

Gender Pay Gap.

Our Gender Pay Gap at a Glance
Snapshot from 31st March 2022

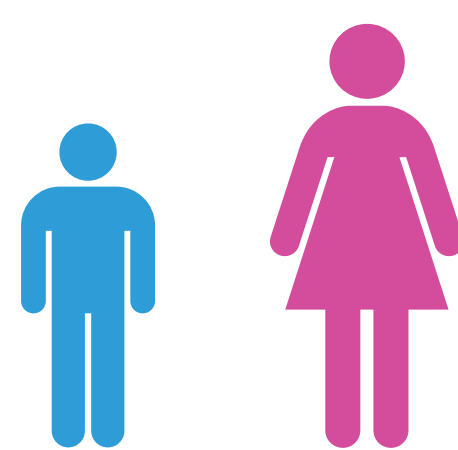
The Context

This is the 6th year of reporting our Gender Pay Gap (GPG). We have been working hard to support the development of our people in their chosen roles, and we continue to work on our recruitment processes to ensure they are fair, inclusive and transparent.

Our Gender Pay Gap is decreasing, and over the last 5 years it has reduced by 4.8%. Our data tells us there is a difference in the gender pay gap depending on your role. 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, this will help us focus our efforts where it is most needed.

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.

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



25.04% 74.96%

Our Workforce

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



23.33% (£5.55 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 24.18% the year before.



11.42% (£2.13 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 11.48% the year before.



Full time staff

64.25% of staff are full time

Of our full time staff
33.69% identify as male
66.31% identify as female



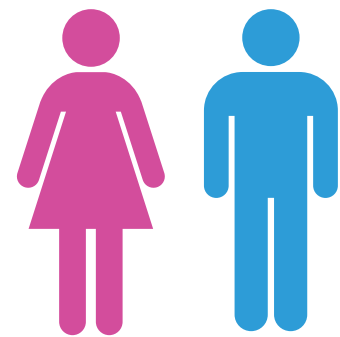
Part time staff

35.75% of staff are part time

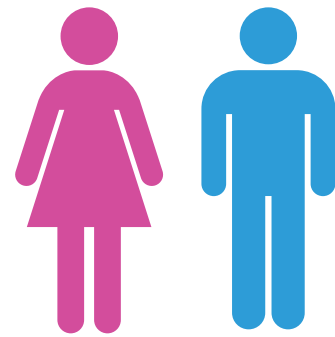
Of our part time staff
9.49% identify as male
90.51% identify as female

Gender Pay Gap.

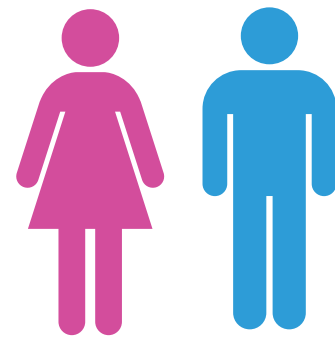
Our Gender Pay Gap by Quartile
Snapshot from 31st March 2022



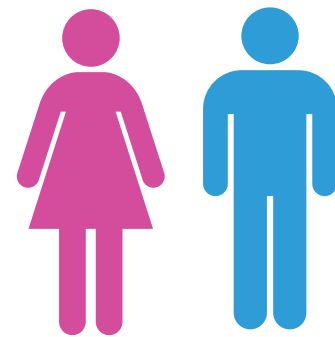
63.20% 36.80%
Upper Quartile



79.13% 20.87%
Upper Middle



77.81% 22.19%
Lower Middle



78.52% 21.48%
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 National Impact Awards.

Our Mean Bonus Pay Gap



30.71%

The difference between the mean bonus pay between males and females.
(For those eligible)

Our Median Bonus Pay Gap



33.33%

The difference between the median bonus pay paid to males and females.
(For those eligible)



Gender Pay Gap.

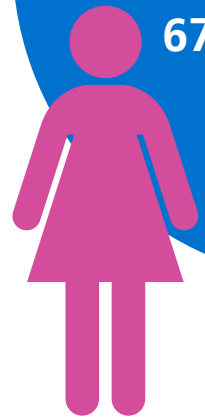
Our Workforce in detail

Black and Under represented Ethnic Staff

22.7%



Of this group 32.89% identify as male and 67.11% identify as female



White Staff

74.41%



Of this staff group 22.33% identify as male and 77.67% identify as female



Staff with a long-term condition or disability

12.54%

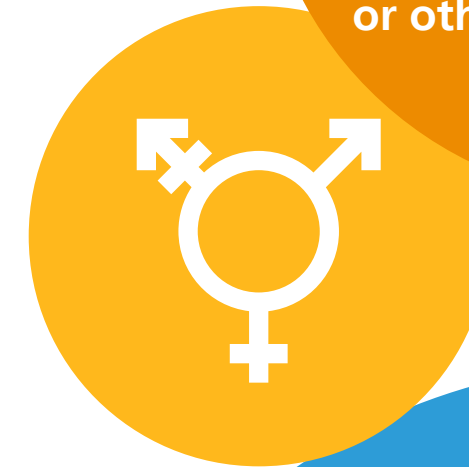


Of this group 80.05% identify as female and 19.95%



LGBTQIA+ Staff

3.51%



Currently we do not formally report on the sexual orientation of staff in relation to GPG, but our existing data shows that 3.51% of staff identify as either Bisexual, Gay, Lesbian or other sexual orientation

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 0.48%, which equates to a difference of £0.08.

