**Workforce Race Equality Standard**

**2024**

**Date: April 2024**

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**Introduction**

The Workforce Race Equality Standard has been mandated for all NHS providers since 2015. The nine indicators look at difference in workplace experience for ethnically diverse/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. Information is taken from internal data sources and the national NHS Staff Survey 2023 and reported anonymously to NHS England.

In this 2024 report, progression detail has been provided for each indicator from 2015 to date, a full summary table of the NHS England data submission is given, and brief information of equality work in 2023 – 2024 provided.

Key findings in brief are:

* Overall workforce representation of ethnically diverse staff is increasing at 6.3% and the number of ‘not known’ records remains low at 1.9%.
* Representation in pay bands varies, with the clinical workforce being under-represented compared to the overall ethnically diverse workforce, and Medical and Dental being over-represented.
* The likelihood of ethnically diverse staff being involved in formal disciplinary processes has improved to a figure of 1.53 in 2023/24, while this still indicates disparity for ethnically diverse staff caution is urged due to the very small numbers of staff involved in formal disciplinary processes.
* At 1.05 the access to non-mandatory training and career development result for indicator 4 has improved and represents near equity. With the support of Education and Professional Development colleagues the data for this indicator is the most robust since WRES reporting began.
* The percentages of ethnically diverse staff experiencing harassment, bullying, or abuse from the public (28.6%) or colleagues (19.1%) has improved slightly, though work is still needed to narrow the gap with white staff, and to eliminate experiences of these behaviours as much as can be achieved.
* At 34.2% the percentage of ethnically diverse staff who believe the Trust provides equity for career progression and promotion has decreased.
* At 7.5% the percentage of ethnically diverse staff who experienced discrimination at work in the last 12 months has improved by 2.9%.
* The Board remains over-representative of ethnically diverse staff.

**Indicator 1**

To start by looking at the workforce overall. The Trust has seen the size of the workforce reduce since 2015 when reporting began, a reduction of approximately half. Some services have left the Trust, and others have moved to Bridgewater, including in 2023 – 2024 the Community Infection Prevention and Control Service for Halton, St Helens, and Warrington.

During this time the Trust has seen the percentage of ethnically diverse staff increase and the percentage or records where ethnicity has not been self-reported decrease. The latter is important as a fuller picture of the workforce allows the Trust to better monitor and evaluate equality across the employment journey and the impact of equality actions.

**Table 1: Showing the ethnicity breakdown of the workforce from 2015 to 2024.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Ethnically diverse 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 |

Representation of ethnically diverse staff is broadly representative of that in our community service boroughs of Warrington and Halton, but we recognise that community diversity of ethnicity is much greater than the representation in the Trust, with for example more than 60 different national identities identified in the Warrington Census 2021 data.

In staff groups there is differing representation, as will be observed in the next set of data. This representation reflects patterns across the NHS, particularly in relation to Medical and Dental staffing, and the representation of ethnic diversity in the community; but as the latter increases the Trust is committed to ensuring equity in recruitment and the implementation of plans to address barriers to employment for diverse ethnic groups.

Indicator 1 asks the percentage of staff in each pay band, split by non-clinical, clinical, and medical and dental roles.

**Table 2: Showing the percentage of ethnic representation in non-clinical staff from 2015 to 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
| Non- clinical staff | | | |
|  | **Ethnically diverse 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 |

It is observed that in non-clinical roles the percentage of ethnically diverse staff has increased by 4.3% since 2015. Administration and Clerical is the Trust’s second largest staff group making up 25.5% of the overall workforce. Estates and Ancillary are the second, much smaller staff group that make up the non-clinical workforce.

2024 has seen a slight increase in the percentage of staff records where ethnicity has not been self-reported. The Trust is committed to actions to both improve workplace culture so that staff feel confident to disclose ethnicity and understand the rationale for the Trust asking for this data; and also supporting them in how to do this through a practical ‘how to..’ guide.

