



# Chelsea and Westminster Hospital NHS Foundation Trust

## Ethnicity Pay Gap Report

### 2024/2025



## Foreword

This report presents the ethnicity pay gap data for Chelsea and Westminster NHS Foundation Trust. It marks the first time such a report has been produced and published by the Trust.

The ethnicity pay gap reflects the difference in average pay between White, Black, Asian, and minority ethnic staff within our workforce. A positive percentage indicates that White staff earn more on average, with a higher percentage representing a wider pay gap. It is important to note that the ethnicity pay gap is distinct from equal pay. Ethnicity pay disparities do not necessarily mean individuals from different ethnic backgrounds are paid differently for performing the same role. The Equality Act 2010 prohibits both direct and indirect discrimination based on race for employees and job applicants.

The Ethnicity Pay Gap reporting will be mandated under the NHS Standard Contract, and will be part of the statutory reporting framework. At Chelsea and Westminster, we have aligned our reporting approach with the Gender Pay Gap methodology, while also accounting for the added complexity of ethnicity data. We have adopted similar measures, with necessary adjustments to reflect differences in data sets.

Gender pay gap reporting compares two groups—male and female—whereas ethnicity data recorded in the Electronic Staff Record (ESR) system spans seven broad categories: White, Black, Asian, Mixed, Other Ethnic Group, Blank (not recorded), and Unspecified (chose not to answer). Unlike gender data, ethnicity records may be incomplete. To ensure comprehensive analysis, we have included an “Unknown” category that combines blank and undeclared ethnicity records.

This report covers the period from 1 April 2024 to 31 March 2025, using a snapshot date of 31 March 2025. As this is our first year of reporting, comparative analysis with previous years is not yet possible. However, this initial report provides a foundation for future monitoring and progress toward pay equity across ethnic groups.

To provide a more nuanced view, we have broken down the data using the five ethnicity categories defined by the Office for National Statistics (ONS) census. This approach avoids the limitations of the broad “BAME” category, which can mask meaningful differences between ethnic groups.

These categories are outlined below:

- **White:** British, Irish, any other White background
- **Asian:** Bangladeshi, Indian, Pakistani, any other Asian background
- **Mixed:** White & Asian, White & Black African, White & Black Caribbean, any other mixed background
- **Black:** African, Caribbean, any other Black background
- **Other Ethnic Group:** Chinese, any other ethnic group
- **Unknown:** Not Stated, chosen not to answer or I do not wish to disclose my ethnic origin

Throughout this report the term BAME is used in-line with national reporting.



This report includes:

- Workforce Ethnicity Profile by Percentage
- Workforce Ethnicity Profile by Band
- Mean hourly pay gap (White vs BAME vs Unknown)
- Ethnic categories and number of staff in each category
- Mean Pay Gap by Ethnicity
- Median Pay Gap by Ethnicity
- Mean Hourly rates by Ethnicity/Grade
- Bonus Pay Calculations By Ethnicity
- Mean Bonus pay gap by Ethnicity
- Median Bonus pay gap by Ethnicity

Understanding the Ethnicity Pay Gap is essential to shaping effective practices and policies as we strive to build a truly inclusive culture.

Tackling this gap is vital to ensuring fair pay and equal opportunities for all healthcare professionals. For Chelsea and Westminster Hospital NHS Foundation Trust, it also supports our strategic ambition to be recognised as an employer of choice.

The Trust remains committed to regularly reviewing our systems, practices, and processes, and to taking meaningful action to reduce the Ethnicity Pay Gap wherever practically possible.

This action plan forms part of the Trust's overarching Equality, Diversity and Inclusion (EDI) action plan and agreed priorities. Oversight will be provided through our Belonging in the NHS Subgroup

**Robert Bleasdale Chief Nursing Officer, Dr Natasha Singh, EDI Advisor to the Board and Chair Belonging Subgroup**



## Ethnicity Pay Gap Report 2024/2025

### Background

The Ethnicity Pay Gap Report will be an annual benchmarking tool introduced by the government equalities office following on from a government consultation and proposal in the [Equality \(Race and Disability\) Bill](#) to assess the progress made towards achieving fair and equal pay across organisations that have more than 250 employees. It follows the principles already outlined in the gender pay gap reporting but focuses on capturing dynamics across different ethnic groups. The methodology we use to calculate the differences in pay and is based on a similar methodology as that used for gender pay gap reporting using electronic staff record (ESR) data. The recording of staff ethnicity on ESR is “self-declared” by staff themselves and includes the option for those who chose not to declare their ethnicity which falls into the unknown category.

