NHS Workforce Race Equality Standard (WRES) Annual Report 2026

1. Executive Summary

The NHS Workforce Race Equality Standard (WRES) was introduced in 2016 to address inequalities experienced by ethnically diverse staff working within the NHS. The WRES is a nationally mandated framework through which NHS organisations assess workforce representation, recruitment outcomes, career progression and staff experience.

In 2026 the WRES data shows the disparity between White and Black and Minority Ethnic (BME) remains evident, although some gaps are narrowing. University Hospitals Dorset (UHD) remains committed to creating an inclusive workplace where all colleagues feel valued, respected and able to fulfil their potential. During 2025/26, the Trust continued to strengthen its approach to equality, diversity and inclusion through an integrated programme of work bringing together WRES, Workforce Disability Equality Standard (WDES) and Gender Pay Gap priorities. This approach aims to improve staff experience, strengthen leadership accountability and embed inclusion across all people processes.

Key Findings

- Representation of BME staff within the workforce continues to increase to 27.59% compared to 26.06% in 2025
- The likelihood of White applicants being appointed from shortlisting, compared with BME applicants, has improved slightly, reducing from 2.49 in 2025 to 2.20 in 2026, although a disparity remains
- The relative likelihood of BME staff entering formal disciplinary processes has reduced to 1.34 compared to 2.09 last year
- Staff survey indicators continue to show disparities in staff experience, particularly relating to bullying, harassment and discrimination; however, the overall trend demonstrates a reduction in these differences over time
- More BME staff report believing the Trust provides equal opportunities for career progression than in previous years, although a significant gap remains compared to White colleagues

Priorities for 2026-29

- Assess and strengthen organisational EDI capability and capacity through the development and implementation of a three-year EDI strategy and action plan aligned to the NHS People Promise and Staff Standards
- Improve fairness in recruitment, appointment and career progression for BME staff by ensuring equitable access to opportunities, inclusive employment practices, transparent decision-making and effective monitoring of outcomes

- Reduce experiences of bullying, harassment and discrimination experienced by BME staff through inclusive practices, effective intervention, and the promotion of a respectful and inclusive workplace culture
- Increase BME representation in senior leadership and decision-making roles through targeted talent development, succession planning and equitable progression opportunities
- Strengthen staff voice and engagement through the UHD Diverse Ethnicity Network, lived experience feedback, reverse mentoring and meaningful staff listening mechanisms
- Strengthen leadership accountability for advancing race equality by embedding clear responsibilities, performance measures and governance arrangements at all levels of the organisation

2. Introduction

The Workforce Race Equality Standard (WRES) forms part of the NHS Standard Contract and requires NHS organisations to review their performance against nine indicators covering workforce representation, recruitment, disciplinary processes, access to training, workplace experience and Board representation.

This report presents UHD's 2026 WRES data and compares performance with previous years. It highlights areas of progress, identifies remaining inequalities and sets out priorities for improvement.

3. Progress Since 2025

Coordinated Action Plan - During 2025/26 UHD introduced a more coordinated approach to equality improvement through a combined WRES, WDES and Gender Pay Gap action plan overseen through the People and Culture Committee.

Leadership Accountability- The Trust continued to align EDI priorities with NHS England's High Impact Actions, strengthening accountability at Board and senior leadership level.

Staff Voice- Regular engagement continued with staff networks and listening events to better understand lived experience and inform improvement priorities.

Data and Transparency- Improved monitoring, dashboard development and review of workforce information have strengthened the Trust's ability to identify disparities and target interventions.

4. Summary Workforce Race Equality Standard Indicators 1-9

WRES indicator	Staff group	2022	2023	2024	2025	2026	UHD trend compared with last year
1. Percentage of BME staff (overall %)	All staff	18.7	21.5	23.87	26.06	27.59	🟢
2. Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants	All staff	2.09	1.90	1.78	2.49	2.20	🟠
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	All staff	1.22	1.00	1.97	2.09	1.34	🟢
4. Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	All staff	0.79	0.90	0.91	0.88	0.92	🟠
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	30.00	34.10	30.25	27.36	25.3	🟢
	White	26.30	27.90	25.62	21.86	21.22	
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	31.10	31.70	24.97	23.92	24.0	🟠
	White	23.90	25.50	18.26	17.74	17.97	
7. Percentage of staff believing that the trust provides equal opportunities for career progression and promotion	BME	44.50	45.73	46.12	48.38	49.95	🟠
	White	59.97	60.07	60.72	61.60	59.11	
8. Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleague	BME	16.83	20.27	15.79	15.21	13.99	🟢
	White	7.40	5.41	5.43	5.14	5.53	
9. BME board membership (% difference)	Board	12.20	15.00	11.00	9.36	9.0	🟠

KEY

🟢 **Green** =Positive movement towards race equality outcomes compared with the previous year.

🟠 **Amber** = Limited change requiring continued monitoring and action.

🔴 **Red** = Negative movement compared with the previous year, requiring targeted intervention.

5. Overall Themes

The 2026 WRES submission highlights four recurring themes:

1. **Representation and Progression**
   Workforce diversity continues to increase, with BME staff now representing 27.6% of the workforce. However, BME representation in senior roles and career progression pathways remains disproportionately lower and requires sustained focus.

2. **Recruitment Equity**
   Recruitment disparities remain one of the most significant areas for improvement. White applicants continue to be more likely to be appointed from shortlisting than BME applicants, highlighting the need for fairer recruitment outcomes.

