

Ethnicity Pay Gap Report

As at 31 March 2024

1. Ethnicity pay gap reporting

Diversity and inclusion are fundamental to the success of an organisation both in the service it provides, and in creating a fair, diverse and inclusive environment for its workforce.

Research shows that organisations with diverse workforces and inclusive cultures perform better because they benefit from having a range of lived experiences and experience a deeper understanding and viewpoints in the room. This in turn promotes diverse, creative and innovative decision-making.

The culture of an organisation also depends on these values; a place where people are proud to work, where they feel valued, recognised and supported to develop their true potential.

While there is currently no legal requirement to publish ethnicity pay gap data in the UK, in line with our commitment to close gaps in workplace inequalities between our Black, and Minority Ethnic (BME) staff and White staff, and as an example of good practice, we are reviewing this data alongside our mandated Gender Pay Gap data.

The disclosure of diversity data, such as ethnicity, is optional for staff. The data used in this report is based on a snapshot of data from 31 March 2024 for colleagues who have chosen to disclose their ethnicity.

Our mean ethnicity pay gap shows the difference in average pay between BME colleagues and White colleagues and takes into account all roles at all levels within Harrogate and District NHS Foundation Trust (HDFT). This is different to the concept of equal pay i.e. the

comparison in pay received by BME and White colleagues performing the same roles at the same grade.

HDFT pays most employees, except some medical and dental staff, on the Agenda for Change pay system, and this framework provides assurance that equal pay for equal work is recognised i.e. someone entering the band 5 scale with the same level of qualifications and experience would be paid the same irrespective of ethnicity; they would then have the opportunity to progress up the pay scale annually in the same way as their peers

The report will provide a breakdown of:

- Mean ethnicity pay gap in hourly pay.
- Median ethnicity pay gap in hourly pay.
- Mean bonus ethnicity pay gap.
- Median bonus ethnicity pay gap.
- Proportion of White and BME colleagues receiving a bonus payment.
- Proportion of White and BME colleagues in each pay quartile.

2. Harrogate and District NHS Foundation Trust

Harrogate and District NHS Foundation Trust (the Trust) employs more than 5,000 members of staff to provide essential hospital treatment as well as community health services to the population of Harrogate and the local area, across North Yorkshire and Leeds. It also provides children's services, stretching from Berwick upon Tweed in the North to Wakefield in the South, and across the whole of North Yorkshire, from Settle in the West to Scarborough in the East.

The total number of staff eligible for inclusion in this report was 4,679 from a workforce of 4,910. The data in this report is based on those who have chosen to disclose their ethnicity, which accounts for 95.3% of the workforce.

	31 March 2024		31 March 2023	
	Headcount	%	Headcount	%
BME	747	16.0%	555	12.5%

White	3,932	84.0%	3,884	87.5%
TOTAL	4,679		4,439	

We must continue to encourage staff to declare their ethnicity. The disclosure rate is important as it reflects how comfortable, or not, people are about sharing these details with us and more broadly, whether we are creating an environment where people can truly be themselves.

