



Agenda item XX

2024 Gender Pay Gap Report

29th April 2025

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| **Report title** | **2024 Gender Pay Gap Report** |
| **Report from** | Sue Steen, Chief People Officer |
| **Prepared by**  | Ade Adetukasi, Associate Director of Employee ExperienceIdress Mohammed, Interim EDI Manager |
| **Link to strategic objectives** | Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values. |

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| **Executive Summary**This Gender Pay Gap (GPG) report presents an analysis of pay disparities between male and female colleagues at Moorfields Eye Hospital (MEH) as of the snapshot date 31 March 2024. The report highlights both progress and areas for improvement, offering data-driven insights to inform continued action. As of March 2024, MEH’s mean gender pay gap stands at 21.23%, and the median gap at 17.41%, both showing an increase from 2023. While the bonus mean gender pay gap has reversed in favour of women (-4.38%), indicating significant progress, disparities remain at senior levels, with women making up 68% of the workforce but only 40% of consultants. Additionally, 27% of women work part-time compared to 19% of men, contributing to the overall gap. **Summary of Key Trends:*** Gender pay disparity at MEH is largely driven by underrepresentation of women in senior and consultant-level roles, as well as part-time working patterns.
* There has been a positive shift in bonus distribution, with women receiving a higher average bonus for the first time.
* Despite modest gains in middle pay bands, representation in the upper quartile has declined for women, from 54.16% to 50.32%.
* Ethnicity Pay Gaps (EPG) continue to widen, particularly for BME colleagues in senior roles and medical staffing.

**Conclusion**It must be acknowledged that addressing the GPG will require long-term and structural change interventions. Key ongoing interventions launched or expanded in 2024 include:* Establishment of Aurora Women’s Network – a new platform to champion women’s interest and progression.
* Commencement of the second cohort of the Career Sponsorship Programme, offering tailored support and leadership development to staff from black, Asian, and minority ethnic groups.
* Implementation of actions informed by the WRES Model Employer framework to address recruitment equity and bias.

We remain committed to building an inclusive workplace where all colleagues, regardless of gender or background, have equal opportunities to thrive and progress. This report reflects both our transparency and determination to make measurable improvements.1. **Introduction**
	1. At Moorfield Eye Hospital, we are committed to fostering an inclusive and equitable workplace where everyone, regardless of gender, has equal opportunities to thrive. In line with statutory requirements for all employers with more than 250 staff, we publish our Gender Pay Gap data annually. This report presents our latest findings as of 31st March 2024, as required under the Equality Act 2010. It highlights key trends, challenges, and actions we are taking to support gender equity across all roles and pay bands. We view this not just as a compliance exercise, but as part of our ongoing commitment to transparency and fairness—actively addressing the root causes of pay disparities and building a culture where talent is recognised, supported, and rewarded fairly. Whilst both equal pay and the gender gap deal with the disparity of pay women receive in the workplace, they are two different issues:
		* Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
		* The gender pay gap is a measure of the difference between men’s and women’s average earnings across an organisation. It is expressed as a percentage of earnings and represents the difference between the mean hourly rate of ordinary pay of male and female employees, and the difference between the median hourly rate of ordinary pay of male and female employees.
2. **Gender Pay Gap**
	1. In common with many organisations (including other NHS trusts), Moorfields Eye Hospital (MEH) continues to have a gender pay gap. As of 31 March 2024, the average hourly pay for male employees was £30.67, while for female employees it was £24.16 — a difference of £6.51, resulting in a mean gender pay gap of 21.23%. The median hourly rate — which compares the midpoints of male and female earnings — also shows a gap: male employees earned £26.30, compared to £21.72 for female employees. This equates to a median pay gap of £4.58 (17.41%). Both the mean and median pay gaps have increased from 2023, where the figures stood at 17.86% (mean) and 16.52% (median) respectively.

