Workforce Race Equality Standard Annual Report 2026

Definitions

- BME - Black and Minority Ethnic: As a Trust, we are moving away from using the term Black and Minority Ethnic (BME) or Black, Asian, Minority Ethnic (BAME). Instead, with full support from our EmbRACE Staff Network, we will use the term 'ethnically diverse' or refer directly to ethnicity or nationality. The data sets in this report compare the experience of Black and Minority Ethnic (BME) staff to White staff; however, our narrative will always avoid these acronyms where possible.
- NHS – National Health Service
- WRES - Workforce Race Equality Standard
- CPD – Continuous Professional Development

Introduction

The Workforce Race Equality Standard (WRES), introduced in 2016, aims to improve the workplace and career experiences of staff from ethnically diverse backgrounds across the NHS. It comprises nine specific metrics that enable NHS organisations to compare the experiences of ethnically diverse staff with those of white staff, helping to identify disparities and drive meaningful change.

This report presents The Dudley Group NHS Foundation Trust's performance against the WRES metrics for 2026. It highlights key trends, areas of progress, and ongoing challenges, and informs our strategic actions to advance racial equity across the organisation.

Data from our Electronic Staff Record (ESR) and the NHS Annual Staff Survey are used to compile the data sets, meaning that the language used to describe staff groups differ.

The WRES is mandated through the NHS Standard Contract and overseen by the Equality and Diversity Council. Metrics 5 to 8 are derived from the NHS Staff Survey. In 2025, 38% of our workforce participated in the survey, with 22% of responses from ethnically diverse staff.

Our workforce comprises approximately 6,700 staff. As of March 2026, 30% of our colleagues identify as belonging to an ethnic group other than white, a 1% increase from the previous year. The proportion of staff who have not disclosed their ethnicity has decreased to 7.1% from 7.3%, reflecting improved data completeness and trust in our reporting processes.

Executive Summary

At The Dudley Group, we are committed to fostering an inclusive culture where diversity is valued, championed, and embedded at every level. We believe a diverse and engaged workforce is essential to delivering high-quality, compassionate care and driving innovation across our services.

The 2026 Workforce Race Equality Standard (WRES) results reflect progress and persistent challenges. While representation of staff from ethnically diverse backgrounds has increased, disparities remain in recruitment, disciplinary processes, access to development, and senior leadership representation.

Key Highlights:

- **Workforce Representation**: As of March 2026, 30% of the workforce are from an ethnically diverse background, as reported through ESR. This represents a small increase from 2025.
- **Recruitment**: A relative likelihood score of 1 shows parity. The relative likelihood of an applicant from an ethnically diverse background being appointed through shortlisting is 2.05; this is a deterioration from 1.55 in 2025. 10% of applications from ethnically diverse applicants were appointed following shortlisting, which compares to 20% for white applicants.
- **Disciplinary**: The relative likelihood of staff from an ethnically diverse background entering the formal disciplinary process compared to white staff is 0.4. A value below 1 indicates variance, with ethnically diverse staff less likely to enter the process, although this reflects a shift from previous years, though as numbers are so low the data is volatile (n=21 for all cohorts).
- **Development Access**: The relative likelihood of white staff accessing non-mandatory training and CPD compared to staff from an ethnically diverse background is 1.28, unchanged from 2025. A value above 1 indicates that white staff are more likely to access CPD opportunities. Interestingly, when you take a distinct count of staff (i.e. counting staff members once, even if they have accessed a course more than once) then the rate is 1.15, which is closer to parity.
- **Harassment from the Public**: 25.2% of staff from an ethnically diverse background reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, compared to 21.3% for white staff, showing a reduction for both groups.
- **Internal Bullying**: 25.5% of staff from an ethnically diverse background reported experiencing harassment, bullying or abuse from staff in the last 12 months, compared to 20.7% for white staff; this reflects a decrease for ethnically diverse staff and a slight increase for white staff.

- **Career Progression**: In the latest staff survey, 46.9% of staff from an ethnically diverse background felt the trust provides equal opportunities for career progression or promotion, compared to 53.8% for white staff, representing a decline for both groups.
- **Discrimination**: 16.2% of staff from an ethnically diverse background reported experiencing discrimination at work from a manager, team leader or colleague in the last 12 months, compared to 6.3% for white staff; this shows a reduction for ethnically diverse staff and a slight increase for white staff.
- **Board Representation**:14.3% of board members declared they were from an ethnically diverse background in 2026, up from 9.5% on the previous year.

These findings underscore the importance of sustained, targeted action. Our refreshed WRES action plan focuses on inclusive leadership, equitable recruitment and development, and a zero-tolerance approach to discrimination and harassment.

We remain steadfast in our commitment to creating a workplace where everyone feels valued, supported, and empowered to thrive. This report is a key step toward a fairer, more inclusive future for all.

Annual Submission Measures

The Workforce Race Equality Standard is a set of nine specific measures which enable NHS organisations to compare the workplace and career experiences of ethnically diverse staff (Black and Minority Ethnic - BME) and White staff.

The Measures provide a high-level view; we have therefore completed a more detailed analysis to inform our conclusions and action plans.

Workforce Race Equality Standard Metrics:

1. Workforce Representation
2. Recruitment
3. Disciplinary
4. Training and Continuing Professional Development (CPD)
5. Harassment, Bullying and Abuse from Patients / Public
6. Harassment, Bullying and Abuse from Staff
7. Career Progression
8. Discrimination
9. Board Representation

Workforce Race Equality Standard Overview

Over the past 7 years, we have undertaken a detailed analysis of our Workforce Race Equality Standard metrics. The chart below summarises our performance and provides a trend analysis from 2020 to 2026 on all nine metrics. Appendix 1 provides this breakdown in an accessible version.

