

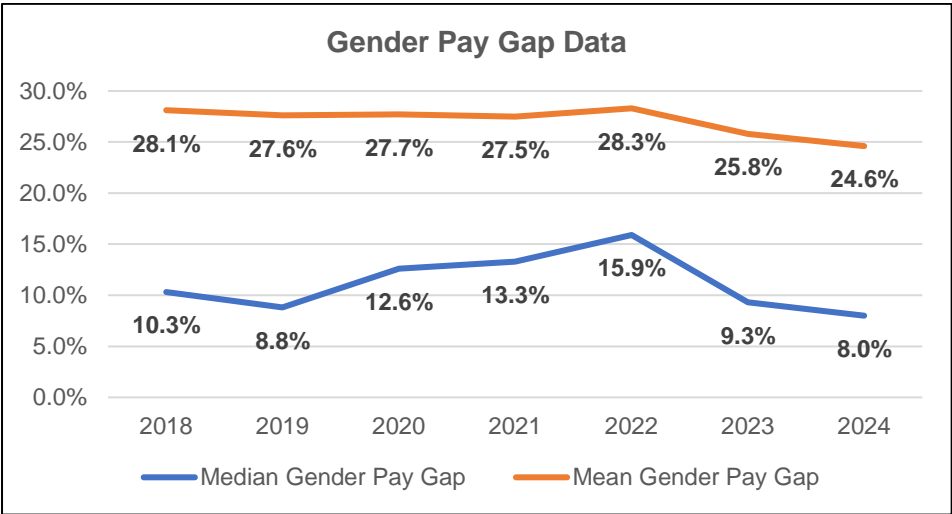
1. Introduction

All organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The gender pay gap is calculated as the percentage difference between average hourly earnings for men and women. The gender pay gap is different to equal pay, which relates to men and women performing equal work and must receive equal pay, as set out in the Equality Act 2010. This report fulfils the Trust’s reporting requirements to publish information relating to six measures and explains why we have a gender pay gap. The six measures are:

Median gender pay gap	Difference between the median hourly rate of pay for female and male employees. Median is the middle value in a sorted list of values such that 50% of employees earn more than the median and 50% earn less than the median.
Mean gender pay gap	Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.
Median bonus gender pay gap	Difference between the median bonus pay for female and male employees. Median is the middle value in a sorted list of values such that 50% of employees earn more than the median and 50% earn less than the median.
Mean bonus gender pay gap	Difference between the mean bonus pay paid to female and male employees. Mean is the sum of the values divided by the number of values.
Proportion of males and females receiving a bonus	The proportions of male and female employees paid a bonus payment. For UHNM this refers to local and national clinical excellence awards.
Proportion of males and females in each quartile	The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper pay quartile pay bands.

Our Gender Pay Gap Data

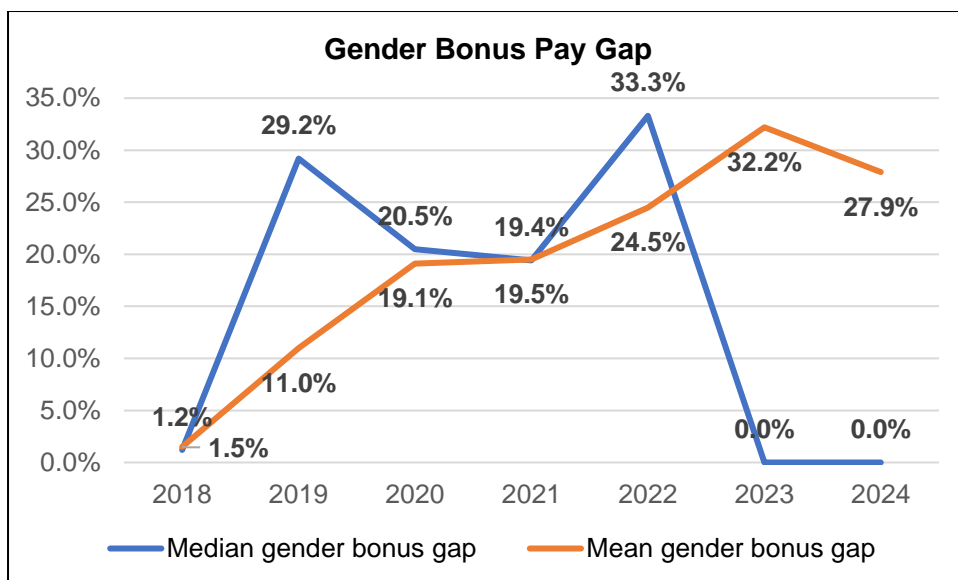
The gender pay data is a snapshot of pay taken on 31st March each year:



