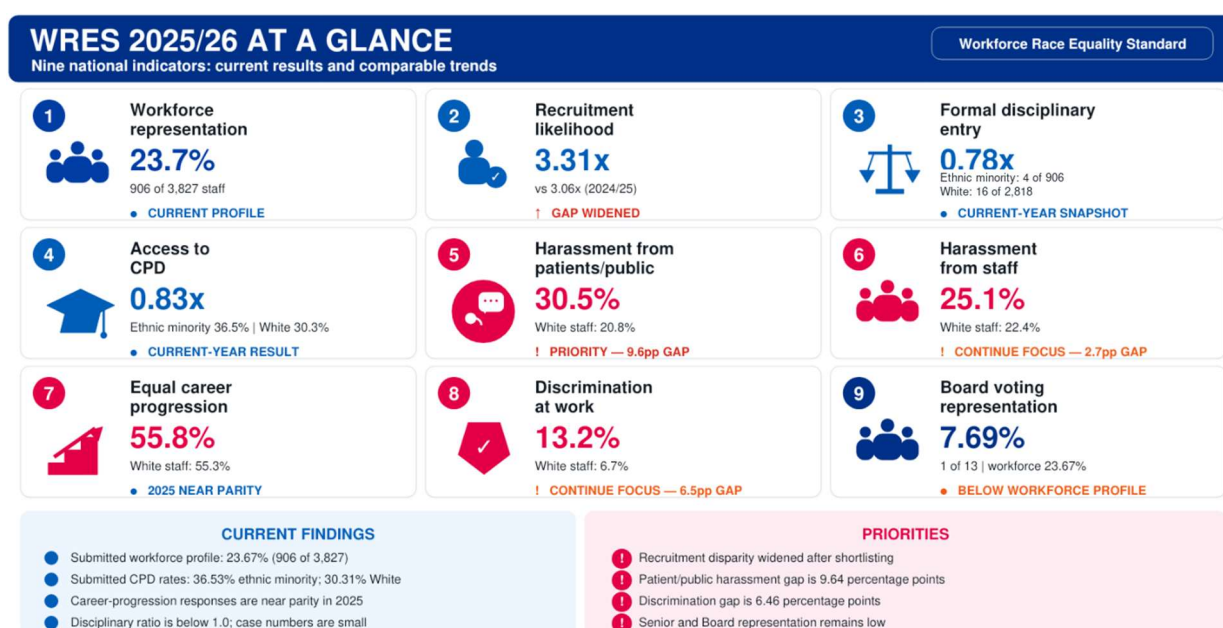


Dorset County Hospital
Workforce Race Equality Standard Report
2025-26

[**Executive summary**](#)

Ethnic minority colleagues account for 23.67% of the submitted workforce (906 of 3,827), showing substantial workforce diversity. The submitted Continuing Professional Development (CPD) result is broadly equitable, career-progression responses are near parity, and the current-year disciplinary ratio is below 1.0, although it is based on small numbers and is not treated as a trend.

The clearest disparity is recruitment after shortlisting: White candidates were 3.31 times as likely as ethnic minority candidates to be appointed. Ethnic minority colleagues also reported higher rates of harassment and discrimination, while ethnic minority representation on the Voting Board was 7.69% and there were no ethnic minority Executive Board members. These findings give DCH a focused evidence base for action through We All Belong, joint anti-racism work and the wider Inclusion and Belonging programme.



Only recruitment uses a prior-year direction arrow; other fields show current snapshots, gaps or the 2025 baseline.

