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Workforce Race Equality Standard (WRES) Report 2025 - 2026

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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 25/26, 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 2026, National averages for 2025 were sourced from the NHS Workforce Race Equality Standard (WRES) National Report and NHS Staff Survey (NHSS) data is drawn from the NHS Staff Survey Report 2025.
- This report also includes benchmarking data for the Greater Manchester Integrated Care Board (GM ICB) , the NorthWest (NW)region and the Shelford Group (25/26), 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

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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 31st 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 (2025).

WRES Indicators

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

1. 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

2. Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts). **Data Sourced from ESR**

3. 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**

4. 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

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

7. Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

8. In the last 12 months have you personally experienced discrimination at work from any of the following?
b) 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

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

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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 2025 data, as the 2026 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

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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	In this WRES report for some indicators the pay band/grade/groups is shown as 'clusters'. • Cluster 1: AfC Band 1, 2, 3 and 4 • Cluster 2: AfC Band 5, 6 and 7 • Cluster 3: AfC Band 8a and 8b • Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) • Cluster 5: Medical and Dental staff, Consultant • Cluster 6: Medical and Dental staff, Non-Consultant Career Grade • Cluster 7: Medical and Dental staff, Medical and Dental Trainee Grade

Workforce Race Equality Standard (WRES) Key Findings

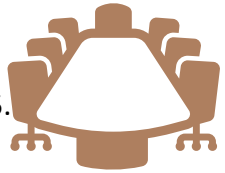
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As of 31st March 2026 | MFT employed 32,086 | BME: 10,764 (33.55%) White: 18,927 (58.99%) Unknown: 2,395 (7.46%)

33.55% of staff were BME in 25/26, up from 30.88% in 24/25. An increase of 2.67% .



14.29% of Board members were BME, up from 5.26% in 24/25. An increase of 9.03 percentage points.



34.50% clinical BME representation, up from 31.50% in 24/25. Non-clinical: 24.20% from 22.70%. Increases of 3.00 and 1.50 percentage points respectively.



White staff's CPD/training ratio:

0.88

Up from 0.84 in 24/25. White staff remained less likely than BME staff to access training.



White applicants were **1.2 times** as likely as BME applicants to gain appointment from shortlisting, down from 2.5 in 24/25.



BME staff were **1.3 times** as likely as White staff to enter the formal disciplinary process. Unchanged from 1.3 in 24/25, above parity (1.0).



15.13% of BME staff reported discrimination at work from a manager, team leader or colleague. Down 1.00 percentage point from 16.13% in 24/25 (2025 survey).



24.46% of BME staff reported harassment, bullying or abuse from patients, relatives or the public. Down 1.19% from 25.65% in 24/25 (2025 survey).



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Key Findings 2025-2026 (Detailed)

Workforce Representation (WRES1)

25/26: The proportion of BME staff increased from **30.88% to 33.55%**, up **2.67%** compared with 24/25.
BME representation in clinical roles rose from **31.50% to 34.50%** (+**3.00%**). In non-clinical roles, it rose from **22.70% to 24.20%** (+**1.50%**).

Recruitment (WRES2)

25/26: White applicants' relative likelihood of appointment from shortlisting fell from **2.5 to 1.2**, down **1.3** compared with 24/25. The gap narrowed, but White applicants remained **1.2 times as likely** as BME applicants to gain appointment across all posts.

Disciplinary Process (WRES3)

25/26: BME staff's relative likelihood of entering the formal disciplinary process remained at **1.3**, unchanged from 24/25.
BME staff remained **1.3 times as likely** as White staff to enter the process. The ratio remained above parity (**1.0**).

Accessing CPD/Non-mandatory Training (WRES4)

25/26: White staff's relative likelihood of accessing non-mandatory training and CPD rose from **0.84 to 0.88**, up **0.04** compared with 24/25.
The ratio moved closer to parity (**1.0**), but White staff remained less likely than BME staff to access training.

Harassment & Bullying (WRES5 & WRES6)

In the **2025 survey**, BME staff reporting harassment, bullying or abuse **from patients, relatives or the public** fell from **25.65% to 24.46%**, down **1.19%** . The White staff rate was **22.06%**. All figures refer to the previous 12 months.

BME staff reporting harassment, bullying or abuse **from other staff** rose from **23.14% to 23.49%**, up **0.35%** . The White staff rate fell from **19.52% to 19.13%**. BME staff reported higher rates for both indicators.

Career Progression (WRES7)

In the **2025 survey**, BME staff who believed the Trust provides equal opportunities for career progression or promotion rose from **48.37% to 48.41%**, up **0.04%** . White staff fell from **58.40% to 56.28%**. BME staff remained **7.87%** below White staff.

Discrimination (WRES8)

In the **2025 survey**, BME staff reporting discrimination at work from a manager, team leader or other colleagues fell from **16.13% to 15.13%**, down **1.00 percentage point**. The White staff rate fell from **6.62% to 6.49%**.

Despite the decrease, **BME staff remained over twice as likely to report discrimination** as White staff (**15.13% versus 6.49%**).

Board Representation (WRES9)

25/26: As at 31 March 2026, BME Board membership rose from **5.26% to 14.29%**, an increase of **9.03%** compared with 24/25.
BME Board representation remained below the overall BME workforce share of **33.55%**, a gap of **19.26%** .

Yearly Comparison Table 2020-2025

Green – Positive

Red –Negative

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	WRES Indicator		Year							
			2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	Trend	Difference between 24/25 to 25/26
1	Percentage of black and minority ethnic (BME) staff	Overall	20.20%	21.80%	24.44%	28.15%	30.88%	33.55%		2.67%
		Clinical	22.45%	24.19%	26.99%	28.30%	31.5%	34.50%		3.00%
		Non-Clinical	17.11%	17.60%	16.44%	21.40%	22.7%	24.20%		1.50%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.5	1.7	1.8	1.9	2.5	1.2		-1.3
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.9	1.1	1.5	1.14	1.3	1.3		0
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1	1	1.1	1	0.84	0.88		0.04
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (2025)	BME	20.60%	27.10%	27.40%	23.17%	25.65%	24.46%		-1.19%
		White	21.20%	26.40%	25.30%	22.69%	21.74%	22.06%		0.32%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (2025)	BME	29.80%	32.80%	29.90%	25.28%	23.14%	23.49%		0.35%
		White	23.30%	25%	24.20%	20.43%	19.52%	19.13%		-0.39%
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion (2025)	BME	42.10%	39.90%	42.20%	46.48%	48.37%	48.41%		0.04%
		White	58.50%	57.10%	54.80%	56.74%	58.40%	56.28%		-2.12%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues (2025)	BME	18.60%	21.70%	19.60%	16.62%	16.13%	15.13%		-1.00%
		White	6.60%	7.50%	8.10%	6.99%	6.62%	6.49%		-0.13%
9	BME board membership	BME	14.60%	5.60%	5.60%	5.88%	5.26%	14.29%		9.03%

**25/26 Data Submitted to DCF (Data Collection Framework) for WRES 1,2,3,4 and 9, in May2026

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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: 2021 – 2026 as of 31 March 2026.

	MFT Headcount				MFT Percentage		
Year	White	BME	Unknown	MFT Total Headcount	White	BME	Unknown
2020-2021	17,466	5,240	2,198	**24,904**	70.13%	21.04%	8.83%
2021-2022	19,298	6,058	2,494	**27,805**	69.40%	21.79%	8.96%
2022-2023	18,615	7,016	3,081	**28,712**	64.83%	24.44%	10.73%
2023-2024	19,103	8,737	3,194	**31,034**	61.56%	28.15%	10.29%
2024-2025	19,206	9,773	2,670	**31,649**	60.68%	30.88%	8.44%
2025-2026	18,927	10,764	2,395	**32,086**	58.99%	33.55%	7.46%

- For 25/26, MFT's workforce totalled 32,086 as at 31 March 2026, including Sodexo staff.
- Black and Minority Ethnic (BME) staff made up 33.55% of the workforce (10,764 staff), up from 30.88% in 24/25, a rise of 2.67%.
- Unknown ethnicity reduced from 8.4% to 7.5%.
- White staff made up 58.99% of the workforce, down from 60.68% in 24/25.

Workforce Ethnicity Benchmarking 2025/26

		----------Benchmarking data----------			
Area	**MFT**	**GM ICB** (My system/ICB) **25/26**	**NW** (My Region) **25/26**	**Shelford Group** (Shelford Group) **24/25**	**National** (NHS England » Workforce Race Equality Standard: 2025 data analysis report for NHS trusts) **2025**
Source	ESR	Model Health System			National report 2025
BME	33.55%	28.32%	20.03%	42.51%	30.7%
White	58.99%	69.37%	77.42%	51.62%	65.4%
Unknown	7.46%	2.93%	1.69%	2.41%	3.9%

- MFT's BME share (33.55%) exceeded GM ICB (28.32%), NW (20.03%) and national (30.7%) benchmarks, but was below Shelford (42.51%).
- Unknown ethnicity (7.46%) remained above all benchmarks shown.

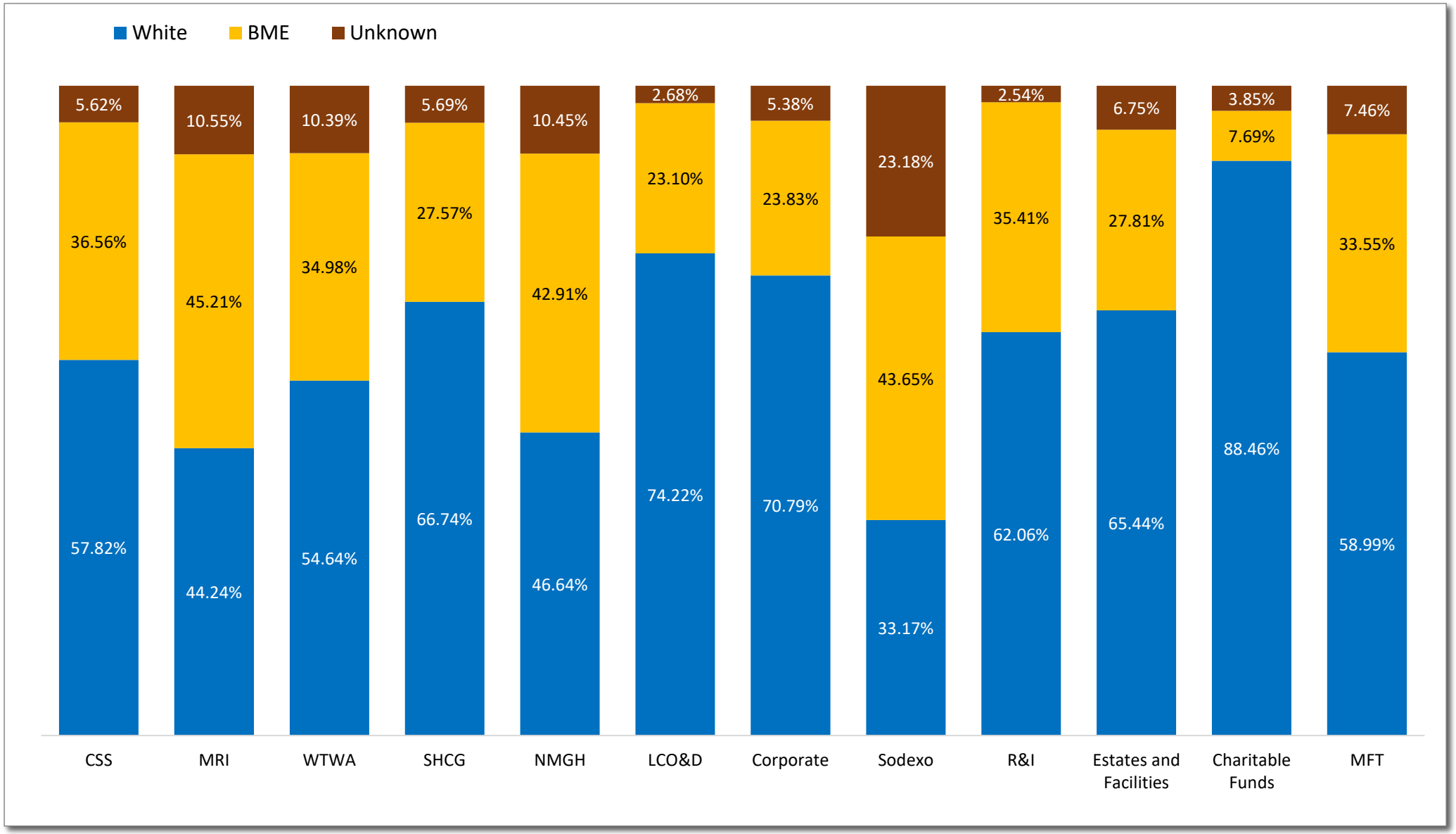
WRES Indicator 1 - Overall workforce in Clinical Groups and Services – 31st March 2026

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Hospital Services	White		BME		Unknown		TOTAL HEADCOUNT
	Headcount	Headcount%	Headcount	Headcount%	Headcount	Headcount%	
Manchester University NHS Foundation Trust (MFT)	**18927**	58.99%	**10764**	33.55%	**2395**	7.46%	**32086**
Clinical & Scientific Services (CSS)	3079	9.60%	1947	6.07%	299	0.93%	**5325**
Manchester Royal Infirmary (MRI)	1874	5.84%	1915	5.97%	447	1.39%	**4236**
Wythenshawe Trafford Withington Altrincham (WTWA)	2704	8.43%	1731	5.39%	514	1.60%	**4949**
Specialist Hospital (SH) Manchester Royal Eye Hospital (MREH)|Saint Mary's Hospital (SMH)|Royal Manchester Children's Hospital (RMCH)	4619	14.40%	1908	5.95%	394	1.23%	**6921**
North Manchester General Hospital (NMGH)	1125	3.51%	1035	3.23%	252	0.79%	**2412**
Local Care Organisation (LCO) and University Dental Hospital of Manchester (UDHM)	2467	7.69%	768	2.39%	89	0.28%	**3324**
Corporate Services	1619	5.05%	545	1.70%	123	0.38%	**2287**
Research and Innovation (R&I)	489	1.52%	279	0.87%	20	0.06%	**788**
Estates and Facilities	659	2.05%	280	0.87%	68	0.21%	**1007**
Charitable Funds	23	0.07%	2	0.01%	1	0.00%	**26**
Sodexo	269	0.84%	354	1.10%	188	0.59%	**811**

WRES Indicator 1 - Overview of MFT's workforce profile across Clinical Groups and Services as at 31st March 2026.

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- This graph shows the data from previous page as percentages within each group.
- For 25/26, BME staff made up 33.55% of MFT's workforce as at 31 March 2026.
- MRI had the highest BME share (45.21%), followed by Sodexo (43.65%) and NMGH (42.91%).
- CSS (36.56%), R&I (35.41%) and WTWA (34.98%) were also above the Trust average.
- Unknown ethnicity ranged from 2.54% in R&I to 23.18% in Sodexo, compared with 7.46% across MFT. The chart shows percentages within each group.

WRES Indicator 1 - Non-Clinical and Clinical staff in MFT by Clusters, Pay Bands & Grades as at 31 March 2026.

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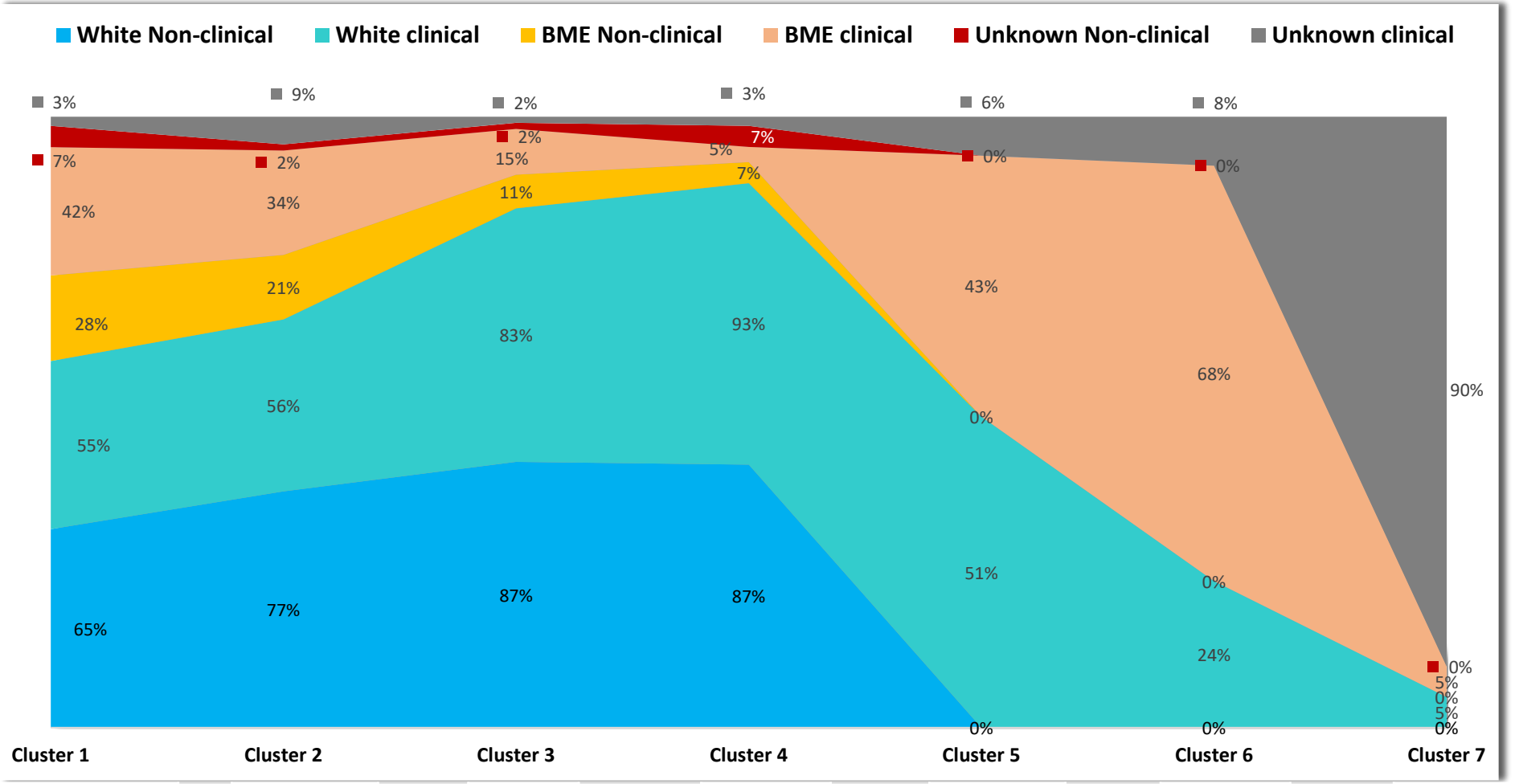
Clusters 1–4 (low to high pay bands) include both Clinical and Non-Clinical staff, while Clusters 5–7 (high to low pay bands) include only Clinical staff. Clinical staff can be Medical, Dental or Non-Medical and Non-Clinical staff are found only in Clusters 1–4.

Cluster | Pay Band/Grade	Headcount						Percentage						Overall (Non-clinical & Clinical at MFT)				
	White		BME		Unknown		White %		BME%		Unknown%		Non-Clinical		Clinical		Overall
	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Non-Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Headcount	%	Headcount	%	Overall
Cluster 1	**3186**	**2891**	**1399**	**2233**	**353**	**152**	**65%**	**55%**	**28%**	**42%**	**7%**	**3%**	**4938**	**48%**	**5276**	**52%**	**10214**
Bands 1	51	0	55	0	23	0	40%	0	43%	0	18%	0	129	100%	0	0%	**129**
Bands 2	1060	547	652	793	239	40	54%	40%	33%	57%	12%	3%	1951	59%	1380	41%	**3331**
Bands 3	1097	1594	409	1234	63	96	70%	55%	26%	42%	4%	3%	1569	35%	2924	65%	**4493**
Bands 4	978	750	283	206	28	16	76%	77%	22%	21%	2%	2%	1289	57%	972	43%	**2261**
Cluster 2	**1423**	**7966**	**381**	**4816**	**45**	**1339**	**77%**	**56%**	**21%**	**34%**	**2%**	**9%**	**1849**	**12%**	**14121**	**88%**	**15970**
Bands 5	550	2087	162	2591	22	1102	75%	36%	22%	45%	3%	19%	734	11%	5780	89%	**6514**
Bands 6	398	3477	109	1681	9	180	77%	65%	21%	31%	2%	3%	516	9%	5338	91%	**5854**
Bands 7	475	2402	110	544	14	57	79%	80%	18%	18%	2%	2%	599	17%	3003	83%	**3602**
Cluster 3	**520**	**1266**	**66**	**233**	**14**	**29**	**87%**	**83%**	**11%**	**15%**	**2%**	**2%**	**600**	**28%**	**1528**	**72%**	**2128**
Bands 8a	332	1005	50	205	10	25	85%	81%	13%	17%	3%	2%	392	24%	1235	76%	**1627**
Bands 8b	188	261	16	28	4	4	90%	89%	8%	10%	2%	1%	208	42%	293	58%	**501**
Cluster 4	**287**	**183**	**22**	**9**	**22**	**5**	**87%**	**93%**	**7%**	**5%**	**7%**	**3%**	**331**	**63%**	**197**	**37%**	**528**
Bands 8c	114	113	6	3	7	1	90%	97%	5%	3%	6%	1%	127	52%	117	48%	**244**
Bands 8d	65	39	6	2	4	1	87%	93%	8%	5%	5%	2%	75	64%	42	36%	**117**
Bands 9	37	15	4	1	1	1	88%	88%	10%	6%	2%	6%	42	71%	17	29%	**59**
VSM	71	16	6	3	10	2	82%	76%	7%	14%	11%	10%	87	81%	21	19%	**108**
Cluster 5	**N/A**	**892**	**N/A**	**752**	**N/A**	**102**	**0**	**51%**	**0**	**43%**	**0**	**6%**	**0**	**0%**	**1746**	**100%**	**1746**
Medical & Dental Staff, Consultants	N/A	892	N/A	752	N/A	102	0	51%	0	43%	0	6%	0	0	1746	100%	**1746**
of which Senior Medical Managers	N/A	0	N/A	0	N/A	0	0	0	0	0	0	0	0	0	0	0	**0**
Cluster 6	N/A	301	N/A	839	N/A	98	**0**	**24%**	**0**	**68%**	**0**	**8%**	0	**0%**	1238	**100%**	**1238**
Medical & Dental Staff, Non-Consultants career grade	N/A	301	N/A	839	N/A	98	0	24%	0	68%	0	8%	0	0	1238	100%	**1238**
Cluster 7	N/A	12	N/A	14	N/A	236	**0**	**5%**	**0**	**5%**	**0**	**90%**	0	**0%**	262	**100%**	**262**
Medical & Dental Staff, Medical and dental trainee grades	N/A	12	N/A	14	N/A	236	0	5%	0	5%	0	90%	0	0	262	100%	**262**
Medical & Dental Staff, Other	N/A	0	N/A	0	N/A	0	0	0	0	0	0	0	0	0	0	0	**0**
Overall Non-clinical & Clinical	**5,416**	**13,511**	**1,868**	**8,896**	**434**	**1,961**	**70%**	**55%**	**24%**	**37%**	**6%**	**8%**	**7,718**	**24%**	**24,368**	**76%**	**32,086**

WRES Indicator 1 - Non-Clinical and Clinical staff across Clusters of pay band/grade as at 31 March 2026.

