



Manchester University  
NHS Foundation Trust

# Workforce Race Equality Standard (WRES) Report 2024 - 2025



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# Introduction

- Nationally, it is known, based on various sources of data and lived experiences, that colleagues from a Black, Asian and Minority Ethnic background have a poorer experience of working within the NHS. At MFT we are committed to improving those lived experiences and strive towards creating a culture where race and ethnicity are not barriers to progression, individuals feel safe in the workplace and difference is embraced. As a Trust we want to focus on working in partnership with our patients, service users and workforce, to change our workforce systems, rather than trying to change individuals. This enables our staff to thrive and deliver the best possible services and care to the people of Manchester, Trafford and surrounding areas.
- The importance of race equality is embedded into the [NHS People Plan 2020](#) where it states 'The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms'. The People Promise declares 'a commitment to creating and maintaining a compassionate and inclusive culture where diversity is valued and celebrated as a critical component and not just a desirable one.' The Trust must also meet its legal obligations under the [Equality Act 2010](#) and [The Human Rights Act 1998](#).
- MFT's [Diversity Matters Strategy](#), is currently being reviewed and an updated version is being developed for next four years, where the voices of our workforce will be key to our aims and objectives. This approach is also strengthened by the [NHS EDI Improvement Plan](#), which sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- Each year the Trust is required to publish [Workforce Race Equality Standard \(WRES\)](#) data.
- The WRES provides a framework for NHS organisations to report, demonstrate and monitor progress against nine indicators of workforce equality. The indicators are a combination of workforce data and results from the NHS national staff survey and help to ensure that employees receive fair treatment in the workplace and have equal access to career opportunities.
- The WRES is included in the [NHS Standard Contract](#) and has been a requirement of NHS commissioners and NHS healthcare providers since July 2015.
- The information in the report details key findings from the data collated for 24/25, comparisons of data from previous years and actions that will be implemented to address the findings.
- This report is interactive and enables you to click on the indicators in the contents page and the indicator tabs at the top of each page to easily navigate through the report. We have included detailed data for each indicator where possible, ensuring that individuals cannot be identified.
- The data for the indicators is sourced from the Electronic Staff Record (ESR) as of 31st March 2025, National averages for 2024 were sourced from the NHS Workforce Race Equality Standard (WRES) National Report 2024 and NHS Staff Survey (NHSS) data is drawn from the NHS Staff Survey Report 2024.
- This report also includes benchmarking data for the [Greater Manchester Integrated Care Board \(GM ICB\)](#), the [NorthWest \(NW\)region](#) and the [Shelford Group \(2024/25\)](#), obtained from the [Model Health System](#).
- By breaking down the data for WRES indicators and considering intersectionality, we aim to ensure that our equality efforts reflect the real experiences of our diverse staff. This approach will help MFT stay accountable, build trust and create meaningful positive change.
- We encourage anyone reading this report, to give us feedback about the contents and suggest improvements, so that we can enable appropriate and effective lived experiences for our diverse colleagues.

# WRES Indicators

There are nine WRES indicators. Four of the indicators focus on **workforce data**, four are based on data from the **national NHS Staff Survey** questions and one indicator focuses upon **BME representation on boards**. Based on the requirement from the National team, the Trust submitted the WRES data for Indicators 1 - 4 and indicator 9 on the National Data Collection Framework (DCF) on 31<sup>st</sup> May 2025. The staff survey results for Indicators 5 to 8, are taken directly from the WRES publications available on the NHS Staff Survey website (2024).

## WRES Indicators

**Workforce indicators : For each of these four workforce Indicators, compare the data for white and BME staff**

- Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:
  - Non-Clinical staff
  - Clinical staff - of which
    - Non-Medical staff
    - Medical and Dental staff

**Data Sourced from ESR**

- Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts). **Data Sourced from ESR**
- Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. **Data sourced from Human resources team records**
- Relative likelihood of staff accessing non-mandatory training and CPD. **Data sourced from ESR and Organisational Development records**

**National NHS Staff Survey(NHSS) indicators (or equivalent): For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff. Data Sourced from NHSS**

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Percentage of staff believing that the trust provides equal opportunities for career progression or promotion
- In the last 12 months have you personally experienced discrimination at work from any of the following?
  - Manager/team leader or other colleagues

**Board representation indicator: For this indicator, 9. show the difference between the organisation's Board membership and its overall workforce: Data Sourced from ESR**

- Percentage difference between the organisation's Board membership and its overall workforce disaggregated:
  - By voting membership of the Board
  - By executive membership of the Board

# Data Limitations and Challenges

- Staff Survey data for WRES 5 to 8, depends on size of sample surveyed, response rates and BME staff responses.
- For WRES Indicator 4, data quality is limited as attendance at non-mandatory training is not always consistently recorded and gaps in ethnicity data and small sample sizes reduce reliability and comparability.
- This report uses NHS Staff Survey 2024 data, as the 2025 results will not be available until after October.
- Sodexo Systems have limitations on recording accurate /complete data.
- Due to dataset limitations, intersectional analysis was restricted and unavailable for some indicators. Although data for individual protected characteristics is provided, producing intersectional data from the staff survey (WRES 5–8) was constrained by the time required to complete this report. Equality, Diversity and Inclusion (EDI) Team is working with the Workforce Information and Planning Team and the Organisational Development Team to improve this in future reports.

# Definitions

## Definitions as per Technical Guidance by Mandated Standards (WRES) Team.

Term	Definitions
White staff	Includes White British, Irish and Eastern European and any 'white other'.
BME staff	Staff that are from a Black or Minority Ethnic background that is not white.
Unknown	Refers to anyone who has not declared ethnicity.
Non-mandatory training	Any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation. Accessing non-mandatory training and CPD, in this context refers to courses and developmental opportunities for which places were offered and accepted.
Clusters	<p>In this WRES report for some indicators the pay band/grade/groups is shown as 'clusters'.</p> <ul style="list-style-type: none"> <li>• Cluster 1: AfC Band 1, 2, 3 and 4</li> <li>• Cluster 2: AfC Band 5, 6 and 7</li> <li>• Cluster 3: AfC Band 8a and 8b</li> <li>• Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)</li> <li>• Cluster 5: Medical and Dental staff, Consultant</li> <li>• Cluster 6: Medical and Dental staff, Non-Consultant Career Grade</li> <li>• Cluster 7: Medical and Dental staff, Medical and Dental Trainee Grade</li> </ul>

# Workforce Race Equality Standard (WRES) Key Findings

As of 31<sup>st</sup> March 2025:

MFT employed 31,649

BME: 9,773 (30.88%) | White: 19,206 (60.68%) | Unknown: 2670 (8.44%)

**30.9%** (9,773) of MFT staff were from a BME background. This represented a 2.68% increase, rising from 28.1% to 30.9%. Growth has been positive across both clinical staff (up by 3.2%) and non-clinical staff (up by 1.3%).



**5.3%** of MFT board members were from a BME background. Of the 19 board members, 42.1% had not declared any ethnicity.



Across pay bands, only **5.9%** of staff from Band 7 to VSM were from a BME background, with the highest proportions in Bands 2, 5 and 3 (30 – 50%). BME representation has increased within Medical and Dental Consultant and non-Consultant career grades. However, non-disclosure rates are highest among Medical and Dental trainee grades (76%).



White staff were **0.8 X less** likely than BME staff to access CPD/non mandatory training (reduced from 1.0 in 23/24 to 0.8 in 24/25).



White applicants were

**2.5 X more**

likely to be appointed from shortlisting compared to BME staff (rising from 1.9 in 23/24 to 2.5 in 24/25)



BME staff were **1.3 X More** likely than white staff



to enter a formal disciplinary process (increased from 1.1 in 23/24 to 1.3 in 24/25.) The total number of disciplinary cases increased significantly from 45 in 23/24 to 293 in 24/25 due to case manager system functions.

**16%** of BME staff reported discrimination, this has gone down by standardise 0.5% (from 16.62% 23/24 to 16.13% in 24/25)



**26%** of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public this was a 2.5% increase (from 23.2% in 23/24 to 25.7% in 24/25).



WRES 2024 North West - Acute - ROA report highlighted the following as High Priority Areas for Improvement:

- Indicator 1: Non-Clinical VSM Representation – Ranking\* 99%

Data Submitted to National team						
23-24			VSM	24-25		
White	BME	Unknown		White	BME	Unknown
10	0	0		56	3	7

- Indicator 9: BME representation on the board minus workforce – Ranking\* 80%

Data Submitted to National team				
23-24		Board	24-25	
BME			BME	
-22%			-26%	

\* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator, based on effect size.

# Key Findings 2024-2025 (Detailed)

## Workforce Representation

As of 31<sup>st</sup> March 2025, the proportion of BME staff **increased by 2.68%**, rising from 28.15% in the **23/24** period to **30.88%** in **24/25**.

**Non-Disclosure Rate:** Within the **Medical & Dental group (20,805)**, out of the **259 Trainee Grade staff, 197 (76%) had not declared** any ethnicity, which represented the highest non-disclosure rate across the entire workforce. This non-disclosure was highest at 77% in 23/24 as well. In 24/25, BME staff in the Trainee grade accounted for 6.9% of this group.

## Recruitment

There was a **0.6 increase** in the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, rising from **1.9** in **23/24** to **2.5** in **24/25**.

It continues the negative trend observed in the previous year.

## Disciplinary Process

The relative likelihood of BME staff entering the formal disciplinary process **increased** from **1.1** in **23/24** to **1.3** in **24/25**.

The total number of **disciplinary** cases increased significantly from **45** in **23/24** to **295** in **24/25**. HR explained that the rise is likely due to a glitch in the case manager system.

## Accessing CPD/Non-mandatory Training

The relative likelihood of white staff accessing non-mandatory or CPD training compared to BME staff **decreased** slightly, from **1.0** in **23/24** to **0.8** in **24/25**.

## Harassment & Bullying

There was a **2.5% increase** in the proportion of BME staff experiencing harassment, bullying or abuse **from patients, relatives or the public**, rising from **23.2%** in **23/24** to **25.7%** in **24/25**.

Incidents of harassment, bullying or abuse **from staff** have improved, showing a **decline** of **2.1%**, from **25.3%** in **23/24** to **23.1%** in **24/25**.

## Career Progression

The proportion of BME staff who believe there is equal opportunity for career progression or promotion, compared to white staff, **increased** by **1.9%**, rising from **46.5%** in **23/24** to **48.4%** in **24/25**.

## Discrimination

There was a **0.5% decrease** in the proportion of BME staff who have personally experienced discrimination at work from a manager, team leader or other colleagues, declining from **16.6%** in **23/24** to **16.1%** in **24/25**.

Despite this slight improvement, **BME staff remain over twice as likely to experience discrimination** compared to white staff, with rates of 16.1% versus 6.6%, respectively.

## Board Representation

Among the **19 board members, 1 (5.3%) identifies as BME**, and **42.1%** have chosen **not to declare** their ethnicity..

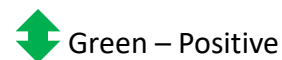
The 2024 national report highlighted the following as **High Priority Areas for Improvement**:

**Non-Clinical Band 8c to VSM Representation:** Last year's national report raised concerns about the ethnic gap within non-clinical staff from Band 8c to VSM levels. The 23/24 data was significantly affected by incorrect data submission, showing a notable gap with 91.7% White staff and only 5.0% BME representation. It was also noted that the proportion of BME staff decreases considerably beyond Band 8b. The current figures (24/25) show 6.2% BME (19) and 89% White (272) out of a total of 306 staff at Band 8c to VSM levels.

**Indicator 9: Board Representation:** In 23/24, out of 17 board members, 5.88% (1) identified as BME and 70.59% (12) as White. In 24/25, out of 19 board members, 5.26% (1) are BME, 52.63% are White and **42% have not declared their ethnicity**.

Compared to last year, the 2024/25 data shows an increase in negative outcomes across the WRES indicators, with particular concerns in indicators 2, 3, 5, and 9.

# Yearly Comparison Table 2020-2025



Green – Positive



Red – Negative

WRES Indicator		Year							Trend	Difference between 23/25 to 24/25	
		2019-20	2020-21	2021-22	2022-23	2023-24	2024-25				
1	Percentage of black and minority ethnic (BME) staff	Overall	20%	20.20%	21.80%	24.44%	28.15%	30.88%		2.68%	
		Clinical	21.14%	22.45%	24.19%	26.99%	28.30%	31.5%		3.20%	
		Non-Clinical	19.98%	17.11%	17.60%	16.44%	21.40%	22.7%		1.30%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.7	1.5	1.7	1.8	1.9	2.5		0.6	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.1	1.9	1.1	1.5	1.14	1.3		0.16	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.1	1	1	1.1	1	0.84		-0.16	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (2024)	BME	24.60%	20.60%	27.10%	27.40%	23.17%	25.65%		2.48%	
		White	23.50%	21.20%	26.40%	25.30%	22.69%	21.74%		-0.95%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (2024)	BME	25.60%	29.80%	32.80%	29.90%	25.28%	23.14%		-2.14%	
		White	21%	23.30%	25%	24.20%	20.43%	19.52%		-0.91%	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion (2024)	BME	46.70%	42.10%	39.90%	42.20%	46.48%	48.37%		1.89%	
		White	60.10%	58.50%	57.10%	54.80%	56.74%	58.40%		1.66%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues (2024)	BME	13.60%	18.60%	21.70%	19.60%	16.62%	16.13%		-0.49%	
		White	5.90%	6.60%	7.50%	8.10%	6.99%	6.62%		-0.37%	
9	BME board membership	BME	10.40%	14.60%	5.60%	5.60%	5.88%	5.26%		-0.62%	

# WRES Indicator 1

Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by Non-Clinical & Clinical staff: 2020-2025 data and local/national benchmarks

## Overall staff in MFT by ethnicity: 2020 – 2025 as of 31 March 2025.

Year	MFT Headcount				MFT Percentage		
	White	BME	Unknown	MFT Total Headcount	White	BME	Unknown
2019-2020	16,972	4,762	2,026	<b>23,760</b>	71.43%	20.04%	8.53%
2020-2021	17,466	5,240	2,198	<b>24,904</b>	70.13%	21.04%	8.83%
2021-2022	19,298	6,058	2,494	<b>27,805</b>	69.40%	21.79%	8.96%
2022-2023	18,615	7,016	3,081	<b>28,712</b>	64.83%	24.44%	10.73%
2023-2024	19,103	8,737	3,194	<b>31,034</b>	61.56%	28.15%	10.29%
2024-2025	19,206	9,773	2,670	<b>31,649</b>	60.68%	30.88%	8.44%

- As of 31 March 2025, Manchester University NHS Foundation Trust (MFT) had a total workforce of 31,649, including Sodexo staff.
- The data showed a consistent rise in staff from Black and Minority Ethnic (BME) backgrounds, increasing from 20.04% in 19/20 to 30.88% in 24/25 — a 10.84% increase over six years.
- The proportion of staff not declaring their ethnicity had improved from 10.29% to 8.44%, following focused efforts to update records through the Electronic Staff Record (ESR) system.
- Meanwhile, White staff representation had decreased from 71.43% to 60.68%, reflecting growing workforce diversity in line with wider NHS trends.

## Workforce Ethnicity Benchmarking 2024/25

		-----Benchmarking data-----			
	MFT	GM ICB 24/25	NW 24/25	Shelford Group 24/25	National 2024
Source	ESR	Model Health System			National report 2024 (received in June 2025)
BME	30.88%	27.05%	18.42%	41.07%	28.6%
White	60.68%	68.51%	78.27%	52.41%	67.0%
Unknown	8.44%	4.44%	1.85%	4.28%	4.3%

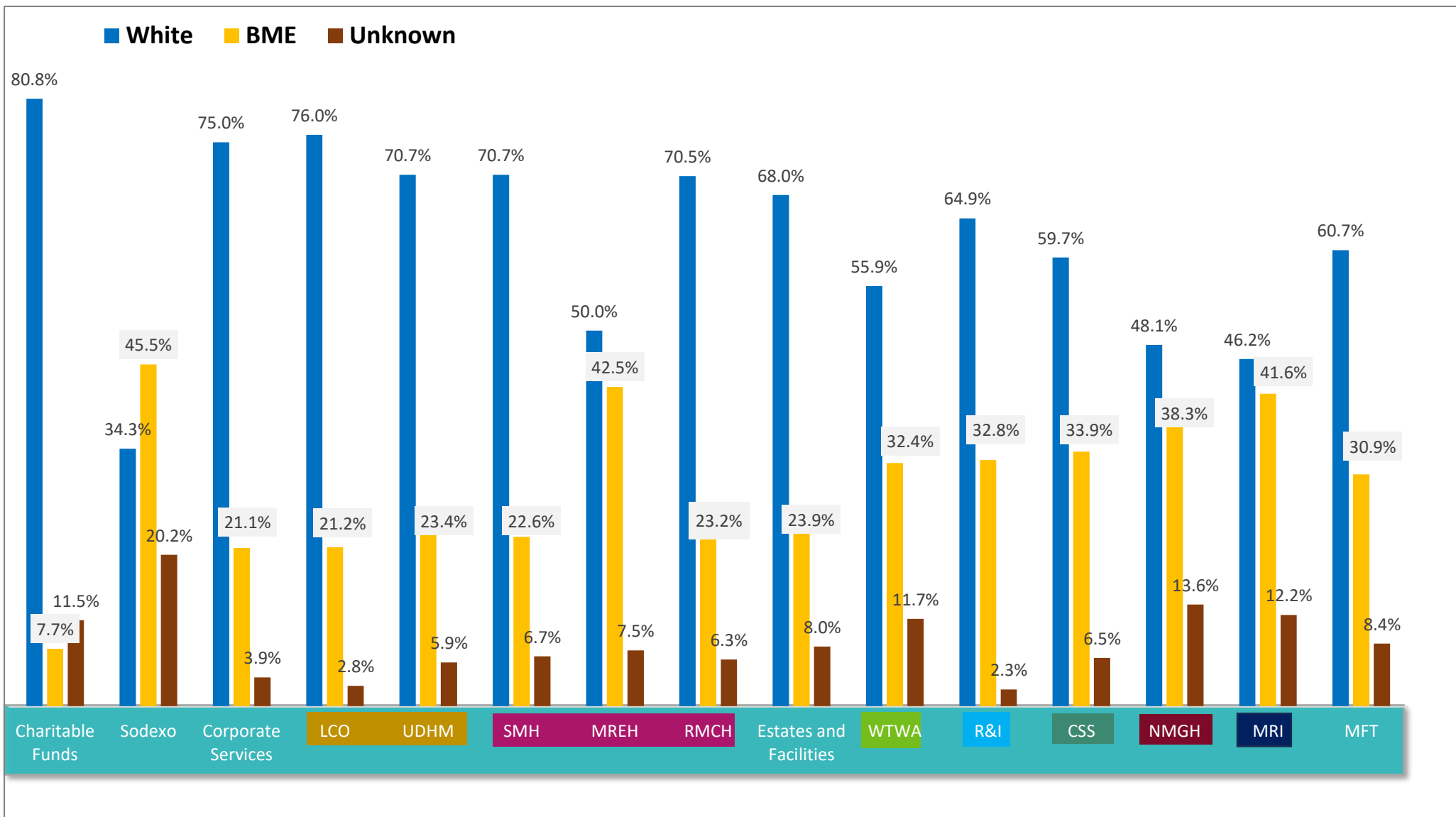
- MFT's BME workforce (30.88%) was above both the Greater Manchester ICB (27.05%) and national average (28.6%) and NW (18.42%)
- The proportion of unknown ethnicity (8.44%) remained higher than elsewhere but has improved within MFT.

# WRES Indicator 1 - Overall workforce in Clinical Groups and Services

As of 30th September 2024, our Hospitals, MCS and LCOs were organised into six Clinical Groups, each led by newly established leadership teams.

Hospital Services	WHITE		BME		UNKNOWN		TOTAL HEADCOUNT
	Headcount	Headcount%	Headcount	Headcount%	Headcount	Headcount%	
<b>Manchester University NHS Foundation Trust (MFT)</b>	<b>19206</b>	<b>60.68%</b>	<b>9773</b>	<b>30.88%</b>	<b>2670</b>	<b>8.4%</b>	<b>31649</b>
Clinical & Scientific Services (CSS)	3170	59.7%	1800	33.9%	343	6.5%	5313
Manchester Royal Infirmary (MRI)	1946	46.2%	1751	41.6%	513	12.2%	4210
Wythenshawe Trafford Withington Altrincham (WTWA)	2983	55.9%	1732	32.4%	626	11.7%	5341
Manchester Royal Eye Hospital (MREH)	295	50.0%	251	42.5%	44	7.5%	590
Saint Mary's Hospital (SMH)	2330	70.7%	745	22.6%	222	6.7%	3297
Royal Manchester Children's Hospital (RMCH)	1994	70.5%	655	23.2%	179	6.3%	2828
North Manchester General Hospital (NMGH)	1072	48.1%	854	38.3%	303	13.6%	2229
Local Care Organisation (LCO)	2376	76.0%	664	21.2%	88	2.8%	3128
University Dental Hospital of Manchester (UDHM)	193	70.7%	64	23.4%	16	5.9%	273
Corporate Services	1399	75.0%	394	21.1%	72	3.9%	1865
Sodexo	287	34.3%	381	45.5%	169	20.2%	837
Research and Innovation (R&I)	512	64.9%	259	32.8%	18	2.3%	789
Estates and Facilities	628	68.0%	221	23.9%	74	8.0%	923
Charitable Funds	21	80.8%	2	7.7%	3	11.5%	26

# WRES Indicator 1 - Overview of MFT's workforce profile across Clinical Groups and Services as at 31<sup>st</sup> March 2025.



- Sodexo, MREH, MRI, NMGH, CSS ,R&I , WTWA all show BME representation above the Trust average of 30.9%.
- Sodexo and MREH stands out as the group with the highest BME proportion
- Estates and Facilities, UDHM, RMCH , SMH , LCO , Corporate Services and show steady diversity, close to or slightly below the overall Trust average.
- Charitable Funds has the lowest BME representation.
- The proportion of staff with undeclared ethnicity (unknown) varies widely. It is particularly high in Sodexo, NMGH, MRI, WTWA, and Charitable Funds, while being very low in Corporate Services, LCO and R&I. This indicates that in some operational areas, a significant portion of staff did not declare their ethnicity.

# WRES Indicator 1 - Non-Clinical and Clinical staff in MFT by Clusters, Pay Bands & Grades as at 31 March 2025.



Clusters 1–4 (low to high pay bands) include both Clinical and Non-Clinical staff, while Clusters 5–7 (high to low pay bands) include only Clinical staff. Clinical staff can be Medical, Dental or Non-Medical and Non-Clinical staff are found only in Clusters 1–4.

