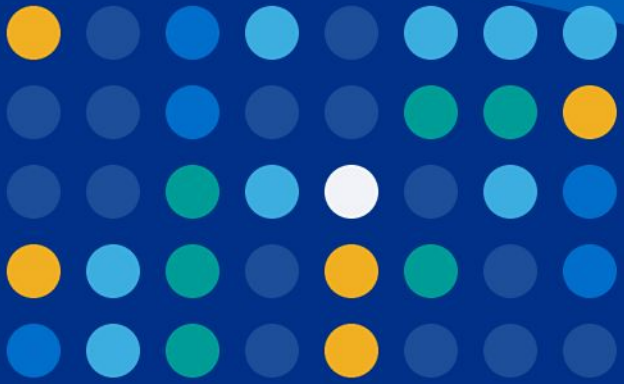
NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2025/26

Trust-level data for publication

Norfolk and Norwich University Hospitals NHS Foundation Trust

REPORTING PERIOD 1 April 2025 to 31 March 2026
PRESENTED TO People and Culture Management Group and Trust Board
AUTHOR Group Equality, Diversity and Inclusion Lead



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01 Executive Summary

The Workforce Race Equality Standard (WRES) provides a nationally mandated framework for NHS organisations to understand workforce race equality, identify areas of disproportionality and drive continuous improvement. It is a key component of the NHS Equality, Diversity and Inclusion Improvement Plan and forms part of the organisation's broader commitment to workforce inclusion, anti-racism and equitable career progression.

The 2025/26 submission demonstrates continued progress in workforce diversity. As at 31 March 2026, **21.99%** of employees identified as being from a Black and Minority Ethnic (BME) background, compared with 12.02% in 2020, demonstrating sustained improvement over a six-year period. Workforce diversity remains particularly strong within Medical and Dental staffing groups, where **41.13%** of staff identify as BME.

2025/26 at a glance

21.99%
of our workforce is from a BME background, up from 12.02% in 2020

41.13%
of Medical and Dental staff identify as BME

0.81
BME staff are more likely than White staff to access CPD

2.12x
White shortlisted applicants are more likely to be appointed

2.03x
BME staff are more likely to enter formal disciplinary processes

4.8%
Board BME representation, compared with 21.99% of the workforce

Despite positive progress, several significant inequalities remain. These areas remain organisational priorities for 2026-2028:

- Recruitment outcomes
- Formal disciplinary processes
- Career progression experiences
- Workplace discrimination
- Representation within senior leadership grades
- Board representation

Most significant findings

Indicator	Position
Recruitment	White applicants 2.12 times more likely to be appointed following shortlisting
Formal Disciplinary Processes	BME staff 2.03 times more likely to enter formal disciplinary processes
Career Progression	45.92% BME staff vs 51.77% White staff perceive equal opportunities
Board Representation	Workforce diversity 21.99% compared to Board diversity 4.8%

NNUH therefore continues to focus improvement activity on reducing workforce inequality whilst maintaining progress in workforce representation and learning and development opportunities.

02 Strategic Context

The Workforce Race Equality Standard remains a key mechanism through which NHS organisations understand workforce inequalities and demonstrate compliance with national equality requirements.

This report aligns directly with:

NATIONAL

NHS Equality, Diversity and Inclusion Improvement Plan

NHS People Promise

NHS Long Term Workforce Plan

NHS Race and Health Observatory Seven Principles

STATUTORY AND INDEPENDENT REVIEW

Public Sector Equality Duty

Lord Mann Independent Review into Racism and Antisemitism within the NHS

GROUP AND TRUST

NWUHG EDI Workforce Strategy

NNUH Diversity, Inclusion and Belonging Strategy

The findings inform workforce, organisational development and anti-racism priorities during 2026-2028.

How to read this report

BME (Black and Minority Ethnic) is the term used in the national WRES data definitions, and is used throughout this report for consistency with the national submission.

Relative likelihood compares how likely one group is to experience an outcome compared with another. A figure of 1.00 means equal likelihood. For Indicators 2, 3 and 4, a figure above 1.00 indicates a disadvantage for BME staff.

The four-fifths rule. A relative likelihood between 0.80 and 1.25 is generally treated as within the range of equity. Figures outside that range indicate disproportionality that requires action.

RAG ratings. Green indicates positive or equitable performance; Amber indicates improvement is evident but more work is required; Red indicates significant disproportionality remains.

03 WRES Performance Dashboard

Executive RAG dashboard

No.	Indicator	Assessment	RAG
1	**Workforce Representation**	Workforce continues to diversify and exceeds local population diversity	Green
2	**Recruitment**	Significant disproportionality remains	Red
3	**Formal Disciplinary Processes**	Significant disproportionality remains	Red
4	**Learning & Development**	Positive and equitable performance	Green
5	**Harassment, Bullying & Abuse from Patients/Public**	Improvement evident, but more work required	Amber
6	**Harassment, Bullying & Abuse from Staff**	Improvement evident, but disparities remain	Amber
7	**Career Progression**	Gap remains	Amber
8	**Workplace Discrimination**	Significant disparity remains	Red
9	**Board Representation**	Leadership diversity gap remains	Amber

Overall assessment

GREEN
Two indicators

Indicator 1: Workforce Representation
BME representation increased from 12.02% (2020) to 21.99% (2026). Medical and Dental representation remains strong at 41.13%.

