



University Hospitals Dorset
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report and Action Plan 2025

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

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Some useful abbreviations:

- BAME - Black, Asian and Minority Ethnic
- BME - Black Minority Ethnic
- Global Majority – Term agreed to replace BME/BAME and reference to minority
- EDI - Equality Diversity and inclusion
- EDIG - Equality Diversity and Inclusion Group
- FTSU - Freedom to Speak Up (Guardian)
- HR - Human Resources
- OD - Organisational Development
- PCC - People and Culture Committee
- WRES - Workforce Race Equality Standards
- WDES - Workforce Disability Equality Standards
- ICS – Integrated Care System
- IEN – Internationally Educated Nurse



1.0 Executive Summary

The NHS Workforce Race Equality Standard (WRES) is a national standard. It was introduced in 2016 to address the inequalities and less positive lived experience of our ethnically diverse workforce. This is the eighth year of reporting on the WRES and the fourth year for University Hospitals Dorset (UHD).

This report shows the latest dataset for 2025 in relation to these standards and explores whether there have been any significant improvements or deterioration compared with the results from 2024. An updated WRES action plan is also included within the report (Appendix 1), outlining the areas of focus for the Trust in the coming year.

The key findings from the 2025 submission show:

- Black and Minority Ethnic (BME) staff represent 26.08% of the total workforce, an increase of 2.2% from the 2024 data position
- The UHD workforce continues to show representation across all bands from BME staff with 'Very Senior Manager' representation
- White candidates are 2.49 times more likely to be appointed from shortlisting than BME staff, a further deterioration from last year (2024 = 1.79)
- BME staff continue to be twice as likely to enter the formal disciplinary process compared to White staff
- BME staff are as likely than White staff to access non-mandatory training and continued professional development opportunities
- BME staff continue to experience more harassment, bullying or abuse from patients, relatives or the public than White staff
- BME staff report a higher level of experiencing harassment, bullying or abuse from other staff compared with White staff
- The perception around the equal opportunities for career progression or promotion within the Trust (whilst improving) is lower amongst BME staff than it is for White staff
- BME staff are almost three times as likely as White staff to report personally experiencing discrimination at work by a Manager / Team leader or other colleagues
- The representation of BME staff on the Trust Board (including Non-Executive

Directors) is 16.7% with a disparity of 9.36% compared to organisational representation. If Non-Executive Directors are excluded the representation is 10% with a disparity of 16.06%.

Compared to the 2024 WRES data, we have seen a positive and improving trend in a number of indicators, however the disparity gap is still large across a number of indicators. In summary, this report highlights the need for sustained action to address existing racial inequity and discrimination within UHD.

Our 2025 WRES action plan is underpinned by the NHS Equality Diversity and Inclusion Improvement Plan (High Impact Actions) <https://www.england.nhs.uk/longread/nhs-equality-diversity-and-inclusion-improvement-plan/> and progress will continued to be monitored by our People and Culture Committee.

2.0 Introduction

University Hospitals Dorset NHS Foundation Trust aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation.

Through our Trust objectives and values, we aim to:

- promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their carers and families and our people
- eliminate discrimination and harassment and reduce health inequalities

UHD has over 10000 staff serving a population base of 400,300 and in 2011, 84.8% were White British. That has now reduced to 82.4% White British [*Census: 2021 ONS*]. It is worth noting that using the WRES Mapping tool and local data obtained from Bournemouth, Poole and Christchurch Council that 18% of the local population identified as BME in an earlier Census report [2021]. We will continue to monitor our data alongside the lived experiences of all our staff.

When referring to ethnicity, we have used the term Black and Minority Ethnic (BME) throughout the report and when referring to data to be consistent with NHS Workforce Race Equality Standard terminology. At UHD is also noted that we also use the phrase Global Majority, language preferred by our Diverse Ethnicity Network (DEN) as the use of the word minority reinforces disparity. Additionally, the term BAME is also commonly extended to Black, Asian and Minority Ethnic. It should be recognised that people sit behind the data and we are aware that staff experience varies in our organisation.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the Trust's value of 'Listening to Understand'.

Our staff network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. They are more mature in their development and progress compared to many others in the region; evidenced by invitations to speak with other trusts and recognition at a national level. Our Diverse Ethnicity Network (DEN) is an important group in supporting the experience of all our staff with membership growing to 300 members and allies.