Staff recorded on ESR can fall into one of three broad categories:

- White staff
- BAME staff
- Unknown

The above are the initial groupings we use before applying the criteria defined by the Office for National Statistics (ONS) census by using the five ethnicity categories.

As at 31st March 2025, the total Trust workforce was 7783. For the purposes of context and clarity:

- White staff category comprises white British, white Irish and white other and make up 37.3% of the workforce. A decrease of 1.3% when compared with the previous year.
- BAME staff as a single ethnic category comprise all other categories from an ethnic minority background and make up 54.9% of the workforce. An increase of 0.9% when compared with the previous year.
- Unknown category accounts for 7.8% of the workforce. An increase of 0.8% when compared with the previous year.

**Table 1: Workforce Ethnicity Profile by Percentage**

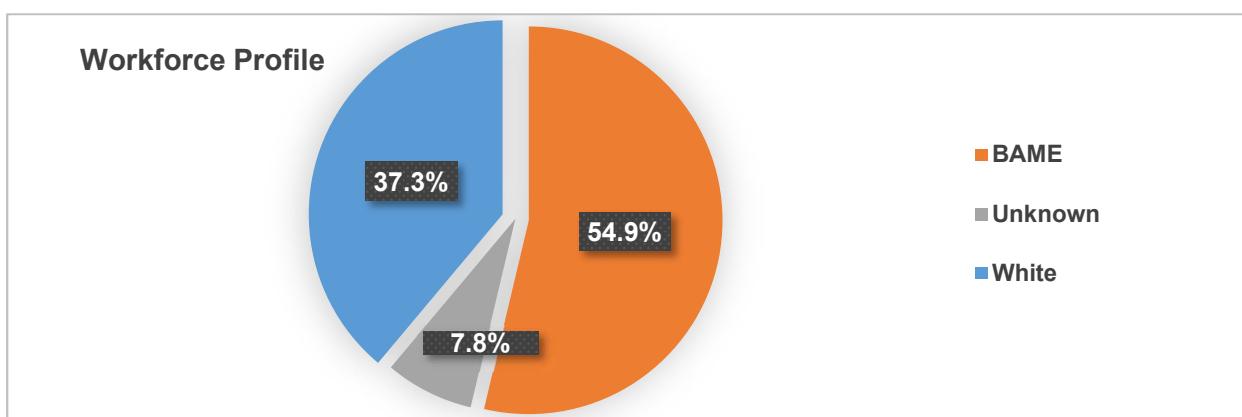


Table 1 displays our workforce ethnicity profile.