Engagement with the Race Inclusion Network continues to allow understanding of the barriers to both reporting ethnicity, and to career progression. This supports our work in embedding a psychologically safe culture, and a culture that positively supports and promotes equity of opportunity in employment.

Table 3, to follow, shows the ethnic representation of staff in clinical roles, excluding Medical and Dental.

It is observed that in 2024 the percentage representation of ethnically diverse staff has reduced by 2.1%, this means that the clinical staff group as a whole in under-representative of the overall workforce. More analysis on this will be provided in the Race Disparity Ratio section of this report.

Clinical staff are the largest staff grouping in Bridgewater, representing 69% of the overall workforce. The largest group within this is Nursing and Midwifery, representing 49.9% of the clinical staff group and 34.5% of the overall workforce.

Also within the clinical staff group are Allied Health Professionals, Additional Professional Scientific and Technical roles, and Additional Clinical roles, Healthcare Scientists, and clinical based students.

**Table 3: Showing the percentage ethnic representation in clinical staff from 2015 to 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Clinical Staff | | |
|  | **Ethnically diverse 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 | 5.9 |
| 2019 | 2.4 | 90 | 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 |

The final set of data looks at the Medical and Dental staff group, table 4 on the following page.

The Medical and Dental staff group across the NHS is over-representative of ethnically diverse staff, reflecting in part the valued contribution to health care in England made by many internationally trained medical staff.

The Trust’s Medical and Dental staffing is predominantly within the specialist Dental directorate that provides services across a large area of Cheshire, Merseyside, and Greater Manchester – for more information see the Trust’s [website](https://bridgewater.nhs.uk/). Other staff within this group provide specialist medical roles such as Consultants, Specialist Doctors, and executive medical leadership.

It is observed that in 2024 the percentage of ethnically diverse staff has reduced very slightly, and the percentage of not reported records and White ethnicities has increased. The group remains over-representative of the overall workforce but attention in 2024 – 2025 will focus particularly on improving self-reporting of ethnicity in this group.

**Table 4: Showing the percentage ethnic representation of Medical and Dental staff from 2015 to 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
| Medical and Dental Staff | | | |
|  | **Ethnically diverse 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 |

**Indicator 2**

The second indicator looks at recruitment.

Within the updated NHS Jobs system, the process/reporting functionality has changed. As this is the only recruitment system that we use as a Trust and cannot report using another system such as Trac the reports are not fully complete. The reports do not report who is the successful candidate due to the system only recording up to interview stage.

We are working with NHS Jobs to support and improve functionality to allow us to report recruitment data through the system. We are also working with NHS Jobs to improve the connection and interface with ESR and to follow the full recruitment process through to Unconditional Offer Stage. We are also looking at an internal process for us to collect this data so that we can report a full data set if we continue to be unable to report through NHS Jobs. The Recruitment team are meeting with the NHS Jobs team on a regular basis to improve usage.

**Table 5: Showing the likelihood of ethnically diverse applicants being successfully recruited compared to white applicants from 2015 to 2024. Also showing the numbers of applicants recruited by ethnicity for this period.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Likelihood | Total Ethnically Diverse 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 | \* |

*Note: A likelihood figure below 1 indicates that ethnically diverse staff are more likely to be successfully recruited than white staff. A likelihood figure of 1 indicates equity between ethnically diverse and white applicants in recruitment.*

**Indicator 3**

This indicator looks at the likelihood of ethnically diverse staff being involved in formal disciplinary processes compared to white staff. The table to follow details Trust results from 2015 to 2024.

It can be observed that the result has improved in 2024, however caution should be used in relation to this indicator due to the very small numbers of staff involved in formal disciplinary processes. The small numbers have led to the fluctuating results year on year for indicator 3. Small numbers that have reduced further since the Trust implemented the Just Culture programme and the use of informal fact finding at the start of any process to determine the human and other factors that contributed to an incident, and the embedding of lessons learned where applicable to ensure staff are fully supported in the workplace and that incidents are minimised wherever possible.

