

Gender & Ethnicity Pay Gaps 2024/25

Roisin Ryan
EDI Specialist

Introduction

The Gender & Ethnicity Pay Gaps comprise:

1. the difference between hourly pay (mean and median) based on sex and ethnicity;
2. the proportions of people in the highest paid jobs and the lowest paid jobs (pay quartiles) by sex and ethnicity;
3. the difference between the bonuses paid to men and women, and white and ECM (ethnic and cultural minority) staff (mean and median);
4. and the proportions of male, female, white and ECM staff who were paid bonus pay.

For a summary of how the pay gaps are calculated and pay elements included, please see [Appendix 1: Technical Guidance](#).

Pay gaps are not the same as the issue of equal pay. People in the same employment performing equal work must receive equal pay. Pay gaps look at what men, women, white and ECM staff each earn on average, and reflects the fact that there is inequality between the sexes and ethnicities.

2024/25 Gender & Ethnicity Pay Gaps

Myth-busting

Workforce
Overview

Gender: Hourly
Pay Gap

Ethnicity: Hourly
Pay Gap

Gender: Bonus
Pay Gap

Ethnicity: Bonus
Pay Gap

Intersectionality: Gender and Ethnicity
effects on pay gaps

Benchmarking

Summary & Next
Steps

Technical
Guidance

How to use this report:

- Go into presentation mode
- Yellow slides show the core data for each topic. Click to access each topic using the yellow buttons.
- Each topic slide has buttons on the right-hand side where you can access more detailed data if required.
- Click Home Page or Back to return to a previous page.

Myth-busting

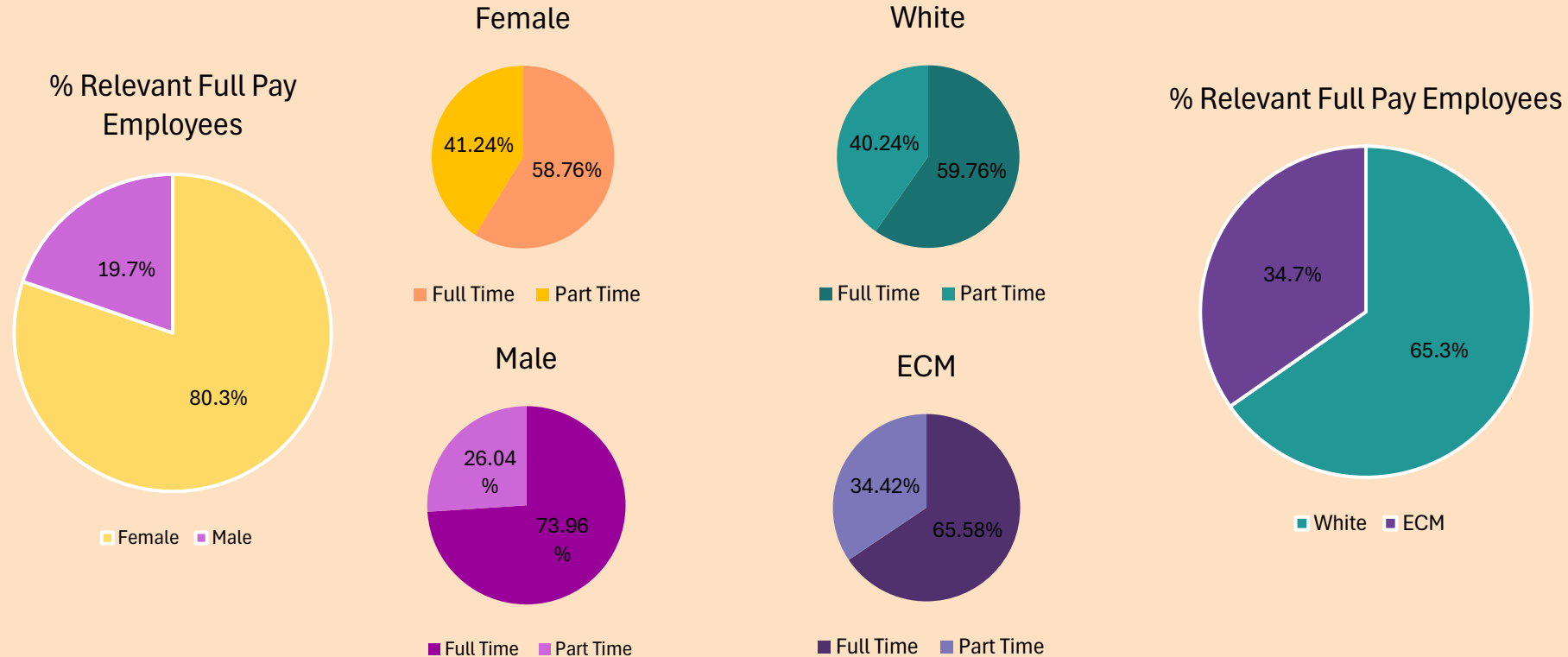
Myth: there can't be a gender or ethnicity pay gap because that is illegal.

Reality: it is illegal to pay people different amounts for doing the same work, but the pay gaps looks at how much men and women, and white and ECM staff, each earn on average, across all roles.

Myth: There's only a pay gap because women are more likely to work part-time than men.

Reality: The pay gap is based on hourly pay, so it makes no difference how many hours people work each week. However, it is likely that working part-time will impact chances of career progression, if we do not facilitate flexible working at all levels. Women and white staff are more likely to work part-time than men and ECM (ethnic & cultural minority) staff at LPT.

Pay Gaps: workforce overview



There are more women than men in our workforce. However, the men we do have are more likely to be in higher-earning professions, such as medics. Therefore, even with fewer men in the workforce, men earn more on average.

