Communities Matter
Creating stronger, healthier, happier communities.

NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Workforce Race Equality Standard

2025

Date: April 2025

Contents

Introduction

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

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

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

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

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

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

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

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

In this report are detailed key findings from the 2025 WRES metrics; progress made in 2024/25 against the WRES action plan; and data for the nine indicators, including annual comparisons since 2019, for the race disparity ratio, and for the 2025 ethnicity pay gap reporting.

The outline WRES Action Plan 2025 - 2026 can be viewed at page 26 of this report.

Key findings

Key findings in brief are as follows.

Indicator 1:

- Overall workforce representation of ethnically diverse staff has continued to increase since WRES reporting began in 2015, with representation now at 6.6%.
- The percentage of unknown ethnicity staff representation has decreased further to 0.9%
- Disaggregation by staff group shows:

    - Ethnically diverse staff represent 6.9% of the non-clinical workforce, a percentage that continues to increase. The non-clinical workforce is over-represented against the overall ethnicity profile of the workforce in Agenda for Change (AfC) band cluster 5 to 7 but is under-represented in other pay bands.
    - The clinical workforce is under-representative against the overall workforce ethnicity figure, though percentage representation is increasing. Ethnically diverse staff are over-represented in AfC band cluster 8c to Very Senior Managers against the overall workforce.
    - The medical and dental workforce is over-represented by a significant amount, a similar pattern to that seen across the NHS.

Indicator 2:

- For the second year we have been unable to report the likelihood figure for ethnically diverse applicants progressing successfully through recruitment. This relates to a reporting issue in NHS Jobs, an issue that is affecting a number of NHS Trusts and that is being addressed nationally.

Indicator 3:

- The likelihood of ethnically diverse staff being involved in formal disciplinary processes has improved to a figure of 1.13, while this still indicates disparity for ethnically diverse staff caution is urged due to the very small numbers of staff involved in formal disciplinary processes that affects statistical significance.

Indicator 4:

- At 1.05 the access to non-mandatory training and career development result for indicator 4 remains the same as 2024, and the result represents near equity, with a slight bias in favour of white staff.

Indicator 5:

- At 20.8% the percentage of ethnically diverse staff experiencing harassment, bullying, or abuse from patients, family or public has improved by 7.8% and is 0.8% better than the average for comparator Trusts. However, the figure remains significantly higher than that for white staff.

Indicator 6:

- At 22.6% the percentage of ethnically diverse staff who have experienced harassment, bullying, or abuse from colleagues has deteriorated by 3.5%, and the Trust result is 5.5% worse than the average for comparator Trusts. The gap to white staff has also increased to 7.9%.

Indicator 7:

- At 44.2% the percentage of ethnically diverse staff who believe the Trust provides equity for career progression and promotion has increased by 10.0%, however there is a gap of 10.4% with the average for comparator Trusts, and there is a gap of 18.5% against white staff.

Indicator 8:

- At 13.2% the percentage of ethnically diverse staff who experienced discrimination at work in the last 12 months has deteriorated by 5.7%. There is a gap of 2.4% against the average for comparator Trusts, and 8.5% to white staff.

Indicator 9:

- The Board remains over-representative of ethnically diverse staff.

Ethnicity pay gap:

- The ethnicity pay gap for the overall workforce was in favour of ethnically diverse staff. The mean result was – 27.68%, or - £5.64 in favour of ethnically diverse staff, and the median result was – 8.00%, or - £1.49 in favour of ethnically diverse staff. More analysis by staff group can be found in the relevant section.

Race disparity ratio:

- The race disparity results for the overall workforce has seen some deterioration since 2024, this is reflective of the movements of a very small number of staff making statistical significance difficult to determine. Further analysis is provided in the relevant section.

Activities in 2024 - 2025

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

- Establishment of the EDI Working Group to deliver the NHS Anti-Racist Framework action plan. Racially minoritised staff representation on the Group is 13%, (overall workforce representation is currently 6.4%), and active recruitment from the Race Inclusion Network (RIN) continues.

