NHS
Bristol
NHS Group
Bristol | Weston

# Bristol NHS Foundation Trust

# Equity Diversity and Inclusion Data

# Workforce Race Equality Standard Report 2026

**Report Author**

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# Contents

1. Introduction ..... 3
2. WRES Executive Summary ..... 4
WRES Indicator summary table ..... 7
3. Workforce Race Equality Standards (WRES) Summary Report ..... 9
4. Priority Actions ..... 14
5. Appendix 1 Definitions ..... 16
6. Appendix 2 Detailed WRES Data ..... 17
WRES Indicator 1 ..... 17
WRES Indicator 2 ..... 23
WRES Indicator 3 ..... 24
WRES Indicator 4 ..... 25
WRES Indicator 5 ..... 26
WRES Indicator 6 ..... 27
WRES Indicator 7 ..... 28
WRES Indicator 8 ..... 29
WRES Indicator 9 ..... 30

# 1. Introduction

The purpose of this report is to provide a data set baseline position for all Equity Diversity & Inclusion (EDI) Workforce Race Equality Standard (WRES) Key Performance Indicators (KPIs) at the beginning of the first quarter of the year 2025/2026 and draw a comparison with the last four year's data, in order to inform the actions required to achieve the ambition to be a fully inclusive employer.

The NHS Workforce Race Equality Standard (WRES) is an essential tool in supporting the NHS to be an inclusive and fair workplace. It helps evaluate progress and identify areas where further improvement is needed.

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers, through the NHS standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

## Language

**Global Majority:** We have adopted the term "Global Majority" to describe colleagues who identify as Black, Asian, Multiple Heritage, Gypsy, Roma, Traveller (GRT) or other ethnically minoritised identities.

Global Majority represents the diverse human backgrounds that comprise most of the world's population. Chosen by the population it represents.

This change reflects our aim to move away from terms like "ethnic minority" or "BME" which are terms forced on minority ethnic groups to combine their experiences. The term "BME" is used only when referencing official NHS England WRES titles, as this is the terminology they use.

# 2. WRES Executive Summary

This report presents the Workforce Race Equality Standard (WRES) indicators for Bristol NHS Foundation Trust, drawing on legacy data from University Hospitals Bristol and Weston (UHBW) and North Bristol Trust (NBT) prior to organisational merger. A high-level summary is provided below, with detailed indicator analysis included in the appendix.

## Overall Position

While there has been measurable progress in representation and some workforce experience indicators, systemic race inequalities persist across recruitment, disciplinary processes, career progression and senior representation.

Several indicators remain rated red across both legacy Trusts, indicating ongoing structural inequity requiring sustained organisational intervention at scale.

### Strategic Risks

- **Workforce inequity:** Persistent disparities in recruitment, formal disciplinary processes and progression
- **Retention risk:** Higher likelihood of disengagement among Global Majority staff
- **Reputational risk:** Below NHS average Board representation and widening experience gaps
- **Regulatory risk:** Failure to meet WRES expectations and NHS EDI priorities
- **Patient care risk:** Evidence links staff experience to patient outcomes

## Key Areas of Progress

There has been measurable progress across several WRES indicators:

- **Indicator 1 – Representation:**
  Overall representation of Global Majority colleagues has increased across non-clinical, clinical, and medical and dental roles. Representation exceeds that reported in the Bristol Race Equality HR Data Product.
- **Indicator 2 – Recruitment (shortlisting to appointment):**
  UHBW has seen a reduction in its recruitment disparity ratio for the first time in three years.
- **Indicator 3 – Disciplinary processes:**
  UHBW's disparity in entry to formal disciplinary processes is at its lowest level in three years.
- **Indicator 4 – Access to non-mandatory training:**
  Global Majority colleagues remain slightly more likely to access non-mandatory training than colleagues racialised as White, in contrast to the wider NHS position.
- **Indicators 5 & 6 – Harassment, bullying and abuse (from public and staff):**

At NBT, there is no reported disparity between Global Majority and White colleagues in experiences of harassment, bullying, or abuse from either the public or colleagues.

- **Indicator 7 – Career progression and promotion:**
  At NBT, while disparities remain high, the gap in perceived equality of opportunity for career progression is narrowing.
- **Indicator 8 – Discrimination from staff:**
  At NBT, the disparity in experiences of discrimination from colleagues is reducing and has halved since 2022, though it remains a concern.

## Key Challenges

Despite areas of progress, significant inequalities persist:

- **Indicator 1 – Representation and progression:**
  The disparity between representation in clinical support roles and very senior management has increased across both Trusts.
- There remain clear barriers to progression, with reduced representation of Global Majority colleagues at:
  - AfC Bands 5–7 (non-clinical, Cluster 2)
  - AfC Bands 8a–8b (clinical, Cluster 3)
  - Consultant-level roles in medical and dental staff
- **Indicator 2 – Recruitment:**
  Disparities persist, with White candidates at least 1.7 times more likely to be appointed from shortlist than Global Majority candidates.
- **Indicator 3 – Disciplinary processes:**
  Global Majority colleagues are 1.5 times more likely to enter formal disciplinary processes.
- **Indicator 5 – Harassment, bullying and abuse (public):**
  At UHBW, there has been a marked increase in reported incidents among Global Majority staff, alongside a widening disparity compared to White colleagues.
- **Indicator 6 – Harassment, bullying and abuse (staff):**
  UHBW continues to show a moderate disparity, with Global Majority colleagues more likely to experience bullying, harassment, or abuse from colleagues.
- **Indicator 7 – Career progression and promotion:**
  Across Bristol NHS Foundation Trust, Global Majority colleagues report fewer opportunities for progression.
  At UHBW, the disparity remains high and continues to widen. While the Bridges programme (2023) potentially temporarily narrowed this gap, it demonstrates that targeted interventions alone are insufficient to sustain long-term change.
- **Indicator 8 – Discrimination from staff:**
  Across Bristol NHS Foundation Trust, Global Majority colleagues are more likely to experience discrimination from colleagues. At UHBW, this disparity has widened from 2023 to 2025.
- **Indicator 9 – Board representation:**

Global Majority representation at Board level is lower than the overall workforce representation in both legacy Trusts and is below the 2025 NHS average.

## Measuring WRES performance

To measure our performance against each indicator, we have set a rating system of red, amber or non-priority for equity, diversity and inclusion (EDI).

These are against the aim of having a zero experience gap, rather than benchmarking against national averages, as these benchmarks still have discrimination and experience gaps present.

### Current performance rating for 2025/26

| | |
|---|---|
| R | **Red**<br>Repeat year on year increase in gap of experience or a gap of 5 percentage points or greater.<br>Or a disparity ratio of 1.5 or higher |
| A | **Amber**<br>First year on year increase in gap of experience or a gap of 1.5 to 4.9 percentage points.<br>Or a disparity ratio between 1.1 and 1.4<br>Indicator has improved since previous year but still needs improvement. Gap reducing but action still needed. |
| | **Non- Priority for EDI**<br>Gap is smaller than 1.1 or relative likelihood ratio is between 0.9 and 1.1.<br>Specific EDI action not needed at a Trust level as there is not a gap in experience. However, action might be needed at a division level.<br>The measure might instead be a Trust engagement and colleague experience focus if the measure is an outlier overall e.g. if we had high levels of bullying, harassment and abuse across all staff. |

### Change in rating from 2024/25 to 2025/26

| | |
|---|---|
|  | Rating deescalated from red to amber, amber to non-priority or red to non-priority. |
|  | rating escalated from non-priority to amber, amber to red or non-priority to red. |

## WRES Indicator summary table

Overall, the majority of indicators remain rated Red across both Trusts, particularly in areas relating to progression, disciplinary processes and recruitment, indicating persistent structural inequality.

This indicates that, despite localised improvements, race inequality remains systemic rather than isolated, requiring coordinated organisational intervention rather than programme-level responses.

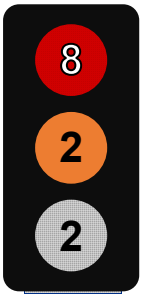
**NBT**




= 1

= 2

**UHBW**




= 0

= 3

| Indicator | NBT 2026 Rating | UHBW 2026 Rating | NBT Rating change | UHBW Rating change |
|---|---|---|---|---|
| 1a. Overall representation | | | 🙂 | 😐 |
| 1b. Representation Non-clinical | R | R | 😐 | 😐 |
| 1c. Representation Clinical | R | R | 😐 | 😐 |
| 1d. Representation Medical and dental | A | A | 😐 | 😐 |
| 2. Appoint from shortlist | R | R | 😐 | 😐 |
| 3. Formal disciplinary | R | R | ☹ | ☹ |
| 4. Accessing non-mandatory training | | | 😐 | 😐 |
| 5. Bullying, harassment and abuse from public | | R | 😐 | ☹ |
| 6. Bullying, harassment and abuse from staff | | A | 😐 | 😐 |
| 7. Career progression | R | R | 😐 | 😐 |
| 8. Discrimination | R | R | 😐 | 😐 |

| | | | | |
|---|---|---|---|---|
| 9. Board representation | R | R |  |  |

## 3. Workforce Race Equality Standards (WRES) Summary Report

| WRES Measure | NBT current position | UHBW current position | NBT Performance year on year | UHBW performance year on year | 2026 Headline |
|---|---|---|---|---|---|
| **Indicator 1a**<br>Percentage and number of staff in NHS Trusts by ethnicity. | Overall Global Majority representation at NBT (34.6%) is higher than that of Bristol's Race Equality HR data product and the Bristol 2021 census rate. | Overall Global Majority representation at UHBW (28.5%) is higher than that of Bristol's Race Equality HR data product and the Bristol 2021 census rate. | Trust Global Majority Representation ↑ by 6.5 pp | Trust Global Majority Representation ↑ by 0.9 pp | We have good overall Global Majority representation, but this masks the inequalities at senior levels. |
| **Indicator 1b**<br>**Non-clinical** | **Race disparity ratio (RDR):** Global Majority staff have a 10.03 times greater gap between the proportion of staff at support bands compared to VSM bands than White staff (2025 NHS average 1.71 times)<br><br>**Low Representation**<br>Asian colleagues in Bands 8c and above<br>Black colleagues in bands 8a and above<br>Multiple ethnicity colleagues in bands 8a and above | **Race disparity ratio (RDR):** Global Majority staff have a 9.68 times greater gap between the proportion of staff at support bands compared to VSM bands than White staff. (NHS 2025 average 1.71 times)<br><br>**Low Representation**<br>Asian colleagues in Bands 8c and above<br>Black colleagues in bands 8a and above<br>Multiple ethnicity colleagues in bands 8a and above | **RDR** (↑ is bad)<br>Three RDRs increased.<br><br>Smallest disparity is Middle to Senior<br><br>Largest RDR is support to VSM (↑ by 2.07)<br><br>(metric worsened, remains red) | **RDR** (↑ is bad)<br>One Middle to Senior increased.<br><br>Smallest disparity is Senior to VSM<br><br>Largest RDR is support to VSM (↓ by 4.28.)<br><br>(metric improved, Now in line with NBT, remains red) | Representation is improving at entry level, but does not translate into mid-level and senior leadership presence, indicating a broken progression pipeline. |

| WRES Measure | NBT current position | UHBW current position | NBT Performance year on year | UHBW performance year on year | 2026 Headline |
|---|---|---|---|---|---|
| **Indicator 1c**<br>**Clinical** | **Race disparity ratio (RDR):** Global Majority staff have a 12.77 times greater gap between the proportion of staff at support bands compared to VSM bands than White staff. (NHS 2025 average 2.54 times)<br>**Low Representation**<br>**Clinical**<br>Asian colleagues in Bands 8a and above<br>Black colleagues in bands 8a and above<br>Multiple ethnicity colleagues in bands 8c and above | **Race disparity ratio (RDR):** Global Majority staff have a 8.22 times greater gap between the proportion of staff at support bands compared to VSM bands than White staff. (NHS 2025 average 2.54 times)<br>**Low Representation**<br>**Clinical**<br>Asian colleagues in Bands 8a and above<br>Black colleagues in bands 8a and above | **RDR** (↑ is bad)<br>All RDRs increased.<br>Smallest disparity is Support to Middle<br>Largest is support to VSM (↑ by 2.13)<br>(metric worsened, remains red) | **RDR** (↑ is bad)<br>All RDRs increased.<br>Smallest disparity is Support to Middle<br>Largest is support to VSM (↑ by 1.92)<br>(metric worsened, remains red) | Representation is improving at entry and mid-levels, but does not translate into senior leadership presence, indicating a broken progression pipeline. |
| **Indicator 1d**<br>**Medical and Dental** | Global Majority representation 21.72%<br>**Low Representation**<br>Black colleague Representation is lower in medical and dental than for clinical and non-clinical areas. Lowest representation within consultants.<br>Multiple ethnicity colleagues within consultants | Global Majority representation 28.51%<br>**Low Representation**<br>Black colleague Representation is lower in medical and dental than for clinical and non-clinical areas. Lowest representation within consultants.<br>Multiple ethnicity colleagues within consultants | Global Majority representation in Medical and Dental ↑ by 2.19 percentage points.<br>(metric improved) | Global Majority representation in Medical and Dental ↑ by 0.93 percentage points.<br>(metric improved) | Representation is improving at trainee and career grade levels, but does not translate into consultant presence, indicating a broken progression pipeline. |

