NHS Workforce Race Equality Standard (WRES)

Cambridge University Hospitals Report and Action Plan 2025-2026

Together
Safe
Kind
Excellent

Contents

Executive summary…….. 3
Understanding the Workforce Race Equality Standard…... 4
WRES 2025/26 overview…….. 5
Our action plan…… 6
Conclusion and next steps…… 7
Contact information……....19

Appendices…….. 8
Plain English and technical definitions……9
Detailed analysis: WRES indicators 1–9…… 10-18

Executive summary

Representation is growing and access to learning is now close to parity, but substantial inequalities remain in recruitment, people processes, progression and everyday experience.

CUH's workforce is increasingly diverse, but BME people continue to experience significant inequalities in recruitment, progression, people processes and their day-to-day experience at work.

BME representation has increased to 40% of the workforce, up from 28% in 2022. However, this diversity is not yet reflected consistently at senior levels: BME representation among Very Senior Managers is 7%, while two BME voting Board members represent 12.5% of the Board. White candidates also remain 2.01 times more likely to be appointed following shortlisting, despite a small improvement from the previous year.

There are mixed findings on access and opportunity. Access to non-mandatory training and CPD is now close to parity, but this is not translating into equitable career outcomes. Confidence in equal opportunities for progression fell to 52.83% for BME people, compared with 56.85% for White people. BME people were also 1.29 times more likely to enter a formal disciplinary process, with disproportionality worsening in the latest year.

Everyday experience remains a significant concern. 26.77% of BME people reported harassment, bullying or abuse from patients or the public, compared with 22.04% of White people, and around one in four reported harassment, bullying or abuse from people at work. Reported discrimination has reduced substantially, from 18.96% in 2023 to 13.41% in 2025, but remains almost twice the White rate of 6.90%. Progress is therefore real, but incomplete.

The 2026/27 action plan focuses on strengthening Diversity and Inclusion Panellists, making career and development pathways more visible, relaunching Cultural Ambassadors, improving manager capability and embedding Behaviours Matter. It also proposes a coordinated Trust-wide response to abuse from patients and the public, alongside stronger engagement, executive sponsorship and accountability. Delivery will be reviewed quarterly through Workforce SMT, with formal assurance to the People, Education and Culture Committee three times each year.

What does the Workforce Race Equality Standard (WRES) measure?

The WRES is a national framework that helps us understand whether White and BME people experience CUH differently. It brings together workforce data and Staff Survey results to look at representation, opportunity, experience and inclusion.

At CUH we have grouped the nine indicators into four areas to help us understand what they influence and relate to.

1. Representation and access

Who is represented in the workforce and who gets access to jobs.

1. Workforce representation
2. Appointment from shortlisting

2. Fair people processes and opportunity

Whether people processes and development opportunities are experienced equitably.

3. Formal disciplinary processes
4. Access to training and CPD
7. Equal opportunities to progress

3. Everyday experience at CUH

What BME people experience day to day, including safety, respect and freedom from discrimination.

5. Harassment, bullying or abuse from the public
6. Harassment, bullying or abuse from people at work
8. Discrimination at work

4. Leadership, accountability and voice

How leadership reflects workforce diversity and how lived experience shapes improvement.

9. Board representation

We have used plain English definitions to aid readability. The full national definitions appear in the metric summary and appendix.

An overview of our WRES position

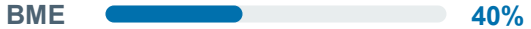
The 2025/26 WRES shows a more diverse workforce and near-parity in access to learning, alongside persistent inequalities in recruitment, progression, people processes and everyday experience.

1. Representation and access

1 Workforce representation

40%

BME share of the workforce



↗ Improving

2 Appointment from shortlisting

2.01×

White : BME appointment likelihood



↗ Improving

2. Fair processes and opportunity

3 Formal disciplinary process

1.29×

BME : White likelihood



↘ Worsening

4 Training and CPD

0.99×

White : BME likelihood



↗ Improving

7 Equal opportunity to progress

53% | 57%

BME | White



↘ Worsening

3. Everyday experience

5 Harassment, bullying and abuse from patients or public

27% | 22%

BME | White



↘ Worsening

6 Harassment, bullying and abuse from people at work

24% | 22%

BME | White



↔ Variable

8 Discrimination at work

13% | 7%

BME | White



↗ Improving

4. Leadership and accountability

9 BME representation

40% → 12.5%

Workforce → voting Board



27.5 percentage-point gap

↔ No significant change

Improving
Moving towards greater equality or a better experience.

Variable
Results fluctuate or show no clear, sustained direction.

Worsening
Moving away from equality or towards a poorer experience.

WRES 2026/2027 action plan

Governance, Accountability and Visibility

Delivery will be reviewed quarterly by Workforce SMT, with formal assurance to the People, Education and Culture Committee three times a year. WRES priorities will be embedded into the EDI Stategy delivery plans, with progress, outcomes and any slippage clearly reported.

1. Representation and access

Diversity and Inclusion Panellists

Review the effectiveness and use of Diversity and Inclusion Panellists, including compliance with current requirements. Identify gaps in coverage, recruit and train additional panellists where needed, and monitor their involvement and impact on recruitment decisions.

