



Ethnicity Pay Gap Report 2024

Pay gaps refer to the disparities in earnings that different groups of employees receive influenced by factors such as gender, race, or ethnicity. The ethnicity pay gap shows the difference in the average pay between staff from global majority backgrounds in a workforce, compared to white staff.

These gaps can stem from a variety of factors, including discriminatory practices, unequal access to opportunities, and systemic biases within hiring, promotion, and compensation processes.

- 'Equal pay' means being paid equally for the same/similar work.
- 'Pay gap' is the difference in the average pay between two groups.

Unlike gender pay gap reporting, ethnicity pay gap reporting is completed voluntarily.

The pay gap reporting intends to focus organisational attention on taking action to reduce those inequalities bringing to life our commitments from the People Promise and focusing effort on improving staff experiences within our workforce, improving retention, and making the NHS the best place to work. Evidence indicates that disparity in pay has a lasting socioeconomic impact on staff and that establishing what good looks like across the employee cycle and ensuring best practices in the following:

- Recruitment processes
- Retention initiatives
- Career development and management infrastructure



- Unlike the gender pay gap reporting, ethnicity pay gap reporting is completed voluntarily. Of those organisations that have published ethnicity pay gap data, there is a trend towards a focus of staff from global majority in junior roles and an underrepresentation of these staff at senior levels.
- However, as reporting is currently voluntary, there is limited data available to allow us to benchmark.
- This report is based on a snapshot of the workforce data as of 31 March 2024 in line with the guidelines. For this report, we are using electronic staff record (ESR) data to undertake this analysis, and therefore we are dependent on staff reporting their protected characteristics on ESR (via ESR self-service)
- The report for the ethnicity pay gaps only includes full pay for relevant employees. Therefore, headcount and some overall percentages for this report will vary from the PSED, WRES & WDES reports. Bank Locum Doctors are included, in line with the nationally depicted criteria.
- Where there is a positive percentage, this means that the average pay of a white member of staff is higher than that of a member of staff from a global majority group. The higher the percentage, the greater the pay gap. A negative percentage mean means that the average pay of the global majority group is higher than that of the white group.

The pay measures contained in this report are, the difference between the:

- Mean hourly rate of global majority and white employees (breakdown by all staff, Agenda for Change, and Medical staff only)
- Median hourly rate of global majority and white employees (breakdown by all staff, Agenda for Change, and Medical staff only)
- Mean bonus paid to global majority and white employees (as bonus payments are not provided within the NHS, clinical excellence award data is utilised as the nearest comparator)
- Median bonus paid to global majority and white employees (as bonus payments are not provided within the NHS sector, clinical excellence award data is utilised as the nearest comparator)

The proportions of:

- Global majority and white employees who were paid a bonus
- Global majority and white employees in the 1st (lower) quartile, 2nd quartile, 3rd quartile and 4th (upper) quartile pay bands



Data Summary

- **The median** pay gap is the difference between the midpoints in the range of hourly rates of males and females. It takes hourly rates in the sample, lines them up in order from lowest to highest, and picks the middle figure.
- **The mean** gender pay gap confirms the difference between the average hourly rates of males and females.
- This year our overall ethnicity pay gap is -4.65%, compared to last year at -5.05%.
- Our overall global majority representation in the Trust has increased by 3.3% from last year. We have seen a 10% increase in global majority staff over the last 4 years.
- Data shows that over representation is seen within band 2, band 5, and all doctor grades compared to the overall global majority percentage of 50.9%.
- The ceiling effect becomes apparent from Band 7 and above.
- The biggest under representation is seen in Band 8c, 8d, and VSM compared to the overall global majority percentage of 50.9%.
- The ethnicity pay gap has also been calculated specifically for Agenda for Change including VSM at 4.43%.
- The medical ethnicity pay gap has been calculated at 11.02%.
- Overall the high level data presented doesn't show a pay gap, however, when you break the data down it shows there is a pay gap among doctors.

