BSW HOSPITALS GROUP

NHS

Equality, Diversity and Inclusion (EDI) report

April 2025 – March 2026



Accessibility statement

If you require this document in an alternative language or format, please email sft.bswedi@nhs.net.

If you have any comments, suggestions or feedback about this document, please contact the BSW Hospitals Group EDI Lead, using the above email address.

Legal statement

This document sets out how we have met the legal duties set out in the Equality Act 2010 – the Public Sector Equality Duty and the Health & Social Care Act 2022 and our obligations set out in the NHS Standard Contract 25/26 Service Condition 13 (SC13) – Equity of Access, Equality and Non-Discrimination.

The report outlines the work undertaken to meet our commitment to improve equity in experience and support the wellbeing of our staff.

Lead Author

BSW Hospitals Group EDI Lead.



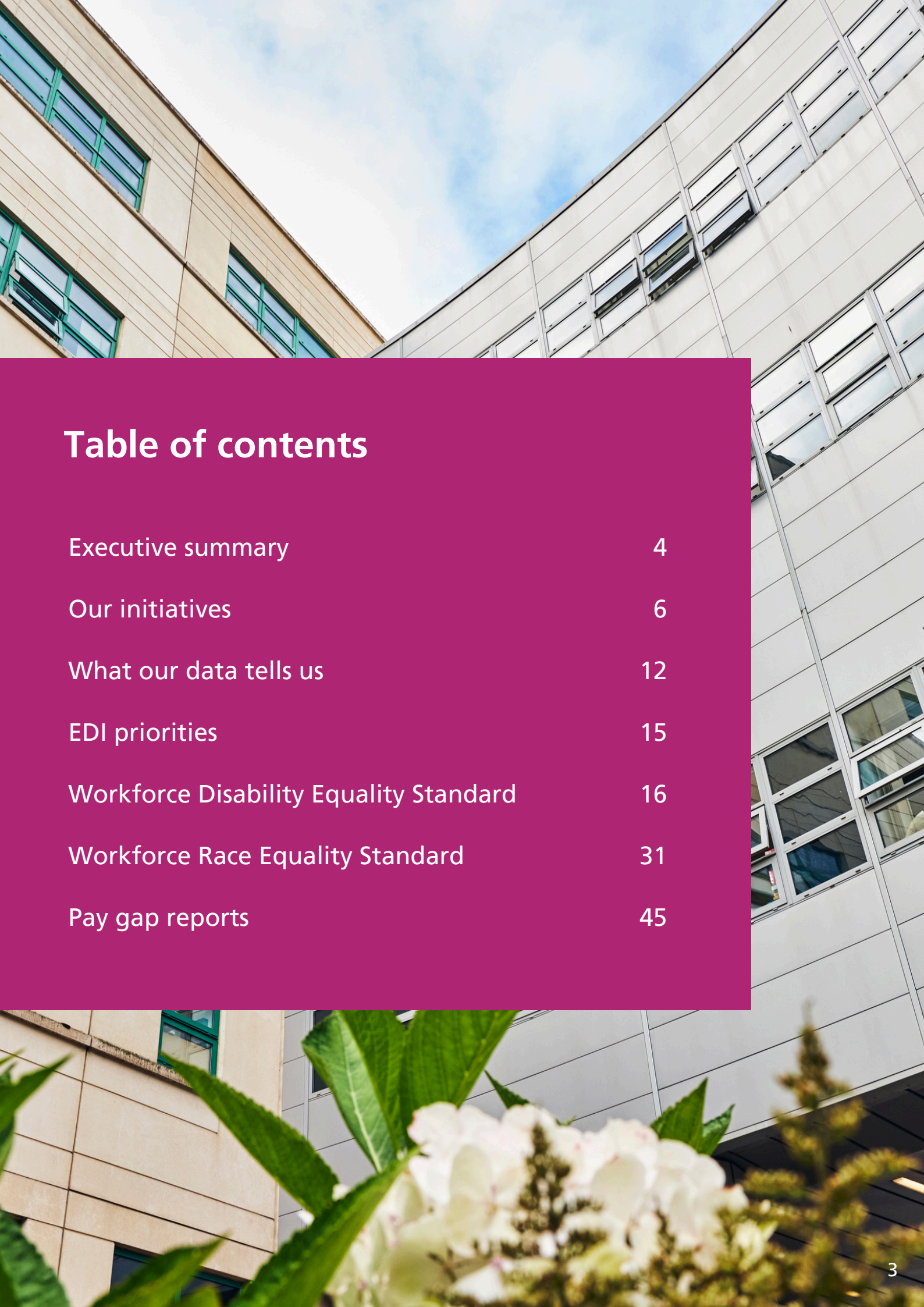


Table of contents

Executive summary	4
Our initiatives	6
What our data tells us	12
EDI priorities	15
Workforce Disability Equality Standard	16
Workforce Race Equality Standard	31
Pay gap reports	45

Executive Summary

Cara Charles-Barks, Chief Executive



Our annual Equality, Diversity and Inclusion report has been produced in partnership with our three local care organisations – Great Western Hospitals NHS Foundation Trust (GWH), Royal United Hospitals Bath NHS Foundation Trust (RUH) and Salisbury NHS Foundation Trust (SFT), which together employ almost 17,000 members of staff who serve the communities of Bath and North East Somerset, Swindon and Wiltshire.

In May 2026, our three Trusts formally agreed to work together as BSW Hospitals Group, building on more than a decade of increasingly close collaboration. We chose to strengthen our partnership because many of the challenges we face, widening health inequalities, rising demand, workforce pressures and long-term financial sustainability, cannot be solved by any single organisation alone. By acting as one Group, while remaining sovereign Trusts, we can plan more effectively, share learning, reduce duplication and deliver more consistent, equitable care for the people and communities we collectively serve.

This report reflects that shared commitment. It brings together our collective progress, challenges and priorities, demonstrating how working as a Group enables us to accelerate improvement, strengthen accountability and create a more inclusive culture for all our staff and volunteers.

Our initiatives are mapped against the NHS England EDI Improvement Plan and supports our collective Equality, Diversity and Inclusion objectives:

GWH

- Inclusive and compassionate leadership
- Represented and supported workforce
- Delivering transformative care
- Giving everyone a voice

RUH

- Better health outcomes
- Improved patient access and experience
- A represented and supported workforce
- Inclusive leadership

SFT

- To reduce occurrences of discrimination, prejudice, abuse and harassment
- To promote and design-in diversity at all levels, advocating the benefits of this both internally and to our wider community
- To create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued and can thrive.

This year we have strengthened how we work together across the Group. Our EDI teams have co-created and co-delivered training and engagement and in 2026-27 these teams will combine to reduce duplication, share expertise and build capability and capacity across the Group.

We have expanded our Pay Gap reporting – publishing an Ethnicity Pay Gap report for the second year running at GWH and RUH and the Disability Pay Gap for the first time in all three organisations, this goes beyond legal compliance and demonstrates our commitment to transparency and equity for all staff across the Group.

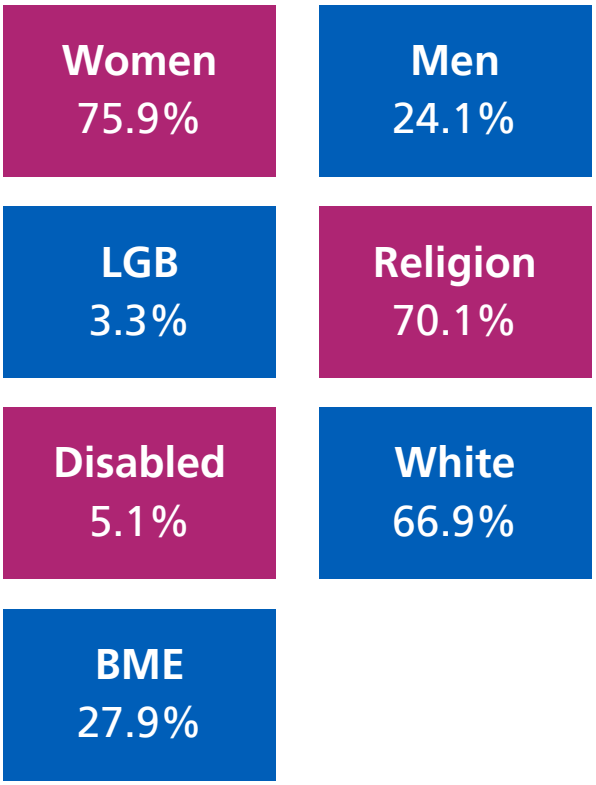
Our Group data tells a mixed story. The workforce has a broadly similar age profile, with the largest proportion of staff aged between 31 and 45 years (42.6% of the workforce). Around 30% of staff are aged 50 and over. Although we are diverse, diversity thins sharply with seniority for our disabled staff and staff from an Ethnic Minority background.

Women are under-represented in senior roles, especially in our medical and dental fields which is driving our Gender Pay Gap – we are clear that the pay gap does not mean unequal pay for equal work, the gap reflects the distribution of different groups across grades, professions and seniority.

Overall, staff experience is slowly improving – discrimination reported by our Ethnic Minority staff fell significantly at GWH, and harassment, bullying and abuse fell at RUH; however, the performance has remained relatively static at SFT.

Our data indicates that disabled staff continue to report a poorer experience of work than their non-disabled colleagues and this is demonstrated by the limited improvements highlighted in our WDES report. Our priority for the year ahead is to understand and address the workforce factors that drive these disparities.

BSW Hospitals Group Workforce



The above data is supported by the following local care organisation data:

	GWH	RUH	SFT
Women	4,404 80%	4,800 74%	4,087 73.7%
Men	1,086 20%	1,680 26%	1,459 26.3%
LGB	142 2.5%	276 4.3%	165 3%
Religion / Belief	4,019 70.5%	3,819 59%	4,626 83.4%
Disabled	316 5.5%	347 5.4%	203 4.4%
White	3,374 59.1%	4,775 73.1%	3,150 67.7%
BME	1,738 30.5%	1,619 25%	1,355 29.1%

Cara Charles-Barks
Chief Executive, BSW Hospitals Group

Our initiatives 2025-26

Our 2025-2026 programme of work has been mapped against the NHS England EDI Improvement Plan High Impact Actions (HIA) (1-6 below). This has enabled us to have a consistent approach to improving performance across all NHS organisations.

These initiatives have supported our improvement across several mandatory and statutory Standards including the Workforce Race Equality Standard, Workforce Disability Equality Standard, and Pay Gap reporting included in the appendix of this report.

High Impact Actions

1 **Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.**

GWH	RUH	SFT	Group
EDI objectives set during the appraisal process for Board members. Increase the diversity of board membership – see metric 9. The Board attended a workshop with staff network chairs to review WRES and WDES data and inform the actions for 25/26.	EDI objectives set during the appraisal process for Board members. EDI effectiveness is embedded into the Board Self Assessment Tool.	SMART EDI objectives have been agreed for some Board executive members; further work is required. The Board has taken part in several EDI development sessions over the past 12 months. The Board worked with external partners to improve its awareness and to strengthen executive sponsorship roles for staff networks.	Each organisation engages with its staff to understand their lived experience including drop-in sessions and Go & Sees (visits). The care organisations are currently forming a Group Board and will consider any actions for 2026/27.

2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

GWH	RUH	SFT	Group
Increase the number of Inclusion Recruitment Champions (staff who sit on interview panels for senior roles). Deliver programmes to support recruitment from groups who are economically or otherwise disadvantaged. Examples include – Project Search for young people with learning disabilities; Dare 2 programmes for young people who want to learn about the varied professions.	Train and deploy Independent Inclusion Advisors (RCN Cultural Ambassadors) who work with Recruitment to remove bias from processes. Deliver Project Search, which provides year-long work experience for young people with learning disabilities.	Recruitment and selection processes have been reviewed and strengthened to improve fairness and inclusion. Best practice, including diverse interview panels have been rolled out to managers. 'Licence to Manage' workshops are building manager skills in inclusive leadership and staff development. Talent Management and Succession Planning was piloted for critical Executive and Director roles.	The Group People Plan will include a talent management workstream, this will be rolled out in 2026-27; this is aimed at addressing systemic barriers to progression.

