Vision | Openness | Integrity | Compassion | Excellence

NHS Bolton NHS Foundation Trust

Workforce Race Equality Standard (WRES) 2026 Findings



Improving care, transforming lives...for a better Bolton

Introduction

Creating a culture of inclusion remains a strategic priority for Bolton NHS Foundation Trust and is fundamental to delivering our Trust Strategy and *Our Way*. We are committed to creating an organisation where every colleague feels valued, respected and able to contribute fully, recognising that an inclusive workforce is essential to delivering outstanding care and improving outcomes for the diverse communities we serve.

The principles of *Our Way* underpin our approach to equality, diversity and inclusion, helping to create a culture of belonging, compassion, respect and continuous improvement. Through this approach, we aim to ensure that all colleagues are treated fairly, have equitable access to opportunities and are able to fulfil their potential.

National evidence continues to demonstrate that colleagues from Global Majority backgrounds can experience inequalities in recruitment, career progression, disciplinary processes, workplace experience and access to development opportunities. Addressing these disparities is critical to improving staff experience, retaining talent and ensuring that the NHS benefits from the contribution of a diverse workforce. Our work is informed by the NHS 10-Year Health Plan, which sets out ambitions for a more equitable, preventative and neighbourhood-based NHS, supported by a workforce that reflects and understands the populations it serves.

Locally, this work is delivered through our Equality, Diversity and Inclusion (EDI) Plan 2025-2027 and supports our wider commitment to reducing inequalities for both staff and the communities of Bolton. During 2025/26, we have continued to strengthen our approach to race equity and anti-racism, informed by the NHS EDI Improvement Plan, the NHS Staff Standards and relevant recommendations from the Lord Mann Independent Review. This includes strengthening governance and accountability, embedding equality considerations within organisational decision-making, supporting staff voice through our networks and assurance structures, and promoting a culture where colleagues feel safe to speak up about discrimination, bullying, harassment and racism.

This report presents our latest WRES results and highlights areas where progress has been made alongside areas where disparities remain. Whilst improvements have been achieved across several indicators, we recognise that further work is required to achieve race equity. The findings continue to inform delivery of our Trust's EDI Plan and support our ambition to become a genuinely inclusive and actively anti-racist organisation where we lead by example, where everyone can belong, and where we are always improving.

Terminology

The Workforce Race Equality Standard (WRES) remains a key mechanism for understanding workforce inequalities and measuring progress. While Bolton NHS Foundation Trust has adopted the term Global Majority within its wider equality, diversity and inclusion work, this report contains data drawn from nationally mandated NHS datasets, including the Model Health System and WRES reporting framework, which continue to use the term Black and Minority Ethnic (BME). Throughout this report, the term BME will be used to maintain accuracy against the dataset that is being reported and the WRES framework wording, but the narrative will use Global Majority where it can.

Reporting Methodology

This year, Bolton NHS Foundation Trust has adopted the NHS Model Health System approach to WRES reporting wherever possible. This means that many indicators are now presented as a disparity ratio, rather than solely reporting the percentage of BME and White staff experiencing a particular outcome. A disparity ratio of 1.0 indicates equity, whilst a figure above 1.0 indicates inequity between staff groups. This approach makes it easier to identify where disparities exist, understand their scale and monitor progress over time. It also improves comparability with national benchmarking data and supports a clearer focus on reducing inequity rather than simply describing differences between groups.

