



Derbyshire Healthcare
NHS Foundation Trust

Workforce Race Equality Standard (WRES)

Annual Report 2025/26

July 2026

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Introduction

The Workforce Race Equality Standard (WRES) is a data collection framework which measures elements of race equality in NHS organisations. Implementing the WRES is a requirement for NHS Commissioners and NHS healthcare providers including independent organisations through the NHS contract.

The WRES is designed around nine indicators, or measures, which compare Black and Minority Ethnic (BME) colleagues and their White counterparts. We acknowledge and respect that not everyone is comfortable with the term “BME” and prefer other terms instead. However, in following national guidance, this report uses consistent terminology. We also acknowledge that comparing two groups has the disadvantage of masking disparities within each group.

Five indicators of the WRES are populated with workforce data from our Electronic Staff Record (ESR) and show comparative data for BME and White staff. This includes the distribution of staff in each pay band, access to training, likelihood of being appointed following shortlisting, likelihood of entering a formal disciplinary process, and representation in very senior leadership. The remaining four indicators are populated with comparative data from the national Staff Survey and include experiences of bullying, harassment and abuse from colleagues and the public, discrimination and perceptions of fairness in career progression.

While the WRES provides an important measure of workforce race equality, the Trust recognises that quantitative data alone cannot fully explain colleagues' experiences. Throughout 2025/26, WRES findings have therefore been considered alongside Staff Survey results, Freedom to Speak Up themes, Employee Relations data, recruitment information, staff network feedback and targeted listening events to better understand the lived experiences of colleagues from ethnically diverse backgrounds.

During 2025/26 the Trust has continued to strengthen its commitment to race equality through implementation of the Race Equality Plan, delivery of targeted improvement programmes and strengthened governance arrangements. This report should therefore be read alongside the Trust's Equality, Diversity and Inclusion Plan, People Plan and wider organisational improvement programmes. Together these provide the framework for reducing inequalities, improving staff experience and creating an inclusive workplace where everyone feels valued, respected and able to thrive.

Context

As of 31 March 2026, the Trust employed **3,507 colleagues**, of whom **894 (25.5%)** identified as Black and Minority Ethnic (BME), compared with **2,562 (73.1%)** who identified as White and **51 (1.5%)** whose ethnicity was unknown. This represents continued growth in workforce diversity, with the proportion of BME colleagues increasing from **12.6% in 2018** to **25.5% in 2026**, more than doubling over an eight-year period. Whilst this demonstrates sustained progress in workforce representation, the data throughout this report shows that increased diversity has not yet translated into consistently equitable workforce outcomes across recruitment, career progression and staff experience.

	2018	2019	2020	2021	2022	2023	2024	2025	2026
Percentage of staff in the Trust who are BME, by headcount, as of 31 March	12.6	12.9	13.8	15.5	16.7	18.5	19.0	20.4	25.5

While representation continues to improve, the Trust recognises that workforce diversity alone does not guarantee equitable experiences or outcomes. During 2025/26 significant work has therefore focused on improving psychological safety, inclusive leadership, career progression and organisational culture. This has included targeted listening events, staff network engagement, Race Equality Working Group activity, reciprocal mentoring, anti-racism initiatives and strengthened leadership accountability.

What are the nine WRES Indicators?

Indicator No	Source	What it Measures
1	ESR	Representation of White and BME staff across pay bands and senior grades compared with their representation in the total workforce.
2	Trac	The likelihood of White applicants being appointed from shortlisting compared with BME applicants.
3	P&I	The likelihood of White staff entering a formal disciplinary investigation compared with BME staff (based on a two-year rolling average).
4	OLM	The likelihood of White staff accessing non-mandatory training and continuing professional development (CPD) compared with BME staff.
5	SS	Comparison of experiences of harassment, bullying or abuse from patients, relatives or the public between White and BME staff.
6	SS	Comparison of experiences of harassment, bullying or abuse from colleagues between White and BME staff.
7	SS	Comparison of perceptions of equal career progression and promotion opportunities between White and BME staff.
8	SS	Comparison of experiences of workplace discrimination from managers, team leaders or colleagues between White and BME staff.
9	ESR	Comparison between the ethnic composition of voting Board members and that of the overall workforce. Only voting Board members are included.

Indicator 1

The table below shows staff distribution across pay bands (Under Band 1 to Very Senior Manager (VSM)). Data are collected in three main occupational groups: non-clinical, clinical (non-medical), and clinical (medical and dental). The figures as of 31 March 2026 are shown in the following table. The headcount figure is the total headcount. The arrows show changes from last year.