There are more white staff than ECM staff, and white staff are more likely to be in senior positions. However, 73% of medics are from ECM backgrounds, and they skew the average ECM pay up, reducing the ethnicity pay gap.

Women and white staff are more likely than men and ECM staff to work part-time. This doesn't affect hourly pay, but may impact career progression opportunities unless flexible working is offered at senior levels.

[Click for more detail](#)

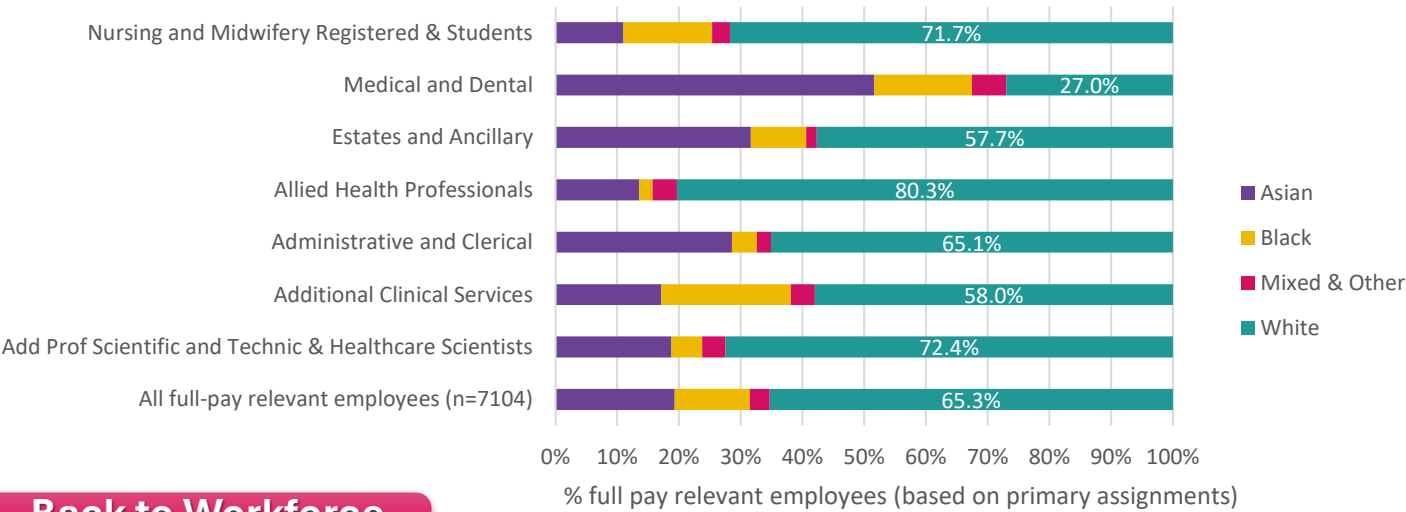
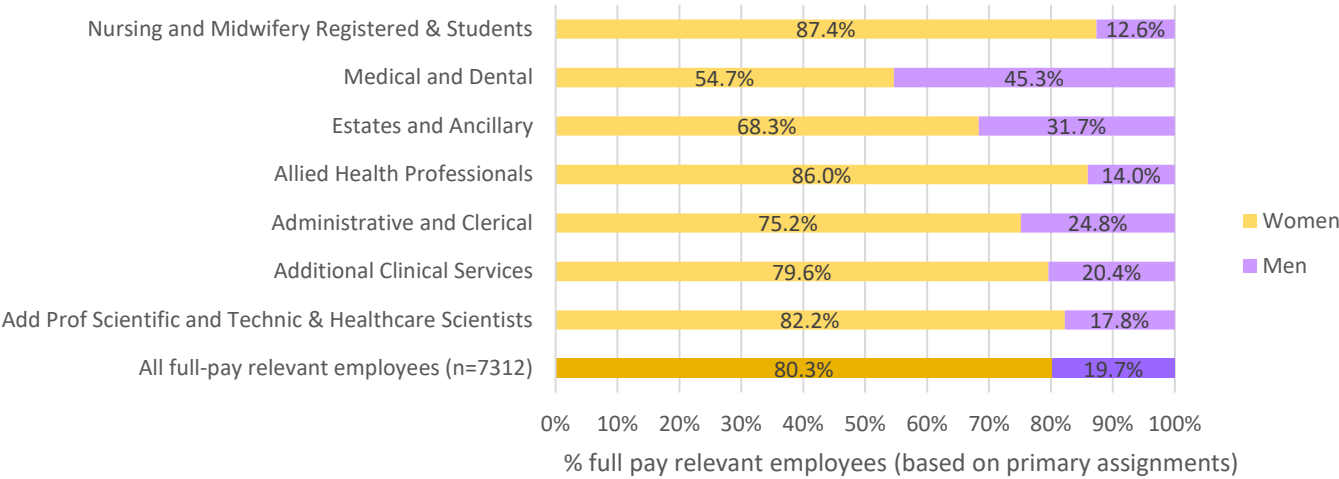
Professional Groups

[Home Page](#)

[Hourly Gap](#)

Pay Gaps: workforce overview

Professional Groups



What the data shows

Women make up the majority of all professional groups. However, there is a disproportionate number of male medics which does drive the overall gender pay gap, as male medics skew the overall average male pay up, more than female medics do.

