

## ICB People and Culture Committee

Date of meeting	15 October 2025
Title of paper	ICB Combined Pay Gap Report 2025
Presented by	Aisha Chaudhary – Director of Culture and Inclusion
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Agenda item	TBC
Confidential	No

### Executive summary

The purpose of this Combined Pay Gap Report is to present Lancashire and South Cumbria Integrated Care Board's (LSC ICB) gender, ethnicity, and disability pay gap data, providing an overview of differences in average pay across these characteristics within our workforce. By publishing this data, we aim to identify disparities, understand their root causes, and take informed action to promote greater fairness and equity across our workforce.

The gender pay gap data recognises that there are smaller proportions of male employees in each of the four pay quartiles compared to population data. However, this is reflected nationally across the NHS as a whole where approximately [74% of NHS staff are female](#). On balance, the ICB currently employs a slightly higher-than-average number of female staff (78.9%) compared to the overall NHS workforce. Despite this, there still remains a median gender pay gap where women are paid an average of 19.6% less than men due to a higher overall proportion of men occupying the highest paid jobs in the ICB.

The ethnicity pay gap data recognises that there is a clear under-representation of BME employees (7.5%) across the organisation. Despite this, there is only a relatively small median ethnicity pay gap with BME employees paid an average of 5.4% less than their white counterparts. This is mainly due to a higher number of BME staff (11.1%) against the total number of BME staff employed occupying job roles in the highest pay quartile. The total number of staff being considered in this area is very small.

The disability pay gap data highlights several areas of concern that require focused attention. Most notably, there is a clear under-representation of disabled staff (7.6%) across the ICB, particularly in higher pay quartiles, coupled with low disability status declaration rates (41.8% unknown) which poses challenges in drawing meaningful conclusions about the ICB's disability pay gap based on this data. The available data indicates that disabled colleagues are paid on average 10.8% less than their non-disabled counterparts. Disabled colleagues are not only fewer in number but may also



be concentrated in lower-paid roles, limiting opportunities for progression and influencing the overall disability pay gap.

### Public and Stakeholder Engagement

- **Staff Networks** – Pay gap findings have been socialised with the Women's Staff Network, Race Equality Staff Network and the Disability Staff Network

### Alert, Assure or Advise

#### **Assure the committee:**

- That the ICB has met its statutory duty to reporting on Gender Pay Gap findings
- That the ICB has met the recommendations of the NHS National EDI Improvement Plan in reporting on Ethnicity and Disability Pay Gap findings

### Recommendations

The People and Culture Committee are asked to **support** the following actions to address its gender, ethnicity and disability pay gaps:

***Please note:** NHS Lancashire and South Cumbria ICB is currently transitioning through a period of significant organisational change due to the requirement to reduce our running costs by 47%. In turn, this is likely to affect the diversity of our workforce over the next 12 months and may have an impact on our ability to deliver upon the full set of recommendations. Similarly, the delivery of these recommendations will be dependent upon the available EDI resource following this period of transformation:*

#### **1. Data analysis**

- Produce an Analysis Report to include the following:
  - Scrutinise our workforce data more closely to analyse the differential pay in terms of the gender, ethnicity and disability pay gap, paying particular attention to pay bands where the highest pay gaps exist in order to set actions to mitigate.
  - Disaggregate our workforce data in various ways to include the differences in terms of age, disability and ethnicity to explore whether there are further insights to be drawn on addressing inequalities.
  - Analyse our staff survey data, focusing on the experiences of women, disability and ethnicity to support our action planning and improvements.
- To address gaps in our understanding of pay gap data, promote awareness of equality monitoring via staff communications, and share the positive reasons why disclosing equality monitoring information can help organisations to better understand their staff, and better support their staff to thrive at work

#### **2. Recruitment, promotion and career progression**

- Review and evaluate recruitment processes and practices to consider how to improve recruitment into under-represented roles paying particular attention to pay bands where there are gaps and produce a report of findings to be presented to People and Culture Sub-committee.
- Provide inclusive recruitment training to all hiring managers and assessors.
- When shortlisting for VSM roles ensure that recruitment panels are diverse.
- For recruitment to roles of Band 8a and upward, EDI champions or Chairs of Staff Networks to be included where possible in interview panels.



- Sponsorship, coaching and mentoring for women, disabled staff, and ethnic minority staff to support progression into more senior roles.
- Support our Staff Networks and encourage membership uptake to ensure the voices of our staff are heard and seen.
- Ensure that the pay gap report findings influence decisions being made on current organisational changes by including its findings in specific Equality and Health Inequality Impact and Risk Assessments on proposed staff structural changes, as well as the wider organisational EDI evaluation of the changes being made.