3 Develop and implement an improvement plan to eliminate pay gaps.

GWH	RUH	SFT	Group
Promoted and delivered leadership development programmes. Staff accessed external programmes like Edward Jenner; Florence Nightingale and apprenticeships.	Promote and deliver internal leadership development programmes; staff access university-led apprenticeships leading to MBAs.	SFT has implemented all relevant Mend the Gap review recommendations and is currently evaluating this programme of work. Good practice will be shared across the Group.	All care organisations offer apprenticeship opportunities, including apprenticeships leading to MBAs.

GWH	RUH	SFT	Group
Delivered Expectations of Line Managers training, which helps line managers to support and develop their teams. Delivered a mentoring programme – this programme was adapted to Speed Mentoring which improved engagement; staff can access internal coaches.	Staff can access qualified coaches, including team coaching. The coaching service is evaluated and feedback is very positive. Delivered Root to Success Leadership programme, targeting Ethnic Minority nurses, midwives and AHPs. The programme supports progression into senior roles.	Preparatory work is also progressing to support future reporting on race and disability pay gaps.	The Group will streamline our Pay Gap (Gender, Ethnicity, Disability) processes, to enable additional analysis to take place in the 2027-28 reporting period. The Group will also review its current initiatives in 2026-27, and map them against the 'Mend the Gap' Report to identify opportunities to close the Gender Pay Gap.

4 Develop and implement an improvement plan to address health inequalities within the workforce.

GWH	RUH	SFT	Group
In preparation of piloting the use of Cultural Ambassadors to improve the experience of staff involved in formal and informal HR processes – the Conduct Management policy was updated in March 2026 to embed the role. GWH launched a guide to making reasonable adjustments, following engagement with staff; the Differently Abled Network chair	Health and wellbeing is monitored through the Equality Delivery System Review (a self-assessment, which measures equity of experience), actions are ongoing that support staff with specific health conditions. RUH reviewed their Employee Assistant Programme to enable this to be more responsive to demographic factors in health	The 'Supporting Disabled People at Work' Policy has been updated and Health Passports have been launched. A Reasonable Adjustments Policy, centralised budget and consistent approach are in place to support equitable access. Both the Men's Health Strategy and Women's Health Strategy have been launched.	All care organisations offer occupational health and wellbeing services, and staff have access to 24/7 support and resources to manage their heath, wellbeing and finances. Staff can also access mental health first aiders and other champion roles to help maintain their physical and mental health. All three care organisations have

GWH	RUH	SFT	Group
played a significant role in the initial design. Our action to improve data dashboards to support tackling workforce health inequalities will be carried forward to 26-27.	and wellbeing. EDI delivered a Health Inequalities Inclusion Week with local partner organisations to explore Health Inequalities in the Bath and North East Somerset area and the approaches to countering them. The Health Inequalities team also recently delivered a Health Inequalities week of events.	SFT partnered with Avon and Wiltshire Partnership (AWP) to deliver five bespoke Know-Vember men's health webinars.	achieved accreditation under the Disability Confident scheme – GWH and SFT have level 3 Disability Confident Leader status and RUH Level 2 Disability Confident Employer status. The Health Inequalities Leads across the group are currently developing plans to jointly address health inequalities for our patients and workforce.

5 Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

GWH	RUH	SFT	Group
The Trust delivered the Supporting Information from Employers (SIFE) Programme, the six-month structured programme supports internationally recruited Healthcare Support Workers to progress towards becoming registered nurses (RN). Three internationally recruited nurses attended the	RUH has a comprehensive onboarding programme for its recruits; all staff receive appraisals which enable them to highlight training and development needs. All staff have access to CPD funding to support their learning and development.	Successful cultural celebration events have been held, including Bhangra, South Asian and Filipino heritage events, with over 200–250 staff attending. A dedicated Internationally Educated Nurses (IEN) development day was held in year. SFT has achieved the Pastoral Care Award for Internationally Educated Nurses.	The Group's support package for internationally recruited staff has been extremely successful, the focus of our efforts has now moved to staff retention – supporting our internationally recruited staff to thrive and progress in their careers. All care organisations have staff networks including Disability, Race, Women, Men and LGBTQ+ groups.

GWH	RUH	SFT	Group
Braver Than Before programme, designed to develop courageous, compassionate and connected leaders in the NHS. In addition, international staff can access a full suite of leadership and development programmes and development is discussed during the appraisal process and Scope for Growth conversations and these staff have access to a Legacy Mentor.		An IEN and line manager handbook has been created to support cultural transition and inclusive team cultures. Cultural awareness and cultural intelligence sessions are available, supported by Legacy Mentors who provide pastoral support to IENs.	The Group will merge its EDI teams in 2026-27 and this will support the sharing of good practice, resources and expertise.

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

GWH	RUH	SFT	Group
GWH has increased the number of EDI Champions in year, these staff have been trained to respond to unprofessional behaviours. Delivered 'Addressing Unprofessional Behaviours' workshop, this workshop was co-designed with staff. Advice and Guidance sessions are widely promoted to staff,	RUH increased the number of Inclusion Champions this year. Improved reporting safety by adopting Report+Support (a tool used to report experiences). The People Hub has been developed to provide equitable support and guidance towards conflict resolution.	Piloted a Behaviours Charter in Theatres, with roll-out across other teams. Refreshed the Freedom to Speak Up policy and strategy. Established a strong FTSU Ambassador network, made up of colleagues from diverse backgrounds, members are supported through regular networking	Addressing Unprofessional Behaviours workshops, developed by GWH, is now being delivered virtually across the group. The care organisations launched its 'Let's Talk Inclusion' survey in March 2026 to enable staff to inform the EDI actions for the coming year across the Group.

GWH	RUH	SFT	Group
these sessions are facilitated by an EDI practitioner. The Trust relaunched the Never OK campaign, which puts a spotlight on the personal impact of abuse, while reminding staff of the importance of reporting incidents. This has included training, ward visits and a 7-point action plan to support staff to report incidents.	Established a FTSU Champion network, made up of colleagues passionate about creating a speaking up culture, supported through regular networking sessions. Leadership programmes and Inclusion Champion training include bias awareness, civility, compassion etc. The Violence Prevention and Reduction policy was implemented.	sessions. New leadership programmes include sessions on cultural intelligence, civility, conflict, behaviours, speaking up and team dynamics. Comprehensive conflict resolution training is in place. SFT developed an Improving Together A3 (a continuous improvement tool) to identify actions to address bullying and harassment and discrimination.	



What our data tells us

Pay gap

	Mean			Median		
	GWH	RUH	SFT	GWH	RUH	SFT
Gender	27%	15%	17.4%	17.3%	-3.9%	0.8%
Ethnicity	6.4%	8.2%	3.9%	2.9%	0.4%	4.4%
Disability	17.9%	19.6%	13.3%	11.8%	18.8%	15.4%

The above table summarises the mean and median pay gaps for each care organisation. A positive gap favours men, White staff or non-disabled staff; a negative gap favours the comparator group.

Gender: Women make up around three-quarters of our workforce but remain under-represented in the highest paid roles, particularly medical and dental career pathways and are more likely to work less than full time. The mean gender pay gap increased slightly at all three organisations this year. Five-year progress is slow, at the current rate it would take over 14 years to reach parity at RUH and closer to 30 years at GWH and SFT.

Ethnicity: The mean pay gap favours White staff at all three organisations, driven by greater White representation in the upper pay quartile. The median pay gap is slightly in favour of White staff at GWH, very close to parity at RUH and in favour of Ethnic Minority staff at SFT. Ethnic Minority staff are concentrated in the middle two quartiles.

Disability: The mean and median gaps favour non-disabled staff across the Group, caution is noted as there is a high level of staff with a declaration status of 'unknown' and Disabled staff are under-represented in senior roles. Disabled staff are concentrated in the lower pay quartiles.

What we'll do to address the disparities:

- Undertake a Gender Pay Gap Deep Dive to identify the drivers of the gap, including movement between bands and adoption of the Mend the Gap recommendations, and set short and medium-term goals that increase the rate of progress (December 2026).
- Engage with the BSW Hospitals Group Joint Women's Staff Network so staff feedback shapes our actions (December 2026).
- Standardise pay gap reporting across the Group through combined datasets to support improved analysis (September 2027).
- Address the disability and ethnicity pay gaps through the WDES and WRES action plans, led by a multiprofessional working group (March 2027). This workstream is informed by NHS England's recommendations based on the Lord Mann review – to address systemic racism and discrimination.

Workforce Race Equality Standard

29.1% of our staff are from an ethnic minority background, broadly in line with the national NHS picture. Representation rose at GWH (30.3% to 33.7%) and RUH (23.6% to 25.0%) and held steady at SFT (29.1%).

However, diversity thins sharply with seniority. Ethnic minority staff make up 35.0% of Bands 5-7, yet only 6.8% of posts at Band 8a and above – just one of our 18 very senior managers and 10.8% of board members. Non-clinical teams (14.3% Ethnic Minority) are much less diverse than clinical teams (34.5%), but more representative of the local populations.

Staff experience is improving in places, discrimination fell significantly at GWH (-5.2%) and harassment, bullying and abuse from patients (-3.0%) and colleagues (-2.9%) fell at RUH. However, RUH's discrimination rate (17.6%) remains the Group's highest and is above the national average and SFT's shortlisting-to-appointment ratio has significantly worsened (6.04, whereas parity is equal to 1).

The equality gap still persists across the Group. Ethnic minority staff are around 5-10 percentage points less likely than White staff to believe their organisation provides equal opportunities for career progression.

What we'll do to address the disparities:

- Implement the Lord Mann Review recommendations, including publishing a Group Antiracism Statement, strengthening mandatory training and providing tailored training for boards and people services (by March 2027).
- Evaluate shortlisting-to-appointment data, with a priority deep dive at SFT, and act on disparities (by March 2027).
- Monitor take-up of leadership and development opportunities by demographic group and triangulate with progression into senior roles (Q4 2026).
- Run the 'Data & You' campaign to improve ethnicity declaration rates, targeting GWH unknown status below 5% (March 2027).
- Publish Ethnicity Pay Gap reports by 31 March 2027 and act on the Let's Talk Inclusion survey findings (from Q3 2026).



Workforce Disability Equality Standard

Declaration rates are improving but still understates reality. 5.1% of staff have a disability recorded, this has improved at GWH and RUH, but this rate is far below the roughly one-in-four staff who report a disability or long-term health condition in our NHS Staff Survey results.

More than one in ten staff at GWH (13.4%) and RUH (11.7%) have no status recorded, compared with under 2% at SFT.

Disability representation falls with seniority. 6.8% of staff in Bands 1-4 have a disability recorded, falling to 3.8% at Band 8a and above and 2.3% of medical and dental staff.

Experience has improved in places, harassment, bullying and abuse from colleagues fell significantly at GWH (-4.4%) and RUH (-5.4%) and fewer staff entered formal capability processes at GWH and SFT.

However, some metrics have significantly declined at SFT. More disabled staff feel pressured to come to work when unwell (+6.0%), fewer felt their work was valued (-3.6%) and fewer reported harassment, bullying and abuse when they experienced it (-3.8%).

Disabled staff across the Group remain less likely to feel they have equal opportunities or that their organisation values their work.

What we'll do to address the disparities:

- Run the 'Data & You' campaign to improve disability declaration rates, targeting unknown status below 8% at all organisations (March 2027).
- Roll out Business Disability Forum resources across the Group and support managers to provide timely, consistent reasonable adjustments, using tools such as the NHS Health Passport (Q3 2026).
- Engage with disabled staff and networks to identify improvements to equal opportunities and reasonable adjustments (Q2 2026).
- Establish a Group benchmark for completed appraisals by protected characteristic and monitor access to leadership development (Q2-Q4 2026).
- Encourage speaking up, promote reporting routes and continue annual monitoring of the formal capability process (ongoing).

An action plan is included at the end of each report in the Appendix.

EDI Priorities for 2026-27

Our three reports, our data and the voice of our staff points us towards a common set of Group EDI priorities for the year ahead.

