



University Hospitals Birmingham
NHS Foundation Trust

Workforce Race Equality Standard Report 2025

University Hospitals Birmingham
NHS Foundation Trust



Table of contents

Summary of Findings	Page 3
Introduction	Page 4
Findings by Indicator 1-9	Page 5
Indicators 1-9 in summary	Page 15
Work we have delivered	Page 16
Work we will deliver	Page 23
Action plan 2025 -2026	Page 24
Conclusion	Page 30
Appendix 1 - 2025 Performance compared with previous years' performance	Page 30
Appendix 2 – Ethnicity by banding	Page 32

Summary of Findings

Indicator 1: Representation



Representation of ethnic minority staff across all bands has increased to **43.67%** the highest to date. Last year, it was 40.37%,

Indicator 4: Training



Ethnic minority staff continue to be more likely to access non-mandatory training (**0.92**) than white staff, compared to 0.87 last year.

Indicator 9: Board Representation



Ethnic minority representation at board level has increased to **36%** from 29% last year.

Indicator 3: Disciplinary



The relative likelihood of ethnic minority staff entering the formal disciplinary process has reduced to 1.23 from **1.26**.

Indicator 5: Harassment



Ethnic minority staff reporting bullying or harassment from patients, relatives, or the public is **23.87%**, remaining relatively consistent with last year's figure of 23.63%

Indicator 6: Harassment from staff

28%

Ethnic minority staff reporting harassment from staff has decreased to **28.27%** from 29.66% last year.

Indicator 7: Career Progression



Slight increase to 43.78% from **43.23%** of ethnic minority staff reporting equal opportunities for career progression.

Indicator 2: Shortlisting



White staff are **1.69** times more likely to be recruited from shortlisting compared to ethnic minority staff. This has increased from 1.58 last year.

Indicator 8: Discrimination

Ethnic minority staff reported discrimination from managers or colleagues at a rate of **17.66%**, compared to 8.32% of white staff. This represents a gap of 9.34% - an increase when compared to last year's gap of 8.53%.

Introduction

NHS England oversees and maintains two national workforce equality data collections that promote equality of career opportunities and fairer treatment in the workplace. Providing an annual report for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) is a requirement for NHS commissioners and NHS healthcare providers through the NHS Standard Contract. The WRES is a collection of 9 indicators that focus on ensuring ethnic minority staff have equal access to career opportunities and experience fair treatment in the workplace. The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of disabled and non-disabled staff.

In addition to these mandated reports, University Hospitals Birmingham NHS Foundation Trust (UHB) has also produced a Workforce Women's Equality Standard (WWES) report for the first time in 2025. This explores the experiences of women and men across the Trust, using a framework similar to both the WRES and WDES.

This WRES Annual Report uses data from the Electronic Staff Record (ESR), NHS Jobs, and the National Staff Survey (NSS), with a focus on workforce representation and the lived experiences of ethnic minority staff. Due to variations in data sources, some terminology may differ, but for consistency, this report refers to staff from ethnic minority backgrounds in alignment with the terminology used in the NHS England (NHSE) Workforce Race Equality Standard (WRES) report. Where possible, the snapshot date for data is 31 March 2025. Data for the 2024 NSS is captured in October and November 2024 and reported to the Trust in March 2025.

Baseline data and analysis serve as vital tools to monitor progress and highlight areas for improvement. This year, the Trust has adopted a more localised approach to WRES by introducing site-level data reviews in collaboration with Hospital Executive Directors and their senior leadership teams. This site-led structure uses tailored action plans that address local challenges and drives measurable improvements across the WRES indicators, ultimately strengthening the Trust's overall performance and commitment to racial equity.

This report provides an update on the WRES Indicators as required by the NHS Standard Contract. It details the data the Trust is required to provide for each of the metrics, and shares analysis and actions to be taken. The report describes a targeted series of activities undertaken throughout the year aimed at improving performance against the indicators and sets out the Trust's plan to demonstrate continued commitment and progress throughout 2025 and 2026.

This report is focused on ethnicity but recognises that we may face multiple and simultaneous forms of discrimination based on the multiple features that make up our unique identities and that this can intensify our workplace experiences. For this reason, we take an intersectional approach to the way we analyse and respond to the findings of the WDES, WRES and WWES. Some actions in response to harassment, bullying and abuse for example, which apply to ethnicity, disability, and sex, are duplicated in our action plans to encourage greater intersectional thinking and practice. For example, if a staff member is a woman of an ethnic minority background, with dyslexia, then their challenge in relation to career progression is likely to be multifaceted.

Findings by Indicators 1-9

The 2025 WRES has shown steady improvement across several key indicators. Whilst not every area has improved, this year marks a stabilisation in outcomes with signs of progress, particularly in workforce representation, board-level diversity, and perceptions of equal opportunity. Where indicators have not improved, such as recruitment from shortlisting and entry into the formal disciplinary process, results have remained consistent with last year.

This marks a shift from previous years, where variation was more common across sites and staff groups. This year, for the first time, the representation gap between our ethnic minority workforce and Board membership has narrowed significantly. There has also been a steady improvement in the proportion of ethnic minority staff reporting equal access to career progression.

When compared to other Trusts within the Birmingham and Solihull Integrated Care System (ICS), UHB remains one of the stronger performing organisations across several WRES indicators. Furthermore, when compared to NHS England's review of 2024 reports from all NHS Trusts, UHB performs better than the national average with:

- a higher proportion of ethnic minority staff in the workforce (43.67% vs. 28.6% nationally)
- improved outcomes in disciplinary processes, with the likelihood of ethnic minority staff entering formal procedures reducing year-on-year.

However, 17.66% of ethnic minority staff at UHB reported experiencing discrimination from either managers or colleagues, which is higher than the national average of 15.72%, and more than twice the rate recorded for white staff (8.32%). Furthermore, the relative likelihood of white applicants being appointed from shortlisting at UHB is 1.69. This figure aligns closely with national trends, with approximately 80% of NHS trusts reporting comparable disparities.

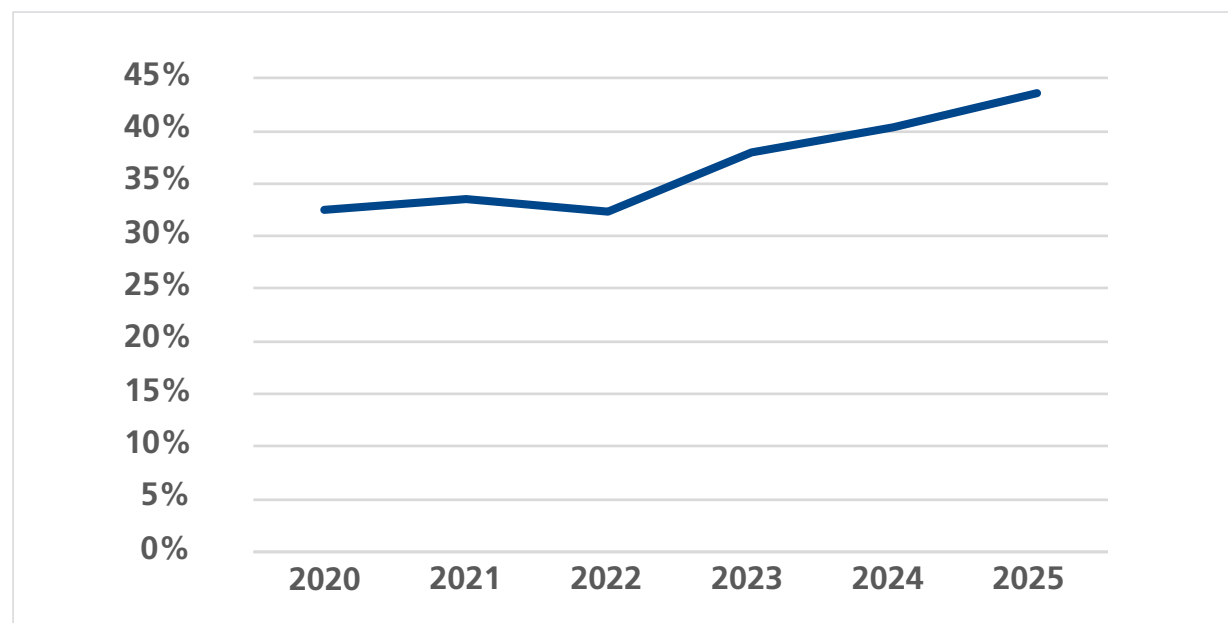
Progress made against aims set out in the 2024 WRES report:

- We are scaling up the Fair Recruitment Expert programme to embed equity into senior-level recruitment panels.
- Ethnic minority staff have reported improved perceptions regarding equal opportunities for career advancement.
- The percentage gap between Board and workforce representation for ethnic minority staff has reduced year-on-year, reaching its lowest level to date.
- Site-level WRES reports have enabled more localised action planning and accountability, with early results showing improved engagement from leadership and staff networks.

There are still disparities between ethnic minority and white staff, but several key indicators show signs of improvement. The actions in this report aim to accelerate this progress over the next 12 months. The following analysis replaces previous years' data, highlighting key findings for 2025. Full data sets from 2020 to 2025 are provided in Appendix 1.

Indicator 1: Ethnic Minority Representation

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.