### 3. Maternity and paternity parental leave policies

- Review our maternity and paternity policies to include shared parental leave.
- Encourage the uptake of shared parental leave by informing our workforce about their legal right to request shared parental leave.
- Share and promote examples of senior leaders who have taken shared parental leave in our ICB.

### 4. Wellbeing and retention

- Promote flexible working options for all staff. For example, encourage men to work flexibly, so that it is not perceived as a female centric benefit, and demonstrate it supports both men and women to undertake childcare and wider caring responsibilities. Flexible working patterns also support staff living with long term health conditions to balance health and wellbeing with their career aspirations
- Encourage our senior leaders to role model working flexibly and to champion flexible working.
- Support our workforce to better understand impacts gender, disability and ethnicity may have upon health and wellbeing and ensure access to relevant support offers; for example, sharing information in staff communications on the impact of perimenopause and menopause and support available for staff directly experiencing it, as well as support available for staff who support and provide allyship to colleagues, family and friends.

Which Strategic Objective/s does the report contribute to		Tick		
1	Improve quality, including safety, clinical outcomes, and patient experience	x		
2	To equalise opportunities and clinical outcomes across the area	x		
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	x		
4	Meet financial targets and deliver improved productivity			
5	Meet national and locally determined performance standards and targets	x		
6	To develop and implement ambitious, deliverable strategies			
Implications				
	Yes	No	N/A	Comments
Associated risks		x		<i>Highlight any risks and where they are included in the report</i>
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				



Meeting	Date	Outcomes		
Executives Committee	26/08/25	Report approved		
Conflicts of interest associated with this report				
N/A				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	
Report authorised by:				
Report authorised by:		Debbie Eitavo – Chief People Officer		





**Lancashire and  
South Cumbria**  
Integrated Care Board

# **Combined Pay Gap Report**

(encompassing Gender, Ethnicity and Disability)

Snapshot date: 31 March 2025



## Accessibility Statement

We want to ensure that the information we communicate is fair and accessible to all sections of our local communities. Patients, the public and staff can request reasonable adjustments such as information converted into other formats for easier reading.

To request information or any of our key documents in an alternative format such as braille, larger print, audio or other format please email [lsc.icb@nhs.net](mailto:lsc.icb@nhs.net) quoting your address, telephone number along with the title and date of the publication, plus the format you require.



## Contents

Combined Pay Gap Report.....	5
Accessibility Statement.....	6
Introduction.....	8
Combined pay gap summary: .....	9
Gender pay gap findings: .....	10
Ethnicity pay gap findings: .....	12
Disability pay gap findings: .....	15
Actions to address our combined pay gap: .....	18
Appendix 1: Gender pay gap reporting definitions .....	20



## Introduction

The purpose of this Combined Pay Gap Report is to present Lancashire and South Cumbria Integrated Care Board's (LSC ICB) gender, ethnicity, and disability pay gap data, providing an overview of differences in average pay across these characteristics within our workforce. By publishing this data, we aim to identify disparities, understand their root causes, and take informed action to promote greater fairness and equity across our workforce.

This report represents a significant step forward in the ICB's commitment to transparency, equity, and inclusion across our workforce. In line with the UK Government's legal requirement under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, all public sector organisations with 250 or more employees are mandated to report annually on their gender pay gap. This report fulfils that statutory obligation by presenting a clear analysis of the differences in average earnings between women and men within our organisation.

For the first time, the ICB is also voluntarily reporting on pay disparities by ethnicity and disability. Although there is currently no legislative mandate requiring ethnicity or disability pay gap reporting, this work aligns with the expectations set out in the national NHS Equality, Diversity and Inclusion (EDI) Improvement Plan. The plan identifies pay gap reporting beyond gender as a vital action to drive forward inclusion, transparency, and accountability across the NHS. Moreover, with government consultation underway and potential legislation anticipated around mandated ethnicity and disability pay gap reporting, we are committed to proactively embedding these practices in anticipation of future requirements.

Publishing a Combined Pay Gap Report allows us to better understand the intersectional challenges faced by our workforce and to take meaningful action to close unfair pay gaps. This report provides a baseline from which we will continue to learn, improve, and ensure that all colleagues—regardless of gender, ethnicity, or disability—are treated equitably in terms of pay and progression.

