

Liverpool Women's Hospital
Ethnicity Pay Gap Report
2024



Introduction

At Liverpool Women's Hospital, we are committed to fostering inclusion, equity and equality and we want to understand how our culture and actions impact how people feel they belong in our organisation. We pledge to keep listening to our people to shape our behaviours, knowing that creating an inclusive culture means doing things differently.

Here is our first Ethnicity Pay Gap Report (EPGR) which we have published alongside our Gender Pay Gap report. We believe this is a major step on our journey towards greater equality, diversity and inclusion and effective anti-racism. This is our first EPGR, therefore we will not compare our data to the previous year, however this does give us a basis on which to build and ensure we have equity in pay when it comes to ethnicity.



Publishing the ethnicity pay gap report is an important step on Liverpool Women's journey to become an actively anti racist organisation. By understanding disparities in pay, we can ensure we are taking action to ensure equality of opportunity and support our talented people to reach their full potential. **Rachel London – Director of People**

I'm proud to be delivering our first EPG Report for Liverpool Women's Hospital. We're working hard to build our reputation as the most Inclusive NHS Employer, and whilst we're on a journey and still have some way to go, we are on the right path towards our goal. Publishing this report is an example of our commitment to equity and inclusion for our BME staff.

Diane Martin - Culture and Inclusion Lead

At Liverpool Women's, our commitment to anti-racism means working to ensure our representation reflects the diverse communities we serve. By addressing disparities and amplifying underrepresented voices, we're taking steps toward equity in practice, not just in principle. There's still a long way to go, but we're moving forward.

Lisa Shoko – EDI and Anti-Racism Programme Lead

Background

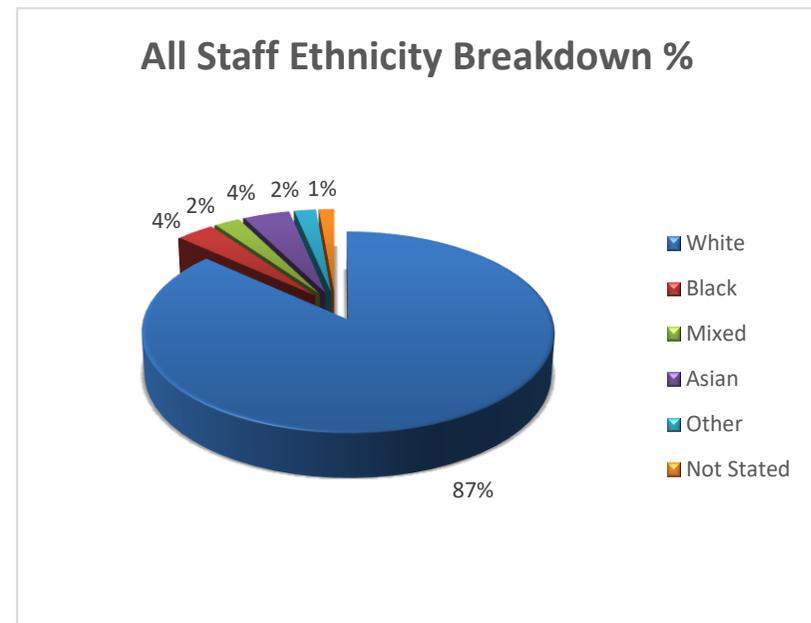
The UK government in 2017 published the first report to examine the barriers people from Ethnic Minorities face in employment, named *Race in the Workplace*. Their report highlighted the need to be able to measure the disadvantage some ethnic groups face with regards to the barriers to earning as much as their white colleagues. In 2018, the Race Disparity Unit and CIPD led the call for the introduction of ethnicity pay gap reporting in “Our Manifesto for Work”. Publishing our EPGR is also required to comply with the NHS EDI Improvement Plan (High Impact Action 3). Therefore, we have taken the crucial step to be transparent about our ethnicity pay gap through this report.

LWH Approach

Our EPGR provides a comprehensive analysis of the hourly rate of pay across different ethnic groups in the workforce. We used data from our Electronic Staff Record (ESR) as of 31st March 2024 which is segmented by ethnic group, job families and job bands/grade. We have chosen to replicate the measures used in Gender Pay Gap reporting with some changes to account for the different data sets. Therefore, we will show the Mean and Median rates of pay across different ethnic groups, job families and job bands or grades and identify pay gaps between white staff and other ethnic groups within these groups.

Our People

Most of our 1726 staff make up our Clinical Workforce, specifically Medical, Nursing & Midwifery, Scientific and Professional and Technical, the remainder of the workforce deliver our various Clinical Support and Administrative & Clerical functions. This graph shows our ethnicity breakdown.