Workforce/Board: 31 March 2026 | Staff experience: 2025 NHS Staff Survey

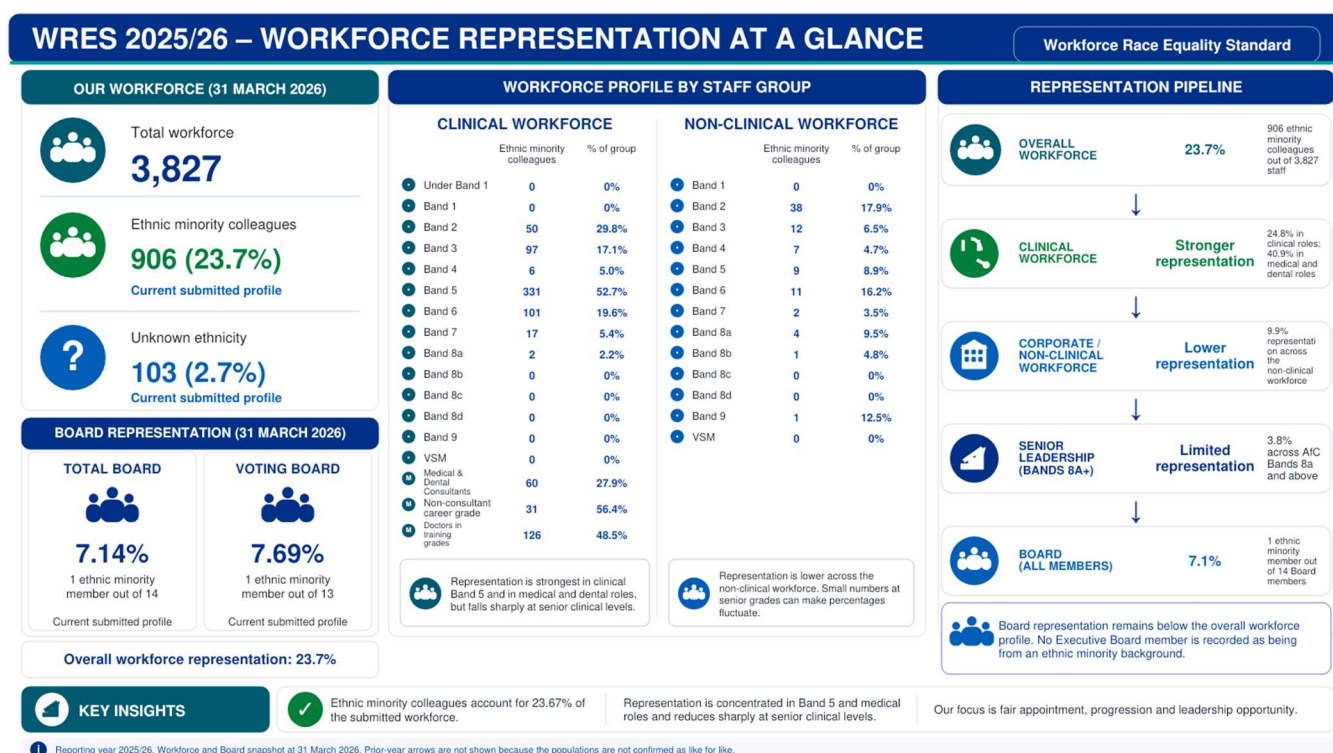
Data sources

- Indicators 1 and 9 use the workforce and Board snapshot at 31 March 2026.
- Indicator 2 uses recruitment data for 1 April 2025 to 31 March 2026.
- Indicator 3 uses formal disciplinary-entry data for 1 April 2025 to 31 March 2026.
- Indicator 4 uses the non-mandatory training and CPD figures in the final submitted 2025/26 WRES return.
- Indicators 5 to 8 use the 2025 NHS Staff Survey. The benchmark figures are unweighted medians for the Acute and Acute & Community Trusts benchmarking group and are reference points, not targets.

Prior-year results are shown only where the population, question and calculation are sufficiently comparable; otherwise the report presents a current snapshot or new baseline.

What the data tells us

Representation across the workforce



At 31 March 2026, 906 colleagues in the submitted WRES workforce were from ethnic minority backgrounds, representing 23.67% of 3,827 colleagues; 103 colleagues (2.69%) had unknown ethnicity. This represents substantial workforce diversity. The current submitted profile is used as the baseline; no longer-term growth claim is made where populations have not been confirmed as like for like.

