

# Gender, Ethnicity and Disability Pay Gap Report 2024

## Introduction

Guy's and St Thomas' NHS Foundation Trust comprises of five of the UK's best-known hospitals – Guy's, St Thomas', Evelina London Children's Hospital, Royal Brompton and Harefield – as well as community services in Lambeth and Southwark, all with a long history of high-quality care, clinical excellence, research and innovation. Our Values and Behaviours Framework describes what it means for every one of us in the Trust to put our values into action.

A Trust we have chosen to publish our disability and ethnicity pay gaps along with our gender pay gap. Although we are not required to publish the ethnicity and disability pay gaps, by reviewing and sharing this information we hope we can continue to improve the experiences of our staff and patients.

We have around 25,000 staff, making us one of the largest NHS Trusts in the country and one of the biggest employers locally.

## Pay Gap reporting terms

The gender pay gap measures the difference between the gross hourly earnings of men and women across an organisation as a whole. The ethnicity and disability pay gaps are calculated in the same way as our gender pay gap as explained below. A pay gap can be driven by a number of factors including, crucially, underrepresentation of colleagues in senior positions based on a protected characteristic.

The mean gender pay gap is the difference between the mean (average) hourly rate of pay for men and women, expressed as a percentage of mean male hour pay. This figure can be affected by high- and/or low-earning outliers. As pay is skewed in its distribution, it is more likely to be affected by high-earning outliers.

The median gender pay gap is the difference between the mid-point hourly pay rate of men and women, expressed as a percentage of median male hourly pay and is less influenced by outliers and uneven gender distribution across different levels of the organisation.

The Trust does not pay traditional performance bonuses. For the purposes of bonus pay gap reporting, there are three types of bonus payments for which only Medical and Dental Consultants are eligible:

National and Local Clinical Excellence Awards (NCEA) and (LCEA1) 'Old National Awards' effective until 2018

National Clinical Impact Awards (NCIA) 'new national award' effective from 2018

Local Clinical Excellence Awards LCEA2 'equal value non-competitive' effective from 2018

Appendix 1 sets out in detail the Pay Gap Regulations and reporting terms set out by the Government.

# Gender Pay Gap – At a glance

## Headline pay figures for 2024

These tables show our gender profile and medium and median pay and bonus gap based on a snapshot of the data as at 31<sup>st</sup> March 2024 and bonuses paid in the year to 31<sup>st</sup> March 2024.

	Female	Male
Gender Profile	71.58%	28.42%

Table 1

	Mean	Median
Gender pay gap	12.44%	8.56%
Gender bonus pay gap	27.50%	0%

Table 2

	Female	Male
The Proportion of males and females receiving a bonus payment	4.01%	11.18%

Table 3

Pay Quarters	Female	Male
Upper	61.74%	38.26%
Upper Middle	78.13%	21.87%
Lower Middle	76.19%	23.81%
Lower	69.76%	30.24%

Table 4

## Year on year trends 2018 to 2024

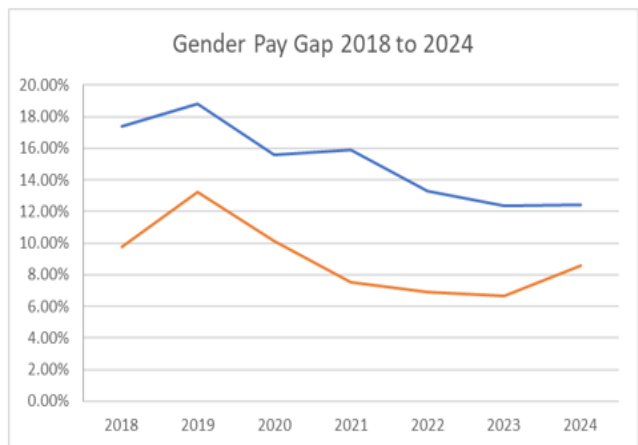


Table 5

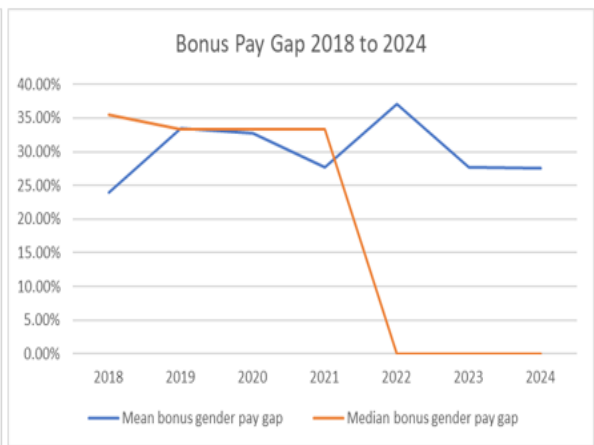


Table 6

# Understanding the pay gap

Our mean Gender Pay Gap has had a small increase of 0.1% in 2024. From 2019 the gender pay gap has been steadily reducing from 18.80% in 2019 to 12.44% in 2024 as shown in table 5. The median Gender Pay gap is 8.56%.

