

1. Introduction

In June 2023 the Equality, Diversity and Inclusion Plan set out six targeted actions to address direct and indirect prejudice and discrimination that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. High Impact action 3 requires us to develop and implement an improvement plan to eliminate pay gaps.

We are required to analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026. The Trust already report on gender pay gaps.

A pay gap is the difference between the average hourly pay of employees in one group in comparison to another group. This is different to equal pay. Equal pay is a person being paid the same for the same role and it is unlawful to pay someone differently for doing the same job based on a protected characteristic.

QVH is committed to understanding any differences identified in the ethnicity pay report and will undertake further analysis to gain a better understanding as to the reason for the differences and to take action where appropriate. Pay gaps can negatively affect the retention of the NHS workforce. They can make it harder to recruit and can have a detrimental impact on staff experience when in post.

This is our first ethnicity pay gap report. We have analysed information using the categories: White, Not Stated (which includes not known) and BME. BME is all other ethnic minority groups combined

The intention of pay gap reporting is to focus attention on the evidence for taking action to reduce pay inequality, improve staff experience, retention and make Queen Victoria NHS Foundation Trust (QVH) a great place to work.

The ethnicity pay gap report is a snapshot as at 31 March 2024.

2. Data Used to Calculate Ethnicity Pay Gap Figures

There are six key indicators against which an employer must publish its calculations

- **Mean ethnicity pay gap** – The difference between the mean hourly rate of pay of white full-pay relevant employees and that of BME full-pay relevant employees.
- **Median ethnicity pay gap** – The difference between median hourly rate of pay of white full-pay relevant employees and that of BME full-pay relevant employees.
- **Bonus proportions** – The proportion of White and BME staff receiving a bonus payment.
- **Quartile pay bands** – The proportion of White and BME in each of the four pay quartiles

3. Definitions

- Full-pay relevant employee - the employee must be paid their full usual pay during the pay period in which the snapshot date falls. If the employee is paid less than their usual rate because of leave for that period, they should not be counted as a full-pay relevant employee.
- If an employee is on any kind of leave and not being paid their full usual amount in the pay period, they are not full-pay relevant employees. For example, if they are paid Statutory Sick Pay or Statutory Maternity Pay which is less than their usual pay.
- "Pay" includes;
 - basic pay
 - full paid leave including annual, sick, maternity, paternity, adoption or parental leave,

- bonus pay received in the pay period in which the snapshot date falls (bonus pay should be pro-rated where it relates to a period longer than the pay period)
- area, on-call and other allowances such as recruitment and retention allowances shift premium pay
- pay for piecework.

It does not include;

- overtime pay
- expenses (payments made to reimburse expenditure wholly and necessarily incurred in the course of employment, for example, mileage for use of vehicle)
- remuneration in lieu of leave
- benefits in kind (for example, child care vouchers)
- redundancy pay and tax credits.

4. Methodology

The data used in this report has been generated using the Electronic Staff Record (ESR) Business Intelligence report designed specifically for ethnicity pay gap reporting