Indicator 4: Learning and Development
BME staff more likely to access CPD than White staff. Relative likelihood ratio 0.81.

AMBER
Four indicators

Indicator 5: Abuse from Patients and Public
Narrative evidence indicates continued improvement. However, underlying ethnicity-level Staff Survey datasets were unavailable during preparation of this publication.

Indicator 6: Abuse from Staff
Evidence suggests improvement, but cultural disparities remain.

Indicator 7: Career Progression
Perception gap persists regarding equal opportunities for advancement.

Indicator 9: Board Representation
Board representation remains significantly below workforce diversity levels.

RED
Three indicators

Indicator 2: Recruitment
White applicants remain 2.12 times more likely to be appointed following shortlisting.

Indicator 3: Formal Disciplinary Processes
BME staff remain more than twice as likely to enter formal disciplinary processes.

Indicator 8: Workplace Discrimination
Discrimination remains one of the most significant workforce inequalities identified through staff experience data.

04 Indicator 1: Workforce Representation

RAG RATING
GREEN

21.99%
BME workforce representation at 31 March 2026

HEADLINE POSITION
The Trust workforce continues to become more representative over time.

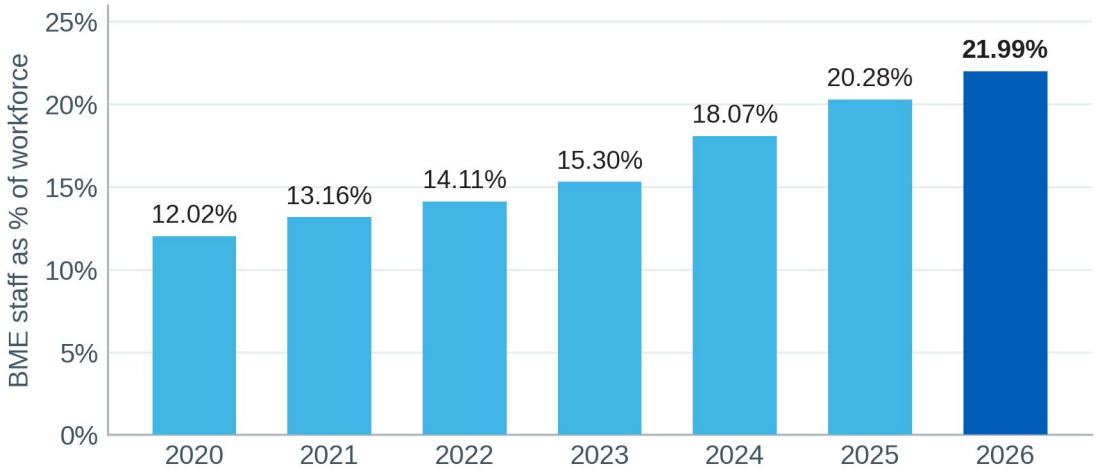


Figure 1. BME workforce representation, 2020 to 2026 (as at 31 March each year).

Workforce representation by staff group

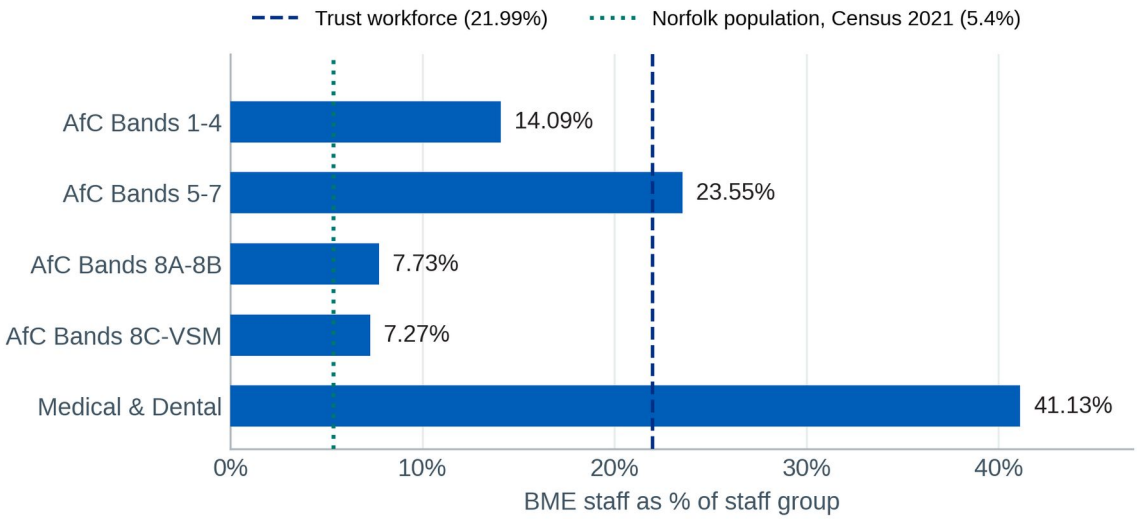


Figure 2. BME representation by staff group, compared with the Trust workforce and the Norfolk population (Census 2021).