Median ethnicity
pay gap 2024
-0.1%

Mean ethnicity
pay gap 2024
-4.65%

	2020	2021	2022	2023	2024
Global Majority	40%	42%	45.4%	47.6%	50.9%
White	53%	50%	48%	45.5%	43.2%
Unknown	7%	8%	6.6%	6.9%	5.9%

Headcount



Background context

While it is important to recognise the achievements that have been made over the period of this report, it is vital to note that there is still a great amount of work needed to be undertaken to achieve the Trust's strategic goals and truly embed EDI throughout the organisation.

There are a number of possible contributory factors which can influence the pay gap differences. Age, length of service, and progression are key factors.

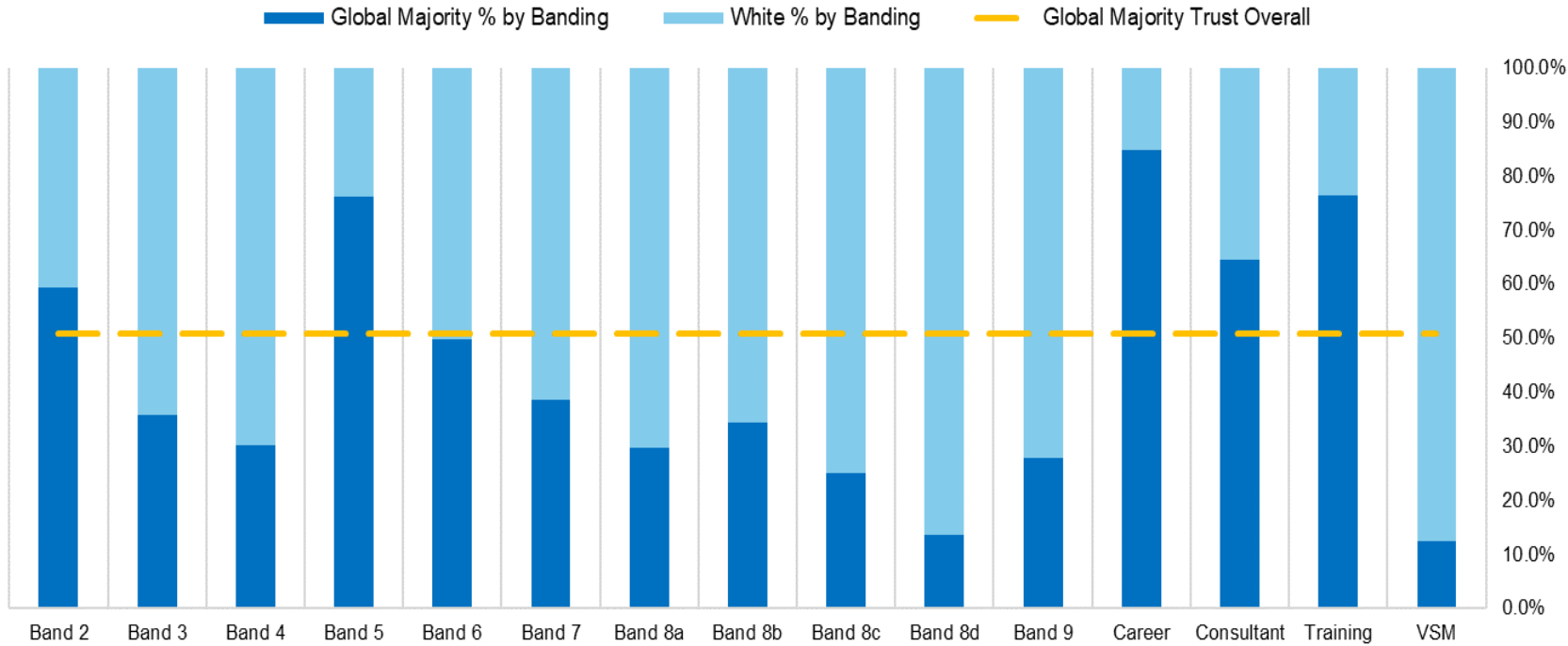
Other factors to consider when looking at the data;