Owner: Head of Resourcing
Milestone: Review completed and an expanded, trained pool of panellists in place by Q4 2026/27.

Visible and equitable career pathways

Make career pathways, progression routes, acting-up opportunities and training opportunities clear and accessible. Use workforce data to identify gaps and provide targeted mentoring, sponsorship and development support for BME people, with a focus on Band 8A+, VSM and Board pipelines. Monitor access, participation and progression by ethnicity.

Owner: Director of CLL
Milestone: Pathways published and targeted support launched by Q4 2026/27

2. Fair people processes and opportunity

Cultural Ambassadors

Relaunch Cultural Ambassadors as a trained and supported cohort with a clear role, governance and referral routes. Embed their involvement in relevant people processes and team interventions and monitor their use and impact.

Owner: Head of Workforce EDI
Milestone: Relaunch by Q4 2026/27

Manager capability and early support

Provide targeted training and practical support for managers on disability, reasonable adjustments, disability leave, attendance management and early resolution. Make guidance and tools easy to find and provide access to advice on more complex cases.

Owner: Director of CLL
Milestone: Training and central guidance available by end of Q4 2026/27

3. Everyday experience at CUH

Reduction in bullying, harassment and abuse from staff

Launch and embed CUH behavioural framework 'Behaviours Matter' which supports a zero-tolerance response to racism, bullying, harassment, abuse and discrimination.

Owner: Director of CLL
Milestone: Trust-wide launch during Q3 2026/27

Reduction in bullying, harassment and abuse from patients and public

Develop a coordinated Trust-wide approach across Quality and Safety, Workforce, Estates and Security to prevent and respond to unacceptable behaviour. This will set clear expectations, strengthen reporting and escalation, support affected people and ensure learning informs future action.

Owner: TBC
Milestone: Executive ownership and Trust-wide approach agreed by Q4 2026/27

4. Engagement and staff voice

Engagement and co-production

Involve Staff Networks, FTSU, ACGs, staff-side and key stakeholders in shaping, delivering and monitoring improvement activity.

Owner: Head of Workforce EDI
Milestone: Delivery plans agreed by end of Q3 2026/27, with quarterly review thereafter

Network visibility and impact

Strengthen the visibility and organisational impact of the REACH Network through increased engagement, effective communication, and clear evidence of actions taken in response to member feedback.

Owner: Head of Workforce EDI
Milestone: Sponsors appointed and initial engagement completed by end of Q3 2026/27

Conclusion and next steps

Representation is growing, but persistent inequalities remain; the next phase is about translating our agreed actions into a co-produced, accountable delivery plan.

Conclusion

- CUH's workforce is increasingly diverse, with BME representation reaching 40%, and access to non-mandatory training and CPD now close to parity.
- Persistent inequalities remain in recruitment, formal disciplinary processes, career progression, harassment, bullying, abuse, discrimination and senior representation.
- Increasing representation alone is not enough. Improvement must be embedded in people processes, leadership practice, accountability and organisational culture.

Next steps

- Co-produce the detailed 2026/27 delivery plan with the REACH Network, Workforce Senior Management Team, staff-side colleagues and relevant teams.
- Give each action a named owner, milestone, measure of success and reporting route.
- Complete committee and Board approval, then publish the report and action plan by 31 October 2026.
- Monitor progress quarterly through established workforce governance and review the plan against WRES measures and wider workforce intelligence.

Appendices

WRES indicators: plain English and technical definitions

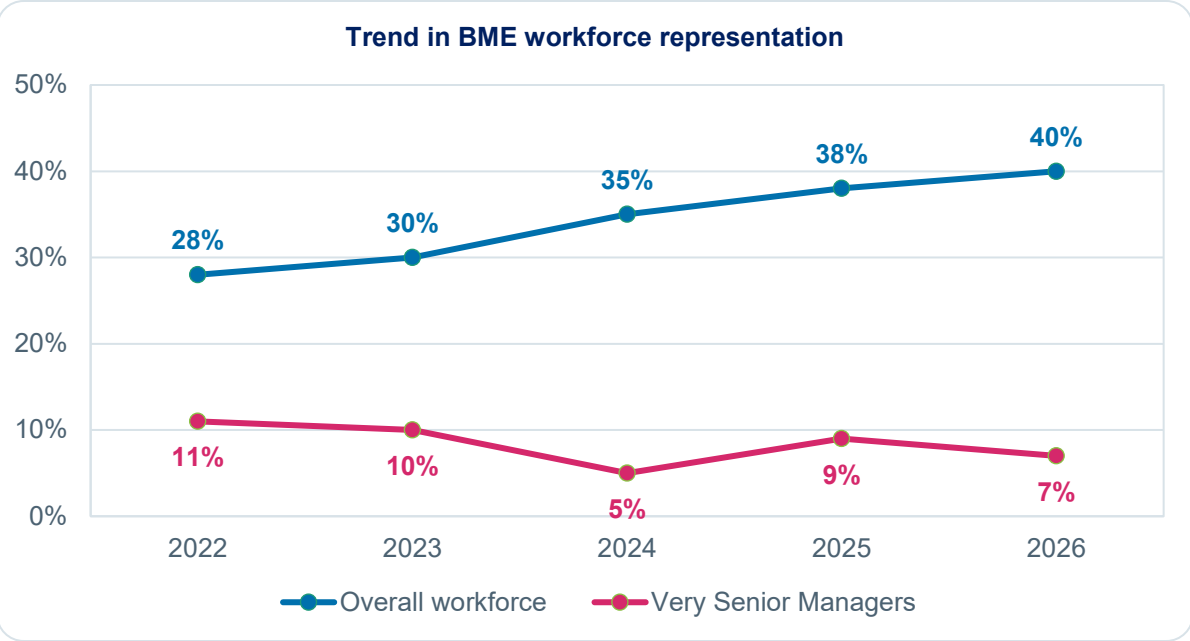
A guide to each statutory WRES indicator, showing what it means in plain English alongside the national definition