The difference between an organisation’s mean and median pay gap provides insight into what is driving the gap. The presence of very low earners can make the mean smaller than the median. Whereas a group of very high earners can make the mean larger than the median, which is the case at the Trust.

The gender pay gap at our Trust exists as we have a lower proportion of women represented in senior management roles and senior medical and dental roles.

The under representation of women in the upper pay quarter is shown in table 4. While female employees significantly outnumber male employees in all four quartiles, the upper quartile has the highest proportion of male employees and is a clear indicator of why male median pay exceeds female median pay. Table 7 shows the gender split across pay bands is proportionally distributed until band 8d where senior positions are underrepresented by female employees.

The increase in numbers of females in Consultant roles and AfC bands 7 to 8c as shown in table 8 are positive moves, we recognise that our gender pay gap is driven by fewer women in senior posts and understand that substantial change takes time and we will continue to address the disproportion.

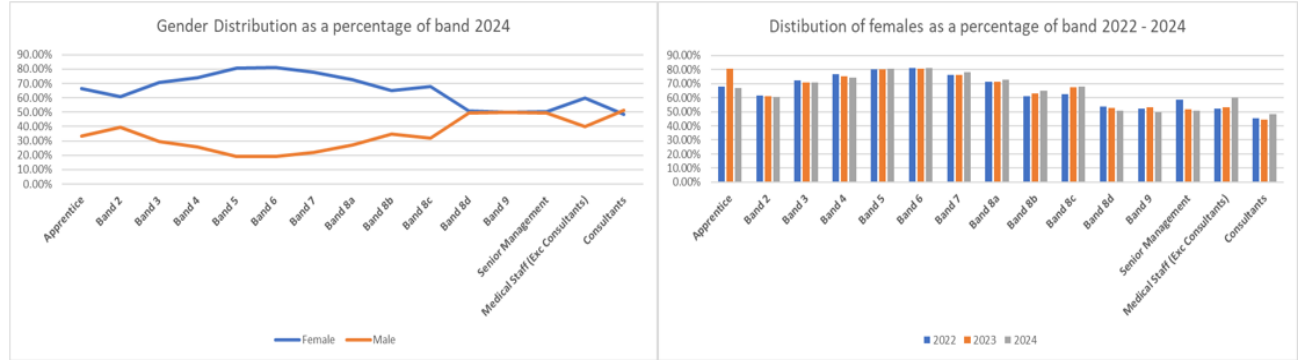


Table 7

Table 8

Consultants are the only male dominated professional grade in the Trust. Male Consultants make up 12.02% of male employees and 35.35% of all employees in the upper pay quarter; female consultants represent 4.40% of females and 20.47% of all in the upper quarter. As the hourly pay rate of Consultants falls in the upper quarter, this group of staff in the male population inflates male median pay. The Trust is committed to increasing the representation of female staff at senior levels and have a number of initiatives outlined in our plan set out in this report.

### **Removing Consultants**

The effect of removing Consultants from the gender pay gap calculation reduces the gap to 8.56% median and 0.78% mean.

Excluding the very high earners changes the driver for the pay gap for AfC staff as the median is now higher than the mean indicating the pay gap without the Consultants is driven by a larger group of females in the lower pay quarters.

### **Gender Pay Gap for Consultants**

	Female	Male
Consultants Gender Profile	47.85%	52.15%

Table 9

	Mean	Median
Consultants Gender pay gap	4.60%	3.42%

Table 10

Pay Quarters	Female	Male
Upper	48%	52%
Upper Middle	25%	75%

Table 11

The tables above show the Mean Gender pay gap for Consultants is 4.60%. Table 11 shows the upper pay quarter reflects the gender distribution for Consultants and females are proportionally represented. The Upper middle quartile shows that females are underrepresented and males overrepresented demonstrating that the pay in this quarter is driving the Consultant pay gap.

### **Bonus Gender Pay Gap**

For bonus pay, the median pay gap continues to be 0% and this is reflection of the non-competitive process where more than 50% of Consultants received the equal value non-competitive LCEA2 award in 2024.

The mean bonus pay gap is 27.5% a small reduction of 0.24% on last years' bonus pay gap. Although LCEA2's are distributed evenly, the historically held NCEA's and new NCIA's are competitive and the distribution of the national awards show that the higher-level awards, that attract higher values, are underrepresented by female Consultants. The mean bonus pay gap is driven by disproportionate number of male Consultants in receipt of both national awards.

# Gender pay gap – Key headlines

The mean gender pay gap has risen slightly by 0.1% in 2024. From 2019 the gender pay gap has been steadily reducing from 18.80% to 12.44%.

The shift of females in senior positions has played a part in our pay gap decreasing since 2019, as the representation of women in senior roles are increasing.