Our Data

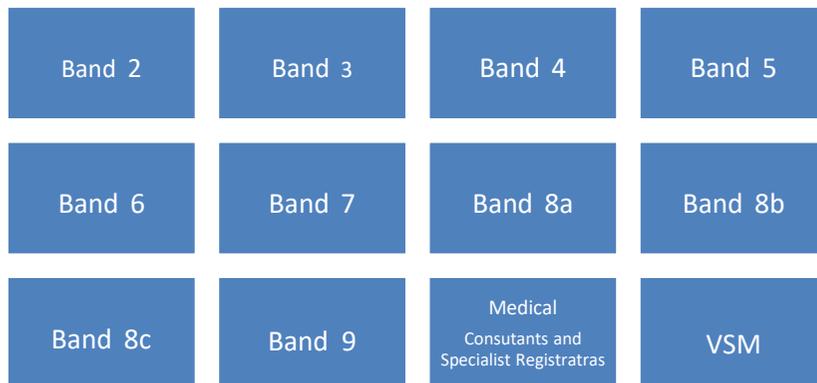
Our data is segmented by 27 different Ethnic Groups, 9 Job Families and 11 Grades. For the purposes of this report and taking account of the numbers of staff in each category we have chosen to report through the following classifications which encompasses all sub-categories:

Ethnic Groups (Total staff 1726)



We chose to include Other and Not Stated ethnic groups in our reporting, assuming these may reflect an ethnic minority, however we are unable to specifically identify their ethnicity. Employees in the Not Stated category did not wish to disclose their ethnic origin.

Our Grades

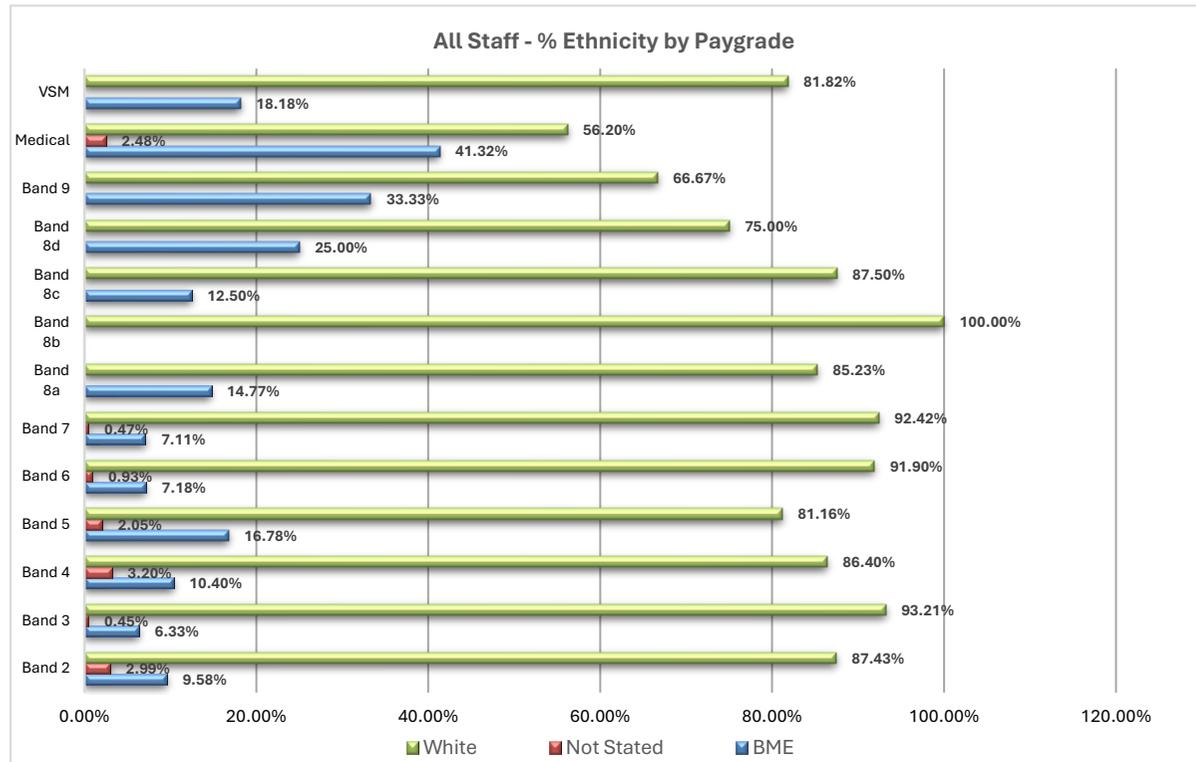


Our Job Families



Pay Gap

The Ethnicity Pay Gap is the difference between the average hourly rate of pay of Black and Minority Ethnic (BME) and White employees in the organisation. Whilst the NHS has clear, evaluated salary ranges in place for all job roles which ensures that everyone is paid fairly for undertaking the same or a similar role. The ethnicity pay gap looks at the distribution of our people by ethnic group across all job levels of the organisation and identifies how this translates into the average salary and bonus payments made as a result.



