

LLR ICB

Gender Pay Gap Report (GPR) 2025 – 2026

Data based on figures (snapshot) 31st March 2025

Welcome to the third Gender Pay Gap report for NHS Leicester, Leicestershire and Rutland LLR ICB.

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. The report shows the difference between the average earnings of men and women, expressed relative to men's earnings. If an organisation reports a gender pay gap, it does not mean women are paid less than men for doing the same job.

This is because 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.

What a gender pay gap does demonstrate is that, on average, men occupy higher-paying roles than women.

Reporting annually is an important way to track how recruitment, reward and progression decisions impact the achievement of a diverse, inclusive workforce.

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

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

Overview

The calculations make use of two types of averages, 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.

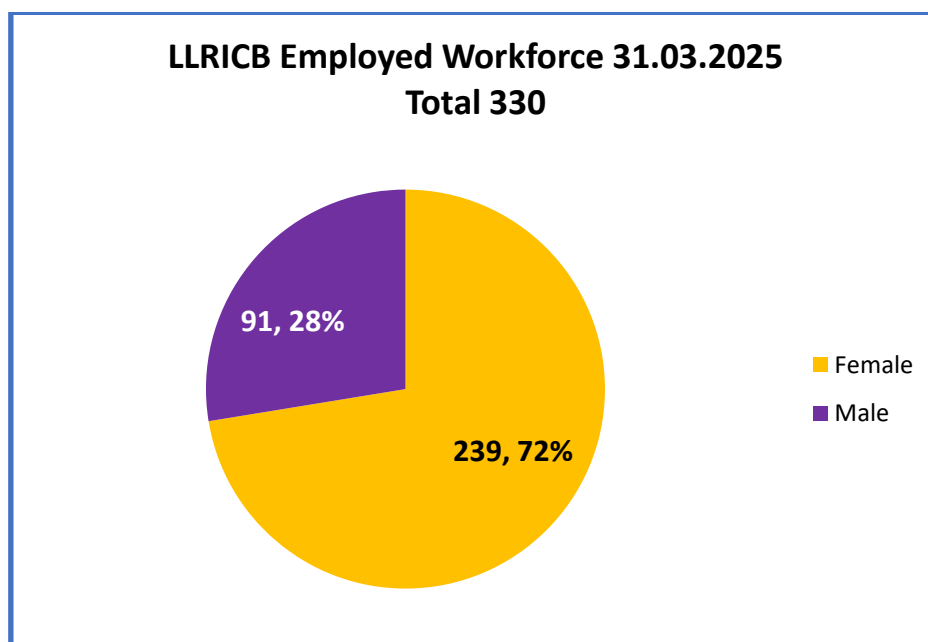
The gender pay gap shows the difference between the average (mean or median) earnings of men and women in an organisation. It is expressed as a percentage of earnings.

The median figure ignores extremes and is therefore thought to be the most representative measure. For this reason, it is important to report both measures. Each one tells you something different about the underlying causes of the gender pay gap and each one can mask issues that another may highlight.

If there is a big difference between an organisation's mean and median pay gap, this tells us the dataset is skewed – either by the presence of very low earners (making the mean lower than the median), or by a group of very high earners (making the mean higher than the median).

Taking a 'snapshot' of this data on a set date, as required by regulation, creates a level playing field for all reporting organisations. But it masks the fluidity of gender pay gaps, which can fluctuate from month to month and across pay quartiles depending on changes to headcount.

Summary of findings



Analysis

The population of LLR in the 2021 census data shows that 49.5% of our population are male and 50.5% of our population are female. Therefore, females working at the ICB (at 72%) are overrepresented in comparison to the local population.

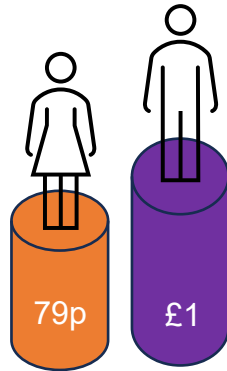
Across the LLR NHS workforce we employ 77% who are female and 23% who are male. This is representative of the wider national NHS workforce where the workforce is predominately female across all professions.