What the data shows

NNUH continues to maintain a workforce that is substantially more diverse than the wider Norfolk population. Workforce diversity has increased steadily over the reporting period and now exceeds one fifth of the workforce.

Local context. At the 2021 Census, 5.4% of Norfolk residents identified with an ethnic group other than White. More than one in five NNUH colleagues is from a BME background.

Source: Office for National Statistics, Census 2021 (TS021 Ethnic group), Norfolk.

Workforce diversity is especially apparent within Medical and Dental staffing groups. However, representation decreases markedly at senior grades, particularly Bands 8C-VSM where BME representation remains 7.27%.

This suggests that workforce attraction is performing effectively whilst progression into senior leadership roles remains a significant organisational challenge.

Risks

- Reduced visible diversity within senior leadership.
- Potential impact on career aspirations and confidence.
- Risk of perceived progression barriers.
- Leadership demographics not reflective of workforce demographics.

Success measures

- Increased BME representation at Bands 8A+.
- Increased participation in leadership programmes.
- Improved progression outcomes.
- Reduction in representation gap between workforce and leadership grades.

Actions 2026-2028

Action	Lead	Timescale
Expand Leaders Within programme	OD Team	Ongoing
Executive sponsorship programme	Executive Team	Q2 2027
Targeted talent management reviews	People and Culture Management Group	Quarterly
Leadership pathway programme for Bands 6-8a	People Directorate	Q3 2027
Annual ethnicity succession planning review	Executive Team	Annual

05 Indicator 2: Recruitment

RAG RATING
RED

2.12
Relative likelihood of White shortlisted applicants being appointed compared with BME shortlisted applicants

HEADLINE POSITION

Recruitment remains one of the most significant areas of workforce disproportionality identified within the 2025/26 submission. White shortlisted applicants remain substantially more likely to be appointed than BME shortlisted applicants.

Recruitment disaggregation

Metric	White	BME
Applicants	8,246	28,264
Shortlisted	3,218	2,775
Appointed	839	342
Appointment Rate	26.1%	12.3%
Relative Likelihood	1.00	**2.12 disadvantage**

Recruitment pipeline analysis

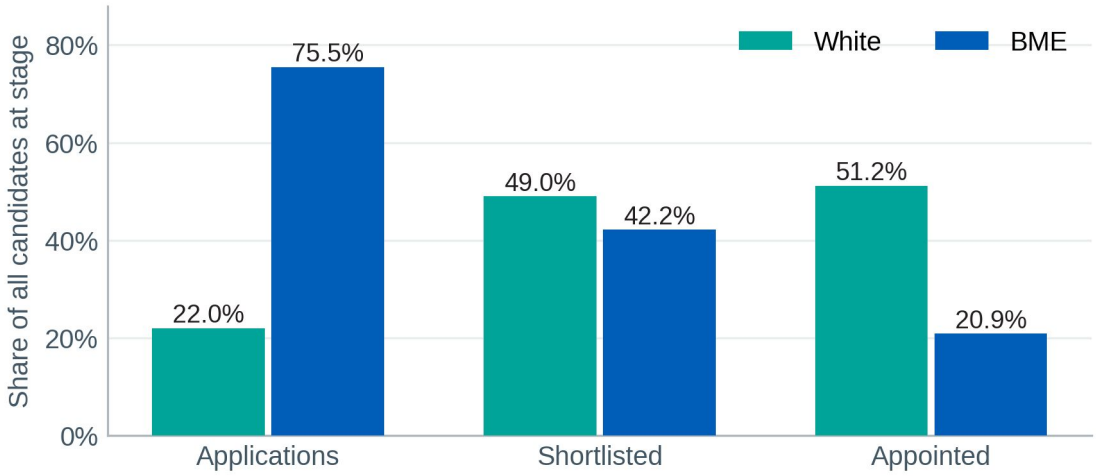


Figure 3. Share of candidates at each recruitment stage, by ethnicity, 2025/26.

What the data shows

> **The greatest inequality is occurring at appointment stage rather than attraction stage.**

Whilst BME applicants account for more than three quarters of all applications received, they account for only one fifth of appointments made. The likelihood ratio increased from 1.92 in 2024/25 to 2.12 in 2025/26 and represents the highest level of recruitment disproportionality recorded during the reporting period.

Risks

- Reduced confidence in recruitment processes.
- Reduced workforce diversity progression.
- Regulatory scrutiny.
- Reduced confidence in fairness and inclusion.
- Wider leadership diversity gaps.

Success measures

- Relative likelihood below 1.50 by 2027.
- Relative likelihood below 1.25 by 2028.
- Increase in ethnic minority appointments.
- Improved confidence in recruitment fairness.