The LSC ICB workforce has seen growth over the past year. As of the 31 March 2025, the ICB employed **899** full-pay relevant employees (compared to 811 in 2024). This figure does not include staff who are currently receiving reduced pay due to reasons such as sick leave or maternity leave. The tables below provide a summary breakdown of our full-pay relevant workforce by the protected characteristics of gender, ethnicity and disability:

Gender	Headcount	% of total workforce
Female	709	78.9%
Male	190	21.1%
<b>Total</b>	<b>899</b>	<b>100.0%</b>

Ethnicity	Headcount	% of total workforce
White	781	86.9%
BME	67	7.5%
Unknown	51	5.6%
<b>Total</b>	<b>899</b>	<b>100.0%</b>

Disability	Headcount	% of total workforce
No	455	50.6%
Yes	68	7.6%
Unknown	376	41.8%
<b>Total</b>	<b>899</b>	<b>100.0%</b>



## Combined pay gap summary:

The following page presents a summary of the ICB's gender, ethnicity, and disability pay gap data in three separate tables. Each table shows both the **mean** and **median** pay gaps, which are standard measures used to highlight differences in average hourly pay between groups. The **mean pay gap** is calculated by adding together the hourly pay of all employees in a group and dividing it by the number of employees, then comparing the result between groups. The **median pay gap** represents the difference between the middle point of hourly earnings when all employees' pay is listed from lowest to highest. While the mean can be influenced by very high or very low salaries, the median gives a better indication of what a typical employee earns. Presenting both figures helps to provide a fuller picture of pay disparities across the workforce.

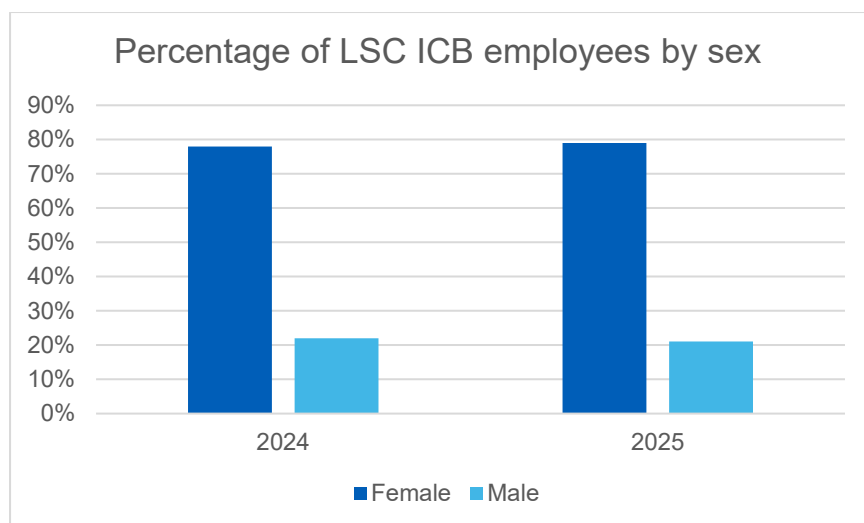
Gender	Male	Female	Gender pay gap (£)	Gender pay gap (%)
Mean Hourly Rate	£37.51	£26.74	-£10.77	-28.7%
Median Hourly Rate	£29.46	£23.60	-£5.86	-19.9%

Ethnicity	White	BME	Ethnicity pay gap (£)	Ethnicity pay gap (%)
Mean Hourly Rate	£28.04	£31.88	+£3.84	+13.7%
Median Hourly Rate	£24.82	£23.48	-£1.34	-5.4%

Disability	Disabled	Non-disabled	Disability pay gap (£)	Disability pay gap (%)
Mean Hourly Rate	£24.85	£28.71	-£3.86	-13.4%
Median Hourly Rate	£24.72	£27.71	-£2.99	-10.8%



## Gender pay gap findings:



On 31 March 2025, **78.9%** of the ICB workforce were female and **21.1%** were male. The proportion of male employees has decreased by **1%** compared to 2024.

## What is our gender pay gap?

The table below illustrates the differences in average (mean) and median (middle) hourly pay rates for male and female ICB employees.

Across the organisation, as of 31 March 2025, the average gender pay gap was **-28.7%**. Male employees were being paid an average of **£10.77** more per hour than female employees.

The median gender pay gap (which demonstrates the difference between the midpoints in the ranges of hourly earnings) was **-19.9%** meaning that male employees were paid **£5.86** more per hour than female employees.