With a workforce that is 72% women and 28% men, relatively small changes in the distribution of men across the different pay quartiles in the organisation can have a significant impact on our gender pay gap.

Data at a glance

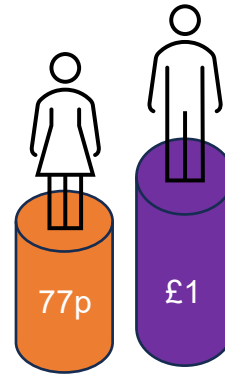
When comparing our average hours (Mean):

In 2024



Women receive 79p to every £1 a man receives.

In 2025

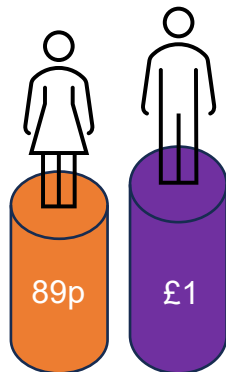


Women receive 77p to every £1 a man receives

Analysis: The figures indicate that women received a mean average of 23p less per pound than men in 2025. On average women earned 2p less than in 2024.

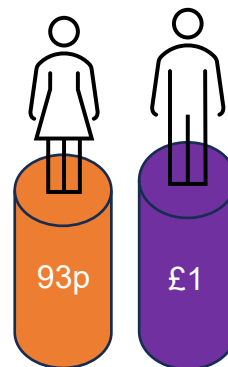
When comparing our average hours (Median)

In 2024



Women receive 89p to every £1 a man receives.

In 2025



Women receive 93p to every £1 a man receives.

Analysis: The figures indicate that women received a median average of 7p less per pound than men in 2025. On a median average women earned 4p more than in 2024.

Looking behind the headline figures

Average (mean) Hourly Rates

Gender	Gender (Mean Average) 2024	Gender (Mean Average) 2025
Male	£38.7625	£41.1803
Female	£30.5057	£31.7875
Difference	£8.2568	£9.3928
Pay Gap %	21.3010	22.8090

Analysis

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 and men's mean hourly wage.

To calculate the mean pay gap, we add together all the hourly pay rates that women received, divided by the number of women in our workforce. We then repeat this calculation for men. The difference between these figures is the mean gender pay gap.

- The figures demonstrate that the Mean Pay Gap for 2025 is **22.8%** in favour of men. This is compared to a Mean Pay Gap of **21.3%** in favour of men in 2024.
- The figures indicate that there has been an increase in the mean pay gap in favour of men of **1.5%** between 2024 and 2025.
- This mean gender pay gap indicates that for every £1 a man received, a woman received 77p.

Comparative data

This is based on regional ICB data for 2024-2025. The figures from 2025-26 are not reported until March 30th 2026.

- NHS Nottingham & Nottinghamshire ICB has a mean gender pay gap (GPG) of **37.84%**
 - NHS Derby & Derbyshire ICB not reported for 2024-2025
 - NHS Northamptonshire ICB - not required.
 - Lincolnshire ICB had no GPR on their site.
 - Staffordshire & Stoke ICB no GPR found on their site. }
- Maybe due to size of workforce

Comparatively - LLR ICB has a considerably lower average GPG than Nottingham/Notts ICB.

Average Median Hourly Rates

Gender	Gender (Median Average 2024	Gender (Median Average) 2025
Male	£29.3285	£30.9422
Female	£26.0571	£28.8708
Difference	£3.2715	£2.0714
Pay Gap %	11.1545	6.6944

Analysis

To calculate our median gender pay gap, we first rank all our people by their hourly pay. Then we compare what the woman in the middle of the female pay range received with what the man in the middle of the male pay range received. The difference between these figures is the median gender pay gap.

- The figures demonstrate that the Median Pay Gap **is 6.7%** (rounded up) in 2025 in favour to men. This is compared to **11.2%** (rounded up) in favour of men in 2024.
- Therefore, there has been a decrease of **4.5%** in the median pay gap.

