NHS Workforce Race Equality Standard (WRES)

Annual Report 2026

Harrogate and District NHS Foundation Trust

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Introduction

This report sets out the Trust's 2026 WRES data position and identifies both areas of progress and areas requiring further action. The analysis is based on the Trust's WRES data collection template on 31 March 2026 and is benchmarked with the 2025 report to support year-on-year interpretation.

The WRES metrics provide useful assurance information but do not identify specific reasons and causes behind these datasets. The differences across these metrics would require further analysis, which is outside of the scope of this report. However, Harrogate District NHS Foundation Trust has implemented additional data reporting at a local level to determine where a metric indicates a risk and act on this outside of the WRES guidance and requirements.

To provide context to the Trust's position on equality, four core ambitions, represented below as KITE, are embedded into the culture of the organisation and its workforce.

KITE Values

KINDNESS

We show **compassion**, and are **understanding** and **appreciative** of other people

INTEGRITY

We display personal and professional **integrity**, are **honest** and bring a **positive** attitude

TEAMWORK

We are **helpful** to each other, **listen** intently and **communicate** clearly

EQUALITY

We show **respect**, we are **inclusive** and we act **fairly**

As a Trust, we want to make Harrogate District Foundation NHS Trust (HDFT) a more inclusive place to work. To help achieve this, an Action Plan is included at the end of this report to evidence the ongoing work in this regard.

To provide additional understanding and interpretation of the data, a key to colour coding is shown below:

Improvement on previous year 

Worse than previous year 

Metric 1 – Workforce Ethnicity

In this section, we examine data regarding employees who are paid using Agenda for Change pay and Senior Manager pay bands.

Agenda for Change Pay Bands

1–4

5–7

8a–8b

8c–9

VSM (Very Senior Manager)

These pay bands are compared with the percentage of staff in the overall workforce.

Profile of HDFT BME employees versus the NHS average

	NHS Average	HDFT 2026	HDFT: 2025
Staff who identify as BME (%)	28.6%	16.44%	16.47%
Total number of BME staff	-	900	864
Staff who identify as White (%)	-	77.52%	78.01%
Total Number of White staff	-	4244	4093
Staff who identify as Unspecified (%)	-	6.05%	5.53%
Total Number of Unspecified staff	-	331	290

The overall number of BME staff who disclosed their ethnicity on 31 March 2026 was 900, representing 16.44% of the workforce. This compares with 864 staff (16.47%) in 2025. White

staff accounted for 77.52% of the workforce in 2026, with ethnicity unknown or not stated accounting for 6.05%. The BME headcount has increased by 36 individuals, but the proportion has remained broadly the same because the overall workforce has also increased.

Total percentage of BME employees within each pay band

Non-Clinical Staff	HDFT: 2026	HDFT: 2025
Bands 1–4	9.0%	7.4%
Bands 5–7	11.6%	12.7%
Bands 8a–8b	12.5%	4.2%
Bands 8c–9 and VSM	0.0%	0.0%

Clinical Staff	HDFT: 2026	HDFT: 2025
Bands 1–4	16.1%	16.9%
Bands 5–7	15.9%	16.2%
Bands 8a–8b	6.7%	5.2%
Bands 8c–9 and VSM	7.7%	8.3%

Medical and Dental

	2026			2025		
Medical and Dental Staff	BME	White	Unknown	BME	White	Unknown
Consultants	25.53%	69.15%	5.32%	24.44%	72.22%	3.33%
Non-consultant Career Grades	48.0%	40.0%	12.0%	48.59%	42.96%	8.45%
Trainee Grades	33.19%	50.44%	16.37%	34.25%	55.25%	10.50%

Medical and Dental Analysis

There has been a small increase in the number of BME Consultants from 2025 to 2026.

There has also been an increase in the proportion of Consultants and Trainee Grades who have not disclosed their ethnicity.

Metric 2 – Recruitment Shortlisting

Likelihood of staff being appointed from shortlisting across all posts

31st March 2026					
Indicator		**BME**	**White**	**Not Declared**	**Total**
Number of staff in the Workforce	Headcount	900	4244	331	5475
	%	16.44%	77.52%	6.05%	
Likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	3256	2639	439	6334
	Number appointed from shortlisting	193	551	276	1020
	Likelihood of appointed from shortlisting	5.93%	20.88%	63.0%	
Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting across all posts			3.52		

The 2026 WRES submission shows 3,256 shortlisted BME applicants and 2,639 shortlisted White applicants. Of those shortlisted, 193 BME applicants and 551 White applicants were appointed. This shows the likelihood of appointment from shortlisting at 5.93% for BME

applicants and 20.88% for White applicants, with a relative likelihood of 3.52 for White candidates compared with BME candidates; a figure above 1 favours White candidates.

Compared with the 2025 report, this metric has worsened. In 2025 the relative likelihood for shortlisted White applicants was 2.97.

The ratio for Metric 2 is based on the number of BME and White candidates who are shortlisted and subsequently interviewed.

