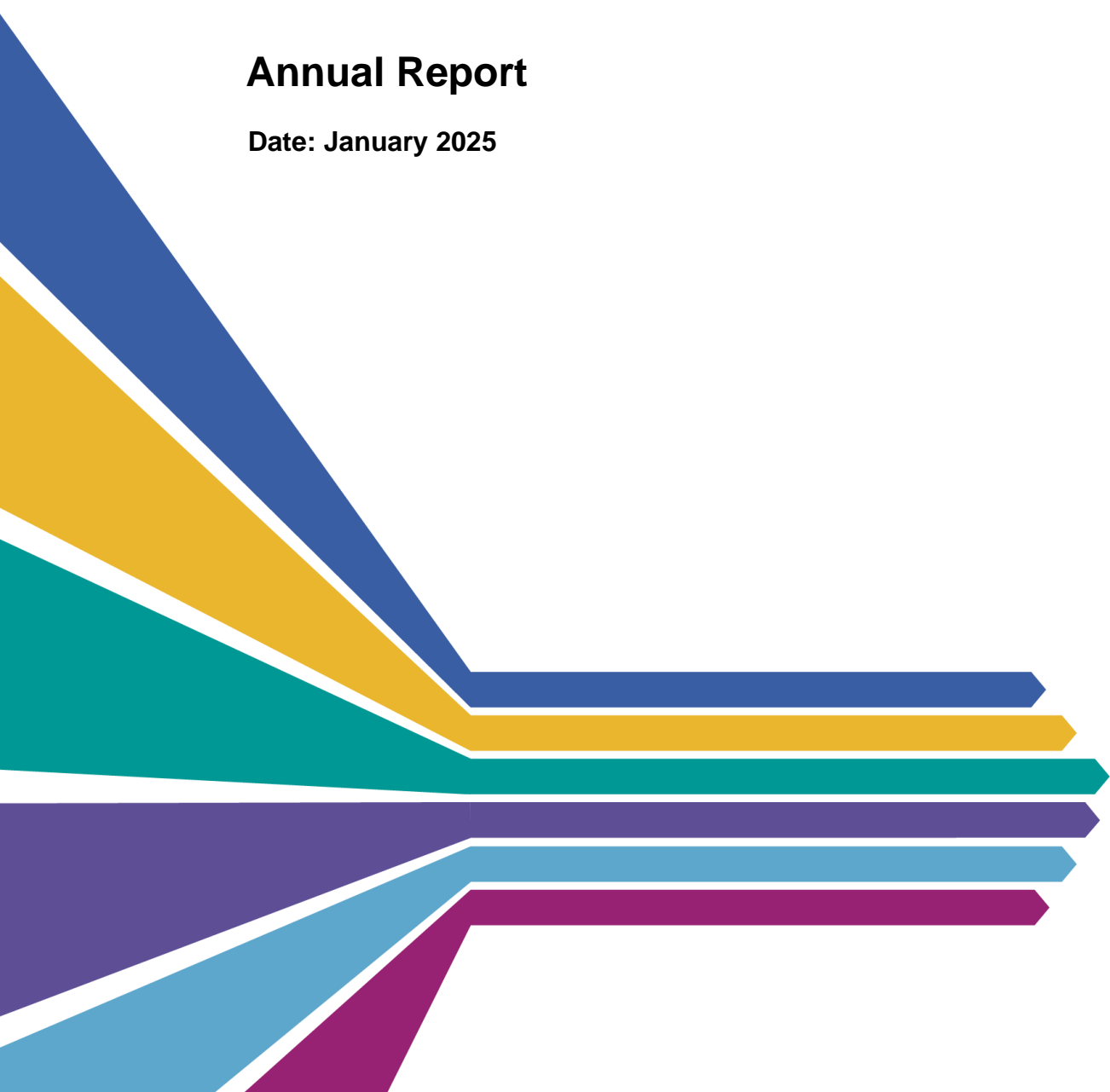


Public Sector Equality Duty

Annual Report

Date: January 2025



Contents

| | |
|---|----|
| Introduction | 4 |
| Anti-racism statement | 5 |
| Part 1: Equality in Bridgewater | |
| Purpose | 6 |
| Why focus on equality, diversity, and inclusion? | 7 |
| About Bridgewater | 8 |
| Local demographics | 10 |
| Workforce data | 14 |
| Recruitment data | 17 |
| Leaver data | 18 |
| Patient feedback | 19 |
| NHS Staff Survey 2023 | 21 |
| Ho do we use data in equality? | 23 |
| Trust strategy | 24 |
| Tackling health inequalities | 28 |
| Staff voice | 29 |
| Community engagement | 30 |
| Progress and achievements in 2024 | 31 |
| Equality accreditations | 37 |
| Part 2: Statutory requirements | |
| Equality and human rights | 40 |
| Equality governance | 43 |
| NHS Equality, Diversity, and Inclusion Improvement Plan | 45 |
| EDS 2024 | 53 |
| Gender Pay Gap 2024 | 55 |
| Workforce Disability Equality Standard 2024 | 56 |
| Workforce Race Equality Standard 2024 | 58 |
| Language interpretation 2024 | 60 |
| Contact details | 62 |

Glossary of acronyms

| | |
|-----------------|---|
| BOOST | Building On Our Strengths Together (Programme) |
| BSL | British Sign Language |
| EDI | Equality, Diversity, and Inclusion |
| EDS | Equality Delivery System |
| GP | General Practice |
| HR | Human Resources |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Agender/Asexual. + denotes other gender and sexual identities |
| NICE | National Institute of Clinical Excellence |
| NHS | National Health Service |
| PDSA | Plan, Do, Study, Act |
| POD | People Operational Delivery |
| WDES | Workforce Disability Equality Standard |
| WRES | Workforce Race Equality Standard |

References

| |
|---|
| NHS Long Term Plan: NHS Long Term Plan » About the NHS Long Term Plan |
| Core20Plus5 Adults: NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities |
| Core20Plus5 children and Young People: NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people |
| NHS Workforce Long Term Plan: NHS England » NHS Long Term Workforce Plan |
| NHS Equality, Diversity, and Inclusion Improvement Plan: NHS England » NHS equality, diversity and inclusion (EDI) improvement plan |

Introduction

Welcome to our Public Sector Equality Duty Annual Report for 2025.

The past year has seen equality, diversity, and inclusion in Bridgewater remain a priority focus of engagement and activity to support the requirements of the NHS Long Term Workforce Plan; NHS Equality, Diversity, and Inclusion (EDI) Improvement Plan; the NHS North West Anti-Racist Framework; NHS Sexual Safety Charter; and Prevention Pledge and Anchor Institute commitments and actions.

During 2024 the Trust has worked hard on the voluntary equality commitments made, and we have been proud to be re-accredited as Cheshire and Merseyside Navajo LGBT+ Charter Mark holders, and to be recognised for our work in relation to the armed forces community through progression to Defence Employer Recognition Scheme silver level and assurance provided in our first one-year review as Veteran Aware accredited.

Dedicated resource and support for improving equality, diversity, and inclusion is a strong commitment of the Trust, as is ensuring that the actions we take are rooted in co-design and the voice of minoritised groups.

We have taken significant steps to further embedding equality activities across the Trust through development of the Health Equity Group, the EDI Working Group, development of new templates and processes for analysis of equality impact, and engagement for the further development of Trust Staff Networks. There is more to do, and 2025 promises to be a busy, exciting and rewarding time as we work in partnership with our workforce, our communities, and our local partners as we continue to grow and deliver actions that embed equity of experience, opportunity, and outcome across our employment and service delivery offers.

This report provides further information on the equality, diversity, and inclusion commitments and work of Bridgewater throughout the past year.

If you have any questions or queries regarding the information in this report, or if you require the information in another language or format, please do not hesitate to contact us using the contact details on page 62.

Thank you.

Paula Woods (Director of People and Organisational Development).
Ruth Besford (Equality & Inclusion Manager).

Anti-racism commitment

Bridgewater is committed to improving race equality for our staff and our communities, and to being actively anti-racist.

We are committed to improving awareness and understanding, from an individual to a Trust level, of the ways in which many of us have benefitted from privilege and systemic racial discrimination throughout our lives.

We will as a Trust demonstrate honestly and transparency; we will admit where we have gaps in knowledge, understanding, data, representation; we will be open and honest about where we believe we can do better; and we will actively facilitate and listen to the voices of our diverse workforce and communities, recognising that Black, Asian and minority ethnic groups are not a collective whole any more than 'White British' is a group with identical views, needs, aspirations and inequalities.

We will work in true partnership with our Staff Networks and with our wider communities to develop and deliver real and sustainable plans that address racism, discrimination, and inequality.

Part 1: Equality in Bridgewater

Purpose

This report provides information that supports the Trust's legal duties to demonstrate due regard to equality, diversity, and inclusion (EDI) in all areas of business; duties that are set out in the Equality Act 2010, Armed Forces Act 2021, and Human Rights Act 1998 and are briefly detailed in Part 2 of this report.

Scene setting is given through an overview of Bridgewater and the services provided across a significant area in the North West of England.

This includes data for workforce, patients, and local communities, and brief details are provided on how we use this data to ensure due regard to advancing equality of opportunities, and the reduction and elimination of inequalities that include discrimination, harassment, and barriers to accessing employment or health care services.

Information on progress and achievements in 2024/25 are provided, and importantly specific information is provided on the prioritisation of EDI in the Trust through governance, strategy, and action planning. While progress is celebrated, we recognise that there is still work to be done, that there are still marginalised groups whose experience differs from comparator groups in both the workforce and in health care services.

Anti-discrimination, and zero acceptance of discrimination, harassment, and bullying of minoritised groups is at the core of the Trust's work, and on page 5 the Trust's anti-racism commitment is detailed. This is a commitment to being 'actively anti-racist', not just being 'not racist' through the governance for policy and process that works to ensure discrimination is not hidden within the day-to-day business of the Trust.

Information is provided on how the Trust is engaging with its workforce, patients, and communities to develop co-created action plans for sustained positive improvements on equality in employment, in services, in community access to health care services, and on community health inequalities.

Accreditations including Disability Confident, Navajo, and Veteran Aware are detailed. These accreditations are important to the Trust as, with the honest critique of stakeholders, they drive us forward to continually make improvements for the equality of those groups.

Finally, part 2 provides overview of relevant mandated standards results, such as language interpretation usage, Workforce Disability and Race Equality Standards 2023,

Why focus on equality, diversity, and inclusion?

As a public sector organisation, the Trust has a legal and moral duty in relation to equality, diversity, and to inclusion. But there are other pragmatic reasons for centring EDI in all areas of activity.

The Trust has an overarching mission to improve health, health equity, wellbeing, and prosperity across local communities by providing person centred care.

This mission aligns to the requirements of the NHS Long Term Plan, Core20Plus5, the NHS Workforce Long Term Plan, and the NHS Equality, Diversity, and Inclusion (EDI) Improvement Plan. Links to these documents are in the references on page 3.

With the well evidenced inequalities experienced by protected characteristic and health inclusion groups, each of these national strategies have as a common thread the need to improve the experiences and outcomes of minoritised groups in our communities and in the NHS workforce.

Bridgewater is committed to providing excellent, inclusive, and accessible services. This is only possible if we take full account of the diversity of our local population and keep at the centre of our planning and delivery the awareness and understanding of health and other inequalities experienced by some in our communities.

Providing care closer to home in community and domiciliary settings is a priority in the NHS, and to meet the increasing demands on our services, and to support our partners in health and care, we need to attract, develop, and retain talent from a wide range of backgrounds and a diversity of experiences and skills.

Through due regard to the equality aims of elimination of discrimination, advancement of opportunity, and fostering of good relations we can create the compassionate and inclusive environments that allow an engaged and empowered workforce to design and deliver the high-quality services that will support the reduction of health inequalities.