Our Anti-Racism Plan and Trust Board Statement was approved in August 2023 as the catalyst to a multi-layered and staged campaign to drive a culture of speaking up and challenging inappropriate behaviour, notably racism. By calling out racist behaviour or contextually adopting '**anti-racism**' and educating ourselves we will be working towards improving the experience for all our staff. Without challenge, racism can sit quietly behind structures, damaging everyone affected including the negative impact on our patient care.

UHD anti-racism statement

As the Trust Board of University Hospitals Dorset, we affirm that the Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation.

27 July 2023

In June 2023 we launched our See ME First campaign, a staff-led initiative aimed at supporting and educating staff towards ending discrimination in the workplace.

Through See ME First, we have individually asked people to pledge to **challenge** discrimination when we see it and **support** any staff that experience discrimination by **listening** and encouraging them to **speak up** through the appropriate channels.

3.0 Workforce Race Equality Standard (WRES) Data 2025

The NHS Workforce Race Equality Standard (WRES) was introduced in 2016 to address the inequalities experienced by our Black and Minority Ethnic (BME) staff. There are 9 indicators developed from data sourced from Human Resource records and the 2023 NHS Staff Survey. A summary of our 2025 WRES Indicators (1 – 9) is shown in Figure 3.4.

Whilst it is evident from the national and local data that there has been some improvement in 2025, behind the indicators hundreds of staff including those from all Protected Characteristics continue to report bullying, harassment and discrimination.

Indicator 1: Percentage of staff in each AfC Band 1-9 and VSM compared to overall workforce

- The overall workforce sample has increased to over **10,000**
- Black and Minority Ethnic or Global Majority represent **2,693 or 26.08%** of the total workforce increasing from 23.87% reported in 2024
- Ethnicity declarations remain high at 97.3%
- The White Minority Ethnic group (WME) has increased to **758 (7.3%)** up from 749 (7.2%) reported in 2024

The UHD workforce now shows representation across **all bands** from BME / Global Majority staff. UHD has BME / Global Majority 'Very Senior Manager' representation for Indicator 1 of (10%). See Figures 3.1 – 3.3.