Indicator	Plain English definition	WRES indicator definition
1	Workforce representation	Percentage of people in each AfC band, Medical and Dental subgroup and VSM compared with the overall workforce, split by ethnicity and clinical/non-clinical role.
2	Appointment from shortlisting	Relative likelihood of White candidates being appointed from shortlisting compared with BME candidates across all posts.
3	Formal disciplinary processes	Relative likelihood of BME people compared with White people entering a formal disciplinary investigation.
4	Access to training and CPD	Relative likelihood of White people compared with BME people accessing non-mandatory training and continuing professional development.
5	HBA from patients or the public	Percentage of White and BME people experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6	HBA from people at work	Percentage of White and BME people experiencing harassment, bullying or abuse from managers or other people at work in the last 12 months.
7	Equal opportunities to progress	Percentage of White and BME people believing that CUH provides equal opportunities for career progression or promotion.
8	Discrimination at work	Percentage of White and BME people personally experiencing discrimination from a manager, team leader or other people at work in the last 12 months.
9	Board representation	Percentage difference between BME representation among voting Board members and across the overall workforce.
	Indicator groups	Indicators 1–4 use workforce data; indicators 5–8 use Staff Survey data; indicator 9 compares Board and workforce representation.

Indicator 1: Workforce representation

Percentage of BME people in the workforce and senior leadership

↗ Improving



40%
BME across the overall workforce

7%
BME among Very Senior Managers

44% / 22%
BME in clinical / non-clinical roles

What the data shows us

- BME representation increased from 28% in 2022 to 40% in 2026, including a two-point rise in the latest year.
- Representation remains uneven: BME people are 60% of Band 5 and 66% of Medical and Dental Career Grade roles, but remain underrepresented in senior roles.
- BME representation at VSM level fell from 9% to 7%; the number of BME VSMs remained unchanged at two.
- BME representation is higher in clinical roles (44%) than non-clinical roles (22%).

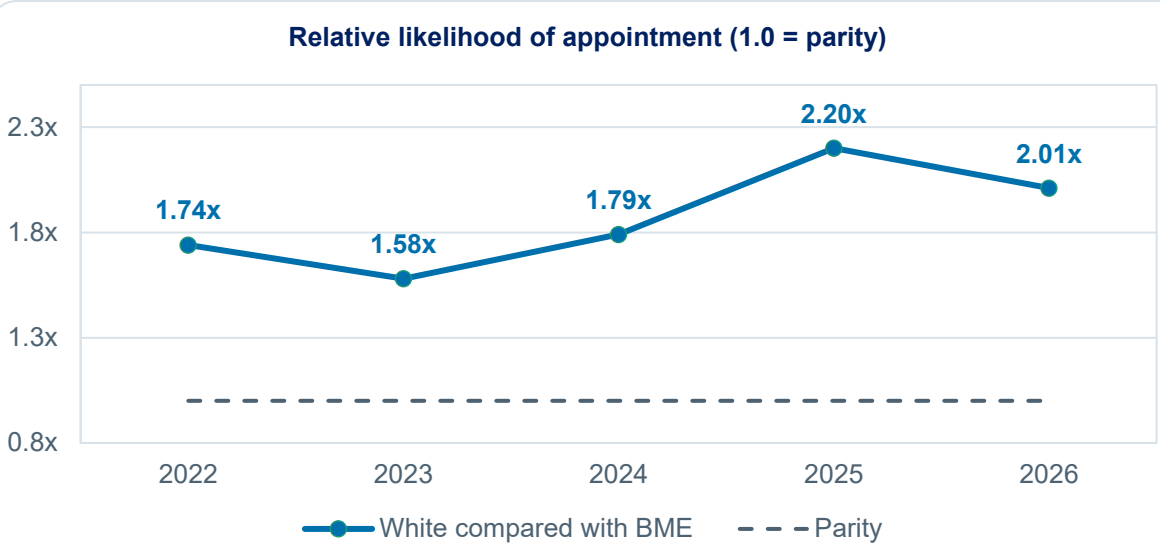
40% overall workforce
7% Very Senior Managers

Key takeaway: Overall representation is improving, but increased workforce diversity is not yet consistently reflected in senior leadership.

Indicator 2: Appointment from shortlisting

Relative likelihood of White candidates being appointed from shortlisting compared with BME candidates

↗ Improving



2026 recruitment snapshot:

Shortlisted applicants			Appointed from shortlisting		
1,884	3,014	186	676	537	67
White	BME	Unknown	White	BME	Unknown

What the data shows us

- White candidates were 2.01 times as likely as BME candidates to be appointed following shortlisting in 2026.
- This is a modest improvement from 2.20 times in 2025, but the disparity remains substantial.
- Further review is needed across shortlisting criteria, role specifications, panel composition, scoring and offer-stage decisions.