One Group, One Team: We will combine our EDI teams to share expertise, reduce duplication of service, achieve savings and deliver a consistent offer across the three care organisations, supported by the new Group strategy, People Plan and its talent management and organisation design workstream.

Trustworthy data: We will build a culture where staff feel safe and see the benefit of sharing information about their protected characteristics.

Fair recruitment and progression: We will make recruitment and promotion demonstrably fair from shortlisting to appointment and build stronger routes for under-represented staff into Band 8a+ and board-level roles – we acknowledge it will take time to see transformation in this area, due to an overall reduction in our staffing levels and resultant fewer vacancies, developing and promoting internal talent is key to future plans.

Understand and close our pay gaps: We will deliver a Gender Pay Gap deep dive, including adopting the appropriate Mend the Gap report recommendations and setting short- and medium-term goals to accelerate progress.

Safe to Learn. Safe to Work initiatives: We will address discrimination, harassment, bulling and abuse from whatever source and implement the Lord Mann Review recommendations, including adopting a Group Antiracism Statement.

Listen and act: We will continue to engage with our staff and our staff networks to shape our plans and act on the 'Let's talk Inclusion' survey findings and improve timely access to reasonable adjustments.

We hope that you have found this report informative. Please refer to the full reports in the appendix for a more in-depth insight into our data and corresponding action plans.

We invite our stakeholders to take part in our 'Improving Together' journey. Building a culture where everyone feels valued, respected and included requires a collective effort.

We know the best solutions come from listening to and working alongside our staff, patients, communities and partners. By sharing your experiences, feedback and ideas, you can help us drive meaningful improvements across our hospitals.

To get involved in our EDI work, please email sft.bswedi@nhs.net.

BSW HOSPITALS GROUP

Workforce Disability Equality Standard (WDES) Report

April 2025 – March 2026



BSW Hospitals Group Workforce

The following data shows our Group workforce at a glance.

- Staff with a disability recorded: 867 (5.1%)
- Staff recorded as non-disabled: 14,339 (84.7%)
- Disability status not recorded: 1,723 (10.2%)

NHS comparator: 6.7% of NHS Trust staff had a disability recorded on Electronic Staff Record (ESR) in March 2025.

16,929

BSW Hospitals Group staff

Workforce profile

Across the three local care organisations, 867 staff (5.1%) have a disability recorded on ESR. Rates are broadly similar at GWH and RUH and slightly lower at SFT.

Staff with a disability recorded on ESR, 2025-26 (%)



Our ESR records indicate that disabled staff across the Group are under-represented (5.1), when compared to the national comparator (6.7%), however, when we compare this data with our NHS Staff Survey results, more staff have stated they have a disability or long-term health condition (GWH 22.0%, RUH 24.5%, SFT 22.1%), signalling that our staff records do not reflect reality and we must continue to encourage staff to share this information.

Based on our electronic staff records, the disabled staff group is under-represented when compared to the local populations (Bath & North East Somerset 16.2%, Swindon 16.9%, Wiltshire 16.4% - Census 2021).

Disabled staff (including staff with long-term health conditions) are more likely to be employed in non-clinical roles (7.2%), compared to clinical roles (4.9%) and are significantly under-represented in medical and dental roles (2.3%).

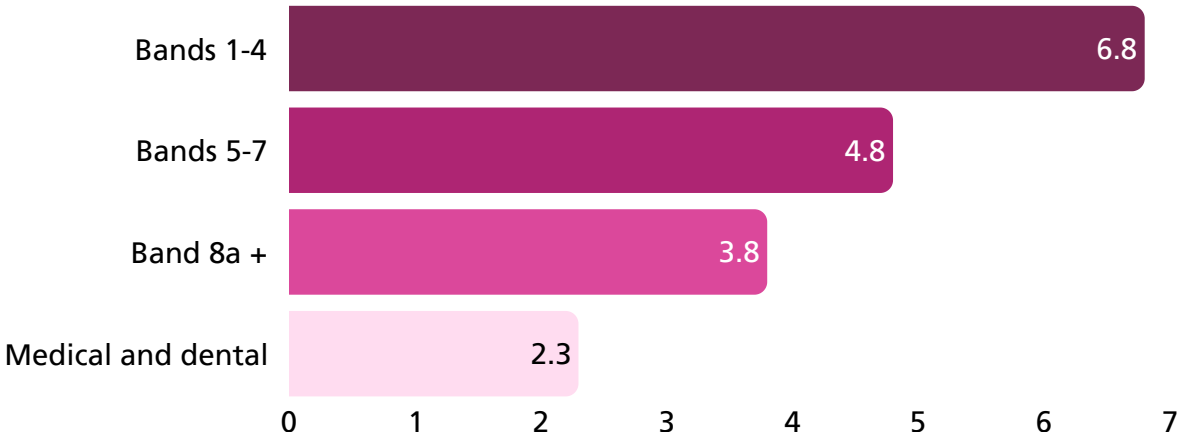
Representation by staff group

Staff group	Headcount	Disabled	Unknown
Non-clinical	3,993	7.2%	10.6%
Clinical (Non-medical)	10,608	4.9%	10.8%
Medical and dental	2,328	2.3%	8.9%
All staff	16,929	5.1%	10.2%

Our data also indicates that declared disability falls steadily as the pay bands rise and is lowest in the medical and dental workforce.

This pattern mirrors the national picture and suggests that senior and medical staff are less likely to share their disability and that they face barriers to progression. The care organisations will continue to engage with disabled staff to address this.

Staff with a disability recorded by pay band group, 2025-26 (%)



Board representation

Of the 37 board members across all three care organisations, three (8.1%) have declared a disability – close to the 7.3% national NHS board average, but this is not representative of the population we serve. Each board has one disabled member (GWH 6.7%, RUH 10.0%, SFT 8.3%).

With six of the thirty-seven board members (16.2%) not having their status recorded, our board figures are likely to understate the true picture; improving declaration rates across the workforce will strengthen our data and in turn, our action plans.

The group is keen to improve representation and will continue to promote opportunities across multiple channels and recruit from a diverse candidate pool and interview panel for every vacancy.

Board	Total members	Disabled	%	Non-disabled	%	Not recorded	%
GWH	15	1	6.7%	10	66.7%	4	26.7%
RUH	10	1	10%	8	80%	1	10%
SFT	12	1	8.3%	10	83.3%	1	8.3%
Group	37	3	8.1%	28	75.7%	6	16.2%

Improving Together

The three care organisations undertake work throughout the year to improve the working life experience of our disabled staff including provision of an extensive health and wellbeing offer and occupational health service, training and development for all staff and training to equip staff to address unprofessional behaviours, and we support a number of networks – including disabled staff networks, EDI/Inclusion champion networks, recruitment champions, mental health first aiders and health and wellbeing champions.

We are Disability Confident Employers and Equal Opportunity Employers and have adopted a continuous improvement approach to addressing inequalities experienced by staff.

Over the year we have been strengthening our collaboration across the Group and our EDI staff work together to coproduce and deliver training, events and respond to national priorities. In 2026-27, we will combine these teams to capitalise on the strengths each organisation has developed, reduce duplication, streamline our offer, and build capability and capacity.

The table below highlights changes in our WDES metrics since our last report:

Harassment / bullying / abuse from colleagues - GWH (-4.4%); RUH (-5.4%)	Staff satisfied with the extent to which their organisation values their work - RUH (-2.8%)
Staff entering a formal capability process - GWH (-1.5); SFT (-1.8)	Staff reported harassment / bullying / abuse - SFT (-3.8%)
Harassment / bullying / abuse from managers - GWH (-1.3%)	Felt pressured from their manager to come to work despite not feeling well enough to perform their duties SFT (+6.0%)
Staff reported harassment / bullying / abuse - GWH (+1.5%)	Staff satisfied with the extent to which their organisation values their work - SFT (-3.6%)
Harassment / bullying / abuse from patients - RUH (-2.0%)	

Work will take place during 2026-27 to address the metrics that have significantly declined (right column). The remaining metrics have remained relatively the same since last year.

Although SFT's metric 'Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process' has improved (-1.8), this is significantly higher than the rest of the group (GWH 0.51 and RUH 0.0) – Employee Relations will continue to take appropriate action.

The Staff Survey Working Group will address the metrics that have declined for non-disabled staff including 'feeling pressured to work despite not being well enough to perform their duties' and 'feeling valued'; and addressing unprofessional behaviours will benefit all staff including non-disabled. This report is supported by an action plan that responds to the Group as a whole and the individual care organisation needs.

Key messages

- **Declaration is improving:** The share of staff with a disability recorded rose at GWH (5.3% to 5.5%) and RUH (4.9% to 5.3%) and the Group rate of 5.1% is 1.6 percentage points below the national NHS average.

- **But our records understate reality:** Nationally, around one in four NHS staff state they have a disability or long-term health condition in the annual NHS staff survey, far more than the one in twenty recorded on staff records. We acknowledge further improvements are required and we will continue to promote the need to share this voluntary information with our staff, including an annual reminder which is sent via the Electronic Staff Record system.

- **Representation falls with seniority:** 6.8% of staff in Bands 1-4 have a disability recorded, falling to 3.8% at Band 8a and above, and just 2.3% of medical and dental staff.

- **Data completeness varies:** More than one in ten staff at GWH (13.4%) and RUH (11.7%) have no disability status recorded, compared with 4.1% at SFT, highlighting opportunities to identify good practice across the group.

- **Our 2026-27 focus:**
  - We will build trust and confidence to share information about protected characteristics;
  - Support managers to provide timely reasonable adjustments, working in partnership with the Business Disability Forum (BDF) to implement best practice and provide all staff access to BDF and internal resources;
  - Engage with disabled staff and disabled staff networks to promote 'training and development' opportunities and identify barriers to access and career progression;
  - And tackle bullying and harassment and discrimination from patients, members of the public and staff.

We recognise progress towards a more inclusive NHS can only be achieved through partnership. We will continue to work collaboratively with staff, governors, volunteers, patients and the communities we serve to deliver our inclusion objectives and improve outcomes for all.



Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten measures, introduced in 2019, that compare the workplace and career experiences of disabled and non-disabled staff. NHS Trusts use their WDES data to understand where experiences differ and to publish action plans to close the gaps.

This joint report focusses on the workforce profile of the standard: how many of our staff have a disability recorded, in which roles, and at what level of each organisation and the report highlights elements of their working life experience in comparison to non-disabled staff.

Why declaration matters: Our figures are based on what staff choose to record on the NHS Electronic Staff Record (ESR) system. When staff feel safe to share a disability or long-term health condition or recognise the importance of sharing this information, we can put the right support and adjustments in place and allocate the right level of resources to address disparities for this group of staff; and our data becomes a truer picture of our workforce.