The WRES results for the shortlisting to appointment indicator published in October 2025 identified negative trends. In response to this, the Embedding Equality Programme commenced delivery in November 2025 and more fully in January 2026 to understand the factors contributing to these outcomes, and to identify opportunities for improvement. Since then, a team of trained Independent Panel Members (IPMs) have attended interviews for clinical band 7 roles and all other roles at bands 8a–VSM to audit and validate the equity of the interview process. The use of IPMs is one of four catalysts, which are in their pilot stages. It would be premature to consider those early findings in this analysis.

The table for the 2025 likelihood of staff being appointed from shortlisting across all posts can be seen below for comparison.

31st March 2025					
Indicator		**White**	**BME**	**Not Declared**	**Total**
Number of staff in the Workforce	Headcount	4093	864	290	5247
	%	78.01%	16.47%	5.53%	
Likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	2830	2685	391	5906
	Number appointed from shortlisting	614	196	249	1059
	Likelihood of appointed from shortlisting	21.7%	7.3%	63.7%	
Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting across all posts			2.97		

Metric 3 – Formal Disciplinary Process

The relative likelihood of BME staff entering the formal disciplinary process compared to White staff

2026	BME		White		Unknown	
	%	Number	%	Number	%	Number
Likelihood of staff entering the formal disciplinary process	0.56%	5	0.87%	37	0.30%	1
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.644					
2025	**BME**		**White**		**Unknown**	
	%	Number	%	Number	%	Number
Likelihood of staff entering the formal disciplinary process	0.35%	3	0.34%	14	1.03%	3
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	1.01					

Note: A relative likelihood above 1.00 indicates that BME staff are more likely than White staff to enter the formal disciplinary process.

For 2026, five BME staff and 37 White staff are recorded as entering the formal disciplinary process. This equates to 0.56% of BME staff and 0.87% of White staff, with a relative likelihood of 0.64 for BME staff.

This is more positive than in 2025, where the relative likelihood was reported as 1.01, indicating near parity but a slightly higher likelihood for BME staff.

The 2026 figure suggests that BME staff were less likely than White staff to enter the formal disciplinary process in the reporting year.

Metric 4 – Access to Non-mandatory Training and CPD

Relative likelihood of staff accessing non-mandatory training and CPD

	2026	BME	White	Unknown	2025	BME	White	Unknown
Total Headcount		**900**	**4244**	**331**		**864**	**4093**	**290**
Number of staff accessing non-mandatory training and CPD		839	3504	309		690	2734	220
Likelihood of staff accessing non-mandatory training and CPD		93.2%	82.6%	93.3%		79.8%	66.7%	75.8%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.		0.89				0.83		

Note: A relative likelihood below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

The 2026 WRES submission shows 839 BME staff and 3,504 White staff accessing non-mandatory training and CPD. This equates to 93.2% of BME staff and 82.6% of White staff, with a relative likelihood of 0.89 for White staff compared with BME staff.

This metric remains positive, and is consistent with the data reported in 2025, when the relative likelihood was 0.83.

Metrics 5 to 8 – NHS National Staff Survey Indicators regarding Bullying and Harassment 2025/2026

Bullying and harassment by patients, staff, and managers, and the percentage of staff believing that their Trust provides equal opportunities for career progression or promotion.

Metric		2026		2025	
		BME	White	BME	White
5	**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months**	26.7%	16.8%	27.9%	18.3%
6	**Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**	21.4%	15.3%	27.1%	16.42%
8	**Percentage of staff experiencing harassment, bullying or abuse from their manager, team leader or other colleagues**	14.8%	4.5%	14.8%	5.7%
7	**Does your organisation act fairly with regard to career progression/ promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes)**	51.8%	60.71%	50.84%	60.28%

Although several staff survey indicators have improved compared since 2025, BME staff remain more likely than White staff to experience bullying, harassment and abuse across all indicators. The largest disparity remains experiences involving managers, team leaders and colleagues.

Metric 9 – Board Representation

In 2026, the Trust recorded one BME Board member out of 16 voting Board members, equivalent to 6.25%. White Board membership is 87.5% and 6.25% of voting Board membership is recorded as unknown or not stated.

There are no BME Executive Board members recorded in the 2026 return.

