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Aneurin Bevan
University Health Board



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RACE PAY GAP ANNUAL REPORT

Data as of 31st March 2022



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1. INTRODUCTION

Organisations that employ more than 250 people have a legal duty, outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, to publish and report specific information about their gender pay gap on their and the Governments website. This report, following a similar methodology, describes the Health Board's Race Pay Gap. This is above and beyond our current statutory duty, although noting this will be a requirement for the Health Board in the near future.

Aneurin Bevan University Health Board made a commitment as a result of the Welsh Government's Anti-Racist Action plan, published in July 2022, to provide a report to describe the potential pay gap experienced by Black, Asian and Minority Ethnic staff. This report provides an initial baseline assessment, identifies any pay gaps and will enable the development of an action plan to address any ethnicity pay gaps over the coming years. It provides a snapshot of the data as of 31 March 2022 and will be published in March 2023. The continued publication of this report is an important tool to help us achieve our ambition to fully embed a diverse and inclusive culture.

It is important to recognise and understand that the Race Pay Gap differs from Equal Pay. Equal Pay means that all staff, performing 'equal work' or broadly similar work rated as "of equivalent value" by a job evaluation study should receive equal pay. It is unlawful to pay people unequally because of their gender, race or ethnicity. The NHS Agenda for Change Job Evaluation process evaluates the job per se and not the post holder. This job evaluation process looks at the job without reference to any other protected characteristic to ensure equal pay.

Pay gap reporting looks at the difference between earnings and is a valuable tool for the Health Board for compliance and to assess levels of equality in the workplace. Currently, the Health Board does not have a legal duty to report on race pay gaps specifically but recognises that the experiences of some of our ethnic minority staff, with regards pay, and personal development may have been impacted by unconscious bias in both recruitment and pay progression. Accordingly, the Health Board require baseline data, as set out in this report, to demonstrate progress in the future.

2. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. The staff data was derived from Electronic Staff Records (ESR). The Health Board recognises in regards ethnicity there are limitations of the data as ethnicity data may not, for numerous reasons, be completed accurately within employment questionnaires and therefore may not capture the true diversity of our staff.

For the purposes of this first Race Pay Audit, the data will be split between those staff that have identified in ESR as being White British and those that identify as being from an ethnic minority community. This would include those staff that identify as mixed race, white European, such as Polish and staff who identify as Roma, Gypsy or Traveller. In addition, Jewish staff may be included in the White UK data collection. The Health Board recognises that this is an area for further discussion to ensure that the experiences of Jewish staff are included in race pay analysis as they may also be subject to potential bias and discrimination.

Mean Race Pay Gap in hourly pay - The mean hourly rate is the average hourly wage across the entire organisation, so the mean Race pay gap is a measure of the difference between our white British staff members mean hourly wage and Ethnic Minority staff members mean hourly wage.

Median Race Pay Gap in hourly pay - The median hourly rate is calculated by arranging the hourly pay rates of all ethnicities of staff members from highest to lowest and finding the point that is in the middle of each range.

Proportion of white British and Ethnic Minority staff in each pay quartile - Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and calculating the percentage of white British staff and ethnic minority staff in each of the quartiles.




This report does not describe differences in pay for White British staff and Ethnic Minority staff in equivalent post, or at the size of the role. This means that the results will be impacted by differences in the race composition across groups and job grades as well as some other factors.

3. RACE PAY GAP DATA

As of 31 March 2022, the Health Board employed 14,459 members of staff which equates to 12,275.38 FTE. According to current ESR data, the breakdown of those staff by Ethnicity is:

Ethnicity	FTE	PEOPLE	FTE	PEOPLE
Black, Asian & Minority Ethnic	951.53	1,043	7.75%	7.21%
Not Stated	1,611.95	2,061	13.13%	14.25%
White	9,711.90	11,355	79.12%	78.53%
Grand Total	12,275.38	14,459		

Therefore, 11,355 staff identified as White, 1,043 as from a Black, Asian and Minority Ethnic Background with 2,061 unknown/prefer not to answer.

	78.53% (11,355)		7.21% (1,043)		14.25% (2,061)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

3.1 Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
White	£19.98	£38.90
Black, Asian and Minority Ethnic	£39.96	£25.61
Difference	-£19.98	£13.29
Pay Gap %	-100%	34.16%

Mean Race Pay Gap = -100%, Median Race Pay Gap 34.16%




The mean hourly pay gap (-100%) includes the pay of Agenda for Change staff and non-Agenda for change staff which is made up of medical and dental staff and executive and senior managers on specific pay scale. This report describes the breakdown by grade highlighting a disproportionate spread between bands 2-5 and also medical and dental roles.

3.2 Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then calculates the percentage in each.




Quartile	White	Ethnic Minority	White %	Ethnic Minority %
1	7,979	719	79.14%	7.13%
2	161	3,019	82.76%	4.41%
3	68	11	61.26%	9.91%
4	289	152	46.76%	24.60%

Quartile 1: Lower quartile (lowest paid)

	79.14% (7,979)		7.13% (719)		13.73% (1,384)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	




69.68% of staff are in the lower quartile, 30.74% of the lower quartile are Additional Clinical Services and 24.79% are Admin and Clerical staff groups.