Representation varies substantially by staff group and level. Ethnic minority colleagues account for 24.78% of the clinical workforce, 40.94% of medical and dental roles and 9.88% of the non-clinical workforce. Within the clinical workforce, representation is 52.7% at Band 5, 19.6% at Band 6, 5.4% at Band 7 and 2.2% at Band 8a. Across AfC Bands 8a and above it is 3.77%, showing that overall diversity is not yet reflected consistently at senior levels.

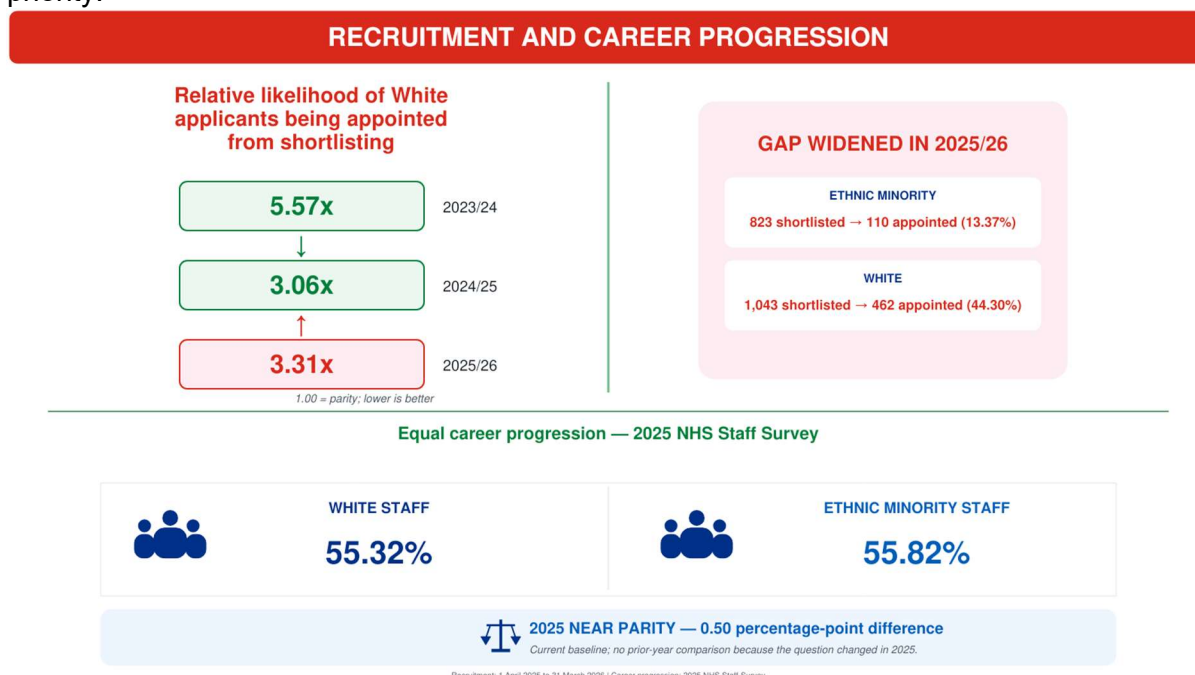
The submitted Board profile records one ethnic minority member among 14 Board members (7.14%), one among 13 Voting Board members (7.69%), one among eight Non-Executive Board members (12.5%) and none among six Executive Board members. These are the submitted 2025/26 classifications.

DCH operates within a federated leadership model, with some joint and some Trust-specific executives. The 2025/26 submission includes people working for DCH even where their employing organisation differs. Because that inclusion method and the prior-year Board groupings are not directly comparable, no prior-year Board trend is stated.

Taken together, the current profile combines substantial workforce diversity with lower representation through senior AfC and Board levels. The priority is therefore not simply to increase overall representation, but to improve fair appointment, progression and leadership opportunities.

Recruitment and career progression

In 2025/26, 110 of 823 shortlisted ethnic minority candidates were appointed (13.37%), compared with 462 of 1,043 shortlisted White candidates (44.30%). White candidates were therefore 3.31 times as likely to be appointed from shortlisting, compared with 3.06 in 2024/25. The gap has widened and points to the decision stage after shortlisting as a clear process priority.