Figure 1 illustrates the ethnicity distribution within HDFT at 31 March 2024

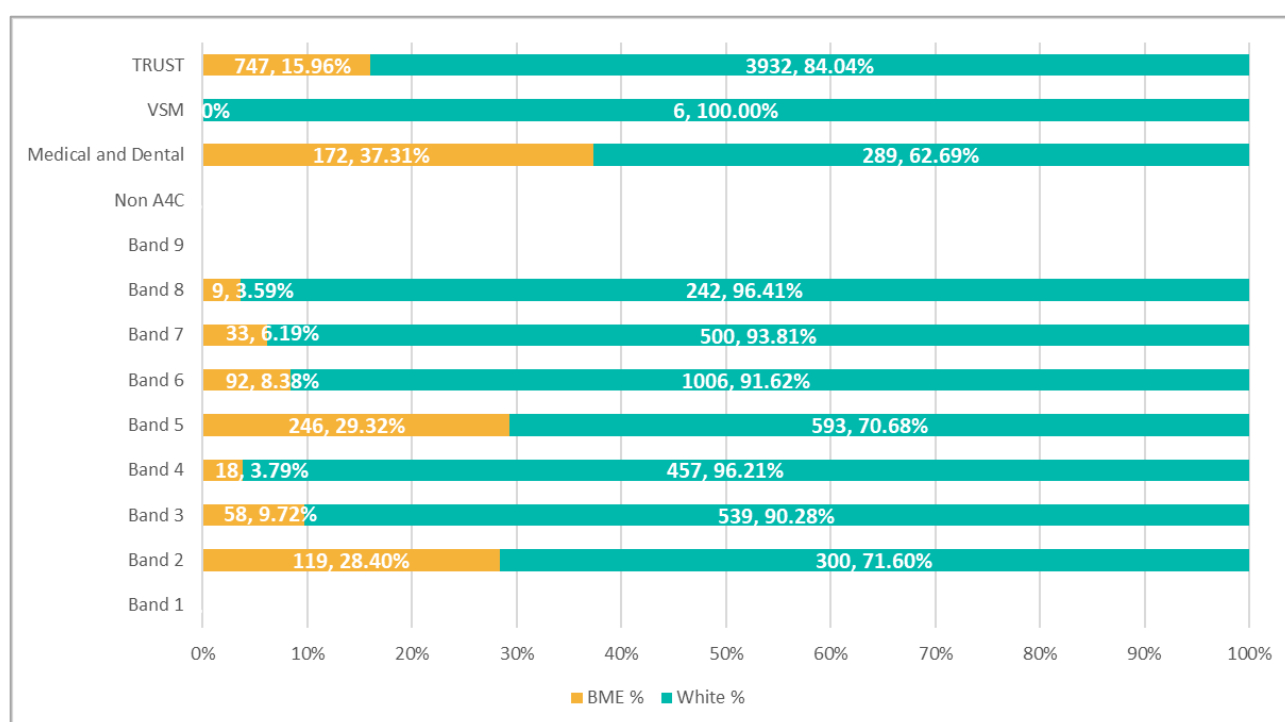
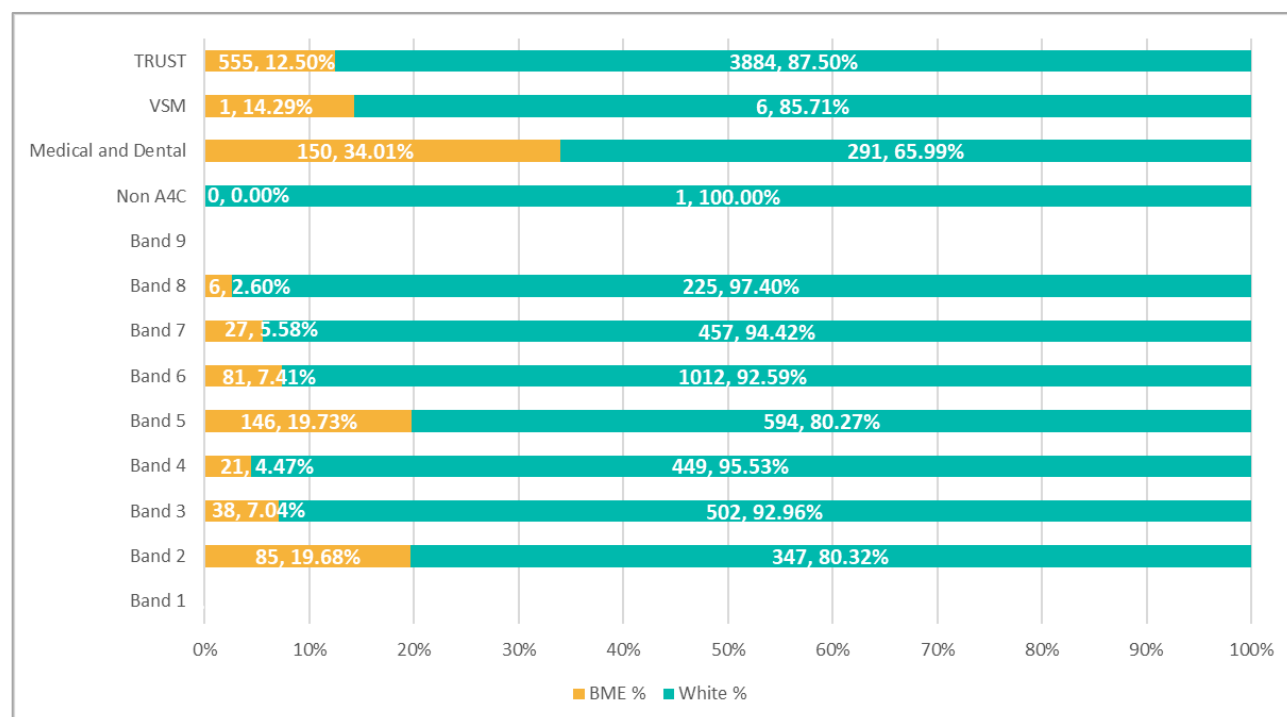