Cluster   Pay Band/Grade	Headcount						Percentage						Total MFT Workforce (Non-Clinical and Clinical)				
	White		BME		Unknown		White %		BME%		Unknown%		Headcount			%	
	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Overall	Non-Clinical	Clinical
<b>Cluster 1</b>	<b>3358</b>	<b>3050</b>	<b>1359</b>	<b>2077</b>	<b>341</b>	<b>193</b>	<b>66%</b>	<b>57%</b>	<b>27%</b>	<b>39%</b>	<b>7%</b>	<b>4%</b>	<b>5058</b>	<b>5320</b>	<b>10378</b>	<b>49%</b>	<b>51%</b>
Under Band 1	0	0	0	0	0	0	0%	0%	0%	0%	0%	0%	0	0	0	0%	0%
Bands 1	55	0	57	0	23	0	41%	0%	42%	0%	17%	0%	135	0	135	100%	0%
Bands 2	1147	587	654	919	221	50	57%	38%	32%	59%	11%	3%	2022	1556	3578	57%	43%
Bands 3	1139	1686	373	953	60	118	72%	61%	24%	35%	4%	4%	1572	2757	4329	36%	64%
Bands 4	1017	777	275	205	37	25	77%	77%	21%	20%	3%	2%	1329	1007	2336	57%	43%
<b>Cluster 2</b>	<b>1461</b>	<b>7928</b>	<b>335</b>	<b>4263</b>	<b>53</b>	<b>1602</b>	<b>79%</b>	<b>57%</b>	<b>18%</b>	<b>31%</b>	<b>3%</b>	<b>12%</b>	<b>1849</b>	<b>13793</b>	<b>15642</b>	<b>12%</b>	<b>88%</b>
Bands 5	604	2186	148	2302	27	1352	78%	37%	19%	39%	3%	23%	779	5840	6619	12%	88%
Bands 6	390	3393	94	1452	6	184	80%	67%	19%	29%	1%	4%	490	5029	5519	9%	91%
Bands 7	467	2349	93	509	20	66	81%	80%	16%	17%	3%	2%	580	2924	3504	17%	83%
<b>Cluster 3</b>	<b>526</b>	<b>1257</b>	<b>60</b>	<b>203</b>	<b>14</b>	<b>33</b>	<b>88%</b>	<b>84%</b>	<b>10%</b>	<b>14%</b>	<b>2%</b>	<b>2%</b>	<b>600</b>	<b>1493</b>	<b>2093</b>	<b>29%</b>	<b>71%</b>
Bands 8a	341	1001	47	180	10	28	86%	83%	12%	15%	3%	2%	398	1209	1607	25%	75%
Bands 8b	185	256	13	23	4	5	92%	90%	6%	8%	2%	2%	202	284	486	42%	58%
<b>Cluster 4</b>	<b>272</b>	<b>184</b>	<b>19</b>	<b>11</b>	<b>15</b>	<b>4</b>	<b>89%</b>	<b>92%</b>	<b>6%</b>	<b>6%</b>	<b>5%</b>	<b>2%</b>	<b>306</b>	<b>199</b>	<b>505</b>	<b>61%</b>	<b>39%</b>
Bands 8c	112	110	6	6	6	1	90%	94%	5%	5%	5%	1%	124	117	241	51%	49%
Bands 8d	72	50	6	2	1	2	91%	93%	8%	4%	1%	4%	79	54	133	59%	41%
Bands 9	32	12	4	1	1	0	86%	92%	11%	8%	3%	0%	37	13	50	74%	26%
VSM	56	12	3	2	7	1	85%	80%	5%	13%	11%	7%	66	15	81	81%	19%
<b>Cluster 5</b>	<b>N/A</b>	<b>857</b>	<b>N/A</b>	<b>709</b>	<b>N/A</b>	<b>107</b>	<b>N/A</b>	<b>51%</b>	<b>N/A</b>	<b>42%</b>	<b>N/A</b>	<b>6%</b>	<b>N/A</b>	<b>1673</b>	<b>1673</b>	<b>N/A</b>	<b>100%</b>
Medical & Dental Staff, Consultants	N/A	857	N/A	709	N/A	107	N/A	51%	N/A	42%	N/A	6%	N/A	1673	1673	N/A	100%
of which Senior Medical Managers	N/A	0	N/A	0	N/A	0	N/A	0%	N/A	0%	N/A	0%	N/A	0	0	N/A	0%
<b>Cluster 6</b>	<b>N/A</b>	<b>270</b>	<b>N/A</b>	<b>718</b>	<b>N/A</b>	<b>111</b>	<b>N/A</b>	<b>25%</b>	<b>N/A</b>	<b>65%</b>	<b>N/A</b>	<b>10%</b>	<b>N/A</b>	<b>1099</b>	<b>1099</b>	<b>N/A</b>	<b>100%</b>
Medical & Dental Staff, Non-Consultants career grade	N/A	270	N/A	718	N/A	111	N/A	25%	N/A	65%	N/A	10%	N/A	1099	1099	N/A	100%
<b>Cluster 7</b>	<b>N/A</b>	<b>43</b>	<b>N/A</b>	<b>19</b>	<b>N/A</b>	<b>197</b>	<b>N/A</b>	<b>17%</b>	<b>N/A</b>	<b>7%</b>	<b>N/A</b>	<b>76%</b>	<b>N/A</b>	<b>259</b>	<b>259</b>	<b>N/A</b>	<b>100%</b>
Medical & Dental Staff, Medical and dental trainee grades	N/A	43	N/A	19	N/A	197	N/A	17%	N/A	7%	N/A	76%	N/A	259	259	N/A	100%
Medical & Dental Staff, Other	N/A	0	N/A	0	N/A	0	N/A	0%	N/A	0%	N/A	0%	N/A	0	0	N/A	0%
<b>Overall Workforce</b>	<b>5,617</b>	<b>13,589</b>	<b>1,773</b>	<b>8,000</b>	<b>4,23</b>	<b>2,247</b>	<b>72%</b>	<b>57%</b>	<b>23%</b>	<b>34%</b>	<b>5%</b>	<b>9%</b>	<b>7,813</b>	<b>23,836</b>	<b>31,649</b>	<b>25%</b>	<b>75%</b>

# WRES Indicator 1 - Non-Clinical and Clinical staff across Clusters of pay band/grade as at 31 March 2025.

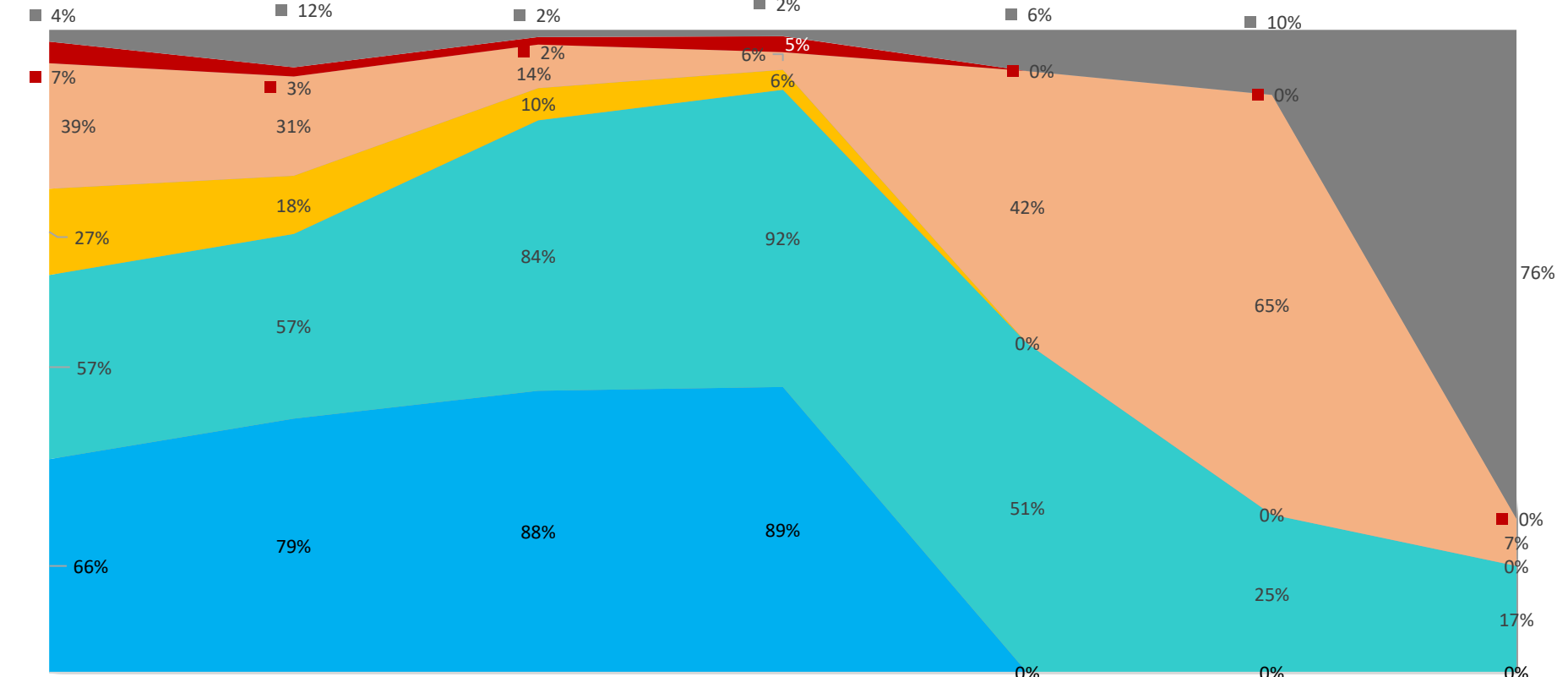


This stacked area chart shows each segment stacked on the previous one, with height representing its value. 'White % Non-clinical' is at the bottom, 'White % Clinical' above it, followed by 'BME Non-clinical', 'BME Clinical' and 'Unknown Non-Clinical' and 'Unknown Clinical'.



**Clusters 1-4** (low to high pay bands) include both Clinical and Non-Clinical staff, while **Clusters 5-7** (high to low pay bands) include only Clinical staff. Clinical staff can be Medical, Dental or Non-Medical and Non-Clinical staff are found only in Clusters 1-4.

White Non-clinical White clinical BME Non-clinical BME clinical Unknown Non-clinical Unknown clinical



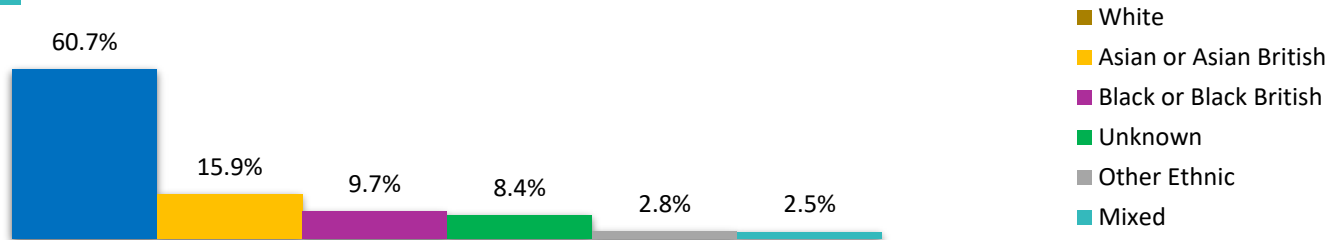
Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7
Under Band 1	Band 5	Band 8A	Band 8C	Medical & Dental, Consultant	Medical & Dental, Non-Consultant career grade	Medical & Dental, Trainee grade
Band 1	Band 6	Band 8B	Band 8D			
Band 2	Band 7		Band 9			
Band 3			VSM			
Band 4						

**Non-Clinical staff:** The majority of White staff are concentrated in Clusters 1 to 4. BME staff are mainly represented in Cluster 1, with very few in Cluster 4. Staff with unknown ethnicity make up only a small proportion across all clusters. Overall, Clusters 1 to 4 are predominantly White, with minimal BME representation.

**Clinical staff:** White staff are highest in Clusters 3-4, moderate in Cluster 5 and lower in Clusters 6-7. BME staff are low in Clusters 3-4, higher in Clusters 5-6 and drop in Cluster 7. Unknown ethnicity is moderate across most clusters but dominant in Cluster 7, indicating data gaps. Cluster 4 shows a strong White majority with few BME staff, while Clusters 5-6 have more BME than White, especially in Cluster 6. Cluster 7 has mainly unknown ethnicity with few White or BME staff.

# WRES Indicator 1 – Representation based on Ethnicity, Religion and Sexual Orientation as at 31 March 2025.

## Ethnicity



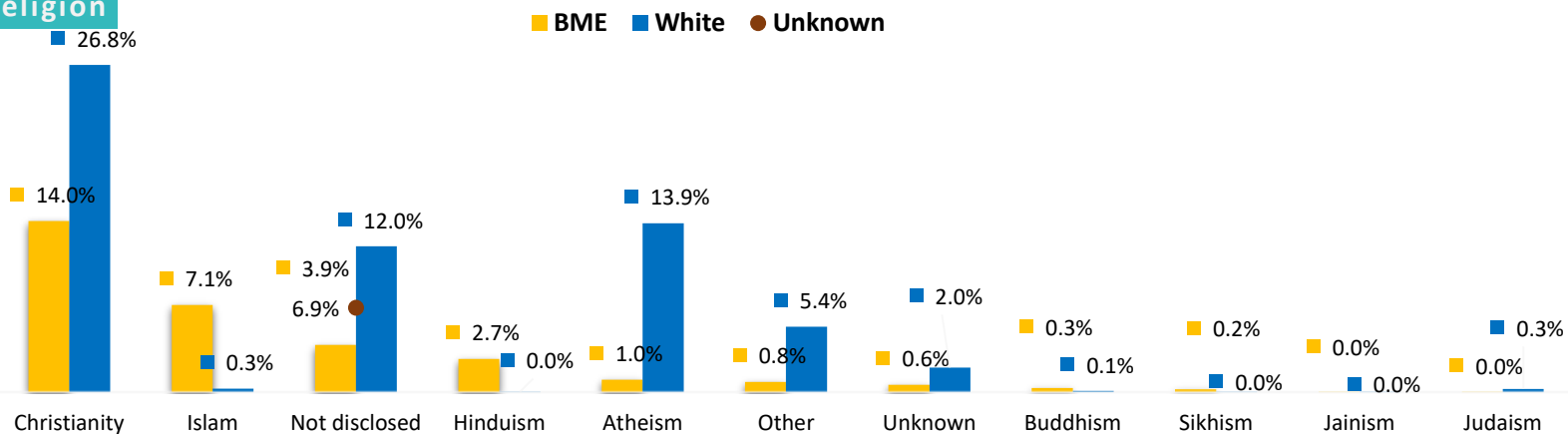
### In the ESR response:

- **Not Stated (declined)** option indicates that the staff declined a response and filed was left blank.
- **Other not listed** option is selected when none of the listed categories match their response.
- **Undecided** indicates that the respondent chose not to disclose certain information.

### Ethnicity

White staff make up the majority of the workforce. Asian or Asian British staff form the next largest group, followed by Black or Black British, Mixed and Other ethnic groups. Staff with unknown ethnicity form a noticeable portion, indicating some gaps in reporting.

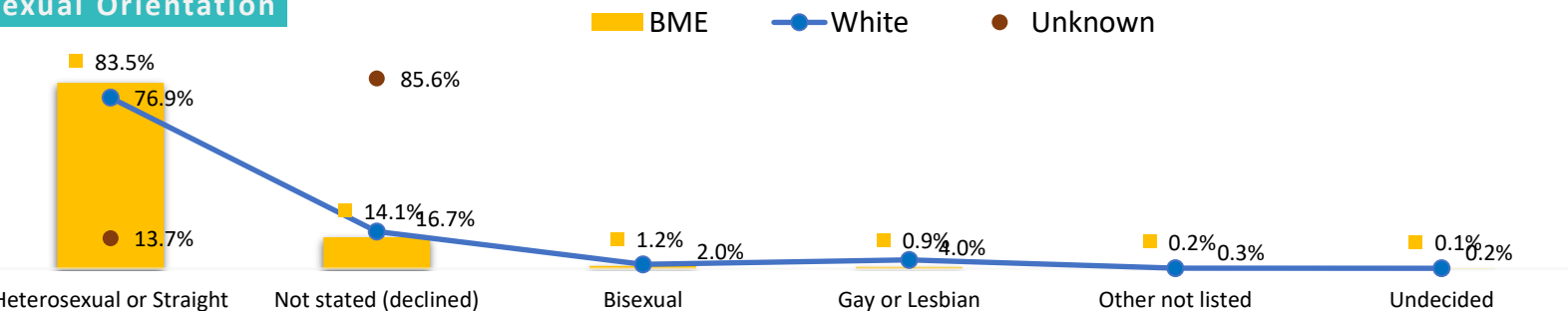
## Religion



### Religion

Christianity is the most common religion, more prevalent among White and BME staff. Atheism is also higher among White staff compared to BME staff. Among BME staff, there is greater religious diversity, including Christianity, Islam, Hinduism and Sikhism. Very few staff with no declared ethnicity(unknown) (6.9%) have not disclosed their faith and there is minimal representation across various religious groups.

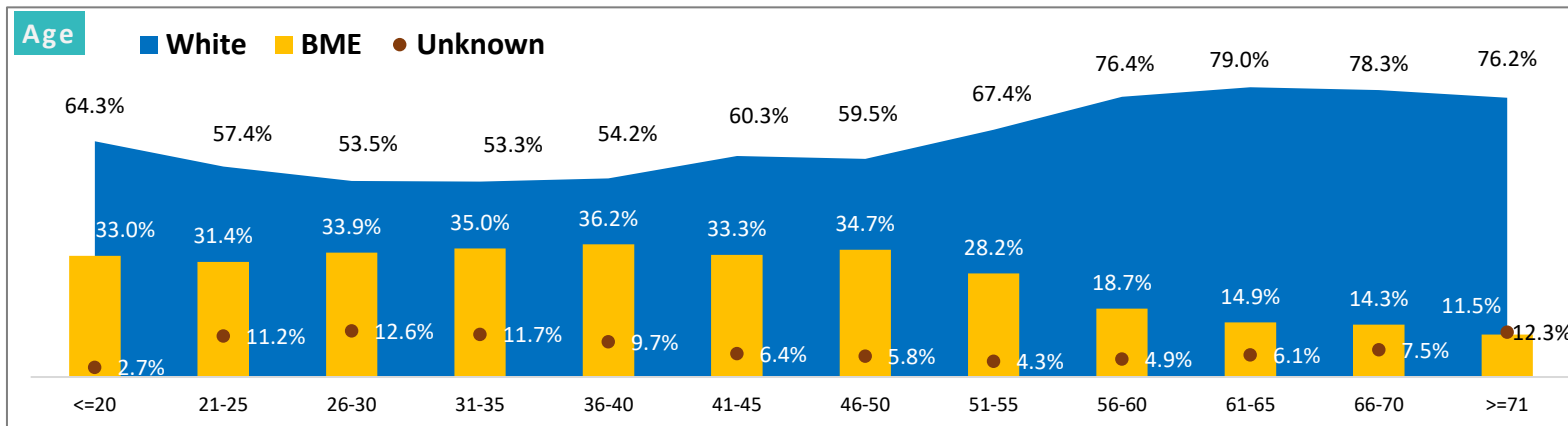
## Sexual Orientation



### Sexual Orientation

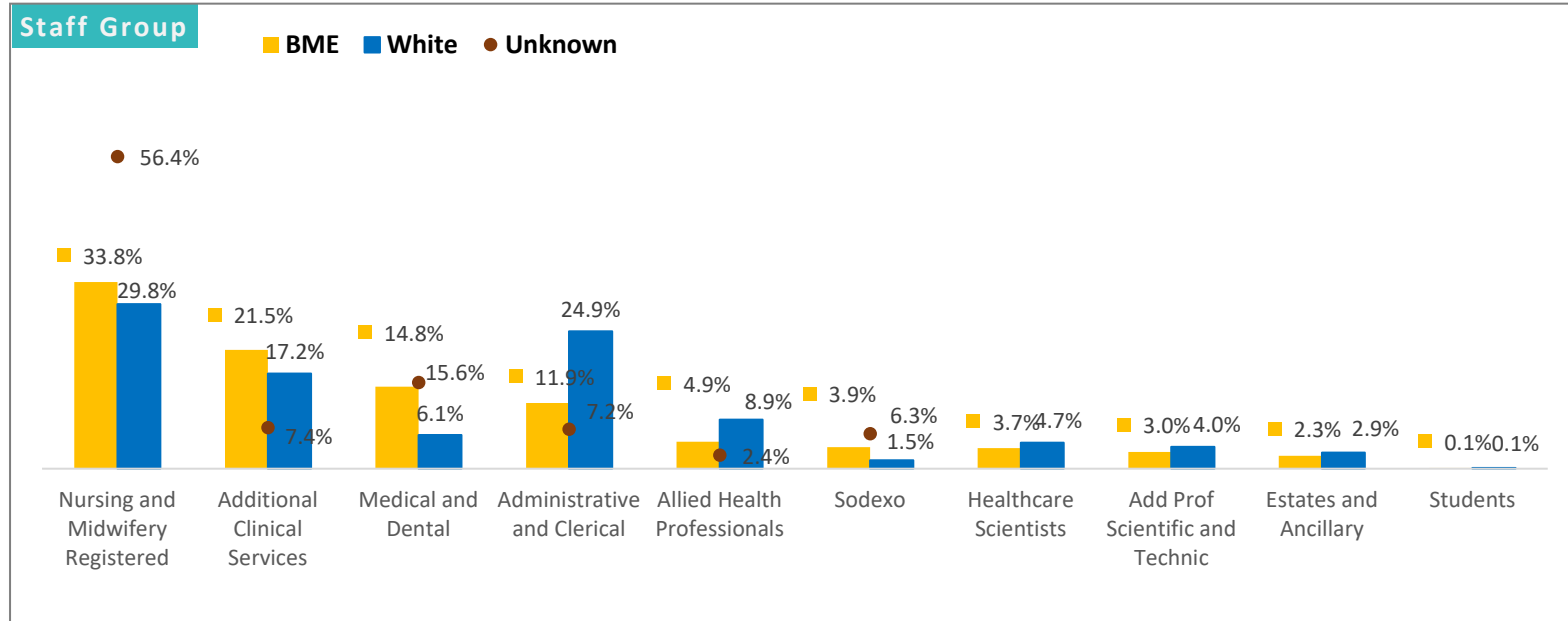
Most staff identify as heterosexual or straight, with higher proportions among both BME and White staff. Representation of bisexual and gay/lesbian staff is low across both groups and very few identify as other or undecided. A considerable number of staff chose not to state or declined to answer, especially among BME staff and those with unknown ethnicity, highlighting reporting gaps. Staff with undeclared ethnicity (unknown) largely did not state their sexual orientation, with only a very small proportion identifying with a specific category.

# WRES Indicator 1 – Representation based on Age and Staff Group as at 31 March 2025.



### Age

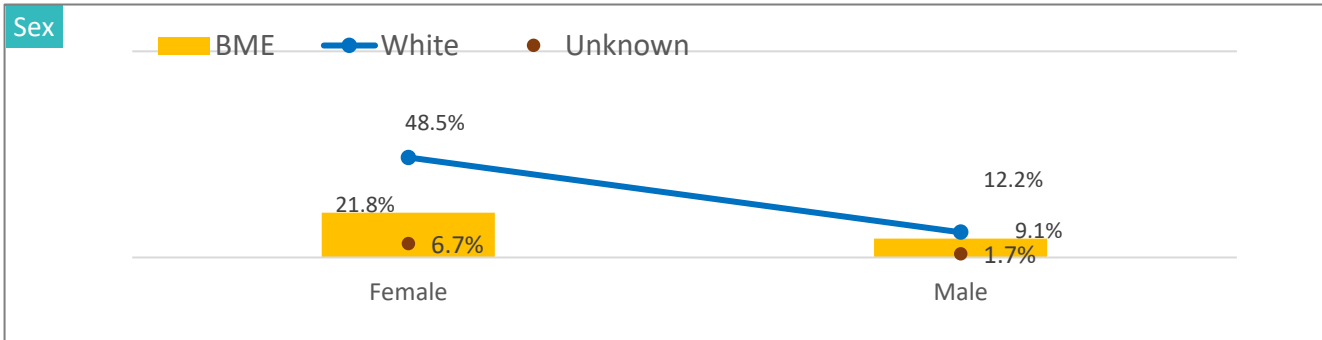
Among staff aged 40 years and under, BME representation is relatively higher, while White staff make up the majority within the same range. In the 41–55 age group, BME representation is slightly lower, with White staff continuing to form the larger share. For staff aged 56 years and above, BME representation drops sharply, while White staff dominate this group. Overall, BME staff are concentrated in younger age groups, whereas White staff are more prevalent in older age bands, showing a clear age-related disparity in workforce composition. Staff with undeclared ethnicity (unknown) are spread across all age ranges, with no notable concentration in any particular age group.