**Table 6: Showing the likelihood of ethnically diverse staff entering formal disciplinary processes compared to white staff from 2015 to 2024.**

|  |  |
| --- | --- |
|  | **Likelihood** |
| **2015** | 6.46 |
| **2016** | 4.93 |
| **2017** | 3.83 |
| **2018** | 1.99 |
| **2019** | 2.72 |
| **2020** | 2.4 |
| **2021** | 0 |
| **2022** | 0 |
| **2023** | 2.46 |
| **2024** | 1.53 |

*Note: A likelihood figure above 1 indicates that ethnically diverse staff are more likely to enter formal disciplinary processes than white staff. A likelihood figure of 1 indicates equity between ethnically diverse and white staff.*

**Indicator 4**

Indicator 4 looks at the likelihood of staff undertaking non-mandatory training and professional development by ethnicity.

It is observed in the table to follow that in 2023 – 2024 there was equity of opportunity for ethnically diverse and white staff.

A range of training and development options were analysed, including study support applications for Medical and Dental staff, and similar for all non-clinical and clinical staff, and other non-mandated training, though we recognise that there is role specific training included in the below. Training undertaken included leadership and management training, clinical skills, voluntary roles such as fire wardens, and a range of external conferences.

Further analysis showed that there was under-representation for ethnically diverse staff accessing non-mandatory training and career development opportunities and support applications, 4.7 and 4.5% respectively. The likelihood figure was influenced by representation in Medical and Dental study support applications; while this reflects the greater percentage of ethnically diverse staff in this group there was over-representation of ethnically diverse staffing.

**Table 7: Showing the likelihood of ethnically diverse staff accessing non-mandatory training and career development opportunities.**

|  |  |
| --- | --- |
|  | **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 |

**NHS Staff Survey 2023**

Indicator 5 is the start of the indicators taken from the annual NHS Staff Survey. As the survey runs in autumn with data published early spring the following year the data results always show as a calendar year behind, i.e. in 2024 the Trust reported data is for the staff survey results for autumn 2023. All staff survey indicators show the results for Bridgewater and for comparator community Trusts as a benchmark.

The percentage of the workforce submitting the staff survey in 2023 was the highest ever for Bridgewater at 62%. For indicators 5 to 8 of the WRES 42 ethnically diverse members of staff responded to the staff survey, this equates to 40% of the overall workforce, a figure that is lower than the overall Survey response rate.

**Indicator 5**

This first NHS Staff Survey indicator looks at experiences of harassment, bullying, or abuse from patients, families, or other members of the public in the last 12 months. The total number of experiences is not explored, only that there has been at least one experience of this.

902 white members of staff responded to this question, and 42 ethnically diverse/racially minoritised members of staff.

It will be observed in table 6 on the following page that this indicator has seen yearly fluctuations in the Trust. 2024 has seen an improvement, however this follows 2022 results which saw a large increase in the percentage of ethnically diverse staff reporting these incidents in the Staff Survey.

There is a disparity in experience between ethnically diverse and white staff in these incidents, and this year the gap between the two groups has grown to 12.2%.

The Trust recognises that the workforce is small compared to several of the comparator Trusts for the national NHS Staff Survey, and that the small numbers involved can affect results quite significantly. However, more importantly we recognise that every incident of this sort has a member of staff at the heart, and all instances of these behaviours are taken seriously. The Trust takes a zero-acceptance approach to harassment, bullying, abuse, and racism, and more details on actions taken to improve the workplace experience for staff are detailed on page \*\*\*.

**Table 8: Showing the percentage of ethnically diverse and white staff experiencing at least one incident of harassment, bullying, or abuse from patients, family members, or the public in the last 12 months.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Bridgewater ethnically diverse staff %** | **Bridgewater white staff %** | **Benchmark Trusts ethnically diverse 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 | 22.6 | 19.1 |

*\*Note: Figure too low to report in 2015*

**Indicator 6**

This next indicator looks at experiences of harassment, bullying, or abuse from other members of staff in the last 12 months. The total number of experiences is not explored, only that if there has been at least one experience this is reported.

