

Ethnicity Pay Report 2025

Executive Summary

Queen Victoria Hospital NHS Foundation Trust's mean ethnicity pay gap has increased from -20.79% in 2024 to -22.95% in 2025 in favour of BME staff. The median gap has decreased from -29.67% to -27.53%.

The AfC ethnicity pay gap for 2025 is -2.99% (Mean) and -18.71% (Median) in favour of BME staff. The M&D ethnicity pay gap for 2025 is 10.37% (Mean) and 13.52% (Median) in favour of white staff. Our ethnicity pay gap continues to be driven in part by a disproportionate number of BME colleagues in more senior clinical posts among our Agenda for Change (AfC) workforce and senior white clinicians earning top of grade and bonus payments relative to our total workforce.

In relation to the bonus pay gap, BME employees received a higher amount of bonus pay compared to white employees. The pay gap for bonus pay is -14.84% which has reduced significantly since 2024 where the gap was -33.01%. This is mainly attributed to Consultant medical staff receiving historical Clinical Excellence Awards which ceased to be awarded in 2018.

Our workforce profile is 21.98% BME staff as at 31 March 2025, which represents a 0.73% increase against our 2024 data.

Reporting Requirements

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

1. **Mean gender pay gap** – The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees.
2. **Median gender pay gap** – The difference between median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees.
3. **Mean bonus gender pay gap** – The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees.
4. **Median bonus gender pay gap** – The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees.
5. **Bonus proportions** – The proportion of males and females receiving a bonus payment.
6. **Quartile pay bands** – The proportion of males and females in each of the four pay quartiles

“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.

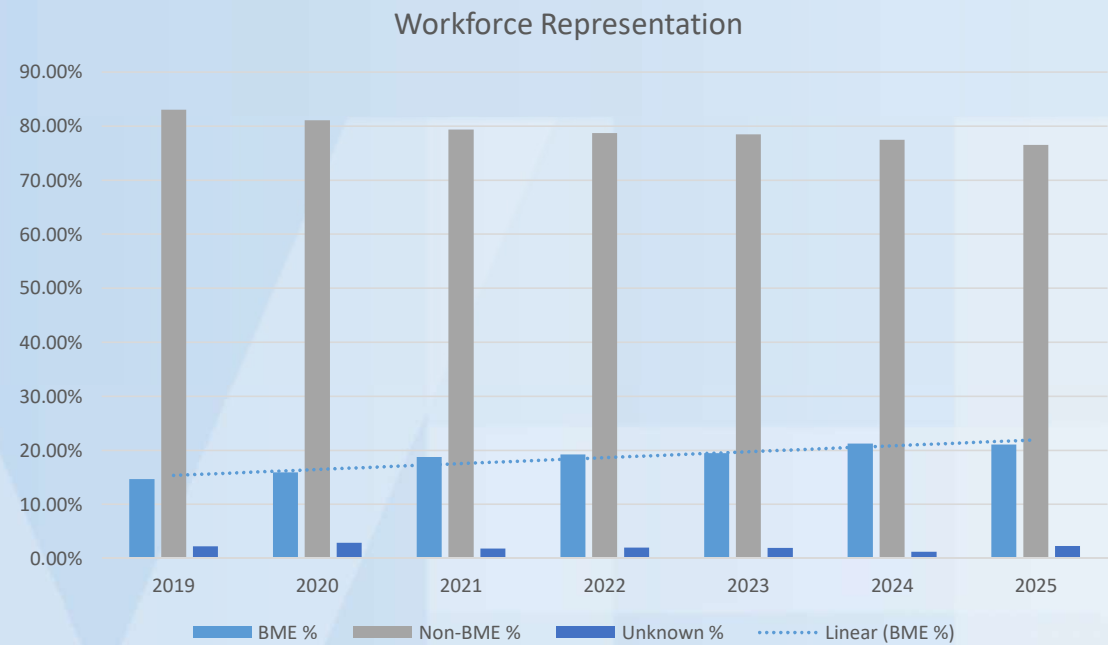
It does not include;

- 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.