### Staff Group

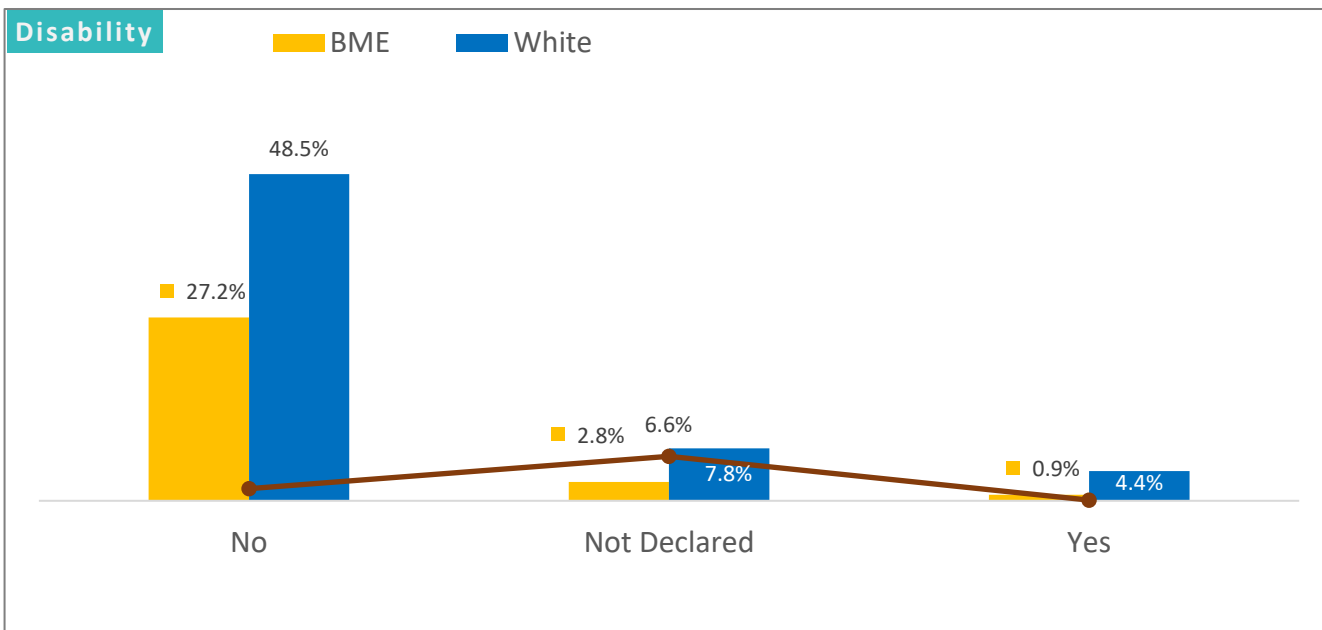
BME staff are most represented in Nursing & Midwifery Registered and Additional Clinical Services. White staff dominate Administrative & Clerical roles and professional or technical areas such as Allied Health Professionals and Healthcare Scientists. Medical & Dental roles have higher BME than White representation, while Nursing & Midwifery shows strong representation of both groups. Staff groups including Students and Sodexo have very low overall numbers, though BME representation slightly exceeds White within Sodexo. Overall, BME staff are concentrated in clinical and patient-facing roles, whereas White staff are more prominent in administrative, technical and support positions. Staff with undeclared ethnicity (unknown) are represented across all staff groups, with the highest proportion in Nursing and Midwifery Registered and Medical and Dental, for all other groups undeclared ethnicity spans across staff groups without being concentrated in a single category.

# WRES Indicator 1 - Representation based on Sex and Disability as at 31 March 2025.



**Sex**

Female staff make up a larger share among White staff than BME staff. Male staff are also more represented among White staff. Overall, White staff have higher representation across both sexes compared to BME staff.



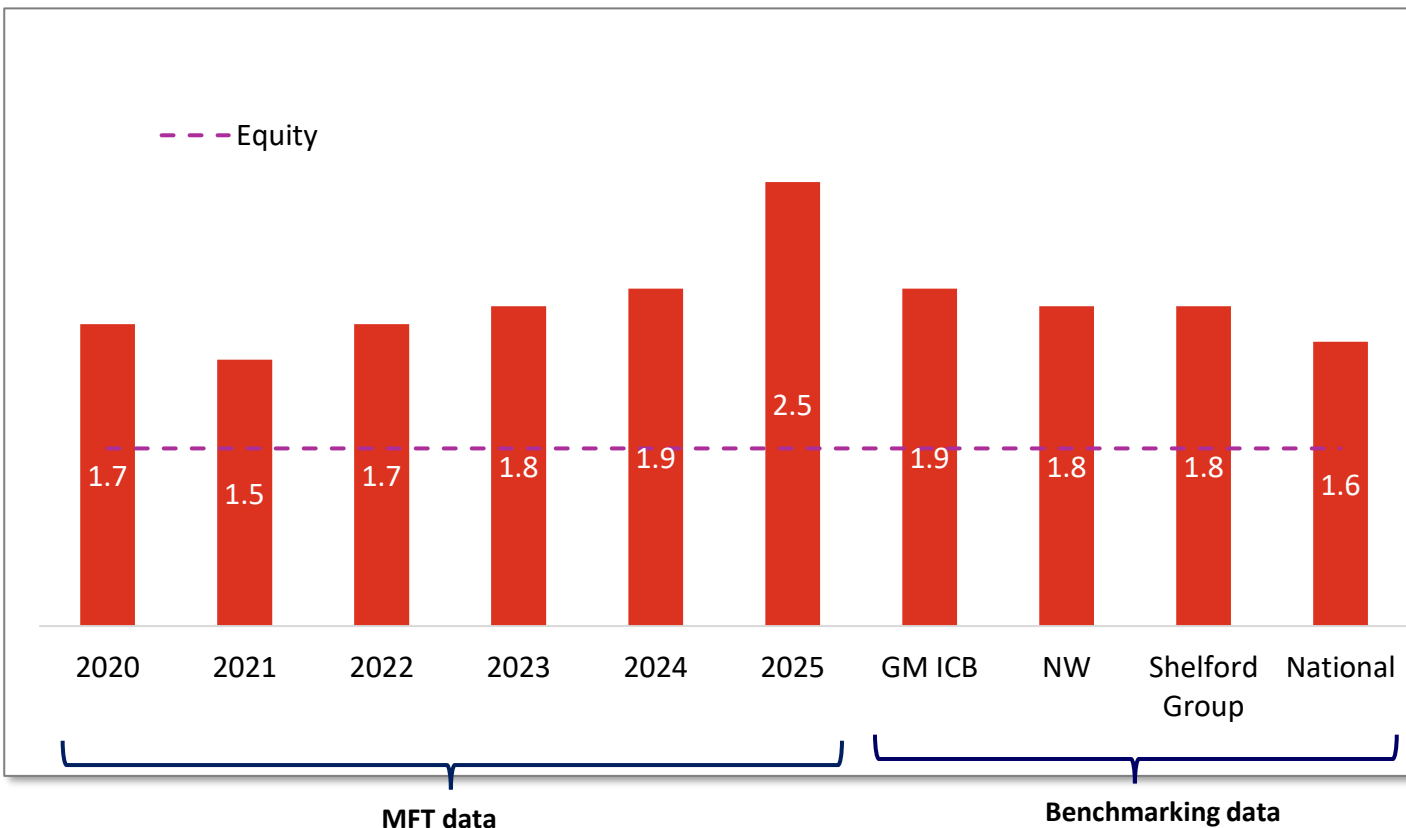
**Disability**

More White staff than BME staff report having a disability. The majority in both groups report no disability, though disclosure is higher among White staff. Staff with undeclared ethnicity (unknown) are mostly represented in the non-disclosure category.

# WRES Indicator 2

## WRES Indicator 2 Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts): 2020-2025 data and local/national benchmarks

2020	2021	2022	2023	2024	2025
1.7	1.5	1.7	1.8	1.9	2.5



A relative likelihood of 1 means that there is no difference (Equity) and white applicants are just as likely to be appointed compared to BME applicants.



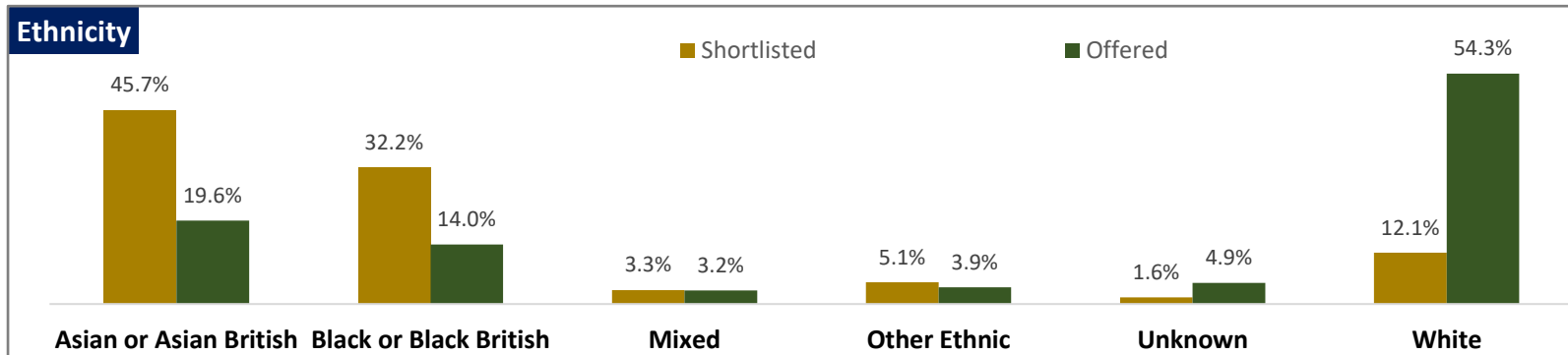
A relative likelihood of over 1 is indicated in red and means that white applicants have a greater likelihood of being appointed from shortlisting than BME applicants.



A relative likelihood below 1 indicates that white applicants are less likely to be appointed compared to BME applicants.

- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased since last year and is at 2.5.
- A slight decrease occurred in 2021, followed by a gradual increase over subsequent years: 2022, 2023, 2024 and a notable rise to 2.5 in 2025.
- Overall, the trend demonstrates a progressive widening in the relative likelihood of appointment for white staff compared to BME staff, particularly between 2024 and 2025.
- MFT's relative likelihood of white staff being appointed from shortlisting compared to BME staff is 2.5, which is higher than all comparators.

# WRES Indicator 2 — Percentage of Staff Offered from Shortlisting based on Ethnicity, Religion and Sexual Orientation (31<sup>st</sup> March 2025)



**In the ESR response:**

- **Not Stated (declined)** option indicates that the staff declined a response and filed was left blank.
- **Other not listed** option is selected when none of the listed categories match their response.
- **Undecided** indicates that the respondent chose not to disclose certain information.

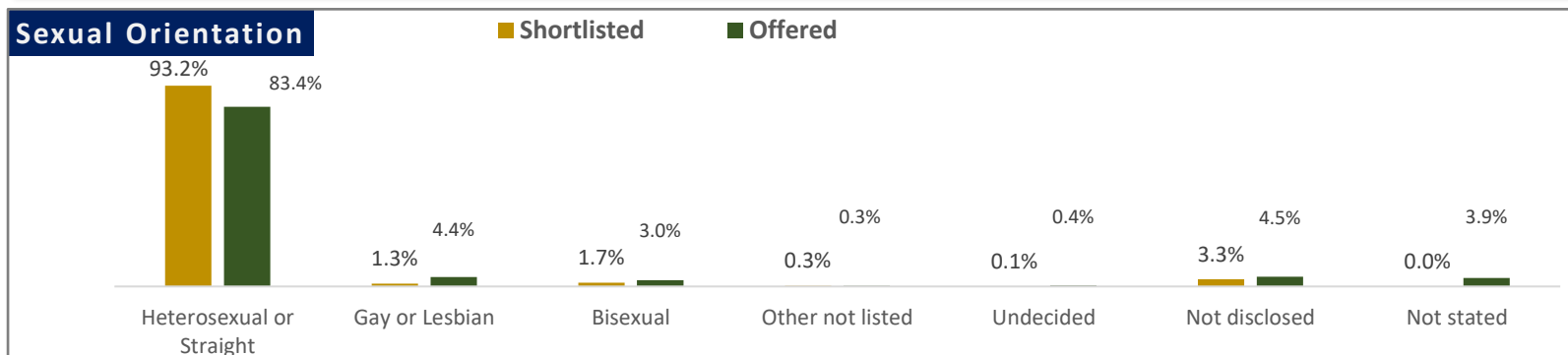
### Ethnicity

White candidates, while only 12.1% were shortlisted 54.3% received offers, indicating a substantial advantage in appointment outcomes. All BME groups were less likely to progress from shortlisting to appointment. Candidates of unknown ethnicity saw a slightly higher offer rate relative to shortlisting.



### Religion

Atheist candidates had a substantially higher likelihood of appointment. Christian candidates were roughly proportional. Hindu and Muslim candidates were underrepresented in offers relative to shortlisting.

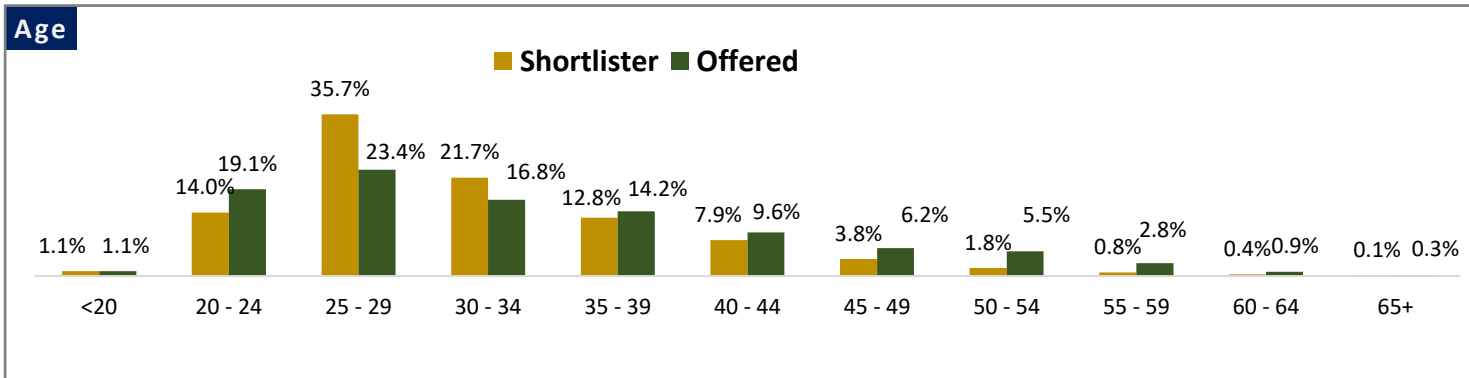


### Sexual Orientation

Heterosexual or straight candidates made up the majority of those shortlisted but a smaller share of those appointed. Gay, lesbian and bisexual candidates had higher appointment rates compared with their proportion at the shortlisting stage. Candidates who did not disclose their sexual orientation or whose orientation was not stated also received offers at a higher rate.

Relative likelihood data by for BME and White staff is not currently available for this indicator. Work is ongoing with Workforce Planning and Recruitment Team to obtain this information.

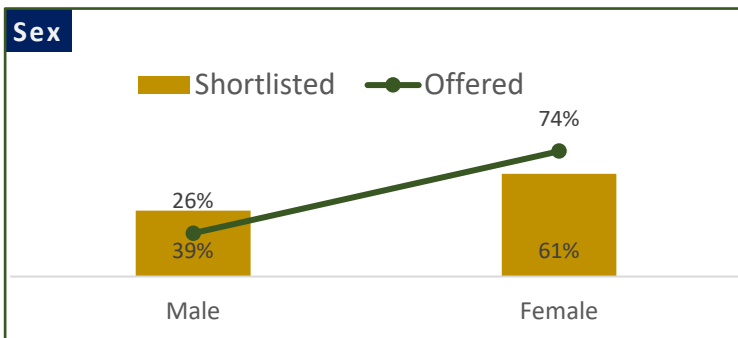
# WRES Indicator 2 – Percentage of Staff Offered from Shortlisting based on Age, Sex and Disability (31st March 2025).



### Age

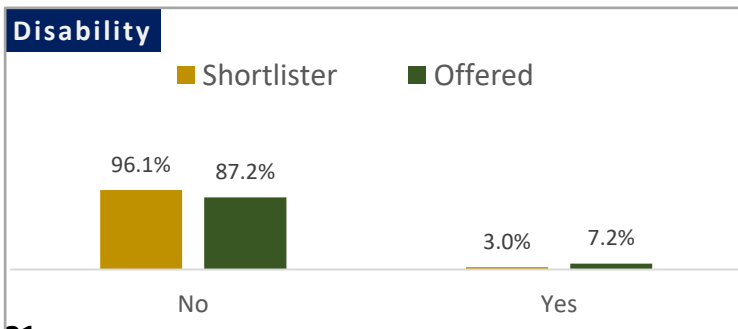
Candidates aged 25–34 make up the largest proportion of those shortlisted but receive a smaller share of offers relative to their shortlisting numbers. Candidates aged 35 and above generally have a higher likelihood of being appointed compared to their proportion shortlisted. Candidates under 20 and over 65 have very small representation, but their offer rates are roughly proportional or slightly higher than their shortlisting.

Overall, the data indicates variation in appointment outcomes across age groups, with younger staff less likely to progress from shortlisting to appointment than older staff.



### Sex

Female candidates made up the majority of those shortlisted and received a higher share of offers, indicating a greater likelihood of appointment. Male candidates comprised a smaller share of shortlisted staff and received proportionally fewer offers, showing a lower progression rate.



### Disability

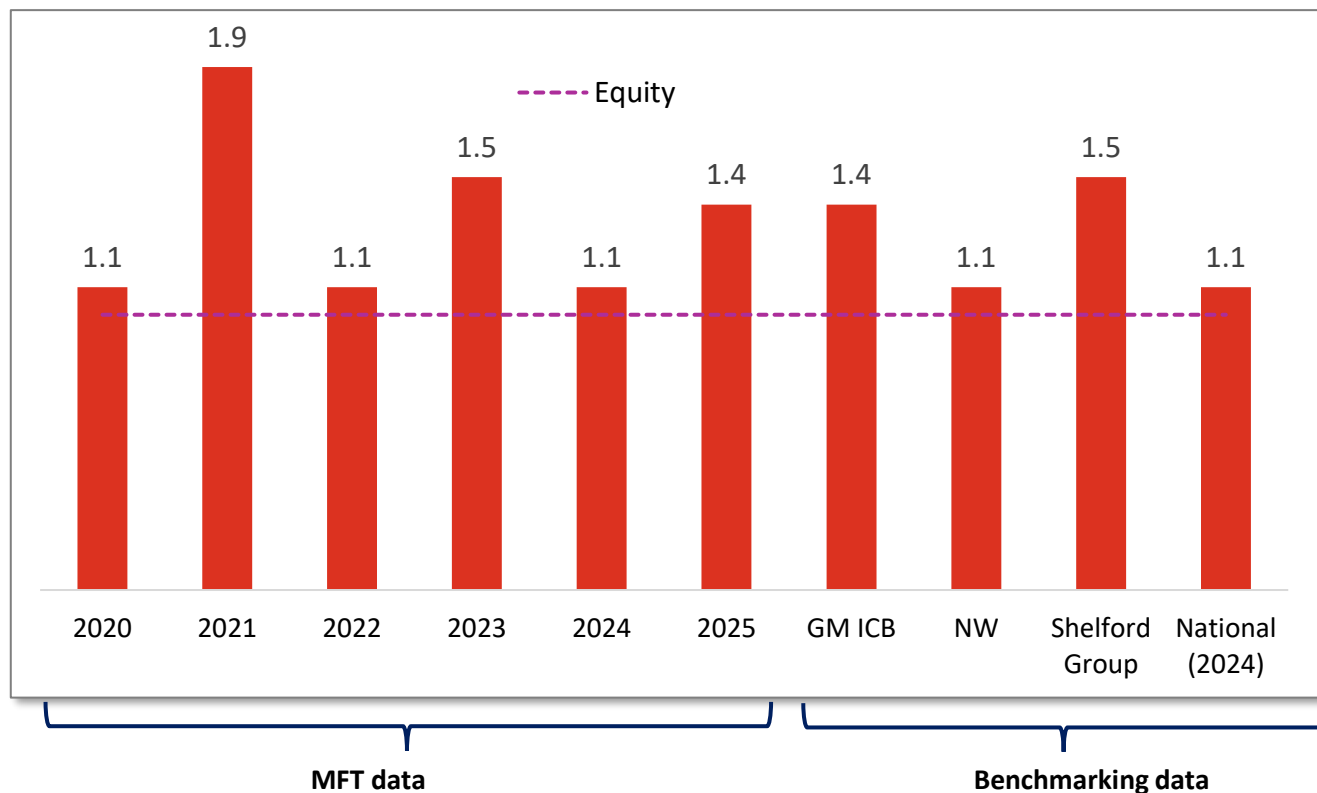
Most shortlisted candidates did not declare a disability and they received a slightly lower proportion of offers relative to their shortlisting. Candidates who declared a disability were fewer at shortlisting but had a higher likelihood of being appointed.

! Data for Staff Group and Pay Band/Grade was not available for this indicator at the time of publishing this report.

# WRES Indicator 3

## Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation: 2020-2025 data and local/national benchmarks

2020	2021	2022	2023	2024	2025
1.1	1.9	1.1	1.5	1.1	1.4



A relative likelihood of 1 means that there is no difference (Equity) and BME staff are just as likely to enter the formal disciplinary process compared to white staff.



A relative likelihood above 1 indicated in **red** means that BME staff are more likely to enter the formal disciplinary process compared to white staff.

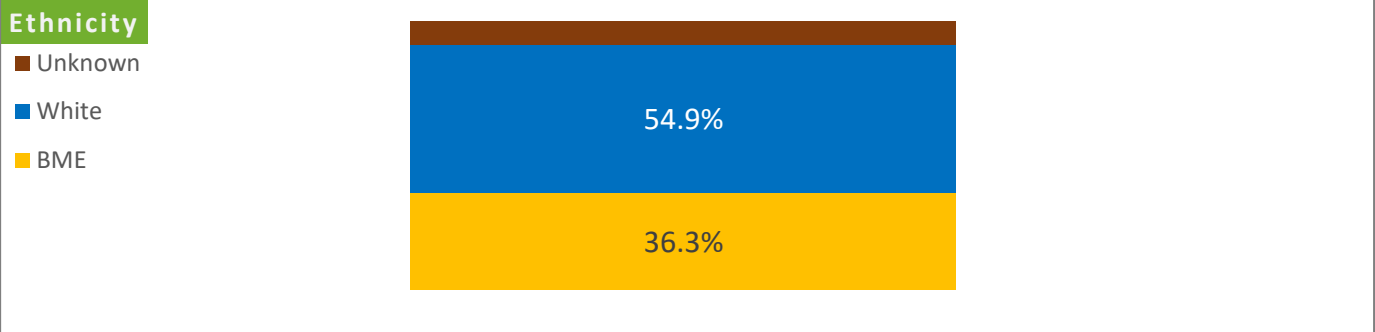


A relative likelihood below 1 indicates that BME staff are less likely to enter the formal disciplinary process compared to white staff.

- BME staff have historically been slightly more likely than White staff to enter formal disciplinary proceedings.
- Trends over time show some fluctuations, but overall, there is a consistent pattern of elevated likelihood for BME staff compared with White staff.
- MFT's relative risk is higher than regional and national averages, indicating a slightly increased chance of BME staff being subject to disciplinary investigations.
- Compared with similar organisations, MFT is broadly in line with local benchmarks.

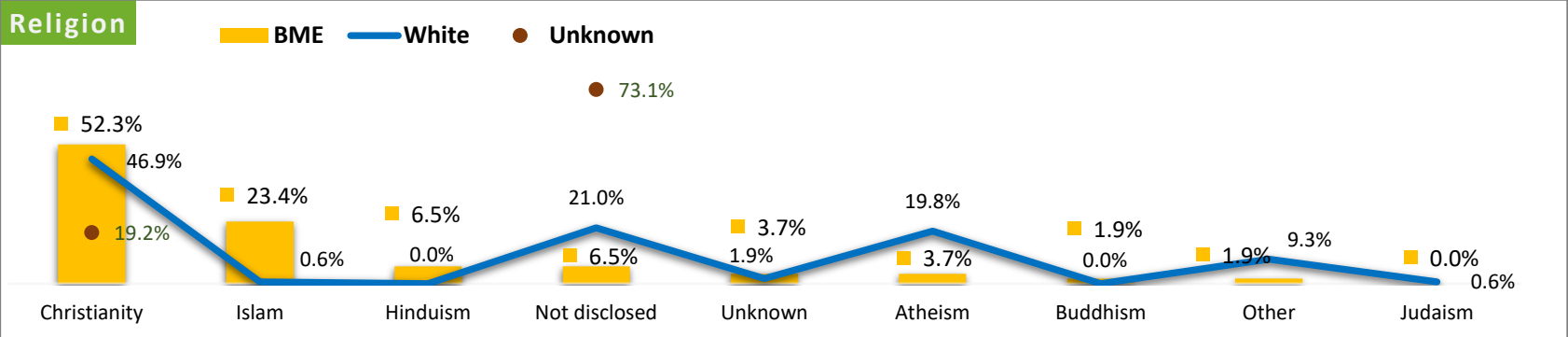
! The total number of disciplinary cases increased significantly from 45 in 23/24 to 295 in 24/25. HR explained that the rise is likely due to a glitch in the case manager system.