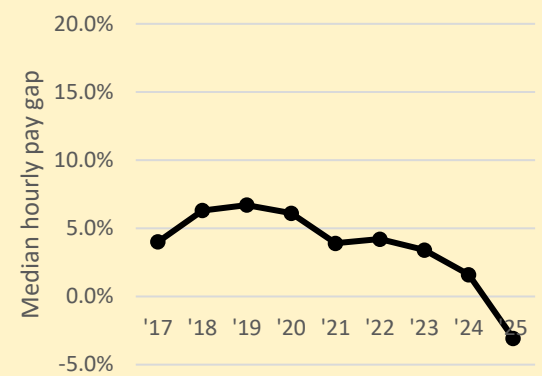
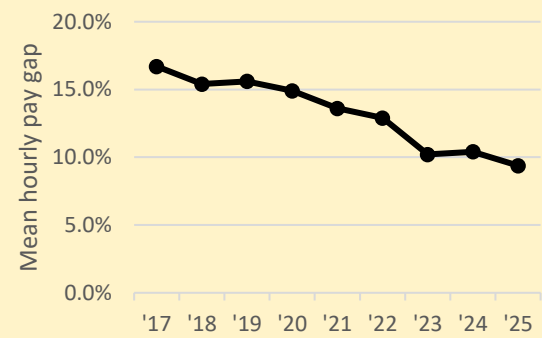
The professional groups with the most women are Nursing and AHPs. Men are most commonly found working as Medics, Estates, and Admin roles.

White staff make up the majority of all professional groups, except Medical. The most significant majorities for white staff are in AHP and Additional Professional, Scientific, Technical and Healthcare Scientist roles.

Asian staff make up a significant proportion of Estates & Facilities staff, while Black staff make up the majority of ECM Additional Clinical Services (e.g. HCAs).

[Back to Workforce Overview](#)

Gender Pay Gap: hourly pay



| | Mean Pay | | Median Pay | |
|--------|----------|--------|------------|--------|
| | Men | Women | Men | Women |
| Mar-24 | £20.83 | £18.65 | £17.97 | £17.68 |
| Mar-25 | £21.74 | £19.70 | £18.10 | £18.66 |

What the data shows

Positive values indicate male pay is higher, negative values indicate female pay is higher.

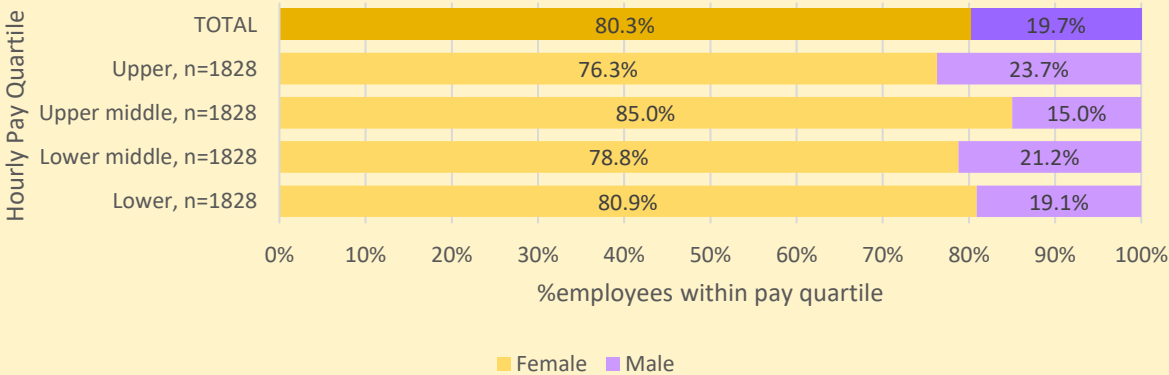
mean hourly pay gap: +9.4% (men earn more on average)
median hourly pay gap: -3.1% (women earn more comparing median pay)

The Gender Pay Gap is driven mainly by the fact that a higher percentage of men than women are medics. 7.4% of men employed by LPT are medics, compared to just 2.2% of women. As Medics are the highest paid staff group, this drives the gender pay gap.

When Medics are excluded from the calculations, the mean gender pay gap is just +1.2% (in favour of men), and the median gender pay gap is -5.2% (in favour of women).

Looking at the spread of staff through pay quartiles, proportionally there are more men in the lower quartiles compared to last year (18.0% to 19.1%, and 19.6% to 21.2%), and more women in the upper quartile than last year (75.3% to 76.3%). These factors will have driven an improvement in the gender pay gap.

Women comprised 80.3% of the 7312 relevant employees receiving full pay in March 2025. Women occupy 76.3% of the highest paid jobs and 80.9% of the lowest paid jobs.



Click for more detail

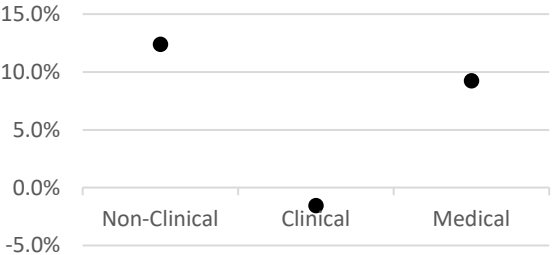
Staff Groups

Home Page

Bonus Gap

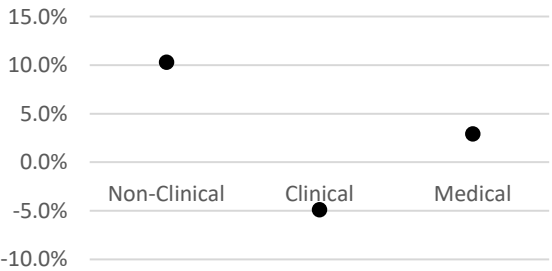
Gender Pay Gap: hourly pay

Professional Groups



mean hourly pay gap:

- non-clinical staff +12.4
- clinical staff (not medics) -1.5%
- medics +9.3%



median hourly pay gap:

- non-clinical staff +10.3%
- clinical staff (not medics) -4.9%
- medics +2.9%

What the data shows

Positive values indicate male pay is higher, negative values indicate female pay is higher.

As has been the case for some years, the pay gap for non-clinical staff is still the most significant, and has increased since last year (11.6% to 12.4% mean; 8.9% to 10.3% median).

