

Gender Pay Gap.

Our Gender Pay Gap at a Glance
Snapshot from 31st March 2024

Our mean average gender pay gap at UHS has reduced by 7.6% since 2017 (another 1.2% reduction since 2023)

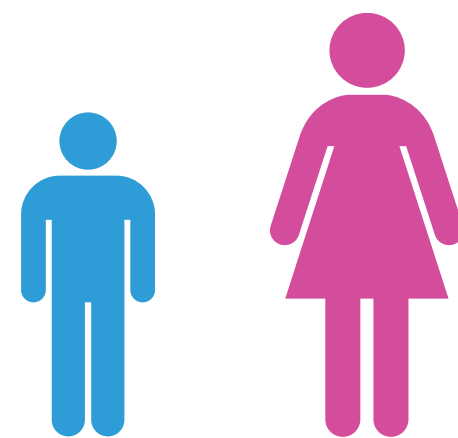
The Context

This is the 8th year of reporting our Gender Pay Gap (GPG). We continue to work hard to support the development of our people in their chosen roles, and have been committed to work on our recruitment processes to ensure they are fair, inclusive and transparent.

Our Gender Pay Gap is decreasing, and over the last 7 years we have seen a reduction of 7.6% (from 6.4% last year). Our data highlights a difference in the gender pay gap dependant on the role. As last year, we have analysed the data so we can see the differences between those who are on Agenda for Change contracts, those who are on Medical, Dental and VSM contracts, as this helps us identify where to focus our efforts.

It is important to note that sex and gender are terms that are often used interchangeably but they are in fact two different concepts. The World Health Organisation describes sex as characteristics that are biologically defined and identified at birth, whereas gender is based on socially constructed features and is a personal, internal perception of oneself. It is sex that is protected under the Equality Act 2010.

We recognise that an individual can identify as more than male or female, but as the GPG mandates the use of male and female as comparators, it therefore may not be representative of everyone at UHS.



26.41% 73.59%

Our Workforce

People who identify as female make up the majority of our workforce



20.50% (£5.26 p/h)

Our Mean Gender Pay Gap

This is an average of the difference between the female and male hourly rate of salary. This has decreased from 21.72% the year before.



11.46% (£2.39 p/h)

Our Median Gender Pay Gap

This is the middle value of the difference between the female and male. This has decreased slightly from 12.05% the year before.



Full time staff

64.15% of staff are full time

Of our full time staff
34.93% identify as male
65.07% identify as female



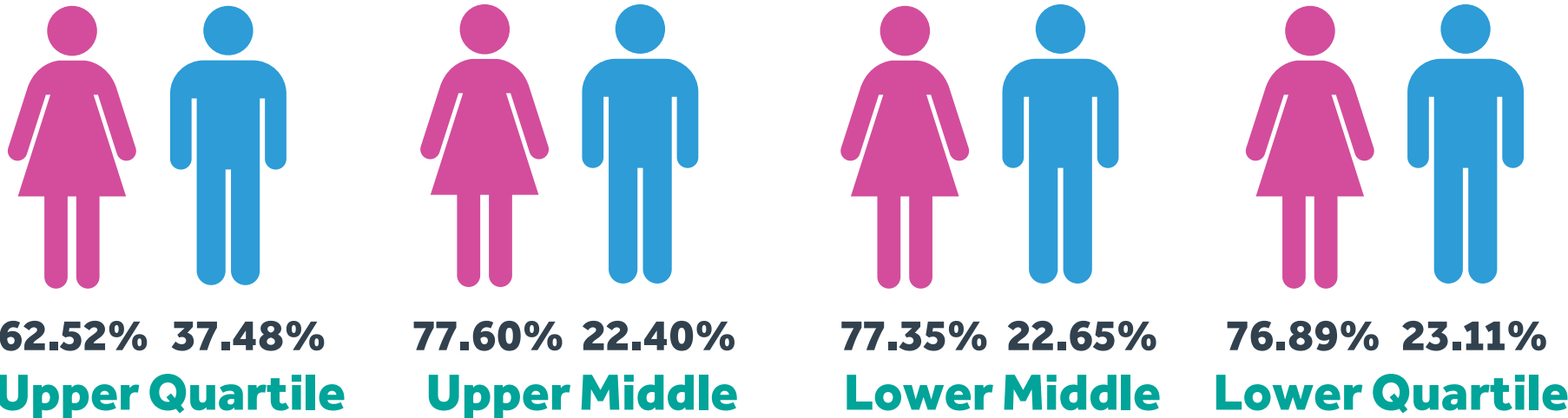
Part time staff

35.85% of staff are part time

Of our part time staff
11.16% identify as male
88.84% identify as female

Gender Pay Gap.