| WRES Measure | NBT current position | UHBW current position | NBT Performance year on year | UHBW performance year on year | 2026 Headline |
|---|---|---|---|---|---|
| **Indicator 2**<br>The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants. | White candidates are 1.92 times more likely to be appointed than Ethnically Minoritised candidates from shortlist. 18.4% of Global Majority Colleagues compared to 35.6% of white colleagues (17.2pp gap) | White candidates are 1.69 times more likely to be appointed than Ethnically Minoritised candidates from shortlist. 22.4% of Global Majority Colleagues compared to 38.0% of white colleagues (15.6pp gap) | Relative likelihood ↑ by 0.33<br><br>Gap in shortlisting ↑ by 0.7pp<br><br>(metric worsened, remains red) | Relative likelihood ↓ by 0.21<br><br>Gap in shortlisting ↓ by 2.9pp<br><br>(metric improved, remains red) | Recruitment disparities remain structural and persistent, with no evidence yet of sustained improvement. |
| **Indicator 3**<br>The relative likelihood of BME staff entering the formal disciplinary process compared to white staff | Global Majority colleagues are 1.54 times more likely to enter the formal disciplinary progress than white colleagues.<br>0.87% of Global Majority Colleagues enter the formal disciplinary process compared to 0.56% of white colleagues (0.37pp gap). | Global Majority colleagues are 1.52 times more likely to enter the formal disciplinary progress than white colleagues.<br>1.08% of Global Majority Colleagues enter the formal disciplinary process compared to 0.46% of white colleagues (0.62pp gap). | Relative likelihood ↑ by 0.63<br><br>Gap ↑ by 0.36pp<br><br>(metric worsened, escalated to red) | Relative likelihood ↓ by 0.19<br><br>Gap ↑ by 0.04pp<br><br>(metric improved, remains red) | Formal disciplinary disparities are high, with a sharp increase in disparity from NBT to UHBW levels. |

| WRES Measure | NBT current position | UHBW current position | NBT Performance year on year | UHBW performance year on year | 2026 Headline |
|---|---|---|---|---|---|
| **Indicator 4** The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff | White colleagues are 0.94 times less likely to access non-mandatory training than Global Majority colleagues.<br>89.1% of Global Majority Colleagues have accessed non-mandatory training and CPD compared to 83.7% of white colleagues (5.4pp gap) | White colleagues are 0.88 times less likely to access non-mandatory training than Global Majority colleagues.<br>61.7% of Global Majority Colleagues have accessed non-mandatory training and CPD compared to 54.4% of white colleagues (5.0pp gap) | Relative likelihood moved 0.02 further from target of 1.0 (equal experience). | Relative likelihood moved 0.06 further from target of 1.0 (equal experience) | No EDI disparity, performing better than the NHS average. |
| **Indicator 5** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. | 22.3% of Global Majority Colleagues compared to 21.8% of white colleagues (0.5pp gap) | 28.3% of Global Majority Colleagues compared to 22.2% of white colleagues (6.1pp gap) | Gap ↓ by 0.2pp<br>Rating remains non-priority | Gap ↑ by 3.2pp<br>Rating escalated from Amber to Red ☹ | NBT = example of relative success<br>UHBW = deterioration requiring targeted intervention |
| **Indicator 6** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | 17.3% of Global Majority Colleagues compared to 17.6% of white colleagues (0.3pp gap). Rates are higher for colleagues racialised as White. | 19.8% of Global Majority Colleagues compared to 16.1% of white colleagues (3.7pp gap) | Gap ↓ by 0.3pp<br>Rating remains non-priority | Gap ↑ by 0.6pp<br>Rating remains Amber | NBT = example of relative success<br>UHBW = deterioration requiring targeted intervention |

| WRES Measure | NBT current position | UHBW current position | NBT Performance year on year | UHBW performance year on year | 2026 Headline |
|---|---|---|---|---|---|
| **WRES Indicator 7** Percentage of staff believing that Trust provides equal opportunities for career progression or promotion | 52.4% of Global Majority Colleagues compared to 57.9% of White colleagues (5.5pp gap) | 51.3% of Global Majority Colleagues compared to 60.0% of White colleagues (9.0pp gap) | Gap ↓ by 1.1pp<br><br>Rating remains Red | Gap ↑ by 0.9pp<br><br>Rating remains Red | This remains one of the most significant experience gaps, directly affecting leadership diversity and long-term workforce equity. |
| **WRES Indicator 8** Percentage of staff experiencing discrimination at work from other staff in the last 12 months | 10.7% of Global Majority Colleagues compared to 5.5% of white colleagues (5.3pp gap) | 13.2% of Global Majority Colleagues compared to 5.2% of white colleagues (8.0pp gap) | Gap ↓ by 0.6pp<br><br>Rating remains Red | Gap ↑ by 0.6pp<br><br>Rating remains Red | Widening disparities at UHBW suggest deteriorating workplace experience, requiring urgent focus. |
| **WRES Indicator 9** The representation of BME people amongst Board members | Shared Board across the Group.<br>10.5% of the Board are Global Majority colleagues.<br>6.7% of Voting Board Members are Global Majority colleagues.<br>Difference between board and staff representations<br>NBT Global Majority -19.6%<br>UHBW Global Majority -18.0% | | Representation ↓ by 3.8pp<br>Representation gap between board and staff ↑ by 6.1pp<br>Rating escalated to Red | Representation stayed the same<br>Representation gap between board and staff ↑ by 1.0pp<br>Rating escalated to Red | Board representation remains significantly below workforce representation, limiting visible leadership diversity and potentially undermining confidence in organisational commitment to equity. |

# 4. Priority Actions

## Priority Areas for Action

- **Inclusive recruitment:** Reduce recruitment disparity ratio to below 1.5 within 12 months. Support the proposed inclusive recruitment plan, focussing on launching new mandatory inclusive recruitment training and auditing recruitment processes.
- **Progression gaps:** Target progression gaps at Bands 7–8b and consultant level. Support the positive action programme task and finish group in their review of positive action programmes across the Trust, conducting patient first A3 methodology to propose a new model and programme with targeted interventions into specific areas.
- **Review disciplinary processes for bias and consistency:** Through the corporate services transformation programme, use this opportunity to review current practices and develop fairer systems addressing institutional racial bias.
- **Scale interventions beyond programmes** (e.g. Bridges) to systemic change, learning form the approach of UHBW's pro-equity programme.
- **Increase Board-level diversity** in line with workforce representation.

# Appendix

# 5. Appendix 1 Definitions

### Agenda for Change (AfC)

The main pay system for staff in the NHS, except doctors, dentists and senior managers. Abbreviated to AfC, also known as NHS Terms and Conditions of Service.

- Cluster 1 (AfC bands <1 to 4)
- Cluster 2 (AfC bands 5 to 7)
- Cluster 3 (AfC bands 8a and 8b),
- Cluster 4 (AfC bands 8c to VSM).

### Global Majority (previously Ethnically Minoritised)

This term is used in this report to represent colleagues who identify as Black, Asian, Multiple Heritage, GRT (Gypsy, Roma, Traveller), indigenous to the global south, and or have been racialised as 'ethnic minorities'. We have made this move as ‘ethnic minority’ and ‘ethnically minoritised’ have negative connotations and imply that colleagues not racialised as white are in the minority, which is a Eurocentric view. There are incidences where ‘BME’ is used, but this is when quoting NHS England WRES titles for reference.

### Explaining percentage points vs. percent change

When comparing two percentages, it is important to distinguish between a change measured in percentage points and a percent increase or decrease.

A **percentage point (pp)** refers to the *absolute difference* between two percentages. For example, if a value increases from 40% to 45%, this is an increase of **5 percentage points** (45 − 40 = 5).

In contrast, a **percent change (%)** (or percent increase/decrease) expresses the *relative change compared to the original value*. Using the same example, an increase from 40% to 45% represents a **12.5% increase**, because 5 is 12.5% of 40.

This distinction matters because percentage points describe straightforward differences, while percent change reflects proportional growth or decline. Confusing these terms can misrepresent the scale of change: a change of a few percentage points may correspond to a much larger or smaller percent change depending on the starting value.