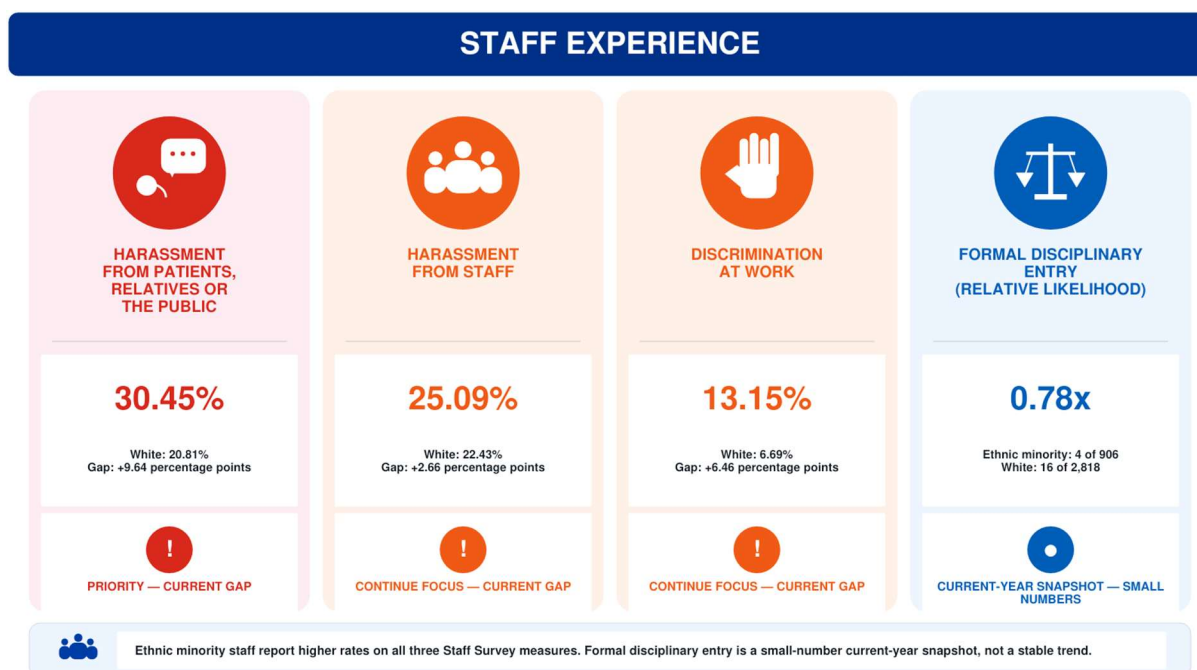


For career progression, 55.82% of ethnic minority respondents and 55.32% of White respondents believed that DCH provides equal opportunities for progression or promotion. The difference is 0.50 percentage points and the ethnic minority result is above the benchmarking-group median of 49.11%. Because the question changed in 2025, this is treated as a new baseline rather than an improvement trend.

The final submitted CPD return records participation by 331 ethnic minority colleagues (36.53%) and 854 White colleagues (30.31%). The relative likelihood of White staff accessing non-mandatory training and CPD compared with ethnic minority staff is 0.83. This is a broadly equitable submitted position, while monitoring by band and staff group remains important because overall participation rates can mask barriers to particular opportunities.

Staff experience

Formal disciplinary entry is a current-year, small-number snapshot. Four of 906 ethnic minority staff (0.44%) and 16 of 2,818 White staff (0.57%) entered a formal disciplinary process, giving a relative likelihood of 0.78 for ethnic minority staff compared with White staff. The result should not be interpreted as a stable trend and does not support a comparison with the previously used rolling method.



Harassment from patients, relatives or the public is the largest current staff-experience gap. It was reported by 30.45% of ethnic minority respondents and 20.81% of White respondents, a difference of 9.64 percentage points. The ethnic minority result is also above the benchmarking-group median of 28.98%.

Harassment from other staff was reported by 25.09% of ethnic minority respondents and 22.43% of White respondents, a gap of 2.66 percentage points; the benchmarking-group median for ethnic minority respondents was 24.06%. Discrimination from managers, team leaders or colleagues was reported by 13.15% of ethnic minority respondents and 6.69% of White respondents, a gap of 6.46 points; the ethnic minority result was below the 14.70% benchmark median, but the internal disparity remains.