- Implementation of the NHS Anti-Racist Framework foundation building action plan, which supported successful achievement of bronze level in April 2025.

- Completion of the Reciprocal Mentoring for Inclusion Programme, of which 30% of staff were recruited from the RIN.

- Continued embedding of Just Culture across the Trust, linking this to a HR equality objective for 2024 – 2026 to develop and implement an 'equality representation in people processes' project.

- Launch of the Trust's Choose Kindness campaign and behavioural framework in July 2024 for promoting a culture of civility and anti-racism in all Trust spaces. Alignment to commitments for the NHS Anti-Racist Framework, the NHS Staff Survey, and Violence Prevention and Reduction Standard commitments.

- Regular communication about racism and anti-racism, particularly following the Southport incident in August 2024.

- Addition of racism data disparity to the corporate risk register to reflect difference in internal reports and that in the NHS Staff Survey, along with activities in progress to address this disparity.

- Publication of our first Ethnicity Pay Gap report within the WRES 2024 report. Updated racist incident reporting through Ulysses system following RIN feedback on barriers to reporting and embedding of racism incident scrutiny at the EDI Working Group.

- Implementation of an ethnicity coding in clinical systems project to improve data quality and support health inequalities requirements.

- Launch of a new equality dashboard for workforce data, allowing real time analysis of ethnicity for sickness absence, leavers, pay banding, career progression, and other data. Work still ongoing for further triangulation of data

such as health and wellbeing data and as referenced above racist incident reporting.

- Refresh of the Anti-racism and zero tolerance statement following input and review by the RIN in 2025.

- Ongoing work to centre racially minoritised voice, for example in the EDI Working Group; in the recruitment of a Joint RIN Chair from within the membership; and in active recruitment of racially minoritised staff as Freedom To Speak Up Champions (now at 11%), the latter as a result of NHS Staff Survey 2023 results showing both an ongoing disparity in bullying and harassment, and a lack of confidence in speaking up procedures and outcomes.

- Implementing new Equality and Health Inequalities Assessment templates across the Trust – these include an anti-racism question.

- Enabling staff voice through the RIN will continue in 2025 following an engagement event in November 2024 attended

Data sets

Indicator 1

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

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

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

Table 1: Showing the percentage of non-clinical staff by ethnicity, disaggregated by pay band cluster at 31st March 2025.

Non-clinical staff	Ethnically diverse	White staff	Unknown ethnicity
Cluster 1: AfC <1 to 4	4.1%	94.4%	1.5%
Cluster 2: AfC 5 to 7	14.6%	83.5%	1.9%
Cluster 3: AfC 8a and 8b	6.1%	93.9%	0.0%
Cluster 4: 8c to VSM	5.6%	94.4%	0.0%
Total for non-clinical workforce:	6.9%	91.7%	1.4%

Table 2: Showing the percentage of clinical staff by ethnicity, disaggregated by pay band cluster at 31st March 2025.

Clinical staff	Ethnically diverse	White staff	Unknown ethnicity
Cluster 1: AfC <1 to 4	5.7%	94.0%	0.3%
Cluster 2: AfC 5 to 7	4.4%	95.1%	0.5%
Cluster 3: AfC 8a and 8b	1.6%	96.8%	1.6%
Cluster 4: 8c to VSM	12.5%	87.5%	0.0%
Total for clinical workforce:	4.7%	94.8%	0.5%

Table 3: Showing the percentage of medical and dental staff by ethnicity, disaggregated by consultants, career grade medical and dental staff, and where relevant medical and dental staff as very senior managers, at 31st March 2025.