Gender	Average Hourly Rate	Median Hourly Rate
Male	£37.51	£29.46
Female	£26.74	£23.60
Difference	-£10.77	-£5.86
Pay Gap %	-28.7%	-19.9%

Pay gap data for 2025 shows that there is a gender pay gap within LSC ICB. However, it is important to note that while there is a gender pay gap within our organisation, this is not the same as saying female and male employees are being paid differently for doing the same job (which would be an equal pay issue).



The pay gap for both the average hourly rate and the median hourly rate has shown a marked decrease since 2023 when the ICB first began submitting gender pay gap data, as demonstrated by the table below:

Gender	Average hourly rate			Median hourly rate		
	2023	2024	2025	2023	2024	2025
Male	£41.87	£36.45	£37.51	£34.69	£26.06	£29.46
Female	£27.52	£25.19	£26.74	£24.38	£22.37	£23.60
Difference	-£14.35	-£11.26	-£10.77	-£10.31	-£3.69	-£5.86
Pay Gap %	-34.3%	-30.9%	-28.7%	-29.7%	-14.2%	-19.9%

## What is our bonus gender pay gap?

NHS Lancashire and South Cumbria ICB does not have a bonus gender pay gap. Since its statutory establishment, the ICB has not paid bonuses to its employees. There is no scope for bonus payments within the Agenda for Change terms and conditions of service.

## What is the proportion of men and women in each pay quartile?

The table below illustrates the headcount of male and female employees who fell within the four pay quartiles (where quartile 1 is the 25% lowest paid staff and quartile 4 is the 25% highest paid staff):

Pay Quartile	Female	Male	% Female	% Male
1 (lowest)	158	28	84.6%	15.4%
2	219	36	86.2%	13.8%
3	187	46	80.3%	19.7%
4 (highest)	145	80	64.4%	35.6%

Overall, females occupy **64.4%** of the highest paid jobs and **84.6%** of the lowest paid jobs in LSC ICB. Males occupy **35.6%** of the highest paid jobs and **15.4%** of the lowest paid jobs.

Census 2021 data tells us that **51%** of the population of England are female; LSC ICB has a significantly higher female workforce, at **78.9%**. Furthermore, **64.4%** of LSC ICB employees in the upper pay quartile of employees are female.

The proportion of female employees in the highest pay quartile has increased by 1% compared to last year's gender pay gap report. There has been a slight increase (approximately 1.6%) in the proportion of female employees in the lowest pay quartile.

## Addressing the gender pay gap

It is recognised that there are smaller proportions of male employees in each of the four pay quartiles compared to population data. However, this is reflected nationally across the NHS as a whole where approximately [74% of NHS staff are female](#). On balance, the ICB currently



employs a slightly higher-than-average number of female staff (78.9%) compared to the overall NHS workforce.

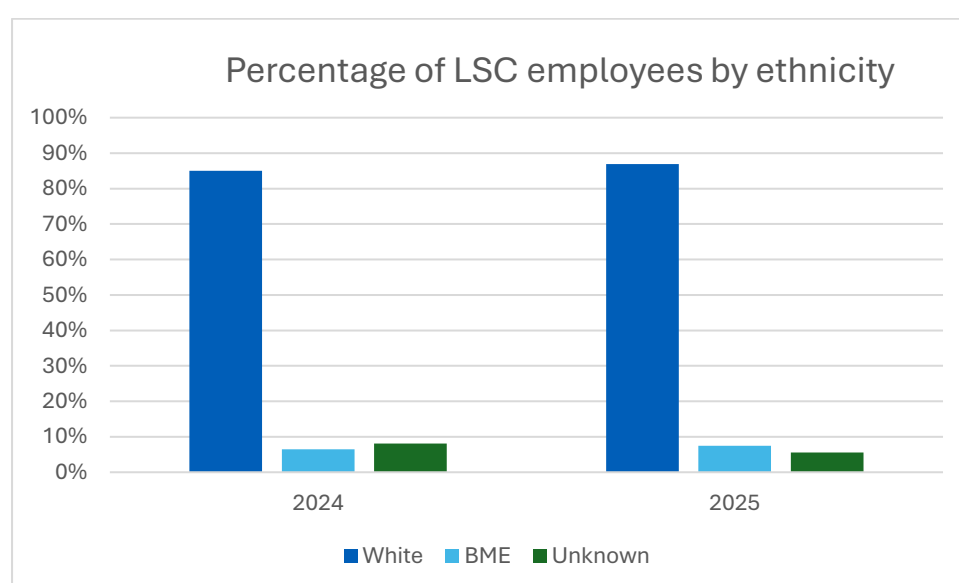
To address the ICB's gender pay gap, it is important to recognise that the overall gender pay gap is primarily caused by the disproportionate number of males in the highest pay quartile (compared to quartiles 1 to 3), some of which are occupying the very highest paid roles in the ICB. The table below outlines the average hourly rate for males and females and the associated gender pay gap at each pay quartile.