Metric / Breakdown	GWH	RUH	SFT	NHS
1) Percentage of staff in the Trust with a Disability or Long Term Health Condition (AfC Bands 1-9 and VSM) – see workforce profile				
Disabled staff	5.49%	5.34%	4.36%	6.65%
Non-disabled staff	81.15%	82.96%	91.54%	81.42%
2) Relative likelihood of non-Disabled candidates compared to Disabled candidates being appointed from shortlisting across all posts.				
	0.97*	1.1*	0.62	0.95
3) Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.				
	0.51*	0	4.84	N/A
4a1) Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months				
Disabled staff	34.14%	27.64%	24.62%	29.14%
Non-disabled staff	24.72%	21.98% Δ	20.2%	22.64%
4a2) Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months				
Disabled staff	12.89%	12.69%	13.17%	14.12%
Non-disabled staff	6.89%	6.62%	6.19%	7.6%

Metric / Breakdown	GWH	RUH	SFT	NHS
4a3) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months				
Disabled staff	22.37% Δ	18.57%	24.38%	24.45%
Non-disabled staff	15.99%	14.90%	14.32%	15.75%
4b) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.				
Disabled staff	53.12%	50.52%	49.51% Δ	53.16%
Non-disabled staff	51.98%	50%	55.19% Δ	52.89%
5) Percentage of Disabled staff compared to Non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion (question updated and therefore not compared to 2024-25 data)				
Disabled staff	50.58%	44.71%	50%	47.79%
Non-disabled staff	57.08%	52.88%	55.42%	55.09%
6) Percentage of Disabled staff compared to Non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties				
Disabled staff	28.55%	23.28%	27.67% Δ	27.19%
Non-disabled staff	19.39% Δ	16.94% Δ	19.15%	18.19%
7) Percentage of Disabled staff compared to Non-disabled staff saying that they are satisfied with the extent to which their organisation values their work				
Disabled staff	34.27%	32.96%	34.58% Δ	32.09%
Non-disabled staff	46.39%	44.6%	46.42% Δ	45.1%
8) Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work				
	74.40%	78.22%	78.27%	73.65%
9a) The staff engagement score for Disabled staff, compared to Non-disabled staff and the overall engagement score for the organisation				
Disabled staff	6.32	6.38	6.4	6.29
Non-disabled staff	6.96	6.96	7	6.91

Metric / Breakdown	GWH	RUH	SFT	NHS
9b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? See relevant organisation in the next section.				
10) Percentage difference between the organisation's Board voting membership and its organisation's overall workforce - See each care organisation below:	+1.2	+4.7	+4	+0.7%

We undertake a range of initiatives each year to improve equity for our staff including setting Board objectives, delivering EDI training and development, supporting our staff networks, reviewing our recruitment process to ensure it is fair and consistent and addressing unprofessional behaviours. We also offer an extensive suite of support for our workforce led by our Occupational Health and Wellbeing Services.

Key
Improvement for staff
Similar findings
Deterioration for staff
Δ = differs by 2.5 points or more

Great Western Hospitals

When analysing the WDES data, metrics have remained relatively the same for the number of disabled staff employed; shortlisting to appointment ratio; harassment, bullying and abuse from patients, disabled staff who have felt pressure to work from a manager despite not feeling well enough to perform their duties; disabled staff saying they are satisfied with the extent to which their organisation values their work, staff saying their employer has made adequate adjustments and metrics 6, 7, 8 and the engagement score for disabled staff.

GWH employed 5,794 staff at the snapshot date of 31 March 2026. 318 (5.5%) are disabled, 4,702 (81.1%) non-disabled and 774 (13.4%) have not shared their status.

The percentage of disabled staff has increased by +0.2% from 5.3% to 5.5%; the medical and dental declaration is 1.8% which could signal under-representation of disabled staff in that group or that fewer staff are willing to share their information; but overall the percentage of staff with 'unknown' status has improved by 2.5 percentage points from 15.9% to 13.4%.

Staff group	Headcount	Disabled	Unknown
Non-clinical	1,180	8.5%	12.2%
Clinical (Non-medical)	3,726	5.4%	14.5%
Medical and dental	888	1.8%	10%
All staff	5,794	5.5%	13.4%

The GWH board consists of fifteen members; one (6.7%) is disabled, no change from last year; 10 (66.7%) are non-disabled and four (26.7%) are 'unknown'.

GWH 2025-26 Board Membership			
	Disabled	**Non-disabled**	**Unknown**
Voting	1	10	4
Non-voting	0	0	0
Executive	0	6	1
Non-executive	1	4	3
Total	1	10	4
Board %	6.67%	66.67%	26.67%
Overall workforce %	5.49%	81.15%	13.36%

There has been a small improvement in relative likelihood of disabled staff entering a formal capability process(-1.5); harassment bullying and abuse from managers (-1.3%) and disabled staff or a colleague reporting their experience of abuse (+1.5%); and significant improvement in harassment, bullying and abuse from colleagues (-4.4%).

Notably, shortisting to appointment is 0.97, which is close to parity (1) with non-disabled staff; and disabled staff are less likely to enter a formal capability process (0.5).

Metrics have not worsened (where this is statistically significant) for disabled staff. However, 34.1% of disabled staff experience harassment, bullying and abuse from patients, relatives and the public, this is the group's highest and well above the NHS average (29.1%). Strengthening GWH's Never OK campaign will support improvement in this metric.

Supporting disabled staff at GWH

The Differently Abled Network's chair sits on the Inclusion & Health Inequalities Subcommittee, a strategic group that oversees the Inclusion and Health Inequalities agenda. All network chairs are invited to an annual workshop with the board, in June 2025 they met to review WRES, WDES and Pay Gap data and their feedback was used to inform the action plan for 2025-26.

GWH has achieved Level 3 Disability Confident Leader accreditation. Staff have access to 24/7 support, Mental Health First Aiders, Wellbeing Champions and EDI Champions and the wider workforce receive training on addressing unprofessional behaviours, civility, bystander training and compassion training, focussing on emotional regulation. GWH launched its Guide to supporting staff with long-term health conditions and impairments in December 2025 and provide a range of resources to help line managers provide reasonable adjustments for their staff.

The EDI team implemented, Improving Together, GWH's continuous improvement methodology into the workstream, and this has enabled staff to get involved in informing what work is undertaken and in co-designing key projects.

Royal United Hospitals Bath

The WDES metrics for RUH have remained relatively the same for 7 of the 10 metrics, with no statistically significant movements – including workforce profile; shortlisting to appointment ratio; likelihood of disabled staff entering a formal capability process; experiencing harassment bullying and abuse from managers; reporting this experience; feeling pressured to come to work despite not being well enough to perform their duties; receiving reasonable adjustments; and their engagement score.

RUH employed 6,480 staff at the snapshot date of 31.03.2026. 346 (5.3%) are disabled, 5,376 (83.0%) are non-disabled and 758 (11.7%) have not shared their status.
The percentage of disabled staff has remained relatively the same, an increase of 0.4%, the 'unknown' rate has edged down from 12.2% to 11.7% but remains above one in ten staff. As elsewhere in the group, representation is markedly lower among medical and dental staff (2.4%), which could signal under-representation or that staff are unwilling to share this information.

Staff group	Headcount	Disabled	Unknown
Non-clinical	1,470	6.9%	14.4%
Clinical (Non-medical)	4,182	5.4%	10.7%
Medical and dental	828	2.4%	12%
All staff	6,480	5.3%	11.7%

RUH has ten board members. One (10.0%) is disabled; 8 (80.0%) are non-disabled and one (10.0%) is recorded as 'unknown'. The number of disabled board members is unchanged since last year, board membership has reduced from seventeen to ten, which will skew the percentages when comparing year-on-year.

RUH 2025-26 Board Membership			
	Disabled	**Non-disabled**	**Unknown**
Voting	1	8	1
Non-voting	0	0	0
Executive	0	4	1
Non-executive	1	4	0
Total	1	8	1
Board %	10%	80%	10%
Overall workforce %	5.34%	82.96%	11.7%

Metric 4a.1 percentage of disabled staff experiencing harassment, bullying and abuse from patients and the public has improved by 2% and the percentage of disabled staff experiencing harassment, bullying and abuse from colleagues has significantly improved by

5.4%. RUH will continue to support its Inclusion Champions and deliver training to address unprofessional behaviours.

Notably, no disabled staff (0.0%) have entered a formal capability process.

Metric 7, disabled staff saying that they are satisfied with the extent to which their organisation values their work, has significantly declined by 2.8% to 33%. The group will take steps to address this in 2026-27.

Supporting disabled staff at RUH

RUH supports a number of staff networks including their disabled staff network, Enable, the network meets regularly to inform its members and hosts events and activities. RUH also facilitates a Neurodivergence Support Group for staff with autism, ADHD, dyslexia, dyspraxia, dyscalculia and Tourette syndrome as well as managers or staff who want to support their neurodiverse colleagues.

The care organisation has also rolled out Inclusion Champion training which includes conversations around equality vs equity for disabled staff, reasonable adjustments and support; and a dedicated counselling and psychological support service is available to all staff. RUH has achieved Level 2 Disability Confident Employer accreditation.

Salisbury Hospital

SFT WDES data has remained relatively the same for six of the ten metrics (no statistically significant difference) – including the percentage of disabled staff employed; relative likelihood of appointment from shortlisting; likelihood of staff entering a formal disciplinary process; experiencing harassment, bullying and abuse from either patients/visitors; managers or colleagues; and percentage of disabled staff who feel their managers have made adequate adjustments for them to carry out their work.

SFT employed 4,655 staff at the snapshot date of 31 March 2026. 203 (4.4%) are disabled, 4,261 (91.5%) are non-disabled and 191 (4.1%) have not shared their disability status.

The number of disabled staff has reduced by 1.1% since last year, to 4.4% from 5.5%. The number of staff with an 'unknown' status is the lowest in the group at 4.1%, this represents an opportunity to share good practice across the group.

Staff group	Headcount	Disabled	Unknown
Non-clinical	1,343	6.5%	5.2%
Clinical (Non-medical)	2,700	3.6%	3.7%
Medical and dental	612	2.9%	3.6%
All staff	4,655	4.4%	4.1%

The SFT board consists of twelve members. One (8.3%) is disabled, an increase from zero last year; and ten (83.3%) are non-disabled; one (8.3%) member is recorded as 'unknown'. The board has reduced by two members since last year, due to the size of the board, any changes will result in a significant impact on this metric.

SFT 2025-26 Board Membership			
	Disabled	**Non-disabled**	**Unknown**
Voting	1	10	1
Non-voting	0	0	0
Executive	1	4	0
Non-executive	0	6	1
Total	1	10	1
Board %	8.33%	83.33%	8.33%
Overall workforce %	4.36%	91.54%	4.1%

Metrics have significantly worsened for the following benchmarks – the percentage of disabled staff or a colleague reporting that they have experienced harassment, bullying and abuse (-3.8%); the percentage of disabled staff saying they have felt pressure to come to work despite not being well enough to perform their duties (+6%); and percentage of disabled staff who are satisfied with the extent to which their organisation values their work (-3.6%).

Although metric 3, the capability ratio has improved (-1.84), it is significantly higher than the rest of the group (GWH 0.51 and RUH 0.0), the process is monitored annually by the Employee Relations team and there are opportunities to strengthen this work by sharing good practice across the Group.

SFT will do more in year to improve awareness amongst line managers, including access to Business Disability Forum resources and training opportunities and to encourage staff to report abuse. As disabled staff across the group are less likely to feel they have equal opportunities or feel the organisation values their work, this will provide an opportunity to address this disparity at Group level.

Supporting disabled staff at SFT

SFT supports several staff networks including a disabled staff network, Ability Confident, that meets regularly to inform its members and hold events and activities. Neurodiversity training has been rolled out across the care organisation and the Supporting People with Disabilities at Work Policy has been updated and Health Passports have been launched.

In addition, a Reasonable Adjustments Policy, centralised budget and consistent approach is in place to support equitable access; staff have access to dedicated counselling and psychological support service and approximately 30 Mental Health First Aiders. SFT has achieved Level 3 Disability Confident Leader accreditation.

Looking ahead

BSW Hospitals Group will collectively address the disparities experienced by our disabled staff, capitalising on opportunities to share resources, expertise and good practice across the care organisations.

Over the coming year, we will strengthen our partnership working, including joint engagement with our workforce, the delivery of EDI-related training, the coproduction of resources and EDI-materials and working across organisational boundaries to implement legislative and policy change.

Our data and the voice of our staff in recent engagement points us towards five opportunities:

- Build a culture where staff feel safe and see the benefit of sharing information about their disability or long-term health condition.
- Promote the need for timely, consistent reasonable or workplace adjustments utilising tools like the NHS health passport, management and staff guides and providing all staff with access to Business Disability Forum resources including advice and guidance for managers and People professionals and staff will have access to training and events to help improve awareness.
- Monitor existing learning and development opportunities to ensure access is equitable and that over time, staff are able to progress as a result of these interventions.
- Seek to understand the lived experience of disabled staff who disproportionately feel less valued and have fewer opportunities to develop and progress and take action on findings.
- Addressing discrimination, harassment, bullying and abuse of disabled staff, whether from colleagues, managers or patients, their families or members of the public.

As an anchor institution, we are committed to the progress and wellbeing of the diverse communities in Bath and North East Somerset, Swindon and Wiltshire that we serve; and we are eager to become an employer of choice for minoritised groups of people.

