

People and Culture  
Committee  
25 March 2026

Title:	Ethnicity Pay Gap Report
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<p>Purpose of the report and summary of key issues:</p>	<p>To present the Trust’s Ethnicity Pay Gap position as at 31 March 2025, including year-on-year comparisons, analysis of contributory factors, and assurance on actions required to address identified pay and bonus differentials.</p> <p><b>Summary of Key Issues</b></p> <p><b>Overall position</b> Mean ethnicity pay gap widened to -10.07% (2025) from -7.52% (2024); median gap widened to -4.04% from -0.99%, favouring BME staff at Trust level. Primary driver – Medical &amp; Dental staff Excluding Medical and Dental roles, the mean pay gap reverses to +4.91% in favour of White staff, confirming the headline position is driven by senior medical roles rather than Agenda for Change pay.</p> <p><b>Workforce distribution – senior roles</b> BME Consultants account for 5.2% of the BME workforce compared to 3.1% of White staff, disproportionately influencing upper-quartile pay outcomes.</p> <p><b>Bonus pay – scale and access</b> Mean Clinical Excellence Award bonus gap increased to 45.75% (from 42.9%), with 49.6% of White Consultants receiving a CEA compared to 27.9% of BME Consultants.</p> <p><b>Data quality and confidence</b> Ethnicity disclosure stands at 95.1%, and BME representation increased from 16.0% to 17.1%, providing confidence in year-on-year comparisons and trend analysis.</p>
<p>Trust Strategy and Strategic Ambitions:</p>	<p><b>The Patient and Child First</b> Improving the health and wellbeing of our patients, children and communities</p> <p>Best Quality, Safest Care</p>

	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks:	None	
Report History:	People and Culture Programme Board 3 February 2026 Belonging Subgroup meeting 10 February 2026 People and Culture Committee 25 March 2026	
Recommendation:	Members to agree on the content and accept for publication by 31 March 2026	

# Ethnicity Pay Gap Report

Harrogate and District NHS Foundation Trust

February 2026

Presented by Richard Dunston Brady  
Equality, Diversity and Inclusion Manager

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## Ethnicity Pay Gap Report

### As at 31 March 2025

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 obtain a deeper understanding of the viewpoints in the room. In turn, this promotes diverse, creative, and innovative decision-making.

The culture of an organisation also depends on these values, fostering a place where people are proud to work and 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 closing 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 2025 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. 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, and 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.

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 (full-pay relevant employees) for inclusion in this report was 4,810 from a workforce of 5,059. The data in this report is based on those who have chosen to disclose their ethnicity, which accounts for 95.1% of the workforce.

	<b>31 March 2025</b>		<b>31 March 2024</b>	
	<b>Headcount</b>	<b>%</b>	<b>Headcount</b>	<b>%</b>
<b>White</b>	3,986	82.9%	3,932	84.0%
<b>BME</b>	824	17.1%	747	16.0%
<b>TOTAL</b>	<b>4,810</b>		<b>4,679</b>	

We must continue to encourage staff to declare their ethnicity. The disclosure rate is important as it reflects how comfortable 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 2025.