Medics have seen a decrease in the gender pay gap (9.7% to 9.3% mean, 6.5% to 2.9% median).

As was the case last year, there is no significant gender pay gap for clinical (non-medical) staff. This means men and women earn about the same on average.

The medical staff gender pay gap has reduced since last year (9.7% to 9.3% mean; 6.5% to 2.9% median). This may be for a number of reasons including that there are more women working as medics, and more as Consultants, compared to last year.

For more detail on non-clinical teams, click [here](#).

[Back to Hourly Pay](#)

Gender Pay Gap: hourly pay

Professional Groups – Non-Clinical Teams

| Area of Work (as listed on ESR, for primary assignment. Smaller categories with fewer people are not included) | Mean hourly pay gap (last year) | Median hourly pay gap (last year) |
|--|---------------------------------|-----------------------------------|
| Administration (n= 734) | 7.2% (6.4%) | 1.4% (0.7%) |
| Estates & Facilities (n= 375) | 10.1% (10.1%) | -0.6% (-0.2%) |
| Finance & Financial Management (n= 46) | 16.9% (13.1%) | 33.4% (25.6%) |
| Human Resources (n= 65) | 3.1% (-10.0%) | 20.2% (-2.0%) |
| Information and Communication Technology and Information Management (n= 176) | 5.8% (4.3%) | 7.4% (15.0%) |

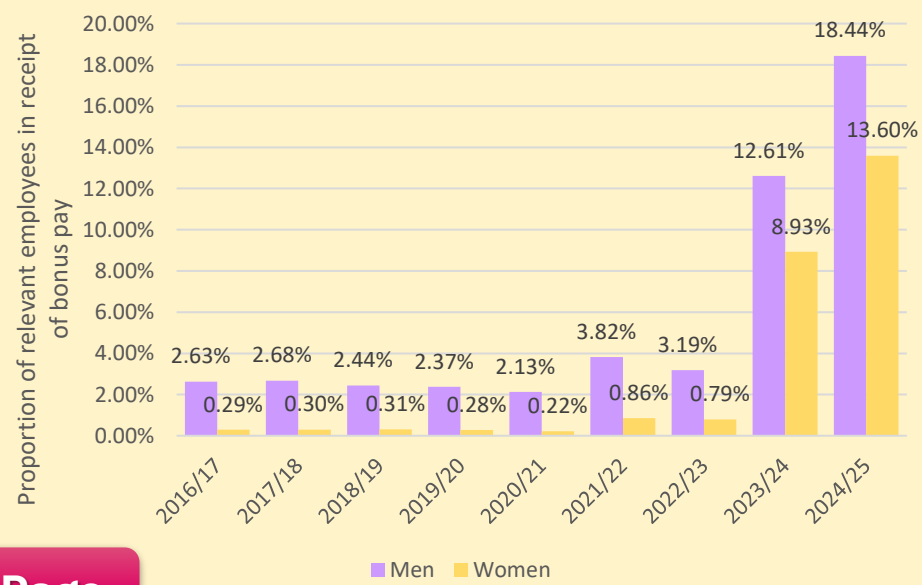
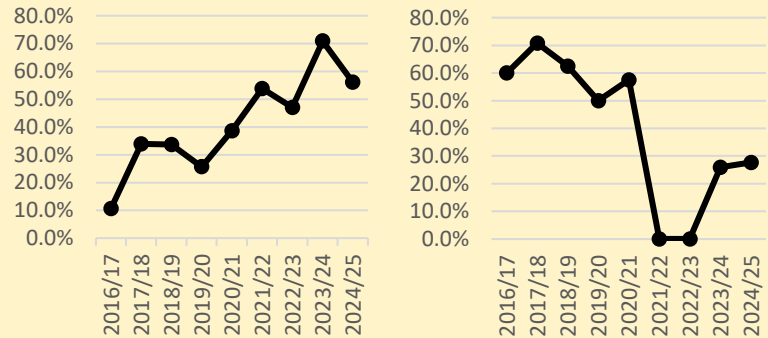
A positive number means men are paid more on average; a negative number means women are paid more on average.

The most significant gender pay gaps in favour of men are in Estates & Facilities and Finance.

- In Finance, men are paid more on average than women in this staff group, despite a few women earning more than men. This has been the case at least since 2022/23.
- In IT, there is a similar situation.
- In Estates & Facilities, the high average pay gap reflects the fact that there are some men paid much more than women in this staff group. However, the small median pay gap (in favour of women) shows that there is not such a significant gap for the majority of the E&F workforce. The pay gap is similar to previous years.
- Administration also has a pay gap in favour of men, driven by a small number of men earning significantly more than the typical workforce, and a much larger number of women in this staff group earning less, driving the male average pay up.
- HR has historically had a pay gap in favour of women, however this has not continued to 2024/25. This is mostly due to fewer men in the lower paid HR roles this year.

Gender Pay Gap: bonus pay

mean annual bonus pay gap: +56.1%
median annual bonus pay gap: +27.79%



What the data shows

Bonus payments as defined by the Gender Pay Gap regulations include any incentive payments. Therefore in 2024/25, bonuses comprised of large payments (£500 - £7500):

- Local Clinical Excellence Awards (CEAs). These payments are paid to eligible Consultants who applied for the award themselves.
- Welcome Bonuses and “one-off” Recruitment & Retention Premia (not previously included in calculations).

And smaller payments (starting from £48, although some people earned up to £2750 in total):

- Work/Earn More: Incentive for front line clinical staff to work additional shifts on the bank to support the organisation.

The percentage of men and women receiving bonus payments increased in 2023/24 due to including Work More/Earn payments.

What drives the bonus pay gap?

