

NSCHT Workforce Race Equality Standard (WRES) Report

Trust Report 2026 & Action Plan for 2026-27



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Executive summary

This report presents North Staffordshire Combined Healthcare NHS Trust's WRES submission for the 2026 reporting year, covering 1 April 2025 to 31 March 2026. It summarises workforce representation, recruitment, employee relations, training access, career progression, staff experience and Board representation, and identifies priorities for improvement in 2026/27.

Highlights

The 2026 results show progress in workforce and leadership diversity. Global Majority representation increased to 15.51%, the highest level recorded by the Trust and above the local population of 11.17%. Board representation increased to 35.71%, staff perceptions of equal opportunities improved, access to non-mandatory training remained broadly equitable, and reported discrimination from managers, team leaders or colleagues reduced significantly.

Challenges and Risks

Progress is not consistent across all indicators. Recruitment outcomes worsened, with White applicants 1.62 times more likely to be appointed from shortlisting than Global Majority applicants. Global Majority staff continued to report higher levels of harassment, bullying and abuse from patients, relatives, the public and colleagues. The disciplinary indicator also worsened, although this is based on a small number of cases and should be interpreted with caution.

Opportunities

The Trust's priority for 2026/27 is to move from improved representation to more equitable experiences and outcomes. Key opportunities include embedding the Inclusive Recruitment Toolkit, strengthening recruitment monitoring, improving senior progression through succession planning and targeted development, continuing anti-racism and Integrated Learning Review actions, and using WRES data, staff survey insight, case reviews and staff voice to target interventions and strengthen accountability.

NSCHT Workforce Race Equality Standard (WRES) Report 2026

1.0 Introduction

The Workforce Race Equality Standard (WRES) is a mandatory annual requirement under the NHS Standard Contract. The Trust is accountable to NHS England, the Care Quality Commission (CQC) and the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) for demonstrating progress in reducing race inequalities and improving workforce equality.

Introduced by NHS England in 2015, WRES provides a nationally recognised framework for measuring race equality across NHS organisations. The indicators assess workforce representation, employment processes and staff experience, enabling organisations to identify inequalities, benchmark performance and target improvement activity where disparities exist.

The Trust remains committed to creating an inclusive workplace where everyone feels valued, respected and able to reach their potential. This commitment is reflected within our Combined People Plan, Inclusion and Belonging Strategic Plan and wider organisational approach to equality, diversity and inclusion. This report represents the Trust's eleventh annual WRES submission and presents performance against the WRES indicators for the period 1 April 2025 to 31 March 2026. It includes analysis of workforce representation, recruitment, disciplinary processes, training access, career progression, staff experience and Board representation, together with the actions that will support continued improvement during 2026/27.

1.1. NSCHT WRES 2026¹ Key Highlights

1. Workforce diversity continued to increase, with the highest level of Global Majority² representation recorded by the Trust to date.
2. Representation improved across clinical, non-clinical and senior leadership roles, including continued progress in Board diversity.
3. Confidence in equal opportunities for career progression improved among Global Majority staff and remained above the national average.
4. Access to non-mandatory training and development opportunities remained equitable and continued to compare favourably with national performance.
5. Recruitment outcomes became less equitable, with a widening disparity in appointment rates between White and Global Majority applicants.
6. Global Majority staff continued to report higher levels of harassment, bullying and abuse from both patients and colleagues than White staff.
7. Reported experiences of discrimination reduced significantly during the reporting period, although disparities remain.
8. The disciplinary indicator increased during 2026; however, this measure is based on a very small number of cases and should be interpreted with caution.

Overall, the findings demonstrate continued progress in workforce representation and leadership diversity, while highlighting the need for continued focus on staff experience, recruitment equity and workplace culture.

^[1] The reporting period for WRES runs from 1 April 2025 to 31 March 2026 and will be referred to as the 2026 reporting year. In relation to Staff Survey-derived measures, these relate to the NHS Staff Survey from the previous year.

² Terminology note: This report uses "Global Majority" to describe staff from ethnically diverse backgrounds; however, the national WRES indicator terminology refers to "BME".

1.2 What have we been doing to advance the WRES over the past 12 months?

1. The Integrated Learning Review (ILR) programme began in 2024 and has progressed as a combined response to the Learning Review, Invited Review and Workforce Race Equality Reports. Its main areas of focus are inclusive recruitment, leadership values and behaviours, bank and substantive staff equity, career development for Global Majority staff, and Freedom to Speak Up/staff voice. These have agreed deliverables, KPIs, leads and completion dates monitored through the Integrated Learning Reviews Project Group and supporting project plans.
2. Increased Global Majority representation across the workforce, maintaining a workforce profile that exceeds the local population benchmark.
3. Continued to promote inclusive recruitment practices and monitor recruitment outcomes through workforce equality reporting to support fair and equitable access to employment opportunities.
4. Expanded access to coaching, mentoring and leadership development opportunities to support career progression, talent development and future leadership diversity.
5. Refreshed the Inclusion Council to strengthen leadership accountability, staff engagement and oversight of equality, diversity and inclusion priorities.
6. Delivered inclusive leadership development and awareness initiatives, including staff-led learning opportunities focused on inclusion, belonging and allyship.
7. Staff networks continued to influence policy, organisational priorities and improvement activity, ensuring staff voice remained central to decision-making and change.
8. Published ethnicity pay gap data for the second consecutive year, strengthening transparency and understanding of workforce inequalities.
9. Strengthened engagement with local communities through recruitment fairs, cultural events and stakeholder engagement activity to support workforce representation.
10. Continued to embed lived experience into workforce and service development, ensuring diverse perspectives informed organisational improvement.
11. Developed additional support arrangements for internationally recruited colleagues and their families in response to changes in national immigration policy.
12. Promoted inclusion and belonging through key cultural and awareness events, including Race Equality Week, Black History Month, South Asian Heritage Month, Diwali, Ramadan and Eid.
13. Contributed to system-wide race equality activity through the ICS WRES Champions Collaborative, ICS Anti-Racist Toolkit and Lunch & Learn programme, shared inclusion calendar and ICS Race Celebration Event in October 2025.

Some of this work is continuing in the 2026/27 reporting period.

1.3 Our priorities

Our WRES priorities for action for 2026-27 are summarised as below:

1. Debiasing of our people processes, especially retention, recruitment and selection, career development and progression, disciplinary and capability processes and our workplace / reasonable adjustments approach.
2. 'High visibility' focus around an anti-discriminatory approach, creating a great place to work for all.
3. Reducing inequalities and health inequalities in the Global Majority workforce.
4. Educating for Inclusion – focus change away from positive action development programmes ('deficit model') towards programmes for the wider workforce, ensuring an environment in which diverse colleagues can thrive. Ensuring equitable or positive action access to development and career progression for diverse candidates. To include a focus on educating about our anti-racism approach and responding effectively to incidents of abuse, discrimination and incivility.

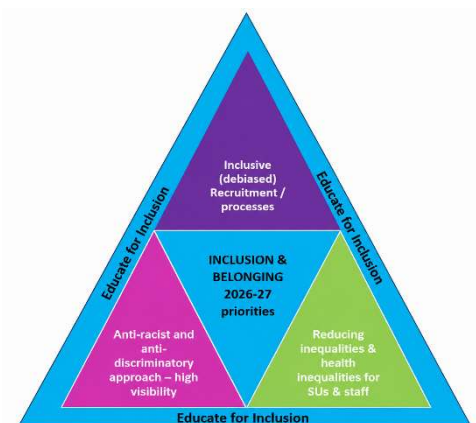


Figure 1: Trust Inclusion and Belonging Priorities, 2026/27.

2.0 Trust performance over time against the 9 WRES Indicators

Indicators	Years							2026
	2019	2020	2021	2022	2023	2024	2025	
1. Workforce ethnicity profile	6.30%	7.60%	8.20%	9.10%	9.85%	11.11%	13.21%	15.51% 
National	19.90%	21.10%	22.40%	24.20%	26.40%	28.60%	30.70%	Not avail.
2. Recruitment measure	2.07	1.89	1.3	1.27	1.14	1.21	1.23	1.62 
National	1.46	1.61	1.61	1.53	1.59	1.62	1.77	Not avail.
3. Disciplinary measure	0.88	1.39	4.35	0.00	0.00	1.83	0.41	5.38 
National	1.22	1.16	1.14	1.14	1.03	1.09	1.11	Not avail.
4. Training measure	0.68	0.78	0.67	0.47	0.83	1.00	0.78	0.83 
National	1.15	1.14	1.14	1.12	1.12	1.06	1.02	Not avail.
5. HBA from patients / public	54.50%	42.00%	27.30%	30.10%	40.50%	30.21%	39.47%	40.99% 
White	27.40%	29.88%	27.60%	29.00%	26.00%	24.60%	21.75%	21.38% 
6. HBA from staff	21.20%	24.50%	16.70%	23.30%	22.10%	20.83%	23.01%	24.53% 
White	14.70%	17.10%	15.40%	13.60%	16.90%	16.13%	16.22%	15.93% 
7. Belief in Equal Opportunities	30.30%	40.82%	53.60%	61.60%	67.40%	62.77%	51.75%	59.12% 
White	58.70%	60.97%	67.90%	70.00%	68.20%	67.33%	68.03%	64.11% 
8. Discrimination at work	3.30%	12.77%	12.50%	14.90%	12.80%	15.96%	19.47%	11.46% 
White	4.70%	4.79%	4.30%	3.60%	5.20%	4.76%	5.77%	5.44% 
9. Board Membership	14.30%	23.10%	21.40%	20.00%	14.30%	21.43%	30.77%	35.71% 
National	8.40%	10.00%	12.60%	14.00%	15.60%	16.50%	17.30%	Not avail.