Response bases vary across the Staff Survey measures (289 to 292 ethnic minority respondents and 1,286 to 1,293 White respondents). The figures are point estimates and no statistical-significance test is presented, so conclusions focus on the size and direction of current gaps rather than claiming a causal or definitive change.

How we're responding

During 2025/26, DCH continued to develop race equity through the Joint Inclusion and Belonging Strategy 2024–26, the UNISON Anti-Racism Charter, inclusive leadership learning, staff engagement and work on dignity and respect. We All Belong is the shared campaign and identity through which this work is increasingly communicated. It grew from the joint anti-racism and inclusion work and now has a broader belonging focus; it remains distinct from both the Joint Anti-Racism and Inclusion Framework and the successor to the current Joint Inclusion and Belonging Strategy 2024–26, which is currently being developed.

Building inclusive leaders

Conscious Inclusion and Inclusive Leadership learning supports managers to recognise bias, understand the effect of behaviour and apply fair people practice. DCH will continue embedding the approved manager-learning approach and connect it with recruitment, disciplinary and respectful-workplace practice, using WRES evidence and staff experience to focus the content.

Creating fair opportunities

DCH introduced a mandatory EDIB interview question and scoring guidance in 2025. The next phase is to reinforce structured assessment, transparent scoring and consistent selection practice, with agreed diverse-panel arrangements for Band 6 and above. Recruitment outcomes will be monitored by level and staff group so that action is directed at the post-shortlisting stage where the disparity is visible.

Tackling racism and discrimination

DCH and Dorset HealthCare have adopted the UNISON Anti-Racism Charter and continue joint work on an Anti-Racism and Inclusion Framework. DCH manager guidance for colleagues experiencing unacceptable behaviour, the Zero Acceptance approach and Respectful Workplace Conversations provide practical support. We All Belong will help communicate expectations and invite staff participation. Any proposal for a supporting joint Anti-Racism Policy will be developed with Dorset HealthCare and remain subject to each Trust's governance.

Listening to staff

Staff voice is essential to understanding what the WRES figures mean in practice. The Overseas Staff Network has more than 400 members and provides an established route for peer support and feedback. Work to strengthen the Ethnic Diversity Network continues, alongside Freedom to Speak Up and WorkInConfidence. The Joint Culture and Belonging Group provides a structured forum for staff and staff network representatives to share lived experience with Executive Directors and help shape organisational priorities and culture across both Trusts. These routes will inform recruitment, progression, anti-racism and respectful-workplace priorities, including the joint staff-network programme.

Embedding race equity

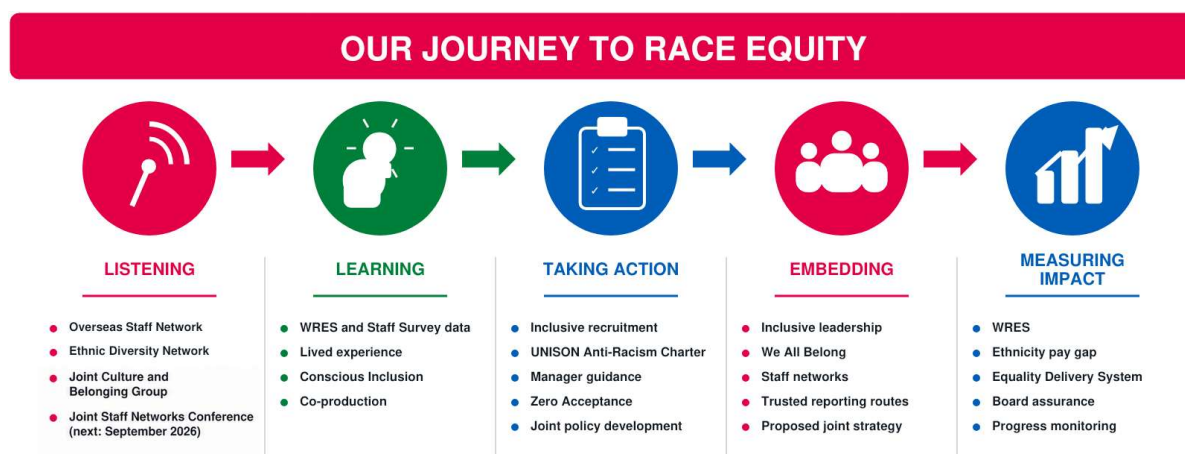
Race equity is embedded in organisational oversight through WRES, the Equality Delivery System, workforce and ethnicity pay-gap reporting, the annual EDIB programme and established people-governance routes. Reporting will distinguish current snapshots from comparable trends and combine workforce data with Staff Survey results and lived experience. The successor to the current Joint Inclusion and Belonging Strategy 2024–26 is being developed to bring this evidence and shared delivery together. It would connect belonging, anti-racism, inclusive leadership, fair opportunity and accountability across DCH and Dorset HealthCare while allowing each Trust to respond to its own data and governance requirements.