Pay Quartile	Male – average hourly rate	Female – average hourly rate	Difference	Pay Gap %
1 (lowest)	£14.47	£14.52	<b>+£0.05</b>	<b>+0.3%</b>
2	£21.81	£21.17	<b>-£0.64</b>	<b>-2.9%</b>
3	£28.35	£27.83	<b>-£0.52</b>	<b>-1.8%</b>
4 (highest)	£57.99	£47.10	<b>-£10.89</b>	<b>-18.8%</b>
Total workforce	£37.51	£26.74	<b>-£10.77</b>	<b>-28.7%</b>

While the gender pay gap for the overall workforce sits at 28.7%, the gender pay gap at quartiles 1 to 3 is significantly lower, and females in quartiles 1 are paid slightly more than their male counterparts on average. Conversely, males in pay quartile 4 are paid 18.8% more than their female counterparts on average.

This means that effective reduction of our gender pay gap is likely to require an increase in the proportion of female employees occupying the most senior roles (quartile 4).

## Ethnicity pay gap findings:





On 31 March 2025, **86.9%** of the ICB workforce were White and **7.5%** were from Black and Minority Ethnic (BME) backgrounds. A further **5.6%** of the ICB workforce had not provided information about their ethnicity via the NHS Electronic Staff Record (ESR). The proportion of BME employees has increased by **1%** compared to 2024.

## What is our ethnicity pay gap?

The table below illustrates the differences in average (mean) and median (middle) hourly pay rates for White and BME ICB employees.

Across the organisation, as of 31 March 2025, the average ethnicity pay gap was **+13.7%**. This means that BME employees were being paid an average of **£3.84** more per hour than White employees.

The median gender pay gap (which demonstrates the difference between the midpoints in the ranges of hourly earnings) was **-5.4%** meaning that White employees were paid **£1.34** more per hour than BME employees.

Ethnicity	Average Hourly Rate	Median Hourly Rate
White	£28.04	£24.82
BME	£31.88	£23.48
Difference	+£3.84	-£1.34
Pay Gap %	<b>+13.7%</b>	<b>-5.4%</b>

Noting that the median calculation gives a better indication of what a typical employee earns as it is not skewed by very low or very high hourly pay, our ethnicity pay gap data for 2025 indicates that there is a small ethnicity pay gap within LSC ICB. This is mainly due to a higher proportion of BME staff (11.1%) against the total number of BME staff employed occupying job roles in the highest pay quartile – which, in turn, is a small number of staff. However, it is important to note that while there is a small ethnicity pay gap within our organisation, this is not the same as saying White and BME employees are being paid differently for doing the same job (which would be an equal pay issue).

In understanding the ICB's ethnicity pay gap, it is also important to note that **5.6%** of the ICB workforce have not self-reported their ethnicity on ESR (including **11.1%** of the highest paid quartile). This does not provide a full understanding of workforce composition in relation to ethnicity which, in turn, means the calculation of the mean and median ethnicity pay gaps is likely to be skewed.

## What is our bonus ethnicity pay gap?

NHS Lancashire and South Cumbria ICB does not have a bonus ethnicity pay gap. Since its statutory establishment, the ICB has not paid bonuses to its employees. There is no scope for bonus payments within the Agenda for Change terms and conditions of service.



## What is the proportion of White and BME employees in each pay quartile?

The table below illustrates the headcount of White and BME employees who fell within the four pay quartiles (where quartile 1 is the 25% lowest paid staff and quartile 4 is the 25% highest paid staff):

Pay Quartile	White	BME	Unknown	% White	% BME	% Unknown
1 (lowest)	165	20	1	88.7%	10.8%	0.5%
2	214	23	17	84.6%	8.7%	6.7%
3	214	12	8	91.5%	5.1%	3.4%
4 (highest)	175	25	25	77.8%	11.1%	11.1%

Overall, BME employees occupy **11.1%** of the highest paid jobs and **10.8%** of the lowest paid jobs in LSC ICB. White employees occupy **77.8%** of the highest paid jobs and **88.7%** of the lowest paid jobs.