Our Gender Pay Gap by Quartile
Snapshot from 31st March 2024



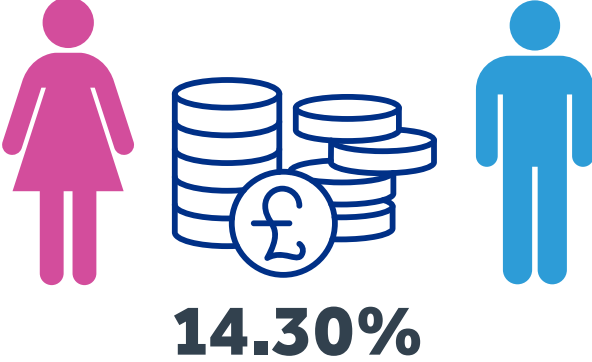
The proportions of male and female full-pay relevant employees across the different pay bands.

Gender pay reporting aims to show the difference in average pay and bonus payments between male and female staff.



*Bonus payments are Clinical Excellence Awards and/or Clinical Impact Awards.
A note on Local Clinical Excellence Awards (CEAs): they were historically granted through a competitive application process and paid monthly. However, as of April 2024, the new Local CEAs have been discontinued. Existing local awards will continue to be paid monthly until the consultant leaves. This may contribute to the gender pay gap among consultants, as a higher number of male consultants were present at the time and were more likely to apply for these awards.

Our Mean Bonus Pay Gap



The difference between the mean bonus pay between males and females is weighted in favour of males. (For those eligible)

Our Median Bonus Pay Gap



The difference between the median bonus pay paid to males and females is weighted in favour of males. (For those eligible)

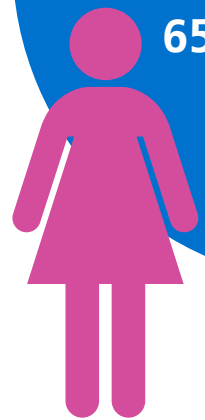
Gender Pay Gap.

Our Workforce in detail

Black and Under represented Ethnic Staff

29.35%

Of this group 34.47% identify as male and 65.54% identify as female



White Staff

67.88%

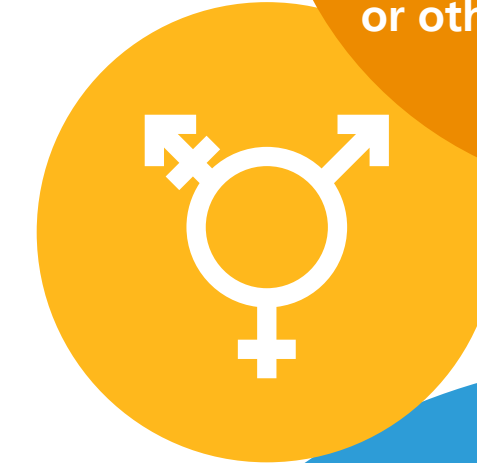
Of this staff group 22.86% identify as male and 77.14% identify as female



LGBTQIA+ Staff

4.32%

Currently we do not formally report on the sexual orientation of staff in relation to GPG, but our existing data shows that 3.78% of staff identify as either Bisexual, Gay, Lesbian or other sexual orientation



Staff with a long-term health condition or disability

11.30%

Of this group 79% identify as female and 21% identify as male



Intersectionality

We know that gender pay gap is about more than just gender. When we analyse our data we consider the diversity of our workforce. The gender pay gap can also be impacted by protected characteristics and wider intersectionality.

On the next page we will look at the gender pay gap using different staff groups such as those on Agenda for Change contracts, Medical and Dental as well as Trust Board.



