University Hospital Southampton NHS Foundation Trust

Workforce Race Equality Standard

Annual Report 2026



Executive Summary

WRES Data has been submitted by the Trust since 2015 and progress is reviewed against the nine indicators contained within the WRES dashboard quarterly.

This report:

- Shows the latest dataset from 2026
- Explores whether there have been any significant improvements or deterioration compared with the results from 2025.
- Contains an updated WRES action plan showing the areas of focus for the Trust in the coming year.

Key Observations:

- Representation of staff from under-represented backgrounds continues to increase across the organisation.
- BME applicants remain slightly more likely than White applicants to be appointed from shortlisting.
- Progress in senior workforce representation remains mixed, with some improvements in Bands 7 and 8a/8a, but continued under-representation in a number of senior roles and persistent concentration of BME staff within Band 5 clinical roles.
- BME staff are now slightly more likely than White staff to enter formal disciplinary processes, with the relative likelihood increasing for the third consecutive year and moving above parity for the first time.
- Access to non-mandatory training and CPD remains less equitable for BME staff, with the disparity widening this year following previous improvements.
- Experiences of harassment, bullying or abuse from patients, relatives and the public remain significantly higher for BME staff, with the disparity remaining substantially above pre-2024 levels.
- The gap in reported harassment, bullying or abuse from colleagues has widened considerably, with BME staff increasingly more likely to report these experiences.
- The disparity gap in perceptions of equal opportunities for career progression and promotion has narrowed significantly; however, this reflects declining confidence among White staff rather than a marked improvement in perceptions among BME staff.
- BME staff remain almost twice as likely to report experiencing workplace discrimination from managers, team leaders or colleagues, although the disparity has reduced slightly this year.

The key findings from the 2026 submission show:

1. **BME Workforce Representation:** BME staff now make up 32.02% of the workforce – a continued rise.
2. **Recruitment:** BME applicants remain slightly more likely to be appointed than White candidates, perhaps reflecting ongoing international recruitment.
3. **Disciplinary Process:** BME staff now more likely to enter formal disciplinary procedures and we have seen a trend in the gap narrowing for the previous two years. The difference remains small but needs clearer understanding of the factors.
4. **Training and CPD Access:** Disparity in access to non-mandatory training and CPD has increased this year widening the gap which had shrunk previously.
5. **Harassment from Patients/Public:** The percentage of White and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public has stayed consistent to last year, however there's still significant disparity in experience (5.68%).
6. **Harassment from Staff:** This has increased for BME staff and widened the disparity gap by 3.14% from 2025 bringing the disparity gap to 7.28% this year.

7. **Career Progression Perception:** The disparity gap has narrowed significantly to 1.92% (from 8.89%); however, this is largely due to a decline in positive responses from White staff rather than improved perceptions among BME staff, highlighting the need to strengthen confidence in equitable career progression and promotion opportunities across the Trust.
8. **Workplace Discrimination:** BME staff remain nearly twice as likely to report discrimination by managers or colleagues, however there has been a small decrease in disparity this year.
9. **Board Representation:** The board voting membership remains significantly unrepresentative of the wider workforce, with a -24% gap.

The full data can be seen in Appendix 1.

The outcomes of the WRES does not alter the themes contained in our strategy, and the action plan is aligned to these themes:

1. **Inclusive recruitment practices and equal opportunities:**

now having completed the large-scale review of current recruitment practices to eliminate bias from the systems and promote inclusivity the new Inclusive Recruitment Programme has been launched. Recruiting managers are being encouraged to complete or refresh on these aspects of inclusive recruitment techniques and criteria-based methods to ensure bias in recruitment is removed. To ensure we align with the NHS England publishes national recruitment policy framework | NHS Employers. Our talent management programme will provide further opportunities for people of Black and Minority Ethnic backgrounds to access development.