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| **Gender** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| **Male** | **£30.67** | **£26.30** |
| **Female** | **£24.16** | **£21.72** |
| **Difference** | **£6.51** | **£4.58** |
| **Pay Gap %** | **21.23%** | **17.41%** |

**Table 1: Average Hourly Rate and Median Hourly Rate (Gender Pay Gap) – 2024****Figure 1: Average Hourly Rate and Median Hourly Rate (Gender Pay Gap) – 2024**

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| **Year** | **Mean Pay Gap (%)** | **Median Pay Gap (%)** |
| **2022** | **17.36** | **17.88** |
| **2023** | **17.86** | **16.52** |
| **2024** | **21.23** | **17.41** |

**Table 2: Average and Median Gender Pay Gap – 2022 to 2024****Figure 2: Average and Median Gender Pay Gap – 2022 to 2024**Between 2022 and 2024, the gender pay gap in MEH has shown a widening trend, particularly in the mean pay gap, which increased from 17.36% in 2022 to 21.23% in 2024, with a notable rise in the most recent year. This suggests that average earnings between men and women in the trust have become more unequal, potentially due to disparities at senior or higher-paid levels. The median pay gap showed a slight improvement in 2023 but rose again in 2024, remaining below 2022 levels (from 17.88% in 2022 to 17.41% in 2024). This reflects some year-on-year fluctuation, but overall, pay at the mid-point remains skewed in favour of men. **The cause of the gender pay gap** is multifaceted. Looking at the percentage of women in Moorfield’s workforce at 68% (consistent with representation across the NHS), this is considerably higher than that of the UK workforce at 57%. * + Our data shows that women continue to be overrepresented in lower-paid roles and occupations, as seen in the staff group breakdown below.
	+ Women are also more likely to work part-time, which is generally less well-paid than full-time work on a per-hour basis. 27% of women at the trust work part-time, compared to 19% of men. This aligns with broader trends across the UK, where 38% of women and 14% of men work part-time.
	+ Additionally, women are more likely to take time out of the labour force for caring responsibilities, which can impact career progression and earning potential. Nationally, 58% of carers in the UK are women, compared to 42% being men.
	+ A deeper analysis of the Medical and Dental workforce highlights additional factors influencing the gender pay gap. While women represent 48% of this staff group, they are underrepresented at the Consultant level (40%), where pay is highest. In contrast, women are more represented at the non-consultant career grade level (60%) and in trainee grades (45%), where earnings are lower.
	+ The gender pay gap also widens significantly after women have children, reflecting career breaks and slower progression due to balancing work with caregiving responsibilities.

Compared to 2023, the trust headcount has increased by 206 overall. Key workforce changes include:* An increase in 21 more Administrative and Clerical female staff
* An increase in 33 more Nursing & Midwifery Registered female staff

These trends highlight ongoing gender representation patterns within the workforce, reinforcing the importance of continued efforts to support equitable career progression for women in all roles.

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| **Staff Overview** | **Headcount** | **% in Band** |
| **Staff Group** | **Female** | **Male** | **Female** | **Male** |
| **Add Prof Scientific and Technic** | **188** | **67** | **74%** | **26%** |
| **Additional Clinical Services** | **294** | **127** | **70%** | **30%** |
| **Administrative and Clerical** | **594** | **262** | **69%** | **31%** |
| **Allied Health Professionals** | **45** | **10** | **82%** | **18%** |
| **Estates and Ancillary** | **1** | **32** | **3%** | **97%** |
| **Healthcare Scientists** | **39** | **29** | **57%** | **43%** |
| **Medical and Dental** | **184** | **200** | **48%** | **52%** |
| **Nursing and Midwifery Registered** | **408** | **83** | **83%** | **17%** |
| **Students** | **4** |  | **100%** | **0%** |
| **Grand Total** | **1757** | **810** | **68%** | **32%** |

**Table 3: Staff Group Breakdown AfC**

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| **Staff Overview** | **Headcount** | **% in Band** |
| **Staff Group** | **Female** | **Male** | **Female** | **Male** |
| **Consultant** | **77** | **115** | **40%** | **60%** |
| **Non-consultant career grade** | **83** | **56** | **60%** | **40%** |
| **Trainee grades** | **24** | **29** | **45%** | **55%** |
| **Grand Total** | **184** | **200** | **48%** | **52%** |

**Table 4: Staff Group Breakdown Medical*** 1. Whilst women make up 68% of our workforce, they are overrepresented in the Lower, Lower Middle and Upper Middle pay quartiles and underrepresented in the Upper pay quartile. This has improved only slightly compared to 2022. Whilst women make up 68% of our workforce, they continue to be overrepresented in the Lower (0-25%), Lower Middle (25-50%), and Upper Middle (50-75%) pay quartiles, while their representation in the Upper (75-100%) pay quartile remains lower at 50.32%.

