



**PROUD
TO CARE**



Chelsea and Westminster Hospital
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust Gender Pay Gap Report

2023/2024



Foreword

The gender pay gap (GPG) reporting regulations came into effect in April 2017, and require organisations in England, Scotland and Wales with more than 250 employees to calculate and publish the pay gap between male and female employees on an annual basis. The regulations apply to both private and public sector employers.

The gender pay gap is calculated by taking all employees in an organisation and comparing the average pay between men and women, as of the 31st March of each year. By contrast, equal pay looks at the difference in men and women's pay for the same or similar work. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year, called the "snapshot" date.

As of 31st March 2024 our organisation was 75% female, 25% male and our results show that like the majority of other NHS organisations we continue to have a gender pay gap. Our Gender Pay Gap as a mean average was 15.9% compared to 15.5% the previous year, however as a median average it reduced from 13.6% the previous year to 12.2% this year.

We are fully committed to reducing our gender pay gap and as such, whilst it is encouraging to see improvements within the median pay gap, we need to do more to understand the root causes of the pay gap and to take appropriate action. In order to help us do this we commissioned our internal auditors to assess our approach to analysing our Gender Pay Gap and the subsequent actions taken so as to identify areas for improvement.

I also have the privilege of being Executive Sponsor to our Women's Network and know how committed they are in supporting us to understand the causes and ensure our objectives and activities directly contribute to reducing the pay gap in future years.

Whilst we are making slow progress in closing the Gender Pay Gap we remain fully committed to closing the gap. Addressing this gap is crucial for ensuring fair compensation and opportunities for all healthcare professionals, regardless of gender, ultimately leading to a more equitable and inclusive healthcare system and for Chelsea and Westminster Hospital NHS Foundation Trust and meeting our strategic aim to be an employer of choice.

Lindsey Stafford- Scott
Chief People Officer and Executive Sponsor of the Women's Network



Gender Pay Gap Report 2023/2024

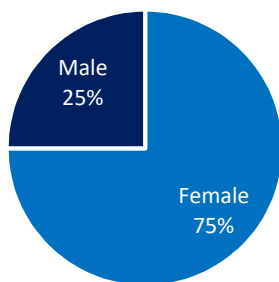
This report includes the statutory requirements of gender pay gap legislation and includes information about the Chelsea and Westminster Hospital NHS Foundation Trust's commitment to closing this gap. The snapshot date of this report is 31st March 2024.

As at 31st March 2024 the gender split of the workforce was:

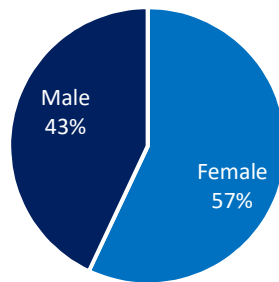
Gender	Total headcount	Percentage
Female	5544	74.81%
Male	1867	25.19%

