

Gender Pay Gap.

Our Gender Pay Gap at a Glance
Snapshot from 31st March 2023

Our mean average gender pay gap at UHS has reduced by 6.4% since 2017.

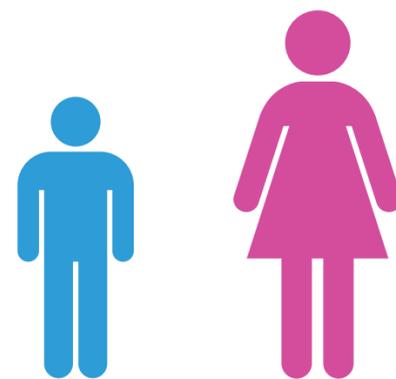
The Context

This is the 7th 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 6 years we have seen a reduction of 6.4%. 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.



26.04% 73.96%

Our Workforce

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



21.72% (£5.31 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 23.33% the year before.



12.05% (£2.36 p/h)

Our Median Gender Pay Gap

This is the middle value of the difference between the female and male. This has increased slightly from 11.42% the year before.



Full time staff

64.43% of staff are full time

Of our full time staff
33.36% identify as male
66.64% identify as female



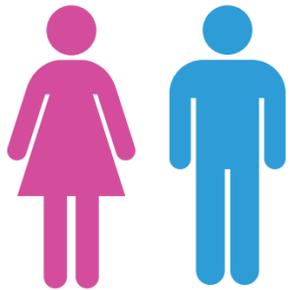
Part time staff

35.57% of staff are part time

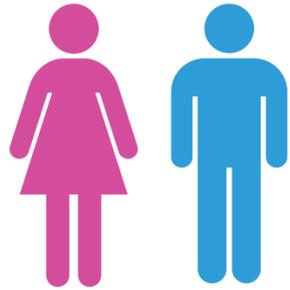
Of our part time staff
10.63% identify as male
89.37% Identify as female

Gender Pay Gap.

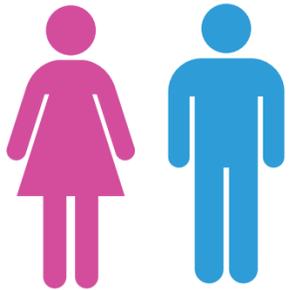
Our Gender Pay Gap by Quartile
Snapshot from 31st March 2023



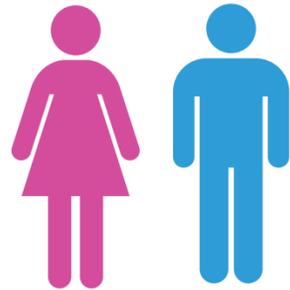
61.92% 38.08%
Upper Quartile



77.93% 22.07%
Upper Middle



78.00% 22.00%
Lower Middle



77.97% 22.03%
Lower Quartile

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 or Clinical Impact Awards.

Our Mean Bonus Pay Gap



31.26%

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



33.33%

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

LGBTQIA+ Staff
3.78%

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

White Staff
70.59%



Of this staff group 21.95% identify as male and 78.05% identify as female



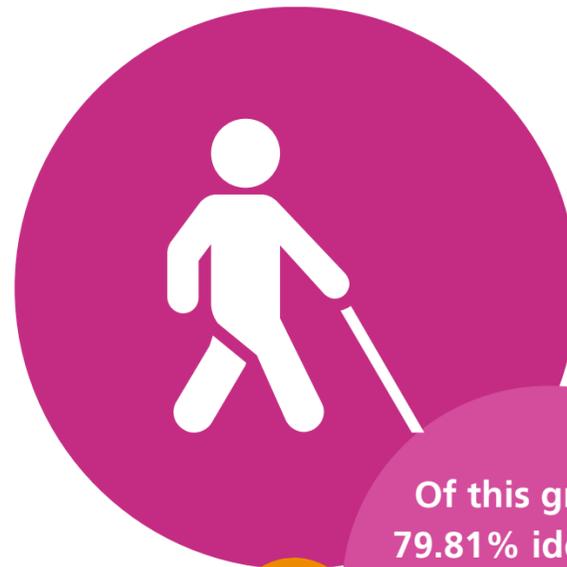
Black and Under represented Ethnic Staff
26.72%



Of this group 33.44% identify as male and 66.56% identify as female



Staff with a long-term health condition or disability
11.57%



Of this group 79.81% identify as female and 20.19% 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 0.58%, which equates to a difference of £0.10. This is a small increase on last year (0.48%, £0.08).

The mean gender pay gap for AfC staff favours males in bands 1, 8c and 8d (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	£12.33	£12.81	£0.47	3.69%
2	£12.20	£12.08	-£0.12	-1.02%
3	£11.89	£11.68	-£0.21	-1.77%
4	£13.36	£12.99	-£0.37	-2.85%
5	£17.30	£17.01	-£0.29	-1.71%
6	£19.99	£19.37	-£0.63	-3.23%
7	£23.46	£22.66	-£0.81	-3.57%
8a	£25.66	£25.68	£0.01	0.06%
8b	£30.36	£29.29	-£1.07	-3.66%
8c	£35.05	£36.25	£1.20	3.32%
8d	£42.00	£42.80	£0.81	1.88%
9	£51.76	£50.14	-£1.62	-3.22%
All AfC Staff	£17.37	£17.47	£0.10	0.58%

Gender by AfC band

Band	Female Head Count	Male Head Count
1	10	16
2	1486	471
3	1083	199
4	820	234
5	2084	536
6	1736	391
7	1077	257
8a	355	128
8b	109	56
8c	53	24
8d	18	18
9	6	11



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% 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 10.64%, 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	£15.69	£15.59	-£0.11	-0.68%
FY2	£18.44	£18.56	£0.12	0.65%
ST1/2	£22.69	£22.32	-£0.37	-1.65%
ST3+	£29.77	£29.39	-£0.38	-1.28%
SAS	£35.56	£39.01	£3.46	8.86%
Consultants	£51.77	£54.84	£3.07	5.60%
All Medical Staff	£35.65	£39.89	£4.25	10.64%

Gender by Medical Grade

Medical Grade	Female Head count	Male Head count
FY1	40	31
FY2	46	58
ST1/2	170	134
ST3+	270	280
SAS	50	29
Consultants	337	494

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.

