

# Gender Pay Gap.

Our Gender Pay Gap at a Glance  
Snapshot from 31st March 2025

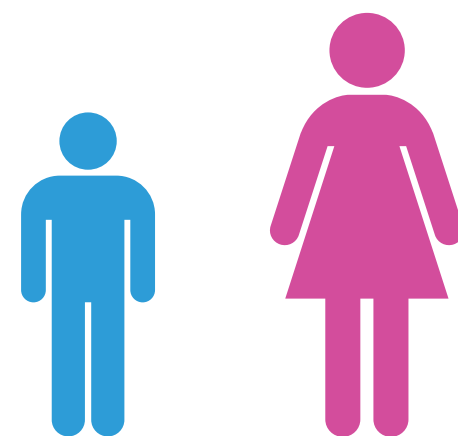
## The Context

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. As an NHS Trust, we adhere to the national pay frameworks and policies.

Our Gender Pay Gap has been decreasing year on year, however the mean pay gap has increased since 2024 by 1.25% to 21.75% in favour of Males. Analysis of this shows the increase isn't driven by changes to base pay or hours worked but due to men being disproportionately represented in the highest paid roles, particularly senior medical roles. Even small increases in male representation here will materially widen the mean and median pay gap. The gap is being pulled towards the top of the distribution.

A note about language: In April 2025, the UK Supreme Court gave judgement in the case of *Scottish Women vs Scottish Government* and clarified protections of Sex and Gender Reassignment under the Equality Act 2010. Whilst this report is known as the Gender Pay Gap, when Male and Female is referred to in this report, it is the biological sex they were born with, not their preferred or acquired gender.

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.



25.98% 74.02%

## Our Workforce

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



21.75% (£6.17 p/h)

## Our Mean Gender Pay Gap

This is an average of the difference between the female and male hourly rate of salary.

This is a 1.25% increase from 2024 following a year on year decrease since reporting began.



12.77% (£2.92 p/h)

## Our Median Gender Pay Gap

This is the middle value of the difference between the female and male.



