



University Hospitals
of Leicester
NHS Trust

WRES, WDES, & WGES

Data Report 2025 - 2026

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Introduction

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are national frameworks used by NHS trusts to assess race and disability equality in career progression and staff experience, while the Workforce Gender Equality Standard (WGES) is a local initiative monitoring gender equality within UHL.

This report is based on the trust's workforce as at 31 March 2026 and staff experience data from the 2025 NHS Staff Survey. The data are submitted annually to NHS England, with trusts required to publish an annual report addressing key findings by 31 October each year.



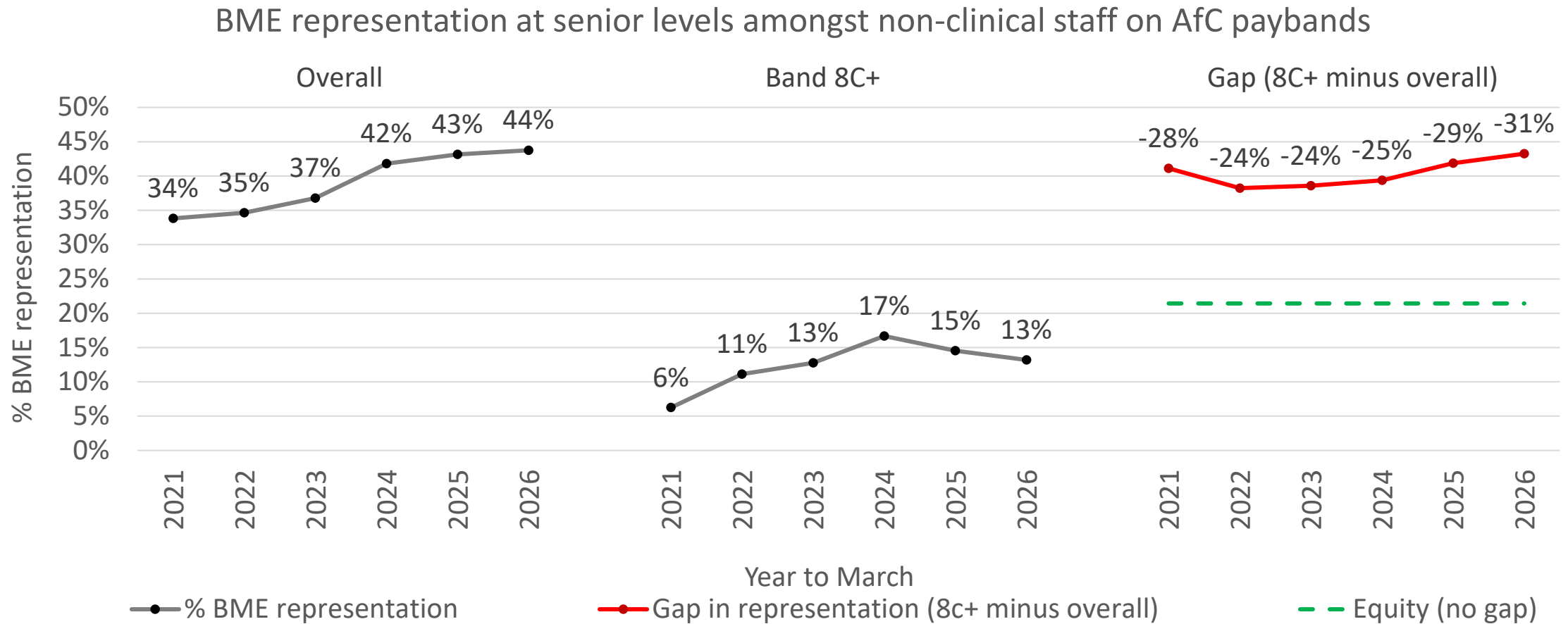
Workforce Race Equality Standard (WRES)

WRES Indicator 1 : BME Representation in the Workforce by pay band

Indicator number and description			Trust Value	
			2025	2026
Indicator 1: BME representation in the workforce by pay band				
BME representation in the workforce overall			49.7%	51.1%
Percentage of unknown ethnicity			1.8%	1.9%
BME representation in the workforce overall compared to at senior levels	Non-clinical AfC	Overall	43.1%	43.8%
		Bands 8c+	14.5%	13.2%
		Gap	-28.6%	-30.5%
	Clinical AfC	Overall	49.7%	50.8%
		Bands 8c+	7.8%	7.5%
		Gap	-41.9%	-43.3%
	Medical	Overall	63.1%	65.4%
		Consultants	52.0%	53.6%
		Gap	-11.1%	-11.8%

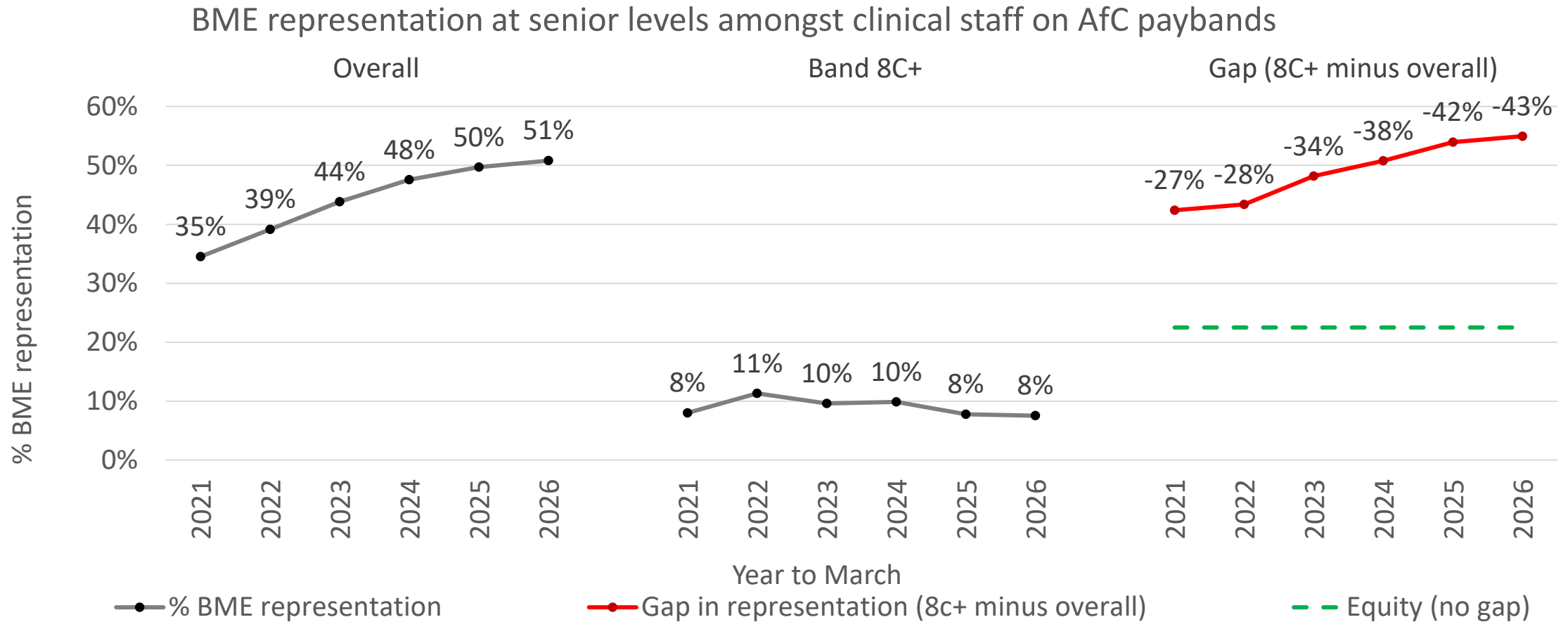
Workforce Race Equality Standard (WRES)