2. **Workforce reflecting our wider communities:**

In line with the Inclusive Recruitment programme, we continue to make recruitment processes inclusive and therefore not pose any barriers to the community in terms of applying for roles at UHS. We are continuing to reach out to the black communities in Southampton to promote roles and careers within UHS. Our recruitment outreach will also work more with local communities to attract people from the city from diverse backgrounds. We will continue to implement positive action talent programmes that will enable people from black and minority ethnic backgrounds to access development, networking, and coaching to confidently apply and be successful at roles when they become available. We will continue to provide career toolkits for all people who are unsuccessful at interviews to help them to succeed next time. We will continue to strive to meet the national target of 19% representation in band 7s and above.

3. **Safe and healthy working environments:**

Our Inclusion and Belonging strategy states a clear intent for UHS to become an anti-racist and anti-discriminatory organisation. We aim to continue to decrease disparity of experience by 5% across all indicators in the WRES which will either significantly reduce or eliminate disparity altogether. We will strengthen collaboration with colleagues leading on hate crime and violence and aggression to ensure robust reporting mechanisms and effective use of data to drive accountability and meaningful action and link to the Being safe at UHS priorities. We will continue to identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and/or abuse and in turn whether there are trends within the Trust that need targeted action. The link to the leadership and management work programme is a critical enabler of creating safe and healthy work environments.

4. **Inclusive leadership and management:**

Ensure leaders and managers are clear on their accountabilities with regards to EDI and the responsibilities they hold to deliver the actions within the Inclusion and Belonging strategy. To have development opportunities in supporting BME staff and those who may identify with a protected characteristic. That all leaders and managers understand their own biases and can access learning in terms of how they lead and make decisions. To support leaders and managers to understand their role as allies and role models, and how to challenge behaviours or actions that are not in line with Trust policy or values. To support leaders and managers to develop greater awareness of the legal aspects of their roles in relation to equality, and how diversity and difference can enhance their team delivery and performance.

Appendix 1: WRES Action Plan 2024

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
1: Workforce reflecting our communities, at all roles, at all levels; ensuring those who are from underrepresented groups can access support to thrive, excel and belong within their roles. Achieve 19% BME representation through all levels in both the clinical and non-clinical workforce. This is aligned to National target set and we will remain focused on increasing representation within senior leadership roles within the organisation which currently remain lower in representation of BME staff members.	a) To continue to develop positive Action Programmes both UHS and HIOW system wide; for BME staff and/or other protected characteristics. Acknowledging individuals experience of barriers to promotion, development and career progression. This includes the roll out of a fifth cohort of the positive action leadership programme in partnership with Maaha people which will enrol a further 24 individuals who identify with a protected characteristic. Supporting individuals looking to move into, or those who are moving through senior leadership roles within the organisation building on individuals personal identity, power and influence within the organisation.	OD Team with delivery partner	April 2027
	b) Building, bringing together and supporting the positive action alumni for the 80+ positive action delegates who have attended our programmes so far, to enable a platform for collaboration, identifying development needs and supporting their leadership journey's at UHS by organising quarterly connection and development events.	OD Team with delivery partner	April 2027

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
	c) Integrate the development centre for the positive action leadership programme to support individuals in interview experience and a focus on their next steps in the organisation.	OD Team with delivery partner	April 2027
	d) Continue to build on working relationship with Southampton job centre. Continue to liaise, attend and promote UHS as an employer of choice, the support that is offered and the career opportunities that are available including volunteering roles.	Talent Acquisition team	April 2027
	e) Continue to actively participate in Black History Month South within the Southampton Community and strengthen community presence.	OD Partner	Throughout 2026/2027
	f) Ensure international recruits are given the same access to development opportunities as the wider workforce. Create a clear personal development plan focused on fulfilling potential and opportunities for career progression including positive action programmes.	Clinical Education Teams / OD Team / Line Managers	December 2027
2: Safe and healthy working environments, free from aggression, hate and discrimination	a) Divisional EDI Steering Groups to drive actions and improvements derived from race specific metrics throughout all teams, care groups and divisions.	Divisional Leadership Teams	April 2027
	b) Driving forward our refreshed approach to Violence, Aggression, Abuse and Hate at UHS. Taking a stronger stance on violence against staff including a behaviour charter, strengthening partnerships in the community, and equipping staff to deal with violence and aggression including next steps for Allyship to speak up and report.	Deputy Chief Nursing Office/Chief People Officer/ Director of Education and Training/OD Team/Line managers/All staff	April 2027
	c) Implement the ethnicity pay gap reporting process on an annual basis and related actions.	OD Team / HR	30th March 2027