Figure 2 illustrates the ethnicity distribution within HDFT at 31 March 2023



Note - As part of the 2018 pay deal, Band 1 closed to new entrants with effect from 1 December 2018, and all existing staff on a Band 1 contract at HDFT transitioned over to Band 2 from April 2019.

3. Definitions and scope

The Ethnicity Pay Gap is a measure which shows the difference in average earnings between BME colleagues and White colleagues across the organisation.

The report is based on rates of pay for the financial year 2023/24. It includes all workers in scope at 31 March 2024. A figure above zero indicates an Ethnicity Pay Gap disadvantageous to BME colleagues; a minus figure indicates the ethnicity pay gap disadvantageous to White colleagues.

The Ethnicity Pay Gap is described in two terms. Firstly, the difference between the mean of hourly rates of White colleagues and their BME colleagues and secondly, the difference between the median hourly rates of White colleagues and those of BME colleagues.

Mean and Median

- The "mean" is an average of all hourly rates of pay.
- The "median" is the middle value in a complete list of all hourly rates of pay.

4. Mean and median ethnicity pay gap in hourly pay

Ethnicity	Mean Hourly Rate 2024	Median Hourly Rate 2024	Mean Hourly Rate 2023	Median Hourly Rate 2023
White (£)	20.49	18.10	19.54	17.24
BME (£)	22.03	18.28	22.44	18.19
Difference (£)	-1.54	-0.18	-2.91	-0.95
Pay Gap %	-7.52	-0.99	-14.87	-5.54

- As highlighted in Figure 1, the proportion of BME staff is higher in the medical and dental staff group than in any other pay band.
- As shown above, HDFT is reporting a minus ethnicity pay gap of -7.52%, meaning that, based on an average hourly rate, BME employees are paid 7.52% more than white employees. This is a decrease from -14.87% on the 2023 figure.
- The figures also demonstrates that HDFT has a minus median ethnicity pay gap of -0.99%, a decrease from -5.54% in 2023.
- In 2024, both the mean and median pay gap percentages have seen a shift towards 0%, indicating that the pay gap by ethnicity has narrowed in comparison to the previous year.

The Influence of Medical and Dental Staff

Medical and Dental staff have a substantial impact on HDFT's Ethnicity Pay Gap, as the data suggests that individuals in this staff group tend to be paid higher wages than other HDFT employees.

Included within this report are 123 White Consultants and 36 BME Consultants. As the Trust employs fewer BME colleagues overall, as a proportion of the overall BME workforce,

at 4.82%, the number of BME Consultants is higher than that of White Consultants (3.13% of the overall White workforce).

To evidence the influence of medical and dental staff driving the percentage gap, the table below shows that in removing the medical and dental staff from the calculations, the ethnicity pay gap percentage for the average mean hourly rate in 2024 increases from -7.52% to 6.47% and becomes favourable to White colleagues. The median hourly rate pay gap percentage increases from -0.99% to 3.42% also changes to become more favourable to White colleagues when you take out the medical and dental staff data.

