

Workforce Race Equality Standard Data Submission (as at 31st March 2026)

Indicator 1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical staff and Clinical staff (of which: Non-Medical staff and Medical and Dental staff)
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Table 1: Snapshot of BTHFT workforce data over a period of three years

Pay Band	31st March 2024			31st March 2025			31st March 2026		
	White	Ethnically Diverse	Ethnicity Unknown/ NULL	White	Ethnically Diverse	Ethnicity Unknown/ NULL	White	Ethnically Diverse	Ethnicity Unknown/ NULL
1a) Non-clinical workforce									
Under Band 1	4	5	0	3	5	0	2	5 (71%)	0
Band 1	12	14	2	12	15	2	10	14 (54%)	2
Band 2	506	371	20	490	414	17	466	424 (47%)	15
Band 3	165	118	5	160	130	4	173	137 (44%)	5
Band 4	245	89	7	228	109	7	220	126 (36%)	7
Band 5	122	64	2	123	74	4	132	75 (36%)	4
Band 6	97	42	2	95	45	3	95	47 (33%)	2
Band 7	127	43	3	129	47	2	133	44 (24%)	3
Band 8a	48	16	2	54	17	2	57	15 (20%)	2
Band 8b	35	6	1	37	11	1	34	14 (29%)	1
Band 8c	14	6	0	14	6	0	14	7 (33%)	0
Band 8d	14	0	0	14	0	0	13	0	0
Band 9	3	1	0	3	1	0	4	1 (20%)	0
VSM 1	4	1	0	6	2	0	6	1 (14%)	0
1b) Clinical workforce of which non-medical									
Under Band 1	0	0	0	0	0	0	0	0	0
Band 1	0	0	0	0	0	0	0	0	0
Band 2	332	345	4	316	381	6	278	397 (58%)	9
Band 3	224	153	3	236	162	5	207	159 (43%)	2
Band 4	117	100	3	115	64	1	136	73 (35%)	2
Band 5	397	714	19	417	820	21	383	862 (68%)	19
Band 6	610	286	16	620	330	12	613	377 (38%)	9
Band 7	432	111	11	438	133	11	448	139 (23%)	9
Band 8a	142	34	2	143	37	3	143	42 (22%)	5
Band 8b	32	3	1	31	4	1	33	3 (8%)	1
Band 8c	12	3	0	13	2	0	14	1 (7%)	0
Band 8d	7	1	0	7	1	0	5	1 (17%)	0
Band 9	2	1	0	1	2	0	1	2 (67%)	0
VSM 0%	1	0	0	1	0	0	1	0	0
of which Medical & Dental									
Consultants	217	143	17	215	158	17	225	173 (42%)	19
of which Senior Medical Manager	10	5	1	7	6	1	8	5 (36%)	1
Non-consultant Career Grade	38	68	15	49	75	7	46	81 (61%)	5
Trainee Grades	156	162	11	167	163	20	169	184 (49%)	20
Other	0	0	0	0	0	0	0	0	0
TOTAL	4115	2900	146	4137	3208	146	3404	4061 (45%)	141

Nb: Red squares show an decrease for ethnic minority staff, green squares show an increase and blue has stayed the same as last year

Table 2: BTHFT staffing figures over a 3-year period

See Appendix 1 (at the end) for key showing the meaning of the arrows in the data tables

Year	Number of Staff in overall workforce	Number of Staff in overall workforce who have declared their ethnicity	Number of ethnic minority staff in overall workforce	Percentage of ethnic minority staff in overall workforce	Percentage of senior leaders from an ethnic minority background
March 2024	7161	7015	2900	40.5% (41.3%) ↑	(18.7%) ↑
March 2025	7491	7345	3208	42.8% (43.7%) ↑	(20.4%)
March 2026	7606	7465	3404	44.8% ↑ (45.6%)	(21.1%) ↑

Nb: For clarity; the calculation as shown for WRES includes the number of Ethnic Minority staff as a percentage of the number of staff in the workforce. We have also included, for reference, the People Committee Dashboard metrics which have always been calculated as the number of ethnic minority staff as a percentage of the staff who have declared their ethnicity (dashboard figures in brackets).