Gender Pay Gap.

Through the lens of Agenda for Change

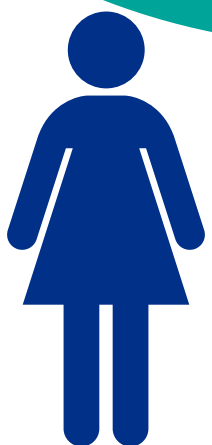
Agenda for Change

When we analyse the pay for those on Agenda for Change (AfC) contracts we see there is a much smaller pay gap between men and women of -0.06%, which equates to a difference of -£0.01. This is a small decrease on last year (-0.64%, -£0.11), where females are earning £0.01 an hour more than males.

The mean gender pay gap for AfC staff favours males in bands 1, 8c, 8d, 9 (some of the lowest and highest earning bands).

It is important to note that NHS terms and conditions determine the pay structure for those on Agenda for Change contracts. The Job Evaluation system matches job roles to nationally agreed profiles and pay bands. Pay increases in each band are determined by the length of service, and pay rises occur when an individual reaches a "pay step". When the top of the pay band is reached, there are no further rises in that pay band.

Fact: Nurses make up the majority of the AfC clinical workforce at UHS. Entry level is Band 5, accounting for the larger proportion of females in Band 5 and 6. Historically we have seen more females than males in this profession although this is changing!



Mean GPG

Band	Female	Male	Difference	% Gap
1	£13.20	£13.89	£0.69	4.96%
2	£13.22	£13.20	-£0.03	-0.21%
3	£12.56	£12.37	-£0.19	-1.53%
4	£13.98	£13.60	-£0.38	-2.78%
5	£18.36	£18.11	-£0.25	-1.39%
6	£21.00	£20.26	-£0.74	-3.65%
7	£24.47	£24.05	-£0.41	-1.72%
8a	£26.94	£26.53	-£0.40	-1.52%
8b	£31.75	£30.91	-£0.84	-2.71%
8c	£37.12	£37.90	£0.78	2.06%
8d	£42.37	£45.55	£3.17	6.97%
9	£46.46	£51.67	£5.22	10.10%
All AfC Staff	£18.45	£18.44	-£0.01	-0.06%

Gender by AfC band

Band	Female Head Count	Male Head Count
1	7	10
2	1531	524
3	1056	225
4	799	235
5	2297	592
6	1695	384
7	1177	300
8a	393	133
8b	128	59
8c	53	19
8d	18	22
9	7	10



We continue to notice a steady decline in our AfC gender pay gap. However, female representation in the senior levels of our organisation still needs to be improved (Band 9 and above). On the next page we will look at the gender pay gap between our Medical & Dental staff.

Gender Pay Gap.

Looking at Medical and Dental Staff



Our mean average gender pay gap for medical and dental staff has reduced by 2.81% since 2022.

Medical and Dental T&C's

The Medical and Dental (M&D) Terms and Conditions work in a similar way to AfC, by providing a framework designed to deliver the principle of equal pay.

In 2016, the national contract for medical staff in training (Junior Doctors) was re-negotiated. Our trust fellows are included alongside their equivalent in-training colleagues.

Our M&D staff analysis, shows a move in the right direction with a gender pay difference of 9.82%, a decrease from 12.63% in 2022.

The data in the tables show how the pay gap varies across the grades, the largest gap appears between Specialty Doctors and Consultants. These numbers include the fellows as well as deanery trainees.

Mean GPG

Medical Grade	Female	Male	Difference	%Gap
FY1	£17.12	£17.23	£0.11	0.61%
FY2	£19.97	£20.60	£0.62	3.03%
ST1/2	£24.66	£24.30	-£0.36	-1.47%
ST3+	£32.07	£31.81	-£0.26	-0.80%
SAS	£38.22	£38.99	£0.77	1.96%
Consultants	£54.81	£57.87	£3.05	5.28%
All Medical Staff	£38.08	£42.23	£4.15	9.82%

Gender by Medical Grade

Medical Grade	Female Head count	Male Head count
FY1	38	31
FY2	46	52
ST1/2	179	161
ST3+	313	285
SAS	48	34
Consultants	353	503

The History

Historically, males have dominated the Consultant workforce. This is largely due to less females being recruited as students to medical school, as well as societal factors such as females traditionally having taken career breaks, or been carers and this has led to more female doctors working less than full time to balance family life and child care. For some this has resulted in barriers to progression. However, things are changing. The introduction of policies around maternity and paternity leave, and more inclusive working practices has brought more flexibility around family life and career choices.

