

Workforce Race Equality Standard

Annual Report 2025



Executive Summary

WRES Data has been submitted by the Trust since 2015 and progress is reviewed against the nine indicators contained within the WRES dashboard quarterly.

This report:

- Shows the latest dataset from 2025
- Explores whether there have been any significant improvements or deterioration compared with the results from 2024.
- Contains an updated WRES action plan showing the areas of focus for the Trust in the coming year.

Key Observations:

- Representation of staff from under-represented backgrounds continues to grow across the organisation.
- Non-clinical roles show steady improvement, especially at entry and mid-level bands.
- Senior roles (non-clinical roles lag behind, and clinical roles only show minimal increase), highlighting the need for targeted support.
- Disparities persist in clinical role distribution with BME staff concentrated in bands 2 and 5.
- Although BME staff remain less likely than white staff to face formal disciplinary action, a second consecutive rise in relative likelihood signals a trend that may reflect deeper systemic shifts and requires close monitoring.
- Access to non-mandatory training and CPD is nearing parity between BME and White staff, with a continued reduction in disparity marking clear progress since 2023.
- The gap in reported experiences of harassment, bullying, or abuse between BME and White staff has widened for the third consecutive year, with BME staff increasingly more likely to be affected.

The key findings from the 2025 submission show:

1. **BME Workforce Representation:** BME staff now make up 31.3% of the workforce – a continued rise, with clinical roles showing the most fluctuation.
2. **Recruitment:** BME applicants remain slightly more likely to be appointed than White candidates, perhaps reflecting ongoing international recruitment.
3. **Disciplinary Process:** BME staff are still less likely to enter formal disciplinary procedures, though the gap has narrowed for a second year – suggesting a trend to be monitored.
4. **Training and CPD Access:** Disparity in access to non-mandatory training and CPD continues to shrink, nearing parity between BME and White staff.
5. **Harassment from Patients/Public:** Reports from BME staff have increased while those from White staff have slightly declined widening the experience gap.
6. **Harassment from Staff:** Overall this has decreased, but the disparity between BME and White staff has slightly grown.
7. **Career Progression Perception:** White staff perceptions have improved slightly, while BME staff perceptions have declined – widening the gap in perceived opportunity.
8. **Workplace Discrimination:** BME staff remain nearly twice as likely to report discrimination by managers or colleagues, with a small increase in disparity this year.
9. **Board Representation:** The board voting membership remains significantly unrepresentative of the wider workforce, with a -22% gap.

The full data can be seen in Appendix 1.

The outcomes of the WRES does not alter the themes contained in our strategy, and the action plan is aligned to these themes:

1. Inclusive recruitment practices and equal opportunities:

now having completed the large-scale review of current recruitment practices to eliminate bias from the systems and promote inclusivity the new Inclusive Recruitment Programme has been launched. Recruiting managers are being encouraged to complete or refresh on these aspects of inclusive recruitment techniques and criteria-based methods to ensure bias in recruitment is removed. To ensure we align with the [NHS England publishes national recruitment policy framework | NHS Employers](#). Our talent management programme will provide further opportunities for people of Black and Minority Ethnic backgrounds to access development.

2. Workforce reflecting our wider communities:

In line with the Inclusive Recruitment programme, we continue to make recruitment processes inclusive and therefore not pose any barriers to the community in terms of applying for roles at UHS. We are continuing to reach out to the black communities in Southampton to promote roles and careers within UHS. Our recruitment outreach will also work more with local communities to attract people from the city from diverse backgrounds. We will continue to implement positive action talent programmes that will enable people from black and minority ethnic backgrounds to access development, networking, and coaching to confidently apply and be successful at roles when they become available. We will continue to provide career toolkits for all people who are unsuccessful at interviews to help them to succeed next time. We will continue to strive to meet the national target of 19% representation in band 7s and above.

3. Safe and healthy working environments:

Our Inclusion and Belonging strategy states a clear intent for UHS to become an anti-racist and anti-discriminatory organisation. We aim to continue to decrease disparity of experience by 5% across all indicators in the WRES which will either significantly reduce or eliminate disparity altogether. We will strengthen collaboration with colleagues leading on hate crime and violence and aggression to ensure robust reporting mechanisms and effective use of data to drive accountability and meaningful action and link to the Being safe at UHS priorities. We will continue to identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and/or abuse and in turn whether there are trends within the Trust that need targeted action. The link to the leadership and management work programme is a critical enabler of creating safe and healthy work environments.

