



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Statutory Pay Gap Report

2025

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1. Introduction

In accordance with *The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017*, and the NHS EDI Improvement Plan (2023¹), Mersey and West Lancashire Teaching Hospital NHS Trust (MWL) is pleased to report its annual Statutory Pay Gaps for Gender (Sex), Ethnicity, Disability, and Sexuality, for March 2025, specifically the:

1. mean pay gap,
2. median pay gap,
3. proportion of each comparison group in 4 equal population quartiles,
4. mean bonus pay gap,
5. median bonus pay gap,
6. proportion of each comparison group receiving a bonus payment.

The data reported in relation to the mean and median pay gaps and the population quartiles corresponds to the employee population as of the 31st March 2025; and the mean and median bonus pay gaps correspond to any bonus pay paid in the period of the 1st April 2024 to 31st March 2025 and where the recipients were still employed in March 2025.

1.1. About Mersey and West Lancashire Teaching Hospital NHS Trust

Mersey and West Lancashire Teaching Hospital NHS Trust (MWL) provides acute and community healthcare services at Ormskirk and District General Hospital, Southport and Formby District General Hospital, St Helens Hospital, and Whiston Hospital; Community Intermediate Care services at Newton Community Hospital in Newton-le-Willows, and an Urgent Treatment Centre, operating from the Millennium Centre, in the centre of St Helens.

The Trust is also the “Lead Employer” for over 13,000 doctors in training who are employed by the Trust but are in placement across the country. **Lead Employer data is not included within this report.*

1.2. What is the Statutory Pay Gap

The statutory pay gap is defined in the Act as the difference between the average hourly rate of earnings between two population groups, expressed as a percentage.

For the purposes of this report the following comparisons are included:

1. Male v Female²,
2. No Known Disability v Known Disability,

¹ [NHS EDI High Impact Action 3](#)

² For the purposes of *The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017*, the term gender is synonymous with the protected characteristic of ‘Sex’ and as such a Gender Pay Gap is a comparison between Men/Male and Women/Female.

3. White v Ethnic Minority,
4. Heterosexual v Lesbian, Gay, Bisexual & Other sexuality (LGBO).

Where the pay gap is a **positive black** number, the pay gap is in favour of the baseline population group (men, no known disability, white, heterosexual); and where the pay gap is a **negative red** number, the pay gap is in favour of the comparator group (women, known disability, ethnic minority, and LGBO).

For the pay gap calculation, an employee means all **posts/assignments** that were paid in March 2025 and who received 100% of their expected hourly rate of pay (without deductions because they were on leave). These are known as the Full Pay Relevant Employees.

The Hourly rate of pay means the total amount of pay received by a post/assignment in March 2025, including enhancements, but excluding overtime. Any salary sacrifice payments are deducted, including pension, car loan scheme etc; and the final amount is divided by the number of hours worked to provide each post/assignment with an hourly rate of pay.

The Bonus Pay Gap is calculated from the total amount of Bonus Payments received in the 12-month period up to the snapshot date with the mean and median bonus pay gap calculated from the total value.

A pay gap of 5% or higher requires the Trust to take action to address the gap. A pay gap of 3-5% should be monitored, and if it persists action should be taken to reduce it. A pay gap of <3% is statistically insignificant and no action is required.

1.3. Bonus Payments

For the purpose of this report, Bonus Pay is a reference to the Local and National Clinical Excellence Awards (CEA) / Clinical Impact Awards (CIA). The CEA/CIA are a bonus scheme that is limited to eligible consultants only, to recognise clinical excellence in delivering services, leadership, education, and research.

An annual Local Clinical Excellence / Impact Awards round ceased³ from the 1 April 2024 meaning that no new LCEA are included in the 2025 pay data. The value of these awards was redirected into medical pay. Pre-2018 LCEA will still be included were eligible, as well as national level awards.

1.4. Data source for Pay Gap

The data for the Pay Gap is provided by an inbuilt report in the Electronic Staff Record (ESR). Once data categories are selected for inclusion, the report automatically provides the data used for all of the pay gap data categories.

³ [NHS Employers \(2025\)](#)

The ESR report only reports data based on employee sex. To enable the pay gap for other characteristics to be completed, the Trust ESR Team merges additional data categories with the ESR report.