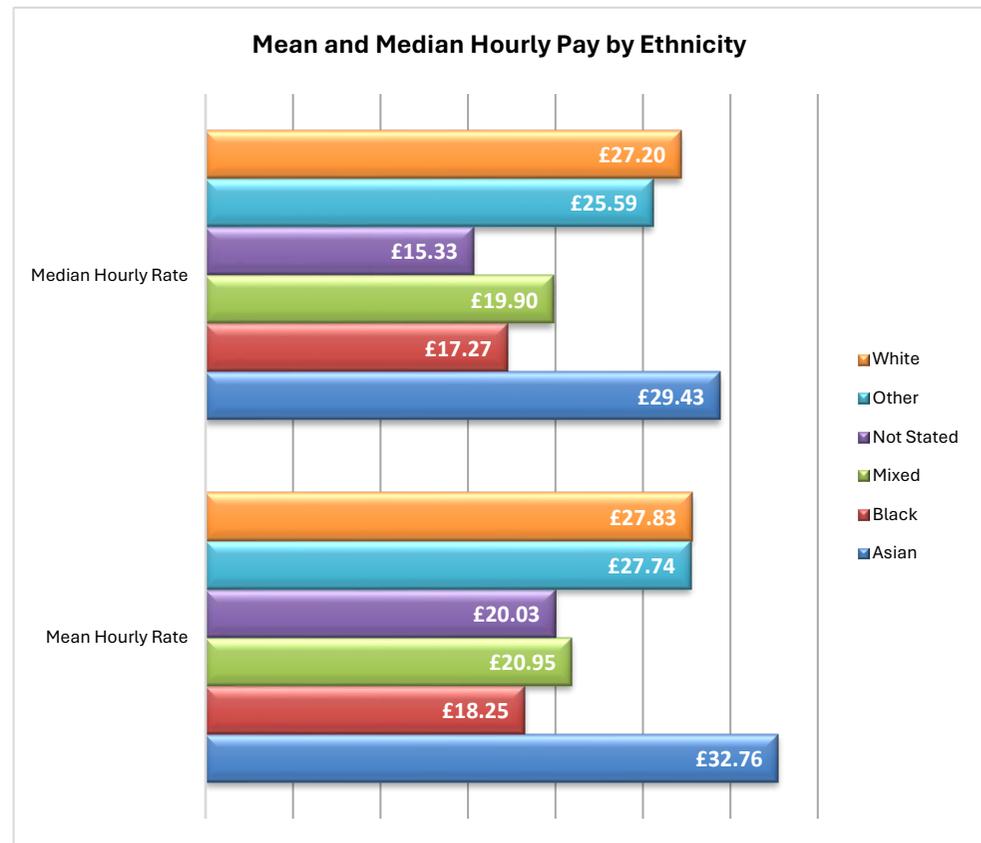
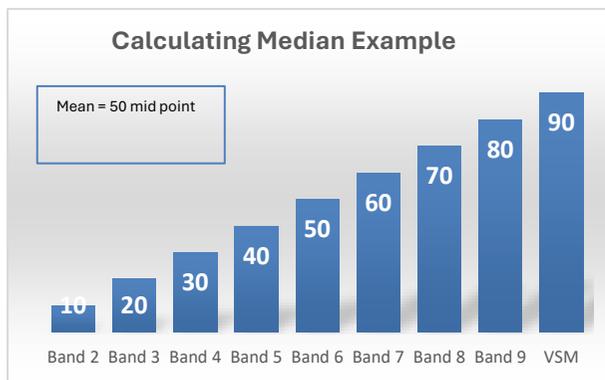
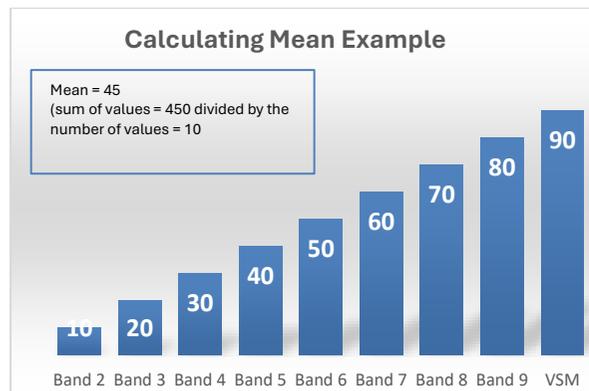
At LWH our overall mean pay gap is -21.26% which indicates that on average our BME employees are earning 21%+ higher than our White employees. However, as we analyse the data further, we see this is because the highest proportion of our 224 BME staff are employed in higher earning positions including Bands 8d and 9, Medical and VSM positions which attract higher hourly rates of pay compared to other Bands. There are significantly fewer BME Staff in the organisation than White staff and therefore this impacts the % calculation. The median pay gap is -11.56% which indicates the mid-point for BME staff is higher than the mid-point for White staff, however 87% of our staff are White compared to BME staff who account for 12% of our workforce, a high proportion of our BME staff occupy Medical positions which attracts a higher rate of pay and therefore affects the calculation.