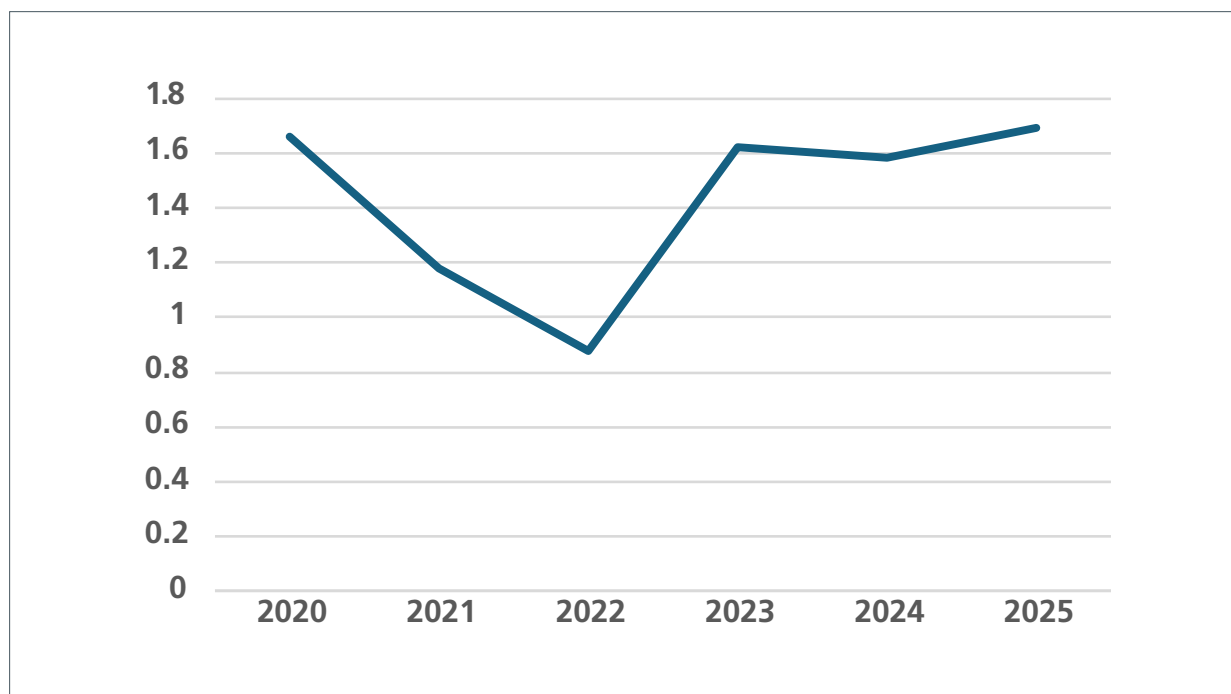
2020	2021	2022	2023	2024	2025
32.50%	33.52%	32.40%	37.90%	40.37%	43.67%

Ethnic minority representation across the Trust reached 43.67% in 2025, rising from 40.37% in 2024. This marks the highest level to date and reflects progress towards building a more inclusive and representative workforce across all staff groups. Higher percentages in this context indicates improvement, showing greater representation of ethnic minority staff across the organisation.

However, workforce data continues to show disproportionate representation at senior pay bands, particularly from Band 7 upwards. While Band 9 shows a higher percentage (14.3%), this is reflective of a small overall number of staff at that level. Bands 8a to 8d show a clear disparity in ethnic minority representation, with only 5.4% at Band 8d. These trends reinforce the need for targeted actions to improve progression pathways, increase sponsorship, and to ensure diverse talent is nurtured to enable progression to more senior roles.

The Trust is conducting a more detailed analysis by ethnic subgroups to identify those groups most disproportionately affected. Early findings show notable underrepresentation among Black, Bangladeshi, and Mixed ethnic staff in senior roles. This data-led approach will guide future actions around leadership development and equitable access to progression opportunities, ensuring that diverse talent is not only recruited but retained and supported to thrive at every level.

A breakdown by percentage of ethnicity minority staff in each of the AfC Bands 1-9, Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce is available in Appendix 2.

Indicator 2: Shortlisting**■** *Relative likelihood of staff being appointed from shortlisting across all posts*

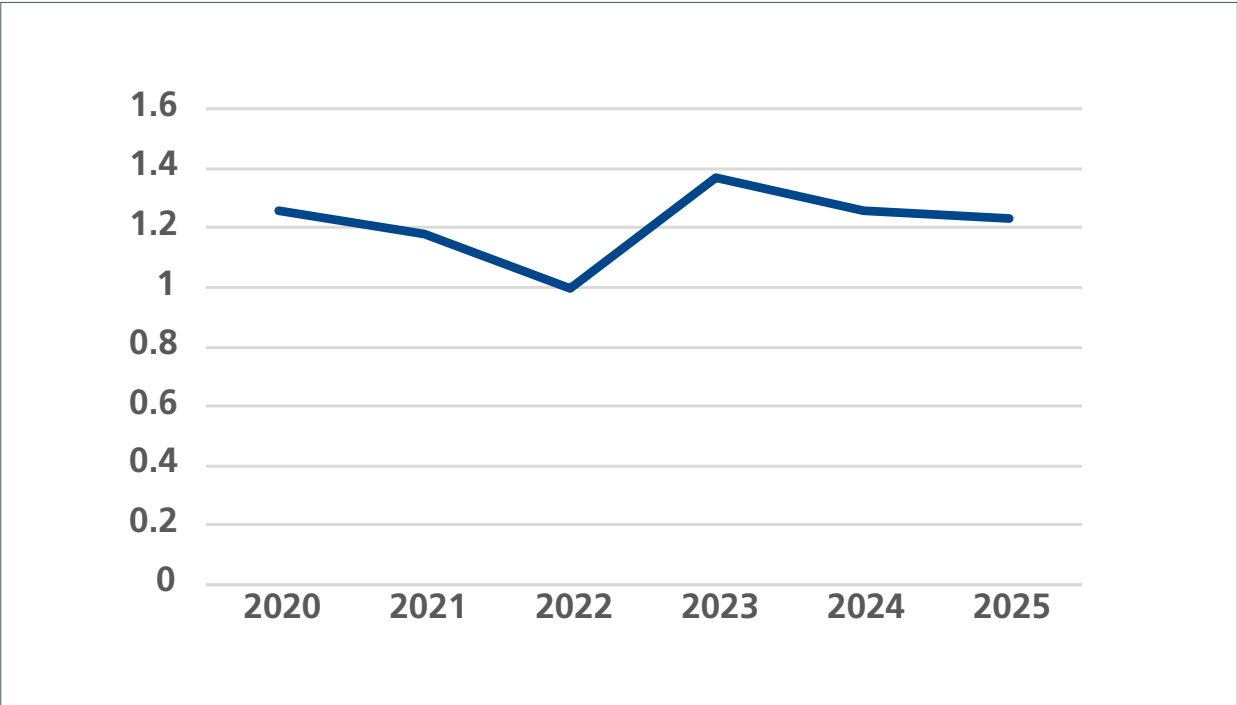
2020	2021	2022	2023	2024	2025
1.66	1.18	0.88	1.62	1.58	1.69

This metric uses data taken from NHS Jobs showing the relative likelihood of white applicants compared to ethnic minority applicants being appointed from shortlisting across all posts. A figure above 1 would indicate that white candidates are more likely than ethnic minority candidates to be appointed from shortlisting.

28,550 candidates were shortlisted across all roles at UHB from April 2024 to March 2025, of which 19,692 identified as being from an ethnic minority background. 2,975 ethnic minority candidates were appointed during this period, compared to 2,078 white candidates. An analysis indicates that white applicants were 1.69 times more likely to be appointed from shortlisting than ethnic minority applicants. This is an increase from 1.58 in 2024 and represents the highest level recorded since 2020.

Indicator 3: Disciplinary

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.



