

Ethnicity Pay Report 2026

Executive Summary

Queen Victoria Hospital NHS Foundation Trust's mean ethnicity pay gap has decreased from -22.95% in 2025 to -22.49% in 2026 in favour of BME staff. The median gap has decreased from -27.53% to -26.50%.

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 -24.96% which has increased significantly since 2025 where the gap was -14.84%. This is mainly attributed to Consultant medical staff receiving historical Clinical Excellence Awards which ceased to be awarded in 2018.

Our workforce profile is 24.98% BME staff as at 31 March 2026, which represents a 3.86% increase against our 2025 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.

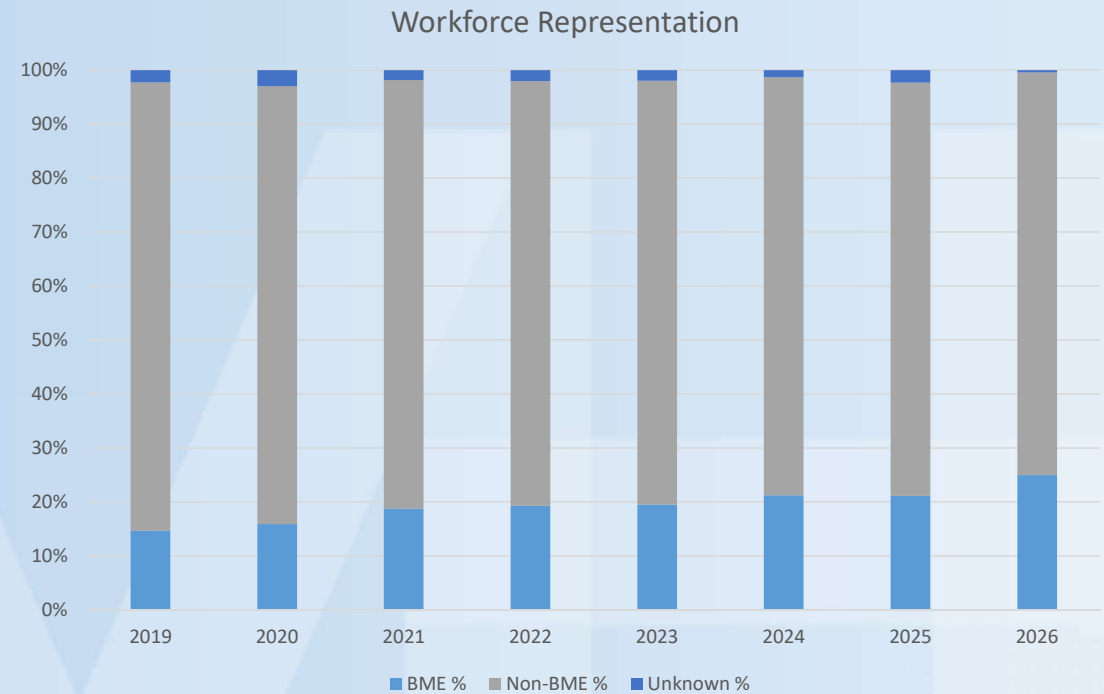
It does not include;

- 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 2026

This chart provides details of the Trust ethnicity profile. There were a total of 1269 employees who fell under the requirements to report the ethnicity pay gap. 943 were from a White background, 320 from a BME background and only 6 had not disclosed their ethnic origin to the Trust