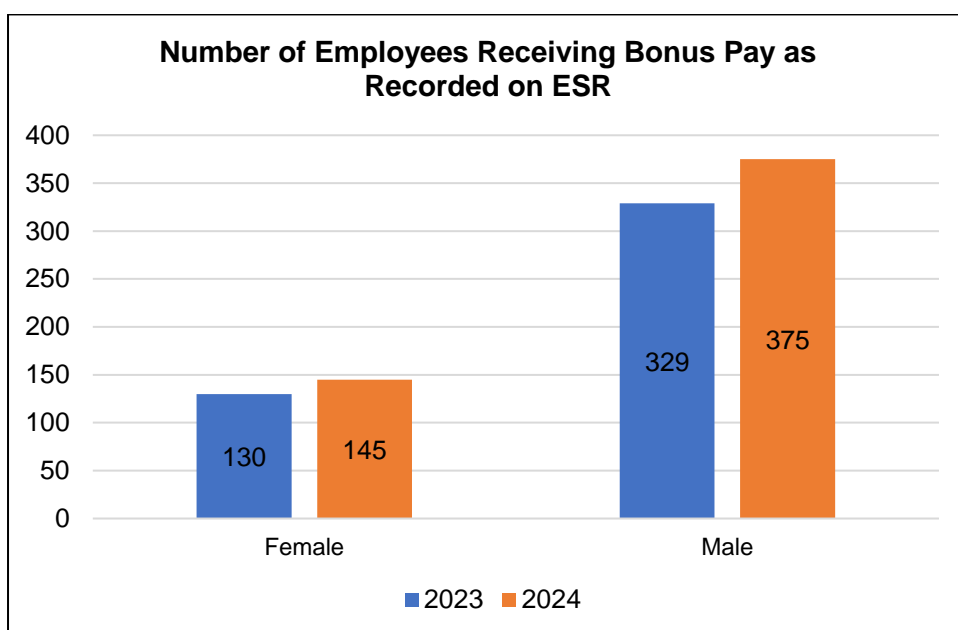
The Mean and Median pay gaps have improved in 2024 with a positive downward trend.

This is driven by an increase in male representation in the lower and lower middle pay quartiles.

From a statistical perspective the median is considered to be a more accurate measure as it is not skewed by very low or very high hourly pay.



The Median bonus pay gap has remained at 0.0%. This means that the median (middle in the ranked list of individuals receiving bonus pay) woman and the median man in receipt of a bonus (CEA) have both received exactly the same amount of £3,875. The Mean bonus payment for men is £8,203 and for women it is £5,911.



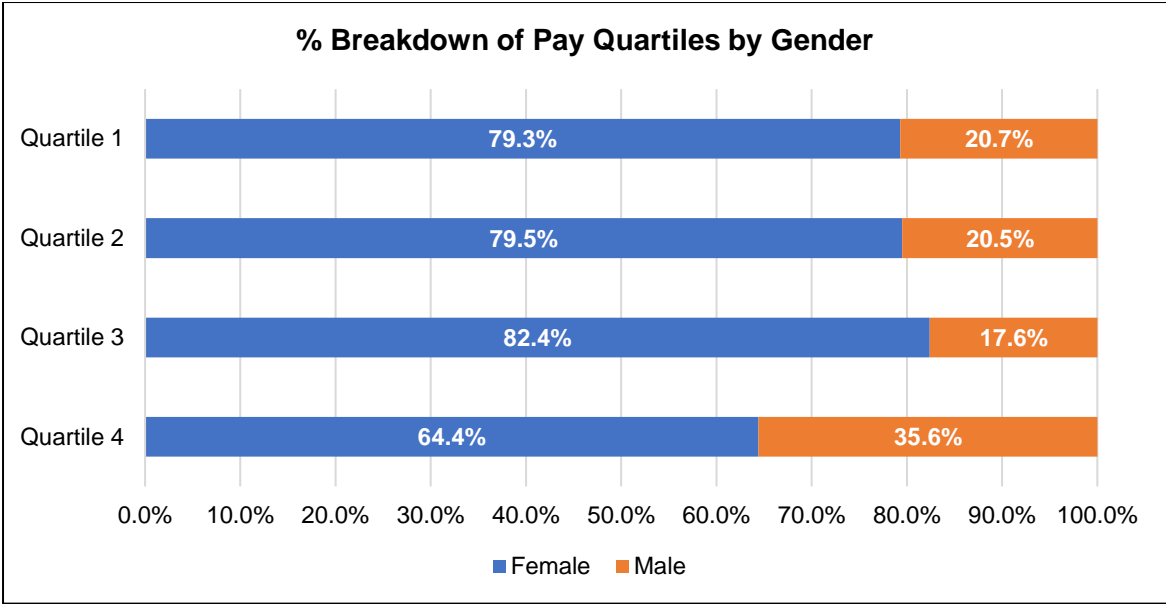
1.32% of all female employees in the organisation are in receipt of bonus pay, compared to 10.87% of all male employees in the organisation. 100% of all eligible consultants received an internal CEA regardless of gender, however there are more men employed in the Medical and Dental professional group compared to women. The number of men and women in receipt of a CEA has increased on last year.