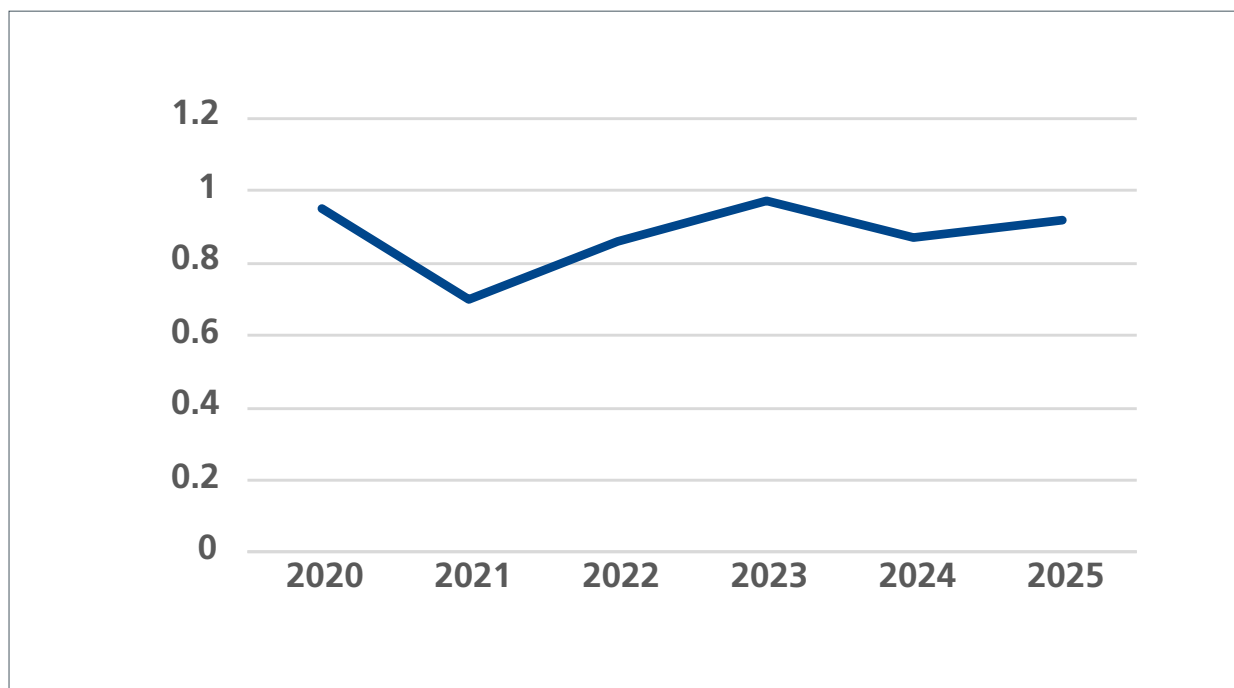
2020	2021	2022	2023	2024	2025
1.26	1.18	1.00	1.37	1.26	1.23

Indicator 3 shows the relative likelihood of ethnic minority staff compared to white staff entering the formal disciplinary process, based on a two-year rolling average. A figure above 1 means ethnic minority staff are more likely to enter the process. This year, the relative likelihood was 1.23, an improvement from 1.26 in 2024.

Of the 142 staff involved in a disciplinary case, 66 were from an ethnic minority background (46.48%), 62 were white (43.66%), and 14 were unknown (9.86%). The proportion of ethnic minority staff involved in disciplinary cases is higher than their overall representation in the workforce (43%). While the difference is modest, it highlights the continued need to ensure that disciplinary processes are applied fairly, consistently, and without bias across all staff groups. In addition, work is required to improve data transparency so we can reduce unknown data.

Indicator 4: Training

■ *Relative likelihood of staff accessing non-mandatory training and CPD.*



2020	2021	2022	2023	2024	2025
0.95	0.70	0.86	0.97	0.87	0.92

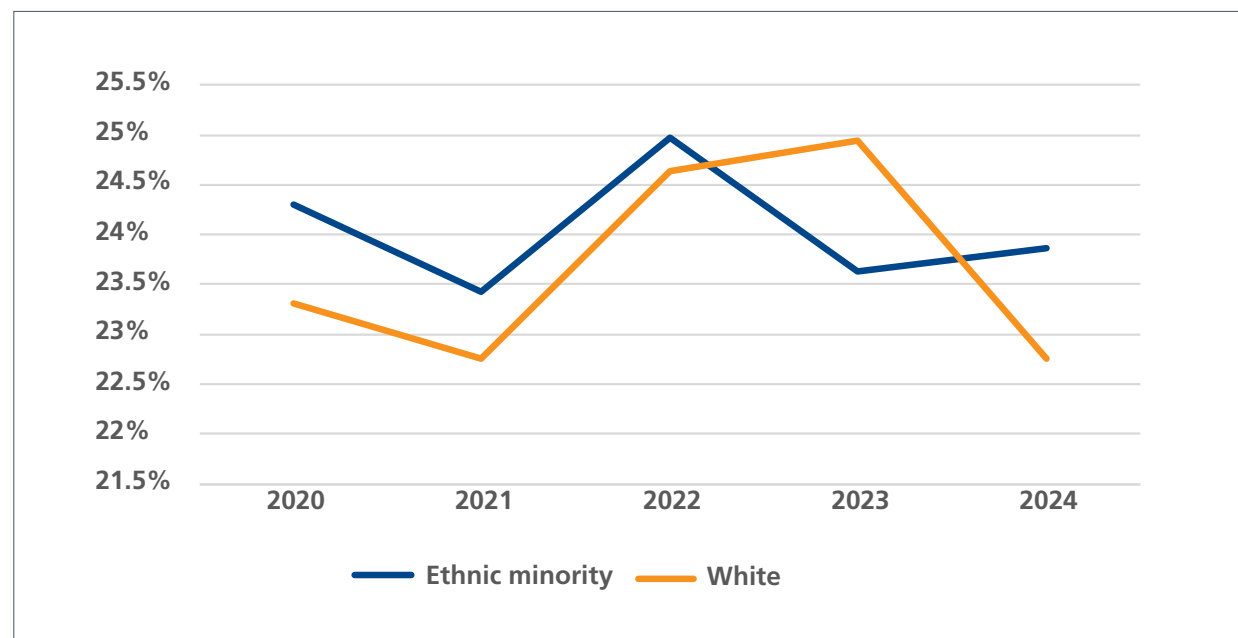
A figure below 1 would indicate that white staff are less likely to access non-mandatory training and CPD than ethnic minority staff.

The relative likelihood of white staff accessing non-mandatory training and CPD compared to ethnic minority staff was 0.92, meaning ethnic minority staff were slightly more likely to access these opportunities. This continues a positive trend in recent years, with the likelihood remaining close to an equal level since 2022.

Whilst the disparity is small, we remain focused on ensuring equitable and accessible development opportunities for all staff. As part of this, we are developing new training resources, including modules that will be available on e-learning platforms, to support continuous learning across the workforce. These actions reflect our commitment to fostering a fair, inclusive, and accessible learning environment for everyone.

Indicator 5: Bullying and harassment from the public

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



	2020	2021	2022	2023	2024
Ethnic minority	24.30%	22.75%	24.97%	23.63%	23.87%
White	23.31%	22.42%	24.63%	24.94%	22.76%

Reports of harassment, bullying or abuse from patients or the public have continued to decline for both white and ethnic minority staff.

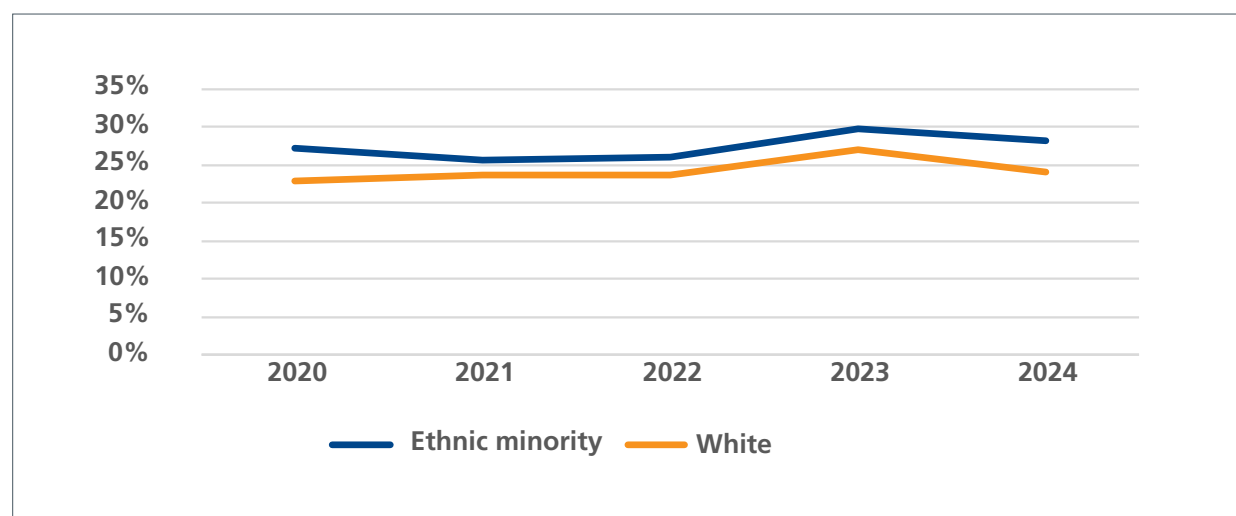
23.87% of ethnic minority staff and 22.76% of white staff reported such experiences, compared to 23.63% and 24.94% respectively in 2023. This has remained relatively consistent for ethnic minority staff and a decrease for white staff over the past year.

Ethnic minority staff have generally reported higher rates than white staff across this period, though the gap between the two groups has gradually narrowed. While the downward trend is encouraging, the persistent disparity highlights that ethnic minority staff continue to face greater challenges in this area.

To sustain momentum, we are expanding the rollout of anti-bullying and inclusion training, including the "How We Behave Matters" programme. This initiative aims to promote respectful behaviours, enhance awareness, and reduce harassment incidents involving patients and the public.