Non Clinical	BME	White	Unknown
Under Band 1	0 tu	0 tu	0 tu
Band 1	0 tu	0 q 1	0 tu
Band 2	76 p 15	162 p 11	7 p 1
Band 3	31 p 2	166 q 11	1 tu
Band 4	20 p 3	150 tu	3 tu
Band 5	18 p 2	78 p 1	2 p 2
Band 6	7 q 1	53 p 4	1 tu
Band 7	4 tu	30 q 1	1 p 1
Band 8A	1 p 1	26 p 5	0 tu
Band 8B	2 p 2	13 q 3	0 tu
Band 8C	1 tu	5 q 5	0 tu
Band 8D	0 tu	6 p 2	0 tu
Band 9	0 tu	1 q 2	0 tu
VSM	2 tu	4 tu	0 tu
	162 p 24	694 tu	15 p 4

Clinical	BME	White	Unknown
Under Band 1	0 tu	0 tu	0 tu
Band 1	0 tu	0 tu	0 tu
Band 2	4 p 1	2 q 1	0 tu
Band 3	230 p 65	260 q 5	8 q 1
Band 4	18 tu	128 p 1	0 tu
Band 5	177 p 18	251 q 31	6 q 1
Band 6	123 p 1	711 p 14	11 p 1
Band 7	39 q 2	299 q 43	3 q 1
Band 8A	15 q 2	94 p 5	0 tu
Band 8B	1 q 3	42 q 10	0 tu
Band 8C	2 tu	15 q 3	0 tu
Band 8D	0 tu	12 p 6	0 tu
Band 9	1 tu	0 q 1	0 tu
VSM	0 tu	0 tu	0 tu
	610 p 78	1814 q 68	28 q 2

Medical	BME	White	Unknown
Consultant	49 p 2	31 q 1	1 q 2
(Of which, Senior Medical Managers)	11 tu	3 q 1	0 tu
Career grade	37 p 9	10 q 2	1 p 1
Trainee grade	36 p 6	13 p 3	6 p 2
	122 p 17	54 tu	8 p 1

Indicator 1: Overall assessment: Workforce representation is improving, but progression into senior roles remains unequal.

The Trust continues to become increasingly representative of the communities it serves, with the proportion of staff from Black and Minority Ethnic (BME) backgrounds increasing from 12.6% in 2018 to 25.5% in 2026. This represents significant progress in workforce diversity. However, increasing representation has not yet resulted in consistently equitable workforce experiences. As demonstrated throughout this report, disparities remain in recruitment outcomes, career progression, staff experience and workplace culture. Therefore, the Trust continues to focus on improving equality of opportunity as well as workforce representation.

Workforce diversity continues to improve across all staff groups, particularly within clinical services where representation broadly reflects the overall Trust workforce. However, BME colleagues remain underrepresented within senior clinical and non-clinical leadership roles, particularly at Band 8a and above. Although the number of BME staff in senior roles has increased over recent years, progression into leadership positions has not kept pace with the overall growth in workforce diversity.

During 2026/27, the Trust will continue to analyse progression data alongside recruitment, development opportunities and staff experience to better understand barriers to career progression and to target improvement activity where disparities are identified.

Non-Clinical Workforce

As of March 2026, the overall percentage of BME staff in non-clinical roles (18.9%) is lower than the figure across the whole Trust (25.5%). 89.5% of the total number of BME staff in non-clinical roles are concentrated in Bands 2 to 5, 80.1% of the total number of non-clinical white staff are concentrated in Bands 2 to 5.

In terms of the total number of non-clinical staff at bands 8a and above; 3.7% of the BME workforce are in these roles, compared to 8.0% of White staff working in non-clinical roles. There are a total of six BME staff in these roles (9.8%), and 55 are White Staff (90.2%). This represents a small increase in BME staff in these roles compared with last year.

15 staff of unknown ethnic group have not been included in the above narrative.

Clinical (non-medical)

The overall percentage of BME staff in clinical (non-medical) roles is almost identical (25.2%) to the Trust average (25.5%). Further analysis of groups of staff can bring some of the data into sharper focus. **For example, the majority of registered nurses (amongst others) are employed at Bands 5, 6 and 7 and, to an extent, the band increase represents career progression.**

For Bands 8a and above BME staff comprise 10% of the clinical workforce and White staff 90%. This is a slightly wider gap than last year. 3.1% of BME clinical staff are in bands 8a and above compared to 9.0% of white staff. During 2025/26, the Trust commenced a detailed review of career progression into senior roles. This includes analysis of recruitment outcomes by pay band, applicant diversity, recruitment panel diversity and progression into Band 8a and above posts. Findings will inform targeted actions through the Race Equality Plan, Inclusive Recruitment Programme and leadership development initiatives to improve equitable progression. 28 staff of unknown ethnic group have been excluded for this narrative paragraph.

Clinical (medical and dental)

In clinical (medical and dental) roles, disparities are not reflected through overall representation in the same way as for other staff groups. Other areas for consideration include clinical awards, academic posts and fitness to practise referrals.

Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts calculated for the 12 months prior to 31 March in the reporting year. If a candidate is shortlisted, it means they have met the person specification criteria to be interviewed for the post they are applying for.

The table below shows the “disparity ratio” where complete parity, or equality, is represented by the number 1. A number of 2 would be that a shortlisted candidate is twice as likely to be appointed. In Indicator 2, a number above 1 shows the extent to which a White candidate is more likely to be appointed. A figure above 1:00 indicates that White candidates are more likely than BME candidates to be appointed from shortlisting. The table below shows the trend over time.

Indicator 2 table

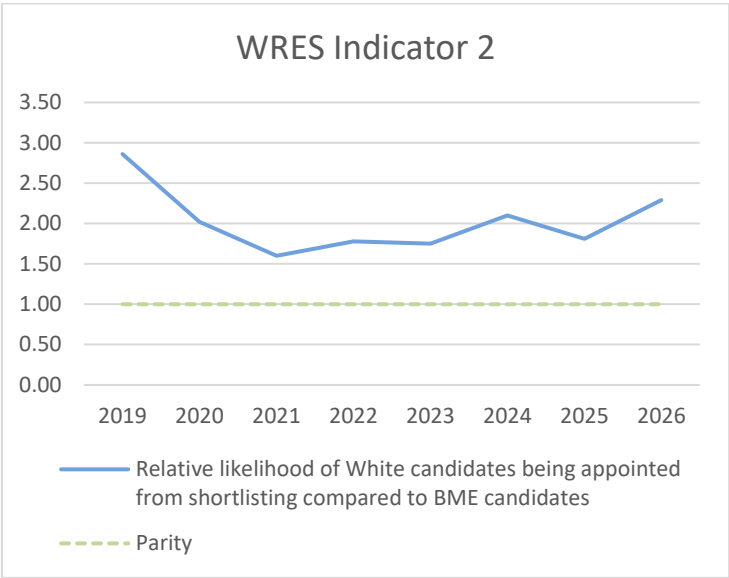
	2019	2020	2021	2022	2023	2024	2025	2026
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	2.86	2.02	1.60	1.78	1.75	2.10	1.81	2.29

Recruitment continues to attract applicants from diverse backgrounds; however, disparities remain following shortlisting. During 2025/26 White applicants were 2.29 times more likely to be appointed following shortlisting than BME applicants. Whilst this represents an organisational indicator, further analysis demonstrates the importance of understanding outcomes by profession, pay band and service, rather than relying solely on Trust-wide data.

During the reporting year, the Trust strengthened its Inclusive Recruitment Programme through enhanced Inclusive Recruitment and Selection training, continued development of Recruitment Inclusion Guardians and improved recruitment governance.

Quarterly monitoring now includes applicant diversity, shortlisting outcomes, appointment rates, panel diversity and applicant withdrawal data to enable more targeted interventions where disproportionality exists.

Recruitment equity remains a priority within the Trust's Race Equality Plan and progress will continue to be monitored through regular reporting to the Equality Diversity and Inclusion Working Group and People and Culture Committee.



Further analysis is required to understand where local disparities exist and to target improvement activity effectively. This work is ongoing. As progression into higher bands occurs less frequently, trends need to be monitored over a longer period and considered alongside staff survey findings, training uptake, and exit interview data for BME staff.

Representation across the higher pay bands continues to be influenced by consultant-level roles. However, BME staff remain under-represented in senior clinical and non-clinical positions. While recruitment continues to attract a diverse range of applicants, disparities remain between application, shortlisting and appointment.

During 2025/26, the Trust strengthened its Inclusive Recruitment Programme through the continued delivery of Inclusive Recruitment and Selection training, a review of the Recruitment Inclusion Guardian role, and enhanced governance and oversight of recruitment practices.

Recruitment reporting has also been strengthened and now includes analysis of applicant diversity by pay band, shortlisting and appointment outcomes, candidate withdrawals, and recruitment panel diversity. Quarterly reporting is used to identify areas of disproportionality, monitor progress, and inform targeted actions to improve equity throughout the recruitment process.

Indicator 2: Overall assessment: Recruitment remains the highest organisational priority.

Indicator 3

The table below shows relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. A figure above 1 would indicate BME staff are more likely to enter the formal disciplinary process.