In 2024...

UHS signed the sexual safety in the workplace charter and will progress projects in specific areas to challenge existing behaviours that may be unfavourable for women

Our Reality

There is general recognition that the medical profession still has some way to go to be truly inclusive. The historical context, and legacy working conditions, as we are seeing take a long time to change. This impacts on our ability to make progress at pace in order to decrease the gender pay gap within Medical and Dental Consultant body. However, this will change as more women progress in the profession.



Gender Pay Gap.

Looking ahead for 2025

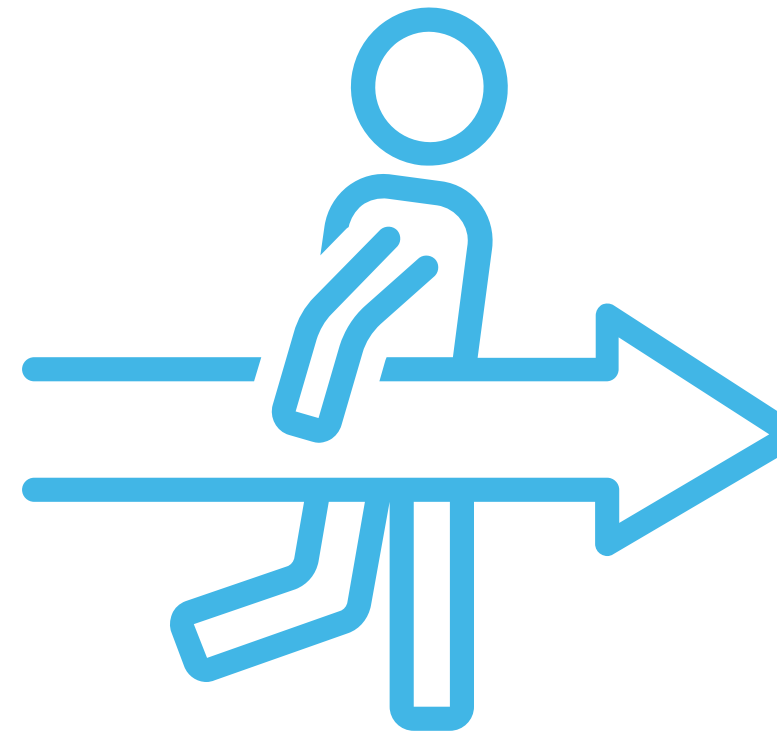
So What?

At UHS, we remain committed to actively addressing the Gender Pay Gap rather than simply reviewing the data each year and hoping for change. Our Always Improving value continues to drive our priorities and actions.

This year, we are strengthening our work alongside the Women's Network to better understand and improve the experience and pay of women in our organisation. Their insights and ideas have already shaped some of our actions, and we will continue to develop these alongside them.

We also remain dedicated to our work on the Sexual Safety Charter, ensuring that UHS is a place where all colleagues feel safe, valued, and supported.

We will continue to take meaningful steps towards greater inclusion and equity at UHS.



Dedicated positive action programmes for leadership and development

Mentoring and coaching for female consultants

Deliver the principles of the Sexual Safety in the Workplace Charter

Local responses to staff survey results where female experience is less than for male

Women's Network continue to champion GPG activity and empower women of UHS



Gender Pay Gap.

The Trust Board



University Hospital Southampton
NHS Foundation Trust

From the top

Pay for those on Executive contracts is not subject to national banding but is subject to annual review and approval by the Trust Remuneration & Appointments Committee. It is important to note that Exec pay is also inclusive of CIA's and CEA's which does impact the Gender Pay Gap.