Manchester University NHS Foundation Trust

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 'Unknow Non-Clinical' and '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						

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.

This graph shows the data from previous page by staff group and pay cluster.

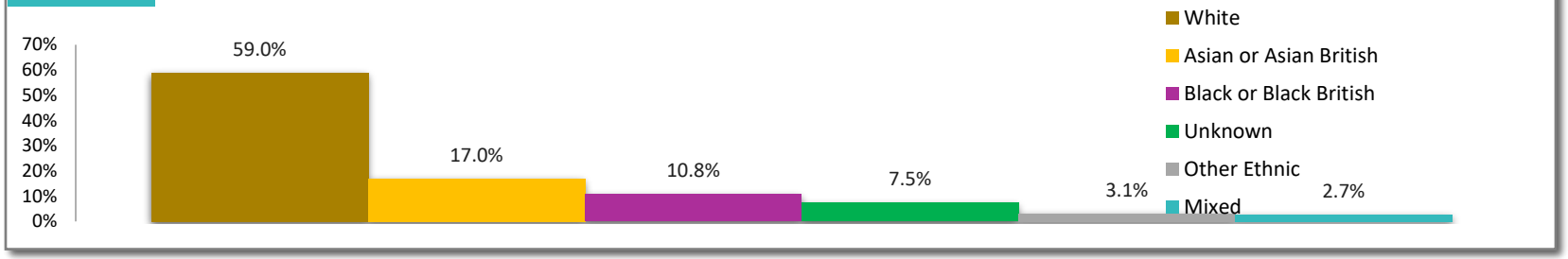
Non-Clinical staff: BME representation falls from 28% in Cluster 1 to 7% in Cluster 4. White representation rises from 65% to 87%. Unknown ethnicity ranges from 2% to 7%.

Clinical staff: BME representation falls from 42% in Cluster 1 to 5% in Cluster 4. It is 43% in Cluster 5 and peaks at 68% in Cluster 6, where White staff make up 24%. In Cluster 5, White staff remain the largest group at 51%. Unknown ethnicity accounts for 90% of Cluster 7, with White and BME staff each at 5%.

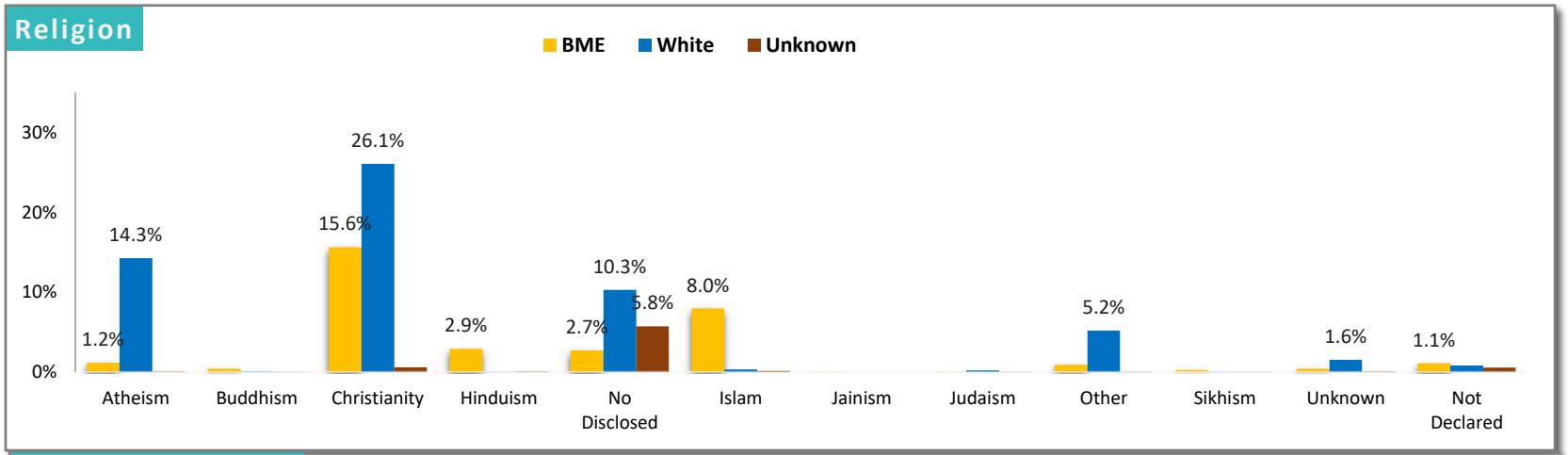
WRES Indicator 1 – Representation based on Ethnicity, Religion and Sexual Orientation as at 31 March 2026.

NHS Manchester University NHS Foundation Trust

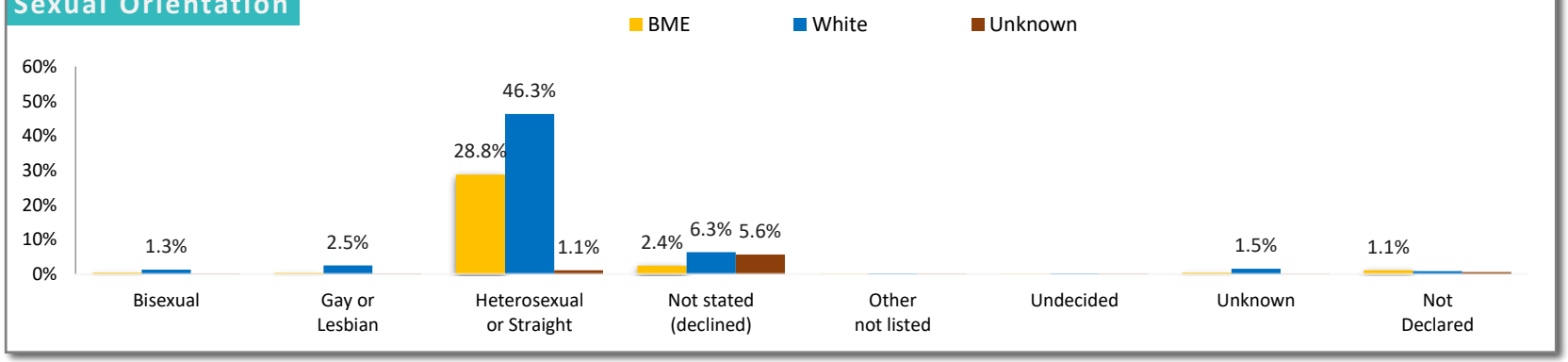
Ethnicity



Religion



Sexual Orientation



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

All percentages are shares of MFT's total workforce. White staff account for 59.0%, followed by Asian or Asian British staff (17.0%) and Black or Black British staff (10.8%). Other ethnic groups account for 3.1%, Mixed ethnicity 2.7% and Unknown ethnicity 7.5%.

Religion

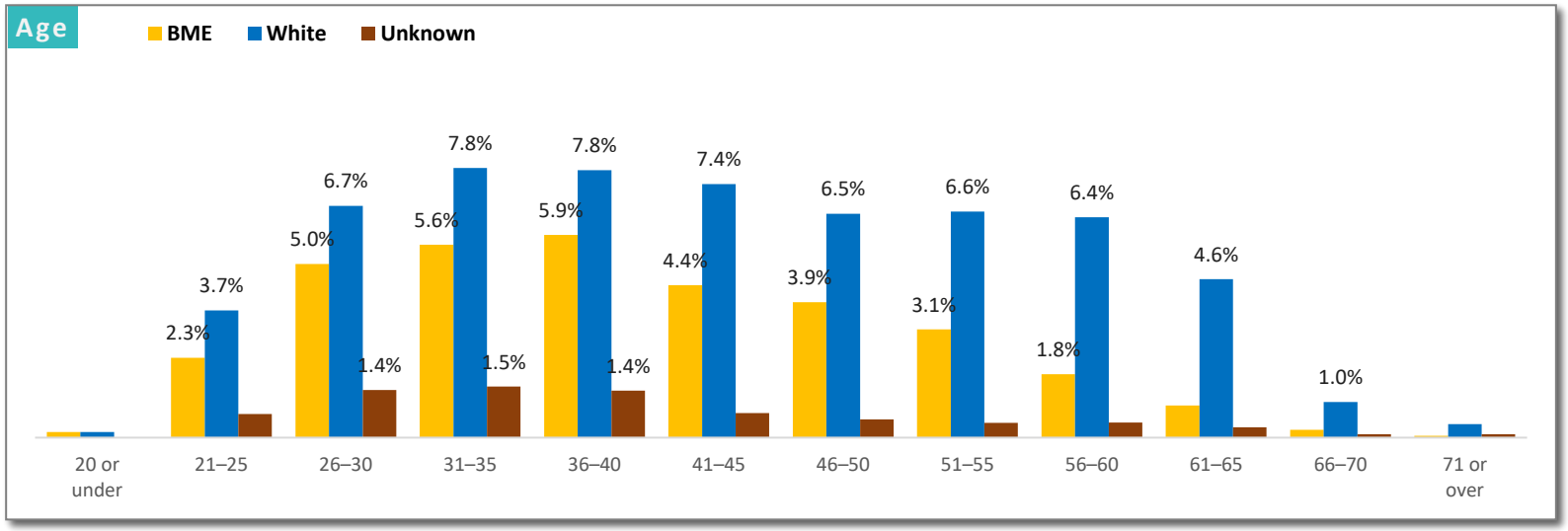
Christianity is the largest recorded religion, accounting for 42.3% of the workforce: 26.1% White, 15.6% BME and 0.6% with unknown ethnicity. BME staff who report Islam account for 8.0% of the workforce, while White staff who report atheism account for 14.3%. Among staff with unknown ethnicity, "Not Disclosed" is the largest category (5.8% of the workforce).

Sexual Orientation

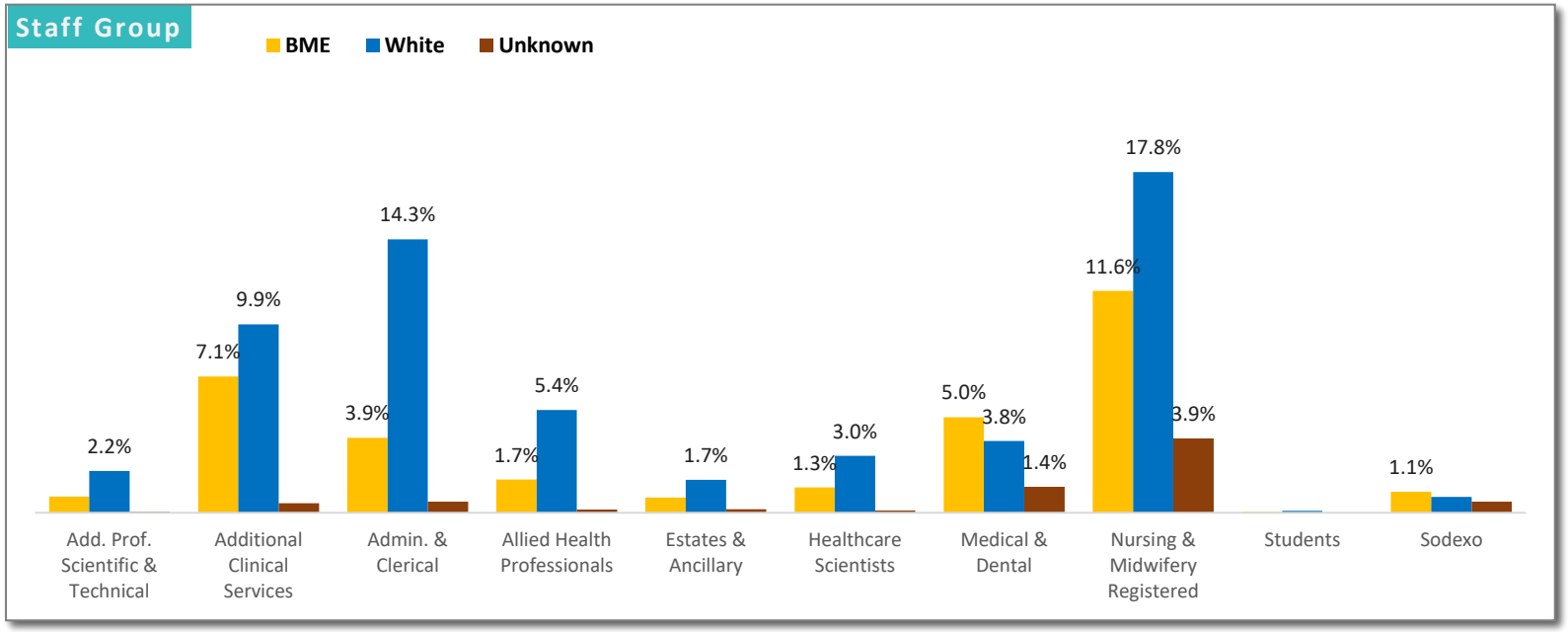
Heterosexual or straight staff account for 76.1% of the workforce: 46.3% White, 28.8% BME and 1.1% with unknown ethnicity. A further 14.4% selected "Not stated (declined)", including 6.3% White, 2.4% BME and 5.6% with unknown ethnicity. Gay or lesbian staff account for 2.8% overall and bisexual staff for 1.7%.

WRES Indicator 1 - Representation based on Age and Staff Group as at 31 March 2026.

Manchester University NHS Foundation Trust



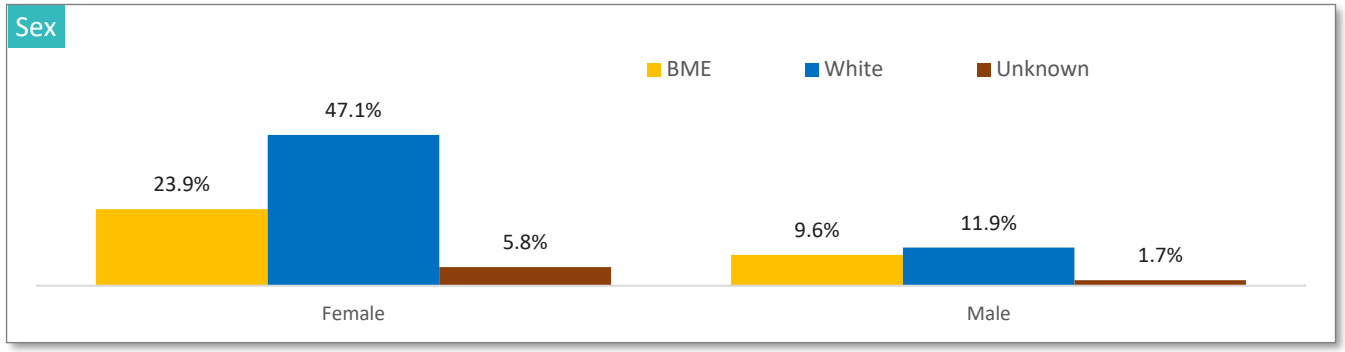
Age
All percentages are shares of MFT's total workforce. The largest BME age band is 36–40 (5.9% of the workforce). White staff have their highest share at 31–35 (7.8%) and exceed BME staff in every band except those aged 20 or under, where both are 0.2%. BME representation is lower in older bands, falling to 1.8% at 56–60. Unknown ethnicity peaks at 31–35 (1.5%).



Staff Group
Nursing and Midwifery Registered is the largest staff group, accounting for 33.4% of the workforce: 17.8% White, 11.6% BME and 3.9% with unknown ethnicity. BME staff also have a large share in Additional Clinical Services (7.1% of the workforce). Medical and Dental has more BME than White staff (5.0% versus 3.8%), as does Sodexo (1.1% versus 0.8%). White staff in Administrative and Clerical roles account for 14.3% of the workforce.

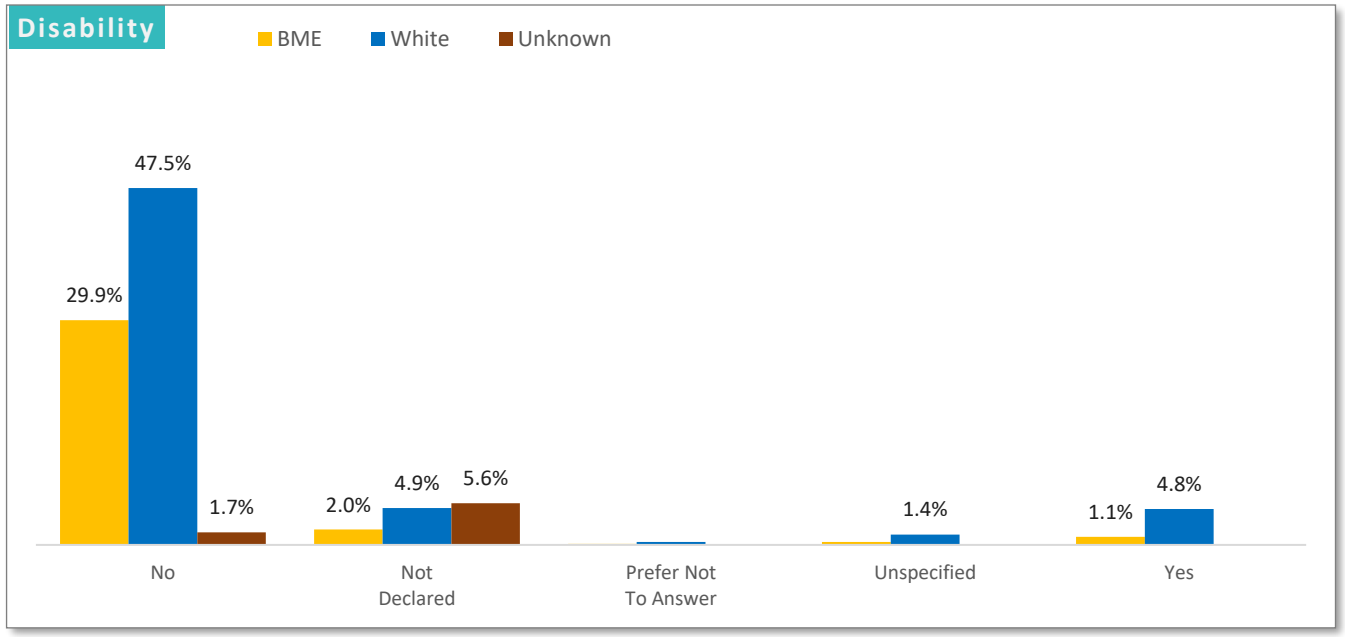
WRES Indicator 1 - Representation based on Sex and Disability as at 31 March 2026.

NHS Manchester University NHS Foundation Trust



Sex

All percentages are shares of MFT's total workforce. Female staff account for 76.8% overall: 47.1% White, 23.9% BME and 5.8% with unknown ethnicity. Male staff account for 23.2%: 11.9% White, 9.6% BME and 1.7% with unknown ethnicity.



Disability

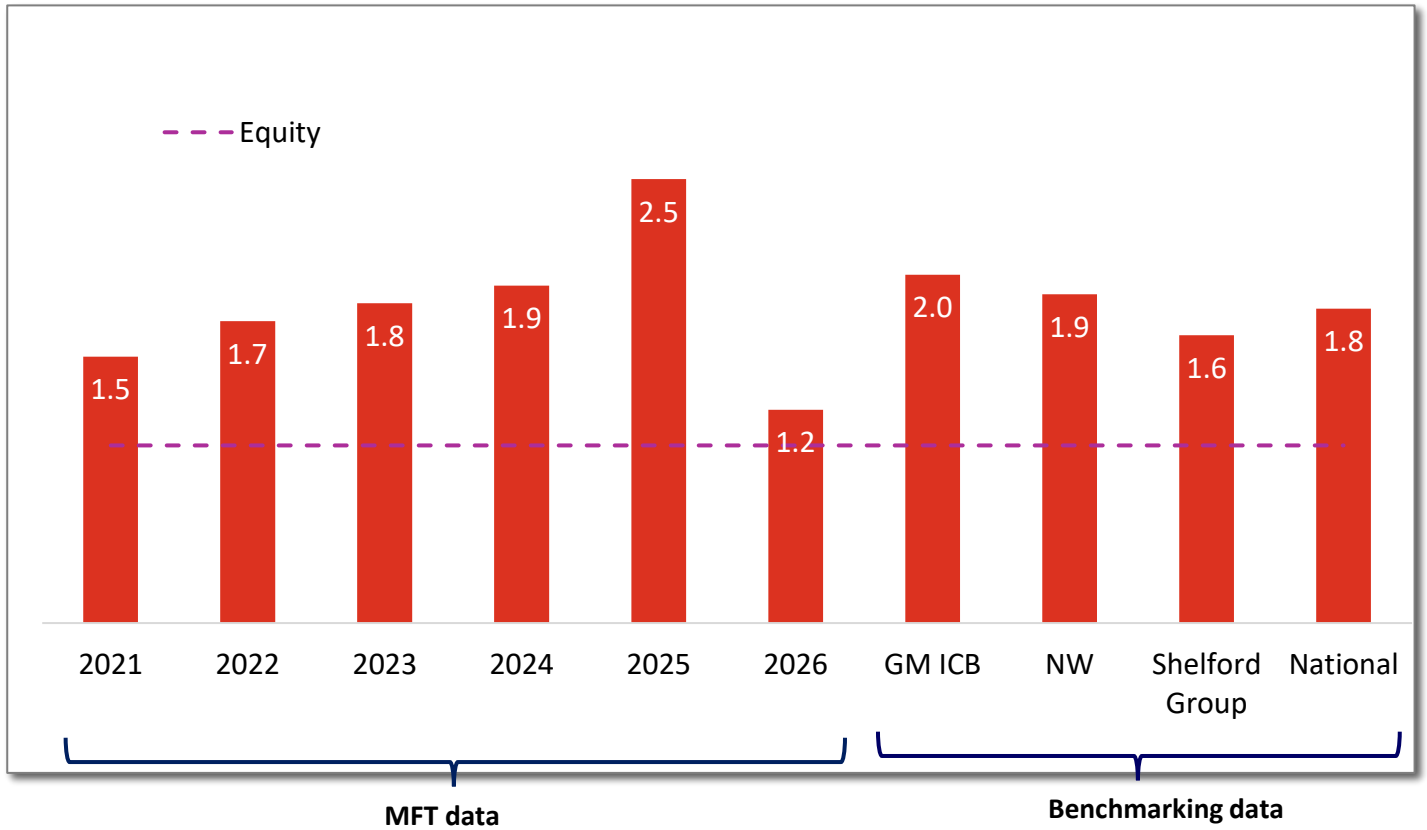
Most staff report no disability (79.1% of the workforce). Staff reporting a disability account for 6.0% overall, including 4.8% White and 1.1% BME. "Not Declared" accounts for 12.5% of the workforce, including 5.6% with unknown ethnicity, 4.9% White and 2.0% BME.

WRES Indicator 2

Manchester University NHS Foundation Trust

WRES Indicator 2 Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts): 2021-2026 data and local/national benchmarks

2021	2022	2023	2024	2025	2026
1.5	1.7	1.8	1.9	2.5	1.2



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.