The data presents a mixed picture of progress and continuing challenge. Positive improvements are evident in workforce diversity, Board representation, perceptions of equal opportunity, and reductions in reported discrimination. However, disparities remain evident across recruitment outcomes, workplace experience, harassment, and disciplinary processes.

Key	
NSCHT	Improved 
National	Declined 
NSCHT White	

Table 1: WRES indicator trends for NSCHT between 2019 and 2026

2.1 Strategic alignment with organisational and national frameworks

This mapping demonstrates that the Trust's WRES priorities are embedded within wider organisational and NHS workforce objectives, rather than operating as standalone equality initiatives. It provides a clear link between race equality, workforce transformation, staff experience and organisational performance.

Aligning WRES priorities with the [NHS Long Term Workforce Plan](#), [NHS 10 Year Health Plan](#), [NHS England's EDI Improvement Plan](#) and the Trust's People Strategy strengthens accountability, supports targeted improvement and ensures race equality remains central to workforce planning and decision-making. Ultimately, improving race equality is essential to creating fairer recruitment and progression processes, reducing inequalities in staff experience, strengthening inclusive leadership and building a diverse workforce that can meet the needs of our communities.

Strategic Priority	Alignment with our WRES Priorities
NHS Long Term Workforce Plan	Supports Priority 1 (Debiasing People Processes) through fair recruitment, progression and talent management, Priority 3 (Reducing Workforce Inequalities) through improved staff experience and retention, and Priority 4 (Educating for Inclusion) through leadership development and inclusive workforce practices.
NHS 10 Year Health Plan Ambitions	Supports the development of a representative, inclusive and sustainable workforce capable of delivering community-focused, preventative and person-centred care. WRES priorities contribute to reducing inequalities, improving staff experience and strengthening organisational culture.
NHS England EDI Improvement Plan	Directly aligns with all four WRES priorities through its focus on inclusive recruitment, leadership accountability, reducing discrimination, improving staff experience, addressing workforce inequalities and embedding EDI within organisational decision-making.
Our People 'Big Moves'	1. Workforce Optimisation: Priority 1 supports fair recruitment, retention, progression and workforce effectiveness. 2. Workforce Transformation: Priorities 1 and 3 support workforce planning, organisational learning and reducing workforce inequalities through the Integrated Learning Review and workforce intelligence. 3. Our Combined CARE Culture: Priorities 2 and 4 support anti-discriminatory practice, inclusive leadership, staff voice, belonging and a positive workplace culture.
Combined People Plan 2023–28	1. Inclusive and Representative: Priorities 1 and 3 improve workforce diversity and reduce inequalities. 2. Great Place to Work: Priority 2 supports staff experience, belonging and psychological safety. 3. Achieve Potential and Aspirations: Priorities 1 and 4 support career progression, leadership development and equitable access to opportunities. 4. Outstanding Systems and Processes: Priority 1 focuses on reducing bias within workforce processes and decision-making.

3.0 Trust performance breakdown by the 9 WRES indicators

Indicator 1: Workforce ethnicity profile (Improved)

The workforce remains predominantly White British, with 1,686 staff (81.0%) identifying within this ethnic group. The largest Global Majority groups are Black or Black British African (143 staff, 6.9%), Asian or Asian British Indian (48 staff, 2.3%), and Asian or Asian British Pakistani (33 staff, 1.6%). This range of diversity accounts for approximately 15.5% of the workforce, indicating a reasonable level of ethnic diversity compared with many NHS organisations, although representation is concentrated within a relatively small number of ethnic groups.

Several ethnic groups have very small numbers of staff, with many categories containing fewer than 10 individuals. This suggests that while the workforce includes a broad range of ethnic backgrounds, representation for some communities remains limited. The 20 staff recorded as "Not Known" (1.0%) also indicate a small opportunity to improve workforce data completeness.

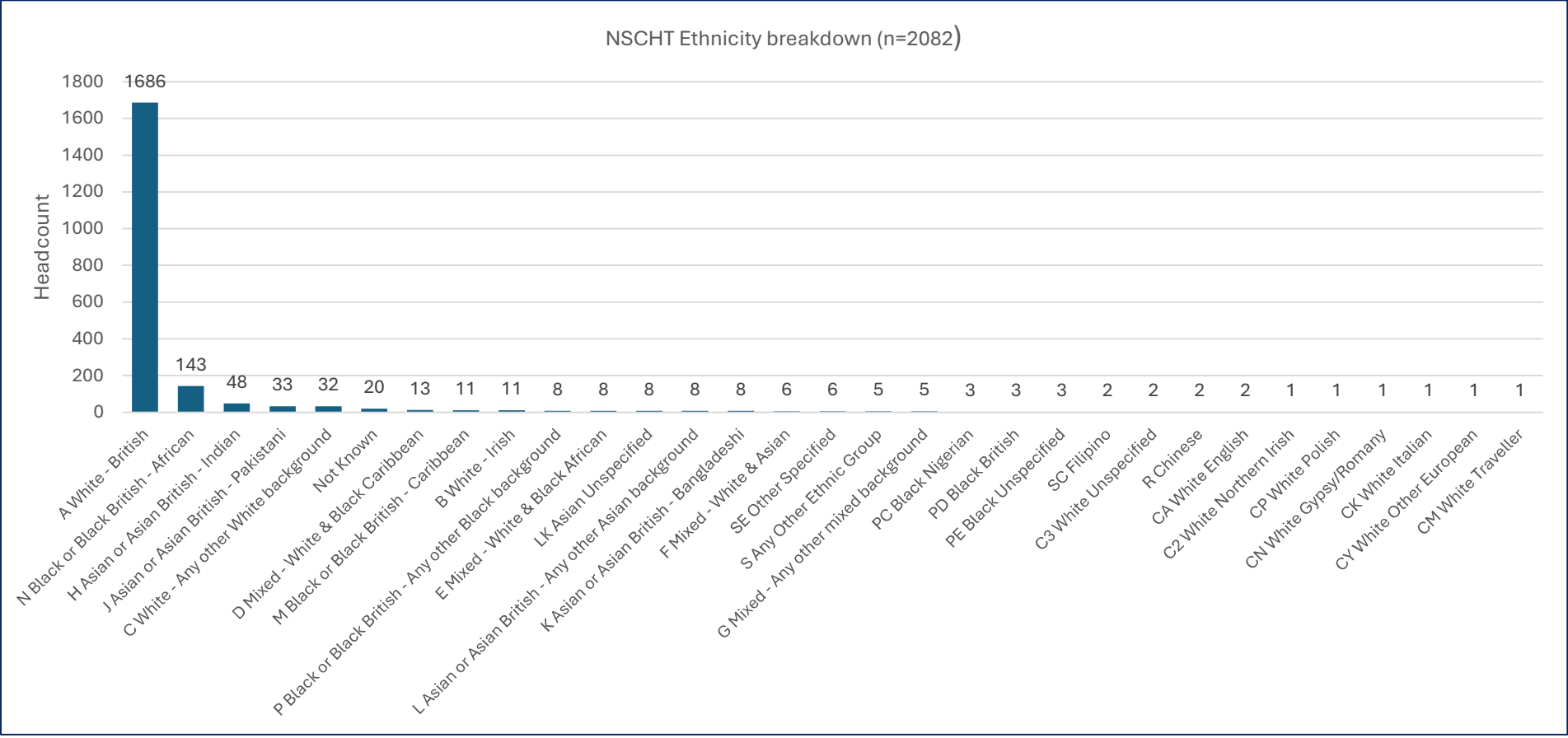


Figure 2: Total Headcount

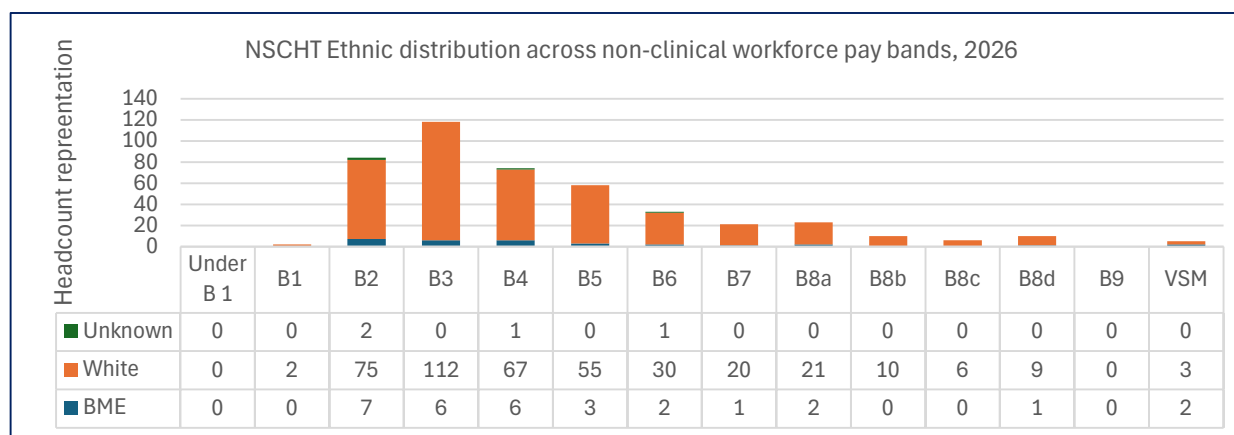
3.1 Progress in workforce representation in clinical and non-clinical roles