About Bridgewater

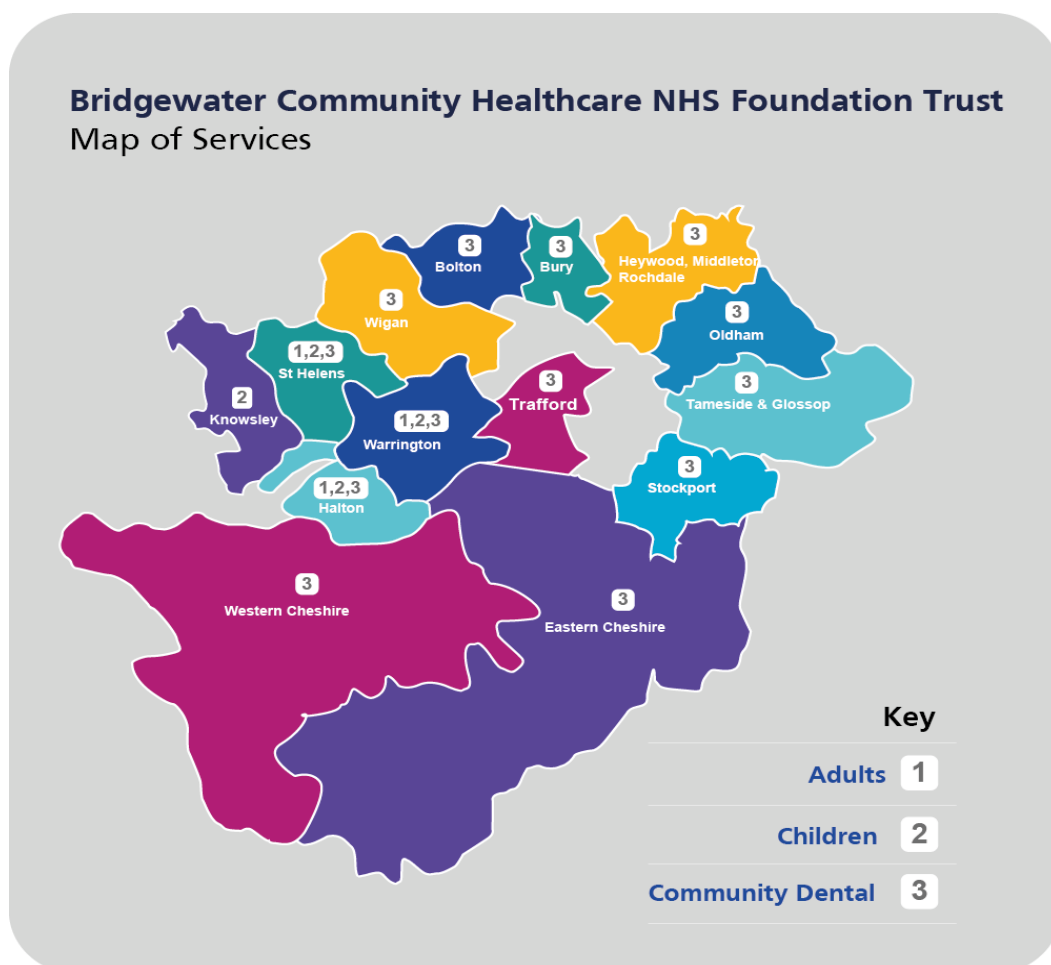
As part of the Cheshire & Merseyside Integrated Care System (ICS), PLACE-based Partnerships, and Provider Collaboratives, the Trust is a key partner in the delivery of joined up approaches to improve health and care outcomes in the region.

Bridgewater provides community services in Halton (Runcorn and Widnes), and Warrington. These services include 0 – 19 services; district nursing and community matrons; therapy services including physiotherapy and speech and language therapy; and specialist services such as palliative care and mental wellbeing.

The Trust also has services who deliver in St Helens and Knowsley, and our Drive Ability North West Service delivers across the North West of England.

The Trust's specialist dental services are provided across a larger area within Cheshire, Merseyside, and Greater Manchester for patients who because of differing needs and vulnerabilities are unable to access high street dental services.

Figure 1: Bridgewater Map of Services

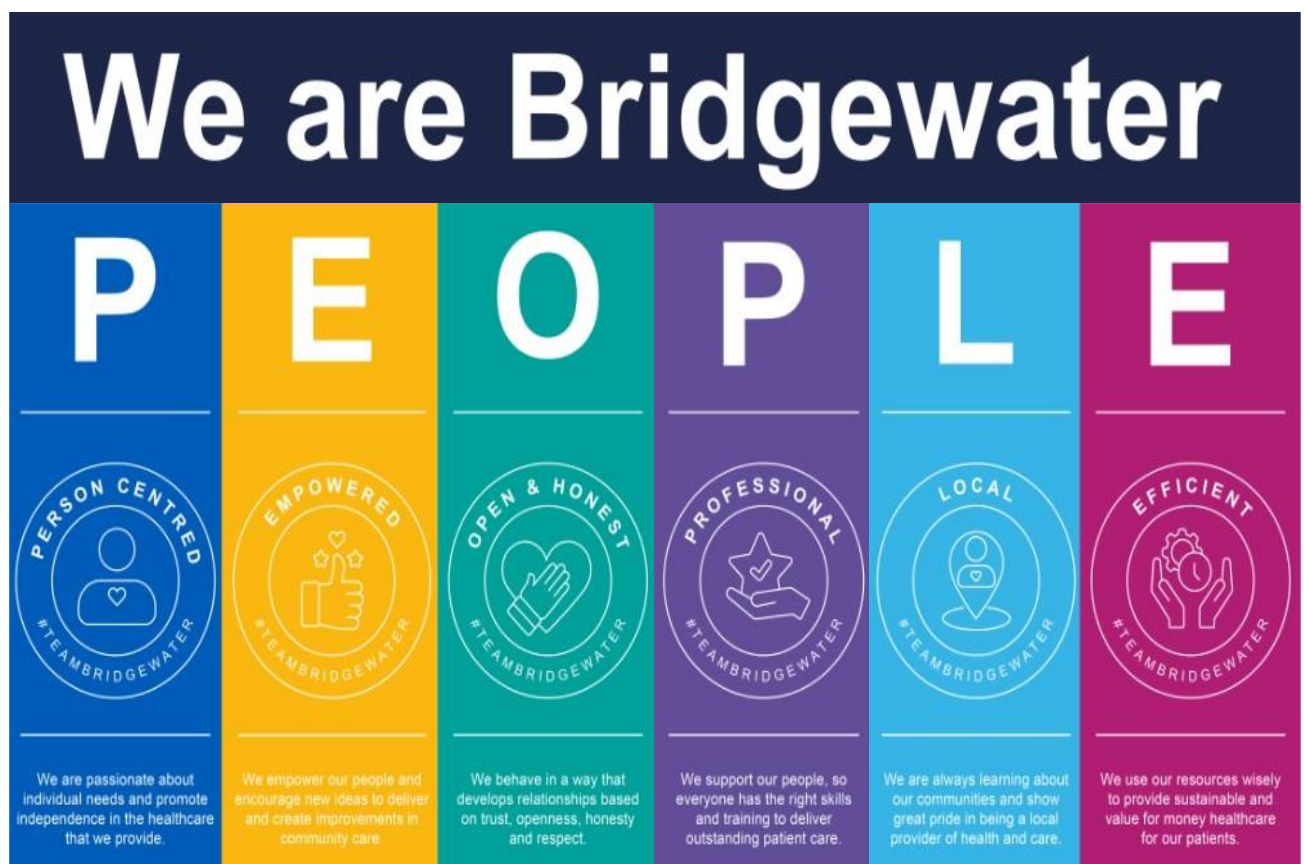


The Trust's mission is to 'improve health, health equity, wellbeing, and prosperity across local communities by providing person centred care in collaboration with our partners'.

This mission is delivered within the framework of PEOPLE values:

- Person centred.
- Empowered.
- Open and honest.
- Professional.
- Local.
- Efficient.

Figure 2: Bridgewater People Values image



Local demographics

Based on 2019 ONS income deprivation mapping:

In Halton 18.5% of the population was defined as income deprived in 2019, and the authority is the 31st most income deprived local authority in England:

- 35 of the 70 neighbourhoods in Halton are in the 20% most deprived in England.
- 12 of the 79 neighbourhoods in Halton are in the 20% least deprived in England

Census 2021 data tells us that:

- The Halton population is 128,478.
- 51% are female, and 49% male.
- 19% of the population were under 16, a further 4.3% under 20, and 19.7% were aged 65 or over.
- 42% were married or in a civil partnership.
- 96.5% were white, and 3.5% from ethnically diverse heritages.
- 3.0% identified with a non-UK national identity solely.
- 58.6% identified as Christian, with 1.6% identifying with other religions.
- 95.2% were UK born, with 1.8% identifying as born outside Europe, the majority in the Middle East or Asia.
- 0.4% of households had no adult residents with English as a first language, and 1.7% of households with no residents with English as a first language.
- 55.1% were employed, with 2.7% unemployed, 22.1% retired, 3.8% students, and 14.5% economically inactive due to disability/ill health, caring responsibilities, or other reasons.
- 2.6% identified with diverse sexual identities.
- 208 residents identified as trans, non-binary or another gender identity.
- 10.7% identified as disabled, a total of 13,770 residents.
- 6.6% of residents provided 20 or more hours of unpaid care for a loved one.
- 5,000 residents identified as an armed forces veteran or service leaver having served in the regulars and/or reservist forces.

The public health profile for Halton shows inequality in:

- Life expectancy at birth.
- Under 75s mortality rate for cardiovascular disease.
- Emergency emissions for self-harm.
- Hip fractures in the over 65s.
- Alcohol concerns.
- Obesity.
- Teenage conception.
- Smoking during pregnancy.
- Breastfeeding rates.

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000002/ati/302/are/E06000006/yr/1/cid/4/tbm/1>

The child health profile for Halton shows inequality in:

- School readiness.
- Children in care.
- Obesity.
- Dental decay.
- Teenage conception.
- Alcohol under 18s.
- Substance misuse in 15 to 24 year olds.
- Smoking during pregnancy.
- Breastfeeding.
- Emergency admissions in under 4s (worst in country).
- Other hospital admissions in children and young people.

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/ati/402/are/E06000006/iid/92196/age/2/sx/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

In Warrington 10.9% of the population was defined as income deprived in 2019, and the local authority was ranked 153rd most deprived in England (out of 316 local authorities):

- 22 of the 127 neighbourhoods in Warrington were ranked in the 20% most deprived in England.
- 40 of the 127 neighbourhoods were ranked in the 20% least deprived in England.

Census 2021 data tells us that:

- The Warrington population is 210,974.
- 50.5% are female, and 49.5% male.
- 18.1% of the population were under 16, a further 4.1% under 20, and 19.0% were aged 65 or over.
- 46.9% were married or in a civil partnership.
- 93.5% were white, and 6.5% from ethnically diverse heritages.
- 5.8% identified with a non-UK national identity solely.
- 56.7% identified as Christian, with 3.4% identifying with other religions, the predominant being Muslim.
- 90.6% were UK born, with 3.8% identifying as born outside Europe, the majority in the Middle East or Asia.
- 0.8% of households had no adult residents with English as a first language, and 3.7% of households with no residents with English as a first language.
- 58.3% were employed, with 2.3% unemployed, 23.1% retired, 3.6% students, and 10.7% economically inactive due to disability/ill health, caring responsibilities, or other reasons.
- 2.5% identified with diverse sexual identities.
- 402 residents identified as trans, non-binary or another gender identity.
- 7.6% identified as disabled, a total of 16,091 residents.
- 3.6% of residents provided 20 or more hours of unpaid care for a loved one.
- 6,875 residents identified as an armed forces veteran or service leaver having served in the regulars and/or reservist forces.

Public health profile for Warrington shows inequality in:

- Life expectancy at birth for some groups.
- Under 75s mortality from cardiovascular disease.
- Emergency admissions for self-harm.
- Hip fractures in the under 65s.
- Alcohol admissions in under 18s.
- Obesity.
- Breastfeeding.
- Violent crime.

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/ati/302/are/E06000007/iid/90366/age/1/sx/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Child health profile for Warrington shows inequality in:

- Homelessness.
- Dental decay.
- Alcohol under 18s.
- Substance misuse in 15 to 24 year olds.
- Breastfeeding.
- Various hospital admissions in children and young people.

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/ati/402/are/E06000007>

In the other boroughs where Bridgewater provides services, mostly community dental services there is a wide range of patterns of deprivation. Some areas such as Cheshire East, and Cheshire West and Chester are among the least deprived areas in England, though there are wards with high deprivation, while areas such as St Helens, Oldham, and other areas in Greater Manchester have communities living in some of the most economically deprived areas in England.

Ethnic diversity is much greater in some areas, as are levels of unpaid care, disability, and other factors intrinsically linked to deprivation.

Workforce data

As at November 2024 there were 1,697 staff in post in the Trust, this excludes an additional 25 staff working only as bank workers.