Recruitment improvement action plan

Priority	Action	Lead	Timescale
High	Implement Inclusive Recruitment Standard	Chief People Officer	Q1 2026/27
High	All panels to include trained recruitment ally	People Directorate	Q2
High	Mandatory diverse recruitment panels for Bands 8A+	HR Director	Immediate
High	Quarterly recruitment equality dashboards	People and Culture Management Group	Quarterly
Medium	External review of recruitment processes	EDI Lead	Q3
Medium	Review shortlisting outcomes by ethnicity	Recruitment Team	Quarterly
Medium	Recruitment bias training for hiring managers	OD Team	Ongoing

06 Indicator 3: Formal Disciplinary Processes

RAG RATING
RED

2.03
Relative likelihood of BME staff entering formal disciplinary processes compared with White staff

HEADLINE POSITION
Formal disciplinary processes remain the most significant disproportionality identified within the WRES dataset.

Disciplinary analysis

Measure	White	BME
Workforce	6,978	2,149
Formal Cases	40	25
Likelihood	0.57%	1.16%
Relative Likelihood	1.00	**2.03**

Trend analysis

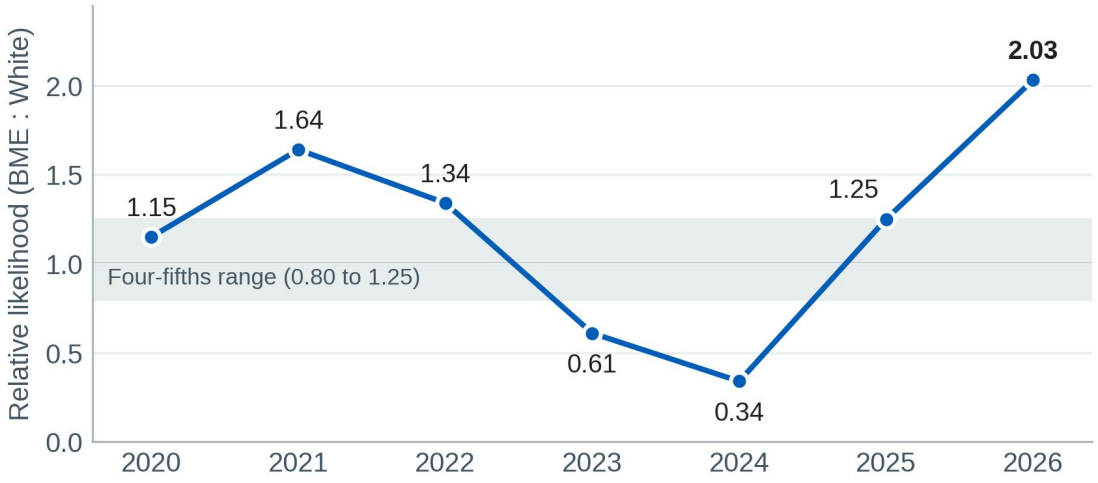


Figure 4. Relative likelihood of BME staff entering formal disciplinary processes, 2020 to 2026.

What the data shows

The likelihood ratio increased significantly during 2025/26 and now exceeds the four-fifths rule threshold considerably.

Although the absolute number of disciplinary cases remains relatively small, the relative disproportionality remains substantial and requires sustained executive oversight.

Risks

- Reduced trust in employee relations processes.
- Increased turnover.
- Reduced psychological safety.
- Potential discrimination claims.
- Increased regulatory scrutiny.

Success measures

- Relative likelihood below 1.50 by 2027.
- Relative likelihood below 1.25 by 2028.
- Increased confidence in ER processes.
- Reduced formal case escalation rates.

Formal disciplinary process improvement plan

Priority	Action	Lead	Timescale
High	Quarterly ethnicity review of all formal cases	HR Director	Quarterly
High	Diverse Investigator Programme	Employee Relations Team	Q2
High	Independent review of disciplinary outcomes	People and Culture Management Group	Annual
High	Mandatory anti-bias training for managers	OD Team	Ongoing
Medium	Introduce case escalation review process	HR Business Partners	Q3
Medium	Expand early intervention approaches	People Directorate	Ongoing
Medium	Publish quarterly ER equality reports	People and Culture Management Group	Quarterly

07 Indicator 4: Learning and Development

RAG RATING
GREEN

0.81
Relative likelihood of White staff accessing CPD compared with BME staff (favourable to BME staff)

HEADLINE POSITION
Learning and development continues to represent one of NNUH's strongest WRES indicators. BME staff are more likely than White staff to access CPD opportunities.

20.75%
of BME staff accessed CPD (446 colleagues)

16.90%
of White staff accessed CPD (1,179 colleagues)

0.81
Relative likelihood: favourable to BME staff

What the data shows

This indicator demonstrates equitable access to development opportunities and exceeds the four-fifths equality threshold.

The data suggests that current leadership development, mentoring, coaching and learning initiatives are successfully reaching ethnic minority colleagues.

Risks

- Future reduction in investment.
- Learning opportunities not translating into promotion outcomes.
- Inconsistent uptake across staff groups.

Success measures

- Maintain parity of access.
- Increased programme participation.
- Increased promotion outcomes.
- Reduced progression inequalities.

