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NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Gender Pay Gap Report

31 March 2026

Date: May 2026



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Introduction

Since 2017 Gender Pay Gap legislation has required all employers with more than 250 staff to publish annual information on the pay gap between their male and female staff. For public sector organisations such as the NHS the snapshot date for data capture is 31st March every year.

The Gender Pay Gap regulations require six figures to be reported annually:

- Mean (average) gender pay gap in hourly ordinary pay
- Median (middle) gender pay gap in hourly ordinary pay
- Mean (average) gender pay gap in bonus pay
- Median (middle) gender pay gap in bonus pay
- Proportion of men and women in each pay quartile
- Proportion of men and women receiving bonus pay

Ordinary pay includes basic pay, allowances, and enhanced and special duties pay. It does not include any type of bonus pay. For this calculation just the snapshot date is used, so if staff were not paid for any reason (career break, or statutory sick or maternity pay for example) on 31st March 2026 they are not included.

Bonus pay in the Trust relates to Clinical Excellence Awards, a national scheme for medical consultants that recognises contribution to high quality care, and service improvement and innovation. The relevant dates for bonus pay are the full financial year, so in this report 1st April 2025 to 31st March 2026.

More information on gender pay gap and calculations can be found on the Government website at https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers

Since 2024 – 2025 the Trust has been in a process that will see Bridgewater acquired by our local acute Trust, Warrington and Halton Teaching Hospitals NHS Foundation Trust. During this time there has been several joint executive roles to facilitate integration, these shared roles are reflected within calculations where appropriate.

It is important before we begin to highlight that while the national reporting mandate for the gender pay gap is for the binary norm of male and female, as a Trust we recognise that not all staff will identify within these confines. We are working to engage with these staff, to listen to their lived experience so that we can ensure that their employment experience is equitable, and that they feel supported, valued, and included within the team that is Bridgewater.

Results for 31st March 2026

Ordinary pay - profile

On 31st March 2026 we employed 1,435 staff who were relevant to gender pay gap reporting, including bank staff paid for work in the relevant period, and excluding substantive staff on statutory sick or maternity pay only on that date.

The female workforce total was 1,277 or 89.0% of the total relevant workforce, and the male workforce was 158 or 11.0% of the total relevant workforce.

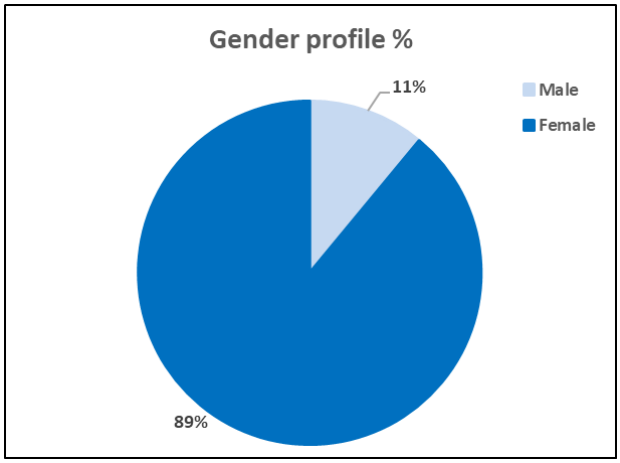


Table 1 shows the number of female and male staff in each pay quartile, the division of female and male staff into four roughly equal groups based on hourly pay.

Table 1: Showing the numbers and percentages of female and male staff in the four pay quartiles at 31st March 2026.

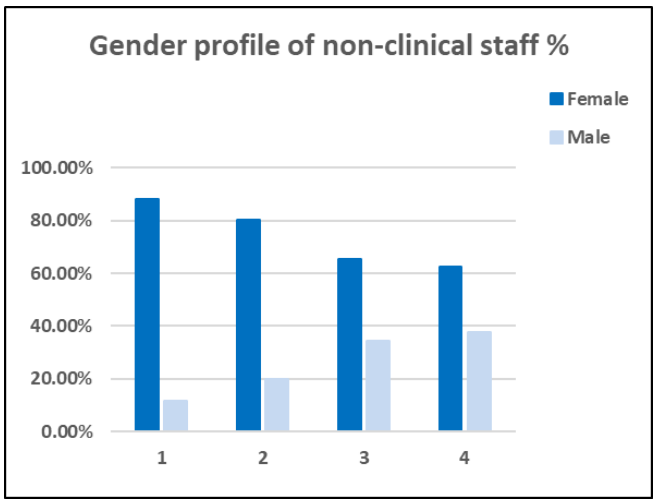
Female Workforce	Total	Percentage %	Male Workforce	Total	Percentage %
Lower quartile 1	309	86.1%	Lower quartile 1	50	13.9%
Lower middle quartile 2	336	93.3%	Lower middle quartile 2	24	6.7%
Upper middle quartile 3	329	92.2%	Upper middle quartile 3	28	7.8%
Upper quartile 4	303	84.4%	Upper quartile 4	56	15.6%

