Chelsea and Westminster Hospital NHS Foundation Trust Gender Pay Gap Report

2024/2025

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 2025 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 15.7% this year compared to 15.9% the previous year. As a median average it has reduced by 1.3% from last year's 12.2% to 10.9% this year.

We are deeply committed to reducing our gender pay gap. While it is encouraging to see improvements in the median pay gap, we recognise that more must be done to understand its root causes and take meaningful action.

To support this, we commissioned our internal auditors to review our approach to gender pay gap analysis and the actions taken to date. Their insights are helping us identify areas for improvement and refine our strategy.

We see first-hand the passion and dedication of our colleagues in driving change. Their work is instrumental in helping us understand the underlying issues and ensuring our initiatives directly contribute to closing the gap.

Although progress has been gradual, our commitment remains unwavering. Addressing the gender pay gap is essential to ensuring fair and equitable opportunities for all of our people. It is also central to our ambition to be an employer of choice and to build a more inclusive and equitable culture at Chelsea and Westminster Hospital NHS Foundation Trust.

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Gender Pay Gap Report 2024/2025

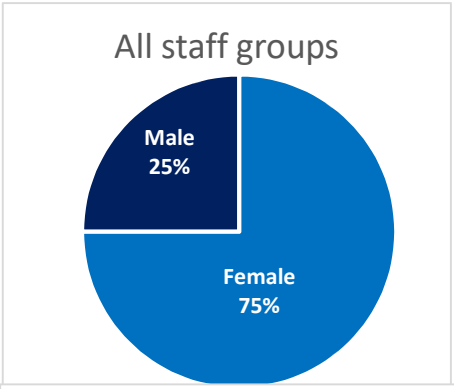
This report includes the statutory requirements of gender pay gap legislation and includes information about the Chelsea and Westminster Hospital NHS Foundation Trust's commitment to closing this gap. The snapshot date of this report is 31st March 2025.

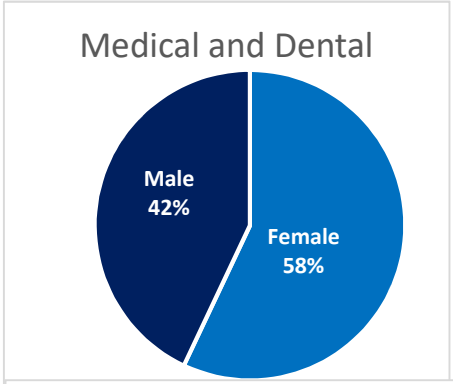
As at 31st March 2025 the gender split of the workforce was:

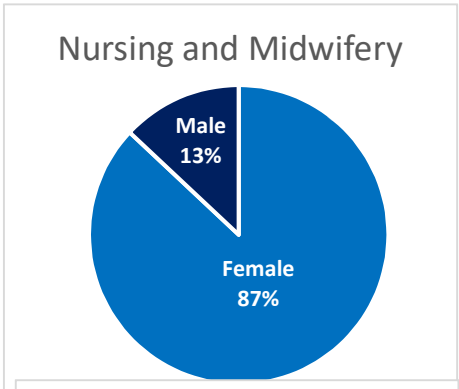
Gender	Total headcount	Percentage
Female	5837	75%
Male	1946	25%

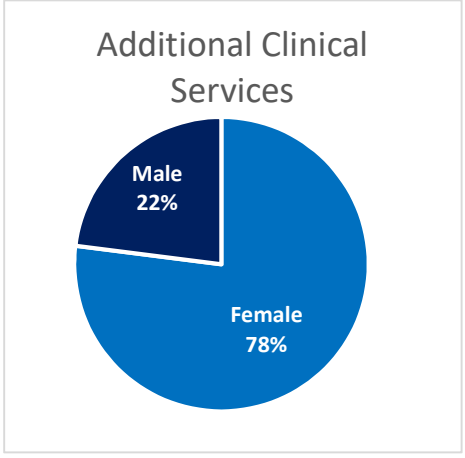
Table 1: Workforce Gender Profile by Staff Group