The mean gender pay gap for AfC staff favours males in bands 1, 8c, 8d and 9 (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, which is why we have a 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	£11.64	£11.69	£0.06	0.50%
2	£11.22	£11.20	-£0.02	-0.14%
3	£11.21	£11.06	-£0.15	-1.39%
4	£12.55	£12.26	-£0.29	-2.36%
5	£16.42	£16.00	-£0.42	-2.61%
6	£19.32	£18.59	-£0.73	-3.92%
7	£22.72	£21.94	-£0.77	-3.53%
8a	£25.14	£25.14	£0.00	0.00%
8b	£29.77	£27.86	-£1.91	-6.87%
8c	£34.49	£35.37	£0.88	2.49%
8d	£40.89	£43.34	£2.45	5.65%
9	£49.96	£51.61	£1.65	3.20%
All AfC Staff	£16.48	£16.56	£0.08	0.48%

Gender by AfC band

Band	Female Head Count	Male Head Count
1	14	22
2	1605	458
3	950	213
4	815	234
5	2088	523
6	1790	379
7	979	219
8a	324	112
8b	106	46
8c	42	25
8d	18	18
9	6	12



The Positives

AfC is having a positive impact on our gender pay gap, and we are seeing a steady decline.

However, we know that female representation in the senior levels of our organisation 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

Mean GPG

Gender by Medical Grade

Medical and Dental T&C's

The Medical and Dental (M&D) Terms and Conditions work in a similar way to AfC, they provide a framework that is designed to deliver the principle of equal pay. For medical staff in training (Junior Doctors) the national contract was re-negotiated in 2016. Our trust fellows are included alongside their equivalent in-training colleagues.

By analysing M&D staff, we see a gender pay difference of 12.63%, this is a slight increase of just over 1% from 2021. The data in the tables show how the pay gap varies across the grades, but is the largest gap is between Specialty Doctors and Consultants. These numbers include the fellows as well as deanery trainees.

Medical Grade	Female	Male	Difference	%Gap
FY1	£15.34	£15.27	-£0.06	-0.42%
FY2	£18.20	£17.79	-£0.42	-2.33%
ST1/2	£22.52	£22.07	-£0.44	-2.01%
ST3+	£29.00	£28.69	-£0.31	-1.09%
SAS	£37.63	£39.05	£1.42	3.63%
Consultants	£50.54	£53.86	£3.32	6.17%
All Medical Staff	£34.44	£39.42	£4.98	12.63%

Medical Grade	Female Head count	Male Head count
FY1	36	42
FY2	48	27
ST1/2	174	121
ST3+	273	277
SAS	37	23
Consultants	306	436

The History

Historically there has always been more males in the Consultant workforce. This is largely due to a lack of females recruited as students in medical school. Due to factors in society, females have traditionally 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.

Our Reality

There is general recognition that the medical profession still has some way to go to be fully inclusive. The historical context, and legacy working conditions 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

Looking ahead for 2023
Ideas from our Women's Network

So What?

We are not content with reviewing the GPG data each year and hoping that things will change with time. At UHS we focus on "Always Improving" and this value is in the forefront of mind when we consider our priorities and actions.

This year we've analysed our GPG by medical speciality, and we've ranked the GPG from smallest to biggest. This tells us where to focus our efforts and concentrate on what we can improve.

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

We have a commitment from our Medical Director and Deputy Medical Directors to introduce positive interventions with the aim of improving the GPG over time in line with the UHS Inclusion and Belonging strategy.

Clinical Excellence Awards and National Impact Awards

We want reward and recognition to be accessible for all. Therefore, an action that we would like to take forward to review the number of staff eligible for CEA's and or NIA's, and monitor the number of eligible consultants applying in 2023 compared to 2022. By doing this we will see if the interventions we introduce impact our bonus pay gap for the better.



Access to leadership and development opportunities

Mentoring for female consultants

Support for National Impact Awards applications

Equality Impact Assessments for each new medical business case proposals

Mentorship for Clinical Excellence Award applications

Women's Network for the support and development of female staff



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 NIA's and CIA'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.

Our analysis does not include our Non-Executive Directors 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 24.85% (median 9.53%).

The Exec Gender Pay Gap

	Female Hourly Rate	Male Hourly Rate	Difference	%Gap
Mean	£86.40	£114.98	£28.57	24.85%
Median	£86.40	£95.50	£9.10	9.53%

We recognise that females are not sufficiently represented in our very senior roles. We are investing in the development our future leaders and our inclusive working practices. We want females to experience a "level playing field" and we want to remove potential barriers for females in very senior roles.

The Plan

Our Executive team are 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.