



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Statutory Pay Gap Report

2024

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1. Introduction

In accordance with *The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017*, Mersey and West Lancashire Teaching Hospital NHS Trust (MWL) is pleased to report its annual Gender Pay Gap for March 2024, 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.

In June 2023 the NHS published the NHS EDI Improvement Plan which sets out 6 high impact targeted actions. High Impact Action 3 focuses on the NHS taking steps to address pay gap disparities. As part of this action NHS organisations are now required to calculate and publish pay gaps for all protected characteristics.

MWL, in its commitment to the EDI Improvement Plan, has included the Disability Pay Gap, Ethnicity Pay Gap, and Sexuality Pay Gaps in accordance with the publication requirement set out in the NHS EDI Improvement Plan, High Impact Action 3¹.

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 2024; and the mean and median bonus pay gaps correspond to any bonus pay paid in the period of the 1st April 2023 to 31st March 2024 and where the recipients were still employed in March 2024.

1.1. About Mersey and West Lancashire Teaching Hospital NHS Trust

Mersey and West Lancashire Teaching Hospital NHS Trust (MWL) is the successor organisation of the merger between St Helens and Knowsley Teaching Hospitals NHS Trust (STHK), and Southport and Ormskirk Hospital NHS Trust (S&O).

The Trust 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.

¹ [NHS EDI High Impact Action 3](#)

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 the difference between the hourly rate of pay 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,
3. White v Black & Minority Ethnic (BME),
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, BME, and LGBO).

For the purpose of the pay gap calculation, an employee means all posts/assignments that were paid in March 2024 and who received 100% of their expected hourly rate of pay (without deductions because they are 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 2024, including enhancements, but excluding overtime. Any salary sacrifice payments are deducted, including pension, childcare vouchers 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

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.

a bonus scheme that is limited to eligible consultants only, to recognise clinical excellence in delivering services, leadership, education, and research.

1.4. Data source for Gender Pay Gap

The data for the Gender 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 gender pay gap data categories.

1.5. Data source for additional Pay Gaps

The aforementioned 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. In order 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	30.02	-39.15	13.54	4.59
Median	9.56	-21.12	5.51	4.19
Bonus Mean	9.17	3.37	-3.72	38.78
Bonus Median	0.00	0.00	-7.91	48.23
Agenda for Change Only				
Mean	0.37	-1.56	3.72	2.62
Median	-5.41	-14.79	5.33	2.67
Bonus Mean	n/a	n/a	n/a	n/a
Bonus Median	n/a	n/a	n/a	n/a
Medical & Dental Only				
Mean	11.33	14.25	23.67	13.59
Median	21.15	25.07	40.41	35.02
Bonus Mean	9.17	3.37	-3.72	38.78
Bonus Median	0.00	0.00	-7.91	48.23

3. Gender Pay Gap

3.1. Population Summary

On the snapshot date of the 31st March 2024, the following number of employees were included in the data analysis:

Table 2: Trust Population by Sex

	# Total	# Female	# Male	% Female	% Male
Total	10,973	8762	2211	79.9%	20.1%
AfC	10,072	8378	1694	83.2%	16.8%
M&D	901	384	517	42.6%	57.4%

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	£18.84	£17.34	£51.52
Male	£26.92	£17.41	£58.10
Difference	£8.08	£0.07	£6.58
% Pay Gap	30.02%	0.37%	11.33%

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	£16.15	£15.73	£39.51
Male	£17.86	£14.92	£50.11
Difference	£1.71	£0.81	£10.60
% Pay Gap	9.56%	- 5.41%	21.15%

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	2257	487	82.3%	17.7%
Quartile 2	2254	489	82.2%	17.8%
Quartile 3	2278	465	83.0%	17.0%
Quartile 4	1973	770	71.9%	28.0%

3.5. Mean and Median Bonus Gender Pay Gaps

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.

The Local CEA/CIA was historically issued by the Trust through a competitive application process, however since COVID, the grant has been equally distributed to all eligible consultants without a competitive process.