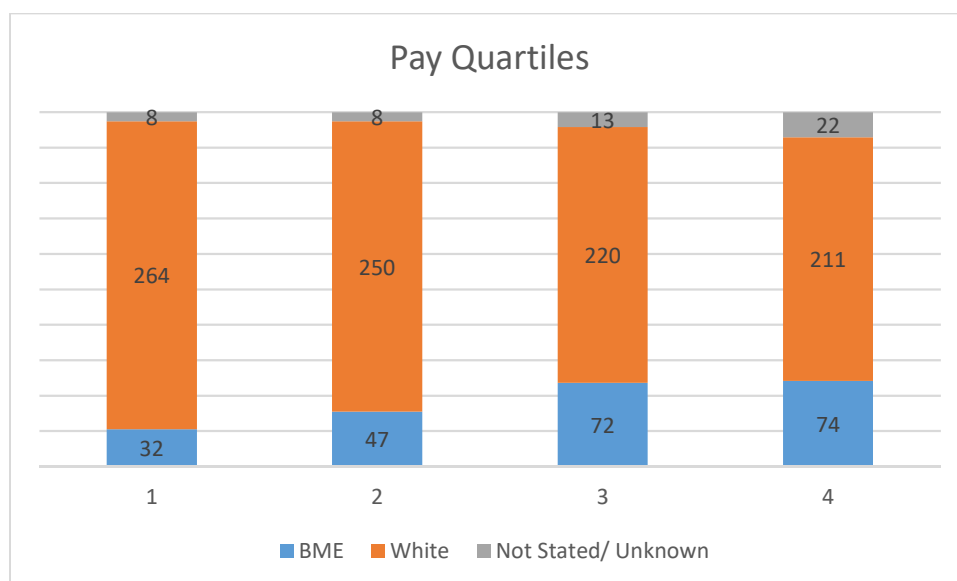
5. Data Analysis-Race

Colleagues from a multicultural background represent 21.25% of the workforce, with year-on-year increases being seen

	BME %	Non-BME %	Unknown %
2019	14.69%	83.07%	2.24%
2020	15.92%	81.14%	2.94%
2021	18.79%	79.38%	1.83%
2022	19.27%	78.73%	2.00%
2023	19.52%	78.53%	1.95%
2024	21.25%	77.48%	1.27%

5.1 Ethnicity Distribution Pay Quartiles

Quartile	BME	White	Not Stated/ Unknown
1	32	264	8
2	47	250	8
3	72	220	13
4	74	211	22



The majority of BME staff are located in quartiles 3 and 4, with less BME staff occupying the lower paid quartiles. The number of staff who have not stated or have an undeclared ethnicity increases with the pay quartiles.

5.2 Mean and Median Hourly Rate

The mean pay gap is the difference between the average earnings of two groups, in this case BME and White colleagues. This is widely considered the most suitable way to calculate the average as it incorporates all of data.

The median pay gap is the difference in hourly pay gap between the mid-point of the two groups when their salaries are listed by size. It therefore is not influenced by extremes in salaries and so the median would be more reflective of what the majority of individuals are paid.

Exploring the data from the 31st March 2024, it demonstrates that there is still a significant ethnicity pay gap in favour of BME colleagues. However the gap amongst staff who have not declared (51 out of 1221 staff) is over 20%

Overall Workforce

	Mean Hourly Rate	Median Hourly Rate
BME	£27.01	£22.61
Not Known	£17.67	£14.40
White	£22.36	£17.44
Pay Gap - BME	-20.79%	-29.67%
Pay Gap - Not Known	20.98%	17.41%

Ethnicity pay gap – Agenda for Change (AfC) workforce

	Mean Hourly Rate	Median Hourly Rate
BME	£18.97	£18.10
Not Known	£16.70	£14.01
White	£18.36	£14.20
Pay Gap - BME	-3.32%	-27.46%
Pay Gap - Not Known	9.03%	1.34%

In respect of Agenda for Change (AfC) staff (excluding Executives, Non-Executives and Medical & Dental), the mean pay gap was -3.32% a gap of £0.61 an hour in favour of BME staff. The median pay gap was -27.46% a gap of £3.90 an hour in favour of BME staff.

Ethnicity pay gap – Medical and Dental (M&D) workforce

	Mean Hourly Rate	Median Hourly Rate
BME	£41.13	£36.08
Not Known	£30.07	£30.07
White	£45.14	£46.34
Pay Gap - BME	8.89%	22.14%
Pay Gap - Not Known	33.39%	33.39%

With regard to Medical and Dental (M&D) staff, the mean pay gap is 8.89%, a gap of £4.01 an hour in favour of White staff. The median pay gap was 22.14%, a gap of £10.26 an hour in favour of white staff. For context. QVH have 85 staff from a BME background and 104 from a White background

Staff Groups

The extent of the ethnicity pay gap varies considerably across the 8 different staff groups within the Trust.

