

Race Pay Gap Report

As of 31st March 2025



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



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Betsi Cadwaladr University Health Board RACE PAY GAP REPORT – 31st MARCH 2025

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INTRODUCTION

The Health Board has a statutory duty to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 which came into force on 5th April 2011. A Race Equality Action Group was established in November 2021 to progress the Workforce Race Equality Action Plan developed at the request of the Equality and Human Rights Strategic Forum in April 2021 to inform actions to deliver the Health Board's Strategic Equality Objective 9: "We will priorities action to advance race equality in North Wales"

Following publication of the Welsh Government Anti-racist Wales Action Plan (ARWAP) in June 2022 the meeting structure and associated terms of reference have been reviewed to reflect the increased scope to develop anti-racism action plans for both employment and service delivery. The ARWAP states Welsh Government will:

"Require NHS organisations to develop anti-racism action plans; for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress will be monitored and reported via IMTP and Annual Plans, and the Joint Executive Team process"

As part of our commitment to adopting to an anti-racist approach to our delivery of service and developing and supporting our workforce, we have developed this race pay gap report. By commencing work in this area we will start to gain insights of the difference in average hourly pay between different groups across the workforce. From April 2024 BCUHB has been required to implement the Wales Workforce Race Equality Standards (WRES). The WRES is a tool which will be used to capture evidence of the workforce experience at a national and organisational level. It will enable workforce data to be consistently scrutinised against common indicators grouped under four domains,

- Leadership & Progression,
- CPD & Training;
- Discipline & Capability;
- Bullying, Harassment and Discrimination.

It will highlight where there are disparities in the experience of Black, Asian and Minority Ethnic health and social care staff. By doing this it will support organisations to implement targeted action to address systemic issues to improve the experiences of the Ethnic Minority workforce. Improving workforce experience for Ethnic Minority staff will improve the experience of all staff, and in turn that will improve patient and public outcomes, supporting the quadruple aims of [A Healthier Wales: Our Plan for Health and Social Care](#). By producing an annual race pay gap report we will have a more complete picture of our employee experience, which will inform the actions to address and improve the organisations WRES results.

Race pay gap reporting is a valuable tool in allowing the organisation to assess levels of equality in the workplace. Specifically, in respect of participation across ethnicities, and how effectively talent is being maximised.

This Race Pay Gap report focuses on comparing the pay of ethnic minority and global majority staff and white staff. For the purposes of this report, the data reporting will refer to White and non-White staff, and staff who have not declared their ethnicity and will show the difference in average earnings.

1. 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. Future reports will be produced that break down Agenda for Change and Non-Agenda for Change pay to give a more comprehensive picture above what is required by statutory reporting requirements. This report applies to the 12-month period ending 31st March 2025.

Key Reporting Metrics:

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 the mean hourly wage of white staff, non-white staff and those that have not declared their ethnicity.

Median Race Pay Gap in hourly pay

The median hourly rate is calculated by arranging the hourly pay rates of all white staff, non-white staff and those that have not declared their ethnicity. from highest to lowest and finding the point that is in the middle of each range.

Proportion of staff by ethnicity 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 working out the percentage of white, non- white and 'not declared' people in each of the four parts.

This report does not look at whether there are differences in pay between white, non- white and 'not declared' people in equivalent post, or Whole Time Equivalent (WTE) at the size of the role. This means that the results will be impacted by differences in the ethnicity composition across groups and job grades.

Categories used in the report.

The data collected for this report has been taken from the Electronic Staff Record (ESR) system. There are seven ethnicity categories used in ESR. In order to ensure that the results of the pay gap analysis are easy to understand and enable straightforward analysis and monitoring, we have analysed our data in the following categories:

1. White
2. Non-white
3. Undeclared (for those staff who have not recorded an ethnicity in ESR).

Race pay reporting

This is the second time that a race pay gap report has been produced in BCUHB. As part of the Anti-racist Wales Action plan, we commenced annual reporting against the measures of the Wales Workforce Race Equality Standards (WRES) in April 2024.

Additionally, by reporting our race pay gap, in conjunction with WRES reporting, we will be better able to understand the landscape of our workforce from the perspective of race.

2. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA

Agenda for Change (AfC) is the current NHS grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.

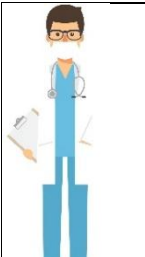


The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

A set of national job profiles has been agreed to assist in the process of matching posts to pay bands. All staff will either be matched to a national job profile, or their job will be evaluated locally.