	WRES Indicator		Reporting Year 2020	2021	2022	2023	2024	2025	2026	Trend
1	Workforce Representation. Percentage of staff from all other ethnic groups combined	Overall	18.1%	19.5%	20.4%	24.7%	27.5%	29.0%	29.8%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to applications from all other ethnic groups		2.58	1.95	1.49	1.54	1.41	1.55	2.05	
3	Relative likelihood of staff from other ethnic groups entering the formal disciplinary process compared to white staff		0.9	1.1	1.1	0.79	1.59	1.51	0.40	
4	Relative likelihood of white staff accessing non mandatory training and continuous professional development (CPD) compared to BME staff		1.52	1.17	1.95	1.02	1.24	1.28	1.28	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*	BME	31.2%	27.1%	27.7%	26.2%	24.7%	27.0%	25.2%	
		White	31.6%	25.6%	25.5%	24.8%	24.4%	21.7%	21.3%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*	BME	33.0%	32.8%	26.8%	28.8%	29.9%	27.2%	25.5%	
		White	28.4%	25.7%	19.7%	20.3%	20.6%	20.4%	20.7%	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion*	BME	42.9%	44.2%	45.5%	47.2%	51.7%	51.8%	46.9%	
		White	56.5%	61.8%	61.2%	63.2%	63.1%	62.2%	53.8%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues*	BME	17.4%	17.5%	16.3%	16.4%	18.8%	18.3%	16.2%	
		White	6.3%	6.0%	5.1%	5.3%	6.3%	5.7%	6.3%	
9	Board membership representation of staff from other ethnic groups **	Overall		5.6%	16.7%	16.7%	15.0%	9.5%	14.3%	

** Staff survey from previous year*
***Total board members*

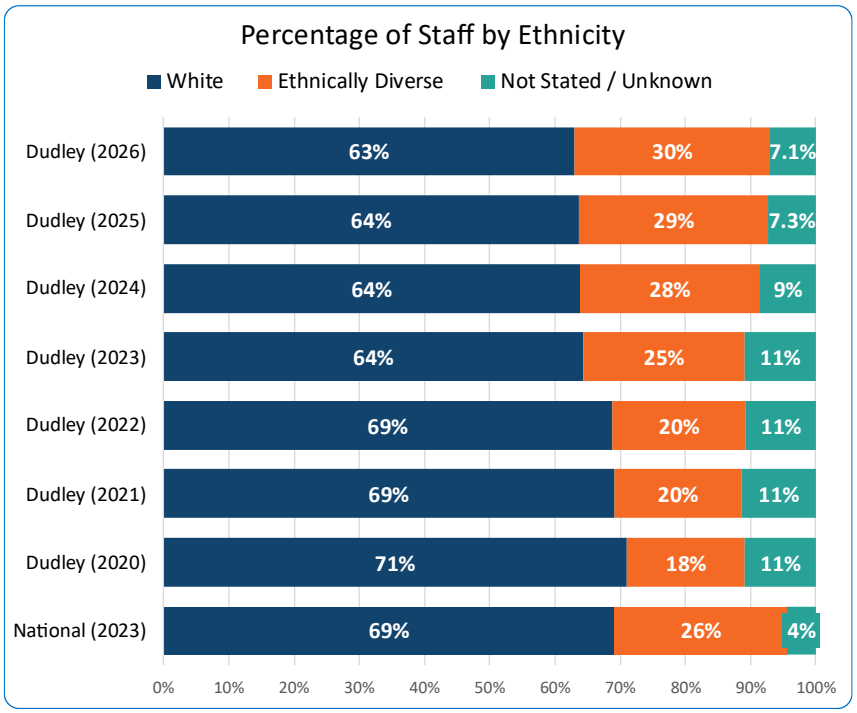
Note: Staff survey metrics are 1 year behind the submission year; the 2026 data shown in this table are 2025 staff survey metrics.

Metric 1 – Overall Representation

According to data from the NHS Electronic Staff Record (ESR), 30% of the Trust's workforce identified as ethnically diverse as of March 2026, reflecting a 1% increase since 2025.

Over the past 7 years, The Dudley Group has seen a positive trend in workforce ethnic diversity, with a steady increase in representation and a corresponding reduction in the 'not stated' or 'unknown' category. More staff are comfortable disclosing their ethnicity, indicating growing trust in the organisation's inclusion efforts.

The chart below illustrates this progression.



Staff from ethnically diverse backgrounds are shown here as BME (Black and Minority Ethnic)

To support a more targeted analysis, representation data for Metric 1 is disaggregated by clinical and non-clinical roles. This approach enables a clearer understanding of disparities across staff groups and informs more focused action planning.

Clinical roles involve direct patient care and require medical qualifications, while non-clinical roles support healthcare delivery through administrative, operational, and strategic functions without direct patient interaction.

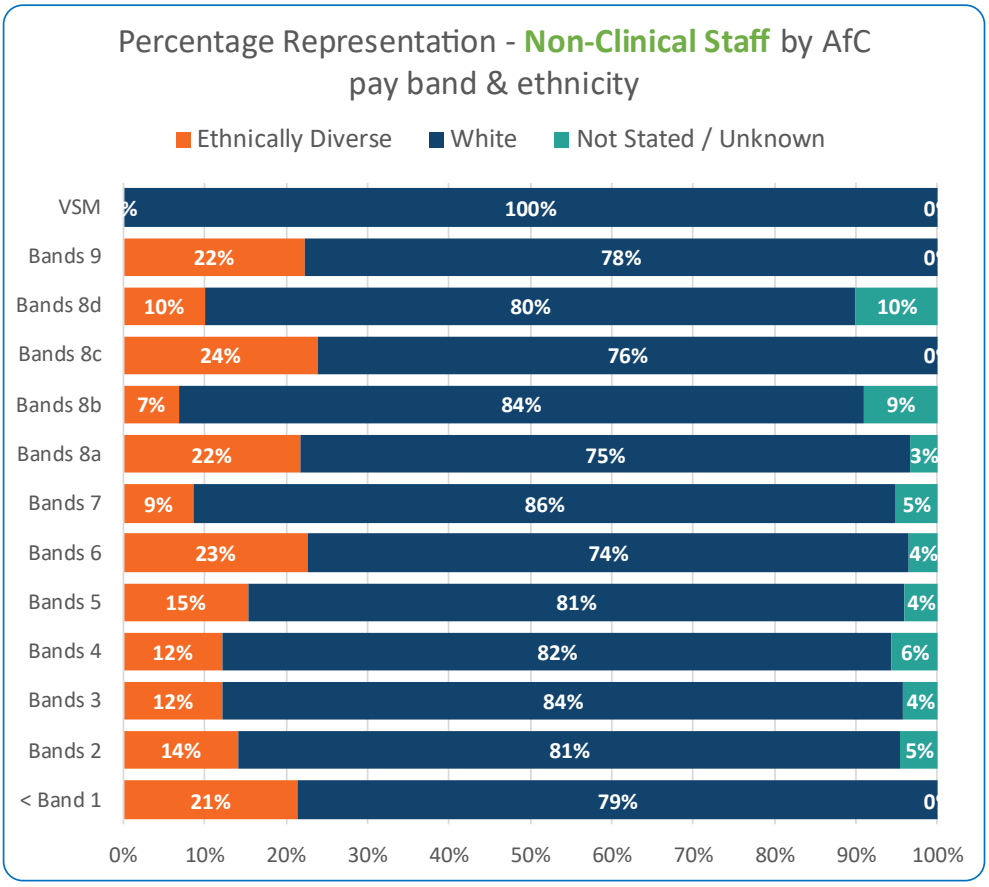
The tables below present ethnic representation across non-clinical and clinical staff by pay band. Notably, patterns of representation in non-clinical roles differ significantly from those in clinical areas, offering valuable insight to guide tailored interventions.