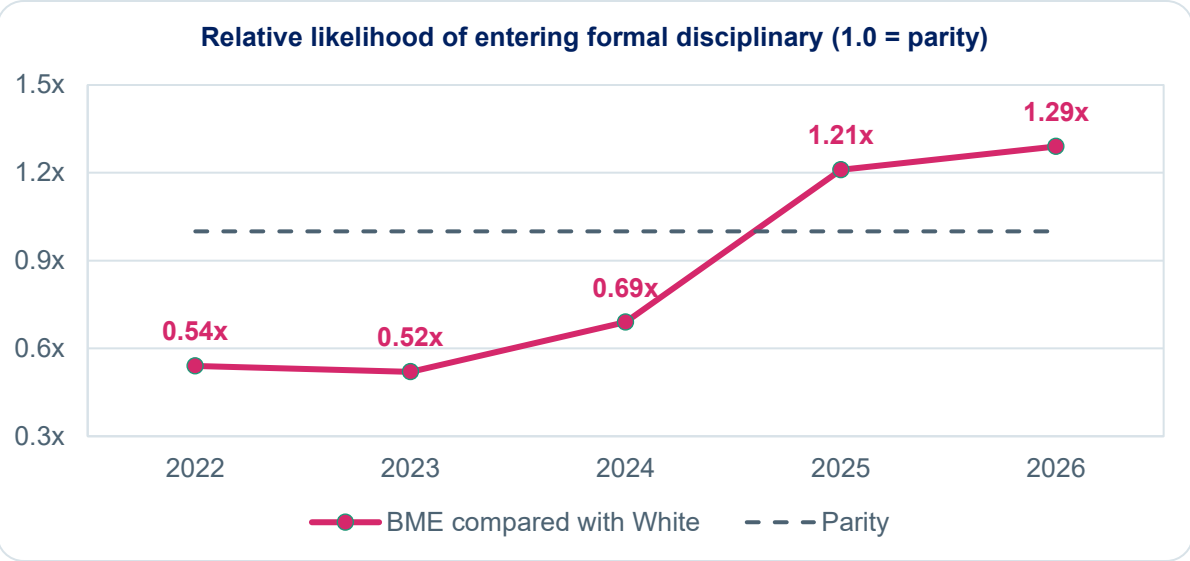
White candidates remain 2.01× as likely to be appointed

Key takeaway: The disparity has narrowed slightly, but White candidates remain around twice as likely as BME candidates to be appointed.

Indicator 3: Formal disciplinary processes

Relative likelihood of BME people entering a formal disciplinary investigation compared with White people

↘ Worsening



27
White people entering formal disciplinary
0.35% of workforce

24
BME people entering formal disciplinary
0.45% of workforce

1.29×
Relative likelihood
BME compared with White

What the data shows us

- BME staff were 1.29 times as likely as White staff to enter a formal disciplinary investigation in 2026.
- The disparity increased from 1.21 times in 2025 and has moved above parity in the last two years.
- Case numbers are small and a new case management system was introduced in August 2025, so continued monitoring and analysis are essential.

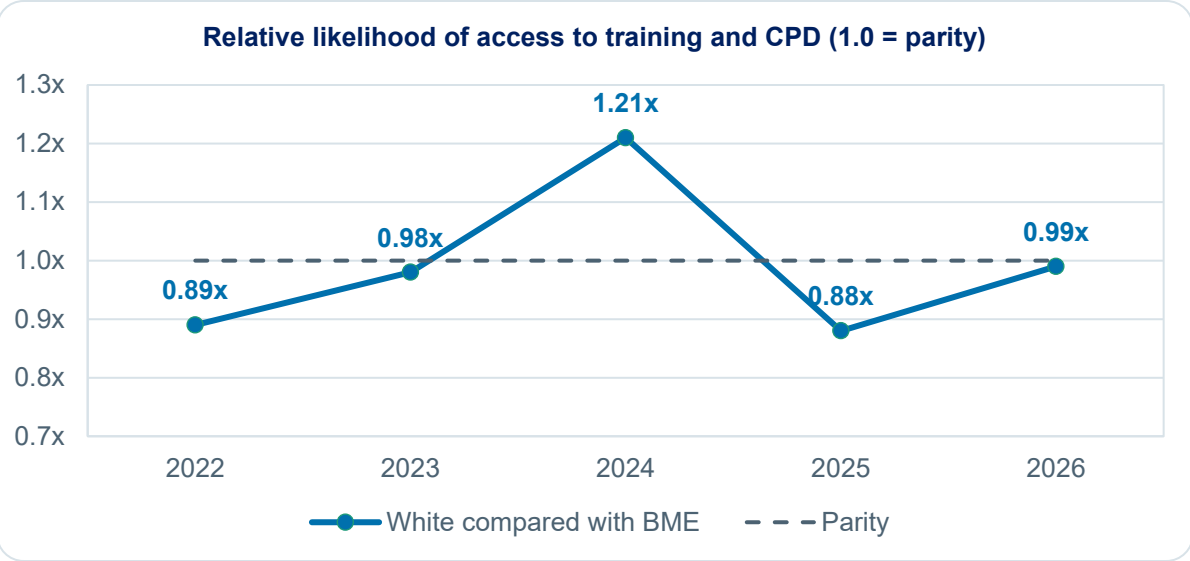
BME staff 1.29×
to enter a formal disciplinary process
compared with White staff

Key takeaway: Disproportionality has worsened and requires early triage, consistent decision-making, Cultural Ambassador involvement and stronger oversight.