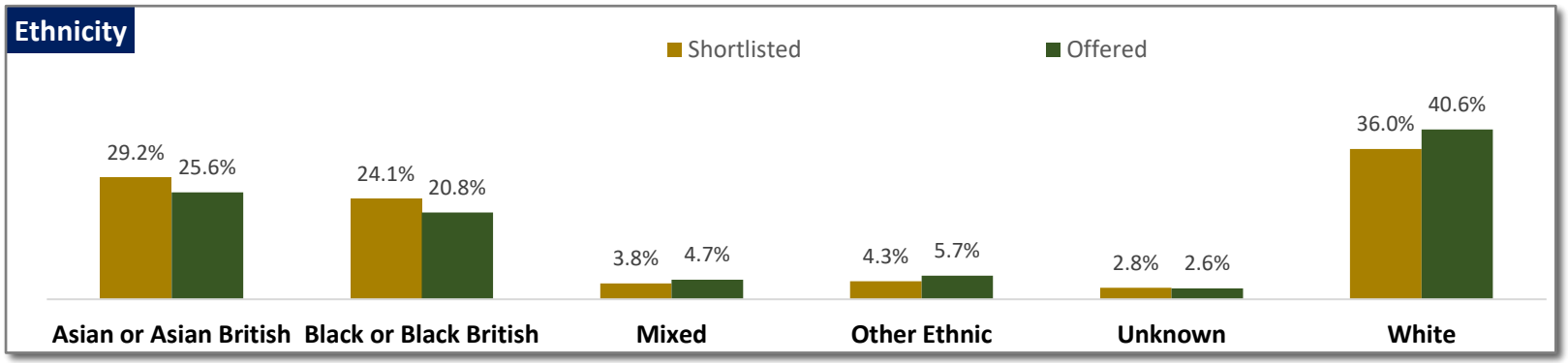
A relative likelihood of over 1 is indicated in red and means that white applicants have a greater likelihood of being appointed from shortlisting than BME applicants.

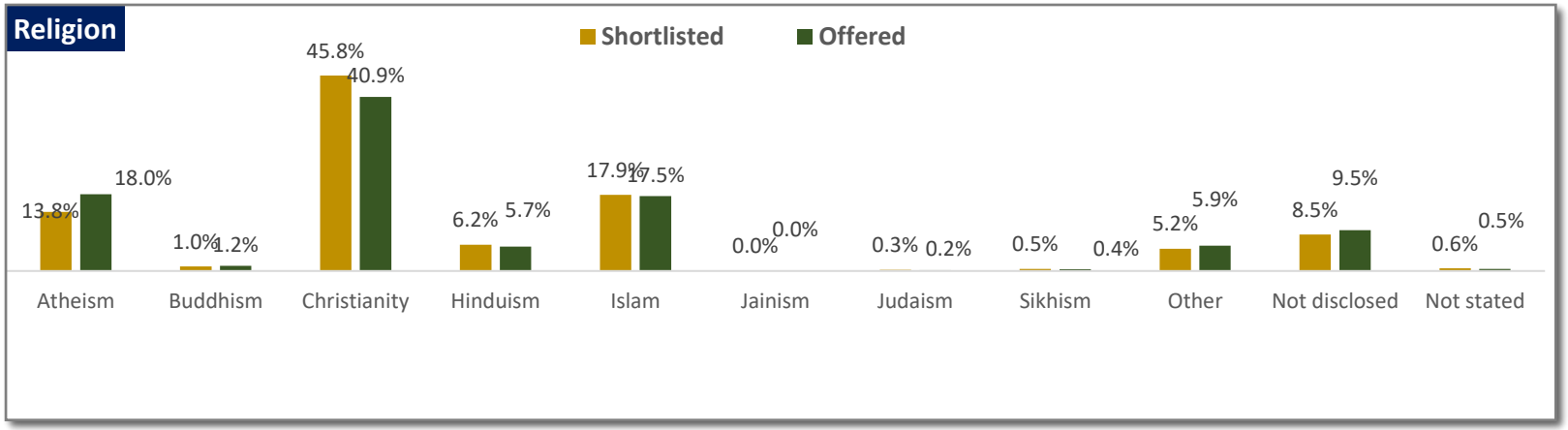
A relative likelihood below 1 indicates that white applicants are less likely to be appointed compared to BME applicants.

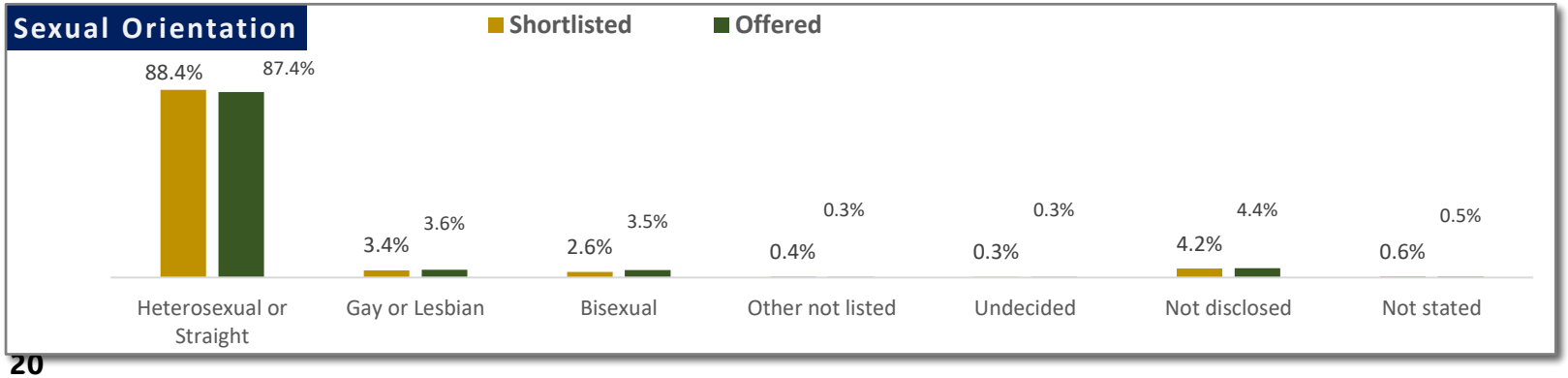
- The relative likelihood of White applicants being appointed from shortlisting compared with BME applicants fell from 2.5 in 2025 to 1.2 in 2026.
- The ratio rose from 1.5 in 2021 to 2.5 in 2025, before falling to its lowest level in the six years shown in 2026.
- The 2026 result is closer to equity (1.0), although White applicants remain 1.2 times as likely as BME applicants to be appointed from shortlisting.
- MFT's 2026 ratio of 1.2 is lower than all comparators: GM ICB 1.96, NW 1.85, Shelford Group 1.62 and National 1.77.

WRES Indicator 2 – Percentage of Staff Offered from Shortlisting based on Ethnicity, Religion and Sexual Orientation (31st March 2026)

Manchester University NHS Foundation Trust







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 accounted for 36.0% of those shortlisted and 40.6% of offers. Asian candidates' share fell from 29.2% to 25.6% and Black candidates' from 24.1% to 20.8%. Mixed and Other ethnic groups had higher shares of offers than shortlisting. Unknown ethnicity fell from 2.8% to 2.6%.

Religion

Atheist candidates accounted for 13.8% of those shortlisted and 18.0% of offers. Christian candidates' share fell from 45.8% to 40.9%. Hindu and Muslim candidates also had slightly lower shares of offers than shortlisting.

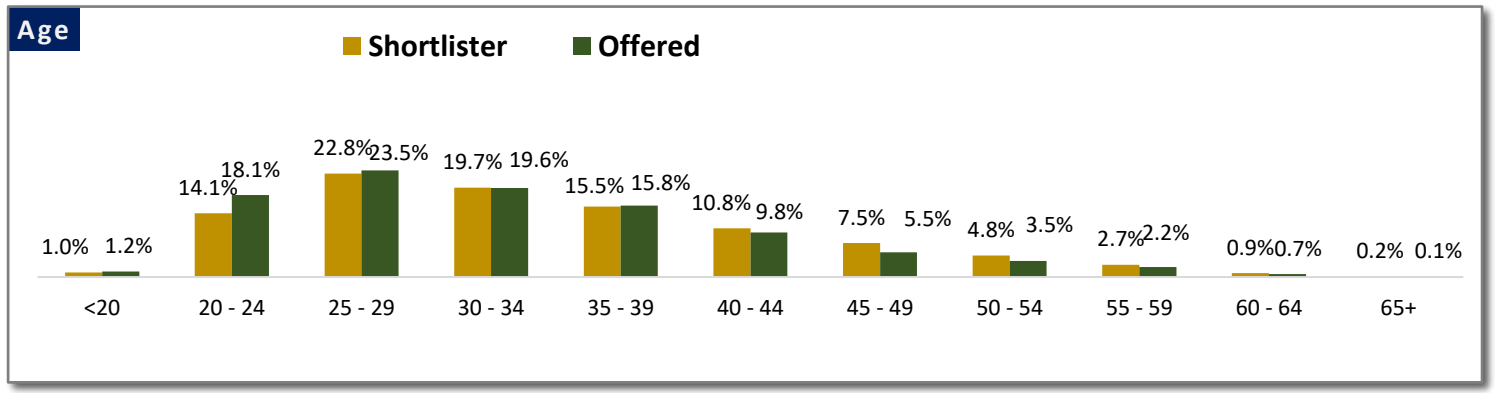
Sexual Orientation

Heterosexual or straight candidates accounted for 88.4% of those shortlisted and 87.4% of offers. Gay or lesbian candidates' share rose from 3.4% to 3.6% and bisexual candidates' from 2.6% to 3.5%. Those choosing not to disclose rose from 4.2% to 4.4%, while "Not stated" fell from 0.6% to 0.5%.

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 2026).

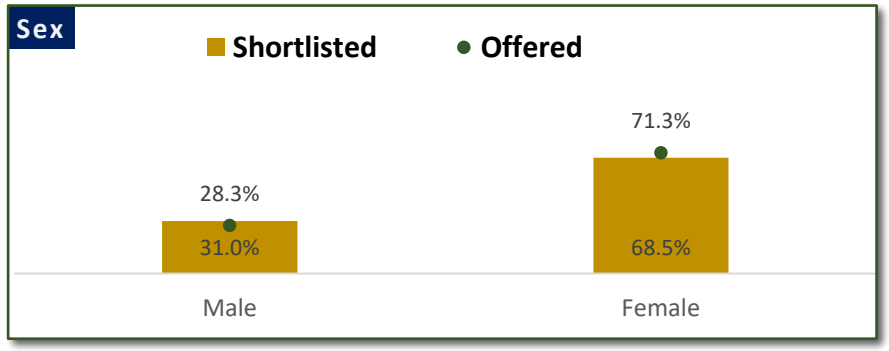
Manchester University NHS Foundation Trust



Age

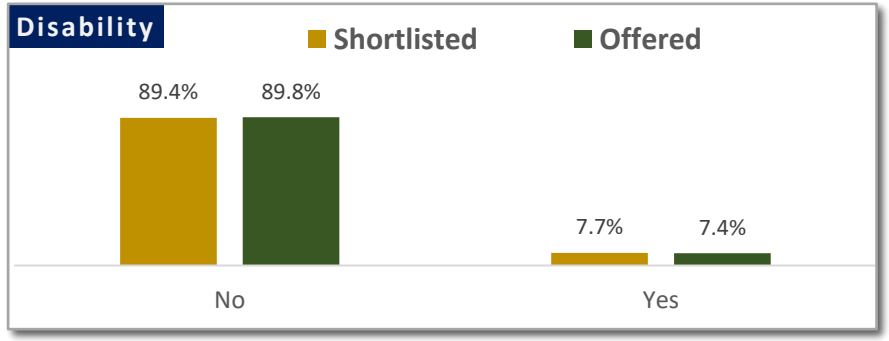
Candidates aged 25–29 formed the largest group, accounting for 22.8% of those shortlisted and 23.5% of offers. The 20–24 age group had a higher share of offers (18.1%) than shortlisting (14.1%). Those aged 30–34 had similar shares at both stages (19.7% and 19.6%). Candidates aged 40 and above had lower shares of offers than shortlisting.

Overall, the largest increase in share was among candidates aged 20–24. Those under 20 and aged 65+ each accounted for around 1% or less at both stages.



Sex

Female candidates accounted for 68.5% of those shortlisted and 71.3% of offers. Male candidates accounted for 31.0% of those shortlisted and 28.3% of offers. Female candidates therefore had a higher share of offers than shortlisting, while male candidates had a lower share.



Disability

Candidates reporting no disability accounted for 89.4% of those shortlisted and 89.8% of offers. Candidates reporting a disability accounted for 7.7% of those shortlisted and 7.4% of offers, giving them a slightly lower share of offers than shortlisting.

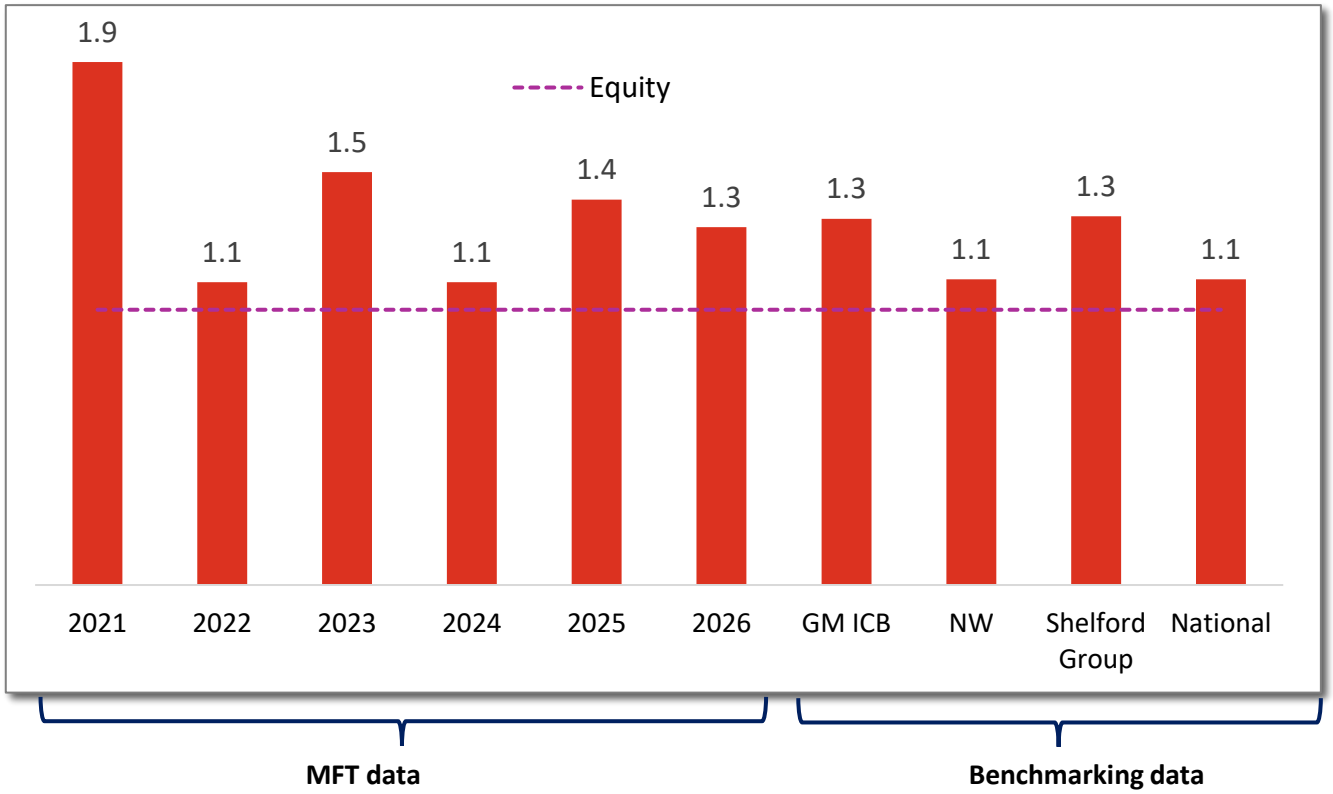
Data for Staff Group and Pay Band/Grade was not available for this indicator at the time of publishing this report.

WRES Indicator 3

Manchester University NHS Foundation Trust

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation: 2021-2026 data and local/national benchmarks

2021	2022	2023	2024	2025	2026
1.9	1.1	1.5	1.1	1.4	1.3



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.

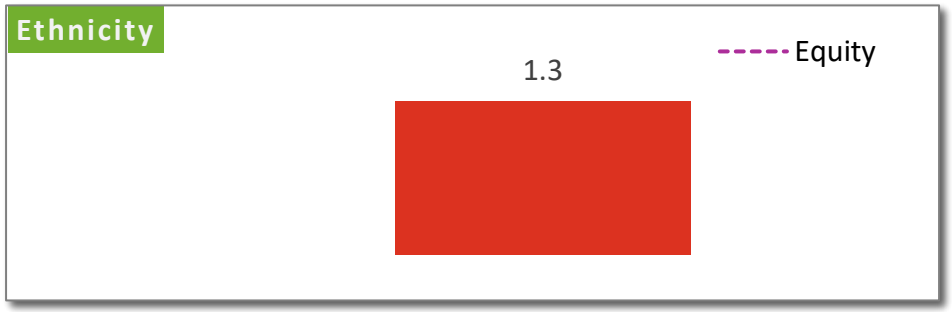
A relative likelihood below 1 indicates that BME staff are less likely to enter the formal disciplinary process compared to white staff.

- In 2026, BME staff were 1.3 times as likely as White staff to enter the formal disciplinary process, down from 1.4 in 2025.
- The ratio fluctuated from 1.9 in 2021 to 1.1 in 2022, 1.5 in 2023 and 1.1 in 2024. All years shown remain above equity (1.0).
- MFT's 2026 ratio of 1.30 is above both the NW and National benchmarks (1.11).
- MFT is slightly below GM ICB (1.33) and Shelford Group (1.34), but remains above equity.

- **Total Staff Entering Disciplinary – 327**
- White - entering disciplinary – 175
- BME - entering disciplinary – 132
- Unknown - entering disciplinary – 20

Manchester University NHS Foundation Trust

WRES Indicator 3 – Percentage of staff entering the formal disciplinary process based on Ethnicity, Religion and Sexual Orientation as at 31st March 2026.

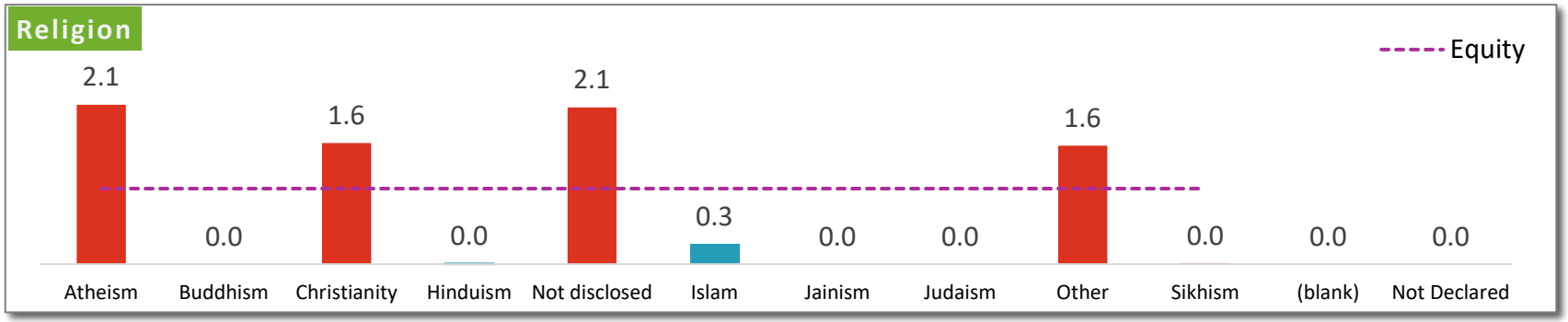


Ethnicity
The relative likelihood is 1.3, meaning BME staff are 1.3 times as likely as White staff to enter the formal disciplinary process.

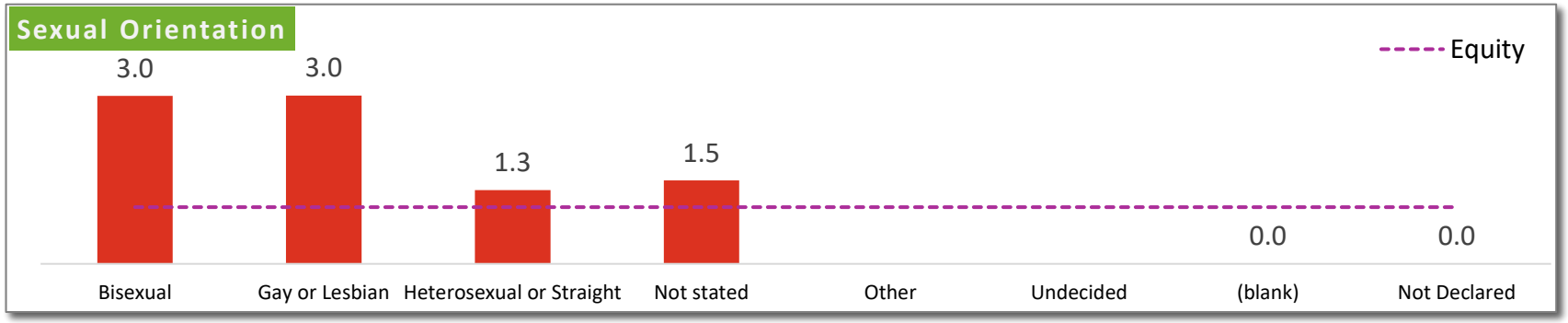
A relative likelihood of 1 means that there is no difference (Equity) and BME staff are just as likely to enter the formal disciplinary process compared to white staff.

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

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



Religion
The BME-to-White relative likelihood is highest for atheism (2.11) and "Not disclosed" religion (2.08). Christianity (1.60) and Other religion (1.57) are also above equity. Islam (0.27) and Hinduism (0.01) are below equity. These figures compare likelihoods, not the number of cases in each religion.



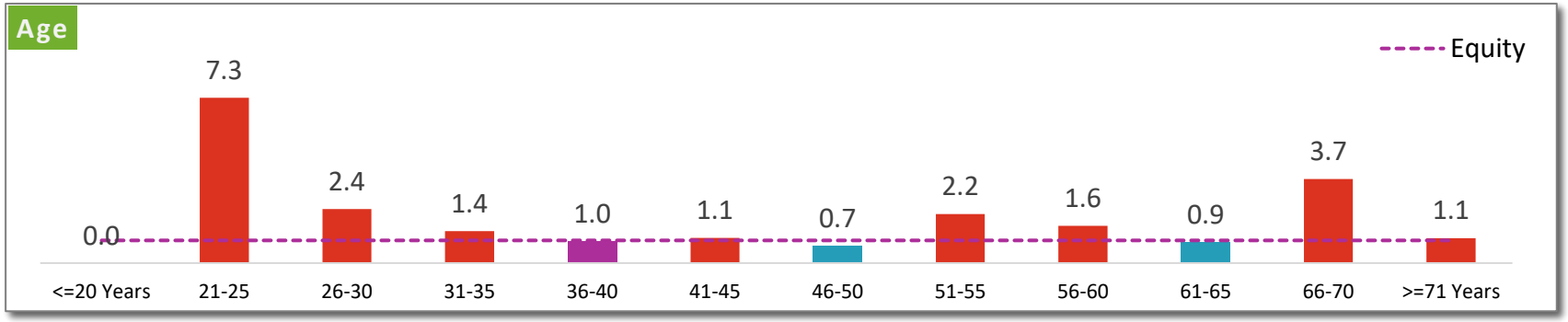
Sexual Orientation
The BME-to-White relative likelihood is highest for gay or lesbian staff (2.97) and bisexual staff (2.96). "Not stated" (1.47) and heterosexual or straight staff (1.30) are also above equity. No ratio is plotted for Other or Undecided, so these categories cannot support a comparison.