Indicator 3

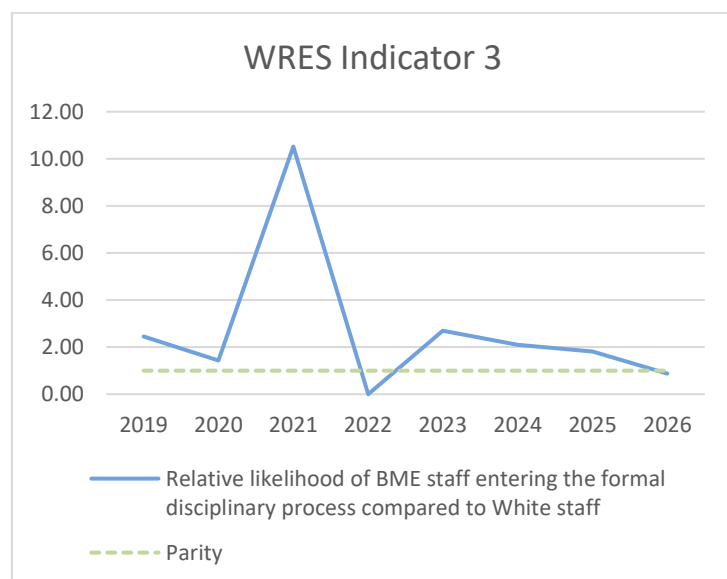
	2019	2020	2021	2022	2023	2024	2025	2026
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	2.45	1.43	10.52	0.00	2.70	2.10	1.81	0.88

Disciplinary data	White	BME	Unknown
Total staff in workforce	2,563	894	51
Number of staff entering formal disciplinary	21	8	-
Proportion of staff	0.82%	0.89%	
Relative Likelihood of BME staff entering the disciplinary process compared to White staff	1.09		

Although relatively small numbers can result in year-on-year variation, disproportionality within formal disciplinary processes continues to be monitored closely. Workforce data alone cannot explain why disparities occur and therefore quantitative information is considered alongside Employee Relations data, case reviews and wider organisational intelligence.

The Trust remains committed to ensuring disciplinary processes are fair, proportionate and consistently applied. During 2026/27 further analysis will continue to identify any emerging themes, including by profession, pay band and service, enabling targeted interventions where required.

The chart below shows the official WRES Indicator 3 trend submitted to NHS England. The disciplinary table that follows provides additional analysis using the Trust's local Employee Relations data to support organisational learning and improvement.



Whilst the relative likelihood has reduced over recent years and reached parity in 2026, the increase in formal disciplinary cases for both White and BME staff highlights the need for continued monitoring. Quantitative data alone does not explain the reasons behind formal disciplinary action and should be considered alongside employee relations case reviews, staff survey findings, Freedom to Speak Up themes and workforce feedback. During Q2, 2026, the Trust began developing a Cultural Collaboration approach, bringing together Employee Relations, Equality, Diversity and Inclusion (EDI), Organisational Development (OD) and Freedom to Speak Up (FTSU) to strengthen organisational learning, improve consistency in employee relations processes, and inform targeted WRES improvement actions.

Indicator 3: Overall assessment: Continue monitoring to ensure fair and equitable processes.

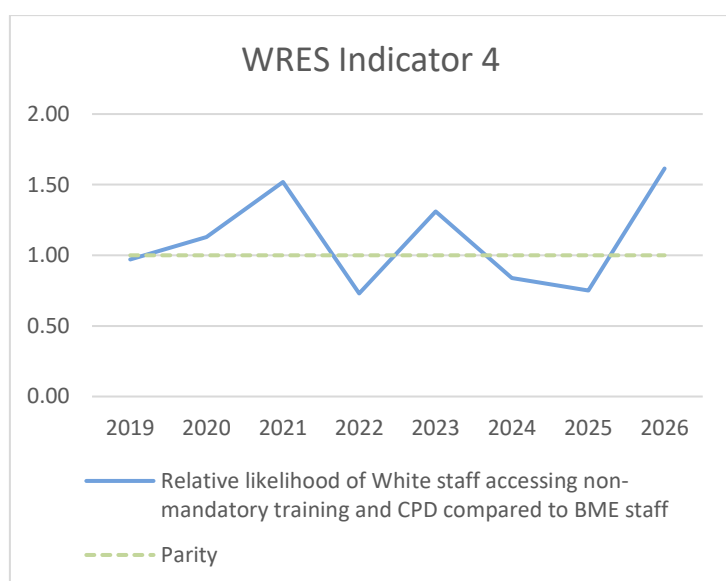
Indicator 4

The table below shows the relative likelihood of staff accessing non-mandatory training and CPD. A figure above 1 would indicate BME staff are less likely to access non-mandatory training and CPD.

Indicator 4

	2019	2020	2021	2022	2023	2024	2025	2026
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.97	1.13	1.52	0.73	1.31	0.84	0.75	1.61

The 2026 data shows an increase in the disparity between White and BME staff accessing non-mandatory training and continuing professional development (CPD), with White staff more likely to access these opportunities. As equitable access to learning and development is important for career progression, further analysis will be undertaken to understand the reasons for this disparity, including any differences across staff groups, services and pay bands. The findings will inform targeted actions to improve equitable access to development opportunities and support progression for all staff.



Access to learning and professional development plays a significant role in supporting career progression and reducing workforce inequalities. The 2026 data indicates a disparity in access to non-mandatory training and CPD between White and BME staff, highlighting the need for further investigation.