Our Workforce Profile

Snapshot Date-31st March 2025

This chart provides details of the Trust ethnicity profile. There were a total of 1250 employees who fell under the requirements to report the ethnicity pay gap. 957 were from a White background, 264 from a BME background and 29 had not disclosed their ethnic origin to the Trust



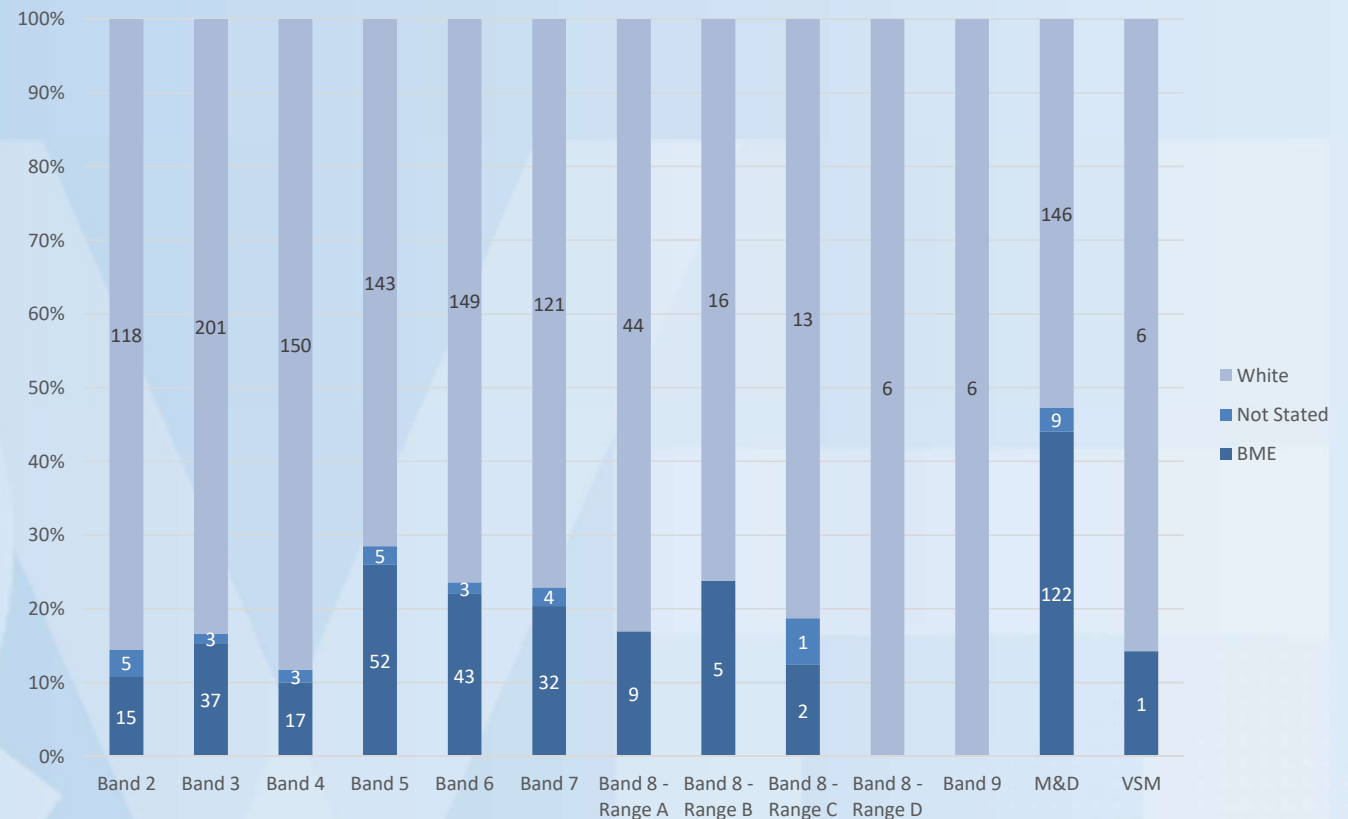
Our Ethnicity Profile by Staff Group

Pay structure

All QVH staff, except for medical and dental staff (M&D) and Trust Executive Managers (VSM) are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