	d) Continue with the rollout of the inclusive recruitment programme to review and improve the equity of recruitment processes, reduce or remove bias and ensure practices are consistent across all recruitment. Deliverables this year will be: • continued rollout of the recruitment and selection training. • Promote the definitions of the role of independent panellists and appropriate training. • Continue to ensure job advertisements and descriptions are written in clear, easy-to-read language. • Ensure our recruitment and selection policy aligns to the new NHS England Recruitment Policy Framework.	OD Team / Talent Acquisition / Training and Development / HRBPs / Recruiting Managers	April 2027
3: Recruitment processes which are free from bias and are inclusive	e) All board members to agree an EDI focused objective as part of their appraisal linked to a theme in the Inclusion and Belonging Strategy.	Chair / Director of OD	Appraisal Year 2026/2027
4: Inclusive leadership and management Continue to include Inclusive Leadership content in all UHS leadership & management programmes to include personal learning, personal action and accountability. This will move us to a place where equality, diversity and inclusion is the golden thread that runs through all our processes at UHS.	a) Implementation of ongoing learning and development opportunities to enable leaders and managers to role model inclusive behaviours every day. For example: - Equality impact assessment - Creating environments for people to succeed - Inclusive leadership behaviours aligned to our values - Focus on heritage celebrations and increasing leadership awareness and understanding	OD Team / UHS Leaders & Managers	April 2027
	b) Establish development for line managers and teams who welcome international recruits to maintain their own cultural awareness and to create inclusive team cultures that embed psychological safety	OD Team / UHS Leaders & Managers	March 2027
5: Networks and partnerships that thrive and support creation of an inclusive and safe place to work.	a) Clearly identifying roles to enable leadership of highly active networks, clarity of purpose and future plans. Development opportunities will include: Coaching, mentoring, influential leadership skills and recognising their contributions as career development.	OD Team	March 2027

Appendix 1

Indicator 1

Non-Clinical

Non Clinical Workforce	2025					2026					Change from 2025/2026 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	%
Band 1	13	92.9%	1	7.1%	14	10	90.9%	1	9.1%	11	+2%
Band 2	568	75.8%	170	22.7%	738	484	75.7%	147	23.0%	639	+0.3%
Band 3	636	79.2%	157	19.6%	793	591	79.8%	141	19.0%	741	+0.6%
Band 4	429	85.5%	66	13.1%	495	395	85.3%	62	13.4%	463	+0.3%
Band 5	254	79.1%	55	17.1%	309	250	80.9%	51	16.5%	309	+0.6%
Band 6	218	82.6%	42	15.9%	260	214	84.9%	36	14.3%	252	-1.6%
Band 7	200	82.0%	36	14.8%	236	184	80.3	40	17.5%	229	+2.7%
Band 8A	164	91.6%	11	6.1%	175	150	92.6%	10	6.2%	162	+0.1%
Band 8B	75	93.8%	5	6.3%	80	76	92.7%	5	6.1%	82	-0.2%
Band 8C	45	91.8%	2	4.1%	47	43	87.8%	4	8.2%	49	+4.2%
Band 8D	25	96.2%	1	3.8%	26	27	100%	0	0%	27	-3.8%
Band 9	13	86.7%	2	13.3%	15	13	86.7%	2	13.3%	15	~
Total	2640	82.8%	548	17.2%	3188	2437	81.8%	499	16.8%	2979	-0.4%