**Table 2: Workforce Ethnicity Profile by Band**

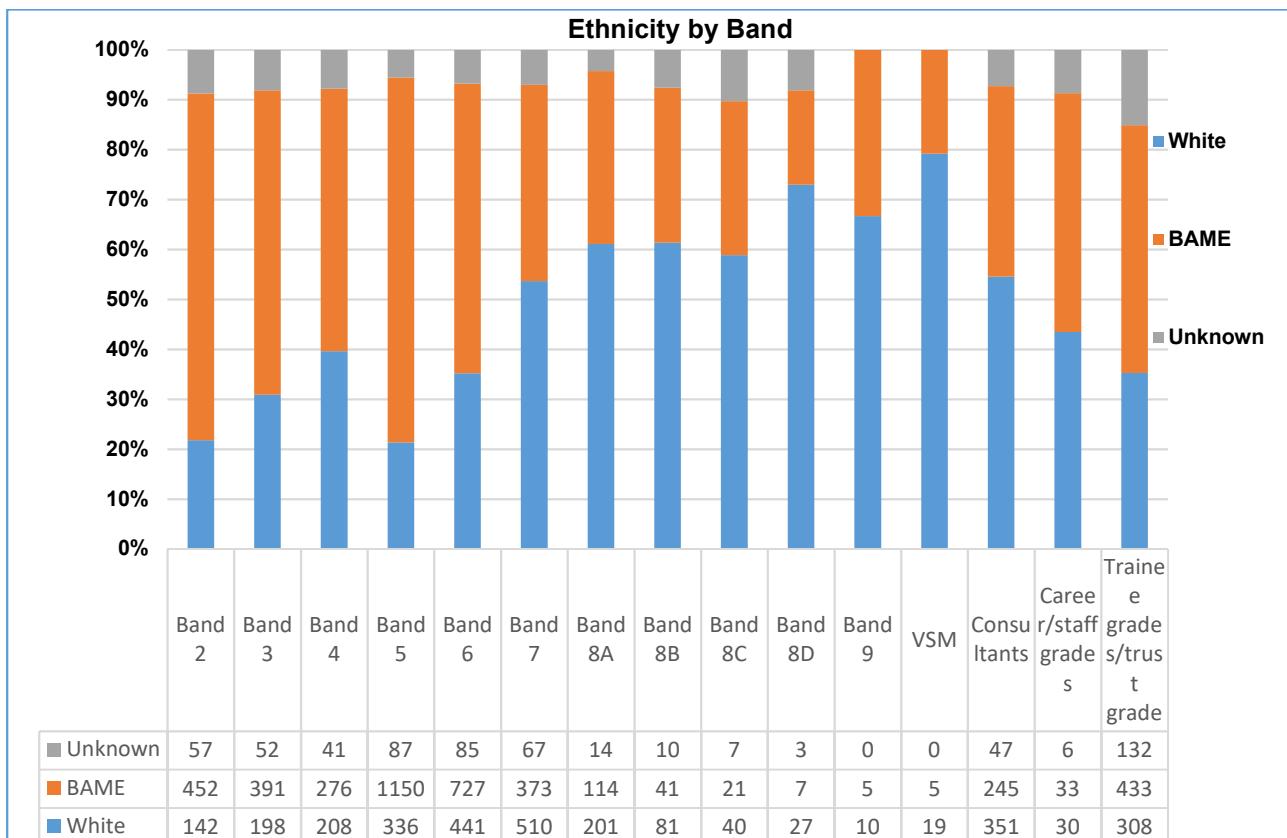


Table 2 shows the numbers and distribution of the workforce from a White background, BAME background, and those who are Unknown on ESR across bands and grades.

The highest BAME representation is in band 2 and band 5. . BAME representation drops sharply as seniority increases.

**Table 3: Mean hourly pay gap (White vs BAME vs Unknown)**

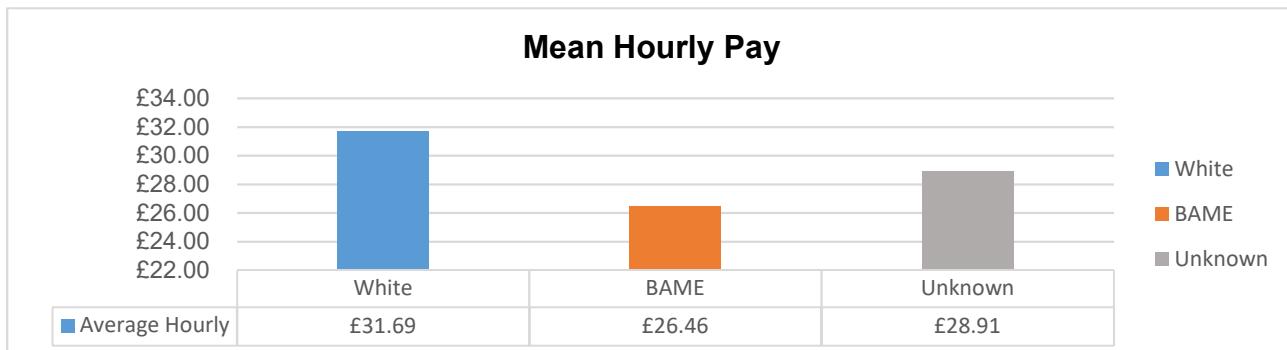


Table 3 shows the differences in the mean hourly pay gap between White background, BAME background, and those who are Unknown on ESR across bands, using the white staff as the benchmark.

The mean pay for White staff was £31.69, compared to £26.46 for BAME staff. An hourly rate difference of £5.23. This represents a 16.5% ethnicity pay gap.



When comparing White staff to our unknown category the hourly rate difference is £2.78 to £28.91 for our Unknown category. This reflects an 8.77% ethnicity pay gap, indicating that White staff earn almost 9% more on average than their counterparts in this group. We have a bigger pay disparity for BAME staff when analysing the difference between the groups.

To help identify any variances within the ethnic categories we are using the white staff as the benchmark. The tables below show the differences in the **mean** ethnicity pay gap across the 5 ethnic categories in monetary values and as a percentage values (Appendix 1).