	2026	BME Board Members	White Board Members	Unknown Ethnicity Board Members	2025	BME Board Members	White Board Members	Unknown Ethnicity Board Members
Total Board Members		6.25%	87.5%	6.25%		11.76%	82.35%	5.88%
Executive Board Members		0%	100%	0%		0%	100%	0%
Non-Executive Board Members		11.1%	77.8%	11.1%		22.22%	66.67%	11.11%
	2026	**BME Board Members**	**White Board Members**	**Unknown Ethnicity Board Members**	**2025**	**BME Board Members**	**White Board Members**	**Unknown Ethnicity Board Members**
Number of board members		1	14	1		2	14	1
Voting Board Member % by Ethnicity		6.25%	87.5%	6.25%		6.25%	87.5%	6.25%
Non-Voting Board Members % by Ethnicity		0%	100%	0%		0%	100%	0%

Executive Board Members % by Ethnicity		0%	100%	0%			0%	100%	0%
Non-Executive Board Members % by Ethnicity		11.1%	77.78%	11.1%			22.22%	66.67%	11.11%
	2026	**BME Board Members**	**White Board Members**	**Unknown Ethnicity Board Members**		**2025**	**BME Board Members**	**White Board Members**	**Unknown Ethnicity Board Members**
Overall workforce % by Ethnicity		16.44 %	77.52%	6.05%			16.47%	78.01%	5.53%
Difference (Total Board − Overall Workforce)		−10%	10%	0%			−5%	4%	0%

The ethnic diversity is below overall workforce representation, where BME staff account for 16.4% of the workforce.

The 2026 WRES data reported BME Board membership at 6.25% compared to 2025 at 11.76% showing a reduction from two people to one. The current position indicates under-representation at Board level and no BME Executive representation.

Conclusion and recommendations

The 2026 WRES metrics shows areas of progression alongside areas which still require improvement. The Trust continues to sustain an ethnically diverse workforce overall, and BME

staff remain more likely than White staff to access non-mandatory training and CPD. The disciplinary indicator has also improved and currently provides a degree of assurance.

The largest risk remains in recruitment. The relative likelihood of White candidates being appointed from shortlisting has increased from 2.97 to 3.52, suggesting a widening disparity at the point of appointment. Board representation is a second area of concern, with BME representation lower than the workforce overall and no BME Executive Board members recorded in the current return.

The Board is asked to note that Embedding Equality is the Trust's strategic improvement programme for creating improvements in diversity across senior leadership roles. The programme includes a range of evidence-based interventions focused on recruitment equity and leadership representation. Subject to sufficient recruitment activity, a formal evaluation of programme outcomes will be undertaken and reported through People and Culture governance structures to assess whether measurable improvements have been achieved.

Appendix 1 – Action Plan Workforce Race Equality Standard 2026

Metric	Issue	Action	Owner	Timescale / measure
Metric 2	White candidates are 3.52 times more likely than BME candidates to be appointed from shortlisting.	Delivery of Embedding Equality programme: Independent Panel Members attending interviews at clinical band 7 and all other roles at 8a to VSM. Present findings and agreed mitigations to People and Culture Committee.	Deputy Director of People and Culture / Head of Resourcing / EDI Manager	Delivery of Cohort 2 and 3 of IPMs by the end of 2026. A reduction in Indicator 2 in the 2027 WRES return.
Metric 2	Current WRES data do not explain the mechanism behind the recruitment disparity.	Delivery of the Employee Experience Performance Pack each quarter from May 2026. These packs will be presented to each Directorate Board and Indicator 2 will be measured at each quarter point to measure impact of the Embedding Equality programme.	Head of Resourcing / Clinical Directorates/ Operational HR.	Each quarter from May 2026, Escalate outlier areas through Directorate governance.
Metric 9	BME Board representation is 6.25% against a 16.4% BME workforce, with no BME Executive Board members.	Governance oversight, for under-represented groups, transparent advertising of senior opportunities and an annual review of candidate diversity for Executive and NED appointments.	Trust Chair / Chief Executive / Chief People Officer	Ongoing
Data quality	Unknown ethnicity has increased from 5.53% to 6.05%, particularly in medical and dental roles.	Run a targeted ethnicity declaration improvement campaign focused on staff groups and specialties with higher unknown rates, combining ESR self-service prompts, manager prompts at appraisal and onboarding checks for new starters.	Workforce Information / ESR lead / EDI Manager	By Q4 2026/27. Measure: reduction in unknown ethnicity rate in ESR and in next WRES return.

Appendix 2 – Workforce Race Equality Standard 2026 Summary

Points to note:

- **Metric 2**: A figure above 1.00 indicates that BME staff are less likely than White staff to be appointed from shortlisting.
- **Metric 3**: A relative likelihood above 1.00 indicates that BME staff are more likely than White staff to enter the formal disciplinary process.
- **Metric 4**: A figure below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

Metric	Description		March 2026	March 2025
1	Percentage of BME staff (overall workforce)	Overall	16.4%	16.4%
2	Relative likelihood of White applicants being appointed from shortlisting compared with BME applicants		3.52	2.97
3	Relative likelihood of BME staff entering the formal disciplinary process compared with White staff		0.64	1.01
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared with BME staff		0.89	0.83
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	BME	26.7%	27.9%
		White	16.8%	18.3%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	21.4%	27.1%
		White	15.3%	16.4%
7	Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	BME	51.8%	49.2%
		White	60.71%	60.28%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.8%	14.8%

		White	4.5%	5.7%
9	BME voting Board membership	BME	6.25%	11.76%
		White	87.5%	82.35%
9	Difference (total Board – overall workforce), BME	BME	-10%	-5%
		White	10%	4%