Our mean pay gap is higher than the median pay gap, this indicates the gap is being driven by a group of very high earners rather than a presence of very low earners. Analysis of the data confirmed that despite being underrepresented in the total workforce, male staff are overrepresented in the highest earnings.

Removal of Consultants from the Pay gap calculations reduces the gender pay gap to 8.56% median and 0.78% mean.

A review of the pay gap for Consultants shows the median pay gap to be 3.42% and mean pay gap to be 4.60%.

Although there has been an increase in the distribution of female Consultants in post in 2024. Female Consultants are underrepresented in the upper middle pay quarter which is driving the pay gap.

There is no pay gap for the median bonus pay which reflects the non-competitive process where over 50% of staff receive equal value LCEA2 awards.

The mean bonus pay gap has reduced slightly but is still driven by the over representation of male Consultants receiving national awards.

# Ethnicity Pay Gap – At a glance

## Headline pay figures for 2024

### Distribution by Ethnicity

Profile of Organisation	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
	19.12%	21.46%	3.64%	5.19%	6.45%	44.14%

Table 12

Ethnicity pay gap	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
Mean pay gap	9.49%	30.29%	13.58%	6.26%	15.95%	
Median pay gap	14.58%	33.65%	15.20%	12.95%	15.01%	

Table 13

Ethnicity pay gap	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
The Proportion of employees receiving a bonus payment	7.68%	0.56%	5.05%	8.90%	3.58%	7.87%
Mean Bonus Pay gap	13.19%	-7.48%	21.07%	14.22%	26.38%	
Median Bonus Pay gap	0%	0%	0%	0%	0%	

Table 14

Pay Quarters	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
Upper	19.68%	5.91%	3.39%	5.69%	4.32%	61.02%
Upper Middle	17.36%	15.03%	3.66%	4.81%	7.84%	51.28%
Lower Middle	22.41%	26.22%	3.39%	4.57%	8.96%	34.45%
Lower	17.02%	38.66%	4.13%	5.70%	4.69%	29.79%

Table 15

## Understanding the gap

The Trust reports on the ethnicity pay gap by specific ethnic groupings which will enable us to pinpoint areas for improvement and take active steps to reduce the pay gaps

Table 15 shows the ethnicity splits within each quartile are varied. The representation in each pay quarter for employees that are Asian, mixed or other ethnic groups is very similar to their workforce profile. Whereas employees that are from Black African and Black Caribbean and White ethnic groups are not proportionately represented in the pay quarters.

Black African and Black Caribbean employees make up 21.46% of the Trust employees but have disproportionately high representation of 38.66% in the lower quarter and low representation of 5.91% in the high quarter. White employees make up 44.14% of the Trust employees have a low representation in the lower quarter of 29.79% and overly high representation in the upper quarter of 61.02%. Unlike the gender gap, the pay gap for black staff has a higher median gap indicating the ethnicity pay gap is driven by the disproportionately high number of black staff in the lower banded roles as can be seen in table 16.

The ethnic group distribution table 16 displays the ethnic groups as a percentage of a band for AfC staff and shows the top-heavy distribution of white employees. This suggest that there is a difference in both the recruitment and progression of people from ethnic backgrounds in junior to senior roles.

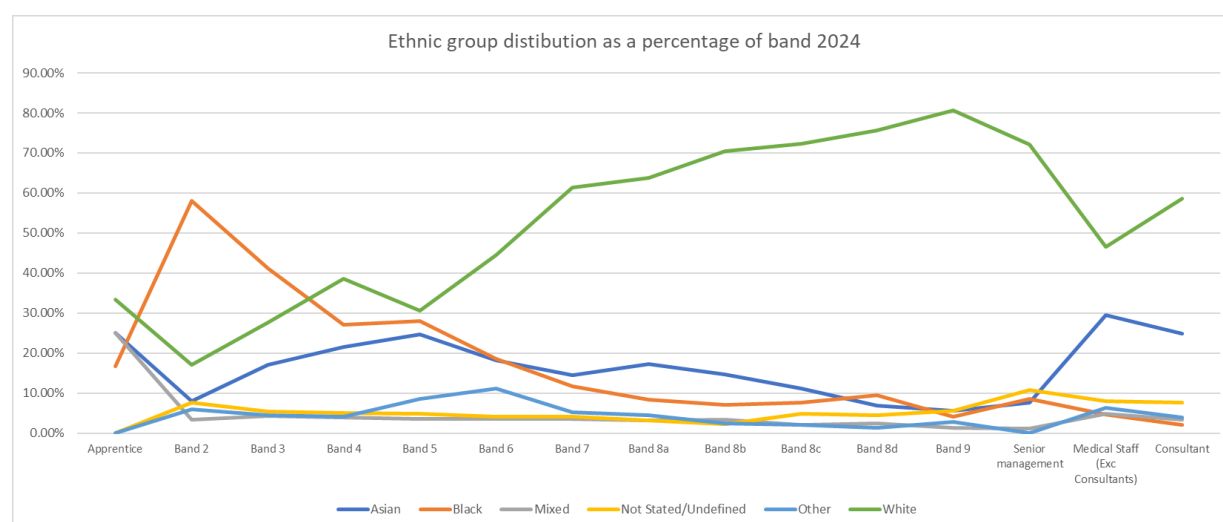


Table 16

As with the gender bonus pay gap the median pay gap continues to be 0% and this is reflection of the non-competitive process where more than 50% of Consultants received the equal value non-competitive LCEA2 award in 2024.

