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NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Workforce Race Equality Standard

2026

Date: August 2026



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Introduction

The Trust is committed to intentional anti-racism, taking action to identify and address the structural, systemic, and personal racism that impacts on racially minoritised staff in the workplace, and that contributes to an inequitable and exclusive society.

The Workforce Race Equality Standard has been mandated for all NHS providers since 2015. It was established to focus action to reduce the disparity in representation and experience of racially minoritised staff in the NHS, this followed the publication in 2014 of Roger Kline's The Snowy White Peaks of the NHS report.

The nine indicators look at difference in workplace experience for racially minoritised and white staff, from likelihood of being recruited, to career advancement, involvement in disciplinary processes, and experiences of bullying and harassment and discrimination from different sources.

The WRES is a mandatory requirement set out in the NHS Standard Contract, and in additional to online submission of results to NHS England all Trusts must publish an annual report detailing the results against the nine indicators and an action plan to address identified disparity in the results. The timeline for compliance is as follows:

- Submission of results against nine indicators by 31st May.
- Publication of full report and action plan by 31st October.

Data is collated from the electronic staff record and the annual NHS Staff Survey before being presented to stakeholder groups, in the case of this Trust the Race Inclusion Network, for co-design of action plans.

Responsibility for delivery of the report and action plan sits with the Equality, Diversity, and Inclusion Working Group, with oversight of the action plan ultimately resting with the Trust Board for sign off and approval.

In addition to being monitored by NHS England, compliance with the WRES and subsequent action plans are also monitored by Trust commissioners and by the Care Quality Commission (CQC), as local intelligence for the well-led domain of the new assessment framework.

In this report are detailed key findings from the 2026 WRES metrics; progress made in 2025/26 against the WRES action plan; and data for the nine indicators, including annual comparisons since 2019, and for the 2026 ethnicity pay gap reporting.

The outline WRES Action Plan 2026 - 2027 can be viewed at page 23 of this report.

Key findings

Key findings in brief are as follows.

Indicator 1:

- Overall workforce representation of racially minoritised staff has continued to increase since WRES reporting began in 2015, with representation now at 7.2%.
- The percentage of unknown ethnicity staff representation increased by 0.4% in the year to 0.3%, this represents less than 20 staff in total who have chosen to not self-report their ethnicity.
- Disaggregation by staff group shows:

    - Racially minoritised staff represent 7.2% of the non-clinical workforce, a percentage that continues to increase. The non-clinical workforce is over-represented against the overall ethnicity profile of the workforce in Agenda for Change (AfC) band cluster 5 to 7 but is under-represented in other pay bands.
    - The clinical workforce is under-representative against the overall workforce ethnicity figure, though percentage representation is increasing. Racially minoritised staff are over-represented in AfC band cluster 8c to Very Senior Managers against the overall workforce.
    - The medical and dental workforce is over-represented by a significant percentage, a similar pattern to that seen across the NHS.

Indicator 2:

- Due to a reporting issue within NHS Jobs the Trust is unable to report on indicator 2, and issue affecting other Trusts also using the NHS Jobs recruitment function and an issue that is being worked on nationally.
- Analysis does show that of the staff recruited in 2025 – 2026, 14.9% self-reported as from racially minoritised backgrounds, more than two times that of the overall workforce representation figure.

Indicator 3:

- The likelihood of racially minoritised staff being involved in formal disciplinary processes has improved to a figure of 0.00, indicating that there were no racially minoritised staff in formal disciplinary processes during the reporting period.

Indicator 4:

- At 0.97 the access to non-mandatory training and career development result for indicator 4 represents equity, with a very slight bias in favour of racially minoritised staff.

Indicator 5:

- At 17.8% the percentage of racially minoritised staff experiencing harassment, bullying, or abuse from patients, family or public has improved by 3.0% and is 4.4% better than the average for comparator Trusts. This figure also matches that of white staff in the Trust.

Indicator 6:

- At 28.9% the percentage of racially minoritised staff who have experienced harassment, bullying, or abuse from colleagues has deteriorated by 6.3%, and the Trust result is 11.9% worse than the average for comparator Trusts. The gap to white staff has also increased to 9.2%.