Gender Pay Gap: bonus pay

Types of Bonus

| Type of Bonus | Mean bonus gap | Median bonus gap |
|---|----------------|------------------|
| All (301 men, 908 women) | 56.1% | 27.7% |
| Clinical Excellence Awards (21 men, 9 women) | 30.5% | 55.9% |
| Work More, Earn More (275 men, 866 women) | 6.2% | 25.0% |
| Recruitment and Retention Premia & Welcome Bonuses (one off payments) (5 men, 35 women) | 24.1% | -260.0% |

What drives the bonus pay gap?

The mean bonus pay gap is higher than the median bonus pay gap because the mean is inflated by a few very high bonus payments made to men, whereas the median looks more at the typical workforce, where there are multiple men and women earning around the same level of bonus payment.

CEAs: The CEA scheme is now closed but legacy payments are still being made to 21/59 male Consultants and fewer than 10/65 female Consultants. This discrepancy in the gender split of who receives CEAs is a driver of the overall bonus pay gap.

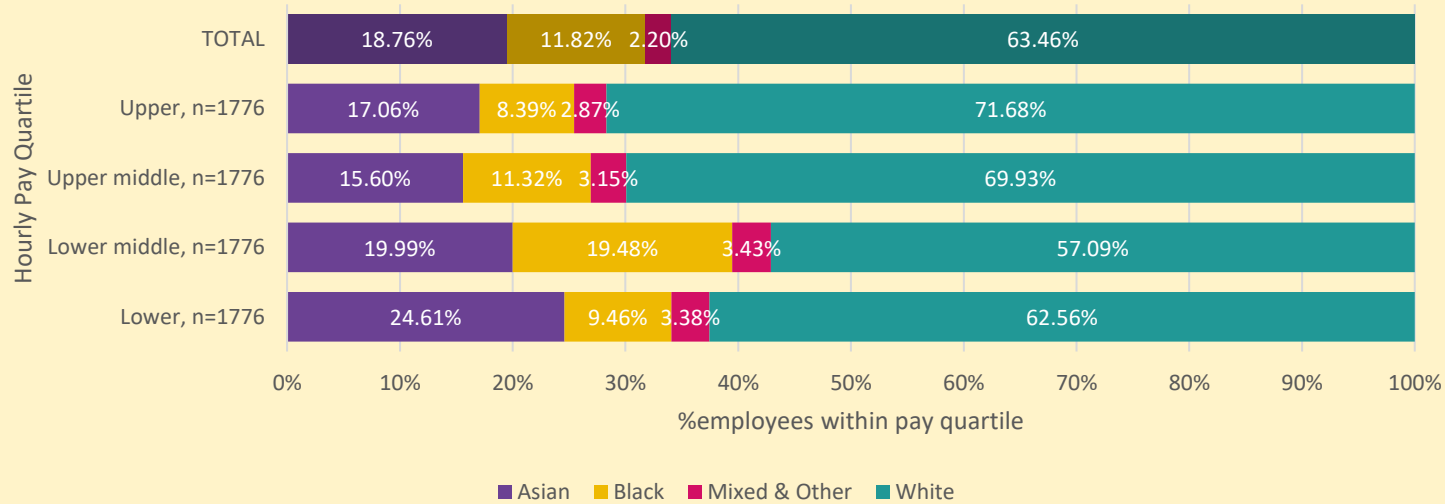
Work/Earn More: 275 men and 866 women received these payments, which are much smaller than other types of bonuses. Therefore this skews the average bonus payment down, especially for women who are the primary recipients.

RRP/Welcome Bonuses: Fewer than 10 men and 35 women received these payments. The skew towards women helps to reduce the gender bonus pay gap compared to last year when these payments were not included.

[Back to Bonus Pay](#)

Ethnicity Pay Gap: hourly pay

| | Mean Pay | | Median Pay | |
|--------|----------|--------|------------|--------|
| | White | ECM | White | ECM |
| Mar-25 | £20.16 | £19.86 | £18.97 | £16.78 |



What the data shows

Positive values indicate white staff’s pay is higher, negative values indicate ECM staff’s pay is higher.

mean hourly pay gap: +1.5% (white staff earn slightly more on average)
median hourly pay gap: +11.5% (white staff earn more comparing median pay)

The Ethnicity Pay Gap is highest when looking at median pay. This means that for typical staff members earning in the middle of the range of salaries, there is a more significant difference between ECM staff pay and white staff who earn 11.5% more. The average (mean) pay gap is smaller, suggesting there are some ECM staff (typically Medics) who earn a lot more than others, which skews average ECM pay up. 73% of Medics are from ECM backgrounds.

When Medics are excluded from the calculations, the mean ethnicity pay gap is +9.5% (in favour of white staff), and the median ethnicity pay gap is +11.9% (in favour of white staff).

ECM staff are disproportionately found in the lower quartiles of hourly pay. They make up 33.7% of all full-pay relevant employees included in the calculations (7104 people), but 37.4% of the lowest paying jobs and 28.3% of the highest paying jobs.

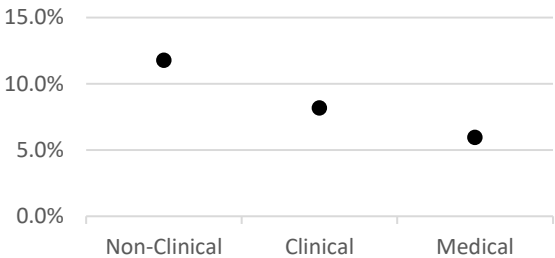
Click for more detail

Staff Groups

Ethnic Groups

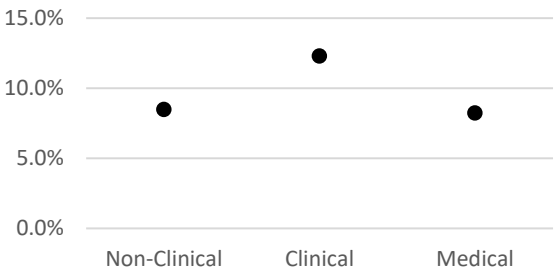
Ethnicity Pay Gap: hourly pay

Professional Groups



mean hourly pay gap:

- non-clinical staff +11.8%
- clinical staff (not medics) +8.2%
- medics +6.0%



median hourly pay gap:

- non-clinical staff +8.5%
- clinical staff (not medics) +12.3%
- medics +8.2%

What the data shows

Positive values indicate white staff’s pay is higher, negative values would indicate ECM staff’s pay is higher.