Workforce Measure - Ethnic Diversity (GMH)	2025	2026	Progress
Overall Trust Workforce	13.21%	15.51%	+2.30%
...Medical & Dental Workforce	60.27%	64.56%	+4.29%
...Overall Workforce excl. Medical & Dental	11.43%	13.58%	+2.15%
...Non-Clinical Workforce	6.09%	6.76%	+0.67%
...Clinical Workforce excl. Medical & Dental	13.11%	15.52%	+2.41%

Global Majority representation increased from 13.21% in 2025 to 15.51% in 2026, the highest level recorded by the Trust. Diversity also increased across all workforce groups, including Medical and Dental staff (60.27% to 64.56%), the clinical workforce excluding Medical and Dental staff (13.11% to 15.52%), and the non-clinical workforce (6.09% to 6.76%).

The Medical and Dental workforce has a significant impact on the Trust's overall diversity profile because 64.56% of staff in this group identify as Global Majority heritage, compared with 13.58% across the workforce excluding Medical and Dental staff. As a result, the overall Trust figure (15.51%) is higher than the diversity rate for the wider workforce (13.58%).

Table 2: Representation of Global Majority Staff



This distribution is reflected across the non-clinical pay bands, where Global Majority representation remains relatively low at all levels. Most Global Majority staff are concentrated within Bands 2 to 4, with 7 staff at Band 2, 6 at Band 3 and 6 at Band 4. Representation reduces further through the middle grades, with only 3 staff at Band 5, 2 at Band 6, 1 at Band 7, and 2 at Band 8a.

Figure 3: Trust Non-Clinical Staff as at 31 March 2026, based on ESR data.

At the most senior non-clinical levels, representation remains limited, with no Global Majority staff at Bands 8b, 8c or Band 9, and 2 staff at VSM level. While there is evidence of representation across a range of grades, the data highlights that ethnic diversity remains concentrated in lower and middle bands, with under-representation persisting in senior non-clinical leadership and management roles. This suggests that continued focus is needed on progression, talent management and succession planning to improve representation at senior levels.

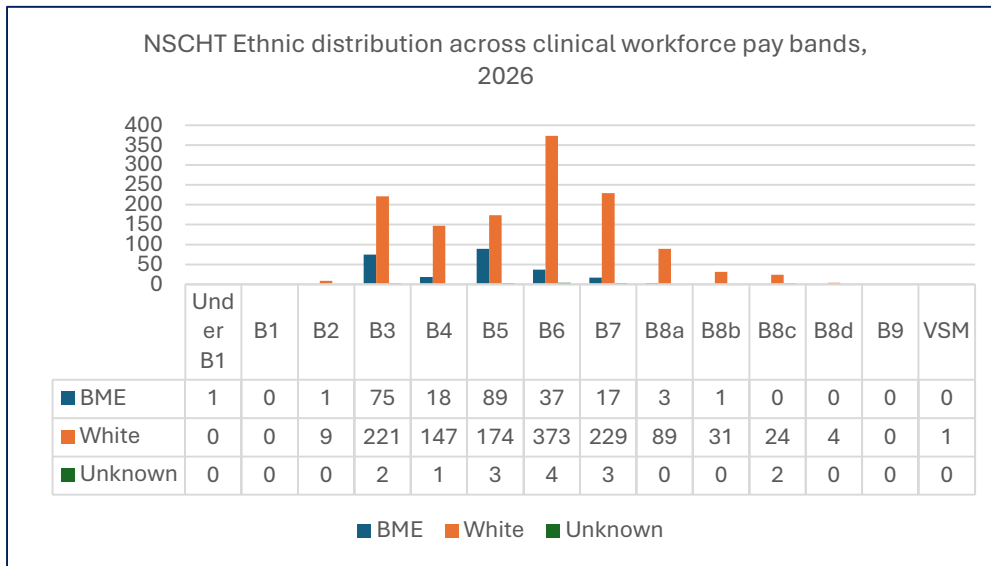


Figure 4: Trust Clinical Staff as at 31 March 2026, based on ESR data.

In contrast to the non-clinical workforce, Global Majority representation is more visible across the clinical workforce and is present throughout much of the career pathway. The highest numbers are seen in Bands 3 and 5. Representation is also evident at Bands 4, 6 and 7, indicating greater diversity across frontline and registered clinical roles. However, representation declines at senior clinical grades. There are only 3 Global Majority staff at Band 8a, 1 at Band 8b, and no Global Majority staff at Bands 8c, 8d, Band 9 or VSM level. While the clinical workforce demonstrates stronger ethnic diversity than the non-clinical workforce overall, the data suggests that progression into the most senior clinical leadership positions remains limited. This mirrors the pattern seen in non-clinical roles and highlights the importance of continued focus on talent management, succession planning and leadership development to improve representation at senior levels.

3.2 Trust Bank Ethnicity Profile

The Trust's bank workforce is considerably more ethnically diverse than the substantive workforce. Of the 245-bank staff, 117 (47.8%) identify as Global Majority heritage, compared with 326 of 2,094 substantive staff (15.6%). White staff account for 49.8% of the bank workforce compared with 83.5% of the substantive workforce. This may reflect different recruitment pathways, workforce supply patterns, flexibility preferences, or barriers to substantive employment.

This difference is largely driven by the composition of the clinical workforce. Within the bank workforce, Global Majority staff represent:

- 69 of 133 (51.9%) Additional Clinical Services staff.
- 28 of 36 (77.8%) Medical and Dental staff.
- 13 of 47 (27.7%) Registered Nursing and Midwifery staff.

In contrast, within the substantive workforce, Global Majority representation is:

- 109 of 557 (19.6%) Additional Clinical Services staff.
- 51 of 79 (64.6%) Medical and Dental staff.
- 95 of 637 (14.9%) Registered Nursing and Midwifery staff.

The most notable difference is within Additional Clinical Services, where over half of bank staff are from Global Majority backgrounds compared with around one fifth of substantive staff. This suggests the Trust relies disproportionately on Global Majority staff within its temporary workforce. The findings highlight an opportunity to better understand the transition between bank and substantive roles and whether there are opportunities to convert more ethnically diverse bank staff into permanent employment, particularly in clinical roles where representation is strongest.

3.3 WRES Aspirational Target

Workers from Global Majority Heritage backgrounds remain significantly under-represented in senior non-clinical roles across the NHS (excluding clinical and medical positions). The WRES Aspirational Target aims to improve representation at Band 8A and above by 2028.

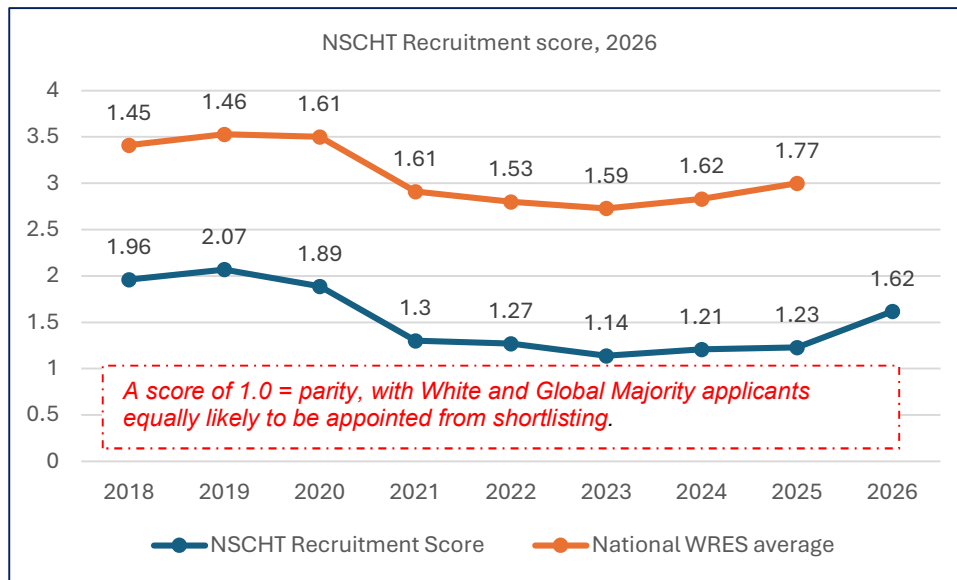
In 2025, we updated our Trust's 2028 Aspirational Target using the latest data from the 2021 Census, which shows that 11.17% of our local population is from ethnically diverse backgrounds. The revised target is shown in Table 3.

