

Workforce Race Equality Standard Report 2025 - 2026



Important Notes

Use of Data and Information

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time. This data, when extracted for analysis in reports such as this one, is anonymous. We must comply with strict rules in managing and using people's personal information. We analyze the anonymized information to identify and respond to any issues affecting groups that share certain protected characteristics.

Terminology

Throughout this report, we use the term Black, Asian and Minority ethnic (BME), to refer to those members of the NHS workforce who are not white. As set out in the Workforce Race Equality Standard (WRES) technical guidance, the definitions of "Black, Asian and Minority Ethnic" and "White" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and NHS digital data. We are aware that terminology is being reviewed and we will follow NHS guidance as it is produced.

We use 'Distance from Equity'. For likelihood questions, this refers to how far the number is from 0. For other indicators, it refers to the percentage difference between BME and White experiences. For example, if 20% of White staff face bullying and harassment then it would be equitable if 20% of BME staff also face bullying and harassment. here, the greater the percentage difference, the greater the inequity.

Purpose and scope

The Workforce Race Equality Standard (WRES) is an annual benchmarking tool mandated by NHS England to assess the progress made towards achieving racial equality for staff.

All NHS Trusts must submit their WRES data by 31st May and publish their WRES Action Plans on their public-facing trust website, as well as submit a copy of their plan to the WRES team by 31st October 2026

Executive Summary

Overview

The report outlines the data from the National Workforce Race Equality Standard (WRES). The WRES is an annual benchmarking tool introduced by NHS England to assess the progress made towards achieving race equality within NHS organizations.

It assesses how the trust has improved against 9 indicators designed to close the gap between the experiences of White and Black and Minority Ethnic (BME) colleagues. These include:

- 1. Clinical and non-clinical diversity and representation across all bands and pay grades.**
- 2. Successful job appointment and shortlisting**
- 3. Entering formal disciplinary processes.**
- 4. Access to CPD and non-mandatory training**
- 5. Incidents of bullying, harassment or abuse from public**
- 6. Incidents of bullying, harassment or abuse from staff**
- 7. Perceptions around equal opportunities for progression or promotion**
- 8. Incidents of bullying, harassment or abuse from managers, team leads or other colleagues.**
- 9. Proportional representation of the overall workforce at board level**