# WRES Indicator 3 — Percentage of staff entering the formal disciplinary process based on Ethnicity, Religion and Sexual Orientation as at 31st March 2025.



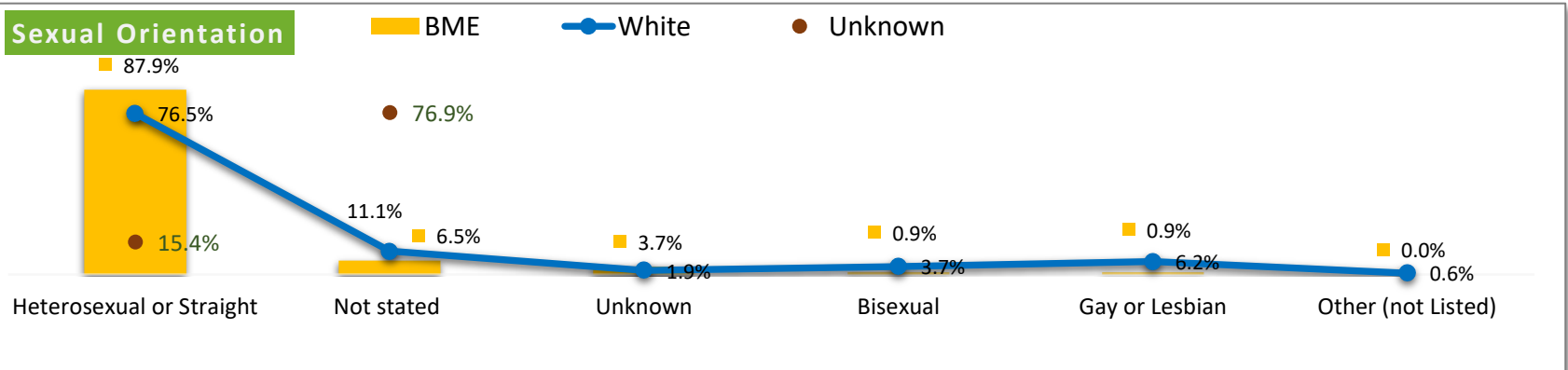
### Ethnicity

BME staff account for just over a third of disciplinary cases, while White staff represent more than half. This indicates that, proportionally, BME staff have a slightly higher relative likelihood of entering the formal disciplinary process compared with White staff.



### Religion

BME staff entering formal disciplinary processes are mostly Christian, followed by staff identifying with Islam and Hinduism. Smaller numbers identify with Buddhism or other religions and a small proportion did not disclose or are recorded as unknown. Among White staff, disciplinary cases are predominantly in Christian or atheist. A notable proportion of White staff did not disclose their religion or are recorded as unknown. Staff with undeclared ethnicity (unknown) and those who did not disclose their religion have a higher proportion entering the formal disciplinary process compared with staff in other religious categories.

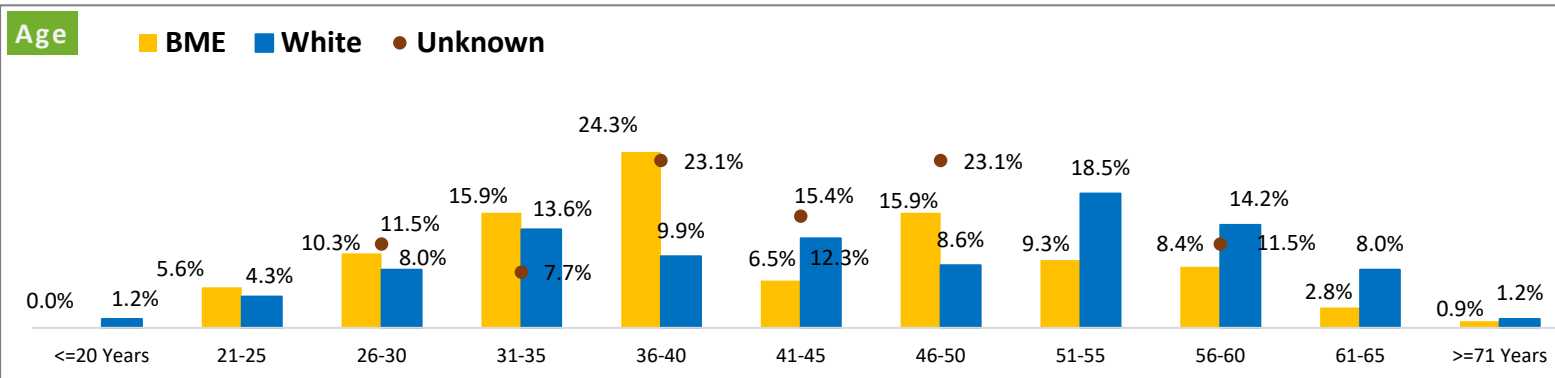


### Sexual Orientation

BME staff entering formal disciplinary processes identify as heterosexual or straight, with very few identifying as bisexual, gay or lesbian. Among White staff, the majority are also heterosexual or straight, with slightly higher representation in bisexual or gay/lesbian categories. A notable proportion of White staff entering disciplinary did not state their sexual orientation or are recorded as unknown. Amongst undeclared ethnicity, staff who did not state their sexual orientation have the highest proportion entering the formal disciplinary process, followed by those identifying as heterosexual.

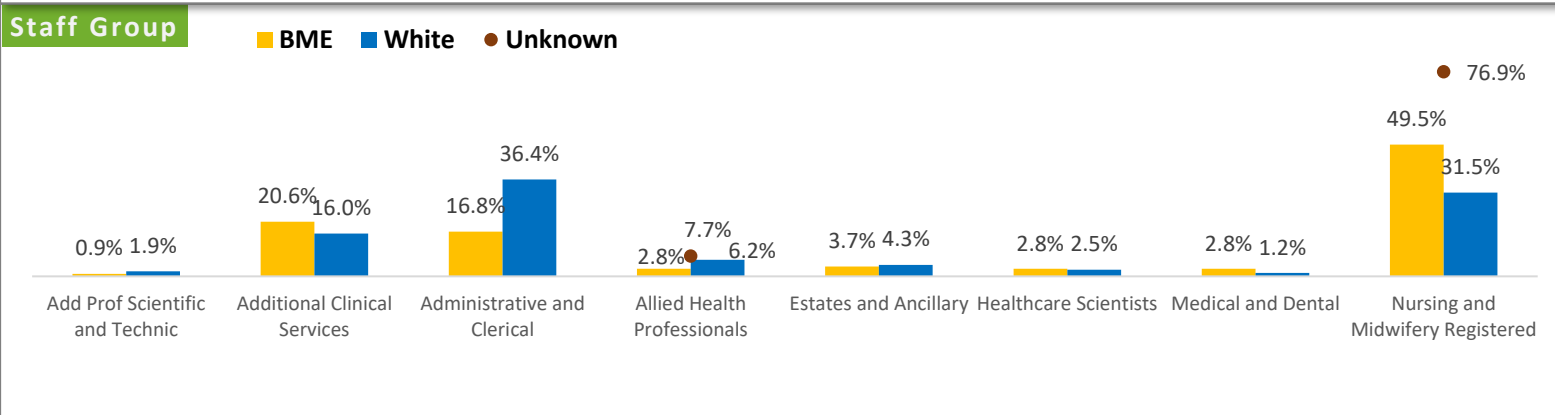
Relative likelihood data by for BME and White staff is not currently available for this indicator. Work is ongoing with the Workforce planning and Human Resources Team to obtain this information.

# WRES Indicator 3 — Percentage of staff entering the formal disciplinary process based on Age, Staff Group and Sex as at 31st March 2025.



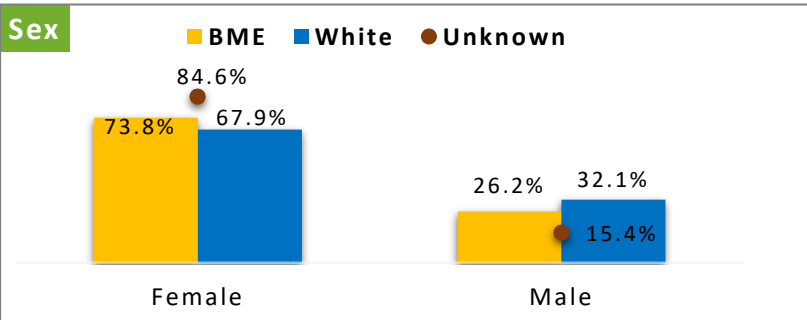
### Age

BME staff entering formal disciplinary processes are concentrated in younger and mid-career age groups, particularly between their late 20s and early 50s. White staff entering formal are more evenly distributed across age groups, with higher representation in older age bands. Very few staff in either group are under 20 or over 70. Overall, the data indicates that younger BME staff are more likely to enter formal disciplinary processes relative to their White counterparts, while older White staff have higher representation in these cases. In Unknown category staff entering disciplinary processes are most represented in the 36–40 46–50 and 41–45 age groups, with very low or no representation in the ≤25 and ≥71 age brackets.



### Staff Group

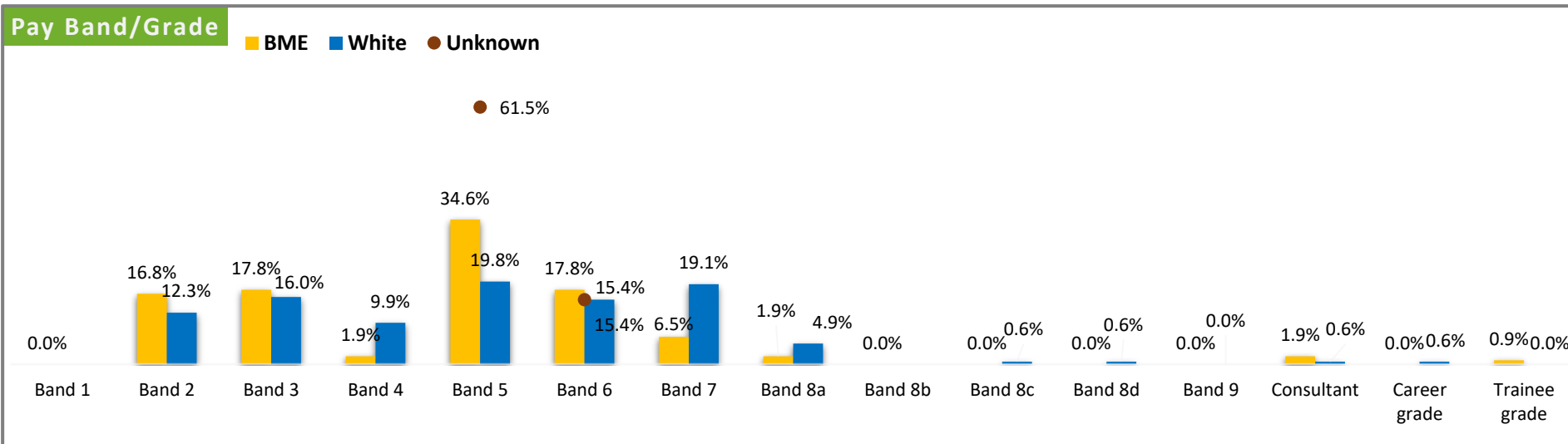
BME staff entering formal disciplinary processes are largely concentrated in Nursing & Midwifery Registered and Additional Clinical Services, with smaller numbers in administrative, technical and other professional roles. White staff are predominantly in Administrative & Clerical roles, with notable representation in Nursing & Midwifery, Allied Health and other professional or support groups. Overall, BME staff are more prevalent in clinical and patient-facing roles among those entering disciplinary processes, whereas White staff are more represented in administrative, technical and support roles. Among Unknown category the Nursing and Midwifery staff is the highest in entering disciplinary cases and Smaller proportions are represented in other staff groups



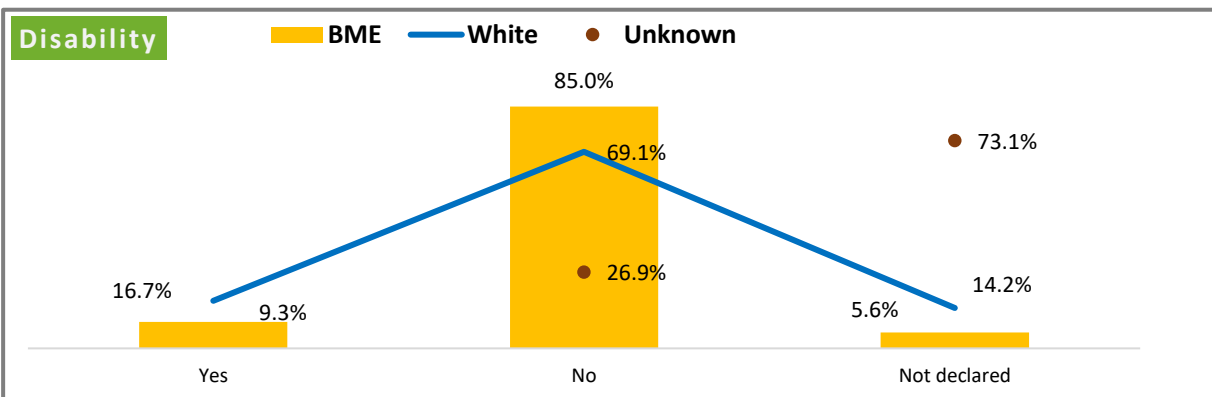
### Sex

Among staff entering formal disciplinary processes, the majority of BME staff are female, with fewer male staff. White staff entering disciplinary also have more females than males, though the distribution is slightly more balanced compared with BME staff. Overall, female staff make up the majority of those entering disciplinary processes in both ethnic groups.

# WRES Indicator 3 — Percentage of staff entering the formal disciplinary process based on Pay band/Grade and Disability as at 31st March 2025.



**Pay Band/Grade:**  
BME staff entering formal disciplinary processes are primarily concentrated in Bands 2, 3, 5, 6 and 7, This percentage is smaller in Bands 4, 8a–8d, Band 9 and medical and consultant grades. White staff involved in disciplinary processes are distributed across Bands 2, 3, 4, 5, 6 and 7, with smaller numbers in Bands 8a–8d, Band 9. Among staff with undeclared ethnicity (unknown) entering the formal disciplinary process, the highest proportion are in Band 5, followed by Band 6 and smaller Band 8b onwards to medical and dental grades

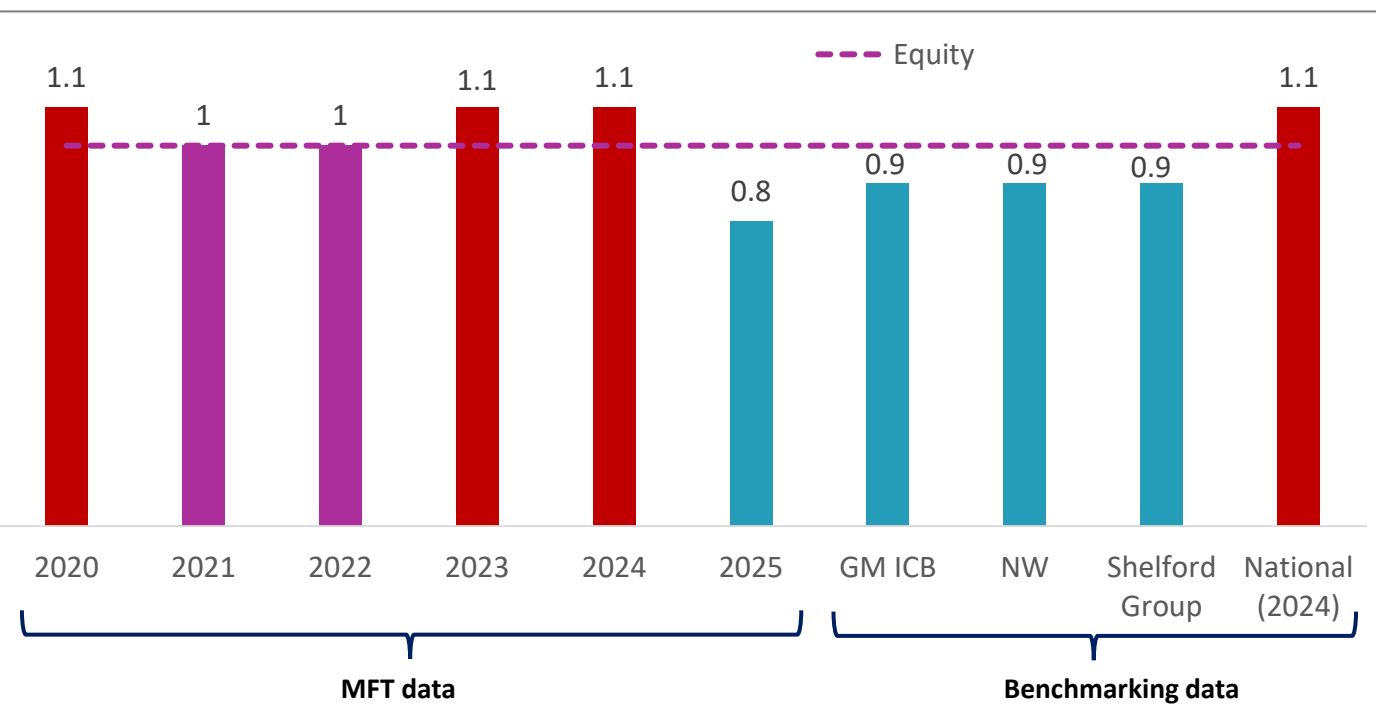


**Disability**  
Most staff entering formal disciplinary processes do not have a declared disability, for both BME and White staff. A smaller proportion of cases involve staff with a declared disability, with White staff slightly more represented in this group than BME staff.

# WRES Indicator 4

## Relative likelihood of staff accessing non-mandatory training and CPD : 2020-2025 data and local/national benchmarks

2020	2021	2022	2023	2024	2025
1.1	1.0	1.0	1.1	1.1	0.8



A relative likelihood of 1 means that there is no difference and white staff are just as likely to access non-mandatory training compared to BME staff.



A relative likelihood above 1 indicated in **red** means that white staff are more likely to access non-mandatory training compared to BME staff.



A relative likelihood below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff.

- Analysis of data from 2020 to 2025 shows that the relative likelihood of BME staff accessing non-mandatory training and CPD has generally been close to parity with White staff.
- Peaks occurred in 2020, 2023 and 2024, while 2021 and 2022 remained at equal likelihood.
- In 2025, BME staff were slightly less likely than White staff to access non-mandatory training.
- In 2025, the relative likelihood of BME staff accessing non-mandatory training and CPD at MFT was below parity with White staff, indicating that BME staff had slightly better access compared with White staff.
- Compared with local and regional benchmarks, MFT's figure is slightly lower than the GM ICB, NW region and Shelford Group and notably below the national benchmark for 2024, which shows higher access for BME staff.

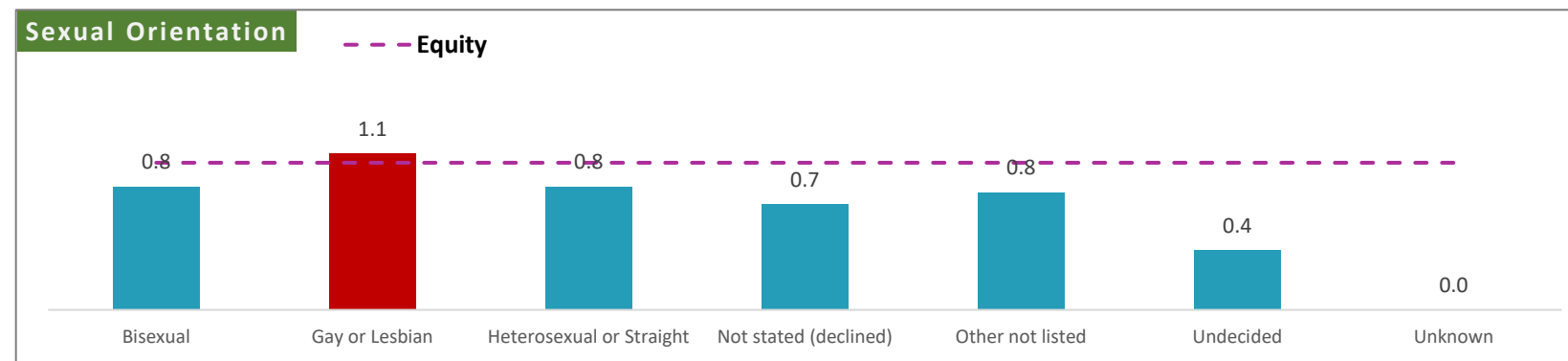
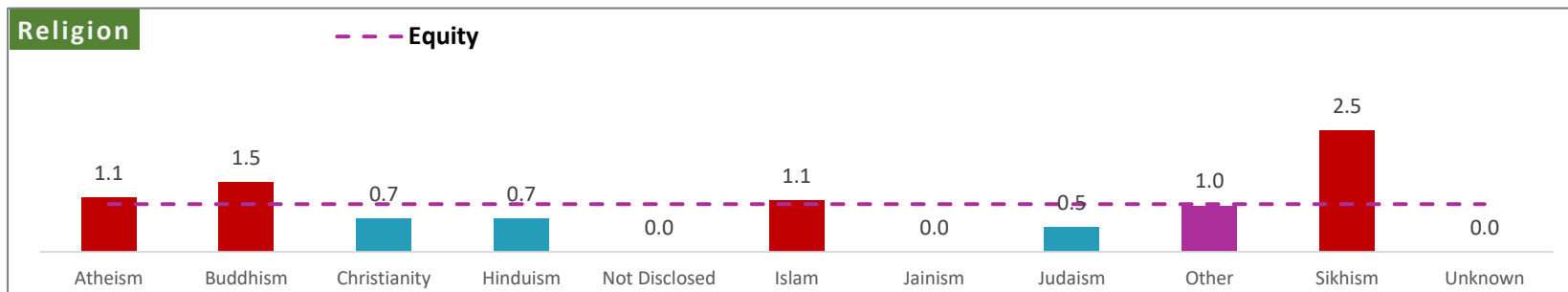
# WRES Indicator 4 — Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME, based on Ethnicity, Religion and Sexual Orientation as at 31<sup>st</sup> March 2025.



**In the ESR response:**

- **Not Stated** option indicates that the staff declined a response and filed was left blank.
- **Other not listed** option is selected when none of the listed categories match their response.
- **Undecided** indicates that the respondent chose not to disclose certain information.

- A relative likelihood of 1 means that there is no difference (Equity).
- Above 1 indicated in **red** means that white staff are more likely to access non-mandatory training compared to BME staff.
- Below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff.



**Ethnicity**

Both groups have a relative likelihood below 1, indicating that White staff are less likely than BME staff to access non-mandatory training

**Religion**

There is variability in access to non-mandatory training across religious groups. White Sikh and Buddhist, Muslim and Atheist staff are most likely to access training, while white Jewish, Christian, and Hindu staff are less likely.

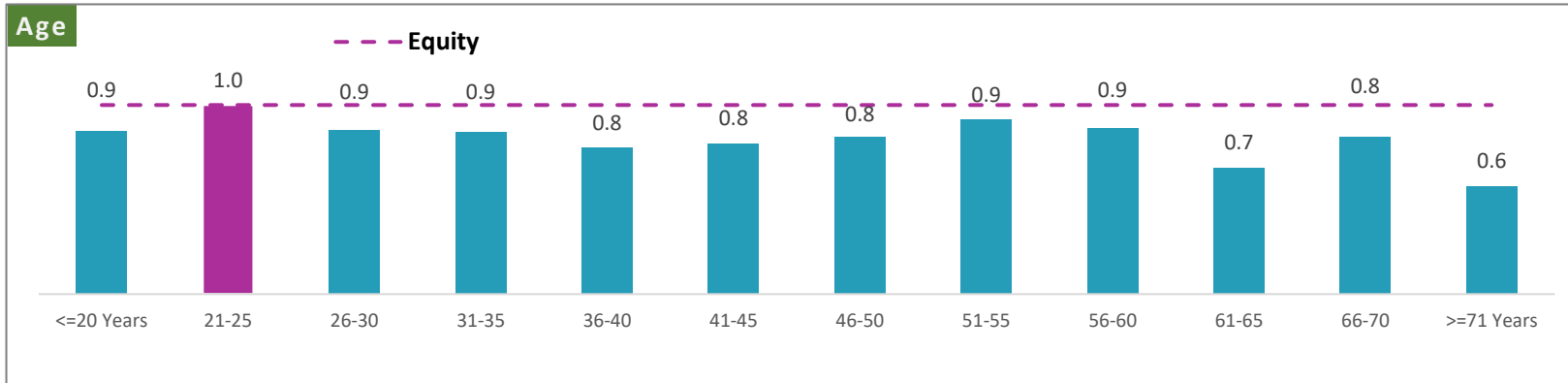
**Sexual Orientation**

Access to non-mandatory training varies slightly by sexual orientation. White Gay or Lesbian staff are marginally more likely to access training in comparison to their BME counterparts, while all other groups of white fall below the equity benchmark, with white Undecided staff being the least likely to participate.