Indicator 7:

- At 35.6% the percentage of racially minoritised staff who believe the Trust provides equity for career progression and promotion has decreased by 8.6%, and there is negative a gap of 17.3% with the average for comparator Trusts. The gap to white staff increased to 18.8%.

Indicator 8:

- At 15.6% the percentage of racially minoritised staff who experienced discrimination at work in the last 12 months has deteriorated by 2.4%. There is a gap of 5.1% against the average for comparator Trusts, and 10.6% to white staff.

Indicator 9:

- The Board, including Non-Executive Directors is broadly representative of racially minoritised staff.

Ethnicity pay gap:

- The ethnicity pay gap for the overall workforce was in favour of ethnically diverse staff. The mean result was – 38.79%, or - £8.43 in favour of ethnically diverse staff, and the median result was – 15.57%, or - £3.08 in favour of ethnically diverse staff. More analysis by staff group can be found in the relevant section.

Activities in 2025 - 2026

During the past year the following actions that should positively impact on the experiences of racially minoritised staff have been started and/or finished:

- Successful accreditation as an NHS Anti-Racist Framework bronze level Trust. And beginning collaborative work with Warrington and Halton Teaching Hospitals NHS Foundation Trust on Framework progression as a single organisation.

- Ongoing support provided to the NHS North West Race Equity Assembly as a volunteer assessor for the NHS Anti-Racist Framework.

- Continued involvement with the Liverpool City Region Anti-Racism Strategy public sector leads steering group.

- Collaborative partnership work between the Race Inclusion Network and Warrington and Halton Teaching Hospitals NHS Trust's Multi Ethnic Staff Network in preparation for integration as one organisation, including communications around Ramadan, and Black History Month.

- Publication of the new international staff welcome pack, and embedding international staff support further in recruitment processes.

- Continued focus on racially minoritised staff in Equality and Health Inequalities Assessments, including focused support through integration engagement, and formal Transfer of Undertakings (Protection of Employment) processes.

Data sets

Indicator 1

Indicator 1 reports the percentage of staff by pay band. This data is disaggregated by non-clinical, clinical, and medical and dental staffing groups, and reporting is by pay band clusters as follows:

- Cluster 1 = Agenda for Change (AfC) under band 1 to band 4
- Cluster 2 = AfC bands 5 to 7
- Cluster 3 = AfC bands 8a and 8b
- Cluster 4 = AfC band 8c to Very Senior Managers (VSM – Executive Board Members)

The percentage breakdown by non-clinical, clinical, and medical and dental staff is provided in tables 1 to 3.

Table 1: Showing the percentage of non-clinical staff by ethnicity, disaggregated by pay band cluster at 31st March 2026.

Non-clinical staff	Racially minoritised	White staff	Unknown ethnicity
Cluster 1: AfC <1 to 4	4.3%	93.5%	2.2%
Cluster 2: AfC 5 to 7	16.5%	81.3%	2.2%
Cluster 3: AfC 8a and 8b	3.4%	96.6%	0.0%
Cluster 4: 8c to VSM	4.8%	95.2%	0.0%
Total for non-clinical workforce:	7.2%	90.9%	1.9%

Table 2: Showing the percentage of clinical staff by ethnicity, disaggregated by pay band cluster at 31st March 2026.

Clinical staff	Racially minoritised	White staff	Unknown ethnicity
Cluster 1: AfC <1 to 4	5.9%	93.7%	0.3%
Cluster 2: AfC 5 to 7	5.2%	93.9%	0.8%
Cluster 3: AfC 8a and 8b	1.8%	96.4%	1.8%
Cluster 4: 8c to VSM	10.0%	90.0%	0.0%
Total for clinical workforce:	5.3%	93.9%	0.8%

Table 3: Showing the percentage of medical and dental staff by ethnicity, disaggregated by consultants, career grade medical and dental staff, and where relevant medical and dental staff as very senior managers, at 31st March 2026.