With that in mind, we will continue to align our plans with NHS England's EDI Improvement Plan High Impact Actions (HIAs) and with our obligations as an employer under the Equality Act 2010 and we will work with our disabled staff to address the disparities they face and to shape a future that improves their access, experience and outcomes.

Notes:

- Headcount figures in the data are taken from ESR as of 31 March each year.
- 'Unknown' means no disability status is recorded.
- Percentages in the text have been rounded to one decimal point. At board-level and senior bands, staff numbers are small, therefore single leavers or joiners can move percentages notably.
- National comparator figures are from NHS England WDES 2025 data analysis report.

WDES Action plan

Action	Measure	HIA	Lead	Timescale
'Data & You' campaign to improve disability declaration rates	Unknown rate below 8% at all organisations	1	EDI / Comms	Mar 2027
Roll out of BDF across the group: improve awareness and access to resources, including advice/guidance, webinars, BDF networks and events	BDF metrics demonstrate widespread usage Year-on-year improvements to Metric 8 scores (currently above national average)	4	EDI	Q3 2026-27
The relative likelihood of Disabled staff entering a formal capability process is monitored on an annual basis through the Employee Relations workstream – this work will continue, capitalising on a Group approach	Year-on-year improvement to metric 3 – ratio reduced towards parity	6	EREP	Q3 2026-27
Establish a Group benchmark for completed appraisals monitored by protected characteristic to ensure staff have training and development needs formalised	Disabled staff are as likely to have completed their appraisal as any other demographic Year-on-year improvement to metrics 5, 7 and 9a Increase in percentage of disabled staff in senior roles	2 3	L&D	Q2 2026-27
Monitor take-up of leadership and development opportunities by demographic group and triangulate with progression to senior roles	Staff who invest in training and demonstrate capability are being promoted Increase in the number of Disabled staff promoted to B7 and above Improved Metric 7	2 3	L&D	Q4 2026-27
Engagement with disabled staff and networks: identify improvements to address equal opportunities (particularly in clinical roles) and reasonable adjustments	Improvements to metrics 6, 7	4	EDI / Networks	Q2 2026-27
Encourage speaking up and promote reporting routes across the Group, including resources and engage with staff and line managers to understand barriers	Recovery of Metric 4b at SFT and improvement at RUH and GWH Increased incident reporting via Datix or similar channels	6	EDI / FTSU	Ongoing
Develop Disability Pay Gap framework to enable reporting	Data available to enable reporting – report published by 31/3/27	3	WIT	Mar 27
Carry forward GWH workforce health inequalities dashboard action from 2025	Data available to inform health inequalities action plans	4	WIT / BI	Q4 2026-27

BSW HOSPITALS GROUP

Workforce Race Equality Standard (WRES) Report

April 2025 – March 2026



BSW Hospitals Group Workforce

The following data shows our Group workforce at a glance.

- Black and minority ethnic (BME) staff: 4,929 (29.1%)
- White staff: 11,283 (66.6%)
- Ethnicity not recorded: 717 (4.2%)

NHS comparator: 30.7% for WRES, ethnicity recorded on Electronic Staff Record (ESR) in March 2025.

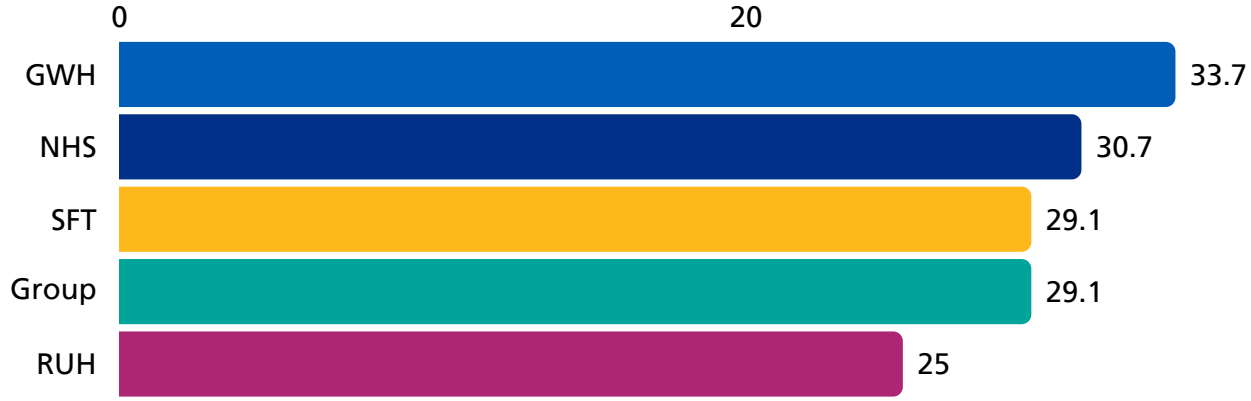
16,929

BSW Hospitals Group staff

Workforce profile

Across the three care organisations, 4,929 (29.1%) staff are from an ethnic minority background, with GWH having the most diverse workforce; and RUH has the least although this is growing in number with time. Based on our electronic staff records, the ethnic minority staff group is over-represented when compared to the local populations (Bath & North East Somerset 7.8%, Swindon 18.5%, Wiltshire 5.7% - Census 2021).

Ethnic minority staff as a percentage of the group workforce, 2025-26 (%)



Staff from ethnic minority backgrounds are more likely to be employed in clinical roles (34.6%) and medical and dental roles (29.3%) and are under-represented in non-clinical roles (14.3%).

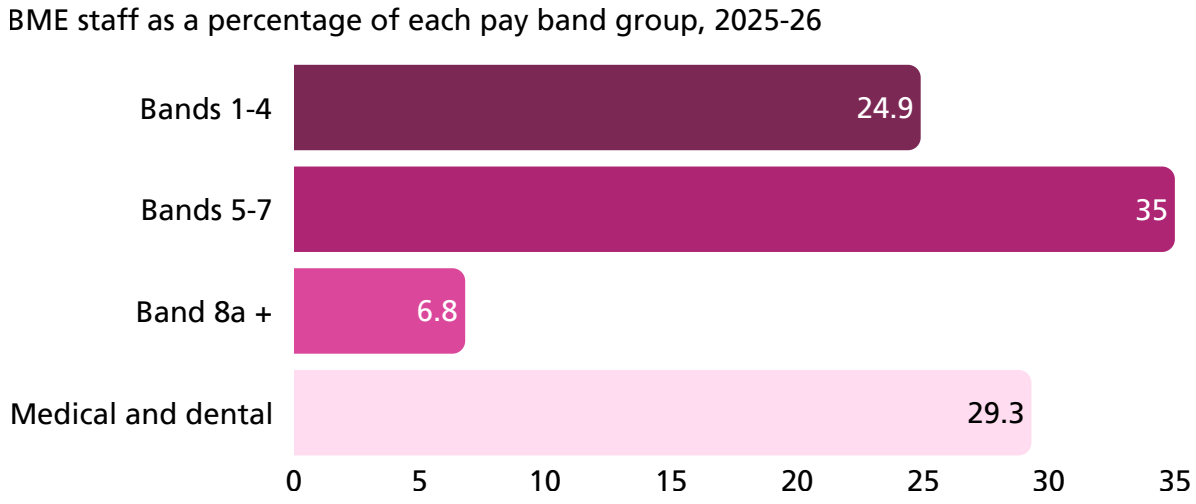
When looking at the Group as a whole, our ethnicity recording is relatively robust with only 4.2% of staff recorded as 'unknown'. GWH has some ground to make up 13.1% of its medical and dental workforce has an unknown status.

Note, to align with national data reference points, the term Black Minority Ethnic (BME) is used in the data tables.

Representation by staff group

Staff group	Headcount	BME	Unknown
Non-clinical	3,993	14.3%	3.4%
Clinical (Non-medical)	10,608	34.6%	3.8%
Medical and dental	2,328	29.3%	7.8%
All staff	16,929	29.1%	4.2%

Our data highlights that ethnic minority staff are strongly represented in Bands 5 to 7, typically made up of our registered nurses, midwives and allied health professionals (clinical staff), but hold only 62 of the 914 (6.8%) senior posts at Band 8a and above. An under-representation in senior roles mirrors the national picture and is a core driver for our initiatives to improve equal opportunities.



Board representation

BSW Hospitals Group has a total of 37 board members, four (10.8%) of whom are from an ethnic minority background, this is below our 29.1% workforce figure and the 17.3% national NHS board average. RUH board has become smaller in year, falling from seventeen to ten members – losing two ethnic minority board members, and with such small numbers, any change in demographics will move the percentages sharply.

With five of the thirty-seven board members (13.5%) not having their ethnicity recorded, our board figures are likely to understate the true picture; improving declaration rates across the workforce will strengthen our data and in turn, our action plans.
Our boards are committed to recruiting from a diverse candidate pool and interview panel for every vacancy.

Board	Total members	Disabled	%	Non-disabled	%	Not recorded	%
GWH	15	2	13.3%	10	66.7%	3	20%
RUH	10	1	10%	7	70%	2	20%
SFT	12	1	8.3%	11	91.7%	0	0%
Group	37	4	10.8%	28	75.7%	5	13.5%



Improving Together

The three care organisations undertake work throughout the year to improve the working life experience of our ethnic minority staff including provision of an extensive health and wellbeing offer and occupational health service, training and development for all staff, training to equip staff to address unprofessional behaviours, and we support a number of networks, including our race equality staff network, EDI/Inclusion champion network, recruitment champions, mental health first aiders and health and wellbeing champions. We are equal opportunity employers and have adopted a continuous improvement approach to addressing inequalities experienced by staff.

Over the year we have been strengthening our collaboration across the Group and our EDI staff work together to co-create and co-deliver training, events and to respond to national priorities. In 2026-27, we will combine these teams to capitalise on the strengths each organisation has developed, reduce duplication, streamline our offer, and build capability and capacity.

The table below highlights changes in our WRES metrics since our last report:

Discrimination from colleagues (-5.2%) (GWH)	SFT shortlisting to appointment ratio (+1.8)
Harassment/bullying/abuse from patients (-3.0%); and colleagues (-2.9) (RUH)	RUH Board representation – a loss of two ethnic minority board members
Shortlisting to appointment likelihood (-0.5%) (GWH)	Harassment/bullying/abuse from patients (GWH +1.2%, SFT +1.4%)
Harassment/bullying/abuse from colleagues (-1.4%) (GWH)	RUH discrimination (+1.5%)

Note, the Group's programme of work to address unprofessional behaviours in all its forms and our Health and Wellbeing offer and flexible working opportunities will benefit all staff irrespective of their protected characteristics.

This report is supported by an action plan that responds not only to BSW Hospitals Group as a whole but also the individual care organisation needs.

Key messages

- **We are diverse employers:** 29.1% of our staff are from an ethnic minority background, in line with national NHS figures (30.7%). Representation rose at GWH (30.3% to 33.7%) and RUH (23.6% to 25.0%). Ethnic minority staff representation at SFT has remained relatively similar at 29.11% (+1.07%).

- **But diversity thins sharply with seniority:** Ethnic minority staff make up 35.0% of staff in Bands 5-7, yet only 6.8% at Band 8a and above and just 1 of our 18 very senior managers.

- **Non-clinical teams are much less diverse:** 14.3% compared to clinical teams (34.6%) and medical and dental staff (29.3%), however, this is representative of the local populations, further analysis of the shortlisting to appointment data will identify any disparities.

- **Staff experience is improving in places:** At GWH the proportion of staff experiencing discrimination fell by 5.23%, at RUH fewer staff are experiencing harassment, bullying and abuse from patients (-3%) and colleagues (-2.9%) since 2024-25. WRES performance at SFT has remained largely unchanged since last year, with metrics showing stability and an incremental decline in one metric.

