



Workforce Race Equality Standard (WRES) Data Report

**Covering the period of
1 April 2025 – 31 March 2026**

Introduction

This report sets out the 2025/26 annual workforce data in relation to race, which the Trust is required by NHS England to publish.

Monitoring workforce equalities data supports compliance with the Equality Act 2010 and the Public Sector Equality Duty. It is also central to delivering our Equality, Diversity and Inclusion (EDI) priorities:

- Embedding fair and inclusive recruitment and progression processes
- Promoting a psychologically safe working environment
- Reducing experiences of bullying, harassment and discrimination
- Improving retention and career progression for underrepresented groups

Workforce Race Equality Standard (WRES)

The WRES is a set of nine specific measures (indicators) which enables NHS organisations to compare the workplace and career experiences of Black and Minority Ethnic (BME) staff. We use the data to inform the development of projects and initiatives to improve NWAS for BME staff. Year on year comparison enables us to demonstrate progress against the indicators of race equality to create the cultures of belonging and trust that will improve retention, recruit from the widest possible talent pool and provide sustainable careers.

The data in this report relates to the period of 1 April 2025 – 31 March 2026 and comprises information taken from the Electronic Staff Record (MyESR), HR Business Partnering, Learning & Development, and the December 2025 annual NHS Staff Survey.

In line with the nationally mandated timeframe, the data was submitted to NHS England in May 2026.

Indicator 1: Workforce information

Percentage of BME staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce

Overall 2025/26	31/03/2026
Total workforce	8023
BME staff	575
% BME staff in total workforce	7.2%

These figures show an increase of 0.5% in BME representation from 6.7% in 2024/25, meeting the Trust's year-on-year improvement target. The declaration rate for ethnicity in the trust has remained at more than 99%, with only around 75 staff members not having declared as at 31 March 2025. Colleagues are regularly reminded to update their details on the Electronic Staff Record and work continues to reduce the number of non-declarations.

Historic Overall	31/03/2022	31/03/2023	31/03/2024	31/03/2025
Total workforce	6815	7073	7421	7775
BME staff	325	365	444	521
% BME staff in total workforce	4.8%	5.2%	6.0%	6.7%

Representation of BME staff in non-clinical and clinical roles

Agenda for Change bandings	Non-clinical Staff		Clinical Staff	
	2025/26	2024/25	2025/26	2024/25
Cluster 1: Bands 1 - 4	21.0%*	10.6%	5.7%	8.1%
Cluster 2: Bands 5-7	7.7%	10.3%	4.6%	4.6%
Cluster 3: Bands 8a-8b	7.5%	7.0%	2.6%	2.6%
Cluster 4: Bands 8c-9 and VSM	10.9%	12.9%	0%	0%

*When collating data for this year's return it was identified that the occupation codes G2D and G2E should be counted as 'non clinical' and had been counted on previous returns as clinical. This accounts for the variation in numbers for non-clinical overall by 1,000 and a reduction of clinical by 800 in comparison to previous year's figures.

There has been a further increase in the proportion of BME staff within the overall workforce, compared with the previous year, with representation exceeding 7% for

the first time. The data indicates that approximately one in five employees in entry-level non-clinical roles are from BME backgrounds. Representation across other non-clinical staff groups is broadly aligned with overall NWS BME workforce representation, and BME staff continue to be overrepresented in Cluster 4, despite a slight decline from the previous year.

In contrast, BME representation across clinical cohorts remains limited. Proportionally, fewer BME staff are employed in clinical roles compared to non-clinical, and their presence diminishes further at management and leadership levels.

Indicator 2: Recruitment

Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants

The target outcome is a figure of 1.0 – meaning that BME applicants are no less likely to be appointed from shortlisting than applicants who are White. A figure of 1.0 reflects well on the fairness of recruitment processes.

Year	2021/22	2022/23	2023/24	2024/25	2025/26
Likelihood	1.98	1.26	1.61	2.39	2.53

Data for Indicator 2 shows that White applicants were around two-and-a-half times more likely to be appointed from shortlisting compared to BME applicants – which is a deterioration compared to the previous year. Although numbers of applications from people of BME backgrounds remain strong, converting these applications into appointments continues to be a significant challenge.