It can be observed in table 7 that in this indicator the experiences of ethnically diverse staff have improved this year by 6.1%, and the gap with the experiences of white staff has narrowed. 904 white staff members responded to this question and 42 ethnically diverse members of staff.

Data in relation to these incidents in the workplace do not reflect those in the staff survey, and engagement with staff through the Race Inclusion Network and the EDI Working Group will allow focus on potential barriers to reporting.

In addition, target setting for reduction of these experiences is mandated within the national NHS EDI Improvement Plan, see the current and future work section for more information.

**Table 9: 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 ethnically diverse staff %** | **Bridgewater white staff %** | **Benchmark Trusts ethnically diverse 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 |

**Indicator 7**

The next staff survey indicator reports on the percentage of ethnically diverse and white staff who believe that their employer provides equity of opportunity for career progression.

896 white members of staff responded, and 41 ethnically diverse/racially minoritised members of staff.

This is a disappointing result for the Trust as there has been a large deterioration in the percentage of ethnically diverse staff who responded positively and the gap with white staff has grown. Additionally, there is a significant difference when compared to comparator Trusts.

This indicator only details yes responses, so staff who haven’t been involved in career progression or promotion pathways in the previous 12 months may have responded not applicable, which isn’t reported. But work in 2024 – 2025 aligned to the NHS EDI Improvement Plan and the Trust’s EDI Strategy will support better understanding staff experience in this indicator so that effective actions can be taken.

**Table 10: Showing the percentage of staff who believed the Trust provided equal opportunities for career progression.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Bridgewater ethnically diverse staff %** | **Bridgewater white staff %** | **Benchmark Trusts ethnically diverse 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 |

**Indicator 8**

Experience of discrimination in the last 12 months from colleagues is indicator 8, the last of the NHS Staff Survey indicators.

Discrimination has legal definitions based on type, but what all discrimination has in common is unfair treatment based on a protected characteristic, whether this is direct, indirect, by association, or perceived.

Harassment is also a type of discrimination but is reported separately in the NHS Staff Survey. Discrimination is an illegal act under the Equality Act 2010 and the Human Rights Act 1998.

It can be observed in table 9 below that in this indicator the Trust has seen an improvement in results for both ethnically diverse and white staff, and both groups are below the comparator Trust results.

The elimination of discrimination is a priority in achieving the Trust’s Strategic Objectives for EDI and staff, and information is provided in the current and future programmes section on work to eliminate discrimination across the Trust.

**Table 11: Showing the percentage of staff experiencing discrimination from managers or colleagues in the last 12 months.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Bridgewater ethnically diverse staff %** | **Bridgewater white staff %** | **Benchmark Trusts ethnically diverse 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 |

**Indicator 9**

The final Workforce Race Equality Standard indicator looks at Board ethnicity representation as compared to the overall workforce. Table 1 detailed the workforce profile from 2015 to 2024, and in 2024 the percentage of ethnically diverse staff in the workforce was 6.3%.

The Trust Board is very small, therefore statistical significance of data is difficult to determine. A key workstream in the Trust is the universal leadership development offer for all staff.

The Board is committed to race equality in the workplace and is supporting the Trust in achievement of the NHS North West Anti-Racist Framework.

**Table 12: Showing Board representation of ethnically diverse and white staff compared to the overall workforce from 2015 to 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Ethnically diverse %** | **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 |

**Ethnicity Pay Gap March 2024**

As part of the NHS EDI Improvement Plan all Trusts are 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 2024 are to follow, and for further information about pay gaps please refer to the Gender Pay Gap reports on the [Trust website](https://bridgewater.nhs.uk/aboutus/equalitydiversity/equality-reporting/).