The publication of Mend the Gap – the independent review into gender pay gaps in medicine in England in December 2020 found that CEAs, both national and local, are a contributory factor of the overall gender pay gap in medicine. The Department of Health & Social Care has modernised the national awards this year to improve access for women and black, Asian and minority ethnic groups. The changes take account of new ways of working, including improved recognition of those who are working less than full time (LTFT), and recognise and reward excellence across a broader range of clinical, academic and leadership contributions.

The proportion of male and female workforce in each pay quartile at 31st March 2023:

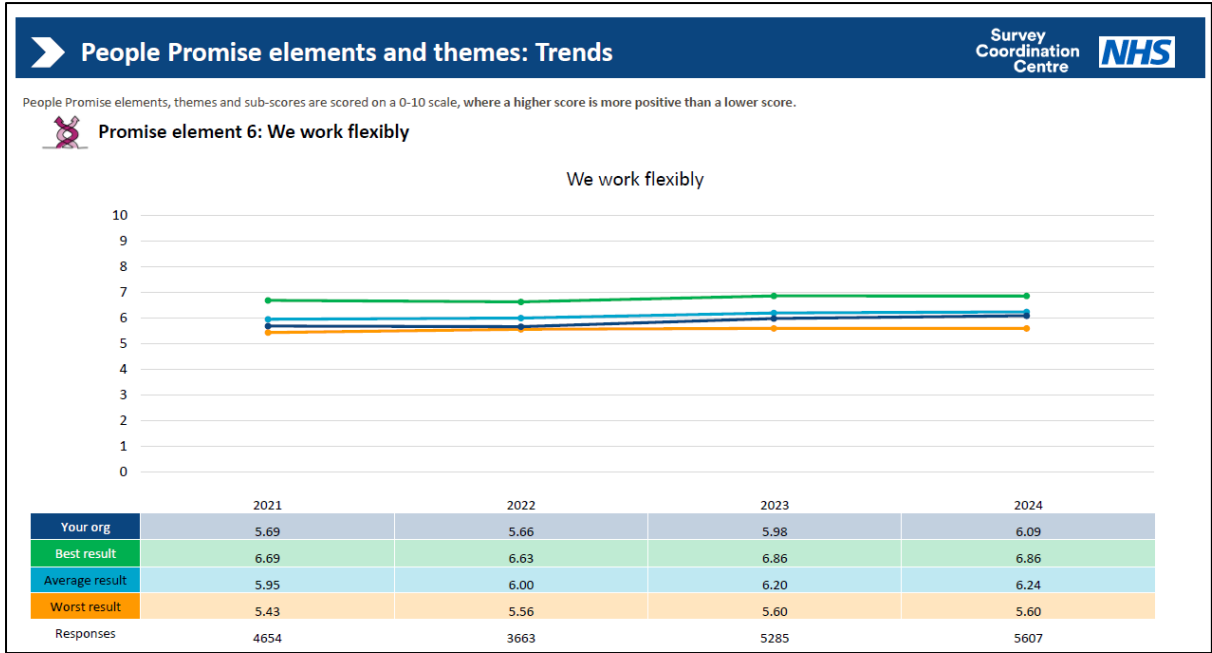
- Quartile 1: Percentage of employees in the lower pay quartile
- Quartile 2: Percentage of employees in the lower middle pay quartile
- Quartile 3: Percentage of employees in the upper middle pay quartile
- Quartile 4: Percentage of employees in the upper pay quartile