Figure 3.1: WRES Indicator 1 Workforce Tree and Pay Bands

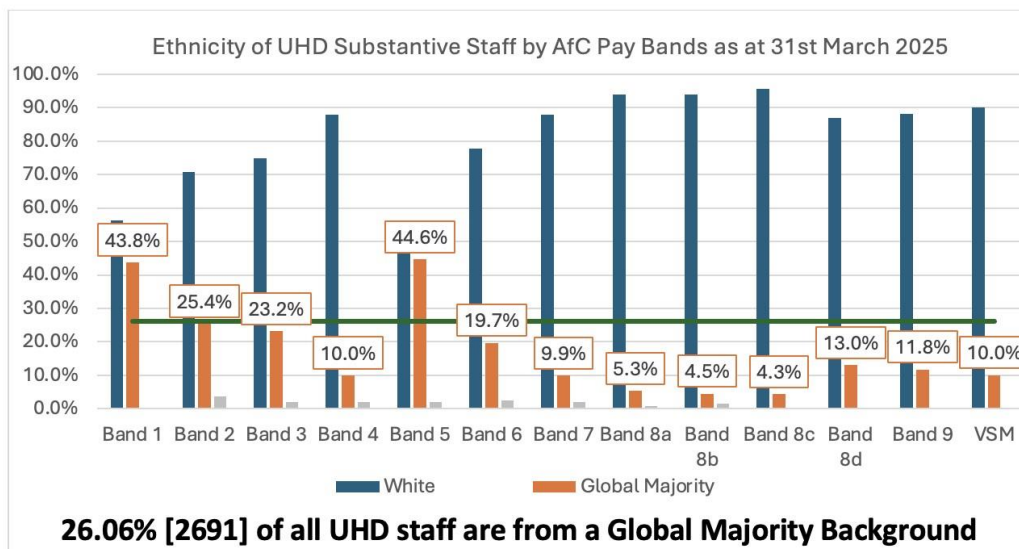
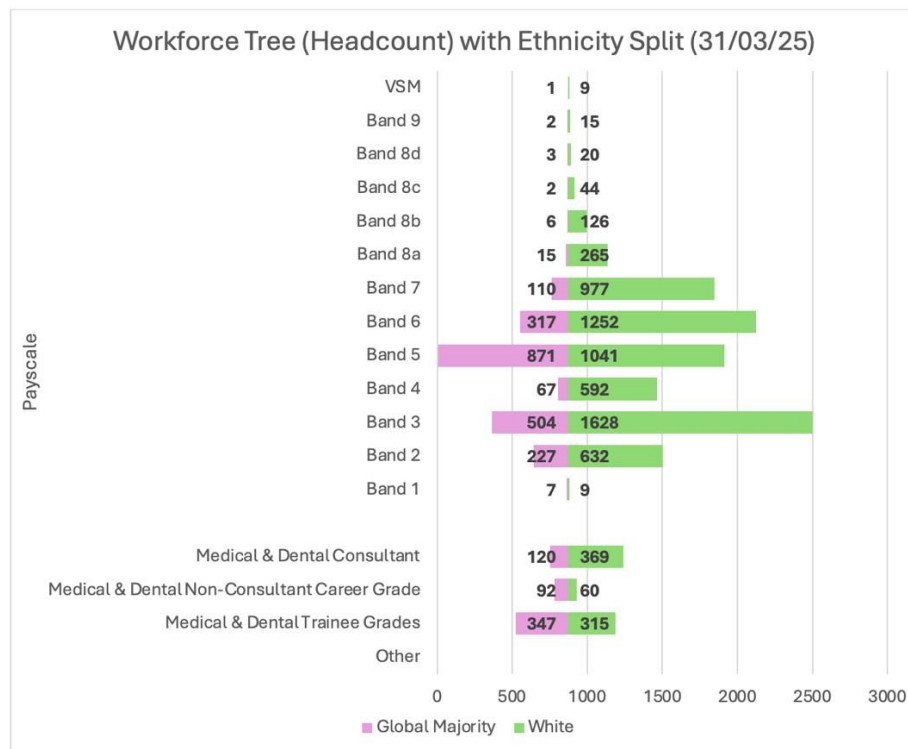
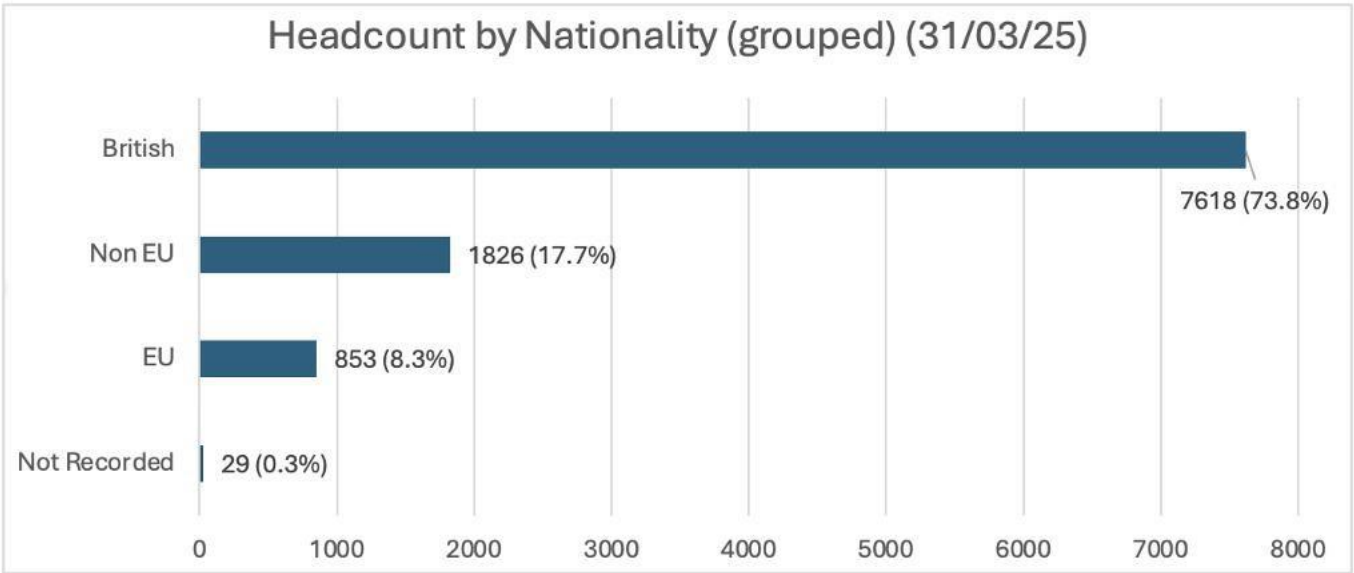