Indicator 4: Access to training and CPD

Relative likelihood of White people accessing non-mandatory training and CPD compared with BME people

↗ Improving



98.45%
White people accessing non-mandatory training and CPD

98.47%
BME people accessing non-mandatory training and CPD

0.99×
Relative likelihood White compared with BME

What the data shows us

- Access to non-mandatory training and CPD reached near parity in 2026, with a relative likelihood of 0.99.
- 98.45% of White people and 98.47% of BME people accessed non-mandatory learning or CPD in the reporting data.
- The focus should now include whether access translates into progression, promotion, secondments and leadership opportunities.

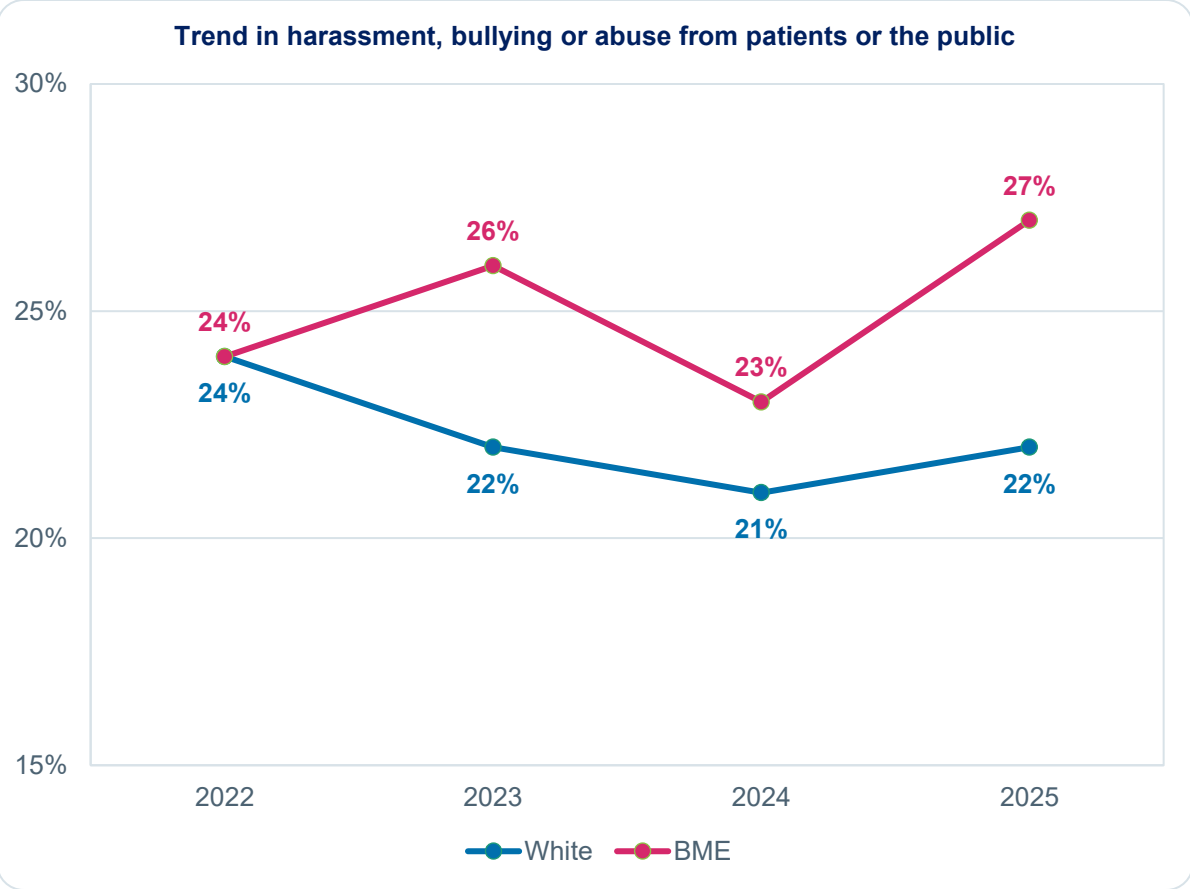
0.99×
near parity of access to CPD.

Key takeaway: Access is now close to parity; the next test is whether development opportunities lead to equitable career outcomes.

Indicator 5: Harassment, bullying and abuse from patients and the public

↘ Worsening

Percentage of White and BME people experiencing harassment, bullying or abuse from patients, relatives or the public



What the data shows us

- 26.77% of BME people reported harassment, bullying or abuse from patients, relatives or the public in 2025, compared with 22.04% of White people.
- The BME rate increased by 3.41 percentage points from 2024 and is now above the levels reported in 2022 and 2023.
- The response requires visible leadership, clear reporting and support routes, and targeted action in higher-risk patient-facing areas.