It will be observed that female staff are under-represented in quartile 4 when compared to quartiles 2 and 3, this influences particularly the mean, or average, gender pay gap figure – the greater number of male staff on higher Agenda for Change, Medical and Dental, and Very Senior Manager pay scheme bands increases the overall hourly rate for male staff. The median gender pay gap figure is balanced by the higher representation of female staff in the workforce overall, and the significant number of female staff in higher Agenda for Change, Medical and Dental, and Very Senior Manager pay scheme bands.

Further detail by staff group is provided on the following page.

Non-clinical staff

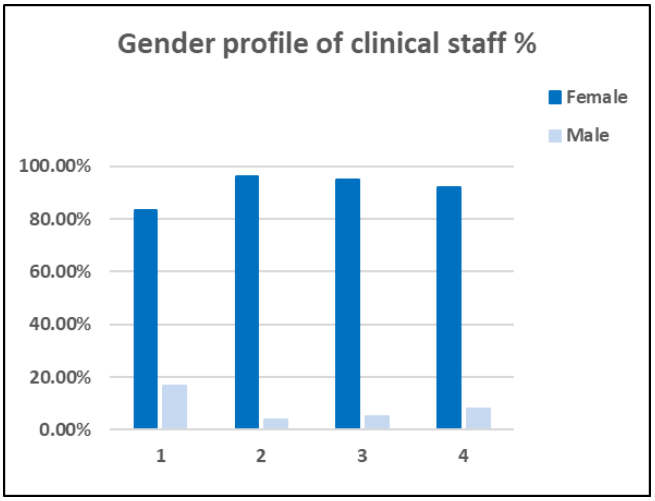
- The non-clinical workforce represents 25.0% of the overall Trust workforce.
- The non-clinical workforce is paid through both Agenda for Change and Very Senior Manager pay schemes, reflective of the diversity of roles in this group.
- The non-clinical workforce is 80.2% female, with female staff significantly under-represented in quartiles 3 (65.6%) and 4 (62.5%).



- There is a large number of female staff in administrative and clerical roles at Agenda for Change pay band 3, represented in quartile 1; in higher quartiles and pay bands the ratio of female to male staff significantly reduces until pay bands ratios are broadly equal.

Clinical staff

- The clinical workforce represents 69.4% of the overall Trust workforce.
- The majority of the clinical workforce is paid through the Agenda for Change pay scheme.
- The clinical workforce is 92.8% female, with female clinical staff under-represented in quartile 1 (83.3%).

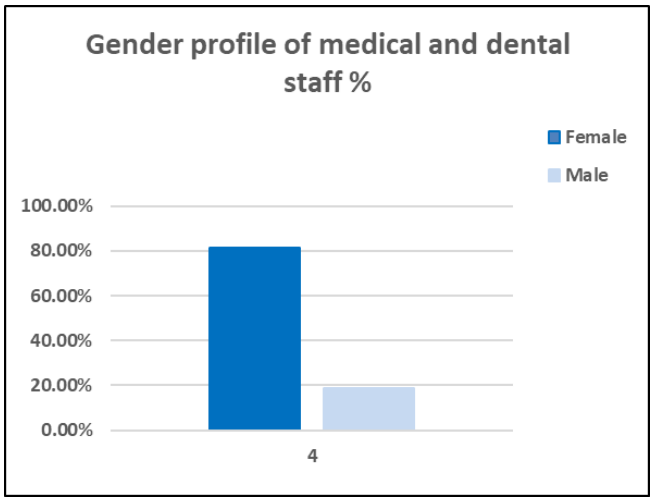


- The clinical workforce shows particular representation, both female and male, in Agenda for Change pay bands 4 to 7, this includes community nurses, school nurses and health visitors, and many allied health professional therapist roles.