Medical and dental staff	Ethnically diverse	White staff	Unknown ethnicity
Consultants	44.4%	33.3%	22.2%
Of which very senior managers	0.0%	100.0%	0.0%
Non-consultant career grade	32.4%	66.2%	1.5%
Trainee	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
Total for medical and dental workforce:	33.8%	62.3%	3.9%

Tables 4 to 7 to follow show the results for the overall workforce, and the three staff groups from 2015 to 2025, showing patterns of change of ethnic representation.

Table 4: Showing the ethnicity breakdown of the workforce from 2015 to 2025.

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

Table 5: Showing the percentage of ethnic representation in non-clinical staff from 2015 to 2025.

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

Table 6: Showing the percentage ethnic representation in clinical staff from 2015 to 2025.

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

Table 7: Showing the percentage ethnic representation of Medical and Dental staff from 2015 to 2025.

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

Indicator 2

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

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

Table 8: Showing the likelihood of ethnically diverse applicants being successfully recruited compared to white applicants from 2015 to 2025. Also showing the numbers of applicants recruited by ethnicity for this period.

	Likelihood	Total Ethnically Diverse Staff Recruited	Total White Staff Recruited	Total Not Stated Staff Recruited
2015	1.85	12	241	*
2016	1.72	24	532	160
2017	1.30	31	498	120
2018	1.24	24	418	30
2019	1.28	23	395	10
2020	1.39	13	224	17
2021	0.61	36	310	*
2022	1.17	23	276	*
2023	1.44	23	209	*
2024	Not available	22	272	*
2025	Not available	17	167	*

Indicator 3

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

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

Table 9: Showing the likelihood of ethnically diverse staff entering formal disciplinary processes compared to white staff from 2015 to 2025.

	Likelihood
2015	6.46
2016	4.93
2017	3.83
2018	1.99
2019	2.72
2020	2.4
2021	0
2022	0
2023	2.46
2024	1.53
2025	1.13

Indicator 4

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

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

Table 10: Showing the likelihood of ethnically diverse staff accessing non-mandatory training and career development opportunities.

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

Indicators 5 to 8 are taken from the NHS Staff Survey 2024.

- For indicator 5 there were 53 ethnically diverse respondents, and 938 white respondents.
- For indicator 6 there were 53 ethnically diverse respondents, and 936 white respondents.
- For indicator 7 there were 52 ethnically diverse respondents, and 929 white respondents.
- For indicator 8 there were 53 ethnically diverse respondents, and 925 white respondents.
- In total 62% of all staff responded to the NHS Staff Survey 2024. When mapped against workforce totals at 49% the number of ethnically diverse respondents was slightly below that for the overall workforce.

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

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

	Bridgewater ethnically diverse staff	Bridgewater white staff	Benchmark Trusts ethnically diverse staff	Benchmark Trusts white staff
2015	**0.0***	**28.0%**	**25.0%**	**26.0%**
2016	**23.0%**	**29.0%**	**24.0%**	**24.0%**
2017	**28.6%**	**25.8%**	**26.9%**	**23.4%**
2018	**37.5%**	**26.0%**	**26.1%**	**25.7%**
2019	**28.0%**	**23.1%**	**23.7%**	**25.2%**
2020	**30.3%**	**18.2%**	**23.4%**	**21.9%**
2021	**22.2%**	**20.1%**	**24.3%**	**20.6%**
2022	**29.2%**	**21.6%**	**24.2%**	**21.5%**
2023	**28.6%**	**16.2%**	**22.6%**	**19.1%**
2024	**20.8%**	**13.5%**	**21.6%**	**17.6%**
Trust Trend 2023 to 2024	**Improved by 7.8%**			
Against benchmark group for 2024	**Positive by 0.8%**	**Note: Figure too low to report in 2015*		