Compared to 2023, there has been a decline in female representation in the Upper quartile, from 54.16% to 50.32%, marking a shift of almost 4% towards more male representation at the highest pay levels. In contrast, the proportion of women in the 50-75% quartile has slightly increased from 74.42% to 74.85%, indicating some progression in the middle pay bands.* 1. **In terms of headcount:**
* There are 8 fewer women in the Upper quartile (319 in 2023 to 311 in 2024).
* There are 37 more men in the Upper quartile (270 in 2023 to 307 in 2024).

This suggests a widening gender disparity at the highest pay levels, reinforcing the importance of continued efforts to support women’s career progression into senior and higher-paid roles.

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| **Quartile** | **Female** | **Male** | **Female %** | **Male %** |
| **0-25%** | **409** | **167** | **71.01%** | **28.99%** |
| **25%-50%** | **441** | **177** | **71.36%** | **28.64%** |
| **50%-75%** | **494** | **166** | **74.85%** | **25.15%** |
| **75%-100%** | **311** | **307** | **50.32%** | **49.68%** |

**Table 5: Gender by Pay Quartile**1. **Medical vs. Non-Medical Gender Pay Gap (2024)**
	1. When considering the data on a more granular level, it is clear that the main driver of the gender pay gap at MEH is the difference our consultant workforce makes on pay across the organisation.

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| **Band Groupings** | **Female** | **Male** | **GPG** |
| **Mean Hrly Rate** | **Median Hrly Rate** | **Mean Hrly Rate** | **Median Hrly Rate** | **Mean GPG** | **Median GPG** |
| **Band 1-4** |  **£ 15.12**  |  **£ 15.07**  |  **£ 15.02**  |  **£ 15.07**  | **-0.64%** | **0.00%** |
| **Band 5-7** |  **£ 23.74**  |  **£ 22.92**  |  **£ 24.16**  |  **£ 25.44**  | **1.70%** | **9.90%** |
| **Bands 8-9** |  **£ 35.53**  |  **£ 33.29**  |  **£ 39.98**  |  **£ 33.56**  | **11.13%** | **0.80%** |
| **Medical Staffing** |  **£ 44.04**  |  **£ 44.00**  |  **£ 49.39**  |  **£ 51.57**  | **10.85%** | **14.67%** |

 **Table 6: Medical vs. Non-Medical Gender Pay Gap*** 1. In 2024, the gender pay gap at MEH continues to be driven by the consultant workforce, where men make up 60% of the group. While the median gender pay gap for medical staffing has improved from 21.70% in 2023 to 14.67% in 2024, the mean gap has widened slightly to 10.85%, indicating persistent pay disparities. Women remain underrepresented in senior roles, with a significant increase in the mean pay gap for Bands 8–9 from 2.33% to 11.13%, highlighting growing inequalities at higher non-medical levels. Meanwhile, Band 5–7 has seen a worsening in the median GPG from 7.30% to 9.90%, further reinforcing the challenges in mid-tier progression. In contrast, Band 1–4 now has a slight negative mean pay gap (-0.64%) in favour of women, with median pay remaining equal. These trends highlight the ongoing need for targeted interventions to support equitable pay progression and gender balance at all levels.
1. **Bonus Gender Pay Gap**
	1. The Bonus Gender Pay Gap at MEH continues to be influenced by the Clinical Excellence Awards (CEAs), which are available to medical consultants. In 2024, the bonus pay gap has reversed, with women now receiving a higher average bonus than men for the first time.
	2. For the period 2023/2024, the Mean Bonus Gender Pay Gap has reversed to -4.38%, meaning female colleagues now receive a higher average bonus than male colleagues (£13,999 vs £13,412). The Median Bonus Gender Pay Gap stands at 6.39%, indicating that, at the mid-point, men (£12,749.13) still receive higher bonuses than women (£11,934.69), but the gap has narrowed compared to previous years.
	3. Since 2021/2022 the trust has distributed the CEA’s equally across all consultant colleagues. However, for the period 2022/2023 CEAs were pro-rated relative to colleagues’ Full Time Equivalent (FTE) working patterns. This is the primary driver for the increase in the Mean Bonus Gender Pay Gap. For 2022/23 the full FTE value was £5013.48. Since 2021/2022, the trust has aimed for fair CEA distribution, but in 2022/2023, the Mean Bonus Gender Pay Gap increased from 2.66% to 7.13% due to pro-rated awards based on Full-Time Equivalent (FTE) working patterns, disproportionately impacting female consultants. In 2023/2024, the gap reversed to -4.38%, with women receiving a higher average bonus (£13,999 vs £13,412), though the Median Bonus Gender Pay Gap remains 6.39% in favour of men. Despite this progress, men are still more likely to receive a bonus (25.2% vs 15.6%).
	4. In 2023/2024, 71% of all bonuses were awarded to men, despite them making up 60% of consultants, while women received only 29% of bonuses despite representing 40% of consultants. This highlights that, while bonus values have improved for women, the proportion of women actually receiving bonuses remains lower.
2. **Ethnicity Pay Gap (EPG) 2024**
	1. Whilst not required to report on it formally, the trust continues our practice of analysing our pay data by ethnicity.
	2. The Mean Ethnicity Pay Gap (EPG) has increased from 13.20% in 2022 to 14.17% in 2023, and further to 18.95% in 2024, highlighting a continuous widening disparity between BME and White employees. Similarly, the Median EPG has increased from 7.28% in 2022 to 9.93% in 2023, and now to 17.62% in 2024, reinforcing concerns about pay progression gaps and the underrepresentation of BME colleagues in higher-paid roles.
	3. Table 7 shows that EPG is primarily driven by pay at the AfC Bands 8-9 and within the Medical Staffing workforce. This reflects our underrepresentation rates for Black, Asian and Minority Ethnic (BME) colleagues within Band 7, and similarly at Bands 8c and above.