Although local CEA's are distributed evenly, the national awards are competitive. As set on in table 14 all groups with the exception of black Consultants show a pay gap in favour of white Consultants. There is a favourable gap for black Consultants of 7.48%. This is due to the calculation of average payments for black staff based on a small number of employees. As can be seen in table 10 the percentage of black staff in receipt of a bonus is proportionately the smallest and underrepresented.

# Ethnicity pay gap – Key headlines

In terms of the distribution of Trust staff across the pay quarters, Asian, Other and White colleagues are equally represented.

The largest gap is between Black staff compared to White staff.

The proportion of Black staff is lowest in the top pay quarter and highest in the lowest pay quarter.

The gap is predominately due to an under-representation of Black colleagues employed in the senior levels of the Trust from band 6 to Very Senior Managers (VSM).

There is no pay gap for the median bonus pay which reflects the non-competitive process where over 50% of staff receive equal value LCEA2 awards.

The mean bonus pay for Asian, Mixed, Other and Not Stated is lower than white counter parts, however there is a favourable pay gap for Black staff. This is attributable to the fact there is a small number of Black staff receiving the national awards and less variance of payments.

# Disability Pay Gap – At a glance

## Headline pay figures for 2024

Distribution by disability status	No	Not Declared	Yes
Disability Status	81.41%	14.23%	4.36%

Table 17

	Mean	Median
Disability pay gap	11.64%	5.24%
Disability bonus pay gap	-79%	0%

Table 18

Distribution by disability status	No/ Not Declared	Yes
The Proportion of employees receiving a bonus payment	14.25%	0.98%

Table 19

Pay Quarters	No/Not Declared	Yes
Upper	81.74%	15.81%
Upper Middle	84.96%	10.26%
Lower Middle	79.57%	16.26%
Lower	75.83%	20.55%

Table 20

## Understanding the pay gap

Disability status indicates whether the employee considers themselves to be disabled, and it is classified through a categorical variable into “Yes”, “No”, and “Unknown/Not stated”. For the purposes of this report the pay gap has been calculated by comparing ‘yes’ against ‘no/not declared’ as one group.

The disability mean pay gap is 11.64% and the median 5.24% both of which are less than the Trust gender pay gap.

Considerations need to be made for the fact that disabled staff are generally much less likely to declare their disability than non-disabled colleagues and as set out in chart 6 the non-disclosure rate increases at either end of the scale with the most junior and senior roles. Work has been undertaken to encourage staff to disclose their disability status and the declaration rate has increased this year from 3.76% in 2023 to 4.36% in 2024.

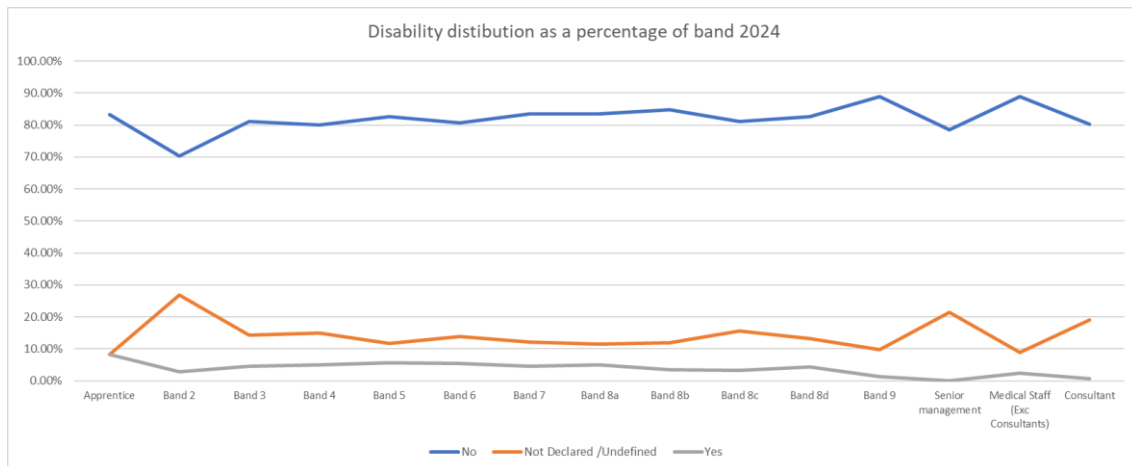


Table 21

As with the gender bonus pay gap the median pay gap continues to be 0% and this is reflection of the non-competitive process where more than 50% of Consultants received the equal value non-competitive LCEA2 award in 2024.