Key findings – Comparisons

KEY
Green fill = a significant improvement/significantly better than peers/target
White fill = no significant movement/not significantly different than peer
Red fill = a significant worsening / significantly worse than peer group
Significance is 5%or greater difference
↑ = increase ↓ decrease
✓ = improved ✗ = worsened/worse than peer

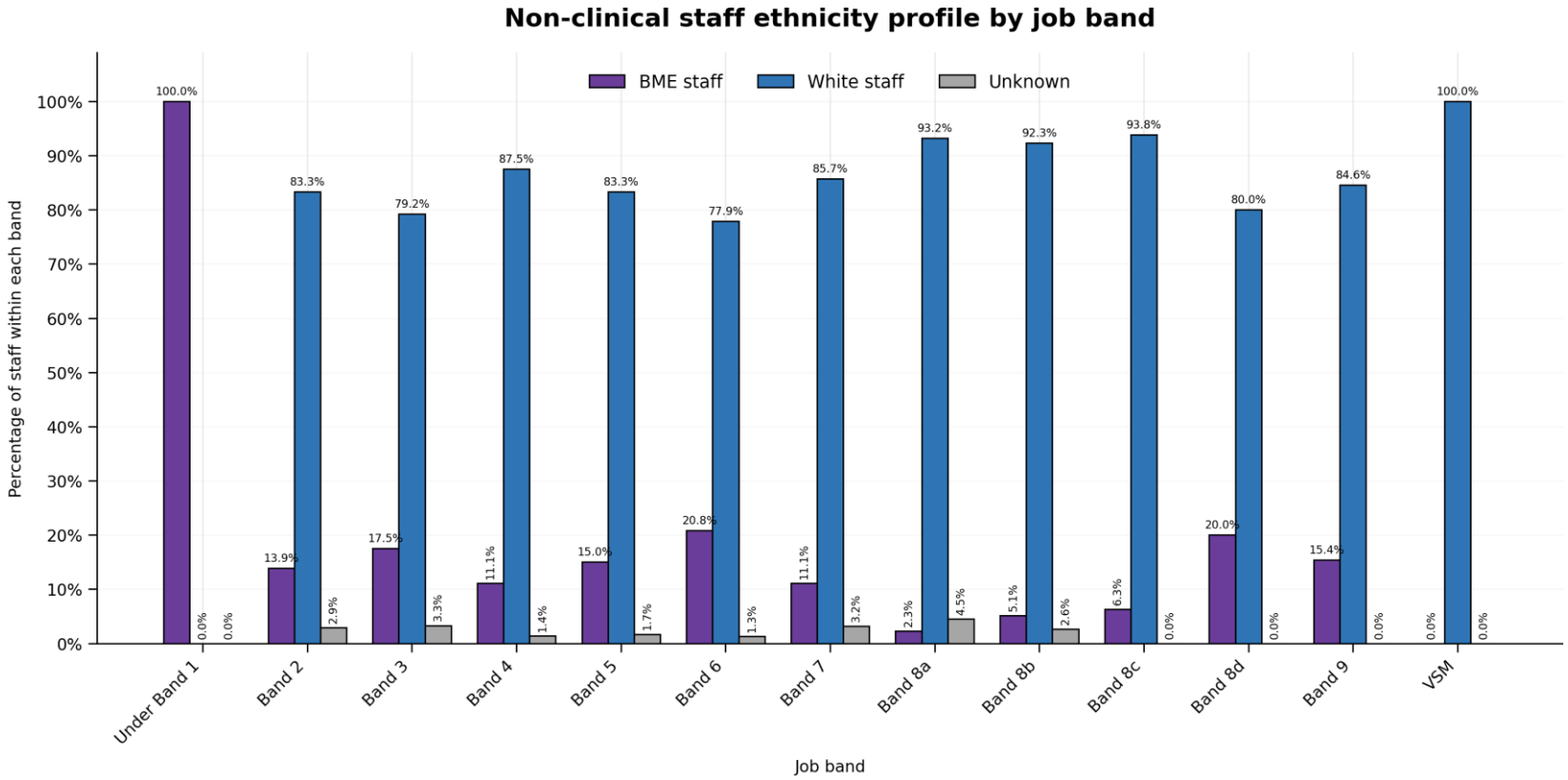
Metric	2026 BME	Compared to 2025	Compared to Peer Average (peers are defined as Acute, Acute Specialist, Ambulance, Community, Integrated Care Board (ICB), Mental Health)
1. Ethnicity Declaration Rates	24.4%	↑ ✓ (+1.2%)	✗ Target 28% → 3.6% below
2. Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.26	↓ ✓ (-0.08)	✓ Peer 1.88 → 0.62 better
3. Relative likelihood of BME staff entering the formal Disciplinary process compared to White staff	0.89	↓ ✓ (-0.01)	✓ Peer 1.00 → 0.11 better
4. Relative likelihood of White staff undertaking non-mandatory training and CPD compared to BME staff	1.04	↑ ✗ (+0.03)	✗ Peer 0.98 → 0.06 worse
5. Relative likelihood of BME staff experiencing harassment, bullying or abuse from patients, relatives or public compared to White staff	1.09	↑✗ (+0.10)	✓ Peer 1.26 → 0.17 better
6. Relative likelihood of BME staff experiencing harassment, bullying or abuse from staff compared to White staff	1.18	↓ ✓ (-0.07)	✗ Peer 1.12 → 0.06 worse
7. Relative likelihood that organisation provides equal opportunities for career progression (White to BME)	1.23	↑ ✗ (+ 0.05)	✗ Peer 1.12 → 0.11 worse
8. Relative Likelihood of staff experiencing discrimination at work from manager, team leader or other staff (BME to White)	2.75	↓ ✓ (-0.12)	✗ Peer 2.25 → 0.5 worse
9. Percentage of Board members who are BME	17.7%	↓ ✗ (-1.1%)	✓ Peer 13.8% → 3.9% better