4.73-point gap

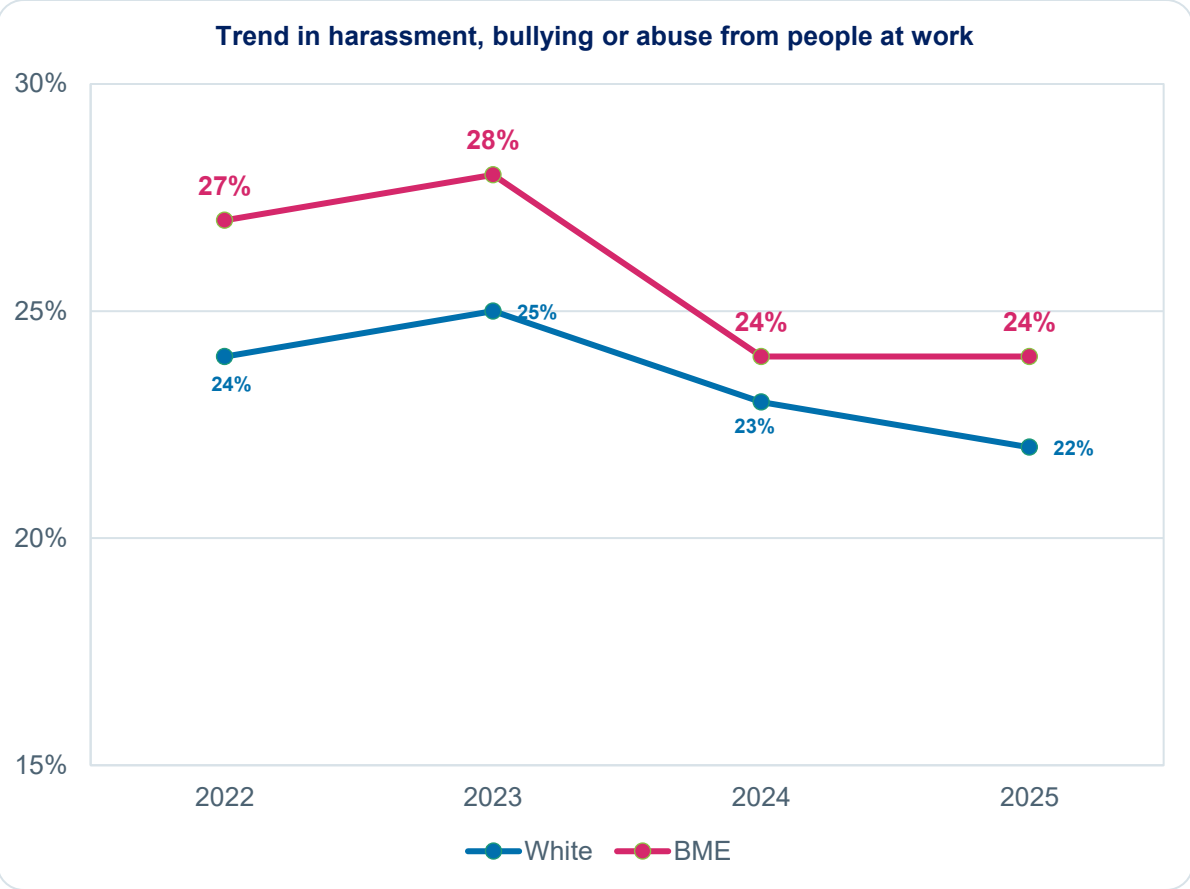
26.77% BME compared with 22.04% White in 2025

Key takeaway: External harassment, bullying and abuse has worsened for BME people, widening an important inclusion and safety gap.

Indicator 6: Harassment, bullying and abuse from people at work

Percentage of White and BME people experiencing harassment, bullying or abuse from managers or other people at work

↔ Variable



What the data shows us

- The BME rate was broadly unchanged at 23.90% in 2025, compared with 23.93% in 2024.
- This is lower than the 2022 and 2023 peaks, but around one in four BME people still report this experience.
- BME people have reported higher rates than White people in every year shown; action on culture, psychological safety and leadership accountability remains essential.