Metric 1 – Non-Clinical Banding Comparison 2025-2026

The data shows continued variation in ethnic representation across non-clinical AfC pay bands. Staff from ethnically diverse backgrounds are represented across all levels, with stronger representation in Bands 6 (23%), 8a (22%), 8c (24%) and Band 9 (22%). However, representation remains lower in Bands 7 (9%) and 8b (7%), and there is no representation at VSM level.

While there are signs of improved representation at some senior bands, the pattern is inconsistent, particularly across Bands 7–8b, indicating ongoing barriers to progression. 'Not Stated/Unknown' data remains low overall, supporting confidence in the findings.

Overall, despite some positive movement, the absence of diversity at VSM level and variability across key transitional bands highlight the need for sustained action. Targeted interventions are required to strengthen equitable progression, inclusive talent management, and access to leadership pathways.



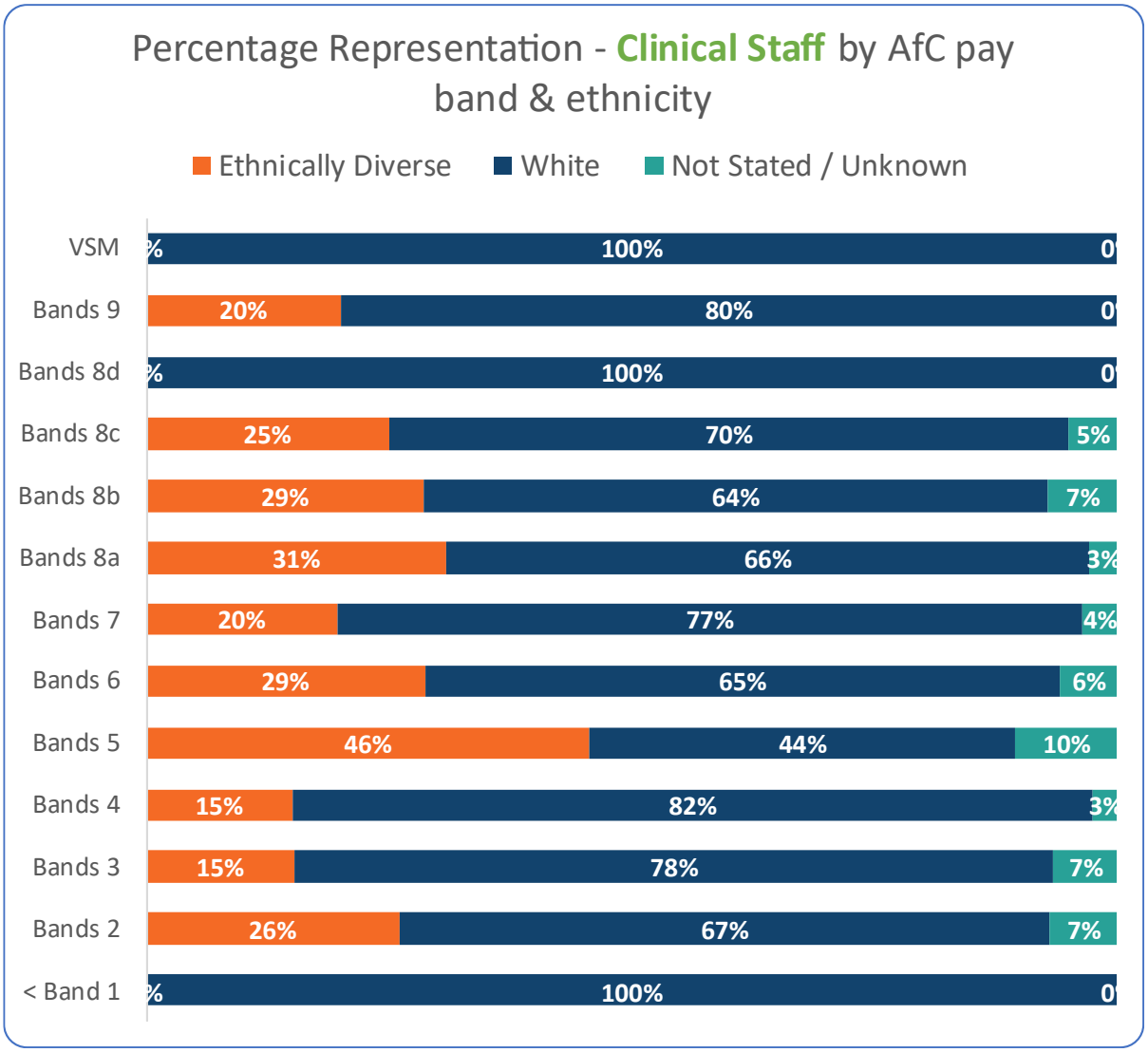
Staff from ethnically diverse backgrounds shown here as BME (Black and Minority Ethnic)

Metric 1 – Clinical Banding Comparison 2024 -2025

The data shows that ethnically diverse staff are well represented across clinical Bands 5 to 8a, peaking at 46% in Band 5 and remaining above 25% through Bands 6–8b. However, this diversity is not reflected at the most senior levels. Bands 8d and VSM roles are entirely White, and Band 9 remains predominantly White (80%).