Although local CEA's are distributed evenly, the national awards are competitive. Which is the driver for the mean bonus pay gap. The mean bonus payments for disabled staff show a pay gap in favour of disabled Consultants 79%. This is due to the calculation of average payments for disabled staff based on a small number of employees. The total number of Consultants that received an award was 1412. Of these were 10 staff that declared they are disabled. The average payment for these 10 staff is significantly higher than those that are not disabled or have not declared

## Disability pay gap – Key headlines

The declaration rate has increased from 3.76% in 2023 to 4.36% in 2024.

Although the declaration rate has increased, the numbers of staff not disclosing their disability status could affect the results and we are continuing work to increase the declaration rates on the electronic staff records to aid with further investigation. The non-disclosure rates peak for Band 2's and in senior management.

There is no pay gap for the mean bonus pay as local awards are distributed evenly amongst Consultants.

The mean bonus payments for disabled staff shows there is a favourable bonus pay gap for disabled staff of 79%. This is attributable to the fact there are a smaller number of disabled staff receiving the national awards and therefore less variance of payments.

# Intersectionalisation

The effect of a combination of two or more protected characteristics is referred to as 'intersectionality'. Intersectionality is the idea that everyone has their own unique, interconnected, set of circumstances that impact them.

We have focused on the intersection between ethnicity and gender as the disclosure rates for disability is small and comparisons would not enable any meaningful pay gap analysis.

## Headline pay figures for 2024

Distribution by Ethnicity and Gender	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
Female	17.94%	23.22%	3.70%	4.65%	6.13%	44.35%
Male	22.08%	17.01%	3.49%	6.57%	7.26%	43.59%

Table 22

Intersectionality hourly rate of pay by Ethnicity and Gender	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
Female mean hourly pay rate	£25.02	£20.14	£23.94	£24.74	£23.52	£27.38
Male mean hourly pay rate	£27.95	£19.56	£27.11	£30.78	£25.41	£32.10

Table 23

Intersectionality mean pay gap by Ethnicity and Gender	Asian	Black	Mixed	Not Stated/ Undefined	Other	White
Female Mean pay gap	8.61%	26.44%	12.55%	9.64%	14.09%	12.44%
Male Mean pay gap	12.94%	39.06%	15.56%	4.14%	20.85%	

Table 24

The mean hourly rate of pay for males is higher than that of females in all ethnic groups with the exception of black employees, where the hourly rate of pay is higher for females and lower for male staff as can be seen in table 23.

The ethnicity pay gap, table 15, showed that in terms of the distribution of Trust staff across the pay quarters, Asian, Other and White colleagues are equally represented in pay quartiles, however when this is split by gender it shows there is a greater disparity for females in these groups. This also highlights that the reduction in the

gender pay gap from 2019 is being driven by the increase in white females in senior roles.

Comparing female pay rate across ethnicity shows white females earn the highest rate of pay and black females the lowest, similarly comparing the male pay rate by ethnicity shows white males earn the highest rate of pay and black males the lowest.

The pay gap, is most pronounced amongst black male and female staff as in table 24 with black male staff having the highest pay gap of all groups.

**Intersectional distribution of gender and ethnicity by pay grades**

As the pay gap is most distinct amongst black staff, table 25 focuses on the distribution of black and white staff by gender and shows a top-heavy distribution of white employees both male and female. Black male staff make up 17.01% of the Trust population and are disproportionately over represented in Bands 2 to 6 and are underrepresented in bands 7 and above and medical grades. Female black staff make up 23.22% of the Trust population and are also over represented in Bands 2 to 6 and under represented Bands 7 and above and medical grades, with a lower representation at bands 8d and above then black male colleagues.