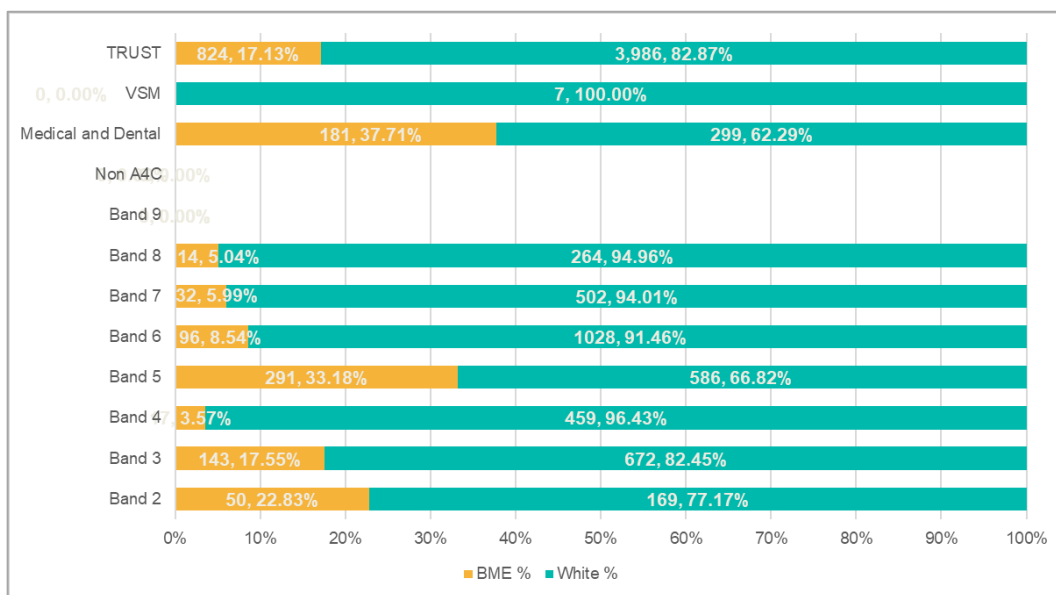
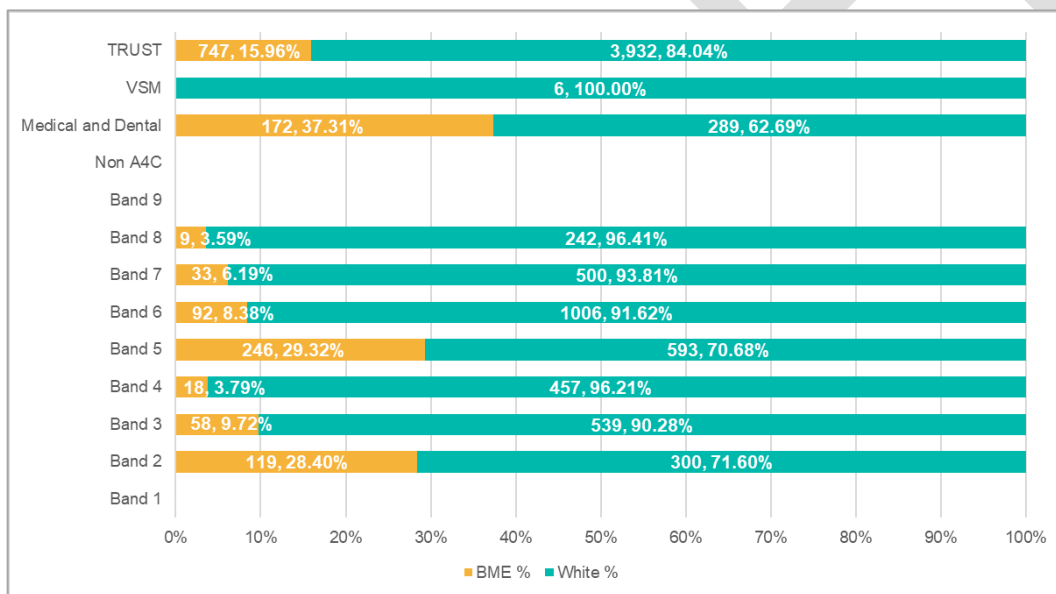


Figure 2 illustrates the ethnicity distribution within HDFT at 31 March 2024.



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.

## Definitions and scope

The ethnicity pay gap is a measure that 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 2024/25. It includes all workers in scope ('full-pay relevant' employees) at 31 March 2025. Full-pay relevant employees are those who received their usual full basic pay during the pay period. Employees who did not receive their usual full basic pay during the pay period, including staff who had reduced pay due to maternity leave, long-term sickness, or unpaid leave, are not classed as full-pay relevant employees and are therefore excluded from the ethnicity pay calculation.

A figure above zero indicates an ethnicity pay gap disadvantageous to BME colleagues; a minus figure indicates an ethnicity pay gap disadvantageous to White colleagues.

The ethnicity pay gap is measured in two ways: 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.

The report is based on rates of pay for the 2024/25 financial year and includes all full-pay relevant employees as at 31 March 2025.

### Mean and median ethnicity pay gap in hourly pay

<b>Ethnicity</b>	<b>Mean Hourly Rate 2025</b>	<b>Median Hourly Rate 2025</b>	<b>Mean Hourly Rate 2024</b>	<b>Median Hourly Rate 2024</b>
<b>White (£)</b>	21.78	19.09	20.49	18.10
<b>BME (£)</b>	23.97	19.87	22.03	18.28
<b>Difference (£)</b>	-2.19	-0.77	-1.54	-0.18
<b>Pay Gap %</b>	-10.07	-4.04	-7.52	-0.99

- 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.
- HDFT is reporting a minus ethnicity pay gap of  $-10.07\%$ , meaning that, based on an average hourly rate, BME employees are paid  $10.07\%$  more than White employees. This is a decrease from  $-7.52\%$  on the 2024 figure.
- The figures also demonstrate that HDFT has a minus median ethnicity pay gap of  $-4.04\%$ , an increase from  $-0.99\%$  in 2024.