BME shortlisting and appointment data

Year	2021/22	2022/23	2023/24	2024/25	2025/26
BME Shortlisted	349	602	1046	1568	1059
BME Appointments	48	102	134	144	90

In 2025/26, the Trust received approximately 18,200 applications, of which around 8,300 (45%) were from Black and Minority Ethnic (BME) applicants. White applicants accounted for 53% of all applications, a 1% increase compared with the previous year. While BME applicants represented a substantial proportion of the applicant pool, their representation reduced markedly through the recruitment process, accounting for 22% of shortlisted candidates (approximately 500 fewer than the previous year) and 11% of appointments. White applicants, by comparison, comprised 76% of shortlisted candidates and 85% of appointments. Although the proportion of BME appointments increased slightly from 10% in the previous year to

11%, the overall number of BME appointments fell significantly, representing the first year-on-year decline in BME appointments.

The proportion of applicants who chose not to disclose their ethnicity remained low, increasing from 2% at application stage to 4% at appointment.

Several initiatives are underway to help address the disparity in outcomes for BME applicants:

- BME Recruitment Action Group has been established, bringing together key stakeholders to review recruitment practices across attraction, shortlisting, assessment and interviews. The group is focused on identifying practical actions to improve BME representation in NWAS.
- Job descriptions and person specifications have been reviewed, particularly for entry-level and high-volume roles such as ICC Call Handlers and EMT Apprenticeship, to ensure they are relevant, accessible and inclusive.
- Improving the diversity of interview and assessment panels through the proposed introduction of Independent Panel Members, and more BME staff completing interview training.
- Positive Action Team continues to engage with underrepresented communities to encourage and support applicants from those backgrounds. The team also tracks and monitors the progression of BME applicants throughout the recruitment process, to understand clearly where applicants may be disproportionately exiting the process, so that improvements can be made.
- Recruitment and Selection training has been mandated for all new leaders, ensuring recruiting managers are equipped to undertake fair, objective, values-based decision-making.
- Introduction of a refreshed approach to leadership recruitment for all direct line-manager and Band 8+ roles. The revised process embeds fairness and inclusion, supporting the Trust's ambition to improve workforce diversity while placing greater emphasis on candidates' overall capability and potential, rather than observed behaviours alone.

A point on data - It should be noted that on our recruitment portal (Trac), a campaign is considered completed when all appointees from a campaign have commenced in post. This means that for example, if there is a vacancy that opens on 1 March 2026, but the successful individual(s) does not commence in post until 15 April 2026, this recruitment will not be counted in the data. This issue with the data is a particular challenge for us, as the trust manages several mass recruitment campaigns each year, and at times, these may cross over from one financial year to the other. The portal only closes a vacancy once every individual with an offer starts in the position.

In the case of mass recruitment campaigns this could lead to distorted data, as often there can be up to twelve months between a campaign opening and the last individual commencing on a training course. As a result, the data that is presented for the WRES submission, while correct at the time, may not accurately reflect our actual position.

More information on our inclusive recruitment work can be seen in the Equality, Diversity and Inclusion Annual Report 2025-26.

Indicator 3: Formal Disciplinary Process

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

A figure of 1.0 or below is desired, as this would indicate BME staff are no more or less likely to enter the formal disciplinary process than White staff.

Year	2021/22	2022/23	2023/24	2024/25	2025/26
Likelihood	2.23	1.86	2.59	2.67	2.64

The indicator measuring entry into the formal disciplinary process continues to show a significant disparity. BME staff were over two-and-a-half times more likely than White staff to enter the formal disciplinary process, broadly in line with the previous year.

In 2025/26, there were around 160 formal disciplinary cases, a reduction from 187 in the previous year. Of these, 29 involved BME staff, compared with 30 last year. BME staff therefore accounted for 18% of formal disciplinary cases, while representing approximately 7% of the workforce.

Two thirds of BME disciplinary cases involved staff working within the Integrated Contact Centres (ICC), where a significant proportion of BME staff are employed. However, the proportion of BME disciplinary cases within ICC reduced from 43% last year to 35% this year, an improvement of 8%.