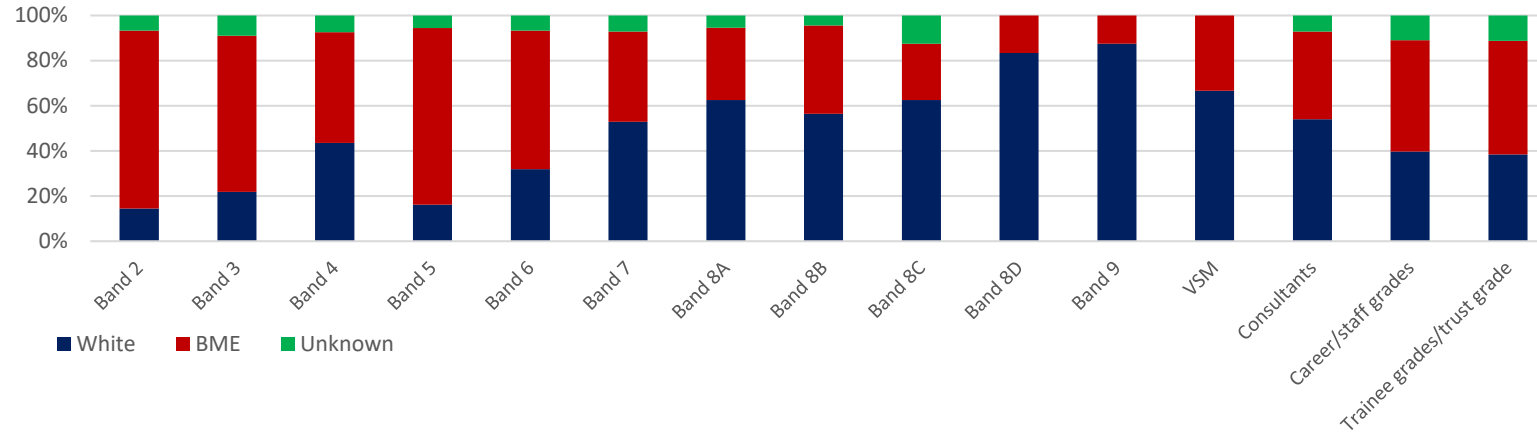
Main Findings

- There has been an overall improvement in 4 of the 9 indicators overall since 2025
- There has been an increase in the overall BME representation in the organization by 1.2% since 2025
- The likelihood of appointment from shortlisting, of entering formal disciplinary proceedings and of undertaking non mandatory training for BME staff has worsened from the previous year scores
- BME staff have seen an increase in harassment, bullying and abuse from patients since 2024 but a decrease in harassment, bullying and abuse from other staff.
- The number of BME staff who believe there are equal opportunities for career progression has improved by 3.30% from 2024
- The number of BME staff reporting discrimination from a manager/colleague shows a positive reduction from 2025.

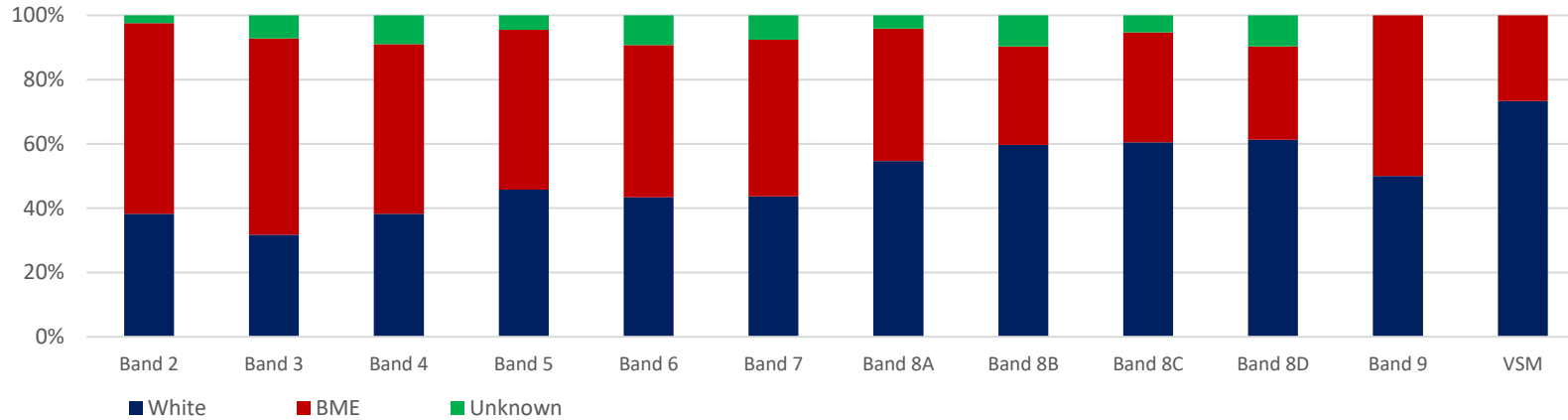
Main Summary

As at 31st March 2026 the Trust had a total workforce of 7909 (excluding bank staff) overall 56% were from a BME background. This is an increase of 1.2% from 2025

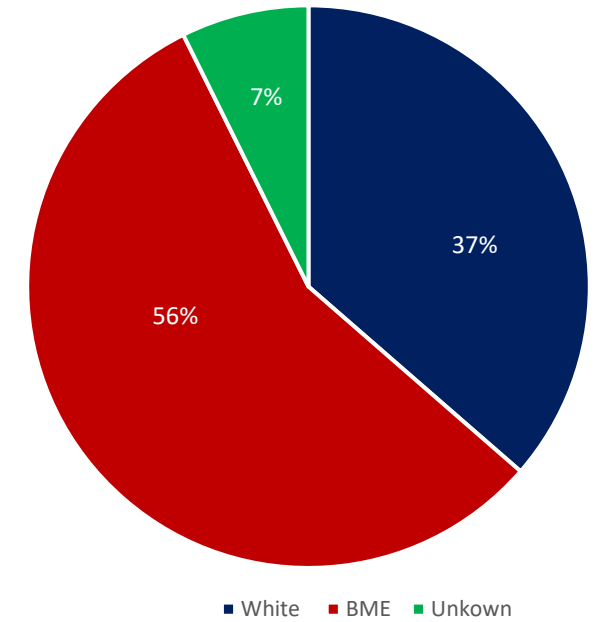
Clinical



Non Clinical



Total Workforce Ethnicity



Indicators 1,2,3,4,and 9 (derived from ESR data)