**Table 4: Mean Pay Gap by Ethnicity**

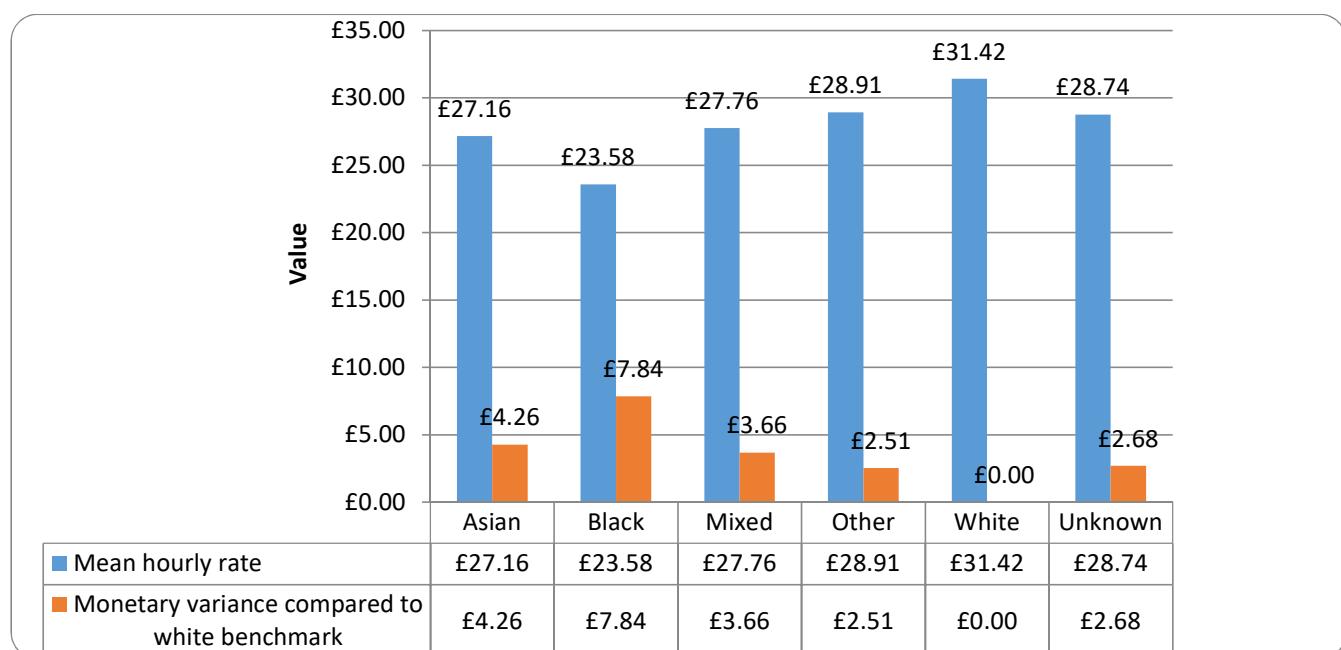


Table 4 displays the mean hourly rate difference and the mean hourly rate for the different ethnic groups.

**Table 5: Percentage variance away from white staff from largest to smallest**

Black	24.95%
Asian	13.56%
Mixed	11.65%
Unknown	8.53%
Other	7.99%
White	0%

Table 5 highlights the percentage variance when looking at the mean data of different ethnic groups. The data shows that the staff from the black ethnicity background account for the largest pay gap variance in both monetary and percentage terms as a mean average compared to their colleagues from a white background, followed by those from an Asian



background then those from a mixed background. The data does not take account staff groups or the number of staff in band

There is a clear and significant pay gap between White staff and most other ethnic groups. The Black ethnic group is the most disadvantaged in terms of both monetary and percentage variance.