WRES Indicator 1 : BME Representation in the Workforce by pay band, non-clinical



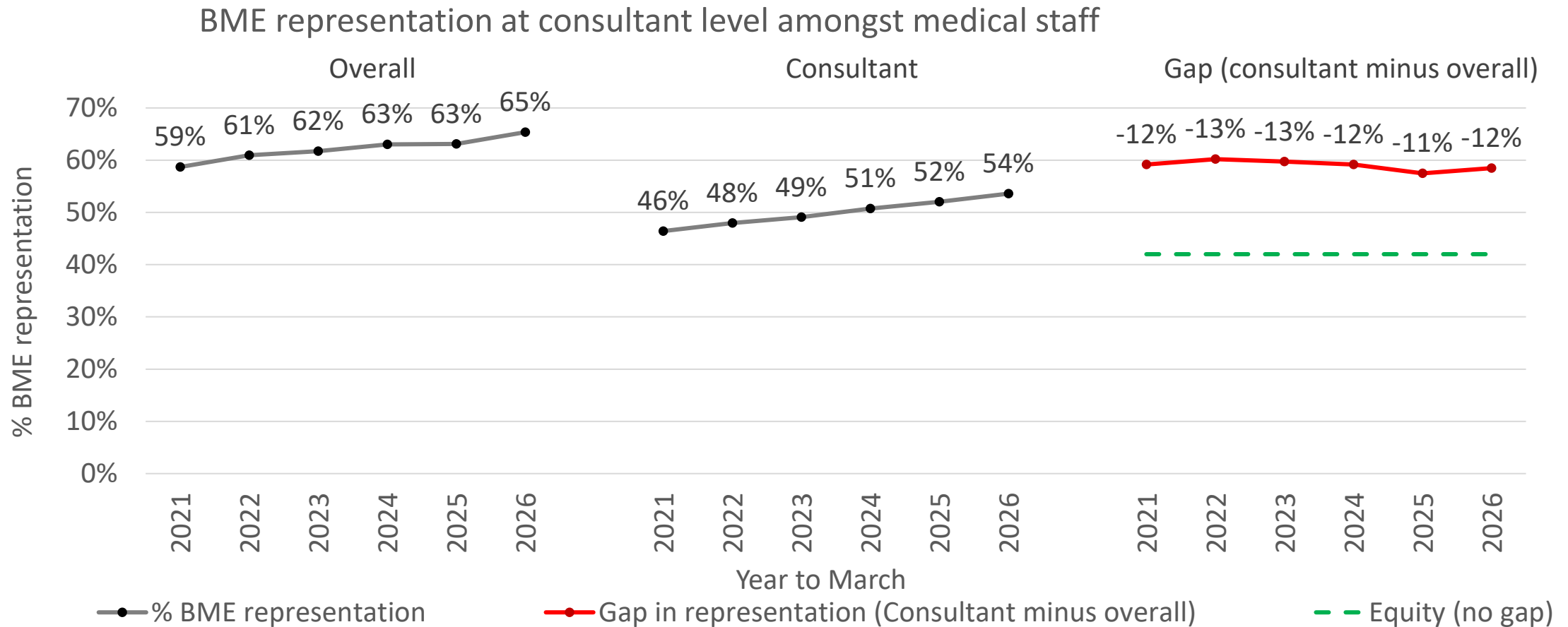
Workforce Race Equality Standard (WRES)

WRES Indicator 1 : BME Representation in the Workforce by pay band, clinical



Workforce Race Equality Standard (WRES)

WRES Indicator 1 : BME Representation in the Workforce by pay band, medical



WRES Indicator 2, 3, 4 & 9

Indicator number and description	Trust Value	
	2025	2026
Indicator 2: likelihood of appointment from shortlisting		
likelihood ratio White / BME	2.16	1.95
Indicator 3: likelihood of entering formal disciplinary proceedings		
likelihood ratio BME / White	0.94	0.85
Indicator 4: likelihood of undertaking non-mandatory training		
likelihood ratio White / BME	0.90	0.98
Indicator 9: BME representation on the board minus BME representation in the workforce		
Overall	-34.7%	-36.1%
Voting members	-40.6%	-29.7%
Executive members	-40.6%	-32.9%

	Equity, no significant difference
	Inequity, a significant difference

WRES Indicators 5, 6, 7 & 8

Staff Survey Metric	Trust		2025 National		Gap for BME staff, Trust minus National
	BME	White	BME	White	
Metric 5: harassment, bullying or abuse at work from patients	22.2%	22.9%	29.2%	23.5%	-6.9%
Metric 6: harassment, bullying or abuse at work from other staff	19.4%	19.5%	23.4%	19.6%	-3.9%
Metric 7: organisation acts fairly with regard to career progression / promotion	51.4%	57.9%	49.7%	55.8%	+1.7%
Metric 8: discrimination at work from other staff	11.5%	6.2%	13.9%	6.5%	-2.4%