Clinical

Clinical Workforce	2025					2026					Change from 2025/2026 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	%
Band 1	0	0.00%	0	0.00%	0	0	0%	0	0%	0	~
Band 2	830	56.77%	608	41.59%	1438	259	50.88%	245	48.13%	509	-6.54%
Band 3	413	76.91%	117	21.79%	530	868	63.08%	490	35.61%	1376	-13.82%
Band 4	378	73.97%	127	24.85%	505	358	73.36%	126	25.82%	488	-0.97%
Band 5	1121	41.08%	1422	52.11%	2543	1110	40.66%	1483	54.32%	2730	+2.21%
Band 6	1462	71.81%	538	26.42%	2000	1465	71.74%	543	26.59%	2042	-0.17%
Band 7	1139	85.25%	188	14.07%	1327	1117	84.37%	197	14.88%	1324	-0.81%
Band 8A	389	88.41%	45	10.23%	434	411	88.01%	52	11.13%	467	-0.90%
Band 8B	109	93.16%	6	5.13%	115	110	93.22%	6	5.08%	118	+0.05%
Band 8C	26	81.25%	5	15.63%	31	29	82.86%	5	14.29%	35	+1.34%
Band 8D	10	90.91%	1	9.09%	11	10	90.91%	1	9.09%	11	~
Band 9	3	100.00 %	0	0.00%	3	3	100%	0	0%	3	~
Consultants	698	69.8%	283	28.3%	981	711	69.98%	284	27.95%	1016	+0.35%
Non-Consultant Career Grades	104	77.04%	31	22.96%	135	99	72.26%	28	20.44%	137	+2.52%
Trainee Grades	525	43.46%	630	54.54%	1155	514	40.79%	684	54.29%	1260	+0.25%
Total	7208	64.29%	4002	35.71%	11210	7064	61.34%	4144	35.98%	11516	-0.27%

The 2026 data submission indicates that 32.02% of our workforce are individuals from Black, Asian and Under-represented backgrounds, which is a 1.1% increase from the 2025 data submission.

Non Clinical

Most of the % changes are small however the largest increases are seen at band 8c (+4.2%) and band 7 (+2.7%). The largest decrease can be seen at band 8d (-3.8%). Overall the % increase or decrease is negligible (-0.4%) and therefore reasonably stable. This shows we need to continue to support our non-clinical BME staff in senior roles in the organisation.

2024-2026 changes

Band 7: 2024 12.6%, 2026 17.5% +4.9% (29 BME staff to 40 BME staff)

Band 8a: 2024 5.7%, 2026 6.2% +0.5% (9 BME staff to 10 BME staff)

Band 8b: 2024 9%, 2026 6.1%, -2.9% (7 BME staff to 5 BME staff)

Band 8c: 2024 4.2%, 2026 7.4%, +2.4% (2 BME staff to 4 BME staff)

We can see significant increases at Band 7 and 8c, with smaller increase at Band 8a and significant decline at 8b.

Clinical:

Notable Percentage Increase Clinical

- Non-consultant career grades (+2.52%)
- Band 8c (+1.34%)

Notable Percentage Decrease Clinical

- Biggest decrease is at band 3 (-13.82%)
- Followed by band 2 (-6.54%)
- Band 5 (+2.21%)

It is notable that 54.32% of BME staff compared to 40.66% of white staff work in Band 5 clinical roles throughout the organisation, this gap had widened in from the 2024-2025 data by 2.26% and has further widened this year by another 2.21% (making the total the gap has widened between 2024-2026 to +4.47%)

The overall % change in Clinical roles is negligible (-0.27%).

2024-2026 changes

Band 7: 2024 13.39%, 2026 14.88%. (169 BME staff to 197 BME staff)

Band 8a: 2024 10.87%, 2026 11.61%. (40 BME staff to 52 BME staff)

Band 8b: 2024 6.8%, 2026 5.08%. (7 BME staff to 6 BME staff)

Band 8c: 2024 19.23%, 2026 14.29%. (5 BME staff to 5 BME staff)

We can see increases at bands 7 and 8a for BME staff, and reasonable stability for BME staff at bands 8b and 8c.

Overall: BME representation in senior roles has improved in several Bands between 2024 and 2026, particularly at Bands 7 and 8a, which aligns with the introduction of the Trust's positive action leadership programme. While this is encouraging, progress remains uneven across senior grades, indicating that continued targeted support and broader organisational action are required to sustain improvements in representation.