The data shows a small increase in the ethnicity pay gap percentage for the mean hourly rate of non-medical staff in 2024 when compared to 2023, from 4.95% to 6.47%.

Ethnicity	Mean Hourly Rate 2024	Median Hourly Rate 2024	Mean Hourly Rate 2023	Median Hourly Rate 2023
White (£)	18.42	17.69	17.52	16.87
BME (£)	17.23	17.08	16.66	16.75
Difference (£)	1.19	0.60	0.87	0.11
Pay Gap %	6.47	3.42	4.95	0.66

5. Mean and median bonus ethnicity pay gap

The Trust pays out two types of bonuses, Clinical Excellence Awards (CEA) and Long Service Awards. The latter takes the shape of a £40 bonus paid to both White and BME colleagues in recognition of 25, 30, 35, 40 and 50 years' service at the Trust. As this bonus is paid out at an equal level to all employees, it has no influence on the figures.

In 2023/2024 there were two types of CEA's that were awarded to the Trust's Consultants. One of these CEA's was a lifetime CEA Award and that was paid to 79 Consultants. The other type of CEA paid was a non-pensionable, non-consolidated award.

The figures below reflect the two CEA payments for Consultant medical staff. The bonus pay gap calculations include all Consultant medical staff employed as at 31st March 2024 and their bonus pay over the 12 month period to this date.

As of 31.03.24, the Trust employs 167 Consultants who are therefore eligible for inclusion in this report, of whom 130 are White and 37 are BME. Of the 130 White Consultants, 112 Consultants received a CEA payment in 2023/24 (86.2% of White Consultants). Of the 37 BME Consultants, 32 Consultants received a CEA payment in 2023/24 (86.5% of BME Consultants).

Ethnicity	Mean Bonus 2024 (£)	Median Bonus 2024 (£)	Mean Bonus 2023 (£)	Median Bonus 2023 (£)
White	10,142.01	7,289.29	9,894.44	6,781.43
BME	5,791.31	4,316.00	6,115.35	3,765.47
Difference	4,350.71	2,973.29	3,779.08	3,015.96
Pay Gap %	42.90	40.79	38.19	44.47

- This shows an increase of 4.71% in the mean ethnicity bonus gap differential and a decrease in the median bonus gap differential of 3.68% respectively, from 2023 to 2024.
- The mean pay gap remains significantly high in the favour of White Consultants.

6. Proportion of white and BME colleagues receiving a bonus payment

In addition to the above, the Trust issues Long Service Awards. Long Service Awards include a £40 bonus paid to both White and BME colleagues in recognition of 25, 30, 35, 40 and 50 years' service at the Trust. As this bonus is paid out equally to all ethnicities it would have no influence on the figures.

140 Long Service Awards were issued to staff still employed as at 31st March 2024, who had a recorded ethnicity and are therefore included within this report. 97.1% were issued to White colleagues, with the remaining 2.9% being issued to BME colleagues. All long service awards carry the same financial value of £40, meaning that the ethnicity bonus gap would be zero.

Taking both Clinical Excellence Awards and Long Service Awards into account, 6.3% of white colleagues received a bonus, compared to 4.8% of BME colleagues.

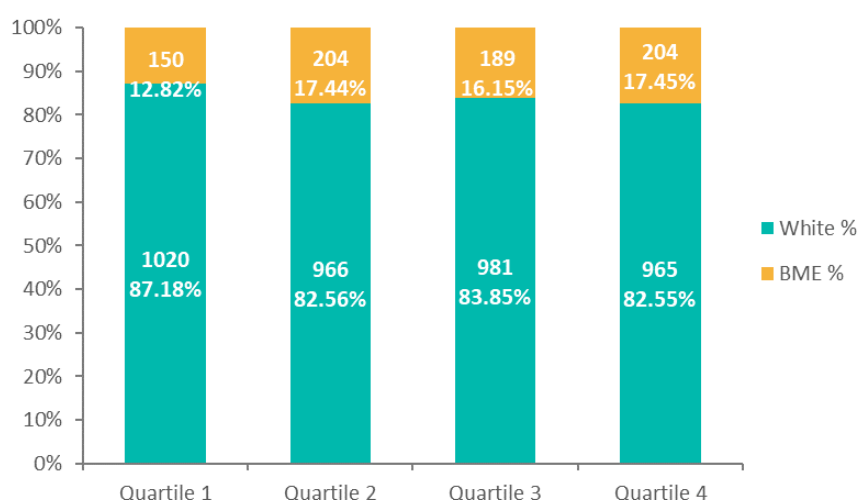
7. Proportion of White and BME colleagues in each pay quartile