The Ethnicity and Sexuality population have high levels of “unknown” and “decline” data records. To complete the calculation these are removed from the population. This is sufficient to complete the mean, median, bonus mean, bonus median and quartile population calculations.

However, the Bonus Pay Population (Pay Relevant Employees) cannot be calculated from the report because it does not include the detailed population list from which the correct population can be identified.

Therefore, when calculating the bonus pay population, the relevant Full Pay Relevant Population is used instead. This is indicated by an asterix (*).

2. Summary

The high-level figures for each pay gap are outlined in Table 1.

Table 1: High Level Summary Pay Gap Figures

	Male v Female	White v BME	No Disability v Known Disability	Heterosexual v LGBO
Total Workforce				
Mean	24.52	-32.52	12.71	5.46
Median	8.11	-19.98	10.46	5.52
Bonus Mean	-2.18	-5.54	71.62	81.13
Bonus Median	3.24	-3.24	54.43	69.33
Agenda for Change Only				
Mean	-0.18	-1.46	4.38	4.27
Median	-4.80	-12.32	5.94	3.44
Bonus Mean	n/a	n/a	n/a	n/a
Bonus Median	n/a	n/a	n/a	n/a
Medical & Dental Only				
Mean	9.21	4.00	10.13	20.74
Median	13.21	12.74	3.20	42.62
Bonus Mean	-2.18	-5.54	71.62	81.33
Bonus Median	3.24	-3.24	54.44	69.33

3. Gender Pay Gap

3.1. Population Summary

On the snapshot date of the 31st March 2025, the following number of full pay relevant employees (from now on ‘employees’) were included in the data analysis:

Table 2: Trust Population by Sex

	# Total	# Female	# Male	% Female	% Male
Total	11,359	8940	2419	78.7%	21.3%
AfC	10,233	8449	1784	82.6%	17.4%
M&D	1126	491	635	43.6%	56.4%

3.2. Mean Gender Pay Gap

The mean gender pay gap is a comparison between the average hourly income (before tax, but after salary sacrifice deductions) of the whole male population, and the average hourly income of the whole female population expressed as a percentage.

Table 3: Mean Gender Pay Gap

	Trust	AfC	M&D
Female	£19.95	£18.54	£44.21
Male	£26.43	£18.51	£48.69
Difference	£6.48	£0.03	£4.48
% Pay Gap	24.52%	-0.18%	9.21%

3.3. Median Gender Pay Gap

The median gender pay gap is a comparison between the middle value of the hourly income (before tax, but after salary sacrifice deductions) of the whole male population (from smallest to largest), and the middle value hourly income of the whole female population expressed as a percentage.

Table 4: Median Gender Pay Gap

	Trust	AfC	M&D
Female	£17.55	£16.97	£42.17
Male	£19.09	£16.20	£48.59
Difference	£1.54	£0.77	£6.42
% Pay Gap	8.11%	-4.80%	13.21%

3.4. Proportion of males and females in each pay quartile

To calculate the population quartiles, and allow comparisons with other organisations, the total population is divided into 4 equal sizes, ranked from the smallest to largest by hourly rate of pay. Quartile 1 represents the lower and 4 the

higher. The total number of men and women are counted in each quartile to produce the quartile populations.

Table 5: Quartile Populations (Sex)

	# Female	# Male	% Female	% Male
Quartile 1	2305	535	81.2%	18.8%
Quartile 2	2284	556	80.4%	19.6%
Quartile 3	2378	462	83.7%	16.3%
Quartile 4	1973	866	69.5%	30.5%

3.5. Mean and Median Bonus Gender Pay Gaps

For this report, Bonus Pay is a reference to the Local and National Clinical Excellence Awards (CEA) / Clinical Impact Awards (CIA). The CEA/CIA are a bonus scheme that is limited to eligible consultants only, to recognise clinical excellence in delivering services, leadership, education, and research.

An annual Local Clinical Excellence / Impact Awards round ceased⁴ from the 1 April 2024 meaning that no new LCEA are included in the 2025 pay data. The value of these awards was redirected into medical pay. Pre-2018 LCEA will still be included were eligible, as well as national level awards.

Consequently, the number of employees within the Bonus Pay sample has decreased significantly by 66% from 373 (2024) to 128 (2025).