- **Total Staff Entering Disciplinary – 327**
- White - entering disciplinary – 175
- BME - entering disciplinary – 132
- Unknown - entering disciplinary – 20

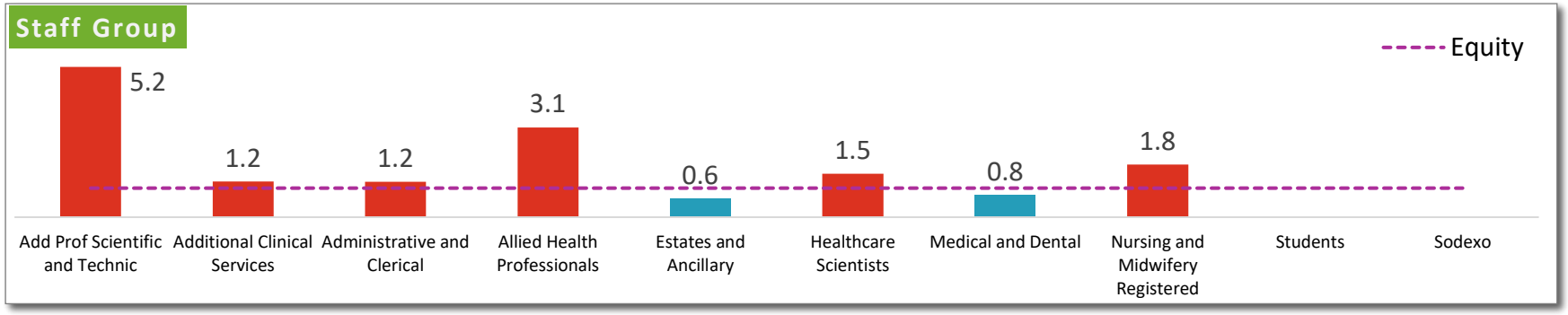
NHS Manchester University NHS Foundation Trust

WRES Indicator 3 – Percentage of staff entering the formal disciplinary process based on Age, Staff Group and Sex as at 31st March 2026.

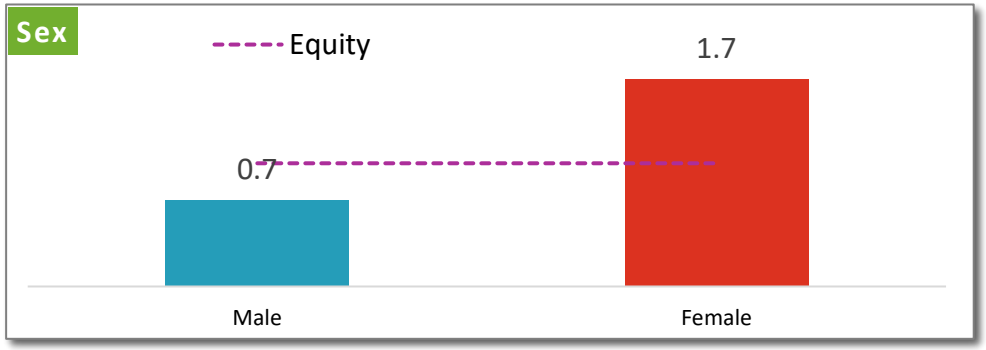
A relative likelihood of 1 means that there is no difference (Equity) and BME staff are just as likely to enter the formal disciplinary process compared to white staff. A relative likelihood above 1 indicated in **red** means that BME staff in a category are more likely to enter the formal disciplinary process compared to white staff. A relative likelihood below 1 indicates that BME staff in a category are less likely to enter the formal disciplinary process compared to white staff.



Age
The BME-to-White relative likelihood is highest at ages 21–25 (7.29), followed by 66–70 (3.71), 26–30 (2.39) and 51–55 (2.17). It is below equity at 36–40 (0.97), 46–50 (0.75) and 61–65 (0.91). The graph compares likelihoods rather than case numbers.



Staff Group
Additional Professional, Scientific and Technical staff have the highest ratio (5.17), followed by Allied Health Professionals (3.09).
Nursing and Midwifery Registered (1.81), Healthcare Scientists (1.49), Additional Clinical Services (1.23) and Administrative and Clerical staff (1.22) are above equity. Medical and Dental (0.75) and Estates and Ancillary staff (0.64) are below equity. Students and Sodexo have no plotted ratio.

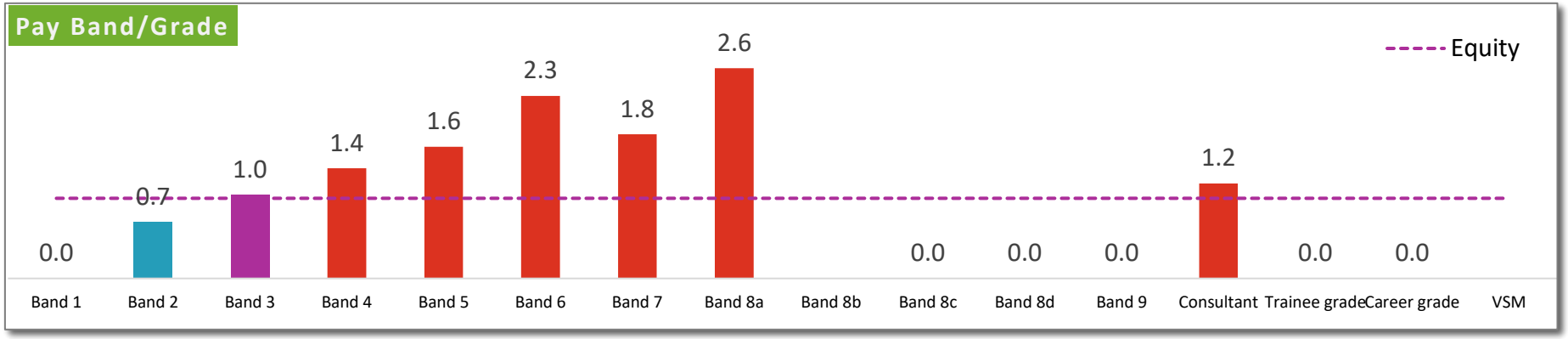


Sex
The BME-to-White relative likelihood is above equity for female staff (1.69) and below equity for male staff (0.71). These ratios do not show case numbers.

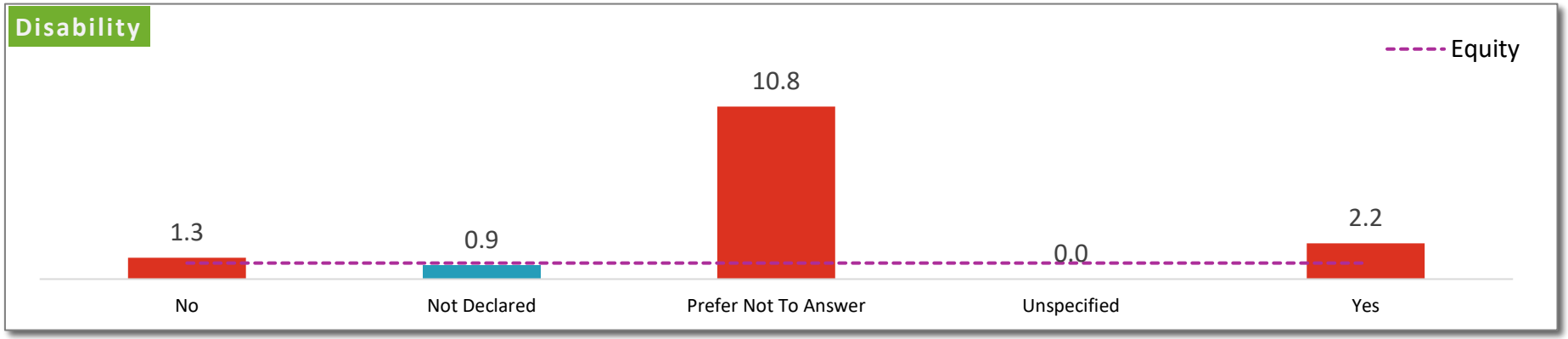
- **Total Staff Entering Disciplinary – 327**
- White - entering disciplinary – 175
- BME - entering disciplinary – 132
- Unknown - entering disciplinary – 20

Manchester University NHS Foundation Trust

WRES Indicator 3 – Percentage of staff entering the formal disciplinary process based on Pay band/Grade and Disability as at 31st March 2026.



Pay Band/Grade:
The BME-to-White ratio is highest in Band 8a (2.62), followed by Band 6 (2.28) and Band 7 (1.80).
Bands 4 (1.37), 5 (1.64) and Consultants (1.19) are also above equity. Band 3 is near equity (1.04) and Band 2 is below (0.71). Band 8b and VSM have no plotted ratio.



Disability
The BME-to-White ratio is highest for "Prefer Not To Answer" (10.76).
It is 2.23 for "Yes", 1.33 for "No" and 0.85 for "Not Declared".

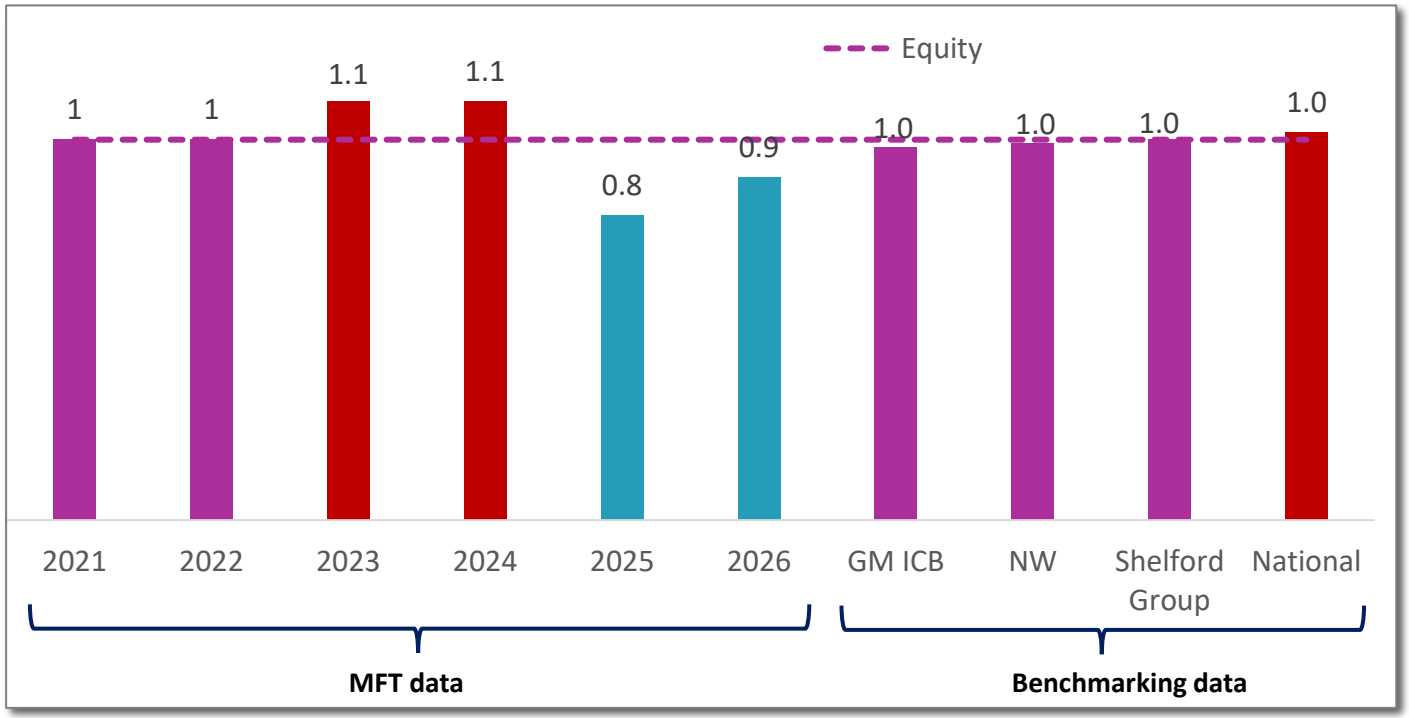
- **Total Staff Entering Disciplinary – 327**
- White - entering disciplinary – 175
- BME - entering disciplinary – 132
- Unknown - entering disciplinary – 20

WRES Indicator 4

Manchester University NHS Foundation Trust

Relative likelihood of staff accessing non-mandatory training and CPD : 2021-2026 data and local/national benchmarks

2021	2022	2023	2024	2025	2026
1.0	1.0	1.1	1.1	0.8	0.9



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.

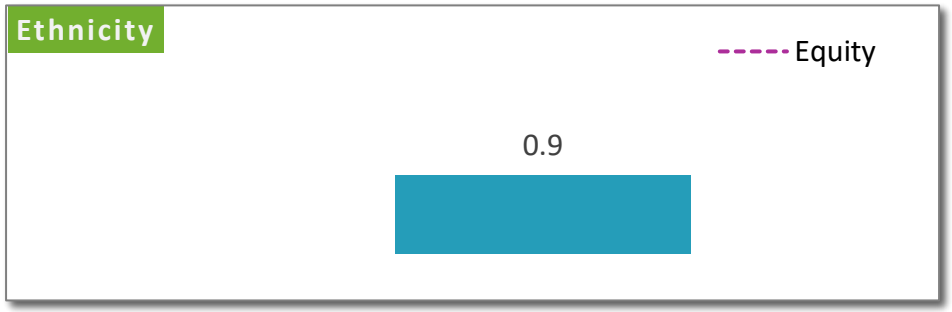
- From 2021 to 2026, the White-to-BME relative likelihood of accessing non-mandatory training and CPD ranged from 0.8 to 1.
- The ratio was 1.0 in 2021 and 2022, rising to 1.1 in 2023 and 2024.
- It fell to 0.8 in 2025, then rose to 0.9 in 2026.
- The 2026 ratio remains below equity (1.0), meaning White staff were less likely than BME staff to access training, although the gap narrowed from 2025.

- MFT's 2026 ratio of 0.90 is below GM ICB (0.98), NW (0.99), Shelford Group (1.00) and National (1.02).

Manchester University NHS Foundation Trust

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 31st March 2026.

Ethnicity



Ethnicity
The overall White-to-BME relative likelihood is 0.90. White staff are less likely than BME staff to access non-mandatory training and CPD.

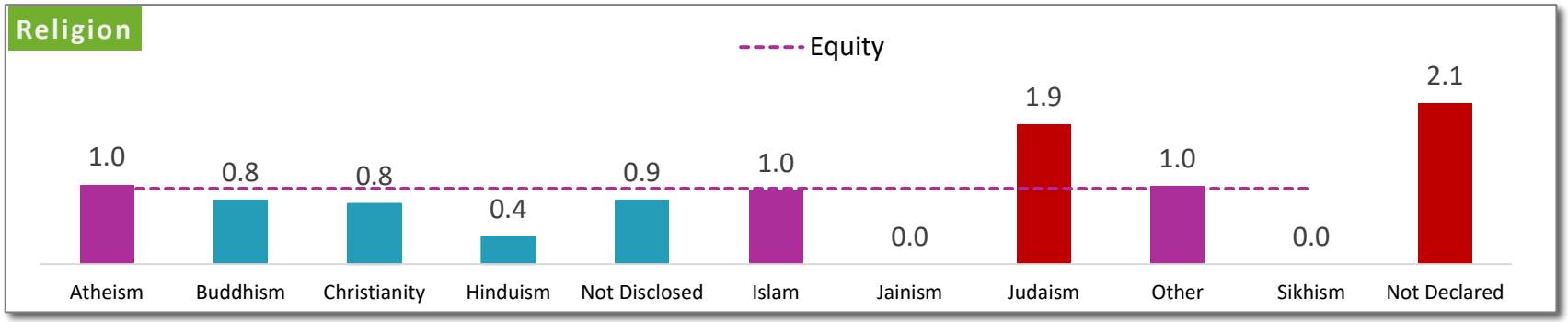
In the ESR response:
- **Not Stated** option indicates that the staff declined a response and filed was left blank.
- **Other not listed** option is selected when none of the listed categories match their response.
- **Undecided** indicates that the respondent chose not to disclose certain information.

A relative likelihood of 1 means that there is no difference (Equity).

Above 1 indicated in **red** means that white staff in this category are more likely to access non-mandatory training compared to BME staff.

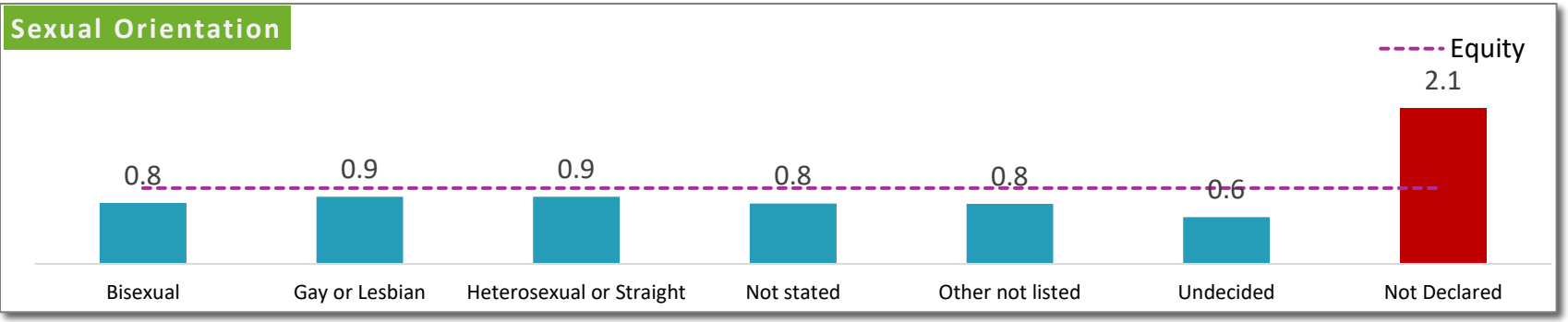
Below 1 indicates that white staff in this category are less likely to access non-mandatory training compared to BME staff.

Religion



Religion
Ratios above equity include “Not Declared” (2.12), Judaism (1.85), atheism (1.05) and Other religion (1.03). Christianity (0.80), Buddhism (0.85), “Not Disclosed” (0.85), Islam (0.97) and Hinduism (0.37) are below equity.

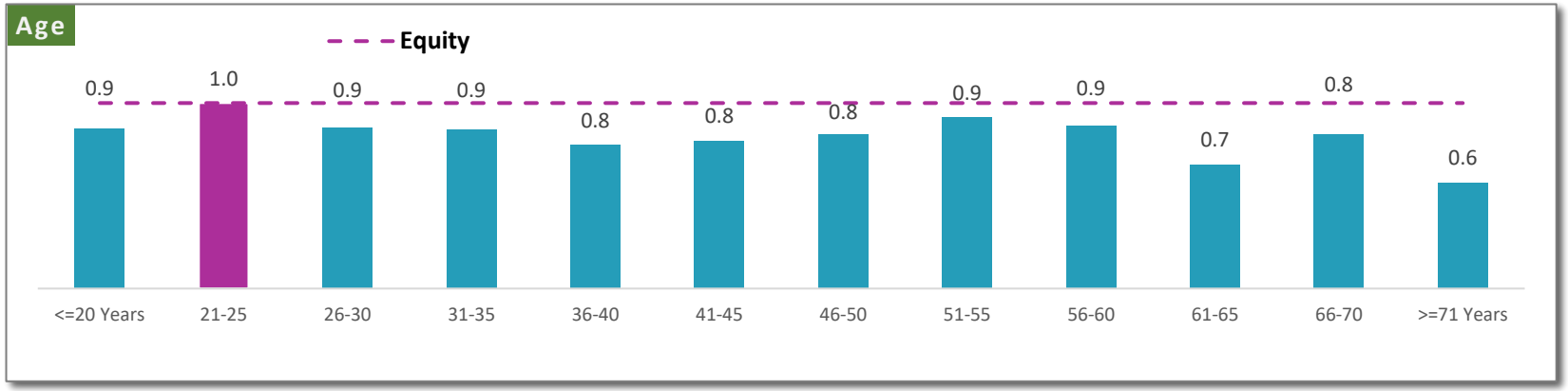
Sexual Orientation

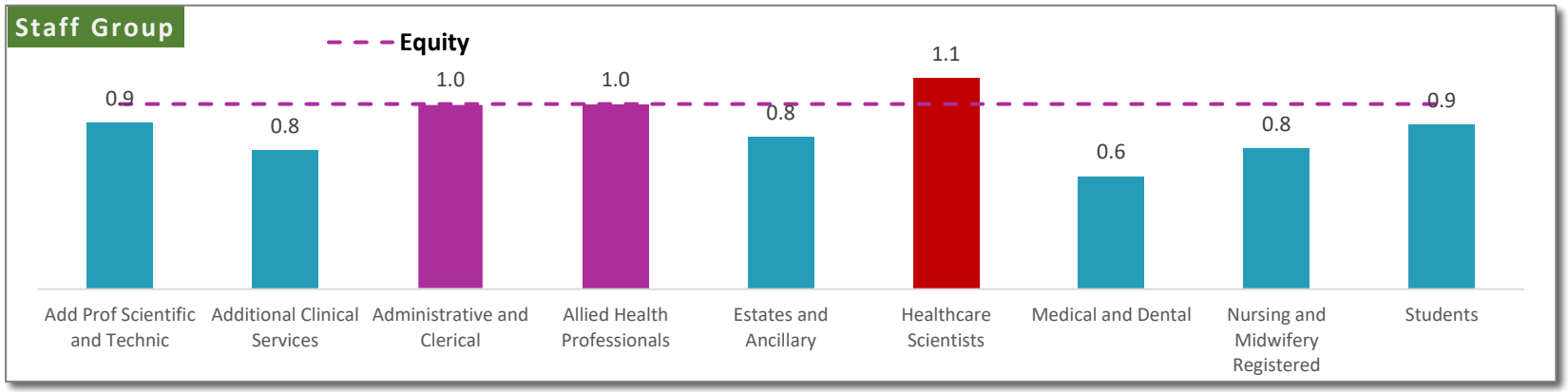


Sexual Orientation
“Not Declared” is above equity (2.06). All other plotted groups are below equity, including gay or lesbian (0.89), heterosexual or straight (0.88) and bisexual staff (0.80). Undecided has the lowest non-zero ratio (0.62).

Manchester University NHS Foundation Trust

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 2026.







- 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

The White-to-BME ratio is at equity for ages 21–25 (1.00) and below equity in every other age band. The lowest ratios are at ages 71 and over (0.57) and 61–65 (0.67), indicating lower training access for White staff than BME staff in these bands.

Staff Group

Healthcare Scientists are above equity (1.14). Administrative and Clerical staff and Allied Health Professionals are at equity (1.00). All other groups are below equity, with Medical and Dental staff lowest (0.61), followed by Additional Clinical Services (0.75) and Nursing and Midwifery Registered (0.76).