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

Relative likelihood of staff being appointed from shortlisting across all posts	2025		2026	
	White	BME	White	BME
	#	#	#	#
Number of shortlisted applicants	6812	2946	3650	1792
Number appointed from shortlisting	1256	796	754	602
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.682		0.615	

The data shows that BME applicants are still slightly more likely to be recruited over white candidates, with a relative likelihood of 0.615, in favour of BME applicants, this may be due to continued international recruitment of Band 5 staff nurses. This is a slight decrease from 2025.

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

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal process	2025		2026	
	White	BME	White	BME
	#	#	#	#
Number of staff entering the formal disciplinary process	87	39	81	46
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.970		1.095	

BME staff are no longer less likely than white staff to enter formal disciplinary processes, the relative likelihood has increased for the third consecutive year – rising from (2024) 0.92 to (1.095). This upward trend warrants attention. It may reflect evolving HR practices, enhanced reporting mechanisms, or other systemic factors influencing how cases are initiated and recorded. While the difference remains relatively small, the continued increase and movement above parity suggest a need to better understand the factors contributing to this change and to ensure disciplinary processes continue to be applied consistently, fairly and equitably across all staff groups.

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

Relative likelihood of staff accessing non-mandatory training and CPD	2025		2026	
	White	BME	White	BME
	#	#	#	#
Number of staff accessing non-mandatory training and CPD	1358	532	1287	515
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.18		1.22	

BME staff are still less likely to access non-mandatory training and CPD as compared with White Staff, however this year as opposed to last year, we see an increase in disparity with it being less equal although still improved from 2024 (1.30).

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public

2025 – White: 21.98%, BME: 28.05% (disparity 6.07%)
2026 - White: 21.32%, BME: 27.00% (disparity 5.68%)

In contrast to last year, the percentage of white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public has stayed consistent to last year.

The disparity in experience of staff has increased from 4.88%(2024) to 6.07%(2025) and this year 5.68% (2026). Since 2023 (disparity 3.07%) the disparity between white and BME staff has almost doubled.

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

2025 – White: 17.85%, BME: 21.99% (disparity 4.14%)
2026 – White: 17.42%, BME: 24.7% (disparity 7.28%)

This years' data indicates that White staff have experienced similar levels of harassment, bullying or abuse by staff compared to last year, however for BME staff this has significantly increased. We see a much higher disparity between white and BME staff (7.28%) opposed to 2025 (4.14%). Levels have almost reverted back to what it was in 2023 (25.33%). While increased reporting may reflect growing confidence among staff to speak up and raise concerns, the increase in reported experiences remains a concern and warrants further exploration to understand the underlying causes and ensure a safe, respectful and inclusive working environment for all staff.

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

2025 – White: 63.37%, BME: 54.48% (8.89%)
2026 – White: 56.90%, BME: 54.98% (1.92%)

The disparity gap this year has almost closed (1.92%). The previous years' data showed a disparity gap of 8.89%. However, this is due to a significant decrease in White staff believing that the Trust provides equal opportunities for career progression or promotion (falling 63.37% down to 56.90%). While the disparity gap has narrowed considerable, this should be interpreted with caution as it is largely the result of a reduction in positive responses from White staff rather than a substantial improvement for BME staff. The findings indicate that further work is needed to strengthen confidence in equitable career progression and promotion opportunities across the organisation.

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

2025 – White: 6.33%, BME: 12.86% (disparity 6.53%)
2026 – White: 6.75%, BME: 12.31% (disparity 5.56%)

This years' data submission has stayed consistent to last year in percentage of staff personally experiencing discrimination at work by a Manager/Team Leader however the disparity has slightly

decreased (by 0.97%). Overall there is not much movement in the data, but we should continue to work to decrease any disparity.

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

The % between the organisations' Board Voting member and its overall workforce representation is -24%, showing that the board voting membership is not reflective of the wider organisation.

Appendix 2

WORKFORCE RACEEQUALITY STANDARD (WRES) 2025

Indicator