~2-point gap

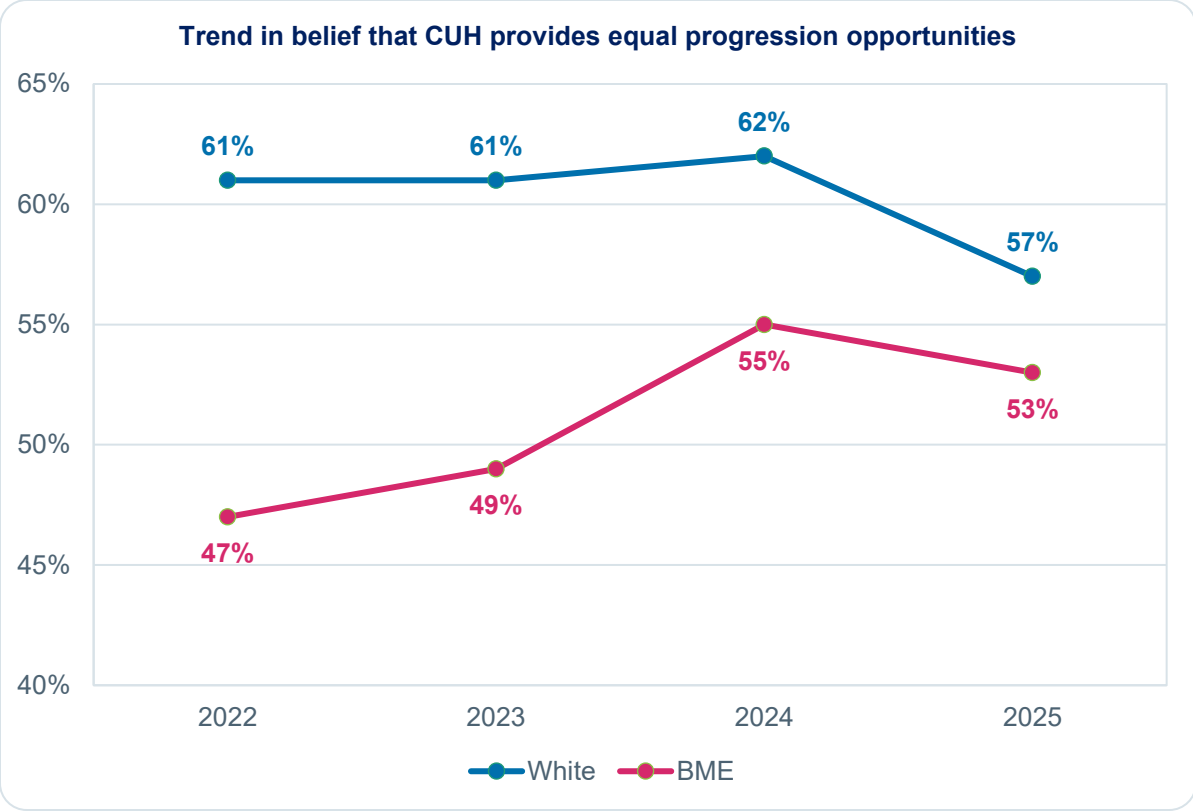
23.90% BME compared with around 22% White in 2025

Key takeaway: The position has stabilised after earlier improvement, but the persistent experience gap remains unacceptable.

Indicator 7: Equal opportunities for career progression or promotion

↘ Worsening

Percentage believing that CUH provides equal opportunities for career progression or promotion



What the data shows us

- Confidence fell in 2025 for both groups: to 52.83% for BME people and 56.85% for White people.
- The gap narrowed, but largely because confidence among White people fell more sharply, not because the BME position improved.
- The findings point to a need for transparent career pathways, fair promotion and secondment processes, and stronger mentoring and sponsorship.

4.02-point gap

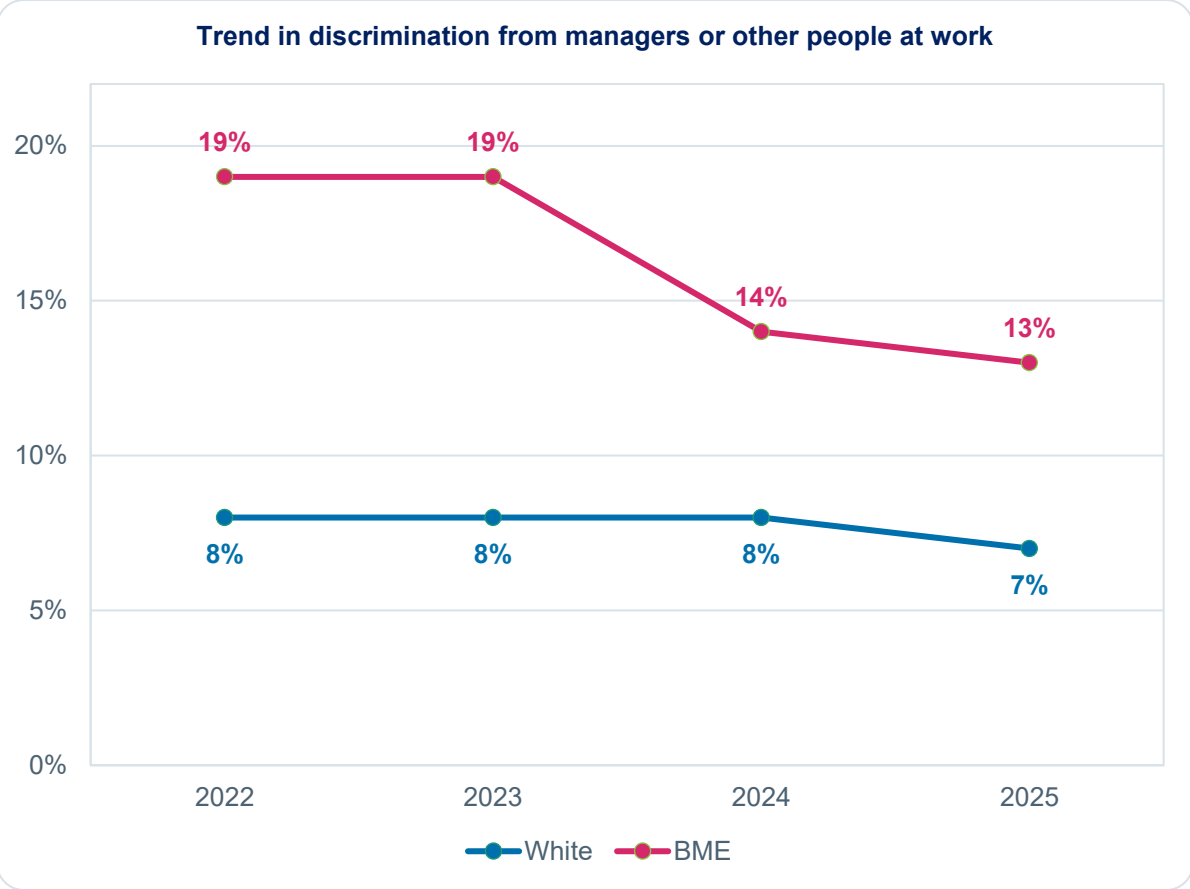
52.83% BME compared with 56.85% White in 2025