## Full time staff

61.22% of staff are full time

Of our full time staff  
26.35% identify as male  
73.65% identify as female



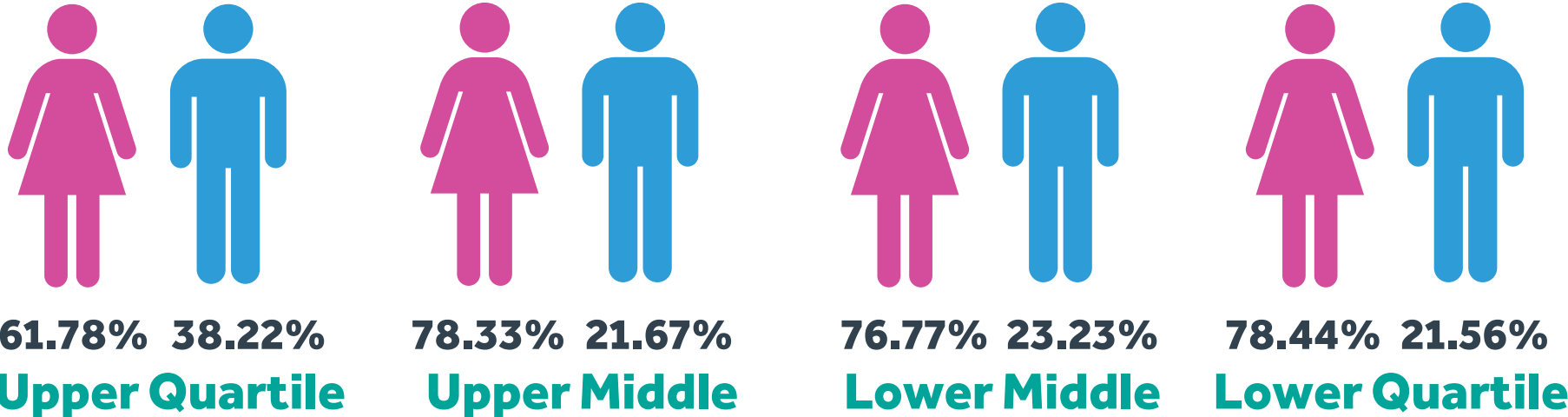
## Part time staff

38.78% of staff are part time

Of our part time staff  
25.39% identify as male  
74.61% Identify as female

# Gender Pay Gap.

Our Gender Pay Gap by Quartile  
Snapshot from 31st March 2025



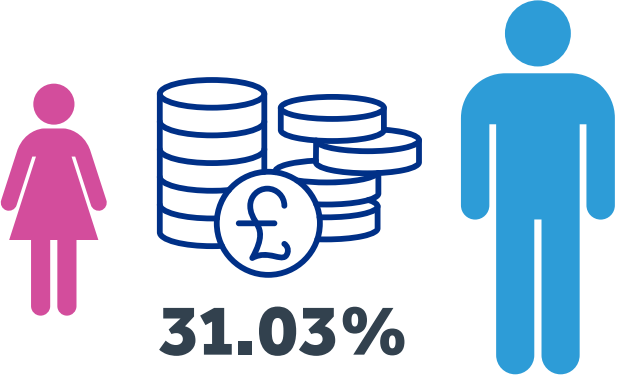
The proportions of male and female full-pay relevant employees across the different pay bands.

**When we analyse the data, pay gaps are not significant for males and female with Agenda for Change contracts. The gap is within our Medical and Dental workforce, specifically in additional awards/bonus pay.**



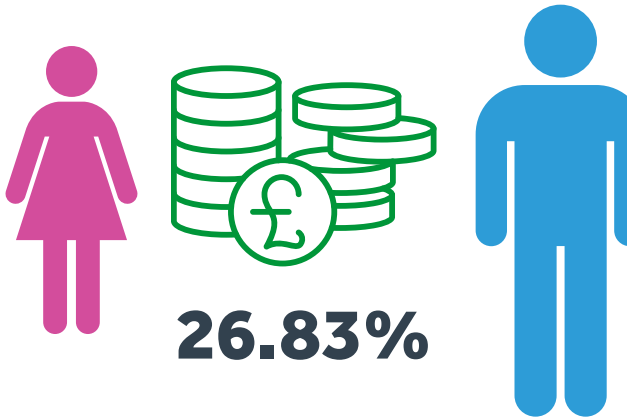
A note about medical awards/bonus pay: Clinical Excellence Awards (CEAs) were awarded for clinical excellence by application up to 1 April 2024 when the process closed. The individuals who were awarded up to that date retain their CEA until the end of their contract at the same level originally awarded. CEAs have now been replaced by the National Clinical Impact Awards (NCIAs).

## 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.

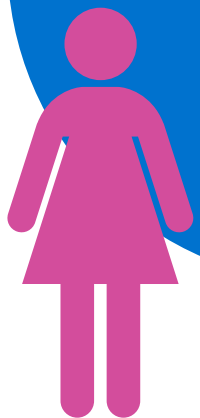
Our Workforce in detail

**Black, Asian or other global ethnicities**

**33.86%**



Of this group 36.98% are male and 63.02% are female



**White British**

**63.57%**

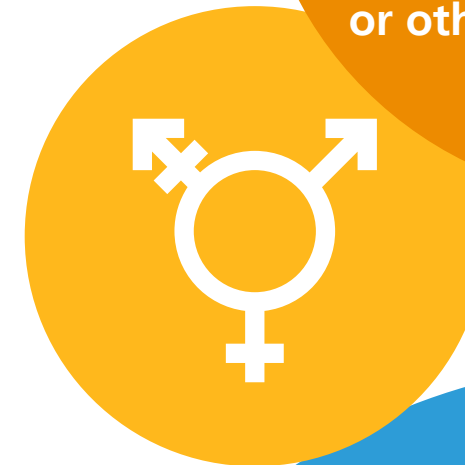


Of this staff group 25.96% are male and 74.04% are female



**LGBTQIA+**

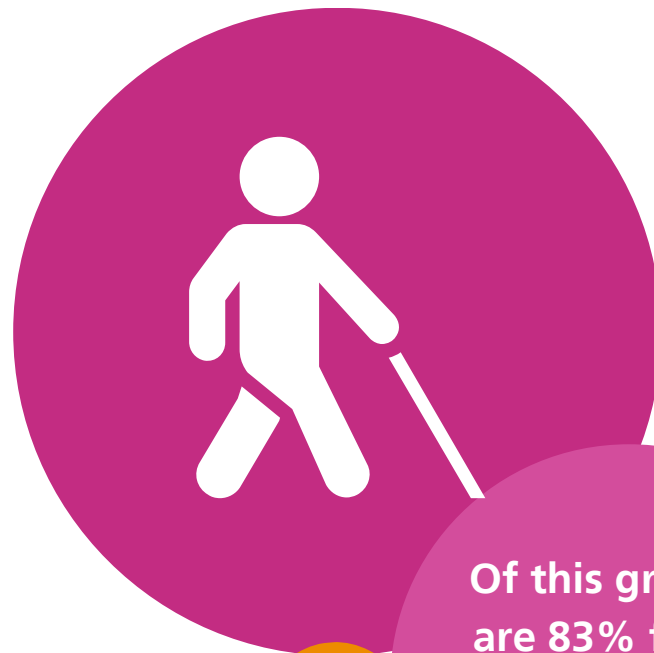
**3.72%**



Currently we do not formally report on the sexual orientation of staff in relation to GPG, but our existing data shows that 3.72% of staff identify as either Bisexual, Gay, Lesbian or other sexual orientation