WRES indicator 1: Overall Ethnicity Declaration Rates

	Headcount			Percentage			
Year	White	BME	Unknown	White	BME	Unknown	
2017	4532	601	349	82.7%	11.0%	6.4%	5482
2018	4355	615	328	82.2%	11.6%	6.2%	5298
2019	4453	679	325	81.6%	12.4%	6.0%	5457
2020	4554	723	334	81.2%	12.9%	6.0%	5611
2021	4686	820	317	80.5%	14.1%	5.4%	5823
2022	4730	889	291	80.0%	15.0%	4.9%	5910
2023	4685	1097	322	76.8%	18.0%	5.3%	6104
2024	4661	1277	250	75.3%	20.6%	4.0%	6188
2025	4632	1476	253	72.8%	23.2%	4.0%	6361
2026	4383	1492	281	71.2%	24.2%	4.6%	6156

- In 2026, the Trust employed 6,156 staff, of whom 24.2% (1,492) are from the Global Majority. This represents an increase of 1.2% (28 staff) compared with the previous year.
- By comparison, 28% of the local population are from the Global Majority, although this figure reflects the whole population rather than only those of working age. The Trust continues to work towards ensuring that our workforce diversity reflects the changing demographics of our community.
- The proportion of staff with undeclared ethnicity has remained stable at around 4-5%