Key takeaway: Confidence in career progression has fallen across CUH and remains lower for BME people; the narrowing gap does not represent improvement.

Indicator 8: Discrimination at work

↗ Improving

Percentage personally experiencing discrimination from a manager, team leader or other people at work



What the data shows us

- The BME rate reduced from 18.96% in 2023 to 14.12% in 2024 and 13.41% in 2025.
- This is meaningful improvement, but BME people still report discrimination at almost twice the White rate.
- Sustained focus is needed on fair decision-making, early resolution, psychological safety, inclusive practice and leadership accountability.

6.51-point gap

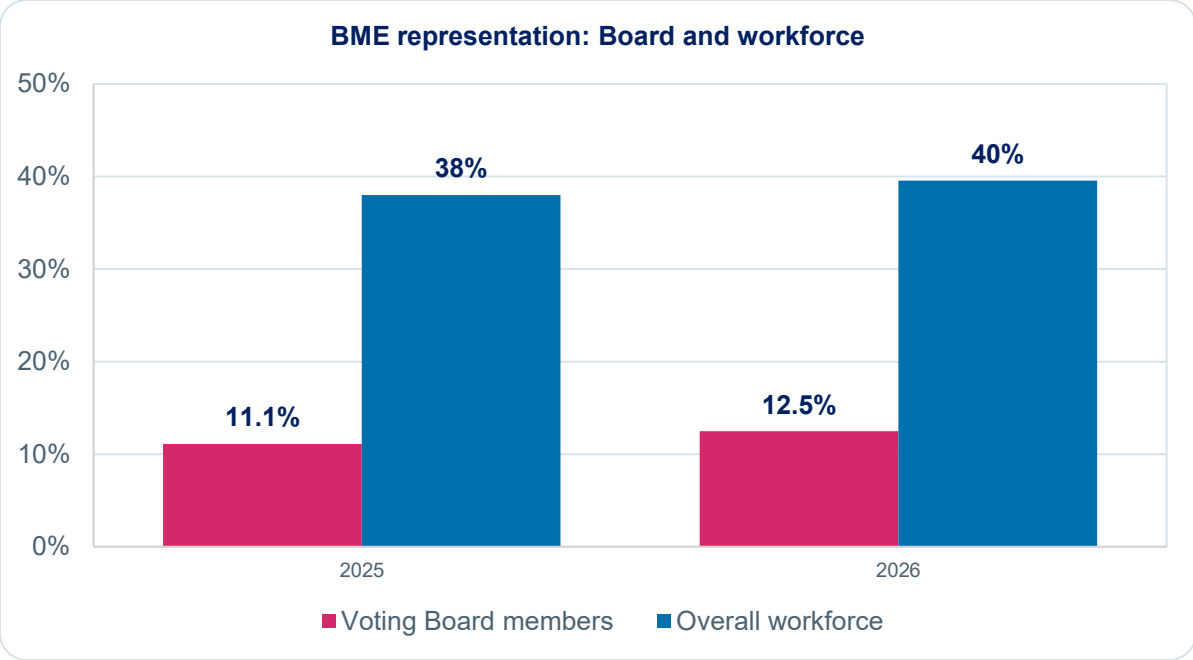
13.41% BME compared with 6.90% White in 2025

Key takeaway: Discrimination has reduced, but the remaining disparity is still substantial: progress is real, but incomplete.

Indicator 9: BME people on the Board

↔ No significant change

Percentage difference between BME voting Board membership and the overall workforce



2	12.5%	−27 pts
BME voting Board members	BME on the Board	Gap to workforce

What the data shows us

- CUH had two BME voting Board members at 31 March 2026, unchanged from the previous year and since 2021.
- BME Board representation increased from 11.1% to 12.5% only because the total Board reduced from 18 to 16 members.
- This remains well below the 40% BME workforce profile, leaving a gap of around 27 percentage points.
- Inclusive succession planning and transparent executive and non-executive leadership pathways remain priorities.

2 BME voting members
12.5% Board | 40% workforce

Key takeaway: The number of BME voting Board members is unchanged and remains substantially below the diversity of the wider workforce.

Contact Information

For questions relating to this report, please contact:

Clarisa Diez
Head of Workforce Equality, Diversity and Inclusion
Email: clarisa.diez@nhs.net

Published by Cambridge University Hospitals NHS Foundation Trust. We welcome feedback and engagement from colleagues, partners and stakeholders to support continuous improvement in equality, diversity and inclusion across the Trust.