Indicator number and description	Trust Score 2025	Trust Score 2026	Change from 2025	Distance from equity
Indicator 1 : BME representation in the workforce by pay band				
Overall	54.9%	56.1%	1.2% increase	
Non Clinical	49.1%	49.9%	0.8% decrease	
Clinical	60.0%	61.5%	1.5% increase	
Medical and Dental	44.8%	45.5%	0.7% increase	
Indicator 2: Likelihood of appointment from shortlisting				
Likelihood of white applicants being appointed compared to BME applicants	1.87	1.91	0.04	0.91
Indicator 3: Likelihood of entering formal disciplinary proceedings				
Likelihood of BME staff compared to White staff	1.18	1.41	0.23	0.41
Indicator 4: Likelihood of undertaking non mandatory training				
Likelihood of white staff accessing non mandatory training (CPD) compared to BME staff	0.98	0.87	0.11	0.13
Indicator 9: Difference between BME representation on the board and in the workforce				
Overall	-28%	-29%	-1%	
Voting members	-25%	-26%	-1%	
Executive members	-55%	-56%	-1%	

The indicators show

- The overall BME representation has **improved** from 54.9% in 2024 to 56.1% in 2025
- The likelihood of appointment for white applicants compared to BME applicants has **worsened** from 1.87 to 1.91
- The likelihood of BME staff entering formal disciplinary Procedures compared to white staff has **worsened** from 1.18 to 1.41
- The likelihood of white staff accessing non mandatory training compared to BME staff has **worsened**
- The difference between BME representation on the board and the Workforce has reduced by 1% due to the increase in BME representation in the workforce

Key:

Figure improved from 2025

Figure worsened from 2025

Indicators 5,6,7 and 8 (derived from NHS Staff Survey)

Indicator number and description	Trust Score 2024	Trust Score 2025	Change from 2024	National Benchmark Median 2025
Indicator 5: Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months				
White	33.93%	33.91%	0.02% decrease	22.93%
BME	38.35%	39.72%	1.37% increase	28.98%
Indicator 6: Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months				
White	21.34%	20.09%	1.25% decrease	20.48%
BME	25.80%	24.73%	1.07% decrease	24.06%
Indicator 7: Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion				
White	63.6%	61.85%	1.75% decrease	55.46%
BME	51.30%	54.60%	3.30% increase	49.11%
Indicator 8: Percentage of staff who personally experienced discrimination from a manager, team leader or other colleagues in the last 12 months				
White	6.37%	6.03%	0.34% decrease	6.40%
BME	15.61%	13.04%	2.57% decrease	14.70%

The indicators show

- The percentage of staff from BME groups who experienced harassment from patients has **increased** from 38.35% to 39.72% in 2026 and decreased for white staff in the same period
- The percentage of staff who experienced harassment from other staff **decreased** for both BME and white staff
- The percentage of staff who believe the Trust provided equal opportunities for career progression has **increased** amongst BME staff from 51.30% to 54.60%
- The percentage of staff who experienced discrimination from a manager, team leader or colleagues **decreased** for both BME and white staff

Key:

Figure improved from 2025	Figure worsened from 2025
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Action Plan

The result in the Workforce Race Equality Standard report (WRES) provides clear themes. The Trust Equality Diversity and Inclusion plan contains a number of workstreams designed to address these themes