- **Our 2026-27 focus:**
  - We will continue to build trust and confidence to share information about protected characteristics.
  - We will address bullying and harassment and discrimination from patients, members of the public and staff.
  - We will improve equal opportunities including a fairer recruitment journey from shortlisting to appointment; promote and monitor access to leadership learning and development opportunities that will support promotions into senior roles; promote and monitor access to our talent management workstreams including coaching and career conversations and monitor the number of appraisals by ethnicity to ensure staff have timely conversations about their career goals.
  - We will continue to focus on staff engagement: we will engage with staff and involve them in change to ensure our EDI programmes of work meet their needs.
  - We will take an antiracism stance: following the recent publication of the Lord Mann review, NHS organisations like the BSW Hospitals Group, will implement a set of recommendations from NHS England, including publishing an antiracist statement, strengthening our mandatory training, providing tailored training to our boards and people services staff to improve their awareness and capability to address structural racism.

We recognise that progress towards a more inclusive NHS can only be achieved through partnership. We will continue to work collaboratively with staff, governors, volunteers, patients and the communities we serve to deliver our inclusion objectives and improve outcomes for all.

Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) is an initiative aimed at addressing racial inequalities within the NHS workforce. It focuses on ensuring that employees from ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The WRES requires NHS organisations to collect, analyse, and publish data on race equality indicators such as recruitment, career progression, and disciplinary actions. By highlighting disparities and holding organisations accountable, the WRES seeks to create a more inclusive and equitable working environment for all NHS staff.

The 2025-2026 WRES Report is based on a snapshot of our workforce data as at 31 March 2026. Benchmark data, used for comparison, is based on staff survey results from NHS organisations of a similar size and nationally compiled data.

There are nine WRES indicators or metrics. This report summarises where we have made improvements and where there are further opportunities to drive change (see WRES metrics section).

We acknowledge that language, terminology and acronyms used in our reports align with national reporting standards and does not always reflect the identities and lived experience of individuals.

We undertake a range of initiatives each year to improve equity for our staff including setting Board objectives, delivering EDI-related training to our staff, supporting our Staff Networks, reviewing our recruitment process to ensure there is a fair and consistent approach to recruitment, delivering a range of learning and development opportunities and addressing unprofessional behaviours. We also offer an extensive suite of support for our workforce led by our Occupational Health and Wellbeing Services.

WRES Metrics

The following table includes the nine WRES metrics, RAG rated (improved, remained relatively the same or worsened).

Metric / Breakdown	GWH	RUH	SFT	NHS
1) Percentage of staff by ethnicity (AfC Bands 1-9 and VSM) – see workforce profile				
White staff	58.78%	75.95%	67.67%	65.4%
BME staff	33.71%	25.02%	29.11%	30.7%
2) The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants				
	1.46*	1.95*	6.04*	1.77
3) The relative likelihood of BME staff entering the formal disciplinary process compared to white staff				
	0.78*	1.67*	1.7*	1.11

Metric / Breakdown	GWH	RUH	SFT	NHS
4) The relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff				
	1.03*	0.95*	1.24*	1.02
5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months				
White staff	25.56%	21.55%	20.17%	22.93%
BME staff	29.17%	31.29%	24.37%	28.98%
6) Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months				
White staff	19.72%	18.27%	20.17%	20.48%
BME staff	22.16%	24.07%	18.46%	24.06%
7) Percentage of staff believing that their trust provides equal opportunities for career progression or promotion				
White staff	59.42%	52.34%	56%	55.46%
BME staff	49.11%	47.03%	50.4%	49.11%
8) Percentage of staff experiencing discrimination at work from other staff in the last 12 months				
White staff	6.43%	5.94%	5.89%	6.4%
BME staff	13.34%	17.63%	13.69%	14.7%
9) Percentage difference between the organisation's Board voting membership and its organisation's overall workforce – (see each care organisation below)				
	-20.4%	-15%	-20.8%	-13.39%

Key
Improvement for staff
Similar findings
Deterioration for staff
Δ = differs by 2.5 points or more

Great Western Hospitals

GWH employed 5,794 staff at the snapshot date of 31 March 2026. 1,953 (33.7%) were from an ethnic minority background and 3,406 (58.8%) White. Although the overall workforce fell by 336, the number of ethnic minority staff has increased by 97 (3.4%). Nearly four in ten clinical staff (39.7%) and medical staff (36.8%) are from an ethnic minority background, compared to 12.4% of non-clinical staff. Ethnicity recording at GWH is the Group's least complete (7.5% unknown overall, 13.1% unknown among medical staff).

Staff group	Headcount	BME	Unknown
Non-clinical	1,180	12.4%	5.3%
Clinical (Non-medical)	3,726	39.7%	6.9%
Medical and dental	888	36.8%	13.1%
All staff	5,794	33.7%	7.5%

The board consists of fifteen members, two (13.3%) are from an ethnic minority background, an increase of one since last year; 10 (66.7%) board members are White; and three (20.0%) Board members do not have their ethnicity recorded. There have been some changes to the Board in year; as a result the metrics have worsened because the number of members with ethnicity unknown has increased slightly, due to the small sample size; thus any change in representation will significantly impact the data.

Although, not included in the table below, GWH appointed two associate non-executive directors – one of whom is from an ethnic minority background, the Associate-NED role provides valuable Board experience; and this opportunity has further increased Board diversity. The board has also developed succession plans.

GWH 2025-26 Board Membership			
	BME	**White**	**Unknown**
Voting	2	10	3
Non-voting	0	0	0
Executive	0	5	2
Non-executive	2	5	1
Total	2	10	3
Board %	13.3%	66.67%	20%
Overall workforce %	33.71%	58.78%	7.51%

The Equal Opportunities metric has the widest gap: 49.1% of ethnic minority staff believe GWH provides equal opportunities vs 59.4% of White staff.

Staff survey data has indicated that the proportion of ethnic minority staff experiencing discrimination has significantly fallen by 5.2% since last year, as a result of an organisation-wide effort to address unprofessional behaviours. In addition, small improvements have been made in the following metrics: relative likelihood of being appointed from shortlisting – although achieving parity remains a priority; percentage of ethnic minority staff experiencing harassment and bullying and abuse from staff. The remaining metrics have stayed relatively similar to last year: staff entering a formal disciplinary process and ethnic minority staff accessing CPD and non-mandatory training.

There has been a slight increase in staff experiencing harassment, bullying and abuse from patients (+1.2%). GWH will continue to deliver 'Addressing Unprofessional Behaviours' training which was codesigned with staff across the Group; continue to recruit and support EDI champions and promote the Never OK campaign to combat both discrimination and bullying, harassment and abuse.

There was no statistically significant decline in any metrics for ethnic minority staff.



Royal United Hospitals Bath

RUH employed 6,480 staff at the snapshot date of 31 March 2026. 1,621 (25.0%) staff were from an ethnic minority background, an increase of 129 staff (+1.4%) since last year; growth is concentrated in the clinical workforce. RUH has the lowest representation of ethnic minority staff in the group, and lower than the national average (30.7%) – 7.8% of the BANES population is from an ethnic minority background.

Ethnicity recording at RUH is excellent, only 2% of staff have no ethnicity recorded: the best in the group.

Staff group	Headcount	BME	Unknown
Non-clinical	1,470	15.4%	2.4%
Clinical (Non-medical)	4,182	29.6%	1.6%
Medical and dental	828	19%	3.6%
All staff	6,480	25%	2%

RUH has ten board members, one (10%) is from an ethnic minority background; seven (70.0%) are White; and two (20%) do not have their ethnicity recorded. Board membership has reduced from seventeen last year to ten this year, including the loss of two ethnic minority Board members causing the metrics to worsen.

RUH 2025-26 Board Membership			
	BME	**White**	**Unknown**
Voting	1	7	2
Non-voting	0	0	0
Executive	0	3	2
Non-executive	1	4	0
Total	1	7	2
Board %	10%	70%	20%
Overall workforce %	25.02%	72.95%	2.04%

Three of the nine WRES metrics have remained relatively the same with no statistically significant changes – relative likelihood of being appointed from shortlisting; the likelihood of ethnic minority staff entering a formal disciplinary process (both above national average); and the likelihood of staff accessing non-mandatory training and CPD.

There were significant improvements in the percentage of ethnic minority staff experiencing harassment, bullying and abuse from patients, their family and members of the public (-3%) and from staff (-2.9%).

The percentage of ethnic minority staff experiencing discrimination has slightly worsened (+1.5%). This is the Group's highest discrimination rate (17.6%) and well above the national average (14.7%). To address discrimination, during the year RUH have increased the number of Inclusion Champions, adopted Report+Support (a 24/7 reporting tool) and have developed their People Hub to facilitate equitable support and guidance to improve resolutions. Staff can access training across the group and the planned merging of EDI teams and antiracism work will pave the way for Group-wide improvements.

Salisbury Hospital

SFT employed 4,655 staff at the snapshot date of 31 March 2026. 1,355 (29.1%) are from an ethnic minority background, overall representation matches the group average, with a strongly diverse clinical workforce (35.4%). Almost two-thirds of its Band 5 clinical staff are from an ethnic minority background. SFT's workforce has remained relatively the same since last year. Ethnicity recording is strong, only 3.2% of staff's ethnicity is unknown.

Staff group	Headcount	BME	Unknown
Non-clinical	1,343	14.9%	2.8%
Clinical (Non-medical)	2,700	35.4%	2.9%
Medical and dental	612	32.5%	5.7%
All staff	4,655	29.1%	3.2%

The SFT Board consists of 12 members. One (8.3%) is from an ethnic minority background; 11 (91.7%) are White. All board members have recorded their ethnicity. Membership has remained relatively the same since last year (7.1% BME).

SFT 2025-26 Board Membership			
	BME	**White**	**Unknown**
Voting	1	11	0
Non-voting	0	0	0
Executive	0	5	0
Non-executive	1	6	0
Total	1	11	0
Board %	8.33%	91.67%	0%
Overall workforce %	29.11%	67.67%	3.22%

Two metrics require improvement: The percentage of ethnic minority staff experiencing harassment, bullying and abuse from patients, their relatives and members of the public has slightly increased (+1.4%). In addition, the relative likelihood of ethnic minority staff being appointed from shortlisting has significantly worsened (+4.2). Shortlisting to appointment data will be further evaluated to inform the 2026-27 actions.

The remainder of SFT's metrics have remained relatively similar since last year, with no statistically significant changes; including the relative likelihood of BME staff entering a formal disciplinary process compared to White staff (1.7) which is above parity (1), the disciplinary process is monitored annually by the Employee Relations team and there are opportunities to strengthen this work by sharing good practice across the Group.

Looking ahead

BSW Hospitals Group will collectively address the disparities experienced by our staff from ethnic minority backgrounds, capitalising on opportunities to share resources, expertise and good practice across the three care organisations.

Over the coming year, we will strengthen our partnership working, including joint engagement with our workforce, the co-creation of resources and EDI-materials, a similar approach to the delivery of EDI-related training, and working together across organisational boundaries to implement legislative and policy change.

Our data and the voice of our staff in recent engagement points us towards four opportunities:

- Build a culture where all staff feel safe and see the benefit of sharing information about their ethnicity or other protected characteristics.
- Make recruitment and promotion demonstrably fair from shortlisting to appointment and build stronger routes for ethnic minority staff into Band 8a+ and board level roles. We will produce our Ethnicity Pay Gap report for the second year running and triangulate findings with relevant WRES metrics.
- Address discrimination, harassment, bullying and abuse, whether from colleagues, managers or patients, their families or members of the public.
- Implement NHS England Lord Mann Review recommendations, including publishing a group Antiracism Statement.

As an anchor institution, we are committed to the progress and wellbeing of the diverse communities in Bath and Northeast Somerset, Swindon and Wiltshire that we serve; and we are eager to become an employer of choice for minoritised groups of people. With that in mind, we will continue to align our plans with NHS England's EDI Improvement Plan High Impact Actions (HIAs) and with our obligations as an employer under the Equality Act 2010 and we will work with our ethnic minority staff to address the disparities they face and to shape a future that improves their access, experience and outcomes.

We recognise that progress towards a more inclusive NHS can only be achieved through partnership. We will continue to work collaboratively with staff, governors, volunteers, patients and the communities we serve to deliver our inclusion objectives and improve outcomes for all. If you would like to play a role in shaping this work, please contact sft.bswedi@nhs.net.