During 2026/27, the Trust will undertake more detailed analysis by profession, pay band and Division to understand potential barriers to accessing development opportunities. This work will inform future leadership development, reciprocal mentoring, career progression initiatives and wider workforce planning.

Indicator 4: Overall assessment: Further analysis required into access to development.

Indicators 5-8

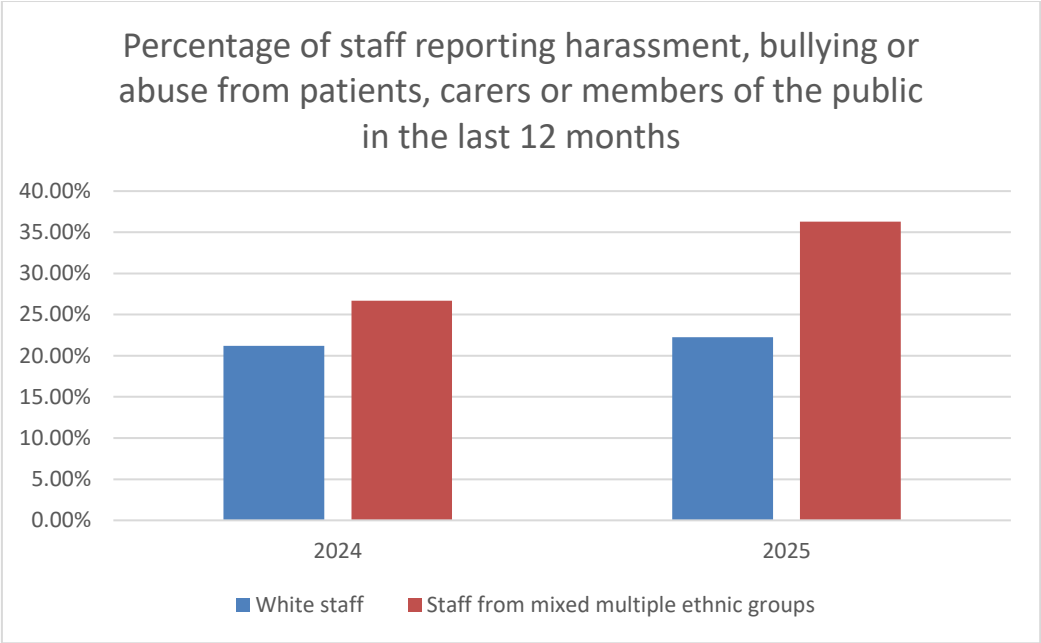
Data for the following Indicators are taken from the 2025 NHS staff survey and do not include figures for 2026 as those results will be published early 2027. The Trust is benchmarked against 50 Mental Health and Learning Disability trusts.

Staff Survey findings continue to demonstrate that colleagues from ethnically diverse backgrounds report poorer workplace experiences than their White colleagues across several indicators. Whilst individual measures fluctuate each year, the overall pattern remains consistent, with higher levels of bullying, harassment, discrimination and lower confidence in career progression reported by BME staff.

These findings align with wider organisational intelligence including Freedom to Speak Up themes, staff network feedback, Employee Relations data and targeted listening events. Together they provide a broader understanding of workforce experience and inform the Trust's ongoing Race Equality improvement programme.

Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from **patients, relatives, or members of the public** in the last 12 months.



In 2025, the percentage for non-white staff* experiencing harassment, bullying or abuse from patients, relatives or members of the public has increased since 2024, and remains higher than for white staff.

This organisation is benchmarked against Mental Health and Learning Disability and Mental Health, Learning Disability and Community trusts (48 organisations).

Staff Survey 2025	2024	2025
DHcFT white staff	21.19%	22.26%
DHcFT All other ethnic groups*	26.69%	36.28%
Benchmarking data-white staff	21.29%	21.38%
Benchmarking data-all other ethnic groups*	31.64%	33.83%