- The Trust's salary sacrifice schemes of childcare, cycle to work, and car lease schemes
- Overtime pay
- On call pay
- Historical clinical excellence awards – bonus pay



Pay Band Review by Ethnicity

Ethnicity Profile by Pay Band 2023-2024



Headcount

All Staff		
Global Majority	2975	50.9%
Unknown	343	5.9%
White	2526	43.2%
Agenda for Change & VSM		
Global Majority	2428	48.0%
Unknown	307	6.1%
White	2328	46.0%
Medical & Dental staff only		
Global Majority	547	70.0%
Unknown	36	4.6%
White	198	25.4%

- Our overall global majority representation in the Trust has increased by 3.3%
- The headcount chart shows a further breakdown of numbers and percentages for context
- Data shows that over representation is seen within band 2, band 5 and all doctor grades compared to the overall global majority percentage of 50.9%.
- The ceiling effect becomes apparent from Band 7 and above.
- The biggest under representation is seen in Band 8c, 8d, and VSM compared to the overall global majority percentage of 50.9%.

	2022	2023	2024
Global Majority	45.4%	47.6%	50.9%
White	48%	45.5%	43.2%
Unknown	6.6%	6.9%	5.9%



Ethnicity Pay Gap – Quartile reporting

All staff	Global Majority %	White %
1. Lower	45.07%	54.93%
2. Lower Middle	55.87%	44.13%
3. Upper Middle	65.42%	24.58%
4. Top	49.12%	50.88%

Agenda for Change	Global Majority %	White %
1. Lower	44.00%	56.00%
2. Lower Middle	55.06%	44.94%
3. Upper Middle	64.34%	35.66%
4. Top	32.67%	67.33%

Medical & Dental staff	Global Majority %	White %
1. Lower	78.95%	21.1%
2. Lower Middle	69.14%	30.9%
3. Upper Middle	78.79%	21.2%
4. Top	72.76%	27.2%

- **All Staff**- The percentage of global majority across all four pay quartiles has increased from 2023. There remains an overrepresentation of global majority colleagues in both lower and upper middle compared to the overall workforce data (50.9%).
- **Agenda for Change** - looking at this cohort specifically including VSM, there remains an overrepresentation of global majority colleagues in both lower and upper middle. There is a big under representation in the top quartile in relation to the overall representation of this group (48%).
- **Medical and Dental** - overall representation across all quartiles within doctors is in favour of global majority colleagues, compared to the overall representation of 70%.



Ethnicity Pay Gap – Mean

- The below data is the mean. The mean ethnicity pay gap confirms the difference between the average hourly rates of global majority and white colleagues.

All staff	Global Majority	White	% difference	Pay Gap
Mean hourly rate	£23.22	£22.19	-£1.06	-4.65%

Agenda for Change	Global Majority	White	% difference	Pay Gap
Mean hourly rate	£19.30	£20.19	£0.89	4.43%

Medical & Dental staff only	Global Majority	White	% difference	Pay Gap
Mean hourly rate	£39.16	£44.01	£4.85	11.02%

- Overall, the high-level data presented shows a small pay gap in favour of global majority colleagues, however the high proportion of global majority doctors (as seen in slide 5) are having an impact on the overall average, masking an ethnicity pay gap.
- When the data is broken down further it demonstrates that there is ethnicity gap, to varying degrees, in favour of white colleagues for both
 - Agenda for Change roles (including VSM) 4.43%
 - Medical roles 11.02%.



Ethnicity Pay Gap - Median

- The below data is the median. The median pay gap is the difference between the midpoints in the range of hourly rates of global majority and white colleagues. It takes hourly rates in the sample, lines them up in order from lowest to highest, and picks the middle figure.