Learning and development improvement plan

Priority	Action	Lead	Timescale
High	Maintain Leaders Within Programme	OD Team	Ongoing
High	Expand mentoring opportunities	EDI Team	Ongoing
Medium	Expand coaching offer	Workforce Development Team	Ongoing
Medium	Monitor uptake by ethnicity quarterly	People and Culture Management Group	Quarterly
Medium	Link programme participation to progression analysis	OD Team	Annual

08 Indicator 5: Harassment, Bullying and Abuse from Patients, Relatives and the Public

RAG RATING
AMBER

Narrative
Assessment based on the submitted WRES report and Trust assurance activity

HEADLINE POSITION
The Trust's WRES submission indicates continued improvement and performance remains below national averages.

Data caveat
Underlying ethnicity-specific NHS Staff Survey datasets were not available at the time this report was prepared. Narrative conclusions are therefore based upon the submitted WRES report and associated Trust assurance activity.

What the data shows

Current interventions appear to be having a positive impact on staff experience. However, abuse from patients, relatives and the public remains a significant issue affecting staff wellbeing and retention.

Race-related abuse remains a known risk within NHS organisations, particularly for colleagues in highly visible patient-facing roles.

Risks

- Psychological harm.
- Reduced wellbeing.
- Staff turnover.
- Under-reporting of incidents.
- Reduced confidence in reporting arrangements.

Success measures

- Increased confidence in reporting.
- Reduction in repeat incidents.
- Improved Staff Survey outcomes.
- Improved wellbeing measures.

Indicator 5 action plan

Priority	Action	Lead	Timescale
High	Relaunch No Excuse for Abuse campaign	Communications Team	Q1
High	Introduce race-related abuse reporting category	HR & Patient Safety	Q2
High	Quarterly thematic review of incidents	People and Culture Management Group	Quarterly
Medium	Targeted support pathway for affected staff	EDI Team	Q2
Medium	Include patient racism indicators on dashboards	Quality and Outcomes Committee	Q3
Medium	Improve reporting awareness	Communications Team	Ongoing

09 Indicator 6: Harassment, Bullying and Abuse from Staff

RAG RATING
AMBER

Narrative
Assessment based on the submitted WRES report and Trust assurance activity

HEADLINE POSITION
Evidence suggests that experiences continue to improve. However, disparities remain and further improvement is required.

Data caveat
Underlying ethnicity-specific NHS Staff Survey datasets were not available during preparation of this publication. Narrative conclusions are therefore based upon the submitted WRES report and associated Trust assurance activity.

What the data shows

Evidence suggests that experiences continue to improve and that interventions such as Active Bystander, Civility and Respect and Freedom to Speak Up are positively influencing workforce culture.

However, disparities remain and further improvement is required.

Risks

- Reduced psychological safety.
- Lower engagement.
- Reduced retention.
- Reduced confidence in escalation routes.
- Cultural deterioration.

Success measures

- Reduced bullying reports.
- Improved Staff Survey outcomes.
- Increased confidence in speaking-up routes.
- Reduced staff turnover.

Indicator 6 action plan

Priority	Action	Lead	Timescale
High	Expand Active Bystander Programme	OD Team	Ongoing
High	Civility and Respect Champions	Divisions	Q2
High	Inclusive Leadership Training	People Directorate	Annual
Medium	Strengthen Freedom to Speak Up awareness	FTSU Guardian	Ongoing
Medium	Quarterly ethnicity review of FTSU themes	People and Culture Management Group	Quarterly
Medium	Race Equality Escalation Route	EDI Team	Q3

10 Indicator 7: Equal Opportunities for Career Progression

RAG RATING
AMBER

5.85 pts
Gap between White and BME staff who believe the Trust provides equal opportunities for career progression

HEADLINE POSITION
A gap of 5.85 percentage points remains between the experiences of White and BME colleagues.

45.92%
of BME staff give a positive response

51.77%
of White staff give a positive response

5.85
percentage point gap

Supporting workforce evidence

Workforce representation demonstrates that progression challenges remain:

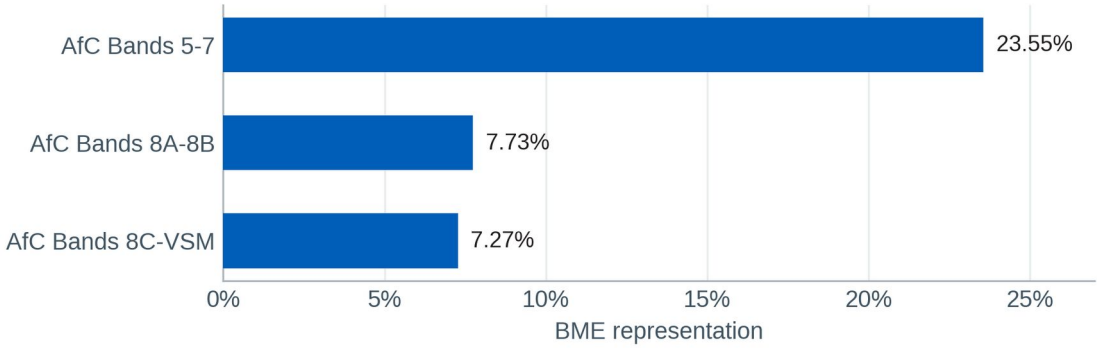


Figure 5. BME representation by pay band group, 31 March 2026.

