



Ethnicity Pay Gap 2024

Summary

March 2025



Background

NHS Trusts are mandated to undertake six calculations, based on a snapshot of our payroll data and publish these annually. This report sets out our first ethnicity pay gap data as of 31 March 2024.

The ethnicity pay gap report is to support organisations, like Yorkshire Ambulance Service (YAS), to focus on reducing any gaps in the pay of White and BME employees by comparing and evidencing the difference in their average earnings.

The terminology BME is used to describe ethnically diverse staff to ensure consistency with language used by NHS England and the Workforce Race Equality Standards (WRES), it is recognised that this does not align to the YAS Inclusive Language guidance.

Ethnicity Pay Gap data highlights

The ethnicity pay gap data is summarised the in the tables below:

	White	BME	Gap	Percentage Gap
Workforce Composition	93.5%	6.5%	NA	NA
Pay Mean Average	£18.60	£17.39	£1.21	6.53%
Pay Median Average	£16.51	£15.65	£0.86	5.20%
Bonus Mean Average	£447.53	£406.52	£41.01	9.16%
Bonus Median Average	£500.00	£500.00	£0.00	0.00%
Proportion Receiving Bonus	24.8%	59.9%	-35.1%	-58.6%

Quartile	White	BME	White %	BME %
Upper Quartile	1469	74	95.2%	4.8%
Upper Middle Quartile	1441	96	93.8%	6.2%
Lower Middle Quartile	1458	103	93.4%	6.6%
Lower Quartile	1403	131	91.5%	8.5%
Total	5771	404	93.5%	*6.5%

*Regionally BME representation is 14.6% (National Census Data 2021)

The median pay gap (the mid-point when hourly pay is ranked from the lowest to highest pay) is 5.20% in favour of White staff. The mean pay gap (the sum of hourly pay divided by the number of staff) is higher at 6.53% again in favour of White staff. Given the overall high percentage of White staff, both the median and mean pay gaps show that White staff tend to earn more. Median pay is lower than mean pay indicating a number of BME staff are in senior or higher-paying roles.

BME staff are overrepresented in the lower pay quartile (bands 2-5) and underrepresented in the upper pay quartiles. Representation decreases as the pay quartiles increase. The lack of

representation of BME staff in the upper quartile suggests that there may be barriers to career advancement for BME staff.

Further exploration is needed to explore the barriers to progression.

The mean bonus pay gap of 9.16% indicates that, on average, BME staff are receiving lower bonuses than their White counterparts. The median bonus pay gap of 0% suggests that there is no gap in bonuses when looking at the middle average value.

NHS England requires the Trust to publish the results of calculations relating to bonus payments. Whilst the Trust does not pay bonuses that are performance related the following six payments are used to calculate the bonus pay:

Payment	Number of Payments	BME Staff
Retention Payment (Remote Patient Care)	711	129
NHS Back Log Pay	389	54
2022 Non-Consolidated Pay	394	54
Cost of Living Payment	2	0
Ambulance Intervention Team On Call Payment	189	5
General Practitioner Pay	1	0

The proportion of BME staff receiving bonuses (-58.6%) indicates, that BME staff are more likely to receive bonuses as a large proportion of BME staff work in Integrated Urgent Care (IUC) where retention payments are made. This may reflect a broader issue where it is likely that turnover for BME staff is higher in comparison to White staff in particular roles.

Conclusion and Improvement Plan

Addressing the gaps will require a focus on recruitment, promotion practices, and career development for BME staff:

- Focus on career progression for BME staff: Implement initiatives to support career advancement for BME staff. This includes mentorship programmes, leadership training, and targeted professional development to ensure equality of opportunity for promotion into higher-paying roles and increasing representation in the upper quartiles.
- Review Retention Payments: Conduct an audit of retention payments distributed across staff in Integrated Urgent Care (IUC). The higher representation of BME staff in these roles and proportion receiving these payments could indicate issues with retention.
- Address bias in recruitment, pay and promotion: Ensure recruitment, pay and promotion processes are fair and free from bias. Introducing regular audits of these processes could help ensure BME staff have equal opportunities to access higher-paying roles and bonuses.

To address the ethnicity pay gap, the Trust's 3-year Equality Diversity and Inclusion action plan, sets out the following actions:

<https://www.yas.nhs.uk/media/4928/equality-diversity-and-inclusion-plan-2024-27-final.pdf>