Medical and dental staff	Racially minoritised	White staff	Unknown ethnicity
Consultants	50.0%	30.0%	20.0%
Of which very senior managers	0.0%	100.0%	0.0%
Non-consultant career grade	28.8%	68.5%	2.5%
Trainee	-	-	-
Other	-	-	-
Total for medical and dental workforce:	31.3%	63.9%	4.8%

Tables 4 to 7 to follow show the results for the overall workforce, and the three staff groups from 2015 to 2026, showing patterns of change of ethnic representation.

Table 4: Showing the ethnicity breakdown of the workforce from 2015 to 2026.

Full workforce	Racially minoritised staff	White staff	Not known	Total Staff Number
2015	2.5%	95.6%	1.9%	3,325
2016	2.4%	93.5%	4.1%	3,251
2017	2.6%	90.8%	6.6%	3,305
2018	2.8%	90.6%	6.6%	3,005
2019	3.0%	89.9%	7.2%	3,016
2020	5.7%	89.1%	5.1%	2,048
2021	5.4%	90.5%	4.2%	1,730
2022	5.8%	90.7%	3.5%	1,722
2023	6.2%	92.0%	1.8%	1,541
2024	6.3%	91.8%	1.9%	1,660
2025	6.6%	92.5%	0.9%	1,652
2026	7.2%	91.5%	1.3%	1,513*

* Note: Total and workforce calculations exclude six Non-Executive Directors as per WRES technical guidance. These staff are included in calculating indicator 9, as per guidance.

Table 5: Showing the percentage of ethnic representation in non-clinical staff from 2015 to 2026.

Non- clinical staff	Racially minoritised staff	White staff	Not known
2015	1.9%	96.1%	1.9%
2016	2.1%	94.3%	3.6%
2017	2.2%	89.5%	8.3%
2018	2.5%	89.4%	8.1%
2019	2.4%	91.8%	5.8%
2020	3.0%	92.1%	4.9%
2021	3.7%	91.6%	4.7%
2022	4.4%	91.6%	4.0%
2023	5.3%	92.7%	2.0%
2024	6.2%	91.1%	2.7%
2025	6.9%	91.7%	1.4%
2026	7.2%	90.0%	1.9%

Table 6: Showing the percentage ethnic representation in clinical staff from 2015 to 2026.

Clinical Staff	Racially minoritised staff	White staff	Not known
2015	1.8%	96.3%	1.9%
2016	1.8%	93.8%	4.4%
2017	2%	92.3%	5.7%
2018	2.1%	92.0%	5.9%
2019	2.4%	90.0%	7.6%
2020	3.5%	91.6%	4.9%
2021	4.3%	91.9%	3.8%
2022	4.6%	92.2%	3.2%
2023	6.6%	91.8%	1.6%
2024	4.5%	94.1%	1.4%
2025	4.7%	94.8%	0.5%
2026	5.3%	93.9%	0.8%

Table 7: Showing the percentage ethnic representation of Medical and Dental staff from 2015 to 2026.

Medical and Dental Staff	Racially minoritised staff	White staff	Not known
2015	18.4%	78.0%	3.6%
2016	18.4%	79.6%	2.0%
2017	19.3%	70.1%	10.5%
2018	22.3%	68.1%	9.6%
2019	20.5%	70.5%	9.0%
2020	36.6%	55.2%	8.2%
2021	30.5%	64.4%	6.1%
2022	30.1%	63.9%	6.0%
2023	34.5%	57.1%	4.8%
2024	34.7%	60.0%	5.3%
2025	33.8%	62.3%	3.9%
2026	31.3%	63.9%	4.8%

Indicator 2

The second indicator looks at recruitment and the likelihood of racially minoritised staff being successful in recruitment from shortlisting to appointment. As a likelihood figure the following applies to the results:

- A result below 1.0 indicates a greater likelihood of success for racially minoritised applicants.
- A result above 1.0 indicates a greater likelihood of success for white applicants.
- A result of 1.0 indicates equity between racially minoritised and white applicants.

Table 8: Showing the likelihood of racially minoritised applicants being successfully recruited compared to white applicants from 2015 to 2026. Also showing the numbers of applicants recruited by ethnicity for this period.