**Table 6: Median Pay Gap by Ethnicity**

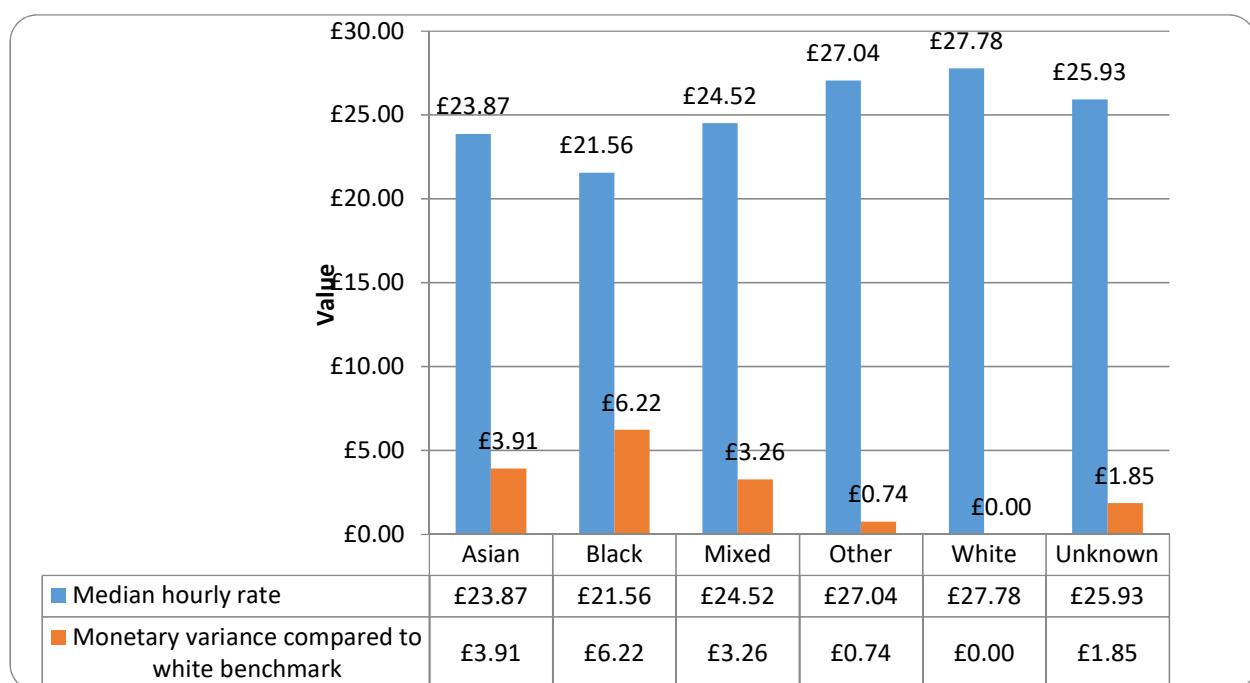


Table 6 displays the median hourly rate difference and the median hourly rate for the different ethnic groups.

**Table 7: Variance away from white staff from largest to smallest**

Black	22.39%
Asian	14.07%
Mixed	11.74%
Unknown	6.6%
Other	2.66%
White	0%

Table 7 highlights the percentage variance when looking at the median data of different ethnic groups. The data shows that staff from the black ethnicity background account for the largest pay gap variance in both monetary and percentage terms as a median average compared to their colleagues from a white background. These are followed by those from an Asian background and those from a mixed background. The data does not take account the staff groups, or of the number of staff in each band.



Our Black staff have the lowest median pay, with a 22.39% gap compared to White staff and our Asian and mixed groups also show significant gaps. The groupings of other and unknown categories are closer to parity.

### **Mean of Hourly Rates by Ethnicity/ Grade**

Table 8 shows the mean hourly rates by ethnicity and band. However, the data does not take into account the staff groups or number of staff in each band. We also need to consider clinical excellence awards which can affect overall consultant pay (the impact on hourly pay depends on the type of award and whether it is consolidated into salary)

**Table 8: Hourly rate by Ethnicity and Band**

	Asian	Black	Mixed	Other	White	Unknown
Band 2	£16.30	£16.69	£15.70	£15.87	£15.46	£16.33
Band 3	£16.20	£16.56	£15.98	£17.10	£16.32	£16.10
Band 4	£16.58	£17.15	£17.16	£17.33	£17.34	£17.55
Band 5	£22.64	£22.45	£21.48	£22.49	£21.15	£21.66
Band 6	£25.79	£26.00	£25.46	£26.59	£25.50	£26.21
Band 7	£29.33	£29.91	£29.12	£30.29	£29.87	£29.25
Band 8A	£33.01	£30.84	£33.47	£32.36	£33.52	£33.84
Band 8B	£38.09	£37.65	£39.56	£35.76	£38.55	£37.90
Band 8C	£45.38	£44.40	£45.06	£44.81	£45.19	£44.99
Band 8D	£50.65	£52.95	£52.03	£52.14	£52.53	£53.00
Band 9	£58.07	£61.32	£66.20	N/A	£63.97	N/A
Career/staff grades	£47.22	£49.78	£39.03	£44.07	£42.76	£44.18
Consultants	£61.43	£63.34	£61.96	£60.75	£63.55	£59.33
Trainee grades/ Trust grade	£34.40	£33.34	£33.78	£34.79	£33.39	£33.88
VSM	£28.35	N/A	£53.82	N/A	£72.78	N/A