This indicates a clear progression gap, where a diverse clinical workforce at operational levels is not translating into proportional representation in senior leadership.

While representation remains relatively strong up to Band 8b, the drop-off beyond this point highlights ongoing barriers to advancement. This reinforces the need for targeted action to strengthen equitable progression, inclusive succession planning, and leadership development for ethnically diverse clinical staff.



Staff from ethnically diverse backgrounds shown here as BME (Black and Minority Ethnic)

Metric 2 – Relative likelihood of white applicants being appointed from shortlisting across all posts compared to ethnically diverse applicants

A relative likelihood score of 1 indicates parity between groups. In 2026, the relative likelihood of White applicants being appointed from shortlisting was 2.05, increasing from 1.55 in 2025, indicating a widening disparity.

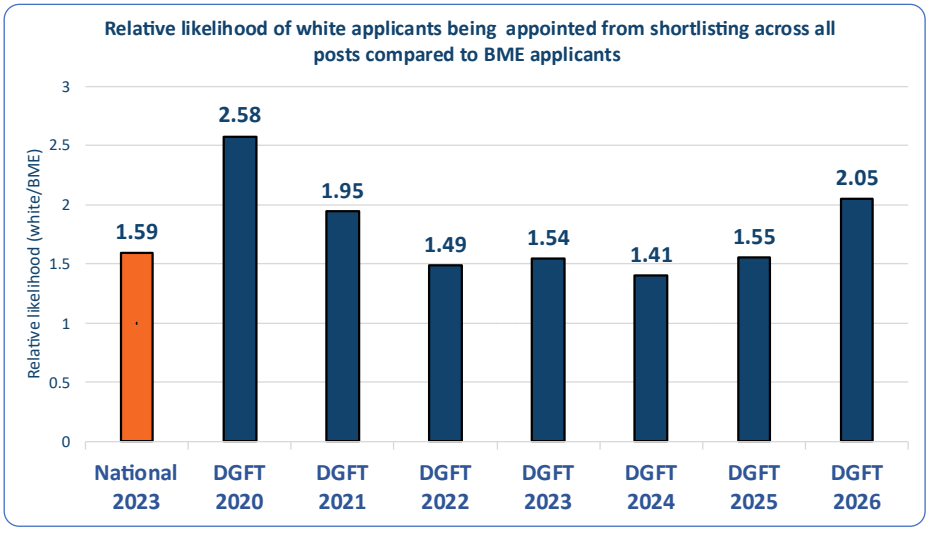
Appointment rates were 20% for White applicants compared to 10% for applicants from ethnically diverse backgrounds, meaning White applicants were twice as likely to be appointed following shortlisting.

This represents a deterioration from the previous year and highlights a continued inequity at the final stage of the recruitment process. The trend over time shows persistent disproportionality, with the 2026 position moving further away from parity.

This reinforces the need for targeted action to improve fairness in selection processes, including strengthening inclusive recruitment practices, reviewing decision-making at interview stage, and increasing oversight to ensure equitable outcomes for all applicants.

Values	**White**	**BME**	**Unknown**	**Grand Total**
Number of Shortlisted Applicants	2054	3128	95	5277
Number Appointed from Shortlisting	414	308	16	738
Relative Likelihood of appointment from shortlisting	**20%**	**10%**	**17%**	**14%**
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	**2.05**			

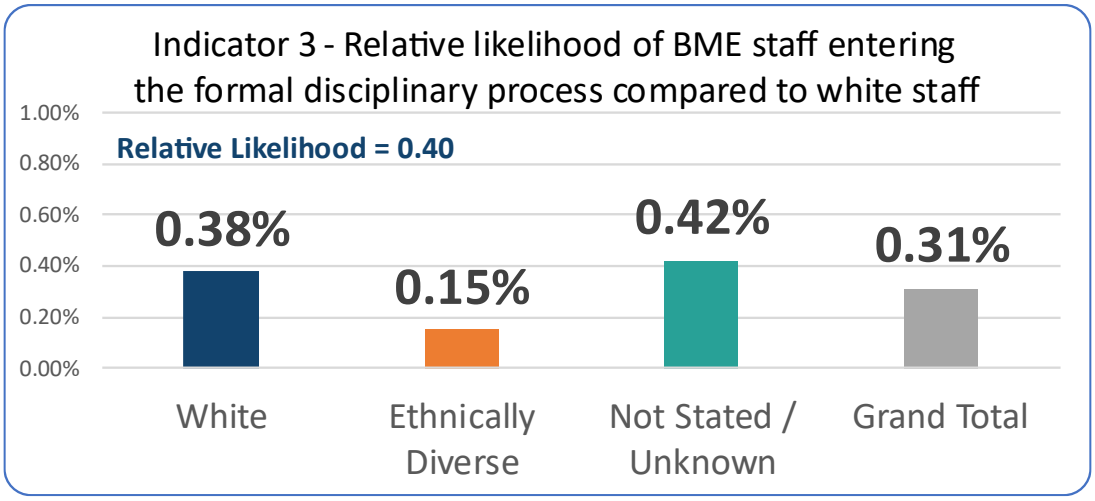
Staff from ethnically diverse backgrounds shown here as BME (Black and Minority Ethnic)



Metric 3 - The relative likelihood of ethnically diverse staff entering the formal disciplinary process compared to white staff

The relative likelihood of staff from an ethnically diverse background entering the formal disciplinary process compared to white staff is 0.4. A value below 1 indicates variance, with ethnically diverse staff less likely to enter the process, although this reflects a shift from previous years, though as numbers are so low the data is volatile (n=21 for all cohorts).

Expressed as a percentage, 0.38% of white staff entered formal disciplinary compared to 0.15% of staff from an ethnically diverse background.



Staff from ethnically diverse backgrounds are shown here as BME (Black and Minority Ethnic)

This indicator shows a significant and positive improvement, with the relative likelihood of ethnically diverse staff entering the formal disciplinary process now at 0.40. Ethnically diverse staff (0.15%) are less likely than White staff (0.38%) to enter the process, indicating no disproportionality.

This represents a marked shift from previous years and suggests that action to improve fairness and consistency in disciplinary processes is having an impact. However, the overall number of cases remains low (n=21), meaning the data is subject to volatility and should be interpreted with caution.