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

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

	Bridgewater ethnically diverse staff	Bridgewater white staff	Benchmark Trusts ethnically diverse staff	Benchmark Trusts white staff
2015	0.0*	23.0%	24.0%	22.0%
2016	26.0%	24.0%	24.0%	18.0%
2017	21.4%	20.4%	21.8%	18.6%
2018	16.7%	17.5%	24.0%	19.6%
2019	20.0%	20.8%	23.8%	19.6%
2020	15.6%	17.8%	22.9%	16.9%
2021	13.3%	16.9%	20.0%	15.9%
2022	25.0%	16.9%	22.4%	15.6%
2023	19.1%	16.5%	19.4%	15.5%
2024	22.6%	14.7%	17.1%	14.2%
Trust Trend 2023 to 2024	Deteriorated by 3.5%			
Against benchmark group for 2024	Negative by 5.5%			

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

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

	Bridgewater ethnically diverse staff	Bridgewater white staff	Benchmark Trusts ethnically diverse staff	Benchmark Trusts white staff
2017	50.0%	55.6%	47.3%	61.7%
2018	48.0%	59.1%	47.5%	60.7%
2019	48.0%	58.4%	47.8%	62.5%
2020	33.3%	60.1%	46.8%	66.3%
2021	51.1%	58.9%	50.3%	66.0%
2022	45.8%	62.0%	50.2%	65.9%
2023	34.2%	61.1%	53.7%	65.8%
2024	44.2%	62.7%	54.6%	63.4%
Trust Trend 2023 to 2024	Improved by 10.0%			
Against benchmark group for 2024	Negative by 10.4%			

Indicator 8 – Experiences of discrimination from line managers or colleagues

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

	Bridgewater ethnically diverse staff	Bridgewater white staff	Benchmark Trusts ethnically diverse staff	Benchmark Trusts white staff
2015	*	4.0%	12.0%	5.0%
2016	6.0%	7.0%	4.0%	11.0%
2017	11.1%	8.1%	12.1%	5.5%
2018	8.3%	4.4%	10.7%	4.9%
2019	16.0%	4.9%	12.2%	4.3%
2020	12.1%	4.4%	13.5%	4.3%
2021	13.3%	3.6%	12.7%	4.3%
2022	10.4%	3.8%	12.1%	4.2%
2023	7.5%	3.0%	10.8%	4.3%
2024	13.2%	4.7%	10.8%	4.4%
Trust Trend 2023 to 2024	Deteriorated by 5.7%			
Against benchmark group for 2024	Negative by 2.4%			

Indicator 9 – Board representation

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

Table 15: Showing Board representation of ethnically diverse and white staff compared to the overall workforce from 2015 to 2025.

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

Ethnicity Pay Gap March 2025

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

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

Results for 2025 are to follow, and the results for 2024 can be found in the WRES 2024 report[ii].

Ordinary pay

On 31 March 2025 we employed 1,551 staff who were relevant to ethnicity pay gap reporting, including bank staff paid for work in the relevant period, and excluding substantive staff on statutory sick or maternity pay only on that date for example.

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

Table 16: Showing the numbers and percentage of ethnically diverse and white staff in quartiles based on hourly pay at 31st March 2025.

Ethnically diverse staff	Total	Percentage %	White staff	Total	Percentage %
1	17	4.4%	1	370	95.6%
2	20	5.2%	2	368	94.9%
3	26	6.7%	3	363	93.3%
4	36	9.3%	4	351	90.7%

The table to follow details the ethnicity pay gap as a monetary value and percentage.

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

Table 177: Showing the ethnicity pay gap results at 31st March 2025 as a monetary figure, and a percentage, based on hourly rates of pay for ethnically diverse and white staff.

	Mean hourly rate of pay	Median hourly rate of pay
Ethnically diverse staff	**£26.03**	**£20.15**
White staff	**£20.39**	**£18.66**
Pay Gap monetary value	**- £5.64**	**- £1.49**
Pay Gap percentage value	**- 27.68%**	**- 8.00%**

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

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

- Within the total relevant staff for ethnicity pay gap reporting 6.4% are ethnically diverse, and 93.6% are white.