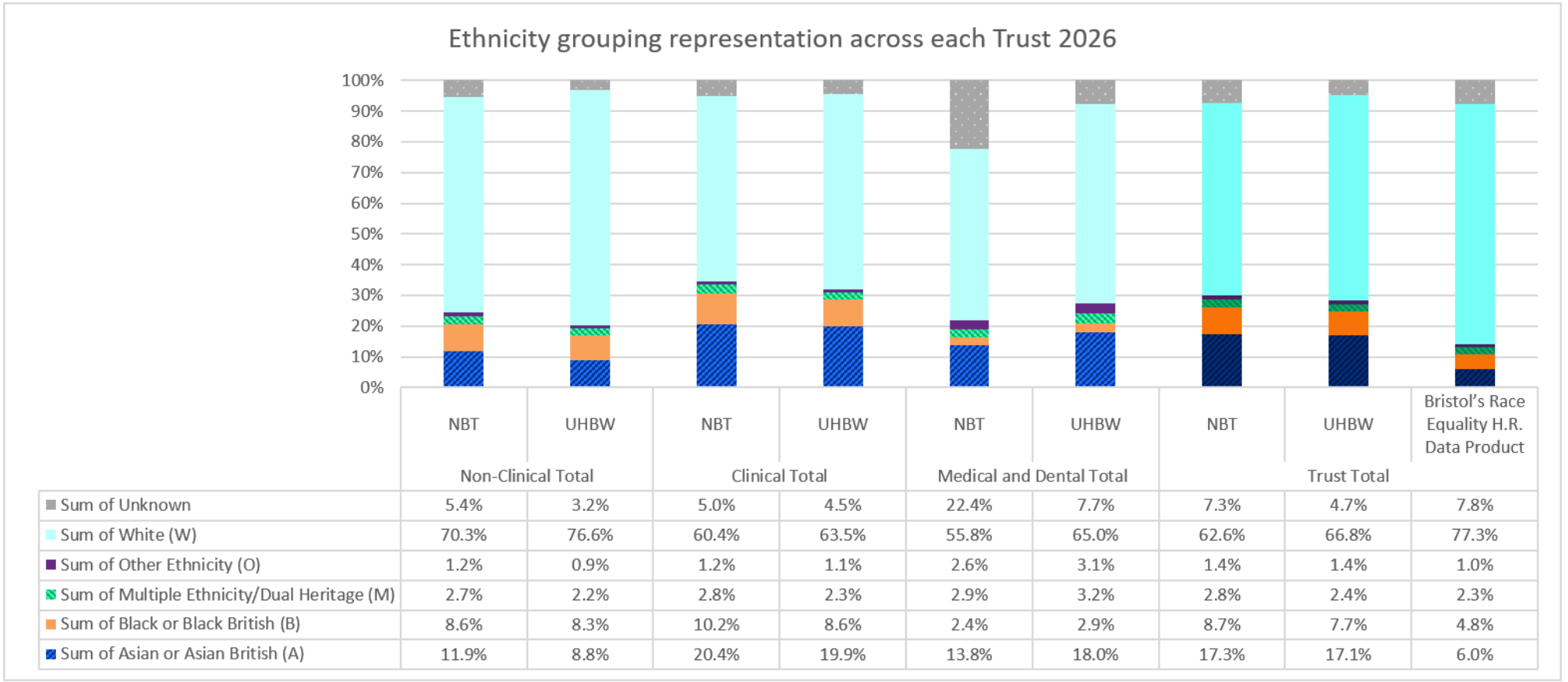
# 6. Appendix 2 Detailed WRES Data

## WRES Indicator 1

### Percentage and number of staff in NHS Trusts by ethnicity

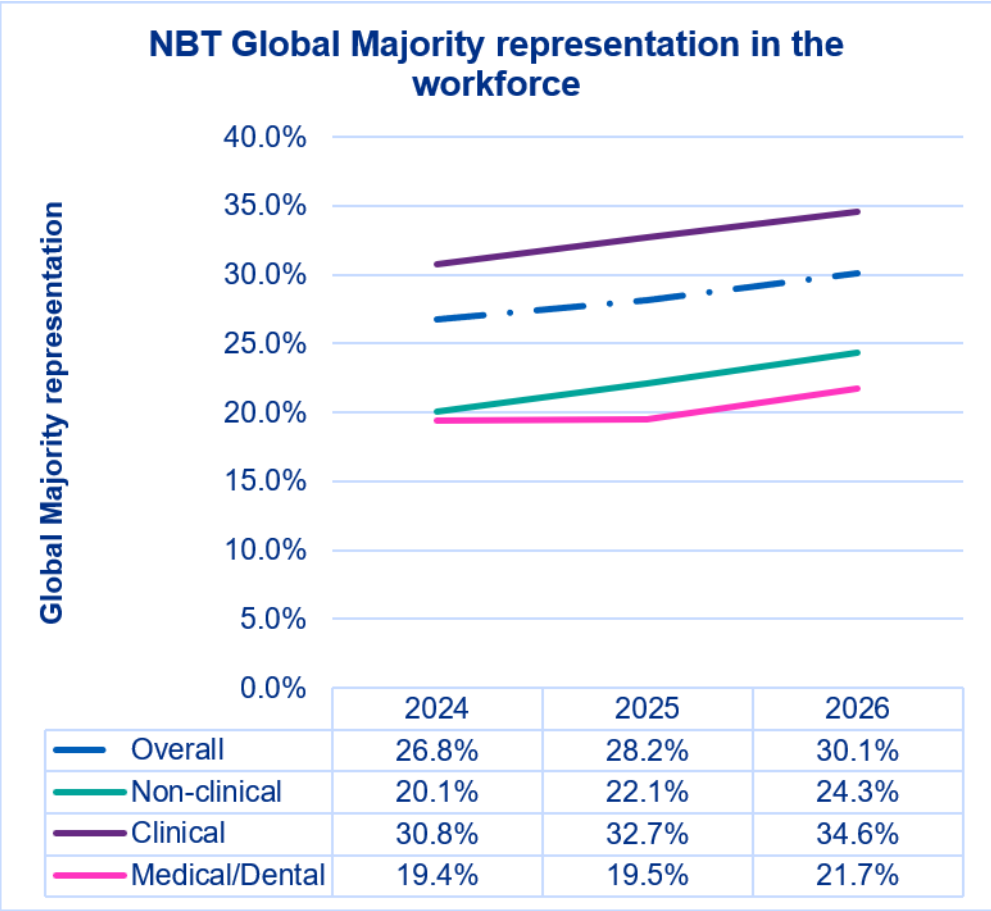
Workforce distribution by ethnicity WRES (Taken on 31st March 2025)

### WRES Indicator 1a: Trust Level Summary

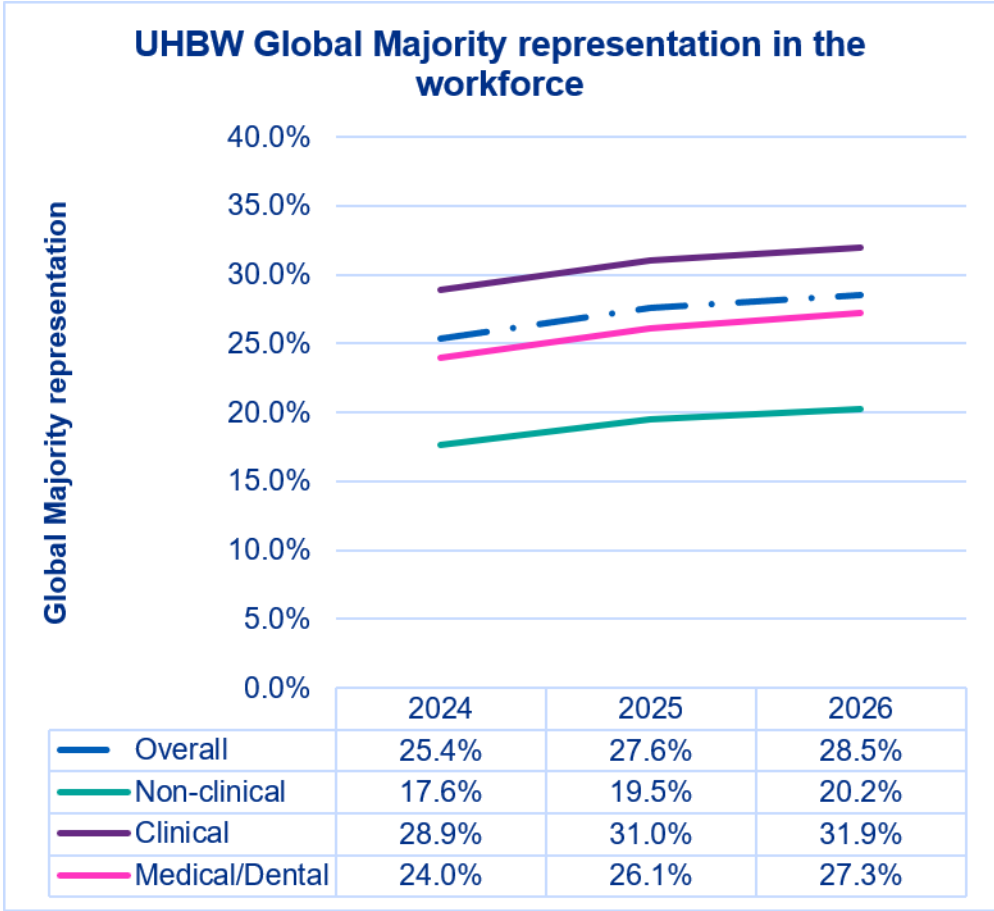



| | NBT | UHBW | NBT | UHBW | NBT | UHBW | NBT | UHBW | Bristol's Race Equality H.R. Data Product |
|---|---|---|---|---|---|---|---|---|---|
| | Non-Clinical Total | | Clinical Total | | Medical and Dental Total | | Trust Total | | |
| Sum of Unknown | 5.4% | 3.2% | 5.0% | 4.5% | 22.4% | 7.7% | 7.3% | 4.7% | 7.8% |
| Sum of White (W) | 70.3% | 76.6% | 60.4% | 63.5% | 55.8% | 65.0% | 62.6% | 66.8% | 77.3% |
| Sum of Other Ethnicity (O) | 1.2% | 0.9% | 1.2% | 1.1% | 2.6% | 3.1% | 1.4% | 1.4% | 1.0% |
| Sum of Multiple Ethnicity/Dual Heritage (M) | 2.7% | 2.2% | 2.8% | 2.3% | 2.9% | 3.2% | 2.8% | 2.4% | 2.3% |
| Sum of Black or Black British (B) | 8.6% | 8.3% | 10.2% | 8.6% | 2.4% | 2.9% | 8.7% | 7.7% | 4.8% |
| Sum of Asian or Asian British (A) | 11.9% | 8.8% | 20.4% | 19.9% | 13.8% | 18.0% | 17.3% | 17.1% | 6.0% |

## WRES Indicator 1a: Trust level 3 year trend – Global Majority representation




| | 2024 | 2025 | 2026 |
|---|---|---|---|
| Overall | 26.8% | 28.2% | 30.1% |
| Non-clinical | 20.1% | 22.1% | 24.3% |
| Clinical | 30.8% | 32.7% | 34.6% |
| Medical/Dental | 19.4% | 19.5% | 21.7% |




| | 2024 | 2025 | 2026 |
|---|---|---|---|
| Overall | 25.4% | 27.6% | 28.5% |
| Non-clinical | 17.6% | 19.5% | 20.2% |
| Clinical | 28.9% | 31.0% | 31.9% |
| Medical/Dental | 24.0% | 26.1% | 27.3% |

## WRES Indicator 1a: disparity ratios

The race disparity ratio is "a reflection of staff distribution in terms of representation through the AfC pay bands, comparing BME staff with white staff. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff." NHS England

To calculate race disparity, first a progression ratio is calculated by comparing the number of Global Majority colleagues at one band grouping to another band grouping. The same calculation is made for White colleagues. These two disparity ratios are then compared by dividing the Global Majority progression ratio by the white progression ratio.

It is presented at four tiers: Support (Cluster 1, Bands 1-4), Middle (Cluster 2, Bands 5-7), Senior (Cluster 3, Bands 8a to 8b), VSM (Cluster 4, Bands 8c to 9 and Very Senior Managers)

There is no separate target set for race disparity ratio as the overall expectation is to achieve parity with ethnically minoritised and White staff, indicated by a ratio of 1.0.

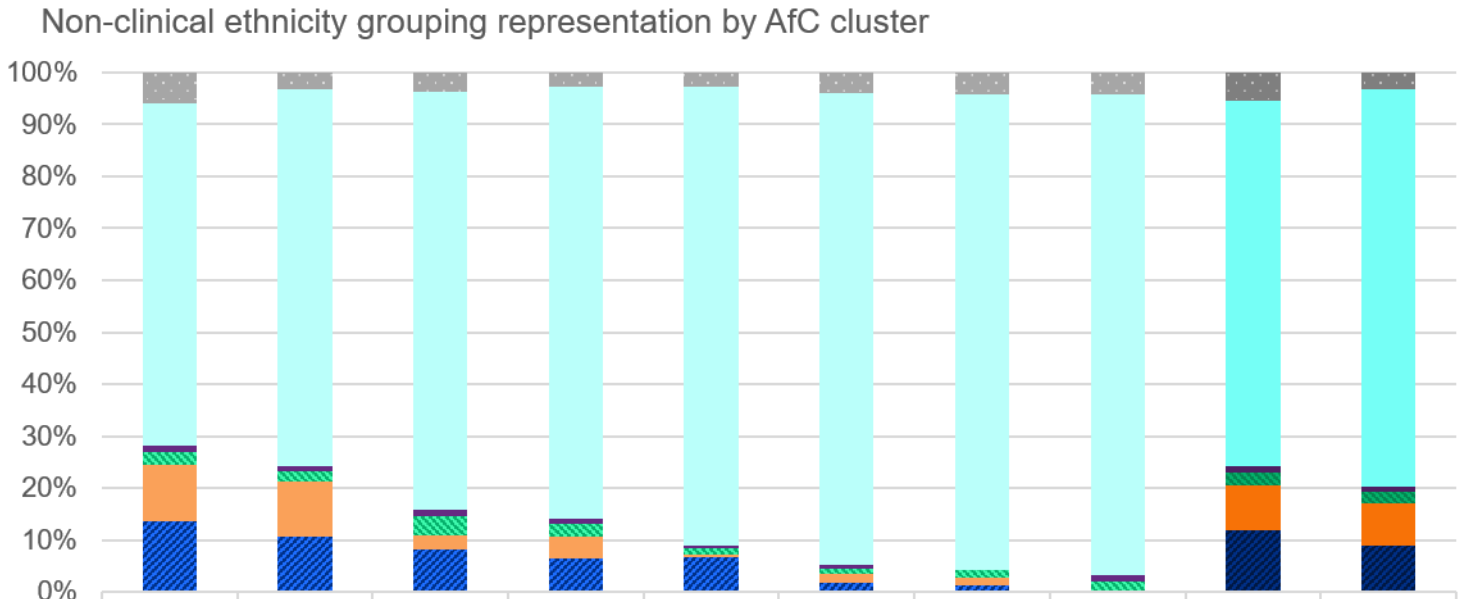
### Non-clinical Race Disparity Ratio

| Trust | Group | NHS 2025 Average | Trust 2025 | Trust 2026 | Change 2025-26 |
|---|---|---|---|---|---|
| UHBW | **Support to Middle** | 1.00 | 2.03 | 1.94 | -0.09 |
| | **Middle to Senior** | 1.27 | 2.43 | 2.99 | 0.56 |
| | **Senior to VSM** | 1.35 | 2.82 | 1.66 | -1.16 |
| | **Support to VSM** | 1.71 | 13.96 | 9.68 | -4.28 |
| NBT | **Support to Middle** | 1.00 | 1.88 | 2.19 | 0.31 |
| | **Middle to Senior** | 1.27 | 2.05 | 1.93 | -0.12 |
| | **Senior to VSM** | 1.35 | 2.07 | 2.38 | 0.31 |
| | **Support to VSM** | 1.71 | 7.96 | 10.03 | 2.07 |