Despite the relatively low median ethnicity pay gap and the higher representation of BME employees in the highest pay quartile, it is important to recognise that BME employees remain under-represented across the overall ICB workforce when compared to the overall BME population of Lancashire and South Cumbria and there are still evident barriers to career progression across the ICB workforce as demonstrated in the latest Workforce Race Equality Standard (WRES) data. The WRES pay band data (as of 31 March 2025) seemingly illustrates barriers for BME colleagues looking to progress beyond Band 5 and beyond Band 8b.

WRES Pay Band Data	%White	%BME	%Unknown
Band 2	100.0%	0.0%	0.0%
Band 3	93.1%	6.9%	0.0%
Band 4	93.1%	6.9%	0.0%
Band 5	81.9%	12.1%	6.0%
Band 6	88.9%	6.2%	4.9%
Band 7	91.7%	6.3%	2.1%
Band 8a	90.0%	6.4%	3.6%
Band 8b	84.9%	9.6%	5.5%
Band 8c	89.4%	2.1%	8.5%
Band 8d	89.2%	2.7%	8.1%
Band 9	84.6%	3.8%	11.5%
VSM	71.4%	10.7%	17.9%
Other (e.g. bank, agency)	87.5%	12.5%	0.0%
Non AfC Consultants	59.3%	22.2%	18.5%
TOTAL	87.4%	7.6%	5.1%

*\*Please note that the WRES data return includes the total headcount of BME employees, whereas the Pay Gap calculation solely includes full-pay relevant employees and excludes staff who are currently receiving reduced pay due to reasons such as sick leave or maternity*



*leave, hence the slight difference in the total percentage of BME employees in the figures above.*

## Addressing the ethnicity pay gap

It is recognised that there are smaller proportions of BME employees in each of the four pay quartiles compared to population data. On balance, the ICB currently employs a lower than average number of BME staff (**7.5%**) compared to the BME population of Lancashire and South Cumbria (**12.3%**).

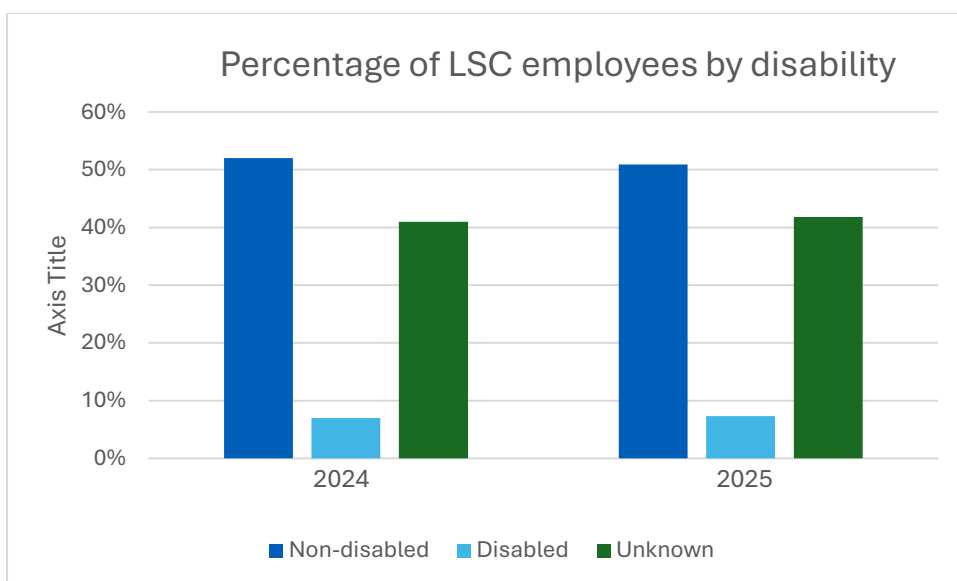
In comparison with the overall workforce, the data presents an over-representation of BME employees in the highest pay quartile within the ICB, with BME staff making up **11.1%** of the most highly paid roles. This is despite also accounting for **10.8%** of the lowest paid positions. In contrast, White employees occupy **77.8%** of the highest paid roles and **88.7%** of the lowest paid roles.

Addressing the outstanding ethnicity pay gap will require a focused and sustained effort to improve both the overall representation of BME employees in the ICB and progression of BME colleagues across pay quartiles 2 and 3 of the organisation. This may include reviewing recruitment practices, promotion pathways, and talent development strategies to ensure that BME employees are supported to access opportunities for advancement. We must also foster an inclusive working culture that actively addresses structural barriers and unconscious bias, while amplifying diverse voices within leadership and decision-making spaces.