**Ordinary pay**

On 31 March 2024 we employed 1,609 staff who were relevant to ethnicity 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 for example.

Tables 1 and 2 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.

Please note the tables below exclude those staff whose ethnicity is not known, this means that the percentages for the quartiles do not exactly total 100%.

**Table 13: Showing the numbers and percentage of ethnically diverse staff in quartiles based on hourly pay at 31st March 2024.**

|  |  |  |
| --- | --- | --- |
| Quartiles – Ethnically Diverse Workforce | **Total** | **Percentage %** |
| 1 | **19** | **4.95** |
| 2 | **17** | **4.24** |
| 3 | **23** | **5.62** |
| 4 | **38** | **9.16** |

**Table 14: Showing the number and percentage of white staff in quartiles based on hourly pay at 31st March 2024.**

|  |  |  |
| --- | --- | --- |
| Quartile – White Workforce | Total | Percentage % |
| 1 | **361** | **94.01** |
| 2 | **379** | **94.51** |
| 3 | **384** | **93.89** |
| 4 | **367** | **88.43** |

The table to follow details the ethnicity pay gap as a monetary value and percentage for the two groups ethnically diverse staff, and white staff.

A positive value details a pay gap in favour of white staff, a negative value details a pay gap in favour of ethnically diverse staff.

**Table 15: Showing the ethnicity pay gap results at 31st March 2024 as a monetary figure, and a percentage, based on hourly rates of pay for ethnically diverse and white staff.**

|  |  |  |
| --- | --- | --- |
|  | Mean hourly rate of pay | Median hourly rate of pay |
| Ethnically diverse staff | **£23.23** | **£19.80** |
| White staff | **£18.97** | **£17.68** |
| Pay Gap monetary value | **-£4.26** | **-£2.12** |
| Pay Gap percentage value | **-22.27%** | **-11.97%** |

It is observed in the table above that there is a large positive pay gap in favour of ethnically diverse staff. To understand this better the Trust undertook 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.

* In the Trust 26.8% of the workforce are in non-clinical roles, this includes most Executive and Non-Executive staff.
* At 6% of the non-clinical workforce ethnically diverse staff representation is reflective of the overall workforce.
* The clinical workforce, excluding Medical and Dental represent 68.4% of the overall workforce.
* At 4.4% of the clinical workforce ethnically diverse staff representation is lower than the overall workforce.
* Medical and Dental roles represent 4.2% of the overall workforce, and at 33.8% ethnically diverse staff are over-representative of the overall workforce.

Tables 15 and 16 detail the ethnicity pay gap results for two groups:

* Non-clinical and clinical – all staff in Agenda for Change pay bands, and most Very Senior Managers
* Medical and Dental

**Table 16: Showing the ethnicity pay gap results for non-clinical and clinical workforces, excluding Medical and Dental staff based on hourly rate of pay at 31st March 2024.**

|  |  |  |
| --- | --- | --- |
|  | Mean hourly rate of pay | Median hourly rate of pay |
| Ethnically diverse staff | **£17.83** | **£17.68** |
| White staff | **£18.39** | **£17.68** |
| Pay Gap monetary value | **£0.56** | **£0.00** |
| Pay Gap percentage value | **3.03%** | **0.00%** |

It is observed in table 15 that there is a ethnicity pay gap in favour of white staff when Medical and Dental roles are excluded for mean hourly pay. The median result shows equity between ethnically diverse and white staff.

**Table 17: Showing the ethnicity pay gap results for the Medical and Dental workforce based on hourly rate of pay at 31st March 2024.**

|  |  |  |
| --- | --- | --- |
|  | Mean hourly rate of pay | Median hourly rate of pay |
| Ethnically diverse staff | **£40.62** | **£42.31** |
| White staff | **£42.80** | **£42.48** |
| Pay Gap monetary value | **£2.18** | **£0.17** |
| Pay Gap percentage value | **5.10%** | **0.39%** |

It is observed in table 16 that an ethnicity pay gap exists also in the Medical and Dental staff group, a greater gap than for the non-clinical/clinical grouping.