### Clinical race disparity ratio

| Trust | Group | NHS 2025 Average | Trust 2025 | Trust 2026 | Change 2025-26 |
|---|---|---|---|---|---|
| UHBW | **Support to Middle** | 0.83 | 1.15 | 1.24 | 0.09 |
| | **Middle to Senior** | 2.35 | 4.45 | 4.54 | 0.09 |
| | **Senior to VSM** | 1.30 | 1.24 | 1.46 | 0.22 |
| | **Support to VSM** | 2.54 | 6.30 | 8.22 | 1.92 |
| NBT | **Support to Middle** | 0.83 | 1.33 | 1.36 | 0.03 |
| | **Middle to Senior** | 2.35 | 4.13 | 4.32 | 0.19 |
| | **Senior to VSM** | 1.30 | 1.94 | 2.18 | 0.24 |
| | **Support to VSM** | 2.54 | 10.64 | 12.77 | 2.13 |

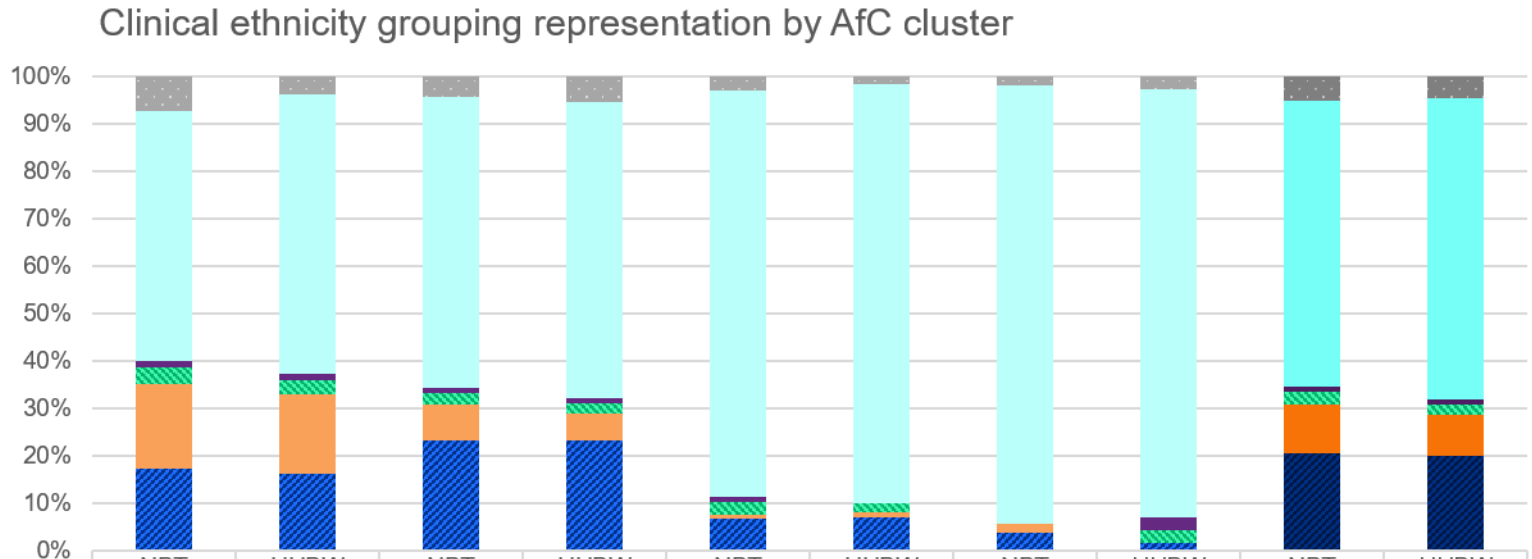
## WRES Indicator 1b: Non-clinical Summary




| | NBT | UHBW | NBT | UHBW | NBT | UHBW | NBT | UHBW | NBT | UHBW |
|---|---|---|---|---|---|---|---|---|---|---|
| | Cluster 1: AfC Bands <1 to 4 | | Cluster 2: AfC bands 5 to 7 | | Cluster 3: AfC bands 8a and 8b | | Cluster 4: AfC bands 8c to VSM | | Non-Clinical Total | |
| Sum of Unknown | 6.1% | 3.1% | 3.8% | 2.9% | 2.8% | 4.0% | 4.2% | 4.3% | 5.4% | 3.2% |
| Sum of White (W) | 65.7% | 72.6% | 80.4% | 82.9% | 88.2% | 90.8% | 91.5% | 92.6% | 70.3% | 76.6% |
| Sum of Other Ethnicity (O) | 1.3% | 0.9% | 1.1% | 1.0% | 0.6% | 0.6% | 0.0% | 1.1% | 1.2% | 0.9% |
| Sum of Multiple Ethnicity/Dual Heritage (M) | 2.6% | 2.1% | 3.8% | 2.5% | 1.1% | 1.2% | 1.4% | 2.1% | 2.7% | 2.2% |
| Sum of Black or Black British (B) | 10.9% | 10.5% | 2.7% | 4.4% | 0.6% | 1.7% | 1.4% | 0.0% | 8.6% | 8.3% |
| Sum of Asian or Asian British (A) | 13.5% | 10.7% | 8.3% | 6.4% | 6.7% | 1.7% | 1.4% | 0.0% | 11.9% | 8.8% |

- **Asian or Asian British:** For UHBW, representation dramatically reduces at cluster 3 however for NBT representation remains above 6% until cluster 4
- **Black or Black British:** Both Trusts show a lack of representation of Asian colleagues at cluster 2 and above.
- **Multiple Ethnicity / Dual Heritage:** representation for both trusts is lowest for cluster 3 however UHBW increase again for cluster 4.

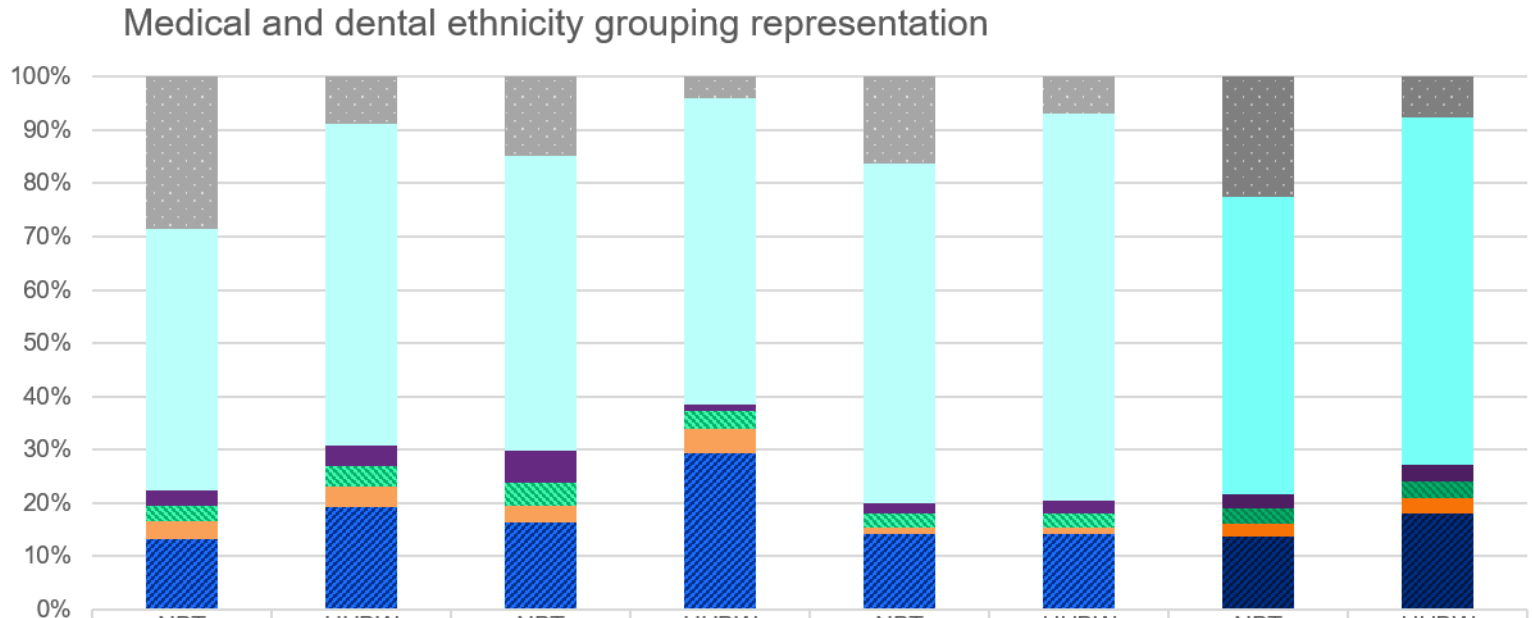
## WRES Indicator 1c: Clinical Summary




| | NBT Cluster 1: AfC Bands <1 to 4 | UHBW Cluster 1: AfC Bands <1 to 4 | NBT Cluster 2: AfC bands 5 to 7 | UHBW Cluster 2: AfC bands 5 to 7 | NBT Cluster 3: AfC bands 8a and 8b | UHBW Cluster 3: AfC bands 8a and 8b | NBT Cluster 4: AfC bands 8c to VSM | UHBW Cluster 4: AfC bands 8c to VSM | NBT Clinical Total | UHBW Clinical Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Sum of Unknown | 7.2% | 3.6% | 4.2% | 5.2% | 2.9% | 1.5% | 1.9% | 2.8% | 5.0% | 4.5% |
| Sum of White (W) | 52.8% | 59.0% | 61.5% | 62.7% | 85.9% | 88.6% | 92.5% | 90.3% | 60.4% | 63.5% |
| Sum of Other Ethnicity (O) | 1.3% | 1.5% | 1.1% | 1.1% | 0.9% | 0.2% | 0.0% | 2.8% | 1.2% | 1.1% |
| Sum of Multiple Ethnicity/Dual Heritage (M) | 3.6% | 3.0% | 2.4% | 2.0% | 2.9% | 1.7% | 0.0% | 2.8% | 2.8% | 2.3% |
| Sum of Black or Black British (B) | 17.8% | 16.7% | 7.6% | 5.9% | 0.6% | 1.1% | 1.9% | 0.0% | 10.2% | 8.6% |
| Sum of Asian or Asian British (A) | 17.3% | 16.2% | 23.2% | 23.1% | 6.7% | 7.0% | 3.8% | 1.4% | 20.4% | 19.9% |

- **Asian or Asian British:** Both Trusts show reduced representation of Asian colleagues at cluster 3 and a lack of representation of Asian colleagues at cluster 4. Representation is highest at cluster 2
- **Black or Black British:** Both Trusts show representation more than halving from cluster 1 top cluster 2. There is a lack of representation in cluster 3 and cluster 4.
- **Multiple Ethnicity / Dual Heritage:** NBT shows a lack of representation at cluster 4.

## WRES Indicator 1d: Medical and Dental Summary




| | Trainee | | Career grade | | Consultant | | Medical and Dental Total | |
|---|---|---|---|---|---|---|---|---|
| | NBT | UHBW | NBT | UHBW | NBT | UHBW | NBT | UHBW |
| Sum of Unknown | 28.5% | 8.8% | 14.9% | 3.9% | 16.4% | 7.0% | 22.4% | 7.7% |
| Sum of White (W) | 49.1% | 60.5% | 55.2% | 57.5% | 63.5% | 72.6% | 55.8% | 65.0% |
| Sum of Other Ethnicity (O) | 3.0% | 3.8% | 6.0% | 1.3% | 1.9% | 2.4% | 2.6% | 3.1% |
| Sum of Multiple Ethnicity/Dual Heritage (M) | 2.8% | 3.7% | 4.5% | 3.3% | 2.7% | 2.5% | 2.9% | 3.2% |
| Sum of Black or Black British (B) | 3.4% | 3.9% | 3.0% | 4.6% | 1.3% | 1.3% | 2.4% | 2.9% |
| Sum of Asian or Asian British (A) | 13.3% | 19.2% | 16.4% | 29.4% | 14.2% | 14.1% | 13.8% | 18.0% |

- **Asian or Asian British:** NBT shows consistent representation across the groupings. UHBW has lower representation within consultants compared to career grade or trainees, but still good representation.
- **Black or Black British:** Representation is lower in medical and dental than for clinical and non-clinical areas. Lowest representation within consultants.
- **Multiple Ethnicity / Dual Heritage:** Representation is higher in medical and dental than for clinical and non-clinical areas. Lowest representation within consultants.