Our focus 2026/27

The 2025/26 results support a smaller set of priorities that can be evidenced and reviewed. Detailed measures and functional owners are set out in the WRES Action Plan 2026/27 at the end of this appendix.

- **Fair recruitment:** reduce the post-shortlisting appointment disparity through structured assessment, transparent scoring, the mandatory EDIB question and monitoring by level and staff group.
- **Safer, respectful experience:** reduce harassment and discrimination through manager guidance, Zero Acceptance, trusted reporting routes and proportionate responses to Staff Survey, incident and staff-voice themes.
- **Progression and senior representation:** make career conversations and progression routes clearer, use data and lived experience to identify barriers, and apply inclusive selection to senior and Board appointments.

- **Inclusive and anti-racist practice:** continue We All Belong, the UNISON Anti-Racism Charter, Conscious Inclusion and Inclusive Leadership learning, and joint development of the Anti-Racism and Inclusion Framework.
- **Evidence and accountability:** monitor each WRES indicator, keep snapshot and trend claims distinct, and use the proposed Joint Inclusion Strategy 2026–29 to align shared delivery.



Delivery will use established DCH and joint partnership arrangements, with transparent evidence and review.

Conclusion

The submitted results show a diverse workforce locally and broadly equitable CPD access, but also a widened recruitment gap, persistent harassment and discrimination disparities, and low senior and Board representation. DCH will use We All Belong, the UNISON Anti-Racism Charter, the Joint Anti-Racism and Inclusion Framework, alongside work to develop the successor to the current Joint Inclusion and Belonging Strategy 2024–26, while distinguishing snapshots from trends.

WRES AT A GLANCE

2025/26 snapshot and comparable trends

Current results
2025/26

Comparable trends
shown where available

1 WORKFORCE REPRESENTATION



Current submitted profile
906 of 3,827 staff

23.67%

Current profile

No like-for-like prior-year trend shown.

2 RECRUITMENT



White applicants compared with ethnic minority applicants
1.00 = parity; lower is better



Priority

The appointment gap widened in 2025/26.

3 FORMAL DISCIPLINARY ENTRY



Ethnic minority compared with White staff
4 of 906 vs 16 of 2,818

0.78

Current-year snapshot

Small numbers; no stable trend conclusion.

4 ACCESS TO CPD



White compared with ethnic minority staff
36.53% vs 30.31%

0.83

Current-year result

Submitted access rate is higher for ethnic minority staff.

5 HARASSMENT FROM PATIENTS, RELATIVES OR THE PUBLIC



% of ethnic minority staff
White comparator: 20.81%



Priority

Current gap with White staff: 9.64 percentage points.

6 HARASSMENT FROM STAFF



% of ethnic minority staff
White comparator: 22.43%



Continue focus

Current gap with White staff: 2.66 percentage points.

7 EQUAL OPPORTUNITIES FOR CAREER PROGRESSION



2025 baseline
Ethnic minority 55.82%
White 55.32%

55.82%

2025 baseline

Near parity; question wording changed in 2025.