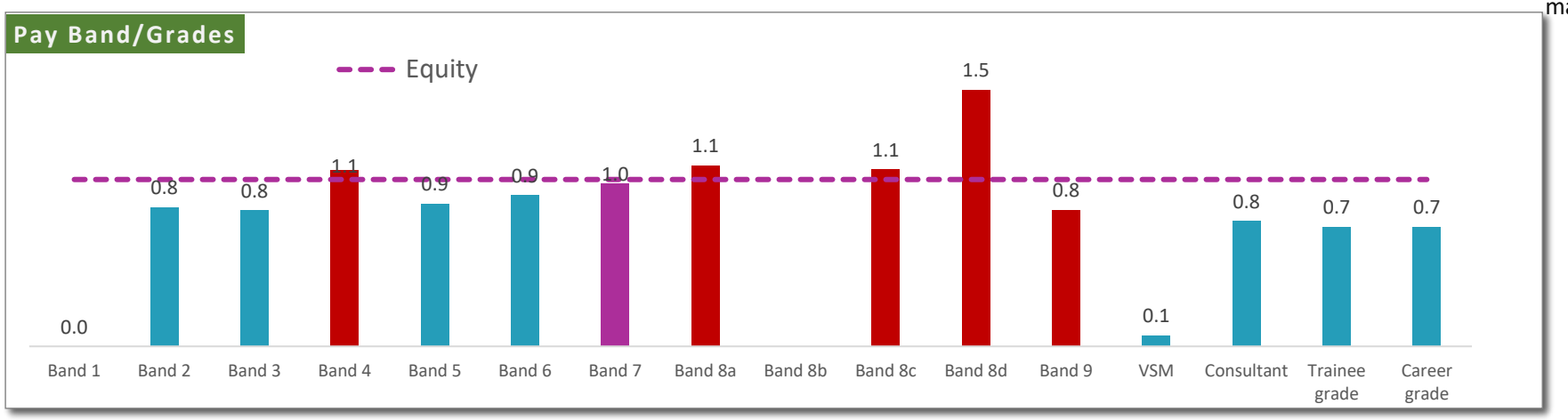
Sex

The White-to-BME ratio is below equity for both female (0.80) and male staff (0.75). White staff are less likely than BME staff of the same sex to access training, with the larger gap among male staff.

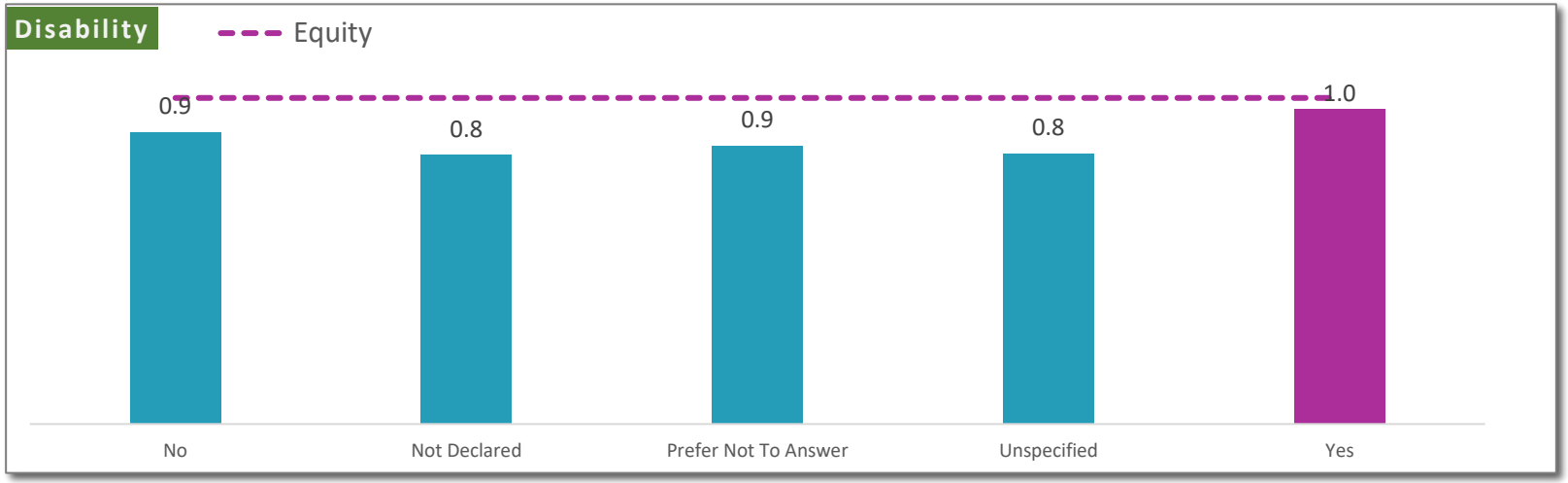
Manchester University NHS Foundation Trust

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 2026.

- 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
White-to-BME relative likelihood varies across pay bands and grades.
Ratios are below equity in Bands 2, 3, 5, 6, 7 and 9, and in Consultant, Trainee and Career grades. VSM is also below equity (0.07).
Bands 4 (1.05), 8a (1.09), 8c (1.06) and 8d (1.54) are above equity, indicating higher training access for White staff. Band 8b has no plotted ratio.

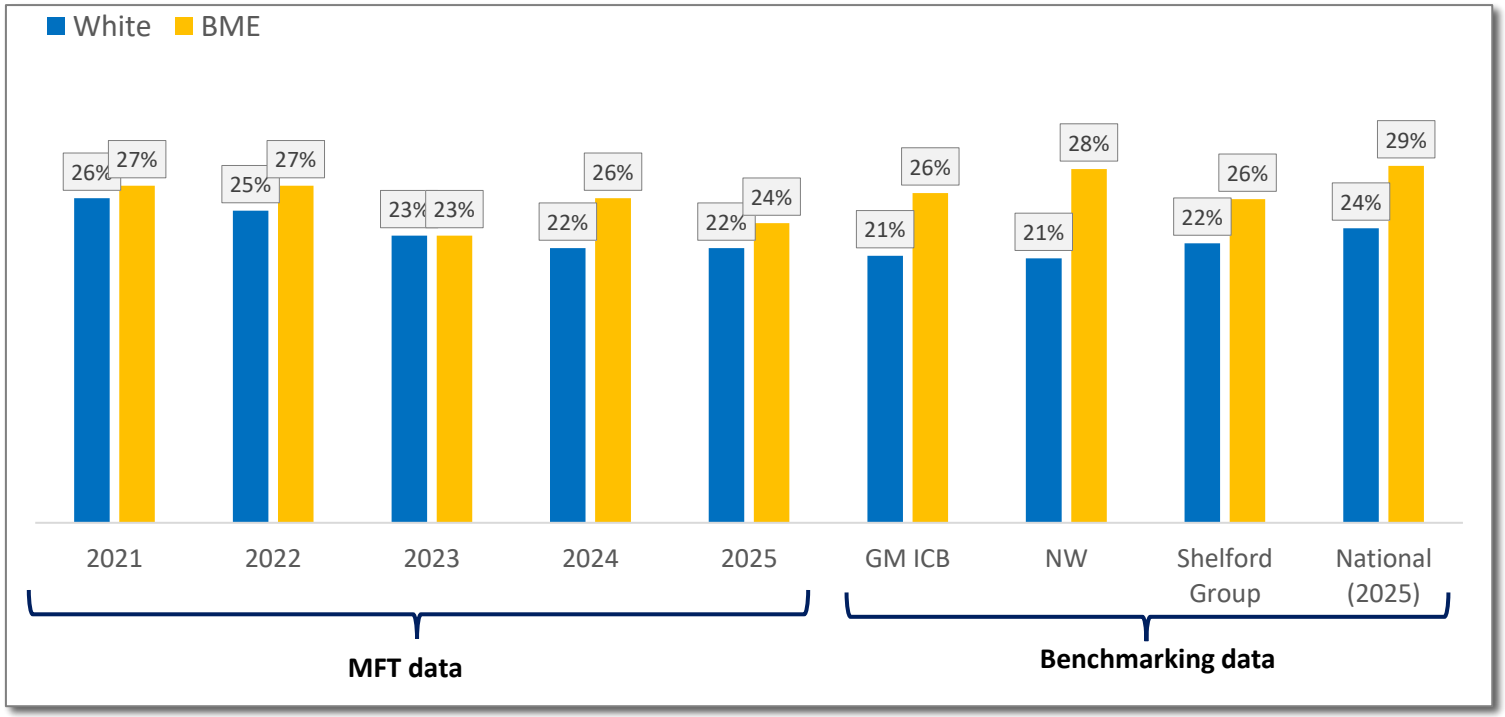


Disability
All disability categories are below equity. The White-to-BME ratio ranges from 0.82 for “Not Declared” to 0.96 for “Yes”, indicating lower access for White staff in each category.

WRES Indicator 5

NHS Manchester University NHS Foundation Trust

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: 2021-2025 data and local/national benchmarks



Overall Workforce at MFT: **32,086**	White	BME
	Overall **18,927**	Overall 10,764
	Responded to NHSS **7,139**	Responded to NHSS **3,258**

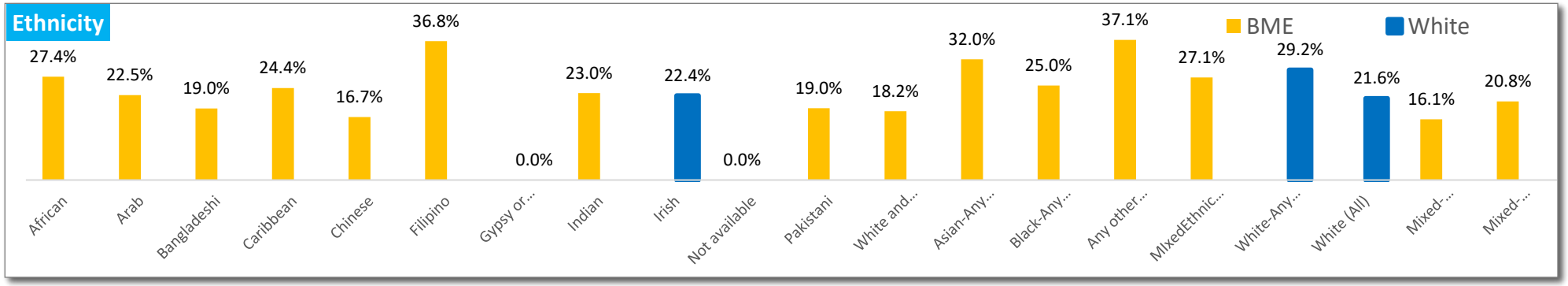
- This data is from the 2025 National Staff Survey. The 2026 results will only be available in early 2027.
- The table records 3,258 BME responses from 10,764 staff, and 7,139 White responses from 18,927 staff.
- In 2025, 24% of BME staff and 22% of White staff reported harassment, bullying or abuse from patients, relatives or the public.
- The ethnicity gap in these experiences narrowed from 4% in 2024 to 2 points in 2025.
- MFT staff reporting harassment, bullying or abuse from patients, relatives or the public were below all BME benchmarks (24% vs 25.9%–28.6%) and within White benchmarks (22% vs 21.2%–23.6%).

Manchester University NHS Foundation Trust

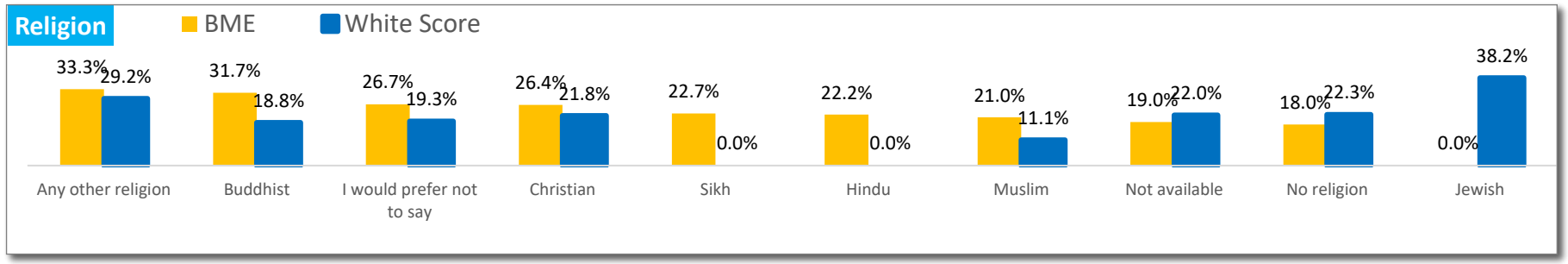
WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on Ethnicity, Religion and Sexual Orientation (2025)

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.

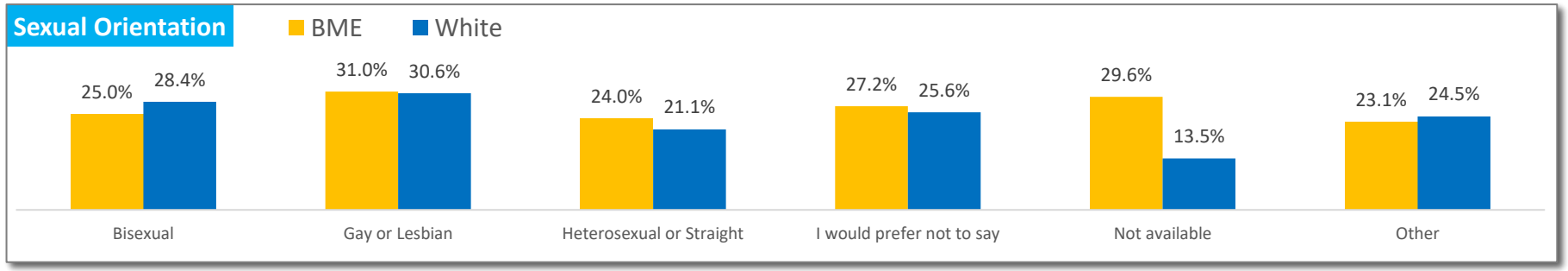
In the NHS staff survey response:
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose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



Ethnicity
"Any other ethnic" BME staff reported the highest rate of harassment, bullying or abuse from patients, relatives or the public (37.1%). Filipino staff reported 36.8%.



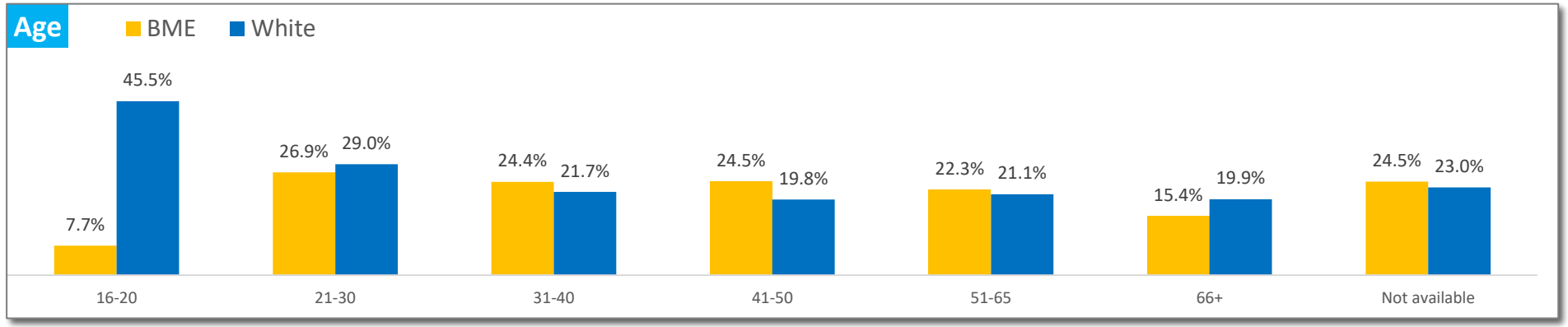
Religion
Among BME staff, "Any other religion" had the highest reported rate of harassment, bullying or abuse from patients, relatives or the public (33.3%).

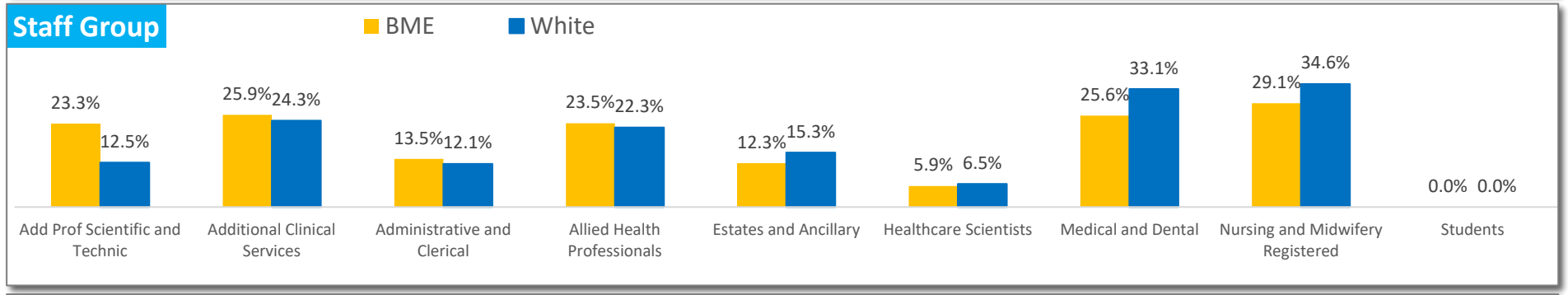


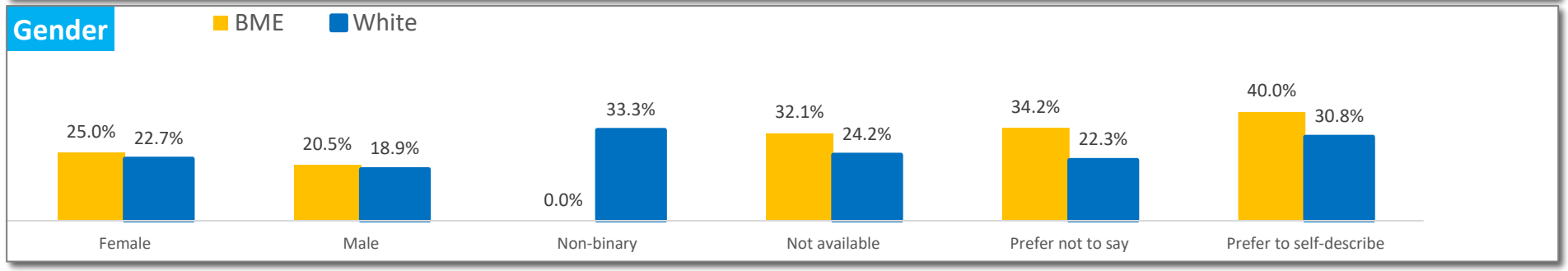
Sexual Orientation
Gay or lesbian staff reported similar harassment, bullying or abuse from patients, relatives or the public (31.0% BME vs 30.6% White). Heterosexual staff reported 24.0% vs 21.1%.

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 (2025)

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.







Manchester University NHS Foundation Trust

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.

Age
BME staff aged 21-30 reported more harassment, bullying or abuse from patients, relatives or the public than White staff. At 41–50, 24.5% of BME staff reported these experiences, compared with 19.8% of White staff.

Staff Group
Among BME staff, Nursing and Midwifery reported the highest rate of harassment, bullying or abuse from patients, relatives or the public (29.1%). White staff reported more in this group (34.6%) and Medical and Dental (33.1% vs 25.6% BME).

Gender
BME female and male staff reported more harassment, bullying or abuse from patients, relatives or the public than White staff (25.0% vs 22.7% for females, 20.5% vs 18.9% for males).

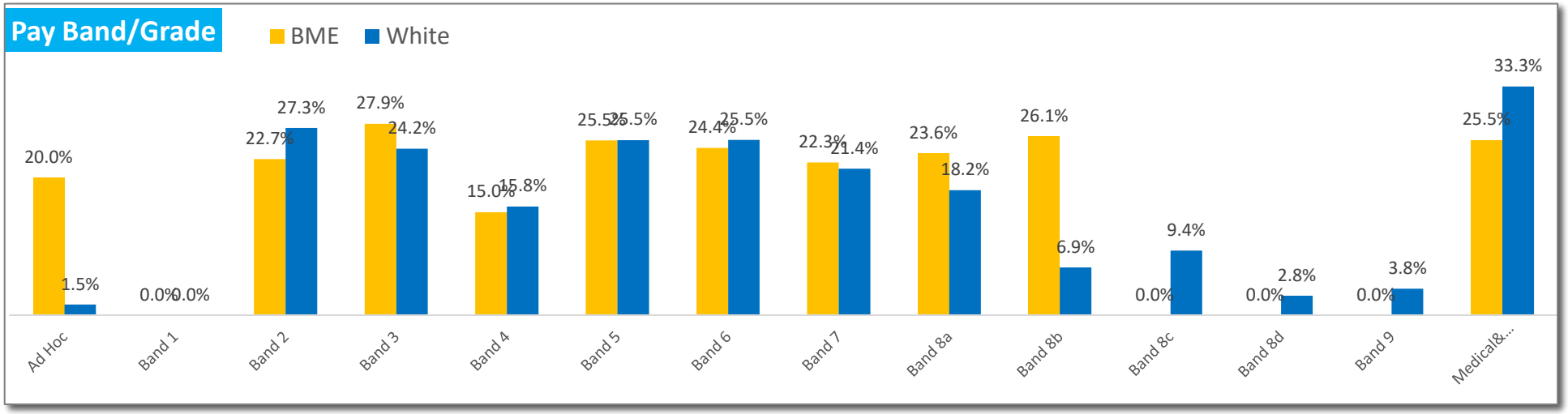
WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on Pay Band/Grade and Disability (2025)

Manchester University NHS Foundation Trust

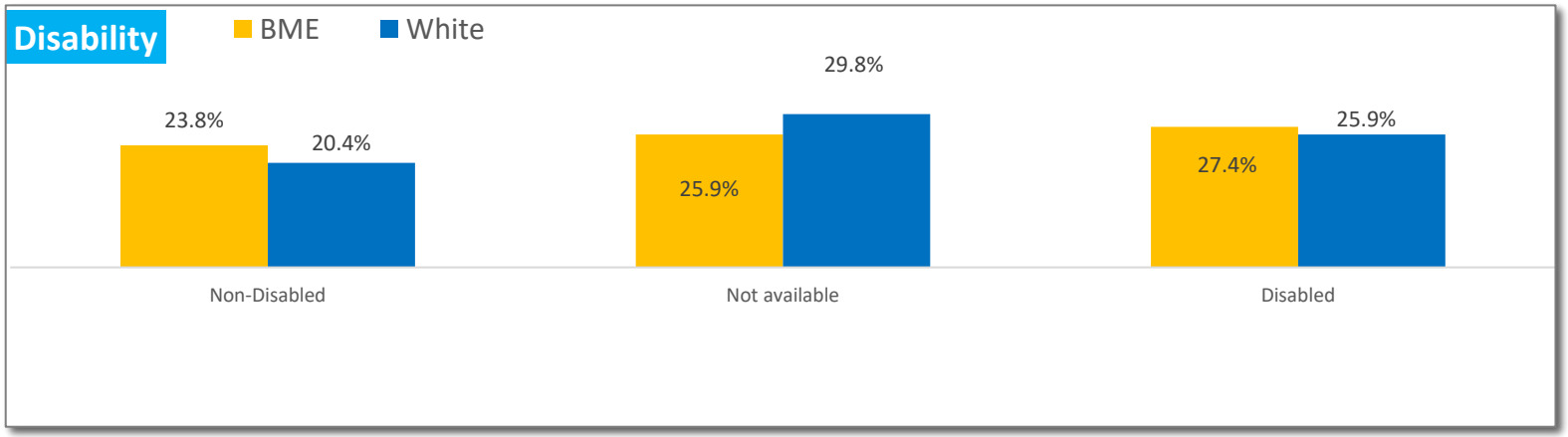
Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.

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 Band 8b reported more harassment, bullying or abuse from patients, relatives or the public than White staff (26.1% vs 6.9%). Medical and Dental staff reported 25.5% BME vs 33.3% White.