	Likelihood	Total racially minoritised staff recruited	Total white staff recruited	Total not stated staff recruited
2015	1.85	12	241	*
2016	1.72	24	532	160
2017	1.30	31	498	120
2018	1.24	24	418	30
2019	1.28	23	395	10
2020	1.39	13	224	17
2021	0.61	36	310	*
2022	1.17	23	276	*
2023	1.44	23	209	*
2024	Not available	22	272	*
2025	Not available	17	167	*
2026	Not available	11	59	*

Indicator 3

Indicator 3 details the relative likelihood of racially minoritised staff entering formal disciplinary processes compared to not white staff.

A likelihood figure above 1 indicates that racially minoritised staff are more likely to enter formal disciplinary processes than white staff. A likelihood figure of 1 indicates equity between racially minoritised and white staff.

Table 9: Showing the likelihood of racially minoritised staff entering formal disciplinary processes compared to white staff from 2015 to 2026.

	Likelihood
2015	6.46
2016	4.93
2017	3.83
2018	1.99
2019	2.72
2020	2.40
2021	0.00
2022	0.00
2023	2.46
2024	1.53
2025	1.13
2026	0.00

Indicator 4

Likelihood of racially minoritised staff undertaking non-mandatory training and professional development compared to white staff.

A likelihood figure above 1 indicates that racially minoritised staff are more likely to enter formal disciplinary processes than white staff. A likelihood figure of 1 indicates equity between racially minoritised and white staff.

Table 10: Showing the likelihood of racially minoritised staff accessing non-mandatory training and career development opportunities from 2015 to 2026.

	Likelihood
2015	0
2016	0.55
2017	0.9
2018	1.1
2019	1.74
2020	0.6
2021	1.09
2022	0.57
2023	1.79
2024	1.05
2025	1.05
2026	0.97

Indicators 5 to 8 are taken from the NHS Staff Survey 2025.

- For indicator 5 there were 45 racially minoritised, and 763 white respondents.
- For indicator 6 there were 45 racially minoritised, and 765 white respondents.
- For indicator 7 there were 45 racially minoritised, and 754 white respondents.
- For indicator 8 there were 45 racially minoritised, and 765 white respondents.
- In total 52.5% of all staff responded to the NHS Staff Survey 2025. When mapped against workforce totals at 41.3% the number of racially minoritised respondents was below that for the overall workforce.

Indicator 5 – Harassment, bullying, or abuse from patients, families, or the public

Table 11: Showing the percentage of staff experiencing at least one incident of harassment, bullying, or abuse from patients, family members, or the public in the last 12 months.

	Bridgewater racially minoritised staff	Bridgewater white staff	Benchmark Trusts racially minoritised staff	Benchmark Trusts white staff
2015	0.0*	28.0%	25.0%	26.0%
2016	23.0%	29.0%	24.0%	24.0%
2017	28.6%	25.8%	26.9%	23.4%
2018	37.5%	26.0%	26.1%	25.7%
2019	28.0%	23.1%	23.7%	25.2%
2020	30.3%	18.2%	23.4%	21.9%
2021	22.2%	20.1%	24.3%	20.6%
2022	29.2%	21.6%	24.2%	21.5%
2023	28.6%	16.2%	21.8%	18.9%
2024	20.8%	13.5%	21.6%	17.6%
2025	17.8%	17.8%	22.2%	17.8%
Trust Trend 2024 to 2025	Improved by 3.0%			
Against benchmark group for 2024	Positive by 4.4%	*Note: Figure too low to report in 2015		

Indicator 6 – Harassment, bullying, or abuse from managers or colleagues

Table 12: Showing the percentage of staff who have experienced at least one incident of harassment, bullying, or abuse from colleagues in the last 12 months.

	Bridgewater racially minoritised staff	Bridgewater white staff	Benchmark Trusts racially minoritised staff	Benchmark Trusts white staff
2015	0.0*	23.0%	24.0%	22.0%
2016	26.0%	24.0%	24.0%	18.0%
2017	21.4%	20.4%	21.8%	18.6%
2018	16.7%	17.5%	24.0%	19.6%
2019	20.0%	20.8%	23.8%	19.6%
2020	15.6%	17.8%	22.9%	16.9%
2021	13.3%	16.9%	20.0%	15.9%
2022	25.0%	16.9%	22.4%	15.6%
2023	19.1%	16.5%	19.4%	15.5%
2024	22.6%	14.7%	17.1%	14.2%
2025	28.9%	19.7%	17.7%	13.9%
Trust Trend 2023 to 2024	Deteriorated by 6.3%			
Against benchmark group for 2024	Negative by 11.9%			

Indicator 7 – Belief that the Trust provides equal opportunities for career progression

Table 13: Showing the percentage of staff who believed the Trust provided equal opportunities for career progression.