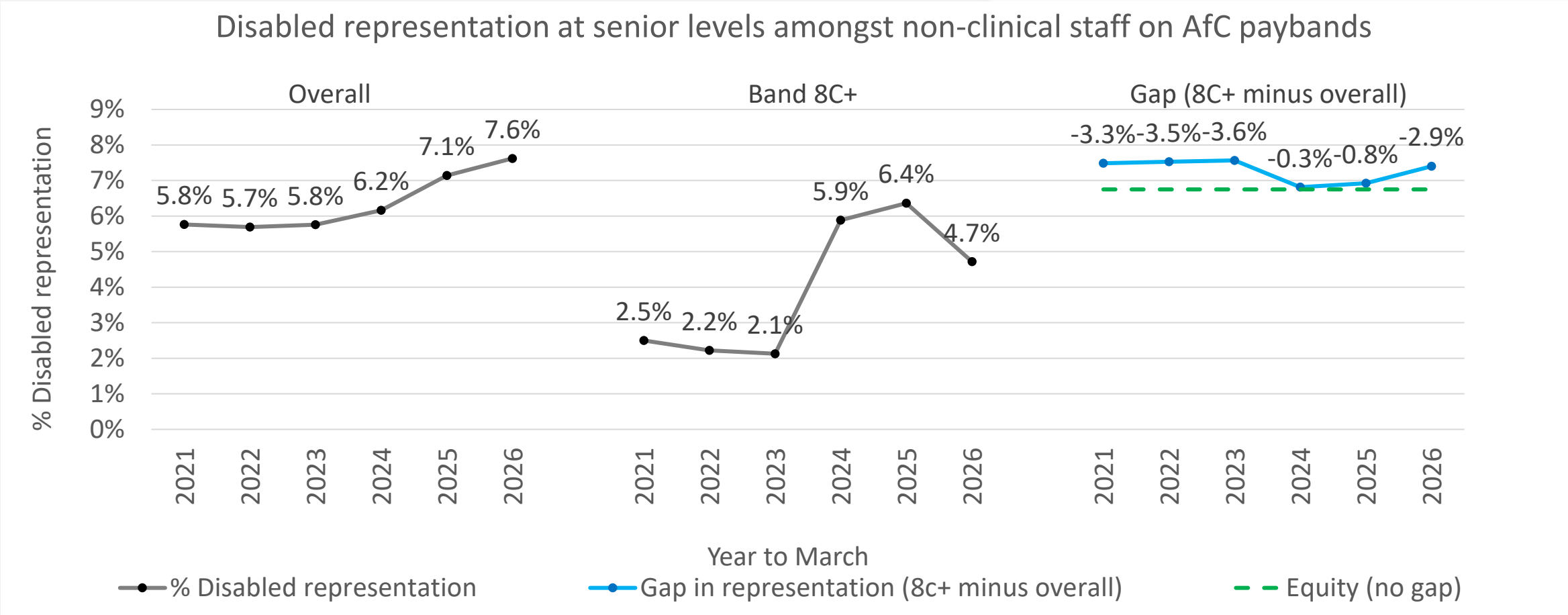
Workforce Disability Equality Standard

Matrix 1: Disabled representation in the workforce by pay band

			Trust Value	
Metric number and description			2025	2026
Metric 1: Disabled representation in the workforce by pay band				
Disabled representation in the workforce overall			5.9%	6.3%
Percentage of unknown disability status			6.8%	6.1%
Disabled representation in the workforce overall compared to at senior levels	Non-clinical AfC	Overall	7.1%	7.6%
		Bands 8c+	6.4%	4.7%
		Gap	-0.8%	-2.9%
	Clinical AfC	Overall	5.9%	6.3%
		Bands 8c+	2.2%	5.4%
		Gap	-3.7%	-0.9%
	Medical	Overall	3.3%	4.1%
		Consultants	1.6%	2.5%
		Gap	-1.7%	-1.6%

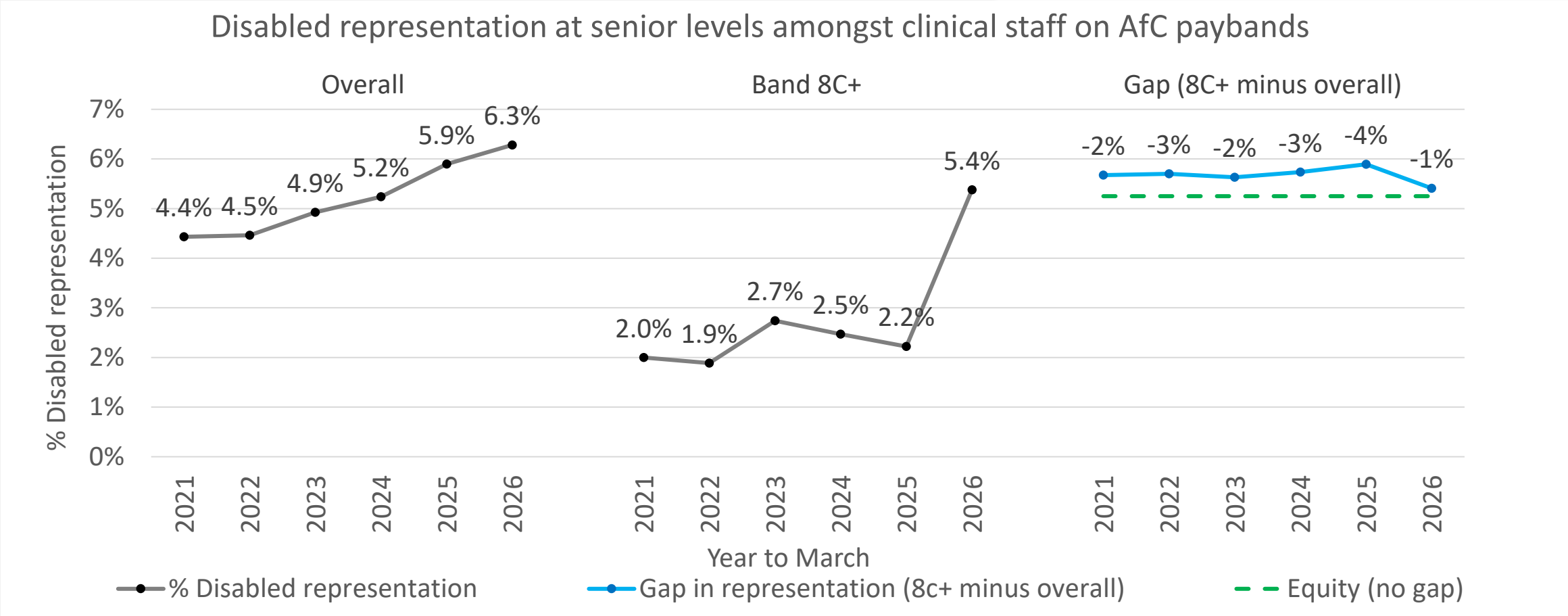
Workforce Disability Equality Standard

Matrix 1: Disabled representation in the workforce by pay band, non-clinical



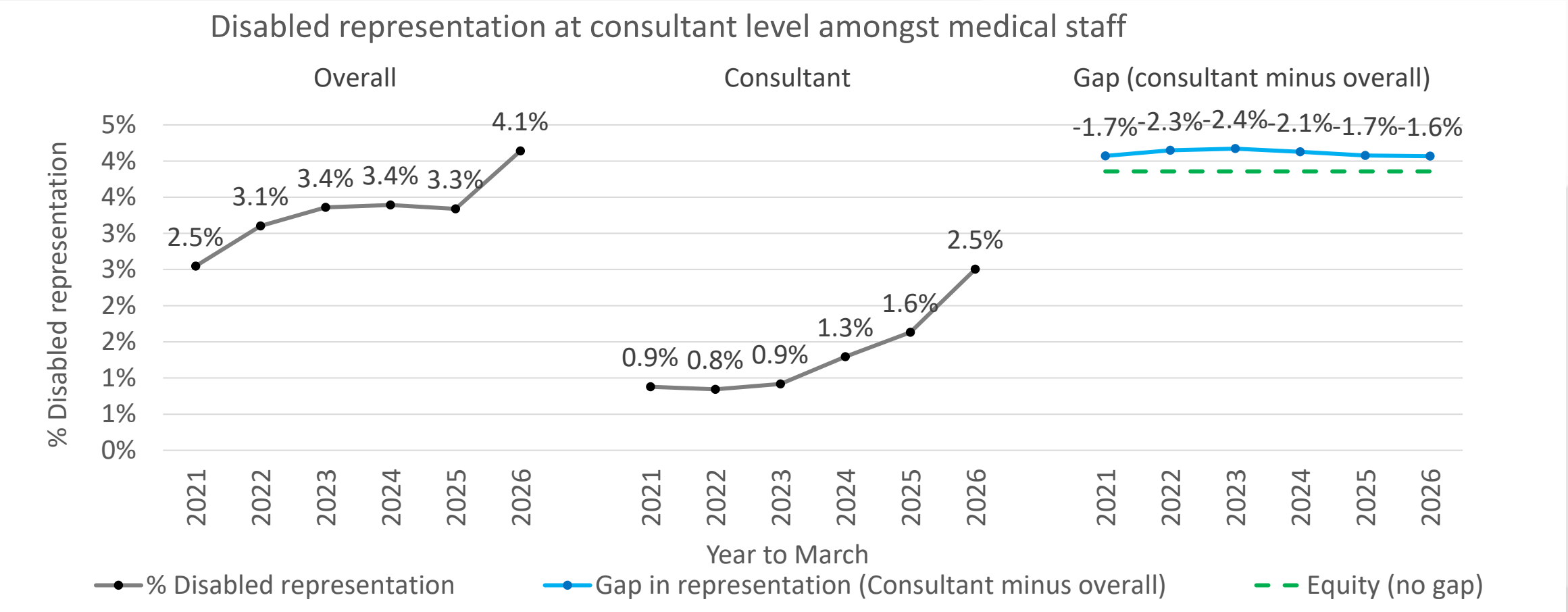
Workforce Disability Equality Standard

Matrix 1: Disabled representation in the workforce by pay band, clinical



Workforce Disability Equality Standard

Matrix 1: Disabled representation in the workforce by pay band, medical



WDES Matrix 2, 3 & 10

Metric number and description	Trust Value	
	2025	2026
Metric 2: likelihood of appointment from shortlisting		
likelihood ratio non-disabled / Disabled	0.87	0.91
Metric 3: likelihood of entering formal capability proceedings		
likelihood ratio Disabled / non-disabled	2.69	9.25
Metric 10: Disabled representation on the board minus Disabled representation in the workforce		
Overall	-0.9%	-1.3%
Voting members	-5.9%	-6.3%
Executive members	-5.9%	+2.8%