Staff Group	BME Mean Hourly Rate	White Mean Hourly Rate	Difference per hour	Pay Gap
Add Prof Scientific and Technic	£28.13	£22.35	£5.78	-25.84%
Additional Clinical Services	£13.16	£13.04	£0.12	-0.89%
Administrative and Clerical	£19.10	£17.96	£1.14	-6.33%
Allied Health Professionals	£22.37	£22.76	-£0.39	1.70%
Estates and Ancillary	£13.48	£14.04	-£0.56	3.99%
Healthcare Scientists	£20.32	£30.69	-£10.37	33.80%
Medical and Dental	£41.13	£45.14	-£4.01	8.89%
Nursing and Midwifery Registered	£22.00	£22.82	-£0.82	3.60%

Reviewing the areas with the largest pay gaps in 2024, Healthcare Scientists see the highest pay gap at QVH with 33.80% win favour of White staff, the equivalent of £10.37 per hour. This is in relation to a total of 29 staff in this area.

Staff in the Additional Professional, Scientific and Technical staff group who have 43 staff demonstrate a 25.84% pay gap in favour of BME staff, the equivalent of £5.78 per hour. (Psychotherapies, Optical, Pharmacy, Orthodontic staff)

Bonus Pay

Bonus payments - overall workforce

In 2024, QVH made bonus payments in respect of the national and local Clinical Excellence Awards (CEAs) for medical and dental consultants, and new starter premium for Agenda for Change staff.

Of the 1221 relevant employees, 110 received bonus payments which equates to 5.5% of white staff and 3.36% of BMW staff of the overall workforce.

The bonus payments totalled £520,474.44; of which 61.82% was awarded to white staff and 37.3% to BME staff. In 2024 the mean bonus gender pay gap for the entire workforce was -33.01% and the median bonus gender pay gap was 0%. The main contributor to this was the historic distribution of CEA awards within the Medical Consultant body; in spite of the equal distribution of payments since 2021; where the majority of the workforce is white (61 White, 37 BME and 1 Unknown).

Pro-rata bonuses received by part-time employees are not adjusted for the purpose of the gender bonus gap calculations, this impacts the gender pay bonus gap.

Gender	Mean Total Bonus	Median Total Bonus
BME	£5,615.35	£3,167.00
Not Known	£3,167.00	£3,167.00
White	£4,221.73	£3,167.00
Pay Gap - BME	-33.01%	0.00%
Pay Gap - Not Known	24.98%	0.00%

Consultant Workforce

There are 99 consultants in the workforce at QVH; of which 37 (37.37% of the consultant workforce) are BME and 61 (61.61%) are White. Considerably more white staff (n=61) compared to BME (n=37) received bonus payments in the form of Clinical Excellence Awards (CEA's) awarded by the Trust.

CEA payments totalled £508,974.44. The **mean** (-33.94%) was in favour of BME staff who on average received £1,552.77 more in bonuses than white staff. The **median** was 0% which can be attributed to the Local CEA payments being equally distributed to all eligible consultants in 2024.

Gender	Mean Total Bonus	Median Total Bonus
BME	£6,127.82	£3,167.00
Not Known	£3,167.00	£3,167.00
White	£4,575.05	£3,167.00

Pay Gap - BME	-33.94%	0.00%
Pay Gap - Not Known	30.78%	0.00%

Agenda for Change Workforce

In the year 2023-4 the Trust offered a new starter premium payments to AfC staff who referred a candidate subsequently employed. The value of this bonus totalled £11,500.00; of which 63.63% was awarded to white staff and 36.36% to BME staff. These payments were paid to a total of 11 individuals.