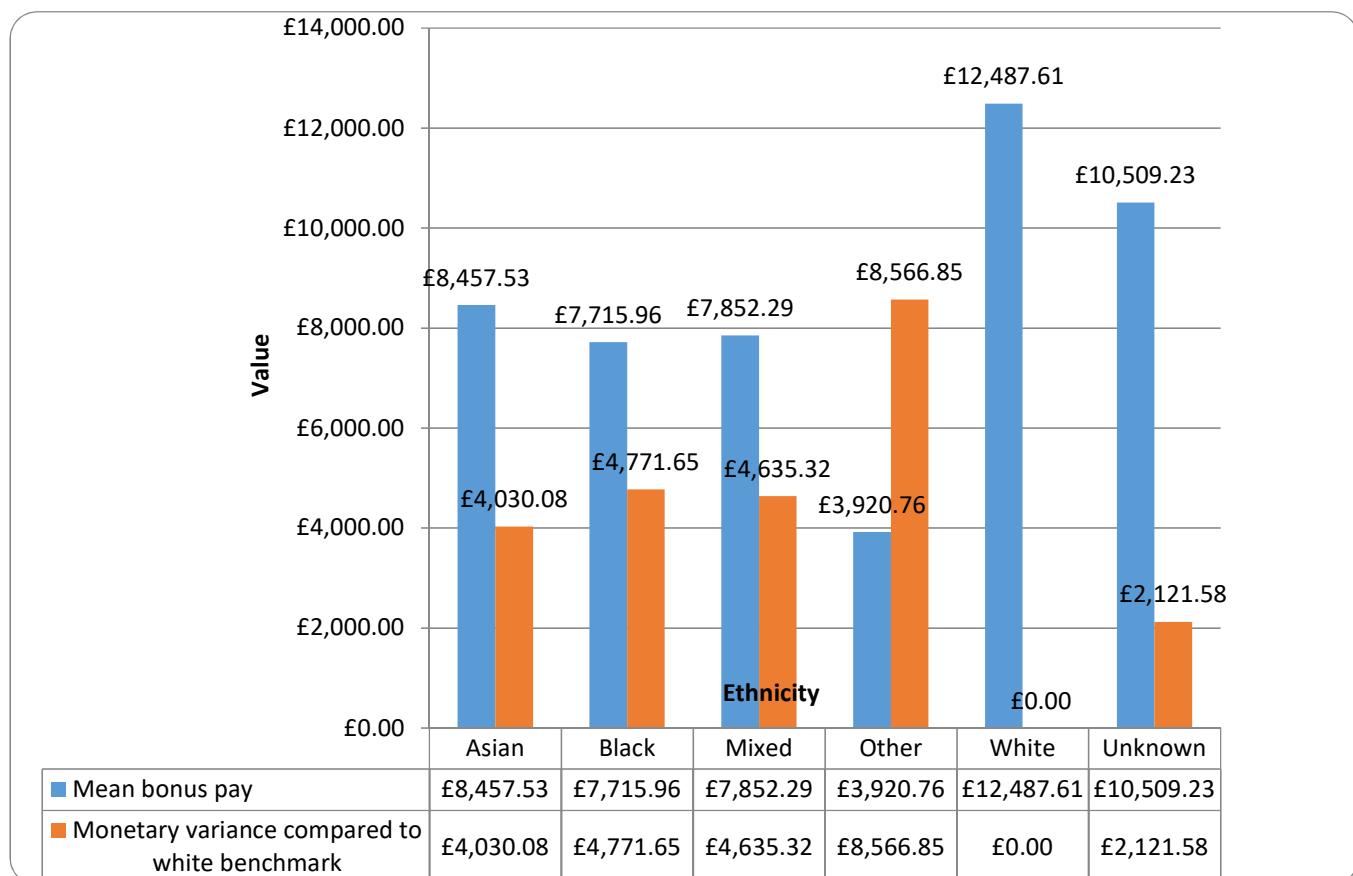
\*Please note table 8 also includes our Non-Executive Directors (NEDS) in the VSM data

### **Mean bonus pay calculations and comparisons by Ethnicity**

Using the White staff category as the benchmark table 9 shows the differences in the mean bonus ethnicity pay gap across five ethnic categories in monetary values from the benchmark. Bonus pay calculations will be impacted by the use of Clinical excellence awards which are awarded to 141 of our total eligible workforce (1585) or 9%. (see Appendix 2)



**Table 9: Mean bonus pay calculations by Ethnicity**



The mean bonus pay data indicates that white staff receive the highest mean bonus pay (£12,487.61), serving as the benchmark. All other ethnic groups receive significantly lower bonuses, those in the category of 'Other' ethnicities receiving the lowest (£3,920.76), a 68.8% reduction. Black and also Mixed ethnicity staff receiving bonuses over 37% lower than White staff.