WDES Matrix 4a, 4b, 4c, 4d

Staff Survey Metric	Trust		2025 National		Gap for Disabled staff, Trust minus National
	Disabled	non-disabled	Disabled	non-disabled	
Metric 4a: harassment, bullying or abuse at work from patients	28.4%	20.9%	29.7%	23.4%	-1.2%
Metric 4b: harassment, bullying or abuse at work from managers	11.9%	6.1%	13.6%	7.4%	-1.7%
Metric 4c: harassment, bullying or abuse at work from other colleagues	25.4%	14.4%	22.9%	14.8%	+2.5%
Metric 4d: reporting harassment, bullying or abuse at work	50.7%	53.0%	54.9%	54.9%	-4.1%

WDES Matrix 5, 6, 7 8 & 9

Staff Survey Metric	Trust		2025 National		Gap for Disabled staff, Trust minus National
	Disabled	non-disabled	Disabled	non-disabled	
Metric 5: organisation acts fairly with regard to career progression / promotion	46.9%	56.4%	48.6%	55.7%	-1.7%
Metric 6: felt pressure from a manager to come to work	24.9%	17.6%	25.6%	17.5%	-0.6%
Metric 7: satisfied with the extent to which the organisation values their work	32.4%	49.8%	34.4%	46.1%	-1.9%
Metric 8: reasonable adjustment(s) made	72.7%	-	74.9%	-	-2.2%
Metric 9: Staff engagement score	6.31	7.04	6.31	6.91	0.00

Workforce Gender Equality Standard

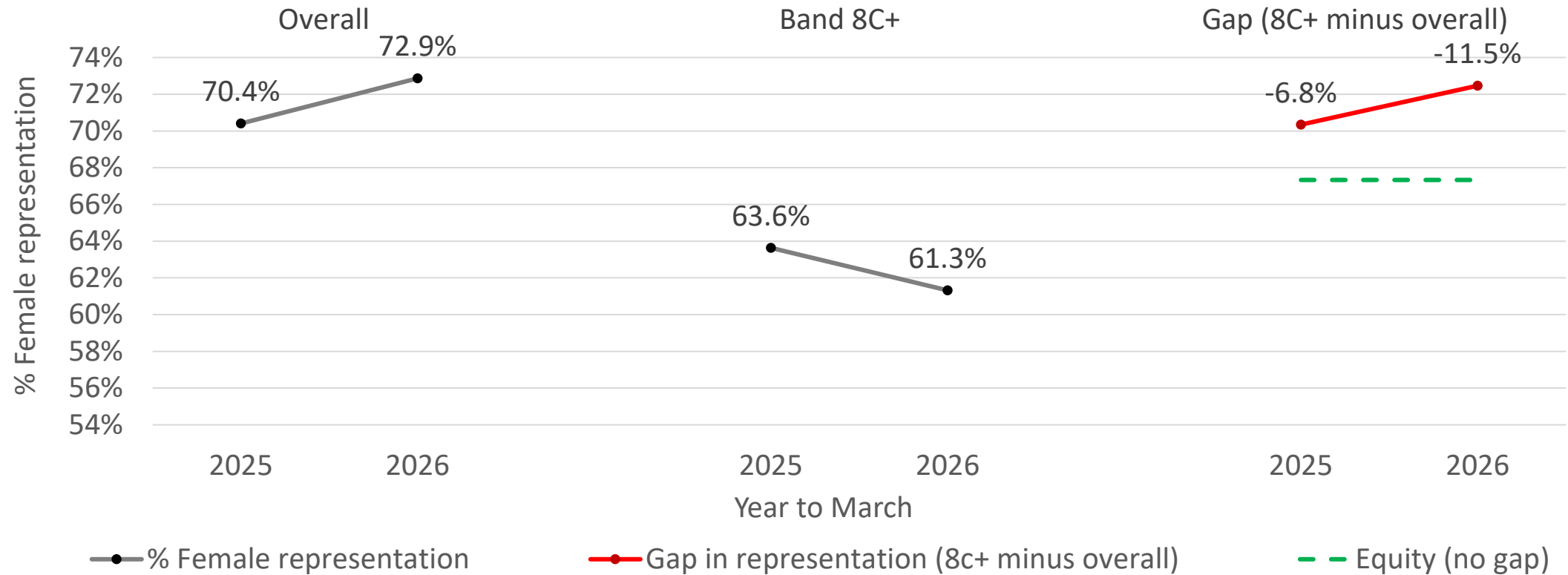
WGES indicator 1 – Female Representation

Indicator number and description			Trust Value	
			2025	2026
Indicator 1: Female representation in the workforce by pay band				
Female representation in the workforce overall			75.5%	75.2%
Percentage of unknown gender			0.0%	0.0%
Female representation in the workforce overall compared to at senior levels	Non-clinical AfC	Overall	70.4%	72.9%
		Bands 8c+	63.6%	61.3%
		Gap	-6.8%	-11.5%
	Clinical AfC	Overall	84.0%	82.3%
		Bands 8c+	74.4%	74.2%
		Gap	-9.6%	-8.1%
	Medical	Overall	46.1%	46.1%
		Consultants	36.5%	37.5%
		Gap	-9.6%	-8.6%

Workforce Gender Equality Standard

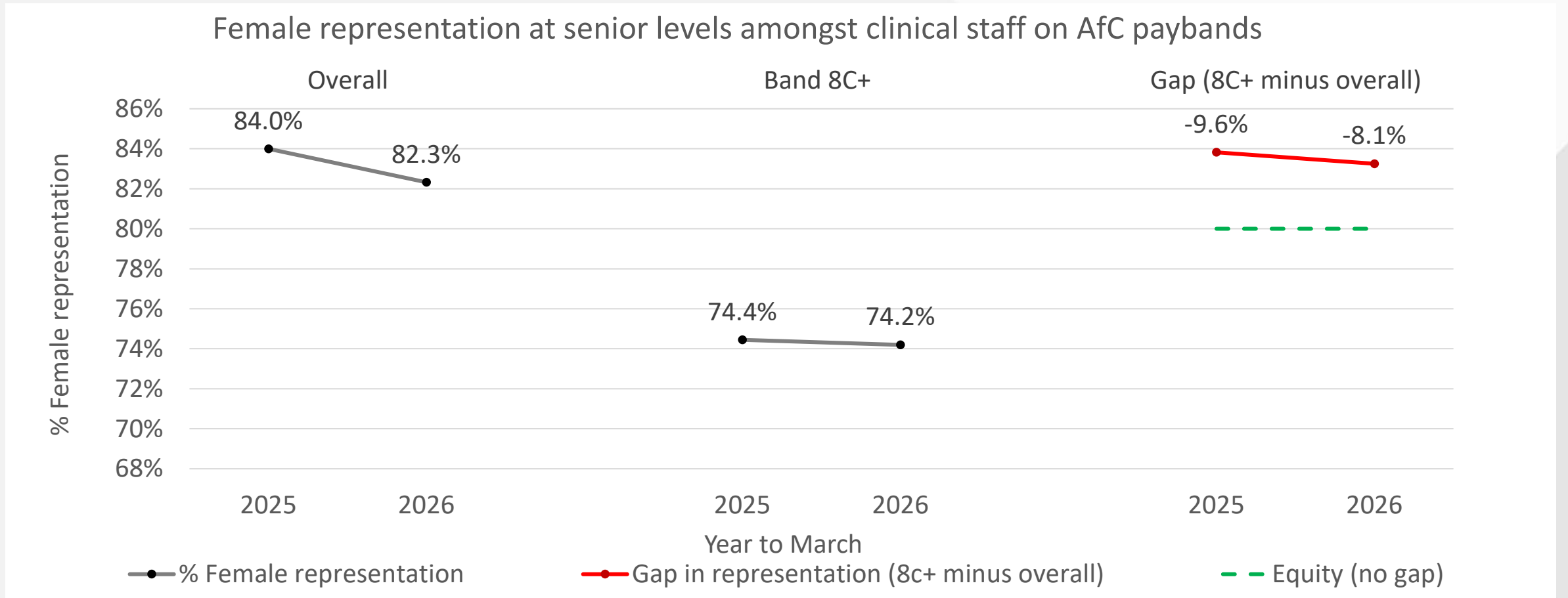
WGES indicator 1 – Female Representation, non-clinical