Salaries are determined by a range of factors including nationally benchmarked NHS pay rates set out by NHS Improvement (the NHS Trusts performance and governance regulator), job evaluation and market forces analysis.

We do not include our Non-Executive Directors in our analysis due to the nature of their employment terms with UHS. These are not employees of the Trust and are not required to be included in the reporting analysis.

There are 6 members on the Trust Board, with a mean pay gap of 4.97% (median 0.13%) which is a reduction from 2023 (8.66%, median 9.53%)

The Exec Gender Pay Gap

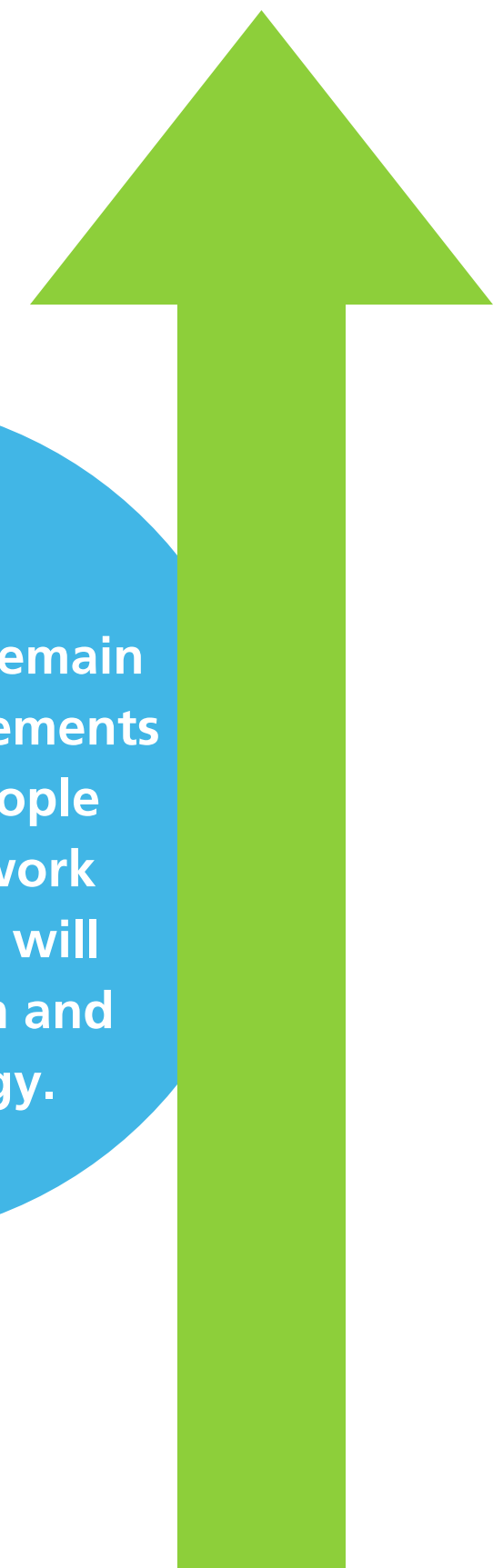
	Female Hourly Rate	Male Hourly Rate	Difference	%Gap
Mean	£92.20	£97.02	£4.82	4.97%
Median	£92.20	£92.32	£0.12	0.13%

Females remain under represented in our very senior roles.

However, we have invested in the development of our future leaders and our inclusive working practices; early indications suggest we are beginning to see this change. We want females to experience a "level playing field" and we are committed to removing potential barriers for females in very senior roles.

The Plan

Our Executive team remain committed to improvements as set out in our People Strategy, and the work programmes which will deliver our Inclusion and Belonging Strategy.



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Our commitment to Equality, Diversity and Inclusion



University Hospital Southampton
NHS Foundation Trust

Inclusion and Belonging Strategy



5 key themes



Our ambition

Our aim is to be the recognised employer and educator of choice in the South and to empower all staff to recognise their full potential.

As part of our commitment to creating a culture of inclusion and belonging; we strive to provide equal opportunities, eliminate discrimination and foster good relations in our activities as an employer, service provider and partner in line with the Public Sector Equality Duty.

The Trust-wide measures we are taking are set out in more detail in our Inclusion and Belonging Strategy.