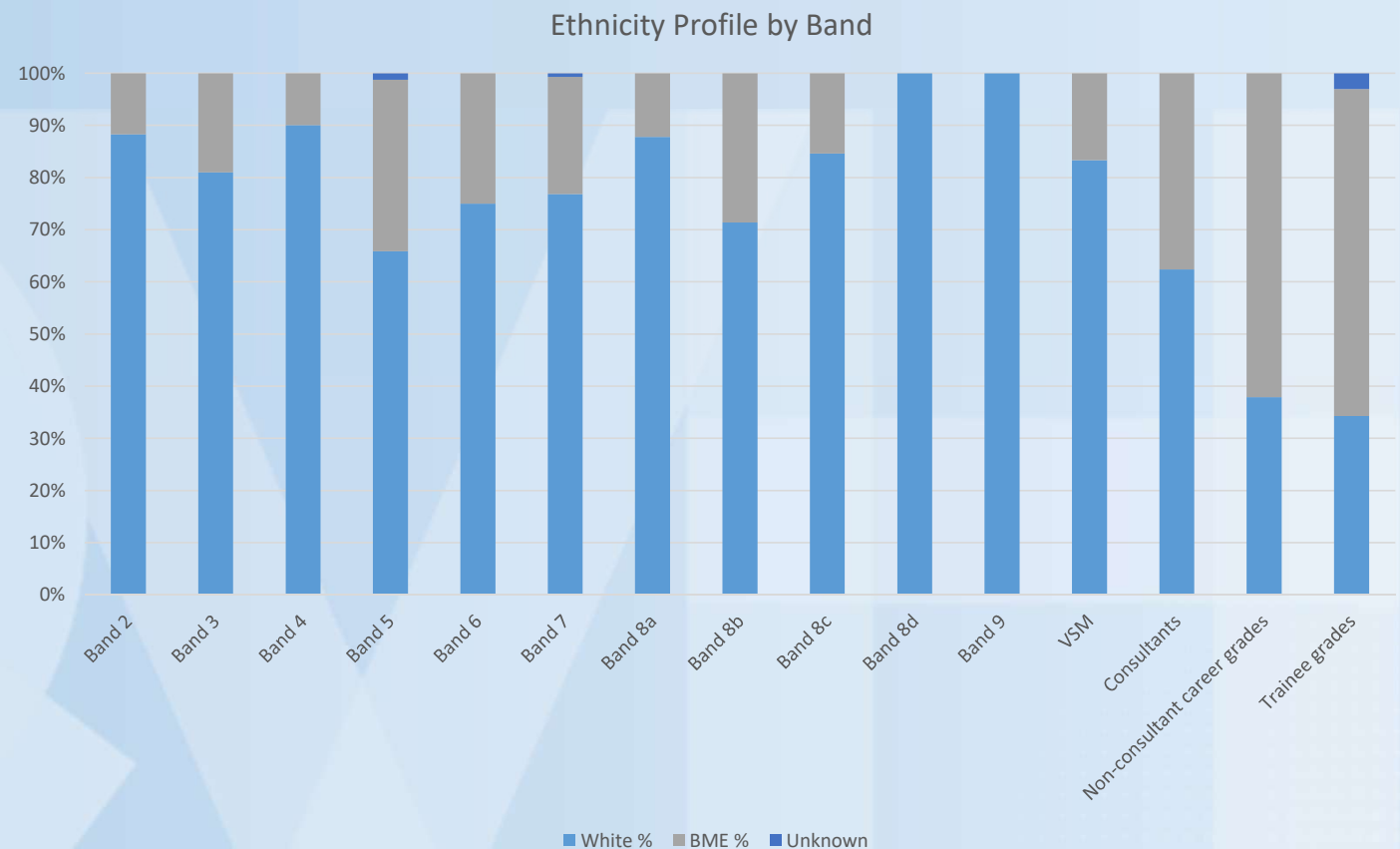
Our Ethnicity Profile by Band

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 2026. While bands 2 to 8b are largely reflective of the organisation's profile, there is proportionally less BME 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