It is the bringing together of the two groups that creates the positive ethnicity pay gap result overall – with the large percentage of medical and dental staff in quartile 4, and with the over-representation of ethnically diverse staff in this workforce the ordinary pay hourly rate lists move upwards for ethnically diverse staff leading to a positive ethnicity pay gap result.

The Trust also took a further look at the three other large staff groups:

* Administrative and Clerical
* Allied Health Professionals
* Nursing and Midwifery

In the other staff groups the numbers of ethnically diverse staff were too low for reporting (10 or below).

Findings showed that:

* 25.85% of the Trust workforce are in Administrative and Clerical roles, including most corporate staff.
* At 6.25% ethnically diverse staff in this group were slightly over-representative of the overall workforce.
* The mean ethnicity pay gap for Administrative and Clerical is 2.6% in favour of ethnically diverse staff, this equates to £0.44.
* The median ethnicity pay gap for Administrative and Clerical is 40.97% in favour of ethnically diverse staff, equating to £5.14.
* Ethnically diverse staff are overrepresented in quartiles 1 and 4, white staff in quartiles 1 and 2.
* The Allied Health Professionals workforce make up 10.69% of the overall workforce.
* At 8.14% this staff group is over-representative of ethnically diverse staff compared to the overall workforce.
* The mean ethnicity pay gap in this staff group is 6.44% in favour of white staff, equating to £1.39.
* The median ethnicity pay gap is12.36% in favour of white staff, equating to £2.69.
* Ethnically diverse staff are over-represented in quartile 3, and white staff in quartile 4.
* Nursing and Midwifery make up 34.06% of the overall workforce, of these 2.55% are ethnically diverse, approximately 3.5% lower than the overall workforce percentage representation.
* The mean ethnicity pay gap for Nursing and Midwifery is 1.63% in favour of white staff, or £0.35.
* The median ethnicity pay gap for this group is 6.98%in favour of white staff, equating to £1.52.
* Ethnically diverse staff are over-represented in quartiles 2 and 3, white staff in quartile 4.

**Bonus pay**

There was no bonus ethnicity pay gap at 31st March. Less than 10 members of staff received Clinical Excellence Awards, and all received the same amount. Ethnically diverse staff represented more than half those awarded in 2023 – 2024.

**Workforce Race Disparity Ratio Results 2024**

The race disparity ratio action plan was mandated for all Trusts by NHS England in summer 2021. Nationally the WRES 2020 data was used to calculate individual Trusts race disparity ratio as at 31st March 2020. This information was sent to all Chief Executives with instructions on what was expected next – the reduction of the ratio to a likelihood of 1.5 or below.

Trusts are required to understand their data in relation to race disparity in pay and career progression and set targets and actions to level up representation so that it is reflective across the whole Trust. For us, this target representation is 5.4%. The mandate allows 4 years to reach targets, with improvements expected to be evidenced by March 2025.

The disparity ratio looks at the likelihood of progression of white, and ethnically diverse staff from the lower pay bands (bands 1 to 5) to middle (bands 6 to 7), and upper bands (bands 8a to 9). Very senior managers, and medical and dental staffing are excluded.

Table 17 shows the total race disparity ratio results as at 31st March 2024. Ongoing improvements can be observed, with ethnically diverse staff now more likely to progress from middle to upper, and lower to upper pay bands than white staff. The ultimate goal is a level playing field where the race disparity ratio is 1.0 across all three indicators, but it is positive to see in particular that shift in likelihood to date of ethnically diverse staff overall progressing better between the lower and highest pay bands.