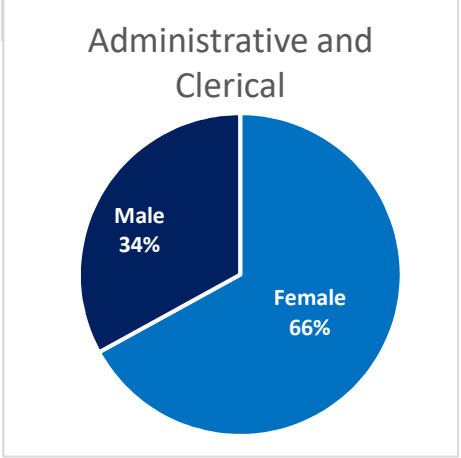
Staff Group	Female	Male
Add Prof Scientific and Technic	203	90
Additional Clinical Services	808	233
Administrative and Clerical	962	489
Allied Health Professionals	352	93
Estates and Ancillary	3	6
Healthcare Scientists	25	13
Medical and Dental	918	666
Nursing and Midwifery Registered	2553	356
Students	13	0
Total	5837	1946

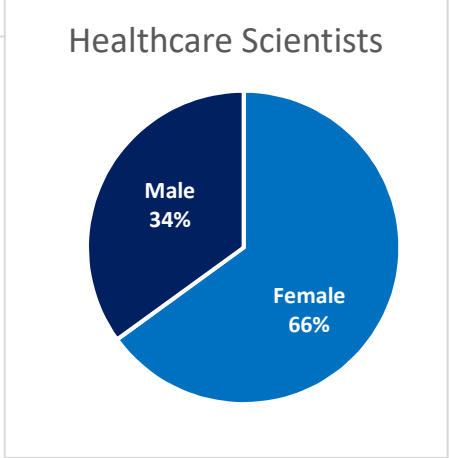


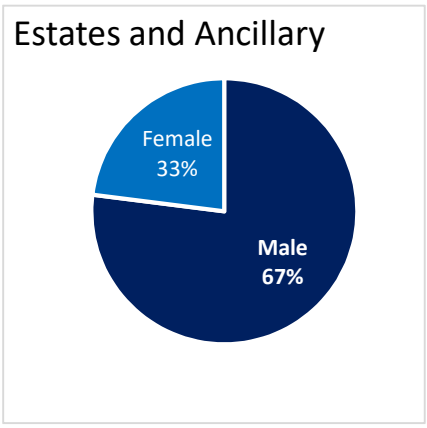


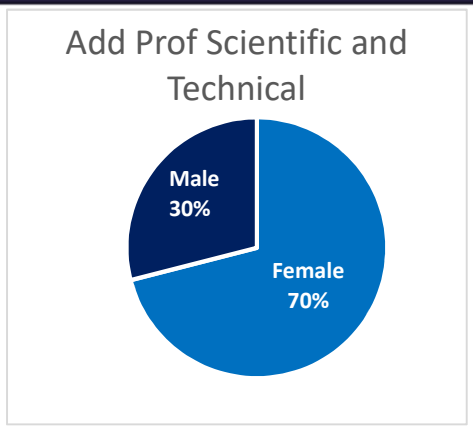


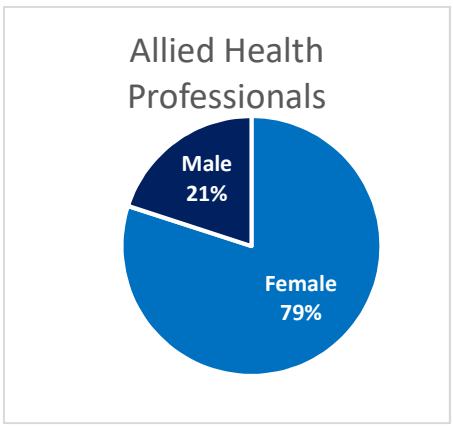