What the data shows

Although workforce diversity continues to improve, progression into senior leadership roles remains disproportionately low when compared with representation within middle grades.

The reduction from 23.55% representation within Bands 5-7 to only 7.27% within Bands 8C-VSM indicates that the progression gap identified through Staff Survey data is reflected in actual workforce outcomes.

Risks

- Reduced staff engagement.
- Reduced retention.
- Reduced confidence in promotion decisions.
- Underrepresentation within leadership pathways.
- Long-term leadership diversity gap.

Indicator 7 action plan

Priority	Action	Executive Lead	Operational Lead	Milestone	Target Outcome
High	Expand Leaders Within programme	Chief People Officer	OD Lead	Q2 2027	25% increase in participation
High	Executive Sponsorship Scheme	Chief Executive	EDI Lead	Q3 2027	50 ethnic minority participants
High	Ethnicity Talent Reviews	People and Culture Management Group Chair	Workforce Planning Lead	Quarterly	Talent pipeline reviewed
Medium	Reverse Mentoring Programme	Executive Team	EDI Team	Q2 2027	100% Directors participate
Medium	Promotion Outcome Monitoring	HR Director	ESR Workforce Team	Quarterly	Quarterly reporting established

Success measures

Measure	Baseline	Target
Positive progression score (BME)	45.92%	≥50%
Bands 8A-VSM BME representation	7.27%	>12%
Leadership programme participation	Baseline 2026	+25%
Progression gap	5.85 percentage points	<3 percentage points

11 Indicator 8: Workplace Discrimination

RAG RATING
RED

Narrative
Assessment based on the WRES submission and Trust assurance activity

HEADLINE POSITION
Workplace discrimination remains one of the most significant workforce inequalities identified through staff experience measures.

Data caveat
Detailed ethnicity-level NHS Staff Survey data underpinning Indicator 8 was not available at the time this report was prepared. Narrative conclusions are therefore based upon the WRES submission and Trust assurance activity.

What the data shows

Workplace discrimination remains one of the most significant workforce inequalities identified through staff experience measures.

Whilst several improvement initiatives are in place, discrimination continues to present a substantial risk to workforce experience, retention and organisational culture.

Risks

- Reduced psychological safety.
- Increased turnover.
- Reduced trust in organisational processes.
- Increased employee relations concerns.
- Reputational risk.

Success measures

- Reduction in discrimination reports.
- Increased reporting confidence.
- Improved Staff Survey scores.
- Reduced turnover among BME staff.
- Improved confidence in speaking-up routes.

Indicator 8 action plan

Priority	Action	Executive Lead	Operational Lead	Milestone	Target Outcome
High	Deliver Anti-Racism Strategy	Executive EDI Lead	EDI Lead	Q1 2027	Strategy implementation plan completed
High	Quarterly discrimination intelligence reports	People and Culture Management Group	HR Analytics Lead	Quarterly	Reports embedded
High	Expand FTSU promotion campaign	Chief Nurse	FTSU Guardian	Q2 2027	Increased reporting confidence
High	Race Equality Impact Reviews	HR Director	EDI Team	Q3 2027	Reviews embedded within governance
Medium	Independent review route for race concerns	Chief People Officer	HR Team	Q3 2027	Escalation process implemented

12 Indicator 9: Board Representation

RAG RATING
AMBER

4.8%
Board BME representation, compared with 21.99% of the workforce

HEADLINE POSITION
Board diversity does not yet reflect workforce diversity.

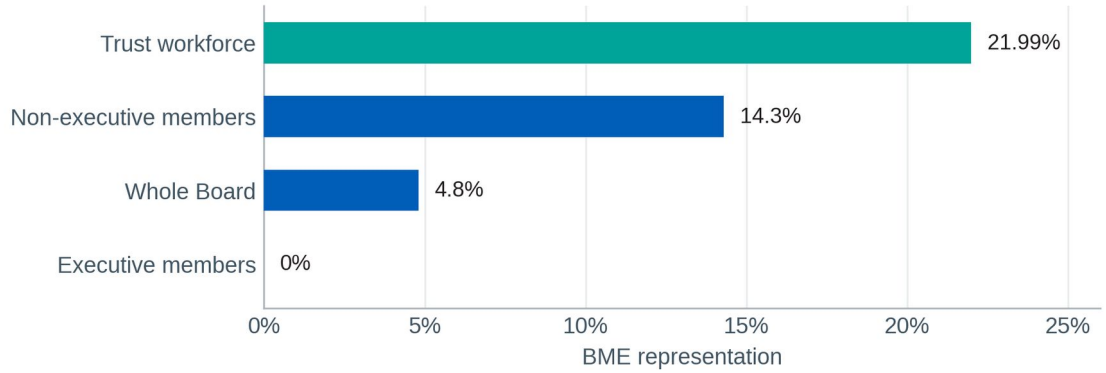


Figure 6. BME representation on the Board compared with the Trust workforce, 2025/26.