Across all employees, the mean hourly rate (average) is £21.54, and the median (mid-point) is £19.10. There are significant variations between different ethnic groups, with a higher % of White and Asian staff occupying higher paid roles compared to Black, Mixed, and Other ethnic groups.

Position Distribution: The dataset covers 1,726 positions, with some ethnic groups being underrepresented in higher-paying roles, such as Consultants and Bands 8d and 9, which is especially evident when comparing White staff to other ethnic groups.

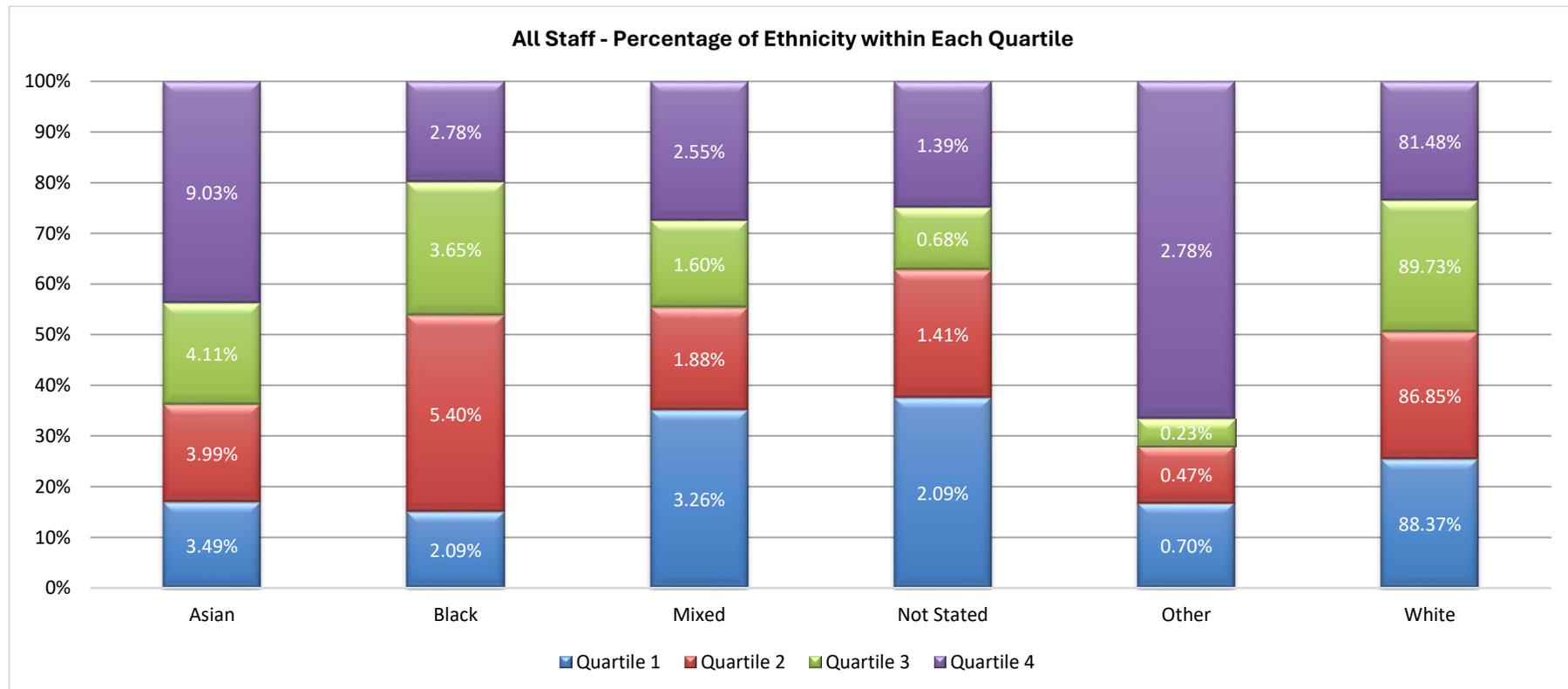
How we Calculate the Pay Gap - The **Mean** difference is the difference in average hourly pay which is calculated by adding all pay rates together and dividing by the total number of people. This is calculated for BME and White staff groups and compared to establish the difference. Whereas the **Median** pay gap is the difference in hourly pay between the staff at the mid-point of the total group for BME staff compared to the mid-point of White staff groups.