The National CEA / CIA are awarded via a national competitive process and awarded via a regional/national assessment process. However, the payment of these awards is via the Trust payroll and are therefore included in the pay calculations.

The population used to calculate the Bonus Pay Gap is based on the total workforce, whether or not they are classed as Full Pay Relevant in the March snapshot date. This is to ensure that any person who received a bonus payment from the 1st April to the following 31st March, and where they are still employed on the 31st March, are included within the data. This group is known as the Pay Relevant Population.

Therefore, the total workforce population (Pay Relevant Employees) was 12,445 posts, of which 128 received a bonus payment. The mean and median bonus gender pay gaps were as follows:

⁴ [NHS Employers \(2025\)](#)

Table 6: Mean Bonus Gender Pay Gap

Sex	Mean	Median
Female	£9125.7	£5653.7
Male	£8931.4	£5842.9
Difference	£194.3	£189.2
% Pay Gap	-2.18%	3.24%

3.6. Proportion of males and females receiving a bonus payment

Table 7 reports the proportion of the total population who received a bonus payment, and the proportion of bonus recipients who were male and female.

Table 7: Number of Bonus Pay recipients.

Sex	MWL
% Female receive Bonus Pay	0.3%
% Male receive Bonus Pay	3.7%
% Bonus Pay recipients Female	23.4%
% Bonus Pay Recipients Male	76.6%

4. Disability Pay Gap

4.1. Introduction

The Disability Pay Gap is a comparison between the No Known Disability population v the Known Disability population. Where an employee is recorded as Unknown, Blank or Decline, these have been counted as No Known Disability.

The following calculations are based only on data held within the Electronic Staff Record, which is known to hold underreported disability figures.

4.2. Population Summary

On the snapshot date of the 31st March 2025, the following number of employees were included in the data analysis:

Table 8: Trust Population by Disability

	# Total	# Dis	# No Dis	% Dis	% No Dis
Total	11,359	710	10,649	6.3%	93.7%
AfC	10,233	681	9552	6.7%	93.3%
M&D	1126	29	1097	2.6%	97.4%

4.3. Mean Disability Pay Gap

The mean disability pay gap is a comparison between the average hourly income (before tax, but after salary sacrifice deductions) of the whole No Known Disability population, and the average hourly income of the whole Known Disability population expressed as a percentage.

Table 9: Mean Disability Pay Gap

	Trust	AfC	M&D
Disability	£18.77	£17.77	£42.12
No Disability	£21.50	£18.59	£46.86
Difference	£2.73	£0.82	£4.74
% Pay Gap	12.71%	4.38%	10.13%

4.4. Median Disability Pay Gap

The median disability pay gap is a comparison between the middle value of the hourly income (before tax, but after salary sacrifice deductions) of the whole No Known Disability population, (from smallest to largest), and the middle value hourly income of the whole Known Disability population expressed as a percentage.

Table 10: Median Disability Pay Gap

	Trust	AfC	M&D
Disability	£16.15	£15.85	£44.33
No Disability	£18.04	£16.85	£45.80
Difference	£1.89	£1.00	£1.47
% Pay Gap	10.46%	5.94%	3.20%

4.5. Proportion of No Known Disability and Known Disability staff in each pay quartile

To allow the trust to compare the distribution of No Known Disability and Known Disability staff within its pay structure with those from different organisations, the population is ranked in order of pay and divided equally into 4 population quartiles, where quartile 1 is the lowest and 4 the higher.

The total number of No Known Disability and Known Disability staff are counted in each to produce the quartile populations.

Table 11: Quartile Populations (Disability)

	# Dis	# No Dis	% Dis	% No Dis
Quartile 1	232	2608	8.2%	91.8%
Quartile 2	185	2665	6.5%	93.5%
Quartile 3	174	2666	6.1%	93.9%
Quartile 4	129	2710	4.5%	95.5%

4.6. Bonus Disability Pay Gap

4.6.1. Mean and Median Bonus Disability Pay Gaps

The mean and median bonus disability pay gaps were as follows:

Table 12: Mean Bonus Disability Pay Gap

	Mean	Median
Disability	£2576.4	£2576.4
No Disability	£9078.5	£5653.7
Difference	£6502.1	£3077.3
% Pay Gap	71.62%	54.43%

4.6.2. Proportion of No Known Disability and Known Disability staff who received a bonus payment

Table 13 reports the proportion of the total population who received a bonus payment, and the proportion of bonus recipients who were Known Disabled and No Known Disability.