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 12,357 posts, of which 373 received a bonus payment. The mean and median bonus gender pay gaps were as follows:

Table 6: Mean Bonus Gender Pay Gap

Sex	Mean	Median
Female	£9815.50	£10,921.80
Male	£10,806.30	£10,921.80
Difference	£990.80	£0.00
% Pay Gap	9.17%	0.00%

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	1.5%
% Male receive Bonus Pay	8.9%
% Bonus Pay recipients Female	40.2%
% Bonus Pay Recipients Male	59.8%

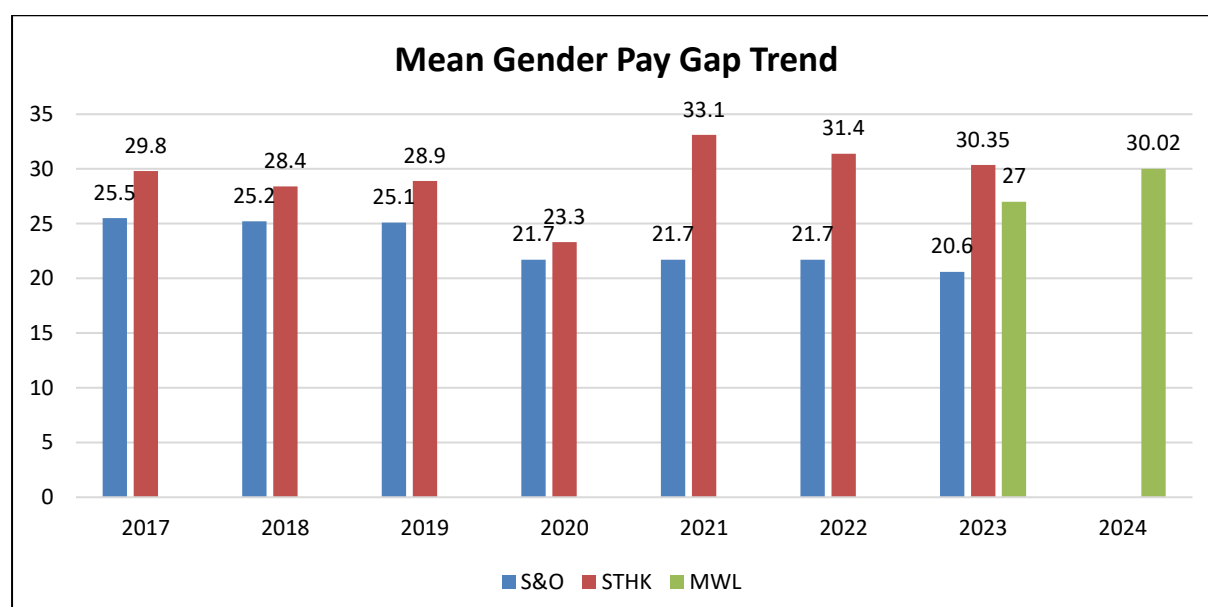
3.7. Gender Pay Gap Trend

In July 2023 Mersey & West Lancashire Teaching Hospitals Trust (MWL) was formed following the merger of Southport & Ormskirk District Hospitals Trust (S&O) and St Helens & Knowsley Teaching Hospitals Trust (STHK).

For trending purposes, below we report both S&O and STHK mean and median gender pay gap data from 2017 to 2023, and MWL for 2024.