Our Calculations for mean and median hourly rate



Pay Quartiles

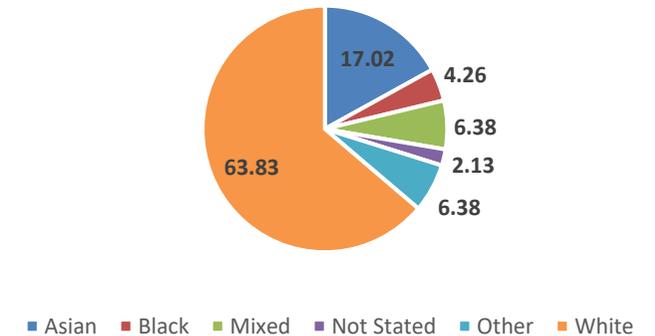
This graph shows all staff pay quartiles by ethnic group. Quartile 1 = Lowest Pay Rates to Quartile 4 = Highest Pay Rates. Aside from Asian and Other staff groups, the remaining groups decrease in Quartile 4 to a greater or lesser degree. This is due to higher representation of groups Asian and Other occupying higher-grade positions as a proportion of the overall group. Most Black staff fall in the middle quartiles (2 & 3), which align with intermediate pay bands (such as Band 5 & 6 Nursing and Midwifery). This means most Black staff are in mid-range pay positions and are not positioned in the highest-paying quartile (Quartile 4). The White staff group are evenly distributed across all grades and quartiles.



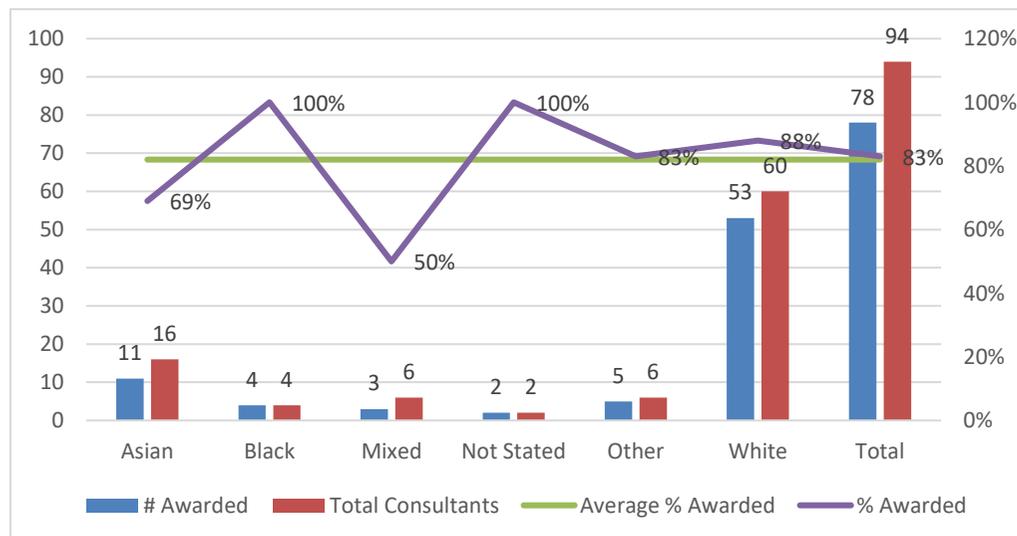
Bonus Payments

At LWH the only bonus payments we have are for Clinical Excellence Awards (CEAs). Clinical Excellence Awards can only be awarded to consultants, which reduces the pool of potential awardees. The CEA scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. Eligible consultants are those in substantive posts with more than one year's Trust service at the time of the application. There are a higher proportion of white consultants, which account for 63.83% of the consultants in the relevant group, whereas consultants from BME groups account for 36.17%. The second pie chart shows 67.95% of the CEAs were awarded to white consultants, 14.10% awarded to Asian, 6.41% to Other, 5.13% to Black, 3.85 Mixed ethnicity and 2.56% for those in the Not Stated group.

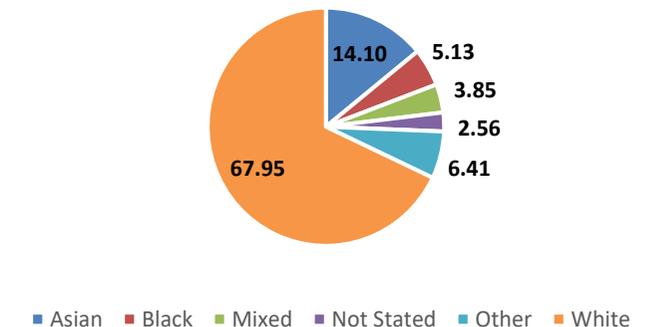
% CONSULTANT WORKFORCE BY ETHNICITY



These graphs show the % CEAs awarded compared to the number of consultants in each ethnic group.