Board representation analysis

Measure	Position
Workforce BME Representation	21.99%
Board BME Representation	4.8%
Executive Board Representation	0%
Non-Executive Representation	14.3%
Representation Gap	**-17.2 percentage points**

Board composition

Board Group	White	BME	Unknown
Total Board	19	1	1
Voting Members	10	0	0
Executive Members	14	0	0
Non-Executive Members	5	1	1

What the data shows

Board diversity does not yet reflect workforce diversity.

Whilst the workforce has become substantially more diverse since 2020, this progress has not been replicated consistently within executive leadership structures. Workforce diversity now stands at 21.99%, whereas Board diversity remains 4.8%. Executive Board representation remains 0%.

Indicator 9 action plan

Priority	Action	Executive Lead	Operational Lead	Milestone	Target Outcome
High	Board succession planning review	Chair	Company Secretary	Q2 2027	Diversity embedded
High	Executive talent review	Chief Executive	Chief People Officer	Q3 2027	Diverse leadership pipeline
Medium	Diverse executive recruitment standards	Remuneration Committee	HR Director	Immediate	Embedded
Medium	Annual Board diversity publication	People and Culture Management Group	EDI Lead	Annual	Transparency increased
Medium	Monitor representation through governance	People and Culture Management Group	People and Culture Management Group	Quarterly	Assurance maintained

Success measures

Measure	Baseline	Target
Board BME representation	4.8%	10% by 2028
Executive BME representation	0%	>5% by 2028
Workforce-Board gap	17.2 percentage points	<10 percentage points

13 Lord Mann Review and Anti-Racism Commitments

NNUH remains committed to the implementation of recommendations arising from the Lord Mann Review and wider NHS anti-racism commitments.

Priority areas include:

01
Clear definitions and standards

02
Consistent reporting arrangements

03
Anti-racism education

04
Leadership accountability

05
Staff support and psychological safety

06
Transparent reporting and governance

These commitments underpin the Trust's WRES Improvement Plan and wider Diversity, Inclusion and Belonging Strategy.

14 Integrated WRES Improvement Plan 2026-2028

Executive summary improvement plan

Indicator	Baseline	2028 Target	Executive Sponsor*	Reporting Forum	RAG
Workforce Representation	21.99%	≥24%	Chief People Officer	People and Culture Management Group	Green
Senior Representation (Bands 8C-VSM)	7.27%	≥10%	Chief Executive	People and Culture Management Group	Amber
Recruitment	2.12	<1.50	Chief People Officer	People and Culture Management Group	Red
Formal Disciplinary Processes	2.03	<1.50	HR Director	People and Culture Management Group	Red
Learning & Development	0.81	Maintain 0.80-1.20	Chief People Officer	People and Culture Management Group	Green
Harassment, Bullying & Abuse from Patients/Public	Narrative baseline	Year-on-year improvement	Executive Lead for Staff Experience*	Quality and Outcomes Committee	Amber
Harassment, Bullying & Abuse from Staff	Narrative baseline	Year-on-year improvement	Executive Lead for Workforce Culture*	People and Culture Management Group	Amber
Career Progression	45.92% positive score	≥50% positive score	Chief People Officer*	People and Culture Management Group	Amber
Workplace Discrimination	Narrative baseline	Year-on-year improvement	Executive Sponsor for Anti-Racism & Inclusion*	People and Culture Management Group	Red
Board Representation	4.8%	≥10%	Chair and Governance Processes*	Trust Board	Amber

* Governance recommendations rather than evidenced accountability arrangements.

Key improvement priorities

PRIORITY 1

Recruitment Equity

Objective: Reduce recruitment disproportionality and ensure equitable appointment outcomes.

- ✓ Recruitment likelihood ratio reduced from 2.12 to below 1.50.
- ✓ Recruitment Ally model implemented.
- ✓ Diverse panels established for all senior appointments.
- ✓ Quarterly recruitment equality monitoring established.

PRIORITY 2

Fair Employee Relations Processes

Objective: Reduce disproportionality within formal disciplinary processes.

- ✓ Disciplinary likelihood ratio reduced from 2.03 to below 1.50.
- ✓ Quarterly ethnicity reviews of formal cases.
- ✓ Diverse Investigator Programme implemented.
- ✓ Annual independent case review completed.

PRIORITY 3

Inclusive Leadership and Progression

Objective: Increase representation and progression into senior grades.

- ✓ Workforce diversity increased from 21.99% to at least 24%.
- ✓ Bands 8C-VSM representation increased from 7.27% to at least 10%.
- ✓ Career progression positive score improved from 45.92% to at least 50%.
- ✓ Gap between White and BME staff reduced to below 3 percentage points.

PRIORITY 4

Anti-Racism and Culture

Objective: Improve experiences relating to discrimination, bullying, harassment and abuse.

- ✓ Demonstrable year-on-year improvement in Staff Survey outcomes.
- ✓ Anti-Racism actions delivered.
- ✓ Increased confidence in reporting mechanisms.
- ✓ Quarterly thematic reviews completed.

PRIORITY 5

Leadership Representation

Objective: Improve Board and Executive diversity.

- ✓ Board representation increased from 4.8% to at least 10%.
- ✓ Workforce-to-Board diversity gap reduced from 17.2 percentage points to below 10 percentage points.
- ✓ Annual Board Diversity Review completed.