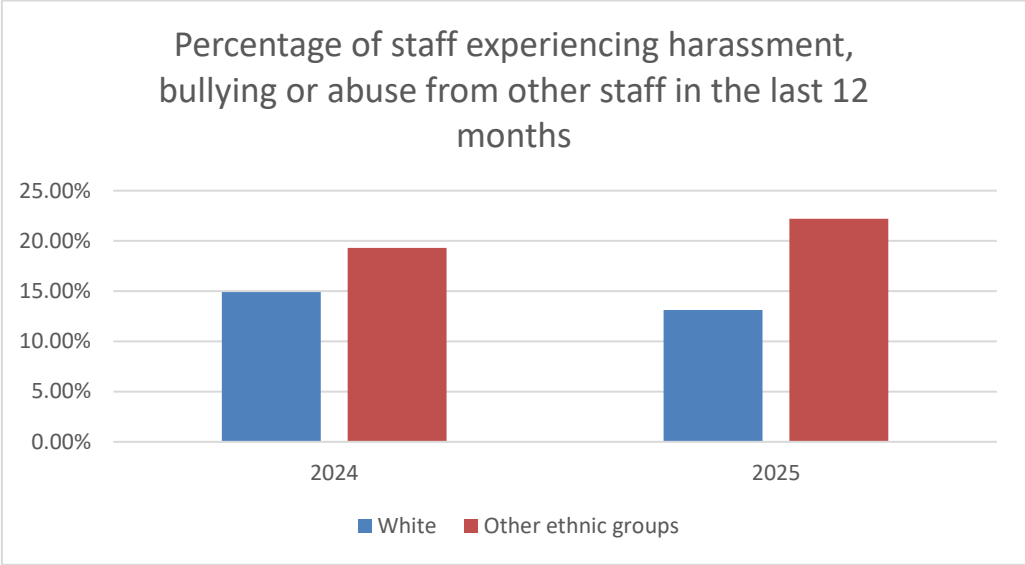
Comparison to the benchmarking data set shows that rates of harassment bullying and abuse are slightly higher than comparative NHS Trusts.

**Staff from all other ethnic groups combined*

During 2025/26, the Trust strengthened its response to racist abuse through the development of a dedicated reporting pathway, improved governance arrangements and the establishment of Race Equality as a key workstream within the No Excuse for Abuse programme. Learning from incidents, staff feedback and organisational data will continue to inform preventative action, improve staff support and strengthen organisational learning.

Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from **staff** in the last 12 months.



In 2025, the percentage of non-White staff experiencing harassment, bullying or abuse from staff has increased since 2024, and remains higher than for white staff. A persistent disparity has remained where none-white staff are more likely to experience harassment from this group.

Staff Survey 2025	2024	2025
DHcFT white staff	14.92%	13.13%
DHcFT All other ethnic groups	19.31%	22.20%
Benchmarking data-white staff	16.48%	16.94%
Benchmarking data-all other ethnic groups	21.23%	20.22%

For non-white staff, the figure is higher than the benchmarking group, for White staff it is slightly lower.

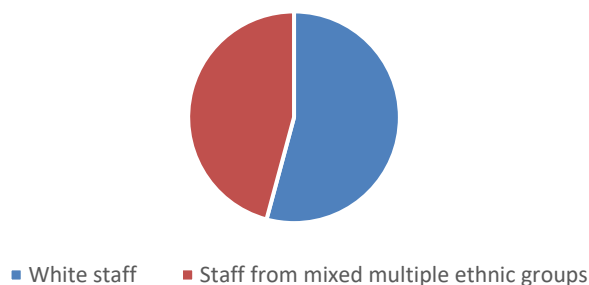
The Trust recognises that reducing bullying, harassment and abuse requires sustained cultural change rather than individual interventions alone. During 2025/26 work included targeted listening events, intercultural communication initiatives, Active Bystander training, strengthened staff network engagement and the introduction of a reporting pathway for racist incidents involving staff. Progress will continue to be monitored through Staff Survey results, Freedom to Speak Up themes and workforce equality data.

Indicator 7

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 are not reported.

Percentage of staff believing that there are equal opportunities for career progression / promotion in 2025



In 2025, the percentage for non-white staff believing that the trust provides equal opportunities for career progression was 51.45% compared to 60.86% for White staff. This indicates a slight decrease in the confidence of non-white staff in equal opportunities for progression/promotion from last year. A wide and persistent disparity has been evident year on year.

Staff Survey 2025	2025
DHcFT white staff	60.86%
DHcFT All other ethnic groups	51.45%
Benchmarking data-white staff	58.40%
Benchmarking data-all other ethnic groups	51.61%

Confidence in equal opportunities for career progression remains a significant priority for the Trust. During 2026/27 recruitment outcomes, internal promotion, leadership development participation and progression into senior roles will continue to be monitored to identify any barriers affecting BME colleagues. Reciprocal Mentoring, Inclusive Recruitment and leadership development programmes will support this work.

Indicator 8

Percentage of staff who have personally experienced **discrimination at work from their manager/team leader or other colleagues** in the last 12 months.

Percentage of staff reporting that they had experienced discrimination from their manager or other colleagues



In 2025, the percentage of non-white staff who have personally experienced discrimination at work from their manager/team leader or other colleagues was 13.9% (slightly lower than 14.8% last year) compared to 5.38% for White staff.

Reducing discrimination requires a sustained organisational focus on culture, leadership and accountability. Alongside strengthened reporting mechanisms, the Trust has continued to invest in staff networks, Freedom to Speak Up, Active Bystander training and targeted engagement with colleagues. Progress will continue to be monitored through WRES indicators, Staff Survey findings, Employee Relations data and wider organisational intelligence.