Female representation at senior levels amongst non-clinical staff on AfC paybands



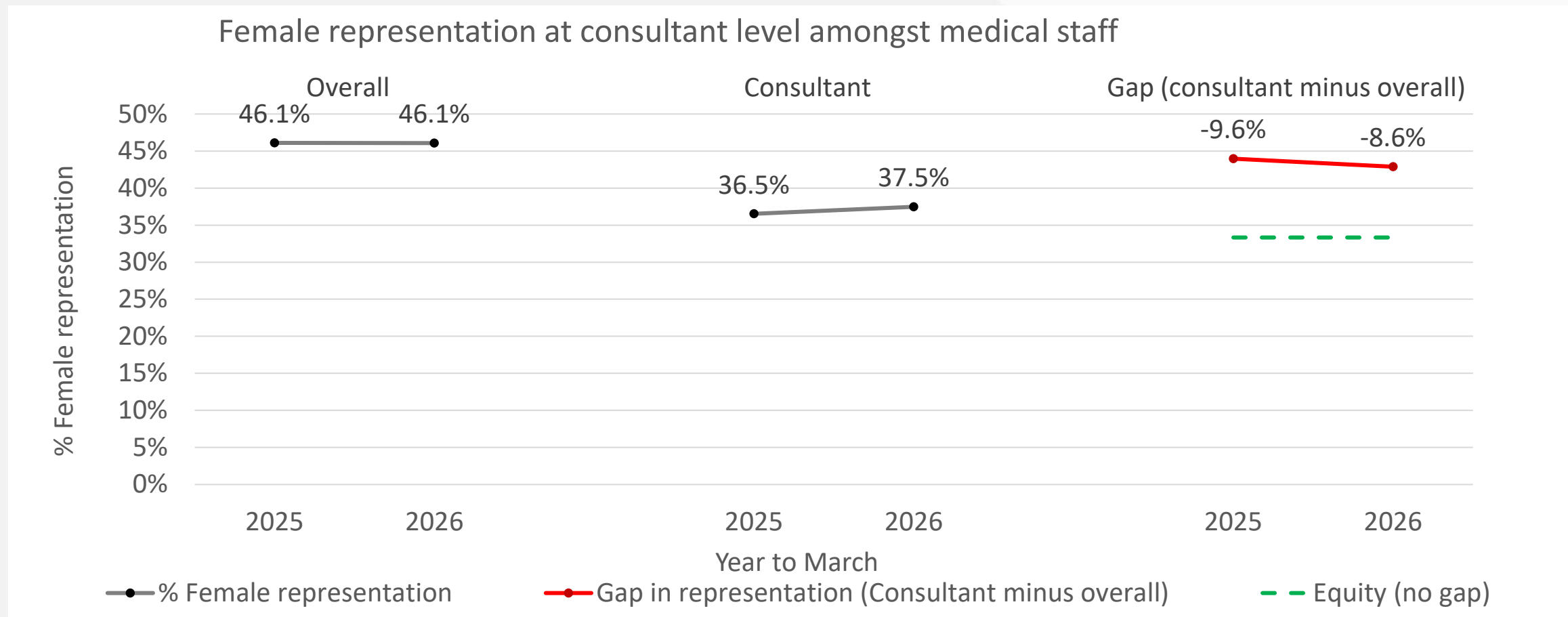
Workforce Gender Equality Standard

WGES indicator 1 – Female Representation, clinical



Workforce Gender Equality Standard

WGES indicator 1 – Female Representation, medical



WGES, 2, 3, 4 & 9

Indicator number and description	Trust Value	
	2025	2026
Indicator 2: likelihood of appointment from shortlisting		
likelihood ratio Male / Female	0.99	1.05
Indicator 3: likelihood of entering formal disciplinary proceedings		
likelihood ratio Female / Male	0.34	0.35
Indicator 4: likelihood of undertaking non-mandatory training		
likelihood ratio Male / Female	0.84	0.84
Indicator 9: Female representation on the board minus Female representation in the workforce		
Overall	-40.5%	-40.2%
Voting members	-48.3%	-46.6%
Executive members	-30.1%	-20.6%

WGES, 5, 6, 7, & 8

Staff Survey Metric	Trust		2025 National		Gap for Women, Trust minus National
	Women	Men	Women	Men	
Metric 5a: harassment, bullying or abuse at work from patients	22.7%	21.4%	25.2%	24.1%	-2.4%
Metric 5b: harassment, bullying or abuse at work from managers	7.1%	7.0%	8.4%	9.3%	-1.3%
Metric 5c: harassment, bullying or abuse at work from other colleagues	16.8%	15.2%	16.8%	15.0%	0.0%
Metric 6a: unwanted behaviour of a sexual nature from patients	7.2%	3.9%	10.0%	5.4%	-2.8%
Metric 6b: unwanted behaviour of a sexual nature in the workplace from other staff	3.2%	3.4%	3.4%	3.2%	-0.2%
Metric 7: organisation acts fairly with regard to career progression / promotion	55.5%	55.0%	55.4%	53.7%	+0.2%
Metric 8: discrimination at work from other staff	8.9%	7.9%	8.2%	8.5%	+0.8%

Thank you for listening

Do you have any questions?



WRES, WDES, and WGES Data Report



Introduction

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard are sets of mandated metrics designed to evaluate race equality and disability equality in respect of career progression and staff experience, amongst staff in NHS provider trusts. Meanwhile, the Workforce Gender Equality Standard (WGES) is a local initiative to monitor gender equality within UHL's workforce. The need for NHS provider trusts to report against the WRES and WDES was mandated from 2015 and 2018 respectively, as part of a national drive to address prevalent of discrimination, inequality, and unfairness across the NHS workforce.

The present report reflects the trust's substantive workforce as at 31st March 2026, alongside data on staff experience taken from the 2025 NHS staff survey. The underlying raw datasets are submitted to NHS England on an annual basis (presently by 31st May each year), with the requirement that a plan to address identified issues be published on the trust's website by 31st October each year.

Data protection

Reporting against the WRES and WDES involves the processing of special category data and sensitive personal information. This information is handled in line with the General Data Protection Regulations as enacted in the Data Protection Act 2018.

Terminology

The terminology used to refer to the protected characteristic sub-groups in the report follows that specified in the national guidance for each standard:

- WRES, Black and Minority Ethnic (BME), White
- WDES, Disabled, non-disabled

Executive Summary

This report conveys the Trust's position against the WRES, WDES, and WGES, with benchmarking against the national position for the staff survey-based metrics.