Workforce Gender Profile by Staff Group

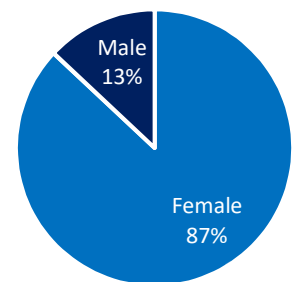
All staff groups



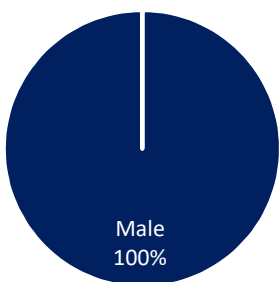
Medical and Dental



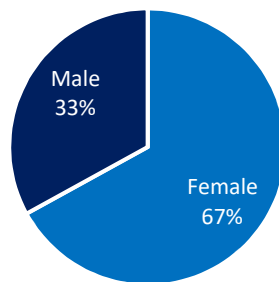
Nursing and Midwifery



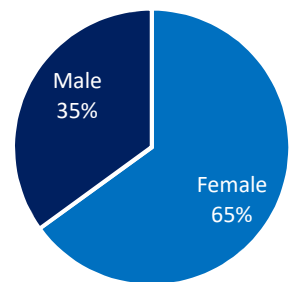
Estates and Ancillary



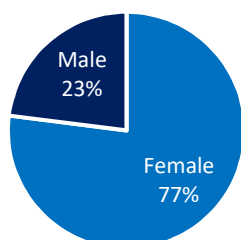
Administrative



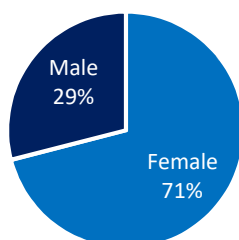
Healthcare Scientists



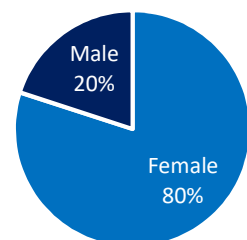
Additional Clinical
Services



Add Prof Scientific and
Technical



Allied Health
Professionals





Gender Pay Gap Calculations

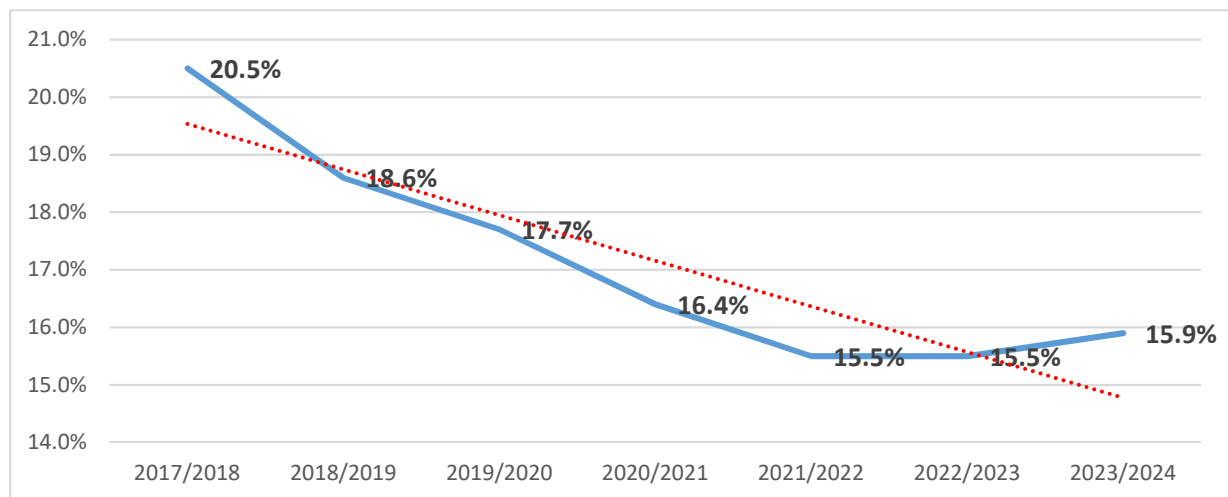
Average gender pay gap as a mean average

The gender pay gap, when expressed as a mean average, shows that female staff earn 15.9% less than male staff. This equates to a difference of £4.76 per hour.

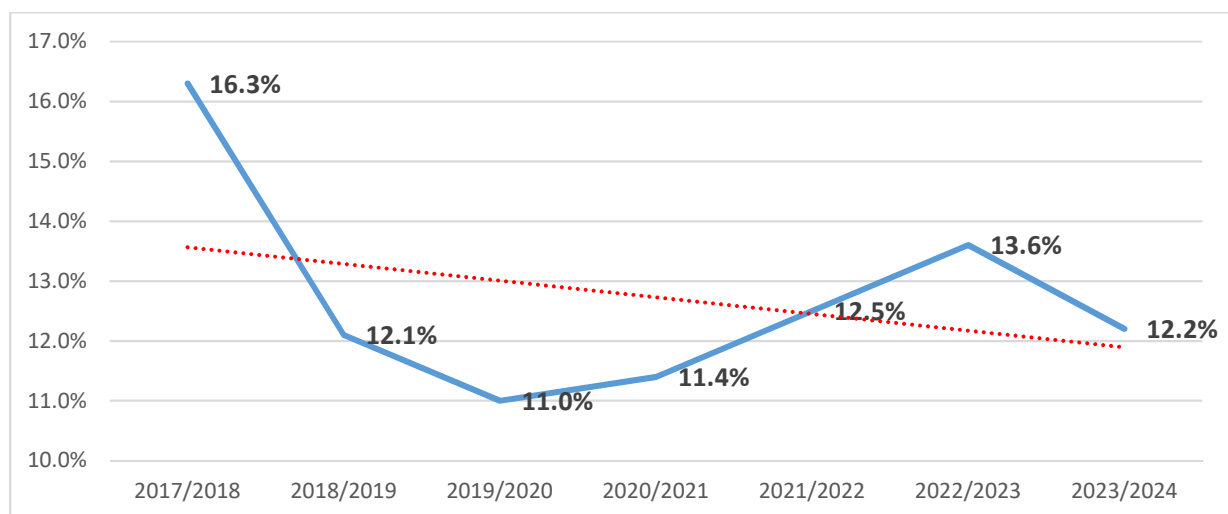
Average gender pay gap as a median average

The gender pay gap, when expressed as a median average, shows that female staff earn 12.2% less than male staff. This equates to a difference of £3.19 per hour.