Existing Profile: Trust Band 8a-8d establishment as at 31.03.26				Aspirational profile in non-clinical roles (by 2028); based on local population rate of 11.17%: Planned Equitable Distribution in 2028				
Banding / Equivalent	Global Majority	White	Total		Global Majority	White	Total	No. of ethnically diverse appointments needed to be equitable
Band 8A	2	21	23		3	23	26	+1 Global Majority Heritage colleague (2025: +1)
Band 8B	0	10	10		1	8	9	+1 Global Majority Heritage colleague (2025: +1)
Band 8C	0	6	6		1	5	6	+1 Global Majority Heritage colleague (2025: +1)
Band 8D	1	9	10		1	7	8	Aspiration met
TOTAL	3	46	49		6	44	50	+3 Global Majority Heritage 8A-D colleagues (+4) required

Table 3: Trust 2026 Workforce Profile compared to Aspirational Target Workforce Profile (by 2028)

Representation at senior non-clinical grades remains below the level expected based on the local population. Achieving the 2028 aspirational profile would require three additional Global Majority appointments across Bands 8a to 8c, providing a realistic and measurable target for improving leadership diversity.

Indicator 2: Recruitment measure (Worsened)



The Trust's recruitment indicator improved from 2.07 in 2019 to 1.14 in 2023, indicating a reduction in recruitment disparities. However, performance has deteriorated since then, increasing to 1.62 in 2026, up from 1.23 in 2025.

This means White applicants were 1.62 times more likely to be appointed from shortlisting than Global Majority applicants. Although the Trust remains below the latest national average of 1.77 (2025), the widening gap represents a significant setback in recruitment equity.

As shown in Table 4, the diversity of the applicant pool is not reflected in appointment outcomes. While Global Majority candidates account for almost half of all applications, they represent fewer than one in five appointments, indicating a significant disparity in recruitment outcomes.

Figure 2: Trust Recruitment Measure trend from 2018 to 2026. National WRES Average for 2025 has not been published yet.

The recruitment data shows:

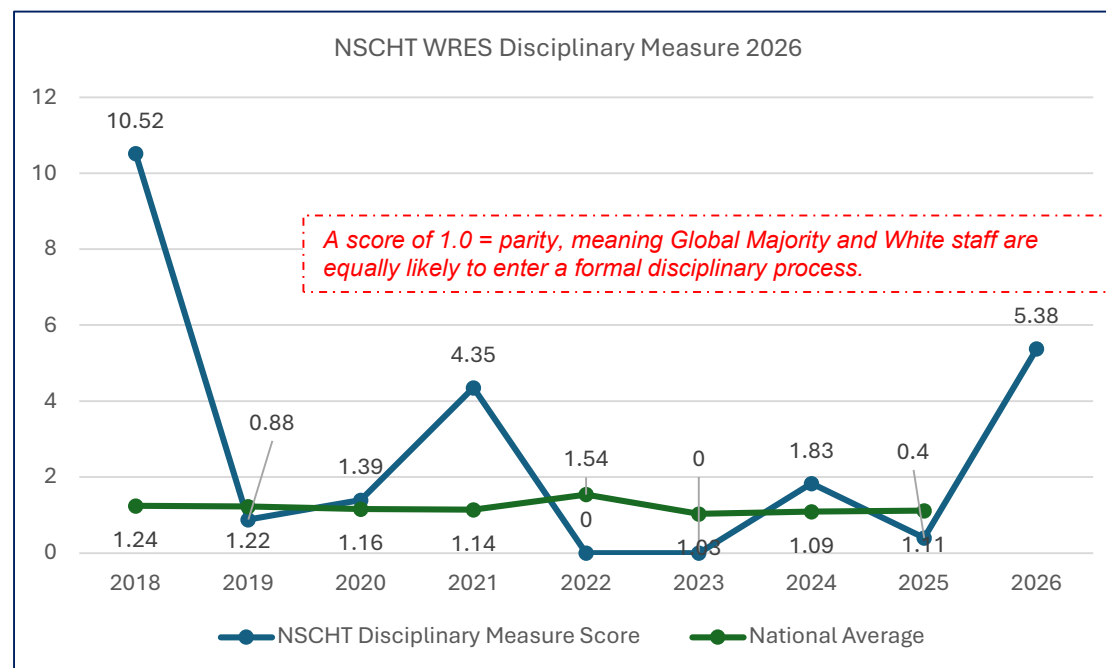
Headcount and Percentages				Headcount and Percentages			
2025	Application	Shortlisted	Appointed	2026	Application	Shortlisted	Appointed
Global Majority Heritage	3255 (57.33%)	464 (36.73%)	158 (35.1%)	Global Majority Heritage	1702 (48.9%)	247 (27.8%)	61 (19.1%)
Not disclosed	77 (1.3%)	17 (1.3%)	14 (2.80%)	Not disclosed	64 (1.8%)	17 (1.9%)	10 (3.1%)
White	2345 (41.30%)	782 (62%)	327 (65.53%)	White	1713 (49.2%)	623 (70.2%)	249 (77.8%)
Total	5677 (100%)	1263 (100%)	499	Total	3479 (100%)	887 (100%)	320 (100%)

Table 4: Trust 2025 and 2026 appointment rates for different ethnicities.

applicants were substantially more likely to progress through the recruitment process and be appointed than applicants from Global Majority backgrounds.

- Global Majority applicants represented 48.9% of all applications, almost equal to White applicants (49.2%). However, their representation fell to 27.8% of shortlisted candidates and 19.1% of appointments.
 - White applicants accounted for 49.2% of applications but increased to 70.2% of shortlisted candidates and 77.8% of appointments.
- This pattern is consistent with the WRES recruitment indicator of 1.62, showing that White

Indicator 3: Disciplinary measure (Worsened)



The Trust's disciplinary indicator increased from 0.41 in 2025 to 5.38 in 2026, indicating that Global Majority staff were over five times more likely than White staff to enter a formal disciplinary process during the reporting period. This represents the highest score recorded since 2021 and suggests a significant disparity in outcomes.

However, this indicator should be interpreted with caution. The measure is based on a very small number of disciplinary cases, meaning that a small change in the number of cases involving either staff group can result in large year-on-year fluctuations. This volatility is reflected in the Trust's historical data, where scores have ranged from 0.00 to 10.52 over the reporting period. Because of these limitations, the indicator is less useful for assessing long-term trends in smaller organisations and should be considered alongside qualitative information, case reviews, and broader workforce data rather than in isolation.

Figure 6: WRES Disciplinary Measure, year-on-year performance. National average for 2026 was not available at the time of reporting.

It is also important to note that **NHS England no longer publishes a national disciplinary benchmark for this indicator**. This reflects concerns that the measure can be difficult to compare reliably across NHS organisations of different sizes, particularly where disciplinary case numbers are low and subject to significant annual variation.

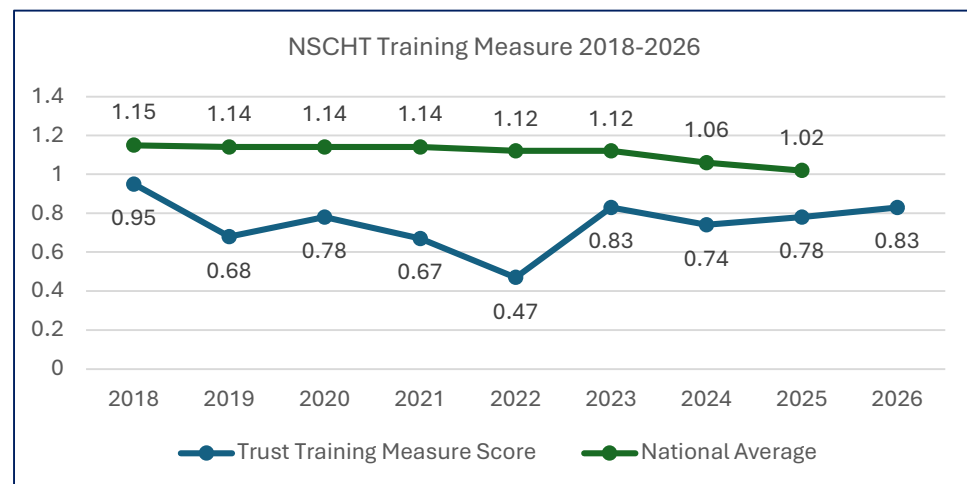
Formal disciplinary cases decreased from 17 in 2025 to 6 in 2026. However, cases involving Global Majority staff increased from 1 to 3, while cases involving White staff fell from 16 to 3. As a result, Global Majority staff accounted for 50.0% of disciplinary cases in 2026, compared with 5.9% in 2025. Given the very small number of cases, these figures should be interpreted with caution, as a change of one or two cases can significantly affect the overall indicator.