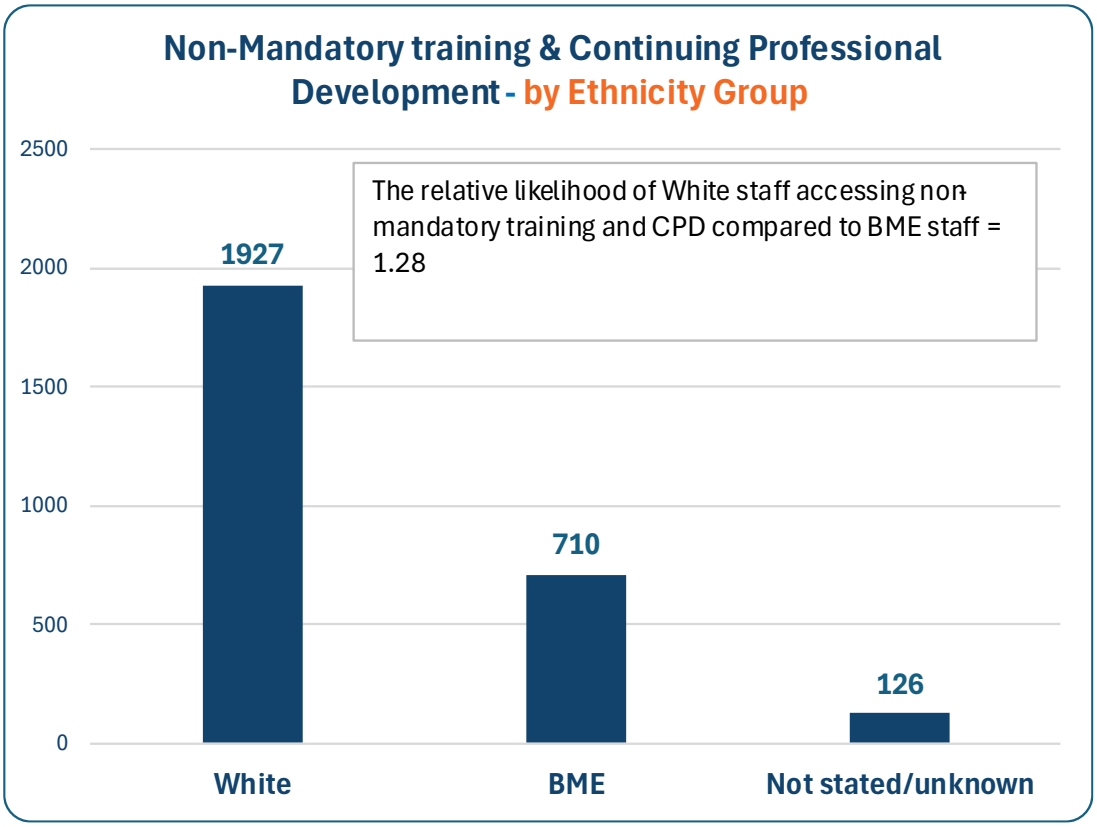
Sustaining this position will require continued focus on inclusive practice, robust oversight, and ongoing monitoring to ensure equitable outcomes are maintained over time.

Metric 4 - The relative likelihood of white staff accessing non–mandatory training and continuing professional development (CPD) compared to ethnically diverse staff

The relative likelihood of White staff accessing non-mandatory training and CPD compared to staff from ethnically diverse backgrounds is 1.28, consistent with the previous year. This indicates that White staff are more likely to access development opportunities.

However, this metric is based on total course attendances, where individuals attending multiple sessions are counted more than once. When measured using a distinct headcount of participants, the relative likelihood reduces to 1.15, indicating a position closer to parity. Both approaches show a similar overall pattern.

Overall, the data suggests a modest but persistent disparity in access to development opportunities. Continued focus is required to ensure equitable access to CPD, including promoting opportunities, addressing potential barriers to participation, and monitoring uptake across all staff groups.



Staff from ethnically diverse backgrounds shown here as BME (Black and Minority Ethnic) .

Metric 5 - The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

In 2025, the proportion of staff reporting harassment, bullying, or abuse from patients, relatives, or the public decreased in both staff groups. Among staff from ethnically diverse backgrounds, the reported experience rate fell from 27.0% in 2024 to 25.2% in 2025, representing a 1.8% improvement. Reports from white staff also decreased slightly to 21.3%, a 0.3% improvement compared with the previous year.

Despite this overall improvement, staff from ethnically diverse backgrounds continue to report higher levels of abuse than white staff, with a gap of 3.8% in 2025. This pattern has remained consistent over time and indicates that staff from ethnically diverse backgrounds are disproportionately affected. These findings highlight the need for strengthened preventative measures, clear reporting routes, and visible organisational action, alongside public-facing messages to reinforce expectations of respectful behaviour towards all staff.

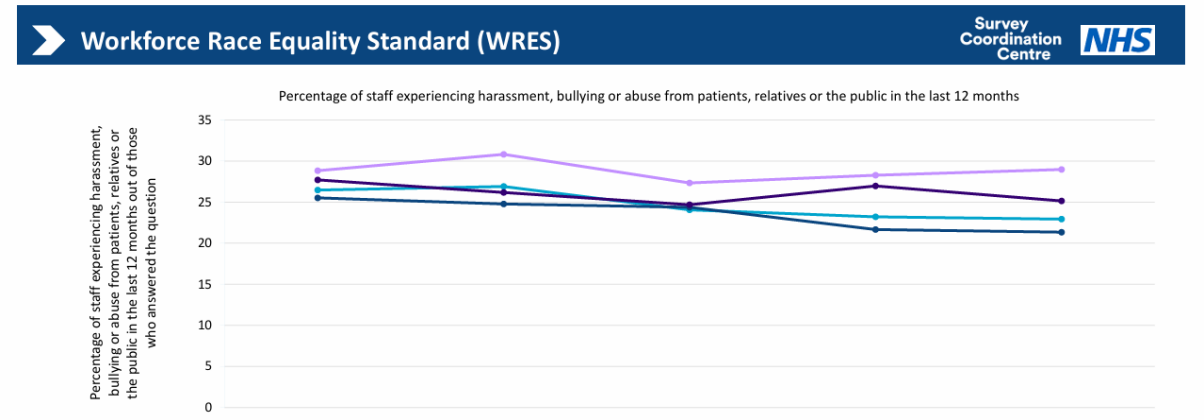


Table 1: Workforce Race Equality Data for Metric 5 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
White staff DGFT	25.56%	25.52%	24.78%	24.37%	21.67%	21.34%
All other ethnic groups DGFT	27.09%	27.71%	26.17%	24.68%	26.97%	25.15%
White staff average	25.36%	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic group's average	28.01%	28.84%	30.82%	27.34%	28.27%	28.98%
White staff responses	1796	2449	2147	1912	2169	1832
All other ethnic group responses	299	480	577	575	712	517