Figure 3: Showing the percentage of part time and full time staff at November 2024

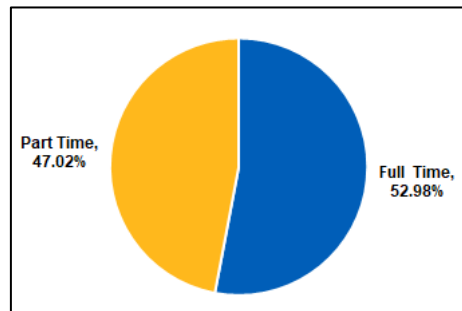


Figure 4: Showing the percentage of staff by staff group at November 2024

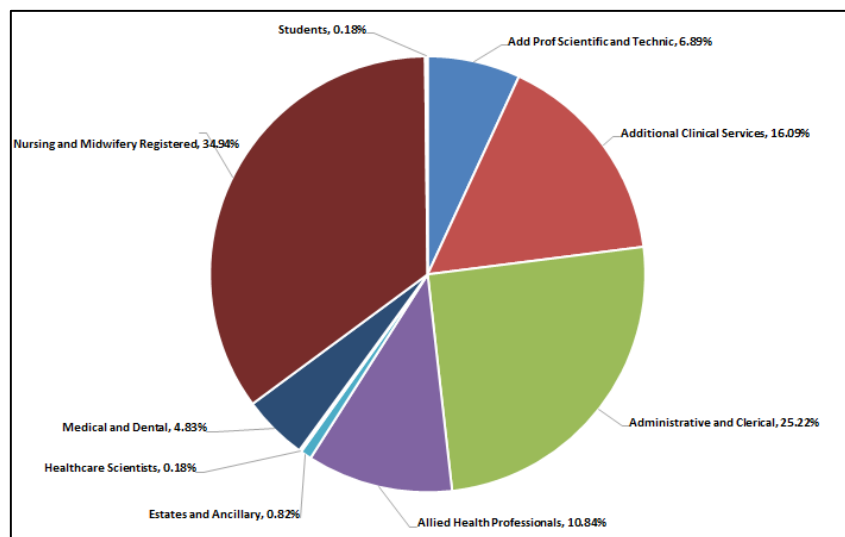


Figure 5: Showing the percentage of staff by pay band at November 2024

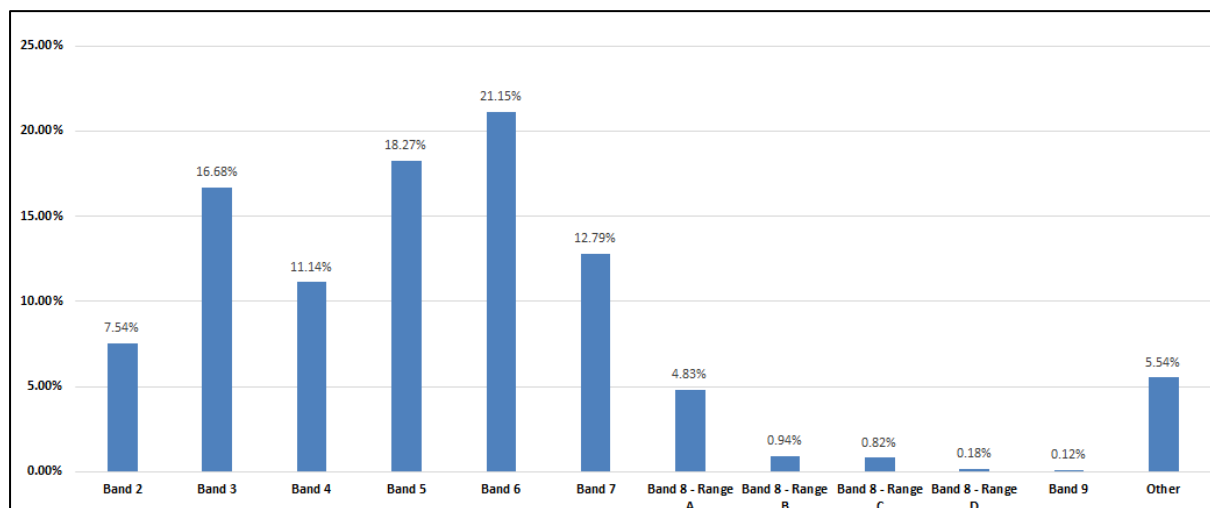
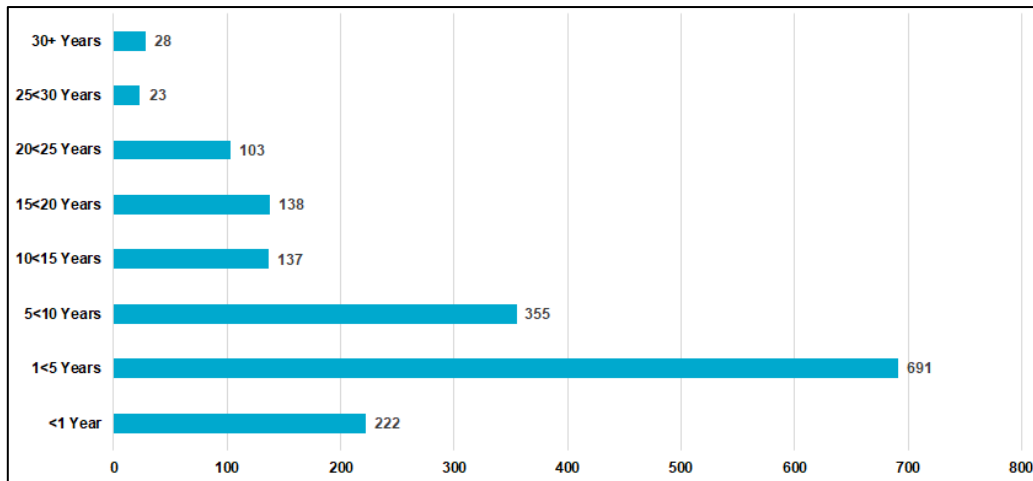


Figure 6: Showing the percentage of staff by length of service at November 2024



In relation to self-reported protected characteristic groups:

Figure 7: Showing the percentage of staff by pay band at November 2024

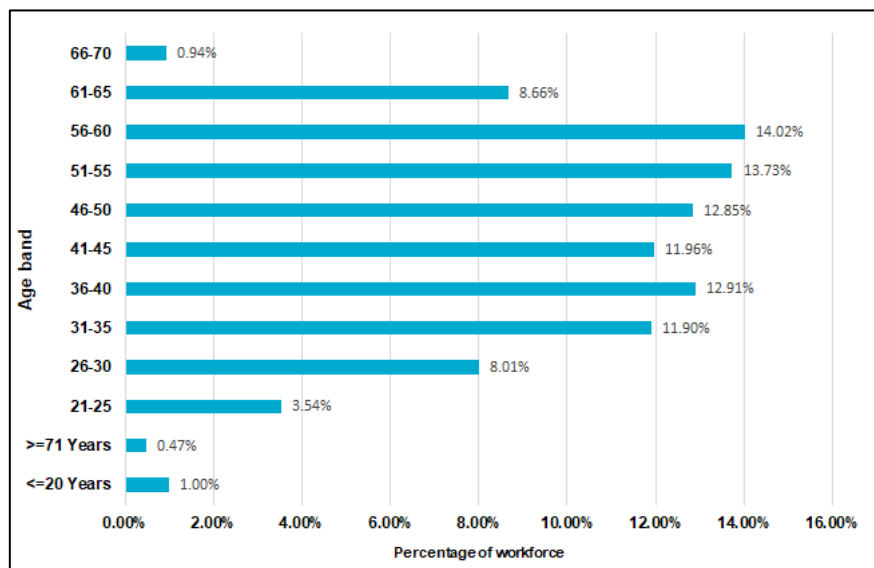


Figure 8: Showing the percentage of staff by gender at November 2024

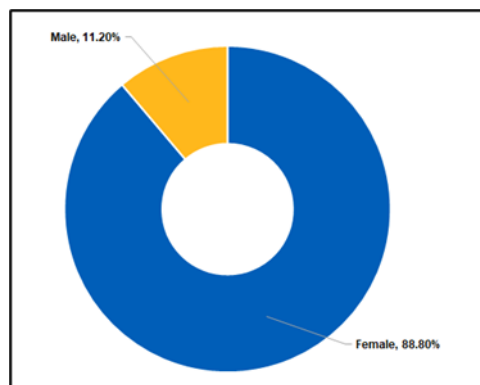


Figure 9: Showing the percentage of staff by ethnicity at November 2024

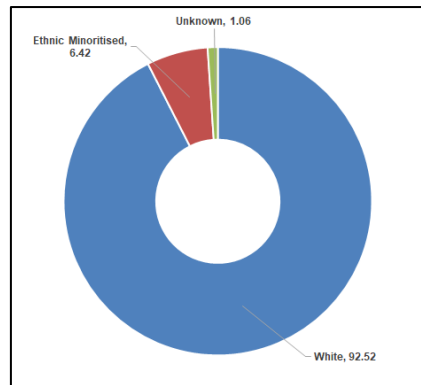


Figure 10: Showing the percentage of staff by religion or belief at November 2024

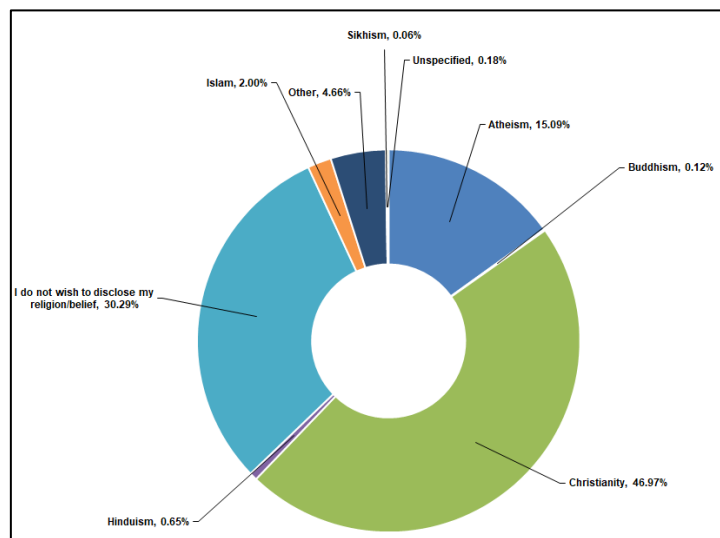
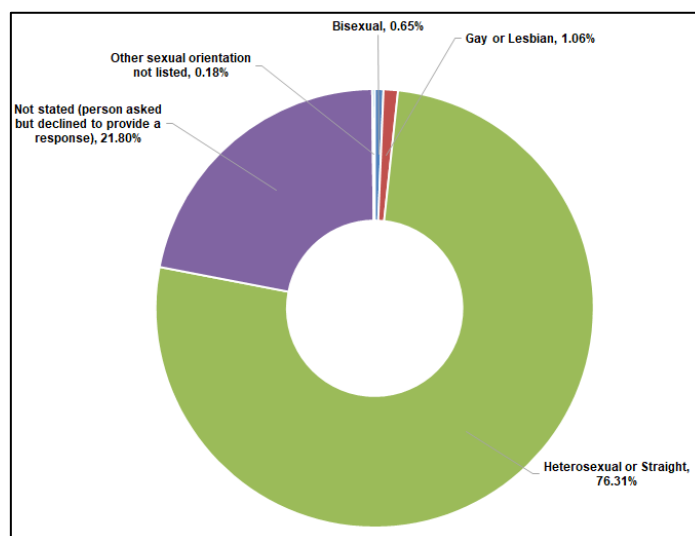


Figure 11: Showing the percentage of staff by sexual orientation at November 2024



Recruitment data

Data taken from the electronic staff record for the 213 new starters in the period January to November 2024:

- 64.32% started in full time roles, and 35.68% in part time roles.
- 18.31% were under 25 years of age, compared to 4.54% in the workforce.
- 18.78% were between 25 and 30, 10% more than in the workforce.
- 5.63% reported that they had a disability, 0.5% higher than the workforce.
- 8.45% identified with as ethnically diverse 2.03% higher than the workforce.
- 89.2% were female, and 10.8% male.
- 2.35% identified as Muslim, 0.35% higher than the current workforce.
- 4.23% identified as bisexual, lesbian, or gay, compared to the workforce total of 1.71%.
- By staff group:
 - 41.31% joined the nursing and midwifery workforce.
 - 23.94% in administrative and clerical roles.
 - 14.55% in additional clinical roles.
 - 9.39% in allied health professionals.
 - 6.47% in medical and dental.
 - 64.32% started in full time roles, and 35.68% in part time roles.