## WRES Indicator 2

**The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.**

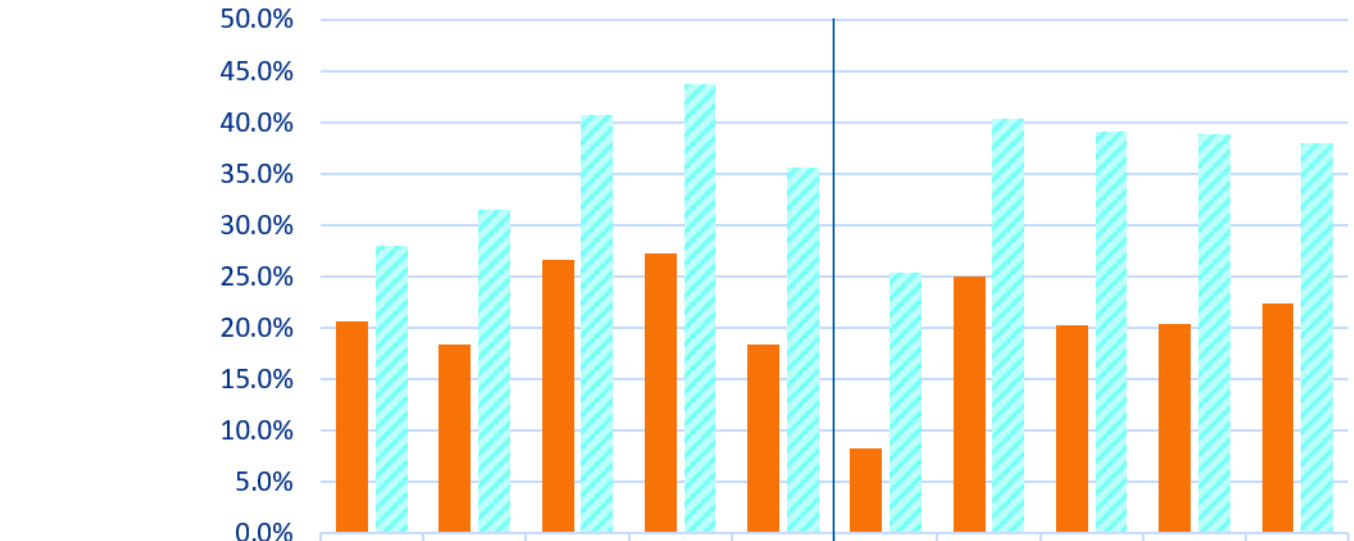
A value of 1.0 would mean an equal proportion of Global Majority colleagues were appointed compared to white colleagues. A value above 1.00 would indicate that Global Majority colleagues are less likely than White colleagues to be appointed.

**Relative likelihood of white applicants being appointed from shortlisting compared to Global Majority applicants**




| | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 |
|---|---|---|---|---|---|
| UHBW | 3.13 | 1.62 | 1.92 | 1.90 | 1.69 |
| NBT | 1.36 | 1.71 | 1.53 | 1.60 | 1.93 |
| NHS | 1.53 | 1.59 | 1.62 | 1.77 | |

**Proportion of candidates being appointed from shortlisting**

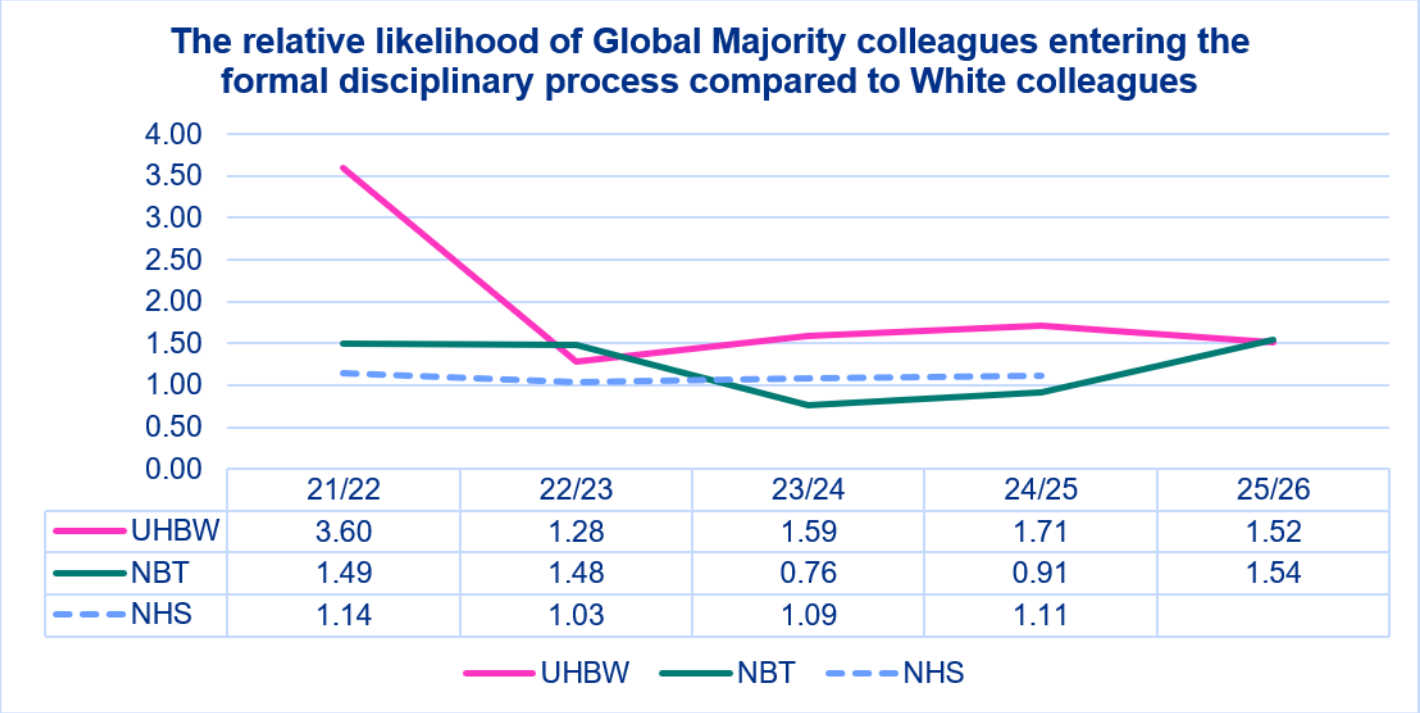



| | NBT | | | | | UHBW | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 |
| Sum of Global Majority | 20.6% | 18.4% | 26.6% | 27.3% | 18.4% | 8.3% | 25.0% | 20.3% | 20.4% | 22.4% |
| Sum of White | 28.0% | 31.5% | 40.7% | 43.7% | 35.6% | 25.4% | 40.4% | 39.1% | 38.8% | 38.0% |

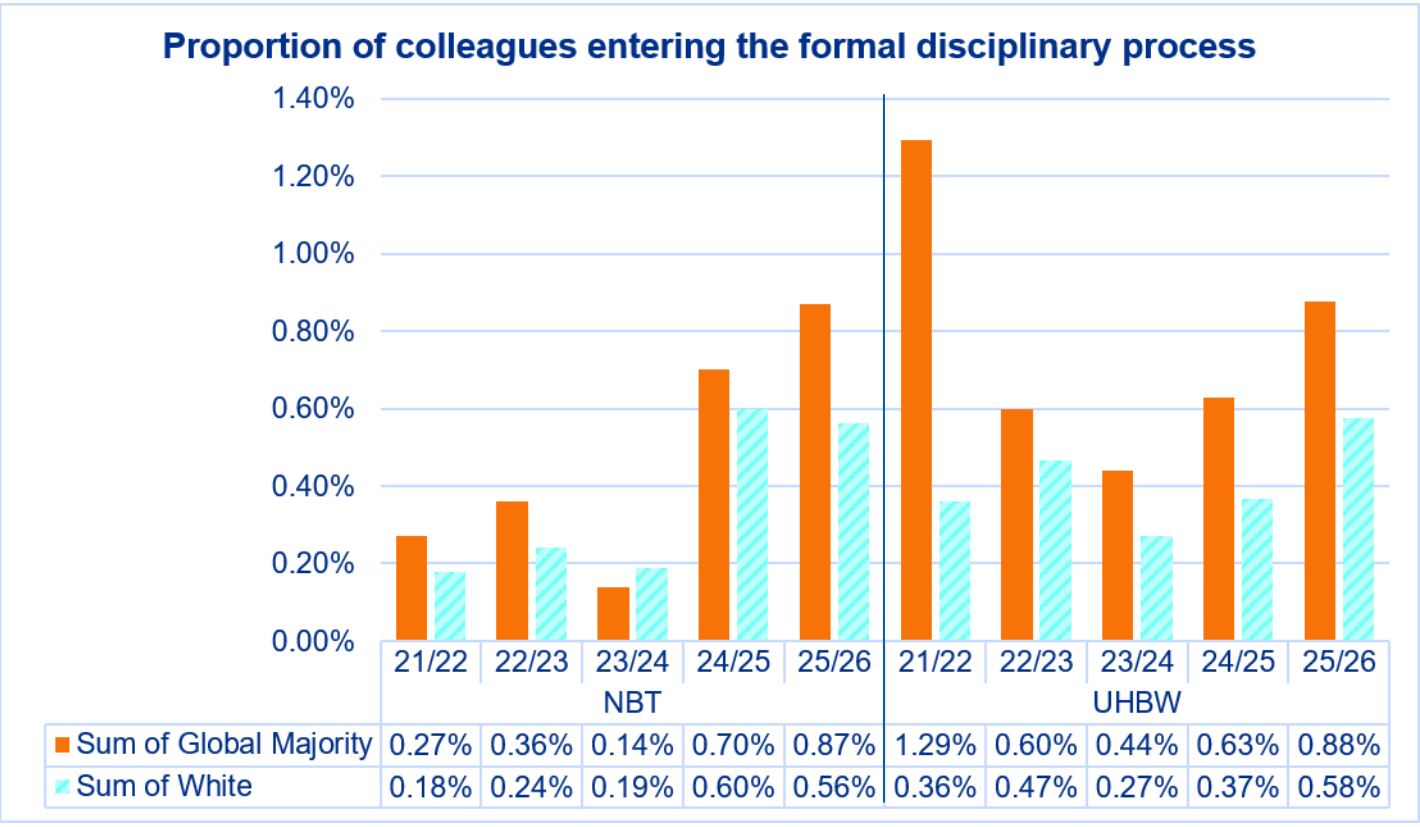
## WRES Indicator 3

**The relative likelihood of BME staff entering the formal disciplinary process compared to white staff.**

A value of 1.0 would mean an equal proportion of Global Majority colleagues went through the formal disciplinary process compared to white colleagues. A value above 1.00 would indicate that Global Majority colleagues are more likely than White colleagues to enter the formal disciplinary process.




| | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 |
|---|---|---|---|---|---|
| UHBW | 3.60 | 1.28 | 1.59 | 1.71 | 1.52 |
| NBT | 1.49 | 1.48 | 0.76 | 0.91 | 1.54 |
| NHS | 1.14 | 1.03 | 1.09 | 1.11 | |