**Table 10: Mean bonus pay % variance away from white staff from largest to smallest**

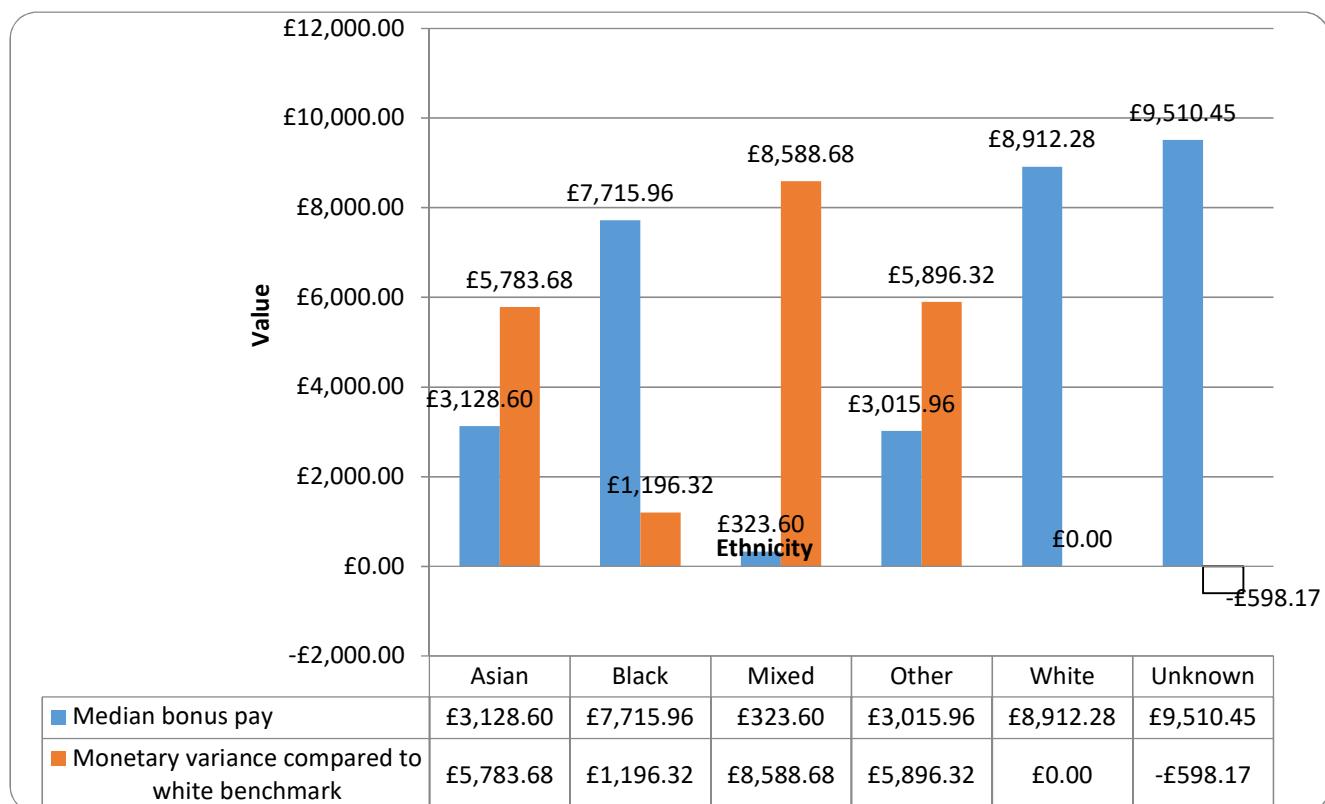
Other	-68.8%
Black	-38.2%
Mixed	-37.1%
Asian	-32.7%
Unknown	-15.8%
White	0%

#### **Median bonus pay calculations and comparisons by Ethnicity**

Using the White staff category as the benchmark table 11 shows the differences in the median bonus ethnicity pay gap across five ethnic categories in monetary values and as a percentage variance from the benchmark. Bonus pay calculations will be impacted by the use of Clinical excellence awards which are awarded to 141 of our total eligible workforce (1585) or 9%. (see Appendix 2)



**Table 11: Median bonus pay calculations by Ethnicity**



**Table 12: Median bonus pay % variance away from white staff from largest to smallest**

Mixed	-96.3%%
Other	-66.1%%
Asian	-64.91%
Black	-13.4%
White	0%
Unknown	+6.71%

The median bonus pay indicates that the 'Unknown' staff group receive the highest median bonus pay with White staff receiving the second highest median bonus pay.

All other ethnic groups receive significantly lower median bonuses, with 'Other' ethnicities receiving the lowest (£2,500), a 68.8% reduction. Asian, Black, and Mixed ethnicity staff receiving bonuses around 37–40% lower than White staff.

Our bonus pay gap shows consistent disparities across both mean and median. Median values confirm that most individuals in ethnic minority groups receive lower bonus pay.

## Conclusion

As of the 31<sup>st</sup> March 2025 our hourly pay for White staff was £31.69, compared to £26.46 for BAME staff, making our mean pay gap 16.5% and our median pay gap 12.9%.