Table 13: Number of Bonus Pay recipients.

	MWL
% Dis receive Bonus Pay	0.3%*
% No Dis receive Bonus Pay	1.2%*
% Bonus Pay recipients Dis	1.6%
% Bonus Pay Recipients No Dis	98.4%

5. Ethnicity Pay Gap

5.1. Introduction

The Ethnicity Pay Gap is a comparison between the White population v the combined ethnic minority population.

White includes White British, White Irish, Gypsy/Traveller, and Other White Background.

The ethnic minority population includes Bangladeshi, Chinese, Indian, Pakistani, White & Asian, Other Asian background; African, Caribbean, White & Black African, White & Black Caribbean, Other Black background; Arab, Other Mixed background, and Other Ethnicity.

379 pay records have no known Ethnicity (including 268 AfC, 111 M&D, and 5 Bonus pay records), accounting for 3.3% of the population. For the purposes of the following calculations these records have been omitted.

5.2. Population Summary

On the snapshot date of the 31st March 2025, the following number of employees were included in the data analysis:

Table 14: Trust Population by Ethnicity

	# Total	# EthMin	# White	% EthMin	% White
Total	10980	1966	9014	17.9%	82.1%
AfC	9965	1406	8559	14.1%	85.9%
M&D	1015	560	455	55.2%	44.8%

5.3. Mean Ethnicity Pay Gap

The mean ethnicity pay gap is a comparison between the average hourly income (before tax, but after salary sacrifice deductions) of the whole White population, and the average hourly income of the whole Ethnic Minority population expressed as a percentage.

Table 15: Mean Ethnicity Pay Gap

	Trust	AfC	M&D
EthMin	26.69	18.78	46.40
White	20.14	18.51	48.33
Difference	£6.55	£0.24	£1.93
% Pay Gap	-32.52%	-1.46%	4.00%

5.4. Median Ethnicity Pay Gap

The median ethnicity pay gap is a comparison between the middle value of the hourly income (before tax, but after salary sacrifice deductions) of the whole White population (from smallest to largest), and the middle value hourly income of the whole Ethnic Minority population expressed as a percentage.

Table 16: Median Ethnicity Pay Gap

	Trust	AfC	M&D
EthMin	£20.26	£18.49	£45.22
White	£16.97	£16.46	£51.82
Difference	£3.29	£2.03	£6.60
% Pay Gap	-19.38%	-12.32%	12.74%

5.5. Proportion of White and Ethnic Minority staff in each pay quartile

To allow the trust to compare the distribution of White and Ethnic Minority staff within its pay structure with those from different organisations, the population is ranked in order of pay and divided equally into 4 population quartiles, where quartile 1 is the lowest and 4 the higher. The total number of White and Ethnic Minority staff are counted in each to produce the quartile populations.

Table 17: Quartile Populations (Ethnicity)

	# EthMin	# White	% EthMin	% White
Quartile 1	191	2554	7.0%	93.0%
Quartile 2	471	2274	17.2%	82.8%
Quartile 3	636	2109	23.2%	76.8%
Quartile 4	668	2077	24.3%	75.7%

5.6. Bonus Ethnicity Pay Gap

5.6.1. Mean and Median Bonus Ethnicity Pay Gap

The mean and median bonus ethnicity pay gaps were as follows:

Table 18: Mean Bonus Ethnicity Pay Gap

Ethnicity	Mean	Median
EthMin	£9568.6	£6032.0
White	£6066.4	£5842.9
Difference	£3502.3	£189.2
% Pay Gap	-5.54%	-3.24%

5.6.2. Proportion of White and Ethnic Minority staff who received a bonus payment

Table 19 reports the proportion of the total population who received a bonus payment, and the proportion of bonus recipients who were White and Ethnic Minority.

Table 19: Number of Ethnicity Bonus Pay recipients.

Ethnicity	MWL
% EthMin receive Bonus Pay	2.6%*
% White receive Bonus Pay	0.8%*
% Bonus Pay recipients EthMin	41.5%
% Bonus Pay Recipients White	58.5%

6. Sexuality Pay Gap

6.1. Introduction

The Sexuality Pay Gap is a comparison between the known Heterosexual population v the combined Lesbian, Gay, Bisexual and Other sexuality population (LGBO).