8 DISCRIMINATION FROM MANAGER OR TEAM LEADER OR COLLEAGUES



% of ethnic minority staff
White comparator: 6.69%



Continue focus

Point estimate lower; current gap remains at 6.46 points.

CURRENT SUBMITTED BOARD PROFILE

Voting Board

7.69%

1 of 13

Overall workforce

23.67%

906 of 3,827

No prior-year Board trend

Population and grouping are not confirmed as like for like.

2025/26 LEADERSHIP SNAPSHOT

TOTAL BOARD



7.14%

1 of 14

VOTING BOARD



7.69%

1 of 13

NON-EXECUTIVE BOARD



12.50%

1 of 8

EXECUTIVE BOARD



0%

0 of 6

REPORTING KEY

- Current snapshot
No robust trend conclusion
- Continue focus
Current gap remains
- Priority
Significant gap – continued focus needed

2025/26 BOARD REPRESENTATION SNAPSHOT

as at 31 March 2026

Group	Ethnic minority	White	Unknown	Total
Total Board	1 7.14%	13 92.86%	0 0.00%	14
Voting Board	1 7.69%	12 92.31%	0 0.00%	13
Non-Executive	1 12.50%	7 87.50%	0 0.00%	8
Executive	0 0.00%	6 100%	0 0.00%	6

DIFFERENCE COMPARED WITH OVERALL WORKFORCE (23.67% ETHNIC MINORITY)

Total Board	Voting Board	Executive Board
-16.53pp	-15.98pp	-23.67pp



Ethnic minority representation on the Voting Board is 7.69% (1 of 13), compared with 23.67% across the submitted workforce. No Executive Board member is from an ethnic minority background. No prior-year Board trend is shown.

KEY MESSAGES

- Current submitted workforce representation is 23.67%; no like-for-like trend is shown.
- ! Recruitment is the clearest priority: the post-shortlisting appointment gap widened.
- ! Patient/public harassment and discrimination gaps are 9.64 and 6.46 percentage points.
- CPD is a submitted current-year result; disciplinary entry is a small-number snapshot.

Reporting year 2025/26. Workforce and Board: 31 March 2026; recruitment, disciplinary and CPD: 1 April 2025 to 31 March 2026; Indicators 5–8: 2025 NHS Staff Survey.

The actions below combine targeted interventions with ongoing monitoring and evaluation. Where monitoring is identified as an action, its purpose is to assess the impact of activity already underway, identify emerging or persistent inequalities and inform further targeted intervention where required.

Trust	Dorset County Hospital NHS Foundation Trust		
Year	2026/27		
Primary author of the action plan	Jan Wagner (Equity, Diversity, Inclusion and Belonging Lead)		
Sources of information underpinning the plan	WRES 2025/26 submitted data; NHS Staff Survey; workforce data and lived experience; national WRES reports and guidance; NHS EDI Improvement Plan; NHS Staff Standards; NHS 10 Year Health Plan for England; Joint Inclusion and Belonging Strategy 2024–26; proposed Joint Inclusion Strategy 2026–29; Joint Anti-Racism and Inclusion Framework; UNISON Anti-Racism Charter; We All Belong campaign.		
WRES Indicator	Actions 2026/27	Measure	Owner(s)
Indicator 1 Workforce representation	• Monitor ethnic minority representation across AfC bands, staff groups, senior leadership and the Board. • Use workforce data and lived experience to inform agreed workforce priorities and the development of the proposed Joint Inclusion Strategy 2026–29.	• Monitor the submitted 23.67% workforce baseline and 2.69% unknown-ethnicity baseline. • Review representation by level and record agreed responses to material underrepresentation.	EDIB Workforce Reporting OD Recruitment
Indicator 2 Appointment from shortlisting	• Monitor recruitment outcomes by job group and level, focusing on the decision stage after shortlisting, to assess impact and identify where further action is required. • Embed structured assessment and transparent scoring, including the mandatory EDIB interview question, manager learning and agreed diverse-panel arrangements for Band 6+ appointments.	• Reduce the 3.31 relative-likelihood baseline towards parity (1.00); monitor appointment rates from 13.37% ethnic minority and 44.30% White. • Report use of the EDIB question, scoring guidance, relevant learning and diverse-panel arrangements.	Recruitment EDIB OD Staff Network Chairs