Metric 6 - The percentage of staff who experienced harassment, bullying or abuse from other staff

In 2025, the proportion of staff reporting harassment, bullying or abuse from colleagues continued to decrease among staff from ethnically diverse backgrounds. Reported experiences fell from 27.2% in 2024 to 25.5% in 2025, representing a further year-on-year reduction of 1.7%. This suggests sustained progress in reducing inappropriate behaviours experienced by this staff group.

In contrast, reports from white staff increased slightly from 20.4% in 2024 to 20.7% in 2025. Although this increase is small, it indicates that improvements have not been experienced equally across all staff groups. A disparity remains, with staff from ethnically diverse backgrounds still more likely to report experiencing bullying, harassment or abuse from other staff than their white colleagues. While positive progress is being made overall, these findings highlight the need for continued focus on inclusive leadership, team behaviours, and the consistent application of policies to sustain improvement and reduce internal inequality in staff experiences.

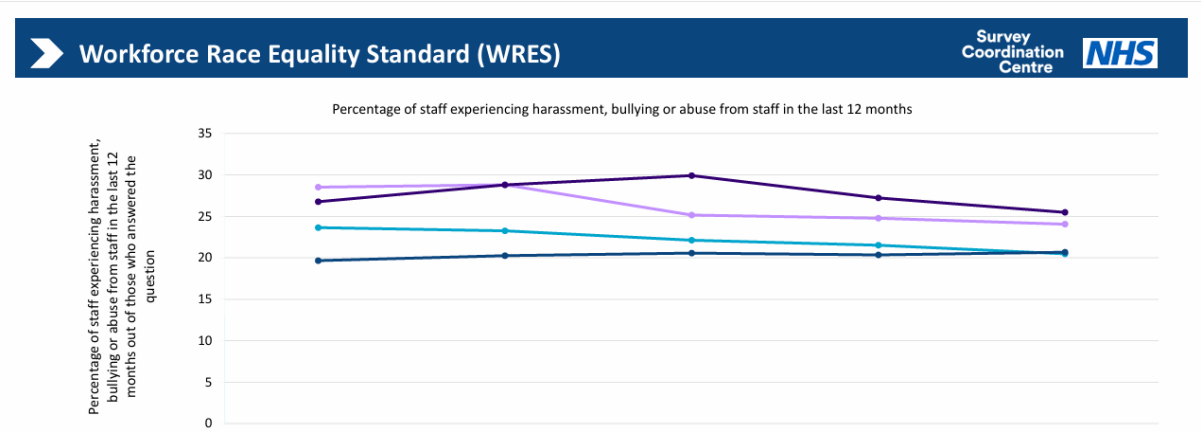


Table 2: Workforce Race Equality Data for Metric 6 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
White staff DGFT	25.71%	19.67%	20.26%	20.57%	20.35%	20.68%
All other ethnic groups DGFT	32.78%	26.76%	28.79%	29.92%	27.22%	25.49%
White staff average	24.37%	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups average	29.07%	28.53%	28.81%	25.16%	24.89%	24.06%
White staff responses	1797	2451	2152	1904	2162	1833
All other ethnic group responses	299	482	580	574	709	514

Metric 7 - The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

In 2025, perceptions of equal opportunities for career progression or promotion declined for both white staff and staff from ethnically diverse backgrounds. Positive responses fell to 53.8% among white staff and 46.9% among staff from ethnically diverse backgrounds, leaving a 6.9% gap and indicating that ethnically diverse staff remain less likely to view progression opportunities as equitable.

Despite this decline, longer-term trends show gradual improvement for staff from ethnically diverse backgrounds, rising from 44.2% in 2020 to 46.9% in 2025. Over the same period, perceptions among white staff have fallen, contributing to a narrowing gap at a lower overall level of confidence. While changes to question wording in 2025 may have influenced responses, the persistent gap highlights the need for clearer, more transparent and equitable career progression pathways.

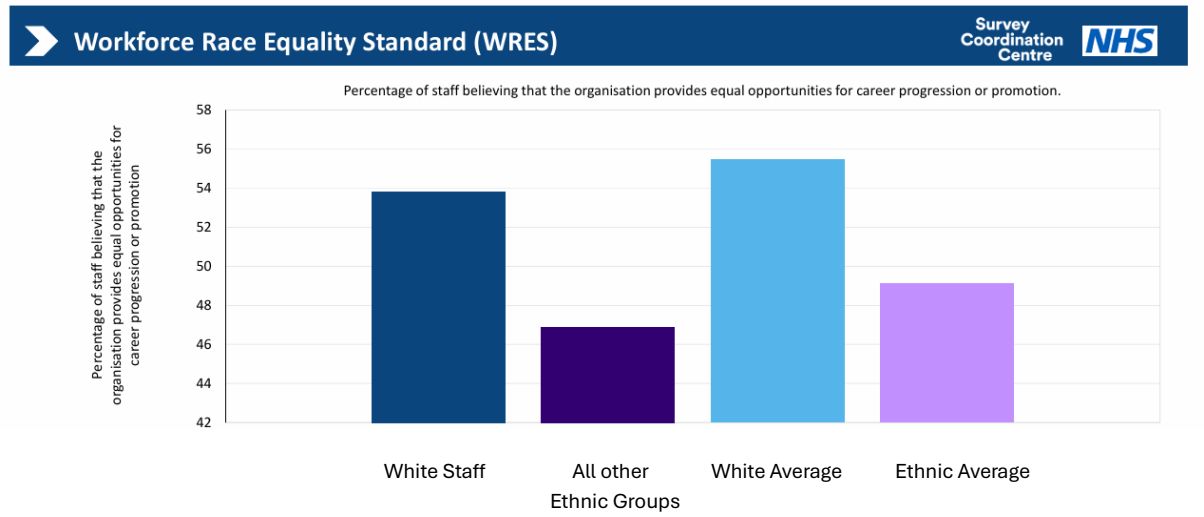


Table 3: Workforce Race Equality Data for Metric 7 from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
White staff DGFT	61.77%	61.24%	63.19%	63.13%	62.15%	53.82%
All other ethnic groups DGFT	44.22%	45.47%	47.15%	51.69%	51.84%	46.89%
White staff average	59.39%	58.64%	58.65%	58.84%	58.82%	55.46%
All other ethnic groups average	45.24%	44.56%	47.00%	49.64%	49.70%	49.11%
White staff responses	1839	2518	2141	2034	2156	1832
All other ethnic group responses	303	497	579	652	706	514

- Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported in the bar graph. For more information, please refer to the Technical Guide: https://www.nhsstaffsurveys.com/survey-documents/

Metric 8 - The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

In 2025, experiences of discrimination reported by staff show a mixed pattern across staff groups. Reports from staff from ethnically diverse backgrounds decreased from 18.3% in 2024 to 16.2% in 2025, suggesting some improvement in lived experience. However, reports from white staff increased slightly over the same period, rising from 5.7% to 6.3%, indicating a small deterioration for this group.

Despite the improvement for staff from ethnically diverse backgrounds, a significant disparity remains. In 2025, staff from ethnically diverse backgrounds were almost 10% more likely than white staff to report experiencing discrimination at work. This continued gap highlights that discrimination remains a persistent issue and reinforces the need for sustained, targeted cultural, behavioural and leadership interventions, particularly within teams and at line-management level.

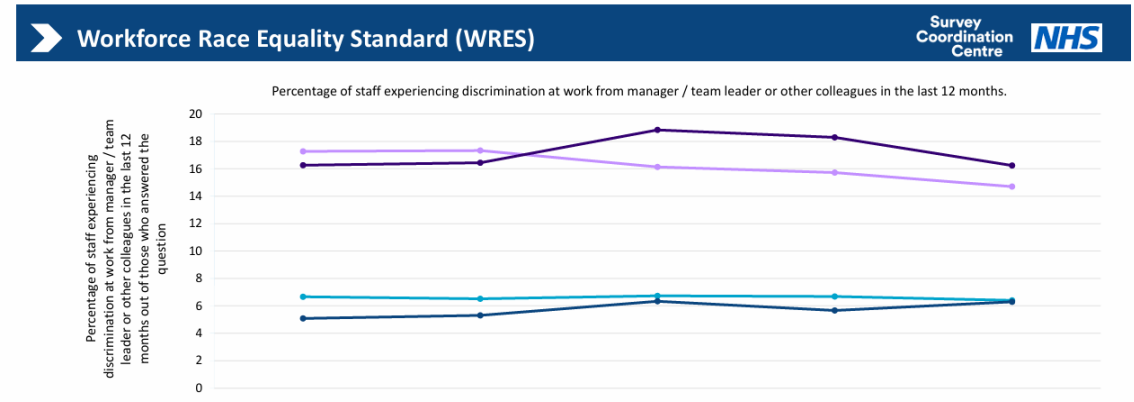


Table 4: Workforce Race Equality Data for Metric from 2020 to 2025.

Staff group	2020	2021	2022	2023	2024	2025
White staff DGFT	6.03%	5.08%	5.31%	6.34%	5.67%	6.29%
All other ethnic groups DGFT	17.49%	16.27%	16.44%	18.84%	18.30%	16.24%
White staff average	6.09%	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups average	16.77%	17.28%	17.33%	16.14%	15.72%	14.70%
White staff responses	1856	2537	2147	2036	2152	1827
All other ethnic group responses	303	498	584	653	705	511

Conclusion

The 2026 Workforce Race Equality Standard (WRES) data demonstrates a mixed but evolving picture of progress towards racial equity across The Dudley Group NHS Foundation Trust.

There are clear areas of improvement. Most notably, disproportionality in the formal disciplinary process has reduced significantly, with ethnically diverse staff now less likely than White staff to enter the process. Experiences of bullying, harassment and discrimination reported by staff from ethnically diverse backgrounds have also shown a downward trend, indicating that targeted actions to improve culture and behaviours are beginning to have a positive impact.

However, significant inequalities remain. The data highlights a widening gap in recruitment outcomes, with White applicants now twice as likely to be appointed from shortlisting compared to applicants from ethnically diverse backgrounds. Representation at senior levels also remains unequal, with limited diversity at the most senior bands and no representation at Very Senior Manager (VSM) level. In addition, disparities persist in access to development opportunities and in perceptions of fair progression, alongside continued differences in staff experience.

While some gaps have narrowed over time, this is not always due to improved experiences for all groups, and in some areas overall confidence has declined. This reinforces that progress is not yet consistent or embedded across all parts of the workforce.

We remain committed to listening to our staff, using data to drive action, and strengthening inclusive leadership at all levels. By maintaining focus, accountability and transparency, we will continue to build a culture where equitable experience and opportunity are consistently realised for all members of our workforce

Action Planning

As part of the collaborative Group alignment between Sandwell & West Birmingham and Dudley Group NHS Foundation Trust, a Group WRES Action Plan has been developed in response to the 2026 WRES findings and is aligned with the Group EDI Delivery Plan 2026/27.

The action plan is structured around the WRES indicators, the NHS England EDI Improvement Plan High Impact Actions, and the recommendations of the Lord Mann Review, ensuring a coherent and evidence based approach to driving meaningful and sustainable change.