However, we acknowledge that this work is taking place during a time of significant financial pressure across the NHS. Lancashire and South Cumbria ICB is currently required to reduce its running costs by 47% within this financial year, which will inevitably affect capacity, resources and workforce representation. Despite these constraints, advancing race equity must remain a core priority, not only because it aligns with our values and the NHS EDI Improvement Plan, but because it is essential to building a workforce that reflects and effectively serves our diverse population.

## Disability pay gap findings:





On 31 March 2025, **50.6%** of the ICB workforce reported as being non-disabled and **7.6%** reporting having a disability. It is important to note that **41.8%** of the ICB workforce had not provided information about their disability status via the NHS Electronic Staff Record (ESR) which presents significant challenges in drawing meaningful conclusions about the ICB's disability pay gap based on this data.

## What is our disability pay gap?

The table below illustrates the differences in average (mean) and median (middle) hourly pay rates for non-disabled and disabled ICB employees.

Across the organisation, as of 31 March 2025, the average disability pay gap was **-13.4%**. This means that non-disabled employees were being paid an average of **£3.86** more per hour than disabled employees.

The median gender pay gap (which demonstrates the difference between the midpoints in the ranges of hourly earnings) was **-10.8%** meaning that non-disabled employees were paid **£2.99** more per hour than disabled employees.

Disability	Average Hourly Rate	Median Hourly Rate
Non-disabled	£28.71	£27.71
Disabled	£24.85	£28.71
Difference	-£3.86	-£2.99
Pay Gap %	-13.4%	-10.8%

Noting that the median calculation gives a better indication of what a typical employee earns as it is not skewed by very low or very high hourly pay, our disability pay gap data for 2025 indicates that there is a significant disability pay gap within LSC ICB. However, it is important



to note that while there is a disability pay gap within our organisation, this is not the same as saying non-disabled and disabled employees are being paid differently for doing the same job (which would be an equal pay issue).

In understanding the ICB's disability pay gap, it is also important to note that **41.8%** of the ICB workforce have not self-reported their disability on ESR. This means that we are currently far from able to understand our workforce composition in relation to disability which, in turn, means the calculation of the mean and median disability pay gaps is likely to be skewed.

## What is our bonus disability pay gap?

NHS Lancashire and South Cumbria ICB does not have a bonus disability pay gap. Since its statutory establishment, the ICB has not paid bonuses to its employees. There is no scope for bonus payments within the Agenda for Change terms and conditions of service.

## What is the proportion of non-disabled and disabled employees in each pay quartile?

The table below illustrates the headcount of non-disabled and disabled employees who fell within the four pay quartiles (where quartile 1 is the 25% lowest paid staff and quartile 4 is the 25% highest paid staff):

Pay Quartile	Non-disabled	Disabled	Unknown	% Non-disabled	% Disabled	% Unknown
<b>1 (lowest)</b>	94	20	72	<b>50.5%</b>	<b>10.8%</b>	<b>38.7%</b>
<b>2</b>	114	21	119	<b>44.9%</b>	<b>8.3%</b>	<b>46.8%</b>
<b>3</b>	132	14	91	<b>55.7%</b>	<b>5.9%</b>	<b>38.4%</b>
<b>4 (highest)</b>	115	13	94	<b>51.8%</b>	<b>5.9%</b>	<b>42.3%</b>

Overall, disabled employees occupy **5.9%** of the highest paid jobs and **10.8%** of the lowest paid jobs in LSC ICB. Non-disabled employees occupy **51.8%** of the highest paid jobs and **50.8%** of the lowest paid jobs. However, it should be noted that a significant proportion of employees in each quartile have not declared their disability status, so these figures are unlikely to be an accurate representation across each quartile.

## Addressing the disability pay gap

The disability pay gap data highlights several areas of concern that require focused attention. Most notably, there is a clear under-representation of disabled staff across the ICB, particularly in higher pay quartiles. This indicates that disabled colleagues are not only fewer in number but may also be concentrated in lower-paid roles, limiting opportunities for progression and influencing the overall disability pay gap.

Compounding this issue is the high level of non-disclosure regarding disability status. 41.8% of staff have chosen not to share whether they consider themselves to be disabled. This may



reflect concerns about stigma, a lack of confidence in how the information will be used, or uncertainty around what constitutes a disability. Regardless of the reason, the absence of accurate data makes it more difficult to fully understand and address disparities in pay and representation.

To close the Disability, pay gap, we must take deliberate steps to foster a more inclusive and supportive workplace culture—one where disabled staff feel safe and confident to disclose their status, and where reasonable adjustments and career development opportunities are readily available. This includes improving line manager training on disability inclusion, actively promoting flexible working, and ensuring recruitment and promotion practices are barrier-free.