# WRES Indicator 4 — Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME, based on Age, Staff Group and Sex as at 31st March 2025.

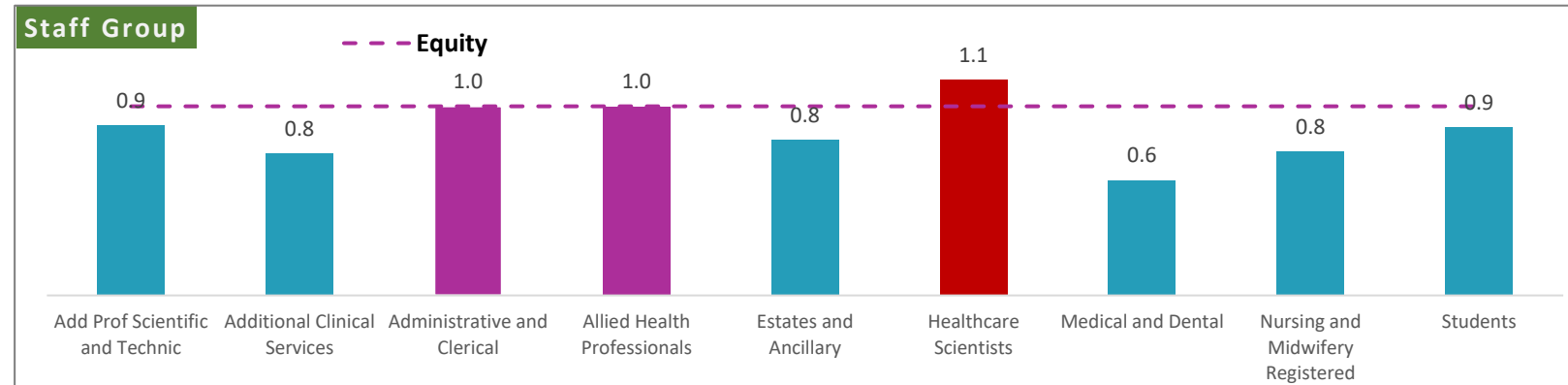


- A relative likelihood of 1 means that there is no difference (Equity).
- Above 1 indicated in **red** means that white staff are more likely to access non-mandatory training compared to BME staff.
- Below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff.



## Age

There is little variation across age groups, but most fall slightly below the equity benchmark. Both White and BME staff in age group 21–25 have equitable access, while white staff in age groups 61–65 and >=70 appear least likely to access non-mandatory training and CPD.



## Staff Group

Access to non-mandatory training and CPD opportunities varies across staff groups. While white Healthcare Scientists demonstrate slightly higher access and Administrative/Allied Health Professionals maintain equity, white Medical and Dental staff show notably lower participation compared to BME counterparts.



## Sex

Access to non-mandatory training and CPD is broadly equitable between male and female staff, but both groups fall below the equity threshold. White males show a slightly lower likelihood compared to females when compared with BME counterparts.

# WRES Indicator 4 — Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME, based on Pay Band/Grades and Disability as at 31st March 2025.



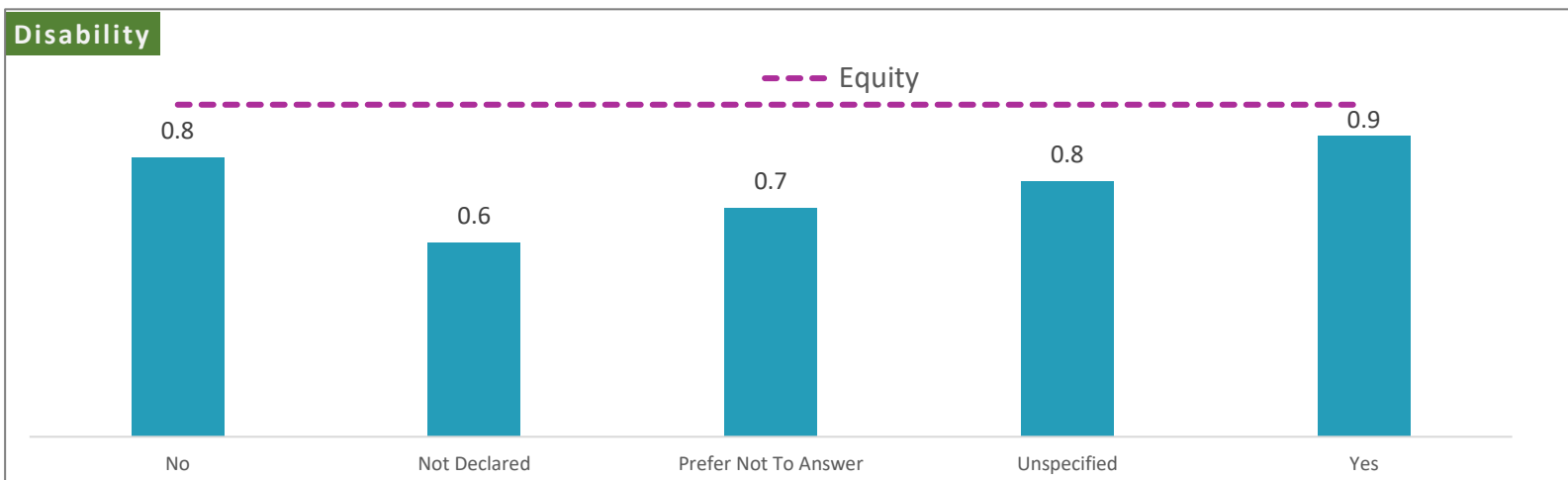
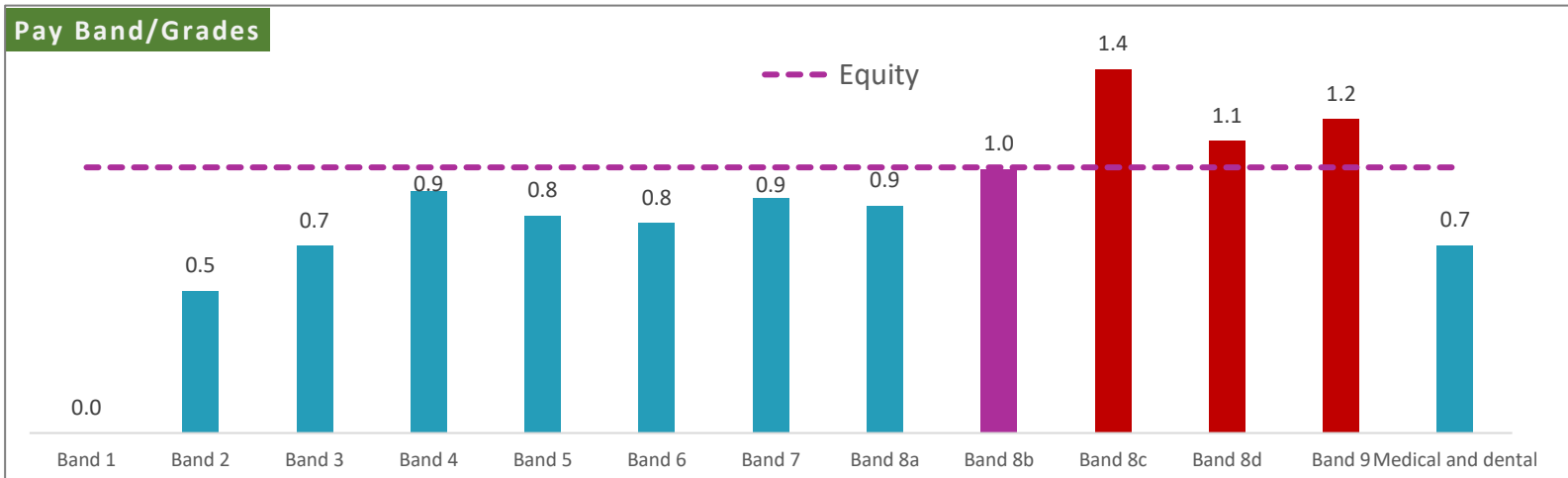
- A relative likelihood of 1 means that there is no difference (Equity).
- Above 1 indicated in **red** means that white staff are more likely to access non-mandatory training compared to BME staff.
- Below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff.

### Pay Band/Grade

Relative likelihood across pay bands shows variation in access to non-mandatory training and CPD. White Staff in lower to mid-level bands (Bands 2–7, Medical & Dental) have a low relative likelihood indicating BME staff are more likely to access training than White staff. In contrast, some senior bands (Bands 8c–9, Band 8d) have a relative likelihood above parity, suggesting White staff in these bands are more likely to access training than their BME counterparts.

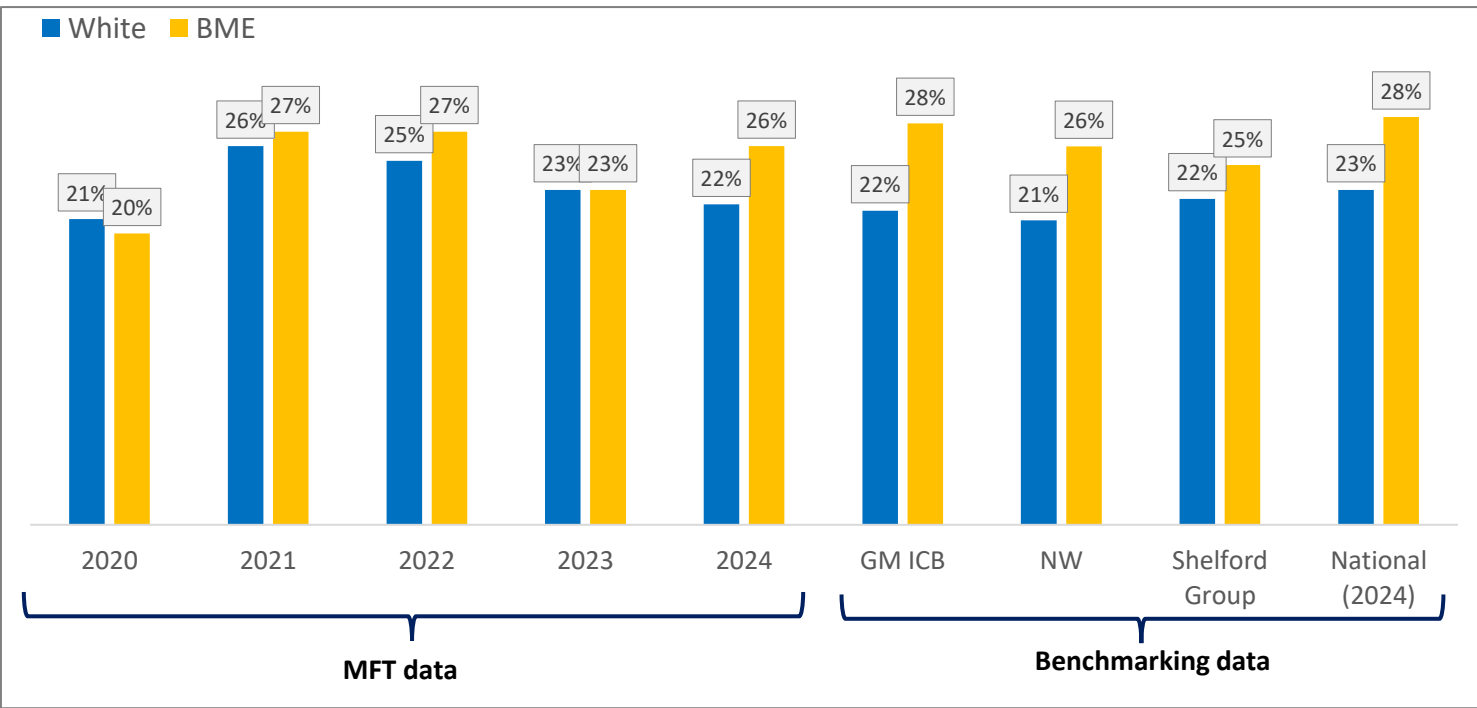
### Disability

Across all disability categories, White staff are less likely to access non-mandatory training and CPD than BME staff



# WRES Indicator 5

## Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: 2020-2024 data and local/national benchmarks



Overall Workforce at MFT: <b>31,649</b>	<b>White</b>	<b>BME</b>
	Overall <b>19,206</b>	Overall <b>9773</b>
	Responded to NHSS <b>8846</b>	Responded to NHSS <b>4050</b>

- This data is from the National Staff Survey results of 2024 – the results of 2025 will only be available in early 2026.
- Only 4050 BME staff out of 9773 completed the survey.
- Between 2020 and 2024, reports of harassment, bullying or abuse from patients, relatives or the public remained broadly consistent for both BME and White staff. Both groups saw a rise in 2021 followed by a gradual improvement.
- In 2024, BME staff reported slightly higher levels than White staff, reversing the parity seen in 2023.
- MFT’s results align with regional benchmarks (GM ICB and NW) and the Shelford Group, but remain slightly below the national average, where the gap between BME and White staff is wider.

# WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on Ethnicity, Religion and Sexual Orientation (2024)



**In the NHS staff survey response:**

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

### Ethnicity

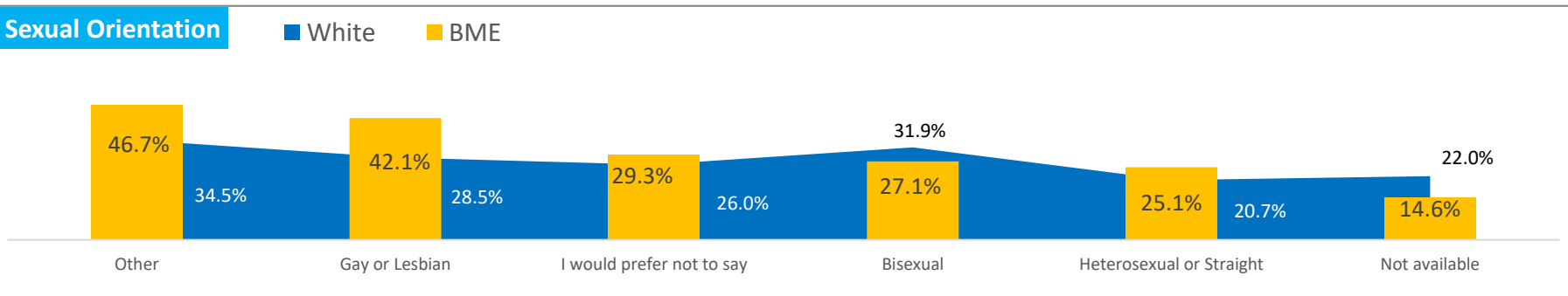
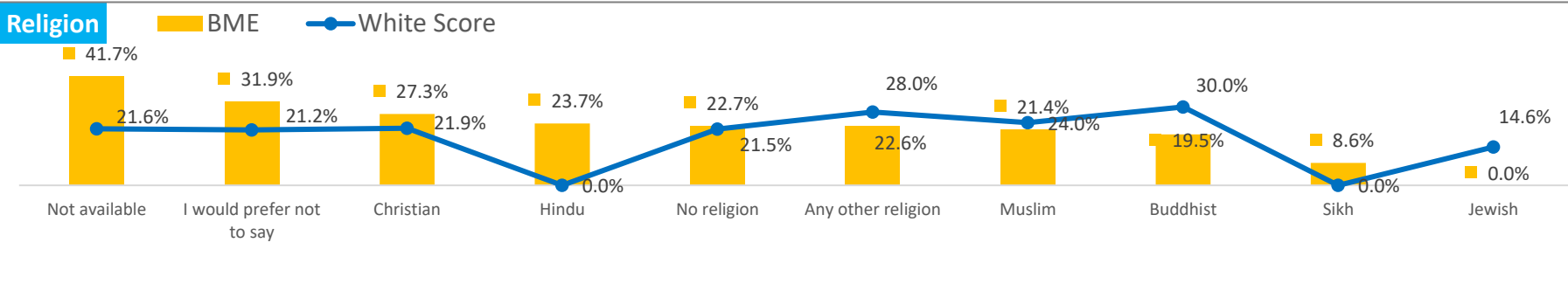
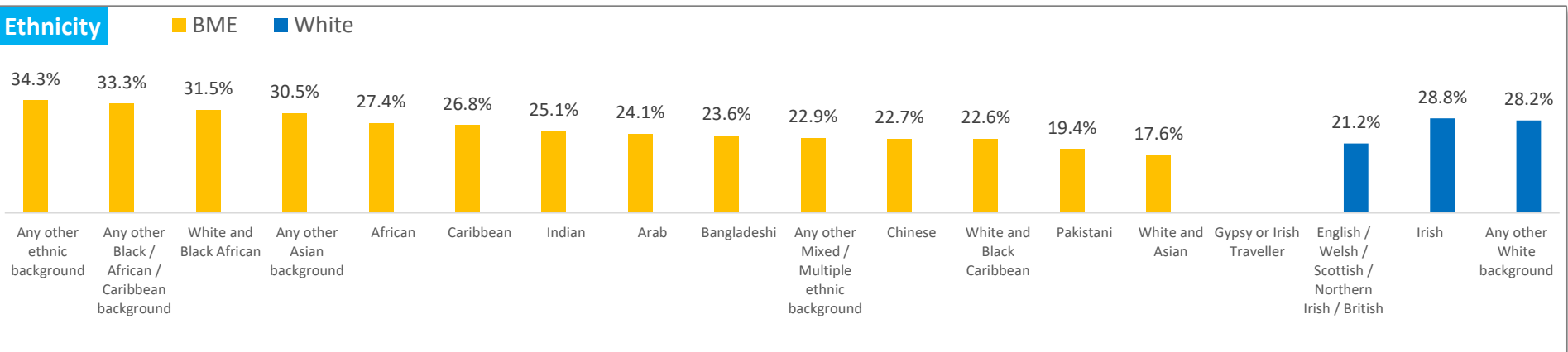
BME staff report higher rates of harassment and abuse from patients or the public across most ethnic groups compared with White staff. The highest levels are seen in 'Any other ethnic background' and 'Any other Black/African/Caribbean background'.

### Religion

BME staff from most religious groups generally report higher levels of harassment and abuse from patients/public compared with White staff. Notably, BME staff who preferred not to disclose their religion and from less common religions report the highest rates,

### Sexual Orientation

BME staff identifying as Gay/Lesbian and Other report the highest rates of abuse. BME staff who are heterosexual report slightly higher levels than White heterosexual staff. White staff identifying as Bisexual report slightly higher rates than BME Bisexual staff, while White staff in 'Not available' categories report more than BME counterparts.

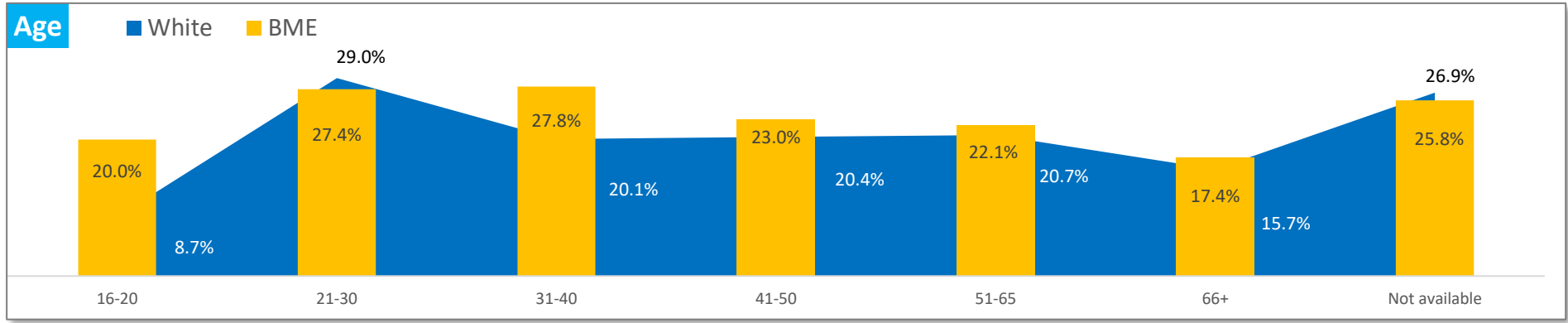




**In the NHS staff survey response:**

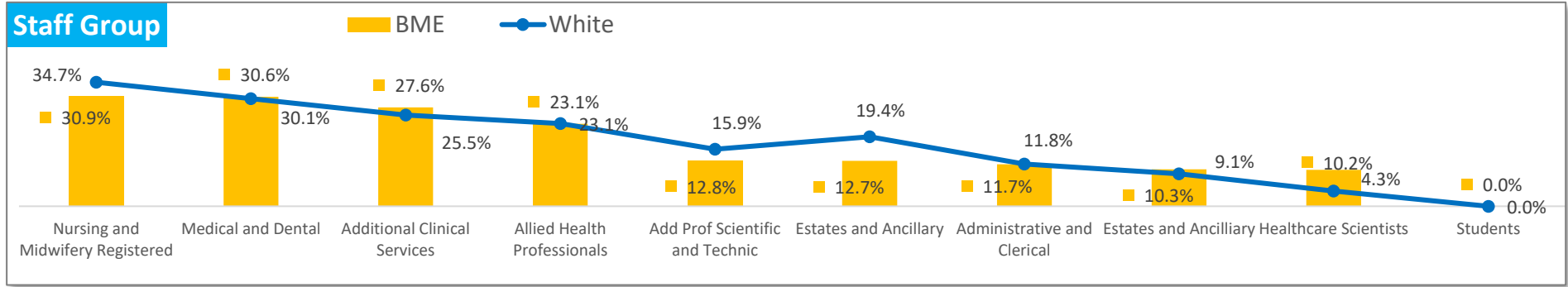
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

# WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on Age, Staff Group and Gender (2024)



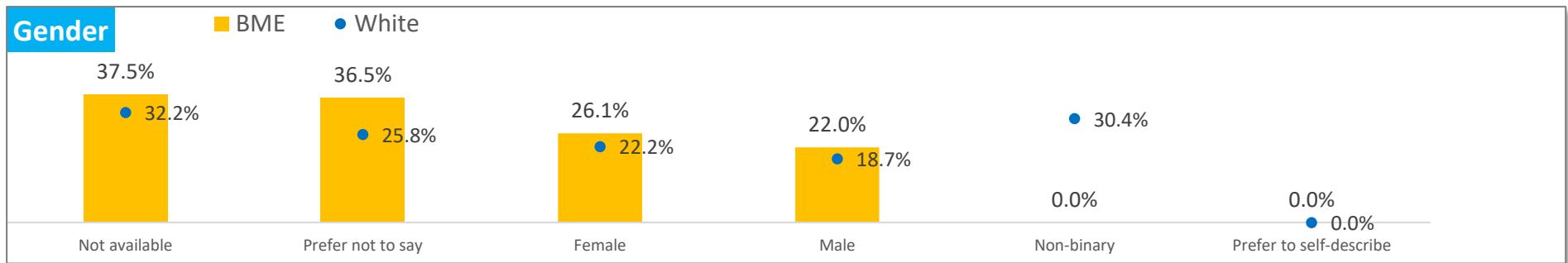
**Age**

BME staff in the age group 21–30 report slightly higher levels of abuse compared with White staff in the same age group. In groups 31–50, BME staff report lower or similar levels compared with White staff. BME staff in age group 66+ report slightly higher abuse than White counterparts.



**Staff Group**

BME staff in Medical & Dental and Nursing & Midwifery roles report the highest levels of abuse from patients/public. Allied Health Professionals and Additional Clinical Services also report notable rates. White staff generally report lower or similar levels, except in Nursing & Midwifery where White staff report slightly higher abuse than BME.



**Gender**

BME female staff report higher levels of abuse than White female staff. Male BME staff also report higher rates than their White counterparts. Non-binary staff and those preferring not to say show the highest levels.

# WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on Pay Band/Grade and Disability (2024)

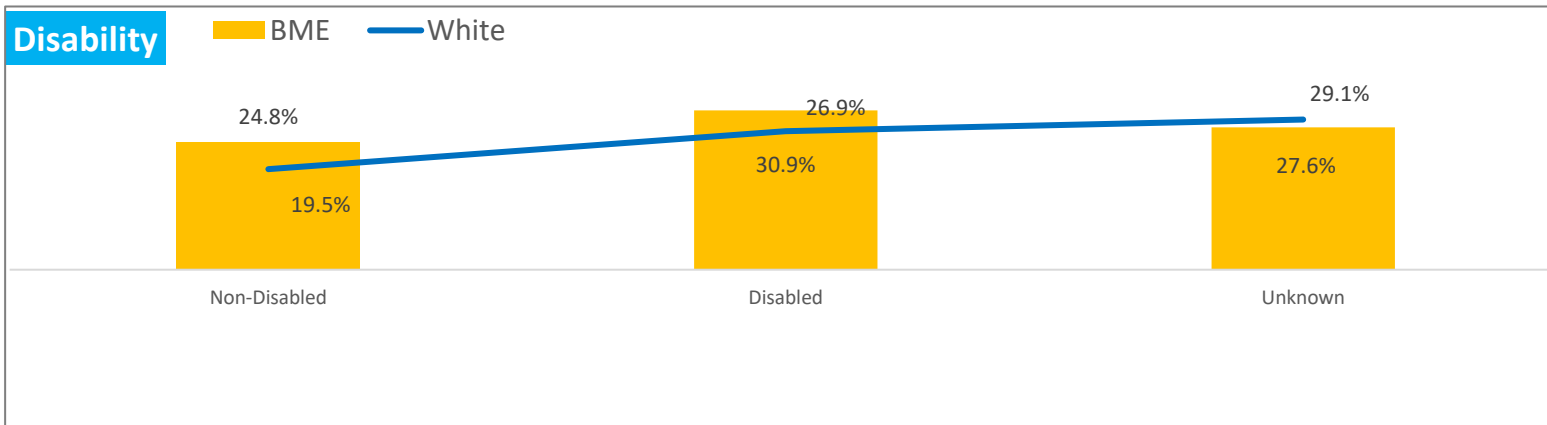
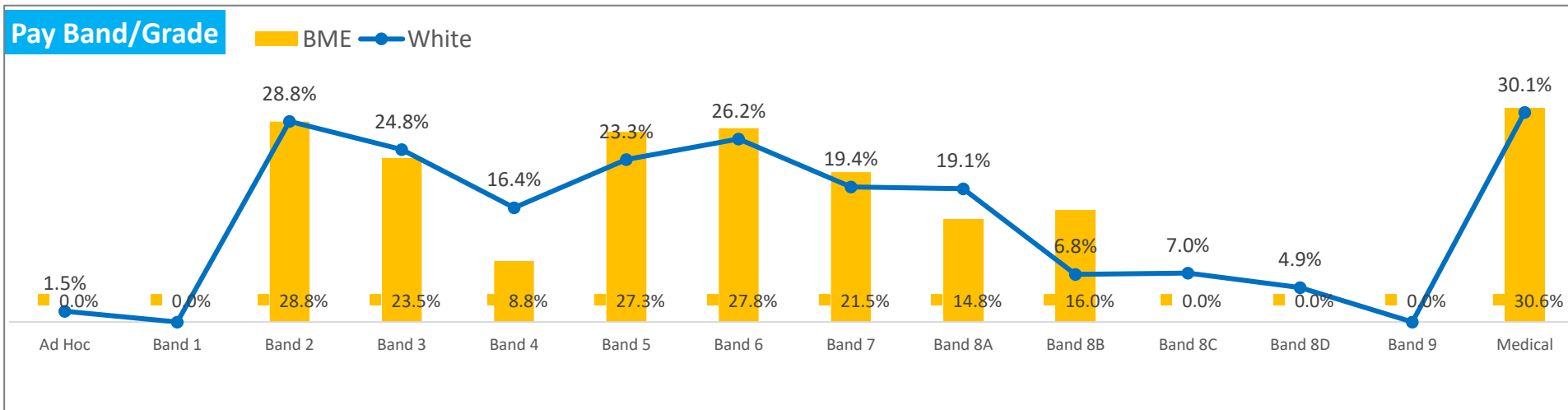


**In the NHS staff survey response:**

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

**Pay Band/Grade**

BME staff in Bands 2, 3, 5 and 6 report slightly higher or similar levels of abuse compared with White staff. In Bands 4, 7, 8A, 8B, 8C and 8D, White staff report higher rates than BME. Medical staff show slightly higher rates for BME than White. Bands 1 and 9 report no incidents.

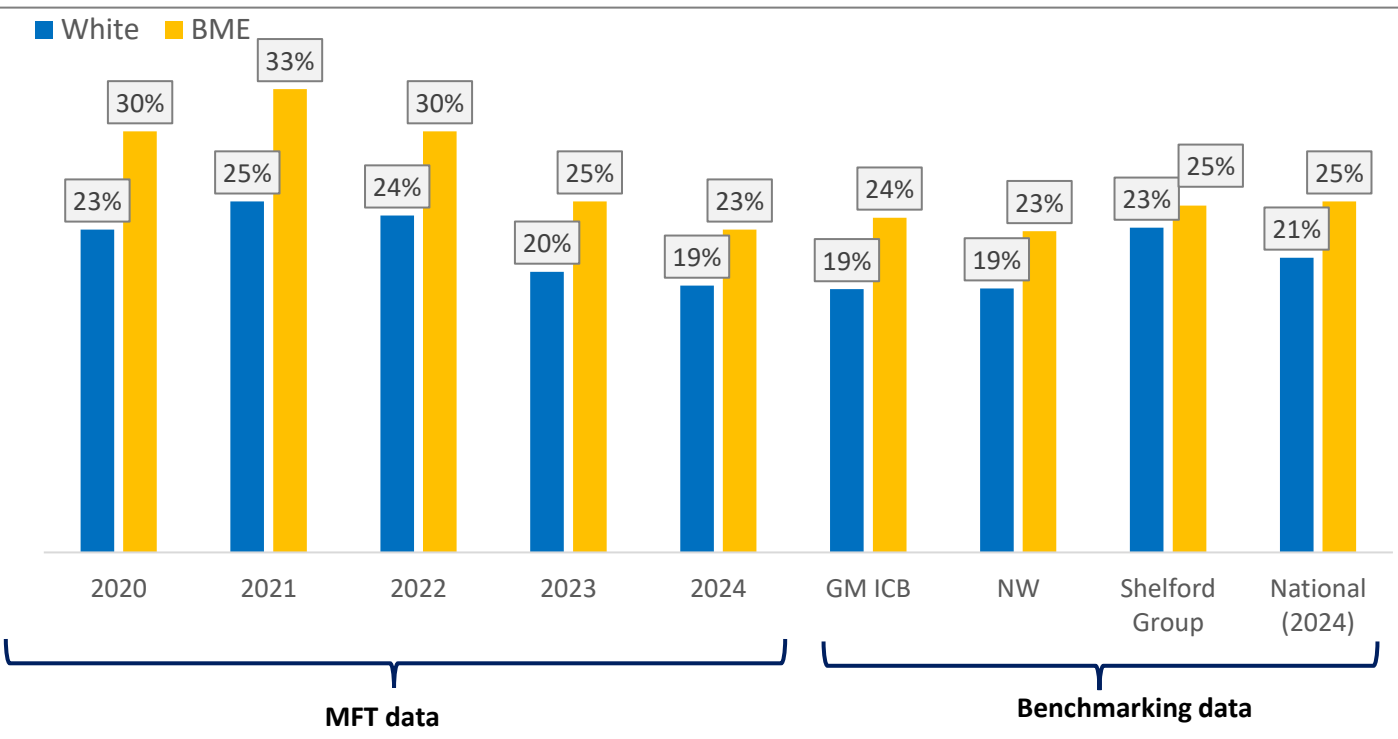


**Disability**

BME staff with a disability experience higher levels of harassment (30.9%) compared with non-disabled White staff (24.8%). White disabled staff report slightly lower than BME disabled staff, while unknown status is intermediate (27.6%).

# WRES Indicator 6

## Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2020-2024 data and local/national benchmarks



	White	BME
Overall Workforce at MFT:	Overall <b>19,206</b>	Overall 9773
	Responded to NHSS 8849	Responded to NHSS <b>4045</b>

- This data is from the National Staff Survey results of 2024 – the results of 2025 will only be available in early 2026.
- Only 4045 BME staff out of 9773 completed the survey.
- Between 2020 and 2024, BME staff consistently reported higher levels of harassment, bullying or abuse from colleagues than White staff. Both groups peaked in 2021, with BME staff experiencing the highest levels.
- Despite the overall reduction, BME staff remain more likely than White staff to experience negative behaviours from colleagues, highlighting the need for continued focus on workplace culture and inclusion.
- BME and White staff reporting such experiences at MFT is similar to the NW and GM ICB averages. Compared with the Shelford Group and the national average, MFT has slightly lower rates for BME staff and comparable rates for White staff.

Overall, BME staff continue to report higher levels of abuse from colleagues

# WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff based on Ethnicity, Religion and Sexual Orientation (2024)



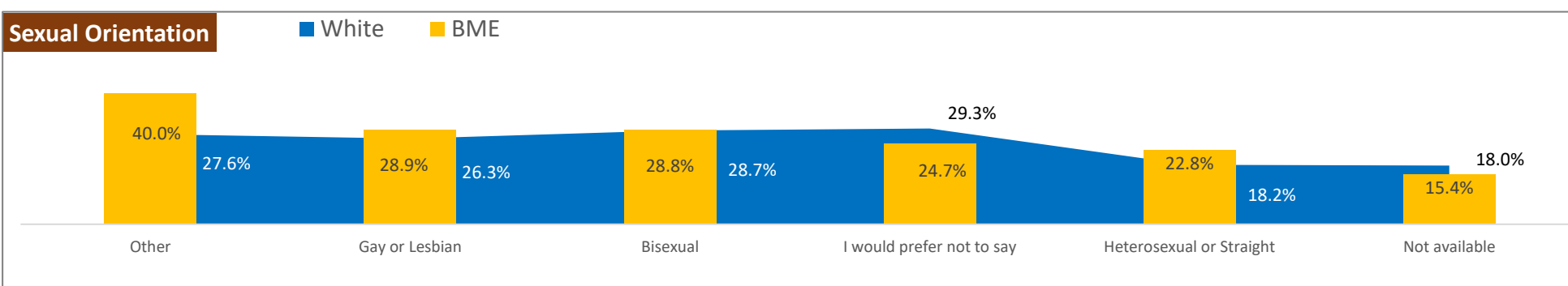
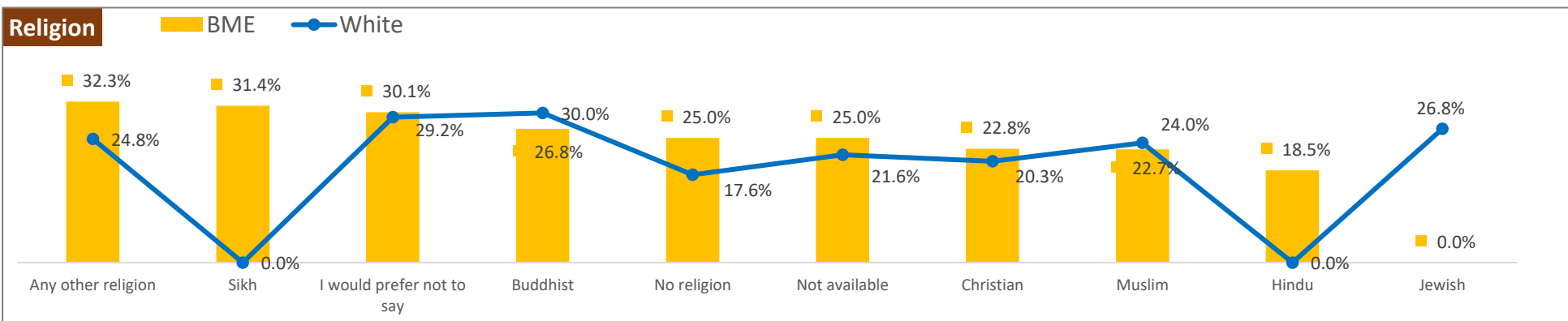
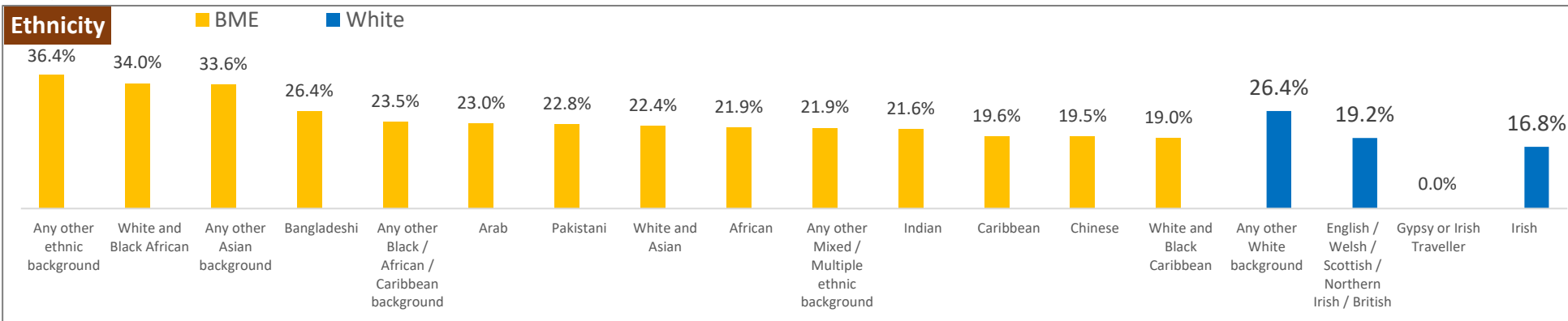
**In the NHS staff survey response:**

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

**Ethnicity**  
BME staff continue to report higher experiences of abuse from colleagues than White staff in most groups. Notably, 'Any other ethnic background' and 'White and Black African' show elevated rates.

**Religion**  
BME staff report more incidents of abuse from colleagues than White staff across most religious groups. White staff from Christian, Muslim or no religion groups report moderate levels, whereas BME staff in Buddhist, Muslim and 'prefer not to say' categories report relatively higher percentages.

**Sexual Orientation**  
BME staff generally report higher or similar rates of abuse from colleagues compared with White staff, except for those who 'Prefer not to say,' where White staff report higher incidents. BME Gay/Lesbian and Other groups show the highest rates.





**In the NHS staff survey response:**

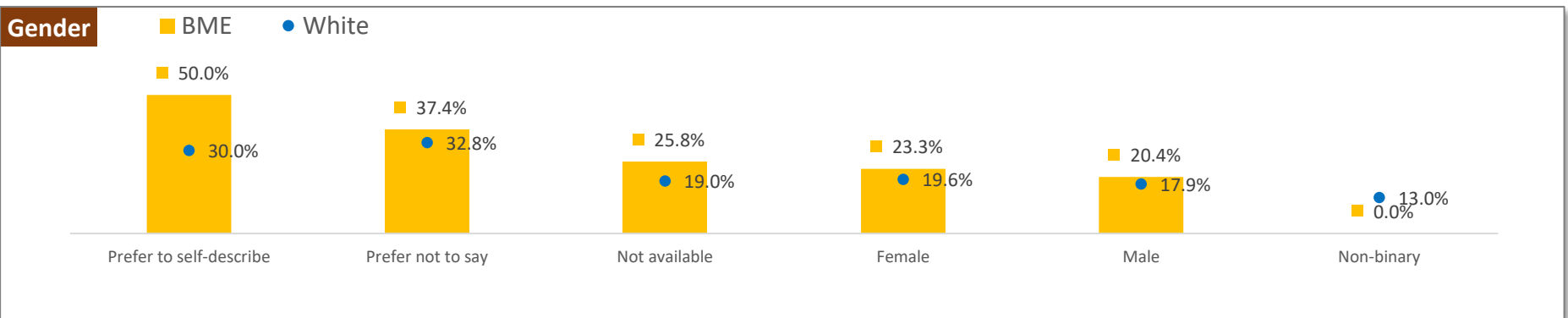
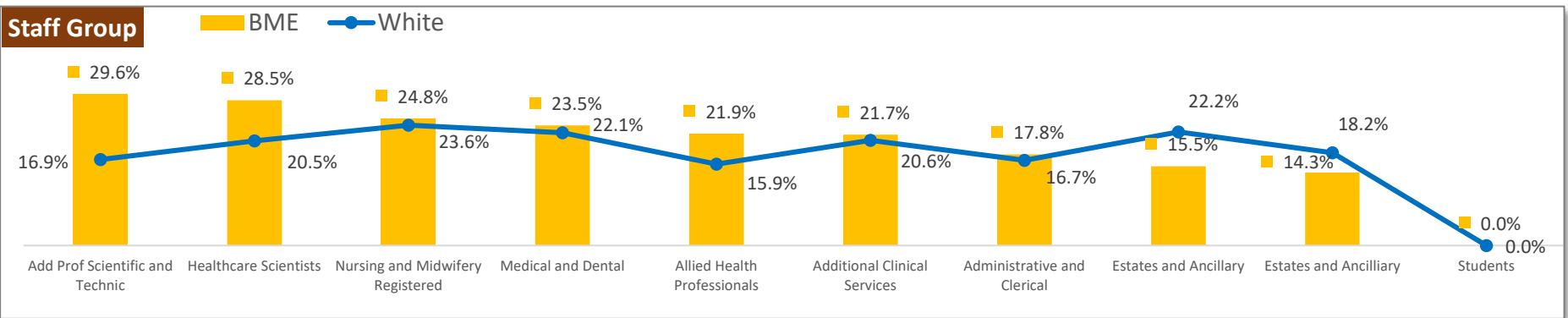
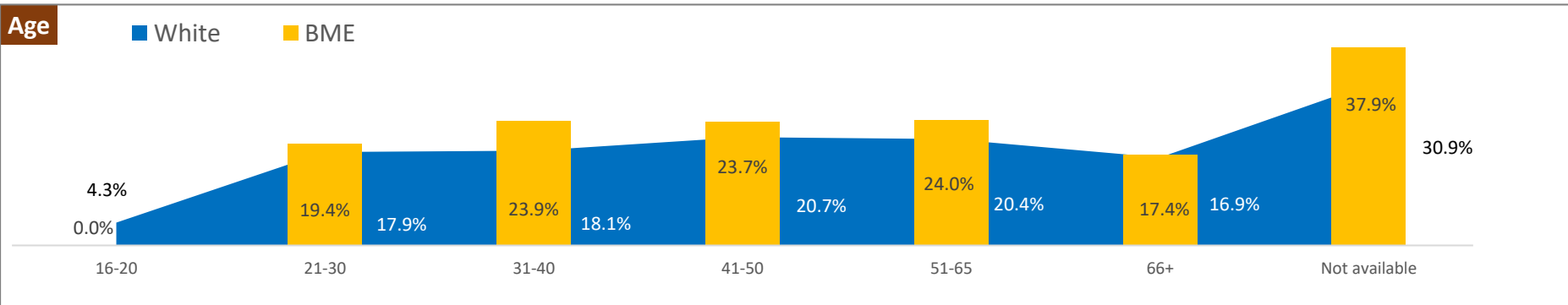
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other** or **Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

**Age**  
Across all age groups, BME staff report higher rates of abuse from colleagues than White staff, particularly in younger and mid-career bands. The gap narrows slightly in older age groups.

**Staff Group**  
BME staff experience higher rates of abuse from colleagues in most groups, particularly Add Prof Scientific & Technical and Nursing & Midwifery. White staff report slightly lower rates across nearly all staff groups.

**Gender**  
Female BME staff experience more abuse from colleagues than White female staff. Male BME staff also report slightly higher rates than White males. Non-binary and self-described staff show elevated or variable rates, highlighting potential vulnerabilities.

# WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff based on Age, Ethnicity and Gender (2024)



# WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff based on Pay Band/Grade and Disability (2024)



**In the NHS staff survey response:**

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

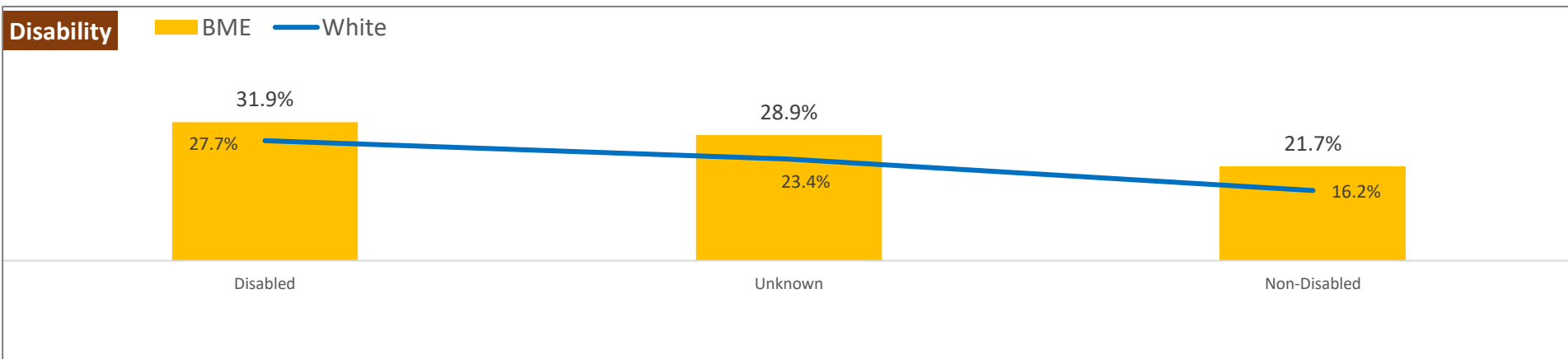
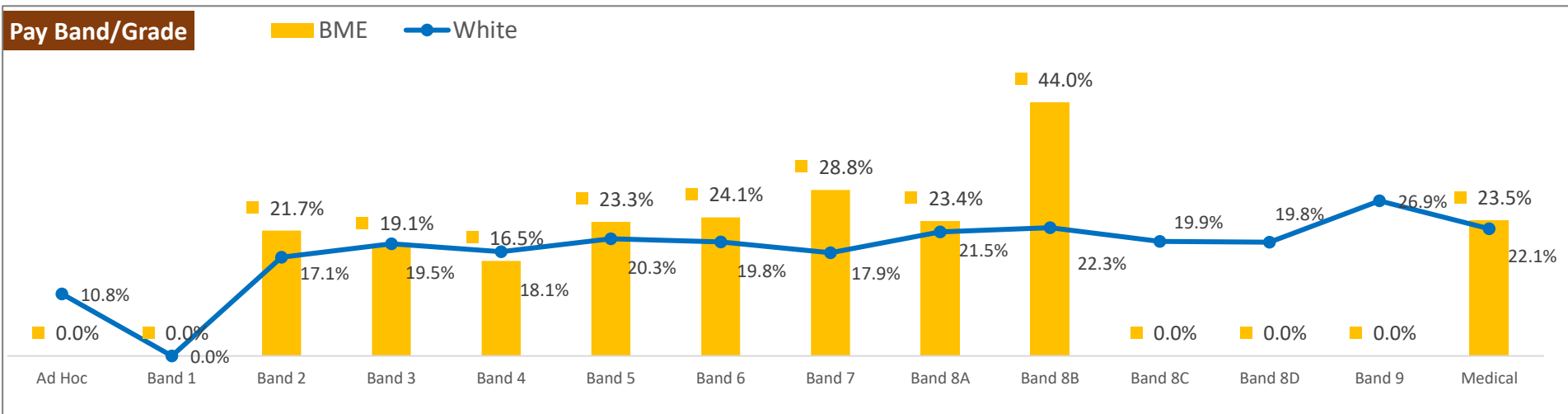
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### Pay Band/Grade

BME staff experience higher rates in Bands 2, 3, 5, 6, 8A, 8B, 8C and 8D compared with White staff. White staff report higher rates in Bands 4 and 7. Medical staff report slightly higher abuse for BME compared with White.