**Staff with a long-term health condition or disability**

**11.53%**



Of this group % are 83% female and 17% are male



**Pay gaps aren't just about sex and gender**

We know that implications on pay and pay gaps is more than just related to a person's sex. When we analyse our data we consider the diversity of our workforce as a whole. We also carry out ethnicity and disability pay gap analysis. Pay gaps can also be impacted intersectionality, by organisational structural issues, and bias.



Note: Workforce percentages do not total 100% as "not stated or unspecified" are not included

# Gender Pay Gap.

Looking closer at Medical and Dental Staff



Our mean average gender pay gap for medical and dental staff has reduced by 1.94% 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 10.69%, 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	£19.26	£19.41	£0.15	0.77%
FY2	£23.22	£23.10	-£0.12	-0.52%
ST1/2	£28.29	£27.95	-£0.34	-1.22%
ST3+	£36.03	£35.94	-£0.09	-0.25%
SAS	£48.14	£51.04	£2.90	5.68%
Consultants	£61.46	£64.47	£3.01	4.67%
All Medical Staff	£42.42	£47.50	£5.08	10.69%

## Gender by Medical Grade

Medical Grade	Female Head count	Male Head count
FY1	51	35
FY2	50	38
ST1/2	186	156
ST3+	327	300
SAS	20	9
Consultants	354	495

## 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 2026

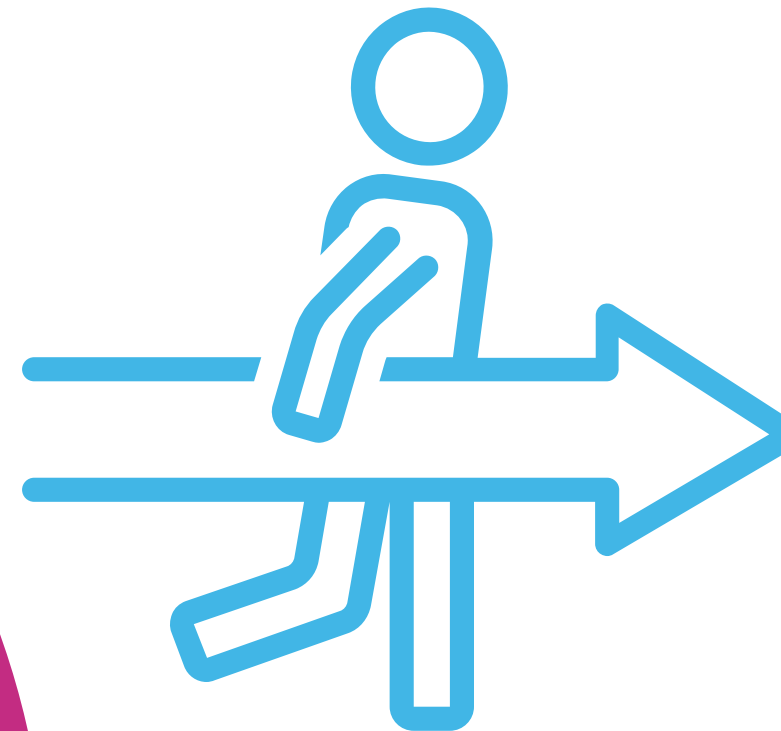
## So What?

At UHS, we remain committed to identifying gaps in pay exist, what might be causing them, and seeking ways to reduce or eliminate the gap.

Our Always Improving value continues to drive our priorities and actions.

We continue to implement the workstreams in our Inclusion and Belonging Strategy, specifically focussed on recruitment, talent, and eliminating bias from our organisational structures.

Our Positive Action programmes are seeking to address any disparity in representation in the workforce, and in 2026 we are undertaking a succession planning and talent programme within our senior leadership cohort, which will identify the demographic of the current workforce and take action to address any disparity of representation, pay, or experience.



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 and empower and support women



# 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.