4. Inclusive leadership and management:

Ensure leaders and managers are clear on their accountabilities with regards to EDI and the responsibilities they hold to deliver the actions within the Inclusion and Belonging strategy. To have development opportunities in supporting BME staff and those who may identify with a protected characteristic. That all leaders and managers understand their own biases and can access learning in terms of how they lead and make decisions. To support leaders and managers to understand their role as allies and role models, and how to challenge behaviours or actions that are not in line with Trust policy or values. To support leaders and managers to develop greater awareness of the legal aspects of their roles in relation to equality, and how diversity and difference can enhance their team delivery and performance.

Appendix 1: WRES Action Plan 2024

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
1: Workforce reflecting our communities, at all roles, at all levels; ensuring those who are from underrepresented groups can access support to thrive, excel and belong within their roles. Achieve 19% BME representation through all levels in both the clinical and non-clinical workforce. This is aligned to National target set and we will remain focused on increasing representation within senior leadership roles within the organisation which currently remain lower in representation of BME staff members.	a) To continue to develop positive Action Programmes both UHS and HIOW system wide; for BME staff and/or other protected characteristics. Acknowledging individuals experience of barriers to promotion, development and career progression. This includes the roll out of a fourth cohort of the positive action leadership programme in partnership with Maaha people which will enrol a further 24 individuals who identify with a protected characteristic. Supporting individuals looking to move into, or those who are moving through senior leadership roles within the organisation building on individuals personal identity, power and influence within the organisation.	OD Team with delivery partner	April 2026
	b) Building, bringing together and supporting the positive action alumni for the 80+ positive action delegates who have attended our programmes so far, to enable a platform for collaboration, identifying development needs and supporting their leadership journey's at UHS.	OD Team with delivery partner	April 2026
	c) Continue to build on working relationship with Southampton job centre. Continue to liaise, attend and promote UHS as an employer of choice, the support that is offered and the career opportunities that are available including volunteering roles.	OD Team / Talent Acquisition team	April 2026

	d) Continue to partner with Black History Month South on joint initiatives within the Southampton Community and strengthen community presence.	Director of OD	Throughout 2025/2026
	e) Ensure international recruits are given the same access to development opportunities as the wider workforce. Create a clear personal development plan focused on fulfilling potential and opportunities for career progression including positive action programmes.	Clinical Education Teams / OD Team / Line Managers	December 2026
2: Safe and healthy working environments, free from aggression, hate and discrimination	a) Divisional EDI Steering Groups to drive actions and improvements derived from race specific metrics throughout all teams, care groups and divisions.	Divisional Leadership Teams	April 2026
	b) Refreshing our approach to Violence, Aggression, Abuse and Hate at UHS. Taking a stronger stance on violence against staff including a behaviour charter, strengthening partnerships in the community, and equipping staff to deal with violence and aggression including next steps for Allyship to speak up and report.	Chief People Officer / Director of OD	April 2026
	c) Implement the ethnicity pay gap reporting process on an annual basis and related actions.	OD Team / HR	30 th March 2026
	d) Continue with the rollout of the inclusive recruitment programme to review and improve the equity of recruitment processes, reduce or remove bias and ensure practices are consistent across all recruitment. Deliverables this year will be: - the rollout of the recruitment and selection training. - Promote the definitions of the role of independent panellists and appropriate training. - Continue to ensure job advertisements and descriptions are written in clear, easy-to-read language. - Ensure our recruitment and selection policy aligns to the new NHS England Recruitment Policy Framework.	OD Team / Talent Acquisition / Training and Development / HRBPs / Recruiting Managers	April 2026
3: Recruitment processes which are free from bias and are inclusive	e) All board members to agree an EDI focused objective as part of their appraisal linked to a theme in the Inclusion and Belonging Strategy.	Chair / Director of OD	Appraisal Year 2025/2026