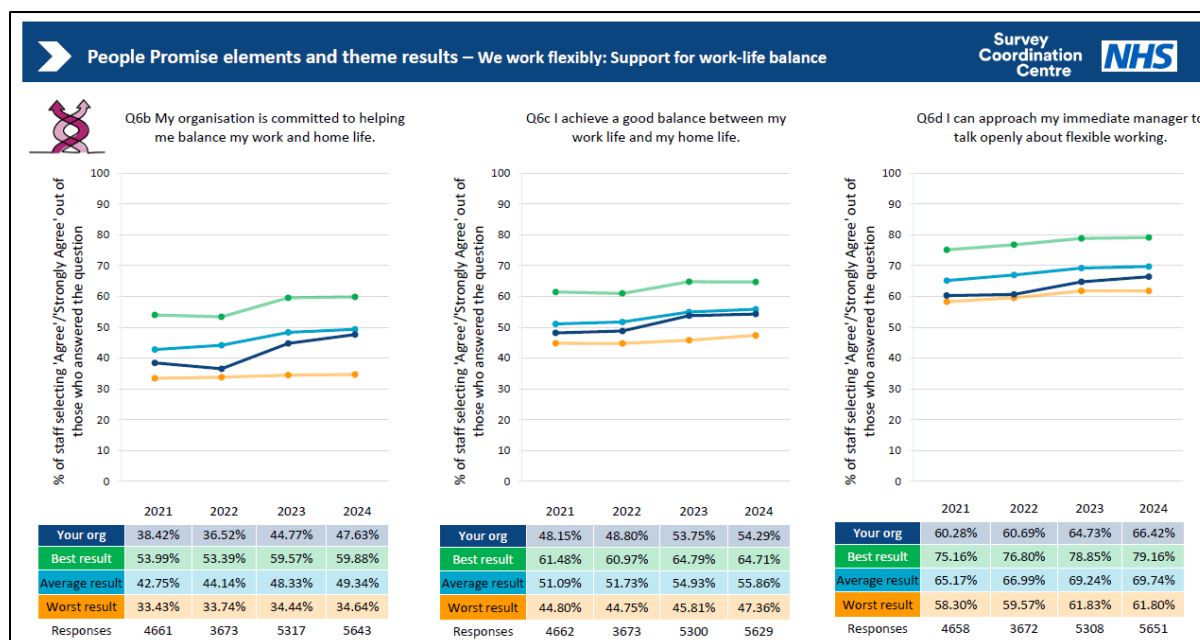
This data shows that a greater proportion of the male workforce continues to be employed in the upper pay quartiles, which drives our gender pay gap. There has been an increase in male representation in the lower and lower middle pay quartiles, which has positively impacted this year's mean and median pay gaps.



What is our Staff Survey telling us?

The following information demonstrates UHNM responses to the People Promise element – we work flexibly and the work-life balance questions in the NHS National Staff Survey 2024. It tells us that there has been a continued positive upward trend and a notable improvement on each of the questions compared to the previous year’s survey. It also tells us that there is no significant difference between the responses of women and men in our organisation, but that UHNM positive scores are below the comparator average.





The following questions are a breakdown of the work-life balance, flexible working and fair opportunities for career progression and promotion questions by gender.

NSS Question	UHM			Female			Male		
	2022	2023	2024	2022	2023	2024	2022	2023	2024
Achieve a good balance between work and home life	49.0%	53.8%	54.0%	49.7%	54.8%	54.9%	47.8%	53.1%	52.2%
Can approach immediate manager to talk openly about flexible working	60.0%	65.1%	66.6%	61.2%	65.8%	66.8%	61.3%	65.6%	67.0%
Organisation acts fairly: career progression	55.6%	56.1%	56.8%	57.4%	57.9%	57.5%	53.4%	53.4%	56.7%

Data extracted from raw unweighted NSS report

Update on the actions we set ourselves in our 2023 Gender Pay Gap Report:

Action / Recommendation	Owner	Time scale	Desired Outcome/ success criteria	Update
Analyse our staff survey data from a gender perspective by comparing the experiences of our male and female staff, particularly around the themes of equality, diversity and inclusion, line management and appraisals.	EDI Lead	Q1	Identify areas of good practice, and areas where targeted action may be required.	NSS reviewed by gender. In general no significant differentials, some areas for improvement relating to People Promise Themes of morale, burnout, negative experiences (particularly feeling pressurised to come into work, and working when not feeling well enough) and health and safety climate. UHNM Women's Health Group established with a range of informative and supportive sessions and podcasts to tackle stigma about women specific conditions.
Monitor our progress against the NHS ESI Improvement Plan High Impact Action 3 – 'Eliminate Pay Gaps'.	EDI Lead	Q1	Year on year reduction in the gender pay gap.	On track. Median and Mean Gender Pay Gaps have continued to improve in 2024. Ethnicity Pay Gap Report (baseline) undertaken in 2025.
Extend the Scope for Growth career conversation tool for personal development following the System pilot.	Assist. Direc of OD	Q2	Colleagues receive a tailored conversation about career aspirations and create a development plan. Measured by improvement in the NSS metrics relating to appraisal and fair opportunities for career progression	Talent management work programme is underway, commencing with tiers 1 – 3. Revised Performance Development Review (appraisal) designed to support career conversations, conversations about wellbeing and flexible working has been introduced. NSS metrics indicate a greater belief from women for fair relating fair opportunities for career progression. This and appraisal impact require further focus and are priority areas of focus for 2025-26
Continue with the Flexible Working Task & Finish Group including analysing the flexible working project outputs and make recommendations.	Head of ER	Q4	Implementation of recommendations from the Task & Finish Group with evaluation through year on year improvement on the flexible working metrics of the NSS.	Revised Policy implemented. New recording process on ESR to enable analysis of uptake. Line manager training created and launched All flexible working metrics have improved in the 2024 NSS. Notably, Question 6b 'my organisation is committed to helping me balance my work and home life' has improved by 2.86%.

Take forward the recommendations from the UHNM's Women's Network subgroup into the gender pay gap in medicine once they have been made.	EDI Lead	Q4	Co-creation of actions designed to balance gender representation in medicine across all pay bands and clinical excellence awards.	<p>Session held as part of Women's Network. Internal CEA's temporary arrangements have been made permanent. National Clinical Impact Awards have been overhauled to increase diverse applications.</p> <p>Flexible working masterclass delivered as part of the Clinical Leadership & Management Fundamentals Programme, to equip medical managers in creating cultures that enable flexibility as the norm.</p>
Continue with the work around sexual safety, led by the UHNM Sexual Safety Task & Finish Group	CPO	Q4	UHNM colleagues feel safe from sexual misconduct at work, measured by improvement of the NSS questions	<p>T&F group programme of work, including Lime Culture rapid review and recommendations being taken forward.</p> <p>NSS question 'in the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff or other colleagues? Has slightly increased by 0.14% to 4.61%. However this increase can be linked to the high profile sexual safety campaign delivered by the Trust to raise awareness of inappropriate behaviours in the workplace.</p>

Actions for the next 12 months:

Our actions are to build on our current activity to maximise gender equality. This includes:

Action / Recommendation	Owner	Time scale	Desired Outcome/ success criteria
<p>Corporate areas of focus arising from the 2024 National Staff Survey data as defined within the People Domain of the UHNM Strategy. These People Promises are:</p> <p>We are safe and healthy Corporate actions to include going back to basics, addressing colleague burnout, morale and ensuring the Trust wellbeing offer supports mental, physical and financial wellbeing.</p>	Chief People Officer	2025-26	Target of 6.3 for the People Promise 'we are safe and healthy' by 2027
<p>We work flexibly Corporate actions to include consistent and continued roll out of our FlexFocus Campaign, sharing of staff stories and manager training programmes. We will support teams to be flexible and agile by improving how they work together to manage service demands and navigate change.</p>	Chief People Officer	May 2026	Target of 6.9 for the People Promise 'we work flexibly' in accordance with our NHSE flexible working action plan

