James Paget University Hospitals NHS Foundation Trust

Ethnicity Pay Gap Report for 31/03/2024 snapshot

1. Introduction

One of the priorities of our Trust Strategy, *Building a Healthier Future Together 2023-28* is supporting our people and Ambition 1 of ***Paget's People***, our People Plan 2023-28, is to promote an inclusive, fair and safe workplace. This includes taking action to address inequalities.

2. What is the Ethnicity Pay Gap report?

- The NHS Six High Impact Equality Actions (2023) for diversity and inclusion include introducing ethnicity pay gap reporting.

- In line with Gender Pay Gap reporting, snapshot data for the previous 31st March is to be reported and published by 30th March the following year. The data in this report therefore relates to 31st March 2024 and is the Trust's first year of Ethnicity Pay Gap reporting.

- Pay gap reporting supports and encourages action to eliminate pay inequities.

- Pay gap reporting is different to equal pay; equal pay deals with the pay differences between individuals who carry out the same job, similar jobs or work of equal value. Pay gap analysis, however, shows the difference in the average pay between staff groups based on hourly pay. It takes account of mean and median averages[1], as well as 'bonus' payments. Clinical Excellence Awards, payable to medical Consultants, are classed as bonus payments for pay reporting purposes.

- Within the NHS, excluding Very Senior Managers (VSM), pay scales are set nationally and terms and conditions prescribe pay arrangements on appointment. Jobs for all staff on Agenda for Change (all staff excluding medical and VSM) are subject to NHS Job Evaluation to determine appropriate pay bandings. This therefore has a significant impact on preventing pay discrepancies.

3. The Ethnicity Pay Gap Indicators

The six pay gap indicators are:

i. Pay gap as a mean average
ii. Pay gap as a median average
iii. Bonus pay gap as a mean average
iv. Bonus pay gap as a median average
v. Proportion of staff receiving a bonus payment
vi. Proportion of staff by pay quartile ordered from lowest to highest pay.

4. Results for 31st March 2024

It should be noted that the data is based on categories and figures drawn from the Electronic Staff Record (ESR). Analysis and conclusions drawn therefore have a margin of error associated with anomalies in ESR ethnicity categorisation. For example, staff identifying as White English rather than White British are categorised in ESR reporting White Other rather

[1] Mean being average and median being the middle value of the range of rates paid

than White British. Whilst a relatively low rate, there are also some staff who have recorded their ethnicity as 'not stated'.

a. Hourly Ethnicity Pay Gap

	BME	White	Unknown	Difference (BME/White)	Pay Gap
Mean	£23.64	£18.34	£25.53	-£5.30	-28.9%
Median	£19.24	£15.92	£20.25	-£3.32	-20.84%

- When comparing mean hourly pay, Black and Minority Ethnic (BME) staff hourly pay is 28.9% more than the pay of White British staff. This is largely driven by active recruitment of internationally educated staff into some clinical roles due to national shortages and particular ethnic groups orientating more towards particular professional roles, with higher levels of pay.

	Asian	Black	Mixed	Not Stated	Other	White British	White Other
Mean	£24.25	£20.82	£24.37	£25.53	£25.50	£17.97	£22.93
Median	£19.90	£18.10	£19.57	£20.25	£23.14	£15.70	£18.61

- Excluding Not Stated or Other, further break down of ethnicity categories (above) shows the average hourly pay of Asian and Mixed ethnicity staff groups are are the highest, with White British paid the least on average.

Difference to White British
(N.B. negative numbers mean higher pay)

	Asian	Black	Mixed	Not Stated	Other	White Other
Mean	-34.92%	-15.84%	-35.57%	-42.06%	-41.90%	-27.56%
Median	-26.69%	-15.26%	-24.61%	-28.95%	-47.33%	-18.51%

The table above shows the percentage difference in hourly pay by group.

b. Bonus Pay Gap

	Asian	Black	Mixed	White British	White Other
Mean	£6,694.14	£4,460.56	£16,489.65	£9,904.86	£9,043.95
Median	£9,789.69	£5,960.88	£16,489.65	£23,539.30	£10,547.87

- When comparing mean bonus pay, there are large variations between different ethnic groups. This is partly due to the low number of Clinical Excellence Award recipients (45 in total) meaning that one person can change the statistics significantly when reviewing this based on ethnicity.