As at November 2024 there were 100 live apprenticeships across the Trust, with a range of clinical and non-clinical roles, and a varied range of apprenticeships levels being undertaken.

By November 24 apprentices had successfully completed their studies during the year.

Leaver data

Data from the electronic staff record for the 156 leavers in the period January to November 2024:

- 109 voluntary resignations, including promotion, relocation, work-life balance, and training. 32 were for 'other' reasons, and in 2024 a lot of work has been done to reduce the number of 'other' entries so that the Trust can more effectively retain valued staff.
- 33 staff retired, some on flexible retirement options.
- Low numbers for other leavers preclude the detailing of data in this report.
- Review by age band shows that leavers were approximately 10% across all age bands, with slightly higher percentages at age band 26 to 30.
- Leavers with reported disabilities reflected the current workforce percentage.
- 8.97% of leavers were ethnically diverse, higher than the workforce figure.
- Leaver gender broadly reflected the workforce percentages.
- Approximately 8% of leavers identified as Muslim or other religions, higher than the overall workforce figures.
- 1.92% of leavers identified as bisexual, gay or lesbian.
- Approximately two thirds of leavers were from administrative and clerical roles, or nursing and midwifery roles.

Patient feedback

The Trust's Patient Experience Team provide leadership and day to day management of patient feedback; this includes the Talk to Us Form returns, questions, compliments, and formal and informal complaints.

All services are required to seek patient feedback through the Talk to Us forms, which are available in a paper format, as a text message, and in a child friendly version, and in development is an Easy Read form in co-production with local learning disabilities groups.

The data is collated monthly and shared within governance structures up to Board, where [patient stories](#) are also regularly shared.

The team works closely with the EDI Lead to ensure any potential equality factors are identified in questions submitted or complaints raised.

Table 1: Showing patient feedback data from 1st January to 30th September 2023

| | |
|--|-------|
| January - March 2024: | |
| Percentage of patients who rated their experience good or very good | 94.1% |
| Compliments received | 3,858 |
| Contacts received – informal concerns, signposting, liaison, and advice/information | 291 |
| Informal concerns | 36 |
| Formal complaints | 15 |
| Joint complaints | 4 |
| MP letters | 6 |
| Complaints referred to the Parliamentary and Health Service Ombudsmen | 0 |
| April – June 2024: | |
| Percentage of patients who rated their experience good or very good | 94.8% |
| Compliments received | 3,554 |
| Contacts received – informal concerns, signposting, liaison, and advice/information | 284 |
| Informal concerns | 39 |
| Formal complaints and joint complaints | 12 |

| | |
|--|--------------|
| MP letters Paediatric speech and language service, Warrington | 2 |
| Complaints referred to the Parliamentary and Health Service Ombudsmen | 0 |
| July - September 2024: | |
| Percentage of patients who rated their experience good or very good | 95.2% |
| Compliments received | 2,584 |
| Contacts received – informal concerns, signposting, liaison, and advice/information | 246 |
| Informal concerns | 35 |
| Formal complaints and joint complaints | 11 |
| MP letters | 1 |
| Complaints referred to the Parliamentary and Health Service Ombudsmen | 0 |

NHS Staff Survey 2023

The annual NHS Staff Survey is one of the largest employee surveys in the world. 62% of Bridgewater staff completed the survey in 2023, making it the best response rate ever for the Trust. This illustrates a positive trajectory for the organisation, given that Bridgewater also saw an improved response rate in 2022 (56% from 50% in 2021). The survey period was open between September and November 2023.

At a Trust-wide level, the survey report showcased an improved picture for the organisation. In 2023, five of the nine People Promise elements / themes showed an increase on the Community Trust average. Two remained static when compared with the Community Trust average.

And two elements showed a decrease in results, this is in contrast with 2022, where there were four. These last two elements were the areas that the Trust has worked closely on as part of its organisation-wide action planning:

- We are recognised and rewarded
- We work flexibly

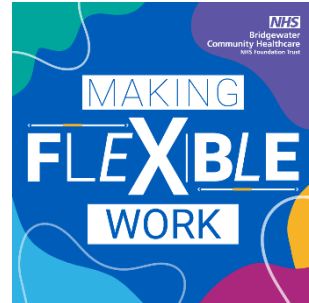
Staff Survey Action Plans were once again created Trust-wide and at directorate level. In addition, monthly Staff Survey Action Plan meetings continued to take place between each directorate, with a focus on addressing the key areas flagging as red on the Staff Survey.

In 2024 Trust wide actions included the development of the Feel Good Friday Bulletin, focusing on good news stories and thank you messages to staff. This has been very positively received with many teams commenting on how much they look forward to reading the monthly bulletin.

The Trust also launched a new Making Flexible Work campaign, focused on improving staff awareness of the range of flexible working options available across the Trust. This has seen a significant increase in the number of applications for flexible working, alongside the large percentage of staff already working flexibly in formal or informal arrangements. As at December 2024 there had be 258 new flexible working requests; at the time of writing a number of requests were still pending, but only 1.6% had been rejected based on the needs of the relevant service.

The 2024 #TeamBridgewater Thank You Awards were refreshed based on feedback in the NHS Staff Survey, with increased awards available at directorate level. Awards included kindness and compassion, partnership and collaboration, research and innovation, and team and individual annual awards.

In the approach to the 2024 NHS Staff Survey period, and continuing beyond this timeframe, the Trust continued to feedback and communicate with colleagues by way of the well-established, “You said... We did... We are doing” approach.



How do we use data in equality?

Workforce and community demographic data is used in the Trust to monitor, evaluate, and review activities to ensure the Trust is not discriminating against individuals or groups, is advancing equality of opportunity, including meeting additional needs and reducing under-representation, and is fostering good relations.

In 2024 the Trust has introduced a new equality and health inequality assessment (EHIA) template, replacing previous equality impact assessment templates. With a summary EHIA template and full EHIA template Trust teams can review data, research, and evidence to evaluate potential impacts on protected characteristic and health inclusion groups. This information is used to mitigate any potential negative impacts and enhance any positives.

The new templates include clear reference to the three aims of the General Equality Duty, to Human Rights, to the NHS North West Anti-Racist Framework, to the Armed Forces Act 2022, and to health inequalities requirements.

As the new templates are embedded, they will provide a robust process to share information with decision makers in service redesign, cost improvement plans, in policy design and review, and in all activities related to integration of community and hospital services in Halton and Warrington.

Data is also used to monitor human resources and other people activities, allowing review of trends and impacts, provision of effective support, and development of action plans to address any disparity or workplace need.

Data in recruitment supports the guaranteed interview commitments for applications with disabilities, military veterans and service leavers, and care leavers.

Data has been used too to develop engagement plans, using local information to reach out to groups that can be marginalised in mainstream communications. And data is used in the development of Trust strategy, identifying objectives and priorities for services and communities, for the workforce, and for EDI.

Trust Strategy



The Communities Matter 2023 – 2026 Strategy has at its heart collaboration and partnerships, including with other NHS and care providers, voluntary sector partners, staff, patients, and the diverse communities in our regions.

Aligned to the place-based priorities identified by the ICS, the Strategy commits to collectively addressing the demands and acuity of need, as well as taking positive steps to address where possible the inequity in the social determinants of health evidenced between the least and most deprived areas we serve.

The Communities Matter Strategy details the six strategic objectives of the Trust:

- **Quality** - We will deliver high quality services in a safe, inclusive environment where our patients, families, carers and staff work together to continually improve how they are delivered.
- **Health equity** - We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at risk.
- **Staff** - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.
- **Resources** - We will ensure that we use our resources in a sustainable and effective way.
- **Equality, diversity, and inclusion** - We will 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.
- **Partnerships** - We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities.

Further information on the Communities Matter Strategy 2023 – 2026, including context and deliverables for the six strategic objectives can be found at <https://bridgewater.nhs.uk/communities-matter/>.

People Strategy

The People Strategy is an enabling strategy for the staff strategic objective set out in the Communities Matter Strategy. It is aligned to the national NHS People Plan and Our NHS People Promise and sets out a vision of a modern employment culture where staff want to work, and where they are equipped with the skills and flexibility to deliver innovative models of care.

Strategic priority 3 in the People Strategy relates to equality and diversity:

- ***Pledge: We will attract and recruit a diverse workforce who aspire to work within an innovative community healthcare integrated organisation and our recruitment will select those who align to our inclusive culture and our future plans for community services (collaboration and integration).***

The People Strategy commits to the following actions for equality and inclusion:

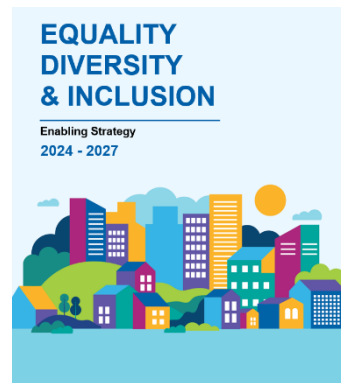
- Review recruitment and promotion practices to ensure staffing reflects the diversity of the communities that we serve.
- Reduce any ethnicity gaps in formal disciplinary and grievances processes.
- Become an 'Employer of Choice' across all staff groups by offering a modern employment culture, harnessing a bespoke approach to local, regional, national, and international labour markets.
- Develop a unique and flexible employment package to attract the best talent.
- Identify our 'difficult to recruit' posts and create bespoke recruitment campaigns to address these.
- Review best practice and ensure our 'offer' is reflective and responsive to the organisation's needs.
- Maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning, utilising Population Centric Workforce Planning approaches.
- Tackle health inequalities within our communities and strive to improve the quality of their lives and access to employment and services.
- Develop our on-boarding approach so that we appeal to staff with protected characteristics because we have adopted an inclusive approach to our recruitment, and we enhance the induction and preceptorship and support to all new staff.

- Complete Quality Impact Assessments (QIA) for any fundamental changes made to our workforce and service delivery, ensuring the quality of care we deliver is not adversely affected.
- Embed equality, inclusion and diversity as fundamental principles in all activities affecting current and future workforce.

Equality, Diversity, and Inclusion Strategy

The EDI Strategy 2024 – 2027 is a further enabling strategy for the Communities Matter Strategy. It details how the Trust will achieve the strategic equality objective to *‘ensure that equality, diversity, and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for staff and patients.’*

Engagement in design and delivery of actions is fundamental to the EDI Strategy, and there is the commitment to ensure that in the design and delivery of every equality action there will be four stages:



- **Research** – developing a robust evidence base to better understand the bias, barriers, and also best practice that impact negatively or positively on equality and inclusion.
- **Collaboration and design** – increase the diversity of voices in planning to support the co-creation of impactful and transformative actions.
- **Implementation and monitoring** – develop ongoing peer review processes to support monitoring of progress and impact, and adjustment where necessary.
- **Evaluation and next steps** – review of final impact through data and engagement, and consideration of next steps, whether closure of an action, refresh of an action, or creation of a new action.

14 equality objectives for workforce are set out in the EDI Action Plan 2024 – 2026, mapped against organisational requirements and commitments. These objectives are:

1. Improve self-reporting of equality data in ESR.
2. Undertake a gap analysis of data against requirements set out in the NHS EDI Improvement Plan.
3. Develop and implement an inclusive communications and engagement plan for staff.
4. Develop and implement an accessible and inclusive spaces plan for staff.
5. Develop a range of EDI training offers, including masterclasses targeted at senior leaders, and bitesize sessions for all staff.

6. Embed EDI requirements in planned refresh of corporate and local induction.
7. Undertake a review and refresh of equality compliance policy, templates and processes through equality analysis.
8. Undertake engagement for the development and maturity of staff networks.
9. Improve staff survey results for bullying, harassment and discrimination through a civility and respect project.
10. Embed further EDI requirements in recruitment.
11. Develop equality in people processes offer.
12. Establish a working group to develop and deliver action plans to enhance neurodiversity and disability awareness, support, and pathways.
13. Develop a coaching offer for staff network members.
14. Review and agree options for future reciprocal mentoring for inclusion programme.

