

**Q1 Lower Quartile Pay Band**

* The figures demonstrate that 68% are women and 32% are men in this quartile. Female staff are under representative in this quartile compared to the combined workforce of female workers which is 70% however this is a small proportion when we look at the small numbers behind the statistics.

**Q2 Lower Middle Quartile Pay Band**

* The figures demonstrate that 78% are women and 22% are men in this quartile. Female staff are over representative in this quartile compared to the combined workforce of females which is 70%.

**Q3 Higher Middle Quartile Pay Band**

* The figures demonstrate that 75% are women and 25% men in this quartile. Female staff are over representative in this quartile compared to the combined workforce of females which is 70%.

**Q4 Upper Quartile Pay Band**

* The figures also demonstrate that 59% are women and 41% are men in this quartile. Female staff are under representative in this quartile compared to the combined workforce of females which is 70%.

**Conclusion**

Females make up two thirds (70%) of the workforce. This generally reflects the latest available statistics from NHS Digital, which details that 76.7% of the total NHS workforce are women.

The gender pay gap is showing there is a 19.6% average difference between males and females pay at LLR ICB.

Reducing the gender pay gap usually implies either increasing the proportion of men in lower grades or increasing the proportion of women occupying the more senior roles.

Effective policies for closing the gender pay gap not only seek to address the factors and barriers common to all women (such as numbers in low grade jobs with low pay), they, also target the inequalities faced by women belonging to specific groups, based on characteristics such as ethnicity, age and profession.

**Actions from the Operational Delivery Group :**

1. to refer to at PDRs to ensure managers are considering career progression
2. to take the report to team meetings for discussion.
3. to obtain a comparison against other ICBs once published

**Actions from Renumeration Committee and Non-Executive Directors:**

1. Explore the data further to understand the impact if the medical

Workforce is removed, therefore understanding the focus of the discussions to close the gap.

1. The largest pay gender gap is in lower bands (apprentice, band 2 and band 3) due to men not being represented sufficiently in these posts. An action to consider future attraction campaigns to roles that may not be considered traditionally male roles. Focus to be placed on the detail of the data understanding the impact of apprentices, entry levels for future development into more senior positions.
2. Consider the drivers of career breaks due to caring responsibilities and

maternity leave, whether the drivers for career progression are linked to these responsibilities that are traditionally orientated towards women and whether a fast-track career approach could be implemented to close the gap.

1. ICB to continue with national and local programmes to support women in leadership positions (LLR Women in Clinical Leadership network and national BAME women mentorship programme for Primary Care).
2. That these actions together with the data and reports for 2023 & 2024 will then be discussed and developed at the LLR ICB People Forum during 2024.

**Recommendation:**

**That the ICB Board approves the Gender Pay Gap Report for publishing on the ICB Website.**

**08/02/24 v5 Final Draft**