Indicator 6: Bullying and harassment from staff

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



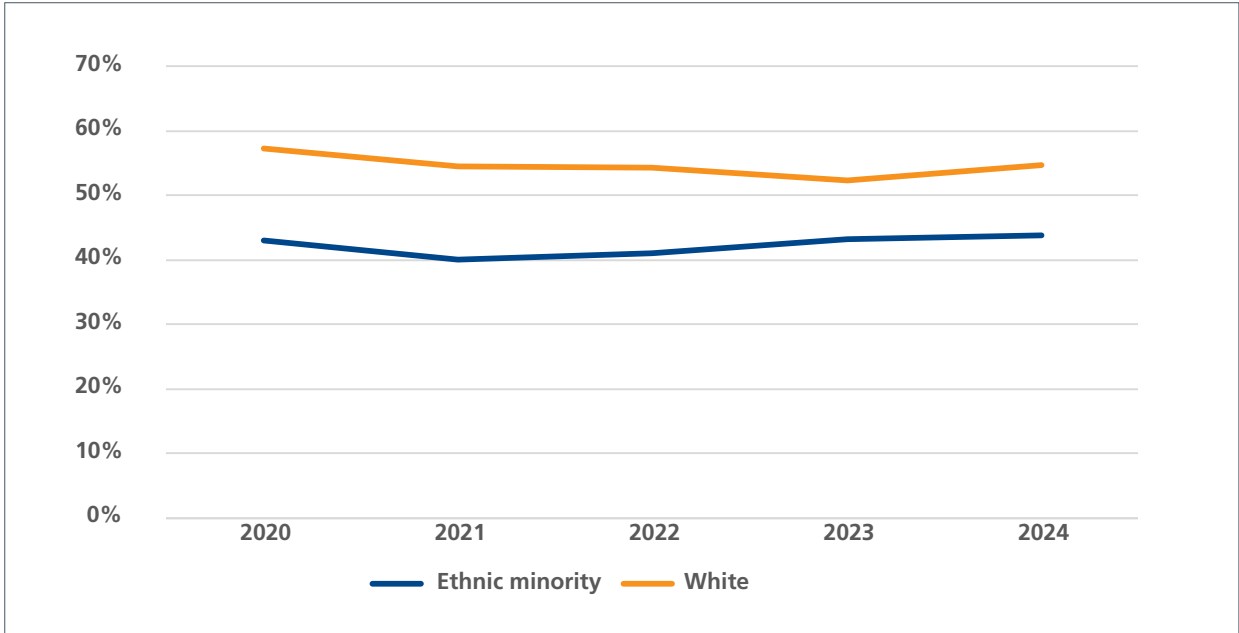
	2020	2021	2022	2023	2024
Ethnic minority	27.22%	25.69%	26.04%	29.66%	28.27%
White	23.97%	22.90%	23.75%	27.03%	24.08%

A total of 28.27% of ethnic minority staff reported experiencing harassment, bullying or abuse from other staff in 2025, compared to 24.08% of white staff. Although this marks a decline from 2023, the gap of over 4 percentage highlights an ongoing disparity between the two groups.

Indicator 6 data shows that between 2020 and 2024, ethnic minority staff have consistently reported higher rates than white staff. While both groups experienced a peak in 2023, 29.66% for ethnic minority staff and 27.03% for white staff, the gap has remained relatively consistent across the six-year period.

Indicator 7: Equal opportunities

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



	2020	2021	2022	2023	2024
Ethnic minority	42.94%	40.09%	41.11%	43.23%	43.78%
White	57.31%	54.55%	55.34%	52.29%	54.75%

A total of 43.78% of ethnic minority staff felt they had equal opportunities for career progression and promotion, compared to 54.75% of white staff. Higher percentages in this indicator reflect greater confidence and improved perceptions of fairness in development and promotion processes.

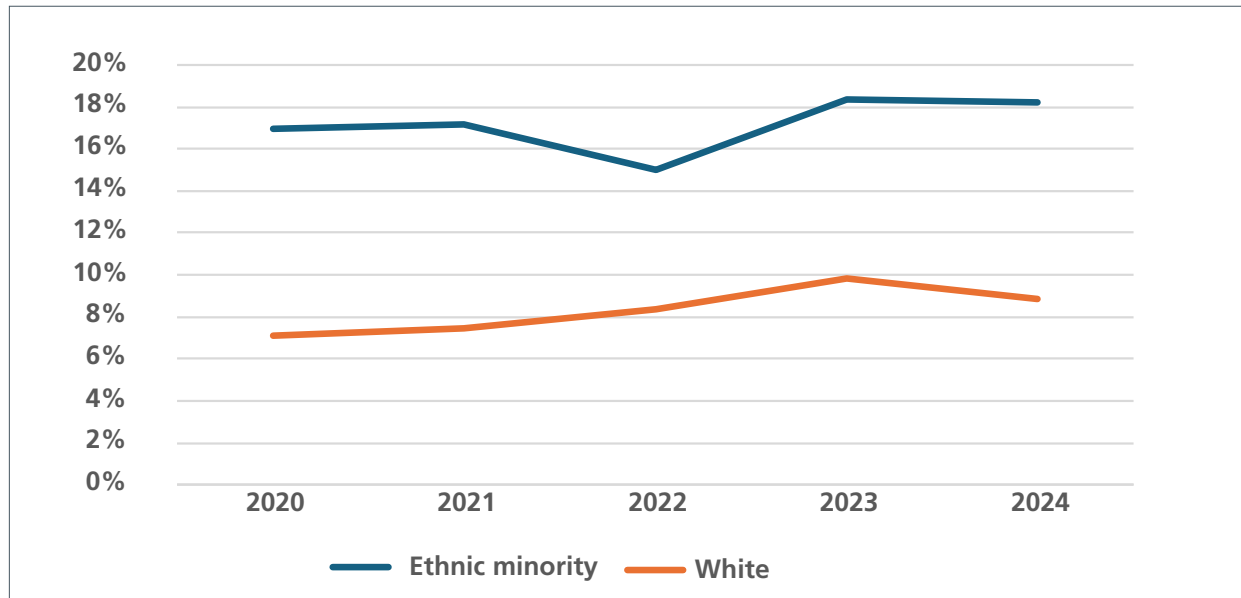
Indicator 7 highlights a consistent disparity in perceptions between ethnic minority and white staff from 2020 to 2024. While both groups have seen some fluctuation over the years, the gap has remained largely unchanged. Encouragingly, the proportion of ethnic minority staff reporting equal opportunities has increased gradually since 2022, rising from 40.09% to 43.78%, indicating a small but positive shift in confidence.

The persistent difference in perception reflects a broader issue in how career development is experienced across different ethnic groups. Addressing this requires more than access to training. There must be a stronger connection between development opportunities and visible progression into more senior roles. Building confidence among ethnic minority staff in these processes requires that professional development ultimately results in progression and promotion. This is also key to improving representation of ethnic minority staff at higher bands, which in turn, will drive trust and aspiration across the organisation.

Progress depends not only on access to opportunities but on demonstrating that those opportunities result in positive outcomes. A more intentional approach to tracking how development translates into career progression will help build trust and close the perception gap.

Indicator 8: Discrimination

Percentage of ethnic minority staff compared to white staff who have personally experienced discrimination at work from a manager/team leader or other colleague in the last 12 months.



	2020	2021	2022	2023	2024
Ethnic Minority	16.40%	16.60%	15.27%	17.83%	17.66%
White	6.57%	6.87%	7.84%	9.30%	8.32%

A total of 17.66% of ethnic minority staff reported experiencing discrimination from managers, team leaders or colleagues, compared to 8.32% of white staff. This gap (9.34%) is an increase when compared to 2023 data (8.53%). Although slightly lower than the 2023 peak of 17.83%, the 2024 figure remains above pre-2022 levels and highlights a continued disparity in experience.

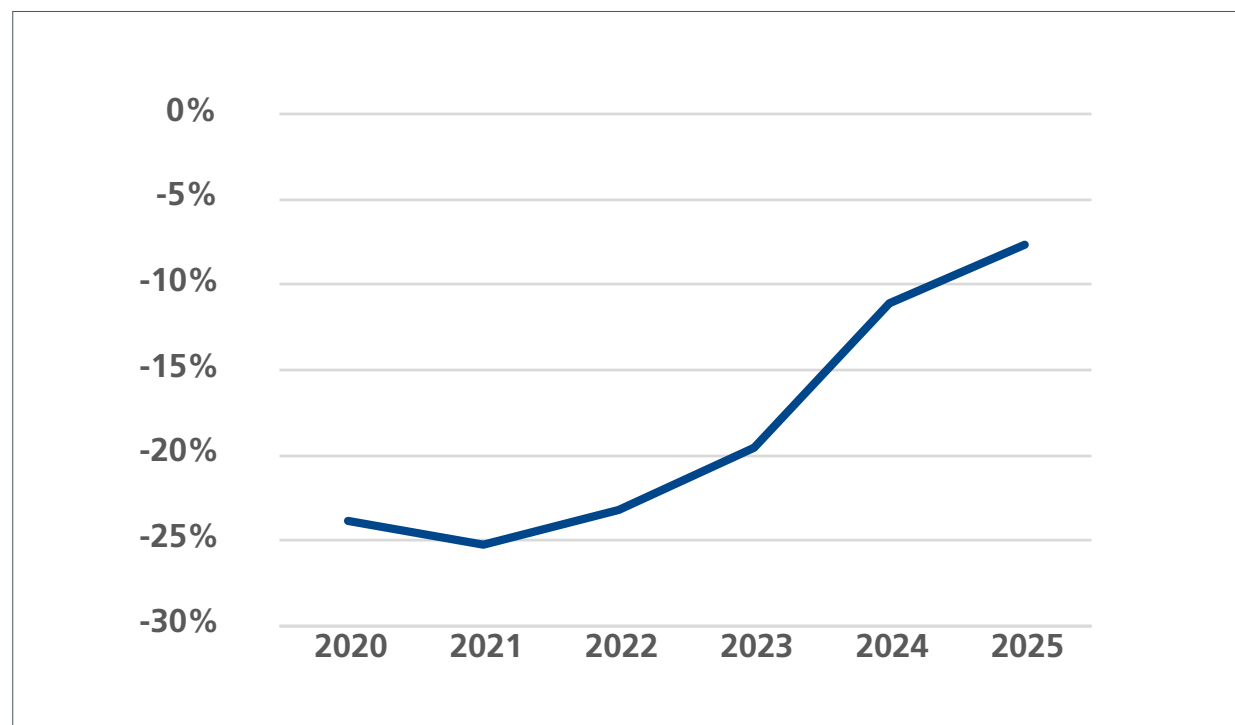
Indicator 8 shows a long-standing gap in reported experiences of discrimination between ethnic minority and white staff. To better understand this disparity, we will be looking more forensically at the data beyond the broad categorisation of ethnic minority. Furthermore, rather than analysing results under 'Asian' as a single group, we will examine the responses of Indian, Pakistani, Bangladeshi and other Asian staff separately. This will help us identify more specific patterns and variations that may be lost in aggregated reporting.