	Bridgewater racially minoritised staff	Bridgewater white staff	Benchmark Trusts racially minoritised staff	Benchmark Trusts white staff
2017	50.0%	55.6%	47.3%	61.7%
2018	48.0%	59.1%	47.5%	60.7%
2019	48.0%	58.4%	47.8%	62.5%
2020	33.3%	60.1%	46.8%	66.3%
2021	51.1%	58.9%	50.3%	66.0%
2022	45.8%	62.0%	50.2%	65.9%
2023	34.2%	61.1%	53.7%	65.8%
2024	44.2%	62.7%	54.6%	63.4%
2025	35.6%	54.4%	52.9%	60.2%
Trust Trend 2023 to 2024	Deteriorated by 8.6%			
Against benchmark group for 2024	Negative by 17.3%			

Indicator 8 – Experiences of discrimination from line managers or colleagues

Table 14: Showing the percentage of staff experiencing discrimination from managers or colleagues in the last 12 months.

	Bridgewater racially minoritised staff	Bridgewater white staff	Benchmark Trusts racially minoritised staff	Benchmark Trusts white staff
2015	*	4.0%	12.0%	5.0%
2016	6.0%	7.0%	4.0%	11.0%
2017	11.1%	8.1%	12.1%	5.5%
2018	8.3%	4.4%	10.7%	4.9%
2019	16.0%	4.9%	12.2%	4.3%
2020	12.1%	4.4%	13.5%	4.3%
2021	13.3%	3.6%	12.7%	4.3%
2022	10.4%	3.8%	12.1%	4.2%
2023	7.5%	3.0%	10.8%	4.3%
2024	13.2%	4.7%	10.8%	4.4%
2025	15.6%	5.0%	10.5%	4.7%
Trust Trend 2023 to 2024	Deteriorated by 2.4%			
Against benchmark group for 2024	Negative by 5.1%			

Indicator 9 – Board representation

Percentage difference between the organisation's Board overall membership and its overall workforce.

Table 15: Showing Board representation of racially minoritised and white staff compared to the overall workforce from 2015 to 2026.

	Racially minoritised	White	Not known
2015	*	*	*
2016	-2.5%	2.5%	0.0%
2017	-2.6%	9.2%	-6.6%
2018	-2.9%	-4.1%	7.0%
2019	-3.0%	-8.1%	11.0%
2020	3.4%	-25.6%	22.2%
2021	8.9%	-19.0%	10.1%
2022	7.6%	-17.4%	9.8%
2023	8.1%	-20.7%	12.6%
2024	0.8%	-6.0%	5.2%
2025	9.0%	-8.0%	-1.0%
2026	8.0%	-7.0%	-1.0%

Ethnicity Pay Gap March 2026

As part of the NHS EDI Improvement Plan all Trusts have been required to publish ethnicity pay gap data from April 2024.

Pay gap reporting is based on a set point in time every year, for ordinary pay this is all staff who were paid at 31st March – termed relevant staff. For bonus pay this is all staff paid bonus pay in the year from 1st April to 31st March, in the Trust this relates to clinical excellence awards.

Results for 2026 are to follow, and the results for 2024 and 2025 can be found in the WRES 2025 report, available on request.

Ordinary pay

On 31 March 2026 we employed 1,419 staff who were relevant to ethnicity pay gap reporting, including any bank staff paid for work in the relevant period, and excluding substantive staff on statutory sick or maternity pay only on that date.

Table 16 shows the number of racially minoritised and white staff in each pay quartile, the division of female and male staff into four roughly equal groups based on hourly pay.

Table 16: Showing the numbers and percentage of ethnically diverse and white staff in quartiles based on hourly pay at 31st March 2026.