1295 pay records have no known sexual orientation (of which 1107 AfC, 188 M&D, and 36 Bonus pay records), accounting for 11.4% of the population. For the purposes of the following calculations these records have been omitted.

6.2. Population Summary

On the snapshot date of the 31st March 2025, the following number of employees were included in the data analysis:

Table 20: Trust Population by Sexuality

	# Total	# LGBO	# Hetero	% LGBO	% Hetero
Total	10064	395	9669	3.9%	96.1%
AfC	9126	350	8776	3.8%	96.2%
M&D	938	893	45	4.8%	95.2%

6.3. Mean Sexuality Pay Gap

The mean sexuality pay gap is a comparison between the average hourly income (before tax, but after salary sacrifice deductions) of the whole Heterosexual population, and the average hourly income of the whole LGBO population expressed as a percentage.

Table 21: Mean Sexuality Pay Gap

	Trust	AfC	M&D
LGBO	£19.92	£17.75	£36.85
Heterosexual	£21.07	£18.54	£46.49
Difference	£1.15	£0.79	£9.64

	Trust	AfC	M&D
% Pay Gap	5.46%	4.27%	20.74%

6.4. Median Sexuality Pay Gap

The median sexuality pay gap is a comparison between the middle value of the hourly income (before tax, but after salary sacrifice deductions) of the whole Heterosexual population (from smallest to largest), and the middle value hourly income of the whole LGBO population expressed as a percentage.

Table 22: Median Sexuality Pay Gap

	Trust	AfC	M&D
LGBO	£16.86	£16.18	£26.53
Hetero	£17.85	£16.76	£46.23
Difference	£0.99	£0.58	£19.70
% Pay Gap	5.52%	3.44%	42.62%

6.5. Proportion of Heterosexual and LGBO staff in each pay quartile

To allow the trust to compare the distribution of Heterosexual and LGBO staff within its pay structure with those from different organisations, the population is ranked in order of pay and divided equally into 4 population quartiles, where quartile 1 is the lowest and 4 the higher. The total number of Heterosexual and LGBO staff are counted in each to produce the quartile populations.

Table 23: Quartile Populations (Sexuality)

	# LGBO	# Hetero	% LGBO	% Hetero
Quartile 1	111	2405	4.4%	95.6%
Quartile 2	102	2414	4.1%	95.9%
Quartile 3	98	2418	3.9%	96.1%
Quartile 4	84	2432	3.3%	96.7%

6.6. Bonus Sexuality Pay Gap

6.6.1. Mean and Median Bonus Sexuality Pay Gaps

The mean and median bonus sexuality pay gaps were as follows:

Table 24: Mean Bonus Sexuality Pay Gap

	Mean	Median
LGBO	£1734.2	£1734.2
Heterosexual	£9190.3	£5653.7

	Mean	Median
LGBO	£1734.2	£1734.2
Difference	£7456	£3919.5
% Pay Gap	81.13%	69.33%

6.6.2. Proportion of Heterosexual and LGBO staff who received a bonus payment

Table 25 reports the proportion of the total population who received a bonus payment, and the proportion of bonus recipients who were Heterosexual and LGBO.

Table 25: Number of Sexuality Bonus Pay recipients.

	MWL
% LGBO receive Bonus Pay	0.3%*
% Hetero receive Bonus Pay	0.9%*
% Bonus Pay recipients LGBO	1.1%
% Bonus Pay Recipients Hetero	98.9%

7. Discussion

Our analysis shows that the key cause of the Trust Pay Gaps continues to be the inclusion of the Agenda for Change, and Medical & Dental pay T&C within the single calculation.

This has a significant effect of influencing the data, in particular for the gender and ethnicity pay gaps. When considering the AfC and M&D separately, for the latter, the pay gap as in the 2024 Statutory Pay Report reduces significantly to be in favour of both women and ethnic minority employees, and in some instances, to statistically insignificant levels.

The Trust understand that the reporting requirements of the statutory regulations is based on the whole Trust approach, but in terms of our analysis and subsequent actions, our aim is to understand where the most significant impacts are occurring, and take steps to address these.