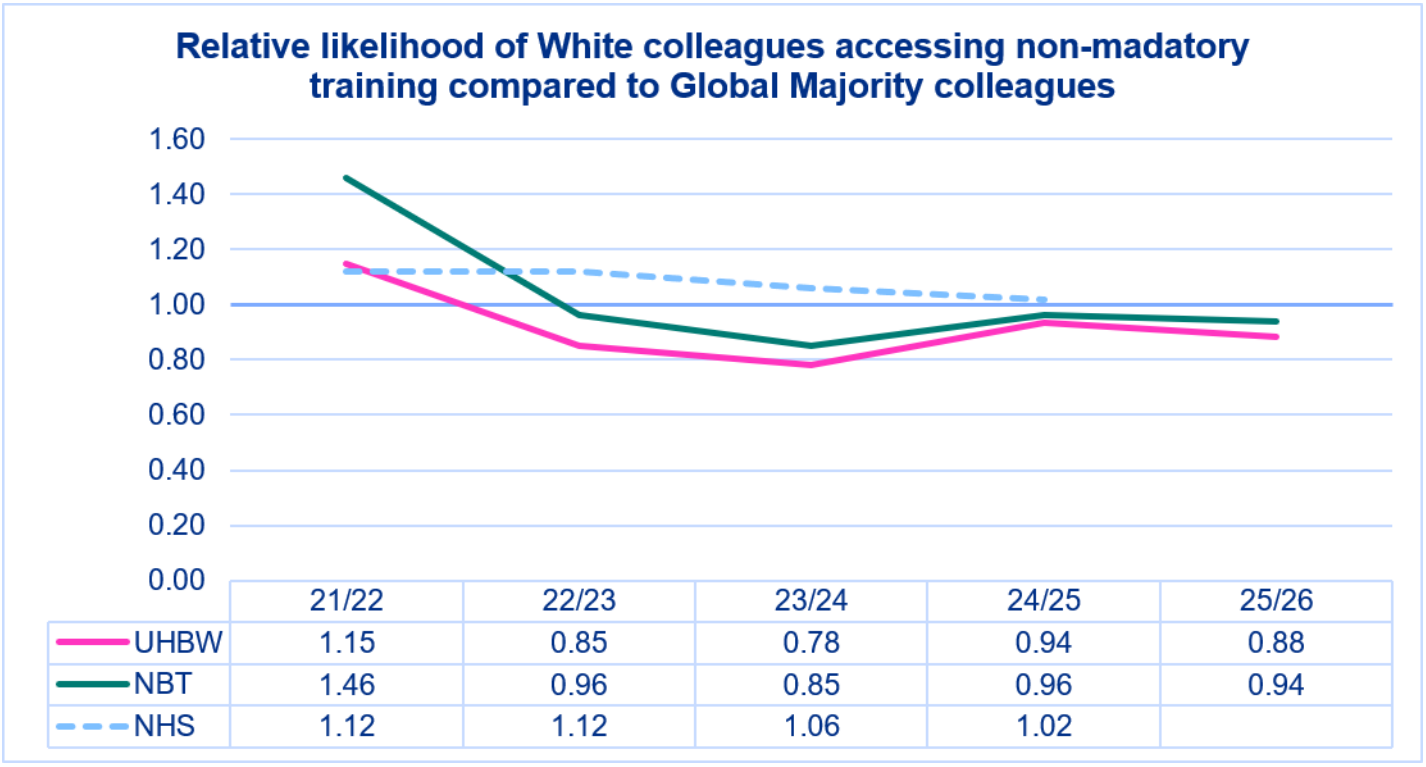



| | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 |
|---|---|---|---|---|---|---|---|---|---|---|
| | NBT | | | | | UHBW | | | | |
| Sum of Global Majority | 0.27% | 0.36% | 0.14% | 0.70% | 0.87% | 1.29% | 0.60% | 0.44% | 0.63% | 0.88% |
| Sum of White | 0.18% | 0.24% | 0.19% | 0.60% | 0.56% | 0.36% | 0.47% | 0.27% | 0.37% | 0.58% |

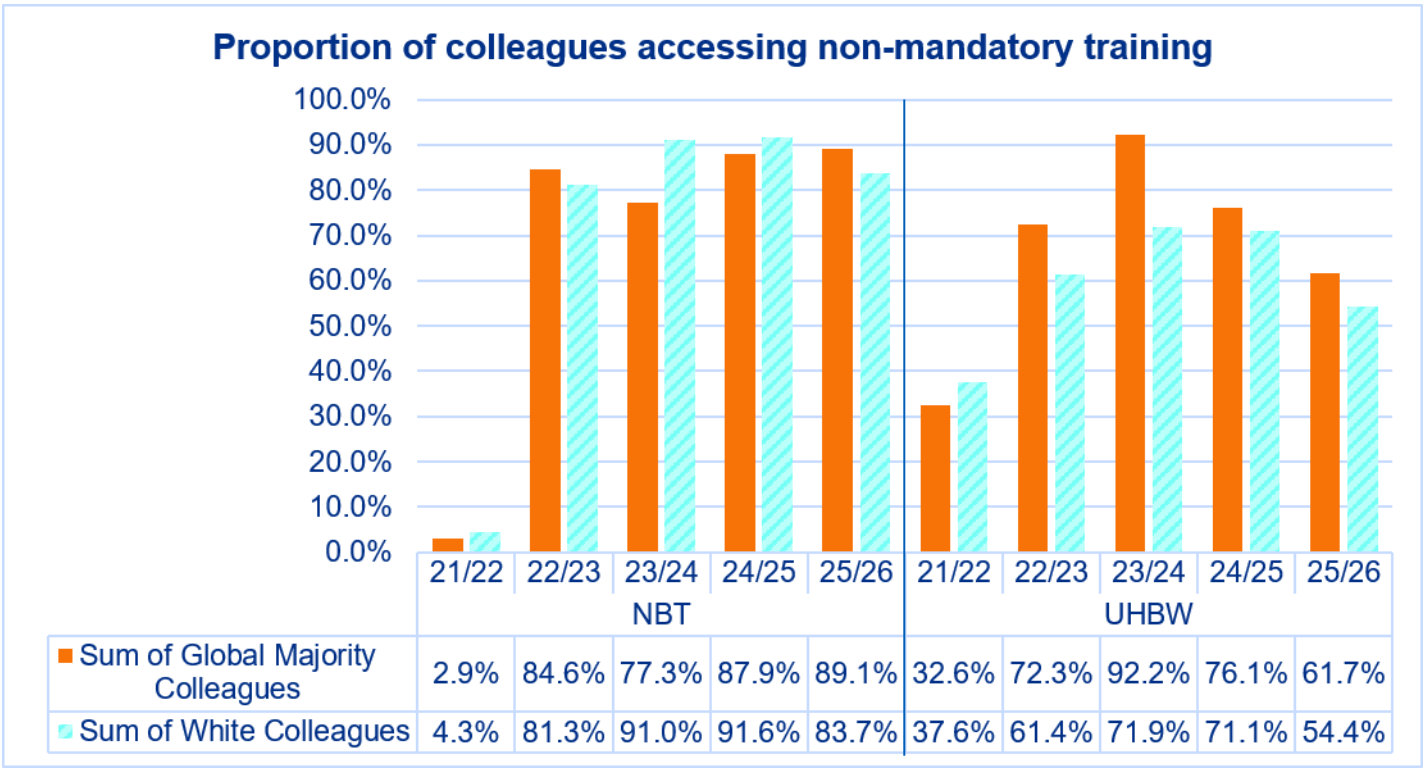
## WRES Indicator 4

**The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff.**

A figure above 1.00 would indicate that White colleagues are more likely than Global Majority colleagues to access non-mandatory training and CPD. A figure below 1.00 would indicate that Global Majority are more likely than White colleagues to access non-mandatory training and CPD.



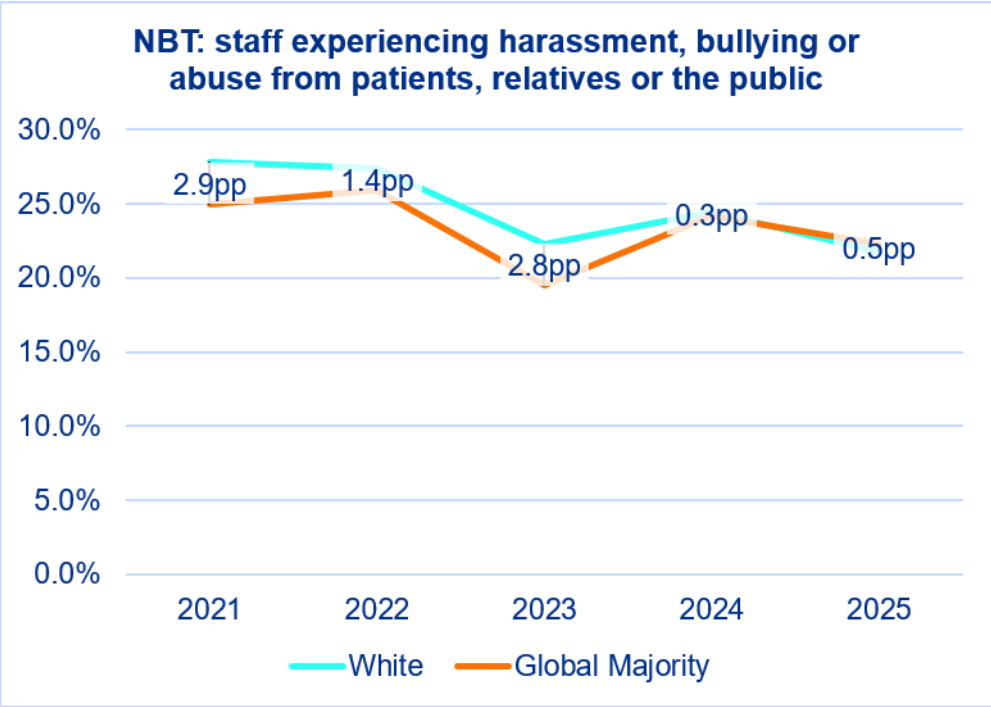

| | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 |
|---|---|---|---|---|---|
| UHBW | 1.15 | 0.85 | 0.78 | 0.94 | 0.88 |
| NBT | 1.46 | 0.96 | 0.85 | 0.96 | 0.94 |
| NHS | 1.12 | 1.12 | 1.06 | 1.02 | |

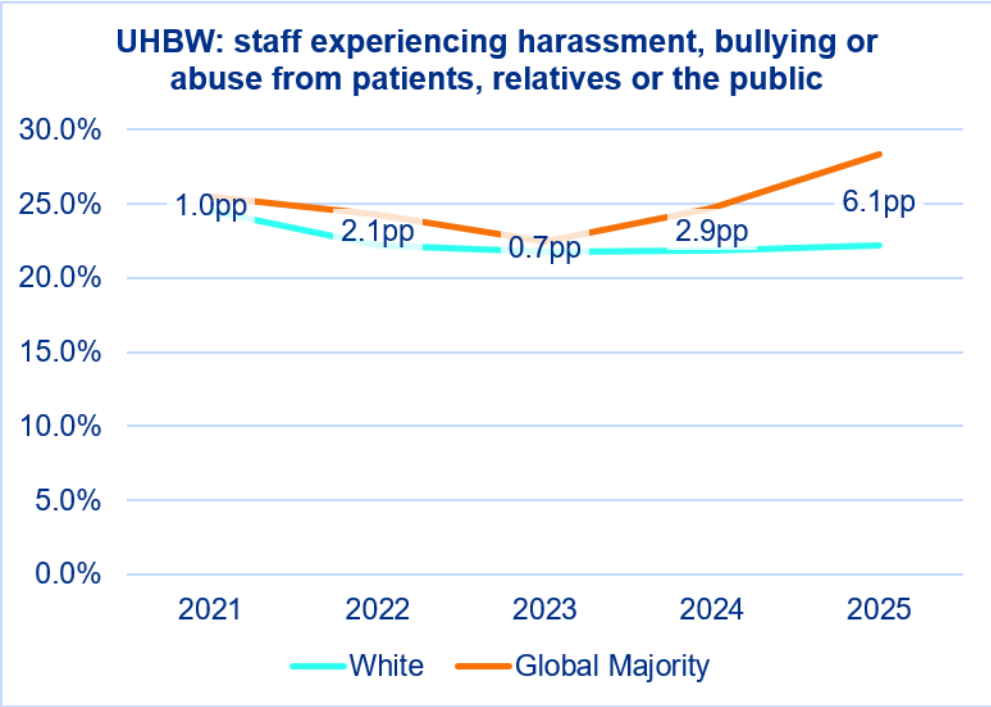



| | NBT | | | | | UHBW | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 | 21/22 | 22/23 | 23/24 | 24/25 | 25/26 |
| Sum of Global Majority Colleagues | 2.9% | 84.6% | 77.3% | 87.9% | 89.1% | 32.6% | 72.3% | 92.2% | 76.1% | 61.7% |
| Sum of White Colleagues | 4.3% | 81.3% | 91.0% | 91.6% | 83.7% | 37.6% | 61.4% | 71.9% | 71.1% | 54.4% |