**Table 18: Showing race disparity ratio results from 2020 to 2024, detailing the progression of ethnically diverse staff from lower to middle to upper Agenda for Change pay bands.**

|  |  |  |  |
| --- | --- | --- | --- |
| **All Staff** | **Lower to Middle** | **Middle to Upper** | **Lower to Upper** |
| **Mar-20** | 1.13 | 2.08 | 2.35 |
| **Mar-21** | 1.32 | 1.35 | 1.78 |
| **Mar-22** | 1.24 | 1.45 | 1.8 |
| **Mar-23** | 1.34 | 0.55 | 0.74 |
| **Mar-24** | 0.99 | 0.96 | 0.95 |

In relation to representation of ethnically diverse staff, in the overall Agenda for Change workforce representation is:

* 5.02% at Agenda for Change lower bands (1 to 5).
* 5.06% at Agenda for Change middle bands (6 and 7).
* 5.26% at Agenda for Change upper bands (8a to 9).

This indicates there is still room for improvement to reach the 5.4% representation across all Agenda for Change pay bands.

**Non-clinical workforce**

As has been referred to elsewhere within this report the Trust recognises that representation of ethnically diverse staff varies across staff groups. As referenced above Very Senior Management and Medical and Dental staff are excluded from this mandated requirement as they are not paid within Agenda for Change pay scales, but a review of non-clinical and clinical workforces does highlight differences to the above overall results.

It can be observed in table 18 below that there is a large disparity in non-clinical staff in progression from middle to upper pay bands, that is progression from Agenda for Change bands 5 to 7 up to bands 8a to 9. The disparity reduces for progression from the lower bands to the upper bands, but it does not represent equity for ethnically diverse staff. This reflects over-representation of ethnically diverse staff in the middle pay bands:

* 4.53% at Agenda for Change lower bands (1 to 5).
* 18.52% at Agenda for Change middle bands (6 and 7).
* 4.1% at Agenda for Change upper bands (8a to 9).

This indicates efforts need to be focused on levelling up representation, particularly in the upper pay bands.

**Table 19: Showing the race disparity ratio for non-clinical staff at 31st March 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-clinical Staff** | **Lower to Middle** | **Middle to Upper** | **Lower to Upper** |
| **Mar-23** | 0.21 | 5.57 | 1.16 |

Table 19 shows the race disparity ratio results for clinical staff at 31st March. It can be observed that the race disparity progression is below the national target of 1.50, however the progression from lower to middle is just within this target.

In relation to ethnically diverse staff representation in clinical staff in pay bands:

* 5.28% of Agenda for Change lower bands (1 to 5) are ethnically diverse.
* 3.61% at Agenda for Change middle bands (6 and 7).
* 6.35% at Agenda for Change upper bands (8a to 9).

Work should be focused on improving progression from the lower to middle band where there is current under-representation.

**Table 20: Showing the race disparity ratio for clinical staff at 31st March 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinical Staff** | **Lower to Middle** | **Middle to Upper** | **Lower to Upper** |
| **Mar-23** | 1.49 | 0.55 | 0.82 |

**Current and future work programmes**

Race equality and the elimination of racism are key priorities for the Trust Board, as evidenced in their continued commitment to the NHS North West Anti-Racist Framework.

The Trust’s Strategic Equality Objective set out in the [Communities Matter Strategy](https://bridgewater.nhs.uk/communities-matter/) is to *‘ensure that equality, diversity, and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff’*.

This is partnered with the Strategic Staff Objective which is to *‘ensure the Trust is a great place to work by creating an environment for staff to develop, grow, and thrive’.*

Race equality and the elimination of racism, whether overt, structural, or institutional are fundamentals to achieving these objectives, and the Communities Matter Strategy is supported by the enabling strategies for People and for [Equality, Diversity, and Inclusion](https://bridgewater.nhs.uk/aboutus/equalitydiversity/equality-reporting/).

The nationally mandated Equality, Diversity, and Inclusion Improvement Plan has deliverable actions in relation to race equality and the Workforce Race Equality Standard. Along with the NHS North West Anti-Racist Framework the national plan is guiding and driving the Trust in work around areas such as reduction of harassment and bullying, improved and enhanced support for international staff, and reduction of pay gaps, including ethnicity.