WRES Action Plan 2026/27

Priority Area	Key Actions	Intended Outcome	Lord Mann Review Theme(s)	NHS England EDI Improvement Plan High Impact Action(s)	Timescale
Overall Approach	Continue implementing comprehensive action plans addressing systemic inequalities identified in the 2026 WRES findings. Move beyond compliance with national reporting requirements towards embedding sustainable organisational change.	Sustainable improvements in equality, diversity and inclusion, with lasting organisational change.	Leadership & Accountability; Inclusive Culture; Data, Reporting & Assurance	HIA 1: Leadership accountability for EDI objectives HIA 6: Improve culture through workforce data, staff experience and accountability	Ongoing – Annual review of WRES Action Plan with quarterly progress reporting.
Leadership Development	Strengthen inclusive leadership capability through development programmes, coaching, behavioural expectations	More inclusive leadership culture with increased accountability	Leadership & Accountability; Training &	HIA 1: Leadership accountability	Q3

Priority Area	Key Actions	Intended Outcome	Lord Mann Review Theme(s)	NHS England EDI Improvement Plan High Impact Action(s)	Timescale
	and greater accountability within appraisal processes. Expect managers to demonstrate inclusive leadership, promote psychological safety and actively reduce inequalities within their teams.	and improved staff experience.	Capability; Inclusive Culture	HIA 5: Inclusive leadership, development HIA 6: Improve staff experience and organisational culture	
Recruitment and Selection	Enhance governance and scrutiny of recruitment processes. Analyse recruitment outcomes by ethnicity, staff group and organisational division, with particular focus on interview decision-making. Provide further inclusive	Fairer and more equitable recruitment outcomes across all staff groups.	Leadership & Accountability; Training & Capability; Data & Assurance	HIA 2: Fair and inclusive recruitment and talent management	Q4

Priority Area	Key Actions	Intended Outcome	Lord Mann Review Theme(s)	NHS England EDI Improvement Plan High Impact Action(s)	Timescale
	recruitment training for panels and strengthen audit processes.				
Career Progression and Talent Management	Expand mentoring, sponsorship and leadership development opportunities for ethnically diverse staff. Strengthen succession planning and improve transparency around acting-up opportunities, secondments and talent management. Continue monitoring progression data to identify and address disproportionality.	Improved career progression and increased representation of ethnically diverse staff in leadership roles.	Leadership & Accountability; Training & Capability; Data & Assurance	HIA 2: Talent management and career progression HIA 5: Development and retention of under-represented staff	Q3-Q4

Priority Area	Key Actions	Intended Outcome	Lord Mann Review Theme(s)	NHS England EDI Improvement Plan High Impact Action(s)	Timescale
Learning and Professional Development	Improve visibility and accessibility of CPD opportunities. Monitor uptake by ethnicity and implement targeted interventions where disparities are identified.	Equitable access to learning and development opportunities that support career progression.	Training & Capability; Data & Assurance	HIA 5: Inclusive development and support HIA 2: Fair access to development opportunities	Q3
Organisational Culture and Anti-Racism	Continue implementing anti-racism strategies and reinforce a zero-tolerance approach to bullying, harassment and discrimination. Support staff through Freedom to Speak Up arrangements, staff networks and restorative approaches.	A more inclusive workplace culture where staff feel safe, respected and confident to raise concerns.	Inclusive Practice & Organisational Culture; Support & Protection for Staff Experiencing Racism; Leadership & Accountability	HIA 6: Address bullying, harassment, discrimination and employee relations HIA 1: Leadership accountability	Q2-Q3.

Priority Area	Key Actions	Intended Outcome	Lord Mann Review Theme(s)	NHS England EDI Improvement Plan High Impact Action(s)	Timescale
	Provide additional support to managers to ensure consistent application of policies.			HIA 5: Inclusive workplace practices	
Staff Wellbeing	Enhance support following incidents of abuse, discrimination or harassment. Increase focus on psychological wellbeing, restorative conversations and consistent managerial support.	Improved staff wellbeing and stronger support for those experiencing discrimination or inappropriate behaviour.	Support & Protection for Staff Experiencing Racism; Inclusive Culture	HIA 4: Address health inequalities within the workforce	Q3-Q4
Governance and Assurance	Strengthen governance through regular triangulation of WRES data, workforce metrics,	Evidence-based decision-making, transparent reporting,	Leadership & Accountability; Data, Reporting & Assurance	HIA 1: Board accountability and assurance	Q2

Priority Area	Key Actions	Intended Outcome	Lord Mann Review Theme(s)	NHS England EDI Improvement Plan High Impact Action(s)	Timescale
	staff survey findings and employee relations information. Monitor progress through Equality, Diversity and Inclusion governance structures, with routine reporting to Executive Teams and People Committees.	strengthened accountability and timely interventions where inequalities persist.		HIA 6: Use workforce metrics to drive improvement	

Commitment to Continuous Improvement

These actions are designed to accelerate progress in areas where inequality persists, while sustaining and building on areas of improvement. We recognise that while some indicators have improved, progress is not yet consistent or embedded across all areas.

We remain committed to listening to our staff, acting on insight, and holding ourselves accountable. Progress will be regularly reviewed through robust governance arrangements and reported transparently as part of our ongoing WRES journey.

Appendix 1 – Workforce Race Equality Standard Metrics summary 2020-2026

			Reporting Year						
			2020	2021	2022	2023	2024	2025	2026
1	Workforce Representation. Percentage of staff from all other ethnic groups combined	Overall	18.1%	19.5%	20.4%	24.7%	27.5%	29%	29.8%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to applications from all other ethnic groups		2.58	1.95	1.49	1.54	1.41	1.55	2.05
3	Relative likelihood of staff from other ethnic groups entering the formal disciplinary process compared to white staff		0.9	1.1	1.1	0.79	1.59	1.51	0.40
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.52	1.17	1.95	1.02	1.24	1.28	1.28
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	31.2%	27.1%	27.7%	26.2%	24.7%	27.0%	25.2%
		White	31.6%	25.6%	25.5%	24.8%	24.4%	21.7%	21.3%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	33.0%	32.8%	26.8%	28.8%	29.9%	27.2%	25.5%
		White	28.4%	25.7%	19.7%	20.3%	20.6%	20.4%	20.7%
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	42.9%	44.2%	45.5%	47.2%	51.7%	51.8%	46.9%
		White	56.5%	61.8%	61.2%	63.2%	63.1%	62.2%	53.8%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	17.4%	17.5%	16.3%	16.4%	18.8%	18.3%	16.2%
		White	6.3%	6.0%	5.1%	5.3%	6.3%	5.7%	6.3%
9	Board membership representation of staff from other ethnic groups	Overall		5.6%	16.7%	16.7%	15.0%	9.5%	14.3%

Note: staff survey metrics are 1 year behind submission year; 2026 data shown in this table is 2025 staff survey metrics. This table is an accessible version of the chart on page 7.