Quartile 2: Lower middle quartile

	82.76% (3,019)		4.41% (161)		12.83% (468)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	




25.22% of staff are in the lower middle quartile. 48.52% of the lower middle quartile are Nursing & Midwifery staff groups.

Quartile 3: Upper middle quartile

	61.26% (68)		9.91% (11)		28.83% (32)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

0.79% of staff are in the upper middle quartile.
48.65% of the upper middle quartile are Medical and Dental staff groups

Quartile 4: Upper quartile (highest paid)




	46.76% (289)		24.60% (152)		28.64% (177)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

4.29% of staff are in the top quartile.
92.04% of the top quartile are Medical and Dental – mainly Consultants




The highest variances are in the upper middle and upper quartile.

94.96% (13,730) were in roles within the lower and lower middle quartiles and 5.04% (729) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	80.10% (10,998)		6.41% (880)		13.49% (1,852)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

Upper Middle and Upper Pay Quartiles

	48.97% (357)		22.36% (163)		28.67% (209)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

4. RACE PAY GAP BY PAY BAND

The table below shows the ratio across pay bands.

Pay Grade	White %	Ethnic Minority%	Unknown %
Band 1	0.08%	0.00%	0.02%
Band 2	17.03%	1.00%	4.20%
Band 3	10.69%	0.41%	1.31%
Band 4	7.48%	0.34%	0.64%
Band 5	13.28%	2.56%	2.93%
Band 6	13.81%	0.99%	1.59
Band 7	8.44%	0.28%	1.00%
Band 8 - Range A	2.61%	0.07%	0.19%
Band 8 - Range B	1.27%	0.03%	0.08%
Band 8 - Range C	0.75%	0.03%	0.08%
Band 8 - Range D	0.29%	0.00%	0.05%
Band 9	0.12%	0.00%	0.04%
Other*	2.70%	1.49%	2.12%

**Other includes medical and dental and very senior manager roles which are higher paid positions.*




Breakdown of bands in each quartile

Quartile 1	Agenda for Change Bands 2- 5
Quartile 2	Agenda for Change Bands 6 - 8c
Quartile 3	Agenda for Change Bands 8d - 9 also some Medical & Dental
Quartile 4	Medical & Dental and Executive and Senior Managers




Impact of combined data

The following data separate the Agenda for Change and Non-Agenda for Change (i.e. Medical and Dental or other pay grades) data.

Agenda for Change Staff

	80.94% (10964)		6.11% (828)		12.95% (1754)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

Non- Agenda for Change Staff

	42.78% (390)		23.52% (215)		33.70% (308)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

5. CLOSING THE RACE PAY GAP

This is the first year that the Health Board has published a Race Pay Audit report. This report sets the baseline for the Health Board to begin to measure the impact of its strategic Equality Objectives and in particular its response to the Welsh Government's Anti-racist Action Plan.

One of the key goals in the Anti-Racist Action Plan is the focus on data, and the need to improve data capture and analysis. When it comes to identifying pay gaps between our white and ethnic minority staff, it provides an opportunity to break the history of unconscious bias and discrimination that our ethnic minority staff may have experienced, value their skills and contributions and support diversity throughout all pay grades in the Health Board, not just at entry level and senior consultant roles.¹

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our current Strategic Equality Plan, and in our revised plan, influenced by the Welsh Government Anti-racist Action Plan, to take action to

¹ [NHS workforce - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk/)

understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

6. NEXT STEPS

The Health Board has several key documents that identify the importance of fair recruitment, staff wellbeing and equity. These include the People Plan, our current Strategic Equality Plan 2020-2024 and our response to the Welsh Governments Anti-racist Action Plan. These strategic documents outline plans for addressing our pay gaps and pay differences.

We will consider how to improve and promote:

- Continue and expand the Health Board's Cultural Competence Scheme with Diverse Cymru to more divisions.
- Ensure that future data includes Jewish, polish, Roma and Gypsy data where known.
- Grow our Voices@ABUHB staff network, inviting representation from the network on diversity recruitment panels.
- Provide culturally competent and active bystander training as part of recruitment training for managers.
- Explore how to increase recruitment of ethnic minority staff in underrepresented areas through widening access schemes.
- Explore data across pay bands and all the different roles within the organisation.
- Identify those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Agile/hybrid working to be continued within the Health Board.
- Work with external partners on DWP initiatives.

7. CONCLUSION

This is the start of an active commitment by the Health Board to understand recruitment, staff development and retention in relation to the experiences of our ethnic minority staff. There is still a long way to go to build trust with our staff that we acknowledge the impact of unconscious bias, and we are ready to make those changes.

Aneurin Bevan University Health Board remains committed to promoting equality, diversity and inclusion. Learning through our race pay gap discussions will inform the work undertaken individually and relative to other protected characteristics.