We are always learning Corporate actions to include increasing the effectiveness of PDRs and developing and increase awareness and understanding of inclusive Career Roadmaps per staff group and functions). For 2025-26 will involve key workstreams relating to Nursing and Midwifery job roles and career pathways.	Chief People Officer	March 2026	Target of 5.8 for the People Promise 'we are always learning' by 2027
Creating a sexually safe environment We will Implement the recommendations from the independent review of sexual safety by Lime Culture	Deputy CPO	2025-26	Year on year reduction in % of colleagues reporting experience of inappropriate conduct of a sexual nature from other colleagues
Governance We will develop and embed an improved EDI governance framework, using EDI dashboards to monitor progress and the influence of our staff networks, staff stories and survey feedback to better inform actions.	EDI Lead	June 2025	Divisional EDI framework and dashboard presented to teams and monitored via workforce assurance
Focus on intersectionality Extend our pay gap reporting by ethnicity and disability to gain a better understanding of the difference in pay and impact of intersectionality	EDI Lead	Sept. 2025	Produce baseline ethnicity and disability pay gap reports

This report must be published on the UHNM website, and the data reported on a designated government website at www.gov.uk/genderpaygap by 30th March 2025.

Appendix 1 Explaining the Gender Pay gap:

Our gender pay gap is influenced by the make-up of our workforce which has:

- A greater proportion of male employees working in the upper pay quartile compared to middle and lower quartiles and;
- A greater proportion of female employees in the lower and middle pay quartiles compared to the upper quartile

Having a predominantly female workforce means that even small fluctuations in the proportion of male to female employees in each quartile will have a significant impact on our gender pay gap.

An example of how a Gender Pay Gap can come about:

- ~ An organisation comprises 10 staff and 1 manager
- ~ The 10 staff are 9 females and 1 male and they all earn exactly £50,000 per year so they are all on equal pay
- ~ The manager, who is a man, earns £100,000 per year
- ~ The average salary for women in this organisation is £50,000
- ~ The average salary for men is $(£50,000 + £100,000 / 2) = £75,000$
- ~ The gender pay gap is therefore £25,000 or 50%

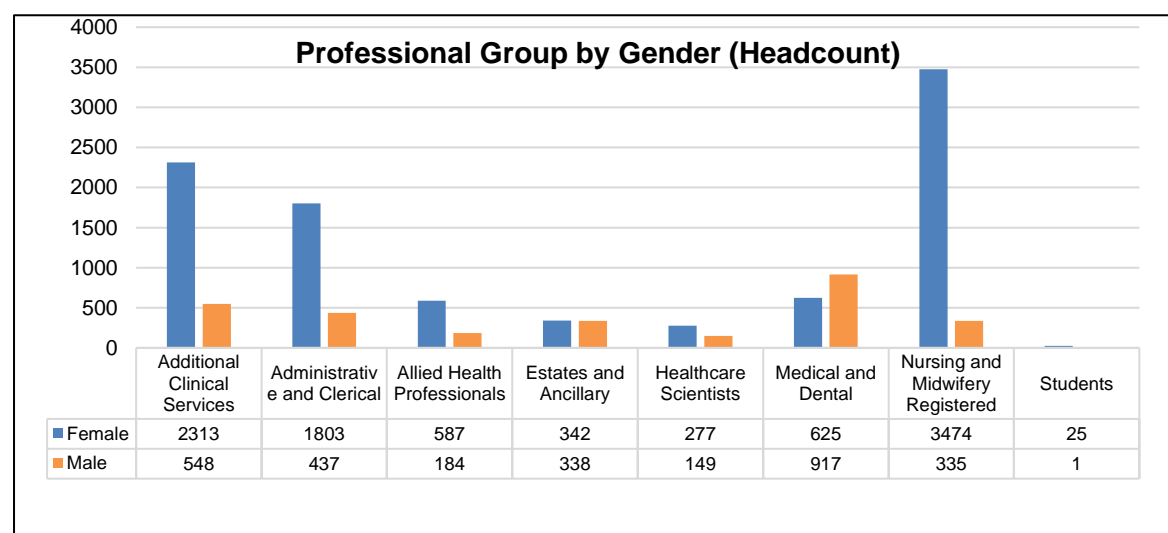
How our workforce was made up (as at 31st March 2024)

UHNM is typical of any NHS Trust in that it has a higher number of females than males in its workforce. 77% of our workforce are female compared to 23% men. This is the same as the previous year.