A quartile is where you take the range of data and divide it up. In this case it would be the range of hourly earners divided into four groups. Therefore, Quartile 1 is the lower 25% of staff hourly wages.

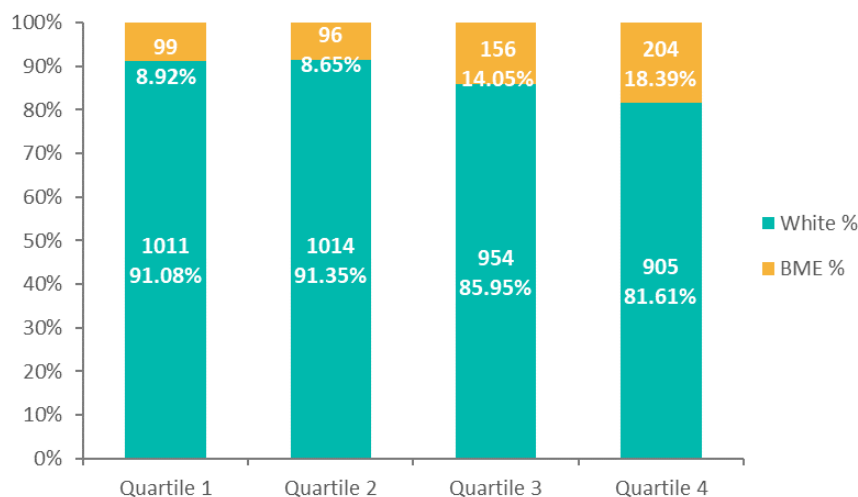
- Quartile 2 – lower middle
- Quartile 3 – upper middle
- Quartile 4 – upper

The graph on the following page shows that the highest proportion of White colleagues is found in the lower middle quartile and lowest quartile. Compared with the lower quartiles, the highest proportion of BME colleagues is found in the two upper quartiles. This is influenced by the large proportion of BME doctors and dentists within HDFT. Compared to the 2023 figures, the percentage of BME in the upper quartiles has decreased.

2024



2023



8. Summary and next steps in reducing the ethnicity pay gap

The data in this report is based on those who have chosen to disclose their ethnicity.

We acknowledge there is a lot more to do to continue making improvements and bring positive changes for our BME colleagues, and to welcome a more diverse workforce to HDFT. In line with our Workforce Race Equality Standard (WRES) Action Plan and our Recruitment and EDI work streams, and as part of the 'At our Best' programme, HDFT is committed to increase the ethnic diversity of both our overall and senior workforces, putting a greater focus on recruiting and developing BME staff and driving initiatives that will demonstrate that we are serious about real cultural change.

It can be seen from the data in the report that the influence of medical and dental staff is driving the percentage gap. Removing medical and dental staff from the calculations (9.8% of the overall workforce), the pay gap percentage for the average mean hourly rate and median rate in 2024 changes in favour of White staff, providing a reflection of the larger proportion of the workforce.

To continue efforts in reducing the ethnicity pay gap actions will be taken forward in 25/26 including:

- Progressing strategies to make recruitment and progression more equitable
- Continuing to listen to the lived experiences of the REACH Staff Network, engaging with and valuing their expertise.
- Encouraging staff to feel confident in disclosing their ethnicity status on ESR.
- Continuing work in relation to encouraging more applications for CEA from BME consultants and providing support for individuals who have submitted unsuccessful applications in the past.

There is no significant risk associated with this pay gap.