Table 3

Indicator 2	Relative likelihood of staff being appointed from shortlisting across all posts						
	Number of shortlisted applicants		Number appointed from shortlisting		Ratio appointed from shortlisting (likelihood of appointment from shortlisting)		The relative likelihood of White staff being appointed compared to Ethnic Minority staff
	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority	
March 2024	2867	5298	595	658	20.8%	12.4% ↓	*1.7 ↑
March 2025	1092	2108	256	297	23.44%	14.9% ↑	*1.7 ↔
March 2026	1176	2903	320	329	27.21%	11.33% ↓	*2.4 ↑

*A figure above “1” would indicate that White candidates are more than Ethnic Minority candidates to be appointed from shortlisting.

Table 4

Indicator 3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.		
	Number of staff who are part of a formal disciplinary process		Relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff
	White	Ethnic Minority	
March 2024	23	12	*0.7 ↓
March 2025	23	27	1.5 ↑
March 2026	9	28	3.7 ↑

*A figure below “1” would indicate that ethnic minority staff members are less likely than white staff to enter the formal disciplinary process.

Table 5

Indicator 4	Relative likelihood of staff accessing non-mandatory training and CPD
March 2024	1.01 ↓
March 2025	1.01 ↔
March 2026	0.96 ↓

A figure above "1" indicates that white staff members are more likely to access non-mandatory Training and CPD than ethnic minority staff.

Table 6

Indicators 5 – 8	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for white and ethnic minority staff							
	Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		Indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		Indicator 7 Percentage of staff believing that trust provides equal opportunities for career progression or promotion		Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	
	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority
March 2024 (2023 Survey)	25.1% ↓	23.5% ↓	20.8% ↓	21.8% ↓	65% ↓	50.6% ↑	6.6% ↑	12.7% ↓
March 2025 (2024 Survey)	23.4% ↓	23.8% ↑	17.8% ↓	23% ↑	61.5% ↓	50.5% ↓	6.6% ↔	13.9% ↑
March 2026 (2025 survey)	22.9% ↓	23.6% ↓	18.4% ↑	22.4% ↓	57.4% ↓	50.8% ↑	6.7% ↑	14% ↑

Table 7

Indicator 9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board			
	Voting membership of the Board		Executive membership of the Board	
	White	Ethnic Minority	White	Ethnic Minority
March 2024	64.3%	35.7% ↔	83.3%	16.7% ↑
March 2025	76.9%	23.1% ↓	77.8%	22.2% ↑
March 2026	76.9%	23.1% ↔	77.8%	22.2% ↔

Summary of WRES Findings and areas of further focus for 2026/2027

Analysis: Despite some improvements in the data this year, we have also seen significant deterioration in some areas (such as appointment from shortlisting and entry into the formal disciplinary process), including some areas which have stayed fairly static, but where significant improvement is still needed (such as senior level representation and areas of staff experience such as bullying & harassment and discrimination). In addition, if we are to meet our BTHFT People Strategy target of 28% ethnically diverse representation at senior levels by 2027, we need some significant focus over the next 12 months to ensure our senior leaders reflect both the diversity of our workforce and the patients/ communities we serve.

Summary of WRES data for 2025/2026:

-  **Indicator 1 (including consideration of Race Disparity Ratio):** We have further exceeded our target of having a workforce that is representative of the local population (now 45% ethnically diverse representation), but with continued challenges at Band 6 and above, and with significant challenges at senior management levels (Band 8a+ & VSM) where, at 21.12%, representation continues to be below our 28% by 2027 target. There is a particular challenge for more senior clinical roles, with the exception of Band 9 (but very small numbers involved).
-  **Indicator 2:** There has been a significant deterioration in the likelihood of ethnic minority applicants being appointed from shortlisting (white staff now 2.4 times more likely)
-  **Indicator 3:** A significant increase in the likelihood of ethnic minority staff entering the formal disciplinary process for the last 2 years, and now ethnically diverse staff are 3.7 times more likely (but indicator does appear to fluctuate).
-  **Indicator 4:** Very little change in the comparative likelihood of white and ethnic minority staff accessing non-mandatory training (remaining close to equity at 0.96 times more likely)
-  **Indicators 5, 6 & 8:** A slight improvement in the experience of ethnically diverse staff in relation to bullying & harassment from both patients and staff and discrimination in the workplace, but still a need for improvement.
-  **Indicator 7:** A very slight increase (increase of just 0.3% to 50.8%) in ethnically diverse staff believing the Trust provides equal opportunities in career progression and promotion, but still lower than for white staff (at 57.4%).
-  **Indicator 9:** No change in the ethnic diversity of our voting board membership (23.1%) or executive board membership (22.2%), but Trust Board membership continues to be under-represented when compared to the workforce as a whole (45% representation).