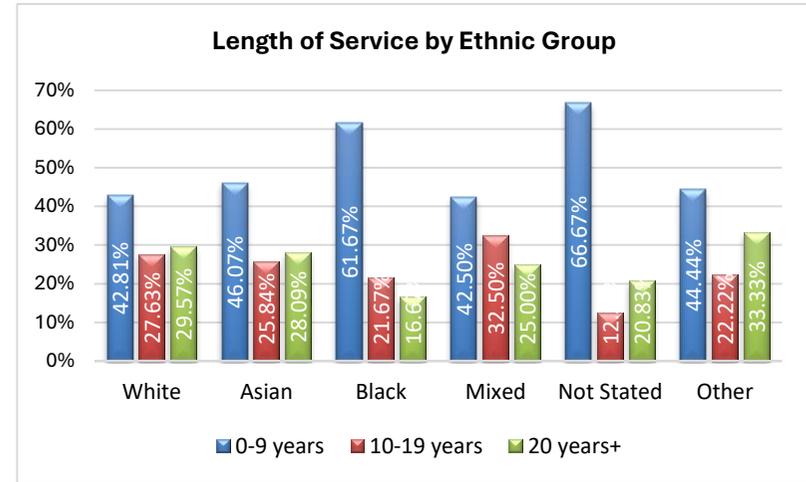


% CLINICAL EXCELLENCE AWARDS BY ETHNICITY



Length of Service

The length of service is shown by ethnicity for those with less than 10 years' service in NHS, with 10-19 years and those with 20 years or more service. This illustrates most staff across all ethnicities have less than 10 years' service, with fewer black staff having 20 or more years' service than other ethnic groups. We will explore this further over the next year to establish if length of service and retention has any impact on pay and promotions into higher grades positions for this group compared to others.



Pay Gaps for White British compared to all other ethnic groups including Non-British White ethnicities.

For this section we have taken data from ESR which shows pay gap between White British and other ethnic groups including White Other (Non-British). This graph shows the % difference of BME Groups compared to White British staff with the negative number indicating the relevant BME group is paid more favourably than White British, and the positive number indicating the opposite. Due to the low whole quantity of individual BME groups, the Mean calculation will show a higher rate of pay for those with greater representation in higher grade roles. The median calculation is also impacted by the small groups, where the pay gap for Black and Mixed staff is due to higher representation in middle quartiles (Band 5 and 6 roles) which leads to a lower median hourly rate overall. Mixed staff are represented across quartiles 1 & 4, which indicates a mixture of both lower and higher earnings, impacting their median rate. The higher proportion of this group are in Quartile 1 which pulls down the overall median, even though there is good representation of the whole group in quartile 4.

	% Diff White British - White Other	% Diff White British - Asian	% Diff White British - Black	% Diff White British - Mixed	% Diff White British - Other	% Diff White British - Not Stated
Mean Hourly Rate	-4.39	-32.76	-2.96	-9.43	-59.41	4.18
Median Hourly Rate	-0.36	-21.31	3.16	6.64	-54.52	19.47

Pay Gaps by Ethnic Groups

Asian Group

The mean hourly rate of pay for Asian staff group is £27.83 and the median is £29.43, both higher than the mean and median for all staff.

Asian staff are well-represented in senior roles, particularly Consultant positions, where salaries are higher than other grade bands and hence, they appear strongly in the 4th quartile, although there are Asian staff in lower-paid positions, such as Band 5 Nursing and Midwifery positions.

Gaps Observed:

There is a mean pay gap of -32.76% White British staff compared to Asian staff, which means Asian staff earn an average of £32.76 more per hour. This is largely driven by the higher representation of Asian staff in senior Consultant roles. Retention in this group is comparable to White and Other groups with fewer having less than 10 years' service compared to the Black ethnic group.

Mixed Ethnicity Staff

The mean hourly rate of pay for Mixed ethnicity staff is £20.95, lower than the overall average of £21.54 and the median is £19.90 which is slightly higher than the overall mid-point. Only 2% of the overall workforce have identified as Mixed Ethnicity and occupy a range of positions with very few represented in senior roles. 77.5% of these are paid below Band 8a. Only 3% occupy medical positions and 2.4% of which at consultant grade. This group appear strongly in quartile 1 as the majority occupy lower paid positions. There is only one Mixed Ethnicity staff member occupying a non-medical senior position in the Trust at Band 8c.

More Mixed ethnicity staff tend to have a length of service of 10-19 years compared to other ethnic groups with fewer having less than 10 years, and more have service of 20 years+ if compared to Black staff.

Gaps observed:

There is a mean hourly pay gap of -£9.43 for Mixed Ethnicity staff compared to White British, which indicates they earn a higher hourly rate of £9.43 on average. This is primarily due to their representation in senior grades, and only 2% of the overall workforce identify as Mixed ethnicity, therefore when calculated as a percentage this impacts the pay gap calculation. The overall representation in high-paying positions is much lower than for Asian, White, and Black staff.