In relation to patients and services there are five equality objectives:

1. Implement the NHS Digital Reasonable Adjustments Flag, using the principles of the NHS Accessible Information Standard.
2. Support improvements in ethnicity coding in services.
3. In partnership with Warrington Deaf Club deliver activities to improve Deaf access to services.
4. Through continued management of the language interpretation contracts develop and deliver action plans to support staff access to these services, and to wider resources to support communication with patients.
5. Develop and publish a transgender/gender variant policy and toolkit for patients.

There are an additional four objectives in relation to equality in 2024 – 2025:

1. Undertake one year review of Veteran Aware accreditation.
2. Submit application to Defence Employer Recognition Scheme Silver award.
3. Undertake re-assessment of Navajo LGBT+ Charter.
4. Undertake re-assessment of Disability Confident Leader.

Tackling health inequalities

As an NHS community provider, the Trust is committed to reducing health inequalities through the adoption of the Prevention Pledge and developing the role of an anchor institution.

The Prevention Pledge consists of a set of commitments whereby the Trust pledges support to achieve action on improving population health with a specific focus on prevention measures, for the benefit of staff, patients, and the wider community.

The strategic core commitments have been considered in line with commitments in the NHS Long-Term Plan, sub-regional prevention priorities, and in particular the Cheshire and Merseyside Population Health Framework. These are key to influencing multi-agency action to address social determinants of health; to ensure that as an employer, a purchaser and a local 'anchor institution' the Trust can help moderate inequalities and ensure that we tackle the relative disparities in access to services, patient experience and healthcare outcomes.

Working alongside the National Healthcare Inequalities Improvement Team and guided by Marmot principles, the Trust has developed approaches to prevention, working with partners 'at place', to address inequalities and deliver local priorities and prevention ambitions set out within the NHS Long Term Plan and in COVID-19 recovery plans.

More information on the Cheshire and Merseyside Prevention Pledge can be found at <https://www.cheshireandmerseyside.nhs.uk/about/sustainability/nhs-prevention-pledge/>

Staff voice

Since 2020 we have been building our Staff Networks to provide a safe space for the voice of diverse groups of staff.

The Staff Networks are as follows:

- Carers Support Network.
- Enabled Network.
- LGBTQIA+ Staff Network.
- Menopause Support Network.
- Paths to Parenthood.
- Race Inclusion Network.

In 2024/25 network maturity activities are taking place in partnership with network members and allies.

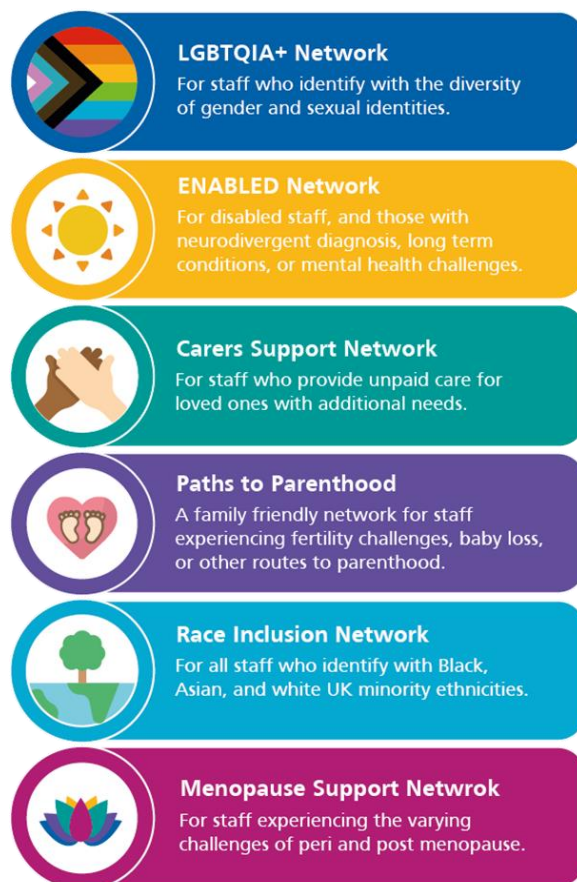
The Trust recognises the importance of staff networks as a voice for lived experience, not just in the workplace but also as members of the communities the Trust serves.

Following engagement with network members activities are taking place to develop a new model of network, with greater voice and influence, while also maintaining the core ethos of a safe space to raise issues, concerns and ideas and seek peer support.

Other opportunities for staff to speak direct to Board include the regular Time to Shine meetings (a chance to highlight learning and good practice, and open to all staff); Time to Talk (a planned series of service/staff visits with Executive and Non-executive Directors); and Leader In Me (quarterly events open to all staff focusing on specific topics each time).

Freedom To Speak Up guardians and champions are embedded in the Trust and regularly engage with equality groups through the staff networks.

An updated MyBridgewater staff page provides information on how, when, and why to speak up, including how to contact the approximately 20 guardians and champions spread across the Trust, a network that continues to recruit and expand so that all staff have access to someone local to speak to as needed.



Community engagement

The Trust has a well-established Patient Experience Team who provide a key source of information and support for all patients accessing Trust services.

As the subject matter experts for patient experience the Team manage the Talk To Us survey of patients; support Trust services undertaking additional patient experience engagement; run the nationally recognised Patient Partners Programme; and are the managers of informal and formal concerns and complaints raised with the Trust.

They also collate the patient stories that are presented to Board. These are important stories that tell both of best practice and where things have gone wrong. These stories delivered direct to Trust leaders allow best practice to be shared, lessons to be learned, and resources or actions identified as needed. Patient stories can be viewed on the Patient Experience Team website at <https://bridgewater.nhs.uk/patient-information/patient-stories/> .

In 2023 the Bridgewater Engagement Group was re-established with an increased focus on engagement with communities, building on existing engagement with patients, and including staff engagement within its membership for the first time. The Group is kindly supported by local Healthwatch representatives from Halton and Warrington, key partners in ensuring the voice of local communities accessing Trust services.

As the Trust moves forward with integration plans with our local partners at Warrington and Halton Teaching Hospitals NHS Foundation Trust community engagement is a cornerstone of activity, with a working group leading on public and community engagement, and where required consultation. This is supported by the Trust equality lead to ensure marginalised groups are identified and enabled to be involved and heard.

Progress and achievements in 2024

In 2024 equality focused and related work has led to significant progress and achievements for the Trust that support due regard to the General Equality Duty. This has included:

- Re-accreditation as a Navajo LGBT+ Charter Mark holder in recognition of Trust work to embed LGTBQIA+ equity and inclusion and compassionate cultures in the workforce and services.
- Successful one year review of the Veteran Aware accreditation.
- Progression to the silver award of the Defence Employer Recognition Scheme.
- Continued delivery of statutory and mandatory reporting:
 - Annual equality report for Public Sector Equality Duty.
 - Gender Pay Gap.
 - Workforce Disability Equality Standard.
 - Workforce Race Equality Standard.
 - Equality Delivery System.
- In relation to statutory and mandatory reporting the Trust has seen improvements in:
 - The mean gender pay gap for ordinary pay, down to 12.88%. And a reduction in the median gender pay gap from 2023, down to 2.29%.
 - The 2024 Equality Delivery System result, moving to achieving from developing in 2023.
 - Publication of the first ethnicity pay gap data in the 2024 Workforce race Equality Standard report.
 - The number of staff with self-reported disability (up 0.8% from 2023) and the reduction in the number of unknown records for staff with disabilities, at 15.3% in 2024 this is a significant improvement from 2019 data of 32.7% unknown records
 - Representation of disabled staff in both non-clinical and clinical roles.
 - The percentage of disabled staff experiencing bullying, harassment or abuse from patients or colleagues.
 - Continued increase in the percentage of racially minoritised staff in the workforce, up to 6.3% in 2024. A significant increase since reporting began in 2015 when only 2.5% of staff identified as racially minoritised, and significantly this improvement is also aligned to a substantial

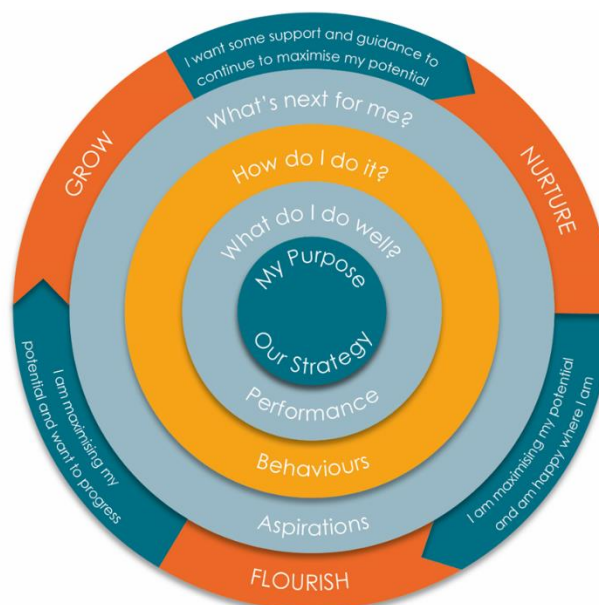
reduction of the overall size of the workforce since 2015 as a result of changes across the NHS related to the development of place and integrated systems.

- The reporting of data related to racially minoritised staff accessing non-mandatory training and development, allowing the Trust to accurately see an improvement in representation in these career development opportunities.
 - The percentage of racially minoritised staff experiencing bullying, harassment, abuse or discrimination from patients or colleagues.
- Publication of the new EDI Strategy 2024 – 2027.
- 64 completed equality analysis for Trust policies.
- Continued monitoring of equality impact and risk through the Quality Impact Assessment Panel for service changes, cost improvement plans, and service business continuity plans.
- Refresh and launch of new Equality and Health Inequality Assessment summary and full templates, and commencement of implementation of an action plan for strengthen the due regard duties in the Trust, particularly in relation to integration work in partnership with our local hospital provider.
- Publication of three new policies and toolkits for:
 - Reservists and the armed forces community.
 - Gender diversity and transition in the workplace.
 - Staff carers support.
- Board approval for two new additional leave offers for staff:
 - Paid carers leave of five additional days, pro rata, for all staff providing unpaid care to loved ones.
 - Ten additional paid leave days for reservists and cadet force adult volunteers to attend annual camp.
- Establishment of new working group focused on equity and inclusion for neurodivergent and disabled staff. Including development of a training session for staff, an awareness communications campaign, and development of reasonable adjustments resources for staff.
- Leader In Me event in July 2024 focused on compassion and kindness, attended by almost 200 members of staff.
- Coaching paperwork has been reviewed in 2025 and a level 5 qualification started on 31st May with an internal cohort which will boost the coaching availability in the organisation. The launch of a new coaching network took place in July with the second session on the 2nd October with facilitation from

the NHS Leadership Academy. The network will fully relaunch in 2025 with a group of newly qualified coaches. The coaching offer continues to be open to all with further support from coaching provision from the Leadership Academy.

- Senior Leadership Development - Today's Talent launched on the 23rd July 2024 with an overview of the programme. Mentors are to be agreed and we are utilising the NHS Leadership Academy for coaching sessions. 360° licenses have been issued to all eight participants with dates for four essentials of leadership training to be agreed. There is a potential to utilise AQUA to support the development of Senior Leaders in the Trust further.
- The management development programme continues with a current cohort of 37, with expression of interests being collected for a new January 2025 intake. The programme is open to all managers and aspiring managers and is advertised via the Trusts usual communication channels.
- The Trust was an earlier adopter of the new Scope for Growth conversations in the NHS. An opportunity for all staff to take a lead in their own development through reflective and aspirational conversations with their managers. The intent of the programme is one of equity, an opportunity for all staff to have regular conversations about development that not just supports their services and the Trust to achieve their objectives, but for the staff member to also consider and agree their development goals to meet their own potential and ambitions.
- Talent conversations are also embedded in the Trust, using the nurture, flourish, and grow framework to support staff to enable them to understand their strengths and identify the right development pathways for their personal goals.

Figure 12: Showing the 'delve' tool for talent management conversations.