- It should be noted that from April 2024 local Clinical Excellence Awards rounds stopped due to a change in medical Consultant terms and conditions but pre-existing rewards remain relevant.

c. Percentage of Eligible Staff Receiving a Bonus

	Asian	Black	Mixed	White British	White Other
Receiving Bonus	19.04%	1.67%	9.35%	0.35%	6.81%

- Nearly 20% of eligible Asian staff receive payment for a Clinical Excellence Award compared to 1.7% of eligible Black staff and 0.35% of White British staff.

d. Ethnicity Spilt Across Four Pay Quartiles

	Q1 (lowest paid)	**Q2**	**Q3**	**Q4** (highest paid)
Asian	2.29%	8.96%	20.21%	18.35%
Black	1.14%	3.78%	6.94%	2.81%
Mixed	0.62%	0.88%	1.49%	2.28%
Not Stated	0.53%	0.88%	1.05%	1.84%
Other	0.26%	0.88%	0.62%	2.11%
White British	90.12%	79.98%	64.41%	63.13%
White Other	5.01%	4.65%	5.27%	9.31%

- The vast majority of staff within quartile 1 are White whilst other ethnicities are more prevalent in quartile 3. This is reflective of international recruitment into hard to recruit clinical staff roles (including medical) and orientation of some ethnic groups to particular professions, some of which, such as Medicine, attract higher-level salaries.

- For context, 20% of the Trust's staff are BME, with 5% of the local population of Norfolk and Waveney being BME[2] and 5% of non-clinical roles within the Trust are occupied by BME staff. Q1 distribution is consistent with local ethnicity data which suggests around 5% of the population is not White. Quartile 1 is therefore fairly reflective of the local population.

5. Understanding the Trust Ethnicity Pay and Bonus Gaps

The ethnicity pay gap is impacted by:

- The much higher distribution of non-White staff in quartile 3 due to international recruitment to fill clinical skills shortages.

- Much higher distribution of White staff in quartile 1 due to local recruitment, representative of the local population.

- Our medical workforce is 40% White, 56% BME and 4% other. At Consultant level, this is 43% White, 52% BME and 3% Other. In line with the national picture, we have a higher proportion of doctors in the Asian staff group, including at Consultant level. Ethnic diversity is far greater in the higher quartiles due to immigration and societal expectations for different ethnicities.

6. Comparison

Once benchmark data is available, a comparison will be undertaken with other local acute Trusts.

7. Closing the Ethnicity Pay Gap

- The ethnicity pay gap has complex and multi-faceted causes. The Trust is, however, in a position to remove internal barriers to pay parity and to influence wider societal factors.

[2] Office for National Statistics - 2021 Census

- Initial analysis of nursing recruitment data at bands 6 and 7 has already shown disparity in application standards between ethnicities which the Trust will continue to seek to address by providing potential applicants with clear guidance and support around quality applications and interview skills.

- We will continue to support 'growing our own' monitoring and focusing on under-represented groups through mentorship, development programmes and personal development plans. We saw a 2.4% improvement in last year's Workforce Race Equality Standard for BME staff feeling there is equal opportunity for career progression and are hopeful to see further improvement in this year's results, to be reported within the next couple of months.

- Local initiatives within the community, including early engagement through schools and colleges, to promote healthcare careers and share staff stories will support career aspirations and recruitment at all levels.

- It is important to recognise that all ethnicities have different experiences and not be tempted to classify staff on simplified statistical analysis. Person-centred approaches are key to equality of opportunity and our approach.

8. **Approval**

The Board of Directors approved this report in February 2025.