We've continued to embed our Just and Fair Culture, focusing on civility and respect, supported by our investigation's checklist. This helps ensure disciplinary investigations are only used when necessary and are carried out with the right level of rigour to reduce or remove potential bias.

Table 5: Trust Disciplinary cases by ethnicity 2025 & 2026

	Disciplinary cases	
	2025	2026
Global Majority Heritage	1	3
White	16	3
Ethnicity not known	1	0
TOTAL CASES	17	6

Indicator 4: Training measure (Improved)

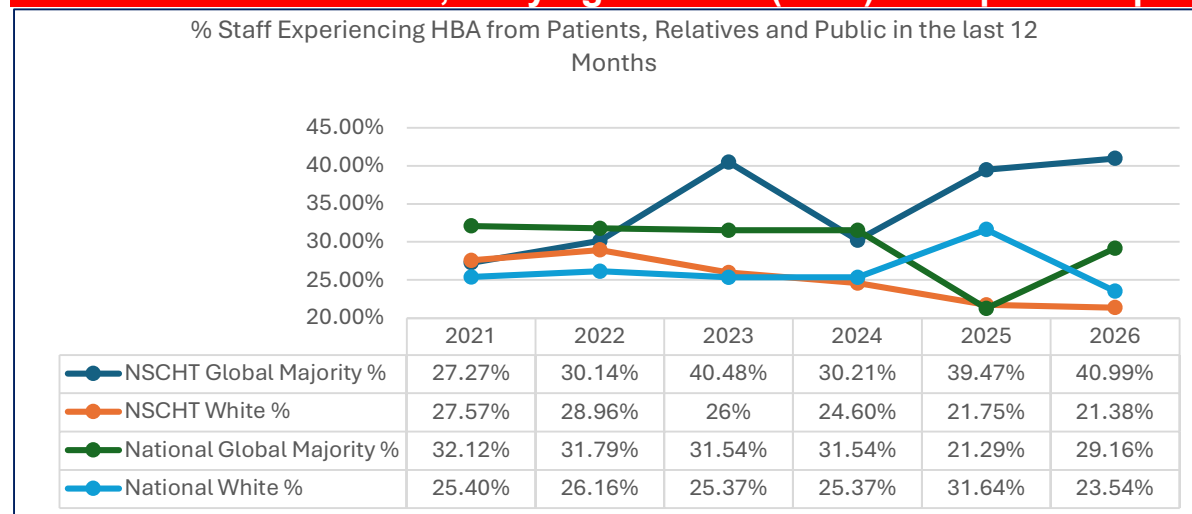


This measures the relative likelihood of White staff compared with Global Majority staff accessing non-mandatory training and continuing professional development (CPD). A score of 1.0 means both groups are equally likely to access training opportunities.

The Trust's score increased from 0.78 in 2025 to 0.83 in 2026, continuing the improvement seen since the low point of 0.47 in 2022. The score remains below 1.0, indicating that Global Majority staff continue to report slightly greater access to non-mandatory training and CPD than White staff. The Trust has consistently performed better than the national average throughout the reporting period. This suggests that access to training and development opportunities is generally equitable and may be more favourable for Global Majority staff than is seen nationally.

Figure 7: WRES Training Measure, year-on-year performance. National average for 2026 was not available at the time of reporting.

Indicator 5: Harassment, bullying & abuse (HBA) from patients/public (Worsened)

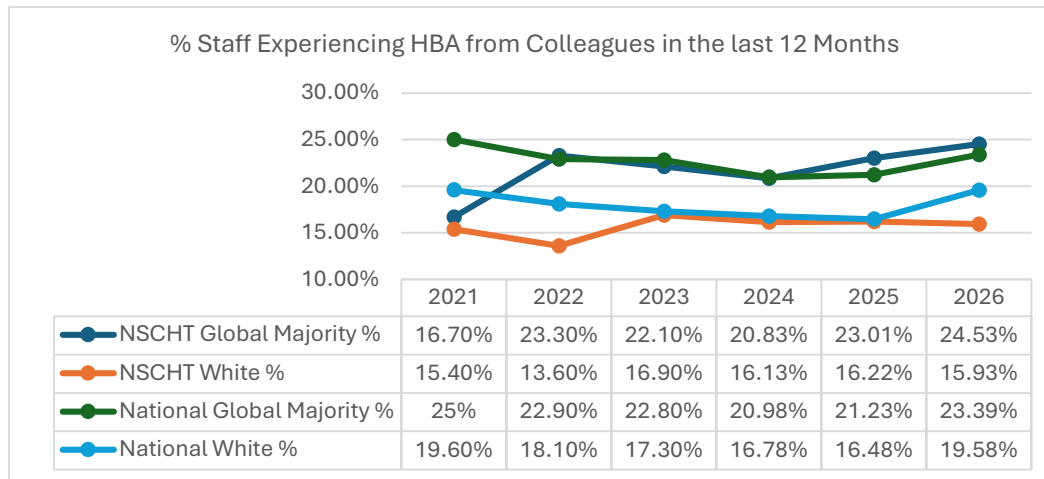


In 2026, 40.99% of Global Majority staff reported experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public, compared with 21.38% of White staff, a gap of 19.61%. The rate for Global Majority staff increased slightly from 39.47% in 2025, while the rate for White staff remained broadly unchanged (21.75% to 21.38%).

The Trust also performs worse than the national average, where 29.16% of Global Majority staff and 23.54% of White staff reported experiencing HBA in 2026. Global Majority staff at the Trust are therefore almost twice as likely as White staff to experience HBA from patients, relatives and the public, with the disparity remaining significantly higher than the national position.

Figure 3: WRES HBA from patients/public Measure, year-on-year performance, Staff Survey 2025.

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

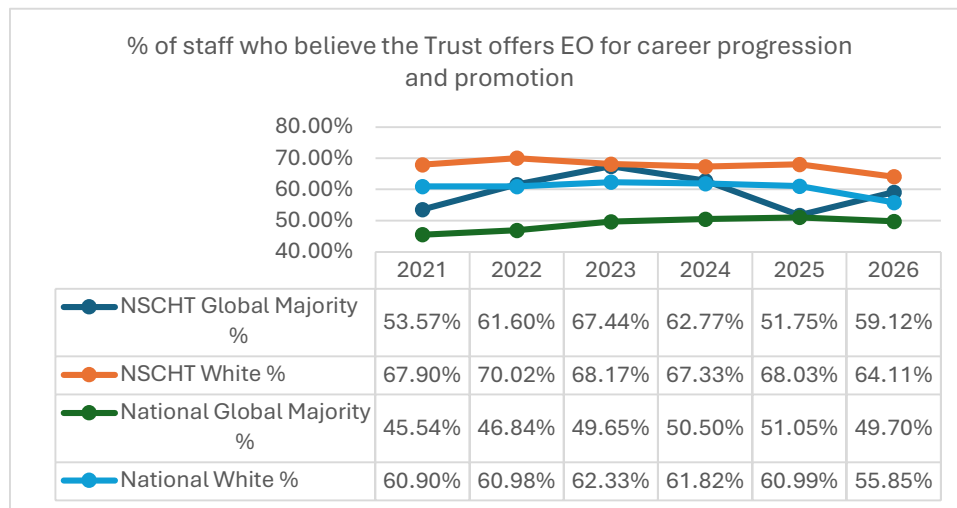


In 2026, 24.53% of Global Majority staff reported experiencing harassment, bullying or abuse (HBA) from colleagues, compared with 15.93% of White staff, a gap of 8.60%. This represents an increase for Global Majority staff from 23.01% in 2025, while the rate for White staff remained relatively stable (16.22% to 15.93%).

The Trust's result for Global Majority staff is also slightly higher than the national average of 23.39%, while the rate for White staff is lower than the national average of 19.58%. As a result, Global Majority staff are approximately 1.5 times more likely than White staff to experience HBA from colleagues, demonstrating a persistent inequality in workplace experience that remains greater than the national position.

Figure 9: WRES HBA from staff Measure, year-on-year performance, Staff Survey 2025.

Indicator 7 - Belief in equal opportunities for career progression (Improved)



In 2026, 59.12% of Global Majority staff believed the Trust provides equal opportunities for career progression and promotion, compared with 64.11% of White staff, a gap of 4.99 percentage points. This represents a notable improvement from 51.75% in 2025 and continues the overall upward trend since 2021, when the figure stood at 53.57%. Despite this progress, Global Majority staff remain less likely than White staff to perceive opportunities for progression as equitable.