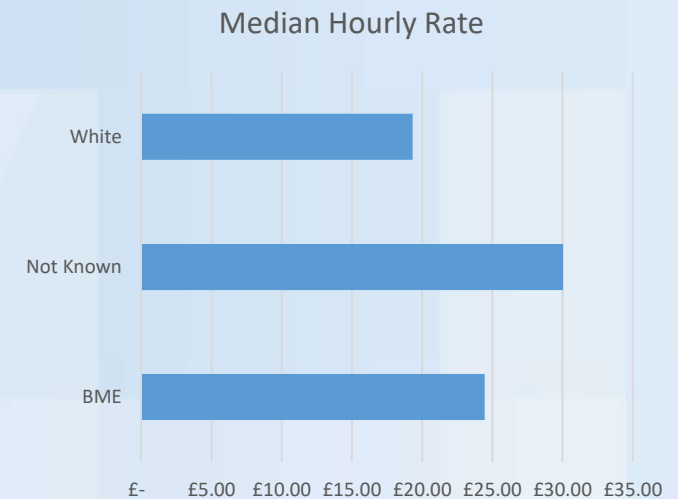
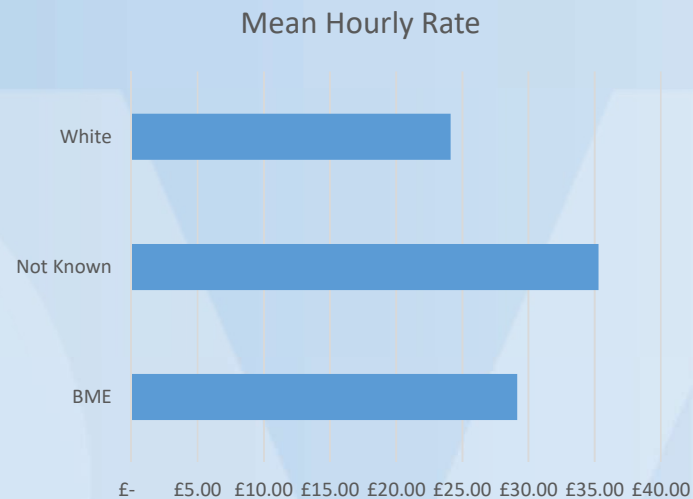


Our Ethnicity Pay Gap Data

Ordinary Pay	2026	2025
Mean Ethnicity Pay Gap	-22.46%	-22.95%
Median Ethnicity Pay Gap	-26.50%	-27.53%

Bonus Pay	2026	2025
Mean Ethnicity Pay Gap	-24.96%	-14.84%
Median Ethnicity Pay Gap	-34.22%	0.00%

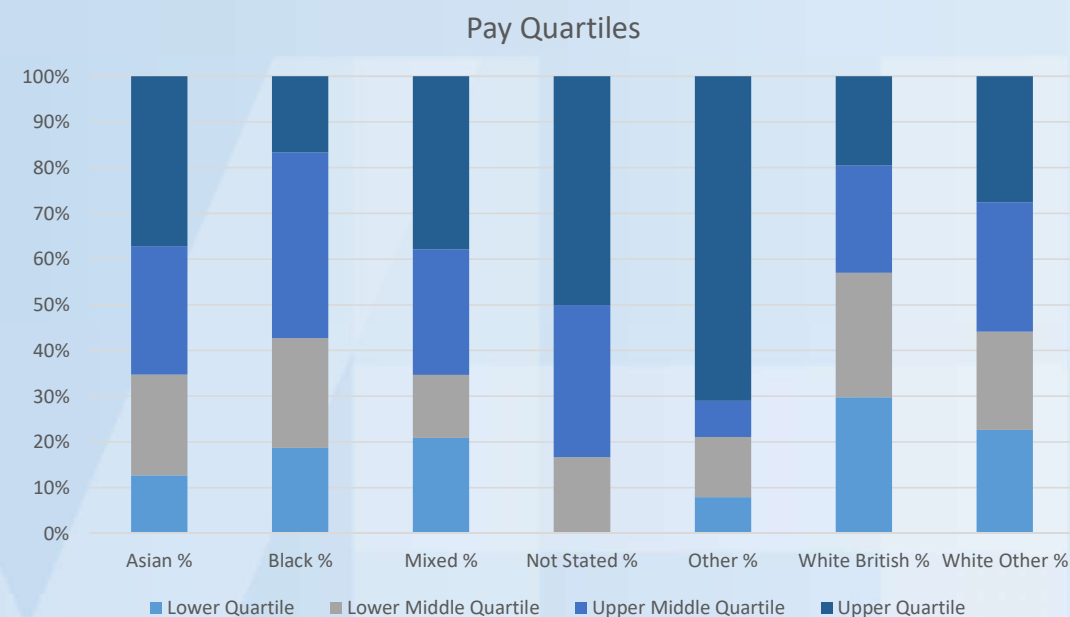
Proportion of staff paid a bonus		
BME	White	Not Stated
4.48%	2.33%	0.00%



*NB 'Not Known' in terms of Mean and Median Hourly Rate consists of 6 individuals out of 1269 in scope of this report

Our Ethnicity Pay Gap Quartiles

	Asian %	Black %	Mixed %	Not Stated %	Other %	White British %	White Other %
Lower Quartile	7.96	3.18	1.91	0.00	0.96	77.71	8.28
Lower Middle Quartile	13.84	4.09	1.26	0.31	1.57	71.07	7.86
Upper Middle Quartile	17.55	6.90	2.51	0.63	0.94	61.13	10.34
Upper Quartile	23.27	2.83	3.46	0.94	8.49	50.94	10.06



Impacts upon our Ethnic Pay Gap

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

We have a total of 109 consultants in the workforce at QVH, of which 68 (62.39% of the consultant workforce) are white and 41 (37.61%) 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.