To support positive action in relation to this Indicator, a dedicated Task and Finish Group led by ICC management, with support from the HR Business Partnering Team has been established to focus on identifying practical actions to reduce disproportionality and support fair, consistent and inclusive application of the disciplinary process across NWS. Planned actions include increasing managers' confidence and capability to address workplace issues through early, informal discussions where appropriate, reducing unnecessary escalation to formal processes. Additionally, the introduction of a refreshed fact-finding pro forma that

incorporates equality, diversity and inclusion considerations, alongside initiatives to support greater diversity within leadership teams have been identified as areas of focus.

Indicator 4: Non-mandatory training and CPD

Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff

The target outcome is a figure of 1.0 – meaning that BME staff are no less likely to be able to access non-mandatory training and CPD than White staff.

Year	2021/22	2022/23	2023/24	2024/25	2025/26
Likelihood	1.01	1.01	1.11	0.95	1.12

Access to CPD is a key enabler for career progression, skills development and retention, and remains a priority for the Trust. Ensuring fair and consistent access across all staff groups is essential to improving workforce diversity and outcomes across WRES indicators.

The indicator measuring access to non-mandatory training and CPD shows a slight decline for BME staff compared with the previous year; however, it continues to demonstrate broadly equitable access between White and BME staff groups. The change is partly attributable to an improved methodology for collating CPD participation data this year, which provides a more accurate reflection of staff access by eliminating the double-counting of individuals that occurred in previous years.

In 2025/26, 183 BME staff accessed non-mandatory training and CPD, compared with 293 in the previous year. In contrast, 2,619 White staff accessed CPD, down from 3,838 the year before.

The data in the following indicators (5 – 8) is based on responses from the NHS Staff Survey 2025.

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

Staff Survey Year	2021	2022	2023	2024	2025
White staff	40.0%	38.1%	37.3%	37.3%	38.2%
BME staff	37.1%	34.4%	30.8%	34.4%	38.0%
Difference	2.9%	3.7%	6.5%	2.9%	0.2%

Figures for 2025/26 show that nearly four in ten of both BME and White staff experienced harassment, bullying or abuse from patients, relatives or the public during the year. This represents a year-on-year increase, and for BME staff, a significant jump from 2023 figures. The figures also show a narrowing in the experience gap between BME and White staff to 0.2%, the lowest level recorded.

Over the past year, the Violence Prevention and Reduction team, has been working to strengthen reporting processes, increase prosecutions and enhance support for affected staff. Work is also continuing to address sexual safety challenges and racism faced by our staff, through the Sexual Safety and Anti-racism Steering Groups.

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

Staff Survey Year	2021	2022	2023	2024	2025
White staff	23.6%	22.2%	19.5%	21.1%	19.4%
BME staff	29.5%	23.7%	20.0%	21.5%	18.5%
Difference	-5.9%	-1.5%	0.5%	0.4%	-0.9%

The most recent Staff Survey results show a continued reduction in the proportion of staff experiencing harassment, bullying or abuse from colleagues, with a decrease of 1.7% for White staff and 3% for BME staff compared with the previous year. Since 2021, responses from BME staff have improved by 11%, reflecting sustained progress in the Trust's work to improve organisational culture and staff experience. For the first time, a lower proportion of BME staff than White staff reported experiencing these negative behaviours. Despite this positive trend, the findings indicate that around one in five staff still experience harassment, bullying or abuse from colleagues.

The results suggest that, whilst progress has been made, further work is required to ensure a consistently positive and inclusive working environment for all staff. The improvements seen reflect a range of initiatives implemented across the Trust, including a strengthened focus on leadership, culture and behaviours, delivery of training on inclusion, civility and psychological safety, and improved processes for raising and addressing concerns, including Freedom to Speak Up.

Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion

Staff Survey Year	2021	2022	2023	2024	2025
White staff	47.8%	50.4%	52.0%	51.6%	50.8%
BME staff	33.6%	44.1%	40.0%	45.6%	45.5%
Difference	9.0%	6.3%	12.0%	6.0%	5.3%

On career progression, the Staff Survey results show a largely stable position when compared to the previous year, for both BME and White staff.

However, the challenge remains that a significant proportion of staff overall continue to perceive career progression opportunities as not being fair. Around 55% of BME staff and 49% of White staff, do not feel that there are equal opportunities for progression or promotion.