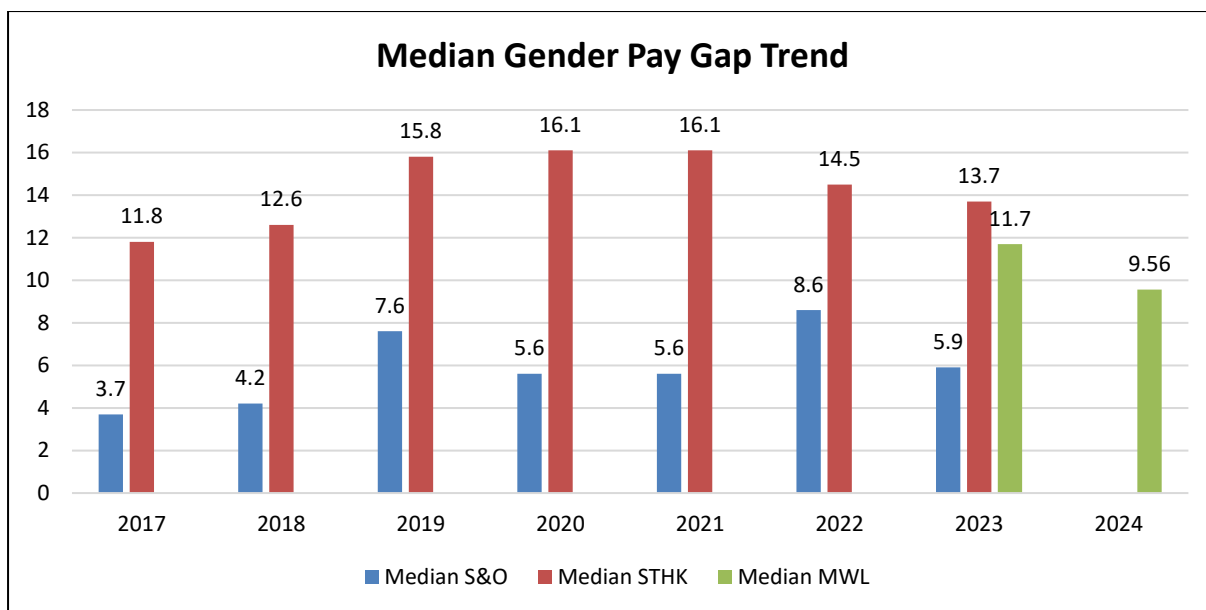
A theoretical MWL calculation was completed for 2023 merging the 2 data sets together to provide an indicative calculation, however, the different data sources will mean that the data is not 100% comparable with the 2024 MWL calculation.

3.7.1. Mean Trend 2017 to 2024



Overall, the S&O Mean Gender Pay Gap saw a year on year decrease from 2017 to 2023. STHK also experienced a decrease from 2017 to 2020, however, during the COVID period the mean increased, subsequently declining year on year. The high MWL figure for 2024 reflects the new workforce (10K+) and the impact of merging these staff groups into a single cohort. However, the data does show a slight decrease from 2023's STHK figure.

3.7.2. Median Trend 2017 to 2024



Overall the Median Pay Gap has fluctuated year on year for both S&O and STHK, now showing a general decreasing Trend since 2021. The 2024 MWL figure, although higher than S&O 2023 is lower than STHK 2023, a reflection of the larger data cohort (10k+ in 2024 v 6K+ in 2023), altering the mid pay point within the data.

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 figures.

4.2. Population Summary

On the snapshot date of the 31st March 2024, 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	10,973	593	10,380	5.4%	94.6%
AfC	10,069	568	9501	5.6%	94.4%
M&D	901	25	876	2.8%	97.2%

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	£17.83	£16.74	£42.48
No Disability	£20.62	£17.39	£55.66
Difference	£2.79	£0.65	£13.18
% Pay Gap	13.54%	3.72%	23.67%

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	£15.60	£14.83	£27.60
No Disability	£16.50	£15.67	£46.32
Difference	£0.90	£0.84	£18.72
% Pay Gap	5.51%	5.33%	40.41%

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	188	2556	6.9%	93.1%

Quartile 2	137	2606	5.0%	95.0%
Quartile 3	153	2590	5.6%	94.4%
Quartile 4	115	2628	4.2%	95.8%

4.6. Bonus Disability Pay Gap

4.6.1. Mean and Median Bonus Disability Pay Gaps

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

Table 12: Mean Bonus Disability Pay Gap

	Mean	Median
Disability	£10,791.0	£11,786.3
No Disability	£10,403.7	£10,921.8
Difference	£387.3	£864.5
% Pay Gap	-3.72	-7.91

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	0.7%*
% No Dis receive Bonus Pay	3.6%*
% Bonus Pay recipients Dis	1.1%
% Bonus Pay Recipients No Dis	98.9%

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.