In 2025, both the mean and median pay gap percentages have seen a shift away  $0\%$ , indicating that the pay gap by ethnicity has widened in favour of BME colleagues 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 125 White Consultants and 43 BME Consultants. As the Trust employs fewer BME colleagues overall, the number of BME Consultants as a proportion of the overall BME workforce ( $5.2\%$ ) is higher than that of White Consultants ( $3.1\%$  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 these staff members from the calculations, the ethnicity pay gap percentage for the average mean hourly rate in 2025 increases from  $-10.07\%$  to  $4.91\%$  and becomes favourable to White colleagues. The median hourly rate pay gap percentage increases from  $-4.04\%$  to  $0.17\%$ , also becoming more favourable to White colleagues when Medical and Dental staff data is removed.

The data shows a decrease in the ethnicity pay gap percentage for the mean hourly rate of non-medical staff in 2025 when compared to 2024, from 6.47% to 4.91%.

<b>Ethnicity</b>	<b>Mean Hourly Rate 2025</b>	<b>Median Hourly Rate 2025</b>	<b>Mean Hourly Rate 2024</b>	<b>Median Hourly Rate 2024</b>
<b>White (£)</b>	19.46	18.69	18.42	17.69
<b>BME (£)</b>	18.50	18.66	17.23	17.08
<b>Difference (£)</b>	0.95	0.03	1.19	0.60
<b>Pay Gap %</b>	4.91	0.17	6.47	3.42

### Mean and median bonus ethnicity pay gap

The bonus ethnicity pay gap calculation shows the percentage of White and BME colleagues who received bonus pay in the period. All relevant employees including all Consultants, who were employed as at 31 March 2025 are included in the data, including those who were excluded from the ethnicity pay gap calculations due to being on reduced pay.

The Trust pays out two types of bonuses: a Clinical Excellence Award (CEA) and a Long Service Award. 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.

The figures below reflect the CEA payments for Consultant medical staff, which is a payment for a lifetime CEA, and was paid to 75 Consultants. The bonus pay gap calculations include bonus pay received over the previous 12-month period for all Consultant medical staff employed as at 31 March 2025 who have declared their ethnicity.

The Trust currently employs 170 Consultants who are relevant employees and have declared their ethnicity status. Of these, 127 are White employees and 43 are BME employees (as at 31 March 2025). In total, 63 of the 127 White Consultants received a CEA payment in 2024/25 (49.6% of White Consultants) and 12 of the 43 BME Consultants received a CEA payment in 2024/25 (27.9% of BME Consultants).

## Mean and Median for Medical and Dental Staff Bonus'

<b>Ethnicity</b>	<b>Mean Bonus 2025 (£)</b>	<b>Median Bonus 2025 (£)</b>	<b>Mean Bonus 2024 (£)</b>	<b>Median Bonus 2024 (£)</b>
<b>White</b>	9,317.10	6,032.04	10,142.01	7,289.29
<b>BME</b>	5,054.79	4,515.89	5,791.31	4,316.00
<b>Difference</b>	4,262.31	1,516.15	4,350.71	2,973.29
<b>Pay Gap %</b>	45.75	25.13	42.90	40.79

- The data shows an increase of 2.85% in the mean ethnicity bonus gap differential and a decrease in the median bonus gap differential of 15.66%, respectively, from 2024 to 2025.
- The mean pay gap remains significantly high in favour of White Consultants.

## 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 has no influence on the figures.

A total of 157 Long Service Awards were issued to staff still employed as at 31 March 2025 who had a recorded ethnicity, and are therefore included within this report. Of these, 98.1% were issued to White colleagues, with the remaining 1.9% being issued to BME colleagues. All Long Service Awards carry the same financial value of £40, meaning that the ethnicity bonus gap is zero.

Taking both Clinical Excellence Awards and Long Service Awards into account, 4.8% of White colleagues received a bonus compared to 1.7% of BME colleagues.