3. **Staff Experience**
   While staff survey results show a positive downward trend, BME staff continue to report higher levels of bullying, harassment and discrimination than their White colleagues. Reducing these inequalities remains a key priority for creating an inclusive workplace culture.

4. **Leadership and Accountability**
   Sustained improvement in race equality requires visible leadership commitment, clear accountability and robust governance arrangements. Leaders at all levels must play an active role in driving and monitoring progress against WRES objectives.

6. Conclusion

The 2026 WRES report demonstrates continued progress in workforce representation, career opportunity perceptions and reduction in disciplinary disparities. However, significant inequalities remain, particularly relating to recruitment outcomes, staff experience and discrimination.

UHD will continue to focus on improving inclusion and belonging for all colleagues through the development and delivery of its integrated EDI action plan We will review and reduce bias across people processes, including retention, recruitment and selection, career development and progression, disciplinary and capability procedures, and workplace adjustments. This work will support the Trust's ambition to create an organisation where diversity is valued, opportunity is equitable, and all staff can thrive regardless of background. By addressing these priorities,

the Trust will continue to build a more inclusive workplace where diversity is valued, opportunities are equitable, and all staff can thrive, supporting our mission to be a great place to work for current and future generations

Appendix 1 – Integrated Equality, Diversity and Inclusion Action Plan

Theme	Consolidated Action	Progress since 2025	Focus for 2026-29
Leadership Accountability & Governance	1. A) Assessment of current EDI capability and capacity to develop a three-year EDI strategy and action plan in line with Staff Standards and the People Promise B) Embed EDI objectives in Board appraisals and deliver Board development	All Board members undergoing appraisals with EDI objectives. Board Dev session with Yvonne Coghill Exec sponsors for staff network groups and increased attendance at network meetings Focused DEN Listening events.	• Board members to review and report on progress against EDI objectives • Top Leaders group to have EDI objectives • Role modelling importance of agenda • New Exec led Staff Voice listening conversations • Implement the Lord Mann review • Implement Staff Standards
Inclusive Recruitment	2. Review and strengthen inclusive recruitment practices through training, positive action, and monitoring recruitment outcomes for senior roles	First group of recruitment allies trained to support EDI lead and network leads in supporting more inclusive interview panels. Ongoing Conscious Inclusion training modules. New recruitment policy in draft.	• Introduce the monitoring of shortlisting and offers for B8a + roles • Increase number of “inclusive panels” • Design and implement inclusive recruitment training so recruiting managers are “accredited”

Career Progression & Pay Equity	3. Improve equitable access to career development and progression through inclusive learning, supported by robust monitoring of promotion and progression by protected characteristics	49.95% BME respondents in the 2025 Staff survey believed the organisation provided equal opportunities for career progression or promotion compared to 59.1 for White staff. 52.76% staff with a LTC, or illness compared to 57.98% for staff without. While perceptions of equal opportunities for career progression are improving, workforce representation in senior roles does not yet fully reflect these views, particularly for BME staff and staff with a long-term condition or illness.	• Monitor promotion opportunities • Develop targeted progression pathways for disabled and BME staff with staff network leads • Create EDI dashboard to present data and use this data to target interventions
Workforce Health & Wellbeing	4. Strengthen wellbeing capability for managers including the implementation and embedding of the reasonable adjustments process	Reasonable adjustments guidance in process of approval and due to be published shortly. Increased focus on wellbeing issues through Thrive events.	• Communicate Reasonable Adjustments guidance clearly to managers and staff, ensuring consistent understanding, implementation and access across the organisation • Target manager capability through new management framework • Thrive Live extended to 3 weeks for 2026
Staff Experience & Voice	5. Deliver listening events to improve engagement and strengthen impact of staff networks	Regular monthly network events and guest speakers have increased engagement and raised awareness of equality, diversity and inclusion issues. Pro-Ability and Diverse Ethnicity Staff Networks have become more established and influential, contributing to organisational change and providing a stronger voice for under-represented groups.	• Shift from listening into action; track themes and outcomes • Formalise role of networks in influencing policy and progression pathways • Ongoing monitoring of engagement and value questions through quarterly Pulse and Staff Survey • Target manager capability through new management framework and Staff Standards

Bullying, Harassment & Culture	6. Reinforce anti-discrimination approach through inclusive leadership training to reduce bullying, harassment and discrimination disparities	Board and governors' development sessions with Yvonne Coghill. Piloting in-house trained Reverse Mentors to support FNF leadership programme delegates. Phase 1 of Behaviour charter launched. Ongoing delivery of Conscious Inclusion as a core new manager's module and to all staff. In 2025 Staff survey results show an overall improvement in the experiences of BME staff, with reductions in reported harassment, bullying and discrimination from patients, the public, managers and colleagues. However, experiences of harassment, bullying and abuse from other staff have remained largely unchanged, indicating a continued area for focus.	• Sustain focus; target colleague-to-colleague behaviour • Complete rollout and embed in leadership expectations • Introduce measurable reduction targets
International Workforce	7. Ensure PDP coverage and support for internationally recruited staff	Established support from Practice Educator team and others New Learning Management System (Totara) will improve access to data during roll out in 2026/27.	• Maintain support and monitor Personal Development plans (PDP)
Data, Transparency & Monitoring	8. Improve data quality, particularly disability declaration rates, and establish in-year monitoring and performance tracking to inform targeted interventions	Review of digital improvement opportunities across People work streams. Improved reporting into People & Culture Committee	• Create EDI dashboard to present data and use this data to target interventions • Continue targeted campaigns to improve completeness