- Succession planning is also used throughout the Trust to ensure the development of future leaders that would meet business critical roles to ensure the Trust can continue to deliver services and the strategic objectives that underpin all Trust activities. Through Scope for Growth and Talent Management, succession planning can support improved representation and diversity in new and aspiring leadership.
- In relation to our active apprenticeship programmes:
 - As at November 2024 there are 100 live apprentices in the Trust.
 - There have been 24 apprentices completed their apprenticeship so far this year.
 - The new Apprenticeship policy and toolkit is helping ensure that all internal apprenticeship opportunities are offered equitably to staff.
 - There is focused work on supporting care experienced young people from our local communities to access experience and employment (inc. apprenticeships). The Careers Team attend Warrington Living Well Hub once per month on a Thursday afternoon when the Hub is open exclusively to care experienced young people and provide information, advice and guidance about NHS careers etc.
 - There is ongoing outreach work at all local schools, further education colleges and local DWP Job Centre Plus, where we can support those struggling to access employment or looking for insight to make career decisions.
 - Access and learning support is in place for apprentices as required in partnership with colleges/universities with adjustments mirrored as required in the workplace.
- The Trust became an Anchor Institution in July 2024. The purpose of this is to provide a framework for the Trust to publicly demonstrate commitments to social value and delivering value within Cheshire and Merseyside. The framework aligns with the Marmot Programme [All Together Fairer](#) and is intended to be a process to pull together examples of delivering social value across Cheshire and Merseyside.
- The Trust was awarded full Prevention Pledge accreditation in October this year. Over the two years of progress toward accreditation the Trust has explored how we maximise our impact on local health and wellbeing in how we deploy our significant assets and 'purchasing power', such as providing more employment opportunities for local people or buying from local suppliers, and the progress within the [Trust's Green Plan](#).
- Making Every Contact Count is fundamental to the Trust's work on both Anchor Institute and the Prevention Pledge, and embeds the reduction of health inequalities related to public health across all services. Training for all

clinical staff was rolled out in April 2024 and to date has a compliance rate of 93.64%.

- In relation to Freedom To Speak Up (FTSU):
 - The National Guardian's Office (NGO) has created an improvement tool to identify strengths in FTSU Guardians, Trust leadership teams, and organisational culture and systems. This tool generates an action plan to address any identified gaps. Utilising the tool a total of 26 actions were identified for a 24-month period, guiding the FTSU Guardian's priorities for the next two years. Progress on the self-assessment action plan is ongoing, with 50% of the actions now completed.
 - One action was a proposal to the Board to consider whether FTSU e-learning should be mandatory for all staff, or whether this learning should be completed by key personnel, or whether this remains non-mandatory. The Board made the decision on the 1st August 2024 that this learning should become mandatory for all staff. At the September Education Governance meeting it was agreed that the learning would go live in October 2024. Staff have three months to complete the training, and there has already been a 43.39% compliance uptake.
 - To support the FTSU Guardians there are FTSU Champions who are available to assist and signpost staff. FTSU Champions also act as role models and points of contact for staff, helping to create an environment where everyone feels safe and supported to voice their concern. The goal for the coming year was to recruit 50 Champions from various areas and job roles and network groups. So far, 18 Champions have been recruited, with one more pending.
 - Every October is Freedom to Speak Up Month, the theme for October 2024 was **Listen Up**. This month-long event aims to raise awareness about the importance of listening in fostering a culture where everyone feels confident to speak up. The focus is on the power of listening and its crucial role in encouraging people to voice their concerns, knowing they will be heard, and appropriate actions will be taken. Throughout the month, information about FTSU went in the bulletin and the Guardian held 'drop in' sessions. Leaders at all levels were encouraged to demonstrate their commitment to listening and to foster a culture of speaking up, listening up, and following up by writing a pledge which was shared with staff and on social media. Staff were also invited to take part in "Wear Green Wednesdays" by wearing green and sharing their photos which were also shared.
- Trust involvement in the annual Warrington Disability Awareness Day.

- Continued partnership work in relation to the reduction of health inequalities, including:
 - Warrington Together Health and Wellbeing Group.
 - Warrington Living Well Hub.
 - Halton Health Hub.
- Continued engagement with communities and representative organisation, including the Deaf community in Warrington who supported the 2024 PLACE assessment of the Urgent Treatment Centre in Widnes.

Choose Kindness



The NHS Long Term Plan and NHS People Promise show a strong commitment to the health and wellbeing of NHS staff.

Violence and abuse towards NHS workers are significant factors that can deeply affect their health and wellbeing. To address this, the NHS developed the Violence Prevention and Reduction Standard, a framework to improve staff safety by preventing violence and aggression.

As part of this effort, we launched the Choose Kindness campaign this year, a heartfelt campaign aimed at fostering a culture of compassion, positivity, civility, and respect within our organisation and beyond.

The external side of this campaign has been a big success, gaining support from NHS Cheshire and Merseyside as well as other local providers.

Due to its positive impact, we now want to build on its achievement by widening the Choose Kindness messaging internally to colleagues. This will be achieved by grouping initiatives that relate to the Choose Kindness campaign into a collective. Covering various projects, this is aimed at promoting kindness throughout the Trust. Work is ongoing to ensure that Choose Kindness, and the Kindness Collaborative are aligned to all equality work taking place across the Trust.

Together, We Are Kind

Equality accreditations

Disability Confident

The Trust is proud to be accredited as a Disability Confident Leader for the work undertaken to support people with disabilities in employment.

With re-accreditation scheduled for February 2025 the Trust has been working to deliver activities focused on support for disabled people in recruitment, for students on placement in the Trust, and a big focus on neurodivergence awareness and support, and reasonable adjustments provision.

The Trust's Enabled Network supports activities related to Disability Confident, and delivery and governance is through the EDI Working Group.

Figure 13: Disability Confident Leader Logo

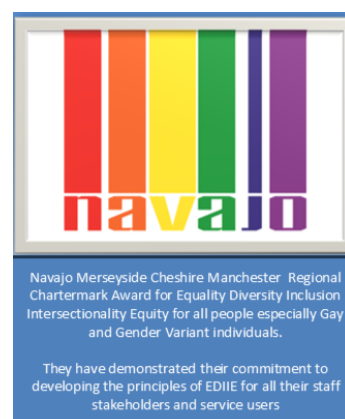


Navajo Charter Mark

In October 2024 we were honoured to be re-awarded the Navajo LGBTQ+ Charter Mark, recognising our commitments to inclusive and equitable places for the diversity of LGBTQIA+ staff, patients, and communities.

Our work on LGBTQIA+ inclusion is co-created with our LGBTQIA+ staff network, with activities delivered by network members and governance through the Trust structure from the EDI Working Group.

Figure 14: Navajo Charter Mark logo



In 2025 – 2026 the Trust will be focusing on continued staff engagement and developing the LGBTQIA+ staff network further, and on support for LGBTQIA+ communities in services, particularly support for gender variant patients in services.

Armed Forces Friendly

The Armed Forces Act 2021 placed a new due regard duty on organisations in relation to the armed forces community, due regard to the commitments of the Armed Forces Covenant.

Bridgewater has for several years been a signatory of local covenants across our boroughs, Royal Assent of the new Act felt the time was right for the Trust to review and make its own commitments to this community. The Armed Forces Covenant was signed by Board in 2022 and set out the following additional commitments:

- **Promoting the Armed Forces:** promoting the fact that we are an armed forces-friendly organisation, to our staff, customers, suppliers, contractors and wider public.
- **Accessible health and dental services:** ensuring our services are accessible and inclusive for the armed forces community, and that there is no disadvantage suffered in accessing our services for members of the community.
- **Veterans:** supporting the employment of veterans, recognising military skills and qualifications in our recruitment and selection process; and working with the Career Transition Partnership to support the employment of service leavers.
- **Service families:** supporting the employment of service family members and providing flexibility in granting leave for service family members before, during and after deployment.
- **Reserves:** supporting our employees who are members of the Reserve Forces; granting additional leave for annual Reserve Forces training; supporting any mobilisations and deployment; and actively encouraging members of staff to become Reservists.
- **Cadet Organisations:** supporting our employees who are volunteer leaders in military cadet organisations, granting additional leave to attend annual training camps and courses; actively encouraging members of staff to become volunteer leaders in cadet organisations; and recognising the benefits of employing cadets/ex-cadets within the workforce.
- **National Events:** supporting Armed Forces Day, Reserves Day, the Poppy Appeal Day, and Remembrance activities.

With the support of our regional Veteran Aware lead, and Regional Employer Engagement Director in 2024 we have been delighted to pass our Veteran Aware one-year review, and progress to Defence Employer Recognition silver award.

There is plenty more to do through 2025 – 2026, including engagement with armed forces community members in the workforce, engagement with local units including the cadets, and a focus on armed forces community members accessing services, including staff awareness, policy review, and website information.

Figure 15: Veteran Aware logo



The Trust is part of local and regional networks for the armed forces and is looking to develop further in these partnerships in the next year, along with looking at potential partnerships with our local hospital Trust as part of integration work.

Figure 16: Defence Employers Recognition Scheme bronze award



Part 2 – Statutory requirements

Equality and human rights

The Equality Act came into force in England in 2010. The Act brought together 116 separate pieces of equality legislation into one simplified and streamlined act that brought protection from discrimination for nine protected characteristic groups:

- Age.
- Disability. This includes:
 - Physical, mental, sensory, learning, and hidden disabilities.
 - Neurodivergent differences.
 - Some people with long term conditions, where their impact is significant on day-to-day living.
- Gender Reassignment (Transgender).
- Marriage & Civil Partnership (including same sex marriage).
- Pregnancy and Maternity.
- Race (Ethnicity).
- Religion or Belief (including no belief).
- Sex (we recognise and value the diversity of gender identity and expression beyond the male/female binary).
- Sexual Orientation (we recognise and value all sexual orientations and identities, recognising that this is a wide and not static spectrum of individuality).

Bridgewater also recognises other often disadvantaged and vulnerable groups. These include:

- Carers.
- Military veterans and the armed forces community.
- Asylum seekers and refugees.
- Other complex needs that include drug or alcohol addition/dependency, sex workers, and homelessness and vulnerably housed.
- People living in areas of high social deprivation.

For organisations providing public services the Equality Act introduced a Public Sector Equality Duty (Section 149 of the Act). The Public Sector Equality Duty has two duties:

- The General Equality Duty.
- The Specific Duties. There are three parts to the Specific Duties:
 - To publish at least annually evidence of compliance with the General Equality Duty
 - To publish at least every four years measurable and achievable equality objectives
 - To publish annually by 30th March data and action plan for gender pay gap.

This report is our 2024 compliance with the first of these Specific Duties. Our annual equality objectives, the second of the two Specific Duties, are on our website at <https://bridgewater.nhs.uk/aboutus/equalitydiversity/> .

The Trust's gender pay gap reports can be found at <https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/> and a summary on page 55.

The General Equality Duty

The General Equality Duty requires public sector organisations to have due regard to three aims in all they do:

- To eliminate discrimination, harassment, victimisation, and other conduct prohibited by the Act.
- To advance equality of opportunity between people who share a protected characteristic and people who do not, the Act states that this includes:
 - Removing or minimising disadvantages suffered by people due to their protected characteristics.
 - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
 - Encouraging people from protected groups to participate in public life or in other activities where the participation is disproportionately low.
- To foster good relations between people who share a protected characteristic and people who do not, which includes promoting understanding of and between different groups and tackling prejudice, racism, homophobia, transphobia, religious hatred and disability harassment and hatred.

Due regard means thinking about these three aims in all Trust business. This consideration should be robust, timely, conscious, and carried out with an open mind as to the outcomes.

Human rights

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to.

The Act sets out a series of articles, the basic rights based on the values of FREDAs:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

There are three fundamental types of rights:

- **Absolute rights** can never be limited or restricted in any way. The right to freedom from torture and inhuman or degrading treatment is an example.
- **Limited rights** can be breached in certain circumstances, but breaches must be measured and proportionate. A good example in health care is the right to liberty and security, where a person may be detained under the Mental Health Act to protect their safety and that of others if there is a cause for concern.
- **Qualified rights** form the majority of human rights and provide the freedoms for example of thought and expression, and religion and belief. A public authority can breach these rights to protect the rights of others, but any steps taken must be proportionate and no more than necessary.

As a public authority the Trust has a legal obligation to ensure the human rights of its workforce, patients and communities are protected within the discharge of its business.

The Trust has policy, procedure, and governance in place to monitor equality and human rights impacts to ensure legal duties are met.

Equality governance

Day to day responsibility sits with the Equality & Inclusion Manager, with executive responsibility in the portfolio of the Director of People & Organisational Development.