Key Focus

Our key priorities will be to:

- Improve the representation of Black and Minority Ethnic (BME), female, and disabled staff at senior AfC bands (8c–VSM), within senior clinical and medical roles, and at Board level. This will be achieved through:
 - Developing targeted initiatives that expand career development and ensure equal access to opportunities for all staff.
 - Improving the experiences of BME female staff in consultant roles, with a focus on progression, inclusion, and retention.
 - Strengthening recruitment and selection processes to ensure fairness and equity for all candidates. This includes inclusive job advertisements, clear and consistent role descriptions, diverse interview panels, transparent justification of roles and appointments, and the use of inclusive and supportive interview approaches.
- Increase staff self-declaration rates on ESR for protected characteristic information, enabling better insight, accountability, and targeted action.
- Review our disciplinary processes to ensure fairness, consistency, and equitable treatment for all individuals.
- Implement robust support mechanisms and clear reporting practices that empower staff to raise concerns related to bullying, harassment, discrimination, and abuse, fostering a culture where staff feel valued, supported, and have a strong sense of belonging.

A summary of the Workforce headcount-based trust's WRES metrics

			Trust Value			
Indicator number and description			2025	2026		
Indicator 1: BME representation in the workforce by pay band						
BME representation in the workforce overall			49.7%	51.1%		
Percentage of unknown ethnicity			1.8%	1.9%		
BME representation in the workforce overall compared to at senior levels	Non-clinical AfC	Overall	43.1%	43.8%		
		Bands 8c+	14.5%	13.2%		
		Gap	-28.6%	-30.5%		
	Clinical AfC	Overall	49.7%	50.8%		
		Bands 8c+	7.8%	7.5%		
		Gap	-41.9%	-43.3%		
	Medical	Overall	63.1%	65.4%		
		Consultants	52.0%	53.6%		
		Gap	-11.1%	-11.8%		
Indicator 2: likelihood of appointment from shortlisting						
likelihood ratio White / BME			2.16	1.95		
Indicator 3: likelihood of entering formal disciplinary proceedings						
likelihood ratio BME / White			0.94	0.85		
Indicator 4: likelihood of undertaking non-mandatory training						
likelihood ratio White / BME			0.90	0.98		
Indicator 9: BME representation on the board minus BME representation in the workforce						
Overall			-34.7%	-36.1%		
Voting members			-40.6%	-29.7%		
Executive members			-40.6%	-32.9%		
Staff Survey WRES Metric		2025				
		Trust		National		Gap for BME staff, Trust minus National
BME	White	BME	White			
Metric 5: harassment, bullying or abuse at work from patients		22.2%	22.9%	29.2%	23.5%	-6.9%
Metric 6: harassment, bullying or abuse at work from other staff		19.4%	19.5%	23.4%	19.6%	-3.9%
Metric 7: organisation acts fairly with regard to career progression / promotion		51.4%	57.9%	49.7%	55.8%	+1.7%
Metric 8: discrimination at work from other staff		11.5%	6.2%	13.9%	6.5%	-2.4%

Summary of main findings based on the workforce at March 2026 and the 2025 staff survey

WRES

- Senior representation (8C+ and consultants)
 - Compared to overall levels of representation, BME staff were underrepresented at senior levels in non-clinical (43.8% overall vs 13.2% senior) and clinical AfC roles (50.8% overall vs 7.5% senior), and in medicine (65.4% overall vs 53.6% consultant)
 - In non-clinical and clinical AfC roles, the gaps in representation have been increasing year-on-year for at least the past five years
- Recruitment
 - White candidates (36%) were nearly twice as likely as BME candidates (19%) to be appointed from shortlisting
- Board representation
 - Compared to overall levels of representation in the workforce, BME people were underrepresented on the board by a headcount of seven
- Staff survey
 - BME staff (51.4%) were less likely than white staff (57.9%) to feel that their organisation acts fairly in career progression
 - BME staff (11.5%) were more likely than white staff (6.2%) to experience discrimination from other staff
 - Comparison to national staff survey benchmark
 - BME staff at UHL fared better than BME staff nationally in terms of the likelihood of abuse from patients (22.2% vs 29.2%) and staff (19.4% vs 23.4%)

A summary of the trust's Workforce headcount-based WDES metrics

			Trust Value	
Metric number and description			2025	2026
Metric 1: Disabled representation in the workforce by pay band				
Disabled representation in the workforce overall			5.9%	6.3%
Percentage of unknown disability status			6.8%	6.1%
Disabled representation in the workforce overall compared to at senior levels	Non-clinical AfC	Overall	7.1%	7.6%
		Bands 8c+	6.4%	4.7%
		Gap	-0.8%	-2.9%
	Clinical AfC	Overall	5.9%	6.3%
		Bands 8c+	2.2%	5.4%
		Gap	-3.7%	-0.9%
	Medical	Overall	3.3%	4.1%
		Consultants	1.6%	2.5%
		Gap	-1.7%	-1.6%
Metric 2: likelihood of appointment from shortlisting				
likelihood ratio non-disabled / Disabled			0.87	0.91
Metric 3: likelihood of entering formal capability proceedings				
likelihood ratio Disabled / non-disabled			2.69	9.25
Metric 10: Disabled representation on the board minus Disabled representation in the workforce				
Overall			-0.9%	-1.3%
Voting members			-5.9%	-6.3%
Executive members			-5.9%	+2.8%

Staff Survey WDES Metric	2025
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	Trust		National		Gap for Disabled staff, Trust minus National
	Disabled	non-disabled	Disabled	non-disabled	
Metric 4a: harassment, bullying or abuse at work from patients	28.4%	20.9%	29.7%	23.4%	-1.2%
Metric 4b: harassment, bullying or abuse at work from managers	11.9%	6.1%	13.6%	7.4%	-1.7%
Metric 4c: harassment, bullying or abuse at work from other colleagues	25.4%	14.4%	22.9%	14.8%	+2.5%
Metric 4d: reporting harassment, bullying or abuse at work	50.7%	53.0%	54.9%	54.9%	-4.1%
Metric 5: organisation acts fairly with regard to career progression / promotion	46.9%	56.4%	48.6%	55.7%	-1.7%
Metric 6: felt pressure from a manager to come to work	24.9%	17.6%	25.6%	17.5%	-0.6%
Metric 7: satisfied with the extent to which the organisation values their work	32.4%	49.8%	34.4%	46.1%	-1.9%
Metric 8: reasonable adjustment(s) made	72.7%	-	74.9%	-	-2.2%
Metric 9: Staff engagement score	6.31	7.04	6.31	6.91	0.00

WDES

- Workforce representation
 - 6.3% of staff declared on ESR that they had a disability, but 6.1% of staff did not declare whether they had a disability or not; thus, there is uncertainty regarding the actual level of representation of Disabled staff in the workforce
 - Nonetheless, the percentage of staff not declaring on ESR whether they had a disability or not has been decreasing year-on-year since for at least five years
- Formal capability proceedings
 - Disabled staff were more than nine times more likely than non-disabled staff to enter formal capability proceedings (0.16% vs 0.02%); however, this finding is based on a rolling two-year average of just five capability cases per year (Disabled and non-disabled) for the entire trust
- Board representation
 - Compared to overall levels of representation in the workforce, Disabled people were underrepresented on the board by a headcount of one in terms voting members; but were proportionately represented otherwise
- Staff survey
 - Disabled staff fared worse than non-disabled staff on all staff survey-based metrics of workplace experience; for instance, compared to non-disabled staff, Disabled staff were more likely to experience abuse from patients (28.4% vs 20.9%), managers (11.9% vs 6.1%), and other colleagues (25.4% vs 14.4%).