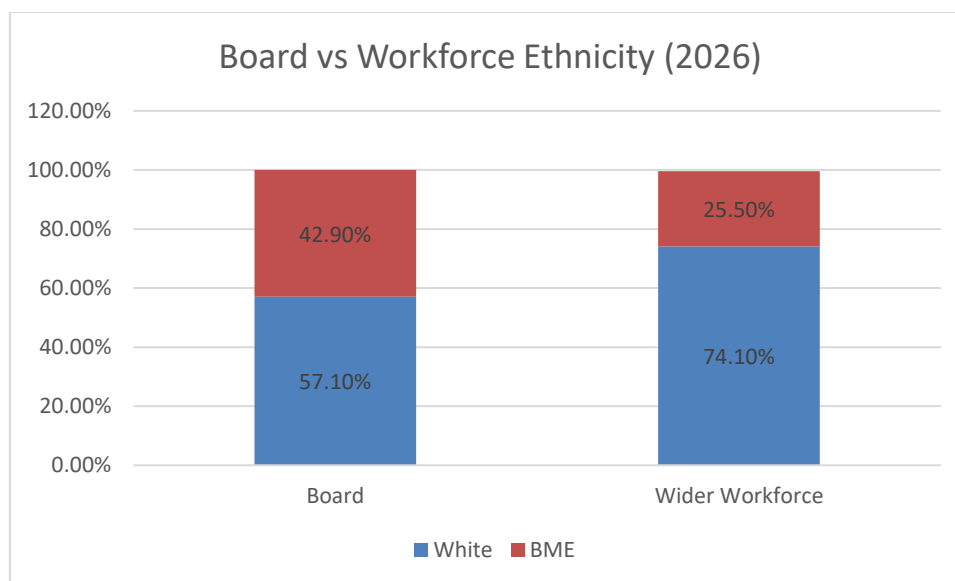
Staff Survey 2025	2024	2025
DHcFT white staff	5.09%	5.38%
DHcFT All other ethnic groups	14.81%	13.90%
Benchmarking data-white staff	6.08%	5.80%
Benchmarking data-all other ethnic groups	13.23%	12.69%

Indicators 5–8: Overall assessment: Staff experience remains poorer for BME colleagues and requires sustained cultural improvement.

Indicator 9

Board vs Workforce Ethnicity (2026)

The chart below shows the comparison between Board membership and overall workforce ethnicity. This demonstrates that BME representation at Board level (42.9%) is significantly higher than in the overall workforce (25.5%). Both these figures have increased since last year.



This table shows the representation of BME staff at Board level.

Board membership 2026	White	BME	Unknown
Total number of board members	8	6	0
of which are voting members	6	6	0
Non-voting members	2	0	0
Exec Board members	4	3	0
Non-exec Board members	4	3	0
% Board members by ethnicity	57.10%	42.90%	0

Whilst Board representation is more diverse than the overall workforce profile, the Trust recognises that representation alone does not demonstrate equality. Our continued focus is on ensuring that leadership, decision-making and organisational culture lead to equitable experiences, opportunities and outcomes for all colleagues.

Conclusions

The 2026 Workforce Race Equality Standard demonstrates that Derbyshire Healthcare continues to make sustained progress in workforce diversity, with BME representation increasing from **12.6% in 2018** to **25.5% in 2026**. Board diversity has also continued to improve, with **42.9% of Board members** identifying as BME compared with **25.5% of the overall workforce**. However, the report also demonstrates that improvements in representation have not yet translated into equitable workforce outcomes, with persistent disparities remaining across recruitment, career progression, staff experience and perceptions of discrimination.

Despite these positive developments, the data continues to highlight persistent inequalities in workforce experience and career progression. BME staff remain underrepresented in senior clinical and non-clinical roles (Band 8a and above), with disproportionate representation at lower pay bands. Recruitment data also indicates that White applicants continue to be more likely than BME applicants to be appointed from shortlisting, although further local analysis is required to understand where these disparities occur and the factors contributing to them.

Workforce experience indicators continue to show that BME staff are more likely than White colleagues to experience harassment, bullying or abuse from both patients and colleagues, report discrimination at work, and have lower confidence that the Trust provides equal opportunities for career progression. While some indicators show small year-on-year improvements, the overall pattern of disparity remains consistent and requires sustained attention.

The Trust has already implemented a range of initiatives to address these issues, including strengthened reporting pathways for racist incidents, the relaunch of the BME Staff Network, reciprocal mentoring, respectful communication training, executive support for staff networks, and enhanced equality, diversity and inclusion support. The impact of these interventions will continue to be monitored alongside more detailed analysis of recruitment, promotion, disciplinary processes, access to continuing professional development, staff survey findings and exit interview data to better understand the underlying causes of inequalities.