Gender Pay Gap Mean Average (2017 – 2024)



Gender Pay Gap Median Average (2017 – 2024)

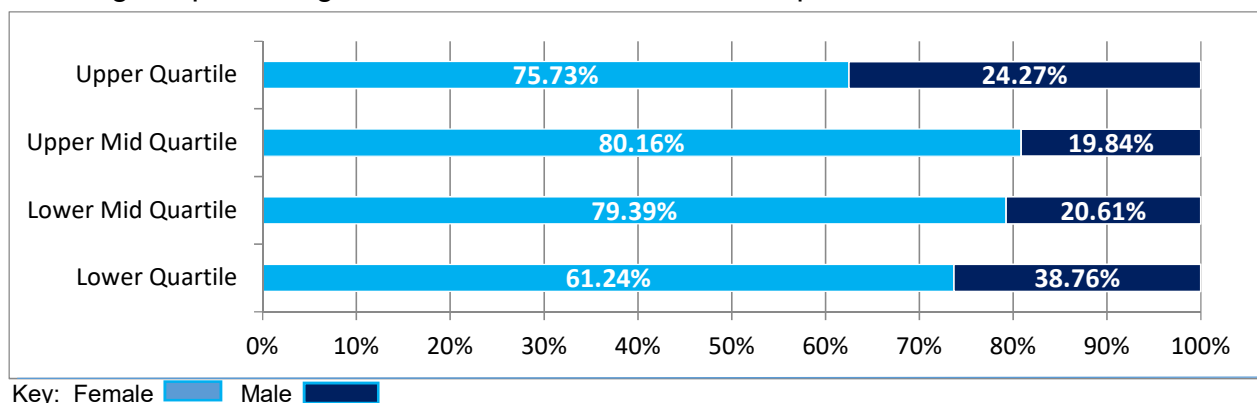




The two graphs above shows the progress that has been made since the Gender Pay Gap become a mandatory reporting requirement from 2018. The measurements by Mean Average and Median Average both show the overall trends (represented by the dotted lines) is downwards for both therefore closing the gender pay gap. However we have made little progress in reducing the mean average pay gap in the last two years and need to take action to ensure this doesn't worsen.

Gender Pay by Quartiles

Rates of pay ranked in order of value and divided into four equal sections (quartiles) showing the percentage of females and males in each quartile.



When reviewing the pay quartiles it is noted that women represent 75% of our workforce so we would anticipate this to be reflected across the pay quartiles. We can see this is evident in the upper quartile pay range, however this not reflected in the other quartiles.

In order to analyse this further and understand the variation across the quartiles we have analysed the mean average hourly pay by pay band.

Average Hourly Pay by Band (substantive staff)

Band	GPG Trend 23/24	Male Average Hourly (£) 23/24	Female Average Hourly (£) 23/24	Pay Gap %	Male Average Hourly (£) 22/23	Female Average Hourly (£) 22/23	Pay Gap %
Band 2	↓	16.14	15.73	2.52%	15.99	15.05	5.88%
Band 3	↓	15.64	15.68	-0.22%*	15.46	15.95	-3.20%*
Band 4	↓	16.27	16.61	-2.11%*	15.47	16.07	-3.86%*
Band 5	↑	20.27	20.90	-3.12%*	18.81	19.39	-3.10%*
Band 6	↓	24.86	24.89	-0.13%*	22.56	23.16	-2.65%*
Band 7	↑	28.20	28.39	-0.66%*	27.04	26.95	0.34%
Band 8A	↓	30.94	31.42	-1.53%*	29.45	30.13	-2.31%*
Band 8B	↓	35.95	35.40	1.53%	34.67	33.79	2.54%
Band 8C	↓	41.65	41.88	-0.54%*	40.12	38.92	3.00%*
Band 8D	↓	47.86	48.62	-1.57%*	46.86	47.93	-2.28%*
Band 9	↑	55.18	60.46	-9.57%*	54.43	54.81	-0.69%*
Trainee grades/trust grade	↑	31.29	29.27	6.44%	28.72	26.96	6.13%
Career/staff grades	↑	49.10	39.84	18.85%	45.31	38.36	15.57%
Consultants	↑	58.18	55.77	4.14%*	55.45	53.28	3.92%*
Very senior manager(VSM)	↓	54.11	64.10	-18.46%*	52.12	73.83	-41.65%*

*A minus percentage is where the female average hourly pay is greater than that for males.
Please note: some medical pay bands were grouped (e.g. trainee and trust grades)



Of the 15 pay bands in the table above in 23/24 there are 5 pay bands where male average hourly pay is higher than females these are:

- Band 2
- Band 8B
- Trainee grades/trust grade
- Career/staff grades
- Consultants

The lowest difference in average hourly rate in favour of males is 1.53% at Band 8B with the highest difference in average hourly rate at 18.85% in favour of males at Career/staff grades.