Governance is in place that provides challenge around the equality work of the Trust and provides assurance to Board. This is as follows:

- Working Groups, including a newly established EDI Working Group, and Recruitment and Retention Working Group, all report into the People Operational Delivery Council. EDI representation is included on all groups and/or consultation takes place in delivery of new projects such as current staff competencies development.
- The People Operational Delivery (POD) Council; reporting to the People Committee the Council provides the operational management for delivery of all work related to staffing and the delivery of the Trust's People Strategy. EDI representation is a core Council member and a standing agenda item.
- People Committee. Provides assurance to Board and has delegated authority for approval from Board for decisions related to staffing. There is EDI representation on the Committee, and mandated equality reports are escalated to Board via a Chair's report from the People Committee.
- Joint Negotiating and Consultation Committee (JNCC); provides a partnership forum for workforce matters with both Management and Staff-side colleagues. An EDI update is a regular agenda item and there is EDI representation on the Committee.
- HR Policy Group: the Trust's EDI Lead is a core member of the group. All policies must undergo an equality impact assessment and are reviewed by the EDI Lead as part of policy consultation before submitting to the Group.
- Corporate and Clinical Policy Group; EqlA is a mandated element of policy development and review, and the Trust's EDI Lead is part of the standard consultation for all policies going through this Group.
- Quality Impact Assessment Panels; include equality impact risk assessments of all service changes, cost improvement plans (developed by CIP Council), and borough operational delivery plans where service pathways etc are to be redesigned.
- The Trust Board has EDI on its business reporting cycle, and through sponsorship of Staff Networks the Board are kept informed of diverse staff voice.

- Bridgewater Engagement Group. Recently re-established, the Group includes EDI representation and is providing Trust leadership on patient and community engagement, but also includes a review of staff engagement.

The Trust also reports to Halton and Warrington commissioners through quarterly assurance meetings – equality has a distinct section within the NHS Standard Contract on which compliance and progress must be reported on quarterly.

The Trust is accountable to Government Equalities Office and NHS England for progress on equality specifically in relation to:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap
- Equality Delivery System

NHS EDI Improvement Plan

The NHS EDI Improvement Plan was published in June 2023 and mandates deliverables under six high impact action areas. These are detailed below, with Trust evidence provided against each area.

Table 2: Showing the activity against the six high impact action areas of the NHS EDI Improvement Plan in 2024

| High impact action area | Trust progress |
|---|--|
| 1. Chief Executives, Chairs, and Board Members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. | <p>Communities Matter Strategy publication in 2023:</p> <ul style="list-style-type: none"> • Six strategic equality objectives, three with particular relevance - staff, health equity and EDI. • Annual appraisal process embedded and aligned to strategic equality objectives in Communities Matter Strategy. <p>People Strategy and EDI Strategy also refreshed as enablers for Communities Matter Strategy.</p> <p>Board commitments to:</p> <ul style="list-style-type: none"> • NW Anti-Racist Framework. • Disability Confident. • Navajo LGBT+ Charter Mark. • Armed Forces Covenant. • Veteran Aware. • Defence Employer Recognition Scheme. • Care Leavers Covenant. • Sexual Safety in Healthcare Charter. <p>Established governance for EDI work to Board.</p> <p>Ongoing review and updates to governance cycle to capture all necessary oversight, including FTSU</p> |

| | |
|---|---|
| | <p>and employee relations cases, including analysis by protected characteristic.</p> <p>Reciprocal Mentoring for Inclusion pilot ran in 2023/24, facilitated by Liverpool John Moores University, with involvement by executives and senior leaders.</p> <p>Board oversight of ad hoc EDI issues such as Michelle Cox case findings.</p> <p>Board and Trust development days, including December 2023 Leader in Me focused on staff voice.</p> <p>Staff network sponsorship and engagement by executives.</p> <p>Trust implementation of Just Culture since 2021.</p> <p>Trust early adopter of Scope for Growth, and Wellbeing Policy.</p> <p>Patient and community engagement (PACE) group established with direct link to executive management team.</p> <p>Updated BAF includes three strategic objectives referenced earlier.</p> <p>Trust signed up to NHS Anchor Institute, and NHS Prevention Pledge.</p> <p>Implementation of the new Leadership Competency Framework for Board members in planning.</p> |
| <p>2. To embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</p> | <p>Non-executive shadowing scheme - x 2 participants to date representative of racially minoritised identities.</p> <p>Universal leadership programme for all staff refreshed in 2023/24.</p> <p>Development of a Leadership Prospectus and Passport for all staff.</p> |

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| | <p>PPDR policy and processes refreshed in quarter 4 2023/24.</p> <p>Scope for Growth launched in 2024.</p> <p>Coaching conversations available for all staff.</p> <p>Talent conversations refreshed in 2024.</p> <p>Succession planning tool.</p> <p>Senior leadership development in progress in 2024.</p> <p>Recruitment pack developed for better attraction of diverse workforce, linked to the People Promises - i.e. 'We work flexibly' and 'We Are Compassionate and Inclusive'.</p> <p>Diversity in recruitment of a younger workforce - supporting new entrants into the NHS with values-based recruitment practices.</p> <p>'How to apply' packs and improved recruitment documentation.</p> <p>Supporting of care leavers through the Care Leavers Covenant, including guaranteed interview scheme.</p> <p>Guaranteed interview for disabled applicants who meet the essential role criteria.</p> <p>Guaranteed interview for armed forces community who meet the essential role criteria.</p> <p>Trust vacancies shared through armed forces recruitment websites.</p> <p>Working with our local DWP - workshops with the unemployed to take positive action in supporting with application and interviewing skills.</p> |
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| | <p>Awareness raising with recruitment team to enable better support and signposting for applicants who may need additional support i.e. neurodiverse, language barriers, or religious need.</p> |
| <p>3. To develop and implement an improvement plan to eliminate pay gaps.</p> | <p>Mend the gap analysis undertaken – less than 20 relevant staff in the Trust for analysis.</p> <p>Ethnicity pay gap published in 2024 WRES report for the first time.</p> <p>Ongoing promotion of self-reporting of equality data in electronic staff record.</p> <p>Making Flexible Work campaign launched spring 2024 to highlight flexible working options available for all staff.</p> <p>Staff networks and policy and practice to support unpaid carers, disabled staff, menopausal staff, and ethnically diverse staff. All with executive sponsorship, and reporting through governance to Board.</p> <p>Staff networks engagement event held November 2024 to start co-design of networks for the future.</p> |
| <p>4. To develop and implement an improvement plan to address health inequalities within the workforce,</p> | <p>Staff health and wellbeing embedded in Trust strategy, with governance through the Trust structure to Board.</p> <p>Early Adopter of the Northwest Wellbeing Policy - focus on holistic wellbeing support based on overall health i.e. long-term conditions and reasonable adjustments.</p> <p>New Wellbeing at Work Action Plan launched aligned to Health and Wellbeing Conversations, supports adjustments for all staff, including</p> |

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| | <p>reasonable adjustments for disabled staff, and adjustments for carers.</p> <p>Health and wellbeing framework self-assessment undertaken and ongoing.</p> <p>Menopause support, including staff network, policy, café events, and signposting resources.</p> <p>Rugby League Cares offer to teams and individuals.</p> <p>Launch of Feelgood Friday newsletter in April 2024.</p> <p>Trust commitment to Care Leavers Covenant, and to NHS Sexual Safety in the Healthcare Charter.</p> <p>Focus on stress risk assessment due to highest reason for absence. Mersey Internal Audit review of stress risk assessment; limited assurance in first review led to delivery of action plans to address gaps and areas of concern.</p> |
| <p>5. To implement a comprehensive induction, onboarding, and development plan for internationally recruited staff.</p> | <p>Induction review task and finish group established in 2024, includes EDI lead in membership, and international staff support as part of overall review.</p> <p>Engagement with Race Inclusion Network has identified areas of difficulty for international staff, and the support that would be useful to them. As a result, a new welcome guide produced for international staff is being embedded in recruitment and induction.</p> <p>In the process of applying for sponsorship certificate for medical and AHP as per our hard to recruit roles.</p> |

6. To create an environment that eliminates the conditions in which bullying, discrimination, harassment, and physical violence at work occur.

Choose Kindness campaign launch at staff awards and annual general meeting in September 2024.

Development of a Trust behavioural framework, linked to People Promise, Our Leadership Way and Trust Values. Usable framework to support the management of behaviours.

Violence Prevention and Reduction Standard workstream. To be measured through NHS Staff Survey, reporting, and through engagement with the staff networks.

Trust implementation of Just Culture programme, including informal fact finding, and embedding of health and wellbeing support in all employee relations incidents.

Introduction of Patient Safety Incident Response Framework - triangulation and review of incidents with a view to transparency and learning in relation to patient safety and quality. Weekly reviews with a focus on early support and intervention for staff.

Sexual Safety Group set up focussing on the delivery of the NHS Sexual Safety in Healthcare Charter. Links to Violence and Aggression standards, development of a policy, awareness raising, impact of pending legislation is being incorporated into all appropriate policies and training.

Freedom to Speak Up pages on the MyBridgewater extranet refreshed and made more accessible.

Availability of information in different formats e.g. webpage, newsletter and

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| | <p>posters etc for staff about FTSU and how they can raise concerns.</p> <p>Refresh of FTSU champion representation, policy and process during 2023/2024. Includes recruitment of lead FTSU Guardian from a clinical background complemented by a second FTSU Guardian within the People Directorate.</p> <p>Programme of engagement with teams has led to more numbers of speaking up cases being reported. Events have included the Annual Members meeting/Staff Awards, Dental Symposiums, Leader in Me Conference focused around FTSU and 'We each have a voice that counts'</p> <p>FTSU month supported through communications and activities.</p> <p>FTSU Champions in recruitment across the Trust.</p> <p>Completed FTSU self-assessment action plan to identify gaps and areas for development, which has formulated an action plan.</p> <p>FTSU staff survey used to identify barriers / areas of concern and collaborative working with EDI Lead underway</p> <p>FTSU visibility across the trust / listening ear to support speaking up as business as usual.</p> <p>Make sure that issues raised are used as opportunities for learning and to inform / disseminate to staff what learning has taken place.</p> <p>Triangulation of information / data to identify hotspots e.g. working with HR,</p> |
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| | <p>Patient safety etc. To report to Board themes and trends / areas of concern.</p> <p>For all staff to complete Speak Up, Listen Up, Follow Up e-learning training relevant to their role which is now mandatory.</p> <p>Staff to complete an evaluation of their speaking up experiences, including detriment to identify what works well and what does not, and identify where any improvements might be made.</p> <p>Bi-monthly reporting to People Committee detailing trends, analysis and activity relating to FTSU and Employee Relations Activity report.</p> <p>Attendance of FTSU Guardian at monthly PSIRF Review meeting.</p> |
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Work is undertaken and overseen by the EDI Working Group, with assurance and oversight through Trust governance to Board.

EDS 2024

The Equality Delivery System, or EDS, was refreshed by NHS England in 2022 to provide a simplified, easy to use toolkit for co-delivery with stakeholders from patients, communities, the workforce and Staff-side, and for domain 3 peer support organisations.

The 11 outcomes of EDS2024 cover three domains:

- Commissioned and provided services.
- Workforce health and wellbeing.
- Inclusive leadership.

Two services were reviewed in 2024 for domain 1:

- Urgent Treatment Centre Halton.
- Drive Ability North West.

Engagement for evidence review and grading was undertaken with stakeholders:

- Local Healthwatch Halton representatives for domain 1.
- Staff-side for domain 2.
- Mersey Care NHS Foundation Trust equality colleagues for domain 3.

With heartfelt thanks to all for the time taken to review and feedback on the evidence provided.

The full EDS2024 report can be viewed on our website at <https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/> but results are detailed below.

Table 3: Showing the EDS 2024 grading as agreed with stakeholders

| EDS2023 Domain and Outcome | Rating |
|--|--|
| Domain 1: Commissioned or provided services | |
| 1A: Patients (service users) have required levels of access to the service | Developing |
| 1B: Individual patients (service users) health needs are met | Developing |
| 1C: When patients (service users) use the service, they are free from harm | Achieving |
| 1D: Patients (service users) report positive experiences of the service | Achieving |
| Domain 2: Workforce health and wellbeing | |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | Achieving |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Achieving |
| 2C: Staff have access to independent support and advice when suffering stress, abuse, bullying, harassment, and physical violence from any source | Achieving |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Achieving |
| Domain 3: Inclusive leadership | |
| 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Excelling |
| 3A: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Excelling |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | Achieving |
| Overall rating | Achieving (total score of 22) |

Gender Pay Gap 2024

The full report for Gender Pay Gap at 31st March 2024 can be found on our [website](#), but please see below in brief our 2024 results.