Racially minoritised staff	Total	Percentage %	White staff	Total	Percentage %
1	17	4.8%	1	337	95.2%
2	23	6.5%	2	332	93.5%
3	21	5.9%	3	333	94.1%
4	36	10.1%	4	320	89.9%

The table to follow provides annual quartile breakdowns, it will be observed that the numbers of racially minoritised staff have remained stable, while the numbers of white staff in the quartiles has reduced, particularly between 2025 and 2026.

Table 17: Showing the number of staff by ethnicity and quartiles from 2024 to 2026.

	Racially minoritised staff					White staff			
	1	2	3	4		1	2	3	4
2024	19	17	23	38		361	379	384	367
2025	17	20	26	36		370	368	363	351
2026	17	23	21	36		337	332	333	320

The table to follow details the ethnicity pay gap as a monetary value and percentage. A positive value indicates a pay gap in favour of white staff, a negative value indicates a pay gap in favour of racially minoritised staff.

Table 18: Showing the ethnicity pay gap results at 31st March 2026 as a monetary figure, and a percentage, based on hourly rates of pay for racially minoritised and white staff.

	Mean hourly rate of pay	Median hourly rate of pay
Racially minoritised staff	**£30.15**	**£22.86**
White staff	**£21.72**	**£19.78**
Pay Gap monetary value	**- £8.43**	**- £3.08**
Pay Gap percentage value	**- 38.79%**	**- 15.57%**

It is observed in the table above that there is a positive pay gap in favour of ethnically diverse staff, particularly in relation to mean pay.

Th following table shows the results for mean and median ethnicity pay gaps from 2024 to 2026.

Table 19: Showing the mean and median ethnicity pay gaps from 2024 to 2026.

	Mean Ethnicity Pay Gap %	Mean Ethnicity Pay Gap £	Median Ethnicity Pay Gap %	Median Ethnicity Pay Gap £
2024	**-22.27%**	**-£4.26**	**-11.97%**	**-£2.12**
2025	**-27.68%**	**-£5.64**	**-8.00%**	**-£1.49**
2026	**-38.79%**	**-£8.43**	**-3.08%**	**-£15.57**

To understand ethnicity pay gaps better the Trust has undertaken further analysis by staff group as we understand that the Medical and Dental staff is over-representative of ethnically diverse staff compared to the overall workforce, and with the larger percentage of this group in quartile 4 the figures overall can be impacted.

- Within the total relevant staff for ethnicity pay gap reporting 6.8% are racially minoritised, and 93.2% are white.

Non-clinical staff

- Ethnicity pay gap analysis for non-clinical staff provides the following results:

    - A mean ethnicity pay gap of – 26.73% (equating to - £5.95) in favour of ethnically diverse staff.
    - A median ethnicity pay gap of – 38.8% (equating to - £5.40) in favour of racially minoritised staff.

- In the Trust 24.9% of the workforce are in non-clinical roles, this includes some of the Executive Directors and all Non-Executive Directors.

- At 7.1% of the non-clinical workforce racially minoritised staff representation is reflective of the overall workforce.

Clinical staff

- Ethnicity pay gap analysis for clinical staff provides the following results:

    - A mean ethnicity pay gap of 5.12% (equating to £1.09) in favour of white staff.
    - A median ethnicity pay gap of 7.4% (equating to £1.55) in favour of white staff.

- The clinical workforce, excluding Medical and Dental represents 69.7% of the overall workforce.

- At 4.95% the clinical workforce is under-representative of racially minoritised staff when compared to the overall workforce.

Medical and Dental staff

- Medical and Dental roles represent 5.4% of the overall workforce, and at 29.9% ethnically diverse staff are over-representative of the overall workforce.

- Ethnicity pay gap analysis for medical and dental staff provides the following results:

    - A mean ethnicity pay gap of – 21.74% (equating to - £10.40) in favour of ethnically diverse staff.
    - A median ethnicity pay gap of 12.50% (equating to £5.97) in favour of white staff.

Bonus pay

There were no clinical excellence awards in the Trust awarded in 2025/2026, therefore the result is 0.00% or £0.00.

Contact details

Thank you for taking the time to read our 2026 WRES 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.

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