Effective actions for addressing race inequality or exclusion in the workplace need to be evidence based, developed in collaboration with ethnically diverse staff, and should seek to address issues of multiple disadvantage faced by some groups, for example potential disparity in experience and outcome based on ethnicity and gender, or age. In 2023 – 2024 the Trust established a new EDI Working Group within the governance of the People structure, this group will lead on workforce equality work using the four step strategy of:

* Research.
* Collaboration and design.
* Implementation and monitoring.
* Evaluation and next steps.

Work is ongoing, but provided below are examples of work undertaken in the last one to three years that should impact positively on equality:

* Developing our inclusive approach to recruitment and talent management, including:
  + Where and how we recruit to increase the diversity of applicants.
  + Updated careers pages, including new Recruitment Pack.
  + Review of job description and creation of standardised job descriptions for staff groups. This has included a review to ensure exclusive and unnecessary criteria are removed where necessary, for example to support women returning to the workplace following career breaks.
  + The offers provided through apprenticeships that have seen an increase in the diversity of recruits through the support provided to those in the programmes.
  + Development of universal leadership development offers, career conversations, and access to externally funded programmes.
* Implementing the Reciprocal Mentoring for Inclusion Programme, facilitated by Liverpool John Moores University. Six mentoring pairs, with 1/3 ethnically representation in the programme.
* Embedding the Just Culture Programme, including training of 30 ambassadors from across the Trust, and the role out of new supportive policy, practice, and training for management of incidents and employee relations.
* Development of the Civility and Respect Project, aligning Violence Prevention and Reduction Standard, equality, and existing bullying and harassment work in a refresh of policy, training, reporting, and communications.
* Early adopter Trust for new Wellbeing and Absence Management Policy and Toolkit, creating a person centred, and supportive and preventative approach to staff health and wellbeing. This includes:
  + Embedded health and wellbeing conversation offers at least annually within the appraisal process and at target points such as return to work interviews.
  + A new Wellbeing at Work Action Plan that replaces the current Employee Adjustment Passport to allow all staff to agree and capture support for their wellbeing at work, including carers, menopause, disability, and ill health.
* Making Flexible Work campaign launched in April 2024 aligned to the priorities identified in the NHS Staff Survey action plan for the Trust. Focusing on increasing staff awareness of the options for flexible working across the Trust. Communications include posters featuring staff saying why flexible works for them, including to support unpaid caring responsibilities.

In 2024 – 2025 the Trust has identified priority action areas that should continue to support race equality and inclusion:

* Continued work on the NHS EDI Improvement Plan through the EDI Strategy. The Strategy commits to research and collaboration with the diversity of staff to develop action plans that create equality of opportunity and that don’t indirectly discriminate through a failure to fully recognise disadvantage, barriers, and intersectionality.
* Review of the equality impact assessment process across all Trust policy, process, service delivery, and staff offers.
* NHS Sexual Safety in the Workplace Charter. Board commitment made in 2023, and the Trust is awaiting publication of national policy and toolkits that will be aligned to existing Trust policy and practice for the prevention of sexual harassment at work, and support provided to staff who experience sexual harassment or domestic violence.
* Care Leaver Covenant. In 2023 the Trust Board also committed to the Care Leaver Covenant, a national inclusion programme that supports care leavers between 16 and 25 to live independently. Through prioritisation and support from recruitment into employment the Trust is supporting care leavers to develop NHS careers that can support their long term futures and wellbeing. Aligned to career options such as apprenticeships in the Trust this should support equality, including gender equality, in a group that is known to face additional challenges as a result of their early years.

**2024 – 2026 action plan**

The WRES Action Plan 2024 to 2026 can be viewed as a separate document, published with this report at [Equality Reporting – Bridgewater Community Healthcare NHS Foundation Trust](https://bridgewater.nhs.uk/aboutus/equalitydiversity/equality-reporting/)

**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.

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