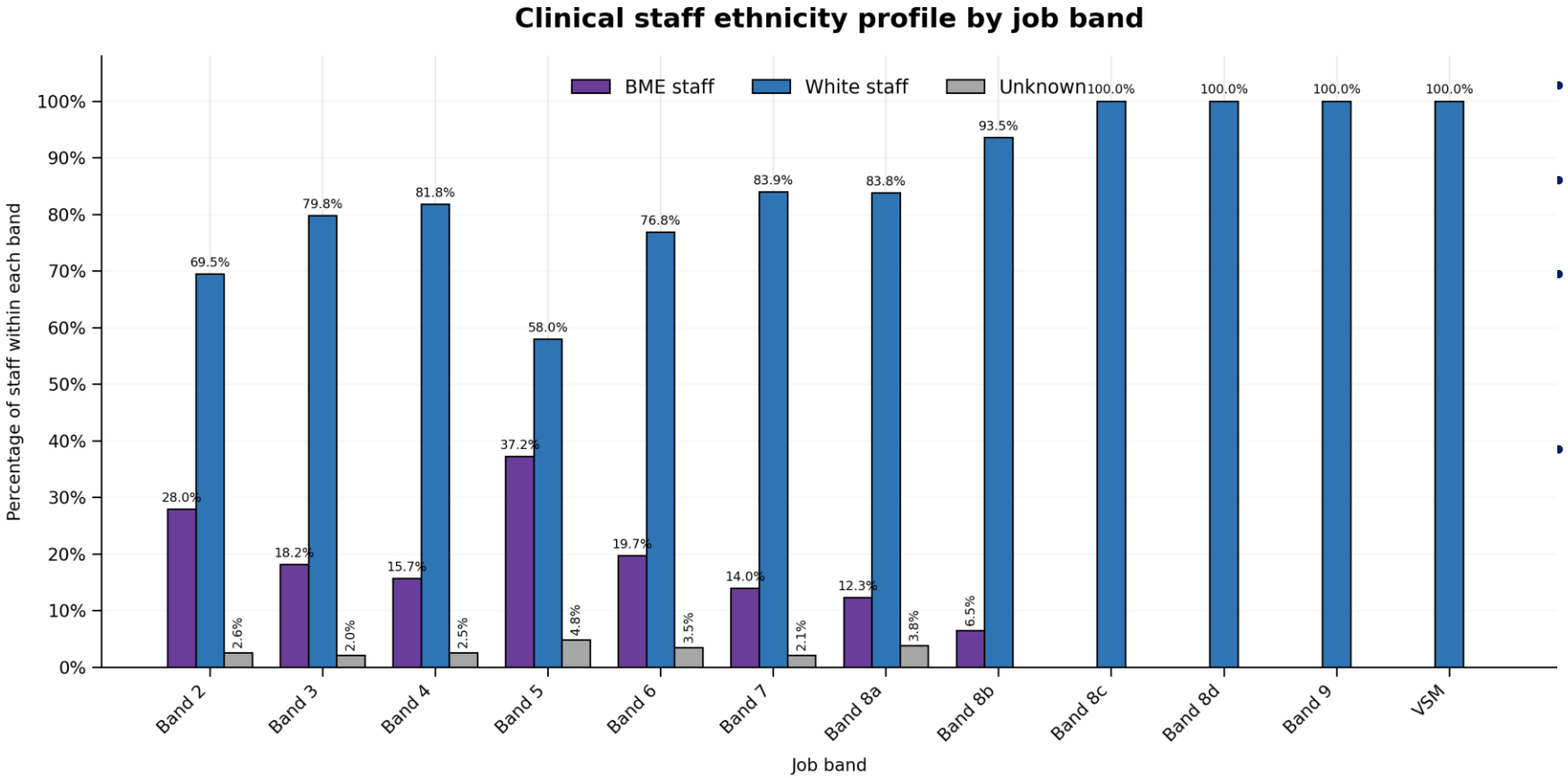
WRES indicator 1a: Ethnicity Declaration Rates – non clinical staff



Percentages shown only; headcount totals are not displayed. Band 1 omitted because all values were 0.0%.

- Overall workforce: Global Majority staff make up 24.4% of the workforce
- Global Majority staff make up 13.8% of the Non-clinical AfC workforce – they are underrepresented compared to our overall Trust Global Majority staff group, and the wider Bolton population
- Non-Clinical AfC staff: Representation is highest at Band 6 (20.8%).
- Senior AfC non-clinical staff: At Band 8a and above, Global Majority representation is 5.7% - large proportions at 8d and 9 should be treated with caution as they only represent one or two individuals.