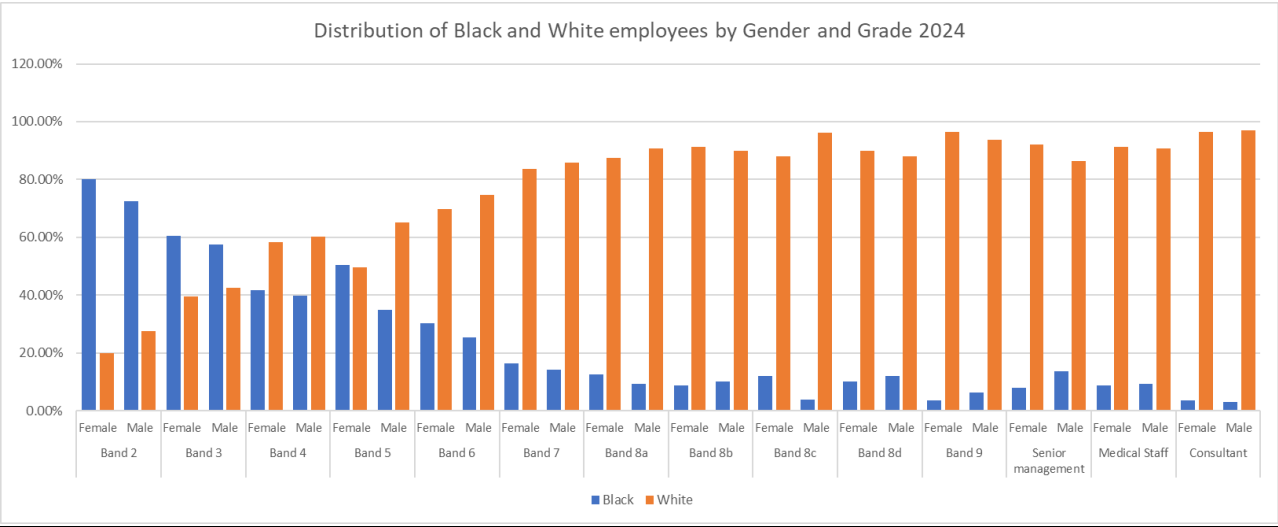


Table 25

## Intersectionality – Key headlines

The mean hourly rate of pay for males is higher than that of females in all ethnic groups with the exception of black employees.

Intersectionalisation of Asian, other and not stated colleagues show that there is a greater disparity for females in these groups previously masked by not reporting by gender.

By gender, white females and males earn the highest rate of pay and black females and males the lowest. The pay gap, is most pronounced amongst black male and female staff.

Both black female and male staff are disproportionately over represented in lower bands and underrepresented in senior bands.

## Our Plan

The overarching Trust Equality Diversity and Inclusion (EDI) improvement plan aligns with the NHS England EDI improvement plan and 6 High Impact Actions (NHS England) and specifically High Impact Action 3: *develop and implement an improvement plan to eliminate pay gaps.*

An inclusive organisation is a safer organisation - one that adopts psychological safety, improves staff well-being, and ultimately enhances the quality of patient care. By embedding equity, diversity, and inclusion into our core strategy, we are not only upholding our commitments under the NHS England EDI Improvement Plan but also ensuring, we create an environment where all staff can thrive and, in turn, provide the best possible care for our patients. This alignment reinforces the link between workforce inclusion and patient safety, outcomes, and organisational excellence.

This report supports our wider commitment in improving the representation and experiences of marginalised staff at all levels.

Research and NHS data consistently shows, diverse and inclusive teams drive better decision-making, reduce errors, and improve patient experiences. Our commitment to EDI is not just a moral and legal obligation - it is a strategic necessity for a high-performing healthcare system. By addressing systemic barriers, we create an organisation where innovation thrives, retention improves, and the overall quality of care is elevated.

In November 2023, we re-set our approach to EDI improvement across the Trust and developed a programme of work to deliver our strategic objectives and commitment to inclusion, anti-racism and anti-discrimination. This is also reflected in our new Trust 2030 strategy to: *creating a fairer and supportive workplace by delivering on our commitments to equality, diversity and inclusion and supporting the health and wellbeing of all our colleagues.*

Our EDI improvement programme set has out our framework to improve experiences of our staff at all levels and in particularly those groups that are disadvantaged or who face discrimination in comparison to those not in those groups. The workstreams within the EDI programme have been developed in line with the *theory of change*

framework which focuses on embedding impactful change and continued monitoring and evaluation.

An action plan of Trust interventions is set out in Appendix 2 of this report.

The interventions address the experiences of staff with individual protected characteristics, as defined in the Equality Act 2010, as well as exploring the data and actions to present intersectional impact.

### **Enabling an inclusive culture**

We have used data and evidence following reviews and reports, to develop our EDI programme, and have established workstreams to focus on reducing disparity in opportunity and development amongst those groups that face most disadvantage due to their protected characteristics. The workstreams are: Anti-racism, disability inclusion and LGBT+ inclusion as well as initiatives towards anti-discrimination and inclusion for all.

This work goes beyond compliance; it is about embedding lasting cultural and systemic change. A fully inclusive organisation is one where all staff feel psychologically safe to bring their full selves to work, which directly contributes to better decision-making, innovation, and ultimately, patient care. By integrating these initiatives, we are ensuring, every member of our workforce is equipped to contribute to a safer, more equitable, and more effective healthcare system.

We have a number of initiatives which we will continue to embed this year towards improving employee experience and in turn, reducing our pay gap for our staff groups. These include:

- A focus on a more inclusive recruitment process.
- Improving our employee value proposition
- Building cultural competency through engagement at all levels of the Trust.
- Ensuring our development opportunities are accessible and awarded fairly and creating a culture of trust where colleagues can speak up safely.
- We are also focusing on a bespoke culture programme for our most senior leaders across the Trust towards building capability and understanding of our leadership around anti-racism and anti-discrimination.

Leadership accountability is critical in creating an inclusive culture where diversity is actively valued and discriminatory barriers are dismantled. Inclusive leadership is not simply about representation - it is about setting the tone for a workplace where staff feel psychologically safe to raise concerns, share ideas, and work effectively together, leading to higher-quality patient care and safer outcomes.