Black Group

The mean hourly rate of pay for Black staff is £18.25 and the median hourly rate is £17.29 which are lower than the mean and median for all staff. There is less representation in higher bands 8a and above, most of this group occupy mid-range clinical positions in Bands 5 and 6, with only 3.3% in highly paid Consultant positions hence they appear more in quartiles 2 and 3 because the largest proportion occupy mid-range salaries.

Gaps Observed:

There is a mean hourly pay gap of -2.96% White British staff compared to Black with Black staff earning 2.96% more on average. Black staff represent only 4% of the total workforce and a high percentage of these occupying roles in bands 5 and 6, and few in Senior Consultant roles which impacts the overall calculation. However, there are fewer Black staff represented in senior roles bands 8a and above compared to white and Asian groups. The number of Black staff who remain in the NHS is less than in other groups, with 21.67% remaining for 10-19 years and 16.67% having 20+ years' service. There are higher numbers of Black staff with less than 10 years' service compared to other groups. This lower long term retention rate may contribute to the lower representation in senior management roles, and shorter length of service may indicate and increase in new joiners from this group. However further work is needed to analyse the data and our findings will be published in next years' report.

White Other Staff

The mean hourly rate for White Other staff is £21.82 this is slightly higher than the overall. The median is £19.10 which is the same as the overall median for all staff. The ethnicity headcount of the organisation is predominately White with over 83% identifying as White British. White staff are well represented across all grades and are shown to appear consistently across all 4 quartiles, slightly higher in quartiles 1 and 3, and slightly lower in quartile 4. They are the highest represented group in medical roles, occupying 56% of the roles. White staff account for 49.59% of senior consultant positions and only 6.5% of the more junior medical roles. A large proportion of White staff also occupy middle and junior level roles Bands 2-6

Gaps Observed:

White staff have a wider salary distribution than other ethnicities, with more representation in both high-paying Consultant roles and senior management level roles. Retention for White staff is comparable to Asian, Mixed and Other ethnic groups, although having higher longer-term retention of 10 years + than those in the Black ethnic group.

Other Ethnicities

The mean hourly rate for this group is £27.74 and median of £25.59 which are above the overall for all staff. This group has some representation across most grades up to Band 8a, with the largest proportion occupying medical positions. This group represents over 2% of the overall workforce with over 50% of these occupying higher paid medical positions. 5% of the senior consultant positions are occupied by Other Ethnicity and 2.5% of the junior medical grade. This group appear strongly in quartile 4.

Gaps Observed:

There is a mean hourly pay gap of -£59.41 for Other compared to white British which indicates they are earning an average of £59.41 per hour more than White British staff. This group has a strong presence in senior medical roles. There is no representation in senior management grades from Bands 8b and above apart from the higher paid medical roles.

Not Stated Ethnicities

There is a mean hourly rate of £20.03 and median of £15.33 for this group which is lower than those for all staff. This group represents 1% of the overall workforce who chose not to select a specific ethnic identity. This group occupy roles in Bands 7 and below with 12.5% of them in Senior Medical roles. There is no representation in Bands 8a – 9 or VSM positions, hence this group appears strongly in quartile 1.

Gaps Observed:

The mean hourly pay gap for this group compared to White British is £4.18, indicating that White British earn a higher rate per hour on average. The "Not Stated" group lacks representation in higher-paying positions, leading to lower average salaries when calculated as a percentage of the total number in post. Longer term retention of this group is lower than other groups however the highest proportion of this group have service of up to 10 years in the NHS compared to other groups.

General Gaps Observed:

Pay Disparities: This report highlights the types of roles ethnic groups typically occupy, with Asian predominantly in Medical roles, Black in Nursing and Midwifery (Band 5 & 6), Mixed split between Medical and Admin/Support roles and White evenly distributed across all quartiles. The numbers of staff in each ethnic group and the positioning within quartiles, affects the mean and median hourly rate.

Representation Gaps: 87% of the workforce is White, Black, Mixed, and "Not Stated" staff account for the remaining 13%. There is a lower % representation of Black and Mixed staff groups in higher paid roles compared to White and Asian staff, therefore further work is needed to explore how this compares across the Group, with further analysis to identify areas for priority focus in the coming year. Addressing pay disparities may require targeted initiatives to support greater representation of underrepresented ethnic groups in higher-paying roles and ensure more equitable % distribution of the groups across all quartiles.

Length of Service: White staff have the longest length of NHS service overall, which may correlate with the higher representation of this group in senior roles. Other ethnic groups, especially Black and Mixed employees, tend to have shorter NHS service, potentially limiting their career progression opportunities. Further work is needed to explore this in more detail during 2025.