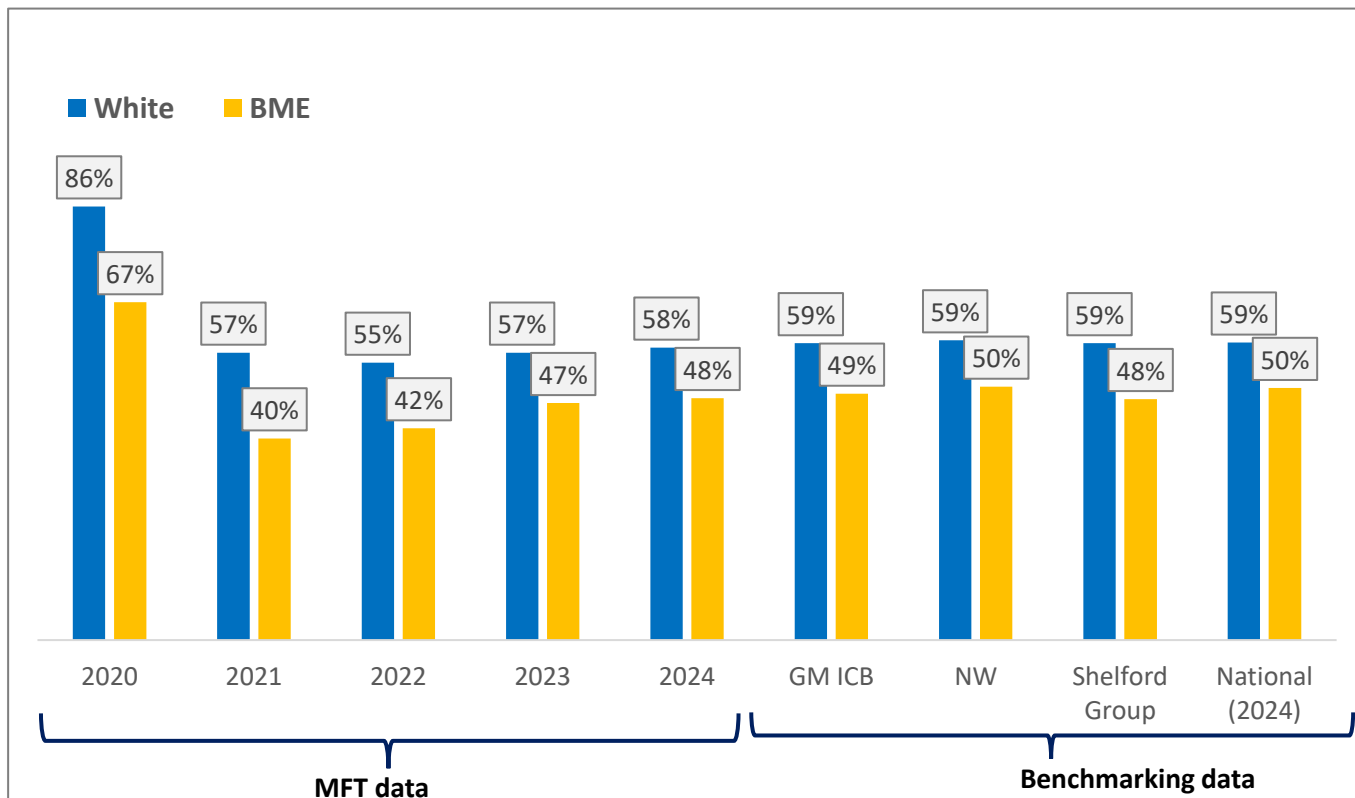
### Disability

Disabled BME staff report higher abuse from colleagues (31.9%) than non-disabled White staff (21.7%). Staff of unknown disability status report slightly lower (28.9%).



# WRES Indicator 7

## Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion: 2020-2024 data and local/national benchmarks



	White	BME
Overall Workforce at MFT:	Overall 19,206	Overall 9,773
	Responded to NHSS 8783	Responded to NHSS 4019

- This data is from the National Staff Survey results of 2024 – the results of 2025 will only be available in early 2026.
- Only 4019 BME staff out of 9773 completed the survey.
- Between 2020 and 2024, BME staff consistently reported lower confidence in equal opportunities for career progression compared with White staff.
- There has been a gradual improvement from 2022 to 2024, with 48% of BME staff and 58% of White staff believing opportunities are equal.
- Compared with benchmarks, MFT’s figures for 2024 are broadly in line with the GM ICB, NW, Shelford Group and national averages, where BME staff report lower confidence than White staff. This highlights the need for targeted initiatives to promote equity in career development opportunities for BME staff.

# WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion based on Ethnicity, Religion and Sexual Orientation (2024)



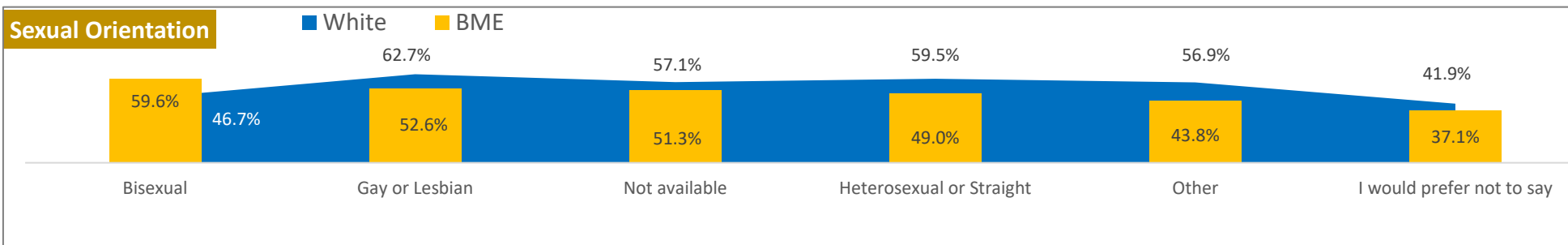
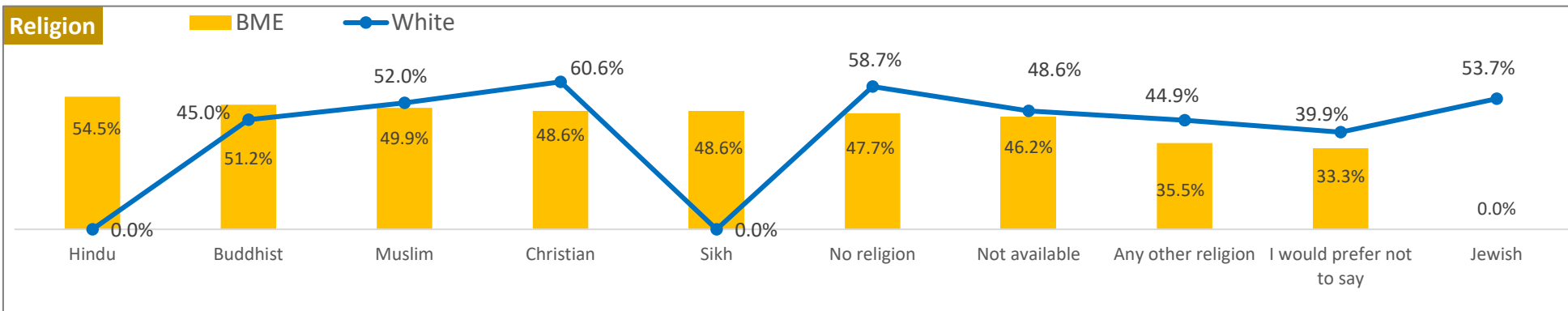
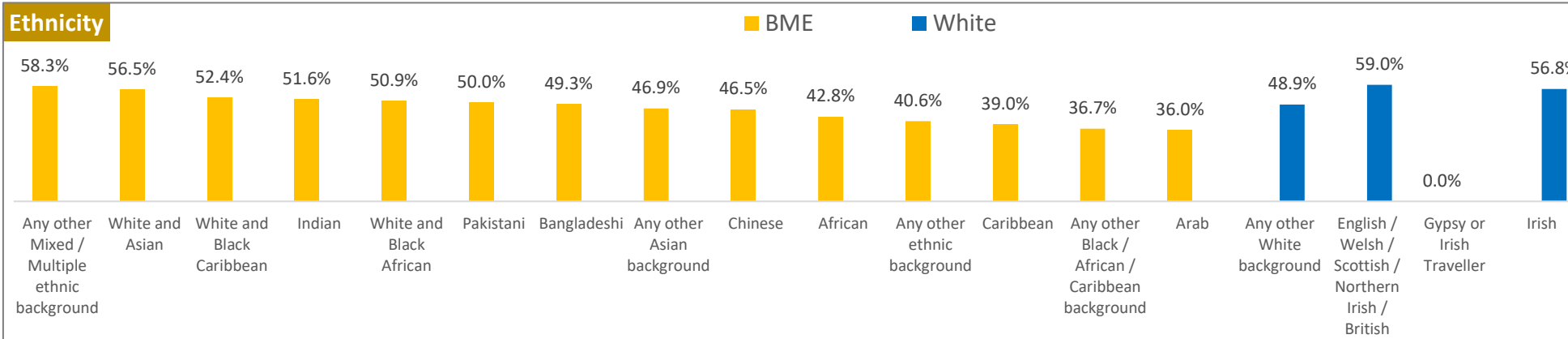
**In the NHS staff survey response:**

- Not Available** option indicates that the staff did not complete or left the response blank.
- Any Other or Other** option is selected when none of the listed categories match their response.
- Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

**Ethnicity**  
BME staff generally report lower confidence in equal opportunities for promotion or career progression compared with White staff. The lowest perceptions are in 'Any other ethnic background' and 'Any other Black/African/Caribbean background.'

**Religion**  
White staff generally report greater confidence in equal career opportunities compared with BME staff across most religions. Hindu and Buddhist BME staff show relatively high confidence, but BME staff who prefer not to disclose their religion report the lowest confidence in progression opportunities.

**Sexual Orientation**  
White staff consistently report higher confidence in equal opportunities than BME staff, particularly in Gay/Lesbian, Heterosexual and Not Available groups. BME Bisexual staff report the highest confidence, but BME staff who 'Prefer not to say' report lower confidence compared with White counterparts.



# WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion based on Age, Staff Group and Gender (2024)



## In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

## Age

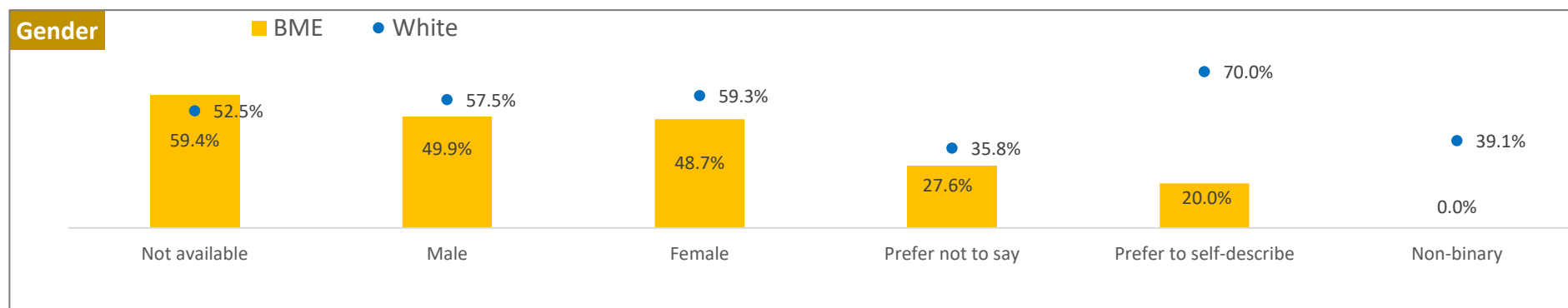
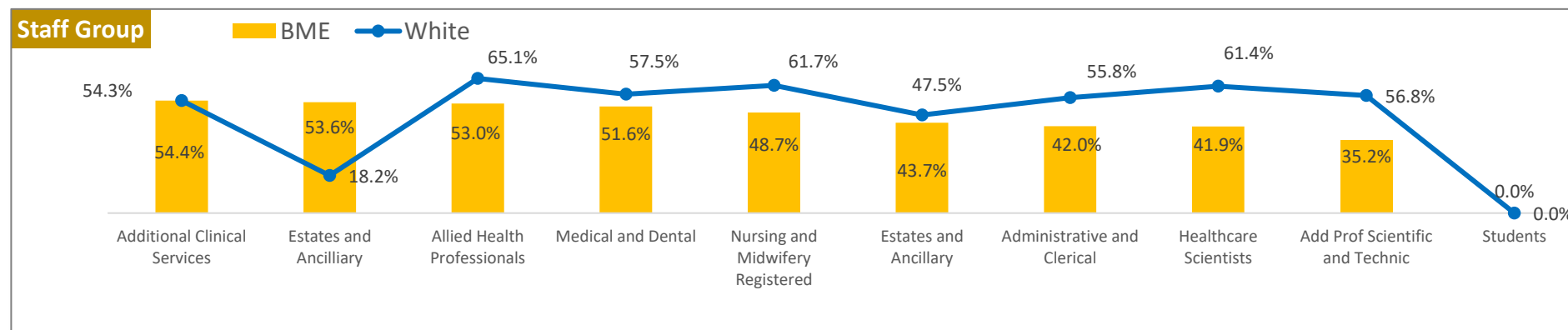
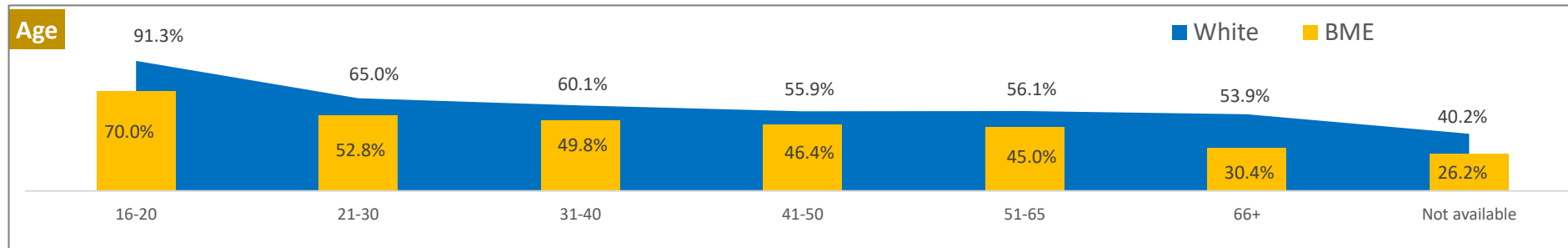
White staff report higher confidence in equal opportunities across almost all age bands, with the largest gaps in younger (16–20) and older (66+) staff. BME staff show lower confidence in career progression opportunities across most age groups in comparison to white staff.

## Staff Group

White staff generally report higher confidence in equal opportunities across most staff groups, especially Add Prof Scientific & Technical and Allied Health Professionals. BME staff report lower confidence, particularly in Nursing & Midwifery and Additional Clinical Services.

## Gender

White male staff have slightly higher confidence in equal career opportunities than White female staff. Among BME staff, confidence is generally lower for females compared with males. Non-binary and those preferring not to say report the lowest confidence overall.



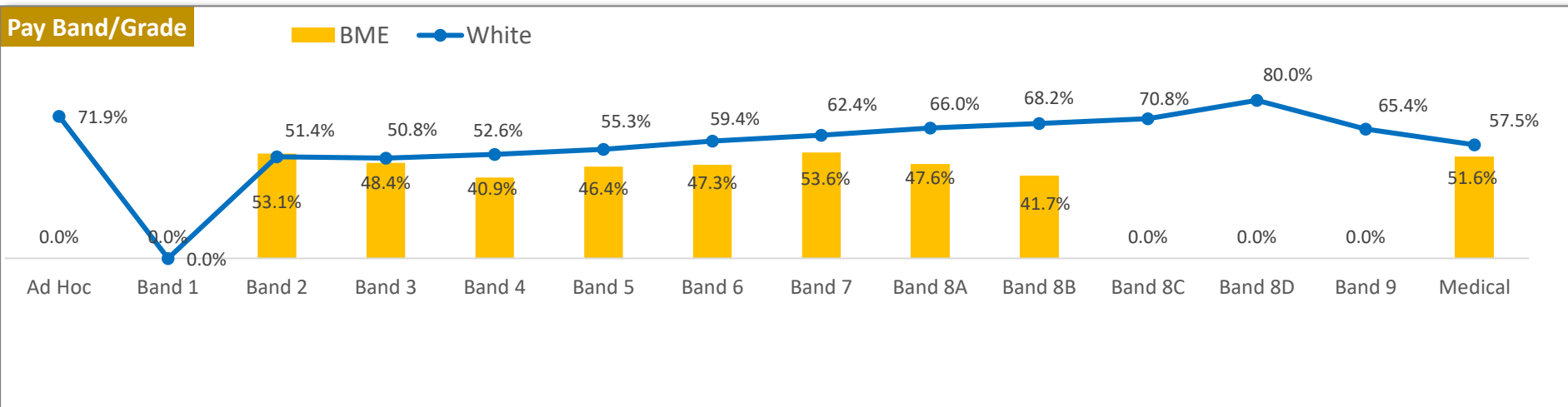
# WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion based on Pay band/Grade and Disability (2024)



**In the NHS staff survey response:**

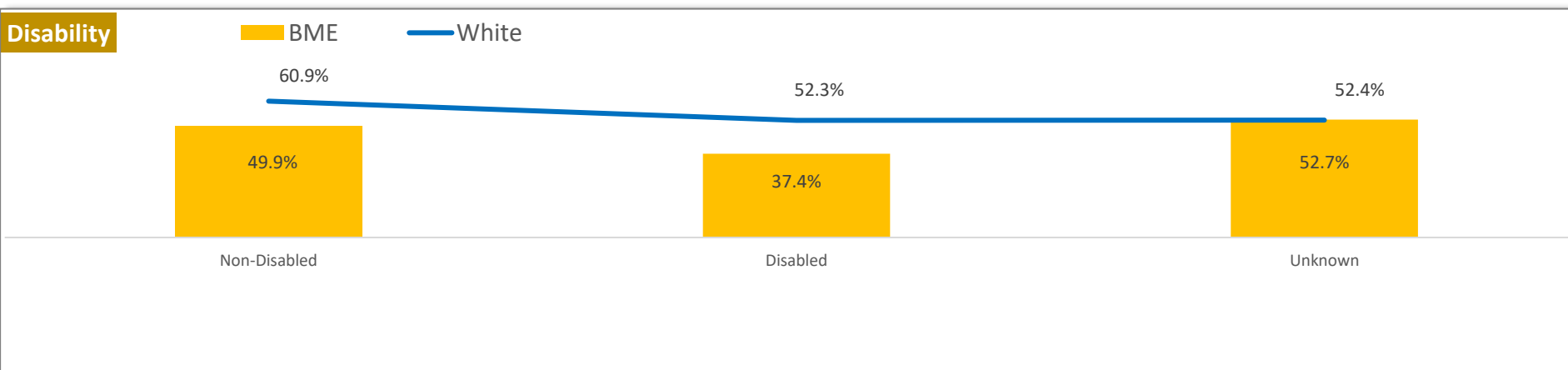
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

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**Pay Band/Grade**

White staff generally report higher confidence across most bands (Bands 3, 4, 5, 6, 7, 8B-D, 9) compared with BME staff. Exceptions include Band 2 and Medical staff, where BME and White staff are similar.

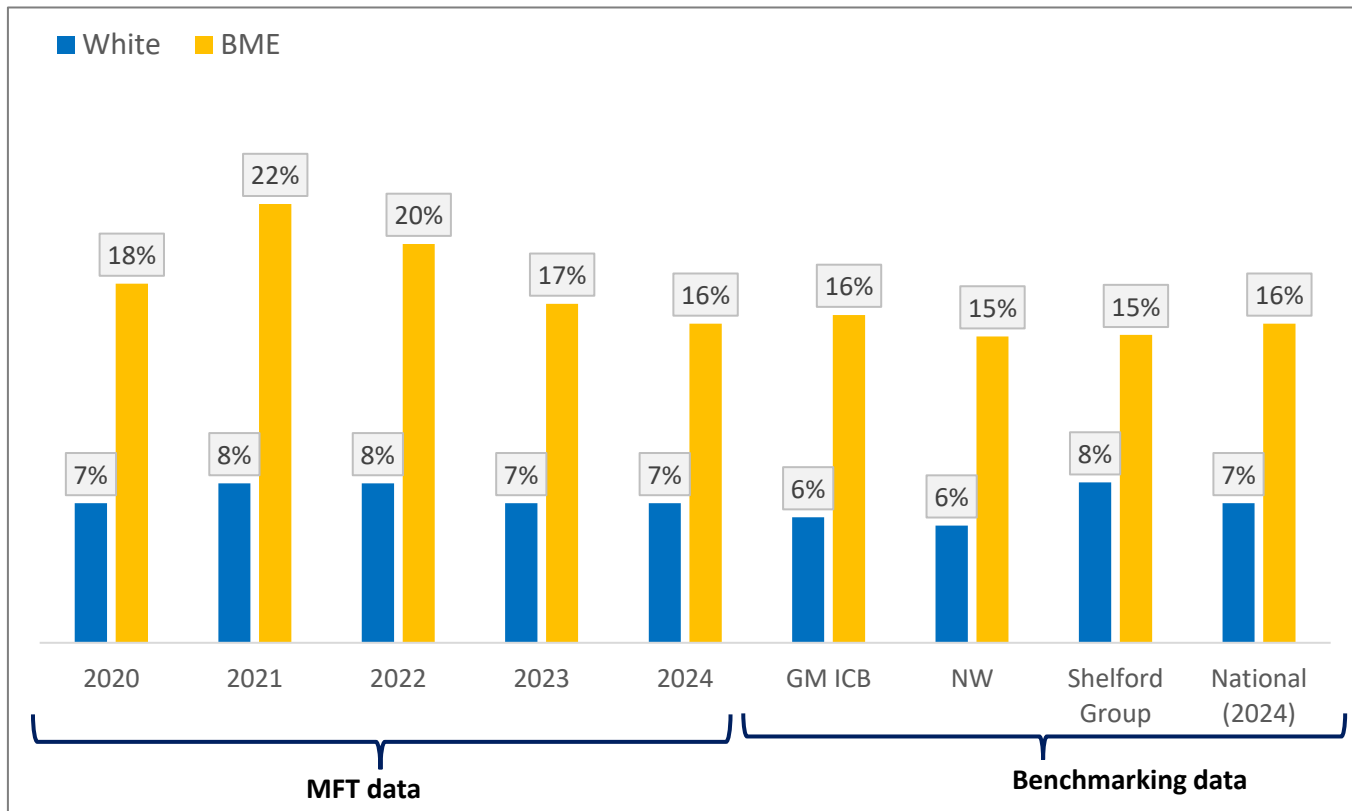


**Disability**

Disabled BME staff are less likely to believe in equal career opportunities compared with non-disabled White staff. Unknown status staff report similar perceptions to non-disabled White staff.

# WRES Indicator 8

## Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague: 2020-2024 data and local/national benchmarks



	White	BME
Overall Workforce at MFT:	Overall 19,206	Overall 9773
	Responded to NHSS 8764	Responded to NHSS 3987

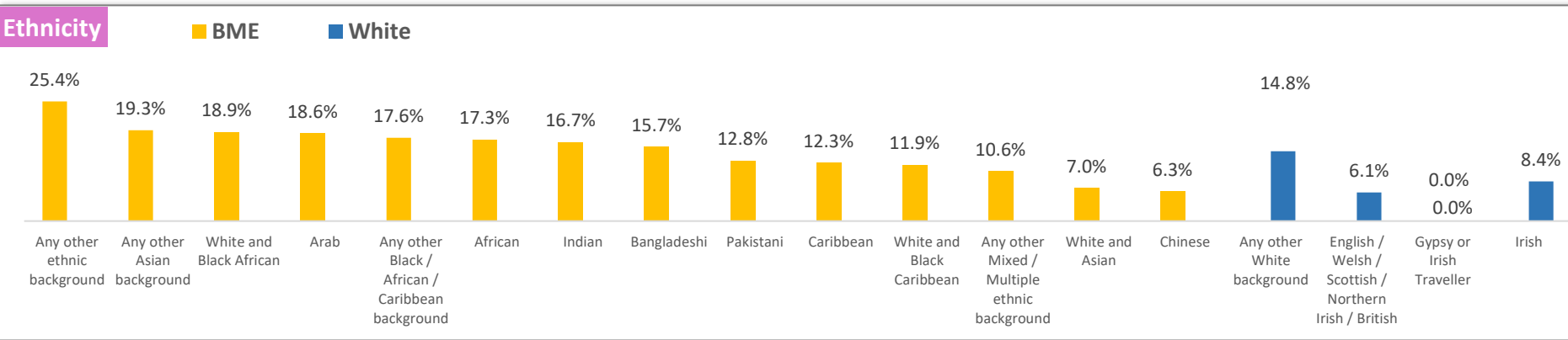
- This data is from the National Staff Survey results of 2024 – the results of 2025 will only be available in early 2026.
- Only 3,987 of the 9,773 BME staff members completed the survey.
- Between 2020 and 2024, **BME staff consistently reported higher levels of discrimination from managers or colleagues compared with White staff.**
- At MFT, 16% of BME staff reported experiencing discrimination in 2024, compared with 7% of White staff.
- When compared with benchmarks, MFT’s figures are broadly in line with the **GM ICB, NW, Shelford Group and national averages**, with BME staff consistently reporting higher levels of discrimination than White staff.
- The data highlights a persistent disparity and emphasises the need for continued efforts to reduce workplace discrimination and promote an inclusive environment.