Overall our ethnicity pay gap data reveals inconsistent pay equity across bands and grades. When reviewing the mean and median pay gaps the largest gap is for Black staff they are paid the lowest mean and median rates per hour when compared to the other ethnic groups.

Our bonus ethnicity pay gap as a mean is 35.8% and as a median is 15.9%. When reviewing the bonus pay data we can see how the legacy Clinical Excellence Awards structures are having an impact on the mean bonus payment towards the white ethnic group. The biggest disparity is accounted for the mixed and other ethnic groups.

## Ethnicity Pay Gap Action Plan 2025/2026

For the 2025/26 year we are committed to take actions to close the ethnicity pay gap. These actions will be monitored through our Belonging sub-group and include:

- We will continue to strive for fair representation across applications in the volume and quality of their applications for any current or future bonus scheme such as Clinical Excellence awards. Development and delivery of Cultural intelligence training across the Trust.
- Delivery and promotion of toolkits to support understanding of race within the workplace.
- Continue our Inclusive recruitment and promotion practices.
- Review incidents of discrimination and abuse in our people processes relating to protected characteristics,
- Enhance the role of our Diversity and inclusion champions on interview panels and through our community of practice.
- Monthly tracking and reporting of BME appointments through our Workforce Development Committee.
- Support and empowerment of our ENRICH staff network.



## Appendix 1

The table below applies the criteria defined by the Office for National Statistics (ONS) census by using the five ethnicity categories. Using these categories enables us to further breakdown ethnic groupings to give us a better understanding of our data. We have also added the number of staff that are represented in these categories.

**Table 15: Ethnic Categories and number of staff in each category**

<b>Ethnic Category</b>	<b>Number of staff in category</b>
<b>White:</b> British, Irish, any other White background	2902
<b>Asian/ Asian British:</b> Bangladeshi, Indian, Pakistani, any other Asian background	2288
<b>Mixed:</b> White & Asian, White & Black African, White & Black Caribbean, any other mixed background	336
<b>Black or Black British:</b> African, Caribbean, any other Black background	1169
<b>Other Ethnic Group:</b> Chinese, any other ethnic group	480
<b>Unknown:</b> Not Stated, I do not wish to disclose my ethnic origin	608



## Appendix 2- Details on Clinical Excellence Awards

There are two types of clinical excellence awards, one is the National Clinical Impact Award (NCIA) and the second is the Local Clinical Excellence Awards (LCEAs). For the purpose of this report the “bonus payments” referred to are those made to medical consultants in the form of National Clinical Impact Awards (NCIA) these are a national process and administered nationally. Last year and in previous years bonus pay was calculated via Clinical Excellence Awards (CEA’s) which was a local process managed and awarded by individual NHS Trusts in England. There has been a change in how Local Clinical Excellence Awards are awarded with the previous system ending on 1st April 2024.

This means that there are technically no new awardees as the 2023/24 round was the final Local Clinical Excellence Award round. Those consultants who receive pre-2018 LCEAs will be retained but their value is frozen. Therefore, we should expect to see a year-on-year reduction in those awarded.

These legacy awards continue to influence bonus pay figures as they reflect historical payment structures that no longer align with current practices. Consultants who are entitled to receive these legacy Local Clinical Excellence Awards or Discretionary Points are entitled to continue receiving these until they are no longer in service or change to the newer bonus scheme. Over time this difference will eventually narrow but this will continue impacting the bonus pay gap for the foreseeable future.

For a consultant to be eligible for a National Clinical Impact Awards they have to:  
Have been, and continue to be, a permanent NHS consultant or academic GP in a permanent clinical academic role in higher education at the same level as a senior lecturer or above.  
Must meet the above condition for at least one year, on 1 April in the award year in the year of application.

The year does not usually include time spent as a locum or on other fixed-term consultant contracts

The National Clinical Impact Awards are run by the Advisory Committee on Clinical Impact Awards to whom individual consultants apply directly and is a competitive process. If successful, awards are paid annually for 5 years before applicants are able to apply for a new award. Employers’ involvement in this process is to indicate their support and provide a citation for each applicant. From our medical consultant workforce, the conditions above sets out those who are eligible to apply for National Clinical Impact Awards, this then determines the “relevant employees”.

**Table 16: Breakdown of bonus pay awarded we include in our data**

Clinical Excellence Awards 2018 Scheme NP Pay NHS (2 consultant payments)	Clinical Excellence Award Pay NHS (130 payments)
Discretionary Points Pay NHS (1 consultant payment)	National Clinical Imp Award NP Pay NHS (3 payments)
National Clinical Imp Award Trans NP Pay NHS ( 1 payment)	National Clinical Imp Award Trans Pay NHS (4 payments- of which 3 gold and 1 bronze)