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| **Band Groupings**  | **BME** | **WHITE** | **GPG** |
| **Mean Hrly Rate** | **Median Hrly Rate** | **Mean Hrly Rate** | **Median Hrly Rate** | **Mean GPG** | **Median GPG** |
| **Band 1-4** |  **£ 15.03**  |  **£ 15.07**  |  **£ 15.18**  |  **£ 15.07**  | **0.95%** | **0.00%** |
| **Band 5-7** |  **£ 23.59**  |  **£ 22.92**  |  **£ 24.26**  |  **£ 24.46**  | **2.72%** | **6.30%** |
| **Bands 8-9** |  **£ 34.02**  |  **£ 31.90**  |  **£ 39.62**  |  **£ 34.12**  | **14.11%** | **6.50%** |
| **Medical Staffing** |  **£ 46.42**  |  **£ 49.24**  |  **£ 51.58**  |  **£ 52.99**  | **9.99%** | **7.08%** |

 **Table 7: Pay by Ethnicity, analysed by pay band groupings as of 31 March 2024*** 1. *2023 Vs 2024 Trend Analysis* - In 2023, the Mean Ethnicity Pay Gap (EPG) was highest in Bands 8–9 (9.93%) and Medical Staffing (9.01%), highlighting significant disparities in senior roles. The Median EPG peaked at 14.87% for Medical Staffing, reinforcing the underrepresentation of BME staff in higher-paid positions. By 2024, the Mean EPG increased across all bands, reaching 14.11% in Bands 8–9 and 9.99% in Medical Staffing, indicating a widening gap in senior roles. The Median EPG decreased slightly in Medical Staffing (7.08%), but disparities persist, particularly at higher levels, emphasising the need for continued efforts to improve pay equity and career progression for BME staff.

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| **Band Groupings**  | **BME** | **WHITE** | **EPG** |
| **Mean Hrly Rate** | **Median Hrly Rate** | **Mean Hrly Rate** | **Median Hrly Rate** | **Mean EPG** | **Median EPG** |
| **Band 1-4** |  **£ 14.35**  |  **£ 14.35**  |  **£ 14.49**  |  **£ 14.35**  | **0.97%** | **0.00%** |
| **Band 5-7** |  **£ 22.86**  |  **£ 22.87**  |  **£ 23.37**  |  **£ 24.53**  | **2.18%** | **6.77%** |
| **Bands 8-9** |  **£ 32.83**  |  **£ 31.71**  |  **£ 36.45**  |  **£ 32.50**  | **9.93%** | **2.43%** |
| **Medical Staffing** |  **£ 39.40**  |  **£ 40.60**  |  **£ 43.30**  |  **£ 47.69**  | **9.01%** | **14.87%** |

 **Table 8: Pay by Ethnicity, analysed by pay band groupings as of 31 March 2023*** 1. In 2022, the Mean Bonus Pay Gap was 14.17% in favour of White colleagues, reflecting a significant disparity in bonus distribution. By 2023, this gap shifted to -5.89% in favour of BME colleagues, marking an improvement in pay equity. By 2024, this trend continued, with the Mean Bonus Pay Gap widening further in favour of BME colleagues to -66.25%, meaning BME staff now receive a higher average bonus than their White colleagues (£19,029.06 vs. £11,446.02). Similarly, the Median Bonus Pay Gap has shifted to -66.05%, a notable change from the 0% variance recorded in 2023, where median bonus pay was equal. These shifts indicate significant progress in bonus pay equity for BME colleagues, reflecting changes in the distribution of Clinical Excellence Awards (CEAs) and other performance-based payments. However, despite these improvements in bonus earnings, the overall hourly pay gap has widened, emphasising the ongoing need for targeted interventions to ensure long-term pay equity and career progression across all levels.