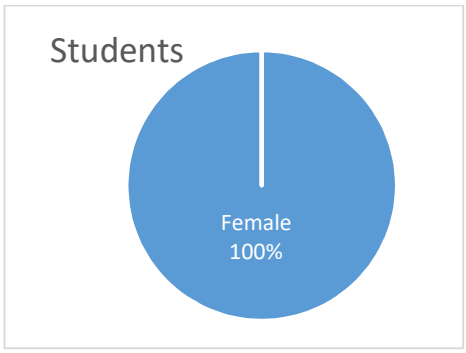












Gender Pay Gap Calculations 2024/2025

Average gender pay gap as a mean average	**Average gender pay gap as a median average**
The gender pay gap, when expressed as a mean average, shows that female staff earn15.7% less than male staff. This equates to a difference of **£5.07** per hour.	The gender pay gap, when expressed as a median average, shows that female staff earn 10.9% less than male staff. This equates to a difference of **£3.03** per hour.

Table 2: Growth in Employee Numbers

Reporting Year	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Number of Employees	5681	6069	6117	6495	6633	6986	7411	7783
Additional number of employees in reporting year		388	48	378	138	353	425	372

Since mandatory Gender Pay Gap reporting began in 2017/18, Trust staffing has grown by 2,102 employees, a 37% increase over eight years. The female to male ratio has remained stable at 75:25. This growth is due to expansion of services and delivery of new services.

Table 3: Gender Pay Gap Mean Average (2017 – 2025)

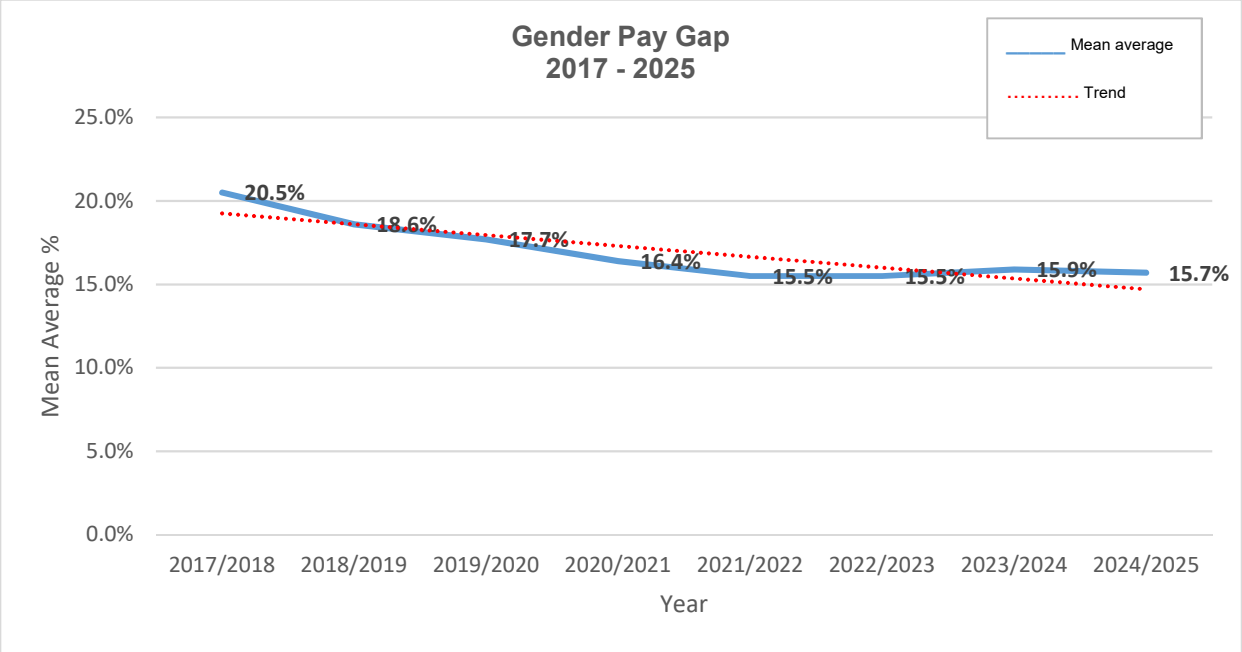
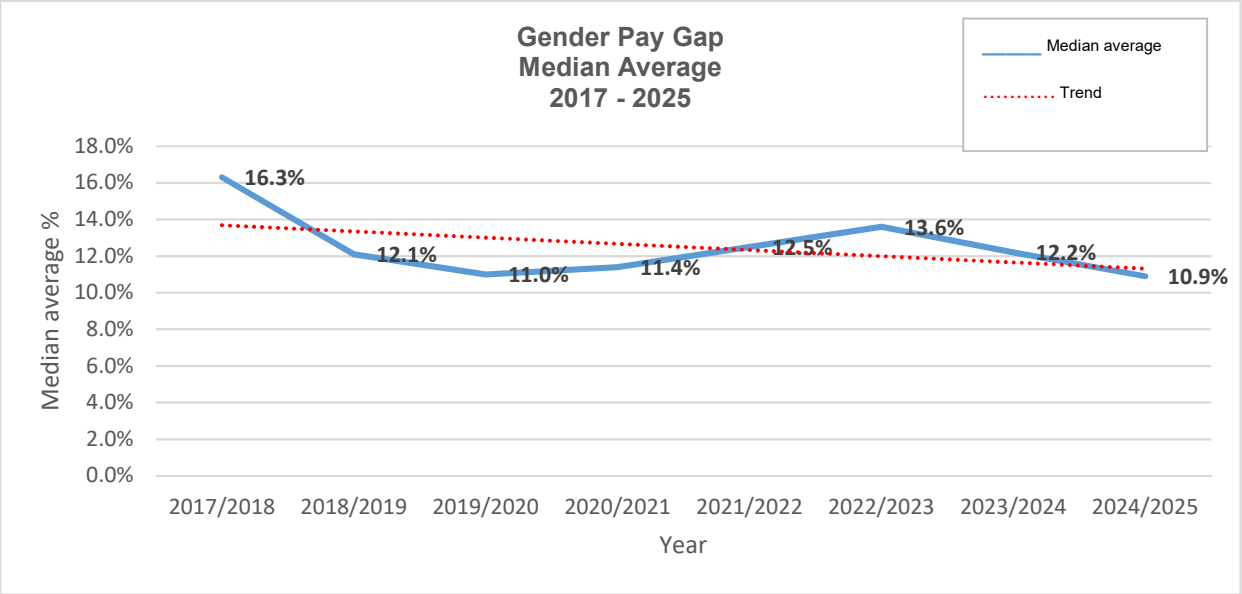