Table 4: Showing the gender pay gap results for 2024.

| Quartiles – Female Workforce | Total | Percentage % |
|------------------------------|-------|--------------|
| 1 | 325 | 84.6 |
| 2 | 372 | 92.8 |
| 3 | 375 | 91.7 |
| 4 | 354 | 85.3 |

| Quartile – Male Workforce | Total | Percentage % |
|---------------------------|-------|--------------|
| 1 | 59 | 15.4 |
| 2 | 59 | 7.2 |
| 3 | 34 | 8.3 |
| 4 | 61 | 14.7 |

| Pay gap – ordinary pay | Mean hourly rate of pay | Median hourly rate of pay |
|--------------------------|-------------------------|---------------------------|
| Female | £19.01 | £17.68 |
| Male | £21.82 | £18.09 |
| Pay Gap monetary value | £2.81 | £0.41 |
| Pay Gap percentage value | 12.88% | 2.29% |

| Pay gap – bonus pay | |
|--|--------|
| Female bonus pay as a monetary value | £7,505 |
| Females receiving bonus pay as a percentage of overall workforce | 0.4% |
| Male bonus pay as a monetary value | £7,505 |
| Males receiving bonus pay as a percentage of overall workforce | 1.06% |
| Difference as a monetary value | £0.00 |
| Mean Pay Gap as a percentage value | 0% |
| Median Pay Gap as a percentage value | 0% |

Workforce Disability Equality Standard 2024 (WDES)

The full report for WDES 2024 can be found on our [website](#), but please see below in brief our 2024 results.

Table 5: Showing the WDES results for 2024

| Metric | | | | | | |
|--|----------------------------|--------------|------|---|--------------|------|
| 1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall. Disaggregated by non-clinical staff, clinical staff, and medical and dental staff. <i>Note rounding up of numbers may mean a slightly higher figure than 100% is seen in the below.</i> | | | | | | |
| | Non-clinical | | | Clinical | | |
| | Disabled | Not Disabled | N/S | Disabled | Not Disabled | N/S |
| AfC1 - 4 | 4.1 | 80.4 | 15.5 | 4.0 | 79.3 | 16.7 |
| AfC5 - 7 | 4.9 | 83.3 | 11.8 | 4.0 | 82.7 | 13.4 |
| AfC8a – 8b | 2.7 | 73.0 | 24.3 | 5.0 | 70.0 | 25.0 |
| AfC8c - VSM | 10.0 | 70.0 | 20.0 | 14.3 | 57.1 | 28.6 |
| | Medical and Dental Grades: | | | | | |
| Consultants | 0 | 88.9 | 11.1 | | | |
| Non-Consultant Career Grade | 0 | 83.1 | 16.9 | | | |
| Trainee Grades | 0 | 0 | 0 | | | |
| 2. Relative likelihood of being appointed from shortlisting across all posts | | | | Unable to report this year | | |
| 3. Relative likelihood of entering capability processes | | | | No formal capability procedures related to performance No formal capability procedures related to ill health for staff with a disability | | |

Metric - continued

| | |
|--|--------------------------------------|
| 4. A) Percentage of staff experiencing bullying, harassment, and abuse from patients/relatives/public in last 12 months | 22.3% Disabled 14.8% Not Disabled |
| Percentage of staff experiencing bullying, harassment, and abuse from managers in last 12 months | 13.3% Disabled 4.4% Not Disabled |
| Percentage of staff experiencing bullying, harassment, and abuse from staff in last 12 months | 18.4% Disabled 11.8% Not Disabled |
| B) Percentage staff reporting bullying, harassment, and abuse in last 12 months | 44.7% Disabled 57.1% Not Disabled |
| 5. Percentage believing the Trust provides equal opportunities for career progression and promotion | 55.7% Disabled 61.8% Not Disabled |
| 6. Percentage feeling pressure by manager to attend work even when feeling unwell | 22.5% Disabled 12.8% Not Disabled |
| 7. Feeling valued by the Trust | 43.3% Disabled 51.5% Not Disabled |
| 8. Satisfaction that reasonable adjustments made to support them in their work | 78.2% Disabled |
| 9. A) Staff engagement score (Disabled staff only) | 7.0 Disabled 7.4 Not Disabled |
| B) Have you taken action to facilitate the voices of Disabled staff | Yes |
| 10. Percentage difference between Board membership and overall workforce Disaggregated by voting and non-voting members | 10.0% Disabled 31.0% Not Disabled |
| Trust Overall Workforce: | |
| Disabled: 4.0% | |
| Non-Disabled: 80.7% | |
| Unknown: 15.3% | |

Workforce Race Equality Standard 2024 (WRES)

The full report for WRES 2024 can be found on our [website](#), but please see below in brief our 2024 results.

Table 6: Showing the WRES results for 2024.

| Indicator | | | | | | |
|---|----------------------------|----------------------------------|------------------------|----------|----------------------------------|------------------------|
| 1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall. Disaggregated by non-clinical staff, clinical staff, and medical and dental staff | | | | | | |
| | Non-clinical | | | Clinical | | |
| | White | Black, Asian, or minority ethnic | Not stated, or unknown | White | Black, Asian, or minority ethnic | Not stated, or unknown |
| Under AfC Band 1 | 88.9 | 11.1 | 0 | 0 | 0 | 0 |
| AfC1 | 0 | 0 | 0 | 0 | 0 | 0 |
| AfC2 | 93.9 | 2.4 | 3.7 | 87.8 | 12.2 | 0 |
| AfC3 | 91.3 | 6.0 | 2.7 | 95.0 | 2.8 | 2.2 |
| AfC4 | 100.0 | 0 | 0 | 94.4 | 5.6 | 0 |
| AfC5 | 87.5 | 6.25 | 6.25 | 93.6 | 5.2 | 1.2 |
| AfC6 | 87.5 | 12.5 | 0 | 94.4 | 4.4 | 1.2 |
| AfC7 | 72.7 | 27.3 | 0 | 95.6 | 2.2 | 2.2 |
| AfC8a | 88.5 | 3.8 | 7.7 | 92.6 | 5.6 | 1.8 |
| AfC8b | 90.9 | 9.1 | 0 | 100.0 | 0 | 0 |
| AfC8c | 100.0 | 0 | 0 | 75.0 | 25.0 | 0 |
| AfC8d | 100.0 | 0 | 0 | 0 | 0 | 100.0 |
| AfC9 | 100.0 | 0 | 0 | 0 | 0 | 0 |
| VSM | 100.0 | 0 | 0 | 100.0 | 0 | 0 |
| | Medical and Dental Grades: | | | | | |
| Consultants | 27.3 | 45.4 | 27.3 | | | |
| Non-Consultant Grade | 65.6 | 32.8 | 1.6 | | | |

| Indicator continued... | |
|---|---|
| 2. Relative likelihood of being appointed from shortlisting across all posts | Unable to report this year |
| 3. Relative likelihood of entering formal disciplinary processes | 1.53 times more likely to enter formal disciplinary processes if you are Black, Asian, or minority ethnic |
| 4. Relative likelihood of accessing non-mandatory training/CPD | 1.05 times more likely to access this training if you are Black, Asian, or minority ethnic |
| 5. Percentage of staff experiencing bullying, harassment, and abuse from patients/relatives/public in last 12 months | Black, Asian, or minority ethnic 28.6% White 16.2% |
| 6. Percentage of staff experiencing bullying, harassment, and abuse from staff in last 12 months | Black, Asian, or minority ethnic 19.1% White 16.5% |
| 7. Percentage believing the Trust provides equal opportunities for career progression and promotion | Black, Asian, or minority ethnic 34.2% White 61.1% |
| 8. In the last 12 months personally experiencing discrimination from manager/team leader/other colleagues | Black, Asian, or minority ethnic 7.5% White 3.0% |
| 9. Percentage difference between Board membership and overall workforce Disaggregated by voting and non-voting members | Black, Asian, or minority ethnic 0.8% White -6.0% |
| Trust Overall Workforce: Black, Asian, and minority ethnic: 6.3% White: 91.8% Not stated: 1.9% | |

Table 7: Showing the ethnicity pay gap data for 31st March 2024.

| | 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% |

Language Interpretation 2024

The provision of language and communication support for people whose first language isn't English, or for people with disabilities or impairments with communication support needs, is very important for effective and safe provision of care, and equity of outcome.

Language interpretation support is through two providers:

- Signalise Cooperative – signed languages, including British Sign Language.
- Enable 2 – community/spoken languages and translation.

Contract management of language interpretation contracts is through a working group with representation from services, procurement, providers, and equality. The group oversees key performance indicators and works collaboratively to deliver actions that are addressing the shortage challenges experienced in sourcing face to face interpretation in some languages and in some areas.

These challenges arise from increasing diversity of languages spoken and therefore required to support equitable patient access; limited interpreter resource in many areas; and a changing culture in interpreting to a face to face by exception culture.

Actions include enhanced provision of information for staff on interpreting services, signposting to interpretation providers for staff or patients interested in a career in interpreting services, targeted recruitment in identified areas, and training for staff. In development as part of this work is signposting for staff to additional resources, for example Makaton eLearning for nursing staff, signposting to health passports for patients with learning disabilities, and signposting for BSL skills training.

Table 8: Showing the total number of spoken language bookings between January and November 2024.

| Year | Month | Face to face | Telephone | Video | Total Bookings |
|------|--------------|--------------|------------|------------|----------------|
| 2024 | January | 76 | 96 | 59 | 231 |
| 2024 | February | 54 | 81 | 44 | 179 |
| 2024 | March | 42 | 74 | 44 | 160 |
| 2024 | April | 53 | 83 | 65 | 201 |
| 2024 | May | 50 | 96 | 73 | 219 |
| 2024 | June | 35 | 83 | 90 | 208 |
| 2024 | July | 57 | 102 | 67 | 226 |
| 2024 | August | 43 | 78 | 54 | 175 |
| 2024 | September | 43 | 69 | 60 | 172 |
| 2024 | October | 48 | 90 | 51 | 189 |
| 2024 | November | 49 | 82 | 44 | 175 |
| | TOTAL | 550 | 934 | 651 | 2135 |

In addition, there were a total of 89 translation requests for spoken languages between January and November 2024.

Table 9: Showing the top 10 most requested spoken languages between January and November 2024.

| Language | Total Bookings | Total Face to Face | Total Telephone | Total Video |
|------------------|----------------|--------------------|-----------------|-------------|
| Arabic | 218 | 30 | 122 | 66 |
| Bengali | 148 | 89 | 30 | 29 |
| Cantonese | 291 | 31 | 120 | 140 |
| Kurdish (Sorani) | 119 | 8 | 65 | 46 |
| Polish | 153 | 12 | 71 | 70 |
| Mandarin Chinese | 48 | 26 | 18 | 4 |
| Romanian | 165 | 30 | 76 | 59 |
| Persian | 55 | 9 | 26 | 20 |
| Turkish | 68 | 3 | 48 | 17 |
| Urdu | 302 | 210 | 36 | 56 |

Table 10: Showing the 10 services most frequently requesting language interpretation support for spoken languages between January and November 2024.

| Department/Team/Service Name | Total Bookings | Face to face | Telephone | Video |
|--|----------------|--------------|-----------|-------|
| Pennine Dental | 441 | 267 | 77 | 97 |
| OCATS (Orthopaedic Clinical Assessment and Treatment Service) - Warrington | 314 | 22 | 31 | 261 |
| Speech & Language Therapy | 142 | 13 | 33 | 96 |
| Urgent Care Centre - Halton | 138 | 0 | 138 | 0 |
| Dental Tameside | 87 | 63 | 23 | 1 |
| Oldham Dental | 84 | 30 | 33 | 21 |
| Dermatology Service - Warrington | 80 | 5 | 75 | 0 |
| Warrington Dental | 74 | 4 | 40 | 30 |
| Bolton Dental | 49 | 32 | 13 | 4 |
| Paediatric Physiotherapy - Warrington | 48 | 10 | 3 | 35 |

| | Bookings made |
|---|---------------|
| Signed Language, including British Sign Language and Deafblind signing. | 87 |

Total spend on spoken and signed language interpretation between January and November 2024 was £85,699.91.

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