393 pay records have no known Ethnicity, accounting for 3.6% 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 2024, the following number of employees were included in the data analysis:

Table 14: Trust Population by Ethnicity

	# Total	# EthMin	# White	% EthMin	% White
Total	10,580	1676	8904	15.8%	84.3%
AfC	9736	1224	8512	12.6%	87.4%
M&D	841	452	389	53.7%	56.3%

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	£26.70	£17.60	£51.35
White	£19.19	£17.33	£59.88
Difference	£7.51	£0.27	£8.53
% Pay Gap	-39.15%	-1.56%	14.25%

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	£18.98	£17.42	£41.18
White	£15.67	£15.17	£54.96

	Trust	AfC	M&D
Difference	£3.31	£2.25	£13.78
% Pay Gap	-21.12%	-14.79%	25.07%

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	164	2481	6.2%	93.8%
Quartile 2	356	2289	13.5%	86.5%
Quartile 3	595	2050	22.5%	87.5%
Quartile 4	561	2084	21.2%	88.8%

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	£10,705.8	£10,921.8
White	£10,345.2	£10,921.8
Difference	£360.7	£0.00
% Pay Gap	3.37%	0.00%

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	9.4%*
% White receive Bonus Pay	2.2%*

Ethnicity	MWL
% Bonus Pay recipients EthMin	44.2%
% Bonus Pay Recipients White	55.8%

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).

1391 pay records have no known sexual orientation, accounting for 12.7% 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 2024, the following number of employees were included in the data analysis:

Table 20: Trust Population by Sexuality

	# Total	# LGBO	# Hetero	% LGBO	% Hetero
Total	9582	342	9240	3.6%	96.4%
AfC	8796	312	8484	3.5%	96.5%
M&D	783	29	754	3.7%	96.3%

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	£19.34	£16.88	£46.10
Heterosexual	£20.27	£17.34	£53.35
Difference	£0.93	£0.46	£7.25
% Pay Gap	4.59%	2.62%	13.59%

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	£15.74	£15.24	£28.23
Hetero	£16.43	£15.37	£43.45
Difference	£0.69	£0.13	£15.22
% Pay Gap	4.19%	2.67%	35.02%

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	88	2308	3.7%	96.3%
Quartile 2	94	2302	3.9%	96.1%
Quartile 3	89	2306	3.7%	96.3%
Quartile 4	71	2324	3.0%	97.0%

6.6. Bonus Sexuality Pay Gap

6.6.1. Mean and Median Bonus Sexuality Pay Gaps

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

Table 24: Mean Bonus Sexuality Pay Gap

	Mean	Median
LGBO	£6431.8	£5653.7
Heterosexual	£10506.2	£10921.8
Difference	£4074.4	£5268.1
% Pay Gap	38.78%	48.23%

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	2.6%*
% Hetero receive Bonus Pay	3.9%*
% Bonus Pay recipients LGBO	2.4%
% Bonus Pay Recipients Hetero	97.6%

7. Discussion

Our analysis shows that the key cause of the Trust Pay Gaps is the inclusion of the Agenda for Change, and Medical & Dental pay T&C within the single calculation. This is having 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 reduces significantly, 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 action planning, 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 80% 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. We recognise that 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 5-6% is far lower than reporting figures within the staff survey, and over 1000 staff 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 (23.4%) compared to women (4.4%) which has higher starting salaries, pay scales and enhancements than Agenda for Change. The starting salary of a Foundation 1 doctor is the equivalent to Band 5 AfC, With 45% of the female workforce 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, whereas the Median pay gap is in favour of women. This reflects the fact that 83% of AfC employees are female and form the majority on all pay bands.
- **M&D Gender Pay Gap:** 58.7% of Doctors are male increasing to 61.7% for Consultants. A higher proportion of male medics are Consultants (52.3% v 46%) and a higher proportion of female medics are F1/F2 (26% 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:** CEA/CIA are limited to Medical Consultants who are more likely to be male, with a larger proportion of that group receiving the national pay awards, causing the mean pay gap. The median pay gap is 0% caused by the standardised LCEA payments.