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| **Ethnicity** | **Avg. Hourly Rate** | **Median Hourly Rate** |
| **BME** | **£19,029.06** | **£14,053.51** |
| **White** | **£11,446.02** | **£8,463.64** |
| **Difference** | **-£7,583.04** | **-£5,589.87** |
| **Pay Gap %** | **-66.25%** | **-66.05%** |

 **Table 9: Bonus Pay by Ethnicity**1. **Benchmarking**

As part of our commitment to transparency and system-wide learning, we have benchmarked Moorfields Eye Hospital’s 2024 Gender Pay Gap (GPG) data against peer organisations within our NHS network. This includes Liverpool Heart and Chest Hospital NHS Foundation Trust, Royal Orthopaedic Hospital, and the Royal National Orthopaedic Hospital. This benchmarking exercise enables us to better understand how our gender equity efforts and performance compares within the broader system landscape, and where further progress can be made to close the gap.

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| **Organisation** | **Mean GPG 2024** | **Median GPG 2024** |
| [**Royal Orthopaedic Hospital**](https://gender-pay-gap.service.gov.uk/employers/10667/reporting-year-2024)  | **31.69%** | **18.61%** |
| **Royal** [**National Orthopaedic Hospital**](https://gender-pay-gap.service.gov.uk/employers/10665/reporting-year-2024) | **25.08%** | **20.15%** |
| [**Liverpool Heart and Chest Hospital NHS Foundation Trust**](https://gender-pay-gap.service.gov.uk/employers/15783/reporting-year-2024) | **24.52%** | **10.24%** |
| **Moorfields Eye Hospital (MEH)**  | **21.23%** | **17.41%** |
| **The Royal Marsden NHS Foundation Trust**  | **11.29%** | **4.15%** |

**Table 10: Benchmark Data**The benchmark data above shows that Moorfields Eye Hospital (MEH) reports a mean gender pay gap of 21.23% and a median gap of 17.41% for 2024. These figures are more favourable than several key comparators, including the Royal National Orthopaedic Hospital (mean 25.08%, median 20.15%), Royal Orthopaedic Hospital, and Liverpool Heart and Chest Hospital (mean 24.52%, median 10.24%). MEH's positioning suggests meaningful progress; however, the inclusion of The Royal Marsden NHS Foundation Trust, reporting a lower mean (11.29%) and median (4.15%) gender pay gap, highlights that there is still more to do to achieve equity across all roles and pay bands. We remain firmly committed to closing the gap and are actively reflecting on best practices across the sector. Through continuous learning and the embedding of sustainable, long-term solutions, we aim to address structural inequalities and ensure equitable outcomes for all staff.1. **Conclusion**
	1. The actions below have been developed to assist specifically in closing the gap regarding both gender and ethnicity. It should be noted that this is a process that cannot achieve immediate corrective impact but rather a gradual reduction in the disparity. There are historical issues regarding representation within medical staffing and length of service, which will only be corrected over time.
2. **Ongoing and Proposed Actions**

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| **Action (2023)** | **Actions and Reflections (2024)** | **Lead** |
| Introduce a Women’s Staff Network Group to ensure challenges around succession and equality are given a suitable platform. | We launched our Women’s Network, *Aurora*, in late 2024. The network holds monthly staff meetings and is also represented on the Equality, Diversity, and Inclusion (EDI) Steering Group, which meets monthly.As *Aurora* is still in its early stages, we are keen to work closely with the co-chairs and members to co-develop meaningful interventions that contribute to building equitable policies and practices across the organisation. | EDI Manager |
| Implement the recommendations within the Model Employer WRES Leadership framework and the “No More Tick Box Framework”. | As part of our ongoing EDI programme, we are currently auditing recruitment and selection practices and process in the trust based on the nationally recognised No More Tick Boxes framework and the Model Employer WRES Leadership framework to identify gaps and put in place interventions, including short and medium term targets, to address bias and inequity in our recruitment and selection process.  | EDI Manager |
| Following the successful pilot of the first Career Sponsorship programme in 2023 the trust will look to roll out further cohorts with the aspiration of enhancing the promotional opportunities for BME and female colleagues. | Following the successful completion of the pilot *Career Sponsorship Programme*, we are excited to launch the second cohort with a fully refreshed and enhanced design. Based on valuable feedback from the first cohort, we have revamped the entire programme to offer more holistic support and deeper engagement throughout the journey.The updated programme now includes modules on project management, career development, Neuro-Linguistic Programming (NLP), leadership sessions, and 360-degree leadership assessments. We’ve already received excellent feedback from prospective participants—particularly women—who have shown strong interest in the new offering. | EDI Manager |
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| Identify structural drivers of the gender pay gap within medical staffing, with a focus on consultant-level underrepresentation. |