We must also recognise the financial context in which this work is taking place. With Lancashire and South Cumbria ICB required to reduce running costs by 47% within this financial year, there are real pressures on budgets, capacity, and resources. Despite these constraints, addressing disability inequality must remain a priority. Creating an environment that values and supports disabled staff is not only a matter of fairness but also key to unlocking a more diverse, productive, and representative workforce.

## Recommendations:

The ICB recommends the following actions to address its gender, ethnicity and disability pay gaps:

***Please note: NHS Lancashire and South Cumbria ICB is currently transitioning through a period of significant organisational change due to the requirement to reduce our running costs by 47%. In turn, this is likely to affect the diversity of our workforce over the next 12 months and may have an impact on our ability to deliver upon the full set of recommendations. Similarly, the delivery of these recommendations will be dependent upon the available EDI resource following this period of transformation:***

### 1. Data analysis

- Produce an Analysis Report to include the following:
  - Scrutinise our workforce data more closely to analyse the differential pay in terms of the gender, ethnicity and disability pay gap, paying particular attention to pay bands where the highest pay gaps exist in order to set actions to mitigate.
  - Disaggregate our workforce data in various ways to include the differences in terms of age, disability and ethnicity to explore whether there are further insights to be drawn on addressing inequalities.
  - Analyse our staff survey data, focusing on the experiences of women, disability and ethnicity to support our action planning and improvements.
- To address gaps in our understanding of pay gap data, promote awareness of equality monitoring via staff communications, and share the positive reasons why disclosing equality monitoring information can help organisations to better understand their staff, and better support their staff to thrive at work

### 2. Recruitment, promotion and career progression



- Review and evaluate recruitment processes and practices to consider how to improve recruitment into under-represented roles paying particular attention to pay bands where there are gaps and produce a report of findings to be presented to People and Culture Sub-committee.
- Provide inclusive recruitment training to all hiring managers and assessors.
- When shortlisting for VSM roles ensure that recruitment panels are diverse.
- For recruitment to roles of Band 8a and upward, EDI champions or Chairs of Staff Networks to be included where possible in interview panels.
- Sponsorship, coaching and mentoring for women, disabled staff, and ethnic minority staff to support progression into more senior roles.
- Support our Staff Networks and encourage membership uptake to ensure the voices of our staff are heard and seen.
- Ensure that the pay gap report findings influence decisions being made on current organisational changes by including its findings in specific Equality and Health Inequality Impact and Risk Assessments on proposed staff structural changes, as well as the wider organisational EDI evaluation of the changes being made.

### **3. Maternity and paternity parental leave policies**

- Review our maternity and paternity policies to include shared parental leave.
- Encourage the uptake of shared parental leave by informing our workforce about their legal right to request shared parental leave.
- Share and promote examples of senior leaders who have taken shared parental leave in our ICB.

### **4. Wellbeing and retention**

- Promote flexible working options for all staff. For example, encourage men to work flexibly, so that it is not perceived as a female centric benefit, and demonstrate it supports both men and women to undertake childcare and wider caring responsibilities. Flexible working patterns also support staff living with long term health conditions to balance health and wellbeing with their career aspirations
- Encourage our senior leaders to role model working flexibly and to champion flexible working.
- Support our workforce to better understand impacts gender, disability and ethnicity may have upon health and wellbeing and ensure access to relevant support offers; for example, sharing information in staff communications on the impact of perimenopause and menopause and support available for staff directly experiencing it, as well as support available for staff who support and provide allyship to colleagues, family and friends.



## Appendix 1: Gender pay gap reporting definitions

<b>Pay gap</b>	Difference in the average pay between two groups.
<b>Mean gap</b>	Difference between the median hourly rate of pay for female and male employees.
<b>Median gap</b>	Difference between the median hourly rate of pay for female and male employees.
<b>Mean bonus gap</b>	Difference between the mean bonus pay paid to females and male employees (the ICB does not pay bonuses).
<b>Median bonus gap</b>	Difference between the median bonus pay paid to female and male employees. (the ICB does not pay bonuses).
<b>Bonus proportions</b>	Proportions of female employees who were paid a bonus and the proportion of male employees who were paid a bonus. (the ICB does not pay bonuses).
<b>Quartile pay bands</b>	Proportions of female and male employees in the lower, middle, upper middle, and upper quartile pay bands.
<b>Equal pay</b>	Being paid equally for the same / similar work.