15 Quarterly Monitoring and Delivery Framework

People and Culture Management Group dashboard

Measure	Reporting Owner	Escalation Threshold	Reporting Frequency
Recruitment Likelihood Ratio	Head of Recruitment	>1.90	Quarterly
Disciplinary Likelihood Ratio	HR Director	>1.75	Quarterly
Learning & Development Ratio	OD Lead	Outside 0.80-1.20	Quarterly
Leadership Representation	Workforce Planning Lead	No annual improvement	Quarterly
Leadership Representation Gap	Chief People Officer	Gap worsening year-on-year	Quarterly
Career Progression Gap	Workforce Planning Lead	>5 percentage points	Six-Monthly
Anti-Racism Delivery	EDI Lead	Milestones missed by >1 quarter	Quarterly
WRES Improvement Plan Delivery	EDI Lead	<80% milestone completion, or two consecutive milestone failures	Quarterly

Quality and Outcomes Committee dashboard

Measure	Reporting Owner	Escalation Threshold	Reporting Frequency
Public Abuse Themes	Patient Safety Team	Significant increase in incidents	Quarterly
Staff Abuse Themes	Freedom to Speak Up Guardian	Repeat themes over two consecutive quarters	Quarterly
Race-Related Incident Themes	Nursing and Patient Safety Governance	Deteriorating trend	Quarterly

Key delivery milestones

2026/27	
Q1 (June 2027)	Inclusive Recruitment Standard launched
Q1 (June 2027)	Quarterly WRES Dashboard implemented
Q2 (September 2027)	Sponsorship Programme launched
Q2 (September 2027)	Diverse Investigator Programme established
Q2 (September 2027)	Active Bystander Expansion completed
Q3 (December 2027)	Executive Talent Review completed
Q3 (December 2027)	Race Equality Impact Review process embedded
Q4 (March 2028)	Annual Board Diversity Review completed

2027/28	
Q1 (June 2028)	Mid-Point WRES Review completed
Q2 (September 2028)	Leadership Diversity Review completed
Q3 (December 2028)	Integrated Action Plan Evaluation completed
Q4 (March 2029)	Trust Board WRES Assurance Review completed

16 Publication Limitations and Data Caveats

This publication has been prepared using WRES submission data, workforce demographic information, recruitment system reporting and supporting disaggregated analyses.

The following limitations should be acknowledged:

1. Detailed ethnicity-level NHS Staff Survey datasets supporting Indicators 5, 6 and 8 were not available at the time this report was prepared. Narrative conclusions are therefore based upon the submitted WRES report and associated internal assurance activity.
2. Directorate-level WRES analyses were unavailable at the point of publication.
3. National benchmarking data for 2025/26 was unavailable during preparation of this report.
4. Some historical comparisons are derived from submitted WRES datasets rather than published annual reports.

17 Board Assurance Framework

BOARD ASSURANCE STATEMENT

Based upon the available evidence, the Trust can take a **moderate-to-high level of assurance** from this report.

Workforce diversity continues to improve and access to learning and development opportunities appears equitable. Recruitment outcomes, formal disciplinary processes, career progression experiences, workplace discrimination and leadership representation remain areas requiring sustained executive oversight and targeted intervention through the Integrated WRES Improvement Plan 2026-2028.

Assurance Domain	Assurance Level	Commentary
Workforce Representation	**High**	Sustained improvement evidenced
Recruitment	**Moderate**	Significant disproportionality remains
Formal Disciplinary Processes	**Moderate**	Significant disproportionality remains
Learning & Development	**High**	Equitable access evidenced
Staff Experience	**Moderate**	Improvement evident but inequalities remain
Career Progression	**Moderate**	Progression gap persists
Leadership Diversity	**Moderate**	Board representation gap remains
Overall WRES Assurance	**Moderate to High**	Improvement plan, governance and monitoring framework established

Assurance risks requiring ongoing Board oversight

High priority

- Recruitment disproportionality (Indicator 2).
- Formal disciplinary disproportionality (Indicator 3).
- Workplace discrimination (Indicator 8).

Medium priority

- Career progression disparities (Indicator 7).
- Board representation gap (Indicator 9).
- Staff experience indicators (Indicators 5 and 6).

Lower priority

- Workforce representation (Indicator 1).
- Learning and Development (Indicator 4).

Lower priority indicators continue to demonstrate positive performance but require ongoing monitoring to ensure gains are maintained.

18 Recommendations

The Board is asked to:

1	**Note** the findings of the 2025/26 Workforce Race Equality Standard submission.
2	**Approve** the Integrated WRES Improvement Plan 2026-2028.
3	**Receive** quarterly assurance reports through existing workforce governance arrangements.
4	**Maintain** Recruitment, Disciplinary Processes, Career Progression and Workplace Discrimination as strategic workforce priorities.
5	**Continue** implementation of Lord Mann Review and Anti-Racism commitments.
6	**Support** delivery of leadership diversity objectives through executive accountability and governance arrangements.

Alternative formats

If you need this document in a different format, such as large print or another language, please contact the Group Equality, Diversity and Inclusion team.

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