4: Inclusive leadership and management Continue to include Inclusive Leadership content in all UHS leadership & management programmes to include personal learning, personal action and accountability. This will move us to a place where equality, diversity and inclusion is the golden thread that runs through all our processes at UHS.	a) Implementation of ongoing learning and development opportunities to enable leaders and managers to role model inclusive behaviours every day. For example: - Equality impact assessment - Creating environments for people to succeed - Inclusive leadership behaviours aligned to our values - Focus on heritage celebrations and increasing leadership awareness and understanding	OD Team / UHS Leaders & Managers	April 2026
	b) Establish development for line managers and teams who welcome international recruits to maintain their own cultural awareness and to create inclusive team cultures that embed psychological safety	OD Team / UHS Leaders & Managers	March 2026
5: Networks and partnerships that thrive and support creation of an inclusive and safe place to work.	a) Re-energise the One Voice Network to identify future purpose, membership and leadership of the network to ensure sustainability.	OD Team	March 2026

Appendix 1
Indicator 1
Non-Clinical

Non Clinical Workforce	2024					2025					Change from 2024/2025 in BME %
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	
Band 1	16	94.1%	1	5.9%	17	13	92.9%	1	7.1%	14	+1.2%
Band 2	618	78.4%	155	19.7%	773	568	75.8%	170	22.7%	738	+3%
Band 3	625	80.3%	141	18.1%	766	636	79.2%	157	19.6%	793	+1.5%
Band 4	406	85.8%	59	12.5%	465	429	85.5%	66	13.1%	495	+0.6%
Band 5	255	81.5%	53	16.9%	308	254	79.1%	55	17.1%	309	+0.2%
Band 6	219	84.6%	34	13.1%	253	218	82.6%	42	15.9%	260	+2.8%
Band 7	198	86.1%	29	12.6%	227	200	82.0%	36	14.8%	236	+2.2%
Band 8A	144	90.6%	9	5.7%	153	164	91.6%	11	6.1%	175	+0.4%
Band 8B	70	89.7%	7	9%	77	75	93.8%	5	6.3%	80	-2.7%
Band 8C	43	89.6%	2	4.2%	45	45	91.8%	2	4.1%	47	-0.1%
Band 8D	25	92.6%	1	3.7%	26	25	96.2%	1	3.8%	26	+0.1%
Band 9	13	81.3%	2	12.5%	15	13	86.7%	2	13.3%	15	+0.8%
Total	2632	84.22%	493	15.78%	3125	2640	82.8%	548	17.2%	3188	Average % Change +0.83%

Clinical

Clinical Workforce	2024					2025					Change from 2023/20 24 in BME %
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	
Band 1	0	0	0	0	0	0	0.00%	0	0.00%	0	0
Band 2	883	62.58%	495	35.08%	1378	830	56.77%	608	41.59%	1438	+6.51%
Band 3	362	80.27%	83	18.4%	445	413	76.91%	117	21.79%	530	+3.39%
Band 4	428	71.69%	139	23.28%	567	378	73.97%	127	24.85%	505	+1.57%
Band 5	1150	42.03%	1390	50.8%	2540	1121	41.08%	1422	52.11%	2543	+1.31%
Band 6	1400	74.59%	442	23.55%	1842	1462	71.81%	538	26.42%	2000	+2.87%
Band 7	1082	85.74%	169	13.39%	1251	1139	85.25%	188	14.07%	1327	+0.68%
Band 8A	325	88.32%	40	10.87%	365	389	88.41%	45	10.23%	434	-0.64%
Band 8B	94	91.26%	7	6.8%	101	109	93.16%	6	5.13%	115	-1.67%
Band 8C	20	76.92%	5	19.23%	25	26	81.25%	5	15.63%	31	-3.6%
Band 8D	12	92.31%	0	0	12	10	90.91%	1	9.09%	11	+9.09%
Band 9	2	100%	0	0	2	3	100.00%	0	0.00%	3	0%
Consultants	663	70.53%	259	27.55%	922	698	69.8%	283	28.3%	981	+0.75%
Non-Consultant Career Grades	87	69.6%	27	21.6%	114	104	70.27%	31	20.95%	135	-0.65%
Trainee Grades	546	46.91%	562	48.28%	1108	1327	56.4%	944	40.12%	2271	-8.16%
Total	7054	66.1%	3618	33.9%	10672	8009	65%	4315	35%	12324	Average % Change = +0.78%

The 2025 data submission indicates that 31.3% of our workforce are individuals from Black, Asian and Under-represented backgrounds, which is a 1.5% increase from the 2024 data submission.