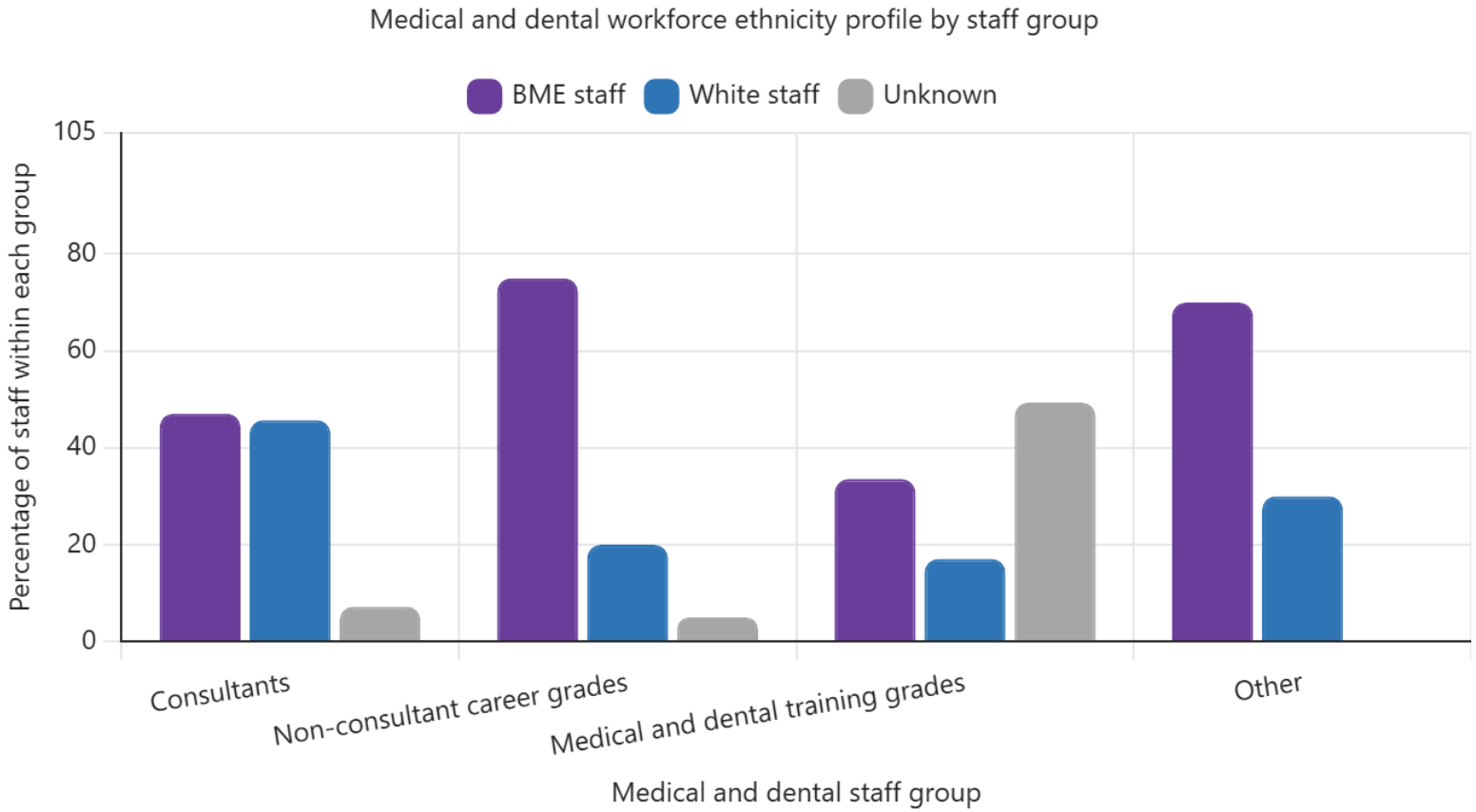
WRES indicator 1b: Ethnicity Declaration Rates – clinical AfC staff



- Overall workforce: Global Majority staff make up 24.4% of the workforce.
- Global Majority staff make up 24.1% of the clinical AfC workforce
- Clinical AfC staff: The highest proportion of Global Majority staff are at Band 5 (37.2%), reflecting strong representation in frontline clinical roles.
- Senior AfC clinical staff: At Band 8a and above, Global Majority representation is 10.8%, with 0% above 8b

Percentages shown only; headcount totals are not displayed. Under Band 1 and Band 1 omitted because all values were 0%.