The Trust continues to perform above the national average, where 49.70% of Global Majority staff and 55.85% of White staff reported believing there were equal opportunities for career progression. This suggests that actions to improve inclusive career development are having a positive impact. However, the remaining disparity demonstrates that further work is needed to ensure all staff have equal confidence in progression and promotion opportunities.

Figure 10: WRES Equal Opportunities Measure, year-on-year performance, Staff Survey 2025

Indicator 8 - Staff experiencing discrimination from other staff (Improved)

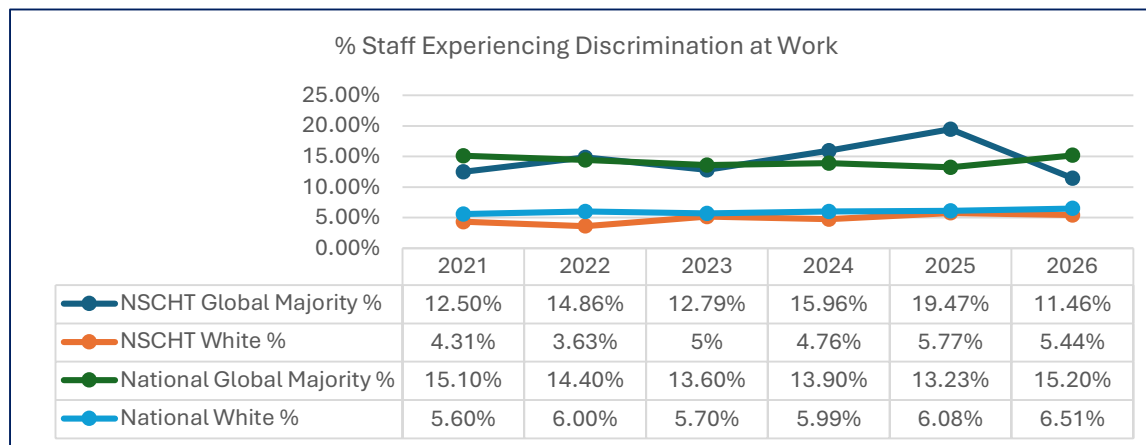


Figure 11: WRES Discrimination Measure, year-on-year performance, Staff Survey 2025

show a marked improvement in staff experience during 2026. However, the continued disparity between Global Majority and White staff indicates that reducing discrimination and creating a consistently inclusive working environment remains a key priority.

In 2026, 11.46% of Global Majority staff reported experiencing discrimination at work from a manager, team leader or colleagues, compared with 5.44% of White staff, a gap of 6.02 percentage points. This represents a significant improvement from 2025, when 19.47% of Global Majority staff reported discrimination, although they remain more than twice as likely as White staff to experience discrimination at work.

The Trust performs better than the national average, with 11.46% of Global Majority staff reporting discrimination compared with 15.20% nationally. White staff also reported lower levels of discrimination than the national average (5.44% compared with 6.51% nationally). Overall, the data

Indicator 9: Trust BME Board membership (Improved)

Indicator 9: Trust Board Representation	Global Majority	White	Global Majority	White
	Headcount		%	%
Total board members	5	9	35.71%	64.29%
of which : Voting members	3	4	42.86%	57.14%
: Non-Voting Board members	2	5	28.57%	71.43%
of which: Exec Board members	2	5	28.57%	71.43%
Non-Executive	3	4	42.86%	57.14%

Table 6: Global Majority Board Membership at NSCHT, 31 March 2026.

From 2016 to 2026, Global Majority representation on the Board increased from 7.7% to 35.71%, an overall rise of 28.01 %, demonstrating substantial progress in board diversity over the decade. While representation declined from 23.1% in 2020 to 14.3% in 2023, it subsequently recovered strongly, reaching 30.77% in 2025 and 35.71% in 2026. In 2025, Board representation was approximately 13.6 % higher than the national WRES average (30.77% vs 17.2%).

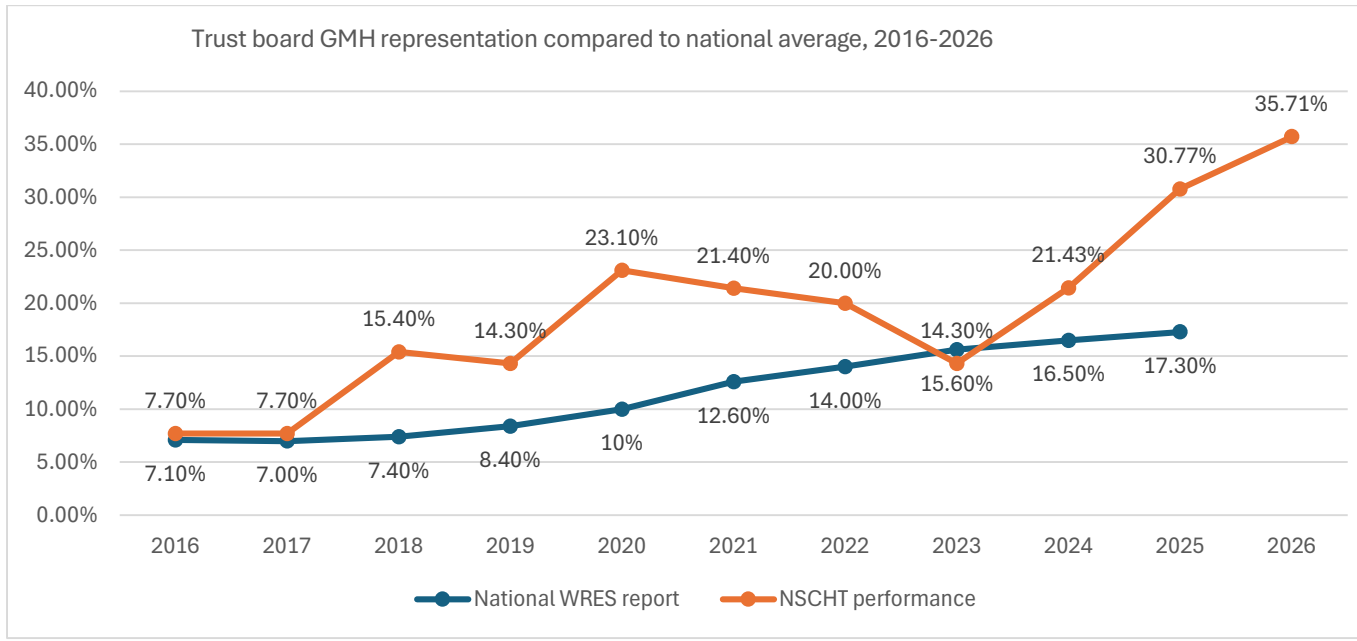


Figure 12: Trust board Global Majority representation compared to national average, 2016-2026 (National WRES data for 2026 was not available at the time of reporting)

4.0 Priorities, supporting actions and milestones for 2026/27

The table below sets out the Trust's WRES priorities for 2026/27 and shows how each priority will be taken forward. These priorities are based on, and aligned to, the Trust's broader Inclusion and Belonging Strategic Plan priorities for 2024–2028, ensuring that WRES activity supports the organisation's wider inclusion, belonging and equality objectives.

Priority	Supporting actions	Milestones / evidence of progress
1. Debiasing people processes	- Embed inclusive recruitment practice and the Inclusive Recruitment Toolkit. - Review recruitment, progression, employee relations and reasonable adjustment processes through a race equity lens.	- Recruitment outcomes reviewed by ethnicity and reported through governance. - Improvement actions agreed and monitored through WRES and ILR routes. - Inclusive recruitment and progression actions reflected in the ILR project plan.
2. High-visibility anti-racist and anti-discriminatory approach	- Use WRES, Staff Survey, FTSU and ENRICH staff network insight to identify priority issues. - Co-design local responses with staff voice representatives. - Continue anti-racism, anti-discrimination and staff voice activity.	- Hotspot analysis completed for discrimination, bullying and harassment themes. - Local response plans agreed for priority areas. - Progress reported through ILR, WRES and People governance routes.
3. Reducing workforce and health inequalities	- Use workforce equality data to target action on representation, development, progression and staff experience. - Review support for internationally recruited staff and Global Majority colleagues. - Strengthen monitoring of bank and substantive staff equity through ILR workstreams.	- EDI dashboard and ethnicity pay gap findings reviewed and translated into actions. - Bank and substantive staff equity actions tracked through ILR project plans. - Progress evidenced through agreed KPIs and reporting dates.
4. Educating for Inclusion	- Align inclusive leadership, anti-racism and upstander education with ILR findings, MALD standards and the Mann Review. - Embed inclusion and belonging principles within leadership and management programmes. - Equip managers to respond to discrimination, inequity, bullying, harassment and incivility.	- Leadership learning offer updated to reflect ILR, MALD and Mann Review requirements. - Relevant learning sessions delivered and evaluated. - Training uptake and impact reviewed through OD, ILR and WRES reporting.