Indicator	Action
1,2	Inclusive recruitment Improving the representation in the workplace is in part being addressed by further implementation of our Inclusive recruitment approach. With trained Diversity and Inclusion representative on panels we seek to ensure fair recruitment process. In addition, this process will be enhanced in 2027/8 through the standardization of processes across the Acute provider group and implementing best practices from all 4 Trusts in the group Healthcare Leaders Fellowship The Trust is promoting a positive action leadership development programme for Clinical staff in Band 7 and above to support career progress into more senior roles
3	Just and Learning Culture In 2026/7 we have launched a new transparent triage panel to review all cases referred to formal capability processes with the aim of ensuring fairness, and to reducing the number of cases that do proceed to formal process
4a	CPPD funding The nursing and midwifery development funding (CPPD) is allocated across the nursing and midwifery workforce based on strategic priorities. In 2026/7 a new CPPD funding application portal will be launched which will provide more visibility and the ability to better analyse the application and allocation of CPPD funding
5,6,7,8	Culture of Inclusion -Launch of Cultural Intelligence Programme to support staff improve their capability to work with cultural differences (gender, ethnicity, disability and any cultural difference, and linked to patient and staff interactions -Continue to roll our Active Bystander training to support staff in taking action where they see bullying, harassment and verbal abuse at work
5	Violence and Aggression The Trust has a dedicated Violence and aggression work plan which includes the aim of reducing the incidents of verbal aggression (harassment bullying and abuse) from patients. There are a number of actions planned which include -Launch of a new Communications campaign aimed at patients to set out the human impact of abuse on staff and to set out clear expectations of patients (I am human) -review of our policies to withhold treatment for staff who do not demonstrate appropriate behaviours and to standardize this across the acute provider group -continued roll out of Conflict resolution training to minimize and prevent abuse

Appendices

Appendix 1:

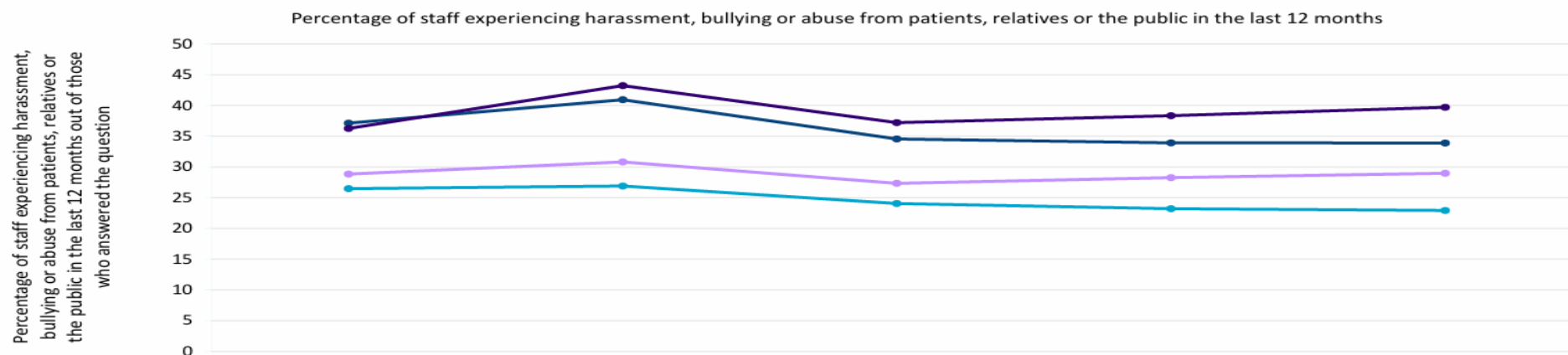
Analysis of the staff survey WRES questions

WRES Indicator 5 (Q14a)

Staff Survey Question: - Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months

W- 33.91% BME - 39.72%

- There has been a very small decrease in bullying and harassment reported by white staff in the Trust.
- There has been an increase in bullying and harassment from patients reported by All other ethnic groups in the Trust
- Our levels are remain higher than the benchmark average across the past 5 years for both white staff and all other ethnic groups



	2021	2022	2023	2024	2025
White staff: Your org	37.14%	40.94%	34.55%	33.93%	33.91%
All other ethnic groups*: Your org	36.27%	43.23%	37.21%	38.35%	39.72%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%
White staff: Responses	1365	1302	1560	1568	1566
All other ethnic groups*: Responses	1351	1529	1868	2211	2286