Areas for Further Focus on WRES 2026/2027: In response to this years' WRES data analysis, we propose targeted focus in the following areas:

- Increase Ethnic minority representation at senior levels (8a+ and board level) – including focus on positive action in recruitment & selection, succession planning/ talent management, equity in career development opportunities and developing confidence that approaches are fair.
- We need to work with colleagues in the recruitment team to further evidence whether we are reaching under-represented groups in our recruitment & selection processes and to understand and address any barriers to interview success for ethnically diverse applicants.
- Further analysis and 'deep dive' of our disciplinary data, including any specific cases to understand how we can reduce this inequality for ethnically diverse staff.

- Work with our diverse colleagues to develop a range of activity that will create a sense of belonging by tackling discrimination and improving overall staff experience in relation to harassment & bullying.
- Empowering and developing line managers on their roles and responsibilities around equality, diversity & inclusion

To ensure there is renewed focus with realistic targets set, we developed refreshed targets for senior leadership representation as part of our 2025-2030 People Strategy. Our refreshed 2026/2027 WRES action plan will provide renewed focus on improving representation at senior management levels to ensure we are meeting our target of 28% representation by 2027 and 40% representation by 2030.

We have already embarked on some work to introduce the NHS Race & Health Observatory 7 principles of anti-racism, creating psychological safety to talk openly about race, training and empowering staff in 'anti-racist practice, including recognising early warning signs of racism so issues can be nipped in the bud at an early stage. Developing anti-racist approaches will help to address issues at their root cause.

We are working with colleagues across the People Directorate to develop a series of bitesize training sessions empowering and developing line managers on their roles and responsibilities around equality, diversity & inclusion, with particular focus on compassionate leadership approaches, and everyone's' role in developing cultures of dignity & respect. This will be aligned to the launch of the refreshed Respect, Civility & Resolution policy and the new Sexual Misconduct at Work Policy.

We will continue to engage with our ethnic minority staff, using their lived experience to raise the profile of race equality in the Trust, and to help us to understand how best to achieve improvement in these key areas.

Following extensive engagement with across both the workforce and our diverse patients and communities, we will Launch our EDI Plan for the next 3-years, including a refreshed set of EDI strategic objectives. We will continue to engage with CSUs/ Departments to develop their own EDI action plans with measurable actions (based on CSU/ dept level diversity data and aligned to our refreshed EDI objectives), further embedding everyone's role in advancing and raising the profile of EDI, which in turn may have a positive impact on the WRES, and particularly to staff experiences.

Appendix 1:

Key for symbols used in the data tables:

	<i>A higher % or score is better and this has shown an increase this year</i>		<i>A lower % or score is better and this has shown an increase</i>
	<i>A lower % or score is better and this has shown a decrease this year</i>		<i>The score has stayed the same from the previous year</i>
	<i>A higher % or score is better and this has shown a decrease this year</i>		

Appendix 2

Workforce Race Equality Standard (WRES): The 9 Indicators

Indicator 1	Percentage of Ethnic Minority staff in each of the Agenda for Change bands 1-9, medical & dental subgroups and very senior managers (VSM), including executive board members compared with the percentage of staff in the overall workforce.
Indicator 2	Relative likelihood of Ethnic Minority staff being appointed from shortlisting across all posts.
Indicator 3	Relative likelihood of Ethnic Minority staff entering the formal disciplinary process, compared to that of White staff.
Indicator 4	Relative likelihood of White staff accessing non mandatory training and Continuous Professional Development (CPD) as compared to Ethnic Minority staff.
Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
Indicator 7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
Indicator 8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or other colleague.
Indicator 9	Percentage difference between the organisations' board voting membership and its overall workforce.