WRES Action plan

Action	Measure	HIA	Lead	Timescale
Implement the Lord Mann Review recommendations – including publishing a Group Antiracism Statement	Board approval Action plan developed and all actions have been completed	1 4 6	EDI	Mar 2027
Evaluate shortlisting to appointment ratio data – with a priority deep dive at SFT and act on disparities	Metric 2 ratios moved towards parity at all three organisations	2	Recruitment	Q3 2026-27
Monitor take-up of leadership and development opportunities by demographic group and triangulate with progression to senior roles	Staff who invest in training and demonstrate capability are being promoted Increase in the number of BME staff promoted to B7 and above Improved Metric 7	2 3 5	L&D	Q4 2026-27
Evaluate and standardise EDI-related training across the Group, including RUH's Root to Success leadership programme.	Staff access high quality training with demonstrable impact	2 3	EDI / L&D	Q4 2026-27
The relative likelihood of BME staff entering the formal disciplinary process is monitored on an annual basis through the Employee Relations workstream - SFT EDI data will be considered in the next reporting period	EDI data will be monitored across the group and appropriate actions taken	4	ERBP	Q4 2026-27
Publish Ethnicity Pay Gap reports	Report published by 31 Mar 2027	3	EDI / WIT	Mar 2027
'Data & You' campaign to improve ethnicity declaration rates	GWH unknown below 5% Board unknown reduced	1 2 3 6	EDI / Comms	Mar 2027
Act on 'Let's Talk Inclusion' Survey findings – this will benefit all minoritised groups of staff	Staff informed and findings reflected in action plans where appropriate	All	EDI	From Q3 2026-27

Notes:

- Addressing discrimination will form part of the Lord Mann Review workstream.
- Rollout of Group People Plan and its actions will be managed by People Operations.
- Headcount figures taken from ESR as of 31 March each year, covering non-clinical, clinical and medical & dental staff by pay band. 'BME' (Black and minority ethnic) is the standard WRES reporting category.
- 'Unknown' - no ethnicity status is recorded, incl. prefer not to say and blank records.
- Workforce totals fell during 2025-26 due to structural reasons – care should be taken when interpreting year-on-year workforce data, as changes reflect both the transfer of community staff to HCRG Care Group under TUPE arrangements and reduced recruitment activity linked to financial recovery and cost-improvement programmes. This mostly affected white staff as they represent the largest proportion of the workforce.
- Percentages have been rounded to one decimal point. At board-level and senior bands, staff numbers are small, therefore single leavers / joiners can move percentages notably.
- National comparator figures are from the NHS England WRES 2025 data analysis report (2025 Workforce Race Equality DCF Returns and 2024 NHS Staff Survey).

BSW HOSPITALS GROUP

Pay Gap Reports

- Gender pay gap
- Ethnicity pay gap
- Disability pay gap

April 2025 – March 2026



Pay Gap Reports 2025-26

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, public sector employers in England and Wales with 250 or more staff are required by law to publish an annual gender pay gap report based on a snapshot of their workforce on 31 March of each year. This report presents the pay gap position, for the three care organisations within the BSW Hospitals Group – GWH, RUH and SFT. The pay gap reporting has been expanded to include the Ethnicity Pay Gap, for the second year running and Disability Pay Gap for the first time.

The Gender Pay Gap report covers the measures each organisation is required to publish – Mean and Median Pay Gap, Bonus Pay Gap, the proportion of men and women who receive bonus pay and the proportion of men and women in each pay quartiles. We have used the same metrics for the Disability and Ethnicity Pay Gaps. This year the Group are producing a shortened report and corresponding actions are noted at the end of this report. Note, a Gender Pay Gap Deep Dive will be undertaken during autumn and winter 2026 to identify the drivers of the pay gap, including movement between Bands and a review of the adoption of Mend the Gap recommendations across the Group and further actions will be identified as a result.

Key definitions	
Mean pay gap	• The difference between the average hourly pay of all men and all women, expressed as a percentage of men's average hourly pay. • Likewise, the Disability and Ethnicity pay gaps are the difference between the average hourly pay of all White and BME staff, expressed as a percentage of the average hourly pay of White staff and the difference between the average hourly pay of all non-disabled and disabled staff, expressed as a percentage of the average hourly pay of Non-disabled staff. • The mean is sensitive to a small number of very high earners.
Median pay gap	• The difference between the hourly pay of the middle-ranked man and the middle-ranked woman when each group is ordered from lowest to highest paid. The same principles are applied to the Disability Median and Ethnicity Median pay gap. • The median is not affected by extreme values.
Equal pay	• Equal pay refers to the requirement for men and women to receive the same pay for work of equal value, this is mandated in the Equality Act 2010.
Pay quartiles	• All staff ordered by hourly pay and divided into four equal groups, from the lowest paid (lower quartile) to the highest paid (upper quartile), showing the proportion of men and women, disabled and non-disabled, and White and BME staff in each.
Bonus pay gap	• The mean and median difference in bonus pay between men and women, disabled and non-disabled or White and BME staff who received a bonus. Bonus payments relate almost entirely to Clinical Excellence Awards, therefore recipient numbers are small.
Snapshot date	• Figures are calculated for staff employed on 31 March. Bonus figures cover the 12 months up to the snapshot date.

Note, a positive gap means men, non-disabled staff or White staff are paid more on average than their counterparts (women, disabled and BME staff), a negative gap means the opposite, e.g. women are paid more than men.

Equal Pay Statement

BSW Hospitals Group is committed to ensuring that all employees receive equal pay for equal work, irrespective of sex, ethnicity, disability or any other protected characteristic. The Group applies nationally agreed NHS Terms and Conditions of Service (Agenda for Change) for the majority of staff, supported by the NHS Job Evaluation Scheme, which provides a consistent and objective framework for determining pay based on the knowledge, skills, responsibilities and demands of each role. Medical and Dental staff are employed under nationally agreed contractual arrangements.

A pay gap does not indicate unequal pay for equal work. Pay gaps reflect the distribution of different groups across grades, professions and seniority levels within the workforce. The findings within this report therefore highlight differences in representation across the workforce rather than evidence of unequal pay for employees undertaking the same or equivalent roles.

BSW Hospitals Group is confident that its pay policies, job evaluation processes and recruitment and reward arrangements support the principle of equal pay for equal work. We will continue to review workforce data, monitor equality outcomes and take action to address the factors that contribute to gender, ethnicity and disability pay gaps.

Our EDI annual report highlights several initiatives that we undertake across the year to improve our pay gaps including access to career development and training, providing access to coaching and career conversations, appointing and supporting volunteer EDI Champions who sit on interview panels for senior roles and reviewing our recruitment practices to ensure we attract a diverse candidate pool. Staff also participate in an annual appraisal process, which supports career development conversations, identifies learning opportunities and helps managers to plan for future talent and succession needs – this contributes to improving equality of opportunity and increasing representation in senior positions over time.



Gender Pay Gap Report

Women comprise approximately three-quarters of the workforce across all three care organisations (GWH 79.7%, RUH 73.5% and SFT 74.2%). Despite this, we have retained a gender pay gap because women continue to be underrepresented in some of the highest paid roles, particularly within medical and dental career pathways and they are more likely to work less-than-full-time and be impacted by occupational segregation.

Although there is a pay advantage in favour of men, men are underrepresented in the NHS when compared with the population which is closer to 50/50 representation, this is exacerbated by traditional views about roles which tend to attract more women applicants. Our 2026 data show differing levels of progress across the three organisations, with continued improvement in some areas.

At a glance, the Gender Pay Gap for 2025-26 at each care organisation is:

Gender Mean and Median Pay Gap 2025-26

	No of employees in scope	Workforce female	Workforce male	Mean pay gap	Median pay gap
GWH	5,586	79.7%	20.3%	27%	17.3%
RUH	6,247	73.5%	26.5%	15%	-3.9%
SFT	4,710	74.2%	25.8%	17.4%	0.8%

There is a small increase in the mean pay gap since last year's report: GWH +1%; RUH +0.5% and SFT +1.9% (gap is 27.0%, 15.0% and 17.4% respectively). The mean pay gap remains in favour of men.

There is a large increase in the median pay gap at GWH +3.53% since last year, a small increase at SFT +0.8, both in favour of men and the pay gap has slightly increased in favour of women at RUH by 0.7 percentage points.

Gender Bonus Pay Mean and Median Gap 2025-26

	No of employees in scope	Female receiving bonus	Male receiving bonus	Mean pay gap	Median pay gap
GWH	5,586	0.29%	2.91%	5%	54.3%
RUH	6,247	0.45%	3.03%	21.9%	7.6%
SFT	4,710	0.65%	3.17%	16.3%	5%

Only a small percentage of consultants receive a bonus, in the form of Clinical Excellence Awards and men are more likely to receive this payment, reflecting the profile of the consultant workforce. Because the recipient numbers are small, the bonus gap percentages can move sharply year to year and should be read with caution.

The mean bonus pay gap has reduced significantly by 25.8% at GWH (to 5.0%) and 3.7% at SFT (to 16.3%) and increased by +2.16% at RUH (21.9%).

The median bonus pay gap has reduced by 8.2% at GWH (to 54.3%) and 8.7% at SFT (to 5.0%) and increased significantly at RUH by 20.0% (to 7.6%) – this was previously in favour of women, -12.4%.

Pay quartiles - Lowest to highest pay

	Overall		Q1		Q2		Q3		Q4	
	F	M	F	M	F	M	F	M	F	M
GWH	79.7%	20.1%	83.5%	16.5%	83.9%	16.1%	86.3%	13.7%	65.1%	34.7%
RUH	73.5%	26.5%	71.3%	28.7%	74.3%	25.7%	82.3%	17.7%	66.5%	33.5%
SFT	74.2%	25.8%	73.4%	26.5%	75.6%	24.4%	82.8%	17.3%	65%	35%

Women in each pay quartile

The pattern across the Group is consistent and mirrors the national NHS picture; women make up around three-quarters or more of the lower (Q1), lower middle (Q2) and upper middle(Q3) quartiles, but their representation falls to around 65-67% in the upper (Q4) quartile, well below their share of the overall workforce. Men are therefore disproportionately over-represented among the highest earners and under-represented in Q1 to Q3.

	Lower	Lower middle	Upper middle	Upper
GWH	83.5%	83.9%	86.3%	65.1%
RUH	71.3%	74.3%	82.3%	66.5%
SFT	73.4%	75.6%	82.8%	65%

Five-year progress

Progress is slow, reinforcing the need to understand the specific workforce factors driving the gap in each organisation.

	2022	2026	Mean GPG change since 2022
GWH	30.3%	27%	3.3% ⌄
RUH	18.8%	15%	3.8% ⌄
SFT	19.7%	17.4%	2.2% ⌄

What is driving the gap?

- Women are concentrated in nursing, midwifery, administrative and support roles in the lower and middle pay bands (occupational segregation).
- Men are over-represented in senior roles across all three organisations, particularly in the upper pay quartile and at consultant level.
- The medical pay gap is amplified by seniority-related pay and Clinical Excellence Awards, where men predominate among the longest-serving consultants.
- There are some long-standing differences in the terms and conditions of service for medical staff, this is being improved gradually over time.
- Our data shows that more women than men work less than full time, research indicates that this can have a knock-on effect on career progression as fewer senior roles are available as part-time opportunities; career breaks and childcare responsibilities can also have an impact on accumulated years of experience which can also be a factor. Engagement with staff is required to understand the unique needs of women in the Group.



Looking ahead

The 2026 report demonstrates a mixed picture, there are small increases in the mean gender pay gap which is more sensitive to outliers in the data (staff on very low and very high pay) and the gap remains in favour of men at all three organisations; and small increase in the median pay gaps at GWH and SFT in favour of men; and small increase in the median gap in favour of women at RUH.

There are improvements in the mean bonus gender pay gaps – a significantly reduced gap at GWH and smaller reduction at SFT. The mean gap has slightly worsened at RUH. The median bonus pay gap is in favour of men and have considerably improved at GWH and SFT, but worsened at RUH, where it was previously in favour of women.

At the current rate of progress (see five-year progress) it would take over 14 years to achieve pay parity at RUH and closer to 30 years at GWH and SFT. Therefore, our priority going forward is to understand the workforce factors that are impeding progress. In response to this need, a Gender Pay Gap Deep Dive will take place during Winter 2026.