- Disabled staff had a lower engagement score (6.31) than non-disabled staff (7.04)
- Comparison to national staff survey benchmark
 - Disabled staff experience at UHL was similar to the national benchmark for Disabled staff, across all metrics

A summary of the trust's Workforce headcount-based WGES metrics

			Trust Value	
Indicator number and description			2025	2026
Indicator 1: Female representation in the workforce by pay band				
Female representation in the workforce overall			75.5%	75.2%
Percentage of unknown gender			0.0%	0.0%
Female representation in the workforce overall compared to at senior levels	Non-clinical AfC	Overall	70.4%	72.9%
		Bands 8c+	63.6%	61.3%
		Gap	-6.8%	-11.5%
	Clinical AfC	Overall	84.0%	82.3%
		Bands 8c+	74.4%	74.2%
		Gap	-9.6%	-8.1%
	Medical	Overall	46.1%	46.1%
		Consultants	36.5%	37.5%
		Gap	-9.6%	-8.6%
Indicator 2: likelihood of appointment from shortlisting				
likelihood ratio Male / Female			0.99	1.05
Indicator 3: likelihood of entering formal disciplinary proceedings				
likelihood ratio Female / Male			0.34	0.35
Indicator 4: likelihood of undertaking non-mandatory training				
likelihood ratio Male / Female			0.84	0.84
Indicator 9: Female representation on the board minus Female representation in the workforce				
Overall			-40.5%	-40.2%
Voting members			-48.3%	-46.6%
Executive members			-30.1%	-20.6%

Staff Survey WGES Metric	2025				
	Trust		National		Gap for Women, Trust minus National
	Women	Men	Women	Men	
Metric 5a: harassment, bullying or abuse at work from patients	22.7%	21.4%	25.2%	24.1%	-2.4%
Metric 5b: harassment, bullying or abuse at work from managers	7.1%	7.0%	8.4%	9.3%	-1.3%
Metric 5c: harassment, bullying or abuse at work from other colleagues	16.8%	15.2%	16.8%	15.0%	0.0%
Metric 6a: unwanted behaviour of a sexual nature from patients	7.2%	3.9%	10.0%	5.4%	-2.8%
Metric 6b: unwanted behaviour of a sexual nature in the workplace from other staff	3.2%	3.4%	3.4%	3.2%	-0.2%
Metric 7: organisation acts fairly with regard to career progression / promotion	55.5%	55.0%	55.4%	53.7%	+0.2%
Metric 8: discrimination at work from other staff	8.9%	7.9%	8.2%	8.5%	+0.8%

WGES

- Senior representation (8C+ and consultants)
 - Compared to overall levels of representation, women were underrepresented at senior levels in non-clinical (72.9% overall vs 61.3% senior) and clinical AfC roles (82.3% overall vs 74.2% senior), and in medicine (46.1% overall vs 37.5% consultant)
- Formal disciplinary proceedings
 - Men (0.97%) were nearly three times more likely than women (0.34%) to enter formal disciplinary proceedings
- Board representation
 - Compared to overall levels of representation in the workforce, women were underrepresented on the board by a headcount of eight
- Staff survey
 - Women (7.2%) were more likely than men (3.9%) to experience unwanted behaviour of a sexual nature from patients
 - Comparison to national staff survey benchmark
 - women at UHL (7.2%) were less likely than women nationally (10.0%) to experience unwanted behaviour of a sexual nature from patients

Quantitative findings are evaluated using odds ratios, with effect sizes outside of the range 0.80 to 1.25 deemed to indicate inequity in outcomes, where statistically significant (noting that large differences can fail achieve statistical significance if based on small numbers).

Strategic Direction

Our People Strategy, alongside our commitment to being a great place to work and our EDI Strategy, will together create a strong sense of belonging for all staff. These strategies will be underpinned by clear, purposeful plans that begin to dismantle barriers and address disparities in experiences and opportunities across our diverse workforce.

The five strategic themes provide a clear framework for focused, targeted action. They are informed by local data and delivered through a robust delivery plan, ensuring that our efforts are evidence-based and meaningful.

Through these five strategic themes, from which our action plan has been developed, we set out our ambitions and priorities. The plan focuses on developing initiatives that enhance staff experience, while actively embracing and strengthening the culture of UHL.

1. Local-led action	2. Data-driven	3. Accessible	4. Inclusive	5. Representative
•CMGs and departments to grow and develop their own expertise in EDI. •Consistently equitable and inclusive experiences for staff no matter their team or site. •Co-produced policies and activities.	•Accurate, and regular diversity monitoring and declaration of protected characteristics. •Comprehensive analysis of areas of high inequity to tackle ingrained and systemic discrimination. •Achieving year on year reduction in disparities.	•People friendly and timely access to reasonable adjustments. •Ensure that we harness the talents of our all people. •Ensuring career progression, development and promotion is available and accessed by all regardless of their protected characteristics of socio-economic background.	•Culturally intelligent workforce less likely to discriminate or add barriers. •Staff able to work free from prejudicial and discriminatory barriers. •Psychologically safe working areas for all. •Compassionate and inclusive leaders. •Thriving staff network community.	•A workplace that reflects the community we serve, particularly in our senior leadership structures. •Diverse talent pools into leadership roles. •High retention of diverse talent.

Conclusion

Our commitment to the EDI agenda is central to our work. By embedding equality, diversity, and inclusion across all that we do, we will create an inclusive environment where everyone can thrive, making UHL a great place to work.

Note: Key

Key

WRES

	Equity, no significant difference
	Inequity, a significant difference

Staff Survey

	Better outcome than the comparator
	Worse outcome than the comparator
	Similar outcome to the comparator

WDES

	Equity, no significant difference
	Inequity, a significant difference
	An equivocal finding due to staff of unknown disability status

Staff Survey

	Better outcome than the comparator
	Worse outcome than the comparator
	Similar outcome to the comparator

WGES

	Equity, no significant difference
	Inequity, a significant difference

Staff Survey

	Better outcome than the comparator
	Worse outcome than the comparator
	Similar outcome to the comparator

Appendix 1: WRES, WDES & WGES – Trend in Data

WRES Indicators			Reporting year					Trends		Target
			2022	2023	2024	2025	2026	Five-year	Two-year	
	BME representation in the workforce overall		40.7%	44.2%	48.0%	49.7%	51.1%	↑	-	
	BME representation in the non-clinical workforce	Overall	34.6%	36.8%	41.8%	43.1%	43.8%			
		Bands 8C+	11.1%	12.8%	16.7%	14.5%	13.2%			
		Gap	-23.5%	-24.0%	-25.1%	-28.6%	-30.5%	↑	-	0.0%
1	BME representation in the clinical workforce	Overall	39.2%	43.8%	47.6%	49.7%	50.8%			
		Bands 8C+	11.3%	9.6%	9.9%	7.8%	7.5%			
		Gap	-27.8%	-34.2%	-37.7%	-41.9%	-43.3%	↑	-	0.0%
	BME representation in the medical workforce	Overall	60.9%	61.7%	63.0%	63.1%	65.4%			
		Consultant	48.0%	49.1%	50.8%	52.0%	53.6%			
		Gap	-13.0%	-12.7%	-12.3%	-11.1%	-11.8%	-	-	0.0%
2	Relative likelihood of appointment from shortlisting (White/BME)		2.04	1.37	1.72	2.16	1.95	-	↓	1.00
3	Relative likelihood of entering a formal disciplinary process (BME/White)		0.89	0.72	0.84	0.94	0.85	-	↓	1.00
4	Relative likelihood of undertaking non-mandatory training (White/BME)		0.97	0.99	1.66	0.90	0.98	-	↑	1.00
5	Harassment, bullying or abuse at work from patients	BME	19.4%	20.7%	20.2%	20.3%	22.2%	-	-	Parity between White and BME
		White	24.3%	25.5%	22.7%	21.8%	22.9%			
6	Harassment, bullying or abuse at work from managers or other colleagues	BME	24.1%	23.5%	20.9%	18.3%	19.4%	↓	-	
		White	22.2%	23.6%	21.2%	19.8%	19.5%			
7	Organisation acts fairly with regard to career progression / promotion	BME	41.8%	46.4%	51.6%	51.3%	51.4%	↑	-	
		White	59.2%	59.9%	62.1%	62.5%	57.9%			
8	Discrimination at work from manager / team leader or other colleagues	BME	15.3%	15.4%	13.0%	12.7%	11.5%	↓	-	
		White	7.0%	6.6%	6.7%	6.1%	6.2%			
9	Gap in BME representation at board level (%BME representation on the board minus %BME representation in the workforce)	Board overall	-35.1%	-30.6%	-29.8%	-34.7%	-36.1%	-	-	0.0%
		Voting board members	-32.3%	-35.9%	-31.3%	-40.6%	-29.7%	-	↑	0.0%
		Executive board members	-40.7%	-35.9%	-39.6%	-40.6%	-32.9%	↑	↑	0.0%