Mean (average) pay gaps are calculated using all staff’s pay, whereas median pay gaps look at the difference between a “typical” white member of staff and “typical” ECM member of staff, i.e. people earning a median salary.

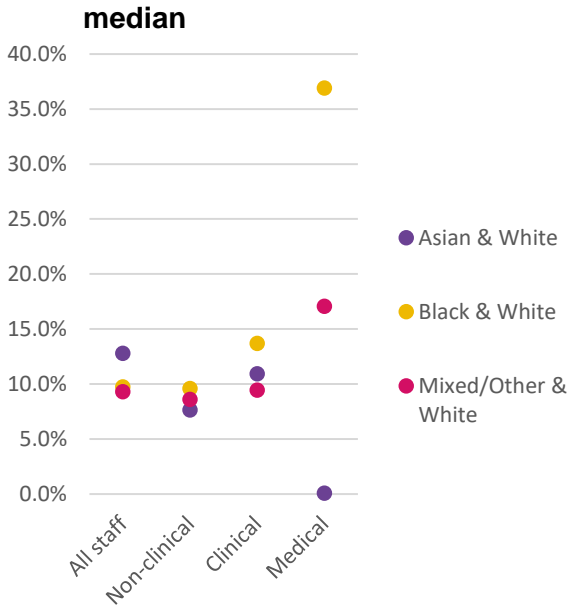
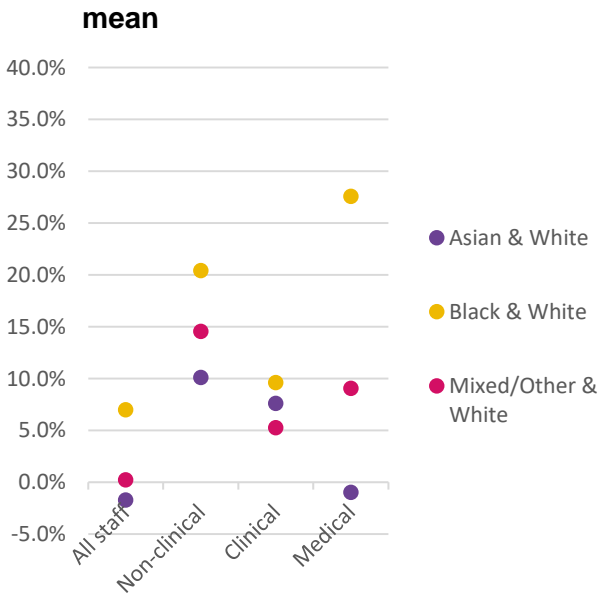
The hourly pay gaps across all staff groups shows that a typical ECM staff member can expect to earn around 8-12% less than a typical white member of staff, no matter what staff group they are in.

As with the gender, non-clinical staff see the biggest pay gap when comparing white and ECM staff (on average). Clinical staff see the biggest pay gap when looking at median pay. This means there are some ECM clinical staff earning high amounts, but for the typical workforce white clinical staff will earn more. For non-clinical staff, there are some white people earning significantly more which drives the average pay gap up, but for the typical workforce pay is closer to being equal than it is for clinical staff.

Ethnicity Pay Gap: hourly pay

Ethnic Groups

| | Mean Pay | | | | Median Pay | | | |
|--------|----------|--------|--------|---------------|------------|--------|--------|---------------|
| | White | Asian | Black | Mixed & Other | White | Asian | Black | Mixed & Other |
| Mar-25 | £20.16 | £20.51 | £18.76 | £20.12 | £18.97 | £16.55 | £17.12 | £17.20 |



What the data shows

The most significant pay gap across all staff groups is between Black and white staff. Between Asian and white staff, there are pay gaps but less significant, and not when looking at Medical staff or staff overall. For Mixed/Other staff, there are pay gaps but again not as significant as for Black staff.

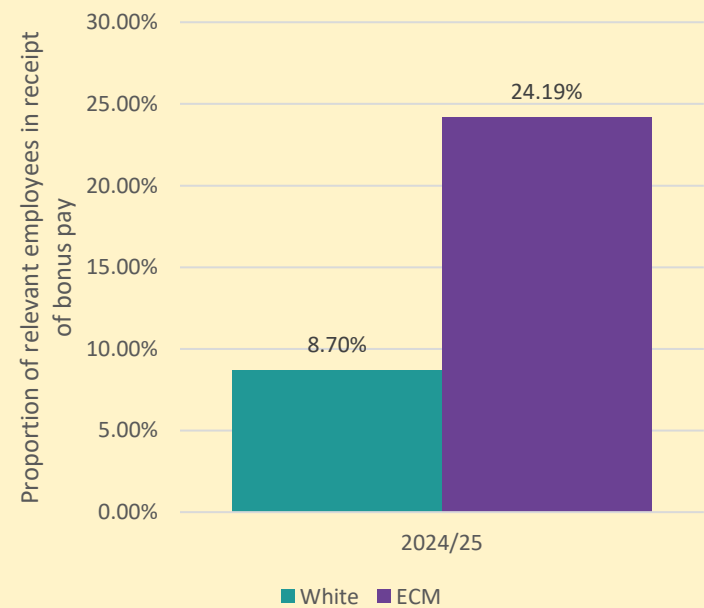
Where the median pay gap is high but the mean pay gap is low, this suggests there are some ECM staff earning significantly more than the typical salary, which drives ECM average pay up, but there is still a pay gap for the typical workforce when compared to white staff. For instance, the mean pay gap between Asian and white staff is very small, but the median pay gap is higher, suggesting a few highly-paid Asian staff (likely Medics) skew the figures. Therefore, looking at the median pay gap is likely to be more useful in these situations, as it shows the difference in pay seen in the typical workforce.