WRES indicator 1b: Ethnicity Declaration Rates: Medical & Dental Staff



- Overall workforce: Global Majority staff make up 24.4% of the workforce.
- Medical & Dental staff: Representation is significantly higher than AfC staff groups, with 47% identifying as Global Majority across consultants, non-consultant career grades, and trainees (34% white, the rest unknown)

WRES indicator 2: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

** figure above "1" would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.*

Year	Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants *
2024	1.61
2025	1.34
2026	1.24

- These results show a year improvement but we need to do more until there is no disparity (1.0).
- The Trust's result is also better than the peer average of 1.88, reflecting progress in fairer recruitment practices. Work will continue in 20262-27 to further reduce this gap and ensure equitable opportunities for all candidates.

WRES indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to White staff

** A figure below 1 indicates that Global Majority staff members are less likely than white staff to enter the formal disciplinary process whilst a score greater than 1 for Global Majority staff indicate they are more likely to be subject to formal process.*

- In 2026, the relative likelihood of Global Majority staff entering the formal disciplinary process was 0.89, remaining relatively stable from 0.9 in 2025. Therefore, Global Majority staff continue to remain less likely than White staff to enter the process.
- This outcome is also better than the peer average of 1.00.
- The Trust will continue to monitor this indicator closely to ensure fairness and consistency, and to address any emerging trends.



WRES indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

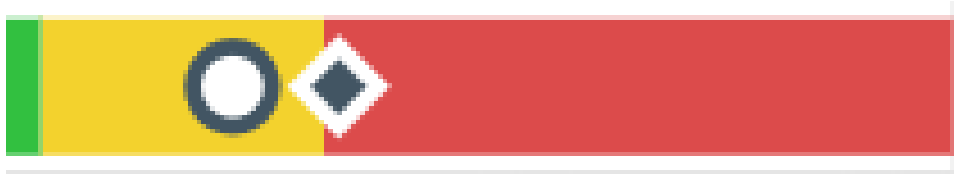
** A figure above "1" would indicate that white staff members are more likely to access non-mandatory training and CPD than BME staff*

Year	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff *
2020	0.90
2021	0.99
2022	0.99
2023	1.02
2024	0.99
2025	1.01
2026	1.04

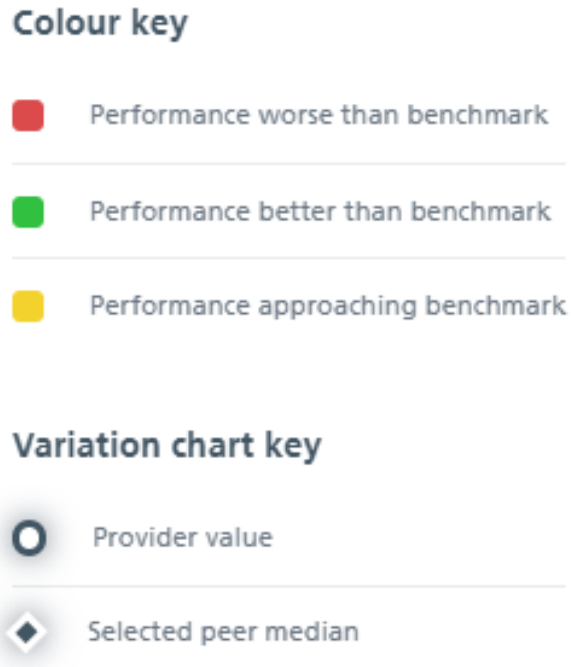
In 2026 our White staff are slightly more likely than Global Majority staff to access non-mandatory training and CPD. This has changed by 3% which is not considered significant but will be monitored, particularly as this makes us 6% (0.06) worse than the peer average which is 0.98.