We will also explore trends by staff group, role, and site, where the data allows, to build a clearer picture of where challenges are most prominent. This deeper level of analysis will inform future areas of focus and engagement.

As we continue to foster a culture where staff feel safe reporting bullying, harassment, or discrimination, we recognise that reporting rates may stay steady or even increase - not as evidence of a deteriorating environment, but as a reflection of greater confidence in the system and a growing willingness to speak up. This combined approach of detailed data analysis and lived experience insight will support a more informed understanding of the issues and where further attention is needed.

Indicator 9: Board representation

Percentage difference between the Trust Board membership and its overall workforce. (% ethnic minority)¹



Ethnic minority representation at Board level has reached 36.00%, continuing an upward trend from 29.00% in 2024 and most certainly from 2023 where representation was at 12.00%. This sustained increase marks a positive step towards reflecting ethnic minority representation within senior leadership. However, only 38.89% of the Voting Board members are from an ethnic minority.

The table below shows the headcount and percentage of the total Board members, voting Board members and non-voting Board members.

Board	Headcount (%)			
	White	Ethnic Minority	Unknown	Grand Total
Total Board Members	14 (56.00%)	9 (36.00%)	2 (8.00%)	25 (100%)
Voting Board Members	9 (50.00%)	7 (38.89%)	2 (11.11%)	18 (100%)
Non-Voting Board members	5 (71.43%)	2 (28.57%)	0 (0%)	7 (100%)

Improving data transparency, particularly around unknown ethnicity, may affect the Board representation data.

¹ *The data presented in the table highlights the ethnicity representation gap. This is calculated by subtracting the percentage of ethnic minority total Board members (36.00%) from the percentage of ethnic minority overall workforce (43.67%). A positive value indicates overrepresentation, whereas a negative value (shown as a minus sign) indicates underrepresentation. This means ethnic minority staff constitute a smaller percentage of the total Board membership compared to the overall workforce

Indicators 1–9 Summary

The 2025 WRES data presents a picture of both progress and continued challenges. Encouraging developments are evident in workforce and Board representation, with ethnic minority staff now comprising 43.67% of the Trust workforce—its highest level to date. Board diversity has also advanced for the second consecutive year in a row, with ethnic minority voting membership rising to 38.89%. Ethnic minority staff continue to be more likely to access non-mandatory training than white staff.

There have been some improvements in the number of ethnic minority staff entering the formal disciplinary process and in reporting harassment. Perceptions of equal opportunities for career progression are also on the rise, with the gap between the views of white and ethnic minority staff gradually narrowing.

Nonetheless, white applicants remain 1.69 times more likely to be appointed following shortlisting, highlighting ongoing challenges in achieving equitable recruitment outcomes. Additionally, disparities in experiences of bullying and discrimination endure, with 17.66% of ethnic minority staff reporting discriminatory treatment from colleagues or managers—more than double the rate among white staff, at 8.32%.

This report outlines areas of significant progress alongside those requiring further, intervention. Tackling existing inequalities remains essential to fostering an inclusive culture in which ethnic minority staff feel respected, supported, and are treated fairly in their daily work. Looking ahead, maintaining momentum depends on continued commitment to inclusive leadership, strengthened local accountability, and elevating the voices of staff.

Work We Have Delivered

The 2025 WRES report shows some consistent progress, and some continuing positive trends from previous years. These improvements demonstrate the impact of targeted interventions and actions set out in the 2024 WRES. Updates on these actions are provided below.

As part of our commitment to becoming an anti-racist organisation, we are strengthening local accountability and embedding data-led actions across the Trust. Local WRES reports have been created for each hospital site, highlighting disparities in staff experience, which are now being addressed through tailored action plans. Executive Directors have reviewed ethnicity-specific data and are expected to lead responsive action planning, with progress monitored through the Culture & Inclusion Performance Group. We are working in partnership with Birmingham and Solihull ICB as part of the Race Code and have embedded anti-racist leadership principles into upcoming Board Development sessions. Our efforts also include tackling bullying through targeted engagement events, increasing fairness in recruitment through the Fair Recruitment Experts (FRE) programme, and improving leadership diversity through development pathways for ethnic minority staff. These coordinated actions signal our transition from passive intent to active allyship and inclusive leadership.

Representation

Anti-Racist Organisation

We have published a formal Anti-Racist Organisation Statement, making clear that “racism is unacceptable and has no place in health and care.” This statement is underpinned by a commitment to increase senior-level diversity and address structural racism directly.

As part of our commitment to becoming an anti-racist organisation, we are enhancing local accountability and integrating data-driven interventions across the Trust. Site-specific WRES reports have been developed to identify disparities in staff experience, now being addressed through tailored action plans. Site Executive Directors have analysed ethnicity-related data and are leading targeted responses, with progress tracked by the Culture & Inclusion Performance Group. In collaboration with Birmingham and Solihull ICB, we are actively engaged with the Race Equality Code and embedding anti-racist leadership principles into forthcoming Board Development sessions. Our broader efforts include tackling bullying through focused engagement activities, promoting fair recruitment via the Fair Recruitment Experts (FRE) programme, and increasing leadership diversity through dedicated development pathways for ethnic minority staff.

Staff with a Visa

Through a collaborative initiative between the Inclusion and Talent teams, the Trust has introduced a comprehensive support and care package for colleagues whose visas are due to expire. In light of recent changes to government visa policies, the steering group has been re-established to ensure a coordinated and compassionate approach. Practical guidance and resources have been made available via the staff intranet, making it easier for colleagues to access the support they need. These efforts underscore our continued commitment to equity and staff wellbeing, with a particular focus on assisting internationally recruited staff in navigating complex immigration processes

Internationally Trained Staff

We know that some of our ethnic minority staff are internationally trained. Data has been gathered to determine whether international recruitment has impacted on indicator 1 of WRES.

The data analysis shows that from 2022-2024, specific staff groups (AHP's Midwives and Nurses) were part of planned international recruitment. The table below shows these combined staff groups, split by 'ethnic minority', 'non-stated' and 'white' which reflect the ESR data options.

When considering the internationally trained staff data the following needs to be considered:

- defining internationally trained staff is complex
- "internationally trained staff" does not equate to "ethnic minority"
- currently we are not able to access data on internationally trained staff who have previously worked in other NHS organisations before joining UHB
- currently we cannot search or filter data on ESR by "internationally trained staff" or "international recruits" so more in-depth data is hard to provide
- most of the planned international recruitment was conducted through external recruitment agencies, therefore the WRES metric looking at the relative likelihood of appointment does not include international recruits
- the data we can access refers to planned "international recruitment" where we have intentionally looked to recruit to specific roles from international candidates
 - ▶ a staff group role living abroad who applies through our normal vacancies would not be included

Year	Ethnic Minority	Not Stated	White	Grand Total	Int. Recruits	% of this staff group who are Int. Recruits
2022	2889	227	5209	8325	347	4.17%
2023	3056	413	4643	8112	421	5.19%
2024	3776	468	4588	8832	49	0.55%

There is no mechanism in place on ESR to directly identify these staff members, which limits our ability to quantify the current presence within the WRES data. However, we are actively collaborating with the REACH staff network to engage with internationally trained staff, ensuring their experiences are understood and used to inform support measures where needed.

Recruitment

Fair Recruitment Experts (FREs)

Fair Recruitment Experts (FREs) are a specially trained group who support recruitment panels to ensure fairness and consistency in decision-making. As part of a joint initiative with the wider People Directorate, one-to-one conversations were held with all previous FREs to understand

their capacity and interest in continuing. This has resulted in a highly skilled and focused cohort, positioned to help maintain momentum as this important programme evolves.

The FRE process is currently being redesigned, including the development of dedicated web pages and automated functionality to match FREs with suitable recruitment panels. These enhancements will support a more seamless and consistent experience as the programme scales.