When the mean pay gap is high but the median pay gap is lower, this suggests the typical workforce sees more pay equality, but there are a few white staff members earning significantly more, or ECM staff members earning significantly less, which contributes to the large mean pay gap. For instance, non-clinical Black staff earn 20.4% less on average than white non-clinical counterparts, but looking at median pay to focus on the typical workforce sees the gap narrow to 9.6%.

[Back to Hourly Pay](#)

Ethnicity Pay Gap: bonus pay

mean annual bonus pay gap: -53.3%
median annual bonus pay gap: -41.4%%



What the data shows

The negative pay gap values mean that, looking at both men and median bonus pay, ECM staff earn more on average from bonus payments than white staff earn.

Bonus payments as defined by the Gender Pay Gap regulations include any incentive payments. Therefore in 2024/25, bonuses comprised of large payments (£500 - £7500):

- Local Clinical Excellence Awards (CEAs). These payments are paid to eligible Consultants who applied for the award themselves.
- Welcome Bonuses and “one-off” Recruitment & Retention Premia (not previously included in calculations).

And smaller payments (starting from £48, although some people earned up to £2750 in total):

- Work/Earn More: Incentive for front line clinical staff to work additional shifts on the bank to support the organisation.

What drives the bonus pay gap?

Ethnicity Pay Gap: bonus pay

Types of Bonus

| Type of Bonus | Mean bonus gap | Median bonus gap |
|--|----------------|------------------|
| All (443 white, 726 ECM) | -53.3% | -41.4% |
| Clinical Excellence Awards (9 white, 20 ECM) | -168.3% | -250.9% |
| Work More, Earn More (406 white, 697 ECM) | -15.7% | -52.9% |
| Recruitment and Retention Premia & Welcome Bonuses (one off payments) (28 white, 11 ECM) | -89.1% | -44.0% |

What drives the bonus pay gap?

Looking at both mean and median bonus payment values, ECM staff earn more from bonuses than white staff do. This is the case for all types of bonus payment, and also when payments are combined.

CEAs: The CEA scheme is now closed but legacy payments are still being made to 20/82 ECM Consultants and fewer than 10/32 white Consultants. ECM staff make up the majority of Medics, who are the only staff eligible for these payments.

Work/Earn More: 697 ECM and 406 white staff received these payments, which are much smaller than other types of bonuses.

RRP/Welcome Bonuses: 11 ECM and 28 white staff received these payments. Although fewer ECM staff got the payments, on average their payments were larger, because they were paid to medics whose RRP bonus package is higher.