Figure 3.2: WRES Indicator 1 Ethnicity (WRES Mapping from our Staff Record)



Figure 3.3: WRES Indicator 1 Ethnicity (WRES Mapping from our Staff Record)

Ethnicity (Grouped)	31/03/2022		31/03/2023		31/03/2024		31/03/2025	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%
Asian	872	9.12%	1044	10.75%	1181	11.68%	1313	12.72%
Black	267	2.79%	336	3.46%	469	4.64%	564	5.46%
Chinese	57	0.60%	51	0.52%	53	0.52%	52	0.50%
Not Known	313	3.27%	288	2.96%	293	2.90%	279	2.70%
Other	370	3.87%	381	3.92%	408	4.04%	454	4.40%
White	7441	77.84%	7340	75.55%	7405	73.26%	7356	71.24%
Mixed	239	2.50%	276	2.84%	299	2.96%	308	2.98%
Grand Total	9559	100.00%	9716	100.00%	10108	100.00%	10326	100.00%



Indicator 2: Relative likelihood of BME staff being appointed from shortlisting

White candidates remain **2.49** times more likely to be appointed from shortlisting, and the position has declined significantly since 2024. The Dorset Integrated Care System EDI group are developing new Inclusive Recruitment guidance. At UHD recruitment for senior positions benefit from staff network participation. Inclusive Recruitment could be more equitable with trained Recruitment Champions.

Indicator 3: Relative likelihood of staff entering a formal disciplinary process

The relative likelihood of Staff from Global Majority entering the formal disciplinary process compared to White staff is **2.09**. This is a further deterioration from 1.97 in 2024. This could be attributable to the seriousness of the cases, however better cultural understanding and application of Civil and Just Culture could prevent colleagues entering into a process that could have been managed more informally.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

The relative likelihood of White staff accessing non-mandatory training is **0.88**. This is a further improvement from 0.91 in 2024. Allocation of Continuous Professional Development and non-mandatory training should be Equality Impact Assessed, and demographic reporting should be undertaken to maintain this positive position.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public 2024 – White: 25.62%, BME: 30.25%

2025 – White: 21.86%, BME: 27.36%

Compared to last year, the percentage of Global Majority staff experiencing harassment, bullying or abuse from patients, relatives or the public is reported at 27.36%, a reduction of 2.64%. Although the disparity of experience compared to White staff has lessened this year, there continues to be a **disparity of 5.5%**.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

2024 – White: 18.26%, BME: 24.97%

2025 – White: 17.74%, BME: 23.92%

This year's data indicates that Global Majority staff experience more harassment, bullying or abuse by staff than White staff. The experience for Global Majority staff is reported at 23.92% in comparison to 17.74% for White staff. Although the disparity of experience compared to White staff has lessened this year, there continues to be a **disparity of 6.2%**.

Although we can report an improving position, the response rates in Indicators 5 and 6 represent a relatively large number of staff experience harassment, bullying or abuse from colleagues and service users. To make staff aware of the impact they have on

each other we will be looking to roll out *Conscious Inclusion* and *Inclusive Leadership* workshops on a wider scale.

Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Global Majority Staff report opportunities for career progression less favourably than White staff. Data for 2025 indicates an improving position (48.38% compared to 46.12% in 2024) however there continues to be a **disparity of 13%**.

Indicator 8: Percentage of staff personally experiencing discrimination at work by a manager/team leader or other colleagues

2024 – White: 5.43%, BME: 15.79%

2025 – White: 5.14%, BME: 15.21%

This year's data indicates that Global Majority staff experience more discrimination at work than White staff, from a manager / team leader or other colleagues. The experience for Global Majority staff is reported at 15.21% in comparison to 5.14% for White staff. Although the disparity of experience compared to White staff has lessened this year, there continues to be a **disparity of 10.07%**

Indicator 9: % difference between the organisation's Board voting membership and its overall workforce

The UHD workforce gap reported in 2025 has reduced to 9.36% compared to 11% in 2024.

4.0 Conclusions and Next Steps

Based on a comparison to the 2024 data we have seen improvements in some indicators. However, the disparity gap is still large across a number of indicators and the level of discrimination, harassment and bullying experienced by staff remains a significant concern.




During this reporting period, the external auditor reviewed our staff networks, provided revised governance recommendations, and all suggested actions were implemented.

The WRES action plan (Appendix 1) sets out in detail the actions the Trust will take to achieve improvements against these indicators.