5.0 Conclusions

The 2026 WRES results demonstrate continued progress in increasing ethnic diversity across the Trust. Global Majority representation has reached its highest level to date at 15.51%, exceeding the local population benchmark, while Board diversity has increased significantly over recent years. Staff perceptions of equal opportunities for career progression have also improved and remain above the national average. These achievements indicate that efforts to improve representation, leadership diversity and inclusive career development are having a positive impact. The Trust is increasingly reflective of the communities it serves and continues to make progress against national NHS workforce equality objectives.

However, the data also highlights a number of persistent inequalities. Recruitment outcomes deteriorated during 2026, with White applicants 1.62 times more likely to be appointed from shortlisting than Global Majority applicants. Global Majority staff remain more likely to experience harassment, bullying and abuse from patients, relatives, the public and colleagues, and continue to report higher levels of discrimination than White staff, despite significant improvement during the reporting period. The disciplinary indicator also showed a marked increase. Although this measure is based on a very small number of cases and should be interpreted cautiously, it reinforces the importance of ongoing scrutiny of workforce processes and outcomes.

Taken together, the findings suggest that the Trust's challenge is no longer primarily one of representation. The key priority is ensuring that increased diversity is matched by equitable experiences, opportunities and outcomes throughout employment. This requires a sustained focus on workplace culture, inclusive leadership, recruitment, progression and staff voice.

5.1 Recommendations

Board Members, the Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:

- Note the findings of the 2026 WRES report and the progress made in improving workforce and leadership diversity.
- Recognise the areas of continued concern, particularly disparities in recruitment outcomes and the experiences of bullying, harassment, abuse and discrimination reported by Global Majority staff.
- Support the delivery of the 2026/27 WRES priorities, with a focus on improving recruitment equity, career progression, staff experience and leadership accountability.
- Seek assurance that actions are in place to address identified inequalities and progress is monitored through regular workforce equality reporting.
- Champion inclusive leadership and organisational culture, ensuring equality, diversity and inclusion remain integral to workforce planning, decision-making and service delivery.
- Support ongoing engagement with networks and representatives to ensure improvement activity is informed by staff experience and lived reality.
- Monitor progress against agreed actions and outcomes through the People and Culture Development Committee, ensuring accountability for delivering measurable improvements in workforce equality.

APPENDIX 1: Progress Report: WRES Action Plan 2026/27 aligned to NSCHT People Priority Areas and the NHS 10 Year Plan

This mapping demonstrates that race equality is embedded within the Trust's wider workforce and organisational priorities rather than being a standalone initiative. The Trust's WRES programme supports delivery of the People Big Moves by improving recruitment, career progression, staff experience, leadership and organisational culture, while also contributing to NHS priorities around workforce sustainability, retention, inclusion and reducing inequalities. Aligning WRES activity with these strategic objectives strengthens accountability, helps target improvement efforts more effectively and ensures race equality remains central to building a diverse, inclusive and high-performing workforce.

Our WRES Priorities	Progress and achievements in 2025/26	People Big Move Alignment	NHS 10 Year Health Plan Alignment
1. Debiasing people processes	• Inclusive Recruitment Toolkit and Development Programme • Review of Band 8A+ progression barriers • Inclusive recruitment monitoring and workforce equality reporting • Leadership development opportunities e.g. Leadership Academy, Anti-Racist Leadership Toolkit and Lunch & Learn sessions, The Launchpad Programme • Publication of ethnicity pay gap data • Review of workforce processes through the ILR	Workforce Optimisation: Improves recruitment, retention, progression and workforce effectiveness through fairer people processes.	Neighbourhood Health Service & Workforce Reform: Supports a skilled, representative workforce and fair access to career opportunities.
2. High visibility anti-discriminatory approach	• Anti-Racism Toolkit and monthly learning sessions • Integrated Learning Review Working Group • Inclusion Council refresh • Staff networks influencing policy and improvement activity • Cultural awareness events and campaigns • Support for internationally recruited colleagues • System wide - ICS WRES Champions Collaborative, ICS Anti-Racist Toolkit and shared race inclusion events.	Our Combined CARE Culture: Strengthens organisational culture, leadership accountability, belonging and psychological safety.	From Treatment to Prevention: Promotes healthier workplaces, reduces discrimination and improves staff wellbeing and retention.
3. Reducing workforce and health inequalities	• Workforce equality dashboard monitoring • Ethnicity pay gap reporting • Support for internationally recruited staff • Community engagement and recruitment fairs • Increased Global Majority representation across the workforce • Embedding lived experience into workforce development	Workforce Transformation: Uses workforce intelligence and population insight to inform workforce planning and organisational development.	Reducing Health Inequalities: Supports fair employment opportunities and addresses inequalities experienced by underserved groups.
4. Educating for inclusion	• Anti-racism education programme • Inclusive leadership development • Reciprocal mentoring, coaching and mentoring opportunities • Leadership podcasts and inclusion learning events • Race Equality Week, Black History Month, South Asian Heritage Month, Ramadan, Eid and Diwali activities • Leadership and management capability development	Our Combined CARE Culture: Develops inclusive leadership behaviours and creates an environment where diverse staff can thrive.	Workforce Culture and Leadership: Supports compassionate leadership, inclusion, staff engagement and retention.

APPENDIX 2: Inclusion and Belonging Action Plan 2026/27

The WRES and WDES action plan is part of the Trust's wider 4-year Inclusion and Belonging Strategic Plan (2024–2028), aligned with the Trust's Equality Objectives. Progress is monitored and reported annually. The plan is ambitious and will be supported by a refresh of the People Plan and root cause analysis to identify where best to focus our efforts for the greatest impact.

Action	Links to Equality Objectives 24–28	Links to 26/27 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at 06.26)
Deliver key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme					
1.1 Develop Inclusive Recruitment Toolkit and Inclusive Recruitment Development package utilising theory / approach of No More Tick-Boxes' and 'If Your Face Fits' (Kline, 2023). 1.1.1 Audit Toolkit use across all recruitment panels by service, role type and band, and report whether Global Majority and disabled applicant outcomes have improved.	4	1	Must	Recruitment Lead	Oct 2026
1.2 Undertake analysis of applications-shortlisting/interview-appointment for posts at band 8A and above to better understand the issues / reasons behind lack of diversity in appointments at this level, and implement action based on findings. 1.2.1 Complete Band 8A+ recruitment analysis by ethnicity, disability, gender and LGB+ status at shortlisting, interview and appointment, with actions for each identified disparity.	4	1	Should	People Team	Dec 2026
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective. 1.3.1 Collect candidate and recruiting manager feedback on fairness, accessibility, adjustments and inclusion, and report themes quarterly through the HR / EDI Dashboard.	4	1	Should	HR Lead	Oct 2026
1.4 Develop a plan to roll out Inclusive Recruitment development, considering the needs of both new recruiting managers and existing recruiting managers.	4	1	Should	Recruitment Lead	Dec 2026

1.4.1 Prioritise rollout to services with poorer recruitment equity indicators, lower senior representation or repeated recruitment feedback, and require completion before managers chair panels.					
Reducing inequalities and health inequalities for our service users and staff					
2.1 All services to undertake a review of service user access analysed with a race lens in 2026/27 and present findings to Directorate committee. Three services to do deeper review via EDS framework – see 2.5 below. 2.1.1 Each Directorate to complete one service-user access review using race and disability data, agree two local actions, and report progress through Directorate governance.	2 & 3	2	Should	All Service Leaders	Mar 2027
2.2 Equitable access to health and wellbeing offers for all staff. Review take-up by colleagues with diverse characteristics. 2.2.1 Analyse health and wellbeing offer take-up by ethnicity, disability, staff group, band and service, and agree targeted actions for any under-represented groups.	2	2	Should	Health and Wellbeing Lead	Dec 2026
2.3 Implement new guidance on recording gender codes in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available. When in place, analyse the data and identify next steps. 2.3.1 Deliver guidance for staff recording demographic information in Lorenzo and ESR, and complete one data quality review with improvement actions.	1	2	Must	Performance Lead / Head of Clinical Systems	Dec 2026
2.4 Launch and embed new guidance and approach to RADF (Reasonable Adjustment Digital Flag), as mandated through ISN re-recording disability / accessible information needs in Electronic Patient Record. 2.4.1 Implement RADF guidance with a named operational owner, track adoption across services, and escalate barriers through governance.	1	2	Must	TBC	Dec 2026
2.5 Three services to be reviewed and rated under the EDS framework for 2026/27, including detailed review of access, experience, safe from harm and outcomes. 2.5.1 Select three EDS review services using WRES/WDES risk indicators, complete ratings, and agree improvement plans for access, experience, safety and outcomes.	1	2	Must	Identified Service Managers / Inclusion and Belonging Lead	Mar 2027