Intersectionality: gender and ethnicity effects on pay

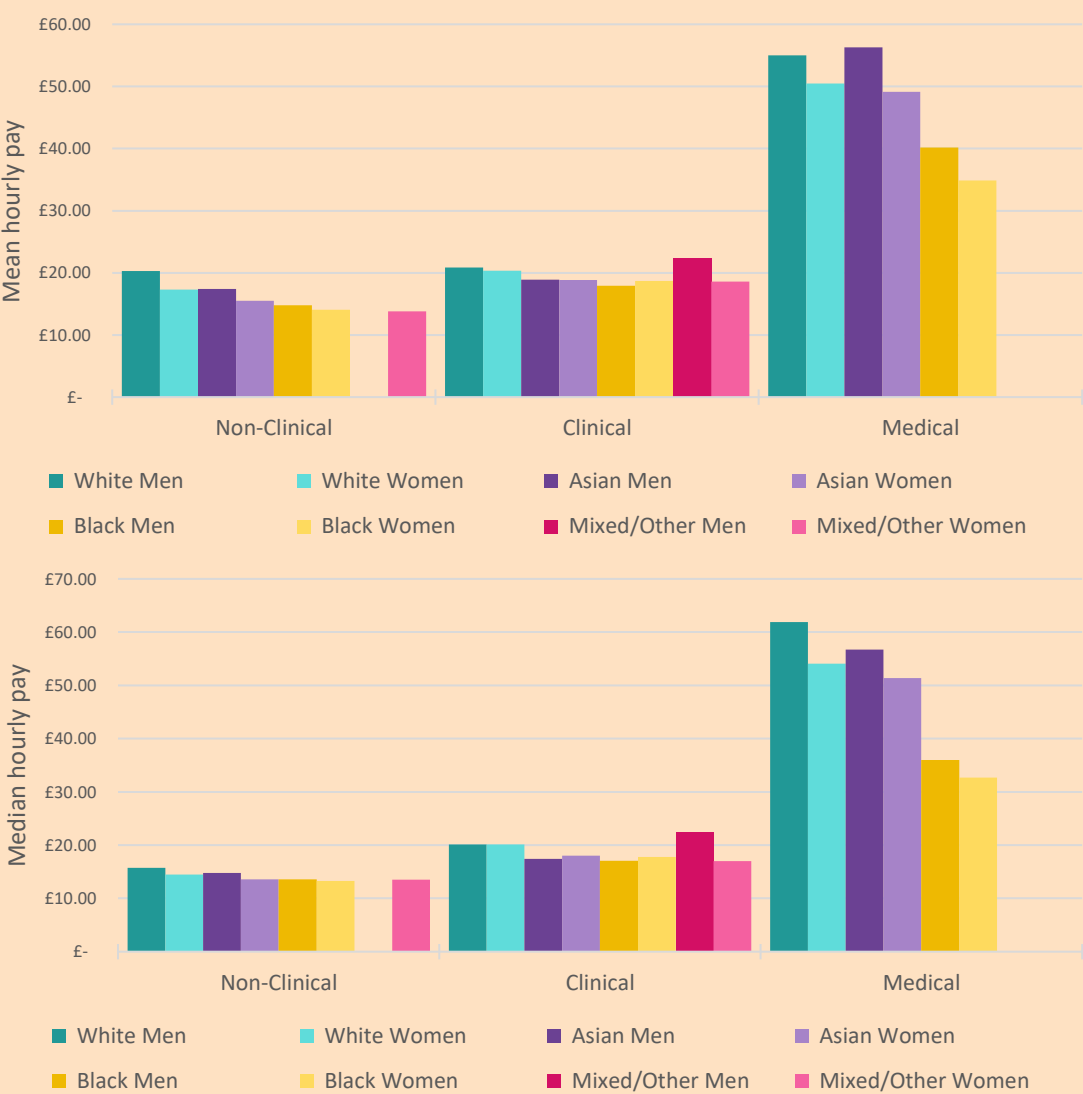
What the data shows

For non-clinical staff, white men earn the most, followed by white women and Asian men. Other groups earn less on average.

For clinical staff, white staff of both sexes, and men of mixed/other ethnicity, earn the most. Other groups earn less on average.

For Medics, white and Asian men earn the most, followed by white and Asian women. Black medics of both sexes earn less on average.

By considering average/median pay by both sex and ethnicity, it is possible to see the specific groups most affected by pay gaps.



Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2023/24 financial year against other NHS provider trusts*

| Trust | Difference in hourly pay | | Difference in bonus pay | |
|-----------------------------|--------------------------|------------------------------------|-------------------------|--------|
| | Mean | Median | Mean | Median |
| LPT | 10.2% | 3.4% | 47.0% | 0.0% |
| Lincolnshire Partnership | 17.3% | 13.2% | 0.0% | 0.0% |
| Northamptonshire Healthcare | 15.1% | 3.2% | 68.4% | 0.0% |
| Nottinghamshire Healthcare | 5.6% | -5.6% (pay gap in favour of women) | 9.6% | 0.0% |

Next Steps & Summary – see Gender Pay Gap action plan (attached) and Workforce Race Equality action plan (linked)

Directorates are asked to:

- Share this report among managers and use it to promote gender and race equality action plans.
- Review recruitment, retention, and talent management processes to ensure these are inclusive.
- Continue to promote flexible working throughout all roles.

The next steps for the organisation are to:

- Use this data to further the recruitment and career development workstream of Our Future Our Way.
- Where talent development opportunities are on offer, ensure these are inclusive.
- Promote flexible working and raise awareness of the different formats this can take.

Appendix 1: Technical Guidance (GOV.UK GPG website)

A **“relevant employee”** is a person who is employed on the snapshot date (31st March 2024). This is our total workforce. The bonus pay gap is calculated for all relevant employees.

A **“full-pay relevant employee”** is a relevant employee who is not, during the relevant pay period (March 2024), being paid at a reduced rate as a result of being on leave. The hourly pay gap is calculated for full-pay relevant employees only (section 2).

Employees include bank staff and substantive staff, but not agency workers.

What has been included in the calculations?

The Electronic Staff Record (ESR) reporting system for the Gender Pay Gap includes various pay elements in its calculation by default. Additional pay elements can be added for locally agreed pay arrangements.

“Hourly pay” includes, by default, payments related to ordinary pay: basic pay, allowances, pay for leave, WTD payments, shift premium pay (e.g. enhancements, on call payments), and bonus payments made in the reference period. Hourly pay is gross pay after deductions for salary sacrifice schemes, where applicable. Overtime, pay in lieu of notice, pay in lieu of annual leave and arrears are excluded. Hourly pay is calculated before tax, NI and pension deductions. Where an employee has more than one assignment, their pay and hours will be totalled from all assignments and divided together. Only those who are at work or on leave with full pay are included in the calculation for hourly pay; those on reduced pay or nil pay as a result of being on leave are excluded.

The following locally agreed payments have also been included in the ordinary hourly pay calculations: Ad Hoc Directors’ allowances (ongoing allowances for extra duties must be included); percentage payments for working on call, doctors’ basic hourly pay where this is paid through local pay elements; ad hoc teaching fees for doctors; recruit & retain pay (pro-rated bonus pay, shift allowances for working last-minute fill shifts in community hospitals, schemes for part-time staff to receive a pay supplement for working additional hours), and any other ongoing regular payments under “Basic Pay Adjust” where these do not appear to be overtime pay or similar.

“Bonus pay” is defined as: payment related to profit-sharing, productivity, performance, incentive, commission, or long service awards with a monetary value (cash, vouchers, or securities). In previous years, Covid payments have been considered ongoing allowances (not bonuses) as staff could be expected to receive these on an ongoing basis. This year, the following payments have been included as bonuses: Work/Earn More payments, Clinical Excellence Awards, Welcome Bonuses and “one-off” (3-part) Recruitment and Retention Bonuses (but NOT ongoing RPs, e.g. long-term pay protection).

“Mean” is the average value, calculated by adding up all values and dividing by the number of values. Where there are one or two very small or very large values, this will skew the value of the mean. Mean is relevant because it helps us see the impact of having a few people, usually men, earning much more than the typical workforce, and a few people, usually women, earning less.

“Median” is the middle value of a data set when all values are ordered smallest to largest. It is less affected by very small or very large values skewing the average. Median is thought to be more relevant to comparing pay in the ‘typical’ workforce, without being skewed by those few people who earn much less or much more than others.

Both mean and median can be useful to explain differences between men’s and women’s pay.