WRES indicator 5: Relative likelihood of BME staff experiencing harassment, bullying or abuse from patients, relatives or public compared to White staff in the last 12 months



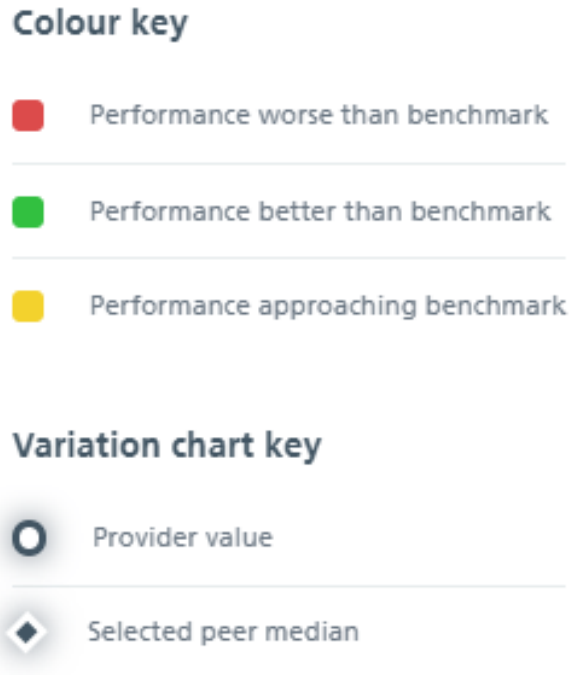
- Trust: 1.09
- Peer average: 1.26
- This latest disparity ratio shows that Global Majority staff are 9% more likely to experience harassment, bullying or abuse from these sources than white staff. This has increased from last year where Global Majority staff were 1% ***less*** likely.
- This may reflect national sentiment, and it is worth noting that The Trust's result is 0.17 better than the national average of 1.26.
- This will be monitored and work on the staff standards on Antiracism and Violence Prevention and Reduction will address these issues directly.



WRES indicator 6: Relative likelihood of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months compared to White staff



- Trust: 1.18
- Peer average: 1.12
- This has improved since last year where the ratio was 1.25.
- Despite the improving picture, the ratio remains 0.12 higher than parity, and 0.06 higher than the peer average of 1.12.
- This supports a continued push to improve workplace culture and to strive for an antiracist approach to culture, leadership and management.



WRES indicator 7: Relative likelihood of BAME staff believing that the Trust provides equal opportunities for career progression or promotion compared to White staff



- Trust: 1.23
- Peer: 1.12
- White staff are 1.23 times more likely to believe there are equal opportunities for career progression than Global Majority staff
- The difference between Global Majority and White staff is increasing (by 0.5 since last year when the ratio was 1.18) and is 0.11 worse than our peer results.
- Therefore, it is important that this issue is considered and tackled as part of inclusive recruitment, and talent management programmes of work.

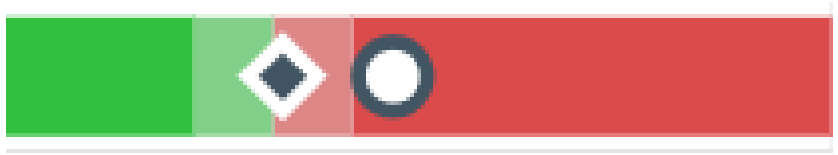
Colour key

- Performance worse than benchmark
- Performance better than benchmark
- Performance approaching benchmark

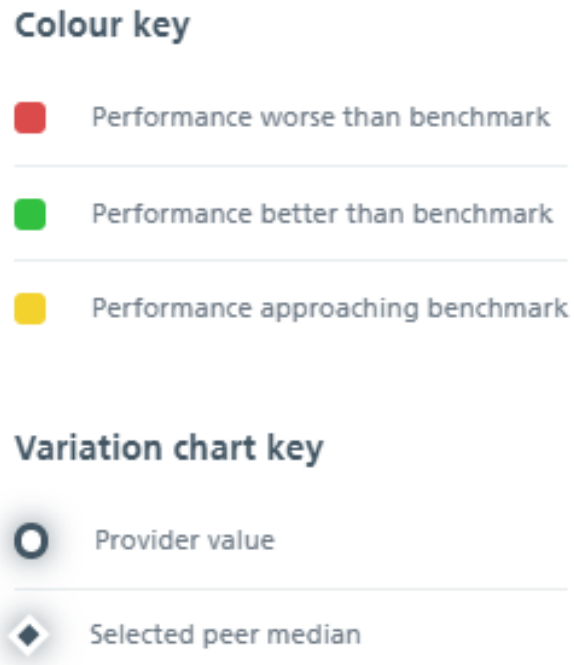
Variation chart key

- Provider value
- Selected peer median

WRES indicator 8: Relative Likelihood of staff experiencing discrimination at work from manager, team leader or other staff (BME to White)