Non Clinical

All % Changes are within + or – 3%. With the largest increases at band 2 (+3%), band 6 (+2.8%) and band 7 (+2.2%). The largest decreases can be seen at band 8B (-2.7%). There’s an overall increase trend for non-clinical with band 8b and Band 8C the only bandings seeing a decrease. This shows that we still need to support our non-clinical BME staff in senior role in the organisation.

Notable Percentage Increase Clinical

- Band 8D +9.09% (an increase of one person)
- Band 2 +6.51%

Notable Percentage Decrease Clinical

- Band 8B -3.6% (noticeable that we had an increase of 7 white staff at this level but a decrease of 1 member of BME staff.
- Trainee Grades -8.16%

It is notable that 52.11% of BME staff compared to 41.08% of white staff work in Band 5 clinical roles throughout the organisation, this gap has widened by 2.26% compared with the 2024 data.

We’ve had an overall percentage increase of representation of BME of 0.8%

Indicator 2: Relative likelihood of BME staff being appointed from shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts	2024		2025	
	White	BME	White	BME
	#	#	#	#
Number of shortlisted applicants	6323	2480	6812	2946
Number appointed from shortlisting	1068	702	1256	796
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.596		0.682	

The 2024 data collection identifies the relative likelihood of white applicants being appointed from shortlisting in comparison to BME applicants. The data shows that BME applicants are slightly more likely to be recruited over white candidates, with a relative likelihood of 0.682, in favour of BME applicants, this may be due to continued international recruitment of Band 5 staff nurses. This is a slight increase from 2024, and shows continued improvement.

Indicator 3: Relative likelihood of staff entering a formal disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal process	2024		2025	
	White	BME	White	BME
	#	#	#	#
Number of staff entering the formal disciplinary process	69	27	87	39

Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.922	0.970
---	-------	-------

While BME staff remain less likely than white staff to enter formal disciplinary processes, the relative likelihood has increased slightly for the second consecutive year — rising from 0.92 to 0.97. Although still below parity, this upward trend warrants attention. It may reflect evolving HR practices, enhanced reporting mechanisms, or other systemic factors influencing how cases are initiated and recorded. Continued monitoring will be important to understand whether this is part of a broader shift or a temporary fluctuation.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

Relative likelihood of staff accessing non-mandatory training and CPD	2024		2025	
	White	BME	White	BME
	#	#	#	#
Number of staff accessing non-mandatory training and CPD	618	201	1358	532
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.30		1.18	

BME staff are still less likely to access non-mandatory training and CPD as compared with White Staff, however there is a slight improvement on 2023 and 2024, and we see a continuing reduction in disparity with it being closer to equal.

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

2024 – White: 22.01% BME: 26.88% (disparity 4.88%)
2025 – White: 21.98%, BME: 28.05% (disparity 6.07%)

In contrast to last year, the percentage of white staff experiencing harassment, bullying or abuse from patients, relatives or the public has stayed consistent to last year. However, the percentage for BME staff is reported as 28.05% which is an increase of 1.17%.

The disparity in experience of staff has increased from 4.88% to 6.07%. Since 2023 (disparity 3.07%) the disparity between white and BME staff has almost doubled.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

2024 – White: 20.09%, BME: 24.2% (disparity 4.11%)
2025 – White: 17.85%, BME: 21.99% (disparity 4.14%)

This years' data indicates that both White and BME staff have experienced less harassment, bullying or abuse by staff compared to last year.

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

2024 – White: 63.04%, BME: 55.06% (7.98%)
2025 – White: 63.37%, BME: 54.48% (8.89%)

The disparity gap this year has increased by 0.91% compared to last year. The previous years' data showed a decrease of 4.87% and this year the percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion has decreased overall for BME staff (0.58%) but slightly risen for White staff (0.33%). This is an almost 9% disparity gap.

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

2024 – White: 6.72%, BME: 12.76% disparity 6.04%
2025 – White: 6.33%, BME: 12.86% disparity 6.53%

This years' data submission has stayed consistent to last year in percentage of staff personally experiencing discrimination at work by a Manager/Team Leader with the disparity staying consistent. Overall there is not much movement in the data, but we should continue to work to decrease any disparity.

Indicator 9: % difference between the organisations' Board voting membership and its overall workforce

The % between the organisations' Board Voting member and its overall workforce representation is -22%, showing that the board voting membership is not reflective of the wider organisation.

WORKFORCE RACEEQUALITY STANDARD (WRES) 2025

Indicator