Figure 3.4: Summary WRES Indicators 1 – 9

WRES Indicators		2022	2023	2024	National 2024	2025	UHD Trend
1. Percentage of black and minority (BME) staff [See also WRES metric 1 charts]	Overall %	18.7	21.5	23.87	26.4	26.06	↑
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME		2.09	1.90	1.78	1.59	2.49	↓
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.22	1.00	1.97	1.03	2.09	↓
4. Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		0.79	0.90	0.91	1.12	0.88	↑
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	30.50	27.36	↑
	White %	26.30	27.90	25.62	26.90	21.86	
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME %	31.10	31.70	24.97	27.50	23.92	↑
	White %	23.90	25.50	18.26	21.70	17.74	
7. Percentage of staff believing that Trust provides equal opportunities for career progression and promotion	BME %	44.50	45.73	46.12	46.70	48.38	↑
	White %	59.97	60.07	60.72	59.40	61.60	
8. Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleague	BME %	16.83	20.27	15.79	16.40	15.21	—
	White %	7.40	5.41	5.43	6.60	5.14	
9 BME board membership [% difference]	% difference	12.20	15.00	11.00	15.60	9.36	↑

Key

-  * (Disparity ratio) shows minimum change (less than 0.05%)
-  * (Disparity ratio) shows improvement
-  * (Disparity ratio) shows deterioration

WRES 2025 Revised action plan

	High Impact Action	Relevant WRES Indicator	Actions	Timescale	Owner
1	Measurable objectives on EDI for Chairs Chief Executives and Board members	Indicator 1 Percentage of staff in each of the AfC Bands 1- 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Indicator 9 BME Board Membership	EDI objectives for board members set by the Chair and CEO as part of the annual appraisal process. These personal objectives and progress against them will be shared. This will be supported by a suite of board development activities for EDI in the year ahead.	April 2026	Chair/CEO
2	Fair Recruitment & Talent Management	Indicator 2 Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants Indicator 4 Relative likelihood of White staff accessing nonmandatory training and CPD compared to BME staff	Conduct an independent review of recruitment practices against equality assessment criteria alongside a review of recruitment training for hiring managers. Continue the Positive Action leadership programme with further cohorts and evaluation to ensure WRES applicants build their learning and confidence.	October 2026 October 2026	Associate Director HR Operations Recruitment lead, EDI lead Director of OD
3	Eliminate Pay Gaps	Indicator 1 Percentage of staff in each of the AfC Bands 1- 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Indicator 7 Percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion	Impact opportunities for BME staff to develop in their careers by conducting a review of access to career progression and CPD for BME staff in roles with a higher proportion of BME, (e.g. Nursing and Estates. Ensure there is equitable access to training and development opportunities.	October 2026	AD of Education / Director of OD

			Monitor promotion rates by ethnicity groups.	October 2026	Head of OD/EDI lead
4	Addressing Workforce Health Inequalities	<p>Indicator 5 Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</p> <p>Indicator 6 Percentage of BME staff experiencing harassment bullying or abuse from staff in the last 12 months</p>	Continue to build on our <i>Thrive</i> campaign to educate managers on the wellbeing support available for all UHD staff	October 2026	Comms OHS
5	Support for Internationally Recruited Staff	<p>Indicator 3 Relative Likelihood of BME staff entering the formal disciplinary process compared to white staff.</p> <p>Indicator 6 Percentage of BME staff experiencing harassment bullying or abuse from staff in the last 12 months</p>	Review, scope and continually work to improve in the number of internationally recruited colleagues have personal development plans to 100% monitored through appraisal rates.	October 2026	Chief Nursing Officer Education
6	Eliminating Bullying, Harassment & Violence	<p>Indicator 5 Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</p> <p>Indicator 6 Percentage of BME staff experiencing harassment bullying or abuse from staff in the last 12 months</p> <p>Indicator 8 Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues</p>	<p>Continue to promote our zero-tolerance stance to all forms of discrimination, hatred and racism (including antisemitism, and Islamophobia) through the Trust's Anti-Racism statement and guidance focusing particularly on our leadership and management development offer to support teams through transition as part of <i>Transforming Care Together</i>.</p> <p>Aligning our training offers with the new Statutory and Mandatory Training competency framework (CSTF) due to be published in 2025/26</p>	October 2026	<p>CEO and Board Directors CPO/DoOD</p> <p>EDI Lead OD Comms</p>