Table 4: Gender Pay Gap Median Average (2017 – 2025)



The two graphs above shows the progress in narrowing the gender pay gap since it became a mandatory reporting requirement.

Both mean and median averages improved over last year by 0.2% and 1.3% respectively. While the overall trend is positive continued focus is needed as progress has not been steady and challenges still remain. The data alone will not indicate if this is gender equity improvement or if this is a result of smaller changes to the number of high earning females.

Table 5: Gender Pay by Quartiles

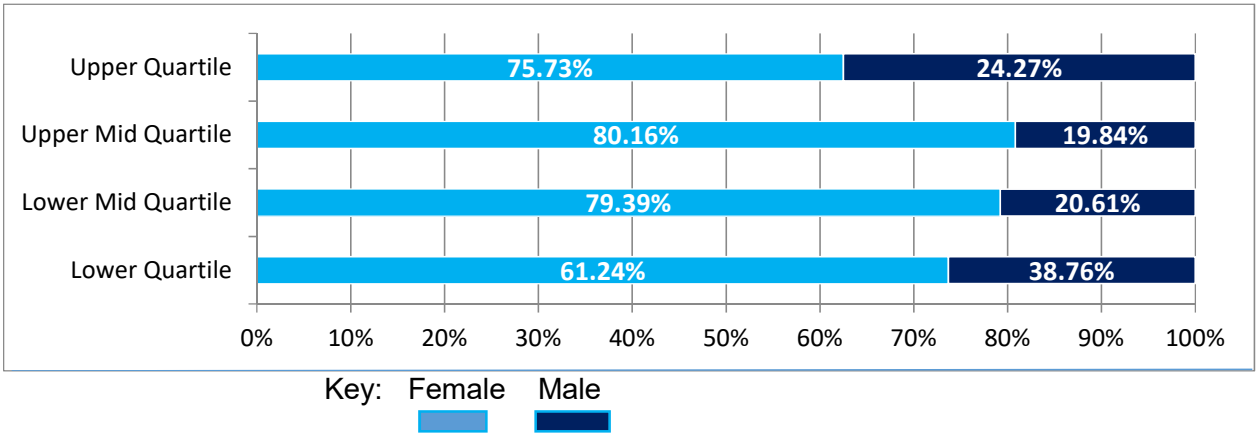


Table 5 shows rates of pay ranked in order of value and divided into four equal sections (quartiles) showing the percentage of females and males in each quartile.
The gender pay by quartile breakdown shows the proportion of men and women in each pay band, from the lowest to the highest. This helps illustrate how gender is distributed across different levels of pay across the organisation. Gender parity for us as a Trust would be representation in the above quartiles of 75% female and 25% male based on our workforce binary gender profile.

- For the upper quartile we are within our expected representation.
- The upper mid quartile shows an overrepresentation of females by 5.16% as does our lower mid quartile of 4.39%.
- Our biggest discrepancy is in the lower quartile 13.76% where males are over represented in the lower quartile.
  The causation for these may be due to the roles that fall into the lower quartile being many administrative and healthcare assistant roles that tend to be filled by female staff. Part-time and flexible working options mainly requested by females. Recruitment and retention patterns and career progression bottlenecks.

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

Table 6: Average Hourly Pay by Band (substantive staff only)

Band	Number of Male staff in 24/25	Number of Female staff in 24/25	GPG Trend 24/25	Male Average Hourly (£) 24/25	Female Average Hourly (£) 24/25	Pay Gap %	Male Average Hourly (£) 23/24	Female Average Hourly (£) 23/24	Pay Gap %
Band 2	162	489	↓	16.12	16.21	-0.55%*	16.14	15.73	2.52%
Band 3	158	483	↑	16.41	16.36	0.31%	15.64	15.68	-0.22%*
Band 4	119	406	↓	16.89	17.20	-1.85%*	16.27	16.61	-2.11%*
Band 5	259	1314	↑	21.59	22.32	-3.41%*	20.27	20.90	-3.12%*
Band 6	216	1037	↑	25.64	25.82	-0.73%*	24.86	24.89	-0.13%*
Band 7	178	772	↑	29.47	29.79	-1.10%*	28.20	28.39	-0.66%*
Band 8A	79	250	↑	32.77	33.30	-1.61%*	30.94	31.42	-1.53%*
Band 8B	46	86	↓	38.35	38.23	0.32%	35.95	35.40	1.53%
Band 8C	26	42	↓	46.09	44.57	3.29%	41.65	41.88	-0.54%*
Band 8D	17	20	↑	51.45	53.27	-3.54%*	47.86	48.62	-1.57%*
Band 9	8	7	↓	62.76	63.77	-1.61%*	55.18	60.46	-9.57%*
Trainee grades/Trust grade	339	534	↓	35.18	33.07	6.00%	31.29	29.27	6.44%
Career/staff grades	30	39	↓	45.33	43.87	3.32%	49.10	39.84	18.85%
Consultants	297	346	↓	63.34	61.69	2.60%	58.18	55.77	4.14%
Very senior manager (VSM)	12	12	↑	57.48	72.51	-26.15%*	54.11	64.10	-18.46%*

*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)

↓ Average hourly pay gap between male and female has decreased

↑ Average hourly pay gap between male and female has increased

↓ Average hourly pay has increased and pay gap has increased in favour of males

↑ Average hourly pay has increased and pay gap has increased in favour of females

We calculate the average hourly rate across the bands using all full-time and part time staff male and female in the band at the time the data snapshot is taken and excludes those not on full pay. Of the 15 pay bands in the table above in 2024/25 there are **six pay bands** where male average hourly pay is higher than females these are:

- Band 3
- Band 8B
- Band 8C
- Trainee grades/Trust grade
- Career/staff grades
- Consultants

Last year there were **six pay bands** where male average hourly pay was higher and the pay bands were consistent with the exception of Band 3 which is new, replacing Band 2 in 2023/4

The lowest difference in average hourly rate in favour of males is 0.31% at Band 3 with the highest difference in average hourly rate at 6.00% in favour of males at Trainee grades/Trust grade.