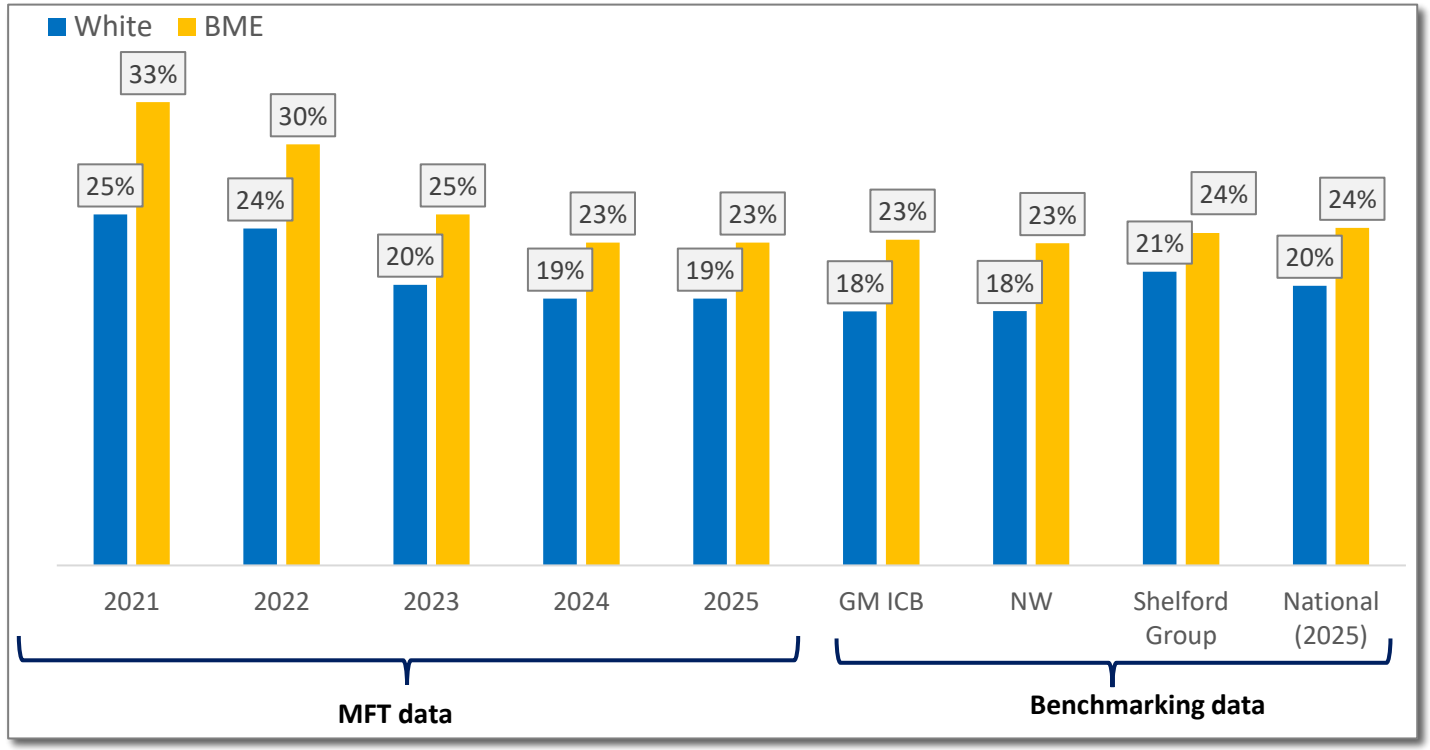


Disability
Disabled BME staff reported more harassment, bullying or abuse from patients, relatives or the public than disabled White staff (27.4% vs 25.9%). Non-disabled staff reported 23.8% BME vs 20.4% White.

WRES Indicator 6

Manchester University NHS Foundation Trust

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2021-2025 data and local/national benchmarks



Overall Workforce at MFT: **32,086**	White	BME
	Overall **18,927**	Overall 10,764
	Responded to NHSS 7,147	Responded to NHSS **3,257**

- This data is from the 2025 National Staff Survey. The 2026 results will only be available in early 2027.
- The table records 3,257 BME responses from 10,764 staff, and 7,147 White responses from 18,927 staff.
- In 2025, 23% of BME staff and 19% of White staff reported harassment, bullying or abuse from other staff in the last 12 months, unchanged from 2024.
- Reports of these experiences fell from 33% BME and 25% White in 2021. The ethnicity gap narrowed from 8 to 4% .
- BME staff at MFT reported harassment, bullying or abuse from other staff (23%) at similar levels to GM ICB and NW, but below Shelford (23.7%) and National (24.1%). White staff reported 19%.

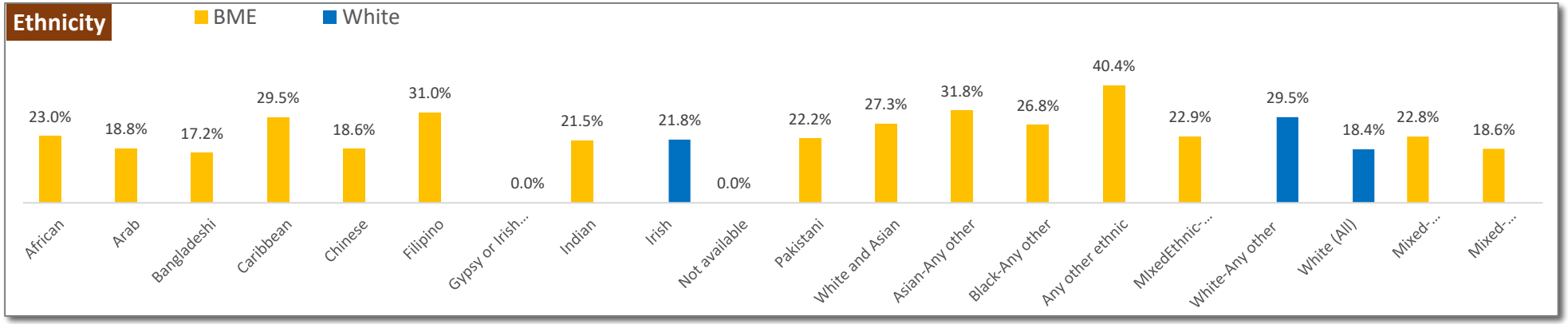
Harassment, bullying or abuse from other staff remains more common for BME staff.

WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff based on Ethnicity, Religion and Sexual Orientation (2025)

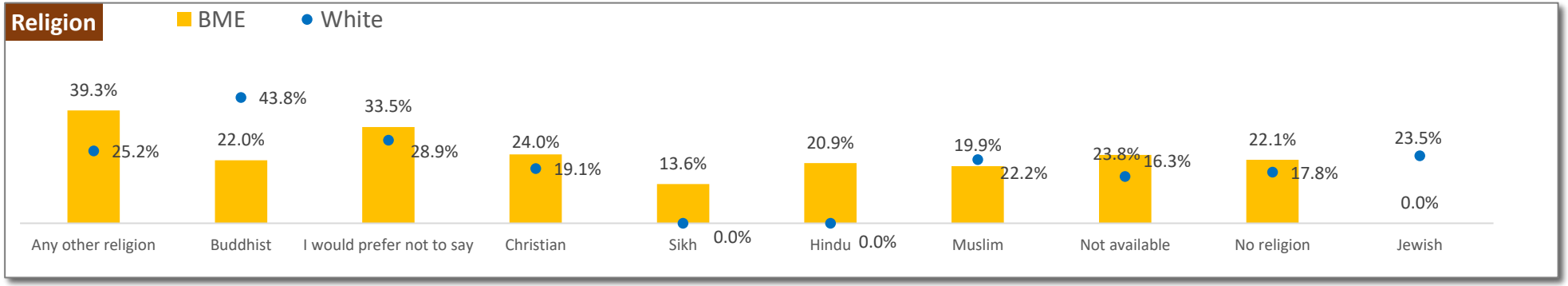
Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.

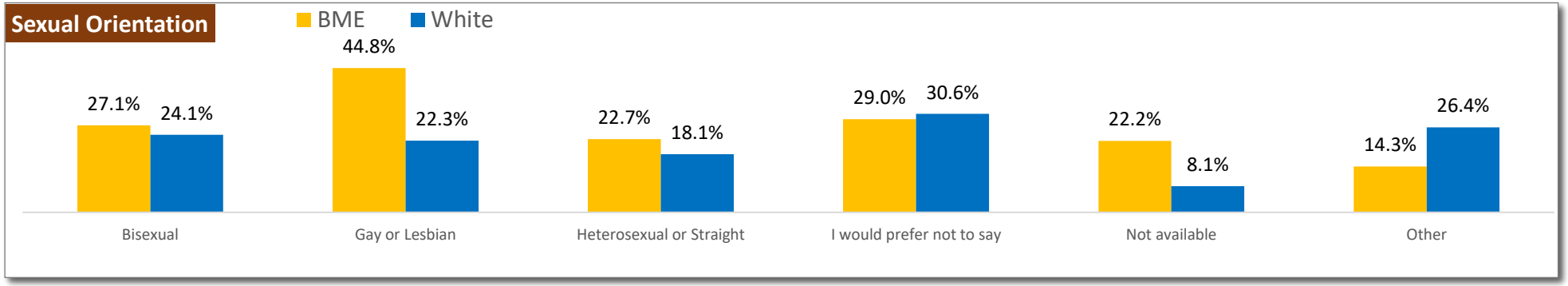
Ethnicity



Religion



Sexual Orientation



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 in “Any other ethnic” reported the highest rate of harassment, bullying or abuse from other staff (40.4%), followed by “Asian-Any other” (31.8%) and Filipino staff (31.0%).

Religion

Among BME staff, “Any other religion” had the highest reported rate of harassment, bullying or abuse from other staff (39.3%). White Buddhists reported more than BME Buddhists (43.8% vs 22.0%).

Sexual Orientation

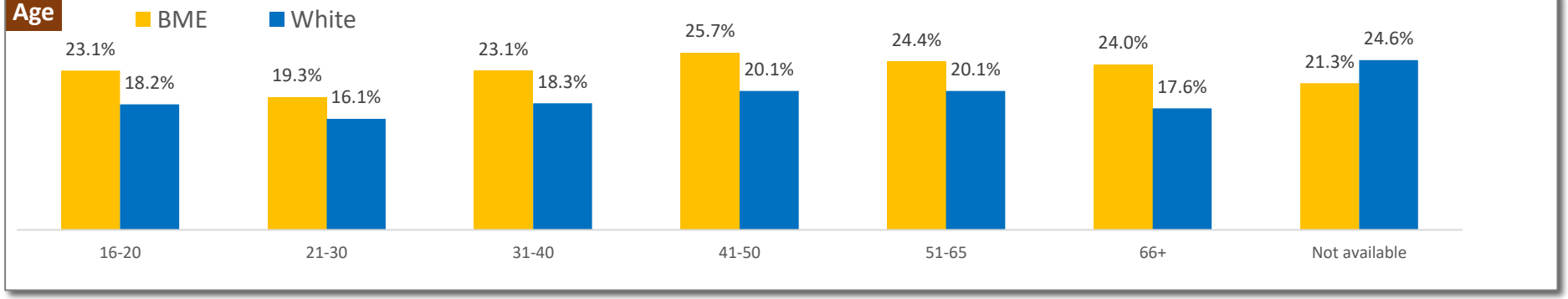
BME gay or lesbian staff reported more harassment, bullying or abuse from other staff than White staff (44.8% vs 22.3%). In Other, White staff reported more (26.4% vs 14.3% BME).

WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff based on Age, Ethnicity and Gender (2025)

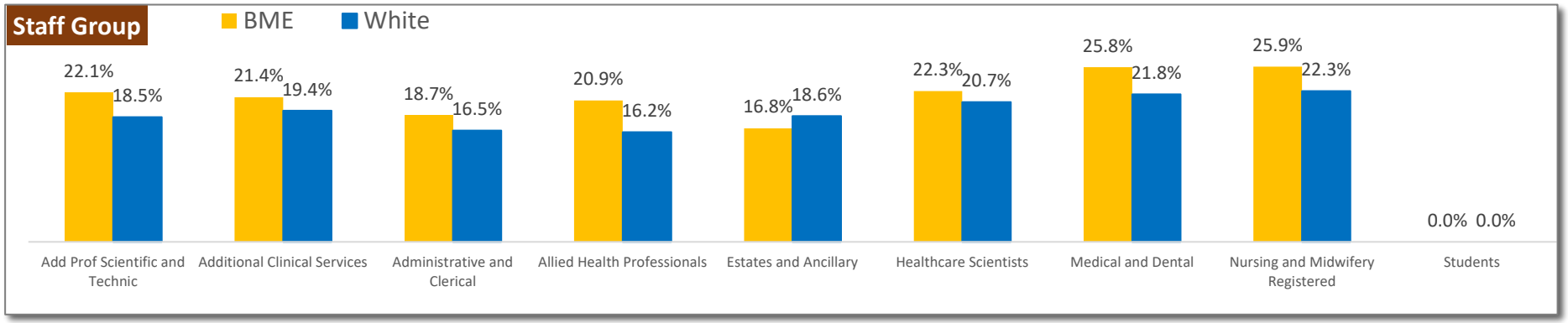
Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
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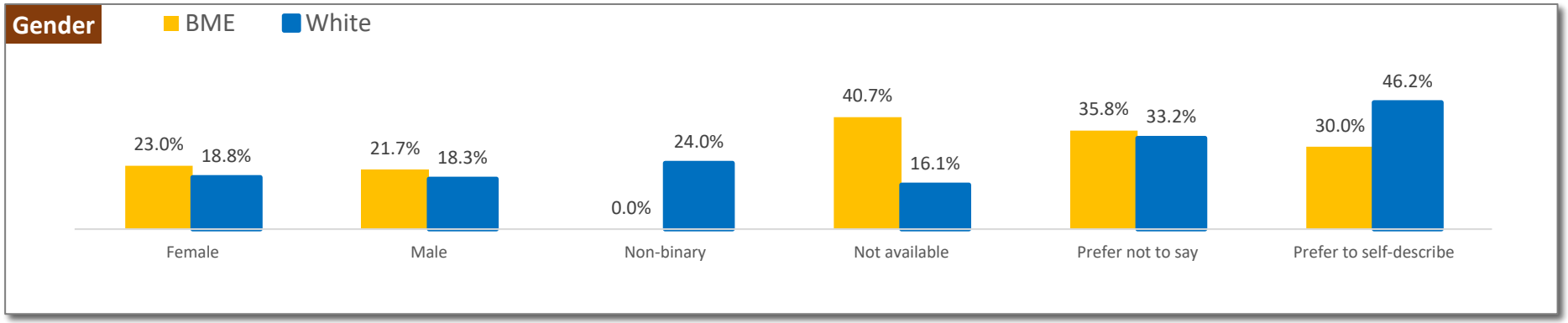
Age



Staff Group



Gender



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
BME staff reported more harassment, bullying or abuse from other staff than White staff in every stated age band. The largest gap was at 66+ (24.0% BME vs 17.6% White).

Staff Group
BME Nursing and Midwifery staff reported the highest rate of harassment, bullying or abuse from other staff (25.9%), followed by Medical and Dental (25.8%). In Estates and Ancillary, White staff reported more (18.6% vs 16.8% BME).

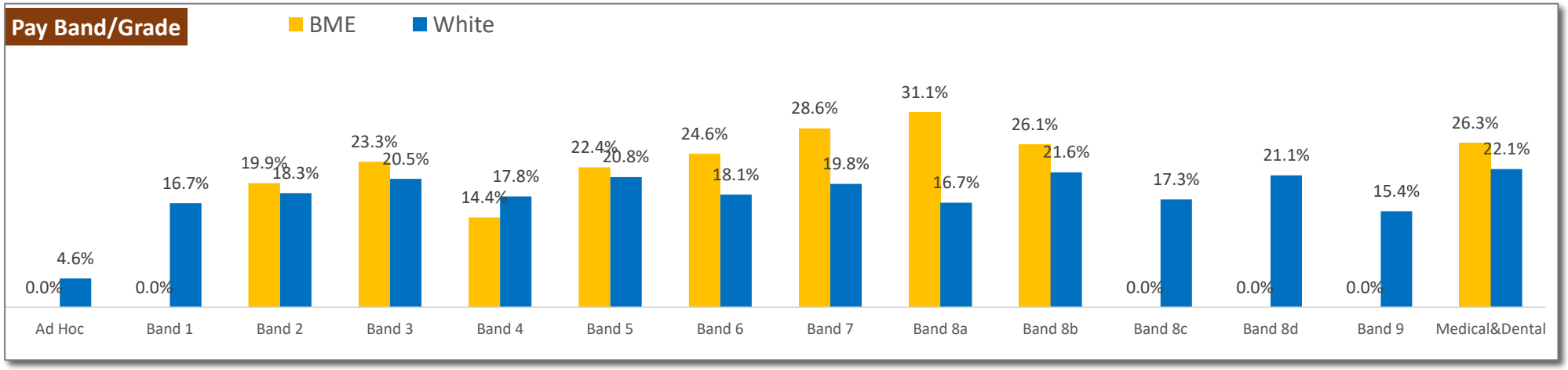
Gender
BME female and male staff reported more harassment, bullying or abuse from other staff than White staff (23.0% vs 18.8% for females, 21.7% vs 18.3% for males).

WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff based on Pay Band/Grade and Disability (2025)

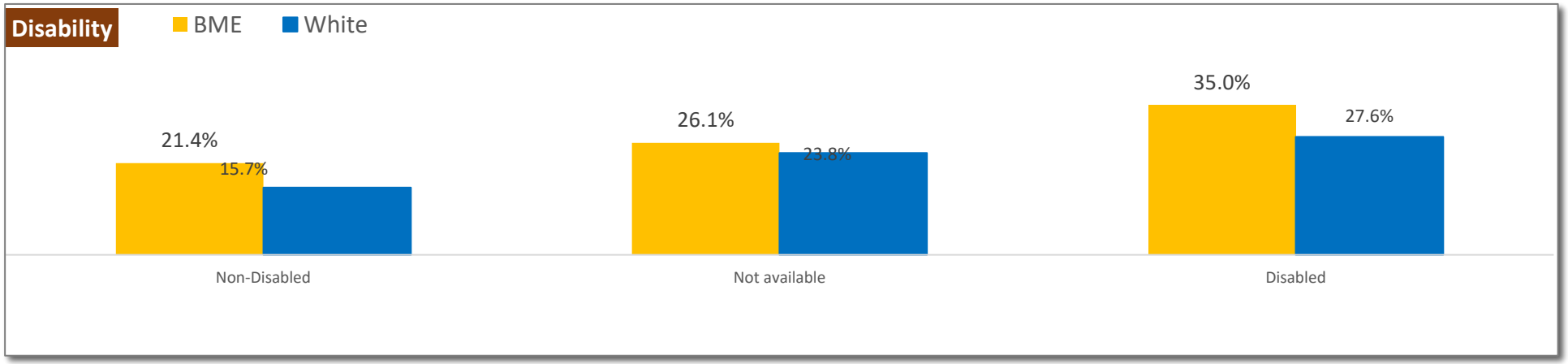
Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
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- **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 in Band 8a reported the highest rate of harassment, bullying or abuse from other staff (31.1% vs 16.7% White). BME staff reported more in most bands, but less in Band 4 (14.4% vs 17.8% White).

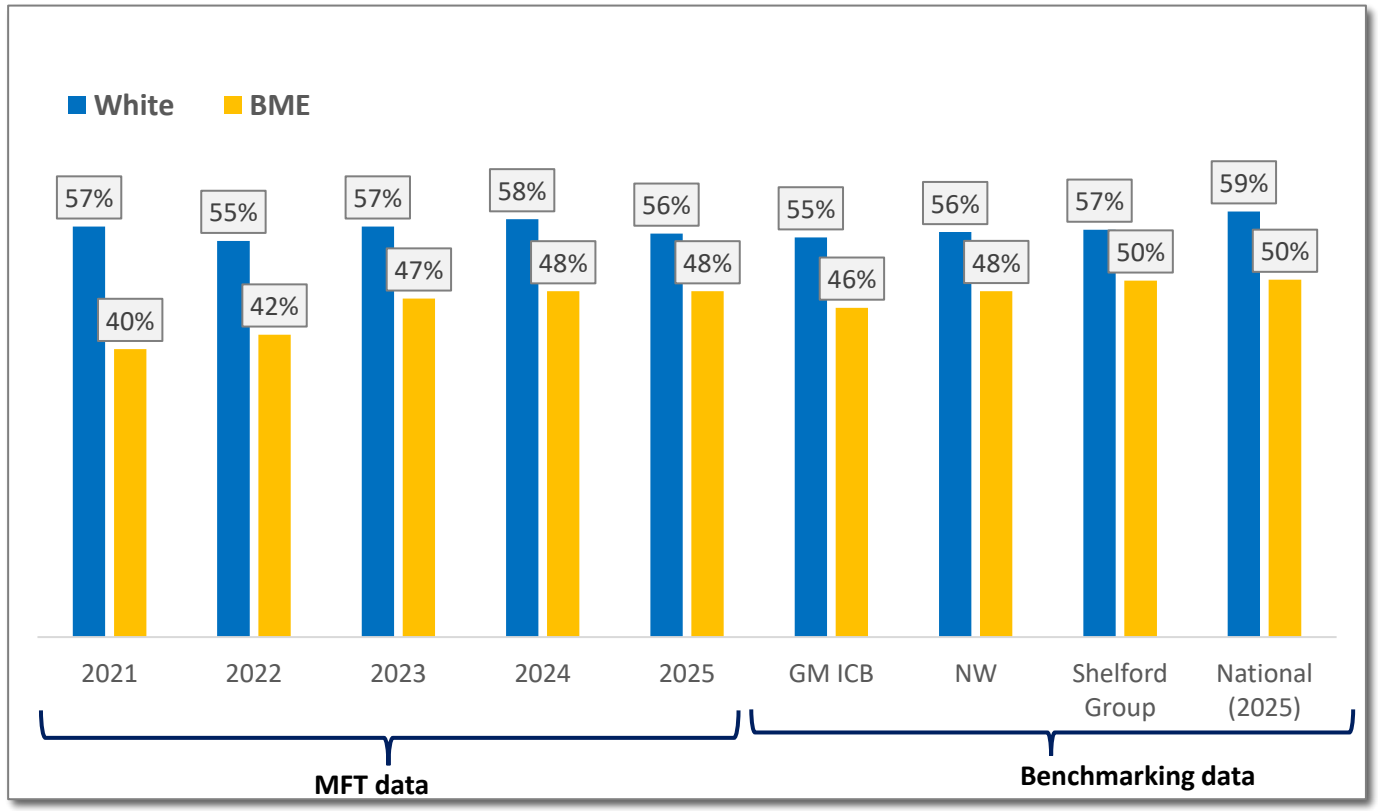


Disability
Disabled BME staff reported more harassment, bullying or abuse from other staff than disabled White staff (35.0% vs 27.6%). Non-disabled staff reported 21.4% BME vs 15.7% White.

WRES Indicator 7

Manchester University NHS Foundation Trust

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion: 2021-2025 data and local/national benchmarks



	White	BME
Overall Workforce at MFT: **32,086**	Overall **18,927**	Overall 10,764
	Responded to NHSS **7,102**	Responded to NHSS **3,243**

- This data is from the 2025 National Staff Survey. The 2026 results will only be available in early 2027.
- The table records 3,243 BME responses from 10,764 staff, and 7,102 White responses from 18,927 staff.
- In 2025, 48% of BME staff and 56% of White staff believed the Trust provides equal opportunities for career progression or promotion.
- Belief in equal career opportunities stayed at 48% for BME staff but fell from 58% to 56% for White staff. The gap is now 8 points, down from 17 in 2021.
- The share of BME staff believing the Trust provides equal opportunities for career progression or promotion was 48% at MFT, above GM ICB (45.7%), similar to NW (48.0%) and below Shelford (49.5%) and National (49.6%).