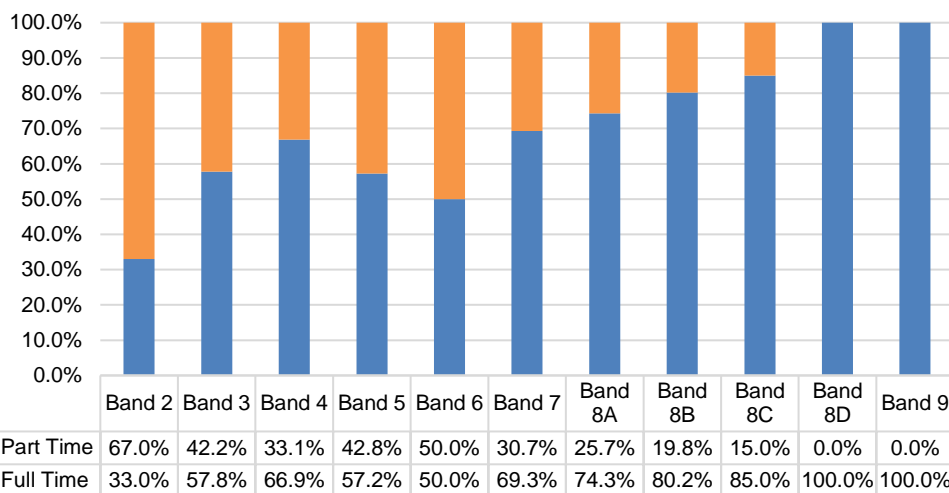
Professional Group	Female	Male
Additional Clinical Services	80.8%	19.2%
Administrative and Clerical	80.5%	19.5%
Allied Health Professionals	76.1%	23.9%
Estates and Ancillary	50.3%	49.7%
Healthcare Scientists	65.0%	35.0%
Medical and Dental	40.5%	59.5%
Nursing and Midwifery Registered	91.2%	8.8%
Students	96.2%	3.8%
Total	77.0%	23.0%

AfC Pay Band	Female	Male
Band 2	77.2%	22.8%
Band 3	83.9%	16.1%
Band 4	82.1%	17.9%
Band 5	86.7%	13.3%
Band 6	83.9%	16.1%
Band 7	80.6%	19.4%
Band 8 - Range A	74.6%	25.4%
Band 8 - Range B	66.7%	33.3%
Band 8 - Range C	65.0%	35.0%
Band 8 - Range D	45.8%	54.2%
Band 9	78.6%	21.4%

The percentage of women in the medical and dental staff group has increased by 2.1%, on top of a 4.4% increase the previous year. However, whilst overall numbers of women in this professional group have increased they are under-represented at Consultant level, at just 29%. Male representation has increased in Agenda for Change Bands 2 to 5, whilst female representation has increased in Bands 7 and above.