All staff	Global Majority	White	% difference	Pay Gap
Median hourly rate	£19.29	£19.27	-£0.02	-0.1%

Agenda for Change only	Global Majority	White	% difference	Pay Gap
Median hourly rate	£18.99	£18.57	-£0.42	-2.3%

Medical & Dental staff only	Global Majority	White	% difference	Pay Gap
Median hourly rate	£33.77	£46.55	£12.78	27.5%

- Similarly, to the previous slide, the overall data presented shows a very small pay gap in favour of global majority colleagues, however the high proportion of global majority doctors (as seen in slide 5) are having an impact on the overall average, masking an ethnicity pay gap.
- When the data is broken down further it demonstrates that there is ethnicity gap in favour of white colleagues for Medical roles 11.02%.



Ethnicity Pay Gap

- The below data is the mean for Staff Groups. The mean gender pay gap confirms the difference between the average hourly rates of global majority and white colleagues.

	2023				2024			
	2023 Global Majority	2023 White	2023 Difference	2023 Pay Gap %	2024 Global Majority	2024 White	2024 Difference	2024 Pay Gap %
Add Prof Scientific and Technic	24.77	25.88	1.12	4.30%	25.01	25.50	0.49	1.93%
Additional Clinical Services	13.34	13.14	-0.2	-1.50%	14.32	14.12	-0.21	-1.46%
Administrative and Clerical	17.01	17.68	0.66	3.80%	17.91	19.08	1.17	6.15%
Allied Health Professionals	19.72	22.94	3.22	14.00%	20.58	23.89	3.31	13.84%
Estates and Ancillary	13.51	16.84	3.33	19.80%	13.83	17.26	3.43	19.85%
Healthcare Scientists	22.63	24.52	1.89	7.70%	24.18	26.05	1.87	7.19%
Medical and Dental	37.26	42.75	5.49	12.80%	39.16	44.01	4.85	11.02%
Nursing and Midwifery Registered	19.97	22.69	2.72	12.00%	21.30	24.26	2.96	12.22%

The extent of the gender pay gap varies considerably across the 8 different staff groups.

We have seen small improvements against 4 of staff groups from 2023. The others remain similar to last year.

The staff group in favour of global majority colleagues is Additional Clinical Services.

Staff groups with the largest gaps, in favour of white colleagues, are being seen in:

- Allied Health Professionals (13.8%)
- Estates and Ancillary (19.8%)
- Medical & Dental (11%)
- Nursing and Midwifery Registered (12.2%)



Clinical Excellence Awards

Under the national Medical & Dental terms and conditions, Consultants are eligible to apply for Clinical Excellence Awards (CEA). These awards recognise individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role and are part of a commitment to the continuous improvement of the NHS. As bonus payments are not provided within the NHS, clinical excellence award data is utilised as the nearest comparator.

The national methodology to report the bonus pay gap is based on the overall workforce and can be seen in the table below.

	Paid Bonus	Overall Workforce	Employees Paid Bonus %
Global Majority	143	2975	4.8%
White	92	2526	3.6%

This demonstrates that there is a variance of 1.2% in favour of global majority colleagues. However, as CEA's are only received by consultants within the organisation, calculating the pay gap based on this staff group provides a more accurate picture.

	Paid Bonus	Consultants	Percentages Paid Bonus %
Global Majority	143	199	71.9%
White	92	110	83.6%

Although more global majority consultants were paid a CEA (143 out of 199), 71.9% of the overall percentage paid is less than white consultants (92 out of 110), 83.6%.



Clinical Excellence Awards

In terms of the mean, the pay gap is larger than what is seen regarding hourly pay for both the overall workforce and the medical staff group. This has increased in 2024 compared to 2023 data. However, utilising the median, it demonstrates for the second year in a row there is no pay gap regarding bonus pay.