Overall, this year's WRES findings demonstrate encouraging progress in workforce representation but reinforce that representation alone does not equate to race equality. Achieving equitable outcomes in recruitment, career progression, staff experience and organisational culture remains a priority. The Trust is committed to using the evidence from this report to inform targeted action, strengthen accountability, and ensure that all staff, regardless of ethnicity, have equal opportunity to thrive, progress and feel valued within the organisation.

The actions below summarise progress made during the 2025/26 reporting period in response to the previous WRES Action Plan. Whilst progress has been made, the 2026 WRES findings demonstrate that further work is required to address the remaining inequalities. The findings from this report have informed the development of the 2026/27 WRES Action Plan, which builds on the work completed to date and sets out the Trust's priorities for the coming year.

Progress made against 2025/2026 WRES Action Plan:

Progress has been made against the 2025/26 WRES Action Plan, with activity increasingly aligned to the Trust's wider Race Equality Plan and workforce priorities.

Inclusive recruitment activity has been strengthened through the relaunch of Panel Chair training and the development of the Recruitment Inclusion Guardian approach.

Recruitment monitoring has also expanded to include applicant diversity, shortlisting, appointments, panel diversity and applicant withdrawals. Quarterly reporting arrangements are being established to provide greater oversight of where disparities occur within the recruitment pathway.

Analysis continues to identify under-representation of BME colleagues within senior roles, particularly at Band 8a and above. Career progression therefore remains a priority. Partners in Progress reciprocal mentoring will support this work during 2026/27, alongside further analysis of progression and access to leadership and development opportunities.

The Trust's Race Equality Plan has been implemented, with oversight through the Race Equality Working Group. Wider activity has included targeted staff listening and culture work, the relaunch of the BME Staff Network and alignment with the No Excuse for Abuse programme. These provide mechanisms for staff experience and workforce data to inform improvement activity.

A core group of staff have also completed Active Bystander Train-the-Trainer training. Wider rollout has progressed more slowly than anticipated due to trainer capacity and will be considered alongside the Trust's wider culture improvement and race equality work.

Work is continuing to strengthen understanding of retention and staff experience. Exit information is being considered alongside Employee Relations data, Freedom to Speak Up themes and Staff Survey findings, with further ethnicity analysis required to identify recurring themes and areas for targeted intervention.

During 2026/27, the emphasis will be on demonstrating impact from these interventions, strengthening divisional ownership and using recruitment, progression, Employee Relations and staff experience data to provide clearer assurance on whether racial inequalities are reducing.

WRES action plan 2026 to 2027

Priority	What the data tells us	Agreed actions	How we will measure success	Monitoring and assurance
1. Recruitment fairness	White applicants were 2.29 times more likely to be appointed following shortlisting. The greatest losses must be identified across the recruitment process.	Review application, shortlisting, interview and appointment data by band, role and Division where numbers allow. Target Panel Chair training, Inclusive Recruitment Guidance and Recruitment Inclusion Guardian support at areas with persistent disparities.	Reduce the overall appointment likelihood ratio from 2.29, with progress towards 2.10 or below. Identify where disparities occur and put targeted action in place where persistent gaps are identified.	Quarterly recruitment reporting through the EDI Working Group. Persistent disparities and progress against agreed actions will be escalated to the relevant Division.
2. Career progression and senior representation	BME representation increased from 20.4% to 25.5%, but BME colleagues remain under-represented at senior levels. Overall representation does not show whether access to progression is equitable.	Review progression by band, role and Division, including Bands 2 to 3, 5 to 6 and 7 to 8. Use the findings to target mentoring, development and talent opportunities.	Establish the baseline for BME representation and progression by band. Identify priority gaps and demonstrate improved access to development and progression opportunities.	Quarterly monitoring of representation, applications, appointments and progression by band. Review participation, experience and progression outcomes from targeted programmes.
3. Bullying, harassment, discrimination and formal processes	BME colleagues reporting discrimination reduced from 14.8% to 13.9%, but the gap with White colleagues remains. BME colleagues are also disproportionately represented in some formal processes.	Triangulate Staff Survey, Employee Relations, Freedom to Speak Up, formal case and racist incident information. Review learning from panel hearings and target Race Equality, management and culture support at identified hotspots.	Improved BME staff experience, a narrowing of inequalities with White colleagues and evidence that concerns are raised safely, responded to and acted upon.	Quarterly review of staff experience, formal processes, incidents and speaking-up themes through the EDI Working Group, with action escalated where disparities persist.

Governance and assurance: Progress will be reviewed quarterly through the EDI Working Group, triangulating WRES data with Staff Survey, recruitment, Employee Relations, Freedom to Speak Up, racist incident data and staff feedback. Divisions will be responsible for responding to identified inequalities and delivering agreed actions. Key themes, persistent disparities and Trust-wide actions will be escalated through the Trust Delivery Group and relevant People governance, with PCC/Board providing strategic oversight and assurance on progress and impact.