- This (median) gender pay gap means that for every £1 men receive women receive 93p.

However, fluctuations in gender pay gap, by quartile and by year, are driven by changes in the people who work with us. **In a small organisation like the ICB, minor changes in the demographics of the workforce have a significant impact on our figures.**

Comparative data

- NHS Nottingham & Nottinghamshire ICB has a median gender pay gap of **9.72%** in favour of men.
 - NHS Derby & Derbyshire ICB not reported for 2024/25
 - NHS Northamptonshire (ICB) - GPR not required.
 - Lincolnshire ICB had no GPR on their site.
 - Staffordshire & Stoke ICB no report found on their website.
- } Maybe due to size of workforce

Comparatively the figures indicate that LLR ICB has lower median pay gap than Nottingham/Notts ICB (by 3%).

Comparing Median and Mean Gender Pay Gaps

The median is often used as a headline measure because it's less swayed by extreme values, particularly the small number of people on high salaries.

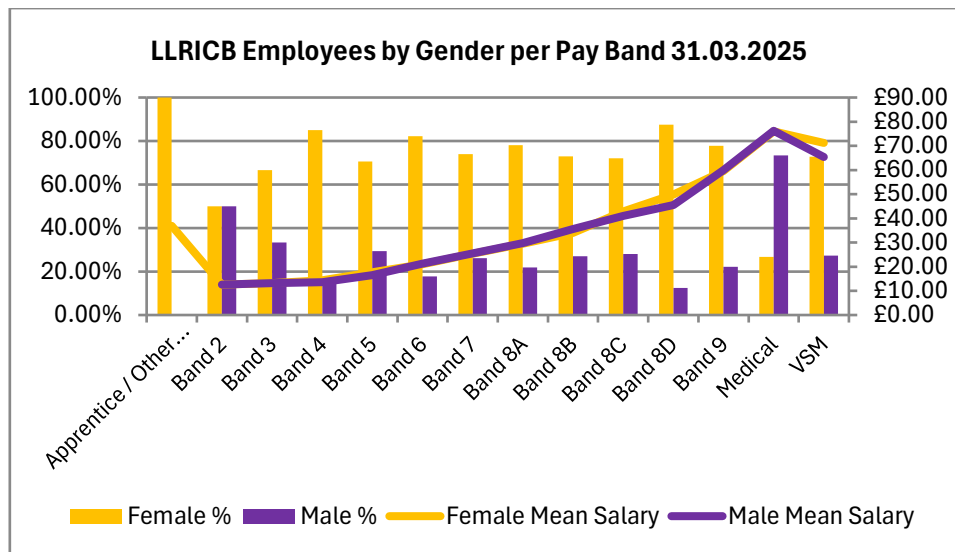
The mean is useful because it does capture the effect of a small number of high earners. This is something we're interested in, given that women's responsibilities beyond work have traditionally limited their access to higher-level, higher-paid jobs.

The difference between an organisation's mean and median pay gap can provide valuable insight. The presence of very low earners can make the mean smaller than the median. A group of very high earners can make the mean larger than the median.

What do our figures indicate?

At the ICB, our mean (22.8%) is higher than our median (6.7%) which is likely to be because of the impact of higher earning male colleagues.