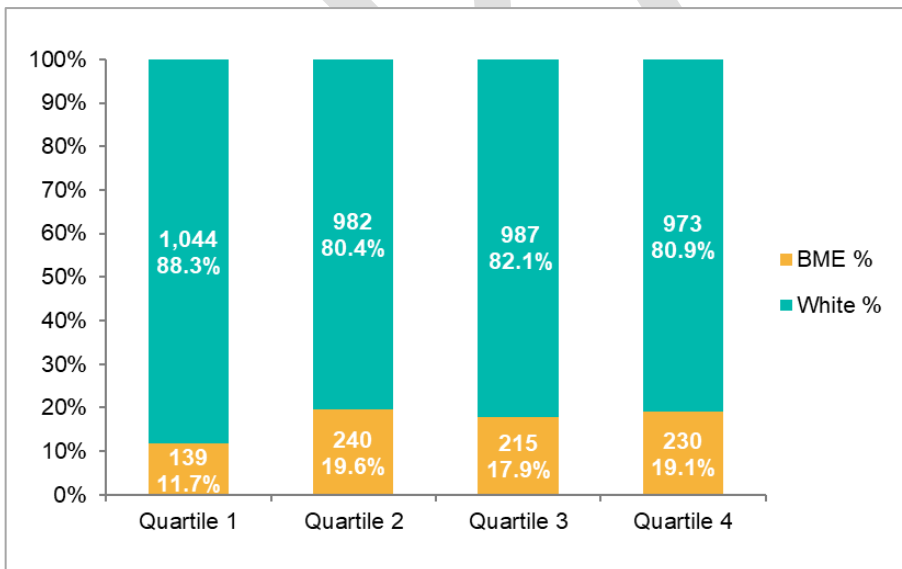
## Proportion of White and BME colleagues in each pay quartile

A quartile is the division of a range of data. In this case, it is the range of hourly earners divided into four groups:

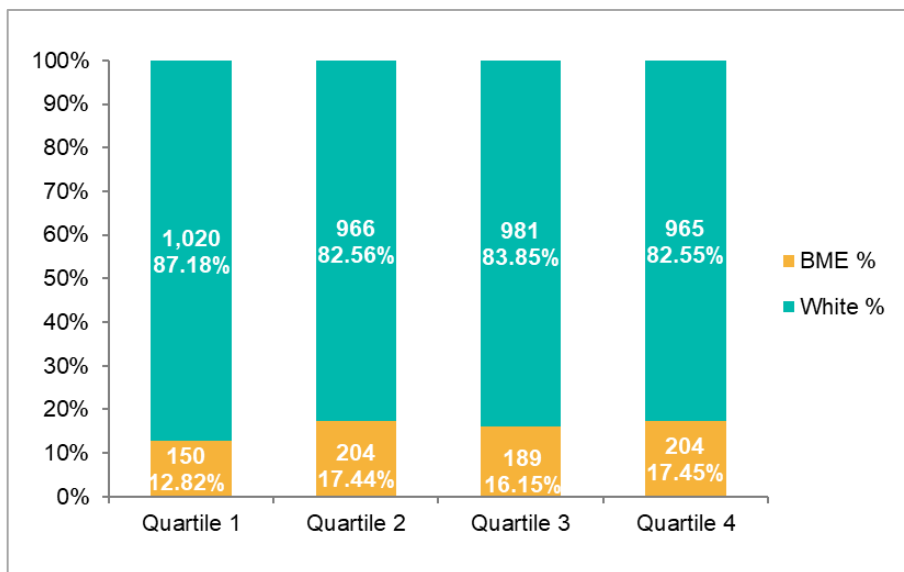
- Quartile 1 is the lower 25% of staff hourly wages;
- Quartile 2 – lower middle;
- Quartile 3 – upper middle;
- Quartile 4 – upper.

The graph below shows that the highest proportion of White colleagues is found in the lowest quartile and upper middle quartile. The highest proportion of BME colleagues is found in the upper quartile. This is influenced by the large proportion of BME doctors and dentists within HDFT. The percentage of BME colleagues has increased across all quartiles compared to the 2024 figures, with the exception of the lower quartile. However, this is due to an increase in the BME workforce, which now accounts for 17.1% of the overall workforce compared to 16.0% in the previous year.

2025



2024



### Summary and next steps in reducing the ethnicity pay gap

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

We acknowledge that 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 increasing the ethnic diversity of 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.

Continued efforts to reduce the ethnicity pay gap actions will be taken forward in 2026/27, including:

- Progressing strategies to make recruitment and progression more equitable. This includes the delivery of the Embedding Equality programme of work which includes the use of Independent Panel Members (IPMs). The IPMs will attend interviews at bands 8a to VSM and will observe interview panels for bias.
- 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.

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