We have already taken action towards our EDI objective for example, we have updated our inclusion module within our People Managers Programme and have embedded the NHS EDI mandatory training to ensure consistency across our training

packages and setting our expectation of behaviours. The new Trust values, which launched this year, provides further confirmation of the Trust's commitment towards EDI and behaviours framework setting expectations at all levels to senior leadership and their part in removing barriers towards and inclusive environment.

### **Action we are taking this year:**

#### **Gender**

- We will promote the Trust Traditional mentoring scheme and aim to increase the number of mentoring relationships to support career development and fulfil career aspirations.
- We will continue to partner with the South East London Women's Leadership Network to promote their events and initiatives, to gain insight and provide networking opportunities towards overcoming barriers.
- We will ensure our menopause support services (funded by the Show we Care about you programme) is regularly promoted and colleagues are aware of the support offered. We will also promote menopause guides for managers to support their teams and how to create a safe and open work culture to hold sensitive conversations.

#### **Disability**

- We will work with key internal stakeholders such as our staff networks, to build a culture of trust and confidence so that colleagues feel safe to declare their disability status on our HR systems and to enable the Trust to make meaningful, evidence-based change.
- We have developed a *Workplace Adjustment Guidance and Procedure*, which provides a structured framework for managers and staff to effectively manage workplace adjustment requests. This framework ensures that requests are handled fairly, consistently, and in alignment with the Trust's core values and the provisions of the Equality Act 2010. We are committed to regularly reviewing and updating this guidance to ensure it remains relevant, comprehensive, and fit for purpose.
- We are developing guides for hiring managers on reasonable adjustments at interview stage to ensure our process is inclusive and considerate of individual needs and remove any barriers.
- We will provide guidance to applicants on our external webpages, encouraging them to request appropriate adjustments and giving examples of available adjustments.
- We will work to maintain our Disability Confident Employer level 2 status and take steps to build towards becoming a level 3 employer (Disability Confident leader) by improving our processes for disabled staff and evidencing best practice.

## **Race**

- We will deliver our Positive Action Career Development Programmes to empower global majority colleagues and support them in harnessing and articulating their skills, knowledge and experience to develop their careers in the Trust and wider NHS.
- We will launch cohort 4 of The Kofoworola Abeni Pratt Fellowship which aims to disrupt structural barriers and systemic biases which impact the career progression of nurses, midwives and allied health professionals from the global majority through empowerment and allyship.
- We are partnering with an external provider to review our end to end recruitment Process to improve the experiences of minoritized individuals and staff, with a particular focus on race.
- We will continue to deliver Diverse Panel training as part of the *Inclusive Recruitment and Selection workshop* to expand our pool of diverse panel members and ensure all staff involved in recruitment are equipped with inclusive practices.
- We will deliver our anti-racism engagement programme to increase awareness of the experiences of our global majority staff across the Trust
- We are partnering with an external provider to design and deliver the “Senior Leaders Development Programme” which will focus on strengthening managers' skills and competencies in anti-racism and anti-discrimination practices across the Trust.
- We will launch cohort 11 of our Reverse mentoring programme and increase the number of matches this year towards raising awareness and understanding of the lived experience of staff and for mentees to enhance their cultural competency.

## **Staff Engagement**

To ensure meaningful engagement with staff, we will take the following actions:

- **Listening & Collaboration**
  - Conduct collaboration sessions with staff, including Disability, Race, LGBTQ+, and staff networks, to co-develop initiatives.
  - Actively seek input from Network Chairs to ensure policies and initiatives reflect lived experiences.
- **Training & Awareness**
  - Develop a communications strategy to promote existing EDI training opportunities, including leadership programmes and anti-racism training.
- **Regular Feedback & Improvement**
  - Regular review of EDI Dashboard and Staff Survey data.

- Liaise with EDI Improvement Board & staff representatives to track and review progress against key actions.

## **Other**

- We will continue to improve data access and use of our dashboard to track progress against our initiatives and develop an evaluation framework.
- We will ensure we fulfil our obligations towards the Public Sector Equality Duty when developing or renewing our policies/projects/services through our internal Equality Impact Assessment process to:
  - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
  - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- We will encourage career conversations through our revised PDR process ensuring line managers and individuals are equipped to support personal and professional development towards achieving career goals.
- We will actively embed inclusivity within our educational and developmental programmes. Our apprenticeship schemes, Positive Action Career Development Programmes, and NHS Leadership initiatives provide opportunities for underrepresented groups to progress. By integrating EDI principles into leadership training, mentorship programmes, and learning hubs, we are creating an inclusive workforce. Our College of Healthcare Learning Hub ensures ongoing access to tailored learning resources, strengthening cultural competence across all organisational levels.
- We will continue to enhance the Equality, Diversity, and Inclusion (EDI) training portfolio within the College of Healthcare Learning Hub. This will provide a diverse range of EDI learning opportunities and resources, fostering a culture of continuous learning and strengthening cultural competence at all organisational levels.