Meaningful changes for Medical and Dental Staff

So What?

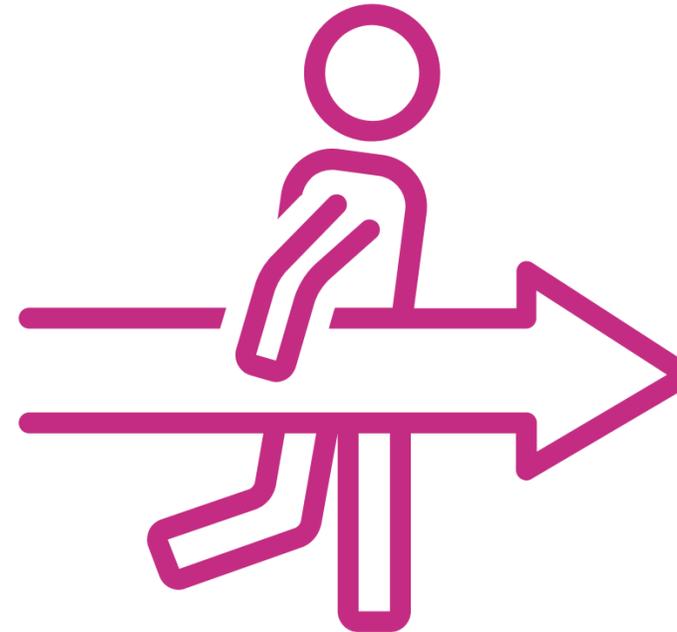
We are not content with reviewing the GPG data each year and hoping that things will change with time. Our "Always Improving" value is the driver for all our priorities and actions.

We plan to review each increment pay scale so we can use this data to identify any further actions to improve the GPG.

UHS remain committed to the positive interventions introduced over the past 12 months with the aim of improving the GPG over time in line with the UHS Inclusion and Belonging strategy.



Looking ahead for 2024
Ideas from our Women's Network



Dedicated positive action programmes for leadership and development

Mentoring and coaching for female consultants

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

Deliver the principles of the Sexual Safety in the Workplace Charter

Support and mentorship for Clinical Excellence Award applications

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 8.66% (median 9.53%).

The Exec Gender Pay Gap

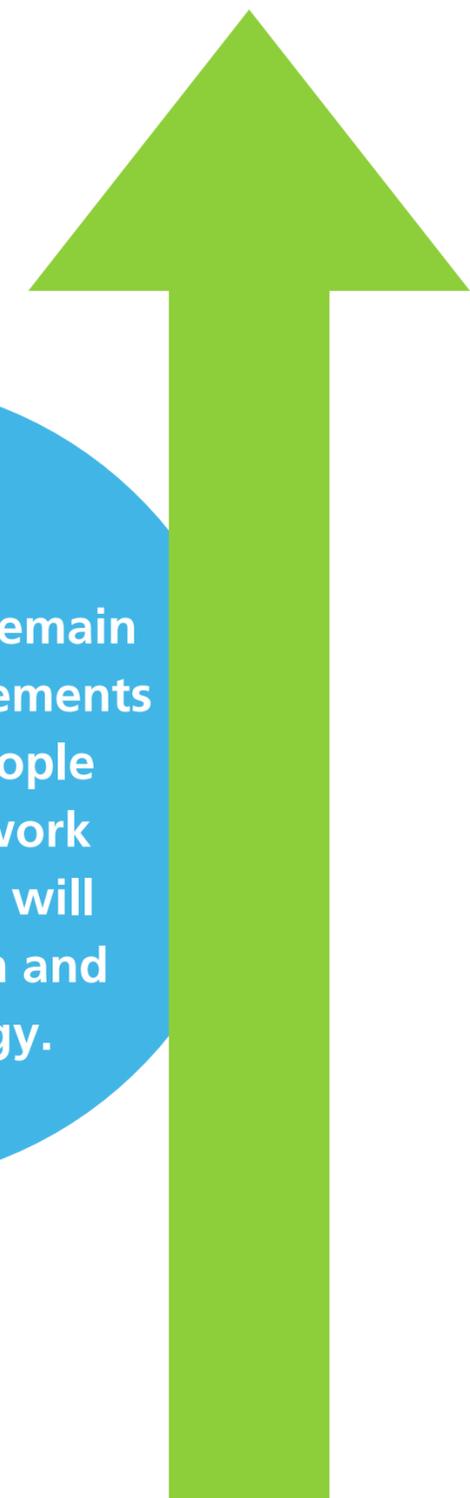
	Female Hourly Rate	Male Hourly Rate	Difference	%Gap
Mean	£87.81	£96.13	£8.32	8.66%
Median	£87.81	£97.06	£9.25	9.53%

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.



Gender Pay Gap.

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.