Male/female workforce representation by pay band



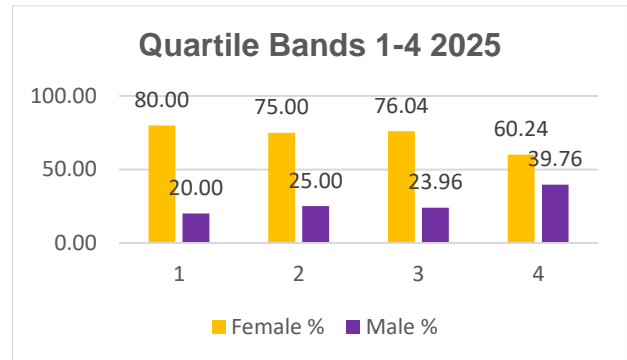
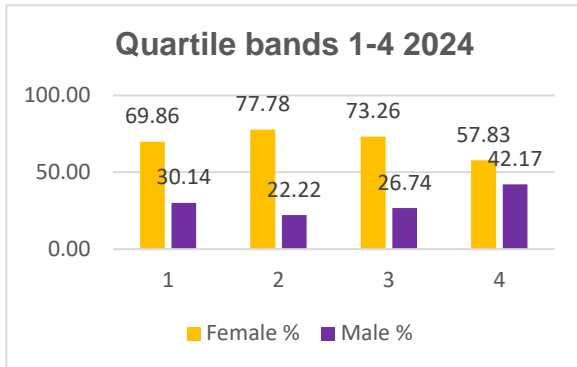
Note for analysis – left axis is the % of the workforce, the right axis is the equivalent mean hourly rate.

Analysis

- The apprenticeship band is made up entirely of women compared to 75% female and 25% male in 2024.
- Band 2 is split evenly at 50% men and women. In 2024 only men were found at Band 2. Band 3 is the same as in 2024 with 33% men and 67% women.
- More women than men are found in bands 3 to 9 in both 2024 and 2025.
- More men are present in the medical band at 73%. This is a 2% rise from 71% 2024. The significant male dominance in the medical banding is likely to explain the pay disparity when looking at mean hourly rates due to the increased hourly rate for medical staff.
- There has been an increase in the number of females occupying the VSM level from 58% in 2024 to 73%.

Analysis of pay bands by quartile

Number of employees | Q1 = Low, Q4 = High



Q1 Lower Quartile Pay Band

- There has been an approx.10% rise in the number of females in this quartile from 69.9% to 80%. Female staff are over representative in this quartile compared to the combined workforce of female workers which is 72%.

Q2 Lower Middle Quartile Pay Band

- The figures indicate that there has been a decrease in the number of females in this quartile from 78% in 2024 to 75% in 2025. Female staff slightly overrepresented representative in this quartile compared to the combined workforce of female workers which is 72%.

Q3 Higher Middle Quartile Pay Band

- The figures demonstrate that there has been an increase in the number of women in this quartile from 73% in 2024 to 76% in 2025. Men now make up 24% of this quartile a 3% decrease. Female staff are slightly overrepresented in this quartile compared to the combined workforce of females which is 72%.

Q4 Upper Quartile Pay Band

- Females represent 60% of this quartile which is a 2% increase since 2024. Men make up 40% of this quartile. Female staff are under representative in this quartile compared to the combined workforce of females which is 72%.

Addressing our Gender Pay Gap

Our Commitment

‘As an organisation, we are dedicated to developing an organisational culture that promotes inclusion and embraces diversity, ensuring that the focus on inclusion is maintained not only within the ICB but as part of the wider Integrated Care System. One of our Strategic Plan pledges is to make Leicester Leicestershire and Rutland (LLR) health and care, a great place to work and volunteer, which includes our commitment to inclusion and diversity’. **Alice McGee, Chief People Officer.**

Our chief executive and senior leadership team are openly committed to our EDI agenda and take responsibility for its initiatives. We have an executive lead for creating a culture of equality, diversity and inclusions ensuring that visible leadership starts at the top of the organisation. Our executives are visibly and actively engaged in listening to our people and our wider communities. Some of this commitment is demonstrated in the evidence we collected for the Equality Delivery System Link Domain 3 and EDI Annual Report :

<https://leicesterleicestershireandrutland.icb.nhs.uk/equality-statement/>

Our Board monitors the progress and impact of our actions, including our gender pay gap through support from our senior leadership teams and the Remuneration Committee (REMCOM).

Family Friendly Policies and Practices

Policies such as the Flexible Working Policy, Agile Working Policy and Special Leave Policy all have a positive impact on the work/life balance of our staff and enable us to support working parents to manage work alongside their family and caring commitments. It is still more common for working women to take the brunt of family and caring responsibilities alongside their paid work, so these policies are an important source of support for working women. The existence of these policies and practices also makes it easier for working men to share the demands of parenting and caring; helping to challenge assumptions about women’s roles at work and at home, supporting greater gender equality and helping narrow the gender pay gap over time.