7.2. Disability Pay Gap

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

- **Total Disability Pay Gap:** A far higher proportion of AfC staff have disclosed a disability compared to Medical & Dental (5.6% v 2.8%). The number of disabled staff in M&D roles is very small, but those that are, are less likely to be in a Consultant role compared to No Known Disability (24% v 50%). This is causing the Mean and less degree Median pay gaps.
- **AfC Disability Pay Gap:** The Mean is comparatively low at 3.7% caused by the higher than average disclosure rates at Band 3,4, 6 and 7. The Median is slightly higher at 5.3% which is an effect of lower than expected distribution of disabled staff on Bands 5, 8A, 8D-Exec

- **M&D Disability Pay Gap:** The significantly low disclosure rates for M&D, and the fact that 40% of those are F1 id causing the significant pay gaps.
- **Bonus Pay:** The Mean and Median Disability Bonus Pay Gaps are both in favour of disabled employees. However, this is based on a population of ≤10 disabled consultants compared to 441 non-disabled consultants, where individual values are having a larger impact.

7.3. Ethnicity Pay Gap

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

- **Total Ethnicity Pay Gap:** A far larger proportion of ethnic minority employees are Medical & Dental (27%) compared to White (3.3%) which has higher starting salaries, pay scales and enhancements than Agenda for Change. The starting salary of a Foundation 1 doctor is the equivalent to Band 5 AfC. Within AfC roles, ethnic minority staff are not equally distributed within the bands, with 53.6% being on Band 5 compared to v 16.3% of White staff. However, 50% of White staff are on Band 1-4 compared to 27.5% of AfC ethnic minorities. Taken together, that ethnic minority staff a significantly more likely to be M&D, and be AfC Band 5, this is causing the significant pay gap in favour of the ethnic minority population.
- **AfC Ethnicity Pay Gap:** Although ethnic minority staff are not equally distributed through the AfC pay bands, they are more likely to be in the middle/upper bands reflecting that the majority are nursing and midwifery roles. 72.4% of ethnic minority AfC employees are on Band 5+ compared to 49.8% of White employees with 53.6% of ethnic minority employees bunched on Band 5. This is resulting in the mean statistically insignificant pay gap in favour of ethnic minority employees and the median statistically significant pay gap.
- **M&D Ethnicity Pay Gap:** Overall 53.7% of M&D roles are held by ethnic minority employees. Although this is the majority, the mean and median pay gaps are in favour of White employees. When looking at the distribution of White employees in the bands, they are more likely to be a Consultant (59.8%) compared to ethnic minority employees (42.3%). Overall, 55.2% of Consultants are White compared to 44.8% being from an ethnic minority.
- **Bonus Pay:** The Mean Ethnicity Bonus Pay Gap is 3.4%, which is caused by a slightly higher number of White employees receiving a higher bonus value than ethnic minority employees.

7.4. Sexuality Pay Gap

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

- **Data Sample:** 1391 or 12.7% of pay records have no known sexual orientation, including 12.6% of AfC, 13.1% of M&D employees. The proportion

of LGBO known employees through the band pays fluctuates from 0% to 7.7%, and the omission of a large data set may impact on the accuracy of the overall calculation.

- **Total Sexuality Pay Gap:** The Pay Gap is low at 4.6% Mean and 4.2% Median in favour of Heterosexual staff. This is caused by a slightly higher proportion of Heterosexual staff on Bands 8C+, and LGBO on Band 1-2.
- **AfC Sexuality Pay Gap:** The pay gap is statistically insignificant at 2.6% and 2.7% for mean and median respectively.
- **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 (31%) compared to Heterosexual employees (10.7%), and far less likely to be Other Specialist (17.2% v 30.7%). 37.9% of Consultants are LGBO compared 47.8% 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:** This is significantly impacted by the low number of recipients. Of the 9 LGBO recipients, none received a bonus value greater than £11k, whereas 3.7% of Heterosexual recipients did.