The positive movement in this indicator is likely to come from leadership and development programmes to support progression from underrepresented groups, improvements to inclusive recruitment and selection practices, and a greater focus on career pathways and internal development opportunities. Improving staff confidence in equal opportunities for career progression is essential in supporting retention, engagement and representation at all levels of the organisation.

Indicator 8: Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues

Staff Survey Year	2021	2022	2023	2024	2025
White staff	10.0%	11.1%	10.8%	10.1%	9.2%
BME staff	22.4%	14.0%	13.0%	12.4%	9.3%
Difference	-12.4%	-2.9%	-2.2%	-2.3%	-0.1%

The proportion of staff experiencing discrimination has fallen consistently in the last few years, with the current figure at around 9% for both BME and White staff.

There has been a notable improvement for BME staff, with numbers reducing from 12.4% in 2024 to 9.3% in 2025. The improving position reflects ongoing work across the Trust such as delivery of training on equality, diversity and inclusion, an increased focus on leadership behaviours and inclusive culture, and strengthened processes to support staff to raise concerns and report incidents.

The Trust remains committed to creating an environment where all staff feel valued, respected and able to be themselves at work. Reducing experiences of discrimination will continue to be at the heart of our agenda to become a more inclusive organisation.

Indicator 9: Representation of BME people among board members

Percentage difference between the organisation's board voting membership and overall workforce, disaggregated by:

- *Voting membership of the Board*
- *Executive membership of the Board.*

NWAS BME staff 31/03/2025	7.2%	BME Board Members 31/03/2025	12.5%
Voting Board Members	16.7%	Non-Voting Board Members	0%
Executive Board Members	12.5%	Non-Executive Board Members	12.5%

BME representation on the Board has reduced to 12.5%, compared with 15.4% in 2024/25 and 14.2% in 2023/24. Despite this decrease, representation at Board level remains higher than across the overall workforce, with a difference of 5.3%.

All Board members have declared their ethnicity, ensuring completeness of reporting for this indicator.

The table below shows the percentage difference when comparing the total Board number to the overall workforce.

Year	2021/22	2022/23	2023/24	2024/25	2025/26
White staff	-17.1%	-15.2%	-14%	-7.8%	-4.4%
BME staff	10.6%	9.1%	8.3%	8.7%	5.3%
Ethnicity unknown	6.4%	6.1%	6.1%	-0.9%	-0.9%

Actions for improvement

The Workforce Race Equality Standard (WRES) data, alongside the Workforce Disability Equality Standard (WDES) and Pay Gap reports (presented separately), reflects the Trust's ongoing commitment to supporting all staff groups and addressing inequalities in the workplace.

While there have been improvements across a number of WRES Indicators, we recognise that significant disparities persist in the experiences of BME and White staff. We will continue to take action to explore the underlying causes of these differences and implement targeted actions to improve the experience and outcomes of our BME colleagues.

Indicator 1 – Workforce representation

We will deliver the BME Recruitment and Retention Action Plans to improve the representation of BME staff across the organisation.

Indicator 2 – Recruitment

- We will continue to review job descriptions and person specifications to ensure they are relevant, accessible, and inclusive.
- We will introduce Independent Panel Members and increase BME representation on recruitment and assessment panels.
- We will strengthen monitoring and tracking of applicants from underrepresented groups to improve timeliness and effectiveness of engagement with unsuccessful candidates.
- We will develop and deliver training for panel members on inclusive recruitment and selection, with rollout planned from Q2 2026/27 and evaluation at year end.

Indicator 3 – Formal disciplinary process

- We will strengthen managers' confidence and capability to address workplace issues through timely, informal conversations where appropriate, reducing unnecessary escalation to formal disciplinary processes.
- We will introduce a refreshed fact-finding pro forma that embeds EDI considerations throughout the investigation process.

Indicator 5 – Experiences of harassment, bullying and abuse from the public

We will implement a clear procedure to support ICC staff who experience racist abuse or sexual harassment from the public. A standard operating procedure (SOP) is currently under review within ICC to ensure alignment between 111 and 999 services, enabling consistent managerial support and appropriate escalation where required.

Indicator 8 – Discrimination

We will develop and deliver the Anti-Racism Workplan and progress towards achieving Northwest Race Equality Assembly accreditation status by late 2026/27.