AfC is designed to evaluate the job rather than the person within it, and to ensure equity between similar posts in different areas.

The Non-Agenda for Change (Non-AfC) group which includes Medical, Dental and Senior Manager salaries reflects the highest paid positions within the Health Board.

As of 31st March 2025, BCUHB employed 18,381 white staff, 1771 non-white staff, and 1763 staff who had not declared their ethnicity, therefore 83.87% of the workforce were white, 8.08% were non-white and 8.04% of staff had not declared.

	White 83.87% (18,381)		Non-White 8.08% (1,771)		Not Declared 8.04% (1,763)
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Ethnicity	People	%
White	18381	83.87%
Non-White	1771	8.08%
Not Declared	1763	8.04%
Grand Total	21,915	

Demographics of the north Wales Population

North Wales Population by Ethnicity and Local Authority Area (including BCUHB %)

(Source: Nomis August 2023)

	Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	North Wales	BCUHB staff
Asian, Asian British or Asian Welsh (including Chinese)	1.8%	2.1%	1.1%	2.2%	2.2%	1.9%	3.3%
Black, Black British, Black Welsh, Caribbean or African	0.2%	0.3%	0.2%	0.4%	0.6%	0.3%	1.2%
Mixed or Multiple ethnic groups	1.1%	1.1%	0.9%	1.1%	1.2%	1.1%	0.7%
White	96.9%	96.5%	97.6%	96.2%	96.0%	96.6%	86.9%
Other ethnic group	0.3%	0.4%	0.3%	0.5%	0.6%	0.4%	1.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%

Mean and Median Rates

Ethnicity	Mean Hourly Rate	Median Hourly Rate
Non-White	30.0983	20.5964
Not Declared	23.9157	18.9393
White	20.2453	17.7216
Difference between White & Non White	-9.853	-2.8748
Difference between White & Not Declared	-3.6704	-1.2177
Pay Gap % between White & Non White	-48.6682%	-16.2223%
Pay Gap % between White & Not Declared	-18.1297%	-6.8711%

Mean Race Pay Gap = -48.67%*; Median Race Pay Gap = -16.22%

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort, i.e., non-white employees are paid on average 48.67% more than white employees.

This can be explained by the higher proportion of non-white staff occupying relatively highly paid medical and dental roles when compared to other lower paid roles.

The average is calculated over different numbers of employees, we employ 16,371 more white employees than non-white employees therefore this will account for some of the variance.

Non-white employees' mean hourly rate is 48.66% higher than white employees. In other words when comparing mean hourly rates, non-white employees are paid £1.49 for every £1 that white employees get paid.

Non-white employees' median hourly rate is 16.22% higher than white employees'. In other words when comparing median hourly rates, Non-white employees are paid £1.16 for every £1 that white employees get paid.

Bonus Payments

The number of non-white staff receiving bonuses compares very favourably to white staff, as the overall cohort sizes are very different, but the numbers on white and non-white staff receiving a bonus are similar.

The proportion of non-white staff receiving a bonus is almost 8 times that of white staff. This is due to the smaller size of the non-white cohort of staff and the high representation of non-white staff in our medical workforce.

The proportion of staff receiving a bonus**

Ethnicity	Employees Paid Bonus	Total Relevant Employees	%
White	188	19846	0.95%
Non-White	143	1954	7.32%
Not Declared	11	293	3.75%




** Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and describes the percentage of white, non- white and 'not declared' people in each.




Quartile	White	Non White	Not Declared	White %	Non White %	Not Declared %
1	4,969	164	325	90.77%	3.29%	5.94%
2	4,629	356	466	84.47%	7.03%	8.50%
3	4,529	457	465	82.66%	8.85%	8.49%
4	4,254	642	507	77.60%	13.15%	9.25%

Quartile 1: Lower quartile (lowest paid)

	White 90.77% (4,969)		Non-White 3.29% (164)		Not Declared 5.94% (325)
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90.77% of the lower quartile are white.

Quartile 2: Lower middle quartile

	White 84.47% (4629)		Non-White 7.03% (356)		Not Declared 8.5% (466)
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84.47% of the lower middle quartile are white.

Quartile 3: Upper middle quartile

	White 82.66% (4529)		Non-White 8.85% (485)		Not Declared 8.49% (465)
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82.66% of the upper middle quartile are white.

Quartile 4: Upper quartile (highest paid)

	White 77.6% (4254)		Non-White 13.15% (721)		Not Declared 9.25% (507)
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77.6% of the upper quartile are white




The highest variances are in the upper quartile.