Gender	Mean Total Bonus	Median Total Bonus
BME	£875.00	£750.00
Not Known	N/A	N/A
White	£1,142.86	£1,000.00
Pay Gap - BME	23.43%	25.00%
Pay Gap - Not Known	N/A	N/A

7. Priorities for 2024/2025

2023-2024 Action	Timescale
Establish individual and collective EDI objectives for all executive and non-executive board members, focussing on key areas of addressing disparities and inequalities across the organisation.	Ongoing
Support the trusts action plan to improve Speak Up and psychological safety for all staff – implementation of FTSU contract, signing of the Sexual Safety Charter.	Complete
To review existing and commission new provision for training for managers and staff to increase cultural competence, civility and a just restorative culture.	Ongoing
To invite expression of interest and training to become an inclusion agent within the workplace.	Ongoing
Establish a Trust EDI group as a focus for all our EDI work and to ensure a safe space for conversations on workplace belonging and to review pay gap data and develop further improvements, including: <ul style="list-style-type: none"> widening participation though school and community engagement, to support more diverse recruitment and training roles analysis of historic trends and potential gender bias at appointment barriers to career development and promotion promote flexible working for all 	Complete

Support staff networks development and growth, including our women's network. This includes establishing and supporting chair/co-chairs of the network, providing development into these vital roles, with a named member of the Executive Leadership Team as a sponsor of each network. Work with comms to promote networks to encourage greater membership.	April 2024
To continually review the use of CEA's to promote positive action and eliminate pay gaps.	Complete
Undertake an enquiry into workplace belonging – including a specific focus on promoting flexible working, eliminating sexual harassment and discrimination and barriers to career progression.	Complete
Apply an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes, with an EDI representative available for interview panels to support the de-biasing of the recruitment process. This will include reviewing our job advert wording to be more inclusive of flexible working options, removing any gender bias and reviewing where and how we advertise eg, use of social media platforms, and using data to inform which platforms provide the most diversity of applicants.	May 2024
Advertising all jobs as available less than full time to attract more diverse applicants to joining QVH.	Ongoing
Expand career development opportunities within roles and support internal and external career progression for more staff, through provision of career mapping, new roles/extended roles, and meaningful talent conversations within appraisals, supporting succession planning.	Ongoing
Work as an influencer with NHSE WT&E, HEIs, FEs and apprenticeship providers to influence and attract a more diverse population into careers in health. Eg – what would be needed for HEIs / medical schools etc. to attract more women into surgical specialities?	June 2024
Commit to flexible working principles and champion promoting work-life balance to reduce barriers for women to advance their careers. Commit to better use of digital solutions across the organisation to further enable and embed smart flexible working options.	April 2024
Establishment of a Hybrid Working group to develop a Hybrid Working Toolkit to support QVH staff in different ways of working.	May 2024
Recruitment of a 'People Promise Manager' (NHSE funded) to be an advocate for improving the experience of working for the NHS at QVH for all staff.	July 2024
Commit to providing additional menopause awareness sessions to colleagues, promoting allyship, as well as having information readily available on Qnet for staff and managers to support colleagues in the workplace, with a commitment to working across our system to achieve menopause accreditation.	July 2024

A review of job descriptions across the organisation to check for gender bias, updating where required. Peer to peer reviews of job descriptions with system partners to compare roles / bandings.	July 2024
A review of policies across the organisation to check for gender bias, flexible working / part-time working bias and updating where required. Peer to peer reviews of policies with system partners.	June 2024
Delivery of the QVH People and Culture Strategy (2024-2028), with a pillar focusing on inclusion, including a focus on reducing and ultimately eliminating the gender pay gap, with clear delivery plan milestones.	Ongoing
Development and implementation of a reverse mentoring programme, using our networks to determine areas of initial focus to support career progression.	Ongoing
Co-create with our networks to implement initiatives to increase representation of women in AfC leadership positions and medical and dental roles.	Ongoing
Work with system and region partners to ensure we are learning from each other, sharing good practice and taking all opportunities to increase workforce diversity.	Ongoing