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

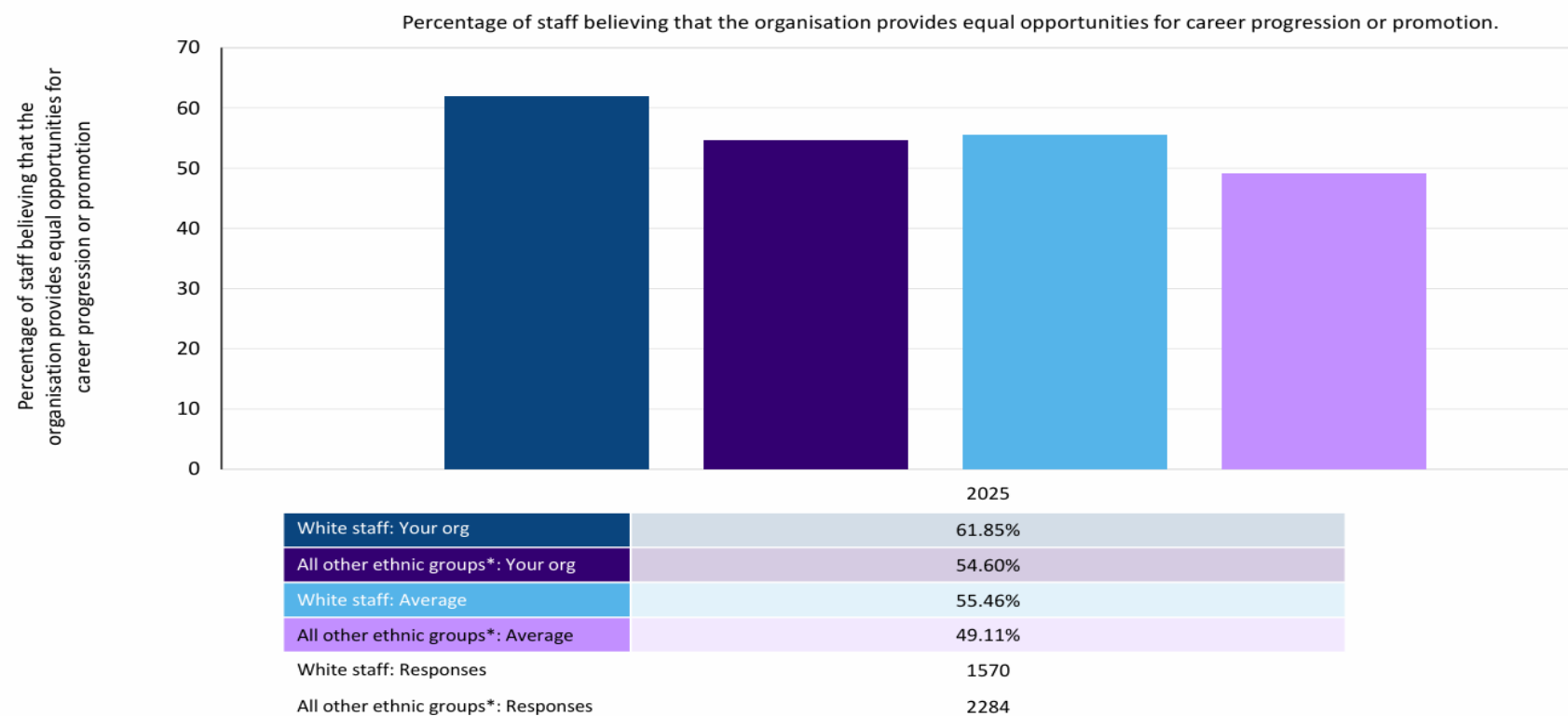
WRES Indicator 7 (Q15)

Staff Survey Question: (Q15)

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

W – 61.85% BME – 54.60%

- The Trust has increased to 54.60% from 51.30% from 2024
- The Trust score is higher than the average for white staff and All other ethnic groups



WRES Indicator 8 (Q16b)

Staff Survey Question: - Percentage of staff who experienced discrimination at work from manager/ team leader or other colleagues in the last 12 months

W- 6.03% BME -13.04%

- There has been a reduction in the number of staff All other ethnic groups in the Trust reporting discrimination from a manager/colleague
- The overall trend in for this metric for All other ethnic groups for this question are lower than the average and continues to be downwards