Freedom to Speak Up / Raising Concerns

The ICB has a Freedom to Speak Up Policy to support staff when they have a concern about abuse, harassment, bullying or violence and we actively promote and signpost staff to our Freedom to Speak-up Guardians & Champions. The ICB has a signed up to the ‘Your Voice’ reporting tool, which allows staff to raise concerns about any issues which may be bothering them; they can raise concerns anonymously if they wish. Your Voice and other routes through which issues can be reported or concern raised are regularly promoted across the organisation.

Sexual Safety in Healthcare Organisational Charter

The ICB has signed the Sexual Safety in Healthcare Organisation Charter and is committed to taking a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. This approach is underpinned by policies such as the Harassment and Bullying Policy, the Disciplinary Policy, the Grievance Policy and the Sexual Misconduct Policy.

The ICB is in the early stages of our work to embed the principles and actions of the Sexual Safety and the Sexual Misconduct Policy and will be working with colleagues on this project to ensure the work is co-designed and meets the needs of our staff.

Health & Wellbeing

Our purpose is to champion better work/life balance for everyone. We want people's experience of the ICB to be inclusive and inspirational. The ICB takes active steps to support the health and wellbeing of our colleagues through initiatives such as organisation-wide Health and Wellbeing events, promoting a healthy work/life balance. We have a network of Mental Health First aiders and colleagues can access support through an Employee Assistance Programme.

Colleagues are also encouraged to attend the system wide initiatives as they are advertised.

Supporting Women into leadership positions

ICB to continue with national and local programmes to support women in leadership positions (LLR Women in Leadership Annual Conference takes place in spring 2026 LLR ICB part of the national Women in Leadership network).

Fair recruitment practices

The ICB undertakes recruitment in a fair and equitable manner and follows best practice guidance in relation to shortlisting (takes place without candidate information) and interview practice. Applicants can request reasonable adjustments throughout the recruitment process.

Conclusion

Females make up roughly two thirds (**72%**) 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 mean gender pay gap is showing there is an average difference of **22.8%** between males and females pay at LLR ICB. This is a slight increase of **1.5%** in favour of men over the two reporting years.

The Median Pay Gap is **6.7%** in 2025 in favour to men. This is compared to **11.2 %** (rounded up) in favour of men in 2023. There has been a decrease of **4.5 %** in the median pay gap in favour of men between 2024 and 2025.

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.

Closing the gender pay gap is not a quick and easy fix. Our own data shows how relatively minor changes in our people can cause big changes in our headline median pay gap, month by month and year by year. The valuable insights we gain from tracking and reporting our gender pay gap need to be met with meaningful, consistent and sustained actions that shift our cultural norms.

Progress on actions 2024/25 and new actions for 2025/26

Action	Required by	Progress
1. Share the GPG report with colleagues in LLR Connect and at a Staff Briefing	24/25 report	Reported in LLR Connect January 2025. 2025/26 report will be published in LLR connect in November 2025
2. Develop and share guidance for managers on having a career conversation with direct reports when returning from career breaks (including maternity leave/parental leave) and as part of the	Q3/4 2025/26 To be assessed as part of 2025/26 report	The 2025/26 People Plan was paused as part of the response to the NHS Transformation agenda. Inclusion of focussed career conversations will feature in the

annual appraisal process.		2025/26 and 2026/27 plan as the ICB Clusters and recovers from the transformation
3. Continue with national and local programmes to support women in leadership positions (LLR Women in Clinical Leadership).	Ongoing	The 2025/26 Women in Leadership event has been expanded and has been organised to coincide with International Women's Day in Spring 2026
4. Continue to concentrate on the positive work programmes to create an inclusive and equitable work environment.	Ongoing To be assessed as part of 2025/26 report	The People Plan will be delivered in context of the NHS transformation programme and Clustering of ICBs

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