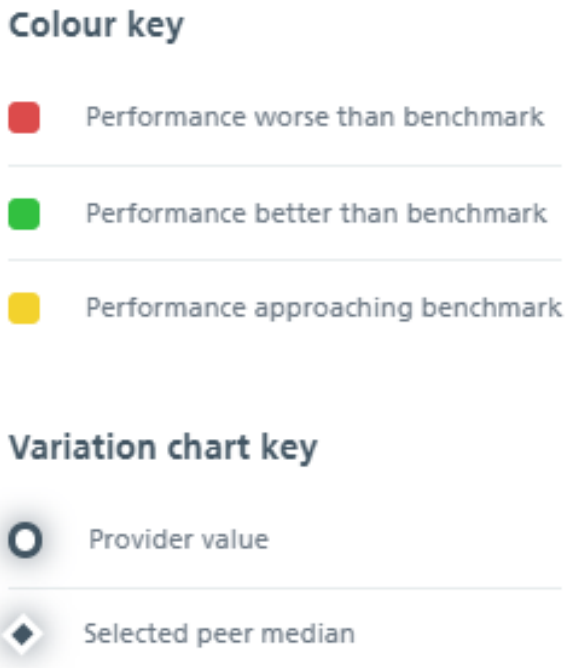
- Trust: 2.75
- Peer: 2.25
- Global Majority staff are 2.75 times more likely to have experienced discrimination from other staff, compared with white staff
- This value, although still far too high, has improved by 0.12 over the last 12 months.
- Despite this, the Trust is still 0.5 worse than the peer average and 1.75 worse than equity.
- Therefore, it is of the utmost importance that this issue is tackled as part of inclusive culture work, which is operationalised through the EDI plan which is reflected in the Trust's People and Culture priorities.



WRES indicator 9: Percentage of Board members who are BME



- Trust: 17.7%
- Peer: 13.8%
- The percentage of Global Majority staff on the Board has remained relatively stable since last year, and remains higher than the peer average, yet it still does not reflect the ethnic diversity of the population we serve in Bolton.



WRES Action Plan

The findings from this year's WRES report have been reviewed alongside the Trust's Equality, Diversity and Inclusion Plan 2025–2027. This review has confirmed that the priorities identified through WRES continue to be reflected within the EDI Plan, ensuring that actions to improve race equality remain embedded within the Trust's wider strategic approach to inclusion.

Key areas of focus include:

- Data and insight – improving transparency, analysis and use of workforce equality data to better understand and address disparities.
- Inclusive recruitment – ensuring fair and inclusive recruitment practices and reducing barriers to entry and progression.
- Reasonable adjustments and inclusive employment practices.
- Inclusive culture – creating a workplace free from discrimination, bullying and harassment, supported by staff networks, allyship and anti-racist practice.
- Governance, accountability and equality impact assessment processes.

Progress against these priorities continues to be monitored through the Trust's established EDI governance framework, including the EDI Assurance Group, People Committee and Trust Board, with WRES and WDES indicators forming part of routine assurance and performance reporting.

The review also identified inclusive talent and career progression as an area that would benefit from further development. While this is already supported through initiatives such as the Our Leaders programme and wider People and Culture activity, there is an opportunity to strengthen our approach to inclusive talent planning, career development, succession planning and leadership representation. This will be taken forward through existing EDI and People and Culture governance arrangements, ensuring continued alignment with the Trust's strategic priorities and workforce equality objectives.