Year on year however we have reduced the pay gap across 9 bands, including those such as VSM where on average females were paid more per hour than males. Where the gap has widened, for 4 bands this is by less than 1.

Alongside this there has been significant changes in pay gap of almost 10% for band 9 and over 20% for VSM. The starters and leavers between the 2 reporting periods at both grades were compared to identify the causes of these changes. At Band 9 grade there were 2 highly paid female new starters in 2023/24 whose hourly rates has driven up the average hourly rate therefore increasing the pay gap in favour of women in this grade. At the VSM grade there were 4 highly paid females who left the organisation between 2022/23 and 2023/24. There was 1 female VSM who joined the organisation within the same period which therefore had the effect of significantly reducing the pay gap percentage in favour of women during the 2023/24 reporting period. As of the 31st March 2024 there were 41 people employed across these two bands consequently small changes, such as 1 person starting or leaving, can have a larger impact.

Given the large gaps in the medical grades (trainee/trust grades: 6.44%; career/staff grades: 18.85%; consultants: 4.14%) these were examined as it is recognised that a number of medical grades had been grouped into only three pay bandings. In order to understand the drivers for these gaps further analysis was undertaken.

The review of medical pay identified the following:

Medical Grades	Total
Consultants (old and new contract)	585
Training grade doctors (F1, F2, core and speciality training)	413
Specialty and Specialist doctors (SAS)	63
Clinical Fellows (old and new grade)	352
Other (clinical assistants, salaried GP's)	7



- There are five different nationally agreed medical and dental contracts some of which date a number of years. Each of these medical and dental contracts have different salary pay-scales which have been negotiated at national level and accounts for the pay variances within and across the various medical grades.

- Training grade doctors salaries cover a wide range from Foundation Year 1 (F1) to Speciality Training level 8 (ST8), however there does not seem to be a significant difference between the average pay of trainees.

- Clinical Fellows at the Trust are on the 2002 NHS Medical and Dental Staff contract which is a legacy grade and pay-scale. Across all divisions male clinical fellows, on average, are paid a higher hourly rate than females.

- Salaried GP's of which there are 5 are on a spot salary that has a minimum and maximum range whereby individual salaries are agreed locally which may require further exploration.

- The largest difference of average pay is SAS doctors, which is over £5 per hour. When reviewing the SAS group by division there is a marked difference in planned care

where, on average, females are paid £39.16 and males are paid £55.35. Although there are only 9 females and 13 males this requires reviewing the individual pay in order to understand why these differences exist.



Gender Bonus Pay Calculations

Average bonus gender pay gap as a mean average

When comparing mean bonus pay, women's mean bonus pay is 13.7% lower than men's a difference of £748.55 per annum. This is no change from 2022/23.

Average bonus gender pay gap as a median average

In 2023/24 the Median bonus pay was the same for males and females at £3,421.

Number of staff receiving bonus pay compared to number eligible

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) previously known as Clinical Excellence Awards (CEA's). Consultants who are still eligible will continue to receive legacy Clinical Excellence Awards or Discretionary Points as at 31st March 2024. Some of the historic national awards include annual payments that are payable until retirement and as a result it may be more favourable for some consultants to remain on these than move to the more recent national pay arrangements.

Consultants are the only medical staff eligible to apply for and receive National Clinical Impact Awards. These awards are not payable to non-consultant medical grades (i.e. training and non-training grades including career and staff grades, specialty and specialist doctors and salaried GP's). Nor are Agenda for Change staff eligible for bonus payments.

Relevant Employees

Gender	Employees Paid Bonuses	Total Relevant Employees	%
Female	327	634	51.58%
Male	312	861	36.24%

* For the purpose of this report the bonus payments referred to are those made to consultants in the form of Discretionary and Clinical Excellence Awards (CEAs)—as at 31 Mar 2024.