From September 2025, FREs will be appointed to all Band 8A and above recruitment panels, supported by new training currently in development. Additional cohorts will be recruited throughout the year, with the aim of expanding the FRE pool to 100 experts by 2026.

Training Courses

Increasing awareness around race equality, bias, and inclusive leadership is vital to ensuring that staff have a positive and equitable experience at UHB. To support this, the Trust has developed and delivered a range of training initiatives:

- In May 2025, updated inclusion training went live and is now mandatory for all new starters and for existing staff who have been with the Trust for more than three years. Previously, inclusion training was only delivered as part of the corporate induction. This three-yearly refresher course includes content on race equality, unconscious bias, and active allyship. The training is accessible via Easy Learning and promoted through all-staff communications, with completion reminders and Trust wide monitoring of completion rates.
- "How We Behave Matters" is part of our 2025 Year of Leadership and focuses on inclusive behaviour, workplace culture and psychological safety, with a particular emphasis on supporting ethnic minority colleagues. Our ambition is to train all 4,000 people managers across UHB. Since Phase 2 began in April 2025, 1,016 leaders have completed the training, with seven more in-person workshops scheduled across our sites between now and September to support inclusive leadership and embed the Behavioural Framework in everyday practice.
- The Change Maker programme, co-designed with Wise Council members and piloted in August 2024, supports staff in identifying and challenging bias, recognising privilege, and building allyship across the Trust. To date, 107 Wise Council members have completed the programme.
- Allyship and Inclusive Leadership workshops are being developed for launch in late 2025. These sessions will focus on fostering inclusive leadership behaviours, understanding lived experiences, and embedding accountability at all levels of leadership.

Bullying, Harassment & Abuse

Staff Experiences

Ethnic minority staff are more likely to experience bullying, harassment or abuse from both colleagues and patients and the Trust is taking active steps to address this. Working alongside staff networks, we have delivered targeted listening sessions, refreshed manager toolkits, and improved access to reporting routes. The How We Behave Matters training, which is being delivered to more than 4,000 leaders, reinforces our expectations around inclusive behaviours and respectful workplace culture.

In addition, mandatory Equality, Diversity and Inclusion training ensures that all staff have a baseline understanding of their responsibilities, helping to embed inclusive practice across the Trust.

We continue to share regular updates with the Wise Council and wider teams, reinforcing our commitment to creating a fairer, more inclusive Trust. Our work includes key initiatives such as the anti-racism statement, the charter to end sexual harassment and misogyny, and the stop bullying campaign. In September 2024, we invited staff to consider how they could help translate these pledges into meaningful action. We are now engaging colleagues in ongoing dialogue to reflect on progress made and to identify further steps we can take.

Employee Relations (ER) Development Programme

As part of our culture and inclusion improvement programme on transformative practice, a series of focussed development days were arranged for the Employee Relations practitioners to support with the challenging case work they manage. The Chief People Officer agreed with the Hospital Executive Teams and the Board to withdraw all casework practitioners from practice for one day per month, for a 6-month focused development programme including a mix of training and case de-briefs. These sessions which took place between October 2024 and March 2025, covered key themes including empathy, race equity, sexual safety, and medical workforce challenges. Following positive feedback, the Trust is exploring how this offer can be developed into a regular part of the ER training programme, supporting more inclusive and informed decision-making across casework.

This work will form part of a wider response to ongoing concerns that ethnic minority staff continue to report higher levels of bullying and harassment incidents. The session aimed to build confidence and cultural awareness amongst ER professionals, ensuring that case handling is both fair and responsive.

Violence Prevention and Reduction Standard

The Trust continues to prioritise a safe and respectful working environment through its commitment to the national Violence Prevention and Reduction Standard. This includes a specific focus on harassment, abuse, and aggression experienced by staff, with attention given to the disproportionate impact on ethnic minority colleagues, as highlighted in Workforce Race Equality Standard (WRES) indicators.

An integrated, intersectional action plan has been developed to bring together workstreams that address violence, harassment, and discrimination. This includes alignment to the WRES, WDES, and WWES. The plan is informed by a range of internal data sources, such as RADAR reports and the National Staff Survey, and shaped through engagement with staff networks, including the REACH Network. Key priorities include improving local reporting pathways, strengthening support for managers, and providing accessible training resources. This includes mandatory DEI training introduced in 2025, which must be completed every three years.

The action plan is overseen by a dedicated steering group that meets regularly to review progress and identify areas for improvement. Site-level People and Culture groups are also supporting implementation by developing localised responses based on specific needs and feedback. This work forms part of a wider effort to embed preventative and inclusive practice across the Trust and responds directly to the experiences of ethnic minority staff.

Equal Opportunities

Possibilities Beyond Limits (PBL)

The UHB talent management framework is supplemented by the PBL Programme and Managers Handbook. PBL is a development programme designed by the Integrated Care System (ICS) and is open to colleagues at bands 6 and 7 who wish to progress to more senior roles. We have specifically advertised this program to our ethnic colleagues who we know are less represented at senior roles. Seven members of UHB staff have enrolled across 2 cohorts, with 2 from ethnic minority background, initial feedback has been very positive. The first cohort are currently working on their stretch assignments, which includes an assignment exploring how we can make it safe and meaningful for staff to speak up and raise concerns.

Pay Gaps

This year, the Trust is broadening its pay gap reporting to include ethnicity and disability alongside gender, reinforcing our commitment to an intersectional approach to equity. In response, a dedicated Pay Gap Steering Group was established to analyse the latest data (from May 2025) and to lead coordinated actions. This group plays a pivotal role to ensure that appropriate interventions are shaped by meaningful insights and align with our People objectives. By incorporating actions from pay gap plans into our governance, we will enhance transparency, strengthen accountability, and deliver measurable progress to closing our pay gaps.

Reciprocal Mentoring: Embedding Lived Experience in Leadership Learning

The Reciprocal Mentoring programme continues to support cultural development across the Trust. More than 484 colleagues have participated, with pairings bringing together staff from diverse backgrounds and roles. The approach fosters mutual understanding guided by lived experience and helps inform inclusive leadership. While the programme is open to all, there is a clear emphasis on amplifying the voices of ethnic minority colleagues, in line with the Trust's Anti-Racist Statement and commitment to building allyship.

Programmes like Reciprocal Mentoring strengthen meaningful channels through which ethnic minority staff can share their experiences with senior leaders—helping to shape strategic thinking, build allyship, and embed inclusion into everyday culture.

Engagement

Wise Council

We regularly review the membership of the Wise Council, which acts as an advisory group to the Culture and Inclusion Delivery Group. Our latest data showed that 31.94% of Wise Council members identify as being from an ethnic minority background which is lower than the overall workforce ethnic minority representation reported through ESR (43.67%). The Wise Council

continues to support senior leaders with lived experience insight and helps ensure inclusion work is guided by staff voice.

Race, Ethnicity and Cultural Heritage (REACH) Staff Network

The REACH Network continues to play a critical role in advancing race equality across the Trust. Open to all staff and allies, it provides a confidential, supportive space for colleagues to raise concerns and access peer-led support particularly around issues of bullying, harassment, and discrimination. Beyond its role in peer support, the network acts as a powerful catalyst for institutional change—ensuring that ethnic minority voices are not only heard but shape the future of a more equitable workplace.

The network provides vital advisory input into Trust policies and practices related to diversity, equity, and inclusion (DEI), including recruitment, training, and anti-racism initiatives. By drawing on staff feedback and lived experience, REACH helps hold the organisation accountable and collaborates with senior leaders to drive meaningful progress.

As a key driver of the Trust's inclusion agenda, the network delivers lived-experience insight directly to the Culture and Inclusion Delivery Group, chaired by the Chief Executive. The network actively contributes to Trust-wide campaigns and cultural celebrations such as Race Equality Week, South Asian Heritage Month, and Black History Month. The network has led initiatives such as recruiting Identity Representatives across departments and partnering with the Freedom to Speak Up team to host listening events that amplify staff voices. It has also shaped inclusive content for staff induction and leadership programmes, embedding equity into everyday practice.

Working alongside the Communications Team, the network enhances the visibility and representation of ethnic minority colleagues across both internal and external platforms. To build lasting impact, a co-produced Continuing Professional Development planner has been developed to support REACH Chairs (and Chairs of our other staff networks) in their two-year term - equipping them with leadership skills, support strategies, and a foundation for succession planning while linking them to national staff network communities.

Through advocacy, awareness-raising, and the celebration of cultural diversity, the REACH network fosters inclusive behaviours and contributes to wider discussions on race equality—further reinforcing the Trust's commitment to systemic change and inclusive leadership.

Equality Impact Assessment Process and Toolkit

The Trust's new Equality Impact Assessment procedure and toolkit was launched in May 2025, and includes a health inequalities assessment. This ensures that any changes to policy or process that impacts our staff, patients or visitors are considered through an inclusion lens and we will be able to clearly demonstrate that we have considered the impact on all groups, including those who are from an ethnic minority. This new process will help us to make more inclusive decisions as a Trust. The governance of this new process allows regular reviews, quality assurance and site-based reports to be produced.

It is essential that ethnic minority staff are key stakeholders in the work outlined in this report and are able to co-produce the approaches that we are taking, ensuring these interventions have the intended impact.