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| We recognise that the consultant workforce remains the biggest driver of our gender pay gap, with women currently representing only 40% of this group. As a priority for 2024/25, we will be working with our medical workforce department to review pathways into consultant roles and understand the barriers women may face. This work will include a deep dive into data, exploration of career progression routes, and the co-design of an inclusive pipeline to support more women into senior medical positions. Areas for investigation may include identifying high-potential female talent, exploring options for tailored development support, and reviewing inclusive approaches to recruitment and progression. These discussions will help inform the ongoing development and delivery of the Gender Pay Gap action plan and will form part of our ongoing engagement with the Aurora Women’s Network, Medical Workforce team, and the EDI Steering Group. |

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 | Medical Director /EDI Manager |
| Proposed interventions | * Launch a structured leadership development programme for staff in lower pay bands, focusing on career acceleration and skill-building. We are in the process of launching an ILM-accredited Leadership and Management Programme for Bands 2–4, in partnership with South Bank Colleges (Lambeth College). This programme will support clinical and non-clinical staff to build leadership skills, boost confidence, and progress in their careers, with a focus on strengthening representation in future talent pipelines.
* Introduce targeted mentoring and sponsorship schemes for women aspiring to senior roles, ensuring visibility and access to career-enhancing opportunities.
* Enhance flexible working policies to support career progression, with clear pathways to leadership for part-time and returning employees.
 | EDI Manager |

In line with statutory requirements, the 2024 Gender Pay Gap Report is now due for publication and will be published on the trust’s website and reported on the national Gender Pay Gap reporting service. **Appendix A****Summary of Key Gender Pay Gap Trends (2023–2024)**

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| **Equity Impact** | **Area** | **2023** | **2024** | **Change** | **Impact / Insight** |
| **Progress Highlights** | **Bonus Pay Gap (Mean)** | **7.13% in favour of men** | **-4.38% in favour of women** | **Reversed** | **Significant progress in bonus equity – women now receive higher average bonuses.** |
| **Progress Highlights** | **Band 1–4 Pay Gap (Mean)** | **2.21% in favour of men** | **-0.64% in favour of women** | **Improved to parity** | **Lowest pay bands now show near or full equality – a step toward fairness at entry.** |
| **Focus Areas for Development** | **Overall Mean Gender Pay Gap** | **17.86%** | **21.23%** | **Worsened** | **The average pay gap has grown – suggesting widening inequality at senior levels.** |
| **Focus Areas for Development** | **Female Representation in Upper Quartile** | **54.16%** | **50.32%** | **Declined by 3.84%** | **Fewer women in top pay quartile – key contributor to overall pay disparity.** |

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| **Quality implications**There is an evidenced correlation between staff experience and patient experience. A focus on improving staff experience, particularly for our staff with protected characteristics, will therefore have a positive impact on patient experience and the quality of the services we provide. It will support the recruitment and retention of quality staff.  |
| **Financial implications**A lack of equal opportunities for people in protected characteristic groups and increased levels of harassment are proven to significantly increase sickness absence, presenteeism, and staff turnover. |
| **Risk implications**There is a risk that the trust will not successfully deliver the EDI programme and the new EDI vision due to the significant resource requirements to address deep-rooted EDI issues and multiple workstreams. This risk has been mitigated through the EDI programme resource requirements business case which has been approved by BCRG.  |
| **Action required/recommendation.** The People and Culture Committee is asked to note for assurance and approve the 2024 Gender Pay Gap Report.  |
| **For assurance** | **✓** | **For decision** | **✓** | **For discussion** | **✓** | **To note** |  |