Our key observations include:

- Although the Trusts workforce is 79% female, pay gaps continues to exist. This is predominantly impacted by the lower proportion of women in senior medical roles, as well as the smaller proportion of men in Bands 1-4. It will take time for parity to be achieved in the medical senior leadership as women progress in their careers. We are determined to ensure that there are no discriminatory barriers to this progression.

- Although the pay gaps are generally in favour of ethnic minorities, we recognise that we still have work to do to make the Trust inclusive and supportive, and truly Anti-Racist. This activity is not specifically related to reducing the ethnicity pay gaps but linked to the opportunities for ethnic minority staff to progress, and to address any negative day to day experiences because of their ethnicity.
- The disability and sexuality pay gaps are relatively low, but there is a high degree of uncertainty relating to the validity of the data. The official disability disclosure rate of 6-7% is far lower than reporting figures within the staff survey, and 1295 employees have not answered the sexual orientation monitoring question. We welcome the lower reported pay gaps for these groups but recognise that work is needed to ensure the data set is robust, and that this is not a statistical anomaly.

Below we summarise the key causes for each respective protected characteristic.

7.1. Gender Pay Gap

The main cause of the Trusts (MWL) Gender Pay Gap are:

- **Total Gender Pay Gap:** A far larger proportion of male employees are Medical & Dental (26.3%) compared to women (5.5%) which have higher starting salaries, pay scales and enhancements compared to those on Agenda for Change. For examples, the starting salary of a Foundation 1 doctor is the equivalent to the Band 5 on AfC. With 45% of the female employees earning less than a F1, this causes a significant pay disparity for the total workforce.
- **AfC Gender Pay Gap:** The mean pay gap is statistically insignificant whilst slightly favouring women, with a higher Median pay gap also in favour of women. The Median is higher than less than 5% and so requires ongoing monitoring. This reflects the fact that 83% of AfC employees are female and form the majority on all pay bands.
- **M&D Gender Pay Gap:** 56.4% of Doctors are male increasing to 62% for Consultants. A higher proportion of male medics are Consultants (47% v 37%) and a higher proportion of female medics are F1/F2 (29% v 17%). The causes of the male and female ratio of consultants will be impacted by a number of factors including training rates, progression lag times, career breaks, and recruitment/retention trends.
- **Bonus Pay:** Changes to the Local CEA/CIA in 2024 has removed 66% of the previous population. With the overall smaller population of recipients, the average bonus pay value has increased, in particular for women, resulting in a Mean Bonus Pay Gap in favour of women, and a Median in favour of men, both of which are relatively low (<4%)

7.2. Disability Pay Gap

The main cause of the Trusts (MWL) Disability Pay Gap are:

- **Total Disability Pay Gap:** Overall, the total number of disabled employees within the pay record has increased from 593 or 5.4% (2024) to 710 or 6.3% (2025), with the larger increases in disclosure happening in the lower Quartile 1 (6.9% to 8.2%) and Quartile 2 (5% to 6.5%).
- Compared to this, the proportion of known disabled medics decreased from 2.8% to 2.6%; and overall, medics account for 4% of Disabled employees compared to 10.3% of Non-Disabled employees.
- The combination of these factors has caused the Mean to decrease from 13.5% to 12.7%, and the Median to increase from 5.5% to 10.5%.
- **AfC Disability Pay Gap:** Overall the Mean increased slightly from 3.7% to 4.4%, and the Median from 5.3% to 5.9%. This is caused by the larger increases in the disability disclosure rates in Q1 and Q2 as previously mentioned.
- **M&D Disability Pay Gap:** Overall the Mean decreased from 23.7% to 10.1%, and the Median from 40.4% to 3.2%. The proportion of known disabled staff increased by 14% from 25 to 29, with the proportion of known Consultants within the disability population increased to 37.9% (compared to 42.7% for non-disabled medics). In addition, the total number of medics increased (904 to 1126), and changes to the Clinical Excellence / Impact Award payments, have combined to reduce the non-disabled employee hourly pay rate, whilst simultaneously increasing the disabled hourly pay rate; causing the reductions in the pay gaps.
- **Bonus Pay:** Changes to the Clinical Excellence / Impact Awards have significantly impacted on the Disabled Bonus Pay increasing the Mean from -3.7% to 71.6%, and the Median from -7.9% to 54.4%. However, the number of disabled bonus recipients is ≤10, and has decreased substantially as a result of the eligibility changes. Furthermore the CEA/CIA award values are now based on the larger national pay awards, compared to the previous year where the LCEA/LCIA had a dampening effect on the average pay levels.