In-year figures:

Meets target	Off target
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Trends over time:

Improvement	No change	Deterioration
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WDES Indicators			Reporting year					Trends		Target
			2022	2023	2024	2025	2026	Five-year	Two-year	
1	Disabled representation in the workforce overall		4.6%	4.9%	5.3%	5.9%	6.3%	↑	-	
	Percentage of staff of unknown disability status		10.2%	9.0%	7.5%	6.8%	6.1%	↓	-	0.0%
	Disabled representation in the non-clinical workforce	Overall	5.7%	5.8%	6.2%	7.1%	7.6%			
		Bands 8C+	2.2%	2.1%	5.9%	6.4%	4.7%			
		Gap	-3.5%	-3.6%	-0.3%	-0.8%	-2.9%			0.0%
	Disabled representation in the clinical workforce	Overall	4.5%	4.9%	5.2%	5.9%	6.3%			
		Bands 8C+	1.9%	2.7%	2.5%	2.2%	5.4%			
		Gap	-2.6%	-2.2%	-2.8%	-3.7%	-0.9%			0.0%
	Disabled representation in the medical workforce	Overall	3.1%	3.4%	3.4%	3.3%	4.1%			
		Consultant	0.8%	0.9%	1.3%	1.6%	2.5%			
		Gap	-2.3%	-2.4%	-2.1%	-1.7%	-1.6%			0.0%
2	Relative likelihood of appointment from shortlisting (non-disabled/Disabled)		1.27	1.07	1.19	0.87	0.91	↓	-	1.00
3	Relative likelihood of entering a formal capability process (Disabled/non-disabled)		-	-	2.77	2.69	9.25	↑	↑	1.00
4a	Harassment, bullying or abuse at work from patients	Disabled	30.8%	32.4%	28.5%	27.2%	28.4%	-	-	Parity between Disabled and non-disabled
		non-disabled	20.7%	21.5%	19.8%	19.3%	20.9%			
4b	Harassment, bullying or abuse at work from managers	Disabled	17.0%	16.5%	13.5%	12.0%	11.9%	-	-	
		non-disabled	9.5%	9.1%	7.0%	6.6%	6.1%			
4c	Harassment, bullying or abuse at work from other colleagues	Disabled	25.2%	27.6%	24.3%	23.3%	25.4%	-	-	
		non-disabled	16.3%	17.4%	16.0%	14.1%	14.4%			
4d	Reported last incident of harassment, bullying or abuse at work	Disabled	45.4%	44.1%	49.8%	49.1%	50.7%	-	-	
		non-disabled	41.0%	43.7%	45.2%	49.2%	53.0%			
5	Organisation acts fairly with regard to career progression / promotion	Disabled	50.9%	50.9%	54.1%	53.5%	46.9%	-	↓	
		non-disabled	54.2%	55.8%	58.1%	58.1%	56.4%			
6	Felt pressure from a manager to come to work	Disabled	38.3%	33.2%	23.8%	23.7%	24.9%	↓	-	
		non-disabled	25.0%	22.5%	16.8%	16.2%	17.6%			
7	satisfied with the extent to which the organisation values their work	Disabled	31.7%	29.4%	37.0%	36.2%	32.4%	-	-	
		non-disabled	41.7%	43.2%	51.3%	51.2%	49.8%			
8	Reasonable adjustment(s) made		-	71.1%	73.3%	73.7%	72.7%		-	
9	Staff engagement score	Disabled	6.25	6.25	6.55	6.52	6.31	↑	↓	
		non-disabled	6.84	6.87	7.15	7.19	7.04			
10	Gap in Disabled representation at board level (%Disabled representation on the board minus %Disabled	Board overall	-4.6%	-4.9%	-0.7%	-0.9%	-1.3%	↓	-	0.0%
		Voting board members	-4.6%	-4.9%	-5.3%	-5.9%	-6.3%	-	-	0.0%

representation in the workforce)	Executive board members	-4.6%	-4.9%	-5.3%	-5.9%	2.8%	↓	↓	0.0%
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WGES Indicators			Reporting year		Trend Two-year	Target
			2025	2026		
	Representation of women in the workforce overall		75.5%	75.2%	-	
1	Representation of women in the non-clinical workforce	Overall	70.4%	72.9%		
		Bands 8C+	63.6%	61.3%		
		Gap	-6.8%	-11.5%	↑	0.0%
	Representation of women in the clinical workforce	Overall	84.0%	82.3%		
		Bands 8C+	74.4%	74.2%		
		Gap	-9.6%	-8.1%	-	0.0%
	Representation of women in the medical workforce	Overall	46.1%	46.1%		
		Consultant	36.5%	37.5%		
		Gap	-9.6%	-8.6%	-	0.0%
2	Relative likelihood of appointment from shortlisting (men/women)		0.99	1.05	-	1.00
3	Relative likelihood of entering a formal disciplinary process (women/men)		0.34	0.35	-	1.00
4	Relative likelihood of undertaking non-mandatory training (men/women)		0.84	0.84	-	1.00
5a	Harassment, bullying or abuse at work from patients	Women	21.5%	22.7%	-	Parity between women and men
		Men	18.8%	21.4%		
5b	Harassment, bullying or abuse at work from managers	Women	7.3%	7.1%	-	
		Men	8.0%	7.0%		
5c	Harassment, bullying or abuse at work from other colleagues	Women	16.0%	16.8%	-	
		Men	15.0%	15.2%		
6a	Unwanted behaviour of a sexual nature from patients	Women	7.1%	7.2%	-	
		Men	3.6%	3.9%		
6b	Unwanted behaviour of a sexual nature from other staff	Women	3.3%	3.2%	-	
		Men	3.5%	3.4%		
7	Organisation acts fairly with regard to career progression / promotion	Women	58.7%	55.5%	-	
		Men	55.1%	55.0%		
8	Discrimination at work from manager / team leader or other colleagues	Women	8.9%	8.9%	-	
		Men	9.5%	7.9%		
9	Gap in Disabled representation at board level (%Women representation on the board minus	Board overall	-40.5%	-40.2%	-	0.0%
		Voting board members	-48.3%	-46.6%	-	0.0%

%Women representation in the workforce)	Executive board members	-30.1%	-20.6%	↓	0.0%
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