- In the Trust 25.8% of the workforce are in non-clinical roles, this includes most Executive Directors and Non-Executive Directors.

- At 6.9% of the non-clinical workforce ethnically diverse staff representation is reflective of the overall workforce.

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

    - A mean ethnicity pay gap of – 7.17% (equating to - £1.28) in favour of ethnically diverse staff.
    - A median ethnicity pay gap of – 42.09% (equating to - £5.53) in favour of ethnically diverse staff.

- The clinical workforce, excluding Medical and Dental represents 70.0% of the overall workforce.

- At 4.7% of the clinical workforce ethnically diverse staff representation is lower than the overall workforce.

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

    - A mean ethnicity pay gap of 5.86% (equating to £1.18) in favour of white staff.
    - A median ethnicity pay gap of 3.98% (equating to £0.77) in favour of white staff.

- Medical and Dental roles represent 4.6% of the overall workforce, and at 33.8% ethnically diverse staff are over-representative of the overall workforce.

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

    - A mean ethnicity pay gap of – 3.05% (equating to - £1.42) in favour of ethnically diverse staff.
    - A median ethnicity pay gap of 12.08% (equating to £5.52) in favour of white staff.

Bonus pay

There were no clinical excellence awards in the Trust awarded in 2024/2025, therefore the result is 0.00% or £0.00.

Workforce Race Disparity Ratio Results 2025

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

Trusts were required to understand their data in relation to race disparity in pay and career progression and set targets and actions to level up representation so that it is reflective across the whole Trust. In Bridgewater this target representation was 5.4%, reflective of the ethnicity profile of the Trust in 2020.

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

Table 18 shows the total race disparity ratio results at 31st March 2025. It is observed that in 2024 – 2025 there has been a slight deterioration in the results, this relates to very small staff changes:

- In 2025 ethnically diverse representation at AfC bands 1 to 5 was 5.21%, this was a 3.85% increase in staff numbers from 2024.
- In 2025 ethnically diverse representation at AfC bands 6 and 7 was 5.59%, this was a 14.29% increase in staff numbers from 2024.
- In 2025 ethnically diverse representation at AfC bands 8a – 9 was 3.48%, this was a 33.33% decrease from 2024.
- All of these figures equate to the movements of less than ten ethnically diverse staff in total.

Table 188: Showing race disparity ratio results from 2020 to 2025, detailing the progression of ethnically diverse staff from lower to middle to upper Agenda for Change pay bands.

All Staff	Lower to Middle	Middle to Upper	Lower to Upper
Mar-20	1.13	2.08	2.35
Mar-21	1.32	1.35	1.78
Mar-22	1.24	1.45	1.8
Mar-23	1.34	0.55	0.74
Mar-24	0.99	0.96	0.95
Mar-25	0.93	1.64	1.52

As has been referred to elsewhere within this report the Trust recognises that representation of ethnically diverse staff varies across staff groups, and while overall representation is increasing this differs by staff group and pay band.

As referenced above Very Senior Management and Medical and Dental staff are excluded from this mandated requirement as they are not paid within Agenda for Change pay scales, but a review of non-clinical and clinical workforces does highlight differences to the above overall results.

Non-clinical workforce

It can be observed in table 19, below, that there is a large disparity in non-clinical staff in progression from middle to upper pay bands, that is progression from Agenda for Change bands 5 to 7 up to bands 8a to 9. Progression from the lower to middle, or lower to upper bands are proportionate or positive for ethnically diverse staff.

Further analysis highlights the following:

- In 2025 ethnically diverse staff representation at AfC bands 1 to 5 was 4.65%, ethnically diverse staff numbers remained the same as 2024.

- In 2025 ethnically diverse staff representation at AfC bands 6 to 7 was 19.30%, this was a decrease by 10% in ethnically diverse staff numbers.

- In 2025 ethnically diverse staff representation at AfC bands 8a to 9 was 4.26%, ethnically diverse staff numbers remained the same as 2024.