7.3. Ethnicity Pay Gap

Note: overall there are 379 (3.3%) employee pay records which do not have a recorded ethnicity. This is lower than 2024 where 393 (3.6%) were unknown.

The main cause of the Trusts (MWL) Ethnicity Pay Gap are:

- **Total Ethnicity Pay Gap:** Overall, the total number of ethnic minority employees within the pay record has increased from 1676 or 15.8% (2024) to 1966 or 17.9% (2025), with the larger increases in disclosures happening in the lower Quartile 2 (13.5% to 17.2%) and Quartile 4 (21.2% to 24.3%).

- A far larger proportion of ethnic minority employees are in Medical & Dental roles (28.5%) compared to White (5.0%) which has higher starting salaries, pay scales and enhancements than Agenda for Change, for example the starting salary of a Foundation 1 doctor is the equivalent to Band 5 AfC.
- Overall, ethnic minority employees are more likely to be in the higher Q3+Q4 with 66.3%, compared to 46.4% of White employees.
- However, the Ethnicity Pay Gap has decreased slightly from **-39.2%** to **-32.5%**, and the Median from **-21.1%** to **-19.4%** (in favour of ethnic minorities), which is positive.
- **AfC Ethnicity Pay Gap:** Overall the AfC ethnicity pay gap is in favour of ethnic minority staff with a Mean of **-1.5%** (statistically insignificant) and a Median of **-12.3%**. These both represent slight decreases from 2024 where the Mean was **-1.6%** and the Median **-14.8%**. The likely cause of these improvements, is the increase in the proportion of ethnic minority staff in Quartile 1 (6.2% to 7%) and Quartile 2 (13.5% to 17.2%).
- **M&D Ethnicity Pay Gap:** Overall the Mean decreased from 14.3% to 4.0%, and the Median from 25.1% to 12.7%. This has been caused by the simultaneous drop in the hourly rate of pay for White employees and an increase in the hourly rate of pay for Ethnic Minority employees.
- Overall the number of ethnic minority medics increased from 452 (53.7%) to 560 (55.2%), and the number of White medics from 389 to 455.
- The proportion of White medics who are F1/F2 increased from 23.6% (2024) to 26.2% (2025), compared to Ethnic Minority medics which increased from 8.9% (2024) to 13.2% (2025). Similarly, the proportion of White medics who are Consultants decreased from 59.8% to 54%, and the proportion of Ethnic Minority consultants decreased from 42% to 38%.
- The combined effects of these changes in the population size, coupled with the CEA/CIA changes, has caused the drop in the M&D pay gap.
- **Bonus Pay:** The Mean Ethnicity Bonus Pay Gap increased from 3.4% to **-5.5%** in favour of ethnic minority medics, and the Median increased from 0% to **-3.2%** in favour of ethnic minority medics. The changes made to the CEA/CIA are the principal reasons for this change, with the value of the award based on the national award levels. Previously the LCEA/LCIA had a dampening effect on the mean/median values which is no longer the case.

7.4. Sexuality Pay Gap

Note: overall there are 1295 (11.4%) employee pay records which do not have a recorded sexual orientation. This is lower than 2024 where 1391 (12.7%) were unknown.

The main cause of the Trusts (MWL) Sexuality Pay Gap are:

- **Data Sample:** The 1295 or 11.4% of pay records have no known sexual orientation, including 10.8% of AfC, 16.7% of M&D employees. The omission of this large data set may impact on the accuracy of the overall calculation.
- **Total Sexuality Pay Gap:** The Mean pay gap increased from 4.6% (2024) to 5.5% (2025) with the Median increasing from 4.2% (2024) to 5.5% (2025).
- The overall number and proportion of LGBO employees increased from 342 or 3.6% (2024) to 395 or 3.9% (2025), with similar increases for AfC (3.5% to 3.8%) and for M&D (3.7% to 4.8%).
- However, the distribution of LGBO employees is not equal, with the proportion of Known LGBO employees decreasing from 4.4% in Quartile 1 to 3.3% in Quartile 4.
- The main cause of the pay gaps appear to be the unequal distribution of LGBO staff within the Quartiles.
- **AfC Sexuality Pay Gap:** The pay gap has increased from 2.6% to 4.3% (Mean) and 2.7% to 3.4% (Median). As outlined above, the main cause is the unequal distribution of LGBO staff, but for AfC there proportions are lower, at 3.6% in Quartile 3 and 3.2% in Quartile 4.
- **M&D Sexuality Pay Gap:** With a relatively low LGBO population sample, small distribution changes within the pay bands will have a larger impact. Overall, a far larger proportion of LGBO staff are F1/F2 (55%) compared to Heterosexual employees (17.7%) and 24% of LGBO employees are Consultants, compared to 44.3% of Heterosexual employees. This unequal distribution of LGBO employees within the pay bands is the cause of the mean, and specifically the median pay gaps.
- **Bonus Pay:** The number of LGBO bonus pay recipients is significantly low with the comparison comparing against the national pay award levels. This is the cause of the bonus pay gap.

8. Cheshire & Mersey ICB Benchmarking 2024

Here MWL is compared against the other 16 Trusts within the Cheshire & Merseyside ICB area for the Gender Mean, Median, Bonus Mean and Bonus Median pay gaps.

When using this data, the following caveats need to be considered:

- The type of Trusts varies from Acute, Specialist and Community Trusts whose workforce profiles will differ based on the services they offer
- 10 of the Trusts have workforce profiles of between 1000-4999, and 7 Trusts have workforce profiles in the range of 5000 to 20,000 (as reported in the GPG Portal).
- Local Pay and Workforce Practices are not considered which may impact on the respective calculations and ranking. For example, the provision of salary sacrifice practices such as car loans and electric goods within each Trust is

unknown, as well as the specific methodologies used to create their GPG data reports.

The ultimate target is to have a pay gap of 0% for all indicators. The following ranking is therefore based on 1st place being closest to or actually 0% and all trusts ranked in order from lowest to highest, with 17th place having the highest pay gap.

Overall, when compared to the Trusts within the ICB, MWL ranked:

- 17 out of 17 for the Mean Pay Gap,
- 10 out of 17 for the Median Pay Gap,
- 4 out of 17 for Bonus Mean Pay Gap
- Joint 1st for the Median Bonus Pay Gap.

The lower the ranking the better the results when compared to other Trusts.

9. Action Planning

The Trust has developed a new People Strategy within which Equality, Diversity and Inclusion is a golden thread. The 5 key objectives set out in the People Strategy delivery plan include:

1. Continue to embed health and wellbeing support and initiatives that champion a safe and healthy environment for all
2. Continue to harness a culture of kindness, openness and inclusivity where everyone is treated with civility and respect
3. Celebrate diversity and promote an environment of openness and inclusion
4. Tackle all forms of discrimination, harassment and bullying.
5. Improve the experience of those people with a protected characteristic as identified by the Equality Act 2010

A summary of our specific actions for 2025-2026 are:

- Deliver Trust High Impact Actions
- Launch EDI Objective within the appraisal process for all staff
- Provide of a suite of learning and development options in relation to EDI and wider inclusion that includes courses, reading, listening, watching and volunteering
- Continue to deliver the BAME Nurses & Midwives Band 5 Career Progression programme,
- Expand Career Progression programme to other equality groups
- Develop 'career planning' resources for BAME, Disabled, and Female employees
- Continue to campaign for staff to disclosing their health conditions and expand knowledge of support and advice available for those that have conditions to disclose

- Streamline staff disability reasonable adjustment processes, to remove unnecessary processes, speed up the timeliness of adjustments, and increase confidence by staff in requesting support,
- To work with departments/teams with disproportionately low disclosure rates and reasonable adjustment satisfaction levels to identify any barriers to disclosure, and support needs for managers.

10. Conclusion

The analysis of the 2025 data indicates that there remains pay gap differences within the workforce, caused by a combination of factors including the number of staff from each equality group, where those individuals are located within the staff groups (horizontal segregation) and within the pay scale (vertical segregation). In addition, the limited eligibility of the clinical excellence / impact awards and the varying values of those payments and pay practices, continues to cause varying bonus pay gaps.