The largest shifts in pay gaps occurred at Band 8C, Band 9, career/staff grades and VSM, mainly due to staff turnover and the number of staff that are in these bands. An example at Band 9 the number of employees at this band reduced from 16 to 15 between March 2024 and March 2025, with one less woman directly impacting the gender pay gap at this band.

Gender Bonus Pay Calculations

There are two types of clinical excellences 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 7: Staff categorised as relevant employees and bonus pay.

Table 7 outlines the total number of staff who are categorised at relevant employees and paid a bonus (Clinical Excellence award).

Gender	Total Relevant Employees	%	Employees Paid Bonuses in 2024/5	% of those paid a bonus
Female	666	42%	67	48%
Male	919	58%	74	52%
Total	1585	100%	141	100%

Average bonus gender pay gap as a mean average

When comparing mean bonus pay, women's mean bonus pay is 22.7% lower than men's a difference of **£2,856.10 per annum**

Average bonus gender pay gap as a median average

When comparing the median bonus pay women's bonus pay is 1.23% lower than men's a difference of **£91.23 per annum**

Our women's mean bonus pay gap has increased from 13.7% in 2024 to 22.7% this means a difference of bonus pay for men's from £748.55 per annum to £2,856.10 per annum an increased gap of £2,107.55.

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.

Conclusion

The data shows a number of key findings

(i) In the Agenda for Change (AfC) pay bands the male average hourly rate is higher in six of the pay bands, and female average hourly rate is higher in the other nine bands with the largest pay gap in favour of males at Band 8C (3.29%) and for females at Band 8D (-3.54 %*).

(ii) 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 6.00% and 3.32% respectively. These areas that are making the largest impacts and contributing to our overall gender pay gap.

(iii) When reviewing the bonus pay data we can see how the legacy Clinical Excellence Awards structures are skewing the average bonus payment towards males. Future action needs to be taken to ensure that 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

We set out a number of actions following our 2023/24 report

- Commissioning internal auditors to review our gender pay gap analysis
- Introduce regular feedback mechanisms for the Diversity and Inclusion Champions on interview panels.
- 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
- Improving our flexible working offer and access to this through piloting self-rostering

Progress on actions during 2024/2025

- Commissioned internal auditors to review our gender pay gap analysis which was completed in November 2024.
- Introduced a feedback mechanism in Q4 for our Diversity and Inclusion Champions and held a Community of Practice event.
- 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
- Improved our flexible working offer and access to this through piloting self-rostering- This was piloted across six clinical wards during 2024/2025 and had good impact with over 70% of staff happy with this change.

We are committed to the following actions during 2025/2026

For the 2025/26 year the following actions will help to further close the gender pay gap; these actions will be monitored through our Belonging sub-group and include:

- Introducing processes to monitor the application for National Clinical Impact Awards utilising data held nationally.
- Embedding the Trustwide self-rostering project - bringing greater flexibility and autonomy to our workforce. This initiative is designed to improve work/life balance, especially for colleagues with caring or parental responsibilities, by giving staff more control over their shift patterns.
  Currently, we are on-boarding six new wards across our Chelsea and Westminster and West Middlesex hospital sites. This marks a significant step forward in our commitment to staff wellbeing and inclusive working practices.
  Looking ahead, we plan to have the remaining 40 inpatient wards on-board by Summer 2026, ensuring that more teams can benefit from this progressive approach.
- To update and align our flexible working policy through consultation with our stakeholders.
- Undertaking further analysis of medical pay at divisional level to understand the root causes of the gaps identified.