Medical and dental

- The medical and dental workforce is 81.3% female.

- Medical and dental staffing represent 5.6% of the overall Trust workforce, and 22.9% of quartile 4 – as a result of hourly rates all Medical and Dental staff are placed in this quartile.



- The influence of this group is the contribution of the staff to the hourly rate figures, and thereby to the gender pay gap calculations, and the greater representation of male staff (18.8%) in this group and the effect on overall Trust results.

Ordinary pay – gender pay gap results 31st March 2026

Table 2 tells us that the mean or average hourly rate for male staff at 31st March 2026 is £4.77 more than for female staff, a percentage pay gap of 17.97%. This is an increase in the pay gap by 5.82% from the previous year, and the actual monetary pay gap has increased by £1.94.

The median or middle hourly rate for male staff is £0.99 more than for female staff, a percentage pay gap of 4.77%. This is a increase in the pay gap by 2.49% from the previous year, the actual monetary pay gap has increased by £0.55 (55 pence).

Table 2: Showing the mean and median hourly rate of pay for female and male staff, and the gender pay gap shown as both a monetary value and as a percentage. At 31 March 2026.

	Mean hourly rate of pay	Median hourly rate of pay
Female	**£21.80**	**£19.78**
Male	**£26.57**	**£20.77**
Pay Gap monetary value £	**£4.77**	**£0.99**
Pay Gap percentage value %	**17.97%**	**4.77%**

Table 3 shows a comparison of gender pay gaps for ordinary pay from 2017 to 2026.

Table 3: Showing the mean and median gender pay gap results by percentage from 2017 to 2026.

	Mean Gender Pay Gap %	Mean Gender Pay Gap £	Median Gender Pay Gap %	Median Gender Pay Gap £
2017	23.52%	£4.55	8.48%	£1.27
2018	23.87%	£4.84	7.34%	£1.16
2019	22.38%	£4.53	1.54%	£0.24
2020	25.34%	£5.56	9.19%	£1.56
2021	16.24%	£3.28	4.13%	£0.67
2022	14.45%	£2.96	0.34%	£0.05
2023	15.97%	£3.48	3.16%	£0.55
2024	12.88%	£2.81	2.29%	£0.41
2025	12.15%	£2.83	2.28%	£0.44
2026	17.97%	£4.77	4.77%	£0.99

It will be observed from this table that the gender pay gap in the Trust has risen this reporting year, this is largely due to changes at executive level as a result of integration with our local hospital Trust.

Work is beginning to establish a new baseline for pay gap reporting as a new and larger workforce group from 1st April 2026, reporting as North Cheshire and Mersey NHS Foundation Trust will begin on 31st March 2027.

Bonus pay – results for year ending 31 March 2026

Bonus pay for the Trust historically has referred to Clinical Excellence Awards; this was a national scheme that recognised and rewarded consultants who contributed most to the delivery of safe and high-quality care to patients and to continuous improvement of NHS services.

Within Bridgewater there was no bonus pay in the year 1st April 2025 to 31st March 2026.

Equitable and transparent pay

As an employer we are committed to ensuring that our pay practices are transparent, fair, and equitable.

It is important to recognise that the gender pay gap is not the same as equal pay. Equal Pay legislation relates to unequal pay, a difference in pay between a man and a woman, or a group of men and a group of women, doing the same or a similar job (or a job of equal value) – unequal pay is unlawful, unless objectively justified showing the treatment being proportionate as a means to achieving a legitimate business aim.

The gender pay gap shows the difference in average pay of all men and all women employed by an organisation – everyone, in every role. It is possible to have equal pay within an organisation while still having a gender pay gap, however it should be noted that a particularly large gender pay gap can indicate pressing issues needing to be addressed.

As a Trust we operate the national NHS Job Evaluation Scheme and Terms and Conditions of Service. Roles in the Trust are placed within one of these agreed pay grades, with grades being determined based on level of responsibility, qualification, and experience required to effectively undertake the job.