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 (2025)

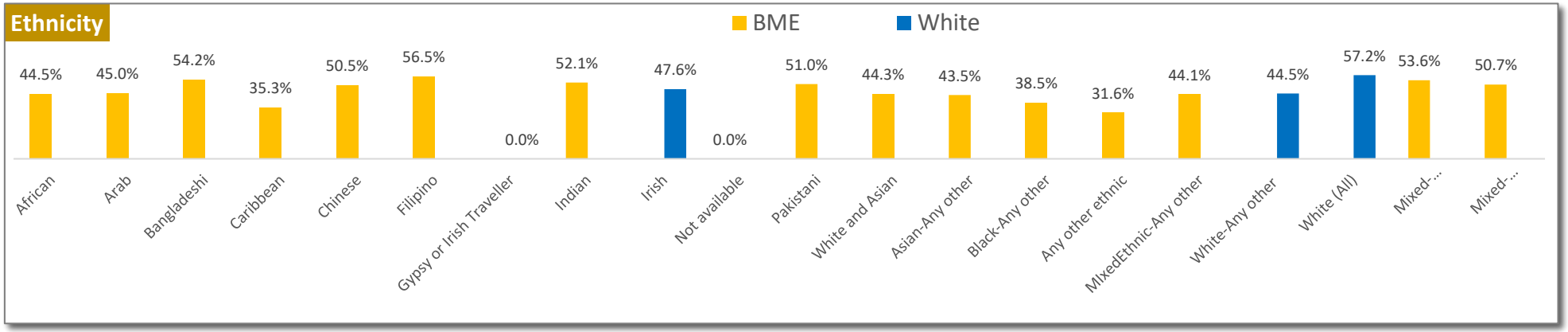
Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.

In the NHS staff survey response:

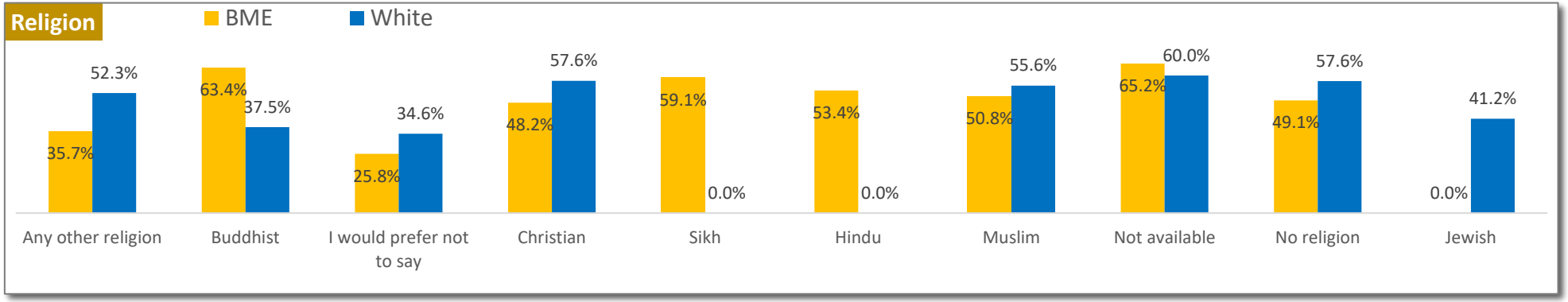
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely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

Ethnicity



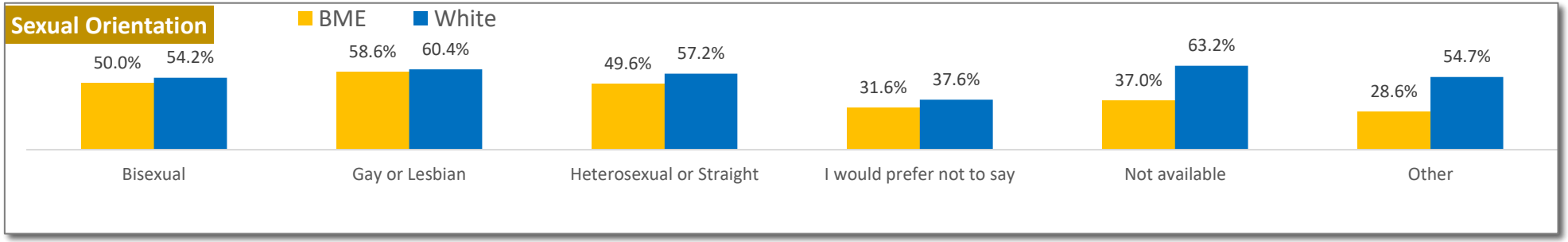
Ethnicity
Filipino staff were the BME group most likely to believe the Trust provides equal opportunities for career progression or promotion (56.5%). “Any other ethnic” had the lowest non-zero result (31.6%).

Religion



Religion
BME Buddhists were more likely than White Buddhists to believe the Trust provides equal opportunities for career progression or promotion (63.4% vs 37.5%). BME Christians were less likely (48.2% vs 57.6%).

Sexual Orientation



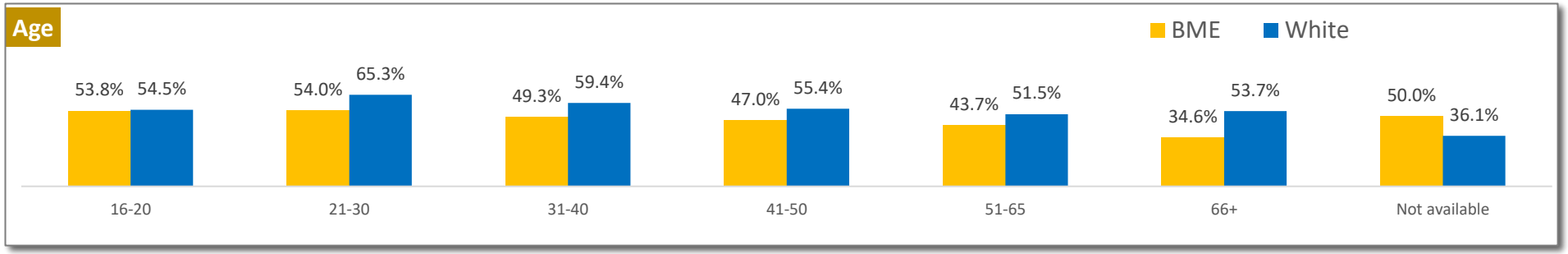
Sexual Orientation
BME gay or lesbian staff were most likely among BME groups to believe the Trust provides equal opportunities for career progression or promotion (58.6% vs 60.4% White). White staff were more likely in every category.

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 (2025)

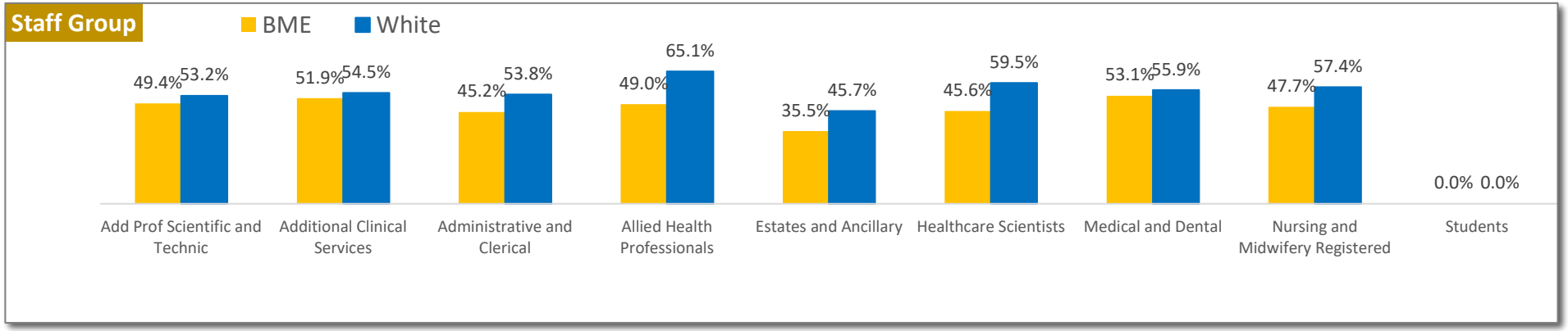
Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
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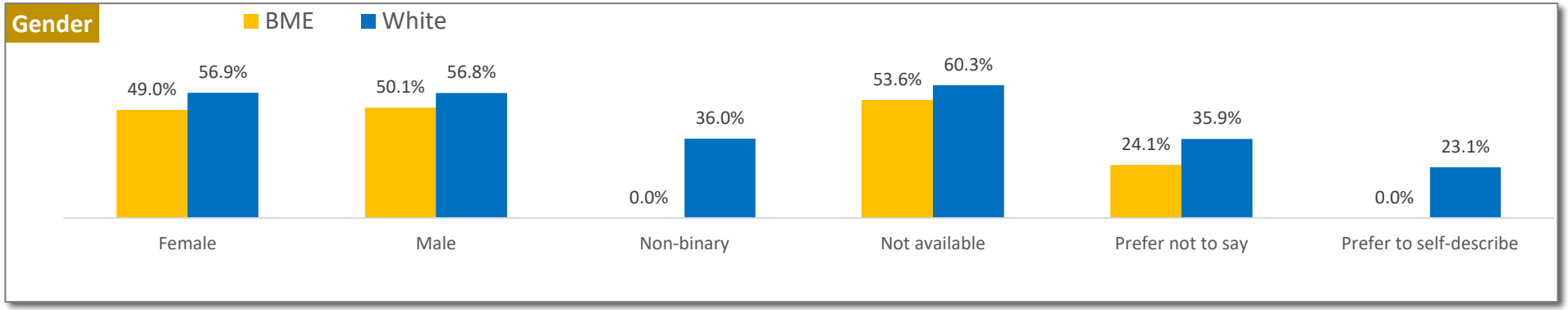
Age



Staff Group



Gender



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 were more likely than BME staff to believe the Trust provides equal opportunities for career progression or promotion in every stated age band. The largest gap was at 66+ (53.7% vs 34.6% BME).

Staff Group

White Allied Health Professionals were more likely than BME colleagues to believe the Trust provides equal opportunities for career progression or promotion (65.1% vs 49.0%). This was the largest staff-group gap.

Gender

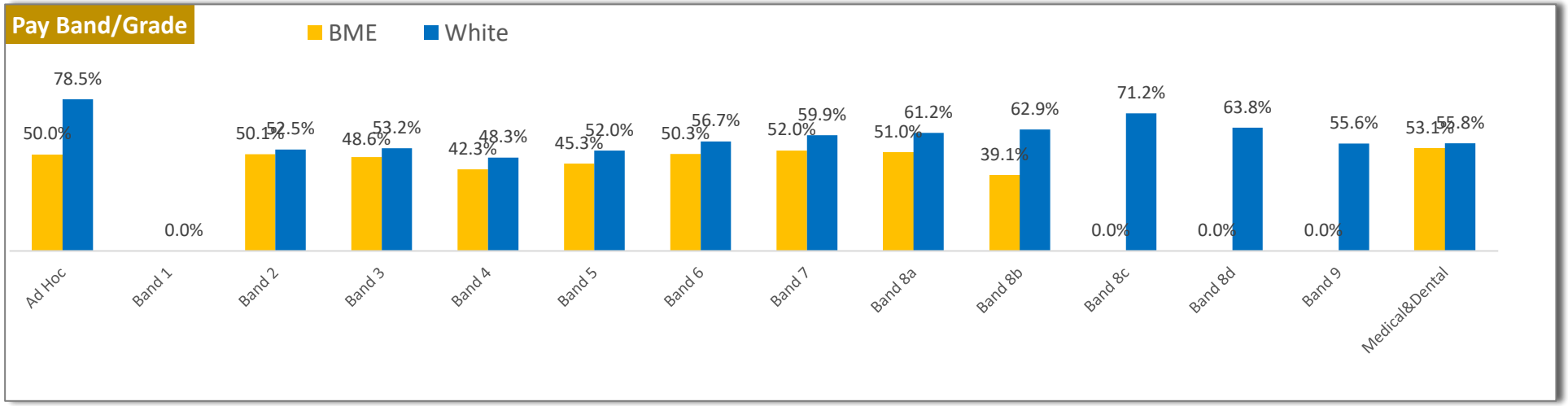
BME female and male staff were less likely to believe the Trust provides equal opportunities for career progression or promotion than White staff (49.0% vs 56.9% for females, 50.1% vs 56.8% for males).

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 (2025)

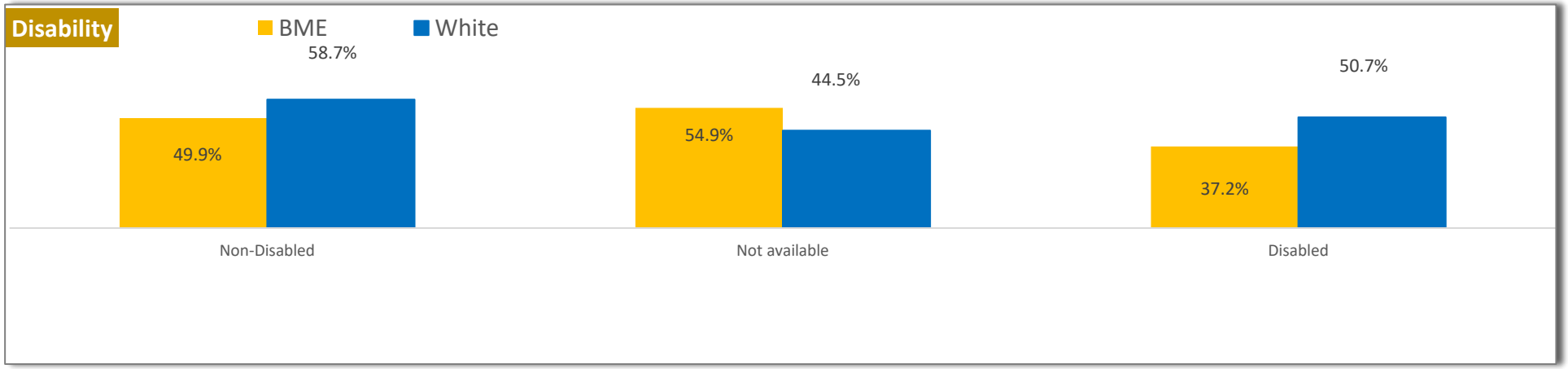
Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.

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
In Band 8b, 62.9% of White and 39.1% of BME staff believed the Trust provides equal opportunities for career progression or promotion. Medical and Dental staff were closer (55.8% White vs 53.1% BME).

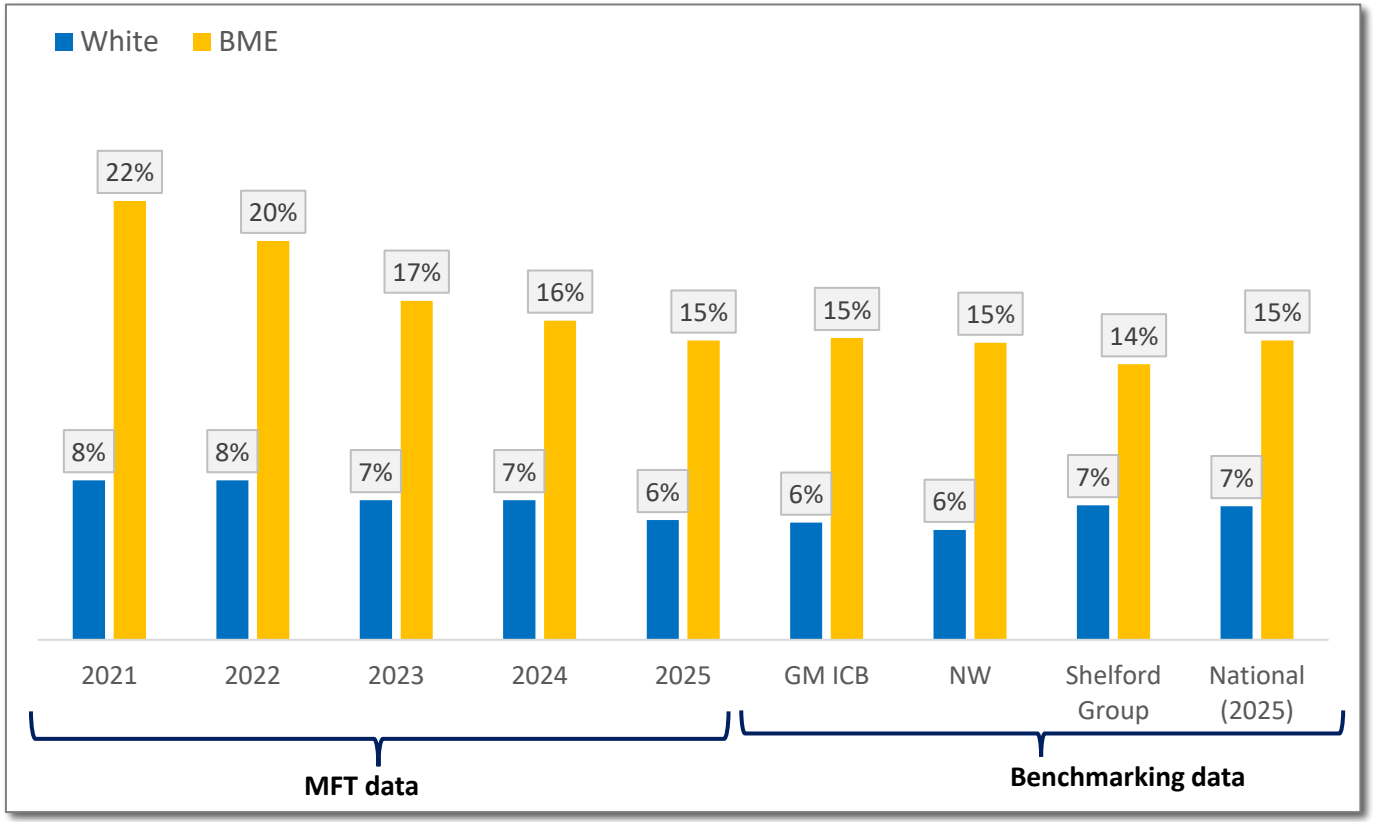


Disability
Among disabled staff, 37.2% of BME and 50.7% of White staff believed the Trust provides equal opportunities for career progression or promotion. Non-disabled staff reported 49.9% BME vs 58.7% White.

WRES Indicator 8

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Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague: 2021-2025 data and local/national benchmarks



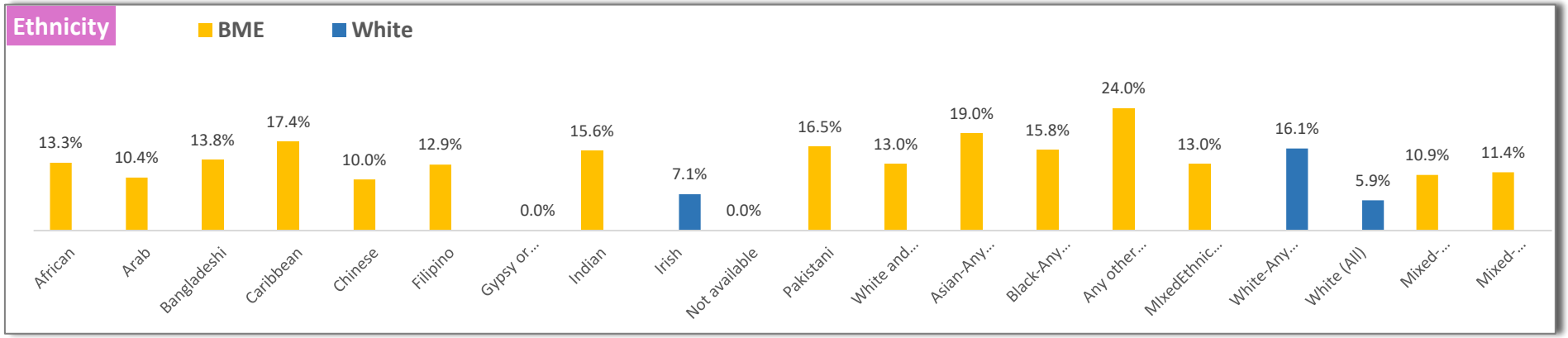
Overall Workforce at MFT: **32,086**	White	BME
	Overall **18,927**	Overall 10,764
	Responded to NHSS **7,072**	Responded to NHSS **3,206**

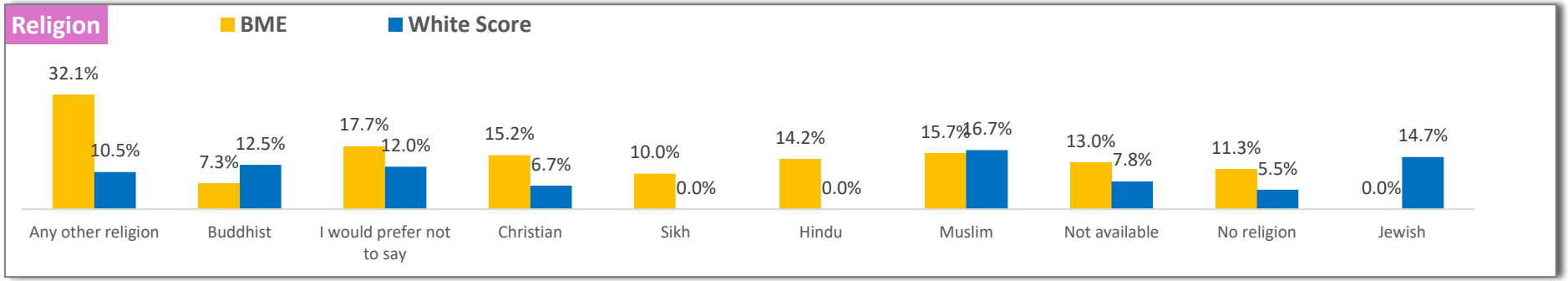
- This data is from the 2025 National Staff Survey. The 2026 results will only be available in early 2027.
- WRES 8 recorded 3,206 BME responses from 10,764 staff, and 7,072 White responses from 18,927 staff.
- From 2021 to 2025, BME staff consistently reported more discrimination at work from their manager/team leader or another colleague than White staff.
- In 2025, 15% of BME and 6% of White staff personally experienced discrimination at work from their manager/team leader or another colleague (16% and 7% in 2024).
- BME staff at MFT reported discrimination at work from managers or colleagues (15%) at similar levels to National (15.0%), GM ICB (15.1%) and NW (14.9%), but above Shelford (13.8%).