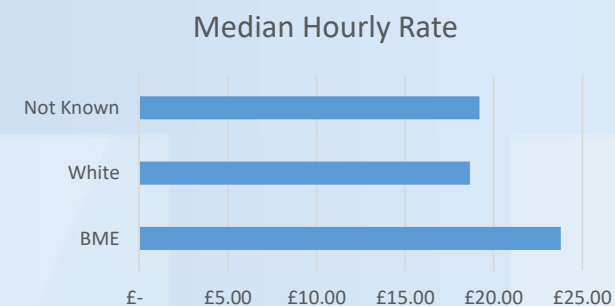
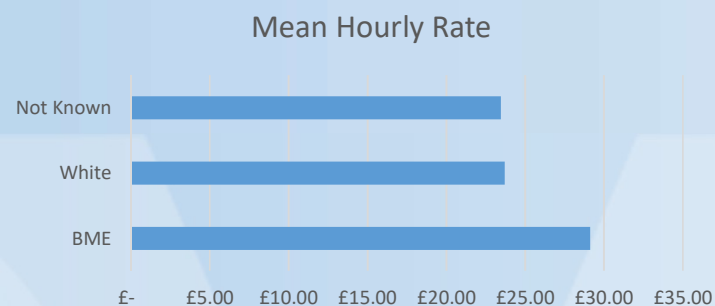
Profile across bands

This chart details the number and percentage of BME staff within each pay bands as of 31 March 2025. While bands 2 to 8b are largely reflective of the organisation's profile, there is proportionally less BME staff at bands 8C and above, particularly at Band 8D and 9. Pay bands 8D & 9 are representative of just 6 individuals. Our M&D workforce show a greater ethnic diversity amongst their workforce



Our Ethnicity Pay Gap Data

Ordinary Pay	
Mean Ethnicity Pay Gap	-22.95%
Median Ethnicity Pay Gap	-27.53%



Bonus Pay	
Mean Ethnicity Pay Gap	-14.84%
Median Ethnicity Pay Gap	0%

Proportion of staff paid a bonus		
BME	White	Not Stated
38.50%	59.60%	1.90%

	Asian %	Black %	Mixed %	Not Stated %	Other %	White British %	White Other %
Lower Quartile	5.77	2.88	2.56	1.28	0.96	76.60	9.94
Lower Middle Quartile	11.18	2.88	1.60	3.51	1.28	72.20	7.35
Upper Middle Quartile	15.71	3.85	3.21	1.60	1.60	64.10	9.94
Upper Quartile	18.53	2.88	2.88	2.88	6.71	54.63	11.50

Our Ethnicity Pay Gap Data by Staff Group

Add prof & Tech			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£29.65	£27.49	7
Not Known	£25.18	£25.18	1
White	£25.23	£25.77	33
% Diff White - BME	-17.52	-6.67	79
% Diff White - Not Known	0.19	2.29	97

AHP			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£23.21	£23.06	9
Not Known	£20.51	£19.21	3
White	£24.75	£24.82	83
% Diff White - BME	6.22	7.09	89
% Diff White - Not Known	17.13	22.60	96

M&D			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£47.95	£46.43	83
Not Known	£37.64	£36.25	6
White	£53.50	£53.69	108
% Diff White - BME	10.37	13.52	23
% Diff White - Not Known	29.64	32.49	94

Additional Clinical Services			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£13.99	£13.52	33
Not Known	£15.55	£16.14	4
White	£13.96	£13.13	138
% Diff White - BME	-0.21	-2.97	76
% Diff White - Not Known	-11.39	-22.92	97

Estates & Ancillary			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£13.90	£14.67	10
Not Known	£14.56	£14.56	1
White	£14.92	£14.15	48
% Diff White - BME	6.84	-3.67	79
% Diff White - Not Known	2.41	-2.90	98

N&M			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£23.35	£21.90	75
Not Known	£19.22	£19.22	2
White	£24.14	£23.70	160
% Diff White - BME	3.28	7.59	53
% Diff White - Not Known	20.38	18.90	99