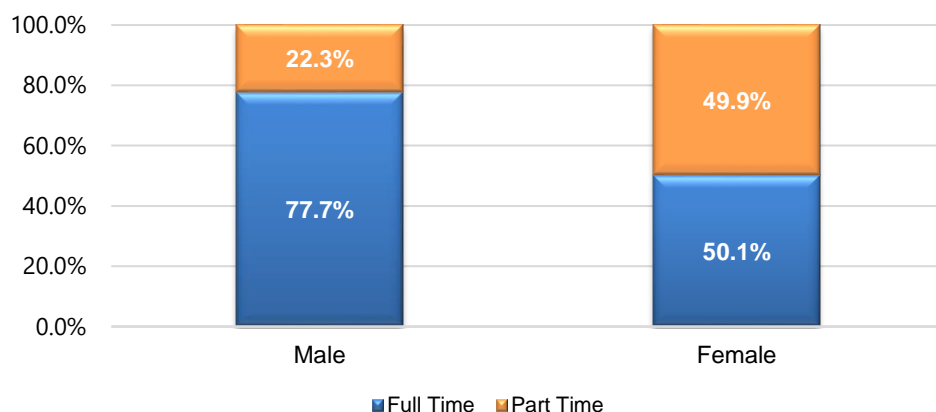


Agenda for Change Pay Bands by Full/Part Time Working



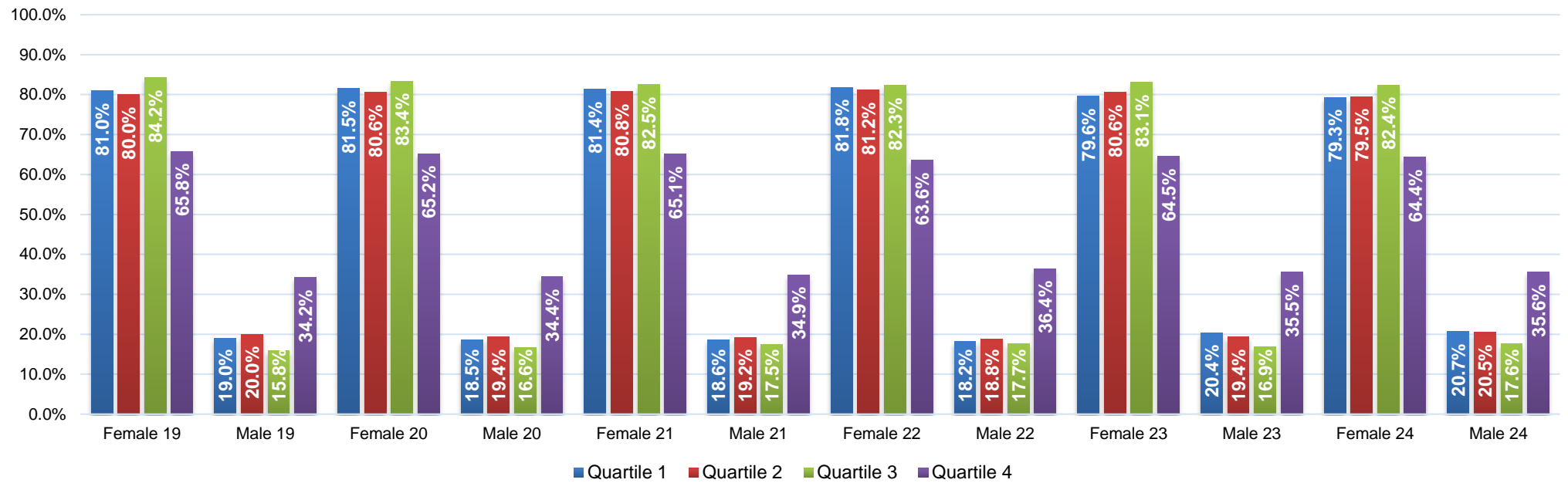
The proportion of colleagues working part time decreases as pay bands increase. 14.2% of doctors work less than full time (18.4% of female doctors and 11.3% of male doctors) an increase on the previous year. 17% of Consultants are working less than full time (20% of women and 15.8% of men)

Employment Category by Gender



A greater proportion of women are in part time roles, which in comparison with full time jobs, tend to have a lower hourly median pay.

Percentage of Employees by Quartile and Gender 2019-2024



How do we compare with other similar organisations?

Model Hospital enables us to compare our performance against our peer organisations, and the national average for NHS institutions in England. This data is from the 2023 reporting period.

Pay Gap Metrics	Data period	Provider value	Peer average ⓘ	National value	National value method	Chart
Average gender hourly pay gap	2023/24	■ 25.8%	21.0%	19.4%	Provider median	
Median gender hourly pay gap	2023/24	■ 9.3%	9.3%	8.6%	Provider median	
Proportion of males in lower quartile of hourly pay	2023/24	■ 20.4%	16.5%	20.0%	Provider median	
Proportion of females in lower quartile of hourly pay	2023/24	■ 79.6%	83.5%	80.0%	Provider median	
Proportion of males in top quartile of hourly pay	2023/24	■ 35.5%	29.0%	31.5%	Provider median	
Proportion of females in top quartile of hourly pay	2023/24	■ 64.5%	71.0%	68.5%	Provider median	
Rate of Change Metrics	Data period	Provider value	Peer average ⓘ	National value	National value method	Chart
Average gender hourly pay gap - change from previous year (in percentage points)	2023/24	■ -2.5	-1.6	-1.0	Provider median	
Median gender hourly pay gap - change from previous year (in percentage points)	2023/24	■ -6.6	-1.5	-1.1	Provider median	
Proportion of males in lower quartile of hourly pay - change from previous year (in percentage points)	2023/24	■ 2.2	0.4	0.3	Provider median	
Proportion of females in lower quartile of hourly pay - change from previous year (in percentage points)	2023/24	■ -2.2	-0.4	-0.3	Provider median	
Proportion of males in top quartile of hourly pay - change from previous year (in percentage points)	2023/24	■ -0.9	-0.4	-0.2	Provider median	
Proportion of females in top quartile of hourly pay - change from previous year (in percentage points)	2023/24	■ 0.9	0.4	0.2	Provider median	