As we implement these actions, we reaffirm, an inclusive, anti-discriminatory culture is not an isolated goal but a core driver of organisational success. The NHS People Plan, WDES, WRES, and broader research all highlight, developing an equitable environment leads to a stronger, safer, and higher-performing workforce. By embedding EDI principles into all facets of our organisational strategy, we are not only addressing disparities but also enhancing staff engagement, reducing turnover, and ultimately, ensuring safer and higher-quality care for all patients.

# Appendix 1 - Pay Gap Reporting Regulations and Terms

## Regulations

Regulations introduced in 2017 require public, private and voluntary sector organisations, with 250 or more employees on a specified 'snapshot date' relevant to their sector, to report annually on their gender pay gap, using six different measures set out in Table 1. Although we are not required to publish the ethnicity and disability pay gaps the Trust has chosen to publish our disability and ethnicity pay gaps. The ethnicity and disability pay gaps are calculated in the same way as our gender pay gap.

## What is the Gender Pay Gap

The gender pay gap is a measure of labour market or workplace disadvantage, expressed in terms of a comparison between men's and women's average hourly rates of pay. So, while it is about pay, it's also about other factors, such as occupational segregation, or the fact that in the main it's women who look after children and other dependants.

Gender pay gap reporting doesn't specifically ask who earns what, but what women earn compared with men.

Mean gender pay gap	The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
Median gender pay gap	The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
Mean bonus gap	The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees
Median bonus gap	The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees
Bonus proportions	The proportions of male and female relevant employees who were paid bonus pay during the relevant period
Quartile pay bands	The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands

The Government Equalities Office sets out the reporting criteria for pay gaps:

- A **positive percentage** shows that disabled employees have lower pay or bonuses than non-disabled in an organisation.
- A **negative percentage** shows that non-disabled employees have lower pay or bonuses than disabled employees in an organisation.
- A **zero percentage** shows that there is equal pay or bonuses between disabled and non-disabled employees in an organisation.

## Appendix 2 – Action Plan

This action plan is built upon our Trust Equality Diversity and Inclusion (EDI) improvement plan and aligns with the NHS England EDI improvement plan and 6 High Impact Actions (NHS England) and specifically High Impact Action 3: *develop and implement an improvement plan to eliminate pay gaps.*

This plan supports our wider commitment in improving the representation and experiences of marginalised staff at all levels.

In November 2023, we re-set our approach to EDI improvement across the Trust and developed a programme of work to deliver our strategic objectives and commitment to inclusion, anti-racism and anti-discrimination. This is also reflected in our Trust 2030 strategy to: *creating a fairer and supportive workplace by delivering on our commitments to equality, diversity and inclusion and supporting the health and wellbeing of all our colleagues.*

In 2025, through our EDI Improvement Programme, we will work towards the Key Actions below:

Goal	Key Actions	Responsible
<b>Reduce Pay Gap</b>	1. Identify areas of underrepresentation by professional group	CMO, Medical HR team
	2. Continue to improve data access and use of our EDI dashboard to track progress against our initiatives and develop an evaluation framework.	Workforce Intelligence and EDI
	3. Develop targeted initiatives to address gaps	Workforce Intelligence and EDI team
	4. Report findings and improvements	Workforce Intelligence
<b>Enhance Pay Transparency</b>	1. Establish guidelines for pay transparency	Workforce Intelligence
<b>Foster Inclusive Recruitment</b>	1. Review recruitment and retention processes from an Inclusion lens	Recruitment and EDI
	2. We will offer guidance to applicants on our external webpages, encouraging them to request any necessary adjustments and providing examples of available options.	Recruitment
	3. To continue delivering Diverse Panel training as part of the Inclusive Recruitment and Selection workshop, with the goal of expanding our pool of diverse panel	Recruitment and EDI

	members and ensuring that all staff involved in recruitment are equipped with inclusive practices.	
<b>Leverage data and insights to inform and drive targeted actions.</b>	1.Foster trust with staff and promote a campaign encouraging all employees to make a declaration. Clearly communicate the importance of declarations and how they contribute to meaningful action.	EDI, Comms, Workforce Intelligence
<b>Promote engagement in Talent and Development programs.</b>	1 Drive career conversations through the revised PDR process, ensuring that line managers and individuals are equipped to support personal and professional development in alignment with career goals.	OD teams/all Line Managers
	2. Identify opportunities and related development within existing programmes or explore further.	OD team
	3. Review career journeys and impact of internal development programmes e.g. Positive Action Programmes.	OD and EDI team
	4. Launch Cohort 4 of The Kofoworola Abeni Pratt Fellowship, with the aim of addressing and challenging structural barriers and systemic biases that hinder the career progression of nurses, midwives, and allied health professionals from the global majority, through empowerment and allyship.	CNO