A strengthened governance model is in place to monitor the quality and consistency of EIAs through site-level reporting and quarterly review. This process supports the Trust's commitment to equity and inclusion and ensures race equity considerations are embedded into leadership decision-making. It also contributes to delivery of the WRES, particularly indicators focused on organisational culture and leadership accountability.

Partnerships

As part of our ambition to become a centre of excellence, UHB is increasingly being approached by other Trusts for guidance and to support the sharing and adoption of best practice. We are actively engaged in the Birmingham and Solihull Integrated Care System (BSOL ICS), aligning with regional priorities to advance workforce race equality and inclusion. Our contributions to system-wide initiatives focus on improving recruitment, career progression, and the overall experience of ethnic minority staff.

In addition, through our membership in the Shelford Group, UHB collaborates with other leading NHS providers to exchange insights and innovative approaches. This engagement helps shape our local strategies by connecting national equity discussions to our organisational context.

Race Equality Code Partnership

To advance leadership accountability and foster inclusive engagement across the organisation, the Trust is actively implementing the RACE Equality Code. This structured framework prompts leadership teams to assess their current approach to race equity and identify areas for improvement. A self-assessment process is underway, supported by external colleagues serving as critical friends who visited the Trust during July and August 2025. Their independent insights have been instrumental in shaping inclusive leadership priorities and deepening engagement with the lived experiences of our diverse workforce. While not a direct career progression tool, this work encourages more responsive leadership behaviours and governance practices that promote equitable access and opportunity. For ethnic minority staff, it offers visible assurance that their voices are being heard and acted on at senior levels, helping to foster psychological safety and trust in leadership. The Trust's continued engagement with the RACE Equality Code reflects a broader organisational commitment to listening, learning, and taking action to address the real-world experiences of ethnic minority staff, patients, and visitors. Through this partnership, the Board continues to evolve in its journey toward inclusive leadership and is actively pursuing the steps needed to become an anti-racist organisation.

Work We Will Deliver

The Trust has set its Inclusion objectives with clear milestones and measures which align to the priority ambition and strategic objectives of its People Priorities within the Trust strategy. The Trust's Inclusion objectives are aligned to the People Promise, The Trusts Behavioural Framework, Anti-Racist Organisation Statement, Sexual Safety Charter; WRES, WDES, WWES and the High Impact Areas of the NHS EDI Improvement Plan.



Action Plan 2025-2026

The table below outlines a set of interdependent actions the Trust will implement as part of a collaborative and inclusive approach. These actions have been co-produced through meaningful engagement with our Disability or Long-Term Health Condition and Neurodiversity staff networks, the Wise Council, Staff Side representatives, and colleagues from across the wider Trust. Each action will be regularly reviewed and adapted in response to real-time data and evolving needs.

Disabled staff remain at the heart of this work, actively shaping the design and delivery of interventions to ensure they are relevant, practical, and sustainable.

Theme (Indicators)	Aim	Action	Teams Responsible	Why are we doing this?	Timescale
Inclusion objective 1 - Increase Representation Indicator 1, 2	Increase ethnic minority representation at Bands 8A and above by 10% by end of 2026	Increase Fair Recruitment Experts (FRE) to 100 trained staff by 2026 with improved matching to Band 8A+ recruitment panels	Recruitment Inclusion	To identify disproportionality, to remove barriers to progression and ultimately improve representation of ethnic minority staff in senior roles.	April 2026
		Deep-dive Ethnicity Analysis: Conduct detailed analysis by ethnic subgroups to understand and pinpoint the greatest areas of disparity within senior pay bands, with a focus on Bands 7 to 8d.			
		Focus Groups and Lived Experience: Establish dedicated focus groups and listening sessions with ethnic minority staff to capture lived experiences of progression barriers. Use these insights to directly inform the design and delivery of leadership and development programmes, ensuring that interventions are shaped by those most affected.			
		Embed Race Equality Code principles into all FRE and panel training to align recruitment governance with national standards for race equity.			

Inclusion Objective 1 Increase Representation Indicator 2	To reduce the relative likelihood of white candidates being appointed over ethnic minority candidates from 1.69 to below 1.40 by April 2026, ensuring greater fairness and equity in recruitment outcomes.	Review recruitment outcomes by ethnicity, role, and band across all sites by December 2025, identifying hotspots of disparity.	Recruitment Inclusion	A ratio of 1.69 highlights a clear disadvantage for ethnic minority candidates in recruitment. Reducing this gap is key to ensuring fairer, more inclusive hiring and building a workforce that reflects our diverse communities.	April 2026
		Supporting site leadership teams to obtain quarterly diversity recruitment data to support local accountability.			
Inclusion Objective 4 Assess Impact Indicator 8	To reduce the disparity in reported experiences of discrimination between ethnic minority and white staff.	Lived Experience Focus Groups: Facilitate safe-space focus groups and listening events with ethnic minority staff to explore the root causes and real-life impact of discrimination. Insights gathered will inform future staff engagement, training, and organisational response.	Staff Networks Wise Council Inclusion Team	Ethnic minority staff consistently report higher levels of discrimination than white staff. Understanding the root causes through detailed data and lived experiences is essential to creating a fairer, safer workplace.	April 2026
		Network-Led Co-Development: Continue working in partnership with staff networks to co-develop learning, engagement events, and policy reviews that reflect lived realities and foster psychological safety.			
		Granular Data Analysis by Subgroup: Disaggregate staff survey data beyond the broad categorisation of "ethnic minority" (e.g. analysing Bangladeshi, Indian, Pakistani staff separately within 'Asian') to identify hidden trends and better understand which communities are most affected by discrimination.			
		Review accessibility of reporting routes for staff whose first language is not English – or ethnic minority staff who are neurodiverse – need to map all of the ways staff can report – find out if they are accessible for all or not.			

Inclusion Objective 1 – Increase Representation Indicator 3	To ensure disciplinary processes are applied fairly and proportionately across all ethnic groups, with no overrepresentation of ethnic minority staff in formal procedures.	Review and monitor all formal disciplinary cases quarterly by ethnicity, with particular focus on decision-making stages.	Reach Network, Education & Learning Inclusion	A disproportionately high number of ethnic minority staff involved in disciplinary actions may indicate underlying biases or inconsistencies in the application of workplace policies. Enhancing the fairness, transparency, and consistency of disciplinary procedures is crucial for fostering trust and promoting a more inclusive and equitable work environment.	April 2026
		Embed bias-awareness training for all managers involved in conduct processes, using real case reviews and staff feedback.			
		Introduce an inclusion checkpoint in all formal cases, where HR and a trained inclusion lead jointly assess whether processes are being applied equitably.			
		Engage with staff networks to understand lived experiences and perceptions of fairness in conduct procedures, feeding this insight into policy updates and manager training.			

Inclusion Objective 2 – Build Capability Indicator 4	To ensure equitable access to non-mandatory training and CPD for all ethnic minority staff.	Conduct an accessibility audit of existing non-mandatory training and CPD opportunities, identifying barriers such as time, location, digital access, or line manager support.	All Teams	Unequal access to development opportunities can hinder career advancement and deepen existing inequalities. Promoting equitable access helps support employee growth, improve retention, and build a more diverse leadership pipeline, while also nurturing a workplace culture where everyone feels respected, empowered, and able to thrive.	April 2026
		Co-produce solutions with staff networks and focus groups, wise council to improve visibility and accessibility of development offers.			
		Expand flexible delivery options , including e-learning, recorded sessions, and protected time for development, particularly for staff in frontline or shift-based roles.			
		Monitor uptake of non-mandatory training and CPD by ethnicity on a quarterly basis and use insights to inform targeted communication, support, and line manager engagement. Encourage regular conversations about development needs and opportunities during 1:1s and appraisal discussions.			
Inclusion Objective 1 - Increase Representation Indicator 1	Reduce Unknown, Unspecified Data from all clinical roles	QR Code Campaign A new campaign will feature posters displayed across Trust sites, showcasing colleagues from a range of ethnic backgrounds. Each poster includes a QR code that links to a personal story, video, or quote celebrating their culture and identity. The initiative aims to enhance visibility, foster pride, and encourage everyday engagement with race equity throughout the organisation.	Comms Inclusion	Increase ethnic representation in clinical leadership, especially at consultant and matron levels	Jan 2026