Recommendations

Increasing Representation in Senior Roles: Programmes aimed at promoting diversity in senior positions, such as Bands 8a and above and medical positions, should be developed. Mentorship and career development initiatives could help Black, Mixed, and other underrepresented groups progress into these roles. This includes offering leadership development programmes and targeted recruitment strategies for ethnic minorities.

Identifying Barriers to Equity: To help us prioritise for action, we will build upon the work already underway through our Anti Racism Hub and further develop our diversity monitoring to increase our understand of the following:

- Job applications by ethnicity
- Promotions by ethnicity
- Leavers and reasons for leaving.
- Impact of length of service on pay, promotion and career progression.
- The race of those applying for and accessing development opportunities

Inclusive Recruitment: A Review of our recruitment processes to ensure they are accessible to different ethnic groups, ensuring plain language used and processes are clearly communicated.

Access to Development Opportunities: Using data to understand any barriers to development opportunities, ensure we remove these

barriers through coaching, mentoring, and supporting staff from different ethnic groups, thereby creating equity.

Orientation and Onboarding for International Staff: Review the onboarding and orientation process to ensure this is adequate in preparing international staff to join the organisation, focussing on removing any barriers to this. For example:

- language barriers
- different scope of practice
- cultural norms
- unfamiliarity with local customs



What We're Doing ...

Our **Race Equality and Cultural Heritage (REACH) Network** is chaired by a member of our global majority workforce and has a HLT Sponsor. The Network doubles as a support group for staff and an employee resource group who may influence policy and decision making. The group is evolving, and we look forward to how this develops over the coming year.

We have implemented a **Global Majority (GM) Guaranteed Interview Scheme**. This forms part of the job application process, whereby candidates can tick a box if they wish to be considered under the scheme. This means they can be guaranteed an interview if they meet all the essential criteria for the role. This was implemented to address the disparity between GM and white candidates being shortlisted and appointed to roles. Candidates who participate in the scheme are more likely to be shortlisted and more likely to receive a job offer than those who do not, this is largely due to the candidates being more likely to attend their interview.

Our **Anti-Racism Hub** sits within the HR Function and reports to the Director of HR. The Hub was formed in May 2024 and has role in representing the interests of the global majority and community engagement. The Anti Racism Hub has provided outstanding support to staff through listening sessions and creating a safe space to seek support or raise concerns. As a result, we are learning more about what our global majority staff need and are better positioned to identify issues and target our initiatives to ensure we are an actively anti-racist organisation. The Anti-Racism Hub offers career advice, coaching and mentoring to our global majority staff which has been beneficial in helping with CV writing, job applications, interview techniques and navigating the recruitment and selection process.

Liverpool Women's Hospital (LWH) and Liverpool University Hospitals Foundation Trust (LUHFT) have collaborated and successfully won a regional bid for NHS England's '**Northwest Global Majority Equity Pilot**'. This pilot is specifically designed to support the development of our Global Majority Nurses and Midwives. There is a lack of global majority representation in senior nursing and midwifery positions (band 6 and above). This initiative provides a secondment opportunity across both sites providing exposure to both secondary and tertiary care to develop their clinical, educational, research and leadership capabilities. Initiatives such as this help to break the barriers associated with a lack of representation at senior leadership level.

This year we celebrated several **EDI Events** including Black History Month, Southeast Asian Month and Diwali. We attended African OYE, a local community event in Sefton Park, Liverpool which is well attended by the global majority and celebrates African music and culture. During these events we arranged various activities to involve and engage people and share information about Liverpool Woman's Hospital.

We have completed a **Recruitment Audit**, which has allowed us to identify gaps in the recruitment process, from advertisement to onboarding. We are now collaborating with the Universities Hospital Group Partners to design and implement an Inclusive Recruitment Programme based on local evidence, aimed at ensuring our organisation is truly representative of the local community.

Conclusion

The overall aim of this ethnicity pay gap exercise is to assess pay equity, the balance of BME and white colleagues at different paygrades, and how effective we are at nurturing and rewarding BME talent. In 2024 we have been doing a lot of work through our Anti Racism Hub to tackle some of these issues. We can see from the data in this report the representation of Asian staff in Medical roles, and Black staff in Band 5 and 6 roles compared to the whole quantity of each group affects the pay gap calculation when compared to White staff. The White staff group are well represented across all grades whereas Black and Mixed groups appear less in bands 8a and above, with 77.5% of the Mixed group occupying roles in lower grade positions. The Trust is committed to continuously reviewing and improving our systems, practices, and processes to ensure we are managing our Ethnicity Pay Gap and Equity at LWH. We will continue to work closely with our Staff Networks, Anti Racism Hub, REACH Network, Trade Unions, and other stakeholders to work towards our goal to be the most Inclusive NHS Organisation. Going into 2025 we will develop an action plan which will sit within the Trust's overall EDI action plan and agreed priorities, and we will publish further achievements in our next report.

This Ethnicity Pay Gap Report will be published on the Trust's website.