# WRES Indicator 8 - Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on Ethnicity, Religion and Sexual Orientation (2024)

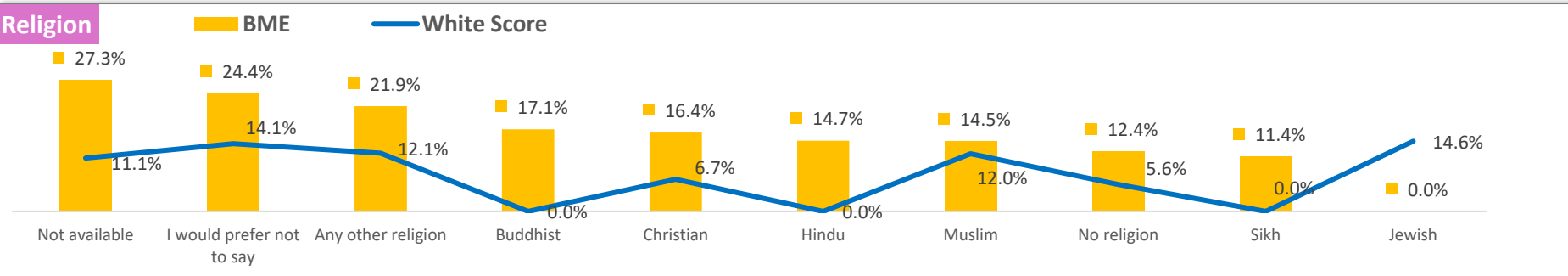


**In the NHS staff survey response:**

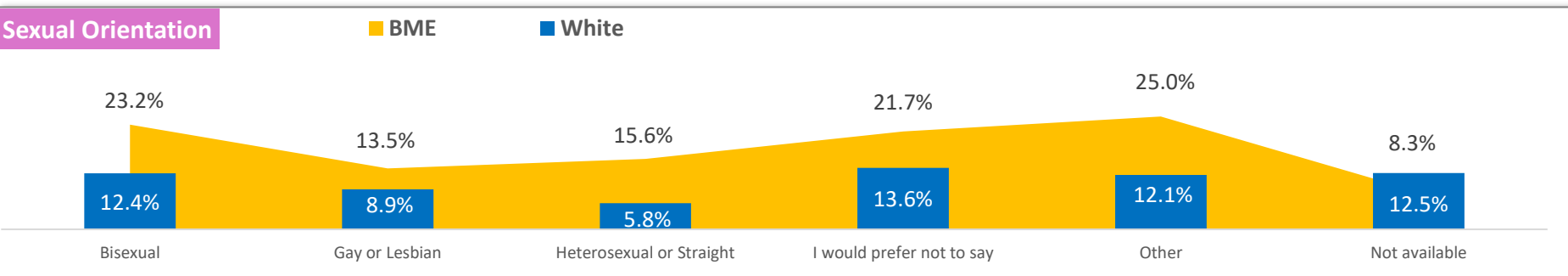
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other** or **Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.



**Ethnicity**  
BME staff experience higher discrimination from managers or colleagues than White staff, with the highest levels in 'Any other ethnic background,' 'Any other Asian background,' and 'Arab' staff.



**Religion**  
BME staff report higher rates of discrimination compared with White staff across nearly all religious groups. BME staff from less common religions, Muslim staff and 'prefer not to say' report the highest incidence.



**Sexual Orientation**  
BME staff in Bisexual, Other and 'I would prefer not to say' groups report higher discrimination compared with White staff. White staff report lower overall discrimination, except in some categories like 'Not available,' where rates are closer to BME levels.

# WRES Indicator 8 - Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on Age, Staff Group and Gender (2024)



**In the NHS staff survey response:**

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

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**Age**

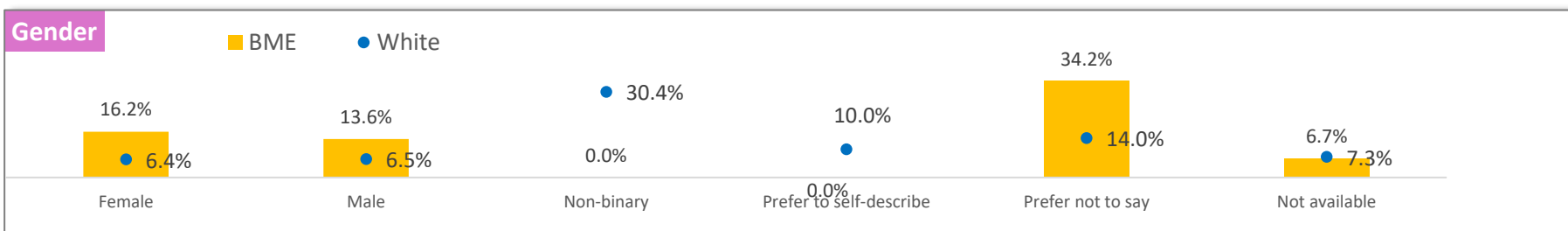
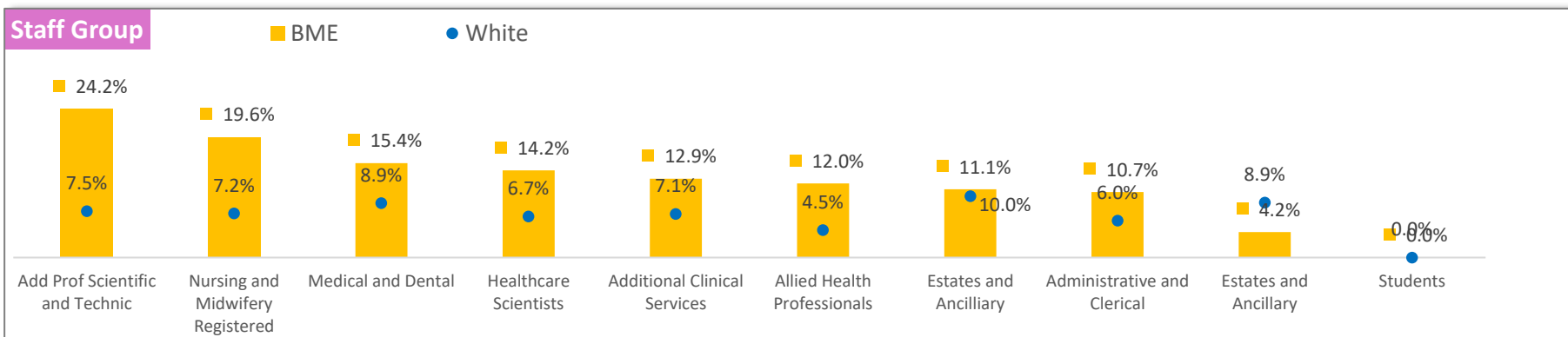
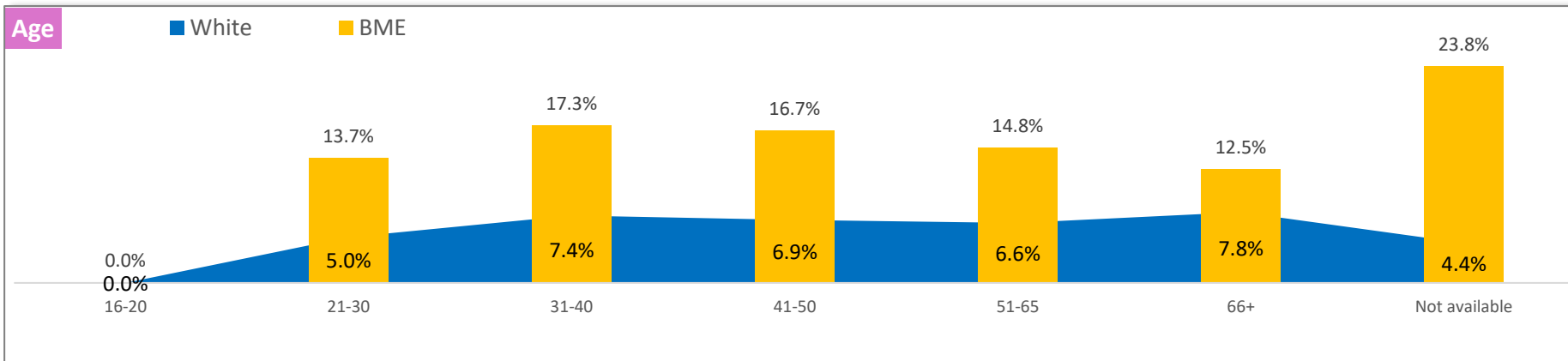
BME staff report higher rates of discrimination than White staff in most age groups, especially 21–40. The gap is smaller in age groups (51–65, 66+) but remains notable.

**Staff Group**

BME staff report higher levels of discrimination across most staff groups, especially in Add Prof Scientific & Technical and Nursing & Midwifery Registered.

**Gender**

BME female staff report higher levels of discrimination than White female staff. BME male staff also report higher discrimination than White males. Non-binary and self-described staff, particularly from BME backgrounds, report the highest levels of discrimination, suggesting areas for targeted support.



# WRES Indicator 8 - Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on Pay Band/Grade and Disability (2024)

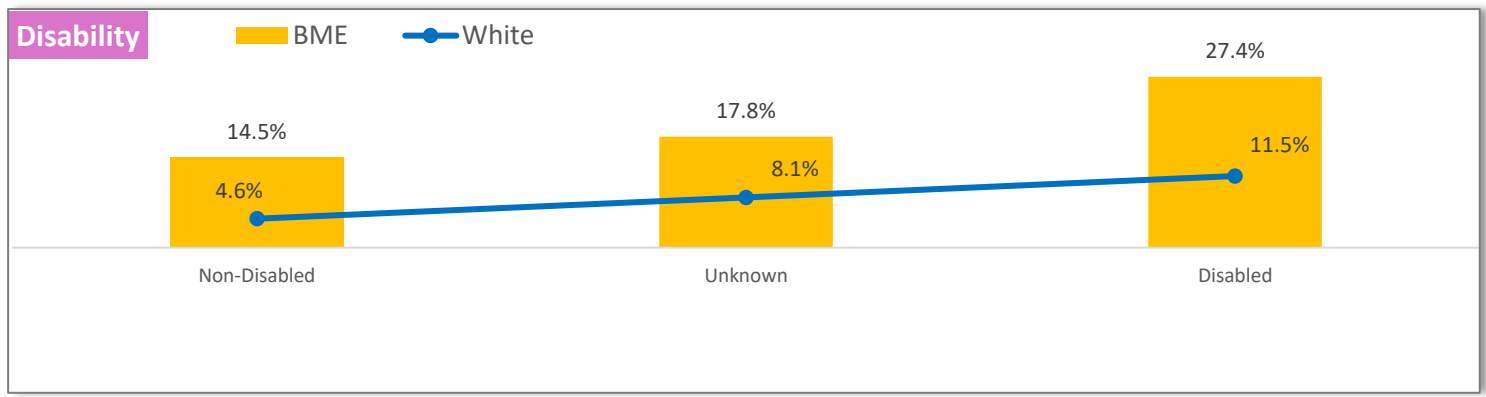
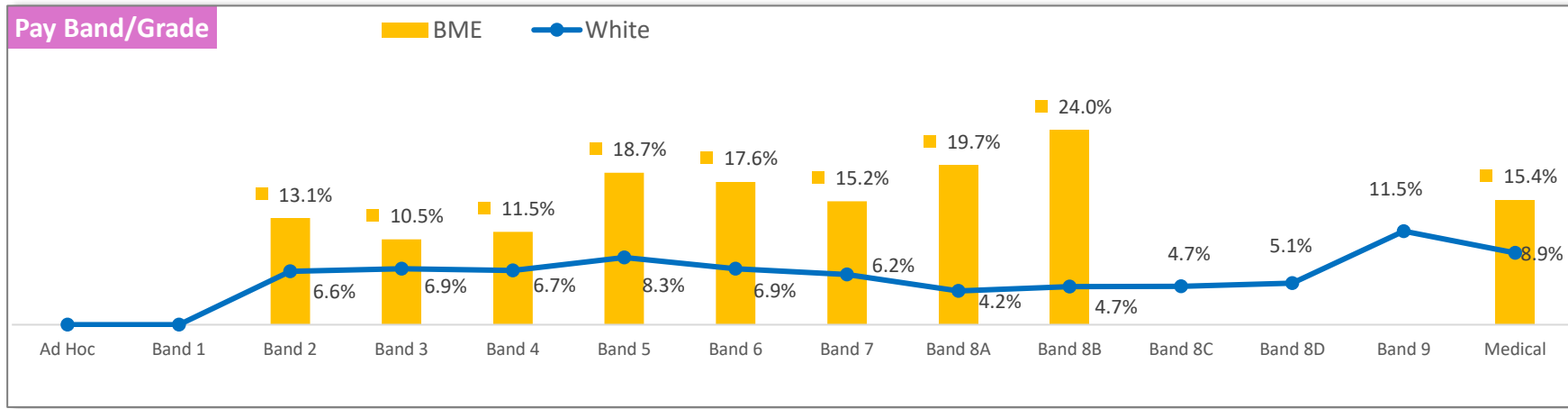


**In the NHS staff survey response:**

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

### Pay Band/Grade

BME staff report higher discrimination than White staff in Bands 2, 3, 6, 8B and Medical staff. White staff report slightly higher levels in Bands 4, 5, 7 and 8A. Bands 1, 8C, 8D and 9 show minimal or no reported incidents.



### Disability

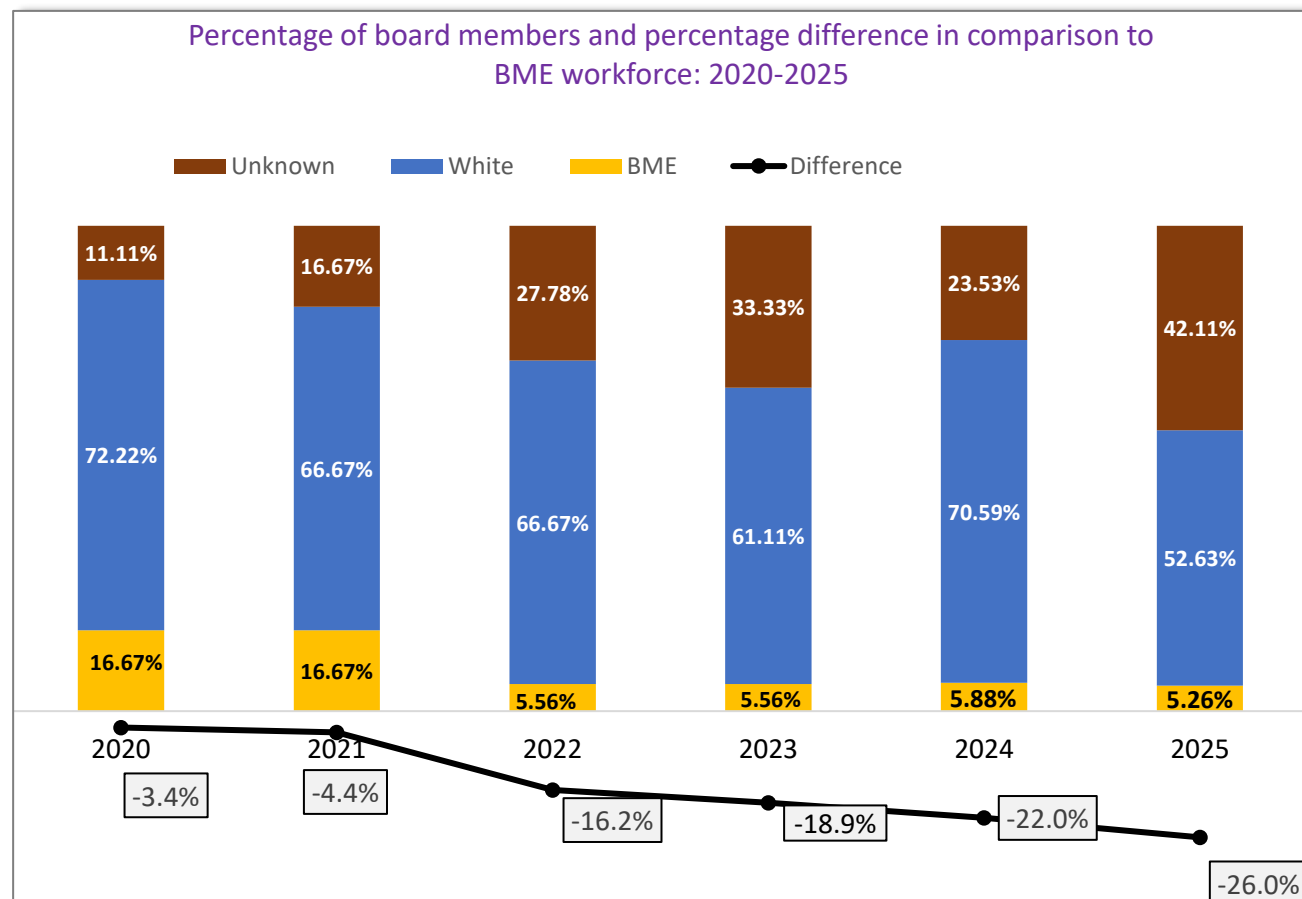
Disabled BME staff report the highest discrimination compared with non-disabled White staff.

As at 31<sup>st</sup> March 2025

# WRES Indicator 9

## Percentage difference between the organisation's Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board



For percentage difference, value of:

- "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce.
- A positive value means that the percentage of BME members on the board of directors is higher than in the workforce.
- A negative value means that the percentage of BME members on the board of directors is lower than in the workforce.
- These calculations are made for all board members considered together, as well as for voting members and executive members considered separate

31 <sup>st</sup> March 2025	Category	Headcount				Percentage		
		White	BME	Unknown	Total	White	BME	Unknown
	Exec	4	1	4	9	44%	11%	44%
	Non-exec	6	0	4	10	60%	0.0%	40%
	Overall	10	1	8	19	53%	5%	42%

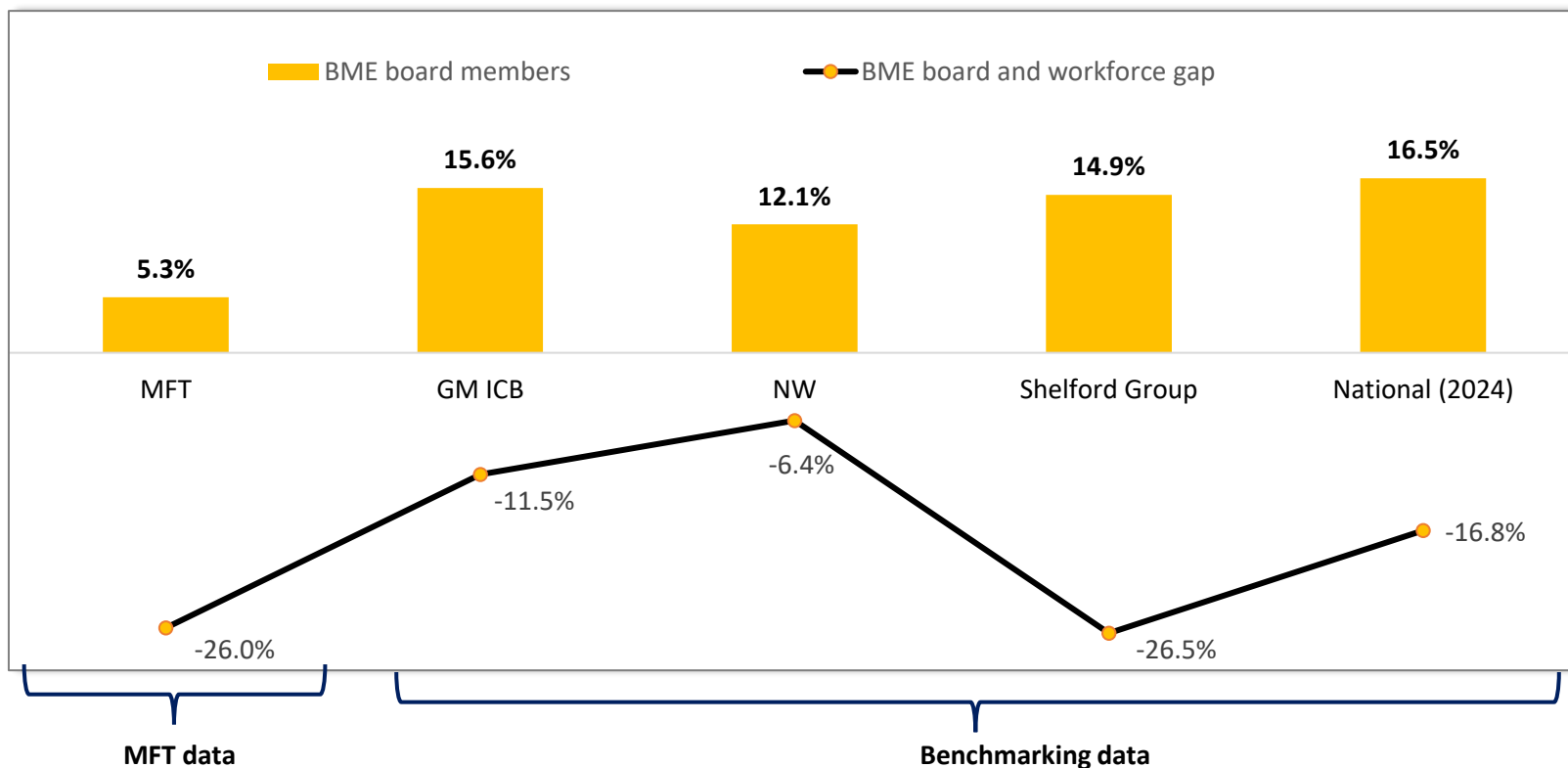
- All board members have voting membership.
- As of 31<sup>st</sup> March 2025, the percentage of BME voting board members was at **5.26%** which is a decrease of **0.62%** in comparison to last year.
- In the last four years there has been a decrease of **12.09%** in terms of BME representation on the board.
- Out of **19** board members there is only **1 BME (Exec)** representative.
- **42%** of the board have not declared their ethnicity.
- Overall, the percentage difference between the organisation's BME board membership and overall BME workforce is at **-26%**.

# WRES Indicator 9 – Percentage of BME board members and percentage difference in comparison to BME workforce against local and national benchmarks.



For percentage difference, value of:

- "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce.
- A positive value means that the percentage of BME members on the board of directors is higher than in the workforce.
- A negative value means that the percentage of BME members on the board of directors is lower than in the workforce.
- These calculations are made for all board members considered together, as well as for voting members and executive members considered separate



- MFT’s current BME board membership stands at 5.26%, which is significantly below all identified benchmarks.
- The largest disparity is observed when compared with the national benchmark and the Greater Manchester Integrated Care Board showing a gap of over 10 percentage points.
- Even when compared with the North West regional average MFT’s representation is less than half.
- Relative to the Shelford Group (a set of large teaching trusts), MFT also lags considerably
- In addition, when comparing the percentage of BME board members to the overall BME workforce within MFT, there is a significant gap (-26%)

## Proposed actions for workforce race equality.

It is recognised nationally and within MFT that the progress being made to improve the WRES data and ultimately the lived experience of BME colleagues is not progressing at a pace required to see demonstrable change on the scale required. Following actions are planned for the next 12 months:

Action	By When	By Whom
Renew Diversity Matters Strategy 2025-2029	31st March 2026	EDI Team
Deliver EDI Improvement Plan (addressing all the High Impact Actions)	Throughout 2026	EDI Team and Partners from across the Trust
Expand and re-launch the Removing the Barriers programme	30th June 2026	EDI Team
Implement new Staff Network Policy	31st Dec 2025	EDI Team
Explore online tool to anonymously record discrimination incidents/concerns	31st March 2026	Freedom to Speak up, EDI, Human Resources, Learning and Education Team

**We would really appreciate feedback and suggestions for improvements on this report**

**Please contact the Equality Diversity & Inclusion Team via the email address below**

**[equality@mft.nhs.uk](mailto:equality@mft.nhs.uk)**