8. Cheshire & Mersey ICB Benchmarking 2023

For the March 2023 Gender Pay Gap, with the snapshot date preceding the creation of MWL, the Gender Pay Gap calculation was completed by each legacy Trust. The data was reported to the government portal as per regulations, and the benchmarking report has been sourced from this data set.

It is therefore not possible to provide a accurate MWL Gender Pay Gap data set for benchmarking purposes, and the following data is reported for Legacy STHK and Legacy S&O Trusts.

A comparison between the STHK and S&O with the Cheshire & Merseyside ICB area for the Gender Mean, Median, Bonus Mean and Bonus Median is reported below.

When using this data, the following caveats needs 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
- 11 of the Trusts have workforce profiles of between 1000-4999, and 6 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 Legacy STHK ranked:

- 16 out of 17 for the highest Mean Pay Gap, and 14 out of 17 for the highest Median Pay Gap,
- 10 out of 17 for Bonus Mean Pay Gap and equal 1st for the Median Bonus Pay Gap.

Legacy S&O ranked:

- 7 out of 17 for the Mean Pay Gap and 6 out of 17 for the Median Pay Gap,
- 5 out of 17 for the Bonus Mean Pay Gap and equal 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 will develop an action plan as part of the report approval process, engaging with the Executive, Board, Valuing our People Council and the People Performance Council. Actions will be incorporated into the new EDI Operational Plan 2025-2028 and annual operating plans as appropriate. High Level recommendations are:

Activity	Responsible
Data Quality: We will work with departments with significantly lower disclosure rates to identify opportunities to communicate with staff and facilitate updating ESR.	HR
Disability Disclosure: We will work to increase the disability disclosure rate of Medics to 5% by: <ul style="list-style-type: none"> • working with the clinical senior leadership team to implement the reasonable adjustment processes. • To further embed disability disclosure and reasonable adjustments processes into Recruitment and Onboarding to capture staff early • We will work with Lead Employer to understand the potential causes of the drop in disclosure rates at the different training stages, and into employment at STHK in particular the use of the RA passport. 	HR
Outreach: <ul style="list-style-type: none"> • We will work to ensure that men, ethnic minorities, and disabled people have the same opportunities to engage in Work Experience and Volunteering • We will work with the ICB and NHSNW to investigate how to encourage men to pursue careers in nursing. • We will expand out school relationships to engage young people early to support the long-term aspirations 	Workforce Development, Volunteering, Work Experience, Recruitment
Career Development: We will work to support the career development of all through initiatives including: <ul style="list-style-type: none"> • Development of self-help and structured development on career planning and progression • Publication of workforce profiles, career routes, and guidance • Investigate the feasibility of targets interventions including the Springboard Women's Programme • Engage with Medics to understand barriers or issues relating to career progression 	HR, L&OD, Clinical Ed Divisions
Family Leave: We will engage with staff to understand any concerns or consequences they experience following family leave breaks that has impacted on their career progression and identify solutions.	EDI Team
Bonus Pay: Ensure future bonus pay and reward systems are equitable following the termination of the clinical excellence award / impact programmes	HR

Ranking: We will work with Trusts in the ICB to understand their methodologies, identify commonalities, and understand their workforce and payment best practices to improve MWL standing within the region.	EDI Team
Staff Networks: We will develop a staff network framework that better supports network leaders, leader activity and recognition in order to improve employee voice and engagement.	EDI Team
HR Strategy: All HR Strategy Leads to identify and incorporate activity into their 2025-2028 strategies and actions plans that specifically supports the reduction in the pay gaps and underlying causes, with specific reference to the NHS High Impact Actions.	HR SLT

10. Conclusion

The analysis of the 2024 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.