Non-white staff account for around 7-8% of the middle two quartiles, which roughly correlates with the non-white proportion of all staff (6.6%). This rises to 13.15% of the upper quartile, almost double the proportion of non-white staff in the whole employee population. Non-white staff account for 2.54% of the lower quartile, less than half of the proportion of non-white staff in the employee population as a whole.




This distribution of non-white staff at the two extremes of the pay quartiles explains the current pay gap, as well as the area for focus for improvements, staff development and leadership programmes.

It will be useful to note that the proportion of non-White staff in Quartile 3 has risen from 6.38% in 2023-24 to 8.85% in 2024-25. Additionally, the proportion of non-White staff in Quartile 4 has risen from 11.93% in 2023-24 to 13.15% in 2024-25.

Lower and Lower Middle Pay Quartiles

	White 87.62% (9598)		Non-White 5.16% (565)		Not Declared 14.44% (791)
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Upper Middle and Upper Pay Quartiles

	White 80.13% (8783)		Non-White 11% (1206)		Not Declared 8.87% (972)
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Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

3. NEXT STEPS AND CONCLUSION

The Health Board has several key documents that identify the important of fair recruitment, staff wellbeing and equity. These include our People Plan, and our current Strategic Equality Plan 2024-2028.

The Health Board recognises that there are factors outside of our control or influence, which are affecting pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS. This is a newly developed report, and is intended to help us better understand the landscape of our staff demographics by ethnicity. This report will also inform our work to implement the Anti-racist Wales Action Plan,

including implementation of the Wales Workforce Race Equality Standard. We will also explore opportunities to review our staff turnover rates across pay quartiles and staff groups by ethnicity to further inform this work and provide context.

We will consider how to develop this work further by:

- Using data from workforce analyses as they become available, such as the NHS staff survey to identify areas of support needed such as work-life balance needs, career progression and training opportunities to ensure staff have all the opportunities to develop and progress in the Health Board.
- Raising awareness of the experiences of Black, Asian and ethnic minority staff in securing development opportunities across NHS Wales through strategic recruitment training currently being delivered and measuring the development of those that attend the training over the next 18 months to understand the effectiveness of the training.
- Proactively seek the views and experiences of global majority and international staff from across the organisation. Recognising the intersectionality of barriers that can impact on career progression, also via the staff survey and other mechanisms such as the WRES reports.
- Exploring ways to increase recruitment in underrepresented areas such as quartile 1, through widening access schemes, including exploring options for improving recruitment training for managers, i.e., ethnic minority recruitment fairs.
- Leverage and promote leadership and personal development opportunities for global majority and international staff, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board, such as the Welsh Government Aspiring Leadership Program and Climb Program.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- Continue to make active bystander training available for all staff.
- Continuing to promote the international colleagues welcome pack across the organisation with a focus on recruiting managers to help ensure that international recruits settle in to north Wales well.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprentices, and mentoring.

Betsi Cadwaladr University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our race pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.

4. STATEMENT BY OUR INTERIM EXECUTIVE DIRECTOR, PEOPLE SERVICES

“Pay gap reporting is a vital tool in helping us understand various issues linked to equality in our organisation. This report helps us understand more about the structure of our organisation and where there is an imbalance. We are committed to tackling all forms of inequality, including racial inequality at work.

We recognise that the Anti-racist Wales Action Plan is an important part of that work.

Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan. This reflects the Health Boards’ strategic equality objectives and is supported by an increasing body of evidence, which correlates inclusion, well-being and the workforce's engagement with the quality of health and care experienced by the people we serve.

With this in mind, we will continue to improve our understanding of the professional experiences of Black, Asian and minority ethnic people in our workforce to ensure equitable career progression between people regardless of their ethnicity.

This report will support us in understanding where our opportunities are and demonstrates our commitment to acting meaningfully on the results of our annual WRES reports, and we are encouraged that the proportion of global majority and international staff in the upper two pay quartiles has increased significantly this year.

As our pay gap is driven by the distribution of non-white staff across the pay quartiles, we are able to focus work in the future on staff development and leadership programmes for non-White staff in the lower pay quartiles.

It is encouraging that the mean and median hourly rate pay gaps are narrowing, and to see increases in numbers of Black, Asian and ethnic minority staff in three of the four pay quartiles.

Maintaining a clear picture of the pay gap and lived staff experience is vital to advancing in this area. We will ensure that we continue to listen BCUnity (our ethnic minority and international staff network) to ensure the lived experiences and voices of the Black, Asian and ethnic minority staff in the organisation are heard, and will help us take the right steps as we progress.”