Inclusion Objective - Increase Representation Indicator 1	Improve visibility of promotion pathways for ethnic minority staff to enable leaders to dismantle any systematic barriers that prevents career progression	Deliver communications campaign outlining progression routes and success stories from ethnic minority leaders	Comms Inclusion	Close perception gap in equal opportunity for career progression	March 2026
		Develop and publish a 'Career Progression Toolkit' tailored for ethnic minority staff. Includes: development pathways, mentoring opportunities, support available, and a step-by-step guide to promotion.			
Inclusion Objective 2 - Build Capability Indicator 5	Reduce bullying and harassment reported by ethnic minority staff	Deliver quarterly anti-bullying campaigns and revise manager toolkit in partnership with REACH Network, scale up anti-bullying roadshows	People Partners Inclusion	Address rates of bullying and harassment experienced by ethnic minority staff	Dec 2025
Inclusion Objective 2 - Build Capability Indicator 3	Improve fairness and perception of fairness in disciplinary outcomes.	Introduce trained "Cultural Fairness Champions" from REACH or Wise Council to attend and advise on race-related disciplinary panels. Pilot in 2 sites, then scale Trust-wide.	People Partners REACH Staff Network Inclusion Team	To reduce disproportionality in disciplinary outcomes and build trust in ER processes.	Pilot by Jan 2026, scale by March 2026
Inclusion Objective 3 Assess Impact All indicators 1-9	Strengthen site-specific ownership of race equity	Introduce site-specific WRES reports and support localised action plans at each hospital site	Site SLTs Inclusion	Allows tailored responses to site-based workforce issues putting more accountability on to sites to meet their own actions	Oct 2025
Inclusion Objective 3 - Assess Impact 3, 6 and 7	Improve consistency and fairness in handling race-related ER cases	Develop specialist unit of trained investigators and deliver ongoing ER development sessions	Employee Relations Inclusion	Ensures culturally competent case handling and improves trust in resolution	April 2026
Inclusion Objective – 3 Assess Impact Indicator(s): 1, 6, 7, 9	Embed Race Equality Code principles into governance and leadership accountability.	Complete final stages of the Race Equality Code by Oct 2025 and embed the Code's domains into: – Site WRES plans – Inclusion Delivery Group governance – Executive appraisals – Annual Board review	Executive Team Governance Inclusion	Align with national best practice, ensure executive-level accountability, and support continuous improvement.	March 2026

Conclusion

To embed WDES, WRES and WWES across the Trust and to instil a sense of responsibility and accountability to all, the Trust is taking a business-led approach to delivery against these standards supported by the Inclusion Team and the wider People Directorate. In taking an evidence-led approach to our work, we have identified disability, race, and women as priority areas of work and a golden thread through delivery of our inclusion objectives. From the analysis and critical findings from the data, it is clear that more work must be undertaken to further improve our performance.

The Trust is continuously striving to improve the data set out by the WRES. The metrics outlined in this report cover all aspects and areas of the Trust, and these latest findings show improvements or stability in several areas, while also highlighting where continued focus is needed. A key driver of this progress has been the restructure of the Inclusion Team into a Business Partner model that aligns with the devolved site-based operating model. We continue to embed this new model and work towards seeing these measures improve year on year.

Progress against our WRES metrics and performance against our strategic People objectives is overseen by the Chief People Officer, and reports into the Culture and Inclusion Delivery Group, chaired by the Chief Executive Officer, where initiatives and ideas to progress this agenda are continually discussed by its diverse membership. All of the progress against our cultural transformation programmes is then reported up by our Chief People Officer to the People and Culture Committee. The growing members of our Wise Council, together with our staff networks, play a critical role in providing ongoing scrutiny and ideas for improvement.

Our focus on advancing race equity continues to evolve, driven by richer data insights, increased staff engagement, and a deeper appreciation of lived experience across our sites. Key initiatives include the Race Equality Code organisational assessment, the site-specific WRES approach, and sustained collaboration with strategic partners such as the Wise Council and the Staff Networks are enabling us to embed inclusive practices more consistently and meaningfully throughout the Trust.

In pursuit of achieving our strategic ambition, we are striving to make the Trust a centre of national excellence for inclusion, where our practices and behaviours are recognised as exemplary in healthcare. We have subscribed to Inclusive Companies in order to benchmark ourselves with organisations with a reputation for the highest standards in equality, diversity and inclusion, and are working at pace to position our Trust within the Top 50 Inclusive Employers.

Appendix 1

The table below shows the year-on-year figures for all WRES Indicators from 2020 to 2025.

	WRES INDICATOR		2020	2021	2022	2023	2024	2025
1	Percentage of ethnic minority staff in the workforce.	Overall	32.50%	33.52%	32.40%	37.90%	40.37%	43.67%
		VSM	10.71%	12.90%	12.00%	8.95%	17.39%	19.30%
2	The relative likelihood of white applicants being appointed from shortlisting compared to ethnic minority applicants	Relative Likelihood	1.66	1.18	0.88	1.62	1.58	1.69
3	The relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff	Relative Likelihood	1.26	1.18	1	1.37	1.26	1.23
4	The relative likelihood of white staff accessing non-mandatory training and CPD compared to ethnic minority staff	Relative Likelihood	0.95	0.7	0.86	0.97	0.87	0.92
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Ethnic Minority	24.30%	23.42%	24.97%	23.63%	23.87%	
		White	23.31%	23.42%	24.63%	24.94%	22.76%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Ethnic Minority	27.22%	25.69%	26.04%	29.66%	28.27%	
		White	23.97%	22.90%	23.75%	27.03%	24.08%	
7	Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	Ethnic Minority	42.94%	40.09%	41.11%	43.23%	43.78%	
		White	57.31%	54.55%	55.34%	52.29%	54.75%	
8	Percentage of staff experiencing discrimination at work from a manager, team leader or other colleague 12 months	Ethnic Minority	16.40%	16.60%	15.47%	17.83%	17.66%	
		White	6.57%	6.87%	7.84%	9.30%	8.32%	

9	Percentage difference between the Trust	Total Board Members	-23.80%	-25.20%	-23.20%	-19.60%	-11.10%	-7.67%
	Board Membership and overall ethnic minority workforce	Voting Board Members	-21.70%	-22.41%	-22.70%	-31.10%	-4.80%	-6.2%.
		Non-Voting Board Members	-32.50%	-33.52%	-38.90%	-37%	-25.80%	-25.80%

Appendix 2

Ethnicity by banding/grade

Clinical Staff

WRES	Bands	Headcount				Percentages		
		Ethnic Minority	Not Stated	White	Total	Ethnic Minority	Not Stated	White
Clinical	Band 1			1	1	0.00%	0.00%	0.01%
	Band 2	1596	266	1389	3251	22.20%	32.72%	18.31%
	Band 3	407	33	456	896	5.66%	4.06%	6.01%
	Band 4	254	25	430	709	3.53%	3.08%	5.67%
	Band 5	2794	335	1239	4368	38.87%	41.21%	16.33%
	Band 6	1449	79	1942	3470	20.16%	9.72%	25.60%
	Band 7	514	50	1475	2039	7.15%	6.15%	19.44%
	Band 8 - Range A	137	17	459	613	1.91%	2.09%	6.05%
	Band 8 - Range B	24	4	125	153	0.33%	0.49%	1.65%
	Band 8 - Range C	8	1	34	43	0.11%	0.12%	0.45%
	Band 8 - Range D	0	2	23	25	0.00%	0.25%	0.30%
	Band 9	1	0	7	8	0.01%	0.00%	0.09%
	Under Band 1	2	1	2	5	0.03%	0.12%	0.03%
	VSM	2	0	5	7	0.03%	0.00%	0.07%
Clinical Total		7188	813	7587	15588	100.00%	100.00%	100.00%

Non-Clinical Staff

WRES	Bands	Headcount				Percentages		
		Ethnic Minority	Not Stated	White	Total	Ethnic Minority	Not Stated	White
Non -Clinical	Band 1	64	6	131	201	2.73%	2.44%	2.78%
	Band 2	861	67	1484	2412	36.70%	27.24%	31.53%
	Band 3	454	54	883	1391	19.35%	21.95%	18.76%
	Band 4	405	51	901	1357	17.26%	20.73%	19.14%
	Band 5	193	14	377	584	8.23%	5.69%	8.01%
	Band 6	140	15	252	407	5.97%	6.10%	5.35%
	Band 7	109	14	292	415	4.65%	5.69%	6.20%
	Band 8 - Range A	37	7	148	192	1.58%	2.85%	3.14%
	Band 8 - Range B	35	8	100	143	1.49%	3.25%	2.12%
	Band 8 - Range C	11	3	55	69	0.47%	1.22%	1.17%
	Band 8 - Range D	3	0	29	32	0.13%	0.00%	0.62%
	Band 9	1		4	5	0.04%	0.00%	0.08%
	Under Band 1	24	1	14	39	1.02%	0.41%	0.30%
	VSM	9	6	37	52	0.38%	2.44%	0.79%
Non-Clinical Total		2346	246	4707	7299	100.00%	100.00%	100.00%

Clinical and Non-Clinical Totals

WRES	Headcount			
	Ethnic Minority	Not Stated	White	Total
Clinical	7188	813	7587	15588
Non-Clinical	2346	246	4707	7299
Totals	9534	1059	12294	22887

Medical

Medical	Medical grade	Headcount				Percentages		
		Ethnic Minority	Not Stated	White	Total	Ethnic Minority	Not Stated	White
	Career/Staff Grades	79	15	31	125	4.22%	3.45%	3.35%
	Consultant	685	71	575	1331	36.55%	16.32%	62.10%
	Trainee Grades/ Trust Grades	1110	349	320	1779	59.23%	80.23%	34.56%
Medical Total		1874	435	926	3235	100.00%	100.00%	100.00%

Board

Board	Headcount				Percentages (%)			
	White	Ethnic Minority	Unknown	Total Headcount	White	Ethnic Minority	Unknown	Total
Total Board Members	14	9	2	25	56.00%	36.00%	8.00%	100%
Voting Board Members	9	7	2	18	50.00%	38.89%	11.11%	100%
Non-Voting Board members	5	2	0	7	71.43%	28.57%	0.00%	100%