## WRES Indicator 5

**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.**



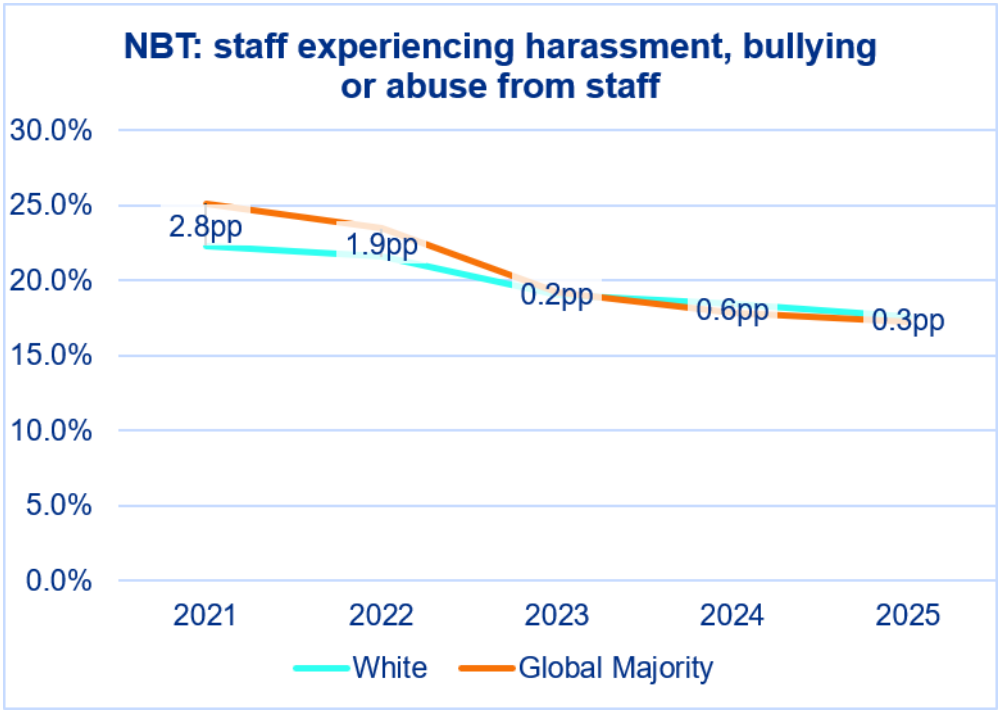



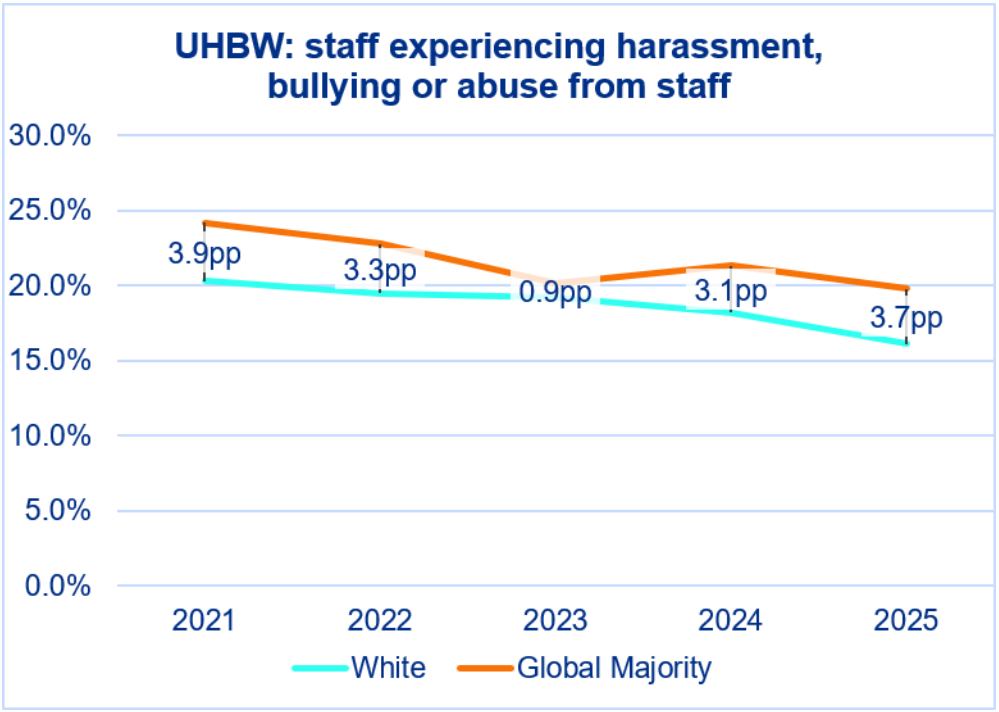

| Year | NHS Benchmark* White | NHS Benchmark* Global Majority | NHS Benchmark* Difference (pp) | NBT White | NBT Global Majority | NBT Difference (pp) | UHBW White | UHBW Global Majority | UHBW Difference (pp) |
|---|---|---|---|---|---|---|---|---|---|
| 2021 | 26.5% | 28.8% | 2.3pp | 27.8% | 25.0% | 2.9pp | 24.5% | 25.5% | 1.0pp |
| 2022 | 26.9% | 30.8% | 3.9pp | 27.4% | 25.9% | 1.4pp | 22.2% | 24.3% | 2.1pp |
| 2023 | 24.1% | 27.3% | 3.2pp | 22.3% | 19.5% | 2.8pp | 21.8% | 22.5% | 0.7pp |
| 2024 | 23.2% | 28.3% | 5.1pp | 24.5% | 24.2% | 0.3pp | 21.9% | 24.8% | 2.9pp |
| 2025 | 23.0% | 29.0% | 6.0pp | 21.8% | 22.3% | 0.5pp | 22.2% | 28.3% | 6.1pp |

***NHS Benchmark Median**

## WRES Indicator 6

**Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**



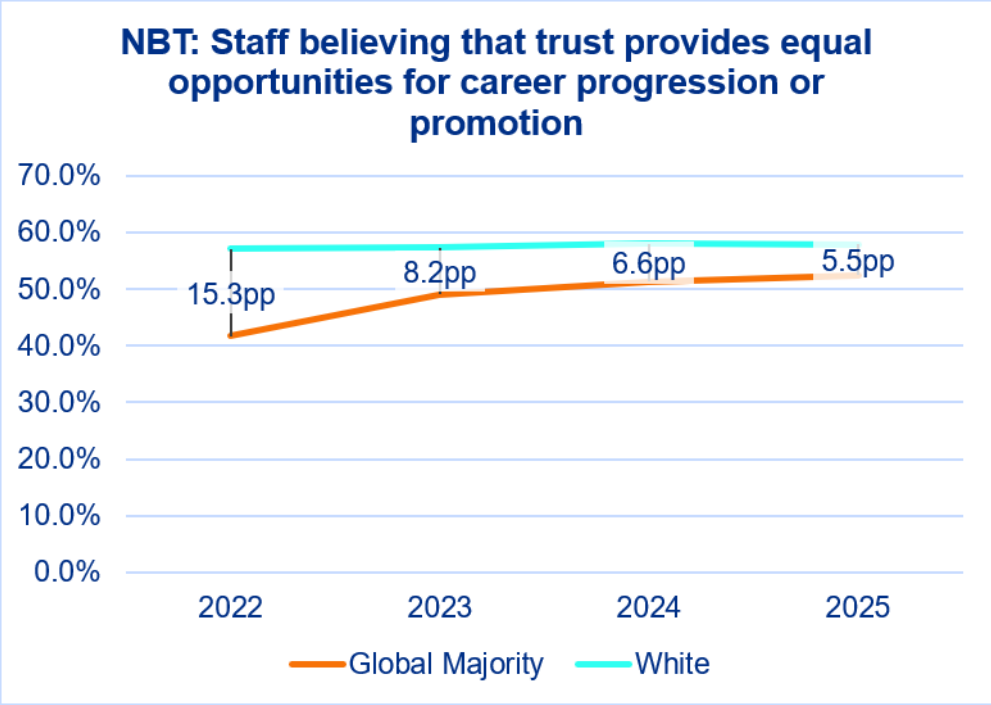



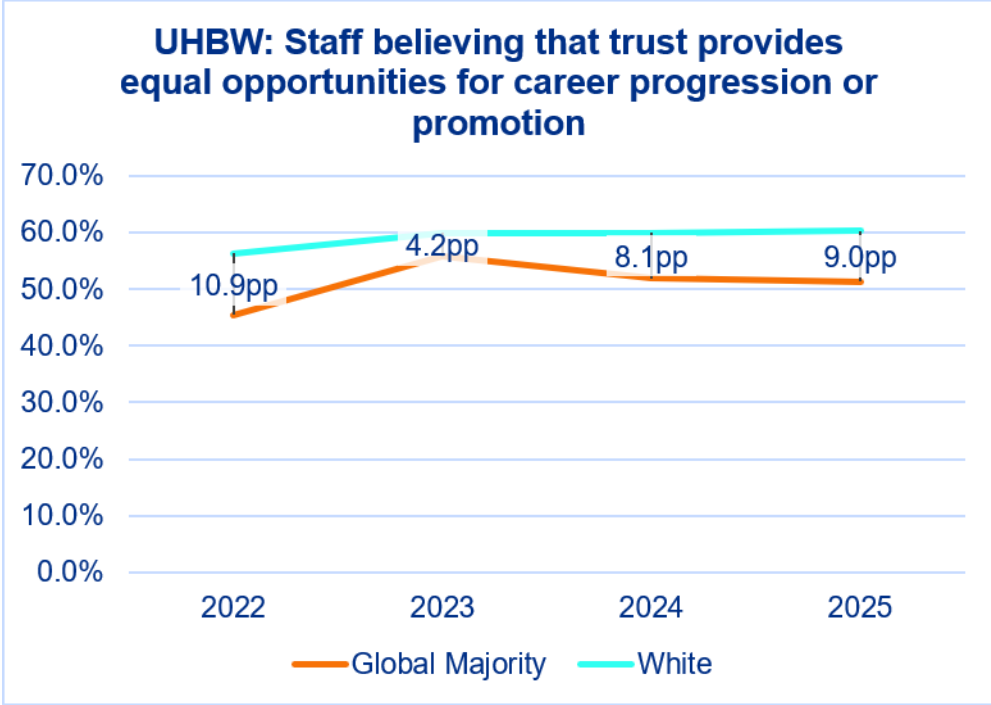

| Year | NHS Benchmark* White | NHS Benchmark* Global Majority | NHS Benchmark* Difference (pp) | NBT White | NBT Global Majority | NBT Difference (pp) | UHBW White | UHBW Global Majority | UHBW Difference (pp) |
|---|---|---|---|---|---|---|---|---|---|
| 2021 | 23.7% | 28.5% | 4.8pp | 22.3% | 25.1% | 2.8pp | 20.3% | 24.2% | 3.9pp |
| 2022 | 23.3% | 28.8% | 5.5pp | 21.6% | 23.5% | 1.9pp | 19.5% | 22.8% | 3.3pp |
| 2023 | 22.1% | 25.2% | 3.1pp | 19.0% | 19.2% | 0.2pp | 19.3% | 20.2% | 0.9pp |
| 2024 | 21.5% | 24.8% | 3.3pp | 18.4% | 17.9% | 0.6pp | 18.2% | 21.3% | 3.1pp |
| 2025 | 20.5% | 24.1% | 3.6pp | 17.6% | 17.3% | 0.3pp | 16.1% | 19.8% | 3.7pp |