Admin & Clerical			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£19.94	£15.92	36
Not Known	£21.56	£15.63	11
White	£18.72	£14.89	345
% Diff White - BME	-6.52	-6.92	90
% Diff White - Not Known	-15.17	-4.97	97

Healthcare Scientists			
Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	£21.75	£20.41	9
Not Known	£15.33	£15.33	1
White	£30.12	£25.38	29
% Diff White - BME	27.79	19.58	69
% Diff White - Not Known	49.10	39.60	97

Impacts upon our Ethnic Pay Gap

Higher proportion of White consultants at top of band and CEA's

We have a total of 98 consultants in the workforce at QVH, of which 57 (58.16% of the consultant workforce) are white and 32 (32.65%) are BME. More white consultants compared to BME consultants received bonus payments in the form of Clinical Excellence Awards (CEA's) which were historically awarded prior to 2018

We have a higher proportion of AFC senior clinical roles at QVH filled by BME staff

As a small specialist NHS Trust, we have a higher proportion of higher banded clinical roles (Additional Professional, Scientific and Technical along with Healthcare Scientists) as a proportion of our staff compared to larger Trusts who will have a higher number of admin and clerical and nursing roles. This significantly impacts upon the Trust's pay gap as there are fewer lower banded roles across both clinical and non-clinical roles to help reduce the average pay overall and the gaps we see between White staff and BME staff.

Female staff are more likely to resign due to pay and reward than male counterparts, representing 80% of all resignations due to pay. Promotion opportunities and work-life balance were also key reasons given by our female leavers. Additionally, 33% of our staff who left to undertake further education or training were BME, and all were female, suggesting that internal career development options may be beneficial.

29% of staff who left due to work life balance declared an ethnicity within the BME group, suggesting that efforts to support a healthy work-life balance and family-friendly work options may support retention of our BME colleagues.

Our Commitment

Our People and Culture strategy, published in 2024 identifies activities and programmes that QVH continues to drive forward to promote pay balance in the workplace. Some of these activities that can support closing the gender pay gap include:

- promotion of agile, flexible and part-time working
- wider implementation of the apprenticeship programmes.
- Encourage, promote and role-model healthy work-life balance
- Applying an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes,
- Conducting an exercise to understand the experience of women at QVH

In addition to the above activities, QVH recognises the importance of minimising the barriers for individuals from all backgrounds right from the start of their journey with the Trust. As such the People and Culture Strategy outlines a key milestone for pay equity.

To achieve this, we seek to Educate and embed strong governance across the organisation to ensure equality of opportunity with a focus on pay equity amongst our workforce. Working actively with senior managers to understand the importance of equality, whilst taking active steps to reduce disparities amongst key areas of our workforce. Active promotion of development opportunities, flexible working initiatives and recruitment of candidates are key to our delivery in this area.

Our Actions

Action	By When	Lead
A module on EDI and inclusive management will be added to the line manager's training offer in 2025-26.	Q3 2025-26	Wellbeing & Inclusion Manager
Encourage, promote and role-model healthy work-life balance and family-friendly options, such as flexible working hours and patterns, hybrid working and disconnecting after work.	Q2 2025-26	Wellbeing & Inclusion Manager
Triangulate Employee Relations case work, Freedom to Speak Up reports, Occupational Health data, Staff Survey and Pulse Survey results and Wellbeing & Inclusion insights to capture and act on themes highlighted on a quarterly basis.	Q3 2025-26	Wellbeing & Inclusion Manager
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.	Q3 2025-26	DCPO
Conduct an EDI audit of all applications for career development, including apprenticeships and external learning, to establish how our disabled colleagues can be better supported to develop their careers and tackle any potential barriers.	Q4 2025-26	DCPO
Ongoing review of the structures and roles across departments specifically looking at succession planning and talent management from Band 8a to VSM.	Ongoing through 2025/26	CPO, supported by Head of OD&L
Exploration of a reverse mentoring programme, using our networks to determine areas of initial focus to support career progression.	Ongoing through 2025/26	CPO, supported by Head of OD&L
Development and implementation of a shadow board programme to develop future leaders, build board level experience and confidence to support succession planning and talent management.	Ongoing through 2025/26	CPO