WRES Indicator	Actions 2026/27	Measure	Owner(s)
Indicator 3 Formal disciplinary entry	• Maintain oversight of formal disciplinary entry and process by ethnicity, using appropriate aggregation where numbers are small, to identify where further action is required. • Apply fair, race-responsive practice in line with the NHS Staff Standards and approved manager learning.	• Monitor the submitted 0.78 current-year baseline without treating the small-number result as a stable trend. • Record a proportionate response where a material difference in entry or process emerges.	People Services / Employee Relations EDIB
Indicator 4 Non-mandatory training and CPD	• Maintain equitable access to non-mandatory training and CPD. • Monitor participation by ethnicity, band and staff group and use staff voice to understand material barriers.	• Monitor the submitted 0.83 baseline (36.53% ethnic minority; 30.31% White). • Act where participation by workforce level or staff group shows a material gap.	OD and Education EDIB Workforce Reporting
Indicator 5 Harassment from patients, relatives or the public	• Embed DCH manager guidance for unacceptable behaviour, Zero Acceptance, clear reporting, immediate support and follow-up. • Use Staff Survey, incident, security/risk and staff-voice evidence through existing violence-prevention arrangements.	• Reduce the 30.45% ethnic minority baseline and the 9.64-point gap with White staff. • Promote guidance and reporting/support routes and evidence action in response to identified themes.	Nursing and Quality Security / Risk People Services EDIB
Indicator 6 Harassment from staff	• Embed DCH Respectful Workplace Conversations guidance and Zero Acceptance expectations, with clear People Services, WorkInConfidence and Freedom to Speak Up routes. • Use Staff Survey, employee-relations, speaking-up and staff-network insight to inform proportionate action.	• Reduce the 25.09% ethnic minority baseline and the 2.66-point gap with White staff. • Promote guidance and trusted routes and evidence action in response to themes and lived experience.	People Services / Employee Relations Freedom to Speak Up EDIB OD

WRES Indicator	Actions 2026/27	Measure	Owner(s)
Indicator 7 Equal opportunities for career progression	• Make career and development conversations a consistent part of appraisal and promote transparent progression routes. • Use progression data and lived experience to understand barriers across the Band 5 to Band 6/7 and senior-leadership pipeline.	• Maintain parity while improving experience from the 2025 baseline: 55.82% ethnic minority and 55.32% White. • Monitor development participation, applications and progression by ethnicity and respond to staff feedback.	OD EDIB People Services Staff Network Chairs
Indicator 8 Discrimination at work	• Continue joint Anti-Racism and Inclusion Framework work and UNISON Anti-Racism Charter commitments, informed by WRES and lived experience. • Use We All Belong, manager learning and trusted staff-voice routes; progress any joint Anti-Racism Policy proposal through each Trust's governance.	• Reduce the 13.15% ethnic minority baseline and the 6.46-point gap with White staff. • Report framework, Charter and any policy-development progress through established governance, with evidence of staff voice informing action.	EDIB People Services Freedom to Speak Up Communications
Indicator 9 Board and workforce representation gap	• Monitor Voting Board, Executive Board and senior-workforce representation and apply fair, inclusive selection to relevant appointments. • Meet NHS Staff Standards requirements for published Board SMART objectives on tackling racism and a CEO or COO senior responsible officer. • Progress the Non-Executive Director Succession Plan, which recognises WRES and WDES findings and the need to improve Board diversity, including exploring engagement of a NExT Director through the NHS England programme and developing links with the Mary Seacole Group.	• Monitor Voting Board representation from 7.69% against the 23.67% workforce profile and Executive Board representation from 0%. • Review relevant recruitment outcomes; publish Board objectives and confirm the CEO or COO senior responsible officer. • Progress against the Non-Executive Director Succession Plan monitored, including exploration of the NExT Director programme and engagement with the Mary Seacole Group.	Chair / Trust Secretary CEO or COO Recruitment EDIB