***NHS Benchmark Median**

## WRES Indicator 7

**Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.**



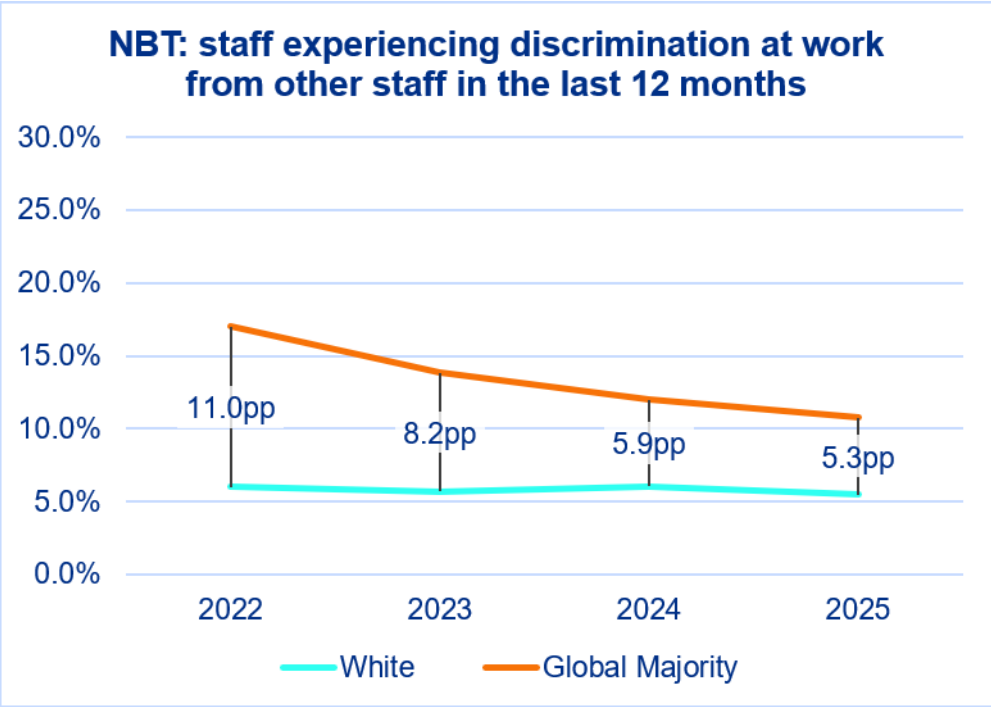



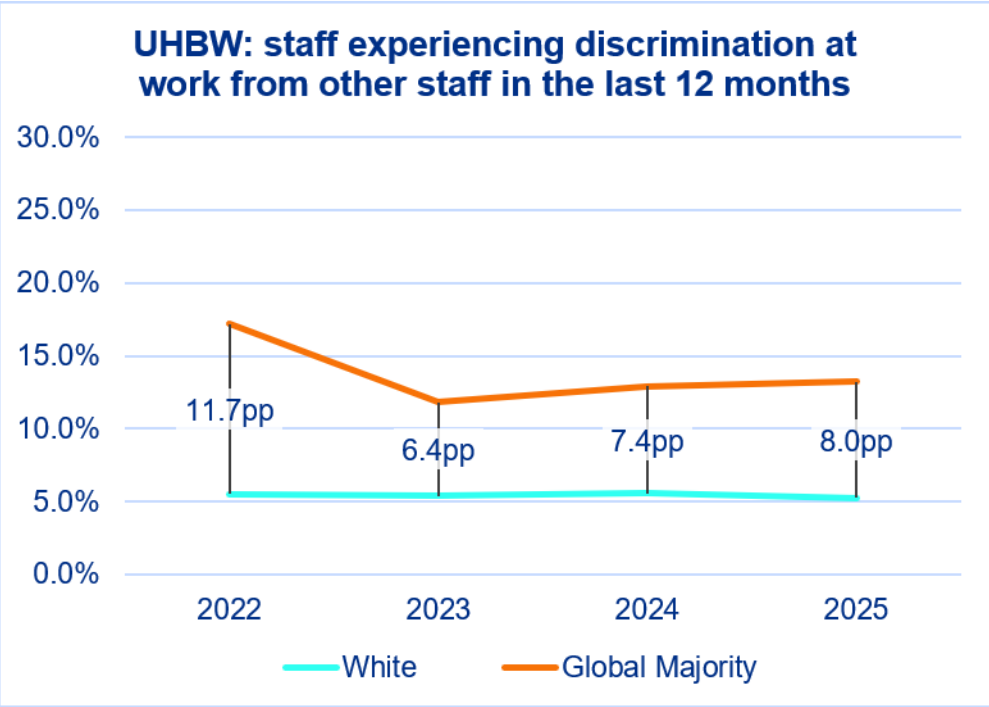

| Year | NHS Benchmark* White | NHS Benchmark* Global Majority | NHS Benchmark* Difference (pp) | NBT White | NBT Global Majority | NBT Difference (pp) | UHBW White | UHBW Global Majority | UHBW Difference (pp) |
|---|---|---|---|---|---|---|---|---|---|
| 2021 | 58.7% | 44.4% | 14.3pp | 58.7% | 40.5% | 18.2pp | 57.3% | 44.9% | 12.4pp |
| 2022 | 59.1% | 46.4% | 12.7pp | 57.1% | 41.8% | 15.3pp | 56.3% | 45.4% | 10.9pp |
| 2023 | 59.4% | 48.8% | 10.6pp | 57.3% | 49.1% | 8.2pp | 59.9% | 55.7% | 4.2pp |
| 2024 | 59.0% | 50.5% | 8.5pp | 58.0% | 51.4% | 6.6pp | 60.0% | 51.9% | 8.1pp |
| 2025 | 55.5% | 49.1% | 6.4pp | 57.9% | 52.4% | 5.5pp | 60.3% | 51.3% | 9.0pp |

*NHS Benchmark Median

## WRES Indicator 8

**Percentage of staff experiencing discrimination at work from other staff in the last 12 months**



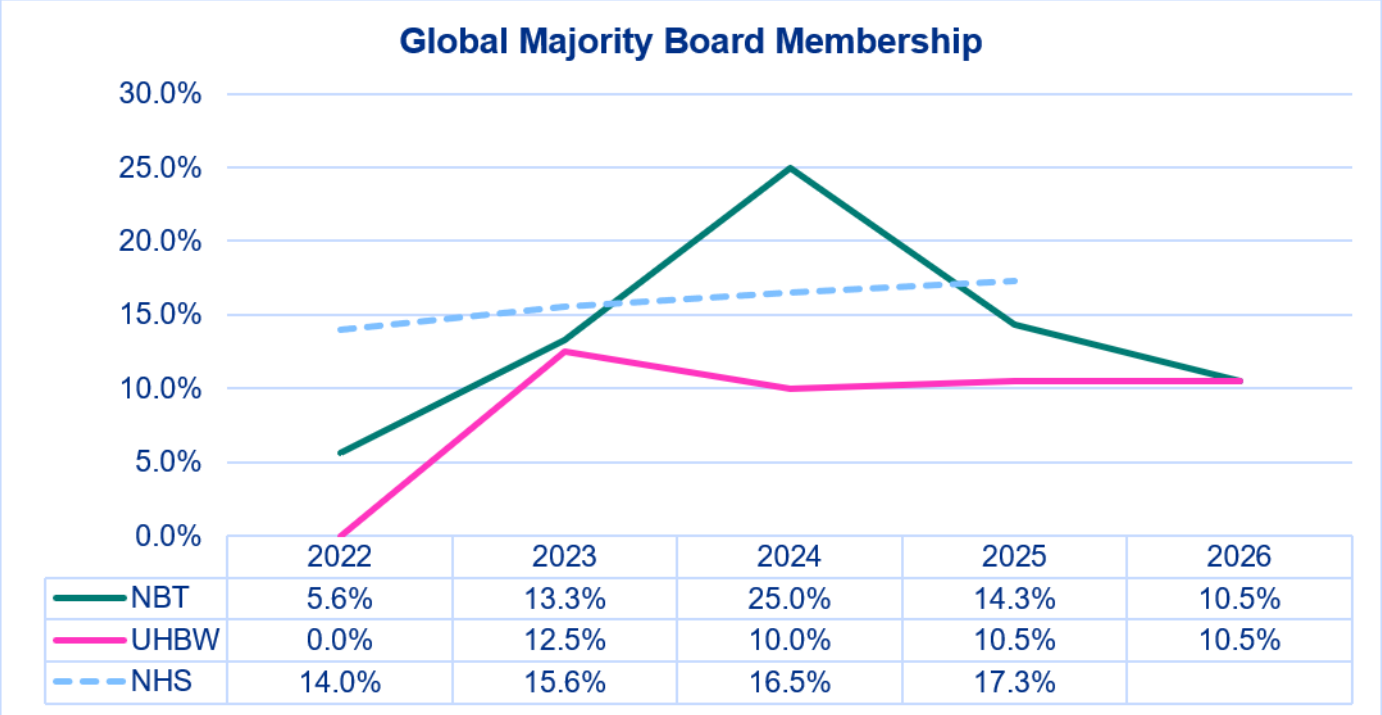

| Year | NHS Benchmark* White | NHS Benchmark* Global Majority | NHS Benchmark* Difference (pp) | NBT White | NBT Global Majority | NBT Difference (pp) | UHBW White | UHBW Global Majority | UHBW Difference (pp) |
|---|---|---|---|---|---|---|---|---|---|
| 2021 | 6.7% | 17.3% | 10.6pp | 6.4% | 16.2% | 9.8pp | 5.9% | 14.3% | 8.4pp |
| 2022 | 6.5% | 17.3% | 10.8pp | 6.0% | 17.0% | 11.0pp | 5.5% | 17.2% | 11.7pp |
| 2023 | 6.7% | 16.1% | 9.4pp | 5.7% | 13.8% | 8.2pp | 5.4% | 11.8% | 6.4pp |
| 2024 | 6.7% | 15.7% | 9.0pp | 6.0% | 12.0% | 5.9pp | 5.5% | 12.9% | 7.4pp |
| 2025 | 6.4% | 14.7% | 8.3pp | 5.5% | 10.7% | 5.3pp | 5.2% | 13.2% | 8.0pp |

*NHS Benchmark Median

## WRES Indicator 9

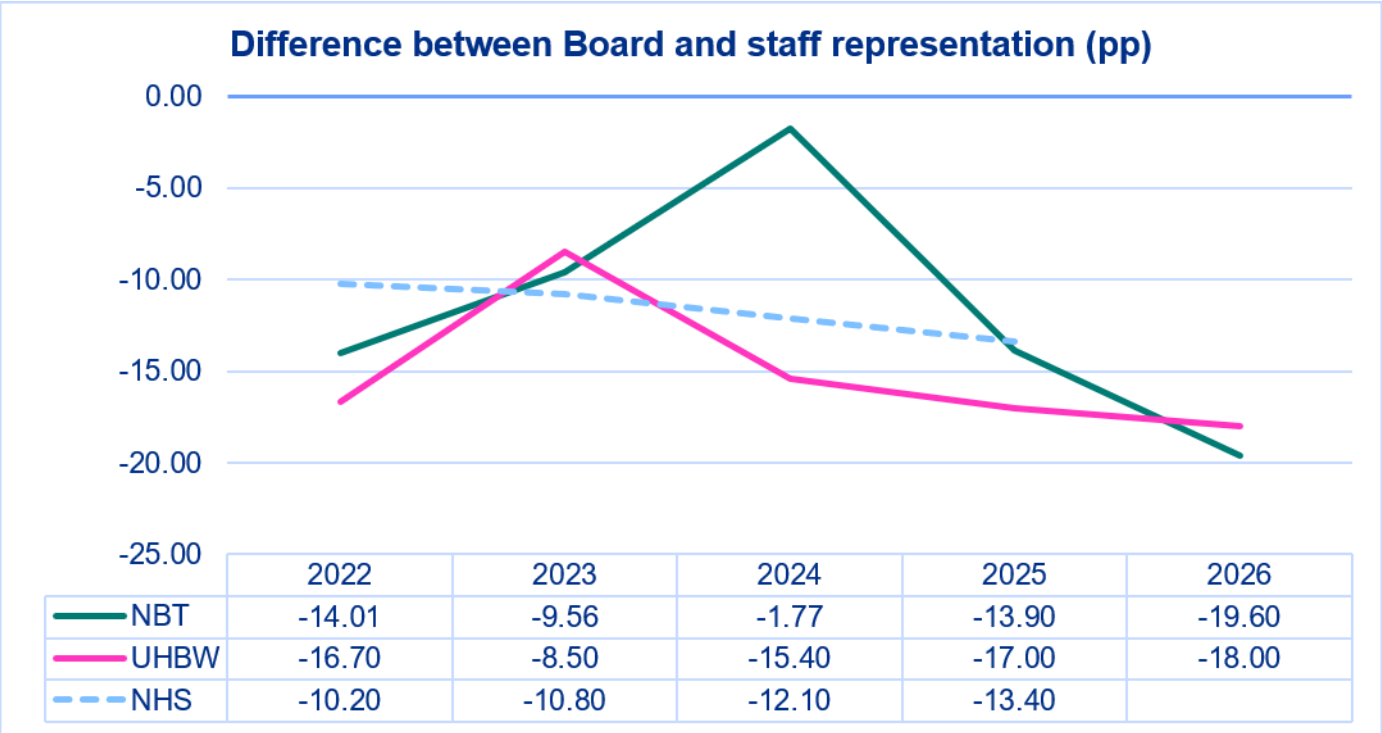
### The representation of BME people amongst Board members

It is important to note due to low numbers of colleagues on the Board, a small change within a role can have a large impact on the demographics. It is also important to note that representation does not necessarily equate to inclusive practices or diversity of thought.




| | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| NBT | 5.6% | 13.3% | 25.0% | 14.3% | 10.5% |
| UHBW | 0.0% | 12.5% | 10.0% | 10.5% | 10.5% |
| NHS | 14.0% | 15.6% | 16.5% | 17.3% | |

The graph below shows how far board representation is away from representation overall in the trust. The aim is 0 (top of the graph)




| | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| NBT | -14.01 | -9.56 | -1.77 | -13.90 | -19.60 |
| UHBW | -16.70 | -8.50 | -15.40 | -17.00 | -18.00 |
| NHS | -10.20 | -10.80 | -12.10 | -13.40 | |