- This equate to an actual staff number change of less than 5 for ethnically diverse staff, white staff reduced by 11 in total since 2024.

Table 19: Showing the race disparity ratio for non-clinical staff at 31st March 2025.

Non-clinical Staff	Lower to Middle	Middle to Upper	Lower to Upper
Mar-23	0.20	5.38	1.09

Clinical workforce

The final table, table 20 to follow, details the race disparity ratio for clinical staff within the AfC pay band clusters. It will be observed that while the disparity ratio is within the 1.5 tolerance, it is within the favour of white staff in lower to middle, and middle to upper ratios. There is a slightly larger disparity in the ratio for progression from lower to upper pay bands.

Further analysis highlights the following:

- In 2025 ethnically diverse staff representation at AfC bands 1 to 5 was 5.51%, this was an increase of 3.33% in ethnically diverse staff numbers.

- In 2025 ethnically diverse staff representation at AfC bands 6 to 7 was 4.08%, this was a increase by 16.67% in ethnically diverse staff numbers.

- In 2025 ethnically diverse staff representation at AfC bands 8a to 9 was 2.94%, this was a 50% decrease in ethnically diverse staff numbers since 2024.

- This equates to an actual staff number change of less than 5 for ethnically diverse staff, white staff increased by 13 in total since 2024.

Table 190: Showing the race disparity ratio for clinical staff at 31st March 2025.

Clinical Staff	Lower to Middle	Middle to Upper	Lower to Upper
Mar-23	1.37	1.40	1.92

2025 – 2026 outline action plan

The outline WRES Action Plan 2025 to 2026 can be viewed below:

Key action	Steps for action	Who	Updates due
Develop and launch new pastoral support and information resources for international staff	• Finalise and launch welcome pack for international staff, following immigration law updates in 2025..	EDI Working Group	TBC – awaiting further immigration law updates in 2025
NHS Jobs reporting issue management	• Continue to work with NHS Jobs to address the issues impacting on equality reporting.	EDI lead Workforce	September 2025

Equality in people processes project delivery	• Implementation of HR equality objective for 'equality in people processes' project.
	• Develop supportive equality in people processes training offer:
	  • Unconscious bias
	  • Equality, Diversity and Inclusion
	  • Legislation
		HR
		EDI lead
			January 2026

Civility and respect research project delivery	• Develop a use informed research project for racially minoritised staff	EDI Working Group	December 2025

	engagement on experiences of bullying, harassment, abuse, and discrimination in the workplace. • Implement research project. • Evaluate results and feedback. • Develop next steps project, for example a Choose Kindness focus or online reporting tool, based on participant feedback		
Develop refreshed and enhanced racism reporting and support project.	• Develop an online racism reporting tool. • Test with RIN. • Develop support package with RIN • Develop communications package with RIN • Launch reporting tool • Monitor and act via EDI W/G	EDI Working Group	September 2025
Career progression research project delivery	• Develop a use informed research project for racially minoritised staff engagement on experiences of career	EDI Working Group	December 2025

	progression and training in the workplace. • Implement research project. • Evaluate results and feedback • Develop next steps project, for example career coaching drop in sessions, based on participant feedback		
Improvements to ESR self-reporting to reduce the gap with NHS Staff Survey reported data	• Engage with communications team to develop a comms plan to target self-reporting within the workforce • Delivery of communications plan	EDI Working Group	November 2025

Contact details

Thank you for taking the time to read our 2025 WRES report.

Should you have any queries or questions or if you would prefer the contents of this report in another language or format, please contact our Equality & Inclusion Manager in the first instance, details below.

Paula Woods *(Director of People and Organisational Development)*
Ruth Besford *(Equality & Inclusion Manager)* *ruth.besford@nhs.net*

[i] https://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf
[ii] https://bridgewater.nhs.uk/aboutus/equalitydiversity/equality-reporting/