These findings will inform our strategic medical workforce planning, succession/talent management plans and training and development needs and our 2026-2027 pay gap action plans. We acknowledge reducing the pay gap is a long-term ambition, but we are keen to identify some short- and medium-term goals that will increase the rate of progress.

An action plan is included at the end of the pay gap reports.



Ethnicity Pay Gap Report

The Ethnicity Pay Gap report, follows the same formatting as the Gender Pay Gap report. The Ethnicity Pay looks at the difference in the average hourly rate of all White staff and all staff from an Ethnic Minority background, The report measures the Mean and Median Pay Gap, Bonus Pay Gap, the proportion of White and Ethnic Minority staff (BME) who receive bonus pay and the proportion of White and Ethnic Minority Staff in each pay quartiles.

Although we are not legally mandated to produce an Ethnicity Pay Gap report, we undertake this work as part of our commitment to implement the NHS England EDI Improvement Plan, High Impact Action 3 – to publish and take action on the ethnicity and disability pay gaps.

Ethnicity Mean and Median Pay Gap 2025-2026

	No of employees in scope	Workforce white	Workforce BME	Mean pay gap	Median pay gap
GWH	5,586	59.4%	32.9%	6.4%	2.9%
RUH	6,247	73.2%	24.9%	8.2%	0.4%
SFT	4,710	67.8%	28.1%	3.9%	-4.4%

The mean pay gap (6.4%) continues to be in favour of White staff at GWH, and the gap has increased by 2.81% since last year. The median pay gap which was slightly in favour of Ethnic Minority staff last year* (-1.4%), is now in favour of White staff (2.9%), an increase of 4.3%.

Both the RUH mean and median bonus pay gaps are in favour of White staff. The mean ethnicity pay gap (8.2%) has increased by 1.7% since last year and the median ethnicity pay gap has increased by 2.6% and is now close to parity (0.4%), the median was previously in favour of Ethnic Minority staff (-2.2%).

SFT did not produce an Ethnicity Pay Gap report last year. The mean and median ethnicity pay gap in 2026 is 3.9% in favour of White staff and -4.4% in favour of Ethnic Minority staff.

**A Median gap in favour of Ethnic Minority staff occurred because these staff tend to be more concentrated around the middle two quartiles (occupying middle-banded roles).*

Ethnicity Mean and Median Bonus Pay Gap 2025-26

	No of employees in scope	Workforce white Receiving bonus	Workforce BME Receiving bonus	Mean pay gap	Median pay gap
GWH	5,586	0.5%	0.9%	1.8%	-26.7%
RUH	6,247	1.4%	0.4%	-33.1%	-121.8%
SFT	4,710	1.8%	0.7%	20.1%	0%

The mean ethnicity bonus pay gap at GWH remains in favour of White staff but is now much closer to parity at 1.8%, the gap has reduced by 6.4%. The median ethnicity bonus pay gap remains in favour of Ethnic Minority staff (-26.7%)*, the gap has reduced significantly by 9.1%.

The RUH report in 2025 did not include the ethnicity bonus pay gap. The gap this year is in favour of Ethnic Minority staff, with a mean gap of -33.1% and median gap of -121.8%. (See below**).

SFT did not produce an Ethnicity Pay Gap report last year. The mean ethnicity bonus pay gap in 2026 is 20.1%, the median is zero (parity). The mean is sensitive to extremely high and low hourly rates.

**The median gap in favour of Ethnic Minority staff at GWH occurred because fewer of these staff received a bonus; and the distribution of payments was more compact (fewer very low and very high values).*

***The extremely large median bonus pay gap in favour of RUH Ethnic Minority staff this year is affected by two factors – a small number of Ethnic Minority staff received a bonus (8 staff), but those who did were concentrated in high-value award categories; in comparison, White staff received a larger volume of bonuses (74 staff) but payments were distributed across lower and higher value categories.*

Caveat, where the Median bonus is in favour of Ethnic Minority staff, this should be interpreted with caution because of the small number of staff receiving the bonus payment. Small numbers can lead to substantial fluctuations in median calculations and may not be representative of the wider workforce.

Staff (GWH 6, RUH 1 and SFT 4 staff) with an unknown or undisclosed ethnicity status have been excluded from the ethnicity bonus analysis.

Pay quartiles - Lowest to highest pay

	Overall		Q1		Q2		Q3		Q4	
	White	BME	White	BME	White	BME	White	BME	White	BME
GWH	64.4%	35.6%	72.5%	27.5%	53.9%	46.1%	56.8%	43.2%	74.7%	25.3%
RUH	73.5%	24.9%	79.7%	18.3%	65.9%	32%	65.5%	36.1%	83.8%	13.8%
SFT	74.2%	25.8%	29%	14.6%	22.4%	31.7%	21.2%	34.5%	27.4%	19.2%

Ethnic minority staff in each pay quartile

Ethnic Minority staff are concentrated in the Lower Middle and Upper Middle pay quartiles. When compared with the wider workforce, these staff are under-represented in the Lower and Upper quartiles, thus affecting the Median pay.

GWH has the highest concentration of staff in lower and upper middle bandings (GWH >40%, RUH and SFT >30%).

	Lower	Lower middle	Upper middle	Upper
GWH	27.5%	46.1%	43.2%	25.3%
RUH	18.3%	32%	36.1%	13.8%
SFT	14.6%	31.7%	34.5%	19.2%

What is driving the gap?

- The mean pay gap has occurred because White staff earn more per hour on average, there are more White staff in the Upper Quartile, significantly more at GWH and RUH.
- The median pay gap, however, is not affected by extreme values, it looks at the two middle values. BME staff are more concentrated around the middle two quartiles.
- The percentage of staff who are of an unknown ethnicity (GWH 7.7%, RUH 1.9% and SFT 4.0%) can distort the pay gap accuracy, both representation and pay statistics for Ethnic Minority staff could be under or overstated.
- A small number of Ethnic Minority staff receiving high bonuses has resulted in median bonuses in their favour.

Disability Pay Gap Report

The Disability Pay Gap report, follows the same formatting as the Gender Pay Gap report. The Disability Pay looks at the difference in the average hourly rate of all Non-Disabled staff and all Disabled staff, The report measures the Mean and Median Pay Gap, Bonus Pay Gap, the proportion of Non-Disabled and Disabled staff who receive bonus pay and the proportion of Non-Disabled and Disabled staff in each pay quartiles.

Although we are not legally mandated to produce a Disability Pay Gap report, we undertake this work as part of our commitment to implement the NHS England EDI Improvement Plan, High Impact Action 3 – to publish and act on the disability and ethnicity pay gaps.

All three care organisations have produced a Disability Pay Gap report for the first time.

Disability Mean and Median Pay Gap 2025-2026

	No of employees in scope	Workforce non-disabled	Workforce disabled	Mean pay gap	Median pay gap
GWH	5,586	81.2%	5.4%	17.9%	11.8%
RUH	6,247	83%	5.3%	19.6%	18.8%
SFT	4,710	93.9%	4.4%	13.3%	15.4%

The GWH mean and median disability pay gaps are in favour of non-disabled staff (17.9% and 11.8% respectively). Disabled staff remain underrepresented in middle-banded and senior roles and a significant proportion of the workforce has not shared their disability status (see Group WDES report).

The RUH mean (19.6%) and median (18.8%) disability pay gaps are in favour of non-disabled staff.

The SFT mean (13.3%) and median (15.4%) disability pay gaps are in favour of non-disabled staff.

Disability Mean and Median Bonus Pay Gap 2025-2026

	No of employees in scope	Workforce non-disabled	Workforce disabled	Mean pay gap	Median pay gap
GWH	5,586	0.6%	0.7%	262.4%	52.1%
RUH	6,247	0.9%	0%	N/A	N/A
SFT	4,710	1.3%	0%	N/A	N/A

The mean (262.4%) and median (52.1%) bonus payments at GWH are in favour of non-disabled staff. 46 staff received a bonus, 2 Disabled, 29 Non-disabled and 15 Unknown status, therefore the results should be interpreted with caution, a significant mean gap could be driven by one or two comparatively large awards and not representative of the wider workforce.

As bonuses at RUH and SFT were awarded to non-disabled staff and staff with an unknown status, a disability bonus payment gap cannot be meaningfully calculated and has therefore been reported as 'not applicable'.

Pay quartiles - Lowest to highest pay

	Overall		Q1		Q2		Q3		Q4	
	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled
GWH	81.2%	5.4%	90.5%	9.5%	93.5%	6.4%	94.6%	5.4%	96.1%	3.9%
RUH	83%	5.3%	79.9%	9.2%	82.7%	5.1%	86.6%	4.3%	82.9%	2.4%
SFT	93.9%	4.4%	92.1%	6.5%	94.2%	4%	94.9%	3.6%	94.6%	3.5%

Disabled staff in each quartile

Disabled staff are concentrated in the Lower pay quartile (Q1). When compared with the wider workforce (5.1% Group), these staff are under-represented in the Lower Middle (Q2) at SFT; Upper Middle (Q3) at RUH and SFT and Upper quartile (Q4) in all three organisations.

High levels of 'unknown status' affect the accuracy of this data, representation is over or understated (Unknown GWH 13.4%, RUH 11.7%, SFT 1.7%).

	Lower	Lower middle	Upper middle	Upper
GWH	9.5%	6.4%	5.4%	3.9%
RUH	9.2%	5.1%	4.3%	2.4%
SFT	6.5%	4%	3.6%	3.5%

Impact of unknown status

Our ESR records indicate that disabled staff across the Group are under-represented (5.1%), when compared to the national comparator (6.7%), however, when we compare this data with our NHS Staff Survey results, more staff have stated they have a disability or long-term health condition (GWH 22.0%, RUH 24.5%, SFT 22.1%), signalling that our staff records do not reflect reality. The Disability Pay gap data quality is impacted by this anomaly.

Disability Pay Gap Unknown Status data

- GWH - 13.43%
- RUH - 11.7%
- SFT - 1.67%

What is driving the gap?

The mean gap which is in favour of non-disabled staff at all three organisations occur because Disabled staff on average earn less per hour, Disabled staff are more concentrated in the lower pay quartile and representation diminishes progressively in the remaining quartiles. This is corroborated by the median pay gap which is also in favour of non-disabled staff, which is less affected by extreme values (very low or very high pay).

More non-disabled staff received a bonus leading to a bonus pay gap, in favour of this group, in addition approximately 50% of those receiving a bonus had no status recorded.

Pay gap actions

An action plan is included in this report to address the pay gap disparities.
In addition to the actions noted below, we will continue to provide leadership and development opportunities, coaching and Scope for Growth conversations across the Group to support career progression; and engage with our staff, Staff Networks and other stakeholders to better understand the barriers and to shape future interventions.

Action	Measure	HIA	Lead	Timescale
Engagement with Group Women's Staff Network	Feedback from staff incorporated into actions	2 3	Head of EDI	Dec 2026
Gender Pay Gap Deep Dive analysis	Targeted actions identified – include improving access to relevant training and development, coaching, and adopting relevant Mend the Gap report recommendations.	2 3	Head of EDI	Mar 2027
Standardised datasets	A standardised approach to pay gap reporting across the Group that will support improved analysis.	2 3	WIT	Sep 2027
Disability Pay Gap	See WDES Report Actions*	N/A	Head of EDI (Multi-professional working group)	Mar 2027
Ethnicity Pay Gap	See WRES Report Actions*	N/A	Head of EDI (Multi-professional working group)	Mar 2027
Publish Ethnicity Pay Gap reports	Report published by 31 Mar 2027	3	EDI / WIT	Mar 2027

**Disability and Ethnicity Pay Gap Actions to improve Equal Opportunities for Disabled and Ethnic Minority staff are highlighted in the Workforce Disability and Race Equality Standard reports. Work will include a campaign to encourage staff to share their protected characteristics (improve quality of data), engagement with staff to understand their experience, the promotion and monitoring access to leadership development opportunities, and reviewing Recruitment processes. See WDES and WRES reports in this appendix.*