Progression for all staff in Agenda for Change pay bands from 2021 is through the nationally agreed pay step progression process which we have assessed for equality impact internally, noting that this has also had a national equality assessment. We also operate Medical and Dental pay and terms. The Trust works closely with staff-side colleagues to ensure the schemes are implemented fairly and consistently at every stage of employment.

It is important to note is that staff are positioned within the national pay scales based on length of service and experience. Jobs may be rated as equivalent by banding and have staff within the same job role at different points of the pay spine; this will be as a consequential result in pay differentials and differences in hourly

2026 – 2027 next steps

North Cheshire and Mersey NHS Foundation Trust

From 1st April 2026 Bridgewater Community Healthcare NHS Foundation Trust will become part of North Cheshire and Mersey NHS Foundation Trust, formerly Warrington and Halton Teaching Hospitals NHS Foundation Trust.

In preparation for this date a great deal of collaborative work has taken place to establish values, strategic priorities, and objectives for the future; this includes collaborative work to develop a new Culture Plan, and an Equality, Diversity, and Inclusion Strategy and sub-objectives for the new, larger organisation.

The Culture Plan focuses on three phases and is a key part of the integration of the workforces – phase one looks at getting the basics right, phase two on enhancing experience, and phase three at being our best. Areas of focus while aimed at the overall workforce, should have clear positive impacts on disabled staff. The basics cover areas such as health and wellbeing, flexible and agile working, compassionate and inclusive leadership, just and learning cultures, teams, and psychological safety.

The Equality, Diversity, and Inclusion Strategy establishes an overarching objective of belonging, with four sub-objectives. These sub-objectives are:

- Localise and deliver on the NHS equality, diversity and inclusion improvement plan across all protected characteristics.
- Prioritise the safety of our workforce by developing programmes to address bullying, discrimination, sexual safety, harassment and victimisation.
- Develop and embed a zero tolerance and anti-racism approach in everything that we do.
- Foster allyship and voice by equipping staff and leaders to strengthen speak-up culture.

In 2026 – 2027 the Trust Board has established four specific workforce key performance indicators, two of these relate directly to disabled staff:

- Likelihood of appointment from shortlisting (Disabled vs Non disabled).
- Improvement of disability declaration rates.

The NHS Staff Survey 2025 results showed key risk areas for workforce experience across the integrated organisation:

- Psychological safety
- Morale and engagement

- Workload and burnout
- Retention

Outline action plan

The strategy, plan, objectives, and data briefly detailed above establishes the priority for disabled staff, and other staff from protected characteristic groups in 2026 – 2027, these are provided as an outline only to follow:

- Rebuild advocacy and organisational trust
    - Launch a high visibility “You Said, We Did” programme
    - Strengthen patient-first narrative
    - Increase executive presence in clinical areas

- Strengthen psychological safety and speaking up
    - Refresh Freedom to Speak Up pathways in line with integration
    - Leadership training focused on transparency and follow-through, built and embedded within the new Leadership and Management Framework
    - Publish quarterly anonymised “actions taken” summaries

- Address violence and bullying behaviour
    - Launch the “See it. Report it. Stop it.” campaign across both Trusts
    - Refresh data analysis and reporting to align protected characteristic data into incident reporting mechanisms
    - Implement Active Bystander training and skill base across all services

- Reenergise recognition and reward
    - Relaunch recognition scheme
    - Equip leaders with recognition tools
    - Embed everyday recognition behaviours

- Strengthen learning and development
    - Improve appraisal quality through management capability
    - Develop clear career pathways
    - Enhance access to training (digital catalogue first approach)

- Leverage team strengths
    - Identify and scale model teams in line with workforce design principles
    - Promote cross-team collaboration through a quality, people and sustainability lens, balanced against performance indicators through the Culture Plan

- Maintain investment in diversity and inclusion programmes and enhance the maturity of staff networks and peer groups in local areas

Contact details

Thank you for taking the time to read our gender pay gap report. Should you have any queries or questions or if you would prefer the contents of this report in another language or format, please contact our Equality & Inclusion Manager in the first instance, details below.

Paula Woods *(Director of People and Organisational Development)*

Ruth Besford *(Equality & Inclusion Manager)* ruth.besford@nhs.net