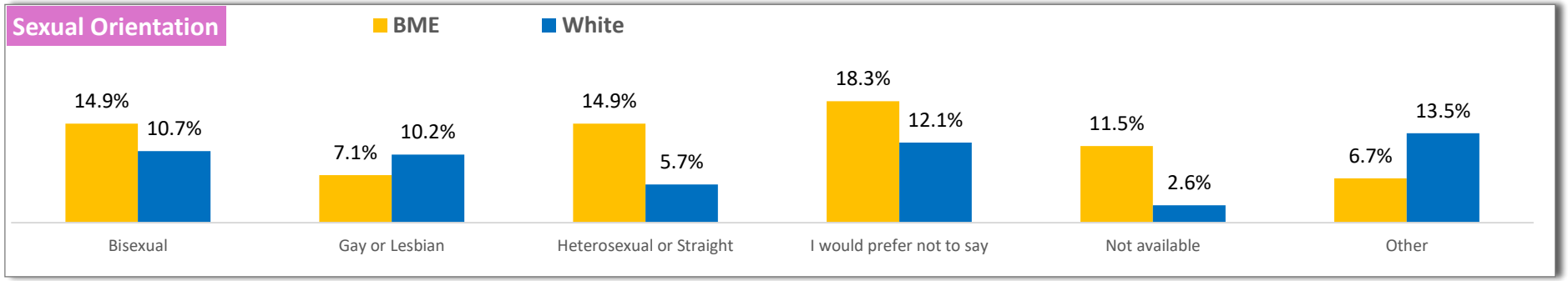
WRES Indicator 8 - Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on Ethnicity, Religion and Sexual Orientation (2025)

Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.







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 in "Any other ethnic" reported the highest rate of discrimination at work from their manager/team leader or another colleague (24.0%), followed by "Asian-Any other" (19.0%).

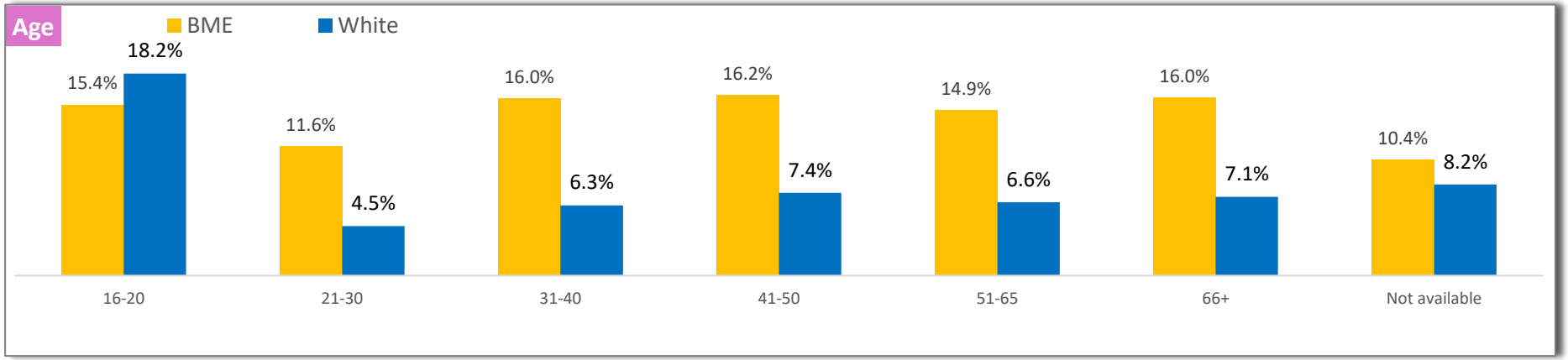
Religion
BME staff in "Any other religion" reported a higher rate of discrimination at work from their manager/team leader or another colleague than White staff (32.1% vs 10.5%).

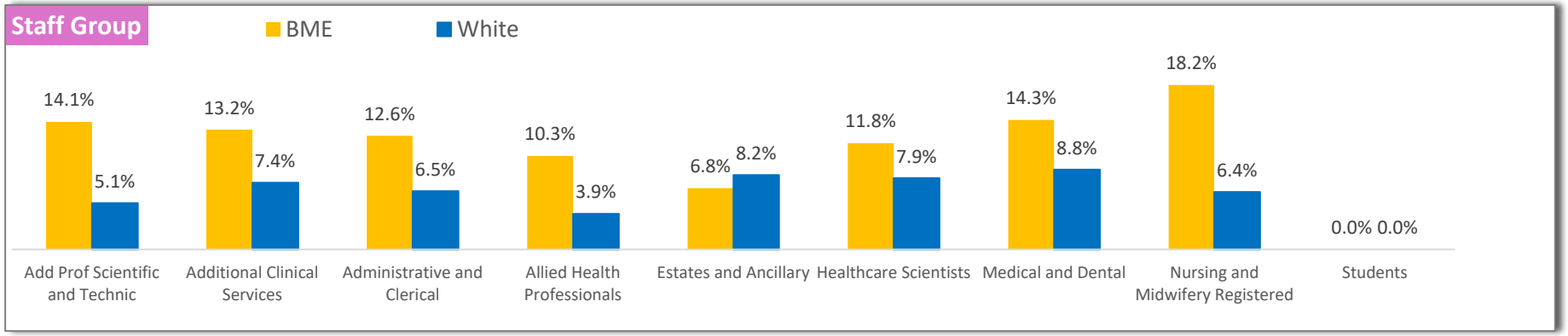
Sexual Orientation
BME heterosexual staff reported a higher rate of discrimination at work from their manager/team leader or another colleague than White staff (14.9% vs 5.7%). Gay or lesbian staff reported 7.1% BME vs 10.2% White.

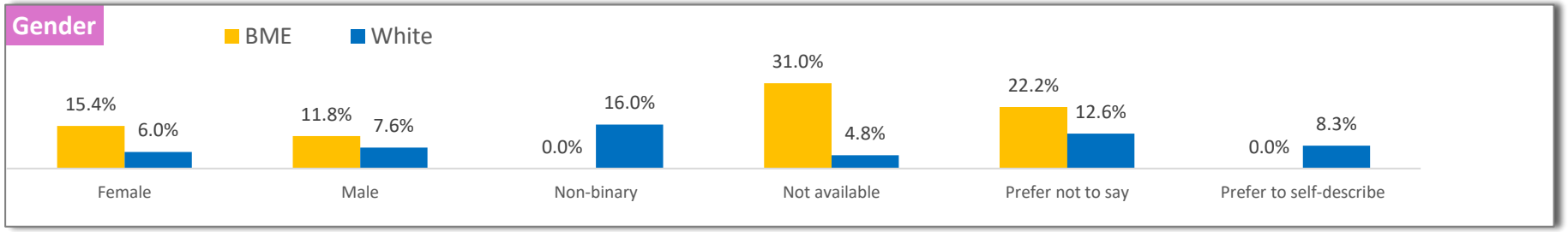
WRES Indicator 8 - Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on Age, Staff Group and Gender (2025)

Manchester University NHS Foundation Trust

Each percentage on the graph shows how many people from a group responded to the question in the indicator.
The figures in the graphs are below 100%, as it has its own total (dependent on the response), so the percentages will not add up to 100%.







In the NHS staff survey response:

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- **Prefer not to say** indicates that the respondent chose not to disclose certain information, likely for privacy or personal reasons.

Age
BME staff aged 31–40 reported a higher rate of discrimination at work from their manager/team leader or another colleague than White staff (16.0% vs 6.3%). BME staff reported more in all stated age bands except 16–20.

Staff Group
BME Nursing and Midwifery staff reported the highest rate of discrimination at work from their manager/team leader or another colleague (18.2% vs 6.4% White). In Estates and Ancillary, BME staff reported less (6.8% vs 8.2%).

Gender
BME female and male staff reported a higher rate of discrimination at work from their manager/team leader or another colleague than White staff (15.4% vs 6.0% for females, 11.8% vs 7.6% for males).

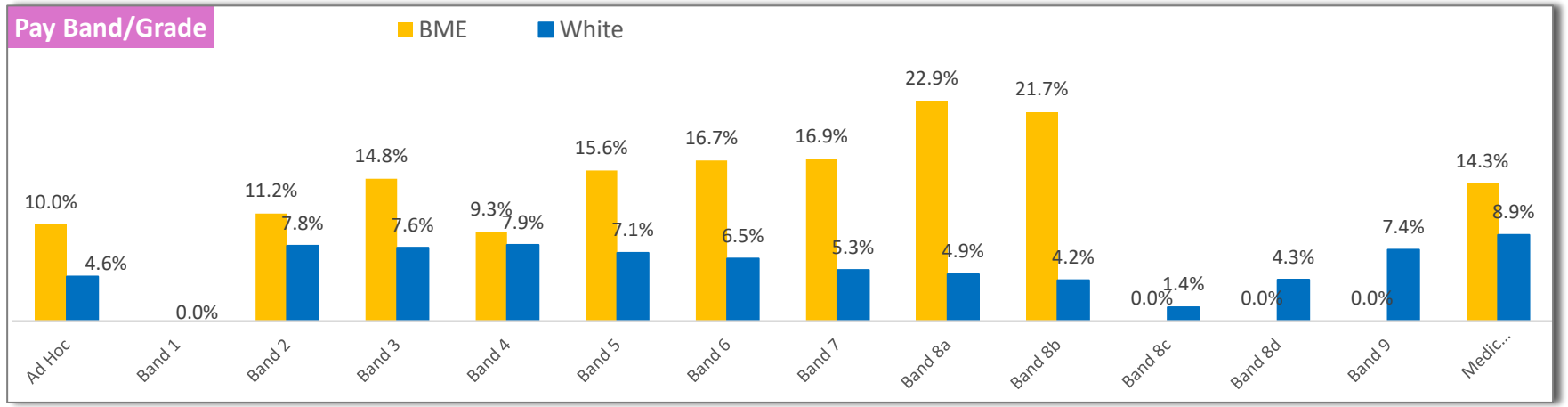
WRES Indicator 8 - Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on Pay Band/Grade and Disability (2025)

Manchester University NHS Foundation Trust

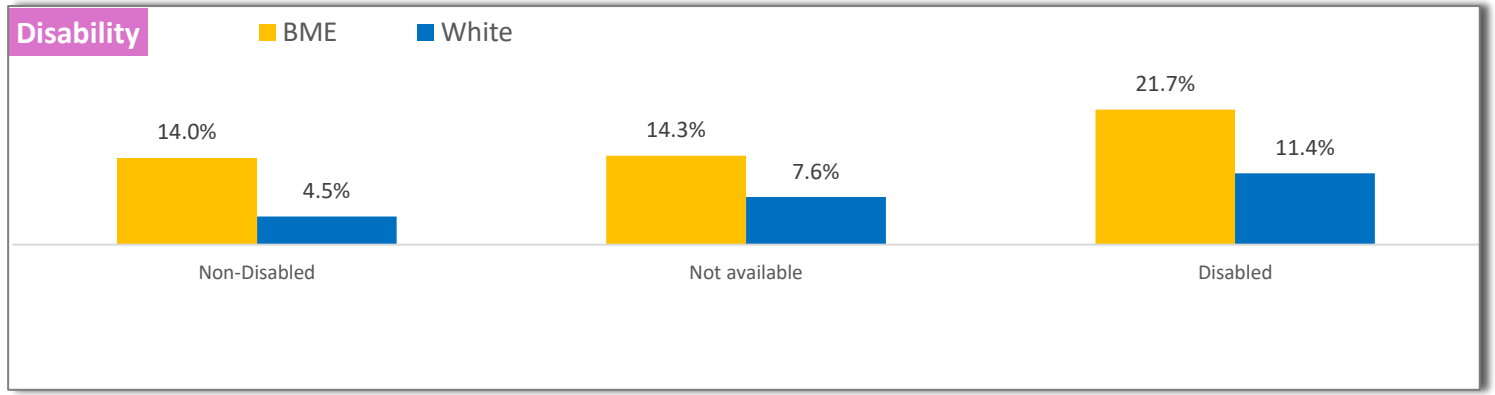
Each percentage on the graph shows how many people from a group responded to the question in the indicator.
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In the NHS staff survey response:

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- **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 in Band 8a reported the highest rate of discrimination at work from their manager/team leader or another colleague (22.9% vs 4.9% White), followed by Band 8b (21.7% vs 4.2%). BME staff reported more across Bands 2–8b.



Disability
Disabled BME staff reported a higher rate of discrimination at work from their manager/team leader or another colleague than disabled White staff (21.7% vs 11.4%).

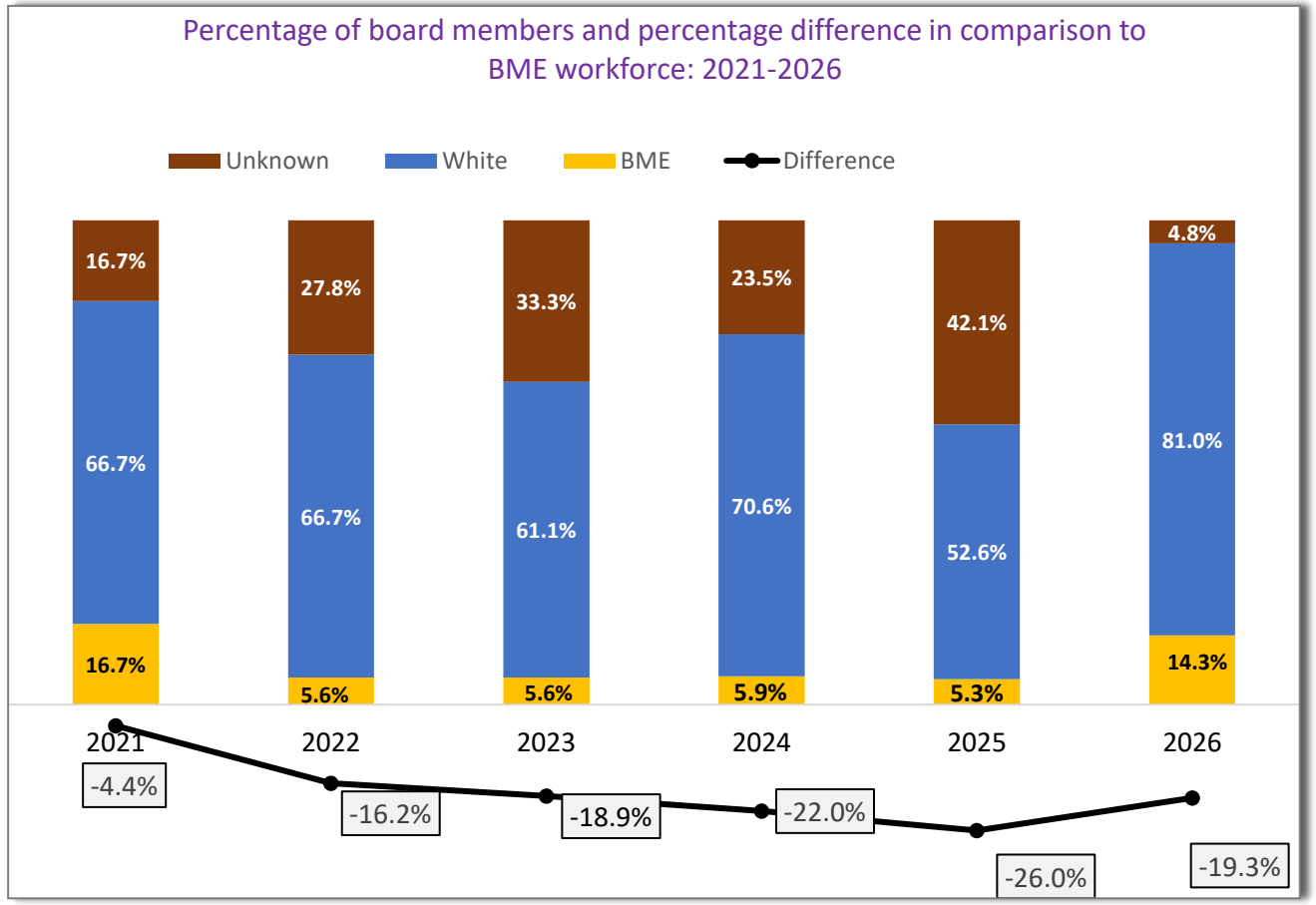
WRES Indicator 9

Manchester University NHS Foundation Trust

As at 31st March 2026

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

31st March 2026	Category	Headcount				Percentage		
		White	BME	Unknown	Total	White	BME	Unknown
	Exec	8	2	1	11	73%	18%	9%
	Non-exec	9	1	0	10	90%	10%	0%
	Overall	17	3	1	21	81%	14%	5%

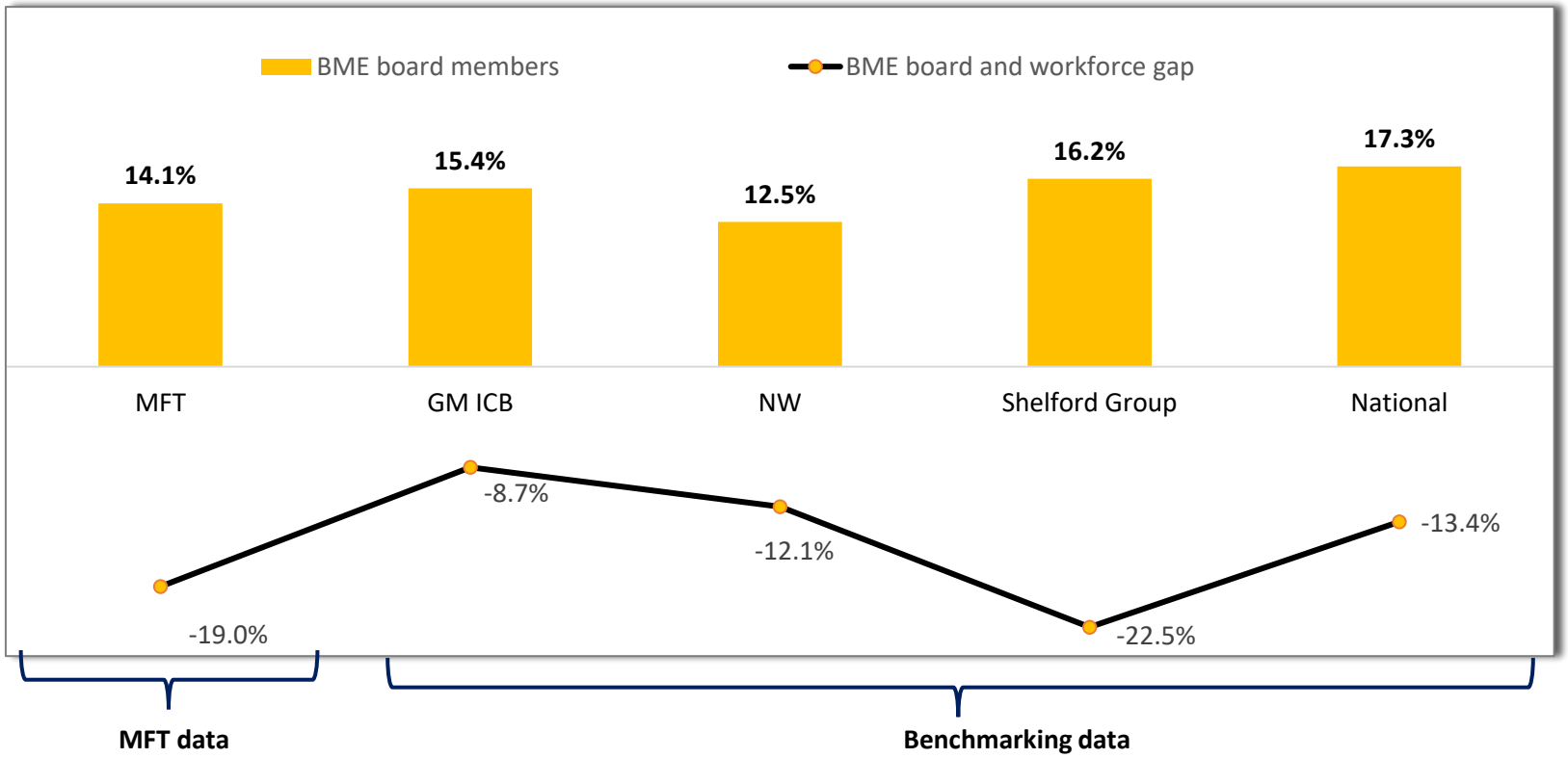
- BME staff remain under-represented on the Board.
- As at 31st March 2026, BME Board membership was **14.29%**, an increase of **9.03%** from 5.26% in 2025.
- Since 2021, BME Board representation has fallen by **2.38%** (from 16.67% to 14.29%).
- Of **21** Board members, **3 are BME**: 2 executive and 1 non-executive.
- **4.76%** of Board members have unknown ethnicity, down from 42.11% in 2025.
- The BME Board-to-workforce gap is **-19.26% , compared with -26.0 in 2025.**

Manchester University NHS Foundation Trust

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



- The graph shows BME Board membership at MFT at 14.1%, below GM ICB (15.4%), Shelford Group (16.2%) and National (17.3%).
- MFT is 3.2% below National, 2.1 points below Shelford Group and 1.3 points below GM ICB.
- MFT's BME Board representation is above the NW benchmark (12.5%) by 1.6% .
- MFT's BME Board-to-workforce gap is -19.0% , indicating lower BME representation on the Board than in its workforce.

- MFT's shortfall is larger than GM ICB (-8.7), NW (-12.1) and National (-13.4), but smaller than Shelford Group (-22.5%).

Proposed actions for workforce race equality.

NHS Manchester University NHS Foundation Trust

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:

Priority (WRES)	Action	Lead	Time
Improve recruitment outcomes for Black, Asian and Minority Ethnic Staff **Why it Matters** Whilst improvements have been noted within WRES outcomes in particular, inequality is still present and white staff remain 1.22 times more likely to be appointed after shortlisting than black, Asian and minority ethnic staff.	Devise new and refreshed Inclusive Recruitment Training modules	TASA Service Lead	31.8.26
	Ensure all panels, commencing with Band 8a, have at least 1 trained panellist (Hiring Manager preferably) in Inclusive Recruitment practices	Associate Director of Resourcing	1.10.26
	Develop a suite of questions for panels to utilise which are inclusive and values based	TASA Service Lead	31.8.26
	Launch the Inclusive Recruitment Panellists Programme	Deputy Chief People Officer	24.8.26
Strengthen fairness in employee relations processes **Why it Matters** BME staff remain more likely than white staff to enter the formal disciplinary process.	Participation in National Employee Relations Investigations Development Programme (link to actions contained in the Employee Relations Improvement Plan)	Director of People	31.3.26
	Ensure visible and transparent organisational learning of cases through publication of the Employee Relations Outcome Report	Associate Director of Human Resources	31.10.26
Reduce Bullying Harassment and Discrimination **Why it Matters** BME staff reported bullying from staff at 23.34% compared to 19% from white staff and discrimination at work at 14.98% compared with 6.5% white staff.	Establish a comprehensive, targeted and iterative programme of activity to embed the Anti-Discrimination Pledge into the Trust's culture, policies, procedures and day-to-day practices to ensure that the principles of the Pledge are translated into clear behavioural expectations, integrated within existing people processes such as induction and appraisal, leadership frameworks and decision-making structures, and routinely reinforced through education, accountability, governance and continuous improvement.	Deputy Chief People Officer/Head OF EDI	31.10.26
	In partnership with each Staff Network establish growth plans to raise the voice of staff with protected characteristics and provide mechanisms of support that will help increase higher levels of reporting outside of the NHS Staff Survey	Chief People Officer	31.3.26
	Assess and localise the recommendations as defined in the Lord Mann review of Anti-Semitism and other forms of Racism in the NHS	Deputy Chief People Officer	31.10.26
	Test actions at a CEO Led Culture and Staff Experience Forum	Head of Organisational Development	30.9.26
Sustain declaration, Board representation and leadership accountability **Why it Matters** BME Board representation increased from 5.26% to 14.29%, and unknown or null ethnicity declaration at Board level reduced from 42.11% to 4.76%.	Launch the “ESR” Campaign across the Trust	EDI Practitioner	30.11.26
	Design and roll out the “3 Actions for Inclusion” Programme	EDI Practitioner	30.11.26
	Ensure EDI objective setting is in place across all senior leader posts	Deputy Chief People Officer	31.12.26

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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