	Mean bonus pay	Median bonus pay
Global Majority	£4,623	£1,021
White	£7,014	£1,021
Difference	£2,391	£0
Bonus pay gap	34.08%	0%



Clinical Excellence Awards

- The nature of the CEA awards have overtime evolved
- Consultants on an employment contract pre 2017 are on a rolling award value, whereby the value of the award increases year on year (from level 1 to level 9) without needing to reapply.
- Consultants on post 2017 contracts but pre-31st March 2023 who receive EA only have them granted for a three-year period after which they would need to reapply
- Those who started after the 31st March 2023 are not eligible under the new contract
- For the past two years CEA funding has been evenly distributed to all consultants this was due to the pause of issuing CEAs due to Covid and as such there was no application or selection process involved
- Our bonus pay gap therefore is significantly impacted by the historical nature in which the awards were allocated. Until those on the pre 2017 contracts with awards leave the organisation or retire and return these payments will continue
- Moving forward, there are no further new CEAs will be awarded

Type	Global Majority	Unknown	White	Global Majority	White
Clinical Excellence Award	51	5	37	55%	40%
CEA Bronze	1	0	0	100%	0%
CEA Level 1	15	2	4	71%	19%
CEA Level 2	10	1	5	63%	31%
CEA Level 3	9	0	2	82%	18%
CEA Level 4	4	0	7	36%	64%
CEA Level 5	2	1	3	33%	50%
CEA Level 6	4	0	2	67%	33%
CEA Level 7	3	1	3	43%	43%
CEA Level 8	1	0	8	11%	89%
CEA Level 9	2	0	3	40%	60%
Type	Global Majority	Unknown	White	Global Majority	White
Local CEA 1	143	38	91	53%	35%

The table above provides a head count split by ethnicity of the CEA award allocations based on type.

Level 1 – 9 are the historically awarded, individuals will go up a level and receive additional funds year on year.

Level 7 and above where the higher value pay is seen there are more white consultants than global majority consultants receiving the award.



Actions to address our ethnicity pay gap

Priority area	Action & timeline	Lead
Data review	<ul style="list-style-type: none"> Undertake a deep dive into the medical pay gap to identify the individual pay gaps across the doctor staff groups (e.g LED, SAS, IMG, and Consultants) 	Head of Staff Experience
Interview education	<ul style="list-style-type: none"> Redesign and implement recruitment training programmes to provide inclusive recruitment and selection training for all interviewers to support inclusively. To run regular training for managers to understand interview expectations and to provide clear, constructive effective feedback. 	Head of Recruitment
Recruitment	<ul style="list-style-type: none"> Undertake 'root and branch review' of recruitment processes to identify where the process where we see a reduction in representation and spot check where bias is contributing to existing pay gaps and action accordingly. Making job adverts more inclusive and in alignment with employee expectations e.g. reviewing language, openly discussing flexible working options, and providing transparent job descriptions with less rigid requirements that explicitly recognise the value of transferable experience and skills through alternative workplace settings. 	Head of Recruitment
Minimising bias in progression	<ul style="list-style-type: none"> Redesign appraisal process to support meaningful career conversations. Redesign and implement training for managers on how to conduct appraisals so that they are supportive and developmental. Incorporate 360-degree feedback in appraisal for senior leaders so that evaluation outcomes are not reliant on one individual. Create and implement a talent management plan to improve the ethnicity representation of executive and senior leaders 8c and above. Work with senior medical representatives and associated HRBPs to review data and develop bespoke action plans for doctors. Work with senior environment representatives and associated HRBP to review data and develop bespoke action plans for estates. Work with senior representatives and associated HRBP to review data and develop bespoke action plans for AHPs. Work with senior representatives and associated HRBP to review data and develop bespoke action plans for Nursing and Midwifery. 	People Promise Manager, Head of Learning & Development, Workforce Improvement Lead
Evaluate how progression opportunities are decided	<ul style="list-style-type: none"> Recording all expressions of interest for learning and development training. Conduct an annual learning and development audit by gender and ethnicity to track: <ul style="list-style-type: none"> How training budgets are spent Who is being given access to high value training or development Progression journey for employees after accessing training or development opportunities 	Head of Learning & Development
Evaluate the effectiveness	<ul style="list-style-type: none"> To identify and implement impact measures to evaluate the effectiveness of all pay gap actions to include, <ul style="list-style-type: none"> Flexible working initiatives and requests Value Based Recruitment process (AFC & Medical staff) 	AD of People - OD and Culture