BME staff represent 24.44% of the Trust's voluntary resignations in 2025-26. Analysis of retention data shows BME staff cite work-life balance, relocation and undertaking further education and training as frequent reasons for their resignation.

This may also be linked to our 2025 Staff Survey results around career progression – while this year has seen a small increase (0.8%) in the number of BME colleagues reporting a belief that the Trust provides equal opportunities for career progression, the overall percentage remains low at approximately 55% of BME staff.

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.

Key Areas of Progress and Ongoing Actions for Next 12 Months

Culture Change	Promotion of Vision and Values & Behavioural Framework - These were launched in late 2024, with a behaviour framework to support an inclusive learning culture, increasing psychological safety of staff and supporting the embedding of an enhanced speak up process for staff. Workshops for managers, Session at Corporate of induction including cups/lanyard cards given out. Workforce Belonging & Value – The Trust has in place a comprehensive action plan aligned with NHS England’s EDI Improvement Plan to to create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Inclusive Behaviours – A module on EDI and inclusive management (including reasonable adjustments) has been added to the mandatory line manager's training offer in 2025-26. Freedom to Speak Up – The Freedom to Speak Up Guardian for QVH meets with the Chief Executive and Chief Nurse on a regular basis. Cultural Listening Exercises – The Wellbeing & Inclusion team have supported cultural listening exercises across several teams to understand and tackle behaviours than contribute to a more inclusive environment for our staff. Wellbeing Culture – the Wellbeing & Inclusion team published the Trust's first staff wellbeing policy to document responsibilities and actions to be taken to support and enhance wellbeing at work.
Staff Engagement	Experience – the Wellbeing & Inclusion Manager conducted a deep dive into the experience of women at QVH across the employee lifecycle in line with our 2024-2025 Gender Pay Gap action plan, with the aim to identify potential contributors to pay disparities. Recognition – a QVH EDI Champion sat on the judging panel of our annual Star Awards to encourage a balanced and inclusive approach to recognition. Wellbeing & Inclusion Resources – The Wellbeing & Inclusion team have introduced a monthly bulletin and all-staff email to promote inclusive activities and initiatives.
Bullying & Harassment	Violence, Aggression & Abuse - The Trust’s Violence Prevention and Reduction group has increased compliance against the national standards to 98% in 25/26. The Trust has implemented a Formal VPR group that meets monthly, along with collaborating with other Sussex Trusts on national VPR initiatives. Sexual Safety – the Trust reached 87% compliance with the principles of NHS England's Sexual Safety Charter, with key achievements including the publication of our first Sexual Safety Policy, the addition of sexual safety to both AfC and Medical & Dental Induction programmes and to the line manager's training offer. NHS England High Impact Actions - The Trust has in place a comprehensive action plan aligned with NHS England’s EDI Improvement Plan, to address High Impact Action 6, which is to ‘Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Restorative Just Culture – The Employee Relations team have incorporated a Restorative Just and Learning Culture approach into their key policies and processes and Managing Essentials Programme.

Our Actions

Action	By When	Lead
Collaborate and engage on a flexible working toolkit for staff and managers	Q4 2026-27	Employee Relations team
Collaborate and engage on a Restorative Just and Learning Culture framework to further embed the approach into policy, process and culture of people management.	Q4 2026-27	Employee Relations team
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.	Q4 2026-27	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 2026-27	Resourcing Business Partner
Ongoing review of the structures and roles across departments specifically looking at succession planning and talent management from Band 8a to VSM.	Ongoing through 2026/27	CPO, supported by Head of OD&L
Implementation of a reciprocal mentoring programme, focussing on areas of inclusion support career progression.	Ongoing through 2026/27	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.	Q4 2026/27	CPO