The bonuses paid to relevant employees are in favour of women when we look at the percentages of those who were awarded a bonus. On further interrogation of the data although women have received more bonus pay awards the number of awards given and amounts received vary across the nationally agreed bonus pay framework and some of these favoured our senior male colleagues. As shown below males, on average, are receiving a larger bonus payment relating to the legacy and transitional awards. Consultants who are entitled to receive legacy Clinical Excellence Awards or Discretionary Points are entitled to continue receiving these until they are no longer in service or change to the newer scheme, over time this



difference will eventually narrow but this will continue impacting the Trusts bonus gender pay gap for the foreseeable future.

Type of award	Average of Bonus Pay Value		Number of Staff Receiving Payment	
	Female	Male	Female	Male
Clinical Excellence Award 2018 Scheme <i>Equal payments between 2020-2023 based on value against Whole Time Equivalent (WTE). A formula is used to calculate this</i>	£3,255.49	£3,241.23	260	234
Clinical Excellence Awards <i>2018 to 2023 award scheme which Consultants keep until they retire</i>	£9,792.22	£11,460.77	65	74
Discretionary Points <i>Pre 2018 legacy pay award. Consultants keep these until they retire</i>		£4,823.93		2
National Clinical Impact Award <i>This is the 2018 scheme moving forward</i>		£19,835.16		1
National Clinical Impact Award Transitional <i>New version of Clinical National Excellence Award. Pay protection applies to those consultants who have previously received this payments</i>	£24 492.19	£59,157.27	2	1
Grand Total	4684.73	5433.29	327	312

Moving forwards Consultants will only be able to apply for the National Clinical Impact Awards. To be eligible for this 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.

Therefore, in order to reduce the bonus pay gap we must implement robust processes to monitor the applications for the National Clinical Impact Awards monitoring the protected characteristics of the applicants as well as the quality of their application and the outcome of this. This will allow us to take proactive action and reduce the bonus gap as best we can. For example, should the majority of applicants in a given period be predominantly from males we will contact and encourage female applicants to also apply.



Conclusion

The data shows in the Agenda for Change (AfC) pay bands the male hourly rate is higher in five of the pay bands, and female average hourly rate is higher in the other five bands with the largest pay gap in favour of males at Band 2 (2.52%) and for females at Band 9 (9.57%).

When reviewing the medical grades it can be seen that is this area where the largest pay gaps in favour of males exist, in particular the trainee grades/trust grades and career/staff grades at 6.44% and 18.85% respectively. It is these areas that are making the largest impacts and contributing to our overall gender pay gap.

When reviewing the bonus pay data we can see how the legacy award structures are skewing the average bonus payment towards males. And action needs to be taken to ensure that moving forward there is fair representation across females and males in the volume and quality of their applications for the current bonus scheme.

Gender Pay Gap Action Plan

What we said we would do within our 2022/23 report was:

- Working with the Trust's Women's Network to increase the voice of all women
- Improving our flexible working offer and access
- Improving our recruitment processes for fairness and equity.
- Revision of our policies and processes.

We are an ambitious organisation and so whilst we made some progress on these actions in 2023/24 we did not make as much progress as desired. But we did strengthen the Women's Network by identifying and executive sponsor, drafting and having approval for a staff network policy which provides network officers with protected time for network activity and a small budget for each network, and commissioning training for network chairs and executive sponsors. We have begun work on our flexible working offer reviewing the process for formal flexible working requests and the monitoring of these by the P&OD team to ensure fairness and consistency. And finally, we have introduced diversity and inclusion champions as part of AfC recruitment at a band 8a and above.

For the 2024/25 year we are committed to taking action to help to close the gender pay gap. Actions will be monitored through our Belonging sub-group and include:

- Commissioning internal auditors to review our gender pay gap analysis and reporting and identify strengths and areas for development, by November 2024.
- Introducing processes to monitor the National Clinical Impact Awards, prior to the next application window.
- Undertaking further analysis of medical pay, including at a divisional level, to understand the root causes of the gaps identified within this report taking corrective action where needed, by April 2025.



- To increase the number of electronic job plans for medical and dental on our system so that we are able to compare the gender split among the consultants.
- Whilst there are not significant gaps in AfC average hourly pay we are yet to undertake any analysis around flexible working (including part time hours) and the impact this has on pay and progression opportunities. Further analysis relating to this will be undertaken to ensure females working part time or with flexible working arrangements are not being unduly impacted, within the next report.
- Continuing to embed the Trust's Women's Network in order to increase the voice of all women and work collaboratively to address pay gap discrepancies, by April 2025.
- Improving our flexible working offer and access to this through piloting self-rostering, by April 2025.