2.6 Review business case for AccessAble and make decision on potential extension for years 4 and 5. If approved, commission inclusion of Keele Medical Practice and consider inclusion of Lawton House into surveyed premises. 2.6.1 Complete the AccessAble surveys and re-surveys.	4	2	Should	Inclusion and Belonging Lead	Nov 2026
2.7 Support inclusive talent management and career development / progression for all through promotion of career development workshops and career conversations. This offer to be specifically targeted to staff with diverse characteristics, with a focus on race and disability, and encouraging take-up of coaching and mentoring by colleagues with diverse characteristics. 2.7.1 Monitor career workshop, mentoring and coaching participation by ethnicity, disability, band and service, and agree actions where take-up is low.	4	1 & 2	Should	OD Talent Lead	Mar 2027
2.8 All executive directors to agree and deliver against personal and Directorate EDI objectives in 2026–27. 2.8.1 Each Executive Director to set one measurable Directorate EDI objective linked to WRES/WDES disparities and report progress quarterly.	1–4	1–4	Must	CEO/ Execs	Oct 2026
2.9 ~~Introduce and~~ Embed an HR / EDI dashboard for all services and Directorates, with monthly, quarterly and annual monitoring and RAG rating of good / poor performance. The dashboard should support identification of issues, ownership, prioritisation of action and progress monitoring in each service, including workforce ethnicity, LGB+ and disability profile, senior leadership representation, diversity in shortlisted candidates, WRES / WDES and LGBT+ recruitment scores by service, and bullying and harassment rates from line managers and colleagues. 2.9.1 From Q3 2026/27, use the HR / EDI Dashboard quarterly to identify each Directorate's top three inequality risks, assign owners and track actions to closure.	2 & 3	2 & 3	Should	CIO with Inclusion and Belonging Lead	Ongoing
2.10 Publish and monitor annual Ethnicity, Disability and Gender Pay Gap reports, with data to end March 2026 and targeted action plans to address findings.	1	2	Must	Inclusion and Belonging Lead	Ongoing

2.10.1 Publish Ethnicity, Disability and Gender Pay Gap reports with separate action plans linked to recruitment, progression, development and retention.					
3. To progress our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones including:					
3.1 Development and delivery of a targeted high-profile and impactful communications plan around anti-racist and anti-discriminatory approach, including refreshed posters and promotional campaign. To include anti-abuse messaging in conjunction with Craig Stone work. 3.1.1 Deliver a campaign on racism, disability discrimination, HBA and reporting routes, and evaluate reach and engagement by staff group.	4	1–4	Should	Comms Team with Inclusion and Belonging Lead	Mar 2027
3.2 Share outcomes and take meaningful action from learning emerging from staff speaking up reviews, including FTSU and Dear Buki. 3.2.1 Triangulate FTSU, Dear Buki, Integrated Learning Review and WRES/WDES themes quarterly, publish learning themes, and assign owners for agreed actions.	4	2 & 3	Must	AD OD	Mar 2027
3.3 Review application of Trust Disciplinary Procedure and Trust Supporting Staff to Improve Performance Procedure through case review, taking a critical race and disability perspective. Propose and implement changes to debias process based on findings. 3.3.1 Complete quarterly equality reviews of disciplinary, capability and performance cases by ethnicity, disability, band, staff group and service.	4	1 & 3	Should	People Ops Lead / People Ops Team	Mar 2027
3.4 Begin work to review and debias access to Flexible Working and Flexible Retirement with an EDI lens. 3.4.1 Review flexible working and retirement requests, approvals and refusals by ethnicity, disability, gender, band and service, and address identified barriers.	4	1 & 3	Should	People Ops Lead	Mar 2027
3.5 Review Workplace Adjustments and Access to Work process to eliminate delays and barriers to support for differently abled colleagues. Ensure all job applicants are aware of the Trust's approach to supporting differently abled colleagues and workplace adjustments. Share guidance and raise awareness of the 'This is Me' Health Passport. Consider implementing a timeframe for all	4	3	Could	People Ops Lead and HRBPs	Jan 2027

new staff to discuss the 'This is Me' Health Passport with their line manager within an agreed number of weeks of commencing work. 3.5.1 Implement a reasonable adjustments standard with target response times, escalation routes and a follow-up check to confirm effectiveness.					
3.6 Continue to embed EDI as everyone's responsibility, core to Trust and NHS values. 3.6.1 Include WRES/WDES data in team conversations and leadership reviews, with managers agreeing one local action where disparities are identified.	4	1–4	Should	Inclusion and Belonging Lead	Mar 2027
3.7 Continue to encourage and support a culture of inclusion, openness, authenticity and psychological safety at work through development of the Trust as a great place to work for all and celebration of diverse talent. 3.7.1 From Q3 2026/27, identify teams with higher HBA, discrimination, presenteeism or lower feeling-valued scores, and provide targeted culture improvement support.	4	3	Should	OD & Inclusion Team	Ongoing
3.8 People Ops Team to proactively seek to review protected characteristics at the outset of all employee relations processes and gain agreement for these to be updated where applicable. 3.8.1 Add mandatory equality prompts at the start and closure of each employee relations case to check protected characteristics, adjustments and support needs.	2	1 & 3	Should	People Ops Lead / People Ops Team	Jan 2027
Educate for Inclusion					
4.1 Shift focus away from positive action development programmes and towards ensuring equitable access / positive skew for take-up of development and leadership development opportunities for diverse talent. Development programmes should focus on creating an inclusive working environment, educating the wider workforce for deeper understanding of inclusion and the lived experience of minoritised groups. All Trust leadership offers should include a core inclusion component geared to the audience level of responsibility.	4	1–4	Should	OD & Inclusion Team / Service Managers	Ongoing

4.1.1 From Q3 2026/27, include inclusive recruitment, reasonable adjustments, anti-racism, disability inclusion and psychological safety in all relevant leadership offers.					
4.2 Programme of education around responding effectively to incidents of abuse, discrimination and incivility, understanding race and racism, including the need for active bystander / upstander response and the mechanisms available for reporting and addressing such behaviours. 4.2.1 Develop scenario-based learning on racism, disability discrimination, HBA, incivility, reasonable adjustments and speaking up, using WRES/WDES themes.	4	1–4	Could	TBC	TBC
4.3 Deliver an Executive development session on learning from NHS discrimination cases and setting EDI objectives. 4.3.1 Include 2026 WRES/WDES findings in the Executive development session and agree Directorate-level actions for priority disparities.	3–4	1–4	Should	AD OD & Inclusion and Belonging Lead	Feb 2027
4.4 Trust Leadership Academy inclusion-themed session. 4.4.1 Use Leadership Academy sessions to build capability in interpreting WRES/WDES data and converting insight into measurable local action.	3–4	1–4	Should	TBC	Ongoing
4.5 Programme of activities to celebrate and educate around inclusion, following the national / international awareness calendar, and linking to Newsround, Exec Exchange, Combined TV, podcasts, Inclusion School, Trust / system conferences and other communications opportunities.	3–4	1–4	Should	Staff Network Leads with Inclusion and Belonging Lead	Ongoing
Race Inclusion:					
18 July – 17 August 2026					
September 2026					
October 2026					
1–7 February 2027					
Disability Inclusion:					
12 Nov – 18 Dec 2026					
16 -22 Mar/April 2026 & 2027					
LGBT+ Inclusion:					

February 2027	LGBT+ History Month					
June 2026	Pride Month					
Gender Equality:						
8 March 2027	International Women's Day					
4.5.1 From Q3 2026/27, link each inclusion awareness campaign to one practical improvement ask, such as disclosure, adjustments, reporting or staff network engagement.						
4.6 Build on investment in established programmes, including the HPMA Anti-Racist Leadership Programme, WRES Champions and Reciprocal Mentoring. This may involve enlisting these individuals to support the design and delivery of planned interventions. 4.6.1 Establish a delivery group with WRES Champions, Reciprocal Mentoring alumni, staff network representatives and disabled staff voices to co-design interventions.		1–4	1–4	Could	TBC	Mar 2027

Equality Objectives 2026-28 and EDI Goals 2026-27

The numbers in columns 2 and 3 in the table above relate to the below.

Our Inclusion and Belonging Strategic Plan Equality Objective Priorities 25-28

1. Deliver overall continuous improvement in our actual and benchmarked performance on our Equality, Diversity and Inclusion Core Annual Responsibilities (see Appendix 2) to become and sustain our position as one of the best NHS employers in relation to a range of workforce race, disability, LGBT+ and gender inclusion measures, supported by an effective accountability and monitoring framework for leaders at service level and above.
2. Make demonstrable progress in significantly reducing health inequalities for our local population, including removing barriers to equitable access, experience and outcomes through all our services and demonstrating improved health outcomes, as measured by a range of patient/service user metrics.
3. Advance our position as a leading inclusive organisation by improving service user and staff experience and outcomes on a wide range of inclusion measures, including across key protected characteristics groups.
4. Deliver on our ambition to truly become an inclusive, anti-racist and anti-discriminatory organisation by 2028.

Our Inclusion and Belonging Priorities for 2026/27

1. Debiasing our Trust recruitment processes - leading to greater representation and parity and more inclusive talent management.
2. Reducing health inequalities for our service users and staff - leading to measurable reduction in gaps in access (focus on access in year 1, experience yr 2, outcomes yr 3).
3. 'High visibility' focus around anti-discriminatory approach.
4. Educating for inclusion.